

**Continuum of Care Committee  
MEETING SUMMARY**

**Thursday, August 10, 2023, from 10:00 AM to 10:44 AM**

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

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

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

**Guests:** None.

**Support Staff:** Carla-Ann Alexander, Destiny Smith, and Robeto Benoit

**1. Welcome and Moment of Silence**

Morales called the meeting to order at 10:00 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**

Bagchi conducted the roll call. A quorum was established.

**3. Public Testimony**

There was no public testimony.

**4. Approval of Meeting Summaries from July 13th**

The meeting summary from July 13<sup>th</sup> was sent out electronically Hemingway made a motion to approve the meeting summary and Bagchi seconded, all were in favor.

**5. Standing Committee Updates**

- *Comprehensive Planning Committee (CPC)* – This committee last met on July 14, 2023
  - The committee discussed and finalized rankings and allocation percentage for NEMA-wide Service Categories for FY'2024.
  - Complete any remaining PSRA tasks and approved FY'2024 Priority Setting and Resource Allocation Report for PC immediate submission.
  - The CPC Will not be meeting on August 11, 2023. The next CPC meeting is scheduled for Friday, September 8, 2023. The meeting will take place at 9:30 a.m. via Zoom.
- *Research and Evaluation Committee (REC)* – The committee last met on July 17, 2023.
  - The committee Reviewed the status of the 2023 Needs Assessment

- The committee also received a presentation from Michael Hager from My Voice Our Stories
  - The next REC meeting will be held on August 21, 2023, at 10 AM via Zoom.
- *Community Involvement Activities Committee (CIA)* - The CIA last met on Wednesday, July 26, 2023, at 5 PM via Zoom.
    - Postel gave an update on the FY 23 Needs Assessment
    - The next CIA meeting will be held on Wednesday, August 23, 2023, at 5 p.m. via Zoom.

## 6. Old Business

- There was no old business.

## 7. New Business

- **Integrated HIV Prevention And Care Plan Progress Report #2**
  - As of April 30<sup>th</sup>, MSM account for ¼ of Ryan White Part A clients within the EMA, black African-Americans are nearly 2/3<sup>rd</sup> of the clients, 36% men and 28% women. Youth ages 19-24 are 2.5%. Former Youth 25-34 are 15%. Transgenders are 1.5%. Newly diagnosed clients are 3%. Medicaid clients are about 47% and Uninsured clients are 17%. Nearly half of our clients are low income, receiving Medicaid income is below 139% of the federal poverty level.
  - **Goal 1-1: to improve utilization of existing HIV tests systems by 50% in the EMA**, reviewed the priority populations and the percentage of which are newly diagnosed RW clients. Nearly half, 49.5%, are uninsured, 37% are Medicaid. 39% are MSM. 54.6% were African American (mostly male). 15% are Youth, ages 13-24 and former youth, ages 25-34, are 14.8%.
  - Postel reviewed trend lines of newly diagnosed populations in regards to demographics, age, sexual identity, and level of health insurance.
    - Based on demographics, newly diagnosed black women, African Americans, and MSM remained relatively the same. Black women declined ever so slightly.
    - Age: Former Youth declined by 3% while Youth Ages 13-24 and Ages 19-24 witnessed slight declines within a 4 month period.
    - Sexual Identity: Newly diagnosed transgender individuals increased from 2.7% – 3.1%, a minor increase within the past 4-months.
    - Insurance Status: Newly diagnosed clients who have Medicaid insurance remained relatively unchanged. 36.9-36.7%, while those who were uninsured increased from 47.1% - 49.5%.
  - **Goal 2-1: Increase Linkage to Care within 30-days of diagnosis by 95% by 2026:** Over the 4-month period we've increased from 74.3-78.1%, showcasing a move in the right direction. Linkage to care within 7-days increased as well from 43.4-48.0%.
  - **Goal 2-2: Increase Viral Load Suppression (VLS) to 95% by 2026:** Overall VLS was at 88.6% at baseline but has increased to 89.2% as of April 30<sup>th</sup>, 2023.
    - New to Care remain low because they are not virally suppressed.
    - Youth is low at 76%
    - All other priority populations are in the upper 80's. 89.8% of MSM are virally suppressed. 87.1% of African Americans are virally suppressed, black women at 88.8%. 88.6% of Uninsured clients and 86.9% of Medicaid clients are virally suppressed.
    - Most counties within the EMA are above 92% except for Essex County being at 87.3% of the clients living there being virally suppressed. Union County has 92.2%, MSW at 94.6%, and 92.3% for those living outside of the EMA.
    - The bulk of the epidemic lies within 5 cities. Newark being at 87% virally suppressed, East Orange at 87.2%, Irvington at 84.8%, Elizabeth 90.9%, and Plainfield at 95.1%.

