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Issues - SAMHSA [Substance Abuse and Mental Health Services Administration]

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S A M H S A F A C T S H E E T

Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

Early Intervention Services for HIV

- individuals undergoing treatment for substance abuse
- 2%-5% of block grant for early intervention services for HIV disease funded only in areas of greatest need
- eligible recipient of state set-aside is a substance abuse treatment program where service are offered operating in year prior to receiving HIV set-aside funds
- state set-aside in a "designated state" determined by HIV case rate exceeding 10/100,000 as reported by CDC
- comprehensive early intervention services may include: counseling and testing, infectious disease diagnostic services and assessment, HIV education and risk reduction, and medical consultation
- projects are intended to improve quality of life, slow progression of the disease, prevent onset of life-threatening illness
- in any state where there are two or more projects, one must be in a rural area
- states may require programs to establish linkages with comprehensive community resource network of related and health and social service organizations to ensure wide-based knowledge of availability of these services
- services may be undertaken voluntarily by and with

informed consent of person undergoing treatment

- since 1995 more than 36 states have been identified as "designated states" for HIV early intervention services in the block grant set-aside

- $54 million was set-aside in 1998

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SAMHSA
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Substance Abuse and Mental Health Services Administration - SAMHSA

Comprehensive Substance Abuse Treatment
Includes HIV Prevention

SAMHSA improves the quality and availability of substance abuse prevention, addiction treatment, and mental health services in order to improve health and reduce illness, death, disability, and cost to society.

Our work is carried out by three centers. They are the Center for Substance Abuse Treatment (CSAT); the Center for Mental Health Services (CMHS), and the Center for Substance Abuse Prevention (CSAP).

There are 1.5 million injecting drug users in the United States. One third of the reported cases of AIDS are associated with drug use. Because of the inter-relationship between HIV infection, substance abuse, and mental health, there are critical concerns about HIV treatment and prevention in SAMHSA.

The following are the particular SAMHSA programs which focus on HIV/AIDS:

- HIV Set-Aside: Between 2-5%of the Substance Abuse Prevention and Treatment Block Grant is set-aside for early intervention services by substance abuse treatment providers in 36 states with an HIV rate of at least 10 per 100,000 each year. These services include counseling and testing, HIV prevention education, outreach and infectious disease consultation. (CSAT --$54million/$1.3 billion

- Multi-program Cross Training: Through a collaboration with the Centers for Disease Control and Prevention (CDC), the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA), SAMHSA sponsors HIV, TB, STD, substance abuse cross training events for public health professionals exploring the Drug Connection between these health problems and how to prevent and treat them. (CSAT)--$250,000/$375,000 (CDC:$100,000 - HRSA:$25,000)

- HIV High Risk Behavior/Intervention Program: This study is identifying key factors needed to implement and a evaluate community-focused prevention and intervention protocols aimed at reducing high risk sexual behaviors. (CMHS)

- HIV/AIDS Mental Health Care Providers Education Program: Training for Mental Health care providers in the neuropsychiatric and psychological aspects of HIV spectrum of infection. More than 64,000 professionals have been trained since the program began. (CMHS)--$1.6 million

- Substance Abuse Prevention and HIV Prevention Initiatives for Youth and Women of Color: Risk reduction of substance abuse-related HIV infection among youth and women of color. This information dissemination project includes: research, policy development, coalition building, and education and awareness programs. (CSAP)--$400,000

- Black Women's Health Project: In collaboration with the seven historic black colleges and universities, training and intervention strategies to empower black women in preventing dual epidemic of substance abuse and HIV infection. (CSAP)

- State Coordination Project: Coordinated with the National Association of State and Territorial AIDS Directors, SAMHSA will study how HIV, Mental Health, Substance Abuse programs and staff are coordinating. (SAMHSA OA)--$50,000

- HIV Treatment Adherence/ Health Outcome and Cost Study: Evaluating and assessing the cost of HIV treatment interventions and adherence through primary care services offered for co-occurring disorders of substance abuse, mental health and HIV in underserved populations. (CMHS)--$6.6 million

- Gaps in Service/Prevention for Women of Color: A collaborative study with the National Minority AIDS Council will assess gaps in services and prevention for women of color. This study will focus on five cities across the United States in 1998-99, in preparation for The Women's Conference in 1999. (SAMHSA OA)--$100,000

- Outreach through Communities of Faith: In collaboration with the Office of Minority Health through the Congress of National Black Churches, SAMHSA is supporting efforts to mobilize the faith community in stemming the rising rate of new HIV infections. Education and training activities for public health leaders, counselors, pastors and religious educators on HIV and substance abuse. (SAMHSA OA)--$25,000

