

# Comprehensive Planning Committee

## MEETING SUMMARY

**Friday, December 11, 2020, 9:30AM**

Video-Conference via Zoom: <https://zoom.us/j/94494819642>

Teleconference: (929) 205-6099 / Meeting ID: 944 9481 9642#

Present	Excused Absences	Unexcused Absences
<ol style="list-style-type: none"> <li>1. Janice Adams-Jarrells</li> <li>2. Ketlen Alsbrook</li> <li>3. Allison Delcalzo-Berens</li> <li>4. Juanita Howell (Secretary)</li> <li>5. Julissa Lituma</li> <li>6. Joann McEniry (Chair)</li> <li>7. Jennifer McGee-Avila (Non-Voting)</li> <li>8. Sharon Postel (Non-Voting)</li> <li>9. Aliya Roman (Non-Voting)</li> <li>10. Ricardo Salcido</li> <li>11. Calvin Toler</li> </ol>	<ol style="list-style-type: none"> <li>12. Elizabeth Kocot</li> <li>13. Vieshia Morales</li> <li>14. Patricia Moore</li> <li>15. Debbie Morgan</li> </ol>	<ol style="list-style-type: none"> <li>16. Al-Bayyinah Sloane</li> </ol>

**Guests:** N/A

**Support Staff:** Tania Guaman, Vicky Saguay

**1. Welcome and Moment of Silence**

McEniry called the meeting to order at 9:32am and welcomed all in attendance. McEniry called for a moment of silence for all those living with, those who have passed, and those affected by HIV/AIDS.

**2. Roll Call**

Howell conducted the roll call. Quorum was established.

**3. Public Testimony**

There was no public testimony at this meeting.

**4. Approval of the Meeting Summary from November 13, 2020**

The November 13<sup>th</sup> meeting summary was sent in advance electronically. McEniry asked for a motion to approve the meeting summary as presented. Adams-Jarrells motioned to accept. Howell seconded. Salcido abstained. No oppositions.

**5. Standing Committee Updates**

- **COC**—Guaman provided the December COC report:
  - The COC did not meet in December.
  - The committee reviewed the Health Insurance Premium and Cost Sharing Assistance Service in November and had some questions regarding the service standard. The approval was postponed until the next meeting.

- Other Professional Services Service Standard was approved and will be introduced to the Planning Council this month.
  - The committee will update the Substance Abuse Residential at the next meeting.
- The next COC meeting will be on January 14, 2020 via Zoom.

- **REC** - Support Staff provided the November REC report.
  - The committee had a conversation about EIRC tool. The recipient recommended that they would review the tool to make sure the REC can focus on the Needs Assessment. There was a motion to take the tool from the REC's responsibilities and hand it over to the Recipient's office. The motion was approved.
  - The committee also discussed the tools for the FY 2021 Needs Assessment with a focus on telehealth. There were recommendations on adding question about the impact of COVID-19 on consumers' ability to access services, the use of telehealth for providers and consumers and barriers. The committee will continue the discussion at the next meeting.

The next REC meeting will be held on December 21, 2020 at 10AM via zoom.

- **CIA** - Support Staff provided the November CIA report.
  - McEniry recommended to remove CC (Community Conversations) from the CIA committee' name since the committee's name is Community Involvement Activities (CIA).
  - There were 12 attendees at the meeting and all from Essex County besides 2 Support Staff and 3 Planning Council members.
  - Dr. Bagchi joined the meeting and gave an overview of the REC committee. A conversation about needs assessment was also held. Consumers made recommendations. The issue of not having the latest technology and web connection should be considered a barrier. There were also conversations about the recent health insurance coverage changes due to the pandemic including Medicare allowing reimbursement for telehealth services phone and considering that these services may not be available once the pandemic ends. One consumer stated: "COVID-19 crisis in a way pushed things in a direction that was necessary and so our goal is to ensure that it continues because I've used the telehealth." The consumer added: "I really like to see that in place so whatever I can do to aid in that quest."

