



**Department  
of Health**

HIV Advisory Body

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Commissioner

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Executive Deputy Commissioner

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Johanne Morne, Director  
New York State Department of Health  
AIDS Institute  
Empire State Plaza, Corning Tower  
Albany, NY 12237

Dear Ms. Morne:

The New York State HIV Advisory Body (HAB) respectfully submits recommendations in support of behavioral health programs namely for consumers with or a history of mental health diagnosis and people who use drugs or who have a history of drug use.

According to HIV.gov, one of the most common mental health conditions that people living with HIV face is depression. Depression can range from mild to severe, and the symptoms of depression can affect your day-to-day life. Both HIV-related medical conditions and HIV medications can contribute to depression.<sup>1</sup>

The HAB commends the AIDS Institute on the development of programs and initiatives that support people who use drugs while also addressing the healthcare disparities they often experience.

We are pleased to learn of the following programs currently being implemented:

- Expand syringe exchange programs (SEPs) and peer delivered syringe exchange (PDSE) into rural areas of the state.
- Increase the number of certified health care practitioners prescribing buprenorphine, thereby improving patient access
- Enhance HCV and opioid agonist treatment (OAT) services at SEPs by promoting the co-location of HCV screening, prevention and treatment
- Expand drug user health (DUH) hubs which receive referrals from law enforcement and engage with EMS, emergency departments and family members following an overdose.
- Invest in capacity building for rural providers to implement telemedicine for drug user health services including buprenorphine
- Create buprenorphine resources/trainings and incentives to expand number of culturally competent NYS prescribers and other care coordinators such as fact sheets, best practice documents, mentoring programs, and provider education.

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<sup>1</sup> <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/27/92/hiv-and-mental-health>

- Develop best practice trainings for harm reduction providers to deliver harm reduction education and cultural competency training to their local service and healthcare networks creating opportunities to fostering collaboration and partnerships
- Expand clinical education initiatives to pair new utilizers of telemedicine systems with experienced clinicians for mentorship and support for drug user health services.

The New York State Advisory Body (HAB) writes this letter to urge the AIDS Institute to support the continuation and expansion of programs that address the mental and behavioral health needs of people living with HIV in New York State.

### 1) Reinstitute Patient Navigation Services into Ryan White Behavioral Health Grants

In past years, Ryan White Programs (RW) offered comprehensive patient navigation services for clients receiving mental health services and included reminder calls/texts, escorts to appointments, home visits, and extensive outreach for patients who were lost to care, among other services. These services were essential for keeping patients engaged in mental health care, access services, and supporting service providers.

Without support services, it is increasingly difficult for providers to retain clients in care, particularly SMI (seriously mentally ill) clients. Loss of this service has resulted in providers seeing fewer clients and more importantly, an increase in patients lost to follow-up. Sadly, this loss has impacted the patients who need the most support because they have the fewest resources to navigate the healthcare system.

The HAB recommends that patient navigation services be reinstated into the Ryan White Part B program, for trained workers to conduct field work, support case managers to achieve retention in care goals and assist in addressing the complex and specialized care needs of clients.

### 2) Integration of Behavioral Health Services within PrEP Programs

Rates of mental health and substance use impact people vulnerable to acquiring HIV. These challenges exacerbate the many social and economic barriers to accessing sustained healthcare that will lead to the end of the HIV epidemic. Mental health impairments increase risk for HIV acquisition and lead to negative health outcomes.<sup>2</sup>

Because depression and substance use are two of the biggest predictors of poor adherence to medication, it is important that we prioritize mental health services to PrEP clients as part of HIV prevention.

The HAB recommends that AI support the integration of mental health screenings in PrEP programs by funding clinical social workers in PrEP grants. Ryan White Part A programs have been successful with this model and can be replicated state-wide.

