

**Initiative to Eradicate HIV: SAMHSA's Role****SAMHSA: Minority AIDS Initiatives (MAI) Programs****Why is SAMHSA involved in HIV work:**

Those at risk for or living with HIV have high rates of mental and substance use disorders. For many, the **presence of mental and substance use disorders underlie the risk for HIV in the form of high risk drug use behaviors, particularly injection drug use and high risk sexual practices that frequently occur during intoxication and in the situation of untreated mental illness.**

Data from the National Survey on Drug Use and Health (NSDUH) demonstrate the need to address both substance use disorder prevention and treatment for those at risk for and living with HIV. For example, NSDUH tells us that **7.4% of the overall U.S. population 12 and older have a substance use disorder compared to 22.7% of those living with HIV/AIDS.** Illicit drug use disorders are present in 2.8% of the general population compared to 14.5% in those living with HIV/AIDS. For marijuana use disorder, 1.5% compared 3.7% for those living with HIV/AIDS. **Methamphetamine prevalence is .3% for the overall population compared to 5.1% for those with HIV/AIDS.** Cocaine is also **.3% for the overall population compared to 5.8% for those living with HIV/AIDS.**

For mental disorders, the trend is equally concerning. **18.6% of the general population have any mental illness compared to 37.7% with HIV.** For serious mental illness, **4.4% of the general population experience it compared with 7.9% for those living with HIV/AIDS.** **6.9% of the general population experience MDE compared to 11.4% with HIV.** About **3.4% of the general population are living with co-occurring mental illness and SUD compared to 13.4% of those living with HIV.**

SAMHSA seeks to accomplish several goals through its MAI programs:

As background, **many programs specializing in treatment of mental and substance use disorders do not have experience in provision of other types of healthcare** and, despite the high risks for serious infectious diseases such as HIV and viral hepatitis in those with M/SUDs, have no trained staff or resources to address HIV risk in their patients.

Goals of SAMHSA's MAI programs are to address those gaps:

1. To provide prevention interventions to those at risk through **HIV testing with pre/post-test counseling and education** regarding high risk behaviors: both community based and within SUD/MH programs
2. To assure that **all identified with HIV infection or at very high risk and in need of prophylaxis get the appropriate referrals from behavioral health programs to appropriate healthcare resources with ongoing care coordination**
3. To **provide treatment for mental and substance use disorders** for those at risk for HIV or living with HIV to reduce risk and improve adherence to treatment with an overall goal of improving the lives of those affected
4. Through **SAMHSA's national network of TTCs**, we provide **training and technical assistance to SUD/MH providers** with a goal of improving screening, assessment and treatment of HIV and associated mental and substance use disorders for those in behavioral health programs.

5. To provide **training and technical assistance to primary healthcare providers regarding the importance of addressing mental and substance use issues/disorders** in those at risk for or living with HIV
6. To provide training and technical assistance in **PEPFAR** countries to **assist with building treatment programs for mental and substance use disorders with the goal of reducing risk for and spread of HIV**
7. To provide training, technical assistance and **funding for testing, and vaccination (HAV, HBV) for viral hepatitis in mental and substance use disorder treatment programs and assurance of referral for care for these common co-occurring medical illnesses**

CSAP, CSAT and CMHS MAI initiatives:

CSAP: Total Grants: 118; In designated eradication areas: 82 69%

CSAT: Total Grants: 142/ In designated eradication areas: 100 70%

CMHS: Total Grants: 18/ In designated eradication areas: 10 56%

CSAP: HIV and viral hepatitis testing, referral to treatment for SUD and HIV

CSAT: supports treatment service programs that assist those at risk for or living with HIV principally for SUD treatment services, but programs address co-occurring mental disorders as well

CMHS: supports treatment service programs that assist those at risk for or living with HIV principally for mental health treatment services, but programs address co-occurring substance use disorders as well

**Grant funded program data show significant increases over baseline for abstinence, employment, CJ interactions, stable housing, social connectedness**

Approaches used to address risk reduction for IDU and unprotected sex:

- SBIRT and Motivational Enhancement Therapy
- Trauma informed care/Seeking Safety
- Case Management/Collaboration with other healthcare providers
- PrEP Education and Referrals