PATERSON – PASSAIC COUNTY – BERGEN COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MINUTES OF PLANNING COUNCIL MEETING OF July 30, 2013

<table>
<tr><th>Agenda Item</th><th>Description</th></tr>
<tr><td>Opening

Roll Call

Welcome</td><td>
Location: Paterson Public Library, 250 Broadway, Paterson, NJ

The meeting came to order at 9:50 a.m. The Chair welcomed everyone to the meeting.

The Chairman called for a Moment of Silence for those infected & affected by HIV/AIDS.

Roll Call & Attendance: Currently there are 24 Members of the Planning Council. Present at the beginning of the meeting: 17 members and 2 persons from the Public. There was a quorum. MJ requested that everyone please complete their meeting evaluations before leaving and an envelope would be passed around for those whose who wanted to make any donations for the CAEAR Coalition dues. The Open Public Meeting Compliance Statement was read along with the Meeting Ground Rules.

Chairman, Gregory K. stated that this meeting was dedicated to Priority Setting – Part 3. He stated that there would be no August meeting. The next meeting will be in September.

He then turned the meeting over to Frank C. for review of Conflict of Interest.
<table>
<tr><th>Action to be Taken</th><th>Responsible Party</th><th>Open</th><th>Closed</th></tr>
<tr><td></td><td></td><td></td><td>X</td></tr>
</table>
</td></tr>
<tr><td>Conflict of Interest Procedures
Frank C.</td><td>
The Affiliation sheets distributed last meeting were covered by Frank C. He also asked everyone to review the sheets. He provided direction on the use of the “conflict/no conflict” cards. Red should be displayed if you are affiliated with one of the service categories being voted on or discussed.

He reiterated that each time a service category is discussed and you have a conflict, please flip the card to red (conflict) side, so that everyone is aware that you have a conflict with that category. He also reiterated that per HRSA, a person, when in conflict, cannot lead a discussion.

During this time, Donna N-I. stated that she would be abstaining on all votes. Frank C. concurred.

Then the meeting was turned over to Karen W.
</td></tr>
<tr><td>PRIORITY SETTING PART 3
Chair, Karen W.</td><td>
<u>Priority Setting process Review and Approval</u>

Karen W. turned the meeting over to Pat V. who went over the power point presentation.

She stated that information on each of the Service Categories is provided and the process for voting this year was not much different from previous years. The three part criteria that will come into play are Utilization, Capacity, & Other Sources of Funding. By reviewing this information on each category it will help members to determine if the scorings should be up or down (1 to 5). If the service category utilization is high and the demand is high the rule of
</td></tr>
</table>

Agenda Item	Description
	thumb would be to score it high. The rule of thumb also justifies that if there are substantial funds from other resources, RW funds might be less needed. All the data needed to help make the appropriate decisions are found in the Workbooks plus any knowledge shared today. The data of 2012 is clean and accurate. Some of the data of 2013 is missing, because all of the information hasn't been received. **Question:** What does Utilization stable mean? **Answer;** it means that utilization is around 100%. Question: What's the difference between stable & high? Answer; High is over 100%. She further stated that Medicaid eligibility will have an impact on clients & will be more available in 2014. The more technical question will need to be answered by the Grantee. Paul P. stated if there are any changes in trends in 2013, we will not be able to take under consideration. Pat V. has some data with her and will be able to look up what she has during discussions.
PRIORITY SETTING PART 3 **Chair,** **Karen W.** **Vice Chair,** **Jerry D.**	Jerry D., utilizing ***Workbook III,*** started off the Review of the Service Categories ***Outpatient/Ambulatory Health Services, Part III, p1&2*** Pat V. stated that members received two sheets, a ***summary sheet*** which goes category by category & a ***personal worksheet,*** to provide an opportunity for each one to make notes as they go along. It was clarified that the Council would discuss and then vote after each category. The numbered ballots were to be handed out before each category. They were reminded to write down their ballot number, just in case there are any questions on the tabulations by Frank C. or Pat V. It was recommended that they write the number on their personal worksheets. The Council agreed to discuss the category and then vote. Ballots were then passed out Pat V. stated that the Medicaid office stressed the point that the FUNDING numbers for 2011 and 2012 should not be compared because the programs changed and the criteria used changed. She stated; more & more people are going into managed care, so don't compare but use the numbers as best you can. ***EIS:*** ***Question:*** Charlotte T.; Do we know how many of our clients will be getting insurance under the ACA (Affordable Care Act) that will affect those numbers? **Answer:** Tom F.; All who are U.S. citizens can apply for ACA. Marie B. stated; and permanent residents. Paul P.; was concerned whether or not Ryan White will cover co-pays. If you can't afford the co-pay, then you can't afford insurance. Donna N-I.; there are companies going around to give clarification about ACA, someone from Senator Johnson's office will be going around to churches to provide information. Karen W.; has been reading that it will take a while (2-3 years). Sonya F-T.; stated that *Marketplace.cms.gov* is a possible resource for information. Paula T.; stated there was something that was published about RW providing co-pay. They

