



Comprehensive Planning Committee

MEETING SUMMARY

Friday, May 13, 2022, from 9:34 AM to 11:41 AM
 Videoconference via Zoom: <https://zoom.us/j/83743175727>
 Teleconference: (929) 205-6099 / Meeting ID: 837 4317 5727

Present	Excused Absences	Unexcused Absences
1. Joann McEniry (Chair) 2. Janice Adams-Jarrells 3. Denise Brown 4. Allison Delcalzo-Berens 5. Delia King 6. Julissa Lituma 7. Sharon Postel (Non-Voting) 8. Aliya Roman (Non-Voting) 9. Al-Bayyinah Sloane 10. Calvin Toler	11. Claudia Ortiz	12. Vieshia Morales 13. Debbie Morgan 14. Ketlen Alsbrook (Non-Voting) 15. Ricardo Salcido

Guests:

Support Staff: Christine Sadler

1. Welcome and Moment of Silence

McEniry called the meeting to order at 9:34AM and welcomed all in attendance. A moment of silence was observed for all those living with, those who have passed, and those affected by HIV/AIDS.

2. Roll Call

Support Team conducted the roll call. Quorum was established for this meeting.

3. Public Testimony

There was no public testimony at this meeting.

4. Approval of the Meeting Summary April 8, 2022.

- Approval for April 8th was distributed electronically.
- Postel noted a change. Page 3 of the meeting summary on the CIA report stated, "Committee members that hold positions, Chair, Vice Chair, and/or Secretary must be members of the Planning Council." She pointed out that only the Chair must be a part of the Planning Council. McEniry agreed. Sadler will make the changes.

5. Standing Committee Updates

- o **Continuum of Care Committee (COC)** – Support Team provided the May 12th COC report:

- Members continued working on the Situational Analysis section of the Integrated Plan. Members reviewed Section 5 Situational Analysis for priority populations. These priority populations include youth, transgender, and African Americans.
- Members assigned community members with specific priority populations to outreach to gather information to bring back to the committee for revisions for the next meeting.

The next COC meeting will be held on Thursday June 9, at 10AM via Zoom.

- o **Research and Evaluation Committee (REC)** – Support Team provided the April 25th REC report:

A draft Agency Survey was created for people who do not have medical visits and are not virally suppressed. An agency study will be the subject of the research. The purpose of the survey is to (1) confirm current VL, (2) confirm source of VL report, (3) determine if CHAMP VL is correct & to update if not. The remaining questions concern (1) if they received medical care, and (2) if not, reasons.

The next REC meeting will be held on Monday May 16, at 10AM via Zoom.

- o **Community Involvement Activities Committee (CIA)** –

- The CIA April's meeting was cancelled. The committee is still looking for a co-chair and secretary.

The next CIA meeting will be held on Wednesday May 25, at 5PM via Zoom.

6. Recipient Report—Roman gave an update.

- o For FY21, they are closing out all contracts. They have two programs left to close and they are planning to have this process completed by the end of May. They must identify their balance to HRSA.
- o FY21 annual progress report is being completed and is due May 29th.
- o For FY22 we have nine contracts adopted on May 4th. There are twenty-five contracts scheduled to be adopted on May 18th. There are two contracts pending that have not reached agenda placement. There is one contract that is in house. This gives a total of thirty-seven.

7. New Jersey HIV Planning Group (NJHPG) Report

- There has been no update this month regarding to the Integrated Plan with NJHPG planning group.
- McEniry reminded everyone that this agenda needs to be updated so that we are coordinating with the state.

8. Old Business

- Discuss and work on CPC plan deliverables, activities, and strategies for timely completion.
 - o The committee continued to work particularly on crafting the goals, activities, objectives, and strategies for this plan.
 - o McEniry indicated that we must stay on top of this agenda for timely submission to support our consultant that is also working on this task.
 - o The CPC responsibilities when it comes to the Integrated Plan for 2022-2026 is to establish Goals and Objectives that needs to be organized by the goals in the HIV National Strategic Plan and inclusive of the strategies: Diagnose, Treat, Prevent, and Respond. The CPC is also responsible for presenting a general oversight to make sure all committees

are moving forward and hitting their deliverables so the Integrated Plan can be done on time.

- The CPC started developing goals and objections for the plan under the pillars diagnose, treat, and prevent. Sadler shared a document of the CPC's Goals Draft. The committee reviewed previous ideas and suggestions.
- Each pillar should have at least three goals.
 - Treat Pillar Goal #1: Increase linkage to care within 30 days of diagnosis to 95% by 2026.
 - The following was added as objectives for this goal: assess current testing infrastructure in the EMA and types of sites for those testing positive, assess RWHAP formalized strengthen relations with private medical care providers including primary care physicians, coordinating with providers, and increasing Rapid Initiation of ART among RWHAP.
 - Treat Pillar Goal #2: Increase virus load suppression (VLS) to 95% by 2026.
 - Following up with patients in EMA who received Rapid Initiation of ART among RWHAP from goal #1 will be done in goal #2.
 - In this meeting, the committee created goal #3: Maintain Viral Load Suppression as measured by durable VLS (1 year and 2 year).

9. New Business

- **PRESENTATION:** One- year Presentation of CIA consumer feedback by PC Support Staff was tabled for the CPC'S next meeting due to time.
- **PRESENTATION:** Update on the Full Needs Assessment
- Postel gave an update on the Full Needs Assessment.
 - The REC developed a draft survey for agencies to look at individuals, they reviewed about 301 cases, who had no medical visits or not virally suppressed.
 - The REC want to comprehend the following: if the viral oppression data is correct and if not, where are these individuals getting medical care from. This will help determine any gaps in service delivery. This gap ties back into the Integrated Plan because one of the national HIV/AIDS strategies goals are to reduce gaps in service deliveries--specifically among racial/ethnic and minority populations. The goal is to know who these individuals are.
 - The REC saw that there were not many differences.
 - Postel met with Roman and Alsbrook since the process of this survey, when looking at client records, requires a list of clients by client ID and the Recipient Office has this information. This information is needed since the survey is going to agencies.
 - When doing research with these 300 cases, they found that 80% of the clients are being served by Ryan White medical providers, but they had no medical visit.
 - The committee need to figure out why this is along with if the Support Service Providers are referring these clients to medical care.
- Delcalzo-Berens wondered if part of our planning and/or recommendations can put more of an emphasis on data quality and training at a provider level. This will help agencies have people who are properly trained. She believes there should be standards associated with CHAMP.

- McEniry responded that there is currently an initiative for the Ryan White's fund of organizations to strengthen and provide quality support and improvement of reports. Roman added that they are working on projects that is looking at CHAMP data and its entry along with sub-recipients.
- For planning process, Postel pointed out that we have about 6,300 clients, about 4,700 of them has had a medical visit, the 1,600 that is remaining does not have a medical visit, but they all have the viral load measures. We must ensure that these individuals have access to medical care, regardless of insurance access.

10. Announcements

There were no new announcements made.

11. Next Meeting

The next CPC meeting was rescheduled and will now be held on Friday, June 17, 2022, at 9:30 AM via Zoom.

12. Adjournment

The meeting was adjourned at 11:41 AM.