



Meeting Minutes
NEEDS ASSESSMENT COMMITTEE
Lee Hildebrand, DSW, Chair

June 16, 2010
Cicatelli, 505 Eighth Avenue, Oak Room
3:00-5:00

Members Present: Angela Aidala, PhD, Martin Bruner, Guillermo Garcia-Goldwyn, Jose Gonzalez, Lee Hildebrand, DSW, Sabina Hirshfield, PhD (alt. for Mary Ann Chiasson, DrPH), Jennifer Irwin, Frank Machlica, Don McVinney, Jan Carl Park, Glen Phillip, Ed Viera, Jr.

Members Absent: Rebecca Kim, Barbara Kobrin, Rosemary Lopez, Freddy Molano, MD, Glen Phillip, Julie Lehane, PhD, Kate Sapadin, PhD, Ricardo Vanegas-Plata, DDS

NYC DOHMH Staff Present: Marybec Griffin-Tomas, Graham Harriman, JoAnn Hilger, Kelly King, Nina Rothschild, DrPH, Terri Wilder

Public Health Solutions Staff Present: Lauren Feldman Hay, Sandra Greer

Others Present: Manuel Ducret, Mallory Marcus

Material Distributed:

- Agenda
- Minutes from the May 12th Meeting
- Draft of AOD Population Recommendations
- Overview: Populations with Special Needs

Welcome/Moment of Silence/Introductions/Review of the Contents of the Meeting Packet: Committee Chair Lee Hildebrand welcomed everyone. Members observed a moment of silence. Meeting participants introduced themselves. Nina Rothschild reviewed the contents of the meeting packet.

Review of the Minutes: Guillermo Garcia-Goldwyn requested a change to the minutes from the May 12th meeting. The minutes were approved by all present with one abstention.

Review of Recommendations for AOD Populations: Lee Hildebrand introduced the draft recommendations for AOD populations, noting that the final version of the recommendations would be forwarded to the Integration of Care Committee for use as IOC begins to develop a new service model or affirm the current model. Committee members suggested several changes:

- One Committee member suggested making CASAC training available. The Committee agreed, however, that the point of this exercise is to make recommendations for a population, not for training.
- Recommendations 1 (co-location of substance abuse, mental health, and medical services) and 4 (systematic use of a tool to assess alcohol and other drug use on a regular basis) should be collapsed. Screening for mental health needs should also be more systematic (e.g., every six months) and formal with a standardized tool.
- Recommendation 5 concerning youth populations should specify that staff providing outreach and peer educators using a low-threshold model should be supervised by a licensed provider.
- HRSA permits funding of smoking cessation, but we have to be mindful of the payer of last resort requirement. If there's another payer, RW cannot cover this service.
- The recommendation regarding QA should be dropped because this is standard practice – we do this with all organizations receiving RW funding.

Nina Rothschild agreed to rewrite the document, send it to the Committee on Friday, June 18th, and ask for a vote by e-mail.

Next Steps on Special Populations: Jennifer Irwin expressed concern about next steps for the Committee, noting that she expected to hear about African and Caribbean immigrant communities at today's meeting. She noted that the Committee originally identified five priority populations and has now gone for two years without addressing the needs of YMSM of color because members' attention has been focused on a late-breaking addition to the list of special pops – namely, AOD pops. Mr. Park explained that the planning cycle was compressed this year because of a late start and that looking at immigrant and AOD populations at the same time was not an ideal approach but that the Committee has had a solid discussion about the basic services provided to the special pops.

Mr. Park stated that the Committee can end its work in the current planning cycle with today's meeting or continue to meet in July. Martin Bruner

suggested using tools such as survey monkey and virtual presentations or webinars so that members can have presentations and discussions at the same time, rather than having a presentation at one session and then a discussion about it at the next session. Guillermo Garcia-Goldwyn commented that some of the presentations were not HIV-focused. This Committee, he noted, should be about data and forecasting – i.e., looking at what we have, what we can expect, and what we need. Mr. Park noted that the Integration of Care Committee heard presentations from three service providers speaking exactly to Mr. Garcia-Goldwyn’s concerns. Ms. Irwin noted that the Committee has heard a lot of academic research presentations but not much from service providers. Dr. Angela Aidala commented that both researchers and providers are needed for a fully informed needs assessment.

Special Populations and Unmet Need: Jan Park gave a presentation on special populations with much of the material gleaned from the EMA’s grant application to HRSA – i.e., information that we already have on the needs of these population groups. Ms. Irwin requested the addition of material on young women of color. Mr. Garcia-Goldwyn suggested that the Committee invite a speaker from an agency that works with Caribbean populations and agreed to send the names of some potential speakers to Nina Rothschild. Terri Wilder noted that the special pops include certain youth groups and asked whether the Committee is dealing specifically with HIV+ youth or with HIV+ and HIV- youth. Fifty percent of the money allocated to substance abuse services goes to HIV-negative individuals. Do we want to continue to spend Ryan White dollars on uninfected individuals?

Adjournment: The meeting was adjourned.