- SAMHSA HIV Strategic Planning: Utilizing data from community focus groups and key informants from the across the HIV, substance abuse, and mental health prevention and treatment communities, SAMHSA is doing HIV strategic planning which will assist the agency in focusing programs and activities for the next three years. (SAMHSA OA)--$50,000

- Treatment Improvement Protocols (TIPS): A number of treatment improvement protocols are especially important to primary care, substance abuse, and mental health service providers. They call be ordered through the *National Clearinghouse for Alcohol*

and Drug Information (NCADI at 800.xxx.xxxx)

Total Agency HIV Commitment is: $63,075,000 / 2%

Substance Abuse and Mental Health Services Administration - SAMHSA

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M. Valerie Mills, MSW, is the Associate Administrator for HIV/AIDS in the Office of the Administrator (OA). This office provides support and HIV information to agency level policy development, program coordination, communications, and public affairs.

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The following are the particular SAMHSA programs which focus on HIV/AIDS:

- **HIV Set-Aside:** Between 2-5% of the Substance Abuse Prevention and Treatment Block Grant is set-aside for early intervention services by substance abuse treatment providers in 36 states (FY 98) with an AIDS case rate of at least 10 per 100,000 in the latest CDC annual reporting period. These services include counseling and testing, HIV prevention education, outreach and infectious disease consultation. (CSAT)

- **Multi-program Cross Training:** Through a collaboration with the Centers for Disease Control and Prevention (CDC), the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA), SAMHSA sponsors HIV, TB, STD, substance abuse cross training events public health professionals exploring the "Drug Connection" between these health problems and how to prevent and treat them. (CSAT)

- **HIV High Risk Behavior Prevention/Intervention Model for Young Adults/Adolescents and Women:** The primary goal of this program is too identify the key elements/factors/determinants that are both necessary and sufficient conditions in implementing and evaluating community-focused prevention/intervention protocol to encourage and enable individuals, specifically, adolescents and women, who are at risk for HIV/AIDS, to reduce the incidence of high-risk behaviors. (CMHS)

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For more information about SAMHSA and its programs, please see our site on the World Wide Web at ***www.samhsa.gov* Or contact, M. Valerie Mills at 301.443.0556

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October 2, 1997

MEMORANDUM FOR BILL CORR

FROM: Patsy Fleming

SUBJECT: SAMHSA Reauthorization

I want to flag for you a number of issues of concern to me in the context of the SAMHSA reauthorization that I hope your working group will keep in mind. I know I don't need to tell you how important is the link between HIV transmission and substance abuse and thus the importance of the block grant to AIDS prevention.

• **Coordination of the chronic substance abusers initiative with Ryan White.** This initiative, with its emphasis on providing community based, comprehensive, coordinated services should require strong coordination with any Ryan White CARE Act programs at the community level. Clearly, this is the population of substance abusers most likely to be infected or at risk for HIV infection. If they are infected, receiving HIV-related services might increase willingness to seek care for substance abuse as well. In any case, since some services proposed in the initiative are also included among Ryan White services, coordinating and avoiding duplication should be required. (We will also raise this issue in the context of Ryan White reauthorization.)

• **More involvement of affected communities in decisions regarding spending under the block grant.** In both the chronic substance abusers initiative and in general, such involvement would improve effectiveness. The community planning model developed at CDC -- where the decision-making process includes both state and local health departments as well as the communities affected by HIV -- is one that is equally applicable to the substance abuse block grant. The same principle applies: the closer decision making is to people who are to be served by the programs, the more likely they are to meet real needs at the local level. We will be happy to provide some of our experience in the AIDS community to help you develop such provisions for the block grant.

• **The HIV early intervention services set aside.** Some modification of this provision in the block grant is needed. A higher prevalence rate should be established for the set aside to kick in, since it was originally based on the old case definition. With the new case definition, some states are reaching this requirement even though they have relatively low incidence rates. There should also be a requirement of linking these efforts with Ryan White CARE Act programs. Finally, we know very little about how these funds are actually being spent; some effort at closer evaluation by SAMHSA would be helpful so we can better judge the impact of this provision.

• **The block grant set aside for prevention should be linked to the HIV prevention community planning occurring at the state and local level.** This requirement is critical; it has been very hard for the CDC to get many of the state substance abuse agencies to come to the table. These programs need to be closely coordinated, since they are essentially targeting the same populations.

• **The consolidation of demonstration programs into one demonstration authority per center raises concern about the future of the HIV-related mental health demonstration project.** It has been our unfortunate experience that, without a specific set-aside, HIV-related programs tend to get lost as more "popular" issues get funded. This demonstration has had fairly good reviews, and we are concerned that it might be cut short before we know its true value.

cc: Nelba Chavez