# The Reality of Integrating Behavioral Health in an HIV Primary Care Setting: Challenges and Solutions; 15474

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Prism Health North Texas
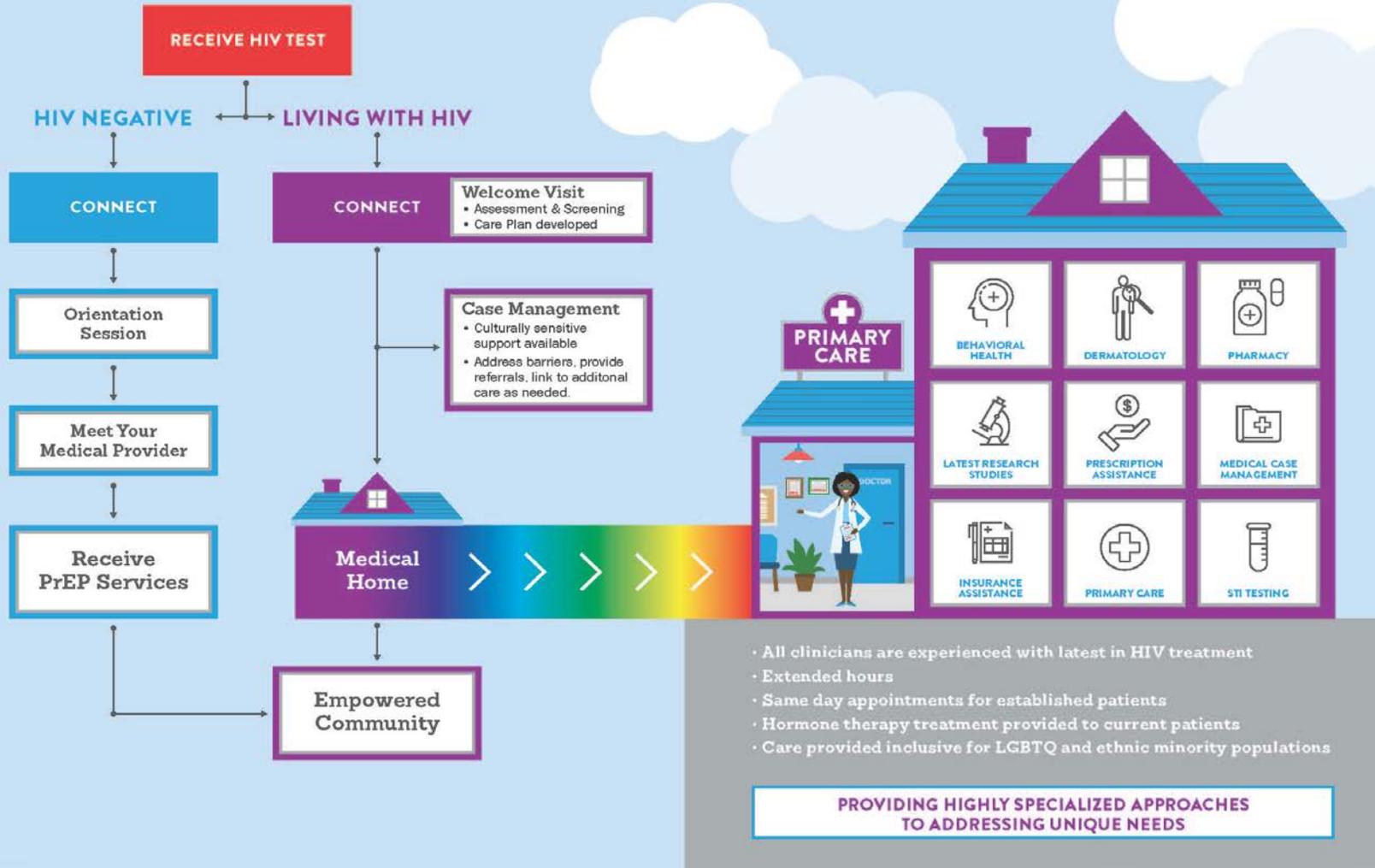
PHNTX provides integrated care using a status neutral medical home model.

