

# Comprehensive Planning Committee

## MEETING SUMMARY

**Friday, November 8, 2019 at 9:30AM**  
 Willing Heart Community Center  
 555 Martin Luther King Blvd. Newark, NJ 07102

Present	Excused Absences	Unexcused Absences
1. Ketlen Alsbrook	8. Janice Adams-Jarrells	
2. Juanita Howell (Secretary)	9. Allison Delcalzo-Berens	
3. Elizabeth Kocot	10. Debbie Morgan	
4. Joann McEniry (Chair)	11. Patricia Moore	
5. Jennifer McGee-Avila	12. Aliya Onque (Non-Voting)	
6. Sharon Postel (Non-Voting)	13. Ricardo Salcido	
7. Calvin Toler	14. Al-Bayyinah Sloane	

**Guest:** Julissa Lituma, Jokebed Saintil  
**Support Staff:** Tania Guaman, Vicky Saguy

**1. Welcome and Moment of Silence**

Joann McEniry (CPC Chair) called the meeting to order at 9:37am and welcomed all in attendance. McEniry called for a moment of silence for all those living with, those affected by and those who have passed of HIV/AIDS.

**2. Roll Call**

Tania Guaman (Support Staff) conducted the roll call. Quorum was not established.

**3. Public Testimony**

No public testimony.

**4. Approval of the Meeting Summary from September 13, 2019. No October meeting.**

Due to a lack of quorum, the Comprehensive Planning Committee agreed to approve the September meeting summary at the December meeting.

**5. Standing Committee Updates**

- **COC - Continuum of Care Committee**

Tania Guaman, Support Staff, provided a report for the COC committee. The last Continuum of Care Committee meeting was held on Thursday, October 10, 2019 at the Willing Heart Community Center in Newark. The following occurred during the meeting:

- Quorum was established
- Meeting Summaries were approved
- The COC reviewed the Medical Transportation Standards of Care. Some of the changes included:

- Definition change according to the Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18).
- Emergency Contact Information and Consumer's Preferred Method of Communication was added.
- There was a note that Individuals receiving services need better support systems.
- The Mental Health and Early Intervention Standards of Care last reviewed on January 2019 were updated to include the new definition. The Housing Standards were approved on June and was updated to include the new definition. These Standards of Care were introduced at the Planning Council meeting. However, the Standards did not have information about restrictions on funding from the Recipient, so more communication was recommended. Conversations are happening with the Recipient about the possibility of reformatting the Standards of Care.

The next COC meeting will be held on Thursday, November 13, 2019 at the Willing Heart Community Care Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102

McEniry (CPC Chair) asked to clarify why the emergency contact information and consumer's preferred method of communication was added to the Medical Transportation Standard of Care since that information is needed in the client's file for Medical Case Management, Substance Abuse, Medical Care and Mental Health Care. Tania Guaman (Support Staff) explained that COC discussed cases in which the taxi drivers were not able to reach the consumer and did not have any other method of contact. Guaman explained that the preferred method of communication was added because sometimes consumers move often, or some do not have a permanent mailing address. Support Staff also mentioned privacy concerns as a consideration since some consumers prefer to get their mail using the provider agency's mailing address. Support Staff also reported that Ketlen Alsbrook (Recipient) recommended that the Standards of Care be separated into *universal standards* and all specific requirements according to each Service Category.

- **REC – Research and Evaluation Committee**

Tania Guaman, Support Staff, provided a report for the REC committee. The last Research and Evaluation Committee meeting was held on Thursday, October 21, 2019 at the Willing Heart Community Center in Newark. The following occurred during the meeting:

- Quorum was not established
- The September meeting summary was not approved
- Ann Bagchi, PhD., REC Chair, provided clarification for Sharon Postel (Consultant) on the expectation for the Behavioral Health Cascade, which is a part of the 2019 Needs Assessment. Bagchi explained that based on CHAMP Data, the cascade would show a continuum of care, which would help identify behavioral gaps and needs. Sharon Postel (Consultant) will develop the Behavioral Health Cascade for the November meeting.
- No updates have been made for the 2017 - 2021 Integrated HIV Prevention and Care Plan to date. HRSA's guidance suggested that the Council continue to work with the current Integrated Plan but further guidance for the next 5-year plan is expected in the summer of 2020.
- The 2019 Assessment of the Administrative Mechanism was completed and approved by the Planning Council on September 18.
- The REC's objectives were completed as outlined in this year's workplan.
- The REC is preparing for the 2020 Needs Assessment starting with a Consumer-Based Participatory Research presentation at the next meeting.

The next REC meeting will be held on Monday, November 18, 2019 at the Willing Heart Community Center located at 555 Martin Luther King Blvd. Newark, NJ 07102.

Joann McEniry (CPC Chair) added that the CPC will update the Integrated HIV Prevention and Care Plan soon, so the REC will have to update their Workplan if the CPC changes REC tasks.

- **CIA/CC – Consumer Involvement Activities/Community Conversations**

Tania Guaman, Support Staff, provided the CIA committee report. The last CIA meeting was held on Wednesday October 23, 2019 at the Willing Heart Community Center in Newark. The following occurred during the meeting:

- Support Staff created an agenda for the CIA Meeting
- There was an overview of the purpose of CIA and Meeting Ground Rules
- A new Member was voted in
- A presentation on Living Well with HIV as you Age by Gilead was provided for participants
- Support Staff talked about the NEMA Planning Council and noted that the Council is interested in having input from individuals affected by HIV/AIDS. Public Testimony was mentioned as an opportunity to share the consumer experience with medical and support services.
- Support Staff also asked the following questions:
  1. What do you think are some of the challenges faced by People Living With HIV?  
Internal and External Stigma; Forget to take medication; Taking medication is a reminder of the trauma of living with HIV; Having a trusted provider with experience in the field was also stated as a barrier; Housing was mentioned. Someone stated that “If I do not have a place to sleep, medication is the least of my worries.”; Mental Health: Inability or fear to disclose their HIV status, having limited support systems, feeling unable to trust others; Lack of information, awareness, and education of both people living with HIV and those who are not infected.
  2. Housing is one of the key barriers to care, which has been a priority in the Newark EMA. In the past 12 months, what problems someone you know experienced when requesting housing services, if any? Consumers mentioned the following barriers:
    - The City of Newark is proposing to make Drug Free urine and blood test as a requirement to receive housing benefits; Consumers are not following up; Substance abuse where people cannot take care of themselves; Need for counseling and support to make the right choices;
  3. How does the housing situation of a Person Living with HIV impact the ability to attend their medical visits as scheduled?  
Individuals might not be able to sleep to feel rested and go to appointments; Not feeling clean to go to the Dr. (Feeling Internal Stigma; Homelessness; HIV Criminalization Laws – What can they disclose? - This was suggested as a topic for further conversation; Substance Abuse
  4. How does the housing situation of a Person Living with HIV impact their ability to take medication?  
Taking medication could be a challenge because “I forget to take my medications”; “Taking medication reminds me that I am living with HIV”; How does Housing impact your ability to stay virally suppressed?; Housing stability is important so my attention can be given to my well-being.

The next CIA meeting will be held on Wednesday, November 20, 2019 at the Willing Heart Community Center located at 555 Martin Luther King Blvd. Newark, NJ 07102.

Joan McEniry (CPC Chair) asked about the efforts of creating a Workplan Calendar for the CIA. Tania Guaman (Support Staff) mentioned that the Workplan was introduced at the last Executive Committee Meeting. An educational component was added to the workplan. The Workplan was created using the information found at the meeting in September where questions about the Ryan White Program and Planning Council were asked. The next step is to ask consumers about the topics they might be interested in learning about. HIV Criminalization will be added in the Workplan. There will be another survey to find the barriers for people to attend the meetings.

Juanita Howell (CPC Secretary) mentioned that only 50% of the consumers liked their providers and asked if there was follow up on the matter. Support Staff stated that no follow up questions were asked, but that based on additional discussions, it was found that some consumers do not openly share their mental health issues with their provider. Howell asked the Recipient if the drug test is a requirement for the Ryan White program. Ketlen Alsbrook (Recipient) mentioned that she is not aware that the Ryan White Program requires to have a drug test to obtain services. However, she mentioned that there are a couple of other Housing programs from the Housing Authority that might require the drug test. The Recipient also mentioned that through a collaboration with the Housing Authority, 79 homeless people with disabilities were placed into permanent housing. However, the Recipient mentioned that, there was not a drug test requirement. The Recipient mentioned that she will find out if there is a specific program that requires to have the drug test.

