

**Nassau-Suffolk HIV Health Services Planning Council**  
**STRATEGIC ASSESSMENT & PLANNING COMMITTEE**  
**UNITED WAY OF LONG ISLAND, DEER PARK, NY**

**May 3, 2017**

**Members Present**

Wendy Abt, Co-Chair  
Joseph Pirone  
Marci Egel  
Victoria Osk, Esq,  
Felix Ruiz  
Katelin Thomas  
Lisa Benz-Scott, PhD  
Victoria Osk  
Maria Mezzatesta  
Barbara Martens  
Cristina Witzke  
James Hollingsworth

**Members Absent**

Anthony Marmo, Co-Chair  
Arthur Brown  
Angie Partap  
Juli Grey-Owens  
James Hollingsworth  
Keith Anderson  
Lance Marrow  
Steven Chassman  
Kevin McHugh  
Susanne Smoller  
Corinne Kyriacou, PhD  
James Colson

**Guests**

Sandra Houston

**Staff**

Georgette Beal  
JoAnn Henn  
Stephanie Moreau  
Carolyn McCummings, NCDOH

**I. Welcome and Introductions**

Ms. Abt opened the meeting of the Strategic Assessment and Planning Committee (SAP) at 10:10 am. She thanked everyone for attending and asked for introductions. A moment of silence was observed in order to remember those living with HIV/AIDS and those whom we have lost.

**II. Approval of March 1, 2017 minutes**

The minutes were tabled until the July SAP meeting in order to allow enough time of the Mental Health Assessment Project PowerPoint presentation by Ms. Sandra Houston of Pivot Principles.

**III. Mental Health Assessment Project PowerPoint-Sandra Houston**

Ms. Houston, *Pivot Principles*, consulted with Mental Health providers, consumers and other Ryan White-funded recipients in preparation for this assessment which includes the organization and financing of mental health services for people living with HIV. Her presentation began with an acknowledgement of their participation and the agencies that arranged phone interviews for the Spanish-speaking consumers. Her presentation included an update on the assessment, challenges and opportunities, possible solutions, and desired outcomes:

Assessments-

Mental health services are needed by PLWHA and play a role in achieving key outcomes such as retention and viral suppression. RW clients expressed a need for assistance with practical coping and support (for living with HIV and life in general). They also preferred talking modalities over medications as many suffer with anxiety and depression. Ryan White is a payer of last resort and is often utilized by those who lack any other support or when all other options have been exhausted. There appears to be an innate distrust of the system on behalf of the consumers. Some clients expressed discomfort with receiving mental health/behavioral health services at the same location as primary care. (They don't want their primary provider to know their mental health business.) Concerns about confidentiality, especially in light of the increasing number of peers working were also voiced. These concerns also extended to other health professionals speaking with each other.

The importance of education as to the benefits of mental health and medical providers consulting with each other in the best interest in the consumer was stressed. Ms. Martens felt that it was a matter of perception as to whom has access to records and how the cases are assigned. At Northwell, peers do not have access to Electronic Medical records (EMR). Ms. Osk suggested that a form be created, stipulating what is to be shared with health care providers and signed by the consumer.

Consumers felt that there are a limited number of mental health providers. All Mental Health providers have social workers as part of their staffing. Providers also offer consultations with psychiatrists as well. Some agencies are funded for Medical Case Management and Mental Health and in some cases, the staffing is the same.

The question was asked as to whether MH services include substance use. Ms. Houston responded that mental health services are offered with and without the substance use component. It was acknowledged that the delivery of Mental Health services could be outdated and inflexible. Ideally, Mental Health providers could come to actual programs to present the services, but that may require sub-agreements and other licensing components. While other locations and sites can be credentialed, there is no financial incentive to do so. Some consumers preferred not to receive mental health services at a hospital, as they associate the hospital with negative experiences.

#### Challenges-

Location of services and limited transportation can be barriers to care for some clients as these services are not available in every community. There are four agencies providing mental health services, all of whom have the capacity to bill for mental health services. One Suffolk County provider is located on the eastern part of Long Island, which leaves a significant gap in mid-Suffolk. Some insurances provide medical transportation and some agencies offer metro gas cards. It is not uncommon for Suffolk residents to visit Nassau County locations because it is closer and more convenient. Oftentimes the travel time is significantly longer than the time spent with a health care provider; a client may have to travel an hour to receive a half hour of talk therapy. It is important to note that consumers who are receiving RW-funded mental health services reported that the services are beneficial and they are happy with the services.

As stated earlier, it was acknowledged that the delivery of Mental Health services could be outdated and inflexible. The rigid structure should be evaluated; the program should be made for

the consumer. The consumer should not be made to fit the program. Adherence and support is crucial. Some programs have wait lists.

Stigma still exists. There is limited integration and co-management with other conditions including HIV.

There are some uncertainties of future of ACA and how New York State moves forward (Medicaid Expansion) is yet to be determined.

#### Possible Solutions-

Not changing anything is not a solution.

- Shift RW allocation from Mental Health Services to Psychosocial Support Services.
- Shift RW allocation from Mental Health Services to medical Case Management, which would allow continuous services by same staff.
- Refine Mental Health Services to include non-billable, evidence-based treatment approaches, which could be a disruptive innovation.

#### Desired Outcomes-

The ultimate goal is to offer PLWHA integrated and community-based mental health services which:

- Are clinically proven
- Assure early screening to detect mental disorders
- Flexible, patient-centered treatment, options/interventions
- Promote patient engagement and retention in care

#### **IV. Provider Survey Review and Questions**

Committee members were asked to take a copy of the previous Provider Survey questions to review in order to make suggestions and recommendations prior to completing it on Survey Monkey.

#### **V. Community Forum-**

Similarly, committee members were also asked to review last year's community questions and offer recommendations to improve clarity and assess consumer need in preparation of the upcoming scheduled community forums:

- June 21, LIGALY Bay Shore, New York
- June 28, Cornell Cooperative Extension, Riverhead NY
- June 29, Nassau Suffolk Law Services
- July 25, Northwell Health (CART)

#### **VI. Announcements**

There is a Care Coordination meeting today at 12:30-2:30. Ms. Liz Wolf from Nassau-Suffolk Law Services will be presenting.

There is a SPARC meeting on Tuesday, May 23<sup>rd</sup> 10am-12pm at Hauppauge. The Peer Worker Certification Program will be presented.

CART Consumer picnic is scheduled for Saturday, July 8, 2017 from 12-4 at Eisenhower Park. CART fundraiser at Governor's Comedy Club on Sunday, June 4. See Wendy or Barbara for more information.

**MOTION** was made by Ms. Mezzatesta to adjourn the May 3, 2017 Strategic Assessment and Planning meeting, which was seconded by Ms. Witzke

All in favor-Motion carried.