Meeting of the

Needs Assessment Committee

Amanda Lugg and Marcy Thompson, Chairs

March 12th, 2020, 10:00AM -12:00PM

LGBT Center 208 West 13th St, Room 101

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

Members Present: Maria Diaz, John Schoepp, Leo Ruiz, David Klotz, Randall Bruce, Lisa Best, Cristina Rodriguez-Hart, Rob Walker, Tim Frasca, Jennifer Irwin On phone: Micah Domingo , Bettina Carrol, Claire Simon, Amanda Lugg

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

Ms. Lawrence opened the meeting with an icebreaker. Introductions with pronouns were conducted and Mr. Ruiz led the moment of silence. The committee reviewed the meeting packet. The February minutes were presented, corrected and accepted.

Presentation: Trauma Informed Care: State of the Movement

None.

Presentation: HIV Testing in NYC

Dr. Ben Tsoi, Acting Director for HIV Prevention of the Bureau of HIV presented on HIV testing in NYC. Key points from the presentation follow:

- Status neutral testing – where people who test positive and linked to care and people who are high risk negative are linked to PrEP
- NYS initiative is very similar to the new federal initiative that was recently released
- Community telephonic surveys (Community Health Survey) indicate that the rates of "ever been tested for HIV" has been increasing
- No annual testing recommendation exists for the general pop; at risk (persons who use drugs, MSM, etc) is once per year
- There are neighborhoods in NYC with low rates of "ever been tested".
- Black and Latino women, men and transgender populations carry a disproportionate burden of HIV
- Recent increase in HIV infections among injection drug use among MSM – hard to distinguish the cause in these cases, due to frame of question – ever injected drugs
- Opt out still not routine
- Written consent no longer required
- Testing recommended for all 13 and up
- Patients just need to be advised with appropriate chart documentation
- HIV testing consent is based on ability to understand
- EOBs (explanation of benefits) will be sent to homes – clinics have found ways around this issue.
- When teens are old enough, can qualify for own insurance, I.e. emergency medicaid
- HIV is now classified as an STI which allows adolescents to consent to treatment, including PrEP
- Pharmacists are not allowed to administer HIV testing – the regulation would need to change to address this. Recently, PEP was allowed for pharmacists
- Home kits cost $40. Health dept has a limited give away on home kits
- Targeted testing allows testing for people who don't normally access medical services in a culturally sensitive way
- Shouldn't the focus be on expanding clinics in underserved communities?
- The law is on primary care and not behavioral health. Seems a big missed opportunity to catch HIV infections among those who are seriously mentally ill.

- Unclear how consent works.

Presentation: Trauma Informed Care: State of the Movement

Shomari Harris, LCSW EMPA MA highlighted how trauma becomes embedded in the biological DNA of people through a presentation on the treacherous history of Black Americans in the USA, and how that legacy of slavery, torture and oppression impacts health outcomes for Black Americans even today. This presentation will be available on our website for review.

Key points discussed were the dehumanizing nature of slavery, jim crow, redlining, the racial wealth gap and incarceration and police violence.

Trauma informed care (TIC)was developed to address the legacies of these traumas and facilitate a sense of slavery. SAMSHA was a key leader in studying and developing trauma informed care practices.

Many traumatized people have had their histories disappeared or hidden – making it difficult to understand the larger context of stressors that impact their health outcomes.

Many questions on how to operationalize TIC in public health. The importance of listening can shift how we engage communities. TIC increases our capacity for empathy.

Presentation: Building Org Capacity to Address Trauma Among PLWH In RWPA Programs

Guadalupe Dominguez Plummer, MPH, CASAC, Deputy Director, Quality Management and Technical Assistance, Care and Treatment Program, Bureau of HIV presented on the roll out of TIC in the Ryan White Part A portfolio. Highlights include:

- PLWH are more likely to have experienced significant trauma
- Trauma is correlated with lower rates of viral suppression and faster disease progression
- All program staff – from directors to those providing direct services – must be trained in TIC
- Peers were expanded during this time as well
- Mental health, supportive counseling and harm reduction were the focus of building capacity to deliver TIC
- Best practices had to be applicable to small organizations to large institutions
- Seeking Safety was adapted to be used in the portfolio. Key principles: creating a safe environment for clients and the ability to attain safety
- Care & Treatment hired a consultant to adapt the training and also model TIC during the training.
- Grantee wanted to provide support for the implementation with the recognition that working through clients trauma creates “residue” – a key practice was managing the “trauma talk”