

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

March 6, 2024

**Members Present**

Jacqueline Ponce-Rivera, Co-Chair  
George Marzen, Co-Chair  
Susan Baldrige  
Arthur Brown  
Eileen Bryant  
James Colson  
Cathy Martens  
Victoria Osk  
Angie Partap  
Colin Pearsall  
Scott Petersen  
Joseph Pirone  
Sofia Porres  
Denise Ragsdale  
Stephen Sebor  
Claire Simon  
John Van  
Crissy Witzke

**Members Absent**

Wendy Abt  
Erik Rios  
Patricia Ross  
June Tappan

**Guest**

**Staff**

Georgette Beal  
JoAnn Henn  
Myra Alston  
Nancy O’Keefe  
Katie Ramirez

**Absent**

**I. Welcome and Introductions**

Ms. Rivera, Co-Chair, began the meeting at 10:05am. A moment of silence was requested to remember those who are struggling, followed by introductions.

**II. Approval of January 10, 2024 Minutes**

Ms. Osk made a motion to accept the minutes as read. Ms. Martens seconded the motion.  
14 approvals                      4 abstentions                      0 Opposed

**III. 2023-2024 Integrated Plan (IP) Pillars and Strategies**

There are quarterly meetings for the planning bodies responsible for updating and implementing the NYS Integrated Plan (IP). The workplan implementation template was introduced at the previous SAP meeting. The template includes 2022-2026 ranked goals and strategies to assist with implementation of activities as they relate to the strategies and align with the EIHA (Early Identification of Individuals with HIV/AIDS).

A copy of this template was sent to the SAP committee for review and feedback prior to this meeting. While not all the goals apply to our region those that do were reviewed and discussed.

The 2022-2026 goals for *Diagnose*, are: 1. Increase the percentage of persons living with HIV who know their status to 98%, 2, Increase the percentage of New Yorkers who tested for HIV in the past 12 months, and 3, Reduce the number of new HIV diagnoses by 55%. The first strategy is to promote HIV, STD/STI low-cost or free testing locations as well as free HIV at-home testing kits sponsored through the NYSDOH AI by utilizing social media platforms and existing program materials to help engage high-risk individuals to get tested and know their status. Regional IP activities include HIV, STI, and HEP C testing by our funded agencies. For example, Circulo has walk-ins and 9-5 testing appointments at their Hempstead location, Thursday's Child also offers walk-in testing, and Northwell CART has an outreach program. Rapid testing is available at Edie Windsor Healthcare Center, Sun River Health, LGBT Network, and PFY. Planned Parenthood does STD testing. CYAAP (Center for Young Adult Adolescent and Pediatric HIV) does HIV, HEP C, And STI testing on Fire Island. Testing reports are sent to Ms. Porres from Stony Brook Hospital, and Ms. Hatcher receives a separate testing report from the Emergency Department at Stony Brook. There is a Northwell report from Emergency Departments at North Shore, LIJ.

Some of the IP activities planned are to convene testing programs/ initiatives for regional update, collaborate with the ETE Committee and engage CIC members to participate in HIV Testing Day events. Testing locations can be found using the widget on the Planning Council website. It is important for committee members to be aware of all the available testing venues. PFY is the recipient of the Regional Prevention and Support Services Initiative (RPSSI) funds in Nassau County and Edie Windsor and Sun River Health are subcontractors for the initiative in Suffolk County.

AETC (AIDS Education and Training Center) at Stony Brook conducts monthly training for medical and other providers to assess barriers and increase, promote, and expand access to routine HIV testing as per NYS guidelines in medical and non-medical settings, including HIV skills testing. Northwell Health is developing a sexual health curriculum. Dr. Rosenthal offers community trainings for providers at The Center for Transgender Care at Northwell. Southampton offers several trainings for providers and staff through the LGBTQ Equity Project., in addition to conducting transgender survey the previous year. IP activities planned include advocacy for grant to routinize HIV testing, and discussion between SAP committee about increasing awareness of current recommendations for routine, ongoing testing using social media and engaging individuals to review/recommend social media messages and updated NYS educational materials for distribution.

Although it has been a challenge to build stronger connections with urgent care networks such as CitiMD and specialty care centers for LGBTQ+ individuals to connect consumers to HIV-specific service providers, Thursday's Child and Northwell Health are endeavoring to meet that challenge. Efforts to educate communities on their sexual health rights and how to navigate testing are accomplished through PREP programs, The PFY Empowerment Program, bi-monthly meetings/trainings at LGBT Network, CAPP (a pregnancy prevention sexual health education program geared towards middle and high school students), and implementation of Part F Sex Positive approach.

