INTEGRATION OF CARE COMMITTEE

June 23, 2009
LGBT Center, 208 W. 13th St.
2:15-4:45pm

M I N U T E S

Members Present: Damian Bird (Chair), Victor Benadava, S. Devlin (for A. Cohall, M.D.), Soraya Elcock, Deborah Greene, LCSW, T. Greene (for K. Louie), JoAnn Hilger, Fabienne Laraque, MD, MPH, G. Joseph (for T. Mack, M.D.), Jun Matsuyoshi, C. Numa, Jan Carl Park, MA, MPA, Charles Shorter, J. Shields (for Lisa Zullig, MS, RD), Ed Viera, Jr.

Members Absent:, Brent Backofen, J. A. Eddie, J. Edwards, Elaine Greeley, R. Greengold, Terry Hamilton, M. Irizarry, P. Laqueur

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

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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 June 2, 2009 meetings were approved with no changes.

II. Service Category Guidance: Transitional Care Coordination for the Homeless or Unstably Housed

Dr. Santella presented the draft guidance, based on the presentation and discussion at the previous meeting. A summary of the ensuing discussion follows:

- The point of the program is to stabilize people in housing first through intensive, short-term intervention, after which they can be connected to primary care and social services.
- Clients should graduate from the program (e.g., be linked to a care coordination service) within 12 months. The mainstream care coordination program does not have to be a Ryan White-funded program.
- Accountability for future follow-up would be the responsibility of the agency to which the client was handed off to.
- The program calls for screening, rather than in-depth assessment for services such as mental health and substance abuse.

- There is some overlap with regular care coordination. Agencies will need a good network of providers. The grantee has not yet considered how to measure for success in terms of reimbursement.
- Client eligibility should be amended to read "not *stably* engaged in care". "Stably" should be defined in a footnote as 1 primary care visit with the same provider every six months.
- If basic screening for substance abuse services is not enough, urine testing should not be ruled out.
- Should there be an initial step to establish eligibility (i.e., testing)? The outreach component should be targeted to people likely to be HIV-positive.
- Agencies should not be allowed to work solely in SROs. The menu of venues listed in the guidance is acceptable, and the grantee will structure the RFP to make sure that the service is provided more widely.
- The program fits best into the HRSA service category of Medical Case Management. The IOC should just be mindful that it does not provide care coordination from within a medical facility.

A motion was made, seconded and approved unanimously to approve the guidance as amended.

Committee members were thanked for their hard work over the year, and Mr. Bird for his leadership.

There being no further business, the meeting was adjourned.