## **6. Recipient Report**

Ketlen Alsbrook (Recipient) reported the following:

- The 2020 Part A Funding and the ETE applications are due today by 4PM. To date, 16 applications were received. There were 4 letters of intent, 4 new applicants and 1 previous applicant.
- The Peer Reviewed session is scheduled for Dec. 17 with five individuals serving in the review panel, who is charged with reviewing applications.
- The projected Formula Funding letter was received from HRSA. This projected funding letter allows the Recipient Office to proceed with next Fiscal Year's procurement process. It also allows the Recipient's Office to submit a request to accept funds from HRSA, to establish a budget and to start contracting before March 1<sup>st</sup>. The Recipient is aiming to get all the contracts executed by the end of April, as it was done this year. The projected award is \$8,449,527, which is roughly a 2% decrease from last year's projected award. The formula component only shows a 0.5% overall decrease from previous years, but the MAI component was reduced from \$1.3M to \$1.2M with an 11% decrease.
- The first ETE Kickoff Meeting with the State Division of HIV, STD, and TB Services will be held next Tuesday. The State Reps will facilitate the meeting of the taskforce between the Newark EMA, Essex County specifically, and the Hudson County TGA. The Taskforce Planning Committee members and their roles and the taskforce's objective will be identified at the meeting as well as the commonalities and differences between Essex and Hudson County to develop a plan that respond to both counties. Each county developed and submitted a SWOT (Strength, Weaknesses, Opportunities and Treats) Analysis to the State Department of Health.
- As part of the Anticipated ETE Award, the Recipient is looking to hire a Coordinator with experience in the HIV field.

- The Recipient's Office received several reports about client-agency terminations, therefore Alsbrook raised this issue at the Planning Council meeting (e.g. 3 complaints in the past year). The Recipient recognizes that sometimes, agencies must determine when to terminate services for various reasons. However, the Recipient recommends that if the decision to terminate services is made, that the client must be connected to care as part of the transition. In some cases, when clients do not agree with the agency's decision and look for the Ryan White Office and Planning Council to intervene. This could be difficult to mediate since client does not agree to leave that agency. However, agencies have the right to protect their employees when they encounter hostile situations due to underlying mental health issues. But in general, if the provider-client relationship is disruptive, it is not recommended to continue providing or receiving services to avoid loss or drop of care. McEniry (CPC Chair) mentioned that for the first time in 25 years, her agency had to terminate a client, which was a difficult process. To prevent issues, McEniry recommended for agencies to have a termination policy that could be submitted to the Recipient. Calvin Toler asked what would happen if the client is not transferred to a different agency after being terminated? McEniry explained that clients need to be properly linked to care to a different Ryan White organization even before being terminated. Elizabeth Kocot asked if the termination would have been easier with a termination policy. McEniry mentioned that it would have been easier, so policies are helpful. McEniry also highlighted that the link to care is key after termination.

## 7. New Jersey HIV Planning Group (NJHPG) Report

Tania Guaman (Support Staff) provided a report for the NJHPG meeting held on October 18:

- The End the Epidemic Federal Initiative Update– a conference call with Chris and NJDOH staff will be held to discuss required federal ETE plan activities. The team will create a situational (SWOT) Analysis, and an in-depth Epidemiological Profile for Essex and Hudson to assess priorities.
- The NJ End the Epidemic plan is still under review at the Governor's Office. The focus is on sorting through the policy and cost related aspects.
- World AIDS Day – community events can be shared with the State. If any agency wishes to invite a State representative, please contact them as soon as possible through your State point of contact.
- The annual National Sexually Transmitted Disease Surveillance [Report](#) was released by the CDC in October 2019. The report suggests that STDs increased for the fifth consecutive year with nearly 2.5 million combined cases of chlamydia, gonorrhea, and syphilis.
- A STD Clinical Update seminar for providers was held on October 30 to share these updates.
- The Affordable Care Act enrollment period started on Nov. 1 and will end on Dec. 15. There was a conversation about the Public Charge Rule that might be included with the ACA announcement.
  - o The Public Charge Rule was finalized by DHS in August – the rule determines the likelihood of an immigrant to become a public charge for the government, which could impact a path to US citizenship.
  - o The rule expands the list of public programs whose use or future use will be negatively weighed in a public charge determination to include non-emergency Medicaid (excluding Medicaid for pregnant women and children under 21), Medicare Part D subsidies, SNAP, and certain forms of housing assistance (HOPWA is NOT included in this list). The rule also does not include CHIP or subsidies for Affordable Care Act Marketplace coverage in the new definition of public charge. As has been longstanding policy, the final rule does not include any reference to the Ryan White Program, ADAP, or other similar public health programs in the definition of public charge.

