

**Continuum of Care Committee
 MEETING SUMMARY**

Thursday, September 14, 2023, from 10:01 AM to 10:457 AM

Video-Conferencie vía Zoom: <https://us06web.zoom.us/j/82086702402>

Teleconference: (929) 205-6099 / Meeting ID: 820 8670 2402

Present	Excused Absences	Unexcused Absences
1. Lauro Rocha 2. Cezar Dumago 3. Vieshia Morales (Chair) 4. Nancy Scangarello 5. Victoria Spencer 6. Janet Hemingway 7. Denise Brown	8. Ann Bagchi, Ph.D. (Secretary)	9. Dr. Lucy Efobi 10. Dr. Wanda Figueroa

Guests: V. Gouldborn, Veronica Riafrecha, Dr. Steven Toth

Support Staff: Robeto Benoit

1. Welcome and Moment of Silence

Morales called the meeting to order at 10:01 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.

2. Roll Call

Support Staff conducted the roll call. A quorum was established.

3. Public Testimony

There was no public testimony.

4. Approval of Meeting Summaries from August 10th

The meeting summary from August 10th was sent out electronically. Morales requested corrections to be made to her name within the attendance sheet. Hemingway made a motion to approve the meeting summary with corrections and Spencer seconded the motion. There were no objections, no abstentions, all were in favor. The meeting summary was approved as amended.

5. Standing Committee Updates

- *Comprehensive Planning Committee (CPC)* – This committee last met on September 18, 2023.
 - The committee Reviewed the Progress Report Performance on the goals/objectives of the 2022-2026 Integrated Prevention and Care Plan
 - The next CPC meeting will be held on Friday October 13, 2023, at 9:30am via Zoom.
- *Research and Evaluation Committee (REC)* – The committee last met on August 21, 2023.
 - During this meeting the Postel gave updates on FY 23 Needs Assessment
 - Discussed updates on the Assessment of the Administrative Mechanism
 - Reviewed the draft Resource Directory
 - Continued monitoring the 22-26 IHAP.

- Reviewed the National HIV/AIDS Strategy 2022-2025
- The committee Reviewed/Updated calendar/work plan for FY 23-24.
- The next REC meeting will be held on Monday, September 18, 2023, at 10AM via Zoom.
- *Community Involvement Activities Committee (CIA)* - The CIA last met on Wednesday, August 23, 2023, at 5 PM via Zoom.
 - Morales gave a presentation on Service Standards and why it's important to the committee.
 - The next CIA meeting will be held on Wednesday, September 27, 2023, at 5 p.m. via Zoom.
- *Nominations Committee (NC)* - The NC last met on Wednesday, August 9, 2023, at 6 PM via Zoom.
 - The committee gave updates on the search for Secretary.
 - The committee gave updates on the search for Treasurer.
 - The committee discussed ideas for possible Webinars, workshops, and training for the PC.
 - The next NC meeting will be held on Wednesday, September 13, 2023, at 6 PM via Zoom.

6. Old Business

- There was no old business.

7. New Business

- **Review/ Update Oral Health**
 - The committee reviewed and made updates to the Oral Health Service Standard with the help of Dr. Steven Toth from Rutgers Oral Health.
 - Changes were made **to section IV Assessment and Service Plan, Part B: Comprehensive Oral/Medical Assessment, Criteria #3:** *“Current Viral load and CD4 Count results when necessary.”*
 - *“When necessary”* was removed from the document. It now reads *“Current Viral Load and CD4 count.”*
 - Dr. Toth made recommendations and revisions to the **Section IV Assessment and Service Plan, Part B, Criteria #1** to add a time limit to medical history, ensuring that the medical history would be updated on a regular basis.
 - i. Under Criteria #1, it now reads *“Updated/Reviewed Annually.”*
 - Dr Toth additionally recommended that revisions be made to **Section IV Assessment and Service Plan, Part C** to include implementation of periodontal screening.
 - *“Periodontal Screening”* was added as criteria #7 within that section.
 - Rochal made a motion to accept the service standard with changes. Scangarello seconded the motion. All were in favor, there were no abstentions or objections. The service standard was passed and will be submitted to the PC for a 30-day review.
- **Integrated HIV Prevention and Care Plan Progress Report #3**
 - Postel reviewed progress report # 3 of the Integrated HIV Prevention and Care Plan.
 - **Key Highlights:**
 - **Demographics:** Men who have sex with men comprise 26% of Ryan White clients. Black African Americans are nearly two thirds at 64%. Black women are 28%. Youth ages 13 to 24 are 2.7% and a subset of that population, youth

19 to 24, are 2.5%. The former Youth, aged 25 to 34, are 15%. Transgender under 2%. New to care 3%. Medicaid 47% and Uninsured 18%.

- Postel reminded the committee that individuals receiving Medicaid are nearly half of our Ryan White clients and the Medicaid income limits are under 139% of poverty. These are NEMA's target population. While uninsured are the ones who don't have insurance for whatever reason. They can be undocumented as well. But this population is a smaller percent, but their medical care is paid for by Ryan White.
- **Diagnose:** The goal in this pillar is to improve utilization of existing HIV testing services by 15% in the EMA. The way this is measured is by looking at the testing sites and at the target populations, and examining what percent of them are newly diagnosed.
 - 200 individuals who are newly diagnosed in the measurement year ending June 30.
 - Of these 42 and five over two 583 were men who have sex with men. Well over half were black African American. Only 20% Black women 15% youth 14% aged 19 to 24. year old nearly two and five aged 25 to 34 3%. Transgender nearly half were uninsured 37% Medicaid.
- **Trends among the priority populations:** Black African Americans are increasing slightly from 54 to 56%. MSM, likewise, increased slightly from 39.3% to 40/7%. Black women remained level. Youth 13 to 24 and 19-24 are slightly increasing. Age 25 to 34. is declining slightly from 40.6% to 38.2%. Transgender individuals have increased slightly from 2.7% to 2.9%. Medicaid, being the low-income individuals, is stable at around 37%. Uninsured increased slightly 47% to 48%.
- **Treat: Increase linkage to care within 30 Days of Diagnosis to 95% by 2026:**
 - Postel Mentioned that the EMA had a baseline of 74% that were linked to care within 30 days, it went up to 78%, and is down slightly this measurement period to 77%, but is still an upward trend.
 - Linkage to care within seven days, which is Rapid ART, is improving significantly from 43% to close to 51% As of June 30.
 - The EMA will continue investigating linkage to care throughout 2023 to find out what some of the issues are and barriers to care within the EMA for newly diagnosed individuals.
- **Goal 2.2: increase viral load suppression to 95% by 2026:** The EMA has increased from the baseline of 88% to close to 90% this measurement period.
- This goal is categorized in three different ways: Viral Load Suppression (VLS), which is based off the most recent viral load; Durable Viral Load Suppression for 1-year, which measures all viral load measurements for a 1-year period under 200; and Durable Viral Load Suppression for 2-years, which assesses all viral load measurements for a 2-year period under 200.
 - **Viral Load Suppression (VLS):** By demographics, we see that men who have sex with men have improved significantly from 88% to 90%. Black African Americans have improved slightly after a dip in early 2023, they're going from 87.3% to close to 88%. Black women, saw a dip in early 2023, but are back to 89%. Age 25 to 34 are increasing

but saw a slight decline this measurement period from 86.3% to 85.6%. Youth ages 13 to 24 and 19 to 24 have increased from 76.2% to 79% and 77% to 78%. This is a great sign, being that youth are the toughest population to get viral suppressed across the country. Transgender improved from 82.3% to 88.9%. Newly diagnosed went from 63 to 70%. Uninsured went from 88.6% to 89%, Medicaid increased from 87% to 88%. Postel mentioned that of all the insurance types of all our categories, those receiving Medicaid have the lowest viral suppression. Postel suggested that the EMA should target those receiving Medicaid because of multiple factors such as poverty, geography, etc.

- **Durable Viral Load suppression 1-year Trends:** MSM stayed the same from baseline at 81.6%. Black women improved slightly from 81.2% to 81.6%. Black African Americans improved slightly from baseline of 78.9% to 79.7%. Ages 25 to 34 improved slightly from 75.3% to 75.8%. Both youth age groups went down. Transgender, slightly decreased from 75.7% to 75.3%. Uninsured decreased from 79.1% to 77%. Medicaid, on the other hand, went from 78 to 79%.
 - **Durable Viral Load suppression 2-year:** DVLS 2-years saw an overall improvement from 71% baseline to 72.2%. MSM stayed the same. Black women improved from 70 to 73%. Black African Americans went from 69 to 70%. Individuals aged 25 to 34 improved from 63.2% to 64.6%. Youth in both categories improved as well over the two-year period. Transgender improved significantly again from 64.3% to 69.1%. The uninsured stayed the same at 68.0%. Medicaid improved from 67% to 68%.
 - Scangarello asked a question regarding patients on Medicaid who did not have their Viral Load test. Postel mentioned the report was from the office of HHS inspector general's office which stated that 27% of individuals receiving Medicaid did not have appropriate care based on standards (didn't have a medical visit within the year or didn't have a test for Viral Load. The discussion was held on Monday for the DOH CQM meeting. This issue will be investigated by the state Medicaid office.
 - Scangarello continued to discuss the fear of individuals being lost to care due to the current circumstances. She mentioned that since COVID-19 this has been an issue with her clinic. Postel mentions that this is an issue not only for RW agencies, but for all providers, even those outside of RW. Our job within the EMA is to make sure agencies are conducting the appropriate test and properly documenting.
 - One recommendation Postel raised was data sharing agreements discussed by the state DOH. The goal is for Medicaid to share their data of those who have HIV with the state to find additional gaps in service. Currently, 50% of the state's clients living with HIV are comprised of those on Medicaid. For this very reason data transparency is necessary and the goal should be getting individuals with Medicaid access to care. .
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- **Review/ Update Health Insurance Premium and cost-sharing Assistance (HIPCA) for low-income individuals**
 - The committee reviewed and made updates to the health Insurance Premium and Cost-Sharing Assistance (HIPCA) for Low Income Individuals Service Standard.

- Under **section II. Second paragraph bullet 1** contained a typo which read “*client’s obtain health care coverage that at a minimum [...];* the committee decided to remove “*that*”. The section now reads “*Clients obtain health care coverage at a minimum.*”
- Dumago made a motion to accept the service standard with changes. Hemingway seconded the motion. All were in favor, there were no abstentions or objections. The service standard was passed and will be submitted to the PC for 30-day review.

8. Administrative Issues— PC (Planning Council) Support Staff

There were no issues reported.

9. Announcements

There were no announcements reported.

10. Next Meeting

The next COC (Continuum of Care) meeting will be held on Thursday, October 12, 2023, at 10 AM via Zoom.

11. Adjournment

Morales made a motion to adjourn the meeting, and Bagchi seconded. All were in favor. The meeting was adjourned at 10:57 AM.