Behavioral Health Screener and E-Health Intervention Implementation Withing a Multi Country HIV Medical Case Management System

Presenters:
Andrea Dakin. PhD. MA; Nora Bouacha. MPP;
and Lakethia Patterson, MS

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Acknowledgements

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Agenda

AGENDA

- Program description and background
- Implementing the Wellness Questionnaire
- Wedge One Results and Comparison to Pilot
- Lessons Learned and Discussion

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- Program description and background Implementing the
- Wellness Questionnaire
- Wedge One Results and Comparison to Pilot
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Summary

AIDS Foundation Chicago has launched a Wellness Questionnaire (WQ) - a behavioral health screener tool to identify behavioral health needs of HIV-positive persons receiving Ryan White medical case management services in the greater Chicagoland area.

This workshop will:
1. Describe rationale for the screener, system-wide implementation strategies and challenges, and WQ usage and resulting referrals;
2. Outline medical case manager feedback on WQ administration (including referrals to an online e-health intervention) and modifications made by AFC in response; and
3. Highlight lessons learned.

Learning Objectives

LEARNING OBJECTIVES

1. Strengthen understanding of behavioral health needs of clients within RWHAP case management system, and increase ability to identify and refer in response to those identified needs.
2. Critically review strategies for the implementation of a behavioral health screener within a multi-county case management system.
3. Describe the client impact regarding service referrals and utilization of an e-health intervention for depression.

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Positionality and Backgrounds

Nora Bouacha

- Graduated from University of Chicago with a Masters in Public Policy

- Background in quantitative social science research and program evaluation

- Focus on quantitative research and data led to specialization in program eval for HIV programs

- Started at AFC in 2019

- Manages the Research and Evaluation team at AFC

Lakethia Patterson

- Graduated from Spertus Institute with a Masters of Science in Nonprofit Management

- Background in Healthcare, and Social Services servicing Special populations

- 17 ears in Social Services: 3 years at AFL

- Passionate about ensuring humans receive quality care and services

Andrea Dakin, PhD, MA

- Background in Social Work, including HIV and homeless services

- Site PI for this project; Lead Evaluator for internal AFC projects

- 25 years in the field; 12 at AFC

- Interested in social determinants of health, movement from homelessness to housing, and

- implementation of EBIs at the organizational level

Agenda – Program Description and background

AGENDA

📚	**Program description and background**
	Implementing the Wellness Questionnaire
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	Lessons Learned and Discussion

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AIDS Foundation Chicago

- Located in Chicago, serving HIV-positive individuals and those vulnerable to HIV in the 8-county area through a partnership model

- Medical Case Management and other Ryan White funded HIV services: more than 5,000 served per year

- Housing: more than 600 households served in permanent supportive housing, close to 500 households served with long-term rental subsidies, almost 500 households receive emergency financial assistance

- Partner with academic institutions on research studies

- Community trainings on emergent topics

- Lead, co-lead, and participate on local, state, and national coalitions focused on HIV health care and other critical topics

- Co-leading Getting to Zero-Illinois (with IDPH and CDPH)

Benefits of a Coordinated MCM System

BENEFITS OF A COORDINATED MCM SYSTEM

The Northeastern Illinois Case Management Collaborative consists of more than 120 case managers and staff at 39 agencies.

- Seamless and continuous care throughout a client's periods of health and illness
- Non-duplication of services
- Standardized policies and procedures across all sites
- Consistent quality throughout all regions of the Eligible Metropolitan Area (EMA) through standardized training and technical assistance
- Access to databases to ensure documentation of services provided
- Maximized resources available to support case management (RW/DRS/HUD/etc.)

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AFC Case Management Tiers

AFC CASE MANAGEMENT TIERS
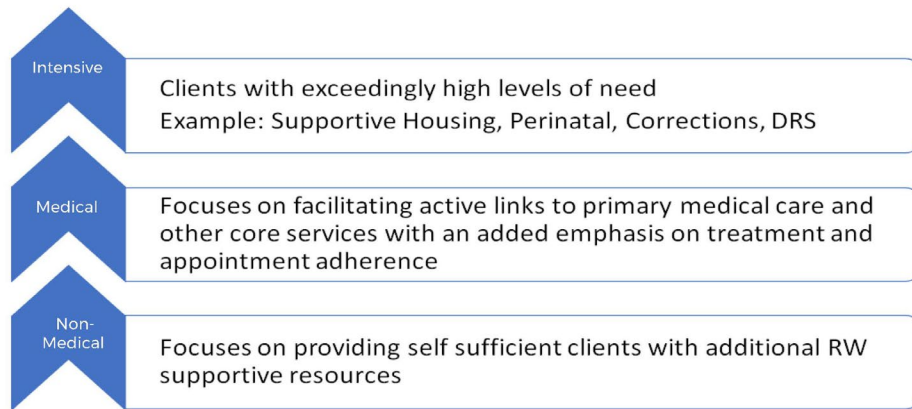
Intensive
Clients with exceedingly high levels of need
Example: Supportive Housing, Perinatal, Corrections, DRS

Medical
Focuses on facilitating active links to primary medical care and other core services with an added emphasis on treatment and appointment adherence

Non-Medical
Focuses on providing self sufficient clients with additional RW supportive resources

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- Medical: Focuses on facilitating active links to primary medical care and other core services with an added emphasis on treatment and appointment adherence.
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Behavioral Health Among People Living with HIV

BEHAVIORAL HEALTH AMONG PEOPLE LIVING WITH HIV

Engagement in BH care is a key component to HIV health:

- 25% of PLWH have symptoms of depression
- Mental health diagnoses / symptoms are associated with lower odds of care retention and viral suppression
- Lack of needed mental health care can lead to poorer HIV treatment adherence
- Increased positive affect can improve HIV health
- Targeted in the IL Getting to Zero Plan and National Ending the HIV Epidemic Plan

Do et.al., 2014; Gokhale et al., 2019; Wilson et.al., 2018

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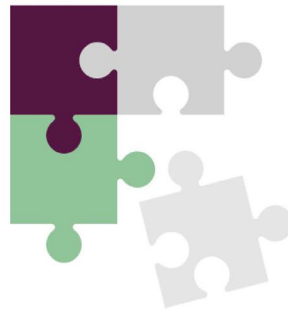- Mental health diagnoses / symptoms are associated with lower odds of care retention and viral suppression
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Behavioral Health Screener Pilot

In early 2019, AFC developed and launched a pilot project to better understand the BH needs of clients

- Why launch a system-wide BH screener?
  - Relationship between BH and HIV health
  - Increase MCM/client comfort discussing BH needs
  - Allows collection of standardized BH data
    - Lack of information across system
    - Difficult to see big picture around BH needs
    - Each partner agency does something different

- Implementation details:
  - Recruited 6 subcontracted agencies with 22 medical case managers
  - 6 month pilot - June 2019 to December 2019
  - BHS validated measures: depression (PHQ-9), anxiety (GAD-7), PTSD (PCL-C), alcohol use (AUDIT-10), and drug use (DAST)

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Behavioral Health Screener

BEHAVIORAL HEALTH SCREENER

Screen + Intervene + Refer

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BHS Pilot Data 1

BHS PILOT DATA

- Required for case managers to offer; clients could decline to complete.
- Out of the 374 individuals offered the screener, 307 (82%) completed at least one component of the behavioral health screener.
- In total, 64% (239/374) of pilot participants took all five screeners.
- On average, participants completed 3.9 screener components.

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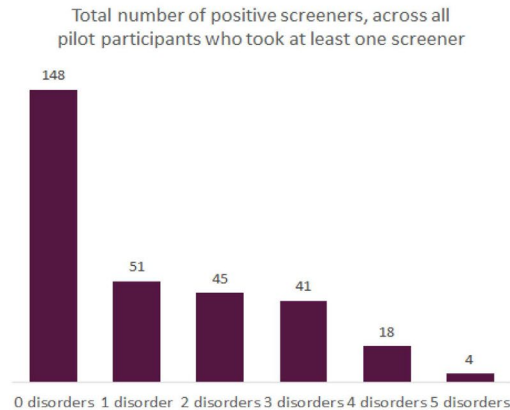# BHS Pilot Data 2

Of those that did not opt- out, 52% screened positive for symptoms of at least one mental health or substance use disorder

35% screened positive for multiple disorders. On average, individuals screened positive for 1.2 BH disorders.

BHS Pilot Data 3

The anxiety screener (GAD- 7) had the highest incidence rate at 36%, while AUDIT had the lowest (7%).

One third of participants showed at least mild signs/symptoms of depression (N=282)

BHS PILOT DATA

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Positive Screeners, by Screener Type

Screener	Percent
Anxiety	36%
Depression	33%
PTSD	33%
Drug use	13%
Alcohol	7%

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BHS Pilot Data: Feedback From Case Managers

Highlighted several barriers to effective BHS implementation:

- Need for more specialized training
  - Anxiety and fear about asking sensitive BH question (suicide, substance use, etc.)
  - Understanding the difference between screening and assessment
- Concerns about length and frequency of administering BHS
- Inefficient and ineffective process of tracking referral to and uptake of additional services
- Concerns that available mental health services were not sufficient to meet the client needs identified through the screener
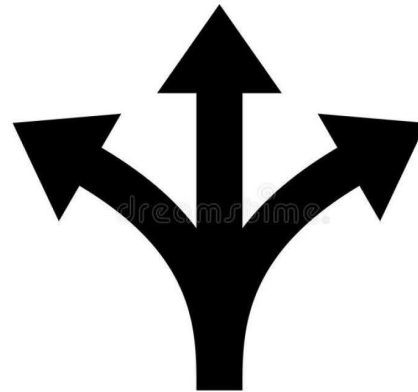
Now What?

NOW WHAT?

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Perfect Timing

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- NIMH releases this funding opportunity in November 2019
- AFC reaches out to a faculty member at UofC who contacts a researcher at NW
- We apply in January and are funded in May 2020

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Components of Participating Organizations	National Institute of Mental Health (NIMH) National Institute on Drug Abuse (NIDA)
Funding Opportunity Title	Implementation Research in HRSA Ryan White Sites: Screening and Treatment for Mental and Substance Use Disorders to Further the National "Ending the HIV Epidemic" (EHE) Goals (R01 Clinical Trial Optional)

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THE UNIVERSITY OF CHICAGO
CROWN FAMILY SCHOOL OF
SOCIAL WORK, POLICY, AND PRACTICE
Advancing a More Just and Humane Society

NORTHWESTERN UNIVERSITY
FEINBERG
SCHOOL OF MEDICINE

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Stepped Wedge Hybrid Type II Trial

A Stepped Wedge Hybrid Type II Trial of an Online Positive Affect Intervention: Blending Implementation and Effectiveness to Improve HIV Continuum Outcomes in Ryan White Clinics in Chicago

5 year-study funded by the National Institute of Mental Health; began 7/20

Northwestern is the grantee; subcontracts to AFC and UofC

Launch of WQ in 3 wedges (phases) to allow for review of implementation strategies and make adjustments as necessary

Provides a much needed resource for individuals experiencing Depressive symptoms

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Three Layered Approach

THREE – LAYERED APPROACH

AFC: Roll out of BHS to Ryan White Case Managers in three stages 9-months apart

Northwestern: Provision of ORCHID, a 5-week online intervention that teaches 8 skills to improve positive emotions leading to improved HIV health for Ryan Clients that score 5 or higher on the Depression Scale

University of Chicago: Ongoing review of Ryan White HIV agency facilitators and barriers that impact the implementation of the BHS and referrals to ORCHID

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Orchid: Optimizing Resilience and Coping with HIV Through Internet Delivery

- Notice positive events
- Capitalize on positive events
- Gratitude
- Mindfulness
- Positive Reappraisal
- Focus on personal strengths
- Make and pursue attainable goals
- Self-Compassion

Agenda – Implementing the Wellness Questionnaire

AGENDA

Program description and background
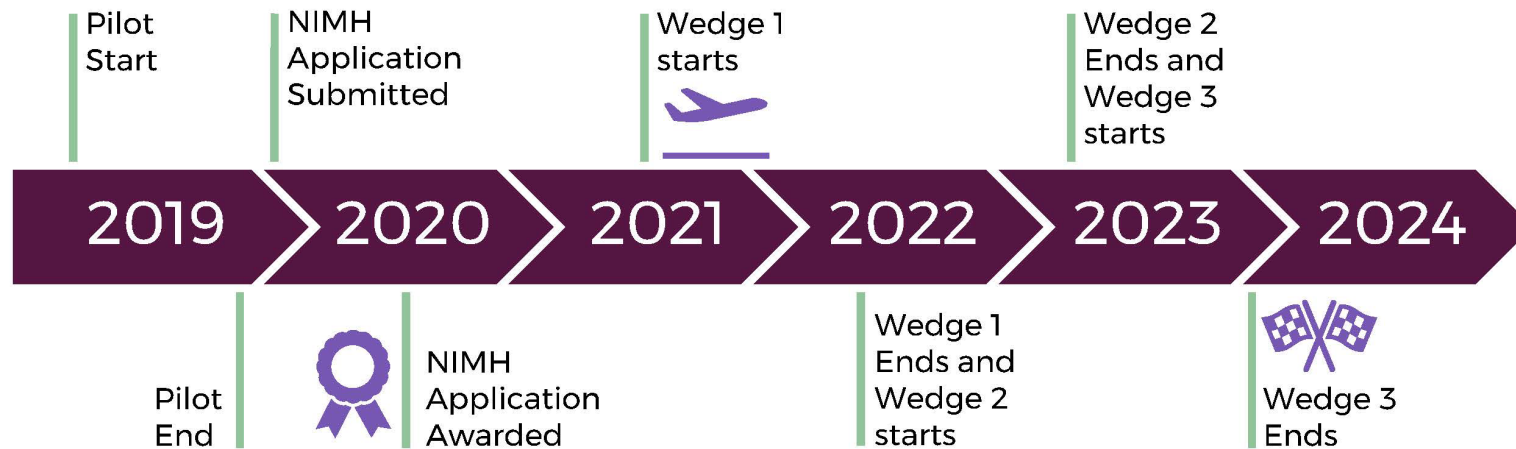
Implementing the Wellness Questionnaire

