

Continuum of Care Committee

MEETING SUMMARY

Thursday, January 14, 2021 at 10AM

Video-Conference via Zoom: <https://zoom.us/j/95564284395>

Teleconference: (929) 205-6099 / Meeting ID: 955 6428 4395#

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

Guests: Tanzila Salim, Jen Grimsich, Kathleen O'Brien

Support Staff: Tania Guaman, Vicky Saguy

1. Welcome and Moment of Silence

Morales called the COC meeting to order at 10:01 AM. Morales welcomed all in attendance and called for a moment of silence to be observed for all those living with, those who have passed and those affected by HIV/AIDS.

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 November 12, 2020

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

The November 12th meeting summary sent in advance electronically for review. Morales asked for a motion to approve the meeting summary as presented. Dr. Bagchi motioned to approve. Scangarello seconded. There were no oppositions or abstentions.

5. Standing Committee Updates

- CPC – Guaman provided the January CPC report.
 - The committee finalized and approved the Integrated Health Plan and will be introduced to the Planning Council at the February meeting since the January meeting was cancelled.
 - The committee also received a Committee Orientation.
 - The committee reviewed the Operating Policies and Procedure. There were some amendments, and the final version will be submitted to the Planning Council.
 - The committee also reviewed its membership. There was a recommendation to send an email to Union County providers asking them to join the committee and fill in the available seats.

There was also an emphasis to increase Consumer representation for the counties of Union, Morris, Sussex, and Warren.

The next CPC meeting will be held on Friday, March 12, 2021 at 9:30am via Zoom.

- REC – Dr. Bagchi (REC Chair) provided the REC January report.
 - The committee reviewed and approved the agency tool for the Needs Assessment.
 - The committee also had an REC orientation.
 - The committee reviewed the workplan calendar and the role of the REC in the Integrated PlanThe next REC meeting will be held on Monday, February 8, 2020 at 10AM via Zoom.

- CIA/CC – Guaman provided the December and January CIA reports.
 - December 18th – 49 attendees
 - Janssen presented “How to manage HIV as a Chronic Disease”.
 - There was a conversation regarding the Core Service Waiver in which the recipient asked community members if they support the need to apply for the core service waiver to allocate funds outside of the 75/25 requirement. All attendees unanimously supported to apply for the core service waiver.
 - January 13th meeting – 25 attendees
 - This meeting focused on the Core Service Waiver. All attendees unanimously supported the core service waiver application as well.

The next CIA meeting will be held on February 24, 2020 from 5:00 to 7:00PM via Zoom.

6. Old Business

- Reformat & Update the Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals Service Standard
 - Support Staff will correct the approved dates.
 - This service standard was reviewed at the last meeting and the committee asked for input from the recipient.
 - Under the Service Limitations/Requirements, the New Jersey Pilot Health Insurance Premium Program was changed to New Jersey Health Insurance Premium Program (HIPPP).
 - **Motion:** Morales asked for a motion to approve the Health Insurance Premium and Cost-Sharing Assistance service standard with amendments as of today. Dr. Bagchi moved to approve. Scangarello seconded. There were no abstentions or oppositions. This service standard will be introduced to the Planning Council in February.

- Report on “A comprehensive Overview of Service Standards for Part A Planning Councils”
The Comprehensive Overview of Service Standards for Part A Planning Council Summary was sent electronically prior to the meeting.

7. New Business

- Reformat & Update Substance Abuse Outpatient Care – The committee reviewed this service standard, and the following was discussed:
 - Scangarello mentioned that the Key Service Components and Activities from Substance Abuse Residential includes Life skills training and Relapse Management under the minimum of ten hours of psychotherapeutic treatment and were not included under the minimum of ten hours

- of psychotherapeutic treatment on the Substance Abuse Outpatient Care. This change was made to have consistency on both standards. Also, "Couple sessions" was made a bullet point.
 - Scangarello mentioned that the Program Guidance covers what it is under Service Limitation/ Requirements. The statement on Program Guidance was added under Service Limitation and will ask the recipient for input. Dumago recommended to remove the last Section of the Substance Abuse Outpatient Care Service Standard, Program Guidance 16-02. This section title was added at the end of the statement.
 - The statement "Substance Abuse Treatment Standard of Care Approved by..." was removed.
 - Bullet points under "Documentation" were deleted since they are on the Universal Standard.
 - **Motion:** Morales asked for a motion to approve the reformatted version of the Substance Abuse Outpatient Care Service Standard with edits. Dr. Bagchi moved to approve. Dumago seconded. No abstentions or oppositions.

