

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

**March 20, 2018**

**9:30 am – 11:30 am**

**MINUTES**

**MEMBERS PRESENT**

Anthony Santella, PhD  
Joseph Pirone, Vice-Chair  
Wendy Abt  
Gloria Allen  
Ilvan Arroyo  
Arthur Brown  
Tania Chiu  
James Colson  
Marcie Egel  
Lawrence Eisenstein, MD  
Juli Grey-Owens  
Margret Henry  
Kevin McHugh  
Johnny Mora  
Victoria Osk, Esq.  
Rev. Loring Pasmore  
Erik Rios  
Felix Ruiz  
Traci Shelton  
Louise Square  
Katelin Thomas  
James Tomarken, MD  
Jessica Totino

**MEMBERS ABSENT**

Lisa Benz-Scott PhD  
Clara Crawford  
Nancy Duncan  
Anthony Marmo  
Barbara Martens  
Martine Michel-Toure  
Katie Ramirez  
Andrea Smith  
Elizabeth Torres

**GUESTS**

Kimberly Branca  
Febuary D’Auria  
William Doepper  
Alison Karppi  
Teresa Maestre  
Pam McHugh  
Angie Partap  
Scott Petersen  
Cassandra Hyacinth

**UWLI STAFF**

Georgette Beal  
JoAnn Henn  
Myra Alston  
Victoria White  
Stephanie Moreau

**COUNTY STAFF**

Carolyn McCummings, PhD

**I. Welcome and Remembrance**

Anthony Santella, Chair, called the meeting to order at 9:42 am. He welcomed everyone and introductions were made. Three new members were introduced to the Planning Council; Ms. Victoria Osk, Ms. Gloria Allen and Mr. Kevin McHugh. There was a moment of silence to reflect on the work we are doing and to remember those living with and affected by HIV/AIDS.

**II. Public Comment**

Dr. Eisenstein congratulated Ms. Carolyn McCummings on receiving her Doctoral Degree.

### **III. Approval of January 10, 2018 Minutes**

Ms. Grey-Owens made a motion to accept the minutes as read, which was seconded by Mr. Brown.

12 Approved 11 Abstentions 0 Opposed - Motion Carried

### **IV. Administrative Update**

HRSA conducted a monitoring visit of the EMA from March 12-15, 2018. There was a summation of their findings during the exit interview on the last day of the visit. This will be followed up with a written report within 45 days of the visit, to which we have 30 days to respond.

Ms. Beal thanked the executive committee and consumers for their participation in meeting with HRSA representatives. She told the Planning Council that similar questions were asked and the answers echoed the replies of UWLI staff, which attests to the cohesive strong bond we share because of the work we do. HRSA had great appreciation for the consumer involvement in the EMA and highlighted this strength. Ms. Beal also acknowledged the flexibility of those involved as inclement weather caused the scheduled agenda to be amended, and warranted conference calls from home. This sentiment was echoed by Dr. McCummings, on behalf of the grantee.

The subject of cultural and linguistic competency was raised by the reviewers regarding the EMA's website and Planning Council meetings. It was suggested that the EMA translate the documents on the website into Spanish and provide translation services at the Planning Council meetings.

The Planning Council members discussed current practices and barriers for engaging Spanish-speaking individuals. While it is the goal of the Planning Council membership to be reflective of the epidemic, barriers exist for potential Spanish-speaking members, not the least of which is language. Work schedules may be incompatible with meeting attendance or immigration fears can prevent individuals from joining the Planning Council. Dr. Eisenstein added that it is important to note that the services required by the Spanish-speaking community are being met.

Best practice strategies include more Spanish translation of material, including the Planning Council website, utilization of language services, specialized headsets, and engaging the assistance of Spanish-speaking Planning Council members. Cost of some of these practices is also an issue. The Planning Council's Cultural Competency Plan needs to be developed.

Service Standards, which are in the process of being updated, will be revamped based on the site visit recommendation. In order to be compliant, QM will be taken out or clearly separated in the Service Standards. A universal standard will be developed outlining requirements that are applicable to all service priorities.

The areas of improvement were generally agreed upon. As Dr. Eisenstein noted there is always going to be something cited that needs improvement.

