

Providing Comprehensive Mental Health and Healthcare for People Living with HIV over 50

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Moderators

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Roara Michael, MHA, Senior Associate



Before we begin

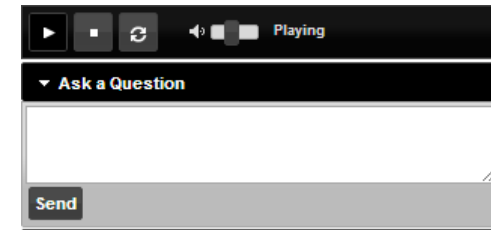
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Browser	 Passed	Google Chrome 33 Your browser is ready to go!
Bandwidth	 Passed	Your connection speed is approximately: 4,513 Kbps Your current bandwidth connection is ready to go!
Media Playback Test	 Passed	
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Before we begin

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Learning Objectives

- Understand the unique mental and physical health needs impacting individuals over 50 who are living with HIV how integration can be supportive to improving client quality of life and health outcomes
- Assess opportunities to incorporate integrative best practices into their current organizations model of care to optimize care of individuals over 50 who are living with HIV
- Access resources and tools that are supportive to serving individuals over 50 who are living with HIV
- Recognize how mental and physical health are interrelated critical components of healthcare for individuals over 50 who are living with HIV

Today's speakers



Meredith Greene, MD

Assistant Professor in the
Department of Medicine, Division
of Geriatrics at the University of
California San Francisco



Vincent Cisostomo

Program Manager, Elizabeth
Taylor 50-Plus Network



Andrew Philip, PhD

Deputy Director, SAMHSA-HRSA
Center for Integrated Health
Solutions

Providing Comprehensive Mental Health and Healthcare for People Living with HIV over 50

Meredith Greene, MD

Assistant Professor in the Department of Medicine, Division of Geriatrics

University of California San Francisco

Who is on the Webinar Today?

My training is in:

- Psychology
- Medicine
- Nursing
- Social work
- Pharmacy
- Administration
- Other

Who is on the Webinar Today?

I currently work:

- Primary care clinic (HIV+ and – patients)
- Primary care clinic (only HIV+ patients)
- HIV community organization
- Aging/senior services community organization
- Behavioral Health practice
- Other

Overview

Increasing Complexity Older Adults Living with HIV:

- Multiple medical conditions (multimorbidity)
- Multiple medications (polypharmacy)
- Behavioral Health and cognitive health issues*
 - HIV Associated Neurocognitive Disorders
- Unique psychosocial issues & survivorship*

Integrated care Models/practices to address needs:

- Example San Francisco & other resources

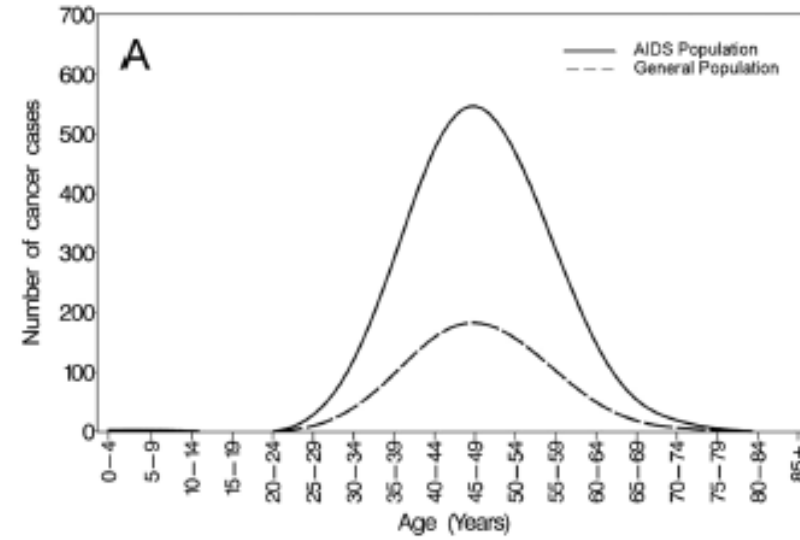
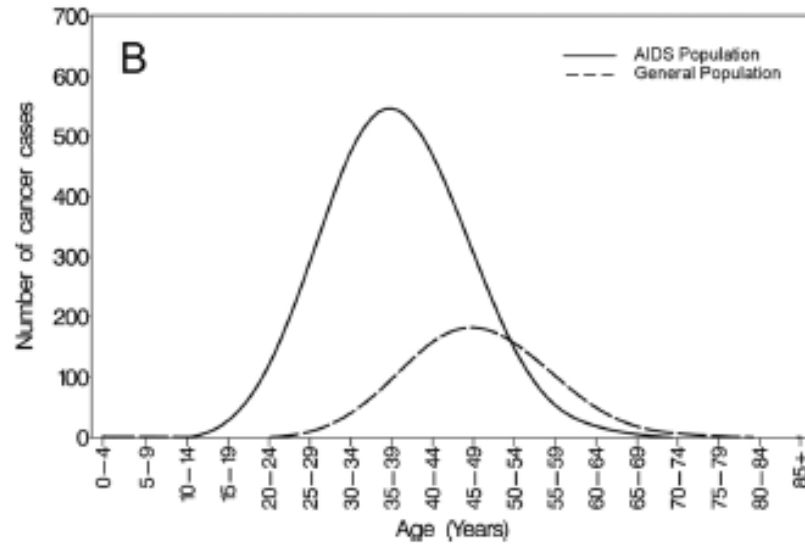
Increasing Numbers of Older Adults Living with HIV

50% of PLWH by 2017 will be age 50+

- in VA since 2003
- in NYC since 2014
- in San Francisco since 2010
(63% > age 50)

Why Age 50?

Accelerated vs. Accentuated Aging



How are older adults different?

- Common physiologic changes:
 - Decreased GFR
 - Decreased lean body mass
 - Decreased bone density
 - Decreased cardiac output and increased myocardial and arterial stiffness
 - Decreased vision and hearing

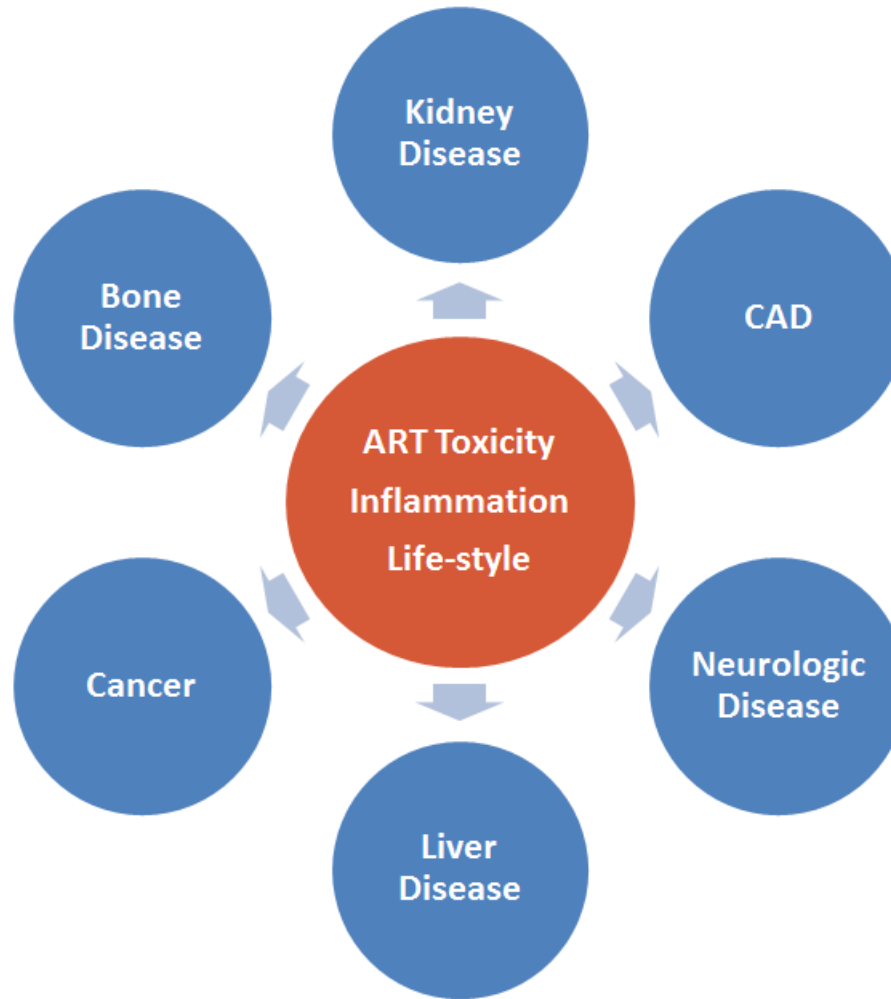
Geriatric Perspective

- Focus on function
 - How do diseases impact social, emotional, and physical functioning?
 - How can the environment (physical, social) support function?
- Focus on quality of life and goals of care
- Working across different settings
 - Home, RCFE, Clinic, Hospital, SNF

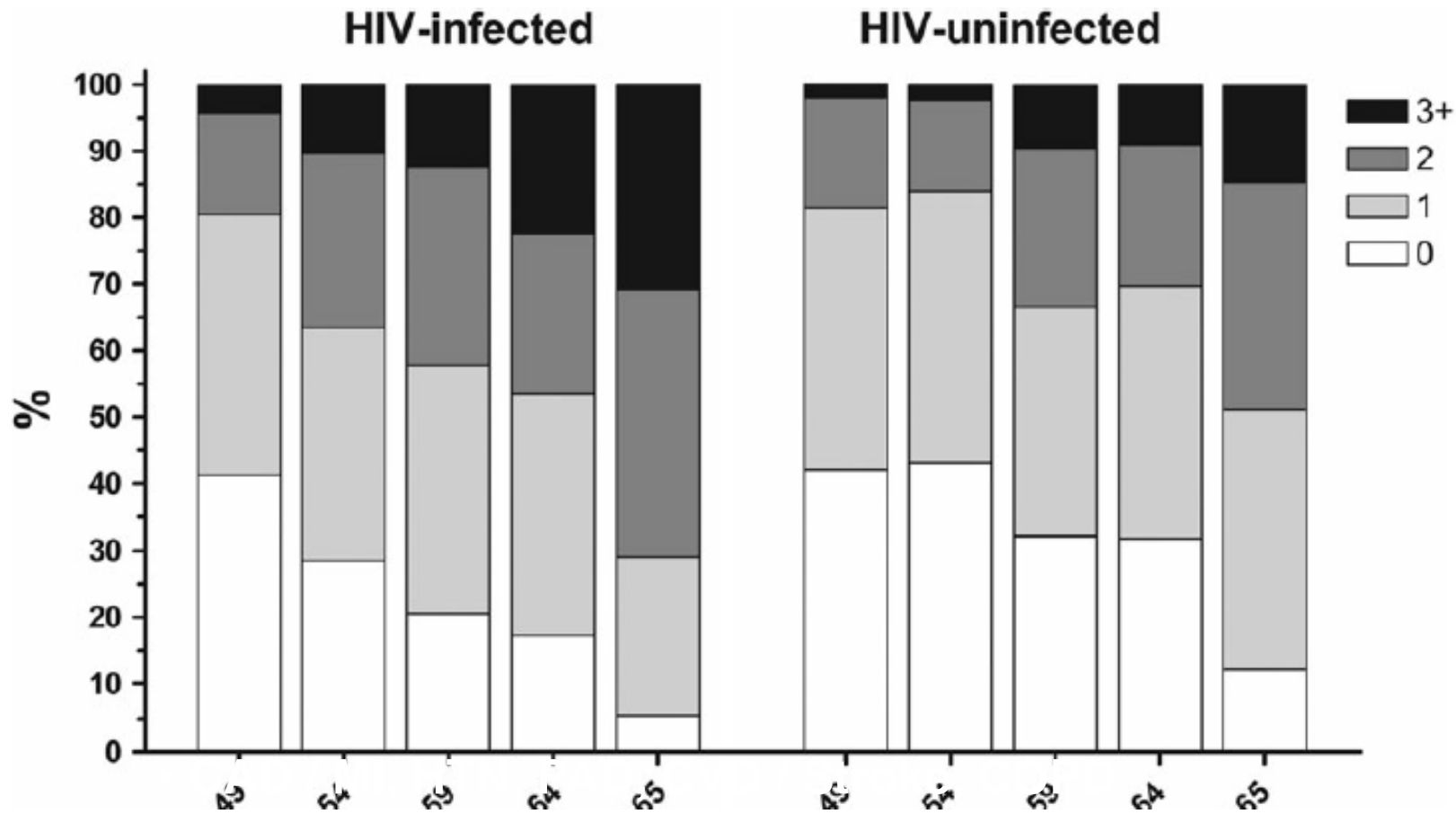
Similarities with HIV Integrated Care Models

- Dealing with Complexity:
 - Multimorbidity, polypharmacy, complex social situations
- Working in interdisciplinary teams
- Emphasis on social context of care

HIV Associated Non AIDS Conditions (HANA)



Multimorbidity Higher in PLWH

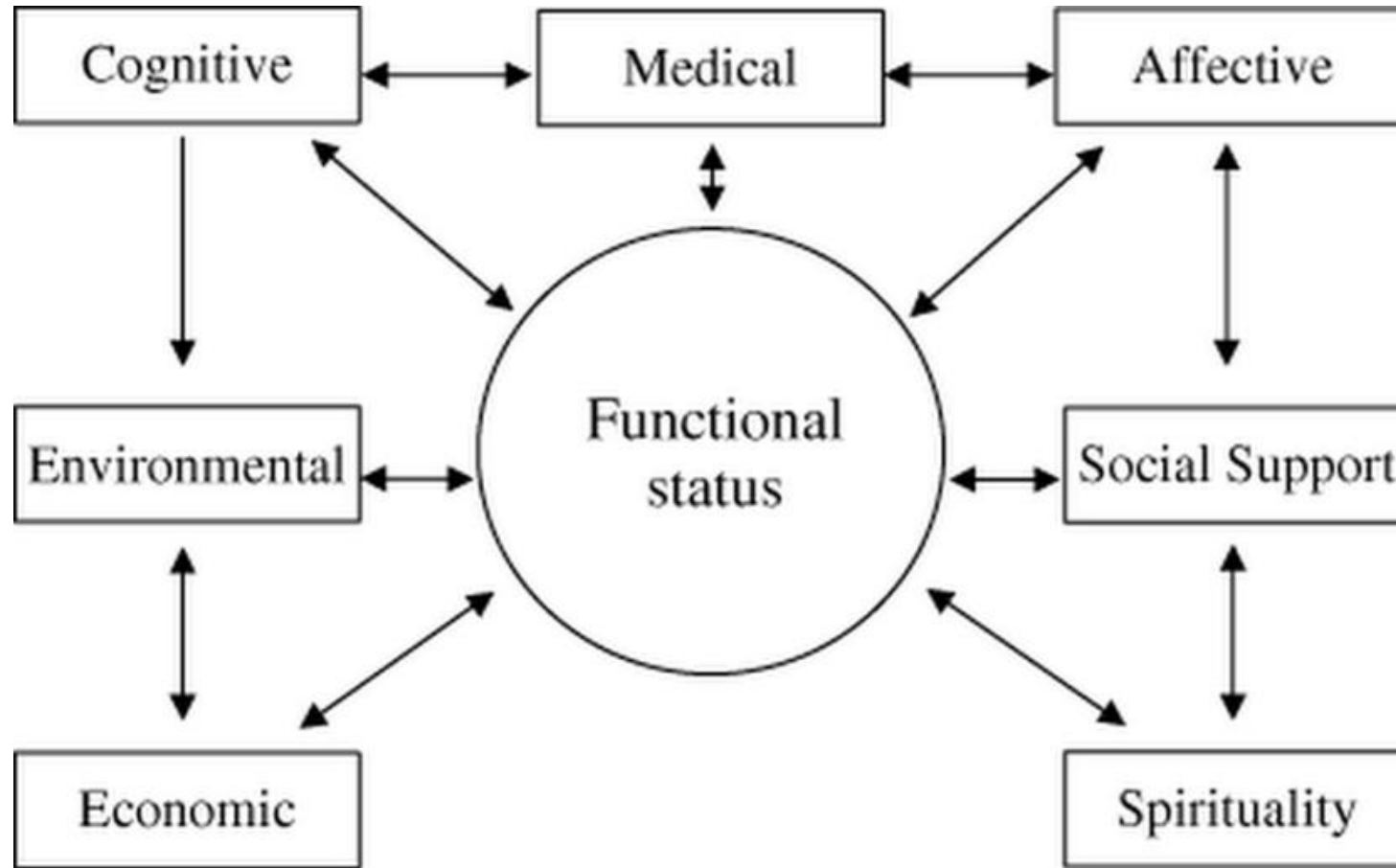


Schouten, CID, 2014
Slide Courtesy of Peter Hunt

It's Not Easy Living with Multimorbidity

Time	Medications	Other Rx	All Day	Periodic
7 AM	Ipratropium MDI Alendronate 70mg weekly	Check feet Sit upright 30 min. Check blood sugar	Joint protection Energy conservation	Pneumonia vaccine, Yearly influenza vaccine
8 AM	Eat Breakfast HCTZ 12.5 mg Lisinopril 40mg Glyburide 10 mg ECASA 81 mg Metformin 850mg Naproxen 250mg Omeprazole 20mg Calcium + Vit D 500mg	2.4gm Na, 90mm K, Adequate Mg, ↓ cholesterol & saturated fat, medical nutrition therapy for diabetes, DASH	Exercise (non-weight bearing if severe foot disease, weight bearing for osteoporosis) Muscle strengthening exercises, Aerobic Exercise ROM exercises Avoid environmental exposures that might exacerbate COPD	All provider visits: Evaluate Self-monitoring blood glucose, foot exam and BP Quarterly HbA1c, biannual LFTs Yearly creatinine, electrolytes, microalbuminuria, cholesterol <u>Referrals:</u> Pulmonary rehabilitation
12 PM	Eat Lunch Ipratropium MDI Calcium+ Vit D 500 mg	Diet as above	Wear appropriate footwear Albuterol MDI prn	Physical Therapy DEXA scan every 2 years Yearly eye exam Medical nutrition therapy
5 PM	Eat Dinner	Diet as above	Limit Alcohol	<u>Patient Education:</u> High-risk foot conditions, foot care, foot wear
7 PM	Ipratropium MDI Metformin 850mg Naproxen 250mg Calcium 500mg Lovastatin 40mg		Maintain normal body weight	Osteoarthritis COPD medication and delivery system training Diabetes Mellitus
11 PM	Ipratropium MDI			

Addressing Multimorbidity: Function Can Help



Functional Status

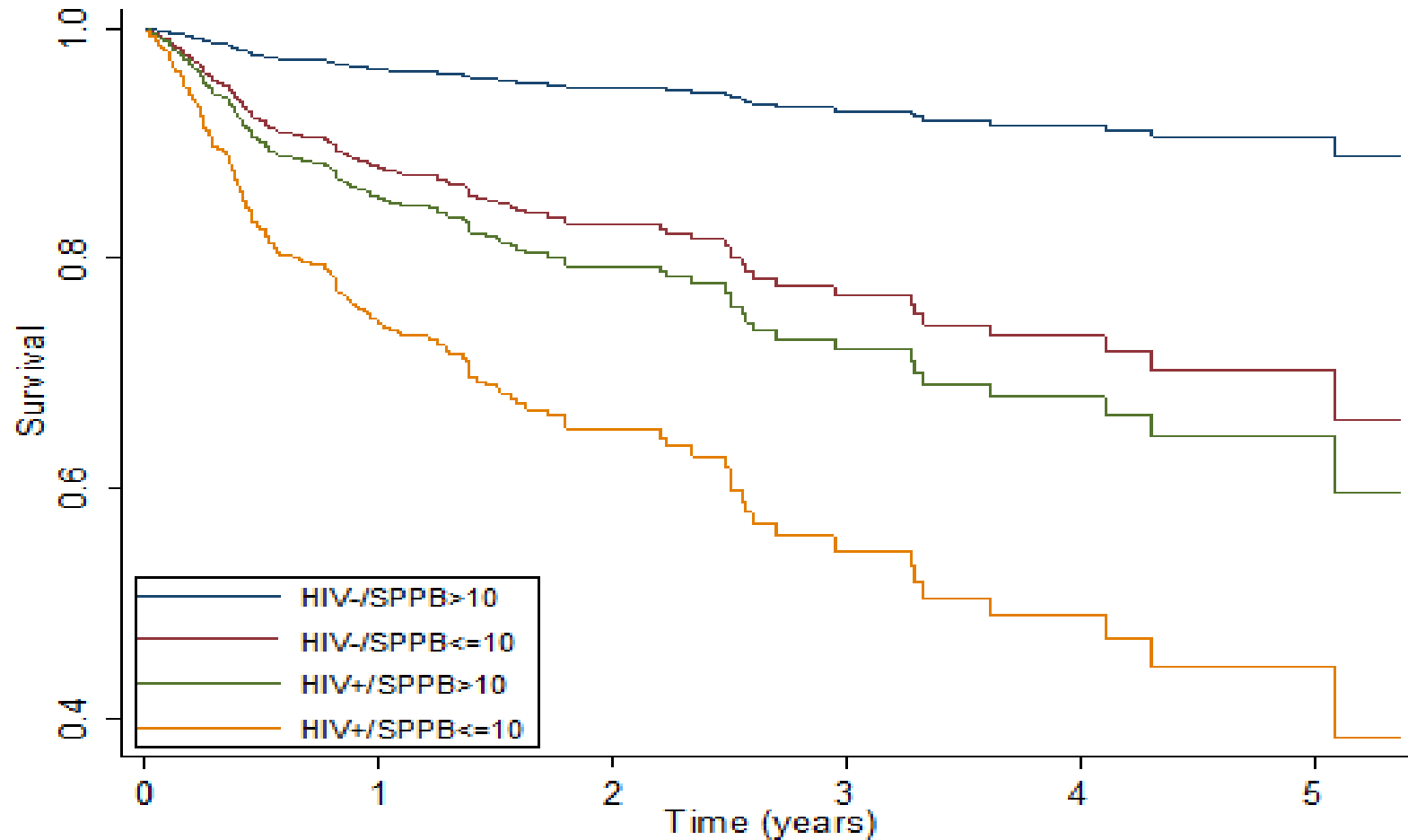
Activities of Daily Living (ADLs)

- Bathing
- Dressing
- Toileting
- Transferring
- Feeding

Instrumental Activities of Daily Living (IADLs)

- Telephone
- Finances
- Transportation
- Laundry
- Housekeeping
- Shopping
- Meal preparation
- Medications

Functional Status Important in HIV+

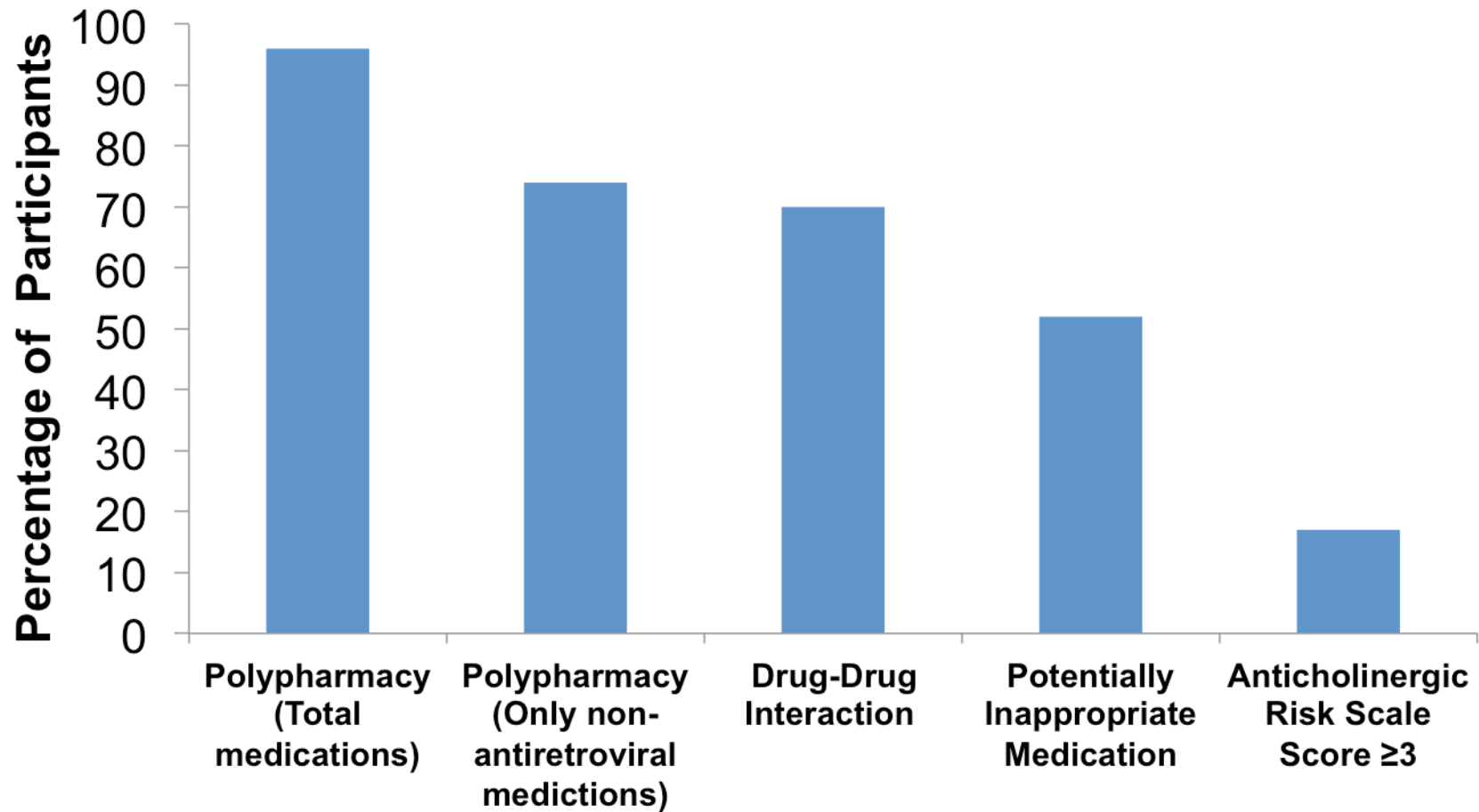


*Adjusted for gender, race/ethnicity, age, comorbidities

Polypharmacy



Polypharmacy: Prescribing Issues



Aging Affects Pharmacology

PK changes:

- Elimination (renal and liver)
- Distribution (changes with body fat/water)
- Metabolism: possible cytochrome p450

PD changes:

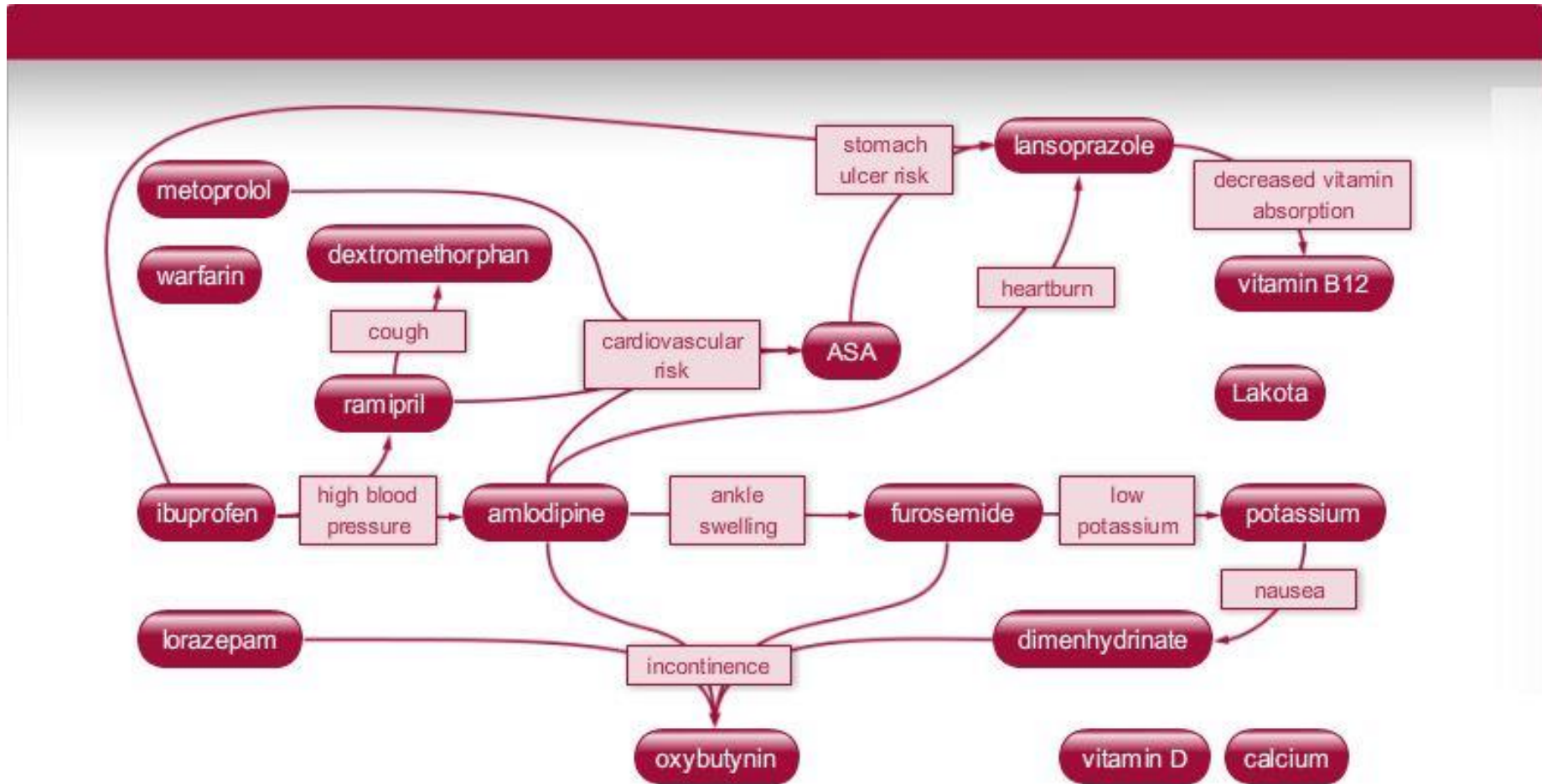
- Increased sensitivity to medications at standard doses
- Sedation with certain meds: benzodiazepines

Approach to Polypharmacy

Confirm all the medications including OTC

1. Is there an indication for each medication?
2. Is the dose appropriate for age, liver and renal function?
3. Could any of the patient's symptoms be related to medications?

Prescribing Cascade



Approach to Polypharmacy

4. Are there high risk medications
(anti-coagulants, oral hypoglyecmics)
5. Are there any potentially inappropriate medications?
6. Are there other medication concerns?
(cost, adherence, complexity regimen)

Potentially Inappropriate Medications (PIMS)

- Criteria (Beers criteria, STOPP/START) to help characterize inappropriate prescribing in adults 65+
- Lists of drugs to avoid in general and drug-disease interactions
i.e. Avoid diphenhydramine, avoid metoclopramide in Parkinson's disease

<u>Medication</u>	<u>Suggested Management</u>
Antiemetics	Use with Caution
Antispasmodics	Use with Caution
Antidepressants	Use with Caution
Alpha-blockers	Use with Caution
Beta-blockers	Use with Caution
Benzodiazepams (diazepam, chlordiazepoxide, alprazolam)	Should be Avoided
Beta-agonists	Should be Avoided
Diphenhydramine	Should be Avoided
Doxepin	Use with Caution
Fentanyl, oxycodone, morphine, methadone	Use with Caution
Meperidine	Should Be Avoided
Muscle Relaxants (carisoprodol, methocarbamol, baclofen)	Use with Caution
Sedative hypnotics (zolpidem, others)	Should be Avoided
Temazepam, lorazepam	Should be Avoided
Tricyclic antidepressants	Should be Avoided

Reduction of inappropriate benzodiazepine prescriptions among older adults through direct patient education: the **EMPOWER** cluster randomized trial.

Tannenbaum C¹, Martin P², Tamblyn R³, Benedetti A⁴, Ahmed S⁵.

- 8 Page Brochure
- Font size 14pt, 6th grade reading level
- Associated risks, alternatives, tapering protocol, information on healthy sleeping habits



You May Be at Risk

You are taking one of the following sedative-hypnotic medications:

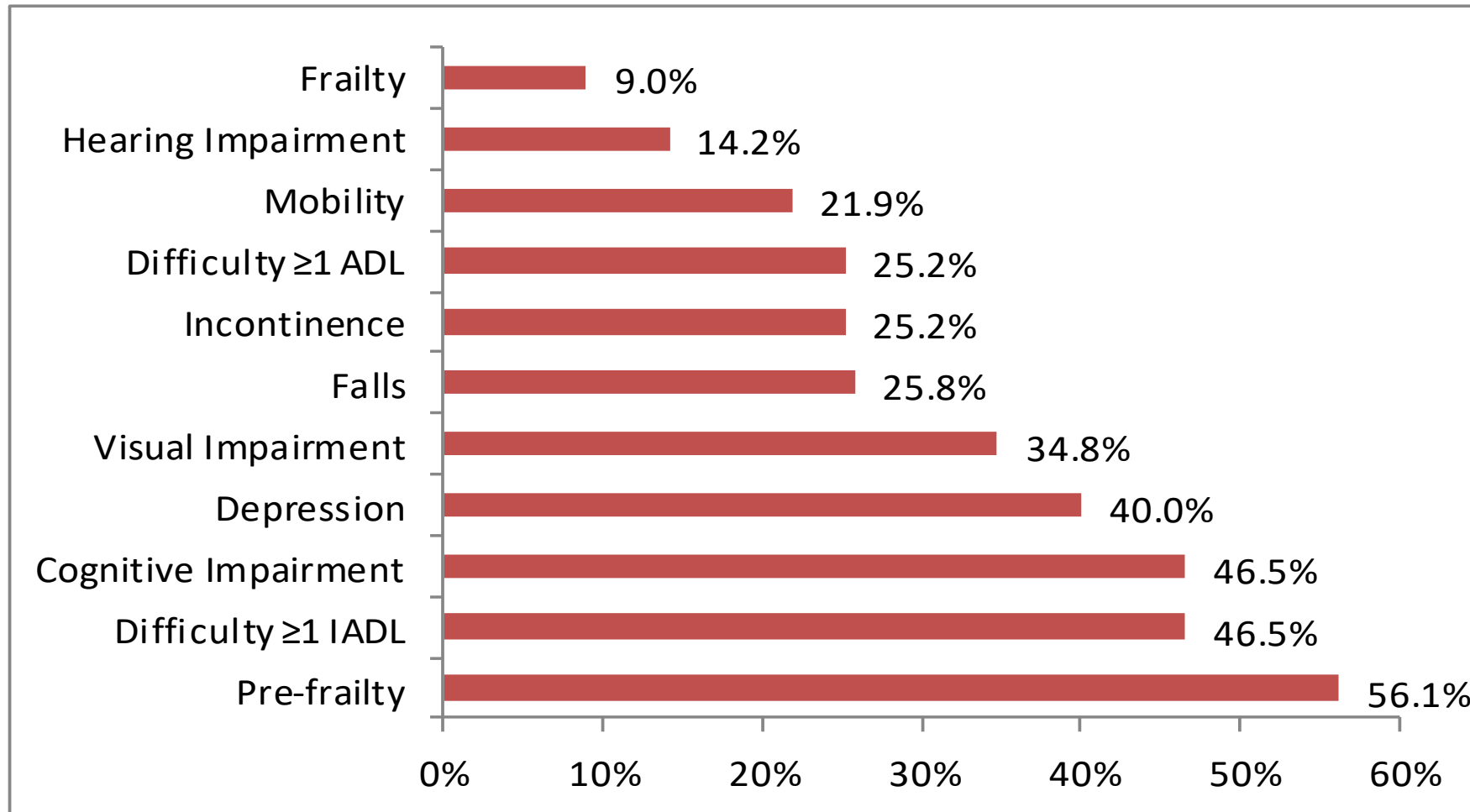
- | | | |
|--|---|---|
| <input type="radio"/> Alprazolam (Xanax®) | <input type="radio"/> Diazepam (Valium®) | <input type="radio"/> Temazepam (Restoril®) |
| <input type="radio"/> Chlorazepate | <input type="radio"/> Estazolam | <input type="radio"/> Triazolam (Halcion®) |
| <input type="radio"/> Chlordiazepoxide-amitriptyline | <input type="radio"/> Flurazepam | <input type="radio"/> Eszopiclone (Lunesta®) |
| <input type="radio"/> Clidinium-Chlordiazepoxide | <input type="radio"/> Loprazolam | <input type="radio"/> Zaleplon (Sonata®) |
| <input type="radio"/> Clobazam | <input type="radio"/> Lorazepam (Ativan®) | <input type="radio"/> Zolpidem (Ambien®, Intermezzo®, Edluar®, Sublinox®, Zolpimist®) |
| <input type="radio"/> Clonazepam | <input type="radio"/> Lormetazepam | <input type="radio"/> Zopiclone (Imovane®, |
| | <input type="radio"/> Nitrazepam | |
| | <input type="radio"/> Oxazepam (Serax®) | |

Reduction of inappropriate benzodiazepine prescriptions among older adults through direct patient education: the **EMPOWER cluster randomized trial.**

Tannenbaum C¹, Martin P², Tamblyn R³, Benedetti A⁴, Ahmed S⁵.

- 62% initiated conversation with provider or pharmacist
- 6 months- 27% stopped benzo compared with 5% in control group
- 11% had dose reduction

Geriatric Syndromes in Older HIV+ Adults



Cognitive Changes with Aging

- Slower processing speed
- Complex tasks more difficult when distracted
- More problems with recall not recognition
- Vocabulary can even improve with age

Typical age-related memory loss and other changes compared to Alzheimer's

Signs of Alzheimer's	Typical age-related changes
Poor judgment and decision making	Making a bad decision once in a while
Inability to manage a budget	Missing a monthly payment
Losing track of the date or the season	Forgetting which day it is and remembering later
Difficulty having a conversation	Sometimes forgetting which word to use
Misplacing things and being unable to retrace steps to find them	Losing things from time to time

HIV Associated Neurological Disorders (HAND)

Criteria for HIV-Associated Neurological Disorders (HAND)

TYPE	DESCRIPTION
HIV-Associated Dementia (HAD)	Marked cognitive impairment with marked functional impairment
Mild Neurocognitive Disorder (MND)	Cognitive impairment with mild functional impairment
Asymptomatic Neuropsychological Impairment (ANI)	Impairment in two or more cognitive abilities

Risk factors include:

HIV: CNS invasion early in HIV infection; increased risk cerebrovascular disease

Traditional risk factors: substance use, Hepatitis C and other comorbidities, increasing age (and increased risk neurodegenerative disease)

ART: Efavirenz

Cognitive Impairment

History: First presentation/symptoms

Comorbidities: Hepatitis C, Substance Use, vascular risk factors

Neurological exam: focal deficits, any rigidity or Parkinsonism

Labs: TSH, B12, RPR, chemistries, liver imaging and LP ?

Distinguish from Delirium, depression

Screening Tools for Cognitive Impairment

- MMSE
- Mini-cog (3 item recall and clock draw)
- MOCA
 - Sens 60-70%, spec 60-70%
- HIV Dementia Scale
 - Detect severe cases (sens 26%, higher w IHDS)

MONTREAL COGNITIVE ASSESSMENT (MOCA)

NAME : _____ Education : _____ Date of birth : _____
 Sex : _____ DATE : _____

VISUOSPATIAL / EXECUTIVE		Copy cube	Draw CLOCK (Ten past eleven)	POINTS			
		<input type="checkbox"/>	<input type="checkbox"/>	___/5			
		Contour <input type="checkbox"/>	Numbers <input type="checkbox"/>		Hands <input type="checkbox"/>		
NAMING							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/3		
MEMORY							
Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.		FACE	VELVET	CHURCH	DAISY	RED	No points
1st trial		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd trial		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ATTENTION							
Read list of digits (1 digit/ sec.). Subject has to repeat them in the forward order		[] 2 1 8 5 4		___/2			
Subject has to repeat them in the backward order		[] 7 4 2					
Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors		[] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B			___/1		
Serial 7 subtraction starting at 100		[] 93	[] 86	[] 79	[] 72	[] 65	___/3
		4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt					
LANGUAGE							
Repeat: I only know that John is the one to help today. []		The cat always hid under the couch when dogs were in the room. []			___/2		
Fluency / Name maximum number of words in one minute that begin with the letter F		[] _____ (N ≥ 11 words)			___/1		
ABSTRACTION							
Similarity between e.g. banana - orange = fruit		[] train - bicycle	[] watch - ruler	___/2			
DELAYED RECALL							
Has to recall words WITH NO CUE		FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUED recall only
Optional Category cue		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Optional Multiple choice cue		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ORIENTATION							
[] Date		[] Month	[] Year	[] Day	[] Place	[] City	___/6
© Z. Nosroddine MD Version November 7, 2004							
www.mocatest.org							
Normal ≥ 26 / 30							
TOTAL ___/30							
Add 1 point if ≤ 12 yr edu							

Alzheimer's Disease vs. HIV Associated Dementia

Alzheimer's

- Cortical : Memory & Language first
- Progressive
- Mild cognitive impairment (MCI), dementia
- Mini-cog, MMSE, MOCA
- Rx: Anticholinesterase Inhibitors

HIV

- Subcortical: Executive & Motor first
- May Fluctuate
- HAND: Asymptomatic (ANI), Mild (MND), HIV Dementia (HAD)
- MOCA +?
- Rx: ARVs, +/- CNS penetration

Remember: both are possible

Treatment Considerations

- ART
- Research ongoing
- Avoid medications that contribute to confusion (Benadryl, benzos,)
- Treat comorbidities
- Exercise
- Social engagement
- Advanced planning

CNS Penetration-Effectiveness (CPE) Ranks (2010)

Table 1.	4	3	2	1
NRTIs	Zidovudine	Abacavir	Didanosine	Tenofovir
		Emtricitabine	Lamivudine	Zalcitabine
			Stavudine	
NNRTIs	Nevirapine	Delavirdine	Etravirine	
		Efavirenz		
PIs	Indinavir-r	Darunavir-r	Atazanavir-r	Nelfinavir
		Fosamprenavir-r	Atazanavir	Ritonavir
		Indinavir	Fosamprenavir	Saquinavir-r
		Lopinavir-r		Saquinavir
				Tipranavir-r
Fusion/Entry Inhibitors		Maraviroc		Enfuvirtide
Integrase Inhibitors		Raltegravir		

Letendre S. et al. , 17th Conference on Retroviruses and Opportunistic Infections, poster n° 430

Results

Geriatric Assessment Example Integrated Care

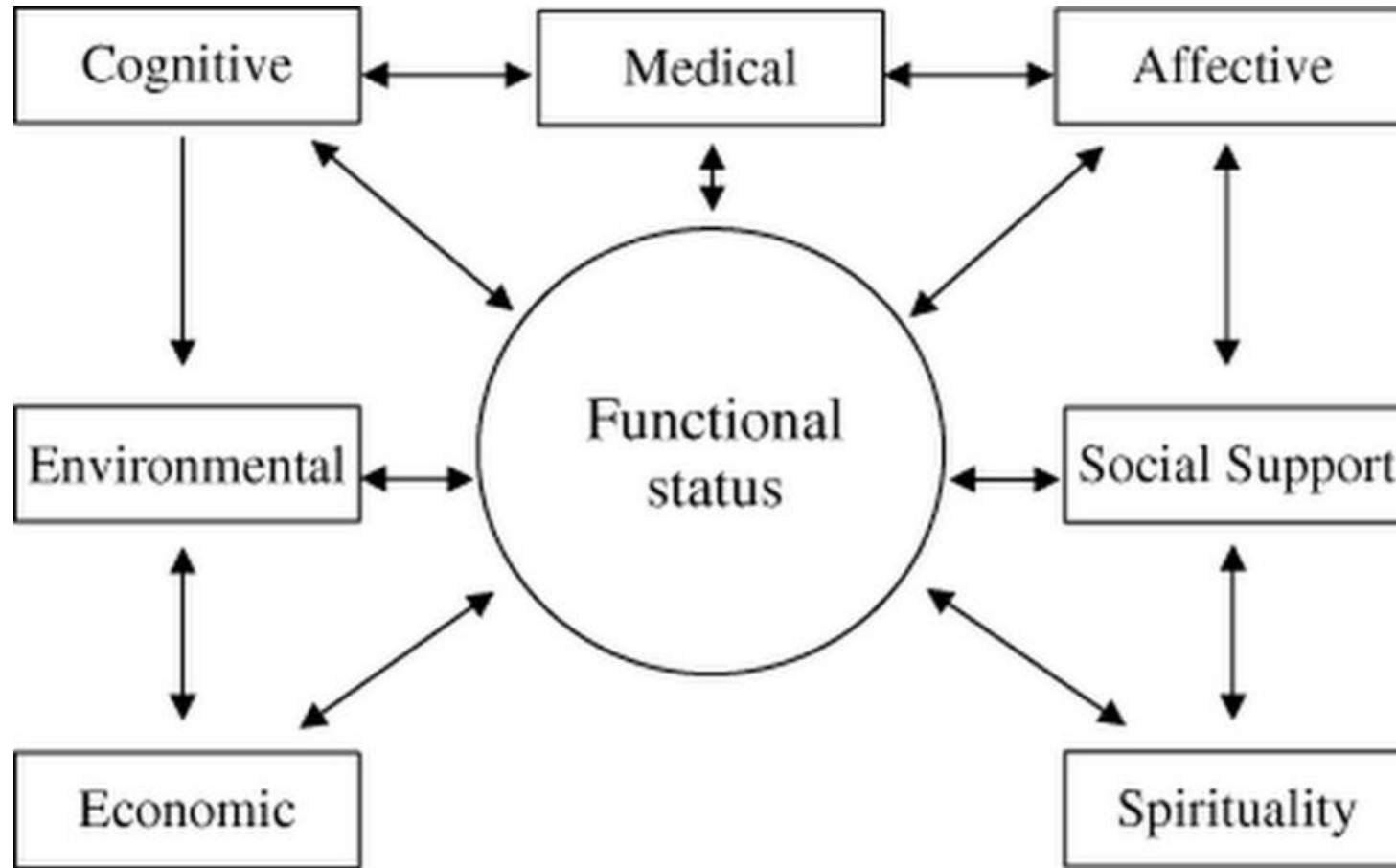
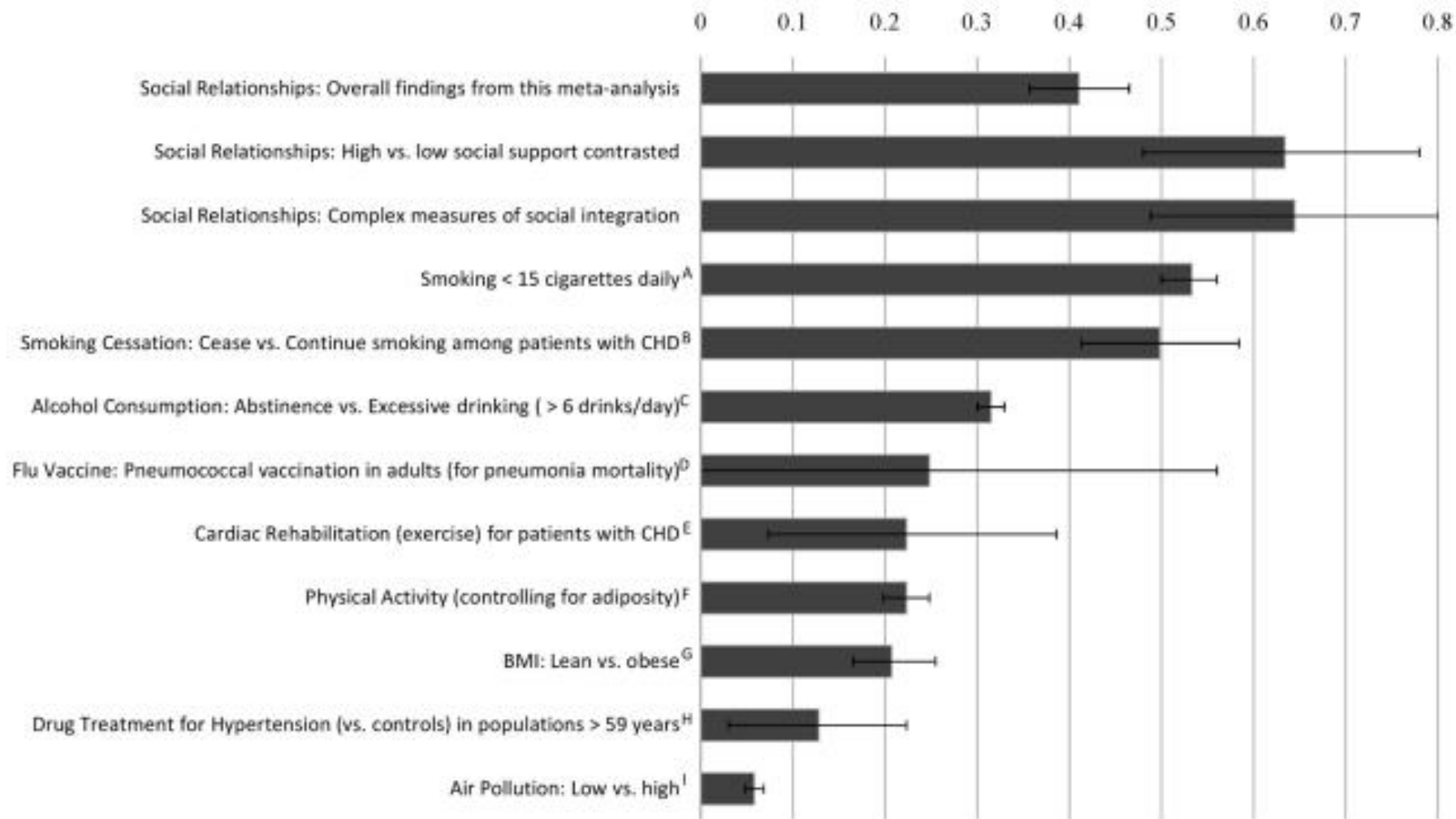




Photo: Steve Ringman

Social Isolation & Mortality

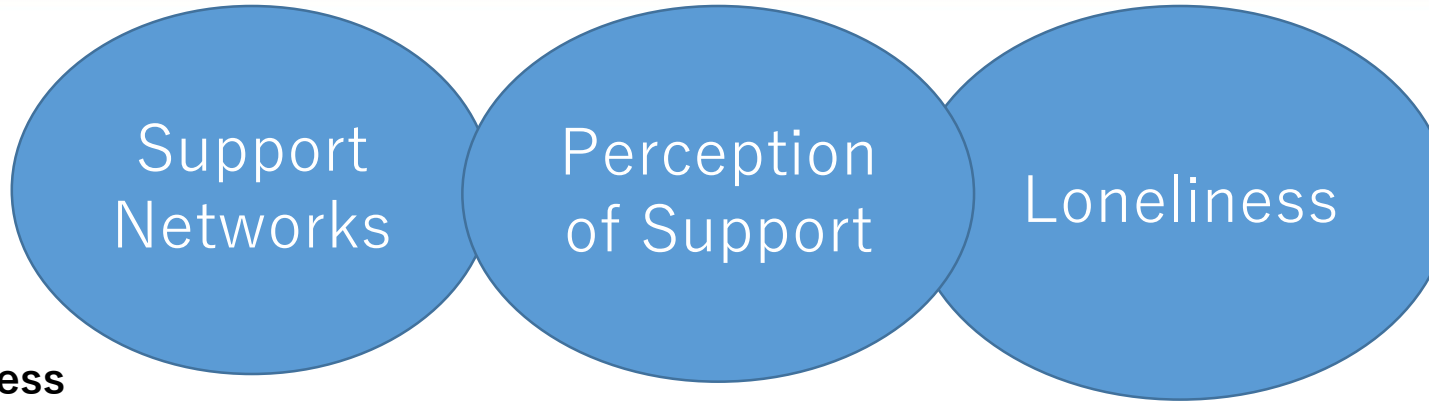


Support, Isolation, Loneliness in HIV+

- Medication adherence
- Sexual risk taking behaviors
- Tobacco and other substance use
- Mood symptoms - depression

Johnson CJ AIDS Care. 2009, Bianco AIDS Behavior 2011, Golub STD 2010, Hubach IAS 2015; Grov AIDS Care 2010; Stanton AIDS Care 2010

How to Screen: Not just Living Alone



Recognizing Loneliness

Loneliness is a very subjective and personal experience and there is no ‘set’ way to act. However, when thinking about whether older people around you might be feeling lonely (they could be your friends, neighbors or family), you might want to have a think about:

- Whether they live alone
- Whether they have recently suffered a bereavement
- Whether they have recently suffered, or are suffering from, an illness
- How mobile they are
- Whether they are suffering from a sensory impairment (perhaps hearing or sight loss)
- How regularly they leave the house
- Whether close family lives nearby

Loneliness Screening

3-item Loneliness Scale:

Question	Hardly Ever	Some of the Time	Often
1. I feel left out	1	2	3
2. I feel isolated	1	2	3
3. I lack companionship	1	2	3

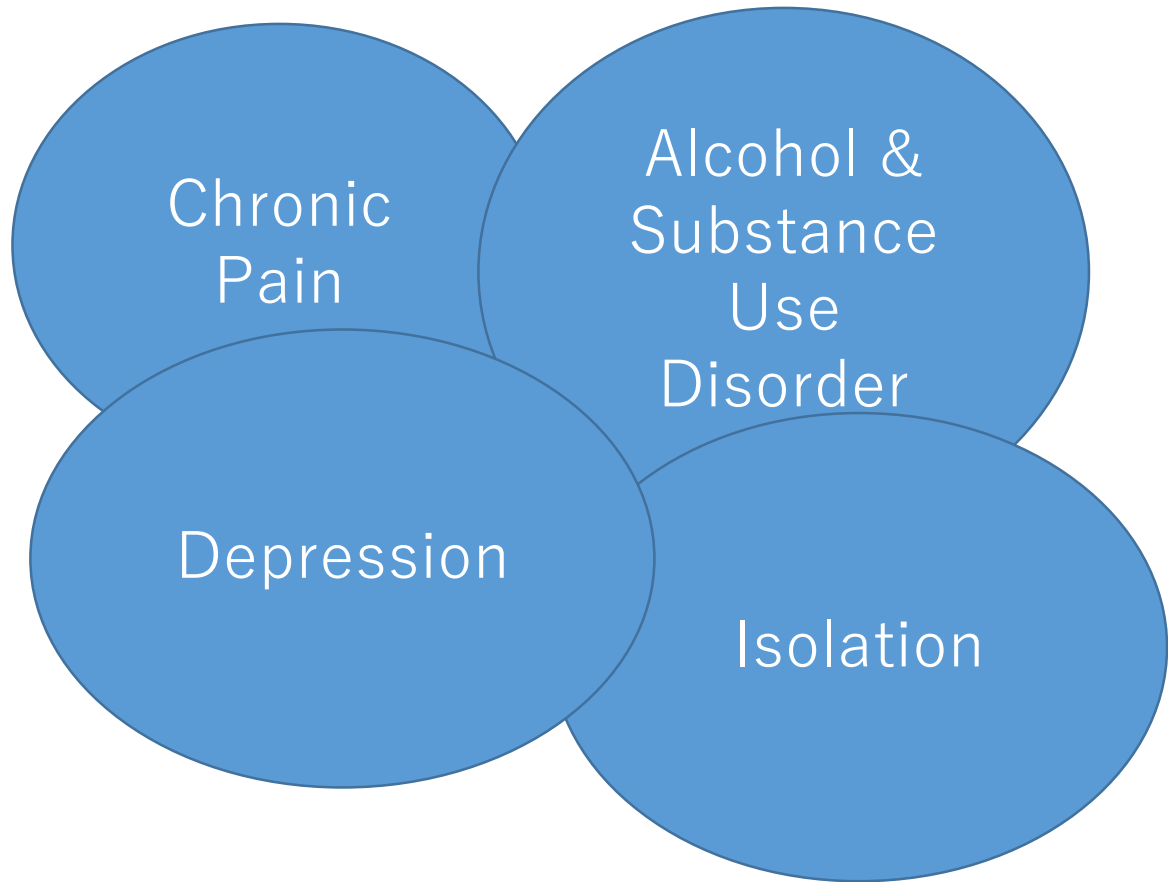
Max score 9: higher score=more lonely

<http://psychcentral.com/quizzes/loneliness.htm>

Not just Loneliness

- Traumatic Loss and Complicated Grief
- Stigma -- & often multiple stigmas
- Depression & Other Mood Disorders
- History of trauma
- Substance use disorders

Many challenges Inter-related



AUDIT-C Questionnaire

Patient Name _____ Date of Visit _____

1. How often do you have a drink containing alcohol?

- a. Never
- b. Monthly or less
- c. 2-4 times a month
- d. 2-3 times a week
- e. 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?

- a. 1 or 2
- b. 3 or 4
- c. 5 or 6
- d. 7 to 9
- e. 10 or more

3. How often do you have six or more drinks on one occasion?

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily

Geriatric Perspective on Antidepressants

SSRIs	Citalopram	<ul style="list-style-type: none"> • Max dose if 60 years old or greater is 20mg • Do not use if QTc is >500 • Monitoring potassium and magnesium
	Escitalopram	<ul style="list-style-type: none"> • Most selective SSRI • Acceptable choice in geriatric patient
	Fluoxetine	<ul style="list-style-type: none"> • Longest half life • Activation • Many drug-drug interactions
	Paroxetine	<ul style="list-style-type: none"> • Most anticholinergic • Give at night if causing sedation
	Sertraline	<ul style="list-style-type: none"> • Usual first choice SSRI in older adults
SNRI	Duloxetine	<ul style="list-style-type: none"> • Consider with neuropathic pain and depression • Potent drug-drug interaction due to 1A2 and 2D6 inhibition • Contraindicated in CrCl<30ml/min • Caution with chronic liver disease and alcoholism
	Venlafaxine	<ul style="list-style-type: none"> • Mild hypertensive • Taper very slowly
Other	Bupropion	<ul style="list-style-type: none"> • Activating, give in AM, last dose before 3pm • Do not give with seizure or eating disorder history as it lowers the seizure threshold • Less sexual dysfunction
	Mirtazapine	<ul style="list-style-type: none"> • Use for sleep (H1 at low doses <15mg/day), appetite stimulation and depression • Has anticholinergic properties

Resources: Aging Specific

- Adult Day Health Centers
- Senior Centers
- Friendly Visitor Programs
- IOA Friendship Line: Toll Free- 800.971.0016
- Village Movement

Volunteerism

Experience Corps

- Decreased depressive symptoms
- Decreased functional decline
- Improvements in Executive Function



<http://www.aarp.org/experience-corps/>

Golden Compass Program SFGH

Northern Point: Heart and Mind

Themes: Provider concerns about cardiovascular disease; patients' desire for self-management of other co-morbid conditions, dual concerns of mental health and cognitive changes

Western Point: Dental, Hearing, Vision

Themes: Need to address aging concerns, link to ancillary services



Eastern Point: Bones and Strength

Themes: aging concerns of importance in HIV: falls, frailty, bone density, neuropathy, need for access to low cost exercise options

Southern Point: Network and Navigation

Themes: loneliness, isolation, wanting to form new connections with other older adults with HIV, navigating healthcare system

Resources

HIVAge.org YOUR **GO-TO** SITE FOR AGING WITH HIV

HOME COMMENTARY CASE STUDIES SPOTLIGHTS JOURNAL ARTICLES CLINICAL RECOMMENDATIONS LINKS CONFERENCES ABOUT

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Enter search term and hit enter. Search

FEATURED POSTS

CROI Abstracts - Part 2

Science Spotlight March 11, 2016

All CROI conference materials are online now. Here are a few more abstracts focused on HIV and aging issues from CROI 2016. Be sure to go online and check the full posters and summaries for more details. Central Nervous System Related Abstracts: Cognitive Function in HIV: In an interesting study looking at the antidepressant paroxetine..... [Continue Reading](#)

CASE STUDIES

UPDATED Polypharmacy in HIV and Aging
Updated on February 19, 2016

UPDATED Cardiovascular Diseases in HIV and Aging
Updated on November 25, 2015

Resources



HIV/AIDS Management

Call for a Phone Consultation

(800) 933-3413

9 a.m. – 8 p.m. EST

Monday – Friday

[Learn more >](#)

Substance Use Management

Call for a Phone Consultation

(855) 300-3595

Monday – Friday, 9 a.m. – 8 p.m. ET

CALL

Summary

Older adults with HIV are facing increased complexity:

- Multimorbidity & Polypharmacy
 - Ask about function
 - Confirming all medications & indications is critical
- Cognitive Impairment often Multifactorial
- Asses for Isolation, Loneliness
 - Related to Mental Health and Substance Use

Integrated Care models can help address the complexity

Peer Presenter



Vincent Crisostomo
Program Manager
Elizabeth Taylor 50-Plus Network
San Francisco, California

