

Pilot Implementation and Evaluation of HIV Support SourceTM Distress Screening and Referral Program for People Living with HIV

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BACKGROUND

Addressing the psychosocial well-being of people living with HIV (PLHIV) can impact health outcomes. While depression and substance use screening is practiced widely, few tools screen for and respond to broader distress and unmet needs. We evaluated the feasibility, acceptability, and short-term outcomes of HIV Support Source (HIVSS), an electronic psychosocial distress screening and referral program for PLHIV.

METHODS

25 clients ages 18+ receiving HIV services at a community clinic in Chattanooga, TN, were invited to take part in the HIVSS pilot program. Staff documented program delivery at time of screening and at clients' subsequent primary care visit. Clients were invited to complete an online feedback survey 1 month after screening; a subset (n=6) also completed interviews. Clinic staff (n=6) took part in a focus group.

PARTICIPANTS

	Screened Clients (<i>N</i> =25)	Client Survey Respondents (<i>n</i> =15)	Interviewed Clients (<i>n</i> =6)	Focus Group Staff (<i>n</i> =6)
Race and Ethnicity				
Black	16	8	3	2
White	9	5	3	3
Another identity/PNS	-	2	-	1
Gender Identity				
Man	17	10	4	1
Woman	7	5	2	5
Another identity	1	-	-	-
Age				
30-49 years	N/A	11	N/A	N/A
50+ years	N/A	4	N/A	N/A

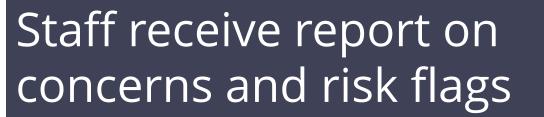
Implementation staff included 2 physicians, 1 NP, 1 LCSW, 4 certified MAs, 2

SCREENING AND REFERRAL PROCESS

A O O A Math Care Centre Survey X A A A Math Care Centre Survey X A A Math Care Centre Survey X A A A Math Care Centre Survey X A A A Math Care Centre Survey X A	My Support Care Plan Thank you for completing the support screener and evaluation survey. This report was created based on how you answered the screener questions. It is a guide to finding information and services that could be most useful to you right now. A staff member will be happy to go over this report with you and help you find more resources. Name: peyton SAMPLE	FEELING SAD OR DEPRESSED While everyone feels sad at times, for some people, sadness or depression can become overwhelming and make it hard to get through the day. Talking through thoughts and feelings with a counselor can help you feel better and less alone. Here are some		Name: peyton SAMPLE (Male) Date of Birth: 01/01/1990 Date of Survey: 12/13/2022 Risk for depression: Yes Risk for anxiety: No reening Action 2/13/22 Required	Example Health		
Today, how CONCERNED are you about Feeling sad or depressed	Emotional Well-Being Emotions like sadness or depression, fear, or worry about the future can be concerning. While sometimes these feelings can be mild, for some people additional support is needed. Getting the support that you need can help you to feel better. Below are links to more information about the concerns you noted.	of the questions and concerns that may be on your mind and some steps you can take to help your sadness or depression feel more manageable. SOME POSSIBLE CONCERNS • Do you feel sad, frustrated, or empty much of the time? • Do you feel stuck, or like life will not get better?	Feeling sad or depressed 2. Mod Feeling nervous or afraid 1. Slight Relationships with family, children and/or friends 0. Not a Feeling lonely or isolated 1. Slight Worrying about the future and what lies ahead 1. Slight	rately Information iy tall iy	My Support Care Plan Referrals History		Name peyton SAMPLE (Male) Date of Birth: 01/01/1990 Date of Screening: 12/13/2022 Distress score: 31/76
Not at all Slightly Moderately Seriously Very Seriously Feeling sad or depressed: please let us know how we can help you. Image: Seriously Image: Seriously	Here are some related online resources that you may want to check: Feeling sad or depressed	 Do you feel like things are your fault, or that you don't matter? Do you have a hard time remembering things or making choices? Do you sleep a lot more or less than you used to? Do you eat a lot more than you used to, or not feel like eating? Do you feel tired all the time, or have aches and pains that don't get better? 	Feeling too tired to do the things you need or want to do 0. Not a Pain and/or physical discomfort 1. Slight Body image and feelings about how you look 3. Seried	t all ly	Date Referral		Status History - Assigned by Peyton LENGACH
 Have a staff person talk with you Provide you additional information 	https://files.mycarereport2.com/HIVFeelingsadordepressed.pdf Physical Well-Being A medical diagnosis can impact people's physical health in many ways. You may feel tired, less energetic or	 Do you have little interest in things that used to be fun? Do you spend less time with others than you used to? Do you think about dying or trying to hurt yourself? WAYS TO GET SUPPORT AND FEEL BETTER	Housing 4. Very Money and finances 3. Serie Health insurance 0. Not a	Seriousiy Talk usly Talk, Information	12/13/22 Sleep problems 12/13/22 Making a treatment decision		- Add detailed case notes here. - Referral closed by Peyton LEN - Assigned by Peyton LENGACH
□ No action needed	may find it hard to exercise or keep active. Some people experience pain or discomfort which may affect their day-to-day activities. You may also have concerns about how your body looks or feels. Below are links to more information about the concerns you noted.	 Tell your health care providers how you are feeling and your concerns. Ask your health care provider about mental health or counseling resources, including referrals to a therapist, counselor, or support group. Try writing down how you feel and track your moods in a journal or app. Share your thoughts and feelings with a person you trust. 	Oral health or dental care 0. Not a Telling sexual partners about your HIV status 1. Slight Sex and physical intimacy 2. Mode Making decisions about HIV treatments 4. Very	ly	12/13/22 Worrying about family, children and/or friends		 Add detailed case notes here. Assigned by Peyton LENGACHI Add detailed case notes here.
© 2022 Patient Planning Services, Inc., a Cancer Support Community company.	Body image and feelings about how you look https://files.mycarereport2.com/HIVBodyimageandfeelingsabouthowyoulook.pdf Image: the term of term o	 Reach out to people who care and support you. Ask your health care providers about ways to improve your sleep and help in making these changes. Move your body and relax your mind by doing activities like deep breathing, stretching, walking, or running. There are many free apps that can help guide you in these activities. Try out activities that make you feel good, like writing, music, art, movies, TV shows, reading, being creative, or exploring nature. Try breathing in and out slowly or meditate. 	Tobacco, alcohol, or other substance use 3. Serie Emotional Well-Being 4 Physical Well-Being 2 Financial and Practical Needs 1 HIV Treatment and Sexual Health 0	usly Talk	12/13/22 Risk for depression	Test MYCARE In p	- Assigned by Peyton LENGACH progress - Add detailed case notes here.

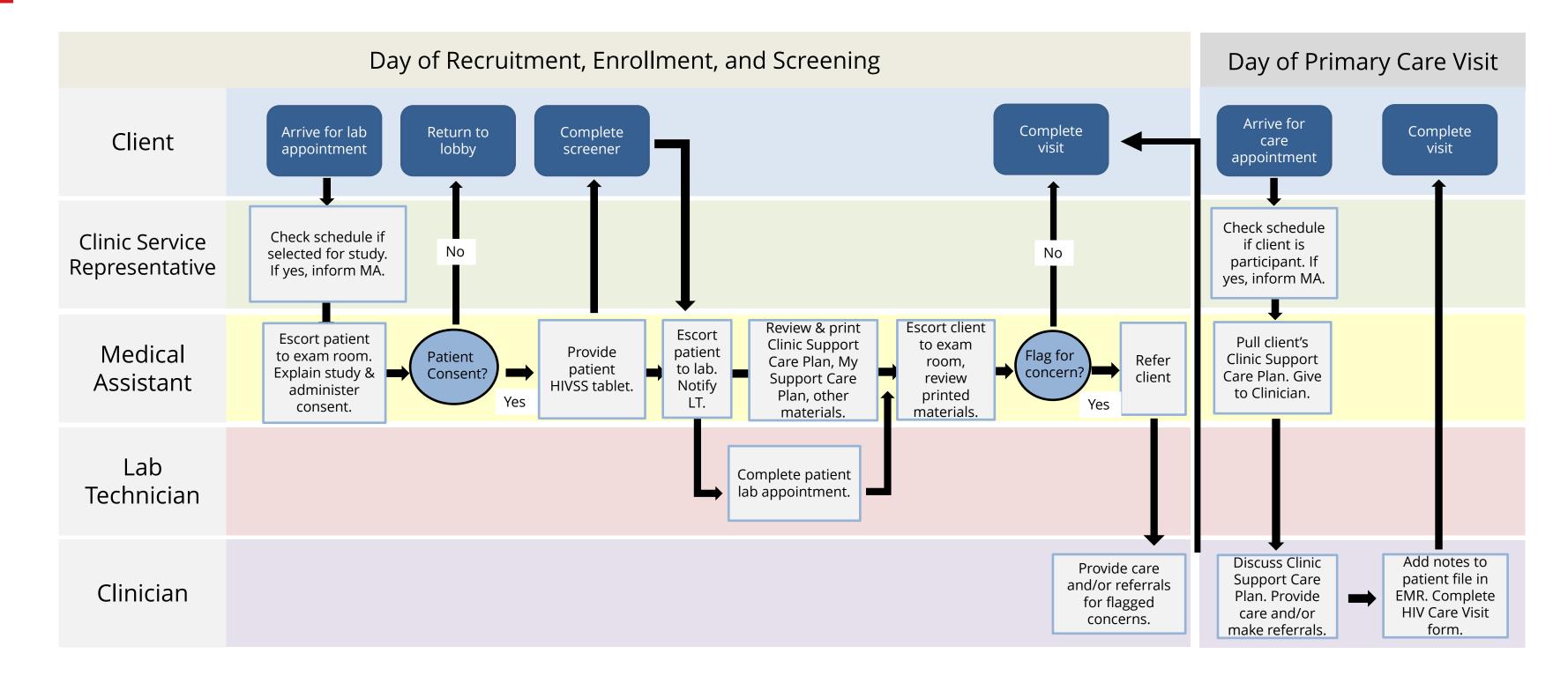
Clients completed psychometrically validated 17-item HIVSS

Clients offered an automated, tailored care plan and informational materials based on responses



Staff facilitate	and	track	referra	ls
and follow-up				

WORKFLOW AND SCREENING RESULTS

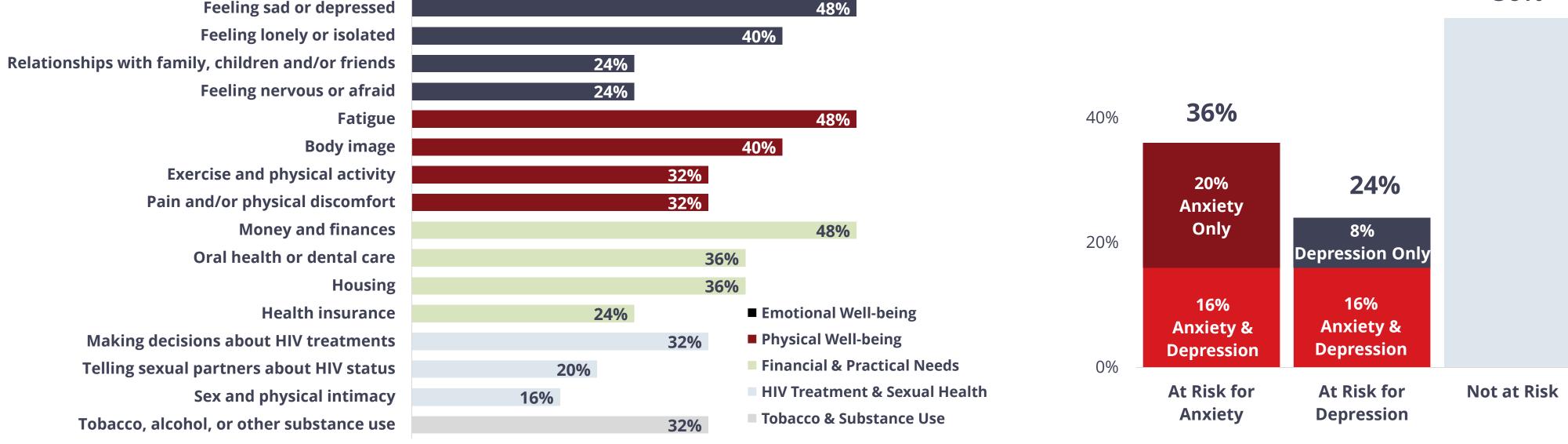




4%	60%	

56%

Referral closed by Peyton LENGACHE



Recruitment and baseline screening of **25** PLWH completed within 4 weeks

Clients endorsed concerns across key areas of life

44% triggered risk flag

- Providers reviewed HIVSS results with 24 clients, followed up with 79% (15/19) who rated any concerns seriously or very seriously, and provided support for 69% (13/19) based on responses (e.g., pain management, antidepressant, emotional support, health behavior counseling).
- 53% (10/19) of clients were referred internally for additional support needs (e.g., housing, financial assistance, other resources).

EVALUATION RESULTS

Among clients completing the feedback survey (n=15):

- 87% (13/15) reported that HIVSS was easy to use and covered their concerns
- 93% (14/15) agreed that HIVSS helped staff to better understand their concerns

The questions were not invasive at all...I think it made you think a little bit, but it wasn't to the point

HIVSS gave staff insight into tailoring and improving support

*...it helped me to ask questions differently than I may have asked before...sometimes I just kind of do the basic "any issues or concerns?" and they always say no and then an hour later they call and, say, oh, by the way, I don't have housing and I don't have my meds and all of that. So, it did help *me to...ask more specific questions.*

- where I felt uncomfortable answering the questions.
- [HIVSS] covered each area that I would have a concern about. And, it was fairly easy, very understandable, not too long, but covered enough bases to let you know that this concern is in this area and to make sure that things are taken care of.

Staff felt well-equipped to administer HIVSS

- * Honestly, it worked out really well, once we...figured out...the best flow. It went really well. I was concerned a little bit in the beginning. I thought "how are we going to do this?" But...it was smooth. * Nobody took [HIVSS] and asked questions about it...nobody took it and needed assistance...we had a good variety of age ranges that took it, so I think the...simplicity...of [HIVSS] was probably the best part.
- I see this with a lot of our patients, "I don't want to be a burden, somebody else is going to need that. I'm OK. Somebody else needs more help and more focus than I do." So being able to do this was an unspoken way for them to say, "Yeah, actually, that does bother me a little bit, but only because you're asking, am I gonna say something...."

HIVSS data informed care delivery and clinic resource allocation

*...rather than just a verbal – us saying, "hey, we're seeing patients all day long that have this problem," [HIVSS] actually gave us data to say, "look, there are out of, you know, ten patients coming in, three of them are struggling with homelessness." So I think that that was very valuable.

As a result of the pilot study, the site was able to enhance case management by reallocating staff from administrative roles to providing direct client services.

CONCLUSIONS AND IMPLICATIONS

- HIV Support Source administration was feasible, efficient, and highly acceptable to clients and staff.
- The multidimensional HIV Support Source screener highlighted concerns that otherwise would not have been recognized, and clients received support services and referrals that corresponded with their needs.
- The benefits of HIV Support Source screening and referral can be optimized when implemented with a strong case management system.

ACKNOWLEDGMENTS

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