

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

**PLANNING COUNCIL MEETING MINUTES**

**September 10, 2019**

**Location: Christopher Hope Bldng., 1st Fl., 60 Temple Street, Paterson, NJ 07522**

AGENDA ITEM	SUMMARY
<b>Opening</b>	<ul style="list-style-type: none"> <li>▪ The meeting was called to order at 11:31 a.m. by Chair K. Walker.</li> <li>▪ A Moment of Silence was observed for those affected by HIV. An announcement was made about a special request on behalf of C. Tobias’s, whose son is ill she asked that everyone include him in their thoughts and prayers.</li> <li>▪ Reading of Open Public Meeting Statement</li> </ul>
<b>Attendance</b>	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.
<b>Welcome</b>	Chair welcomed the commissioners, guests, and the public.
<b>Approval of Minutes</b>	<p><b>Motion:</b> To accept the meeting minutes of July 11, 2019 - Priority Setting &amp; Resource Allocation (PSRA), motioned by N. Kubisky, seconded by P. Tenebruso. A vote took place after discussing edits and/or corrections and a review of the action items.</p> <ul style="list-style-type: none"> <li>➤ The 2020 total grant request portion of the 2020 PSRA results will be revised, as the “administration” amount was excluded.</li> <li>➤ <b>Vote: 15-Yes, 0-No</b></li> </ul> <p><b>Motion:</b> To accept the meeting minutes of August 6, 2019, motioned by J.C. Dillard, seconded by G. Kelly. A vote took place after discussing edits and/or corrections and a review of the action items.</p> <ul style="list-style-type: none"> <li>▪ <b>Vote: 17-Yes, 0-No</b></li> </ul>
<b>PCAT</b>	A review of the PCAT took place.
<b>Ending the Epidemic, A Plan for America</b>	<ul style="list-style-type: none"> <li>▪ In February 2019, the President announced the Ending the HIV Epidemic in America initiative. The initiative will leverage powerful data, tools, and resources to reduce new HIV infections by 90% over the next 10 years. Funding is separate and apart from the Ryan White HIV/AIDS Program.</li> <li>▪ 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.</li> </ul> <div data-bbox="474 1354 1395 1837" data-label="Figure"> </div> <p data-bbox="474 1843 1395 1883"><b>Figure 1.</b> Geographic focus of Phase I of the Ending the HIV Epidemic Initiative focuses on 48 counties, Washington, DC, and San Juan Puerto Rico as well as seven states with a high proportion of HIV diagnoses in rural areas. (Source: <a href="https://www.cdc.gov/endhiv/priorities.html">https://www.cdc.gov/endhiv/priorities.html</a>)</p>

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<p><b>Ending the Epidemic, A Plan for America</b></p>	<ul style="list-style-type: none"><li>▪ According to the Ending the HIV Epidemic (EHE) Planning Program Guidance, planning should be organized by 4 Pillars. For each Pillar, anticipated HIV workforce needs should be described. HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:<ul style="list-style-type: none"><li>• <i>Diagnose</i> all people with HIV as early as possible.</li><li>• <i>Treat</i> people with HIV rapidly and effectively to reach sustained viral suppression.</li><li>• <i>Prevent</i> new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).</li><li>• <i>Respond</i> quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.</li></ul></li><li>▪ Further information can be obtained by visiting, <a href="https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview">https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview</a>.</li></ul>
<p><b>Report of the Chair/Steering Committee by Planning Council Chair, K. Walker</b></p>	<ul style="list-style-type: none"><li>▪ The monthly conference call w/HRSA did not take place. It usually takes place each month on the first Friday, which would have been 9/6/19. The call-in parties are the PC Chair, Vice-chair and Admin.</li><li>▪ With regards to the process of determining a PC Budget, it used to be done, but then it stopped. However, Steering had discussion about resuming that responsibility. Each committee will work on developing their respective budgets for the next fiscal year.</li><li>▪ The Planning Council is a member of Communities Advocating Emergency AIDS Relief (CAEAR) Coalition. Regarding the Planning Council’s annual dues for the FY2020 membership, an invoice in the amount of \$500 has been received. Vice-chair K. Daniels spoke in reference to ways that the cost of membership could be paid if each person on the PC contributed \$18.52, rather than having a donation box and ongoing requests for months going forward and/or sub-recipients could also make contributions in the amount of \$50 each for example. The reason everyone is asked to make a contribution is because the dues cannot be paid with Ryan White money.<ul style="list-style-type: none"><li>○ CAEAR plays a major role in the reauthorization verbiage in collaboration with elected officials.</li><li>○ “CAEAR is the oldest national organization with a primary focus on the Ryan White HIV/AIDS Program. The CAEAR Coalition is a membership organization that advocates for federal policy, legislation, regulations, and appropriations to serve the Part A, Part C, and ADAP community mandates to meet the care, treatment, support, and prevention service needs of people living with HIV/AIDS and the organizations that serve them. CAEAR Coalition’s members include primarily Ryan White Part A jurisdictions; Part C recipients, consumers, and sub-recipients; and Part F AIDS Education and Training Centers. During Congressional reauthorization of the Ryan White Program, the CAEAR Coalition serves as the convener of the HIV advocacy community to ensure any reauthorization responds to community needs, modifications focus on improving the program’s effectiveness and efficiency, and ensuring resources are distributed fairly.” Further information about CAEAR is attached.</li></ul></li><li>▪ Admin will begin to coordinate meeting for the PC officers to meet with the CEO to give him an overview of the PC.</li></ul>

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<p align="center"><b>Planning &amp; Development (P&amp;D) Committee Report by Committee Co-chair J. C. Dillard</b></p>	<p><b><u>Introduction</u></b></p> <ul style="list-style-type: none"> <li>• The Ryan White grant year begins March 1 and ends February 28/29.</li> <li>• The P&amp;D assists the Planning Council with the mandated activities set forth by HRSA, and charged with:             <ul style="list-style-type: none"> <li>○ Overseeing the progress of the Integrated HIV Prevention and Care Plan 2017-2021;</li> <li>○ Leading the development and implementation of Needs Assessment (for selected populations), Priority Setting and Resource Allocations process (PSRA) and updating Service Standards definitions;</li> <li>○ Following the Continuum of Care Model</li> </ul> </li> <li>• P&amp;D meets each 2<sup>nd</sup> Thursday on a monthly basis.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>▪ P&amp;D Committee is always looking for members to serve on the committee. You do not have to be a commissioner of the PC to be on the committee.</li> <li>▪ P&amp;D met on Thursday, August 8, 2019</li> <li>▪ We're anticipating that in November/December (after we know more about quality indicators) we'll determine the next comprehensive needs assessment. Included will be client surveys (which is available to providers to register patients in the patient portal) and focus groups results. The goal is to capture those not in care (as well as those in-care). We'll ask for involvement from all stakeholders.</li> <li>▪ P&amp;D reviewed the 2020 PSRA results (which will be looked at again after the missing "administration" numbers are plugged into the total grant request.</li> <li>▪ We will be in the process of finalizing the updates to Service Standards and Service Category definitions, to ensure their in line with all Policy Clarification Notices (PCNs)</li> <li>▪ In response to the HRSA site-visit, the Recipient will be arranging technical assistance for the new HRSA forms. Although, details are not available yet.</li> <li>▪ Linkage-to-care meetings will be added to the tail-end of provider meetings. There is a meeting tomorrow at the Library. Per guidelines, our TGA no longer qualifies as a TGA. We need to to a better job identifying and retaining patients in order to keep out independent status as a TGA. The linkage-to-care meeting will be a step toward coordinating everything that we're doing, i.e., testing, patient navigation, etc...).</li> <li>▪ The Integrated Plan "next steps" meeting w/stakeholders is Thursday, October 10, 2019 at Crossroads Ministry Center. Notices will be emailed. This meeting will take the place of the regularly scheduled committee meetings that day.</li> <li>▪ The committee meets this Thursday, September 12, 2019 @ Crossroads Ministry center, 511 East 22nd St., Paterson, NJ. The start time was changed from 10:45 a.m. to 9:30 a.m.</li> </ul>
<p align="center"><i>Break for lunch at 12:23pm</i></p>	
<p align="center"><b>Community Development Committee (CDC) Report</b></p>	<p><b><u>Introduction</u></b></p> <ul style="list-style-type: none"> <li>▪ CDC is responsible for membership recommendations, community engagement and events and the organization of the Annual Day of Capacity Building.</li> <li>▪ 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.</li> </ul>

