Maryland’s Sexual Health Integration Initiative

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Maryland Department of Health & Mental Hygiene
Prevention and Health Promotion Administration
2015 Annual STI Update
June 3, 2015
MISSION

- The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

- The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.
“Sexual health is a state of physical, emotional, mental, and social well-being related to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.”
Agenda

- HIV Epi Highlights
- Integrated Screening
- Sexual Health in Recovery
The Sexual Health Integration Initiative (SHII) is designed to further leverage behavioral health treatment as a powerful force in combating the HIV epidemic:

- Help clients living with HIV be more likely to succeed with medication adherence
- Help clients avoid HIV in the first place
Core Activities

- Embed a sexual health framework in addictions treatment via disseminating tools and training
- Screening for mental health and infectious disease risks, referral
- HIV Testing and Linkages
- Sexual Health in Recovery (SHIR), an opportunity for clients to better understand their own sexual history and behavioral patterns
Intended Outcomes

- Increased diagnosis and treatment of HIV
- Reduced viral load/reduced transmission
- Increased retention in substance abuse treatment
- Reduced relapse
- More holistic healthcare delivery
Ongoing Inputs

- Federal Govt.
- Exec. Branch
- White House
- Congress
- Advocacy
- Industry
- Constituencies
  - Consumers
  - Membership Organizations
- Academe
- Congress
- State Government
- Federal Govt. Exec. Branch
NATIONAL HIV/AIDS STRATEGY FOR THE UNITED STATES

JULY 2010
Leading Change 2.0:
Advancing the Behavioral Health of the Nation
2015–2018
COMPILATION OF PATIENT PROTECTION AND AFFORDABLE CARE ACT

[As Amended Through May 1, 2010]

INCLUDING

PATIENT PROTECTION AND AFFORDABLE CARE ACT
HEALTH-RELATED PORTIONS OF THE HEALTH CARE AND
EDUCATION RECONCILIATION ACT OF 2010

PREPARED BY THE
Office of the Legislative Counsel
FOR THE USE OF THE
U.S. HOUSE OF REPRESENTATIVES

MAY 2010

OFFICE OF THE LEGISLATIVE COUNSEL

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This document is of the Patient Protection and Affordable Care Act (“PPACA”; Public Law 111–148) consolidating the amendments made by title X of the Act and the Health Care and Education Reconciliation Act of 2010 (“HCERA”; Public Law 111–152). The text of the Indian Health Care Improvement Reauthorization and Extension Act of 2009 (S. 1790), as enacted (in amended form) by section 10221 of PPACA, is shown in a separate, accompanying document.

Preparation of document.—This document was prepared by the attorneys and staff of the House Office of the Legislative Counsel (HOLC) for the use of its attorneys and clients. It is not an official document of the House of Representatives or its committees and may not be cited as “the law”. At the request of the Leadership, it is being made available to the public through Congressional websites and may be downloaded at http://docs.house.gov/energycommerce/ppacacon.pdf. Errors in this document are solely the responsibility of HOLC. Please email any corrections to “hlccomments@mail.house.gov”. This document (originally dated May 24, 2010) may be updated to reflect corrections of errors or subsequent changes in law.

United States Code citations.—United States Code section numbers assigned to sections in PPACA are specified in brackets after the section numbers in the heading of each section, viz., 2711 [42 U.S.C. 300gg–11].
#### HIV Diagnoses during 2013 Ranked by Estimated Rates

<table>
<thead>
<tr>
<th>STATE/TERRITORY</th>
<th>Reported Cases</th>
<th>Estimated Cases</th>
<th>Estimated Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. District of Columbia</td>
<td>486</td>
<td>612</td>
<td>94.6</td>
</tr>
<tr>
<td>2. Maryland</td>
<td>1,401</td>
<td>2,174</td>
<td>36.7</td>
</tr>
<tr>
<td>3. Louisiana</td>
<td>1,357</td>
<td>1,399</td>
<td>30.3</td>
</tr>
<tr>
<td>4. Georgia</td>
<td>1,877</td>
<td>3,020</td>
<td>30.2</td>
</tr>
<tr>
<td>5. Virgin Islands</td>
<td>23</td>
<td>29</td>
<td>28.0</td>
</tr>
<tr>
<td>6. Florida</td>
<td>5,200</td>
<td>5,377</td>
<td>27.5</td>
</tr>
<tr>
<td>7. New Jersey</td>
<td>1,392</td>
<td>2,177</td>
<td>24.5</td>
</tr>
<tr>
<td>8. Puerto Rico</td>
<td>607</td>
<td>761</td>
<td>21.1</td>
</tr>
<tr>
<td>9. New York</td>
<td>3,583</td>
<td>3,803</td>
<td>19.4</td>
</tr>
<tr>
<td>10. Texas</td>
<td>4,306</td>
<td>4,854</td>
<td>18.4</td>
</tr>
<tr>
<td><strong>United States</strong></td>
<td>42,018</td>
<td>48,145</td>
<td>15.0</td>
</tr>
</tbody>
</table>

Maryland Adult/Adolescent HIV Diagnosis Trends by Race/Ethnicity

Using data as reported through 12/31/2014
Maryland Adult/Adolescent HIV Diagnosis Trends by Exposure Category

Using data as reported through 12/31/2014
Maryland Adult/Adolescent MSM HIV Diagnosis Trends by Age at Diagnosis

Using data as reported through 12/31/2014
Individuals with behavioral health concerns are more likely to be diagnosed with HIV and other infectious diseases compared to the general population:

<table>
<thead>
<tr>
<th></th>
<th>General Population</th>
<th>Mental Illness (no co-occurring)</th>
<th>SMI + SUD (co-occurring)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>0.4%</td>
<td>4.8%</td>
<td>6.0%</td>
</tr>
<tr>
<td>HCV</td>
<td>1.5%</td>
<td>5.0%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

*Rates of infection are dramatically higher when additional risk factors are present*

Among SMI patients who are HIV+, 57% are also co-infected with HCV (versus 25% in general population)
Co-occurring Behavioral Health Disorders

- High-degree of overlap between mental health and substance use disorders
- Behavioral health disorders may exacerbate or be related to other health problems and chronic medical conditions.
- For example, individuals with serious mental illness die on average 25 years earlier than the general population, largely due to untreated medical conditions.

COD = Co-occurring Disorders
SUD = Substance Use Disorder

<table>
<thead>
<tr>
<th>Mental Illness Only</th>
<th>SUD Only</th>
<th>COD</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.7 Million</td>
<td>11.2 Million</td>
<td>9.2 Million</td>
<td>36.7 Million + 11.2 Million + 9.2 Million</td>
</tr>
</tbody>
</table>

(NSDUH, 2010; SAMHSA, 2013)
The Need for Integrated Care

It is likely that individuals who seek STI services have concerns across many health domains.
The Integrative Screener Looks at Multiple Domains

Physical Health/Primary Care
- General Health Status (pain, mobility, disability)
- Linked to Primary Care
- Pregnancy/Prenatal Care

Mental Health
- Depression
- Anxiety
- Trauma
- Suicide
- Resiliency Factors (social health, self-esteem)

Substance Abuse
- Alcohol Use
- Illicit Drug Use
- Non-prescription use of Prescription Medications
- Tobacco Use
- Sex/Drug-Linked Behavior

Sexual Health/ID Risk
- Sex/Drug-Linked Behavior
- Risky Sexual Behavior
- Other Risk Behavior (incarceration, needle sharing)
- HIV/Infectious Disease Testing & Treatment

Additional/Optional Modules
- Stigma
- Gambling
- Severe Mental Illness
Core SHII Activities

- Embed a sexual health framework in addictions treatment via disseminating tools and training
- Screening for MH and ID risks, referral
- HIV Testing and Linkages
- Sexual Health in Recovery (SHIR), an opportunity for clients to better understand their own sexual history and behavioral patterns
Sex Under the Influence

- Risk for HIV acquisition
- Risk for HIV transmission
- Substance use as a challenge to medication adherence and viral suppression
- Patterns of sex/drug-linked behavior as a challenge to sobriety
“When Colin Farrell sobered up eight years ago, he worried he wouldn’t be able to have sex without the help of booze. “I made love to a woman about two and half years after I got clean, and it was one of the most terrifying moments of my life.””

Source: http://www.elle.com/pop-culture/celebrities/colin-farrell-quotes-interview
Absent any helpful and non-shaming discussion of sexuality, drug treatment clients graduate:

- Terrified of returning to their sex life
- Unprepared to return to their sex life, and when they do they may relapse

SHIR in substance abuse treatment is an opportunity to help clients reframe sexuality as an ally in recovery, rather than a relapse trigger.
Sexual Health in Recovery

Topics

- Motivations for sex under the influence
- Healthy sexual choices; roles/scripts
- Relationships in recovery
- Talking about sex without judgment
- Anticipating sex-related relapse triggers
- Sexual functioning in recovery
- Sexual boundaries in recovery
- Body image and self-talk
- HIV prevention
Sexual Health Principles

Healthy sex is:

- Consensual
- Non-exploitive
- Mutually pleasurable
- Safe (from unintended pregnancy and STI/HIV)
- Honest
- Supportive of Recovery
Client Goals

- Increase the relevance of drug treatment by giving clients the opportunity to be supported in addressing desire as a relapse trigger
- Reduce patterns of sex/drug-linked behavior as a cause of relapse
- Avoid HIV transmission
Client Feedback

- “This group has been a game-changer for me. I can be more particular about who I share me with, and not just with sex!”
- “I shared how I was afraid about my sexual and drug-linked behavior…so we are working on strategies. I need this group, I want to stay clean and sober.”
- “Can we take this again?”
Facilitator Feedback

- “The guys really enjoyed SHIR. I offered to come back to counsel and test clients for HIV. They accepted!”
- “Class was great, I received positive feedback stating they (clients) have learned a lot about stereotypes, gender role, sexual orientation, and their link to substance use.”
- “I had my own “Aha” moment”
Maryland Adult/Adolescent HIV Diagnosis Trends by Exposure Category

Using data as reported through 12/31/2014
Using Sex to Meet Non-Sexual Needs

- Reaffirmation of a sense of personal worth; of physical attractiveness
- To offset shortcomings and loneliness
- Connection and intimacy
- Feeling of being in love
- Desire to rebel

Behavioral Surveillance
Meanwhile…

[Images of logos for Grindr, MANHUNT, JACK'D, S, and ADAM]
p n' p
(pee-en-PEE) verb. abbreviation for party and play as relating to homosexual men engaging in sexual acts while high on methamphatimine (see p and p and crystal dick)
STI Clinics
Implications For Us

Sexual health competence is a journey

- Ongoing learning about the culture of our most impacted communities and how these impact risk
- Eliminating judgment from our affect, responses, and language
- Screening and linking clients to needed services including addictions treatment and SHIR
Contact Information

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