The next CIA meeting will be held on Friday December 18<sup>th</sup>, 2020 at 5PM via Zoom.

McEniry mentioned that Postel shared a notification among few individuals about Medicare expanding permanently the telehealth services.

## 6. Recipient Report

Alsbrook provided the provided.

- **RFP update:** The letters of intent were due by December 2<sup>nd</sup>. 41 letters were received, including two new applicants. The RFP proposals are due today by 4pm. To date, about 17 applications have been received. The recipient completed the peer review panel that will be responsible for the external review of the applications. The peer review is scheduled virtually for January 12 and 13.
- **Estimated Award Letter Update:** At the last meeting, the recipient reported receiving an estimated award letter that projected the formula and MAI funding. The total funding is about \$8.3 million, which is roughly 66% of what was received in FY' 2020. This allows the recipient to budget for the first seven to eight months of the grant period. The recipient's office will be submitting the

request to apply and accept these funds to the municipal council at the first or second meeting in January.

- **Core Service Waiver:** The recipient received a notice from HRSA stating that the HIV AIDS Bureau is allowing the FY 2020 core medical service waiver request to all Part A jurisdictions to be submitted until January 29, 2021 due to the challenges of the COVID-19 pandemic. The recipient must let the Project Officer know about the intention of applying and submit the request to the electronic handbook. The FY' 2020 Planning Council allocations, as outlined in the Priority Setting and Resource Allocation report, included a non-core split of 71.95% of for medical services and 28.05% for support services. Some of the steps related to the submission of the core service waiver have already been completed. The recipient will do an assessment on what other steps need to be completed. The submission of a core service waiver will allow to fund support services above the 25% for FY 20. The core service waiver will be useful because there is going to be a significant amount of funds on the table this year due to all the disruption of services related to the pandemic.

Guaman asked if the recipient needs anything that Support Staff must prepare for the core service waiver. The recipient mentioned that Support Staff needs to draft a letter from the Planning Council chair that needs to be submitted as part of the waiver.

## 7. New Jersey HIV Planning Group (NJHPG) Report

Guaman provided the report

- At the last meeting, there were some questions regarding the Harm Reduction Law going into place. Axel will join the Planning Council to provide an update on this.
- There are administrative changes in NJHPG. The South Jersey AETC will take over the administrative work. The trainings should be launching in January.
- There have been a lot of conversations about the Ending the HIV Epidemic (EHE) initiative for Essex and Hudson County. The EHE team is working on a plan that must be approved at the end of the month. The EHE coordinators will set up a meeting next week.
- NJCRI, Hudson Pride, AAOGC and Hyacinth receive funding to conduct surveys and focus groups for community engagement.
- The New Trauma Inform Care Toolkit was sent via email.

Salcido mentioned that as of December 8<sup>th</sup> a notice regarding the Training hosted by Rutgers School of Medicine was received. The training started for those who want testing ID numbers, including trainings for Client Centered Counseling, Risk Reduction, HIV Counseling and Testing. These are temporary trainings until South Jersey AETC takes over. The trainings can be found at the NJHPG website. Salcido will send information to tania.

## 8. Old Business

- Report from COC discussion about risk reduction and STI screenings – Guaman mentioned that this was not discussed at the COC meeting because the COC did not meet this month. McEniry mentioned that the discussion was meant to find out how risk reduction and STI screening are being captured and where, including if providers were doing risk reduction and STI screenings routinely or for those at high risk only. McEniry asked for a motion to table this discussion for the January 8<sup>th</sup> meeting. Adams-Jarrells motioned. Toler seconded. No oppositions or abstentions.

