Replicating Innovative HIV Care Strategies in the Ryan White HIV/AIDS Program

A Trauma-Informed Approach for Integrating HIV Primary Care and Behavioral Health

October 29, 2024

Agenda

- *Project Overview*
  - About the Special Projects of National Significance (SPNS) Program & Integrating HIV Innovative Practices (IHIP) Project – presented by: Shelly Kowalczyk (MayaTech)
- *Intervention Overview*
  - **A Trauma-Informed Approach to Integrating HIV Primary Care and Behavioral Health Services** – presented by: Timothy Thompson, MS, and Brianne Miller, MPH, Broward County Community Partnerships Division
- *Q&A*
- *Participant Feedback*

About Integrating HIV Innovative Practices (IHIP)

Funding/Administration: The Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) Program administered by HRSA's HIV/AIDS Bureau (HAB).

Purpose: To support the coordination, replication, and dissemination of innovative HIV care strategies in the RWHAP through the development and dissemination of implementation tools and resources.

Framework for RWHAP SPNS Program

DEMONSTRATE OR IMPLEMENT	EVALUATE & DOCUMENT	COORDINATE, REPLICATE, & INTEGRATE
Fund recipients to respond to emerging needs of people with HIV using evidence-based, evidence-informed, and emerging interventions	Use an implementation science framework to identify effective interventions to improve HIV outcomes among Ryan White HIV/AIDS Program clients	Develop guides and manuals, interactive online tools/toolkits, publications, and instructional materials that describe how to coordinate, replicate, and integrate interventions and strategies for RWHAP providers
Fund special programs to develop a standard electronic client information data system to improve the ability of recipients to report data	Evaluate and document specific strategies for successfully integrating interventions in RWHAP sites	Streamline access to materials and promote replication through the Best Practices Compilation

Key Support to RWHAP Providers

- Implementation tools and resources
  - Featuring interventions implemented by RWHAP grant recipients/subrecipients

- Capacity building technical assistance (CBTA) on featured interventions

- Support in the development and dissemination of implementation tools and resources

- Email Helpdesk (**ihiphelpdesk@mayatech.com**)

Check out TargetHIV.org/IHIP

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- Timothy Thompson, MS   Nothing to Disclose
- Brianne Miller, MPH   Nothing to Disclose

Meet Our Presenters

Timothy Thompson is a resident of Fort Lauderdale, FL and a natural born Floridian. He is the Senior Program/Project Coordinator responsible for developing and overseeing the Part A-funded Clinical Quality of Care (CQM) Program for the Health Care Services Section. Tim has over 15 years of experience in quality management, compliance, behavioral health, and monitoring. His expertise includes managing programs and projects, developing and implementing QI initiatives, monitoring subrecipients, and data analysis. Mr. Thompson holds a master's degree in psychology.

Brianne Miller resides in Fort Lauderdale, FL and is a Program/Project Coordinator of the Broward County Ryan White Part A program. She utilizes her public health knowledge in program design, evaluation, and data analysis to identify gaps and improve the health outcomes for people living with HIV. As a Certified Health Education Specialist, Brianne uses her talents in community organizing to amplify the voices of community members, especially those who are the most underserved. The accumulation of her experiences has fueled her desire to raise awareness of various public health issues related to human, environmental, and animal rights.

Disclaimer

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Overview

1. **Integrated Primary Care & Behavioral Health:** What it is and why it is essential

2. **Integration Efforts:** The efforts made for the Broward County Ryan White Part A program

3. **Revisions:** Revising the Service Delivery Model and Standards of Care

4. **Preparation:** Preparing providers to integrate this new approach

5. **Assessment:** Assessing an Agency's Capacity and Readiness

Program Structure

Ryan White Part A Program

- Primary Medical Care
- Mental Health Services
- Substance Use Services
- Medical Case Management

What types of primary care and/or integrated behavioral health services are provided where you work?

01

What It Is and Why It Is Essential

What is IPCBH?

- A practice team of primary care and behavioral health clinicians
- Working together with patients and families
- Using a systematic and cost-effective approach
- Providing patient-centered care for a defined population

02

The Efforts Made for the Broward County Ryan White Part A Program

System Transformation Through Innovative Community Partnership

Alignment with Broward County Commission Values

- Approaching human services collaboratively and compassionately, with special emphasis on the most vulnerable.

