



INTEGRATION OF CARE COMMITTEE

March 17, 2006
10:15am-12:00pm
GMHC, 119 W. 24th Street

MINUTES

Members Attending: J. Grimaldi, MD (Co-chair), T. Troia (Co-chair), A. Cossey (for A. Richardson), E. Greeley, P. Laqueur, E. Levine, J. Matsuyoshi, L. Morrison, D. Ng, W. Okoroanyanwu, MD, J. Omi, J. Shields, B. Starks-Ross, D. Williams

Staff Present: DOHMH: D. Klotz, J. C. Park, S. Bailous, C. Silva, R. Molina, D. Wong, J. Hilger; AIDS Institute: M. Nass

Guest Present: T. Welsh (HIV Law Project)

I. Meeting Opening/Minutes

Dr. Grimaldi and Rev. Troia opened the meeting. After introductions, the minutes of the February 10, 2006 meeting were approved with no changes.

II. 2006 Planning: Program Guidance

A. Legal Services. Ms. Welsh explained issues related to PRUCOL cases: PRUCOL (permanently residing under color of law) legal cases are unlike other immigration legal matters in that they confer no legal status on the individual filing with the Department of Homeland Security. Legal services provided to document PRUCOL status are done exclusively for the purpose of assisting immigrants living with HIV/AIDS in obtaining State and local public assistance benefits critical to maintaining primary HIV care, particularly HASA housing. These legal services, though requiring administrative filings and documentation with the Department of Homeland Security, are limited in their nature and scope. Further, HIV/AIDS is the grounds for filing for Deferred Action (“DA”), a humanitarian relief for individuals who are critically ill and whose deportation would deprive them of access to life-saving medical treatments. DA legal cases are the most important mechanism through which immigrants with HIV/AIDS document/obtain proof of PRUCOL status. Permitting the funding of PRUCOL-related legal

services under Ryan White Title I will facilitate immigrants' access to State and local public assistance programs. Points of discussion followed:

- Undocumented immigrants can receive ADAP and other Title I services, but HASA is needed for housing, as Title I and HOPWA housing are neither adequate for the demand nor permanent.
- PRUCOL cases stay open for years, and a lawyer is needed to recertify to HASA that a person's case is still open. Current providers are over capacity.
- Outreach is needed to identify cases.
- Many undocumented immigrants apply for asylum or other status. PRUCOL is a last resort.
- Gaining PROCOL allows people to move from Title I to other systems, thus relieving pressure on Ryan White funds, which are payor of last resort. It is also cost effective.
- While HRSA has communicated to us that Title I legal services can not be used for purposes of immigration status, there is nothing about PRUCOL. This is a different issue, similar to the rationale that eviction cases can only be done if the eviction is due to HIV-related discrimination.

The Committee agreed to draft a statement for DOHMH to communicate to HRSA during their discussions on the issue.

B. Mental Health Services. The AIDS Institute is funding a new mental health model that utilizes non-Article 31 provider sites, including CBOs and hospitals and provision of services in clients' homes. This expands capacity and integrates mental health services into other settings. While the current Title I mental health RFP expands eligibility to non-Article 31 providers, it would still be helpful for planning to learn about the AIDS Institute program. The coordinator of that program will be invited to present at the next IOC meeting.

C. Housing Services. The Committee reviewed the draft changes to the goals of the housing categories. It was agreed to defer discussion of changes to program guidance and population targeting to the housing sub-committee (see below). Points of the discussions of the revised housing goals were:

- Add "and/or permanent stable housing" to "short-term" in goals 1 and 2 for all programs
- Eliminate goal # 4 ("increase number of clients served") under Emergency Rental Assistance
- Goals for "Emergency Transitional Housing for Special Populations" is same for both base and MAI funded programs. Both programs can be considered together for the purposes of planning.
- Goals are overarching and systems-oriented, thus can include broad, difficult-to-measure language (e.g., prevention).
- The goals need to be tied to the goals/objectives identified in the Strategic Plan. A column should be added to the grid showing how program goals advance the Plan's goals/objectives.

- This is an opportunity to think of new ways of structuring these programs. We have been using the same model for 25 years for some of them.

D. Next steps: IOC members will break into 3 sub-committees to work on revising goals and program guidance for the remaining service categories: 1) Housing Categories; 2) Social Services Categories (case management, food & nutrition, transportation); 3) Health Categories (hepatitis C screening and treatment, oral health care, home care). Sub-committees will report back to the larger Committee and may have to have extra meetings to complete the task.

III. Other Business

The next IOC meeting will take place on Wed., April 19, 10am-12pm at GMHC, room 405 (moved from the previously scheduled date due to Passover/Good Friday).

Mr. Park announced a series of public forums throughout the City, sponsored by Commissioner of Health Dr. Frieden, on proposed changes the New York State HIV testing law.

There being no further business, the meeting was adjourned.