Meeting of the
**NEEDS ASSESSMENT COMMITTEE**
H. Daniel Castellanos, Dr.PH & Carrie Davis, Co-Chairs

June 8, 2017, 9:30AM -11:30AM
LGBT Center, 208 West 13th St.
**By Conference Call – 1-866-213-1863, Access Code 3587454#**

**Members Present**: H. Daniel Castellanos, DrPH (Co-Chair), Carrie Davis (Co-Chair), Fay Barrett, Randall Bruce (Consumer At Large), Timothy Frasca, Jennifer Irwin, Jan Carl Park, John Schoepp

**Members Absent**: Pedro Carneiro, PhD, Derek Coursen, Guillermo Garcia-Goldwyn, Sabina Hirshfield, PhD, Rosemary Lopez, Frank Machlica,  Glen Phillip, Marcy Thompson

**Planning Council Members Present:** Maria A. Diaz, Billy Fields

**NYC DOHMH/PHS Staff Present**: Nasra Aidarus, Ashley Azor, Jose Colon-Berdecia, Laura Hernandez, David Klotz, Melanie Lawrence, Scarlett Macias, Claire Odom, Cristina Rodriguez-Hart, Trang Tran, Darryl Wong, Maiko Yomogida, PhD

**Others Present:** Mark Brown**,** David Martin

**Materials Distributed**:
- Meeting Agenda
- 5/11/17 Meeting Minutes
- Community Briefing Key Take-aways Notes

## WELCOME/INTRODUCTIONS/MOMENT OF SILENCE/REVIEW OF THE MEETING PACKET/REVIEW OF THE MINUTES:

Co-Chair Daniel Castellanos opened the meeting with introductions. *Mr. Schoepp* led us in a moment of silence. *Ms. Lawrence* reviewed the meeting packet with the committee. The minutes were approved.

## TCC PRESENTATION BY ASHLEY AZOR

*Mr. Park* reviewed Planning Council protocol with regard to who should sit at the table, noting that everyone who is presenting at the meeting is also invited to sit. *Mr. Castellanos* introduced the presentation on Transitional Care Coordination (TCC), noting that the committee had requested the presentation and more information about TCC due to the overlap with housing.

After some technical difficulties, *Ms. Azor* began the presentation. *Mr. Park* asked Ms. Azor to explain the differences in the portfolio's care coordination service directives. TCC falls under the medical case management category. TCC is similar to Care Coordination (CCP) (CCP is the other program in medical case management (MCM)) but targets unstably housed and homeless. The two programs provide comprehensive case management for HIV+ patients, but focus on different populations. MCM is a service category. CCP has a specific requirements, i.e. out of care/unsuppressed. MCM represents a quarter of the Ryan White portfolio funding (with CCP representing the lion's share).

TCC was developed in response to a 2005 report on the high homeless/unstably housed rates among people living with HIV/AIDS in NYC. TCC provides referrals to ensure the targeted population receive medical and supportive services. Stably engaged is defined as persons who have at least one visit with the same HIV care provider at least once every 6 months. The program allows for targeted outreach of homeless and unstably housed populations, such as shelters and SROs. Staff go into the field to find patients.

Looking at the enrollment status of the past year, the majority of enrollees are homeless, male and ethnic minorities. Ms. Azor's presentation anonymized the agencies. *Mr. Park* queried her on why the council could not know the names. *Ms. Azor* indicated that she was instructed to do so. *Ms. Aidarus* responded that the grantee is unable to share contract level information with the planning council.

After the presentation, the floor was opened to questions. *Mr. Castellanos* asked how many people (what percentage) are newly diagnosed in TCC. The grantee said they would bring that info to the next meeting. Unstably housed is defined as individuals facing eviction, people who frequently move, and people staying temporarily with family or friends.

HUD recently changed their definition of transitional housing, and what types of services persons in transitional housing qualify for, but it is not possible to quantify how the changes in HUD will impact the need for TCC. *Mr. Castellanos* asked that we provide working definitions for different terms and programs for the next meeting.

*Mr. Castellanos* asked how the transition process works once someone is stable. If the population who is "stably housed" are still facing other issues, such as, substance abuse, it requires them to continue to stay engaged in TCC and not transition to CCP.

