Sustainable Strategies for Strengthening Systems of Care for People with HIV and Opioid Use Disorder

Juli Powers, JSI

Molly Higgins-Biddle, JSI

Isabel Evans, Arizona Department of Health Services

Liz Sweet, Iowa Department of Public Health

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NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Disclosures

Molly Higgins-Biddle, Juli Powers, Isabel Evans, Liz Sweet have no relevant financial interests to disclose.

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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Identify state partners' identified barriers, findings, and lessons learned in strengthening systems of care for people with HIV and opioid use disorder (OUD)
2. Determine opportunities for leveraging resources and coordinating services for people with HIV and OUD at the system level
3. Share sustainable and replicable strategies leveraged by state teams to address identified system coordination challenges that can be applied in other state contexts

AGENDA

- Background and lessons learned
- Sustainable strategies from state partners
  - Arizona
  - Iowa
- Tools and resources
- Questions and discussion

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BACKGROUND AND LESSONS LEARNED

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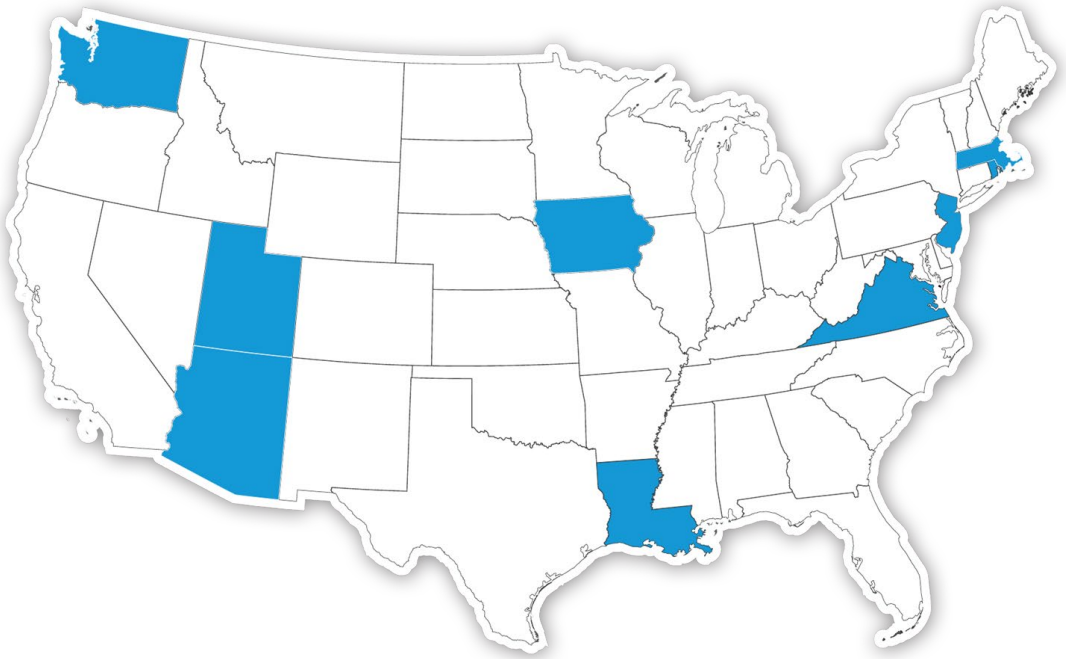
STRENGTHENING SYSTEMS OF CARE INITIATIVE



- Enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program (RWHAP) recipients and other federal, state, and local entities
- Ensure that people with HIV and opioid use disorder (OUD) have access to care, treatment, and recovery services that are coordinated, client-centered, and culturally responsive
- Nine state partners
- Three year project (2019-2022)

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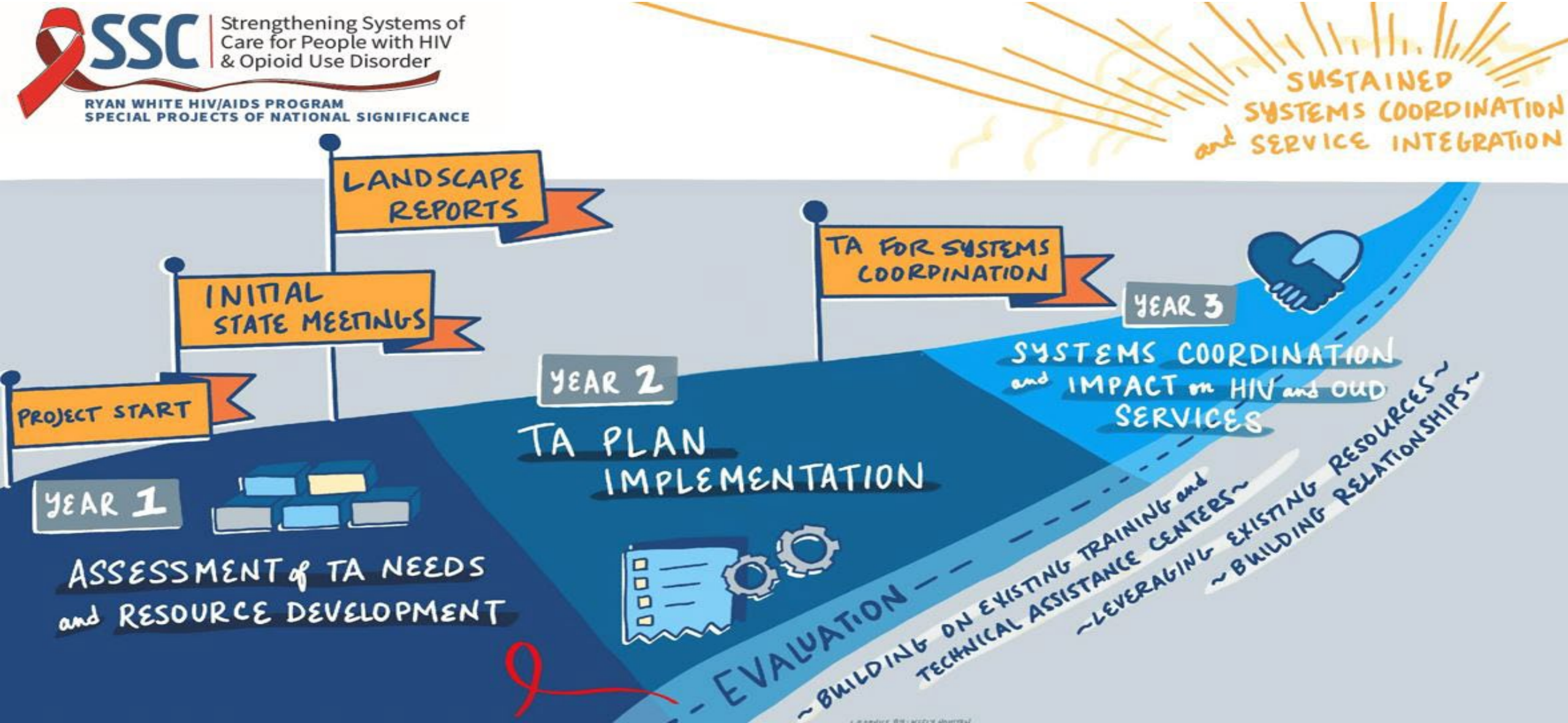
Program Timeline



LESSONS LEARNED:

POLICY AND REGULATORY SYSTEM CHANGES

- Policy assessments are an important initial step to understand the state policy landscape and identify policy priorities to support HIV/OUD integration across programs
- A policy and regulatory environment that facilitates harm reduction approaches is critical for integrating activities across HIV and OUD

DATA SHARING AND INTEGRATION

- Start small - inventory and share existing HIV and OUD datasets (e.g., sharing data dictionaries)
- Identify concrete questions to answer via data sharing (e.g., which providers are part of RWHAP network and behavioral health network?)

LESSONS LEARNED:
FINANCE MECHANISMS

- Relationship building must be precursor to developing funding partnerships
- Pursuing financing partnerships to include HIV and OUD integration activities through State Opioid Response (SOR) funding requires strategic and intentional engagement (and opportunities may be limited)

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LESSONS LEARNED:
PARTNER ENGAGEMENT AND COLLABORATION

- Formal collaboration mechanisms are important to sustainable engagement and coordination
- Facilitate clear communication and roles/responsibilities
- Creating a health department coordinator position (across HIV and substance use) can be beneficial for sustainable collaboration, depending on state context
- There must be low-threshold engagement opportunities (e.g., email updates) in addition to higher-threshold partnerships and regular meetings

LESSONS LEARNED:

SERVICE DELIVERY, WORKFORCE DEVELOPMENT AND HEALTH EQUITY

- HIV and OUD integration must include two-way commitment from HIV and behavioral leadership and staff
- Defining the role of “care coordinators” in HIV and behavioral health is essential to putting in place meaningful referral protocols across programs
- Assess workforce knowledge and needs to guide HIV/OUD integration and staff capacity building
- Valuing a workforce with lived experience includes paying them fairly
- Language matters - to interrupt stigma, discrimination, and mistrust at the intersection of HIV and opioid use disorder

SUSTAINABLE STRATEGIES FROM STATE PARTNERS

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Leveraging the SSC Initiative to Update the Joint Arizona Ryan White and ADAP Acuity Scale

Isabel Evans

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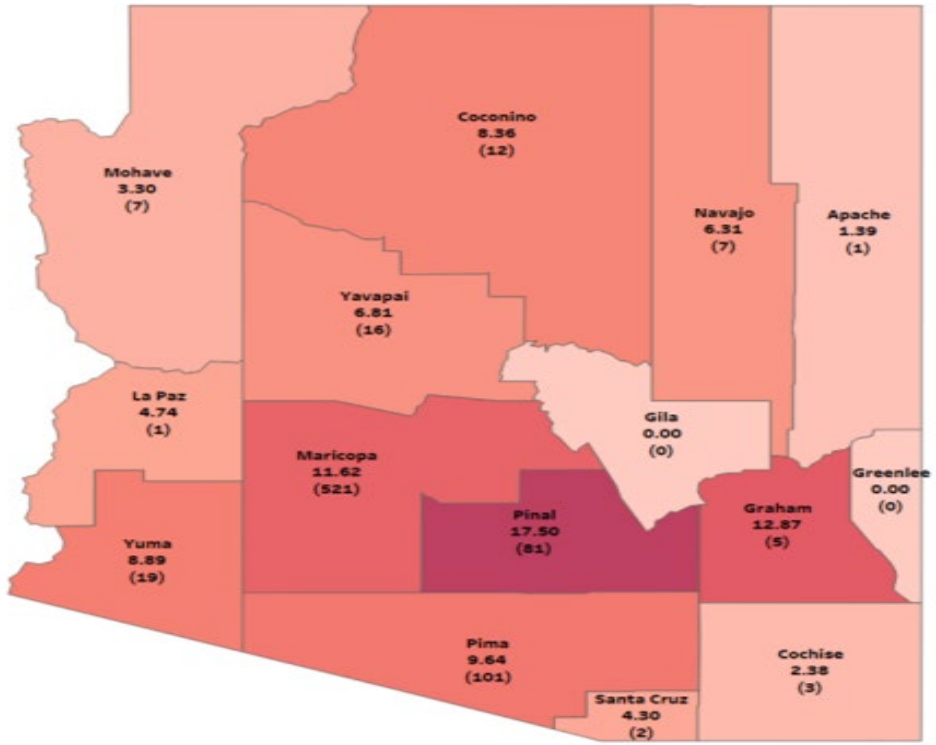
HIV and Opioid Use Disorder in Arizona

HIV: Arizona Department of Health Services (ADHS)

Arizona HIV/AIDS Incidence Rate and (count) by County, 2019



OUD: Arizona Health Care Cost Containment System (AHCCCS)

Substance use disorder

Opioid use disorder

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SSC Initiative in Arizona

Jan 2020:

Kick off meeting with big ideas and plans

Pandemic!

2021 & 2022:

Adjusting to feasible (yet still impactful!) smaller projects

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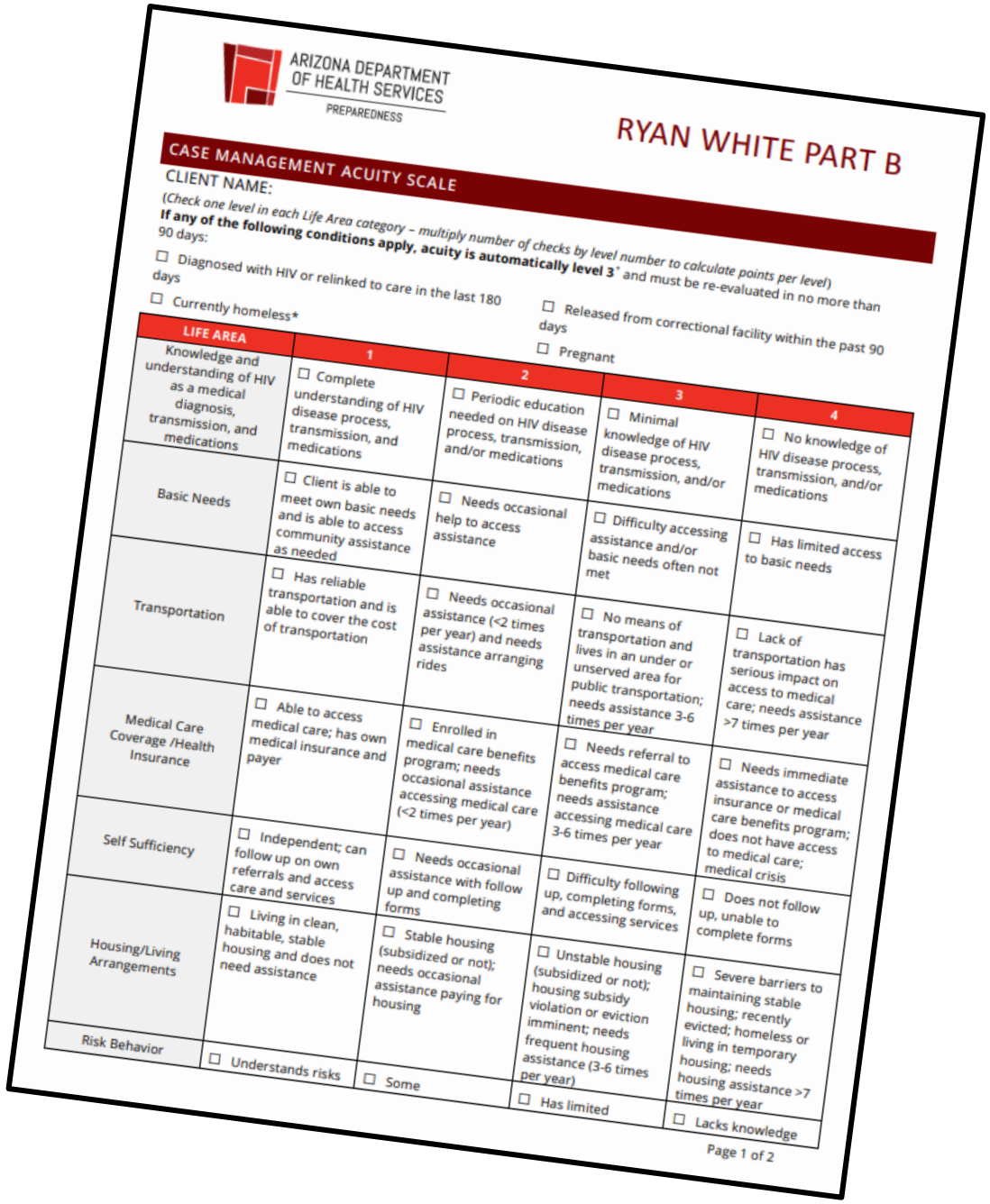
Acuity Scale

- Used by RWHAP Part B case managers
- Originally adopted for administrative and monitoring purposes
- Implemented and utilized in varying ways across agencies
- Hadn’t been updated in a while!



ARIZONA DEPARTMENT OF HEALTH SERVICES
PREPAREDNESS

RYAN WHITE PART B

CASE MANAGEMENT ACUITY SCALE

CLIENT NAME:

(Check one level in each Life Area category – multiply number of checks by level number to calculate points per level)
If any of the following conditions apply, acuity is automatically level 3* and must be re-evaluated in no more than 90 days:

☐ Diagnosed with HIV or relinked to care in the last 180 days
☐ Currently homeless*
☐ Released from correctional facility within the past 90 days
☐ Pregnant

LIFE AREA	1	2	3	4
Knowledge and understanding of HIV as a medical diagnosis, transmission, and medications	☐ Complete understanding of HIV disease process, transmission, and medications	☐ Periodic education needed on HIV disease process, transmission, and/or medications	☐ Minimal knowledge of HIV disease process, transmission, and/or medications	☐ No knowledge of HIV disease process, transmission, and/or medications
Basic Needs	☐ Client is able to meet own basic needs and is able to access community assistance as needed	☐ Needs occasional help to access assistance	☐ Difficulty accessing assistance and/or basic needs often not met	☐ Has limited access to basic needs
Transportation	☐ Has reliable transportation and is able to cover the cost of transportation	☐ Needs occasional assistance (<2 times per year) and needs assistance arranging rides	☐ No means of transportation and lives in an under or unserved area for public transportation; needs assistance 3-6 times per year	☐ Lack of transportation has serious impact on access to medical care; needs assistance >7 times per year
Medical Care Coverage /Health Insurance	☐ Able to access medical care; has own medical insurance and payer	☐ Enrolled in medical care benefits program; needs occasional assistance accessing medical care (<2 times per year)	☐ Needs referral to access medical care benefits program; needs assistance accessing medical care 3-6 times per year	☐ Needs immediate assistance to access insurance or medical care benefits program; does not have access to medical care; medical crisis
Self Sufficiency	☐ Independent; can follow up on own referrals and access care and services	☐ Needs occasional assistance with follow up and completing forms	☐ Difficulty following up, completing forms, and accessing services	☐ Does not follow up, unable to complete forms
Housing/Living Arrangements	☐ Living in clean, habitable, stable housing and does not need assistance	☐ Stable housing (subsidized or not); needs occasional assistance paying for housing	☐ Unstable housing (subsidized or not); housing subsidy violation or eviction imminent; needs frequent housing assistance (3-6 times per year)	☐ Severe barriers to maintaining stable housing; recently evicted; homeless or living in temporary housing; needs housing assistance >7 times per year
Risk Behavior	☐ Understands risks	☐ Some	☐ Has limited	☐ Lacks knowledge

