



Meeting Minutes
NEEDS ASSESSMENT COMMITTEE
Lee Hildebrand, DSW, Chair

November 8, 2012
Federation of Protestant Welfare Agencies
281 Park Avenue South, Conference Room A
10:00 am - 12:00 pm

Members Present: Randall Bruce, H. Daniel Castellanos, Carrie Davis, Guillermo Garcia-Goldwyn, Lee Hildebrand, DSW, Sabina Hirshfield, PhD, Natalie Humphrey, PhD, Jennifer Irwin, Tamella McCowen, Jan Carl Park, Robert Shiau

Members Absent: Angela Aidala, PhD, Terri Faulkner, Graham Harriman, Rebecca Kim, Rosemary Lopez, Frank Machlica, Ariel Negron, Glen Phillip, Marcy Thompson, Ricardo Vanegas-Plata, DDS

NYC DOHMH Staff Present: Amber Casey, Stephanie Chamberlin, Mary Irvine, DrPH, Nina Rothschild, DrPH, Anna Thomas

Public Health Solutions Staff Present: Julie Cohen, Derek Coursen

Others Present: Billy Fields, Mallory Lowenstein

Material Distributed:

- Agenda
- Minutes from the May 23rd, 2012 Meeting of the NA Committee
- Presentation: Needs Assessment: Background for an Open Discussion
- Ryan White HIV/AIDS Program Part A Manual Material on Conducting a Needs Assessment
- Gantt Chart: Proposed Timeline for NA Committee Activities in 2012-2013
- Planning Council Calendar for November, 2012

Welcome/Moment of Silence/Introductions/Review of the Meeting Packet/Review of the Minutes: Committee Chair Lee Hildebrand welcomed

meeting participants. Everyone observed a moment of silence. Committee members introduced themselves. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the NA Committee's last meeting on May 23rd were approved for posting on the Planning Council's website at nyhiv.org.

Role of the Needs Assessment Committee in Community Planning: Jan Carl Park welcomed new Committee members and provided an overview of the work of the NA Committee, noting that the Committee's job is to put together a needs assessment. That project was put on hold during the last community planning cycle while the Committee worked on the Comprehensive Plan for HIV/AIDS Services in the New York EMA. More broadly, we need to look at how we will adapt our service models in a changing health care environment.

The duties of this Committee include managing needs assessment activities, selecting topics to investigate, arranging for updates on epidemiology and service utilization data, and examining needs and gaps. We are also responsible for ensuring that other Planning Council Committees receive and review information in a user-friendly format. In addition, we collaborate with the New York State Department of Health on the Statewide Coordinated Statement of Need (SCSN). The SCSN provides detail on unmet needs and gaps in the boroughs. We also collaborate with the grantee to assess the cost-effectiveness of services. Dr. Hildebrand noted that Committee members are the eyes and ears of the communities in which we live and work and need to bring what we observe to the attention of this Committee.

Looking Ahead: 2012-2013 Needs Assessment Presentation and Discussion: Nina Rothschild delivered a presentation on needs assessment, including slides on the Ryan White legislation mandating that Planning Councils conduct a needs assessment; the components of such a needs assessment; data sources; the Planning Council's most recent formal needs assessment in 2002 (updated in 2004); follow-up from the 2002 needs assessment; potential components of a new needs assessment; and discussion questions regarding the proposed needs assessment.

Meeting participants discussed possible components of a needs assessment:

- We should try to tap into existing resources in a more strategic manner. The PCSI Project within the Division of Disease Control at NYC DOHMH is an attempt to share data gathered for registries maintained by different Bureaus, including HIV, STI, and TB. We can follow the Project's development to see whether it yields information that might be useful to us in terms of assessing needs and planning for optimal utilization of existing resources to build a better service system.

- The Client Satisfaction Survey (CSS) on which Research and Evaluation Unit Needs Assessment Committee liaison Stephanie Chamberlin is working speaks to quality of care and provider capacity from the client's perspective. The Quality Learning Networks and the CHAIN longitudinal cohort study also provide information about client trust in providers and may serve as a good companion document to the CSS.
- We may want to include one-page executive summaries, each addressing 5-6 specific questions, following each presentation included in the on-line version of the needs assessment, as well as a bulleted list of key findings and another list of preliminary recommendations based on the findings. The information in the executive summaries and the list of key findings will contribute to the recommendations which the NA Committee will develop and forward to the Integration of Care (IOC) and Priority Setting and Resource Allocation (PSRA) Committees.
- Committee members also noted the need to better understand what IOC and PSRA need from us, bearing in mind that PSRA is service category-specific, whereas the work of the NAC is not.
- In recent years, the NA Committee identified the following special populations: YMSM, LGBT, women of color and young women of color, immigrants, and individuals over the age of 50. These populations are still worthy of a considerable amount of attention. We may also want to redefine and prioritize what constitutes a special population and examine how the needs of the special populations are changing, paying especially close attention to unmet psychosocial/mental health needs. Some of these populations are hard to reach. We may use focus groups and zip code information to ensure inclusivity – in which case we may need to strategize about how to obtain better information.
- The needs of certain special populations such as YMSM (young men who have sex with men) may not have changed, but the specific issues confronting them may be different – for example, funding for mental health services may be more urgently needed at this point in time than previously because of changes in funding sources, etc.
- A formal cost-effectiveness evaluation would be helpful.
- We should give more attention to services not funded by Medicaid (and potentially funded by Ryan White).
- We may want to examine issues around enrollment in Medicaid managed care, billing, and health homes.
- Obtaining the participation of consumers in this process is key. CHAIN, the Medical Monitoring Project, client level data, quantitative applications, the Statewide Coordinated Statement of Need, and listening sessions are all vehicles for gathering input. The questions raised in the Needs Assessment should be brought before the Consumers' Committee.

- How do we obtain information on the unconnected to care? One suggestion is to check an older CHAIN Report (check in with Peter and Angela about redoing this project).
- Zip code data: would data providing a comparison between where a client lives and where he/she receives services be helpful?
- A potential source of data might be a survey of providers. If this data has been collected, we should consider whether responses to questions asked are accurate. Should we believe the response of a provider answering questions asked by a representative of a government agency?
- We might want to see whether other DOHMH surveys have been conducted – by the Prevention wing of the Bureau of HIV/AIDS Prevention and Control, for example – and see whether they have anything to offer us.
- We might want to find out more about the needs of incarcerated and formerly incarcerated PLWHAs. The Planning Council funds care for clients on Rikers Island, and people who have been previously incarcerated sit on the Planning Council.
- We may also want to look at the needs of PLWHAs in an emergency. Are agencies equipped with emergency plans for situations such as Hurricane Sandy? Are there problems with the infrastructure and internal systems? What kind of support would enable agencies to provide services under such circumstances?
- Is the service system integrated, so that if one agency doesn't provide a specific service it nevertheless links with another provider to provide that service?
- We might want to look into the normalization of HIV. Some HIV patients are now receiving care at general medical sites, as opposed to HIV-specific clinics. We should look into the services they are/are not accessing.

Public Comment: No members of the public commented.

Next Meeting: Committee members agreed that the NAC would meet on the 2nd Thursday of each month from 9:00 – 11:00. The next meeting is on December 13th from 9:00-11:00.

Adjournment: The meeting was adjourned.