

SAMHSA HIV/AIDS Activities

New York Health Department's
Ryan White Title I – Coordination
of HIV/AIDS Services

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SAMHSA

M. Valerie Mills, Ph.D, M.S.W.
Associate Administrator for
HIV/AIDS

SAMHSA's Three Centers

- The Center for Substance Abuse Treatment (CSAT)
- The Center for Substance Abuse Prevention (CSAP)
- The Center for Mental Health Services (CMHS)

SAMHSA

- HIV/AIDS and Hepatitis is one of SAMHSA's matrix program priority areas.
- SAMHSA plays a critical Federal role in reducing the HIV/AIDS epidemic as a result of the link between substance abuse and the spread of HIV/AIDS.

SAMHSA

- Additional Matrix Program/Issue Area

Co-occurring Disorders

HIV/AIDS and Hepatitis

Criminal and Juvenile Justice

Seclusion and Restraint

Children and Family

Strategic Prevention Framework

Substance Abuse Treatment Capacity

Mental Health System Transformation

Disaster Readiness and Response

Homelessness

Aging

SAMHSA's THREE HIV/AIDS PROGRAM GOALS

Improve access to substance abuse prevention and treatment services through increasing capacity and outreach to populations in communities of color disproportionately affected by the HIV epidemic;

Strengthen community capacity and infrastructure to develop an integrated system of care that includes HIV prevention, substance abuse prevention, substance abuse treatment, mental health treatment, and primary care, including Hepatitis C;

Translate science to services through the dissemination of effective models and programs.

Minority AIDS Initiative (MAI)

- Funding Initiatives have included:
 - prevention,
 - treatment
 - and mental health services programs for identified minority populations at risk for HIV or living with HIV/AIDS.
- Specific populations include:
 - African American and Hispanic men (including men who have sex with men),
 - women, and
 - young people.

Collaboration with HRSA and CDC

- Develop more effective services
- Integrate HIV prevention and care, substance abuse prevention and treatment, and mental health services.

SAMHSA Surveys on Integration

- Examined states effort to coordinate their activities among substance abuse services, mental health services, and HIV services.
- Recommendations included:
 - 1) the importance of interfacing with the criminal justice system, especially related to persons being discharged to the community;
 - 2) the need for support and incentives to local service delivery agencies to integrate HIV/substance abuse/mental health services delivery;

SAMHSA's Surveys con't.

- 3) identification of best practices related to integration of services;
- 4) the need for flexibility in use of grant funds; 4) ensuring integrated, seamless services to the client; and,
- 5) further expansion of Federal, State, and national association collaboration to improve integration of services.

SAMHSA's Centers HIV/AIDS

Activities

CMHS

- In FY 2001, Congress appropriated \$7 million to CMHS as part of the National Minority AIDS Initiative for HIV/AIDS.
- Funding was used for the treatment of mental health disorders related to HIV disease including dementia, clinical depression, and the chronic, progressive neurological disabilities that often accompany HIV disease.
- Direct services grants were awarded to 21 community-based providers that operate in traditional and non-traditional settings. Funding for these projects was continued in FY 2003 - FY 2004, and will be continued in FY 2005.

MHHSC Program Goals

- Expand
- Effective
- Culturally Competent
- Mental Health Services
- For PLWHIV
- In Minority

MHHSC PROGRAM

Culturally Competent Services

- Gender responsiveness, Language proficiency
- Spiritual issues, Levels of acculturation

Consumer Involvement

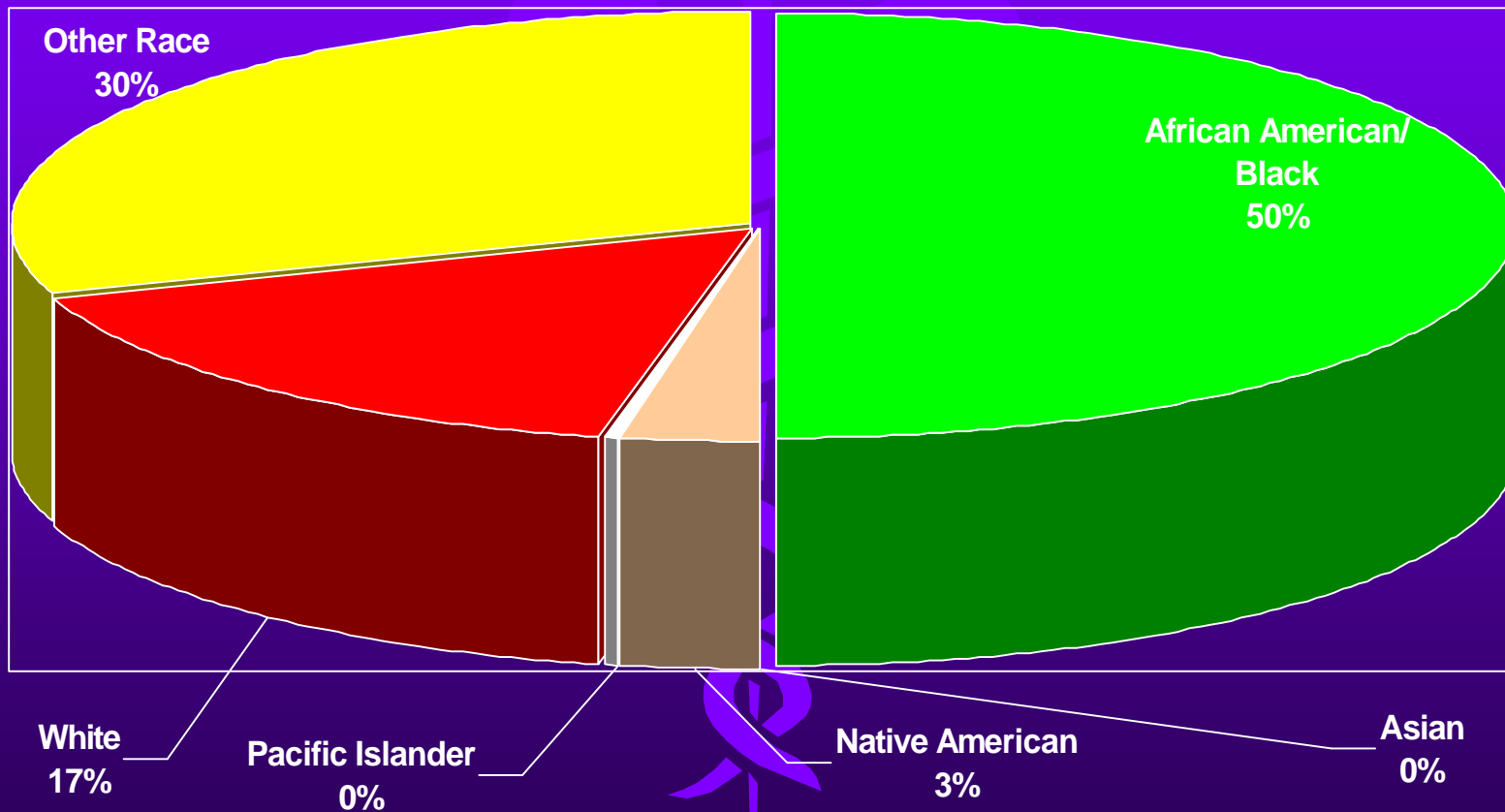
- Consumer input from start to finish, on all levels
- Consumer Advisory Boards for each site
- National Consumer Advisory Board for the overall program

WHO ARE THE SERVICE SITES

- **HIV/AIDS- Related Mental Health Services**
 - New services (no prior HIV/AIDS-related MH services)– 4 sites
 - Expanded services – 16 sites
- **Service Delivery Settings**
 - Traditional (primarily clinic-based) – 12 sites
 - Traditional and Non-traditional (e.g., mobile treatment unit, home-based) – 8
- **Primary Target Populations**
 - African American -6 sites
 - Hispanic/Latino(a) – 3 sites
 - Haitian – 1 site
 - Native American – 1 site
 - African American & Hispanic/Latino(a)- 9

Demographics – Race / Ethnicity

Hispanic Latino/a = 30.65%



WHAT WE HOPE TO LEARN FROM THE MHHSC PROGRAM

- Better understanding of how community programs initiate, apply, and/or expand mental health HIV/AIDS treatment services to individuals and communities of color.
- Effective strategies for maintaining consumer involvement in HIV/AIDS-related mental health services.
- Best practices for the provision of culturally-competent mental health services for persons of color living with HIV/AIDS.

What's expected in 2005 from CMHS?

- In FY 2005, CMHS proposes to continue Mental Health Care Provider Education, which began in the mid-1980s.
- Continue the Mental Health HIV Service Collaborative Program and,
- Continue to fund best practices HIV education activities.

CSAP's SA/HIV Program Highlights

- Minority AIDS Initiative (MAI)**
- SAMHSA-CDC Rapid HIV Testing Initiative**
- CSAP SA/HIV Prevention Initiative**
 - In FY 2005 \$24,429,000 will fund 71 continuation grants**
 - \$3,850,000 will be available to fund grants that were skipped during the most recent funding cycle .**

CSAP HIV/AIDS ACTIVITIES

- CSAP has funded approximately 107 HIV/SA grants. These grants address:
 - Minority health care disparities and
 - The disproportionate impact of HIV infection in minority communities.

