



Innovative Support Services: Expanding Mental Health Care in Rural Settings

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Background

As part of NASTAD's cooperative agreement with the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB), NASTAD provides AIDS Drug Assistance Programs (ADAPs) with examples of innovative models that can improve ADAP client medication adherence and treatment outcomes through expanded core medical services and supportive services. While ADAP funds generally cannot be used to provide core medical and support services, they can under three exceptions: access, adherence support, and monitoring services can be covered under the [ADAP Flexibility Policy](#). The following examples expand on NASTAD's issue brief on the [Coverage of Case Management Services](#).

Nebraska Delivers Tailored Mental Health Care to Rural Areas with Telehealth

Mental health care is an integral part of ensuring people living with HIV (PLWH) are able to maximize treatment success and achieve viral suppression. Poor mental health is recognized in Federal [guidelines](#) as a barrier to treatment adherence, which is necessary to achieve viral suppression. In large rural states, however, it may be difficult for PLWH, including ADAP clients, to access local mental health care providers with appropriate training in the issues most relevant to and populations most impacted by HIV. Further, many PLWH in rural areas may not feel comfortable accessing local mental health care because of concerns regarding confidentiality and stigma. To address these challenges, Nebraska instituted a telehealth model of mental health care to ensure that all PLWH in Nebraska have access to high quality mental health care.

Action Items and Best Practices

- Assess whether rural clients have access to and are satisfied with current mental health care services, paying special attention to transgender and gender non-conforming clients
- Establish relationships with provider groups that have demonstrated ability to provide excellent service quality for PLWH
- Train case managers to assess the need for and promote the potential benefits of telehealth mental health care services to rural patients

Build on Existing Models of Care

To avoid building a mental health telehealth system from scratch, the Nebraska Department of Health & Human Services Ryan White Program collaborated with the University of Nebraska at Lincoln to develop a mental health component for the University's existing telehealth system. By working with the University, Nebraska's Ryan White Program was able to ensure a sufficient supply of clinicians for the program by establishing the program as part of the clinical rotation for doctoral students in psychology. This ensures that participating clinicians have the opportunity to be formally trained in issues affecting PLWH and sexual and gender minorities, addressing the lack of training and stigma that may be present in clinicians in rural areas.

As the University had already established a telehealth program, Nebraska's Ryan White Program was able to build on existing infrastructure for electronic privacy, confidentiality, and HIPAA compliance. Because many clients choose to participate in the mental health telehealth program because of these very concerns, it was imperative that the health department demonstrate the rigor of the confidentiality provisions to its clients.

Use Case Managers as Service Liaisons

The Nebraska AIDS Project (NAP), which provides case management services, worked closely with case managers to assess their support for the program and the number of clients who may be interested, developing a framework that would allow the University to assess staffing needs. Case managers work to familiarize clients with the telehealth software, perform an initial trial consultation with the client and the clinician, and support clients through any challenges with the telehealth program. The University, through grants for its existing telehealth program, funds the software for all clients and laptops for clients who require one, while Ryan White case managers assist clients with all setup and implementation of program materials. Under this model, clinician services are billed to Ryan White Part B as mental health services.

Because the clinicians are doctoral students on rotation, they may change every one to two years. Case managers play an important role in working with clients to prepare for treatment continuity when a clinician changes, ensuring that clients continue to have all needs met. To ensure that clients are fully informed about the program, case managers go over a [brochure](#) explaining the program and the possibility of clinician transition.

Conclusion

Too often, ADAP clients and other PLWH are not able to access appropriate mental health services in rural areas because of concerns regarding confidentiality and stigma. Transgender and other gender non-conforming PLWH are particularly vulnerable and may avoid services, which can impair medication adherence and viral suppression. To ensure that all clients are able to access high-quality services, Nebraska has developed an innovative mental health telehealth program that uses existing telehealth and case management infrastructure to bring mental health services to rural clients. Please contact [Stephen Jackson](#) with any questions.