Recommendations from the Mental Health Services Subcommittee

Whereas no comorbidity is more challenging or more frequent than mental illness in the United States (U.S.) as it is estimated nearly one in five U.S. adults lives with a mental illness (**44.7 million** in 2016). This means that **one in five** people suffer from a diagnosable mental condition during a given year.[1]

Whereas People Living with HIV/AIDS (PLWHA) have higher rates of mental illness than the general public; and these illnesses too often are undiagnosed and untreated thereby creating barriers to care and interruptions in HIV treatment that detrimentally impact overall health outcomes. It is estimated that as high as **50%** of mental conditions and disorders go unaddressed, undiagnosed and therefore untreated. The Treatment Advocacy Center estimates **3.9 million** untreated United States adults with serious mental illness at any given time.[2] The same mental disorders that occur in the general population occur among PLWHA, but at almost twice the rate, affecting **one in every two** PLWHA.

Whereas psychological distress is much higher among African-Americans and Hispanics – both white and non-white – than among non-Hispanic whites; and the access to mental health care services for African-Americans and Hispanics is limited if at all available. Moreover, mental health carries enormous stigma for People of Color (POC), and stigma continues to be the most challenging barrier to mental health care.

Whereas the Ryan White HIV/AIDS Program has been and continues to be a comprehensive care act designed to address the needs of PLWHA in a comprehensive manner; for with so many PLWHA experiencing some sort of mental condition or disorder, there is an imperative and profound need for the kind of comprehensive support and care that the RWHAP provides.

Whereas the Needs Assessment and Evaluation Committee noticed an underutilization of both the Ryan White HIV/AIDS Program's (RWHAP) Mental Health core medical service and its allocated funds in the Transitional Grant Area (TGA) as well as in the state of Minnesota when preparing a service area presentation for the full Minnesota Council for HIV/AIDS Care & Prevention (MCHACP) on August 22nd, 2017.

Whereas the Mental Health core medical service and Psychosocial support service presentation on October 10th, 2017 to the full MCHACP sparked the same underutilization and allocation questions voiced at the committee level.

Whereas on November 14th, 2017, former Needs Assessment and Evaluation (NA&E) Committee co-Chair, Ejay Jack motioned that the NA&E Committee "work to gather more information on Mental Health [s]ervices, including an examination of the data, to learn more about its utilization and to determine why funds are being unspent."

---

[1] National Institutes of Health (NIH), National Institute of Mental Health (NIMH). (n.d.) Any mental illness among adults. Available at: www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml

[2] Treatment Advocacy Center. Eliminating barriers to the treatment of mental illness. Available at: www.treatmentadvocacycenter.org

Whereas the Needs Assessment and Evaluation Committee has a duty "to be responsible for ensuring that the voices of people with HIV/AIDS are solicited and heard as the committee carries out its [other] responsibilities."

Whereas the Needs Assessment and Evaluation Committee has the role and responsibility to "develop service impact evaluation including outcome, utilization and cost effectiveness of services and prevention activities."

Whereas the Needs Assessment and Evaluation Committee created a sub-committee charged with conducting the needed research in order to present forth recommendations on Mental Health core medical services to the full Minnesota Council for HIV/AIDS Care & Prevention (MCHACP).

Whereas improving mental health services for PLWHA indeed does more than improve quality of life; for such services help foster, build and sustain a long and fulfilling life.

Be it recommended for this Council

On further Assessment and Evaluation

To have the Needs Assessment and Evaluation Committee conduct a special needs assessment on Mental Health services alone to ascertain more data that may enable further recommendations about improving access to the service area for PLWHA.

The subcommittee conducted a limited survey with case managers at Just Us Health to determine if Ryan White clients are receiving Mental Health services and to identify the barriers to clients accessing Mental Health treatment. The subcommittee recommends:

To have all case managers in the TGA and the state of Minnesota surveyed using the same tool.

To include a survey question to ascertain if transportation is a major barrier to access. If it is, the Council should consider allocating transportation funds exclusively for mental health care clients.

On Standards of Care

To include a directive for case managers to facilitate access and linkage to mental health care services within the Case Management standards of care.

