



Meeting Minutes
NEEDS ASSESSMENT COMMITTEE
Jennifer Irwin, Chair

Tuesday, April 1, 2008
9:30 am – 11:30 am
GMHC, 119 West 24th Street, 9th Floor Board Room

Members Present: Angela Aidala, PhD, JoAnn Hilger, Lenore Hildebrand, DSW, Jennifer Irwin, Rosemary Lopez, Jan Carl Park, Troiyle Sanon, PhD, Roberta Scheinmann (alt. for Mary Ann Chiasson), Howard Schwartz, JD, Sayida Self, PhD

DOHMH Staff Present: Rafael Molina, Todd Noletto, Nina Rothschild, DrPH, Anthony Santella, DrPH, Daniel Weglein, MD, Darryl Wong

Others Present: Brent Backofen, Victor Benadava, Guillermo Garcia-Goldwyn

Materials Distributed: Agenda; minutes from the previous meeting of the NA Committee on February 26, 2008; CHAIN presentation; CHAIN study conceptual variables; list of CHAIN reports; CAB focus group guide; old Priority Setting and Resource Allocation tool; NYC DOHMH HIV Epidemiology and Field Services Research Unit Report; CDC fact sheet on HIV/AIDS in the United States.

Welcome/Introductions: Jennifer Irwin welcomed all participants. Members introduced themselves.

Review of Minutes: The minutes from the previous meeting of the Needs Assessment Committee on February 26, 2008 were approved with no changes.

Review of the Meeting Packet: Ms. Silva reviewed the contents of the meeting packet.

Role of Needs Assessment Committee in Community Planning Process: Ms. Irwin explained that the focus of the meeting would be on providing Committee members with a better understanding of their role and how their work complements the work of the Priority Setting and Resource Allocation Committee and the Integration of Care committee in the community planning process as a whole. The meeting will involve not only listening to presentations but also outlining steps for more active participation. Committee members are present in order to ask questions and obtain data.

Dr. Daniel Weglein also addressed the role of the Committee going forward, noting that two issues had come to the fore in the past two weeks. The first issue was Dr. Fabienne Laraque's proposal to collapse Outpatient Medical Care and Case Management into one service category, and the second issue was how to allocate the money from HRSA's increased Base award to the New York EMA. Going forward, we need to develop research questions in order to anticipate planning issues down the road. Major sources of information for planning include the CHAIN study and the work of the Public Health Practice Unit and the Research and Evaluation Unit of the Treatment, Care, and Housing Program in the Bureau of HIV/AIDS Prevention and Control. Dr. Weglein noted that he is handing off the role of lead staff member for the Committee to Dr. Anthony Santella.

CHAIN Study: Dr. Angela Aidala of the Columbia University School of Public Health discussed CHAIN, a multi-year longitudinal cohort study of PLWHAs in care and out of care in New York City and in Tri-County. She noted that the hardest-to-reach clients may be the ones with the greatest need for services. A copy of the presentation is available in the Office of the Ryan White Planning Council. The study measures health outcomes such as self-reported viral load and CD4 count, mental health status score, chronic conditions, and needs for assistance. Dr. Aidala noted that mortality, attrition, and moves out of the area all are factors impacting the length of time for which the cohorts are followed. When the numbers become too low, the researchers need to refresh the cohort and recruit people who may be more recently diagnosed.

Mental health questions include information about the kind of mental health services received by participants and whether those services are co-located with social services or medical services. If the study participant has changed providers, the researchers ask why. Certain questions, such as exposure to trauma and violence, are not asked each time but, rather, cycle into and out of the survey, while other questions are asked routinely each year. From the study, the researchers have learned that some people like one-stop shopping, while others would rather put together a package of services based on their idiosyncratic needs and receive different forms of care from different providers. Contact with a housing service provider is definitely connected with a greater likelihood of receiving mental health services, and housing need is a very strong predictor of falling out of care. A recent Federal policy decision limiting Ryan White-funded housing services to 24 cumulative months is likely to be damaging.

Dr. Hildebrand asked about obtaining CHAIN data. Any specific request has to be vetted through Dr. Anthony Santella and the CHAIN TRT. However, CHAIN researchers may be able to help you to bypass the approval process by directing you to an already published study.

Consumers: Update on Research and on Consumers' Role in the PSRA Tool: Dr. Santella introduced the consumer surveys, noting that DOHMH had concerns about the methods employed and the response rate in previous consumer surveys and is trying a new approach to gathering consumer data using focus groups and a return to care survey. The focus groups grow out of the CAB survey. For the return to care survey, researchers are contacting all agencies with maintenance in care contracts and interviewing

consumers who have been back in care for 6 or more months. Ms. Lopez noted that her agency's Maintenance in Care funding didn't arrive until August. The contracts, therefore, are at the 6 month mark now, and DOHMH will only be able to interview a very small number of patients who have been returned to care and remained in care for 6 months. Although a small number of clients is not optimal, the survey is really for planning purposes, and something is better than nothing. Mr. Park noted that the survey is one piece of the puzzle and that we also have access to data from previous CAB surveys.

Priority Setting and Resource Allocation Tool: Ms. Silva reviewed the old version of the PSRA tool used in the priority setting process in order to show how consumer data is relevant. Last year, the Needs Assessment Committee asked the Planning Council to examine the Payer of Last Resort column on the tool. As a follow up to this request, DOHMH contracted with the New York Academy of Medicine to develop another tool. The PSRA tool will be discussed at the PSRA Committee's next meeting on Thursday, April 3rd. For the 2009 budget process, the Planning Council may use either a revised version of the PSRA tool or a new tool.

New Business: Mr. Benadava asked whether Dr. Fabienne Laraque would come and make the same presentation on the reorganization of case management to the Needs Assessment Committee that she already gave to the Integration of Care Committee.

Mr. Park acknowledged Ms. Silva's role as staff to the NA Committee. Several Committee members also extended their thanks.

Ms. Hildebrand noted that she was struck by Dr. Weglein's challenge regarding next steps. How do we anticipate planning needs for the future? Mr. Park responded that this Committee will be more active. We haven't yet received the strategic guidance from HRSA, but this Committee will be more actively involved in developing a plan going forward. The next meeting will be a brainstorming session, and participants should come to the table with ideas. Members should look at the list of CHAIN reports that have been produced, see where the gaps are, revisit earlier studies, and establish linkages.

Next Meeting: The NA Committee will meet again on May 12th from 9:30-11:30 am.