NASTAD's National HIV and Hepatitis Technical Assistance Meeting "Responding to Shifting Public Health Challenges" (10/11/22 - 10/14/22)

Breakout Session: Coordinating hepatitis services with drug treatment programs in collaboration with behavioral health agencies and treatment providers

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Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Date: October 12, 2022

Time: 10:45am – 12:00pm ET

Location: Omni Shoreham Hotel, Washington, D.C.



Presentation Overview

- I. SAMHSA's Mission and Organizational Structure
- II. SAMHSA initiatives to support the integration of behavioral health and infectious disease services (in particular, hepatitis services);
- III. Considerations for state health department HIV and viral hepatitis programs that want to collaborate with state behavioral health and substance use agencies
- IV. Current and future opportunities for coordination among federal agencies (**SAMHSA**, CDC, HRSA) across infectious disease and behavioral health



I. SAMHSA's Mission and Organizational Structure

The U.S. Department of Health and Human Services (DHHS) has 12 operating divisions, *including nine agencies in the U.S. Public Health Service* and three human services agencies.

These divisions administer a wide variety of health and human services and conduct life-saving research for the nation, protecting and serving all Americans.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is one of the nine agencies in the U.S. Public Health Service.



SAMHSA's Mission and Organization Structure

SAMHSA's Mission: To reduce the impact of substance abuse and mental illness on America's communities.

SAMHSA's Organizational Structure:

OAS - Office of the Assistant Secretary (OAS)

Policy Lab - National Mental Health and Substance Use Policy Lab

OCMO - Office of the Chief Medical Officer

OTAP - Office of Tribal Affairs Policy

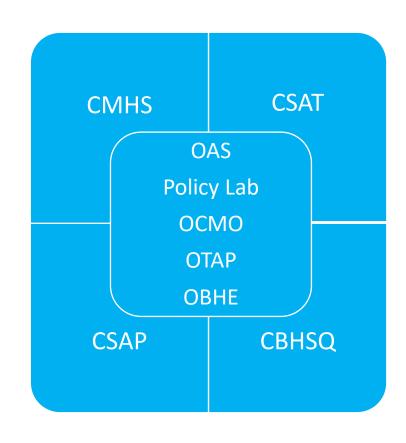
OBHE - Office of Behavioral Health Equity

CMHS - Center for Mental Health Services

CSAT - Center for Substance Abuse Treatment

CSAP - Center for Substance Abuse Prevention

CBHSQ - Center for Behavioral Health Statistics and Quality





SAMHSA Grant Programs administered by: SAMHSA's Center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT)

Notice of Funding Opportunities (NOFOs) across CMHS, CSAT and CSAP include required and allowable grant activities which support the integration of behavioral health and infectious disease services



FY2022 Minority AIDS Initiative – Service Integration (CMHS):

Provide easily accessible HIV and hepatitis prevention services (e.g., screening, risk assessment, prevention counseling, HIV and hepatitis testing, referral to preexposure prophylaxis (PrEP), hepatitis vaccination) within a behavioral health care setting.

Implement outreach strategies that effectively target the populations in need of these services to inform individuals of **available behavioral health services**, HIV and **hepatitis primary care**, and prevention services.



FY2022 Minority AIDS Initiative – Service Integration (CMHS) con't:

Provide *case management services* to coordinate all aspects of care, **including behavioral health**, primary care, HIV and **hepatitis treatment**, other supportive services (e.g., housing, benefits, employment), and transitions to the community after any hospitalization or emergency room visit.

Develop Memorandum of Agreements (MOAs) with the following:

- **Primary HIV treatment and care providers**, including Ryan White providers, to strengthen integration of care through case management.
- Treatment providers for *referrals and linkages* to follow-up care and treatment for individuals with **viral hepatitis** (**B or C**)



FY 2022 Minority AIDS Initiative – High Risk Population NOFO (CSAT):

Ensure the provision and availability of HIV and **viral hepatitis treatment services**, by referral and linkage, either in-house or with Memorandum of Agreements (MOAs) **with the following entities**:

- Primary HIV treatment and care providers, including Ryan White providers;
- Appropriate treatment providers for follow-up care and treatment for individuals with viral hepatitis (B or C); and
- Appropriate treatment providers for PrEP.



FY 2022 Minority AIDS Initiative – High Risk Population NOFO (CSAT) con't:

In accordance with state and local requirements, test all clients who are considered to be at risk for viral Hepatitis (B and C) either on-site or through referral.

All clients determined to be at high risk for HIV infection will also be at risk for viral hepatitis and must be tested as specified by the US Public Health Service Task Force recommendations for Hepatitis B and Hepatitis C screening.

Hepatitis A testing may also be performed if an outbreak is currently taking place in the recipient's geographic area.



FY 2022 Minority AIDS Initiative – High Risk Population NOFO (CSAT) con't:

Up to five percent of annual award funds may be used for the following hepatitis testing and referral services:

- Viral Hepatitis B and C (antibody and confirmatory) testing.
- Viral Hepatitis A and B vaccination (including purchase and administration).
- Purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.); and
- Training for staff related to viral Hepatitis (B and C) testing.



FY 2022 Substance Abuse and HIV Prevention Navigator Program for Racial/Ethnic Minorities Cooperative Agreement (CSAP):

The program will provide evidence-based substance misuse and HIV and **hepatitis** programming in underserved communities to reduce infections and increase protective factors using SAMHSA's Strategic Prevention Framework.

SAMHSA's services grant funds primarily support direct services. This includes the following activities: substance misuse prevention, mental health promotion, and comprehensive HIV/AIDS and **hepatitis-related supportive services.**

Provide substance misuse and HIV and **hepatitis prevention education** and mental health promotion to bring about awareness of mental illness and substance use disorders.



FY 2022 Substance Abuse and HIV Prevention Navigator Program for Racial/Ethnic Minorities Cooperative Agreement (CSAP):

Educate providers on the importance of screening for HIV and **hepatitis** and linking persons who test positive to treatment services by **establishing a Memorandum of Agreement (MOA) with the provider** to ensure the individual receives timely service.

Partnering with various community sectors including healthcare, schools, justice systems, social services, faith-based communities, and other relevant community sectors to implement comprehensive, community-based substance misuse, HIV, **hepatitis**, and other prevention strategies;



FY 2022 Substance Abuse and HIV Prevention Navigator Program for Racial/Ethnic Minorities Cooperative Agreement (CSAP):

Developing and implementing social media tools and awareness campaigns for outreach/recruitment, including public messaging on the risk of substance misuse among individuals living with HIV and/or **hepatitis**, and the importance of seeking medical care.

Messaging should also be developed around mental health promotion, risk behaviors, and appropriate cautions associated with the risk of HIV and hepatitis transmission, as a strategy for behavior change to reduce stigma.

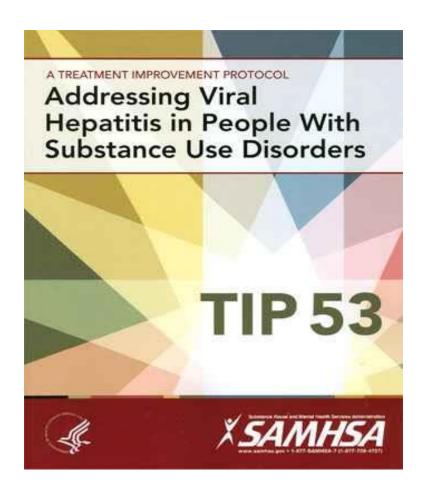
Providing navigation services to link individuals to care for mental health disorders, substance misuse, HIV, and **hepatitis**, where indicated.



This manual assists behavioral health professionals who treat people living with substance use disorders in understanding the implications of a hepatitis diagnosis.

Discusses screening and referrals; explains how to evaluate a program's hepatitis practices.

Source: https://store.samhsa.gov/product/TIP-53-Addressing-Viral-Hepatitis-in-People-With-Substance-Use-Disorders/SMA11-4656



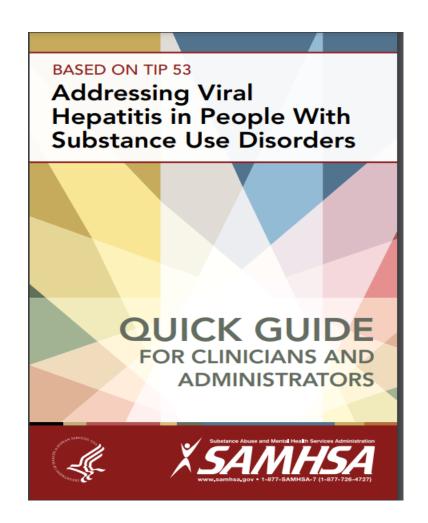


This **Quick Guide** is based on TIP 53

Provides succinct, easily accessible information to behavioral health clinicians and administrators about viral hepatitis.

Source:

https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4794.pdf





Addressing Viral Hepatitis in People with Substance Use Disorders – Based on TIP 53.

Offers guidance to providers and administrators in substance use disorder treatment programs on screening for, and treating clients with, hepatitis A, hepatitis B, and hepatitis C infections.

Source: https://store.samhsa.gov/product/advisory-screening-and-treatment-viral-hepatitis-people-substance-use-disorders/pep20-06-04-004

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SCREENING AND TREATMENT OF VIRAL HEPATITIS IN PEOPLE WITH SUBSTANCE USE DISORDERS

Viral hepatits refers to inflammation of the liver, which can lead to scenning, certicols, and liver failure. There are at least tick known either types that could hepatitis. A. E. C. D. and E. (National Health et Allergy and Inflatious Diseases, 2019). People who engage in substance use, particularly injection drug use (IOU), and those with human amounted-bearby virus (INV) are at increased risk for controlling or tansmitting viral hepatitis inflations (Centers for Disease Control and Provention, 2000a).

This Advisory is based on the Substance Advise and Minist Health Services Administration's (SAMRSA) Treatment Improvement Process (197) 53, Streaming and Printment of Virial Interests (SAMRSA) Treatment in Substance (Virial Interests) in Substance to providers and administration in Substance to Gooder (SUD) treatment programs on screening clients for reportise A, reportise B, and hepatitis C infections and educating clients about their risks. It summarizes key messages and considerations regarding screening, as well as action steps for the treatment and support of clients with a virial hepatitis infection and is SSD.

lisease Burden

In the United States, there are approximately 24,900 new hepatitis A, 22,600 new hepatitis B, and 50,000 new hepatitis B, and 50,000 new hepatitis B and 50,000 people are living with hepatitis B, and 50,000 Z 4 million people are living with hepatitis C (Centers for Disease Control and Presention, 2000s).

More than half of those who have repetits are unsevere they have the vinus and, therefore, do not receive treatment (Department of Reath and Human Services, 2016). As a result, they are at rask for the threetening liver disease and cancer and may unknowingly trained the vinus to others. Vaccines are available for negatite A and 8, and the Center's for Disease Control and Prevention (CDC) Javies that anyone who uses or rejects drugs receive these vaccines (Center's Not Disease Control and Prevention, 2020).

Increases in the rate of Repetits B and C infections in the United States are believed to be related to the oppositions and protein epidemics many communities face (Centers for Disease Control and Presenting 2016).



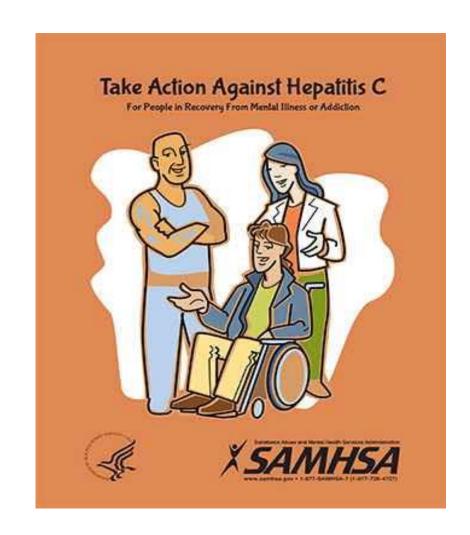


For People in Recovery From Mental Illness or Addiction

This comic book presents basic information about hepatitis C for people living with mental illness or substance use disorders.

Plain language is used and a simple cartoon style to explain what hepatitis C is, how to avoid it, the screening process, and treatment options.

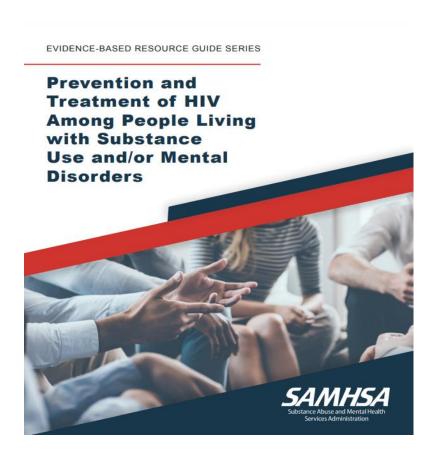
Source: https://store.samhsa.gov/product/Take-Action-Against-Hepatitis-C/sma14-4853





SAMHSA's Evidence-Based Practices Resource Center

Source: https://www.samhsa.gov/resource-search/ebp



EVIDENCE-BASED RESOURCE GUIDE SERIES

Treatment of Serious

Telehealth for the

Mental Illness and Substance Use Disorders

SAMHSA



IV. Current and future opportunities for coordination among federal agencies (SAMHSA, CDC, HRSA) across infectious disease and behavioral health

- 1. Ending the HIV Epidemic in the U.S. (EHE)
- 2. Office of Infectious Disease and HIV/AIDS Policy (OIDP): Viral Hepatitis National Strategic Plan A Roadmap to Elimination 2021 -2025
- 3. Rural Opioid Initiative HIV, HCV and Related Comorbidities in Rural Communities Affected by Opioid Injection Drug Epidemics in the United States: Building Systems for Prevention, Treatment and Control
- 4. SAMHSA's Evidence-Based Practices Resource Center
- 5. Project Extension of Community Healthcare Outcomes (ECHO)

