

**TRIAGE COUNSELING** is an individual level intervention that establishes a direct link between primary medical care and mental health services for patients living with HIV. The key characteristics of Triage Counseling are: the immediate access patients have to mental health counselors; the co-location of primary medical and mental health services; the nature of the first counseling session, which establishes an immediate bond between the counselor and the client; and the support provided to the clinician to help patients fully engage in their HIV care.

### CURRENT ACTIVITY SETTING

*Community Health Center,  
Mental Health Services*

- ✓ Directly links the client to medical care
- ✓ Gets the client in a conversation about starting medical care
- Brings the agency closer to where HIV+ people are so that the conversation can begin

## I. DESCRIPTION

### OBJECTIVES

- ▶▶ To help clinic patients stabilize their life situations in order to improve their capacity to function well and actively participate in their HIV medical care
- ▶▶ To contribute to the overall good health of the patient
- ▶▶ To offer a mental health resource to the HIV clinician in order to better care for the patient

### POPULATION SERVED

- ▶▶ People who have difficulty staying in medical care, are not doing well in care, or are at risk for dropping out of care
- ▶▶ People who have shown signs of, or been diagnosed with, mental disorders
- ▶▶ Substance users

### ACTIVITY DESCRIPTION

Co-location of primary care and mental health services allows clinic patients living with HIV to add mental health support to their overall health care regimen.



QUICK NOTES:

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*“Our focus is on total health care, and the messages we share with clients are consistent in reinforcing this.”*

— MEDICAL DIRECTOR

### **Development and Implementation**

A clinic first carries out the following:

- ▶ Determines the number of staff members needed to cover walk-in and scheduled counseling sessions, including counselors, psychiatrists, and clinical supervisors.
- ▶ Establishes clinical supervision for counselors, as well as linkages to psychiatrists who can manage psychiatric drugs.
- ▶ Determines the budget and finds funding for the activity.
- ▶ Decides on a location for counseling sessions. The space should be next to or near the facility that provides medical services.
- ▶ Once the initial logistics are completed, the clinic develops a training for counselors on HIV infection and care, clinical nomenclature, and the impact HIV and HIV medication can have on a patient’s mental health. This training also introduces counselors to a new “triage” model in which the initial appointment with a client lasts 30 minutes (rather than a full hour), and counselors give their immediate attention to the client’s most pressing issues.
- ▶ After the in-depth training, counselors continue to receive monthly, half-hour update trainings on HIV.
- ▶ The clinic sets up the schedule of counselors “on-call” and has this calendar available at the reception area.

### **Client scenario**

- ▶ The HIV clinician identifies a patient in need of a counseling session and, at the end of the medical appointment, urges the patient to see a mental health provider, whom s/he personalizes with a name.
- ▶ The doctor either escorts the patient to the on-call counselor’s office or walks the counselor to the room where the patient is. The doctor gives the counselor some details about the patient either privately or with the patient present.
- ▶ The counselor spends the next 30 minutes addressing the client’s acute issues. In this triage session, the counselor tries to establish a rapport and “bonds” with the client.
- ▶ Utilizing a checklist that helps focus the session, the counselor listens to the client, assesses the principal issues and any diagnosable conditions, and asks if the client currently has a mental health provider. S/he may also check the clinic’s database for the client’s clinical history.
- ▶ Together, the counselor and client develop a plan of action to address the client’s mental health and medical needs. The plan includes the frequency of future mental health appointments and whether or not the client must see a psychiatrist.
- ▶ At the end of the first session, the counselor completes two client charts: one for the mental health department and the other for an electronic, clinic-wide database of medical and clinical information.
- ▶ The counselor may either arrange for the client to see a psychiatrist on staff, or wait until they have had a few counseling sessions together.
- ▶ The counselor walks the client to the reception area, where the receptionist schedules the next mental health appointment. Using a centralized scheduling database, the receptionist can coordinate mental health visits with medical visits (e.g., dental, primary care, lab) to minimize patient travel.
- ▶ For the subsequent counseling sessions, the client may see a different counselor who can better address the specific needs identified in the triage session.
- ▶ Follow-up visits depend on the client’s needs. Visits may occur as frequently as one to two times a week, but typically occur about five to six times per year.
- ▶ If the client sees a psychiatrist, the counselor supports the client’s adherence to psychiatric medications. Prescriptions can either be picked up at an on-site pharmacy or mailed.
- ▶ Following the triage session, the counselor tells the referring physician about the plan established with the client. This communication ensures consistency in the messages that the providers share with the client.

### **Staff Follow-Up**

- ▶ The clinical staff (primary care and dental), front desk staff, administration, mental health counselors, social workers, and pharmacy staff hold weekly team meetings to review new and “crisis” patient cases.
- ▶ Counselors generate a list of clients to discuss at the meeting. They identify client needs and monitor medical progress (in terms of CD4 counts, viral loads, adherence, etc.).

- ▶▶ The team determines an interdisciplinary strategy to meet the identified client needs, and assigns tasks to “action staff.”
- ▶▶ In the next meeting, action staff reports on the tasks that were completed.
- ▶▶ The counselors hold separate weekly meetings to discuss their sessions and issues that require attention.

