



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Strategies for Success in Integrating HIV Care into Behavioral Health Care



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Moderators:

Laura Galbreath, Director of CIHS



Roara Michael, Associate, CIHS



# Before We Begin

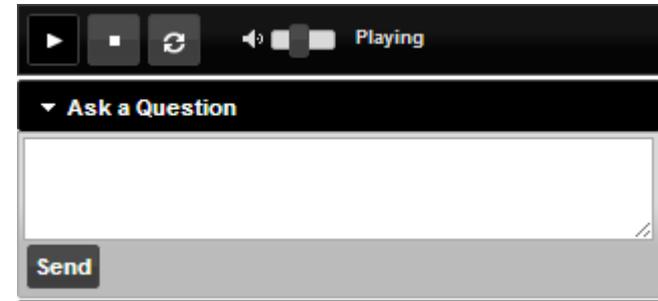
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Browser	 <b>Passed</b>	<b>Google Chrome 33</b> Your browser is ready to go!
Bandwidth	 <b>Passed</b>	<b>Your connection speed is approximately: 4,513 Kbps</b> Your current bandwidth connection is ready to go!
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Slide Display Test	 <b>Passed</b>	Your system is ready to go!
Advanced Info	<p>User Agent: Mozilla/5.0 (Windows NT 6.1; WOW64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/33.0.1750.117 Safari/537.36</p> <p>Tech info: Windows 7   Google Chrome 33   BW: 4,513 Kbps   AFP v.12.0.0   WMP v.Not installed or disabled   IP: 98.141.87.70   RSA: 173.228.128.167   Screen Res: 1920 x 1080   Compatibility Mode Enabled: NA   Cookies Enabled: Yes   <a href="#">Click here for the advanced system test</a></p> <p>Time: Thu Feb 27 16:23:17 GMT+00:00 2014</p>	

# Before We Begin

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# Learning Objectives

- Concrete examples of agencies integrating HIV and behavioral health care.
- Effective steps to success for any organization working to integrate HIV, substance use and primary care.
- Relevant resources and tools supporting implementation of HIV care in behavioral health.

# Today's Speakers

**Kelly Wagner**

Manager, Center for Technical Assistance, Training, and Research Support, The MayaTech Corporation



**Nicole White, RN, MS, Manager of Manager of Nursing, Brandywine Counseling Center**



**Moneta Sinclair, EdD, LPS, CPCS, MAC**

Clinical Director of Addiction Services, Positive Impact Health Centers, Inc.





# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## **The Case for Integration of HIV Care and Substance Abuse Treatment in Behavioral Health**

Kelly Wagner

Manager, Center for Technical Assistance, Training, and  
Research Support

The MayaTech Corporation

# HIV and Behavioral Health

- At the end of 2012, 1.2 million people were living with HIV, with 1 in 8 unaware of their infection
  - Approximately 44,000 per year are infected
- Injection drug use accounts for nearly 10% of annual HIV diagnoses; and nearly 1 in 6 people with HIV have lifetime experience with intravenous drug use
- Nearly 5% of people receiving mental health care are infected with HIV (4 times higher than the general population)

Blank M, et al. A multisite study of the prevalence of HIV with rapid testing in mental health settings. *AJPH*. 2014; 104(12): 2377-2384

# HIV, Substance Abuse, and Mental Health in Minority Communities

- In 2014, African Americans and Hispanics/Latinos accounted for more than 68% of all HIV diagnoses
  - 65% of diagnoses in men
  - 78% of diagnoses in women
- In 2014, African Americans and Hispanics/Latinos accounted for more than 66% of HIV diagnoses attributable to injection drug use
  - Diagnosis is higher in women (9% vs. 5% in African Americans, 13% vs 5% in Hispanics/Latinos)

Centers for Disease Control and Prevention. *HIV Surveillance Report, 2014*. vol. 26  
<http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf>

# Negative Consequences of HIV and Co-Occurring Behavioral Health Disorder

- Rapid and harder to treat HIV progression, especially with severe mental illness
- Increased risk for infection (e.g., injection drug use, impaired judgement for sexual risk)
- Increased risk for transmission (e.g., increased viral load)
- ART non-adherence
- Increased HIV replication
- Development of drug-resistant mutations

