

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

January 15, 2025

10am – 12pm

Meeting ID:

Passcode:

MINUTES

MEMBERS PRESENT

Nancy Duncan, Vice-Chair
Tyrone Banister
Susan Baldrige
Pam Biafora
Eileen Bryant
Jody Brinson
Lisa Corso
Clara Crawford
Carmen Feliciano
Margret Henry
Lance Marrow
Colin Pearsall
Joseph Pirone
Sofia Porres
Denise Ragsdale
Leah Richberg
Stephen Sebor

MEMBERS ABSENT

Kerry Thomas, Chair
Wendy Abt
Arthur Brown
James Colson
Irina Gelman, DPM
Cathy Martens
Maria Mezzatesta
Anuolo Oyadiran
Angie Partap
Gregson Pigott, MD
Jacqueline Ponce-Rivera
Scott Petersen
Edward Soto
June Tappan
John Van

GUESTS

Avis Giddiens

UWLI STAFF

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

COUNTY STAFF (Absent)

Nina Sculco

I. Welcome, Moment of Silence, & Acknowledgement

Ms. Duncan, Vice- Chair, began the meeting at 10:10 am. The meeting was held in person and by Zoom. Ms. Duncan welcomed everyone, and introductions were made. A moment of silence was observed to remember those living with and affected by HIV/AIDS. Ms. Leah Richberg from the AIDS Institute, was welcomed as a new Planning Council member.

II. Approval of November 13, 2024 meeting minutes

Ms. Ragsdale made a motion to accept the September meeting minutes as read. Ms. Feliciano seconded the motion.

10 Approved

6 Abstained

0 Opposed

III. Committee Reports

Ms. Duncan reported on the **Executive Committee** that met on Monday, January 13, 2025.

The Planning Council meeting agenda for January 15, 2025, was approved. Members were informed that site visits will be completed by next month. A memo was sent to providers reminding them to submit

vouchers and budget modification in preparation of the closeout of the grant. The current fiscal year ends on February 28, 2025. Next year (FY26-27) will be the start of new multi-year contracts for providers. Requests for Proposal (RFPs) are expected to be issued in the fall. Planning Council membership was discussed, including the recruitment of new members.

Ms. Baldrige reported on the **Consumer Involvement Committee (CIC)** that met on Friday, December 6, 2024. The meeting began with a discussion on the Medical Nutrition Therapy education video and concluded with the annual CIC holiday party. Members enjoyed lunch and exchanged gifts. United Way staff thanked the members for their commitment throughout the year. Susan Baldrige officially began her second term as CIC Co-chair and Pam Biafora began her first term as committee chair. The committee will be meeting in February to work on and approve a workplan for FY25.

Mr. Pirone reported on the **Strategic Assessment & Planning Committee** meeting that was held on Wednesday, January 8, 2025. A majority of the meeting was spent discussing and updating questions from the 2023 Provider Survey to update it for 2025. The Council administers a Provider Survey every two years to assist the Planning Council in setting priorities and allocating resources for HIV/AIDS services on Long Island through Ryan White Part A and MAI funding. The development of workplan for FY25 was tabled until the March 2025 meeting.

Ms. Feliciano reported that the **Clinical Quality Management (COM) committee** is scheduled to meet on February 27, 2025. There are no new Planning Council applications to review. Current Planning Council member demographics as of January 2, 2025, were shared with the Council.

IV. Annual Member Orientation-

An annual member orientation is held in January, during the first Planning Council meeting of the new calendar year. The objectives of this orientation are to provide information about the purpose and scope of the Ryan White HIV/AIDS program, specifically Part A, review the roles and responsibilities of Council members, equip all members to be well-versed and understand the goals and purpose of the Planning Council, gain a better understanding of the planning process, educate new members and offer a refresher for current members, as well familiarize members with often used acronyms.

The 2025 orientation consisted of the following topics:

1. The Ryan White HIV/AIDS Program (RWHAP)
2. What every PV member should know; an overview of PC and recipient roles, responsibilities, and boundaries
3. The Planning Council and the System of Care
4. Planning Council Operations,
5. Understanding and Using Data.

Each topic included an open-ended question for discussion and a summary of the key facts.

The Ryan White HIV/AIDS Program (RWHAP): What every PC member should know began with the fact this program is the largest federal government program specifically designed to provide services for people living with HIV (PLWH) and is the third largest federal program service PLWH-after Medicaid and Medicare. The purpose of RWHAP began as “emergency relief” for overburdened healthcare system at a time when effective medications were not available. The program has since been revised and extended to provide life-saving care for those with HIV/AIDS and addresses the unmet care and treatment needs of persons living with HIV/AIDS by funding primary health care and support services that enhance access to and retention in care.

RWHAP includes Parts A, B, C, D, F, which are administered by the HIV/AIDS Bureau (HAB) within the Health Resources and Services Administration (HRSA). RWHAP Parts are designed to work together to ensure a comprehensive system of care in urban, suburban, and rural communities throughout the United States. There are 24 **Eligible Metropolitan areas (EMAs)**: $\geq 2,000$ cases of AIDS reported in the past 5 years and $\geq 3,000$ people living with HIV. The Nassau-Suffolk region is an EMA. There are 28 **Transitional Grant Areas (TGAs)** 1,000-1,999 cases of AIDS reported in the past 5 years and $\geq 1,500$ people living with HIV.

Funding (formula and supplemental), legislative requirements, and planning were also discussed. The uniqueness of RWHAP Planning Council is that it's the only federal health/human services program that requires such a planning body. Planning bodies may include consumers but rarely have the HRSA requirement that 33% of Planning Council membership be unaligned consumers, almost none have such specific legislative responsibilities, including decision-making about how service funds are to be used.

Overview of PC Roles, Responsibilities and Boundaries- It is important to note that the Recipient and Planning Council are two independent entities, both with legislative authority and roles. Some roles belong to one entity, and some are shared. Effectiveness requires a clear understanding of the roles and responsibilities of each. Frequent communication, ongoing consumer and community involvement are crucial for an effective and successful Planning Council.

A chart illustrated roles and responsibilities of the Planning Council, Recipient, and Chief Elected Official (CEO), currently Nassau County Executive, Bruce Blakeman; the Nassau County Health Department (NCDOH) serves as his designee. Fifteen tasks (roles and responsibilities) were listed, beginning with the establishment of the Planning Council (sole responsibility of CEO) and ending with PC Operations and Support (Shared responsibilities of Recipient and PC). A checkmark indicated those of a single entity and which were shared.

As mentioned previously, the Planning Council has decision-making responsibility regarding how funds are to be used. The Council sets priorities, allocates resources and gives directives to the Recipient on how best to meet service priorities, also known as the Priority Setting and Resource Allocation (PSRA) process. An Organizational chart of the N-S EMA, Ryan White Part A, showed the breakdown of the Planning Council and its committees, Nassau County, and United Way of Long Island PC staff, and the Technical Support/Administrative/Fiscal Agent. To assess the understanding of the topic, Council members were given a blank matrix and asked, based on their prior knowledge and today's discussion, to complete. The matrix also is a good reference too to remember the roles and responsibilities.

The Planning Council and the System of Care. RWHAP exists to support a system of comprehensive, appropriate core and medical services for people living with HIV who have limited financial resources. Services should be culturally appropriate for diverse PLWH. In its early years, RWHAP helped to establish a continuum or system of HIV care. The current focus is on maintaining, assessing, and improving the system of care to reflect changes in the epidemic, prevention, treatment and the broader health care system and integrating prevention and care. The Planning Council and Recipient share responsibility for improving the system of care. The list of funded services, divided by Core and Support, was shared with the Council. PSRA is how needed services are identified for the people who need them. Maintaining a comprehensive, high-quality system of care is a key focus for both Recipient and Planning Council. RW Part A funds can be used to support both core medical-related and support services, noting that support services must contribute to positive medical outcomes. It is important that Council members understand the service categories since the Council decided which service categories to fund and how much money to allocate.

Part of the orientation included a Take Home Activity: Describing the Local System of Care. *Suppose you met a person with HIV who was receiving HIV care through the RWHAP Part program in another city but has just moved here. The person asks you to tell them about the system of HIV care and how to access medical care and support services.* How would you respond if the person was a young MSM of color, a woman with small children, a long-term survivor? The purpose of this activity was to have members think about how prepared they feel to answer that question and to give them the tools to be able to answer confidently.

Planning Council Operations The scope of Planning Council operations includes developing and updating Bylaws, policies and procedures to ensure fair, efficient operations. Establishing and implementing grievance procedures, managing conflict of interest, providing training to all members of which the annual member orientation is integral, leadership by the officers, usually Chair and Co-Chairs, coordination of other committees by the Executive Committee as well as, recruiting new members which includes an opens nominations process, orientation, and training and lastly, assistance from PCS staff. The Planning Council must meet legislative requirements, which includes representation in the legislatively required categories, 33% ‘unaligned’ consumers of RWHAP Part A services, and reflectiveness of the epidemic. The roles of PC Chair and committee chairs are to recognize the importance of meetings that are open, accessible, and provide an opportunity for public comments. There is a Code of Conduct. Chairs manage and facilitate the meeting, to maintain order and encourage participation. The role of the Planning Council Staff (PCS) is to help the Planning Council carry out its responsibilities and operate effectively. Recipient Staff roles with the PC were listed and explained. Some of the expectations for the Planning Council are to attend all PC meetings, actively participate in assigned committee, ask PC or PCS staff for training and support when needed, mentor other members and help recruit new members for Council or its committees.

All Planning Council members are required to sit on at least one committee as a voting member, Descriptions of the committees and subcommittees and their roles and responsibilities were discussed. In summary, PC operations make it possible to meet legislative responsibilities, PCS staff play a critical role, and much of the Council’s work can be done at the committee level. Committee and Council meetings require careful planning, sound agendas, appropriate materials, and policies & procedures that are consistently followed. The Chairs play a key role in making Council meetings successful.

A copy of the presentation and a list of the often-used acronyms were made available to the Council.

V. Member Training Needs Assessment-

As noted in the annual member orientation, the Planning Council is responsible for training members in their roles and responsibilities. To better understand the Council’s training needs, and to help plan for future presentations, the member training needs assessment was distributed at the last Council meeting. Members were asked to rank a list of seventeen topics, including the option to add additional topics. Stigma, mental health, and cultural competency ranked high on the list. A cultural competency training will be on the agenda for the March Council meeting. In addition, there are plans to include the Medicaid redesign, once more information is available. Speakers were suggested for advocacy, mental health, and health disparities. Thank you to all those who took the time to complete the survey.

Mr. Sebor mentioned that Stony Brook is developing a training on stigma, which he offered to present to the Council.

VI. Other Business/ Announcements

Mr. Marrow inquired as to whether there is a study about PLWH who are blind? Ms. Porres said that Stony Brook does have blind patients, but she is unaware of any specific studies.

Ms. Alston informed the Council about a feature on the Target HIV website. It is possible to do a search for Ryan White services on Long Island, by typing city/state and choosing the priority you need.

The Consumer Survey report should be uploaded to the Planning Council website by the end of the month.

Ms. Sculco congratulated the Council on a successful World AIDS Day event.

VII. Adjournment

Mr. Marrow made a motion, which was seconded by Ms. Corso, to adjourn January 15, 2025. Planning Council meeting. All in favor-Motion carried.