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DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Mental Health Services
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
Rockville MD 20857

MAY 16 2000

Ms. Sandra L. Thurman
Director, Office of National AIDS Policy
736 Jackson Place
Washington, DC 20503

Dear Ms. Thurman:

It is my pleasure to provide you with the enclosed copy of SAMHSA's HIV Strategic Plan. In the development of this Plan, we worked with leaders of the mental health, substance abuse, HIV/AIDS, and public health fields, and with people with direct, personal experience with AIDS, addiction, and mental illness.

I, as well as my top management team, are strongly committed to the effective implementation of this Strategic Plan. It provides clear and essential direction for SAMHSA's activities in the area of HIV/AIDS. Over the next few years, it will be necessary to marshal new financial, technical, and human resources so that the promise of this strategy can be fulfilled.

Please do not hesitate to contact me or my Associate Administrator for HIV/AIDS, Ms. M. Valerie Mills, if you have any questions or concerns you would like to share.

Sincerely yours,

Nelba Chavez, Ph.D.

Enclosure

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

HIV STRATEGIC PLAN

WASHINGTON, DC

May 5, 2000

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I. EXECUTIVE SUMMARY

To curtail the spread of HIV/AIDS in the United States, the engagement of the nation's substance abuse and mental health service system is needed. Drug use is a direct or indirect factor in the infection of nearly a third of all newly reported AIDS cases between June 1998 and June 1999. Among African-Americans and Hispanics, HIV infection is associated with drug use in half of new cases. More than 10,000 Americans developed full-blown AIDS in 1998-1999 after being infected by sharing used needles to inject drugs. Use of alcohol, methamphetamine, crack cocaine, inhalants and other non-injected drugs increases risk of HIV infection by increasing high risk sexual activities. People with mental illnesses such as post-traumatic stress disorder may also engage is risky sexual behaviors, increasing their chances of becoming infected with HIV. A common consequence of HIV infection is the development of major depressive disorders, substance abuse, and neurological disorders. Families and care-givers of people with HIV/AIDS often experience great distress.

The country's mental health and substance abuse service delivery system can play an important part in the nation's efforts to curb transmission of HIV/AIDS and to improve the health of people who are infected with this disease. HIV/AIDS challenges every aspect of the nation's mental health and substance abuse treatment and prevention system to:

- Employ substance abuse prevention technologies to help children, teens and adults avoid engaging in high risk alcohol, drug, and sexual activities that can lead to HIV infection;
- Increase access to effective substance abuse treatment services for injecting drug users (IDUs), and for people who are at greatly increased risk of HIV infection due to their drug use behavior;
- Strengthen outreach and counseling services for people who are infected with HIV/AIDS and whose drug use puts them and others at increased risk of infection;
- Expand HIV/AIDS screening, counseling, and treatment services in mental health and substance abuse treatment and prevention programs so that people who are infected with HIV can reduce their likelihood of transmitting the disease and can better manage their co-occurring illnesses;
- Build the capacity of primary health care providers who work with people who are infected with HIV (e.g, community health centers, Ryan White HIV/AIDS programs, primary care physicians), to detect and either treat or refer substance abuse and mental health problems in patients with co-occurring HIV/AIDS and behavioral health disorders;
- Create multiple channels so that people with HIV/AIDS, their families, and care-givers, can get information, training, and emotional support to manage the mental health and substance abuse risks associated with living with the illness, and to reduce their risk of transmission to others.

Reducing the gap between the need for substance abuse and mental health treatment and the availability of treatment is one of the most important steps that must be taken to halt the HIV/AIDS epidemic in the United States. The Office of National Drug Control Policy (ONDCP) has set a goal of cutting the treatment gap in half by 2005. For people with HIV/AIDS or at risk

for HIV/AIDS infection due to their substance abuse or mental health problems, there should be "no wrong door" for them to receive effective services for their physical and behavioral health problems. From the patient/consumer's perspective, he/she should be able to receive competent and timely health, behavioral health, and HIV/AIDS services, whether he enters a substance abuse clinic, a mental health center, a Ryan White AIDS program, or a primary care physician's office. It will be the challenge to health care purchasers, service providers, and policy makers to create service systems that are, from the customer's perspective, seamless. It will also be a major challenge to health researchers and to service providers to bridge the gap between rigorously proven prevention and treatment technologies and general practice of health and behavioral health care providers. The health threat to the 600,000 Americans presently living with HIV and the millions more at risk of infection through risky behaviors associated with substance abuse and mental health problems, requires that these difficult challenges be faced.

The Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (DHHS) has worked with leaders of the mental health, substance abuse, HIV/AIDS and public health fields, and with people with direct, personal experience with AIDS, addiction, and mental illness to develop this HIV/AIDS Strategic Plan (Appendix A). Once adopted, this plan will guide SAMHSA's activities in the area of HIV/AIDS. The basic organizational frameworks, service system designs, and prevention and treatment technologies already exist within SAMHSA that can form the foundations of an effective HIV/AIDS strategy involving the substance abuse and mental health treatment and prevention fields (Appendix B). Over the next few years it will be necessary to marshal new financial, technical, and human resources so that the promise of this strategy can be fulfilled.