To prioritize the review of the standards of care for Mental Health (MH) services and Psychosocial support services (PSS) and conduct those simultaneously.

- Explore possibility of same day linkage to mental health care services in the standards of care.
- Include addressing mental health care stigma in both MH and PSS standards of care.
- Recommend some parameters for follow up after screening tool assessment is administered and referrals are made within the PSS standards of care.
- Include a toxicology screening for both MH and PSS. Toxicology screenings provide an opportunity for further assessment and support for PLWHA who experience both mental health and substance abuse challenges.
- Recommend parameters for follow up after mental screening as well as the formulation of a comprehensive follow-up plan.

The subcommittee seeks to understand what is preventing people from being linked to Mental Health services. According to a CAREWare report for the period of 01/01/2017 to 12/31/2017, **237** clients

received a psychosocial support service. Out of them, **185** (78%) received a mental health screening. **33** (14%) were referred for clinical mental services. However, only **5** (2%) were successfully linked to a clinical mental health service. There is a big drop from referral to access and linkage to mental health care. Therefore, the subcommittee recommends:

To direct RWHAP Mental Health and Psychosocial support services providers to increase the screening of all adolescent and adult patients for depression and develop a follow-up treatment plan as per the Health Resources & Services Administration (HRSA) and HIV/AIDS Bureau (HAB) performance measure recommendations. The RWHAP Mental Health and Psychosocial support services providers' follow-up plan should include **more** than one of the following:

- Additional evaluation for depression
- Suicide risk assessment
- Referral to a practitioner qualified to treat depression, pharmacological interventions, and other interventions and follow-up for the treatment of depression

On Part A and Part B

To conduct focus groups with Ryan White funded providers of Mental Health and Psychosocial Support Services in order to (1) learn more about providers that are offering drop in counselors and (2) assess what providers believe are the barriers to accessing mental health and psychosocial support care.

- Ask Part A and Part B providers about what more can be doing to incentivize or increase awareness of mental health and psychosocial support services
- Ask about the success of co-locating programs and the usefulness of such for communities who do not typically access mental health and psychosocial support care
- Ask about system access issues around
    - Capacity
    - Culture
    - Stigma
- Ask Part A and Part B providers what is working and study the successful models
- Encourage providers to prioritize diversity of their staff.
- Learn more about how providers are utilizing funds allocated for Mental Health and Psychosocial Support Services.
- Determine if providers have a need for a psychiatrist and/or psychiatric medication management.
- Develop a network of providers to coordinate resources and care.

On Part B

To report on other utilized sources of funding for Mental Health services and Psychosocial Support services (PSS) (i.e. rebate expenditures in FY 2015, 2016, and 2017 for Mental Health Services).

To recommend and strongly urge Part B to examine and resolve data reporting issues. According to the SARs presented this year, only 36 clients accessed Mental Health services for FY 2017. However, ADAP Coordinator, Rachel Heuele ran a quick query and found there to be 138 unduplicated clients served for the same time frame. Moreover, there might be more funding spent in FY 2017 than reported to CAREWare.

To ascertain from Part B data of all people on MN Health Care programs what proportion of people who have HIV, are receiving Mental Health services.

On Prevention

To recommend for the Minnesota Department of Health (MDH) to further explore mental health care programs that integrate prevention and care targeting high-risk populations in addition to PLWHA who might have fallen out of care.

To explore ways for prioritizing mental health care in prevention.

On Prisons

To increase the linkage to Mental Health services in jail settings.

To recommend we look at SPNS Project EnhanceLink

In Closing

Once more data is collected, the Council should explore if additional funding should go towards PSS, instead of Mental Health services because some communities may feel more comfortable seeking PSS over mental health services due to stigma involved with a clinical diagnosis.

To reconvene the subcommittee in one year to assess progress on the recommendations and ensure that data reporting issues are resolved.

Needs Assessment and Evaluation Subcommitee on Mental Health Members:

Alejandro Aguilera – Chair
Drew Hockman
Rachel Heule
Matt Toburen
Jeremy Stadelman
Ryann Freeman