



Meeting Minutes
INTEGRATION OF CARE COMMITTEE
Nancy Cataldi and Christopher Joseph, Co-Chairs

January 15, 2014
McSilver Institute at NYU
41 East 11th Street, 7th Floor, Room 741
10:00 am – 12:00 pm

Members Present: Peter Campanelli, PsyD, Amber Casey (alt. for Graham Harriman), Michael Ealy, Dorothy Farley, Tracy Hatton, Daphne Hazel, Zach Hennessey, Christopher Joseph, Peter Laqueur, Jan Carl Park, Andresa Person, David Price, Gina Quattrochi, Bobby Rallakis, Brenda Starks-Ross, Lisa Zullig

Members Absent: Moya Brown, Nancy Cataldi, Christopher Cunningham, Janet Goldberg, Deborah Greene, Sandy Guillaume, Jun Matsuyoshi, Mary Poupon, Alexandra Russo, Robin Wilder

NYC DOHMH Staff Present: Mary Kay Diakite, Rafael Molina, Nina Rothschild, DrPH, Wilbur Yen

Public Health Solutions Staff Present: Bettina Carroll, Rachel Miller

Others Present: Randall Bruce, Billy Fields, Mallory Lowenstein

Material Distributed:

- Agenda
- Minutes from the December 4, 2013 IOC Meeting
- PSRA Scorecards for Mental Health Services
- Presentation by Wilbur Yen on Ryan White Part A Mental Health Services in the New York EMA
- Mental Health Service Category Development Provider Questions
- Planning Council Calendar for January 2014

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes: Committee Co-Chair Christopher Joseph

welcomed meeting participants. Committee members introduced themselves. Daphne Hazel led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the December IOC Committee meeting were accepted for posting on the Planning Council website at nyhiv.org.

The Road Ahead: Chris Joseph informed Committee members that we are beginning the process of updating the mental health service directive. The NY EMA allocates approximately \$5.1 million in total to this category. Jan Park informed Committee members about how to read the PSRA service category scorecard included in the meeting packet. The scorecard shows that there are roughly 2,200 unduplicated clients and breaks the clients down by gender, race and ethnicity, age, and other variables. This is a good compilation of the delivery of services over 2-3 years.

Mental Health Services Presentation and Discussion: Wilbur Yen, who has provided technical assistance to most of the organizations funded to offer Ryan White mental health services since 2011 and also works as a program planner in the Care and Treatment Program, delivered a presentation on Ryan White Part A Mental Health Services in the New York EMA. The presentation is available on the Planning Council website at nyhiv.org.

Unmet Need:

The Ryan White population exhibits considerable unmet need, with a rate of mental illness between 33% and 50%. In the general population, by contrast, the rate is 25%. Among people in need, there is severe underutilization. More than half of participants in the EMA's longitudinal cohort CHAIN study need professional mental health services, and more than one-quarter of this population does not adequately utilize the services. Within the CHAIN population, particular need for mental health exists among MSM of color, women with low income and low education, white, and younger participants. Mental health issues, of course, also contribute to homelessness.

Regarding need among white populations, Zach Hennessey noted that whites tend to be more forthcoming with their mental health needs, whereas mental health needs carry greater stigma in other cultures. Jan Park suggested inviting Angela Aidala, co-Principal Investigator of the CHAIN study, to discuss the mental health needs of participants in this cohort.

Risky Behavior:

People with an HIV diagnosis experience considerable social and psychological challenges and the shock of diagnosis, all of which may exacerbate risky behavior. Gina Quattrochi advocated for a harm reduction

approach to mental health services – in other words, clients should not have to be abstinent in order to receive Ryan White mental health services. Abstinence is not, in fact, a requirement for receiving any Ryan White-funded services in the NY EMA. Ms. Quattrochi noted that the model of mental health services wrapped around syringe exchange programs, as occurs with MHTAI contracts, is old. Harm reduction is now standard, and many providers in the room are licensed to provide Article 31 services.

Funding:

In the New York EMA, \$233.1 million is spent on mental health services per year. In order to receive Ryan White mental health services, an individual needs a formal diagnosis (unlike with supportive counseling and family stabilization services, for which a formal diagnosis is not needed). Approximately 2200 clients, 48.8% of whom are Black, receive services. Although 2200 is not a large number, Ryan White is the payer of last resort – if a client is eligible for mental health care under another funding stream, that other funder must pay for the care. Since some clients have Medicaid, we must have services for them that Medicaid does not provide and also offer services for people who are not eligible for Medicaid.

Current Services:

Ryan White covers three mental health service categories in the NY EMA: mental health services (MSV), mental health therapy counseling (MHTAI), and mental health services for populations with multiple special needs (MHS). All of our providers have to be able to bill Medicaid or are in the process of obtaining Medicaid licensure as either an Article 28 or an Article 31 facility. Non-infected family members can receive family counseling sessions, but the index client has to be present. Ryan White funded mental health includes services provided by mental health advocates, an addition that was discussed with the Planning Council's Executive Committee in 2013. Without mental health advocates, we see a big drop-off between referral and actually going for services.

Rebidding:

Not yet clear is whether all three types of mental health services will be rebid or just one or two. Jan Park noted his assumption that the entire allocation of over \$5 million to mental health services will be competitively rebid. Jan Park stated that our HRSA Project Officer, Dr. Michael Amoh, can be invited to join the IOC Committee in a conference call to discuss the issue of eligibility. Dr. Peter Campanelli noted that if the Planning Council can define who should apply in response to an RFP, the Department's ability to decide about procurement is limited.

Gina Quattrochi and Amber Casey disagreed about procurement and HRSA's rules about procurement, with Ms. Quattrochi stating that HRSA requires competitive procurement and Ms. Casey stating that HRSA just requires grantees to follow their local rules around procurement and does not have a rule stating that the grantee must competitively bid all services. Ms. Quattrochi noted that HASA has 36,000 clients and asked why only \$466,731 is allocated for mental health services for HASA clients. Dr. Campanelli noted that a very similar service known as ACT is covered by Medicaid, and Bettina Carroll noted that Ryan White mental health services for HASA clients is ACT-lite. Mr. Hennessey suggested that opportunities may exist to use Ryan White funds to extend the mental health services provided by some of the lower-level plans on the NYS health insurance exchange.

Next Steps: At the next IOC Committee meeting, we will hear about the results from a survey distributed to current mental health providers. At that meeting, invited providers will also address specific questions listed on a sheet in the meeting packet. Gina Quattrochi stated that only having people who are currently funded to provide mental health services is an incomplete approach and that hearing from a non-Ryan White-funded expert would be helpful. Wilbur Yen noted that these providers have the expertise to work with this population. Grantee and Planning Council staff will aim to bring an expert on the NYS HARPs (Health and Recovery Plans) to one of the IOC meetings and may also ask Doug Wirth of Amida Care about how mental health services are rolling out for managed care.

Public Comment: Amber Casey noted that her main goal is to interpret federal rules. Like the Committee members, she wants the best providers of services to obtain contracts so that we can craft a great system.

Items for Follow-Up:

- Invite Doug Wirth of Amida Care to discuss mental health and managed care
- Invite a speaker knowledgeable about HARPs and the NYS Medicaid mental health services RFP currently under construction
- Create a cheat sheet outlining covered mental health services in the plans offered through the NYS health exchange
- Investigate best practices for delivering mental health services to PLWHAs