II. THE INTERSECTION OF HIV/AIDS, SUBSTANCE ABUSE, AND MENTAL HEALTH

Between the outbreak of AIDS in 1981 and June 30, 1999, the Centers for Disease Control and Prevention (CDC) recorded 711,344 diagnosed cases of AIDS. CDC estimates that between 400,000 and 600,000 Americans are living with HIV, the virus that causes AIDS. Of the 47,083 new AIDS cases reported in the twelve months ending June 30, 1999, 30% were directly or indirectly related to injection drug use. Of the new AIDS cases reported, 10,536 (23%) were directly attributable to injecting drug use; 1,940 (4%) were among men who reported sex with other men and injecting drug use as their probable modes of transmission; and 1,812 (3.8%) were the result of sexual contacts between heterosexuals where one of the partners became HIV seropositive through injecting drug use.

There are approximately 1.5 million injecting drug users in the United States, many of whom receive no treatment for their addiction or counseling for their increased HIV infection risk. Sharing of injection drug use equipment is directly responsible for the high prevalence of HIV among injecting drug users (IDUs). Sharing "dirty" infected injection drug use equipment and resulting HIV infection among IDUs is more common in the Northeast than in other parts of the country. Among African-Americans and Hispanics/Latinos, the proportion of AIDS cases attributable to injection drug use is substantially higher than for other population groups. Almost 50 percent of newly reported AIDS cases among African-Americans and Hispanics are directly or indirectly attributable to injecting drug use. Injecting drug use and sexual contact with injecting drug users are especially significant modes of transmission of the HIV virus for women. For women, injection drug use or sex with an injection drug user is responsible for nearly 60% of AIDS cases and 35% of new HIV infections (CDC, 1998).

Sharing used needles or sex with IDUs are not the only ways that substance abuse and HIV intersect. Use of alcohol, methamphetamine, crack cocaine, inhalants and other non-injected drugs increase the likelihood of HIV infection (and transmission of HIV) through high-risk sexual activities. For example, a study of high risk clients in a methadone treatment program found that opiate addicts who also used crack cocaine were at the greatest risk of contracting HIV. Non-IDUs who use drugs or abuse alcohol may engage in high HIV risk behaviors. In Boston, Massachusetts, a study of gay men found a strong relationship between use of nitrite inhalants or and HIV infection. Men who always used nitrate inhalants while engaging in unprotected anal sex were 4.2 times more likely to be HIV positive than men who never used these and engaged in unprotected anal sex. Use of crack cocaine is strongly associated with the transmission of HIV. A study of young adults in three inner-city neighborhoods who smoked crack and had never injected drugs found a 15.7% HIV rate. Women who had recently had unprotected sex in exchange for money or drugs, and men who had anal sex with other men were most likely to be infected.

For non-injecting substance abusers, HIV infection is not caused by drug use but by unsafe sexual behavior. Gay male substance abusers in San Francisco, CA, identified a number of factors that made safer sex difficult for them. They reported alcohol and other drugs reduced inhibitions against unprotected risky sex, learned patterns of association between substance use and sex (especially methamphetamine use and anal sex), low self-esteem, lack of assertiveness, and perceived powerlessness.

Mental health problems may also lead to risky sexual behaviors. One study, for example, examined the association between post-traumatic stress disorders (PTSD) and sexual risk-taking activities among female crack users in the South Bronx, NY. In this study, 59 percent of the women interviewed were diagnosed with PTSD due to violent traumas such as assault, rape or witness to murder, and non-violent traumas such as homelessness, loss of children or serious accident. Women who had been victims of traumas were more likely to have traded sex for money or drugs, and were at greatest risk for HIV infection.

The burden of HIV/AIDS falls disproportionately on African-American and Hispanic/Latino communities, and substance abuse is the greatest risk factor for HIV transmission in these two populations. Over the past few years, AIDS cases by ethnicity have shown a remarkable shift. The number of new AIDS cases each year has been falling for Caucasians and increasing sharply for African Americans and, to a lesser degree, for Hispanic/Latinos (Ward and Duchin, 1997-1998). In the 12 month period ending June 30, 1998, the annual rate of AIDS cases per 100,000 population was 119.7 for African Americans, 61.9 for Hispanic/Latinos, and 18.5 for Caucasians. Racial and ethnic minority populations comprise only 25 percent of the total U.S. population, yet, they represent more than 50 percent of the cumulative AIDS cases and 60 percent of AIDS cases reported in the year ending June 30, 1998 (CDC, 1998). This racial disparity in HIV/AIDS is especially pronounced among women. Compared with white, non-Hispanic, women, the incidence of HIV is 19 times higher for African American women and seven times higher for Hispanic women. African American and Hispanic youth also are disproportionately represented among youth with HIV/AIDS. African Americans make up 61% of AIDS cases among males ages 13-24; 73% of AIDS cases among females ages 13-24; 88% of cases of HIV infection among males ages 13-24; and 91% of cases of HIV infection among women ages 13-24.