- Trend lines for VLS, DLS1, and DLS2 have improved within the 4 month period. By demographics we've noticed an increase in MSM, but slight decreases within Black women and black African Americans. With Respect to Age, Former youth Ages 25-34 has increased from 83% - 86%. Youth in both categories have seen a slight decline. Transgender decreased slightly. The uninsured increased while Medicaid remained the same.
  - Durable Viral Load Suppression (DVLS) after a year mark slightly increased from baseline of 81.0%-81.6%. Trend lines have also increased slightly, except Youth. Durable Viral Load Suppression after 2 years has slightly increased in all sub populations.
- Scangarello mentioned concerns for those who are uninsured. It seems as if there is a rise in patients who have no insurance. Though they may have charity care, there still seems to be an issue in receiving preventive health care for exams like pap smears, Colposcopies, colonoscopies, etc.
- Bagchi inquired if the committee has noticed people getting kicked off Medicaid because of Medicaid unwinding. Many people were enrolled into Medicaid due to the COVID19 crisis, but now that it is no longer an emergency, Medicaid has started to reissue renewal applications. Some clients who have not received their renewal applications due to moving without notice or other unknown reasoning.
- Thankfully, Morales mentions, there is a program in place called presumptive eligibility, a Medical Available Service Program, which allows clients to receive "temporary access" to Medicaid for one day. Not everyone has access to the program to be able to utilize it.
- With respect to preventative services, Postel mentions that If the individual is HIV positive, the services rendered can be paid for by Ryan White. If not, the patient must use charity care or other programs that are available to the general population.
- Scangarello and Roman continued to discuss billable services under the Ryan White Program. Preventative services that are being billed to Ryan White must be documented and related to the patient's HIV infection. If the reasoning behind a specialty service is not documented or related to an HIV infection, it cannot be billed under Ryan White.
- Scangarello mentions the issue with certain HIV clients and comorbidities. She has found, within her agency, clients who have an increased risk for HPV due to their HIV/AIDS infection but was told that these services are ineligible to be paid under Ryan White funds even though the increase in risk for HPV is due to HIV diagnosis.
  - Aliya mentioned that it is under the doctor's discretion to determine whether the disease/service provided is related to HIV infection.
  - Bagchi adds that it is imperative for us to educate providers and agencies about the comorbidities that arise within PLWHA. The nature of their disease puts them more at risk and warrants them the ability to receive additional tests and screenings.
- Dumago raised a concern for undocumented patients who are in the US on Tourist Visa. They come to the clinic for care but are ineligible for Charity care and their aren't enough RW funds to pay for their Lab work.
  - Morales mentioned that It is important for sub recipients to identify within their program, whether or not they do not have enough funding, or will run out of funding for the fiscal year. If more funding is required, it is important that they discuss this with their program monitor ahead of time.

- The recipient's office has ability to help with additional funding, but sub recipients don't make requests for additional funds in time, and their actual spending doesn't demonstrate that they even have a need because they can't exhaust the grant in the full award. Therefore, Roman is stressing that sub recipients speak to their program monitor as soon as possible to determine if they're eligible for additional funding.
  - Roman also mentioned that HRSA has changed the due date of the financial report. This requires that contracts get closed out sooner than later. In the past requests for more funds were allowed to go in a few months out after the end of the contract in February. These requests will now have to be made sooner, as the deadline has now changed.
- **Review and Update the Substance Abuse and Residential Treatment Services Standard.**
  - The committee reviewed the Substance Abuse and Residential Treatment Service Standard. Bagchi motioned to approve the standard as written. Dumago seconded, there was no opposition or abstentions.
  - Roman reminded the committee that funds for Residential Substance Abuse have not been allocated for FY24, therefore the service standard will not be submitted to the Planning Council for 30-day review.
- **Review and Update the Substance Use and Outpatient Care**
  - Bagchi moved a motion to approve the Substance Use and Outpatient Care Service Standard, Scangarello seconded; all were in favor. There were no oppositions, No abstention. The service standard was passed as written for 30-day review by the Planning Council.

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

There were no issues reported.

#### **9. Announcements**

- Rochall announced that David Ketris and Judy Barbaria are working with Rutgers doing research about peripheral neuropathy. A research study with patients with HIV that have referred neuropathy, or diabetic neuropathy or HIV neuropathy. They'll be looking at alternatives for pain medication. They should be reaching out to the committee soon for more information.
- Morles announced that NJCRI is having a back-to-school community bash on August 18, 2023, from 10 am – 3 pm at NJCRI Parking lot, 393 Central Ave Newark, NJ.
- Roman stated that if any questions going forward are raised in the committee pertaining to the service delivery, the recipient's office will present them to the new HRSA project officer for further guidance. Two questions she has in mind include a question about the status neutral approach and psychosocial support. Roman will circle back with the committee after her discussion.

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

The next COC (Continuum of Care) meeting will be held on Thursday, September 14, 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 10:44 AM.