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CONFERENCE ON HIV CARE & TREATMENT

Building a Trauma-Informed Approach to Integrating HIV Primary Care and Behavioral Health Services

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Identify organizations' existing level of integration as well as their vision for integration in the future.
2. Identify the need for integrating HIV Primary Care and Behavioral Health Services in the nation and Broward County.
3. Identify and understand the potential changes needed to integrate HIV Primary Care and Behavioral Health Services.



Overview

- Integration Efforts for the Broward County Ryan White Program
- Strategies to Assess Agency Capacity and Readiness
- Training Providers on Integration Competencies
- Modifying Contract Language and Budgets
- Revising Service Delivery Models and Standards of Care



What is Integrated Primary Care and Behavioral Health?

- The systematic coordination of physical and behavioral health care.
- “The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.”

Peek CJ and the National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. AHRQ Publication No.13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. Available at: </sites/default/files/Lexicon.pdf>





Why Integrate?

- **Health outcome factors:**
 - Allows primary care and behavioral health providers to coordinate clients' diagnoses and treatment
- **Social factors:**
 - Reducing stigma associated with receiving mental health care services
- **Organizational factors:**
 - Client health information will be accessible from one place
 - Fewer forms for clients to complete thereby minimizing errors
- **Cost factors:**
 - Fewer hospitalizations and emergency room visits



Integrated Primary Care and Behavioral Health in the Broward County Ryan White Part A Program

- Undiagnosed mental health issues are invasive in the HIV/AIDS community, consequently negatively affecting their health outcomes.
- Studies show there is an immense amount of stigma surrounding mental health issues resulting in a reluctance to utilize mental health services when needed.



Summary of Mental Health Services Evaluation

- Broward County conducted a profile of Broward County HIV+ residents in the Ryan White Part A program receiving mental health services in a period spanning from February 2013 to August 2015.
 - 5,968 total clients included in the analysis
- Results of the analysis of Provide Enterprise (PE) client, provider, and clinician-level data assessed trends in mental health service utilization.
 - Results reflected an 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 may contribute to low mental health utilization rates.
- Broward County is focused on increasing positive health outcomes for Part A clients.
- We saw a growing need to put a focus on behavioral health to better meet the health needs and increase positive health outcomes for our clients.



Organizational Shift of Services

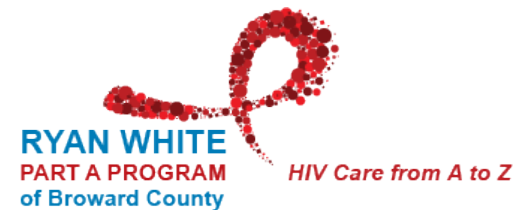
- Prior to Integration, the Broward County Ryan White Part A Program funded Primary Care Services and Mental Health and Substance Abuse Services separately.
- As a result of Integration, all funded Primary Care providers are required to provide Behavioral Health Services.
 - The goal of integrating is to get clients assessed for behavioral health needs at their primary care visit and then be referred to Mental Health or Substance Abuse Services if positively screened for Behavioral Health needs.
 - Mental Health and Substance Abuse Services are still funded separately.



Modifying Contract Language

- **Contract language for agencies funded to provide Integrated Primary Care and Behavioral Health Services state that providers must:**
 - Demonstrate the ability to provide a coordinated, co-located or integrated approach to Primary Care, Behavioral Health, and Disease Case Management services.
 - Establish shared protocols and procedures and data collection to ensure continuity of services and retention of clients.
 - Have formal Memoranda of Understanding with case management providers and other members of the client's treatment team.
 - Have a crisis intervention protocol that include referrals and linkages with Baker Act receiving facilities.

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Modifying Contract Language

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- **DCM Service providers must conduct care coordination for integrated services.**
- Care coordination is critical to the principles of integration of medical and behavioral health care and involves organizing client care activities and sharing information among all of the providers involved with a client's treatment.

