States and Substance Abuse Treatment Programs: Priorities, Guidelines and Funding for Infection-related Services

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ABSTRACT

Objectives: This survey study examined associations between substance abuse treatment programs and state agencies regarding written guidelines and funding for 8 infection-related services for HIV/AIDS, hepatitis C virus and sexually transmitted infections.

Methods: State substance abuse and health departments were surveyed regarding priorities, guidelines and funding availability. Program administrators and clinicians were surveyed regarding clarity of guidelines, and administrators were surveyed regarding funding availability for the infection-related services for the 3 infection groups.

Results: Surveys were received from 48 (96%) states and DC, 269 (84%) administrators and 1723 (78%) clinicians. In states with guidelines for infection-related services a significantly higher percent of program administrators and clinicians indicated that treatment program guidelines were clear. Although state agencies indicated that funding is widely available for infection-related services, treatment program administrators were significantly less aware of its availability. There was general agreement across states and between the departments within states regarding priorities, written guidelines and funding availability.

Conclusions: While states have established priorities, guidelines and funding, system complexity and challenges to accessing information may restrict availability of resources at the treatment program level.

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17 Nodes with 116 Community Treatment Agencies Reaching into 26 States!

STUDY RATIONALE

- HIV/HCV/STI: major causes of excess morbidity and mortality in the US
- Substance abuse: a major vehicle for the transmission of these infections
- Scope of, and challenges to identifying, counseling, and treating persons with these infections in substance abuse treatment can assist in developing effective interventions
- Examine the interplay of substance abuse treatment programs with state and DC substance abuse and health departments

DESIGN AND POPULATION

- **STUDY DESIGN**
  – **Cross-sectional Survey**
  – **Descriptive & Exploratory**

- **STUDY POPULATION**
  – **Treatment Program Administrators**
  – **Treatment Program Clinicians**
  – **Administrators of State and DC Substance Abuse and Health Departments**

IMPORTANT TERMS

- 3 infection groups: HIV/AIDS, HCV, STI
- 8 infection-related services
  – Provider Education
  – Patient Education
  – Patient Risk Assessment
  – Patient Counseling
  – Patient Medical History & Physical Exam
  – Patient Biological Testing
  – Patient Treatment
  – Patient Monitoring
- CTN vs. non-CTN treatment programs
- State and DC substance abuse and health departments

SELECTED SURVEY RESPONSES

Written regulations, policies or guidelines* (state survey)
- Yes
- No
  * Elsewhere referred to as Guidelines

Clarity of Treatment Program Guidelines (treatment program administrator and clinician surveys):
- Clear*
- Somewhat clear
- Unclear
- Don't know if guidelines exist
- No guidelines exist
  * Response used for this report

SELECTED SURVEY RESPONSES

Availability of funding (treatment program administrator and state surveys):
- Yes
- No

Priorities (state survey):
- Not a priority
- Low priority
- Medium priority*
- High priority*
  * Response used for this report

PRIMARY OBJECTIVES OF THIS REPORT

TO EXAMINE ASSOCIATIONS BETWEEN:

- State and DC guidelines and clarity of program guidelines
- Availability of funding as reported by state and DC agencies vs. availability of funding as reported by treatment program administrators
- State and DC substance abuse and health departments for priorities, guidelines and funding for infection-related services in order to determine generalizability of the findings

STATISTICAL MEASURES

For state and DC agencies vs. treatment programs:
- Chi-square statistical associations between state and DC guidelines, as reported by state and DC administrators, and "Clear" treatment program guidelines, as separately reported by treatment program administrators and clinicians
- Chi-square statistical associations for availability of funding

For state and DC agencies:
- Chi-square statistical comparisons of priorities vs. funding
- Chi-square statistical comparisons between jurisdictions with and without CTN programs for priorities, guidelines and funding
- Chi-square statistical comparisons between substance abuse vs. health departments

FINDINGS

- 269 administrators responded (84%) out of 319 substance abuse program administrators surveyed from 95 CTPs in the NIDA CTN, covering 25 states & DC
- 1723 clinicians of 2210 targeted (78%)
- At least one substance abuse or health department administrator from 48 states and DC (96%).

Clarity of Treatment Program Guidelines in States with and without Written Guidelines for HIV Services: Program Administrator (n=269) and Clinician (n=1723) Perspectives

SERVICE	% of Administrators Reporting "Clear" Program Guidelines		% of Clinicians Reporting "Clear" Program Guidelines	
	State Guidelines	No State Guidelines	State Guidelines	No State Guidelines
Provider Education	64*	44	59*	48
Patient Education	68	50	63*	34
Risk Assessment	81*	57	68*	48
History & Physical Examination	77	74	72*	60
Testing	77	77	56*	47
Counseling	65	59	55	56
Treatment	78*	61	64*	49
Monitoring	81*	62	61*	43

* p<0.05 comparing programs in states with and without guidelines

Clarity of Treatment Program Guidelines in States with and without Written Guidelines for HCV Services: Program Administrator (n=269) and Clinician (n=1723) Perspectives

