



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

January 14, 2011
Cicatelli Associates, 505 Eighth Avenue, 20th Floor
10:00 am – 12:00 pm

Members Present: Damian Bird, Nancy Cataldi, Deborah Greene, Tracy Hatton, Jun Matsuyoshi, Jan Carl Park, Charles Shorter, Kimberleigh Smith, Lisa Zullig

Members Absent: Brent Backofen, John Anthony Eddie, Joan Edwards, Steve Gordon, Elaine Greeley, Terry Hamilton, Peter Laqueur, Fabienne Laraque, MD, MPH, Julie Lehane, PhD, Kelsey Louie, Gonzalo Mercado, Carline Numa, Ed Viera, Jr.

NYC DOHMH Staff Present: Graham Harriman, Rafael Molina, Nina Rothschild, DrPH, Anthony Santella, DrPH

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Victor Benadava, Wen Dombrowski, MD

Material Distributed:

- Agenda
- Minutes from the IOC Meeting on December 17th
- Program Guidance for Substance Abuse Treatment and Harm Reduction Services
- Update on Behavioral Interventions for HIV Outpatient Substance Abuse Model
- Planning Council Calendar for January 2011

Welcome/Moment of Silence/Introductions: Co-Chairs Damian Bird and Charles Shorter welcomed meeting participants. Members observed a moment of silence. Meeting participants introduced themselves.

Review of the Meeting Packet/Review of the Minutes: Nina Rothschild reviewed the contents of the meeting packet. The minutes from the December 17th meeting were accepted by consensus.

Update on Behavioral Interventions for HIV Outpatient Substance Abuse Model: Dr. Anthony Santella reviewed the service model components from the harm reduction, recovery readiness, and relapse prevention (HRR) guidance adopted in the summer of 2010. At that time, the IOC Committee and the Planning Council approved a model using evidence-based behavioral interventions but did not require the use of a specific intervention. Today's presentation concerns a specific intervention.

Dr. Santella stated that he and other colleagues at NYC DOHMH have met with practitioners who treat HIV-infected patients who use alcohol and other drugs and with scholars who deal with issues affecting this population. He and his colleagues met individually with these key informants and convened a panel to ensure that the behavioral intervention selected would work for the majority of PLWHAs. The goal was to select an evidence-based intervention that could be easily implemented at the agency level.

The main behavioral intervention selected was the Community Reinforcement Approach (CRA). This model can be implemented in-person and/or with an internet intervention, is approved by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is in some ways similar to the DEBIs (Diffusion of Effective Behavioral Interventions) promulgated by CDC for HIV prevention. The CRA is a comprehensive model for PLWHA and employs environmental contingencies to reward PLWHAs who progress toward goals. Goals are individualized and can include anything from reduction of substance use to abstinence. Staff members work with clients using motivational interviewing to identify positive re-enforcers so that non-using behavior becomes more rewarding than drug-using behavior. The model calls for a trial period of abstinence/sobriety, even if just for a brief interval, and the program works with the client to identify enjoyable activities that do not involve AOD use such as going on job interviews or reconnecting with family members. The program also works to enhance basic social skills – communication, problem-solving, and drink/drug refusal.

Dr. Santella noted that Dr. Lisa Marsch at the National Development and Research Institutes (NDRI) has developed a web-based psychosocial treatment for substance use disorders – CRA with an internet component – known as Therapeutic Education System (TES). Dr. Marsch's treatment contains 65 interactive modules (#43-#65 are HIV/hepatitis C-specific). The program includes a graphic representation of abstinence, and participants receive as a reward a raffle ticket from a virtual fishbowl. In clinical trials, computer-assisted interventions when complemented with in-person

interventions have worked well. The overwhelming majority of individuals want to participate. The interactive nature of the intervention is important; no one receives a computer-only intervention.

One challenge associated with this program is that it is currently offered only in English, but translating it is not an overwhelming obstacle. Dr. Santella noted that DOHMH is not mandating this intervention for everyone and that it may not work as well with low literacy populations but that it can be used with any drug.

Victor Benadava objected to using Ryan White money to train people to deliver a substance abuse intervention such as this one, arguing that money spent on training takes away from money that should pay for services. Dr. Wen Dombrowski asked about who comprised the study population and how similar/dissimilar were they to New York City's HIV-infected population. Nancy Cataldi asked whether Committee members could see some data in terms of success of the intervention with NYC populations. Dr. Santella noted that the plan is to try the intervention with a few harm reduction agencies. Damian Bird commented that it would give agencies another option for working with challenging clients. Deborah Greene noted that this is a short training and doesn't seem to be difficult.

Dr. Santella described a supplemental behavioral intervention -- Seeking Safety -- an integrated model with safety as a priority that focuses on 4 content areas including cognitive, behavioral, interpersonal, and case management. Seeking Safety has 25 treatment topics, each of which comes with a clinician guide and client handouts. The intervention can be implemented with clients who are abstinent and with clients who are engaging in controlled use via a harm reduction model. Eventually, the rewards go from something concrete such as a Pathmark gift card to something less concrete such as going on a job interview. With Ryan White funding, rewards can include items such as food vouchers, personal hygiene items, and metro cards. Seeking Safety has been tested on people with complex traumas and personality disorders. It focuses on the present but does not encourage avoidance of the past and has been successfully conducted by a wide range of clinicians, counselors, people with MSW degrees, psychologists, psychiatrists, etc.

Jan Carl Park asked about what would happen to AOD patients who are in treatment under the current model. Dr. Santella noted that everything under the new service model components except for acupuncture is also included in the current service model and that today's presentation is a response to the Committee's request for more information about behavioral interventions.

Kimberleigh Smith asked whether people would be boxed into this intervention. Dr. Santella responded that this directive gives broad guidance

to the RFP. Jan Park asked whether our currently funded programs have been asked about their assessment of this intervention. Members of the public will have a chance to comment if they attend a harm reduction community forum sponsored by the Care, Treatment, and Housing Program on February 3rd at 125 Worth Street from 9:00-11:00.

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned. Committee members will gather again on February 11th from 10:00-12:00 to discuss the harm reduction community forum.