Wedge One Results and Comparison to Pilot

Lessons Learned and Discussion

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Implementation Timeline

IMPLEMENTATION TIMELINE

Pilot
Start

NIMH
Application
Submitted

Wedge 1
starts

Wedge 2
Ends and
Wedge 3
starts

2019 2020 2021 2022 2023 2024

Pilot
End

NIMH
Application
Awarded

Wedge 1
Ends and
Wedge 2
starts

Wedge 3
Ends

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Implementation Strategies 1

IMPLEMENTATION STRATEGIES

Completed before official launch:

- Conduct surveys, interviews, data pulls to assess local needs, readiness, and identify barriers/facilitators
- Develop/distribute educational materials on behavioral health issues, BHS, ORCHID
- Share information about BHS+ORCHID at clinic and system-wide MCM/Supervisor meetings
- Revise BHS training structure based upon information gathered
- Hold pre-implementation and ongoing trainings using multiple modalities and active learning tools
- Modify and expand data collection fields in Provide
- Develop a formal implementation blueprint
- Change the name from BHS to Wellness Questionnaire to decrease stigma

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Implementation Strategies 2

Ongoing activities post-launch:

- Conduct ongoing surveys and interviews to inform adaptations

- Centralize technical assistance for MCMs completing BHS, and clients completing ORCHID

- Provide follow-up trainings as needed

- Audit/provide feedback on rates of BHS completion and ORCHID referrals: AFC Dashboard

- Develop/implement quality monitoring tools and system, including internal and external communication processes

IMPLEMENTATION STRATEGIES

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Audit and Feedback

AUDIT AND FEEDBACK

WELLNESS
QUESTIONNAIRE
USER MANUAL

Referral		
Referral Status	*	Submitted
Referring Person	*	Jamie Hock
Referral Date	*	05/17/2021
Referred to Organization		ORCHID
Referred to Provider		
Referred for Service Type	*	Behavioral Health
Referred for Service Description		Client referred to ORCHID as result of Wellness Questionnaire.
Date Check Back		06/16/2021
Disposition		
Disposition Comments		

AFC'S Preparation for Rollout 1

- Training Matrix
  - Developed a Wellness Questionnaire User's Manual and BH resource guide
    - Questionnaire Workflow
      - Administering
      - Completion and Next Steps
    - FAQ
    - Technical Assistance
    - Resource table

AFC's Preparation for Rollout 2

AFC'S PREPARATION FOR ROLLOUT

Developed Wellness Questionnaire Trainings for Case Managers- 2 Sessions
- Session 1
  - Gain general knowledge about HIV and behavioral health
  - Learn importance of behavioral health screening
  - Introduce the Wellness Questionnaire
- Session 2
  - Overview of Wellness Questionnaire
  - Practice administering behavioral health scree
  - Learn to execute appropriate referrals to ORHCID and goal setting
  - Access behavioral health treatment for clients

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Pre-Implementation Feedback

AFC and academic partners used pre-implementation feedback to inform implementation.

Feedback sources included:

- Pilot data analysis and feedback

- University of Chicago pre-implementation case manager interviews

- Pre-implementation meetings with case managers and internal AFC staff
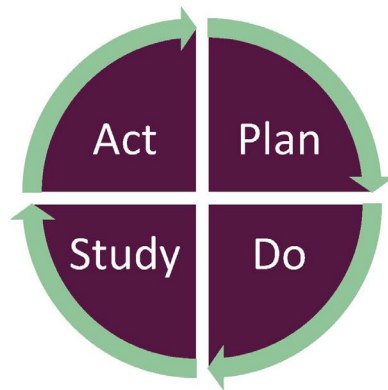
Tracking Pre-Implementation Feedback

Quality Assurance Processes

QUALITY ASSURANCE PROCESSES

- Iterative process and focus on implementation allows us to:
  - Plan for wedge implementation
  - Implement as planned
  - Study the data from implementation
  - Act on the lessons learned from implementation and incorporate feedback

  AND
  - Repeat!
- Research and Evaluation team developed a comprehensive QM plan to guide this process

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Quality Assurance Processes continued

