Meeting Minutes

NEEDS ASSESSMENT COMMITTEE

Jennifer Irwin, Chair

May 6, 2009

Cicatelli, 505 Eighth Avenue, 20th Floor

10:00 am – 12:00 pm

Members Present: Angela Aidala, PhD, Guillermo Garcia-Goldwyn, Lee Hildebrand, DSW, Jennifer Irwin, Rebecca Kim, Rosemary Lopez, Don McVinney, Glen Philip

Members Absent: Kecia Gaither, MD, Julie Lehane, PhD, Frank Machlica, Freddy Molano, MD, Troiyle Sanon, PhD, Kate Sapadin, PhD, Robert Steptoe, Ricardo Vanegas-Plata, DDS

NYC DOHMH Staff Present: Nina Rothschild, DrPH, Anthony Santella, DrPH, Jessica Wahlstrom, Darryl Wong

Public Health Solutions Staff Present: Derek Coursen

Others Present: Fulvia Alvelo, Felicia Carroll, Sharen Duke, Kalvin Leveille, Mallory Marcus

Material Distributed:

- Agenda
- Minutes from Needs Assessment Committee meetings on March 25 and April 22
- Presentation Summaries: Youth Populations
- Outreach to Homeless and Street Youths: Proposed Program Guidance for the Integration of Care Committee
- Informational material about the AIDS Service Center NYC

Welcome/Introductions/Moment of Silence: Jennifer Irwin welcomed participants. Members introduced themselves. Rebecca Kim led the moment of silence.

Review of the Meeting Packet: Nina Rothschild reviewed the contents of the meeting packet.

Review of the Minutes: All members present with one abstention voted to accept the March 25th meeting minutes. All members present with three abstentions voted to accept the April 22nd meeting minutes.

Review of Recent Needs Assessment Committee Activity: Jan Carl Park acknowledged the excellent work of the Needs Assessment (NA) Committee, noting that Dr. Anthony Santella presented the recommendations developed by Committee members to the Planning Council's Integration of Care (IOC) Committee. At today's meeting, members will work on a guidance for IOC on SRO populations. The guidances on outreach to youth populations and to SRO populations will go to the Priority Setting and Resource Allocation (PSRA) Committee for a dollar allocation and will then be reviewed by the full Planning Council. Once the Planning Council approves the guidance, the DOHMH will use it to prepare an RFP.

Glen Philip expressed concern regarding a presentation by Dr. Chinazo Cunningham at the Needs Assessment Committee meeting on SRO populations on April 22nd, noting that the study under discussion was conducted in Denver, Colorado. Denver, he noted, is completely different from New York City. Dr. Santella responded by noting that not all of Dr. Cunningham's research is based in Denver, and that one of the studies she presented took place in New York City.

SRO Services in New York City: A Provider's Perspective: Fulvia Alvelo, Co-Director of Prevention Services at the AIDS Service Center in New York City, spoke about ASC's work in SROs (single room occupancy hotels). ASC has been in existence for over eighteen years and has been working with the SRO population for ten years. A medical provider from Mt. Sinai and an outreach worker may accompany ASC staff when they enter SROs.

ASC conducts harm reduction outreach at twelve SRO hotels in Manhattan, Brooklyn, and the Bronx. Outreach activities are often anonymous, consistent, repetitive engagements over time with the goal of building trust and rapport so that people will become engaged in services. On average, fifteen percent of outreach encounters turn into client enrollments. In 2008, ASC reached 17,081 New Yorkers and enrolled 2,468 new clients in ASC services. The demographics of the SRO clients are as follows:

- 72% male
- 28% female
- 1% between ages 18-30
- 67% between ages 31-50

- 32% ages 50+
- 43% Black/African American
- 45% Hispanic
- 5% Asian/Native American
- 6% White

ASC engaged in 4,601 outreach activities at SRO hotels:

- Tabling
- Health education/risk reduction
- Safer sex kits and hygiene kits
- Enrollment in ASC services
- Referral services to food, clothes, transportation, CTR, medical care, and support services

Individual activities conducted with clients include:

- Treatment adherence counseling
- Substance abuse counseling
- Housing placement assistance
- Entitlements advocacy
- Escorts to medical care and other services

Group activities are offered at the SROs and at ASC offices. Group activities at SROs include:

- Support and education groups
- Harm reduction training
- HIV and Hepatitis C training
- Treatment and education

With its HOPWA funding, ASC services only SROs for HIV+ individuals. With funding from other sources, ASC goes into other SROs and works with positive and non-positive individuals.

