

Integrated, Co-located Substance Abuse Treatment for Persons Living with HIV/AIDS

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Context

- 🌐 **Disproportionate burden**
 - **Metropolitan Detroit area has 45% of Michigan population, but 64% of HIV/AIDS cases (> 10,500 individuals)**
 - **HIV/AIDS prevalence rates among the highest in the U.S.**
- 🌐 **HIV/AIDS clinic is a long-standing program at WSU/Detroit Medical Center**
 - **Serves 1,700 consumers overall with 275 new consumers annually**
 - **Mostly African-American (79%), male (69%), live in Detroit (75%), and low-income (87% are < 300% of poverty line)**
 - **About 40% of screens have substance use problems**

Behavioral Health Care Program Funding

- 🌐 **Health care funding provided by Ryan White-HRSA, Medicaid, Medicare and some private payers**
- 🌐 **Existing grant (CMHS) provides mental health treatment that is co-located in this clinic**
 - **Annual targets = screen 300, initial interview with 200, and serve 100 unduplicated consumers**
- 🌐 **Our SAMHSA/CSAT-funded “Integrated Substance Use and Physical Health Intervention for Recovery” (INSPIRE) program offers complementary substance abuse services**
 - **Annual targets = screen 240 and serve 120 unduplicated consumers**
- 🌐 **Plan for sustainability: Seek further funding for treatment research (NIH) and services (private payers)**

Synthetic Treatment Model



Co-location

- **Provide multiple services in the HIV Clinic to improve convenience, flexibility and adherence**
- **Reduce stigma by establishing treatment for all problems as the “norm”**
- **African-Americans often prefer to seek psychiatric treatment in primary care setting (culturally relevant)**



Integrated care



- **Improve communication and cooperation among providers, consumers and community agencies**
- **Coordinate comprehensive service delivery and instill personal responsibility**







Chronic care

- **Provide long-term attention to multiple, interacting conditions to facilitate stability, quality of life, and hope**
- **Traditional clinical models of intake and discharge are re-defined to reflect continuing care**

Guiding Principles

-  **Improve Access (Remove Barriers) to Care**
 - **Transportation**
 - **Co-location of services**
 - **Case management**
-  **Reduce Substance Abuse**
 - **Routine self-report and biological testing**
 - **Offer high-quality psychosocial treatment (all consumers) and medication assisted treatment (as appropriate)**
 - **Improve HAART adherence (physical health)**
 - **Decrease HIV transmission behaviors (public health)**
 - **Decrease psychiatric distress (mental health)**
 - **Enhance self-care (self-esteem)**

Primary Treatment Team

-  **Health Care Providers**
 - **Infectious Disease (Internal Medicine), Substance Abuse and Mental Health (Psychiatry)**
-  **Nurses and Nurse Practitioners**
 - **Infectious Disease and Substance Abuse (RN, LPN, NP)**
-  **Therapists**
 - **Masters and PhD-level Psychologists and Social Workers**
-  **Case Managers**
 - **Masters-level Social Workers**

Treatment Support Team

Treatment Evaluation

- Data collection, integrity, entry and reporting
- Baseline, 6-month and follow-up time points

Administrative

- Personnel management
- Community advisory board (CAB)
- Electronic medical record (EMR)




Financial

- Budget management
- Develop sustainability plan with 3rd party payers







Screening and Enrollment Considerations

- 🌐 **Who to approach first**
 - **Existing clinic population**
 - **More stable, but treatment evaluation is confounded**
 - **New clients**
 - **Less stable, but treatment evaluation is not confounded**
- 🌐 **Stage of substance use**
 - **Current substance use problems**
 - **Goal = initiate abstinence**
 - **Recent abstinence**
 - **Goal = prevent relapse and facilitate recovery**
- 🌐 **Harm reduction**



Screening and Enrollment Methods

-  **Comprehensive assessment**
 - **Scheduled at first visit and periodically thereafter to evaluate for psychiatric distress and substance abuse (SA)**
 - **Identify baseline severity and functional impairment from SA and MH problems and whether medication-assisted treatment (MAT) is warranted**
-  **Medical examination**
 - **Identify health problems that interact with SA/MH problems and/or MAT for those problems**
-  **Treatment planning**
 - **Establish goals and time frame**

Psychosocial Treatment

-  **Improve motivation, engagement and self-management (Motivational Interviewing)**
-  **Foster use of cognitive and behavioral coping methods, instead of substance use (Cognitive Behavioral Therapy)**
-  **Reinforce attendance and/or drug abstinence (Contingency Management)**
-  **Involve significant others (Family Intervention)**
-  **Promote self-help (Didactics and Recovery Groups)**
-  **Coordinate service utilization (Case/Care Management)**





Medication-Assisted Treatment

-  **Substance use disorders**
 - **FDA approved medications for dependence on heroin and prescription painkillers, alcohol and nicotine**
 - **Obtain NIH funding to conduct clinical trials of medications to treat cocaine, alcohol and marijuana dependence**
-  **Mental health problems**
 - **FDA approved medications for psychiatric disorders, including anti-depressant, anti-anxiety, and anti-psychotic agents**

Implementation

- 🌐 Hire and train therapists
- 🌐 Establish communication
 - Advertise to consumers, CAB and providers, and obtain regular feedback for process improvements
 - Weekly clinical team meetings, which alternate between topics of case presentation and operations
- 🌐 Space issues
- 🌐 Define recruitment and enrollment strategies, and obtain IRB approval
- 🌐 Roll out group therapy (general, then offer more specific groups based on prevalence, e.g. alcohol or cocaine)
- 🌐 Information technology (e.g. EMR, computer-assisted screening, data management, tracking follow-ups)

Protocol Discussions & Improvements

-  **Continuous staff training and communications essential**
-  **Enrollment**
 - **Infectious Disease nurses are pivotal for case identification**
 - **To ensure > 80% follow-up, consider whether to define enrollment at 2nd contact (because client may not return after 1st contact, despite best efforts)**
-  **Treatment**
 - **Allocation of cases to funding streams (SA or MH) while still coordinating care**
-  **Follow-up**
 - **Contact consumer early (5th month) for 6-month assessment to improve F/U rates**



Ultimate Goals =

- (1) Optimize HIV Treatment;**
- (2) Improve Stability, Quality of Life, and Recovery; and**
- (3) Develop a Sustainable Integrated Health Care Model
in an Urban Setting
Through Evidence-Based Practices and Cooperation**