



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

PLANNING COUNCIL MEETING MINUTES

DECEMBER 21, 2011 @ 1:30PM
NEMA OFFICE - NEWARK, NEW JERSEY

1. Meeting was CALLED TO ORDER at 1:30pm by Robert L. Johnson, MD, Chair
 Dr. Johnson, Chair, welcomed all in attendance. Dr. Johnson requested a moment of silence be observed for those living with HIV/AIDS and for those that have passed on.

2. ROLL CALL

Roll was called and quorum was not established with only 12 members present. The total membership of the Council is currently 28.

PRESENT:	EXCUSED ABSENCES:	UNEXCUSED ABSENCES:
1. Borys Abulevsko 2. Bryn N. Whittle, Esq. 3. Deloris Dockrey 4. James Carrington 5. Janice Adams-Jarrells 6. Kendall Clark 7. Ketlen Alsbrook 8. Michael V. Folger 9. Robert Armstrong 10. Robert L. Johnson, MD 11. Shanon Mettlen 12. William Wheeler, Jr.	1. Brenda Hoggard 2. Diane Silbernagel 3. Elena Perez 4. Glenda Kirkland 5. Javon Daniels 6. Kelly Rooney 7. Stephen M. Smith, MD	1. Angel Reyes 2. Brenda Christian 3. Carmine Grasso 4. Cuthbert Ashby 5. Franckel Denize 6. Maria Irizarry 7. Michael-Graham Anderson 8. Patricia Moore 9. Wali Bradley
Council Staff: Dwight Peavy, <i>Executive Director</i> Ka'leef Washington, <i>Health Planner</i>		

3. PUBLIC TESTIMONY/ANNOUNCEMENTS
 None

4. APPROVAL OF COUNCIL MINUTES FROM NOVEMBER 16, 2011

The minutes were not presented for approval due to lack of quorum.

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

➤ **Report from the Community Service Advisory Committee – Brenda Hoggard, Co-Chair**
Hoggard reported that the CSAC did not meet in December due to schedule conflicts, however the 2012 Day of Learning Sub-Committee met on December 13th. The committee estimates that it will take \$21,000.00 to fund the DOL and approved the for funding request letter. Funding sources being looked at are Elizabeth Taylor foundation for Aids, Carl Brasa Foundation, Cunningham Foundation, local financial institutions, retailers and pharmaceutical companies. Hoggard reported that the theme for the DOL is '31 Years and Still Surviving'. The workshops were finalized and scheduled for 10am to 6pm, October 19th, 2012 at Rutgers University. A keynote speaker is still to be identified; there is a suggestion that Ragan Hofmann Editor in Chief of POZ magazine be approached. The sub-committee is still looking for members and welcomes anyone who wants to work.

The next meeting of the Community Service Advisory Committee is scheduled for Thursday, January 12, 2012 at 2:30PM.

➤ **Report from the Continuum of Care Committee – Patricia A. Moore, Chair**
Moore reported that the COC met on December 8th. The Committee reviewed its calendar and work plan draft. There were some recommendations for the Grantee on the General Council and a draft was submitted for review. Copies of the Case Management (non medical Standards) were distributed. The 2011 Needs Assessment based on recommendations coming from CSAS. There was also new business where the committee is looking at providing discussions around Medical and Physical Therapy Standards, as well as providing some review recommendations for the 2012 needs assessment.

The next meeting of the Continuum of Care Committee is scheduled for Thursday, January 12, 2012 at 9:30 AM.

6. Comprehensive Planning Committee Report –Joann McEniry

McEniry reported that the CPC met on December 9th. The committee worked on completing its 2012 calendar and had discussions and a presentation from Sharon Postel on completing the 2012 Health Plan.

The next meeting of the Comprehensive Planning Committee is scheduled for Friday, January 13, 2012 at 9:30 A.M.

7. Research & Evaluation Committee Report –Deloris Dockrey

➤ **Report on Assessment of The Ryan White Part A Administrative Mechanism in the Newark EMA FY 2011- Sharon Pastel**

Sharon Postel gave an overview of the FY 2011 Assessment of the Administrative Mechanism report that was distributed. Pastel reported that the purpose of the reported is to fulfill the federal mandate of the Ryan White Part A program. The Planning Council is required to complete the assessment annually and it has been the practice of the Newark EMA HIV Health Services Planning Council to complete one full assessment followed by two annual updates. The full assessment includes surveys of both the grantee and all providers. The Council completed a full assessment in 2008 and two annual updates in 2009 and 2010. This 2011 report is a full assessment. The survey tools are revised annually by the Research and Evaluation Committee. In order to improve the survey response rate, for 2011, REC change the survey format from

anonymous to confidential. This allowed non responding provider to be identified for follow up. The Grantee Survey was computer fill-able in Microsoft Word. The Provider Survey form was entered into Survey Monkey for ease of online completion and confidentiality.

Postel in giving the general findings reported the following:

- Responses from providers were more positive than prior years with response from 73% of 44 agencies.
- RFP Process & Selection of Providers: Most providers were please with the clarity of the application document and the TA sessions. There were comments about the RFP timeline and if it can be done online. In response Postel said that it would be difficult to change the timeline because some of the input requirements for the RFP are not available before November and with respect to an online RFP, there would be challenges with security and compliance with public contract law. Some agencies requested more information about their score on the application, which the Grantee will be working on improving in the coming year.
- Placement of Contracts: There was some problem with provider respondents not being the right people to answer the survey, which will be corrected in the coming year. To the question of how many service categories each provider was funded for, the survey found 28% for 1 service, 15% for up to 4 services, and another 15% for up to 7 services.
- Service Provider Reimbursement: The survey found of the 32 providers 60% are long term Ryan White providers for over 15 years. The others are providers since 1995 to 2010 thus providing a mix of established and new.
- In terms time frame for reimbursement the response varied from 1-2 months, 3 or more, and one provider did not receive any reimbursement.
- Site Visit & TA: Grantee is required to conduct pro-demand and physical site visit to providers every year. 2/3 rated the visits as good or excellent. Some providers wanted more technical assistance than what was provided.
- CHAMP data system: 70% of providers rated the system as good or excellent. Some providers wanted the ability for more ad-hoc reporting as well as putting CHAMP on the internet. These suggestions are expected to be addressed in 2012. The downside to CHAMP is that staffs are not taking annual training although training is available every week. 9 agencies had no staff training in the past 12 months. This affects the quality of data which gets sent HRSA.
- Grantee Survey: The RFP process was expanded to social media to deal with the Gay, Lesbian, and Trans (LGBTQ) community. Of the 51 application submitted, 50 received funding and 1 was late and received no funding. Most contracts were issued during the months of June to September. Contracts were executed by the end of June for Union county and by October for Essex, Warren, Sussex and Morris, and all reports submitted. There were no discrepancies found during this review. The next steps for the system are to make adjustments to the questionnaire, review information came out of the survey about Providers, clarify who is to respond to each agency, consider a Grantee mandate that Providers must respond to the questionnaire, provide more technical assistance for Survey Monkey and encourage agency staff to take CHAMP training.

Dockrey reported the REC continues to discuss the Needs Assessment and would welcome input from the PC on topics to be considered for the 2012 Needs Assessment. An idea for consideration is Viral Load Suppression continuing from the Lack of Care study. Another area for consideration is the incarcerated population and the services they might need as well as the challenges and barriers to providing service to this population. Dr. Johnson asked in what format the comments were needed. Dockrey suggested having general discussions at Council meetings, plus asking all committees to provide some input for consideration. Dr. Johnson suggested that it might be helpful to have a presentation on what have been considered in the past, what is the Needs Assessment process and the types of questions that will have some impact on the overall outcome. Dockrey agreed and will make a 5-10 minutes presentation at the next PC meeting.

The next meeting of the Research & Evaluation Committee is scheduled for Monday, January 9, 2012 at 10:00 A.M.

8. Grantee Representative Report – Dwight Peavy for Ketlen Alsbrook

Alsbrook reported that the FY2012 Request for Proposal (RFP) Manual was released Mon. 12/5/11. Technical Assistance Meeting was held Thurs., 12/16 in the Municipal Council Chambers at City Hall. Attendance was mandatory and the only opportunity for applicants to ask questions regarding content and direction. Potential applicants were given an overview of the RFP requirements, the purpose, goals and objectives of the grant, and our 2012 priority initiatives. They are:

- Early Intervention (to reduce unaware population)
- Referral to Medical Care for emerging populations, especially:
 - Recently released and incarcerated
 - PLWHA 45 and older
- Retention in Care (to reduce unmet need)
- Co-location of Services
 - EIS→ MCM→ PMC → Other Core Services
 - Support Services → MCM→ PMC
- Oral Health (under-utilized)
- Mental Health & Substance Abuse treatment and counseling (co-located or COD)

As part of their FY2012 Service Plan, applicants must demonstrate “membership” to one of five EIRC’s (Essex, 3; Union 1; Tri-County 1). EIRCs (Early Intervention and Retention Collaborative) are an integrated planning body of Prevention & Treatment providers, charged with addressing unaware and unmet need populations. Providers of testing, outreach, prevention, treatment, counseling and retention (Ryan White and non-Ryan White Service Providers) will have an opportunity to discuss services, methods, issues, best practices and barriers (legal, social, etc.) related to their programs. HIV testing and awareness data will be shared to identify gaps, implement corrective actions, and measure performance and ability to identify, inform, refer and link PLWHA to medical care. Retention in Care will also be addressed to emphasize that engagement (as a means to viral load suppression) is the target health outcome of every linkage.

