



January 17, 2025

Dear Ryan White HIV/AIDS Program Grant Recipients and Substance Use Prevention, Treatment, and Recovery Services Block Grant Single State Authority Directors (SSAs):

Improving the care and treatment of people with HIV is a shared priority across the public health community. The [National HIV/AIDS Strategy for the United States](#) identifies key national goals for ending the HIV epidemic, which include prioritizing the mental health and substance use disorder (SUD) needs of the community. It is estimated that the prevalence of SUDs among people with HIV is approximately 48%, creating a syndemic in which the interaction of HIV and SUDs exacerbates health challenges and negatively impacts health outcomes.

[Addressing substance use](#) and SUDs is essential to ending the HIV epidemic as they pose significant barriers to engaging and retaining individuals in HIV care and treatment. People with HIV often face barriers, including stigma, discrimination, and the complex burden of managing a chronic condition. For many, these challenges are compounded by, and shared with, co-occurring SUDs which can adversely affect health outcomes and treatment engagement for both HIV and SUD. Substance use behaviors - such as injection drug use, increase the risk of acquiring or transmitting HIV, adversely impact adherence to [antiretroviral therapy](#), and, [perpetuate forward HIV transmissions](#). Addressing these interconnected issues requires building care models that can address the dual challenges of HIV and SUDs and leverage resources that provide comprehensive support.

There is an important opportunity for Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) grant recipients and Substance Abuse and Mental Health Services Administration (SAMHSA)-funded specialty behavioral health service programs through the Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG) to collaborate to form strategic partnerships, [braid funding](#), and advance the health of individuals with HIV with co-occurring substance use disorders. Collaboration across both programs can help address and mitigate interrelated issues and improve health outcomes for people with HIV and SUDs.

### **Ryan White HIV/AIDS Program**

The RWHAP funds states, cities, and community-based organizations to provide critical health care and support services to over half the people with diagnosed HIV in the U.S. to help them get in and stay in HIV care. This includes a range of behavioral health services to support people with HIV, including inpatient and outpatient SUD treatment, mental health services, case management, and psychosocial support as described in [HRSA HAB Policy](#)

[Clarification Notice #16-02 Ryan White HIV/AIDS Program Services: Eligible Individual and Allowable Uses of Funds](#). In addition, RWHAP Part B AIDS Drug Assistance Programs are [encouraged to include medications for SUDs](#), including buprenorphine for opioid use disorder treatment and naloxone for acute opioid overdose reversal, on their formularies. RWHAP Parts A, B, and C employ sound planning and decision-making processes to determine which HIV related services are prioritized and how much to fund them, taking into account the size, demographics, and needs of people with or affected by HIV, including those with SUDs.

### **Substance Use Prevention, Treatment, and Recovery Services Block Grants**

The SUPTRS BG program's objective is to help plan, implement, and evaluate activities that prevent, treat, and provide recovery support services for SUDs across the nation. Funds are distributed annually to the 50 states, all U.S. Territories and one Tribe, and through their sub-recipients, deliver substance use prevention and other services that can prevent or reduce substance use-related harms to individuals and communities impacted by substance use, and provide SUD treatment and recovery support services to individuals and families impacted by SUDs. Services provided can include [a range of SUD treatment options](#), including traditional outpatient, intensive outpatient, residential, and inpatient treatment services as well as a range of individual, family, school, and community prevention services. SUPTRS BG sub-recipients also provide [recovery support services](#) that are based in the community and occur across the lifespan of the individual. SUPTRS BG funds can also be used to purchase [medication for SUD](#), including methadone, buprenorphine, and naltrexone for opioid use disorder treatment; naloxone and other opioid overdose reversal medications for opioid overdose prevention; and medications for alcohol use disorder.

### **Collaboration Opportunities Examples**

Collaboration between RWHAP and SUPTRS BG programs can enhance SUD services for people with HIV by leveraging resources, expertise, and infrastructure while working with partners such as local, tribal, and territorial public health departments, social services agencies (including aging services network and organizations), schools, private sector employers, and housing providers to help meet the health and social needs of persons with SUDs and HIV. Some examples of collaboration opportunities include:

- [Integrated care models](#) that offer co-located HIV care, mental health, SUD services, and psychosocial support such as case management, resource referral, system navigation and recovery support;
- Improving access to medications for the treatment of SUD, [including opioid use disorder and alcohol use disorder, within HIV clinics](#) to reduce substance use, improve antiretroviral therapy adherence, deliver higher quality of HIV care, and improve quality of life;
- Cross-train providers in SUD management and HIV care;
- Conduct screenings for HIV, SUD and hepatitis and other sexually transmitted infections in clinics and community-based settings to ensure timely identification and treatment;

- Implement innovative interventions such as providing trauma informed care to people with HIV across the behavioral health care spectrum; and
- Jointly respond to HIV outbreaks traced to injection drug use.

The [RWHAP Best Practices Compilation](#) contains effective innovative interventions and best practices that improve health outcomes for people with HIV, including those with SUD. SAMHSA's evidence-based resource guidebook [Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders](#) reviews effective programs and practices to prevent HIV and, for those with HIV, to increase linkage and retention in care in order to improve health outcomes.

HRSA and SAMHSA share a mission to support individuals with HIV and SUDs by promoting accessible, high-quality care. We encourage recipients to explore new partnerships, engage communities, and adopt innovative care models that integrate HIV and SUD services to support comprehensive and client-centered care. Recipients are encouraged to document and share their collaboration activities through their respective reporting requirements to allow HRSA and SAMHSA to identify and amplify successful models that can be replicated across other jurisdictions.

If you have questions, please reach out to your HRSA HAB Project Officer and/or your SAMHSA Center for Substance Abuse Treatment or Center for Substance Abuse Prevention State Project Officer who is responsible for the SUPTRS BG, for more information.

Together, we can strengthen the public health response, improve health outcomes, prevent and reduce SUDs, strengthen recovery, and make significant strides toward ending the HIV epidemic.

Sincerely,

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