QUALITY ASSURANCE PROCESSES

AFC's Research and Evaluation team developed a Quality Assurance Plan and processes to ensure that data outcomes were tracked and used to inform program implementation
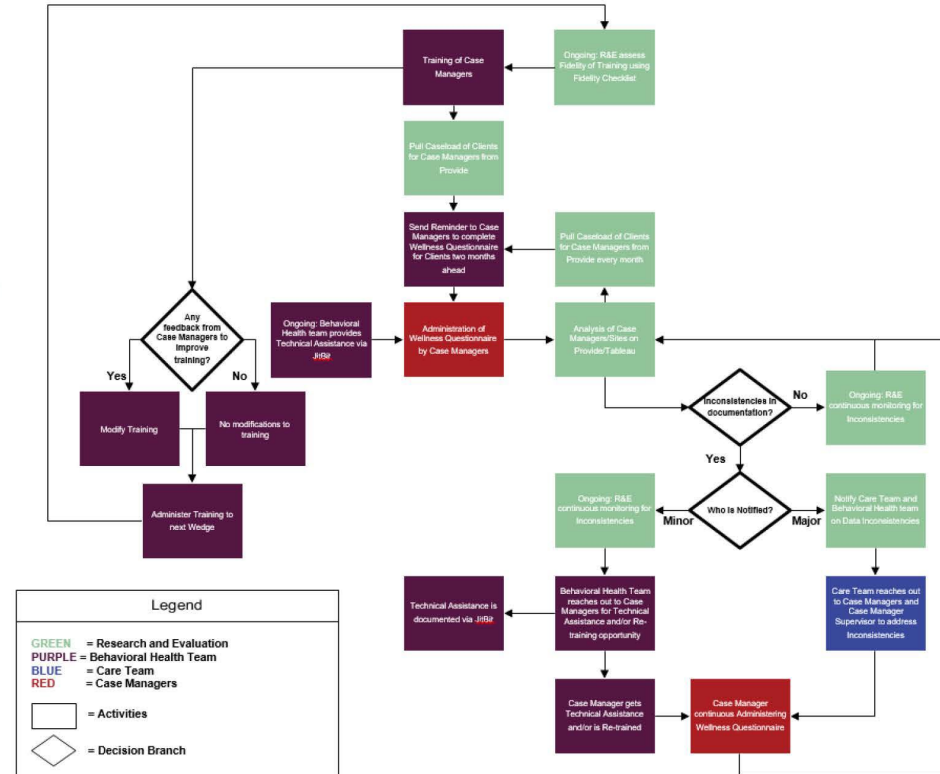
Agenda – Wedge One Results and Comparison Pilot

AGENDA

📚 Program description and background

🖼️ Implementing the Wellness Questionnaire

📊 **Wedge One Results and Comparison to Pilot**

💬 Lessons Learned and Discussion

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Wedge One Results 1

WEDGE ONE RESULTS

Cascading (% of those in previous bar)

100% — Eligibile for Screening
75% — Offered
72% — Screened
14% — Eligible for Referral
10% — Referred

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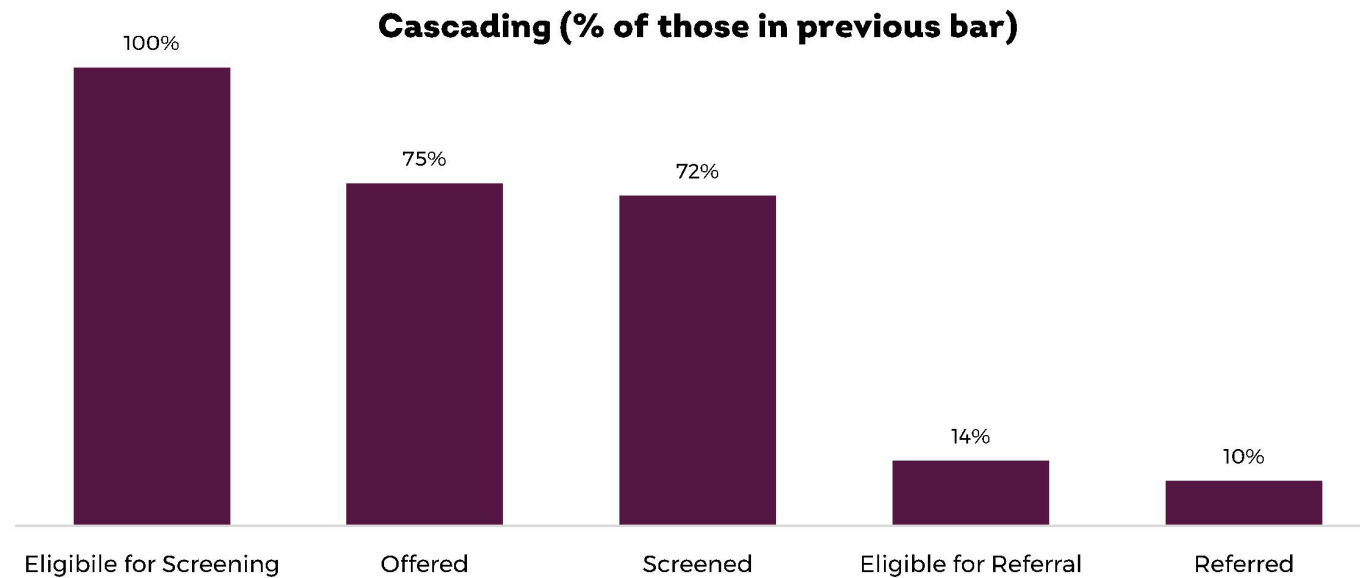
Wedge One Results 2

