Meeting Minutes
INTEGRATION OF CARE COMMITTEE
Nancy Cataldi and Charles Shorter, Co-Chairs

December 5, 2012
Cicatelli Associates, 505 Eighth Avenue at 35th Street
10:00 am – 12:00 pm

Members Present: Victor Benadava, Nancy Cataldi, Deborah Greene, Graham Harriman, Daphne Hazel, Christopher Joseph, Peter Laqueur, Jun Matsuyoshi, Jan Carl Park, Mary Poupon, Charles Shorter, Brenda Starks-Ross, Lisa Zullig

Members Absent: Christopher Cunningham, Hans Desnoyers, Joan Edwards, Janet Goldberg, Sandy Guillaume, Terry Hamilton, Tracy Hatton, Julie Lehane, PhD, Andresa Person, Robin Wilder

NYC DOHMH Staff Present: Amber Casey, Merline Jean-Casimir, Nina Rothschild, DrPH, Anna Thomas, Josh Thomas, Darryl Wong

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Felicia Carroll, Mallory Lowenstein, Howard Oree, Joan Warner

Material Distributed:

- Agenda
- Minutes from the November 7, 2012 IOC Committee Meeting
- Presentation on DOHMH's Current Health Education/Risk Reduction Curriculum
- HRSA Definitions of Core Medical Services and non-Core Support Services
- Goals and Objectives from 2012-2015 Comprehensive Plan for HIV/AIDS Services in the New York EMA (submitted to HRSA in May 2012)
- Planning Council Calendar for December 2012

Welcome/Introductions/Review of the Meeting Packet/Review of the Minutes/Review of HRSA Definition of Health Education/Risk Reduction (HE/RR):

Committee Co-Chairs Nancy Cataldi and Charles Shorter welcomed meeting participants. Committee members introduced themselves. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the November 7th meeting of the IOC Committee were accepted and will be posted on the Planning Council website at nyhiv.org. Nina Rothschild reviewed HRSA's definition of Health Education/Risk Reduction (HE/RR).

Presentation on The Positive Life Workshop:

Amber Casey of the Care and Treatment Program presented on The Positive Life Workshop (TPLW), a training program for PLWHAs who are candidates for anti-retroviral treatment and need a better understanding of their next steps. HE/RR is not Medicaid-billable. Both consumers and providers have identified the HE/RR program as a need.

TPLW works with PLWH to enhance their self-management skills, helping them to engage with the health care system, adhere to treatment, and change risky behaviors. The program was developed through many discussions and with input from a literature review, focus groups, a survey, and interviews with providers. The emphasis is on the role of PLWHA in taking control of their health and identifying barriers to engaging in better health behaviors. TPLW addresses engagement in care by educating participants about patient-provider relationships.

A peer leader spoke about TPLW, noting that she facilitates small group discussions and helps participants to develop a sense of group support and openness to the workshop. TPLW encourages goal-setting. A health action planning book or journal is distributed to participants. During intake interviews, participants are provided with support and information. The entire focus is client-centered, with motivated and engaged participants opening up to each other and dealing with biological, psychological, and social co-factors of the illness. Target populations include people who are newly diagnosed and people who have been in and out of care. Another consumer who has participated in the program spoke about watching a fellow participant who is not on antiretroviral medications open up about the rape during which he contracted HIV and about barriers to treatment. The consumer noted that he has seen tremendous changes with people opening up about their drug and alcohol use and about safe sex.

The program has been underway for a little over a year. More than 90% of participants are people of color. DOHMH staff members are working on

evaluating health outcomes. Participants report a shift in attitudes toward HIV and mental health issues, with a greater willingness to disclose and to engage in goal-setting. Next steps include increasing the registration and retention of participants. Staff members have been establishing pilot partnerships at the agency level and are bringing in graduates to help at our pilot locations. The workshop will eventually be available in Spanish and possibly in French Creole.

DOHMH is currently proposing that the program will be offered by various agencies with DOHMH providing support via training of providers and helping with evaluation. HRSA likes this kind of program with standardization and evaluation. One argument in favor of maintaining and enhancing this program is that the Planning Council has already invested in this curriculum. DOHMH requests additional funds to expand the program. The Council needs to look in greater depth at services for which Medicaid does not pay, and this is one of them. Daphne Hazel noted that she likes the use of peer educators because they can serve as role models. The next question is: quantitatively, are people adhering more? Can we move forward if we don't know the outcome thus far? And are the peer educators prepared to deal with issues such as the rape?

