

Comprehensive Planning Committee

MEETING SUMMARY

Friday, December 13, 2019 at 9:30AM
 Willing Heart Community Center
 555 Martin Luther King Blvd. Newark, NJ 07102

Present	Excused Absences	Unexcused Absences
1. Janice Adams-Jarrells 2. Allison Delcalzo-Berens 3. Juanita Howell (Secretary) 4. Elizabeth Kocot 5. Joann McEniry (Chair) 6. Jennifer McGee-Avila 7. Debbie Morgan 8. Aliya Onque (Non-Voting) 9. Sharon Postel (Non-Voting) 10. Al-Bayyinah Sloane 11. Calvin Toler	12. Ricardo Salcido 13. Ketlen Alsbrook 14. Patricia Moore	

Guests: Vieshia Morales, Julissa Lituma,
Support Staff: Tania Guaman, Vicky Saguy

1. Welcome and Moment of Silence

Joann McEniry (CPC Chair) called the meeting to order at 9:33am 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

Juanita Howell (Secretary) conducted the roll call. Quorum was established later during the meeting.

3. Public Testimony

There was no public testimony at this meeting.

4. Approval of the Meeting Summary from September 13 and November 8, 2019

Committee members reviewed the September 13, 2019 meeting summary. Joann McEniry (CPC Chair) asked for a motion to approve the meeting summary. Janice Adams-Jarrells motioned to approve. Elizabeth Kocot seconded the motion. There were no abstentions or oppositions. The September 13, 2019 meeting summary was approved.

There was no meeting in October. Committee members also reviewed the November 8, 2019 meeting summary. Support Staff was asked to make two corrections to the summary; Sharon Postel (Consultant) and Debbie Morgan should be marked as present at the November meeting. Joann McEniry (CPC Chair) asked for a motion to approve the meeting summary with recommended edits.

Calvin Toler motioned to approve. Debbie Morgan seconded the motion. Janice Adams-Jarrells abstained. The November 8, 2019 meeting summary was approved with recommended edits.

5. Standing Committee Updates

- **COC** – Support Staff provided the COC report. The last Continuum of Care Committee meeting was held on Thursday, December 12, 2019. The following occurred at the meeting:
 - The committee received guidance from the Recipient for the new format of the Standards of Care. The Standards of Care will be divided into Universal and category specific standards in accordance with HRSA's guidance as well as Recipient specific funding restrictions. The Universal Standards will comprise of client eligibility and other categories that are required by all the Standards. The COC committee approved the new format. The information from the Housing Standards of Care will be passed into the new format for the COC to review.
 - Dr. Finkel from Rutgers University provided a presentation on Trans Health - Update on Transgender Medical Care in Newark. Her presentation included information on Cultural humility and competence, Stigma, the intersection of stigma and illness, Provider Basics in Cultural Humility and Self-Awareness, Terminology (Gender pronouns), and data on queer youth of color and immigration in the Transgender population. The Transgender service providers in the Essex County area were shared and the Trans Student Educational Resources (TSER) was mentioned as a resource.

The next COC meeting will be held on January 9, 2020 at the Willing Heart Community Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102. All are encouraged to attend.

Joann McEniry (CPC Chair) asked if the Universal Standards will have the key components needed on all clients' records. Aliya Onque (Recipient) explained that HRSA recommends having a Universal Standard and Service Specific Standards. The Specific Categories Standards will be comprised of the Goal, Description, Key Service Components and Activities, Service Limitations, Imposition on Client Charges, Assessment and service Plan, Staff/Training, and Additional Program Guidance [HIV/AIDS Bureau Policy 16-02]. Meanwhile the Universal Standards will have information on Intake and Eligibility, Transition and Discharge, Case Closure Protocol, Client Rights and Responsibilities, Grievance Process, Cultural and Linguistic Competency, Privacy and Confidentiality (including securing records), Recertification requirements (where applicable) and Additional Program Guidance [HIV/AIDS Bureau Policy 16-02].

Joann McEniry (CPC Chair) mentioned that the COC added an emergency contact to the previously approved Transportation Standard and asked if this requirement will be captured on the Universal Standards or under the Transportation Standard. Aliya Onque (Recipient) stated that the COC committee will make that decision based on if this information is deemed necessary for the Transportation Standard in case they needed to get in contact with the patient.