SAMHSA's Collaboration Activity with CDC

- The Centers for Disease Control and Prevention (CDC) estimates that nearly one fourth of the estimated 900,000 HIV-infected persons, including 20% of all pregnant women, in the United States do not know their HIV status and consequently cannot benefit from early interventions with effective counseling and HIV antiviral therapy.

SAMHSA/CSAP NEW INITIATIVE

- THE RAPID TESTING INITIATIVE
 - Support decision to initiate treatment for high risk populations, i.e., reentry populations unaware of their status.
- Rapid Testing is Critical for co-occurring mentally ill and substance abusing populations
- Serves as an effective HIV prevention approach and an essential component of care.

CSAT HIV/AIDS Activities

- Targeted Capacity Expansion HIV/AIDS Services Program
 - address critical gaps in substance abuse treatment capacity and
 - increase the availability and accessibility of substance abuse treatment and HIV/AIDS services.
 - emphasize rapid, strategic responses for substance abuse treatment and related HIV/AIDS services
 - (including sexually transmitted diseases, tuberculosis, and hepatitis B and C).

TCE PROGRAM GOALS

- To reduce the spread of substance-abuse-related HIV/AIDS and other infectious diseases in identified high-risk communities.
- To help improve the health of substance abusers through linkages among--
 - primary health care, HIV/AIDS, substance abuse and mental health treatment services.

SIGNIFICANT PERFORMANCE IN THE TCE GRANT PROGRAM

- 102 Targeted Capacity Expansion-HIV grants awarded during the period FY 1999-2001
- Approximately 13,325 clients have been served.
- CSAT has supported an active HIV/AIDS Outreach program during this period.
- Six months into FY 2003, 608,460 potential clients have been contacted; 29,243 clients have received an HIV test; and 12,980 clients have been referred to treatment.

Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

- **Early Intervention Services (EIS) for Human Immunodeficiency Virus (HIV)**
- The FY 2004 HIV set-aside amount is \$59.1 million that represents SAMHSA's largest funding source administered directly to Single State Authorities (SSAs) for substance abuse HIV activities required by statute.
- Currently, there are 24 "designated States," which include Washington, D.C., Virgin Islands and Puerto Rico to carryout EIS projects.

SAMHSA/CSAT/CDC/HRSA

Cross Training Initiative

- 2 day workshops on HIV, TB, STDs, SA & Hepatitis issues integration
- Technical Assistance for public health, substance abuse and other care providers
- The overall purpose of the training is to identify best model and funding practices for integrative services for HIV, mental health and substance abuse services.

Past and ongoing CSAT- CDC/HRSA Collaborations

- **CDC's Hepatitis State Partners Conferences Presentations**
- **Website links**
- **Buprenorphine and Methadone presentation National HIV Prevention Conference, July 27-30, 2003 in Atlanta, Georgia**
- **HIV/AIDS, Hepatitis C, Substance Abuse joint workshop on integrated care models with HRSA Washington, DC, April 03**

CSAT-HRSA Collaborations

- Presentations on HRSA's HIV/AIDS Bureau Grantees meetings Aug 02
- Buprenorphine physician's training RWCA Clinical Providers Conference Jun 03
- Working with HRSA on liver transplantation and methadone issues

Example of SAMHSA/CSAT Activities in New York

- HRSA HAB is funding 10 demonstration grants under their Special Program of National Significance (SPNS).
- HRSA HAB, in collaboration with SAMHSA/CSAT, held a forum on opioid addiction among HIV primary care patients and the new buprenorphine treatment.
- SAMHSA is funding New York AIDs Institute..
- SAMHSA/CSAT is establishing a pilot project with methadone treatment programs.

Major Themes/Issues in CSAT

- Reducing the incidence of HCV among new IDUs (especially among adolescents).
- Early identification and combination treatment of never treated IDUs with chronic infections and re-treatment of those failing to achieve a Sustained Viral Response (SVR), especially among African Americans IDUs.
- Surveillance of incidence and prevalence of HCV among injecting and non-injecting drug users.

Major Themes/Issues

- Increase HCV/HIV testing in drug treatment programs
- Expand present efforts to vaccinate IDUs with Hepatitis B vaccine.
- Re-evaluate risk behavior prevention strategies geared to IDUs (the role of cooker, cotton and cleaning water in HCV transmission)

Thanks for your Attention

- For further information, Please Contact Ms Beverly Watts-Davis, Matrix Lead for HIV/AIDS/and Hepatitis, Director of CSAP on 301-443-0265 or Ms. Rose Kittrell on 301-443-7762