HIV Health & Human Services
PLANNING COUNCIL OF NEW YORK
A Mayoral Council established by the Ryan White C.A.R.E. Act of 1990

Meeting Minutes
INTEGRATION OF CARE COMMITTEE
Damian Bird and Charles Shorter, Co-Chairs

May 20, 2011
Hispanic Federation at 55 Exchange Place
10:00 am – 12:00 pm

Members Present: Victor Benadava, Damian Bird, Nancy Cataldi, Christopher Cunningham, Marya Gilborn (alt. for Jose Colon-Berdecia), Janet Goldberg, Elaine Greeley, Deborah Greene, Tracy Hatton, Peter Laqueur, Jun Matsuyoshi, Jan Carl Park, Charles Shorter, Kimberleigh Smith, Brenda Starks-Ross, Steven Varnadore, Lisa Zullig

Members Absent: Brent Backofen, Rosemary Cabrera, John Anthony Eddie, Joan Edwards, Sarah Gonzalez, Steven Gordon, Julie Lehane, PhD, Kelsey Louie, Gonzalo Mercado, Carline Numa, Terry Hamilton

NYC DOHMH Staff Present: Mary Kay Diakite, Linda Fraser, Marybec Griffin-Tomas, Graham Harriman, Taiwanna Messam, Nina Rothschild, DrPH, Anthony Santella, DrPH

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Raquel Algarin, Felicia Carroll, Robert Cordero, Fred John, Howard Josepher, Matthew Lesieur, Carolina Lopez, Mallory Marcus, Donald Powell, Danny Stewart, Tina Wolf

Material Distributed:

- Agenda
- Minutes from the May 6th Meeting
- HRR Services Directive Approved By Planning Council on July 29, 2010
- Presentation by Danny Stewart of Safe Horizon
- Material on the Matrix Model for Substance Use Treatment
- Material on the Healthy Living Project for People Living with HIV
- Planning Council Calendar for May 2011

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes: Committee Co-Chair Damian Bird welcomed everyone. Meeting participants introduced themselves. Members observed a moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the May 6th meeting were approved and will be posted.

Substance Use Services Directive: Governmental Co-Chair Jan Carl Park stated that this is the second meeting in which the IOC Committee is revisiting the substance use services directive previously approved by the Ryan White Planning Council on July 29, 2010. Approximately $12 million dollars are allocated to this service category. He clarified that the Planning Council issues service directives but does not write the RFP; the task of writing the RFP falls to the Grantee.

Mr. Park noted that considerable debate has taken place regarding how specific Planning Councils can be when they issue service directives. Specific interventions were added to the service directive after it was approved by the New York Planning Council, and community members have issues with some of these interventions. He noted that NYC DOHMH had a forum regarding these interventions, at which time some concerns were raised, and today we are continuing the discussion of some of those concerns and offering a forum in which providers can speak.

Safe Horizon: Danny Stewart of Safe Horizon spoke about the Streetwork Program. Providers realized that many of the youth receiving services had been abandoned and needed love. Risk factors for unsafe sex and related behaviors include homelessness, trauma and violence, mental health issues, survival sex work, and substance use.

Some facts about the Safe Horizon population:

- Out of the 994 youth who came to Safe Horizon's drop-in center, roughly one-third never came back.
- The average daily attendance at his program is 77, and the population is overwhelmingly people of color.
- Eighty-seven percent of the youth have substance use issues (primarily marijuana and alcohol among the Harlem youth and injection drug use among youth on the Lower East Side).
- Another 87% have engaged in or are currently engaging in survival sex work.
- Forty-two percent self-identify as LGBT; some have MSM activity going on but don't self-identify as gay.
- Five percent are HIV+.

- Thirty-one clients, all HIV+, are enrolled in harm reduction, recovery readiness, and relapse prevention (HRR) services.
- The retention rate from July 1, 2010 through March 31, 2011 is 50%.
- Many of the youth come for a sense of community and safety.

Effective approaches in working with youth, according to Mr. Stewart, include building on their strengths or assets – the protective factors that impact their risks. The program encourages youth engagement, giving youth a voice and a chance for involvement. The program focuses on relationship building to foster long-term connection. The youth are often mistrustful because they have been kicked out of families and institutions. Staff promotes a client-centered practice, demonstrating empathy and being non-judgmental. Some youth, after they are diagnosed with HIV, increase their risky behavior and spiral out of control. Case management and counseling are cornerstones of Safe Horizon's approach.

Mr. Stewart noted that the young people who are served by his organization have a lot of myths and misconceptions and need sex education. He also stated that the combination of homelessness, being HIV+, and being young puts one at risk and is a barrier to the effective use of antiretroviral therapy. On any given night in New York City, roughly 3,800 homeless youth are on the streets. A one-size-fits-all model does not work, particularly with a young population. What is needed is long-term involvement and the provision of a safety net. Behavior change occurs in the context of a relationship.

Jan Carl Park commented that one factor driving the rebidding of the HRR service category is the directive from our federal funder, HRSA, that we can no longer provide low-threshold services to HIV-negative individuals.

