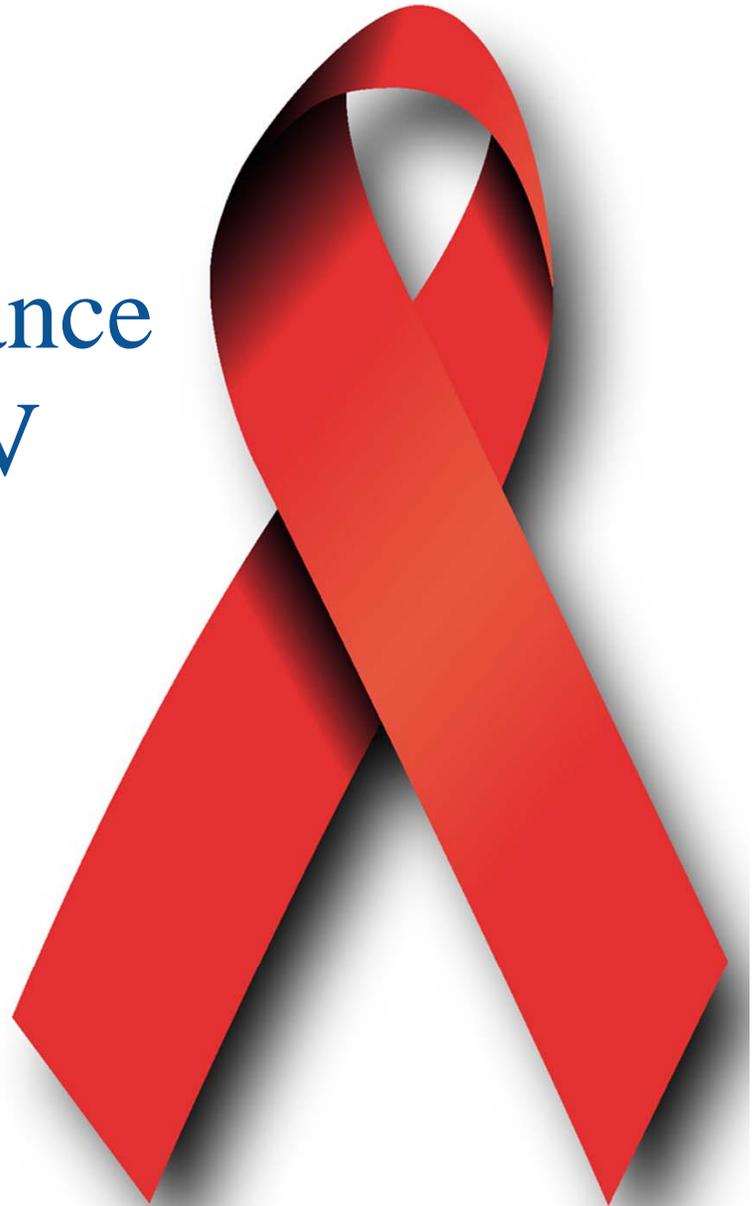


Optimizing HIV Health Outcomes: Integration of Mental Health and Substance Abuse Treatment into HIV Medical Care

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Objectives

- Gain understanding of challenges faced by people who have multiple diagnoses
- Increase awareness of effective strategies to address challenges faced by HIV+ individuals who have multiple diagnoses of mental health and/or substance abuse disorders
- Gain understanding of the implications of inadequate mental health care
- Gain insight into the role of an integrated treatment model in maintaining individuals in treatment, promoting adherence, achieving viral suppression and optimizing health outcomes.



HIV and Mental Illness

- Mental illness in individuals living with HIV ranges from 30-63% in the literature
- Only 26% of triply diagnosed adults receive mental health services and only 15% receive substance abuse services



Weaver, MR, et al. J Acquir Immune Defic Syndr. 2008; 47(4): 449-58.
Kupprat SA, et al. AIDS Care. 2009; 21(7): 874-880.

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Challenges Reported by Clients

Reasons given for dropping out of HIV care

- Actively using drugs or relapsed (48%)
- Financial reasons (40%)
- Difficulty keeping appointments (33%)
- Transportation (32%)
- Needed a break (25%)

Additional Challenges

- Client not prescribed HIV medications due to medical providers' concerns about instability
- Medication difficulties
- Difficulty navigating the healthcare system
- Poverty resulting in difficulty financing treatment or medications
- Stigma
- Need to attend multiple providers who are not co-located
- Mental Illness or Substance Use impairing adherence to treatment

2010 Ryan White Planning Council Comprehensive Needs Assessment,
Dallas, TX and personal communication with HIV medical providers.

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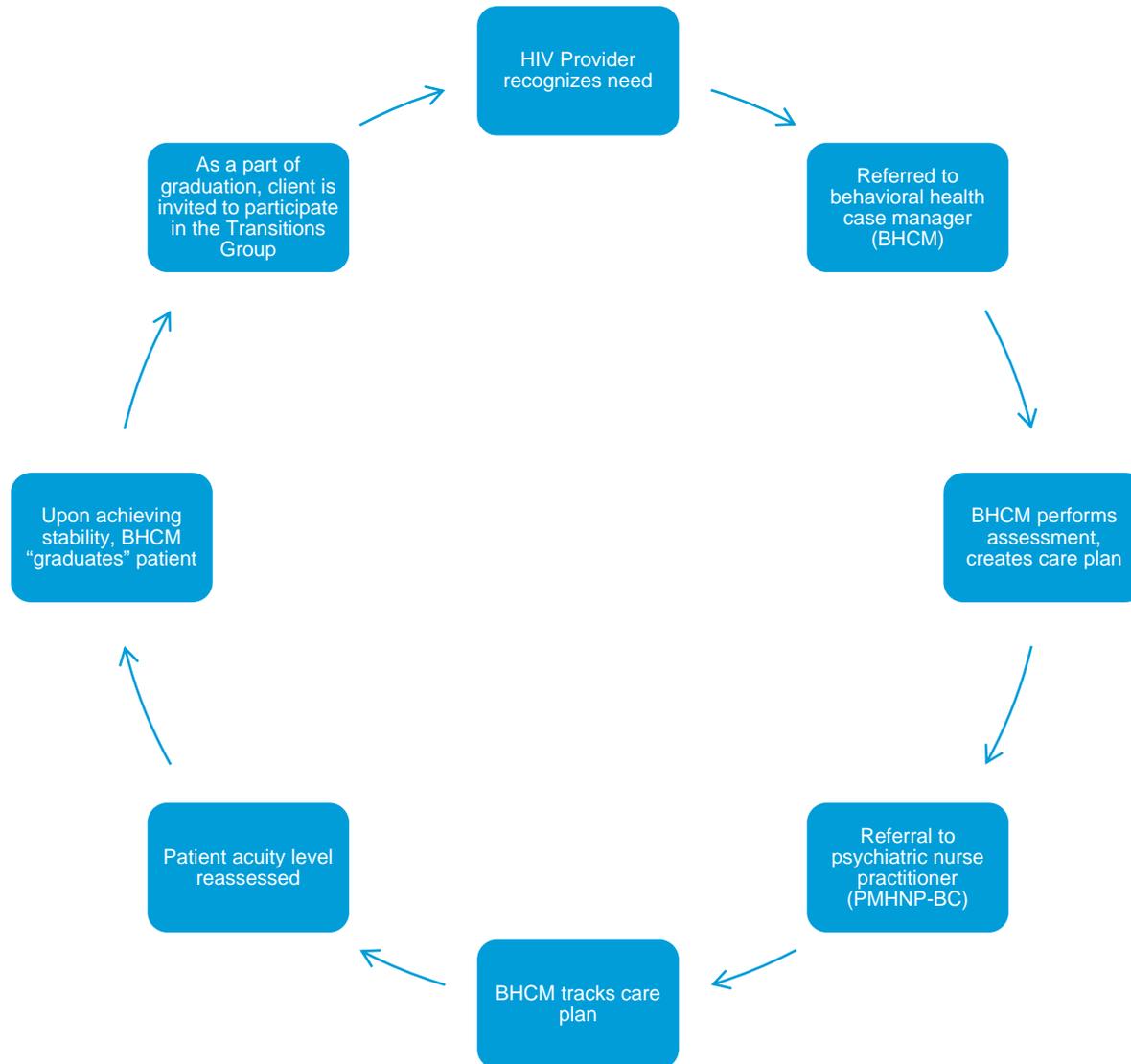


AIDS Arms Behavioral Health Program

- Funded by a grant from the Texas Department of State Health Services (DSHS) through SAMHSA
- Two behavioral health case managers
 - Provide initial assessments of mental health or substance use symptoms
 - Develop a care plan and goals with client
 - Create and follow up on referrals
 - Monitor that client does not become lost to care
- Psychiatric nurse practitioner, PMHNP-BC, (8-24 hours per week)
- Individual counseling offered at AIDS Arms, Inc. provided for individuals involved in behavioral health program
- Group support is offered in the form of the 'Transitions Group' which is a supportive intervention aimed at assisting with graduation from BHCM.



Behavioral Healthcare Integration



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Evaluation Methods

- Cohort #1
 - Patients on the PMHNP-BC case load from July 2012 to March 2014 were reviewed (n=257)
 - Patients without more than one viral load test were excluded (n=203)
 - Outcomes of HIV medical visit no-show rate and change in % of patients with viral suppression (<400 copies/mL) were compared to the general patient population (n=1255)
- Cohort #2
 - Patients on the PMHNP-BC case load from July 2012 to March 2014 were reviewed (n=224)
 - Patients without more than one viral load test were excluded (n=39)
 - Patients with only one onsite mental health service visit were compared to those with more than one visit



Results

Cohort 1: AIDS Arms patients utilizing onsite mental health services compared to all other patients, July 2012 to March 2014

	Median Number of Visits for HIV Care	No Show Rate	% Suppressed Before ¹	% Suppressed After ¹
Utilizing onsite mental health (n=257)	8	22.0%	51.0%	81.0%
All other patients (n=1255)	9	19.0%	66.0%	86.0%

- Overall percentage change in virological suppression for individuals utilizing onsite mental health care: 30%
- Overall percentage change in virological suppression for **all other** patients at AAI medical clinics: 20%

1. Viral Suppression is defined as having less than 400 copies/mL detected in a laboratory blood sample.

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Results

Cohort 2: AIDS Arms patients utilizing onsite mental health services
July 2012 to March 2014

	1 Mental Health Visit (n=33)	>1 Mental Health Visit (n=224)
% Missed Appointments	33.0%	20.0%
% Suppressed Before	61.0%	50.0%
% Suppressed After	81.0%	80.0%

- Overall percentage change in virological suppression for individuals who only completed **1** mental health visit: 20%
- Overall percentage change in virological suppression for individuals who completed **more than 1** mental health visit: 30%



Program Challenges

- At start of program, the large need for this intervention outweighed capacity to implement it initially resulting in very large case load for initial BHCM.
- Due to program being integrated into medical clinic but operated under Client Services, there is at times difficulty balancing the needs of each program.
- Medical providers at clinic specialize in areas outside of mental health and had to adapt to treating individuals with complex mental health concerns.
- Despite all inclusive nature of services, substance abuse treatment is not offered through the behavioral health program. Due to this, there are clients who have dropped out of services as a result of seeking external referral for substance abuse treatment.
- Some clients who expressed displeasure with mental health services end up dropping out of medical care completely.



Conclusions

- Having onsite mental health services improves HIV treatment outcomes for dual or triple diagnosed patients
- Integrating behavioral health care into HIV primary care maximizes opportunities to lower the community's viral load



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