



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

February 6, 2013
Cicatelli Associates, 505 Eighth Avenue at 35th Street
10:00 am – 12:00 pm

Members Present: Victor Benadava, Nancy Cataldi, Christopher Cunningham, Janet Goldberg, Deborah Greene, Graham Harriman, Tracy Hatton, Daphne Hazel, Christopher Joseph, Peter Laqueur, Jun Matsuyoshi, Jan Carl Park, Mary Poupon, Charles Shorter

Members Absent: Joan Edwards, Sandy Guillaume, Terry Hamilton, Julie Lehane, PhD, Andresa Person, Brenda Starks-Ross, Robin Wilder, Lisa Zullig

NYC DOHMH Staff Present: Patti Abshier, Amber Casey, Rafael Molina, Nina Rothschild, DrPH, Anna Thomas, Josh Thomas

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Felicia Carroll, Hayley Daunis, Billy Fields, Ron Joyner, Mallory Lowenstein

Material Distributed:

- Agenda
- Rules for Respectful Engagement
- Minutes from the January 2, 2013 IOC Committee Meeting
- HERR Service Directive: The Positive Life Workshop
- Planning Council Calendar for February 2013

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes: Nancy Cataldi and Charles Shorter welcomed meeting participants. Committee members introduced themselves. Jun Matsuyoshi led the moment of silence. Graham Harriman acknowledged the death of DOHMH's Ryan White Grant Administrator, JoAnn Hilger. Victor Benadava saluted Ms. Hilger's outstanding work and his

personal sense of loss. Jan Park welcomed Daphne Hazel as the newest member of the Ryan White Planning Council. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the January 2nd IOC Committee meeting were accepted.

Health Education/Risk Reduction Service Directive Discussion: Victor Benadava asked whether the Positive Life Workshop could be folded into care coordination. He also noted that other resources such as the Center for Comprehensive Care, the Leadership Training Institute, and the Visiting Nurse Service of New York provide similar services. Graham Harriman noted that care coordination is medical case management, not patient education, and that Health Education/Risk Reduction (HE/RR) is a patient education program. HE/RR is an opportunity to have health education distributed more widely and falls into a different HRSA service category.

Peter Laqueur stated that care coordination was never designed to promote a behavioral intervention. He commented that the federal government is strongly promoting prevention with positives (PWP) and that HE/RR is a good example of PWP. This service category has been approved by the Planning Council. Mr. Benadava noted that The Positive Life Workshop (TPLW) spends a lot of money for very small results and that the workshop should reach more people.

Daphne Hazel asked whether TPLW could be integrated into Early Intervention Services. Mr. Harriman explained that integration isn't an option because of distinctions between HRSA service categories. HRSA's National Monitoring Standards provide very clear guidance on how to manage our grant, and the NY EMA was not quite in line with the Standards. Early Intervention Services must have a testing component, but testing is not part of TPLW – all the participants have already been tested and are HIV-positive. Accordingly, the Planning Council re-categorized the Positive Life Workshop from EIS to HE/RR. This re-categorization gives us flexibility with our non-core services.

Christopher Cunningham stated that people who have a suppressed viral load and are in care coordination still do not know how to navigate the system by themselves. Mr. Laqueur stated that he works on both prevention and treatment and care initiatives and acknowledged that HIV-infected individuals still do not always understand the need for utilization of treatment and care services. Ms. Cataldi reminded the group that we are here to discuss the efficacy of the HE/RR intervention and to work together for the cause.

Committee members noted the importance of ensuring that the language of the directive is client-centered. They resumed discussing the directive with

column three (program directive and service model), making the following points:

- Bullet #4 uses the term self-management. This term comes from the chronic care model. People largely control their own health. Daphne Hazel asked whether consumers know what self-management means.
- Organizations can apply for HE/RR service category funding even if they do not currently receive Part A funds.
- Mr. Benadava noted that the emphasis on prevention with positives makes him feel as though he is being tracked.
- The intention here is not to monitor individual behavior. HRSA requires the reporting of client-level data.
- This service category is waived from the requirements for proof of residency and proof of income.
- Ms. Goldberg asked whether we want to keep the initiative as a workshop or change it by requiring additional elements which will add to the cost.

Committee members agreed to vote on the revised HE/RR service directive at the next IOC Committee meeting on February 20th.

Public Comment: Billy Fields noted that he doesn't hear people speaking up for the borough of Brooklyn. Brooklyn needs to have a network.