



# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



**SAMHSA-HRSA  
Center for Integrated  
Health Solutions**

## Integrating Hepatitis B & C Services into Behavioral Health Services

**Tuesday, June 16, 2015**



[www.integration.samhsa.gov](http://www.integration.samhsa.gov)



## SAMHSA-HRSA Center for Integrated Health Solutions

Slides for today's webinar are available on the CIHS website at:

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

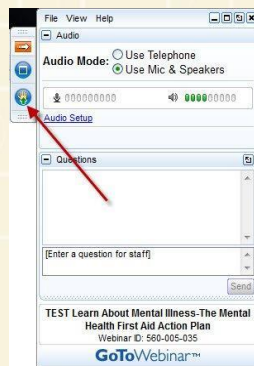
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## Learning Objectives

Participants will be able to:

- Describe the impact of HBV and HCV on minority populations and people living with HIV/AIDS
- Understand recommended staffing and training needs to establish HBC and HCV testing on site
- Describe a model for integrating HIV/hepatitis services into behavioral health services
- Identify models used to manage HBV and HCV/HIV co-infection

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### **Integrating Hepatitis B & C Services into Behavioral Health Services**

**Kelly Wagner**

Senior Technical Vice President for  
Training and Technical Support  
The MayaTech Corporation  
Silver Spring, MD



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## Impact of HBV and HCV in People with HIV/AIDS (PWA) and Minority Populations

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## Current Hepatitis B Virus (HBV) Infection Among the U.S. Population

- Estimated 1.4 million people with chronic HBV infection (2013)
- 3,050 reported acute hepatitis B cases in 2013
  - Incidence rate of 1.0 cases per 100,000
- Estimated 19,800 new HBV infections in 2013
  - Many HBV infections are asymptomatic or unreported
- Rates are highest among males 25-44

Source: Viral Hepatitis Surveillance, United States 2013,  
<http://www.cdc.gov/hepatitis/statistics/2013surveillance/pdfs/2013hepsurveillancert.pdf>

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## Current Hepatitis C Virus (HCV) Infection Among U.S. Populations

- Estimated 3.9 million people with chronic HCV infection (2013)
- 2,138 reported acute hepatitis C cases in 2013
  - Incidence rate of 0.7 cases per 100,000
- Estimated 29,700 new HCV infections in 2013
  - Adjusted for asymptomatic infection and underreporting
- Infection most prevalent among people born between 1945-1965

Source: Viral Hepatitis Surveillance, United States 2013, <http://www.cdc.gov/hepatitis/statistics/2013surveillance/pdfs/2013hepsurveillancerept.pdf>

## HBV and HCV Routes of Transmission

	Hepatitis B	Hepatitis C
<b>Routes of Transmission</b>	Contact with infectious blood, semen, and other bodily fluids primarily through: <ul style="list-style-type: none"> <li>• Birth to an infected mother</li> <li>• Sexual contact with infected person</li> <li>• Sharing contaminated injection drug equipment</li> <li>• Needlesticks</li> </ul>	Contact with blood of an infected person primarily through: <ul style="list-style-type: none"> <li>• Sharing contaminated injection drug equipment</li> </ul>

Source: The ABCs of Hepatitis, [http://www.cdc.gov/hepatitis/Resources/Professionals/PDFs/ABCTable\\_BW.pdf](http://www.cdc.gov/hepatitis/Resources/Professionals/PDFs/ABCTable_BW.pdf)

## HBV and HCV Persons at Risk

	Hepatitis B	Hepatitis C
<b>Persons at Risk</b>	<ul style="list-style-type: none"> <li>• Sex partners of infected persons</li> <li>• Persons with multiple sex partners</li> <li>• Persons with STIs</li> <li>• Men who have sex with men</li> <li>• People who use injection drugs</li> </ul>	<ul style="list-style-type: none"> <li>• People who use injection drugs (current or former)</li> <li>• People living with HIV</li> </ul>

Source: The ABCs of Hepatitis, [http://www.cdc.gov/hepatitis/Resources/Professionals/PDFs/ABCTable\\_BW.pdf](http://www.cdc.gov/hepatitis/Resources/Professionals/PDFs/ABCTable_BW.pdf)

## Impact of HBV Infection

- HBV is 50-100 times more infectious than HIV
- Acute HBV infection decreased by 62% from 2000 to 2013
  - \*Increased by 5.4% from 2012 to 2013 (mostly between 30-49 year olds)
- 15-25% of people with chronic HBV infection develop serious liver problems (e.g., liver damage, cirrhosis, liver failure, liver cancer)
- Approximately 3,000 die annually from hepatitis B-related liver disease

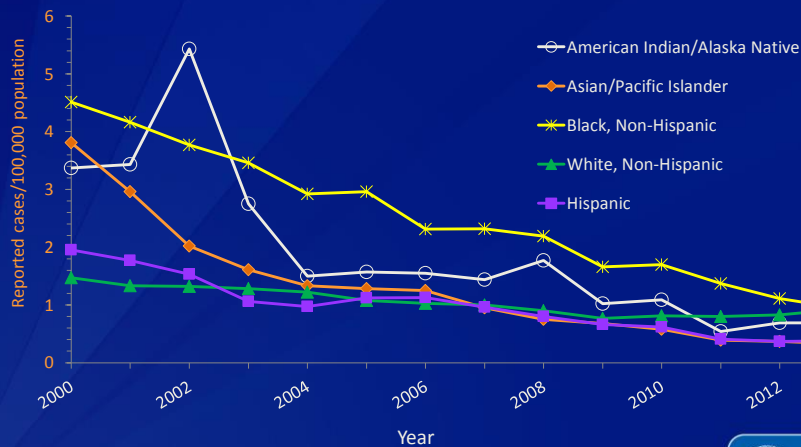


## Impact of HCV Infection

- The most common blood-borne infection in the United States
  - 45-85% of those infected are unaware of infection
- 250% increase in acute HCV infection between 2010 and 2013
- For every 100 people infected with HCV:
  - 75-85 develop chronic infection
  - 60-70 develop chronic liver infection
  - 5-20 develop cirrhosis
  - 1-5 will die from liver cancer or cirrhosis

Armstrong et al. *Ann Intern Med*, 2006; HCV FAQs for Health Professionals, <http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#section1>

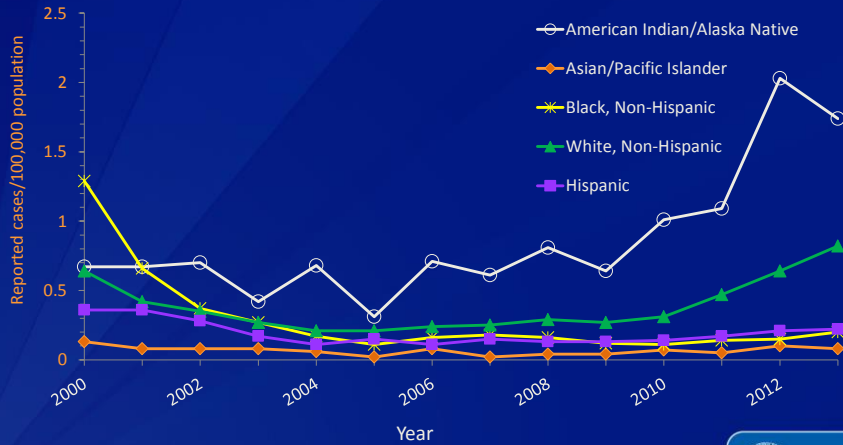
**Figure 3.4. Incidence of acute hepatitis B, by race/ethnicity — United States, 2000–2013**



Source: National Notifiable Diseases Surveillance System (NNDSS)