The FY2012 RFPs are due on Thurs., 1/12/12, no later than 2pm (DCFWD Ryan White Office, Room 209). Based on the TA Attendance Record and Letters of Intent we received, the Newark EMA can expect 52 proposals for grant funding (46 continuing, 2 returning and 4 new). We will be losing two currently funded programs (failure to attend TA and/or submit letter of intent). This may impact the EMA’s ability to provide

Residential Substance Abuse Services. Ranking (#13) and level of funding (1.35%) is low. Approximately 19 clients served during FY2010. Do we have alternatives? What are they? How will this impact their inpatient/ outpatient clients?

9. COORDINATION WITH OTHER HIV-RELATED SERVICES

➤ Report from New Jersey HIV Planning Group (NJHPG) – Dwight Peavy

Peavy reported that the NJHPG did not have a December meeting, but the workgroup is working on a model and putting together a narrative for provider around the state to bring together the care and treatment side with the prevention side and let them know how these services are linked. Peavy will share the model and narrative with that to the PC in the New Year. Mention was made of the women workgroup and what was happening there.

The next meeting date for the New Jersey HIV Planning Group is Thursday, January 19, 2012.

➤ Report from the Governor’s Advisory Council on HIV/AIDS & Other Blood-Borne Pathogens (GAC) – Robert L. Dr. Johnson, MD

Dr. Johnson reported that the Council met two weeks ago and there is now a new Deputy Commissioner of Health who plans to take an active interest in the council. A major issue that came up for discussion is post-exposure treatment and pre-exposure prophylaxis (PrEP) The council is interesting in this because the new evidence shows that these two measures are the most effective way to decrease the viral load in the community. The CDC has recommended these two measures, however they are expensive. The Council has put together a group to come up with recommendations for advising the Governor.

There was a presentation of the reorganization in the division, the ADDP program is now under Dr. Sidney Paul. Dockrey gave a presentation report on the impact of the slow distribution of funds to our local agencies. The findings from the impact report were similar to those of other TGAs, and after some discussion there was a motion to do a letter to the Governor stating what the impact has been in New Jersey from the EMA and TGA and have the Governor communicate this to HRSA

The next meeting date for the Governor’s Advisory Council on HIV/AIDS & Other Blood-Borne Pathogens will be March 29, 2012

10. THE PLANNING COUNCIL ADMINISTRATIVE ISSUES

➤ Report from Executive Committee – Robert L Dr. Johnson, MD

Dr. Johnson reported that all issues have been presented.

➤ Report from Treasurer- Bryn Whittle, Esq.

Whittle reported there was approval for a budget adjustment via conference call on December 23, 2011. The decision was to reallocate funds from the Office Manager line to the Associate Health Planner line to fully account for staffing. Whittle will be meeting with Peavy in early January 2012 for closing out the budgetary issues and make a full report to council.

➤ Report from Executive Director – Dwight Peavy

Peavy introduced and welcomes Donovan Martin, who recently joined support staff. Peavy has been planning the slate for new membership and expressed disappointment at the level of attendance by PC members. There is a slate of people, including those remaining on the PC for submission to the Governor’s office. Dr. Johnson reiterated on the issue of attendance and reminded members that there is the provision in the bylaws for the removal of members who don’t attend meetings. The imposition of that is the responsibility of chair and he has decided to send letters to the Mayer recommending the removal of those people who are not in compliance.

➤ **Report from Nominations Sub-Committee**

No report

➤ **Report from By-Laws Sub-Committee**

No report.

➤ **Report from Grievance Sub-Committee**

No report.

➤ **Report from Personnel Sub-Committee**

No report.

11. STATE AND NATIONAL UPDATE

Peavy noted that the 19th International AIDS conference will be taking place in Washington, DC from July 22-27th 2012. Some scholarships are available to attend. Registration opens 12/1/2011 and ends 2/3/2012, after which there is a late fee. Dockrey is part of the committee organizing the conference and can provide anyone interested with more information. Peavy encouraged PC members to work together with the EMA and pull together resources for anyone interested in attending.

12. OLD/NEW BUSINESS

➤ Dr. Johnson wished everyone a merry Christmas and a happy New Year.

NEXT MEETING:

*The next meeting of the Planning Council will be held on **Wednesday, January 25, 2012** **1:30pm @ NEMA Office, Newark NJ.***

13. ADJOURNMENT

The meeting adjourned at approximately 2:19pm.

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

Robert L. Dr. Johnson, MD – Chair

Date