

# Continuum of Care Committee

## MEETING SUMMARY

**Thursday, April 8, 2021 at 10 AM**

Videoconference via Zoom: <https://zoom.us/j/98086438103>

Teleconference: (929) 205-6099 / Meeting ID: 980 8643 8103#

Present	Excused Absences	Unexcused Absences
<ol style="list-style-type: none"> <li>1. Ann Bagchi, Ph.D. (Secretary)</li> <li>2. Cezar Dumago</li> <li>3. Kendall Clark</li> <li>4. Wanda Figueroa, MD</li> <li>5. Vieshia Morales (Chair)</li> <li>6. Aliya Onque (Non-Voting)</li> <li>7. Dominga Padilla, MD</li> <li>8. Lauro Rocha</li> <li>9. Nancy Scangarello</li> <li>10. Warren Talley (Non-Voting)</li> </ol>	<ol style="list-style-type: none"> <li>11. Maisel Guzman</li> </ol>	

**Guests:** Dr. Ronald Poblete (NJCRI Medical Director), Roxane Barker, Liz Woodfield, Jessica Stigliano, Sharon Postel, Dr. Efobi, Jen Grimsich, Laura Knightly, Bre Azañedo, Kathleen O'Brien, Sami Shafiq, PharmD (ViiV MSL),

**Support Staff:** Tania Guaman, Vicky Saguy

**1. Welcome and Moment of Silence**

Morales called the meeting to order at 10:02 AM 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 and COVID-19.

**2. Roll Call**

Dr. Bagchi conducted the roll call. Quorum was established during the meeting.

**3. Public Testimony**

There was no public testimony at this meeting.

**4. Approval of Meeting Summary from March 11, 2021**

At the last COC meeting, the February meeting summary was approved as presented.

The March 11<sup>th</sup> meeting summary was sent in advance for review. Morales asked for a motion to approve the meeting summary. Dr. Bagchi motioned to approve. Dumago seconded the motion. There were no oppositions or abstentions. The meeting summary was approved.

**5. Standing Committee Updates**

- CPC – Guaman provided the March 12<sup>th</sup> CPC report. The following occurred at the meeting:

- Ms. Adams-Jarrells provided a public testimony regarding the HRSA Learning Collaborative which consist of a group of volunteers who are working on community recruitment strategies and engagement. After this conversation, the committee recommended to create a membership or recruitment committee to support community engagement efforts.
- The committee reviewed the feedback from the COC on risk reduction and STI screenings. The recipient has a report on risk reduction by specific STI, agency and by population available if requested.
- The committee reviewed its membership. As requested, Support Staff sent out an email to the recipient asking for their support and inviting Union and Essex County agencies to consider sending a representative to the CPC to fill three open seats in Essex and one open seat in Union County. Two individuals contacted us expressing interest to get involved. Support Staff is following up with them.
- No additional tasks were found for the CPC in the Integrated Plan. The committee reviewed its workplan. There was a recommendation to include discussions to gather community input, needed before the Ryan white party application is due in July.
- Lastly, the committee had a conversation about how to get feedback from other committees to help improve the priority setting and resource allocation process. Support Staff created a chart as a brief overview of what that process looks like and was sent via email to all committee chairs requesting feedback. Starting this year, HRSA will use a multiyear contract so whatever priorities are set this year, there will be there for a little while. Postel clarified that the contracting process is not clear, and priorities could be set on a yearly basis. More guidance from HRSA is needed.

The next CPC meeting will be held on Friday, April 9, 2021 at 9:30pm via Zoom.

- REC – Dr. Bagchi provided the March 15<sup>th</sup> REC report. The following occurred at the meeting:
  - The committee discussed the Needs Assessment progress. Postel shared some preliminary data from her CHAMP analysis. The surveys were received but not analyzed.
  - The request for the Epidemiological Profile data was sent.
  - The workplan calendar was finalized.
  - The steps for the Full Assessment of the Administrative Mechanism were discussed. This year’s assessment requires a recipient and agency survey. The recipient survey was reviewed and approved. The agency survey will be finalized at the next meeting.
  - Some considerations for the Funding Stream Analysis reports were shared. Support Staff is working on this report.

