Oregon Substance Abuse Treatment /
Mental Health Provider
Hepatitis C Needs Assessment
Final Report
February, 2007

Purpose and Background

Background

With the approval of the DHS budget in August, 2003, a directive for the development of a statewide Hepatitis C (HCV) strategic plan was issued. The HB 2045 budget note indicated that:

> *"By January 2005, the Department of Human Services is to design a plan for statewide education efforts concerning Hepatitis C, and for prevention and management of the disease. In developing the plan, the Department shall consult with the public, patient groups and organizations, state agencies, service providers and suppliers, local public health departments, public health and clinical laboratories, research scientists, health care associations and other involved with Hepatitis C."*

Purpose

To address the need for HCV related consultation with diverse stakeholder groups, county mental health and substance abuse treatment providers were asked to participate in a brief questionnaire to evaluate:

- Circumstances of HCV testing;
- Counseling, education and referrals delivered in mental health and substance abuse treatment settings;
- Level of community collaboration and outreach efforts;
- Greatest needs concerning HCV education, prevention and treatment
- Strengths within community public health system;
- Education, counseling and referrals concerning Hepatitis A and B;

Results of this inquiry were useful to the Statewide Viral Hepatitis Planning Group, which was charged with the task of developing the statewide strategic plan to address HCV education, prevention, and management. Additionally, the results from this needs assessment have assisted local mental health and substance abuse treatment facilities identify HCV resources within their service areas.

Methodology

Forty-three (N= 43) out of sixty-five county mental health and substance abuse treatment agencies completed a fourteen-item questionnaire. These numbers represent a convenience sample of substance abuse and mental health facilities in the State of Oregon. Interviews were conducted through e-mail submission of completed questionnaires and telephone based interviews with county substance abuse and mental health service providers. In some cases, more than one staff member collaborated to provide the most comprehensive and accurate information for their agency.

The 14 questions were as follows:

- Please describe how Hepatitis C (HCV) testing is done in your community?
- Where is screening occurring?
- Describe what type of counseling and education you provide to people who are interested in HCV testing or counseling.
- Describe types of referrals given to HCV-positive clients
- Describe your level of confidence that clients whom you have referred for HCV services are being provided with appropriate care.
- Describe what type of community collaboration regarding HCV education, prevention, and management is occurring.
- Who are the target groups for HCV in your community?
- Which of these target groups do you work with directly?
- Describe the outreach efforts that are currently in place to reach people – at –risk for HCV in your community.
- Describe what types of HCV related information or education you think that the following could benefit from:

a) Local Health Departments
b) Community Based Organizations
c) Medical providers
d) Support groups

- Describe your community's greatest needs regarding HCV education, prevention and treatment.
- What are some of the strengths within your community public health delivery system that would facilitate HCV education, prevention and treatment programs?
- Describe what type of education, counseling, or referrals you do regarding Hepatitis A.
- Describe what type of education, counseling, or referrals you do regarding Hepatitis B.

Item responses were entered into a word processing program verbatim as they appeared on the completed questionnaires. Researchers reviewed transcripts for

consistent responses and key themes. It should be noted that the sum of responses for themes do total more than forty three in some cases as respondents gave more than one thematic response per question.

Results Narrative

Circumstances of HCV Testing and Counseling

A. How, Where and Who (*Appendix B, Tables 1, 2, 7, 8)*

> *"Each client is initially screened for infectious disease and is required to see health services. Based on their replies to the questions reflecting the risks and past behavior we make suggestions for testing."*

For the questions "Please describe how Hepatitis C (HCV) testing is done in your community" and "Please describe where HCV testing is done in your community," the majority of agencies responded that either medical providers or local health departments (LHDs) carry out HCV testing in their communities. Less commonly, testing is available from in-house providers at treatment centers, the VA, correctional facilities, plasma centers, or private labs, typically after receiving referrals from substance abuse treatment providers or social service providers. Most respondents implied testing is available in their community; only a small number reported they did not know if testing is available.

The majority of respondents identified people with a history of injection drug use as the target group most at-risk for HCV in their community. Other responses included persons with any drug use history (including alcohol) as a target group. A small number of providers targeted all persons who identified as a member of a CDC-recommended group, most commonly focusing on clients with abnormal liver enzyme tests, on-the-job needle sticks, and blood exposures related to medical procedures. When asked which of these target groups staff worked with directly, the most common response specified IDUs (and included other non-injection substance abuse), followed by individuals included in the CDC risk categories and persons at risk through sexual transmission.

