Comprehensive Planning Committee
MEETING SUMMARY

Friday, December 10, 2021 from 9:30 AM to 11:38 AM
Videoconference via Zoom: https://zoom.us/j/97674583954
Teleconference: (929) 205-6099 / Meeting ID: 976 7458 3954#

Present	Excused Absences	Unexcused Absences
1. Janice Adams-Jarrells 2. Denise Brown 3. Allison Delcalzo-Berens 4. Delia King 5. Julissa Lituma 6. Joann McEniry (Chair) 7. Vieshia Morales 8. Claudia Ortiz 9. Sharon Postel (Non-Voting) 10. Aliya Roman 11. Al-Bayyinah Sloane	12. Ketlen Alsbrook (Non-Voting) 13. Debbie Morgan 14. Ricardo Salcido 15. Calvin Toler	16.

Guests: Wayne Smith, Dr. Lucy Efobi
Support Staff: Tania Guaman and Unnati Guru

1. **Welcome and Moment of Silence**
   McEniry called the meeting to order at 9:30 am and welcomed all in attendance. A moment of silence was observed for all those living with, those who have passed, and those affected by HIV/AIDS.

2. **Roll Call**
   Support Staff conducted the roll call. Quorum was established later in the meeting.

3. **Public Testimony**
   There was no public testimony at this meeting.

4. **Approval of the Meeting Summary November 12, 2021**
   At the last meeting, the committee approved the October 8th meeting summary as presented, and the approved version was posted on the NEMA PC website.

   The November 12th meeting summary was sent via email in advance for review.
   Motion: McEniry asked for a motion to approve the November 12th summary as distributed. Adams-Jarrells motioned to approve. Brown seconded. Sloane and Adams-Jarrells abstained. The vote passed unanimously, and the meeting summary was approved as distributed.

5. **Standing Committee Updates**
   - ***Continnuum of Care Committee (COC)*** – Morales provided the December 9th COC report:

- Medical Nutritional Therapy Service Standard was approved by the COC and will be presented to the Planning Council during the January meeting for the 30-day public review period.
- The committee reviewed the situational analysis section of the Integrated Plan. After reviewing the priority populations, COC will use the Essex County EHE Plan as a reference point to begin drafting bullet points for the situational analysis at the January meeting.
- There was discussion regarding the need for clarification of the Policy Clarification Notice 21-02. The committee is awaiting guidance from the Recipient's Office due to confusion regarding the recertification requirements.
- The COC confirmed their meeting dates for the FY 2022 Calendar of Meeting, which will be made available in January.

The next COC meeting will occur on January 13, 2022 at 10 AM via Zoom.

- ***Research and Evaluation Committee (REC)*** - Guaman provided the November 15th REC report:
  - The committee discussed the methodologies for the Full 2022 Needs Assessment, which will be a three-tiered approach:
    - Agency Surveys - which will focus on the processes, with questions such as:
      - How often and how are mental health services provided?
      - Was the client's mental health assessed?
    - Client Surveys – to assess what barriers clients face to accessing services review with the client their coping mechanisms, Support systems, and if they have a spiritual advisor, etc.
    - CHAMP Data – which will be used for data analysis using collected client level data.
  - At the next meeting, the REC will draft questions for the surveys and share a summary of what information is available on CHAMP.
  - The committee also worked on creating their timeline of activities in the overall timeline for the Integrated Plan.

  The next REC meeting is scheduled for December 20, 2021 at 10 AM via Zoom.

