



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

RESEARCH & EVALUATION COMMITTEE

MEETING SUMMARY

MONDAY, DECEMBER 19, 2011 AT 10:00 A.M.

- I. **Welcome and Moment of Silence**
Deloris Dockery, Chair, welcomed those in attendance. A Moment of Silence was observed for those living with HIV/AIDS, and for those who have passed on.
- II. **Roll Call**
Roll was called. Quorum was established.
- III. **Public Testimony/Announcements**
None
- IV. **Approval of Meeting Summary of October 17, 2011**
A motion was made by Wheeler and seconded by Postel to approve the October 17, 2011 summary as circulated. The summary was then unanimously approved without further discussion.
- V. **Updates from other Committees**

Continuum of Care Committee

Moore reported that the COC met on December 8, 2011. The Committee completed and approved its final draft of the Standards for Case Management, Non-Medical and submitted the draft to the Planning Council for comment. The Standards will be voted on at the next Planning Council Meeting. The Committee approved its recommendations to the Comprehensive Planning Committee and the Grantee about the need for more cooperation amongst agencies, specifically when it comes to referrals for specialty care. The Committee also reviewed its calendar for 2011 and approved its 2012 meeting dates.

The CHAMP subcommittee met on December 6, 2011 to discuss the CHAMP system, especially the Ad Hoc function in CHAMP. The subcommittee will have a separate meeting to demonstrate and discuss this function, especially entering referrals to out of network providers, on Thursday, January 5, 2012 at 10:00 AM.

The next meeting of the Continuum of Care Committee will be held on January 12, 2012, at 9:30am.

Comprehensive Planning Committee

Peavy reported that the CPC met on December 9, 2011, and had a presentation on and discussion about the Comprehensive Health Plan for 2012. Members reviewed the 2009-2011 document for ideas and spoke about recruiting new members for the committee. The Committee also looked over its 2012 Calendar and Timeline. The deadline for the Comprehensive Health Plan is May 12, 2012.

CPC will next meet on January 13, 2012, at 9:30am at the NEMA office.

Community Service Advisory Committee

Peavy reported that CSAC cancelled its December 2011 meeting, but the Day of Learning subcommittee met on December 13, 2011. The DOL Subcommittee discussed funding sources and workshops, and is looking for additional help planning the Day of Learning. Currently, the DOL subcommittee is planning to meet bi-weekly.

VII. Old/New Business

Introductions

Dockrey introduced Patryce Burgess as the newest member of the REC. She has been working since 2008 at NJWANY, where she runs health and wellness programs for HIV positive women throughout the state.

Discuss the 2011 report of the Administrative Mechanism

It was stated that at the end of each year, the REC assesses how quickly the Grantee was able to disperse Ryan White funds received by the EMA.

Postel summarized the findings of this year's report, stating that the Planning Council is required, by law, to assess the Administrative Mechanism on a yearly basis. Every three years, the Planning Council does a full report. In the interim years, updates are published. This year required a full assessment – the survey of the Grantee, which occurs every year, and the survey of providers.

Update on Provider Survey Findings

This year, the Providers participated in a confidential survey instead of an anonymous one. Providers were asked to submit their names and were assured that identifying data would be removed from the final report. This system was implemented to allow greater follow up with the providers while still addressing privacy concerns. This year, Survey Monkey was used to collect data. 73% of the 44 Providers (32) responded – last year saw a 56% response rate, so the new methodology is helping to acquire more data. The same percentages of providers in Essex County and Union County replied to the survey.

All responses indicated that the RFP was clear. Providers expressed some concern over the RFP deadlines, but there are so many factors at play that altering those deadlines is not really feasible. Providers rated the TA sessions as good or excellent.

In continuing, Postel outlined the grant award process, explaining each step, from the award letter to Providers to the contracting of funded Providers and monthly reimbursement of each. This may (or may not) reflect delayed contracting. Next year, the REC may add a follow up question to the question about reimbursement times. It was indicated that in 2012, REC may add a question in the survey to clarify the issue about the time elapsed between submission of an invoice and reimbursement of the Provider.

