New Jersey Behavioral Health & Primary Care HIV Integration Project (NJ B-HIP)

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Objectives

- Provide an overview of the BHIP project
  - Who is involved?
  - What are the activities?
  - What is the BHIP timeline?

- Provide an update on BHIP activities to date
• HIV Cross-Part Care Continuum Collaborative (H4C)
  • Site Drill Downs
• Part B TA Site Visit
• Relationship between NJ Part B Program and South Jersey AETC

http://carmensbookadventure.blogspot.com
B-HIP Aim

Develop a system of care in New Jersey that integrates behavioral health and HIV primary care services to improve system and patient outcomes.
B-HIP Goals

1. **INTEGRATION** of behavioral health and HIV care
2. Improved **ACCESS** to behavioral health care
3. Improved **PATIENT OUTCOMES**
4. **SYSTEM CHANGE** in behavioral health capacity for the NJ HIV care system
Combined Behavioral Health and HIV Continuum

Behavioral Health Triage and Screening
Diagnostic Evaluation
Linkage to BH Treatment
Evidence Based BH Treatment
Retention/Engagement in HIV & BH Care

% Screened for BH Disorders
% of Positive Screens with F/U or Diagnosis Documented
% with Internal Care/External Care Referrals
% of Diagnosed with BH Disorder with Tx Plan Documentation
% of Diagnosed with F/U Tx Documentation
% of Diagnosed with Documented Improvement

Screening
Referral
Treatment

Behavioral Health and Primary Care HIV Integration Project
Standard Framework of Integration

COORDINATION
We discuss patients, exchange information if needed. Collaboration from a distance

CO-LOCATION
We are in the same facility, may share some functions/staffing, discuss patients

INTEGRATION
System-wide transformation, merged practice, frequent communication as a team
NJ B-HIP

New Jersey Department of Health

Hyacinth Foundation

South Jersey AETC

Rutgers University

Columbia University

Subject Matter Experts

Coaching/Advisor Roles:
- Sponsor
- Monitor
- BHPC HIP
- Advisor

Participants:
- Coach
- Coach
- Coach/Faculty
Breakthrough Series Model, adapted
B-HIP Toolbox

Networking

Learning Sessions & Training

Webinars

Coaching

Twinning
1. **INTEGRATION**: Did BH integration happen?

2. **BH SERVICES**: Did access to BH treatment/services improve as a result of the program?

3. **PATIENT OUTCOMES**: Did patient clinical outcomes improve as a result of the program?

4. **SYSTEM**: Did the “landscape” of BH treatment/services change in NJ?
Participating Organizations

- **NJ Part B**
  - Statewide subrecipients funded for ambulatory care or behavioral health services
  - CAREWare system integration
  - 19 participating subrecipient organizations

- **Middlesex-Hunterdon-Somerset Part A TGA**
  - 3 participating subrecipient organizations

- **Newark Part A EMA**
  - CHAMP system integration
Activities to Date

- Face-to-Face Meetings
  - Vanguard
  - Learning Session 1 (and a make-up session!)
  - Learning Session 2

- Recorded Webinars
  - Kickoff
  - Psychiatric First Aid
  - Common Behavioral Health Diagnoses
Activities to Date Continued

- **Performance Measurement**
  - 2 rounds of data submission completed
  - Coaching sites on data submission and other technical assistance
  - Coordinating with NJ DOH to create a synthesis tool in CAREWare

- **Action Periods**
  - AP1 – form teams, baseline analysis, generate aim statements
  - AP2 – conduct root cause analysis, generate and begin testing change ideas to improve integration of behavioral health and HIV primary care
Timeline

Year 1
- Establish infrastructure
- Develop charter
- Implement Vanguard meeting
- Conduct LS1
- Initiate coaching
- Outline evaluation plan & begin implementation

Years 2-3
- Implement LSs 2-6
- Utilize Twinning sites
- Provide coaching
- Analyze data
- Draft implementation manual
- Implement evaluation plan

Year 4
- Finalize implementation manual
- Develop language for funding opportunities
- Prepare evaluation report
- Showcase work
- Disseminate findings
Questions and Discussion
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