WEDGE ONE RESULTS

Wellness Questionnaire Acceptance and Declines, by Clinic

Clinic	Accepted	Declined
Total	77%	23%
UIC	52%	48%
Provident	97%	3%
Open Door	95%	5%
Greater Family	46%	54%
CCHC	92%	8%

■ Accepted ■ Declined

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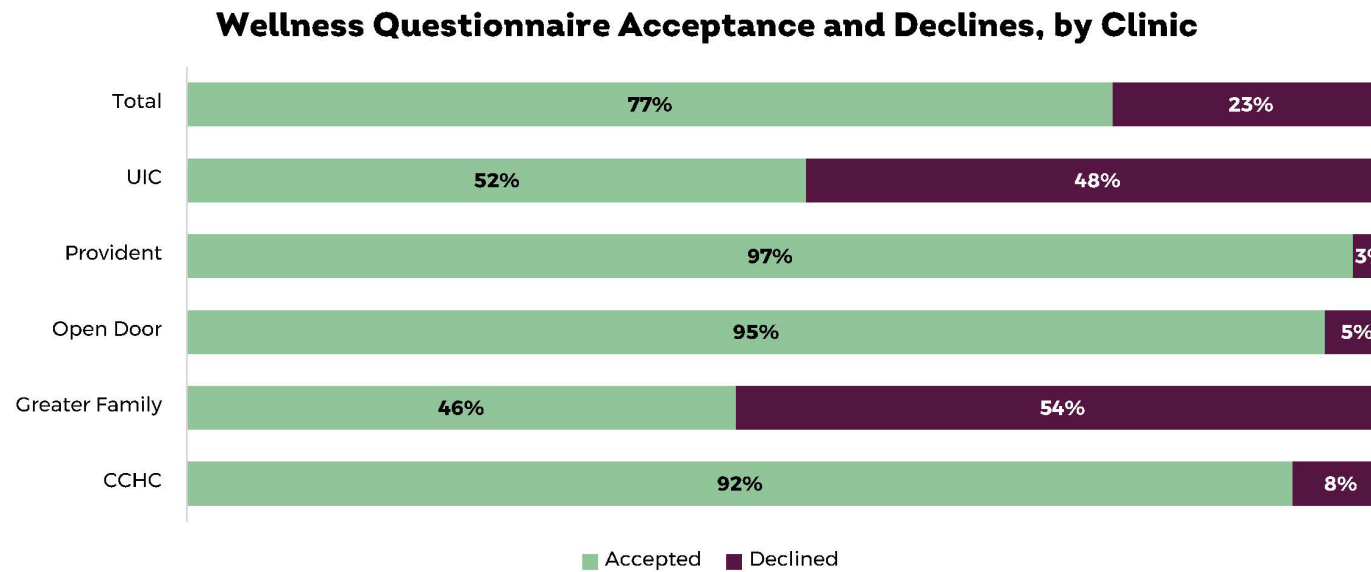
Wedge One Results 3

