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COMPREHENSIVE PLANNING COMMITTEE

MEETING SUMMARY

FRIDAY, OCTOBER 14, 2011 AT 9:30 A.M.

1. Welcome/Introductions and Moment of Silence

Joann McEniry, Interim Chair, welcomed all members and visitors in attendance. A moment of silence was observed for people living with HIV & AIDS and those who have passed on.

2. Roll Call

The roll was called and quorum was established.

3. Public Testimony/Announcements

None.

4. Approval of the Meeting Summary from September 16, 2011

Clark motioned to approve the minutes from September 16, 2011, Jacobus seconded the motion. The minutes were unanimously approved without further discussion.

5. Updates from other Committees

• **Continuum of Care** (Report by Pat Moore)

Moore reported that the COC met on October 13, 2011 and discussed a draft of the Case Management Services Non-Medical Standards of Care. The committee feels that two of the main reasons that follow-up, either from testing sites or missed appointments, are time and money. The committee discussion included various levels of case management in the standards that could be funded at different levels and free up the primary case manager. Qualifications for these different levels were discussed. The committee would appreciate any comments/criticism of this idea. The committee further discussed the recommendations that will be submitted to the Comprehensive Planning Committee and the Grantee. Initially these recommendations are concerning process and emphasis on sub-categories rather than a suggestion to increase funding for any particular objective. The next meeting will be on Thursday November 10, 2011 at 9:30am.

• **Community Service Advisory** (Report by Ka'leef Washington)

Washington reported that the CSAC met on October 13, 2011 and continued the planning discussion for the 2012 Day of Learning (DOL). A DOL Sub-committee was formed in order to focus efforts and will meet next Friday, October 21, 2011 at 2pm. The next meeting will be on Thursday November 10, 2011 at 2:00pm.

• **Research and Evaluation** (Report by Dwight Peavy)

Peavy reported that the REC cancelled their September meeting. The next meeting will be on Monday October 17, 2011 at 10:00am. The Needs Assessment will be finalized at the October meeting.

6. Grantee Report

Mettlen reported that the Grantees are actively working on the HRSA application which is due November 1st. All contracts are moving towards completion.

7. Grantee Presentation on FY'2011 Allocations

Mettlen presented the FY'2011 Allocations. Handouts were disseminated to those in attendance.

8. Review and Finalize FY'2012 Priority Setting and Resource Allocation process, make recommendations for future Priority Setting, discuss what worked and didn't work, and tie up any loose ends.

McEniry led the committee in a discussion to review the FY'2012 Priority Setting Process and discuss pros/cons and suggestions to consider for the next cycle.

PROS

- Breaking into groups to go over the CHP; it was challenging and helpful but the process could have used more instructions. The overall process promoted activity and encouraged synthesis of information.
- Office and staff and Joann
- Medicaid Updates and ADDP updates presented were helpful.
- The discussion on NEED for Needs Assessment versus NEED of population, not one person.

CONS

- Need to advise the sub-committee's (regions) on how to consider percentages for Part A and MAI separate and not rely on MAI to determine Part A percentages.
- Sub-committees (regions) need more training on the CHP, NA, Presentations, and Data to accurately make the recommendations for the regional needs. Maybe do more in-depth training on the expectations for the PSRA process.
- When we get presentations at meetings, we need to "hit people over the head" and spend time to discuss and digest what was just presented at that meeting to make sure that everyone understands what it means and what the implications are for the PSRA process.
- Early in the Process and in the middle; need to clearly discuss the distinction between Ranking (full committee based on data) and Priority Percentages/Allocation (regionally done).
- Attendance of committee members was poor.
- The PSRA process is a priority, prioritize your personal calendar so that you are here to do the work. This is the first year we have seen so many absences.
- Handout of ADDP information was not as helpful as a personal presentation from an ADDP representative.
- Space out agenda items so that we can take time to go over the information and discuss fully.

SUGGESTIONS

- Review the new 2011 Needs Assessment like we did the CHP, break it down into sections and add to agenda.
- Look at the Part A Manual completely to review what is supposed to be done in the PSRA process. Request Technical Assistance from HRSA to train us, not just give handouts. Make sure information is synthesized.
- Identify other meetings that would be helpful to increase the knowledge-base of the committee members. CPC members should go to other committee meetings, such as COC.
- Orientations outside of committee meetings are generally poorly attended. Make a meeting early in the cycle a full orientation for everyone to attend. It is a great refresher session and promoted conversation.

9. Old Business

None

10. New Business

None

11. Date for the next meeting: Friday, November 4, 2011 at 9:30 a.m.

12. Meeting adjourned @ 10:50am.