

Using Substance Abuse Prevention and Treatment (SAPT) Block Grant HIV Set-Aside Funds for Integrated Services

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Overview

- Background on SAPT Block Grant HIV Set-Aside
- Needs and missed opportunities
- Opportunities
 - Change in guidance on use of HIV set-aside funds
 - Integration of substance use treatment & primary care
 - SAMHSA Tip 53
- Potential county and program-level action steps
- Resources
- Questions for Discussion

Substance Abuse Prevention and Treatment Block Grant Program

HIV Early Intervention Services

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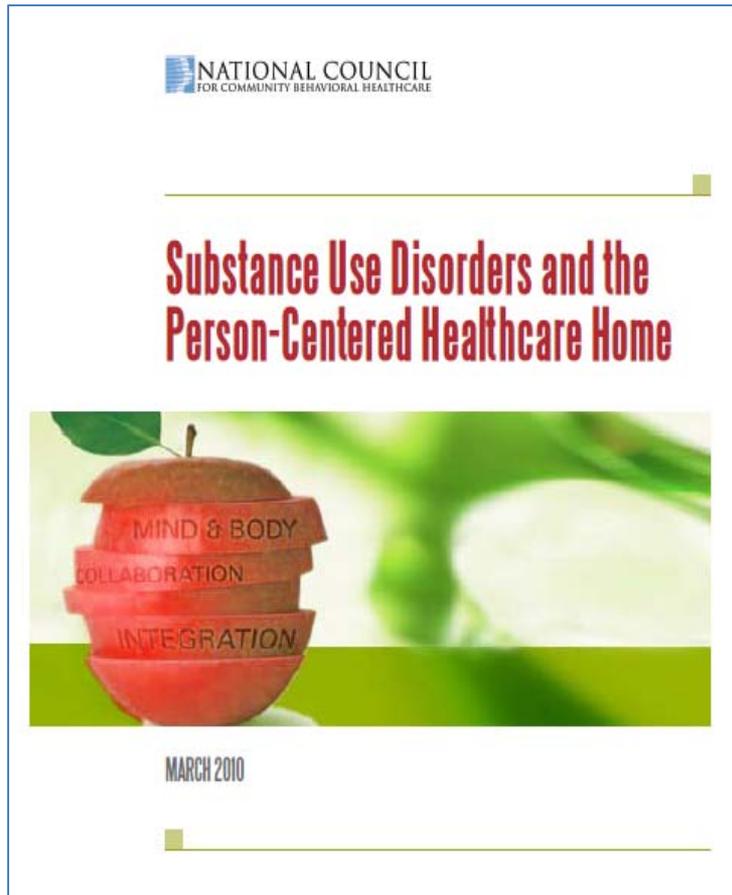
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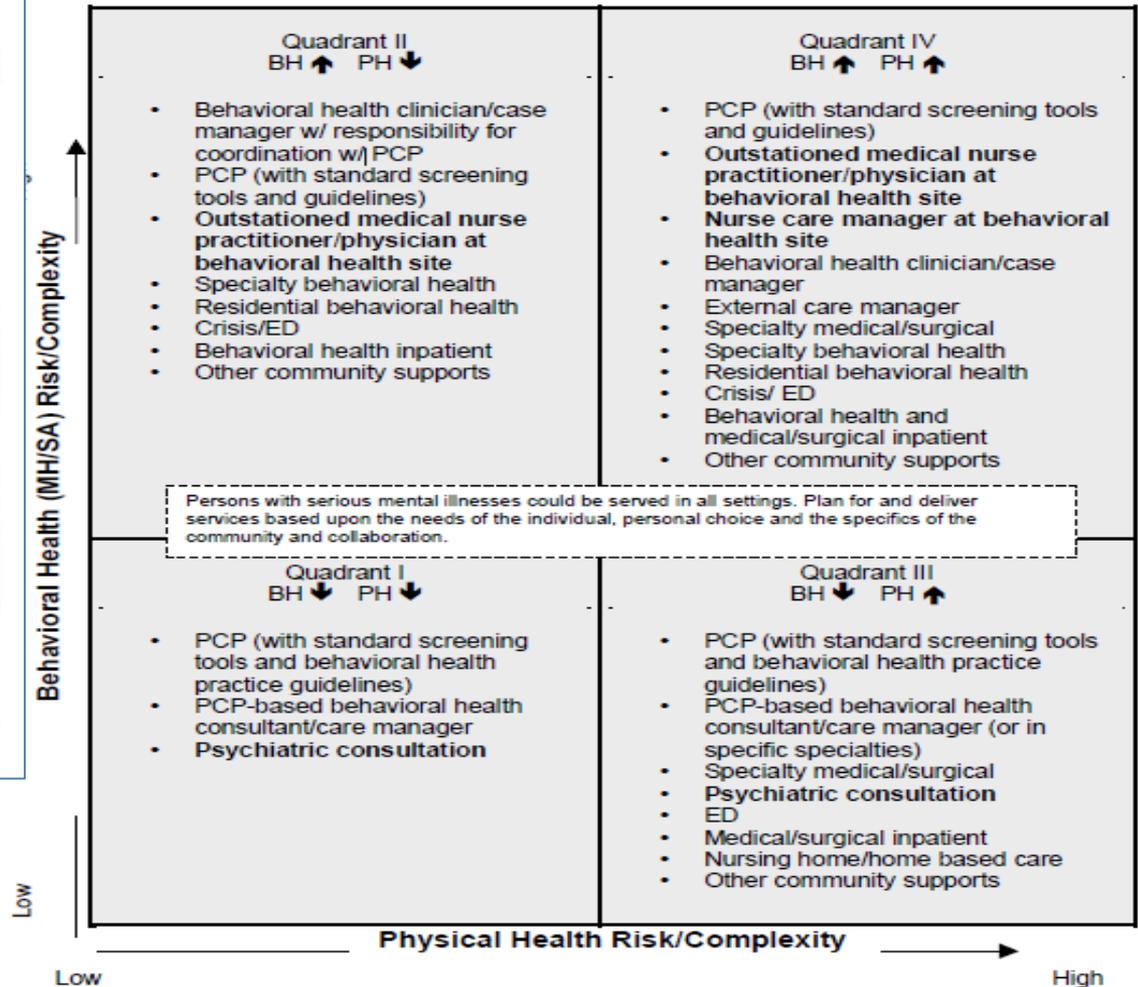
Program Overview

