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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)
Atlanta, Georgia 30333

August 18, 1998

Dear Colleague:

In December 1995, President Clinton requested that the Centers for Disease Control and Prevention (CDC) convene a meeting of State and local individuals involved in both public health and substance abuse to develop an action plan that integrates HIV prevention and substance abuse prevention and treatment. In 1996, CDC and several other federal health agencies convened the *Preventing Substance Abuse and HIV: A National Leadership Forum* in Tampa, Florida, to address issues and explore steps for improving collaboration to prevent substance abuse and HIV infection in the United States.

The outcome of the forum was the development of both general and agency-specific recommendations to enhance the integration of substance abuse prevention and treatment and HIV prevention activities. CDC, the Human Resources and Services Administration (HRSA), the National Institutes of Health's National Institute on Drug Abuse (NIDA), and the Substance Abuse and Mental Health Services Administration (SAMHSA) have established an HIV and Substance Abuse Prevention Task Force to specifically address the recommendations from the Tampa Forum. The principal goal of this Task Force is to identify cross-cutting priorities and to develop plans that will enable federal, State, and local agencies to further integrate HIV and substance abuse prevention and treatment activities.

The relationship between substance abuse and HIV disease has existed since the HIV epidemic began over 15 years ago. More than one-third of all cases of AIDS reported during the first 15 years of the epidemic were directly or indirectly associated with drug injection. Today, we estimate that between one-third and one-half of all new HIV infections are directly related to drug injection. Additionally, we know that the impact of drug use goes far beyond the injection of illicit drugs. The use of alcohol and non-injecting drugs (like crack cocaine) has been shown to impair people's judgement and lead to unsafe sexual practices. Furthermore, we also know that many people also trade sex for drugs, and for thousands of men and women, that trade includes something neither side bargained for -- HIV.

Substance abuse prevention and treatment should be included as part of a comprehensive prevention strategy for HIV. The integration of HIV prevention and substance abuse prevention and treatment activities are essential to the success of our Nation's efforts to prevent HIV/AIDS and drug use. A critical first step in addressing the "twin epidemics of HIV/AIDS and substance abuse" must be to establish or reinforce working relationships between HIV/AIDS and substance abuse prevention and treatment organizations including community coalitions. Treatment of substance abuse and addiction has repeatedly been shown to reduce the risk behaviors that transmit HIV, sexually transmitted diseases, and other blood-borne infections. We must take immediate action to improve the interface between HIV/AIDS and substance abuse prevention and treatment programs to reach those at highest risk of HIV infection or transmission. Therefore, we request that CDC HIV/AIDS prevention grantees (States, community-based organizations (CBOs), National and Regional Minority Organizations (NRMOs), etc.) initiate the following actions:

- Identify the substance abuse and prevention programs in your area and meet with them to explore issues, mutual concerns, and ways to collaborate and share information for more coordinated approaches to prevention for both HIV and substance abuse.

- Ensure that substance abuse prevention and treatment programs are represented on HIV community planning and other health care planning groups. For example, community planning groups with ongoing substance abuse representation are in a much better position to make informed decisions about how to prioritize and tailor HIV prevention activities for drug users. They are better informed about locally relevant patterns of drug use and abuse, existing service gaps and barriers faced by drug users, and the need to support a collaborative interface between HIV prevention and substance abuse prevention and treatment.

The CDC, HRSA, NIDA, and SAMHSA are also developing ways to support and improve coordination and collaboration at the federal level to assist you.

- The *HIV Prevention Among Drug Users: A Resource Book for Community Planners and Program Managers* dated June 1997 was mailed to all HIV Prevention Community Planning Group Co-Chairs and 65 State, local, and territorial health departments. Copies can be obtained from the CDC National Prevention Information Network at (800) 458-5231.

- The CDC and SAMHSA have developed a "cross-training" curriculum for disease intervention specialists and substance abuse staff to help them respond more effectively to the inter-related health and behavior problems of patients and clients seeking alcohol and substance abuse treatment and/or public health services (sexually transmitted diseases, HIV, tuberculosis, hepatitis, etc.) Based on recent successes, its scope will be broadened to include other providers who also interact with this risk population. If you would like additional information about cross-training, please contact Jerry Shirah at (404) 639-8361.

- CDC is working on the development of a technical assistance program to help grantees and community planning groups in the planning, design, and implementation of comprehensive HIV prevention programs for IDUs. For more information, please contact your project officer.

- We have reviewed our HIV prevention cooperative agreement announcements and program guidelines and have incorporated concepts of coordination and collaboration between HIV/AIDS and substance abuse prevention and treatment as a desired prevention strategy. As a result, we will be asking State HIV prevention grantees to report their efforts to coordinate and collaborate with substance abuse treatment and prevention programs in their jurisdiction. This will be a programmatic component of the external review.

- The National Alliance of State and Territorial AIDS Directors (NASTAD) will focus on HIV prevention for drug users in their upcoming NASTAD Community Planning Bulletin due out July 1998. The bulletin will profile CDC-Center for Substance Abuse Treatment (CSAT) cross-training and will provide updates on syringe access and innovative prevention models in several States. For further information or to obtain a copy of the bulletin, please contact NASTAD at (202) 434-8090.

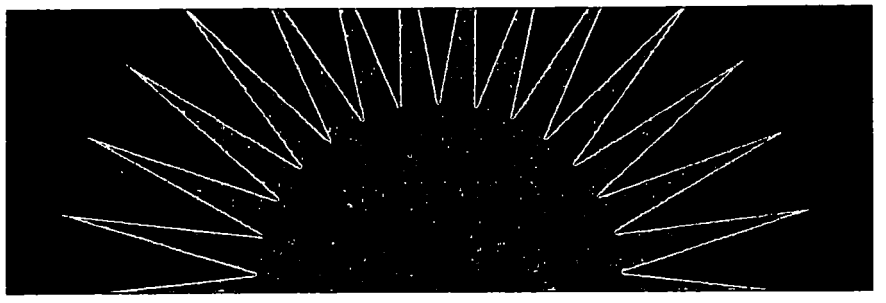
- The Task Force is also interested in collecting information on innovative strategies or approaches that you have utilized to improve the integration of HIV and substance abuse prevention and treatment within your program(s). Please send information you wish to share to Norm Fikes, Special Projects Manager, National Center for HIV, STD, and TB Prevention, CDC, Mailstop E-07, Atlanta, Georgia 30333 or you may contact him at (404) 639-8013.

The epidemiologic facts for the twin epidemics demand new approaches to both HIV and substance abuse prevention and treatment. We must do a better job of communicating with each other and convey the same message, "HIV prevention is substance abuse prevention, and substance abuse treatment is HIV prevention." The actions outlined above and will help make this possible.

Sincerely yours,

Helene D. Gayle

Helene D. Gayle, M.D., M.P.H.
Director
National Center for HIV, STD, and TB Prevention



The National Treatment Improvement Evaluation Study

NTIES

Substance Abuse and Mental Health Services Administration
SAMHSA

CSAT
Center for Substance Abuse Treatment

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

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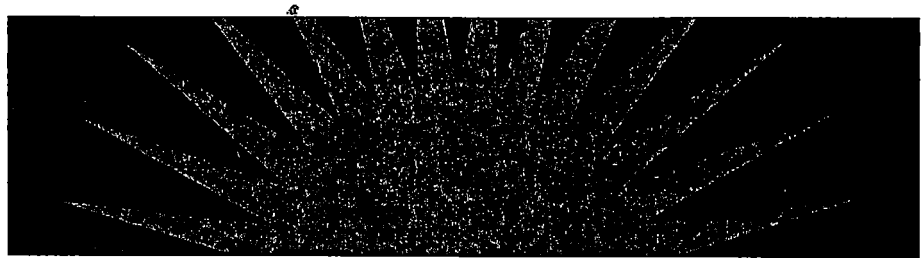

The National Treatment Improvement Evaluation Study

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Highlights

Substance Abuse and Mental Health Services Administration
SAMHSA

DEPARTMENT OF HEALTH & HUMAN SERVICES USA

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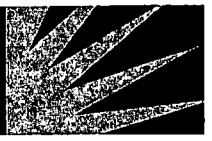

NTIES The National Treatment Improvement Evaluation Study

Women in Treatment

Substance Abuse and Mental Health Services Administration
SAMHSA

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CSAT
Center for Substance Abuse Treatment

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Treatment for Marijuana Use

Substance Abuse and Mental Health Services Administration
SAMHSA

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Adolescents and Young Adults in Treatment

Substance Abuse and Mental Health Services Administration
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Treatment for Cocaine and Crack Use

Substance Abuse and Mental Health Services Administration
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Treatment Impact on Criminal Activity

Substance Abuse and Mental Health Services Administration
SAMHSA

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U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

HIV, TB & Infectious Diseases

The Alcohol and Other Drug Use Connection

A Practical Approach to Linking Clients to Treatment

Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
Rockville, MD

In collaboration with
The Centers for Disease Control and Prevention
Atlanta, GA

Developed under contract to
HI-TECH International, Inc.
Arlington, VA

HIV, TB AND INFECTIOUS DISEASES: THE ALCOHOL AND OTHER DRUG USE CONNECTION

A Practical Approach to Linking Clients to Treatment Services

For many years, this country has been challenged by the epidemic of alcohol and other drug abuse. During this past decade, this challenge has been further complicated by the advent of HIV disease. These "twin epidemics" of alcohol and other drug (AOD) abuse and HIV, plus the resurgence of tuberculosis (TB) and syphilis, present themselves to service providers in treatment and public health settings.

The incidence and prevalence of infectious diseases and TB among AOD users have increased substantially in the last decade. The risk for contracting infectious diseases is greater in individuals with AOD abuse problems than in non-AOD users for three major reasons:

They are more likely to be involved in AOD-related activities, such as works-sharing or trading sex for drugs.

They may be more likely, because of sexual disinhibition associated with AOD use or having blackouts, to engage in sexual behaviors.

The social networks of some AOD users may overlap with those individuals with sexually transmitted diseases (STDs) and TB.

Subsequently, individuals who may be clients in AOD abuse treatment programs and/or patients in infectious disease and public health clinics, require a variety of services to treat often concurrent infections, diseases and health-related problems. Yet, unless service providers possess the *knowledge, skills and sensitivities* to address these multiple and overlapping needs, a fractured approach to treatment and prevention results. Through the effective use of the skills learned in this workshop, providers can increase the likelihood of early detection, and, thereby the success of preventive and rehabilitative measures.

RATIONALE FOR "CROSS-TRAINING WORKSHOP"

Individuals at risk for alcohol and other drug abuse or for infectious diseases are often at risk for the other of these two problems. Injection drug users (IDUs) may be physically addicted to a drug such as heroin. Through the practice of sharing injection drug works, they are also at risk for hepatitis or HIV. Similarly, a person who is treated repeatedly for sexually transmitted diseases, may be dependent on cocaine or addicted to crack and may be trading sex, often unprotected, for drugs.

The cross training workshop *HIV, TB and Infectious Diseases: The Alcohol and Other Drug Use Connection*, targets both disease intervention specialists and substance abuse treatment staff.

Alcohol and other drug abuse treatment staff, outreach workers, and disease intervention specialists need to increase their basic knowledge about substance abuse and infectious diseases. Sensitivities, beliefs and feelings may need to be examined as well prior to accomplishing the ultimate goal of improving skills to screen for AOD and infectious diseases and personalize risk in the co-morbid client or patient.

For further information contact:

David C. Thompson
Project Officer
Center for Substance Abuse Treatment (CSAT)
(301) 443-6523

or

C. Godfrey Jacobs
Project Director
HI-TECH INTERNATIONAL, INC.
(703) 998-0287 Ext. 273

THE GOALS OF THE CROSS-TRAINING WORKSHOP

By attending this unique two-day workshop, participants will:

increase their knowledge of the connection between alcohol and other drug (AOD) abuse and infectious diseases;

gain an appreciation for the issues and concerns confronting AOD treatment staff and disease intervention specialists (DIS);

learn about how alcohol and other drug abuse affects the body and brain of users and can lead to disinhibition;

learn about risk, recognition and response as they relate to infectious disease;

increase their knowledge about infectious diseases being contracted by AOD treatment clients;

learn about specific infectious disease treatment issues and how they relate to AOD program response and counselor roles;

increase their knowledge of stages of change related to behaviors;

improve skills related to screening and assessment methods for AOD and/or infectious diseases;

learn appropriate questions and techniques for assisting patients/clients to personalize risk and practice harm reduction techniques;

increase their knowledge about legal issues as they pertain to patient/client confidentiality; and,

assess personal knowledge/skills to better link clients to treatment.

AGENDA FOR WORKSHOP

Day One

8:30am	Registration
9:00am	**Introductions, Overview of Workshop** Case Studies: ***Freida*** and ***Martin*** Personal Introductions Review Agenda/Format, Goals and Objectives
9:45am	**The Alcohol and Other Drug Abuse/Infectious Disease Connection**
10:30am	**B R E A K**
10:45am	**HIV Disease Update:** The Behavioral Connection with AOD and Other Infectious Diseases
11:15am	For AOD Staff: **An Overview of Infectious Diseases** For Infectious Disease Staff: **An Overview of AOD**
12:15pm	**L U N C H**
1:30pm	**"Where Do You Stand?"** Energizer/Sensitizer!
2:00pm	For AOD Staff: **An Overview of Infectious Diseases** For Infectious Disease Staff: **An Overview of AOD**
3:15pm	**B R E A K**
3:30pm	**Tuberculosis Update**
4:30pm	Feedback on Day One

AGENDA FOR WORKSHOP

Day Two

8:45am	Review/Preview
9:00am	**Developing Risk Reduction/Harm Reduction Messages**
10:30am	**B R E A K**
10:45am	**An Overview of Screening and Assessment Methods**
	Self-Comfort Inventory
12:15pm	**L U N C H**
1:30pm	For Infectious Disease Staff: **AOD Screening Instrument-Practicum** For AOD Staff: **Infectious Disease Screening Instrument-Practicum**
2:30pm	**Risk Assessment/Harm Reduction:** Explanation and Demonstration
3:00pm	**B R E A K**
3:15pm	**Risk Assessment/Harm Reduction:** Practicum
4:15pm	**Legal Issues Surrounding Client Confidentiality: Collaborating in the Provision of Communicable Disease and AOD Abuse Treatment**
4:45pm	Feedback and Evaluation

APPENDIX I

Process for Implementing the *HIV, TB & Infectious Diseases: The Alcohol and Other Drug Abuse Connection* in the States, Local Governments and Qualified Service Organizations

Rationale for the Cross-Training Workshop

HIV, TB and Infectious Diseases: The Alcohol and Other Drug Use Connection is a workshop designed to increase knowledge and awareness, and enhance skills among public health and substance abuse treatment providers. Professionals in these two service arenas need information about the connections between communicable and infectious diseases (ID) and alcohol and other drug (AOD) abuse in order to recognize and assess these often concurrent conditions. This workshop is designed to help strengthen the network of resources available to clients and patients at risk by bringing together training participants representing: public health and sexually transmitted disease clinics; tuberculosis prevention and treatment programs; HIV/AIDS service organizations and care providers; alcohol and other drug treatment programs; and, health professionals within the criminal justice system.

State-Level Pre-Planning and Coordination

In preparation for implementing the cross-training in a state, meetings should be held including the key public health, substance abuse, HIV/AIDS and corrections system administrators to discuss the goals and objectives of the training, and plan the initial delivery and its implications for subsequent coordination in the state. This curriculum has been designed to operate most effectively in a service climate in which Qualified Service Organization Agreements (QSOA's) are in place, or can be put in place to facilitate movement of clients between systems. States piloting this curriculum began the process of establishing QSOA's in tandem with implementation of the training to encourage workers to utilize the skills developed during the training.

Pre-planning discussions should also explore potential mechanisms for funding ongoing training initiatives upon completion of the federal intervention. Finally, administrators should anticipate short and long-term evaluation needs, and how to most effectively apply evaluation findings utilizing both pre- and post-testing results and user satisfaction results.

Who Should Be Recruited to Attend the Cross-Training Workshop?

Workshop participants should include substance abuse treatment professionals (including counselors, nurses, supervisors, case managers), public health workers from sexually transmitted disease clinics, public health clinics, tuberculosis programs and HIV/AIDS service and care providers. In addition, outreach workers who interact with at-risk individuals will benefit from the workshop.

The workshop participants should be equally distributed, one-half representing substance abuse treatment and the other half being from public health. The Federal contractor will not pay travel and per diem expenses for workshop participants.

Prior to the delivery of the workshop, it may be important to discuss the purpose, goals and objectives of the workshop with health district directors, community service board directors or other key administrative personnel. Focus groups with these individuals can help "get them on board" by providing a structure that allows for discussion of problem areas between public health and substance abuse treatment and ways this workshop might address these issues.

Preparing Training Teams

Staffing for each delivery of the cross-training should include a national lead trainer (with AOD and HIV expertise) working in tandem with STD and TB experts provided by state or city public health departments. This will assist in providing the appropriate enhancement of state and local capabilities. States may choose to select a team of state public health and AOD trainers to receive a training of trainers workshop following an initial delivery of the cross-training curriculum. In turn, these trainers can become the state experts in delivery of this curriculum, thus insuring long term viability and capacity development for the state being served.

Material Production

The Federal contractor will be required to take responsibility for developing and updating all training manuals and resource and evaluation materials. However, states will be asked to absorb the cost of materials reproduction and shipping.

Logistical Coordination

State or local workshop coordinators will handle coordination of training site logistics with guidance by the contractor. The Federal contractor can make recommendations regarding site selection, invitations, and registration, with final arrangements left to the discretion of the local

coordinating body. Payment of training site costs will be negotiated.

Training Delivery

The Federal contractor will be responsible to provide the necessary lead trainer(s) and coordinate all aspects of the training delivery with the local coordinator to assure an effective learning experience for participants, and the potential for replicability if the state so chooses.

Training Evaluation

In order to support continued circulation of the curriculum and funding of the initiative, outcome and process evaluation of the training must be conducted. Curriculum evaluation forms have been designed and tested, and will be administered for each training event. Additionally, pre- and post-test instruments are available, and can be reviewed by the local coordinator for consistency with local goals and requirements.

Heroin and Red Herrings

By Michael Massing

The recent deaths of 10 young people in Plano, Tex., who had overdosed on heroin seems further evidence that more members of the middle class are using the drug.

A booming Dallas suburb with a median household income of more than $50,000, Plano is the last place where one would expect to find an heroin epidemic, least of all among people as young as these victims, one of whom was only 14.

The news about Plano is only the latest of many alarming accounts of heroin's growing hold on affluent Americans. We have read newspaper articles and seen television news programs about strung-out stockbrokers and models, movie stars and rock musicians.

There is no doubt that the drug's use has increased in areas like Hollywood, the East Village and Wall Street. Supplies of heroin are up, in a form pure enough to snort rather than inject. This has heightened the narcotic's allure for some Americans, especially those too young to remember the heroin epidemic of the late 1960's. Yet the amount of attention these well-heeled junkies have received is out of all proportion to their actual number.

