

**CENTRAL NEW YORK HIV CARE NETWORK  
SERVICE COORDINATION COMMITTEE**

**MENTAL HEALTH SYSTEM RESOURCE & ACCESS  
BARRIERS FOR HIV-POSITIVE CLIENTS  
MAY 14, 2008**

**INTRODUCTION**

HIV/AIDS programs represented in the Network's Service Coordination Committee have noted, for some time, the extremely high diagnostic correlation among HIV/AIDS, Mental Health and Substance Abuse. The Designated AIDS Center at SUNY Upstate Medical University, the region's principal resource for HIV/AIDS clinical care, has noted that approximately 60 percent of HIV/AIDS patients also have a current or historic Mental Health issues or diagnosis.

During the course of a six-month period of study, Committee members and other HIV/AIDS service providers have drawn increasing attention to difficulties in making referrals or gaining access to Mental Health services for their clients in need. In general, it has been easier to access Substance Abuse services, although it is often necessary to go outside Central New York to do so.

With regard to client Mental Health care needs, Case Managers and Service Coordinators working with HIV-positive clients frequently encounter the following circumstances:

- Scarcity of psychiatrists in practice/accepting referrals
- Language barriers for all mental health services (Spanish primarily, but also other, less prevalent languages)
- Discharges from CPEP with no/limited intervention or provisions for follow-up
- Long waits for community-based follow-up counseling appointments after acute episodes
- Inconsistent referrals to existing Mental Health counseling from HIV/AIDS programs
- Lack of Case Manager/Service Coordinator understanding/confidence in recognizing signs of client mental health needs and responding with appropriate referrals

The Case Management Committee recognizes that access to Mental Health care is a problem shared with the general population – not an HIV/AIDS-exclusive concern. Accordingly, the Committee has undertaken a process to define Mental Health availability and accessibility concerns identified within our service system and seeks to join forces with other community interests in documenting scarcity in order to focus attention on effective strategies – funding, clinical training, recruitment and retention of Mental Health personnel in the community – for achieving a more responsive level of Mental Health care for all.

## **ACCESS AND DELIVERY ISSUES**

### **Aspects of Client Vulnerability**

- Inconsistent follow-through in connecting with services
- Issues of poverty preventing consistent care: clients fail to complete bureaucratic requirements to establish and maintain medical eligibility
- Clients unable to maintain phone service are difficult to contact
- Clients have other pressing issues to address (e.g., housing, childcare, child custody) so follow up on mental health appointments becomes inconsistent
- Co-morbidity of mental health issues with HIV/AIDS (and other issues)
- 60% of Designated AIDS Center patients have Mental Health issues or diagnoses
- Complicated needs of MICA clients (SA & MH): prostitution, rape, DV
- 68-70% of persons contacting the Onondaga Mental Health Association have Medicaid/Medicare or are uninsured
- Unaddressed Mental Health needs interfere with accessing other needed services

### **Client Service Needs**

- Consistent accessible appropriate mental health care for HIV-positive and HIV-negative individuals
- Community-based referral resources skillful in assessing client need and directing clients to services
- Client intervention strategies to promote readiness to access Mental Health services
- Consistent Service Coordinator contact to reinforce positive client behavior and resolve emerging problems before the spin out of control

### **Mental Health Access Barriers**

- Few Mental Health practitioners accept Medicaid or are willing to treat those without insurance
- Shortage of appointments for timely follow-up in the community following acute episodes
- Inconsistent community-based identification and referral of clients with mental health needs
- The only Psychiatrist care available in the region for HIV/AIDS patients whose clinical care is covered by ADAP is at the SUNY Designated AIDS Center in Syracuse. ADAP patients who receive their clinical care elsewhere do not have access to this resource, although they may access Mental Health Counseling at The Living Room in Syracuse and at St. Elizabeth Family Medicine in Utica.
- HIV/AIDS and HIV/AIDS-related programs continue to experience significant difficulty in recruiting and retaining Mental Health staff to serve clients
- *AIDS Institute funding for Mental Health services at Liberty Resources pays for Mental Health Case Management, not counseling; as a result, staff have limited experience or move on as soon as a better opportunity comes along, must focus on referral more than intervention, and face persistent difficulty in completing referrals since there are few resources in the community to which referrals can be made*

### **Impact on Access to Other Services**

- Nurse Practitioners are able to prescribe meds, but can't sign SSI determination paperwork
- Nurse Practitioners are qualified by Social Security to diagnose (see SSR 06-03p); only a Psychiatrist can sign eligibility determination, even though Psychiatric NPs are much more likely to be seeing clients – and can prescribe medications. Could the certification process be modified to expedite eligibility determination? Legislative/regulatory change?
- Access barriers to SSI enrollment affect client income, housing stability, and access to other services

## **Cultural Competence**

- Dearth of therapists culturally and linguistically competent in languages other than English and with populations other than middle class
- Referral sources may not recognize and adequately document Mental Health issues that would make the case for SSI determination: history of cocaine use, childhood abuse, persistent untreated mental health episodes
- Clients may not perceive problems as Mental Health needs and therefore not seek appropriate help
- Clients may be fearful of and intimidated by Mental Health providers and require Service Coordinator “hand-holding” to begin engaging with Mental Health care

## **Communication & Coordination of Services**

- Limited mechanisms in place for regular/prompt communication among programs/referral sources for complementary services
- HIV/AIDS Case Managers are not referring clients regularly to existing Mental Health Counseling & Support resources at ARISE, Inc.
- Limited use of Mental Health Counseling & Support to lessen progression to more acute episodes
- Client reluctance to address Mental Health issues
- Client resistance to referrals for Mental Health services
- Clients too busy with struggles of daily living to seek Mental Health care

## POSSIBLE SOLUTIONS

### Identify Current & Potential Collaborations

- What collaborations are in place within the community?
- What is working well? Why?
- What is not working well? Why?
- Support/ally with other entities addressing Mental Health service issues

### Communication

- Improve sharing of information about available resources
- Enhance current/future communication among providers/referral sources to encourage a more comprehensive tracking of need and coordination of care
- Determine how best to maximize the impact of existing services
- Share access barrier perspectives with other County Mental Health Departments

### Resource Development

- Explore the potential for collaborative grant-writing to develop/expand services
- Develop strategies for training and retaining more Mental Health professionals in Central New York (training in Mental Health correlation with HIV/AIDS; internships; introduce students to local services and acquaint them with client need; incentives to retain locally-trained graduates)
- Acknowledge that Mental Health care needs of Persons Living with HIV/AIDS mirror similar needs – and access barriers – in the general population

## SUGGESTED NEXT STEPS

### Assessment

- As a community, evaluate strengths and weaknesses of existing resources and services

### Training

- Identify available training programs for Mental Health practitioners (e.g., Social Work programs; counseling programs; Psychiatric Residency programs; Psychiatric Nurse Practitioner programs) & promote stronger focus on HIV/AIDS & Mental Health
- Identify needs that each type of provider can address
- Explore service coordination to improve client access and outcomes

### Gaps

- Service gaps arising from limitations on types of service providers can and cannot provide
- Bureaucratic barriers (eligibility, duration of care, co-morbidity exclusions)
- Licensing limitations
- Limited number of providers with HIV/AIDS-sensitive training
- Program/Provider Source instability (limited funding, turnover, eligibility requirements)
- Ryan White medicalization impact on provider applicant eligibility

## POTENTIAL RESOURCES

### Partners & Allies

- Resources in place serving broader target populations
- Adaptations being implemented in HIV/AIDS-serving programs
- Other entities looking at availability, accessibility, affordability issues in Mental Health

--**Robert Long, Acting Commissioner, Onondaga County Mental Health Department**

--**Psychiatrist Recruitment Workgroup** (Onondaga County & NYS)

--**CNYHSA** federal Capacity-Building initiative targeting minority-serving entities access issues)

--**Deborah Donahue, CEO, Onondaga Case Management**

--Jewish Family Services

--Catholic Charities

--Brownell Center (OPCC/Liberty Resources)

--**Catherine Wedge, Director, Tompkins County Department of Mental Health**

--**David Smith, MD, President, SUNY UMU:** focus on Psychiatric Residents as a potential resource; encourage retention of graduates in CNY; explore providing HIV/AIDS service need orientations to medical students & residents

--**Mental Health Association of Onondaga** list of Syracuse Area Mental Health Agencies/Clinics (updated 1/7/08) which can be shared with HIV/AIDS programs

--**Mental Health Association** identify Mental Health resources in other counties (Michael Spring)

--**Designated AIDS Center** (SUNY Upstate Medical University) will administer the AIDS Institute contract for Mental Health Counseling & Support for the region

--**ARISE, Inc.** has experienced continuing difficulty in hiring and retaining a Psychiatric NP and two part-time Psychiatrists. A new ARISE sub-contract to provide 1.5 FTE LMSW/LCSW on-site at DAC and to guarantee reliable and timely access to a Psychiatrist for out-patients will require additional staffing at ARISE

*Adopted by the Services Coordination (formerly Case Management) Committee: 5/14/0*

*Forwarded to the Steering Committee for consideration on 6/13/08*