

**NASSAU-SUFFOLK HIV HEALTH SERVICES PLANNING COUNCIL
UNITED WAY OF LONG ISLAND, DEER PARK, NY**

**March 9, 2022
10am – 12pm**

MINUTES

MEMBERS PRESENT

Traci Shelton, Chair
Felix Ruiz, Vice-Chair
Hector Alcalá
Ilvan Arroyo
Susan Baldrige
Nashon Clark
Clara Crawford
William Doepper
Lawrence Eisenstein, MD
Juli Grey-Owens
Cathy Martens
Johnny Mora
Victoria Osk, Esq.
Colin Pearsall
Scott Petersen
Gregson Pigott, MD
Jacqueline Ponce-Rivera
Erik Rios
Claire Simon
Edward Soto
June Tappan
Katelin Thomas
Kerry Thomas

MEMBERS ABSENT

Arthur Brown
Tania Chiu
Nancy Duncan
Teresa Maestre
Angie Partap
Denise Ragsdale
John Van

GUESTS

Eileen Bryant
Kerrie Daley Morris
Alison Karppi
George Marzen
Neel Patel
Joseph Pirone
Melissa Restropo
Denise Small
Tylisha Villarule
Rebecca Wade

UWLI STAFF

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

COUNTY STAFF

Nina Sculco

I. Welcome and Moment of Silence

Ms. Shelton, Chair, began the meeting at 10:10am. She requested a moment of silence to remember those living with HIV/AIDS and those who are suffering with COVID.

II. Public Comment on Agenda Items Only

There was no public comment.

III. Approval of Minutes

Spelling errors were corrected. Ms. Thomas made a motion to accept the amended November 10, 2021 meeting minutes. The motion was seconded by Mr. Doepper
14 approved 9 abstentions 0 Opposed -Motion Carried

Mr. Ruiz made a motion to accept the January 12, 2022 meeting minutes as read.

Ms. Martens seconded the motion.

18 approved 4 abstentions 0 Opposed - Motion Carried

IV. Committee Reports:

Mr. Ruiz reported on the Executive Committee which met on Tuesday, March 1 2022. The Planning Council agenda was approved. A virtual site visit from HRSA that is scheduled for the end of June, will cover three programmatic areas: Administrative, Planning Council and Fiscal. HRSA sent an extensive list of materials that need to be submitted for the review. HRSA plans to meet virtually with the Executive Committee and with consumers of Part A services in the region. There will be pre-site visit meeting with the County and United Way before June in order to discuss timeframes and how to share the documents. United was also recently monitored by Nassau County and received a favorable report. All agency site visits have been completed. The EMA received a partial award and is currently in the process of reviewing continuation funding applications (CFAs) in preparation for contracting. Planning Council membership was discussed and there is ongoing recruitment for unaligned consumer members

Mr. Arroyo reported on the March 2, 2022 **Strategic Assessment & Planning Committee** meeting. Goals and objectives of The Integrated HIV Prevention and Care Plan were reviewed and discussed with the committee. It is important to ensure that the needs of the N-S EMA are addressed in the Plan, which is due December 2022. FY22 PSRA (Priority Setting and Resource Allocation) was also on the agenda. Although the grant is now multi-year, there is still a PSRA process. Meetings are tentatively scheduled to begin in July of this year. How best to gather the information that was obtained from the community forums was discussed. Consumers provided feedback regarding Ryan White Part A core and support services at these forums; due to the pandemic there were no forums held in 2020 and the 2021 virtual community forums were poorly attended. Possible solutions were suggested. Planning for the PSRA process will continue at the next SAP meeting.

Ms. Baldrige reported on the **Consumer Involvement Committee** which met on Friday, February 11, 2022. The members discussed the committee's work plan which includes activities and focus for FY22-23 as well as recruitment strategies for unaligned consumer membership. Committee members were emailed a form requesting two individuals or agencies they thought would be interested in learning more about the Planning Council. Planning Council member and CIC Co-Chair, Mr. McHugh, informed the committee that he has accepted a job offer and will leaving the Long Island area in March. The committee wished him well as they thanked him for his years of services.

Mr. Doepper reported on the February 24, 2022 **Clinical Quality Management Committee** which began with an overview of the regional Clinical Quality Management (CQM) Plan. Updates to the CQM Plan and work plan were reviewed, discussed and approved for FY 21-22 and the FY22-23 plan and work plan were approved. These documents include: the five goals to maintain a CQM Plan for the purpose of driving and guiding the formal assessment and evaluation of the quality of services provided in the Nassau-Suffolk EMA; ensure compliance with service standards of sub recipients within the Nassau-Suffolk EMA; monitor performance measures for all Part A funded priority categories based on HAB/HRSA Performance Measures and best practices; develop and implement Continuous Quality Improvement (CQI) Initiatives system wide through the EMA and collaborate with HIV Care and Prevention programs in the Nassau-Suffolk EMA (NYLinks, Ending the Epidemic), as well as Ryan White Parts A-D.

Membership- A Survey Monkey link will be sent to Planning Council members to vote on the two Planning Council candidates.

V. HOPWA Presentation

Ms. Karppi gave the annual HOPWA update. She stated that the Long Island region continues to have the highest number of HIV cases among the suburban metropolitan areas. The Town of Brookhaven in conjunction with project sponsor, UWLI, is continuing a needs assessment of affordable housing and supportive services in Nassau and Suffolk County. The needs assessment is part of their five year consolidated plan. An outside consultant is hired for all of the federal programs and conducts the needs assessment. This plan is updated annually. The lack of affordable house is a serious problem. HOPWA funds are used for “bricks and mortar”. Having listened to what was said during previous presentations, more projects are for independent living as compared with group living situations.

Two projects are in the final stages of development. One is for three 1bedroom units above a counseling center in Coram, United Veterans Beacon House will be overseeing the project. The other is for ten single bedroom units in Medford in partnership with Well Life. Two other properties were identified in Lindenhurst and Copiague. There are attempts to find available parcels in Nassau County. Referring agencies are United Veterans Beacon House (UVBH), Options for Community Living, CHI, and Catholic Charities.

The subject of affordable housing prompted many in attendance to share experiences of landlords not accepting Section Eight. 10% of housing is mandated for affordable housing. These problems need to be addressed. Ms. Osk asked to be informed if anyone was told that section eight was not accepted. She explained that in some instances, when housing complexes were taken over by new companies, the older management was not aware of new practices. Regarding the definition of affordable housing, Ms. Karppi replied that 30% of a person’s income would be used to pay for housing. When asked about opportunities to attend public hearings about HOPWA housing, Ms. Karppi assured the Council that all are welcome and she would share information about upcoming meetings.

Dr. Eisenstein’s suggested that since there is a new administration in Nassau County the Council might was to invite a representative from housing to the meeting. He offered to be a liaison to connect the Planning Council with housing director at Nassau County.

VI. Planning Council Bylaws Review and Vote

The Planning Council Bylaws are reviewed and updated approximately every two years. These bylaws include rules and structure to help the Planning Council run smoothly and fairly, The Council must have procedures to guide its activities.

Thanks to Ms. Shelton, Ms. Osk, and Mr. Ruiz for reviewing and making recommendations to update the Planning Council Bylaws. The proposed revision of the bylaws was sent to Planning Council members prior to this meeting. A PowerPoint was presented to the Council to summarize the proposed changes:

- Since the specific process for selecting the Planning Council chairs and vice-chairs is not mentioned in the current bylaws, it was recommended that the following wording be added- *The Executive Committee is responsible for selecting the Chair and Vice-Chair from the Council membership. Individuals must be members in good standing at the time they are selected and continuously during the time they serve.*
- Although the bylaws do not specify whether the nomination/application process needs to be conducted in person or not, *either in person or virtually* was added to the section to allow for flexibility.

- In order to clarify the quorum standard for the Executive Committee with respect to voting on items such as reallocation, the proposed recommendation was to add, *A vote may proceed by half of the Executive Committee members present*, which replaces the previous wording of *polling members*.
- The process for nominating CIC co-chairs differs from other committees, which are appointed by the PC chair and vice-chair based on committee recommendations. To align with the practice, the following wording will be added- *With the exception of the Consumer Involvement Committee, where the co-chairs are nominated and voted on by committee members and shall elect its own leadership*.
- Committee term of service increased to two years.
- There is significant consumer representation on all committees, but to clarify consumer roles in co-chairing committees, the italicized wording was recommended to be included on all committee descriptions, with the exception of the clinical quality management committee-*Although not a requirement, the region shall endeavor to appoint a person living with HIV as chair of each standing committee*. However, it is a regional requirement that one of the co-chairs of the CQM committee be a consumer.
- It is a requirement of Planning Council membership to join at least one committee. The previous word *shall be required* was changed to *are required*.
- There is no limit to the number of committees an individual can join.
- Clearly stated that no committee member can chair more than one committee.
- It was decided that language on voting needs to be updated to ensure fair and equitable committee voting. Only one member from an agency is eligible to vote on a committee. Others are welcome to attend and participate but not vote. Aligned consumers are not considered an agency member. To clarify and further define ‘agency’, the following phrase will be added to this section- *Functionally independent entities within a broader network shall not be considered one agency*.
- Term limits exist (not to exceed 4 four years) to give other committee members an opportunity to chair. *Unless circumstances dictate otherwise* will be inserted into the committee section so that an exception may be made in cases when no other members are willing or able to serves as chair.
- Although a grievance policy is in place, to ensure further clarity on the types of grievances that can be submitted by PC members. *Insofar as the Planning Council has no role in selection of specific agencies for funding, grievances on that subject should not be directed to the Planning Council but to the Recipient*, will be added at the end of this section.
- A confidentiality statement as an appendix to the bylaws for signatures by members, which includes the following wording -*“By signing the Confidentiality Policy & Pledge, Planning Council members agree to the conditions set forth in the document”* will be kept on file.

Dr. Eisenstein made a motion to accept the revised Planning Council Bylaws, a motion that was seconded by Dr. Doepper.

All in favor- Motion Carried,

VII. Update on Integrated HIV Prevention and Care Plan

Ms. Claire Simon provided a review and update on the Integrated plan in a PowerPoint presentation. The first ever Integrated HIV Prevention and Care Plan (2017-2021) was created by HRSA and the CDC and is consistent with the National HIV/AIDS Strategy and the Ending the Epidemic Blueprint. This is the second iteration of the five year plan for 2022-2026. Although NYS is on track to meet ETE goals, the impact of COVID resulted in extending those goals (Identify, link, and provide access to PrEP) until 2024. In 2020, the AIDS Institute implemented activities with stakeholders across NYS to identify current needs and increased areas of focus for ETE efforts beyond 2020. Listening forums were conducted across the state. Findings are outlined in *ETE Beyond 2020 Addendum Report*.

The Integrated Plan includes the four goals of *diagnose, treat, prevent, and respond* and involves working collaboratively throughout New York State to reach achievable goals. The CDC and HRSA have allowed jurisdictions to develop new goals and objectives that align with public and private sectors to leverage strengths and to add or revise services to address local health inequities that may remain. This can be accomplished by reviewing and using existing plans such as CQM and EIHAA. This process has already begun at Strategic Assessment & Planning committee meetings. Information and data from all the jurisdictions will be submitted, and compiled to update the plan.

Ms. Simon shared the timeline to accomplish all the activities including but not limited to, gathering and identifying needed documents, setting up templates to receive document submissions, scheduling meetings to review data, drafting IP narrative and assessing for any missing information, presenting draft information to advisory HIV groups, and receiving feedback that are needed to update the Integrated Plan, which is due December 9, 2022.

VII. 2022 Member Training Needs Assessment Results

The Planning Council is responsible for training members on their roles and responsibilities. A member Training Needs Assessment is distributed annually to help plan future trainings. Planning Council members were asked to rank the top three topics from the provided list and were encouraged to include other topics that they feel would be beneficial. The Training Needs Assessment is also an opportunity for members to present relevant topics of interest.

1. Based upon received feedback the top three ranks topics (coincidentally receiving the same number of votes) were:
 - **Aging with HIV**
 - **Disparities in care (MSM of Color, Women of Color, Trans, Youth)**
 - **Unmet Needs of the Hispanic Community.**
2. **Cultural Competency, Data Interpretation, and Understanding the Different Insurance Options** were also cited often.
3. Other suggested topics were:
 - **Working and Keeping Your Benefits**
 - **Gender 101-Understanding Trans, Non-Binary and Intersex people**
 - **SUD/NARCAN training.**

Two Planning Council members offered to present. The Executive Committee will use these rankings to help develop agenda items for future meetings, based on availability, timeliness and other Planning Council business that has to be addressed.

VIII. Announcements/Adjournment

- This is the National Week of Prayer for the Healing of AIDS.
- Thursday's Child is hosting a Zoom cooking class on March 17th at 11am
- Social luncheon and special presentation by HIV Stops with Me will be held at the Project Safety Net Community Center on March 15th from 12pm-2pm. Sponsored by PSNNY, Thursday's Child and AHF Pharmacy, reservations required.
- Dr. Eisenstein informed the Council that Ms. Carolyn McCummings is now the Director of Health Equity at the NCDOH.
- The National HIV and Aging Advocacy Network that is co-chaired by Ms. Nancy Duncan, is looking for new members. Contact Ms. Martens or Ms. Duncan for more information.
- Ms. Martens informed the Council that the consumer newsletter, Positive Views is being relaunched and volunteers are needed to assist in its development and publication. Stories, artwork, healthy living and pet photos are planned sections for the newsletter.

Dr. Eisenstein made a motion and Ms. Martens seconded the motion to adjourn the March 9, 2022 Planning Council meeting. All in favor, motion carried.