



AGENDA ITEM	SUMMARY
Opening	Breakfast began at 9:00 am, followed by: <ul style="list-style-type: none"> ○ Chair K. Walker called the meeting to order at 9:30 a.m. ○ A moment of silence was observed for those affected by HIV. We recognize we've come a long way, but also remember and honor those whom we've lost. ○ 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.
Mandatory PSRA Training	<p>2020 Priority Setting Process – Part One</p> <p>Part One was mainly and foremost for commissioners who were not in attendance during the training held on July 2, 2019.</p> <p>For review, discussion and questions, Collaborative Research (T. Schucker, D. Jackson and M. Koran) presented, explained and provided an overview of the Priority Setting & Resource Allocation meeting packet that was prepared and handed-out for use today and had been distributed in advance. The packet's information included:</p> <ul style="list-style-type: none"> ▪ Ryan White HIV/AIDS Program Glossary of Terms ▪ Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds, Policy Clarification Notice (PCN) #16-02 (revised 10/22/18), Replaces Policy #10-02. PCN includes definitions of RWHAP Core Medical Services and RWHAP Support Services. ▪ HRSA Objective Review Committee Final Summary Statement, Score 92 for Application #159364 City of Paterson (Inc) ▪ HRSA Notice of Award Authorization, Issued 01/16/2019, for Budget Period 03/01/2019 through 02/29/2020, Total \$4,009,022.00 ▪ Bergen-Passaic TGA , Ryan White Part A 2019 Prioritized Service Categories (includes 2017, 2018 and 2019), as approved by the Planning Council on 08/07/2018 ▪ 2015 – 2018 Service Utilization Data and Unduplicated Client Count ▪ 2015 – 2018 Historical Grant Spending (Formula and Supplemental) ▪ Attachment 5: Coordination of Service and Funding Streams <p>Notes:</p> <ul style="list-style-type: none"> ○ Carry-over funds applies only to supplemental monies. ○ Funding should go where it's being utilized, keeping in mind that the maximum ask amount is an additional 5%. ○ Epidemiology data changes every year.
Form(s)	Each commissioner was asked to complete, sign and return their Affiliation Disclosure Statement (Conflict of Interest) forms.



<p>Mandatory PSRA Training</p>	<p>2020 Priority Setting Process – Part Two</p> <p>For review, discussion and questions, Collaborative Research (T. Schucker, D. Jackson and M. Koran) presented information on Bergen-Passaic TGA statistics at-a-glance, roles and responsibilities of the Planning Council, legislative requirements, eligible RWHAP Part A and Part B service categories and their descriptions, the required split of 75% core services and 25% support services, importance of prioritizing each service category (in order to be able to fund it in the middle of our grant year in which the Planning Council would reconvene to make decisions based on data and a reallocation request from the Recipient), Notice of Funding Opportunity (NOFO), funding ceiling, and PSRA process as stated in the Planning Council portion of the grant application. The complete Powerpoint file is available upon request.</p> <p>Notes:</p> <ul style="list-style-type: none"> ▪ All decisions related to priority setting and resource allocation must be data-driven. ▪ Hudson County and Essex County have always led in the number of HIV cases. ▪ Grant recipients are required to expend not less than 75% of their grant funds on core medical services. Waiver requests can be submitted to HRSA for this requirement, if necessary. ▪ HRSA's Ryan White HIV/AIDS Program is the third largest medical program behind Medicare and Medicaid nationally.
<p>PSRA Process (General Discussion)</p>	<p>Priority setting and resource allocation includes getting input from consumer forums, following the community input process, review of data, specifically seeing how the data relates to the HIV Continuum of Care, addressing incidence and prevalence figures, reviewing relevant demographics of consumers, method of exposure information and service utilization numbers.</p> <p>Notes:</p> <ul style="list-style-type: none"> ▪ A grievance process can be followed if a consumer has an issue with an agency or believes the service delivery is poor. ▪ The State monitors cases of HIV with all hospitals serving as a source. HIV along with any communicable disease is reportable. ▪ Not all 4,000+ consumers in the Bergen-Passaic TGA are receiving Ryan White services.
<p>The Paterson Museum's meeting room was uncomfortably hot. Therefore, the Chair asked commissioners to limit their questions to PSRA only – to move the meeting along.</p> <p>A break took place at 10:48 a.m., followed by an announcement about the meeting location being changed. All meeting attendees were instructed to go to the Paterson Public Library, 250 Broadway, Paterson, NJ 07501, where a room had been secured by the Recipient's office.</p> <p>The meeting resumed at the new location at 11:15 a.m.</p>	
<p>PSRA Process (continued)</p>	<p>The following information was displayed for review and discussion:</p> <ul style="list-style-type: none"> ○ Results of Red Ribbon Exercise that was done during the 06/13/19 consumer forum ○ 2016 needs assessment questions



<p>PSRA Process (continued)</p>	<ul style="list-style-type: none">○ Service Utilization figures <p>The red ribbon exercise was initiated after it was explained and discussed. Participants voted on the services that are funded by the TGA based on their understanding of what is most important for achieve viral suppression and most important to be retained in care. Each person was given 5 stickers to mark their votes. The results help the Planning Council prioritize service categories. The document with simplified language defining each service category was displayed, for reference.</p> <p>As the Collaborative Research team was in the process of tallying the red ribbon results, the next step in the PSRA process was introduced.</p> <p>Ranking Data Sources: T. Schucker provided an explanation and examples of the ranking process in which commissioners will decide what data sets are most reliable, i.e., those ranked 1=most reliable, those ranked 3=not most reliable and those ranked 5= least reliable. No money is considered in the ranking process. The money aspect is addressed during resource allocation.</p> <p><u>Results</u></p> <ul style="list-style-type: none">➤ Ranked 1 or Most Reliable: 2018 Service Utilization Data➤ Ranked 3 or Not Most Reliable: Red Ribbon Exercise results from consumer forum; red ribbon results from today's meeting; 2016 Needs Assessment responses➤ Ranked 5 or Least Reliable: none➤ A mathematical formula was incorporated to the Excel spreadsheet file to determine the final ranking. Those service categories that end up with the lowest score, rank highest. <p>Motion to accept the priority setting ranking results as presented; motioned by J.C. Dillard, seconded by F. Rodriguez; Vote: 21-Yes, 0-No</p>
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Planning Council's 2020 Priority Setting & Resource Allocation
July 11, 2019
Paterson Museum, 2 Market St., Paterson, NJ 07501

Bergen-Passaic TGA - Ryan White Part A				
2020 Prioritized Service Categories				
Approved by the Bergen-Passaic Planning Council on 7/11/2019				
Service Category	2020 Ranking	2019 Ranking	2018 Ranking	2017 Ranking
Oral Health Care	1	3	1	2
Food Bank / Home Delivered Meals	2	6	10	15
Mental Health Services	3	1	2	3
Outpatient/Ambulatory Health Services	4	4	4	1
Medical Transportation	5	7	6	11
Medical Case Management	6	8	14	4
Non-Medical Case Management Services	7	2	7	5
Other Professional Services: Legal Services & Permanency Planning	8	13	9	16
Substance Abuse Services-Outpatient	9	11	17	13
Health Insurance Premium & Cost Sharing Assistance	10	9	15	17
Health Education / Risk Reduction	11	15	18	20
Early Intervention Services	12	20	22	8
Psychosocial Support Services	13	18	23	14
Outreach Services	14	14	21	9
Housing Services	15	5	5	10
Medical Nutrition Therapy	16	23	11	18
Emergency Financial Assistance	17	12	3	12
AIDS Drug Assistance Program	18	10	24	6
Child Care Services	19	16	12	26
Home Health Care	20	17	13	22
Linguistic Services	21	25	16	27
Substance Abuse Services - Residential	22	21	19	24
AIDS Pharmaceutical Assistance - Local	23	22	8	7
Home and Community-Based Health Services	24	26	25	21
Hospice Services	25	24	26	23
Referral for Health Care and Supportive Services	26	19	29	19
Rehabilitation Services	27	27	20	25
Respite Care	28	28	30	28

Lunch break 12:20 p.m. – 12:50 pm

General Conversation	Collaborative Research asked for feedback with regards to the Learning Management System. Of the 30 people invited to take the online training, 15 are in progress and 11 have not started. Commissioners J.C. Dillard, G. Kelly, T. Love and M. Torres were acknowledged for completing all modules.
Resource Allocation	<ul style="list-style-type: none"> ▪ HRSA specifically outlines the maximum amount we may ask for the next year (2020). The "Funding Ceiling" is a 5% increase from this year's grant award amount, or \$4,209,473.00. ▪ The due date for the new grant application, per the NOFO, is September 30, 2019. The grant amount awarded this year was \$4,009,022.00 ▪ 15% is always set-aside for an administration budget <p>The three parts of the grant funding were explained – formula (based on epidemiology data), supplemental (based on trends and it's the competitive piece) and MAI (solely for minority populations).</p>