Agenda Item	Description
PRIORITY SETTING PART 3 Chair, Karen W. Vice Chair, Jerry D.	all agreed that there's so much to read. There was no further discussion. ***Troy L. arrived 10:35 a.m. Elaine H. arrived 10:45 a.m.*** ***Jerry D. reminded everyone that there are 3 numbers to be written per each ballot and to please make legible*** *The ballots were cast and collected.* ***AIDS Pharmaceutical Assistance (local), p3***. Per Frank C. ballots were not needed for this category since there were no dollars spent last year. Karen W. stated that they would just make notes in case the Council chooses to fund it later. ***Oral Health Care Part III, p3.*** There was no additional discussion on this category after the review. *The ballots were cast and collected.* ***Early Intervention Services (EIS), Part III, p. 4*** **Question**: Charlotte T.; How will our work on EIIHA affect this? Is there a need for additional funding to support this? **Answer**: Jerry D. stated identifying positives has been relatively low. *The ballots were cast and collected.* ***Medical Case Management, Part III, p 5*** reviewed by Charlotte T. (Jerry D. & Karen W. were in conflict) *The ballots were cast and collected.* ***Mental Health Services, Part III, p 6***. **Question**: Sonya F-T. asked; should stigma be considered with Mental Health Services? **Answer:** Jerry D.; He didn't know if it affected the dollar award as much as it might affect the directives to the Grantee or guidance to the Grantee. Linda S.; was asked & she deferred to Glenda P., who does the mental health screening. Glenda P. stated; there are many who refuse because they don't associate with their need for mental health. Paul P. stated; that traditionally, it's always been stated it's important because for whatever reason, over the years the **utilization** is low. This needs to be considered. Karen W.; believes this is another category that was impacted by Medicaid. Everyone coming into substance abuse must have mental health screening. This is the first year her agency hasn't exceeded its dollar award in mental health. The reason was due to Medicaid. Those dollars aren't counted under RW anymore. Marie B.; thinks the numbers continue to fluctuate. Clients go to mental health to get benefits & then once they have benefits, disappear. Troy L. stated; he believed the need discussed doesn't reflect the need in the future. Per Pat V.; increasing utilization was a goal under Quality Management and the goal was exceeded. Linda S. stated; that she also believes the need is there for screening & treatment. Charlotte T. asked Paula T., if she has seen a change in Bergen County? Is the need more or less? **Answer**: Paula T. stated; there is a need. At our agency we have dealt with the newly diagnosed, who have tended to be young who want to keep working, need the help, but don't necessarily follow through. Many of their clients were discharged due to Medicaid, but she keeps getting calls from clients stating they are not getting what they need pertaining to their HIV being understood. Sonya F-T. asked; if there were any consumers in the room who would like to weigh in their

