

**PATERSON – PASSAIC COUNTY – BERGEN COUNTY HIV HEALTH SERVICES PLANNING COUNCIL  
MINUTES OF PLANNING COUNCIL MEETING OF September 10, 2013**

Agenda Item	Description			
<p><b>Opening</b></p> <p><b>Roll Call</b></p> <p><b>Welcome</b></p>	<p><b>Location: Hamilton Club, 32 Church Street, 2<sup>nd</sup> floor Conference Room Paterson, NJ</b></p> <p>The meeting came to order at <u>12:10 p.m.</u> The Chair welcomed everyone to the meeting.</p> <p>The Chairman called for a <b>Moment of Silence</b> for those infected &amp; affected by HIV/AIDS.</p> <p><b>Roll Call &amp; Attendance:</b> Currently there are 24 Members of the Planning Council. Present at the <i>beginning</i> of the meeting: <u>17 members</u> and <u>2</u> 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. Then, The <i>Open Public Meeting Compliance Statement</i> was then read along with the <i>Meeting Ground Rules</i>.</p> <p><b>Chairman, Gregory K.</b> stated that there had been no August meeting and that three sets of minutes and other Planning Council (PC) business was suspended during the Priority Setting meetings. This allowed Priority Setting to be completed in a timely manner. He commended the Planning Council for doing a great job and he thought it all went well.</p> <p>The lunch had not arrived, so the Chair started the review of the minutes.</p>			
	Action to be Taken	Responsible Party	Open	Closed
				X
<p><b>Approval of Minutes</b></p> <p><b>April 3, 2012</b></p>	<p><i>Motion #1 Elaine H. moved to approve June 04, 2013, Minutes &amp; 2<sup>nd</sup> by Paul B. There were no comments, corrections, or discussion. Vote: <u>10</u> Yes, <u>0</u> No, <u>0</u> Abstentions</i></p> <p><i>Motion #2 Charlotte T. moved to approve July 09, 2013 Minutes and 2<sup>nd</sup> by Jerry D. There were no comments, corrections, or discussion. Vote: <u>9</u> Yes, <u>0</u> No, <u>0</u> Abstentions</i></p> <p><i>Motion #3, Jerry D. moved to table the July 30 minutes due to corrections needed, 2<sup>nd</sup> by Linda S. Vote: <u>8</u> Yes, <u>0</u> No, <u>0</u> Abstentions. Linda S. will review &amp; forward to MJ who will get them back out to the Planning Council.</i></p>			
	Action to be Taken	Responsible Party	Open	Closed
	Review & correct July 30 minutes	Admin/Linda S.	9/10/13	
<p><b>Vote for Removal</b></p> <p><b>Frank C.</b></p>	<p>Frank C.; opened this discussion with a reminder of the Bylaws regarding removal. He opened the floor for discussion. He asked John F. if he had any statement.</p> <p>John F.; advised the PC of his request to remain on the Council. John stated that he has now prioritized his life and ready to be back on the Council. He was burnt out serving on every committee &amp; the Council. When asked by Sonya F-T., how he had prioritized, John F. stated; he will be getting a new alternate and he finally got some rest and vacation (his 1<sup>st</sup> in years)</p>			

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	<p>and now he has learned to say no, so he won't be burned out!</p> <p>Charlotte T., Gregory K., and Donna N-I. spoke on John's behalf reinforcing his participation on the PC and on committees and his asset to this Council. Frank C. reminded the PC that a vote of NO means NOT to remove, and a vote of YES means to remove.</p> <p><u>The PC voted by ballots. <b>Vote 0 Yes, 18 No.</b></u> John F. was <b>NOT</b> removed.</p>		
<p><b>Community Development Committee (CDC)</b></p> <p><b>Chair, Jessica F.</b></p>	<p><b>Jessica F., CDC Chair; provided the following report:</b></p> <ol style="list-style-type: none"> <li>1. The <b>Day of Capacity</b> is scheduled for October 15, 2013, 9:00 a.m. – 4:00 p.m. at the Hamilton/Ward Steakhouse. Flyers, placed on the tables for each PC member, showed the theme for the day, T.R.U.S.T.</li> <li>2. The CDC reviewed the membership protocol from the NJHPG. The CDC will be addressing the model and its possible application to this TGA's membership protocol to fit our needs</li> <li>3. The CDC will be making some face to face recruitment presentations (formal &amp; informal); and will be trying to do one per month</li> <li>4. The CDC is also looking to improve its marketing by working with the Grantee in doing a Billboard and a PSA in English and Spanish.</li> </ol> <p>That ended her report.</p> <p>The Chair, Gregory K., highlighted the membership portion of the CDC Report. He stated that the Membership Matrix is looking better, as far as, categories; but still the PC needs to work on recruitment, especially Hispanic. HRSA did review the PC matrix and was not pleased with the total number of members. The Council should be at 33 members. We now have 26 members, with two new members who were sworn in this week. He asked the Council to please help with the recruitment. The Council is in desperate need of Hispanic. The PC is also in need of Consumers; so he asked Providers to also help with Consumer recruitment.</p> <p>In addition, Vice Chair, Charlotte T.; emphasized the fact that the PC needs non-Ryan White Providers. She recognized that it's hard for a provider to attend meetings where there is no direct benefit. HRSA is telling us that this PC has too many members who get RW funds. She asked Providers when they are attending other meetings (i.e. substance abuse, not RW related); to please invite them to the Council meetings.</p> <p>Chairman Gregory K.; ended by saying that, we want this Council to mirror the demographics of our TGA.</p> <p>The Council then broke for lunch. The Chair asked everyone to get their food and then come back to continue and to have a working lunch.</p>		
Action to be Taken	Responsible Party	Open	Closed

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**PLANNING &  
DEVELOPMENTS  
PART 4  
Vice Chair,  
Jerry Dillard**

The meeting resumed, and the Chair, Gregory K. turned the meeting over to Jerry D., Planning & Development ((P&D) Vice Chair, who before following the agenda started with two insertions: *2014 Allocations* and *Contingency Scenarios*. He stated that once complete; the Part 4: Priority Setting goal would be met.

He then started the discussion of the 2014 ALLOCATIONS.

**2014 ALLOCATIONS** (results of the July 30, 2013 voting)

**Jerry D.;** asked if everyone had received the final allocations. They were advised that they were attached to the July 30, minutes and were also provided individually today.

He asked if there were any discussion points relevant to the allocations.

Charlotte T. noticed that allocations went down in Oral Health and that there is no provision in ACA (Affordable Care Act) for Oral Health for adults She just wanted to bring this to the Council's attention again.

Pat V. stated that discussion had occurred at the P&D meeting regarding Oral Health. P&D wanted it to come to the Council to get their thoughts. It was stated that a possibility might be to increase Oral Health and reduce Medical Case Management.

Millie I. stated that the needs, as a result of the ACA (Affordable Care Act), were talked about at a HRSA meeting.

Paul P.; provided past history on Oral Health as related to his agency. He cautioned the Council about increasing a service because they think it's going to increase as a result of ACA. Paul P.; stated that a more in depth analysis should be done before any service should be increased.

Question: John F. wanted to know how HMO related to all of this. Answer: Payments by the HMOs are dependent on the HMO. He was reminded that RW is not an HMO; it is a payer of last resort.

Charlotte T.; stated that she disagreed with Paul P. The job of the HIV Planning Council is to plan for the possibility and potential change. All categories should be addressed. For example, she would rather put a little extra money in Oral Care, so that people are taken care of when needed and not have to wait until the next priority setting to receive services.

Mark A.; stated that one dentist has put out over \$11K out of his pocket for dental care for RW consumers. He made the statement to show that there is a need.