- HIV-Designated States must spend 5% of SAPT BG award on HIV early intervention services
- Previously, EIS included HIV testing, referrals to care but coverage for hepatitis C testing was limited to HIV+ individuals
- Now, SAPT BG funds can be used to test substance use treatment program clients for hepatitis C and other infectious diseases and for outreach to out of treatment IDUs

Opportunities: Integration of substance use treatment & primary care



The Four Quadrant Clinical Integration Model



Needs and missed opportunities

Infectious Disease	Prevalence in IDUs	Prevalence in Non-IDUs	Consequences if Undiagnosed and Untreated
HIV	1-37%	3-16%	Lifelong illness or death
Chronic Hepatitis B (HBV)	3-11%	NA	Liver disease, liver cancer, liver transplant or death
Chronic Hepatitis C (HCV)	35-85%	2-35%	Liver disease, liver cancer, liver transplant or death
Tuberculosis (TB) Infection	10–59%	10–59%	Severe illness or death

Needs and missed opportunities

- 40-60% of HIV-infected injection drug users (IDUs) received late HIV diagnoses (AIDS w/in 12 months of HIV diagnosis)
- 22% of adults with acute hepatitis B infection report a history of drug treatment, yet hepatitis B is vaccine-preventable
- 50-75% of people with HCV are unaware of their infection
- Alcohol and illegal drug use increases risk for HIV / STDs
 - 3% of new HIV cases are among men who have sex with men (MSM) who are also IDUs
- IDUs typically access preventive services at syringe services and outreach programs, not in traditional healthcare settings

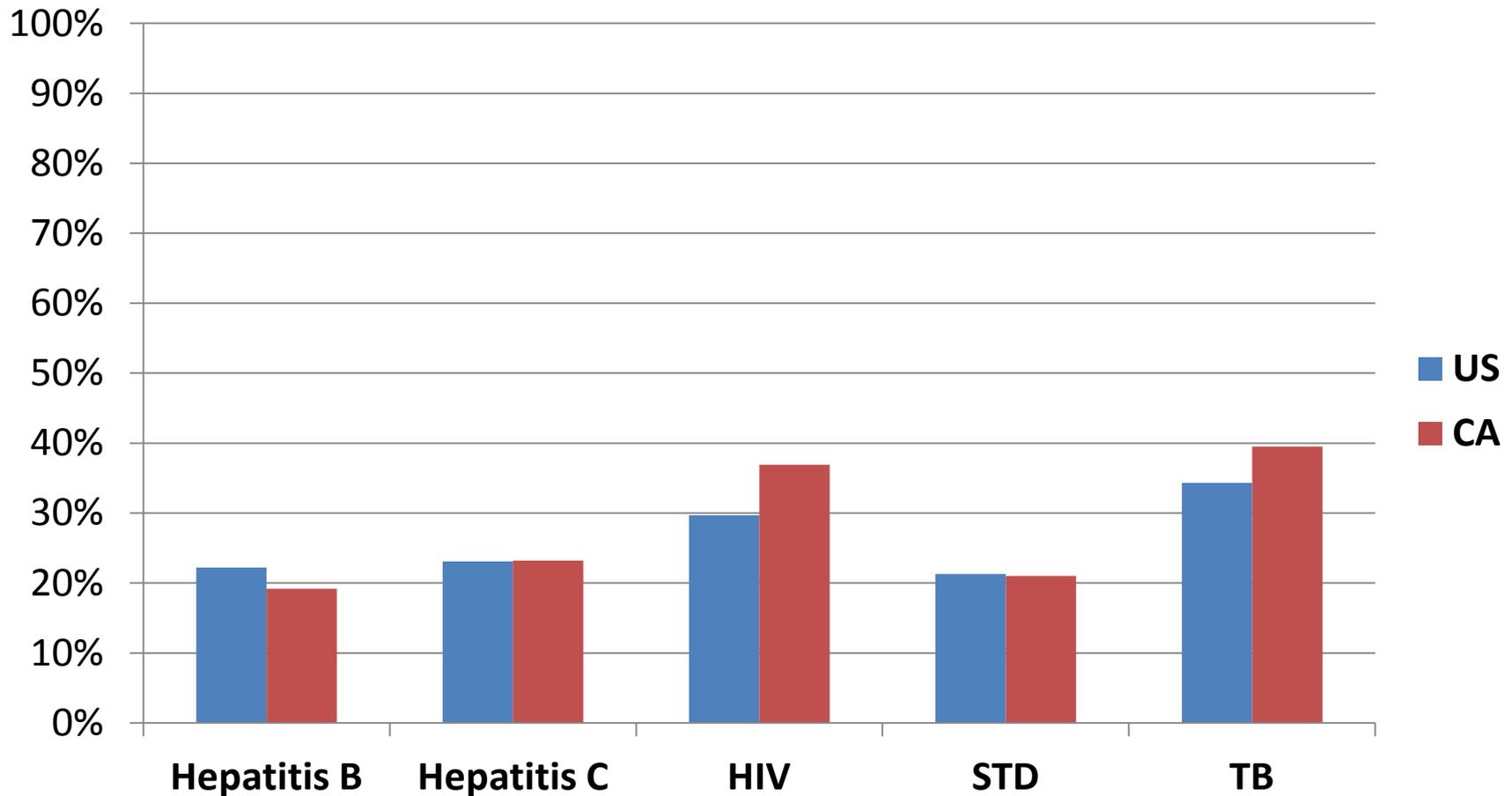
Needs and missed opportunities

- U.S. Centers for Disease Control and Prevention (CDC) recommends:
 - Routine HIV testing for persons 13-64 years of age with annual testing for IDUs, others at high risk
 - HCV testing for anyone who has ever injected drugs, even once, many years ago
 - HBV testing and vaccination for all IDUs
 - Integration of HIV, STD, TB, and viral hepatitis preventive services in drug treatment settings

Needs and missed opportunities