Agenda Item	Description
PRIORITY SETTING PART 3 **Chair,** **Karen W.** **Vice Chair,** **Jerry D.**	comments on Mental Health? Troy L. stated; that he believes symptomology drives people to treatment. Long as you're feeling great, you don't think you need the help. Tom F. thinks the Council is talking about two different things. He believes more & more people are going to be in the Medicaid system and providers won't be able to bill RW. That's what needs to be looked at. ***During the Mental Health Category discussion: A member of the public and/or alternates wanted to make a statement. As a result of this,*** ***Motion#1: Troy L. moved to allow the public to participate in the Priority Setting discussion at this time and 2nd by Provi Z-M.*** ***17 Yes, 0 No, 1 Abstain*** Comment - Ray W.; More & more they (clients) use to come in asking for Doctors. Now they are coming in asking for mental health counseling. They also asked for someone HIV specific. Troy L. stated the stigma of HIV is also a barrier. Jerry D.; suggested that maybe now the Council needs to become an advocate to encourage those outside of RW to get some additional training relevant to HIV clients. Paula T.; got call yesterday, his current psychiatrist is dropping client because he doesn't want to do the paperwork. Other clients have to go to clinics where they see rotating doctors & never get the same doctor. Provi Z-M.; wanted to remind the Council that clinics may have one or two doctors to serve everything & everyone, two times a week. ***Motion #2: Provi Z-M. moved to close the public portion on Mental Health and 2nd by Tom F.*** ***18 Yes, 0 No, 1 Abstain*** ***Motion #3: Troy L. moved to allow the public to participate in the rest of the meeting today and 2nd by Elaine H.*** ***11 Yes, 5 No, 1 Abstain*** **Frank C. requested that anyone from the public making comments state their affiliation at the time that they speak.** *The ballots were cast and collected.* ***Substance Abuse, Part III, p 7:*** There was a discussion Karen W. questioned how NJ DMHAS provided HIV specific data. **Answer:** Pat V. the numbers were overall funding. Paul P. stated that this is an old service and there shouldn't be such a mismatch between contracted and clients served? This should be looked at. Charlotte T. **Question:** Why such a big difference in cost per client between Part A & MAI? **Answer**: Karen W. stated that Part A is medication assisted treatment (nurses, etc) and MAI is not medication assisted (drug free). **Question:** Is there a definition for contracted client. **Answer,** it's the number of clients the provider states they will serve. Tom F. stated this is another category that has been impacted by Medicaid. Karen W. stated that she has seen the opposite because felony offenders can't receive Medicaid. She reminded the Council that the syringe exchange dollars are not a part of Substance Abuse.

