Impact of Mental Health & Substance Use on Retention in Care/Viral Load Suppression



Yonkers | NY | 10701 914.964.4444 RiversideHealth.ora

QI Team: Carmen Vazquez-Brown, BSW, CASAC, Maria Sariol, MSW, CASAC, Solangel Mata, MSW, Mercedes Chavez, MCM

HOPE Center/ St. John's Riverside Hospital

Background

- The MCM team has determined that unaddressed mental health & substance use behaviors are factors that cause clients not to be engaged in care. Identifying clients with these behaviors is important for improving engagement, retention, and reducing disparities.
- Improving retention in care remains a key component for ending the HIV epidemic in NYS. Ryan White-funded case management (MCM) continues to improve retention by addressing mental health & substance use issues with clients, promoting better health outcomes as a result.
- The MCM Hope Cares/Retention Program works to improve its Retention in Care measure by following previously identified clients connected to mental health & substance use services.

Outreach Efforts Include:

- Chart reviews, phone calls, letters, insurance reviews, prison/jail database records, emergency contacts, pharmacy records; coordinating care with other agencies (with consents) and working with the multidisciplinary team at the HOPE Center.
- The MCM team continues to discuss client progress in mental health & substance use programs-and emphasizes the importance of attending medical appointments; addressing any barriers with adherence to ARV medications as well as maintaining a viral load <200.

Project Aim

• To ensure that at least 85% of MCM clients are maintained in care and are addressing any mental health & substance use issues.

Methods

- This project began in March, 2017
- The MCM team at HOPE Center, St. John's Riverside Hospital implemented an Excel tracking tool to identify clients with ongoing mental health (MH) & substance use (SU) issues, as well as clients who had a detectable viral load. (New measure)
- · The goals of our ongoing QI project are to ensure clients stay connected to MH & SU services in order to increase their retention rate to 85% and to decrease their viral load to <200, within 12 months.
- The MCM team initially identified the clients with MH & SU issues via assessments as reported by clients, medical providers and case conferences.
- The MCM team continues to update changes to client demographic/contact information in order to better stay connected.
- The MCM team continues to make phone calls and send outreach letters so clients can schedule their medical appointments.
- During their medical visits, clients are evaluated on the progress being made in their treatment program (MH and/or SU) and encouraged to continue to progress in these areas, which in turn can promote better health outcomes, e.g., viral load suppression.

MCM Tracking Tool

	Gender			Referral MH						
Client	Race	Referral	Appt. Status (Yes/No)	Care	Abuse	Medical	Outcome	1ST QT	2ND QT	
A	F/AA	Mental Health	Attending	Y	N	ENGAGED	Engaged in Mental Health Care	20	40	1
В		Mental Health	Attending	Y	Y	ENGAGED	Engaged in Mental Health Care	20	80	
С	MAA	Mental Health	Attending	Y	Y	ENGAGED	Engaged in Mental Health Care	20	40	21
0	MAA	Mental Health	Atending	Y	Y	ENGAGED	Engaged in Medical & MH	100	500	9
é	F/AA	MH/Medical	Attending	Y	N	ENGAGED	Engaged in Mental Health Care	9930	722490	40399
F	F/AA	MH/Sub Use	Not Attending	Y	Y	ENGAGED	Engaged in Mental Health Care	20	21	
G	M/White	MH/Medical Care	Attending	Y	Y	ENGAGED	Engaged in Medical & MH Car	20	21	2
H	MHisp	Mental Health	Atending	Y	N	ENGAGED	Engaged in Mental Health Care	20	30	2
1	F/AA	MH/Medical Care	Attending	Y	Y	ENGAGED	Engaged in Substanc Use	20	21	18
1	MHisp	MH/Medical Care	Completed	Y	Y	ENGAGED	Engaged in all care indicated	100	60	
ĸ	MAA	MH/Medical Care	Attending	Y	N	NE	Not Engaged in Medical Care	20	21	2
L	MAA	Continued med	Atending	N	Y	ENGAGED	Engaged in Medical Care	20	21	2
ĸ	MAA	MH/Medical Care	Refused	Y	Y	ENGAGED	Engaged in Mental Health	20	21	2
4	MHisp	MH/Medical Care	Attending	Y	Y	ENGAGED	Engaged in Mental Health Care	500	ap	2
0	MHisp	MH/Medical Care	Attending	Y	N	ENGAGED	Engaged in Mental Health Care	20	21	2
P	MAA	MH/Medical Care	Refused	Y	N	ENGAGED	Engaged in care	20	21	2
2	MAA	Medical Care	No tx recommended	N	N	ENGAGED	Engaged in all care indicated	60	4060	2
2	MHisp	MH/Sub/Med	Refused	Y	Y	NE	Not engaged in medical care	31600	8420	1669
s	MAA	SubMed	Refused	N	Y	NE	Not engaged in medical care	130	131780	34
N= 19										
Engaged in MH = 63N 16 referred 10 engaged										
Engaged in Subst	ince Abus	Treatment = 75%	12 referred 9 attending							
Engaged in Medic										
		& Substance Tx =	21%							
Viral Load <200 :	74%									
Detectable= 16%										

Results

- Using the Tracking Tool, the MCM team identified 19 clients with MH & SU diagnoses enrolled in the Hope Cares/Retention Program. Of these, 16 were referred for mental health care and 11 (68.75%) are attending; 12 were referred to substance use treatment and 6(50%) are attending.
- MCM case managers continue to engage 15 (78%) of the 19 clients in this cohort. 11 (68.75%) are currently attending MH care & 6 (50%) are engaged in SU treatment. 3 clients (15.79%) refused treatment and 3 (15.79%) are currently lost to follow-up.
- Of the 19 clients being followed in this QI project, 16 (84%) attended their medical appointment and are stable with their ART regimen. 15 clients (79%) have a viral load <200, while 4 of the clients (21%) have a detectable viral load, which includes 3 clients who are currently lost to follow-up.
- The medical case managers continue to work with the clients involved in this project to improve engagement efforts.

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Conclusions

- In this project, the Ryan White-funded MCM program collaborated with the Retention in Care program and continued to closely follow those clients who had been referred to mental health & substance use programs previously. Ongoing efforts to address behavioral barriers to care are key components in improving retention in medical care for HIV positive clients.
- The project continued to see success in that the program team was able to engage several more clients back into medical care. The retention rate increased from 70% in 2016 to 84% in 2017. As a team, we remain committed in our efforts to make the appropriate referrals and to support our clients in their efforts not only to attend their medical appointments, but also in the continued addressing of barriers to care, of which mental health and substance use are frequent challenges.
- Clients with mental health and/or substance use issues often need additional support. Identifying and then following-up with program clients who have these needs, and monitoring their progress, is an important component for the MCM Hope **Cares/Retention Program.**

Next Steps

- The MCM Team will continue to identify clients that have mental health and substance use issues in order to address these issues early on and engage clients into medical care. Continued engagement will help clients to become stable in medical treatment and adherent to their medication.
- The MCM team will also continue to follow-up with clients already enrolled in treatment to check on their progress, and offer support as needed.