



Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

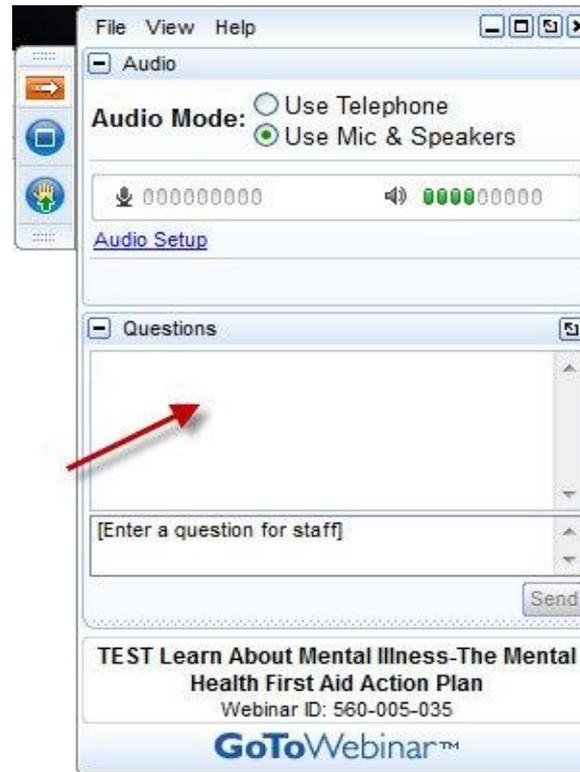
Grantee Roundtable Discussion on Recruitment and Retention

February 16, 2016

Slides for today's webinar are available on the CIHS website at:

<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/webinars>

How to ask a question during the webinar



If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions.

Roundtable Discussion Format

- Provides an opportunity to learn from and interact with other grantees, during the MAI-CoC webinar
- Today, several grantee agencies from diverse geographic locations, serving diverse populations will highlight their experiences in the field
- We want to hear from you! Let us know what you are thinking by submitting your questions and comments throughout the roundtable webinar.



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Oscar Gutierrez, M.S.W., M.P.H.

Program Manager

Bienestar Human Services, Inc.

Los Angeles, CA

Emily Bakshi, LMSW

Program Manager

St. Joseph's Mercy Care Services,
Inc.

Atlanta, GA

Jo Ann Ford, M.A.

Assistant Director, SARDI

Wright State University

Dayton, OH

Clinica Bienestar



Oscar Gutierrez M.S.W., M.P.H.

Agenda

- ☞ Our History
- ☞ MAI-CoC Grant
- ☞ Target population
- ☞ Outreach strategies
- ☞ Barriers
- ☞ Retention mechanisms
- ☞ Data tracking

History

1989

- ✎ Education
- ✎ Prevention (positives)
- ✎ Advocacy
- ✎ Social support
- ✎ Community mirroring

2014

- ✎ Outpatient substance use
- ✎ Mental health
- ✎ Housing
- ✎ Food pantry
- ✎ Prevention as treatment
- ✎ Research

Clinica Bienestar

2015 -present

- ☞ Collocated services
 - HIV primary Care
 - Hepatitis A/B Vaccinations
 - Behavioral health
 - Prevention PrEP and PEP
- ☞ Target population
 - Latinos, African Americans, and other unserved communities
 - 18-64 years of age.

East Los Angeles

- ☞ 2010 Census: 97.7% Latinos, 0.2% Black/African American
- ☞ 2011 Census: 44.5% limited English at home
- ☞ 2012 Census:
 - 35% <9th grade
 - 3.8% have a BA/BS degree



Outreach Strategies

- ∞ Health fairs
- ∞ Probation department
- ∞ Nightclubs
- ∞ Media
- ∞ Community events
- ∞ Internally
- ∞ Word of mouth



CLINICA BIENESTAR

CLINICA BIENESTAR
DONDE LA SALUD PRECISA

Los Servicios que Ofrecemos son:

- . Servicios Ambulatorios contra el Abuso de Drogas y Alcohol.
- . Sesiones Individuales o de Grupos contra el Abuso de Drogas y Alcohol.
- . Grupos de Mantenimiento y Prevención contra el Abuso de Drogas y Alcohol.
- . Sesiones Familiares, de Parejas e Individuales para el Tratamiento de Salud Mental.
- . Servicios Confidenciales y Culturalmente Sensitivos.
- . Pruebas de VIH y Hepatitis C, Educación y Prevención.
- . Servicios Médicos y Farmacéuticos proveídos en el mismo lugar para el Tratamiento de VIH y Hepatitis C
- . Servicios Bilingües: Inglés- Español.

