

Ryan White Part A Mental Health Services in the New York EMA

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Outline

- HRSA definition
- NY EMA definition
- Mental health: need, gaps, impact of MH issues on adherence, outcomes, cost, and complexity of care
- MH services in the NY EMA: objectives, requirements, types
- Contracts, allocations, and utilization
- Challenges
- Next Steps

HRSA Definition of Mental Health Services

- Mental health services are psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. These services are conducted in a group or individual setting and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.
- Mental health services are considered core services.

New York EMA Definition of Mental Health Services

- In order to address the barriers to appropriate treatment and care among PLWHA with mental illness, these programs provide comprehensive mental health services in health centers (including hospitals) and community-based organizations that are co-located with HIV primary care services or have established linkages with HIV primary care providers. These include services co-located with housing programs. Comprehensive services include:
 - mental health counseling;
 - psychiatric care, including buprenorphine treatment;
 - and AOD counseling.

Impact of MH on PLWHA

- Mental health problems are associated with reduced treatment adherence and poor medical outcomes. In addition, mental illness significantly increases the risk that a patient will fall out of the HIV care system or fail to enter primary care in the first place. Rates vary among samples, but research over the past 20 years has shown a wide range of mental health disorders among PLWHA.

Need

- There is significant unmet need for integrated alcohol and drug treatment and mental health services in HIV care, a gap consistently cited in regional statements of need.

Impact on Service Use

- Part A services most utilized by this population were housing assistance, home care, food and nutrition, and treatment adherence support.

Impact on Cost

- Mental illness can increase the cost and complexity of managing HIV infection.
- Ryan White Part A clients with severe persistent mental illness used 80% more Part A services in the first half of FY10 than the average client, resulting in an average cost of \$2,147 per client compared to \$1,193.
- Medicaid spent nearly \$121 million in FY09 to provide mental health services for PLWHA in the EMA, delivering outpatient mental health services to 9,436 PLWHA.

CHAIN Study Findings

Mental Health in the New York EMA

- More than half of CHAIN participants need professional mental health services.
- Of those in need, 26% in NYC and 40% in Tri-County are not utilizing such services.
- CHAIN data shows greater percentages of women of color and MSM are not receiving needed mental health services than the overall sample.
- The provision of mental health services significantly increased the likelihood that PLWHA with mental illness received appropriate medical care and were adherent to treatment.
- More than 20% of CHAIN enrollees are current substance users, 35% have serious mental illness, and nearly one in four has been hospitalized due to mental illness.
- CHAIN study participants with low mental health functioning visit the EMA's ambulatory care settings 15% more often than the average PLWHA and are almost 20% less likely than other study participants to be on ARV's.
- *Aidala A., et al., Need for Mental Health Services, Service Use, and Pathways to Care, CHAIN Report 2008-1.*

Current NYC Services

- Mental health services were re-bid in 2006, and new contracts began in 2007
 - These are structured as performance based, fee-for-service contracts.

Mental Health Services Objectives

- Improved mental health functioning
- Connection to or return to HIV primary care
- Engagement of clients in HIV primary care
- Increase in adherence to HAART and/or prophylaxis regimens, as applicable
- Reduction of emergency acute care

Mental Health Service Types and Credentials

Mental Health Services Types	Staff Credentials
<ul style="list-style-type: none">-Mental Health Intake and Assessment-Individual Counseling-Family Counseling-Group Counseling	<ul style="list-style-type: none">-LMSW (with clinical supervision)-LCSW-Psychologist-Psychiatrist

Psychiatric Services

- Psychiatric evaluation
- Psychiatric visits
- Buprenorphine initial visit and routine visit

Staff Credentials

- Psychiatrist
- Psychiatric nurse practitioner
- Buprenorphine prescription must be provided by a MD/DO with buprenorphine license. PNP may conduct activities during these services but cannot prescribe buprenorphine.

AOD Services

- Family Counseling
- Group Counseling
- Individual Counseling

Staff Credentials

- Staff who deliver AOD services can be credentialed as deemed appropriate by the agency.
- Peer workers must have a CASAC or CASAC-T

Wrap-around Services

- Care Coordination – Primary Care Provider
- Care Coordination-Other
- Treatment Adherence
- Counseling- Individual, Group, Family

Staff Credentials

- Only an LCSW, licensed medical provider, or B.A./B.S. may coordinate care with a primary care provider
- Any counselor can provide other wrap around services

Contracts as of January 2011

- Mental Health Services
 - 12 performance based contracts
- Mental Health Therapy Counseling
 - Contract with NYSDOH AI, with 8 subcontracts
- Mental Health Services for Populations with Multiple Special Needs
 - 1 contract

Planned Allocations and Expenditures

FY	# of Contracts	Allocation	Modifications	% Expended
2007	28	\$7,340,959	-\$2,136,550	70.4%
2008	28	\$7,879,538	-\$2,360,661	70.0%
2009	24	\$6,999,206	-\$1,069,288	84.7%
2010		\$6,374,051	TBD	TBD
2011	21	\$5,865,813	TBD	TBD

Client Characteristics FY 2009

- Total number of clients: 2,855
- HIV Status:
 - HIV+, non-AIDS: 61.3%
 - CDC-defined AIDS: 31.1%
 - Family member/significant other: 2%
- Race and Ethnicity
 - Black: 46%
 - Hispanic: 34.2%
 - White: 11.6%

Client Characteristics FY 2009

■ Gender

- Female: 41.8%
- Male: 56.3%
- Transgender female: 1.8%
- Transgender male: 0.1%

■ Special Populations (defined by PC)

- Young MSM of color: 0.4%
- LGBT: 9.4%
- Women of color: 40.1%
- Immigrants: 6.2%

Client Characteristics FY 2009

- Age Group
 - Age 0-12: 2.6%
 - Age 13-19: 5.2%
 - Age 20-29: 8.8%
 - Age 30-39: 13.6%
 - Age 40-49: 33.6%
 - Age 50+: 35.9%

Challenges: Payment

- Medicaid reimburses professional mental health services. Ryan White is the payer of last resort and should be used for services that are not reimbursable.
- Medicaid reimbursement policy changed October 2010 to allow reimbursement for two mental health services in one day (i.e., individual and group therapy).
 - This is likely to reduce the number of eligible Ryan White visits.
- Future changes in the Medicaid program are imminent.
 - Monitor the implementation of the NYS Medicaid Redesign team proposals and impact on RW services.

Next Steps

- Literature review of best practices/emerging trends in treating PLWHA with mental illness
- Invite 2-3 diverse RW-funded mental health providers to discuss MH services
- Invite experts to discuss best practices and emerging trends in MH services for PLWHA
- Identify uninsured and underinsured populations in need of RW supported mental health services
- Learn more about Medicaid reimbursement for MH services
- IOC/DOHMH Recommendations

Questions?

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