The next REC meeting will be held on Monday, April 19, 2021 at 10AM via Zoom.

- CIA – Guaman provided the March 24<sup>th</sup> CIA report. The following occurred at the meeting:
  - 18 attendees at the meeting.
  - The CIA had a conversation was about COVID-19, HIV and the impact that has had on people. The following was reported:
    - The first conversation was about how individuals felt using Telehealth even if their health insurance plan was not covering everything at 100%. The answers were the following:
      - “I don’t like the telehealth, whether through my insurance or not. I rather go to the doctor because I only see them every six months. If I had to do it every month, then I would like Telehealth.”

- I prefer to talk to my doctor face to face. The phone is OK, but sometimes I like to be in the office and talk to them. You just get a better vibe.
- Telehealth could be a nice substitute, but I really prefer the in-person visits.
- I would rather be there when I have to get my blood work done and I can actually have a conversation and explanations and detail. That is better for me.
- A lot of consumers agreed that they would like telehealth as a substitute but preferred the in-person option. Some consumers said they would use both.
- Someone also brought up that the Ryan white program in Atlanta gave up tablets to all Ryan and White patients because of telehealth. Consumers were worried that here they do not have the right equipment or Wi-Fi or don't know how to use it to be able to participate. They suggested that there would be classes to teach people how to use computers and all the Telehealth equipment that is needed.
- Some consumers reported that their provider was not doing Telehealth so that was not an option for them.
- Conversations about COVID-19 and how people are feeling were also held. Consumers had a lot of questions about whether they should be getting the COVID-19 vaccine because of their weakened immune system.
  - Most people reported that they already got the vaccine.
  - They also thought it was important to have the COVID-19 vaccine available when they went to their doctor's office because I would make it easier for them.
- For those who did not get the vaccine yet, there was a question about whether they plan to get it or not.
  - Some had not registered yet but was trying to work on that but felt concerned about side effects. Some of them wanted to wait to get the Johnson and Johnson vaccine.
  - A lot of resources in Newark and surrounding areas, including where to sign up for COVID-19 vaccine was mentioned throughout the meeting.

The next CIA meeting will be held on April 28, 2021 from 5:00 to 7:00PM via Zoom. This will be a housing panel in collaboration with the New Jersey Housing Collaborative.

Dumago mentioned Janssen's vaccine was studied worldwide in HIV patients compared to Moderna and Pfizer. In the Moderna and Pfizer Vaccines studies, HIV patients or immune compromised patients were excluded. Dr. Figueroa clarified that the Moderna and Pfizer vaccines had HIV patients in the trials, but the numbers were low. Johnson and Johnson had more HIV+ in its trial compared to Moderna and Pfizer.

## 6. Old Business

- Discuss considerations for the review & update of service standards.
  - As requested by the committee, Support Staff shared the service priorities ranking based on the FY 2020 Priority Setting ranking. Support Staff reviewed the priority ranking and the last time that all the service standards were reviewed and approved. Some service standards were not reviewed since 2019 and those were prioritized in the document. All other service standards followed the FY 2020 priority setting ranking. The committee agreed to follow the priority outline to review of the service standards.
- Finalize the FY 2021 Workplan, including the Topic List gathered from committee members.

- The service standards were added to the workplan according to FY 2020 PSRA ranking as discussed previously. The committee reviewed the workplan and the list of recommended presentation topics. The topics are not yet included in the workplan. The committee agreed to review the list of topics on an ongoing basis to be included in the workplan. The following topics were included in the workplan:
  - o The HIV long term injections will be presented at today's meeting. 5 topics need to be added into the workplan.
  - o A conversation about "Any and all financial housing assistance in the Newark EMA available to HIV + clients especially COVID19" was added for June 10<sup>th</sup>.
  - o Dr. Figueroa recommended to have "A list of specialists that accept Medicaid - accessing specialist services. Issues with the length of time one has to wait to schedule an appointment to see i.e. neurologist or cardiologist". This conversation was added for the May 13<sup>th</sup> meeting. Elizabeth Kocot can host this conversation.
  - o EMA care and treatment innovation forum
  - o Telehealth – concerns and benefits: what would help? Provider agency that might use telehealth – can they share their experience? Challenges and opportunities.

