

North Carolina

AIDS Rate per 100,000

13.9*

State Funds for HIV Early Intervention Services

State Expenditures	
Required Base	SFY 2008 Expenditures Maintenance
\$959,140	\$2,023,240
SAPT EXPENDITURES	
FY 2006 HIV Set-Aside	FY 2009 Planned
\$1,260,783	\$1,931,013

FY 2010 SAPT Reports

Set-aside is used to fund early intervention services through various programs and a Memorandum of Agreement with the Division of Public Health's HIV Prevention and Care Branch. Early intervention services included pre/post-test counseling, testing (including HIV rapid testing and counseling), HIV education, and specialized HIV outreach services.

HIV Early Intervention Services Provided							
Rapid Testing	Funding Rapid Testing	Regular HIV Testing	Pre-Test and Post-Test Counseling	Referral Services	Risk Assessment	HIV/AIDS Education	Outreach
√	√	√	√	√	√	√	√

State Narrative Summary

HIV early intervention services are provided by a variety of agencies and by a memorandum of agreement with the Division of Public Health's HIV Prevention and Care Branch. The State found that in FY 2006 and FY 2007, Local Management Entities (LMEs) faced difficulties maintaining staff levels to carry out activities in compliance with the HIV set-aside, presenting challenges to fully expending the set-aside amount. The State explored additional allocations to other LMEs and contract agencies to determine how additional funds could be allocated and expended. In FY 2006, the State funded **eight** programs to offer HIV early intervention services in addition to the agencies covered by the Division of Public Health's MOA; in FY2008, six community-based organizations and **five** local public health departments in areas known to have a high incidence of intravenous drug use and HIV infection were targeted. In FY 2009, the State planned to continue its efforts to expend the entire set-aside by expanding to include additional LMEs, and to monitor the activity of programs contracted by LMEs to provide early intervention services.

*THE MOST RECENT DATA PUBLISHED PRIOR TO OCTOBER 1, 2008 BY THE CDC IS TABLE 14, REPORTED AIDS CASES AND ANNUAL RATES (PER 100,000 POPULATION), BY AREA OF RESIDENCE AND AGE CATEGORY, CUMULATIVE THROUGH 2005-UNITED STATES, HIV/AIDS SURVEILLANCE REPORT 2005 VOL. 17, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HIV, STD, AND TB PREVENTION, DIVISION OF HIV/AIDS, PREVENTION, SURVEILLANCE, AND EPIDEMIOLOGY. SINGLE COPIES OF THE REPORT ARE AVAILABLE THROUGH THE CDC NATIONAL PREVENTION INFORMATION NETWORK, 800-458-5231 OR 301-562-1098 OR [HTTP://WWW.CDC.GOV/HIV/TOPICS/SURVEILLANCE/RESOURCES/REPORTS/2006REPORT/TABLE14.HTM](http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table14.htm).

Full State Narrative

FY 2006 (COMPLIANCE)

The Substance Abuse and Mental Health Services Administration (SAMHSA) offered to the states funds to provide substance abuse prevention and treatment activities through the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). A state is considered a "designated State" if their HIV case rate is greater than 10 cases per 100,000. A designated state is required to spend an amount equal to 5% of the SAPTBG allocation to the State on such initiatives each year. In regard to HIV Early Intervention Services, North Carolina, in 2006, qualified for the status as a "designated state" as defined in 45 C.F.R. Section 96.128. As a result, North Carolina is required to provide HIV Early Intervention Services for persons with substance abuse problems with an emphasis on making these services available within existing programs in areas of the state that have the greatest need for such services and to monitor such service delivery at the site persons are receiving substance abuse treatment.

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services in compliance with SAPTBG regulations expended HIV Early Intervention funds in the amount of \$1,260,783 which did not meet the 5% set-aside of 1,923,915. The North Carolina SSA did not spend any State funds on HIV Early Intervention Services or TB services for substance users. The State has faced serious challenges and barriers with the expending of the HIV 5% set-aside:

(1) Allocations: The State allocated sufficient funds to the LMEs and the Division of Public Health to meet the HIV 5% set-aside including additional state funds to ensure that the amount allocated to HIV would exceed the 5% set-aside to ensure that all the funds would be expended.

(2) Drawdown Problems: The LMEs have had difficulty maintaining staff levels to carry out activities in compliance with the HIV set-aside which has resulted in significant funds not being drawn down to meet the 5% set-aside requirement for HIV. Public health has had some of the same challenges with expenditures and reimbursements. The State is reviewing system capacity of LMEs and local health departments to use funds for HIV. Consequently due to findings with expenditures and drawdowns, State has contracted with UNC/Behavioral Resources Programs (BHRP) to conduct more intensive monitoring to assess clinically and physically what problems are with HIV.

(3) Exploring additional allocations to other LMEs and contract agencies with substance abuse and alcohol treatment programs and health departments to determine where additional funds can be allocated and ensure that funds will be expended while providing the required HIV services.

This problem will prevail in the 2007 fiscal year also in that we will not meet the HIV 5 percent set-aside.

Program initiatives were sponsored through a Memorandum of Agreement (MOA) between the Division of MH/DD/SAS and the Division of Public Health's HIV Prevention and Care Branch. One initiative was targeted to Community Based Organizations and the other initiative was targeted to local health departments. The contract with DPH amounted to \$585,411.94.

In FFY 2006 the Division of MH/DD/SAS provided full or partial funding to five program initiatives designed to offer services to persons with both substance abuse as well as HIV/AIDS. (Columbus Co DREAM Center, Operation Sickle Cell, SouthLight, Partners for a Drug Free NC, Regional HIV/AIDS, Sickle Cell Disease Association of Piedmont.) These programs are located in areas that were known to have a high incidence of IV drug use and a high incidence of HIV. Direct referral of individuals in treatment occurred from all programs directly funded with SAPTBG funds and by other public and private programs in the State. The other initiative targeted to local health departments in Guilford, Nash, Sampson, and Wake counties.

Two program initiatives were funded directly by the Division of MH/DD/SAS. One of these initiatives was targeted to the three state operated alcohol and drug treatment facilities for a total of \$50,945.27 and the other was focused on eight substance abuse treatment programs under contract with Local Management Entities receiving SAPTBG funds at a total of \$624,426.00. The LMEs receiving these funds are as follows; CenterPoint, Eastpointe, Durham, Neuse, Onslow, Piedmont, Pitt, Southeastern, Sandhills, plus Journal Entry (Non LME specific).

FY 2008 (PROGRESS)

The programs operated in cooperation with the Public Health Department consist of six community based organizations and four local Public Health Departments in areas that were known to have a high incidence of IV drug use and a high incidence of HIV.

HIV/STD/TB early intervention services continue to be provided in the four Opioid Treatment Programs as well as in the five non opioid programs. Pre and post test counseling and testing for HIV continues at the program sites or other appropriate public/private facilities. HIV education continues to be an integral portion of the psycho-educational activities at all three of the state operated Alcohol and Drug Addiction Treatment Centers (ADATCs) and the 25 Local Management Entities (formally the Local Area MH/DD/SA programs). The specialized HIV outreach programs continue to refer clients to the Local Management Entities. The strong relationship between Substance Abuse Services and the HIV Prevention and Care Branch continues as a Substance Abuse Services staff person is assigned to serve as the Division of MH/DD/SAS's liaison to the Division of Public Health on HIV/AIDS and STD issues including serving on several HIV/AIDS committees.

The Single State Agency for Substance Abuse Services in North Carolina has been evaluating the above means of providing HIV Early Intervention services. The Single State Agency notified grant recipients that these funds have to be used exclusively as defined below and in the SAPTBG.

Early Intervention Services are defined in the SAPTBG as:

1. Appropriate pre-test counseling for HIV and AIDS
 - a. Appropriate counseling concerning and specifically targeted to HIV or AIDS
 - b. Counseling relating to the emotional and psychological impact of being tested
 - c. Counseling relating to the emotional and psychological impact of HIV or AIDS on the individual
2. Testing individuals with respect to such disease
 - d. Appropriate tests to confirm the presence of the disease
 - e. Appropriate tests to diagnose the extent of the deficiency in the immune system
 - f. Tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system
 - g. Tests to provide information on treating and preventing conditions arising from the disease
3. Appropriate post-test counseling
 - h. Appropriate counseling concerning and specifically targeted to HIV or AIDS
 - i. Counseling relating to the emotional and psychological impact of having been tested
 - j. Counseling relating to the emotional and psychological impact of HIV or AIDS on the individual
4. Provide the therapeutic measures as described in number 2 above.

The Single State Agency issued a Request for Applications (RFA) to the LMEs asking them to submit proposals outlining how they would utilize HIV Set Aside funds to provide Early Intervention Services to person's with substance abuse problems in substance abuse treatment settings. The Single State Agency merged this requirement with the HIV Rapid Test initiative program to offer testing and counseling to people with substance abuse in treatment facilities. Ten Local Management Entities were awarded these funds for the SFY

2006-2007 and the Division anticipates quarterly reports detailing the counseling and testing being provided in high risk SA treatment settings.

FY 2009 (INTENDED USE)

Goal 6: Continue the provision of HIV Early Intervention Services to those undergoing substance abuse treatment so that they may receive these services at the site where they also receive SA treatment services.

Objective 1: Continue and expand the funding of HIV Early Intervention Services to more than the eight LMEs currently receiving set aside funding.

Activity 1: Monitor the activity of the programs contracted by Local Management Entities to provide Early Intervention Services.

Activity 2: Encourage additional programs to provide HIV Early Intervention Services to SA consumers.

Objective 2: Continue and expand HIV counseling and testing in Opioid Treatment Programs.