Where We Are Located

LOCATIONS THROUGHOUT NORTH TEXAS

1. Oak Lawn Center
2. East Dallas Empowerment Center
3. South Dallas Health Center
4. Prism Health North Texas Pharmacy
5. Oak Cliff Health Center
6. Community & Client Services, Administration
7. Dallas County Sexual Health Clinic - PHNTX
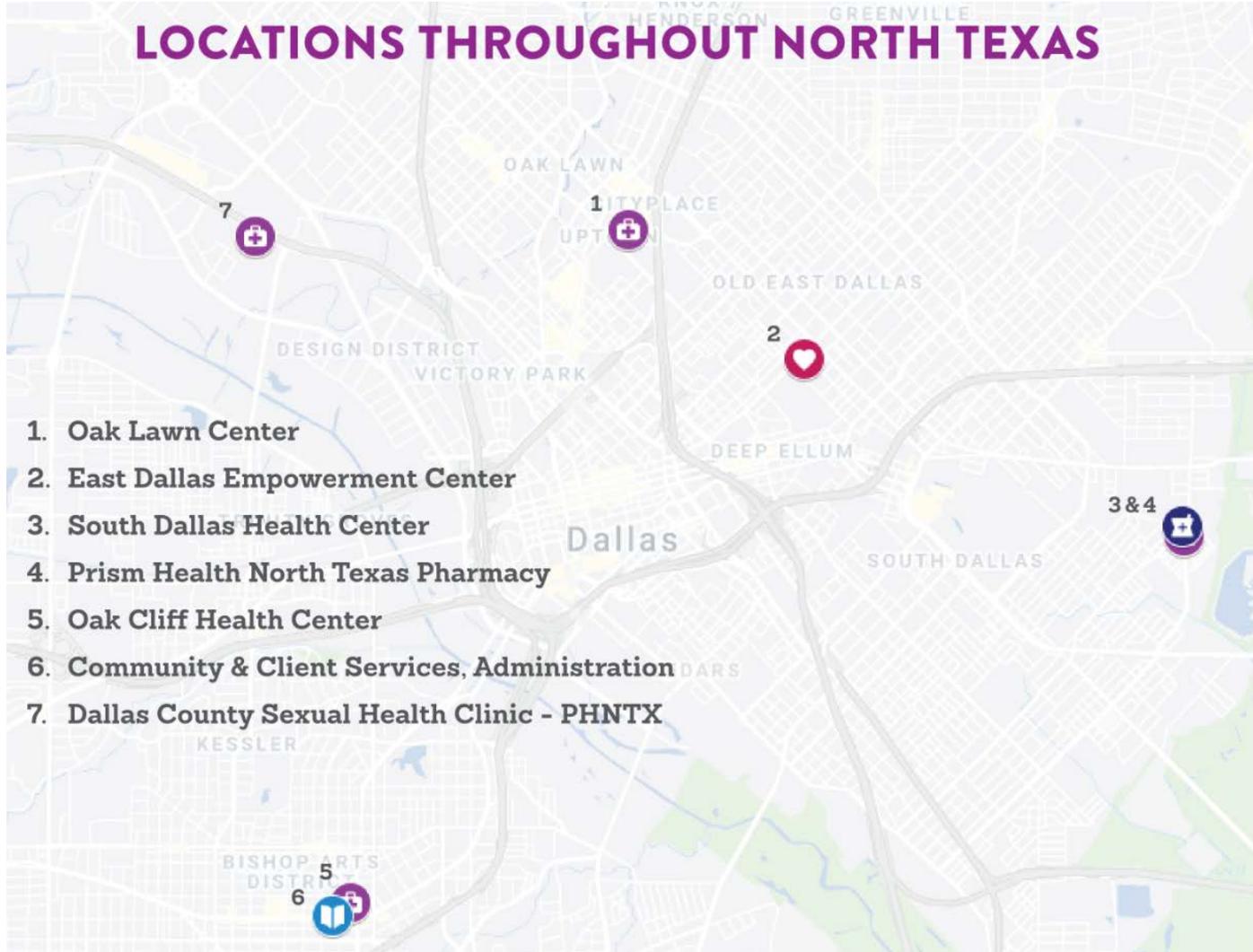
Learning Objectives

- Outline system level changes to eliminate organizational silos and support a team-based approach to patient-centered care.

- Discuss personalized behavioral health interventions to address stigma and increase access in integrated HIV-care settings.

- Develop a plan to expand behavioral health services, including leveraging existing resources and diversifying funding streams.

Outline system level changes to eliminate organizational silos and support a team-based approach to patient-centered care.

Raymond Castilleja, Jr

Breaking Down the Silo Model

Challenges of Silos

Fragmented Care

-Lack of coordination

-Quality control

-Limited use of electronic health record

Program Barriers

-Eligibility requirements

-Time duration

-Funding limitations

Clinical Barriers

-Clinician knowledge and beliefs

-Clinician self-efficacy

Inefficient Systems

-Established processes and procedures

-Communication barriers

-Form duplication

HIV and Co-Occurring Disorders

- People living with HIV are twice as likely to have depression compared to those without HIV.

  (HHS, 2019)

- People with HIV/AIDS have an increased risk for developing mood, anxiety, and cognitive disorders.

  (HHS, 2016)

- PLWH have high rates of past or current history of alcohol or substance use disorders.

  (SAMHSA, 2016)

Only 25% of the PHNTX clinic population access behavioral health services with many screening positive for co-occurring disorders.

Importance of Integrated Behavioral Health for People Living with HIV

Not addressing behavioral health as part of comprehensive HIV clinical management:

- compromises adherence to HIV treatment

- contributes to missed medical appointments

- adversely affects HIV disease progression

PHNTX Integrated Behavioral Health Program

THE FOUR PILLARS OF INTEGRATED BEHAVIORAL HEALTH CARE

- PRIMARY CARE
- MENTAL HEALTH CARE
- SUBSTANCE ABUSE TREATMENT
- ACCESS TO SOCIAL SERVICES

- Supports the emotional, psychological, and social well-being of PLWH

- Helps achieve optimal HIV health outcomes.

- Reduces stigma and discrimination

- Creates One Stop Shop

- Cost benefits

Team Based Approach

- System redesign
- Blending of separate practice cultures
- Shared medical records
- New workflows
- Team based approach to treatment

Primary Care Providers

Clinical Staff

Case Managers

Behavioral Health Providers
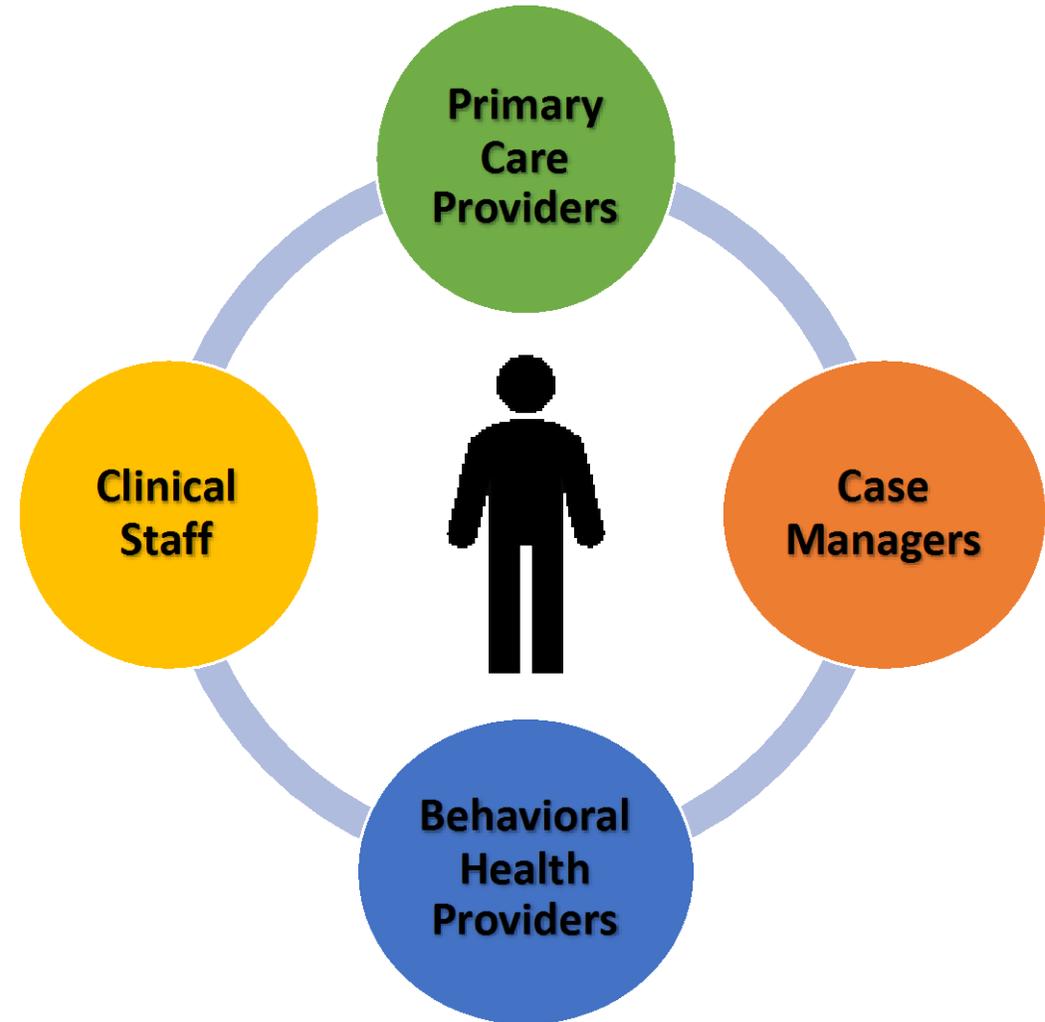
Redesigning Integrated Behavioral Health Flow of Services

Redesign of workflows should consider:

- each member of the care team,

- specific responsibilities,

- how care team members interact.

Behavioral Health Care Service Plan - Flow of Services - (2019)
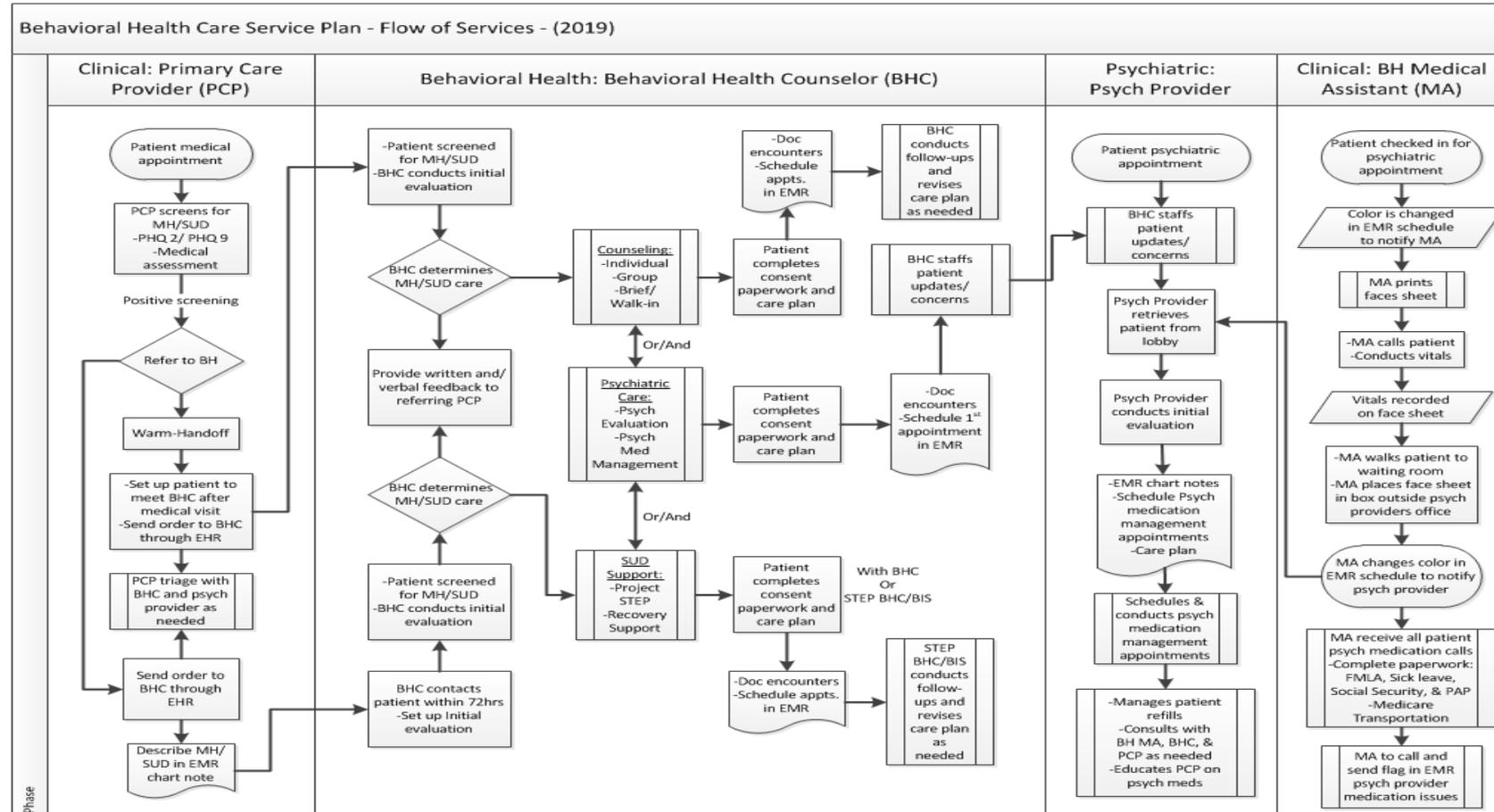
Challenges of Team-Based Approach

- Uncomfortable with change
  - *"This is the way we have always done it."*
- Leadership differences
- Different program and clinical priorities
- Redesign of established workflows among many departments/ management styles

Success of Team-Based Approach

Team Integration
- Processes
- Structure
- Leadership
- Environment
- Information

- Expand access through care teams
- Standardization of workflows
- Customizing electronic health records
- Improved communication and trust
- Prioritization of selected program metrics
- Organizational redesign
- Integration of behavioral health and social support services

PHNTX Patient-Centered Care
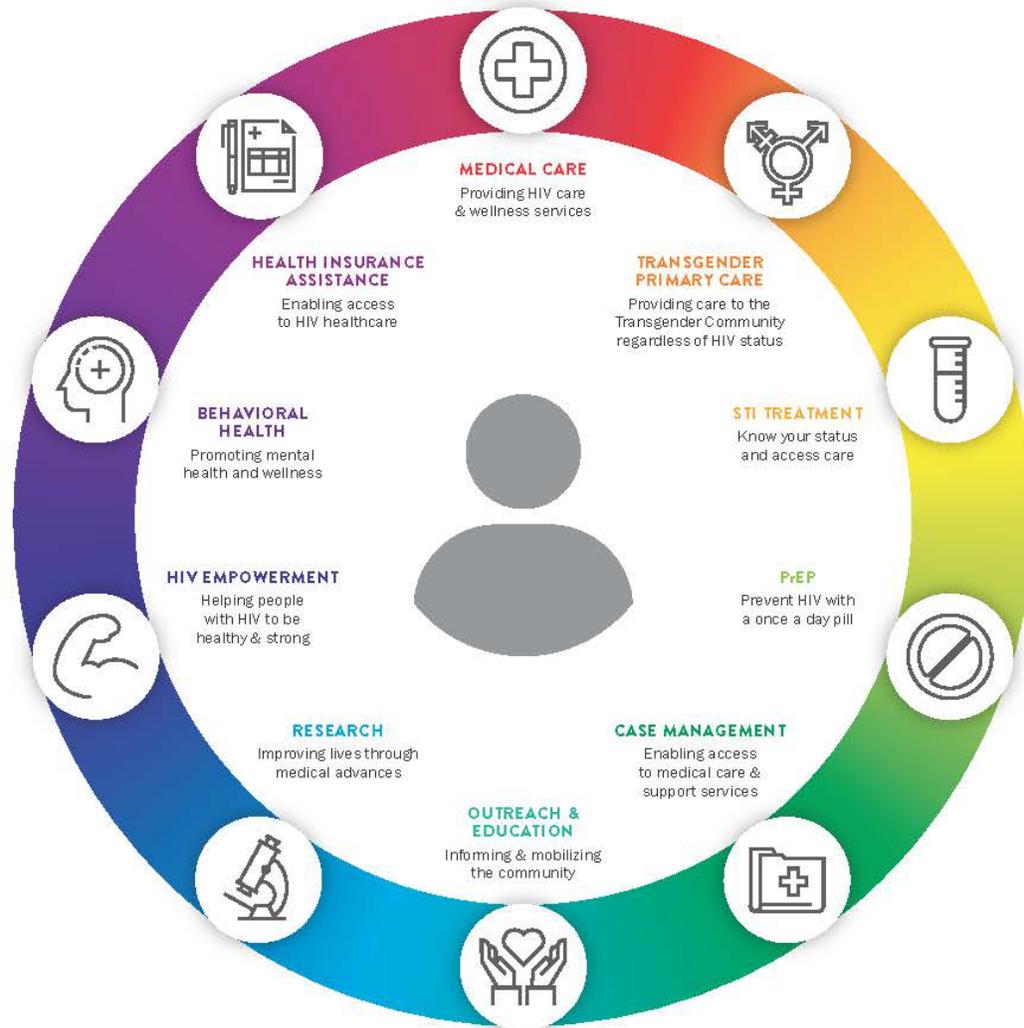
Our mission is to advance the health of North Texas through education, research, prevention and personalized integrated HIV care.

Using personalized behavioral health interventions to address stigma and increase access in integrated HIV-care settings.

Rochelle Turner

Social Stigma

30 YEARS

VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

What is Social Stigma?

Social stigma is the disapproval of or discrimination against, a person based on perceivable social characteristics that serve to distinguish them from other members of a society.

Social Stigma vs. Equitable Healthcare

Social stigma promotes:

- Judgmental interpersonal interactions

- Discrimination

- Isolation

- Disparate outcomes

Equitable healthcare promotes:

- Respect for difference

- Recognition of healthcare as a human right not a privilege

- Responding to known disparities by creating safe spaces and trauma informed care practice

Addressing Stigma

- Examine agency Mission, Vision and Values.

- Consider the nature of equitable service delivery in your agency.

- Does your agency have a statement of intent around equitable care?

- If so, how often are these statements and plans reviewed?

VALUES

We honor and respect our patients, staff, and community while holding ourselves accountable for equitable care.

PrismHealth
NORTH TEXAS

MISSION

Advancing the health of North Texas through education, research, prevention, and personalized integrated HIV care.

VISION

Building equitable healthcare access for all Texans.

Trauma Informed Care

Trauma Informed Care…

is a strengths-based service delivery approach "that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment."

1. Realizing the prevalence of trauma.

2. Recognizing how trauma affects all individuals involved with the program, organization, or system, including own workforce.

3. Responding by putting knowledge into practice.

Stigma Reduction Efforts

| Patient Centered Care | Community Advocacy & Education | Community Partnerships | Community Prevention Services | Reciprocal Linkage Pathways | Cultural Norms |

Stigma reduction efforts must be integrated to support access to care.

Develop a plan to expand behavioral health services, including leveraging existing resources and diversifying funding streams.

Nicole S. Chisolm

Conduct a Gap Analysis

What is currently in place?

- Program Design
  - Individual, family, group
  - In-person, telehealth
  - Outpatient, inpatient
- Work Force
  - Licensure requirements
  - Full-, part-time, contractual
  - Staff and intern development
- Administrative
  - Funding Sources
  - Technology and physical infrastructure

What is ideal and feasible?

Behavioral Health Workforce
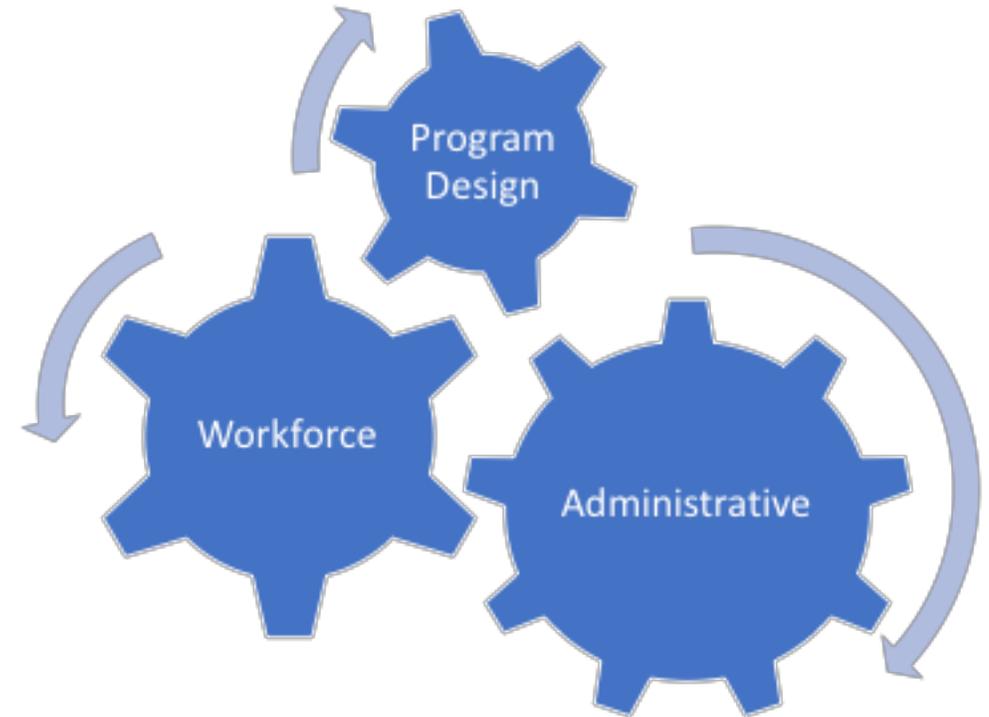
Workforce development includes development of emerging professionals, strategic recruitment and retention, and continued learning.

- Develop a comprehensive staff education plan.

- Develop focused recruitment and retention efforts
  - Consider contractual, part-time, and full-time opportunities
  - Engage in focused recruiting and consider recruitment incentives
  - Identify position specific benefits (i.e. clinical supervision, self care initiatives)
  - Build opportunities for mentorship and clear pathways to promotion

- Consider an intern program for new professionals entering the workforce

Staff Education

- The Prism Health North Texas educational plan includes:
  - Trauma-informed Care
  - Eye Movement Desensitization And Reprocessing (EMDR)
  - Cognitive Behavioral Therapy (CBT)
  - Motivational Interviewing (MI)
  - Dialectical Behavior Therapy (DBT)
  - Gender Affirmative And Supportive Surgery Evaluation Tool (ASSET)
  - Chemical Dependency Counseling (LCDC Training)
  - Managing Burnout And Compassion Fatigue

Positions and Licensures

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HIV CARE & TREATMENT
30 YEARS

PHNTX Behavioral Health Program

- **Behavioral Health Director (1 FTE)**
  LCSW-S

- **Psychiatrist (1 Contractual)**
  MD

- **Psychiatric Nurse Practitioner (1 FTE, 1 Contractual)**
  NP

- **Substance Abuse Treatment Providers (3 Partners)**
  Licensed Substance Abuse Facility

- **Program Manager (1 FTE)**
  LMSW

- **Behavioral Intervention Specialist (1 FTE)**
  BA/BS, CHW

- *Counselor I (3 FTE)*
  LMSW, LPC-I

- *Counselor II (1 FTE)*
  LPC, LCSW

Leveraging Resources

- Leverage state and federal grants to support the growth

- Leverage agency and donor funds to pilot new workflows or to cover unfunded services and tangible goods

- Outline clear logic for payment sources

Insurance

| Individual Counseling | Psychiatric Services |

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State and Federal Grants

| Prevention Services | Individual, Group, Family Counseling | Substance Abuse Services |