- ***Community Involvement Activities Committee (CIA)*** - Support Staff provided the November 17 CIA report:
  - The committee received an update on the HRSA policy clarification notice on determining client eligibility. The consumers felt it was good news that providers can review electronic data sources (e.g., Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to determine their eligibility. They advised it would help make recertifications more convenient, particularly when individuals have extended stays at hospitals or are unable to leave their homes.
  - Consumers also had a discussion regarding referrals and barriers related to referrals, which was a conversation first initiated at a previous COC meeting. They provided the following experiences:

- There were issues in the past with the timeframe requirement for the release of information, as some people were not always able to sign those release forms due to health reasons, which would cause a delay in their care.
- Some clients were referred to specialists who were out-of-network or would not accept the client's insurance, causing the client to have to go back and forth with their provider, which also caused delays in their care. They felt a provider would check to see if a specialist accepts their insurance to prevent any delays or unnecessary financial burden.
- One person brought up their case of needing to provide a referral to their specialist every six months. This topic was tabled, as it was unclear if this was an insurance or care issue.
- Another consumer recommended to check with one's care coordinator or manager to ensure all forms are filled out and there are no issues with insurance prior to an upcoming appointment.

- The group continued their discussion on Community Engagement in the Integrated Plan. They felt it was important for engagement to happen from the very beginning all the way until the end, so they are involved throughout the process and their voices are being heard, which was added to the overall Integrated Plan timeline.
- One of the main topics they recommended was to end stigma around HIV to help increase the amount of people getting tested for HIV and for providers to bring up the topic of planning councils with their clients to ensure they are involved in their communities, as many attendees mentioned their providers never discussed it with them. Recommendations on how to increase community engagement and awareness are as follows:
  - Going to clinics to talk about the Planning Council and the importance of community engagement
  - Writing letters and reaching out to the Executive Committee to encourage providers to discuss planning councils with their clients, as providers hold the highest trust of the clients.

  Note: Instead of writing a letter, McEniry recommends that the Support Team simply remind the CIA Chair to raise this issue at the Executive committee meeting, to share some of the concerns that have come up regarding providers and consumer awareness of planning councils.
- Further additions were made to Appendix 3 section of the Integrated Plan for which agencies should be reached out to. There was a recommendation of either hosting a lunch or dinner to bring required and recommended stakeholders together; working with committees to see where connections can be made; and making sure everyone is invited to every planning council meeting, so they are able to provide their input.

The next meeting will be held on Wednesday, December 15, 2021, at 5PM via Zoom where the committee will be hosting a Holiday Social.

6. Recipient Report

- Announced new staff members within the Ryan White Unit: An Administrative Assistant, a Program Manager, and a Quality Management Coordinator

- As it is the final quarter of the FY 2021 grant year, monitors have begun assessing sub-recipient awards, their actual spending, and the likelihood of spending the award. As such, programs can start submitting justify requests for additional funds if their level of service and their actuals deem appropriate to do so.
- In regard to the IHAP deliverables, the Recipient's Office is summarizing the data and hope to have the report ready for the January meeting.
- FY 2022 Proposals have been submitted, and sent out to the peer-reviewers, which consists of a panel of 26 reviewers. The review is scheduled to occur on December 14th and 15th, and an anticipation of having award letters sent out by mid- to end of January.
- As the grant year comes to its final quarter, the Recipient's office is looking at agencies' spending utilization, and if there needs to be any reallocations of funds. A full report will be provided to the Planning Council once available.
- The Ending the HIV Epidemic in Essex County Request for Proposals deadline is Thursday, December 23rd, by 4PM; Letters of Intent to apply are due on December 9th, by 4:30PM.
- The Ryan White Services Report (RSR), which transfers all the client level data for the EMA to HRSA, is open for the recipient on December 6. The due date for the Recipient Report is February 7th. CHAMP also advised that providers will be able to start reviewing client level data after January 15 for the sub-recipient report, the due date for which is March 7th.

7. New Jersey HIV Planning Group (NJHPG) Report

Guaman reported the NJHPG has been focusing conversations on health equity and race. At their next meeting, Thursday December 16th, they will begin to review the Integrated Health Plan Guidance.

