

Minnesota's HIV and Chemical Health Provider Training Initiative

A Collaboration Between the Minnesota Department of Human Services and the Minnesota AIDS Project



Disclosure Form



Becca Stickney and Rick Laska have no financial interest or relationships to disclose.

- HRSA Education Committee Disclosures
HRSA Education Committee staff have no financial interest or relationships to disclose.
- CME Staff Disclosures
Professional Education Services Group staff have no financial interest or relationships to disclose.

Learning Objectives

1. Participants will be able to identify strategies used to develop HIV prevention and care training curriculum for chemical health providers. Participants will be able to identify the challenges and successes of collaborating with non-traditional HIV program settings.
2. Participants will be able to articulate the rationale for training chemical health providers to integrate evidence-based HIV prevention and care methods into their chemical health treatment programming. Participants will be able to identify effective strategies to embed HIV harm reduction, prevention for high-risk behaviors (both those who are positive and those who don't know their status) and after-care planning for clients living with HIV into existing chemical health treatment models.
3. Participants will be able to identify intended outcomes of conducting a HIV training program for chemical health providers to increase competency of staff in these areas: identifying clients at high HIV risk, making referrals to HIV testing and care, incorporating HIV risk assessment and harm reduction into the treatment process, confronting HIV discrimination among clients, supporting HIV positive clients through the disclosure process during treatment, and providing competent after-care referrals to local HIV services.

Project Rationale



Licensing Standards

- The licensing division of Human Services requires chemical dependency treatment providers to train and educate their staff and clients about HIV.
- Minnesota Licensed Alcohol and Drug Counselors (LADC) are required by the Board of Behavioral Health Therapy (BBHT) to maintain continuing education, including cultural diversity education.

The Connection Between Substance Use and HIV

- There is a relationship between HIV transmission risk and the use of drugs and alcohol.
 - Sharing needles and other methods of drug use.
 - Risky sexual behaviors that occur as a result of drug and alcohol use.

A 2004 Needs Assessment of HIV Positive Minnesotans Reported:

- 57% of the 242 respondents said substance use may have played a role in their diagnosis.
- 24% said their drug and/or alcohol use is a problem.
- 37% said they had a Rule 25 assessment.
- 31% reported they had been in drug or alcohol treatment in the last 5 years.

Chemical Health Consultation, Needs Assessment and Key Findings



System Needs Assessment

- MARRCH Conference
- Workshop participants were asked, “What curriculum components do you feel would be most beneficial to your CD treatment staff,” they identified the following:
 - Tools to deliver HIV education to clients
 - Information on HIV transmission and prevention
 - HIV harm reduction strategies
 - Sexual health risk assessment tools
 - HIV disclosure counseling and confidentiality laws

System Needs Assessment

- Identified stakeholders from Department of Human Services (DHS) Alcohol and Drug Abuse Division (ADAD) and chemical dependency treatment centers.
- Conferred with Chemical Health Consultant.
- Recruited stakeholders.
- Conducted focus groups.

Key Findings From Focus Groups

- Treatment centers were using a variety of methods to meet the HIV minimum standards.
- Barriers to attending the training included staff scheduling, cost, perceived lack of need and stigma surrounding HIV issues.
- Incentives identified included no cost for attending training, free continuing education hours and resources to assist in meeting minimum standards.

Key Findings From Focus Groups

- Curriculum components identified were addressing staff discomfort, HIV transmission, take-home risk assessment tools, resources for testing and medical care, creating a safe culture and after-care planning.
- Training time-frame was established as two consecutive days offered in seven regions of the state, twice in each region.
- Marketing to include all MN treatment centers and individual LADC's.

Curriculum Research



Treatment Improvement Protocol Series 37

Substance Abuse Treatment for Persons with HIV/AIDS

- Barriers to care for HIV-infected substance abuse disorder clients.
- Issues of integrated treatment.
- Counseling clients with HIV and substance abuse disorders.
- Ethical issues in working with HIV-infected substance abusers.
- Confidentiality of Information about clients.

Risk Assessment Tools

- HIV/STD/Hepatitis Risk Assessment
 - *Minnesota Department of Health*
- CLEAR Pre- and Post-Intervention Survey
 - *Project CLEAR*
- HIV Risk Assessment: A Tool for Conversation
 - *SPHERE*
- CDC Outcome Monitoring Questions
 - *Center for Disease Control*
- Patient Administered Sexual Health History Questionnaire
 - *Ask, Screen, Intervene*

Minnesota Matrix Model Based on the ASAM 6 Dimensions

- As identified by stakeholders, using Minnesota's primary chemical health model will increase the likelihood that counselors will begin incorporating HIV assessment, treatment and care planning into their client work.
- Questions in the 6 dimensions provide quick opportunities to assess for behavioral risk and provide client education to those who are status unaware or living with HIV.

Counseling Models

- Motivational Interviewing is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.
- Counselors can utilize the Stages of Change to help clients identify their HIV risk behaviors, explore their motivation to change those behaviors and assist them in developing an action plan to reduce or eliminate their risk for HIV.

Method and Effects of Chemical Use on HIV Health

- Method
 - Snorting, injecting, inserting, smoking and ingesting.
- Physical and psychological effects of chemicals that lead to increased HIV risk.
 - Sexual dysfunction, safer sex decisions, euphoria effects and impaired immune system.
- Effects of chemicals on HIV health
 - Medication adherence, CD4 count, viral load, disease progression and drug interactions.

Other Resources

- The American Red Cross HIV Instructor Certification Course
- Hepatitis C Support Project: Basic HCV Educator Course
- Minnesota laws regarding protected health information and confidentiality
- Incorporating HIV Prevention into the Medical Care of Persons Living with HIV- Disclosure Steps

Training Content



Intended Outcome of the Curriculum

- Increase competency of CD staff in the following areas
 - Identifying clients at high HIV risk
 - Making referrals to HIV testing and care
 - Incorporating HIV risk assessment and harm reduction into the treatment process
 - Confronting HIV discrimination among clients
 - Supporting HIV positive clients through the disclosure process during treatment
 - Providing competent after-care referrals to local HIV services.

Module One: Keynote

- Delivery: Lecture
- Objectives
 - Participants will gain an understanding of HIV epidemiology and understand the role that substance abuse plays in the transmission of HIV.
 - Participants will understand the role of the treatment center in identifying those who are status unaware, and provide linkages to care and treatment for those living with HIV.

Outcomes

- **Successes**
 - Content developed by a professional working in the field of chemical health and HIV social services.
 - Consultant provided 3 keynote presentations and was an excellent resource for participants.
- **Challenges**
 - Money for travel and mileage was not built into the contract for the consultant to attend all 14 trainings.
 - Trainers needed to modify the content to allow multiple trainers to present this information regardless of expertise.

Module Two: Icebreaker

- Delivery: Group Activity
- Objectives
 - Participants will hear various stories that have impacted people's knowledge, beliefs and feelings about HIV.
 - Participants will make the connection that their clients will enter treatment with varying levels of HIV education and have strong, emotional reactions to this topic.

Outcomes

■ Successes

- Participants in rural areas learned from others working in their field that HIV issues have played a role in local treatment centers.
- Participants in the metro area learned from the successes and failures of treatment centers consistently working with HIV positive clients.

■ Challenges

- Trainers learned that most providers did not have current working knowledge of HIV issues.

Module Three: Introduction to HIV, Hepatitis C and STIs



- Delivery: Interactive Quiz
- Objectives
 - Participants will understand HIV transmission, disease progression and treatment.
 - Participants will understand the connection between HIV, HCV, STIs and the importance of treatment.

Outcomes

- **Successes**
 - The interactive format allowed trainers to learn of participants' misconceptions about HIV transmission, prevention and treatment information.
 - By providing the participants with current HIV information, trainers ensured that participants began the training with a consistent knowledge base.
- **Challenges**
 - Participants came to the training from various professions (nursing, counseling, administration). For some, the material was review, for others it was all new information.

Module Four: Overcoming Discomfort in Addressing HIV Issues

- Delivery: Group Activity
- Objectives
 - Participants will learn that addressing HIV issues can involve explicit discussions about sexual and drug use behaviors that may involve non-technical language.

Outcomes

■ Successes

- Participants began to feel comfortable asking each other to define slang terminology for specific HIV risk behaviors.
- This activity took the shock value out of this terminology and prepared participants for potential client responses.

■ Challenges

- Some participants refrained from participation due to discomfort.
- Evaluations identified that some participants feel this exercise is too explicit.

Module Five: Professional Boundaries and Confidentiality Laws

- Delivery: Lecture
- Objectives
 - Participants will understand the importance of stating and maintaining clear personal and professional boundaries with clients around HIV issues.
 - Participants will understand federal and state confidentiality laws in regards to medical information, treatment information, duty to warn and mandated reporting.

