



**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)**

**JOIN US ON FACEBOOK AT [WWW.FACEBOOK.COM/NEWARKEMA](http://WWW.FACEBOOK.COM/NEWARKEMA)**

## COMPREHENSIVE PLANNING COMMITTEE

# MEETING SUMMARY

FRIDAY, FEBRUARY 10, 2011 AT 9:30 A.M.

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

Robert Armstrong, Secretary, welcomed all members and visitors in attendance. Armstrong asked members and visitors in attendance to do brief introductions. 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

Peavy announced that there will be a Part A Provider's Roundtable on Friday February 25, 2011. More details will be announced shortly.

### 4. Approval of the Meeting Summary from January 14, 2011

Jacobus motioned to approve the minutes from January 14, 2011, Wheeler, Jr. seconded. The motion was unanimously approved without further discussion.

### 5. Updates on other Committees

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

Moore reported that the committee met on Thursday February 10<sup>th</sup>. The committee approved its Operating Policies and Procedures (OPPs) and reviewed the 2<sup>nd</sup> draft of the 2011-2012 Work Plan.

A list of pharmacies and other outlets where medications can be obtained for free or a small co-pay has been compiled. The list of websites will be sent to all case managers. A list of the specific medications will be available, upon request, from the Planning Council.

The committee discussed part 1 of the 2009-2011 Comprehensive Health Plan to better understand what will be needed to develop the 2012-2014 Plan. The committee also started to compile a directory of services which will be included in the Plan.

The committee initiated a new aspect to the meetings. The committee will be discussing functions of the Planning Council for about 5-10 minutes at each meeting. At the last meeting, Dwight Peavy outlined the make-up of the Council and its responsibilities. The next meeting will be on Thursday March 10, 2011 at 9:30am.

#### • **Community Service Advisory** (Report by Dwight Peavy)

Peavy reported that a very small group of members met on Thursday February 10<sup>th</sup>. The small group discussed how the committee will move forward as they have been floundering for a while. Everyone is invited to join the committee and recruit others to join as well. The next meeting will be on Thursday March 10, 2011 at 2:00pm.

• **Research and Evaluation** (Report by Dwight Peavy)

Peavy reported that the committee met on January 24<sup>th</sup> at 10am and continued to discuss the Needs Assessment; this year it will be a full comprehensive needs assessment, so they have been really focusing on specific topic areas. The committee reviewed the 2010 Matrix of Estimated Service Needs and are preparing to complete the unfinished portion. The committee is also preparing work on the 2011 Matrix. The committee also reviewed their committee calendar and is planning to revise the committee self-assessment tool and hope to have it finalized at the February meeting. The committee also looked at training topics for the committee. The next meeting is Monday February 28<sup>th</sup> due to the 21<sup>st</sup> being a holiday.

**6. Grantee Report**

Peavy reported for Ketlen Alsbrook and Shanon Mettlen as they are both out due to the Lincoln Holiday.

To accommodate schedules, a third day of Peer Reviews has been scheduled for February 22<sup>nd</sup>. Pre-notification letters will be delayed as a result, but will still go out before the start of the new grant year.

There will be a Fiscal Management Training held on March 24<sup>th</sup> and 25<sup>th</sup>. The facilitators, Communities Learning Together (CLT), are HRSA consultants who will provide non-fiscal administrators training on key aspects of non-profit financial management and program monitoring. The Grantee is hosting its first Ryan White Part A Provider Meeting on February 25<sup>th</sup>. The venue will be announced shortly. The agenda includes presentations and discussion around CQM, CHAMP, EIS & EIIHA Updates and Contracting.

Due to the expiration of the current Ryan White resolution on March 4<sup>th</sup>, the FY'11 award notifications will be partial (50% of Formula and MAI = a little over \$5 million). Balance of Formula, MAI, and all supplemental dollars will be distributed once the new budget appropriation is completed. There is no clear timetable of when this will happen. As a result, the Grantee will issue partial award notifications in March.

**7. Review and discuss research agenda for the 2011 Needs Assessment**

Armstrong discussed the important need to discuss and solicit ideas based upon the committee's expertise for recommendations to the REC for Needs Assessment Topics. Committee members were reminded that every three years, there is a complete Needs Assessment done while in the interim years, updates are created. Jacobus discussed researching the need for Support Services for individuals living with HIV/AIDS as she is finding people who are leaving Broadway House that are healthy enough to live independently are having issues with finding and funding Support Services. The Committee also discussed how some clients are seeking out Support Services but may not be seeking Core Services/Primary Medical Care. Shapiro suggested that another area to focus on is the EIIHA initiative and how to most efficiently and effectively develop these programs: are they effective in meeting needs? It was noted that it is a Grantee responsibility to monitor program effectiveness, not the Planning Council. The Committee suggested acquiring progress reports from the Grantee on these new initiatives. The committee also discussed finding out the most attractive mix of services to keep clients in care, or the "one-stop shop" concept. The committee noted that one of the hardest issues is to get agencies to work together; it is important for the action, not just the paper memorandum of agreement, to be in place. One of the suggestions on how to encourage and create true collaboration is to have agencies apply for funding with other agencies to create a package of services. The committee discussed having the needs assessment focus on more sub-populations, such as older consumers, needle exchange and infection, and MSM. Another committee member suggested transitional housing with Support Services.

## **8. PRESENTATION: Needs Assessment**

Moved to March Meeting

## **9. 2009-2011 Comprehensive Health Plan (CHP) – Begin discussion and review of Part 2 to identify the implications and suggest revisions for the 2012-2014 CHP.**

Armstrong broke up the attendees into three (3) groups and assigned a section of Part 2 of the CHP as follows:

**Group 1** - 1 Shared Vision & Guiding Principles; 2 The Desired Continuum of Care Defined; 2.1 HIV Services – Core Medical Services

**Group 2** - 2.1 Support Services, Clinical Quality Management (CQM), Program Management and Accountability, and Community Involvement

**Group 3** - 2.2 Features of Part A Services and 2.3 Achieving the Desired Continuum

### Group 1 report: (p.104-113)

This section describes the shared vision and guiding principles. It also lists the current core services available. The group suggested adding EIIHA and updating all the service category definitions. The group recommended adding a section about enhancing communication between providers to avoid double dipping/duplication of services. The group also suggested discussing how Medical Case Managers must emphasize the importance of Medical Case Management on health outcomes and the need for follow-up. The group also suggested discussing the need to utilize CHAMP more to find out client history and footprint; especially when it is supposed to be the job of the Case Manager to input data on a regular basis, not at the end of the month. Group members noted that communication is key and that CHAMP is designed to put in data on a regular basis so other agencies can use the data to help track client info.

### Group 2 report (p. 114-119)

This section focuses on Support Services. The group suggested discussing the impact of ADDP changes and the possible need for support of medication assistance. The group reported that the issue of Housing came up as well: looking at Housing as a high level of priority (transitional especially), where could Ryan White fall into supporting that? The group also suggested researching recently released inmates who are sanctioned from Welfare, what to do with them?

### Group 3 report (p. 120-123)

This section focuses on the Features of Part A Services --- a list of qualities to make up a desired Part A program. On page 120, under confidentiality, the group suggested adding mention of the new HIPPA regulations. The group suggested adding more dialogue on how we can coordinate services in an era of diminishing resources and adding EIIHA to emphasize coordination between services. The group suggested adding under Early Intervention, the need to link newly diagnosed consumers into Part A services and the need for each Counseling, Treatment & Referral (CTR) program to have a concrete plan for immediately linking a newly diagnosed person with Part A services.

## **10. Old Business**

- 2011 Membership Roster Review – Moved to March Meeting
- Possible Training List – no one submitted suggestions via email. Please submit any suggestions ASAP.
- Complete Conflict of Interest Policy and Disclosure Statements

## **11. New Business**

New Member Orientation will be held Friday March 11, 2011 after the CPC Meeting.

12. Date for the next meeting: Friday, March 11, 2011 at 9:30 a.m.

13. Meeting adjourned @ 11:55am.