l

Nassau-Suffolk HIV Health Services Planning Council
STRATEGIC ASSESSMENT & PLANNING COMMITTEE
UNITED WAY OF LONG ISLAND, DEER PARK, NY
November 6, 2024

Members Present	Members Absent	Guest
Jacqueline Ponce-Rivera, Co-Chair	Susan Baldridge	Carmen Feliciano
Joseph Pirone, Co-Chair	Pam Biafora	Avis Giddiens
Maria Mezzatesta	Arthur Brown	
Victoria Osk	Eileen Bryant	
Sofia Porres	James Colson	
Denise Ragsdale	Cathy Martens	
Stephen Sebor	Angie Partap	
Crissy Witzke	Colin Pearsall	
	Scott Petersen	
	John Van	

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

I. Welcome and Introductions

Ms. Rivera, Co-Chair, began the meeting at 10:05am. After introductions, Ms. Rivera requested we take the opportunity for a moment of silence to remember those whom we have lost and those who continue to live with the disease during these challenging times.

II. Approval of the September 4, 2024, meeting minutes

Ms. Mezzatesta made a motion to accept the minutes as read. Ms. Ragsdale seconded the motion
7 approved 0 Opposed 1 Abstained

III. Committee Co-Chairs

Ms. Rivera has agreed to serve another term as committee co-chair, and Mr. Pirone begins his first term as Committee co-chair. The new term begins with this meeting and ends September 30, 2026. Thank you both for your commitment and dedication as a successful new term begins.

IV. EIHAA Strategy for FY25-27

The competitive grant application was recently submitted. Years ago, HRSA introduced the concept of Early Identification of Individuals with HIV and AIDS (EIHAA) into the grant process. One-third of the grant score is based upon EIHAA in the region. Initially it was created by a consultant who provided the framework. Since then, there have been some changes to HRSA's guidance aligning with National HIV/AIDS Strategy (NHAS) and the ETE Initiative. The EIHAA Strategy can be challenging for EMAs to implement because Ryan White Part A is not funded for prevention. Collaboration and partnering are key to collecting data the Part A

program does not hold. This year, there were additional changes as to how HRSA wanted EIHAA to be presented.

Ms. Beal presented a brief overview and update of the EMA's EIIHA plan for the next three years. The overall goals are derived from the 2022-2026 Integrated Plan, N-S EMA Continuum of Care, and the NYS Ending the Epidemic Blueprint. Projected outcomes include 1. Reduce the number of new HIV diagnoses; 2. Increase the percentage of newly diagnosed persons linked to HIV Medical care within 30 days of diagnosis; 3. Increase the percentage of persons living with diagnosed HIV (PLWDH) who receive HIV medical care; 4. Increase the number of PLWDH who receive care with suppressed viral load and 5. Decrease stigma experienced among PLWDH directly related to HIV.

The EIHAA Plan is comprised of four components, **Identify** individuals, **Inform** them of their status, **Refer** them to services, whether they are positive or negative, and **Link** them to care. This plan also includes Activities, Anticipated Outcomes, and Primary Collaborators, which may be adjusted during the three-year timeframe. A summary of the four components are listed below.

Identify-To promote HIV, STD/STI low cost or free testing locations, free at home HIV testing locations sponsored through NYSDOH AI to help engage high-risk individuals to get tests and know their status. Activities include but are not limited to, engaging Planning Council and CIC members to review and recommend culturally appropriate social media messages and updated NYS educational material for distribution in the EMA, increase social media presence, create new campaigns on Planning Council website promoting HIV testing and encouraging individuals to know their status, connecting high-risk individuals to PrEP programs to prevent new infections as well as increase number of Doxy PEP to help prevent chlamydia, gonorrhea, and syphilis. The anticipated outcomes from these activities are to increase the number of those tested from 38.4% to 40%, increase the overall number of individuals who test in-person at host sites, increase regional screening if high-risk newly arrived immigrant children and families by 5%, increase the number of people on PrEP by 10% by 2026 regionally, and reduce regional bacterial STD/STD infections by 5%.

Mr. Sebor reminded the committee to be sensitive to language, which can be problematic He suggested replacing *high-risk* with *health promotion* with the focus on taking better care of sexual health. Mr. Pirone expressed concerns about adding prevention on top of already stretched resources. Ms. Beal clarified that it is not necessarily more work, but rather keeping track of what partner agencies are doing. Sun River Health receives funding from the AIDS Institute for their PrEP, RAP, and People Aging with AIDS programs. Ms. Mezzatesta offered to include updates in the monthly report. The AIDS Institute is also a resource. A committee member stated that there is a wrong assumption that those who need PrEP know where the resources are, that is not necessarily the case. Doxy PEP is offered at Edie Windsor Health Center, Stony Brook Medicine, and Sun River Health.

Another activity under **Identify** is to encourage agencies to hire Certified Peers and increase the number of Certified Peers working under Part A programs. The certification includes 40 hours of training and a 500-hour practicum. It is challenging to find opportunities for peers to fulfill the practicum portion for their chosen track. Mr. Sebor offered to do a presentation in the Peer Certification process.

Inform- Collaborate and partner with statewide programs, NYSDOH, certified peers, community based and LGBTQ focused agencies to increase available testing options for testing. Private physicians and medical practices are often reluctant to do HIV testing. Although it is required, there is no accountability if they do not comply. Anticipated outcomes are to distribute additional test kits to the public to further increase HIV testing number in the EMA and increase the number of aware from 92%-93%.

Refer-Enrollment into funded Medical Case Management programs to establish medical care, coordinate and refer to PrEP and specialty health centers to enable high-risk HIV negative individuals to stay negative, and expand referral system that address the wide spectrum if treatment needs at once. Specifically, to strengthen relationships with key points of entry to facilitate newly diagnosed PWH enrollments into Part A MCM programs, to refer to local PrEP providers in Nassau and Suffolk County, to partner with the region's Federally Qualified Health Centers (FQHC), ETE, and Medication Assisted Treatment (MAT) programs to enroll high-risk negative individuals into care to keep them negative, and have health home care coordination for HIV positive, negative and those who have comorbidities. Anticipated outcomes are to increase the number of newly diagnosed into MCM programs from 45 to 50 individuals; increase PWH lined to medical care from 88% to 89%; increase the number of individuals enrolled in PrEP by 20% each year and meeting statewide ETE goals of reducing the number of estimated new infection to 825.

Link- To connect individuals to ACA or ADAP to ensure enrollment in health care coverage through funded MCM programs and partnering with two local agencies offering enrollment assistance at various locations in Nassau and Suffolk Counties to increase the number of PWH insured by 5%. To reduce access to care barriers through ongoing quality management and other improvement processes by offering QI/QM training and information sessions to Part A agencies. All Part A regional staff will develop at least one QI/QM initiative as part of annual quality management requirements. There is a focus on cultural competency training for health care providers to better serve diverse populations, requiring all Part A program staff to complete annual cultural competency training; monitor Part A programs of implementation of CLAS standards with the anticipated outcomes if 100% of Part A regional programs participating un one cultural competency training as part of their annual training requirements and all part A programs Policy and Procedures will include CLAS Standards.

V. 2022-2026 Integrated HIV Prevention and Care Plan-

There is some overlap between the EIHAA Plan and the Integrated Plan. Although the NYS HIV Planning Body Coordinating Group has not met in a while, the intention is to meet quarterly for updates and progress to date. The Part B (AIDS Institute) vacancy has been filled and the representative will be present at these meetings. It should be noted that the IP is statewide. Some of the activities are not applicable to the N-S EMA. The Integrated Plan 2022-2026 Ranked Goals and Strategies document was shared with the committee for reference and review.
The four pillars of the Integrated Plan are **Diagnose, Treat, Prevent** and **Respond** and each pillar has three goals. The completed and planned activities for each pillar were discussed with the committee.

The **Diagnose** goals are to increase the percentage of persons living with HIV who know their status to 98%, increase the number of New Yorkers who tested for HIV in the last 12 months, and reduce the number of new HIV diagnoses by 55%.

The **Treat** goals are to increase the percentage of persons living with diagnosed HIV who receive HIV medical care with suppressed viral load to 95%, increase the percentage of persons living with diagnosed HIV who receive HIV medical care to 90%, and reduce current disparities in medical CD4 among persons living with diagnosed HIV.

The **Prevent** goals are to increase the number of individuals filling PrEP prescription to 65,000, reduce current disparities in PrEP utilization rates (defines 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 to reduce current disparities in statewide SSP service utilization across all genders (*identified by assigned at birth)* across all regions in NYS.

The **Respond** goals are to analyze surveillance data monthly to identify HIV transmission clusters and outbreaks to facilitate prompt public health response, to re-engage 75% of persons identified as out of care within six months, and to 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 (*identified by assigned at birth)* across all regions in NYS.

V. Public comment

There was no public comment.

VI. Announcements/Adjournment

- Sun River Health is hosting two Thanksgiving luncheons; November 20 at the Brentwood location, for Spanish clients and at the Patchogue location on November 22.
- Northwell Health is having a coat drive, including hats, scarves, and gloves on Friday, December 13 in Great Neck.
- Northwell's World AIDS Day event is at The Factory in Freeport, on Sunday December 1st, 12pm-4pm.
- The CIC holiday party is on Friday, December 6, later hours to be determined.
- The Planning Council's World AIDS Day event is Friday evening, December 13 at Captain Bill's in Bay Shore. Registration is required. Registration, sponsorships and other information will be sent to Council and committee members as well as included in the weekly grant mailing.

Ms. Mezzatesta made a motion which was seconded by Ms. Porres to adjourn the November 6, 2024, Strategic Assessment & Planning (SAP) meeting.

All in favor. Meeting adjourned.