Injection drug use (IDU) and sexual contact with an IDU were the major sources of exposure to HIV infection for all racial/ethnic minority populations, especially for African Americans and Hispanic/Latinos. Among African American and Hispanic/Latino men, injecting drug use accounted for 43 percent of the exposure while sex with an IDU represented the cause of AIDS for 2.5 percent of African American and 1.5 percent of Hispanic/Latino cases. For African American and Hispanic/Latino women, injecting drug use constituted 45 percent and 42 percent of AIDS cases, respectively, while sex with an IDU represented 14 percent and 22.5 percent for African American and Hispanic/Latino women (CDC, 1998). Among children with AIDS, 51.4 percent of African American and 61.8 percent of Hispanic/Latino children had mothers with or at risk for HIV infection from injecting drug use and sex with an IDU.

III. STRATEGIC GOALS AND OBJECTIVES

It will take significant work to reduce the incidence of HIV/AIDS, and to improve the health of people who are infected. The mental health and substance abuse treatment and prevention resources of the country can help.

GOAL I **Increase access to effective, affordable mental health and substance abuse prevention and treatment services. Reducing the gap between the number of people who need substance abuse treatment and prevention services and the number of people who receive needed help will reduce the risk of HIV transmission associated with IDU, sex with IDUs, and risky sexual behavior associated with alcohol and other drug use.**

Objective A: *Build the capacity of mental health and substance abuse treatment and prevention systems through a new cooperative agreement program with State mental health and substance abuse authorities. This new program is designed to strengthen the ability of the public mental health and substance abuse service system to deliver HIV/AIDS prevention, screening, and counseling for the people they serve. For people at risk for HIV or who are living with HIV/AIDS and who seek mental health or substance abuse services, there should be "no wrong door."*

SAMHSA proposes a new cooperative agreement program with State mental health and substance abuse agencies that will bring together HIV/AIDS, substance abuse and mental health resources to implement HIV/AIDS prevention, screening, and counseling through the public mental health and substance abuse treatment and prevention system. Currently, HIV/AIDS-related prevention activities, such as those supported by the Centers for Disease Control and Prevention, primarily focus on the prevention of HIV transmission through sexual contact. HIV/AIDS-related treatment services, such as those funded by the Health Resources and Services Administration (HRSA) as part of the Ryan White CARE Act, focus on persons already infected with HIV/AIDS. For people at risk for HIV because of untreated substance abuse and mental illness, people living with HIV/AIDS who suffer from co-occurring substance abuse and mental illness, and for people who are vulnerable to high risk substance use, sexual behavior and HIV infection, the absence of targeted HIV/behavioral health services can be deadly.

The new SAMHSA cooperative agreements would be modeled on, and fill the gap left by the CDC HIV prevention and Ryan White CARE programs. The new program can be implemented within SAMHSA's existing legislative authorities. Funding would need to be sufficient to support planning and enhanced HIV/AIDS services in public behavioral health programs. States would be required to report progress in achieving four goals of this program:

- *Identification of individuals and populations at risk for substance abuse, mental illness and/or HIV infection not currently being served by existing HIV prevention and treatment activities.*

- *Identification of individuals living with co-occurring HIV/AIDS, substance abuse*

and/or mental health diagnoses not currently served by existing HIV-related service activities.

- *Reduction of substance abuse, mental illness and HIV infection through the coordination of substance abuse prevention, mental health services and HIV prevention and treatment.*

- *Improvement in health outcomes for persons with co-occurring substance abuse, mental illness and/or HIV/AIDS diagnoses through the coordination of HIV, substance abuse, mental health and primary care services.*

Objective B *Expand the capability of local and regional mental health, substance abuse, and HIV/AIDS services to meet emerging or urgent needs for HIV/AIDS prevention and treatment in the public mental health and substance abuse system.*

SAMHSA's Targeted Capacity Expansion (TCE) program for HIV/AIDS is designed as a flexible tool to help communities address emerging and urgent treatment and prevention needs. The TCE program supports rapid and strategic responses to demand for mental health and substance abuse prevention and treatment services by expanding existing services or enhancing existing services by creating new services. The TCE HIV/AIDS program requires that services are based on sound, scientifically-based evidence of effectiveness and that they impact the identified gaps within a three year grant period. The TCE program gives local and State governments the resources to address the needs of historically under-represented racial and ethnic groups and vulnerable populations such as women and their children, adolescent and juvenile-justice involved youth, and persons with co-occurring behavioral and physical health problems. In fiscal year 1999, SAMHSA awarded approximately $40 million in TCE HIV/AIDS and HIV Outreach Grants.