# Negative Consequences of HIV and Co-Occurring Behavioral Health Disorder (cont.)

- Development of drug-resistant mutations
- Increased risk for mood anxiety, and cognitive disorders
- Negative affect on central nervous system
- Decreased retention in care
- Reduced viral load suppression

# The Case for Integrated and Co-Located Care and Treatment

- Current approach is to treat behavioral health disorders and HIV in separate settings
  - Challenge for people with poor health with potential cognitive impairment
  - Leads to poor retention in care
  - Leads to exacerbated behavioral health issues and poor clinical outcomes
  - Does not support holistic care, or multidisciplinary care approach
- Recommended approach is to integrate and co-locate substance abuse, mental health, and HIV medical services

# Which Way Do We Integrate?

- Models exist for integration of behavioral health into primary care services; however, there is little literature on co-locating HIV medical care into behavioral health settings
- Building on the therapeutic relationship developed with behavioral health providers can support positive HIV clinical outcomes
  - Patients may be uncomfortable seeking services in a primary care or HIV specialty treatment site

**SAMHSA Minority AIDS Initiative  
Continuum of Care Pilot -  
Integration of HIV Prevention and  
Medical Care into Mental Health and  
Substance Abuse Treatment  
Programs for Racial/Ethnic Minority  
Populations at High Risk for  
Behavioral Health Disorders and HIV**

# SAMHSA MAI-CoC Program

- Supports behavioral health screening, primary prevention, and treatment for people at high risk for behavioral health disorders and high risk for or living with HIV
- Substance abuse prevention/treatment programs, community mental health programs, and HIV integrated programs
- Supports co-location (i.e., providing HIV care services within the physical space of the behavioral health program) or full integration (i.e., clients receiving entire spectrum of HIV medical care in coordination and conjunction with the behavioral health services)



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Integrating HIV Care

Nicole White, RN, MS

Brandywine Counseling &  
Community Services



# Scope of the Problem

Behavioral health clients more at-risk

- Co-morbidities and mortalities

Health Literacy

Role of Trauma in seeking care

Gender and Cultural considerations

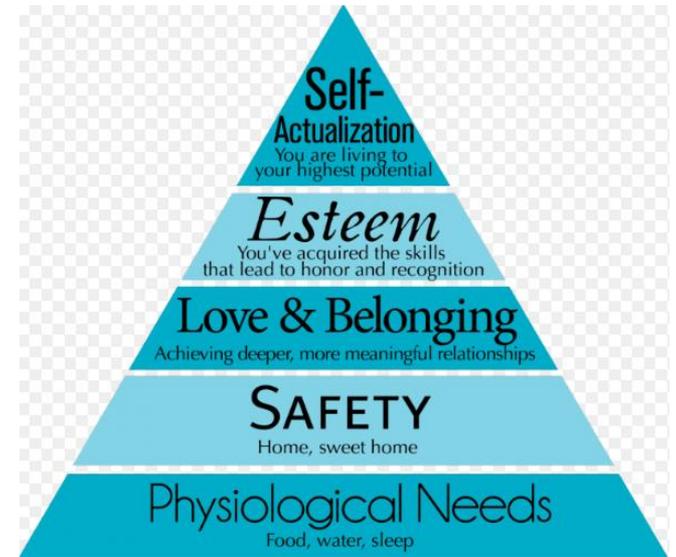
# Why Integrate?

Maslow's Hierarchy

Continuity of care

- Warm Hand-offs

Need for a multitude of services from interdisciplinary team



# Brandywine Counseling & Community Services

Primary location: Wilmington, Delaware

- Satellite locations throughout the state

Provider of substance abuse, mental health treatment for 25 years

Wilmington and Newark MAT locations serve close to 2,000 clients

Provide methadone, suboxone and Vivitrol as well as drug-free programs

# Brandywine Counseling & Community Services

Provision of wrap-around services

Programming possible through federal and state grant funding/allocations and community partnerships

- Infectious Disease clinic on site
- Drop-In Center
- Syringe Exchange
- Perinatal Program
- Mobile outreach
- Adolescent Programming
- Prevention Services



