PLANNING COUNCIL MEETING MINUTES
DECEMBER 18, 2013, 2013 @ 1:30PM
NEMA Office – Newark, New Jersey

1. Meeting was CALLED TO ORDER at 1:30pm
Dr. Johnson, chair welcomed all in attendance. A moment of silence was observed for those living with HIV/AIDS and for those who have passed on.

2. ROLL CALL
Roll was called and quorum was established with 13 members present. The total membership of the Council is currently 20.

<table>
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<tr>
<th>PRESENT:</th>
<th>EXCUSED ABSENCES:</th>
<th>UNEXCUSED ABSENCES:</th>
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<tr>
<td>2. Deloris Dockrey</td>
<td>15. Elizabeth Kocot</td>
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<td>7. Larry Mayers</td>
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<td>8. Patricia Moore</td>
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<td>9. Providencia Rodriguez</td>
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<td>10. Robert Armstrong</td>
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<td>11. Robert L. Johnson, MD</td>
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<td>12. Wanda Figueroa, MD</td>
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<td>13. Shanon Mettlen</td>
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Council Staff:
Dwight Peavy, Executive Director
Ka’leef S. Morse, Health Planner
Jason-Cristofe Marcello, Office Manager

Rodney Briggs, Office Assistant
Jasmine Doughty, Associate Health Planner

Presentation:
James Carrington (Ex), Diane Sibernagel (Ex), Cuthbert Ashby (A), Elizabeth Kocot (Ex), Ketlen Alsbrook (Ex), Kendall Clark (Ex), Robert L. Johnson, MD (Ex), Robert Armstrong (Ex), Wali Bradley (Ex)
3. **PUBLIC TESTIMONY/ANNOUNCEMENTS**

Peavy discussed the implementation of community forums to address targeted populations as detailed in the EIIHA plan. He also announced that NEMA staff would be attending a LGBT Health Fair at NJCRI in Newark to conduct surveys. The surveys will be focused on collecting data from MSM of color who have received services in our Ryan White Care system.

4. **APPROVAL OF PREVIOUS COUNCIL MINUTES DATED NOVEMBER 20, 2013**

McEniry motioned to approve the minutes from November 20, 2013. Adams-Jarrells seconded. The Minutes were then unanimously approved without further discussion.

5. **DEMOGRAPHICS AND ASSESSMENT OF THE NEEDS OF PEOPLE WITH HIV/AIDS IN THE NEWARK EMA**

- **Continuum of Care Committee – Kelley Rooney, Chair**

The Continuum of Care Committee has not met since the last Council meeting.

The next meeting of the Continuum of Care Committee is scheduled for Thursday, January 9, 2014 at 10:00am.

- **Community Involvement Activity – staff**

Part II of the Age 45+ Community Forum was held on Thursday, December 12, 2013. Those present reviewed the topics discussed at Part I of the Forum, which covered Health Maintenance Organizations (HMOs) and consumers’ experiences with them, the Affordable Care Act (ACA), Medicaid Expansion, and funding cuts. It was announced that the Planning Council is working on inviting the five HMOs to give presentations on what their plans offer in January/February, 2014. Attendees at Part II of the Forum continued discussion of the above topics, and also discussed the subjects of stigma and the need to educate the community regarding HIV/AIDS, as well as importance of being tested. It was stated that many people are still afraid of people knowing that they are HIV positive.

The need to reach the Youth population was also raised, and it was stated that many in this population believe that HIV is no longer a threat, or that it can be cured easily. It was also stated that women and members of the Islamic and other religious communities need to be approached in a manner that is acceptable to them regarding HIV/AIDS.

Attendees were encouraged to continue to devise new ways to reach the community, especially those that are difficult to enter due to religious beliefs, cultural values, or moral traditions. It was stated that the need now is to actually get out into the community, and hold events at existing agencies, support groups etc.

The next Community Involvement Activity is scheduled for February 13, 2014. Additional details will be announced.

6. **Comprehensive Planning Committee Report – Joann McEniry**

McEniry reported that the CPC has not meet since last PC meeting.

The next meeting of the Comprehensive Planning Committee is scheduled for Friday, January 10, 2014, at 9:30am.
7. **Research & Evaluation Committee Report – Deloris Dockrey**

Dockrey reported that the REC met on December 16, 2013. Most of the meeting was focused on finalizing the questions for the 2014 Needs Assessment. The Needs Assessment research questions are:

1) Uncovered population: What are the characteristics of people eligible for the Affordable Care Act (ACA) and Medicaid Expansion who might be continually served by Ryan White? The initial focus will be on the Hispanic/Latino and Haitian communities. Where are they in the EMA? What are the recommendations for reaching these individuals, diagnosis (EIIHA) and linkage to Care and Retention and making sure we are aligned with the National HIV/AIDS Strategy (NHAS)?

2) Regarding the ACA Gaps; what are the gaps in services provided by the implementation of ACA and New Jersey Medicaid expansion, and what will Ryan White continue to provide? The focus will be on the following service categories: Mental Health, Substance Abuse, Oral Health, Medical Case Management (MCM), Case Management Services Non-Medical (CMS), and Primary Medical Care (PMC).

3) Pilot Test Question: What are the living arrangements of Ryan White clients?

Based on REC’s work plan, the committee would like to have the Needs Assessment completed by June. The process is incremental and preliminary findings will be reported at each juncture.

REC’s numbers are dwindling and they are looking for people to join the committee.

The next meeting of the REC is scheduled for Monday, January 13, 2014 at 10am.