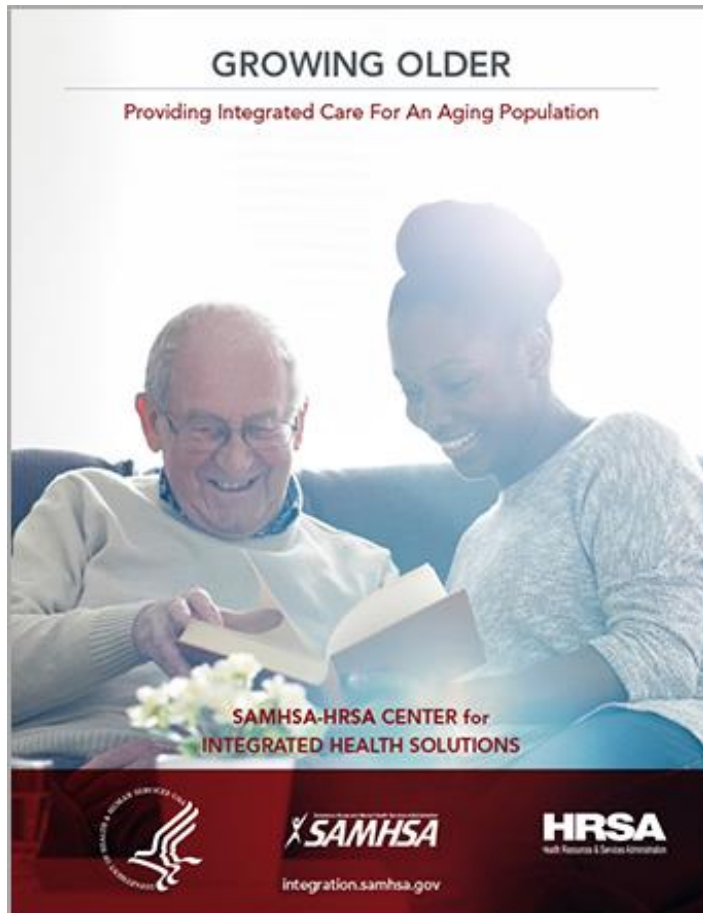
Vincent is the Program Manager for the SFAF's Elizabeth Taylor 50-Plus Network, a social support network for Gay/Bi/Trans Men 50 years of age and older.

Behavioral Health Perspectives

Andrew Philip, PhD
Deputy Director

SAMHSA-HRSA Center for Integrated Health Solutions

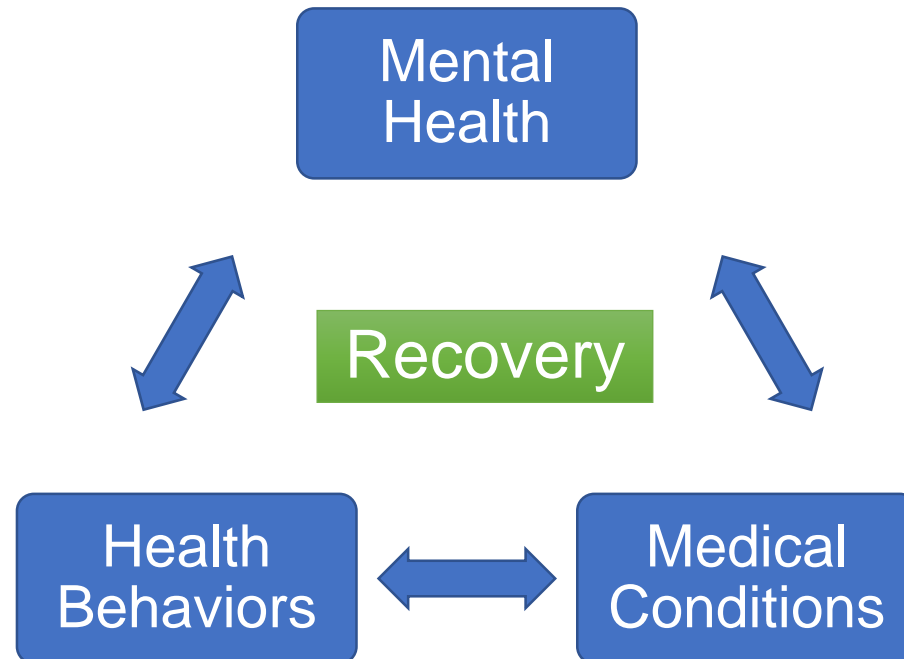
Key Behavioral Health Perspectives in PLWHA



- Trauma and adverse experiences
- Social support and isolation
- Shame, fear of discrimination, rejection
- Health behaviors

Key Behavioral Health Perspectives in PLWHA (con't)

- Intimacy and sexual health
- Retention in care (treatment fatigue, psychosocial barriers)
- Mental health and substance abuse concerns



Integrated Care Defined

- Integrated care combines HIV primary care with mental health and substance use services to provide a single coordinated treatment program, rather than fragmented and often hard to navigate system. It addresses the various clinical complexities – whether mental health, substance use and/or HIV care — associated with having multiple needs and conditions in a holistic, easily accessed manner.

Opportunities

- Integration of HIV and behavioral health services can help:
 - Identify behavioral health concerns early
 - Reduce risky sexual behavior and substance abuse
 - Increase retention
 - Aid linkage and retention to HIV medical care
 - Address link and adherence to anti-retroviral treatment, attainment of viral suppression and adherence to behavioral health treatment

Comorbidity

Condition	HCSUS (N=2,864)	NHSDA (N=22,181)
Substance Use	50.1%	10.3%
Major Depression	36%	7.6%
Anxiety	15.8%	2.1%
Panic Attack	10.5%	2.5%

HCSUS: HIV Cost and Service Utilization Survey
NHSDA: National Household Survey on Drug Abuse

National Alliance of State & Territorial AIDS Directors, HIV and Mental Health. The Challenges of Dual Diagnosis. 2005. http://www.antonioacasella.eu/archila/NASTAD_hiv_MH_dual_diagnosis__july2005.pdf

Case Examples

- James – 73
 - MSM, polypharm, isolated, recent hip surgery
- Savannah – 68
 - BMI = 34, poorly controlled HbA1c with ophthalmic manifestations, medication-managed schizophrenia
- Clark – 60
 - Elevated ALT/AST, increasing PHQ-9

Care Consideration for Older Adults Living with HIV


- Leveraging integrated teams
 - Mentoring, huddles, grand rounds/ECHO opportunities
- Chronic medical conditions and aging
- Polypharmacy and treatment fatigue
- Social service needs
- Nutrition
- Peer counseling



Questions ?



Additional Population-specific Resources

- Click image for CIHS webpage for HIV providers 
- [Resources on Older Adults](#)
- [Principles of Integrated Care](#)
- CIHS Publication- [Growing Older: Providing Integrated Care for an Aging Population](#)

HRSA SUPPORTED HIV PROVIDERS

Integrating behavioral health into the HIV care continuum provides the opportunity to identify substance use and mental health concerns that may impact the health and wellbeing of people living with or at-risk for HIV. Understanding where to begin when integrating behavioral health can be a challenge. Providers may have questions about workforce development, business models, access to specialty treatment providers, policy and procedures, and reimbursement for the provision of behavioral health services. There are resources to help support you wherever you are in your journey toward integration.

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) compiled the following list of practice tools and resources that may support you as you begin your journey. These resources were selected based on four main categories that providers often request support in to enhance integration. In addition to this list, CIHS is available to provide tools and resources to support integration which may include web-based and telephonic consultations with CIHS staff and other experts. To learn more or for assistance finding exactly what you are looking for, contact our team at Integration@theNationalCouncil.org or 202-684-7457.

In addition to the resource list below, visit the **TARGET Center**, a one-stop shop for tapping into the full array of TA and training resources. Funded by the Health Resources and Services Administration's HIV/AIDS Bureau, the TARGET Center offers a menu of options of support tools for providers and consumers including resources to enhance HIV/AIDS care, online and phone based support, webinars, and a calendar of training events.

THE CASE FOR BEHAVIORAL HEALTH SCREENING IN HIV CARE SETTINGS



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS



The Case for Behavioral Health Screening in HIV Settings

Learn how HIV care providers successfully implemented behavioral health screenings.

SAMHSA-HRSA Center for Integrated Health Solutions

WHO WE ARE

The **SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)** is a national training and technical assistance center dedicated to the planning and development of **integration of primary and behavioral health care** for those with mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety-net provider settings across the country.

CIHS is jointly funded by Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA), and is run by the National Council for Behavioral Health through the contract task order HHSS283201200031I/HHSS28342001T, Ref No. 283-12-3101.

CIHS News and Resources

Visit

www.integration.samhsa.gov

or e-mail

integration@thenationalcouncil.org

Free consultation on any
integration-related topic!

The screenshot shows the homepage of the SAMHSA-HRSA Center for Integrated Health Solutions. At the top, it features the tagline "Making Integrated Care Work" and the phone number "202.684.7457". The main header includes the organization's name and an "eSolutions newsletter" sign-up link. A navigation menu contains categories such as "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". Below the menu, there are social media icons for Facebook, Twitter, and Listserve, along with links for "Ask a Question" and "Email".

The main content area is divided into several sections:

- ABOUT CIHS:** A section titled "SAMHSA-HRSA Center for Integrated Health Solutions" with a sub-header "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.
- TOP RESOURCES:** A section with two featured articles:
 - FEBRUARY 24, 2014:** "Integrating Physical and Behavioral Health Care: Promising Medicaid Models" with a thumbnail image of trees and ladders.
 - FEBRUARY 21, 2014:** "February Is American Heart Month!" with a thumbnail image of hands holding a red heart.
- CALENDAR OF EVENTS:** A section listing upcoming events:
 - 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)

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

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