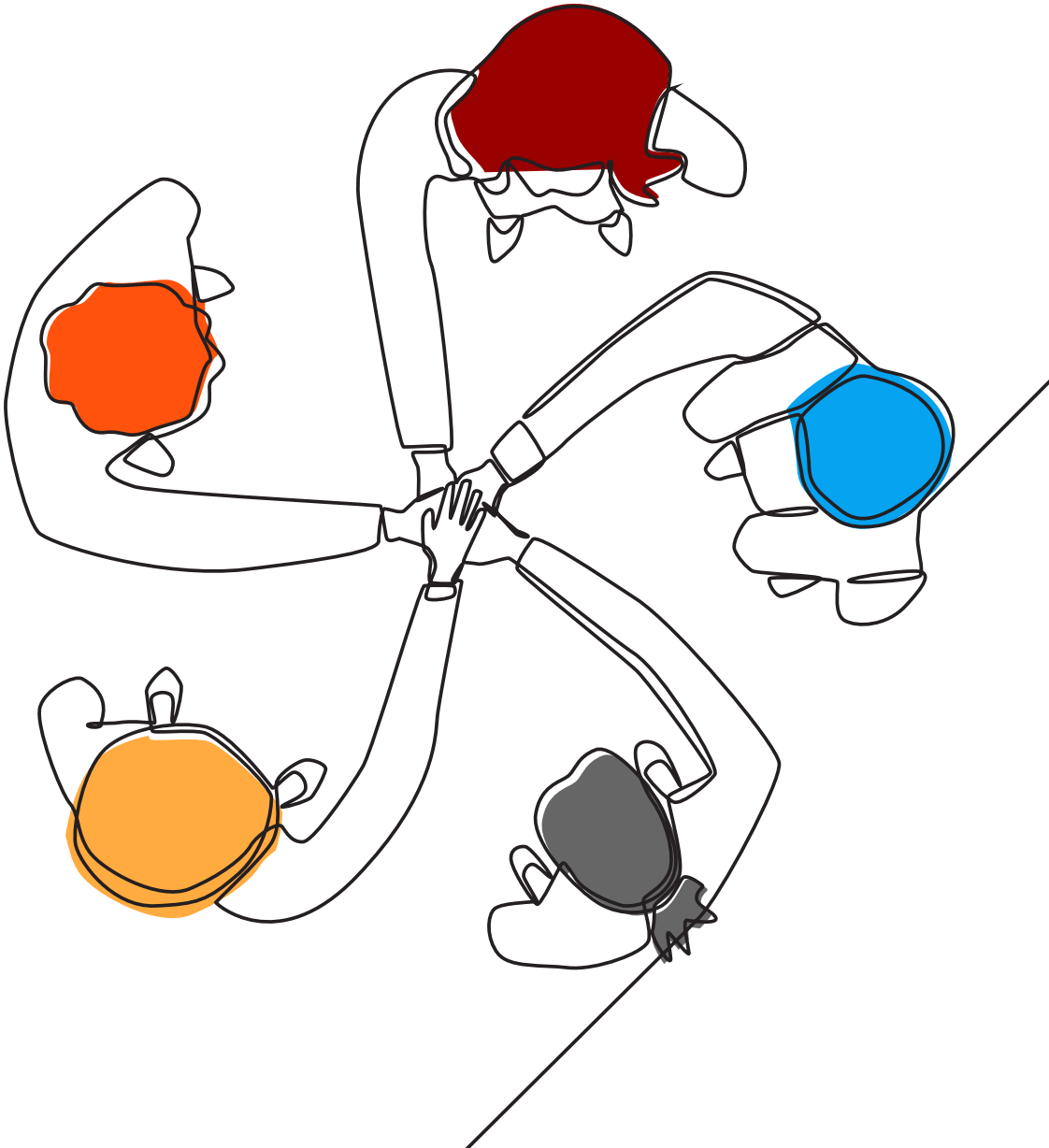
SSC Strengthening Systems of Care for People with HIV & Opioid Use Disorder

RYAN WHITE HIV/AIDS PROGRAM
SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

JSI NASTAD

RESOURCE GUIDE

A Guide to Support Individuals with HIV/Hepatitis C in Substance Use Service Settings



The Health Resources and Services Administration (HRSA)-funded Ryan White HIV/AIDS Program Special Projects of National Significance (SPNS) initiative Strengthening Systems of Care for People with HIV and Opioid Use Disorder (OUD) provides coordinated technical assistance across HIV and behavioral health/substance use service providers. The project aims to enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program recipients and other federal, state, and local entities. The purpose of this initiative is to ensure that people with HIV and OUD have access to care, treatment, and recovery services that are client-centered and culturally responsive.

SSC developed this resource in response to the needs of the nine state partners participating in the project. For more information about the project and to access additional resources, visit https://ssc.jsi.com/.

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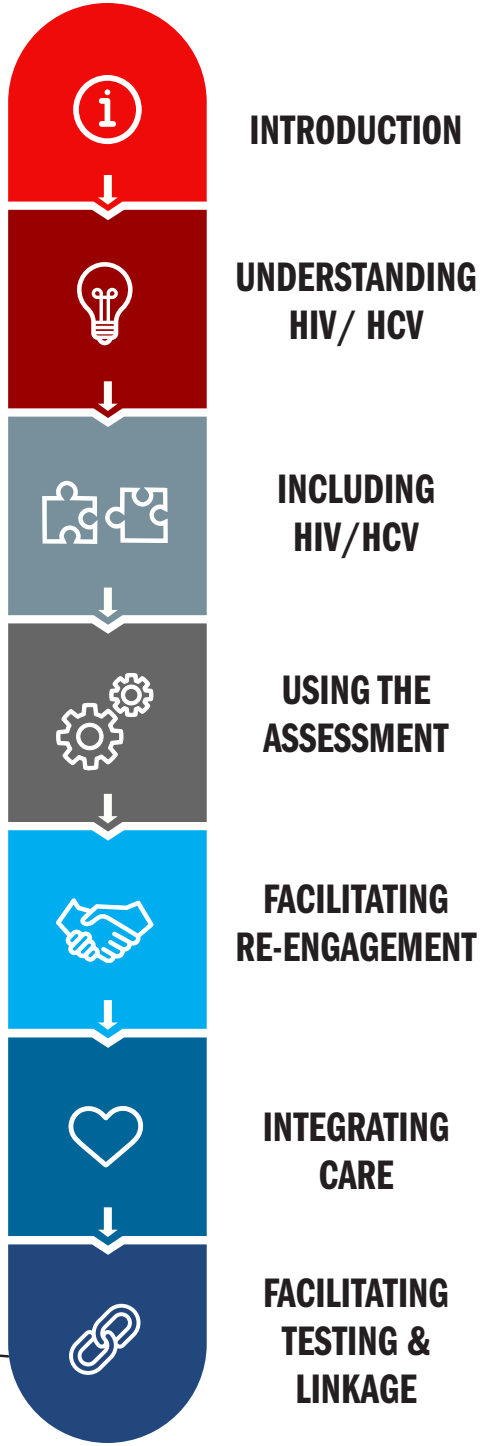
WHERE DO YOU WANT TO GO?

This guide is for substance use disorder (SUD) treatment and recovery professionals and organizations that are interested in expanding support for their clients with HIV and/or hepatitis C virus (HCV).

Information is provided as clients move along HIV and HCV care continuums from knowing their status to meeting their treatment goals.

- Introduction to the guide
- Understanding HIV/HCV: trauma-informed approach, motivational interviewing, and confidentiality
- Including HIV/HCV in substance use treatment planning
- Using the biopsychosocial assessment to understand HIV/HCV status
- Facilitating re-engagement in HIV/HCV care if client has already been diagnosed
- Integrating a client's HIV/HCV care into substance use treatment planning
- Facilitating testing and linkage to care if client has not already been diagnosed

An active navigation bar is provided on the right side of the guide. This allows you to click through the guide and go directly to the content that is relevant to you and your organization.



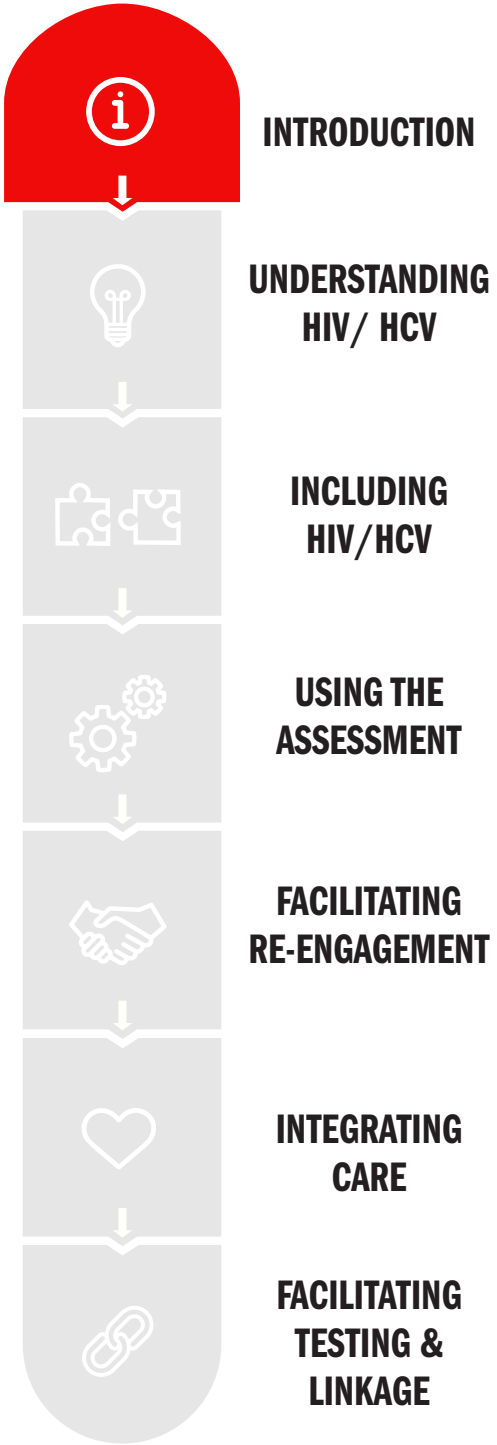
INTRODUCTION TO THE GUIDE

BACKGROUND

HIV and HCV are viruses that can be transmitted through higher risk sexual contact (including chemsex*) and sharing of injection equipment. There are 1.2 million people with HIV and 2.4 million people with HCV in the United States.[1] In addition to providing individualized addiction treatment and support, substance use providers and organizations play a key role in public health efforts to provide care and treatment for HIV and HCV.

It is important to remember that when you address HIV/HCV, you have to work within a client's level of readiness. Clients may have had negative experiences with the medical system previously, making re-engagement challenging. This recognition is essential to building trust with your client when addressing HIV/ HCV.

**Chemsex means using drugs as part of sex typically with three specific 'chems' (drugs) involved: Methamphetamine (Crystal Meth), Mephedrone (Meth), GHB and GBL (G).*



PURPOSE OF THIS GUIDE

People who use alcohol and/or other drugs often have complex conditions and can be at risk for, or have, co-occurring HIV/HCV.

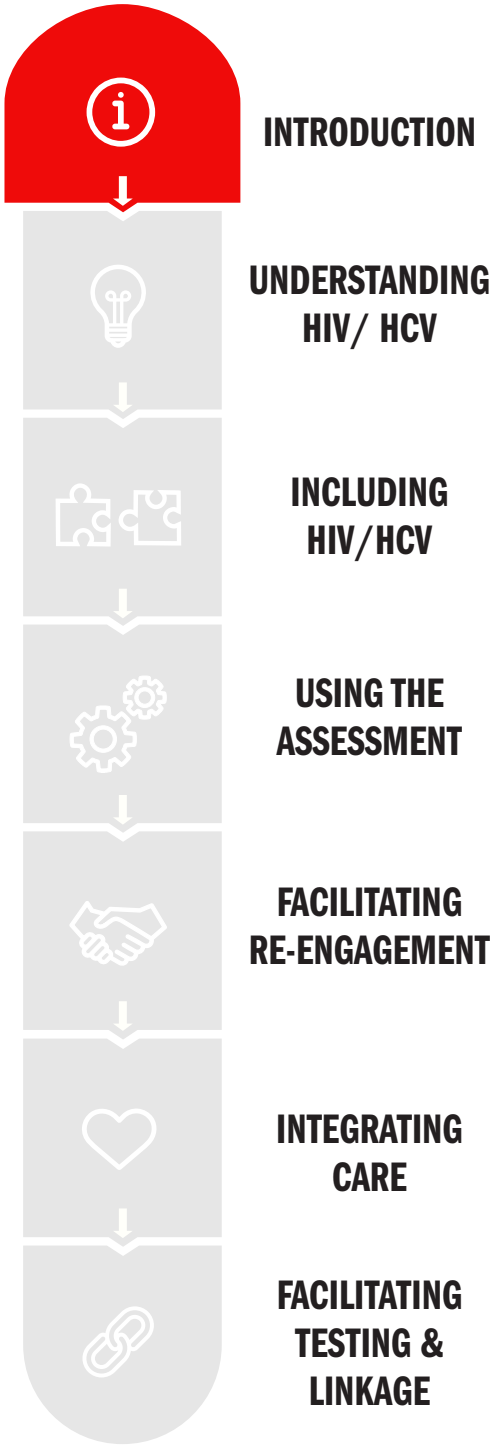
Individuals receiving services for their substance use may:

- Already be connected to care for HIV/HCV;
- Need help getting tested to determine if they have HIV/HCV; or
- Be aware of their status, but need assistance getting into or re-engaging in care.

