



Maryland's Sexual Health Integration Initiative

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Prevention and Health Promotion Administration

2015 Annual STI Update

June 3, 2015



Mission and Vision

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.



World Health Organization Definition

“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



SHII Opportunity

- 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

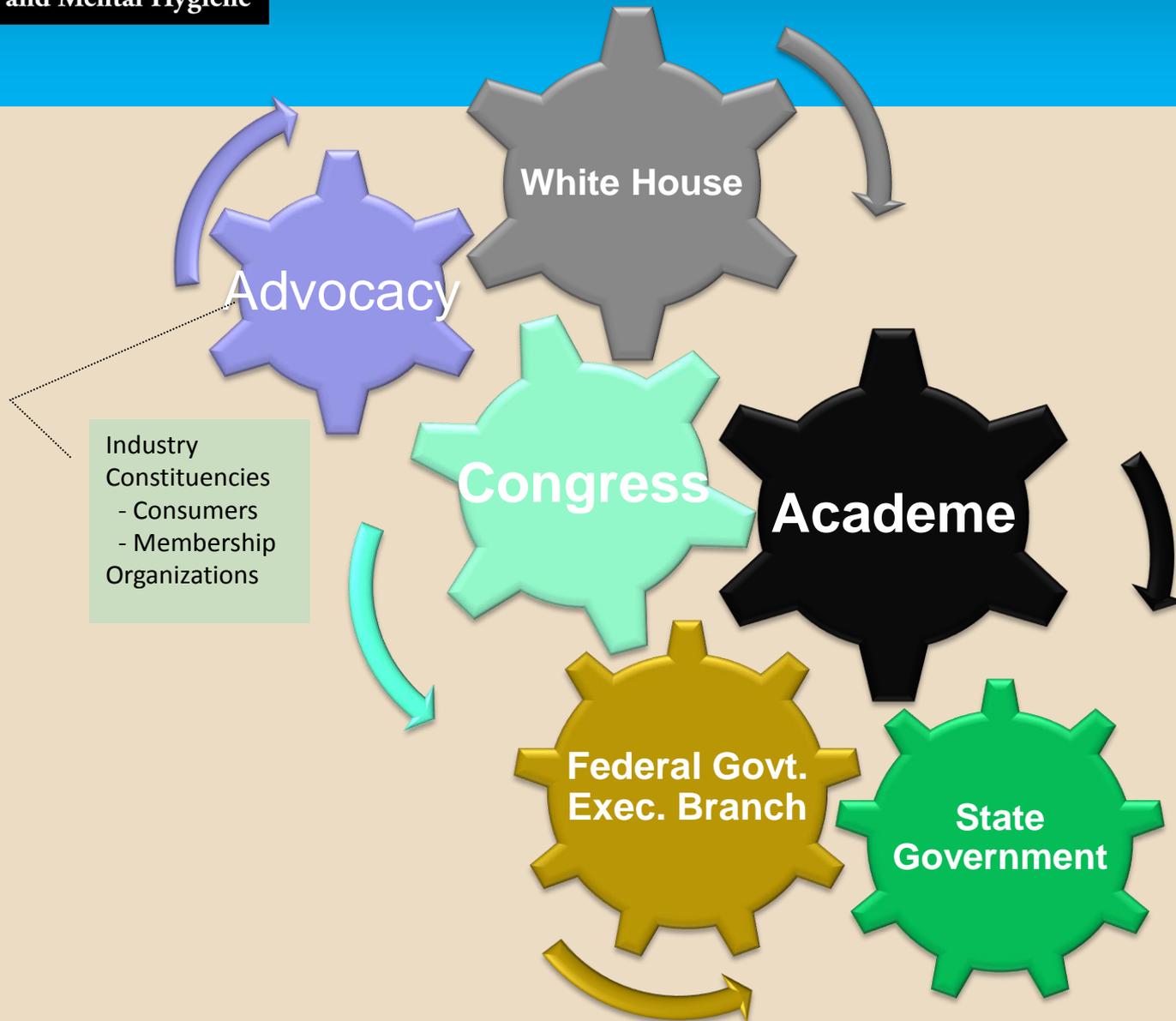
- Embed a sexual health framework in addictions treatment via disseminating tools and training
- Screening for mental health and infectious disease risks, referral
- HIV Testing and Linkages
- Sexual Health in Recovery (SHIR), an opportunity for clients to better understand their own sexual history and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