- The proposed rule is not retroactive, meaning that current use of the programs added to the rule would not be penalized. Only services used after the effective date (October 15, 2019) will be weighed negatively. It is very likely that the final rule will be subject to litigation, which could delay the effective date.
- The below resources may be helpful in talking to clients and health department staff about the proposed changes:
  - [National Immigration Law Center](#) and [Immigrant Legal Resource Center](#) provide a number of useful resources for messaging public charge changes to communities, available in both English and Spanish. They will be updating their resources in the coming days, with messaging documents for communities impacted by the rule as well as advocacy templates for state and local policy makers to mitigate the rule's harm.
  - Kaiser Family Foundation [rule summary](#).

## 8. Old Business

Elizabeth Kocot asked about the Public Charge Rule. Tania Guaman (Support Staff) mentioned that the rule is still under court review. Support Staff also stated that a presentation about the Public Charge Rule will be given at the next Planning Council meeting.

## 9. New Business

- ***Review of the 2016-2018 Integrated Health plan Progress Report***

Sharon Postel (Consultant) noted that the baseline, the population, and the annual update for each objective was examined and compared to the target goal. Postel shared the following findings:

- GOAL 2: Link 90% of Newly Diagnosed to Care Within 30 Days:  
A decline was noted from 69.1% in 2016 to 60.2% as of 12/31/18. Postel explained that people who are not tested at medical sites are not linked to care within 30 days. None of the target populations reached the 90% goal, but youth (age 13-24) have the highest rate of 69.6% followed by MSM with 63.4%. Women of Color reached 55.3% and Age 45+ reached 54.9%. A recommended was made to look further into where people got tested to find out the issue.

McEniry also noted that the State wants to reduce funds for testing because of the expansion of the affordable care act and many people having health insurance. It was also mentioned that people should use their insurance for testing and the State funds should be used as a payer of last resort for those who do not have insurance. Ketlen Alsbrook (Recipient) mentioned that part of the issue is when people get tested in a non-clinical setting (Community Based Organizations), since it might take longer to get linked to care since diagnosis. Postel suggested that a case study be done to look at testing sites and the amount of time that it took for those diagnosed positive to be linked to care. It was mentioned that the Funding Stream Analysis shows all the organizations receiving Ryan White funds, but it does not show their linkage to care system. The Recipient mentioned that the EIRC should look at the linkage to care system as part of their charge. The Recipient also mentioned that the organization's responsibility should not end in giving diagnosis but to link clients to care within 30 days. The Recipient mentioned that a case study could be done with IES Clients from 2018 that were not linked to care within 30 days and where they were tested to identify potential partners to bring to EIRCS whether they are funded through Ryan White or not and look at the system to make recommendations on how to improve it. McEniry (CPC Chair) mentioned that it could be useful

to find out what agencies tested the people who were not linked to care within 30 days. The Recipient mentioned that it would be good to know how those agencies link to care after diagnosis. Postel (Consultant) mentioned that linkage to care is key for Ending the Epidemic because people could engage in risky behaviors and spread HIV otherwise.

- **GOAL 3-1: Decrease the Gap in Medical Visit to 10% EMA-Wide:**  
Postel reported that the gap increased from 13.2% in 2016 to 15.1 as of 12/31/18. Postel explained that one of three agencies had a big gap of 40%, 31% and 27%. It was also found that the agency with 40% gap had data entry issues. Postel also noted that all categories have a high gap except for youth (13-24) that has a gap of 5.6% as of 12/31/18. Thus, Postel recommended that the target goal be maintained at 10% for all target populations, except for youth (13-24), which could have a lower gap percentage, be excluded, or be monitored. Ketlen Alsbrook (Recipient) mentioned that private visits (Outside the Ryan White Network) are not being captured in CHAMP which could make the gap percentages higher. The Recipient recommended that data capture non-Ryan White visits on the reports going forward. Postel mentioned that HRSA might update the retention in care definition which would be implemented next year. Then, the retention in care would be having a medical visit with a viral load visit at least within 90 days. McEniry noted MCMs should document patients who receive medical care from private providers in CHAMP. Postel mentioned that a program could be used by private providers to capture this data just as Medicaid providers have a program to capture this data. McEniry asked if a patient is obtaining services from a private provider and this is not captured in CHAMP, does that patient counts as having a gap in medical care? Alsbrook (Recipient) replied “yes”. The Recipient added that patients would be in the denominator, if they had one Ryan White visit, but this will depend on how agency reports these types of clients. Alsbrook (Recipient) mentioned that patients must be counted in the numerator and denominator for the data to be accurate.
  
