



**Comprehensive Planning Committee  
MEETING SUMMARY**

**Friday, November 17, 2023, from 9:31 AM to 10:28 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. Viesha Morales (Secretary) 3. Calvin Toler  4. Claudia Ortiz 5. Sharon Postel (Non-Voting) 6. Aliya Roman (Non-Voting)  7. Michelle Thompson (Non-Voting) 8. Al-Bayyinah Sloane	9. Allison Delcalzo-Berens 10. Delia King	11. Denise Brown 12. Janice Adams-Jarrells  13. Heather Harris 14. Joann McEniry (Non-Voting)

**Guests:** Anne Rose Jacquet, Chevonne Cato, Liselle Lewis, Ashley Bramble  
**Support Staff:** Roberto Benoit

- 1. Welcome and Moment of Silence**  
 Salcido called the meeting to order at 9:31 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**  
 Morales conducted the roll call. Quorum was established.
- 3. Public Testimony**  
 There were no public testimonies.
- 4. Approval of the Meeting Summary from October 13th, 2023.**  
 The meeting summary from October 13<sup>th</sup> was sent out electronically and was motioned to be approved by the committee. Morales made a motion to accept the October 13<sup>th</sup> meeting summary as is, Ortiz seconded the motion. The motion was advanced. All were in favor, no objections, Sloane abstained. The October 13<sup>th</sup> meeting summary was successfully passed.
- 5. Standing Committee Updates**
  - **Continuum of Care Committee (COC) – Viesha Morales provided the report.**

- The committee reviewed and approved the Other Professional Service Standard to be sent out to the Planning Council for 30-day review.
- Reviewed and approved the Psychosocial Support Services to be sent out to the Planning Council for 30-day review.
- The committee also reviewed and updated the FY 23-24 Calendar/Workplan
- The next COC meeting will be held on Friday, December 14, 2023, at 10AM via Zoom.
- **Research and Evaluation Committee (REC) – Support Staff provided the update.**
  - The committee last met on Monday, October 16, 2023, at 10 AM via Zoom.
  - During this meeting the committee reviewed and approved the FY 23 Administrative Mechanism
  - The committee reviewed the FY 23 Needs Assessment
  - The committee reviewed the FY 23 Epi Profile
  - The recipient's office reviewed FY 23 Quality Management presentation.
  - The next REC meeting will be held on Monday, November 20, 2023, at 10AM via Zoom.
- **Consumer Involvement Activities Committee (CIA) – Support Staff provided the update.**
  - The committee last met on Wednesday, November 15, 2023 at 5PM via Zoom.
  - The committee reviewed the FY 23 Needs Assessment
  - The committee discussed FY 24 Needs Assessment Topics
  - The next CIA meeting will be held on Wednesday, December 20, 2023, at 5 PM via Zoom.
- **Nominations committee (NC) – Support Staff provided the update.**
  - The committee last met on August 9
  - The September, October, and November meetings were canceled due to the completion of all urgent tasks.
  - The next NC meeting will be held on Wednesday, December 13, 2023, at 6PM via Zoom.

## 6. Recipient Report – Aliya Roman

- To date, the recipient's office has completed 8 site visits and is on their way to completing all site visits by the end of the fiscal year.
- Roman discussed the status of the FY 24 NCC funding recommendations, which are currently in fiscal review. She mentioned that after this next week, they will be able to release the award letters and can move forward in receiving the budget documents back.
- Some programs have not completed the performance narrative section of the NCC, which is crucial for their review, and so communications are being sent out to these programs.
- The recipient's office has reevaluated the timeline for the EHE RFP. The RFP will be released and advertised for the week of November 27<sup>th</sup>. Recipients will receive notice when the RFP has been e-mailed and is available. Recipients should be on the lookout for this email after the Thanksgiving holiday; it will contain all necessary documents and due dates for the completion of the RFP.
- The Recipient's office hosted an EIRCs meeting on October 30<sup>th</sup>. During this meeting the committee discussed the Needs Assessment findings and reviewed linkage to care data up to October 7, 2023. Roman mentioned that there has been an improvement in the number of clients not linked to care, reducing from 78 in the previous fiscal year to only 38 this year.
- MCM's have been informed and will be receiving guidance from the recipient's office on how to improve Linkage to Care measures.

