



INTEGRATION OF CARE COMMITTEE

June 2, 2009

Cicatelli Associates, 505 Eighth Avenue

3:10-5:00pm

MINUTES

Members Present: Damian Bird (Co-chair), Brent Backofen, Victor Benadava, A. Cohall, M.D., Terry Faulkner (for Charles Shorter), Elaine Greeley, Deborah Greene, MPH, Terry Hamilton, JoAnn Hilger, Fabienne Laraque, MD, MPH, , C. Numa, Jan Carl Park, MA, MPA, Lisa Zullig, MS, RD

Members Absent: J. A. Eddie, J. Edwards, Soraya Elcock, R. Greengold, M. Irizarry, P. Laqueur, K. Louie, T. Mack, M.D., Jun Matsuyoshi

Staff Present: *NYC DOHMH:* David Klotz, Anthony Santella, DrPH, Jessica Wahlstrom, MPH; *Public Health Solutions:* Stefani Janicki

I. Welcome/Introductions/Minutes

Mr. Bird welcomed members, followed by a moment of silence, introductions and a review of the agenda and meeting materials. The minutes of the May 5 and 19, 2009 meetings were approved. Mr. Park reviewed the conflicts of interest guidelines.

II. Service Category Guidance: SRO Outreach

Ms. Wahlstrom presented on linkage to care in commercial single room occupancy hotels (SROs). Highlights of the presentation were:

- Significant overlap exists in the service types funded through the Ryan White Part A Harm Reduction and the formerly HOPWA-funded SRO Outreach contracts.
- The three current programs (funded at a total of \$1.275M) provide low threshold harm reduction and linkage to medical care, housing, and case management for HASA clients living in SROs in Manhattan (15), Bronx (14) and Brooklyn (3). Clients are overwhelmingly African-American/Black and Latino, and many have a history of unstable housing, substance abuse and mental health issues.
- The services provided can be supported through several HRSA core and non-core service categories (e.g., medical case management, outreach, harm reduction).
- Literature shows that there are a significant number of PLWHA who are not connected to care living in SROs. A majority had been incarcerated within the past year, had a history of substance abuse, had significant depressive symptoms, and/or had a CD4 count ≤ 350 .

- Literature demonstrates that the receipt of ancillary services was associated with receipt and retention of HIV primary care and is crucial in the management of co-morbid HIV/AIDS, drug abuse, and psychiatric disorders.
- Studies demonstrate that interventions, including patient navigation, assist out-of-care HIV-positive individuals in navigating multiple healthcare systems. Navigation includes: appointment and service coordination, health referrals, and accompaniment. These services will be provided through the new RW care coordination model, thus a consideration is how outreach services will be paired with that model.
- The Needs Assessment Committee developed the following recommendations for outreach:
 - Outreach should involve identifying and visiting sites where the target population is known to congregate (i.e., common areas in SRO dwellings, drop-in centers, specific geographic locations, etc.).
 - When appropriate, social networking strategies should be utilized to engage hard-to-reach homeless and unstably-housed individuals living in SROs.
 - Programs providing outreach services to homeless and unstably-housed SRO clients who are HIV-negative or with unknown HIV status should be referred to prevention programs/services after 90 days.
 - Individual and group outreach activities should be offered to homeless and unstably-housed clients living in SROs.
 - Outreach services in SROs should include assessment and referral to care coordination to ensure medical and social service treatment planning.
 - To ensure continuity of care, homeless and unstably-housed SRO clients given referrals for medical and/or social services through outreach programs should receive follow-up/reassessment by outreach staff to prevent relapse
 - Multidisciplinary teams (including outreach workers, a case manager, a medical provider, etc.) should be used to engage homeless and unstably-housed SRO clients in care on-site, when appropriate
- In addition, NYCDOHMH CTHP recommends:
 - Outreach services should target all homeless and unstably housed individuals and should not be limited to residents of commercial SROs.
 - Programs providing outreach services should ensure that systems for referral and/or linkage to prevention and other services are in place to promote continued engagement with individuals who are at-risk but found to be HIV-negative, or whose status is unknown.
 - Transitional care services should be provided to individuals who are transitioning from outreach/short-term services to longer-term care and treatment programs.
- Various models of outreach/care coordination were considered, including Assessment & Referral Teams and Critical Time Interventions.

The following are highlights of the Committee's ensuing discussion:

- Should a program establish a link between a CTI-type model and on-going case management or care coordination?

- Do we broaden the target population beyond SRO residents to all unstably housed without losing services specific to SROs?
- Programs would be performance-based (programs will only get paid if clients are successfully linked to care).
- The program would not pay an SRO's staff (an SRO is a commercial enterprise), but for an agency to work in an SRO. However, the agency may need SRO staff cooperation.
- The goal of the program should be transitional case management (more intensive than just outreach to stabilize clients through outreach, housing placement, substance abuse and mental health referrals, etc.), after which they are handed off to a care coordination program.
- The term "unstably housed" should be clarified and defined (and should include SRO residents, even long-term ones).
- Transitional care services will require a skilled multi-disciplinary team, rather than just peers.

The Committee agreed to allow staff to develop draft guidance, based on the above presentation and discussion, which will be sent out in advance and reviewed at the next meeting. The meeting will be from 2-5pm to allow enough time to complete the work.

III. Final Service Category Guidance: Homeless and/or Street Youth Outreach

The Committee made two changes to the final guidance for this category:

- "certification" in HIV testing and counseling will be changed to "training approved by NYC or NYS DOH."
- Outreach services should be provided by "culturally competent" staff, rather than staff that is "similar to the target population".

A motion was made, seconded and approved to approve the final guidance with the above changes.

The next meeting is on Tues., June 23rd, 2-5pm at the LGBT Center.

There being no further business, the meeting was adjourned.