8. Old Business

Planning for the 2022-2026 Integrated Prevention and Care Plan

- Review goals from Essex County EHE, the HIV National Strategy, and the 2017-2021 Integrated Health Plan for consideration
    - The committee reviewed the list of goals put together by the Support Team and identified those that would be applicable for the Newark EMA's 2022-2026 Integrated Plan after thorough discussions of each individual goal based on the needs of the five Newark EMA counties.
- Areas of discussion for goal setting (status neutral, syndemics, CHAMP Trainings)
    - This item will be considered in the drafting of objectives at the next meeting.
- Draft goals under each EHE pillar based on Appendix 2 Examples of Goal Structure
    - Goals that were identified as being applicable from the Federal, National, and Essex County plans were drafted under their respective EHE pillar. The tentative goals are as follows:
        - **Diagnose:** Promote access to testing so that 100% of persons living with HIV/AIDS know their status by 2026.
        - **Treat**: Increase linkage to care within 30 days of diagnosis to 90% by 2026
        - **Treat**: Increase viral load suppression (VLS) to 95% by 2026
        - **Prevent**: Reduce the number of new HIV infections by 75% by 2026

- **Respond**: Respond to Cluster Detection Activities through 2026

9. New Business

RAPID Initiation of Antiretroviral Therapy In an HIV Clinic – "Implementation Strategy" by Dr. Lucy Efobi

Dr. Efobi highlighted the following during the above presentation:

- **Rapid ART**: refers to the imitation of ART as soon as possible (within 7 days) after HIV diagnosis.
- **Immediate ART**: refers to starting ART on the day of diagnosis or at the first clinic visit. This term can be used interchangeably with Same-day ART initiation.
- A barrier to Rapid ART Dr. Efobi brings up are clients themselves: they often want to take the time to take in the diagnosis and situation, so immediate start may not be possible. However, providers should still want to encourage Rapid Start.
- Ensuring patients get the care they need, so long as they opt to have it; as most of the time, it is not just about the clinician or staff, but rather patient information, patient understanding of what is going on, and patient ability to agree to treatment.
    - One example provided was a patient who missed a few doses of their medication, and were more worried about their partner as they were not on PrEP. Dr. Efobi advises once the patient was educated on the importance of maintaining their doses and taking their medication, as well as undetectable = untransmitable, the client was more understanding.
- ART initiation has success in the following areas:
    - Increase of survival, leading to PLWH living with a near-normal lifespan and living to be over the age of 50;
    - An increased CD4 count, bringing a healthy immune system;
    - The reduction in HIV-associated morbidity;
    - And prevention of HIV transmission: Undetectable = Untransmittable (U=U)
- Dr. Efobi shared key considerations for initiating and implementing Rapid Start ART in an HIV Clinic for both patients and providers; clinic staff roles; eligibility guidelines; the methods for ART delivery; lab test requirements; and its limitations.
- Dr. Efobi highlights the importance of following up with the client using their preferred method of contact to assess their medication tolerance and adherence, reinforce adherence, schedule in-person visits with a medical care provider within 7 days, advise of any needed tests, and then spread out the follow up (in-person or telehealth dependent on their test results) to ensure adherence.
- Finally, the recommendations for initiating and implementing Rapid ART in an HIV clinic include:
    - Promoting team effort in the clinic setting
    - Staff and patient education
    - Encouraging partner testing and treatment, especially in the presence of STI exposures
    - Encouraging adherence
    - Promoting the term U=U

10. Announcements

- There will be an in-person Deloris Dockrey Day event at Saint Michael's today at 5PM, with food and discussions involved.
- The CIA Committee is hosting a Holiday Social for their December 15th Meeting at 5PM. There will be cozy chats, raffles, and a virtual talent show!
- PROCEED Inc. is currently accepting new clients for their transition housing program. Anyone wanting to refer clients or looking for more information should contact Claudia Ortiz.

11. Next Meeting

The next CPC meeting will be held on Friday, January 14, 2022, at 9:30 AM via Zoom.

12. Adjournment

Motion: McEniry asked for a motion to adjourn the meeting. Adams-Jarrells motioned to adjourn. Morales seconded. The vote passed unanimously. The meeting was adjourned at 11:38 AM.