**Motion:** Morales asked for a motion to approve the COC workplan as presented. Nancy motioned to approve. Dr. Bagchi seconded.

## 7. New Business

- Beyond Daily Oral Therapy: An In-Depth Look at a New Era in Treatment by Dr. Ronald Poblete - NJCRI Medical Director and Dr. Sami Shafiq
  - Long Active regime, Cabenuva (Injection) – An innovate approach to HIV-1 Treatment.
  - 2 intramuscular injections administered by a provider. Both components allow to offer a monthly dose instead of a daily dose. Cabenuva is indicated for HIV infected and virally suppressed individuals. The reasons people want to change the daily pill for other treatments included anxiety, fatigue from taking the medication for many years and do not want to take it every day, among others.
  - Some of the contraindications included previous hypersensitivity reaction to any Cabenuva components, co-infection with Hep B or Hep C, and depressive disorders among others.
  - Post Injection reaction can be found within minutes of the injection, providers should monitor patients after administration.
  - It is important for patients to get the injections every month. If a patient starts the medicine and change their mind, the new oral treatment must start a month after the last injection.
  - More information about these Long-Term Injectables can be found at [www.cabenuvahcp.com](http://www.cabenuvahcp.com)
- Reformat and update the Early Intervention Service Standard
  - The committee reformatted the Early Intervention Service Standard.
  - The header was changed to reflect the changes in other standards.
  - 'Indicators/Performance Measures' section was deleted based on HRSA guidance.
  - The committee discussed where to keep the program guidance since it was under the 'Description' and the 'Service Limitation/Requirements' sections. The committee decided to keep the program guidance under the 'Description'. The word "abuse" was changed to "use" and the word "may" was changed to "must" from the description.

**Motion:** Morales asked for a motion to approve the Early Intervention Service Standard with edits. Dr. Bagchi motioned. Scangarello seconded.

- Review and Update the Universal Standard Service Standard
  - The committee reviewed the Universal Service Standard. The header was changed to note the NEMA website and to be consistent with recent changes in other service standards.
  - Intake/Assessment: Scangarello recommended to add “Preferred method of contact (i.e. email, phone, other)”.
  - Imposition of Client Charges Section – This statement was taken from the FY 2021 RFP.
  - Grammar errors were corrected in the ‘Cultural and Linguistic Competency’ and ‘Experience and Training Compliance’ sections. “Must be” was deleted from the second bullet point of the cultural and linguistic competency since it was repeated. Other grammar errors were corrected throughout the document.
  - On the third bullet of ‘Privacy and Confidentiality’, the word “lock” was changed to “secure”.
  - The Case Closure/Transfer Protocol was merged with the content on case closure because of a language duplication.

**Motion:** Morales asked for a motion to approve the Universal Standard with edits. Dumago motioned to approve. Rocha seconded.

#### **8. Administrative Issues— PC Support Staff**

The calendar invitation for the May meeting will be sent in a few weeks. Support Staff reminded the committee to confirm their attendance for quorum purposes.

#### **9. Announcements**

- The NJ Virtual AIDS walk will be held on May 2, 2021. Those interested can register for the Newark AIDS walk at [www.njaidswalk.com](http://www.njaidswalk.com); members can also donate to the Team NJCRI CARES.
- Morales reported that a NJ staff member was lost due to COVID-19.

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

The next COC meeting will be held on Thursday, May 13, 2021 at 10 AM via Zoom.

#### **11. Adjournment**

Morales asked for a motion to adjourn the meeting. Dr. Bagchi motioned to approve. Rocha seconded. All members agreed. The meeting was adjourned at 12:00pm.