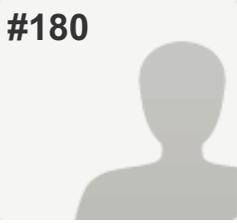


Ending the Epidemic Task Force Recommendation Form

#180



COMPLETE

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Kimberleigh
Last Name	Smith
Affiliation	Harlem United
Email Address	ksmith@harlemunited.org

Q2: Title of your recommendation Building Bridges: Connecting Mental Health, Primary Care and Housing for PLWHAs

Q3: Please provide a description of your proposed recommendation

Investment in/increase funding for a statewide initiative that will provide mental health services to people living with HIV and AIDS with mental illness or substance abuse disorders in order to increase their level of functioning and reduce barriers to access and engagement in HIV primary care. The program could be modeled on the Ryan White Part A mental health service category in the NYC EMA, but would be replicated and expanded statewide. The ultimate goals are to promote optimal health outcomes, thus facilitating clients' overall well-being and quality of life from a holistic approach.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Housing and Supportive Services Committee: Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care and enhance access to care and treatment leaving no subpopulation behind.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

New program

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Permitted under current law

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

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Q9: What are the perceived benefits of implementing this recommendation?

The integration of physical health with mental health and substance use treatment is critical for individuals with co-morbid medical and behavioral health conditions who have difficulty accessing care in a fragmented system.

The Community Health Advisory & Information Network (CHAIN) project, a longitudinal cohort study of PLWHA in New York City, has found that access to comprehensive primary care and HIV case management correlates with improved medical outcomes for PLWHA with mental health challenges. These findings likely can be applied to other areas of the state.

To further improve health care utilization and enhance health outcomes, there should be increased investment in mental health services, specifically tailored for PLWHA, those not covered by Medicaid and those not reached through traditional mental health clinics and programs. This would improve treatment adherence and aid in the reduction of transmission rates within high-risk communities.

Model programming would be those which build bridges across mental health, primary care and housing, specifically co-located with HIV primary care services or have established linkages with HIV primary care and housing providers. Services should include mental health assessment and counseling, psychiatric care with buprenorphine treatment (or do we want to say medication monitoring), and AOD (maybe spell out acronym) counseling. Interventions would include evidence-based practices, such as motivational interviewing, cognitive behavioral therapy, individual, family and couples counseling as well as home visits.

Q10: Are there any concerns with implementing this recommendation that should be considered?

Front end costs, but ultimately will save the state and public health systems money.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

To be determined.

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

More research is needed to determine.

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

PLWHAs with serious mental illness and substance abuse histories, who are not consistently in care.

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

Supportive housing

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member,

Other (please specify)

Harlem United staff via Task Force member