- **REC** - Support Staff provided the REC report. The last Research and Evaluation Committee meeting was held on Monday, November 18, 2019. The following occurred during the meeting:
 - The REC reviewed the behavioral health cascade which was the last part of the 2019 Needs Assessment. The 2019 full Needs Assessment is complete.
 - A presentation on Consumer-Based Participatory Research was provided by Dr. Ann Bagchi – which explained the importance of obtaining community input with subjects as active

participants in the research process. This was a kickoff for the 2020 Needs Assessment process.

- The committee made a recommendation to investigate different ways to disseminate information within the Ryan White community and not only within Ryan White agencies.
- Housing is on the topics being considered for the 2020 Needs Assessment Update.

The next REC meeting will be held on December 16, 2019 at 10AM at the Willing Heart Community Center located at 555 Martin Luther King Blvd. Newark, NJ 07102. All are encouraged to attend.

- **CIA/CC** – Support Staff provided the CIA report. The last Consumer Involvement Activities Committee (CIA) meeting was held on Monday, November 20, 2019 at the Willing Heart Community Center in Newark. The following occurred during the meeting:
 - Support Staff provided an overview of the Ryan White Program and the Newark EMA Planning Council for Committee members which included the story of Ryan White, the legislation and the various program parts, the composition of the Newark EMA, the Newark EMA HIV Health Services Planning Council and its various committees, and the various opportunities that consumers can provide input to the Council as a voice during public testimony, as a member of the Council, or as a meeting attendee.
 - Support Staff also provided an overview of the Ending the Epidemic Initiative and explained that both the State and the federal government are working towards ending the HIV/AIDS epidemic. The four ETE Pillars (GOALS) were explained in detail and some questions were asked after the presentation. The questions focused on the barriers and challenges to reaching each goal, as well as recommendations on how to meet those goals from the consumer perspective.
 - Based on REC discussions, Support Staff also asked: Where do you learn or would like to see HIV data and information in the Newark EMA? Consumers said: “Facebook”; “Billboards”; “Flyers”; “Radio Station”; “Government Website”. Support Staff then made an announcement that the Newark EMA Planning Council will launch its website in January 2020.

The next CIA meeting will be held on December 20, 2019 at the St. Michael’s Clinic located at 268 MLK Jr. Blvd., Newark, NJ 07102.

Sharon Postel (Consultant) stated that the CIA summaries are providing good feedback specially for the ETE initiative. The Recipient’s office is working with partners (Consultant, State Health Department, and Hudson County) to create the federal Ending the Epidemic Plan. Postel mentions that the consumers’ input was needed, and that CIA summaries provided good recommendations for diagnosis (testing) and prevention (PrEP). Postel also adds that some of the consumers’ recommendations were in line with the Essex and Hudson County proposal’s such as universal testing, better access to PrEP, and PrEP Case Managers. Postel also added that the CIA meeting summary was sent to the State and consultant was asked to provide an overview. The EtE plan is expected to be complete by the end of December.

Aliya Onque (Recipient) added that there will be an ETE Kickoff meeting in January and that consumers need to be identified to attend the meeting. There will be breakfast and lunch provided and a \$50 Visa card for participation. The Recipient will contact the EIRC Chairs and Council Support Staff to identify the clients that will be attending. The importance of having representation from all Newark EMA counties was emphasized and Joann McEniry (Chair) added that her agency

could provide transportation for clients to attend the meeting. The Recipient explained that since the focus for the ETE initiative is in Essex County, a greater focus will be placed on clients who receive services in Essex County as well as Essex County residents who receive services at any of the other counties can attend this meeting.

6. Recipient Report

Aliya Onque (Recipient) provided the recipient report

- The Recipient's Office is looking to hire a Coordinator and Program Monitor for the Essex EHE. The Essex and Hudson Coordinator will be working together with the State. Specifications for these positions are still under discussion. However, individuals interested in any of these positions must contact the Recipient office to find out about residency and other requirements.
- The Peer-review process for all sub-recipients will be held on December 16 and 17. There are 41 applicants; among them one new and two returning applicants were identified. The first week of January, the agencies will receive the award letters. To date, 18 out of the 41 applicants expressed interest for EHE funding.
- Onque (Recipient's Office) explained that agencies can request additional funds based on actual expenses. Some agencies have been identified for additional funds. Those agencies interested in taking this step should contact their program monitor. The Recipient is also working on the Sweeps process.
- There are on-going site visits until February.