Outcomes

■ Successes

- Participants shared stories of how they had incorrectly dealt with HIV confidentiality and mandated reporting.
- Trainers were able to provide appropriate action steps for these situations within the boundaries of state and federal confidentiality laws.

■ Challenges

- Participants wanted feedback on ethical and legal issues outside of the trainers' expertise.

Module Six: HIV Chem-Depardy

- Delivery: Group Activity
- Objectives
 - Participants will solidify knowledge obtained in the first 5 modules by answering questions in the following areas:
 - Method of Chemical Use
 - Physical and Psychological Effects of Chemicals
 - HIV Disease Progression
 - Hepatitis C and STIs
 - HIV
 - Epidemiology and Statistics

Outcomes

- Successes
 - The activity helped avoid post-lunch doldrums.
 - Participants demonstrated the large amount of information they had retained from earlier training modules.
- Challenges
 - Competitive participants challenged trainers on game rules.

Module Seven: Counseling Skills for Addressing Risk Behaviors

- Delivery: Lecture
- Objectives
 - Participants will understand that they can use existing chemical health models, including Motivational Interviewing, to address HIV risk behavior change.
 - Participants will understand the concept of the harm reduction model and how it pertains to HIV risk behaviors for those living with HIV and those who are unaware of their status.

Outcomes

- Successes
 - Trainers modified content with the addition of a case study and challenge statements.
- Challenges
 - Many participants have had multiple trainings on Motivational Interviewing.

Module Eight: Embedding HIV Assessment and Treatment Planning into the Minnesota Matrix Model



- Delivery: Lecture
- Objectives
 - Participants will understand how to embed HIV risk assessment and treatment questions into the Minnesota Matrix Model.
 - Participants will be given tips for charting within this model.

ASAM 6 Dimensions

- Dimension I – Acute Intoxication and/or Withdrawal Potential
- Dimension II – Bio-medical Conditions and Complications
- Dimension III – Cognitive, Behavioral and Emotional Conditions
- Dimension IV – Readiness for Change
- Dimension V – Relapse, Continued Use and Continued Problem Potential
- Dimension VI – Recovery Environment

Outcomes

- **Successes**
 - Those who were unable to integrate new risk assessment tools into their client work learned they were still able to assess for risk by embedding questions into an existing chemical health tool.
- **Challenges**
 - Not all participants used the Minnesota Matrix Model or used it to varying degrees.
 - Participants identified potential inconsistency in the treatment center if these additional questions were not asked by multiple staff.

Model Nine: Identifying Local Resources for HIV Testing, Medical Care and Social Services

- Delivery: Group Activity
- Objectives
 - Participants will become familiar with a variety of HIV resources that can be used when working with clients including HIV testing, medical care and social services.

Outcomes



- Successes
 - Participants learned that they don't have to go to an AIDS Service Organization to access HIV specific resources.

- Challenges
 - Trainers provided information on the full spectrum of HIV services available statewide, which are oftentimes difficult to locate in rural areas.

Module Ten: Conducting a HIV, HCV and STI Risk Assessment

- Delivery: Lecture
- Objectives
 - Participants will identify existing methods of HIV risk assessment in the treatment center, discuss previous challenges and successes, and examine their role in assessing for HIV.
 - Participants will understand the components of a HIV risk assessment, which include the importance of timing, setting and confidentiality.

Outcomes

- Successes
 - Those participants who were not currently conducting risk assessments with their clients learned of others in their field that had successfully integrated these tools.
- Challenges
 - Trainers discovered very few participants are currently providing a specific HIV risk assessment.
 - Participants identified lack of time as a barrier to providing a separate HIV risk assessment.

Module Eleven: Tools for Assessing HIV, HCV and STI Risk

- Delivery: Lecture
- Objectives
 - Participants will be provided with 5 different risk assessment tools that they can take back to their treatment setting and use as appropriate.
 - Participants will learn how each question can solicit information regarding a client's HIV risk and when referrals to testing may be appropriate.

Outcomes

- **Successes**
 - Participants gained an understanding of the justification behind each risk assessment question.
 - These tools were taken back to the treatment centers and implemented as appropriate.
- **Challenges**
 - These tools appeared overwhelming for participants who were unfamiliar with a risk assessment.

Module Twelve: Demonstration of a HIV, HCV and STI Risk Assessment

- Delivery: Instructor Demonstration
- Objectives
 - Participants will observe trainers conduct a HIV risk assessment.
 - Participants will provide feedback on the risk assessment after the demonstration.