*Motion #4: Sonya F-T, made a motion to increase the 2014 Oral Health to 16.49% (where it was in 2013 ) and take it from Medical Case Management (.16), Charlotte T. 2<sup>nd</sup> Vote: 11 – Yes, 0 NO, 1 Abstain*

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Jerry D.; asked if there any further discussion on 2014 Allocation. Pat V.; stated that the Council agreed to not fund Linguistic Services; however, there was no motion made to not fund, as with other services not funded.

***Motion #5: Mark A. moved that Linguistic Services, not be funded, 2<sup>nd</sup> by Freddy R. The council voted to not fund Linquistic Services. Vote: 14 – Yes, 2 NO, 1 Abstain.***

Again Jerry D.; asked if there was any more discussion about 2014 Allocations.

Mental Health allocation was raised by Kathleen D. He was discovered that these were not 2013 numbers compared to 2014. Then, Donna N-I.; stated that Mental Health is needed. Millie I.; stated that many of the RW clients have Medicaid which the 1<sup>st</sup> payer and RW can't bill. Those with private insurance benefit most from this service.

***Motion #6: The motion was made by Anjettica B. and 2<sup>nd</sup> by Sonya F-T. to adopt the entire Resource Allocations including MAI. Vote: 19 Yes, 0 – NO, 1 Abstain***

**CONTINGENCY SCENARIOS**

Next discussed were the contingency scenarios, which had been distributed previously.

Jerry D. read the scenarios. Then, discussions ensued with some attempts made to explain what the Scenarios would look like in reality. There was also discussion on the percentages and how and when the Planning Council should be involved in the implementation of Allocation's decreases or increases.

FY 2013 Contingency scenarios are reviewed by the Planning Council for their appropriateness in FY 2014. *FY 2013 scenarios were used for discussion for FY2014:*

In the event that fiscal year funding levels significantly change from the prior fiscal year, the Planning Council determined the following course of action.

**Scenario 1:** If funding is reduced or increased by up to 30% of the prior fiscal year award, the Grantee will distribute funds proportionately in accordance with percentages **previously** established by the Planning Council.

**Scenario 2:** If funding is reduced or increased by more than 30% of the prior fiscal year award, **the Planning Council will convene to revise the previously established resource allocations.**

***Motion #7: Sonya F-T. moved to approve Scenario 1 and Scenario 2, 2<sup>nd</sup> by Kathleen D. Vote: 18 – Yes, 1 NO, 1 Abstain***

	Action to be Taken	Responsible Party	Open	Closed
				X

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*Global Directives to the Grantee*

The following is a result of the Global Directives discussion:

1. Correlate Part A services with requirements of the Affordable Care Act, and address emerging gaps in services that may result from implementation of the Act.
2. The Grantee shall provide a written report on progress with implementation of the Comprehensive HIV Health Services Plan, the EIIHA Plan and the Quality Management Plan. This report shall be undertaken in concert with quarterly progress reviews by the Planning & Development Committee, included in the semi-annual report to the Planning Council and discussed at each quarterly grantee meeting.

(Jerry D. proposed a new directive. It was: *The Grantee shall provide a report on the Quality Management (QM) Team's activities annually.* It did not become a Directive)

3. Require new enrollees in Part A core services to complete the needs assessment consumer survey, and tie this requirement to billing.
4. Work with the Planning Council to prioritize and establish/update all approved standards of care beginning with medical and non-medical case management, primary medical care and substance abuse treatment. Work with the Planning Council to post on its website all approved standards of care with effective date of implementation within one month of adoption.
5. The Grantee shall submit a Semi-annual Report to the Steering Committee and the Planning & Development Committee, and the **Planning Council** in January and July on the effectiveness and compliance of directives. This narrative report shall provide specific documented evidence of compliance with each of the bulleted directives. This report shall be incorporated into the Council's Priority Setting Process as well as the Administrative Mechanism Review.

