Integration of HIV/Hepatitis Prevention and Care in Mental Health in STIRR, and the Principles of Trauma Informed Peer Support: Minority AIDS Initiative-Continuum of Care

Ilze Linda Ruditis, ACSW, CAPT, USPHS, SAMHSA, CMHS
Wendy Potts, MS, Project Director, University of Maryland
Rachel Arnold, BA, Education Specialist
Michael Harrison, Program Peer Support Specialist
Judith Ellis, MS, SAMHSA, CSAP

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WELCOME FROM SAMHSA

Ilze Ruditis, MSW, ACSW
CAPT, USPHS
Diplomate in Clinical Social Work
Sr. Program Manager
SAMHSA/CMHS/DSSI

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Session Objectives

- The learner will be able to describe an integrated program that educates and engages consumers for HIV and hepatitis prevention and care, in a mental health setting for people with mental health and substance use disorders, and including SAMHSA's trauma informed approach to care, and peer support.
- The learner will be able to discuss the use of trauma informed approaches and peer support in an integrated care model in a behavioral health care setting, targeting HIV and hepatitis screening, testing and care, and prevention.
- The learner will be able to identify barriers and facilitators pertaining to services integration, as well as trauma informed approaches to care.

AGENDA

- Welcome and overview of SAMHSA's Minority AIDS Initiative /Center for Mental Health Services – opportunities in treatment and prevention in integrated care
- The principles of trauma Informed care (TIC) and trauma informed peer services (TIPS)
- STIRR IT Project, Baltimore MD -Integrating HIV, hepatitis, behavioral health care
- Take-away - discussion and questions

The Big Picture – Prevention and Treatment

- Convergence in care opportunities gives us the potential for there to be an AIDS-free generation with available tools: improved rapid testing; hepatitis treatment; treatment recommended at diagnosis of HIV (Test and Treat) versus delay improve both care and prevention
- Similarly in mental health, early diagnosis for HIV and hepatitis avoids many serious consequences of illness
  - Prevention of HIV for people at risk using antiviral medication **PrEP** (pre-exposure prophylactic) with Truvada
  - ***HIV Treatment as Prevention (TASP)*** – people living with HIV stay healthy and prevents transmission of the virus with undetectable viral load (https://www.hiv.gov/hiv-basics)
  - Whole person, holistic care, 'no wrong door' coordination, and with care for mental and substance use conditions must be accessible

Historical Perspective

- SAMHSA's programs with integrated HIV care began with a Demonstration and a *Cost Study* program in the 1990's.
- The *Minority AIDS Initiative* began funding to SAMHSA (CSAT and CSAP) in 1999 and then CMHS MAI program in 2001-2005; 2006-2011, and braided programs with CSAT and CSAP in 2011-2014, and 2014-2018, MAI-Continuum of Care Pilot (MAI-CoC).

Integrative Portion – NHAS and Hepatitis Action Plan

National HIV/AIDS Strategy (NHAS)

https://www.hiv.gov/federal-response/national-hiv-aids strategy/nhas-update

National Viral Hepatitis Action Plan

https://www.hhs.gov/hepatitis/viral-hepatitis-action-plan/index.html

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NHAS Addresses HIV Across the Continuum of Care

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Minority Communities

- With **an overall decline in new HIV infections in the U.S. from 2010-2015, African American, and Hispanic communities continue to experience disproportionate impacts of HIV.**

- With variations by race, ethnicity, age and gender, CDC noted, the annual number of HIV infections in 2015, compared with 2010, decreased among blacks/African Americans and persons of multiple races, and remained stable for Asians, Hispanics/Latinos, and whites.

- Yet, rates among blacks/African Americans was 8.3 times the rate for whites, and for Hispanics/Latinos, the rate was 3.9 times the rate for whites.

http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html

Mental Illness, HIV, and Hepatitis Risk

- **In addition,** rates of HIV and other blood-borne infections have remained higher for individuals with a serious mental illness (SMI) throughout the epidemic.
- **When untreated, mental disorders affect access to and maintenance in HIV care**.

SAMHSA's Grants for Populations At High Risk for HIV

Prevention:

- Provide evidence based, accessible substance use disorder (SUD) and HIV prevention services to prevent and reducing onset of SUD and transmission of HIV among at-risk population, including racial and ethnic minority populations (across all MAI programs)

Treatment:

- Develop and expand integrated, culturally competent and community-based treatment, and systems of care, for people with and at high risk for SUDs, mental illness and co-occurring disorders

Priority Populations:

- Minority and young men who have sex with men; men, women and transgender people in minority communities, people with SUD, mental illness and co-occurring disorders

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Historical Perspective – CMHS MAI

- The *Minority AIDS Initiative* began in 1999 with SAMHSA's CSAT and CSAP. CMHS' MAI program began 2001, with *Mental Health and HIV Service Collaborative* (2001-2005; 2006-2011)
- CMHS, CSAT, and CSAP (2011-2014) – *11 Cities*
- CMHS, CSAT, and CSAP MAI-Continuum of Care (CoC)