This guide can help a wide variety of staff in substance use (SU) settings understand how to provide needed support to clients in these various circumstances.

The sections of this guide provide various strategies that can be implemented regardless of where your organization is in the process of coordinating HIV/HCV treatment with substance use treatment and recovery. Both smaller, immediate actions as well as more comprehensive and ambitious recommendations are included.

We recommend that you sit together as an organization or practice and discuss the considerations included in this guide in order to determine how you can best support your clients with or at risk for HIV and HCV.



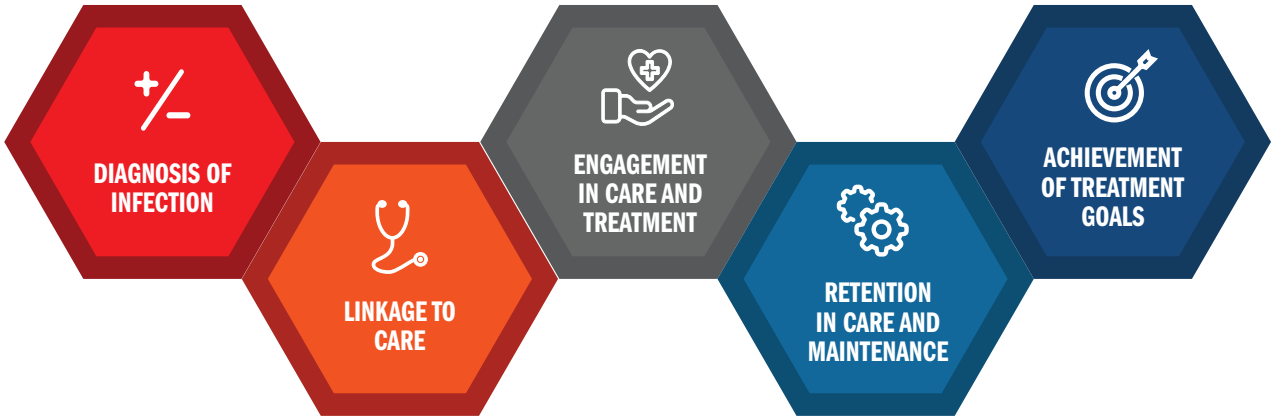
UNDERSTANDING HIV/HCV: TRAUMA-INFORMED APPROACH, MOTIVATIONAL INTERVIEWING, AND CONFIDENTIALITY

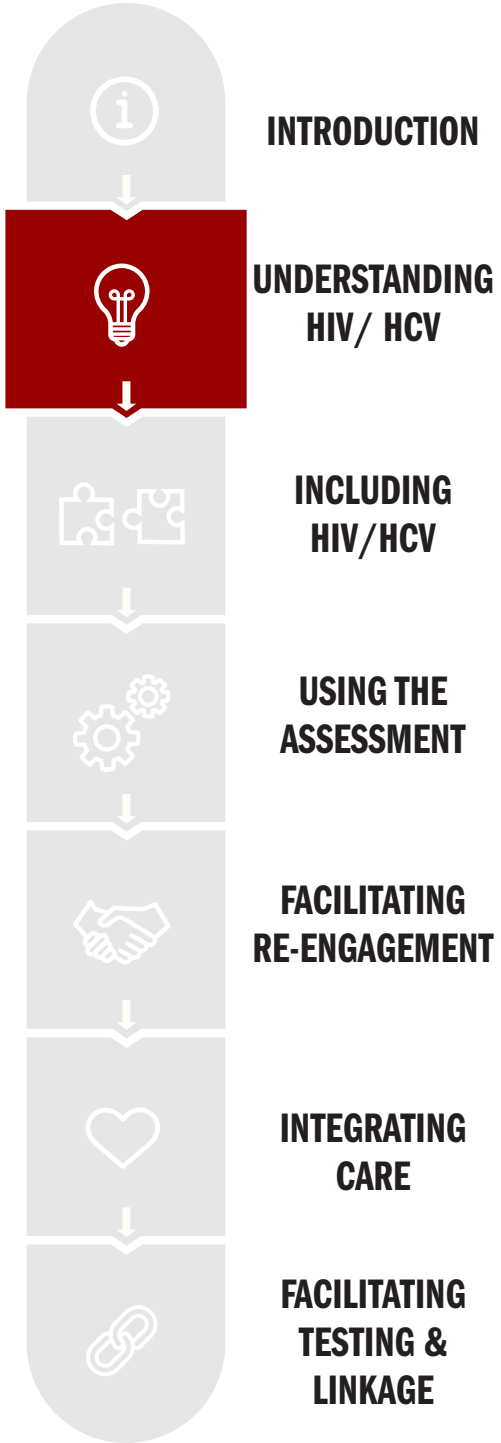
SERVICE DELIVERY ACROSS THE HIV/HCV CARE CONTINUUM

The HIV care continuum is a public health model that describes the stages that individuals with HIV go through from diagnosis to achieving and maintaining a very low or undetectable level of HIV in the body (viral suppression).

For people with HCV, the model is similar to the HIV care continuum, where individuals move from diagnosis to sustaining an undetectable amount of HCV for 12 weeks or more after treatment completion (sustained virologic response).

Substance use treatment and recovery providers are able to support clients with HIV/ HCV at any point along the continuum, from diagnosis of infection to the achievement of treatment goals.



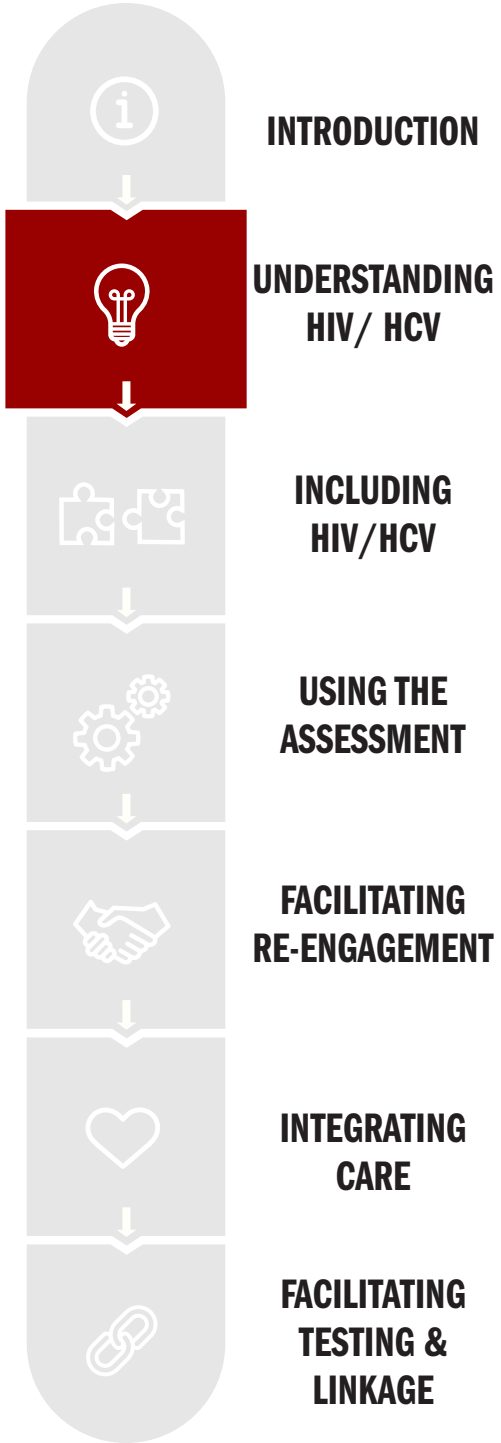


WHAT IS AVAILABLE TO YOUR CLIENTS?

Find out!

Before offering services or referring clients to services for HIV/HCV, consider identifying the answers to these questions:

- **What state and/or local agencies oversee HIV/HCV services and supports? What resources and training do they provide?**
    - Consider offering continuous formal training at your agency related to HIV/HCV services. The AIDS Education & Training Center in your region is a great place to start!
- **Which HIV/HCV programs are available in your area?**
    - Explore CDC-funded testing sites, at-home testing options, peer support groups, case management services, the Ryan White HIV/AIDS Program (RWHAP), syringe services programs, and the AIDS Drug Assistance Program (ADAP).
    - https://locator.hiv.gov/ is a good place to start.
- **How will your organization pay for the HIV/HCV services it will offer (e.g., billing through insurance, utilizing RWHAP funding, identifying other grant funding)?**



UNDERSTANDING CLIENTS' EXPERIENCES

Histories of trauma are common among people who use drugs and also those with HIV/HCV. Among individuals with HIV, experiences of trauma are associated with:[2]

- poor mental health;
- more frequent engagement in activities that can increase the possibility of HIV transmission;
- diminished engagement in HIV care and adherence to antiretroviral therapy (ART);
- more frequent opportunistic infections (including HCV); and
- a higher risk of AIDS-related mortality.

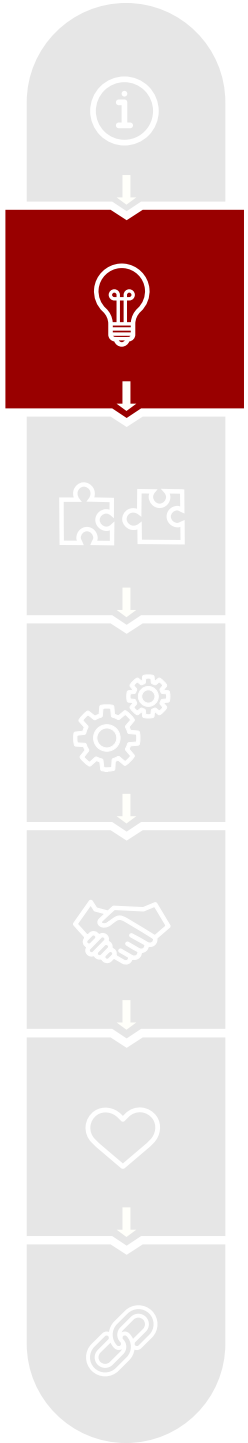
Trauma histories often lead to a lack of trust with the health care system and a hesitancy to access services. To respect clients' varied experiences, employ a trauma-informed approach and design whole-person interventions that seek to improve both physical and mental well-being.

TRAUMA-INFORMED APPROACH begins with understanding the physical, social, and emotional impact of traumatic experiences on an individual.[3]

COMMUNICATING WITH CLIENTS ABOUT HIV/HCV

To support the HIV/HCV-related health of individuals, apply motivational interviewing techniques and principles to guide your conversations. Use these techniques in conversations related to an individual's concerns about HIV/HCV. This includes talking about an individual's sexual and drug use behaviors, known exposures to HIV/HCV, mental health needs, desire for behavior change, and resource needs.

MOTIVATIONAL INTERVIEWING is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for, and commitment to, a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. For more information go to MotivationalInterviewing.org. [4]



INTRODUCTION

UNDERSTANDING HIV/ HCV

INCLUDING HIV/HCV

USING THE ASSESSMENT

FACILITATING RE-ENGAGEMENT

INTEGRATING CARE

FACILITATING TESTING & LINKAGE

CONFIDENTIALITY

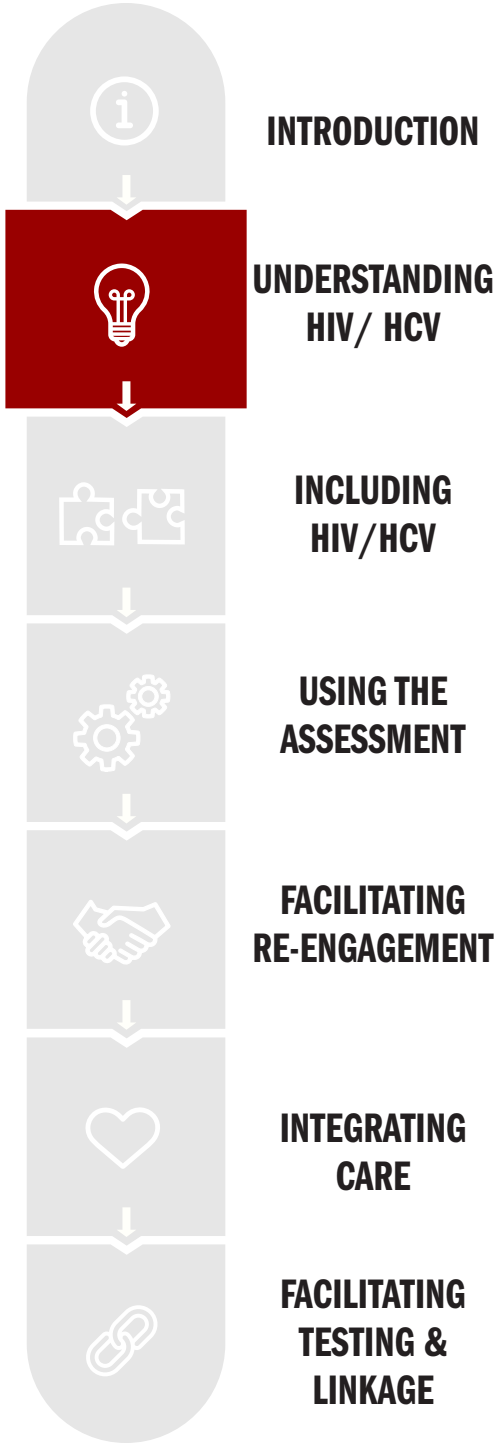
A very important note!