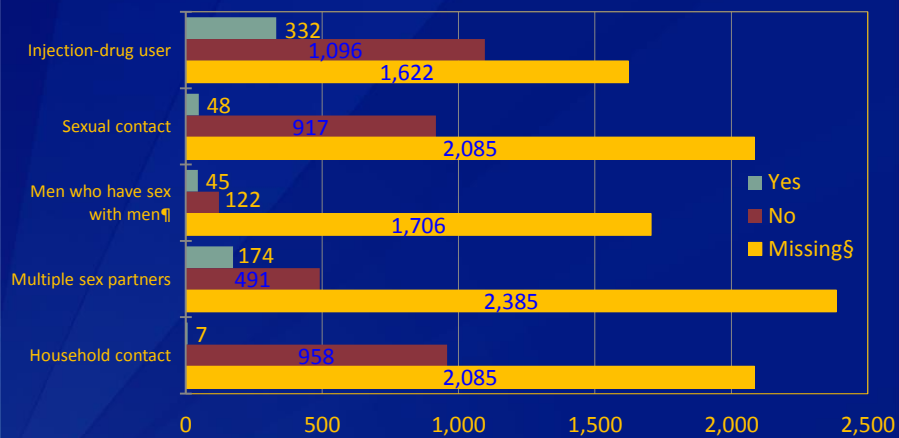
**Figure 4.4. Incidence of acute hepatitis C, by race/ethnicity — United States, 2000–2013**



Source: National Notifiable Diseases Surveillance System (NNDSS)



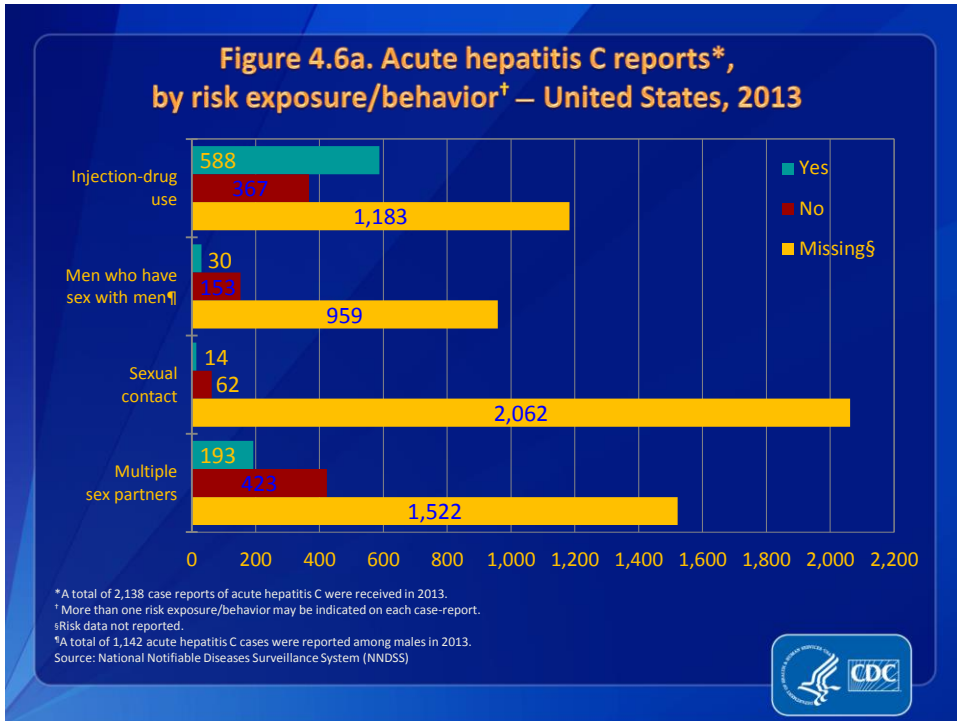
**Figure 3.6a. Acute hepatitis B reports\*, by risk exposure/behavior† — United States, 2013**



\*A total of 3,050 case-reports of acute hepatitis B were received in 2013.  
 † More than one risk exposure/behavior may be indicated on each case-report.  
 ‡ No risk data reported.  
 § A total of 1,873 acute hepatitis B cases were reported among males in 2013.  
 Source: National Notifiable Diseases Surveillance System (NNDSS)







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## Hepatitis and PWHA

- Of the 1.1 million PWHA in the U.S., one-third are co-infected with hepatitis
  - 25% co-infected with HCV
  - 10% co-infected with HBV
- 80% of people with HIV who use injection drugs are co-infected with HCV

Source: HIV and Viral Hepatitis, [http://www.cdc.gov/hiv/pdf/library/factsheets/HIV\\_and\\_viral\\_Hepatitis.pdf](http://www.cdc.gov/hiv/pdf/library/factsheets/HIV_and_viral_Hepatitis.pdf)