The 2022-2026 goals for *Treat* are: 1. Increase the percentage of persons living with diagnosed HIV who receive HIV medical care with suppressed viral load to 95%, 2. Increase the percentage

of persons living with diagnosed HIV medical care to 90%, and 3. Increase the percentage of Black persons and Hispanic/Latino persons living with diagnosed HIV who receive HIV medical care to 95%, reduce current disparities on median CD4 among persons living with diagnosed HIV. To meet those goals, cultural and linguistic expectations have been added to the Standards of Care. Part A funding is allocated to MCM to address health literacy with emphasis on bilingual patient education specific to non-English speaking consumers to improve their disease knowledge, adherence, and retention in care. Request for Proposals (RFPs) have improved access to services by expanding program hours, availability of appointments, locations, and staff composition as a directive. The CIC committee and consumers are used in quality processes to assess services, barriers, and gaps through the Consumer Survey and community forums. Peer workers are employed to support sustained engagement in HIV prevention and care services. Consumers are informed about AETC peer training and presentations at CIC meetings. Linkage and retention in care is improved through targeted support and follow-up of medical care to confirm that continuity of care is provided. HRSA/HAB measures are tracked by EMA and reported to the Planning Council. CQI projects are created and developed where percentages are low.

2022-2026 goals for *Prevent* are: 1. Increase the number of individuals filling prescription for PrEP to 65,000, 2. Reduce current disparities in PrEP utilization rates (defined as the number of individuals on PrEP/100,000) across all racial and ethnic groups, age groups, and across all genders (identified by assigned at birth) across all regions in NYS., and 3. Reduce current disparities in statewide SSP service utilization across all racial and ethnic groups, age groups, and across all genders (as assigned at birth) across all regions in NYS. Prevention services are not funded through Ryan Part A. The template strategies of increasing public awareness, enhancing existing care networks to improve and increase access to the referral system, and strengthening relationships with CBOs that provide free or low-cost prevention methods were read. However, promotion of the availability on online and hotline resources such as the NYS HIV STI/HCV Hotline, United Way Long Island 2-1-1, and the Long Island Crisis Center Hotline is information that is shared through the weekly grant mailing

2022-2026 goals for *Respond* are: 1. Analyze surveillance data monthly to identify HIV transmission clusters and outbreaks to facilitate prompt public health response, 2. Re-engage 75% of persons defined as out of care within six months, and 3. Reduce current disparities in the reengagement rate of persons living with diagnosed HIV identified as out of care within six months across all racial and ethnic groups, age groups, and across all genders (as assigned by birth) across all regions in NYS. To improve capacity for community/zip code level surveillance data to better identify clusters and high need areas, CART uses viral suppression heat maps, and zip code level data. However, the current data is two years behind. (Spring 2022). Unmet Need data is used to help refine targeted outreach strategies and are utilized during the Priority Setting and Resource Allocation (PSRA) process. Cascades of Care also have useful information. PSRA process results in recommendation to county on RFP changes and focus to assist with increasing flexibility of funding applications and allocations to redirect funds to priorities and programs that meet the needs of identified cluster groups.

#### **IV. 2024 Consumer Survey**

The SAP committee previously reviewed the survey questions for relevance and clarity. The final draft of the seventy-seven questions survey was approved and will be soft-launched this week. The survey should be filled out by anyone with HIV/AIDS living in Nassau or Suffolk County. It should be filled out only once per person and all information will be kept confidential.

The goal is to have 500 completed surveys by the deadline of May 31, 2024. Hard copies of the Consumer Survey are available in Spanish and English. There is a Survey Monkey link to complete the survey online in English. Ms. Ramirez is available by phone on Fridays from 11am-1pm to help clients complete the survey. Funded providers and peers will be assisting clients with completing the survey. The 2024 Consumer Survey provides valuable information which assists with the decision-making during the PSRA process as to where funds should be allocated.

**V. Announcements/Adjournment**

Emergency contact forms were made available for committee members to complete. This information is useful for staff and committee members in the event of an accident or medical emergency. The form includes primary and secondary contacts with phone numbers and relationships to members. This information will be kept in a secure location.

Ms. Bryant made a motion to adjourn the March 6,2024 SAP meeting. Mr. Sebor seconded the motion. All in favor-Motion carried.