8. **Grantee Representative Report – Ketlen Alsbrook**

Alsbrook reported that the 2014 Request for Proposal Season is in full swing. The Technical Assistance meeting was held on December 11th at the Municipal Council chambers in City Hall. There are a total of 53 potential applicants, 4 of whom are returning after not being funded in FY 2013, but were funded in previous fiscal years.

In terms of FY 2014 funding, the EMA received an email from HRSA earlier today giving us a heads up indicating that we should anticipate a partial award letter in March. The partial award will be based on the 41% of our formula funding for FY 2013, plus 29 % of our MAI funding for FY 2013. Alsbrook has estimated the partial award to be around 3.6 million dollars, which is significantly less than the FY 2013 partial award of approximately 5.3 million dollars.

This is because in FY 2013, HRSA based the partial award on 50% of the formula and 50% MAI and this year they are using 41% formula and 29% MAI. There has been some discussion with the Grantee and the Planning Council about funding and what, if any, resources we have available to the EMA, to protect its funding.

Alsbrook reminded Council members that there was a significant funding cut in FY 2013 of around 10%. Work with organizations will continue, in order to protect and sustain the programs that we currently have in the Newark EMA.

Alsbrook reported that there are a lot changes on the Quality Management level as we reorganize the HRSA HAB Performance Measures. Most of the work being done is refining the definitions so that they are consistent across federal programs and also reducing the number of measures from 56 to 44, to reduce the burden on grantees and prioritize which measures are key to evaluating performance.
The core measures that apply to all Ryan White clients are: HIV viral load suppression, prescription of antiretroviral therapy, HIV medical visit frequency (Retention), the gap in HIV medical visits, which is looking at people who have an HIV medical visit in the first half of the year but do not have a visit in the second half, and also PCP prophylaxis. The primary focus will be on viral load suppression and retention in care. Our current rate for viral load suppression is 70%. We will be working in the next few years to increase that to 80%. The current retention rate is at about 55% but we suspect it may be higher because our data is limited to what we are paying for. Medical visits that are being paid for by other sources may not always be in our system. We have made efforts to capture that data in our system. Alsbrook will be participating in an additional collaborative that is part of the EMA's existing collaborative that includes 5 other states: Ohio, Missouri, Mississippi, Arkansas and Maryland. This collaborative will work towards the primary focus of viral load suppression and retention in care.

Dr. Johnson elaborated on the significant impact of the funding cuts on services and those who depend on them. Dr. Johnson reported that the next Council meeting will be different in that several organization executive directors will be invited to attend. Council members were advised to consider what they felt the results of funding cuts would be, even with the Affordable Care Act and Medicaid Expansion, in order to educate the organizations, so they might be better informed.

9. COORDINATION WITH OTHER HIV-RELATED SERVICES

- **Report from the New Jersey HIV Planning Group (NJHPG) – Dwight Peavy**
  Peavy reported that the HIV planning group meeting on November 21st. They recently invited members from NASTAD to attend their retreat. They facilitated the morning portion of this retreat with covering a great deal of history, data and information. Later in the day, smaller group met to discuss the National HIV AIDS Strategy. They were charged to come up with plans to address the four goals. The results haven't been compiled yet but Peavy expects to get those at the next meeting and report back to the Planning Council. It was a very interactive session in which NJAPC members had an opportunity to participate.

- **Report from the Governor's Advisory Council on HIV/AIDS & Other Blood-Borne Pathogens (GAC) – Dr. Johnson**
  Dr. Johnson reported that the Governor’s Advisory Council on HIV/AIDS met last Wednesday in New Brunswick. Dr. Johnson indicated that there were two major issues: HIV Prevalence in the Prison Population, and a presentation on Hepatitis C (HepC). It was stated that the protocols used in prisons based on old guidelines, no longer in use outside the prisons.

10. THE PLANNING COUNCIL ADMINISTRATIVE ISSUES

- **Report from Executive Committee – Robert L. Johnson, MD**
  All issues were covered during the meeting.

- **Report from Treasurer- Patricia Moore**
  Moore reported that the November accounting statement had not as yet been received from the fiduciary agent, and that as of October, 2013, approximately 60% of the EMA’s Budget has been expended. It was stated that a Budget modification is necessary, and Peavy and Moore have met to begin preparing the 2014/2015 Budget.
Report from Executive Director – Dwight Peavy
Peavy reported that the Winter Edition of NEMA is available. It was also stated that new Planning Council members are needed, and members were asked to refer anyone they felt to be an appropriate candidate for membership on the Council. Members were also informed that their assistance would be needed to accomplish certain parts of the Needs Assessment, and were asked to provide their ideas for subjects to be covered during the educational portion of the Council meetings.

Report from Nominations Sub-Committee
Peavy reported that five candidates have been reviewed, and it was stated that the final candidate is to be interviewed tomorrow. The recommended applications will then be forwarded to the mayor’s office for approval. It was stated that an Orientation Session for new Council members is being planned for February, 2014.

Report from By-Laws Sub-Committee
Peavy reported that further changes have been made to the By-Laws, and that a draft of the updated By-Laws should be available for the January meeting.

11. STATE AND NATIONAL UPDATE
None

12. OLD/NEW BUSINESS
None

13. NEXT MEETING:
The next meeting of the Planning Council is scheduled for Wednesday, January 15, 2014. Please note that this meeting will begin at 2:00pm rather than the usual 1:30pm.

14. ADJOURNMENT: Approximately 3:30pm

I, as Planning Council Chair, hereby certify the accuracy of the above minutes:

Robert L. Dr. Johnson, MD – Chair

Date