### **V. Committee Reports**

#### Executive Committee

Mr. Pirone reported on the Executive Committee which met on Tuesday, March 6, 2018. The Planning Council agenda was reviewed, amended, and approved. Ms. Alison Karppi will be giving an update on HOPWA, which is now part of the Brookhaven CDA. On March 5<sup>th</sup>, there was a CQM conference call prior to the HRSA site visit scheduled for the week of March 12, 2018. HRSA representatives met with consumers and the executive committee on Wednesday, March 14, 2018. The deadline for the grant application has been moved up to the middle of September. Consequently, the PSRA dates will have to be moved up as well. The next executive committee conference call is May 1, 2018

### Strategic Assessment & Planning Committee

The next scheduled SAP meeting is March 27, 2018.

### Consumer Involvement Committee

Ms. Shelton reported on the February 9, 2018 CIC meeting, during which Ms. Clara Crawford was voted in as co-chair. The committee was briefed as to what expect during the HRSA site visit in preparation for their meeting with the HRSA representatives. Members were reminded what services are funded under Part A and were provided with a list of funded agencies and services. The Planning Council grievance procedure, confidentiality and conflict of interest policies were also reviewed. Since unaligned consumer representation on the Planning Council is below the required 33%, plans to strategize as to the best way to increased unaligned consumer membership were discussed. Consumers were in favor of an ad campaign in order to raise awareness about what the Planning Council does as well as to increase recruitment efforts.

### Quality Assurance and Membership Committee

The Quality & Assurance Membership committee is scheduled to meet on April 26, 2018.

## **VI. HOPWA Update-**

Ms. Alison Karppi, Commissioner of Housing and Human in the Town of Brookhaven thanked the Planning Council for the opportunity to speak on behalf of the federally funded HOPWA program. The Town of Brookhaven has recently been selected to become the entitlement grantee and has been qualified as the most populous unit of local government in Nassau and Suffolk Counties. Consequently, the Town of Brookhaven will now implement the HOPWA program for both Nassau and Suffolk County. The town will continue to use the funding only for “brick and mortar”. The agencies which are accepted for funding will link their clients to services provided with other resources of funding. United Way of Long Island will continue as project sponsor and developer of the housing units. A Request for Proposal (RFP) will be sent to providers to operate the housing. Units.

Outreach is not restricted to the Town of Brookhaven; it includes both Nassau and Suffolk County. It is their intention to locate projects in municipalities not recently assisted with earlier funds and in communities not already highly impacted by other special needs housing.

As of June 30, 2017, according to the Town of Islip’s Consolidated Annual Performance and Evaluation Report in program year 2016/2017, funds in the amount of \$1,133,277.30 were expended on a total of 15 projects; 4 in Nassau County, 11 In Suffolk County. 3 projects began operating during the 2016/2017 program year and 12 projects are underway, including 9 preservation projects.

## **VII. Everything You Wanted to Know about Transgender and Non-Conforming Community, but were afraid to Ask.**

Ms. Juli Grey-Owens gave a presentation that focused on serving the TGNC (Transgender and Gender Non-Conforming) consumers; the issues and a look at best practices. Addressing HIV in this community is not just a critical part of improving transgender health overall, it is an essential step in the fight to end AIDS as an epidemic. Ms. Grey-Owens provided some staggering statistics regarding the challenges and risks faced by the transgender community, ranging from soaring infection rates and social disparities to higher rates of drug and alcohol abuse violence, depression and anxiety. These problems are worse for those who lack adequate social support or who are unable to express their gender identity.

She informed the Planning Council about the U.S. Transgender survey ([www.ustranssurvey.org](http://www.ustranssurvey.org)) conducted in 2015, which was the largest survey ever attempted to examine the experiences of transgender people in the United States. There were 27,515 respondents from all fifty states, the District of Columbia, American Samoa, Guam, Puerto Rico, and the U.S. military bases. Sadly, the findings were those of transphobia and

hate. Instances of harassment, unemployment, homelessness, and physical violence were significantly higher than the national average. Not surprisingly, 40% of respondents reported attempting suicide.

Many of the respondents did not see a doctor because of fears or mistreatment. Not all providers are experienced with specialized transgender issues, including hormone therapy. Many consumers cannot afford insurance or were denied coverage. Rather than put up with harassment and poor treatment, many opt to disengage from the health care system. All of these factors result in poor health outcomes for transgender people.

Also included in the PowerPoint presentation:

Cultural Competency is the integration and transformation of knowledge of individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of health care, thereby producing better health outcomes.

- Cultural competency changes start at the top of the management chain.
- Management must demonstrate an ongoing commitment to inclusivity for transgender consumers and their families.
- All employees should have clear guidance regarding appropriate workplace behavior and the consequences for failing to comply with anti-discrimination policies that include gender identity. All instances of harassment need to be reported to authorities and handled by those in charge.
- Organizations demonstrate a commitment to transgender inclusion by their recruitment and hiring efforts.
- Using displays, LGBT-friendly symbols, and visual images that affirm gender and sexual diversity in waiting and examination rooms helps to create a welcoming environment. These symbols immediately signal acceptance.

Education and training is crucial, some best practices are to:

- Incorporate education about gender identity and gender expression in staff training programs, which includes all employees.
- Provide annual training in transgender cultural competency; train all new staff within 30 days of hire.
- Education and training about gender identity can simply take the form of small, informal discussions or can be incorporated into a full-fledged training program.
- Supervisory employees should receive diversity training that includes clear examples of discrimination based on gender identity on a regular basis.
- Vary methods. PowerPoint presentations, LGBT content and links to websites, LGBT health brochures, and short videos can be utilized. Update training and educational materials on a regular basis.
- Create *support* forums for employees to freely and openly discuss and LGBT related questions or concerns in a group setting to encourage learning.

In order to eliminate discrimination, it is important that management send a strong message that any discrimination is unethical, unacceptable, and will not be tolerated. There needs to be clear procedures for reporting discrimination or disrespectful treatment. Disciplinary processes that address intimidating, disrespectful, or discriminatory toward LGBT consumers or staff must be present. Allow consumers to use the bathroom that is consistent with their gender identity. Intake forms should be reviewed in order to contain inclusive, gender-neutral language that allows for self-identification. Is a gender question actually needed?

What's in a Name? A name identifies who we are. By using the chosen name of the individual, (which is a very personal decision as it is an integral part of the transition process) they are validated every time that name is used. Use gender-neutral pronouns such as they/them/theirs.

Confidential consumer surveys offer an opportunity for the organization to begin building a database of consumer experiences and perceptions in order to learn more about the quality of care provided. Consumer surveys help ensure satisfaction data that can be stratified by these populations and can help identify and track trends in consumer experience.

### **VIII. Other Business/Announcements.**

- World AIDS Day is December 1, 2018. Our event is Friday evening, November 30<sup>th</sup> at The Heritage, formerly Carlyle on the Green. Details to follow.
- There is a Walk to End AIDS (supporting the Albany Damien Center) at the Washington Park Lakehouse on Saturday, April 14<sup>th</sup>, 2018 from 11:00am-3:00pm.
- April 25, 2018 is the date for SPARC Steering Council and Consortium meeting. (10am-12pm Consortium Meeting and 12:15-1:30pm Steering Council). Scott Peterson is presenting on U=U.
- SPARC is offering an 8 week Mindfulness Based Stress Reduction class of men living with HIV in Suffolk County. Classes are Monday evenings, beginning April 9 from 6pm-8pm at the Mott House in Coram.
- The AIDS Institute is contracting with SUNY Stony Brook and Hofstra University beginning April, 2018, to conduct a 6 month needs assessment to better understand the HIV prevention and related needs of the region, its consumers and providers. Any questions or comments can be directed to Richard Cotroneo at [Richard.cotroneo@health.ny.gov](mailto:Richard.cotroneo@health.ny.gov) or call 518-477-1416

### **IX. Adjournment**

**Motion** was made by Ms. Shelton and seconded by Mr. McHugh to adjourn the March 20, 2018 Planning Council meeting.

*23 Approved 0 Abstentions 0 Opposed - Motion carried.*