*Ms. Davis* asked how outcomes are measured for TCC. *Ms. Azor* referenced the quality indicators that are tracked to measure outcomes. TCC doesn't house people – it can only provide outreach and referrals.

*Ms. Aidarus* noted that a lot of the services that were originally only in TCC are now represented across the portfolio. CCP does housing referrals, and the master directive now instructs all programs to have a working relationship with a housing provider.

Once the Ryan White award is known, the grantee can consider what kinds of interventions are possible with regard to housing. When a program is cut, the grantee gives the agencies 6 month to close the program. One of the goals of TCC is to transfer clients to CCP. TCC is a short term program, 9-12 months, wherein all linkages must happen during that time.

Tri-County does not have a TCC program. Eliminating TCC would have no impact on Tri-County. *Ms. Diaz* noted that there is a great need for housing options in Tri-County. *Mr. Castellanos* wants NAC to look at the housing needs for Tri-County.

The key difference between CCP and TCC is the ability of TCC to work directly with clients on housing. Public Health Solutions and the health department have service finders and the information is public, but the grantee was unable to share the names of the agencies. *Ms. Davis* asked that the lack of disclosure be looked into as it did not seem right. The question of disclosure of agency names and the legality of that disclosure was debated. *Ms. Davis* recommended the issue be brought to the Executive Committee.

In PSRA the discussion was presently considering cutting two service directives TCC and Health Education/Risk Reduction in order to streamline funds and with consideration of the overall decline in funding of the Ryan White portfolio. *Mr. Castellanos* wanted to see the pros and cons of the TCC program. *Ms. Macias* noted that active case finding differentiates this program from others in the portfolio. *Mr. Bruce* asked what percentage of people are successfully linked to care through TCC.

The meeting discussion shifted into why the presentation was shortened and clipped to not include quality indicators. In the last 24 hours before the meeting, the presentation was changed. PSRA did not want the slides presented to NAC before they had viewed them. *Ms. Davis* asked if we could see more updated data. *Mr. Castellanos* thanked the grantee staff for the presentation.

*Mr. Bruce* was upset that the committees' request for all of the presentations had been overruled by the chairs. *Ms. Irwin* asked how the elimination of TCC services would impact the rest of the portfolio and if the services would be rolled into other areas. *Ms. Aidarus* noted that CCP would not include the TCC services as that had not been a mandate – although some services were likely to be represented. *Mr. Brown* said all the TCC presentations should have happened together so that the committee would be clear on the info and be able to ask cogent questions. He also noted that undocumented persons would not be caught in the safety net of other programs. The number of undocumented clients is unknown as it is not legal to collect that information. *Mr. Castellanos* noted that the undocumented population can be modeled in multiple ways, but the grantee has not done so.

For next steps, Mr. Castellanos suggested we look at 1. Performance evaluation with scorecard 2. Outcomes analysis 3. Providers and consumers to speak to program 4. Tri-County resources regarding housing 5. *Ms. Aidarus'* handout on TCC and Payer of Last Resort issues.

CHAIN does not look at Care Coordination in Tri-County. *Ms. Aidarus* suggested we look at her summary handouts for Care Coordination in Tri-County, but not do a one-to-one comparison. *Mr. Park* suggested we look at the Mayor's homeless plan to get a better feel for the numbers in the city. *Ms. Davis* asked for a better understanding of the need in general for the program.

*Mr. Park* made clear that the grantee and council staff work for the committee. *Mr. Bruce* wanted to make clear that each committee is entitled to the information they request when

they request it. *Mr. Fields* proposed that we lengthen the next meeting. *Mr. Brown* wanted an assurance that the cuts will not be voted on in July.

*Ms. Aidarus* noted that case finding in TCC is different and unique to TCC. *Ms. Lawrence* noted that case finding is going to be included, and that the IOC is not looking at how to absorb the services into other areas of the portfolio.

### COMMUNITY BRIEFING: KEY TAKEAWAYS & NEXT STEPS

Committee decided to table this due to time.

### NEW BUSINESS

None brought.

### PUBLIC COMMENT

None brought.

### ADJOURNMENT
Meeting was adjourned at 11:30AM