Training Providers on Integration Competencies

- Clinical and administrative Broward County Ryan White Part A providers participated in a two-day HIV/AIDS Integration Summit to introduce the concept of Integrated Primary Care and Behavioral Health Services.
- The training objectives for the summit included:
 - National and local context of integrated care
 - Putting integration into practice
 - Integrated treatment teams and treatment plans
 - Understand how to use the PHQ-2 & PHQ-9 and integrate it into practice



Assessing Agency Capacity and Readiness



- Integration Summit attendees completed the Culture of Wellness Organizational Self-Assessment (COW-OSA).
- The COW-OSA assesses an organization's level of awareness of the key components of a wellness-focused culture and engages a self-reflective process that assists in identifying what to keep doing, stop doing, and start doing.
- The COW-OSA includes ten domains and related standards that are characteristic of an organizational culture of wellness.



Assessing Agency Capacity and Readiness

Where we are now and Where we want to be in three to five years

- 1. Location & Partnership
- 2. Clinical delivery
- 3. Patient Experience
- 4. Practice & Organization
- 5. Business Model
- 6. Workforce Development
- 7. Organizational Policies
- 8. System-Wide Focus of Leadership
- 9. Community Connections and Resources
- 10. Performance Evaluation and Data



Revising Service Delivery Models and Standards of Care

- **Service Delivery Model (SDM)—Broward County establishes a SDM for each Ryan White Part A service. Each SDM outlines how the service is to be delivered using the following elements:**
 - Definition of the service based on HRSA expectations
 - Broward Outcomes and Indicators set for the service
 - Standards of Care are established using the following sources, among others:
 - Public Health Service Clinical Guidelines for the Treatment of AIDS-Related Disease
 - HAB HIV Core Clinical Performance Measures for Adults
 - Clients Florida Medicaid Behavioral Health Handbook
 - Current national and local guidelines specific to the service
 - Protocol outlining the specific ways to implement standards and processes required for the service category



The Impact of Integration on Service Delivery Models and Standards of Care

- **The Primary Care SDM was modified to include Behavioral Health standards of care and protocol components.**
- **Modifications to the Service Delivery Model:**
 - Client will complete the Patient Health Questionnaires-2 & 9 (PHQ-2 & PHQ-9) & at every physician visit.
 - If the PHQ-2 or PHQ-9 score is positive and/or the client shows signs of other mental health difficulties, the client will be provided with a warm hand off to a mental health staff person. If a warm hand off is not possible, the client will receive a mental health service appointment within three business days.
 - The mental health staff person will then assess the client's needs by completing a Biopsychosocial Evaluation.
 - Each client will have a Treatment Plan based on the needs identified through the Biopsychosocial Evaluation.
 - Each client is reassessed every six months, at minimum.



A Trauma-Informed Approach to Mental Health Services

- The Mental Health Services SDM was revised to incorporate a trauma-informed approach to the delivery of Mental Health Services.
- Trauma-Informed Mental Health Services refer to the prevention, intervention, or treatment services that address traumatic stress, as well as any co-occurring disorders (including substance use and mental disorders) developed during or after trauma.
- These Services have been identified as a critical component in the maintenance and management of HIV infection.

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According to SAMHSA, trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or threatening and has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.



A Trauma-Informed Approach to Mental Health Services

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➤ Changes to the Protocol:

- Individualized Treatment Plan: Screenings and assessments should guide treatment planning; alerting providers to potential issues and serving as a valuable tool to increase Clients' awareness of the possible impact of trauma and the importance of addressing related issues during treatment.
- Retention in Treatment: Mental Health Services including trauma-informed services must include case conferencing for Clients that are not achieving treatment plan goals and are at risk of falling out of care. The case conferences must assist service providers in problem-solving and monitoring factors that contribute to a Client's progress toward achievement of treatment plan goals.



Looking Ahead



- Broward County began offering Integrated Primary Care and Behavioral Health Services in 2017.
 - Feedback from Primary Care and Mental Health/Substance Abuse providers is gathered bi-monthly at Quality Improvement (QI) Network meetings.
 - Impact of implementation will be measured through data collection in PE and other sources.
- With every client visiting a Primary Care provider receiving a Behavioral Health assessment, we are anticipating an increase in utilization of Mental Health and Substance Abuse Services.
- Possible reduction of mental health stigma.
- Ultimate goal of service integration is to increase positive health outcomes for our clients.
- Incorporating Telemedicine- eliminates distance barriers and can improve access to medical & mental health services.

