



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

April 2, 2014
McSilver Institute at NYU
41 East 11th Street in Room 741
9:30 am – 12:00 pm

Members Present: Peter Campanelli, PsyD, Amber Casey (alt. for Graham Harriman), Nancy Cataldi, Christopher Cunningham, Michael Ealy, Dorothy Farley, Janet Goldberg, Tracy Hatton, Daphne Hazel, Zach Hennessey, Peter Laqueur, Mary Poupon, Gina Quattrochi, Brenda Starks-Ross

Members Absent: Moya Brown, Joan Edwards, Deborah Greene, Sandy Guillaume, Terry Hamilton, Christopher Joseph, Julie Lehane, PhD, Jun Matsuyoshi, Jan Carl Park, Andresa Person, David Price, Bobby Rallakis, Robin Wilder, Lisa Zullig

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

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Johanna Breyer, Charlton Clay, Diana Christoforou, Karen Lerman, Mallory Lowenstein, Bart Majoor, Anabel Perez-Gonzalez, Maxine Phillips, Ann Stanislaus, Kate Traub

Material Distributed:

- Agenda
- Minutes from the March 19th IOC Committee Meeting
- Outstanding Questions from IOC Meeting on March 19, 2014
- Geo-mapping Showing HIV Prevalence and Mental Health Service Providers
- Draft Mental Health Service Directive

- Planning Council Calendar for April 2014

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes: Nancy Cataldi welcomed committee members and guests. Meeting participants introduced themselves. Gina Quattrochi led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the March 19th meeting were tabled.

Outstanding Questions from March 19th Meeting: Amber Casey reviewed the Grantee's responses to questions remaining from the March 19th IOC Committee meeting. The questions and responses are included as an attachment at the end of these minutes. One of the questions asked about the cost per client of the Assessment and Referral Team (ART), a program for HASA clients with serious mental illness. Peter Laqueur stated that we do not provide costs for other programs and cannot do that here. Ms. Casey noted that the information needs to be provided in context – i.e., as part of our examination of the mental health service category as a whole. Zach Hennessey stated that the ART program is not competitively bid; Gina Quattrochi noted that this level of precision is not necessary; and Dr. Campanelli commented that the cost of the program is up to NYC DOHMH. Ms. Casey stated that committee members need to understand what they can buy. Mr. Hennessey reminded committee members of the importance of carefully looking at eligibility criteria.

Geo-Mapping: Wilbur Yen of the Care and Treatment Program explained the geo-mapping he created showing HIV prevalence and location of mental health treatment facilities. Most places with high prevalence have high coverage, with Article 31 facilities either within the zip code or adjacent to it. Orange boundaries indicate areas with high prevalence but no Article 31 facilities. Daphne Hazel commented that the maps are a bit misleading because some facilities in northern Manhattan appear on the Bronx map.

Committee members engaged in a heated discussion of whether clients should be turned away from their mental health service appointment if they arrive and are high on drugs. Dr. Campanelli stated that the service system has to include people who are intoxicated.

Service Directive Examination: Committee members began their work on the mental health service directive. Two versions of the directive are available: one showing the untouched directive prior to the committee meeting on April 2nd and one showing the directive with changes agreed on during the April 2nd meeting.

Committee members agreed to the following changes in the column titled Program Directive and Service Model:

- Change “individuals who are diagnosed with severe mental illness” (column 3) to “individuals who are diagnosed with mental illness or in need of mental health services” in order to be able to include clients who need services but are not severely mentally ill and clients who come in to the office without an official diagnosis.
- Add “homeless and unstably housed clients” to the list of targeted PLWHA populations and take the language describing these populations from previous directives.
- Add “transgender clients” to the list of targeted PLWHA populations and take the language describing this population from previous directives.
- The second bullet under the phrase “Services may include, but are not limited to, the following” describes services as follows: “Client-centered, non-judgmental, individual, couple/family and group mental health counseling services.” Take that phrase about services being client-centered and place it at the top of the third column on page 1, as follows (in bold): “Services should be client-centered, non-judgmental, low-threshold, trauma-informed, and may include but are not limited to...” Retain the rest of the second bullet (“individuals, couple/family and group mental health counseling services”) as is on page 2.

Billing Medicaid: Meeting participants discussed billing and Medicaid eligibility. According to HRSA, Medicaid must be billed for Medicaid-billable services. If an organization does not have an Article 31 license, it is not able to bill Medicaid and we cannot use Ryan White funds to pay for services. Obtaining Medicaid certification is more complex and expensive here in New York State than in some other states, and most of our syringe exchange programs do not have the resources to become Article 31 facilities. Maxine Phillips of the New York State AIDS Institute wants harm reduction services at syringe exchange programs to be Medicaid-billable, so she filed a State Plan Amendment (SPA) that would allow SEPs to bill Medicaid for supportive counseling and would not refer to Article 31s.

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned.