

Grantee Meeting and 11th Clinical Update

Ryan White HIV/AIDS Programs

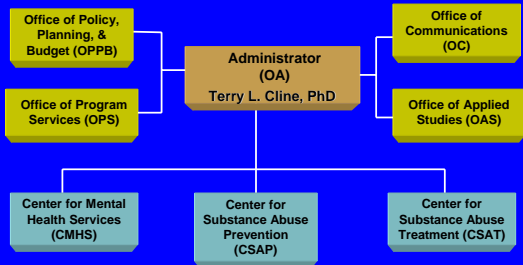
SAMHSA/CSAT Update

August 26, 2008
 Marriott Wardman Park Hotel
 Washington, D.C.

David C. Thompson
 Division of Services Improvement
 HIV/AIDS Team Leader
 Minority AIDS Initiative
 Center for Substance Abuse Treatment
 Substance Abuse Mental Health Services Administration

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SAMHSA's Organization



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SAMHSA's Goals

Accountability

- Measure and report program performance
- Track national trends
 - Establish measurements & reporting systems
 - Develop and promote standards to monitor service systems
 - Achieve excellence in management practices

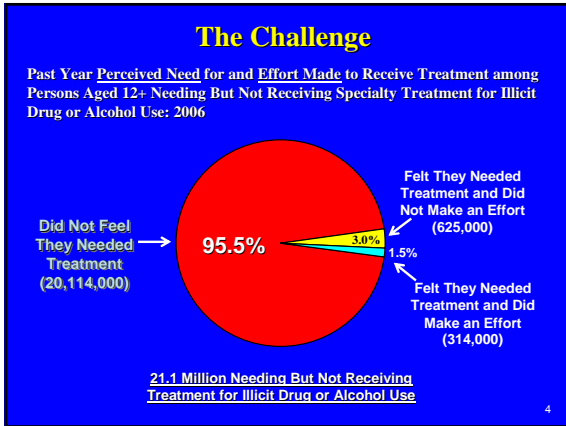
Capacity

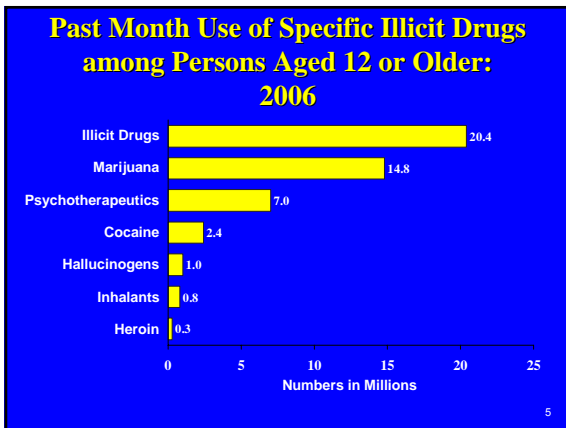
- Increase service availability
- Support service expansion
 - Improve services organization and financing
 - Recruit, educate, and retain workforce
 - Create interlocking systems of care
 - Promote appropriate assessment
 - Assess resources and needs referral

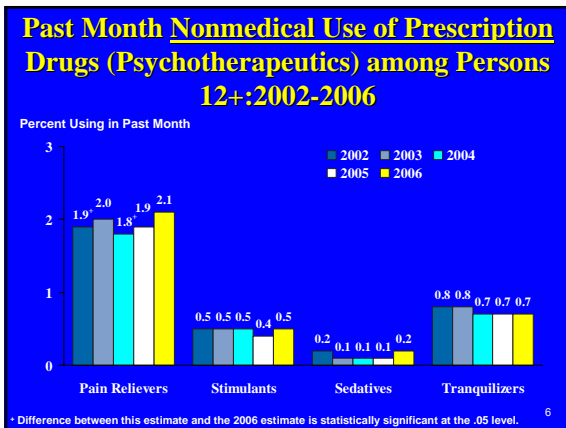
Effectiveness

- Improve service quality
- Assess service delivery practices
 - Identify and promote evidence-based approaches
 - Implement & evaluate innovative services
 - Provide workforce training & education

