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3 Meeting Minutes
4 **NEEDS ASSESSMENT COMMITTEE**
5 Lee Hildebrand, DSW, Chair
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7 April 7, 2010
8 LGBT Center, 208 West 13th Street, Room 301
9 3:00 pm - 5:00 pm
10

11 **Members Present:** Martin Bruner, Guillermo Garcia-Goldwyn, Jose
12 Gonzalez, Lee Hildebrand, DSW, Sabina Hirshfield, PhD (alt. for Mary Ann
13 Chiasson, DrPH), Jennifer Irwin, Rosemary Lopez, Frank Machlica, Freddy
14 Molano, MD, Glen Phillip
15

16 **Members Absent:** Angela Aidala, PhD, Rebecca Kim, Barbara Kobrin, Julie
17 Lehane, PhD, Don McVinney, Jan Carl Park, Kate Sapadin, PhD, Ricardo
18 Vanegas-Plata, DDS
19

20 **NYC DOHMH Staff Present:** Nina Rothschild, DrPH
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22 **Public Health Solutions Staff Present:** Lauren Feldman Hay, Sandra Greer
23

24 **Others Present:** Manuel Ducret III, Ed Viera, Jr.
25

26 **Material Distributed:**
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- 28 • Agenda
- 29 • Minutes from the NA Committee Meeting on March 24th
- 30 • HRSA List of Eligible Services
- 31 • Statement from Planning Council Primer on Needs Assessment
- 32 • Draft Recommendations for AOD and Immigrant Populations
- 33 • April 2010 Planning Council Calendar
34

35 **Welcome/Moment of Silence/Introductions:** Dr. Lee Hildebrand welcomed
36 meeting participants. Members observed a moment of silence in tribute to
37 individuals who have lost the struggle against HIV and those who are still
38 fighting. Committee members introduced themselves.
39

1 **Review of the Meeting Packet/Review of the Minutes:** Nina Rothschild
2 reviewed the contents of the meeting packet. The minutes from the March
3 24th meeting were approved by all present with no votes in opposition and no
4 abstentions but with a request to include a reference to Caribbean
5 populations.
6

7 **Overview of the Session:** Dr. Hildebrand explained that today would be a
8 working session in which the Committee would develop recommendations for
9 working with AOD and immigrant populations and discuss next steps, while
10 the following meeting would consist of a review of the first year of
11 implementation of the comprehensive plan for HIV/AIDS services in the New
12 York EMA.
13

14 **Review of the Draft Recommendations for AOD Populations:** Committee
15 members made a number of suggestions concerning the draft
16 recommendations:
17

- 18 • The first recommendation concerns syringe exchange programs and
19 should be expanded to include referrals to primary medical care in
20 addition to all the services currently listed including HIV CTR, STD
21 testing and treatment, and vaccinations for Hepatitis A and B. In
22 addition, syringe exchange programs should focus not just on users of
23 illicit street drugs but also on people who shoot up hormones.
- 24 • Performance measures should include a greater emphasis on harm
25 reduction. Greater emphasis on harm reduction would reflect more
26 success with treatment: acknowledging a reduction in the amount of
27 cocaine ingested or a safer method of ingesting would show that
28 programs are having an effect. Committee members also expressed
29 interest in obtaining a better understanding of DOHMH's interpretation
30 of harm reduction.
- 31 • Continuous Quality Improvement (CQI) is needed in order to provide
32 guidelines for delivery of services and to help harm reduction agencies
33 measure their success.
- 34 • Treatment for cocaine addiction does not follow the medical model as
35 much as treatment for heroin addiction because the medical model
36 does not have the equivalents of methadone and Buprenorphine for
37 cocaine addiction. People who are addicted to cocaine are more likely
38 to fall out of treatment. Language should be added to the
39 recommendations about developing programs for cocaine addicts.
- 40 • The third recommendation concerns drug treatment programs and
41 should be expanded to include a drop-in center for daytime and for
42 nights for homeless adolescents who are participating in programs to
43 treat substance abuse. An audience member suggested speaking with
44 churches offering a place for people to stay overnight, although

