FY 2018 Houston EMA/HSDA Ryan White Part A Service Definition **Substance Abuse Services - Outpatient** (Last Review/Approval Date: 6/3/16)	
HRSA Service Category Title: **RWGA Only**	Substance Abuse Services Outpatient
Local Service Category Title:	Substance Abuse Treatment/Counseling
Budget Type: **RWGA Only**	Fee-for-Service
Budget Requirements or Restrictions: **RWGA Only**	Minimum group session length is 2 hours
HRSA Service Category Definition: **RWGA Only**	***Substance abuse services outpatient*** is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.
Local Service Category Definition:	Treatment and/or counseling HIV-infected individuals with substance abuse disorders delivered in accordance with State licensing guidelines.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV-infected individuals with substance abuse disorders, residing in the Houston Eligible Metropolitan Area (EMA/HSDA).
Services to be Provided:	Services for all eligible HIV/AIDS patients with substance abuse disorders. Services provided must be integrated with HIV-related issues that trigger relapse. All services must be provided in accordance with the Texas Department of Health Services/Substance Abuse Services (TDSHS/SAS) Chemical Dependency Treatment Facility Licensure Standards. Service provision must comply with the applicable treatment standards.
Service Unit Definition(s): **RWGA Only**	**Individual Counseling:** One unit of service = one individual counseling session of at least 45 minutes in length with one (1) eligible client. **A single session lasting longer than 45 minutes qualifies as only a single unit** – no fractional units are allowed. Two (2) units are allowed for initial assessment/orientation session. **Group Counseling:** One unit of service = 60 minutes of group treatment for one eligible client. A single session must last a minimum of 2 hours. Support Groups are defined as professionally led groups that are comprised of HIV-positive individuals, family members, or significant others for the purpose of providing Substance Abuse therapy.
Financial Eligibility:	Refer to the RWPC's approved *Financial Eligibility for Houston EMA/HSDA Services*.
Client Eligibility:	HIV-infected individuals with substance abuse co-morbidities/disorders.
Agency Requirements:	Agency must be appropriately licensed by the State. All services must be provided in accordance with applicable Texas Department of State Health Services/Substance Abuse Services (TDSHS/SAS) Chemical

	Dependency Treatment Facility Licensure Standards. Client must not be eligible for services from other programs or providers (i.e. MHMRA of Harris County) or any other reimbursement source (i.e. Medicaid, Medicare, Private Insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. All services must be provided in accordance with the TDSHS/SAS Chemical Dependency Treatment Facility Licensure Standards. Specifically, regarding service provision, services must comply with the most current version of the applicable Rules for Licensed Chemical Dependency Treatment. Services provided must be integrated with HIV-related issues that trigger relapse. Provider must provide a written plan no later than 3/30/17 documenting coordination with local TDSHS/SAS HIV Early Intervention funded programs if such programs are currently funded in the Houston EMA.
Staff Requirements:	Must meet all applicable State licensing requirements and Houston EMA/HSDA Part A/B Standards of Care.
Special Requirements: **RWGA Only**	Not Applicable.

FY 2019 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/14/18**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Steering Committee**		Date: **06/07/18**
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Quality Improvement Committee**		Date: **05/15/18**
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **HTBMN Workgroup**	Date: **04/24/18**
Recommendations:	Financial Eligibility:
1.	
2.	
3.	

PUBLIC COMMENT

Submitted 02-13, 2018
From email to Office of Support and Ryan White Grant Administration

Subject: Update on Substance Abuse Block Grant funds

There is legislation attached to this block grant that set aside 5% of the funding for HIV services for substance users. Due to poor wording in the enabling legislation from 1987 setting aside 5% of the block grant for HIV services, Texas has fallen under the AIDS case threshold for this set aside. (They used AIDS cases instead of HIV surveillance numbers.) The Center receives $1,332,214 for case management and outreach from this source. The set aside will end 8.31.19. We have been in conversations with the state about how this funding can be repurposed to capture the training and expertise that the staff has gained in the 22 years we have had this set aside but it will not be for HIV. We have 4 clinical case managers and part of a supervisor serving current or former substance users and those in treatment. AAMA has 1 plus part of a supervisor. We would like the council and grants administration to know this so that when the next round of allocations are done, they will understand that these positions will be lost starting 9.1.19. Please let me know what information you need to brief the council.

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Ann J. Robison, PhD
Executive Director
The Montrose Center

SUBSTANCE ABUSE SERVICES

Substance abuse services, also referred to as *outpatient alcohol or drug abuse treatment*, provides counseling and/or other treatment modalities to persons living with HIV (PLWH) who have a substance abuse concern in an outpatient setting and in accordance with state licensing guidelines. This includes services for alcohol abuse and/or abuse of legal or illegal drugs.

(**Graph 1**) In the 2016 Houston HIV Care Services Needs Assessment, 24% of participants indicated a need for *substance abuse services* in the past 12 months. 22% reported the service was easy to access, and 2% reported difficulty. 8% stated they did not know the service was available. When analyzed by type of substance concern, 24% of participants cited alcohol, 56% cited drugs, and 26% cited both.

(**Table 1**) When barriers to *substance abuse services* were reported, the most common barrier types were education and awareness (lack of knowledge about location), eligibility (ineligibly), and health-insurance related (being uninsured).

GRAPH 1-Substance Abuse Services, 2016

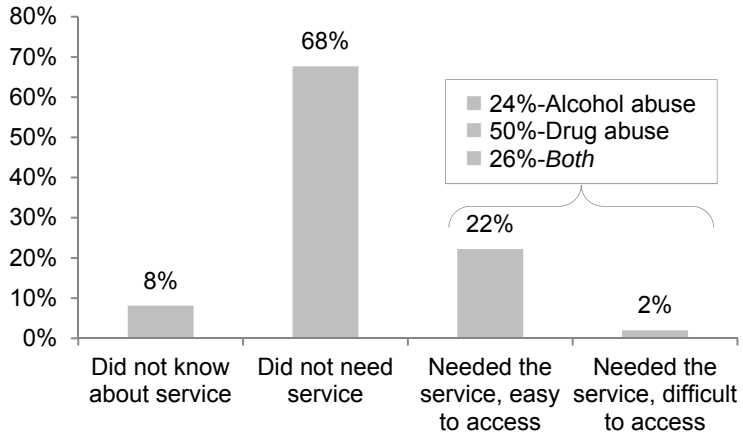

TABLE 1-Top 3 Reported Barrier Types for Substance Abuse Services, 2016

	No.	%
1. Education and Awareness (EA)	1	33%
2. Eligibility (EL)	1	33%
3. Health Insurance Coverage (I)	1	33%
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(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *substance abuse services,* this analysis shows the following:

- More females than males found the service accessible.
- More white PLWH found the service accessible than other race/ethnicities.
- More PLWHA age 50+ found the service accessible than other age groups.
- In addition, more recently released, unstably housed, and MSM PLWH found the service difficult to access when compared to all participants.

TABLE 2-Substance Abuse Services, by Demographic Categories, 2016

	Sex		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	8%	8%	2%	10%	11%	0%	30%	9%	4%
Did not need service	69%	64%	73%	65%	70%	60%	48%	68%	70%
Needed, easy to access	21%	26%	24%	23%	17%	40%	17%	22%	24%
Needed, difficult to access	2%	2%	1%	2%	2%	0%	4%	2%	1%

TABLE 3-Substance Abuse Services, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	14%	9%	50%	8%	9%	18%
Did not need service	61%	68%	50%	42%	88%	50%
Needed, easy to access	23%	21%	0%	39%	3%	32%
Needed, difficult to access	2%	2%	0%	11%	0%	0%

[a]Persons reporting housing instability [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

Ryan White Part A
HIV Performance Measures
FY 2016 Report

Substance Abuse Treatment

HIV Performance Measures	FY 2015	FY 2016	Change
A minimum of 70% of clients will utilize Parts A/B/C/D primary medical care after accessing Part A-funded substance abuse treatment services*	12 (50.0%)	18 (62.1%)	**12.1%**
55% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	11 (57.9%)	17 (73.9%)	**16.0%**
Change in the rate of program completion over time	See data below		

***Overall, the number of clients who received primary care in FY 2016 was 24 (82.8%), with 18 receiving the services through Ryan White and 6 receiving the services through other insurance such as Medicare.**

Number of clients completing substance abuse treatment program from March 2015 to February 2016: **21**

Number of clients engaged in substance abuse treatment program from March 2016 to February 2017: **24**

Number of clients completing substance abuse treatment from March 2016 to February 2017 who entered treatment in FY 2015: **4**

Number of clients who received treatment in FY 2015 who are still in treatment from March 2016 to February 2017: **12**

AIDSinfo

HIV and Specific Populations

HIV and Drug and Alcohol Users

Last Reviewed: April 2, 2018

Key Points

- Drug and alcohol use can lead to risky behaviors that increase the chances of getting or transmitting HIV infection. For example, a person using drugs or alcohol may have unprotected sex (sex without a condom) or share needles when injecting drugs. In the United States, HIV is spread mainly by having unprotected sex or sharing needles (or other drug injection equipment) with someone who has HIV.
- Drug and alcohol use can harm the health of a person with HIV. Specifically, drug and alcohol use can weaken the immune system and damage the liver.
- People with HIV take a combination of HIV medicines (called an HIV regimen) every day to stay healthy. Drug or alcohol use can make it hard to focus and stick to a daily HIV regimen. Skipping HIV medicines allows HIV to multiply and damage the immune system.
- Drug interactions between HIV medicines and recreational drugs can increase the risk of dangerous side effects.

What is the connection between HIV and drug and alcohol use?

Drug and alcohol use is related to HIV in the following ways:

- Use of alcohol and recreational drugs can lead to risky behaviors that increase the chances of getting or transmitting HIV infection. Recreational drugs include injection and noninjection drugs such as opioids (including heroin), methamphetamine, cocaine, and marijuana (weed, pot).
- Drug and alcohol use can harm the health of a person with HIV. Specifically, drug and alcohol use can weaken the immune system and damage the liver.

How does drug and alcohol use increase the risk of HIV infection?

Drugs and alcohol affect the brain, making it hard to think clearly. People using drugs or alcohol may make poor decisions and take risks.

Some risky behaviors can increase the risk of getting or transmitting HIV. For example, a person using drugs or alcohol may have sex without a condom (unprotected sex) or share needles when injecting drugs.

In the United States, HIV is spread mainly by having unprotected sex or sharing needles or other drug injection equipment with someone who has HIV.

How can drug and alcohol use affect a person with HIV?

Drug and alcohol use can harm the health of a person with HIV in several ways.

Drugs and alcohol can weaken the immune system.

HIV damages the immune system, making it harder for the body to fight infections and certain cancers. Drug or alcohol use can further damage the immune system and cause HIV infection to worsen.

Drugs and alcohol can damage the liver and cause liver disease.
One of the main functions of the liver is to remove harmful substances (toxins) from the blood. Toxins are produced when the liver breaks down the chemicals we put in our body, including recreational drugs or alcohol.

Drug and alcohol use can damage the liver, making it work harder to remove toxins from the body. The buildup of toxins can weaken the body and lead to liver disease.

Some recreational drugs can interact with HIV medicines.
Drug interactions between HIV medicines and recreational drugs can increase the risk of dangerous side effects. For example, overdoses due to interactions between HIV medicines and drugs such as ecstasy (MDMA) or GHB have been reported.

Drug and alcohol use can make it hard to take HIV medicines every day.
People with HIV take a combination of HIV medicines (called an HIV regimen) every day to stay healthy. Drug or alcohol use can make it hard to focus and stick to a daily HIV regimen. Skipping HIV medicines allows HIV to multiply and damage the immune system.

If you use drugs or drink alcohol, take the following steps to protect your health.

If you use drugs or alcohol:

- Don't have sex if you're high.
- Use a condom every time you have sex. Read this fact sheet from the Centers for Disease Control and Prevention (CDC) on how to use condoms correctly.

If you drink alcohol:

- Drink in moderation. Moderate drinking is up to 1 drink per day for women and up to 2 drinks per day for men. One drink is a 12-oz bottle of beer, a 5-oz glass of wine, or a shot of liquor.
- Visit Rethinking Drinking, a website from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). This website can help you evaluate your drinking habits and consider how alcohol may be affecting your health.

If you inject drugs:

- Use only sterile needles and drug preparation equipment ("works").
- Never share needles and works.
- Visit CDC's webpage on HIV prevention for more information on how injection drug users can reduce the risk of getting or transmitting HIV.

For HIV Patients, Smoking Is 10 Times More Life-Threatening Than Virus Itself

(/profile/erik-lief) By Erik Lief (/profile/erik-lief) — September 18, 2017

Smoking, via Google Images (http://www.thestatesman.com/science/tobacco-use-doubles-death-risk-in-hiv-patients-1496402729.html)

Chalk up another horrific distinction for the ills of cigarette smoking.

For people who are HIV-positive and smoke, there's a greater risk of dying from lung cancer than from HIV or AIDS itself. Not just slightly greater risk; for those adhering to their antiretroviral therapy smokers have a 10-(https://www.eurekalert.org/pub_releases/2017-09/mgh-pwh091417.php)time (https://www.eurekalert.org/pub_releases/2017-09/mgh-pwh091417.php) greater risk (https://www.eurekalert.org/pub_releases/2017-09/mgh-pwh091417.php) of mortality from cancer than from the virus.

That's the primary conclusion of a new study conducted by researchers at Massachusetts General Hospital, published today in *JAMA Internal Medicine.*

The National Institutes of Health-funded research also suggests that in this instance lung-cancer prevention – specifically, trying to quit – actually take priority over the treatment of HIV and AIDS, or Acquired Immunodeficiency Syndrome, the last stage of HIV infection.

