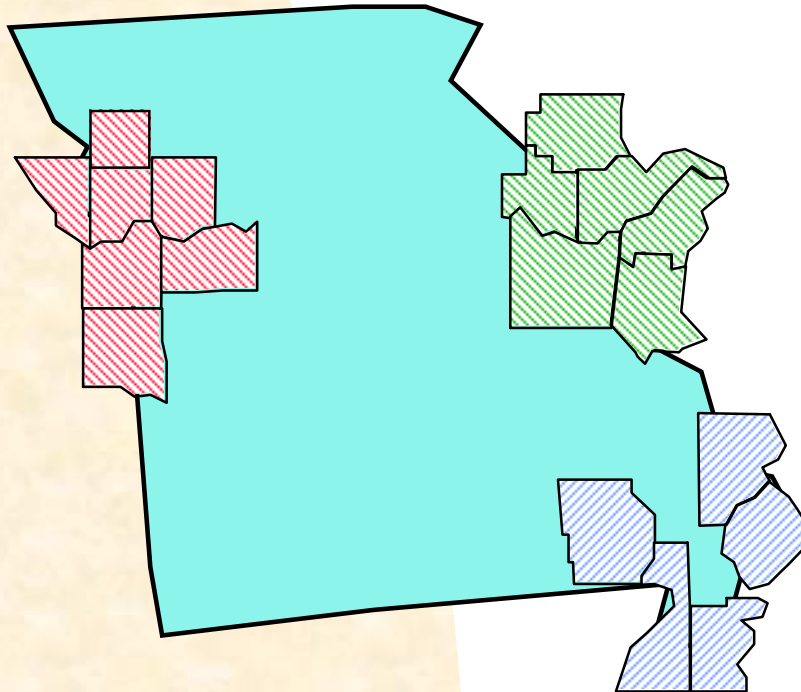


Missouri Department of Health Integrated Care Program

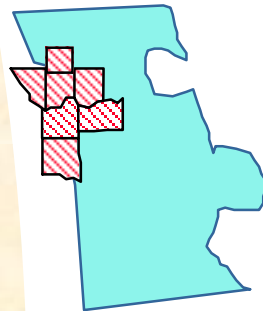
A HRSA, Special Projects of National Significance (SPNS) grant
Federal Grant Number BRU 900103-01-0



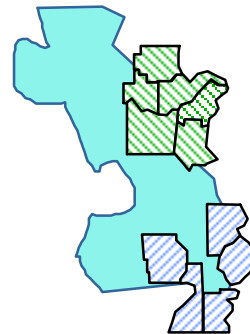
- An evaluation and training project.
- Developing collaborative efforts between the Missouri Department of Health and the Missouri Department of Mental Health.
- Improving HIV service delivery in Missouri.

Initiating Collaborative Services between the State Departments of Health and Mental Health

The Missouri Department of Health, Bureau of HIV/AIDS Care contracts for HIV/AIDS service coordination throughout the state. These service coordination agencies are responsible for coordinating health related services for individuals living with HIV and AIDS.

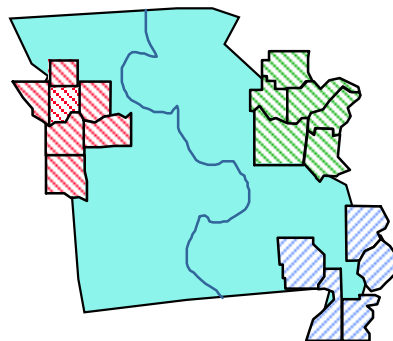


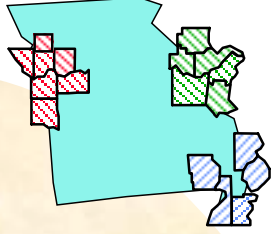
The Missouri Department of Mental Health, through their Divisions of Alcohol and Drug Abuse and Comprehensive Psychiatric Services, provides mental health services in locations throughout Missouri. DMH case managers are responsible for coordinating mental health services for Missourians.



Initiating Collaborative Services between the State Departments of Health and Mental Health

Through the establishment of a Memorandum of Agreement between the Departments of Health and Mental Health a collaborative venture was initiated in Missouri. This venture brought together two state agencies in order to provide comprehensive health, mental health, and substance abuse treatments for poly-diagnosed individuals (HIV positive and mental health and/or substance abuse issues) in Missouri. Through this agreement, advisory committees have been formed in the three evaluation and training areas consisting of local representatives from each state agency, public organizations, private, and not-for-profit organizations. These committees gave input into the training design and guidance toward the development of implementation models to provide comprehensive, seamless services in their areas.





Missouri Department of Health Integrated Care Program Overall Goals

- To develop and evaluate the effectiveness of a coordinated system of care that provides case management services for poly-diagnosed individuals living with HIV/AIDS, mental health and/or substance-related disorders throughout the state.
- To initiate collaborative efforts between the Department of Health and Department of Mental Health, to create and implement a comprehensive integrated model of care consisting of both health and mental health services for poly-diagnosed individuals living with HIV/AIDS, mental health and/or substance-related disorders throughout the state.
- To establish advisory committees consisting of health, mental health, and substance abuse professionals to address the training needs of their communities and the service needs of poly-diagnosed individuals with HIV/AIDS.

State Personnel Involved in Planning and Oversight

Department of Health Bureau of HIV/AIDS Care

- James M. Dempsey, MSW, LCSW
SPNS Program Director
- Terry V. Shaw, MSW
SPNS Project Coordinator

Department of Mental Health

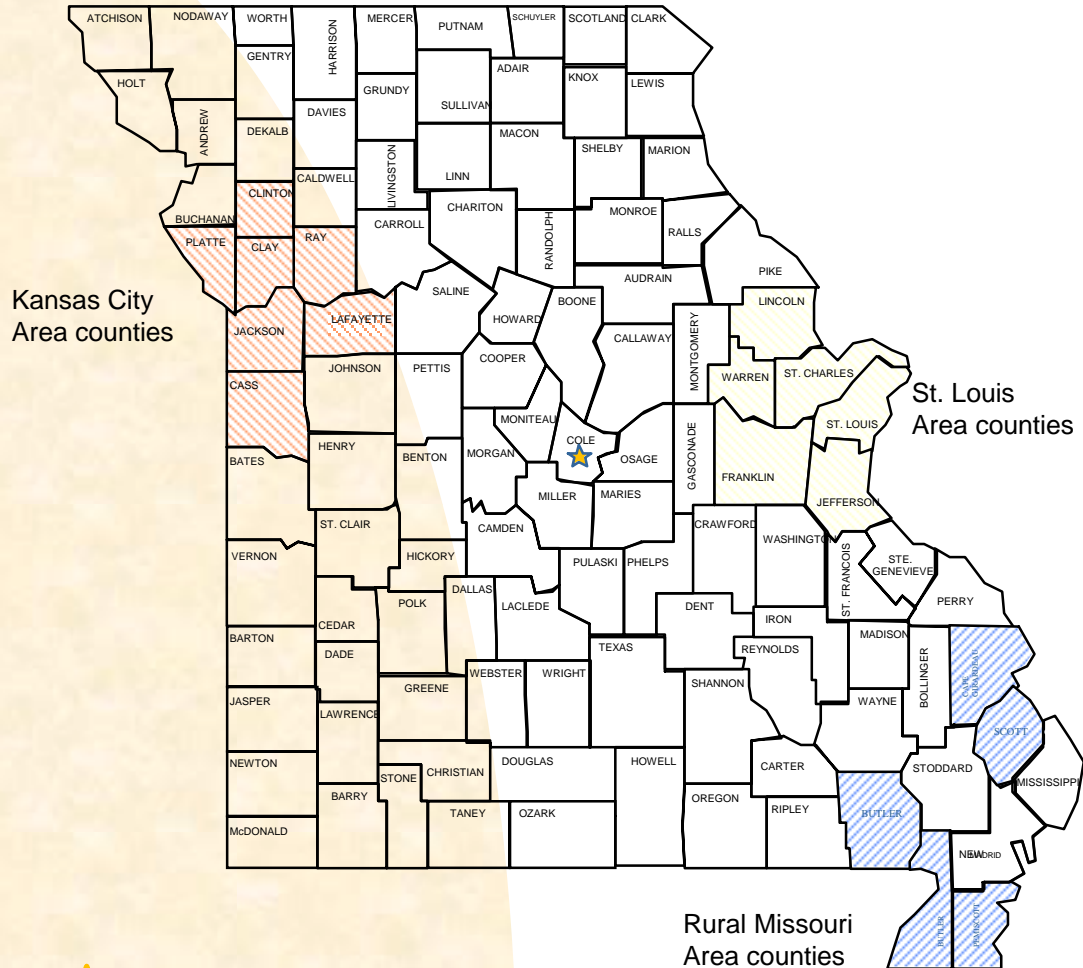
- Dr. Joseph Parks, MD
Deputy Director, Division of
Comprehensive Psychiatric
Services
- Sharon Thomas, MA
Treatment Coordinator, Division of
Alcohol and Drug Abuse

Missouri Integrated Care Program Evaluation and Training Areas

Two metropolitan areas, Kansas City and St. Louis, and one rural area, the Southeast area, were chosen to allow for a broad range of models and philosophies to be developed in Missouri.

Each area developed methodologies for training, model development, and model implementation specific to the needs and nuances of the area. The needs and barriers described by the service providers themselves were used as a starting point and a measuring stick throughout the project areas.

The models which have been developed relied heavily on the two state departments, Health and Mental Health, effectively collaborating toward the goal of comprehensive, seamless service.



MODEL IMPLEMENTATION GOAL

Demonstration models have been developed in each of the three Evaluation and Training areas.

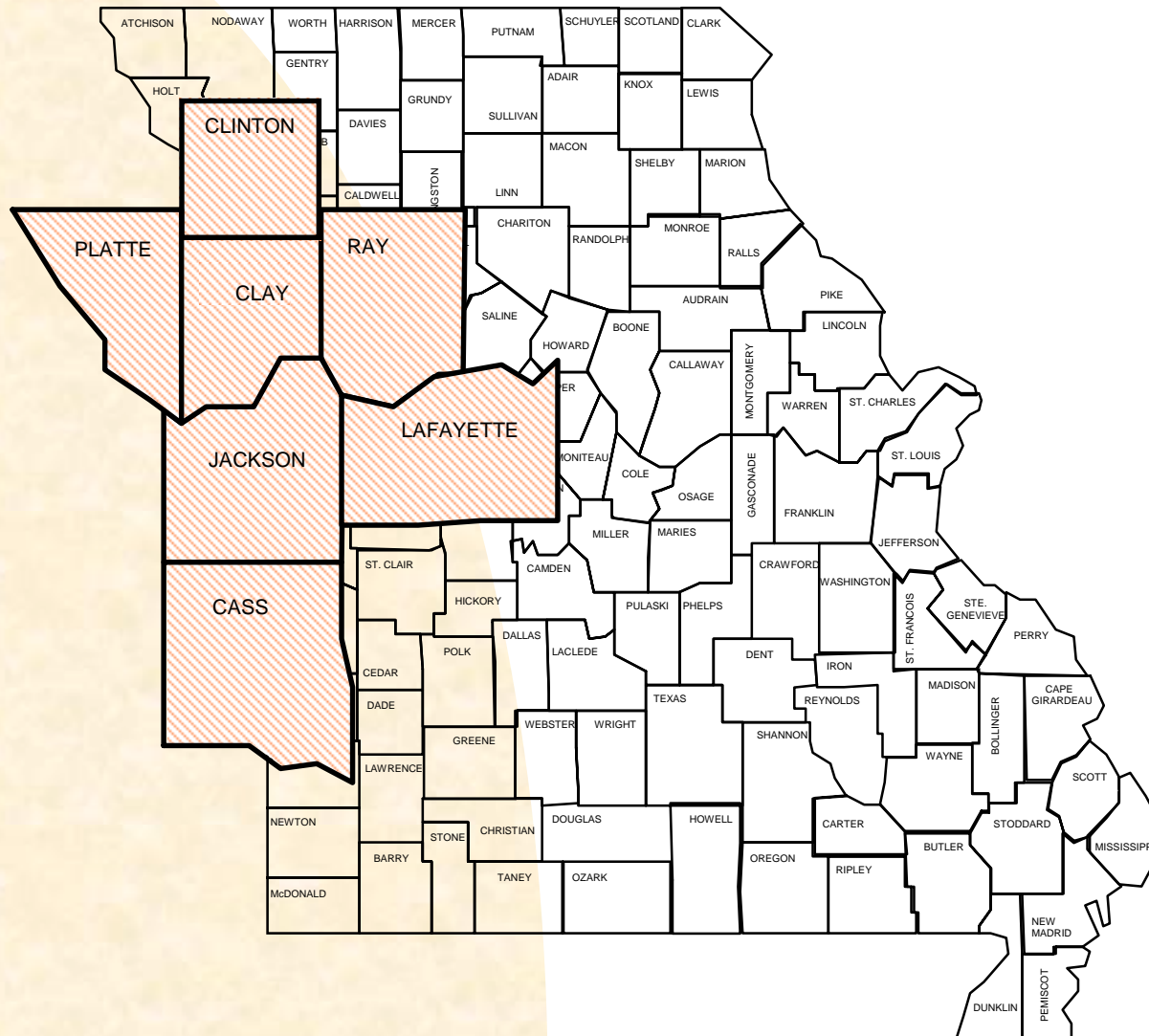
Goal:

Through collaborative efforts with the Department of health and Department of Mental Health, create and implement an integrated system of care consisting of both health and mental health services for individuals living with HIV/AIDS, mental illness, and/or substance abuse problems.

Outcome Objectives:

At project's ending period, selected mental health and substance abuse treatment agencies throughout the state will be trained in, and have the capacity to participate in, the Department of Health HIV Service Coordination as part of an Integrated Care Model.

Kansas City Evaluation and Training Area



The Kansas City evaluation and training area consists of a seven county area (Platte, Clinton, Clay, Ray, Jackson, Lafayette, and Cass). These counties were selected because they are a part of the existing Kansas City metropolitan area and the travel time from downtown Kansas City to the outskirts of Clinton, Cass, or Lafayette is less than one hour.

Model Development Process in Kansas City

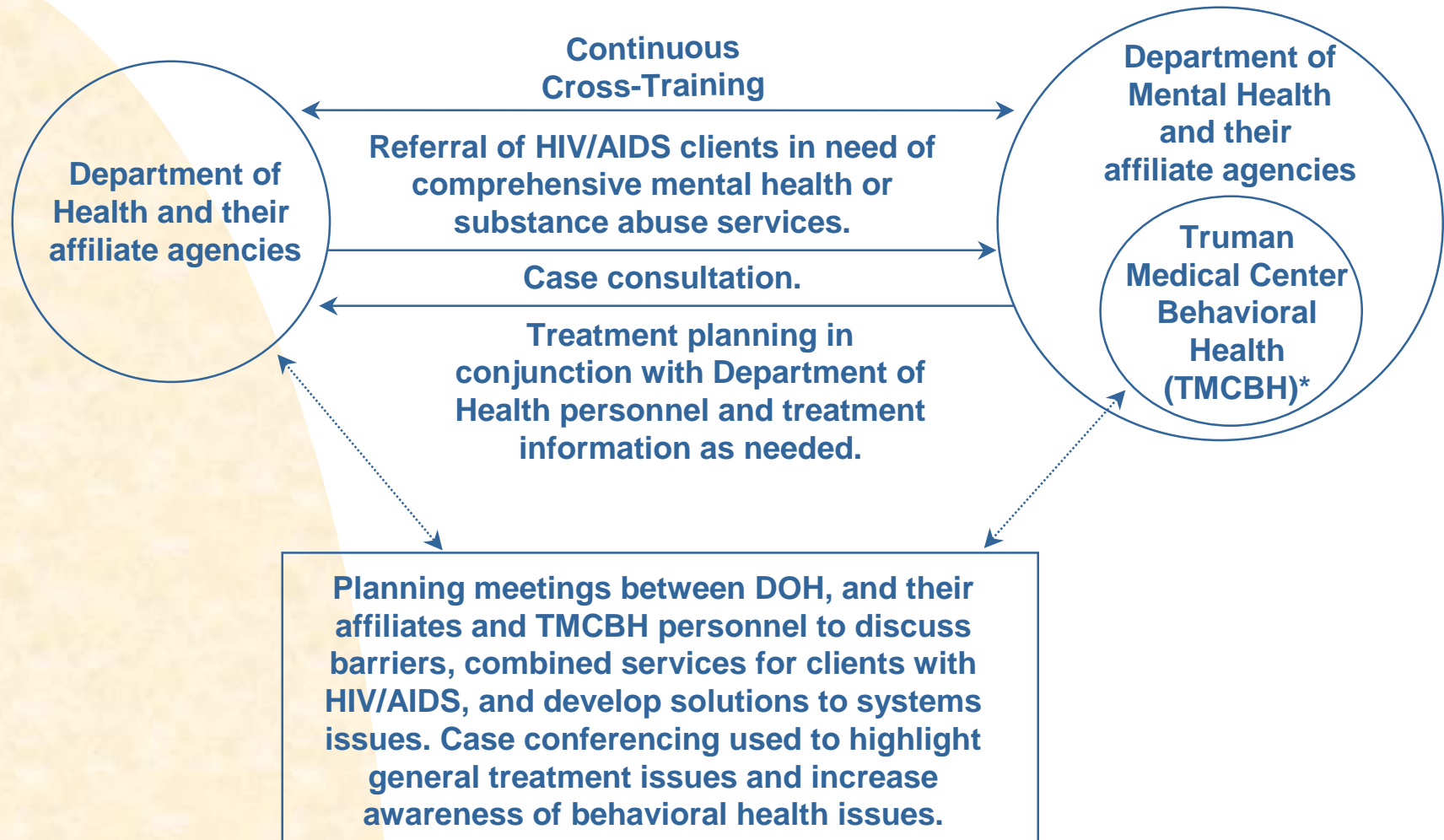
In Kansas City the presence of large vertically integrated systems with a number of comprehensive treatment facilities led to the development process shown here. Kansas City has traditionally been a system where there are abundant services. The individual treatment systems this project focuses on - health, mental health (Comprehensive Psychiatric Services), and substance abuse (Alcohol and Drug Abuse), are united through the large treatment facilities, such as Truman Medical Center - Behavioral Health, the organization selected for the Kansas City model.

The implementation model was developed by department level individuals at the Department of Health and the Department of Mental Health (the model is shown on the next page). A 48-hour training was given over four months for health, mental health, and substance abuse professionals in the Kansas City area. The training focused on cross-training issues and developing mutual understandings between personnel from each area. Duties, responsibilities, and difficulties inherent in their respective positions were discussed. After the completion of the training the model was put into operation.



Kansas City Implementation Model

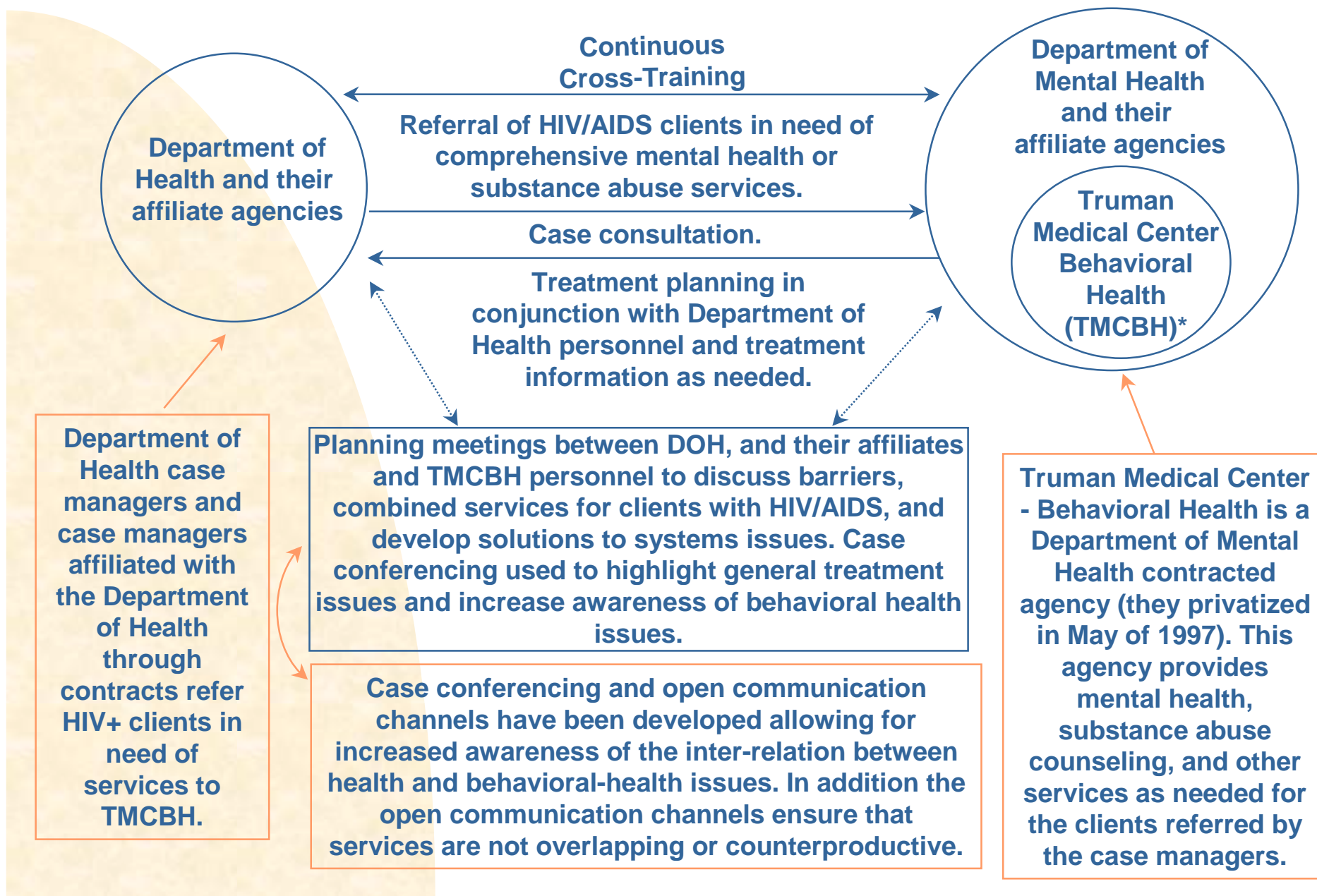
Direct Referral/Comprehensive Case Management Model



* TMCBH was previously Central Kansas City Mental Health Services (CKCMHS). CKCMHS privatized through a merger with Truman Medical Center.