### 3) Expand Tele-Therapy Services and Integrate Care Sites

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<sup>2</sup> Remien, Robert H.a; Stirratt, Michael J.b; Nguyen, Nadiaa; Robbins, Reuben N.a; Pala, Andrea N.a; Mellins, Claude A.a Mental health and HIV/AIDS the need for an integrated response; AIDS: July 15, 2019 - Volume 33 - Issue 9 - p 1411-1420

Research shows that Internet-based and Mobile-based Interventions (IMI) are effective ways of treating and managing mental health. These methods are cost effective and increases accessibility across New York State. This access not only allows people to speak with a doctor but also removes the expenses of traveling to a hospital. This is a great benefit for people in rural communities, where the nearest medical center can be 20-plus miles away, and for those who cannot, or are unable, to use public transportation.

We recommend that the NYS AIDS Institute, create a pilot project to implement a tele-health program such as NYC Well - an information and referral center for crisis counseling, mental and substance health. The program will create a streamlined system to obtain referrals from a centralized information center, including existing suicide prevention hotlines, support consumers who have access to internet and/or a phone with text messaging capabilities, promote engagement and greater access to mental health services, address stigma/perceived stigma associated with mental health and provide an enhanced sense of privacy by not having to step into traditional settings.

Similarly, integrated care for medical, mental health, case management, nutrition, eases the burden for clients to access MH care. The HAB, encourages the AIDS Institute to continue funding the expansion of integrated sites at Article 28 clinics, and federally qualified health centers (FQHC's.)

A second recommendation is to examine the use of cognitive behavioral therapy (CBT) which takes aim at thoughts and beliefs that undermine mental health and turns the focus toward solutions. A common form of psychotherapy for depression and anxiety, CBT has also become a popular component of programs that seek to address antisocial thoughts and actions, including violence and criminality, substance abuse, and other risky behaviors.<sup>3</sup>

#### 4) Revise Questions on Reassessment Forms on PLWH Seeking MH Care

To receive RW grant funding, agencies must administer an ever-growing list of assessments and forms on all PLWH accessing services. The types of data and questions asked, and the frequency of this data collection is disheartening for providers and patients alike. Many of the questions asked every six months, pertaining to sexual behavior and partner-gender questions, condoms use. It is important to assess WHAT type of data is being collected, WHY it is being collecting, HOW it will be used, and HOW asking these types of questions further traumatized consumers.

The HAB recommends that AI review and amend its requirement for programs to remove questions not pertinent for the provision of services in mandatory reassessment forms. The length of the reassessment forms should be reduced with the assistance/feedback/input from service providers.

As a part of the process AI should review the recent change in New York City's RWPA eSHARE's intake and reassessment of non-testing RWPA programs. Changes were made to move toward standardizing and simplifying the intake process. A list of changes took place in the August 2019 deployment for the RWPA Intake Assessment and Reassessment. Changes included adding questions about food insecurity, hepatitis C, other medical conditions and quality of life. Questions removed included sexual behavior and partner-gender questions.

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<sup>3</sup> [https://www.mdrc.org/sites/default/files/appling\\_cbt\\_issue\\_focus.pdf](https://www.mdrc.org/sites/default/files/appling_cbt_issue_focus.pdf)

The HAB further recommends continued support for Trauma Informed Care trainings and the dissemination of best practices protocols for all staff in health care settings. Trainings should also include tools and updates promoting a cultural switch to avoid re-traumatization incidents.

### ***Recommendations for Drug User Health***

People who use drugs deserve high quality healthcare, social service systems and services that are free from stigma and discrimination. Our aim is to support recommendations from the Drug User Health and Sentinel Events Ending the Epidemic Advisory Groups that brings us closer to promoting health equity and support for service providers who work with this population.

#### 1) Expand Syringe Exchange Program Services

Syringe exchange programs are an excellent opportunity to engage people who use substances in health care, mental health services, harm reduction counseling, case management, and other services that they need but may have difficulty accessing. As noted above in our recommendation about integrated care, one-stop health care can make all the difference. We recommend that all new needle exchange programs be designed as full-service clinics, and that grant funding be created so that existing clinics can apply to expand their services.

