



**Comprehensive Planning Committee  
MEETING SUMMARY**

**Friday, September 13, 2024, from 9:30 AM to 10:15 AM**  
 Videoconference via Zoom: <https://us06web.zoom.us/j/85035019580>  
 Teleconference: (929) 205-6099 / Meeting ID: 850 3501 9580

Present	Excused Absences	Unexcused Absences
1. Ricardo Salcido (Chair) 2. Janice Adams-Jarrells  3. Sharon Postel (Non-Voting) 4. Aliya Roman (Non-Voting) 5. Michelle Thompson (Non-Voting)  6. Claudia Ortiz 7. Al-Bayyinah Sloane 8. Ann Rose Jacquet  9. Joann McEniry (Non-Voting)	10. Viesha Morales (Secretary)	11. Delia King

**Guests:** Ashley Bramble, Abraham Corsino  
**Support Staff:** Roberto Benoit, Richell Garcia

**1. Welcome and Moment of Silence**

Salcido called the meeting to order at 9:33 AM and welcomed all in attendance. A moment of silence was observed for all those living with, those who have passed from, and those affected by HIV/AIDS.

**2. Roll Call**

The support staff conducted the call. Quorum was established.

**3. Public Testimony**

There were no public testimonies.

#### 4. **Approval of the Meeting Summary from July 12th and June 21, 2024.**

The July 12<sup>th</sup> meeting summary was sent electronically before the meeting. Salcido called for a motion to approve the meeting summary. Adams-Jarrells motioned to approve the meeting summary; Jacquet seconded. The motion passed, no abstentions or oppositions.

The June 21<sup>st</sup> meeting summary was sent electronically before the meeting. The members that were at the meeting were not present. The approval of the June 21<sup>st</sup> meeting was tabled for the next meeting.

#### 5. **Standing Committee Updates**

- **Continuum of Care Committee (COC) – Support Staff provided the report.**

- The committee last met on Thursday, August 08, 2024, at 10 AM via Zoom.
- The committee reviewed and updated the Substance Use Outpatient service standards and the Medical Nutrition Therapy service standards.
- The service standards were submitted to the PC for a 30-day review.
- The meeting for September 12, 2024, was canceled. The next COC meeting will be held on Thursday, October 10, 2024, at 10 am via Zoom.

- **Research and Evaluation Committee (REC) – Support Staff provided the update.**

- The committee last met on Monday, August 19, 2024, at 10 AM via Zoom
- The committee reviewed the 2024 Needs Assessment survey findings.
- During the meeting, the committee members discussed REC training needs and reviewed the Workplan FY2024-25.
- The committee received an update on the Funding Stream Analysis.
- The committee approved the 2024 Administrative Mechanism.
- The next REC meeting will be held on Monday, September 16<sup>th</sup>, 2024, at 10AM via Zoom.

- **Consumer Involvement Activities Committee (CIA) – Support Staff provided the update.**

- The committee last met on Wednesday, August 28<sup>th</sup>, at 5PM via the Zoom.
- Cecilia Gomez from the Rutgers Cancer Institute presented a workshop on Nutrition for Cancer prevention
- The next CIA meeting will be held on Wednesday, September 25, 2024, at 5 PM via Zoom.

- **Nominations committee (NC) – Support Staff provided the update.**

- The committee last met on July 25, 2024, via zoom.
- During the meeting, the committee selected Vieshia Morales as Treasurer
- The nomination was submitted and approved by the planning council
- The next nominations committee meeting is tabled until further notice.

#### 6. **Recipient Report – Aliya Roman provided the update.**

- The recipient's office recently announced that the NOFO for the FY25 application was released for RFP's for NEMA's EHE and Part A program. The recipient office is working on the RFP for the subrecipient and anticipates a release in late September for Part A and mid-October for the EHE program. The deadline for HRSA Part A program is on October 1<sup>st</sup> and the due date for the EHE program is on October 20<sup>th</sup>. The recipient office will provide further updates at the next PC meeting.
- Salcido inquired about the HRSA site visits findings. Roman informed the committee that the HRSA Part A findings had been received and that the RW Unit is waiting for the EHE program findings. The recipient office will present the HRSA Part A and EHE program findings to the PC in November.

## 7. Old Business

There were no old business to discuss.

## 8. New Business

### **PSRA Report FY25: Amendment and re-vote by committee members.**

- Salcido informed the committee that the PRSA was approved at the last meeting and an amendment was requested to reflect the HIV aging population
- Roman mentioned that the planning council voted on the Home and Community-Based Health service category to reflect the HIV aging population.
- Ortiz asked for clarification on the Home and Community-Based Health Services definition. Roman advised the committee on the HRSA service category definition:

Home based community services are provided to an eligible client in an integrated setting appropriate to that client's needs based on a written care plan established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental and rehabilitation services,
  - Day treatment of other partial hospitalization services,
  - Durable medical equipment,
  - Home health aide services and personal care services in the home.
- McEniry informed the committee that the amendment is due to the feedback received from individuals aging with HIV. The Home and Community based health Services category is the one category that can be used for medical equipment for the aging population. McEniry suggested that a small percentage should be allocated to the category.
  - Salcido suggested increasing the Home and Community based health Services category by .20 percent. The committee recommended decreasing the Outpatient Ambulatory Health Service category by .20 percent, being that the category percentage increased for FY25. The Outpatient Ambulatory increase from 13.5% to 15%. The committee agreed to decrease the Outpatient Ambulatory Health Service Category by .20 percent.
  - Salido inquired about the equivalent of the .20 percentage in dollar amount. Roman mentioned that the .20 percent is equivalent to \$27,000 maximum and \$16,000 minimum. Roman mentioned that the grant allows a  $\pm 25$  percent to be allocated as needed.
  - Salcido recommend that the Home and Community Base Health Service standard should be created. McEniry informed the committee that a motion is not needed, and PC support staff should notify the COC chair of the new service standard.
  - The CPC approved the amended PSRA report with the recommended percentage for the Home and Community Based Health Service Category and submitted the recommended categories percentages for FY25 to the planning council for vote:
    - Salcido called for a motion to approve the Amended FY25 Service Priority Resource Allocation Report to be sent to the Planning Council for review. Ortiz made a motion to approve and Adams-Jarrells seconded the motion. All were in favor of approving the amendment. No abstentions or objections. Motion for the Amended FY 25 PSRA Report passed.

## Review Progress Report: Performance on the goals/objectives of the 2022-2026 Integrated Prevention and Care Plan.

- Postel presented an update on the 2022-2026 Integrated Prevention and Care Plan. The presentation covered the period ending in June 2024. Some highlights from the reports are as follows:
  - Men who have Sex with Men account for ¼ (26%) of RWHAP clients in the EMA.
  - Black/ African Americans are nearly 2/3 of clients -36% men and 27% women
  - Youth are 2% and most of these are age 19-24
  - Nearly 1 in 6 are age 25-34
  - Nearly half (44%) are very low income (receiving Medicaid with income <139% Federal Poverty Level)
  - One in 5 (20%) are uninsured, possibly low income and need RWHAP funded services especially medical care.
  - The individuals receiving Medicaid decreased from 44.7% to 44.0% from 2/29/24 to 4/30/24
  - The uninsured categories increased from 19.7% to 20.2% 2/29 to 4/30/24
  - The number of newly diagnosed EMA increased by 8% from 2/29/24 to 4/30/24.
  - The percentage of RWHAP clients in Medicaid was 43.6% and 21.1% for uninsured individuals as of 6/30/24.
  - Postel mentioned that Roman and the Ryan White ERICS are working on reducing the measurement
    - The linkage to care within 30 days decreased slightly from 79.8 to 79.4 percent
    - The linkage to care within 7 days increased from 56.7 to 58.0 percent.
  - The goal is to increase viral load suppression to 95% by 2026 Unfortunately, VLS declined slightly across the board.
    - The viral load suppression decreased from 89.5 to 89.3%
    - Durable viral load suppression one year decreased from 82.9 to 82.6%
    - The DVLS for two years decreased slightly from 73% to 72.8%.
  - The measurement for durable viral load suppression for one year for subcategories decreased except for the youth and age 25-34 category.
    - The VLS for youth increased from 64.2% to 64.9%.
    - The VLS for age 25-34 increased from 72.8% to 73.4%.
  - The measurements for durable viral load suppression for 2 years for sub-group decreased slightly with the exception of transgender individuals.
  - Postel mentioned that an in-depth analysis was done at the ERICS meeting to determine if the decreased viral load suppression involved undocumented individuals. The determination was that the viral load suppression measurement for undocumented individuals did not affect the total results in this case.
    - Salcido suggested that the reason for decrease in the VLS measurement can be due to recertifications ADDAP with additional pharmacy changes, access to medications or prescription expirations.
    - Postel mentioned that more targeted intervention is needed to understand the decrease of VLS measurement. Postel suggested that for FY25 a specific quality improvement project and initiative for medication pill boxes should be implemented for the whole EMA.

- Postel mentioned that the needs assessment finding revealed that services are extremely comprehensive for newly diagnosed individuals.
- Postel mentioned that the number of clients in NEMA has increased. The clients increased occurred in the newly diagnosed group and individuals coming into the EMA who are already diagnosed with HIV.

Salcido called for a motion to adjourn the meeting. Ortiz adjourned and Adams-Jarrells second the motion. All were in favor, no opposition, or abstentions. The meeting was successfully adjourned at 10:15 AM.