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

July 20, 2017, 9:30AM -12:00AM
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, Guillermo Garcia-Goldwyn, Jennifer Irwin, Jan Carl Park, John Schoepp, Marcy Thompson (sub)

Members Absent: Angela Aidala, Pedro Carneiro, PhD, Derek Coursen, Sabina Hirshfield, PhD, Rosemary Lopez, Frank Machlica, Glen Phillip

Planning Council Members Present: Lisa Best, Maria A. Diaz, Billy Fields, Saul Reyes

NYC DOHMH/PHS Staff Present: Nadine Alexander, Ashley Azor, Nagla Bayoumi, Jennifer Carmona, Jose Colon-Berdecia, Laura Hernandez, Melanie Lawrence, Scarlett Macias, Kate Penrose, Cristina Rodriguez-Hart, Trang Tran, Maiko Yomogida, PhD

Others Present: Kenechikan Akabreze, Roberto A. Aviles, Rastko J. Benson, Mark Brown, Deserie Bundy, Jonathan Bustamante, Pedro Gonzalez, Tiffany Jules, Jose A. Macos, Cassandra Puvoise, Jennay Thompson

Materials Distributed:
- Meeting Agenda
- 6/8/17 Meeting Minutes
- Transitional Care Coordination (TCC) Quality Indicators (QI)
- TCC Comparison to Care Coordination Program
- Mayor's Plan to End Homelessness (Executive Summary)
- Mayor's Review of Homelessness
- Tri-County One Pager
- TCC One Pager
- Community Briefing Summarized Key Points
- End-of-Year Evaluation

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

Co-Chair Carrie Davis opened the meeting with introductions. *Mr. Park* led us in a moment of silence in honor of Sallie Perryman. *Ms. Lawrence* reviewed the meeting packet with the

committee and the minutes were approved. *Ms. Lawrence* asked the TCC providers and consumers to introduce themselves/

TCC QI PRESENTATION

Presented by Scarlett Macias and Trang Tran, DOHMH Grantee Staff

Quality indicators are process or outcome indicators that allow for appropriate evaluation of programs and the program's impact on health outcomes. The indicators were developed based on core aspects of the program and can change depending on programmatic changes. Data are from the Electronic System for HIV/AIDS Reporting and Evaluation (eSHARE). The indicators were developed in partnership with PHS, agencies and providers.

This table summarizes the 4 QI for TCC:

Program Activity	Indicator	Long-term Outcomes
Discussion of housing options with patients	1. % of clients who received a housing program linkage	Stabilized housing Retention in care Viral suppression
Identifying an appropriate case management program with client	2. % of clients who received a case management program linkage	
Follow-up with medical provider and patient regarding medical appointment	3. % of clients who received a primary care linkage	
Health promotion	4. % of clients who received 3 health promotion services within the first 3 months of enrollment	

Outreach is a unique service to TCC and allows providers to engage clients in SROs.

QI data is regularly shared with agencies. As active clients have increased and available housing has decreased, it has been increasingly difficult to achieve outcomes for clients. Quality Management differs from the contract management that PHS does on behalf of the grantee. PHS wants to ensure that the number of people who are supposed to be reached per contract is achieved. TCC has a 12 month limit, with an expectation that clients will transfer to Care Coordination. But the short term nature of the intervention frequently sees people re-enrolled. There is also an issue wherein people do not want intensive case management, but they do want the housing linkages, etc. TCC is based on the Critical Time Model[1]where you catch someone as soon as they become unstable and try to stabilize them.

TCC Compared to Care Coordination: Linkage to Housing Placement Presentation

Presented by Tabitha Julien, DOHMH Housing Staff

There are 3 categories of Ryan White (RW) Support Services:

[1] https://www.criticaltime.org/cti-model/

General Non-Medical Case Management (NMG):
Provide advice and assistance to individuals living with HIV in obtaining medical, social, legal, and financial counseling, and other needed services to improve their physical and mental health status.

Care Coordination Program (MCM-CCP):
Provide comprehensive medical and care coordination services to individuals living with HIV. Model ensures clients maintain a stable health status, are linked to care, retain clients in care through medical and social service navigation, teach and support HIV self-management, and provide health promotion.