Sharon Postel (Consultant) added that the FY' 2020 EHE Initiative funds could be approved by the congress on Dec. 20th.

7. New Jersey HIV Planning Group (NJHPG) Report (11.21.19)

Tania Guaman (Support Staff) provided the NJHPG report. The information was shared:

- DHSTS requests that everyone helps to market the Open Enrollment period
- Undocumented/Uninsured persons who are HIV+ and living under 500% of the poverty level can apply for health insurance coverage. Applications can be submitted directly to NJDOH who houses a program through an agreement with Horizon. Individuals can apply through their medical case manager. For people under the 138% FPL, all costs may be covered.
- The NJ ETE Plan is in the final stages within the NJDOH, other depts and the Governor's office are reviewing it. The report will be shared when finalized.
- There was a presentation on HIV Decriminalization. A Coalition on Decriminalization will High-Impact HIV Prevention Efforts and the laws that are related to those efforts. There are 2 bills (N.J.S.A. 2C:34-5 and N.J.S.A. 2C:14-1) that might have an impact on HIV prevention efforts. These laws are related to sexual contact without revealing one's HIV status.
- Alison Modica provided an update on Descovy, the new approved PrEP medication for adults and adolescents at risk for HIV. The limitation of this drug on MSM and woman was discussed.
- PrEP Gilead's Advancing Access Program would provide coverage for uninsured, underinsured, or undocumented people who may qualify to receive the PrEP medication for free.
- A consumer reported a concern with a medical provider who showed stigma. Chelsea – NJDOH will add information about stigma in the NJ Clinical update. Karen Walker also pointed out that consumers can report their concerns through the Grievance process of the particular agency or approach the grantee/Recipient.

8. Old Business

2017-2021 Integrated HIV Prevention and Care Plan Update:

Joann McEniry (CPC Chair) reminded the Committee that at the last meeting the in-depth review and update/revision of the 2017-2021 Integrated HIV Prevention and Care Plan was started. McEniry also reminded everyone about the presentation provided by Sharon Postel (Consultant) on the progress report of the 2016-2018 outcome data and some recommendations for the update and revision of the Integrated Health Plan.

The committee reviewed all previously agreed goals and objectives as well as the recommendations for each goal. It was noted that:

NEMA GOAL #3-2: Increase Viral Load Suppression to 80% EMA-wide

This goal was exceeded. An initial recommendation was made to increase the percentage for the population meeting the goal and to keep it at 80% for those who are not. Allison Delcalzo-Berens recommended that EIS to be a separate category since viral load numbers are higher after they are first diagnosed but might be lower 60 days later. It was explained that clients are considered EIS for a year and the last viral load result as of December 2018 is included in this data. Therefore, the data is not skewed by the first viral load measure. To prevent the data to be skewed, McEniry also recommended to just look at the data from individuals who are retained in care and pull out those who are not retained in care. Postel (Consultant) stated that the EHE Initiative is trying to implement a Rapid Treatment for ARV and this might increase the EIS percentage for next year too.

Final committee recommendation: increase the percentage from 80% to 87% EMA-wide; except for populations not meeting the goal (youth and EIS) at 80%.

NEMA GOAL #3-3: Increase Prescription of ARV to 96% EMA-Wide,

McEniry (CPC Chair) recommended to change the wording of the goal for populations not meeting the goal instead of stating the populations in case another population is identified in this category. The target populations should be stated in the Action Plan.

Final committee recommendation: increase prescription of antiretroviral medications to 98% EMA-wide; except for populations not meeting the goal (transgender and youth) at 96%.

Objective 4A: Require Ryan White Part-A provides funded for both treatment and prevention to supply testing data quarterly was changed to Require Ryan White Part-A provides funded for both treatment and prevention to supply testing data annually.

