

# Expanding Access to Substance Use and Mental Health Services for HIV Patients in Alabama: +STEP Implementation

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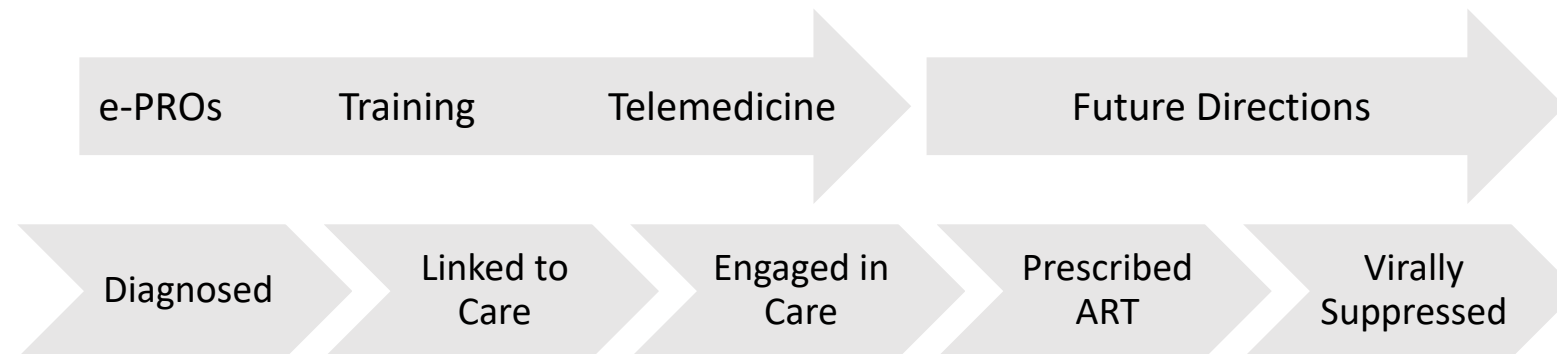
*On Behalf of the Rest of the +STEP Team*

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# Introduction

- Depression and Substance Use Disorders (SUD) are common among PLWH and negatively impact HIV treatment outcomes.
- HIV/AIDS clinics in Alabama lack standardized instruments for diagnosing and monitoring Mental Health (MH) and SUD.
- Electronic patient reported outcomes (e-PROs) are an efficient and accurate way to fulfill this need.
- +STEP is a multi-component intervention to increase screening and treatment of MH and SUD in RWHAP-funded clinics in Alabama.



# Study Objectives and Sites

- Five RWHAP-funded clinics in Alabama
- Aims:
  - Implement PROs and Telemed
  - Process evaluation
  - Outcomes evaluation
- +STEP will be implemented in stepped wedge process
  - Currently live at two sites– UAB Family Clinic and MAO.
- 4,436 PLWH in active care at these sites at the start of the study

Implementation for Stepped Wedge Analysis						
Sites	Control Period	Implementation Periods				
E						
D						
C						
B						
A						
		Y1	Y2	Y3	Y4	Y5

## Summary of Sites Participating in +STEP

Ryan White Funded Clinics in Alabama	PLWH (n)
University of AL Family Clinic	300
Thrive Federally Qualified Health Services Center	956
Health Services Center	562
Medical Advocacy and Outreach	2,190
Unity Wellness Center	428
<b>TOTAL (Active PLWH at Participating Sites)</b>	<b>4,436</b>

# Aim 1: Implementation

Perform a readiness assessment and implement +STEP in step-wise fashion.

- Identify and train a +STEP Champion at each clinic site.
- Implement UAB e-PRO data collection software platform.
- Leverage existing telemedicine infrastructure available through UAB.

Sampling and Recruitment:

- PLWH: all patients 18 or older.
- Insert e-PROs into established clinic workflow so all patients have opportunity to participate.

# Aim 2: Addressing Barriers to Implementation

## Interview Setup:



1-hour interview after Years 1, 2, and 4 to discuss:

1

Perceptions of implementation strategies

2

Anticipated and observed barriers and facilitators to +STEP



Qualitative data from interview scripts analyzed at aggregate and clinic specific level

## Interviewees:



At each of the 5 clinic sites, interviews will be conducted with:



3 patients for Years 1, 2, and 4 (45 total patients)



5 staff members for Years 1, 2, and 4 (75 total staff)

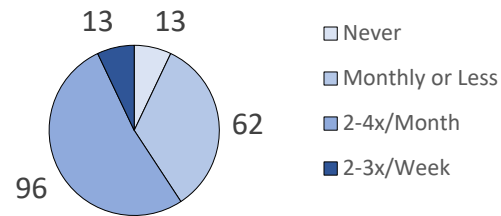


For a total of 120 participants over the study period

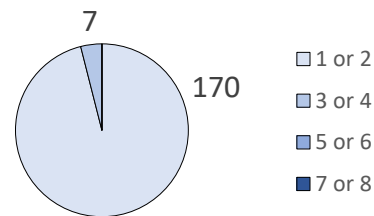
# Aim 3: Measuring Impact

## Overall AUDIT-C Results (Alcohol Use)

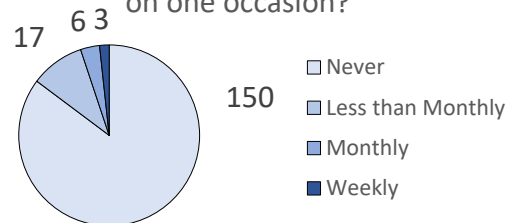
How often do you have a drink containing alcohol?



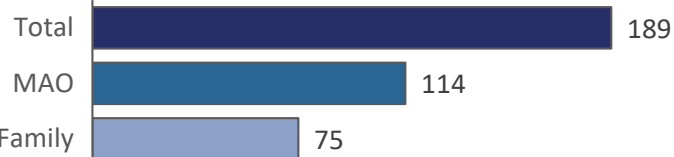
How many drinks containing alcohol do you have on a typical day when you are drinking?



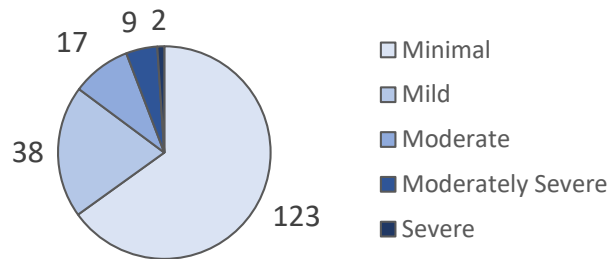
How often do you have 5 or more drinks on one occasion?



## PROs Completed

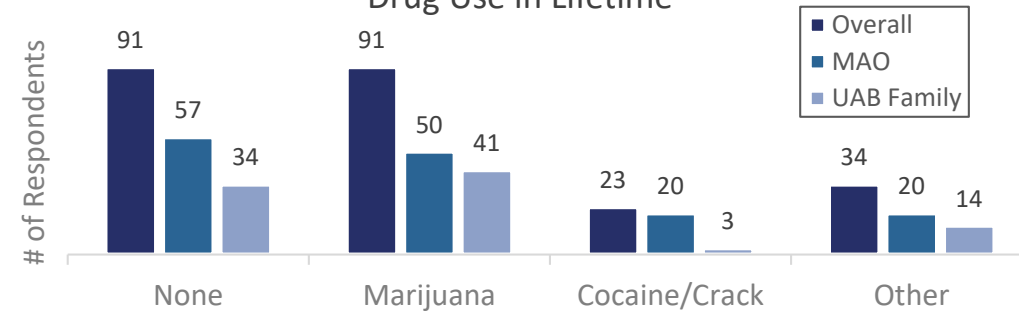


## Overall PHQ-9 Results (Depression)

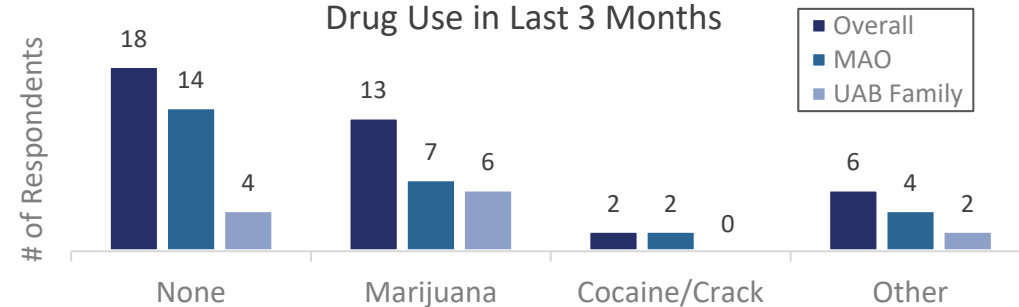


## ASSIST (Drug Use)

### Drug Use in Lifetime



### Drug Use in Last 3 Months



# Impact and Future Directions

Implementing evidence-based services to support MH and SUD needs of PLWH is foundational to accelerate individual and population level viral load suppression.

- Future expansion of access to electronic screening (PROs) for improved diagnosis and telemedicine will improve access and linkage to treatment.

The implementation blueprint will generate new knowledge about the application of specific implementation strategies that are critical for implementation in real-world rural and Southern states.

- We will use study findings to tailor future implementation research to the needs of African Americans, rural residents, disadvantaged and highly stigmatized groups (e.g, PLWH who inject drugs), and those living far from clinic sites.

# Thank you for your attention!

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- Special thanks to the entire +STEP Team



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