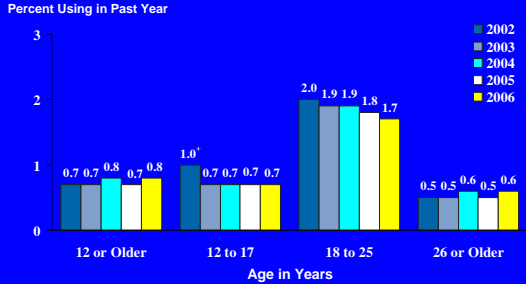
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Past Year Methamphetamine Use among Persons Aged 12+, by Age: 2002-2006



* Difference between this estimate and the 2006 estimate is statistically significant at the .05 level. 7

Injection Drug Use & HIV/AIDS

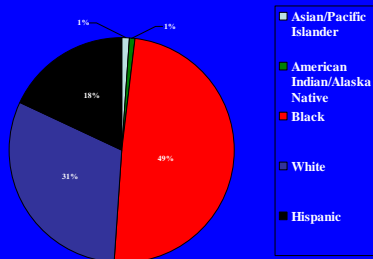
According to CDC data on U.S. adolescents and adults – in 2005:

- Approximately 20% of the reported new AIDS cases were related to injection drug use.
- 20% of males and 33% of females living with AIDS were exposed through injection drug use.
- Almost one-third (28.2%) of AIDS deaths were adolescents and adults infected through injection drugs.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, Vol. 17, Revised Edition, June 2007, retrieved 2/15/08. 8

HIV Diagnoses by Race/Ethnicity

In 2005, about half (49%) of the people diagnosed with HIV/AIDS were black (according to information from 33 states). Children are included in these data.



Source: CDC *HIV/AIDS Surveillance Report: HIV Infection and AIDS in the United States and Dependent Areas*, 2005. 9

Blacks & HIV/AIDS

Of the 956,019 AIDS cases reported to CDC through 2005, blacks accounted for:

- 40% of total
- 60% of women
- 59% of heterosexual persons at high risk*
- 59% of children aged <13 years

Of AIDS cases reported during 2005, 48% were black adults and adolescents.

*High-risk heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

Source: CDC HIV/AIDS Surveillance Report: HIV Infection and AIDS in the United States and Dependent Areas, 2005. ¹⁰

Hispanics & HIV/AIDS

- Hispanics account for a disproportionate share of AIDS cases.
- Hispanics make up 14% of the population -- yet, from 1981 through 2005, they accounted for:
 - 19% of total number of AIDS cases reported to CDC
 - 19% of women reported having AIDS
 - 22% of heterosexual persons at high risk*
 - 23% of children aged <13 years

*High-risk heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

Source: CDC HIV/AIDS Surveillance Report: HIV Infection and AIDS in the United States and Dependent Areas, 2005. ¹¹

Women & HIV/AIDS

Estimated Number of AIDS Cases and Rates for Female Adults & Adolescents, by Race/Ethnicity
2005 – 50 States & DC

Race/Ethnicity	Cases	Rate (cases per 100,000 population)
White, Not Hispanic	1,747	2.0
Black, Not Hispanic	7,093	45.5
Hispanic	1,714	11.2
Asian/Pacific Islander	92	1.6
American Indian/Alaska Native	45	4.4
Total*	10,774	8.6

*Includes 83 female adults & adolescents of unknown race or multiple races.

Source: CDC HIV/AIDS Surveillance Report: HIV Infection and AIDS in the United States and Dependent Areas, 2005. ¹²

**American Indians/Alaska Natives (AI/AN)
& HIV/AIDS**

- American Indians and Alaska Natives (AI/AN) have the third highest rate of AIDS diagnosis in the United States, despite having the smallest population.
- AI/AN people with AIDS are likely to be younger than non-AI/AN people with AIDS.
- AI/ANs also have the shortest time between AIDS diagnosis and death.

Source: CDC HIV/AIDS Surveillance Report: HIV Infection and AIDS in the United States and Dependent Areas, 2005. 13

**SAMHSA'S HIV/AIDS &
HEPATITIS ACTIVITIES**

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**SAMHSA Goals
Minority AIDS Initiative (MAI)**

- Increase access of racial and ethnic minority communities to HIV prevention, care & treatment services;
- Implement strategies and activities specifically targeted to the highest risk and hardest-to-serve populations; and
- Establish collaboration, partnership or opportunities for programs and/or activities to be integrated, including
 - Faith & Community-based organizations
 - Research institutions
 - Minority-serving colleges & universities
 - Healthcare organizations
 - State & local health departments
 - Criminal & Juvenile Justice Systems

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SAMHSA MAI Funding

Dollars in Thousands

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Center for Mental Health Services	\$9,283	\$9,283	\$9,283
Center for Substance Abuse Prevention	\$39,358	\$39,385	\$39,385
Center for Substance Abuse Treatment	\$62,488	\$63,129	\$63,129
TOTAL SAMHSA	\$111,129	\$111,797	\$111,797

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SAMHSA HIV/AIDS & Hepatitis Targeted Capacity Expansion Grants

The SAMHSA HIV/AIDS and Hepatitis Targeted Expansion (TCE) grants are administered by each of the 3 Centers:

CSAT:

- The purpose of the CSAT TCE/HIV grant program (63.1M) is to enhance and expand substance abuse treatment and/or outreach and pretreatment services in conjunction with HIV/AIDS services.
- These grants require that at a minimum, 80% of all clients will be tested for HIV/AIDS.

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SAMHSA HIV/AIDS & Hepatitis Targeted Capacity Expansion Grants

CSAP

CMHS

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SAMHSA Projects to meet MAI Objectives

Increase testing of affected populations

- Rapid Testing Initiative
- Enhancing Substance Abuse Treatment Services to Address Hepatitis Infection Among IDU's

Capacity-building and testing

- Targeted Capacity Grants
- Minority Education Institution (MEI) Initiative
- SAMHSA/ONDCP Drug-Free Communities Support Program (DFCSP) Faith-based Substance Abuse and HIV Prevention Initiative

Sustainability

- One-SAMHSA Minority HIV/AIDS Initiative (MAI) Conference

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SAMHSA's Rapid HIV Testing Initiative (RHTI)

- From FY 2005 through FY 2007, 416,895 rapid testing kits were distributed to CSAT and CSAP grantees.
- The RHTI was designed to reduce HIV incidence rates among minority populations who may be at an even greater risk for acquiring or transmitting HIV associated with substance abuse and/or a mental health disorder than other populations.
- SAMHSA secured a federal contract with OraSure Technologies to supply rapid HIV test kits at no cost to eligible service providers.
 - These rapid HIV test kits were approved by the Food and Drug Administration and waived under the Clinical Laboratory Improvement Amendment of 1988 (CLIA) for use in non-clinical settings.

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SAMHSA's Rapid HIV Testing Initiative Goals

- Incorporate the new rapid HIV testing methodology into SAMHSA's qualified program sites as a strategic intervention:
 - To facilitate early diagnosis of HIV among at-risk minority populations involved in substance abuse (SA) and/or living with a mental health (MH) disorder, and
 - To increase referrals to sustained quality counseling, treatment, and other supportive care services for such persons diagnosed with HIV;
- Provide effective counseling to persons who previously tested negative to decrease their risk of acquiring HIV;
- Identify an increased number of evidence-based prevention and treatment programs and practices in the area of HIV/AIDS associated with SA and/or MH.

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SAMHSA's Rapid HIV Testing Initiative

- SAMHSA provided access to training, including travel, to eligible service providers.
 - The fundamentals of rapid HIV testing, prevention counseling, and related data collection activities was covered during the training.
- Targeted populations included persons with a substance use (e.g., injection drug users) and/or mental health disorder, men who have sex with men, at-risk college students, sex workers, at-risk pregnant women, reentry populations, and transgender populations.

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Hepatitis A&B Vaccination & Hepatitis C Testing

Prevention Strategies:

- Provide an early diagnosis of Hepatitis infection in drug users involved in treatment programs and refer HIV+ clients to care and recovery support services.
- Provide testing for Hepatitis C infection in HIV+ clients of substance abuse treatment programs
- Vaccinate for Hepatitis A and B infections with the Twinrix vaccine, followed by referral to Hepatitis care for those individuals who test positive for Hepatitis C infection to reduce the risk of progressive liver disease.

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Hepatitis A&B Vaccination & Hepatitis C Testing Outcomes

- CDC-recommended immunizations are occurring as a 'one-stop' patient care service so that patients are effectively immunized against Hepatitis A and B virus that could otherwise result in significant disability or death.
- 40,000 Hepatitis C test kits have been procured and distributed allowing for testing of 800 individuals at each of the 50 testing sites.

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SAMHSA/CSAT & CDC Collaboration

SAMHSA is actively engaged in collaborating with CDC regarding HIV initiatives and data. Outcomes from a February meeting between SAMHSA and CDC include:

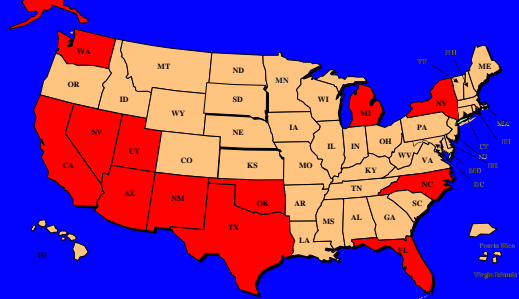
- SAMHSA will identify points of contact for collaboration in data collection and implementation guidance for testing.
- SAMHSA is actively engaged with CDC in implementing the HIV testing guidelines.
- SAMHSA/CDC Interagency Work Group to Address the Intersection of Methamphetamine Use and the Transmission of Infectious Diseases.

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CSAT HIV/AIDS & HEPATITIS ACTIVITIES

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HHS/SAMHSA CSAT Minority AIDS Initiative



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CSAT - Minority AIDS Initiative

- Minority AIDS grants are awarded to community-based organizations with two or more years of experience in the delivery of substance abuse treatment and related HIV/AIDS services.
- Programs target African American, Latino/Hispanic and other racial or ethnic communities highly affected by substance abuse and HIV/AIDS.
- HIV Outreach grants served 22,760 clients
- TCE/HIV grants served 18,158 clients
- As a whole, the HIV Portfolio served a combined 40,918 clients

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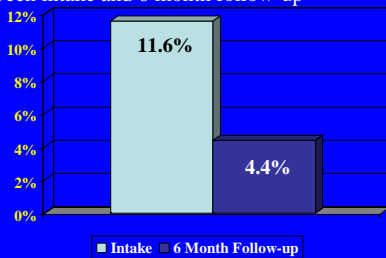
HIV/AIDS Outreach – TCE/HIV Evidences of Success

National Outcome Measures (NOMs)	% at Intake	6-Month Follow-up (%)	Difference
Clients reporting no substance use	31.9%	56.1%	Increased 75.9%
Clients reporting being employed	25.0%	37.6%	Increased 50.7%
Clients reporting being housed	33.5%	39.8%	Increased 18.8%
Clients reporting no arrests	84.9%	87.3%	Increased 2.9%
Clients reporting being socially connected	68.9%	73.0%	Increased 6.0%

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TCE/HIV and HIV Outreach Changes in Risk Behaviors

Clients reporting injection drug use decreased 62.3% between intake and 6 month follow-up

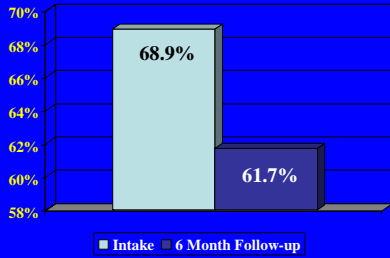


Source: SAIS data FY 2004 through 3/21/08

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TCE/HIV and HIV Outreach Changes in Risk Behaviors

Clients reporting having unprotected sex decreased 10.4% between intake and 6-month follow-up.