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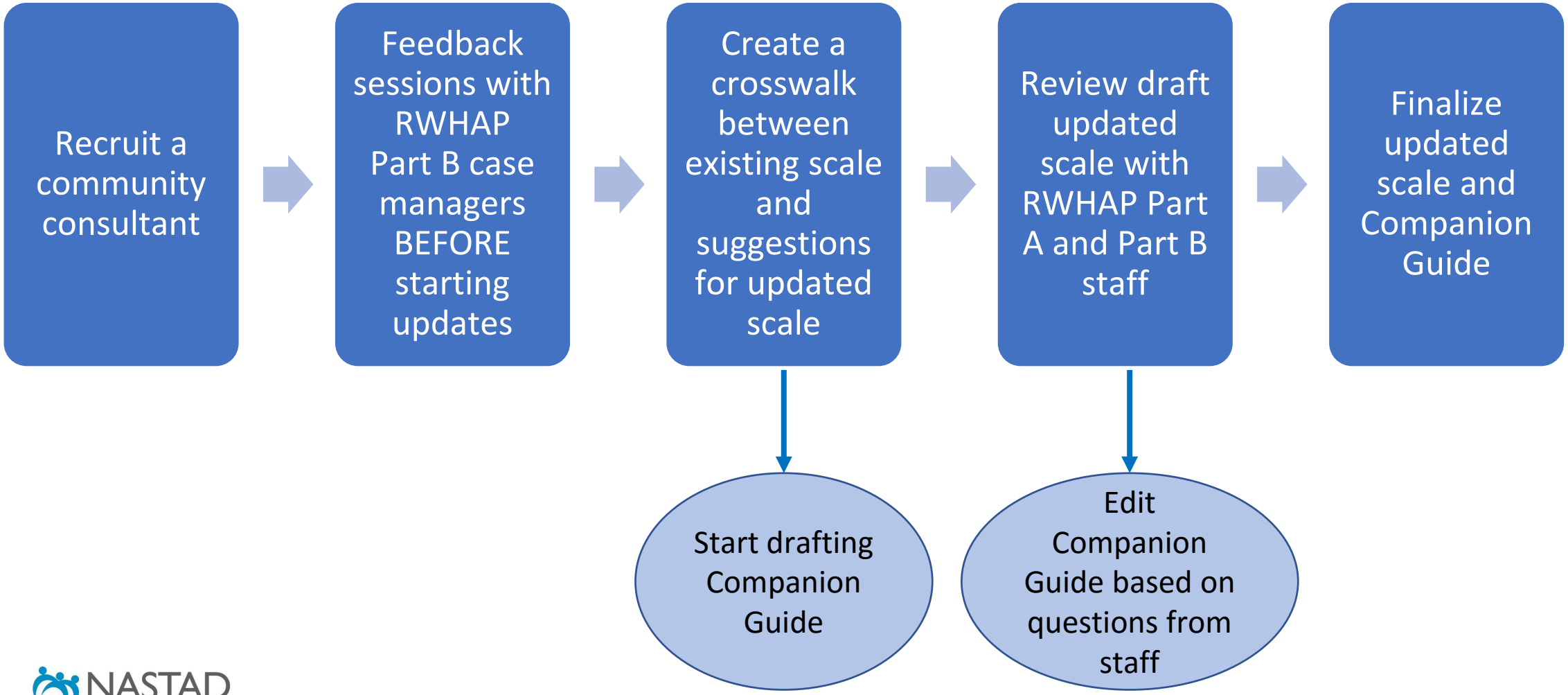
Why did we want to update the acuity scale?

- SSC reasons:
  - Remove stigmatizing and out-of-date language, such as “substance abuse” and “risky behavior”
  - Improve referral processes
    - Particularly for Substance Use and Mental Health sections
- Other reasons:
  - Make it more trauma-informed
  - Add sections that ADHS and case managers felt were important
  - Make the scale applicable and available to the Phoenix RWHAP Part A

Updating the Scale



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Community of Practice (CoP)

- Another “smaller” project initiated through and because of SSC
- Monthly virtual meeting for frontline staff led by community co-leads
  - HIV case managers, RWHAP eligibility staff
  - Behavioral health intake staff, therapists
- Reviewed the acuity scale during two of their meetings!

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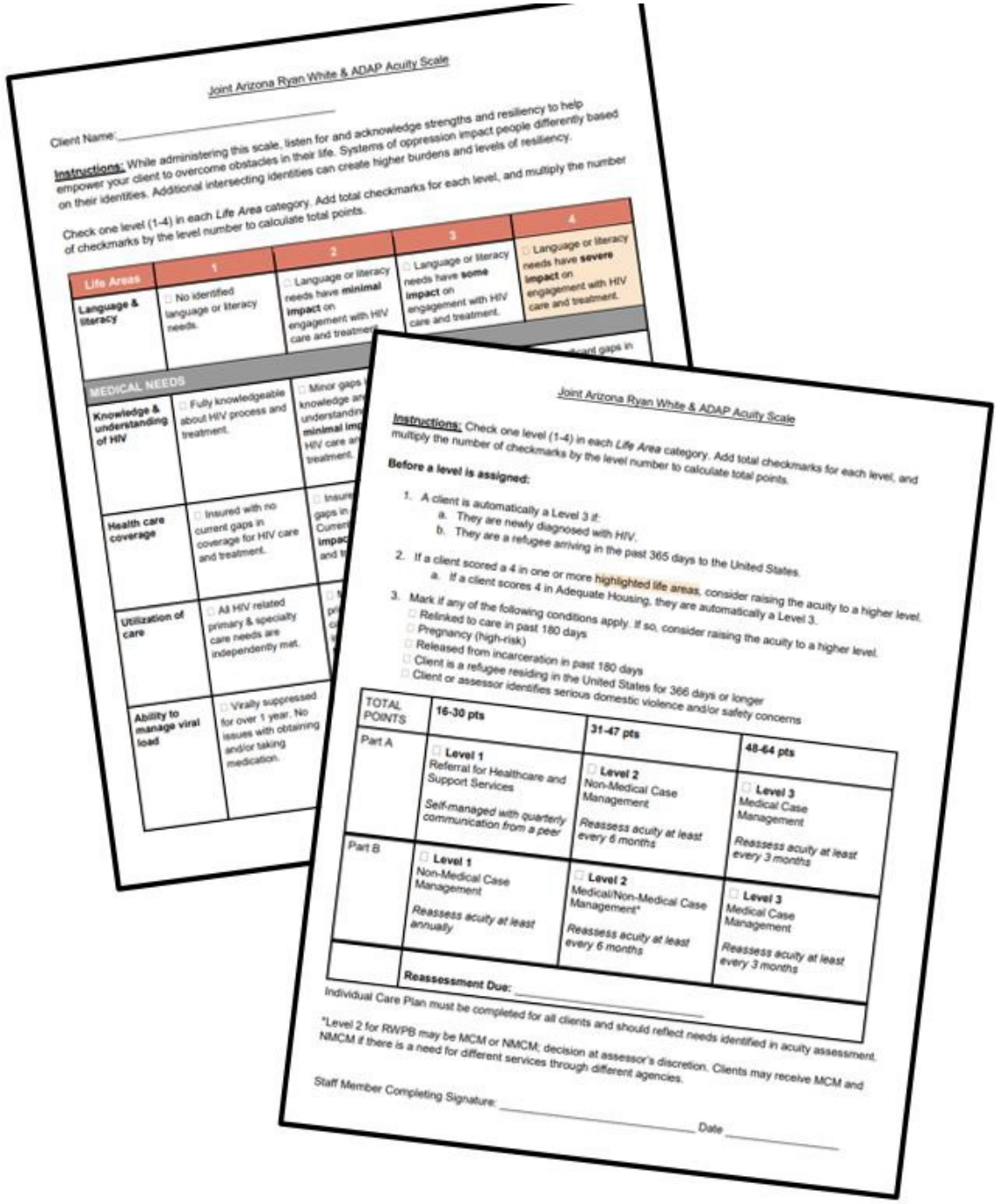
Implementing the Scale

- Set a “release” date with RWHAP Part A
- Emailed out the scale along with the Companion Guide
- Developed a “101” webinar
  - Hosted twice and recorded
  - Covered the basics of how to use the scale
  - Reviewed what changes were made, and why they had been made
  - Included trauma-informed principles
- Delayed the “start date” until AFTER the webinars



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Takeaways and Lessons Learned

- Use your resources wisely
  - Community consultant with RWHAP Part B case manager experience
  - SSC TA team's expertise on SUD and mental health
  - Community of Practice (CoP) members
- Incorporate substance use work/improvements into overall projects
  - Normalizes and destigmatizes
- Build in time for LOTS of feedback from your end users

Thank you!

Isabel Evans

Program Coordinator

ADHS HIV Care & Services

Isabel.Evans@azdhs.gov

(480) 271-4704

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Sustainable Strategies for People with HIV and OUD:
Creating a Systems Coordinator Role in Iowa

Liz Sweet, Systems Integration Coordinator

Iowa Department of Public Health

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FUNDING LANDSCAPE

Iowa Department of Public Health
Division of Behavioral Health

Bureau of Substance Abuse
(Single-State Authority)

- OD2A - **CDC**
- State Opioid Response (SOR) - **SAMHSA**
- **SAMHSA** Mental Health/Substance Use Block Grant
  - Mental Health in Department of Human Services
- State Funds
- Other discretionary funds

Bureau of HIV, STD, & Hepatitis

- Viral Hepatitis - **CDC**
- Ryan White Part B - **HRSA**
- HIV prevention & surveillance - **CDC**
- Hepatitis prevention & surveillance - **CDC**
- State Funds

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SYSTEMS INTEGRATION COORDINATOR (2017)

- Shared staff member between Bureau of Substance Abuse & Bureau of HIV, STD, and Hepatitis - embedded in both bureaus
- Serves as a liaison between the two bureaus and coordinates collaborative work
- Identifies opportunities for collaboration and integration using a syndemic approach
- Assesses needs and develops training/educational materials for the workforce
- Braided funding to support the position - State Opioid Response (SOR), Opioid Data to Action (OD2A) and Viral Hepatitis Component 3

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HEALTH INITIATIVES FOR PEOPLE WHO USE DRUGS (HIPWUD)

- Facilitated/coordinated by the Systems Integration Coordinator
- Group of multi-sector professionals and people with lived experience
- Serves as an advisory body for the Bureau of Substance Abuse and the Bureau of HIV, STD, and Hepatitis
- Works to develop and disseminate evidence-based recommendations for public health policies and practices grounded in harm reduction and social justice principles

JSI-SSC TECHNICAL ASSISTANCE PLAN GOALS

1. Develop the internal infrastructure to support coordinated HIV and substance use disorder (SUD) care.
2. Develop mechanisms to improve cross-sector relationships and coordination.
3. Increase knowledge and skills of HIV and SUD providers to provide integrated services.
4. Use available funding that contributes to shared program goal (between HIV and SUD).
5. Strengthen community engagement to inform policies and practices that enhance access to HIV and SUD prevention, care, and treatment services for all populations.
6. Improve data coordination and sharing across HIV and SUD sectors to foster shared planning, resource allocation, and integrated implementation.

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BARRIERS & FINDINGS

BARRIERS

- Limited harm reduction
  - services/supplies
- Syringe Services Programs (SSPs) illegal/underground
- Limited data sharing/integration
- Siloed services
- Lack of knowledge/confidence across sectors

FINDINGS

- Leadership buy-in is essential
- Formal workgroup and strategic plan
- Involve internal and external partners
- Break down silos - learn differences in language, infrastructure, funding, etc.

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WORKFORCE CAPACITY & DEVELOPMENT

Goal: Increase knowledge and skills of HIV and SUD providers to provide integrated service.

Assessment: Knowledge, Attitudes, and Practices (KAP) Survey

- HIV prevention workforce (N=35)
- Ryan White/HIV care workforce (N=33)
- Peer recovery coaches at SUD treatment facilities (N=25)

Technical assistance and capacity building plan developed to address needs identified in the assessment.

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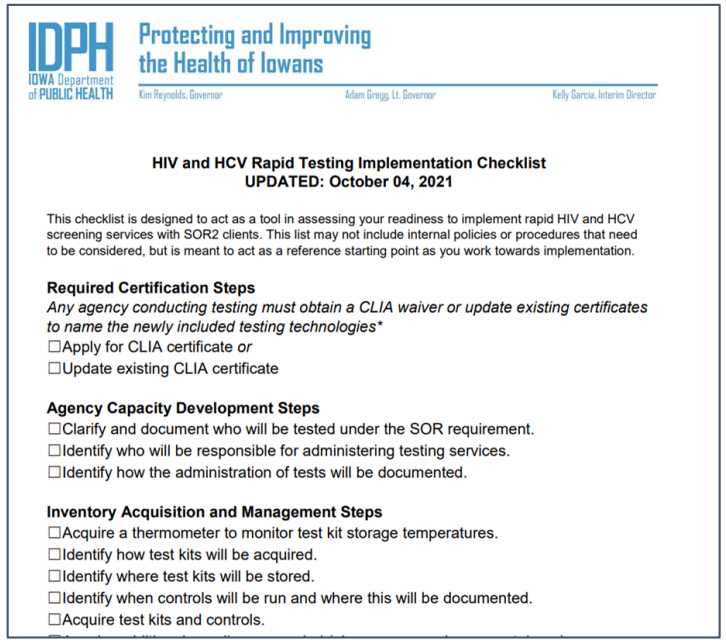
INTEGRATING HIV, HCV, AND STI TESTING IN STATE OPIOID RESPONSE (SOR) SERVICES

Organizational Technical Assistance & Capacity Building

- Implementation Technical Assistance (developed and provided by Bureau of HIV, STD, and Hepatitis staff)
  - Implementation Checklist
  - Consent Guidance
  - Training Videos
    - Testing Implementation
    - Rapid Testing Technology
    - Third Party Billing
  - Additional Resources
    - Screening Guidelines Quick Reference
    - Additional Training Reference
  - Individual Technical Assistance



IDPH IOWA Department of PUBLIC HEALTH — Protecting and Improving the Health of Iowans

Kim Reynolds, Governor | Adam Gregg, Lt. Governor | Kelly Garcia, Interim Director

HIV and HCV Rapid Testing Implementation Checklist
UPDATED: October 04, 2021

This checklist is designed to act as a tool in assessing your readiness to implement rapid HIV and HCV screening services with SOR2 clients. This list may not include internal policies or procedures that need to be considered, but is meant to act as a reference starting point as you work towards implementation.

Required Certification Steps
*Any agency conducting testing must obtain a CLIA waiver or update existing certificates to name the newly included testing technologies**
☐Apply for CLIA certificate *or*
☐Update existing CLIA certificate

Agency Capacity Development Steps
☐Clarify and document who will be tested under the SOR requirement.
☐Identify who will be responsible for administering testing services.
☐Identify how the administration of tests will be documented.

Inventory Acquisition and Management Steps
☐Acquire a thermometer to monitor test kit storage temperatures.
☐Identify how test kits will be acquired.
☐Identify where test kits will be stored.
☐Identify when controls will be run and where this will be documented.
☐Acquire test kits and controls.

idph.iowa.gov/mat/provider

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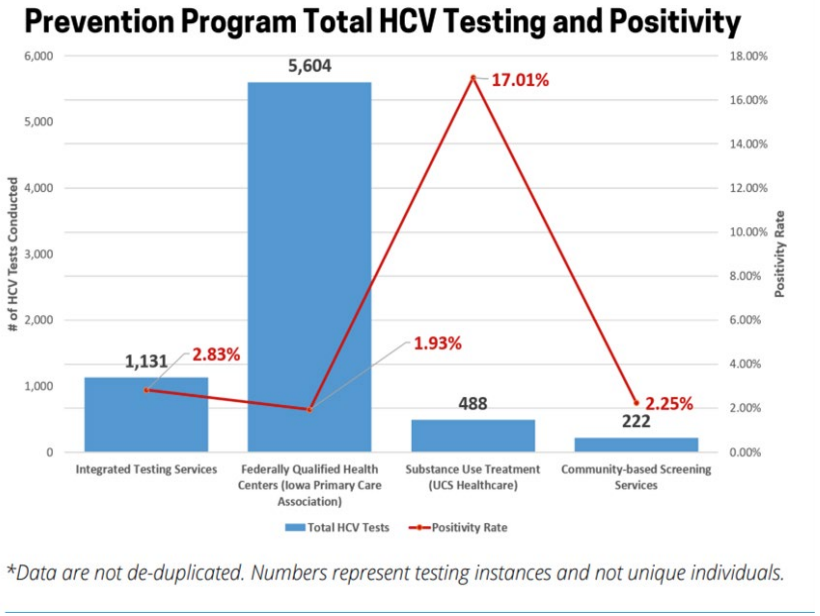
INTEGRATING HIV AND HCV INTO MAT SERVICES

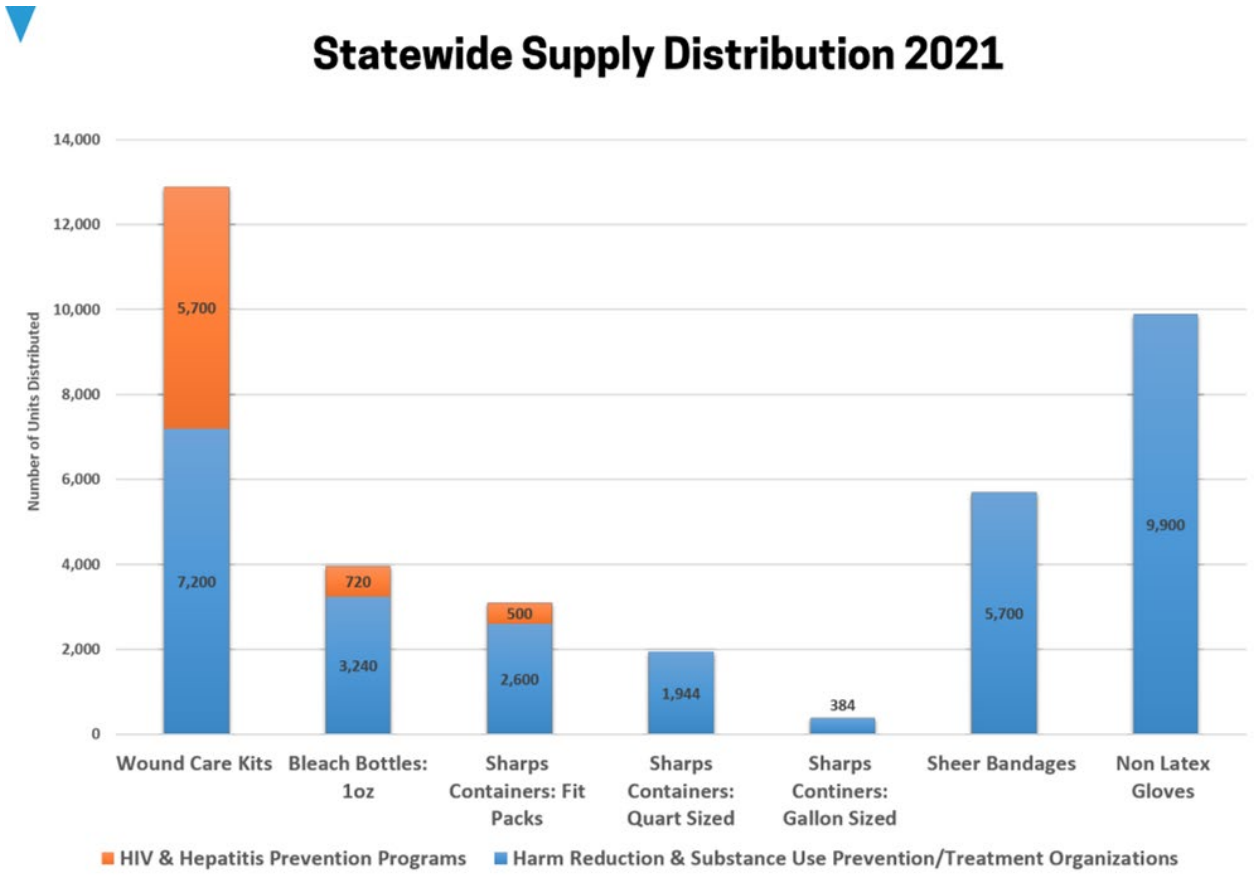
- Partnership between Bureau of HIV, STD, and Hepatitis and medication for addiction treatment (MAT) providers
- Routine screening integrated into 14 MAT clinics
- IDPH provides rapid HIV & HCV test-kits at no-cost for clients who are uninsured, underinsured, or have privacy concerns
- 2021
  - 0.43% HIV positivity rate
  - 17.01% HCV positivity rate