Agenda Item	Description
PRIORITY SETTING PART 3 Chair, Karen W. Vice Chair, Jerry D.	Paula T.: 3 of 6 impacted by Medicaid. **Question**: Can we get a waiver? **Answer:** Office of the Grantee must submit application. Karen W. stated that there was a lot of discussion on what the 75/25% should look like. Paul P. stated that if you look at the numbers the previous conversation tend to lead towards decrease. This is a category that really needs to be looked at. He made a quick interpretation of the conversation. He stated, unfortunately this should have been had a discussion before we came to vote. Kathleen D. (public, no affiliation) stated that a lot of the HMOs are probably going to adopt the policy of managed care. After the third attempt they are dropped. Mark A. stated; half of their substance abuse clients are on Medicaid, & they can't actually bill for them. Karen W. stated that when providers fill out their applications in the future they need to adjust their numbers (contracted) more accurately when making their projections, so that they reflect more accurately the numbers based on the reality of Medicaid Marie Browne stated that as a provider they are seeing many moving from the street drugs to prescription drugs & alcohol. Maybe this is another reason for the discrepancy in cost of treatment. Troy L. Our standards reflect treatment as most other care providers define treatment. One area that this Council could address which isn't necessarily addressed is **after care.** Maybe this Council in the future can redefine the Substance Abuse & Mental Health standards to look at after care, since Medicaid is going to provide the standard care of treatment. Jerry D.; stated this sounds like directives. Troy L. stated; he is ready to work on that directive. Paula T.; asked the question is a waiver appropriate for this TGA? Karen W. There's a nationwide effort looking at that. She's hearing clients say they just want to die" (caught in the confusion of Medicaid). Tom F. said he heard that the TGA could ask for 70/30 instead of 75/25%. Paul P.; stated it's difficult to substantiate the change. He believes this could lead to a reduction of funds. He recommends that the Council look at the 75/25% at how there can be different approaches within. Per Pat V.; the rule states that the 75/25% rule waiver is becoming more flexible. You can apply up to 60 days before the close of the fiscal year for the waiver. The application has certain criteria. The applicant must provide documentation that there are no waiting lists in any service category. She thought this might be a little difficult for this TGA in its specialty categories. If you don't meet the criteria, the request is denied and then the TGA would be required to do resource allocation process again. *The ballots were cast and collected.* Once these ballots were collected the Council broke for lunch. The Chair called the meeting back to order & turned the meeting over to Karen W. She reminded those who had conflict to turn their cards. ***Outreach/Health Education and Risk Reduction, Part III, p.8*** Paula T. defined Level 1 as risk **targeted** population. The Risk, not necessarily positive or out-of-care. Whereas Level 3 is positive and/or out of care. **Question:** Jerry D. what is the percentage for contracted for Level 3 & Actuals. **Tom F.** stated for his agency it was 100%. Pat V. provided the following: MAI Level I: Fiscal 2012: Contracted 750, Actual 1, 288 MAI: Level III Contracted 18, Actual 23 Part A: Level III, 28 contracted, Actual 30 Paula T.; stated that she believes the TGA needs to find people who are positive and/or out-

Agenda Item	Description
PRIORITY SETTING PART 3 Chair, Karen W. Vice Chair, Jerry D.	of-care. Paul P.; stated he thinks it is one of the TGA's most important categories because it does as Paula T.; stated find people who are positive or out of care. As we bring people into care, then the numbers go up. This helps increase the number. The Council needs to look at Outreach not just as a service but as a tool. Troy L.; This process is very complicated and takes about one year. You don't get them to respond to the outreach until they become symptomatic. *The ballots were cast and collected.* ***Housing Services, Part III, p.9:*** HOPWA Questions – What is STRMU? – **Answer:** Examples: **S**hort **T**erm **R**ent, **M**ortgage, & **U**tilities Project-based Housing is Straight & Narrow; Tenant-based Housing is Paterson & County program. Tom F.; stated Housing Services is good when you don't qualify for HOPWA. (i.e. undocumented & Megan law violators) *The ballots were cast and collected.* ***Food Bank/Home-Delivered Meals, Part III, p10 -*** Karen W. stated that her church has a food bank and the numbers have gone up each month. Paula T. stated she has more & more clients in need of food. Mark A. later stated there is no longer funding under HOPWA for food. *The ballots were cast and collected.* ***Case Management-Non-Medical, p. 11,*** review led by Charlotte T. Per Karen W.; one agency projected an extremely large number (maybe 4x too much). So, she would take the 2013 with a BIG grain of salt. A question was asked about HOPWA; why are dollars so high? Jerry D.; stated that the paperwork is more intense than regular case management (looking at every receipt). HOPWA case management is different from RW case management (apple & oranges). Mark A.; stated that generally people are in crisis & take more time & care. Troy L. stated that the best successes have been around the collaborations of the Case Manager (CM) with the other community resources. People are saying that they are getting help. Some of the case workers go with the client to the clinics. CM's are doing a lot of work behind the scenes. *The ballots were cast and collected.* ***Medical Transportation, Part III, p12***. ***Under HOPWA, bus tickets are allowed, but limited***. Paula T.; Need to look at Directives to the Grantee which could help with the needs of clients after 4:00 p.m. Some clients can't even catch the bus. Sonya F-T stated that for those agencies who are state funded, need to bring this issue up with their PMOs. *The ballots were cast and collected.* ***Legal Services, Part III, p.13.*** Sonya F-T, stated may want to keep in mind the ACA, which might cause the need for more legal services. She thinks it needs to be considered. *The ballots were cast and collected.* **EFA (Emergency Financial Assistance(**EFA,**), Part III, p14**, per Tom F.; this should cover

