

PATERSON – PASSAIC COUNTY – BERGEN COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
Steering Committee Meeting Minutes of August 6, 2019

Location: Bergen New Bridge Medical Center, 230 East Ridgewood Avenue, Paramus, New Jersey 07652

AGENDA ITEM	SUMMARY	
Opening	Chair K. Walker called the meeting to order at 9:07 a.m., and welcomed everyone in attendance, followed by observing a moment of silence for those affected by HIV.	
Attendance A quorum was present.	Present: 1. K. Walker 2. K. Daniels 3. E. Elizondo 4. J. C. Dillard 5. N. Kubisky 6. G. Kelly	Recipient's Office: n/a Support Staff in Attendance: T. Schucker and D. Jackson (Collaborative Research); S. Gonzalez, Admin
Approval of Minutes	Motion: To accept the meeting minutes of July 2, 2019 motioned by J.C. Dillard, seconded by N. Kubisky. A vote took place after discussing edits and/or corrections. Vote: 5-Yes, 0-No	
Added Discussion	<ul style="list-style-type: none"> • Re: Budgets – costs such as those associated with food for meetings and pamphlets (brochures) should be coming out of the grant's administrative budget which eliminates the need to use procured vendors. This can help the PC be efficient and cost effective. • Re: HRSA was upset to learn the TGA does not have centralized eligibility • Non-medical case managers still cannot access the system to input data 	
Meeting Evaluations	Admin presented meeting evaluation results from previous month for review and discussion. Evaluations are completed by those who attend Planning Council meetings.	
PCAT	A review of the Steering Committee Planning Council Action Timeline took place.	
Training Topic	Included during monthly Planning Council meetings are mini-trainings and/or presentations on Ryan White legislative components. Suggestions for next month's training were discussed. The final decision by consensus was: An Analysis of the TGA's Integrated Plan as it Compares to the State's Plan.	
Ending the Epidemic, A Plan for America	The Steering Committee/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. There are no new developments to report at this time.	
Report of the Chair by K. Walker	The Chair's report would focus on "Recap of 2019 HRSA Comprehensive Site Visit of July 30 – Aug. 2." Chair allowed T. Schucker (Collaborative Rsch.) to report on that end. During the site-visit, the Chair was present at the opening meeting, the meeting w/Steering Committee and at the exit interview. The site visit is a government audit on the RWHAP – Ryan White HIV/AIDS Program. HRSA went to the sub-recipients that receive funding for contracted services to make sure the Recipient is doing her job, along with following the required rules and regulations. HRSA addresses fiscal components, programmatic review, and Planning Council legislative requirements including PSRA (priority setting and resource allocation), needs assessments, and the efficacy of the administrative mechanism (AAM).	

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<p>Report of the Chair</p>	<p>The AAM looks at whether the Recipient is following the Planning Council’s guidance to fund service categories and if contracts are out in a timely manner to address the needs of the community.</p> <p>The HRSA site-visit was comprised of a team of five, namely:</p> <ul style="list-style-type: none"> • Sera Morgan, Project Officer • Mae Rupert, NE Branch Chief, DMHAP • Lolita Cervera, Fiscal Consultant • Sylvia Moreno, Administrative/ Planning Council (PC) Consultant • Gina Brown, Consultant Mentee <p>During the site-visit the TGA also underwent a CQM analysis previously afforded to, in part, Amelia Khalil, Clinical Reviewer.</p> <p>The areas that are addressed during a site-visit are legislative and fiscal requirements, programmatic requirements and improvement options.</p> <p>Findings:</p> <ul style="list-style-type: none"> • Concerning the Planning Council, findings were related to: <ul style="list-style-type: none"> ▪ AAM and Policies & Procedures ▪ Review dates were missing on the Service Standards ▪ Improvement option/suggestion was for the PC Chair to negotiate a PC budget w/Recipient ▪ Another comprehensive and large needs assessment needs to be conducted. ▪ Alternate members on the Planning Council is no longer considered a best practice, rather a requirement for members to service on a sub-committee. • Concerning the Recipient, findings were related to: <ul style="list-style-type: none"> ▪ lack of (or inadequate) program monitoring/auditing process with regards to sub-recipients; having a policy manual for subrecipients; holding quarterly meetings with providers and having a single point-of-contact that attends those meetings and CQM meetings too; ▪ Fiscal Finding: Providers are not familiar with the guidelines and must have an understanding of the 45 CFR 200 federal handbook which outlines the general terms and conditions and accounting principles for government grants. ▪ For providers: special attention/explanation of budget outlines and delineation (case references, administrative vs. programmatic, oversight, assignments, supervisory positions); payroll breakdown by service category; lack of adequate supporting documentation for expenses; subrecipients’ aggregate fees not available; lack of reconciliation for monthly reimbursements
<p>Report of the Chair</p>	

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	<ul style="list-style-type: none"> Concerning the CQM program, attention was brought to the inability to track performance measures; initiation of crosspart collaborative projects were suggested; information on health disparities needs to be expanded (i.e., demographics); lack of a technical assistance mechanism following visits by Dr. Mendez. <p>Note: There seems to be an inconsistency in the format, information and requirements presented by the HRSA team, with regards to certain findings.</p>
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Planning & Development Committee Report (P&D) by P&D Co-chair J.C. Dillard	In lieu of a P&D meeting last month, PSRA was successfully completed on July 11, 2019.
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NJ HIV Planning Group (NJHPG) Update by K. Walker/J.C. Dillard	<p>"NJHPG is a collaborative formed by the New Jersey Department of Health (NJDOH), Division of HIV, STD and TB Services (DHSTS) that combines HIV Care and Treatment and HIV Prevention efforts in order to make the best use of resources for both, while improving efficiency and effectiveness in planning in the state of New Jersey." per the organization's website.</p> <p>State of New Jersey's Ending the Epidemic Initiative: No new developments to report at this time. The NJHPG does not meet during the summer. State is also currently in a reorganization phase.</p>
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Community Development Committee Report by Committee Chair E. Elizondo	For Day of Capacity, CDC is always asking for ideas. There has not been much progress nor has a location been secured. The topic of medical marijuana is still on the table and we'd like to have a presenter. Suggestions included contacting Hudson Pride, NJ Drug Policy Alliance, Project COPE.
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New Business	9/27/19 – Gay Men's Awareness Day event in Asbury Park; contact J.C. Dillard
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Adjournment	K. Walker adjourned the meeting w/unanimous consent. End Time 11:03 a.m. Next Meeting: Tuesday, September 10, 2019, at 9:00 a.m., Location TBD.
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Action Items	Who	Open	Closed
--Provide a training for newly PC leadership on the business of the PC	Pending		
--Policy Clarification Notices (PCNs) are to be provided to the Chair and Vice-chair	Pending		
--Work on developing a Planning Council Policies & Procedure Manual	ColRch		
--Add "Planning Council" to the PC's agenda going forward	Admin		
--Begin planning for next consumer forum (to be done quarterly)	Pending		
--Share HRSA's PC findings	ColRch		
--Add World AIDS Day to CDC agenda (re: quilt)	Admin		

Previous Open Items	Who	Open	Closed
--Keep on Steering's Agenda: Review of Policies & Procedures Manual	Steering	X	
--Interview Commissioner J.C. Dillard - August Commissioner of the Month	Admin	X	
--Discuss adding Directives to the PC agenda going forward (need by 3/1/20)	Steering	X	
--Discuss assigning either a Directive or QM project for undocumented client count	Move to QM	X	
--Appoint one more at-large member to Steering Committee to comply with Planning Council By-Laws Section 8.1F1A: <i>Steering Committee "Shall have seven (7) members and be comprised of the Chairpersons of the Planning & Development Committee and the Community Development committee, the Chair and Vice-Chair of the Council, and three (3) at-large members appointed by the Planning Council Chairperson."</i>	Chair	X	

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--Arrange a meeting with CEO for Chair and Vice-chair; Discuss CEO's and City Council's attendance at PC's annual meeting and/or representative (another liaison besides the Recipient) at each monthly mtng.	Chair/Admin	X	
--Obtain K. Walker's digital signature	Admin	X	
--Emphasize to commissioners the importance of completing the evaluations	Chair/Vice-chair	X	
--Add "contingency scenarios" and rapid reallocation to Directives	ColRsch	X	