- Reformat & Update Substance Abuse Services (Residential) - The committee reviewed this service standard, and the following was discussed:
 - Scangarello mentioned that "must be" on the first bullet on Key Service Components and Activities was not included on the Substance Abuse Outpatient Care. Morales recommended to make the Substance Abuse Services (Residential) consistent with the previously approved Substance Abuse Outpatient Care since the care given is the same and the only difference is that way is being provided. "Must be" was remove from the sentence. Also, during the discussion on what Co-Occurring Services meant, Dumago recommended to add a parenthesis stating: "Mental Health/Substance Abuse Treatment" at the end of that bullet point.
 - The statement under Program Guidance [HIV/AIDS Bureau Police 16-02] was move to the Service Limitations/Requirements section. This section title was added at the end of the statement and removed as a section.
 - Under Assessment and Service Plan, the statement: "Assessment of dangerousness of self and others" was changed to "Assessment of self-harm and harm to others".
 - The statement "Substance Abuse Treatment Standards of Care Approved by..." was removed.
 - Bullet points under "Documentation" were deleted since they are on the Universal Standard.
 - The section "Qualifications Training" was changed to "Staff Training and Qualification" to be consistent with the new format.
 - **Motion:** Morales asked for a motion to approve the Substance Abuse Services (Residential) Service Standard with the edits made at this meeting. Dr. Bagchi motion to approve. Scangarello seconded. There were no abstentions or oppositions.

- Discuss risk reduction and STI screening practices
 - Morales mentioned that the CPC asked for input regarding risk reduction and STI screening practices.

Risk Reduction:

 - While the CPC was updating the Integrated Health Plan, the risk reduction goal needed an update. The CPC reviewed the risk reduction report and noted that 49% of risk reduction is provided by Medical Case Management and 66% though medical visits. The CPC was wondering if not all the clients were getting risk reduction or if there are some issues on how data was being captured. The CPC wanted to know if risk reduction was only done by medical visits or Non-Medical Case Managers were also conducting risk reduction activities.
 - The CPC questions to be addressed the COC were:

- How do you provide risk reduction counseling?
- Who enters this information into the patient's chart?
- How do you capture this information into the EMR?
- Is risk reduction done for everyone or only high-risk patients? (i.e., someone who is virally suppressed)
- Morales mentioned that NJCRI captures the risk reduction for everyone when they are receiving medical services, or when they are doing reassessments with the patients. The Medical Case Managers make notes of patient's risk factors, including PrEP under risk reduction. They also provide risk reduction education depending on client's needs and behaviors. Risk reduction information is also captured on CHAMP as well under the risk reduction tab. Morales emphasized that even if the patients are not being seeing medically, risk reduction must occur across the board with the clients.
- Scangarello and Guzman mentioned that risk reduction is done primarily by the Medical Case Managers at their respective agencies and that they also input the information into CHAMP.
- The last question was changed to: "Which clients receive risk reduction education?"

STI Screening:

- Scangarello mentioned that STI Screenings are done on an annual basis. However, some patients get screenings on a more regular basis.
 - Salim commented that usually STI screening is once a year unless the patient has increased risk factors dependent on their lifestyles. Rutgers documents it under the counselling section. Risk reduction counselling happens at nearly every visit.
 - Dumago mentioned that every patient regardless of reporting being sexually active receive an STI screening because it was noted a lot of patients who reported not being sexually active had STIs. All STIs screenings including the results are documented in the EMR and a form.
 - One question was added for STI screenings: "How often do you do STI screenings?"
- Morales recommended to create an anonymous online survey to get feedback and send it to all NEMA providers to capture more information. The COC will review the survey answer at the February and will submit the findings to the CPC.

8. Administrative Issues— PC Support Staff

None

9. Announcements

Clark is concerned that a high percentage of clients who need rental assistance are HIV+ with high bills. Clark mentioned that there should be a collaborative effort among Ryan White Funding to assist clients to cover the whole rent bill. Morales suggested to contact the Ryan White Office to find who has funding for EFA and can collaborate to pay portions of the bill to cover for the whole bill. Morales mentioned that there is COVID-19 related assistance available that can be used for people who have been affected by COVID-19.

10. Next Meeting

The next COC meeting will be held on Thursday, February 11, 2021 at 10AM via Zoom.

11. Adjournment

Morales asked for a motion to adjourn the meeting. Scangarello motioned to adjourn the meeting. Clark seconded. All members agreed. The meeting was adjourned at 11:33AM.