Agenda Item	Description
PRIORITY SETTING PART 3 **Chair, Karen W.** **Vice Chair, Jerry D.**	housing, nutrition, medication (which were the directives). To make it a safe guard for the gap between people receiving ADAP. Linda S. was asked about using hospital pharmacy. She stated that pharmaceutical companies are contacted. The hospital wants to be used as a client's **last** resort. Per Charlotte T. HRSA definition (8/2010) does not cover medication. It was stated that the PMO suggested that this service could provide medication and it's the belief that other TGAs/EMAs are doing this. *The ballots were cast and collected.* ***Psychosocial Support Services, Part III, p15,*** There was no additional discussion after the review. When it came time for **Health Insurance Premium & Cost Sharing Assistance, Part III, p.16;** additional information was read by Pat V. and then discussed. Karen W.; believes, the ADAP program was transitioning folks to the insurance. Last year ADAP paid Medicaid for medications. This year it is different. The ballots couldn't be used since there was no amount known, since not funded in FY2012. Paul P.; stated the Council has to think of the TGA impact. Marie B.; stated that the State does have an insurance program (lengthy process but available.). Pat V.; reminded the Council that this is a Core Service as she read the extensive/complicated definition. Members stated that Case Managers would have to be insurance agents. Paul P.; questioned who would decide who would receive the benefits? He stated that as an insurance carrier the TGA could not keep clients from going to certain doctors. **Question**: What difference does it make? **Answer** Tom F.; client lives in TGA, but gets service outside the TGA. Paul P.; why it matters is if medical care goes then we lose funding. It's important to keep people in this TGA for their medical care to keep our funding. A couple of people stated they felt it's important that people get care no matter where. Troy L.; stated that this will be the client's insurance not the TGA's. Richard N.; **Question**: If the client takes funding to another county does it cut off the funding? **Answer:** Technically, no, theoretically yes. Example: If HRSA see we have 1000 in case management and 200 in primary medical that's not good. Jerry D.; stated that first we looked at how much money could be put into this. It will be up to the Council to determine if there are guidelines. **Question:** What's to prevent this TGA from treating it like managed care (despite the ethical) and do like most insurances which allow you to go to certain doctors, you just can't go to any doctor. **Question**: Frank C.; stated if the TGA is paying for insurance premiums, how will the TGA keep a person from going anywhere their insurance allows them to go? **Answer:** Jerry D.; it could be monitored & then the TGA could determine if they wanted to do again. Frank C.; so, the renewal process could be a deterrent? Linda S.; said that the TGA must find out the impact of the ACA. Paula T. felt that 80% would not be covered under this. (This would be for the under insured) who like a client who was having an allergic reaction but wouldn't go to the doctor because he couldn't afford it. Paul P.; stated the Council needs to look at what it cannot do. This TGA must provide medical care. We can't keep people in the TGA. We need to consider what will be the impact if we do fund this category. Ray W.; stated the Council needs to determine, what can be the consequences. Provi Z-M.; stated consumers need help, all Medicaid HMOs have 50 mile radius (which can put you into NY). She doesn't think the Council can have control over that. Freddy R.; stated the Council spent time last meeting to discuss and rank it, and now spending too much

