



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

March 5, 2014
McSilver Institute at NYU
41 East 11th Street in Room 741
10:00 am – 12:00 pm

Members Present: Peter Campanelli, PsyD, Michael Ealy, Dorothy Farley, Janet Goldberg, Graham Harriman, Tracy Hatton, Daphne Hazel, Zach Hennessey, Christopher Joseph, Jan Carl Park, Gina Quattrochi, Bobby Rallakis, Brenda Starks-Ross, Lisa Zullig

Members Absent: Moya Brown, Nancy Cataldi, Christopher Cunningham, Joan Edwards, Deborah Greene, Sandy Guillaume, Terry Hamilton, Peter Laqueur, Julie Lehane, PhD, Jun Matsuyoshi, Andresa Person, Mary Poupon, David Price, Robin Wilder

NYC DOHMH Staff Present: Mary Kay Diakite, Katrina Estacio, MD, Nina Rothschild, DrPH

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Denise Arzola, Randall Bruce, Billy Fields, Mallory Lowenstein, Maxine Phillips

Material Distributed:

- Agenda
- Minutes from the February 19th Meeting
- Presentation by Nina Rothschild: Update on Mental Health Services for PLWHA
- Presentation by Francine Cournos, MD on HIV and Mental Health: An Update
- HRSA CARE Action Document on Mental Health Matters
- Draft Mental Health Services Directive
- Planning Council Calendar for March 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. Gina Quattrochi led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the February 19th meeting were accepted for posting on the Planning Council website at nyhiv.org.

Concept Paper: Graham Harriman noted that a Ryan White Part A concept paper for a Planned Request for Proposals for Health Education/Risk Reduction, Non-Medical Case Management, and Supportive Counseling and Family Stabilization Services is posted on the Public Health Solutions website.

Billing for Mental Health Services: Denise Arzola of Bailey House spoke about billing for mental health services. Bailey House has submitted an application to Medicaid to have a mental health clinic and has been offering services to individuals with a history of trauma and incarceration. Staff members look at every opportunity to talk to a client, but Bailey House can only bill for services when the patient is actually in front of the provider, and a considerable amount of collateral contact is non-billable. If a patient does not show up for an appointment, a whole cascade of actions for which the clinic is not reimbursed is triggered – e.g., trying to contact the patient, checking whether the patient picked up his/her medications, etc. Bailey House has a very good 75% show rate for mental health services, but a lot of the care coordination that goes into ensuring that the patient receives services is non-billable.

Ms. Arzola expressed concern that some clients will become lost in the New York State-funded health homes because they do not have the fiscal support to provide the level of intervention needed by the patient. Gina Quattrochi, CEO of Bailey House, and Ms. Arzola advised agencies to leverage their resources – i.e., to look at existing Article 31 facilities and partner with other agencies to do the non-billable work. A lot more goes into providing treatment than just the actual provision of services. Years ago, the Planning Council had pockets of start-up money, but those no longer exist.

Gina Quattrochi also noted that considerable capital expenses are involved in applying to be an Article 31 provider. For example, an Article 31 must have a waiting area with two entrances and exits, infrastructure, and electronic medical records, and not everyone has the ability to hire a consultant to ensure that an agency becomes Article 31-eligible. Starting up a clinic requires an investment of roughly \$250,000, and you won't break even for three years. Sustaining a deficit-funded clinic for three years is challenging. Finding a psychiatrist who will work for a community based organization serving this population can also be difficult.

Dr. Peter Campanelli noted that the cost of infrastructure development is left to the provider. He urged providers to keep track of how many services are non-billable in order to be able to substantiate the cost of care with the State's Office of Mental Health. A patient with multiple conditions who needs much more than talk therapy may generate a reimbursement of only \$150 from Medicaid but may actually cost an agency \$750.

Janet Goldberg asked about where the Article 28 facilities fit into the picture. Committee members agreed that they need to see a map of Article 31s and Article 28s so that they can understand where the two types of facilities can link up. Planning Council staff will investigate. Committee members noted that Federally Qualified Health Centers (FQHCs) receive government funding for indigent care. Article 31s and Article 28s do not receive this funding. Article 28s have a cap on the number of visits per client, and the maximum allowed is less than once per week. Janet Goldberg volunteered to look up an HSA document on mental health.

Update on Mental Health Services for PLWHA: At the previous IOC meeting, Dr. Katrina Estacio presented a partial literature review on mental health services for PLWHA. Most of her sources, however, were published more than two years ago. Nina Rothschild examined abstracts from recent conferences – the International AIDS Conference, the Ryan White grantee meeting, and USCA – and the website of the American Psychiatric Association for more recent material. A copy of her presentation is posted on the Planning Council website at nyhiv.org.

The American Psychiatric Association provides guidance for treating patients with HIV and various psychiatric conditions such as anxiety, depression, severe mental illness, and substance use. Dr. Rothschild reviewed the guidance. Given that we have some effective methods (pharmacological and non-pharmacological) of treating mental illnesses in some PLWHA, one possible use of Ryan White funding is to pay for navigation, accompaniment to mental health sessions, peer/buddy services, and group sessions, all of which help to keep clients in care.

IOC Committee members discussed a number of topics, including the potential use of directly observed therapy (DOT) for psychotropic meds; the work of Jeff Parsons on mental health services for PLWHA; and New York State's HIV clinical guidelines for mental health in the primary care setting (HIVguidelines.org). Regarding the potential use of screening tools for psychiatric conditions such as the GAD-7 and the PHQ-9, Committee members noted that current patients have probably been screened already, but these instruments could be useful in diagnosing new patients and staging patients using the transtheoretical model for behavioral change. Dr. Campanelli expressed a preference for being more prescriptive in our

guidance: standardization is helpful. Committee members agreed on the importance of addressing mental health issues if we want patients to attain and maintain undetectable viral loads.

Draft Mental Health Service Directive: Planning Council and grantee staff introduced the new draft mental health service directive. This draft is based on the last RFP issued for mental health services, a current mental health contract with an HHC facility, aspects of the National Monitoring Standards, and the Supportive Counseling and Family Stabilization Services (SCFSS) directive. The SCFSS directive was used as a source because some items on it are generic to all service directives.

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned.

Items for Follow-Up:

- Planning Council staff will find a map of Article 31 and Article 28 facilities.
- Janet Goldberg volunteered to look up an HSA document on mental health.