idph.iowa.gov/Portals/1/userfiles/40/2021%20Prevention%20Program%20Snapshots_Total%20Program%20Testing_Final.pdf

PREVENTION & HARM REDUCTION SUPPLY DISTRIBUTION

- Partnership between Bureau of HIV, STD, and Bureau of Substance Abuse
- Provide free supplies to organizations serving people who inject drugs including
  - Community based harm reduction organizations
  - Substance use prevention and treatment agencies
  - HIV/HCV prevention and testing programs



[2021 Harm Reduction Distribution Fact Sheet]

FUTURE EFFORTS

- Sustainability strategic planning
- Data sharing agreement
- Assessing the need for a cross-bureau data team
- Integrating HIV & HCV testing into peer-led programs
- Continued workforce development

THANK YOU!

Randy Mayer
Chief, Bureau of HIV, STD, and Hepatitis
Randall.Mayer@idph.iowa.gov

Liz Sweet
Systems Integration Coordinator
Liz.Sweet@idph.iowa.gov

Biz McChesney
HIV & Hepatitis Program Manager
Biz.McChesney@idph.iowa.gov

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TOOLS AND RESOURCES

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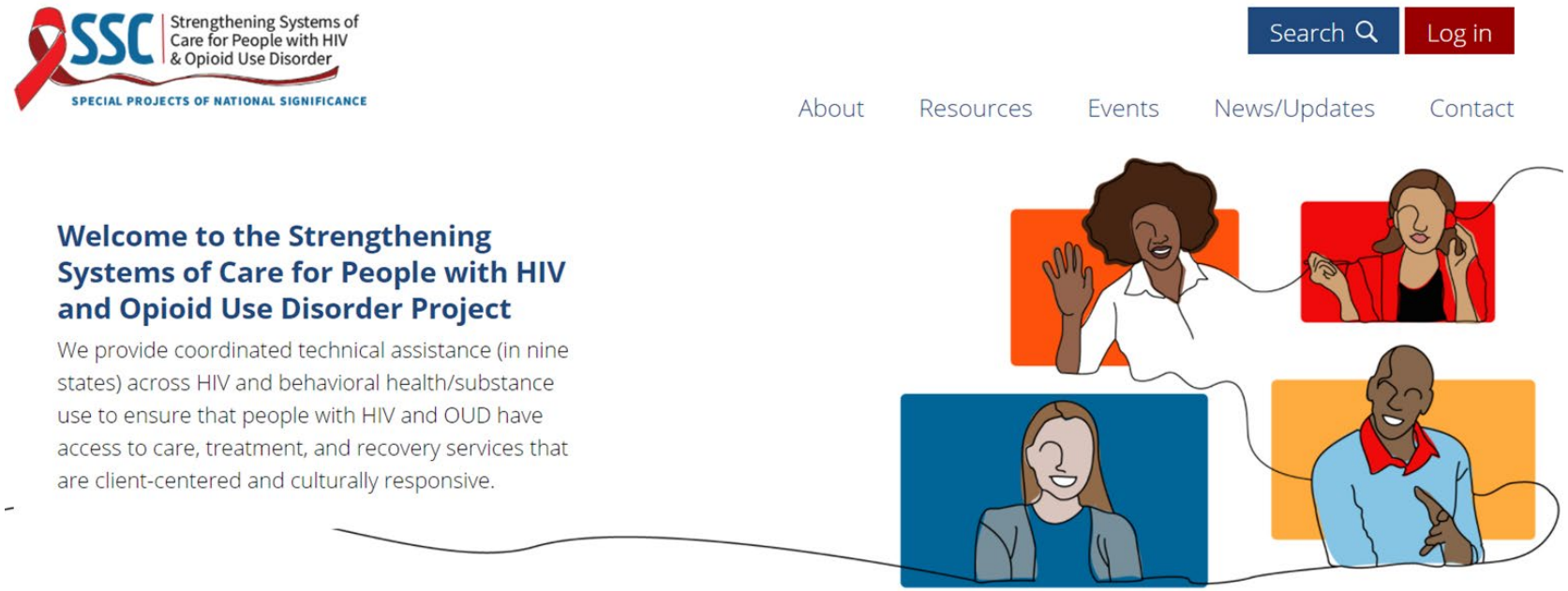
WEBSITE

SSC.JSI.COM

- Launched January 2021
- Will be updated through February 2023



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PODCAST

- Monthly podcasts
- Hosts are Boston Medical Center HIV and addiction specialists
- 17 episodes available!

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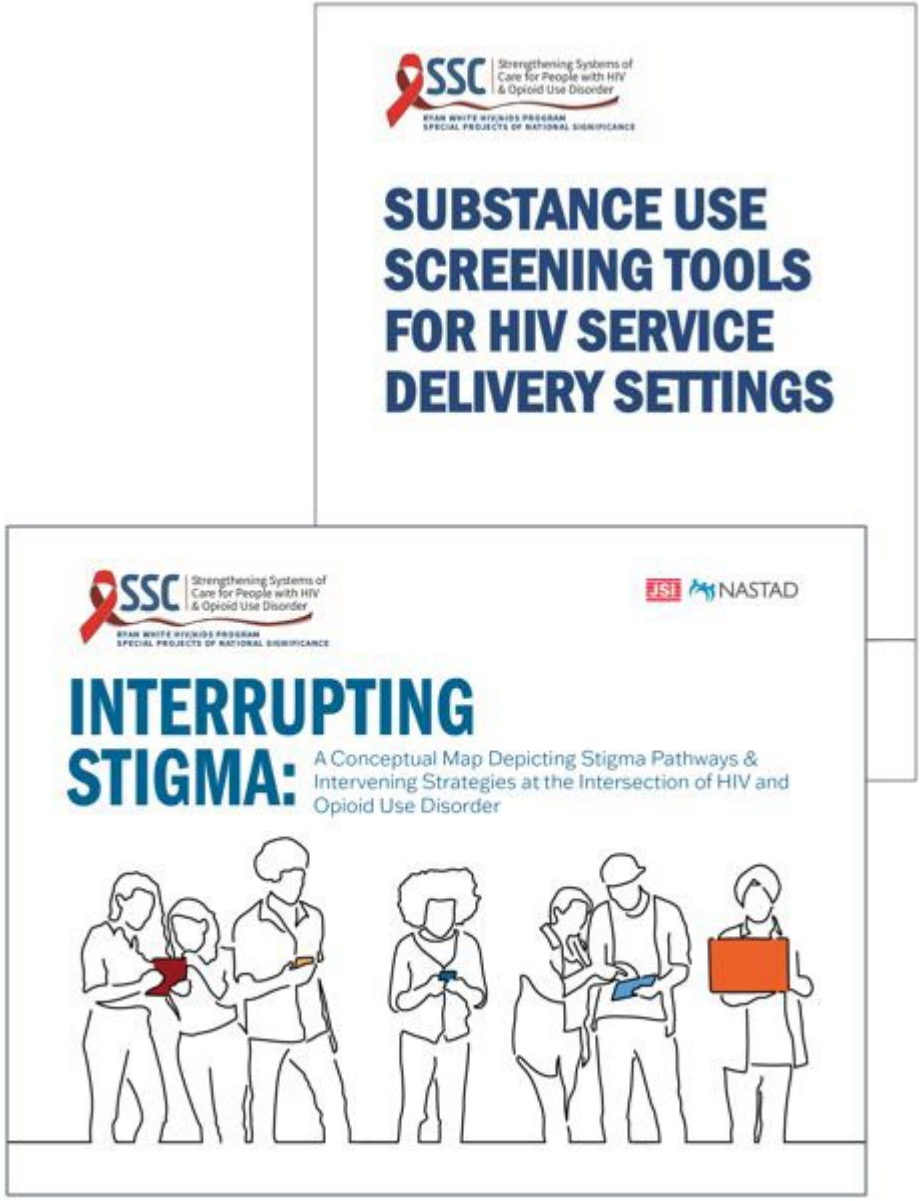
RESOURCES

- Glossary of HIV and Opioid Use Disorder Service Systems Terms
- HIV and OUD Service and Funding Matrices
- Interrupting Stigma: A Conceptual Map Depicting Stigma Pathways and Intervening Strategies at the Intersection of HIV and Opioid Use Disorder
- Substance Use Screening Tools for HIV Service Delivery Settings
- Words Matter: The Power of Language to Strengthen Services for HIV and Substance Use Disorder



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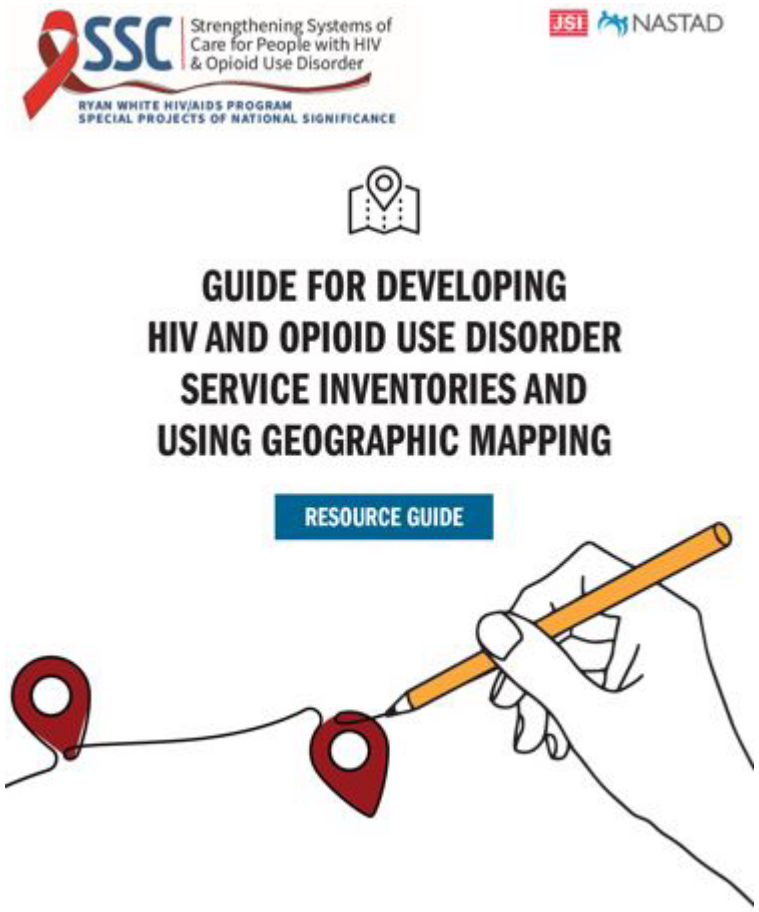
RESOURCES (continued)

- Guide for Developing HIV and Opioid Use Disorder Service Inventories and Using Geographic Mapping
- A Guide to Support Individuals with HIV/ Hepatitis C (HCV) in Substance Use Service Settings
- HIV and Opioid Use Disorder Systems Strengthening Toolbox



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STATE STRATEGIES IN ACTION SERIES

POLICY/REGULATORY FRAMEWORK

- Policy, Legislative and Regulatory Change to Support Comprehensive Care for People with HIV in Multiple Settings

FINANCE MECHANISMS

- Building Relationships with Your State Medicaid Agency to Support Peer Services

PARTNER ENGAGEMENT AND COLLABORATION

- Facilitating Equitable Partnerships with People with Lived Experience

SERVICE DELIVERY / WORKFORCE DEVELOPMENT / HEALTH EQUITY

- People First: Fostering Collaborative Language at the Intersections of HIV, Substance Use, and Incarceration
- HIV and Opioid Use Disorder Care Delivery in a Mobile Clinic Setting
- Workforce Development Strategies for HIV and Opioid Use Disorder Service Systems

DATA SHARING AND INTEGRATION

- Leveraging Data Partnerships to Improve HIV and Opioid Use Disorder Integration

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