WEDGE ONE RESULTS

Positive screeners across all clinics and sub screeners

Clinic	Percent Screened Positive – PHQ-9
CCHC	30
Greater Family	29
Open Door	11
Provident	7
UIC	0
Total for all Clinics	16
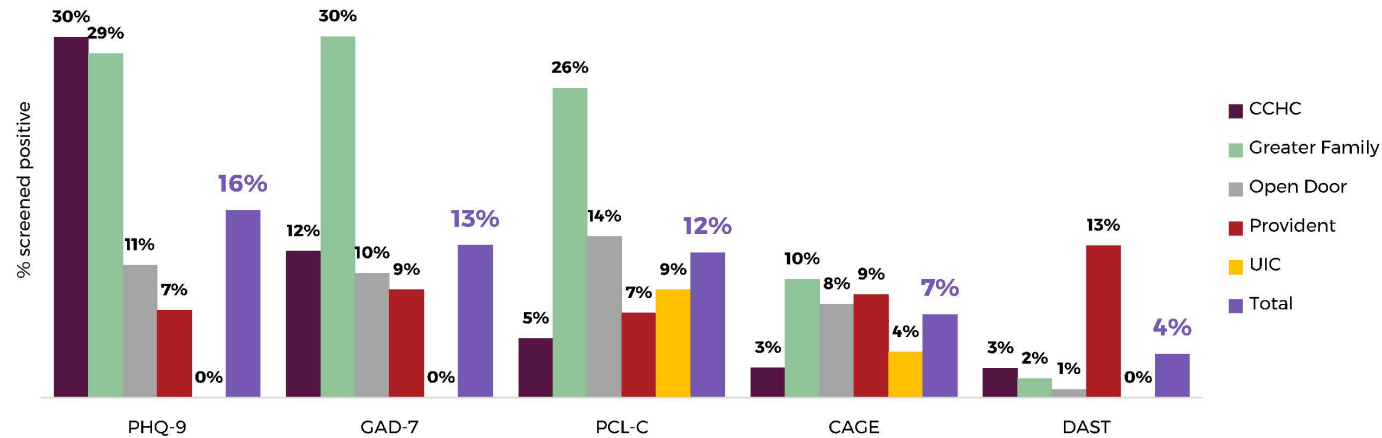
Clinic	Percent Screened Positive - GAD-7
CCHC	12
Greater Family	30
Open Door	10
Provident	9
UIC	0
Total for all Clinics	13

Clinic	Percent Screened Positive - PCL-C
CCHC	5
Greater Family	26
Open Door	14
Provident	7
UIC	9
Total for all Clinics	12

Clinic	Percent Screened Positive - CAGE
CCHC	3
Greater Family	10
Open Door	8
Provident	9
UIC	4
Total for all Clinics	7

Clinic	Percent Screened Positive - DAST
CCHC	3
Greater Family	2
Open Door	1
Provident	13
UIC	0
Total for all Clinics	4

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Wedge One Results 4

WEDGE ONE RESULTS

Overall, 16% screened positive for signs and symptoms of depression, and most individuals scored 0 on the PHQ-9

PHQ-9 Score Distribution, by Clinic

Legend: ■ 0 ■ 1 to 4 ■ 5 to 9 ■ 10 to 14 ■ 15 to 19 ■ 20+

CCHC: 46%, 24%, 20%, 5%, 4%, 1%
Greater Family: 30%, 41%, 17%, 6%, 3%, 3%
Open Door: 58%, 30%, 8%, 2%, 0%, 1%
Provident: 71%, 22%, 3%, 3%, 0%, 1%
UIC: 52%, 48%, 0%
Total: 54%, 30%, 10%, 3%, 1%, 1%

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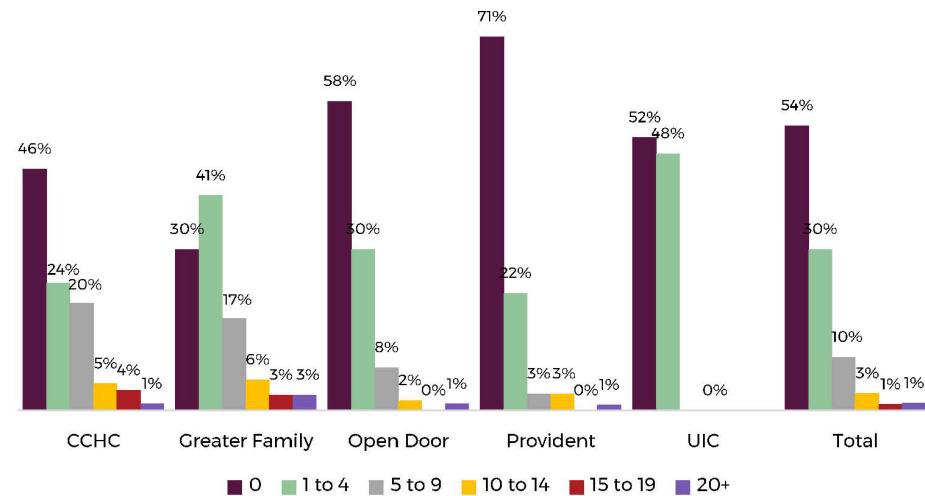
Wedge One Results 5

WEDGE ONE RESULTS

5 out of 69 clients (7%) eligible for an ORCHID referral have received a referral to ORCHID

21% of clients at all Wedge 1 clinics who were eligible for a referral received a referral in the same day as WQ administration

Referral Eligibility and Received Referrals, by Clinic

Legend: ■ Eligible for a referral ■ Received a same-day referral

Y-axis: # of clients (%)

Clinic	Eligible for a referral	(%)	Received a same-day referral
CCHC	36	(22%)	8
Greater Family	32	(16%)	5
Open Door Clinic	47	(11%)	5
Provident	24	(42%)	10
UIC	1	(100%)	1
Total	140	(21%)	29