None of the leading drug surveys bear out the claims of a new wave of middle-class heroin use. The 1996 National Household Survey on Drug Abuse found that just 0.2 percent of the more than 18,000 people polled had used the drug in the preceding year. A mere 0.1 percent had used it in the past month.

And according to the University of Michigan's annual survey of high school students, just 1 percent of all the country's 12th graders questioned in 1996 said they had used the drug in the past year. It's true that in the last few years that number has gone up, but this is hardly the stuff of a national crisis.

Michael Massing writes frequently about the drug problem in America.

The middle class doesn't have a drug problem.

The uproar over middle-class heroin use overlooks those with the real heroin problem, addicts in the inner city. This population of hard-core users, numbering about three million, constitute our nation's true drug problem.

Longtime users who have burned out on cocaine and crack have been turning to heroin and its more mellow high. Many add it to crack and smoke it in a pipe; others mix heroin and cocaine together and inject it in a potent cocktail called a speedball.

Since many of these users are homeless, unemployed and emotionally disturbed, they tend not to show up in national surveys. Unfortunately, policy makers are oblivious to them as well. Current drug policy has become almost completely irrelevant to what is going on in the street. The Clinton Administration's latest initiative, unveiled with great fanfare earlier this year, is a $195 million television advertising campaign aimed at keeping young people off drugs. While such a campaign probably won't hurt, it will do little to help chronic, longtime users, most of whom are adults.

That money would be much better spent on new treatment slots at rehabilitation centers, many of which have long waiting lists. Addicts don't vote, however, and so politicians have little incentive to help them.

And, while we broadcast public service announcements on television, heroin, crack and cocaine will continue to afflict those in the inner city. The effects can be seen in the many children who are abused by drug users, addicts who get H.I.V. from dirty needles and the street people who overdose. These are the real-life victims of heroin — even if they don't make the nightly news. □

New York Times
December 6, 1997

CSAT

Center for Substance Abuse Treatment

TAPs Order Form

Fill out this form and return by fax or mail to:

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20845-2345
Fax: (301) 468-6433 Phone: (800) 729-6686 TDD: (800) 487-4889

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

TAPs Order Form

INV.#		TITLE	QTY.
PHD580	1.	Approaches in the Treatment of Adolescents With Emotional and Substance Abuse Problems	
PHD581	2.	Medicaid Financing for Mental Health and Substance Abuse Services for Children and Adolescents	
PHD582	3.	Need, Demand, and Problem Assessment For Substance Abuse Services	
PHD583	4.	Coordination of Alcohol, Drug Abuse, and Mental Health Services	
PHD584	5.	Self-Run, Self-Supported Houses for More Effective Recovery from Alcohol and Drug Addiction	
BKD81	6.	Empowering Families, Helping Adolescents: Family-Centered Treatment of Adolescents With Alcohol, Drug Abuse, and Mental Health Problems	
BKD151	7.	Treatment of Opiate Addiction With Methadone: A Counselor Manual	
BKD121	8.	Relapse Prevention and the Substance-Abusing Criminal Offender	
BKD152	9.	Funding Resource Guide for Substance Abuse Programs	
PHD662	10.	Rural Issues in Alcohol and Other Drug Abuse Treatment	
PHD663	11.	Treatment for Alcohol and Other Drug Abuse: Opportunities for Coordination	
PHD666	12.	Approval and Monitoring of Narcotic Treatment Programs: A Guide on the Roles of Federal and State Agencies	
BKD156	13.	Confidentiality of Patient Records for Alcohol and Other Drug Treatment	
BKD175	14.	Siting Drug and Alcohol Treatment Programs: Legal Challenges to the NIMBY Syndrome	
BKD176	15.	Forecasting the Cost of Chemical Dependency Treatment Under Managed Care: The Washington State Study	
BKD167	16.	Purchasing Managed Care Services for Alcohol and Other Drug Treatment: Essential Elements and Policy Issues	
BKD174	17.	Treating Alcohol and Other Drug Abusers In Rural and Frontier Areas	
PHD722	18.	Checklist for Monitoring Alcohol and Other Drug Confidentiality Compliance	
PHD723	19.	Counselor's Manual for Relapse Prevention With Chemically Dependent Criminal Offenders	
BKD220	20.	Bringing Excellence to Substance Abuse Services in Rural and Frontier America: 1996 Award for Excellence Papers	
BKD246	21.	Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice (March 1998)	
BKD252	22.	Contracting for Managed Substance Abuse and Mental Health Services: A Guide for Public Purchasers (April 1998)	

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Center for Substance Abuse Treatment

TAPs Technical Assistance Publications

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Substance Abuse and Mental Health Services Administration
SAMHSA

CSAT TAPs

Technical Assistance Publications (TAPs) are a compilation of written materials gathered from various Federal, State, programmatic, and clinical sources, which provide practical guidance and information related to the delivery of treatment services to individuals suffering from alcohol and other drug abuse disorders.

1. Approaches in the Treatment of Adolescents with Emotional and Substance Abuse Problems.
Reviews the impact of alcohol, drug abuse, and mental health (ADM) disorders among adolescents and makes practical recommendations on the implementation of effective treatment methods for adolescents. 30 pages. *PHD580.*

2. Medicaid Financing for Mental Health and Substance Abuse Services for Children and Adolescents.
Provides background information on the Medicaid child and adolescent populations, and includes a status report on States' current Medicaid eligibility and service coverage policies. 69 pages. *PHD581.*

3. Need, Demand, and Problem Assessment for Substance Abuse Services.
This report documents more than a dozen different methodologies designed to assist in developing more structured approaches to assessing the need for substance abuse treatment services and estimating the demand for services. 33 pages. *PHD582.*

4. Coordination of Alcohol, Drug Abuse, and Mental Health Services.
Reviews current knowledge about coordination of ADM services, describes the major models and mechanisms available, and makes recommendations regarding the process of developing coordinated ADM services. 37 pages. *PHD583.*

5. Self-Run, Self-Supported Houses for More Effective Recovery from Alcohol and Drug Addiction. This publication describes the experience of Oxford House and the mechanics of renting houses to be used as self-run, self-supported recovery houses. 127 pages. *PHD584.*

6. Empowering Families, Helping Adolescents: Family-Centered Treatment of Adolescents with Alcohol, Drug Abuse, and Mental Health Problems.
Explains issues, treatment models, and steps necessary to implement a family-centered approach to adolescent treatment. 204 pages. *BKD81.*

7. Treatment of Opiate Addiction with Methadone: A Counselor Manual.
Provides counseling staff in methadone treatment centers accurate information about the treatment they are delivering and to promote the improvement of addiction treatment using methadone. 183 pages. *BKD151.*

8. Relapse Prevention and the Substance-Abusing Criminal Offender.
This briefing provides an overview of chemical addiction and the process of recovery. The process of relapse is discussed, as well as the principles and procedures of relapse prevention therapy. 30 pages. *BKD121.*

9. Funding Resource Guide for Substance Abuse Programs.
Assists programs in preparing a development plan to outline funding needs, organize a fund raising effort. and identifies funding opportunities. Includes resources and relevant government agencies helpful at the Federal, State, and local levels. 121 pages. *BKD152.*

10. Rural Issues in Alcohol and Other Drug Abuse Treatment.
Presents papers submitted in the "Award for Excellence" competition (1992) co-sponsored by CSAT and the National Rural Institute on Alcohol and Drug Abuse. Provides innovative and unusual strategies, approaches, and research findings. 68 pages. *PHD662.*

11. Treatment for Alcohol and Other Drug Abuse: Opportunities for Coordination.
Contains an exhaustive review of the need for and benefit of systemic coordination among State, legislative, public health, criminal justice, and social service entities in order to provide a continuum of comprehensive treatment services. 182 pages. *PHD663.*

12. Approval and Monitoring of Narcotic Treatment Programs: A Guide on the Roles of Federal and State Agencies.
Offers a step-by-step description of Federal and State agency rules in approving and monitoring narcotic addiction treatment programs. 179 pages. *PHD666.*

13. Confidentiality of Patient Records for Alcohol and Other Drug Treatment.
Presents an overview of Federal alcohol and other drug treatment confidentiality law and regulations. Includes sample forms for patient consent and qualified service organizations agreements. 32 pages. *BKD156.*

14. Siting Drug and Alcohol Treatment Programs: Legal Challenges to the NIMBY Syndrome.
Examines the legal remedies available to treatment providers who wish to challenge discriminatory zoning and siting decisions that result from the NIMBY (not in my back yard) syndrome. 47 pages. *BKD175.*

15. Forecasting the Cost of Chemical Dependency Treatment Under Managed Care: The Washington State Study.
Provides background information in using actuarial studies to predict the costs of contracting with managed-care organizations to provide publicly funded chemical dependency treatment services. 84 pages. *BKD176.*

16. Purchasing Managed Care Services for Alcohol and Other Drug Treatment: Essential Elements and Policy Issues.
Discusses issues and guidance to those developing contracts with managed care organizations for substance abuse treatment services. Includes contract language and a 17-page checklist for assessing readiness for managed care. 58 pages. *BKD167.*

17. Treating Alcohol and Other Drug Abusers in Rural and Frontier Areas: 1994 Award for Excellence Papers.
A compilation of the 1994 Award for Excellence Papers contest, sponsored jointly by CSAT and the National Rural Institute on Alcohol and Drug Abuse. Provides innovative strategies for addressing the challenges in rural and frontier areas. 123 pages. *BKD174.*

18. Checklist for Monitoring Alcohol and Other Drug Confidentiality Compliance.
Provides an easy to use checklist to help determine whethe complaints alleging a breach of patient confidentiality are justified under the Federal confidentiality law. 52 pages. *PHD722.*

19. Counselor's Manual for Relapse Prevention with Chemically Dependent Criminal Offenders.
Designed for the paraprofessional counselor, this manual includes the Relapse Prevention Workbook for Chemically Dependent Criminal Offenders. 181 pages. *PHD723.*

20. Bringing Excellence to Substance Abuse Services in Rural and Frontier America: 1996 Award for Excellence Papers.
The 1996 Award for Excellence papers are a culmination of the third Call for Papers from CSAT and the National Rural Institute on Alcohol and Drug Abuse. Examines a number of ways in which rural and frontier America is addressing alcohol and drug abuse and the problems that accompany the abuse. 140 pages. *BKD220.*

21. Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice.
Provides practice guidelines to enhance the competencies of addiction practitioners and to foster improvements in the educational preparation of addiction treatment professionals. 132 pages. *BKD246*

22. Contracting for Managed Substance Abuse and Mental Health Services: A Guide for Public Purchasers.
A practical guide for the design and development of sound managed care goals and initiatives in the rapidly evolving substance abuse and/or mental health services arena. 285 pages. *BKD252 (April 1998)*

Center for Substance Abuse Treatment

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Please indicate whether you want to order the Administrator's version (Bound copy) or the Clinician's version (3-hole punch). Limit your order to 5 copies per TIP. TIPs are also available on-line through the National Library of Medicine at **http://text.nlm.nih.gov**

TITLE	Quantity Administrator's version	Clinician's version
1. State Methadone Treatment Guidelines	BKD98 ___	BKD98C ___
2. Pregnant, Substance-Using Women	BKD107___	BKD107C___
3. Screening and Assessment of Alcohol- and Other Drug-Abusing Adolescents	BKD108___	BKD108C___
4. Guidelines for the Treatment of Alcohol- and Other Drug-Abusing Adolescents	BKD109___	BKD109C___
5. Improving Treatment for Drug-Exposed Infants	BKD110___	BKD110C___
6. Screening for Infectious Diseases Among Substance Abusers	BKD131___	BKD131C___
7. Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System	BKD138___	BKD138C___
8. Intensive Outpatient Treatment for Alcohol and Other Drug Abuse	BKD139___	BKD139C___
9. Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse	BKD134___	BKD134C___
10. Assessment and Treatment of Cocaine-Abusing Methadone-Maintained Patients	BKD157___	BKD157C___
11. Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases	BKD143___	BKD143C___
12. Combining Substance Abuse Treatment with Intermediate Sanctions for Adults in the Criminal Justice System	BKD144___	BKD144C___
13. The Role and Current Status of Patient Placement Criteria In the Treatment of Substance Use Disorders	BKD161___	BKD161C___
14. Developing State Outcomes Monitoring Systems for Alcohol and Other Drug Abuse Treatment	BKD162___	BKD162C___
15. Treatment for HIV-Infected Alcohol and Other Drug Abusers	BKD163___	BKD163C___
16. Alcohol and Other Drug Screening of Hospitalized Trauma Patients	BKD164___	BKD164C___
17. Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System	BKD165___	BKD165C___
18. The Tuberculosis Epidemic: Legal and Ethical Issues for Alcohol and Other Drug Abuse Treatment Providers	BKD173___	BKD173C___
19. Detoxification from Alcohol and Other Drugs	BKD172___	BKD172C___
20. Matching Treatment to Patient Needs in Opioid Substitution Therapy	BKD168___	BKD168C___
21. Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System	BKD169___	BKD169C___
22. LAAM in the Treatment of Opiate Addiction	BKD170___	BKD170C___
23. Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing	BKD205___	BKD205C___
24. A Guide to Substance Abuse Services For Primary Care Clinicians	BKD234___	BKD234C___
25. Substance Abuse Treatment and Domestic Violence	BKD239___	BKD239C___
26. Substance Abuse Among Older Adults	BKD250___	BKD250C___

