



CONSUMERS COMMITTEE

Tuesday, May 19, 2015, 1:00 – 3:30 PM

LGBT Community Center, 208 West 13th Street, Rm 101, New York, NY

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

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

Appointed Community Members: Felicia Carroll, Yves Gebhardt, Glen Phillip

Guests: Mark Browne, Peter Messeri, Ph.D., John Schoepp, Kiara St. James

NYCDOHMH: Jan Carl Park, Darryl Wong

MEETING MATERIALS DISTRIBUTED:

- Meeting Agenda/Planning Council Ground Rules of Respectful Engagement;
- April 21, 2015 Meeting Minutes;
- Early Intervention Services Directive, May 6, 2015;
- NYCDOHMH HIV/AIDS Bi-Weekly Update, May 18, 2015;
- Planning Council New Member Application;
- NYCDOHMH Grantee Report, May 2015;
- Recommendations from 2015 Planning Council Retreat;
- Announcement of the Governor's Plan to End AIDS, April 29, 2015;
- Recommendations from Blueprint to End AIDS;
- Service Needs & Utilization, NY 2011-2013, CHAIN Report & Powerpoint ;
- Take Pride, Take Care, Transgender Women's Health pamphlet;
- April 2015 Meeting Evaluation Results;
- May 2015 Meeting Evaluation Form; and
- May and June 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. Victor Ayala, Ph.D. led the group in a moment of silence in honor of those who have passed and those who continue to struggle in accessing care. The Rules of Respectful Engagement, meeting agenda and meeting packet were reviewed. The April 2015 minutes were accepted by acclamation.

PUBLIC COMMENT:

There was no public comment.

NY PLANNING COUNCIL /CONSUMER COMMITTEE UPDATES

Darryl Wong announced that the Planning Council's new conference call number for Planning Council conference calls remains the same, with the new access code: 3587454#. The joint HIV Prevention Group (HPG) and Planning Council meeting planned for May 20 has been rescheduled as we await

further information on the guidance for developing a joint prevention and treatment comprehensive strategic plan.

Randall Bruce, Consumer At Large, reported that the PSRA committee reviewed the cost analysis of the Early Intervention Services directive and approved the methodology to arrive at such cost estimates. The actual service directive will be presented and reviewed for approval at the May 21 Executive Committee meeting. Funding levels for this service category will not be assigned until our award has been received, at which point we will submit to HRSA our application spending plan with the allocated amounts.

Billy Fields, Co-Chair, announced that new applications for Mayoral appointments to the Planning Council are being distributed in the HIV/AIDS community. Mr. Fields stressed that appointments are to be taken seriously and that those who are appointed shoulder the responsibility of representing their communities; an empty seat, either at the committee or full Planning Council level, means one less voice representing unmet needs.

Mr. Wong, Planning Council staff liaison, reminded the consumers that as the Planning Council moves forward in incorporating Tri- County planning and administration under Planning Council and NYCDOHMH auspices, it is envisioned that at least three members from the Tri-County region will be appointed to the Council; the Tri County Steering Committee, composed of both providers and consumers in Westchester, Putnam and Rockland counties, will be subsumed by the Council and function as other committees.

David Martin, Co-Chair re-introduced the topic of consumer community involvement and engagement, noting that Consumer Committee meetings have been held outside of NYCDOHMH since February and have been successful in engaging new participants. Short informational Q/A sessions describing the work and the structure of the Planning Council, as well as consumers' roles and responsibilities were developed and delivered before actual Committee meetings. It was acknowledged that this activity increased participation/ involvement, understanding and buy-in the Part A planning process. Additionally, it was announced that the Planning Council has the intention to expand their social media presence in order to better engage young people, their voices and their experiences, as well as highlighting stigma and discrimination as a social driver of the epidemic and of other health disparities. Several participants comments on the antiquated "look" of the Planning Council website, found at www.nyhiv.org, as well as the lack of user-friendliness and the need for interactive and social media platforms. Mr. Martin provided feedback on the Quality Management conference held earlier this year, which some felt did not focus enough on or involve consumers, despite the conference title, "Providers and Consumers Working Together".

CHAIN REPORT 2013-5a – SERVICE NEEDS AND UTILIZATION IN NYC, 2011-13

Peter Messeri, Ph.D., of the CHAIN project at the Mailman School of Public Health at Columbia University presented an update on service needs and utilization in the CHAIN cohort, as of the 2013 interviews. He noted that the CHAIN cohort is now predominantly middle aged, and that the next wave of recruitment will focus on people in their 20s-30s. The study looked at a number of domains, measuring who needs the service and how many who need the service received it. For example, 93% of respondents (up from 91% in 2011) reported a need for food services (defined as: not enough money in the household for food once in a while to very often in the last six months; a period without anything to eat in the last 30 days; receipt of food stamps; limited or no access to a kitchen; participation in a meal delivery program). Of the 93% who needed food services, 20% (up from 18% in 2011) had adequate utilization of the service (defined as: meals provided in a group setting; prepared meals delivered to home; food voucher or food from a food pantry).

The following is a summary of the findings:

- Need for rental assistance and long-term rental assistance increased
- Need for permanent housing placement and housing stability maintenance declined
- Permanent housing placement and nutrition counseling service showed the largest gains in service utilization
- Home care showed the only substantial decline in service utilization
- HIV standard of care, nutrition counseling, and food services stand out as service areas with high need but low levels of utilization
- Service needs per person ranged from 1 – 12
- 26% reported need for 9 of 12 service areas
- 9% of the sample had inadequate utilization in six or more service areas
- Homeless, White and Puerto Rico-born participants, as well as individuals with low mental health functioning scores stand out as subgroups with above average need and below average utilization across multiple service areas
- HIV primary care, professional mental health services, rental assistance and long-term rental assistance are *high need services with adequate utilization*;
- Food services and nutritional counseling services are *high need services with low utilization*
- ARV treatment support, social service case management and long-term stability maintenance are *low need services and adequate utilization*
- Home care, medical referral case management, alcohol or drug treatment services, transportation services and permanent housing placement are *low need services with low utilization*.

It was also noted that the survey sample did not include any young people or any individuals of transgender experience. Dr. Messeri attributed the latter to possible differences in interpretation vis a vis sex (biologically-determined internal and external reproductive organs and sex chromosomes), self-identified gender identity (the sense of being male, female or another gender, and not related to sexual identity) and gender expression (the way individuals show their gender to the world and not related to sexual orientation). Nonetheless, he will ask his interview team to review internal protocols to insure that any data on this under-served population is captured.

PUBLIC COMMENT & ADJOURNMENT:

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