



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

February 4, 2015
McSilver Institute at NYU
41 East 11th Street on the 7th Floor
10:00 am – 12:00 pm

Members Present: Peter Campanelli, PsyD, Michael Ealy, Dorothy Farley, Janet Goldberg, Deborah Greene, Graham Harriman, Daphne Hazel, Christopher Joseph, Peter Laqueur, Jun Matsuyoshi, Jan Carl Park, David Price, Gina Quattrochi

Members Absent: Christopher Cunningham, Joan Edwards, Terry Hamilton, Tracy Hatton, Zach Hennessey, Julie Lehane, PhD, Andresa Person, Bobby Rallakis, Brenda Starks-Ross, Lenny Vicente, Lisa Zullig

NYC DOHMH Staff Present: Nina Rothschild, DrPH, Wilbur Yen

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Randall Bruce, Billy Fields

Material Distributed:

- Agenda
- Minutes from the January 21st, 2015 IOC Meeting
- BSTDC Clinic Summary
- Ryan White Part A Program Cost Allocations
- PSRA Scorecard on Early Intervention Services (EIS)
- Draft EIS Directive
- Planning Council Calendar for February 2015

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes: Christopher Joseph welcomed meeting participants. Attendees introduced themselves. Daphne Hazel led the moment of silence. Nina Rothschild reviewed the contents of the meeting

packet. The minutes from the most recent IOC Committee meeting on January 21st were accepted for posting on the Planning Council website at nyhiv.org.

Review of the Work of the Legal Services Task Force: Jan Carl Park reviewed the work of the Legal Services Task Force, formed in response to President Obama's Executive Order on immigration.

- The New York EMA has some latitude within the HRSA definition of legal services in selecting service types for delivery: legal services can be locally defined based on the needs of the population in the jurisdiction.
- We are permitted to amend contracts to allow for the delivery of immigration services to PLWHA who are undocumented in order to enroll them in Medicaid and HASA, leaving more space for Ryan White clients who have no other payer for treatment and care.
- The number of potential recipients of these services is unknown.
- The grantee is crafting some language and will bring it to the IOC Committee.
- Separate from amending the current contracts, IOC will redo the entire legal services directive after the EIS directive is complete. At that time, we may take on a host of services not currently addressed including domestic violence.

Governor's Task Force on Ending AIDS: Gina Quattrochi spoke about Governor Cuomo's Task Force on Ending AIDS, encouraging Committee members to attend the public meeting on the implementation of the recommendations on Feb. 5th. The Governor does not have any money in his proposed budget for implementing the recommendations, although some money may reside in the current budget.

Response to Questions Raised During EIS Discussions: Wilbur Yen on the grantee's staff addressed some questions that arose during the presentation by Dr. Demetre Daskalakis, Assistant Commissioner of the Bureau of HIV/AIDS Prevention and Control, on HIV One-Stop. The following are some points from the discussion:

- People visiting DOHMH's STD clinics tend to be young men between the ages of 20-29.
- In 2013, 365 individuals were newly diagnosed HIV+ in the STD clinics. These individuals have similar demographics to the overall STD clinic population and constitute roughly 13% of newly identified infections in the City. Approximately 2800 new infections were identified in all settings. 104 individuals tested positive in the clinics but were previously diagnosed and not in care.

- Thirteen percent is a significant number, but STD clinic staff members are not known to excel at providing linkage services and will need training.
- The proposal to identify clients testing positive in the STD clinics and link them to care may benefit the current clinic population – i.e., young men -- but what about everyone else?
- The STD clinics see people who engage in high risk behavior and are disengaged from care. The one-stop initiative will help them to obtain long-term, stable help.
- Navigation services should be provided by CBOs.
- The proposed one-stop would be a holistic program funded by City Tax Levy, CDC, and Ryan White dollars.
- If Ryan White dollars are used to pay for linkage services for newly diagnosed individuals, we will not run into payer of last resort conflicts because no one really pays for linkage.
- In total, 3.9% of Ryan White funding goes to DOHMH programs (e.g., Rikers Island, the Field Services Unit, some testing in STD clinics). This is a very small amount of money compared to the amount going to CBOs, hospitals, are other providers.
- How many of these dollars are going to City jobs – e.g., at large public hospitals?
- We are creating a cadre of linkage navigators but are expecting flat funding in FY 16.
- Medicaid will pay for a lot of services. What is the obligation of managed care companies to provide linkage?

Early Intervention Services Directive: Committee members began work on the EIS directive. During each IOC meeting, two copies will be distributed: one with track changes showing the alterations agreed upon at the previous meeting, and one with track changes accepted.

Public Comment: Randall Bruce asked whether any organization has space to accommodate the Consumers Committee meeting. Gina Quattrochi offered space at Bailey House.

Adjournment: The meeting was adjourned.