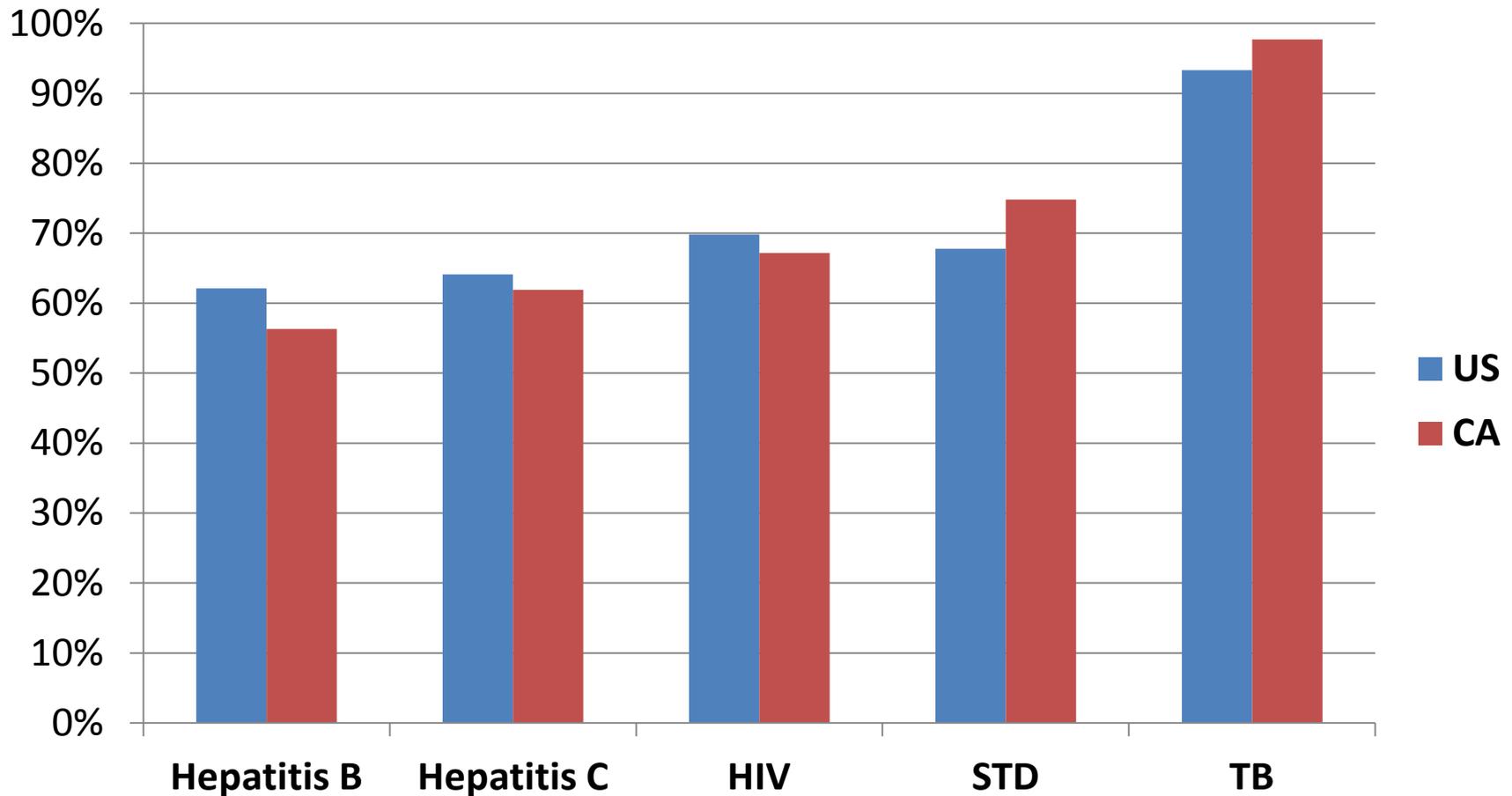
- HHS recommends delivering comprehensive, integrated services in settings serving populations with multiple, related risks:
 - Offering HIV testing, including rapid HIV testing, to patients in substance abuse treatment
 - Screening opiate treatment program clients for hepatitis B and hepatitis C at intake and screening other substance use treatment clients via referral
 - TB skin testing in HIV treatment centers, drug treatment centers, shelters, and health centers

Drug treatment facilities offering on-site infectious disease screening, 2007



Source: National Survey of Substance Abuse Treatment Services (N-SSATS) Report: Infectious Disease Screening, February 25, 2010

Opiate treatment programs offering on-site infectious disease screening, 2007



Source: National Survey of Substance Abuse Treatment Services (N-SSATS) Report: Infectious Disease Screening, February 25, 2010

Opportunities: Change in guidance on use of SAPT HIV set-aside dollars

ADP BULLETIN

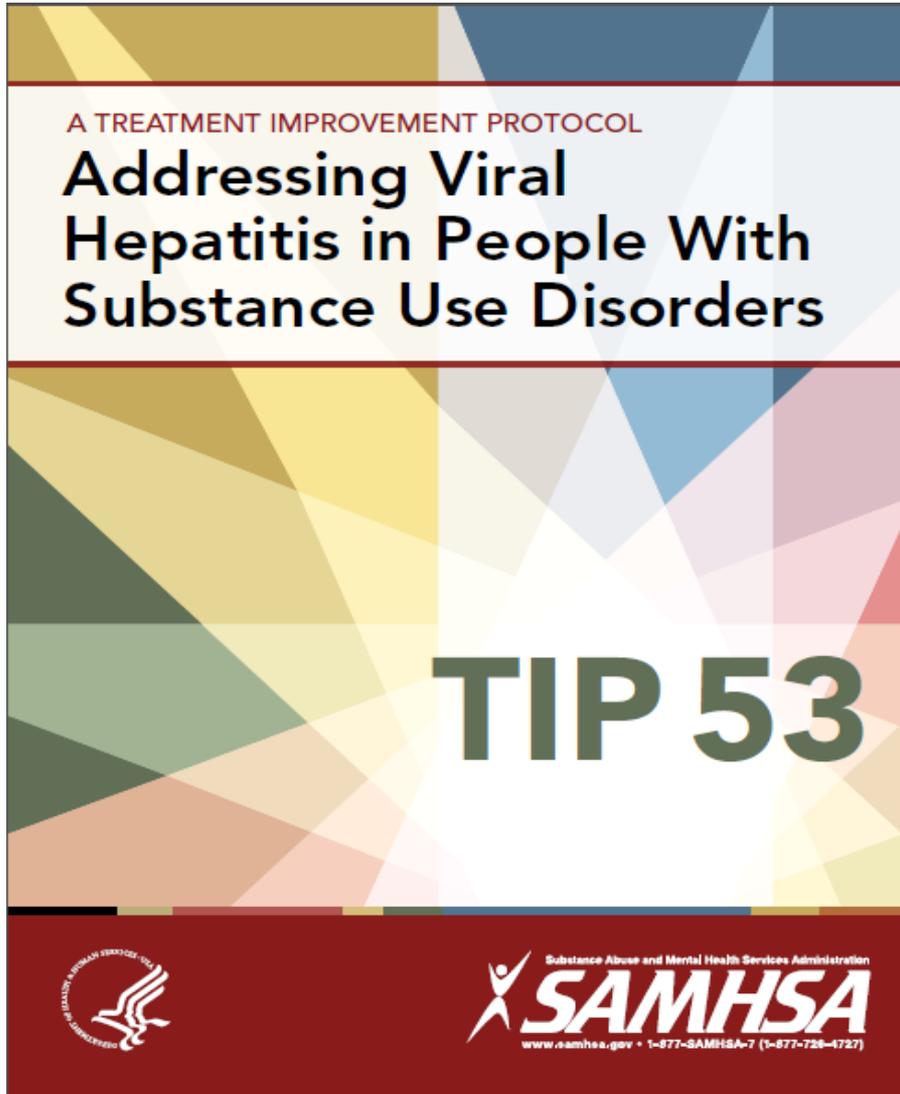
Title Substance Abuse Prevention and Treatment Block Grant Allowable HIV Early Intervention Services		Issue Date: Mar 2, 2012 Expiration Date: N/A	Issue No. 12 - 05
Deputy Director Approval  dave neilsen Deputy Director Program Services Division	Function: [] Information Management [] Quality Assurance [X] Service Delivery [X] Fiscal [] Administration []	Supersedes Bulletin/ADP Letter No.	

PURPOSE

This bulletin contains new guidelines on the expenditures of Substance Abuse Prevention and Treatment (SAPT) Block Grant HIV Early Intervention Services (EIS). Recently, the Substance Abuse and Mental Health Services Administration (SAMHSA) expanded the allowable use of HIV EIS funds. Allowable expenditures now include infectious disease testing, such as Hepatitis C, and outreach services for intravenous drug users (IDUs) that are not currently participating in a substance use disorder (SUD) treatment program. For further information, you may refer to SAMHSA's website at:

http://www.tie.samhsa.gov/HIV_Early_Intervention/overview.html

Opportunities: Tip 53



- Viral hepatitis overview
- Information on viral hepatitis-related:
 - Screening, counseling and testing
 - Education & outreach
 - Support
 - Treatment
- Guidance on:
 - Program assessment and planning
 - Service integration
 - Policies and Procedures

Potential action steps: County-level

- Issue requests for funding applications / revise contracts to support infectious disease preventive services and outreach to “out of treatment” IDUs
- Partner with/fund local health departments, community-based organizations with experience delivering these services (*e.g., HIV testing sites, syringe access programs*)
- Target efforts in zip codes and programs with highest burden of HBV, HCV, HIV, STDs, and TB (*if known*)
- Ask programs to collect information on sexual orientation (and give them assistance in doing so)
- Focus HIV testing efforts on populations with the greatest burden of disease (*e.g., IDUs, MSM, transgender females*)

County Example: San Diego

- Working with HIV contractor, Family Health Center, to provide hepatitis C testing based on new SAPT-HIV Set Aside guidelines
- Selected pilot sites based on data collected from publically funded treatment contractors
 - Treatment clients diagnosed with hepatitis C (n=1,196, 10% of clients not including DUI or NTP)
 - Use injection drugs as 1st or 2nd drug of choice (n= 2,269, 19% of clients)
- Waiting for State guidance to train staff & pilot

County Example: San Francisco

- Revising SF AIDS Foundation contract to use SAPT HIV set-side dollars to reach two target populations with the following tailored services:
 - MSM in substance use treatment - *HIV, HCV and STD testing (and linkage to care)*
 - IDUs accessing treatment and syringe services - *HIV and HCV testing (and linkage to care)*