Kansas City Implementation Model

Direct Referral/Comprehensive Case Management Model



Kansas City Advisory Council

Sarah Stanton, Quality Management Director, Truman Medical Center (HIV, Mental Health, and Substance Abuse)

Fred Watts, LCSW, Truman Medical Center (HIV, Mental Health and Substance Abuse)

Marsha Scott, Licensed Professional Counselor, Catholic Charities (HIV and Mental Health)

Aaron Andes, LBSW, Ryan White Case Manager, Good Samaritan Project (HIV Services)

Mary Zirul, RN, Service Coordination Supervisor, Department of Health (HIV Services)

Keith Spare, Licensed Psychiatric Counselor (Mental Health Services)

Richard Kellogg, Ryan White Case Manager, Samuel Rodgers Health Center (HIV, Mental Health, and Substance Abuse)

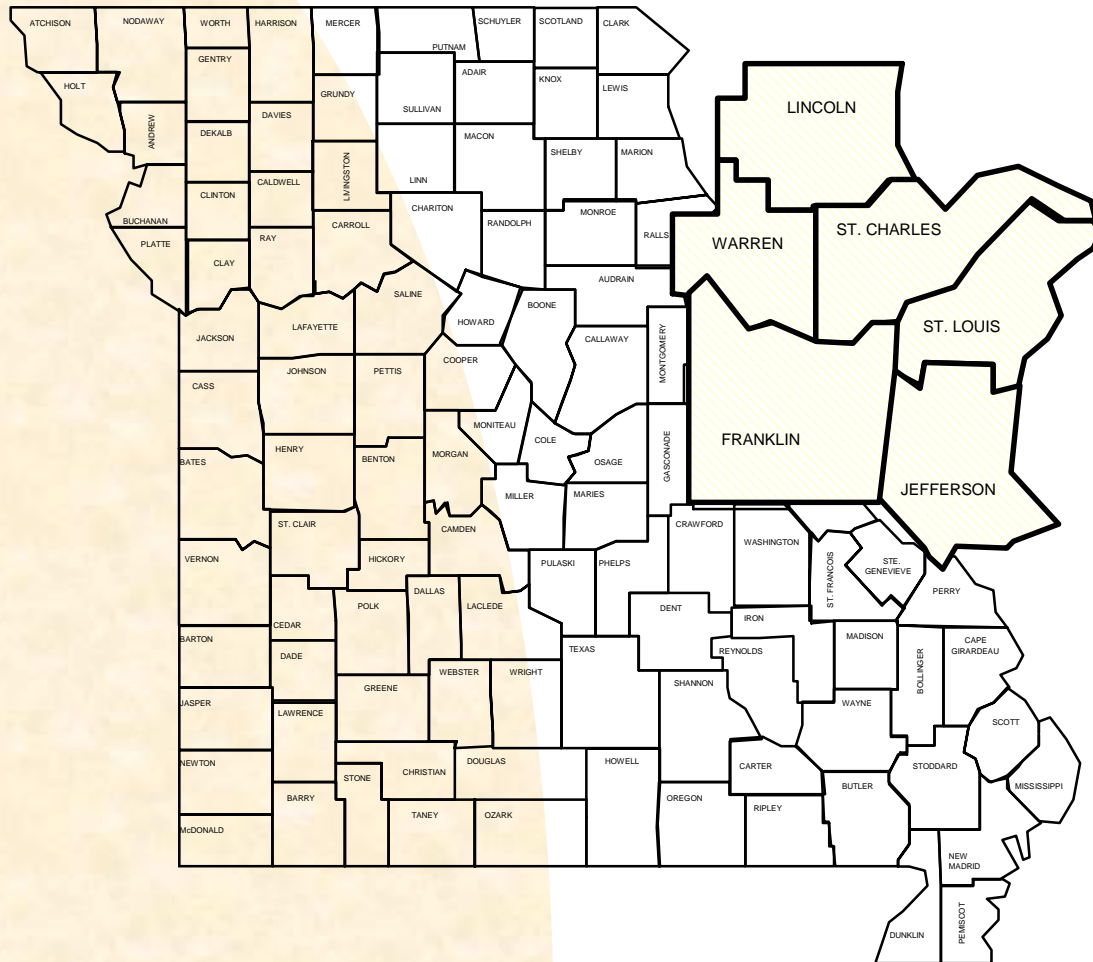
Eric Hughes, Case Manager, Swope Parkway Health Center (Mental Health Services)

Holly Buckendahl, MSW, Director of Case Management, Kansas City Free Health Clinic (HIV Services)

Barbara Beasley, Service Coordinator, Kansas City Health Department (HIV Services)

Ernestine Bowren, LCSW, Service Coordinator, Department of Health (HIV Services)

St. Louis Evaluation and Training Area

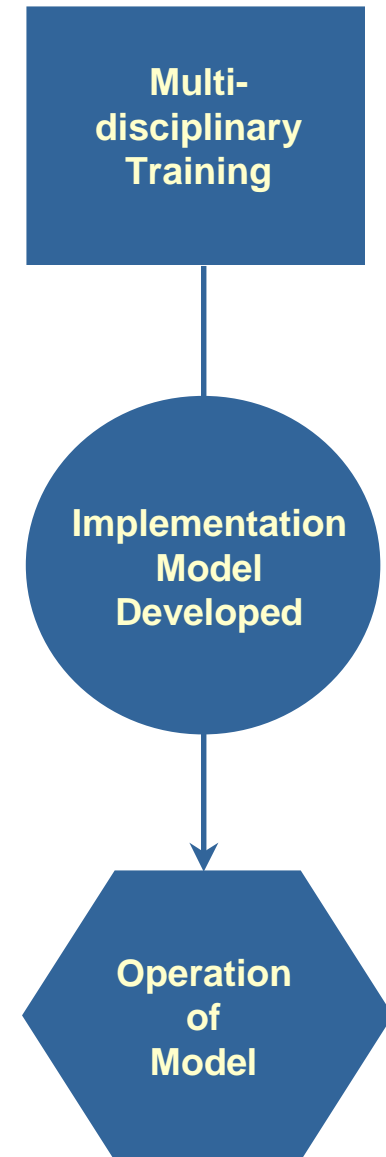


The St. Louis Evaluation and Training Area consists of a six county area (Lincoln, Warren, St. Charles, St. Louis, Franklin, and Jefferson). These counties were chosen because they are a part of the existing St. Louis metropolitan area and are served by both the St. Louis Department of Health and the St. Louis Department of Mental Health.

Model Development Process in St. Louis

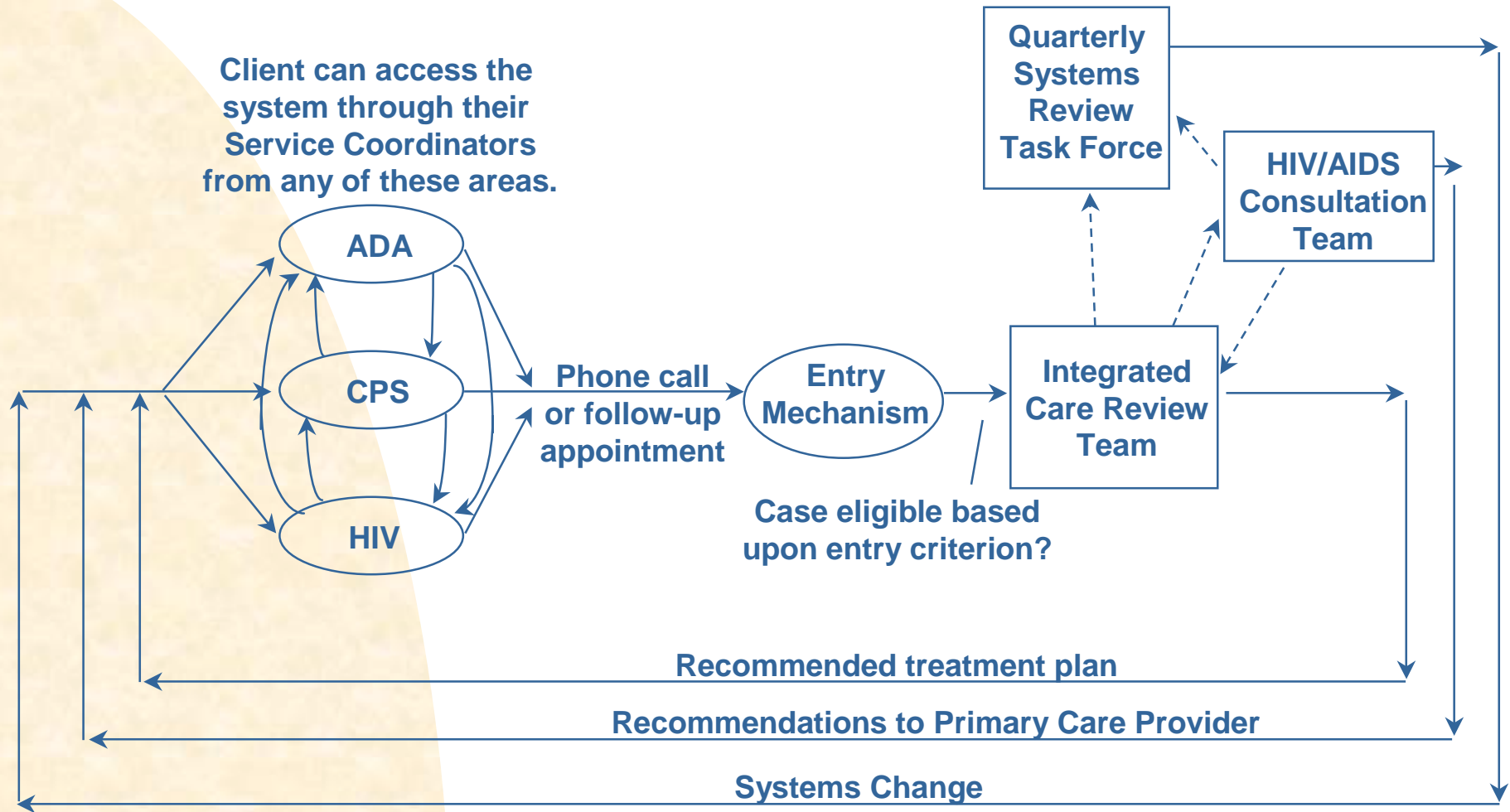
St. Louis consists of three distinct service systems in relation to health, mental health (Comprehensive Psychiatric Services), and substance abuse (Alcohol and Drug Abuse). These separate “silos” were very difficult to integrate and the development process in St. Louis was designed to address this and other needs in the area.

The process began with the formation of an advisory committee in St. Louis to plan the training. The training was a large two day event given for health, mental health, and substance abuse professionals in the St. Louis area. After the training was completed the next several months were spent in negotiations between the existing “silos” through the advisory committee. These negotiations were held until a mutual understanding was developed between the professionals in relation to language, roles, and responsibilities. After the completion of negotiations, the advisory committee developed the model for St. Louis (this model can be seen on the next page). The advisory committee will continue to be involved in the operation of the model throughout the project period.



St. Louis Implementation Model

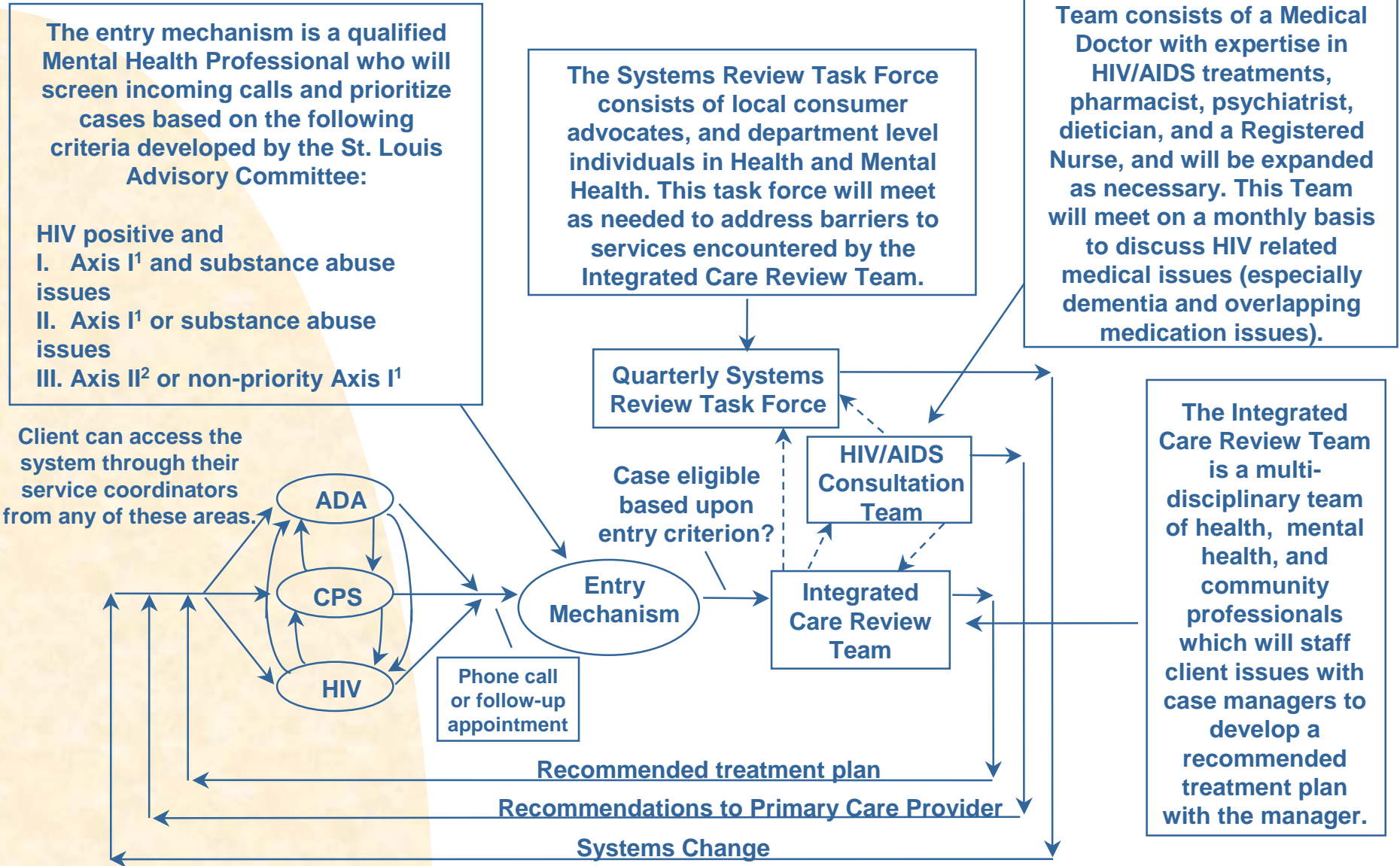
Integrated Care Review Team Model



..... A dotted line means that referrals are made only as necessary.

St. Louis Implementation Model

Integrated Care Review Team Model



¹ As described in the Diagnostic Statistical Manual-IV (DSM IV)

² As described in the Diagnostic Statistical Manual-IV (DSM IV)

St. Louis Advisory Council (St. Louis Core Implementation Team)

Valorie Adrio, Mental Health
Services Coordinator,
Metro AIDS Program
(HIV and Mental Health Services)

Kim Hansen, Director of Mental
Health Services, Peter & Paul
Community Services (HIV and
Mental Health Services)

Pat Murrell
Mental Health Coordinator,
Department of Mental Health
(HIV and Mental Health Services)

Dr. Jim Lang, Clinical Director,
Archway Communities, Inc.
(Substance Abuse Services)

Jamie Zacharias, Provider
Network Director, Great Rivers
Mental Health Services
(Mental Health Services)

Dawn Sherrod, Caseworker,
St. Louis Mental Health Center
(Mental Health and Substance
Abuse)

Ray Cruthis,
Substance Abuse Specialist,
St. Louis Mental Health Center
(Mental Health and Substance
Abuse)

John Holste, Title I PC Manager,
Department of Health and Hospitals
(HIV Services)

Jane Tarlow, RN
Service Provider Supervisor,
Missouri Department of Health
(HIV Services)

Larry Mayhew,
St. Louis Area Client Advocate
(Advocacy)

Tyronne Howze, Affiliate Service
Coordination Supervisor,
Metro AIDS Program
(HIV Services)

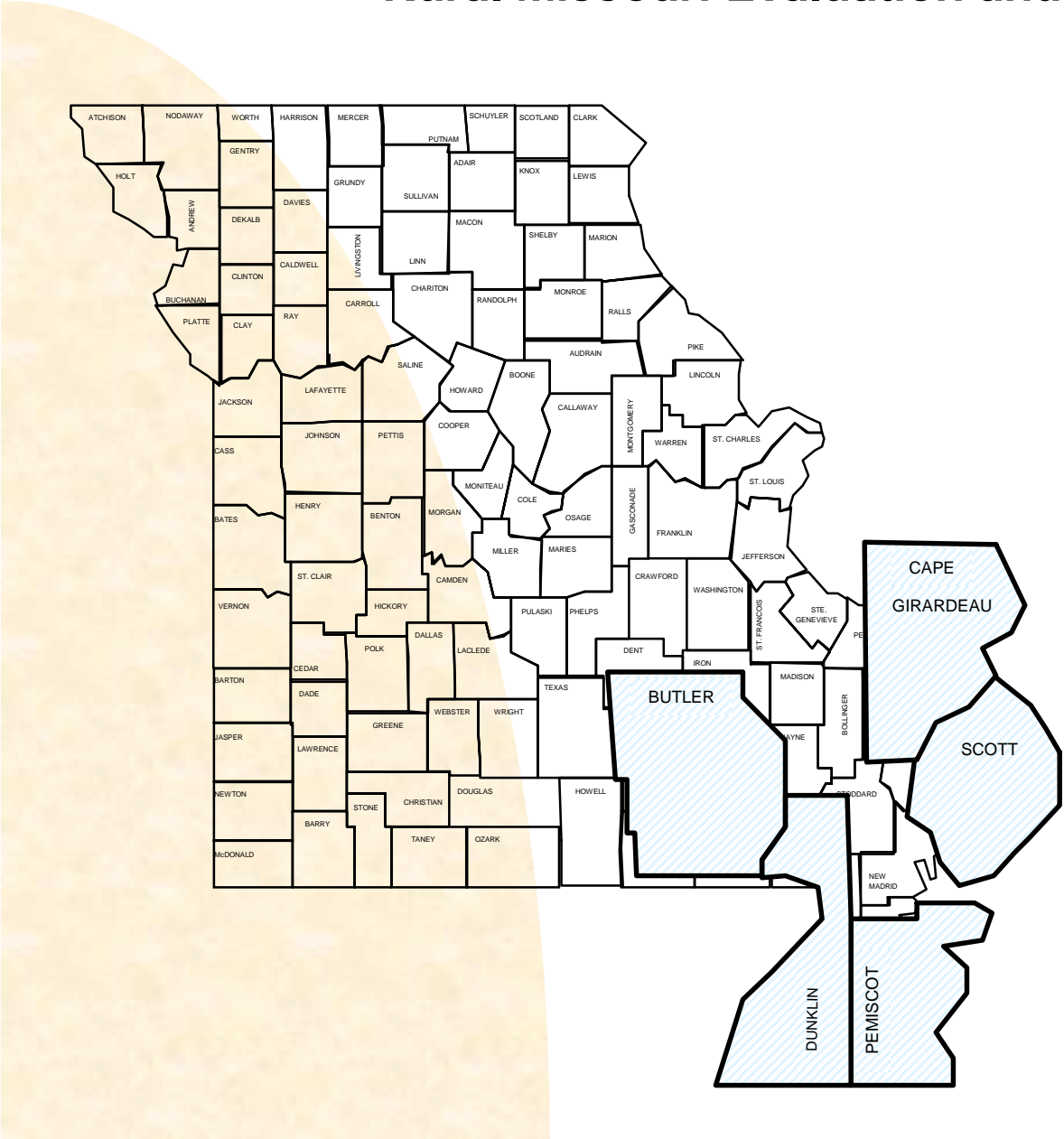
Patrick Kerwin, Service
Coordinator, Metro AIDS
Program (HIV Services)

Adrienne Powell, Social Worker,
Hopewell Center
(Mental Health Services)

Dr. Barry Hong, Associate
Professor of Medical Psychology,
Washington University (HIV and
Mental Health Services)

Ann Hummert,
St. Louis Area Client Advocate
(Advocacy)

Rural Missouri Evaluation and Training Area



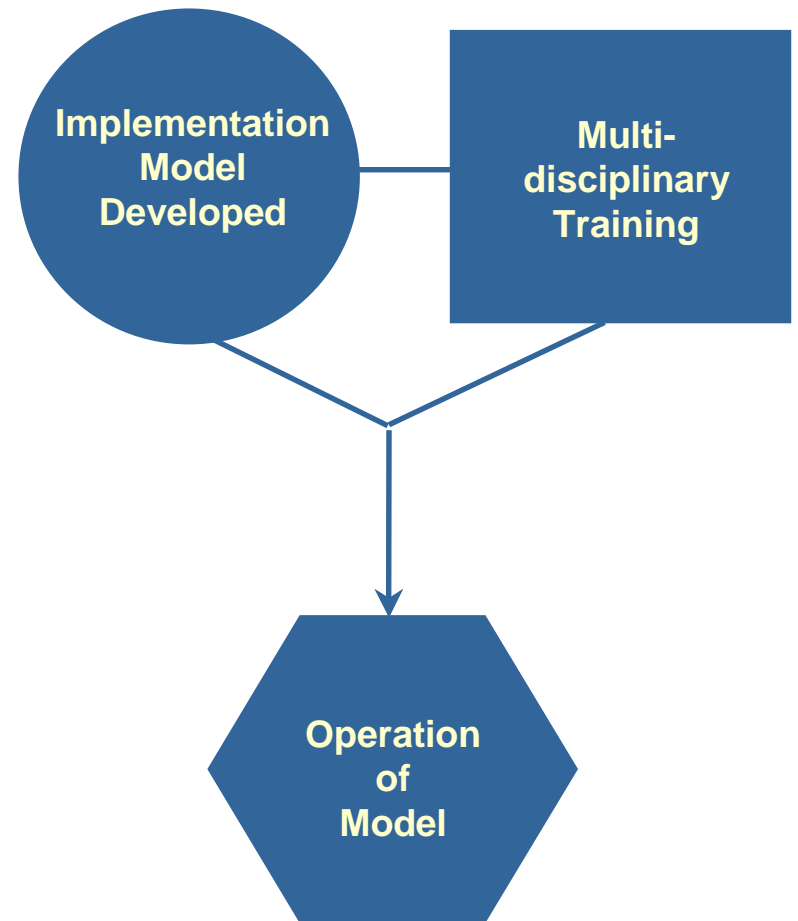
The rural Missouri Evaluation and Training area consists of five non-contiguous counties (Cape Girardeau, Scott, Dunklin, Pemiscott, and Butler). These counties were selected because they are traditionally the most under served counties in Missouri, furthermore, Dunklin and Pemiscott are the farthest counties from any Missouri metropolitan areas.

Model Development Process in Rural Missouri

In rural Missouri the advisory committee was formed to assist in both the training and model development concurrently.

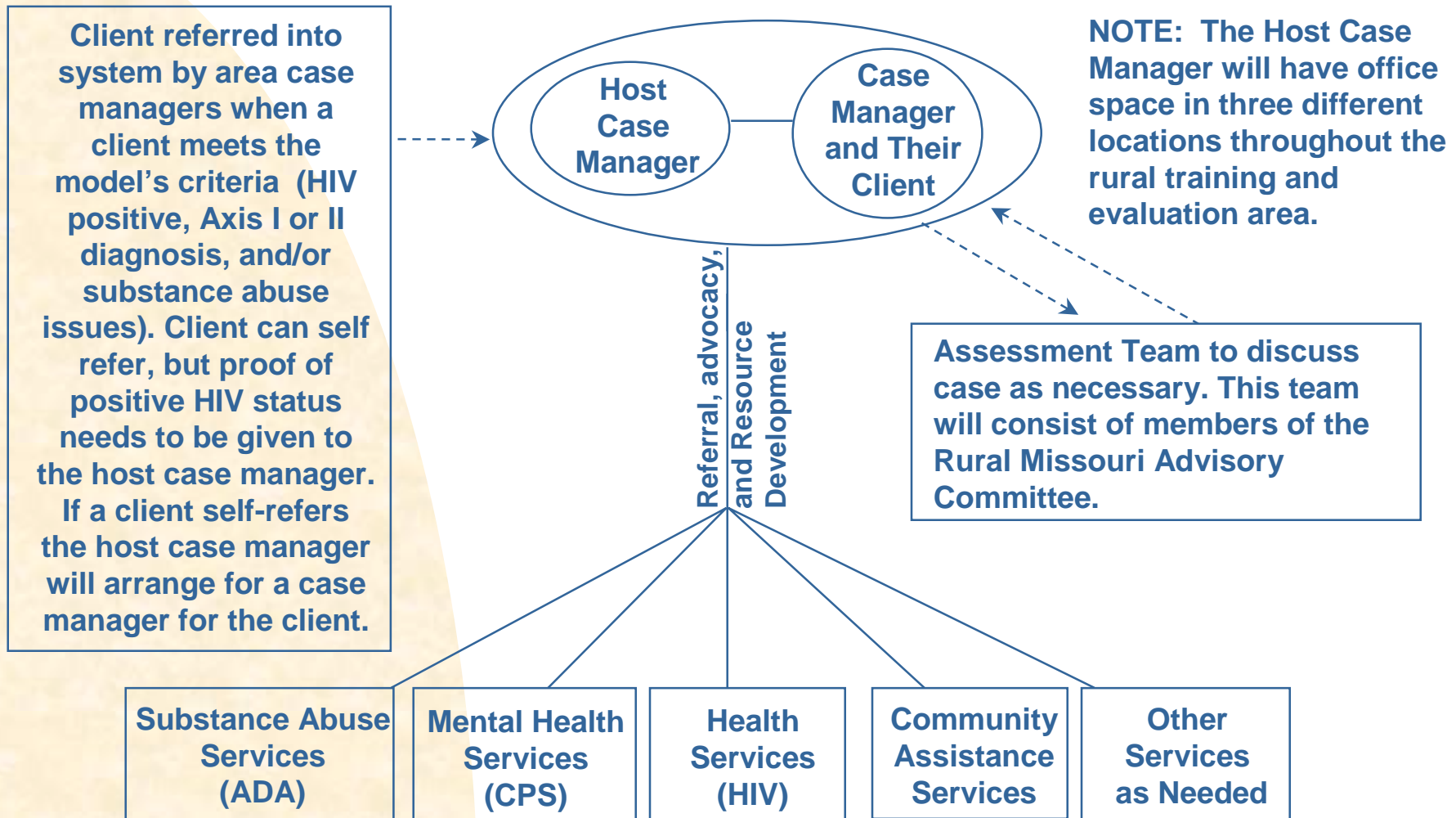
The training in rural Missouri was a two day training consisting of opportunities for all attendees to network and gain information about services offered in the area as well as information pertinent to HIV, mental illness, and substance abuse issues. The advisory committee decided, because of the sparsity of services and great distances between agencies, to present the same training in two different locations, allowing the material to reach the largest possible audience.

The implementation model is designed to be a “one stop shop” system of services (the model for rural Missouri can be seen on the next page). A host case manager will operate the system, the host case manager(s) attended the training in order to introduce themselves to the service providers and begin operation of the rural model.



Rural Missouri Implementation Model

True Case Management Model



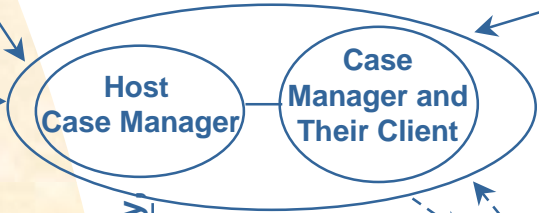
Rural Missouri Implementation Model

True Case Management Model

The Host Case Manager position is a full time position involving true case management, client advocacy, networking, resource development, and referrals. The HCM has office space in three different locations throughout the training area so that it is easier for clients to access the HCM.

The Host Case Manager (HCM) is expected to work closely with case managers and their clients. When necessary the HCM will travel to clients to ensure their participation in scheduled appointments and meetings. The HCM will advocate for clients and for all HIV positive individuals in the rural Missouri area through a constant search to increase the resources for HIV positive individuals in the rural area.

Client referred into system by area case managers when a client meets the models criteria (HIV positive, Axis I or II diagnosis, and/or substance abuse issues). Client can self refer, but proof of positive HIV status needs to be given to the host case manager. If a client self-refers the host case manager will arrange for a case manager for the client.



Assessment Team to discuss case as necessary. This team will consist of members of the Rural Missouri Advisory Committee.

The Assessment Team is designed to offer a means for the Host Case Manager to staff difficult cases. The team is made up of a multi-disciplinary team of rural Missouri professionals. The team will be made up of the members of the Rural Missouri Advisory Council.

The Host Case Manager will network with all of the resources for HIV positive individuals in the rural area. Through these networks, a resource manual will be developed to be distributed in the rural area.

Substance Abuse Services (ADA)

Mental Health Services (CPS)

Health Services (HIV)

Community Assistance Services

Other Services as Needed

Rural Missouri Advisory Council

Betty Bruce,
Service Coordination Supervisor,
Department of Health
(HIV Services)

Cheryl Ward, Director of
Community Psychiatric
Rehabilitation Program,
Bootheel Counseling Services
(Mental Health Services)

Robert Dale, Supervisor of
Community Support Services,
Bootheel Counseling Services
(Mental Health Services)

Peggy Montgomery, Community
Health Advisor, Department of
Health (HIV Services)

Cara Hopp, Clinical Supervisor,
Family Counseling Center
(Mental Health and Substance
Abuse Services)

David McWilliams,
ADA Southeast Region Community
Development Specialist
(Substance Abuse Services)

George Zolman,
Prevention/Care Coordinator,
Heartland Prevention Care
Network (HIV Services)

Jeff Nute, Executive Director,
Heartland Prevention Care
Network (HIV Services)

Glenda Edwards, C-STAR,
Family Counseling Center
(Substance Abuse Services)

John Hudak, Executive Director,
Community Counseling Center
(Mental Health Services)

Sherry Welker, RN, C-WHCNP,
Ferguson Medical Group
(Women's Health-Nurse
Practitioner)

Randy Ray, Director of Adult
Alcohol and Drug Services,
Family Counseling Center
(Substance Abuse Services)

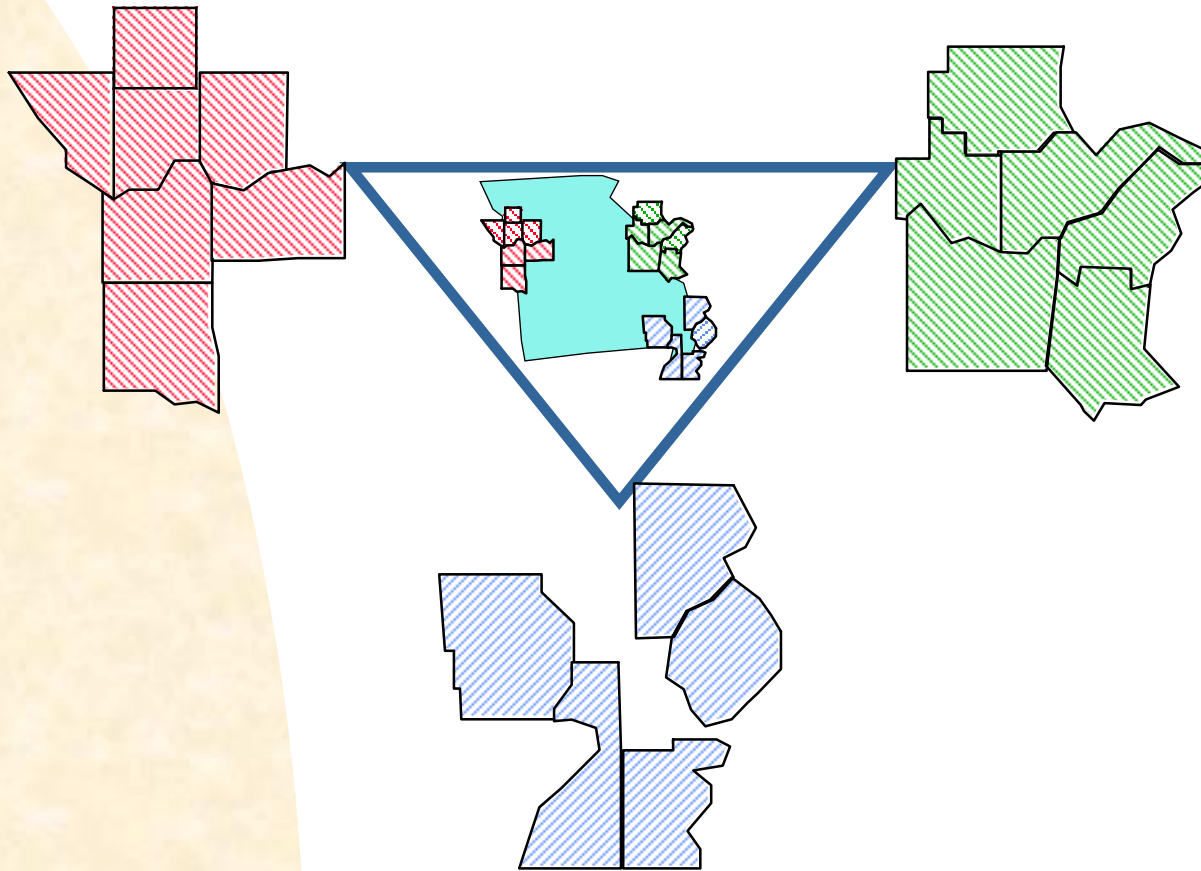
Ron Steinmetz, Director,
Bootheel Counseling Center
(Mental Health Services)

Norma Tornkrist, Family
Counseling Center (Mental
Health Services)

Jill Lemonds, Nurse Manager of
Behavioral Health Services,
Twin Rivers Regional Medical
Center (Mental Health Services)

Judith Haggard, Family
Counseling Center (Mental
Health and Substance Abuse
Services)

SPNS Missouri Integrated Care Program Evaluation and Overall Site Comparison



Program Evaluation

Southeast Missouri State University Evaluation and Training Contractor

- Paul Keys, Ph.D., MSW, Principle Investigator
- Carol Veneziano, Ph.D., Rural Missouri evaluation and full project evaluation (Evaluation Coordinator)
- Michael Kelly, Ph.D., MSSW, Kansas City and St. Louis evaluations
- Donnie Wallace, BS, St. Louis model documentation
- Kaitlin Post, MBA, LCSW, Liaison with The Measurement Group, Kansas City training coordinator
- Terri Woods, Ph.D., Rural Missouri training coordinator

Program Evaluation

The program evaluation focuses on the four components listed below. In each area local evaluation tools and Modules from the Measurement Group were used. The local evaluation consists of both Qualitative and Quantitative data, and will be described in more detail on the following pages.