- Finalize the in-depth review and update/revision of the Integrated Health Plan  
 McEniry mentioned that there were items on the Integrated Health Plan that needed revision. The CPC will review the Integrated Health Plan and make any necessary changes after receiving feedback from the COC committee.  
 The committee reviewed all the goals, objectives, activities, responsible parties, target populations and timeframes of the Integrated Health Plan.
- **Newark EMA Goal #1 Objective 1A: Risk Reduction (95%)**
  - McEniry explained that the committee was discussing whether keep or change the 95% for risk reduction at the last meeting. The Champ performance report for risk reduction was about 95% for those who have a medical visit; however, there is no data for those who have not had a medical visit. McEniry asked Postel for her recommendation based upon the data she collected. Postel stated that the percentage can remain 95% unless there are other populations who might have a lower percentage of risk reduction. The committee agreed the percentage for risk reduction to remain 95%.
  - The Risk Reduction data is captured during a medical care visit and medical case management visit unless the Project Officer allows to capture this data under Non-Medical Case Management. McEniry asked if there is any update on this. The recipient had a lengthy discussion with the Project Officer about allowing risk reduction activities to take place in the Non-Medical Case Management. The Project Officer did not oppose; however, the Project Officer recommended to review how other EMAs are capturing risk reduction activities before giving the final approval. The recipient will connect with other EMAs after finishing the RFP process. This item will be on hold until the grant process is completed, and it will be revisited.
  - Salcido mentioned some Community Health Workers have access to the client but not the referral process. Salcido recommended to have a referral process for risk reduction through the NEMA referral service to capture this data.
  - Postel stated that there are 6,000 clients in the Newark EMA, about 4,600 (76%) have a medical visit, and 1,400 (24%) do not have a medical visit.
  - The recipient stated that there are a couple of agencies that get funded to provide medical case management to clients who are in private care and would like to know how many of the 24% are getting a consistency of medical case management and risk reduction.
  - **Needs Assessment Potential Topic:** Postel suggested that one of the target populations for the 2022 Full Needs Assessment could be the 24% of clients who do not have a medical visit in the Ryan White system and outcomes could be analyzed as well. McEniry stated that this could be a recommendation from the CPC committee to be considered as a potential topic for the Full Needs Assessment.
- **Newark EMA Goal #1 Objective 1B: STI Screenings (70%)**
  - The activities were reviewed, the timeframes were updated, and no other changes were recommended during the meeting. The committee will revisit this goal once feedback from the COC is received.

- **Newark EMA Goal #2: Link 90% of newly diagnosed to Care within 30 days**
  - o Postel shared some data for linkage to care:  
The linkage to care percentage from 2020 to date data is 70%, which increased from last year's 66%. The linkage to care is improving. Unfortunately, the total new clients linked to care is 94 which is down by 50% to new diagnoses.
  
- **Newark EMA Goal #3-1: Decrease gap in medical visits to 10% EMA wide**
  - o Postel recommended to hold this goal since the gap in medical visit is measured by having one medical visit in the first six months of the grant year and another visit during the last 6 months and COVID-19 impacted the 2020 data.
  - o Postel shared the gap in medical visits from 2020 year to date data:
 

EMA Wide	Youth (13-24)	Medicaid	Age 45-54	Age 65+
18%	23%	19%	17%	15%
  - o The Gap in Medical visits of all populations did not improve.
  - o Postel recommended review this goal later and to use 2019 or 2021 data since the 2020 data has a higher gap (percentage) on all populations.
  - o McEniry recommended to look at the barriers and address those barriers to make sure the 2021 gap in medical visit data decreases.
  - o McEniry recommended to hold this goal pending the outcome of the Needs Assessment on Telehealth due in May because the data has been impacted by COVID-19, there have been some systems issues and additional information is needed before deciding on doing PSDAs (Plan, Do, Study, Act) with agencies.
  
