INTEGRATION OF CARE COMMITTEE

LGBT Center
208 West 13th St, NYC
March 22, 2017, 9:40-11:30am

M I N U T E S

Members Present: Christopher Joseph (Co-Chair) , Lisa Zullig (Co-chair), Lauren Benyola, Bláz Bush, Michael Ealy, Dorothy Farley (phone), Janet Goldberg, Deborah Greene, Graham Harriman, Zach Hennessey, Peter Laqueur, Donald Powell (by phone), John Schoepp, Claire Simon, Brenda Starks-Ross

Members Absent: Christopher Cunningham, Peter Laqueur, Bobby Rallakis

Other Council Members Present: Randall Bruce, Paul Carr, Saul Reyes

Staff Present: David Klotz, Jennifer Carmona, Melanie Lawrence, Nasra Aidarus, Christina Rodriguez-Hart; Bettina Carroll (Public Health Solutions), Jan Carl Park

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Agenda Item #1: Welcome/Introductions/Moment of Silence/Minutes/Ice Breaker

Mr. Joseph and *Ms. Zullig* opened the meeting followed by introductions, including an introduction of the newest Planning Council staff member, Melanie Lawrence. A moment of silence followed. The minutes from the February meeting were approved with one minor change. An ice breaker, "What brought you to this committee?" was also conducted.

Agenda Item #2: Report on the Retreat

Ms. Zullig thanked everyone who attended the retreat and with *Mr. Joseph*, reviewed the retreat recommendations: To target specific groups of consumers and encourage their attendance at meetings; to improve member accountability and attendance; to conduct regular ice breakers/check-ins. Service providers were encouraged to invite consumers to attend the IOC over the next 4 months. *Mr. Park* discussed the retreat recommendation regarding the importance of strategic scenario planning and consideration of the upcoming unknowns with in light of potential changes in the funding landscape.

Agenda Item #3: Medical Case Management/Care Coordination Service Directive: Re-cap: HH/HARPs and POLR Issues

Mr. Harriman introduced the topic of Pat A Care Coordination Programs (CCP) and the comparison with HH (Health Homes) and HARP (Health and Recovery Plans). The service directive produced for CCP is a reflection of the current program – a sort of template to work off of as a new service directive is developed. *Ms. Aidarus* then led a discussion on the various service elements, and how the use of each

program's respective definitions can facilitate an understanding of the nuanced differences each program offers: CCP vs HH vs RAP (Retention and Adherence Program) vs HARP. *Ms. Aidarus* noted that HH may provide additional services that are not noted in the chart because they do not align with Ryan White (RW) program services.

- State must invite people to HARP. Cannot enroll. Depends on Medicaid utilization records.
- To be part of HARP, must already be part of HH or another care plan. HARP is not HIV specific.
- HARP provides more extensive mental health care – and is encouraged by mental health clinics.
- The HH would coordinate HARP services
- HARP provides services that Medicaid normally would not.
- Requires an extremely long assessment (up to 6 hours) to determine service provision.
- The roll out of HARP has been confusing, many "qualified" persons have not accessed services due to long assessment (which may have changed recently) and others points of confusion/lack of clarity.
- Strong disconnect between patients and process.
- HH triggers issues with POLR (Payer of Last Resort) due to overlap of services offered.
- Undocumented persons are not eligible for any of these services.

Mr. Park requested that a clear, accurate infographic without heavy detail be created to better understand process and issues. *Ms. Benyola* volunteered to work on one. *Ms. Aidarus* will identify how RW is different from other programs with regard to context and eligibility. HARP will be consolidated into HH (since enrollment in HH is necessary for HARP enrollment) with disclaimers to identify differences.

A request for program brochures to understand what clients see/experience was made by *Mr. Park.*

Ms. Blumenthal will provide the FAQ used by Bellevue. The DOH pamphlet on CCP will also be presented.

Mr. Reyes discussed the issue of how overwhelming it is for consumers to have to see multiple social workers to access needed services. Highlights of the ensuing discussion included:

- Numerous social workers/navigators preclude healthy relationship with providers
- Clients are not encouraged to "graduate" from CCP so that providers can continue to collect payment.
- CCP enrollees are struggling with adherence and viral suppression with a goal of less intensive intervention BUT that may not work for all enrollees.
- Concept of graduation is not made clear from the beginning – also does not necessarily mean the same thing for enrollees – may not consider their perspectives/experiences.
- Question of empowerment – if relationship is working, will clients want to leave?
- Some consumers "graduate" but do not move on – continue to access many services.
- Need to ensure clients are clear on goals of program.
- Counselor/navigator/social worker cannot "graduate" with client to a less intensive intervention.
- Should the concept of "graduation" or self-efficacy by incorporated into the objective?
- Consumers can manipulate outcomes – i.e. stop taking meds to continue receiving support.
- CCP does/should not work in a way that after a year, consumer is fine – there is a need to balance efforts at self-management and empowerment while being supportive – what is exact language to achieve and encourage this?
- Why "graduate" people?? –Finite staff, low caseloads, high visits; but there are people who need high levels of intervention over longer periods of time. If it works – it should be available for the rest of their lives.
- Focus should move to helping others. Literature supports self-efficacy through peer support.

- Nothing in current curriculum addresses that some enrollees have been in program for 5+ years – intervention and curriculum does not change. Can be un-motivating – no maintenance track exists – but one can be created.
- There needs to be a true assessment - that recognizes that relapse is part of the process (trans-theoretical model) – that addresses issues like food insecurity and trauma.
- Supervisor needs to assess what CC is doing for patient, and help move those patients into becoming peer educators.
- Think about the intake forms – onerous, invasive – can they be more efficient?
- Look at graduation to monthly aftercare groups – how to keep people connected – i.e. alumni groups.

The summary of provider comments will be presented at the next meeting.

Mr. Harriman identified the need to meet more than once a month to revise this directive on time. The co-chairs agreed to review the schedule and set up 2 meetings per month.

Agenda Item #4: New Business

- Treating Hepatitis C: A Harm Reduction Approach
  http://www.liverfoundation.org/chapters/greaterny/events/1388/
  For clinical providers who want to learn more about how to treat Hep C in past or current drug users.
  March 29th, 2017 (6:00 PM - 8:00 PM)
  RSVP to Paul Bolter PBolter@liverfoundation.org
  Phone: 646-737-9408 (212-943-1059)
  Hosted by American Liver Foundation & NYC Health
  The LGBT Center
  280 West 13th Street
  New York, NY 10011
- March 30th is ACTUP's 30th Anniversary, March and Rally 4pm-7pm 200-218 West 12th Street

There being no further business, the meeting was adjourned.