Meeting of the

Needs Assessment Committee

Amanda Lugg and Marcy Thompson, Chairs

November 14th, 2019, 10:00AM -12:00PM

LGBT Center 208 West 13th St, Room 301

By Conference Call – 1-866-213-1863, Access Code 3587454#

Present: Fay Barrett, Randall Bruce, Paul Carr, Maria Diaz, Billy Fields, Tim Frasca, Graham Harriman, Jennifer Irwin, Malaya Manacop, Leo Ruiz, John Schoep, Finn Schubert, Mytri Singh, Marcy Thompson (chair), Rob Walker, Maiko Yomogida (phone)

Welcome/Introductions/Moment of Silence/Public Comment/ Review of the Meeting Packet/Review of the Minutes:

Introductions with pronouns were conducted and the committee honored the lives of work of those who have come before in the struggle to end the HIV epidemic. The committee reviewed the meeting packet. The July minutes were presented and accepted.

Public Comment/New Business

None.

MMP: Disabilities, Oral Health and SMI Among PLWH in NYC 2015-2017

Jamie Huang, from the NYC Department of Health presented further analysis on the committee's earlier data request. The presentation explained the Medical Monitoring Project (MMP), the only nationally representative supplemental surveillance system for PLWH, and how data is collected – structured interviews and medical record abstraction. NYC is one of 23 areas in the country selected for the study.

PLWH who were more than 50 years old, Latino/Hispanic, women, and those who had lower yearly income were more likely to report having disabilities. Dental care needs and serious mental illness were not associated with viral suppression. In this population, viral suppression was not predicted by age race/ethnicity, gender, or income. PLWH who had lower yearly income were more likely to report having dental care needs and serious mental illness.

Many questions about the sample of clients who are engaged by MMP arose. MMP is not representative of the Ryan White population, but does offer an excellent cross sectional data set of PLWH. Out of care individuals, a population that CHAIN applies special focus to, present a bigger challenge for MMP, possibly due to the medical record abstraction.

The Work of the SMI Subcommittee

Tim Frasca, chair of the SMI subcommittee, spoke briefly about how and why the subcommittee was formed during the previous planning session. *Mr. Frasca* touched on the expertise of the committee members, and how in the few months of meeting, highlighted significant barriers to care for people with serious mental illness, many of which go beyond the scope of Ryan White, but significantly impact the client population served in the RW portfolio.

Mental Health Diagnoses among HIV-Positive New York City Ryan White Part A Clients

Noelisa Montero presented a Ryan White specific analysis on mental health that described the prevalence of mental health (MH) diagnoses among HIV-positive New York City (NYC) Ryan White Part A (RWPA) clients and the proportion of NYC RWPA clients with a MH diagnosis who were engaged in care, retained in care and virally suppressed. The analysis matched RWPA clients to the NY HIV Surveillance Registry. Clients included in the analysis self-reported having a mental health diagnosis (MHD). Only clients from

service categories that included questions about mental health diagnoses were included in the sample: Medical case management, Mental health services, Substance abuse outpatient care, Health education/risk reduction.

The findings showed that a significantly higher proportion of clients who were ≥50 years old had a report of any mental health diagnosis, as compared to those under 50 years old (64% vs. 54%). The most common diagnosis was depression, but 17.5% of clients reported bipolar disorder and 8.2% reported psychosis. Psychosis includes schizophrenia.

For engagement in care, no significant difference was found between clients with MHD and clients with no MHD. A significantly higher proportion of clients with a MH diagnosis were retained in care, as compared to those without a MH diagnosis (90% vs. 87%, respectively), and a significant positive association between having a MH diagnosis and being retained in care, after controlling for age group was found.

But a significantly higher proportion of clients without a MH diagnosis were virally suppressed, as compared to those with a MH diagnosis (82% vs. 76%, respectively). The significant negative association between having a MH diagnosis and being virally suppressed remained after controlling for age group. The lowest rates of viral suppression were found among clients with psychosis (67.4%) and bipolar disorder (69.1%). After adjusting for age, the significant negative association between having a MH diagnosis and being virally suppressed remained.

It is important to consider the limitations of an analysis through eSHARE. It is not possible to know from eSHARE which reports of MH diagnoses are based on a qualified provider having conducted a psychiatric assessment with an appropriate diagnostic tool. In cases where providers rely on self-report to answer this question, some clients may not know (or share) their actual diagnosis status.

Public Comment

None