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3 Meeting Minutes  
4 **NEEDS ASSESSMENT COMMITTEE**  
5 Jennifer Irwin, Chair  
6

7 May 6, 2009  
8 Cicutelli, 505 Eighth Avenue, 20<sup>th</sup> Floor  
9 10:00 am – 12:00 pm  
10

11 **Members Present:** Angela Aidala, PhD, Guillermo Garcia-Goldwyn, Lee  
12 Hildebrand, DSW, Jennifer Irwin, Rebecca Kim, Rosemary Lopez, Don  
13 McVinney, Glen Philip  
14

15 **Members Absent:** Kecia Gaither, MD, Julie Lehane, PhD, Frank Machlica,  
16 Freddy Molano, MD, Troiyle Sanon, PhD, Kate Sapadin, PhD, Robert Steptoe,  
17 Ricardo Vanegas-Plata, DDS  
18

19 **NYC DOHMH Staff Present:** Nina Rothschild, DrPH, Anthony Santella, DrPH,  
20 Jessica Wahlstrom, Darryl Wong  
21

22 **Public Health Solutions Staff Present:** Derek Coursen  
23

24 **Others Present:** Fulvia Alvelo, Felicia Carroll, Sharen Duke, Calvin Leveille,  
25 Mallory Marcus  
26

27 **Material Distributed:**  
28

- 29 • Agenda
- 30 • Minutes from Needs Assessment Committee meetings on March 25 and  
31 April 22
- 32 • Presentation Summaries: Youth Populations
- 33 • Outreach to Homeless and Street Youths: Proposed Program Guidance  
34 for the Integration of Care Committee
- 35 • Informational material about the AIDS Service Center NYC  
36

37 **Welcome/Introductions/Moment of Silence:** Jennifer Irwin welcomed  
38 participants. Members introduced themselves. Rebecca Kim led the moment  
39 of silence.  
40

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

3  
4 **Review of the Minutes:** All members present with one abstention voted to  
5 accept the March 25<sup>th</sup> meeting minutes. All members present with three  
6 abstentions voted to accept the April 22<sup>nd</sup> meeting minutes.

7  
8 **Review of Recent Needs Assessment Committee Activity:** Jan Carl Park  
9 acknowledged the excellent work of the Needs Assessment (NA) Committee,  
10 noting that Dr. Anthony Santella presented the recommendations developed  
11 by Committee members to the Planning Council's Integration of Care (IOC)  
12 Committee. At today's meeting, members will work on a guidance for IOC on  
13 SRO populations. The guidances on outreach to youth populations and to SRO  
14 populations will go to the Priority Setting and Resource Allocation (PSRA)  
15 Committee for a dollar allocation and will then be reviewed by the full  
16 Planning Council. Once the Planning Council approves the guidance, the  
17 DOHMH will use it to prepare an RFP.

18  
19 Glen Philip expressed concern regarding a presentation by Dr. Chinazo  
20 Cunningham at the Needs Assessment Committee meeting on SRO  
21 populations on April 22<sup>nd</sup>, noting that the study under discussion was  
22 conducted in Denver, Colorado. Denver, he noted, is completely different  
23 from New York City. Dr. Santella responded by noting that not all of Dr.  
24 Cunningham's research is based in Denver, and that one of the studies she  
25 presented took place in New York City.

26  
27 **SRO Services in New York City: A Provider's Perspective:** Fulvia Alvelo,  
28 Co-Director of Prevention Services at the AIDS Service Center in New York  
29 City, spoke about ASC's work in SROs (single room occupancy hotels). ASC  
30 has been in existence for over eighteen years and has been working with the  
31 SRO population for ten years. A medical provider from Mt. Sinai and an  
32 outreach worker may accompany ASC staff when they enter SROs.

33  
34 ASC conducts harm reduction outreach at twelve SRO hotels in Manhattan,  
35 Brooklyn, and the Bronx. Outreach activities are often anonymous, consistent,  
36 repetitive engagements over time with the goal of building trust and rapport  
37 so that people will become engaged in services. On average, fifteen percent  
38 of outreach encounters turn into client enrollments. In 2008, ASC reached  
39 17,081 New Yorkers and enrolled 2,468 new clients in ASC services. The  
40 demographics of the SRO clients are as follows:

- 41  
42
- 43 • 72% male
  - 44 • 28% female
  - 45 • 1% between ages 18-30
  - 67% between ages 31-50

- 1 • 32% ages 50+
- 2 • 43% Black/African American
- 3 • 45% Hispanic
- 4 • 5% Asian/Native American
- 5 • 6% White

6  
7 ASC engaged in 4,601 outreach activities at SRO hotels:

- 8
- 9 • Tabling
- 10 • Health education/risk reduction
- 11 • Safer sex kits and hygiene kits
- 12 • Enrollment in ASC services
- 13 • Referral services to food, clothes, transportation, CTR, medical
- 14 care, and support services

15  
16 Individual activities conducted with clients include:

- 17
- 18 • Treatment adherence counseling
- 19 • Substance abuse counseling
- 20 • Housing placement assistance
- 21 • Entitlements advocacy
- 22 • Escorts to medical care and other services

23  
24 Group activities are offered at the SROs and at ASC offices. Group activities at  
25 SROs include:

- 26
- 27 • Support and education groups
- 28 • Harm reduction training
- 29 • HIV and Hepatitis C training
- 30 • Treatment and education

31  
32 With its HOPWA funding, ASC services only SROs for HIV+ individuals. With  
33 funding from other sources, ASC goes into other SROs and works with positive  
34 and non-positive individuals.

35  
36 Peers at ASC receive eight weeks of training, including:

- 37
- 38 • Three days of instruction from 10:00-4:00
- 39 • Safer sex education
- 40 • Outreach education
- 41 • Presentations to staff
- 42 • Participation in a Speakers' Bureau
- 43 • Creative writing
- 44 • An internship

1  
2 ASC is involved in other events for the SRO residents, including:  
3

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

7  
8 Needs Assessment Committee members offered reflections on and asked  
9 questions about SROs. Guillermo Garcia-Goldwyn stated that he used to run  
10 an SRO named the Crown Hotel at 44<sup>th</sup> and Broadway and that a room in an  
11 SRO may be barely more than a closet – but to the resident, it is housing. Dr.  
12 Lee Hildebrand asked about the average length of stay in an SRO and was  
13 informed that some residents stay for a year. SRO residents frequently  
14 transfer from one hotel to another, however, because the landlords want to  
15 avoid allowing them to acquire the rights of tenancy that accrue after 28 days  
16 in a specific place. Committee members discussed the transition from SROs  
17 into other housing. In some cases, CBO staff build relationships with clients  
18 and help ease them into other living circumstances, but in other cases clients  
19 simply wind up living at different SROs. Dr. Hildebrand noted that this  
20 constant transition undoes a lot of good work and makes no sense.

21  
22 Challenges when conducting outreach in SROs include:  
23

- 24 • Safety
- 25 • Hygiene
- 26 • SRO staff
- 27 • Service restrictions
- 28 • Lack of enrollment

29  
30 In order to handle safety issues, CBO staff go to SROs in pairs. Hygiene  
31 challenges include rodents and filth. SRO staff may present a problem  
32 because they view the CBO staff as competition for the same group of clients.  
33 Service restrictions include the 90-day limit on services for HIV-negative  
34 clients; CBO staff may prevail upon clients to take an HIV test but not have  
35 sufficient time to engage them in comprehensive prevention services if they  
36 test negative. Service restrictions are also imposed by the requirement to  
37 close cases following permanent housing placement, even if the individual  
38 who has been placed has other needs. Lack of enrollment in services is also a  
39 problem; CBO staff may make a concerted effort but may not convince SRO  
40 residents to become involved in programs from which they might benefit.

41  
42 AIDS Service Center's successes in SRO work include:  
43

- 44 • Linkage to and engagement in care and services
- 45 • Assisting with disclosure

1  
2 Engaging HIV+ individuals in medical and support services is, of course, one  
3 of the marks of success of ASC's outreach efforts. Helping clients disclose  
4 their HIV-positive status to partners, family, and friends is another mark of  
5 success, as is helping SRO residents move along a continuum of services from  
6 a low threshold group to more intensive involvement in services such as  
7 computer training, independent living skills training, and starting to create a  
8 home.

9  
10 **SRO Program Recommendations:** Needs Assessment Committee members  
11 discussed recommendations for conducting outreach to SRO residents and  
12 engaging potential clients in treatment and care:

- 13
- 14 • Outreach to SRO clients should target known seropositive individuals  
15 and individuals who are at risk or whose status is unknown
- 16 • Outreach should incorporate counseling, testing, and referral
- 17 • CBOs should be able to engage in outreach for 6 months, rather than  
18 having to terminate efforts after 90 days
- 19 • Outreach to SRO residents in Brooklyn is necessary
- 20

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

33  
34 Committee members agreed to finalize the recommendations regarding  
35 outreach to SRO residents at their next meeting on May 27<sup>th</sup> from 10:00-12:00.  
36 Going forward, the Committee will draft a series of recommendations for all of  
37 the previously identified special populations (young men who have sex with  
38 men, women of color and young women of color, immigrants, LGBT  
39 individuals, and individuals over the age of 50) similar to the  
40 recommendations for working with youth, transgender, and SRO populations.

41  
42 **Adjournment:** The meeting was adjourned.