



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

January 21, 2015
McSilver Institute at NYU
41 East 11th Street on the 7th Floor
10:00 am – 12:00 pm

Members Present: Peter Campanelli, PsyD, Amber Casey (alt. for Graham Harriman), Dorothy Farley, Janet Goldberg, Daphne Hazel, Zach Hennessey, Peter Laqueur, Jan Carl Park, Andresa Person, Gina Quattrochi, Bobby Rallakis, Brenda Starks-Ross, Lisa Zullig

Members Absent: Christopher Cunningham, Michael Ealy, Joan Edwards, Deborah Greene, Terry Hamilton, Tracy Hatton, Christopher Joseph, Julie Lehane, PhD, Jun Matsuyoshi, David Price, Lenny Vicente

NYC DOHMH Staff Present: Nina Rothschild, DrPH, Anna Thomas, Ben Tsoi, MD, MPH, Wilbur Yen

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Nina Anderson, Grisel Arzu, Randall Bruce, Daniel Castro, Donna Dowie, Lynnette Ford, Timothy Frasca, Berhane Gebreselassie, Johnny Guaylupo, Steven Hornsby, Amanda Lugg, David Martin, Sonia Ndiaye, Pedro Rodriguez

Material Distributed:

- Agenda
- Minutes from the January 7th IOC Committee Meeting
- Summary Information (Including Questions) for IOC Panel
- SurveyMonkey Responses to Program Development Questions for EIS
- Letters to and from Drs. Mary Wakefield and Deborah Parham Hopson and Bebe Anderson
- Memorandum from African Services Committee re Ryan White Legal Advocacy Services

- 2014 Annual Update on 2012-2015 Comprehensive Strategic Plan for HIV/AIDS in the NY EMA: Highlights
- New York EMA 2012-2015 Comprehensive Strategic Plan Annual Update
- Planning Council Calendar for January 2015

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes: Committee Co-Chair Lisa Zullig welcomed meeting participants. Attendees introduced themselves. Jan Carl Park explained that the IOC Committee is trying to discover best practices in engaging and retaining people in care and has invited guests to share their experiences conducting this work. Zach Hennessey led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the January 7th meeting were accepted for posting on the Planning Council website at nyhiv.org.

Provider Panel: Challenges of Linking People to Care: Institutions on the provider panel included Housing Works, Voces Latinas, GMHC, ACQC, Project Hospitality, African Services Committee, and HHC Woodhull. Panel members were asked to address a series of questions to which they or a colleague at their organization had already responded in writing, in addition to addressing some spontaneous questions. The questions appear below in italics, followed by an extract of key points from responses.

Describe how the provision of navigation, linkage and/or retention services in your HIV testing program fills a gap in care.

Characteristics of effective services:

- Culturally specific
- Available at hours best suited to client needs – e.g., 9:00 pm–3:00 am
- Able reach a hidden and fearful population and build trust in order to increase adherence
- Able to debunk the myth that an individual who has become HIV+ has lost everything
- Co-located, if possible, so that clients do not have to leave the premises to receive medical care
- Low-threshold and safe space, especially for people who are afraid of being identified in their own community
- Food can enable a facility to reach people for testing who come in because they are hungry
- Peer escort and support services, translation, arranging for insurance (e.g., ADAP)

Describe a successful client linkage and retention effort (without any identifying information) that will help the committee understand the process and activities needed to make it successful.

- Gain trust, help client to understand the importance of medical care, help to prepare for next steps, provide someone to talk to, including giving linkage worker's cell phone number, build a support system
- Same-day linkage when possible
- Do whatever is necessary to work with patients who aren't ready to engage in care, including meeting a client with a bucket of chicken in a park at 3:00 am
- Client-centered approaches such as the ARTAS model to identify priorities
- Once a client is linked to care, do a 6-month and a 12-month follow-up. Reach out to patients who have lapsed from care and discover barriers
- Address issues such as mental health and substance use

What do you do with contact tracing?

- When a client comes back to GMHC to receive a confirmatory test result, a DOHMH staff member is waiting at the testing center to discuss partner notification. This is a best practice. If DOHMH goes to a client's home, safety issues may arise. Domestic violence screens are, by law, part of the partner notification process.

Describe other notable program successes and challenges not mentioned above:

- Most of the funding goes to testing and linking MSM, even though MSM are not the only population at risk
- The amount of money allocated for an EIS contract is very small, but a lot is asked of the organization in return. The services discussed thus far do not tap into the fully panoply of linkage activities

Are there specific components of navigation, linkage and/or retention services that should be reimbursed, enhanced, or reduced? What would be the challenges associated with adding or removing these service components from an HIV testing program?

- Increase overall budget and individual payments for linkage to care
- Talk about PEP and PrEP
- Have a Community Advisory Board comprised of patients
- More money for radio advertising in various African languages
- Create a place where a mother can leave a child while she goes for her appointment

- Money for outreach to heterosexual males

Do you feel adequately trained to meet the challenges of being a provider?

- Getting to know the community with which you work and having a culturally specific approach is helpful.
- Arrange for support from clinicians from outside the agency to conduct clinical supervision.

Public Comment: No members of the public commented.

Legal Services Task Force:

- The Legal Services Task Force will address the process of amending legal services contracts to allow for the provision of immigration assistance to PLWHA. The activity will be accomplished by conference call once per week for six weeks.
- This is time-sensitive because it coincides with President Obama's remaining years in office.
- In the past, DOHMH received a communication from HRSA stating that Part A-funded legal services providers in the NY EMA could no longer provide immigration-related services.
- Now, legal services providers are showing DOHMH a letter from HRSA stating that legal services can be locally defined, although the legal action must be necessitated by the person's HIV status.
- We have the opportunity potentially to help people exit from Ryan White coverage and obtain Medicaid and HASA – so this is a payer of last resort issue – if they are newly eligible for alternative funding streams, we can focus on providing Ryan White services to individuals who have no other payer.
- A full examination of the legal services directive in IOC's regular time frame will follow.
- The following individuals from IOC volunteered to join the Legal Services Task Force:
 - Daphne Hazel
 - Bettina Carroll
 - Peter Campanelli
 - Lisa Zullig
 - Chris Joseph
 - (Two legal services providers from Tri-County)

Adjournment: The meeting was adjourned.