## **PROMOTION OF ACTIVITY**

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- ▶▶ The service is offered to patients during intake screening.
- ▶▶ Flyers in agency packet for HIV+ patients
- ▶▶ Word of mouth from patients
- ▶▶ Physician referrals

## **II. LOGISTICS**

### **STAFF REQUIRED**

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- ▶▶ Four counselors, each with a different specialty (substance abuse, trauma, child abuse, etc.)
- ▶▶ Administrative supervisor

### **TRAINING & SKILLS**

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- ▶▶ Staff should have strong knowledge of client rights and confidentiality.
- ▶▶ All staff members must be able to work with diverse populations and be open and tolerant.
- ▶▶ Licensed counselors must have HIV training and receive monthly HIV updates from clinical staff.
- ▶▶ Two counselors should each be fluent in English and another language spoken in the client community.

### **PLACE OF ACTIVITY**

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The activity takes place in a private room of a community health center.

### **FREQUENCY OF ACTIVITY**

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The service is available five days a week.

### **OUTSIDE CONSULTANTS**

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- ▶▶ Three part-time psychiatrists (one bilingual)
- ▶▶ Clinical supervisor

### **SUPPORT SERVICES**

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Social Security payee services to pay some patients’ housing and utility bills

### **CONDITIONS NECESSARY FOR IMPLEMENTATION**

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- ▶▶ Physicians need to be willing and able to provide in-person introductions for their patients and the counselors and facilitate the relationships in their early stages.
- ▶▶ Proper clinical supervision must be established for counselors.
- ▶▶ It’s important to have support from a pharmacy so that clients have convenient access to medications and pharmacy staff.
- ▶▶ The agency administration must fully support the activity.

### III. STRENGTHS AND DIFFICULTIES

#### STRENGTHS

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- ▶▶ The counselors are integrated into a health team whose members share the same objectives.
- ▶▶ The team supports the complete well-being of patients.
- ▶▶ The co-location of the services easily connects mental-health and clinical care.
- ▶▶ The “on-demand” availability of the counselors
- ▶▶ The activity helps break through the denial some patients may have about their illness or life situation which prevents them from engaging fully in care.

#### WEAKNESSES

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- ▶▶ It is difficult for classically trained counselors to adopt an approach from the primary health care model.
- ▶▶ Counselors may find it difficult to adjust to a 30-minute initial session with a client instead of the traditional one hour session.
- ▶▶ Lack of mental health funding makes it difficult to obtain reimbursement for the service.

#### DIFFICULTIES FOR CLIENTS

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The counselor who patients see for the triage session may not be the one they will consult thereafter.

#### DIFFICULTIES FOR STAFF

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- ▶▶ It’s hard work helping clients to keep regular mental health follow-up appointments.
- ▶▶ Few funds are available for mental health services.

#### OBSTACLES FOR IMPLEMENTATION

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- ▶▶ Lack of available private space
- ▶▶ Low reimbursement for services that are in high demand

#### ACTIVITY NOT SUITED FOR

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N/A

### IV. OUTCOMES

#### EVALUATION

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- ▶▶ The supervisor analyzes the Global Assessment Functioning (GAF) Scale Score for all patients seen by a counselor/psychiatrist.
- ▶▶ The agency tracks yearly patient visits and number of missed appointments.

## EVIDENCE OF SUCCESS

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- ▶ Increased GAF Score for patients who meet with counselor/psychiatrist
- ▶ Improved clinical health of patients
- ▶ Increased access to and use of mental health services
- ▶ Improvement in patients' overall life condition and stability
- ▶ Lower mortality rate for patients utilizing the service
- ▶ Increase in the number of patients maintaining a consistent relationship with medical care services
- ▶ Eliminated "no shows" to medical appointments
- ▶ Increase in the number of yearly clinic visits by patients
- ▶ Decrease in number of patients dropping out of care

## UNANTICIPATED BENEFITS

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- ▶ Medical providers feel more secure because they have someone available to attend to issues that they may not be comfortable addressing or that they see requires more attention than they are able to give.
- ▶ The activity fosters a team atmosphere and lessens isolation among staff.

## "CONNECTING TO CARE" ELEMENTS OF ACTIVITY

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- ▶ Coordinating mental health and medical visits to minimize travel is especially helpful for clients who live at a distance from the clinic.
- ▶ The counselor's inclusion in the primary health team conveys the message to the patient that it is important to address mental health as an aspect of their "total health."
- ▶ The "on-demand" availability of the counselors addresses the needs of clients in crisis.
- ▶ The primary care providers show that they care about the patient's emotions and total health.
- ▶ Patients don't have to re-tell their story to different agencies.
- ▶ Clients can combine other health care appointments with this service.
- ▶ Having one chart and an electronic database allows providers to review the total health care experience of the patient/client.

## KEEP IN MIND...

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- ▶ Mental health care providers must understand they are delivering services in a primary care context. Create a dialogue between counselors and primary care providers to make this connection explicit.
- ▶ Develop an acute client assessment tool that counselors can complete in a short period of time.
- ▶ Set up support for mental health counselors.
- ▶ Don't expect the activity to be a "money maker."