It is now federal law that Providers must have at least one site visit a year. Most surveyed had two. Strangely, some asked for more visits. These were generally those that were new and may have needed more guidance.

It was stated that this year, HRSA gave the awards as two partial awards. Dockrey and Postel discussed the question of when Providers received their awards. The question may need review, owing to apparent confusion on the Providers as to what constitutes a contract date. A discussion ensued, and the issue of wording this question and perhaps comparing provider answers with Grantee data will be revisited.

There was concern that 27% of Providers did not respond to the survey. A suggestion was made to make responding a part of the contract. A discussion about convincing Providers to respond to the survey and the importance of it ensued.

Most (75%) of Providers responding rated the CHAMP system mandated by Ryan White as "good" or "excellent." The major suggestion was to allow ad hoc reporting. Generally providers thought CHAMP responded quickly to their inquires by email. There are some problems because some Providers and agencies have not taken CHAMP training, and some of the more established agencies have not taken training on changes to the system. Training is available weekly. Some agencies expressed concern that more fields are required, but that has to do with federal requirements.

Providers were generally happy with the Planning Council. Some had attended meetings, and many used either the Needs Assessment or Comprehensive Plan to help them apply for grants. Most had visited the Planning Council website and most ranked the responses from the Planning Council as good or excellent.

Update on Grantee Survey Findings

The RFP process is still made public in the Star Ledger and other newspapers, as it has been for quite some time. There were 51 applications were received for the City of Newark this year, and 13 were received for Union County. While the demographics have changed, the review processes have not. The process is largely the same as it has been in prior years. Essex County added a new provider. Partial awards were distributed in February and final awards in September, 2011.

The National Monitoring Standards which specify requirements surrounding site visits will be implemented in FY 2012. During FY 2011, Providers that do not offer

Primary Medical Care can only provide Case Management, not Medical Case Management. This has affected the Case Management allocation for FY2012.

The allotted time for reimbursement has been increased from 30 days to 30-45 days after the completed invoice is received by the Grantee. In Union County, it is often two weeks. The Newark City Finance Department has experienced downsizing and staff changes, affecting its ability to process payments more quickly. However, there have been efforts made to streamline and expedite the contracting process. The EMA met the conditions for the award.

A motion was made to approve the report by Wheeler and seconded by Suttles. The report was then unanimously approved by the Committee without further discussion. It will be emailed to Planning Council members for review prior to the Council's January, 2012 meeting.

Dockrey led a review of FY 2011 and listed some of the priorities and requirements for 2012, as listed below:

Calendar

The Committee reviewed a summary of the REC's FY2011 activities to help prepare for FY2012.

- 2012 Needs Assessment (update only. 2011 required a full Needs Assessment)
- Provide comments on Comprehensive Health Plan
- Assessment of the Administrative Mechanism
- Discharge Planning – this was on the schedule for 2011, but no action was taken on this issue beyond a subcommittee meeting. Dockrey suggested taking another look at the population of former inmates who are getting discharged. Moore commented that incarcerated individuals with HIV/AIDS often become lost to care once they are released from prison.

A discussion about what sort of research/follow up should be done for this group of people followed. It was suggested that the Committee bring in a speaker for its January meeting to help address the issue,

- The Calendar for FY2012, the Matrix and Self Assessment will be reviewed at the next meeting.
- In February, the Matrix discussion will be finalized. In May, there will be a Training on surveying.
- The Needs Assessment will be reviewed and evaluated when it gets completed (tentatively June).
- The Assessment of the Administrative Mechanism will be discussed in June and completed in July.

The Committee will resume discussion of its 2012 Calendar at its next meeting.

Action Step: Dockrey to ask Planning Council Staff to email all committee Chairs, asking them to indicate topics they would like to have included in the 2012 Needs Assessment update.

VIII. Date of Next Meeting: Monday January 9, 2012, at 10:00AM

IX. Adjournment