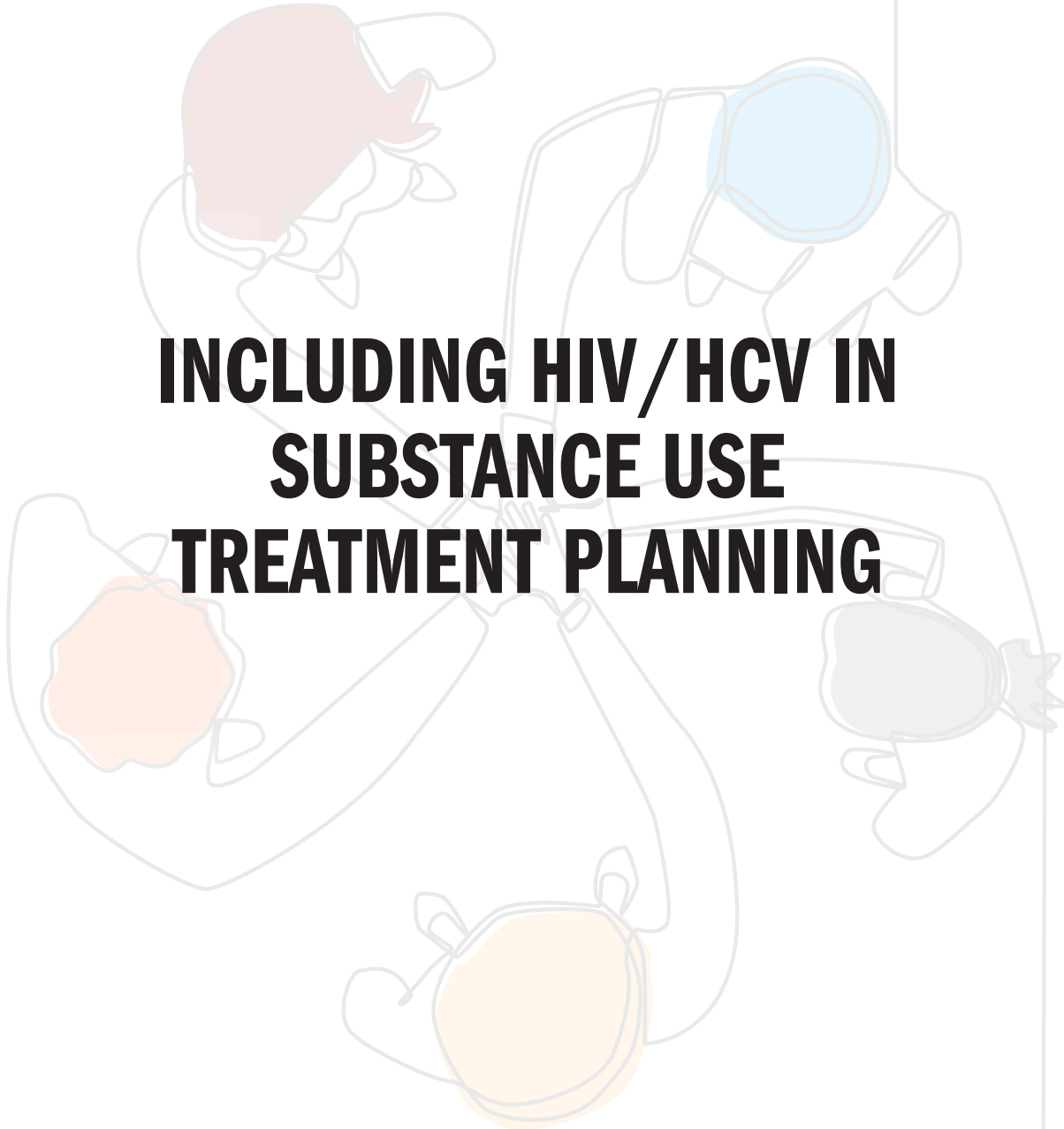
Privacy and confidentiality related to a client's HIV status may have **different and more heightened** security measures than HIPAA and 42 CFR Part 2.

CDC provides Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs; however, privacy and confidentiality laws around HIV are determined by each state.

It is important to be aware of the privacy laws around HIV in your state! State specific HIV-related laws are available through The Center for HIV Law and Policy.

Strategies to manage HIV-related information are available in Data Collection & Record Sharing.





INCLUDING HIV/HCV IN SUBSTANCE USE TREATMENT PLANNING

ENSURING CLIENT OWNERSHIP OVER THEIR HIV/HCV CARE

Goals and actions related to HIV/HCV care can be identified and incorporated into substance use treatment planning through the American Society of Addiction Medicine's (ASAM) biopsychosocial assessment. HIV/HCV care fits into Dimension 2: Biomedical Conditions and Complications.

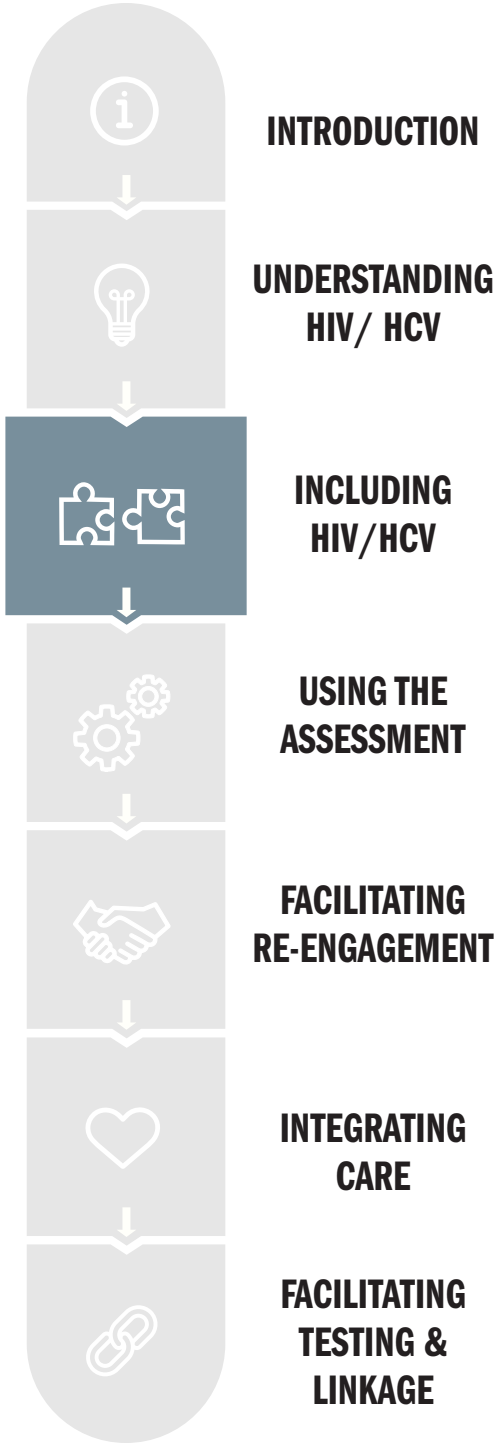
For SUD care, treatment plans:

- Identify the client's most important self-identified goals for treatment.
- Describe measurable, time sensitive steps towards achieving those goals.
- Are individualized, time-limited, and iterative.

For HIV/HCV care in an SU setting, treatment plans:

- Concretely document next steps for the client to manage their HIV/HCV.
- Articulate mutually agreed upon treatment goals.
- Allow clinicians to revisit where the client is with their HIV/HCV care through an iterative and collaborative process.

A treatment plan should be regularly reviewed and agreed upon by the client and clinician.



DEVELOPING TREATMENT PLANS[5] WITH HIV/HCV GOALS

Problem Statement
- A brief clinical statement of a condition that requires support

Client Goal
- A brief clinical statement of the condition the client expects to change

Client Objectives
- What the client will do to meet the goal(s)
- Stated in measurable language

Intervention
- Actions of the clinician designed to help client complete the objectives

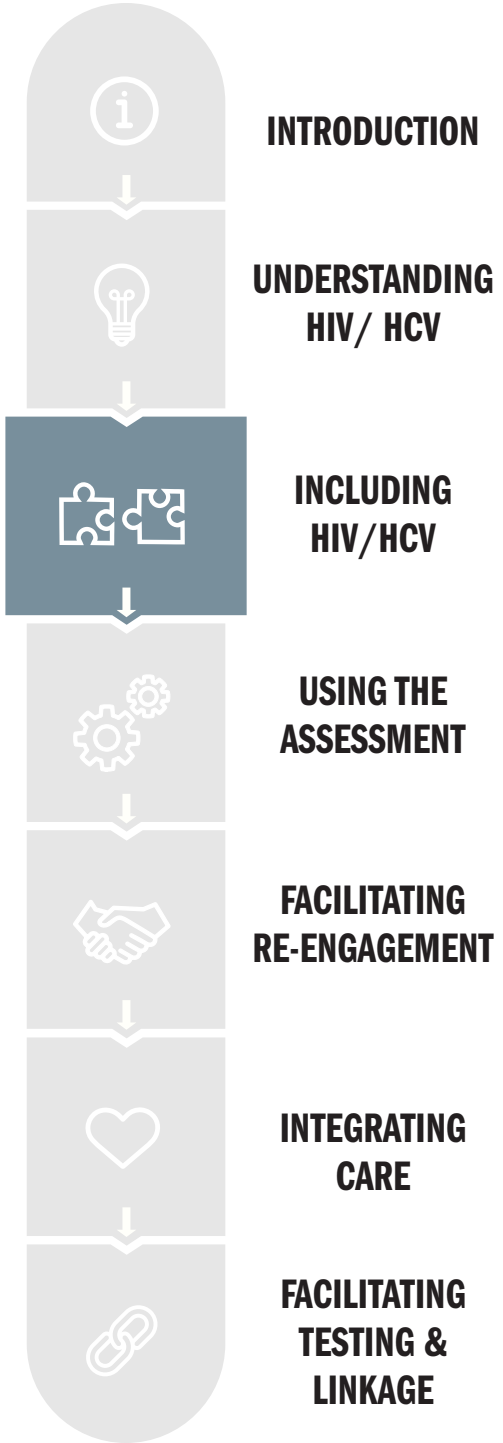
Treatment Plan Example for Client A:

Problem Statement: Client reports being diagnosed with HCV two years ago at local syringe service program. Client followed up on initial referral to treatment, but HCV provider required sobriety from all substance use to receive HCV treatment. Client continued to inject drugs 2-4 times per week and HCV provider refused to treat client. Therefore, client has not initiated HCV treatment since diagnosis.

Client Goal: Engage in HCV treatment.

Client Objectives:
- Set and attend the next available appointment for HCV treatment within 30 days of referral.
- Share experience about HCV visit within two weeks with SU clinician.

Intervention: Make referral to trusted HCV provider (who does not require sobriety) within two days.



USING THE BIOPSYCHOSOCIAL ASSESSMENT TO UNDERSTAND HIV/HCV STATUS

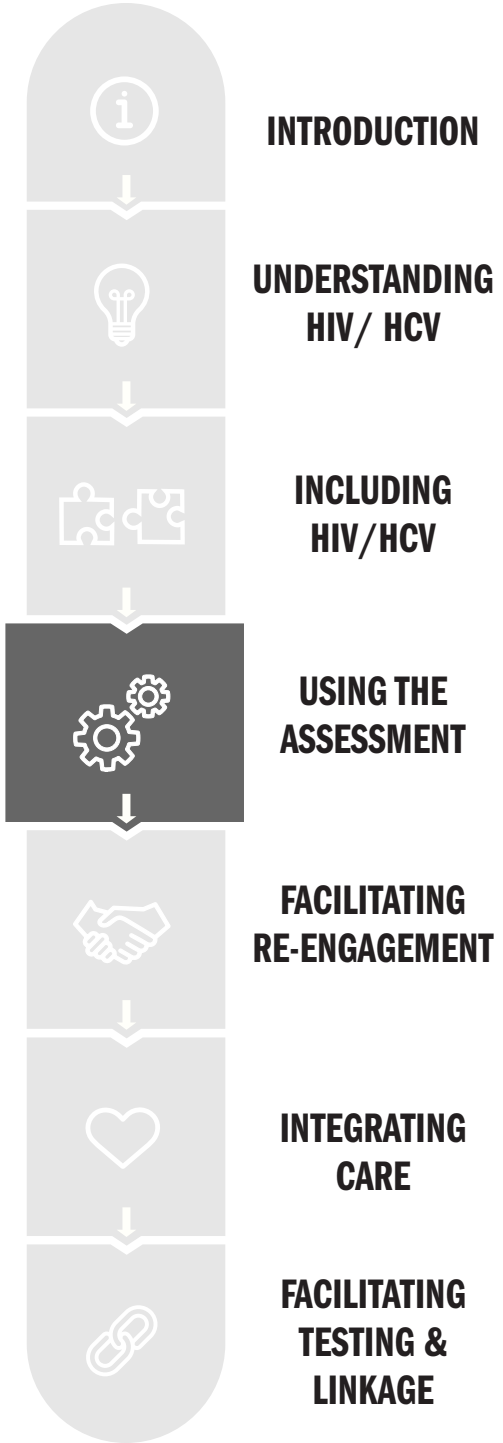
OPPORTUNITIES FOR ACTION FOR SUBSTANCE USE SERVICES

Why it matters: As of 2019, nearly 1 in 7 (13%) of the 1.2 million people aged 13 and older with HIV in the United States did not know they had HIV.[6]

- According to the CDC, 1 in 10 HIV diagnoses occur among people who inject drugs.[7]
- Injection drug use (IDU) is the primary way of acquiring HCV, and people who use substances are at risk for acquiring other types of viral hepatitis.[8]

Opportunity: SUD treatment and recovery providers can probe for information about a client's HIV/HCV status and associated risk behaviors during assessment conversations.

ACTION: During your interactions with clients, discuss important aspects of HIV/HCV, such as risk behaviors, other chronic conditions, lab tests, and referrals.

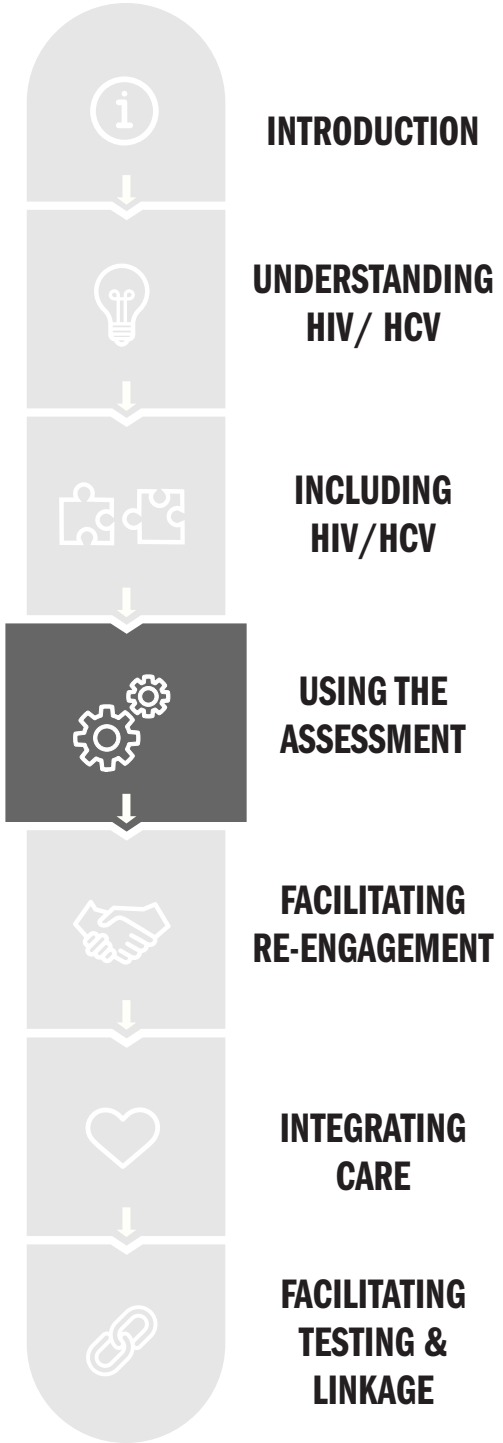


TALKING ABOUT A CLIENT'S HIV/HCV RISK AND STATUS

Talking about risk behaviors such as sexual practices and HIV/HCV status can be challenging. Use the tools you already have (*such as MI*) to help these conversations feel more comfortable for everyone.

1. Ask HIV/HCV-related questions in an open-ended format.
2. Listen to understand instead of to respond right away.
3. Probe deeper on statements that need additional clarification.
    - Ask open- and closed-ended questions in a balanced manner.
4. Balance client-driven goals with public health or community goals.
    - Use effective communication skills during conversations with a client to share the public health or community implications of HIV/HCV.
5. Identify what actions the client wants to take based on the information gathered from the conversation.

Four questions can help begin the conversation about HIV/HCV during your assessment. **It is important to tailor the following questions and their prompts to your client's specific needs and context.**



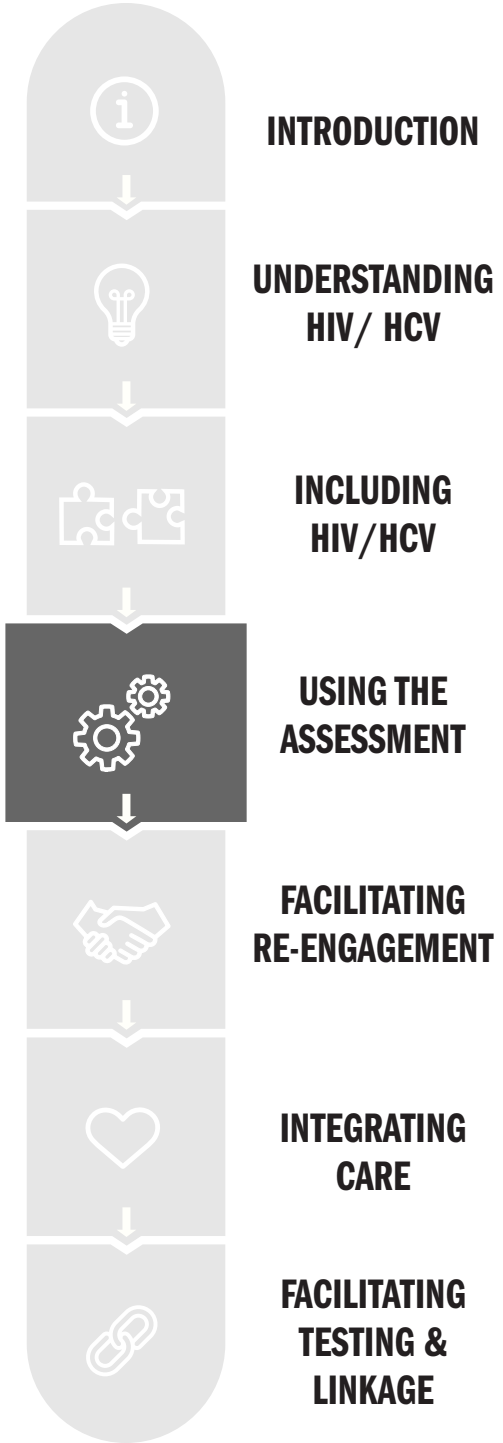
1. Tell me about your last HIV and/or HCV test and other tests that went with it

- How was the test done (e.g., saliva sample, blood draw)? What type of test was used (e.g., rapid, phlebotomy)? What type of test do you prefer?
- When did it happen?
- Where did it take place?
- How frequently do you get tested?
- Why did you get tested in the past?

(Ask question 2 if the client injects drugs; however, note that a client may not disclose injection use without significant trust established.)

2. Tell me about your injection practices and any concerns you may have about acquiring or transmitting HIV and/or HCV

- How frequently do you inject?
- How long have you been injecting? Or when did you start injecting?
- Do you inject by yourself or with others?
- Do you share or reuse equipment?
- How do you get your equipment?
- What are the spots on your body that you use to inject?



3. Tell me about your sexual practices and any concerns you may have about acquiring or transmitting HIV and/or HCV

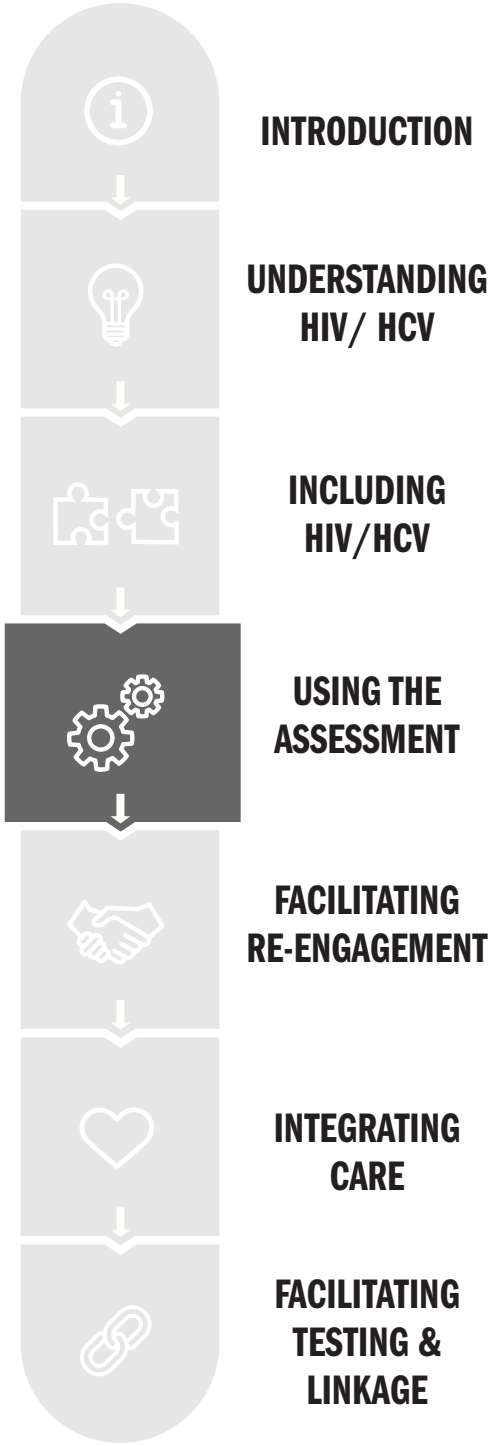
- What is your current relationship type and status (e.g., monogamous, open, open with agreements)?
- Are you commonly the receptive or insertive partner?* (i.e., top or bottom)
- Do you or your partners use drugs, substances, or other chemical stimulants (independently or together) to enhance sexual encounters?
  - If so, which ones (e.g., methamphetamine, GHB, cocaine, ketamine, ecstasy, alcohol, cannabis, nitrates, Viagra, Cialis)?
- Are you aware of any current or recent sexually transmitted infections (STIs) you may have?
- What kind of actions do you take to prevent HIV (e.g., practicing abstinence, having one sexual partner, using condoms, using PrEP or PEP**, pulling out, sero-sorting***, counseling)?

**for any clients with a penis*
*** Pre-Exposure Prophylaxis or Post-Exposure Prophylaxis*
**** restricting sex without preventive methods to partners known to be HIV negative*

For more information on taking a sexual health history see [this CDC resource]

4. Tell me about any other medical conditions you have that may increase or decrease your risk for acquiring HIV and/or HCV

- Do you have any medical conditions that require immediate attention (e.g., uncontrolled diabetes, heart disease)?
- Do you have any current injection practices for insulin, hormones, or other injections?
- Have you been diagnosed with or are you experiencing any mental health conditions and/or trauma (e.g., suicidal ideation, schizophrenia, schizoaffective disorder, bipolar depressive disorder, depression, substance induced psychosis)?



FACILITATING RE-ENGAGEMENT IN HIV/HCV CARE IF CLIENT HAS ALREADY BEEN DIAGNOSED

OPPORTUNITIES FOR ACTION FOR SUBSTANCE USE SERVICES

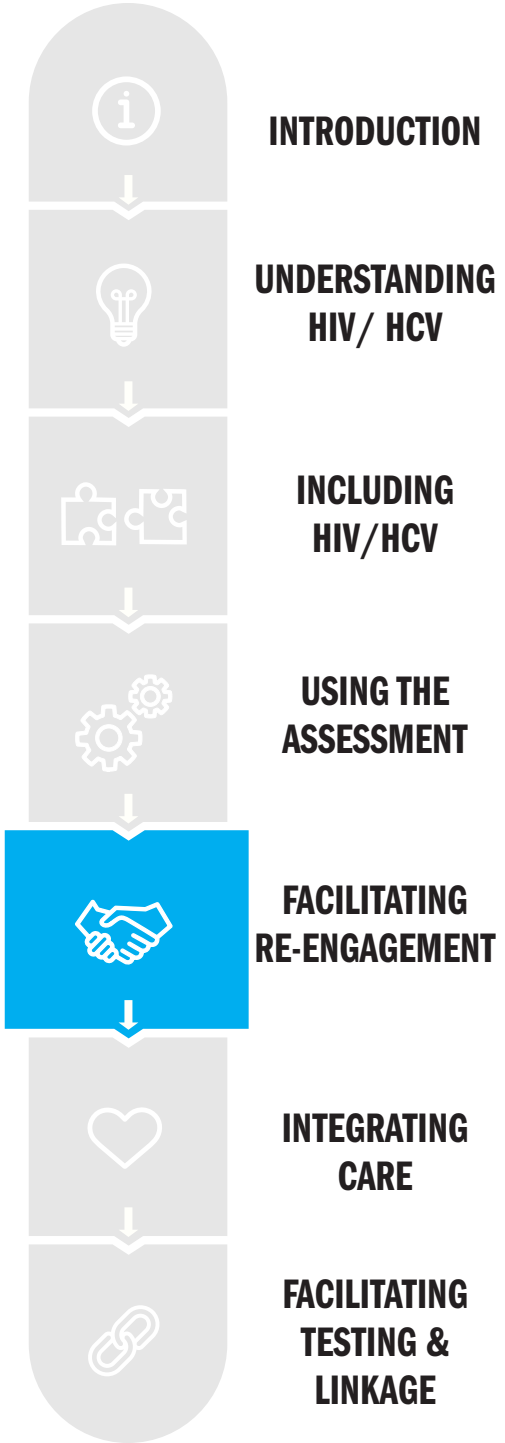
Why it matters: Linkage to care does not always occur when people receive an HIV or HCV diagnosis.

- Of those who received an HIV diagnosis in 2019, 19% were not linked to care within one month.[9]
- A 2013 study found that only 13-18% of people with HCV had received treatment due to the lack of appropriate clinician assessment and delays in linkage to care.[10]

Opportunity: Engage individuals with HIV/HCV who are not in care in a conversation about their thoughts, concerns, and desires to connect or reconnect to HIV/HCV treatment.

ACTION: Facilitate re-engagement in HIV/HCV care if your client has already received a diagnosis. Consider the following factors for your organization.

Staffing	Data Collection & Record Sharing
Referral Relationships	Follow-Up Protocols
Insurance Coverage	Medication Management

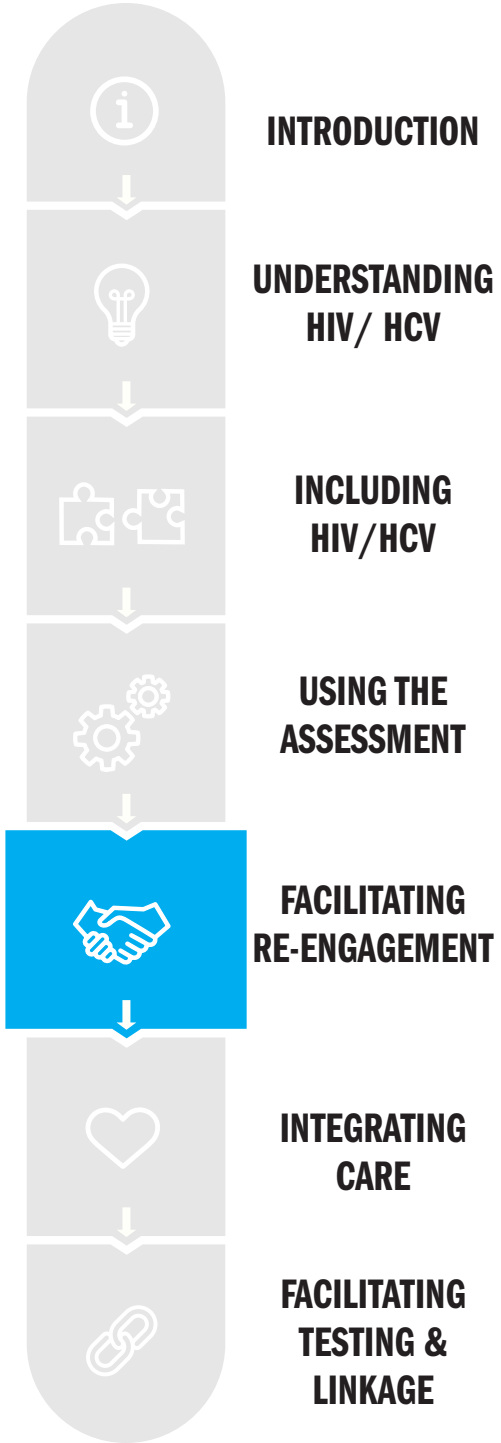


STAFFING

Question: Who will be responsible for helping clients re-engage in HIV/HCV care?

Considerations:

- Determine if additional responsibilities are feasible for existing staff, given current staffing levels and shortages.
- Consider that dedicated care coordinators can help manage re-engaging clients with HIV/HCV care.
    - Responsibilities can include contacting providers, reminding clients of appointments, and helping to complete intake forms.
- Identify staff with whom clients have a trusting relationship.
- Ensure communication (while maintaining confidentiality) between staff when facilitating re-engagement in care.
- Explore the feasibility of embedding HIV/HCV treatment providers into your organization (i.e., through telehealth, outposted providers, etc.)



REFERRAL RELATIONSHIPS

Question: Which medical providers will clients be linked to for HIV/HCV care?

Considerations:

- Inventory existing referral partners:
  - Do you have relationships with HIV/HCV providers?
  - Are there HIV/HCV providers at your current referral partners with whom you could build a relationship?
  - Is your organization part of a larger system that could facilitate internal referrals?
- Identify providers who have a history and reputation of supporting and respecting people who use substances.
- Connect with your state agencies who oversee HIV/ HCV programs to learn more about how they can help with referrals.

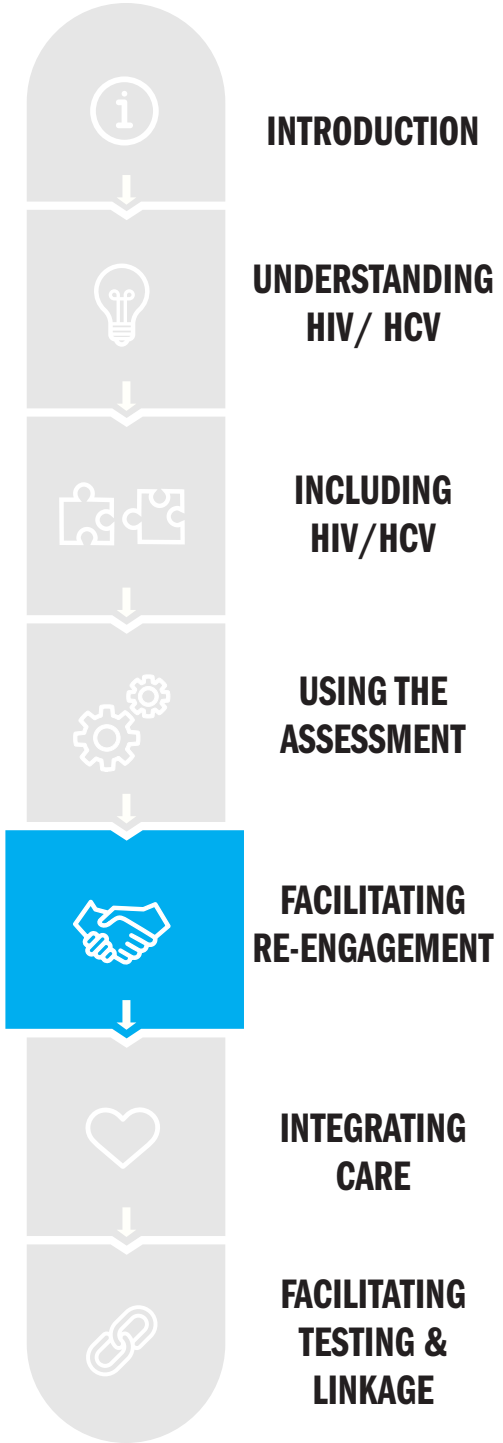
The RWHAP provides a comprehensive system of HIV medical care, medication, and essential support services for people with HIV who are uninsured or underinsured.

INSURANCE COVERAGE

Question: How will clients pay for their HIV/HCV care? Are there steps your organization can take to support getting their care covered?

Considerations:

- Be aware of any insurance restrictions in your state (i.e., sobriety restrictions) on HCV care for people who use drugs and/or alcohol. Insurance companies will sometimes require specific HCV medications; having a pharmacy/insurance navigator can be very helpful.
- Assess if the client has **private insurance** *(through their job or purchased via a Marketplace or health insurance company)*; **Medicaid**; and/or **Medicare** that can support both their SU and HIV/HCV care.
    - For people with HIV, RWHAP, including ADAP, may be able to provide financial help with premium payments, co-pays, and deductibles, and for services that help people stay in care (e.g., transportation, food vouchers).
- Assess if the client is **uninsured** and work with them to determine their eligibility options.
    - For people with HIV, connect them with a RWHAP case manager to assess health coverage options and RWHAP and ADAP enrollment eligibility.

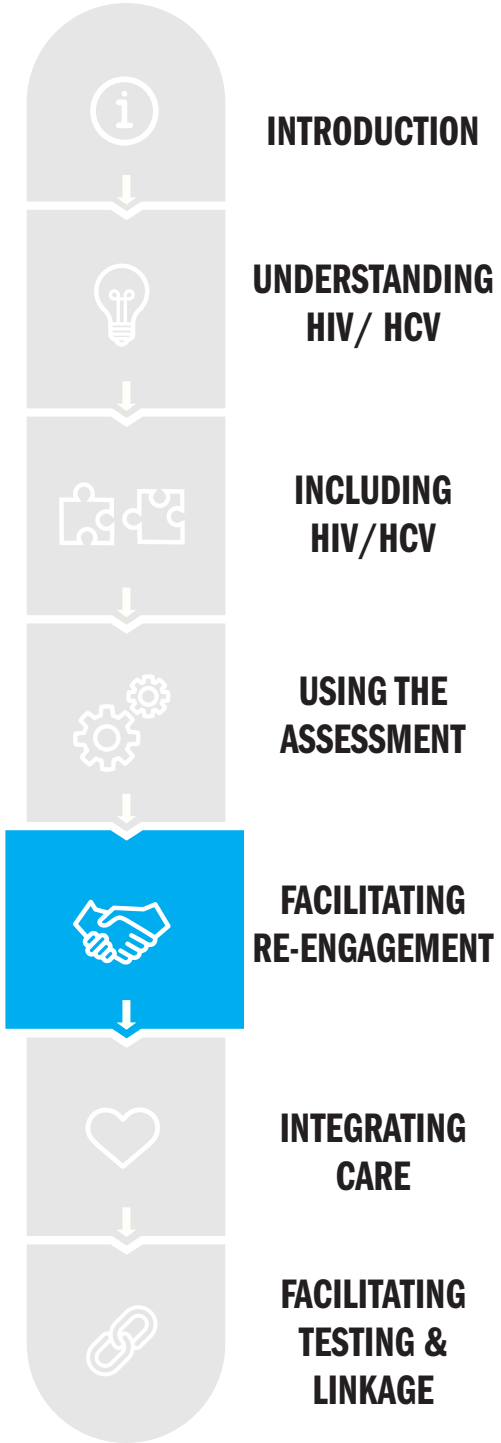


DATA COLLECTION & RECORD SHARING

Question: How will you store and share client information with HIV/HCV providers?

Considerations:

- Depending on state and local confidentiality laws, substance use settings should keep HIV-related information in locked and secured file storage, separate from substance use files.
- Develop a 42 CFR Part 2 compliant release for clients to share with their HIV/HCV provider to disclose that they are your client.
    - Use the Behavioral Health Consent Management tool and the How Do Exchange Part 2 Data? Factsheet for assistance.
- Develop a template for information sharing with the HIV/HCV provider.
    - Carefully examine what information is necessary to share with the HIV/HCV provider. The less detail from the multidimensional assessment the better.
- Detail the data and records that your organization would like to receive from the HIV/HCV providers. The less detail about the client's HIV/HCV care the better.

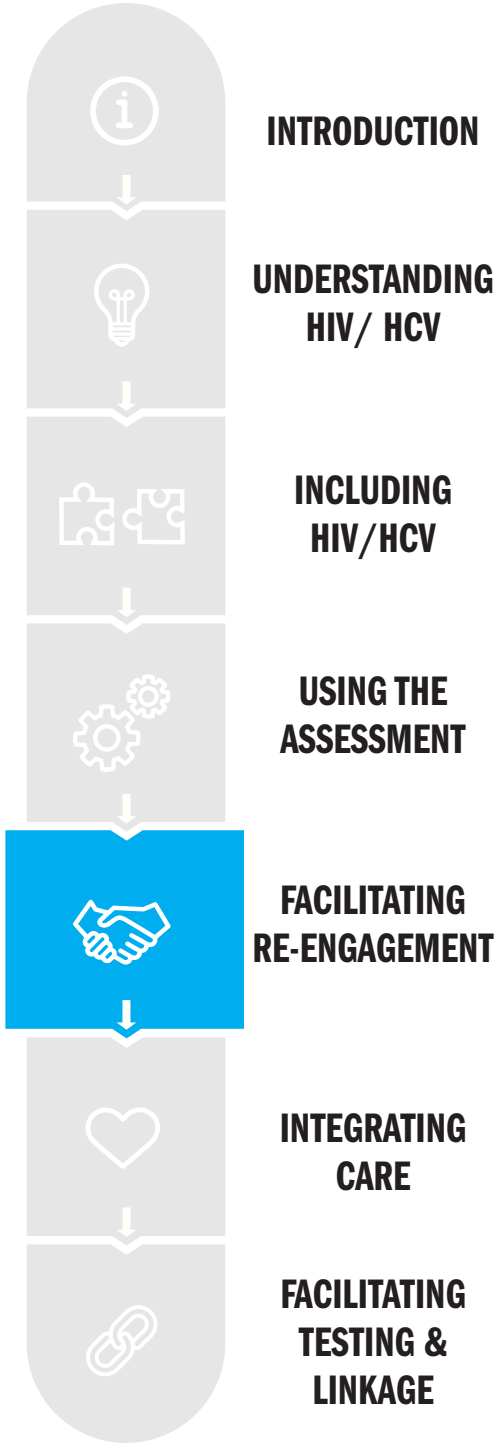


FOLLOW-UP PROTOCOLS

Question: After linking clients to HIV/HCV care, how will you follow up with both the clients and the providers?