Transitional Care Coordination (MCM-TCC):
To improve the care of HIV + individuals who are homeless and/or unstably housed by ensuring entry into and continuity of primary medical care and providing linkage to housing services and other social support services.

Multiple programs serve the housing needs of people living with HIV/AIDS (PLWHA):

HOPWA: targets low-income PLWHA who are homeless or unstably housed and provides rental assistance, housing placement assistance and supportive housing. (~2000 clients)
HASA: provides public assistance and case management for low-income PLWHA. HASA provides emergency housing, transitional housing, permanent supportive housing and rental assistance (~36,000 clients)
Ryan White Part A Housing: provides services to PLWHA in the NY Eligible Metropolitan Area (EMA) (~1200 clients). Services include: short-term rental assistance, short-term supportive housing (~ 24 months), and housing placement assistance (~1200 clients)

The data used for this presentation reflects newly enrolled TCC, CCP or NMG clients with a complete intake assessment between (3/1/14) and (9/30/15) and were unstably housed or homeless and not in transitional or permanent housing at time of enrollment. Information was gathered from eSHARE.

The following tables show the results of the analysis:

Program	N at baseline	N (%) with housing improvement ever	Chisq test P value
TCC	492	250 (50.8%)	0.0083
MCM/NMG	495	210 (42.4%)	
Total	987	460 (46.6 %)	

Program	N at baseline	N (%) with housing improvement at first placement	Chisq test P value
TCC	492	157 (31.9%)	*0.15*
MCM/NMG	495	137 (27.7%)	
Total	987	294 (29.8%)	

Ms. Julien deferred the question about differences in the models to Ryan White grantee staff. The analysis is not meant to conclude which program is better, but to present the information for the Planning Council and Grantee to draw conclusions from. *Ms. Casey* discussed that neither program is specifically tasked with housing clients, or has actual housing funding. Ryan White funding cannot be used for permanent housing due to how the legislation is written.

The results for "housing improvement ever" are statistically significant, while "housing improvement at first placement" are not. Housing was tasked with conducting the housing analysis because they have access to data that the Grantee staff does not. The committee asked what accounts for the differences in the data, but housing staff (Ms. Julien and Ms. Farquar), are unfamiliar with the structure of the programs beyond the housing piece, and asked Grantee staff to explain further.

Ms. Casey responded that TCC is not necessarily better at linking people to housing, even though the results are statistically significant. *Ms. Best* noted that the housing situation in Tri-County is dismal, and asked how terms like emergency and non-emergency housing are defined in the presentation. *Ms. Julien* responded that the definitions used within the analysis are specific to the analysis and do not reflect those of HUD or another agency. She also noted that first placement indicates the first time a client is placed in any sort of housing.

TCC Provider Discussion

The committee has been looking at housing through different lens in the last year, and the focus of the 2017 Community Briefing was on exploring the issue of housing. Inviting the providers to discuss the TCC program is an integral part of that research.

The TCC service category is made up of five providers, all of whom were able to attend the meeting, and many of whom brought clients. *Ms. Davis* asked what successes they have seen through the TCC grant. The providers first explained the difference between CCP and TCC – clients need different levels of care, but CCP focuses on the medical piece, while in TCC referrals can come from multiple places, including the Human Resource Administration (HRA), and from other programs, etc. *Ms. Bundy* noted that a lot of her clients are coming from out of state and don't know what kind of resources or assistance are available to them. TCC gives providers the freedom to determine how often clients need to be seen without being bound by the medical model.

Ms. Davis characterized the flexibility and open referral access as positives of the TCC program. *Ms. Bundy* said some clients come with the case management piece in place – they just need help with housing. For clients who do not have that piece, it gives agencies a chance to educate clients through health promotion.

Every program functions a bit differently, but a big focus of TCC are the single room occupancies (SROs) that many PLWHA live in. TCC gives agencies the ability to do that work and go into places that CCP is not able to address.

