INTEGRATION OF CARE COMMITTEE

November 9, 2005
9:45am-11:30am
GMHC, 119 W. 24th Street

M I N U T E S

Members Attending: J. Grimaldi, MD (Co-chair), T. Troia (Co-chair), R. Canosa, M. Gbur, MD, E. Greeley, C. Kazanas, D. Ng, W. Okoroanyanwu, MD, J. Omi, R. Quattrochi, A. Richardson, B. Starks-Ross, , M. Garcia (ex-officio)

Staff Present: D. Klotz, I. Gonzalez, S. Bailous

I. Meeting Opening/Minutes

Dr. Grimaldi thanked Mr. Ng for his service as co-chair and welcomed Rev. Troia as the new co-chair. After introductions, the minutes of the April 13, 2005 meeting were approved with no changes.

II. 2005-2008 Comprehensive Strategic Plan

Mr. Klotz described additions to chapter one of the Comprehensive Strategic Plan for HIV/AIDS Services 2005-8, as required by HRSA guidance. They include: expansion of Service Gaps and Populations with Special Needs sections; Unmet Need Estimate section added; Prevention Needs section added; Current Continuum of Care, and Services and Resources sections added; List of Title I Funded Organizations added (Appendix C). All were taken from the 2006 Title I Grant Application or the 2005 HIV Prevention Plan. The goals/objectives/action steps/measures (chapters 2 and 3) remain the same and will guide planning for the coming years.

Ms. Quattrochi suggested adding a statement concerning homelessness/unstable housing as a factor in prevention. A recent study about this will be distributed to the Committee.

III. Changes in the Planning Council Committee Structure

Dr. Grimaldi described recently approved changes in the Council structure. It was agreed when the new structure was adopted that the Council would try it for a year and then consider refinements as needed. Several committees reportedly functioned especially well, including

IOC, Priority Setting & Resource Allocation (PSRA), the Consumers Committee, and Needs Assessment. Communications between committees needs improvement.

The Access to Care and Maintenance in Care Subcommittees struggled with their purposes and products. The Council decided to retain the active ATC/MIC members but assign them to additional seats on all four planning-focused standing committees. This approach ensures diverse community voices on all the planning-related committees. The new members will join their new committees by the end of the month. Also, committee appointments will be for three years to coincide with the three-year planning cycle.

IV. 2005-6 Planning Tasks

Dr. Grimaldi reviewed the upcoming tasks for the planning year, as described in HRSA consultant Emily McKay's report. Priorities are to look at special populations and geography. The Council should continue to use the PSRA's matrix format for organizing, analyzing, and weighting information about service categories; it lends itself well to in-depth analysis of populations and geography. The Council needs to define populations to look at; it should probably include the six HRSA populations plus other populations of local concern.

Mr. Klotz reviewed the PRSA matrix that was used to rank 2006 priorities and will be the jumping off point for IOC's planning for services. The matrix used a weighted priority grid, measuring each service category according to the following five criteria: Payer of Last Resort/Alternate Providers of Service; Access to Care/Maintenance in Care; Specific Gaps/Needs (Demographic/Special Population); HRSA Core Services; and Consumer Priority. The matrix allows for data-driven planning, and is a transparent, repeatable process for setting priorities and allocating resources and shows the relative importance of service categories. A number of service categories will be re-bid in the coming year, and IOC will use the matrix to re-examine those categories for changes to service models, target populations, guidance to the grantee, etc.

Rev. Troia led a discussion on special populations. In addition to HRSA and NYSDOH AIDS Institute designated special populations (e.g., substance users, MICA, recent releasees, MOCSM), the Committee brainstormed a potential list of other local special populations (some of whom are subsets of the HRSA and AI pops): undocumented immigrants/migrants/day workers, physically/sensory impaired, homeless/unstably housed, over 50, African-American women, Hepatitis C co-infected, transgender, children orphaned by HIV or in foster care, non-HASA eligible PLWHA, SPMI/CAMI, incarcerated youth.

In the ensuing discussion, the following points were discussed:

- Data on our identified special populations is incomplete, particularly utilization data from MHRA (new contract renewal forms are asking about certain populations for the first time).
- IOC needs an epi expert to replace Susan Forlenza.
- It was suggested that, to review "risk categories" in a systemic way, that Dr. Angela Aidala, from the CHAIN study, be invited to present on the "risky person" model that

underlies much of the theory in social sciences and healthcare and how it negatively affects persons of color, who are at highest risk for HIV infection.

- To ensure coordination between committees, esp. Needs Assessment and Consumers, we need liaison to report back (Ms. Gonzalez is staff liaison to both IOC and NAC; there are members who overlap IOC and Consumers).
- IOC should work with Consumers Committee to refine CAB survey to get more information on needs of special populations.

The next meeting will focus on defining our special populations for the purposes of planning this year (Dr. Aidala will be invited), and discussing the CAB survey with members of the Consumers Committee.

V. Public Comment

M. Ducret recommended looking at data by income level, as people from all economic levels are affected by HIV.

There being no further business, the meeting was adjourned.

Next meeting: Wed. Dec. 14th, 3-5pm.