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

March 20, 2013
Cicatelli Associates, 505 Eighth Avenue
19th Floor Training Room
10:00 am - 12:00 pm

Members Present: Matt Baney, Victor Benadava, Moya Brown, Nancy Cataldi, Michael Ealy, Janet Goldberg, Deborah Greene, Graham Harriman, Tracy Hatton, Daphne Hazel, Christopher Joseph, Peter Laqueur, Jun Matsuyoshi, Jan Carl Park, Mary Poupon, David Price, Gina Quattrochi, Alexandra Russo, Charles Shorter, Brenda Starks-Ross

Members Absent: Peter Campanelli, PsyD, Christopher Cunningham, Joan Edwards, Sandy Guillaume, Terry Hamilton, Zach Hennessey, Julie Lehane, PhD, Andresa Person, Charles Shorter, Robin Wilder, Lisa Zullig

NYC DOHMH Staff Present: Amber Casey, John Rojas, Rafael Molina, Nina Rothschild, DrPH

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Nelson Berrios, Randall Bruce, Felicia Carroll, Rudy Chacin, Eddie Dillard, Billy Fields, Howard Haughton, Velia Hernandez, Ron Joyner, Mallory Lowenstein, Carmita Padilla, Kenneth Stewart, Marcy Thompson

Material Distributed:

- Agenda
- Minutes from the February 20th and March 6th IOC Committee Meetings
- Rules for Respectful Engagement
- Presentation from AIDS Service Center of NYC
- Presentation from Health Leads
- Presentation from Village Care
- Planning Council Calendars for March 2013 and April 2013

Welcome/Introductions/Moment of Silence/Rules for Respectful Engagement: Governmental Co-Chair Jan Carl Park welcomed attendees. Meeting participants introduced themselves and observed a moment of silence. Mr. Park reviewed the Rules for Respectful Engagement.

Review of the Contents of the Meeting Packet/Review of the Minutes: Nina Rothschild reviewed the contents of the meeting packet. The minutes from the IOC Committee meetings on February 20th and March 6th were approved for posting on the Planning Council website at nyhiv.org.

Non-Medical Case Management (nMCM): Mr. Park stated that the Planning Council and the Grantee envision nMCM as a growth area. Based on a number of presentations, IOC Committee members will determine the common elements that can be integrated into a model. Nina Rothschild noted that this Committee has already listened to presentations about nMCM in the context of correctional health – namely, nMCM provided to individuals who have been incarcerated on Rikers Island – and is now turning its attention to nMCM in a community-based context with three presentations today (AIDS Service Center, Health Leads, and Village Care) and two presentations on April 3rd (Ryan-Nena and HASA). Mr. Park reminded newly appointed Committee members that they have to complete the Planning Council training (available on the Planning Council website) before they can vote at a committee meeting. New member on-line trainings are mandatory.

AIDS Service Center of NYC (ASC NYC): Marcy Thompson, Velia Hernandez, Rodolfo Chacin, and Nelson Berrios spoke about ASC's program providing case management, psychosocial support, treatment education, health education and risk reduction, and linguistic services. Case management and social support services focus on clients, many of whom are undocumented, who are not eligible for health homes. The agency is able to fast track medical referrals: clients served by ASC have immediate access to quality HIV medical care. ASC staff members ensure that clients testing HIV+ obtain immediate confirmatory testing and care.

Group activities include psychosocial support in English and Spanish and treatment education. These activities help to reduce social isolation of HIV+ men and women and to reduce stress and anxiety. Medical linkages help to ensure collaboration with HIV specialists. Clients can also receive services such as housing placement and legal assistance.

An ASC client spoke about his experiences at the agency. He arrived about a year ago. He had been stabbed by a neighbor and had PTSD. Prior to going to ASC, he had anxiety and panic attacks and was hospitalized, but ASC staff helped him with medical insurance and with housing and taught him how to take care of himself and eat better. He had a t-cell count of 7 in 1992 but now

has an undetectable viral load. Although afraid of going out, he is able to go to the agency and to join the IOC Committee meeting today. Now he has joined the peer education program so that he can give back to the community.

Committee member Gina Quattrochi stated that separating out psychosocial and medical issues and assistance is a mistake. She noted that we have to be able to show how any of these services improves health outcomes by more than just number of services provided and number of clients treated. She also inquired about the distinction between medical case management and non-medical case management. Nina Rothschild stated that she would include definitions of both service categories in the packet for the next IOC meeting. Non-medical case management is lower-threshold.

Health Leads: Carmita Padilla and Planning Council member Christopher Joseph spoke about a non-medical case management program at Health Leads for populations other than PLWHA. They noted that health care is not just about taking medications but also about accessing basic resources. Physicians tend to provide medications without knowing much about patients' needs for resources such as food and housing, and clinics often lack the infrastructure to fully address these needs. Poor health leads to poverty which, in turn, generates even worse health outcomes.

Health Leads' client process involves a universal screen that families can complete to indicate areas of trouble – e.g., difficulty paying utilities bills. Health Leads serves as the middleman, providing a bridge between gaps. Staff can help to address problems if, for example, patients with asthma receive their medications but wind up back in the hospital because they continue to live in apartments with cockroaches. Illegal immigrants, in particular, are afraid to approach landlords about problems with housing because they are afraid of becoming homeless, but they do have rights.

The core elements of Health Leads' approach also includes developing a new lay workforce, patient engagement, and clinic integration (including screening and referral and closing the loop by letting the doctor know what is happening). The program also helps future leaders understand the social determinants of health.

Nationwide, Health Leads has served almost 9,000 clients. Forty-three percent of the clients confirmed that they were connected with at least one resource, and an additional 27% identified that they had the information needed to secure the resources requested. In New York, Health Leads has served almost 1,600 clients. This is a model that works.

Committee member Matt Baney asked the speakers whether Health Leads has run into union issues. Daphne Hazel asked whether the students who assist

the social workers have cultural competency training. Mr. Joseph noted that he and other social workers train the students and go out into the community to show the students the services to which they will refer clients. Health Leads' mission is to make sure that these services are a standard part of care – something not generally found in the non-HIV world. John Rojas, Director of Housing, expressed a wish that these services had existed when he arrived in New York as an immigrant.

Village Care: Ken Stewart, Howard Haughton, and Edwin Dillard discussed Village Care -- the first AIDS day treatment program in the U.S. Village Care focuses on the elderly and on persons living with HIV/AIDS. Village Care's supportive service program works specifically with HIV+ men of color who have sex with men who reside in New York City and has made a distinct effort to focus on engaging young HIV+ men of color who have sex with men, especially those who are newly diagnosed. This is traditional social work case management in the streets, with the social worker leading/directing. The philosophy is to let people empower themselves and take control of their own lives.

Village Care's Supportive Services Program aims to reduce risk taking behavior and increase positive medical outcomes. Among the young Black MSM who are served, 52% report trauma. Many have histories of childhood sexual abuse and drugs. Most clients are from the Bronx, Queens, Brooklyn, and Manhattan. Fifty percent of clients are referred by external providers, and 46% are referred by other clients. Five core services are provided, including supportive case management, supportive counseling, treatment education, risk reduction counseling, and psychosocial groups.

HOPE, or Healing Our People Entirely, is a program for men who have experienced sexual trauma and helps them to gain a cohesive sense of self. STEPS, or Striving to Enhance Personal Strengths, deal with goals such as reducing the number of sex partners, stopping the use of crystal meth, and adhering to medications. Let's Play deals with disclosure and with how to be intimate without being sexual. Home Sweet Home helps clients learn how to maintain apartments and manage money. A Year Later is designed to help members reinterpret their HIV "anniversaries" by focusing on the strengths and resilience they have found and on where they want to be in a year. Village Care helps the drivers remain in the driver's seat and keep both hands on the wheel.

Mr. Dillard noted that staff members find clients for the programs when they are vulnerable. He wouldn't be here today if it weren't for Village Care's staff. Village Care workers also encourage program participants to engage with doctors and connect with the medical system.

Next Steps: Planning Council staff will summarize the findings of the presentations and use them to begin building a new model. Marcy Thompson noted the challenges presented by having to use different data systems and asked that any nMCM programs not require the use of a different system.

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned.