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

January 25, 2012
Federation of Protestant Welfare Agencies
281 Park Avenue South, Conference Room A
10:00 am – 12:00 pm

Members Present: Victor Benadava, Jose Colon-Berdecia, Christopher Cunningham, Deborah Greene, Sandy Guillaume, Tracy Hatton, Graham Harriman, Christopher Joseph, Peter Laqueur, Jun Matsuyoshi, Jan Carl Park, Charles Shorter, Kimberleigh Smith, Brenda Starks-Ross, Steven Varnadore, Robin Wilder, Tina Wolf, Lisa Zullig

Members Absent: Damian Bird, Nancy Cataldi, Joan Edwards, Janet Goldberg, Elaine Greeley, Terry Hamilton, Peter Laqueur, Carline Numa, Mary Poupon

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

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Gale Alwill, Randall Bruce, Felicia Carroll, Lauren Grund, Jesus Maldonado, Ericker Phillips-Onaga, Terry Troia

Material Distributed:

- Agenda
- Minutes from the January 4th Meeting of the IOC Committee
- HRR Service Directive Developed by IOC and Approved by PC in August 2011
- Presentation by Graham Harriman on Ryan White Part A HRR: HRSA Regulations and Model Changes
- Service Category Scorecards for Harm Reduction
- HASA December 2011 Fact Sheet

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet: Charles Shorter welcomed meeting participants. Committee members introduced themselves. Jose Colon-Berdecia led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet.

Substance Use Services Directive: Graham Harriman explained that major changes from HRSA are underway, including:

- Requirement that agencies have Medicaid certification
- Expansion of Medicaid to cover more substance abuse treatment services
- Decision that agencies cannot provide low-threshold services to HIV-negative or status-unknown clients other than testing
- Requirement that agencies count rent and utilities as part of administrative, rather than programmatic, expenses
- Income and residence requirements for program eligibility

These changes have all contributed to the decision not to issue the HRR RFP. HIV testing (for which the clients, by definition, are status-unknown) will continue at agencies with HRR contracts, and evidence-based interventions are an optional add-on. Current harm reduction contracts can be in place for two more years, after which time programs that have not obtained Medicaid certification will no longer be eligible for Ryan White payments. Because of the payer of last resort requirement, anything that can be billed to Medicaid must be billed to Medicaid, or else agencies must have partnership arrangements with agencies that can bill Medicaid.

Agencies providing substance use services will have the option of adding evidence-based interventions (EBI) including Healthy Living Project, Seeking Safety, and Therapeutic Education System. Agencies will be able to adapt EBIs based on their client population. Any institution or organization that wants to add one or more EBIs will either have to have Medicaid certification, be pursuing certification, or have a partnership with an agency that can bill Medicaid. NYC DOHMH will provide training and an implementation manual to all agencies interested in providing EBIs. DOHMH will also provide training on motivational interviewing, an approach helping patients explore and resolve ambivalence in order to change unhealthy or problematic behaviors. The source of funding for the training includes two programs that gave up their HRR contracts in the past two years. The Training-of-the-Trainer model will be employed to build agencies' own capacity to deliver these services.

At this time, approximately 40% of programs funded by Ryan White through NYC DOHMH do not bill Medicaid. These agencies will have two years in which to obtain Medicaid certification but at the present time can simply state

that they are working toward certification. Within two weeks, the Medicaid consultant retained by NYC DOHMH will determine what services are reimbursable now and what services will be reimbursable in a few months.

Deborah Greene asked about what would happen to Ryan White money that is unspent because agencies aren't Medicaid-certified and have trouble spending down. Mr. Harriman and Mr. Park responded that we will have unspent money and may apply to HRSA for a waiver of the 75/25 core medical/non-core support services allocation requirement. Other changes in the health care system with a potential impact on Ryan White services include the implementation of health homes in New York State and the Affordable Care Act. Dollars that cannot be spent on HIV-negative individuals may ultimately go into services such as housing and food and nutrition. Mr. Park noted that the situation with HRR can be viewed as a case study of the changing environment.

Tina Wolf expressed concern about the long-term sustainability of organizations that depend heavily on Ryan White funding. Mr. Harriman agreed that this has been a difficult year for Ryan White contractors but noted that HRSA is interested in preparing service systems for health care reform. He also commented that we cannot use Ryan White to help agencies develop their Medicaid applications. Mr. Park stated his concern about the cost of training and expressed his preference for the money to go to direct service provision. He noted that other jurisdictions are also struggling with these issues but that other states have less generous Medicaid packages and aren't necessarily sympathetic to the NY EMA's specific situation. Brenda Starks-Ross asked whether the NY EMA's grant award from HRSA will be reduced. Mr. Harriman responded that part of our award is a formula and is based on the number of people with HIV/AIDS. NY still has far more PLWHAs than most other jurisdictions – so at least the part of the award dependent on number of clients will not be reduced in the short term. Our funders might look at us differently, however, because other states are needier.

Mr. Benadava expressed concern that some individuals will cease to participate in activities that keep them negative. Mr. Park reminded him, however, that Prevention dollars, rather than Ryan White funding, should help to keep HIV-negative individuals uninfected.

Housing: Jan Carl Park reminded IOC members that we have been inviting providers to share their experiences so that we can return to the housing services directive under which we are currently operating and determine what needs to change. Ericker Phillips-Onaga and Gale Alwill of Project Hospitality on Staten Island noted that housing is health care and that there is a continuum of housing care that allows each step in the hierarchy of needs to be realized. Stability, self-esteem, connection to others, trust in professional

relationships, and security of body are all strongly impacted by housing. Clients often come to Project Hospitality using maladaptive coping strategies. Housing programs assess the who, what, where, when, and how and provide the concrete tools needed to access housing services.

Essential programming at Project Hospitality includes emergency housing placement, transitional congregate housing placement, and several models of supported housing varying in intensity for dually- and triply-diagnosed clients. The continuum of housing services should be flexible, with acceptance of a client's right to choose the type of housing that feels appropriate for him/her, and movement through the housing services may not be linear and/or progressive. Project Hospitality challenges the clients to think broadly about what type of housing may be best and strives to educate them about their options.

According to the CHAIN study, roughly one-quarter of clients who were homeless return to homelessness and unstable housing within six months of placement. Sandy Guillaume noted that people need to be in supportive services even after they receive housing – housing alone is not sufficient. Offering work with a stipend to clients can be useful as a way of helping them to give back to the organizations helping them. Ways of keeping the client connected to care include recognizing that every interaction plants a seed for the next step and choosing from a toolbox of approaches, such as low threshold peer engagement and low threshold staff engagement with creative groups and individual programming. Moving forward, organizations will provide support for the use of evidence based practices and evidence based interventions. They also need to recognize that change is the client's option and, if chosen, will be gradual. Models that assume that clients enter the system ready and willing to address the behaviors that placed them at risk should be put to bed. Project Hospitality does not require abstinence as a condition of services.

In Staten Island, providing housing is complicated by the strong stigma against AIDS. A total of 19 beds exist. Steven Varnadore voiced a potential problem with services, commenting that programs are enabling – when clients are given money, they have no incentive to find work. Other Committee members, however, disagreed, pointing to the dearth of available jobs. Victor Benadava thanked Project Hospitality for enabling him to leave an SRO and obtain housing.

Adjournment: The meeting was adjourned.