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Ryan White (Payer of last resort)

| Individual Counseling | Psychiatric Services |
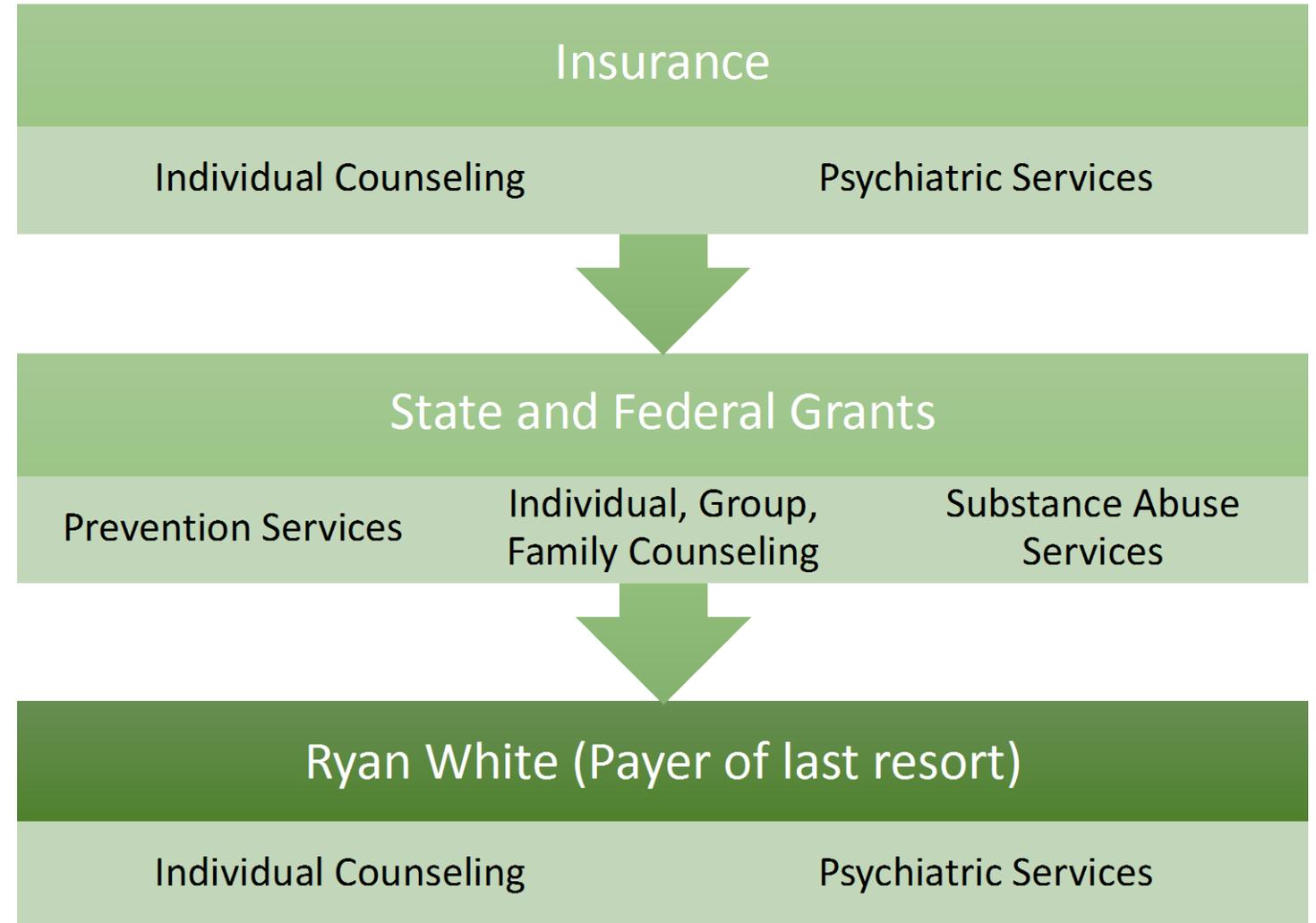
Develop Your Plan

1. Conduct a gap analysis
   - Consider program design, workforce, and administration
2. Know that integration includes workflows, work spaces, health records systems, and staff education and supportive resources
3. Understand that effective integration of behavioral health requires integrating stigma reduction efforts along the way
   - Engage internal and external stakeholders in these efforts
4. Identify appropriate funding based on your local priorities
   - Consider funding at multiple levels (public and private funding, and program income)

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Q&A

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