



## INTEGRATION OF CARE COMMITTEE

May 19, 2009

LGBT Center, 208 W. 13<sup>th</sup> Street

3:10-4:20pm

### MINUTES

**Members Present:** Damian Bird (Co-chair), Brent Backofen, Victor Benadava, A. Cohall, M.D., Antionettea Etienne, Deborah Greene, MPH, JoAnn Hilger (for Fabienne Laraque, MD, MPH), Jan Carl Park, MA, MPA, Charles Shorter, Lisa Zullig, MS, RD

**Members Absent:** J. A. Eddie, J. Edwards, Soraya Elcock, Elaine Greeley, R. Greengold, Terry Hamilton, M. Irizarry, P. Laqueur, K. Louie, T. Mack, M.D., Jun Matsuyoshi, G. Mercado, C. Numa, E. Viera

**Staff Present:** *NYC DOHMH:* David Klotz, Anthony Santella, DrPH; *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 May 5, 2009 meeting were reviewed and one change was made, but were not approved due to lack of a quorum. Mr. Park reviewed the conflicts of interest guidelines.

#### **II. Revised Draft Service Category Guidance: Outreach to Homeless/Street Youth**

Dr. Santella reviewed the changes in the draft guidance made at the previous meeting. After discussions of the changes, as well as time limits for services and agency eligibility, the Committee recommended the following additional changes and clarifications:

- The name of the service should be “Homeless *and/or* Street Youth” to clarify that two types of *youth* are the target population.
- Language regarding training in using OraSure should be made generic to all rapid testing technologies.
- Language regarding need for a valid NYS drivers license should be clarified so that it is only for programs with mobile units. Also, any state’s valid drivers license would be acceptable.
- Client eligibility language should read “Individuals who have been involved in the criminal justice system.”

- Agency eligibility language should be amended so that it is clear that those agencies without prior experience providing this service to this population, but who can demonstrate an ability to meet the program's goals and objectives, can apply for funding.
- The service model should include language that clients who test positive and are successfully engaged in care (no matter how long that takes) must then be closed out. The consensus is that this is not a care coordination program, and that programs need to close cases (after confirming that they are connected to care) so that they can concentrate on the work of finding new unconnected cases.

The Committee will vote on a final revised draft at the next meeting. Dr. Santella explained that the Committee did not begin discussing SRO Outreach today because it is preferable to present all of the data as one package along with the Needs Assessment Committee recommendations, which are not ready yet. These will be presented, along with draft guidance at the next meeting.

The next meeting is on Tues., June 2nd, 3-5pm.

There being no further business, the meeting was adjourned.