

**PATERSON – PASSAIC COUNTY – BERGEN COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
PLANNING COUNCIL MEETING MINUTES**

August 6, 2019

Location: Bergen New Bridge Medical Center, 230 East Ridgewood Ave., Paramus, NJ 07652

AGENDA ITEM	SUMMARY	
Opening	<ul style="list-style-type: none"> ▪ The meeting was called to order at 11:32 a.m. by Chair K. Walker. ▪ A Moment of Silence was observed for those affected by HIV. ▪ Reading of Open Public Meeting Statement 	
Attendance	Attendance was taken and quorum was established. The current membership count is 28. This total includes P. Persaud who serves as an ex officio member.	
Welcome	Chair welcomed the commissioners, guests, and the public.	
Approval of Minutes	<p>Motion: To accept the meeting minutes of July 2, 2019, motioned by N. Kubisky, seconded by A. Boatwright. A vote took place after discussing edits and/or corrections and a review of the action items.</p> <p>Vote: 15-Yes, 0-No</p>	
PCAT	A review of the PCAT took place.	
Ending the Epidemic, A Plan for America	<ul style="list-style-type: none"> ▪ Planning Council will continuously follow new developments with “Ending the Epidemic, A Plan for America.” Elements of this initiative rest on a decision from Congress with regards to the President’s proposed budget for the federal government fiscal year which begins October 1. <p><u>State of New Jersey’s Ending the Epidemic Initiative</u></p> <ul style="list-style-type: none"> ▪ No new developments to report at this time, except to reiterate that the State’s goal of ending the epidemic by 2025 is five-years ahead of the federal goal of 2030. ▪ State first of two federal grant that will cover the initiative; the first is for preliminary staffing and second is for implementation. ▪ The State plan has arrived at the Governor’s office, however it has not been approved yet. There’s been a delay due to the appointment of the new health commissioner, so things are currently in a holding pattern. 	
Report of the Chair/Steering Committee by Planning Council Chair, K. Walker	Met this morning, and mainly focused on reviewing the information that stemmed from the HRSA site-visit that took place July 30 – August 2, 2019. The Chair then allowed M. Izquierdo and T. Schucker to continue reporting on that end.	
Information delivered by the Recipient and Collaborative Research	<ul style="list-style-type: none"> ▪ The biggest finding as a result of the HRSA site-visit was related to the fiscal part. Everyone is accountable to submit the necessary documents and vouchers. There are always challenges with the time it takes for people to get paid. The City has a new system and the way we’re going to be entering the information for reimbursement is different. As of today, Recipient has not received vouchers and finds things are always left to the last minute. ▪ HRSA approved a budget, but came back with new changes to state that instead of unit costs, they look at costs by service. ▪ Findings also included: lack of monitoring and Recipient will need to bring in consultants and new staff; HRSA felt comfortable with only one subrecipient, in terms of how they understood the program processes; the completion of Service Standards and subsequent training; need for technical assistance (TA) for providers; ▪ As far as the Planning Council is concerned, there weren’t any significant findings. ▪ Each provider must appoint a specific person of contact that will be responsible for attending all provider meeting and CQM meetings, as it is a contractual obligation. 	

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<p>Information delivered by the Recipient and Collaborative Research</p>	<ul style="list-style-type: none"> ▪ Providers should become familiar with the guidelines and require understanding of the 45 CFR 200 federal handbook which outlines the general terms and conditions of HHS grants. ▪ It is important that, going forward, things are done correctly and everyone should work together. ▪ Recipient will share complete and final documentation of findings upon receipt. <p><u>Finding Related to the Planning Council</u></p> <ul style="list-style-type: none"> ▪ The vagueness of the By-laws do not do not specify policies and procedures. The Planning Council needs to have a Policies & Procedures Manual in place. ▪ Updates to Service Standards were lacking. ▪ HRSA recommended the Chair be more proactive in working with the Recipient to develop and negotiate a Planning Council budget. Putting together a budget is the responsibility of the Planning Council. Recipient makes a determination on how to move forward with the PC’s budget based on the grant award. A discussion ensued about the process of creating a budget and inquiries where made about the reason no one has seen the Planning Council budget, the need to address this topic asap and having a conversation to learn about parameters instead of going along with guesses. It was mentioned that commissioners need to receive a better training covering this area and/or take the steps to educate themselves to properly implement what is required of them as a body. The process should begin with each committee, which is why it is emphasized that each commissioner should serve one at least one of the committees. <ul style="list-style-type: none"> ○ Clinical Quality Management committee (CQM) meets quarterly, from 9am to 10:30 am, and reviews service outcome and related data. ○ Planning & Development Committee (P&D) meets every 2nd Thursday of the month, from 10:45 am to 12:45 pm and reviews needs assessments, budgets and service standards. ○ Community Development Committee (CDC) meets every 2nd Thursday of the month, from 1pm to 3pm and reviews membership information, along with a list of other items. ▪ The Recipient, along with Collaborative Research will be making adjustments to the administrative budget in order to relieve certain tasks. ▪ The brochures have to provide up-to-date information and listings.
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Break at 12:35pm, resumed at 1:06pm.

<p>Planning & Development (P&D) Committee Report by Committee Co-chair J. C. Dillard</p>	<p><u>Introduction</u></p> <ul style="list-style-type: none"> • The Ryan White grant year begins March 1 and ends February 28/29. • The P&D assists the Planning Council with the mandated activities set forth by HRSA, and charged with: <ul style="list-style-type: none"> ○ Overseeing the progress of the Integrated HIV Prevention and Care Plan 2017-2021; ○ Leading the development and implementation of Needs Assessment (for selected populations), Priority Setting and Resource Allocations process (PSRA) and updating Service Standards definitions; ○ Following the Continuum of Care Model • P&D meets each 2nd Thursday on a monthly basis. <hr/> <ul style="list-style-type: none"> ▪ P&D reported that PSRA was successfully completed on July 11, 2019.
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<p>Community Development Committee (CDC) Report by Committee Chair E. Elizondo</p>	<p>Introduction</p> <ul style="list-style-type: none"> ▪ CDC is responsible for membership recommendations, community engagement and events and the organization of the Annual Day of Capacity Building. ▪ Aligned with the planning council's overall mission, CDC works toward helping PLWH get the continuous care and support services they need by promoting available resources. ▪ CDC meets each 2nd Thursday on a monthly basis. <hr/> <p>Total Membership of the Planning Council: 27 Commissioners (plus one ex-officio member); PLWH representation of 33%;</p> <ul style="list-style-type: none"> ▪ CDC reported it did not meet last month, as the Planning Council's PSRA meeting took place that day.
<p>Recipient's Office Report by M. Izquierdo, Division Director, Ryan White Part A, MAI, SPNS, and HOPWA</p>	<p>Introduction</p> <ul style="list-style-type: none"> ▪ The Planning Council (PC) is responsible for making decisions about service priorities and resource allocation of RWHAP Part A funds. ▪ The recipient works with the Planning Council, manages the grant by making sure funds are used according to the legislation, program policy guidance, and grants policy. ▪ The recipient is responsible for making sure that funds are fairly and correctly managed and used and reports to the PC how much money is spent for each funded service category. <hr/> <ul style="list-style-type: none"> ▪ M. Izquierdo indicated she did not have any additional reporting at this time, other than what she covered earlier in the meeting with regards to the HRSA site-visit.
<p>New Business</p>	<p>Presentation by: A. Greitz, HIV Prevention Specialist, CAPCO Resource Center Subject: Engaging Youth and LGBTQ Populations</p> <p>A. Greitz (He/Him/His/Himself) spoke and engaged the audience about:</p> <ul style="list-style-type: none"> ❖ Importance for service providers to introduce and welcome the use of pronouns ❖ Cultivating relationships with hard to reach populations ❖ The existence of consumers' distrust as a result of bad experiences at agencies ❖ Importance of having staff members that are reflective of the population it serves, such as gay and transgender individuals ❖ "Nothing About Us, Without Us" ❖ Importance of word-of-mouth referrals ❖ Taking the initiative to engage youth and LGBTQ persons (support groups, outreach efforts, testing, presence at college campuses and highs-schools, etc...) ❖ The element of retention ❖ Tapping into education resources ❖ Use of signs, symbols and marketing materials that represent the populations being served ❖ Supporting and promoting targeted events and organizations; forming alliances ❖ Finding strategic folks who have a connection in the community and willing to share their network ❖ Allegiance to a person vs. allegiance to an agency ❖ The raising of the pride flag at the City of Paterson ❖ The youth and aging populations working together; elders are forced to go back in the closet to avoid abuse and homophobia at nursing homes since they do not have kids care for them

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Evaluations	Meeting evaluations were handed out for completion.
Announcements	<ul style="list-style-type: none">○ Sign-in Sheet Reminder○ Next Meeting○ D. Jackson handed-out certificate of completion to those who finished the modules in the Learning Management System.○ 9/3: CAPCO Resource Center support group event; contact J.C. Dillard○ 9/27: Gay Men's Awareness Day Summit, preregistration required; contact R. Welsh○ 9/28: Buddies of NJ Health and Wellness Fair; contact R. Welsh
Facebook and Twitter @Bergen-Passaic TGA	
Public Comments	There were 10 members of the public in attendance.
Adjournment	Motion to adjourn by A. Boatwright, seconded by E. Johnson. Unanimous consensus. End Time: 1:49 p.m. Next Meeting: Tuesday, September 10, 2019, 11:30 a.m. – 2:30 p.m. Location TBD.

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ATTENDANCE RECORD

Name of Member	9/4/18	10/2/18	11/13/18	12/4/18	1/8/19	2/5/19	3/5/19	4/2/19	5/7/19	6/4/19	7/2/19	8/6/19	
1. Adams, D.	P	Day of Capacity Building	L	O	P	O	L	P	P	O	P	P	
2. Boatwright, A.	P		P	P	O	O	P	P	P	P	P	P	P
3. Brown, B.	P		P	P	P	P	L	O	P	O	P	P	P
4. Cuffe, P.	O		P	P	O	L	P	O	P	O	O	P	P
5. Daniels, K.	P		P	P	P	P	P	P	P	P	O	P	P
6. Dillard, J. C.	P		O	P	P	P	P	P	P	P	P	P	P
7. Elizondo, E.	P		P	P	P	P	P	P	P	P	P	P	P
8. Ezomo, D.						P	P	P	P	P	O	P	P
9. Ferreira, G.	P		O	O	P	P	O	P	P	P	O	P	O
10. Ferrigno, G.						P	O	P	P	P	O	A	P
11. Friedman, J.	P		O	P	P	P	P	P	P	P	O	P	P
12. Herrera, A.						P	O	L	P	P	P	P	O
13. Johnson, E.	P		P	P	P	P	P	P	P	P	O	P	P
14. Kelly, G.	P		P	P	P	P	P	P	P	P	P	P	P
15. Kubisky, N.	P		O	P	P	P	P	P	P	P	P	P	P
16. Love, T.	P		O	P	P	O	L	O	O	P	P	P	O
17. Malave, I.	P		P	P	O	P	O	O	P	O	P	P	O
18. Munoz, A.	P		A	P	A*	P	L	P	A	P	P	P	A
19. Obara, J.						P	P	O	P	P	P	O	O
20. Persuad, P.	P		P	A	P	A	A*	L	O	A	O	A	A
21. Ponce, A.						P	O	L	O	P	P	P	O
22. Price, G.	P		O	P	P	P	P	P	P	P	P	P	P
23. Rodriguez, F.	P		O	P	P	P	P	P	P	P	P	P	P
24. Tenebruso, P.	P		P	P	O	L	L	P	P	P	P	P	O
25. Torres, M.	P		P	P	P	P	P	P	P	P	P	O	P
26. Walker, K.	P		P	P	P	P	P	P	P	P	P	P	P
27. Welsh, R.	P		O	A	P	P	P	P	P	P	A	P	P
28. Yee, A.	O		P	P	P	L	O	P	P	P	P	O	P
Members Present	25	18	15	20	25	19	24	23	25	16	22	19	
Alternates Present	0	2	1	2	1	1	1	3	1	2	1	2	
Recipient's Office	1	3	0	2	1	1	1	1	0	1	0	1	
Public/Guests	8	12	3	21	4	6	5	10	7	7	7	10	
Support Staff	2	1	1	1	2	2	2	2	2	3	3	3	

Key: Present (P), Late (L), Alternate (A), Absent (O)

*Alternate was present at time of roll call. Commissioner arrived afterward.

**Resignation received on this day.