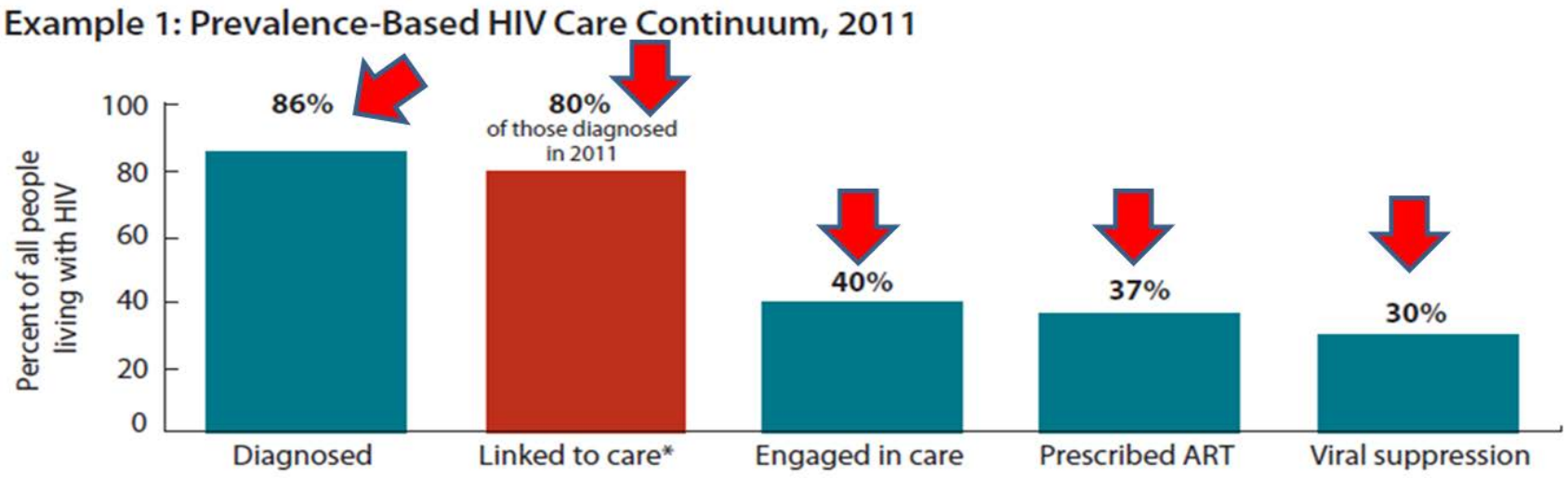
SAMHSA

SAMHSA and the Minority AIDS Initiative (MAI):

- *Today's Overview: MAI-CoC TI-14-003 (Ending Sept. 17, 2018)*
- NEW START UP: MAI-SI SM-18-004 (2018-2022)
  - Builds upon components in MAI-CoC; more emphasis on peer services, trauma informed approach to care [note: different from trauma treatment]

SAMHSA's Impact on the HIV Care Continuum

SAMHSA: MAI Continuum of Care - Integration Program
(CMHS, CSAT, CSAP) **and** MAI - Services Integration (CMHS) impact
all areas of the HIV Treatment Cascade



* Linkage to care measures the percentage of people *diagnosed with HIV in a given calendar year* who had one or more documented viral load or CD4+ test *within three months of diagnosis*. Because it is calculated differently from other steps in the continuum, it cannot be directly compared to other steps and is therefore shown in a different color. See Table 1 on page 4 for more details.

Source: CDC. Vital Signs: HIV Diagnosis, Care, and Treatment Among Persons Living with HIV — United States, 2011. *MMWR*. 2014;63(47):1113-1117.

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MAI-CoC Program Overview

MAI CoC Pilot Program Details:

- Up to 4 years (9/2014-9/2018) FOA TI-14-013
- 34 projects (up to $500,000) – urban and rural, in most regions, only excluding
- Funded under 3 Centers in SAMHSA- CMHS, CSAT and CSAP – in one FOA
- Almost all regions, with most in southeast and northeast

MAI-Continuum of Care Pilot (MAI-CoC)

Purpose:

MAI-CoC to expand and strengthen capacities to provide culturally competent mental and substance abuse disorder treatment and prevention services in minority communities for people with and at high risk for mental and substance use disorders and at high risk for HIV/AIDS.

Objectives:

– Co-locate and fully integrate HIV primary medical and prevention services within substance abuse treatment programs and community mental health programs
– Provide primary substance abuse prevention and linkages, as well as hepatitis screening and vaccination
– Build community partnerships supporting integration and co-location of HIV primary care and hepatitis services, with mental, substance use and co-occurring disorder treatment, and prevention

Definitions

The FOA provides key definitions:

- Co-location - providing the HIV services within the physical space of the BH program

- Full Integration - clients receiving the entire spectrum of HIV medical care in coordination and conjunction with the BH services being received.

MAI-CoC Details - Populations of Focus

- Racial/ethnic minority populations at high risk for or having a mental and/or substance use disorder and who are most at risk for, or living with HIV, including African American and Latino women and men, gay and bisexual men, and transgender persons

- Other high priority populations, such as American Indian/Alaskan Natives, Asian Americans, and other Pacific Islanders may be included based on the grantee's local HIV/AIDS epidemiological profile

MAI-CoC – Outcomes through Sept 2018

Program Outcomes:

- Functioning Overall: **increased by 62%** from baseline to most recent reassessment, ***as well as reduced mental health symptoms, and reduced substance use, and reduced smoking***

- Stability in Housing: permanent place to live in the community during the past 30 days **increased by 11%** from baseline to most recent reassessment

- Employment/Education: currently employed or enrolled in school **increased by 13%** from baseline to most recent reassessment

- Crime and Criminal Justice: even though 97% at baseline had no arrests in the past 30 day, the percentage of consumers who **reported no involvemen**t with the criminal justice system **increased by 3%** from baseline to most recent reassessment

MAI-CoC from 2014 – 2018

Successes:

- Through 2018, over 10,800 individuals received mental and substance use disorder treatment and prevention services in high risk communities, with integration of HIV and hepatitis prevention, and care.

- The Secretary's Minority AIDS Initiative Fund supplemented 11 grantees to increase Advanced Prevention and Care for HIV and hepatitis by partnering with SSP, syringe services programs.

QUESTIONS?

Trauma Informed Care Principles

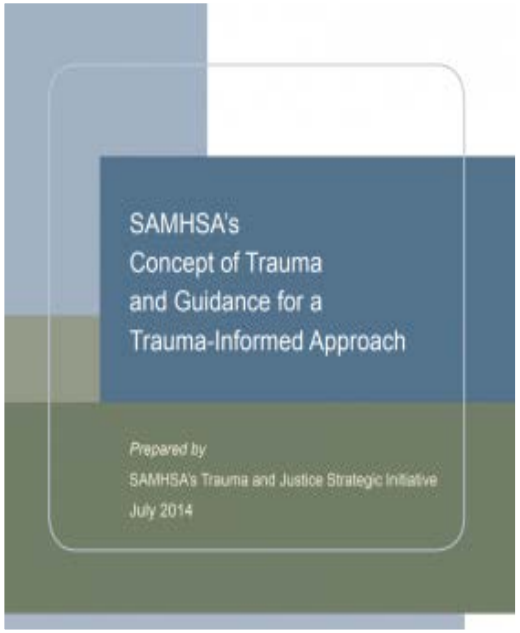
- THE PRINCIPLES OF TRAUMA INFORMED CARE
- TRAUMA-INFORMED PEER SUPPORT *that is part of Trauma Informed Care*

Trauma Informed Care – Organizational Change Approach to Addressing Trauma and Related Needs

OVERVIEW:

Trauma Informed Care

– Trauma Informed Peer Services



https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.html

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Trauma Informed Care - 6 Principles

1. Safety
2. Trustworthiness
3. **Peer Support**
4. Collaboration & Mutuality
5. Empowerment, Voice & Choice
6. Concern for Issues of Culture, History, Gender

Trauma-Informed Peer Support

- Define “peer support”
- List the principles of peer support
- Describe effective peer support
- Explain power sharing and how it could work in peer support

Peer Support Definition

- Peer support is a flexible approach to building healing relationships among equals, based on a core set of values and principles.
- Peers serve as role models for living and thriving with HIV, provide hope to clients living with HIV, and share strategies for overcoming the challenges of living with HIV (Boston University, 2009).

Effective Peer Support

- Validates personal reality
- Fosters trust and connection
- Leads to empowerment
- Breaks patterns of helplessness and hopelessness
- Encourages use of voice and choice
- Respects personal boundaries
- Creates a sense of safety in relationship

Trauma-Informed Peer Support Approach

- Trauma-informed peer support:
  - Views behaviors as strategies for coping with past and current trauma.
  - Helps survivors make sense of how they are coping and surviving.
  - Creates a safe space to consider new coping strategies.

Peer Support Principles - FIVE

- Voluntary
- Non-judgmental
- Respectful
- Reciprocal
- Empathetic

Denver Principles

- In 1983, a group of people living with HIV (PLHIV) came together to create a manifesto, called the Denver Principles.
- It was a call to action for the community, health care providers, and policymakers.
- *"We condemn attempts to label us as 'victims,' which implies defeat, and we are only occasionally 'patients,' which implies passivity, helplessness, and dependence upon the care of others. We are 'people with AIDS.'"*

  - Denver Principles opening statement, 1983

Power Dynamics Awareness

- If we're not alert to the use of power, peer-support relationships may unintentionally recreate the power dynamics of the original trauma.
- Being mindful of peer-support principles can help address this issue.

Mutuality

There are no static roles of “helper” and “helpee” . . . reciprocity is the key to building natural connections.

- Shery Mead and Cheryl MacNeil, 2005

Avoid Helping that Hurts

When “Helping” in a top-down way, consider this:

- May reinforce feelings of helplessness
- May imply that one person is more “together” or “recovered” than the other
- May send the message that PLHIV, or also, with conditions or consequences such as mental or substance use disorders, are incapable of directing their own lives

Peer Support Can Focus On . . .

- Educational pursuits
- Social activities
- Advocacy
- Harm reduction strategies
- Community connection

What gets in the way of sharing power?

- Lack of role clarity
- Struggling to manage strong emotions
- Preconceived attitudes
- Desire to manage other's behavior (particularly if viewed as harmful, self-inflicted violence)
- Fear, discomfort, misunderstanding
- How "safety" is defined and used

Maintaining Your Integrity (1)

- Be transparent in your relationships.

Maintaining Your Integrity (2)

- Let people you support know up front the limits of your relationship within the program and agency.

Maintaining Your Integrity (3)

- Don’t assume the people you work with know what peer support is: teach them, and they can offer each other peer support.

QUESTIONS?

Project STIRR – IT, University of Maryland

Wendy Potts, MS

Program Director, Project STIRR-IT
Department of Psychiatry
University of Maryland School of Medicine

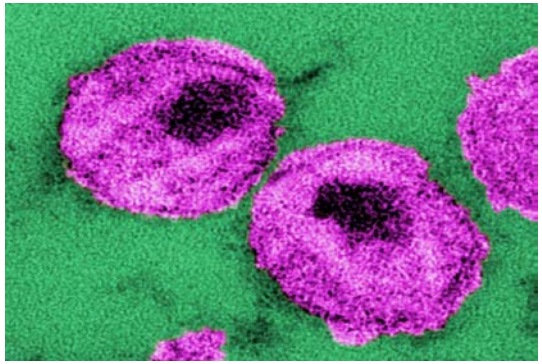
WHAT DOES STIRR-IT MEAN?

Screening &
Testing for HIV/HCV,
Immunization for Hepatitis A & B,
Risk **R**eduction Counseling linked to
Integrated HIV
Treatment

http://publichealthandeducation.blogspot.com/

WHAT IS STIRR?

- Evidence-based practice



http://womenshealth.gov/hiv-aids/what-is-hiv-aids/how-hiv-is-spread.html

Psychiatric Services, 2010

https://www.ncbi.nlm.nih.gov/pubmed/20810586

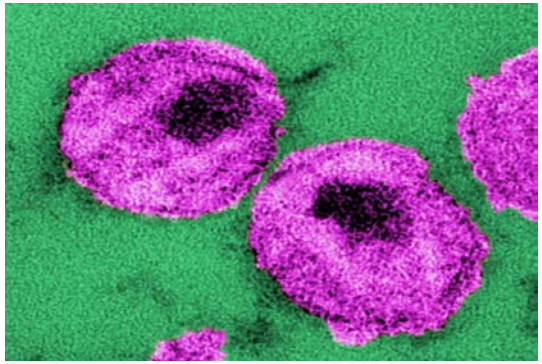
Psychiatric Services, 2010

STIRR is efficacious at providing basic, best-practice package for dually diagnosed clients

https://www.ncbi.nlm.nih.gov/pubmed/20810586

WHAT IS STIRR?

- Evidence-based practice
- Provides Screening, Immunization and Risk Reduction Counseling



http://womenshealth.gov/hiv-aids/what-is-hiv-aids/how-hiv-is-spread.html

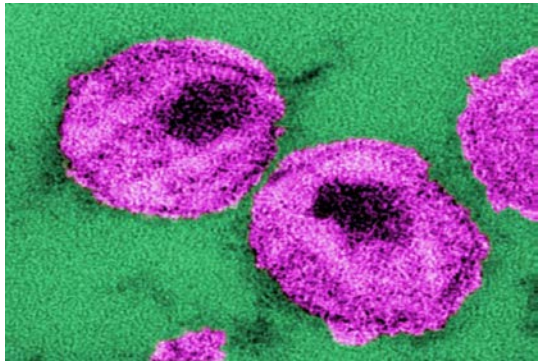
CDC RECOMMENDATIONS

- HIV screening for all persons aged 13-64 in all health care settings in the United States
- HCV testing for all people in 1945-1965 age group and/or engage in IDU
- Vaccination with HBV and HAV for those who engage in unsafe sex or risky drug use

http://www.cdc.gov/knowmorehepatitis/

WHAT IS STIRR?

- Evidence-based practice
- Provides Screening, Immunization and Risk Reduction Counseling
- Targets people with Serious Mental Illness (SMI)



http://womenshealth.gov/hiv-aids/what-is-hiv-aids/how-hiv-is-spread.html

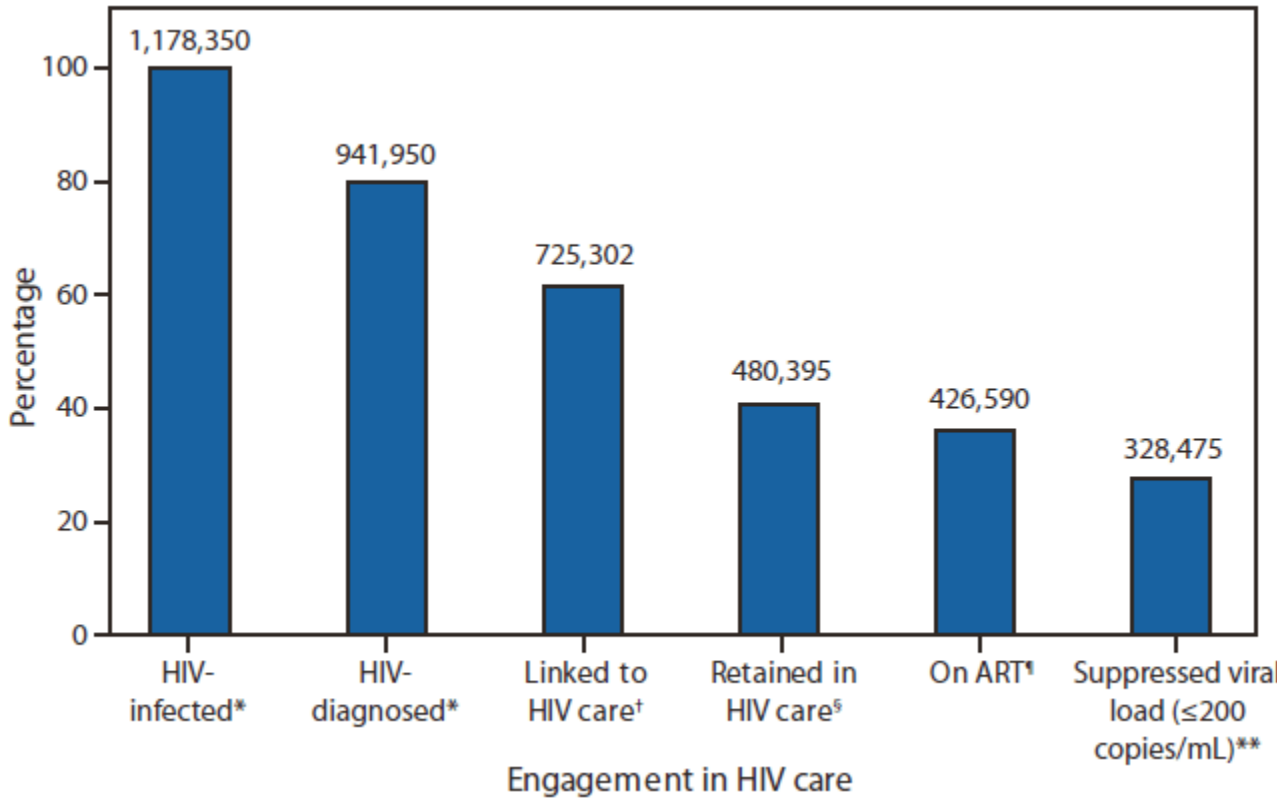
WHY FOR PEOPLE WITH SMI?

- People with SMI may be at higher risk:

CONDITION	PREVALENCE AMONG THOSE WITH SMI	PREVALENCE IN THE GENERAL POPULATION
HIV	1-23%	0.03%
HCV	8.5-30%	1.8%

Himelhoch et al., Psychiatric Services, 2007; Psychosomatics, 2009

THIS IS CRITICAL…

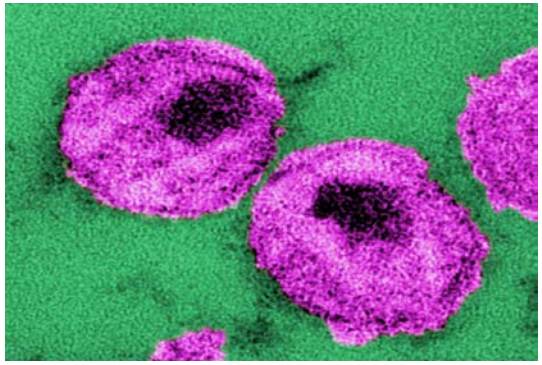


CDC.gov

WHAT IS STIRR?

- Evidence-based practice
- Provides Screening, Immunization and Risk Reduction Counseling
- Targets people with Serious Mental Illness (SMI)
- Occurs in Behavior Health

