Comprehensive Planning Committee

MEETING SUMMARY

Friday, January 10, 2020 at 9:30AM
Willing Heart Community Center
555 Martin Luther King Blvd. Newark, NJ 07102

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

Guests: Julissa Lituma
Support Staff: Tania Guaman, Vicky Saguay

1. **Welcome and Moment of Silence**
   Joann McEniry (CPC Chair) called the meeting to order at 9:40am and welcomed all in attendance. McEniry called for a moment of silence for all those living with, those who have passed, and those affected by HIV/AIDS.

2. **Roll Call**
   Tania Guaman conducted the roll call. Quorum was established later during the meeting.

3. **Public Testimony**
   There was no public testimony at this meeting.

4. **Approval of the Meeting Summary from December 13, 2019**
   In December, the September and November meeting summary were reviewed. The September summary was approved as-is and uploaded to the NEMA website. The November meeting summary was approved with edits (Sharon Postel was moved from excused to present). Changes were made and the summary was uploaded to the NEMA website.

   The Committee reviewed the December 13, 2019 meeting summary. The committee asked Support Staff to rectify the name spelling of Joann McEniry (CPC Chair) and Allison Delcalzo-Berens. Joann McEniry (CPC Chair) asked for a motion to approve the meeting summary with amendments. Elizabeth Kocot motioned to approve. Debbie Morgan seconded the motion. No abstentions or oppositions.

5. **Standing Committee Updates**

- ***COC***– Support Staff provided the COC report. The last Continuum of Care Committee meeting was held on Thursday, January 10, 2019. The following occurred at the meeting:
  - Quorum was established and the December meeting summary was approved.
  - In December, the COC approved the new format for the Standards of Care proposed by the Recipient which separated category specific and universal standards of care. This month, the COC reviewed and approved the Housing Standards of Care in the new format. And the committee agreed to review the Universal Standards on an ongoing basis as they continue to reformat other Standards.
  - A new member, Warren Talley, was inducted as a voting member of the COC committee.
  - The COC started the review of the COC's Operational Policies and Procedures. The review will be finalized at the February meeting.

  The next COC meeting will be held on February 13, 2020 at the Willing Heart Community Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102. All are encouraged to attend

  Committee members asked if there were major changes on the Housing Standards. Support Staff replied that security deposits are no longer an allowable cost but a three-month rent in advance could be an option to cover deposits. Besides this change, the service limitations from the Recipient's RFP have been added to the Housing Standards. A committee member added that one of the limitations suggests that transitional housing can only be covered for up to 24 months; yet some clients could be extending that period by transitioning from one housing service provider to another. Consequently, the COC recommended to have a section in CHAMP to allow Case Managers to follow up on the Hosing Individualized Service Plan for each client.

  McEniry (CPC Chair) asked if the housing standards will be presented at Planning Council meeting next Wednesday for a 30-day review. Support Staff agreed. McEniry stated that some information is required on all the Standards of Care. Therefore, it was recommended to have Universal Standards with the information that was repeated in all the Standards of Care and a Category Specific Standard with the information for that specific service category.

- ***REC*** - Support Staff provided the REC report. The last Research and Evaluation Committee meeting was held on Monday, December 16, 2019. The following occurred during the meeting:
  - The Committee decided that the 2020 Needs assessment will focus on the relationship of housing to viral suppression and retention in care, as well as eviction stigma. This decision was made because the EHE initiative funding proposed an increase in funding for housing to help improve health outcomes for PLWHA in the EMA.
  - In preparation for the Needs Assessment, the committee will conduct key informant interviews, client's surveys and a Housing policy analysis. The Policy analysis will look at what other states and cities are doing to address housing issues.
  - The committee suggested to develop an actionable body to bring dissemination into action.
  - Dr. Bagchi provided a list with best dissemination practices, which will be reviewed at the next meeting.
  - The Committee will also review the draft consumer survey.
  - The REC meeting date was rescheduled to the second Monday of the month because of Martin Luther King Day.

The next REC meeting will be held on January 13, 2020 at 10AM at the Willing Heart Community Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102. All are encouraged to attend.