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## Health Consequences of HIV/Hepatitis Co-Infection

- HIV/HBV Co-infection
  - Higher levels of HBV DNA
  - Rapid liver disease progression
  - Lower rates of HBV clearance
  - Increased risk of liver-related mortality
  - Decreased response to HBV treatment
  - Higher risk of hepatotoxicity following ART initiation
  - Little effect on HIV disease progression

## Health Consequences of HIV/Hepatitis Co-Infection

- HIV/HCV Co-infection
  - Leading cause of morbidity and mortality among PWHA's
  - Increased HCV viral load
  - Increased hepatitis C disease progression
  - Tripled risk of developing liver disease, liver failure, and liver-related death
  - Increased chance of sexually transmitting HCV

## HBV and HCV Screening and Vaccination

## Screening Recommendations for HBV and HCV

	Hepatitis B	Hepatitis C
<b>Screening Recommendations for Chronic Infection</b>	<ul style="list-style-type: none"> <li>• People who use injection drugs</li> <li>• Men who have sex with men</li> <li>• Needle-sharing or sexual partners of persons infected with HBV</li> <li>• PWHA</li> <li>• All pregnant women</li> <li>• Persons born in regions with high rates of HepB</li> </ul>	<ul style="list-style-type: none"> <li>• People born between 1945-1965</li> <li>• People who use injection drugs (current or former)</li> <li>• PWHA</li> <li>• Recipients of donated blood or organs before 1992</li> <li>• Persons with signs or symptoms of liver disease</li> </ul>

## HBV Vaccination Recommendations

- Sexual partners of persons with HBV
- People with multiple sex partners
- People with STIs
- Men who have sex with men
- People who use injection drugs
- All infants at birth
- PWHA

## Recommendations for Implementing HepC Testing

- Technology
  - OraQuick HCV Rapid Test
- Training
  - Hepatitis C 101 – risk, transmission, screening, vaccination
  - Hepatitis counseling messages
  - Conducting and interpreting the HCV rapid antibody test and controls
  - Specimen collection
  - Disposal of biohazardous materials

## Recommendations for Implementing HepC Testing (cont.)

- Quality Control Plan
  - Inventory checks
  - Kit and controls storage
  - Temperature monitoring and maintenance
  - Testing area readiness
- Policies and Procedures
  - Confidentiality
  - Staff training and proficiency
  - Quality Control
  - Counseling
  - Record keeping
  - Lab quality assurance
  - Referrals and tracking for HCV diagnostic testing, care, and treatment

## Resources

- [The ABCs of Hepatitis](#)
- [TIP 53: Addressing Viral Hepatitis in People with Substance Use Disorders](#)
- [Know Hepatitis B Campaign Materials](#)
- [Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus Infection](#)
- [Hepatitis B Vaccination Guidelines and Recommendations](#)
- [Guide to Comprehensive Hepatitis C Counseling and Testing](#)
- [NY State Department of Health AIDS Institute: Hepatitis C Rapid Testing Program Implementation Guidelines](#)

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# QUESTIONS AND ANSWERS

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## **STIRR-IT: CO-LOCATED HIV/HCV PREVENTION & TREATMENT IN A BEHAVIORAL HEALTH SETTING**

**Seth S. Himelhoch M.D., M.P.H.**  
Program Director, Project STIRR-IT  
Associate Professor  
Department of Psychiatry  
University of Maryland School of  
Medicine



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## OVERVIEW

- **STIRR-IT**
  - What does STIRR-IT mean?
  - Why Baltimore?
  - Implementation Strategy
  - Outcomes to date
- **QUESTIONS**

## STIRR-IT



<http://www.insidethehuddle.tv/articles/traveler-baltimore-md-home-ravens>

## STIRR-IT



Baltimore City

<http://www.insidethehuddle.tv/articles/traveler-baltimore-md-home-ravens>

## WHAT DOES STIRR-IT MEAN?

Screening &  
Testing for HIV/HCV,  
Immunization for Hepatitis A & B,  
Risk Reduction Counseling linked to  
Integrated HIV  
Treatment

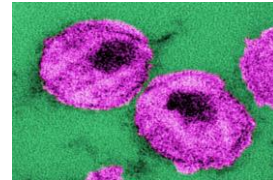


<http://publichealthandeducation.blogspot.com/>

# WHAT IS STIRR?

- Evidence based practice

<http://womenshealth.gov/hiv-aids/what-is-hiv-aids/how-hiv-is-spread.html>



## NIH Public Access

### Author Manuscript

*Psychiatr. Serv.* 2010 September; 61(9): 885–891. doi:10.1176/appi.ps.61.9.885.

