Meeting of the
NEEDS ASSESSMENT COMMITTEE
H. Daniel Castellanos, Dr.PH & Carrie Davis, Co-Chairs
May 10, 2018, 9:30AM -12:30PM
LGBT Center, 208 West 13th St.
By Conference Call – 1-866-213-1863, Access Code 3587454#

Members Present: Daniel Castellanos, D.PH. (Co-Chair), Carrie Davis (Co-Chair), Jan Carl Park,
Fay Barrett, Mark Brown, Randall Bruce, Amber Casey, Jennifer Irwin, Billy Fields, Timothy Frasca, Frank Machlica, Saul Reyes, John Schoepp, Marcy Thompson

Members Absent: Guillermo Garcia-Goldwyn, Ron Joyner, Carol Kunzel, Ruben Rios-Vergara, Maiko Yomogida

Other Council Members Present: Paul Carr, Maria I. Diaz,
NYC DOHMH/PHS Staff Present: Nadine Alexander, Levi Solimine

Materials Distributed:
- Meeting Agenda
- 5/10/18 Meeting Minutes
- Trans Training Capacity Building Notes
- NY Transgender HIV Network Proposal
- Providing HIV Care for TGNB Individuals
- Committee Evaluation
- Calendars

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

Co-Chair Daniel Castellanos opened the meeting with introductions. Mr. Reyes led the committee in a moment of silence. Mr. Carr asked the committee to ask the Integration of Care Committee to take up the issue of oral health. Melanie Lawrence reviewed the meeting packet with the committee; the minutes were approved.

Brainstorm: Improving Health Outcomes Amongst TG/NB

Ms. Davis opened the discussion by asking how we can address social determinants of health in an HIV care model. Care cannot be delivered in siloes, which is in opposition to the ways funding traditionally works. The brainstorm was intended to be open and without restrictions. “There are no bad ideas.” The work done will continue forward in other committees and inform the work of the grantee.

Viral suppression and health outcomes are worse across the city, with a significant discrepancy impacting TG Women of Color across the city. The four themes we have been
exploring this work through are Training & Capacity Building, Network of Engagement & Resources, Evaluation, and Funding w/in Ryan White Part A. A miscellaneous bucket was added. Following is a summary of the points raised:

- Focus not only on providers – and on ancillary staff – i.e. front desk staff
- A lot of energy invested – but knowledge not sustained
- Look at training portfolio within RW – very strict budget, not a lot of money available for training.
  - Can there be a set of trainings that are certified?
  - Webinars are not a good vehicle for TG trainings
- Integrated service model – focus on quality
- Train entire staff – develop a cadre of TG trainers (addressing employment challenges)
- System changes to support affirming care i.e. health record
- Address safety for TG – examine the violence against TG – domestic, street and beyond- building healthy relationships as well.
- Address limited knowledge and experience around what really is TG experience – limited scope of competence
  - Ensure TG are authentically involved in the development of trainings, etc.
- Don’t ask what TG need, tell them what we are able to offer
- Need to build trust
- Gap between TG providers and other providers about what TG care looks like
- Increase employment opportunities for TG
- Entire staff, not just RW should be trained
- No tolerance policies around specific behaviors/actions
- Move beyond idea that one training is going to do it – focus on shifting culture
- Expand capacity of trainings
- Anti-stigma and anti-TG violence campaigns
- Assess baseline of individual’s stigma and work up
- How are intake forms biased – will facilitate the culture shift
- Serialize trainings
- How to fund the capacity building
- Training by itself will not build capacity
- What are the best capacity building models – have they been built into the RW system?
- Support hours of operation that meet TG needs
- Peer certification specialization for TG
- Sub-directory within RW directory for TG – ensure that these resources are qualified
- Figure out what the best models of care are and ensure that these are in the RFP i.e. one stop shop
- Expanding the role of peers- change requirements for other positions – value experience over degrees
- How do we reach children, families, pre-teens: how do we address stigma in people’s homes
- How can treatment be integrated in a way that improves accessibility – holistic care
- Trauma informed care be the foundation of TG care
- TG Advisory Board
• Trainings often focus on the service but not the issues that present around service delivery
• Facilitate agency ability to self-evaluate – develop a tool kit
• Tap into constant fear that TG experience – help people to understand this
• Bring together agencies to network and learn (learning collaborative?)
  o Incentivize agencies to share best practices – move away from competition
• How to ensure that information from trainings is being implemented/applied
  o Are agencies checking in on training that staff receive?
  o Follow up evaluations – how are these trainings shifting culture, if at all?
• Improve post training surveys
• Open a conversation between providers and consumers to facilitate a TG competent network
• Deepen understanding of cultural competence – goes beyond a form, must emphasize intersectionality
• Hold up TG heroes (?) aspirational figures
• Trainings must evolve as needs, understanding, issues, challenges evolve
• Break goals up to recognize that this is a health crisis and must be immediately addressed
• Non-medical case management and psycho social support – develop 1-2 centers of excellence that will received additional funds and set the gold standard
  o Could facilitate the development of language
  o Creates a hub – can possibly work outside of the medical system
  o Counseling would address stigma
• PC has a built in bias - discuss TG community through a problematic lens
  o TG population is very diverse – there are people who are successful – could we do a buddy system (achievable in multiple ways)
• Training: orientation training – TG affirming care as part of on-boarding at an agency
• De-fund places that are not competent
• Evaluation in the RFP – focus this and structure the scoring of what is TG culturally competent (and more)
• Experience based co-design – quality improvement in clinical settings.
  o One on one interviews – videotaped – pts walk through their experience from moment they step through the door. Done across a number of patients – look for significant emotional touch points – shown to provider and point – view video together and make a plan for improvement.
  o Something is happening – call it stigma, but needs to be broken down – very important to see intersectionality
• Feedback from clients about their experience at agencies
• Look at TG service utilization – are we doing a good job of reaching TG in each service category
• Enhance scorecards to better understand how well providers are meeting consumer needs
• Transparency about internal DOHMH process toward TG competence
• How can we make it easier for people to access services – look at models across the country where people are better able to get their needs met
• Identify service deserts, especially in Queens, Brooklyn, Staten Island – comparable to food deserts but for care
• Data system needs to be updated – network providers, community conversation, coordinate services in real time
• AIRS is an inefficient system
• Implement new technology that facilitates service delivery
• Navigators should know how to work with TG – should already be part of their training
• Secret shopper evaluations
• Review client satisfaction survey –
  ○ Expand range of individuals who we hear from

Synthesis:

• How can these recs work in tandem to achieve our goal?
• Authentically engage TG in Planning Council
• Focus on cultural change

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