

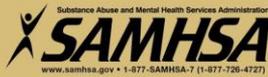


Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover



MAI-CoC Webinar HIV and Substance Abuse Prevention Services

March 8, 2016



How to ask a question during the webinar



If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions.



Today's webinar PPT are posted on the CIHS website:

<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/webinars>



MAI-CoC HIV & Substance Abuse Prevention Services

PRESENTERS:

- Judith Ellis, M.S., Lead Public Health Advisor SAMHSA/CSAP
- Kelly Wagner, Manager, Center for Technical Assistance, Training, and Research Support, The MayaTech Corporation
- Ted N. Strader, M.S., Executive Director, COPEs, Inc., Louisville, KY
- Mike Graham-Squire, Prevention Manager, Neighborhood House, Seattle, WA



MAI-CoC Includes Primary Prevention

- **Integration of substance abuse primary prevention services into the broader spectrum of behavioral health and other services.**
- **Partnership with Community Based Organization(s) to provide primary substance abuse prevention education and messaging.** These prevention services can be provided to the children of adult clients receiving behavioral health and HIV medical care.

SAMHSA, RFA/FOA TI-14-013, MAI-CoC - page 12



Learning Objectives

At the end of the session:

- Discuss the prevention focus of the HIV/AIDS Strategy and the significance of HIV and substance abuse prevention for communities impacted by HIV
- Understand the common principles and practices of evidence based substance abuse prevention, HCV, and HIV prevention strategies
- Address the organizational and programmatic adaptations required to integrate/co-locate substance abuse prevention and education, with treatment services in MAI-CoC

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HEALTH SOLUTIONS

Prevention Overview in the National HIV/AIDS Strategy

Kelly Wagner

**Manager, Center for Technical Assistance, Training, and
Research Support**

The MayaTech Corporation

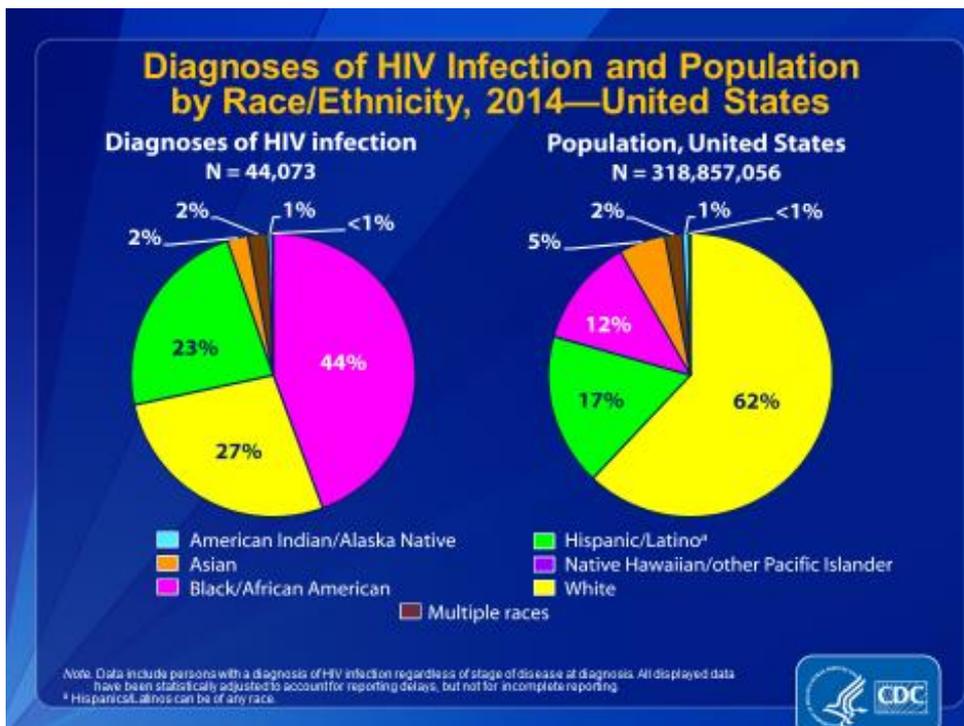


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HIV and Substance Abuse Prevention Opportunities in Minority Communities

- In 2014, 68% of HIV diagnoses were among African Americans and Hispanics/Latinos
 - 65% of diagnoses were in men
 - 78% of diagnoses were in women
- In 2014, 66% of HIV diagnoses attributable to injection drug use were among African Americans and Hispanics/Latinos
 - Diagnosis is higher in women (9% vs. 5% in African Americans, 13% vs 5% in Hispanics/Latinos)

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Prevention in the National HIV/AIDS Strategy (NHAS)

- Goal 1: Reducing New HIV Infections
- Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV
- Goal 3: Reducing HIV-Related Disparities and Health Inequities
- Goal 4: Achieving a More Coordinated National Response to the Epidemic

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NHAS Goal 1: Reducing New HIV Infections

- Intensify HIV prevention efforts in communities where HIV is most heavily concentrated
- Expand efforts to prevent HIV infection using a combination of effective evidence-based approaches
- Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention and transmission

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Prevention in NHAS Goal 1: High Impact Prevention

- Identify priority populations for prevention efforts:
 - Gay, bisexual, and other men who have sex with men
 - Black women and men
 - Latino men and women
 - People who inject drugs
 - Youth aged 13-24 years, especially young Black gay and bisexual men
 - People in the Southern United States
 - Transgender women, especially Black transgender women

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Prevention in NHAS Goal 1: Expanded HIV Prevention Toolbox

- Integrated HIV and related (substance use, mental health) screening and linkage to basic services
- Pre-exposure Prophylaxis (PrEP)
- “Treatment as Prevention” or TaP
- Expanded U.S. Preventive Services Task Force (USPSTF) Screening Recommendations
- Access to new/sterile needles and syringes
- New testing technologies and algorithms
- Strategies for prevention with people living with HIV

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Prevention in NHAS Goal 1: Universally Integrated Prevention Messaging

- Develop education campaigns that are easily accessible to the public
- Utilize social marketing and education campaigns, and leverage digital tools and new technologies
- Promote age-appropriate prevention education (e.g., youth, older adults)
- Expand prevention efforts on HIV and intersecting issues

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NHAS Goal 3: Reducing HIV-Related Disparities and Health Inequities

- Reduce HIV-related disparities in communities at high risk for HIV infection
- Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities
- Reduce stigma and eliminate discrimination associated with HIV status

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Prevention in NHAS Goal 3: Expanded Services to Reduce Disparities

- Expanded testing services for young Black and Hispanic gay and bisexual men, Black women, and persons living in the South
- Linkage to prevention services (e.g., PrEP) for persons in high risk groups that test negative

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Prevention in NHAS Goal 3: Stigma Reduction and Discrimination Elimination

- Evidence-based approaches to reduce stigma associated with substance use, mental health, and viral hepatitis
- Community mobilization to reduce stigma through use of social network strategies
- Develop peer leaders to provide HIV and substance abuse prevention education and training

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COPES, Inc.

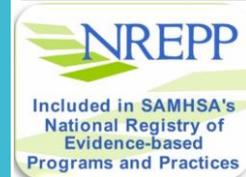
501-C₃ Prevention Agency

Funded by CSAP

MAI Cohort 6, Cohort 9 and CBI 2015



Ted N. Strader – Executive Director of
COPES and Developer of the *CLFC
Curriculum Series*



COPES, Inc. Mission

To advance a comprehensive range of effective services to address substance abuse prevention through personal, marriage and family strengthening programs that focus on building upon existing strengths. Further, to contribute to the national and international body of research and knowledge in the fields of prevention, mental health and emotional well-being as they relate to the development of programs and practices that reduce substance abuse, delinquency, violence, HIV infection, prison recidivism and other negative outcomes for children and families.

COPES provided **evidenced-based** substance abuse and HIV prevention and treatment services in partnerships with several treatment providers with a focus on prison reentry populations. COPES provided services along the entire **continuum of care** from primary prevention and intervention through treatment, early recovery, long-term recovery support and **intergenerational prevention**.

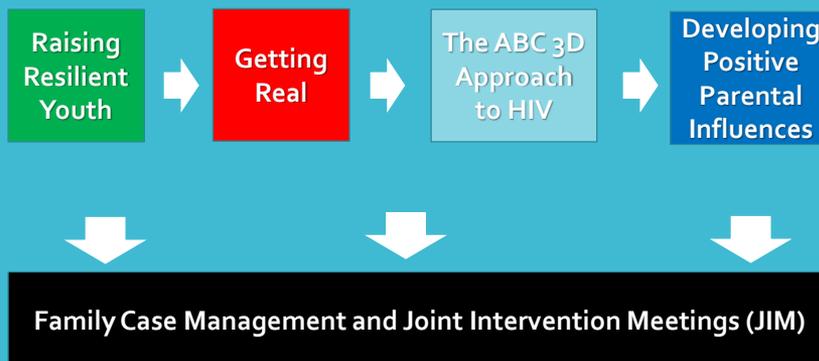
COPES intended to **reduce substance abuse, HIV and technical violations** in adult prison reentry populations, and therefore **reduce prison recidivism**.

COPES implemented our **NREPP-listed** *Creating Lasting Family Connections® (CLFC) Fatherhood Program: Family Reintegration* curriculum in both:

- ❑ Substance Abuse Residential Settings
- ❑ Substance Abuse Treatment Aftercare

*While our services were highly integrated with other local community agencies, they were not co-located at a single site.