One of the primary goals of the TCE HIV/AIDS initiative is to improve the health of people with mental illnesses or substance abuse disorders by forging linkages among primary health care, HIV/AIDS, substance abuse and mental health treatment and prevention services at a local level. This goal is especially critical given the rise in the HIV infection rate among hard to reach, high risk, injecting drug users and their sex and drug sharing partners and is predicated on the following observations: 1) retention in and duration of substance abuse treatment, in its various modalities and delivery systems, is demonstrably effective in protecting substance abusers from HIV (Metzger, Navaline and Woody, 1998); 2) substance abuse and mental health treatment is most successful when it includes a comprehensive assessment of each individual's physical and behavioral health and social needs; and 3) effective substance abuse and mental health treatment is best delivered in a sustained continuum of comprehensive primary health care, social services, and behavioral health treatment in community-based service environments that are specifically designed to meet the unique needs of the individual.

The goals for expanding these TCE HIV/AIDS program will be as follows:

- *Target substance abuse, mental health and HIV prevention and treatment activities to populations and geographic areas in great need.*

- *Develop and implement program models that increase access to prevention and service activities for persons at risk for HIV, substance abuse and mental illness.*

- *Reduce HIV transmission in populations with high incidence of new cases through coordination with other activities.*

- *Improve health outcomes among individuals from under-served communities.*

- *Disseminate "best practice" case examples of partnerships between mental health, substance abuse and HIV/AIDS service systems that have broken through organizational and funding barriers to shape the range of HIV/AIDS prevention and treatment services that respond to people's real needs.*

- *Create means for linking coalitions and service providers to needed information and technical supports across the broad spectrum of mental health, substance abuse, physical health, and HIV/AIDS expertise through advanced technologies, including the Internet, list serves and other information dissemination "push technologies," expert systems and decision support systems.*

Funding for the TCE HIV/AIDS program will build from the base provided by the 1999 Congressional Black Caucus (CBC) initiatives that support HIV prevention, outreach and treatment through the public substance abuse service system targeted toward racial and ethnic minority communities disproportionately affected by HIV/AIDS. Program management resources, including funds to support appropriate Federal personnel will be needed to support this initiative.

Objective C: *Reduce the gap between substance abuse and mental health services needed and the availability of affordable treatment and prevention services through continued expansion of the Substance Abuse Prevention and Treatment (SAPT) and Community Mental Health Services (CMHS) block grants.*

Lack of access to effective substance abuse and mental health treatment and prevention services is a significant barrier to reducing the incidence of HIV/AIDS in this country. The Surgeon General's Report on Mental Health reports that fewer than half of adults with severe mental illnesses and less than one-fourth of children and adolescents with serious emotional disturbances receive treatment for their illnesses. Less than one in four adolescents and adults who are chemically dependent receive treatment, according to studies based on the National Household Survey on Drug Abuse. The Substance Abuse Prevention and Treatment (SAPT) Block Grant, which is administered by SAMHSA, awarded $1.585 billion to States in fiscal year 1999, based on a formula established by Congress. This makes up 47 percent of the total funds available to States for substance abuse prevention and treatment services. Congress established an HIV/AIDS set-aside within the SAPT Block Grant (42 U.S.C. 300x-21 through 300x-64) that requires States with 10 or more AIDS cases per 100,000 population to use between two and five percent of the Block Grant on HIV Early Intervention Services (EIS) projects. These HIV EIS

programs are aimed at encouraging IDUs to receive treatment for substance abuse and to ascertain their HIV status. Forty-five states have been required to carry out EIS activities since the enactment of this provision in 1992. In 1999, States were required to spend at least $54 million from the SAPT block grant on HIV-related services. The CMHS block grant is only about one-fifth the size of the SAPT block grant, accounting for a small but significant part of public community-based mental health services funding.

The Office of National Drug Control Policy has set a national goal of reducing the substance abuse treatment gap by 50 percent by the year 2005. Expansion of the SAPT and CMHS block grant could be used by States to enhance outreach and treatment services for IDUs; increase prevention and early intervention programs targeting high risk sexual, drug and alcohol use behaviors associated with HIV/AIDS infection or transmission; and coordinated planning by State mental health, substance abuse, HIV/AIDS and public health officials to more effectively serve people with co-occurring mental illness, chemical dependency, and HIV/AIDS.

Objective D: Enhance the capacity of HIV/AIDS service programs, primary health care providers, schools, and the criminal justice system to deliver effective, affordable mental health and substance abuse treatment and prevention services for people who are at risk of infection by HIV or who are HIV positive. By assuring that there is "no wrong door," people who have, or who are at risk for behavioral health problems and HIV/AIDS will receive the care they need.

HIV/AIDS prevention and treatment activities presently follow a series of "stove pipes" that channel funds and services toward specific populations, service delivery sites, or risk factors. Unfortunately, real people with real problems rarely fit neatly into narrow categorical programs. The CDC HIV prevention programs, for example, tend to focus on preventing HIV transmission through sexual contact. HIV/AIDS treatment supported by the HRSA-administered Ryan White CARE program serves people who have tested positive for HIV. The CDC requires that State substance abuse and mental health agencies be included among the organizations participating in State HIV Community Planning Groups. There is no comparable requirement for participation of State substance abuse and mental health agencies in the Ryan White Planning Groups. It is critical that "stove pipe" HIV prevention and treatment programs be supplemented and enhanced to assure that appropriate and effective mental health and substance abuse treatment and prevention services are available for people who need them.

The goals of this initiative to enhance integrated HIV/AIDS programs include:

- *Modify requirements of CDC and HRSA HIV/AIDS planning groups at the national, State, and local levels to include mental health and substance abuse agencies. Where feasible, expand planning and coordinating groups to include mental health and substance abuse consumers and family members.*

- *Expand Federal (SAMHSA), State, and local mental health and substance abuse outreach and partnerships to HIV/AIDS planning and coordinating groups by*

means of joint sponsorship of conferences and training meetings, cross-training of policy and program personnel, and joint development of resource materials.

- *Develop and disseminate "best practice" case studies of partnerships between HIV/AIDS, physical health, behavioral health, schools, criminal justice system, and other "stove pipe" programs that have broken through organizational and funding barriers to shape the range of HIV/AIDS prevention and treatment services that respond to people's real needs.*

- *Using advanced technologies, including the Internet, list serves and other information dissemination "push technologies," expert systems and decision support systems, provide State and local HIV/AIDS planning and coordinating groups with access to information, best practices, linkages to other groups and resources, practice guidelines, and quality improvement technologies.*

It will be essential that the HIV/AIDS cooperative agreement programs (Objective A) and the Targeted Capacity Expansion (TCE) program (Objective B) be designed to avoid "stove pipes" and that these initiatives be closely linked with the programs envisioned in Object D. Program management resources, including funds to support appropriate Federal personnel and to support information technology development and maintenance, must accompany this initiative.

GOAL II **SAMHSA, as the lead Federal agency for mental health and substance abuse services, will continue to build its involvement in HIV/AIDS issues. State and local mental health and substance abuse agencies, non-government organizations and constituency organizations, similarly, will enhance their involvement with HIV/AIDS issues.**

Objective A *SAMHSA will continue to emphasize and increase the capacity of SAMHSA and its Centers to develop HIV/AIDS policy, manage HIV/AIDS-related service programs, and provide training, technical assistance, and educational materials.*

SAMHSA plans to strengthen its HIV/AIDS expertise and staffing resources within the Office of the Administrator and within each of the Centers to implement the initiatives described in this plan.

Objective B *SAMHSA will extend its outreach to national, State and local governmental and non-governmental organizations involved with HIV/AIDS issues to increase the attention paid to substance abuse and mental health issues and to facilitate and increase coordination and integration of services across funding types and programs.*

SAMHSA will actively seek out partnerships with national, State and local governments and non-governmental organizations (NGO) that are involved with HIV/AIDS prevention, treatment, and advocacy. SAMHSA will partner with existing HIV/AIDS government and NGO groups to increase the visibility of substance abuse and mental health issues in HIV/AIDS policies and services.

Through participation in meetings, conferences, and through an expanded information dissemination program, SAMHSA will expand its interactions with community representatives, service providers and persons living with HIV/AIDS. Further, SAMHSA will seek to increase its coordination and integration of substance abuse and mental health services with Ryan White CARE Act, Medicaid, and other services (e.g., those of HUD, VA, etc.), including State and local initiatives, such as State-funded insurance programs and local funded clinical programs.

Objective C *SAMHSA will actively promote recognition of the critical interface of HIV/AIDS, substance abuse and mental health.*

SAMHSA leaders and program staff will emphasize the critical significance of the HIV/AIDS epidemic to building an effective substance abuse and mental health service delivery system. The agency will engage organizations representing national and State governments (such as the Association of State and Territorial Health Officials, the National Alliance of State and Territorial AIDS Directors, the NASADAD, NASMHPD, U.S. Conference of Mayors, and the National Council of State Legislators) and NGOs to incorporate substance abuse and mental health treatment and prevention into their HIV/AIDS priorities and programs. Strive to participate in their activities to bring to the fore the need for more programs to address HIV/AIDS among persons using alcohol and other drugs will also assist in disseminating information about available technical assistance and capacity building activities.

Objective D *SAMHSA will assure that the importance of HIV/AIDS treatment and prevention activities for effective mental health and substance abuse services are incorporated in agency discretionary and block grant programs.*

SAMHSA will include guidelines for new discretionary grant program announcements that HIV/AIDS treatment and prevention be addressed by applicants. The guidance SAMHSA provides States on the SAPT and CMHS block grant applications and implementation reports will be reviewed to determine where greater recognition of the HIV/AIDS epidemic can be made.

Objective E *SAMHSA publications and information dissemination strategies will emphasize HIV/AIDS for effective mental health and substance abuse services.*

SAMHSA will review its publications and information dissemination vehicles (e.g., the SAMHSA web site, SAMHSA's information clearinghouses (National Clearinghouse on Alcohol and Drug Information, the Knowledge Exchange Network)) to assess the strength and weakness of the agency's current HIV/AIDS-relevant information. Many other Federal, State and local government agencies, researchers and HIV/AIDS advocacy organizations have produced vast quantities of HIV/AIDS publications. SAMHSA will review these materials to assess how existing information can be made available and what new information is needed.