NATIONAL HIV/AIDS
STRATEGY FOR THE
UNITED STATES

JULY 2010





NATIONAL DRUG CONTROL STRATEGY

2014



Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015–2018

Behavioral Health is Essential to Health



Prevention Works



Treatment is Effective



People Recover



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].

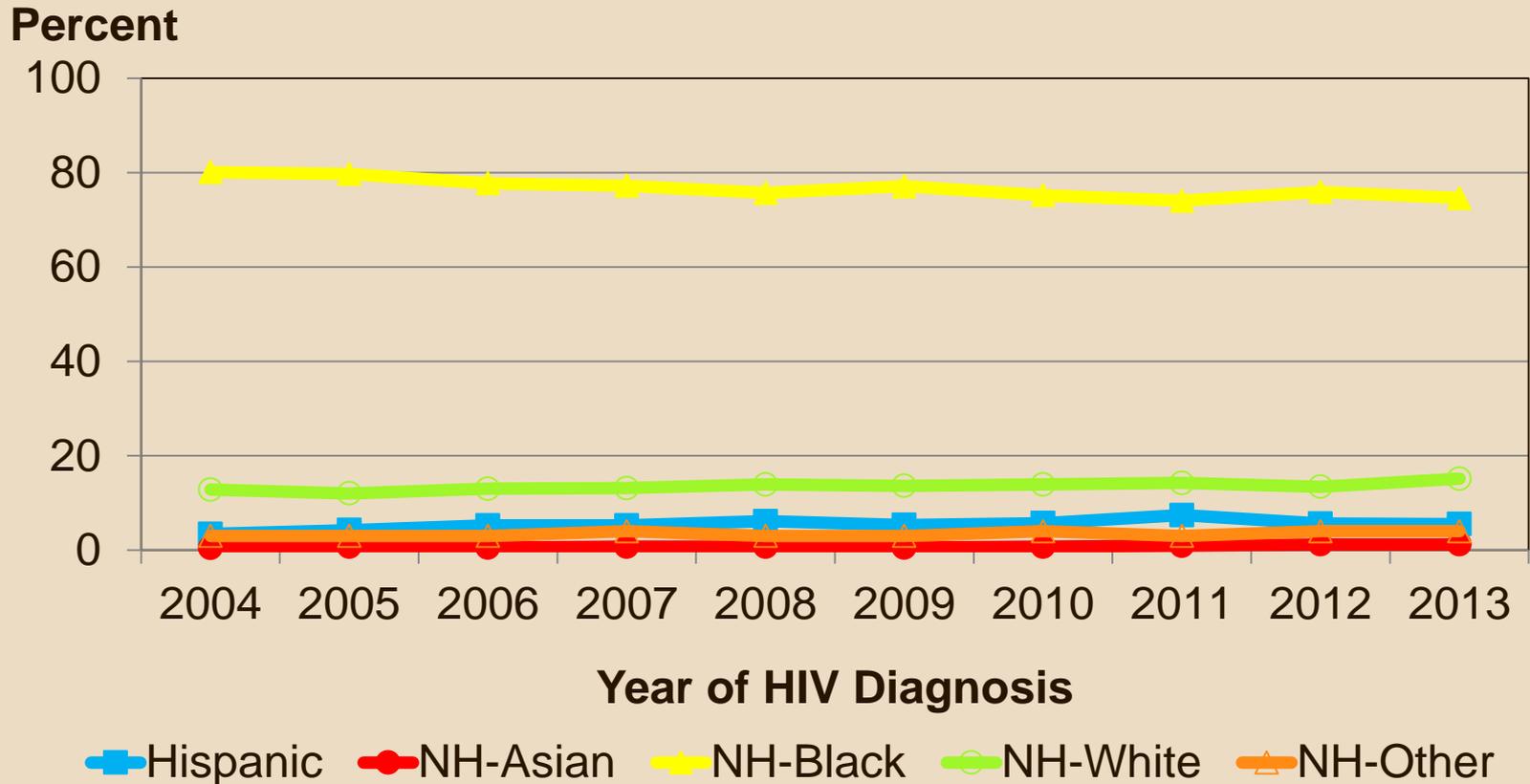


HIV Diagnoses during 2013 Ranked by Estimated Rates

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

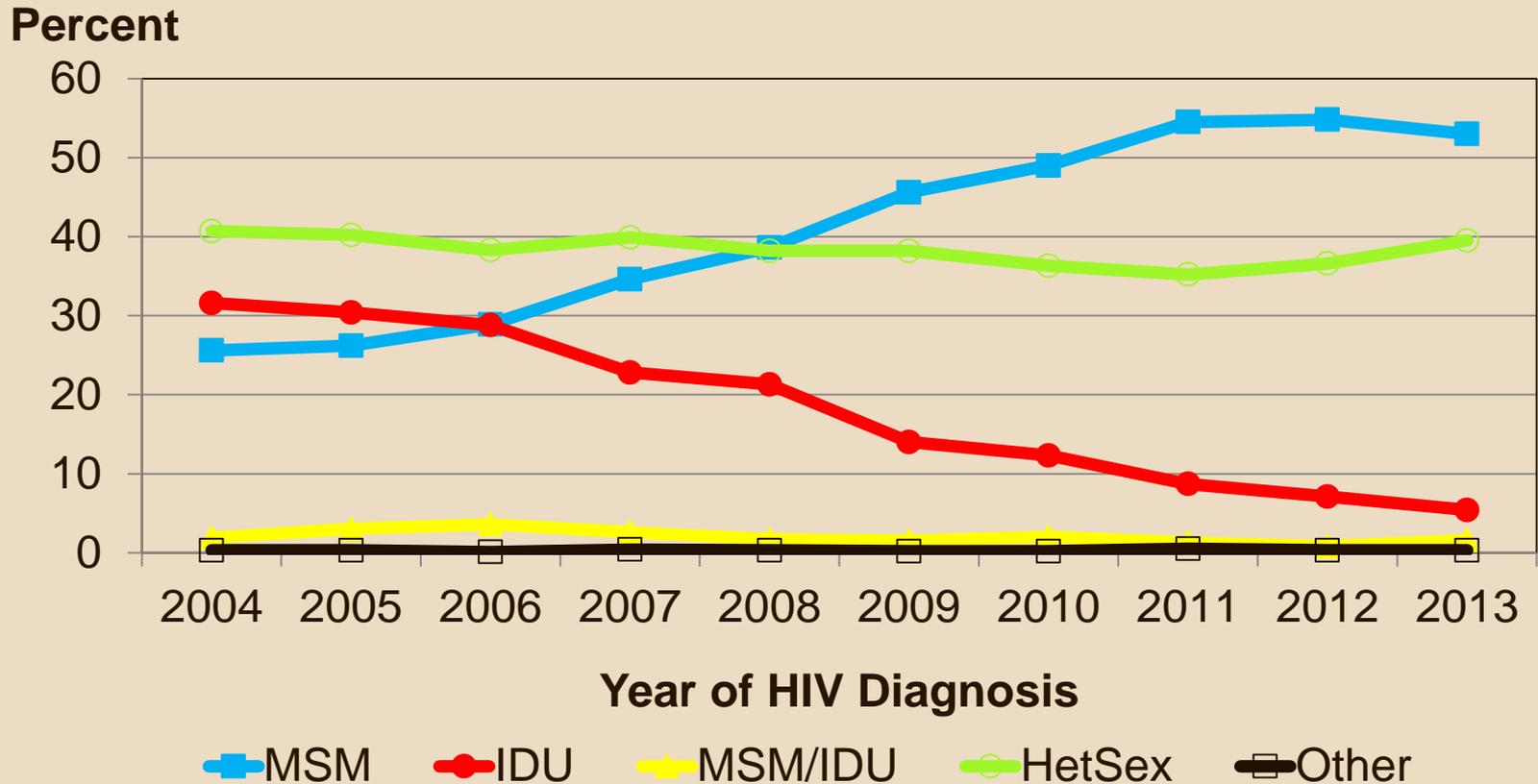


Maryland Adult/Adolescent HIV Diagnosis Trends by Race/Ethnicity



Using data as reported through 12/31/2014

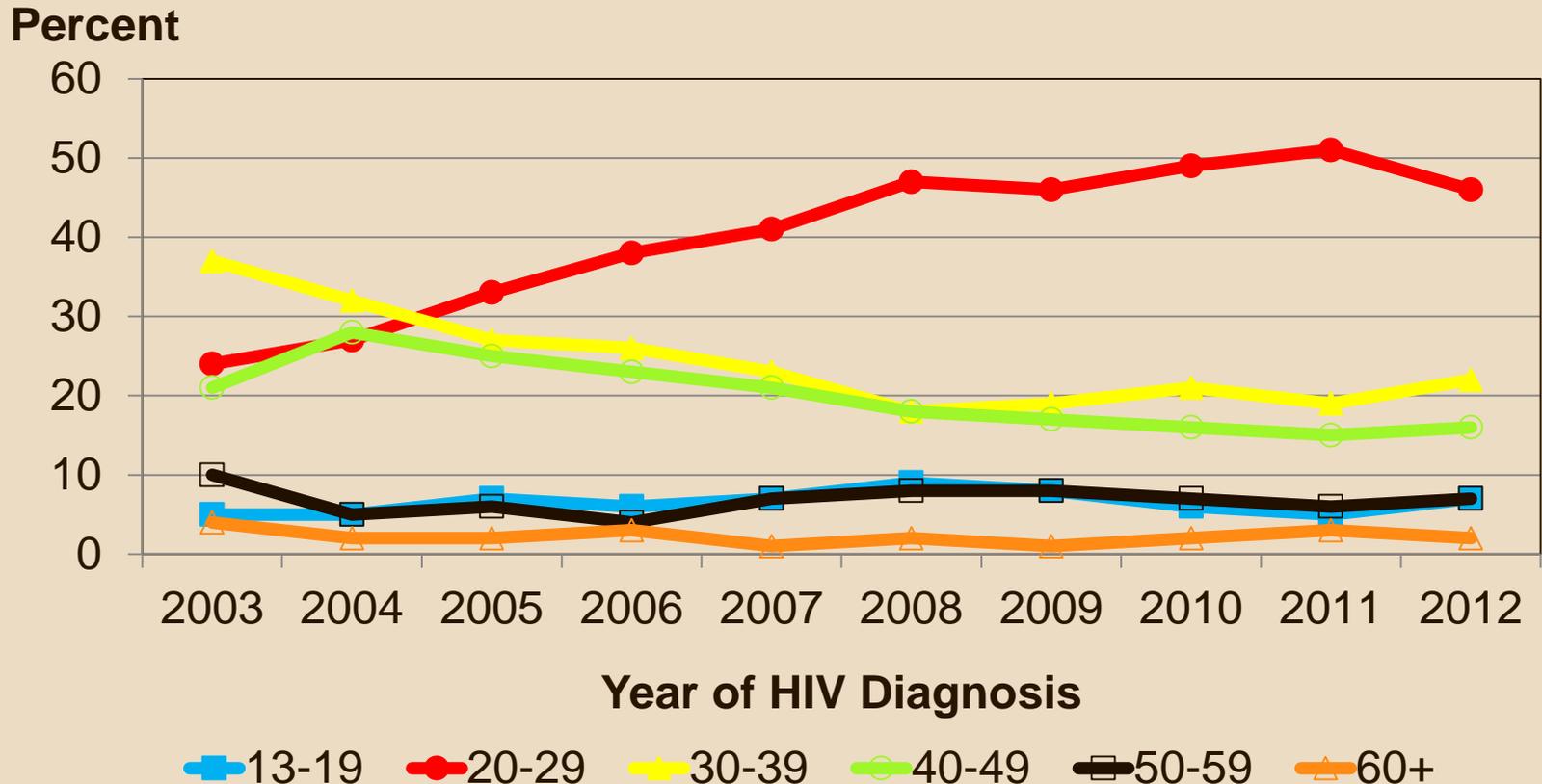
Maryland Adult/Adolescent HIV Diagnosis Trends by Exposure Category



