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PRESENTATIONS

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Peer-Led, Person-Centered, and Self-Directed Approaches in Behavioral Health: Recent Innovations and Relevance to Health Reform
Crystal Blyler, Moderator

The support of individual self-determination is critical to building the hope, self-efficacy, skills and knowledge required to manage complex life challenges. Health Care Reform offers multiple opportunities to finance holistic and strength-based services to assist people experiencing mental health challenges. This symposium will present four research-based, innovative service delivery strategies that have received national attention because they position the user of mental health services as their own locus-of-change. SELF-DIRECTION is a model for financing services and supports in which the individual manages a flexible behavioral health service dollar budget with support from a peer who is trained in person-centered planning. PEER-RUN CRISIS RESPITES are designed to serve as alternatives to traditional acute and inpatient psychiatric emergency services, offering short-term 24-hour residential peer support to individuals experiencing self-defined crises. EARLY INTERVENTION IN FIRST EPISODE PSYCHOSIS (EIP) is a set of wraparound supports that is in the early stages of implementation in the United States. PEER_RUN ORGANIZATIONS are formal entities that promote personal empowerment, wellness and recovery through self-advocacy and mutual support with peers. The coordination of Peer-run organizations with behavioral health providers will be addressed. The presenters will describe these service delivery models along with their conceptual frameworks, hypothesized outcomes and findings from national studies. Presentations will address strategies to engage people with 'lived experience;' peer support workers as practitioners in service delivery; and the strategy of including service users in the development of outcome measures. The alignment of each approach with the priorities and initiatives of the Affordable Care Act will be explained.

Session Objectives: Define four practices that support wellness and resilience self-direction; peer-run crisis respites; Early intervention in First Episode Psychosis (EIP); and coordination of peer-run organizations with behavioral health providers. Describe the health and recovery outcomes (measured and hypothesized) associated with each approach. Discuss the relationship of each of the approaches to current health reform initiatives.

Mapping for Action: Variation in HIV Program Coverage in Rural Malawi

Matthew Peckarsky (presenter), Mathematica, Ermyas Birru and Alyssa Bilinski, Monitoring, Evaluation & Quality, Partners In Health, Gay Bronson, Stephen Po-Chedley, Regina Banda, William Mwale, Henry Makungwa, Blessings Banda, Omowunmi Aibana, and Chembe Kachimanga, Abwenzi Pa Za Umoyo, Neno, Malawi, Junior Bazile and Jonas Rigodon, Partners in Health/Abwenzi Pa Za Umoyo, Neno, Malawi

Background: Geographic Information Systems (GIS) is an important tool for monitoring, evaluation and targeted improvement of healthcare services. Abwenzi Pa Za Umoyo (APZU), the sister organization of Partners In Health (PIH) in Malawi, began using GIS in Neno District in 2010 to better understand geographic distribution of patients, facilitate program planning and conduct routine disease surveillance. In this analysis, GIS was used to explore geographic variation in HIV program coverage across the district.

Methods: GPS coordinates for village centroids were captured by locating the chief's house in 194 villages across the district. Patients' home villages were extracted from APZU's HIV EMR, aggregated and mapped at the census enumeration area (EA) level. Expected adult (age 15-49) HIV cases were also mapped by applying rural adult HIV prevalence (8.9%) to projected EA-level adult population data derived from the 2008 Malawi Census.

Results: 4,279 patients were mapped to 157 census enumeration areas within Neno District, where 4,923 adult HIV cases were expected (87.4% coverage). Coverage varied substantially at the EA level (mean = 105.7%, IQR= 0.0%, 114.8%).

Discussion: In rural areas where patients have difficulty accessing HIV services, GIS is an effective tool to rapidly identify geographic gaps in coverage. Mobile clinics can be deployed to locations with lower coverage to offer HIV testing and counseling services and increase program enrollment. GIS can also be used to identify locations where coverage gaps make new static health facilities most needed, as part of a broader strategy to reduce barriers to HIV care and treatment.

Analysis of Integrated HIV Housing and Care Services

Adelle Simmons (presenter), ASPE and Margaret Hargreaves (Mathematica)

A study funded by the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE) identified examples of trans-disciplinary collaborations to tackle housing instability that can impact access and continuity of care among people living with HIV/AIDS (PLWHA). The two main sources of federal housing assistance targeted specifically to PLWHA are the Housing Opportunities for Persons With AIDS program (HOPWA), provided through the U.S. Department of Housing and Urban Development; and the Ryan White HIV/AIDS Program, administered by the HHS Health Resources and Services Administration. The ASPE study analyzed federal HIV housing assistance services and best practices integrating HIV housing and health care services. The analysis included a quantitative study of the costs, utilization, and outcomes of current federal HIV housing assistance services and a qualitative study of innovative programs integrating housing assistance with HIV care at three levels: individual client services, organizational data systems, and community-level planning processes. The study findings indicate that program components that facilitate service integration at different levels include (1) in-depth screening of clients' housing, health care, and other support service needs at intake; (2) development of individualized care plans for program clients tailored to their circumstances; and (3) frequent in-person contact between housing coordinators, peer specialists, and clients and their medical providers and medical case managers. One major challenge was data systems, which could benefit from enhancements to allow better linkage of the programs' databases to enable monitoring of clients' outcomes.

Health Knowledge, Insurance, and Other Factors' Influence on Breast and Prostate Cancer Screening Behavior
So O'Neil (presenter), Laura Ruttner, and Irina Cheban, Mathematica, Melanie Steeves, Women's Health Network, and Anita Christie, Office of Clinical Preventive Services, Massachusetts Department of Public Health

The Helping You Take Care of Yourself (HYTCOY) curricula provides health education to encourage discussions with health care providers about cancer screening. Implemented within the environment of Massachusetts' 2006 health care reform that mandates coverage for its citizens, the evaluation of the curriculum provides an opportunity to examine the role of health knowledge, coverage expansion, and other factors in screening behavior among disadvantaged populations.

Under agreement with the Massachusetts Department of Public Health, 14 community-based organizations delivered the HYTCOY breast and/or prostate health curricula from May 2011 to July 2012, educating 618 women ages 40 to 64 and 288 men ages 40 and older living in disadvantaged communities. A follow-up survey was conducted among participants (100 women and 102 men) indicated for a screening in the six months after the workshop. The survey assessed knowledge retention and screening behavior. Participants had short-term knowledge gain, but did not retain their knowledge after six months. Among those indicated for screening, nearly two-thirds received/scheduled a mammogram at follow-up. Although knowledge gained/retained was not correlated with screening behavior, participants indicated that the workshops influenced their decision to be screened. Other key factors related to screening behavior were enrollment in insurance, having few or no out-of-pocket costs, and having a regular health care provider.

As the Affordable Care Act will increase coverage for preventive health services, this study shows that health expansion alone might not be sufficient to change utilization and health behaviors. Disadvantaged populations might require systems that help enroll them in health insurance and promote community–clinical linkages.