



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

February 19, 2014  
McSilver Institute at NYU  
41 East 11<sup>th</sup> Street in Room 741  
10:00 am – 12:00 pm

**Members Present:** Peter Campanelli, PsyD, Nancy Cataldi, Michael Ealy, Dorothy Farley, Janet Goldberg, Deborah Greene, Graham Harriman, Tracy Hatton, Zach Hennessey, Peter Laqueur, Jan Carl Park, Andresa Person, David Price, Gina Quattrochi, Brenda Starks-Ross

**Members Absent:** Moya Brown, Christopher Cunningham, Joan Edwards, Sandy Guillaume, Terry Hamilton, Daphne Hazel, Christopher Joseph, Julie Lehane, PhD, Jun Matsuyoshi, Mary Poupon, Bobby Rallakis, Robin Wilder, Lisa Zullig

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

**Public Health Solutions Staff Present:** Bettina Carroll, Rachel Miller

**Others Present:** Randall Bruce, Elijah Collins, Ron Joyner, Mallory Lowenstein, Bob Meyers, Maxine Phillips

**Material Distributed:**

- Agenda
- Minutes from the February 5<sup>th</sup> IOC Committee Meeting
- Presentation by Katrina Estacio on Mental Health Services
- Summary of Mental Health Service Category Work to Date
- Questions for Breakout Groups
- Planning Council Calendar for February 2014

**Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes:** Committee Co-Chair Nancy Cataldi

welcomed committee members. Meeting participants introduced themselves and observed a moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the February 5<sup>th</sup> meeting were accepted with corrections for posting on the Planning Council website at nyhiv.org.

**Mental Health Services: An Initial Literature Review:** Dr. Katrina Estacio, who provides technical support to the Care and Treatment Program, delivered an initial literature review of mental health services for PLWHAs. The presentation is posted on the Planning Council website at nyhiv.org. PLWHAs have a high incidence of both mental illness and substance use. Although solid evidence is still lacking, collaboration between medical and mental health service providers who **integrate** mental health, primary care, and substance use services and tailor their services to the client's state of readiness as based on the transtheoretical (TTM) model of behavioral change is generally helpful. Project Vista is a model of integrated primary care for HIV+ patients with underlying substance use and mental illness.

Both the Spencer Cox Center for Health and FEGS use an integrated approach, leading to self-reported increased retention rates. When a patient is admitted because of substance use, the program provides a peer-delivered bedside intervention using motivational interviewing to help with linkage, as well as peer-delivered care facilitation. Peers are paid through a grant-funded patchwork.

Another approach to these patients is known as the **recovery** approach, helping patients to reclaim a meaningful life with an increase in well-being and self-esteem and with hopefulness as an essential ingredient. Four key values supporting the recovery process include person orientation, person involvement, self-determination/choice, and growth potential. The recovery approach is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA). The integrated approach and the recovery approach are compatible; one does not exclude the other.

Zach Hennessey noted that any kind of treatment should be patient-centered and that there is nothing specifically billable or non-billable about involving a patient in treatment. Jan Carl Park noted that the idea of having the patient involved in his or her care was included in the Denver Principles thirty-one years ago. Both the patient and the provider have to buy into the process. Mr. Park also noted that the articles cited in Dr. Estacio's presentation were published a number of years ago and asked whether Dr. Estacio had found anything published within the last year or two – e.g., perhaps some presentations from the International AIDS Conference. Committee members agreed that hearing about more recent approaches to mental health services provision would be helpful.

IOC Committee members agreed that they need to know what is/is not billable in an Article 31 facility so that they can create a service model providing services not covered by Medicaid. Gina Quattrochi offered to bring in a speaker from her organization, Bailey House, to discuss the billing process. Dr. Peter Campanelli inquired about benefits under the Health and Recovery Programs (HARPs). Mr. Hennessey asked about the limitations of managed care for mental health services and also noted that coverage for mental health services by law has to be on parity with coverage for medical services. Gina Quattrochi offered to reach out to Doug Wirth of Amida Care, inviting him to address the Committee on managed mental health care. Ms. Quattrochi also noted that any provider who cannot electronically exchange medical records is out of the game.

Rachel Miller noted that the care approaches detailed by Dr. Estacio are useful for working with people who are already in care but asked about ways to work with PLWHAs who are out of the primary care system. Dr. Peter Campanelli noted that outreach to populations is included in the New York State Health Home model. Ms. Quattrochi noted that people sleeping under overpasses are not going to be reached by health homes and that enrolling them in care will be a challenge as we move into a medical model. Randall Bruce commented that in a time of limited finances, Ryan White money should not be used for ancillary purposes. Ms. Miller, however, noted that Medicaid will pay for a lot of the services currently funded by Ryan White and that Ryan White money can be used for reaching out.

**Mental Health Services at Syringe Exchanges Programs:** Maxine Phillips of the New York State AIDS Institute spoke about the mental health services provided at syringe exchange programs (SEPs). The SEP mental health component doesn't follow a medical model. It finds clients where they are – e.g., under a bridge – and offers services that cannot be provided by peers. Clients may just drop in without scheduled appointments. The money allocated by the Planning Council for services for these clients has been part of the backbone of SEPs in New York State. Community based organizations such as New York Harm Reduction Educators (NYHRE) lack the infrastructure to bill a funder such as Medicaid and find that supporting a staff member to offer mental health care is challenging. Ms. Phillips asked IOC Committee members to please think of the SEPs in a different category from the CBOs: this family of contractors is at a disadvantage. Ms. Quattrochi noted that these are the services we should be funding, and Mr. Laqueur stated that these services are complementary, not ancillary.

Committee members discussed other mental health services programs:

- Act teams consist of a psychiatrist, social worker, and nurse who go into a person's house at a minimum of once per week. To qualify for this

service, a patient needs to have had a hospitalization and has to be stably housed.

- Operation Parachute, run by the NYC DOHMH, provides a drop-in center in every borough for individuals with mental health problems.
- Ryan White mental health services are also offered through the home and community based services category.

Committee members agreed that someone needs to do a mapping of services. Committee members also agreed that learning more about the AIDS Institute mental health services RFP may open up our awareness of other gaps in the system.

Committee members agreed on several components of a mental health services model:

- Peer-delivered services with motivational interviewing; peer navigation and advocacy
- Linkage with ancillary services
- Multi-disciplinary approach
- Capacity development for providers
- Co-location of services
- Clinicians need to be literate about medical management – providers must understand HIV, medication, adherence, substance use, and sexuality and cannot treat mental illness in isolation

**Public Comment:** Ron Joyner noted that as a substance abuse counselor, he knows about the damage inflicted by substance use. He questioned whether evidence for some of the material in the literature review of mental health services is still lacking and noted that for someone using drugs, mental health and HIV sero-status are secondary. Substance abuse and its concomitant issues are usually the over-riding cause of an individual's poor health. After all these years, he stated, we should not need additional information on what works.

**Items for Follow-Up:**

- Planning Council staff will look for abstracts on best practices for mental health services from major conferences such as the International AIDS Conference, USCA, the grantee conference, and from organizations such as the American Psychiatric Association.
- Gina Quattrochi will invite a staff member from Bailey House to address the IOC Committee about billing services to Medicaid.
- Gina Quattrochi will reach out to Doug Wirth of Amida Care.
- Planning Council staff will circulate the Manatt Report on Medicaid in NYC.

- Planning Council staff will include the draft mental health service directive in the packet for the next IOC meeting on March 5<sup>th</sup>.
- IOC Committee members will be joined at their March 19<sup>th</sup> meeting by Joyce Weinstein of NYC DOHMH who will be able to speak to the NYS DOH mental health services RFP.

**Adjournment:** The meeting was adjourned.