Considerations:

- Establish protocols to follow up with referral partners about successful linkages to care.
    - Document the dates clients attended their HIV/HCV care appointment.
- Ask clients about their experience with the HIV/HCV visit when you next see them.
- Determine how staff will continue conversations with clients if they did not attend their HIV/HCV care appointment.



MEDICATION MANAGEMENT

Question: How can your organization support clients in managing their HIV/HCV medications?

Considerations:

- Support clients in developing a plan to take their medications, including what they should do if they *miss* a dose.
- Check in regularly about clients' experiences taking their HIV/HCV medications. Provide a safe space for them to discuss any side effects.
- Determine where a client can safely store their medications. If the client lacks safe storage option, see if your organization has a secure area where client medications can be kept.
    - Explore the possibility of pharmacies delivering medications directly to your facility.
    - Consider which staff could be responsible for facilitating client access to medications. Ask clients about their experience with the HIV/HCV visit when you next see them.
- *At a residential facility*, ensure that staff are familiar with HIV/HCV dosage and dispensing. Explore which types of medication storage would be allowable at your facility (i.e., blister packs vs. bottles).

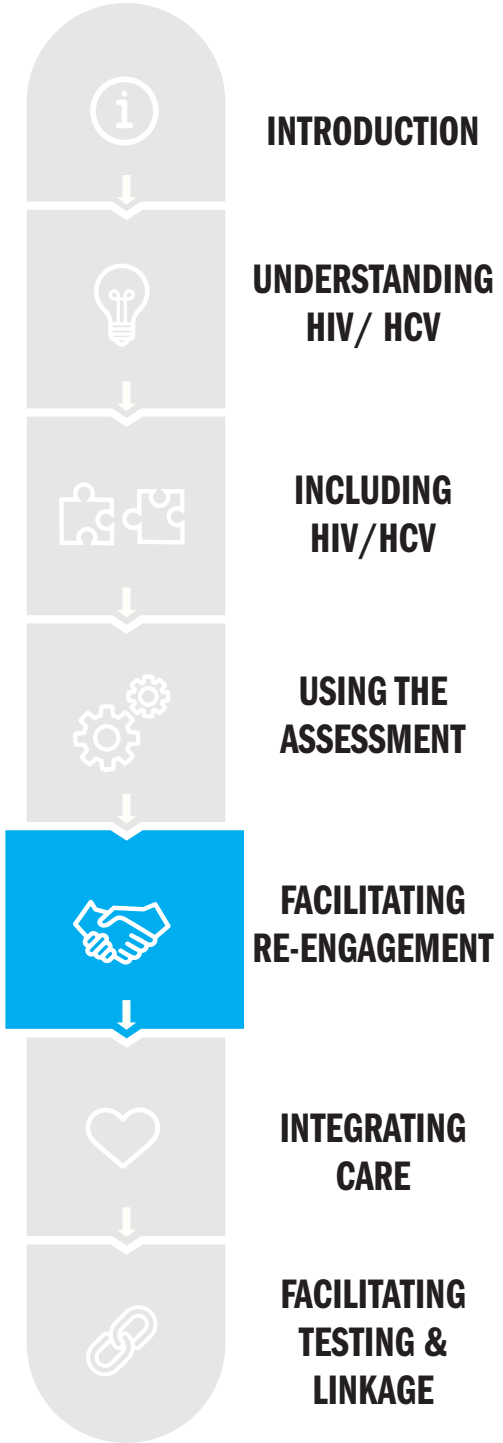
For clients with unstable housing, Intensive Outpatient Programs (IOPs) or Partial Hospitalization Programs (PHPs) may be able to offer a secure and trusted place to store medications.

RE-ENGAGEMENT PATHWAYS AND FACILITATION

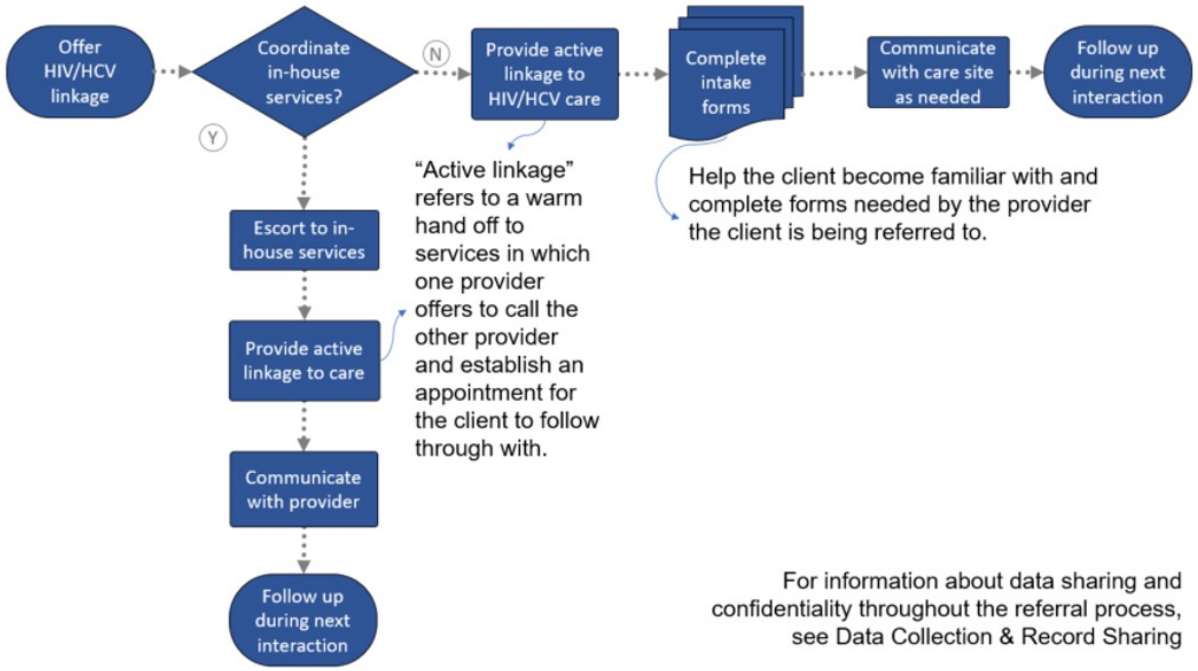
Your organization may help re-engage clients in care for HIV/HCV by:

- Making an appointment with the client.
- Helping the client complete intake forms in advance.
- Offering to share relevant and approved information with the provider so that the client does not have to re-tell their story*.
- Offer to assist the client with transportation to off-site HIV/HCV appointments if feasible.
- Allow use of computers at your organization for telehealth HIV/HCV care.
- Offering your organization's in-house laboratory services as needed (*see Facilitating testing & linkage*).
- Discussing your mutually reinforcing efforts to support the client.

**if you offer this, abide by HIPAA and 42 CFR Part 2 compliance*



FACILITATING RE-ENGAGEMENT TO HIV/HCV SERVICES



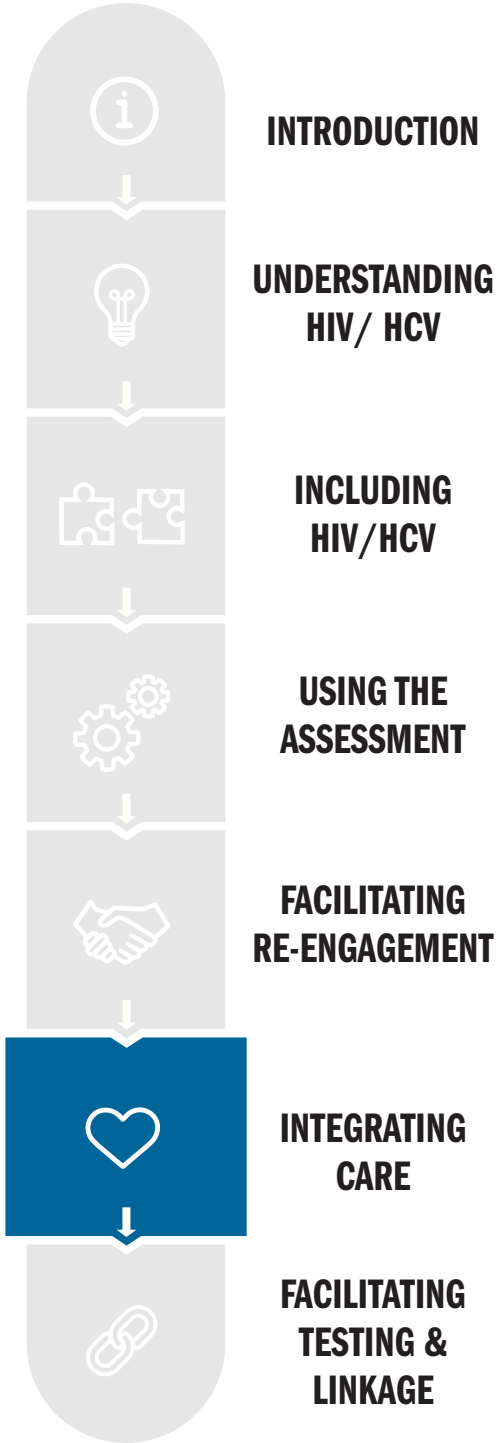
For information about data sharing and confidentiality throughout the referral process, see Data Collection & Record Sharing

INTEGRATING A CLIENT'S HIV/HCV CARE INTO SUBSTANCE USE TREATMENT PLANNING

A client may move between engagement, retention, and achievement of their treatment goals for HIV/HCV and substance use. Work with your clients in different stages of a continuum of care (illustrated above) for SUD, HIV, and HCV.

ACTION: Identify how HIV/HCV care aligns with the client's goals for their substance use care.

For example: Client B may define a goal to identify a primary care provider (PCP) in the next two months as part of their substance use treatment plan. You note that the client received an HCV diagnosis two years ago, but never received treatment. Let the client know you can help them identify a PCP who can also treat their HCV when they're ready to take that step.



Why it matters: Among the 1.2 million people with HIV in 2019, 66% had received HIV medical care.[11] A 2013 study found that only 13-18% of people with HCV had received treatment.[10]

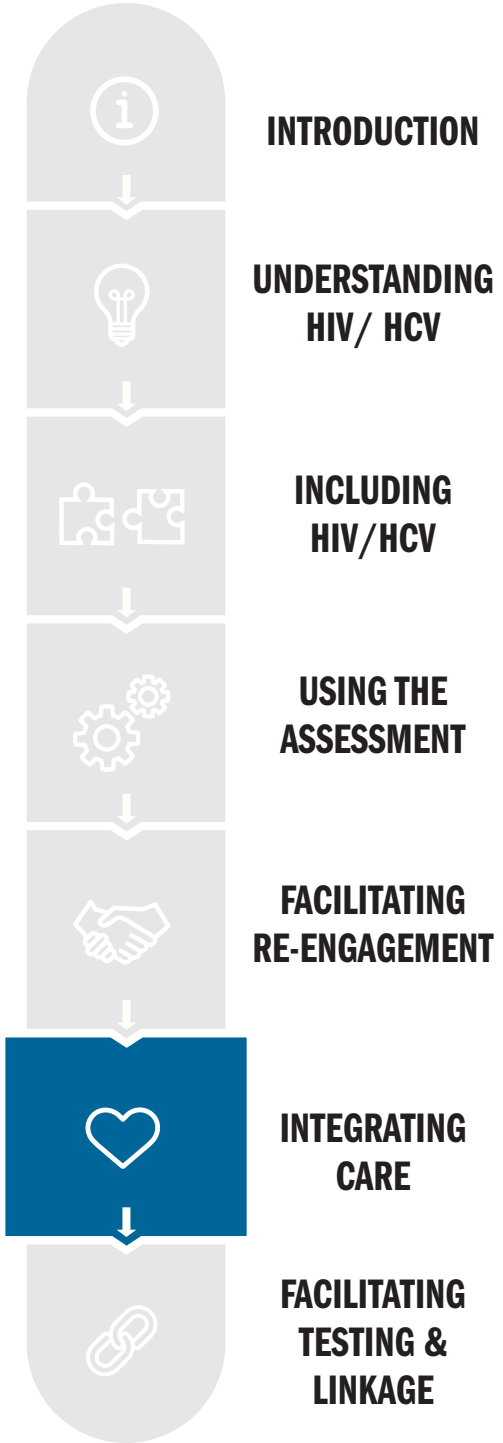
Opportunity: Expand upon the client's strengths that they have used to engage with substance use services in order to engage in HIV/HCV care.

ACTION:

- Discuss how the client can use their strengths to engage in HIV/HCV care.
- Help the client identify steps they have taken in their SUD care that can translate to HIV/HCV care.

For example: Client C has made progress in their substance use treatment plan. You note the client recently received an HIV diagnosis, but never received treatment. Ask, "What helped you the most in accomplishing [a recent objective] from your treatment plan?"

- Follow up with, "How could a similar approach help you manage your HIV/HCV?"
- Offer to help the client identify an HIV/HCV provider to be a supportive member of their care team.