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<p><b>by Committee Chair E. Elizondo</b></p>	<ul style="list-style-type: none"> <li>▪ CDC meets each 2<sup>nd</sup> Thursday on a monthly basis.</li> </ul> <hr/> <p><b>Total Membership of the Planning Council:</b> 27 Commissioners (plus one ex-officio member); PLWH representation of 33%; There are 7 pending applications.</p> <ul style="list-style-type: none"> <li>▪ CDC met on Thursday, August 8, 2019</li> <li>▪ Those whose term is expiring in December will be notified. We ask that you let us know your intentions ASAP, whether you're interested in renewing for a 3-year term.</li> <li>▪ We would like to thank Jerry C. Dillard for being our July/August "Commissioner of the Month." Next up, is Ray Welsh, so we look forward to sharing his profile with everyone.             <ul style="list-style-type: none"> <li>▪ As a reminder, recommendations/volunteers are welcome for the months to come.</li> <li>▪ K. Walker will be the following featured Commissioner of the Month.</li> </ul> </li> <li>▪ The Day of Capacity Building meeting on Tuesday, October 1, 2019 will begin at 8:30 a.m. This meeting is held once a year and it's only for PC members and alternates.</li> <li>▪ Concerning Worlds AIDS Day, CDC is looking into what activities are taking place that day, such as the annual Buddies of NJ event, event at Jersey College and annual Free Throws for AIDS event.             <ul style="list-style-type: none"> <li>▪ Weather permitting, on Monday, December 2<sup>nd</sup>, we will do the 1-hour of silence at the steps of City Hall (Paterson), from 9am-10am. CDC would like to know if there is a banner that can be put up.</li> </ul> </li> </ul>
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<p><b>Recipient's Office Report by M. Izquierdo, Division Director, Ryan White Part A, MAI, SPNS, and HOPWA</b> (delivered by T. Schucker, Collaborative Research)</p>	<p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>▪ The Planning Council (PC) is responsible for making decisions about service priorities and resource allocation of RWHPA Part A funds.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul>
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**10-Sep-19**

**FY-2019-2020**

From 3/01/2019-08/31/2019		
Ryan White Part A	Expenditures	
Core service Allocations	\$ 2,336,846.00	
Outpatient/Ambulatory Health Services	\$ 205,696.18	23%
Substance Abuse Outpatient Care	\$ 95,203.36	33%
Early Intervention Services	\$ 27,029.54	29%

MAI	Expenditures	
Service Allocations	\$ 291,875.00	
Substance Abuse Outpatient Care	\$ 38,604.26	30%
Non-Medical Case Management Services	\$ 41,176.52	36%
Outreach & Health Ed.	\$ 11,286.03	32%

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Medical Case Management Including (Treatment Adherence)	\$ 170,836.86	34%	Health Education/Risk Reduction	\$ 8,731.00	60%
Mental Health Counseling	\$ 66,429.08	52%	<b>Total Expenditure</b>	<b>\$ 99,797.81</b>	<b>34%</b>
Oral Health Care	\$ 299,358.00	60%	Available Balance	\$ 192,077.19	66%
Health Insurance Premium & Cost Sharing Assistance	\$ 8,373.44	21%			
<b>Total Expenditure</b>	<b>\$ 872,926.46</b>	<b>37%</b>			
Available Balance	\$ 1,463,919.54	63%			

Sub-service Allocations	\$ 778,948.00	
Non-Medical Case Management Services	\$ 196,237.30	60%
Medical Transportation	\$ 40,957.99	36%
Food & Bank/Home Delivered Meals	\$ 49,970.80	81%
Other Professional Services	\$ 14,872.00	46%
Outreach & Health Ed.	\$ 29,475.15	25%
Psycho-Social Group	\$ 7,720.68	25%
<b>Total expenditure</b>	<b>\$ 339,233.92</b>	<b>44%</b>
Available Balance	\$ 439,714.08	56%

**New Business**

**Presentation by:** D. Jackson, Collaborative Research

**Subject:** An Analysis of the TGA's Integrated Plan as it Compares to the State's Plan

A high-level review of the following areas was presented for review and discussion. It was concluded that the TGA's plan falls in-line with the 4 overarching goals described in State's plan:

1. Widespread testing and linkage to care, enabling PLWH to access treatment early.
2. Broad support for PLWH to remain engaged in comprehensive care, including support for treatment adherence.
3. Universal viral suppression among PLWH.
4. Full access to comprehensive PrEP services for those for whom it is appropriate and desirous, with support for medication adherence for those using PrEP.