Agenda Item	Description
PRIORITY SETTING PART 3 Chair, Karen W. Vice Chair, Jerry D.	time on this. It's time to vote. Troy L. asked the Council to remember RW is the payer of **las**t resort. ***Motion #4: Sonya F-T moved to fund Health Insurance & Cost Sharing Assistance, and 2nd by Jerry D.*** Paula P.; stated that if not funded now, maybe it could be funded at the end of the year which may help meet the 75/25% at the end of the year. Pat V.; stated that if it is Medicaid co-pay, she believes the Grantee stated they wouldn't pay. Paula T. & Karen W.; agreed that the usage of this would probably be for people who have personal insurance & need assistance in paying. ***Vote: 9 YES, 8 NO, 1-Abstain*** **Linguistic Services –** Karen W.; stated this was voted on because of the large number of languages spoken in this TGA. Jerry D.; stated he believes this is a part of standard this TGA has not funded, but has been providing. Ed M.; stated some agencies don't have language interpreters. Provi Z-M.; stated that she doesn't think those are being reached, beyond Spanish & English. Troy L.; stated technology is available. He stated you can translate every language through his phone & it's mobile. Some asked. Who's reaching out to them? Per definition is to be used for clients Hospitals use Cyra-com. Others use phones *There was no motion to fund.*
PRIORITY SETTING PART 3 Chair, Karen W. Vice Chair, Jerry D. **MAI Initiatives**	***Service Category Reviews – Resource Allocations*** ***MAI INITIATIVES*** The Council members were reminded that if you were in conflict for Part A, then you are also in conflict under MAI in voting & discussion. ***EIS(MAI) – Motion #5: To not fund EIS (MAI) was made by Tom F.– 2nd Freddy R: Vote: 7 Yes, 0-NO, 1 Abstain*** ***EFA(MAI) – Motion#6: To not fund EFA (MAI) Linda S. – 2nd By Richard N. Vote: 13-YES, 2- 0-NO, 1 Abstain*** ***Substance Abuse (MAI)***– Ballots were used. Karen W.; per the local media stated Substance abuse is on the rise. *The ballots were cast and collected.* ***Outreach/Health Education and Risk Reduction(MAI)*** – *Ballots were used. The ballots were cast and collected* ***Case Management – Non Medical (MAI)*** *Ballots were used. The ballots were cast & collected.* After the voting was completed the tabulations were done by Frank C. & Pat V. During the short break, The Council was requested to complete their evaluations by the Admin. ***Original Results of the ballot voting was 70.7% (including MAI)***

Agenda Item	Description
PRIORITY SETTING PART 3 Chair, Karen Walker **MAI Initiatives Cont'd**	***The following motions were made to adjust the allocations: The formula was corrected and the percentage was 74%. Frank presented the amounts (using dollar amounts) per category.*** ***Motion #7: Sonya F-T made a motion to move, $9,912 from Medical Transportation (Support) to (Health Insurance Premium & Cost Sharing Asst. (Core); 2nd by Elaine H . Vote: 13 YES _0_ NO, 01 – Abstain*** *(This would bring Core Services to 74.33%)* Paula T.; raised her concern that they were asked to look at utilization. In some categories (over utilized) the Council gave less money into that category (i.e. transportation). Per Frank C.; the vote provided $90K more into Case Management (Medical & Non medical) and if they look at totals under Core, they're slightly down this year. ***Motion #8: Freddy R. made a motion to take $7,050 from Part A Case Management Non-Medical Transportation (Support) and move to (Health Insurance Premium & Cost Sharing Asst, (Core) 2nd by Elaine H.*** A discussion ensued over MAI. It was a pot of money to serve minorities; Troy L.; stated it to address the disproportionate care within the minority populations. He didn't like the tone of the language being used to exclude races other than Black & Hispanic. ***Vote: 7 Yes, 2-NO, 1 Abstain (This would bring Core Services to 74.55%)*** ***Motion #9: Marie Browne made a motion to move $12,000, from MAI Case Management Non-Medical to Core (Health Insurance Premium & Cost Sharing Asst,& 2nd by Paula T. Vote: 12 Yes, 0 No 1-Abstain (****This would bring Core Services to* ***74.92%)*** ***Motion#10: Paula T. made a motion to move $3000, from MAI Case Management Non-Medical & to (Health Insurance Premium & Cost Sharing Asst, 2nd by Freddy R.. _9_ Yes, 4 No, 1-Abstain (****This would bring Core Services to* ***75.02%)*** Karen W.; concluded what has happened today was the Council had reached and determined the Resource Allocations for 2014. She stated, next meeting, September 10, 2013 the Council will receive the final tally after Frank C. & Pat. V have reviewed the numbers. (See Attachment B) The Council will take a vote to accept or not the entire Allocations. Also, at the September meeting, the Council will do the Directives to the Grantee. Per Pat V.; stated the Council will be voting on percentages, **not** money amounts. She stated the dollars used today helped us today get to the percentages. Karen W.; stated that the vote will be on percentages because ultimately the Council doesn't know the amounts.
New Business	Place CAEAR Coalition on the Agenda

