



CONSUMERS COMMITTEE

Tuesday, April 21, 2015, 1:00 – 3:30 PM

The Family Center, 493 Nostrand Avenue, Brooklyn, NY

Planning Council Members Present: David Martin (Co-Chair), Billy Fields (Co-Chair), Randall Bruce (Consumer At Large), Antonio Munoz, Saul Reyes

Planning Council Members Absent: Lotus Blackman, Altirik Harper, Harry Jackson, Jesus Maldonado, Carlos Rosario, Kim Watson

Appointed Community Members: Muying Hunt, Glen Phillip

Guests: Katrina Balovlenkov, Mark Browne, Felicia Carroll, Winston Coynter, Russ Lane, Ntsako Mabasa, Philip McInnes, Joann Murray, Carolyn Perine – Lee, John Schoepp, Russell Stephen, Cherone Whitehead,

NYCDOHMH: Jan Carl Park, Darryl Wong

MEETING MATERIALS DISTRIBUTED:

- Meeting Agenda/Planning Council Ground Rules of Respectful Engagement;
- March 17, 2015 Meeting Minutes;
- Integration of Care Committee February 18, 2015 Meeting Minutes;
- Early Intervention Services Directive (Draft), Integration of Care Committee, March 2015;
- Recommendations of the Formal Needs Assessment: Service Needs & Utilization and Engagement in HIV Primary Care & Clinical Outcomes 2014;
- NY HIV Planning Council Retreat – Consumer Engagement Recommendations, February 2015;
- Integration of Care Committee Meeting Minutes, March 18, 2015;
- Integration of Care Committee Meeting Minutes, April 1, 2015;
- NYCDOHMH HIV/AIDS Bi-Weekly Update, April 20, 2015;
- March 2015 Meeting Evaluation Results;
- April 2015 Meeting Evaluation Form; and
- March 2015 Planning Council Meeting Calendar.

WELCOME/INTRODUCTIONS/REVIEW OF MINUTES

David Martin and Billy Fields, Co-Chairs of the Committee opened the meeting, followed by participant introductions. Muying Hunt, former Planning Council member, led the group in a moment of silence in memory of former committee member Delores Henley, who recently passed away. The Rules of Respectful Engagement, meeting agenda and meeting packet were reviewed. The March 2015 minutes were accepted by acclamation.

PUBLIC COMMENT:

There was no public comment.

SERVICE NEEDS UTILIZATION and ENGAGEMENT I HIV PRIMARY CARE & CLINICAL OUTCOMES

Mr. Wong reviewed the purpose of the Needs Assessment (NA) Committee to meeting participants. In particular, in its formal Needs Assessment completed last fall, the NA Committee identified some areas where further exploration was necessary – 1) the relationship between engagement in primary care and clinical outcomes (viral load suppression) for those who are highly engaged in care, 2) where

PLWHA access services and the extent to which people seek services at multiple locations and 3) using programmatic information to assess the relationship between enrolling in a particular service and key outcomes such as linkage and retention in care. Participants' comments included:

- Clarification around the process used by the NA Committee to further identify and define the above factors and the role of the Integration of Care Committee in developing service directives;
- With the ACA, consumers are having difficulty accessing care due to changes in insurance carriers and participating providers in certain plans;
- At certain provider sites, walk ins are not accommodated in the Emergency Rooms and appointments must be made several months in advance;
- Frustration in accessing care can lead to dis-engagement in care and treatment adherence;
- Agencies should involve consumers in discussing the personal, social and environmental barriers clients may face;
- Needs are very different when comparing those who access care and have detectable viral loads and those who inconsistently access care;
- Better communication is needed between the provider and the client;
- Clients without appointments may not be seen until the end of the day, even if there are available appointments;
- Many agencies expend a lot of effort in identifying clients to be tested for HIV, but do not follow up with the client after diagnosis, until the re-assessment period;
- Client incentives may keep clients engaged and activated;
- Clients must assume responsibility in the self-care and management;
- Hospital closings are disrupting clients' care routines;
- Education soon after diagnosis helps keep clients engaged;
- Front line staff should create an atmosphere of engagement and approachability in order to keep clients engaged;
- Many treatment experienced and long term survivors are not adherent to treatment;
- An integrated medical and behavioral care team, including peer mentors, is important in keeping clients engaged; and
- Clients are asked to sign documents acknowledging receipt of services or goods which have not been delivered.

Clients who are facing any barriers in accessing services should grieve directly with their service agency and speak with the agency's CAB to offer their feedback on services received or, after having exhausted these options, contact the Master Contractor, Public Health Solutions for redress.

EARLY INTERVENTION SERVICES DIRECTIVE:

Continuing last month's discussion on the Early Intervention Service Directive, the service category goals and NYCDOHMH 2012-15 Comprehensive Strategic Plan Objectives were reviewed. The revised program directive and service model incorporates elements identified in previous discussions.

Participant comments included:

- *Engagement strategies* are not defined and are too vague;
- *Trauma-informed care* needs to be integrated into all aspects of care; and
- *Client Follow up* should be more time sensitive.

NY PLANNING COUNCIL /CONSUMER COMMITTEE UPDATES

A Planning Council Q/A Introductory Session was held directly before the Consumers Committee and was well-attended by nine (9) staff and clients of the Family Center, Planned Parenthood Project Street Beat and the Bedford Stuyvesant Family Health Center.

PUBLIC COMMENT & ADJOURNMENT:

There being no further business, the meeting was adjourned at 3:30PM.