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

June 19, 2013
Cicatelli Associates at 505 Eighth Avenue
9:30 am – 12:00 pm

Members Present: Peter Campanelli, PsyD, Nancy Cataldi, Christopher Cunningham, Deborah Greene, Tracy Hatton, Daphne Hazel, Zach Hennessey, Christopher Joseph, Peter Laqueur, Jun Matsuyoshi, Jan Carl Park, Andresa Person, Mary Poupon, David Price, Gina Quattrochi, Alexandra Russo

Members Absent: Matt Baney, Moya Brown, Michael Ealy, Joan Edwards, Janet Goldberg, Sandy Guillaume, Terry Hamilton, Graham Harriman, Julie Lehane, PhD, Charles Shorter, Brenda Starks-Ross, Robin Wilder, Lisa Zullig

NYC DOHMH Staff Present: Amber Casey, Mary Kay Diakite, Rafael Molina, Nina Rothschild, DrPH, Susan Shin, Anna Thomas

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Randall Bruce, Rick Cook (by phone), Ron Joyner, Beth Justiniano (by phone), Mallory Lowenstein, Joshua Sippen

Material Distributed:

- Agenda
- Minutes from the IOC Meeting on June 5, 2013
- Presentation by the NYSDOH AIDS Institute on the Criminal Justice Initiative
- PSRA Scorecard for Rikers Island Transitional Services Project and Drop-In Center for HIV+ Prison Releasees
- Draft Non-Medical Case Management (nMCM) Service Directive
- nMCM Service Directive with Track Changes
- Presentation and One-Pager on Supportive Counseling and Family Stabilization Services (SCF)

- Draft List of Questions for Providers When Developing Service Categories
- PSRA Scorecard on SCF
- Current Service Directive for SCF
- Planning Council Calendar for June 2013

Welcome/Introductions/Moment of Silence: Committee Co-Chair Nancy Cataldi welcomed meeting participants. Committee members introduced themselves and observed a moment of silence.

New York State Programs for HIV+ Prison Releasees: AIDS Institute staff members Beth Justiniano and Rick Cook spoke about the New York State Department of Health's work in collaboration with the Department of Corrections on the Criminal Justice Initiative (CJI). More than 25,000 prisoners are released each year. DOCCS estimated that approximately 1,700 in 2008 were known to be HIV-infected. The majority of offenders are released on parole.

CJI provides a number of services in corrections facilities including health education and risk reduction, evidence based interventions, peer education training, testing and partner services, HIV supportive services, transitional planning, an HIV counseling hotline, Project START, and Positive Pathways. These services are supported by 13 contracted community service agencies, the AIDS Institute, and the NYS Office of Children and Family Services. Community-based services include service coordination upon release, Project START, and Positive Pathways. Community resources include health resource portfolios and work release packets.

The rate of HIV in prisons has dropped. The programs try to make it as easy as possible for people to say that they are HIV+ and to access care. Roughly 60% of the inmates are from the City and 40% are from upstate counties. Higher need exists for reentry services upstate for inmates who have no access to basics such as housing. The average stay in prison is three years. More services should translate to fewer repeat offenses.

In New York City, the State contracts with organizations including Community Health Action of Staten Island (CHASI), Osborne, and Women's Prison Association (WPA). The State has also worked with Parole, as that is the one appointment which individuals released from prison cannot miss. Project START funding is ending in September, but staff members have reached out to agencies and encouraged them to focus more on what works and less on areas in which they have been less successful. IOC Committee members were asked to send any additional questions about State services for HIV+ releasees to Nina Rothschild, who would forward them to colleagues at the NYSDOH.

Community Health Action of Staten Island (CHASI): Josh Sippen of CHASI spoke about CHASI's Transitional Planning Services for HIV+ men, located at Queensboro Correctional Facility in Long Island City, and about the Community Re-Entry program, whose mission is also to facilitate a smooth transition for HIV+ men and women leaving prison in upstate correctional facilities. A copy of Mr. Sippen's presentation is posted on the Planning Council website at nyhiv.org. Transitional planning is to smooth transitions and facilitate reentry, as well as to insure maintenance of medical protocols and collaboration within the system, including with doctors. Staff arrange for ADAP, drug treatment, mental health services, and attempt to secure housing.

Discharging Prisoners: Discussion: Daphne Hazel expressed interest in hearing from WPA and Osborne about their work with releasees, especially with female releasees, in order to ensure that we are not duplicating services. Mr. Park noted that when we contract with an agency, we try to ensure that there's no duplication, but we do not monitor other funding streams.

Gina Quattrochi commented on the silo-ing within the health care system. She requested a schematic showing what happens with funds from sources such as Ryan White and CDC. We are missing opportunities because services are fragmented. People leave prison with only three days of medications. Knowing about other programs would be useful for providers. She also commented on the way in which we categorize people, noting that this is not how people really work or move throughout the system. Ms. Quattrochi suggested that the Planning Council go on record with HRSA regarding the way in which their restrictions limit our work.

Zach Hennessey stated that his program serves more than 100 individuals who are formerly incarcerated. He has observed a real lack of services and support. Why limit Ryan White-funded services to people discharged from New York City facilities? Are we here just to preserve existing systems? Upstate populations may be neglected. Amber Casey noted that the opportunity exists to work with people inside the jail system but that Ryan White funds have to be spent in the NY EMA. Dr. Peter Campanelli asked about worker caseloads. The assignment is roughly 60 people per caseworker.

Ms. Casey stated that individuals coming from upstate are eligible for our whole portfolio of services and that we can add capacity to Rikers Island. Mr. Hennessey disagreed, stating that people from upstate aren't eligible for transitional services. Mr. Park commented that we cannot be in upstate prisons to work with HIV+ individuals but that Part B of the nMCM service directive covers everyone, including releasees from upstate prisons who are back in the NY EMA. Dr. Campanelli expressed concern about accessing

services, noting that people from upstate facilities should be entitled to the same post-release services as anyone else.

IOC Committee members agreed on several changes to the nMCM service directive:

- Column 3, Part A, first bullet will read: "Provide time-limited (pre-release and 90 days post-release) assistance with benefits and entitlements, including restoration of Medicaid and ADAP resources, financial counseling, treatment education, risk reduction counseling, linkage and referral and follow-up for currently incarcerated PLWHA in the NYC correctional system."
- Column 3, Part A, add a new bullet: "Provide post-release assistance with benefits and entitlements, including restoration of Medicaid and ADAP resources, financial counseling, treatment education, risk reduction counseling, linkage and referral and follow-up for all eligible clients." Adding this bullet will facilitate the provision of services to PLWHA who have been discharged from upstate correctional facilities and are back in NYC.
- Column 4, Part A, add a new bullet under Client Eligibility Criteria: "Persons newly released to NYC from NYS correctional facilities."

Committee members agreed to defer a vote on the revised guidance until they could see the corrections in print at their next meeting on July 10th.

Supportive Counseling and Family Stabilization Services (SCFSS): Mr. Park noted that this service category has not been RFP'd for a long time. It continually over-performs and is a growth area. Anna Thomas of the grantee staff delivered a presentation on SCFSS. The presentation is posted on the Planning Council website at nyhiv.org. Both HIV+ and HIV- individuals can be served with this service category, but there has to be an index HIV+ case. A question was raised about the training given to peers who provide some services (some services are peer-led and others are non-peer-led). The individual delivering the service has to be supervised by an LMSW or a LCSW, but not all staff members need to have that level of training.

Bettina Carroll of Public Health Solutions commented that the current programs can be provided to people who are also receiving mental health services because this category is for stabilization of family units. In addition, a lot of clients served within this service category are not yet ready for mental health counseling. This service category gives providers the opportunity to offer support in different ways. Ms. Carroll described the service as "mental health lite" – for example, helping a family to deal with a child who is acting out at school. It provides the flexibility for families to do what is needed outside of traditional mental health.

Ms. Quattrochi suggested speaking with Robert Greenwald of Harvard University. He is an expert on Ryan White and the Affordable Care Act and would be a great source of information about what is coming and what will be subsumed under the Affordable Care Act so that we can know where we should target Ryan White services for maximum impact. She also urged IOC members to start with the objectives for this service category, rather than starting with a description of the services delivered.

Ms. Cataldi commented on the wide variety of services offered, including nutritional counseling. Who exactly is equipped to offer these services? Randall Bruce and Jan Park noted that this is a very broad service category – an amalgamation of many services into one package. Mr. Park said that staff would bring definitions of services provided in mental health so that we could look at the two service categories side by side and also see what mental health services could be billed to Medicaid under mental health.

A list of potential questions to be asked of SCFSS providers was included in the meeting packet. The providers will be asked to be prepared to address these questions but not to appear with a slide show showcasing the excellence of the services provided by their own staff. The providers will offer context.

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned.