

**NASSAU-SUFFOLK HIV HEALTH SERVICES PLANNING COUNCIL
UNITED WAY OF LONG ISLAND, DEER PARK, NY
May 10, 2023
10am – 12pm**

MINUTES

MEMBERS PRESENT

Traci Shelton, Chair
Kerry Thomas, Vice-Chair
Wendy Abt
Tyrone Banister
Susan Baldrige
Eileen Bryant
Nancy Duncan
Carmen Feliciano
Johnny Mora
Victoria Osk, Esq.
Angie Partap
Colin Pearsall
Scott Petersen
Gregson Pigott, MD
Joseph Pirone
Jacqueline Ponce-Rivera
Denise Ragsdale

MEMBERS ABSENT

Hector Alcala
Nashon Clark
James Colson
Irina Gelman, DPM
Margret Henry
Cathy Martens
Sofia Porres
Erik Rios
Claire Simon
Edward Soto
June Tappan
John Van

GUESTS

Arthur Brown
Barbara Garrison
George Marzen

UWLI STAFF

Georgette Beal
Myra Alston
JoAnn Henn
Katie Ramirez
Marcela Van Tassel

COUNTY STAFF

Nina Sculco, NCDOH
Andrew Knecht, DO, NCDOH

I. Welcome, Moment of Silence, & Welcome

Ms. Shelton, Chair, began the meeting at 10:20am and welcomed everyone. Introductions were made. She then requested a moment of silence for those who have paved the way for us at the present.

II. Approval of March 8, 2023 Minutes

The attendance list was updated. Ms. Baldrige made a motion to accept the meeting minutes as corrected. Ms. Ragsdale seconded the motion

10 Approved 7 Abstentions 0 Opposed

III. Administrative Update

Ms. Beal reported that there was a slight increase in the full award the region received. The RFP process has been completed. The review committee's suggestion was to not fund the Early Intervention Services (EIS) priority. The committee cited the low number of new positives found through EIS and other street outreach programs as well as the overlap with other testing and linkage requirements, all of which resulted in high costs and poor outcomes for funded EIS programs. One current EIS provider applied for and received funding for Medical Case Management (MCM) the other program (which did not apply for MCM funding) was notified with ample time for program closure.

IV. Committee Reports

Mr. Thomas reported on the **Executive Committee** which met via Zoom on Tuesday, May 2, 2023. The Planning Council agenda was reviewed and approved. The agenda includes a presentation by Debra Brown from the AIDS Education and Training Center, committee reports, and a presentation of the results of the Administrative Mechanism. Executive Committee members were informed that region received its full Part A/MAI Notice of Award for FY23-24 in April. RW providers were notified of their award amounts on 4-28-23. Part A Conditions of Award are due at the end of May and in June.

Ms. Baldrige reported on the **Consumer Involvement Committee (CIC)**, which met in person on Friday, April 14, 2023. Ms. Osk from Nassau Suffolk Law Services spoke to the committee about changes in programs and benefits for 2023 and responded to consumer concerns and questions. Discussion and planning for the World AIDS Day event was tabled. A separate meeting will be scheduled to begin planning for the event. The EMA's World AIDS Day event will be held in person on Friday evening, December 1, 2023. Details to follow.

Mr. Marzen reported on the **Strategic Assessment & Planning Committee (SAP)** meeting that was held on the May 3, 2023. The PSRA process and its timeline were discussed. SAP members reviewed and amended questions in preparation for the 2023 Community Forums. A total of 5 forums will be held this year (4 in person and 1 virtual). The dates, times, locations, and facilitators for each meeting were finalized. Community Forum flyers were emailed to Council and committee members and included in the weekly mailing. There was a discussion about the EIS priority. The agenda item to discuss/update the region's EIIHA Plan was tabled.

Ms. Partap reported on the **Clinical Quality Management (CQM) committee** which met virtually on April 27, 2023. A summary of the results of the Administrative Mechanism Surveys for Planning Council and Providers was given. The committee decided on Medical Nutrition Therapy (MNT) as the next Quality Improvement (QI) project. There was a **membership meeting** immediately following the CQM committee to review Planning Council applications; Two new Planning Council candidates were approved for balloting at today's Council meeting. Documentation will be sent to the respective counties, early next week

V. Administrative Mechanism Report

A review of the Administrative Mechanism is a legislative requirement for RW Part A programs in order to assess their efficiency in rapidly allocating funds to the areas of greatest need within the eligible area. If the administrative mechanism is not working well, the Planning Council is responsible for making formal recommendations to the CEO of the EMA in order to continue the timeliness and effectiveness of the contracting process.

The Clinical Quality Management Committee (CQM) is responsible for conducting an annual assessment of the Nassau-Suffolk EMA's administrative mechanism. Previous year's questions were reviewed by the committee and surveys were sent to both Planning Council members and Part A funded providers. Both surveys reviewed the previous year's planning process and the resulting priorities that are funded in the current fiscal year. Questions for members were specific to the Council, its mission, trainings, and the PSRA process. Provider questions focused on procurement, distribution of funds in FY 22-23, contracting, and knowledge of PSRA process.

The result are as follows:

Planning Council (23 of the 29 Planning Council members responded to the survey). The survey results confirm that the EMA is effective at both allocating and reallocating funds to priorities that mirror the needs of the region and are supported through needs assessments and data collection. All Council members indicated a clear understanding of the PSRA process (a key component of the administrative mechanism). As in the previous results, 100% of PC respondents replied that they were familiar with the process. 91.30% reported participating in the process, which is a slight increase over last year. They also agreed that the process is both data-driven and an overwhelming majority reported that the needs of special populations were addressed. 9.52% replied the needs of IDU were not considered and 4.76% did not think the needs of those Out of Care were considered in the planning process.

Providers (All 14 funded providers responded to the survey). 100% of providers, which represents an increase of 7% over the previous year results, responded that they were familiar with the PSRA process. 92.31% agreed the process is data driven. All agreed that the process addresses the needs of special populations. All of the agencies were monitored and received a comprehensive site visit in FY 22-23. All respondents agreed that contract managers and fiscal staff were accessible, and that technical assistance, when requested was reported as both timely and helpful.

The Request for Proposal (RFP) was released on November 4, 2022, with a deadline of January 13, 2023. A procurement section was added to the survey to receive valuable feedback about the RFP process. Agencies learned of the RW Part A RFP in 3 ways: Email from UWLI Staff, the weekly grant mailing, and Program agency/contact. When asked if they were aware of the RFP issue date and deadline with enough time to adequately prepare and submit proposal: 76.92% of providers strongly agreed, 15.38% agreed and 7.69% were neutral. The Bidder's Conference was held in December, 2022. An overwhelming majority agreed that adequate information about the RFP process was provided, only 7.69% disagreed. 100% of respondents agreed that the Nassau-Suffolk EMA conducted an open and competitive procurement process, with standardized procedures and requirements for funding and that the RFP clearly described criteria and procedures for reviewing proposals. 100% of providers answered that the 2022 RFP clearly stated expectations. In response to a provider comment that, "We have not been notified of our funding despite the fact the contract year ended." It was acknowledged that delays in receiving the full award from HRSA impacts the EMA's ability to conduct a smooth RFP process. However, providers were notified of the delays in receiving full award and existing contracts were extended to ensure continuity of services until the region was notified of its award.

Regarding Timeliness of Payments- 92.31 % of providers agreed that once contracted, vouchers were paid in a timely manner (an increase of 6.6% from the previous year). Noting that provider invoice errors and missing documentation can impact processing times, respondents were asked about the average turnaround time for UWLI to reimburse their agency once a complete invoice was submitted. 30.77% reported that vouchers are paid within 7-15 days, as compared to the previously reported 14.29% last year (an increase of more than half). 46.15% reported payment between 16-30 days, (previously reported as 35.71%). Most significantly, only 23.08% (compared to 50% last year) reported payment more than 30 days. Provider meetings and trainings aimed at minimizing invoice errors and ensuring all required documentation is attached to vouchers helped to improve the timeliness of payments. It was recommended that we continue to examine and streamline the contracting process. It is expected that new multi-year funding should greatly reduce the contracting time moving forward.

In the area of Contracting- All of the providers were in agreement that the Continuation Funding Application material outlines all materials required for continued funding, no-one disagreed that United Way of Long Island (UWLI) provided a clear scope of service for each contract. 100% of providers replied that contracting changes made it easier for agencies to get contracted, an increase of 14.29%. There was an increase of 13.74% in provider responses that the vouchering changes facilitated the vouchering and payment process (92.31%)

All providers agreed that communication with UWLI staff was easy, timely and satisfactory and that support was sufficient in getting work plans, budgets, and contracts executed as quickly as possible. Turnaround times for agency reimbursement significantly improved in FY22-23 due in part, to the implemented contracting and vouchering changes. These changes that made contracting easier, facilitated vouchering and payment will remain. The Planning Council upon hearing this report had no new directives to add.

VI. Words Matter

Ms. Deb Brown, J.D., spoke about the impact of language and the words we use. This presentation has been modified from “**Words Matter: An Antibias Workshop for Health Care Professionals to Reduce Stigmatizing Language**”. Although created with the medical/health care professional community in mind, there are lessons to be learned for us as well. Specific terminology will be defined and discussion is welcome and encouraged,

Do Words Matter? Stigmatizing Language and Transmission of Bias in the Medical Record.

Biased language in the medical record may impact perceptions of patients (especially more negative attitudes) and decisions regarding pain management. Stigma can be defined as an attribute, behavior or reputation that is socially discrediting. It is still a very real issue for many. Language can be stigmatizing it casts doubt on the patient’s experience and portrays the patient negatively by:

- Implying culpability
- Using pejorative linguistic variations, eliciting negative connotations
- Implying a stereotype (racist, sexist, non-nuanced)
- Using unnecessary details that might bias future providers (or future encounters).

Selected outrage is when one's prejudiced or biased demeanors come to light to show their disgrace towards a particular group. The tendency is to focus on specific issues or events while ignoring others that may be equally or even more significant. If we hear it enough, we begin to believe it.

In regards to patient health records, it should be noted that clinicians are not the only ones reading and interpreting medical records. Consequently, the language used can influence or impact patient care as well as cause possible negative opinions of the individual. Several examples of the power of language were given by comparing stigmatizing and anti-biased comments. Anti-biased comments describe the patient’s experiences and actions objectively and in an individualized way the promote patient’s best interest among providers; reflects a patient’s own presentation of self. Stigmatizing language uses labels and stereotypes to communicate patient conditions or contexts, (e.g difficult; drug-seeking); discounts a patient’s identity (e.g uses assumed gender or labels). Once such example when speaking of the same patient is the following:

Stigmatizing- “On physical exam, he appears to be in distress. “He refuses to wear his oxygen mask and is insisting that his pain is ‘still a 10.”

As compared to **Anti-Biased-** “On physical exam, he is in obvious distress. He is not tolerating the oxygen mask and still has 10/10 pain.”

Other examples include: test was ‘dirty’ or ‘clean’ vs. test shows X; Relapse vs. recurrence of use; successful suicide vs. died by suicide and wheelchair-bound vs. wheelchair user are some other examples. Some of those in attendance shared their experiences with such language, which were not always positive.

In order to change our biases, we need to be aware of them.

Ms. Brown mentioned the Harvard Implicit Association Test (IAT) which measures the strength of associations between concepts and evaluations or stereotypes to reveal an individual's hidden or subconscious biases. The validity of the test was debated by some. There was an acknowledgment that other professions, besides medical should be better policed,

In conclusion, it is important to be mindful of the words we use; language has power to build up or break down. Most of us have experienced stigmatizing language in patient care. Stigmatizing language perpetuates bias, increasing awareness can help change behaviors. Words matter.

VII. Public Comment

There was no public comment

VIII. Other Business/ Announcements

Community forums are scheduled in both counties in English and Spanish. The first one is Friday, May 19th 12pm-2pm at Sun River Health in Patchogue. A Save the Date flyer was available. Please spread the word.

BBQ & baseball. Thursday's Child together with AHF is hosting a LTS event at Ducks Stadium on Sunday May 21 at 1:30 pm. RSVP required. See Mr. Thomas for more information

IX. Adjournment

Ms. Baldrige made a motion, which was seconded by Ms. Rivera to adjourn the May 10, 2023 Planning Council meeting. All in favor-Motion carried.