Creating Lasting Family Connections® (CLFC) Fatherhood Program: Family Reintegration



Joint Intervention Meetings

- Coordinate key partner agency staff representatives who met monthly with selected reentry clients.
- To address **early warning signs** of behavioral slippage and redirect participants onto a positive path of reentry and recovery in a pro-active and supportive manner prior to the need for major sanctions (like revocation).
- And provide a **collective and consistent message** of strong support, cultural sensitivity, respect, understanding and accountability.

Voluntary HIV Testing

After developing relationships built on cultural sensitivity, trust, respect and safety, we also offered HIV Testing that was:

- Voluntary (Not forced)
- Confidential (Private)
- Convenient (On site/ Free)
- Easy (Saliva test/Free)
- Rapid (30 minutes/Results same day)

Referral to HIV Treatment

COPES referred participants who tested positive for HIV to a project partner agency in the community for treatment and ongoing compassionate medical care while maintaining participation in our regular programming.

Through this collaborative and highly integrated approach, we **increased HIV testing from 10% to 80%** and increased substance abuse abstinence resulting in a **60% reduction in prison recidivism!** (CJPR 2013)

"Creating Lasting Family Connections: Reducing Recidivism With Community-Based Family Strengthening Model," *Criminal Justice Policy Review*, Patrick McKiernan, Stephen R. Shamblen, David A. Collins, Ted N. Strader and Christopher Kokoski, 24(1) 2013, pp.94-1223.

Contact

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**Mike Graham-Squire,
Prevention Manager,
Neighborhood House,
Seattle, WA**



Neighborhood House Seattle/King County, WA

Mission:

“Neighborhood House partners with diverse individuals and families to build community and achieve their goals for health, education and self-sufficiency.”

Founded in 1906 Neighborhood House is a multi-service agency focusing on low income communities in particular immigrants and refugees. We work in one of the most ethnically diverse regions of the country. We have 250 staff, who speak 45 languages, at 20 sites throughout Seattle and South King County and directly serve over 11,000 clients per year.

Services include: Early Childhood Education/Support, Youth Tutoring, Youth Development for teens, Adult Education and Employment, Housing, Family Support Services, Senior Services and Community Health Programs (Patient Navigation, Access to Fitness, and HIV, Hepatitis, Mental Health and Substance Abuse Prevention).

Year 2 of SAMHSA MAI CoC Pilot: Integration of HIV Medical Care into Behavioral Health Programs



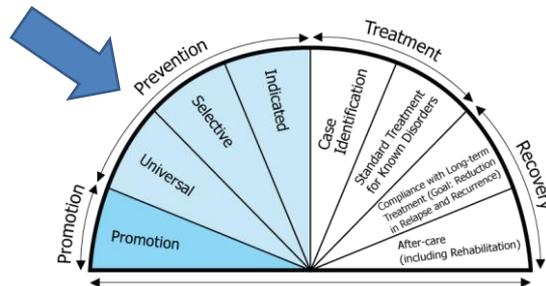
Focus on African American, Foreign Born African and Latino Populations



Primary Prevention on the Behavioral Health Continuum of Care Model

Universal Prevention serves the entire population

Selective Prevention targets higher risk populations such as children of substance abusers, high crime neighborhoods, immigrants and refugees, or underperforming schools



Source: <http://www.samhsa.gov/prevention>

Evidence Based Primary Prevention Intervention Programs

- ***SPORT Prevention Plus Wellness***
 - Middle and high school age youth
 - Substance abuse prevention plus general wellness
 - 2 classroom sessions

- ***Guiding Good Choices***
 - Parents of youth ages 7-14
 - Address risk and protective factors to prevent youth substance abuse, unprotected sex and other risky behaviors
 - Five 2-hour sessions, held once a week for 5 weeks
 - Session 3 includes the youth and parents

** Both programs are listed on [NREPP Blueprints for Healthy Youth Development](#), and [WA State list of 14 Evidence Based Programs effective for youth marijuana prevention](#).*

Progress in the past 18 months

- Trained 65 Guiding Good Choices (GGC) facilitators who speak 8 languages
- Conducted 13 GGC Workshops in English, Spanish, Somali, Oromo, Vietnamese, Khmer
- Trained 6 SPORT facilitators who speak 5 languages
- Presented SPORT to over 600 youth
- Branded SPORT as “206rising” to integrate into media and reinforce positive social norms campaigns
- Translated program materials



Why we selected these programs

- Effective for Marijuana Prevention
- Builds capacity of the community
- Sustainable
- Needs assessment showed need for parent education
- Funding cuts in schools has reduced general prevention education
- Brief and easy to implement in a variety of settings
- Culturally adaptable

Integrating Evidence Based Prevention Interventions with other prevention and HIV activities

Things to consider:

- Practicality to implement?
- Training to build community capacity
- Primary substance abuse prevention with youth and parents builds relationship with the community and begins to reduce stigma
- Adaptations to the community/youth
- Cultural adaptations
- Reach in the community/cost effectiveness

Questions?

Enter your questions into the chat box
for presenters to respond in discussion

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Additional Questions

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Additional Comments?

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For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org



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