On the basis of this review, SAMHSA will design an HIV/AIDS information development and dissemination strategy.

Objective F *SAMHSA will develop new and creative ways of disseminating information about programs that impact on HIV/AIDS prevention and services.*

SAMHSA will develop an information dissemination strategy that will make use of advanced information technologies to get information about effective HIV/AIDS prevention and treatment activities into the hands of policy makers, mental health and substance abuse service providers, consumers and their family members and the general public. SAMHSA will expand its use of the Internet, list serves and other information dissemination"push technologies," expert systems and decision support systems so that information can be rapidly and efficiently conveyed to people who can use it.

Objective G *Expand pre-professional education and professional in-service training for mental health and substance abuse service providers to improve their ability to work with people at risk for HIV or living with HIV/AIDS*

Many mental health and substance abuse service providers lack experience in diagnosing, assessing, and addressing the multiple mental health, substance abuse, physical health, and social service needs of people affected by HIV/AIDS. Others need training to feel more comfortable with providing services to people with HIV/AIDS. CMHS Mental Health Care Provider Education (MHCPE) in HIV/AIDS Program, the CSAP CAPTS, and CSAT ATTC Program all promote training opportunities for mental health, substance abuse treatment and prevention providers who have contact with people affected by HIV/AIDS.

These programs seek to enhance the Nation's ability to make an impact on the HIV/AIDS epidemic. Training will be provided for behavioral health professionals (psychiatrists, psychologists, nurses, social workers, counselors, addictions counselors, prevention practitioners, marriage and family counselors), other first line providers of behavioral health services (medical students, primary care physicians), and nontraditional providers (the clergy and other spiritual providers, alternative health care workers).

GOAL III **SAMHSA will deliver the highest quality programs to individuals and communities disproportionately impacted by substance abuse, mental illness and HIV/AIDS.**

Objective A *SAMHSA will support evaluations of the effectiveness and efficiency of all SAMHSA-supported programs, including programs specifically targeted toward HIV/AIDS.*

Continuous quality improvement of mental health and substance abuse treatment and prevention services requires the application of evaluation and applied research technologies to test the effectiveness of services. All of the initiatives described in this HIV Strategic Plan must be grounded in a commitment to improve the quality and effectiveness of care through evaluation. Each initiative, whether direct

services support through targeted capacity expansion, comprehensive service system planning, information dissemination, or technical assistance and training, must be scrutinized for its effectiveness.

APPENDIX A

SAMHSA's HIV/AIDS STRATEGIC PLANNING PROCESS

The process that culminated in this document began in 1992, and continued with the update of this work in progress starting in 1998. The impetus for the development of an HIV/AIDS Strategic Plan came from the agency's recognition that HIV/AIDS must be addressed by the substance abuse and mental health field. This Plan is intended to provide policy and program guidance to SAMHSA in the prevention of substance abuse and HIV transmission and the development of necessary services for individuals with co-occurring substance abuse, mental illness and HIV/AIDS diagnoses.

Many events have occurred since the development of the Strategic Plan began in July 1998. Among these was the implementation of the initiative sponsored by the Congressional Black Caucus to address HIV/AIDS in the African American, Hispanic/Latino and other racial/ethnic minority communities and the development of a DHHS-wide HIV/AIDS Strategic Plan.

This Strategic Plan is the result of a process, which included the following:

- Discussion carried out at the SAMHSA-wide retreat to develop the Vision and the Core Principles of the Plan, held on October 14-15, 1998;
- A meeting conducted on December 15, 1998 with representatives from national HIV/AIDS, mental health and substance abuse organizations to obtain feedback;
- Open Forums on HIV/AIDS held as part of the Secretarial Initiative on HIV/AIDS, Women and Minorities, of which SAMHSA was a co-sponsor;
- Surveys of Single State Agencies (SSAs) for Alcohol and Drug Abuse, and the State AIDS Directors;
- Policy Forum on the Coordination of Substance Abuse, Mental Health and HIV Services for African American and Latina Women;
- A meeting on Interagency Collaboration held in July 1999; and,
- Discussion carried out at a meeting of the HIV Working Group of the SAMHSA National Advisory Council, held October 1999, in Chicago, Illinois.

APPENDIX B

CURRENT SAMHSA STRUCTURE AND RESOURCES RELATED TO HIV/AIDS

SAMHSA's mission is to improve the quality and availability of prevention, early intervention, treatment, and rehabilitation services for substance abuse and mental illnesses, including co-occurring disorders, in order to improve health and reduce illness, death, disability, and cost to society. The Agency is made up of the Center for Mental Health Services, the Center for Substance Abuse Prevention and the Center for Substance Abuse Treatment.