Activity 1: Encourage Opioid Treatment Programs to contract with Local Management Entities, Local Health Departments, or others to provide HIV counseling and testing on site.

Activity 2: Monitor services with on-site reviews of the Opioid Treatment Programs (funded with SAPTBG funds) and the specialized drug-free narcotic treatment program sites.

Objective 3: Continue to support the HIV counseling and testing in SA treatment settings sponsored by the Division of Public Health.

Activity 1: Continue the MOU with the Division of Public Health and support their development of grantees providing Early Intervention Services in various SA treatment settings.

Objective 4 Continue to encourage outreach services in Opioid Treatment Programs and in areas with the greatest established incidence and prevalence of HIV.

Activity 1: Monitor selected sites with site reviews.

Activity 2: Provide technical assistance to facilitate greater outreach activities utilizing an appropriate indigenous outreach model.

Activity 3: Focus on "outreach activities" within the opioid treatment programs.

Division plans to continue in FY 2009 to provide HIV early intervention services to all persons with substance abuse problems. The services will include appropriate pre-test counseling for HIV and AIDS, testing individuals with respect to such disease, appropriate post-test counseling, and providing appropriate therapeutic measures. This program is ongoing. Services will be provided through eight LMEs, three state operated facilities, 4 health departments and five community based organizations across the state. We intend to continue funding these activities through Memorandum of Agreement (MOA) between the Division of MH/DD/SAS and the Division of Public Health's HIV Prevention and Care Branch and directly through the Division of MH/DD/SAS.

HIV Early Intervention Services

A cooperative effort between the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the Communicable Disease Branch of the Department of Health and Human Services began as early as 1989 to train substance abuse professionals in preventing HIV disease among IV drug users. In the development of this plan, a joint interdepartmental linkage between the two agencies began and continues to this date. A result of the plan was the development of a training cadre consisting of substance abuse and health professionals, who have trained hundreds of health care and substance abuse professionals across North Carolina. These training modules were expanded to include substance abuse and TB training

components. The training programs on HIV and TB provided to date were very effective and have brought a high degree of awareness to all treatment programs in attendance and to state officials.

These first two program initiatives were operated under the MOA with the Department of Public Health and consisted of six Risk Reduction projects in Community Based Organizations and direct aid to three county health departments. The purpose was to provide HIV/STD/TB education, counseling, and testing as appropriate to substance abusers at high risk for contracting or transmitting HIV/STD/TB.

The third program initiative consisted of HIV Early Intervention programs in four Opioid Treatment Program sites and five non-opioid substance abuse treatment programs. In the Opioid Treatment Programs, HIV counseling and testing was required through their contracts with Local Management Entities. These opioid programs provide HIV counseling, HIV testing, and drug treatment. The non-opioid programs provide HIV counseling, HIV testing, alcohol and drug treatment, outreach, intervention, and referral services. Residential services were provided including one program offering residential SA treatment targeted to Spanish speaking consumers. The Division of MD/DD/SAS performs an annual renewal of the MOU between the Division of MH/DD/SAS and each Local Management Entity including accountability site visits to evaluate adherence to SAPTBG requirements.

The fourth program initiative was an HIV Early Intervention program attached to each of the three state operated alcohol and drug treatment facilities (ADATC).

HIV Early Intervention Programs Receiving Funds				
Program	Status	Address	Phone	Funds
North Carolina Department of Health and Human Services, Division of Public Health	N/A	225 N McDowell Street , Cooper Building, Raleigh, NC 27603	919-733-3419	\$585,412
Alcohol and Drug Services of Guilford, Adult Residential Treatment	P	5209 West Wendover Avenue, High Point, NC 27265	336-812-8645	\$83,093
Daymark Recovery Services	A	725 North Highland Avenue, Winston Salem, NC 27101	336-607-8523	\$120,000
Eastpointe	S	117 Beasley Street, Kenansville, NC 28349	910-296-1851	\$76,633
The Julian F. Keith Alcohol and Drug Abuse Treatment Center	A	201 Tabernacle Road, Black Mountain, NC 28711	828-257-6200	\$22,785
Pitt County Mental Health	S	203 Government Circle, Greenville, NC 27834	252-413-1600	\$100,000
R.J. Blackley Alcohol and Drug Abuse Treatment Centers	A	1003 12th Street, Butner, NC 27509	919-575-7928	\$747
Southeastern Center for Mental Health, Developmental Disabilities & Substance Abuse Services	A	2023 South 17th Street, Wilmington, NC 28401	910-251-6535	\$90,769

Walter B. Jones Alcohol and Drug Abuse Treatment Centers	A	2577 West 5th Street, Greenville, NC 27834	252-830-3426	\$27,412
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Status Key: [A] Active, [I] Inactive, [n/a] Not available, [P] Facility physically closed, [S] No substance abuse services provided, [U] Closed as duplicate of another facility.