  Care Centers or programs



http://womenshealth.gov/hiv-aids/what-is-hiv-aids/how-hiv-is-spread.html

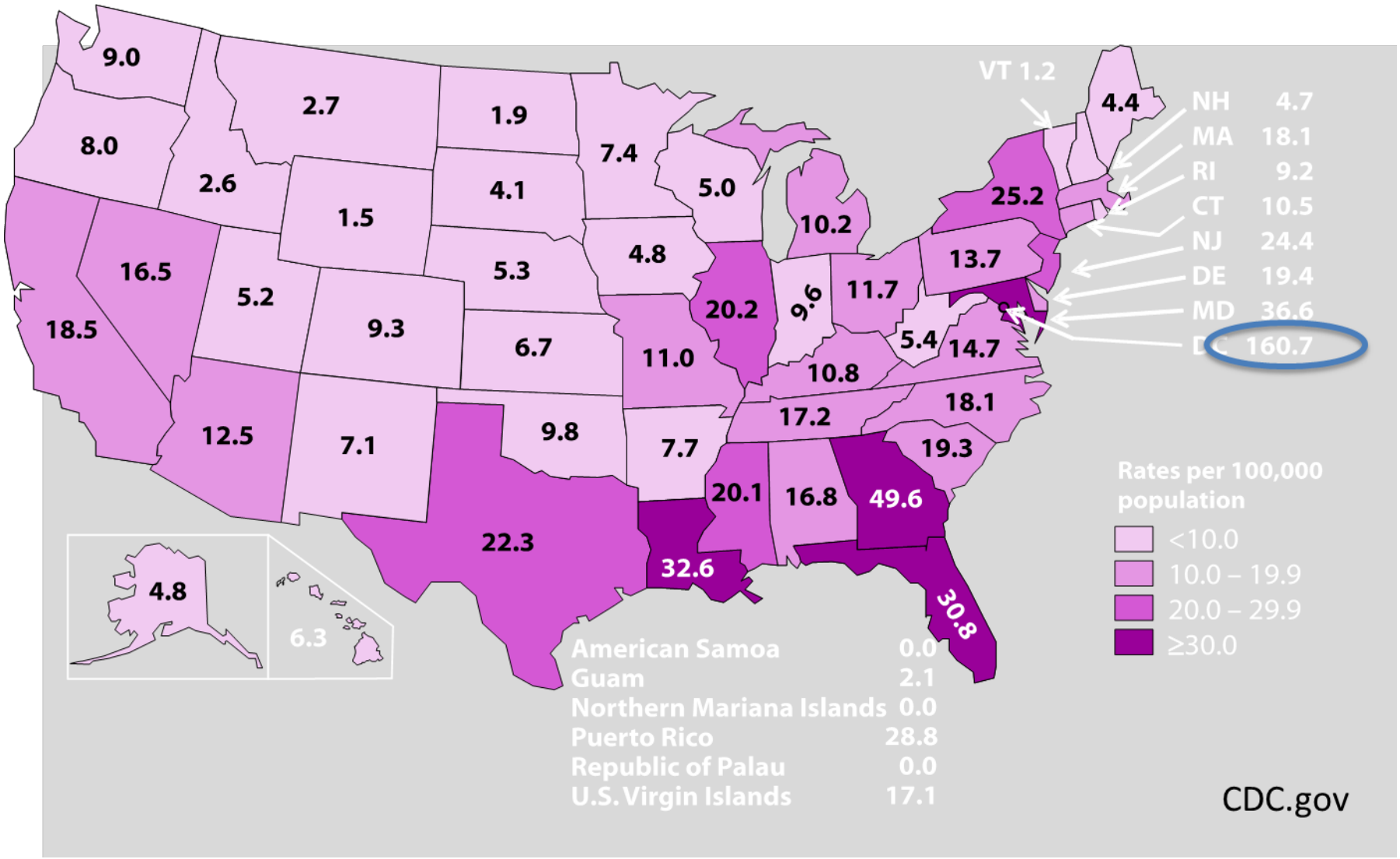
WHY IN BEHAVIORAL HEALTH CARE SETTINGS?

- Less than ½ people at risk for HIV and HCV with SMI receive testing
- Patients/clients often may rely on mental health system to also provide medical care
- Maximize efficiency to ensure people get into early HIV or hepatitis treatment
- Co-location increases access for clients who may otherwise not get care

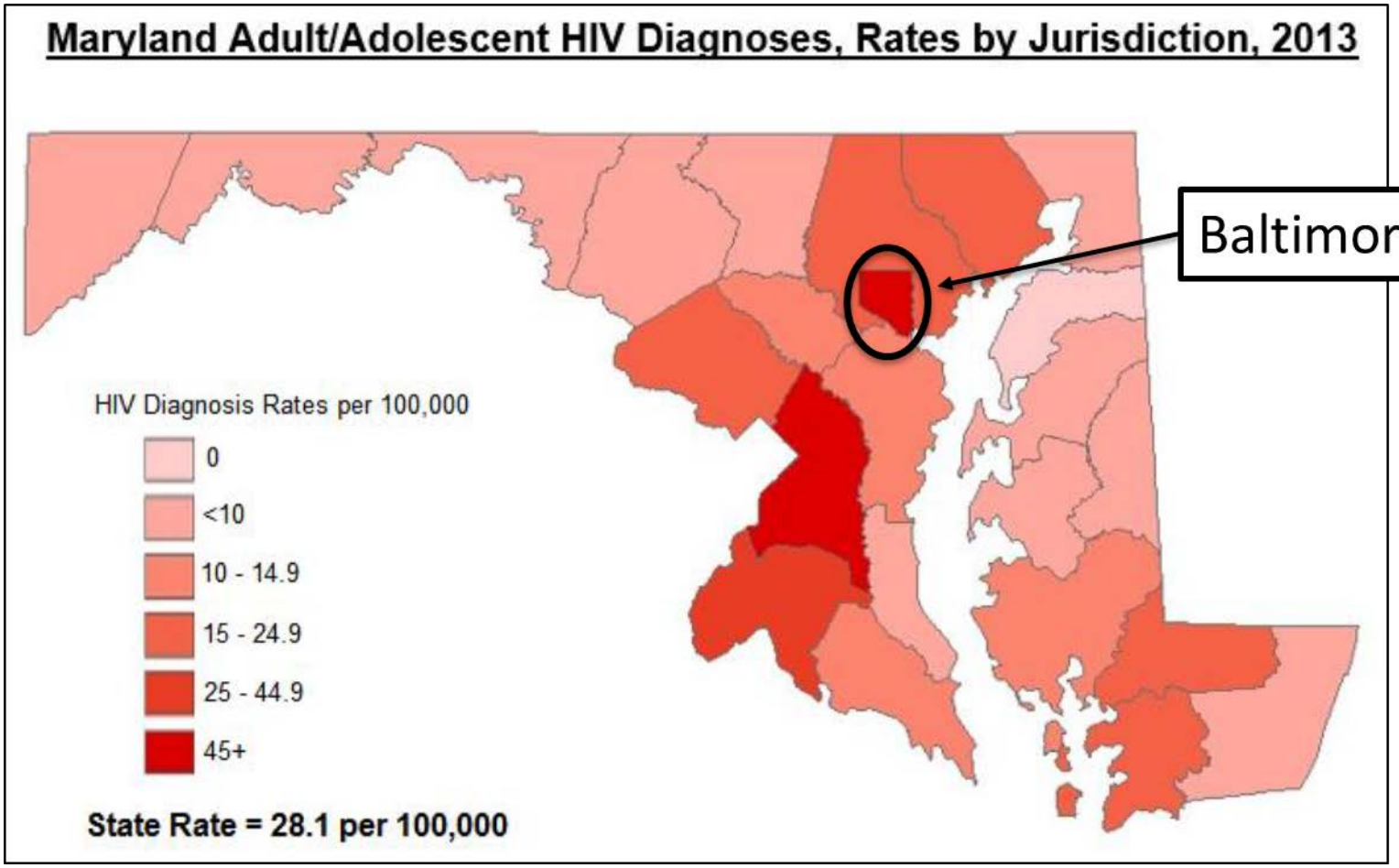
WHY BALTIMORE?

http://www.insidethehuddle.tv/articles/traveler-baltimore-md-home-ravens

UNITED STATES



MARYLAND

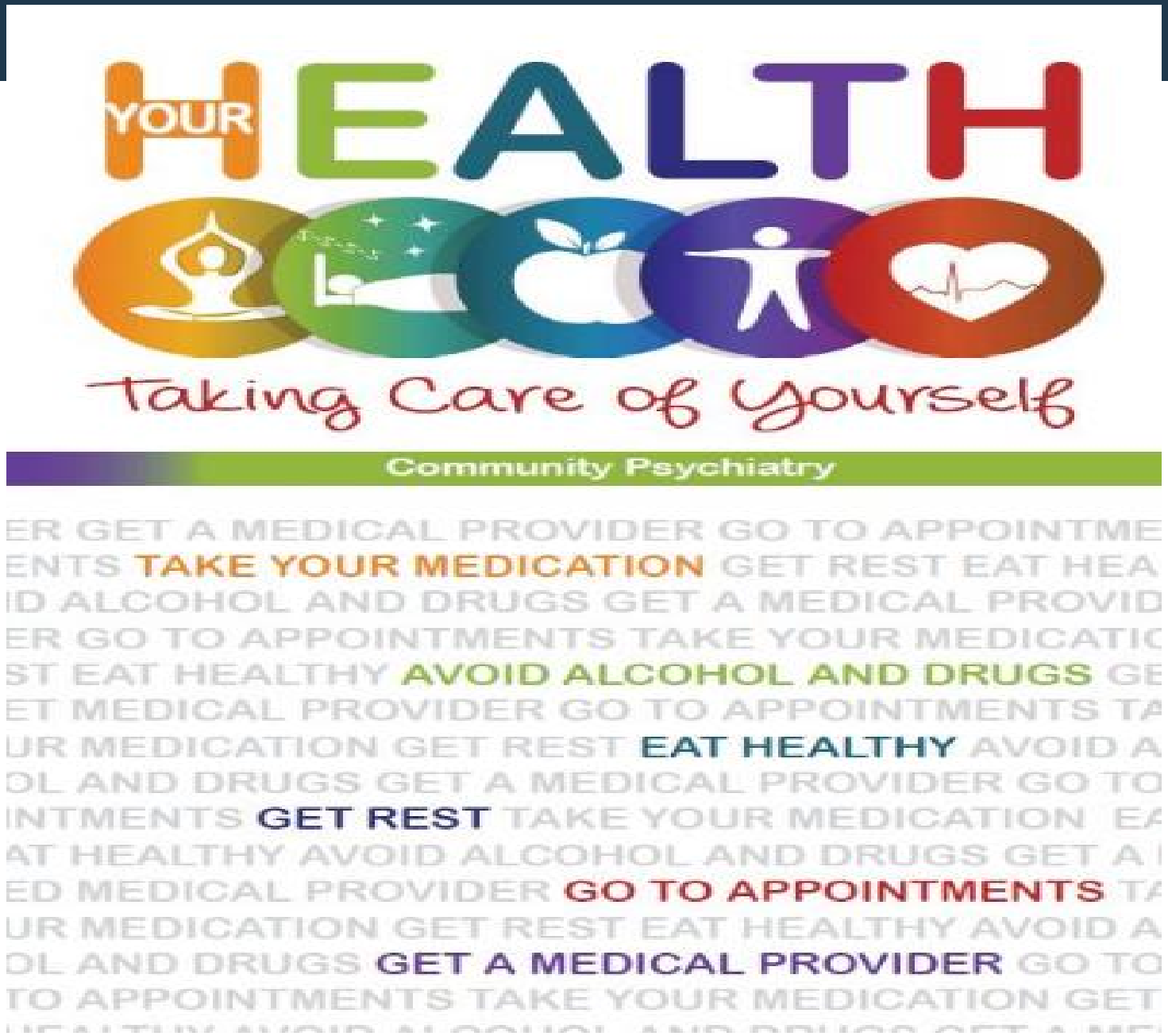


http://phpa.dhmh.maryland.gov

RISK FOR HIV AND HCV – Continued Results

- Study of 270 people with SMI receiving mental health services in Baltimore, Maryland
- ~47% reported history of Injection Drug Use (IDU)
  - 11% reported sharing needles
- 83% reported history of unprotected sex
  - ~30 reported unprotected sex in last 6 months
- ~20% reported MSM history