After this discussion, the CPC reviewed and updated the Objectives for Goal #1.

NEMA Goal #1: Reduce New Infections through Health Literacy Activities to Ryan White Clients.

Objective 1A: Increase HERR activities to Ryan White clients to 95% EMA wide.

The CHAMP system currently does not have a category to capture Health Education and it could not be measured. Therefore, the CPC agreed to have the first activity as: "Identify collection tool for HERR activities".

Objective 1B: Increase STD screenings among HIV population

The STI infection rates are high based on the NJ State STI Report. Members noted that not all persons tested for HIV are also tested for STIs, but they should. Members also noted that Ryan White providers

capture STI screening data on the CHAMP system for Syphilis, Chlamydia, and Gonorrhea among others based on HAB screening criteria. Sharon Postel (Consultant) shared that according to CHAMP data as of 8/31/19, Syphilis screening is at about 67%, Chlamydia screening at 67%, and Gonorrhea at 65%. The STI screenings are part of a Clinical Quality Management indicator and will have to be reported to the state bimonthly just like the H4C indicator. McEniry (CPC Chair) stated that Objective 1B needed to have a percentage so the objective could be measured. Postel (Consultant) recommended to a 70% until the latest data on STI screening is reviewed.

The committee agreed to change Objective 1B to “Increase STI screenings among PLWHA who meet HAB screening criteria to 70% EMA wide”.

Objective 1C: Increase education about PrEP and U=U

Sharon Postel (Consultant) stated that PrEP is one of the four pillars of the Ending the Epidemic Initiative and that this information should be captured. Currently, there is not a system to capture this information. McEniry then asked where PrEP data is being collected for PrEP education activities. Allison Delcalzo-Berens mentioned that the State collects data on HIV negative clients who receive PrEP education services. But the committee also notes that in the Ryan White Network, PrEP Education for Discordant couples and for PLWHA should be addressed and recorded. Delcalzo-Berens mentioned that the Continuum Of Care Committee was in charge of writing HERR Standards. However, Aliya Onque (Recipient) explained that HRSA rejected these standards since HERR is not a funded category in the Newark EMA. Therefore, HERR Standards activities were incorporated on different Service Categories as per HRSA’s guidance. Postel recommended to divide Objective C into two objectives, one for PrEP and one for U=U since U=U can be currently measured in CHAMP. It was also mentioned that a collection tool for PrEP education activities could be identified.

Final Recommendation: The committee agreed to have Objective 1C as “Ensure that 90% of PLWHA receive education on PrEP as a prevention tool for their sexual partners”. The percentage could be changed later if needed.

New - Objective 1D: Ensure that % of PLWH population are virally suppressed

The committee asked about current data. Sharon Postel (Consultant) stated that Undetectable is at 73% and Viral loads less than 200 is at 83%.

Final Recommendation: The committee agreed to set this new objective as “Ensure that 80% of PLWHA are undetectable EMA wide.”

The Objectives for Goal #1 were finalized but activities for each objective need to be identified. Each activity is meant to help achieve key objectives and each objective is set to help meet the goal – in this case- of reducing new infections in the EMA. After this, the CPC drafted the specific activities, parties responsible, time frames and data indicators for action plan Goal #1.

Activities for Objective 1A: Increase HERR activities to Ryan White clients to 95% EMA wide

The CPC agreed on the following:

Activity 1: Identify collection tool for HERR activities and report findings to Planning Council.

Responsible Party for this activity is the Recipient, timeframe is March 2020 and data indicator is the CHAMP report.

The Recipient will make sure that the collection tool is in CHAMP and available for case managers and medical case managers, then notice will be sent out to all case managers and medical case managers to document this data in their encounters.

Activity 2: Ensure that Ryan White agencies in the EMA receive instructions on how to record HERR activities in CHAMP. Recipient is responsible for this activity; the timeframe is the same as the first activity and the data indicator is a notification to all RW funded agencies.

Activity 3: Identify subpopulations that fall below the 95% and establish baseline for measurement by December 2020. The responsible party is the Recipient and the data indicator is the CHAMP report.