Action to be Taken	Responsible Party	Open	Closed
Place CAEAR Coalition on the Agenda to remind people of donations needed	Admin	July 30, 2013	

Agenda Item	Description
Networking & Community Check-in	Paula T. – Bergen Family Services is looking for a fulltime Outreach/EIS person for employment Ed M. - doing fellowship with Church on Saturday, St. Paul, 61 Church St., in Teaneck. Ray W. - September 17th the Outreach Angels is having its next fund raiser. 100% goes to agencies in Passaic & Bergen Counties Donna N-I. - announced - Summer Jazz Festival, every Saturday in August, at the Falls. Per Troy L. - Gay community opened a club on Thursday and there is a gay pride specific to Paterson. Troy L. will get the information to everyone.

Motion to Adjourn	***Motion # 11– At 4:00 p.m. Elaine H. moved and 2nd by Freddy R. that the meeting be adjourned. The Vote was unanimous.*** **Meeting adjourned. 4:00 p.m.** **Next Meetings: September 10, 2013. Meeting place TBD. Meeting starts at 11:30 a.m. for lunch and meeting starts at Noon.**

PLANNING COUNCIL ATTENDANCE RECORD

	Member Name/BD	7/10/12	8/7/12	8/15/2012 *	9/11/12	10/2/12	DOC *	12/4/12	1/8/2013	2/5/2013	4/2/2013	6/4/2013	7/9/2013	7/10/2013 *	7/30/2013
1	Anderson, Mark 3/12	P	P	P	P	O	O	O	P	P	P	P	A		P
2	Brown, Marie (MB) 6/23	P	P	P	O	P	P	P	O	P	P	O	P	P	P
3	Buscher, Paul 11/3	P	L	P	P	O	P	P	P	L	P	P	P		O
4	Burden, Alvin (AB) 6/25	P	L	O	O	P	O	O	L	O	L	O	O		O
5	Dillard, Jerry (JD) 11/27	P	P	P	A	P	P	P	P	P	P	P	P	P	P
6	Fischetti, Tom (TF) 2/22	P	A	A	A	P	O	P	A	P	A	P	P		P
7	Franklin-Thompson, Sonya											L	O	A	P
8	Fray, LeRoy (LF) 12/4	P	P	P	P	P	P	P	P	P	P	P	P		P
9	Frederick, John (JF) 12/4	P	P	P	P	P	P	P	P	P	O	O	O		O
10	Frenkian, Jessica 1/13	P	AL	P	P	P	A	A	P	O	P	P	P		A
11	Halstead, Elaine 9/26	P	P	P	P	O	P	P	P	P	P	P	L		L
12	Kelly, Gregory (GK) 7/14	P	P	P	P	P	P	P	P	P	P	P	P		P
13	Love, Troy (TL) 7/20	A/P	L	L	L	LA	PA	A	A	O	P	A/P	A/P		L
14	Marshall, Edward EM) 2/17	P	P	P	P	P	P	P	P	P	P	P	P		P
15	Nelson, Richard								O	P	P	O	P	P	P
16	Nelson-Ivy, Donna DNI) 3/16	A/P	A	A	O	AP	A	P	A/P	A	P	P	P		P
17	Persaud, Paul (PP) 12/19	P	L	P	P	P	A	P	P	P	P	O	P	P	P
18	Robinson, Dora (DR) 7/30	P	P	L	O	P	P	O	P	O	P	O	O		O
19	Rodriguez, Freddy (FR) 10/27	P	L	P	P	P	P	P	P	P	P	O	P	P	P
20	Smith, Linda (LS) 8/18	P	A	P	P	AP	PA	P	L	P	P	P	A		P
21	Tenebruso, Paula 6/11	P	L	L	P	P	P	P	O	P	L	P	P		P
22	Tobias, Charlotte 8/25	P	P	A	P	AP	PA	P	P	P	P	P	P		P
23	Walker, Karen (KW) 9/24	P	P	P	P	O	P	P	O	P	P	P	P	P	P
24	Zeno-Martinez, Providencia 9/2	P	P	P	P	A	P	P	P	A	A	P	P		P
	Members Present	26	21	19	17	17	22	19	17	17	20	17	18		19
	Alternates Present	5	4	3	2	3			3	3	2	2	3		2
	Alternate Pool	0	0	0	0	0	0	0	0	0	0	0	0		
	Public Present	3		2	2			6	6		2	4	4		2
	Absent								5	5	1	7	6		
	Other	3	3	4	5						3				3
	(Resigned)								1	1					
	Key														
	P-Present A-Alternate														
	O-Absent L-Late RES-Resigned														
	*** Special Meeting**														