Mr. Harriman noted that one of the leaders has an MSW and can connect the rape victim with resources in the community. He also stated that Ryan White services have to be tied to clinical outcomes, and we can match participants in the workshop with the DOHMH HIV surveillance registry while maintaining confidentiality.

Brenda Starks-Ross stated that the current format of the workshop – a 16-hour, intensive training over the course of two days – may be a bit overwhelming for participants. Mr. Harriman noted that the plan is to roll it out in the community, and community members can adapt it to their populations. The plan going forward is to enroll more recently diagnosed individuals.

The plan for rolling out TPLW in the community is to focus on training the trainers (TOT) – in the first year, DOHMH staff will train CBO staff, and subsequent DOHMH trainings will taper off while DOHMH staff provide support with evaluation and with developing new trainings as topics (e.g., viral hepatitis) arise.

Victor Benadava expressed concern about the payer of last resort issue. If we receive a cut in our award from HRSA, is this the kind of project on which we want to spend our money? Shouldn't the money go to food and nutrition, mental health, and other such services? Mr. Harriman responded that a number of our service categories are covered by Medicaid, and this frees up some money for services such as TPLW. Christopher Joseph asked how you

can show the impact of this particular project on health, given that patients may participate in many programs. Mr. Harriman responded that participation in the workshop may facilitate more engagement in care, and TPLW staff member Josh Thomas noted that there are two follow-up activities – a survey and a reunion of training participants – and that the project is implementing alumni services. Participants are also being invited to be part of the implementation workshop.

Mr. Benadava asked why a relatively small number of people who signed up to participate actually completed the workshop. Peter Laqueur responded that the fact that one-third of participants remain in the program is actually very good. Based on what he has heard, this is exactly the program that is needed, and DOHMH recognizes that the program should be taken to the community. Items to be (possibly) offered as an incentive for participation include a gift card, a pill box, a health journal, a resource manual, toiletries, and a metro card.

Deborah Greene asked whether DOHMH will RFP this project for one agency. The answer is no – TPLW can be offered by multiple agencies. Nancy Cataldi asked whether having one agency do the training would be more sensible. She expressed concern about whether people who are not engaged at all in services are being reached by this initiative. Mr. Harriman noted that engaging the disengaged is always our issue. We should work with agencies that do a lot of outreach to the marginalized. Ms. Cataldi suggested gearing TPLW to crisis-driven agencies .

Mr. Park asked whether participants in the course have to give permission in order for their confidential HIV information maintained by the DOHMH's HIV surveillance registry to be used by the TPLW program to assess outcomes. Mr. Harriman responded that this is how several Ryan White Part A programs are evaluated and the use of an individual's confidential HIV data for assessing the effectiveness of the TPLW program has gone through the legal counsel's office. Confidential HIV data for class participants are only revealed to the TPLW program in aggregate. Ms. Hazel suggested simply asking clients to self-report their viral load.

Mr. Park noted that the program has been in place for a year and asked why the evaluation tool wasn't in place when the program started two years ago. Mr. Harriman responded that the tool had to be approved by DOHMH's Institutional Review Board. Ms. Hazel requested clarification on the procedure for evaluation. Mr. Park stated that this is a terrific program and that staff have invested time, energy, and money in it. He participated in a peer-led program similar to TPLW at GMHC in 1986 and found it helpful. He noted that a program like TPLW, run by a government organization (DOHMH), for some people can create a barrier and that placing the program in the

community makes sense and that it will, most likely, blossom. He also asked if or when components of the program would become available in a mobile or web-based application (such as the Health Journal) that for many would facilitate engagement and retention.

Mr. Thomas noted that the program has been moving away from doing intake interviews over the phone and toward doing them in the community – for example, in single room occupancy (SRO) hotels. He also stated that if someone who has signed up for a workshop doesn't show up, DOHMH staff will contact him or her and invite the participant to the next workshop. He noted the importance of identifying barriers to participation (e.g. lack of child care) if a person went through intake but did not actually enroll in the course. Mr. Harriman stated that we can have a stronger relationship with potential participants. Ms. Hazel asked about what we would do over time with the trained peer leaders. Mr. Harriman noted the importance of supporting peer leaders. Ms. Greene suggested expanding the number of days over which the program is offered while shortening each session in order to spread out TPLW.

Next Steps: Planning Council staff agreed to develop a draft service guidance for the Committee's next meeting.

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned.