

Continuum of Care Committee

MEETING SUMMARY

Thursday, March 10, 2022, from 10:02AM to 11:37AM

Video-Conference via Zoom: <https://zoom.us/j/85358756881>

Teleconference: (929) 205-6099 / Meeting ID: 853 5875 6881

Present	Excused Absences	Unexcused Absences
1. Ann Bagchi, Ph.D. (Secretary) 2. Cezar Dumago 3. Dr. Lucy Efobi 4. Dr. Dominga Padilla 5. Nancy Scangarello 6. War Talley (Non-Voting)*	7. Viesha Morales (Chair)	8. Denise Brown 9. Kendall Clark 10. Dr. Wanda Figueroa 11. Lauro Rocha

Guests: Debbie Mohammed, Priscilla Dobbins (Positive Health Care), Sharon Postel, Roxanne Barker, Kathleen O'Brien (Merck)

Support Staff: Juanita Vargas and Unnati Guru

1. Welcome and Moment of Silence

Dr. Bagchi called the meeting to order at 10:02AM 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. Everyone introduced themselves as there were some new attendees.

2. Roll Call

Dr. Bagchi conducted the roll call. Quorum was not met.

3. Public Testimony

There was no public testimony at this meeting.

4. Approval of Meeting Summary from February 10, 2022

At the last COC meeting, the December 9th meeting summary was approved as presented, and the approved version was posted on the NEMA PC website.

The February 10th meeting summary approval was tabled to the March meeting due to lack of quorum.

5. Standing Committee Updates

- *Comprehensive Planning Committee (CPC)* – Support Staff provided the February 11th CPC report.
 - Due to unexpected circumstances, the February meeting was cancelled.
 - At the January meeting, the CPC was Awaiting further guidance from HRSA through the Recipient to clarify how many total goals each of the EHE pillars need (1 or 3) based on the language in the guidance.
 - Until then, the committee is holding on drafting any further goals.

- The committee began discussion and drafted tentative objectives for Diagnose and Treat goals from the previous meeting (below) using the Essex County goals as a starting point.
- The committee will review the latest draft of the FY 2022 CPC Committee Workplan for finalization at the March meeting.

The next CPC meeting will be held on March 11, 2022, at 9:30AM via Zoom.

- *Research and Evaluation Committee (REC)* – Guru provided the February 14th REC report:
 - The Needs Assessment topic previously agreed upon will need to be reworked to better align with the Integrated Plan requirements. A training session was requested for March for guidance and clarification regarding their requirements for the Integrated Plan.
 - There was continued discussion for training needs for the FY 2022. Recommendations include:
 - Research 101 provided by Dr. Ann Bagchi.
 - Best practices for dealing with language minority populations
 - Training on the Integrated Plan
 - How to reach youth and the transgender community
 - Community Needs Assessments and see what other groups have done
 - Kasny Damas was voted in as the new REC Secretary
 - REC reviewed the draft outline of the Funding Streams Analysis to be completed by the Support Team. Recommendations were noted and work will continue as guided.
 - The FY 2022 workplan was also reviewed. There was a note that some of the items will have to be updated once the Integrated Plan and Needs Assessment steps are clearer.

The next REC meeting is scheduled for March 21, 2022, at 10 AM via Zoom.

- *Community Involvement Activities Committee (CIA)* – Support Staff provided the December 15 CIA report:
 - Aliya Roman facilitated a discussion for a Core Service Waiver. Attendees showed concern regarding how reducing the minimum 75% requirement for core services funding would affect early intervention services and consumers' access to mental health care. Roman cleared up any concerns by advising all providers have been funded, but not all of the funds are being spent, meaning the services are provided as needed with extra funding left over.
 - Out of the ten attendees present at the CIA meeting, zero rejected the waiver.
 - Attendees continued discussion around what other outreach can be done to encourage clients to join and participate in Planning Council meetings and further community engagement efforts. Suggestions included continued use of flyers, as they are most accessible for consumers.
 - The Support Team has put together a Planning Council information packet, which will be sent out to Ryan White Part A subrecipients to help spread the word about the work of the Planning Council.
 - The goals and objectives drafted by the CPC committee for the Integrated Plan were reviewed, and attendees provided suggestions for objectives for each of the goals.

