

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

March 8, 2017

9:30 – 11:30 am

MINUTES

MEMBERS PRESENT

Anthony Santella, PhD, Vice-Chair
Arthur Brown
Barbara Martens
Darlene Rosch, Esq.
Felix Ruiz
Ilvan Arroyo
James Colson
James Tomarken, MD
Joseph Pirone, Chair
Juli Grey-Owens
Katelin Thomas
Katie Ramirez
Lawrence Eisenstein, MD
Lisa Benz-Scott, PhD
Marci Egel
Margret Henry
Nancy Duncan
Rev. Loring Pasmore
Steven Chassman
Teresa Maestre
Vivian Smalls

MEMBERS ABSENT

Andrea Smith
Anthony Marmo
Clara Crawford
Elizabeth Torres
Glenn Lambert
Marjorie Krohn
Susanne Smoller

GUESTS

Dawn Williams
Erik Rios
Jessica Delapava
Kerry Thomas
Kevin McHugh
Martine Michel-Toure
Maureen Coley
Michael Collins
Rachel Robles
Robert Kuri
Stephen Ragan
Traci Shelton
W. Song
Louise Square

UWLI STAFF

Georgette Beal
JoAnn Henn
Myra Alston
Stephanie Moreau
Victoria White

COUNTY STAFF

Carolyn McCummings

I. Welcome and Remembrance

Mr. Pirone, Chair, called the meeting to order at 9:45am. He welcomed everyone and introductions were made. There was a moment of silence to center ourselves and remember why we are here.

II. Public Comment on Agenda Items

There were no public comments for today's meeting.

III. Approval of January 11, 2017

The minutes were corrected to show that Nancy Duncan was in attendance at the January 11, 2017 meeting. Ms. Ramirez made a motion to accept the minutes as corrected, which was seconded by Ms. Grey-Owens.

6 Abstentions

O Opposed

14 Approved Motion Carried

IV. Administrative Update-

On January 17, 2017 the partial award received represented 70% of the formula award from last year as a result of the Federal government being on a continuing resolution. We do not know when we will receive our full award for the EMA as yet. The technical assistance that was received from HRSA helped to improve the contracting process. Consequently, this year, for the first time, funds were available and posted for the new contract year prior to the March 1st start date. These funds can't be drawn down until the current contract with United Way is closed out but that is expected to be completed by May 31, 2017.

The closeout process is underway. Providers have until March 31, 2017 to submit vouchers. The five year Intergovernmental Agency (IGA) is coming to a close. Nassau County has started the IGA renewal process very early and has already sent materials to Suffolk County.

V. Committee Reports-

Executive Committee- Dr. Santella reported on the Executive Committee which met on March 1, 2017. The Planning Council agenda, which included an overview of the Ryan White Part A Mental Health Services, was approved. Members were updated on the status of the Part A/MAI Mental Health Assessment Project as well as the fact that the Planning Council website is 95% complete and should be ready to be viewed at the next Planning Council meeting in May. Members were also notified that the first partial contract between Nassau County and the United Way of Long Island has been posted and is available for a March 1, 2017 start date.

Strategic Assessment and Planning Committee

Ms. Partap reported on the Strategic Assessment & Planning Committee meeting which met on Wednesday, March 1, 2017. Dr. Santella presented on HIV/AIDS disparities in Nassau and Suffolk County. Trends in data and data points for follow up with the state were discussed. Members suggested that a representative from NYSDOH Bureau of Epidemiology be invited to provide a more in-depth discussion on regional data. The committee was also reminded that the Provider Survey and Community Forum questions need to be reviewed.

Consumer Involvement Committee

The Consumer Involvement Committee meeting scheduled for Friday, February 10, 2017 was cancelled due to inclement weather and was rescheduled for March 3, 2017. Ms. Duncan reported on this meeting, during which Ms. Sandra Houston conducted a focus group on Part A Mental Health Services for consumer leaders. She is the owner of Pivot Principles and is serving as consultant to the EMA on a Mental Health Assessment. The purpose of this assessment is to review currently funded programs, determine if Part A funded services are a payer of last resort, and most importantly, if the programs are adequately addressing consumer needs. Consumers were encouraged to share and provide input on utilization of Part A Mental Health services on Long Island in order to better address consumer needs, challenges and recommendations.

Quality Assurance and Membership Committee –

Ms. Ramirez reported on the Quality Assurance & Membership meeting which met Thursday, February 23, 2017. Ms. Moreau presented the overview and goals of the Consumers Workgroup for Quality (CWQ), she then facilitated a review of the revised Service Standards for Early Intervention Services (EIS), which include counseling individuals with respect to HIV/AIDS, including tests to confirm the presence of the disease, to diagnose the extent of the immune deficiency, and to provide information on appropriate therapeutic measures. Members of the CWQ as well as service providers, contributed valuable input prior to the EIS Service Standards review. This EIS review should be completed at the next QAM meeting. There was a vote on Planning Council membership.

VI. HOPWA Update-

Ms. Alison Karppi, Executive Director, Town of Islip Community Development spoke on behalf of Housing Opportunities for Persons Living with HIV/AIDS (HOPWA).

The Long Island region continues to have the highest number of cumulative AIDS cases among all suburban metropolitan statistical areas.

Ms. Karppi stated that:

- HOPWA is the only grant program that they fund which operates beyond the boundaries of the town, providing the opportunity to obtain input from individuals and organizations interested in HIV/AIDS issues from all over Long Island.
- Funding for 2017 will be approximately \$1,750,000.
- HOPWA funds must be used for eligible activities which assist the HIV population with housing. Clients must meet Housing and Urban Development (HUD)'s definition of low income and homeless and must not be required to spend more than 30% of their income on rent. The immediate family members of HIV+ clients are also eligible tenants.
- As of last summer, there were a total of 105 units completed, with 10 more in construction stages. These units housed approximately 120 households.
- A draft of the new annual plan will be available on March 31st. It will be posted on the Community Development Agency website and written comments will be accepted for 30 days. (Islipcda.org)

A Q&A session then followed.

Ms. Beal shared the following:

- The End AIDS NY 2020 Coalition calls for a \$20 million investment to expand access to New York State's highly effective HIV Rental Assistance Program to the 3,700 homeless and unstably housed New Yorkers with HIV who live upstate and on Long Island. (Safe, stable housing is essential in order for people with HIV to benefit from life-saving treatment and to stop new HIV infections).
- A data sheet stated that since the mid-1980s, NYS regulations have provided for an enhanced Emergency Shelter Allowance (ESA) rental subsidy for low-income New Yorkers with HIV-related illness. For most persons living with HIV and their families who lack stable housing, such a rental subsidy is the most appropriate and cost-effective form of housing assistance. In NYC, just over 20% of NYC residents with HIV rely on the ESA to rent stable, affordable housing in the private market.
- Unfortunately, however, this NYS program is unavailable to most people with HIV outside of NYC- not only due in part to inconsistent participation and administration by local departments of social services, but also because the amount of the subsidy is too low, (allowing a maximum monthly rent of only \$480 for a single person). Consequently, the estimated 3,700 households with HIV in upstate New York and Long Island continue to be homeless or unstably housed-undermining their own health and our ability to end AIDS as an epidemic by 2020.
- The Blueprint for Ending the Epidemic calls for increased housing stability as a critical step to ensure retention in effective HIV care.

According to the data sheet provided, \$20 million state investment of state settlement money or tax levy would:

- Leverage the existing HIV ESA rental assistance program in the balance of the state outside of NYC by bridging the gap between the regulatory maximum rent and the actual rents (capped at a reasonable level) in each region and provide a 30% affordable housing *rent cap* for persons disabled by HIV.
- Provide essential housing supports for an estimated 3,700 homeless and unstably housed persons with HIV-improving individual and community HIV health outcomes.

- Generate an estimated \$75 million annually in offsetting savings in Medicaid spending alone by averting new HIV infections (\$21 million saved) and reducing avoidable emergency and inpatient health services (\$56 million).

Ms. Beal read a letter to the Planning Council, addressed to Speaker of the Assembly, Mr. Carl Heastie regarding the proposed Enhanced HIV Rental Assistance Pilot. This letter is in support of NYS taking additional action to enforce the requirement that all local departments of social services provide access to the HIV Emergency Shelter allowance, and structure a \$20 million pilot project to supplement the rental assistance available under the existing program and provide an affordable housing protection for households with HIV who receive disability income.

Dr. Santella suggested that the Planning Council sign off on drafting such a letter. Ms. Ramirez concurred, stating that the Planning Council holds a position of power. Ms. Grey-Owens suggested that Senator John Flanagan (R-Smithtown) be added as well. Executive draft to be emailed to entire council as model.

Ms. Rosch made a motion which was seconded by Ms. Grey-Owens to take a vote regarding the Planning Council supporting a tailored version of the proposal.

1 *Abstention* 0 *Opposed* 20 *Approved*

At the last Planning Council meeting, members were asked to complete a Training Needs Assessment. One of the topics members requested was an overview of the Ryan White Part A services. As a result the four mental health funded providers were asked to present on Part A and MAI Mental Health Services.

VII. Overview of Ryan White Part A/MAI Mental Health Services –

In response to the request for agency overview of Ryan White Part A services, it was decided to have Mental Health providers present on their services, which ties into the Mental Health Assessment Project.

Ms. Teresa Maestre, Program Coordinator at Hispanic Counseling Center in Hempstead, spoke about her agency and the services that are provided. The Hispanic Counseling Center began in 2001 and has served the most vulnerable and underserved population for over fifteen years. This population is not limited to the Hispanic/Latino individuals, but also includes those who are eligible under the Ryan White requirements. All of the staff are 100% bi-lingual and bicultural, which makes a difference and shows that clients are validated and understood.

Hispanic Counseling Center provides:

- Ryan White Eligibility intake
- Initial Mental Health Assessment
- The Psychiatric Evaluation
- Initial Treatment Plan Development (Update every three months)
- Individual, family marital, couples, and group therapy
- Monthly psychiatric visits
- Crisis intervention
- Home or hospital visits, as needed

The goal is to treat psychiatric symptoms of eligible clients in order to enhance their participation in their medical treatment. The majority (85%-90%) of clients are individuals who have many barriers including language, illiteracy, limited education and job skills, as well as an undocumented status which makes them fearful to ask for information and the help they need. It is this fear, which prevents undocumented individuals from going to emergency rooms when they are very sick.

Within 24 hours of receiving the initial referral, the client is given an appointment. Transportation issues are addressed, consents signed, and referrals are made according to the client's needs. Program staff is very patient and generous with their time. Clients are able to call after hours and the coordinator makes home visits or meets with clients at a convenient location to provide support and education to the client. Clients are encouraged to learn English.

Ms. Roxana Servellon, Mental Health Counselor at Nassau County University Medical Center, began her presentation by explaining that since Mental Health Services can sometimes have a negative connotation, she chooses to use a wellness approach. Ms. Servellon works mainly with individuals on a one-to-one basis, but has plans to increase group participation. She meets with clients on the same floor as the IDC clinic, which provides an open door to other consumers who are not part of the IDC clinic. She has help with screening patients. Many of the issues discussed are related to housing and being HIV+, being newly diagnosed and not wanting to be seen, and dealing with the diagnosis. Psychiatric consults are available when needed and there is 6pm open group. Although a relatively small group at present, the goal is to continue provide Mental Health Services to a growing number of consumers.

Mr. Michael Collins, Administrator at David E. Rogers M.D Center, Southampton Hospital, introduced his colleague, Ms. Maureen Coley who also spoke on behalf the services that are provided. In 1994, recognizing the need for HIV care on the East End, Southampton, East Hampton, and Stony Brook hospitals combined efforts to start the David. E. Rogers MD clinic, to provide comprehensive HIV Specialty Care on the East End. It is recognized and integrated into the existing network of services on Long Island.

In addition to medical care, medical case management, nutritional counseling, PEP, PrEP, help with advocacy and serving as a community resource for information, referral, and support, the center also provides Mental Health Counseling, Psychiatric Services, and Psychosocial Support.

There are current 239 active patients in all programs. (43% minority, 14% have been receiving care at the center since the early 90's, 27% receive Mental Health Services, 22% receive psychiatry services). In addition, Mr. Collins informed the Council that the Center see patients with complex medical challenges, including hepatitis, diabetes, drug addiction, psychiatric disorders, and various heart conditions.

The service area for the center is both geographically and demographically unique. Clients are challenged by limited transportation, isolation, and confidentiality concerns. The program evaluates numerous barriers to HIV care such as stigma, poverty, substance use, depression, mental health, housing, health literacy, immigration issues, and lack of available services. Patients have language, cultural and literacy barriers, some are homeless or marginally housed. The David E. Rogers Medical Center.

Ms. Regine Dorismond, Mental Health Social Worker at Northwell Health Systems, spoke about the Center for AIDS Research (CART) Mental Health program. Staff includes 8 social workers, 2 of which speak Spanish and 2 speak Creole, 2 part-time psychiatrists. In order to best serve the needs of patients, Thursday hours have been extended from 12pm-8pm. All patients are screened twice a year and offered Mental Health Services; many patients decline. Group counseling is available. New federal focus on the undocumented have made some individual fearful in accessing care.

Mr. Arroya shared that there have been instances of ICE agents coming into facilities.

For the sake of members, it was requested that updates be received on any changes in procedure, this can become a life threatening issues.

Ms. Grey-Owens inquired as to whether staff receives culturally competency training for transgender communities. She was assured by the presenters that such training has been conducted.

VIII. Public Comment

There was no public comment.

IX. Other Business/Announcement

- The *Voice Your Vision, A Series of Community Conversations about Health* listening session is scheduled for Sunday, March 19, 2017 (1:30pm-3:30pm) at the Bethel AME Church in Bay Shore.
- A six week Chronic Disease Self-Management program for people living with HIV is being offered by SPARC, LRTA, and CPHE. Classes, which begin Monday, March 13, 2017 (1:30-4pm) will continue for the next five consecutive Mondays. Ilvan Arroyo and Clarivet Benson Isidore will facilitate the classes at the Benedict Center at Stony Brook. Space is limited and registration is required. Call 631-369-8696 for reservation and more information.
- Mr. McHugh announced that a car wash is being planned to raise money for CART. Details to follow.

X. Adjournment

Motion was made by Ms. Ramirez and seconded by Ms. Grey-Owens to adjourn the March 8, 2017 Planning Council meeting.

0 Abstentions 0 Opposed All in Favor-Motion carried.