- Model Development
- Training
- Training and Services Outcomes
- Comparison among the Sites

Model Development

The development of the implementation models will be documented using two methods:

(1) Observation - the evaluator attends local meetings supplemented by minutes from meetings, Department of Health SPNS records, and SPNS related memos; and (2) Interviews with local stakeholders in each area - the evaluator selects a representative sample of stakeholders and interviews them regarding the implementation models and decision making processes.

The focus of this is to document: (1) Changes in infrastructure; (2) Processes of negotiation and compromise in the committees; (3) Barriers identified by the committees; and (4) The strengths and weaknesses of the implementation model as perceived by the committee.

Training

The trainings in St. Louis and the rural area were developed using needs assessment forms as a means to identify the type of training necessary in each area. The training in Kansas City utilized a focus group to develop a training methodology.

At the end of each training all participants were required to fill out a training satisfaction form to gain their level of satisfaction with the topics as presented. It is hypothesized that if the trainees are not satisfied with the training it will have a negative effect on local inter-agency collaboration.

Training and Services Outcomes

Several outcomes can be expected as a result of successful training and model implementation. The number of referrals and contact among providers should increase, and the number of barriers to services should decrease to name a few.

These questions will be addressed using random telephone interviews with trainees in each area. The interviewees will be asked, among other things, to rate the usefulness of the training and if they used the knowledge presented. Open ended questions will be used to address any changes in services.

As a follow-up to the barriers gathered originally, a barriers list will be given to all trainees. Trainees will be asked to rate the barriers on a likert type scale to gauge if barriers have been reduced.

Additionally, the health and functioning of clients will be measured using TMG Module 17, A Brief Health and Functioning Questionnaire. It is hypothesized that an increase in client health and functioning should indicate an improved integrated care model.

Comparison Among the Three Sites

The final evaluation report will include the previously described information for each of the three sites and a section devoted to a comparison of the sites.

Each site has a different training development process, training model, model development process, and implementation model. This final section of the evaluation will allow a comparison of the models so that we might extrapolate which process was most successful in meeting the original project goals:

- To create and implement a comprehensive Integrated Model of Care consisting of both health and mental health services for poly-diagnosed individuals living with HIV/AIDS, mental health and/or substance-related disorders throughout the state.
- To establish advisory committees to address the training needs of their communities and the service needs of poly-diagnosed individuals.

Comparison Among the Three Sites

What are the unique strengths of each model?

Descriptive narratives of each of the three models, based on observations of meeting, meeting minutes, memos and records; interviews of key informants (such as team members) for each of the sites.

Using such qualitative data, the strengths and weaknesses will be identified.

Comparison Among the Three Sites

Does training work equally well to help implement each of the models?

Comparisons can be made of:

- Needs Assessment, to identify differences in needs across sites;
- Trainer and trainee characteristics, number of hours of training, and topics covered;
- Trainee satisfaction with training;
- Perceived skill level at follow-up.

Item by item analysis comparing the results of the three sites of the instruments utilized during data collection.

Comparison Among the Three Sites

Are the ways in which each model addresses barriers to the integrated treatment of poly-diagnosed individuals especially suited for one or more types of catchment areas, and why?

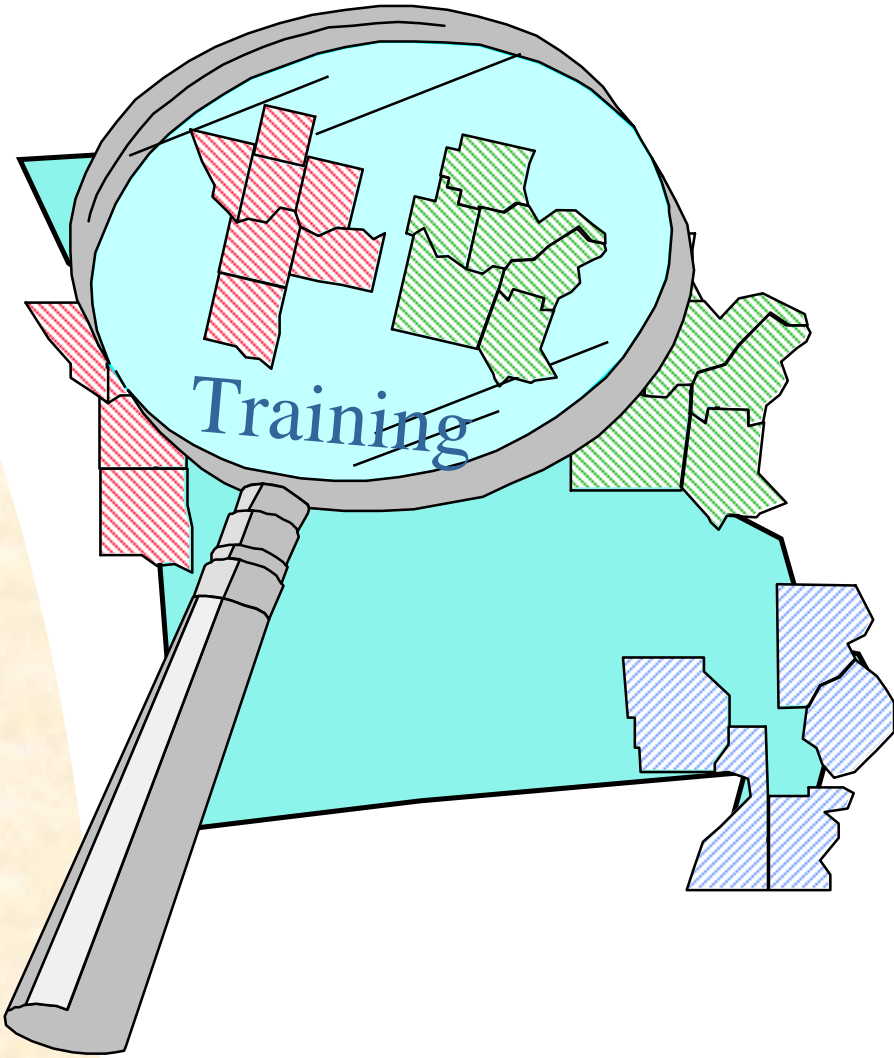
- A comparison of the barriers identified: which barriers are common to all sites? Which barriers are unique to one or more sites? For those barriers common to the sites, which ones are decreased, increased, or not changed, based upon the barriers change and instruments used, comparing each of them across sites?
- Data will also be available to compare:
 - Number of referrals;
 - Unit costs;
 - Additional services.
- A descriptive summary of those barriers unique to sites and those common across sites
- Among those common to sites, one way analyses of variance using items on barriers instruments
- A comparison of percentage increase in referrals
- Descriptive comparison
- Qualitative descriptions

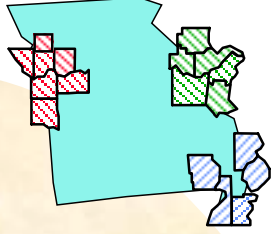
Comparison Among the Three Sites

How can these results be generalized?

- A comparison among the three sites of community characteristics and interactions among the agencies. Since we will have qualitative descriptions and both qualitative and quantitative outcomes, we should be able to hypothesize which types of communities would get the best results using these models.
- Integration of model development narratives

SPNS Missouri Integrated Care Program Preview of Training Data

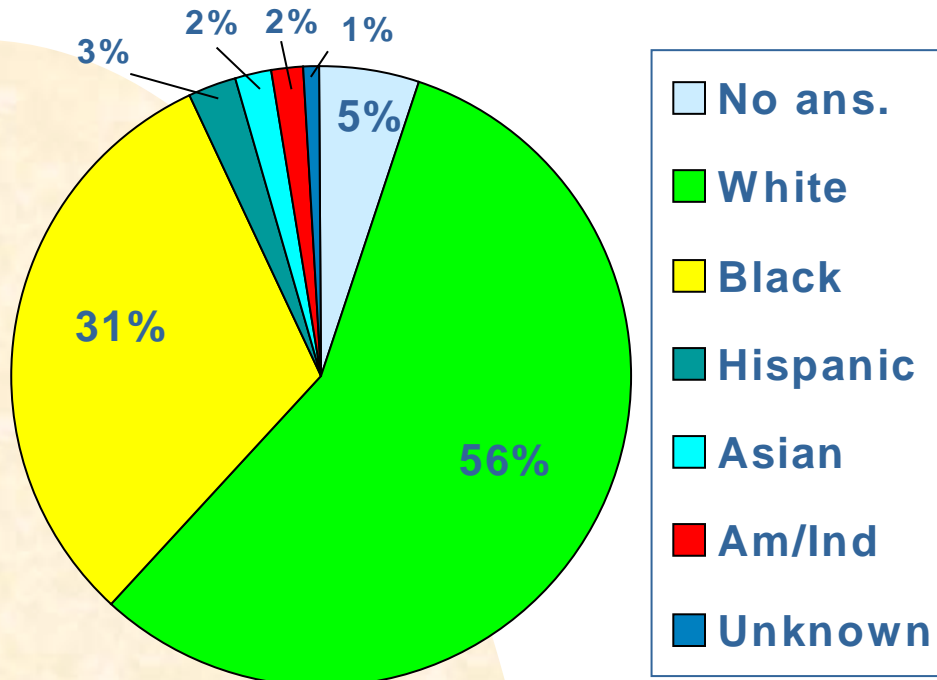




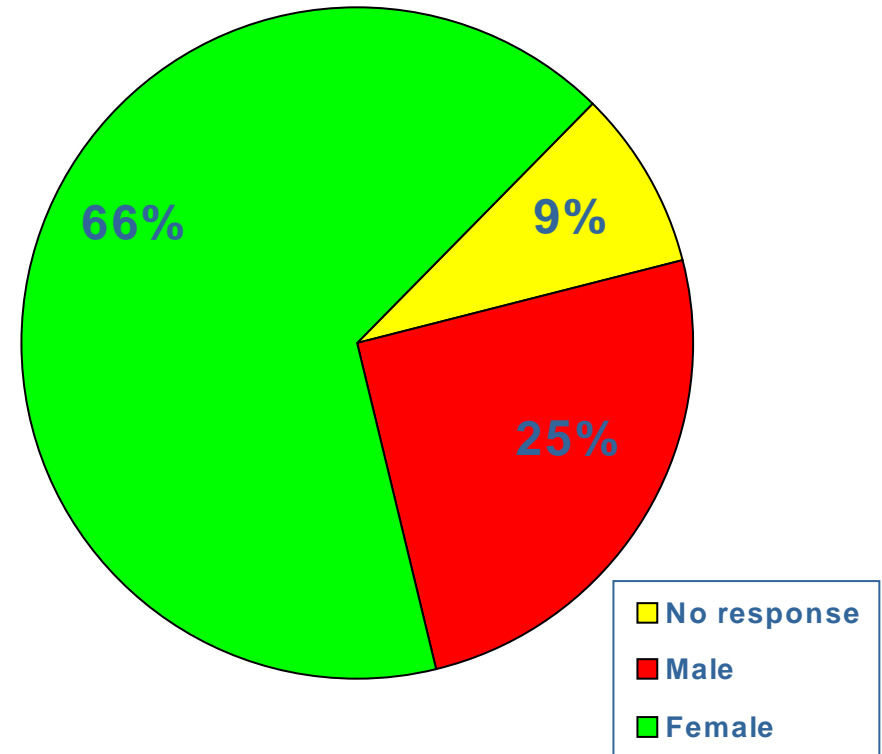
To date 380 health, mental health, and alcohol/drug abuse professionals have received training through the SPNS Missouri Integrated Care Program.

The SPNS Missouri Integrated Care Program is an ongoing evaluation and training program. Trainings have been presented in the two metropolitan areas, Kansas City and St. Louis. Further, trainings have been presented in rural Southeast Missouri as well. Currently, we are performing follow-up interviews with trainees. We are looking for information regarding the continued usefulness of the material and any increases in the number of multiply-diagnosed individuals receiving services. The following pages consist of data that has been collected pertaining to trainee characteristics and the trainee's perception of the trainings.

Racial Makeup of Training Participants

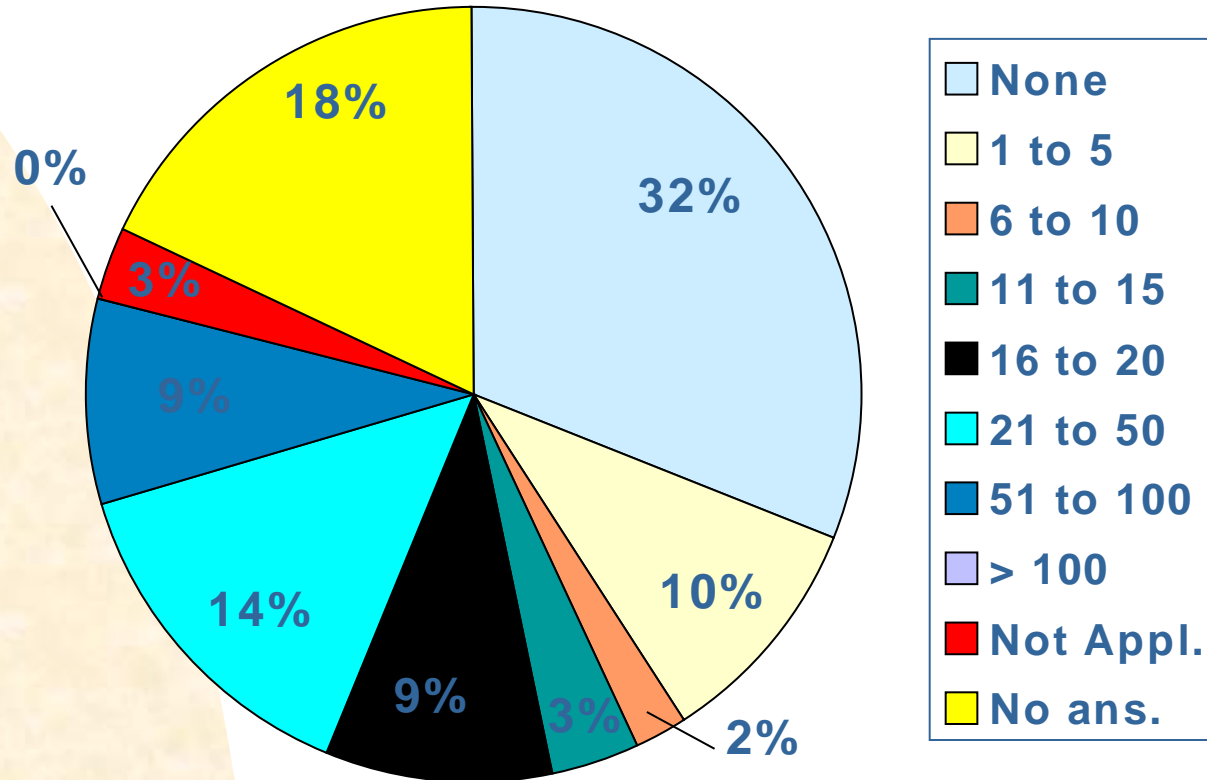


Gender of Training Participants



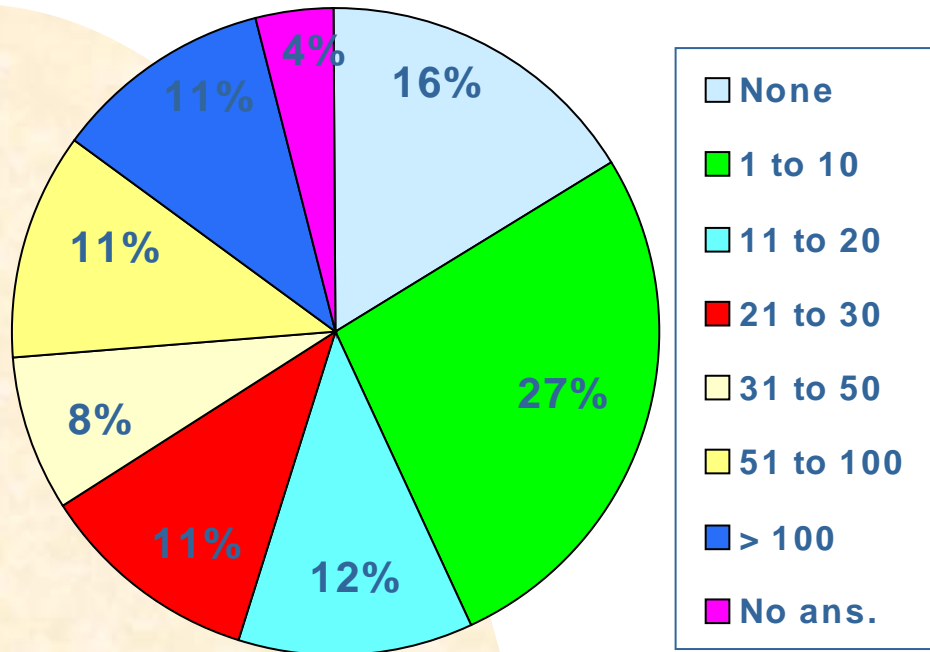
The basic demographics of our trainees are shown in the charts above. Most of the trainees, 56%, were white (non-hispanic). The next largest group are all categories of black individuals at 31%. There were also a small percentage of Hispanic, Asian, American Indian, and Unknown individuals at the trainings. The trainees were 66% female, 25% male, with 9% of the trainees choosing not to respond.

Number of HIV Clients Served

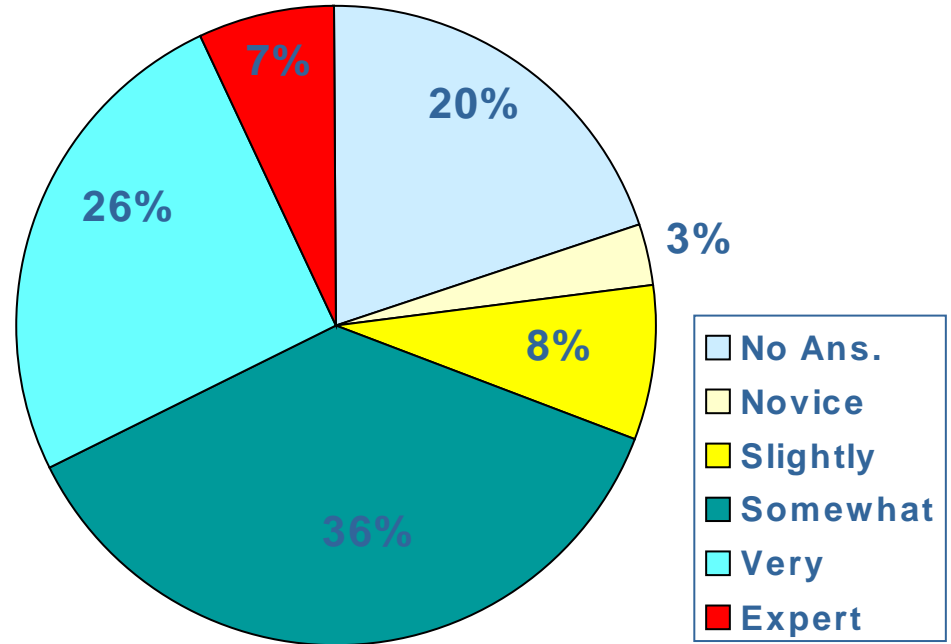


Above are the number of clients served by the trainees attending the SPNS Missouri Integrated Care trainings. A large number of participants did not have any HIV positive clients.

Trainee Hours of HIV Education in the Past Three Years

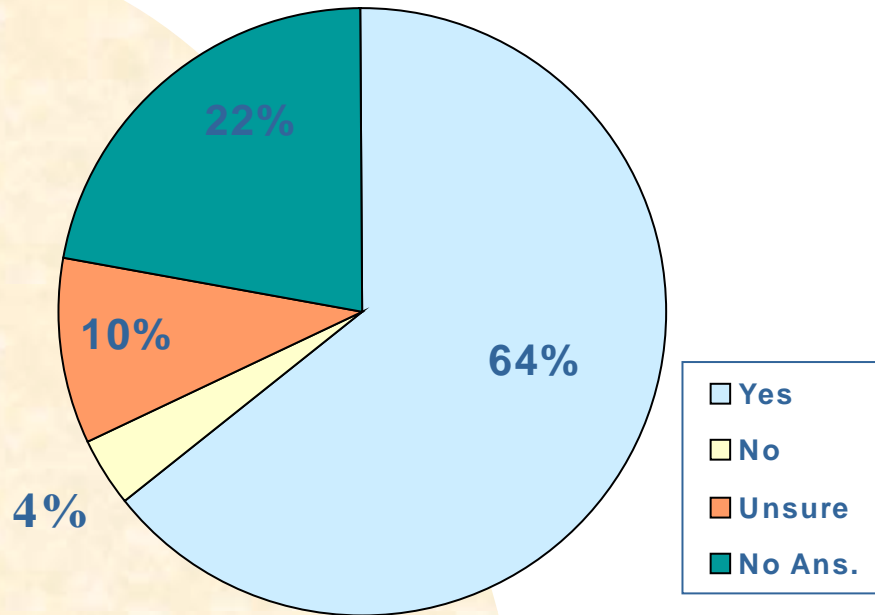


Trainees Level of Knowledge with Relation to HIV

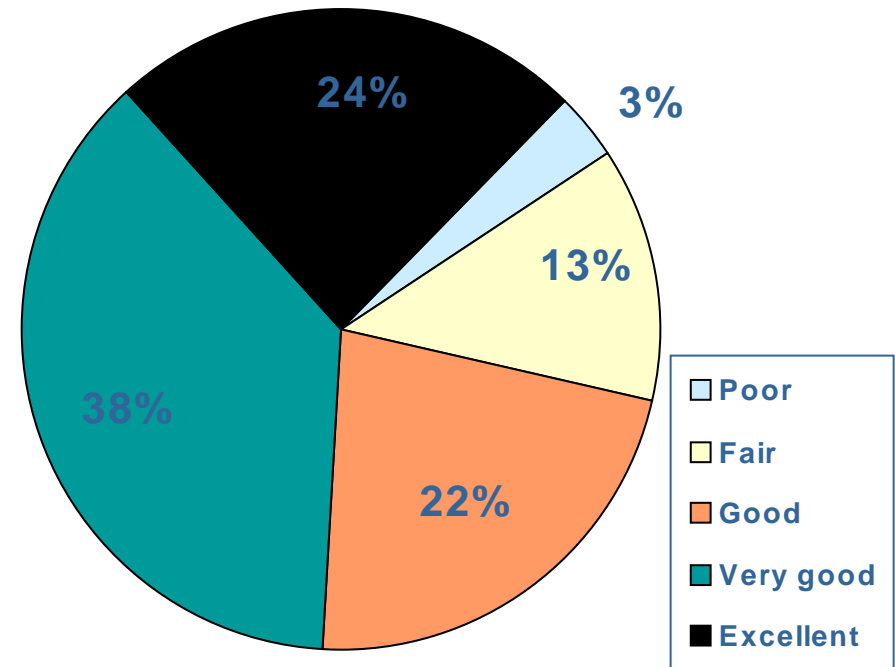


The trainees were a very diverse group in regards to the number of hours of previous HIV education and knowledge of HIV issues. 74% of the trainees have had only 2 days or less of HIV training per year over the last 3 years (50 hours or less over the last 3 years). Even with this lack of training 70% of the trainees felt that they were at least somewhat knowledgeable in HIV issues.

Was the Training Worth the Time and Effort

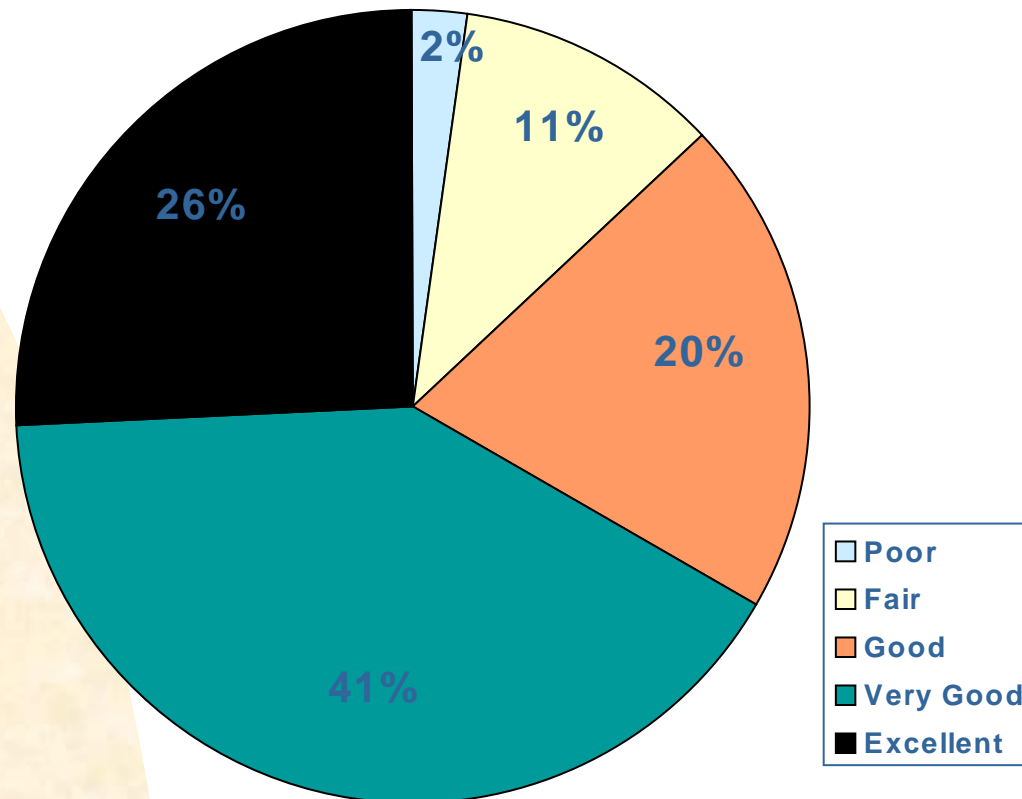


Trainee Rating of the Usefulness of the Training



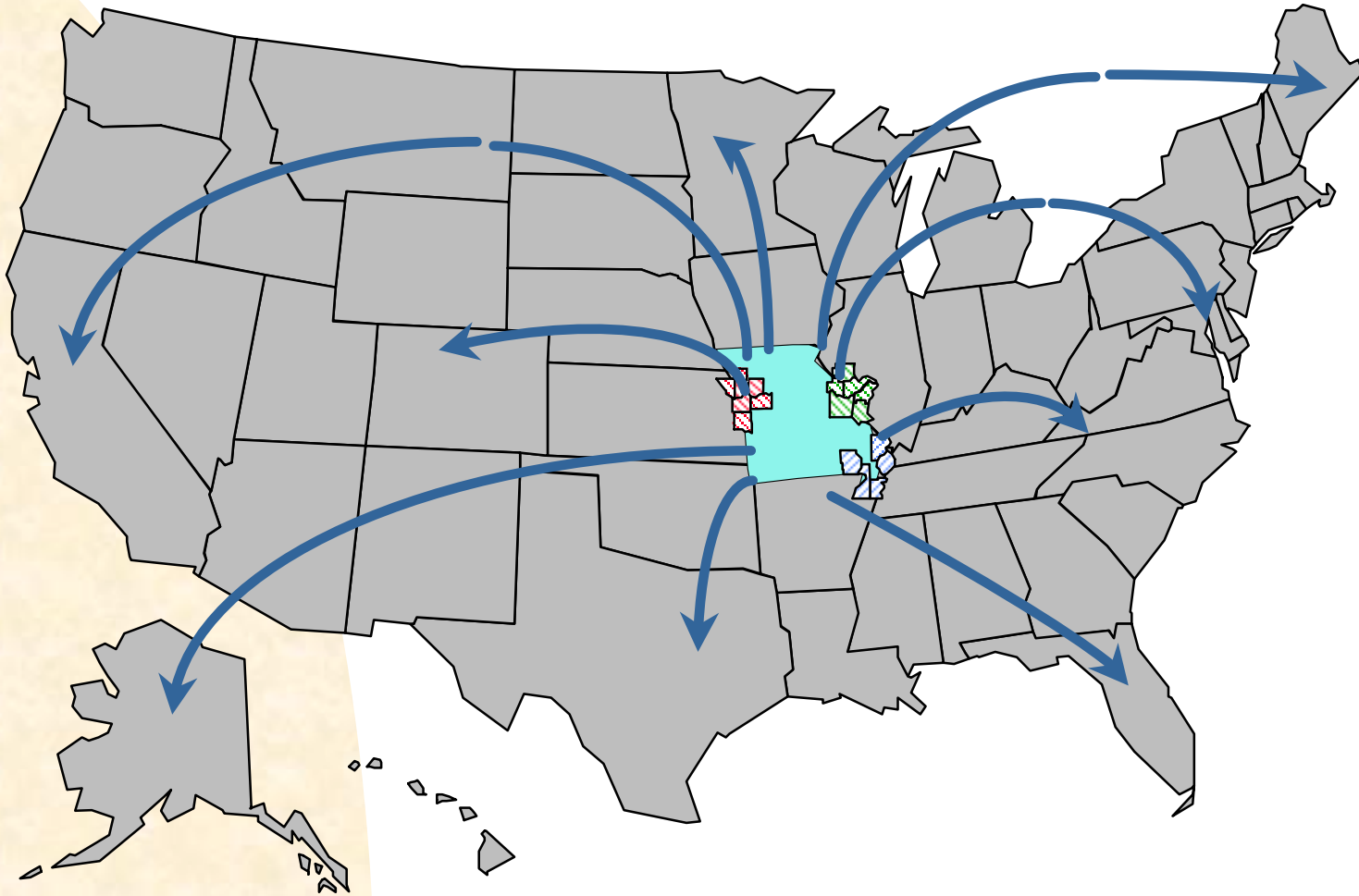
The trainees were asked to rate the usefulness of the training. These two tables are the results from the data we currently have available. As you can see 64% of the trainees felt that the training was worth their time and effort, while only 4% felt it was not worth their effort. 62% of the trainees rated the trainings utility to them as service providers as Very Good or Excellent. In turn only 3% of the trainees felt the the trainings were Poor.

Trainee Overall Rating of the Training



The graph above represents the trainee overall rating of the training. Overall, 87% of the trainees felt that the training was Good, Very Good, or Excellent and 11% considered the training to be Fair. While only 2% felt that overall the training was poor.

SPNS Missouri Integrated Care Program Products for National Dissemination



DISSEMINATION/PRODUCTS

Assessment and Screening Curriculum:

- This curriculum consist of the best of the training materials presented during the three years of the project.
- It is designed to increase the skills and knowledge of service coordinators in assessment and screening of multiple -diagnosed clients as well as multiple service provider coordination, interactions between medications and interactions between the multiple diagnoses.
- Designed to increase knowledge regarding mental health and substance abuse.
- Addresses the problems in managing multiple-diagnosed clients, multiple service provider coordination, interactions between medications and interactions between the multiple diagnoses and the progression of AIDS.

DISSEMINATION/PRODUCTS

Self-Instructional Department of Health HIV/AIDS Service Coordination Program Curriculum:

- Will be designed to assist in the training of new service coordinators.
- It is self-instructional and will include instruments to evaluate the knowledge of the user.
- Missouri Department of Health will promote that every new service coordinator has complete knowledge of the Department of Health HIV/AIDS service coordination program procedures, policies, and regulations.
- Curriculum will be made available so that other states might use it with minor modifications.

DISSEMINATION/PRODUCTS

Videotape of Assessment and Screening Curriculum:

- The training provided to St. Louis service coordinators, mental health, and substance abuse professionals was taped by the Missouri Institute of Mental Health.
- Training provided by the Midwest AIDS Training and Education Center (MATEC) of Eastern Missouri.
- The videotape was edited by the St. Louis Advisory Committee members.
- The videotape will be made available to other states to use as part of their training programs.

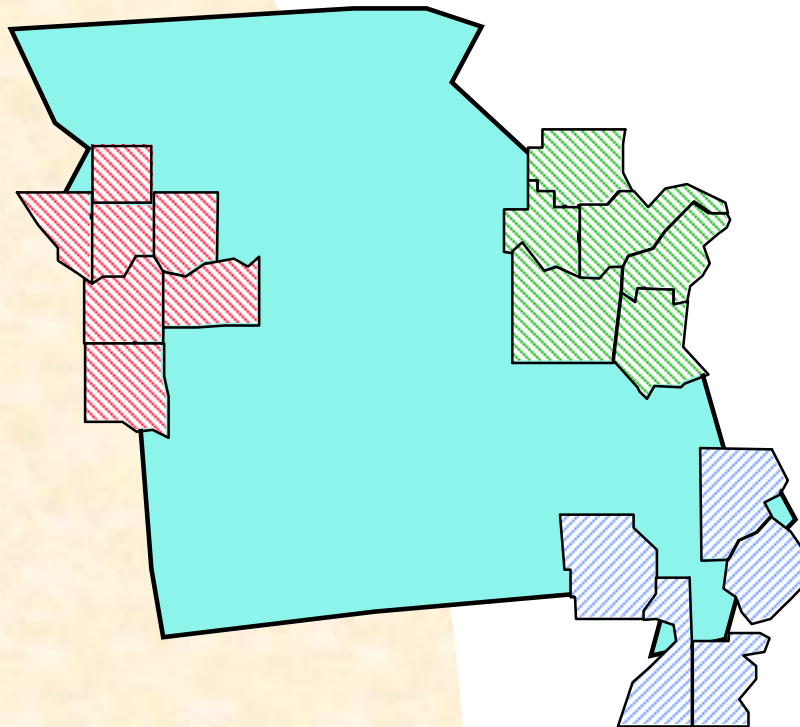
DISSEMINATION/PRODUCTS

Packet of Instruments:

- This packet will contain all of the instruments developed during the course of the project.
- A sample of the packet contents would include a needs assessment instrument, pre- and post-knowledge based tests, lagged behavioral change instruments, client intake forms, and confidentiality forms.

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- We hope you have enjoyed the Missouri Integrated Care Program presentation.
- If you have any questions feel free to contact: James M. Dempsey, SPNS Program Director at 573-751-6470.

The End