

Evaluating system-level change in care coordination among people with HIV and opioid use disorder

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NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

Disclosures

Deirdre Rogers and Molly Higgins-Biddle have no relevant financial interests to disclose.

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Learning Objectives

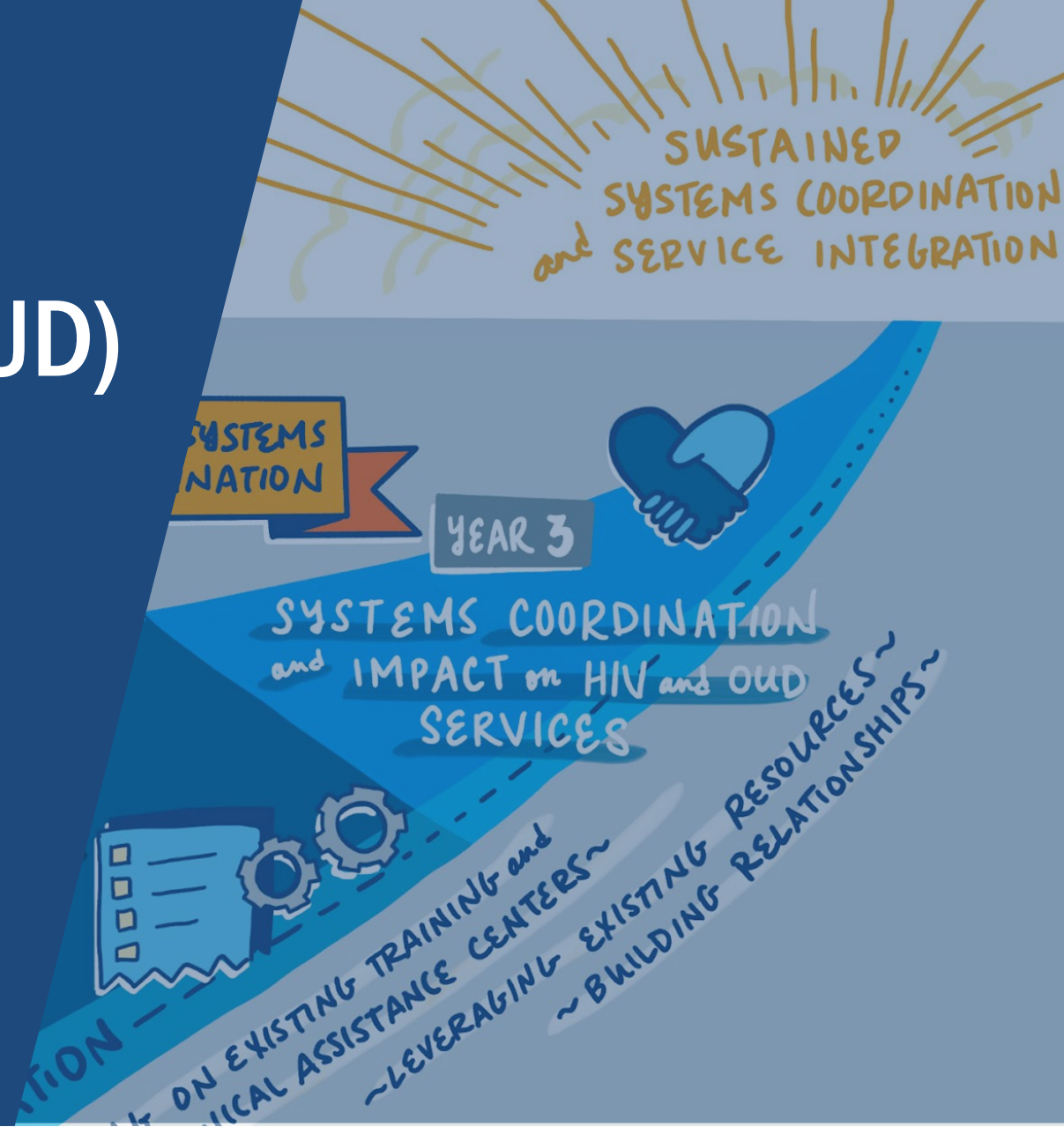
At the conclusion of this activity, participants will be able to:

1. Identify challenges inherent in measuring system strengthening
2. Discuss systems strengthening evaluation methods and approaches, including a systems-level assessment tool.
3. Describe preliminary evaluation findings from state system level efforts to coordinate HIV and OUD services.

AGENDA

- Intersection of HIV and opioid use disorder
- Strengthening Systems of Care (SSC) project overview
- The challenge: measuring system strengthening
- Project evaluation methods
- Preliminary evaluation findings

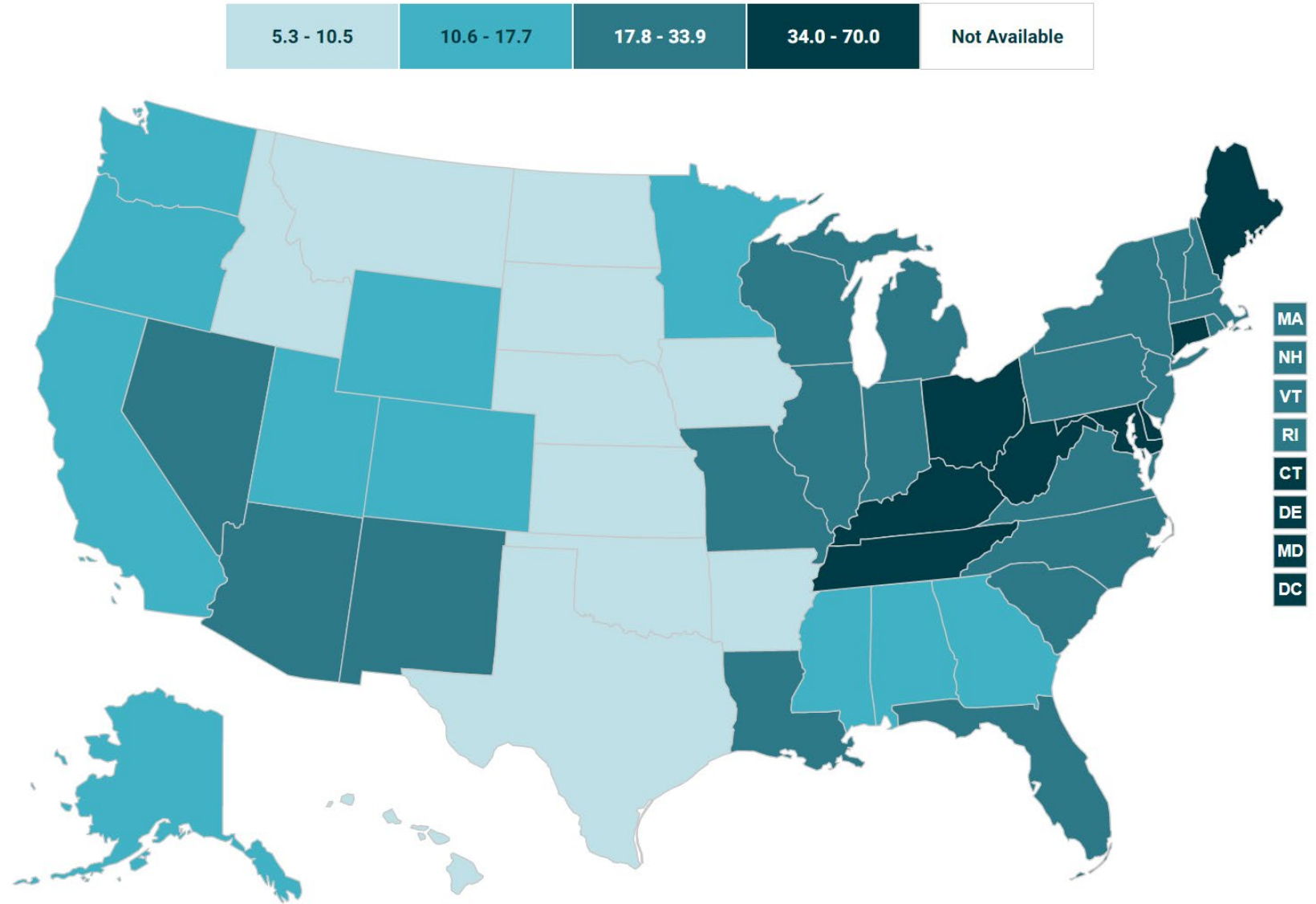
INTERSECTION OF HIV AND OPIOID USE DISORDER (OUD)



HIV—WHAT THE DATA SHOW

- We have the tools to end the HIV epidemic.
 - 36,801 people newly diagnosed with HIV in 2019 in the US (CDC)
 - From 2015 to 2019, HIV diagnoses decreased 9% overall in the US and dependent areas. (CDC)
- New diagnoses likely undercount due to COVID-19: disruptions in clinical care services, and shortage in HIV test materials
- Consistent HIV health care provider → better outcomes (viral suppression, CD4 count) ([AJMC 2020](#))
- Shortage of new HIV clinicians → crisis in access to care ([BMC Fam Prac 2020](#))
- 66% of people with HIV were virally suppressed in 2019
 - 89.4% of RWHAP clients receiving HIV medical care were virally suppressed in 2020

OPIOID-RELATED DEATHS PER 100,000 PEOPLE, 2020



SHADAC analysis of Centers for Disease Control and Prevention, National Center for Health Statistics via CDC WONDER Database. statehealthcompare.shadac.org/map/197/opioidrelated-and-other-drug-poisoning-deaths-per-100000-people-by-drug-type#163/32/233

HIGHER RISK

- People with opioid use disorder (OUD) have higher risk of HIV
 - More complex patient engagement and retention (Lancet 2020)
- People with HIV have higher risk of opioid use
 - Chronic pain more common
 - Opioids more commonly prescribed
 - They receive higher doses of opioids
 - More likely to have substance use disorder and mental illness ([Top Antivir Med 2018](#))

→ implications for health outcomes, retention, viral suppression

→ underscores need for coordinated HIV and substance use disorder services

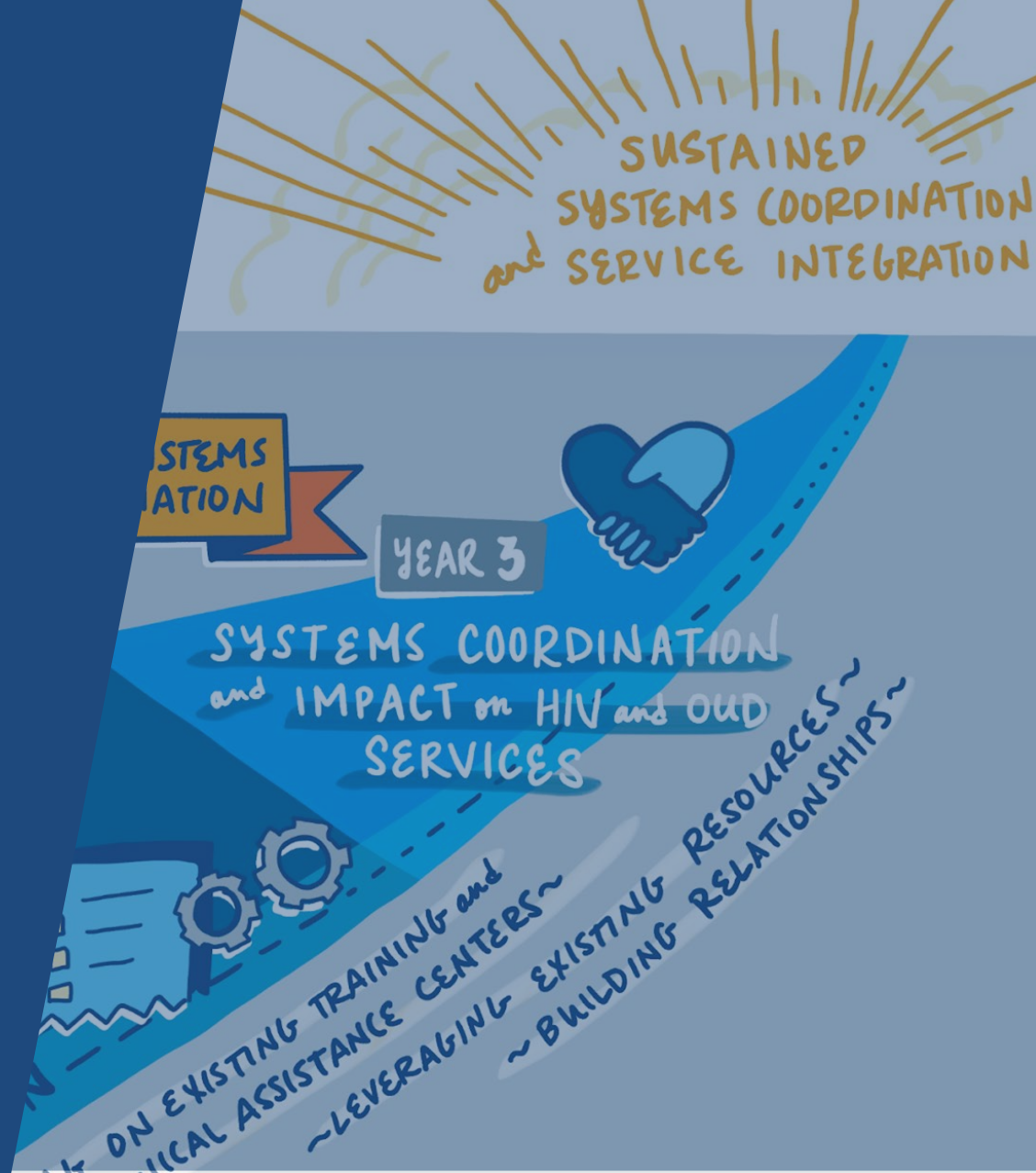
CHALLENGES WITH COORDINATION

- Siloed funding and coordination mechanisms across HIV/infectious disease and behavioral health/substance use at the:
 - State level
 - Service delivery level

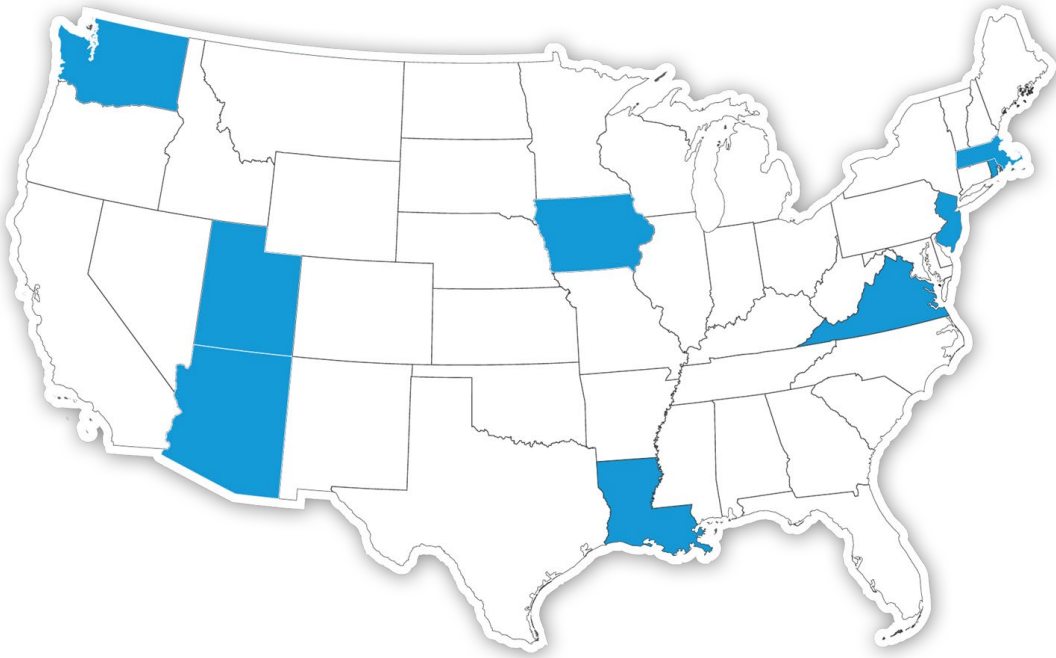
⇒ premise for SSC project to strengthen HIV- and OUD-related systems of care

STRENGTHENING SYSTEMS OF CARE FOR PEOPLE WITH HIV AND OUD

PROJECT OVERVIEW



STRENGTHENING SYSTEMS OF CARE INITIATIVE



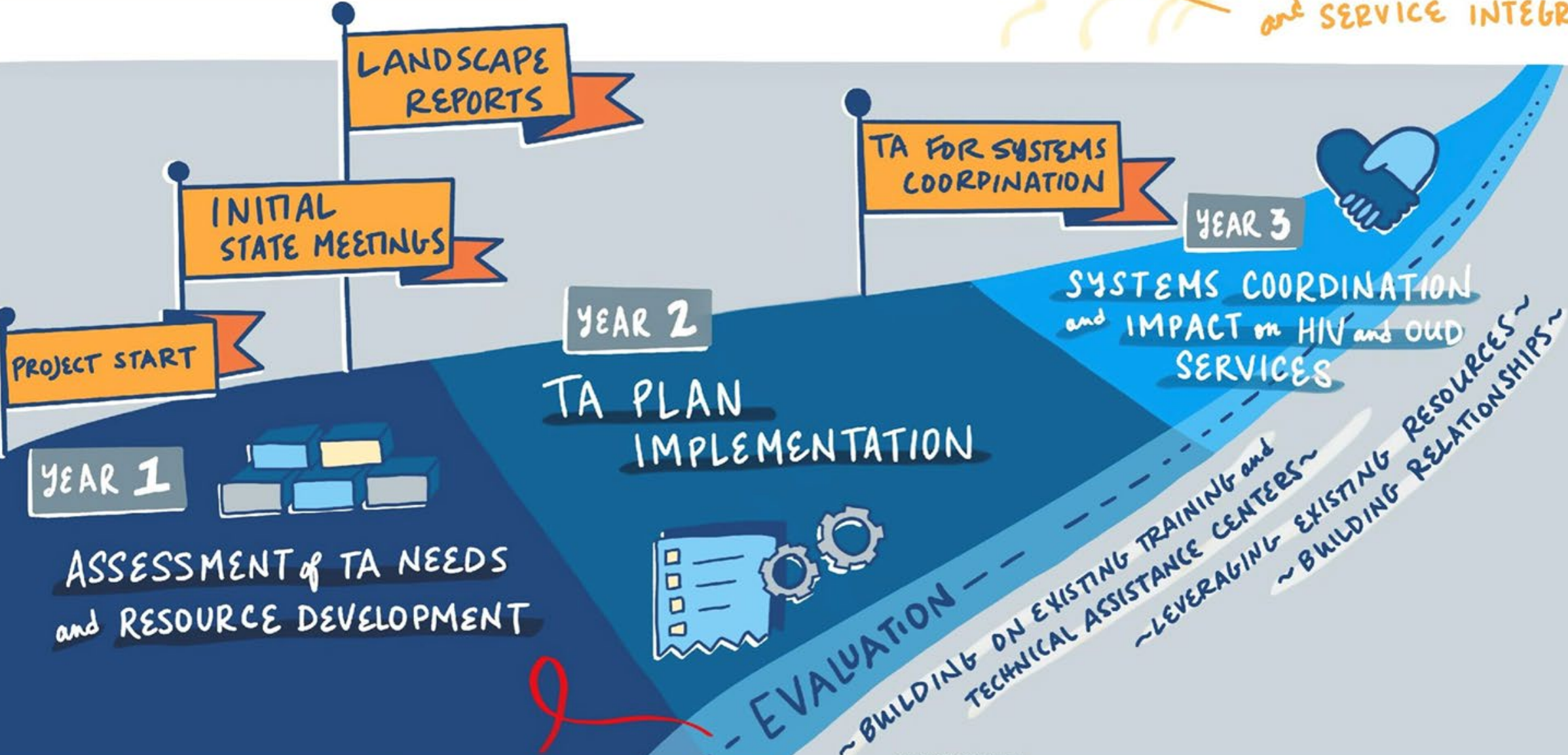
- Enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program (RWHAP) recipients and other federal, state, and local entities
- Ensure that people with HIV and OUD have access to care, treatment, and recovery services that are coordinated, client-centered, and culturally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

PROJECT APPROACH

- Engage stakeholders
- Provide tailored technical assistance
- Facilitate peer sharing across states
- Ensure data-informed decision-making
- Build capacity and systems with state partners to ensure sustainability
- Evaluate the impact of project activities
- Disseminate TA materials and lessons learned nationally



SUSTAINED SYSTEMS COORDINATION and SERVICE INTEGRATION



COVID-19 & SSC

States and their stakeholders need flexibility and support

- Infectious disease staff detailed to respond to COVID-19

Response

- Rapid move from in-person TA consultations to virtual
- Focusing on the development of cross-state TA resources/materials
- Monitoring systems changes
- Continual communication with HRSA on challenges and successes

COVID-19 Policy and Systems Changes Related to HIV and Substance Use

JUNE 2020

Developed as part of the *Strengthening Systems of Care for People with HIV and Opioid Use Disorder* project, this document contains brief descriptions of federal policy and systems changes due to coronavirus 2019 (COVID-19) that relate to the HIV and substance use systems of care, along with links to websites that are frequently updated for each topic. This resource serves as a reference for state partners participating in the project, as well as a place to document policies and practices in response to COVID-19 that may have implications for long-term systems changes.

For up to date information on each of these topics, go to the links provided in the “resource” sections below.

Contents/Quick Links

Ryan White HIV/AIDS Program (RWHAP) Eligibility Determination	1
Syringe Services Programs and Drug User Health	3
Opioid Treatment Program (OTP) Specific Guidance on Medication for Opioid Use Disorder (MOUD) Prescribing Guidelines	4
Telemedicine for Substance Use Treatment	4
Opioid Supply Chain	5
HIV Testing and Linkage	6
Preventing Gaps in Care.....	6

Ryan White HIV/AIDS Program (RWHAP) Eligibility Determination

- **No change** to the policy regarding the eligibility determination process.
- PCN 13-02 provides guidance and flexibility, including the ability to conduct required processes electronically and through self-attestation. Processes are **not required** to occur in-person, although many recipients have imposed this as an additional requirement.

COLLECTIVE IMPACT

**Common
Agenda**

- **Common understanding** of the problem
- **Shared vision** for change

**Shared
Measurement**

- **Collect data and measure results**
- Ensure **efforts remain aligned** and participants hold each other **accountable**

**Mutually
Reinforcing
Activities**

- **Differentiated approaches**
- **Coordination** through joint plan of action

**Continuous
Communication**

- **Consistent and open communication**
- **Build trust and create common motivation**

**Backbone
Support**

- Separate organization(s) with **staff**
- Resources and skills to **convene** and **coordinate** participating organizations

THE CHALLENGE: MEASURING SYSTEMS STRENGTHENING



EVALUATION CHALLENGES

One size doesn't fit all:

- Different cultures, systems, resources, competing priorities across 9 states

Outcome measures:

- **System-level:**

- Policies, practices, referral networks, cross-sector coordination mechanisms, resources
- Heavily qualitative or less flashy tracking data; difficult to define positive change

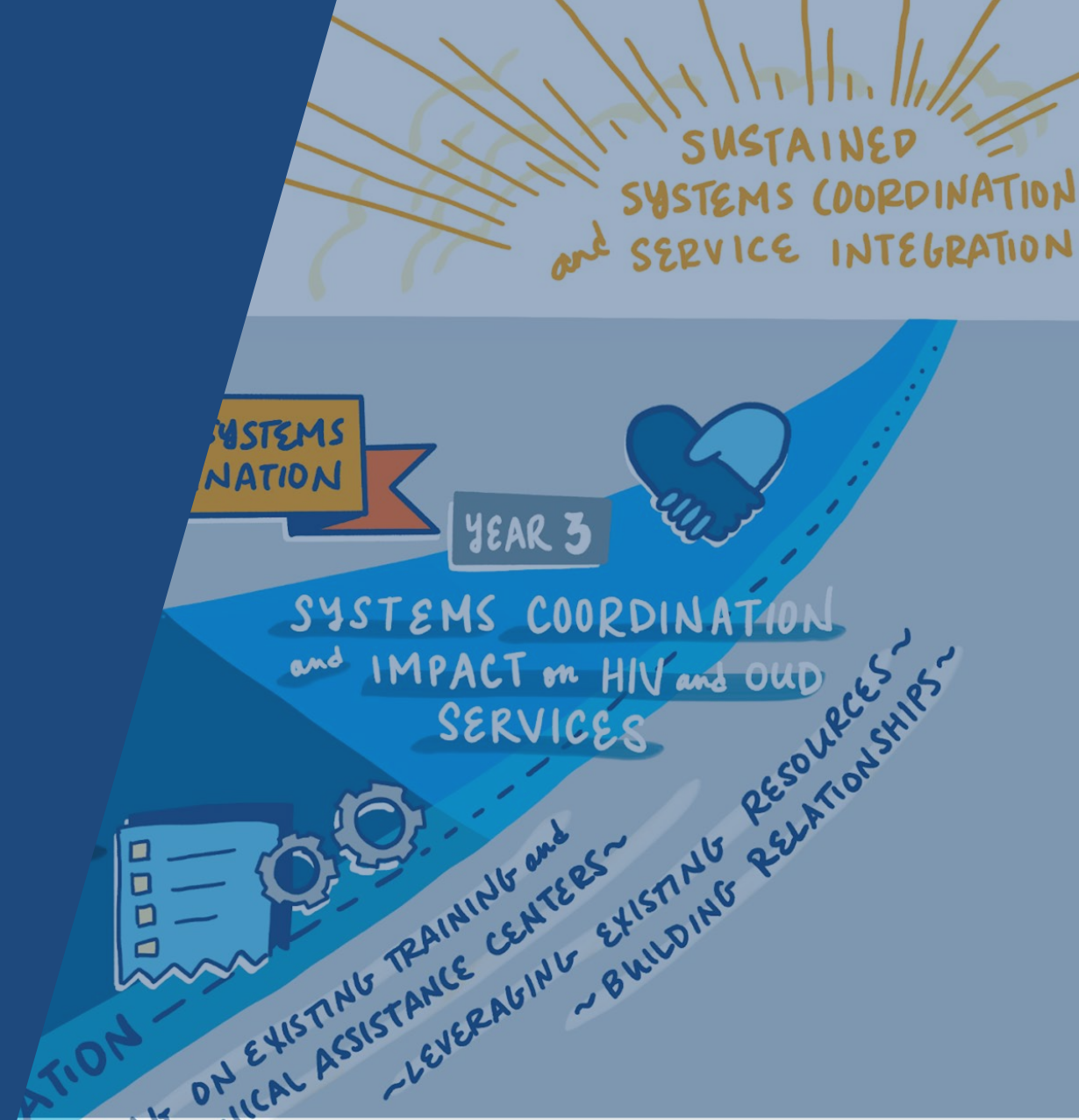
- **Client-level:**

- Lack of available **indicators** addressing the intersection of HIV and OUD across states
- Lack of direct/measurable **attribution** to health outcomes

Short project timeframe: 3 years may not be enough to see change in medium to long-term outcomes

COVID-19: competing priorities, health department staff reassignment

PROJECT EVALUATION METHODS



EVALUATION QUESTIONS

Goal: assess the system-level impact of collaboration and coordination of HIV and OUD systems of care

24 indicators

1. How has **collaboration and/or coordination** among HIV and OUD-related state stakeholders changed over the course of the SSC project (e.g., changes in policies, practices, referral networks, cross-sector coordination mechanisms)?
2. To what extent have states identified and **leveraged resources** between the RWHAP and entities funded to respond to the opioid crisis at the federal, state, and local levels?
3. What is the perceived effectiveness (benefits and limitations) of the **technical assistance** provided in response to identified needs in each state?
4. What has the **impact of the initiative been on people with HIV and OUD** in each of the nine participating states, in terms of access to, use of, and retention in care and health outcomes?

Methods

METHOD	RELATED EVALUATION QUESTION	TYPE	DATA COLLECTION TIMING
(1) TA activity tracking	1. Collaboration 2. Resource leveraging 3. TA effectiveness	Mixed	Ongoing
(2) TA and Resources Assessment	1. Collaboration 2. Resource leveraging 3. TA effectiveness	Mixed	Endline
(3) System Coordination Tool	1. Collaboration 2. Resource leveraging	Qualitative	Baseline, Endline
(4) State-level data (secondary analysis, GIS)	4. Impact on PWHIV/ODU	Quantitative	Baseline, Endline
(5) State Strategies in Action	1, 2, 3, 4	Qualitative	Ongoing

(1) TA Activity Tracking

SEPTEMBER 2019 - FEBRUARY 2021

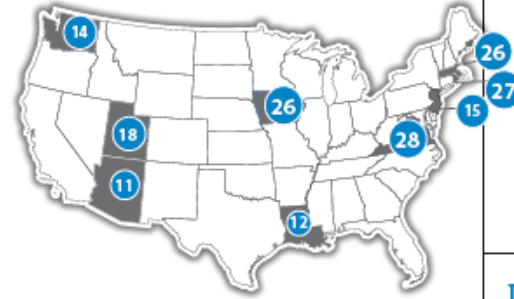
YEAR 2/SIX MONTH EVALUATION SUMMARY



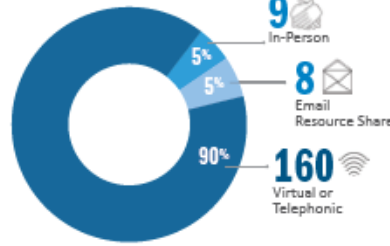
The JSI/NASTAD Strengthening Systems of Care for People with HIV & Opioid Use Disorder project provides technical assistance (TA) to nine states to enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program recipients and other federal, state, and local entities. This evaluation summary describes activities completed during the first year and a half of the project (September 2019 to February 2021) overall and by state.

TA ENGAGEMENTS

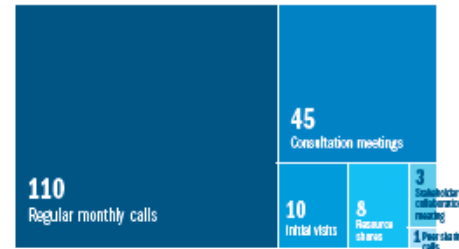
TA ENGAGEMENTS BY STATE n=177



TA ENGAGEMENTS BY MODALITY n=177



TA ENGAGEMENTS BY TYPE n=177



TA ENGAGEMENTS BY THEME

1. Partners
2. Service provision
3. Funding
4. SSPs/Harm Reduction
5. Policies/Legislation and Data

CROSS-STATE WEBINARS

5 webinars completed

116 attendees (all states represented)

95% reported that the objectives were mostly or fully met



WEBINAR COMPANION GUIDES

Starting in 2021, the project created and distributed webinar companion guides to all registered participants.

- Each guide includes:
- speakers bios
 - slides
 - discussion questions
 - additional resources

STATE-BY-STATE

ARIZONA	IOWA	LOUISIANA
11 total engagements 6 regular monthly calls 4 additional planning calls 1 initial visit	26 total engagements 12 regular monthly calls 8 additional planning calls 3 resource share 1 initial visit	12 total engagements 10 regular monthly calls 1 additional planning calls 1 initial visit
MASSACHUSETTS	NEW JERSEY	RHODE ISLAND
26 total engagements 13 regular monthly calls 8 additional planning calls 3 initial visit	15 total engagements 13 regular monthly calls 1 initial visit 1 initial visit	27 total engagements 12 regular monthly calls 14 additional planning calls 1 initial visit
UTAH	VIRGINIA	WASHINGTON
18 total engagements 16 regular monthly calls 1 additional planning calls 1 initial visit	28 total engagements 15 regular monthly calls 9 additional planning calls 3 resource share 1 initial visit	14 total engagements 11 regular monthly calls 3 additional planning calls

COMMUNICATION & DISSEMINATION

SSC.JSI.COM

Launched in January, 2021, the project website hosts a resource library, webinar and newsletter archives, podcasts and many more products and resources.



4,426
Page views

66
Resource downloads

CONNECTING CARE PODCAST

This monthly podcast, launched in January, brings together our Boston Medical Center clinical partners who share their experiences on the frontlines providing integrated HIV and Opioid Use services.



2
Podcasts released in January & February

121
listens/downloads

MONTHLY NEWSLETTER REACH

The project initiated a regular email newsletter in 2021. Each monthly email includes a featured resource, a new tool, and a link to the month's podcast recording.


2
Email newsletters sent, excluding emails to promote webinars, in January & February

193
Newsletter subscribers

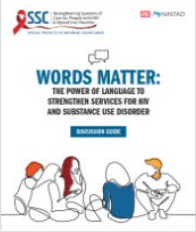
41%
Open rate

TRACKING SSC RESOURCES


Resources and Tools



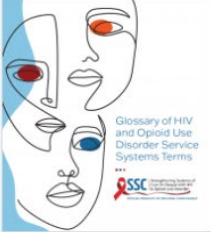
State Strategies in Action: Building Relationships with Your State Medicaid Agency to Support Peer Services Case Study



Words Matter: The Power of Language to Strengthen Services for HIV and Substance Use Disorder Toolkit



Interrupting Stigma: A Conceptual Map Depicting Stigma Pathways & Intervening Strategies at the Intersection of HIV and Opioid Use Disorder Toolkit



Glossary of HIV and Opioid Use Disorder Service Systems Terms

RESOURCE FILTERS Reset

Apply

Resource Type

- Publication/Report (21)
- Podcast (15)
- Toolkit (11)
- Presentation (8)

Episode 15: Pathways to Care: Improving Methadone Access Under Existing Regulations

April 28, 2022

Methadone can be a life-changing treatment option for people with opioid use disorder. However, a number of federal and state regulations and logistical requirements can inhibit a person's ability to start and/or maintain methadone treatment.

People First: Fostering Collaborative Language at the Intersections of HIV, Substance Use, and Incarceration

April 28, 2022

Language is foundational to how we understand and interact with ourselves and others. Unclear language can lead to confusion and inefficiencies, while stigmatizing and prejudicial language leads to harmful practices and dehumanizes people.

Supplement 2 2022: Global Opioid Crisis

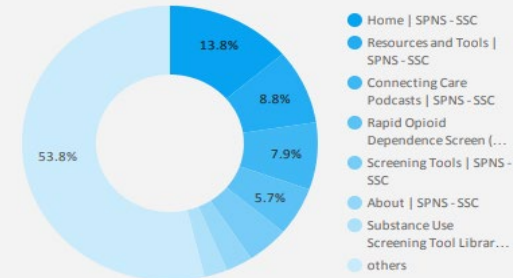


Feb 17, 2021 - Jun 9, 2022

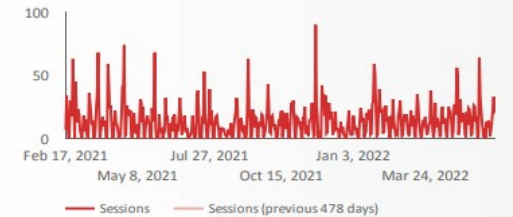
Website Summary

Users	New Users	Sessions	Pageviews	Time on Page	Bounce Rate
3,307	3,327	6,477	20,610	355:02:18	46.5%
No data	No data	No data	No data	No data	No data

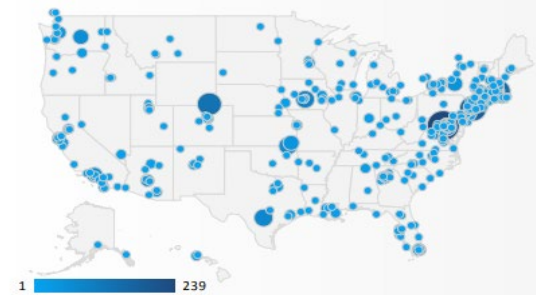
Which pages are popular?



How are site sessions trending?



Where are users from?



Page Title	Page	Pageviews
1. Home SPNS - SSC	/	2,824
2. Resources and Tools SPNS - S...	/resources	1,760
3. Connecting Care Podcasts SP...	/resources/p...	1,596
4. Rapid Opioid Dependence Scre...	/resources/s...	1,145
5. About SPNS - SSC	/about	603
6. Glossary of HIV and OUD Term...	/resources/gl...	474
7. Substance Use Screening Tool L...	/resources/s...	461
8. Words Matter: The Power of L...	/resources/w...	447

What are users searching on the site?

Search Term	Search Destination Page	Pageviews
21. Hialeah Gardens		25
22. Atlanta		1,410
23. Philadelphia		127



(2) TA & RESOURCES ASSESSMENT

- **When:** Endline (Y3)
- **Who:** State teams and TA leads
- **Why:** Assessment of satisfaction and utility of TA and resources provided
- **How:** Online survey



(3) SYSTEM COORDINATION TOOL



Systems Coordination Tool for HIV and Opioid Use Disorder

UTAH RESULTS

Meeting Details: 8/19/2020, 1 pm - 2:30 pm EST

The Utah core team met via Zoom on 8/19/2020 to complete the Systems Coordination Tool (SCT). Three core team members from the UT Department of Health (DoH) and one member from the UT Division of Substance Abuse and Mental Health participated, with two representatives each from the HIV and Behavioral Health perspectives/background areas. Prior to the meeting, team members received a copy of the SCT on 7/31/2020 for review and were encouraged to determine their preliminary answers ahead of time.

During the call, the JSI/NASTAD team presented each item and corresponding scale from the SCT on a separate slide. Following any clarifying questions, core team members submitted their response (1 through 4) using a Zoom poll. After receiving all responses, the JSI/NASTAD team presented results of the poll and invited team members to discuss responses in order to reach a group consensus and shared understanding. JSI/NASTAD team members took notes on the discussion. During the first meeting, the group completed all 12 items of the SCT.

Following the meeting, participants were asked to share their thoughts on the SCT process. Overall, the group felt favorably towards the SCT administration, agreeing that the process and discussion was effective and engaging, one member of the group noted that it was helpful to discuss each topic specifically and hear perspectives from different areas/state divisions. Another member of the group noted that the discussion helped solidify many ideas that have been discussed in previous conversations, and will help orient the group for future conversations.

Meeting Participants:

Name	Organization/Focus Area	Role/Title
Heather Bush	UT DoH (Behavioral Health)	Viral Hepatitis Prevention Coordinator
Tyler Fisher	UT DoH (HIV)	Ryan White Part B Client Services Manager (ADAP)
Seyha Ros	UT DoH (HIV)	Ryan White Part B Administrator
VaRonica Little	UT Division of Substance Abuse and Mental Health (Behavioral Health)	Division of Substance Abuse and Mental Health
Jennifer Flannagan	NASTAD	TA Provider
Naima Cozier	JSI	TA provider
Natalie Spitzer	JSI	Evaluation team
Deirdre Rogers	JSI	Evaluation team

	Low	Medium-Low	Medium-High	High
1. Documented goals and objectives that address coordination of HIV and OUD resources	<input type="checkbox"/> 1 Specific goals or objectives for the coordination of HIV and OUD resources have not been identified	<input type="checkbox"/> 2 Specific goals or objectives for the coordination of HIV and OUD resources have been identified and discussed by state leadership, but are not finalized	<input checked="" type="checkbox"/> 3 There are specific, documented goals or objectives for the coordination of HIV and OUD resources, but they are not well known across state partners and/or not being implemented or used for decision making	<input type="checkbox"/> 4 There are specific, documented goals or objectives agreed upon by state leadership that address coordination of HIV and OUD resources that are known across state partners and are being implemented and used for decision-making
	Notes: Zoom poll results: Low (N=0); Medium-low (N=1); Medium-high (N=3); High (N=0). Most members of the group expressed some difficulty choosing between medium-low and medium high for this indicator. While the state has generated some general goals, ideas, direction, and momentum around coordination of HIV and OUD resources, coordination and communication of these goals across divisions still needs to take place. Team members discussed the lack of specific projects being planned or underway that are related to the existing goals. The group agreed that there was room for the state to create more specific goals and ensure a coordinated understanding and effort around the goals across HIV and OUD. Finally, the group discussed how the state has been working since February (through the SPNS project efforts) to make progress on defining specific goals and objectives.			
2. Coordination of HIV and OUD program staff	<input type="checkbox"/> 1 There are no designated points of contact within HIV and OUD programs to ensure coordinated planning, monitoring, and/or evaluation	<input checked="" type="checkbox"/> 2 The state is working to identify a designated staff person(s) within HIV and OUD programs to ensure coordinated planning, monitoring, and/or evaluation	<input type="checkbox"/> 3 There is a designated staff person(s) to ensure coordinated planning, monitoring, and/or evaluation across HIV and OUD programs, but this position is not widely known or adequately resourced as intended across the programs	<input type="checkbox"/> 4 There is a designated staff person(s) to ensure coordinated planning, monitoring, and/or evaluation across HIV and OUD programs, and this position is widely known and resourced as intended across programs
	Notes: Zoom poll results: Low (N=0); Medium-low (N=3); Medium-high (N=1); High (N=0). The group noted that while there is not currently a designated staff person to coordinate between HIV and OUD programs, they are working to formally hire a harm reduction specialist within the HCV program whose role will be to coordinate between HIV, Hepatitis, and overdose prevention programs. Group members noted that others on the call have informally served a similar role and have been having similar conversations for a while now, but have continued to face the challenge of coordination across communicable disease and substance use. One group member noted that the nature of the OUD program makes it challenging to hire such a position because of different OUD treatment funding streams, regulations, and programmatic requirements for each OUD program, especially when working with publically funded residential programs and methadone programs.			

	Low	Medium-Low	Medium-High	High
3. Engagement of and communication across other state stakeholders / programs (e.g., viral hepatitis, mental health, housing, Medicaid), with the objective to integrate HIV and OUD services	<input type="checkbox"/> 1 Other state programs/ leadership have not been engaged in decisions or planning for coordination/integration of HIV and OUD services	<input checked="" type="checkbox"/> 2 Other state programs/leadership have been occasionally and/or informally engaged in decisions or planning for coordination/integration of HIV and OUD services	<input type="checkbox"/> 3 A formal communication mechanism is in place to facilitate continuous communication across other state programs/ leadership, but these partners are not regularly engaged in decisions or planning for coordination/integration of HIV and OUD services	<input type="checkbox"/> 4 A formal communication mechanism is in place to facilitate consistent and continuous communication across other state system programs/leadership; these partners are routinely engaged in decisions or planning for coordination/integration of HIV and OUD services
	Notes: Zoom poll results: Low (N=1); Medium-low (N=3); Medium-high (N=0); High (N=0). The group noted that some occasional and informal communication and by-in across other state stakeholders, leadership, and programs was happening, but has since stopped following leadership turnover and staffing and priority changes due to COVID-19. The group discussed how it would be possible to assign different scores for this item depending on the program (viral hepatitis, mental health, housing, and Medicaid), noting that engagement/communication is high for Hepatitis programs, but low for Medicaid. COVID-19 has also complicated engagement and communication; one group member noted that getting buy-in from mental health programs to coordinate on issues related to HIV during the time of COVID-19 is difficult. Concerning Medicaid, the group noted that Utah is one of the slowest in terms of Medicaid expansion and it has thus been confusing and difficult for programs and providers to coordinate with Medicaid.			
4. Involvement of people directly affected by HIV and/or OUD	<input type="checkbox"/> 1 People directly affected by HIV and/or OUD are not engaged in decisions or planning to coordinate systems of care, including HIV and OUD services	<input checked="" type="checkbox"/> 2 People directly affected by HIV and/or OUD are informally and/or sporadically engaged in decisions or planning to coordinate systems of care, including HIV and OUD services	<input type="checkbox"/> 3 People directly affected by HIV and/or OUD are formally engaged in decisions and planning to coordinate systems of care, including HIV and OUD services, but engagements are not routine	<input type="checkbox"/> 4 People directly affected by HIV and/or OUD are formally and routinely/systematically engaged in decisions and planning to coordinate systems of care, including HIV and OUD services
	Notes: Zoom poll results: Low (N=1); Medium-low (N=2); Medium-high (N=1); High (N=0). On the OUD side, one group member noted that while they always try to engage people with lived OUD experience at the program level, it is very challenging to maintain solid engagement as they "move up" (i.e. as part of planning and coordination at the systems level). While there is some representation from OUD peer recovery coaches/specialists, there are even fewer voices from people actively using. From the HIV perspective, the group noted that there has been better engagement of people with HIV in the HIV planning group than ever before, although there is still work to be done on collecting and operationalizing the information learned from their voices. One group member noted that they recently introduced a new community advisory committee that brings the voices of people with HIV to the decision making process. The group agreed that more representation from people with lived experience involved in planning and decision-making processes would be beneficial, especially among those with both HIV and OUD.			



(4) IMPACT ON PEOPLE WITH HIV AND OUD

People with...

1. % OUD tested for HIV*
 2. % OUD linked to HIV care
 3. % HIV screened for OUD*
 4. % HIV documented as using opioids*
 5. % HIV linked to OUD & mental health care, treatment, and recovery services*
 6. % HIV and OUD retained in HIV care*
 7. % HIV and OUD virally suppressed*
-
8. # and type of providers able to administer medication for addiction treatment (MAT)/buprenorphine
 9. Opioid-related overdose deaths, overall and among people living with HIV

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

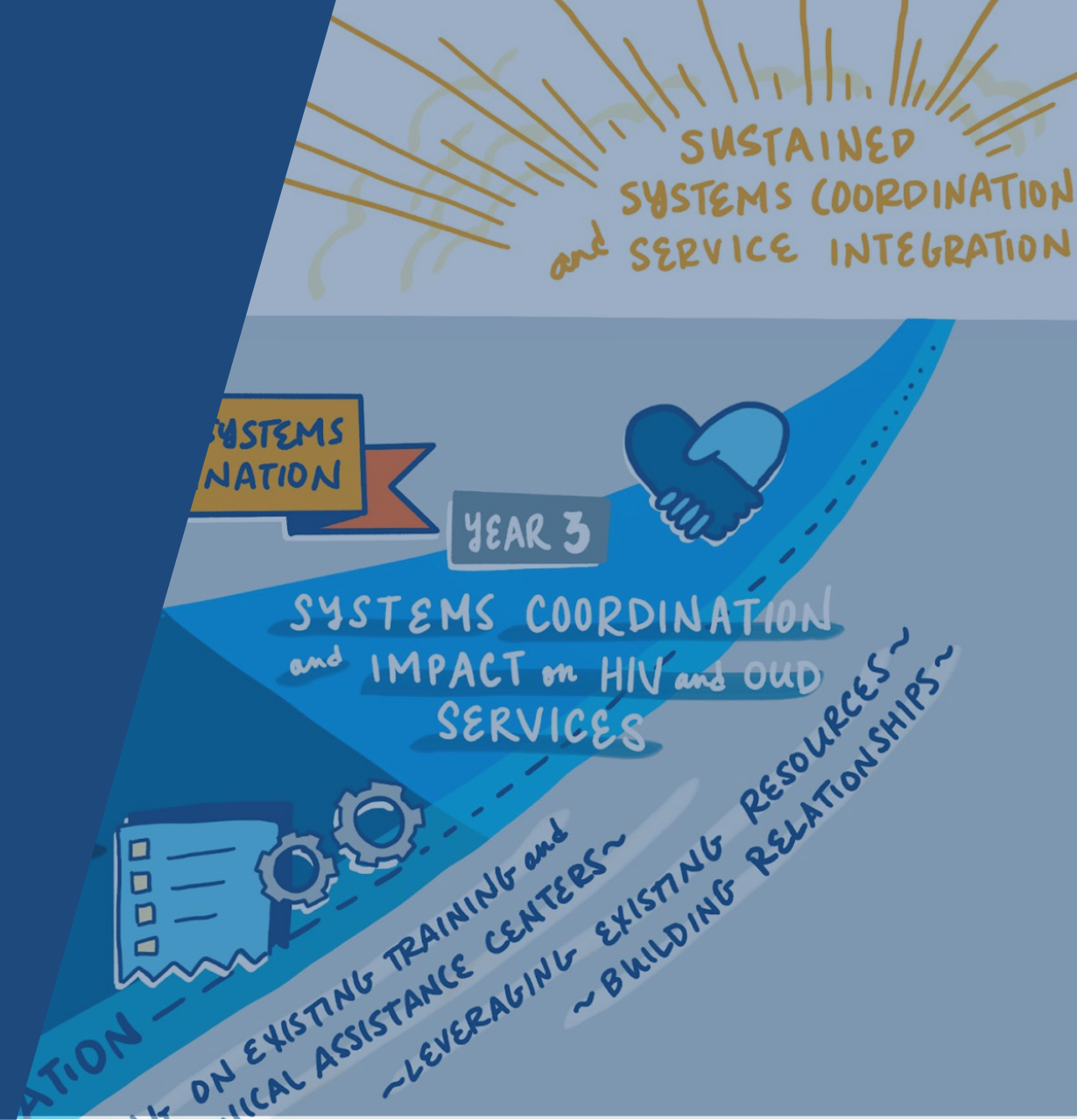
SERVICE DELIVERY / WORKFORCE DEVELOPMENT / HEALTH EQUITY

- 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

EVALUATION FINDINGS



Evaluation Questions 1 & 2

STATE ACTIVITIES AND FINDINGS BY SYSTEMS STRENGTHENING THEME



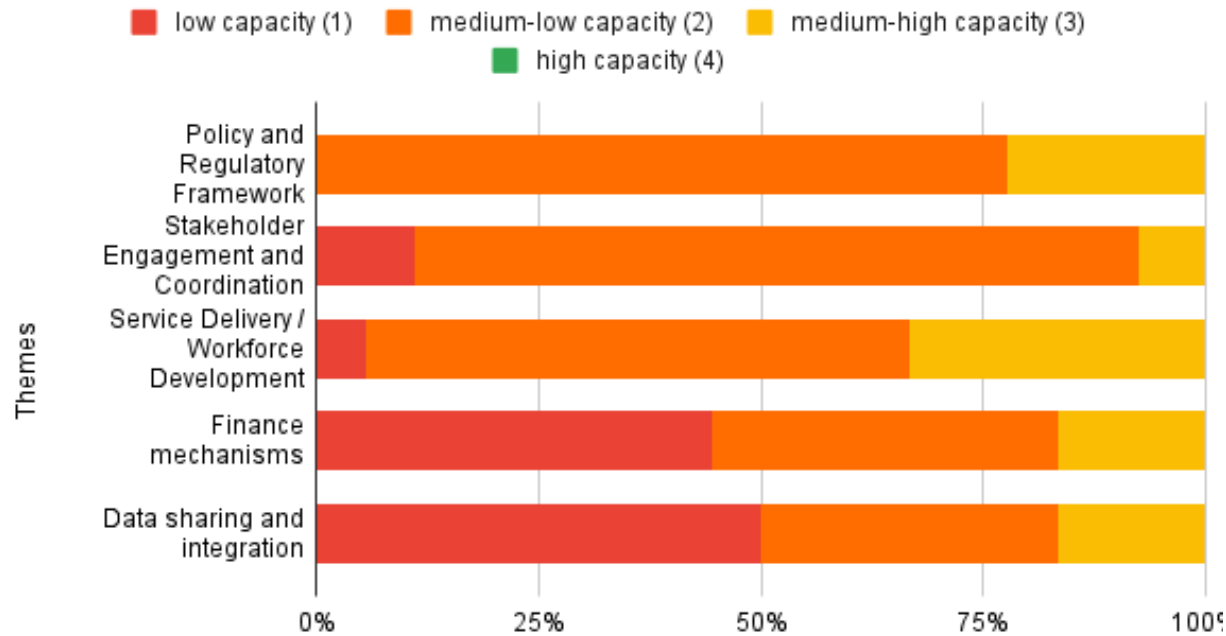
EVALUATION QUESTIONS

24 indicators

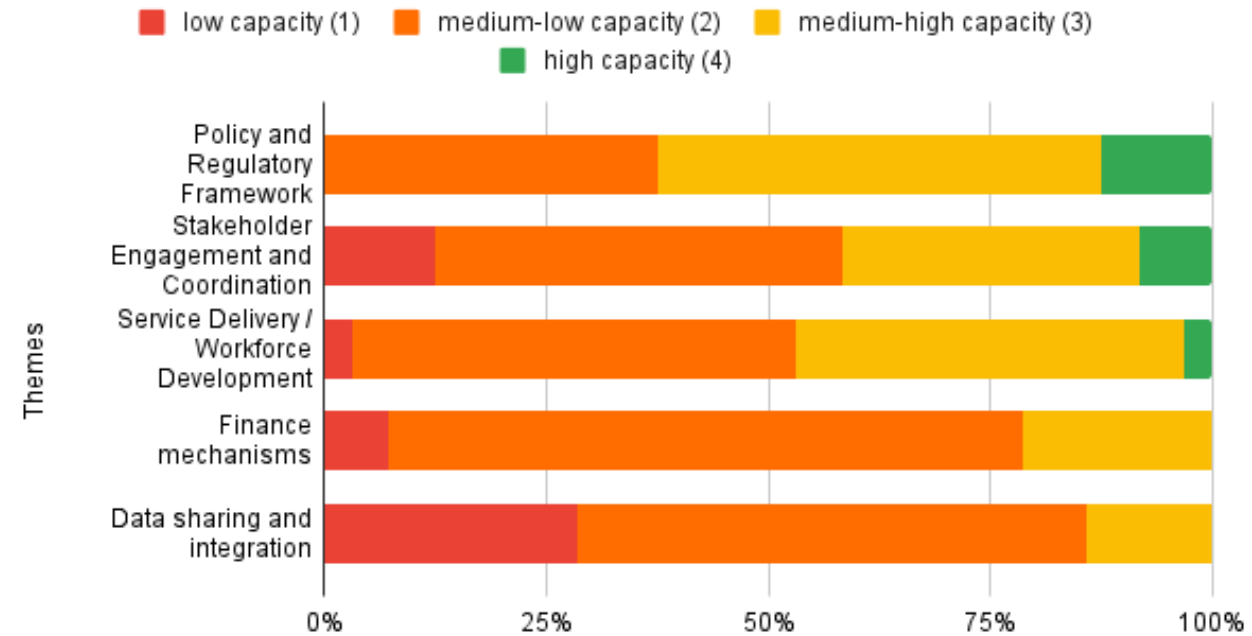
1. How has **collaboration and/or coordination** among HIV and OUD-related state stakeholders changed over the course of the SSC project (e.g., changes in policies, practices, referral networks, cross-sector coordination mechanisms)?
2. To what extent have states identified and **leveraged resources** between the RWHAP and entities funded to respond to the opioid crisis at the federal, state, and local levels?
3. What is the perceived effectiveness (benefits and limitations) of the **technical assistance** provided in response to identified needs in each state?
4. What has the **impact of the initiative been on people with HIV and OUD** in each of the nine participating states, in terms of access to, use of, and retention in care and health outcomes?

SCT SCORES Y1 TO Y3 *(preliminary)*

SCT Scores: Baseline, 9 states

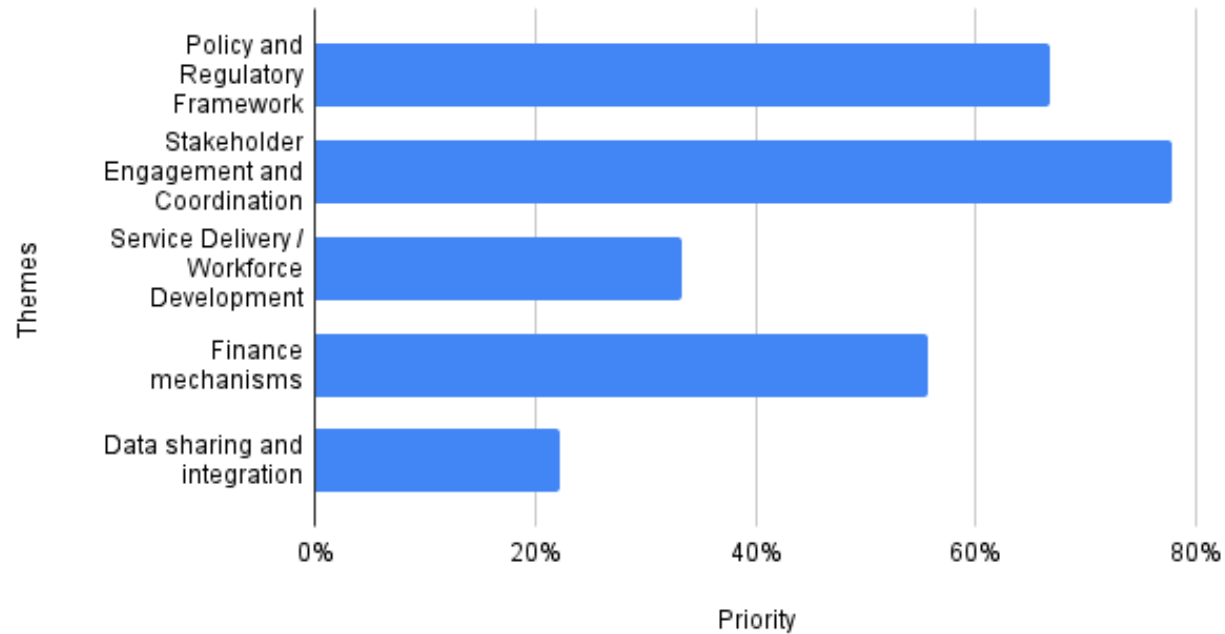


SCT Scores: Endline, 8 states

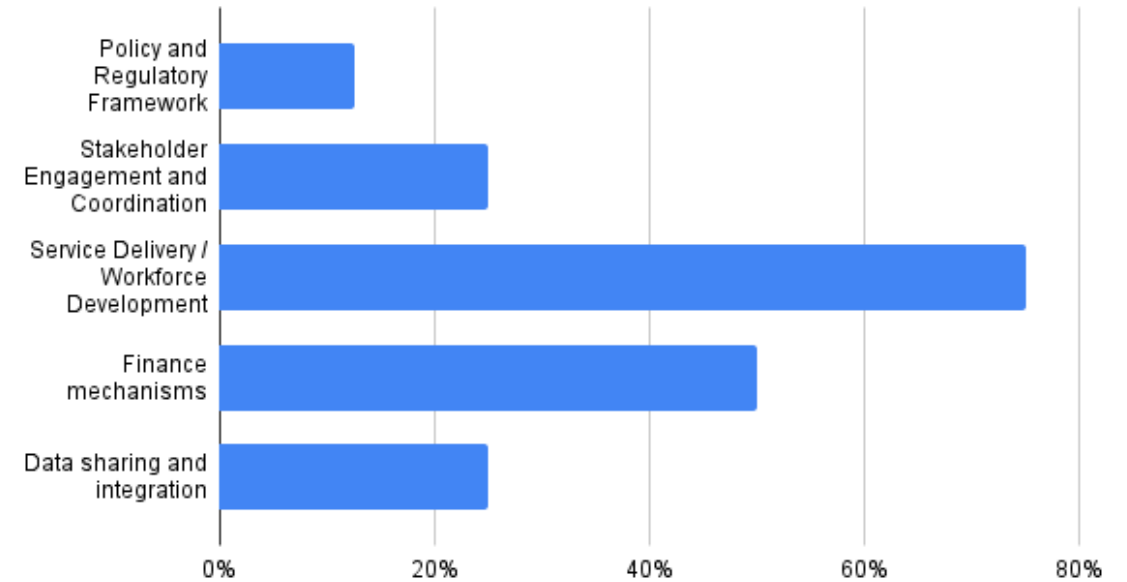


SCT PRIORITIES Y1 VS. Y3 *(preliminary)*

SCT Priorities: Baseline, 9 states



SCT Priorities: Endline, 8 states



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/ODU 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)

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

Evaluation Question 3

TECHNICAL ASSISTANCE AND CROSS-SITE RESOURCES



EVALUATION QUESTIONS

24 indicators

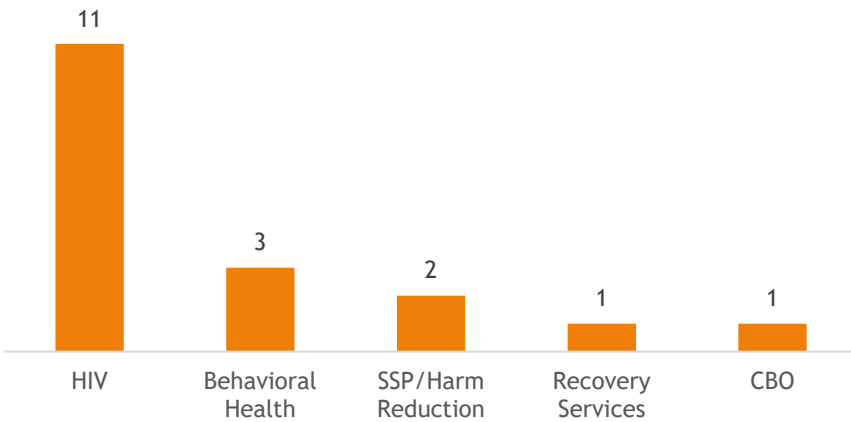
1. How has **collaboration and/or coordination** among HIV and OUD-related state stakeholders changed over the course of the SSC project (e.g., changes in policies, practices, referral networks, cross-sector coordination mechanisms)?
2. To what extent have states identified and **leveraged resources** between the RWHAP and entities funded to respond to the opioid crisis at the federal, state, and local levels?
3. What is the perceived effectiveness (benefits and limitations) of the **technical assistance** provided in response to identified needs in each state?
4. What has the **impact of the initiative been on people with HIV and OUD** in each of the nine participating states, in terms of access to, use of, and retention in care and health outcomes?

TA AND RESOURCES ASSESSMENT

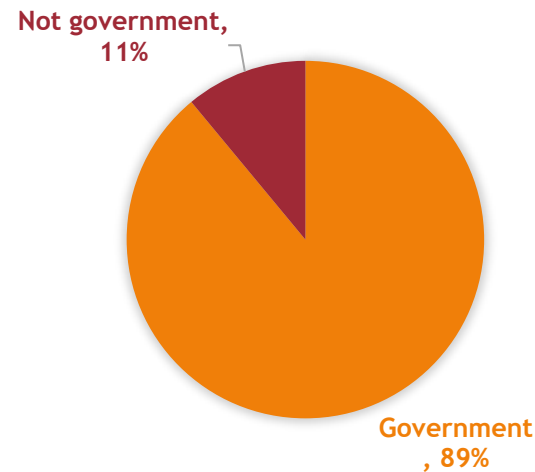
18 respondents

- All 9 states represented
- 89% work in state government
- 61% primary role HIV

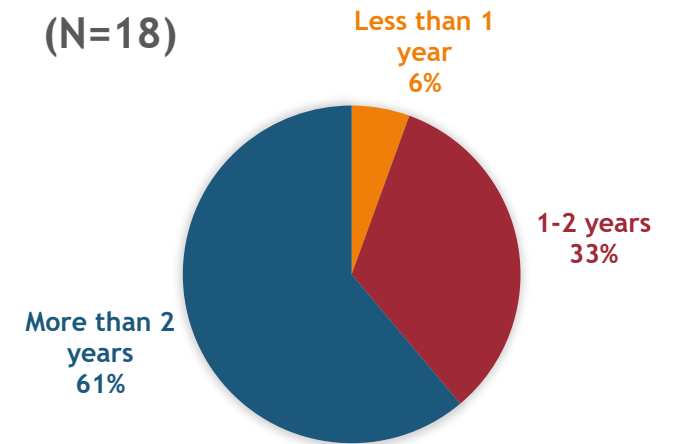
PRIMARY ROLE (N=18)



WORK IN STATE GOVERNMENT



SSC PARTICIPATION (N=18)

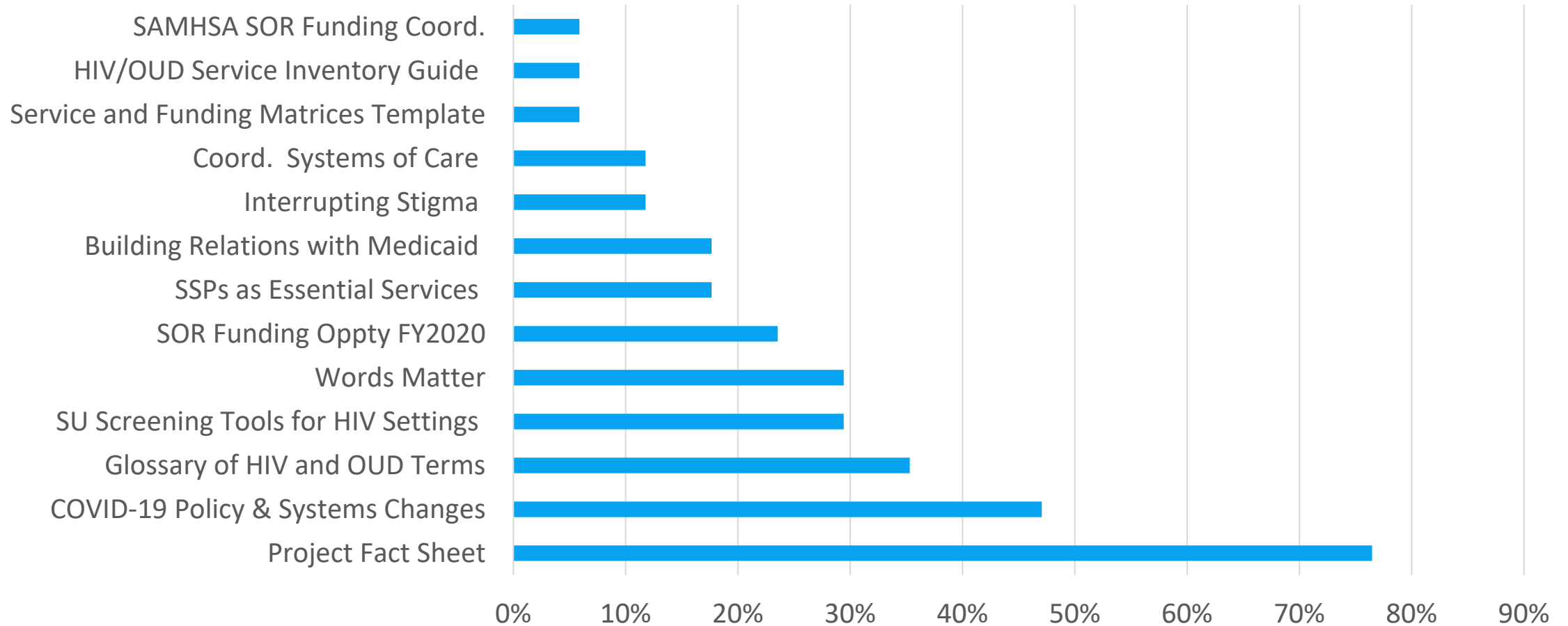


TA AND RESOURCES ASSESSMENT: SATISFACTION WITH TA PROVIDED

- 94% Satisfied/Very Satisfied with
 - JSI/NASTAD facilitation of **TA activities** (e.g., Monthly Conference Calls, Cross-state Webinars) (n=17)
 - State's **TA plan development** (n=17)
 - JSI/NASTAD support in **executing state's TA plan** (n=18)
- 75% Satisfied/Very Satisfied with
 - **Interaction with other states** (cross-state TA) facilitated by the JSI/NASTAD (n=12)

TA AND RESOURCES ASSESSMENT

State Use of Cross-State Resources, April 2022 (n=17)

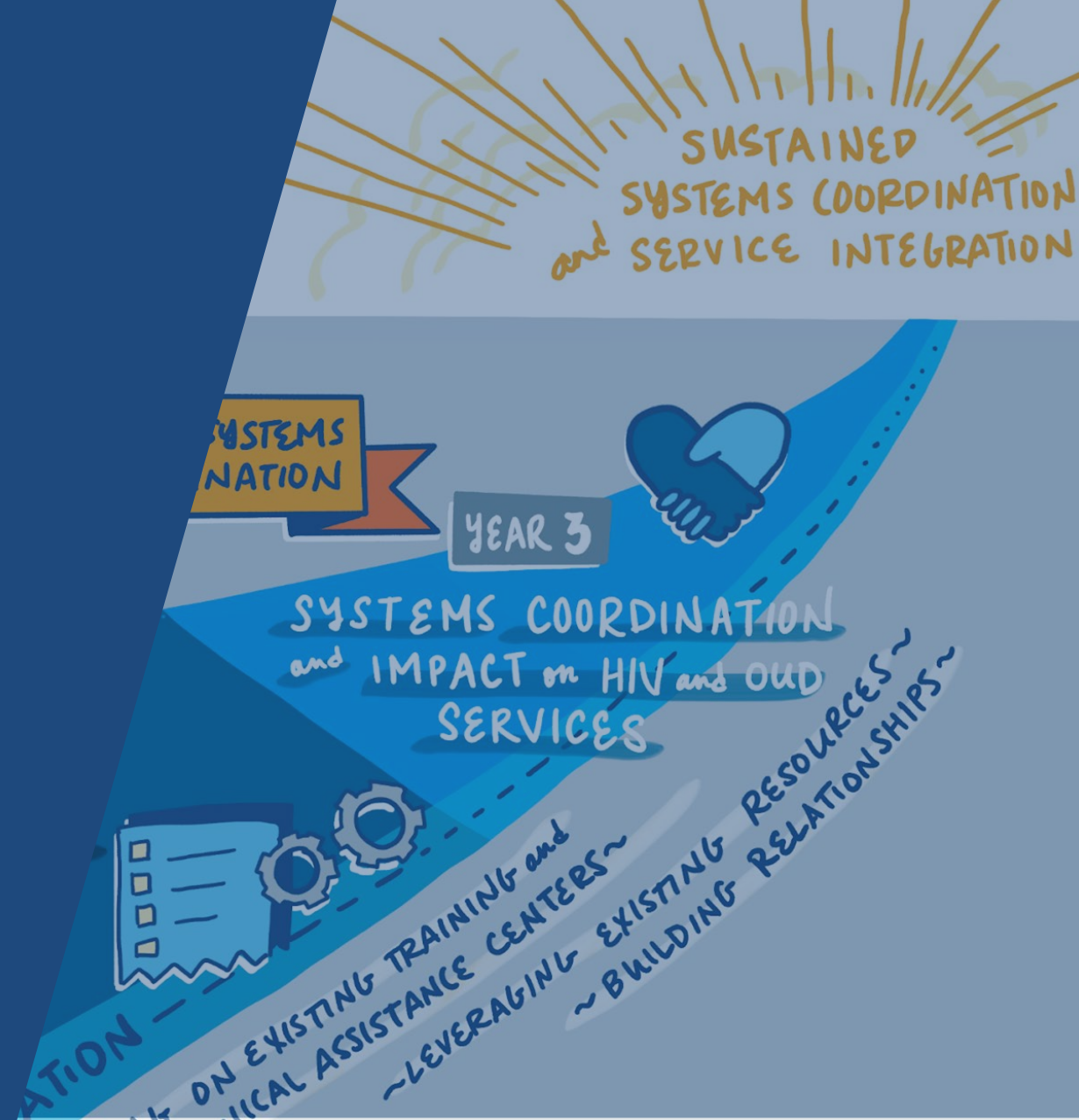


TA TO ENHANCE SYSTEMS COORDINATION: FINDINGS

- Process mapping (**common agenda and shared measurement**)
 - Important 1st step – document roles (HUV, BH, Medicaid, etc.), existing knowledge, attitudes, practices and financing in each system, where services fit into HIV care continuum , program overlaps and gaps
- Tailored approach (**mutually reinforcing activities**)
- Peer-to-peer learning (**continuous communication**)
 - Cross-agency teams benefited from seeing and hearing from cross-agency counterparts in other states about how collaboration works in practice
 - TA and Resources Assessment → state stakeholders wanted more!
- External TA provider can provide catalyst for cross-agency meetings (**backbone organization**)
 - Sustainability plan for engagement once the project ends?
 - Leverage TA and resources from other partners (e.g., AETCs, ATTCs)?

Evaluation Questions 4

IMPACT ON PEOPLE WITH HIV AND OUD



EVALUATION QUESTIONS

24 indicators

1. How has **collaboration and/or coordination** among HIV and OUD-related state stakeholders changed over the course of the SSC project (e.g., changes in policies, practices, referral networks, cross-sector coordination mechanisms)?
2. To what extent have states identified and **leveraged resources** between the RWHAP and entities funded to respond to the opioid crisis at the federal, state, and local levels?
3. What is the perceived effectiveness (benefits and limitations) of the **technical assistance** provided in response to identified needs in each state?
4. What has the **impact of the initiative been on people with HIV and OUD** in each of the nine participating states, in terms of access to, use of, and retention in care and health outcomes?

IMPACT ON PEOPLE WITH HIV AND OUD

People with...

1. % OUD tested for HIV*
2. % OUD linked to HIV care
3. % HIV screened for OUD*
4. % HIV documented as using opioids*
5. % HIV linked to OUD & mental health care, treatment, and recovery services*
6. % HIV and OUD retained in HIV care*
7. % HIV and OUD virally suppressed*

8. # and type of providers able to administer medication for addiction treatment (MAT)/buprenorphine
9. Opioid-related overdose deaths, overall and among people living with HIV

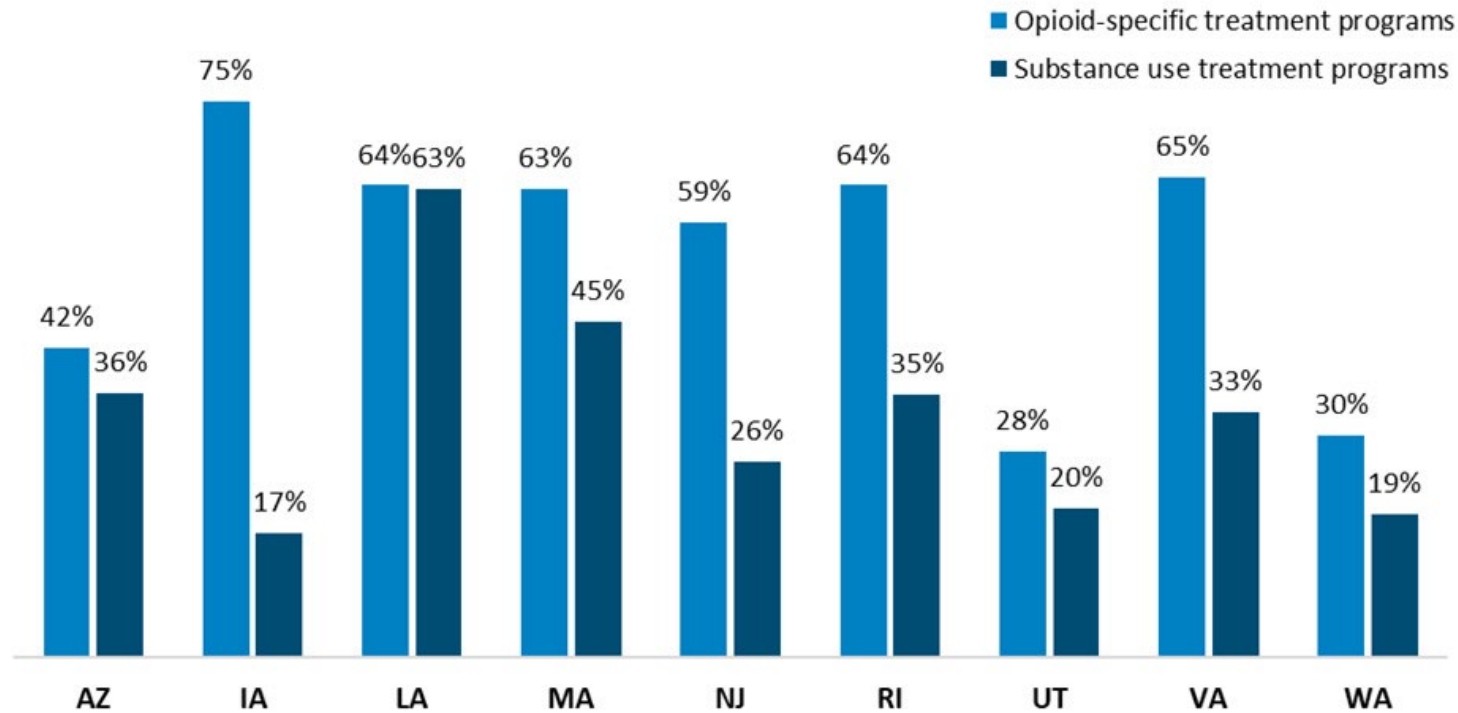
STATE-LEVEL DATA COLLECTION

- Is the measure available?
 - Data source (access restrictions, timing, etc.)
- If not, proxy available?
 - Data source
- How does/would the state use the data?
 - i.e., priority to collect these data

Indicator <i>People with...</i>	Available, no proxy	Proxy needed*	Unavailable/ unknown
...HIV screened for OUD, last 12 months		IA, LA, MA, NJ, VA	AZ, RI, WA
...HIV documented as using opioids, last 12 months	MA	AZ, RI, LA	IA, NJ, VA, WA
...HIV linked to OUD and mental health care, treatment, and recovery services, last 12 months		IA, MA, NJ	AZ, LA, RI, VA, WA
...OUD tested for HIV, last 12 months	RI	IA, LA, MA, VA	AZ, NJ, WA
...OUD linked to HIV care, last 12 months	RI	LA, MA, NJ	AZ, IA, VA, WA
...HIV and OUD retained in HIV care, last 12 months	IA, MA	LA, RI, VA, WA	AZ, NJ
...HIV and OUD who are virally suppressed, last 12 months	IA, MA	LA, NJ, RI, VA	AZ, WA
#/type of providers able to administer MAT/buprenorphine	MA, RI	AZ, LA, NJ, RI VA, WA	
Opioid-related overdose deaths overall	AZ, IA, MA, NJ, RI, VA, WA		
Opioid-related overdose deaths among people with HIV		LA	AZ, IA, MA, NJ, RI, VA, WA

People with OUD tested for HIV* (indicator 4.3)

Substance Use and Opioid-specific Treatment Facilities* that also Provide HIV Testing

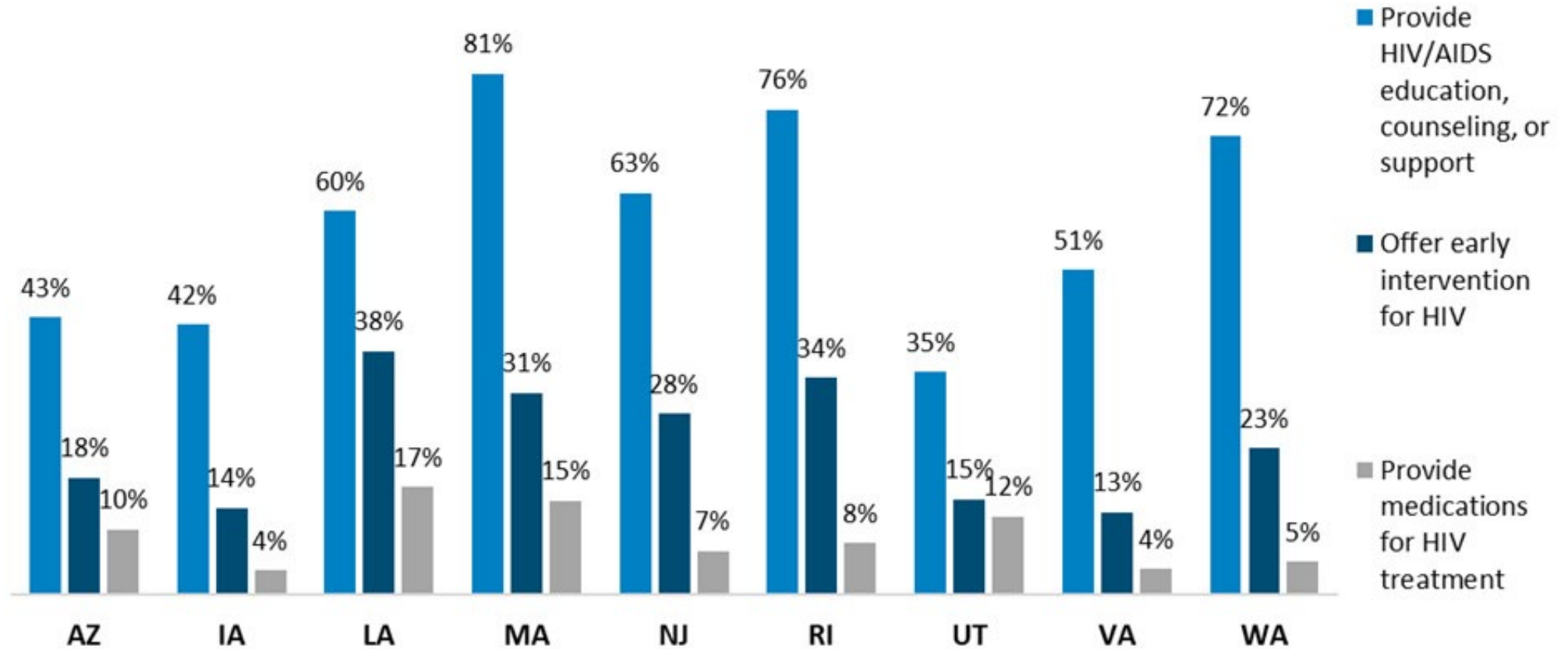


*Opioid treatment program is any facility that provides MAT including the use of methadone, buprenorphine and/or naltrexone for the treatment of opioid use disorder.

Source: National Survey of Substance Abuse Treatment Services (N-SSATS): 2019

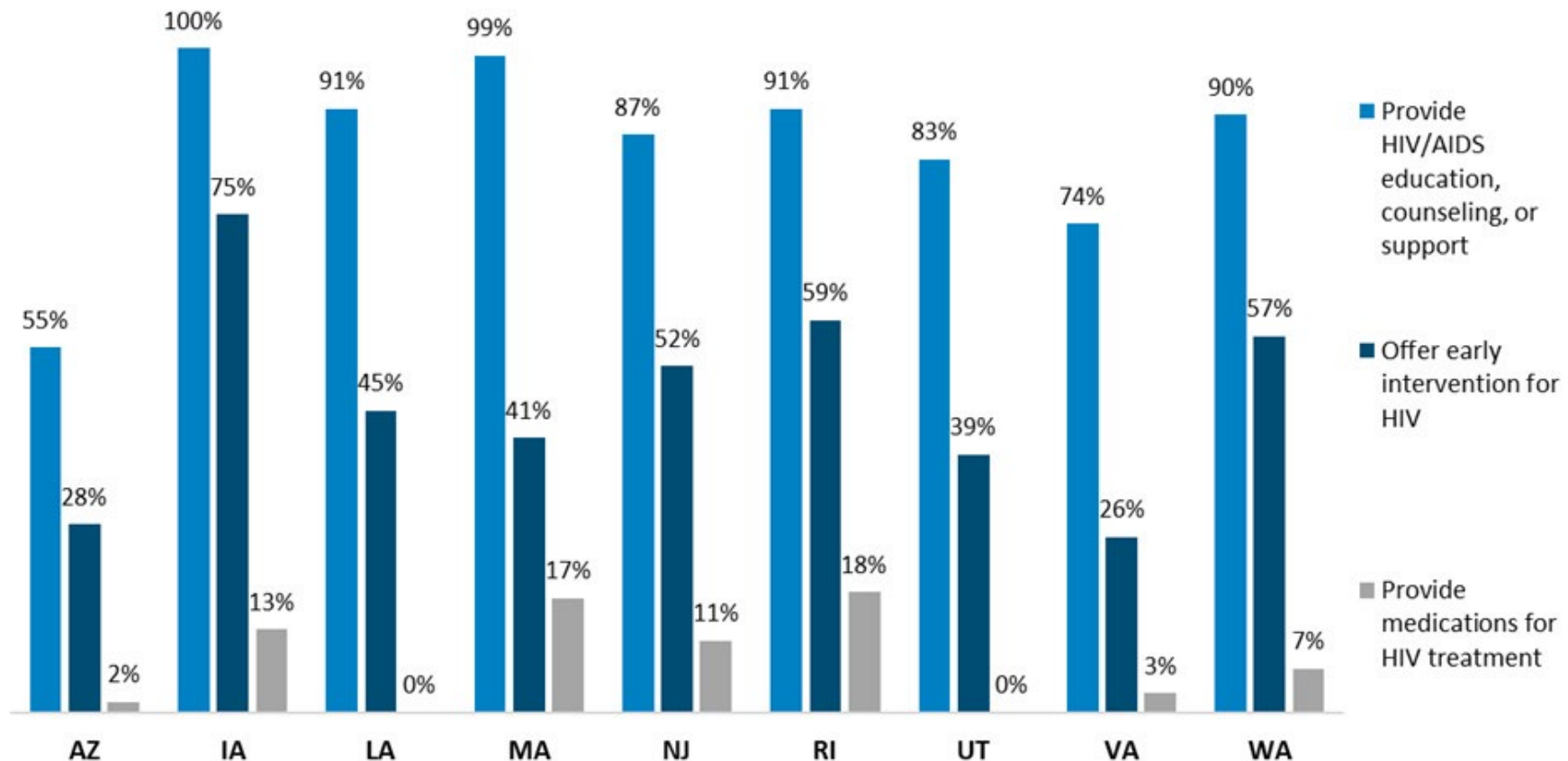
People with OUD linked to HIV care (4.1)

Substance Use Treatment Programs Offering HIV/AIDS-related Services



People with OUD linked to HIV care (4.1)

Opioid-specific Treatment Programs* Offering HIV/AIDS-related Services



*Opioid treatment program is any facility that provides MAT including the use of methadone, buprenorphine and/or naltrexone for the treatment of opioid use disorder.

Source: National Survey of Substance Abuse Treatment Services (N-SSATS): 2019

People with HIV screened for OUD* (4.4)

RWHAP Clients Receiving MAT Prescriptions in the Nine SSC Project States, 2019 HRSA RSR Data

STATE	# OF RWHAP CLIENTS REPORTED IN THE RSR	# OF RWHAP CLIENTS RECEIVING MAT PRESCRIPTIONS
AZ	9,463	3
IA	1,948	2
LA	13,549	112
MA	14,311	479
NJ	16,060	441
RI	2,168	74
UT	1,528	0
VA	10,460	9
WA	9,404	126

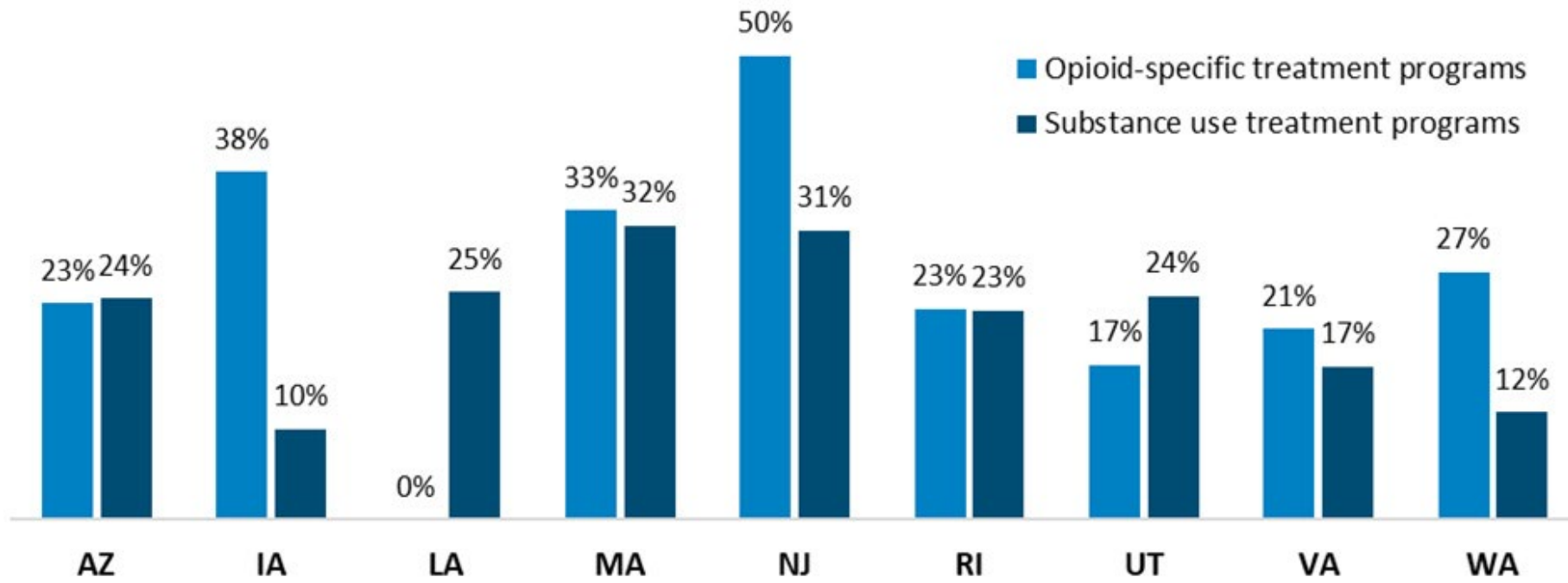
People with HIV documented as using opioids* (4.7)

According to 2018 Virginia Medical Monitoring Project (MMP) data:

- **30%** of MMP respondents reported using non-injection drugs during the past 12 months
- **4%** of respondents reported injection drug use in the past 12 months

People with HIV linked to OUD & mental health care, treatment, and recovery services (4.2)

Substance Use and Opioid-specific Treatment Facilities* Offering Tailored Programs for Clients with HIV/AIDS

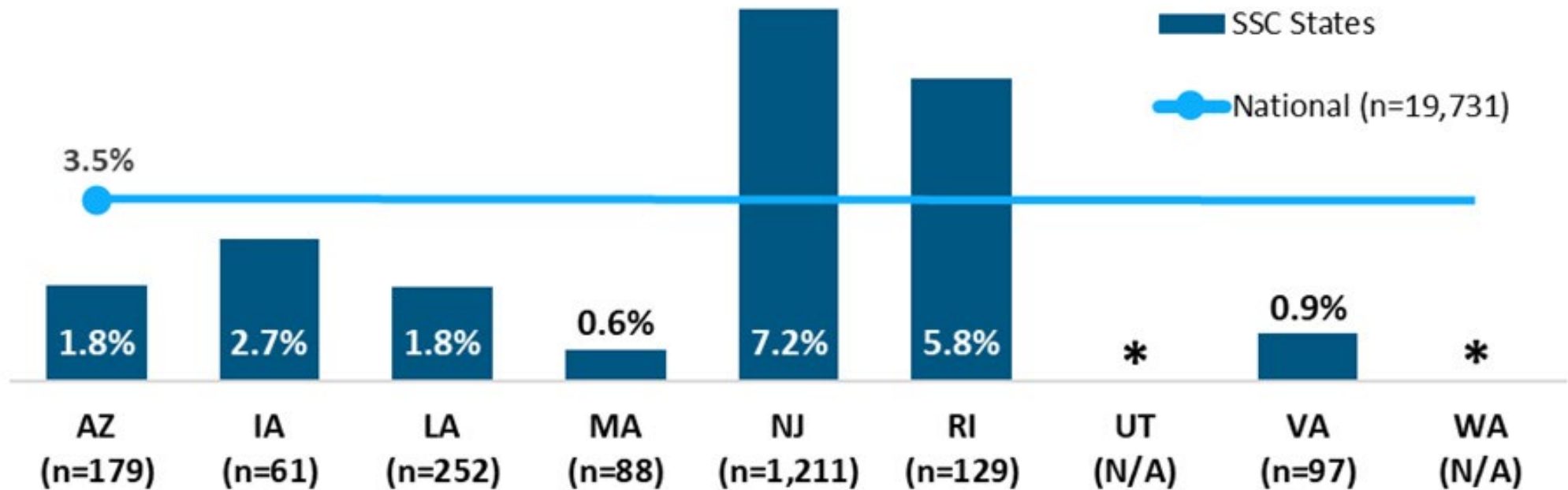


*Opioid treatment program is any facility that provides MAT including the use of methadone, buprenorphine and/or naltrexone for the treatment of opioid use disorder.

Source: National Survey of Substance Abuse Treatment Services (N-SSATS): 2019

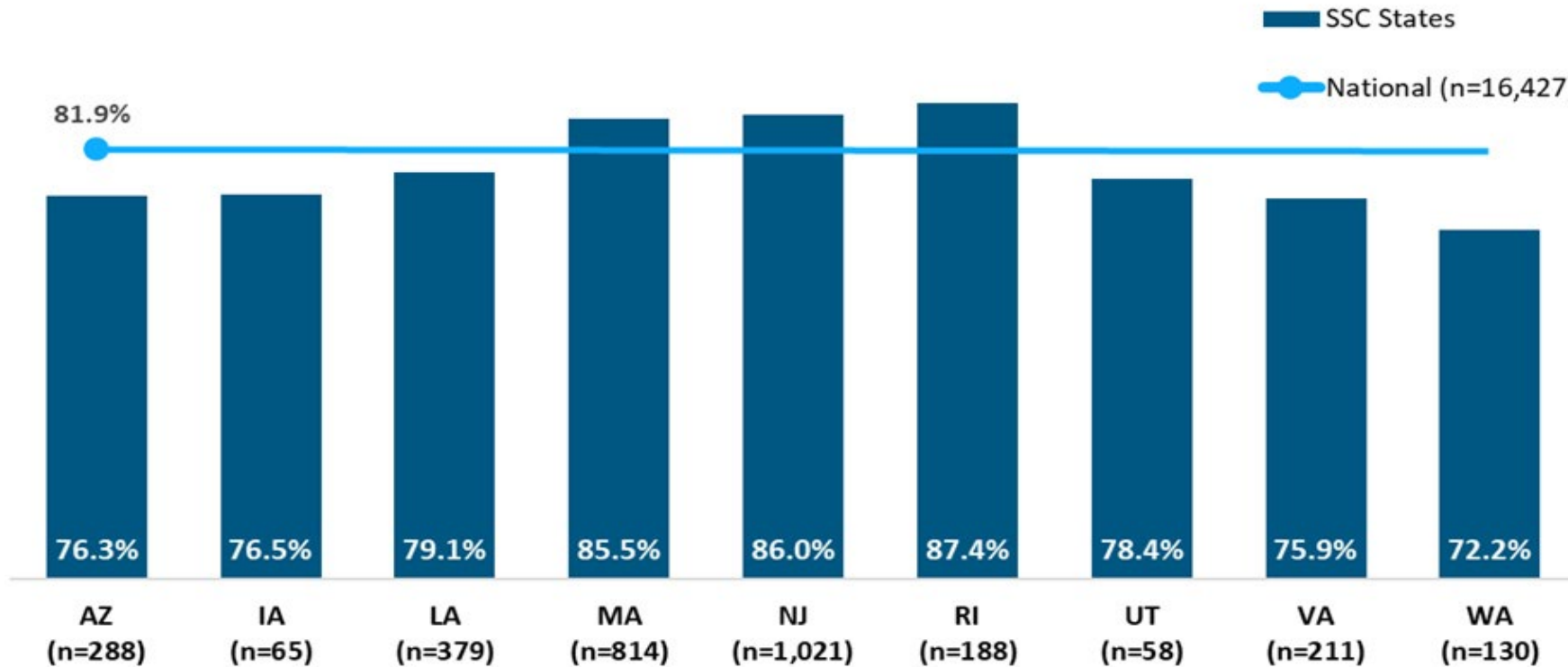
People with HIV linked to OUD & mental health care, treatment, and recovery services (4.2)

RWHAP Clients who Received Substance Use Outpatient Care in 2019



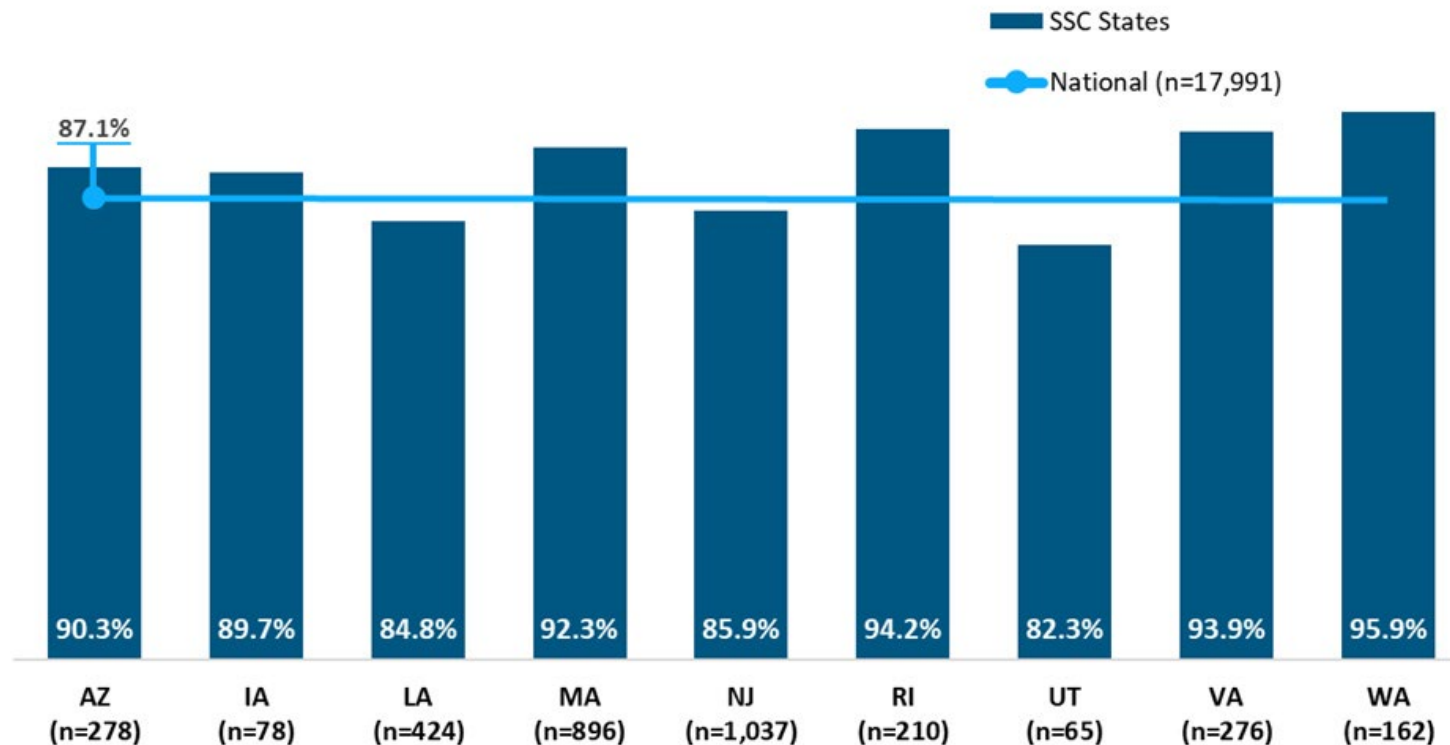
People with HIV and OUD retained in HIV care* (4.5)

Clients with IDU as Transmission Category Retained in Care, 2019 HRSA RSR Data



People with HIV and OUD virally suppressed* (4.6)

RWHAP Clients with IDU as Transmission Category who were Virally Suppressed, 2019 HRSA RSR Data



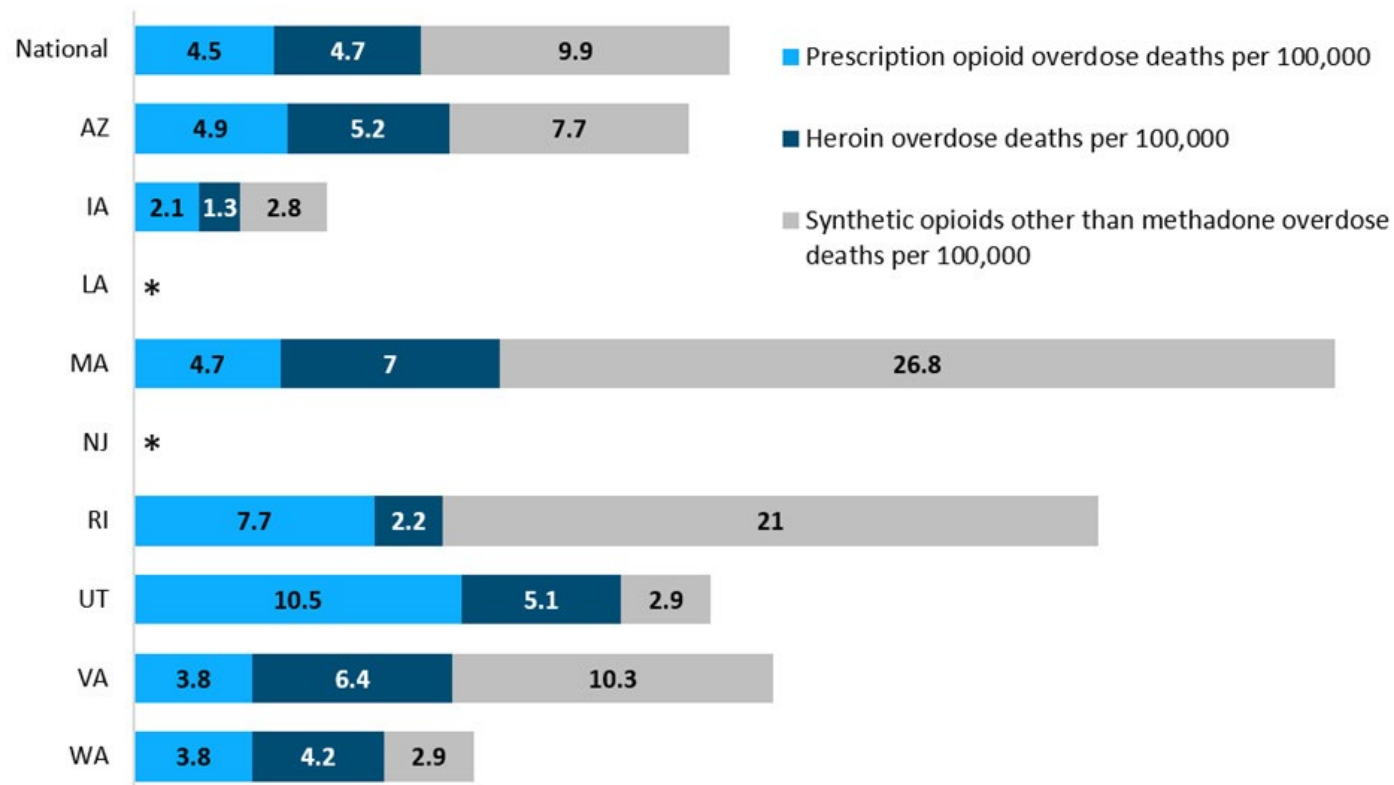
Providers able to administer MAT / buprenorphine (4.8)

DATA waivers and MAT prescribing across RWHAP-funded organizations, six SSC project states, 2019

STATE	# OF STAFF WHO OBTAINED A DRUG ADDICTION TREATMENT ACT OF 2000 (DATA) WAIVER	# OF STAFF WHO PRESCRIBED MAT FOR OPIOID USE DISORDER	# OF PROVIDER ORGANIZATIONS RECEIVING RWHAP FUNDING	# OF PROVIDER ORGANIZATIONS RECEIVING RWHAP FUNDING WITH AT LEAST 1 MAT PRESCRIBER
AZ	41	8	26	2
IA	7	6	20	2
LA	18	15	31	6
MA	406	317	52	26
NJ	63	43	94	18
RI	27	22	6	2
UT	7	7	6	1
VA	14	7	46	2
WA	67	54	27	5

Opioid-related overdose deaths, overall and among people living with HIV* (4.9)

Opioid-involved Overdose Deaths per 100,000 Persons (2018)

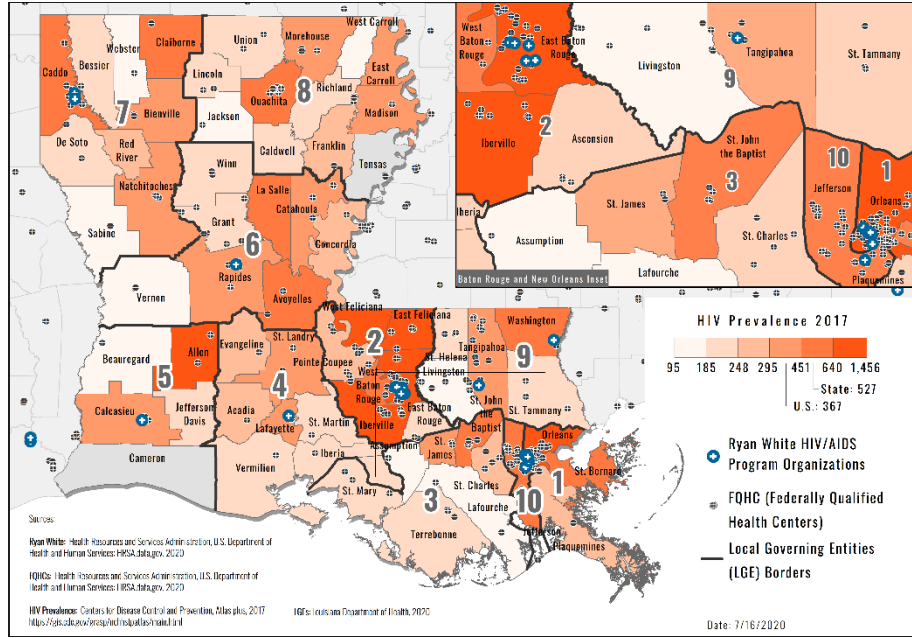


Source: CDC WONDER

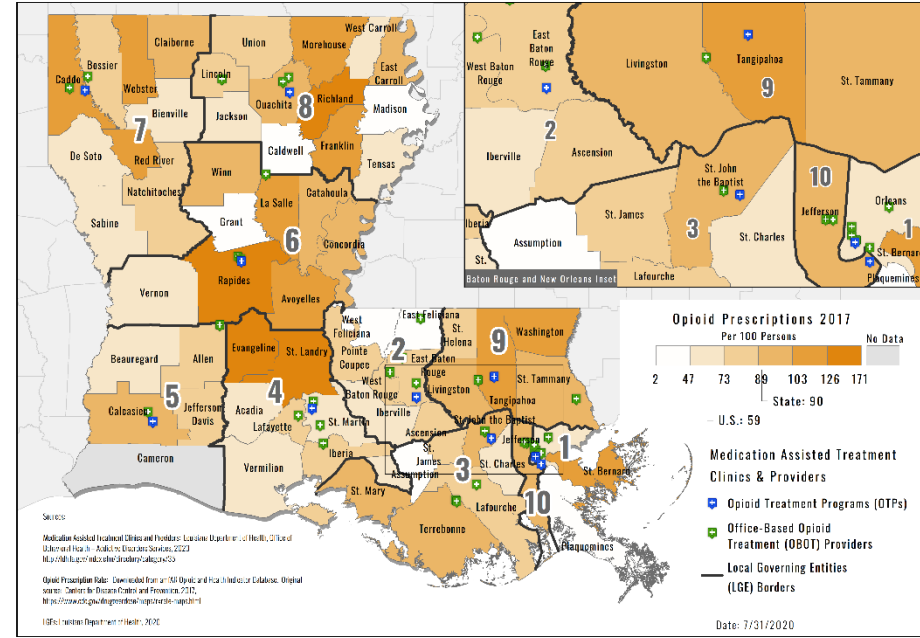
GIS

Comparative Map Matrix - Louisiana

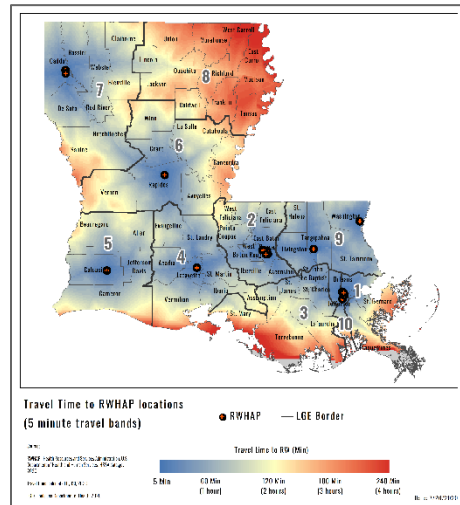
RW and HIV Prevalence



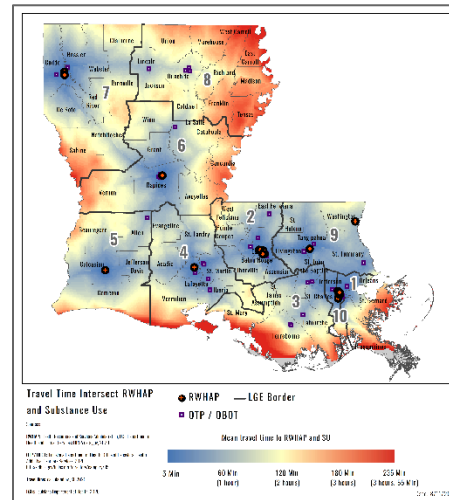
SUD and Opioid Prescription Rate



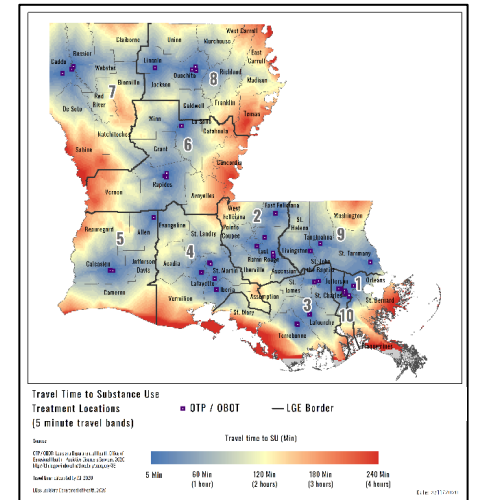
Travel time for RW

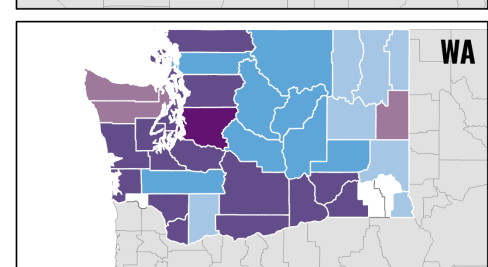
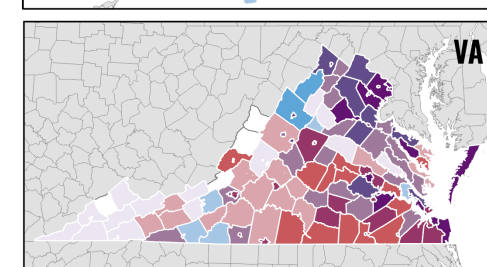
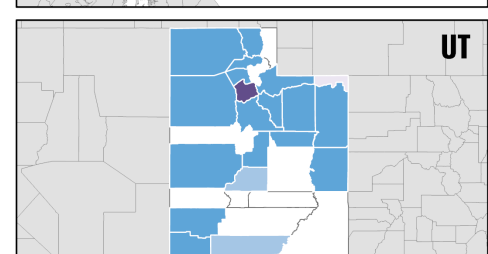
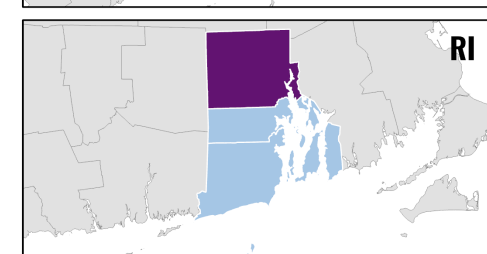
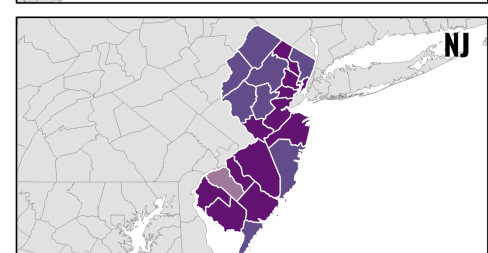
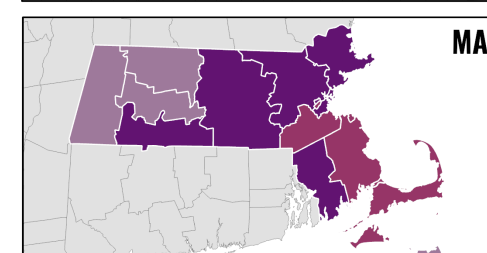
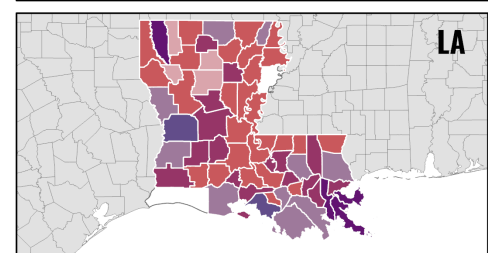
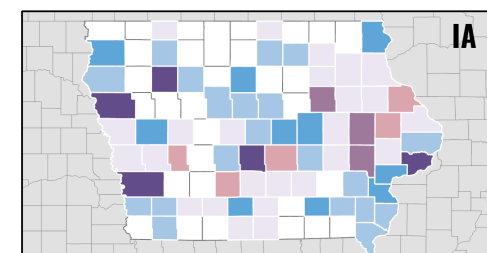
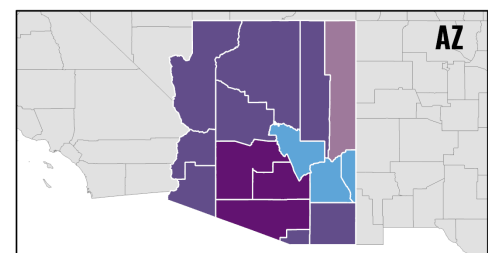
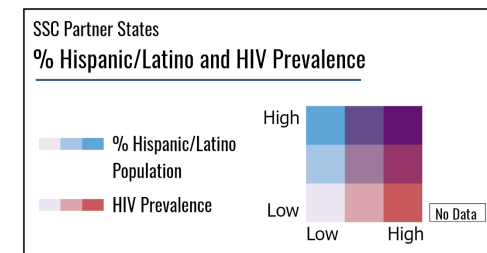
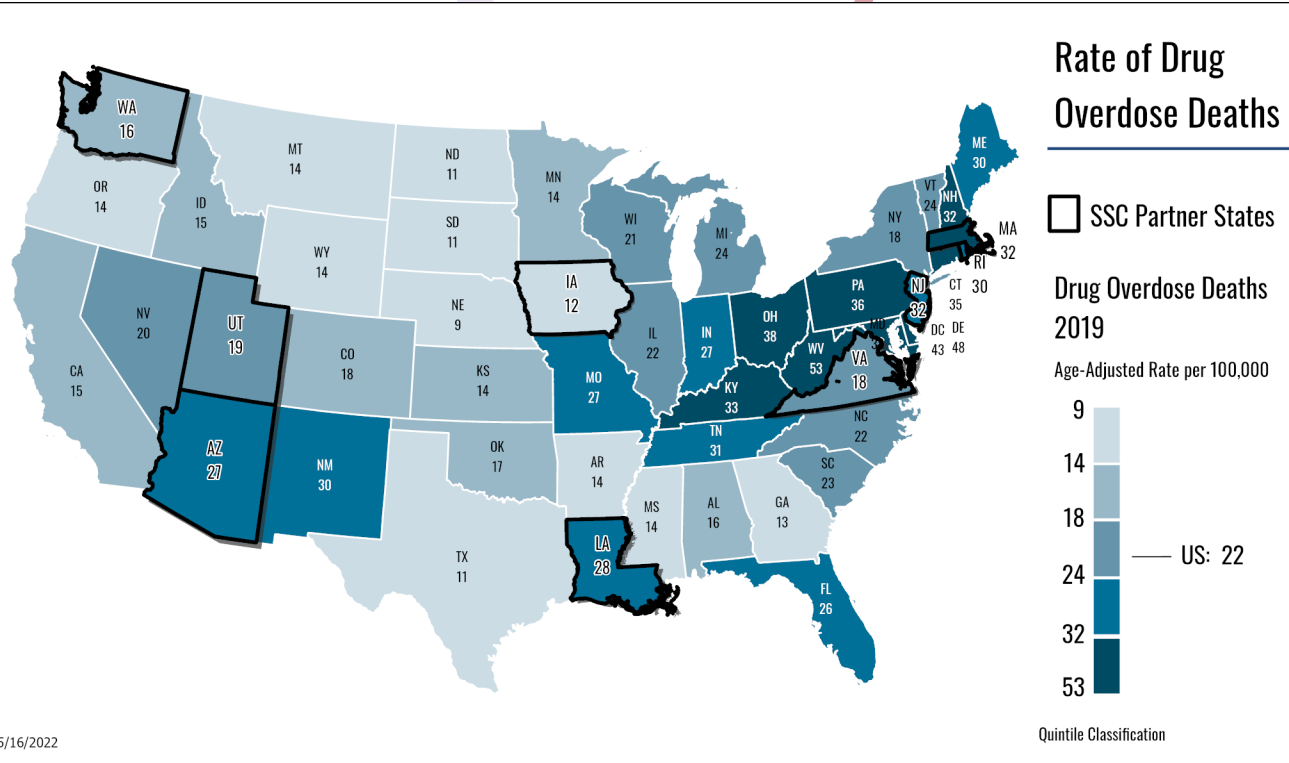
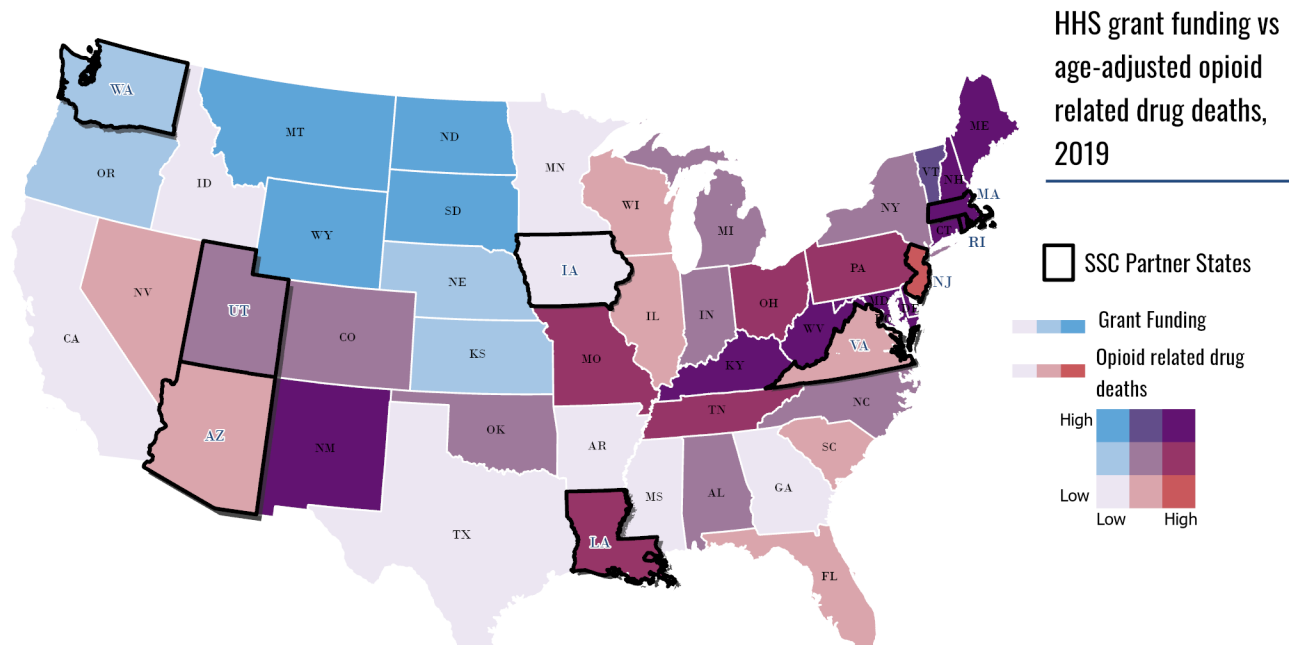


Travel time for SUD



Travel time Intersect for RW and SUD





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