TITLE	Quantity Administrator's version	Clinician's version
Available May 1998		
27. Comprehensive Case Management for Substance Abuse Treatment	BKD251___	BKD251C___

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Substance Abuse and Mental Health Services Administration

3/98

TIPs

Center for Substance Abuse Treatment

Treatment Improvement Protocols

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CSAT TIPs

Treatment Improvement Protocols (TIPs) are the products of a systematic and innovative process which brings together clinicians, researchers, program managers, policy makers and other Federal and non-Federal experts to reach consensus on state-of-the-art treatment practices. Funded in support of the Substance Abuse Prevention and Treatment Block Grant, the TIPs have been developed to improve the treatment capabilities of the Nation's alcohol and drug abuse service system.

1. State Methadone Treatment Guidelines
Provides guidelines for State agencies, policy makers, and methadone treatment providers on effective treatment practices and care. *222 pages. BKD98.*

2. Pregnant, Substance-Using Women
Informs and encourages treatment programs to broaden and strengthen services for women, and particularly for pregnant substance abusers. *90 pages. BKD107.*

3. Screening and Assessment of Alcohol- and Other Drug-Abusing Adolescents
Describes strategies, procedures and instruments appropriate for initial detection, comprehensive assessment, and treatment planning for adolescents. *270 pages. BKD108.*

4. Guidelines for the Treatment of Alcohol- and Other Drug-Abusing Adolescents
Companion volume to TIP 3, this provides guidelines to treatment programs for design and delivery of effective services for adolescents. *109 pages. BKD109.*

5. Improving Treatment for Drug-Exposed Infants
Educates and informs about medical and psychosocial services for drug-exposed infants up to 18 months of age and their families. *94 pages. BKD110.*

6. Screening for Infectious Diseases Among Substance Abusers
Instructs and guides health care providers to design, deliver and improve treatment for those at risk for infectious diseases in a variety of settings. *160 pages. BKD131.*

7. Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System
With TIPs #12 and #17, this is the first of a trio of volumes designed to assist health care and criminal justice agencies. This TIP identifies specific screening and assessment tools to ensure appropriate program referral. *129 pages. BKD138.*

8. Intensive Outpatient Treatment for Alcohol and Other Drug Abuse
Addresses the clinical viability and utility of Intensive Outpatient Treatment (IOT) services within the local continuum of care. *104 pages. BKD139.*

9. Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse
Informs and recommends strategies and techniques to enhance treatment services to individuals with co-existing mental health and substance abuse disorders. *114 pages. BKD134.*

10. Assessment and Treatment of Cocaine-Abusing Methadone-Maintained Patients
Addresses the treatment needs of methadone patients using opioids and stimulants, especially cocaine and crack-cocaine. *117 pages. BKD157.*

11. Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases
Presents two screening instruments designed for rapid administration by a wide range of providers and ease of scoring and interpretation. *74 pages. BKD143.*

12. Combining Substance Abuse Treatment with Intermediate Sanctions for Adults in the Criminal Justice System
With TIPs #7 and #17, this is the second of a trio of volumes designed to assist health care and criminal justice agencies. This TIP provides information to enhance the linkage of treatment services for offenders assigned to intermediate sanctions. Planning, policy, ethical, and legal issues are discussed. *101 pages. BKD144.*

13. The Role and Current Status of Patient Placement Criteria in the Treatment of Substance Use Disorders
Describes the need and value of standardized patient placement criteria (PPC) and lays the groundwork for a concerted effort to develop national uniform patient placement criteria. *74 pages. BKD161.*

14. Developing State Outcomes Monitoring Systems for Alcohol and Other Drug Abuse Treatment
Assists State agencies and their staff develop, implement, and manage outcomes monitoring systems for substance abuse treatment programs to increase accountability for treatment expenditures. *96 pages. BKD162.*

15. Treatment for HIV-Infected Alcohol and Other Drug Abusers
Identifies a spectrum of core services and treatment approaches that ideally should be available to all HIV-infected substance abusers, regardless of the setting in which they receive treatment. *171 pages. BKD163.*

16. Alcohol and Other Drug Screening of Hospitalized Trauma Patients
Describes the significant role that alcohol and other drugs play in traumatic injury - especially re-injury. Outlines a comprehensive assessment procedure, and brief intervention techniques. *96 pages. BKD164.*

17. Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System
With TIPs #7 and #12, this is the third volume in a series designed to enable the criminal justice and AOD treatment systems to systematically promote the acceptance of AOD treatment for criminal offenders and enhance its effectiveness. *116 pages. BKD165.*

18. The Tuberculosis Epidemic: Legal and Ethical Issues for Alcohol and Other Drug Abuse Treatment Providers
Summarizes the latest advice and recommended protocols for dealing with the threat of tuberculosis (TB) in the AOD setting. Promotes cooperation with public health officials and others in preventing the transmission of TB in AOD treatment facilities. *132 pages. BKD173.*

19. Detoxification from Alcohol and Other Drugs
Presents comprehensive guidelines useful to individuals involved in planning, evaluating, and providing detoxification services. *95 pages. BKD172.*

20. Matching Treatment to Patient Needs in Opioid Substitution Therapy
Outlines a comprehensive assessment process for identifying patient needs and describes core treatment elements to address those needs. *136 pages. BKD168.*

21. Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System
Introduces a model which concentrates on diverting youth already involved with the juvenile justice system from further penetration into the system by providing appropriate substance abuse treatment. *131 pages. BKD169.*

22. LAAM In the Treatment of Opiate Addiction
Summarizes current knowledge about the use of levo-alpha-acetyl-methadol (LAAM), an opioid agonist medication approved for use by the FDA in 1993. Separate chapters describe treatment planning, program administration, and regulatory and ethical issues. *66 pages. BKD170.*