B. Counseling and Referrals (*Appendix B, Tables 3, 4, 5,*)

> "*In our clinic we keep literature and brochures that are up to date and informational. We also educate in our individual counseling sessions."*

When asked to describe what type of counseling or education is provided to people who are interested in HCV testing or counseling, the majority of agencies responded that providing basic HCV education was the primary approach for their clients. Basic HCV education included information about transmission, prevention and care; within this theme facilities provided print materials and multi-media resources, with some providing information and materials within educational settings.

Other responses included assessment of clients for risk factors, information about HCV treatment options and HIV/TB/STD education. The most common referrals for counseling and education were to medical providers, LHDs, substance abuse treatment and mental health services.

Confidence levels varied widely among providers when making referrals for HCV positive clients. *"Our clients are faced with mental illness, poverty, and multiple other problems… information about chronic viral diseases require considerable initiative and follow-through."* Some respondents reported they did not have concerns about meeting HCV client's needs when they had in – house services; however, the majority of agencies referred clients to community providers, with few signifying that they followed-up to determine if their clients had accessed appropriate services. Although many providers expressed confidence in the follow-up care their clients were receiving, a number of providers expressed concern about client follow-through on referrals, and some expressed little confidence that clients were being provided with appropriate care.

Community Involvement, Capacity, and Needs

A. Community Collaboration (*Appendix B, Table 6)*

> *"I would like a partnership that worked closely with the local health department, our medical director and community doctors. Free testing for all."*

The complex and varied needs facing many of those living with chronic HCV require a comprehensive and collaborative care structure that includes primary health care providers, gastroenterologists, public health, substance abuse treatment, mental health services, HIV co-infection specialists, as well as social support and community safety-net resources. When asked to describe what form of collaborations with community partners were needed regarding HCV education, prevention and management, responses varied from a one-time only training to daily ongoing collaborations. A number of agencies specified a desire for future collaboration with LHDs--"*The community partner we would most like to do collaboration with is the Public Health Department."* Several agencies attempted to identify suitable community partnerships. *"We are in the process of identifying other providers and trying to develop planning and coordination relationships with as many of the key stakeholders that we can identify."*

B. Community-Based Outreach (*Appendix B, Table 9)*

> *"Community push on prevention – we're part of that, regarding public awareness and letting clients know there is help available."*

The majority of respondents were unsure what, if any, outreach endeavors took place within their community, and numerous providers responded they had no community-based outreach services at time of interview. One provider responded: "The *drug using subculture is very closed. I'm not sure what type of outreach efforts would work*." However, many agencies

responded, *"If there was an [outreach] program it would be with the health department."* Only a small number indicated a desire for HCV outreach programs.

C. Strengths within community public health delivery system (*Appendix B, Table 12)*

"*The community health clinics are a great strength and a key contact point."*

When providers were asked what they viewed as strengths within their existing community public health delivery system that might facilitate HCV education, prevention and treatment programs, the majority of respondents acknowledged good communication and collaboration within the community as a strength: "*Do have a number of very good provider organizations (agency's primarily and public health, homeless services) that all work pretty well together. Good communication among community groups."* Partners in these collaborations included LHDs, a community health center, community based organizations (CBOs) and AIDS service organizations (ASOs), syringe exchange programs, surveillance programs and outreach efforts that target the African-American community. A small number of respondents were unsure of existing strengths in the community; a few indicated resources might be available but not utilized.

D. Greatest HCV Needs (*Appendix B, Table 11)*

"Personally, I think the greatest need is with IV drug users which are a very difficult population to do any kind of outreach with. Outreach with them really involves hitting the streets"

Numerous agencies suggested general HCV education and awareness among both providers and the community was the greatest need in their community. *"In general, Hepatitis C is now epidemic among the methamphetamine users, as well as heroin addicts, in this state. We are an A&D Treatment provider serving clients from all over Oregon. We have great concern that not only is meth now almost always the drug of choice for those coming into treatment… but that a significant number of these clients have Hep C. Treatment will cost the state a great deal of money in years to come, regardless of the particular governmental funding source paying for it. It's like watching a snowball [roll] down hill."*

Other commonly cited needs included the need for affordable HCV assessment and testing, affordable care and treatment, and more street-based community outreach. "*Goes back to trying to do better outreach & education to very disengaged groups of addicts."* Schools, clubs, jails and prisons were other venues identified for education interventions: "*Focus on jails as well – if started screening at Jail – probably find incredibly high rate of infection."* Several agencies responded they do not know what the greatest needs are in their communities.