Fiscal Year 2013 and Fiscal Year 2014 Resource Allocations - Attachment B
Ryan White Part A Direct Services and MAI
Bergen-Passaic TGA

Fiscal Year 2014 Ranking	Service Category	Fiscal Year 2013 Allocation (In Percent)	Fiscal Year 2014 Allocation (In Percent)
	Core Services		
1	Ambulatory/Outpatient Medical Care	22.19%	20.87%
2	AIDS Drug Assistance Program (ADAP)/AIDS Pharmaceutical Assistance (local)/Home & Community-based Health Services[b]	-	-
3	Oral Health Care	16.49%	16.33%
4	Early Intervention Services	3.04%	2.72%
5	Medical Case Management	14.43%	16.54%
6	Mental Health Services	10.79%	10.15%
7	Substance Abuse Services/Outpatient[a]	11.42%	10.74%
16	Health Insurance Premium & Cost Sharing Assist.	---	1.09%
	Support Services		
8	Outreach Services/Health Ed. and Risk Reduction[a]	2.31%	2.29%
9	Housing Services	0.26%	0.26%
10	Food Bank/Home Delivered Meals	1.58%	1.72%
11	Case Management - Non-medical[a]	10.95%	11.14%
12	Medical Transportation Services	4.80%	4.42%
13	Legal Services/Permanency Planning	1.00%	0.99%
14	Emergency Financial Assistance	0.31%	0.32%
15	Psychosocial Support Services	0.43%	0.43%
17	Linguistic Services [b]	-	-
	MAI		
1	Early Intervention Services[b]	-	-
2	Emergency Financial Assistance [b]	-	-
3	Substance Abuse Services Outpatient	37.91%	38.28%
4	Outreach Services/Health Ed. and Risk Reduction	18.74%	18.92%
5	Case Management - Non-medical	43.35%	42.79%

[a] Also funded in MAI.
[b] Not funded in FY2014

Fiscal Year 2013 and Fiscal Year 2014 Resource Allocations - Attachment B
Totals

	Fiscal Year 2013	Fiscal Year 2014
Part A Core Services	78.36%	78.43%
Part A Support Services	21.64%	21.57%
Total Part A Services	100.00%	100.00%
MAI Core Services	36.77%	38.28%
MAI Support Services	63.23%	61.72%
Total MAI Services	100.00%	100.00%
Part A and MAI Core Services	75.05%	75.01%
Part A and MAI Support Services	24.95%	24.99%
Total Part A and MAI Services	100.00%	100.0%