23. Treatment Drug Courts: Integrating Substance Abuse Treatment with Legal Case Processing
Provides clinicians, administrators, and policy makers with the information to plan, implement, monitor, and evaluate treatment drug courts. Presents relevant information on financial, legal, and ethical issues. *65 pages. BKD205.*

24. A Guide to Substance Abuse Services for Primary Care Clinicians
Provides primary care clinicians specific guidance on identifying indications of substance abuse, how to broach the subject with a patient, and what screening and assessment instruments to use. *187 pages. BKD234*

25. Substance Abuse Treatment and Domestic Violence
Presents treatment providers with an introduction to the field of domestic violence. Useful techniques for detecting and eliciting such information are supplied, along with ways to modify treatment to ensure victims' safety and to stop the cycle of violence in the lives of the battered and the batterer. *171 pages. BKD239*

26. Substance Abuse Among Older Adults
Recommends best practices for identifying, screening, assessing, and treating alcohol and prescription drug abuse among people age 60 and older. *173 pages. BKD250*

27. Comprehensive Case Management for Substance Abuse Treatment
Describes models of case management, provides guidance t linkages with other service agencies, and gives practical information on adapting treatment programs to the managed care environment, with lists of the knowledges, skills, and attitudes needed to perform case management referral and service coordination activities. *122 pages. BKD251 (April 1998)*

Many of the published TIPs are now available in electronic format, text-searchable and downloadable, on the Internet. TIPs can be accessed through the National Library of Medicine on:

http://text.nlm.nih.gov/

TIPs are available in two versions: **Administrator's version** which is a bound copy and the **Clinician's version** which is a tabbed, 3-hole punched, loose-leaf copy suitable for training or as a quick desk-top reference.

Community Based Outreach and Intervention Demonstration Program for HIV/AIDS and Related Diseases Among Substance Abusers

This program is designed to demonstrate the replicability and cost-effectiveness of community-based intervention models that seek out injecting drug uses, their sex partners, and other high risk substance abusers, encourage their entry into treatment for chemical dependence, provide medical diagnostic services for HIV/AIDS and related illnesses, and effect those behavior changes most likely to decrease the risk of acquiring or transmitting HIV and related diseases. Linguistically, methodically, clinically, and otherwise cultural sensitivity and appropriateness are hallmark components of this program. In addition, data for the cross-site evaluation data is submitted to NEDTAC on a quarterly basis. This cross-site evaluation will follow clients through outreach contact, initial assessment, treatment episodes and follow-up interviews, at three and six month intervals. to determine the effectiveness of outreach and treatment.

The 11 HIV/AIDS Outreach Projects that were funded for year two activities, began their third and final year of implementation on October 1, 1997. All projects reported to have successfully implemented the cross-site evaluation system developed by NEDTAC. This system is tracking clients through the treatment continuum. This extensive evaluation is being carried out to demonstrate that comprehensive HIV/STD/TB and other services will effect behavior changes in the targeted populations. In addition, data is also being gathered on the Service Delivery Units (sites of actual treatment episodes). This information, which includes descriptive detail on the sites and their clinical interventions, plus a cost gathering section which will be used to determine actual treatment costs. Consequently, projects have continued to address objectives including the effectiveness of outreach in encouraging entry into substance abuse treatment, reducing infectious disease risk, increasing availability and utilization of screening, and linkages to comprehensive care.

CSAT'S HIV Outreach Projects for High Risk Substance Abusers Program

All of the HIV Outreach Projects have been funded since October 1, 1995, except Project Return, New York City, which has been funded since October 1, 1993.

1) Project Return targets women IDU's and their sex partners in the Harlam area of New York City.

2) Project R.E.A.C.H., also in New York City is based on Riker's Island (the city's detention center for short term offenders) and provides outreach to all new detainees, approximately 18,000 per year

3) The outreach project at the University of Alabama at Birmingham targets specific zip codes with high incidence of drug related HIV infection, and measures the impact of outreach using the stages of change model

4) River Region Human Services of Jacksonville, Florida targets outreach using a mobile van for testing and other services.

5) The Village South's outreach project is testing the difference between traditional outreach and an "enhanced" model in two sections of Miami's Liberty City.

6) The outreach project in Boston (Boston Public Health Commission) provides a "safe place" atmosphere where IDU's can receive treatment readiness information and begin preparation for entering a formal treatment environment. They also receive referrals from the sanctioned needle exchange program.

7) Baltimore's Health Care for the Homeless outreach project targets the city's homeless population by conducting outreach using flexible scheduling and one-on-one contact at areas where the homeless reside.

8) Latino Family Service of Detroit combines traditional street outreach with a treatment readiness service sessions which are conducted both in English and Spanish.

9) The Crozer (Pennsylvania) outreach project provides community based comprehensive HIV/STD/TB outreach targeting the economically depressed areas of the city.

10) The University of the Caribbean's outreach project in two communities of Puerto Rico is studying the effects of outreach in a managed care vs. non-managed care environment.

11) El Paso Texas's Aliviance (a community based substance abuse treatment provider) uses a combination of street outreach and mobile van services to reach a primarily Hispanic population.

12) Prototype of Los Angeles and Venice Beach are conducting outreach to female clients using street outreach and "safe place" drop-in centers (the Los Angeles site is located in the skid row section of downtown).

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Substance Abuse Prevention and Treatment Block Grant

FY 1997 - State / Territory Allocations

STATE/TERRITORY	Total Allocation	P.L. 104-121 (Non-add)
Alabama	$ 18,766,069	$ 724,781
Alaska	$ 2,045,493	$ 79,000
Arizona	$ 20,008,843	$ 772,779
Arkansas	$ 9,459,892	$ 365,359
California	$ 189,177,170	$ 7,306,385
Colorado	$ 19,331,042	$ 746,601
Connecticut	$ 15,049,798	$ 581,252
Delaware	$ 3,712,142	$ 143,370
District Of Col	$ 3,310,456	$ 127,856
Florida	$ 56,125,849	$ 2,167,687
Georgia	$ 30,207,385	$ 1,166,667
Hawaii	$ 6,382,425	$ 246,501
Idaho	$ 4,865,185	$ 187,902
Illinois	$ 57,457,219	$ 2,219,108
Indiana	$ 30,961,391	$ 1,195,788
Iowa	$ 11,945,086	$ 461,342
Kansas	$ 10,472,687	$ 404,475
Kentucky	$ 16,449,566	$ 635,313
Louisiana	$ 22,361,950	$ 863,661
Maine	$ 5,066,439	$ 195,675
Maryland	$ 27,488,907	$ 1,061,674
Massachusetts	$ 31,633,006	$ 1,221,727
Michigan	$ 53,819,688	$ 2,078,619
Minnesota	$ 19,883,464	$ 767,937
Red Lake Ind	$ 490,054	$ 18,926
Mississippi	$ 11,250,304	$ 434,508
Missouri	$ 22,195,118	$ 857,218
Montana	$ 3,732,709	$ 144,164
Nebraska	$ 6,066,301	$ 234,292
Nevada	$ 7,034,109	$ 271,670
New Hampshire	$ 4,591,261	$ 177,323
New Jersey	$ 39,985,543	$ 1,544,318
New Mexico	$ 6,779,047	$ 261,819
New York	$ 89,362,659	$ 3,451,357
North Carolina	$ 29,096,347	$ 1,123,756
North Dakota	$ 2,551,489	$ 98,543
Ohio	$ 61,964,608	$ 2,393,192
Oklahoma	$ 14,377,331	$ 555,280
Oregon	$ 14,395,138	$ 555,967