- **GOAL 3-2: Increase Viral Load Suppression to 90% EMA Wide:**  
The Newark EMA is meeting the goal of 85.5% of Viral Load Suppression as of 12/31/18. The populations meeting the goal are Black, Not Hispanic with 83.3%, Females with 84.7%, Medicaid recipient with 83.3% and MSM with 86.3%. Populations not meeting the goals are Youth with 75.4%, Former Youth (25-34) with 79.9% and EIS (Newly diagnosed clients who had not had HIV medical care or medication) with 62%. Postel (Consultant) recommended to increase the percentage to 85%, 87% or 90% for the population exceeding the 80% (including former youth) and to keep the 80% to those that have not reached the goal. Calvin Toler asked if the numbers were referring to Virally Suppressed or undetectable. The Recipient mentioned that it referred to virally suppressed. Postel (Consultant) clarified that the majority of people who are virally suppressed are also undetectable. Postel mentioned that viral loads are captured, and the data is available in CHAMP.
  
- **GOAL 3-3: Increase the Prescription of Antiretroviral Medication to 96% EMA Wide**  
NEMA is at 98.2% as of 12/31/18. Populations meeting the goal are Former Youth with 97.7%, uninsured (uninsured receive Ryan White funds for medical care) with 97.8% and those with missing age or race/ethnicity with 100%. Populations that are not meeting the goal are transgenders with 93.5% and Youth with 91.3%. Postel recommended to increase the target goal to 98% for those who have met the goal, to remove missing age and/or race/ethnicity, and to keep 96% for those population for Transgender and Youth. Ketlen Alsbrook (Recipient)

recommended to add the Transgender population in GOAL 3-2: Viral Load Suppression. Consultant mentioned that the population could be included.

A question was asked about the Youth Viral Load Suppression in other EMAs. Postel noted that youth are below the 80% for viral load suppression nationwide. Postel also noted that youth attend medical visits consistently, but do not take their medication regularly.

- ***In depth review and update/revision of Integrated Health plan***

McEniry (CPC Chair) mentioned that one of the CPC charges is to update the 2017-2021 Integrated HIV Prevention and Care Plan to guide the direction of the Planning Council through 2021. McEniry also noted that the action plan has previous changes as well as goals that have been completed. McEniry recommended that Support Staff remove the goals that have been completed and just have a clean action plan. As recommended by Sharon Postel (Consultant), the focus would be Goal 2, Goal 3-1, 3-2, and 3-3.

GOAL #1: Link 90% of newly diagnosed PLWHA to care within 30 days

The HEER Implement HEER (Health Education and Risk Reduction) Standards were introduced to educate Ryan White Clients about the virus and to understand how to decrease the likelihood of transmission. Those Standards were added to the Medical Case Management Standard. Ketlen Alsbrook (Recipient) requested input on the expectations from HEER. McEniry stated that everyone in the Ryan White system should be educated on risk reduction activities. McEniry (CPC chair) added that discussions about PrEP and U=U should also be added.

McEniry noted that objectives 1A and AB are completed, and a new objective could be added. Alsbrook also indicated that the annual STD Report showed increased rates of STDs in recent years. Since Ryan White clients do not get screened for STDs but may be at risk, the Recipient suggested that a new objective is set to increase the STD screening rates among the HIV+ population as part of their medical visit. The Recipient also noted that STD screenings are part of the Performance Report of the Quality Management. The Recipient also agreed that for HEER to be complete there must be a conversation about PrEP, U=U and STIs as well.

Jokebed Saintil suggested that said conversations be held with other providers not only medical ones. McEniry (CPC Chair) explained that HEER activities are captured under Medical Case Management and that it should also be included under Case Management. The Recipient agreed and will follow up on that. The Recipient also noted that Treatment Adherence Counseling is being added under Case Management, but she is concerned the patient is getting the Treatment Adherence Counseling they need.

McEniry (CPC Chair) mentioned that objective 1D could be to 'Assess systems GAP related to HEER activities in the Newark EMA'. She added that objective 1A and 1B could be removed. Tania Guaman (Support Staff) stated that objective 1C said to increase HEER activities to Ryan White clients to 95% EMA-Wide and asked about the indicators related to HEER. McEniry stated that 95% of Ryan White Clients should get some type of HEER Activity and the data should be included in CHAMP. CPC Chair mentioned that HEER Activity data is integrated under Medical Case Manager and it is difficult to monitor since it does not have its own category.