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	<p>Bergen-Passaic TGA's Integrated Plan:</p> <ol style="list-style-type: none"> <li>1. GOAL 1: Reduce HIV Infection In The Bergen-Passaic TGA.</li> <li>2. GOAL 2: Achieve Sustained Viral Suppression By Assuring Access To Quality Primary And Specialty Care For Persons Living With HIV/AIDS.</li> <li>3. GOAL 3: Eliminate health disparities by combating stigma, increasing coordination of prevention and care, and raising awareness about our plan to end the HIV epidemic in the community.</li> </ol> <p>A copy of the analysis is available upon request to Collaborative Research.</p>
<b>Evaluations</b>	Meeting evaluations were handed out for completion.
<b>Announcements</b>	<ul style="list-style-type: none"> <li>o Sign-in Sheet Reminder</li> <li>o Next Meeting</li> <li>o Mention was made about having a calendar of events available that includes happening at the State level and educational sessions, specifically to learn about TB and syphilis.</li> <li>o 9/17: Motivational Interview event at Rutgers; contact J.C. Dillard</li> <li>o 9/19: NJHOG event; contact J.C. Dillard</li> <li>o 10/9: Trauma Informed Care event @ Rutgers; contact J.C. Dillard</li> <li>o Upcoming webinar; contact K. Daniels</li> </ul>
<b>Facebook and Twitter @Bergen-Passaic TGA</b>	
<b>Public Comments</b>	There were 12 members of the public in attendance.
<b>Adjournment</b>	<p>Motion to adjourn by all, and with unanimous consensus. End Time: 1:34 p.m.</p> <p><b>Next Meeting:</b> Tuesday, October 1, 2019, 8:30 am – 2pm, Day of Capacity Building at Crossroads Ministry Building, 511 East 22<sup>nd</sup>. St., Paterson, NJ 07514.</p>

<b>Action Steps</b>	<b>Who</b>	<b>Open</b>	<b>Closed</b>
--Provide a copy of CAEAR Coalition's fact sheet/background information	Admin		X
--Notify stakeholders about the Integrated Plan – Next Steps meeting	Admin		X
--Obtain the survey/focus group results from NJ Housing Collaborative , when avail	Admin	X	

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**ATTENDANCE RECORD**

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

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**Advocating for the Ryan White HIV/AIDS Program**

The Communities Advocating Emergency AIDS Relief (CAEAR) Coalition is the oldest national organization with a primary focus on the Ryan White HIV/AIDS Program. The CAEAR Coalition is a membership organization that advocates for federal policy, legislation, regulations, and appropriations to serve the Part A, Part C, and ADAP community mandates to meet the care, treatment, support, and prevention service needs of people living with HIV/AIDS and the organizations that serve them. CAEAR Coalition’s members include primarily Ryan White Part A jurisdictions; Part C recipients, consumers, and sub-recipients; and Part F AIDS Education and Training Centers.

During Congressional reauthorization of the Ryan White Program, the CAEAR Coalition serves as the convener of the HIV advocacy community to ensure any reauthorization responds to community needs, modifications focus on improving the program’s effectiveness and efficiency, and ensuring resources are distributed fairly. The most recent example of the CAEAR Coalition’s collaborative efforts is its 2018 survey of all Part A jurisdictions and planning councils that was designed to inform next steps in any future reauthorization and to identify administrative fixes. The CAEAR Coalition hosted a town hall entitled *Next Steps for the Ryan White HIV/AIDS Program* on December 11, 2018, where the survey results were released, and a panel of Ryan White community leaders discussed next steps for the program. The survey results and final report are provided.

The CAEAR Coalition advocates for adequate federal funding for the Ryan White Program by organizing grassroots efforts and educating members of Congress about the need for increased Ryan White Program resources. Jon Bouker, Partner, Government Relations Practice, Arent Fox, serves as the CAEAR Coalition’s policy advisor. He provides access to the federal decision makers and the policy analysis that permits CAEAR to develop policy recommendations that drive the community dialogue and establish the essential bipartisan and regional consensus needed to advocate effectively for the Ryan White Program. Efforts have included meetings with the leadership of key Congressional committees, and Hill visits with the delegations of Part A jurisdictions; congressional briefings for health policy staff to highlight the success of the Ryan White Program; congressional testimony; policy statements; and action alerts. In the time that the CAEAR Coalition has advocated for Part A, appropriations have increased from \$88 million to



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over \$655 million, and the appropriations for Part C have risen from \$76 million to over \$201 million.

