



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Strategies for Strengthening Systems of Care for People with HIV & Opioid Use Disorder: Lessons Learned from Iowa, New Jersey, and Arizona

Strengthening Systems of Care for People with HIV and Opioid Use Disorder
2020 National Ryan White Conference



LEARNING OBJECTIVES

- Identify state partners' identified barriers at the system level in providing coordinated care for people with HIV and opioid use disorder (OUD).
- Determine opportunities for leveraging resources and coordinating services for people with HIV and OUD at the system level.
- Share replicable implementation strategies leveraged by cross-sector state teams to address identified system coordination challenges for people with HIV and OUD.

TODAY'S PRESENTERS

Monica Wilke-Brown
Iowa Department of Public Health

Kulpreet Kaur
New Jersey Department of Health

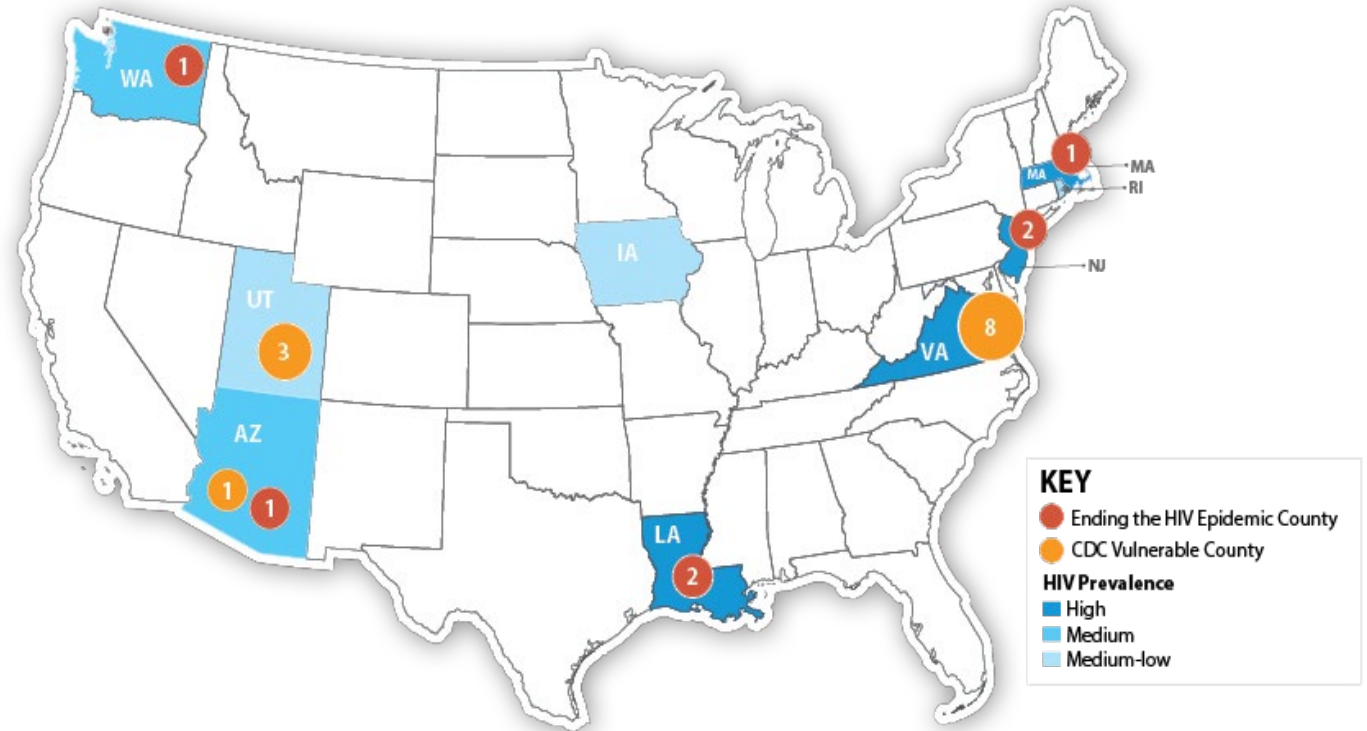
Isabel Evans
Arizona Department of Health Services

BACKGROUND

- In 2018, the Ryan White HIV/AIDS Program (RWHAP) served 43,129 clients nationally who reported injection drug use as their initial HIV transmission risk.
- People with HIV and opioid use disorder (OUD) have poorer HIV-related treatment outcomes than people with HIV without OUD.
- The RWHAP builds comprehensive systems of care to address the health care needs of people with HIV.
- These systems of care include behavioral health care; however, as the HIV epidemic changes, systems of care also need to adapt to meet the growing needs.

PROJECT OVERVIEW

- Three-year project: September 1, 2019 to August 31, 2022
- Under this initiative, JSI/NASTAD is working with nine state partners for system-level coordination



PROJECT GOAL

Strengthen system-level coordination and networks of care between Ryan White HIV/AIDS Program recipients and other federal, state, and local entities funded to respond to the opioid epidemic to ensure people with HIV and opioid use disorder have access to care, treatment, and recovery services that are **coordinated, client-centered, and culturally responsive.**



IOWA

Monica Wilke-Brown

Opioid Response Grants Project Director



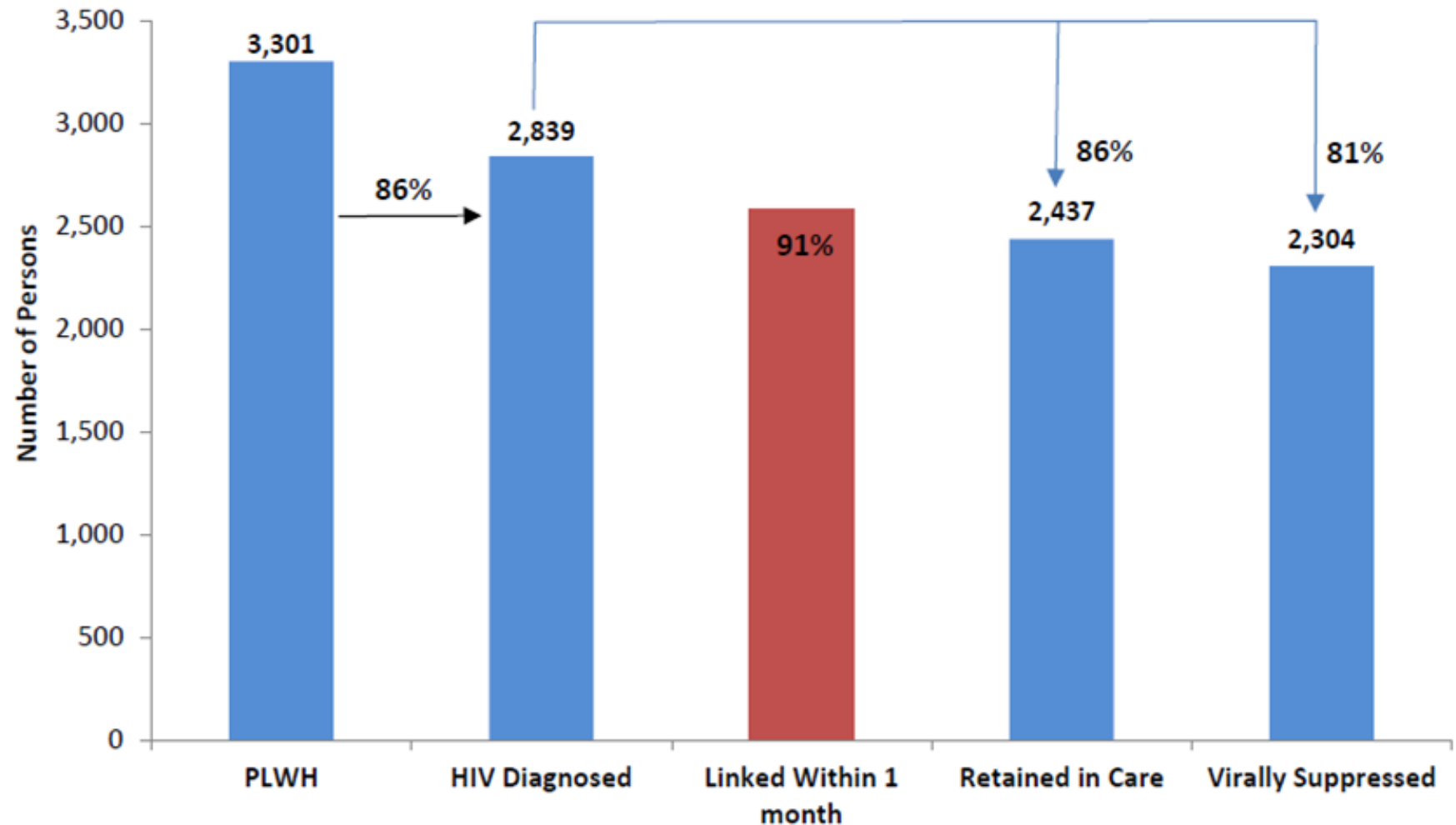
IOWA QUICK FACTS

- Population: Approximately 3.1 million people (30th among 50 states)
- Organized into 99 counties
- Mostly rural plains, agricultural (poultry, beef, pork, corn, soybeans)
- East and West borders are Mississippi and Missouri rivers
- Capital: Des Moines (650k Metro Area)
- Other industries: Ethanol, Windmills, Insurance, Food processing
- Six larger cities