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

Behavioral Health & Infectious Disease

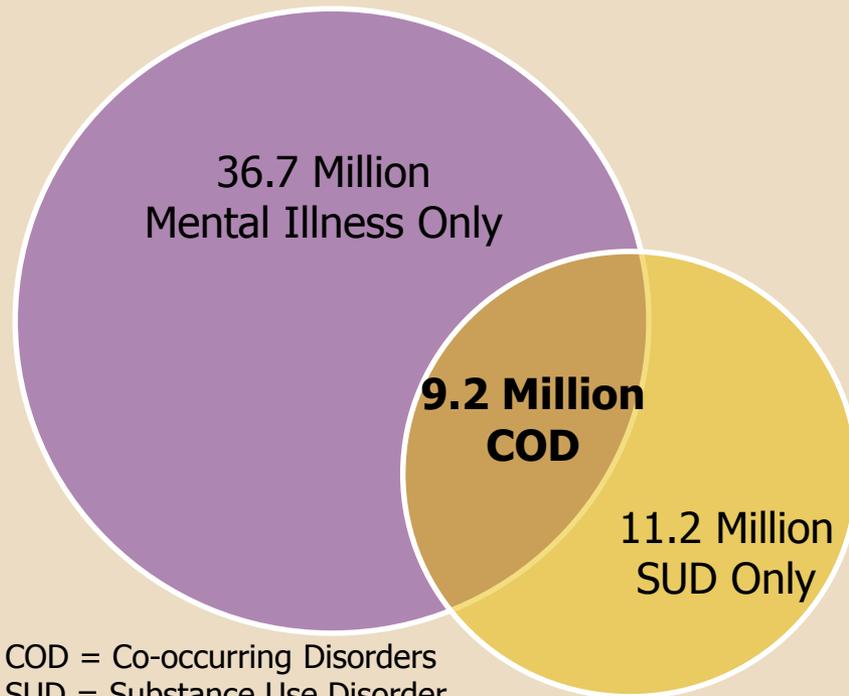
- Individuals with behavioral health concerns are more likely to be diagnosed with HIV and other infectious diseases compared to the general population:

	General Population	Mental Illness (no co-occurring)	SMI + SUD (co-occurring)
HIV	0.4%	4.8%	6.0%
HCV	1.5%	5.0%	25.0%
<p><i>Rates of infection are dramatically higher when additional risk factors are present</i></p> 			

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

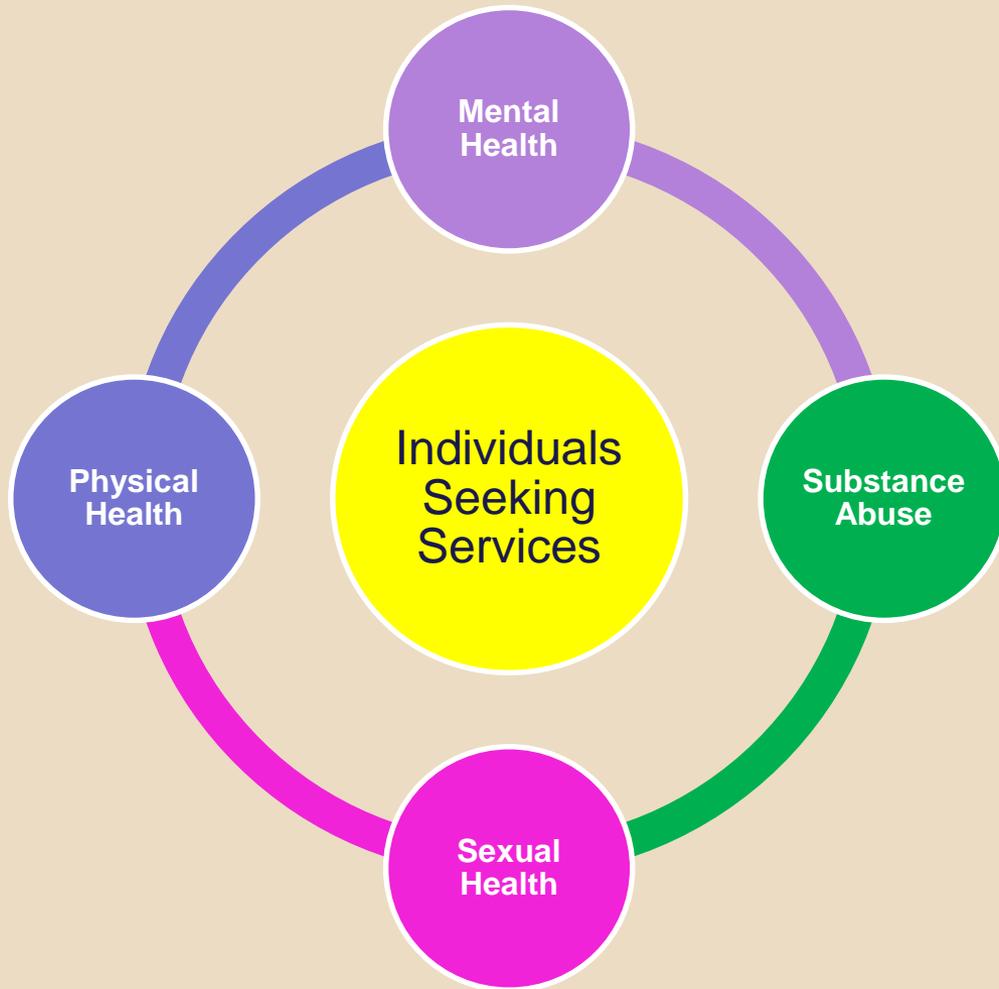
Co-occurring Behavioral Health Disorders

- 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.

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 SHH 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

