

The HIV, Hepatitis, Addictions Service Integration Project

MA Department of Public Health

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Goals of Presentation

- Discuss the background of program integration work for the MA Dept. of Public Health
- Review the HHASI project and process
- Discuss current related initiatives

The HHASI Initiative

- SAMHSA grant initiated process in 2000
 - One-year planning grant to evaluate integration of HIV/AIDS and substance abuse treatment programs
 - Later expanded to include viral hepatitis
- The HIV, Hepatitis, Addiction Services Integration Initiative (HHASI) was result

HHASI Participants

- Bureau of Substance Abuse Services
- HIV/AIDS Bureau
- Bureau of Communicable Disease Control,
Division of Epidemiology and
Immunization
 - Hepatitis C Program

Previous MDPH Integration Milestones

- MDPH promotion of harm reduction through the support of needle exchanges (with state funding) also in late 1980s
- Establishment of Consumer Advisory Boards for HAB and BSAS in the 1990s
- Creation of the Hepatitis C Program within BCDC in late 1990s.

Training and Education: SPHERE

- Funded by the Bureaus of HIV/AIDS and Substance Abuse Services with state funding starting 1997
- Focus: targeted capacity building for substance abuse service providers on HIV, harm reduction and hepatitis C
 - Address overlap between funded service providers

HHASI/SPHERE: Rationale

- Numbers of people in substance abuse treatment who are at-risk for HIV/viral hepatitis
- Substance abuse is a primary risk factor for HIV/viral hepatitis
- Lack of education on HIV/hepatitis infection may undermine substance abuse treatment
- HIV/viral hepatitis risk reduction requires knowledge and expertise to be effective
- Need to link providers to ensure comprehensive assessment and care
- Etc...

SPHERE: Program Components

- Training, consultation
- Program AIDS Coordinator Support (within substance abuse treatment facilities)
- Resource development and information dissemination to support training implementation
- Systems integration and coordination
- Needs assessment and evaluation

Initial Challenges for HHASI

- Uncoordinated services across three categories
- Different Bureau philosophies and terminology
- Different data collection systems/unblended funds
- Client needs versus funding availability and funding requirements

Terminology

- Agreed on terminology for the HHASI Project:
 - Integration: Formalized collaborative process among service systems with the goal of decreasing fragmentation of care and improving coordination
 - Clients: Individuals served by one or more of the 3 systems
 - Harm reduction: Approach to treatment that engages individuals at their current level of motivation for behavior change and assists them in considering a range of options that reduce immediate harm related to their behaviors (state funded)

Expansion of Work Plan

- HHASI started as a needs assessment of 3 communities
 - Need for a statewide plan was evident early in process
 - the change was made
- Viral hepatitis incorporated into project
- Scope of work expanded to include functional guidelines and policies for all substance abuse, HIV/AIDS, and HCV service providers
- Focus on training and education

HHASI Process Structure

- Regional needs assessment meetings/Community Advisory Group
 - facilitated and evaluated by external consultants
- Internal work group established
 - Representatives from all 3 Bureaus
 - Bilingual members to ensure cross-cultural input
 - Facilitated by external consultant
 - Meetings set up twice monthly
 - Supported by the MDPH Commissioner's Office

Initial Outcomes

- Development and implementation of a strategic plan
- Joint inter-Bureau technical assistance training for providers
- Coordination and access to daily census information about inpatient detox service slots
- Joint procurement processes: integrated proposal development, review, contract negotiation and monitoring, including site visits
- Requirements for funded programs to provide education and referrals on issues not directly funded to provide (e.g. viral hepatitis)
- Cross-Bureau data analysis

Benefits for MDPH

- Blended funding
- Integration of hepatitis info into HIV/AIDS hotline and services
- State-funded integrated HIV/AIDS and substance abuse trainings on harm reduction
- Establishment of coordination and ongoing communication between the 3 Bureaus
- In the face of budget cuts, integration is efficient

Local Factors

- Proximity of HAB, BSAS, and BCDC within the same state agency
- Relatively small geographic size of MA
- Executive level backing for integration within MDPH

Lessons Learned

- State government can lay the foundation for more highly integrated provider systems
 - More efficient procurement, data collection and contract monitoring can be developed jointly
- Education and training of agency and program staff is key
- Federal government can assist states by reducing constraints on categorical funding targeting the same populations and coordinating surveillance activities for overlapping services
- Integrated publicly funded programs may serve as the preferred model of care

Recent Outcomes

- Focus on further cross-training and education for substance abuse treatment providers
 - HCV train-the-trainer via Hepatitis C Support Project
 - Additional viral hepatitis training via SPHERE
 - Linking MDPH Health Educators with substance abuse treatment providers
- Response to hepatitis A outbreak among injection drug users
- Ongoing joint procurement/contract requirements
- Integration of STD program components under development

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Questions?