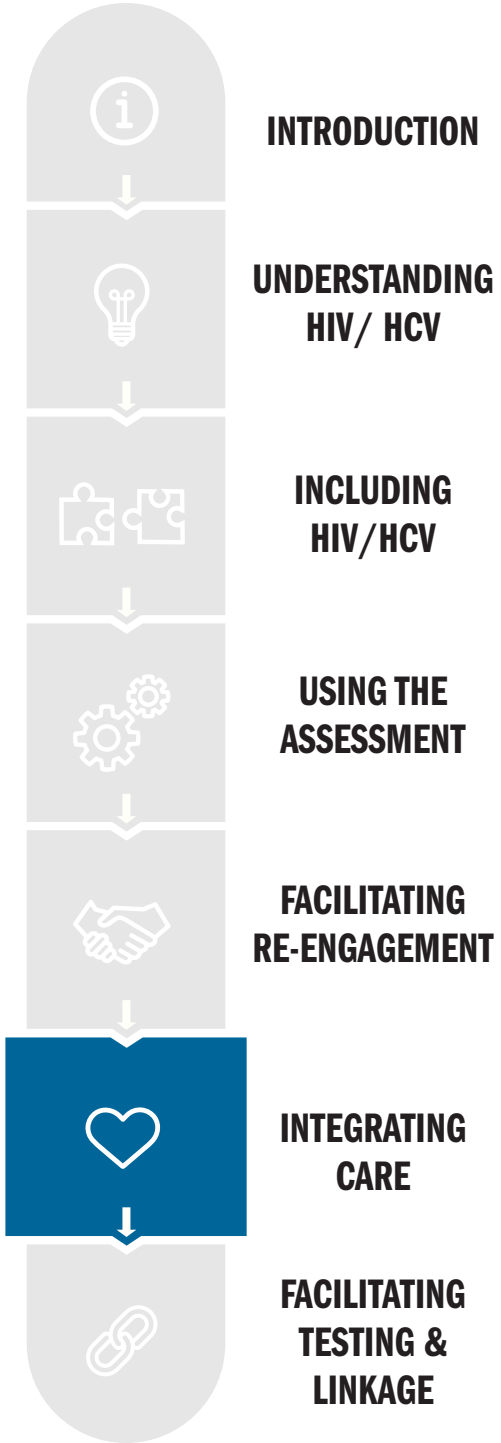


Why it matters: People with HIV who engage in routine care have lower viral loads, higher CD4 cell counts, and reduced morbidity and mortality than those who have missed medical visits.[12] Studies show that direct-acting antiviral (DAA) therapies for HCV result in initial cure rates of 95% to 99%.[13]

Opportunity: Illustrate how the client can use their strengths to maintain their care for HIV/HCV, and how this is similar to or different from care for other health conditions (e.g., substance use, diabetes, heart disease).

ACTION: Discuss any past successful efforts to remain in medical care. Support them in maintaining care for both their substance use and HIV/HCV.

For example: You notice Client D has returned to your agency for services. You find out she received an HIV diagnosis a few years ago and started taking medication, but stopped seeing her doctor last year. Ask, "What keeps you motivated to keep coming back here?" Validate her reasons and illustrate how they can align with her HIV care. Ask, "How could staying in HIV care support your substance use care?" and, "How can I support you in staying in HIV care?"

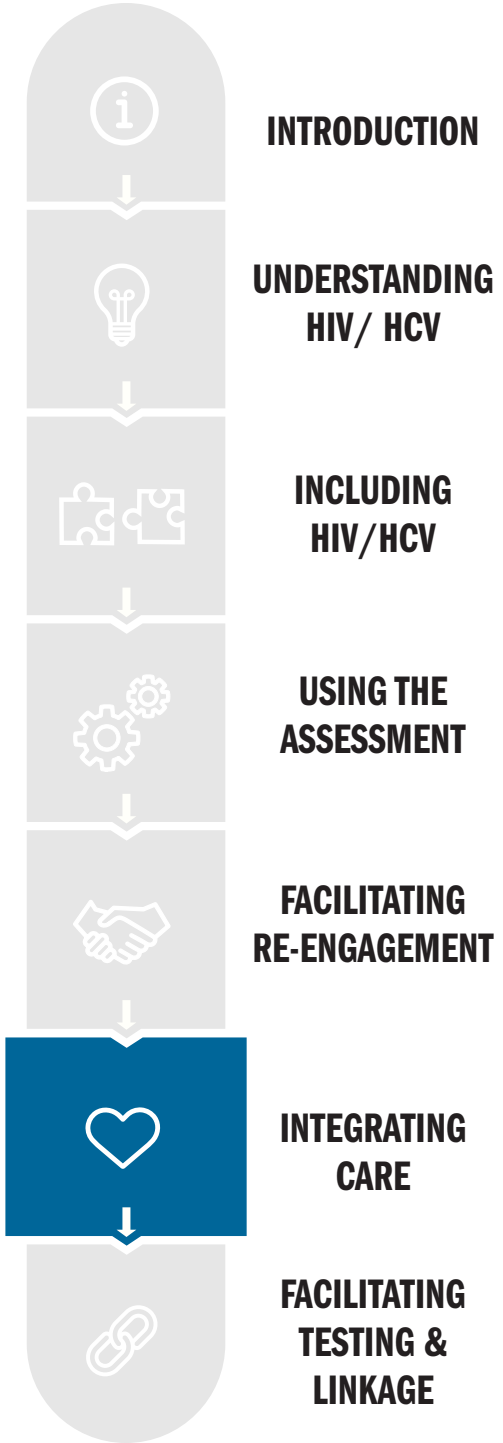


Why it matters: Among the 1.2 million people with HIV in 2019, an estimated 57% had achieved the treatment goal of viral suppression.[14] HCV is the only chronic viral illness that can be completely cured.[15]

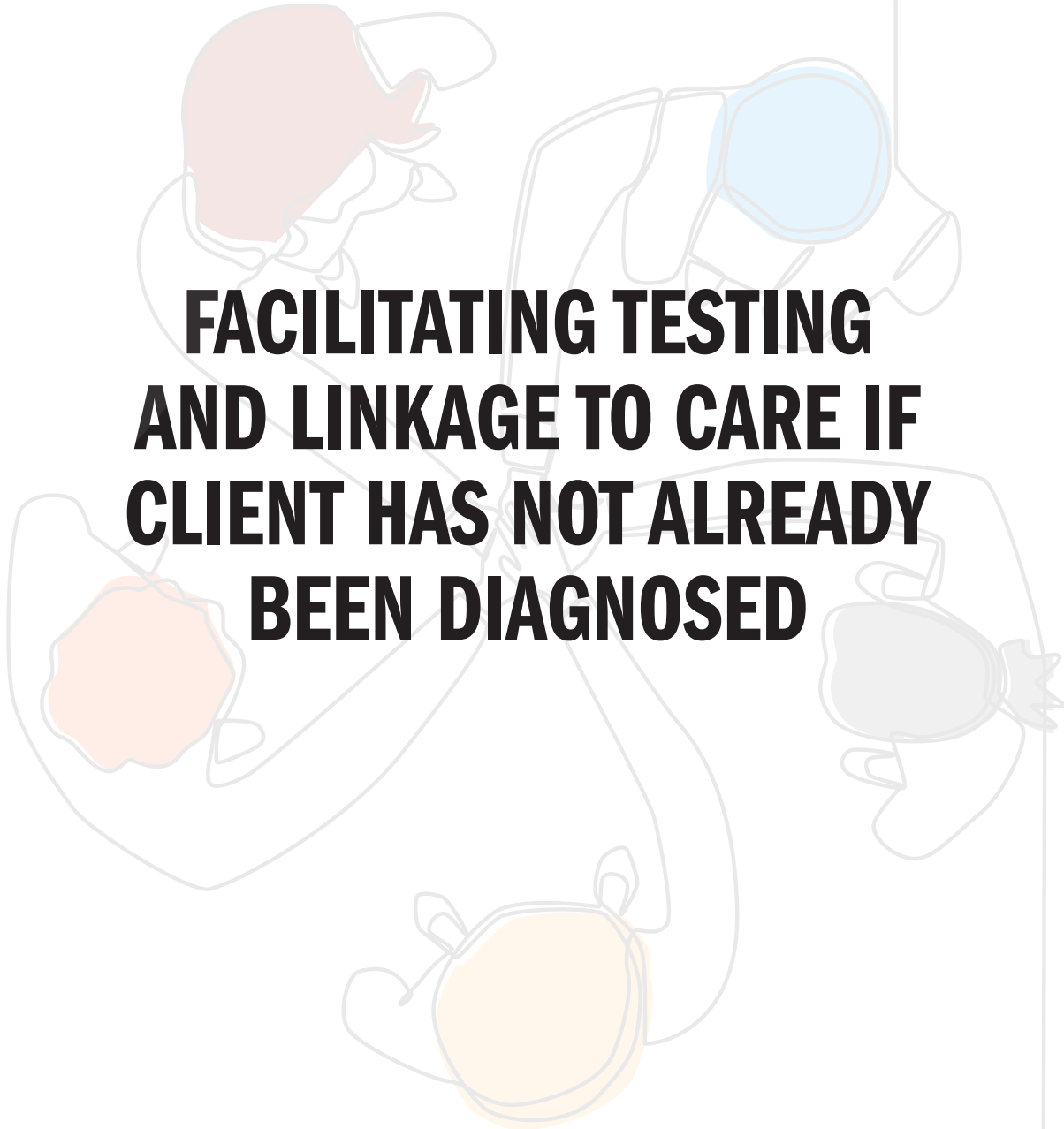
Opportunity: Managing an SUD can be very similar to managing HIV/HCV. The goals of SUD recovery can align well with HIV/HCV treatment goals.

ACTION: Encourage clients to celebrate their HIV/HCV achievements just as they would celebrate meeting their substance use and recovery goals.

For example: You have been seeing Client E for outpatient treatment for the past year. Throughout your time together she has entered into self-defined recovery from her cocaine-use disorder and is now consistently taking her ART. She recently received news that her latest labs indicated HIV viral suppression. Use one of your sessions with Client E to celebrate her viral suppression just as you would celebrate a major success in her SUD care. Help her to set goals that build on her success and continue her substance use and HIV care management.



FACILITATING TESTING AND LINKAGE TO CARE IF CLIENT HAS NOT ALREADY BEEN DIAGNOSED



OPPORTUNITIES FOR ACTION FOR SUBSTANCE USE SERVICES

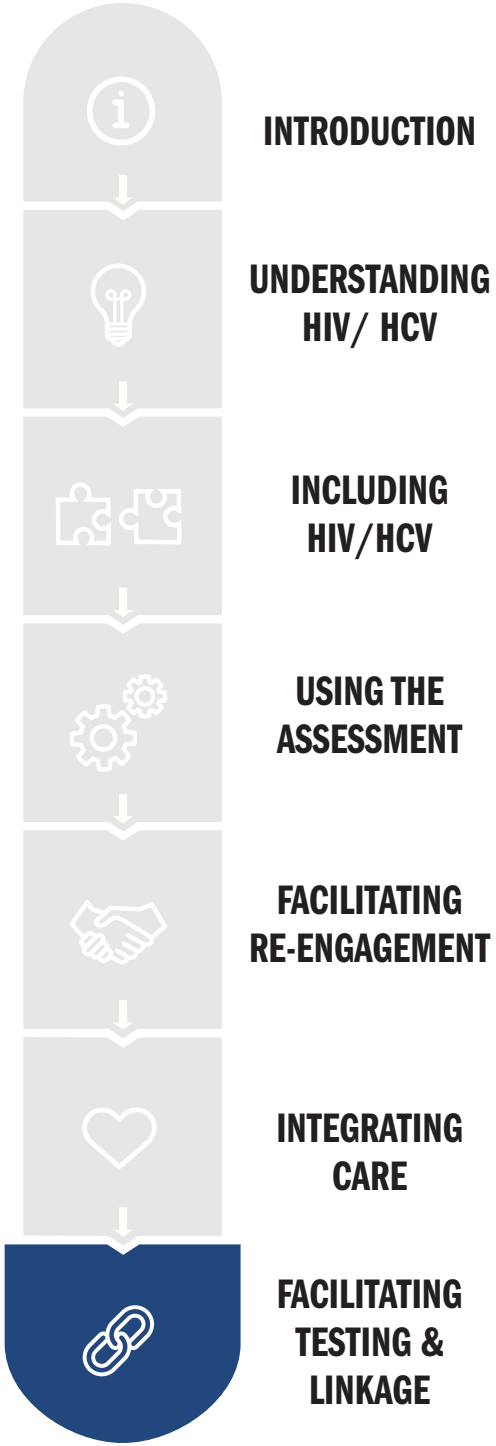
Why it matters: Individuals must know their HIV status before they can access care and treatment to improve their own health and reduce HIV transmission. As of 2019, nearly 1 in 7 (13%) of the 1.2 million people aged 13 and older with HIV in the United States did not know they had HIV.[16] Approximately 50% of all infected persons are unaware that they have HCV.[17]

Opportunity: There may be times when your clients have never, or have not recently, been tested for HIV/HCV. You may be able to support them in getting tested through your therapeutic relationship.

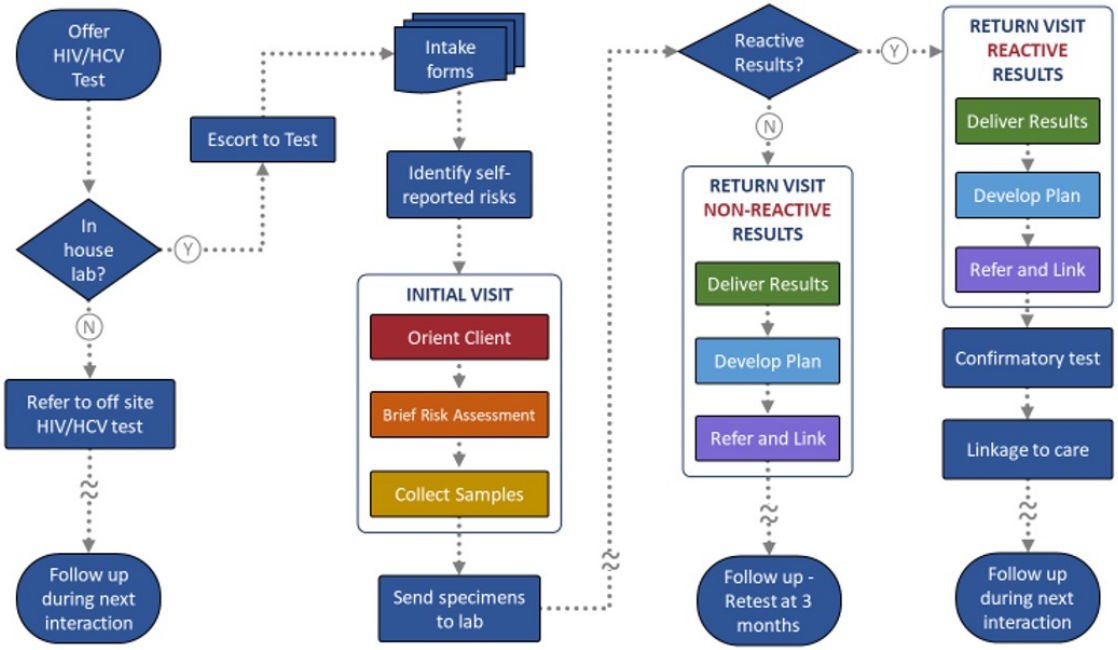
ACTION: Facilitate testing and linkage to care if the client has not already received a diagnosis.

- Your organization may offer testing through laboratory services or rapid testing. These services can be offered on-site* or through trusted referral partners.

**if your organization elects to offer rapid testing on-site it is important to obtain necessary Clinical Laboratory Improvement Amendments (CLIA) waivers and formal training in non-clinical settings*



PROCESS MAP: LINKAGE TO HIV/HCV TESTING SERVICES



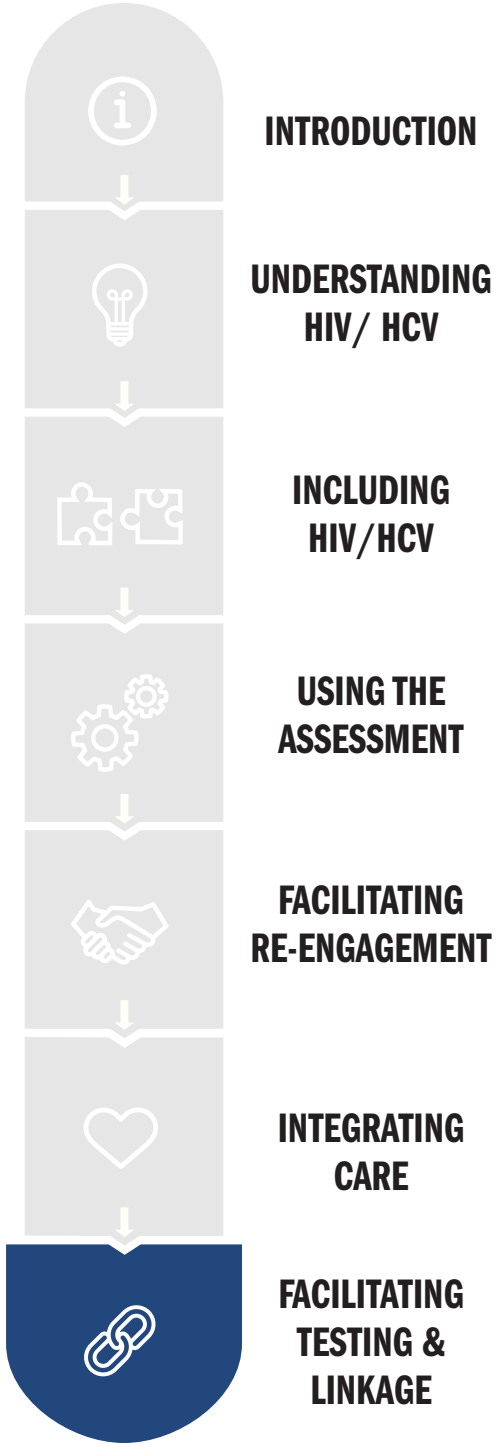
ON-SITE TESTING SERVICES

When facilitating testing **on-site**, substance use treatment and recovery providers should…

1. Motivate clients who have not tested for over a year to do so.
    a. Recommend HIV/HCV testing to be added to any already scheduled tests being ordered.
2. Discuss the personal and public health or community benefits of clients knowing their status.
3. Accompany clients to the testing session where appropriate staff conducts testing and provides additional services following CDC testing protocol.

    Consider! Which of your on-site staff will order the HIV/HCV test?

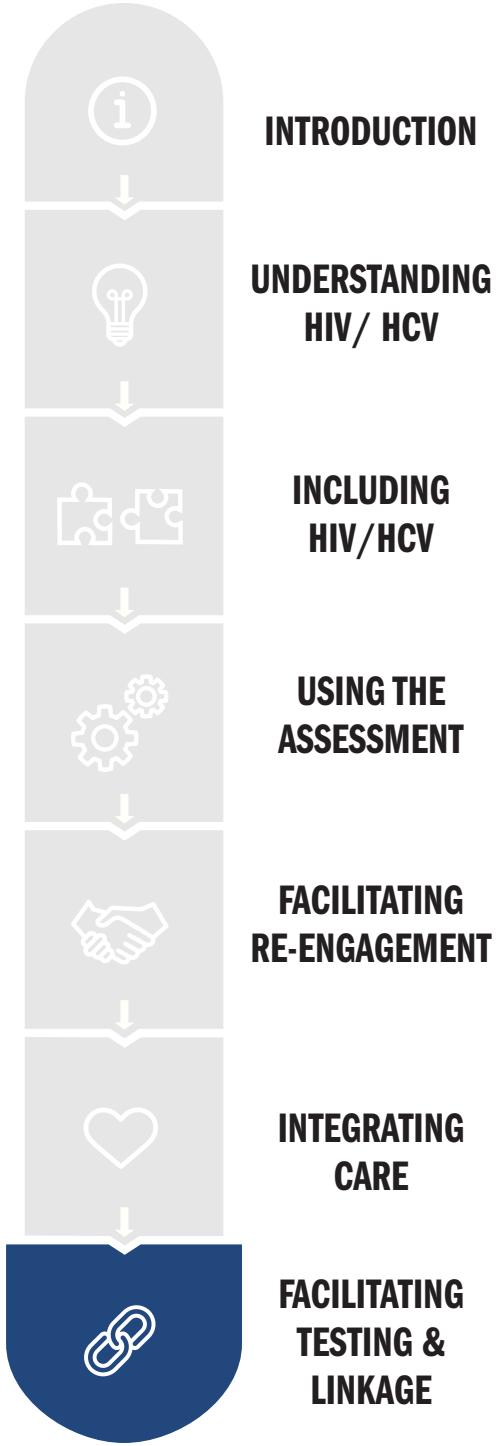
4. Follow up with clients on the referrals made by the testing providers for linkage to care and other services (*see Integrating care*).
    - If client's test results are negative, counsel on potential exposures and when they should be tested again



REFERRAL TESTING SERVICES

When facilitating testing **through a referral**, substance use treatment and recovery providers should…

1. Leverage partnerships to establish relationships with community-based testing sites or labs.
2. Be familiar with the testing policies and procedures.
3. Motivate clients who have not tested for over a year to do so.
    a. Recommend HIV/HCV testing to be added to clients' testing services.
4. Discuss the personal and public health or community benefits of clients knowing their status.
5. Refer clients to providers who you trust. **Always provide a warm hand-off to services when possible.**
    a. Call the test site with the client and coordinate making the appointment as needed.
6. Follow up with clients on the referrals made by the testing providers for linkage to care and other services *(see Integrating care)*.
    - If client's test results are negative, counsel on potential exposures and when they should be tested again



ACRONYM LIST

ADAP: AIDS Drug Assistance Program
AIDS: Acquired immunodeficiency syndrome
ART: Antiretroviral therapy
ASAM: American Society of Addiction Medicine
CDC: Centers for Disease Control and Prevention
CLIA: Clinical Laboratory Improvement Amendments
DAA: Direct-acting antivirals
FDA: Food and Drug Administration
GHB: Gamma hydroxybutyrate - a depressant drug
HIV: Human immunodeficiency virus
HIPAA: Health Insurance Portability and Accountability Act
HCV: Hepatitis C virus
ID: Infectious disease
IDU: Injection Drug Use
IOP: Intensive Outpatient Program
MI: Motivational Interviewing
MOUD: Medication for Opioid Use Disorder
OTP: Opioid treatment program
OUD: Opioid Use Disorder
PCP: Primary care provider
PEP: post-exposure prophylaxis
PHP: Partial Hospitalization Program
PrEP: Pre-exposure prophylaxis
RWHAP: Ryan White HIV/AIDS Program
STI: Sexually Transmitted Infection
SUD: Substance use disorder
SU: Substance Use

GLOSSARY

For a more complete glossary of HIV and OUD related terms visit
https://ssc.jsi.com/resources/glossary-of-terms

ADAP: The AIDS Drug Assistance Program (ADAP) provides FDA-approved medications to low-income people with HIV. These people have limited or no health insurance.

Assessment: In this resource we use assessment to describe the formal assessment that a SU clinician completes before building a treatment plan.

CD4 cell counts: The number of blood cells in a cubic millimetre of blood (a very small blood sample). It is not a count of all the CD4 cells in your body. A higher number indicates a stronger immune system.

Chemsex: Means using drugs as part of your sex life, and it's most common among gay and bi men. There are typically three specific 'chems' (drugs) involved: Methamphetamine (Crystal Meth), Mephedrone (Meth), GHB and GBL (G).

Clinician: In SU settings, a clinician is typically a licensed counselor, social worker, nurse, or other licensed provider. In ID settings, clinician is used primarily to refer to staff who provide biomedical care (e.g., medical doctor, physician assistant, registered nurse, nurse practitioner). ***(see also: Counselor)***

Counselor: In SU settings, a counselor is a licensed professional who has received training in delivering counseling services and building treatment plans. In ID settings it can include licensed professionals as well as trained staff assisting with HIV/HCV testing services ***(see also: Clinician)***

Linkage: The first time someone is diagnosed with HIV/HCV and connected to a provider to begin treatment

Medication: This will always depends on what medication the client is taking. For HIV/HCV care, medication may include ART or DAA. For SUD care, a client may consider their medication to be their MOUD or other medications for addiction treatment. It is important to specify which medication the provider is referring to when discussing medication.

Opportunistic Infections: Illnesses that occur more frequently and are more severe in people with HIV

Re-engagement: Sometimes individuals initiate HIV/HCV treatment and for various reason they stop it at some point. Providers can help them re-initiate treatment by reconnecting them with an HIV provider

Sero-sorting: Restricting unprotected sex to partners known to share the same HIV status.

Sustained Virologic Response: Occurs when the hepatitis C virus is not detected in the blood 12 weeks or more after completing treatment.

Viral suppression: The percentage of people with diagnosed HIV who have less than 200 copies of HIV per milliliter of blood.

RESOURCES

- Behavioral Health Consent Management
- CDC's HIV Testing Protocol
- Clinical Glossary HIV.gov
- Clinical Laboratory Improvement Amendments (CLIA) waivers and formal training in non-clinical settings
- Development of an HIV Data Management System with User Input
- Glossary of HIV and Opioid Use Disorder Service Systems Terms
- Guide to Integrating HCV Services into Opioid Treatment
- HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C
- Health Insurance and HIV
- HIPAA for Professionals
- HIV Care Continuum
- HIV Testing: More Needed, CDC
- HIV Testing Sites and Service Locator
- How Do I Exchange Part 2 Data? Factsheet
- Multidimensional Biopsychosocial Assessment
- Part F: Special Projects of National Significance (SPNS) Program
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
- State-specific HIV-related laws are available through The Center for HIV Law and Policy
- Strengthening Systems of Care for People with HIV and Opioid Use Disorder Resources and Tools
- Tips for Implementing the RUSH (Routine Universal Screening for HIV) Intervention, Center for Innovation and Engagement
- TargetHIV.org Best Practices Compilation
- Trauma-Informed HIV Prevention and Treatment
- Treatment Planning for Substance Use Disorders
- Understanding Motivational Interviewing
- Viral Hepatitis in the United States: Data and Trends

PEER REVIEWED RESOURCES

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