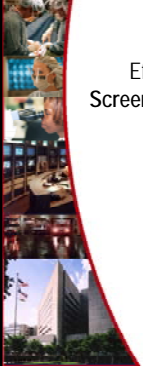



Training For the Case Manager




**Effectiveness of Case Management Training:
Screening the HIV infected Client for Mental Illness**

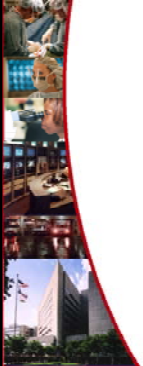
Presented by

Texas/Oklahoma AIDS Education & Training Center
.....improving the quality of HIV/AIDS care one program at a time






Panel




Amy Cutlip, RN, MEd
Education Coordinator
Texas/Oklahoma AETC

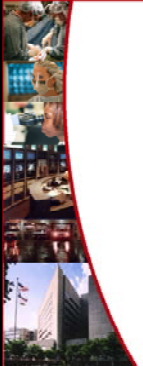
Michael Noss, DO, Psychiatrist
Adjunct Faculty
Texas/Oklahoma AETC

Deborah Phillips, RN, MPH
Associate Director
Texas/Oklahoma AETC







Objectives




The participant will be able to discuss the neuropsychiatric curriculum material provided for training and be able to describe 3 mental illnesses that affect the HIV population.






Objectives


The participant will be able to describe 3 common screening tools for mental illness and give examples of how they can be incorporated into their own agency and practice






Training For the Case Manager


This workshop will address the training of case management staff in recognizing mental illness utilizing onsite presentations and screening material provided via a SAMHSA/HRSA grant.







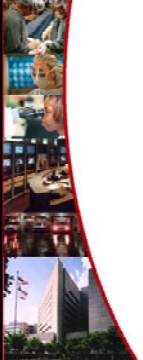
Background


- Supplemental funding for AETC's in 05/06 with 06/07 carryover to address Mental Health & HIV education
- Source: SAMHSA through HRSA collaboration
- Pre-packaged modules developed through this collaborative used in trainings
- TX/OK AETC: Targeted 4 cities in Texas & 1 in Oklahoma
- Focus of this presentation: Parkland Health & Hospital Dallas Project




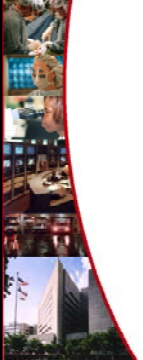
 **Training For the Case Manager**


Results from the Texas/Oklahoma AETC LPS trainings showing the efficacy of this endeavor will be reviewed and discussed




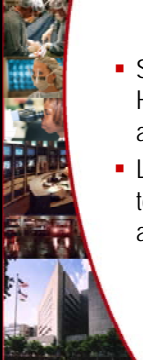
 **Training For the Case Manager**


A protocol for implementation of screening by one of the Local Performance Sites (Parkland Health and Hospital System) will also be discussed.



 **Rationale for Training**

- Studies have shown relationships between HIV infection, mood disorders and adherence and survival rates.
- Lack of treatment for depression has shown to increase HIV replication, non-adherence and mortality.






Response to Need


- AETC Train the Trainer program in 2006
 - 3 Modules
 - Ethics
 - Substance Use
 - Neuropsychiatry and AIDS






Program Goal


To raise awareness of the impact of HIV on the brain among providers in a wide range of mental health treatment settings in order to promote and support total patient care






Highlights of Materials


- Two modules
 - Neuropsychiatric Dimensions of HIV
 - Clinical Assessment & Intervention




 **Neuropsychiatric Dimensions of HIV**


Topic divided into


- Neuropsychiatric Complications
- Psychiatric Syndromes
- Somatic Syndromes




 **Highlights of Materials**

- Two modules
 - Neuropsychiatric Dimensions of HIV
 - Clinical Assessment & Intervention



 **Neuropsychiatric Complications**


- Minor Cognitive-Motor Disorder (MCMD)
- HIV-associated Dementia (HAD)
- Delirium




 **Psychiatric Syndromes**


- Mood Disorders
 - Depression
 - Mania
- Anxiety Disorder
- Psychotic Disorders
- Substance Use Disorders




 **Somatic Syndromes**

- Sleep
- Pain
- Endocrine Disorders
- Wasting
- Medication side effect



 **Clinical Assessment & Intervention**

- Assessments of the biopsychosocial status of the HIV-infected
- Screening Tools – Neuropsychiatric Complications
 - HIV Dementia Scale
 - Memorial Sloan Kettering Scale for AIDS Dementia Complex
 - Folstein Mini-Mental Status Exam






Clinical Assessment & Intervention


- Screening Tools – Psychiatric Syndromes
 - PHQ-9 (Patient Health Questionnaire)
 - Hamilton Depression Scale
 - Hamilton Anxiety Scale
 - Beck Depression Scale
 - Beck Anxiety Scale
 - QIDS-SR (Quick Inventory of Depressive Symptomatology – Self Report)
 - MDQ (Mental Health Questionnaire)






Theory Into Practice

- All patients at time of initial or reassessment for Ryan White Funding will be screened with:
 - PHQ – 9
 - Psychosocial Assessment






Theory Into Practice

PHQ – 9 scoring and intervention:

- 0 – 4 No intervention recommended
- 5 – 9 Discuss with patient offer therapy
- 10 – 14 Discuss medication and/or therapy. Give results to PCP to write and manage antidepressant medication if patient desires.
- 15 – 19 Discuss medication and/or therapy. Give results to PCP for antidepressant medication and next available appointment with psychiatrist.
- >20 Discuss medication and/or therapy. Appointment with psychiatrist within 1 week.



SAMHSA Training Participants

Profession	Ethics	Neuro- psychiatry	Substance Abuse	Total
Mental Health Professional	6%	6%	7%	6%
Nurse	9%	12%	19%	12%
Nurse Practitioner	1%	1%	2%	1%
Physician	3%	3%	3%	3%
Social Worker	28%	24%	27%	26%
Substance Abuse Professional	13%	11%	10%	11%
Other	38%	41%	33%	38%
Missing	4%	2%	0	2%
TOTAL	114	252	176	

Summary of Findings

Perceptions of the Training
(% Strongly Agree/Agree)

Category	Ethics	Neuropsychiatry	Substance Abuse
Useful	94%	90%	96%
Satisfied	89%	88%	94%
Recommend to others	91%	88%	93%

Question:
For the following questions, select a rating that reflects your degree of agreement with the statement presented.

- The information/skills training was useful.
- I was satisfied with this training.
- I would recommend this training to others.

Outcomes: Neuropsychiatry

When asked how they will use what they learned in their HIV/AIDS work, common themes include...

- Identify when a psych referral is needed
- Assist with planning educational programs for staff, patients, family & community
- Consider other drug use interaction
- Improve assessment/differentiation of psychiatric symptoms
- Incorporate screening during intake

Outcomes: Neuropsychiatry

- Prior knowledge influences participant's comfort level even after training...

As a result of this training, I am more...	Overall (n=231)	Prior Knowledge	
		Low (n=53)	Med/High (n=155)
Comfortable treating and/or caring for HIV-positive and HIV-affected individuals	73%	55%	72% ↑
Willing to treat and/or care for HIV-positive and HIV-affected individuals	71%	58%	68%
Capable of treating and/or caring for HIV-positive and HIV-affected individuals	74%	59%	73%

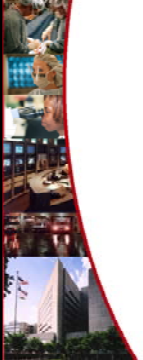

↑ Statistically significant difference between low and med/high prior knowledge at a 95% level of confidence. Percentages refer to the % of participants who strongly agree/agree.

Neuropsychiatry: Supplemental

- After attending this program, participants strongly agreed or agreed they were better able to:
 - Describe the 3 most common mental illnesses that affect the HIV population, as well as those illnesses which make them more prone to HIV infection (86%)
 - Identify 2 signs and symptoms of neuropsychiatric complications of HIV and common treatment modalities (88%)
- 80% of participants strongly agreed or agreed that this program will change the way they provide services to people living with HIV/AIDS


Lessons Learned

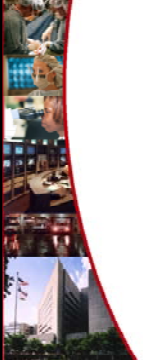

- Training improved case manager's ability and confidence to screen and recommend treatment for mental illness.
- Training improved ability and reinforced need to screen during intake process.
- Training will improve care by enhancing the way case managers provide services.



Special Thanks to:

- Betsy Attel, RN, MSN, Project Coordinator
(Consultant)
- April Fehler, PhD, Evaluator
(Texas/Oklahoma AIDS Education & Training Center)





THANK YOU

For more information, contact TX/OK AETC

- 1-877-ASK-AETC (1-877-275-2382)
- www.aidseducation.org

