

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

**July 19, 2017**

**Members Present**

Victoria Osk, Esq  
Marci Egel  
Felix Ruiz  
James Colson  
Kevin McHugh  
Katelin Thomas  
Lisa Benz-Scott, PhD  
James Hollingsworth  
Barbara Martens  
Juli Grey-Owens

**Members Absent**

Anthony Marmo, Co-Chair  
Wendy Abt, Co-Chair  
Arthur Brown  
Angie Partap  
Susanne Smoller  
Joseph Pirone  
Maria Mezzatesta  
Cristina Witzke  
Corinne Kyriacou, PhD  
Keith Anderson  
Lance Marrow  
Steven Chassman

**Guests**

June Tappan

**Staff**

Georgette Beal  
JoAnn Henn  
Stephanie Moreau  
Victoria White  
Myra Alston

**I. Welcome and Introductions**

Ms. Osk opened the meeting of the Strategic Assessment and Planning Committee (SAP) at 10:10 am. She thanked everyone for attending and asked for introductions. A moment of silence was observed in order to remember those living with HIV/AIDS and those whom we have lost.

**II. Approval of minutes**

**March 1, 2017**

The minutes were accepted as read. A motion was made by Ms. Egel and seconded by Mr. Ruiz.

4 Approved      0 Opposed      4 Abstentions

**May 3, 2017 minutes**

The motion was made to approve the minutes without correction by Ms. Egel and seconded by Ms. Martens.

6 Approved      0 Opposed      2 Abstentions

### **III. Community Forum and Provider Survey Update**

The community forums have been well attended. The next forum will be at North Shore University Hospital on Tuesday, July 25<sup>th</sup>. Many consumers have said worrying about the changes in ACA is affecting their mental health causing stress, anxiety, and depression about the uncertainty of the situation. A report based on consumer feedback will be presented to the SAP committee after all the community forums have been completed.

The provider survey has been sent out and is on Survey Monkey. To date, only 7 agencies have responded. The deadline is Friday, July 21, 2017 which may need to be extended. Ms. Henn shared some of the preliminary findings with the committee. Providers responded that substance abuse and mental health services are the most needed. Barriers to services for clients include non-medical transportation, untreated MH and SA issues, and the amount of paperwork (proof of income and address especially challenging for homeless and migrant population). Concerns about the impact of possible changes in ACA were also noted. Most agencies have strategies in place to assist Non-English speaking clients, including printed materials in both Spanish and English, interpreter telephone lines and contracted translation services.

### **IV. Priority Setting and Resource Allocation Process**

#### Timeline for FY2017 PSRA Process:

SAP/PSRA	Wednesday,	August 16, 2017	9:30am-3:30pm
Finance/PSRA	Wednesday,	August 23, 2017	10am-1pm
SAP	Wednesday,	September 6, 2017	10am-12pm
Planning Council	Wednesday,	September 13, 2017	10am (b/c of UW room conflict)

#### Brief review of FY17 Part A/MAI Score and Reviewer Comments

Ms. Beal provided an overview of the FY 17-18 Part A application score, strengths and weaknesses. She explained to the committee that sometimes there is no correlation between a score and the amount of funding a regions receives. She cited when a score of 79 many years ago where the EMA received an increased in funding and a score of 98 a few years ago where we received a big cut.

The EMA received a score of 93 for FY17-18 on the grant submission. There were many strengths including epidemiological overview, HIV Care Continuum for FY2017, Planning and Resource Allocation, and Funding for Core and Support Services. It was noted that MAI results for viral load suppression and antiretroviral use outcomes was missing. This was a new requirement for the FY17-18 application.

In addition, formerly incarcerated were not included on table of co-morbidities. It is important to note that if information is not specifically asked for. This is the first time formerly incarcerated has been mentioned and may become a new requirement that needs to be addressed, or it may have just been a comment from one reviewer and the issue may not come again. However we will look into it and learn if any information on that population is available as this information is difficult to get.

The report cited that sufficient details regarding Women of Color were not included. Since there was not enough data to accompany this narrative, Not Applicable (NA) was written in. Ms. Thomas suggested requesting a special breakdown from the state (as her agency does) to assist with obtaining this information,

#### Additional Data Request Items

Medical Case Management providers were asked to collect new data as of September 2016, however, not everyone complied. This data will be used in conjunction with the State Cascade of Care to provide a more accurate picture of the impact of Ryan White funding.

A suggestion was made to consider adding the Transgender population as an emerging or special population for the EMA. Ms. Grey-Owens asked about a Transgender Assessment during PSRA presentation at the last Planning Council meeting. May be able to get data from LGBT Network of providers who are trans-friendly, as well as referral to medical providers, possible list from Dr. Rosenthal at Northwell CYAPPH.

#### Review of EIIHA Section and Information

Copies of the EIIHA section from the 2017-18 Part A grant application and the workplan from New York State Integrated HIV Prevention and Care Plan 2017-2021 were made available to the committee for review and input. Ms. Beal reviewed highlights and weaknesses related to EIIHA that were noted in grant application response. The Early Identification of Individuals with HIV/AIDS (EIIHA) plan needs to specifically show goals related to out-of-care including utilization of geo-coding (a color-coded mapping tool) and 'hot spot' identification to focus on areas with high concentration of MSM and HIV testing in MSM populations. Providers reported using these strategies.

#### Additional Data-

- NSUH-new study involving an app for MSM.
- LIAAC- testing and paid survey focused on MSM funding by CDC. MSM is the target population for this year, so more information may be made available.
- Stony Brook program-(PrEP) Women with incarcerated partners, potentially at risk.
- Linkage, Retention and Antiretroviral Treatment Adherence (LRTA) and Retention and Adherence (RAP) grant applications for Stony Brook and NSUH/Northwell.

#### Project Officer Resource Allocation Recommendation

Finally, Ms. Beal shared with the committee that our EMA's project officer has recommended the EMA consider submitting a table based on level funding using a 5% increase or 5% decrease scenario. This year there was a 2.4% decrease in the final award based on last year's funding amount. The grant will be submitted in late October.

## **V. Announcements**

- Ms. Egel announced the Thursday's Child is in the process of creating a long term survivors (15 years+) group to plan fun activities and provide consumers more opportunities to socialize.
- LI Health Collaborative has a walking initiative- connect with them regarding the NBLCA prayer walk in Wyandanch.
- World AIDS Day is Friday, December 1<sup>st</sup>. Our event will be held that evening at Carlyle on the Green. Save the date. More details to follow.
- Ms. Thomas informed the committee that a 6 week program on Chronic Disease Self-management, specifically for people living with HIV is being offered by SPARC, LRTA and CPHE. Classes, which will be facilitated by Debra Brown and Katelin Thomas, start Tuesday, September 12 from 1:30pm-4pm and run on consecutive Tuesdays. The location is HRHCare Health Center in Brentwood. Spanish language classes will also be offered at the same time but are located at Benedict Center in Stony Brook. These classes are open to anyone living with a chronic disease.

**MOTION** was made by Ms. Egel to adjourn the July, 19, 2017 Strategic Assessment and Planning meeting, which was seconded by Ms. Martens.

All in favor-Motion carried.