Marya Gilborn voiced the concerns of some members of the Planning Council's Executive Committee, noting that people are not resistant to the idea of using effective behavioral interventions but rather to the strictures associated with the three behavioral interventions being promulgated by NYC DOHMH (Community Reinforcement Approach, Seeking Safety, and Therapeutic Education System). Linda Fraser asked Mr. Stewart whether the staff at Safe Horizon use cognitive behavioral therapy. Mr. Stewart responded that the staff tries to engage clients to see the benefit of changing their behavior. Janet Goldberg commented that the three chosen interventions may not do what they need to do and that we should widen the choice. Graham Harriman, Director of Care, Treatment, and Housing stated that from the grantee's perspective, offering more choices of interventions could become more expensive in terms of training staff.

Exponents/Arrive: Howard Josepher described his program, Exponents, as a model for addicted individuals in New York City. In 1988, New York City

confronted the triple epidemics of HIV/AIDS, injection drug use/crack, and violence – these were syndemics. The mandate for his organization was to engage recently released parolees known to have IDU histories. Certain evidence-based practices were known to work with drug users: psycho-education, peer support/role modeling, a sense of community, advocacy on behalf of participants, and a social learning approach. He and his colleagues created a brief intervention – the ARRIVE model. ARRIVE consists of 24 classes over three weeks, incorporating stages of change, stages of group development, psycho-education, and health and wellness.

In the beginning, all participants in his program had a criminal justice history, but now, not all do. The mission is to prevent the spread of HIV and help people to take better care of themselves. The gay community – and GMHC in particular – was very helpful in the beginning because members knew more than the doctors.

The core elements of ARRIVE involve ongoing engagement of each participant at multiple levels in psycho-educational and health and wellness informational sessions. People self-medicate their pain from depression and other psychiatric illnesses. Support groups are an important component of ARRIVE because participants talk about whether what the staff are doing is working for them.

Last Thursday, the 114th class graduated from Exponents. Exponents has a total of over 9,500 graduates, all of whom attended voluntarily. The program has been successfully implemented for more than two decades and has been funded through the NYC DOHMH HRR service category for many years. Two external evaluations have been completed, showing that completion of the program, for an addict, is a positive experience in growth and enhances self-esteem. The program helped people deal with stigma and increase their sense of self-efficacy. That increased sense of self-efficacy is related to greater self-efficacy in disclosure of HIV status and to a 37% increase in adherence to HIV treatment.

Mr. Josepher noted that people who have been addicted have an essential quality – they want to help someone else – and Exponents provides them with that opportunity. Mr. Josepher also noted that programs won't work if people are participating because they are coerced. They need to be in an environment that is non-judgmental.

Marya Gilborn noted that the problem with the care coordination RFP was that it was very prescriptive and ignored the histories and experiences of staff who had been providing these services. She stated that staff at the agencies do not need NYC DOHMH to train them in how to do their jobs. Jan Carl Park commented that the rebidding of this service category is about meeting the

demands of our funder to treat HIV-infected individuals, but we don't want to throw out the baby with the bath water. We respect the experiences that people bring to the situation.

Graham Harriman stated that he has been infected for 21 years. At one point, he had a T-cell count of 9. He also has a history of CMV retinitis. He understands the viewpoint of the community and stated that he would work with staff and with the community to figure out what needs to be done with this guidance. He is committed to working together.

Mr. Josepher commented that one of the models being promoted by NYC DOHMH, Community Reinforcement Approach, is abstinence-oriented and requires a sophisticated level of care. Deborah Greene asked about aftercare. Clients can remain with the program for a year after completion.

New York Harm Reduction Educators (NYHRE): Carolina Lopez, the Executive Director of NYHRE, stated that her organization has a syringe exchange program and serves 5,000 clients per year. Although she was asked to talk about NYHRE's drug treatment program, none of the SEPs in NYC provide traditional drug treatment. Rather, they provide education, support, and mental health counseling and walk alongside the people who need services. Ninety-nine percent of NYHRE's clients are in medical care. A lot of clients start, disappear, come back, and would time-out from the kind of program being proposed by DOHMH. These effective behavioral interventions are expensive to run, she noted, and keeping people in them is really hard. All the interventions, she argued, start with the same faulty premise, namely, that the goal is to get people off of drug. The primary goal, rather, should simply be getting people in care. She argued that CRA is not going to work and that, in fact, she is not going to use it.

Mr. Harriman stated that approximately $3.8 million dollars will have to go from low threshold services for HIV-negative individuals to services for HIV-infected individuals. Mr. Josepher commented that sobriety is not the only way to recover from addiction.

Public Comment: Robert Cordero commented that the devil is in the details in terms of the operationalization of CRA. The goal of Ryan White services is to get people into care. Raquel Algarin of Lower East Side Harm Reduction Center invited everyone present to visit a harm reduction program. She noted that a participant in a harm reduction program sits on LESHRC's Board of Directors.

Next Steps: Committee members agreed that their next meeting should consist simply of a discussion with no new presentations.