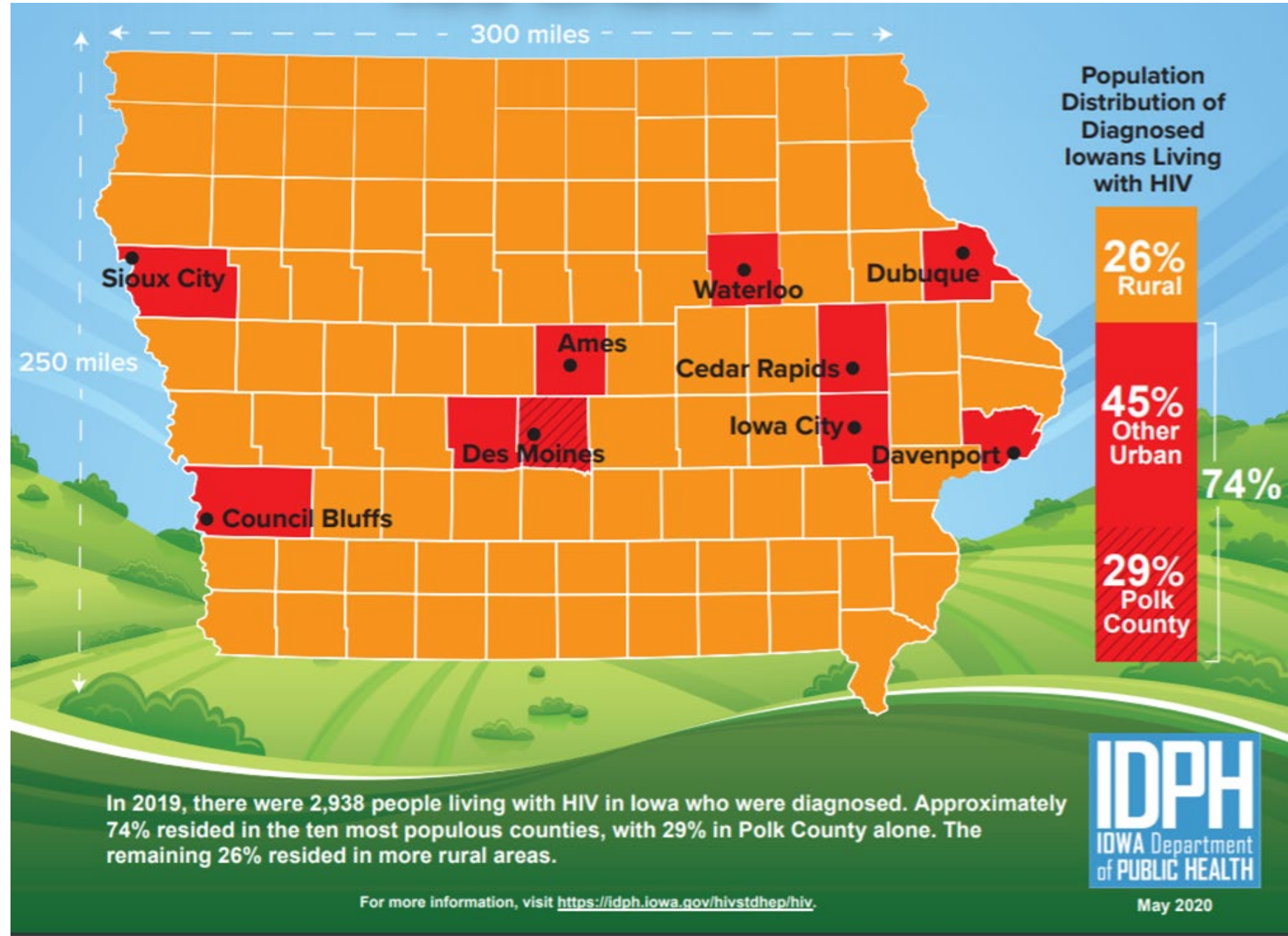
IOWA HIV OVERVIEW

2019 HIV Continuum

In 2019, 14% of new HIV diagnoses attributed to injection drug use



HIV IN IOWA

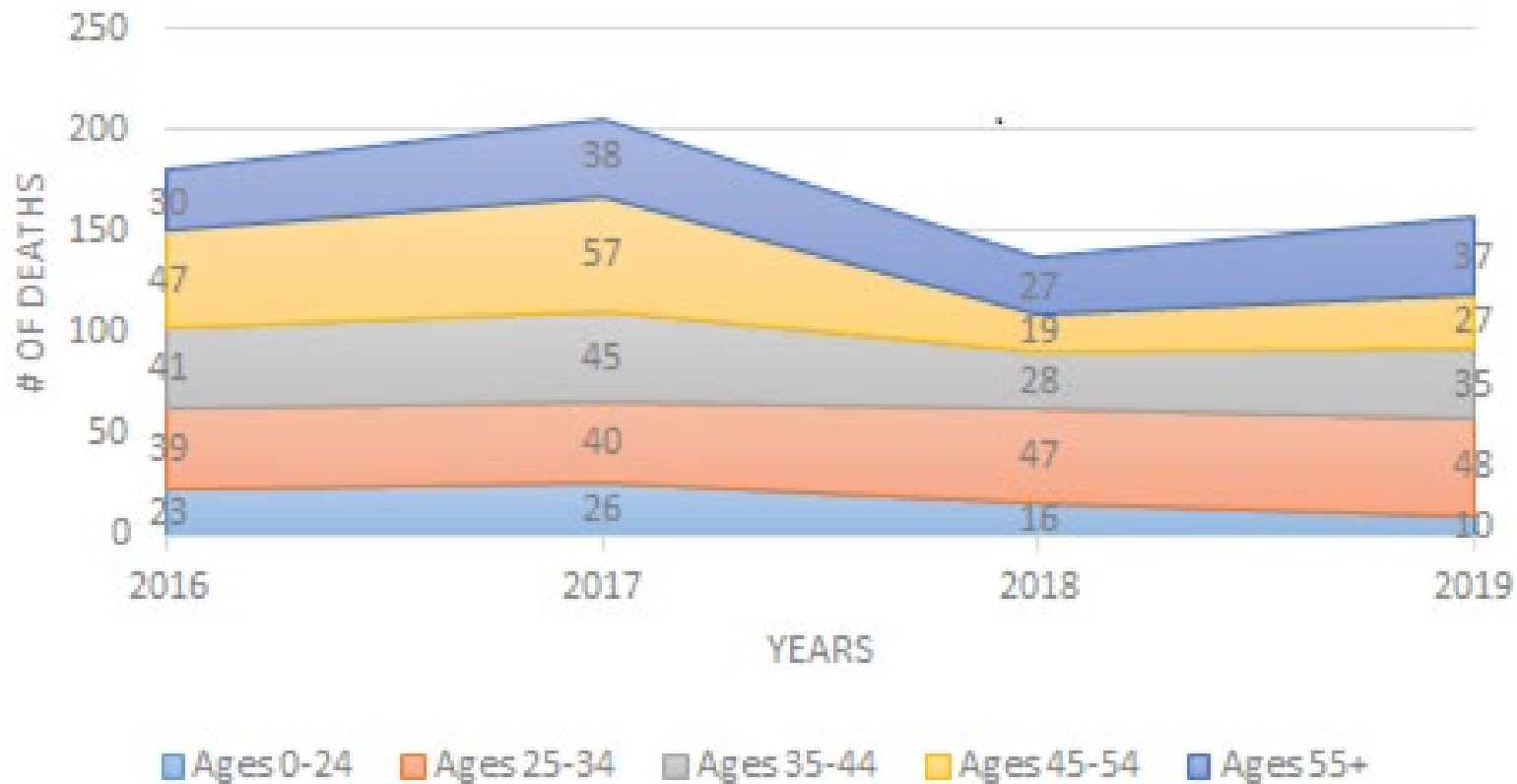


IOWA OPIOID OVERVIEW

- Opioid-related deaths peak: 206 in 2017 declined to 157 in 2019
 - Progress attributed to increasing waived buprenorphine prescribers; availability of Naloxone via a Tele-Naloxone program and targeted distribution to EMS, police, etc.; state-wide Drug Take Back sites; and scale-up of new prescription monitoring program. Work needs to continue.
- 2019 Consumer Needs Assessment among people living with HIV:
 - 20% ever injected drugs, 6% within the past 12 months
 - 34% shared needles or snorting straws

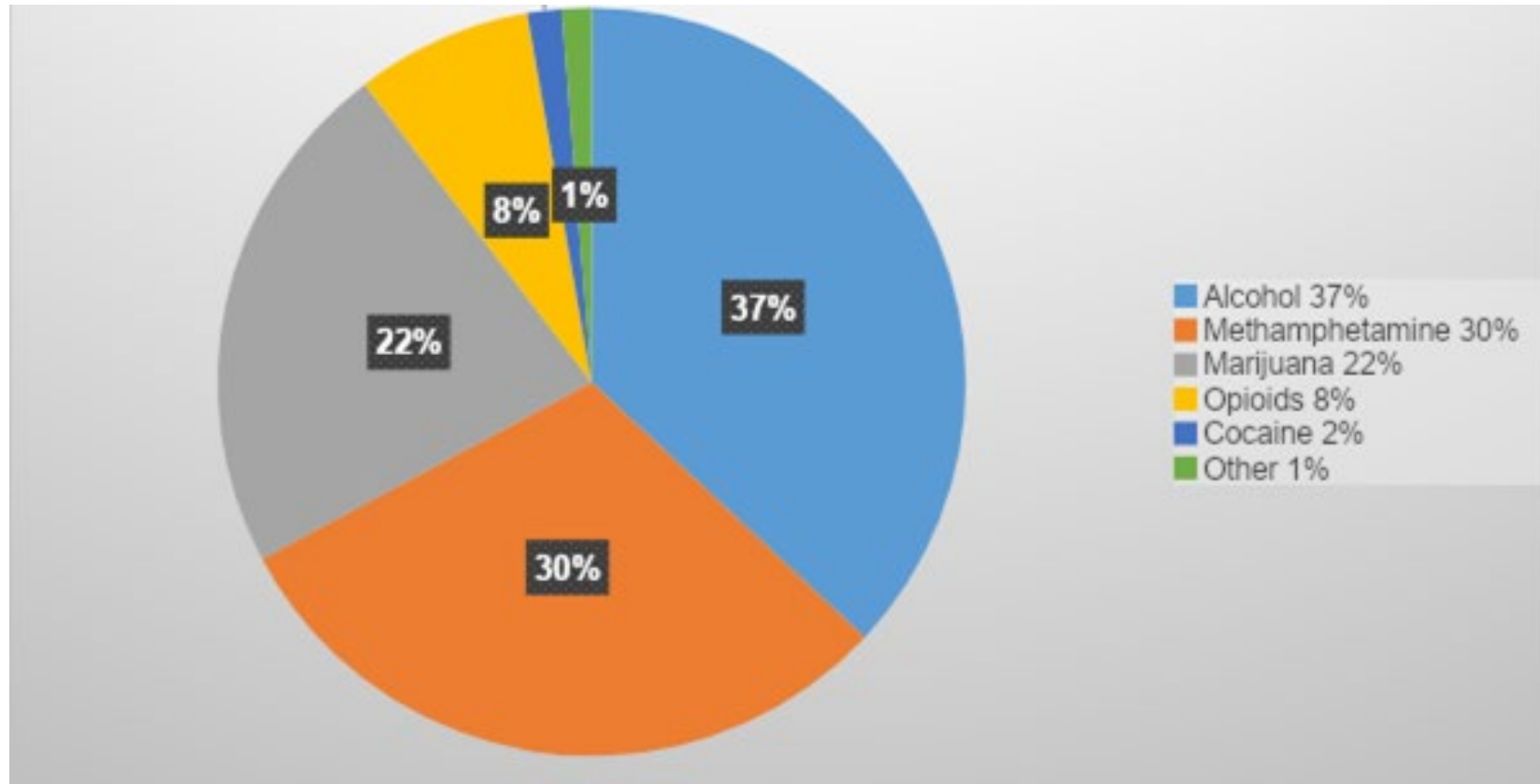
IDPH VITAL RECORDS DATA BY AGE GROUP

Opioid Related Deaths in Iowa



IDPH SUBSTANCE USE DISORDER TREATMENT DATA

Iowa 2019 Treatment Admissions: 28,095 total



BARRIERS

- **Policy:** Low incidence, rural state with geographically dispersed HIV-epidemic leads to challenges to generate buy-in, service provision, and to mobilize economies of scale. Implementation challenges with Good Samaritan law, and no syringe service programs.
- **Coordination:** Inconsistent communication/coordination between bureaus, data coordination (no specific data on HIV with OUD, number of buprenorphine waived prescribers actually prescribing, Medicaid data, etc.)
- **Providers:** Lack of education, time limitations, and stigma leads to reduced HIV testing and screening for OUD; challenges to integrated service provision and referrals, language and cultural barriers, limited screening for social determinants of health.

OPPORTUNITIES

- **Services:** Leverage existing integration models of HIV, HCV, and OUD, collaborate with parole officers, probation officers, and Regional Health Specialists' on re-entry planning given up to 40% of people living with HIV pass through corrections*.
- **Data Coordination/Strategic Planning:** Implement regular information sharing and state level planning across the Bureau of Substance Use and the Bureau of HIV, STD, and Hepatitis to facilitate integration and data-informed decision making. Develop and implement appropriate data sharing agreements (e.g. Medicaid).
- **Capacity Building:** Incorporate HIV, HCV, and OUD content, including providing LGBTQI friendly services, into existing training and education modalities including monthly MAT and HCV ECHO trainings, case manager trainings, and MATEC.

*Data from 2019 Consumer Needs Assessment (N=555)

IMPLEMENTATION STRATEGIES

- Develop internal infrastructure to support coordinated HIV and OUD care across Bureaus
- Develop mechanisms to improve cross-sector relationships and coordination
- Increase knowledge and skills of HIV and OUD providers to provide integrated services
- Improve data coordination and sharing across HIV and OUD sectors
- Use available funding/access new funding that contributes to shared program goals
- Strengthen community engagement to inform policies and practices that enhance access to HIV and OUD prevention, care and treatment services for all populations

NEW JERSEY

Kulpreet Kaur
Program Specialist



NEW JERSEY HIV OVERVIEW (2018 DATA)

- 37,801 people living with HIV/AIDS (PLWHA)
- 1,047 new cases of HIV (11.8 cases per 100,000)
- Half of PLWHA are non-Hispanic Blacks
- Ryan White HIV/AIDS Programs serve 40% of PLWHA
- 11 percent of RWHAP clients reported IDU as mode of transmission
- 172 RWHAP clients were treated for opioid use disorder

NEW JERSEY OPIOID OVERVIEW (2018 DATA)

- 3,006 confirmed drug-related deaths
- Over 44,000 opioid treatment admissions
- 16,082 naloxone administrations

Injection drug use fueled by the opioid crisis is causing a dramatic rise in viral hepatitis infections.

NEW JERSEY CHALLENGE AND OPPORTUNITY

- **Challenge:** New Jersey would like to expand Harm Reduction Centers beyond the seven that are currently in operation.
- **Opportunity:** Strengthen partnerships with existing partners and build cross-sector collaborations with new partners especially in counties where the harm reduction programs have not yet been approved.

THE LANDSCAPE FOR HIV & OUD SYSTEMS STRENGTHENING IN NEW JERSEY

- **Resources:** Seven Harm Reduction Centers (HRCs) are in operation and funding is available to expand to additional counties.
- **Policy:** HRCs are authorized in New Jersey but require additional county and local authorization, hindering the expansion of harm reduction services.
- **Harm Reduction Centers:** Nurse staffed drop-in centers that provide drug overdose prevention and reversal, health screenings, reproductive health services and counseling, vaccinations, condom distribution, safer sex education, syringes and injection equipment, and wound care. They may provide food, telephone, laundry services, restrooms, showers, and computer services.

LOCATION OF HARM REDUCTION CENTERS

- Camden Area Health Education Center, Camden
- Hyacinth AIDS Foundation, Jersey City*
- Hyacinth AIDS Foundation, Paterson
- Hyacinth AIDS Foundation, Trenton
- North Jersey Community Research Initiative, Newark*
- South Jersey AIDS Alliance, Atlantic City*
- Visiting Nurse Association of Central Jersey, Asbury Park

*HRCs with a Drop-In Center



SYSTEM STRENGTHENING STRATEGIES

- Define a drug user health framework for the State that incorporates harm reduction and trauma-informed care services
- Incorporate peer-to-peer learning strategies with local elected officials and other key stakeholders
- Identify low threshold service options in areas where HRCs are not available
- Optimize existing support services and build sustainable partnerships

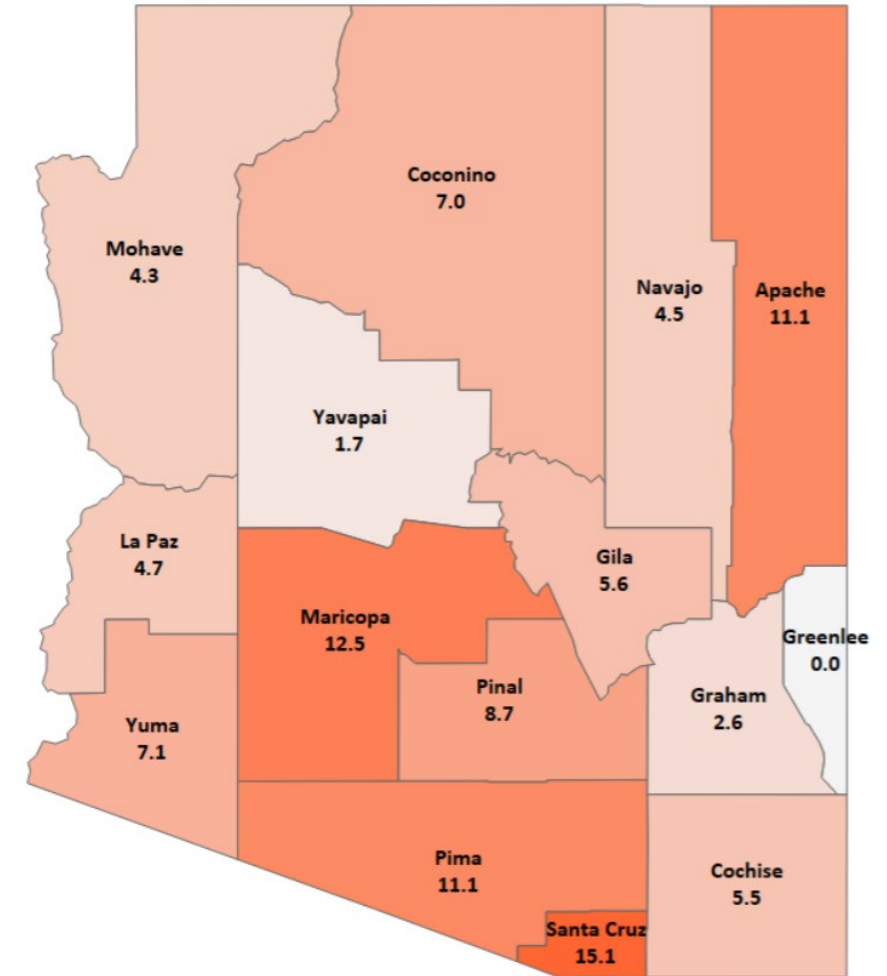
ARIZONA

Isabel Evans
Program Coordinator



ARIZONA HIV OVERVIEW (2018 DATA)

- 18,524 people with HIV
- 10.8 new HIV cases per 100,000 (774 new cases)
- 8.4% of new HIV diagnoses attributed to IDU or MSM/IDU