Himelhoch et al., *Journal Community Psychology* 2011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Taking Care of Yourself
Community Psychiatry
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CLINIC DEMOGRAPHICS

- Over 80% self-identify as African-American.
- Average age is 53 years (range: 18-69 years)
- Half are women
- Over 70% diagnosed with SMI
- Vast majority with history of substance use

STIRR IT-TEAM

- **NURSE**
  - Delivers STIRR-IT intervention
- **PEER NAVIGATOR**
  - Assists nurse and provides additional support
- **NURSE PRACTITIONER**
  - Provides on-site access for treatment and referral
- **CONSULTANTS**
  - ID and Psychiatry

STIRR-IT DELIVERY MODEL

- **Integrated staff medical/mental health services/peer support services**
- Accessible office near waiting room
- Blood drawing facilities on-site
- Vaccines stored and delivered on-site
- Connected to Electronic Medical Record
  - Accessible notes and results of testing
- Active care partnerships exist throughout the University medical center complex

- Education about Hepatitis and HIV
- Testing for Hepatitis and HIV
- Vaccination for Hepatitis A & B (Twinrix)
- Discussing risk factors for getting Hepatitis and HIV
- Discussing ways to lower risk of contracting Hepatitis and HIV
- If positive, access to services needed
- Evaluation of the project (research interviews)

				Visit Time Frame
Research Visit 1	Intro Consent Baseline ($25 Gift Card)	*Clinical Visit 1*	Overview of Project Education of HEP & HIV Blood draw	Today
		Clinical Visit 2	Blood Results Review of Risk Factors Twinrix #1 or HEP A #1	1 week later
		Clinical Visit 3	Review of Risk Factors Twinrix #2	1 month later
Research Visit 2	Re-Assessment ($25 Gift Card)	*Clinical Visit 4*	Review of Risk Factors Twinrix #3 or HEP A #2	6 months later
Research Visit 3	Discharge ($25 Gift Card)			1 year later

SCHEDULE MAY CHANGE DUE TO MISSED APPOINTMENTS

Have questions or concerns?
Please contact Rachel or Joseph at the STIRR IT clinic

DEMOGRAPHICS

CHARACTERISTICS	PARTICIPANTS (N=121)	OVERALL CLINIC
AGE	50 YEARS	53 YEARS
AFRICAN-AMERICAN	96%	80%
FEMALE	39%	50%
HIGH SCHOOL	55%	50%
SMI DIAGNOSIS	100%	70%

STIRR-IT OUTCOMES

- **Successfully implemented model**
- **Process Measures:**
  - 270 began receipt of STIRR services
  - 213 completed STIRR services to date
  - 147/270 (54%) received immunization
    (50= already had immunity)
- **Outcome Measures:**
  - 48 HCV positive (18%)
  - 21 HIV positive (7.9%)
  - 100% referred to care

DISCUSSION

- What can programs do to *build on existing peer services* to support HIV and hepatitis testing when resources are limited?
- Describe key approaches for *building relationships that support HIV and hepatitis care and prevention programming* - among/between staff, consumers, families?
- What are *barriers and facilitators* to using trauma informed principles?

QUESTIONS?

References

- Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.html.

- Mead, S., & MacNeil, C. (2005). Peer support: A systemic approach. *Family Therapy Magazine.*

- Rastogi, S. (December 2012). *Integrating trauma-informed and sexual and reproductive health care in the domestic HIV response*. U.S. Positive Women's Network: Revitalizing the U.S. Domestic HIV Response. Retrieved from https://vawnet.org/material/integrating-trauma-informed-and-sexual-and-reproductive-health-care-domestic-hiv-response.

- NCTIC Sept 2018, TIPS webinars 1 and 4.

- NCTIC Sept 2018, Substance Use and PLWHIV/trauma/SAMHSA.

RESOURCES

Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2015. HIV Surveillance Supplemental Report 2018;23(No. 1). http://www.cdc.gov/ hiv/library/reports/hiv-surveillance.html. Published March 2018. Accessed December 10, 2018.

Parhami, I., Fong, T.W., Siani, A., Carlotti, C., Khanloub, H. Documentation of Psychiatric Disorders and Related Factors in a Large Sample Population of HIV-Positive Patients in California, AIDS Behavior. 2013 Oct; 17(8): 2792–2801. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3628408. Accessed October, 2017.

National HIV AIDS Strategy, 2020 update, https://www.hiv.gov/federal-response/national-hiv-aids-strategy/nhas-update. Accessed October, 2018.

National Viral Hepatitis Action Plan, https://www.hhs.gov/hepatitis/viral-hepatitis-action-plan/index.html. Accessed October, 2018.

Additional SAMHSA RESOURCES

- MAI-CoC https://www.integration.samhsa.gov/mai-coc
  - Webinars - Training and Virtual Meeting Postings
  - Communities of Practice Training
  - SAMHSA.gov

- HHS Webpage on Viral Hepatitis Data and Trends in the U.S. https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/data-and-trends/index.html

Thank you

For Questions, please contact:

Ilze Linda Ruditis, ACSW, CAPT, USPHS
Senior Program Manager
Division of Service and Systems Improvement
SAMHSA/Center for Mental Health Services
Ilze.Ruditis@samhsa.hhs.gov