



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

VISIT US AT WWW.NEWARKEMA.ORG

JOIN US ON FACEBOOK AT WWW.FACEBOOK.COM/NEWARKEMA

COMPREHENSIVE PLANNING COMMITTEE

MEETING SUMMARY

FRIDAY, JANUARY 14, 2011 AT 9:30 A.M.

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

Joann McEniry, Interim Chair, welcomed all members and visitors in attendance. McEniry 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**

Clark announced that he received a scholarship to attend the 2011 National African American MSM Leadership Conference on HIV/AIDS and Other Health Disparities being held in Brooklyn, NYT from January 19-23, 2011. Clark reported that he is working on the Resource Guide for the Housing ad-hoc committee.

Peavy announced Torrian Baskerville has come onto staff as the new Office Manager. He will be introduced at the next meeting.

4. **Approval of the Meeting Summary from December 10, 2010**

Wheeler, Jr. motioned to approve the minutes from December 10th, Clark 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 January 13th. The committee reviewed the Goals and Objectives of the Continuum of Care Committee. Minor changes were suggested. These suggestions will be submitted to the Planning Council for review and approval at the January 19th meeting.

The committee also reviewed the Action Steps in the 2009-2011 Comprehensive Health Plan to determine which of the tasks the committee has completed and which still need to be completed and incorporated into the 2011-2012 workplan. To the committee's credit, most of the tasks have been completed. The one particular area which has not been addressed is the evaluation of existing programs and recommendations for prisoner re-entry programs. This will be included in the 2011-2012 workplan. The majority of the meeting was spent on developing the 2011-2012 workplan. The next meeting will be on Thursday February 10, 2011 at 9:30am.

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

Peavy reported that the meeting was cancelled. The next meeting will be on Thursday February 10, 2011 at 2:00pm.

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

Peavy reported that the committee has not met since the last CPC Meeting. The next meeting will be on Monday, January 24th at 10am.

6. Grantee Report

No report

7. Review and Approve 2011 Committee Calendar/Timeline

McEniry asked members to review the 2011 Calendar and ask any questions. With no questions raised, McEniry asked for a motion to approve the 2011 Calendar. Shapiro motioned to approve the 2011 Committee Calendar as presented, Wheeler Jr. seconded. The 2011 Committee Calendar was unanimously approved without further discussion.

8. Present Conflict of Interest Policy and Disclosure Statement; discuss expectations, roles and responsibilities as members.

McEniry advised that every year, members are required to disclose any conflict of interest they have as a member of the committee and indicate such conflicts on the Conflict of Interest Policy and Disclosure Statement. Copies were distributed to members in attendance to complete.

9. Present and finalize membership roster for 2011.

McEniry led the committee with in-depth discussions around the plan for 2011 and was able to complete a draft 2011 calendar. The 2011 calendar is different from past calendars in that it has specific and detailed tasks for the committee to complete that correlate to the objectives set in the OPPs, as well as the Implementation Plan from the CHP.

Washington presented the five (5) Essex applicants received; Johanne Rateau, Elijah Muhammad, Adriane Cooper-Dula, Danielle Boyd, and Brian McGovern. Out of the five, three have been in attendance at CPC meetings. It was recommended to add the following three candidates to the Essex Roster; Johanne Rateau, Adriane Cooper-Dula, and Brian McGovern. The Essex County Roster was presented. Shapiro motioned to approve the Essex County Roster as presented, Armstrong seconded, Essex County members abstained. The motion was unanimously approved without further discussion.

The Essex County Roster will now be as follows:

1. Caroline Jacobus – RW Part A Provider
2. Ernest McCullough – RW Part A Provider
3. Javon Daniels – Community
4. Kendall Clark – Community
5. Nadine Williams – Community
6. Michael V. Folger – Community
7. Johanne Rateau – RW Part A Provider
8. Adriane Cooper-Dula – RW Part A Provider
9. Brian McGovern – RW Part A Provider

Shapiro presented the Morris/Sussex/Warren (MSW) roster; there is only one candidate to add, Sunil Khosla for Morris County. Clark motioned to approve the MSW roster as presented, Wheeler, Jr. seconded, MSW members abstained. The motion was unanimously approved without further discussion.

The Morris/Sussex/Warren (MSW) Roster will now be as follows:

1. Robert Armstrong – Morris Community
2. Sunil Khosla – Morris Community
3. Diane Silbernagel – Morris RW Part A Provider ALTERNATE
4. William Shapiro – Sussex RW Part A Provider
5. Joann McEniry – Warren RW Part A Provider

Washington presented the Union County Roster. There were three applicants received, Larisa Hernandez, Claudia Ortiz, and Marco Hernandez. There were additional candidates, but their applications have not been received. It was recommended to add Claudia Ortiz and Marco Hernandez to the Union County Roster. Shapiro motioned to approved the Union County roster as presented, Khosla seconded, Union members abstained. The motion was unanimously approved without further discussion.