1. HIV/AIDS Leadership

The Associate Administrator for HIV/AIDS within the Office of Policy and Program Coordination (OPPC) provides leadership, direction and coordination for all HIV/AIDS activities in SAMHSA. Each of the three SAMHSA Centers has an HIV/AIDS Coordinator who reports directly to the Center Director. Each has direct responsibilities for managing HIV/AIDS programs as well as coordinating HIV/AIDS activities within the divisions and branches that make up the Center.

2. Current Programs with HIV/AIDS Initiatives

This section provide additional detail on SAMHSA's HIV/AIDS programs. These programs are carried out primarily by SAMHSA's three Centers:

a. SAPT Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is the largest program at SAMHSA, receiving $1.585 billion in funding in FY 1999. Funding to provide services in the areas of substance abuse prevention and treatment is distributed to States and Territories based on a formula established by Congress. With the large number of Americans at risk for or living with HIV because of injecting drug use (IDU), the activities funded through this Block Grant have a direct impact on HIV/AIDS prevention and treatment. SAPT Block Grant funded entities also provide a wide array of services for persons in substance abuse treatment who are also living with HIV/AIDS. The surveys administered to the SSAs and to the State AIDS Directors demonstrated that there is a fairly high degree of collaboration among substance abuse and HIV/AIDS programs.

b. SAPT Block Grant-Funded Early Intervention Services (HIV Set-Aside)

As part of the ADAMHA Reorganization Act of 1992 (P.L. 101-205), Congress enacted a provision requiring States with an AIDS case rate of 10 per 100,000 population to use a portion of SAPT funding for early HIV intervention. Qualifying states are required to allocate 2–5 percent of the Block Grant on HIV Early Intervention Services projects, which are aimed at encouraging IDUs to receive treatment for substance abuse and to ascertain their HIV status. Funded programs also provide HIV-related medical services either directly or through referrals. The primary means for reducing the spread of HIV infection among IDUs and their sex and needle-sharing partners is through HIV counseling and testing. Forty-five states have been required to carry out EIS activities since the enactment of this provision in 1992. The total amount allocated by States to these activities for FY 1999 was $54 million.

c. Community Mental Health Services Block Grant

The Community Mental Health Services Block Grant supports comprehensive, community-based care for adults with serious mental illness (SMI) and children with serious emotional disorders (SED). The Community Mental Health Services Block Grant program is the cornerstone of a Federal partnership with States to plan and deliver state-of-the-art community-based mental health services for adults with SMI and children with SED where they live. Through its oversight of the Block Grant program, CMHS assists States to make services affordable, accessible, available, and of the highest quality to the most vulnerable populations with mental illness, including individuals at risk for or living with HIV/AIDS.

d. Projects for Assistance in Transition from Homelessness (PATH)

This program, administered by CMHS, distributes Federal funds to States and Territories to provide services to individuals with severe mental illness and co-occurring mental and substance abuse disorders who are homeless or at risk of becoming homeless. Recent studies among homeless people show a high HIV prevalence in some locales. Therefore, this program provides necessary services to a population in great need of HIV prevention and services.

e. Knowledge Development and Application (KDA)

The overarching goal of the KDA program is to identify what works best in what setting and for whom, and to help get evidence-based programs adopted throughout the country. Some examples of KDA activities related to HIV and their intersection with substance abuse and mental health include:

- The HIV Cost Study, sponsored by CMHS, with 8 sites and a Coordinating Center supported in FY 1999, represents the first-ever Federal initiative designed specifically to study integrated mental health, substance abuse, and primary medical HIV treatment interventions to determine if an integrated approach to care improves treatment adherence, produces better health outcomes, and reduces the overall costs associated with HIV treatment. It represents a collaboration among CMHS, CSAT, the HIV/AIDS Bureau at HRSA, the National Institute on Mental Health (NIMH), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA).

- The HIV/AIDS High Risk Behavior Prevention/Intervention Model for Young Adult/Adolescent and Women Program, sponsored by CMHS, is aimed at bringing HIV prevention into the community. It is designed to identify the key factors in implementing and evaluating a community-focused prevention/intervention protocol that encourages and enables adolescent/young adults and women who are at risk for HIV/AIDS to reduce high risk behaviors and practices; and to develop and test reliable and valid outcome measures to assess the effectiveness of the intervention in reducing high-risk behaviors among adolescents/young adults and women. Seven intervention project sites (four studying adolescent/young adults and three studying women) and one coordinating center were awarded 4 year grants to undertake this initiative.

- The CSAP Faculty Development Program provides training in substance abuse prevention to faculty fellows and their students in various Schools of Public Health, Medicine and Social Work.

- The CSAP Substance Use/Abuse Prevention and HIV Prevention Initiative for Youth and Women of Color is an integrated prevention strategy which addresses the dual epidemic of substance use/abuse prevention and HIV prevention.