Histories of Sex/Drug-Linked Behaviors

- “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>

Sex and Drugs

- 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

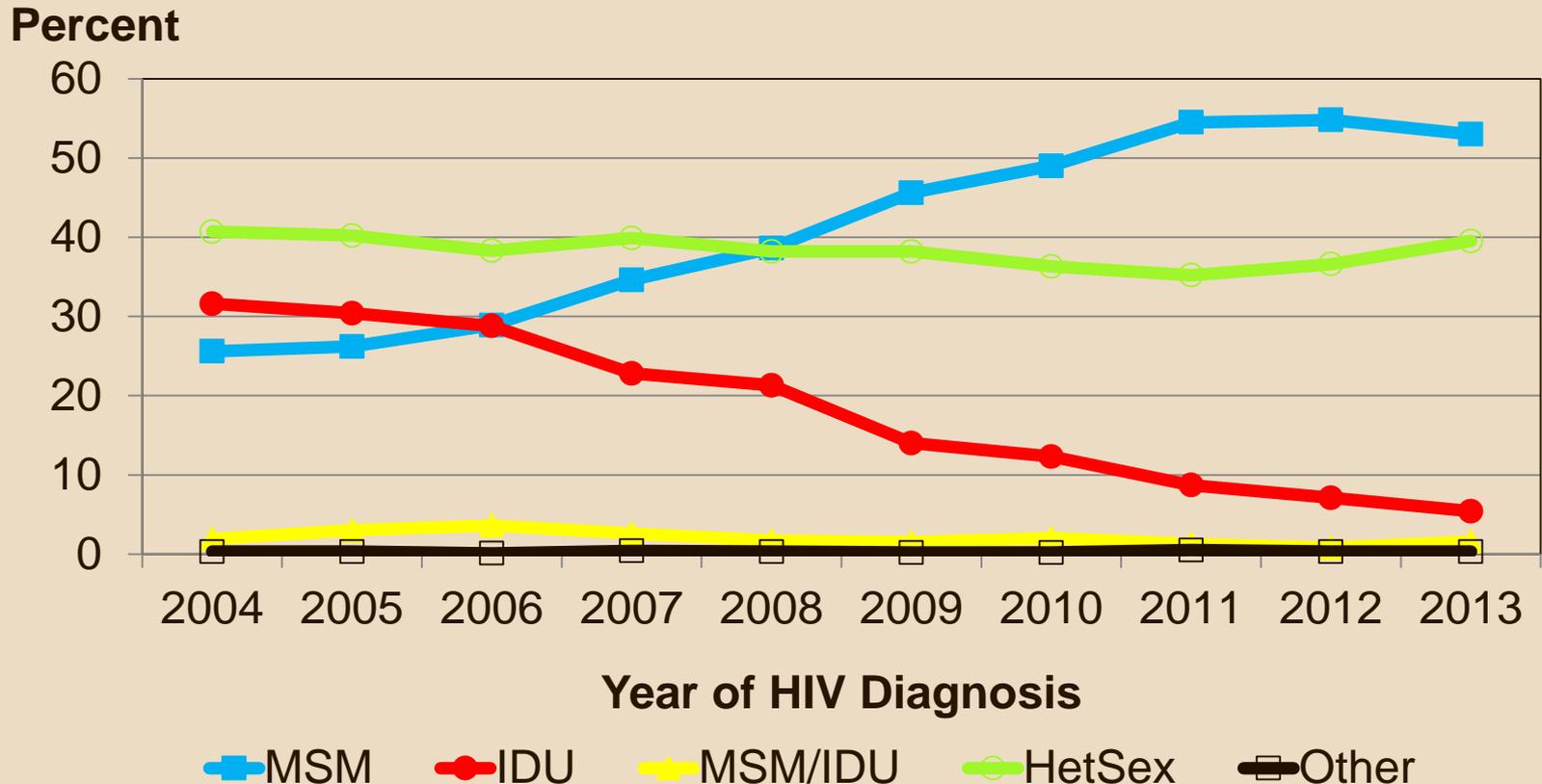
Client Feedback

- “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

Fernandez-Davila, P. (2009) *The Non-sexual Needs of Men that Motivate them to Engage in High-Risk Sexual Practices with Other Men*, Forum: Qualitative Social Research Volume 10, No. 2, Art 21

Behavioral Surveillance



Meanwhile...



Sexual Scripts

p n' p

(pee-en-PEE) verb. abbreviation for party and play as relating to homosexual men engaging in sexual acts while high on methamphetamine (see p and p and crystal dick)



Silver Daddies
WEEKLY SOCIALS FOR DADDIES
AND THEIR ADMIRERS

1.

UB2

This is an abbreviation used often in personal ads in various on-line services for gay men meaning, "You be, too!" — a call for only other HIV-negative men to respond.

I'm 510 smooth top looking for hook up UB2

by **chad79** April 03, 2006



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



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