SERVICE	% of Administrators Reporting "Clear" Program Guidelines		% of Clinicians Reporting "Clear" Program Guidelines	
	State Guidelines	No State Guidelines	State Guidelines	No State Guidelines
Provider Education	53*	39	48	44
Patient Education	56	61	51	52
Risk Assessment	71	64	55	51
History & Physical Examination	76	72	69*	57
Testing	70	69	40	49*
Counseling	58	50	47	48
Treatment	83*	60	57*	47
Monitoring	67	61	33	44*

* p<0.05 comparing programs in states with and without guidelines

Clarity of Treatment Program Guidelines in States with and without Written Guidelines for STI Services: Program Administrator (n=269) and Clinician (n=1723) Perspectives

SERVICE	% of Administrators Reporting "Clear" Program Guidelines		% of Clinicians Reporting "Clear" Program Guidelines	
	State Guidelines	No State Guidelines	State Guidelines	No State Guidelines
Provider Education	51*	29	48*	37
Patient Education	57	49	52*	45
Risk Assessment	69*	50	57*	40
History & Physical Examination	67	63	66*	56
Testing	70	67	45	43
Counseling	52	49	48*	41
Treatment	80*	57	57*	47
Monitoring	73*	52	51*	36

* p<0.05 comparing programs in states with and without guidelines

Percent of State and Treatment Program Administrator "Yes" Responses to Availability of Funding for HIV Services (* p≤0.05)

Service	State Response (%)	Program Response (%)
Provider Education	93*	60
Patient Education	100*	59
Patient Risk Assessment	98*	48
Patient Counseling	98*	60
Medical History & Exam	93*	54
Biological Testing	93*	65
Patient Treatment	96*	72
Patient Monitoring	93*	72

Note: Only includes CTN programs offering the infection-related service

FINDINGS

Percent of State and Treatment Program Administrator "Yes" Responses to Availability of Funding for HCV Services (* p≤0.05)

Service	State Response (%)	Program Response (%)
Provider Education	62	61
Patient Education	71	61
Patient Risk Assessment	67*	48
Patient Counseling	80*	61
Medical History & Exam	89*	50
Biological Testing	71	60
Patient Treatment	76	69
Patient Monitoring	64	64

Note: Only includes CTN programs offering the infection-related service

Comparing state and DC substance abuse and health departments, there were:

- No statistically significant differences for 45 of 48 comparisons of written guidelines and availability of funding (2 comparisons of the 8 infection-related services for the 3 infection groups)*

* Data not shown

Percent of State and Treatment Program Administrator "Yes" Responses to Availability of Funding for STI Services (* p≤0.05)

Service	State Response (%)	Program Response (%)
Provider Education	87*	58
Patient Education	91*	60
Patient Risk Assessment	96*	62
Patient Counseling	98*	54
Medical History & Exam	96*	48
Biological Testing	93*	57
Patient Treatment	98*	66
Patient Monitoring	84*	59

Note: Only includes CTN programs offering the infection-related service

FINDINGS

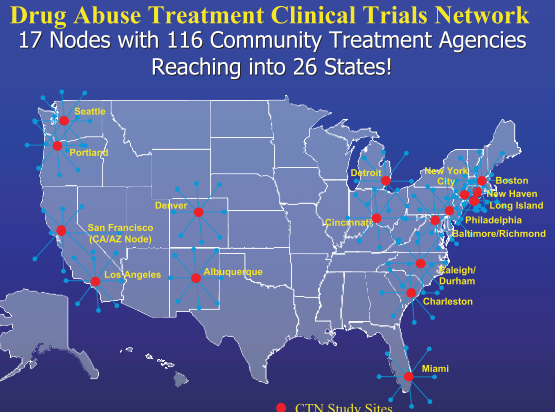Comparing state and DC agencies across the country, there were:

- No statistically significant differences for 19 of 24 comparisons of priorities vs. funding (8 infection-related services for the 3 infection groups)*

* Data not shown

FINDINGS

Comparing state and DC agencies with CTN treatment programs vs. state and DC agencies without CTN programs, there were:

- No statistically significant differences for 66 of 72 comparisons of priorities, written guidelines and availability of funding (3 comparisons of the 8 infection-related services for the 3 infection groups)*

* Data not shown

CONCLUSIONS

Looking at state and DC agencies and the treatment programs within their jurisdiction, there was:

- Strongly positive association between presence of written state guidelines and "Clear" treatment program guidelines, as reported by both administrators and clinicians
- Little association between states and treatment programs in their respective responses regarding availability of funding

CONCLUSIONS

Looking at state and DC agencies, there was generalizability of the results:

- Between state and DC agencies across the US
- Between states with and without CTN treatment programs within their jurisdiction
- Between substance abuse and health departments across the US

SUMMARY

- Treatment program administrators and clinicians in jurisdictions with written guidelines for infection-related services were more likely to report their own program guidelines as "clear" when compared to jurisdictions without written guidelines

- Although state agencies indicated that funding is widely available for infection-related services, treatment program administrators were much less aware of its availability

- While states have established priorities, guidelines and funding, system complexity and challenges to accessing information may restrict availability of resources at the treatment program level