Outcomes

- Successes
 - Trainer demonstration reduced anxiety related to role-plays.
 - Participants observed a fluid integration of a risk assessment into a counseling session.
- Challenges
 - Trainers wanted to model a successful risk assessment, but also provide “teachable moments” for participant feedback.

Module Thirteen: HIV, HCV and STI Risk Assessment Role Plays

- Delivery: Group Activity
- Objectives
 - Participants will use questions on a risk assessment to determine if a client who is unaware of their status needs HIV testing.
 - Participants will gain an understanding of how a person's chemical use may have contributed to HIV risk and disease progression.

Outcomes

- Successes

- Trainers moved the module to an earlier time of day. Participants had more energy and engaged in the activity.

- Challenges

- Participants expressed anxiety related to performing a role-play.
- If participants didn't foresee themselves conducting risk assessments with clients, they did not take the exercise seriously.

Module Fourteen: Identifying HIV Risk Behaviors, Barriers to Testing and Treatment and Referrals to Local Resources

- Delivery: Lecture and Group Brainstorm
- Objectives
 - Participants will understand how personal beliefs and barriers influence access to testing and treatment.
 - Participants will learn when to make referrals to testing and treatment.
 - Participants will understand how a client's substance use can impact their disease progression and medication adherence.

Scenario: Vanessa

Vanessa is a 33 year old female in treatment for crack use. She smokes crack. She lives with her boyfriend. Vanessa does not use condoms with her boyfriend because he tested negative for HIV and STIs a year ago. She has experienced an outbreak of sores in her mouth and genitals during the last 6 months. Vanessa has unprotected sex with women when she is high.

Beliefs That Influence Sexual Health

- “My boyfriend tested negative a year ago. That means he’s clean. He’d never cheat on me.”
- “I’ve heard there isn’t a risk of getting anything from another woman.”
- “I never share a pipe. Those are the people who are at high risk of getting diseases.”
- “I have sores, but they don’t hurt. When they get really bad, then I’ll go to the doctor.”

Barriers to Access

- Vanessa does not have health insurance
- Vanessa does not know how to locate a low-cost, confidential testing site
- Vanessa is financially dependent on her boyfriend

HIV, Hepatitis and STI Risks

- Unprotected anal, vaginal and oral sex with boyfriend
 - Boyfriend's screening came back negative one year ago
- Unprotected sexual risks with women
- Risk of transmitting herpes to sexual partners
- Diagnosis of herpes increases the risk of getting HIV or other STIs

Testing Referrals and Results

- Pregnancy testing
 - POSITIVE
- HIV testing
 - POSITIVE
- STI testing
 - POSITIVE for Herpes
- HCV testing
 - NEGATIVE

Care Referrals

- HIV medical services
 - HIV prenatal specialist
- Herpes treatment
- HIV and STI testing for boyfriend and female partners
- Partner notification services
- Boyfriend and female partners

Care Referrals

- HIV case manager
- Insurance specialist
- Mental health specialist
 - Potential sexual identity issues
 - Potential relationship violence issues

Effects of Continued Drug Use on Disease Progression and Transmission

- People living with HIV who use crack experience:
 - Faster decline in CD4 count
 - Higher viral load
 - Poor adherence to HIV medications
 - Increases risk of transmission to others
 - Faster progression to AIDS diagnosis
 - Greater risk of death

Outcomes

- Successes
 - Participants discovered that if they had not addressed sexual health issues with the client in each role play, they would not have identified core chemical health treatment issues.
- Challenges
 - Participants became overwhelmed with the complexity of the role play scenarios, as well as the expanse of possible referrals.

Module Fifteen: “What’s Your Opinion?”

- Delivery: Group Activity
- Objectives
 - Participants will learn to apply dialectical thinking to opinions related to HIV among staff and clients in the treatment center.
 - Participants will understand that staff and client opinions and attitudes may lead to discrimination and harassment in the treatment setting.



Example Statements

- I deserve to know if my client is HIV positive.
- Clean needles should be made available to injection drug users.
- Bisexual men have acted as a bridge for HIV transmission between gays and the heterosexual population.

Outcomes

■ Successes

- Some participants admitted to changing their opinion on previously held beliefs based on the arguments expressed.
- Participants realized that they were still able to communicate effectively about HIV issues regardless of their own personal beliefs.