Pennsylvania	$ 54,924,670	$ 2,121,296
Rhode Island	$ 4,590,879	$ 177,308
South Carolina	$ 16,305,940	$ 629,766
South Dakota	$ 2,359,415	$ 91,125
Tennessee	$ 21,411,878	$ 826,967
Texas	$ 89,219,174	$ 3,445,815
Utah	$ 10,785,895	$ 416,571
Vermont	$ 2,522,716	$ 97,432
Virginia	$ 30,975,563	$ 1,196,335
Washington	$ 29,198,240	$ 1,127,692
West Virginia	$ 8,033,238	$ 310,259
Wisconsin	$ 23,362,586	$ 902,307
Wyoming	$ 1,639,236	$ 63,310
State Sub-Total	$1,275,182,600	$ 49,250,000
American Samoa	$ 226,342	$ 8,741
Guam	$ 644,346	$ 24,885
Northern Marian	$ 209,754	$ 8,101
Puerto Rico	$ 17,043,767	$ 658,262
Palau	$ 73,178	$ 2,826
Marshall Island	$ 216,480	$ 8,360
Micronesia	$ 512,483	$ 19,793
Virgin Islands	$ 492,671	$ 19,027
Territory Sub-Total	$ 19,419,021	$ 750,000
Set-Aside	$ 65,505,379	$ 0
TOTAL APPROPRIATION	$1,360,107,000	$ 50,000,000

The data in this table were developed by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration, under the provisions of 42 USC 300x-33. The "Non-add" column reflects amount of additional funding include in each State/Territory allocation resulting from passage of PL 104-121. Comments and questions concerning this information should be directed to SAMHSA's Office of Program Services, Division of Financial Management. (dkade@samhsa.gov)

CSAT OUTREACH PROJECT SUMMARY

Project Title: Addicts Outreach and Resource Center
5 H1N TI11139-02

Agency: City of Boston, Public Health Commission

Contact Person(s): Rhoda Creamer, Project Director
Richard Stevens, Assistant Deputy Director

Project Address: 1010 Massachusetts Ave.
Boston MA 02118

Telephone: (617) 534-4559
Fax: (617) 534-2480
E-MAIL: garlos4138@aol.com

CSAT Project Officer: David Thompson

HI-TECH Contact: Michael Dunham

Project Description:

The Addicts Outreach and Resource Center is a two tiered project growing out of the Boston Department of Health and Hospitals' (BDH&H) A-HOPE program (Addict Health Opportunities Program Exchange), designed to provide enhanced outreach to injection drug users to facilitate their entry into drug treatment. The project goals will be met through targeted outreach to "hard core" substance abusers, many of whom are at risk for HIV, Tuberculosis, and Sexually Transmitted Diseases, and SafePlace, a comprehensive resource center.

The first tier of the program, community outreach in five high risk neighborhoods in Boston - Roxbury, Dorchester, South End, South Boston and Mattapan will make contact with and provide risk reduction education to difficult to reach substance users approximating 1600 encounters. Clients who seek case management will go through assessment procedures and be referred to medical, social service and substance abuse treatment through the BDH&H network of providers and public health programs including Boston City Hospital, Addictions Services, and Public Health AIDS Services, and the Boston Office of Treatment Improvement - Treatment Works! program, and a range of substance abuse treatment facilities that will collaborate with this program.

Project Goals and Objectives:

- To demonstrate the efficacy of outreach as a first step intervention for facilitating access to substance abuse treatment.
- To seek out chronic, hardcore drug users and their sex and/or needle-sharing partner(s) in order to:

    1.1 Link them to a SafePlace where they receive support services, education about risk reduction and access to treatment.
    1.2 Conduct outreach with a minimum of 3200 contacts and 1600 encounters; and
    1.3 Serve 800 enrolled clients in SafePlace.

- To demonstrate that comprehensive outreach interventions effect behavior changes in the targeted populations.

    2.1 Provide the information skills and other prophylactic means to effect those behavior changes most likely to reduce the risks of acquiring or transmitting HIV and related diseases to all 800 clients enrolled in SafePlace.

To demonstrate the efficacy of a center where substance abusers are able to receive a variety of services as an effective second step toward receiving medical and substance abuse treatment.

3.1 Encourage and facilitate entry of 200 clients into substance abuse treatment each year;
3.2 Provide medical treatment referrals for HIV disease for 45 clients;
3.3 Provide referrals for HIV diagnostic and counseling services to 300 clients per year;
3.4 Provide medical diagnostic services for STDs to 100 clients per year; and
3.5 Provide TB screening for 125 clients per year,

Target Population: Mixed racial and ethnic groups

Outreach Strategies: The Indigenous Leader Outreach Model, The NIDA HIV Counseling & Education Intervention Strategies

Evaluation Plan: Process and Outcome procedures. Conducted by Harvard School of Public Health (Patricia Case). Process evaluation will describe the implementation of the program, and assess the degree to which the program was implemented. Outcome evaluation will describe the recipients of services, use of services, extent to which program

objectives were achieved and the outcome of drug treatment for clients of SafePlace who entered drug treatment. Instruments include: CSAT Risk Behavior Assessment, ASI, Staging Instrument.

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Action Steps and Report From

The Northwest Regional Workshop: HIV Prevention Approaches for Alcohol and Drug Use Among Men Who Have Sex With Men

University of Washington
Seattle, Washington
September 3-5, 1997

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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