Published in final edited form as:

*Psychiatr. Serv.* 2010 September; 61(9): 885–891. doi:10.1176/appi.ps.61.9.885.

### Assessing the STIRR Model of Best Practices for Blood-Borne Infections in Clients with Severe Mental Illness

Stanley D. Rosenberg<sup>1</sup>, Richard W. Goldberg<sup>2,3</sup>, Lisa B. Dixon<sup>2,3</sup>, George L. Wolford<sup>1</sup>, Eric P. Stader<sup>2,3</sup>, Seth Hirnghoch<sup>2,3</sup>, Gerard Galucci<sup>4</sup>, Wendy Potts<sup>3</sup>, Stephanie Tapscoott<sup>3</sup>, and Christopher J. Welch<sup>5</sup>

<sup>1</sup>Departments of Psychiatry and Community and Family Medicine, Geisel School of Medicine, Lebanon, NH

<sup>2</sup>VIA Capitol Health Care Network Mental Illness Research, Education, and Clinical Center, Baltimore, MD

<sup>3</sup>Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD

<sup>4</sup>State of Delaware, Division of Substance Abuse and Mental Health

#### Abstract

**Objectives**—People dually diagnosed with severe mental illness and substance use disorders are at markedly elevated risk for HIV, hepatitis B and hepatitis C, but generally do not receive basic recommended services. Several barriers impede receipt of services, including lack of programs offered by mental health providers, and client refusal of available services. Clients from ethnic minority groups are even less likely to accept recommended services. The intervention tested was designed to facilitate integrated infectious disease programming in mental health settings, and to increase acceptance of such services among clients.

**Methods**—A randomized clinical trial (n=236) compared enhanced treatment as usual (Control) to a brief intervention to deliver best practice services for blood-borne disease in an urban, largely minority sample of dually diagnosed clients. This intervention included *Screening, Testing* for HIV and hepatitis, *Immunization* for hepatitis A and B, *Risk-reduction* counseling and medical treatment, *Referral* and support (*STIRR*) at the site of mental health care.

**Results**—Clients randomized to STIRR had high levels (over 80%) of participation and acceptance of core services. They were more likely to be tested for HIV and HCV, immunized for hepatitis A and B, increase their hepatitis knowledge and to reduce their substance abuse.

However, they showed no reduction in risk behavior, were no more likely to be referred to care (81 vs. 73%), and showed no increase in HIV knowledge. Intervention costs were \$541 per client.

**Conclusions**—STIRR appears to be efficacious in providing a basic, best-practice package of interventions for dually diagnosed clients.



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J Psychiatr Serv. Author manuscript; available in PMC 2015 April 22.

Published in final edited form as:  
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Assessing the STIRR Model of Best Practices for Blood-Borne  
 Infections in Clients with Severe Mental Illness

## STIRR is efficacious at providing basic, best-practice package for dually diagnosed clients

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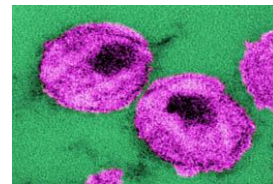
**Conclusions**—STIRR appears to be efficacious in providing a basic, best-practice package of interventions for dually diagnosed clients.

