

**Ending the Epidemic Task Force
Committee Recommendation
CR6**

Recommendation Title: Integrate Behavioral Health into HIV Care

- 1. For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? 1 and 2**

- 2. Proposed Recommendation:** Unaddressed behavioral health needs (mental health and substance abuse) are significant barriers to retention in care and are associated with increased high risk behaviors. A large proportion of persons who have fallen out of care have underlying behavioral health issues which, if addressed, may facilitate re-engagement/retention.

We recommend expanding the use of evidence-based models to increase the availability of behavioral health services in HIV care settings. Behavioral health services must be co-located with HIV services and include access to trauma informed care, referrals for mental health and/or substance abuse treatment and intensive case management services as deemed necessary. Additionally, barriers must be removed that prevent appropriate reimbursement for behavioral health services when more than one service is provided in the same facility on the same day. Where co-location is not feasible, behavioral health clinicians (mental health and substance use) must be integrated into the medical team via shared information and case conferencing, using a shared medical record, treatment plan and standard of care.

In the Primary Care Behavioral Health model, the medical team and behavioral health provider share information regarding patients using a shared medical record, treatment plan and standard of care. The behavioral health provider works in the primary care clinic as a member of the primary care team and serves as a consultant to the primary care provider (PCP) and primary care team in the assessment, intervention and healthcare management of the full spectrum of concerns patients bring to the clinic. The behavioral health provider operates within a scope of practice and a standard of care that is consistent with primary care. The behavioral health provider typically sees patients in appointments that are 30 minutes or less, documents patient appointments in the shared medical record and typically provides same day feedback to the PCP regarding the assessment, intervention started and recommendations regarding how the PCP might manage, support or monitor a behavioral health provider initiated plan.

This recommendation is compatible with the Office of Mental Health's Health and Recovery Plan (HARP) and recognizes that high need HIV patients will be candidates for services under the HARP initiative. Further, integration with Delivery System Reform Incentive Payment (DSRIP) projects and HARP programs will allow for creative reimbursement models.



List of key individuals, stakeholders, or populations who would benefit from this recommendation

All HIV-infected persons will benefit from this recommendation but in particular:

- Persons with mental illness
- Persons with a history of substance abuse

List of measures that would assist in monitoring impact

- It is expected that 100% of HIV health care settings will have either co-located behavioral health services or demonstrated affiliations with behavioral health providers, and evidence of shared medical records, treatment plans and standards of care
- Agencies not providing co-located behavioral health services noted above would not meet the necessary Standard of Care for ETE 2020

Footnotes or References

Mayer KH et al. Comprehensive clinical care for men who have sex with men: an integrated approach. *Lancet*. 2012 Jul 28; 380:378-87.

Nanni MD et al. Depression in HIV-infected Patients: a Review. *Curr Psychiatry Rep*. 2015 Jan; 17(1):530.

NYS Office of Mental Health HARP phase 2:
<https://www.omh.ny.gov/omhweb/bho/phase2.htm>.

- 3. Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** Permitted under current law except changes may be necessary to allow for appropriate reimbursement of co-located services when more than one service is provided on the same day.
- 4. 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.
- 5. TF numbers of the original recommendations that contributed to this current version:** TF27, TF70, TF90, TF180, TF248, TF252, TF266.

