



## INTEGRATION OF CARE COMMITTEE

March 9, 2005  
9:50-11:35am  
GMHC, 119 W. 24<sup>th</sup> Street

### MINUTES

**Members Attending:** J. Grimaldi, MD (Co-chair), R. Canosa, S. Forlenza, MD, W. Okoroanyanwu (for I. Gamble-Cobb), M. Gbur, MD, E. Greeley, H. Hernandez, C. Kazanas, J. Lehane, Ph.D., P. Laqueur, J. Omi, R. Quattrochi, A. Richardson, B. Soskind, T. Troia

**Staff Present:** D. Klotz, G. Moon, I. Gonzalez

**Guests:** M. McClain, S. Lehrman, Ph.D., S. Houston

---

#### **I. Meeting Opening/Minutes/FY 2005 Title I Award**

After introductions, the minutes of the February 9, 2005 meeting were approved with no change.

Mr. Klotz reported on the FY 2005 Title I grant award. The New York EMA received a 3.4% reduction, which was less than anticipated. The Planning Council will apply the across-the-board cut from the approved spending scenario to the award amount and approve a final spending plan at the next Council meeting.

#### **II. 2005-2008 Comprehensive Strategic Plan: Objective Setting**

Mr. McClain presented an overview of the process for developing the objectives (based on the goals developed at the previous meeting) for the 2005-2008 Comprehensive Strategic Plan for HIV Services in the New York EMA. He reviewed the previously approved principles, vision and goals for the plan. Objectives: 1) are a more targeted statement of the goal; 2) specific enough to be measured; 3) multiple objectives may exist for a single goal; 4) not every activity in the EMA will have its own objective; 5) objectives focus on what should happen = outcomes.

Preferred outcomes are: 1) changes in client behaviors such as care seeking; 2) changes in client life situations such as improved social conditions; 3) changes in client satisfaction; 4) or changes in quality of life. Action steps for fulfilling objectives are: 1) specific activities necessary to pursue an objective; 2) must be achievable within the authority of the Planning Council or its partners/collaborators; 3) begins with one of a few verbs: allocate, identify, advocate, assure, coordinate, etc. Responsible parties for fulfilling the objectives are persons or

groups within the Planning Council structure and administration that have the authority to and are accountable for completing the action. The Committee then broke up into three groups corresponding to the three categories of goals: 1) Access to Care; 2) Maintenance in Care; 3) Systems of Care. The following is a summary of the initial products developed by the small groups:

### Access to Care

Goal 1. Increase the proportion of HIV-infected individuals who are aware of their HIV status.

Objective 1A: Expand access to rapid testing in community-based sites with access to high-risk populations.

Objective 1B: Enhance, expand, and deploy PCRS linked to testing programs at community-based sites accessed by high risk populations.

Goal 2. Increase the proportion of newly diagnosed HIV-positive individuals who receive timely HIV care.

Objective 2A: Develop one-stop shopping services co-located with primary care at community-based sites accessed by at-risk populations.

### Maintenance in Care

Goal 3: Increase the proportion of people living with HIV and AIDS who are maintained in HIV care once they enter the system, and increase the proportion of individuals who have not maintained HIV care who are re-engaged with the health care system in a timely fashion.

Objective 3A: Increase the number of clients who are stably housed.

Objective 3B: Increase the percentage of case management clients with complete comprehensive care plans.

Objective 3C: Improve coordination among medical and social service providers.

### Systems of Care

Goal 4: Ensure the continuum of HIV/AIDS services is integrated, comprehensive and of high quality.

Objective 4A: Integrate services across the continuum of care from outreach to long-term care.

Objective 4B: Meet or exceed the quality standards for HIV services set by the AIDS Institute.

Objective 4C: Evaluate the cost effectiveness and outcome effectiveness of services, service categories, and the system of care.

These are in development and will be reviewed by the sub-committees.

There being no further business, the meeting was adjourned.