#### 2) Reduce buprenorphine prescription requirements

There is a shortage of providers in NY that can prescribe buprenorphine. This is largely due to the burden on providers to receive a waiver – 8 hours of CME's for doctors, and 20+hours for NP's. Once approved, in the first year they can only prescribe for 30 patients (or 100 in some circumstances) then they can apply to treat 100 patients or 275 in some circumstances 100 clients, and after that up to 275 clients. This needs to be changed, particularly when there are no such requirements for opiate prescriptions.

The HAB urges the AIDS Institute to continue working with NY Congressional Representative Paul Tonko (D) of the 20<sup>th</sup> District has authored the Mainstreaming Addiction Treatment Act, cosponsored by Antonio Delgado, Elise Stefanik and three other members of the House of Representatives.

#### 3) Substance Use Trainings and Service Expansion

There is currently limited information available on the use and treatment of crystal methamphetamine to improve engagement efforts. Stigma and taboo beliefs about illicit drugs remain an impediment in improving people's quality of life especially in the LGBTQIA+ communities.

The HAB recommends trainings, printed materials and resources be developed for providers and consumers on the impact and effects of crystal methamphetamine.

#### 4) Increase Youth Access to Mental Health/Substance Use Services

There are significant barriers and factors impacting a young people's ability to access MH/SA services, including long waiting lists, scheduling conflicts due to school hours/after school activities, depending on guardian support, cost/ ability to pay and confidentiality.

Trainings must be provided to mental health and substance use providers to increase their knowledge and expertise as well as tools to address the barriers experienced by adolescents and young adults.

We recommend the following:

- Initiate a campaign to create and fund sustainable youth-oriented MH agencies.
- Utilize holistic approaches to work with young people considering and addressing barriers to care such as scheduling conflicts with school, and afterschool activities and possible lack of support from family/friends/society to address MH/SU
- Promote best engagement practices for engaging young people including providing funding for transportation and for the creation of programs to help assist with insurance/payment when there is lack of guardian support.
- Develop tools including social media strategies to share information with young people on their confidentiality rights and reporting restrictions faced by providers. Ensure that the information provided is complete and transparent so clients are aware what information must be shared with the school, guardians, and other providers.
- Annual training on mental health and substance use for providers to gain up-to-date information regarding cultural/societal changes that affect youth and improve engagement.
- Develop a survey to be completed by patients upon discharged from services, to share information on experiences with services and periodically as able, hold focus groups with willing clients either online or in person to aid in the improvement of programs.
- Develop a strong referral network for youth providers to ensure a client with a specific or specialized need can be referred to another agency to ensure timely and appropriate referrals for services needed or identified (e.g. a transgender client in need of gender counseling should be referred out if said agency does not have a provider with a specialization in gender therapy).

##### 5) Trauma Informed Care and Harm Reduction Models

The HAB strongly encourages New York State efforts to expand organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

The HAB recommends that all AI funded programs work towards utilizing a harm reduction approach in order to achieve trauma informed care best practices in the field. To achieve this the HAB recommends that the AI:

1. Fund and strongly encourage the further expansion of harm reduction programs to reach Rest of State. Creation of grants that target rural communities, specifically, drug user health within those communities.
2. Promote harm reduction methods that target youths to not only engage them in care sooner, but to keep them involved in all aspects of their medical care.
3. Encourage and strongly support the approval of Safe Consumption Sites in NYS that have been proposed by Assembly Member Linda Rosenthal and Ithaca Mayor Svante

Myrick. Approval of SCS's will prove to reduce risk behaviors associated with hepatitis C and HIV infection and will also increase access to health care and health education.

4. Continue to provide educational trainings and disseminate information regarding trauma informed care to all organizations seeking education and all organizations receiving AI funded programming.
5. Support and further develop education to encompass evaluative support on the efficacy of trauma informed care within programs.

We thank you for your attention to the substance use and mental health needs of New York residents and support the AIDS Institute in the implementation of new approaches to address the ongoing and historical challenges.

Sincerely,

Robert Forbes  
HAB Community Co-Chair

Barbara Raymond  
HAB Community Co-Chair