



Meeting of the  
**NEEDS ASSESSMENT COMMITTEE**  
Carrie Davis and Daniel Castellanos, DrPH

May 12, 2016  
LGBT Community Center  
208 West 13<sup>th</sup> Street in Room 301, New York, NY

**Members Present:** Randall Bruce, Maria Caban, PhD, Amber Casey (alt. for Graham Harriman), Daniel Castellanos, DrPH, Timothy Frasca, Guillermo Garcia-Goldwyn, Jennifer Irwin, Julie Lehane, PhD, Rosemary Lopez, Frank Machlica, Jan Carl Park, John Schoepp, Angela Aria (for Marcy Thompson), Maiko Yomogida (for Angela Aidala, PhD)

**Members Absent:** Fay Barrett, Pedro Carneiro, Jeanine Costley, Carrie Davis, Sabina Hirshfield, PhD, Anne Lyster, Antonio Munoz, Glen Phillip, Mary Poupon

**NYC DOHMH Staff Present:** Nasra Aidarus, Nina Rothschild, DrPH, Kate Penrose, Darryl Wong

**Public Health Solutions Staff Present:** Derek Coursen, Nagla Bayoumi

**Other Planning Council Members Present:** Billy Fields

**Material Distributed:**

- May 12, 2016 Meeting Agenda
- Minutes from April 14<sup>th</sup> meeting
- Grid of Recommendations/Comments on HIV/Hepatitis C Co-Infection, Housing in the Tri-County Region, Socio-Economic Vulnerability/Employment
- Needs Assessment Committee Community Briefing Satisfaction Survey, 5/16
- *Statement on Upcoming Negotiation with Industry Partners*, ADAP Crisis Task Force, 4/15/16
- *Hepatitis C Kills More Americans than Any Other Infectious Disease*, Press Release, Centers for Disease Control & Prevention, 5/4/16
- *Pharmaceutical Company Patient Assistance & Cost-Sharing Programs*, NASTAD, 3/14/16
- *Advocates Praise Attorney General's Deal to Increase Hepatitis C Drug Coverage*, VOCAL NY, 4/26/16
- *Report on the State of Hepatitis C Care National Survey*, Health HIV/Health HCV, 4/16
- *Real Solutions for Real New Yorkers*, Health Care Bureau 2015 Annual Report, NYS Office of the Attorney General, 2016
- *Review of Homeless Service Agencies and Programs*, NYCHRA/NYCDHS, 4/11/16
- *HAB Policy Clarification Notice PCN 16-02*, Internal Communication: Care, Treatment & Housing, Bureau of HIV/AIDS Prevention & Control, NYCDOHMH, 5/16
- May 2016 Planning Council Calendar

**Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes:** Co-Chair *Dr. Daniel Castellanos* opened the meeting, after which attendees introduced themselves. A moment of silence was led by Dr. Castellanos in honor of those who are fighting against the many injustices affecting the transgender population, both nationally and in NYC. The meeting packet was reviewed by *Darryl Wong*, who has replaced Nina Rothschild as staff support and the minutes from April 14 were accepted as presented, with one correction. *Jan Park* distributed materials from HRSA regarding the establishment and management of local pharmaceutical assistance programs (L-PAPs), information from the American Liver Foundation on financial assistance to pay for Hepatitis C treatment and a recent publication from the HIV/HCV Co-Infection Watch, which is a patient-centric informational portal serving patients, providers and ASOs.

### **Update on E-share and CHAIN Data Requests**

*Dr. Castellanos* updated the Committee on the status of the requests for data from the CHAIN project. Unfortunately, the number of participants in the CHAIN cohort with incarceration history is too small to make meaningful comparisons. *Kate Penrose* from the NYCDOHMH Research & Evaluation Unit will present client demographics and clinical characteristics of CY2015 Part A clients with incarceration history and by country of birth from eSHARE data at the June meeting. The group was reminded that additional data sources are available in the community regarding immigration and incarceration and should be utilized in planning. It was suggested that the borough where immigrants are receiving services may warrant further examination.

Other CHAIN study topics for 2016 include HIV/AIDS and aging, medication adherence support services, delayed entry in HIV care and long-term survivors. Other possible CHAIN topics under consideration include:

- Comparison of virally-suppressed and unsuppressed CHAIN clients, with unmet need and who have received a particular service type addressing that need, incl. analysis of modifiable/actionable service characteristics
- Analysis of current/recent substance users in CHAIN cohort, comparison with non- substance users on care continuum outcomes (retention in care, ART access, adherence to ART, viral suppression, differences in co-morbidity and mortality), as well as substance-specific breakdowns
- Among those accessing HIV supportive services, is there a benefit in care continuum outcomes, housing stability, mental health functioning and/or food security in accessing the Part A version of those services, as opposed to those services through other payers/sources?
- Systems- level analysis comparing outcomes, client experience/satisfaction, other measures of quality of care between one stop multi-service agencies or medical homes with co-located services vs. agencies without co-located services
- Relationship between policy/advocacy engagement/work and care continuum outcomes, i.e., paid advocacy, peer navigators in care coordination programs vs. other paid work, and volunteer/unpaid advocacy vs other volunteering/unpaid work and no work or volunteering.

*Jan Park* suggested that completed CHAIN reports should be presented to the NA Committee for review and analysis. There is also a need for clarity regarding the “ownership” of CHAIN data, i.e., public, NYCDOHMH and/or Columbia University Mailman School of Public Health and whether the wider dissemination of and access to CHAIN data is allowable to other research and academic institutions, particularly since most visits to the HIV Planning Council website are to access CHAIN reports. *Amber Casey* clarified that the data does belong to the agency, as per contractual agreement.

## **Needs Assessment Community Briefing Meeting Evaluation**

*Dr. Castellanos* shared the results of the evaluation of the Community Briefing, noting that a large number of service providers, but fewer consumers, attended the briefing. Although there were some difficulties encountered in receiving evaluation survey responses, in response to questions of clarity and usefulness of data presentations the majority of respondents agreed that the data presented increased their knowledge on the issues being discussed.

## **Upcoming Projects & Priorities**

In addition to housing, employment/socio-economic vulnerability and HIV/Hep C co-infection, immigration experience & incarceration history were identified as areas warranting further study; a presentation addressing these latter two issues is planned for the June 2016 committee meeting.

## **Follow-up on Community Briefing Recommendations**

*Dr. Castellanos* re-visited the recommendations garnered from the April meeting, which were formatted in three grids for committee input. It was noted that the original recommendations were derived from the previous month's brainstorming exercise and that there are several recommendations in need of revision. Moving forward, it was suggested that a written, formal set of recommendations be presented to the committee in June, after they have been circulated to the Committee for comments.

## **HIV/Hepatitis C Co-Infection**

*Mr. Wong* began the discussion of HIV/Hep C co-infection, noting that a few recommendations are currently being addressed by DOHMH: 1) there are two webinars in development, one targeted to medical providers and another to care coordinators and linkage navigators and 2) care coordination staff is being trained how to complete the prior approval process. With respect to education and advocacy, there are many community-based resources currently available. *Mr. Park* added that an integrated workgroup focusing on HIV/Hep C co-infection should be convened, as several committees (PSRA, IOC and Policy) are/should be involved in this discussion. *Mr. Wong* suggested that a brief update from the PSRA meeting on May 9, at which Christine Rivera from ADAP was present, might inform the committee in their discussion and final decision-making.

## **Socio-economic vulnerability/employment**

It was suggested that a meeting with HASA may be indicated in order to address the grace period during which those who have returned to work can maintain HASA housing. *Nasra Aidarus*, who heads the Employment/Socio-Economic Vulnerability Workgroup at NYCDOHMH provided an overview of the Bureau's new initiatives focusing on income as a determinant of health, connecting our efforts with those of external providers of vocational rehabilitation and employment readiness services for clients who may want to return to work (but are not forced to) and who may need navigational support to overcome barriers to re-joining the workforce. In response to the need for a centralized source of consistent and accurate information, DOHMH is developing two webinars, "Earned Income and Benefits" and "Employment Services and Resources Available in NYC" as well as a conference for providers later this summer.

*Mr. Park & Dr. Lehane* noted that in the Tri County region those in suburban settings are more likely to be working and that there are also many undocumented individuals/migrant workers in the work force. Further examination is warranted to distinguish which services are needed by those who are employed, as opposed to those who are not employed. *Ms. Casey* introduced the

HRSA Policy Clarification Notice 16-2, which, while stating that employment and employment readiness services are still expressly prohibited, does allow for vocational rehabilitative therapy for those who were previously employed but have become disabled.

***Housing in the Tri-County Region***

It was noted that the sole recommendation regarding housing is “The NA Committee is recommending an increase in the Tri-County portion of the NY EMA’s award from 4.7% to 5%, with the additional funds going to short-term rental assistance”. *David Klotz* suggested that we quantify need and should be specific about the dollar amount requested as opposed to flat percentages.

**Public Comment:** There was no public comment.

**Adjournment:** There being no further business, the meeting was adjourned at 11:30AM.