*Motion#8: Add Planning Council to Directive #5, Motion, John F. and 2<sup>nd</sup> by Linda S. Vote: 10 Yes, 5 No, 1Abstain.*

After a 5-minute break, the meeting continued.

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After another discussion on providing QM activities report as a Directive, the following took place: 2:33:53

*Motion #9: Provide Activities of the Quality Management Team annually, Motion, Jerry D. and 2<sup>nd</sup> by Elaine H. Vote: 7 Yes, 10 – No. The motion failed.* It was the consensus of the Council to include a QA Activities report or readout on the PC Agenda quarterly, (An educational opportunity to learn more of good work of the QA Team.)

Jerry D. then moved into Service Category Directives. 2:43:53

Paul P. stated that he had a global directive. In past practices, the Grantee could only move monies the end of the year. He believes that the Grantee should be allowed to move unspent monies into an area that is deficient. This would allow the service to possibly make an effective change instead of waiting to the end of the fiscal year (i.e. Mental Health not used, could be used utilized in other categories for the benefit of the clients). He said that this should be for Core Services. Donna N-I was concerned about moving monies before the end of the fiscal year and the impact on programs. Millie I. stated that during the year Providers are requested to send in the status of any areas that are underutilized. The Grantee office is also monitoring services underutilized and where those services that may need more funding.

*Motion#10: To accept the Global Directives to the Grantee, Motion, John F., 2<sup>nd</sup> by Anjettica B., Vote: 16 –Yes, 0 -No, 1 Abstain*

Action to be Taken	Responsible Party	Open	Closed
Add QA Team activities to the PC Agenda, quarterly	Chair/Admin	9/10/13	

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**P & D  
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Jerry  
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*Service Category Directives*

Service Categories	Fiscal Year 2014 Directive
<b>Core Services</b>	
Ambulatory/Outpatient Medical Care	<ul style="list-style-type: none"> <li>• None</li> </ul>
Early Intervention Services	<ul style="list-style-type: none"> <li>• None (Discussion: Paula P. stated that Providers must work together and make the appropriate referrals. Marie B. agreed. There was no directive added.</li> </ul>
Oral Health Care	<ul style="list-style-type: none"> <li>• Itemize by ADA Code all cosmetic procedures that will not be funded under Part A.</li> <li>• Establish a standard cost/fee schedule for all Part A providers. <i>M#11- John F., 2<sup>nd</sup> -Anjettica B. Vote: 13- Yes, 0-No</i></li> </ul>
Medical Case Management	<ul style="list-style-type: none"> <li>• Begin the evaluation of primary case management as directed in the Comprehensive Plan (Goal II, Objective 4) <i>M#12-Charlotte T., 2<sup>nd</sup> - John F. Vote: 9 -Yes, 0 -NO</i></li> </ul>
Mental Health Therapy/Counseling	<ul style="list-style-type: none"> <li>• Anticipate changes in mental health coverage stipulated in the Affordable Care Act by expanding the mental health network within the TGA to include additional psychiatrists or mental health <i>professionals</i>. <i>M#13 – Linda S., 2<sup>nd</sup> – John F., Vote: 12- Yes, 0 -NO</i></li> </ul>
Substance Abuse Treatment	<ul style="list-style-type: none"> <li>• None</li> </ul>
Health Insurance Premium & Cost Sharing	<ul style="list-style-type: none"> <li>• Implement payment for HIP&amp;CS in accordance with recently released HRSA policies.</li> <li>• Provide technical assistance for all applicants who wish to provide this service. <i>M#14 - John F., 2<sup>nd</sup> - Elaine H., Vote: 16-Yes, 0- NO</i></li> </ul>
<b>Support Services</b>	
Non-Medical Case Management	<ul style="list-style-type: none"> <li>• Begin the evaluation of primary case management as directed in the Comprehensive Plan (Goal II, Objective 4) <i>M#15- Anjettica B., 2<sup>nd</sup> - Elaine H., Vote: 12 -Yes, 0 -NO</i></li> </ul>
Outreach/Health Education and Risk Reduction	<ul style="list-style-type: none"> <li>• Provide funding for Outreach Services within the EIIHA target population and communities.</li> <li>• Coordinate quarterly meetings to facilitate outreach to the EIIHA target populations. <i>M#16- Charlotte T., 2<sup>nd</sup> - John F. Vote: 14 -Yes, 0- NO</i></li> </ul>
Housing Services	<ul style="list-style-type: none"> <li>• Continue to provide housing assistance only to those persons who are not eligible for HOPWA assistance and/or when HOPWA funds are not available. <i>M#17-Linda S., 2<sup>nd</sup> – Anjettica B., Vote: 13- Yes, 0 -NO</i></li> </ul>
Medical Transportation Services	<ul style="list-style-type: none"> <li>• Fund up to 5% of the total medical transportation allocation for needed off-hour services. <i>M#18- Anjeticca B., 2<sup>nd</sup> -Elaine H. Vote: 15 Yes, 0 NO</i></li> </ul>
Emergency Financial Assistance	<ul style="list-style-type: none"> <li>• Fund <i>only</i> medications needed to bridge the gap between entry into care and benefits from ADAP. <i>M#19 - Charlotte T., 2<sup>nd</sup> - Mark A. Vote: 15- Yes, 1 NO</i></li> </ul>