- ***CIA/CC*** - Support Staff provided the CIA report. The last Consumer Involvement Activities Committee (CIA) meeting was held on Friday, December 20, 2019 at the St. Michael Medical Center. The following occurred during the meeting:
  - The CIA had a Holiday Party in collaboration with the Peter Ho CAB. There were almost 60 attendees at the event including people from Union County. The event began with a moment of silence for all those living with, those who have passed, and those affected by HIV/AIDS.
  - The Peter Ho CAB provided a table with sweaters and jackets for everyone interested to take.
  - Information on the next CIA event about HIV and Decriminalization was shared with all attendees.

  It was mentioned that the presenter noted a scheduling conflict and Support Staff is currently trying to identify a different presenter. Joann McEniry (CPC Chair) recommended to have a presentation about this topic at the Planning Council meeting too.

  The next CIA meeting will be held on January 22, 2020 at 5PM at the Willing Hear Community Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102. All are encouraged to attend.

6. **Recipient Report**
   There was no Update at this meeting.

7. **New Jersey HIV Planning Group (NJHPG) Report** (No meeting in Dec.)

8. **Old Business**
   - Finalize the in-depth review and update/revision of the 2017-2021 Integrated HIV Prevention and Care Plan to include specific activities, responsible parties, time frames and data indicators for all updated goals. McEniry (CPC Chair) requested that the CPC finalize the update of the Integrated HIV Prevention and Care Plan since the Planning Council will have to review it before approval. At the last meeting, the CPC updated all the activities for each objective in GOAL #1 and added a new objective, but some of the strategies still need to be identified.
   - Committee members revised objectives 1B through 1D and its respective activities to identify each strategy:
     - ***Objective 1B:*** Two strategies were identified:
       - "Educate and inform providers on HAB screening criteria for testing all PLWH for STI Screening"
       - "Test all PLWHA for STI in accordance with STI screening criteria."

     - ***Objective 1C:*** This objective was modified to include " HIV negative partners" at the end of the statement. The meaning of HAB abbreviation was asked. It was stated that HAB refers to the HIV AIDS Bureau. Elizabeth Kocot and Calvin Toler recommended to include this abbreviation on the abbreviation list.
       This objective aims to increase the conversations on PrEP between providers and clients. The subpopulation that fall below the percentage will be identified. The quality Management team will look at the agencies that are falling below that percentage to develop a CQI Plan to

improve the health outcomes for those subpopulations. Allison Delcalzo-Berens suggested that the strategy should state the implementation of the collection system.
Ricardo Salcido stated that testing counselors are responsible to assess people who are at risk and educate clients about PrEP. Salcido asked if PrEP education under this objective is going to be provided by Ryan White employees. McEniry (CPC Chair) stated that this objective is trying to implement PrEP education in the Care and Treatment of HIV clients besides having the PrEP education with testing and counseling service providers.

Two strategies were also identified for this objective.

- "Educate and inform partners on the importance of PrEP education for serodiscordinant couples."
- "Implement a data collection tool for monitoring PrEP education."

- ***Objective 1D:*** CPC recommended to keep the same strategy that had previously since only the percentage was changed.
"Educate and inform Ryan White clients on the relationship between viral load suppression and reduced transmission of the HIV virus (i.e. Undetectable = Untransmittable (U=U))."

Committee members also reviewed **GOAL #2**.
Objective 2A: The changes for this objective included the following:
- <u>*SMART Objective:*</u> The date in the Objective was changed to CY 19 from CY 15 to reflect current data updates.
- <u>*Timeframe*</u>: Sharon Postel (Consultant) recommended to change the timeframe of the first activity to start in March. To identify the timeframe for all other activities, the committee noted that the EIRCs are responsible to complete some of these activities and they meet at least quarterly. The dates were changed to April, July to reflect EIRCs meetings and provide them with enough time to complete the work. Lastly, the Recipient will complete the last activity for this objective in September. All dates reflect the year 2020 and 2021.
- <u>*Responsible Parties/Resources:*</u> The Standard Operating Procedures (SOPs) listed in the Responsible Parties/Resource section was changed to ***Linkage to Care Standards Operating Procedure*** to be specific.
- Ricardo Salcido commented that only those who are linked to care are entered in CHAMP and that there are barriers to link newly diagnosed to care and some of them fall out of care immediately. Salcido also mentioned that there is a section in CHAMP to report when newly diagnosed have been discharged from care which includes the reasons of being discharged and the barriers experienced by the client. Sharon Postel explained that this data is computed by the date when the client was first diagnosed and the date when they were linked to care. Therefore, this data only reflects newly diagnosed that are in care.
- <u>*Target Population:*</u> The target population *was changed to "All PLWHA in EMA. Additional subpopulations will be determined by outcome data in 2020."*

Objective 2B: Joann McEniry (CPC Chair) gave an overview of the Activities for Objective 2B.
- <u>*Activities:*</u> McEniry recommended to change "corrective action plan" to "quality improvement" in activity 3.
- <u>*Timeframe:*</u> Since the barriers/caues why newly diagnosed were not linked to care within 30 days are being reported to the Planning Council in September, the PDSAs timeframe needed

to change. The timeframe for the PDSAs changed to October 2020, 2021. The timeframe for activities 2, 3 and 4 are November 2020, 2021, February 2021, 2022, and March 2021, 2022 accordingly.

- *Responsible Parties/Resources*: SOPs was also changed to "Linkage to Care SOPs".
- *Target Population:* The target population was changed to "All PLWHA in EMA. Additional subpopulations will be determined by outcome data in 2020."

Committee members reviewed **GOAL #3-1 through GOAL #3-3** and the following was updated:
GOAL #3-1: Decrease gap in medical visits to 10% EMA wide, except for youth who currently meet the goal.
Objective 3A: *Identify subpopulations that fall above 10% in GAP (in Medical Visit)*
Joann McEniry (CPC Chair) mentioned that Sharon Postel (Consultant) provided a progress report for the committee to be well informed on the progress in the EMA and to be prepared to update the Integrated HIV Prevention and Care Plan. Once the plan is updated, the committee will monitor progress to ensure that all activities are taking place and will revise the plan once new information is available. The CPC committee is in charge of writing the Integrated Plan but most of the work falls outside the committee's duties. Therefore, all committees must review and update their workplan to include any new activities they are charged with. The updated plan must be approved by the Planning Council before the committees include any new activities in their workplan.

- *Activities:* Joann McEniry (CPC Chair) suggested to combine activity 2 and 3 "Identify and select subpopulation that fall above 10%". Sharon Postel recommended to keep them separate but the timeframe can be the same for both activities.
- *Timeframe*: All dates for all activities were changed to March 2020 and 2021.
- *Target Population:* Based on the Progress Report information prepared by the (Consultant) the target population for this objective is "All PLWHA populations in the EMA, except youth who currently meet the goal. Additional subpopulations will be determined by outcome data in 2020."

Objective 3B: The objective was changed to "*Identify causes of why subpopulations were above 10% in Medical Visit (MV) Gap"* from "Identify causes subpopulations why they were above 10% in Medical Visit (MV) Gap".

- *Activities:* The first activity was changed to "Review and amend, if necessary, the tool/template for case study" from "Develop tool/template for case study" since the tool was already developed by the REC. This tool is a questionnaire regarding Viral Load Suppression, gap in medical visit, ARV, and other indicators. The second activity was changed to "Give EIRCS and providers subpopulation data and case study tool to perform case studies for reasons not in care (systems barriers and client barriers)" from *"Give EIRCS and providers subpopulation data to perform case studies for reasons not in care."* The third activity was changed to "Collect summary of findings from EIRCs (via provider input)" from " Request individual and summary of findings from providers." The fourth activity was changed to "Present findings to the Planning Council" from " Identify system and client barriers/gaps for medical visit (MV) gaps. Lastly, a new activity was added stating the following: "Use data from barriers/gaps to identify potential topics for next year's needs assessment."
- *Timeframe:* Aliya Onque (Recipient) recommended to align the case studies so that these all happen at the same time. The committee agreed that the timeframe for the activities in this objective must be consistent with the previously reviewed activities in GOAL #2. This was agreed to have a consistent timeframe to review the data, to perform the case studies and to

present the findings to the Planning Council during the same timeframe. Therefore, the timeframe for activities 1, 2, 3, and 4 were changed to March 2020 and 2021, April 2020 and 2021, July 2020 and 2021 and September 2020 and 2021, respectively. The timeframe for the new activity is October 2020 and 2021.

- *Responsible Parties/Resources:* Sharon Postel (Consultant) recommended to add the EIRC Coordinator as one of the responsible parties for activity 1. Therefore, the responsible parties for activity 1 are REC and EIRC Coordinator. The responsible parties for activity 2 are Recipient, EIRC & EHE Coordinator, EIRCs. The responsible parties for activity 3 are Recipient, EIRC & EHE Coordinator. The responsible parties for activity 4 are the Recipient, EIRC & EHE Coordinator. The responsible parties for the new activity are the REC and COC.
- *Target population:* "All PLWHA populations in the EMA, except youth who currently meet the goal. Additional subpopulations will be determined by outcome data in 2020."

Objective 3C: Allison Delcalzo-Berens recommended to change this objective since it seems as the objective is based on the previous activities although it is not. The objective was changed to "Implement quality improvement plan in for agencies that fall above the 10% gap in medical visit'' from "Implement quality improvement plan in regards to objective 3A and 3B activities. Sharon Postel (Consultant) recommended for the REC and COC to identify potential topics for next year's needs assessment from the report that will be presented in September at the Planning Council. This new activity was added to Objective 3B, 3E and 3H.

- *Activities*: Activity 3 was changed to" Work with CQM Committee to develop QI Plan" from " Work with EIRC and CQM Committee to develop QI Plan" since the CQM Committee is responsible for the development of a QI plan and not the EIRCs.
- *Timeframe:* Joann McEniry (CPC Chair) recommended to have the timeframe for activity 1 and 2 as March 2020 and 2021. The timeframe for activity 3 was changed to May 2020 and 2021. Ricardo Salcido suggested that the recommended timeframes for activities 4 and 5 (from July to October) will not be enough to monitor the PDSA progress. Therefore, the timeframe for activities 4-7 were set for July 2020 and 2021, November 2020 and 2021, December 2020 and 2021, January 2020 and 2021, respectively.
- *Target Population*: The target population for this objective is "All PLWHA populations in the EMA, except youth who currently meet the goal. Additional subpopulations will be determined by outcome data in 2020."

GOAL #3-2: Increase Viral Load Suppression to 87% EMA Wide, and 80% for populations not meeting the goal.

Objective 3D: *Identify subpopulations that fall below 80%.*

- *Timeframe:* The activities of this Objective are the same as in Objective 3A. Therefore, they have the same timeframe, data indicators and responsible parties.
- *Target Population:* All PLWHA for 87% goal, and EIS and youth for 80% goal.

Objective 3E: *Identify reasons that subpopulations fall below 80%*

The Objective 3E has the same activities, responsible parties, and data indicators as Objective 3B. Therefore, the same timeframes were selected and any change in language previously mentioned was also mirrored in this Objective for consistency. Also, the new activity added in 3B was also added in this Objective.

- *Target Population*: All PLWHA for 87% goal, and EIS and youth for 80% goal.

Objective 3F: *Implement a quality improvement plan for agencies that fall below 87% and 80%*
The Objective 3F has the same activities, responsible parties, and data indicators as Objective 3C. Therefore, the same timeframes were selected and any change in language previously mentioned was also mirrored in this Objective for consistency.
- *Target Population:* All PLWHA for 87% goal, and EIS and youth for 80% goal

GOAL 3-3: Increase Prescription of ARV to 98% EMA-Wide, and 96% for populations not meeting the goal.
Objective 3G: *Identify subpopulations that fall below 98% prescribed ARV for all populations.*
The Objective 3G has the same activities, responsible parties, and data indicators as Objective 3A and Objective 3D. Therefore, the same timeframes were selected and any change in language previously mentioned was also mirrored in this Objective for consistency.
- *Target Population*: All PLWHA at 98%; transgender and youth at 96%

Objective 3H: *Identify causes for subpopulations that fall below 98% prescribed ARV, transgender and youth at 96%*
The Objective 3H has the same activities, responsible parties, and data indicators as Objective 3B and Objective 3E. Therefore, the same timeframes were selected and any change in language previously mentioned was also mirrored in this Objective for consistency. Also, the new activity added in 3B was also added in this Objective.
- *Target Population*: All PLWHA at 98%; transgender and youth at 96%

Objective 3I: *Implement a quality improvement plan for agencies that fall below 98% and 96%*
The Objective 3I has the same activities, responsible parties, and data indicators as Objective 3C and Objective 3F. Therefore, the same timeframes were selected and any change in language previously mentioned was also mirrored in this Objective for consistency.
- *Target Population:* All PLWHA at 98%; transgender and youth at 96%

Lastly, committee members reviewed **GOAL #4: Ensure care and treatment providers have access to and incorporate prevention data into planning activities**.
Sharon Postel (Consultant) stated that this goal refers to the state plan, therefore the committee does not have to identify activities. Postel (Consultant) also mentioned that EMA-wide testing data is received from the State and it is stated in the RFP, as well as a barriers report. Joann McEniry (CPC Chair) suggested to give the testing data to the EIRCS to identify any additional barriers and possible solutions to these barriers. The Comprehensive Planning Committee identify one SMART Objective and strategy, 4 activities with their respective responsible parties, data indicators, timeframes, and target population.

Objective **(NEMA #4A**): *Utilize HIV testing data and report information to identify barriers and solutions to achieving a more coordinated response*
- *Strategy*: Educate and inform providers on solutions for a more coordinated response
- *Activity, data indicator and Responsible Parties/Resources*: The activities and responsible parties were identified as follows:
  1. Recipient's office will disseminate testing data and the report of barriers to the EIRCs with Testing data and barrier report as data indicator and the Recipient, EIRC & EHE Coordinator, EIRCs as the responsible parties.

2. EIRCs will review testing data and barrier report with Testing data and barrier report as data indicator and the Recipient, EIRC Coordinator, EIRCs as the responsible parties.
3. EIRCs will identify additional barriers and provide suggestions for solutions to addressing barriers with Summary report as data indicator and the Recipient, EIRC & EHE Coordinator, EIRCs as the responsible parties.
4. Present findings to the Planning Council with Summary Report as data indicator and the Recipient, EIRC & EHE Coordinator as the responsible parties.

- *Timeframe:* The timeframe for activities 1-4 are May 2020 and 2021, June 2020 and 2021, September 2020 and 2021, and October 2020 and 2021, respectively.
- *Target Population:* All PLWHA in the EMA.

The CPC finalized the update of the Integrated HIV Prevention and Care Plan. Joann McEniry (CPC Chair) asked Support Staff to send the full draft to the all CPC members for review. CPC members have until Tuesday to suggest any edits before sending the report to the Planning Council on Wednesday. Joann McEniry recommended to update the committees' workplans and incorporate any edits made by the Planning Council afterwards.

9. New Business

- Discuss and draft version of FY 2020 committee calendar.
  Joann McEniry asked for a motion to table new business to the next meeting. Janice Adams-Jarrells motion. Elizabeth Kocot seconded the motion. All committee members agreed. This item will be discussed at the next meeting.

10. Announcements

Janice Adams-Jarrells announced the Celebration of Life of Ennis White-Robinson, a former Newark EMA Case Manager, on January 18, 2020 from 1PM until 5PM at the Gallery Aferro located at 73 Market St. Newark, NJ 07102.

11. Next Meeting

The next CPC meeting will be held on Friday, February 14, 2020 at the Willing Heart Community Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102.

12. Adjournment

Joann McEniry (CPC Chair) asked for a motion to adjourn the meeting. Debbie Morgan motioned to adjourn. Juanita Howell seconded the motion. All members agreed. The meeting was adjourned at 12:25 PM.