- The Recipient's office CPC committee will require program monitors to collect the cohort list for all recipient's programs as soon as they go live. Of the 176 clients, at least 138 clients have already had medical visits this year; a good sign that clients are being linked to care.
- Roman emphasized the importance of returning the cohort reports to the Recipient's office as soon as it becomes live to better summarize barriers to linkage to care—this date will help guide their efforts in improving linkage to care measures and also shaping the ask of the RFPs.

## 7. Old Business

## 8. New Business

- Finalize in-depth review of progress on the 2022-2026 Integrated HIV Prevention and Care Plan
  - Postel gave a brief review of Progress Report Update #4 for the 22-26 Integrated HIV Prevention and Care Plan
  - **Key Findings in RWHAP Part A Clients in EMA:**
    - Men who have Sex with Men (MSM) account for 1/4 (26%) of RWHAP clients in the EMA.
    - Black/African Americans are nearly 2/3 of clients - 36% men and 28% women.
    - Youth are 2.9% and most of those are aged 19-24.
    - Nearly 1 in 6 are aged 25-34.
    - Nearly half are very low income (receiving Medicaid with incomes <139% Federal Poverty Level).
    - Nearly 1 in 5 are uninsured, possibly low income, and need RWHAP-funded services, especially medical care.
  - **Trends in Percent of New HIV Diagnoses by Sub-Group within Priority Populations**
    - As of August 31, 2023, there was a decline in percent of newly diagnosed individuals who were Black/African American. Going from 54.5% in December of last year to 50.5%.
    - MSM remained relatively unchanged, from 38.8% to 38.6%
    - Black Women also saw a slight decline of 19.3% to 18.1%.
    - Ages 25-34 also saw a slight decline from 40.6% to 39.0%
    - Youth Ages 13-24 saw an increase from 12.3% To 16.7%
    - Youth Ages 19-24 has risen from 11.2% to 15.7%.
    - Transgender individuals remained relatively unchanged, from 2.7% to 2.9%
    - Uninsured individuals saw a slight increase from 47.1% to 48.1%
    - Those who have Medicaid saw a slight decrease from 36.9% to 35.7%
  - **Trends in Percent of Linkage to Care within 30 Days of Diagnosis and within 7 Days (Rapid Treat)**
    - Linkage to Care Within 30 Days has seen an increase of approximately 7%: going from 74.3% this time last year to 81.4% as of August 31, 2023
    - Linkage to Care within 7 Days saw a 10% increase from 43.3% to 53.8%.
  - **Trends in VLS, DVLS 1 Year and DVLS 2 Year in Newark EMA thru 8/31/23**
    - All VLS measures have improved over 8 months.
      - VLS increased from 88.6% To 89.6%
      - DVLS 1 year increased from 81.0% to 82.2%

- DVLS 2 year increased from 71.0% to 72.4%
- **Trends in Percent of VIRAL LOAD SUPPRESSION by Sub-Group within Priority Populations**
  - MSM increased from 88.3% to 90.0%
  - Black women remained unchanged at 89.0%
  - And Black/African American increased slightly from 87.3% to 88.0%
  - Those ages 25-34 increased from 83.2% to 85.8%
  - Youth ages 19-24 increased from 77.0% to 79.4%
  - Youth Ages 13-24 increased from 76.6% to 80.3%
  - Transgender Individuals say an increase of about 2%, from 84.3% to 86.2%
  - Those New to Care increased from 62.8% to 64.2%
  - Individuals with Medicaid increased from 87.0% to 87.9%
  - Uninsured individuals increased from 87.8% to 88.5%
- Trends in Percent of DURABLE VIRAL LOAD SUPPRESSION - 1 YEAR by Sub-Group within Priority Populations
  - MSM increased from 81.6% to 81.9%
  - Black women increased from 80.6% to 82.1%
  - Black/African American increased slightly from 78.9% to 80.7%
  - Individuals ages 25-34 increased from 74.7% to 76.5%
  - Youth ages 19-24 increased from 68.0% to 64.3%
  - Youth Ages 13-24 increased from 65.5% to 64.0%
  - Transgender Individuals say an increase of about 3%, from 75.7% to 86.2%
  - Individuals with Medicaid increased from 77.9% to 79.5%
  - Uninsured individuals increased from 77.8% to 77.7%
- Trends in Percent of DURABLE VIRAL LOAD SUPPRESSION - 2 YEAR by Sub-Group within Priority Populations
  - MSM increased from 70.9% to 72.4%
  - Black women increased from 70.3% to 72.3%
  - Black/African American increased slightly from 68.7% to 70.4%
  - Those ages 25-34 increased from 61.6% to 63.6%
  - Youth ages 19-24 increased from 49.0% to 51.6%
  - Youth Ages 13-24 increased from 48.2% to 50.7%
  - Transgender Individuals say an increase of about 8%, from 61.4% to 69.0%
  - Individuals with Medicaid increased from 67.7% to 68.3%
  - Uninsured individuals increased from 66.8% to 68.6%
- Overall, data trends regarding the 22-26 IHAP have seen upward improvement. The recipient's office mentioned the reason behind this is due to constant monitoring from QM and collaboration from the agencies and recipient's office through EIRC's meetings. These meetings have allowed agencies to present data and the recipient's office to suggest feedback and provide guidance on how to address any issues.
- Discussion on The Cluster Detection Response Team
  - The committee began preliminary discussions on drafting up a cluster detection response team.

- Salcido introduced the cluster detection response team's request for the comprehensive planning committee to support or explore the development of the CDR plan as an addendum to the Newark Department of Health Plan. The CDR team suggests using the state plan as a draft for the amendment.
- Within the CPC workplan, as an IHAP deliverable, the committee was charged with a cluster detection response plan to support the Health Department in case of a cluster in the jurisdiction. Roman emphasized the need for the CDR plan to be a professional document as an addendum to show the commitment of 17 sub recipients, their resources, and the steps they would take in response to a cluster. Salcido added that the plan needs to be user-friendly, sound, and adjustable, considering different scenarios, and sources of information.
- Roman concluded that the document should depict the processes and services that their sub recipients are willing to provide and is already incorporated within their current design.
- Ortiz mentioned the use of a cluster detection response plan in the past but couldn't remember the details. If the committee can find this document, Ortiz mentioned that would be a great framework to develop a new plan. Roman responded by highlighting that she had copies of the States response plan and the department's communicable disease response plan. If the CPC committee had drafted a plan in the past, it would most likely be more than ten years ago and would probably be outdated for this current time.
- Aliya mentioned that the recipient's office had surveyed the subrecipient's and their resources their capabilities and have been working on summarizing this process. The recipient's office will be able to share the rough draft of the summary of the resources contained within the 17 subrecipients that were surveyed.
- Salcido mentioned that today is merely an introduction to the CDR plan. He added that the cluster plan has been in the works for almost a year—involving multiple stakeholders throughout the United States. The current framework is robust, allowing for data to be tracked and seen in real time. A lot of the information is already available and ready to share but Salcido posed to the committee whether the addendum would be developed by the CPC or if the committee would rather send this to a consultant due time constraints and previous obligations for FY 24.
- Roman agreed to begin investigating the possibility in using funds to hire a consultant. She additionally, expressed her wish to have a draft of the plan ready by January, to be presented at a Cluster Detection Response forum in the spring, hosted by NJ AETC.
- Lewis shared the Essex County System of Care maps with the committee, which highlighted HIV Prevalence, New Diagnoses, Part A providers, etc. within each city, ward, and zone in Essex County to quickly respond to any new clusters that may arise.

## 9. Announcements

- Morales announced two community events happening at NJCRI parking lot--A Thanksgiving brunch and a food drive happening Thanksgiving Day, Nov 23, 2023, from 9:30AM-11:30AM.
- NJCRI is also hosting a World AIDS Day event at Ruth Ginsburg Center on Dec 1, 2023, from 11:00Am – 3PM.

- Any additional World AIDS Day should be sent to Support Staff for wider distribution.
- Thompson noted that Kean University is hosting a food distribution on November 18<sup>th</sup> at 8AM. There are no walkups and registration is required. Those receiving food must be in their cars—first come first served basis. For those who cannot make this event, another food distribution will be taking place on December 17<sup>th</sup>.

#### **10. Next Meeting**

The next CPC meeting will be held on Friday, December 08, 2023, at 9:30 AM via Zoom.

#### **11. Adjournment**

Morales made a motion to adjourn the meeting, Ortiz seconded the motion. All were in favor, no objections, no abstention, The meeting was adjourned at 10:28 AM.