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**P & D  
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**EIS  
Standards**

Jerry D. noted that the Grantee provided 2013 Report on the Directives, and also the utilization Report. These cover the Core and Support Services expenditures. There was nothing for the PC to do on these reports. Providing these reports puts the Grantee in compliance.

Jerry D. then moved the Council into discussion of the EIS Standards Draft July 2013.

***EIS STANDARDS***

**Goal:**

The goals of the Paterson-Passaic County – Bergen County Transitional Grant Area (“TGA”) are to:

- Ensure a system of quality services that is consumer centered, efficient, and effective;
- Assist the consumer in gaining access to care and services;
- Increase early and immediate access, engagement and retention in quality care for people living with HIV/AIDS;
- Continue to achieve the highest possible level of care through evaluation, quality improvement and education;
- Strengthen cultural competency in service delivery throughout the TGA;
- Achieve open and meaningful communication among key Ryan White stakeholders;
- Identify and inform the unaware and out-of-care PLWHA for the purpose of engagement in care and reduction of HIV infection.

**Early Intervention Services Definition**

*Early intervention services (EIS)* are defined as a mix of services limited to 1) targeted testing and counseling of individuals with respect to HIV/AIDS; 2) linkages with key points of entry that facilitate follow-up; 3) referral services providing access to care; and 4) health education and literacy training enabling clients to navigate the HIV system of care. All four of these program components must be present for a program to be categorized as EIS. Early Intervention Services may include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures. In this TGA, the client officially becomes an EIS client from the first minute that he/she gets a reactive result. At that point, the provider has to make decisions about the next steps in the client’s care. A confirmatory test may occur, but the client is already an EIS client. EIS ends when the client has received two consecutive primary care appointments, at least one of which must be with a licensed physician. Outreach services are not part of EIS.

**A4-1: Agency Requirements**

**Standard 4-1.1:** All EIS personnel must demonstrate HIV competency within three months of hire.

Indicator: A personnel file for each EIS personnel indicates that the TGA qualification is met.

Examples of evidence:

- a) Participation in continuing education relevant to HIV within last year.
- b) Documentation of HIV training received prior to hiring date or within the employee’s probationary period (three months) in personnel record.



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<b>P &amp; D PART 4 Vice Chair, Jerry Dillard  EIS Standards</b>	<p><b>Standard 4-1.2:</b> All EIS personnel meet qualification requirements of the agency and receive a written job description.  <u>Indicator:</u>                  a) A job description outlines roles and responsibilities of the EIS employee.                  b) Resume indicates credentials or degrees.  <u>Examples of evidence:</u>                  a) A job description signed and dated by the EIS employee is in the personnel file with an indication that the EIS employee has received a copy.                  b) EIS employee’s resume is on file with the agency.  <b>Standard 4-1.3: ADA .....</b>  <i>Motion #20: John F. moved and Elaine H. 2<sup>nd</sup> to approve the EIS Standards with revision of adding ADA to Standard 4-1.3. Vote: 15- Yes, 0- NO – 1 Abstain</i></p> <p style="background-color: yellow;">As a result of reviewing this standard, it was suggested that a global inclusion of <u>confidentiality</u> be added to all standards.</p>			
	<b>Action to be Taken</b>	<b>Responsible Party</b>	<b>Open</b>	<b>Closed</b>
	Include Confidentiality in ALL standards	?????	9/10/13	

<b>Report of the Chair</b>	<p>The Chair, Gregory K., tabled his report at the beginning of the meeting, but wanted to make sure he welcomed the new members, Anjettica B. and Kathleen D. He also welcomed the two guests, Ms. Torres (guest of Millie I.), Jorge Rodriguez (Bergen Family Services).</p> <p>He reminded everyone to please complete their evaluations.</p> <p>He stated that the Report of the Vice Chair and Liaison would be tabled until the next meeting.</p> <p>There is no meeting in October, but the Council will be having its Day of Capacity at the Hamilton/Ward Steakhouse.</p>			
<b>Action to be Taken</b>	<b>Responsible Party</b>	<b>Open</b>	<b>Closed</b>	

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<p><b>Networking &amp; Community Check-in</b></p>	<ul style="list-style-type: none"> <li>• Donna N-I announced: The City of Paterson“911” commemoration is to be held tomorrow at 10:00 a.m. down by the train tracks. Also, she reminded everyone that there will be an Affordable Care Act presentation, which she’s seen. It will be held on Thursday, 9/19/13, 6-9 p.m. at City Council chambers. People need to RSVP. Invite clergy, community, any and everyone who can get the word out about ACA and share. The presenter is Sheila Thorne.</li> <li>• John F. is seeking a pharmacy rep who can come to speak about medication, especially mental health, to his group.</li> <li>• Jerry D. was selling gourmet popcorn for his church and next Wednesday, September 18, 2:00 p.m. they are having a CAPCO meeting with a presentation. All are welcome.</li> <li>• Paula T. announced Bergen Family Services is having an 8-week session on Healthy Mind &amp; Body. It will be given by a mental health professional at the church across the street from the office. She also had raffle tickets from her daughter’s school.</li> <li>• Troy L. announced that Hyacinth will be having sessions for newly diagnosed MSM until the end of the month. There are incentives and they must attend two sessions.</li> <li>• Charlotte T. reminded people to provide CAEAR Coalition donations.</li> <li>• Elaine H. thanked the Council for their support during the death of her son.</li> </ul>		
<p><b>Action to be Taken</b></p>	<p><b>Responsible Party</b></p>	<p><b>Open</b></p>	<p><b>Closed</b></p>
<p><b>Motion to Adjourn</b></p>	<p><i>Motion # 19: Elaine H. Moved and 2<sup>nd</sup> by Freddy R. that the meeting be adjourned. The Vote was unanimous.</i></p> <p><b>Meeting adjourned. 4:10 p.m.</b></p> <p><b><u>Next Meetings:</u> November 12, 2013 - Meeting place: PCCC - Lunch at 11:30 a.m. and meeting starts at Noon.</b></p>		
<p><b>Action to be Taken</b></p>	<p><b>Responsible Party</b></p>	<p><b>Open</b></p>	<p><b>Closed</b></p>
			<p align="center"><b>X</b></p>

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

**PATERSON – PASSAIC COUNTY – BERGEN COUNTY HIV HEALTH SERVICES PLANNING COUNCIL  
MINUTES OF PLANNING COUNCIL MEETING OF September 10, 2013**

DRAFT