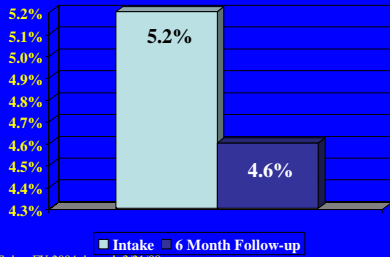


Source: SAIS data FY 2004 through 3/21/08

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TCE/HIV and HIV Outreach Changes in Risk Behaviors

Clients reporting having unprotected sex with an HIV+ individual decreased 10.1% between intake and 6-month follow-up.

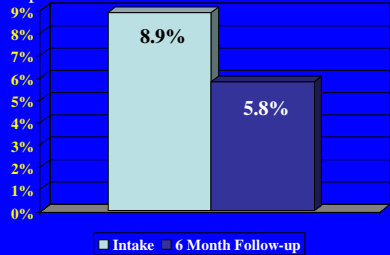


Source: SAIS data FY 2004 through 3/21/08

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TCE/HIV and HIV Outreach Changes in Risk Behaviors

Clients reporting having unprotected sex with an injection drug user decreased 34.2% between intake and 6 month follow-up

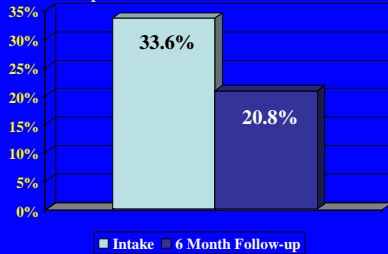


Source: SAIS data FY 2004 through 3/21/08

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TCE/HIV and HIV Outreach Changes in Risk Behaviors

Clients reporting having unprotected sex with an individual high on some substance decreased 38.1% between intake and 6 month follow-up.



Source: SAIS data FY 2004 through 3/21/08

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HHS Minority HIV/AIDS Initiative

SAMHSA

- April 2007, received \$3 million to increase or enhance services to American Indians and Alaska Natives at risk for substance use and HIV/AIDS
- Some areas of activity :
 - HIV/AIDS Rapid Testing and training
 - Education
 - Prevention
 - Outreach
 - Capacity building



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HHS Minority HIV/AIDS Initiative

- Implementing through partnership with—
 - National Council of Urban Indian Health
 - National Native American AIDS Prevention Center
 - Urban Indian Health Institute
 - National Indian Health Board
 - Northwest Portland Area Indian Health Board
 - Navajo AIDS Network, Inc
 - South Puget Intertribal Planning Agency
 - Ti-chee Native American HIV Prevention
 - Native Health
 - Alaska Native Tribal Health Consortium

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HHS Minority HIV/AIDS Initiative

- Implementing through collaboration with—
 - Indian Health Service
 - Center for Disease Control

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HIV Rapid Testing

- Purchase and distribute 50,000 test kits to tribes, tribal organization, urban Indian health clinics that have the capacity to provide HIV Rapid Testing
- Host two CDC Rapid HIV Testing Training
- Host CDC Rapid HIV Testing Train the Trainer

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Challenges

- Stigma in facilities and communities
- Concern for confidentiality
- Jurisdiction in situations at the state level
- Lack of consensus on what / how to educate
- Lack of human resources with local expertise
- Appropriate but competing priorities with funds
- Complacency (#) / perception that HIV is rare
- Gathering data remains complex
- Reactive paradigm

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FY 2008

**Targeted Capacity Expansion Program for
Substance Abuse Treatment and HIV/AIDS
Services (TCE/HIV)**

Award Information:

- **Application Deadline: March 27**
- Funding Mechanism: Grant
- Anticipated Total Available Funding: \$19.8 million
- Anticipated Number of Awards: Up to 50
- Anticipated Award Amount: Up to \$450,000 for treatment services; up to \$350,000 for outreach & pretreatment services
- Length of Project Period: Up to 5 years
- For more information & application: <http://www.grants.gov/>

Proposed budgets cannot exceed \$450,000 (\$350,000 for outreach & treatment) in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals & objectives, timely submission of required data and reports, 7 compliance with all terms and conditions of award.

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**SAMHSA/CSAT Rapid HIV Testing
Requirements in FY 2008 TCE/HIV RFA**

- CSAT has an HIV testing requirement in the FY 2008 TCE/HIV RFA:
 - All grantees must provide on-site HIV testing in accordance with State and local requirements or provide referral to an HIV testing site certified by the local health department if the client requests off-site HIV testing.
 - **CSAT expects that all FY 2008 TCE/HIV grantees test a minimum of 80% of all clients.**
 - Grantees must justify an HIV testing rate below 80%
 - CSAT will consider any failure to provide an adequate justification when making annual determinations to continue a grant and the amount of any continuation award.
 - HIV testing may also be made available to the injection and/or sexual partners of the clients

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CSAT – SAPT Block Grant Set-Aside

- The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act of 1992 amended Title XIX, Part B, Subpart II of the Public Health Service Act
- Requires States with an AIDS case rate of 10 or more per 100,000 individuals (“Designated States”) to set-aside a certain percentage of the SAPT Block Grant to establish 1 or more projects for early intervention services for HIV.
- Currently, all Designated States are required to set aside 5% of their SAPT Block Grant allocations for early intervention HIV services.

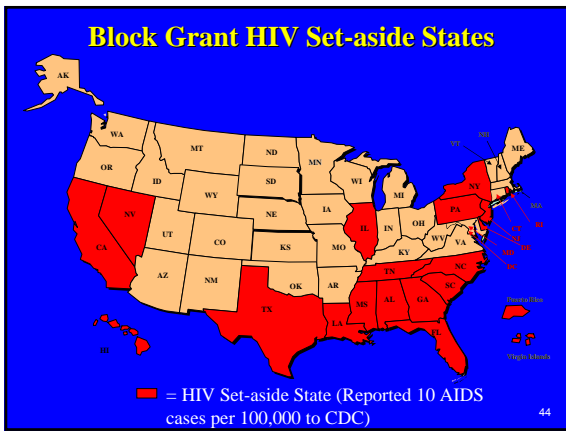
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CSAT – FY 2008 SAPT Block Grant Set-Aside

- In FY 2008, 21 States, Puerto Rico, and U.S. Virgin Islands were HIV “Designated States.”
- Total SAPT HIV Set-Aside funding: **\$56.77 Million**
 - HIV early intervention projects include counseling, HIV testing, and referral services.
 - States are being encouraged to use part of their HIV set-aside to purchase Rapid HIV Test Kits

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Block Grant HIV Set-aside States



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Examples of MAI Grantee Activities

- St. Luke’s-Roosevelt Institute for Health Scis - NYC
 - Offers HIV rapid testing, along with pre- and post-test counseling at the hospital’s emergency room. Target population: HIV positive and HIV high-risk minority adolescents with substance abuse problems in school-based and outpatient treatment settings
- Test Positive Aware Network – Chicago, IL
 - Aims to decrease substance abuse and HIV transmission among African American men by providing education, brief interventions, individual and group level counseling, HIV testing, and substance abuse treatment.

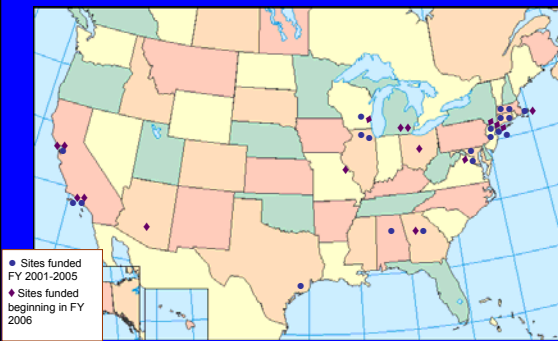
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Examples of MAI Grantee Activities (cont'd)

- Latino Community Services Inc. – Connecticut
 - Latino Faith Partnership for Prevention and Treatment, in partnership with a core group of Latino pastors, targets the Latino/Hispanic community in CT with evidence-based practices for community outreach, screening, HIV/STD testing, substance abuse treatment and HIV prevention intervention
- Prototypes – Los Angeles County, CA
 - In collaboration with the Los Angeles County Public Defender's office, provides HIV/AIDS services, including rapid confidential HIV testing and referrals for medical treatment, to mostly Latina and African American women sex workers in Los Angeles

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CMHS Mental Health HIV Services Collaborative Program



CSAP Concentration of Minority HIV/AIDS Grants by States within Region



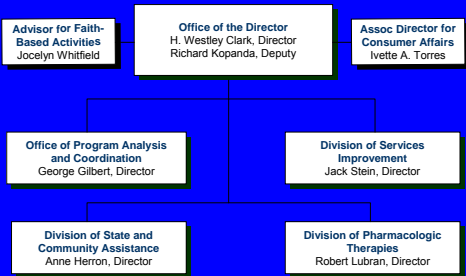
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Building resilience...facilitating recovery...a life in the community for everyone.

Expand and enhance clinical substance abuse treatment services and recovery support services.

Center for Substance Abuse Treatment



CAPACITY GRANT PROGRAM

- Access to Recovery
- Addiction Treatment for Homeless
- Adolescent Treatment
- Co-Occurring
- Family and Juvenile Treatment Drug Courts
- Residential Treatment for Pregnant and Postpartum Women
- Recovery Community Services Program
- Screening, Brief Intervention, Referral, and Treatment
- Targeted Capacity Expansion
- Targeted Capacity Expansion-HIV/AIDS
- Young Offender Reentry Program

SCIENCE to SERVICE

- Knowledge Application Program (KAP)
- Addiction Technology Transfer Centers (ATTCs)
- National Registry for Evidence-Based Programs and Practices (NREPP)
- Public Awareness/Recovery Month

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Knowledge Application Program (KAP)

Treatment Improvement Protocols (TIPs)

- Redesigned as a how-to document
- Check out TIP 12, 17, 21, 23, 30



Collateral products

- Short, concise documents based on TIPs, including Quick Guides, KAP Keys, screening tools

Treatment manuals

- For teens, adults, and older adults
- Topics: anger management, relapse prevention, stimulant abuse, marijuana abuse

Date
Location



Addiction Technology Transfer Centers (ATTC) Program

- Purpose: To develop and strengthen the addictions treatment workforce.
- In partnership with stakeholders, the ATTCs assess the training and development needs of the substance use disorders workforce, and develop and conduct training and technology transfer activities to meet identified needs.
- Particular emphasis is on raising awareness of and improving skills in using evidence-based and promising treatment/recovery practices in recovery-oriented systems of care.

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National Registry of Evidence-Based Programs and Practices
www.nrepp.samhsa.gov
 Location
 Searchable online registry of mental health and substance abuse interventions independently reviewed and rated.

Public Awareness

- **As You Age**
 - Targets age 60 and above
 - Print, radio and television PSAs
 - Posters and brochure
 - *As You Age; Do The Right Dose; and Aging. Medicines, Alcohol, Generic Drugs*
- **Do the Right Dose**
 - Targets 50 – 60 year olds
 - Print, radio and television PSAs
 - Posters
 - Distributed also by NAB on website http://www.nab.org/publicservice/right_dose.asp

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Public Awareness

- *Not Worth The Risk Even If It's Legal* – 2007 campaign
 - Television and radio PSAs
 - Brochures and print media
- *Killer Bod – What Anabolic Steroids Can Do to You* – 2007 campaign
 - Brochures, video and 10 high school outreach seminars
- *The Buzz and It's to Die For...*
 - Television, radio and print PSAs
 - Brochures and Posters



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Future Directions: Program Areas of Emphasis

- HIV Outreach and Pretreatment
- Screening, Brief Intervention, and Referral to Treatment
- Co-occurring Conditions
- Cultural Adaptation of EBPs
- Treatment Drug Courts
- Electronic Health Records
- Performance Measures/Outcomes
- Workforce Development
- Rapid HIV Testing

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Key Resources

- Website: www.samhsa.gov
- Publications/Funding Opportunities: 1-800-729-6686
- SAMHSA National Helpline: 1-800-662-HELP
- [1-800-487-4889 – TDD line]
- Treatment Locator:
www.findtreatment.samhsa.gov

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Contact Information

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