



Meeting Minutes
INTEGRATION OF CARE COMMITTEE
Maria Irizarry and Damian Bird, Co-Chairs

May 25, 2010
Cicatelli Associates, 505 Eighth Avenue at 35th Street, Oak Room
3:00 pm – 5:00 pm

Members Present: Damian Bird, Steve Gordon, Elaine Greeley, Deborah Greene, Jun Matsuyoshi, Carline Numa, Jan Carl Park, Miriam Pinon, Kimberleigh Smith, Ed Viera, Jr., Lisa Zullig

Members Absent: Brent Backofen, Nancy Cataldi, Alwyn Cohall, MD, John A. Eddie, Marya Gilborn, Maria Irizarry, Terry Hamilton, Geraldine Joseph, Fabienne Laraque, MD, MPH, Julie Lehane, PhD, Kelsey Louie, Leslie Mack, Jim Shields

NYC DOHMH Staff Present: Marybec Griffin-Tomas, Rafael Molina, Nina Rothschild, DrPH, Anthony Santella, DrPH, Terri Wilder, Darryl Wong

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Charles Bolds, Robert Cordero, Neil Morales, Julie Pena, Nadine Ranger, Loretta Samuels

Material Distributed:

- Agenda
- Minutes from the March 23, 2010 Meeting
- Presentation from FROST'D
- Presentation from CitiWide Harm Reduction
- Presentation from Brooklyn AIDS Task Force
- HRR Service Category Scorecard
- Planning Council Calendar for June 2010

Welcome/Introductions/Review of the Contents of the Meeting

Packet/Moment of Silence: Damian Bird welcomed participants. Committee

members introduced themselves. Nina Rothschild reviewed the contents of the meeting packet. Members observed a moment of silence.

Conflict of Interest Guidelines: Jan Carl Park reminded meeting participants to be mindful of conflicts of interest and reviewed the section on conflicts of interest in the Ryan White Planning Council Bylaws.

Harm Reduction/Recovery Readiness/Relapse Prevention Services: Jan Park noted that the EMA has 32 contracts for a total of approximately \$12 million dollars in HRR services. He introduced the three speakers. All presentations are available on the Planning Council website at nyhiv.org.

FROST'D: Stephen Crowe presented on the harm reduction program at FROST'D:

- The harm reduction program at FROST'D is housed within Harlem United's prevention division.
- The model in current use was implemented in 2009.
- FROST'D operates mobile services.
- FROST'D has an alliance with other organizations including a group at North General Hospital's annex, El Faro, and PSI
- Clients' immune systems are compromised because of HIV infection, and they are vulnerable to STIs. Clients are screened for STIs on a regular basis
- The program includes nurse practitioners who offer Naloxone and train people in being overdose responders.
- Services include intake and assessment with a reassessment and updating of the service plan every six months, assessment of legal status, food and nutrition status, development of treatment plans, referral to health care and drug treatment, escort by other clients to appointments, care coordination, conferencing with providers, and crisis intervention.
- Some of the program's successes include serving as first-line providers and reaching populations in Coney Island, Bed-Stuy, and the South Bronx via mobile vans.
- Some former clients became peers and eventually graduated to staff.
- FROST'D has alliance agreements with every health care center in each neighborhood in which it operates.
- In the past six months, FROST'D saw 308 AOD HIV+ clients.
- Many clients are homeless or in transitional housing, street-based, vulnerable, and easily lost to follow up. Clients include current and former substance users (IDU and non-IDU), people in recovery, dually diagnosed populations, trauma survivors, MSM, and the formerly incarcerated. Clients are usually in their 40s and 50s. This program does not serve teens.

- Ninety-six percent of clients have medical insurance.
- Since integration of FROST'D into Harlem United a year ago, the number of HIV+ clients has tripled.

Ed Viera suggested having a printed schedule for clients stating when and where the mobile vans will be located. Dr. Santella asked whether any potential clients are turned away. Mr. Crowe responded that clients have to have a history of substance abuse and may confront a bit of a wait to obtain services but can usually access them. Committee members raised questions about obtaining confirmatory testing with transient populations and about how success is defined and measured.

CitiWide Harm Reduction: Robert Cordero presented on CitiWide's harm reduction services:

- CitiWide serves active drug users, many of whom are living with HIV and many more with Hep C. Most clients are Spanish-speaking IDUs.
- The total number of HRR participants is 1138.
- Mott Haven in the Bronx has a synergy of plagues, including injection drug use, Hep C, and HIV and is the poorest Congressional District in the nation.
- DOHMH's The Bronx Knows HIV testing campaign has been very helpful in assisting many Bronx residents to learn their HIV status.
- CitiWide serves approximately 2000 people, most of whom are IDUs. The focus is on connection to treatment and care. Staff go directly into SROs with a health outreach team and do one-on-one counseling, connection to medical care, and develop medication treatment plans and work on adherence. Other services offered include support groups and overdose prevention.
- Clients are recruited mainly from SROs and drop-in centers.
- The intake assessment process is very in-depth.
- The emphasis is on getting people into care, regardless of their HIV status. Peers have been quite helpful in connecting some clients to care. Connecting people who are homeless and active drug users, however, is challenging.
- The program saw a 71% decrease in HIV+ test results in 2010 because there were fewer tests of people who were already known to be positive but were re-testing for a variety of reasons.
- CitiWide would like to be able to offer acupuncture and smoking cessation.
- CitiWide's HRR program is open from 9:00 am – 9:30 pm. Lots of IDUs and commercial sex workers arrive in the evening. From 5:00 – 9:00 pm, bilingual social workers are available to see HRR clients, some of whom arrive in a state of crisis.
- Connecting people to housing and food is critical.

Brooklyn AIDS Task Force: Nadine Ranger presented on BATF's HRR services:

- The program provides one-stop shopping for many services including AOD, low threshold AOD, HIV rapid testing, and STI services.
- Eligible clients are HIV+ with a current or past history of substance abuse.
- A team approach is employed with a harm reduction counselor, a case aide, an HIV testing specialist, a Physician's Assistant, and a case finder/outreach worker.
- Identifying newly diagnosed HIV+ individuals with a history of substance abuse and linking them to care is challenging.
- Successes include retention rates of over 85% and partnerships with community pharmacies.
- Unmet needs include service expansion as well as acupuncture to increase retention of clients, reduce cravings, and reduce the symptoms associated with detoxification. Staff are stretched very thin.

Ed Viera noted that BATF educates individuals about taking responsibility for their behavior.

The Road Ahead: Jan Carl Park spoke about the work of the IOC Committee in the coming weeks. At the next meeting, members will hear a presentation from DOHMH staff on substance use services, including HRSA's and the EMA's definitions of services and best practices. Topics to be discussed include smoking cessation treatment, whether or not the EMA should work with HIV negative individuals in this service category, the need to integrate mental health and AOD services, and the recommendations for dealing with AOD populations developed by the Needs Assessment Committee. He also noted the importance of other services such as nutrition for this population because people often don't eat or drink when they are using substances. Mr. Park stated that the IOC Committee will develop a directive for the grantee and can, for example, specify the importance of including evening services in the service model, as well as services in certain hard-hit neighborhoods. DOHMH's RFP won't be issued until 2012, but the sooner that IOC members can write a directive, the sooner the grantee can produce an RFP.

Review of the Minutes: The minutes from the IOC Committee meeting in March were approved. IOC and Needs Assessment subsequently had a joint meeting to discuss the first year of implementation of the EMA's comprehensive plan for HIV services, but no minutes were generated for that meeting.

Adjournment: The meeting was adjourned.