Psychiatric Services, 2010

## WHAT IS STIRR?

- Evidence based practice
- Provides HIV & HCV Screening and Testing, Immunization and Risk Reduction Counseling

<http://womenshealth.gov/hiv-aids/what-is-hiv-aids/how-hiv-is-spread.html>



## CDC RECOMMENDATIONS

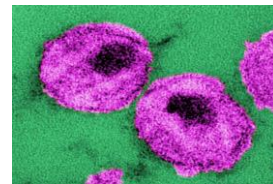
- HIV screening for all persons aged 13-64 in all health care settings in the United States
- HCV testing for all people in 1945-1965 age group and/or engage in IDU
- Vaccination with HBV and HAV for those who engage in unsafe sex or risky drug use



<http://www.cdc.gov/knowmorehepatitis/>

## WHAT IS STIRR?

- Evidence based practice
- Provides Screening, Immunization and Risk Reduction Counseling
- Targets people with Serious Mental Illness (SMI)



<http://womenshealth.gov/hiv-aids/what-is-hiv-aids/how-hiv-is-spread.html>

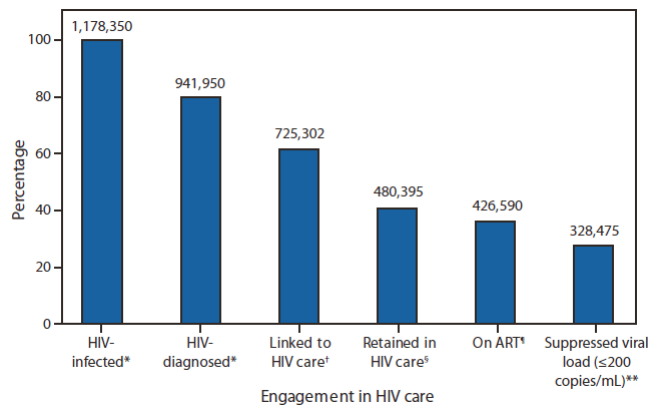
## WHY THOSE WITH SMI?

- They may be at Higher Risk:

CONDITION	PREVALENCE AMONG THOSE WITH SMI	PREVALENCE IN THE GENERAL POPULATION
HIV	1-23%	0.03%
HCV	8.5-30%	1.8%

Himmelhoch et al., Psychiatric Services, 2007; Psychosomatics, 2009

## THIS IS CRITICAL...



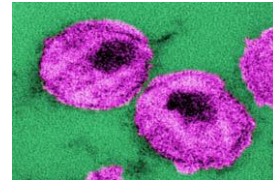
CDC.gov



## WHAT IS STIRR?

- Evidence based practice
- Provides Screening, Immunization and Risk Reduction Counseling
- Targets people with Serious Mental Illness (SMI)
- Occurs in Behavior Health Centers

<http://womenshealth.gov/hiv-aids/what-is-hiv-aids/how-hiv-is-spread.html>



## WHY BEHAVIORAL HEALTH CENTERS?

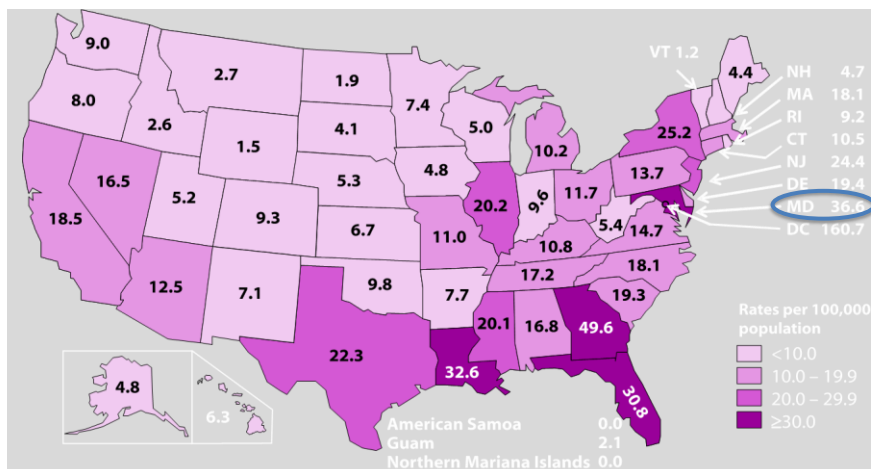
- Less than ½ people at risk for HIV and HCV with SMI receive testing
- Reliance on mental health system to provide medical care
- Maximize efficiency to ensure people get into early treatment
- Allow for co-location of treatment

# WHY BALTIMORE?



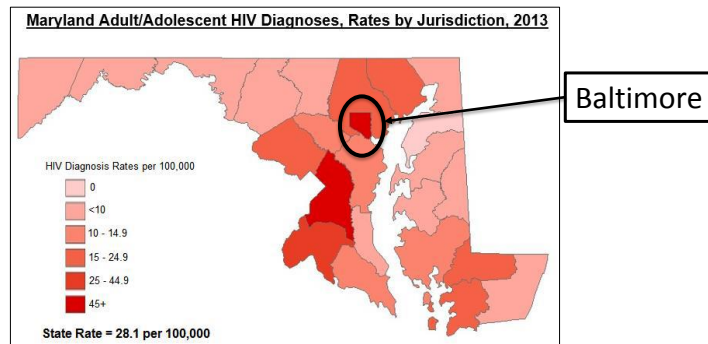
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# UNITED STATES



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## MARYLAND



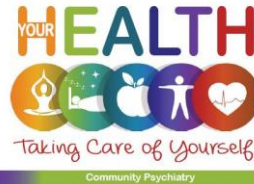
<http://phpa.dhmh.maryland.gov>

## RISK FOR HIV AND HCV

- Study of 153 people with SMI receiving mental health services in Baltimore, Maryland
- ~25% reported history of IDU
  - 92% reported sharing needles
- 83% reported history of unprotected sex
  - ~30 reported unprotected sex in last 6 months
- ~20% reported MSM history

Himelhoch et al., *J Community Psychol* 2011

## IMPLEMENTATION OF STIRR



ER GET A MEDICAL PROVIDER GO TO APPOINTME  
 ENTS **TAKE YOUR MEDICATION** GET REST EAT HEA  
 ID ALCOHOL AND DRUGS GET A MEDICAL PROVID  
 ER GO TO APPOINTMENTS TAKE YOUR MEDICAT  
 ION GET REST **EAT HEALTHY** AVOID A  
 L AND DRUGS GET A MEDICAL PROVIDER GO TO  
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 APPOINTMENTS TAKE YOUR MEDICATION GET

## CLINIC DEMOGRAPHICS

- Over 80% self-identify as African-American.
- Average age is 53 years (range: 18-69 years)
- Half are women
- Over 70% diagnosed with SMI
- Vast majority with history of substance use

## STIRR IT-TEAM

- **NURSE**
  - Delivers STIRR-IT intervention
- **PEER NAVIGATOR**
  - Assists nurse and provides additional support
- **NURSE PRACTITIONER**
  - Provides on-site access for treatment and referral
- **CONSULTANTS**
  - ID and Psychiatry

## STIRR-IT COMPONENTS

RFA Key Components	STIRR Intervention
HIV and HCV risk assessment	✓
HIV Testing	✓
HCV Testing	✓
Hepatitis A and B immunization	✓
Pre and Post Test Counseling	✓
Referral to On-Site Medical Care	✓

## STIRR-IT DELIVERY MODEL

- Integrated staff
- Accessible office near waiting room
- Blood drawing facilities on-site
- Vaccines stored and delivered on-site
- Connected to EMR
  - Accessible notes and results of testing

## CHALLENGES

- Cost and types of vaccine
- Hiring peer navigator





## OUTCOMES

- **Successfully implemented model**
- **To date:**
  - 46 began receipt of STIRR services
  - 28 completed STIRR services
  - 35/38 (92%) received immunization
  - 13 HCV positive (28.2%)
  - 2 HIV positive (4.3%)
  - 100% referred to care



## QUESTIONS?



## SAMHSA-HRSA Center for Integrated Health Solutions

### Presenter Contact Information

- Kelly Wagner**  
 The MayaTech Corporation  
[kwagner@mayatech.com](mailto:kwagner@mayatech.com)  
 301-587-1600
- Seth S. Himelhoch, M.D., M.P.H.**  
 Program Director, Project STIRR-IT  
 University of Maryland School of Medicine  
[shimelho@psych.umaryland.edu](mailto:shimelho@psych.umaryland.edu)  
 (410) 706-2490



**Additional Questions?**  
 Contact the SAMHSA-HRSA Center for Integrated Health Solutions  
[integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org) or [MAI-COC-TA@mayatech.com](mailto:MAI-COC-TA@mayatech.com)

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### For More Information & Resources

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 e-mail [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)



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