The next CIA meeting will be held on Wednesday, 23, 2022, 5:00 to 7:00PM via Zoom.

6. Old Business

- **Planning for the 2022-2026 HIV Prevention and Care Plan**

- *Section 5 Situational Analysis and Priority Populations*

- Identify which priority populations the Newark EMA will focus on
 - Members reviewed data provided by Postel for those who are not virally suppressed and do not have a medical visit through various demographics: age, gender, and race/ethnicity.
 - Attendees identified youth ages 19-44 and those who identify as Black Not Hispanic as priority populations at this time. There was a request to have the data broken down to show the statistics for those in other race/ethnicity categories and the ages for each to see if there are any other priority populations to consider.
- Draft SWOT for each priority population
 - Members began drafting Strengths, Challenges, and Identified Needs for Youth ages 18-24. Under the EHE pillar of Diagnosis, the following items were noted:
 - Strengths: the wide availability of access points and mobile units for testing.
 - Challenges: stigma; whether this age group are going for testing; those who identify as queer and black may feel as though they cannot enjoy their lives and evening activities because the mobile clinics are specifically targeting queer MSM at gay bars or clubs, but not also the heterosexual population at their entertainment locations such as strip clubs.
 - Identified needs: having primary care providers to test clients for HIV and enhancing linkages from outside of Ryan White to Ryan White programs.
 - For the same population (youth 18-24), for the EHE pillar Treat, the following was identified:
 - Strengths: the Ryan White system is a model of a patient-centered home, where there are enough providers in the EMA for patients to choose which provider they feel more comfortable; some mobile units offering other services outside of HIV testing, such as family planning to destigmatize HIV testing.
 - Challenges: Stigma; are providers aware of the services provided by Ryan White?; Rapid ART is available, but linkage to care within 30 days is still not met; considering what, if any, challenges may be for Rapid ART; consider what barriers are causing inaction?

Action Step: Members will continue drafting SWOT for priority populations within the next week to continue discussion at the next meeting.

- Overview of Hudson and Essex County EHE plan and progress to date
 - War Talley shared there has not been any further movement with the state for data to care systems and data-sharing agreements through providing timely surveillance data and a mechanism to share data between CHAMP and EMRs/EHRs at this time.
 - Talley also shared there may be data reporting changing from the CDC, which would require them to update the workplan by June for data collection. They are looking for EVAL web and more information will be sent on the CDC indicators that they are looking into.
- **Discuss any training needs and finalize the FY 2022 Committee Workplan**

- This item was tabled to the next meeting due to lack of quorum. Dr. Bagchi offered to present on Routine HIV Screening if requested.

7. New Business

- **Review service standard revision progress to date and update plan for FY 2022**
 - This item was tabled to the next meeting due to lack of quorum.
- **Presentation: Mortality among Persons with Diagnosed HIV, New Jersey**
 - Debbie Mohammed provided the presentation. The aim was to evaluate age adjusted mortality rates among people with diagnosed HIV population by sex, race-ethnicity, and area of prevalence and to identify and rank underlying causes of death. Key points include:
 - Causes of death for PLWH due to HIV is often due to lack of treatment
 - Top five causes of death are due to non-AIDS related diagnoses, such as sepsis, cardiac disease, opportunistic infections, and cancers.
 - Mortality rates are increasing in NJ among People with Diagnosed HIV, especially women, due to the prevalence of non-AIDS related diagnoses; as such, an increase in preventative primary care and prevention of infections are critical

8. Administrative Issues— PC Support Staff

- Planning Council informational posters and outreach letters are available for distribution to Newark EMA agencies and Ryan White Part A sub-recipients. The Support Team will be mailing them out by early next week to invite various agencies and Part A sub-recipients to partake in the planning process for the Integrated Plan and join the NEMA Planning Council.

9. Announcements

- The CIA Community Forum will be hosted on Wednesday, March 23, 2022 from 5-7PM via Zoom. All are encouraged to participate.

10. Next Meeting

The next COC meeting will be held on Thursday, April 14, 2022, at 10AM via Zoom.

11. Adjournment

The meeting ended by Dr. Bagchi's decree at 11:37AM.