■ Challenges

- Due to the content of the training, participants responded to statements based on what they assumed the trainers expected to hear.

Module Sixteen: Creating a Safe Culture Within the Treatment Setting

- Delivery: Lecture
- Objectives
 - Participants will learn strategies for addressing HIV-related harassment and discrimination in the treatment setting including staff and client education.
 - Participants will learn how the culture of the treatment center may promote or inhibit the ability to disclose HIV status.

Outcomes

■ Successes

- Participants were surprised to learn that simple efforts can impact the culture of a treatment center.
- Participants requested HIV promotional materials after this module.

■ Challenges

- Participants acknowledged the lack of staff uniformity in regards to maintaining a consistent safe culture.
- Participants expressed difficulty in controlling unobserved client harassment.

Module Seventeen: Assisting Clients Through the HIV Disclosure Process

- Delivery: Lecture
- Objectives
 - Participants will understand that disclosure may be an important part of the treatment process for those living with HIV.
 - Participants will learn steps to assist the client through the HIV disclosure process as well assess for safety.

Outcomes

- Successes
 - Trainers added a case study which added relevancy to the module.
 - Participants acknowledged that disclosure counseling can be an important part of relapse prevention planning for clients living with HIV.
- Challenges
 - Participants identified that client-to-client disclosure may occur prior to staff counseling.

Module Eighteen: Providing HIV Education in the Treatment Center

- Delivery: Lecture and Group Activity
- Objectives
 - Participants will be introduced to a variety of tools for providing HIV education in the treatment setting including online resources, brochures, local speakers and HIV education curriculum.
 - Participants will practice providing HIV education to become more comfortable using HIV terminology.

Outcomes

- Successes
 - Participants expressed intent and motivation to use the take-home education tools to begin providing client HIV education.
- Challenges
 - Some participants identified that staff responsible for client education were not at the training.

Preliminary Project Evaluation



Post-Training Informal Survey

- We asked 45 participants who attended 4 Greater MN Trainings, “What do you plan to implement in your agency based on this training?”
 - 67% said they will use the educational tools provided to meet HIV minimum standards for clients.
 - 33% said they will integrate HIV risk assessment questions into their current assessment.
 - 24% said they will use the training curriculum to provide the required HIV education for staff.
 - 20% said they will use the standardized risk assessment tools with clients.

Post-Training Informal Survey

- 19% said they will provide appropriate testing and medical referrals.
- 9% reported feeling more comfortable and confident discussing HIV issues with clients.



Formal Curriculum Evaluation Tool: “What was Most Helpful or Relevant?”

- “Before attending this training, I felt uncomfortable talking about sexual health. However, the information and the role play helped me to get over that feeling. I realized that all counselors should talk about sexual health with clients because it is part of their relapse prevention.”
2/18/2010
- “The correlation between HIV/STI's and chemical dependency. The relevance of the information presented was very beneficial and can be incorporated into the substance abuse curriculum.”
3/18/2010



“What was Most Helpful or Relevant?”

- “The education options for staff and clients. I feel capable and motivated to truly give the treatment clients the education they need and is required. I also realize the need for further assessment of the risks so referrals can be made. Like someone said; it is not if someone discloses positive HIV it is when. I want to know that I can handle it appropriately and assist them if needed.”

5/20/2010



“What was Most Helpful or Relevant?”

- “I thought the whole training was very good. The presenters made it interesting and fun and never made you feel inadequate if you did not know what something was. I had very limited education on HIV and this has helped with the misconceived notions people commonly have. It also made me realize that we need to do be doing more with our clients on educating them and assessing them for risk behaviors.” 3/18/2010



“Suggestions for Improvement?”

- “Perhaps a few AIDS patients could be interviewed about what they want from counselors or treatment facilities. What is important to them in their recovery and diagnosis.” 2/18/2010
- “Offer more training opportunities on HIV/AIDS to reach a greater number of people who are professionals and the greater community. Could these trainings be video taped to reach a larger group of people?” 4/29/2010

“Suggestions for Improvement?”

- “Maybe a few more referral sources from around the Greater MN area since there were quite a few of us that were not from the Metro area.” 5/13/2010
- “Perhaps the role plays would be more effective if the attendees were provided more time to get to know the character(s) they are going to portray. It was a bit difficult to really get into the role with limited knowledge. It was also difficult to use the questionnaires due to a lack of familiarity. Maybe, the assignment could be given as homework?”
5/20/2010



Audience Questions



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