



Meeting Minutes
INTEGRATION OF CARE COMMITTEE
Lisa Zullig and Christopher Joseph, Co-Chairs

McSilver Institute at NYU
41 East 11th Street in Room 741
January 20, 2016

Members Present: Peter Campanelli, PsyD, Michael Ealy, Dorothy Farley, Deborah Greene, Graham Harriman, Daphne Hazel (by phone), Zach Hennessey, Christopher Joseph, Peter Laqueur (by phone), Jan Carl Park, Maria Perez (by phone), Bobby Rallakis, John Schoepp, Brenda Starks-Ross, Lisa Zullig

Members Absent: Christopher Cunningham, Joan Edwards, Janet Goldberg, Terry Hamilton, Julie Lehane, PhD, David Price, Gina Quattrochi, Claire Simon

NYC DOHMH Staff Present: Bari Khan, Nina Rothschild, DrPH

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Randall Bruce, Liz Hurley, David Martin

Material Distributed:

- Agenda
- Minutes from the December 16th, 2015 IOC Committee Meeting
- Material from the Planning Council Primer on Planning Council Duties
- Draft Master Directive
- Planning Council Calendar for January 2016

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes: Lisa Zullig and Christopher Joseph welcomed meeting participants. Attendees introduced themselves. Christopher Joseph led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the December 16th IOC Committee meeting were accepted for posting on the Planning Council website at nyhiv.org.

Planning Council Primer: Jan Carl Park reviewed the material from the Planning Council primer concerning the Council's role in producing service directives.

Discussion of Draft Master Directive: Moving forward, the Integration of Care Committee is developing a service directive that will be applicable across all service categories. Already, some requirements such as the use of trauma-informed care are being required of all service providers. IOC members discussed requirements:

- Some requirements for providers of services in recently redone service directives come with financial costs. For example, an agency may have to pay to send staff for training in trauma-informed care.
- We should be mindful of very substantial requirements. For big hospitals, they may not be so costly – but they may be a heavy lift for a small agency. Providers already have to embrace a laundry list of requirements. Sending staff for three days of training is a burden for a small agency.
- Planning Council staff will ask Gina Quattrochi, who implemented trauma-informed care throughout her agency, about the cost.
- How do you provide services and receive training when there are already so many other boxes to check?
- Is everyone operating under the same definition of trauma-informed care?
- The grantee stated that NYC DOHMH will develop a training on trauma-informed care.
- Dr. Peter Campanelli's program at NYU already offers a course in trauma-informed care at a per-person cost of \$750.
- Does the addition to requirements such as the provision of trauma-informed care really change anything in delivery of services or is a box simply checked?
- Some elements added to service directives recently have already been included in the service delivery model and represent real requirements – not just checks in boxes.
- Should the grantee develop guidelines by which we know whether any agency is trauma-informed? We need a standard by which to evaluate whether an agency is in compliance.
- The Planning Council should give the grantee general guidance, and the grantee should figure out how to implement and monitor.
- Contracts are generally in place for three years, and three years may be required for full implementation.
- Possible routes for implementation include a train-the-trainer model; a webinar; training mental health providers on the provision of trauma-informed care and having them train the rest of the agency; and updating pre-existing protocols on some of these topics.

- Agencies should have the freedom and flexibility to develop plans based on the need and priorities of their own population: let the agencies describe trauma-informed care and how they will offer it.
- Do we want to measure agencies against very specific standards? If we say that every agency should be trauma-informed, can we direct the grantee to make the trainings available – e.g., on cultural competency, harm reduction, or trauma-informed care?
- Real buy-in, especially at the top of an organization, is very important.
- How might the imposition of requirements affect the consumer? Would the client suffer if his/her needs were not met?
- Are IOC members over-thinking trauma-informed care (TIC)? TIC is simply the mindset in which employees should be thinking when they come to work.
- Ninety-five percent of the clients at ASC NYC have experienced trauma.

Next Steps for Draft Master Directive: Zach Hennessey suggested going through each item in the draft master service directive and seeing whether it can be provided within each service category. Dr. Campanelli noted the importance of having the agency providing services demonstrate that it is implementing the requirement (e.g., to provide trauma-informed care) in an acceptable way.

For most effective implementation of requirements such as the provision of trauma-informed care, Mr. Hennessey noted that agencies should receive a letter stating that by a specific date, staff must be trained. The completion of that requirement would be factored into an agency's annual renewal. Randall Bruce underscored the importance of giving agencies time to implement these requirements.

Committee members agreed that Planning Council staff should produce a grid showing each service category and whether or not the directive for that category requires each of the elements included in the draft master directive (provision of TIC, provision of services to clients whether or not they engage in active substance use, etc.). Committee members also agreed that they can direct the Department of Health and Mental Hygiene to create trainings.

Next Meeting: March 23rd at 9:30.

Adjournment: The meeting was adjourned.

Items for Follow-Up:

- Planning Council staff will ask Gina Quattrochi, who implemented trauma-informed care throughout her agency, about the cost.

- Planning Council staff will produce a grid showing each service category and whether or not the directive for that category requires each of the elements included in the draft master directive.