

Behavioral Health in Oklahoma

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Comprehensive HIV/AIDS Resources & Treatment Services (CH & RTS)

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Disclosures

Andrew Moore, LPC has no financial interests or relationships to disclose.

HRSA Education Committee Disclosures

HRSA Education Committee staff have no financial interest or relationships to disclose.

CME Staff Disclosures

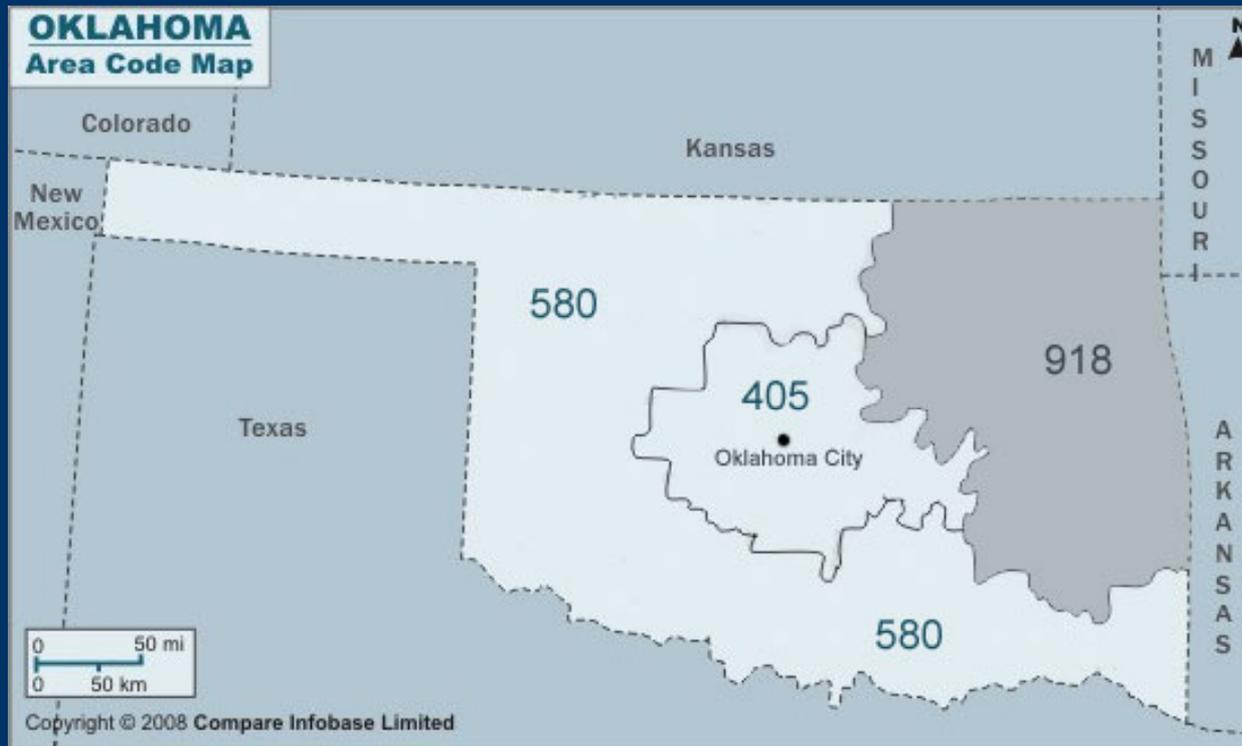
Professional Education Services Group staff have no financial interest or relationships to disclose.

Learning Objectives

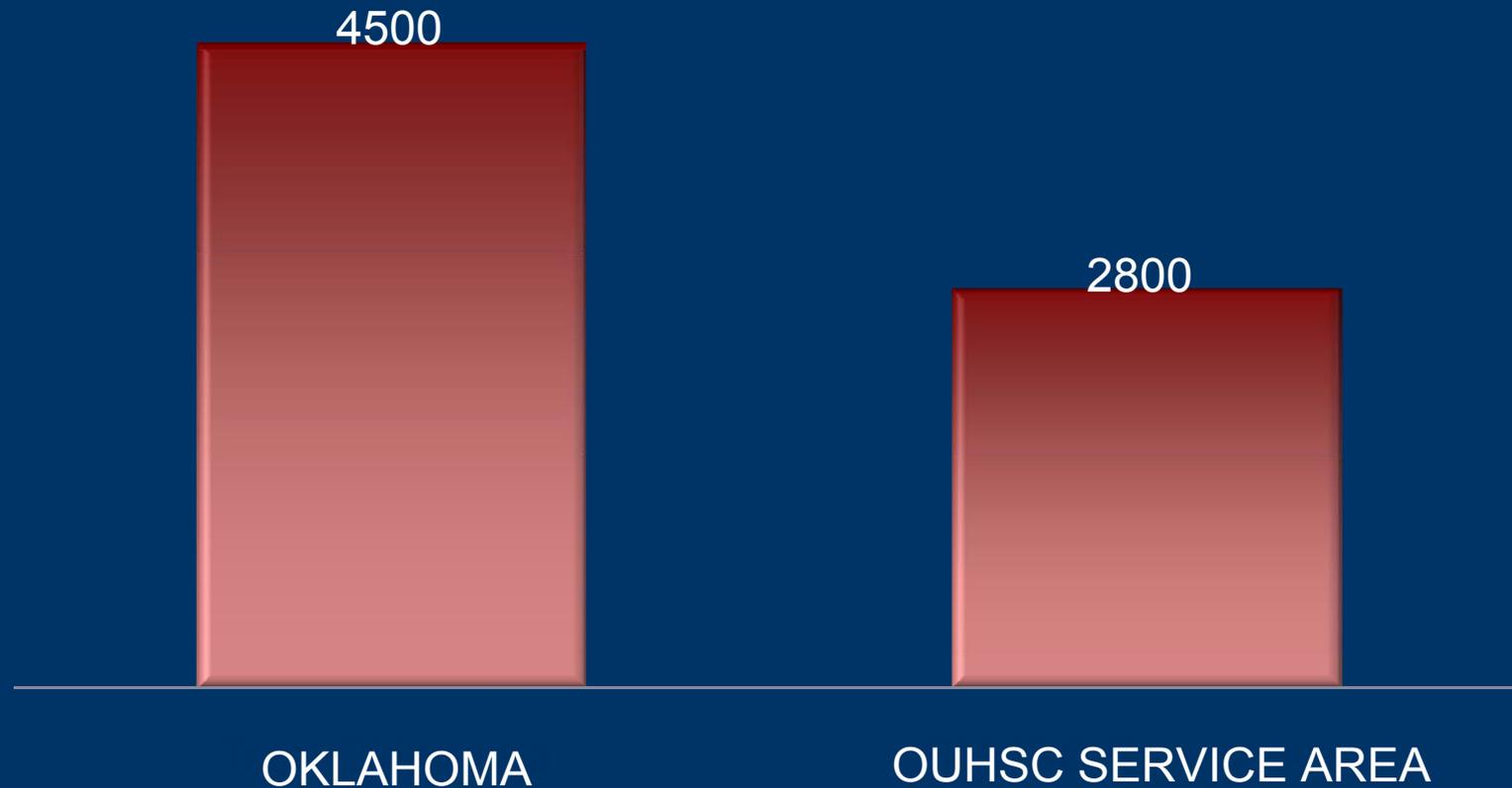
1. Participants will identify practices and models that have worked for substance abuse and mental health providers with success programs.
2. Participants will be able to explain barriers involved with substance abuse and mental health programs.
3. Participants will be provided with resources to assist with improving their current substance abuse program or mental health program.

OUHSC Service Area

405 and 580 area codes = 50,000+ miles



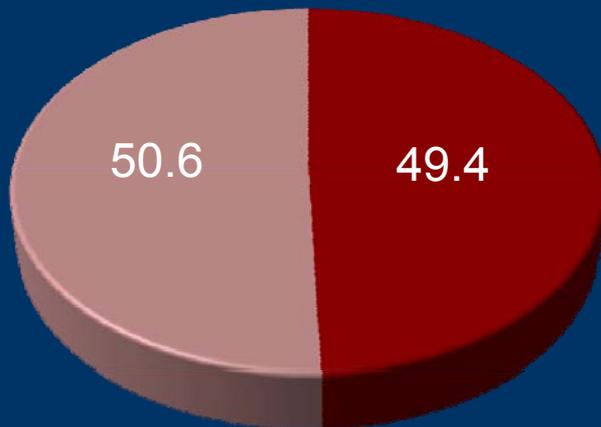
Estimated total number of persons living with HIV/AIDS



Source: 2007, Oklahoma State Department of Health

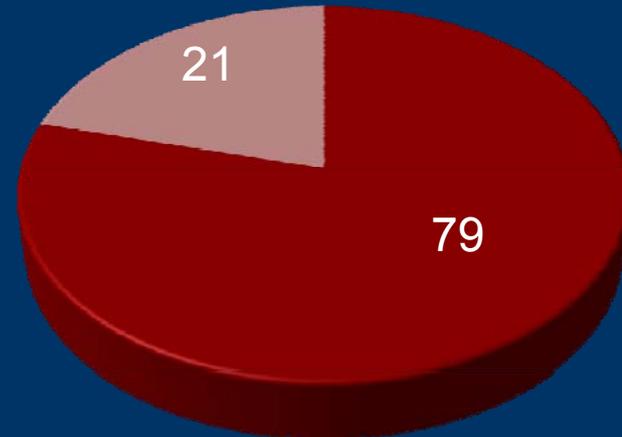
Demographics: Gender

OKLAHOMA



■ Male ■ Female

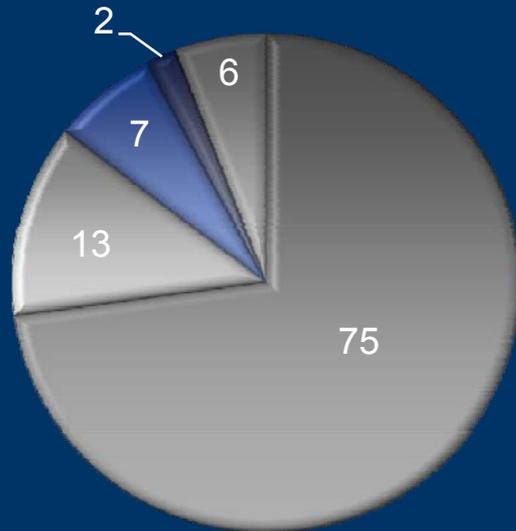
OUHSC RW CLIENTS



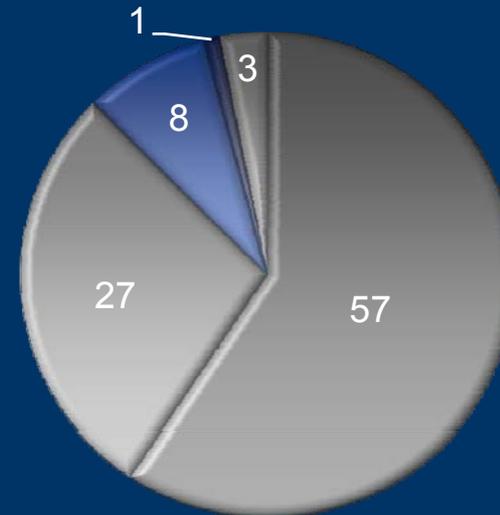
■ Male ■ Female

Demographics: Race

OKLAHOMA



OUHSC RW CLIENTS



- White
- AI/AN
- 2 or more races

- Black / African-American
- Asian

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- 2 or more race

- Black / African-American
- Asian

Mental Health & HIV/AIDS

In a 2001 Epidemiological Study, 47.9% of respondents screened positive for at least one psychiatric condition.

- Major depression (36%)
- Dysthymia (27%)
- Generalized anxiety (16%)
- Panic attacks (11%)
- Substance abuse (26%)

Bing EG, Burnam MA, Longshore D, et al. Psychiatric Disorders and Drug Use Among human immunodeficiency virus-infected adults in the United States. Arch. Gen Psychiatry. 2001;58:721-728.

Mental Health in Oklahoma



- Approx. 11% of population have a mental illness, most undiagnosed and not in treatment
 - 2nd highest rate in United States
 - MH leading cause of disability for adults <45 years
- 52,332 persons served in state-funded mental health programs in 2009.
- \$1.8 billion annually in direct costs related to mental illness

Mental Health at OUHSC

- In 2009:
 - 799 counseling sessions
 - 380 psychiatric appointments
- Top 5 most common presenting issues:
 - Coping with HIV (stigma, disclosure, etc.)
 - Relationships
 - Depression
 - Substance abuse
 - Trauma

Program Structure | Location

- Located near downtown Oklahoma City
- University health center campus
 - Close proximity to hospital, pharmacy, other specialties
- Medical & psychosocial programs occupy contiguous space

Program Structure | Staff

- 3 Licensed Professional Counselors
 - 2 are dually-licensed as LADC
- 2 Psychiatrists (4 hrs/week each)
- 6 Medical Case Managers (MSW & LCSW)

Program Structure | Assessment

- Assessment
 - Bio-psycho-social interview
 - Demographics
 - Family
 - Medical
 - Mental Health / Substance Abuse
 - Employment
 - Legal
 - Beck Depression Inventory
 - Beck Anxiety Inventory
 - SASSI
 - KABB (Knowledge, Attitudes, Beliefs, and Behaviors)

Program Structure | Assessment

- Acuity Scale – Tracks scores from:
 - BDI
 - BAI
 - SASSI-FVA
 - SASSI-FVOD
 - Axis IV (DSM-IV)
 - Axis V (DSM-IV)
 - Viral Load
 - CD4
 - KABB

Program Structure | Treatment

- Frequency of counseling appointments determined by level of need as determined by Acuity Scale
- Reassessment conducted at least every 6 months
- All clients seeing psychiatrist are required to also be actively involved in counseling
 - Can be reviewed on case-by-case basis for stable clients

Program Structure | Theory



- Motivational Interviewing
 - “A client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”
 - Creates a non-judgmental, affirming relationship between client & therapist
 - Allows client to exercise freedom of choice and self-direction
 - Utilizes “OARS” techniques

<http://www.motivationalinterview.org>

Motivational Interviewing | Why it works



- Utilizes positive reinforcement & empathy
 - By focusing on establishing a positive relationship with the client, they become more open and willing to examine their ambivalence about change.
- Gives priority to resolving ambivalence
 - Helps clients more thoroughly examine the beliefs behind their actions and develop an understanding of why they do what they do. Clients do not need another person telling them what to do or not to do.
- Makes client responsible for their progress

Motivational Interviewing | Success

- Case Study



Integration & Impact on other programs

- The whole is greater than the sum of the parts!
 - Medical clinic, case management, mental health
- Impact on treatment adherence
- Referrals

Barriers to Treatment

- Stigma
 - HIV/AIDS
 - Mental Health
 - Substance Abuse
 - ...or a combination of the three!
- *Example:* Relational & sexual norms in minority cultures

Barriers to Treatment

- Transportation
 - Service area of 50,000 square miles
 - Lack of local resources, especially in rural areas
- Financial limitations

Current developments

- Substance Abuse treatments
- Continuous Quality Improvement
- Electronic Medical Records (EMR) system
- CAREWare
- Telemedicine