



**Continuum of Care Committee  
MEETING SUMMARY**

**Thursday, June 9, 2022, from 10:03AM to 11:43AM**  
 Video-Conference via Zoom: <https://zoom.us/j/85358756881>  
 Teleconference: (929) 205-6099 / Meeting ID: 853 5875 6881

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

**Guests:** Stephanie Antoine

**Support Staff:** Christine Sadler and Carla-Ann Alexander

**1. Welcome and Moment of Silence**

Vieshia called the meeting to order at 10:03AM 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**

Sadler conducted the roll call. Quorum was met later in the meeting.

**3. Public Testimony**

There was no public testimony at this meeting.

**4. Approval of Meeting Summary from February 10<sup>th</sup>, March 10<sup>th</sup>, and May 12<sup>th</sup>**

The February 10<sup>th</sup>, March 10<sup>th</sup>, and May 12<sup>th</sup> meeting summaries were approved and will be distributed electronically.

**5. Standing Committee Updates**

- *Comprehensive Planning Committee (CPC)* – Sadler provided the May 13<sup>th</sup> CPC report.
  - Committee members reviewed and worked on deliverables for the Integrated Prevention and Care Plan. Specifically, they continued crafting the goals, activities, and strategies for the plan. The committee will continue this at the June meeting.
  - In addition, members received an update on the Full Needs Assessment for consideration in the Priority Setting and Resource Allocation process.

- The next CPC meeting was rescheduled from Friday, June 10<sup>th</sup> to Friday, June 17<sup>th</sup>, 2022, due to scheduling conflicts. The committee will continue working on goal and objective developments for the Integrated Prevention and Care Plan and tasks necessary for the Priority Setting and Resource Allocation process.

The next CPC meeting will be held on June 17, 2022, at 9:30AM via Zoom.

- *Research and Evaluation Committee (REC)* – Sadler provided the May 16<sup>th</sup> REC report:
  - Postel gave an update on the Draft Agency Survey.
    - The survey questions were reviewed and finalized by the RWU.
    - The next step is to upload the survey into survey monkey and send it out to agencies.
  - The PC support staff gave an update on the Funding Stream report.
    - The current report was presented to the committee for feedback. The committee approved the information in the report and there was no feedback. It can now be sent to be finalized.
  - The 2022-2026 Prevention and Care Plan goals are to do data sources, review what was already done, and include it in the plan.

The next REC meeting is scheduled for June 27, 2022, at 10 AM via Zoom.

- *Community Involvement Activities Committee (CIA)* – Sadler stated that the May 25<sup>th</sup> CIA report.
  - The Support staff gave a presentation on Priority Settings and Resource Allocation.
  - There was an overview of the 16 Service Categories.
  - The recipient's office presented the PSRA process and service categories rankings.
    - There was an overview of the FY 2022 Service Model.
    - Roman reviewed Priority Settings rankings. Her chart showed the percentage of funding each category receives based on recommendations.
    - Roman went over the Core Service waiver and what it is used for.

The next CIA meeting will be held on June 22, 2022, at 5:00PM via Zoom.

## 6. Old Business

- **Planning for the 2022-2026 HIV Prevention and Care Planning-**
  - Section 5 Situational Analysis
    - The committee last worked on this document in March.
    - Some committee members were given assignments to focus on specific target audiences. Dumago was assigned African Americans, Scangarello was assigned transgenders, and Padilla was assigned the youth.
    - Dumago gave his report on African Americans ages 25-44.
      - For the year 2021-2022, in this age group, there is a total of 1,327 enrolled in the Program. There are 944 patients who are virally suppressed and 383 patients who are not virally suppressed. Of the 1,327 patients, there are 728 patients with a medical visit and 599 patients without one. For the next meeting, Dumago will present a breakdown of male, female, and transgender numbers.
    - Scangarello gave her report on transgenders aged 19-44.
      - For those not virally suppressed, there was a total of transgender male to female sixty-one and female to male five. For those virally suppressed, the percentages

for transgender male to female was at 85.2% and for the transgender female to male with 60%.

- For better knowledge, Scangarello reached out to Dr. Finkel, and she had feedback regarding things she felt were strengths, challenges, and identified needs for this population. Scangarello based her report off this feedback.
  - As far as diagnosis, there is a growing number of centers in Essex County that provide LGBTQ sensitive testing and linkage.
  - As far as challenges go, there is a lot of stigmas with this population. There's also avoidance of traditional medical care facilities for transgender clients which causes decreased access to safe medical care.
  - As far as identified needs are concerned, peer navigation and community outreach to get HIV tested is needed. This will also help people to not only get tested but to attend HIV visits and to sustain milestones of HIV. Using social media to recruit, identify and test high risk transgender clients is needed. Having more drop-in centers that provide transgender affirming space were trans-identified and gender nonconforming individuals can find social support is a need. Other needs include having safe harassment free spaces, as well as access to housing resources, legal services, employment services, transgender affirming health education, and linkage to medical care. Having clinics with special hours to avoid feeling stigmatized is also needed.
  - As far as strengths for treatment, there are growing numbers of clinics incorporating gender affirming therapy and HIV care in NEMA.
  - Some challenges that this population feel is discrimination by some health care providers, provider insensitivity and hostility, high depression rate, language challenges, high rate of unemployment and poverty which can lead to no insurance or under insurance.
  - There is a need for more mental health care services, community health workers, and case managers to maintain contact with clients. Another need includes having increased education among providers to increase provider comfort with prescribing HIV therapy for clients on gender affirming therapies.
  - As far as prep, there are several support services in Essex County that do provide prep and linkage for transgenders and there are HIV services locator websites. For those that do not have insurance, the USDHHS Ready, Set, PrEP Program and HRSA funded clinic visits and lab tests.
  - Susan Garcia shared with Scangarello an article about New Jersey's designated hospital systems that are leaders in LGBTQ to healthcare equality. For Essex County, Newark Beth Israel Medical Center and for Morris County it is Morristown Medical Center.
  - Padilla added that transgender people under the age of 18 face similar, if not worse, challenges.
  - Morales added that the NJCRI has a Pride Center.
- The committee will continue to work on the Situational Analysis at the next COC meeting.
- Discuss any training needs and finalize the FY 2022 Committee workplan
  - Support team made changes to April, May, June, and July. Expected and actual dates were inputted into the workplan.

## 7. New Business

- **Presentation: Quality Management Presentation by Stephanie Antoine**
  - Newark is the epicenter of the HIV epidemic with 42% of the people living with HIV and RWHAP clients here in the EMA.
  - Antoine expressed the difference between the Quality Management Program and the Quality Management Plan. The Quality Management Program is a systematic process with identified leadership, accountability, and dedicated resources, which also include a strategy to use data and measurable outcomes to determine progress towards relevant and evidence-based benchmarks. The Quality Management Plan outlines the scope of the HIV Quality Management Program including clear indication of responsibilities, accountability, performance measurement strategies and goals and elaboration of processes for ongoing evaluation and assessment of the Program. Quality improvement consists of systematic and continuous actions that lead to measurable improvement in healthcare services and the health status of target patient groups.
  - The components for the NEMA QM:
    - Newark EMA QM Plan
    - Newark EMA QM Committee
    - CHAMP Client Level Database
    - Data Extractions for CQM purposes
    - Technical Assistance and training of physicians/medical providers and medical case managers in Quality Improvement Activities
    - Performance Measurement
    - Continuous Quality Improvement
  - There are different reporting periods when it comes to the data that is being extracted and the data being looked at when doing reports.
  - H4C stands for HIV Care Continuum Cross Part Collaborative. We have continued to participate in NJ's H4C committee although mandatory participation ended.
  - The policy management team looked at all indicators and took recommendations from HRSA to see which services standards need to implement more. The services categories they highlighted were: Medical Case Management, Outpatient/Ambulatory Care, Mental Health, Substance Abuse, and Non-medical Case Management. When it comes to case managers, there is not much representation in meetings. The policy management team are currently looking for individuals that may be interested or have input that they want to bring to meetings monthly. They meet every last Wednesday of the month.
- **Review/update Medical Case Management, including treatment adherence Service Standard**
  - The committee took out *Part V. Indicators/Performance Measures* section of the Medical Case Management standards since they are in the Universal Service Standards. They also removed the "Documentation" section of this standard.
    - The committee motioned to review approve changes.
- **Review/update Outpatient/Ambulatory Service Standard**

- The committee re-worded section V. Assessment and Service Plan. For initial laboratory testing STI screening, the committee added, “Syphilis, Gonorrhea, and Chlamydia—three site testing using NAAT testing as recommended by provider.”
  - The committee motioned to review approve changes.
- **Review/update Housing Service Standard**
  - The committee updated section VI. Personnel Qualifications and Training. Rutgers is no longer part of AIDS Education and Training (AETC).
    - The committee tabled the motion for approval to the next meeting due to lack of quorum.

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

- A new Program Assistant was hired for Support Staff. The committee welcomed her and stated a brief introduction of themselves.

#### **9. Announcements**

- June is HIV Awareness Month
- HIV Testing Day on June 24, 2022. A flyer will be sent out.
- Clark has a list of agencies giving out funds for anyone who was affected directly by COVID-19. He informed members to refer candidates directly to him. Sadler will send out an updated list of these agencies to the committee.

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

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

#### **11. Adjournment**

The meeting ended by Morales decree at 11:43 a.m.