The Union County Roster will now be as follows:

1. Victor Llerena – RW Part A Provider
2. William Wheeler, Jr. – Community
3. Andrea Jones – Non RW Part A Provider
4. Mora Danu-Michaels – Non RW Part A Provider
5. Claudia Ortiz – RW Part A Provider
6. Marco Hernandez – RW Part A Provider ALTERNATE

10. 2009-2011 Comprehensive Health Plan (CHP) – Begin discussion and review of Part 1 to identify the implications and suggest revisions for the 2012-2014 CHP.

McEniry reminded the committee that it was agreed to carefully review the 2009-2011 CHP, in sections, in order to prepare to author the 2012-2014 CHP. This process will be done over a few months. Armstrong broke the committee into three workgroups to review portions of CHP. (Group 1 reviewed sections 1 and 2, Group 2 reviewed sections 3 & 4, and Group 3 reviewed sections 5 thru 9. Armstrong advised the members to remember three items when reviewing each section:

1. To familiarize ourselves with the CHP document, as it is currently written.
2. To look at what portions of the document need to be revised or added for the 2012-2014 CHP.
3. To determine how the CHP correlates to the work that the CPC and the EMA is doing.

Below are the reports from the groups:

Section 1

This section contains general descriptive data from the Census about the five county EMA with general info regarding the population, income, and other demographics. It needs to be updated with the 2010 Census information as well as other county info.

Areas needed for more info:

- Language/ethnicity is broken out for Spanish and other languages, but it does not breakout Creole/Kreyol. Need to break out Creole/Kreyol.
- It would be helpful to find the estimated number of undocumented immigrants.
- Overview of Health Insurance Coverage, including Medicaid/Medicare and Family Care.
- Additional data (from Needs Assessments?) related to Health Care Reform Planning.
- Additional data from Haitian Planning groups regarding Creole/Kreyol.
- Update on Health Care Reform impact on NJ and/or EMA.

Section 2

- In reviewing the latest NJ DOHSS Epi-data that was released (June 2010), some of the age breakouts were different in the CHP, it is suggested to align age breakouts with the NJ DOHSS age breakouts.
- Look at other ethnicities to see if they have grown since the last report.
- The NJ DOHSS only identifies the age category “55+” regarding New Diagnoses, but it is suggested that we will need to break that down further as the focus on Newly Diagnosed is increased due to EIIHA; it may be prudent to look at more data besides NJ DOHSS data, such as HIV Testing site data and Syringe Exchange site data.

Section 3

- This section contains data from the 2008 Needs Assessment. For the new CHP, this section will be updated with 2011 Needs Assessment data
- This section examines service utilization by Core Medical Services and Support Services.
- Questions arose around patients lost in care; what are some ways where we can find reasons why patients are lost in care? How about following-up with the client list of those who were lost and find out who exactly are gone? Have they gotten other insurance? Lost in care is usually considered 6 months, but is 1 year in CHAMP.
- 3.1B discusses Rapid Testing, update to include relevance to EIIHA.

Section 4

- This section looks at the current continuum of care. It is recommended to add the most up to date info from the FY’2011 Priority Setting and Resource Allocation Report to add to the new category updates.
- It is suggested to pull EIIHA data from CHAMP to include in the new CHP, if available.
- How do the changes in Health Care Reform affect the Service Categories?

Section 5

- This section contains the Resource Inventory which should be updated to include new categories and possibly make it available online. Possibly include other online resources to add, such as HRSA’s Treatment Locator.

Section 6

- This section is the provider capacity assessment which should be updated - usually through surveying the providers and grantee/sub-grantee. This is done by each service category.

Section 7

- This section discusses unmet need. There is more current info from the State Health Department that will update the met need and then update the county/region data that is available. It is recommended to expand this section to include the EIIHA component, calculate the estimates of the 21% that are unaware, and insert service gaps by special populations from the grant application.

Section 8

- This section contains the Implementation Plan. It is suggested to insert the plan that is funded vs the one submitted in the grant application as the plan is revised upon approval of funding.

Looking ahead to Part 2 of the CHP, it discusses the desired continuum of care. It was reported that the biggest problem/gap is Prescriptions/Co-Pays although the Federal Poverty Level (FPL) was raised for ADDP. A lot of people are having problems due to the economic times and other factors. Transportation and Housing has gotten better, but the Prescriptions/Co-Pays are problems. NewarkRx, Walgreen's and other programs need to be advertised. Train Medical Case Managers/Case Managers on the new services so they can properly inform their clients.

11. Review and discuss the Matrix of Estimated Service Needs and the Implementation Plan.

Sharon Postel reviewed a presentation on the Matrix of Estimated Service Needs and the Implementation Plan. Copies of the handout were distributed to all in attendance.

12. Review/Finalize Possible Trainings

McEniry asked members to email the NEMA Staff their suggestions for possible trainings for the year. A list will be reviewed at the February meeting.

13. Old Business

None

14. New Business

None

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

16. Meeting adjourned @ 12:00pm.