Peers at ASC receive eight weeks of training, including:

- Three days of instruction from 10:00-4:00
- Safer sex education
- Outreach education
- Presentations to staff
- Participation in a Speakers' Bureau
- Creative writing
- An internship

ASC is involved in other events for the SRO residents, including:

- Women's Wellness Week
- Black AIDS Awareness Day
- Holiday events (Thanksgiving, New Year's)

Needs Assessment Committee members offered reflections on and asked questions about SROs. Guillermo Garcia-Goldwyn stated that he used to run an SRO named the Crown Hotel at 44th and Broadway and that a room in an SRO may be barely more than a closet – but to the resident, it is housing. Dr. Lee Hildebrand asked about the average length of stay in an SRO and was informed that some residents stay for a year. SRO residents frequently transfer from one hotel to another, however, because the landlords want to avoid allowing them to acquire the rights of tenancy that accrue after 28 days in a specific place. Committee members discussed the transition from SROs into other housing. In some cases, CBO staff build relationships with clients and help ease them into other living circumstances, but in other cases clients simply wind up living at different SROs. Dr. Hildebrand noted that this constant transition undoes a lot of good work and makes no sense.

Challenges when conducting outreach in SROs include:

- Safety
- Hygiene
- SRO staff
- Service restrictions
- Lack of enrollment

In order to handle safety issues, CBO staff go to SROs in pairs. Hygiene challenges include rodents and filth. SRO staff may present a problem because they view the CBO staff as competition for the same group of clients. Service restrictions include the 90-day limit on services for HIV-negative clients; CBO staff may prevail upon clients to take an HIV test but not have sufficient time to engage them in comprehensive prevention services if they test negative. Service restrictions are also imposed by the requirement to close cases following permanent housing placement, even if the individual who has been placed has other needs. Lack of enrollment in services is also a problem; CBO staff may make a concerted effort but may not convince SRO residents to become involved in programs from which they might benefit.

AIDS Service Center's successes in SRO work include:

- Linkage to and engagement in care and services
- Assisting with disclosure

Engaging HIV+ individuals in medical and support services is, of course, one of the marks of success of ASC's outreach efforts. Helping clients disclose their HIV-positive status to partners, family, and friends is another mark of success, as is helping SRO residents move along a continuum of services from a low threshold group to more intensive involvement in services such as computer training, independent living skills training, and starting to create a home.

SRO Program Recommendations: Needs Assessment Committee members discussed recommendations for conducting outreach to SRO residents and engaging potential clients in treatment and care:

- Outreach to SRO clients should target known seropositive individuals and individuals who are at risk or whose status is unknown
- Outreach should incorporate counseling, testing, and referral
- CBOs should be able to engage in outreach for 6 months, rather than having to terminate efforts after 90 days
- Outreach to SRO residents in Brooklyn is necessary

Needs Assessment Committee members discussed potential topics for the next meeting. Dr. Hildebrand suggested bringing in a speaker who works for an SRO to talk about the challenges of this kind of work. Some of these individuals, however, are simply landlords who are motivated primarily by making money, rather than by trying to help people. Furthermore, Committee members already heard a presentation by administrators from HASA (the HIV/AIDS Services Administration) who were able to discuss the difficulties associated with working with this population. Dr. Santella suggested a presentation by the CHAIN researchers on study participants who live in SROs. Dr. Angela Aidala agreed to make a presentation on a 2005 CHAIN study of delayers, dropouts, and individuals who are unconnected to care – many of whom reside in SROs.

Committee members agreed to finalize the recommendations regarding outreach to SRO residents at their next meeting on May 27th from 10:00-12:00. Going forward, the Committee will draft a series of recommendations for all of the previously identified special populations (young men who have sex with men, women of color and young women of color, immigrants, LGBT individuals, and individuals over the age of 50) similar to the recommendations for working with youth, transgender, and SRO populations.

Adjournment: The meeting was adjourned.