# On-Site Infectious Disease Clinic

Partnership with Christiana Care Health System

Nurse Practitioner on-site 4 days per week

ID physician and pharmacist on site weekly

Provide evaluation and treatment for HIV and Hepatitis C

# Lab and Point-of-care Testing

Intake labs include Hepatitis C and Hepatitis B testing

Opt-in HIV testing

- Performed using rapid tests

Delaware's "Rapid-Rapid" counseling, testing and referral program

# Medical Evaluation

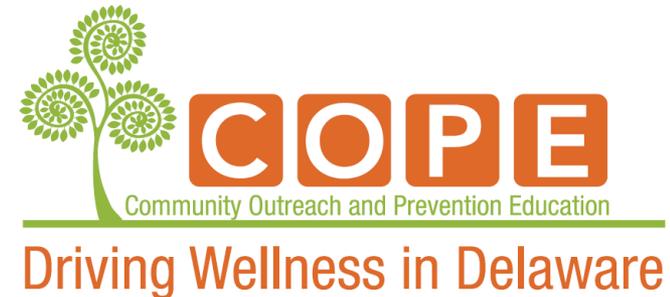
BCCS is not a health home

- No primary care yet

Clients receive intake and annual physicals

Medical casing with nursing and counselors

Referrals for care



# The Warm Hand-Off

- Community Wellness Advocates
- Medical Case Managers
- Intra-agency referrals
  - Project ENGAGE
- Delaware Health Information Network (DHIN)

# Challenges and Strategies - Funding

## Funding

- Ryan White
- HOPWA
- Federal Grant Initiatives

## Billable Services

- Cost-Reimbursement versus Fee-for-Service

# Challenges and Strategies - Staffing

## Contracted Staff versus In-House

- Limitations based on contractual obligations

## Nurse Practitioners/Physician Assistants versus Physician

- Prescribing power
- Cross-utilization

## Social Workers and Case Managers

# Challenges and Strategies - Logistics

## Physical Space

- Exam rooms
- Office Space

## Sustainability

## Ability to draw labs

- Phlebotomist
- Equipment

# What's right for you?

Ability to fully integrate?

If not, can you facilitate direct referrals and offer ancillary services?

What can your organization do along the spectrum of HIV prevention and treatment?

- Education, Testing, Evaluation, Treatment, Continued Engagement in Care

# Resources

## Health Literacy

- <http://www.cdc.gov/healthliteracy/>

## Mental Illness and Relationship to Physical Health

- <http://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Taking-Care-of-Your-Body>

## SAMHSA's Million Hearts Initiative

- <http://www.samhsa.gov/million-hearts>

# POSITIVE **IMPACT** HEALTH CENTERS



## **Managing Co-Occurring Disorders in a SAMHSA CoC – The FUSE Project Atlanta, GA**

**Moneta Sinclair, EdD, LPC, MAC**

Clinical Director, Addiction Services

Program Director, FUSE



# Merging of Two Phenomenal Agencies

## March 1, 2015

Positive Impact, Inc.  
Founded 1993 in Atlanta to provide MH services for people affected by HIV

By 2015, each year the agency provided:

- HIV prevention services and HIV/STI testing to over 4,000
- IMPACT, licensed substance abuse treatment program, to 75
- Behavioral Health services in 4 HIV primary care settings
- Comprehensive behavioral health services (individual, couples, group & psychiatry) to 600
- Training 250 behavioral health professionals

AID Gwinnett/Ric Crawford Clinic  
Founded in 1990 to provide HIV care to PLWHA in North Metro-Atlanta

By 2015, each year the agency provided:

- HIV prevention services and HIV/STI testing to over 1500
- HIV Specialty Care to 800 in two locations
- Case management and patient advocacy to all patients
- Wrap around services including transportation and housing support

# Populations of Focus

African American and Latino men and women, gay and bisexual men, transgendered individuals, and people with addictions and/or substance misuse.

Veterans and their families will also be served.

