

Communicable Disease Services

Introduction

In fiscal year (FY) 2010, 15 of the regional substance abuse coordinating agencies (CA) in Michigan were allocated funds that were earmarked to provide HIV Counseling, Testing and Referral Services, Health Education and Risk Reduction, and staff training. This report provides an overview of communicable disease services provided during the period October 1, 2009 – September 30, 2010.

Background

According to the 2010 Epidemiological Profile of HIV/AIDS in Michigan, at the end of 2009, a total of 15,825 Michigan residents were known to be living with HIV/AIDS, over half (54%) of whom have a diagnosis of AIDS. Currently, there are persons living with HIV/AIDS in all but two counties of the state. Although the majority of HIV infections are due to sexual transmission, on a national level, 24% of all HIV cases can be attributed to injection drug use.

It is estimated that 200,000 Michigan residents have been infected with hepatitis C. A significant percentage of these individuals do not know they are infected, and 75% – 85% of those infected with the virus go on to develop a chronic infection. Thirty to fifty percent (30% – 50%) of young and new injecting users become infected with hepatitis C within the first five years of injecting. Injection drug use is the primary mode of transmission for this disease and is at the core of the hepatitis C epidemic. For FY 2010, the Bureau of Substance Abuse and Addiction Services (BSAAS) treatment admission data revealed that this population sought treatment more frequently from the public substance abuse delivery system.

Unintentional drug overdoses are often the result of, and caused by, injecting drug use, and create an additional risk for the transmission of a communicable disease. According to the Centers for Disease Control, Michigan was 1 of 16 states in which deaths from drug-related causes surpassed deaths from motor vehicle crashes; and the majority of these deaths were caused by unintentional drug overdose.

There is a causal relationship between HIV/AIDS, hepatitis C, and other communicable diseases, and substance abuse. A comprehensive community-based prevention approach helps to avert future medical costs associated with the care and treatment of those infected with communicable diseases.

BSAAS Communicable Disease Services

- **HIV Counseling, Testing and Referral Services (HIV CTRS):** During this twelve month period, **3,153** HIV CTRS were administered to individuals who received services in the public substance use disorder service system. This indicates that overall 495 more tests were conducted in FY10 than in FY09. However, in two of the nine CA regions where HIV CTRS is conducted, a downward trend continued in HIV CTRS over the past three years. This can be attributed to more local public health departments beginning to re-offer HIV testing as part of their core services.
- **Health Education and Risk Reduction (HE/RR):** These services are focused on providing information and education about the transmission of communicable disease. The focus is on how an individual behavior may place a person in a high-risk category for contracting a communicable disease, and options to reduce their risk for transmission. Some CA regions offer outreach as part of

HE/RR. Outreach services must be directed to substance users in high HIV prevalence areas of a CA region, and must be administered with the goal of referring individuals to treatment services. During FY10, HE/RR services were provided to **28,051** people, either in treatment or contacted through outreach measures.

- **Level I and Level II Staff Training:** Level I training is required for any treatment agency staff person who could have contact with a client (e.g. receptionist, maintenance staff, etc.), and covers basic information on HIV/AIDS, sexually transmitted diseases, tuberculosis, and hepatitis, as well as myths and facts related to the transmission of these various communicable diseases. Level II training is required for those who have more therapeutic contact with clients (e.g. counselors/therapists, support group facilitators, case managers, etc.). Level II training builds on the information provided in Level I. During the second half of FY10, a Level I web-based electronic training option was made available for all providers across the state through the BSAAS training contract. Face-to-face Level I and II trainings were provided for **3,288** substance use disorder agency staff during the year. This indicates a difference of 810 fewer staff trained compared to FY09, however this can be attributed to the web-based electronic training that began during FY10.

The following chart summarizes the number of services provided October 1, 2009, through September 30, 2010, by CA region:

Agency	Number of HIV Counseling, Testing & Referral Services (CTRS)	Number of Health Education/Risk Reduction (HE/RR) Contacts	Number of Agency Staff Who Received Level I or Level II Training
BABH/Riverhaven	100	425	41
Detroit	1,486	7,105	405
Genesee	8	320	284
Kalamazoo	138	294	48
Lakeshore	--	1,240	130
Macomb	--	3,797	272
Mid-South	69	232	212
Network180	--	1,658	150
Northern ¹	--	--	124
Oakland	423	928	463
Pathways ²	--	2,020	124
Saginaw	329	2,408	45
St. Clair	--	1,809	290
SEMCA	331	3,551	530
Washtenaw	269	2,264	170
Western UP ²	n/a	n/a	n/a
STATEWIDE TOTALS	3,153	28,051	3,288

¹ NOTE: Information is given to clients in individual counseling sessions as appropriate/necessary for those CAs with no HE/RR contact identified. These CAs were unable to track specific numbers; however monitoring to ensure services are being provided occurs during site visits.

² Pathways received the entire allocation for CD services in the Upper Peninsula. Although Western UP Substance Abuse Services is still required to assure HE/RR is provided for high-risk clients in their network, they are not required to report those services separately. Monitoring to ensure services are being provided occurs during site visits.