<p>Resource Allocation (continued)</p>	<p>The 2018 & 2019 spent and located funds were presented for review and discussion, along with Minority Aids Initiative (MAI) numbers. The Ryan White program offers to types of payments to sub-recipients; fee for service or full-time equivalent (FTE). FTE is paying for someone to be available to provide a service.</p> <p>The Historical Grant Spending (Formula and Supplemental) figures were presented for review and discussion.</p> <p>T. Schucker stated a recommendation to the Planning Council to ask for the full 5% increase in funding using the current (2018) spending numbers. Even if a cut in funding occurs, the allocated percentages still apply for each service category. The calculation was made and displayed.</p> <p>The Planning Council's focus is the percentages, and the actual dollar amounts are the Recipient's responsibility. If for example, there is cut in the amount of \$1M, the Planning Council would need to reconvene to determine what will no longer be funded.</p> <p style="text-align: center;">Motion to accept the resource allocation results which indicate a 5% increase for all funded service categories, as recommended; motioned by J.C. Dillard, seconded by K. Daniels; Vote: 20-Yes, 0-No</p> <p>With respect to developing Directives (marching orders) to the Recipient, they must be in place by March 1. The Steering Committee will work on them and present the information to the Planning Council.</p>
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FINAL RESOURCE ALLOCATION CHART WAS REPLACED AND SHOWN IN PSRA REPORT

<p>Additional Notes</p>	<ul style="list-style-type: none"> ▪ We already have a hard time funding what we have in place, therefore no other service categories can be funded at this time. ▪ The Ryan White program is payer of last resort, which can, in part, apply to undocumented individuals, those who missed the open enrollment period or those who don't qualify for Medicaid. ▪ The Ryan White program as a whole is one of the most efficiently run federal programs. ▪ The majority of the grant award is based on a formula. What works in the West, for example, is not the same as what works in the East. Local control is what makes the program so unique.
<p>Parking Lot Items/Questions</p>	<ul style="list-style-type: none"> ❖ Look into conducting the Red Ribbon Exercise at the Integrated Plan stakeholders meeting. ❖ The next Needs Assessment will be connected to e2myhealth. It will serve as new data for next year's PSRA.



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	<ul style="list-style-type: none"> ❖ The Planning Council should determine the community's needs, the capacity, load and strains of subrecipients. ❖ With regards to the South's cases of HIV incidence, is it a true trend? Or, is it visible now because it is being tracked and it wasn't in the past? New Jersey was one of the first states to report by name and has kept good records but has been penalized (monetarily) for doing a good job. ❖ Ensure the Planning Council commits to discussing/addressing Nutrition Therapy. ❖ Regarding housing, HOPWA was underspent by \$2.4M which is why housing isn't a Ryan White funded category. The money is available, but not the housing units. ❖ Revisit the client satisfaction survey and its implementation. ❖ Ensure availability of an updated brochure that lists service providers.
Public Comments	None
Evaluations	Meeting evaluations were handed out for completion.
Adjournment	<p>Unanimous decision to adjourn. End Time: 2:20 p.m.</p> <p>Next Meeting: Tuesday, August 6, 2019, Bergen New Bridge Medical Center (Auditorium), 230 East Ridgewood Avenue, Paramus, New Jersey 07652, 11:30 a.m. – 2:30 p.m.</p>



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Commissioner	Attendance
1. Adams, David	Present
2. Boatwright, Anjettica	Present
3. Brown, Byron	Present
4. Cuffe, Patricia	Present
5. Daniels, Khalilah	Present
6. Dillard, Jerry	Present
7. Elizondo, Eduardo	Present
8. Ezomo, Doris	Present
9. Ferreira, Graziela	Present
10. Ferrigno, Gabrielle	Absent
11. Friedman, Jeff	Present
12. Herrera, Andriana	Present
13. Johnson, Eddie	Absent
14. Kelly, Gregory	Present
15. Kubisky, Nick	Present
16. Love, Troy	Absent
17. Malave, Ivonne	Present
18. Munoz, Ana	Present
19. Obara, Jessica	Present
20. Persaud, Paul	Alternate
21. Ponce, Arturo	Present
22. Price, Gloria	Present
23. Rodriguez, Freddy	Present
24. Tenebruso, Paula	Present
25. Torres, Miriam	Absent
26. Walker, Karen	Present
27. Welsh, Ray	Absent
28. Yee, Alma	Present

Support Staff: T. Schucker, D. Jackson, M. Koran, and S. Gonzalez (Admin)