

Ending the Epidemic Task Force Recommendation Form

#27



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Q2: Title of your recommendation

Screening for Depression with Sustained Effective Behavioral Health Care Management

Q3: Please provide a description of your proposed recommendation

The rates and risk for depression in those infected with HIV is high. Clinical depression is the most common mental health diagnosis in the HIV infected populations regardless of age. Depression occurs at 3-5 times rates seen in the larger community. Upwards of 40% have severe levels of depressive symptoms. In fact those rates are almost the same when comparing 1980s and today's data. Systematic screening for depression in HIV positive populations and better linkage to behavioral health care is needed.

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

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.

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

Change to existing program

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

Permitted under current law

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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 three to six years

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

Multiple research reports show that depression is the single most consistent valid predictor of medication non-adherence to HIV and other health conditions. Unless mental health and its co-occurrence with substance use disorders is better managed, achieving viral load suppression through care engagement in the NYS HIV population will fall short of its goals

Depression has been found to increase the likelihood of HIV risk behaviors. Addressing Depression as well as all Mental Health issues will have a pervasive and profound effect on every element of the effort to end the epidemic in NYS. Adding this issue as a primary variable will underline NYS's leadership in the HIV/AIDS arena. Mental health has been given tertiary consideration throughout the epidemic's history, especially its co-occurrence with substance use. Giving depression management priority status will cause improvement in health outcomes at every measured level.

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

The standards of care for depression and other related mental health issues have not been effective as evidenced by the persistent high levels of this disorder throughout the epidemic.

The connection/referral to mental health care and the modalities of treatment must be assessed as status quo shows that to date they have been largely ineffective.

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

Costs are minimal if integrated with existing health care screening.

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

Unknown

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

NYS Medicaid Program
Federal Medicare Program
Older Adults with HIV.

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

Number of people with HIV/AIDS receiving successful behavioral health care management.

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member,

Other (please specify)

Ad Hoc End of AIDS Community Group