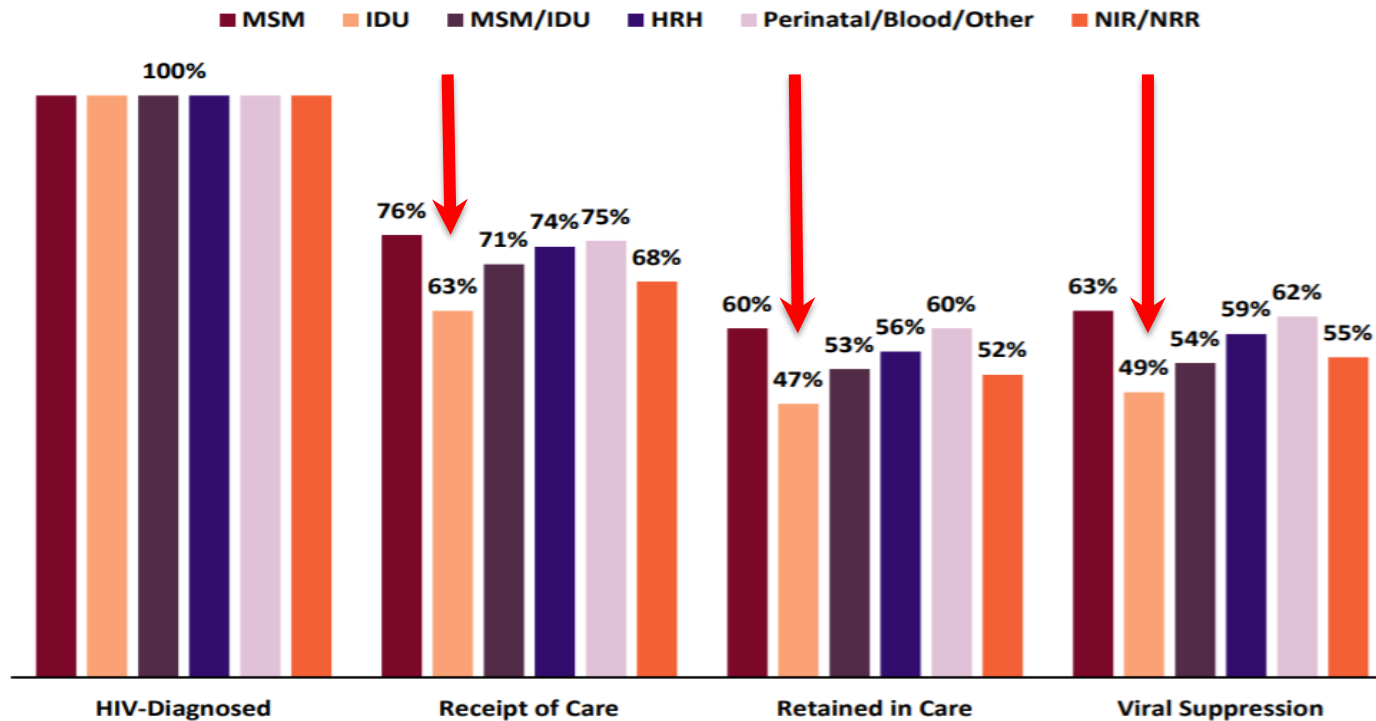
New HIV/
cases per 100,000

ARIZONA OPIOID OVERVIEW (2018 DATA)

- **1,167 reported opioid deaths (15.7 per 100,000)**
 - 157% increase in opioid deaths from 2012 to 2017
- **3,756 reported & verified non-fatal opioid overdoses**
 - Most overdoses occur among men & people aged 25-44
 - Reported overdoses frequently involved multiple drugs

HIV AND INJECTION DRUG USE (2018 DATA)

HIV Care Continuum in Arizona by reported risk, 2018



Those with injection drug use as their reported risk experienced lower rates of HIV care receipt/retention and viral suppression

ARIZONA CHALLENGE AND OPPORTUNITY

- **Challenge:** Barriers to communication and collaboration among the state's HIV and OUD systems of care, due to the separation between the care/services for each system
- **Opportunity:** Strengthen partnerships with new and traditional partners, especially those working in behavioral health and substance use.

THE LANDSCAPE FOR HIV & OUD SYSTEMS STRENGTHENING IN ARIZONA

- **Data:** Challenges to sharing data & identifying common indicators across the two care systems
- **Care and Service Provision:**
 - Limited integrated service delivery & co-location
 - Lack of established flow of care model across the systems
 - Barriers to access, including co-occurring conditions and social determinants of health
- **Policy:** Limited availability of harm reduction services

SYSTEMS STRENGTHENING STRATEGIES

- Identify and share optimal care models for integrated care delivery to improve client outcomes
- Expand and strengthen partnerships to enhance cross-system communication and coordination
- Leverage existing resources, data, and infrastructure
- Incorporate people with lived experience at every step
- Capitalize on willingness to collaborate

STRATEGY SPOTLIGHT

- Utilize a quality improvement approach to improve:
- Screening for OUD/BH in the HIV care system
- HIV testing in the OUD/BH system
- Active referrals and linkages between the two systems

Goal: To ensure that clients within both care systems receive appropriate, individualized, and integrated care

STRATEGY SPOTLIGHT CONTINUED

We plan to:

- Increase availability and access to integrated services
- Build genuine and sustainable partnerships across systems with both traditional and new partners
- Explore opportunities for data integration
- Create policies & procedures for optimal care model



THANK YOU!