"Smoking cessation should be a priority in the care of people living with HIV.," the authors wrote in their study (http://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2653450), "*Lung Cancer Mortality Associated With Smoking and Smoking Cessation Among People Living With HIV in the United States*."

"Smoking and HIV are a particularly bad combination when it comes to lung cancer," states lead researcher Krishna Reddy, MD, of the Division of Pulmonary and Critical Care Medicine at Mass General. "Smoking rates are extraordinarily high among people with HIV, and both smoking and HIV increase the risk of lung cancer."

While 15 percent of adults are smokers (https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm), according to the Centers for Disease Control, regarding

People Living With Human immunodeficiency virus, "over 40% of PLWH in the United States smoke cigarettes."

In addition, in a statement from Mass General, researchers reported the following findings from their microsimulation model–based analysis:

- Nearly 25 percent of people who adhere well to anti-HIV medications but continue to smoke will die from lung cancer
- Heavy smokers are at even higher risk for lung cancer: 28.9%
- Among smokers who quit at age 40, only about 6 percent will die of lung cancer
- People with HIV who take antiviral medicines but who also smoke are from 6 to 13 times more likely to die from lung cancer than from HIV/AIDS "depending on sex and smoking intensity," according to the study

The authors wrote that by using model projections, of the "approximately 644, 200 PLWH aged 20 to 64 in care in the United States, 59, 900 (9.3%) are expected to die from lung cancer if smoking habits do not change." Meanwhile, the CDC reports (https://www.cdc.gov/hiv/basics/statistics.html) that at the end of 2014 – "the most recent year for which this information is available" – there were roughly 1.1 million PLWH.

It's worth noting that while both the dangers (as well as the relative dangers) of tobacco use continue to become more apparent, these findings wouldn't be so stunning had it not been for the remarkable achievements in drug discovery and development over the last few decades. Being able to contain HIV and AIDS – once considered a certain death sentence – is a medical success story that should never be undervalued.

verywell mind

Alcohol and Drug Abuse Spells Trouble for HIV Patients

Binge drinking can lead to risky behaviors

By Buddy T | Reviewed by Richard N. Fogoros, MD

Updated January 24, 2018

With 31 percent of all HIV cases among men and 57 percent among women attributed to injection drug use, it is obvious that shooting illegal drugs increases the risk of contracting the AIDS virus. Drinking alcohol can also contribute to the spread and progression of the disease.

According to the Health Resources and Services Administration, non-injection drug use can also lead to contracting the HIV virus, because drug users may trade sex for drugs or money or engage in behaviors under the influence that put them at risk.

Binge Drinking Risky

The same is true for people who drink to excess. People who are intoxicated lose their inhibitions and have their judgment impaired and can easily find themselves involved in behavior that would put them at risk of contracting HIV.

National Institute on Drug Abuse research shows that most young people are not concerned about becoming infected with HIV, but they face a very real danger when they engage in risky behaviors such as unprotected sex with multiple partners.

Alcohol Increases HIV Susceptibility

Risky behavior is not the only way drinking alcohol can increase the risk of becoming infected with HIV. A study by Gregory J. Bagby at the Louisiana State University Health Sciences Center found that alcohol consumption may increase host susceptibility to HIV infection.

Bagby's students, who conducted a study with rhesus monkeys infected with simian immunodeficiency virus (SIV), found that in the early stages of infection, monkeys who were given alcohol to drink had 64 times the amount of virus in their blood than the control monkeys. Bagby concluded that the alcohol increased infectivity of cells or increased the

number of susceptible cells.

Virus Progresses Faster

For people who have already been infected with HIV, drinking alcohol can also accelerate their HIV disease progression, according to a study by Jeffrey H. Samet at Boston University. The reason for this is both HIV and alcohol suppress the body's immune system.

Samet's research found that HIV patients who were receiving highly active antiretroviral therapy (HAART), and were currently drinking, have greater HIV progression than those who do not drink.

They found that HIV patients who drank moderately or at at-risk levels had higher HIV RNA levels and lower CD4 cell counts, compared with those who did not drink.

Drinking Affects Medication Adherence

Patients with HIV who drink, especially those who drink heavily, or less likely to adhere to their prescribed medication schedule. Both the Samet study and research at the Center for Research on Health Care at the University of Pittsburgh School of Medicine found that nearly half of their patients who drank heavily reported taking medication off schedule.

The researchers said many of the heavy drinkers simply would forget to take their medications. This is potentially a big problem for healthcare providers due to the fact that alcohol dependence in those with HIV run at rates twice as high as the general population.

Sources:

Health Resources and Services Administration

National Institute on Drug Abuse

Alcoholism: Clinical and Experimental Research