NEMA Goal #1: Reducing New Infection through Health Literacy will include the following:

- Increase STD Screening within HIV Population

- HEER Standards Integrated into the MCM Standards of Care
- Discussion about PrEP and U=U
- Assess System GAPS related to HEER Activities in the Newark EMA

McEniry (CPC Chair) requested that Support Staff remove completed objectives and have a clean version with the new goals for the next meeting. CPC Chair also mentioned that target populations and data indicators must be defined for the new objectives. McEniry also mentioned that at the next meeting CPC would be looking at the responsible parties, by when the objective needs to be done and how to measure all the new goals.

GOAL # 2: Link 90% of Newly Diagnosed to Care within 30 Days. McEniry restated Sharon's recommendations:

- Keep the linkage to care to 90% for all target populations
- Perform Case Studies with those who were not link to care within 30 days
- Identify the reasons
- Implement Performance Improvement Activities
- Looking at EIS Clients who not linked to care and see where they tested and what is the agency's process to connect them to care.

GOAL #3: McEniry (CPC Chair) mentioned that GOAL 3 has 3 parts and restated Sharon's recommendations:

Goal #3-1: Decrease Gap in Medical Visits from 10% to 8%

- Maintain the Gap at 10%, excluding Youth (since Youth is meeting the goal)
- Perform analysis by provider agency of Gap issues
- Implement PDSA Assessment (Plan, Do, Study, Act)
- Performance Improvement Activities for those exceeding the 10%
- Assess how Non-Ryan White (private provider) visits are recorded

GOAL #3-2: Increase Viral Load Suppression to 90% EMA-Wide:

- To keep it consistent with the State Initiative, VLS will stay at 90%

GOAL 3-3: Increase the Prescription of Antiretroviral Medication to 96% EMA Wide

- Keep 96% for Transgenders and Youth (13-24)
- Increase to 98% to those who met the goal (Former Youth, uninsured and Missing Age/ethnicity).

McEniry (CPC Chair) reminded the Committee that objective #4 was added to the plan to

- Required Part A Ryan White Providers funded for treatment and prevention to supply testing data annually. Then data is compiled on testing data report and disseminated to ERICs
- ERICs will provide a summary report of barriers and best practices to the council.

This objective would not be changed since it was modified recently.

McEniry requested that Support Staff send her and Juanita the Action Plan with updates. McEniry explained that at the next meeting, the CPC will fill in the activities, target population, data indicators, responsible parties for all the goals agreed at this meeting. McEniry also added that the

updated Action Plan will be sent to the Planning Council for final approval. McEniry reiterated that, upon the Council's approval, all committees will need to update their respective workplans to integrate new activities.

## **10. Announcements**

Tania Guaman (Support Staff) announced the following:

- NJCRI will host a Thanksgiving Luncheon on Nov. 28, 11AM to 2PM at 333 Central Ave. Newark
- NJCRI is hosting a Client Luncheon on Nov. 21 from 12PM until 3PM
- Rutgers NJMS Clinical Research Center is having an educational event on the future of HIV Research on Nov. 26 at 5pm.
- Support Staff made the following announcements:
  - o Committee members were reminded to completed meeting evaluations
  - o Email reminders have calendar invitation for members to confirm attendance
  - o UWGUC submitted a proposal to be considered as Support Staff for the next Fiscal Year

Elizabeth Kocot mentioned that people can find out if they are eligible for SNAP by visiting the website [njsnap.gov](http://njsnap.gov). Kocot provided flyers with more information about the program in English and Spanish. Kocot mentioned that the State did a survey and discovered there a lot of people who are eligible for the program but are not aware of it. The website NJHELPS can help to find out if people are eligible for various programs.

Joann McEniry (CPC Chair) made the following announcements:

- NJAS has opened a new temporary clinic in Denville until the construction for the new site is completed in 2 years approximately. It was also mentioned that the site will be located next to the Train Station. Currently, NJAS is looking for one Medical Assistance and one Nurse
- Requested that all World AIDS Day Events flyers be sent to Support Staff by email
- Joann McEniry introduced Julissa Lituma, a guest from Trinitas Medical Center

## **11. Next Meeting**

The next CPC meeting will be held on Friday, December 13, 2019 at the Willing Heart Community Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102.

## **12. Adjournment**

Joann McEniry, CPC Chair, adjourned the meeting at 11:12 AM.