



**NEWARK**  
**EMA**

**315 NORTH 6TH STREET, 2ND FLOOR; P.O. Box 7007  
NEWARK, NJ 07107**

**PHONE: 973-485-5220**

**FAX: 973-485-5085**

**E-MAIL: [NEWARKEMA@NEWARKEMA.ORG](mailto:NEWARKEMA@NEWARKEMA.ORG)**

**VISIT US AT [WWW.NEWARKEMA.ORG](http://WWW.NEWARKEMA.ORG)**

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**HIV HEALTH SERVICES PLANNING COUNCIL**

## **COMPREHENSIVE PLANNING COMMITTEE**

### **MEETING SUMMARY**

**FRIDAY, AUGUST 12, 2011 AT 9:30 A.M.**

#### **1. Welcome/Introductions and Moment of Silence**

Joann McEniry, Interim Chair, welcomed all members and visitors in attendance. A moment of silence was observed for people living with HIV & AIDS and those who have passed on.

#### **2. Roll Call**

The roll was called and quorum was established.

#### **3. Public Testimony/Announcements**

None

#### **4. Approval of the Meeting Summary from July 29, 2011**

Shapiro motioned to approve the minutes from July 29, 2011, Wheeler Jr. seconded the motion. The minutes were unanimously approved without further discussion.

#### **5. Updates from other Committees**

##### **• Continuum of Care (Report by Pat Moore)**

Moore reported that the committee met on Thursday August 11, 2011 and reviewed its work plan and approved the committee's Self Assessment Tool, which was submitted to the Research Committee. The results of the member section were distributed for comment. Drafts of the Mental Health and Substance Abuse Standards were discussed and approved with minor changes. The committee has 1 week for final comment and then both standards will be submitted to the Planning Council for review and approval. Ketlen Alsbrook reported on the 2010 utilization and spending and explained the need to have a balance of Medical Case Management and Case Management Non-Medical. Sharon Postel reviewed the initial results of the data being collected for the 2011 Needs Assessment. She specifically emphasized the fact that "retention in care" should be a priority in the Comprehensive Health Plan. Annemarie Daly from Town Total Health Pharmacy described their discharge planning program to the COC members present. The next meeting will be on Thursday September 8, 2011 at 9:30am.

##### **• Community Service Advisory (Report by Ka'leef Washington)**

Washington reported that the CSAC met on Thursday August 11, 2011 and due to lack of quorum, met as-a-whole. The committee completed their Self-Assessment Tool for FY'2010 and hopes to approve it at their next meeting. The committee also discussed their ideas for the 2012 Day of Learning. The committee will next meet on Thursday September 8, 2011 at 2:00pm at the NEMA Office. The committee is still struggling to increase membership and participation. All are welcomed and encouraged to attend and participate.

- **Research and Evaluation (No Report)**

No report as the REC has not met since the last CPC meeting. The next meeting will be on Monday August 15, 2011 at 10:00am.

**6. Grantee Report**

Alsbrook reported that as of now, she has not received final HRSA award notification. Alsbrook hopes to have an update by the next meeting.

**7. Grantee Presentation on FY'2011 Allocations**

Alsbrook did not present FY'2011 Allocations due to lack of final FY'2011 HRSA Award Amount Notification.

**8. Case Management (Non-Medical) Category Discussion**

McEniry advised members that this is a continuation of a discussion from the last meeting regarding the issue of naming the category aligned with HRSA versus a functional definition for the EMA. Alsbrook advised that the benefit of a change would be for the providers and those who are being introduced into the continuum of care in the EMA. Alsbrook also noted that Medical Case Management is now only being provided by Medical Providers. After lengthy discussion, Shapiro motioned to change the category to Case Management Services Non-Medical, to be consistent with the HRSA category. Wheeler seconded. The category will be called Case Management Services Non-Medical.

**9. FY'2012 Ranking Process**

McEniry led the committee in discussion around ranking the service categories. Postel noted that from the 2011 Needs Assessment, she found that Mental Health and Outpatient Substance Abuse clients received both services equally. From the Youth Survey, Oral Health Care was a noted high-need. Alsbrook noted that Early Intervention Services (EIS) is ranked 3<sup>rd</sup> but Medical Case Management (MCM) is ranked #7 when all those who access medical care should have MCM. Postel noted that from the positive youth who responded to the youth survey, Case Management Services Non-Medical (CMSNM) was ranked last as a need. Washington noted that the positive respondents were mostly from a MCM program provider. Nadine Williams noted that from a consumer view, MCM is a crucial service, especially when a lot of providers say you have to have a MCM to access other services. Williams also noted that the clients don't understand that MCM is the gateway access of all services. Armstrong asked the committee to define NEED; as from a client view of if I already have it, I don't need it and if I don't have it, I may need it. There was a big discussion around ranking of MCM and EIS. Armstrong noted that the surveys need to be more specific because he didn't understand what type of NEED the survey was asking about. "Most Important Thing" vs. "What You Need" should be considered. Postel said we should wait for the HRSA guidance to be released before we finish the ranking. The next discussion was the level of need for Medical Nutrition Therapy (MNT) and that there is information out there that shows there is an increasing need for MNT and should be ranked higher. Below are the preliminary rankings pending further discussion after HRSA guidelines have been released.

<b>FY'2011 RANKING</b>	<b>PRELIMINARY FY'2012 RANKING</b>
1. Primary Medical Care	1. Primary Medical Care (PMC)
2. Local AIDS Pharmaceutical Assistance	2. Local AIDS Pharmaceutical Assistance (LAPA)
3. Early Intervention Services	3. Early Intervention Services (EIS)
4. Mental Health Services	4. Mental Health Services (MH)
5. Outpatient Substance Abuse Services	5. Outpatient Substance Abuse Services (OSAS)
6. Oral Health Care	6. Oral Health Care (OH)
7. Medical Case Management	7. Medical Nutrition Therapy (MNT)
8. Medical Nutrition Therapy	8. Medical Case Management (MCM)
9. Health Insurance Premium and Cost-sharing Assistance	9. Health Insurance Premium and Cost-sharing Assistance (HIPCA)
10. Housing Services	10. Housing Services (HS)
11. Medical Transportation	11. Medical Transportation (MT)
12. Case Management Services	12. Case Management Services Non-Medical (CMSNM)
13. Residential Substance Abuse Treatment	13. Residential Substance Abuse Treatment (RSAT)
14. Food Bank/Home-Delivered Meals	14. Emergency Financial Assistance (EFA)
15. Emergency Financial Assistance	15. Food Bank/ Home-Delivered Meals (FBHM)
16. Legal Services	16. Legal Services (LS)
17. Outreach Services	17. Outreach Services (OS)
18. Respite Care	18. Respite Care (RC)

#### **10. County/Regional Meeting Update**

Shapiro reported that Morris/Sussex/Warren met on August 9<sup>th</sup>. McCullough reported that Essex met on August 3<sup>rd</sup>. Mettlen reported that Union County has not met yet. McEniry advised Union to select a meeting date and cautioned the committee that once HRSA guidelines have been released, the process will move quickly in order to meet deadlines.

#### **11. Old Business**

None

#### **12. New Business**

None

**13. Date for the next meeting: Friday, August 26, 2011 at 9:30 a.m.**

**14. Meeting adjourned @ 11:20am.**