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

July 13, 2010
Cicatelli Associates, 505 Eighth Avenue at 35th Street, Lavender Room
3:00 pm - 5:00 pm

Members Present: Damian Bird, Nancy Cataldi, Deborah Greene, Fabienne Laraque, MD, MPH, Jun Matsuyoshi, Carline Numa, Jan Carl Park, Mimi Pinon, Kimberleigh Smith

Members Absent: Rev. Brent Backofen, Alwyn Cohall, MD, John A. Eddie, Marya Gilborn, Steve Gordon, Elaine Greeley, Terry Hamilton, Maria Irizarry, Julie Lehane, PhD, Kelsey Louie, Ed Viera, Jr., Lisa Zullig

NYC DOHMH Staff Present: Graham Harriman, Rafael Molina, Nina Rothschild, DrPH, Anthony Santella, DrPH

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Brenda Starks-Ross

Material Distributed:

- Agenda
- Minutes from the June 29, 2010 Meeting
- Proposed Program Guidance for Substance Abuse Treatment and Harm Reduction Services

Welcome/ Introductions/Moment of Silence/Review of the Contents of the Meeting Packet: Damian Bird welcomed meeting participants. Members introduced themselves and observed a moment of silence. Nina Rothschild reviewed the contents of the meeting packet.

Substance Use Services: Drafting of Substance Use Services Directive: Committee members and DOHMH staff engaged in a discussion about several points in the proposed program guidance for substance abuse services.

- 1 • DOHMH staff are still gathering information about tools for assessing
2 substance abuse (such as the AUDIT and the DAST) and curricula. We
3 know about some of the services required but can't really address
4 questions of staffing (e.g., credentialing of providers – MSW, PhD, MD)
5 at this time.
- 6 • This process of revisiting the substance abuse services category is
7 occurring because HRSA changed this service category so that
8 programs can serve only people who are HIV-infected.
- 9 • C2 – Rapid HIV Testing -- DOHMH recommends that some money
10 previously allocated to this service category be redirected to Early
11 Intervention Services to permit testing. IOC Committee members
12 agreed that the funding for RT should be moved into EIS.
- 13 • C3 – Health Promotion -- DOHMH is not suggesting one single health
14 promotion intervention but, rather, would let organizations choose from
15 a few options – e.g., a curriculum developed in another jurisdiction
16 such as San Francisco and tweaked to be relevant to a NY patient
17 population, or a curriculum developed by DOHMH and tested with
18 providers (as in the case of case management).
- 19 • C4c – Committee members agreed that tobacco cannot be the only
20 substance for which a client is being treated in this service category.
- 21 • C5 – Linkage to HIV Primary Care – Members discussed the fact that
22 under this guidance, clients would have to see a primary care provider
23 within 120 days, but clients served in the food and nutrition category
24 have to see a primary care provider within 90 days.
- 25 • C6 – Accompaniment – A client can be accompanied to a primary care
26 appointment by a paid peer.
- 27 • C8 -- Services cannot be provided to HIV-negative individuals.
- 28 • Services can be provided to individuals with active or recent abuse of
29 both legal and illegal drugs and/or alcohol. Recent use means within
30 the past year.
- 31 • Committee members agreed that complete abstinence would not be
32 the goal of programs funded within this service category but that clients
33 would be expected to progress to reduced drug use and graduation
34 from the program. If a client is stable because of enrollment in a
35 program, he or she can be re-enrolled: the rug will not be pulled out
36 from under clients' feet after a certain number of months of treatment.
37 Members noted that clients who have been sober for five years in
38 prison, for example, are at very high risk for relapse and should be
39 eligible for ongoing services in the community.
- 40 • Co-location or affiliation with HIV primary care provider and co-
41 location or affiliation with mental health provider: Committee members
42 discussed whether co-location is a reality for every institution, whether
43 organizations with co-located services are actually more successful,
44 and whether peer escorts might be useful to accompany clients from

1 mental health services at one facility to substance abuse services at a
2 different facility if the two services are not offered at a single location.
3

4 Dr. Anthony Santella noted that substance abuse grants from NIH and SAMHSA
5 always come with assistance for providers with training and clinical
6 supervision. DOHMH is considering the possibility of having organizations
7 apply to provide technical services, training, and clinical supervision to
8 organizations funded within this service category.
9

10 Dr. Santella agreed to send a revised version of the guidance including the
11 suggestions from today’s meeting to Nina Rothschild, who would distribute
12 the new version electronically to IOC Committee members.
13

14 **Approval of Minutes:** Modified minutes from June 29th were passed by
15 consensus.

16
17 **Adjournment:** The meeting was adjourned.