- A recently concluded CSAP-sponsored research project in 17 sites addressed linkages among substance abuse prevention, treatment and mental health. Preliminary analysis suggested that substance abuse treatment programs are not aggressive in identifying the need and availability of HIV treatment among their clients.

f. Targeted Capacity Expansion (TCE)

The aim of the TCE program is to create or expand a community's ability to provide a comprehensive, integrated, creative community-based response to a specific, well-documented substance abuse capacity problem. This program is aimed to address the significant local and regional gaps which exists between the need for treatment and prevention services for alcohol and drug abuse and their availability. This program fosters the provision of professional, competent, state-of-the-art prevention and treatment practices that address gender, age, racial, ethnic, cultural, physical/cognitive disability, and sexual orientation issues to communities with significant populations suffering from substance abuse, including that compounded by HIV/AIDS, other STDs, TB, hepatitis B and C, and related crime and public health concerns. In Fiscal Year 1999, community-based organizations were funded to carry out TCE activities in communities where HIV/AIDS a major problem:

- CSAT administers 36 grants to enhance and expand substance abuse treatment and services related to HIV/AIDS in African American, Hispanic/Latino and other racial and ethnic minority communities highly affected by substance abuse and HIV/AIDS.

- CSAP administers 46 grants to increase community capacity to provide integrated/cross-trained substance abuse and HIV/AIDS prevention services. These grants are targeted to at-risk African American, Hispanics/Latinos(as) and other racial/ethnic minority youth, and women.

g. HIV Outreach Grants

The CSAT Community Outreach Grants provide prevention and service activities for persons living with HIV/AIDS. Services funded under this program include outreach, HIV counseling and testing, health education and risk reduction information, access and referrals to STD and TB testing, substance abuse treatment, primary care, mental health and medical services. Twelve projects were funded in the last cycle. Among the products of this program are a series of publications, manuals and research findings, including tested models for conducting outreach to IDUs and their sex partners. A new cycle consisting of twenty-five Community Outreach Projects was funded starting in September of 1999.

h. Technical Assistance and Capacity Building

Activities in this area provide information and resources to State and Territorial governments, service providers, clinicians, community-based organizations, communities and individuals on ways of enhancing program effectiveness, increasing access to care, program monitoring and data gathering.

- HIV Cross Training Program addresses TB, concentrating on health care providers at the State level. CDC and HRSA are also participating in this program that has provided training in various States. CSAT has been involved with CDC in the development of guidance for clinicians on the prevention of infection with blood-borne disease, specifically addressing infections that may be common among IDUs (e.g., HIV and hepatitis A, B and C).

- State Prevention Collaborative Partnerships monitor and encourage the effective use of the States' prevention set aside portion of the SAPT Block Grant programs.

- State Incentive Grants work collaboratively with Governors and SSAs to develop comprehensive Statewide substance abuse prevention strategic plans, and to encourage and stimulate the identification, leveraging and/or redirection of funding for statewide substance abuse prevention.

- Addiction Technology Transfer Centers (ATTCs), provide information and resources for substance abuse treatment professionals to support their programs, including best practices and treatment techniques. The ATTCs strengthen the infrastructure of the substance abuse treatment field by providing ongoing knowledge dissemination.

- Residential Women and Children/Pregnant and Postpartum Women implements effective substance abuse treatment approaches for women that build on practical knowledge research findings and develops models of service delivery that can be replicated in other communities.

- Centers for the Application of Prevention Technologies (CAPTs) were established by CSAP in five regions to assist States, State Incentive Grantees (SIGs), and their sub-recipients in applying science-based substance abuse prevention programs, practices and policies. The CAPTs provide technical assistance and support to substance abuse prevention practitioners in four key prevention topic areas: youth illicit drug use; underage drinking; alcohol, drugs, and violence; and drug use/abuse in relation to the spread of HIV/AIDS.

i. Training

Training activities enhance the capacity of individuals, communities and organizations to deliver necessary programs, improve program quality and service delivery.

- The CMHS HIV/AIDS Education Program develops model educational approaches to train traditional and non-traditional mental health care providers in neuropsychiatric and psychosocial aspects of HIV/AIDS. Given the fact that the effects of the illness and the physical and psychosocial ramifications of the medical regimen for treatment are constantly changing, relatively frequent updates and

continuing education of mental health service providers are crucial.

- Substance Abuse Prevention Knowledge Application activities aim to bridge the disconnect between research and practice by giving program planners, providers and policy makers the materials, training and other resources necessary to improve program delivery.

j. Policy Reports

The following policy reports addressing barriers to access to care for persons at risk for HIV or living with HIV/AIDS:

- The National Minority AIDS Council (NMAC) is developing a report on Coordination of HIV, Substance Abuse and Mental Health for African American and Hispanic/Latina women, which has identified barriers and strategies to increase access to comprehensive care.

- The National Alliance of State and Territorial AIDS Directors (NASTAD) is completing a research project consisting of a survey to identify barriers to linkages between HIV/AIDS prevention and services and substance abuse prevention, treatment and mental health services at the State and local level.

- CSAT is in the process of completing a report on a survey administered to all the State and Territorial SSAs. This survey addresses collaboration between substance abuse and HIV/AIDS activities and the utilization of the HIV Set-Aside of the SAPT Block Grant. The survey explored the types of services being funded by states to increase access to care for persons in substance abuse treatment and living with HIV/AIDS.