Potential action steps: Program-level

- Integrate routine, opt-out infectious disease testing and linkages to care in medical settings (e.g., methadone clinics, FQHCs) with the capacity for blood draws, ordering lab tests
- Pilot testing and refocus efforts in programs/populations/diseases with prevalence above 1%
- Increase staff comfort with asking questions about sexual health, and sexual orientation in order to collect data and help clients
- Offer hepatitis A/B vaccinations (e.g., by billing Medi-Cal or via a patient assistance program)

Program Example: CORE Medical Clinic, Sacramento

- Rapid HIV Testing
 - MOU with local HIV agency (CARES)
- HCV Testing (Rapid and Home Access)
 - SAMHSA; Merck
- Hepatitis A and B Vaccination (Twinrix) services
 - SAMHSA Hepatitis Vaccination Demonstration Project
- Educational materials
 - (See Resources section)

Items to consider prior to and during implementation

- Clinic flow
 - Brainstorm potential interruptions
 - Develop back up plan (have >1 trained / certified HIV/HCV tester on-site during clinic/program hours)
- Staff training
 - Send HIV/HCV test counselors to Office of AIDS-approved training (time intensive: 4 day training) OR
 - Use phlebotomists for blood draw and nurses/peers/health educators for health education, referrals, and support
 - Train clinical staff in vaccine schedules (3 dose vs. 4 dose); meaning and interpretation of various test results
- Reporting requirements
 - SAMHSA: date services provided; date results received
 - CARES: HIV test counseling results
- Billing
 - Must account for supplies received

State-Level Resources

- CA Department of Public Health
 - Guidelines on Hepatitis C Testing in Non-Healthcare Settings (*pending*)
 - Technical assistance
- CA Department of Alcohol and Drug Programs
 - Two-page summary of Tip 53
 - Additional guidance (*pending*)
 - Technical assistance

Additional Resources

- SAMHSA Center for Integrated Health Solutions
(<http://www.integration.samhsa.gov/>)
- SAMHSA Tip 53: Addressing Viral Hepatitis in People With Substance Use Disorders (<http://store.samhsa.gov/home>)
- California HIV/AIDS Services Referral Guide
(<http://www.cdcpin.org/ca/>)
- California Hepatitis Alliance, viral hepatitis services referral guide
(<http://calhep.org/referralguide.asp>)
- CDPH Office of Viral Hepatitis Prevention
(www.cdph.ca.gov/programs/pages/ovhp.aspx)
- HRC, Hepatitis C Support Groups for Drug Users: Facilitators Manual
<http://harmreduction.org/hepatitis-c/hepatitis-c-support-groups/>
- OASIS www.oasiscliniconline.org

Questions for Discussion

- How has your county/program historically used its SAPT BG HIV set-aside funds?
- How has your county/program responded to the new ADP guidance on preventive services?
- What approaches are you considering?
- What have been your successes so far?
- What questions/challenges are you facing?
- What resources would help you move forward?

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Additional opportunities: SAMHSA demonstration project

- HHS Minority AIDS initiative
 - Promoting healthy lifestyles through addressing hepatitis infection among IDUs initiative
 - Target population: prefer over 50% minority pop
 - Contact information: Sean Meredith, Project Director
smeredith@dbconsultinggroup.com
- Program dedicates staff time, appropriate storage of vaccinations (i.e. refrigerator) and meets all reporting requirements on all services rendered
- SAMHSA provides free hepatitis A, B, or combination vaccines and free hepatitis C home access kits
- Two-year project with possibility for renewal

Additional Opportunities: Clarification re: billing for preventive services

According to DHCS:

- The following services are not considered part of Drug Medi-Cal's bundled reimbursement rate for daily methadone dosing
 - Hepatitis A and B vaccinations
 - HBV, HCV, and HIV screening, testing, and referral
- These services are covered by Medi-Cal and can be billed for independently by any Medi-Cal provider whose scope of practice includes:
 - Providing vaccines
 - Ordering laboratory testing