Hepatitis C Information or Education (*Appendix B, Tables 10a through 10d)*

> *"All of the above [LHDs, CBOs, medical providers and support groups] could benefit from education about mental illness, the difficulties experienced by [some] mentally ill persons in processing information, and their fear of standing out in a clinic or a group setting."*

a) Only nine providers identified basic HCV education as a primary informational need for their local health department; only eight (out of 31 respondents) felt their LHD needed more up-to-date HCV resources and service provision infrastructure. Some providers responded their local LHDs were well informed and did not require information; only three felt that their LHD could benefit from more training.

b) The majority of respondents cited basic HCV education as the primary need of CBOs in their communities: "*We use a handout from National Hepatitis Foundation. We would benefit from regularly updated handouts for our clients, and updated education information related to substance use that staff can use in treatment sessions."* Responses also included better access to print and multimedia resources, more training for providers and the need for improved referral information: "*We could benefit from knowing more about what services to do first and what appropriate referrals are."* Also cited was a need for increased affordable screening, substance abuse counseling and treatment and surveillance data for youth.

c) The majority of respondents reported that medical providers would benefit from basic HCV education and recommended continuing medical education seminars on testing and current treatment modalities to fill this need. Education regarding referral resources and print materials for clients/patients was also recommended. Also cited was the need for ongoing training, sensitivity training for doctors and increased community collaboration: "*More community awareness meetings & programs to better educate our providers."*

d) Half of providers felt basic HCV education was needed for support groups, and several reported there were no HCV-specific support groups or they were unacquainted with support groups in their communities. Many respondents suggested a need to develop support groups *"[because] others would not feel so alone with the disease."*

Hepatitis A and B *(Appendix B, Tables 13 & 14)*

Hepatitis A

"Many people are not aware of the connection between [Hepatitis A] and IDU drug addiction."

When asked to describe what type of education, counseling, or referrals agencies had in place regarding Hepatitis A, numerous providers responded they integrated Hepatitis A education at some point with other prevention education, with some respondents providing the same counseling and education as with HCV*: "During STD/HIV education groups for A & D I discussed all types of hepatitis signs and symptoms, testing and prevention"*. As with HCV, many agencies referred clients to LHDs or medical providers for follow-up.

Hepatitis B

"Much the same as HVC – They are both deadly. And, B can morph into something even more serious…"

Numerous respondents reported they provide the same counseling, education and referrals as with hepatitis A and C. Some providers integrated Hepatitis B education during general prevention education. Again, many respondents referred clients for follow-up to LHDs or primary care providers. Respondents also encouraged Hepatitis B immunization during other routine immunizations, with one agency offering a prenatal Hepatitis B program. Other responses included: "*We screen clients for exposure and some treatment choices. If they can pay or have insurance coverage, we offer screening" a*nd "*LHD f/u of positive acute and chronic Hep B virus cases and contacts."*

Conclusions

Although many agencies surveyed provided some level of hepatitis education, care, prevention or referral services, there continue to be gaps in the type of direct service that substance abuse (SA) and mental health (MH) providers are able to deliver. Most referred their clients to LHDs and medical providers to obtain HCV testing and follow-up care once they were found to be HCV-positive. Few collaborated with community partners, and many either did not have any HCV outreach services in their community or were not knowledgeable about them. Their recommendations for development included:

- Basic HCV Education for providers including information about best practice treatment guidelines and testing, trainings, print and electronic resources;
- Outreach services;
- Community collaboration and improved referral information;
- Affordable assessment, testing, care and treatment;
- Follow – up on referrals to ensure clients are receiving appropriate care;
- Increased support for clients to access referrals;
- Increased provider and community awareness;
- Support groups; and
- Hepatitis A/B vaccination for persons at risk for HCV;

In order to address these community needs identified by mental health and substance abuse treatment providers, the State Hepatitis C Coordinator has begun to undertake the following steps in collaboration with other state partners, LHDs and CBOs:

- Provision of HCV integration training with substance abuse treatment providers;
- Identification of best practices within county agencies and diffusion of innovation to other counties that are equipped to deliver agencies' prevention services;
- Identification of private and public partners to assist in identifying and procuring funding for HCV prevention activities within agencies;
- Identification of HIV prevention activities at the agency level where HCV messages could be integrated;
- Development of strategic DHS partnerships to utilize existing infrastructures for HCV education, prevention, management, surveillance, and policy development;
- Development of a HCV advisory board to help implement the strategic plan approved by Oregon Legislature;
- Development of website with best practice guidelines for diverse target populations/audiences;
- Continued HCV education, capacity building, and information dissemination at the local service provider, county front-line and community levels;
- Additional staff to assist with DHS Hepatitis C Coordinator / Harm Reduction Integration Specialist's Office.