Clinica Bienestar es un programa de Bienestar Human Services Inc. Los Servicios Médicos son operados por AHF.

AHF
AIDS HEALTHCARE FOUNDATION

BIENESTAR

Para más información COMUNIQUESE CON NOSOTROS:
BIENESTAR HUMAN SERVICES INC.
5326 E. Beverly Blvd.
Los Angeles, CA 90022
(866) 590-6411, Ext. 119.
ogutierrez@bienestar.org

Barriers

- ⌘ Retaining substance use patients in tx.
- ⌘ Higher level of care
- ⌘ Stigma
- ⌘ Waitlist
- ⌘ Crisis
- ⌘ Language
- ⌘ LA is spread out/
traffic



Retention

∞ Mechanisms:

- Provide bus/ metro tokens
- Create a sense of community
- Offer life skills
- Create partnership
- Create many points of contact



Tracking

- ☞ Face sheet
- ☞ Cover sheet per provider
- ☞ Pre-post test
- ☞ Kessler
- ☞ TCUDS
- ☞ Satisfactory survey



Thank you!



Audience, GPO, and Maya Tech

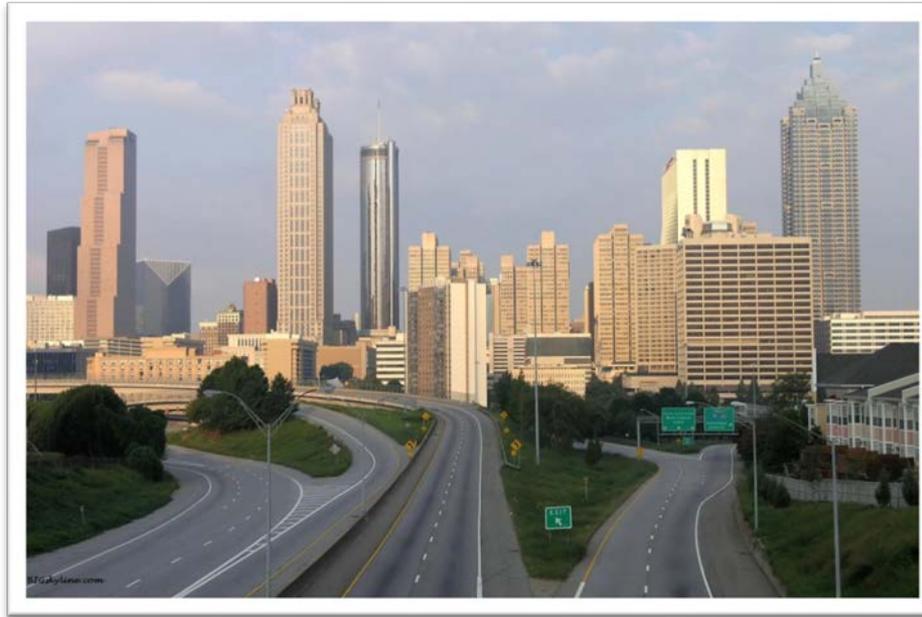


Mercy Care

MAI-CoC: Recruitment and Retention

Emily Bakshi, LMSW
Behavioral Health Specialist /Program
Manager
Mercy Care

City Snapshot



20,000 homeless persons in city of Atlanta, Fulton County and DeKalb County.

14% increase in unsheltered homeless. 60% of immigrants are not yet U.S. citizens.

Fulton County and Dekalb County both have uninsured rates of 23%.

36 % of Dekalb County and 33% of Fulton County residents live below 200% of poverty level.

City safety net of providers meets about 35% of projected need.

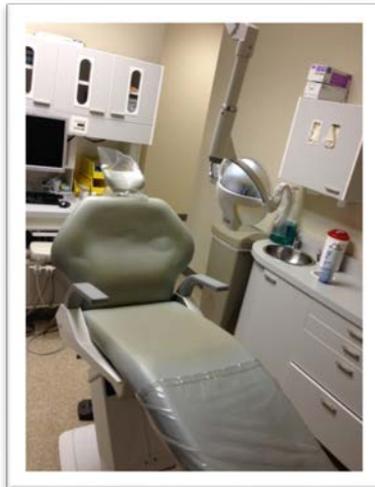
State has decided not to expand Medicaid at this time leaving over 650,000 Georgians with no access to health care under the Affordable Care Act

Clinics

Mercy Care Decatur Street & Mercy Care North



We hold to the highest standard of care in beautiful and well equipped facilities in underserved and underinsured communities in Metro Atlanta.



Mercy Care North provided primary medical services to

3,026

patients in 2014.

Mercy Care Decatur Street provided primary medical services to

3,514

patients in 2014.



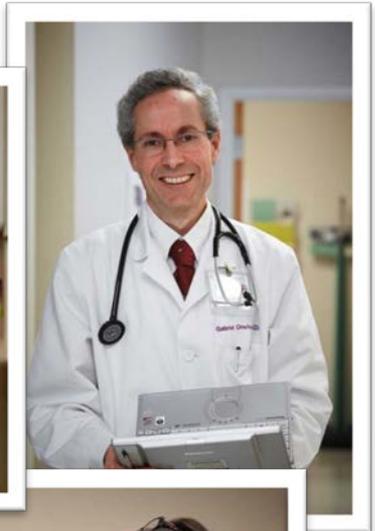
Dental suite at the Decatur Street clinic

Patient-Centered Medical Home

Model transforming care delivery

Providing Care that is:

- Patient-oriented
- Accessible
- Evidence-based
- Integrated
- Coordinated when care is received outside Mercy Care (i.e specialist, hospital, ER)
- Proactive
- Focused on an ongoing healing and wellness relationship (vs. episodic care)
- Team-based
- Monitored for quality outcomes and improvement



Patients by the Numbers



Across all sites in 2014:

- 48,276 Total Encounters
- 11,965 Clinic patients
- 6,993 Mental Health Visits
- 8,221 Case Management Efforts
- 7,459 Dental Visits

65%

Homeless

85%

At or below federal poverty line

93%

Uninsured

47%

Female

Recruitment/Retention Barriers

- Transient/Homeless Population
- Inability to Contact Patients
- Health Beliefs
- Transportation Difficulties
- Severity of Mental Health/Substance Abuse Needs
 - ACT Team Referrals
 - Hospitalizations
 - Incarcerations
- Scheduling Difficulties
 - Employment
 - Housing Programs



Tools for Retention

- Integrated care model
 - “Hub” design in clinics
 - Team approach to treatment
 - Orientation for HIV patients
- Email and Text Message communication
 - MyChart through EHR
- Bus Fare Assistance
- Flexibility in scheduling
 - Evening clinic
 - Same day appointments
 - Mobile Coaches
 - Street Medicine
- Retention Specialist



Prevention Strategies

HIV

- Routine, opt-out screenings
- Health and Behavior visits
- Outreach Team
- Nurse Case Management
 - New Client Orientation
 - Medication Adherence

Substance Abuse

- Guiding Good Choices program
- Routine Screening
- In-house substance abuse/life skills groups



Year 1 Progress

- **HIV screenings-** Goal: 1,500 **Actual: 2,495**
- **Hepatitis C Screenings-** Goal: 1,273 **Actual: 1,231**
- **Behavioral Health/Substance Abuse Screenings-** Goal: 75% of new patients and patients not seen in 2 years **Actual: 49% (2,791 screens)**
- **Linkage to Care-** Goal: 55 **Actual: 16 (out of 38 positives)**

Challenges

- Retention in EBP for Behavioral Health
- Coordination of DCI and RHHT forms
- Linkage to Hep C treatment

Changes for Year 2

- New Behavioral Health/Substance Abuse Screens
- Tracking system in EHR for Linkage to Care
- Shared patient list in EHR for DCI coordination
- Modification of EBP to better fit patient schedules
- Coordination with HIV outreach team for EBP recruitment
- Electronic record sharing with Grady Hospital for faster referral to liver clinic



Integrated Continuum-of-care Services (ICS)

SARDI Program
Wright State University
Dayton, Ohio

The ICS Program:

- Integrates and co-locates behavioral health services with a continuum of HIV services.
- Partners with physician who specializes in HIV; Public Health – Dayton & Montgomery County; and the AIDS Resource Center, the largest AIDS service organization in Ohio.
- In addition, the Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP) of Dayton provides alcohol and other drug prevention services to youth and family members.

The ICS Program

- The target population is African American adults, living in Dayton or Montgomery County, who need substance abuse treatment and/or mental health treatment or who are at high risk for either behavioral health problem and need prevention services.
- Consumers must be able to provide their own informed consent. They also must be willing to sign a Release of Information document.

Participating in ICS

Consumers are eligible for the following:

- HIV and hepatitis C testing
- Hepatitis A & B vaccinations
- Linkage with Health Navigators for people testing Hep C+
- Assistance in obtaining health care for anyone testing positive
- Participation in HIV and substance abuse prevention
- Assistance with transportation to appointments
- Access to additional educational and support groups
- Strengths Based Case Management
- Gift cards for completing evaluation data collection interviews

Recruitment for ICS

Members of the target community are identified in several ways:

- 1) through SARDI's outreach efforts via special events and social networking,
- 2) through direct recruiting from the treatment program,
- 3) through recruitment at other social service agencies.

Barriers to Recruitment

- Stigma of behavioral health problems, particularly mental health
- Waiting lists or waits longer than a couple of days for first appointment
- Ongoing transportation issues
- Still in addiction and not ready for change
- Prior experiences might not have been positive
- Not all people coming to ICS are in target population
- Lack of trust

Retention Strategies

- Text and phone call reminders of appointments
- Peer run support groups (AOD education and life skills)
- Beginning with prevention services
- Transportation assistance (tokens, rides)
- Social activities with peer groups
- Incentives for completing parts of the program and for completing follow up interviews
- Opportunities to become Lay Health Advisors
- Invite to peer activities even if not ready for treatment

Tracking Retention

- ✓ Strengths Based Case Management from staff in addition to treatment services
- ✓ Communication with primary treatment staff (with appropriate ROI)
- ✓ Sign in sheets at all groups
- ✓ Participants encouraged to drop in – especially while waiting for their appointments
- ✓ Events scheduled in advance
- ✓ All contacts documented
- ✓ Participants are encouraged to participate in prevention even if attending treatment

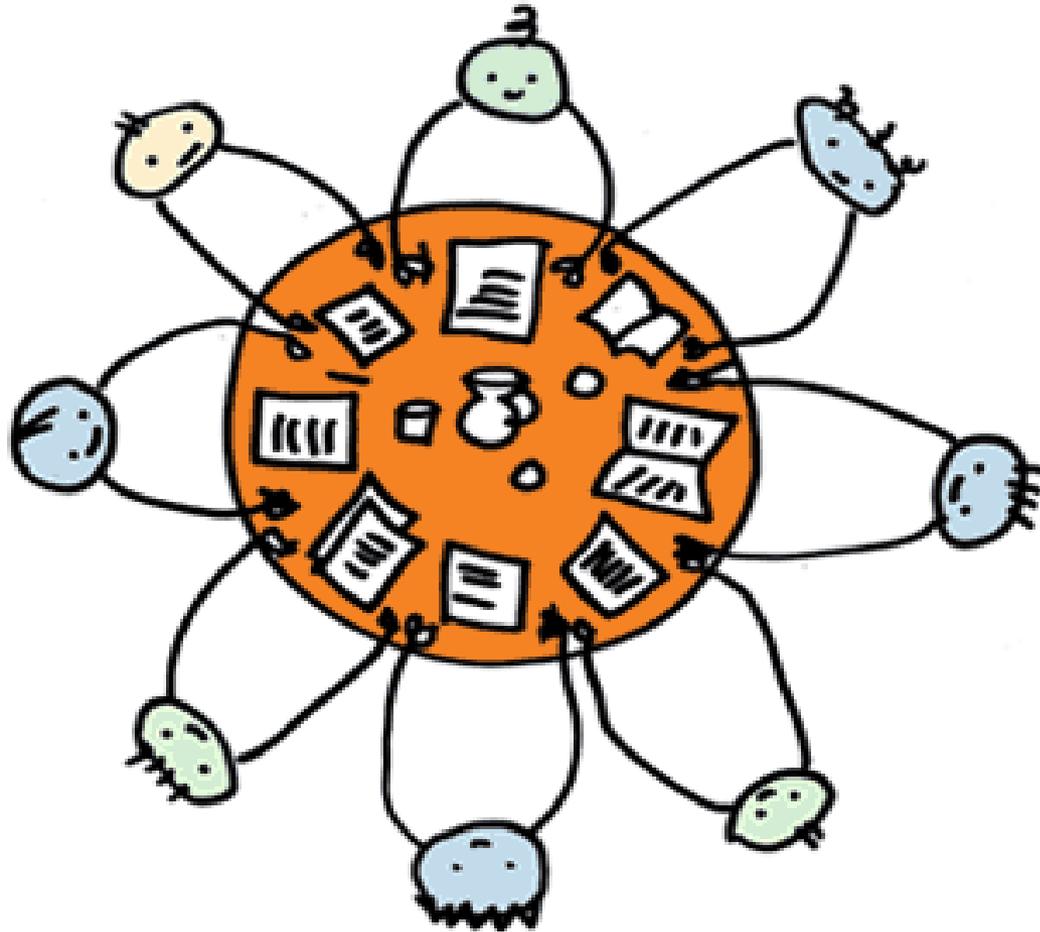
Evidence Based Practices

- Social Network Recruiting
- Peer Support
- SHIELD
- PRIME for Life
- African American Families Project
- Cognitive Behavioral Therapy
- Motivational Interviewing
- Strengths Based Case Management
- AWARE
- Relapse Prevention Therapy
- In the Mix (for people living with HIV)
- RESPECT



Questions

Roundtable Discussion



What are the recruitment barriers for your community/program ?

- Transportation/Location
- Health Literacy
- Language
- Stigma
- Hours of operation
- Visibility and/or connectedness in the community

Did your program meet its recruitment expectations in Year 1 in the areas of mental health and substance use disorder treatment services, HIV and substance abuse prevention and education services, HIV and hepatitis testing, and vaccination?

- Yes, on target
- Yes, exceeded target
- No
- Not sure
- Met some objectives, not all

What staff and mechanisms has your project used to ensure client retention in behavioral health and HIV care?

- Case/Care managers
- Peer support workers
- Health coaches
- Technology assisted approaches
- Other

Do you currently have a method to track client retention in behavioral health and HIV care?

- Yes
- No
- Not sure

Resources

- **Interactive retention toolkit** to improve client engagement and retention in substance use disorder outpatient treatment settings developed by University of Washington Alcohol & Drug Abuse Institute
<http://adai.uw.edu/retentiontoolkit/index.htm>
- **Network for the Improvement of Addiction Treatment (NAITx)** uses process improvement strategies to improve access and retention in treatment
<http://www.niatx.net>
 - 4 AIMS: Reduce wait time; Reduce no shows; Increase admissions; Increase continuation.
- **“IAPAC Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents”** Journal of the International Association of Providers of AIDS Care 1–32. International Advisory Panel on HIV Care Continuum Optimization
<http://www.iapac.org/uploads/IIAPAC-IAPAC-Guidelines-for-Optimizing-the-HIV-Care-Continuum-Supplement-Nov-Dec-2015.pdf>
- **Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention**
<http://www.cdc.gov/hiv/prevention/research/compendium/lrc/completelist.html>

Additional Questions

Gretchen Vaughn, Ph.D.
The MayaTech Corporation
gvaughn@mayatech.com

Oscar Gutierrez, M.S.W., M.P.H.
Bienestar Human Services, Inc.
ogutierrez@bienestar.org

Emily Bakshi, LMSW
St. Joseph's Mercy Care Services, Inc.
ebakshi@mercyatlanta.org

Jo Ann Ford, M.A.
Wright State University
jo.ford@wright.edu



Additional Comments?

Contact the SAMHSA-HRSA Center for Integrated Health Solutions
integration@thenationalcouncil.org or MAI-COC-TA@mayatech.com

For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org





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.