1 Committee members noted the need to check out the safety of places to
2 which young people are being referred.

- 3 • The final draft recommendation states that providers should offer
4 culturally sensitive/culturally competent treatment services. Although
5 the recommendations are not listed in any particular order, this
6 recommendation should be moved to the top of the list. Members also
7 agreed on the need to address cultural competency not just as a side
8 issue but as a major initiative.
- 9 • The recommendations should refer to co-location of services in order to
10 provide one-stop shopping for clients.
- 11 • The recommendations should highlight the need for standardization of
12 protocols for transgender care and should also note the importance of
13 incorporating prevention messages into treatment and care for TG
14 individuals.
- 15 • Committee members noted that some agencies only provide the
16 services that are most popular with clients and recommended that
17 agencies should be more prescriptive with their clients – otherwise, the
18 clients will not partake of services that are more challenging, and their
19 behavior will just perpetuate itself. Providers, however, cannot
20 mandate that clients participate in specific treatments; clients have to
21 want to engage.

22
23 Glen Phillip stated that the Mayor wants to eliminate the RAP program,
24 meaning that there is no men’s support group in Brooklyn. For some men who
25 do not feel comfortable talking with a woman about a subject such as prostate
26 cancer, such a group is very important.

27
28 **Review of the Draft Recommendations for Immigrant Populations:**

- 29
30 • The first recommendation concerns testing for foreign-born New
31 Yorkers and linkage to care early in the course of infection and the
32 provision of consent forms for testing in more foreign languages.
33 Committee members agreed that this recommendation should be
34 expanded to state that providers of outreach and testing services
35 should be culturally competent and speak the language of the
36 populations in question. Providers should receive training in cultural
37 competency; simply having pamphlets available in a variety of
38 languages is not enough. Committee members also noted that case
39 management services for immigrant populations have been
40 substantially cut and that big language barriers remain.
- 41 • The sixth recommendation concerns outreach to high risk Hispanic
42 migrant laborers who engage in MSM sexual activity. Add to this
43 recommendation an acknowledgement that the immigration process
44 causes sex role strain and that immigrants may shift back and forth
45 between bisexual activity and MSM activity as they go back and forth

- 1 between their country of origin and the country to which they have
2 immigrated. Programs should acknowledge the shifting nature of this
3 sexual activity.
- 4 • The tenth recommendation concerns open dialogues with Latino
5 bisexual youth and adults. This recommendation should be broadened
6 to include not just Latino but all youth.
 - 7 • Add a recommendation that programs providing a variety of services to
8 immigrants should link with Ryan White-funded legal services
9 programs.
 - 10 • When immigrants with limited language skills go to City hospitals, they
11 are often shifted from person to person, clinic to clinic, and eventually
12 give up and go home. Add a recommendation that programs receiving
13 RW funding need to work on enhancing access to and retention in care
14 for these populations.
 - 15 • Add a recommendation to address the needs of undocumented
16 immigrants should be addressed.

17
18 Nina Rothschild agreed to revise the recommendations and distribute them in
19 two meetings -- not at the next NA Committee meeting, which will occur
20 jointly with the Integration of Care Committee meeting and focus on the first
21 year of implementation of the comprehensive plan -- but at the subsequent
22 NA Committee meeting.

23
24 **Next Steps:** Members engaged in a discussion about the direction in which
25 the NA Committee should move in subsequent meetings. Jennifer Irwin
26 expressed a strong preference for continuing to investigate the special
27 populations and suggested that Committee members focus on MSM and
28 YMSM or women of color. Another possible topic for exploration is mental
29 health populations, since many people who have experienced trauma self-
30 medicate with drugs and alcohol and engage in behavior that increases their
31 risk for acquiring or transmitting HIV. Mental health, substance abuse, and
32 adherence are overlapping issues. Rosemary Lopez noted that mental health
33 services as currently configured don't work for immigrant populations, but
34 immigrants do participate in support groups. Another possible focus could be
35 on reducing stigma and barriers to HIV care. Freddy Molano noted that
36 ancillary services are proving to be very valuable for HIV populations.
37 Members settled on a focus on young MSM (YMSM) and noted that Bronx AIDS
38 Services has a program dealing with this population. Speakers on YMSM can
39 focus on gaps, needs, difficulties in engaging and retaining this population in
40 care, and best practices to promote retention in care.

41
42 **Public Comment:** Manny Ducret noted that Bronx AIDS Services has a space
43 to which young people can go if, for example, they have been kicked out of
44 their homes by their parents. Alianza Dominicana also has an uptown Pride

1 group and might be able to provide a speaker on YMSM. St. Luke in the
2 Fields is another possible source of speakers.

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4 **Adjournment:** The meeting was adjourned.

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DRAFT