- **Newark EMA Goal #3-2: Increase Viral Load Suppression to 87% EMA wide and 80% for populations not meeting the goal**
  - o Postel shared the Viral Load suppression rates from 2020 year to date data:
 

EMA Wide	MSM	Female	Youth (13-24)	Black, not Hispanic	Medicaid (low income)	Transgender (small population)	Former Youth (24-35)
87.4%	88%	87%	86%	85%	85%	83.3%	83%
  - o The goal was changed by removing "80% for populations not meeting the goal" since most of the populations are above 80%.
  - o The populations that are below 80% are the EIS clients with 40 over 65 (62%) EIS clients virally suppressed and 38% EIS clients are not virally suppressed. The Medicaid population (bigger population) always has the lowest viral load suppression. The target populations were changed to include those below 87%. The Medicaid population will be prioritized.
  - o Salcido mentioned that there has been a decline of people who are willing to do their lab work at this time due to COVID-19. McEniry mentioned that if the numbers decline, this could be look at as part of the Needs Assessment.
  
- **Newark EMA Goal #3-3: Increase Prescription of ARV to 98% EMA-Wide, and 96% for populations not meeting the goal**

- Postel shared the following ARV percentages:

EMA Wide	Transgender	Youth (13-24)	Uninsured	New to Care (EIS)
98.7%	100%	99.3%	97.9%	At least 96%

- Most of the target population are exceeding the goal. The target population changed to include only new to care and uninsured.
- The Goal was changed by removing “96% for populations not meeting the goal”.

McEniry asked Support Staff to clean the document making sure there is consistency on language, activities, and responsible parties. McEniry restated that the goal regarding gaps in medical visits and every objective on that goal are on hold. McEniry thanked all committee members for their patience and commitment to be here for this process.

## 9. New Business

The Planning Council is working with Jennifer McGee-Avila and AETC regarding making a series of videos. Some of the suggested topics are:

- A consumer’s testimonial to inspire others to be part of the Planning Council. Consumers can share about their involvement and the importance of lending their voice in the planning process.
- A Planning Council introduction.
- An overview of the Priority Setting and Resource Allocation Process.

McEniry added that these videos are going to be 3 to 4 minutes long and a combination of testimonials and animated videos. McEniry asked the committee for other topics to be consider for this project. The following was recommended:

- Howell recommended a video to engage youth (13-24) and former youth (24-35), including the importance of youth participation. McEniry suggested to also highlight consumer engagement on the consumer recruitment video. McEniry also suggested to have a video that is social media appropriate (not that lengthy) to engage youth and added that it could be a section from the consumers’ testimonials targeting the importance of youth involvement.
- Salcido recommended to have a video showcasing the Newark EMA Service Categories within the Ryan White Program. McEniry added that this video can connect that the planning process brings these great services to the Newark EMA and may motivate people to get involved. Consumers can talk about the services they receive and how these services improved their health. These testimonies could state everything the consumers are able to have and do once they started receiving Ryan White services, such as paying rent, utility bills, etc..
- Toler recommended to also highlight seniors and long-term survivors since seniors might feel they are not that much involved in the process. Toler stated that “No matter how young and old you are, you can still participate.”

McEniry thanked everyone for their feedback and will keep them updated with this project.

## 10. Announcements

- Support Staff shared that the paper version of the Newark EMA Application has not been working as well since people do not always mail it to us when we are trying to deal with mailing back and forth. The membership application has an online fillable version available on the website. There are

two options to fill out the application. One is a fillable PDF which can be send via email and an online form.

- Support Staff also updated the get involved page and included a component where people can submit a request for public testimony. The page link was shared on the chat.
- Support Staff commended Toler and Adams-Jarrells for volunteering to be a part of the learning curve collaborative that the Planning Council applied for. The acceptance response has not been received yet. This is another great initiative for consumer engagement.
- McEniry wished a happy holiday season and reminded to be safe during the season. McEniry also thanked the committee for their work and was grateful for everyone in the committee.

#### **11. Next Meeting**

The next CPC meeting will be held on Friday, January 8, 2020 at 9:30AM via Zoom.

#### **12. Adjournment**

McEniry asked for a motion to adjourn the meeting. Adams-Jarrells motioned to adjourn. Toler seconded. No oppositions or abstentions. The meeting was adjourned at 10:57 AM.