



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

November 18, 2010
LGBT Center, 208 West 13th Street, Room 301
10:00 am – 12:00 pm

Members Present: Damian Bird, Elaine Greeley, Deborah Greene, Tracy Hatton, Jun Matsuyoshi, Jan Carl Park, Ed Viera, Jr., Lisa Zullig

Members Absent: Brent Backofen, Nancy Cataldi, John Anthony Eddie, Joan Edwards, Marya Gilborn, Steve Gordon, Terry Hamilton, Peter Laqueur, Julie Lehane, PhD, Matthew Lesieur, Kelsey Louie, Gonzalo Mercado, Carline Numa, Kimberleigh Smith

DOHMH Staff Present: Graham Harriman, JoAnn Hilger, Taiwana Messam, Mara Pillinger, Nina Rothschild, DrPH, Ben Tsoi, MD, MPH

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Victor Benadava, Joshua DelValle

Material Distributed:

- Agenda
- Minutes from the July 13 IOC Committee Meeting
- Presentation by Dr. Benjamin Tsoi on Ryan White-Funded Rapid Testing Services
- Draft Program Guidance for Early Intervention Services
- Planning Council Committee Application Form

Welcome/Introductions/Review of the Contents of the Meeting Packet/Review of the Minutes: Committee Chair Damian Bird welcomed meeting participants. Members introduced themselves. Nina Rothschild reviewed the contents of the meeting packet and the minutes from the July meeting. A vote on the minutes was deferred because of the lack of a quorum.

Early Intervention Services: Jan Carl Park noted that the Bureau of HIV/AIDS Prevention and Control's HIV Prevention Program is issuing a testing RFP and that the Bureau is proposing a combined RFP supported by CDC and Ryan White dollars. Blending the two streams in one RFP is in line with the National HIV/AIDS Strategy of enhancing the relationship between prevention, treatment, and care.

Dr. Ben Tsoi, who heads the Bureau's HIV Testing Unit, provided an overview of testing services funded through DOHMH. A copy of his presentation is available on the Planning Council website at nyhiv.org. Testing funded by Ryan White is offered in various settings: CBOs targeting specific populations, hospitals in high prevalence neighborhoods, and community health centers. Patients who are HIV-positive are linked to care. Under New York State's new HIV testing law, the test must be offered to all patients who have primary care visits to ensure that all populations are reached.

Between January of 2008 and October of 2010, more than 167,000 tests were conducted. Approximately 2,400 were preliminary positives, approximately 350 clients were linked to care, and more than 1,000 out-of-care previously diagnosed positives were linked to care. (Some of the people who are tested aren't actually new positives – they may already know their status but test for an incentive, or they may want to please the person offering the test, or they may hope for a different result.) Providers of testing services are paid at three points in the testing process: for the rapid test, for the confirmatory test, and for linkage to care.

HIV testing in New York City as a whole – funded through Ryan White and also through other payers – is a complicated picture. Providers of testing include clinical settings (hospitals, CHCs, STD clinics, TB clinics, dental clinics), CBOs, correctional settings, and private practices. Testing payers include direct funders, third party payers, and NYC DOHMH. DOHMH testing is paid for through Ryan White, CDC, and City Tax Levy funds.

DOHMH believes that a joint RFP for Ryan White- and Prevention-funded contracts offers several advantages: it enables the Planning Council to support one unified testing plan for the entire City, it allows agencies to submit only one application, it reduces the administrative burden, and it allows for better coordination of funding. The plan is to release the RFP in late January 2011 with proposals due in late February 2011. Contracts will take effect in October 2011.

Ed Viera asked why the number of testing contracts in Queens is so low. Dr. Tsoi noted that DOHMH receives very few applications from agencies located in Queens and Staten Island but that an agency may be located in one central office in a borough but offer testing in multiple sites throughout that borough

or the City. Jan Carl Park reminded Dr. Tsoi that Minority AIDS Initiative (MAI) dollars require client-level data, and that data needs to be delivered to the Planning Council. He noted that the Council has designated several target populations and asked whether those populations would be targeted for testing under the proposed RFP. Dr. Tsoi noted that the Planning Council's and the CDC-designated target populations are similar, but Mr. Park responded that the PC and PPG target pops are not identical. JoAnn Hilger underscored the importance of marrying the Prevention and Ryan White special populations. Mr. Park asked why funding streams for other initiatives within the Bureau of HIV/AIDS Prevention and Control are not combined – e.g., one housing RFP (using Ryan White and HOPWA dollars), one mental health RFP, etc. – given that fewer dollars will be available going forward for HIV/AIDS services. Elaine Greeley underscored that integrating prevention and care funding would be helpful for the agencies carrying out the work because of reduced overhead.

Proposed EIS Program Guidance: Taiwana Messam of the Health Services Unit walked Committee members through the proposed program guidance for Early Intervention Services (EIS), noting that these services are funded through Ryan White Base and MAI dollars. The proposed program guidance will address \$4.8 million in funding. Proposed allowable services include case finding, testing, linkage, services for HIV-negative or status-unknown clients, and provider training.

Nina Rothschild asked whether providers would be trained in partner name elicitation. Ms. Hilger stated that DOHMH is trying to standardize programs and offer training in areas such as motivational interviewing to enhance the skills of testing providers. Elaine Greeley asked whether the proposed guidance would lead to duplication of services, given that trainings are already available from a variety of sources. Damian Bird commented that quality care requires quality training. Jan Park noted that capacity-building isn't part of the Ryan White portfolio and argued that we should not have to pay for training for providers – rather, the contracted providers should already possess these skills. Lisa Zullig asked whether there is a minimum level of expertise which staff should bring to the job. Dr. Tsoi noted that CDC provides money for training in areas such as motivational interviewing through the Bureau's HIV Training Institute and that CDC expects DOHMH to provide capacity building. The question of whether or not DOHMH should train providers in various skills associated with testing remained unresolved.

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned.