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

June 5, 2013
Federation of Protestant Welfare Agencies
281 Park Avenue South
9:30 am – 11:30 am

Members Present: Matt Baney, Nancy Cataldi, Christopher Cunningham, Michael Ealy, Janet Goldberg, Deborah Greene, Graham Harriman, Daphne Hazel, Zack Hennessey, Peter Laqueur, Jan Carl Park, Andresa Person, Alexandra Russo, Charles Shorter, Lisa Zullig

Members Absent: Moya Brown, Peter Campanelli, PsyD, Joan Edwards, Sandy Guillaume, Terry Hamilton, Tracy Hatton, Christopher Joseph, Julie Lehane, PhD, Jun Matsuyoshi, Mary Poupon, David Price, Gina Quattrochi, Brenda Starks-Ross, Robin Wilder

NYC DOHMH Staff Present: Ralph Molina, Nina Rothschild, DrPH

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Randall Bruce, Billy Fields, Ron Joyner, Mallory Lowenstein

Material Distributed:

- Agenda
- Minutes from the May 15, 2013 Meeting
- Rules for Respectful Engagement
- Ryan White Part A Award Budget Cut Situation Brief
- Health Education and Risk Reduction (HE/RR) Service Directive
- HE/RR Service Directive with Track Changes
- Non-Medical Case Management (nMCM) Service Directive
- nMCM Service Directive with Track Changes
- Planning Council Calendar for June 2013

1 **Welcome/Introductions/Moment of Silence/Review of the Meeting**

2 **Packet/Review of the Minutes:** The Committee Co-Chairs welcomed
3 meeting participants. Attendees introduced themselves. Randall Bruce led
4 the moment of silence. Nina Rothschild reviewed the contents of the meeting
5 packet. The minutes from May 15th were accepted for posting on the Planning
6 Council website at nyhiv.org.

7
8 **Funding Cut to the New York Eligible Metropolitan Area (EMA):** The New
9 York EMA's current award from the Health Resources and Services
10 Administration (HRSA) is approximately \$120.4 million. Governmental Co-
11 Chair Jan Carl Park informed the Committee membership that the NY EMA,
12 received a 14.75% cut to its award. Part of the reduction (5%) is because of
13 sequestration and part is because of a legislative misinterpretation on HRSA's
14 part. Jurisdictions with older epidemics, such as the NY EMA, should be
15 protected from large fluctuations in funding by a provision known as "hold
16 harmless," but the calculation of that portion was not done in accordance with
17 legislative intent. Several other EMAs have also sustained substantial cuts.

18
19 This is the largest cut – approximately \$17 million – we have ever sustained
20 and will affect clients. Fewer services will be available, and patients will have
21 longer waits. We hope to know the total amount of our award by the end of
22 June. The NY EMA will likely receive an additional cut in 2014, when the
23 protection afforded by the "hold harmless" provision goes away completely.
24 Despite the cut in the award, we should move forward with the development
25 of service category directives and, if we cannot currently fund them, put them
26 temporarily on the shelf. We will be positioned to move on them if the
27 funding situation changes. Our job, as members of IOC, is to develop service
28 directives. PSRA decides which services it does/does not want to fund.

29
30 Janet Goldberg asked about cuts coming down to New York State. We need
31 to know what will be covered so that we will know what gaps we need to fill.
32 Graham Harriman responded that according to the original plan, we had
33 uncommitted money and would direct it to the HE/RR service category. We
34 were imagining that a single program would be allocated approximately
35 \$300,000 and that we would establish programs that could reach people
36 throughout the five boroughs. Now, we are only working with a total
37 allocation for this service category of approximately \$375,000. At what point
38 would it still be possible to fund this program? One agency can probably not
39 meet the needs of clients in all five boroughs.

40
41 Committee members discussed the provision in the directive that NYC
42 DOHMH staff will be responsible for ensuring that all program staff members
43 are adequately trained and that they receive technical assistance to support
44 improved client outcomes. Staff members from some agencies, such as
45 Exponents, don't need training from DOHMH staff. Mr. Harriman noted that

1 DOHMH staff in such cases can just ensure that staff have training but don't
2 necessarily need to provide it. If staff members are not trained, DOHMH can
3 train them.

4
5 **Vote:** Committee members voted unanimously to accept the Health
6 Education/Risk Reduction service directive and to forward it to the Planning
7 Council's Executive Committee.

8
9 **Non-Medical Case Management (nMCM):** Zack Hennessey noted that
10 nMCM services are provided to HIV+ individuals on Rikers Island and asked
11 about services for HIV+ individuals released from New York State prisons.
12 Matt Baney noted that there has been a reduction in services for people from
13 Upstate. In the past, several agencies provided services, but now only one
14 does. Bettina Carroll commented that the current model does not prohibit
15 programs from working with a PLWHA who was released from a jail outside of
16 Rikers. Ms. Goldberg expressed concern, noting that staff members need
17 expertise to work with recently released populations. Not everyone who
18 provides nMCM services to non-corrections populations has the expertise to
19 conduct these services with incarcerated or recently released populations.
20 Peter Laqueur agreed to arrange for colleagues from the NYS DOH AIDS
21 Institute to speak about programs for releasees from NYS prisons.

22
23 **Public Comment:** No members of the public commented.

24
25 **Adjournment:** The meeting was adjourned.