



Continuum of Care Committee MEETING SUMMARY

Thursday, May 9, 2019, at 10AM-12PM
Willing Heart Community Center
555 Martin Luther King Blvd. Newark, NJ 07103

Present	Excused Absences	Unexcused Absences
1. Ann Bagchi, Ph.D. (Secretary) 2. Richlyn Burnham 3. Kasny Damas (Non-voting) 4. Cezar Dumago 5. Wanda Figueroa, MD 6. Maisel Guzman 7. Imad Ibrahim 8. Pat Moore 9. Vieshia Morales 10. Aliya Onque (Non-Voting) 11. Mario Portilla (Chair) 12. Lauro Rocha 13. Nancy Scangarello	14. Sharon Postel (Non-Voting)	15. Kendall Clark 16. Dominga Padilla

1. Welcome and Moment of Silence

Mario Portilla, COC Chair, welcomed all in attendance and called for a moment of silence to be observed for all those living with and affected by HIV/AIDS.

2. Roll Call

Ann Bagchi, COC Secretary, conducted the roll call. Quorum was established.

3. Public Testimony

No public testimony at this time.

4. Approval of Meeting Summary for April 11, 2019

The meeting summary from April 11, 2019 was reviewed. Mario Portilla, COC Chair, asked for a motion to approve. Nancy Scangarello motioned to accept. Imad Ibrahim seconded. The motion was passed, and the summary was approved with edits

5. Standing Committee Updates:

- **Comprehensive Planning Committee: Joann McEniry**

Tania Guaman, Support Staff, provided the report for the CPC committee. The last CPC meeting was held on April 12, 2019. It was reported that the committee is preparing to develop the resource allocation and priority setting process for FY'19/FY'20. At the April meeting, the committee discussed the process from last year to review and re-orient members on how

priority setting, and resource allocation is done every year. The committee then talked about how the process can be improved for this year. The committee also reviewed the existing service category definitions to ensure these align well with HRSA's definitions. The definitions align well, so those will be included on the report.

Tania Guaman reported that the primary focus of the CPC meeting was the Core Service Waiver. Given the application deadline, the CPC is working on a tight timeline to submit the application post-grant application. So, at the May meeting, the CPC will develop a recommendation for FY'19 Core Service Waiver split – a resource allocation outside of the required 75/25. The recommended resource allocation will be sent to all in advance and presented for a vote at the Planning Council meeting in May. At the next CPC meeting, the team will be reviewing data in order to make funding recommendations for the next Planning Council meeting.

The next CPC meeting will be held on Friday, May 10, 2019 at the Willing Heart Community Care Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102. All are encouraged to attend.

- **Research and Evaluation Committee: Ann Bagchi, Ph. D**

Tania Guaman, Support Staff, provided the report for the REC committee. The last REC meeting was held on April 15th, 2019. The REC committee reviewed its three questions for the annual needs assessment. The questions have a focus on mental health and substance abuse. The needs assessment will use CHAMP and survey data from last year. Sharon Postel, Esq. shared a report of tables collected from last year from 246 consumer survey participants. Sharon Postel asked the REC committee to suggest possible cross-tabulations.

Presentation: Regional Needs Assessment – Allison Delcalzo-Berens, Chair of the HIV Advisory Council, presented the Tri-County (Morris, Sussex, Warren) needs assessment. Given that the gaps, barriers, needs, funding and resources are different in the tri-county than in Essex and Union counties, the Advisory Committee determined that it would complete its own needs assessment. There were 40 consumer surveys and 6 provider surveys completed. The question that the needs assessment aimed to address was "How are case managers communicating information about mental health and behavioral risks to consumers?". The questions in the survey focused on barriers to care and to following through with referrals. In the survey, consumers and providers identified two primary barriers to care 1. Lack of transportation, and 2. Lack of health insurance. Providers also identified Mental illness and Stigma as barriers to care, but consumers did not.

Additional findings of the survey included:

- Consumers in the region place a large amount of trust in their MCM,
- Lack of referral to non-RW provider agencies.
- Providers are screening and assessing in line with or better than NEMA standards of care,
- Need for additional interagency collaboration and communication

The Next REC meeting will be held on Monday, May 20, 2019 at the Willing Heart Community Care Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102.

- **Community Involvement Activities/Community Conversations Committee:**

Tania Guaman, Support Staff, provided an update for the CIA. The last CIA meeting was held on April 24, 2019. The April meeting introduced the *Phase 3: Can We Talk?* community Forum series. The Can We Talk series was an opportunity for consumers to share their experience and concerns with receiving Ryan White funded services in the Newark EMA. All Ryan White service providers in the Newark EMA were invited to attend.

There were representatives from five Ryan White funded agencies including Rutgers NJ MS, PROCCEED, Newark Community Health Centers, Inc., Newark Beth Israel, and St. James Social Services. The meeting then opened up conversations about some of the challenges that arise when attempting to use services. Some conversations were held about how funding limitations exist for housing and transportation services. Consumers asked about the agencies policies in providing services to clients and how they can better access resources.

One of the main issues brought up by consumers was that they often do not know about the services provided by Ryan White unless they visit one of the agencies. Consumers asked about a resource they could use to find out about the services available, especially those which usually only last for a certain period of time. Agencies mentioned that services are promoted by agencies through flyers and community outreach.

An emphasis was made for consumers to think about their needs and to seek options whether within the Ryan White funding system or outside of it, since very often PLWHA can qualify for many benefits beyond Ryan White services.

The next CIA meeting will be held on May 22, 2019 at the Willing Heart Community Care Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102.

6. Old/ Business

- Finalize Oral Service Standards – The committee reviewed and finalized the Oral Health Standards. Pat Moore moved to accept the Oral Standards with edits. Cezar seconded. There were no abstentions and no oppositions. The Oral Health Standards were approved. The document will be edited and passed on to the Planning Council meeting in May.

7. New Business

- Early ART Initiation: A new paradigm for the management of HIV-1 by Dr. Ricky Hsu, MD NYU Medical Center. During the introduction of the presentation, a brief discussion was held about the challenges to Rapid Art Initiation which generated a conversation with different perspectives about the amount of time it takes for a newly diagnosed person to start treatment. The audience was asked several questions about their stance on rapid initiation, assuming each attendee was in the shoes of a newly diagnosed person. Some of the concerns brought up by attendees were a. the need to know more information about the medication -including side effects and treatment effectiveness. Others shared concerns about the mental health status of a newly diagnosed and their ability to cope with the many tasks of being a newly diagnosed.

Dr. Hsu provided some history about the HIV epidemic. He reports that currently the incidence of HIV infections has started to plateau. But he also suggests that using Rapid Art and PreP could help decrease the number of HIV infections in the nation. Dr. Hsu notes that despite the progress made to address the HIV epidemic, the US has not reached the proposed UN AIDS

goal of 90-90-90 treatment for all. Meanwhile, Dr. Hsu reports that other European countries, such as Great Britain have already reached the 90-90-90 treatment for all goal.

Dr. Hsu suggests that the primary reason why the US has not been able to achieve the UNAIDS goal is that barriers in the HIV/AIDS continuum of care, slow down the treatment start date for newly diagnosed persons. Dr. Hsu points out that the number of individuals who are newly diagnosed very often drop off at various points throughout the continuum of care. The first drop, he notes according to research, occurs when patients who are newly diagnosed often do not get linked to a health care center. The second drop off point, Dr. Hsu suggests, occurs when a person receiving care is not being retained in care. Research shows, Dr. Hsu points out that it takes 3 follow ups to link someone permanently to the right health care center. He explains that after the third visit, a positive person is more likely to continue going to that health care versus the person that had only 2 or 1 visit to a clinic. These first two steps, highlights Dr. Hsu, if done correctly increase the likelihood that a newly diagnosed patient will stay in the health care center and keep their appointments. All of these steps are crucial, says Dr. Hsu, to achieve viral suppression and get to the UNAIDS goal.

According to Dr. Hsu and research done on this topic, there are two primary benefits of using Rapid initiation. 1) Patients who started treatment early have lower mortality rates and 2) those same patients have a greater chance to get their T cell to the normal range vs. patients who waited and delayed treatment. 3) Patients who started the treatment earlier have a better chance to suppress the HIV virus and to not keep virus residues.

Dr. Hsu states that the definition for Rapid Start, according to research, is starting therapy within 7 days of HIV diagnosis, which in the long run helps to achieve viral suppression. He suggests that patients who started receiving antiretroviral therapy within those 7 days are more likely to stay in that health care treatment and to keep medical appointments. Dr. Hsu adds that the World Health Organization (WHO) has recommended that if newly diagnosed patients are ready to start treatment, to encourage them to start from day one.

Dr. Hsu showed some data from 2014, where it took an average of 10 months for a patient to start medication after being diagnosed. Now, he says, it takes about 6 months for a patient to start medication. He also notes that this average time to start medicine also differs according to patient's type of insurance, gender and race. For instance, he notes, if a patient has Medicaid the average time to start medication is 9 months, relatively longer than those patients who had private insurance (3 months). In addition, he notes that medication start varies due to comorbidities such as kidney disease, liver disease among other diseases which might become aggravated with some HIV medication. Nonetheless, Dr. Hsu highlights that the number of months taken to start the medication have been lowering in the past years.

- HRSA Health Standard Definitions Update – This item was discussed at the last meeting.
- Start the review of Housing Standards – The Committee started reviewing the Housing Standards. Committee members will finalize and vote to approve the Housing standards at the next meeting on June 13.

- Discussion about summer meetings – The COC Chair, Mario Portilla, proposed that if possible, a meeting will not be held in August. Committee members were asked to consider this and take a vote at the next meeting on whether a COC meeting will be held in August.

8. Administrative Issues:

- Support Staff requested that all members, both existing and new, complete a COC Membership Application to update membership records. Support Staff will work on updating committee membership and attendance records based on the updated applications.

9. Announcements:

- An announcement was made that the Planning Council has some budget issues. Due to this issue, it was mentioned that considerations were being talked about to hold meetings every two months instead of every month. It was highlighted that the Executive Committee will make a final decision on this matter.
- An announcement was made on behalf of Kendall Clark from St. James Social Services Corp. St. James is giving agencies the opportunity to receive food packages for your clients who are HIV positive through our Health & Wellness Food Pantry. This program allows these clients to receive food from our pantry up to two (2) times a month. A referral for consumers can be made through CHAMP. If providers do not have CHAMP, a paper referral can be made. Goods include canned food, chicken and dry goods.

10. Next Meeting:

The next Continuum of Care Committee meeting will be held on Thursday, June 13, 2019 at 10AM, at Willing Heart Community Center located at 555 Martin Luther King Jr. Blvd, Newark, NJ 07102.

11. Adjournment:

Mario Portilla, COC Chair asked for a motion to adjourn the meeting. Imad Ibrahim moved to accept. Cezar second the motion. The meeting was adjourned at 11:58AM