Innovative Approach to Specialized Population

- Community driven needs assessment through the Broward County Ryan White system of care networks and internal workgroups.

This created a collaborative healthcare approach that was innovative, by addressing the individuals' needs in a holistic manner

Polling Question

What would be a benefit of the Trauma-Informed Approach to Integrating HIV Primary Care and Behavioral Health Services?

    a. Improved health outcomes **(Live Poll Result: 5%)**

    b. System organization **(Live Poll Result: 0)**

    c. Reducing Stigma **(Live Poll Result: 2%)**

    d. Cost Effective **(Live Poll Result: 0)**

    e. All the above **(Live Poll Result: 94%)**

Benefits of Integration

Improved Health Outcomes
- Coordination of diagnoses and treatment planning
- Reducing # of appointments

Reducing Stigma
- Normalizing Behavioral Health care
- Identifying and prioritizing behavioral health needs

System Organization
- Patient records accessible in one place
- Less forms for patient to complete and provider to store

Cost Effective
- Fewer lab tests and overlapping procedures
- Fewer ER visits and hospitalizations

Integration Effort Process

1. Redefine Services
2. Identify the Need
3. Establish Standards of Care
4. Assess and Train Providers
5. Evaluate

03

Revising the Service Delivery Model and Standards of Care

Redefined Service Delivery

PRE-INTEGRATION

Services provided separately and individually funded

- No regular assessment of BH
- Point of entry to BH services through referrals from support services

POST-INTEGRATION

- MH, SU, & MCM funded as wraparound services for primary medical care
- Providers applying for IPCBH funding must be able to provide BH & MCM
- Primary medical care acts as point of entry to BH services

Analysis of Ryan White Part A clients who received mental health services between February 2013 - August 2015

- 5,968 individuals included in the analysis

What we found:

- Overwhelming under-utilization of mental health services in the Part A system

- Limited mental health screening by medical, non-medical case management, and substance abuse providers

- Lack of communication between primary care, mental health, and disease case management providers

Establish Standards to Care

Standards of Care were established using:

- Public Health Service Clinical Guidelines for the Treatment of AIDS-Related Disease
- HRSA HAB HIV Performance Measures
- National and local guidelines and best practices

New Standards:

- Individual must complete Patient Health Questionnaire-2/9 (PHQ-2/9) at every primary medical care visit
- Individual identified as needing BH services receives a warm hand off to BH Specialist
- Medical and behavioral health treatment plans are coordinated (as applicable) and managed by a disease case manager
- Care team staffing conducted for individuals experiencing problems with retention and adherence, and/or meeting treatment plan goals

Funded Agencies Must:

- Provide coordinated, co-located, or integrated primary medical care, BH, and Disease Case Management services

- Establish shared protocols, procedures & data collection to ensure continuity of services & retention of individuals

- Develop formal Memoranda of Understanding with case management providers & other members of the individual's treatment team

- Establish a crisis intervention protocol for referrals & linkages with Baker Act receiving facilities

A Trauma Informed Approach

Our Mental Health service category was enhanced by adopting a trauma-informed approach to care:

- Trauma can be caused by a single event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA)
- Incorporating this approach in our initiative, is a critical component in the maintenance and management of HIV infection
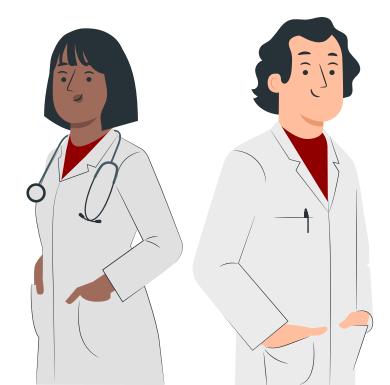
Enhanced Standards of Care:

- Screenings and assessments should include trauma components
- Treatment plans must be developed with a consideration of identified trauma

04

Preparing Providers to Integrate this New Approach

Preparation - Training

Clinical & administrative Ryan White Part A Providers participated in a two-day training to introduce IPCBH

Training topics included:

- National and local context of IPCBH

- Putting IPCBH into practice

- How to use the PHQ-2/9 and integrate it into practice

- Overview of Ryan White Part A IPCBH service development and expectations

- Assessing agency capacity and readiness

Preparation - Implementation

- Five Ryan White Part A agencies are currently implementing the 3-year pilot of IPCBH

- We continue to update our Client Management Information System to align with IPCBH service delivery process for data collection and tracking

- We conduct quarterly meetings with IPCBH, Mental Health, and Substance Abuse providers to discuss implementation, challenges, and accomplishments

- Our clinical quality management team is tracking performance measurement and outcomes of the 3-year pilot

05

Assessing an Agency's Capacity and Readiness

Assessment

It is important to assess your agency's capacity for an integrated healthcare system!

Things to Consider:
- How will integration be beneficial to your agency?
    - Does it fit with your vision, mission, and is it in accordance with your business plan or strategic plan for your agency?

- Needs assessment for the target population that your agency serve
    - Will integration enhance your service delivery and meet their needs?

The **Culture of Wellness Self-Assessment (COW-OSA)** is a tool provided by SAMSHA that assesses an organization's level of awareness of the key components of a wellness-focused culture & engages a self-reflective process that assists in identifying what to keep, stop & start doing

Each agency funded by the Broward RW Program to provide IPCBH did this based on their individual capacity

Culture of Wellness Self-Assessment:

https://www.thenationalcouncil.org/wp-content/uploads/2020/01/Culture_of_Wellness_Self-Assessment_-COW-OSA-_Summer_2015.pdf

Client Testimonial

Ms. Shawn Tinsley is a mother and grandmother who has been living with HIV for 35 years.

Ms. Tinsley has received "high-quality" care from the "outstanding, compassionate" physicians and staff at the Broward County Comprehensive Care Center (CCC), who have helped her manage her HIV care, as well as her general health needs.

"The entire staff at CCC has consistently provided an environment that feels like home, with people who genuinely care. I feel fortunate to have such a committed, knowledgeable, and compassionate team beside me every step of the way on my health journey."

"I want to thank each and every person who has ever been a part of my care team here in Broward. Please don't ever change. Your person-first approach to care is what sets CCC apart from everyone else."

"Blessing upon blessing to you all."

Where We Were in the Beginning

Accomplishments

- Increased access to a complete continuum of care for individuals in our community who are living with HIV/AIDS
- Buy-in and willingness from providers to make a system change
- 5 providers currently providing wraparound services through IPCBH
- Providers expanded their overall capacity to provide IPCBH services
- Increased awareness of BH throughout our Provider network and community

Challenges

- Changing organizational structure and developing new processes
- Buy-in from providers/stakeholders
- Designing an IPCBH framework for the Ryan White Part A Program – little research available on best practices
- Agency resources needed to provide IPCBH services
- PHQ-2/9 screening tool becoming routine
- Referrals to smaller BH agencies

Where We Are Now

Accomplishments

- Process improvement has yielded an increase in retention in care and viral suppression
- All providers at this point have fully integrated and integration is now a requirement for funding
- IPCBH Framework has been established, working on expansion
- PHQ 2/9 part of routine screening
- Increased access to Behavioral Health Services

Challenges

- Cultural barriers for Behavioral Health Referrals
- Warm hand offs and tracking within our Provide Enterprise system
- Behavioral Health data tracking
- Uniformity in treatment
- Retention in Behavioral Health services

References

Culture of Wellness Self-Assessment -COW-OSA- Summer 2015 (thenationalcouncil.org)
https://www.thenationalcouncil.org/wp-content/uploads/2020/01/Culture_of_Wellness_Self-Assessment_-COW-OSA-_Summer_2015.pdf

Behavioral Health Integration Fact Sheet (apa.org)
https://www.apa.org/health/behavioral-integration-fact-sheet

Interventions for Integrating Behavioral Health Services Into HIV Clinical Care: A Narrative Review - PMC (nih.gov)
https://pmc.ncbi.nlm.nih.gov/articles/PMC9364372/

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https://www.broward.org/RyanWhite/Pages/Default.aspx

Stay Connected!

Sharing Information & Strategies

CBTA questions, email:

IHIPhelpdesk@mayatech.com

To access IHIP tools/resources and join the IHIP listserv:

https://targethiv.org/ihip

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