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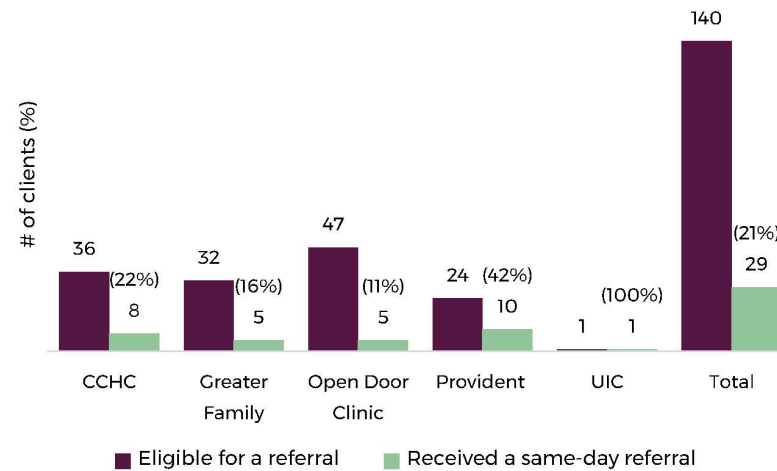
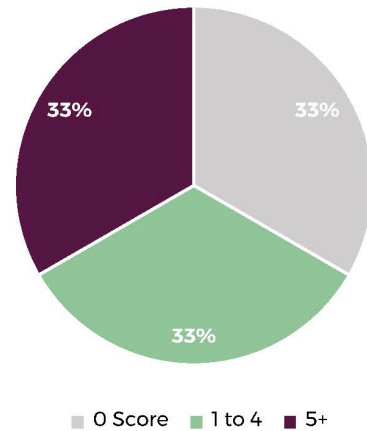# Comparison to Pilot

COMPARISON TO PILOT

23% of those offered the WQ in the pilot refused

PHQ-9 Score Distribution, Pilot Agencies

0 Score | 1 to 4 | 5+

23% of those offered the WQ in Wedge 1 refused

PHQ-9 Score Distribution, Pilot Agencies

	0 Score	1 to 4	5+
Total	54%	30%	16%
UIC	52%	48%	
Provident	71%	22%	7%
Open Door	58%	30%	11%
Greater Family	30%	41%	29%
CCHC	46%	24%	30%

0 Score | 1 to 4 | 5+
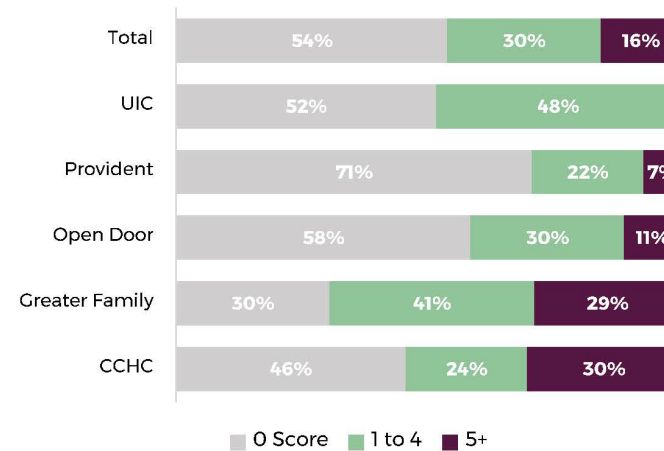
Agenda – Lessons Learned and Discussion

AGENDA

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Implementation Challenges

IMPLEMENTATION
CHALLENGES

Covid

Staffing

ADAP update

Stigma

Language barriers

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Feedback from Case Managers

FEEDBACK FROM CASE MANAGERS

Case managers reported that many Spanish speakers have declined to complete the WQ due to stigma and language barriers

CMs also expressed clients didn't want to complete the WQ because the answers would affect their RW benefits

CMs collected feedback from clients that many wanted to complete the WQ on their own- afraid if they answered the questions as the CMs asked they'll be frowned upon and mandated to attend BH service with possible commitment to an institution

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Overcoming Challenges

OVERCOMING CHALLENGES

| Onboarded new staff | Added a refuse option to the WQ | Provided a self-administer WQ option | Switched to Acuity Scale due date to complete WQ |

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Next Steps

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- AFC's team is fully staffed
- Planning for Wedge II, which includes 5 new partner agencies, has started
- WQ User's Manual and trainings are being updated
- Partner agencies have been notified and training dates have been scheduled
- The AFC's WQ team will continue to check in with Wedge I CMS and agencies
- CMS will continue to identify and connect clients to needed services based on the outcomes of the WQ