Nassau-Suffolk HIV Health Services Planning Council
STRATEGIC ASSESSMENT & PLANNING COMMITTEE
UNITED WAY OF LONG ISLAND, DEER PARK, NY
January 18, 2023

Members Present	**Members Absent**	**Guests**
Wendy Abt	Jacqueline Ponce-Rivera, Co-Chair	Stephen Sebor
Arthur Brown	Hector Alcala	
Eileen Bryant	Susan Baldridge	
George Marzen	James Colson	
Victoria Osk	Vanessa Okeke	
Colin Pearsall	Scott Petersen	
Joseph Pirone	Denise Ragsdale	
Sofia Porres	Patricia Ross	
Erik Rios	Claire Simon	
June Tappan	John Van	
Crissy Witzke		

Staff	**Absent**
Georgette Beal	Katie Ramirez
JoAnn Henn	
Myra Alston	
Nancy O'Keefe	

I. Welcome and Introductions

Ms. O'Keefe welcomed those present. Introductions were made, followed by a moment of silence to remember those whom we have lost and those living with HIV, COVID and other illnesses that we are currently dealing with. Ms. O'Keefe reminded everyone that COVID cases are still high on Long Island in both counties and the recommendation is to wear masks. Flu is still widespread but the numbers are going down. She encouraged everyone to be careful and safe.

II. Approval of November 2, 2022 Minutes

Mr. Pearsall made a motion to accept the minutes as read. Ms. Porres seconded the motion.

6 approvals   4 abstentions   0 Opposed

III. SAP Co-Chair Nominations

Mr. Ilvan Arroyo retired at the end of November leaving an open committee co-chair position. Although it is endeavored to have consumers as committee co-chairs across the Planning Council committees, it is not a requirement for the SAP committee. Co-Chairs facilitate meetings, helping to move the agenda items along. Co-chairs share the responsibility for running meetings. A request was made to fill the vacancy. George Marzen from Thursday's Child agreed to fill that SAP Co-Chair vacancy. George was thanked for stepping up and congratulations were extended.

IV. SWOT Analysis Results

A graduate student intern worked with us to update and HIV System Assessment that was developed in 2010 and a SWOT analysis was completed. The SWOT Analysis results were presented to the committee as a report as well as a matrix table. SWOT is an acronym for Strengths, Weaknesses, Opportunities, and Threats. The analysis was broken down into five categories: Clients, Planning Process, Services, Funding, and Quality Management.

A quick summary follows:

1. Clients (Consumers)

Consumers are very active on the Planning Council, its committees, and on various consumer advisory boards. Consumers provide feedback and offer lived experiences to the planning process. These strengths help us to have a robust system. Youth and young adults are not well represented in the planning process for HIV services. Service utilization of certain priorities is underutilized because some clients are unaware of available HIV/AIDS resources. COVID has had an impact as many clients have become isolated and disconnected from services. Opportunities to improve participation by clients include adding translation services to meetings and documents to make the process more inclusive to Spanish-speaking consumers. The Council should also focus on increasing public awareness of the role of the Planning Council. There is a threat of burnout if consumer membership is not expanded to include new members in order to avoid an over-reliance on veteran members.

This section of the SWOT analysis prompted a discussion about the HRSA definition of what it means to be an unaligned consumer. Mr. Pirone suggested that the HRSA definition is a bit dated; acknowledging that while the Peer Certification Program is noteworthy and helpful its impact can be felt at membership Council level. Also, addressing Council reflectiveness, Mr. Pearsall noted, that youth and young adults communicate differently. A change of approach may be needed to meet them where they are at.

2. Planning Process

The Planning Process has a strong annual Priority Setting and Resource Allocation (PSRA) process that is data-driven. Almost all Council members commit to a second term. Council members often reapply for membership after rotating off their second term, while continuing to participate in committee meetings during the interim. It can often take a long time for people to gain enough information and understanding about the Planning Council and the planning process to feel comfortable enough to become active members. Scheduling evening or weekend meetings may potentially increase participation. The opportunity exists for the Council to further expand its collaborative planning efforts by coordinating with other regional groups. There is the potential for loss of consumer participation, due to burnout, illness, other CAB/planning body responsibilities Long Island gets overlooked in funding decision, especially when compared to the better funded NYC metro area.

3. Services

The region serves a high number of unduplicated individuals making services attainable to all. Most services are located near transportation or in high need communities and are responsive to consumer needs. Unfortunately, not all provider agencies have active CABs and/or consumers who are engaging in the process. Eligibility documentation is often difficult to obtain and is a burdensome requirement for providers. Agency hours and limited transportation services can be barriers to accessing services. Although an agency may be located near transportation or in high

need communities, the limited transportation services make it difficult to access evening or weekend service. The EMA should create an awareness of RW as a safe space for any consumer in need of Part A services. Threats include a higher than average staff turnover. The geography of Long Island is so large it is hard to ensure parity of services in both counties.