Community engagement is a critical component of the success of the Ryan White Program. Members of the CAEAR Coalition work directly with Ryan White Part A Planning Councils. This valuable expertise is central to delivering responsive and effective services and will be needed for efforts to end the epidemic. Currently, the CAEAR Coalition hosts quarterly calls with Planning Councils and HRSA leadership, providing an opportunity to exchange information, request assistance, and share best practices across jurisdictions. The CAEAR Coalition has several planning council members and its Board of Directors has a People Living with HIV/AIDS caucus seat to ensure consumers of Ryan White services are included in important discussions and decisions.

To ensure successful implementation of the program, CAEAR Coalition works directly with grantees and the HIV/AIDS Bureau (HAB) at HRSA to address questions and concerns related to Ryan White program operations. CAEAR Coalition holds quarterly meetings, monthly calls, and prepares e-mail blasts to solicit these questions from its members and to develop and implement remedies. The CAEAR Coalition's strong working relationship with HAB and its established lines of communications will need to be tapped as new ending the epidemic programming builds upon and leverages current Ryan White programs and services.

### **Changing Political Landscape**

In the spring of 2019, the CAEAR Coalition leadership meet with Dr. Laura Cheever, Associate Administrator, and Steve Young, Director, Division of Metropolitan HIV/AIDS Programs, at HAB to better understand any upcoming Ryan White Program modifications and to discuss their thoughts on the program's future. Several factors arose that pointed to a changing political landscape that would impact the CAEAR Coalition's advocacy work, including the stable, bipartisan support for the program in Washington, DC, and a new focus on implementing comprehensive plans to end the epidemic.

HAB suggested that the Coalition seek ways to synergize HIV policy work with HRSA's opioid, STI, HIV and Hepatitis C efforts. The group discussed the need to work across these diseases to dovetail plans and engage communities with the goal of maximizing results. They noted that any effective initiative to end the epidemic will require collaborative efforts among federal, state, and local governments; public health and Ryan White systems of care; and community engagement. Cheever and Young suggested CAEAR Coalition members were uniquely positioned to assist with such efforts because of their Ryan White Program expertise, experience with Planning Councils and community planning, and strong ties with HRSA.

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**2019 Day of Capacity Building**

**A Language We Can All Understand**

Tuesday, October 1, 2019

Crossroads Ministry Building, 511 East 22<sup>nd</sup> St., Paterson, NJ 07514

**AGENDA**

- |                         |   |
|-------------------------|---|
| 8:30 – 9:00 am          | Breakfast   |
| 9:00 - 9:15 a.m.        | --Moment of Silence<br>--Welcome by Eduardo Elizondo, Committee Chair<br>--Theme Overview by Ray Welsh, CDC Member  |
| 9:15 – 9:45 a.m.        | <i>via video conference</i> , Dr. Bryan Garner, Principal Investigator, RTI International   |
|                         | <b>STS4HIV Project: Impact of Substance Use Disorders on HIV Care</b>   |
| 9:45 – 10:30 a.m.       | William J. Caruso, Esq. - Archer & Greiner, Attorneys at Law<br><b>Cannabis Law Practice</b> & Public Policy Adviser  |
| 10:30 – 11:15 a.m.      | Ken Wolski, RN, MPA - Executive Director<br><b>Coalition for Medical Marijuana</b> – New Jersey   |
| 11:15 – 11:30 a.m.      | Break   |
| 11:30 a.m. – 12:15 p.m. | Alison G. Modica, Executive Community Liaison, Gilead Sciences<br><b>Fighting Stigma through Personal Action</b>  |
| 12:15 – 1:15 p.m.       | --Photo Op<br>--Lunch   |
| 1:15 – 1:45 p.m.        | Patrick Cuddy, Prearrangements Specialist<br><b>Laurel Grove Cemetery</b>   |
| 1:45 – 2:00 p.m.        | --Evaluations<br>--Closing Remarks by Nick Kubisky, Committee Co-Chair; Karen Walker, Planning Council Chair; and Khalilah Daniels, Planning Council Vice-chair |