Activity 4: Recipient and CQM will work with deficient agencies to develop a QI plan by January 2021. Responsible parties are Recipient and CQM and the data indicator is QI plan.

Activity 4: Deficient agencies will implement the QI plan by January 2021. The Recipient is the responsible party and the data indicator is the QI plan.

Activity 5: Evaluate impact of the QI plan on outcome data by December 2021. The Recipient and CQM committee are the responsible parties and the data indicator is CHAMP Report.

The target population is PLWHA in the Newark EMA and additional subpopulations will be determined by outcome data in 2020.

Sharon Postel (Consultant) stated that risk reduction is at 96% for adults and adolescents as of 8/31/19 and that this is being documented by case managers. Since risk reduction is a broad term, Juanita Howell (Secretary) recommended to identify subcategories for risk reduction on CHAMP to actively record what it is done for HERR activities. Postel also stated that risk reduction activities are currently being recorded under different sections on CHAMP.

Activities for Objective 1B: Increase STI screenings among PLWHA who meet HAB screening criteria to 70% EMA wide

Jennifer McGee-Avila asked if the CPC is looking at STI screenings for all STIs or for one or more STI, since STI screenings are done separately. The STI State Plan to use the swab versus the blood test and the 3 different sites for swabbing. It was pointed out that not all people get tested for all STIs. Postel (Consultant) stated that in the Newark EMA, more clients are getting tested for chlamydia and gonorrhea based on the performance measure. It was agreed that this objective will measure screenings for all STIs. Since there is available STI data, it will be used to achieve this objective.

The committee agreed on the following:

Activity 1: Identify subpopulations that fall below the 70% and establish baseline for measurement by March 2020. The responsible party is the Recipient and the data indicator is the CHAMP report.

Activity 2: Recipient and CQM will work with deficient agencies to develop a QI plan by March 2020. Responsible parties are Recipient and CQM and the data indicator is QI plan.

Activity 3: Deficient agencies will implement the QI plan by March 2020. The Recipient is the responsible party and the data indicator is the QI plan.

Activity 4: Evaluate impact of the QI plan on outcome data by March 2021. The Recipient and CQM committee are the responsible parties and the data indicator is CHAMP Report.

The Target population is PLWHA who meet the HAB screening criteria for STIs and additional subpopulations will be determined by outcome data in 2020.

Activities for Objective 1C: Ensure 90% of PLWA receive education on PrEP as a prevention tool for their sexual partners.

The activities, timeframe, data indicators, target population for Objective 1C are the similar as in Objective 1A. The difference is that in Activity 1, HERR education (Objective 1A) was changed to PrEP education for this objective. Allison Delcalzo-Berens stated that the State identifies PrEP counseling as referring the patient to a provider, helping patients to have access to insurance, etc. It was recommended for Activity 1 to state PrEP Education instead of PrEP Counseling.

Activities for Objective 1D: Ensure 80% PLWHA are undetectable EMA Wide

The activities, data indicators, responsible parties, and timeframe for Objective 1D are the similar as in Objective 1B. The Objective 1D's target population is PLWHA in the EMA and additional subpopulations will be determined by outcome data in 2020.

All items for goals #2-4 are scheduled to be completed at the January meeting.

9. New Business

None at this time.

10. Announcements

Debbie Morgan mentioned that there are some changes on Food Stamp Eligibility (Reduction) to take effect on April 2021 that will have an impact on the Ryan White Population. More information will be provided at the next meeting and possibly at the Planning Council Meeting.

The following announcements were made at the meeting:

- NJAS is hiring two social services coordinators.
- Ready, Set, PrEP Information is available. Please take the information back to your agencies as part of the Health Education and Risk Reduction Activities for your clients.
- The CIA Holiday Party will be held on December 20th at 268 MLK Jr. Blvd. Newark, NJ
- Future CPC meetings may be held in the Sanctuary depending on room availability.

11. Next Meeting

The next CPC meeting will be held on Friday, January 10, 2019 at the Willing Heart Community Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102.

12. Adjournment

Joann McEniry (CPC Chair) asked for a motion to adjourn the meeting. Debbie Morgan motioned to adjourn. Juanita Howell seconded the motion. All members agreed. The meeting was adjourned at 11:45 AM.