



INTEGRATION OF CARE COMMITTEE

Danielle Beiling & Donald Powell, IOC Co-Chairs

Wednesday, March 17th, 2020, 10a-12p

Zoom Meeting

<https://zoom.us/j/4708943670>

MINUTES

Attendance: Danielle Beiling (co-chair), Donald Powell (co-chair) Janet Goldberg, Leo Ruiz, John Schoepp, Deborah Greene, Bill Gross, Mitchell Caponi, Stephanie Serafino, Paul Carr, Ronnie Fortunato, Billy Fields, Brenda Starks-Ross, Greg Bruckno, Michael Ealy, Dorothy Farley, Rose Chestnut, Annette Roque-Lewis, Randall Bruce, Micheal Ealy, Charmaine Graham, Joel Zive, Christopher Joseph

Staff/PHS: Jose Colon Berdecia, David Klotz, Guadalupe Dominguez Plummer (Grantee), Graham Harriman (Governmental Chair), Kimbirly Mack, Ashley Azor, Cristina Rodriguez-Hart, Rachel Crowley, Claire Simon, Johnell Lawrence

Agenda Item #1: Welcome/Introductions w. Pronouns/Moment of Silence/Review of Minutes

Conducted. Minutes were accepted with corrections.

Agenda Item #2: Public Comment

No public comment

Agenda Item #3: Line-by-Line Editing of the Framing (Name TBD) Directive

Dr. Rodriguez-Hart has suggested that we format this directive (and all directives thereafter) as a Implementation Research Logic Model (IRLM).

Mr. Fields asked if we can change the name of the directive.

Mr. Klotz noted that the format of the overarching directive follows the format of the individual service directives. The committee is not tied to this format, even though it is what has been traditionally used.

Mr. Fields suggested we draft the different format, using the logic model, and then review it in committees.

Mrs. Beiling offered that a logic model could help drive the specificity of the work.

Mr. Schoepp worried that the format of the new logic model would be a confounder.

Ms. Fortunato offered that we could change around the direction of the page to better accommodate the content.

Mr. Bruce asked if we should insert a different model into the logic model format.

The overarching directive applies to each directive in the portfolio. There was a clear amount of confusion about the best process. Committee agreed to look at the logic model format of the directive and then make a decision about whether to use it.

Committee agreed to name the directive Universal instead of Founding.

The group began line-by-line editing. Following are highlights of the process. We use the oxford comma.

Johnell introduced the concept sex positive for inclusion.

Mr. Zive asked for inclusion of social determinants of health.

A robust discussion followed *Mr. Schoepp's* comment on how the hours of service must be convenient to clients. *Mr. Joseph* noted that this wording is applicable to the entire portfolio and not a specific agency and that the restriction on clients to access the same service from two agencies should be reviewed.

Johnell agreed that the “must” should stay to push the system to operate in a more equitable manner.

The must vs should debate continued regarding hours of convenience. *Mr. Joseph* offered language that prioritized hours outside of 9-5 – as a measurable term versus “convenient”.

Mr. Joseph asked about privacy and compliance vs payment – highlighting the confusing language around the use of technology in the document. Regulations tie in what you are allowed to do, as well as the privacy of the data.

Johnell asked when the document will address and identify barriers. Everyone should be offered benefits navigation – and what about people who receive benefits and are still experiencing barriers.

Mr. Klotz asked is every service category requires benefits navigation and wanted broader language.

Mr. Bruce noted that this could make things very difficult for the client – requiring them to jump through hoops to access the thing they want.

Could offer benefits navigation to each client who can then make a decision about accessing that assessment.

Ms. Fortunato noted that God's Love does not have a benefits department.

Mr. Ruiz noted that agencies do all sorts of linkages and referrals.

If an organization does not provide benefits navigation, they should have a linkage agreement with a provider who does.

Mr. Caponi asked what's a healthful decision? What's an empowering decision? *Mr. Powell* suggested we stay away from subjective terms.

Mr. Joseph noted that medical care is rarely conducted from a harm reduction approach.

Agenda Item #3: Public Comment

No public comment.