Clients spoke about being able to access housing placement quickly through the program, and exhorted that these programs are necessary. *Ms. Bundy*, who manages the Health Home (HH) and TCC programs at GMHC, discussed how TCC clients are frequently in crisis. The advantage of TCC is that the program quickly provides for basic needs. Not needing a doctor's referral opens up access to clients in need. Not needing a medical referral seems key to the success of TCC.

Emphasis was placed on the importance in accessing services that help clients become stable without having to deal with a lengthy intake.

There is still difficulty for clients who are immigrants and the fear about accessing housing and having that access to housing then impact their ability to achieve citizenship later on. Clients mentioned that they have gone through the hoops of doing intakes at various agencies only to not receive services.

In the Bronx, there is a high concentration of PLWHA and not enough housing. Housing is a priority for Services for the Underserved. The agency focuses on consistency with clients, but often clients are moved from SRO to SRO, and it can be difficult to keep track of them in those situations. Undocumented immigrants are fearful that their landlords will report them.

Housing is difficult for everyone – not just PLWHA. Many landlords do not work with rental/housing assistance programs.

The lack of employment support compounds access to housing. CAMBA thinks the program is a great model, but does not understand why the concept of "graduation" is tied to linking a person to case management when often those services are more intense than what they need. Graduation is the biggest payment point, but it is counter intuitive when you consider that the purpose of TCC is to assist people in asserting their independence. This complaint has been lodged with the Health Dep't but no changes have been made. Meanwhile you have people who make too much money to qualify for case management services. The transfer to CCP can be difficult when many clients are attached to TCC staff. These clients would often prefer to remain with TCC for 6-12 months longer. There are clients with substandard housing that want to enter the TCC system – there should be room for these clients.

Next Steps for TCC

Define what housing stability really means as it varies across agencies and programs. The time limit on the TCC program creates barriers for clients. The design of the program should be addressed with regard to provider and client comments of which much is within the domain of the Planning Council. We are also able to recommend that laws that discriminate against clients be changed.

Mr. Reyes asked how the program design can address stigma. The costs of housing and what programs are allowed to pay for apartments should be addressed as programs cannot meet market rates. The eSHARE issue plays a significant role in agency inability to properly classify and/or enter in the system the barriers that the clients face in achieving housing placement: being classified as a sex offender, poor credit, clients rejecting apartments, etc. – there is no room to enter these issues into eSHARE in order to give a better picture of how clients and agencies are impacted.

To make changes to a program, Needs Assessment gathers info and makes a recommendation to the Council-at-large. There has been a lack of advocacy in general around housing and around changing the laws that impact vulnerable populations – it seems like a lot of the hard won gains are now being taken for granted, and that is putting them at risk.

Mr. Frasca noted that the TCC providers could not be found on the Public Health Solutions or NYC Dep't of Health website, and that when he requested the names of the agencies that have TCC contracts from the grantee, his request was denied, yet, the providers were able

to come to the meeting and identify their agencies, which made no sense. He commented on the absurdity of the rule, and hoped the issue of disclosure could be addressed in the near future.

Ms. Casey responded that contract level information is not supposed to be available to the Planning Council. *Mr. Park* noted that there is a discrepancy in the interpretation of that piece of the legislation – whether or not a provider name is equivalent to contract level data.

Ms. Lawrence explained the full role of the Planning Council and invited providers and clients to continue to attend council meetings, as well as to apply to become part of the Planning Council.

Ms. Davis explained that we will continue to explore TCC and the greater spectrum of housing issues and how it impacts PLWHA.

The co-chairs affirmed Ms. Best's request that committee members send their thoughts on the fall agenda to the co-chairs.

Ms. Davis recognized Consumer-at-Large Randall Bruce for his phenomenal commitment to the Planning Council and all the work he has done. *Mr. Bruce* encouraged all the consumers to apply to the council.

PUBLIC COMMENT

Mr. Brown asked consumers to continuously attend meetings, not just when their programs are in jeopardy.

Ms. Best commented that undocumented immigrants are being offered services as a band aid and that the government should not turn around and deny them citizenship for accessing those services.

ADJOURNMENT

Meeting was adjourned at 12:00PM