# Areas of Focus

Co-locating & fully integrating HIV primary care and behavioral health

Substance abuse prevention/HIV prevention:  
CLEAR

Mental health and substance abuse counseling

Substance abuse treatment navigation services

Substance abuse treatment: IOP, CCP, and New Beginnings

HIV/Hepatitis testing, Hepatitis vaccination

Wrap-around recovery support and retention

# No Wrong Door for Service Entry

**Prevention**

**Mental  
Health**

**Addictions**

**HIV  
Primary  
Care**

HIV/STI/  
Hepatitis  
Testing

Psychothera  
py  
Psychiatry

IOP  
CCP  
Risk  
Reduction

Labs  
Medication

# Implementation Challenges & Solutions

## Intake Process at Two Locations

- Integrating entry into 4 different programs
- Intake Summit

## Overwhelming Response to Receiving Primary Care

- Staff capacity
- Setting limitations

## Integrating Sero-Negatives and Sero-Positives

- Focus group
- Setting more limitations for overwhelming response to excellent addiction treatment

## Gathering & Recording Data

- DCI and data entry

# Partnerships & Collaborations

**AID Gwinnett**

**AID Atlanta**

**Local/County Health Departments**

**Dentistry**

# FUSE Year Two Progress

## Prevention:

- HIV testing: 100
- Hepatitis C testing: 94
- Hepatitis A&B vaccination: 36
- CLEAR intervention: 10 completed series

## Mental health: 48

## Substance use disorder/Co-occurring disorders (COD):

- Treatment navigation: 189
- Outpatient drug/alcohol treatment: 56

## Peer support: 114

## Primary care: 43

# The Case of William



30 year old, AA, Gay-identified male

Presents for HIV testing, confirmed HIV positive

Immediately screened for high-risk behavior, MH,  
substance use disorder (SUD), primary care  
needs

# William in Prevention

Association of sexual activity and drug use

Offered enrollment in CLEAR (Choosing Life: Empowerment! Action! Results!)

- Goal: Promoting healthy living and more productive choices
- Skill development for living with HIV

Referred to clinical services for HIV primary care and the treatment navigator for SUDs

# The Complexity of Co-Occurring Disorders

The link between mental health and substance abuse

- One may contribute to the other

HIV can exacerbate either or both disorders

- Increased psychological distress
- Some illicit drugs known to increase replication of virus

Integrating treatment – disorders need to be addressed concurrently for improved health outcomes

# William in Behavioral Health

## Registration

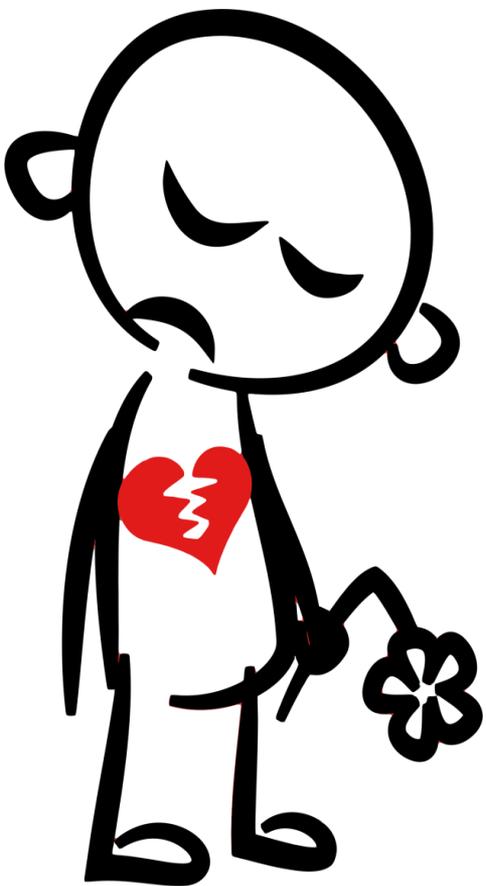
Assessed for ASAM level of care needed

Deemed appropriate for intensive outpatient treatment services - IMPACT

Assigned SUDs counselor & certified peer specialist (CPS) to develop WRAP (Wellness Recovery Action Plan)

Offered and received Hepatitis C testing and began A&B vaccination series; RHHT completed

# William in Behavioral Health (cont'd)



Behavioral health  
assessment/diagnostic interview

Assessed with 10 year history of  
depression and chronic  
substance abuse – Was one of  
disorders first? Does it matter?

Psychiatry

SMART treatment plan developed  
to address 5 life areas – MH,  
SUDs, medical, legal, and CM

# William in Behavioral Health (cont'd)

Monday	Tuesday	Wednesday	Thursday	Friday
Process Group 1:00-2:30	Creative Process 1:00-2:00	Poetry Workshop 1:00-2:30	<b>NO IOP GROUPS</b>	Anger Management 1:00-2:00
<b>Break</b>				
Seeking Safety/Yoga 2:45-3:45	HIV Education 2:10-3:10	Poetry Workshop Process 2:45-3:30		<b>15 minute break</b>
<b>15 minute break &amp; snacks</b>				
Emotional Maturity 4:00-4:45	Relapse Prevention 3:15-4:30	Healthy Relationships 3:45 - 4:45		12 step 2:15-3:00
Clean up 4:45-5:00	Clean up 4:45-5:00	Clean up 4:45-5:00		Weekend Planning 3:15-3:45
Continuing Care 5:00-7:00pm		Continuing Care 5:00-7:00pm		

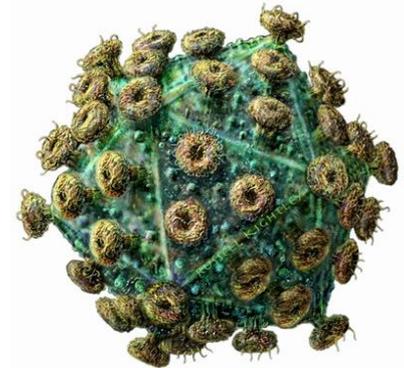
# William in Primary Care

Nurse case manager assesses medical history and continually tracks appointment and medication adherence

Blood/lab tests conducted to obtain baseline measures for HIV and medication determination

Lab results indicate CD4 of 320, viral load of 10K

Placed on Atripla based on his genotypes and phenotypes



# William's Outcome

- Placed in transitional housing and consistently attended IMPACT program and medical appointments
- Experienced a relapse; processed with MH/SUDs counselor and treatment plan updated addressing contributing factors  
Addressed underlying MH issues that fueled SUDs
- Became employed
- Completed CLEAR and the Hepatitis vaccination series
- Completed the IMPACT program with sustained recovery within 18 months and continues MH/SUDs counseling
- HIV is undetectable with a CD4 of 700+
- He is healthy, productive, and HAPPY
- We all share in his accomplishment

# Identified Issue

Integrated behavioral health and HIV/AIDS prevention and treatment services are crucial to achieving a more coordinated and impactful response to the syndemic.

Programs that provide behavioral health and HIV-related services for minority populations are frequently challenged in their attempts to meet the comprehensive client care needs associated with HIV infection, high-risk behaviors and psychiatric co-morbidities.

Technical assistance (TA) can enhance the capacity of programs to effectively deliver services and achieve project goals.

# Panel Discussion



# Questions ?



# CIHS Tools and Resources

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or  
e-mail [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

The screenshot shows the homepage of the SAMHSA-HRSA Center for Integrated Health Solutions. At the top, there is a search bar with the text "Making Integrated Care Work" and the phone number "202.684.7457". Below the search bar is the organization's name, "SAMHSA-HRSA Center for Integrated Health Solutions", and a link to the "eSolutions newsletter". A navigation menu includes "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". Below the navigation menu is a "Glossary" link and social media icons for Facebook, Twitter, and LinkedIn, along with "Ask a Question" and "Email" links.

The main content area features a large image of a group of professionals in a meeting. Below the image is the text "Core Competencies for Integrated Behavioral Health and Primary Care" and a sub-headline "An essential foundation for preparing and further developing an integrated workforce." There are five numbered icons (1-5) and navigation arrows.

Below this is a "CALENDAR OF EVENTS" section with two entries:

- FEB 26** Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment  
FEBRUARY 26-26, 2014
- FEB 27** Integrating Peer Support in Primary Care  
FEBRUARY 27-27, 2014

The right side of the page has an "ABOUT CIHS" section with the title "SAMHSA-HRSA Center for Integrated Health Solutions" and a paragraph: "CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings." Below this is a "LEARN MORE" button.

Below the "ABOUT CIHS" section is a "TOP RESOURCES" section with a "View Our RSS Feed" link. It lists two resources:

- FEBRUARY 24, 2014**  
Integrating Physical and Behavioral Health Care: Promising Medicaid Models
- FEBRUARY 21, 2014**  
February Is American Heart Month!

Each resource has a corresponding image: a person climbing a ladder to reach a tree for the first resource, and hands holding a red heart for the second resource. Below the images are short descriptions of the resources.



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

**Thank you for joining us today.**

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.