4. Funding

RW funds are critical to addressing gaps in care and for expanding access to care. While generally flat funded, RW Part A funding has remained stable over time enabling the region to maintain its continuum of care. However, flat funding prevents the region from increasing offered services, making it difficult to address the needs of the newly diagnosed, out of care and unmet need. Partial awards can severely impact the EMA's ability to contract with providers in a timely manner, to finalize award amounts and are burdensome to smaller agencies who rely on these funds. Core Services waiver provides flexibility with regards to core and support services (75%/25%).Congress does not always pass budgets on time resulting in continuing resolutions and partial awards. Reauthorization remains uncertain.

5. Quality Management

Viral load suppression is high throughout the region. Agencies are well monitored and spend their funding down accordingly. Each Part A funded agency has a QM plan with attainable goals in place. Data is only as good as the people entering it. State data lags with real time data making it difficult to forecast regional trends. Regional HIV testing data numbers were compromised in the early days of the pandemic, making it difficult to get an accurate picture of the current HIV epidemic. Performance measure definitions don't always reflect current practice. Real time data from NYSDOH to better compare the data sets to assess how we are doing regionally toward our goal of Ending the Epidemic would be helpful, as would a simplified reporting process to make data more accessible regionally and prevent data entry error across multiple systems. Agency wide staffing shortages exist. Duplicate reporting requirements from multiple funding sources increases the administrative burden on already stretched thin staff. Late and inconsistent data entry into CAREWare can hamper the ability of the EMA to identify emerging needs in a timely manner.

V. EIIHAA Plan Year 1 Review/Update

It is a HRSA requirement to implement and monitor the EIIHA (Early Identification of Individuals with HIV/AIDS) Plan throughout the year. Interestingly, although Ryan White Part A is funded for direct HIV care services, the region was tasked with creating an EIIHA plan based on information received from collaboration with Prevention Providers. The current EIIHA plan covers a three year period from FY22-25.The activities in the Plan are aimed at ensuring that individuals who are unaware of their status are identified, informed of their status, referred to supportive services, and linked to care. The N-S EMA identifies MSM, Blacks/African Americans, and Hispanic/Latinos as subpopulations with disparities in health outcomes in the region. This plan with its strategies, was shared with the committee for review and feedback. The difficulty of contacting urgent care networks to connect clients to HIV specific service providers remain. To increase public awareness of the current recommendations for routine, ongoing testing, using social media, it was suggested that engaging CIC members to review/recommend social media messages and updated NYS educational materials for distribution in the EMA be added to the committee workplan. It was also suggested to change the terminology of IDU to PWID (People who inject drugs) to be less stigmatizing.

The EMA's overall anticipated outcomes for the FY22-24 EIIHA Plan align with the outcomes of the Integrated Plan and NYS ETE Blueprint. These outcomes include: 1) Reduce the annual

number of new infections to 150 in N-S EMA; 2) Increase to 85% the percentage of persons newly diagnosed who are linked to HIV medical care; 3) Increase to 90% the percentage of individuals living with HIV infections with continuous care; 4) Increase to 80% the percentage of individuals living with HIV infection with a suppressed viral load; 5) Reduce HIV-related disparities in communities and specific populations at risk for HIV infection; 6) Reduce stigma and eliminate discrimination associated with HIV status; 7) Strengthen ongoing HIV-related collaborations with appropriate public and private sector partners; and 8) Update relevant regulations and policies. SMART (Specific, measurable, Achievable, Relevant, and Time-bound) goals were established to ensure the proposed objectives are attainable within the anticipated timeframe.

FY23 PSRA Timeline

A PSRA timeline will be finalized and sent to committee members. The PSRA meetings are scheduled to begin in July. Community forums will be held prior to those meetings. Community forums are open to people living with HIV/AIDS, people affected by HIV/AIDS, service providers, case managers and medical personnel in order to garner information and feedback about needed services on Long Island. Due to the impact of COVID, the previous two annual community forums were done virtually; presenting a challenge to get significant participation. This year, the committee decided to have four in-person forums in each county (one in English and one Spanish in each county) and one virtual forum for who are not able or comfortable with meeting in person. Although transportation is not provided, it is hoped that this strategy will result in increased attendance.

Ms. Osk offered Nassau-Suffolk Law Services for the Nassau English and/or Spanish forum. Mr. Pirone agreed to facilitate the English language forum. Ms. Tappan volunteered to facilitate the Spanish language forum. Mr. Pearsall offered Project Safety Net's Community Center in Patchogue for Suffolk English Language forum, noting that its location is along the bus line. Ms. Bryant offered to facilitate. Ms. Porres offered to facilitate a Spanish language forum in Suffolk. Dates and details to follow.

VI. Announcements/Adjournment

There were no announcements.

A motion was made by Mr. Brown and seconded by Ms. Tappan to adjourn the January 18, 2023 SAP committee meeting. All in favor-motion carried.