



VIRTUAL  
**2020 NATIONAL  
RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT**

# Implementing Evidence-Informed Interventions for Opioid Use Disorders among People with HIV

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- Learning Objectives
- E2i Project Overview
- Intervention Summary
- E2i Intervention Sites
- Q/A

## At the end of this session, participants will:

1. Gain an understanding of how opioid use disorders adversely impact HIV outcomes among people with HIV.
2. Learn key components of two evidence-informed interventions for addressing opioid use disorders among people with HIV.
3. Apply strategies for rapid implementation of culturally tailored and sustainable evidence-informed interventions addressing opioid use disorders among people with HIV.



# E2i Project Overview

Four-year initiative to facilitate the implementation of evidence-informed interventions to reduce HIV health disparities and improve HIV-related health outcomes in four focus areas:

- Improving HIV health outcomes for transgender women with HIV
- Improving HIV health outcomes for Black men who have sex with men (MSM) with HIV
- Integrating behavioral health with primary medical care for people with HIV
- Identifying and addressing trauma among people with HIV

1. Rapid implementation of effective and culturally tailored evidence-informed interventions that address social determinants of health
2. Widespread dissemination of findings, lessons learned, and implementation toolkits to promote replication of successful evidence-informed interventions across the Ryan White HIV/AIDS Program (RWHAP)

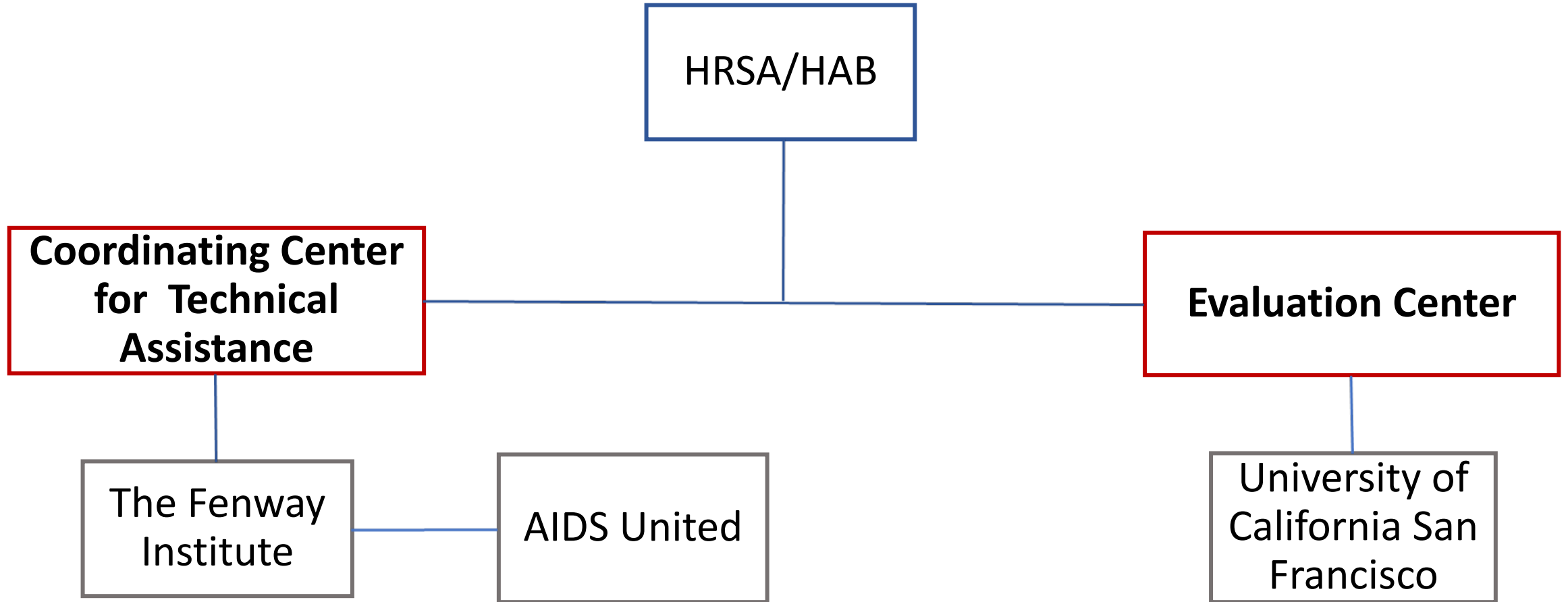
# Project Goals



- Provide technical assistance (TA) to 26 RWHAP sites to help facilitate the successful implementation of evidence-informed interventions
- Evaluate the impact of intervention implementation on HIV health outcomes



# E2i Program Structure



# E2i Intervention Sites



## Transgender Women

### Healthy Divas

- CAL-PEP (CA)
- Rutgers New Jersey Medical School (NJ)
- Birmingham AIDS Outreach Inc. (AL)

### Transgender Women Engagement and Entry to Care Project (T.W.E.E.T.)

- CrescentCare (LA)
- Henry Ford Health System (MI)
- Centro Ararat (PR)

## Black MSM

### Client-Oriented New Patient Navigation to Encourage Connection and Treatment (CONNECT)

- AIDS Taskforce of Greater Cleveland(OH)

### Tailored Motivational Interviewing (Tailored MI)

- HOPE Center (GA)
- Broward House, Inc. (FL)
- University of Mississippi Medical Center (MS)

### Text Messaging Intervention to Improve Antiretroviral Adherence Among HIV Positive Youth (TXTXT)

- UNIFIED-HIV Health & Beyond (MI)
- SUNY HEAT Program (NY)

## Trauma Informed Care

### Trauma-Informed Approach & Coordinated HIV Assistance and Navigation for Growth and Empowerment (TIA/CHANGE)

- Alaska Native Tribal Health Consortium (AK)
- Chicago Women's AIDS Project (IL)

### Cognitive Processing Therapy

- Western North Carolina Community Health (NC)
- Positive Impact Health Centers (GA)

### Seeking Safety

- Multicultural AIDS Coalition (MA)
- The Regents of the Univ. of Calif., U.C. San Diego (CA)

## Behavioral Health Integration

### Buprenorphine

- Consejo de Salud de Puerto Rico Inc. dba Med Centro (PR)
- Greater Lawrence Family Health Center (MA)

### Collaborative Care Management (CoCM)

- La Clinica del Pueblo, Inc (DC)
- Oklahoma State University Center Health Sciences (OK)
- Health Emergency Lifeline Programs (MI)
- Our Lady of the Lake Hospital, Inc. (LA)

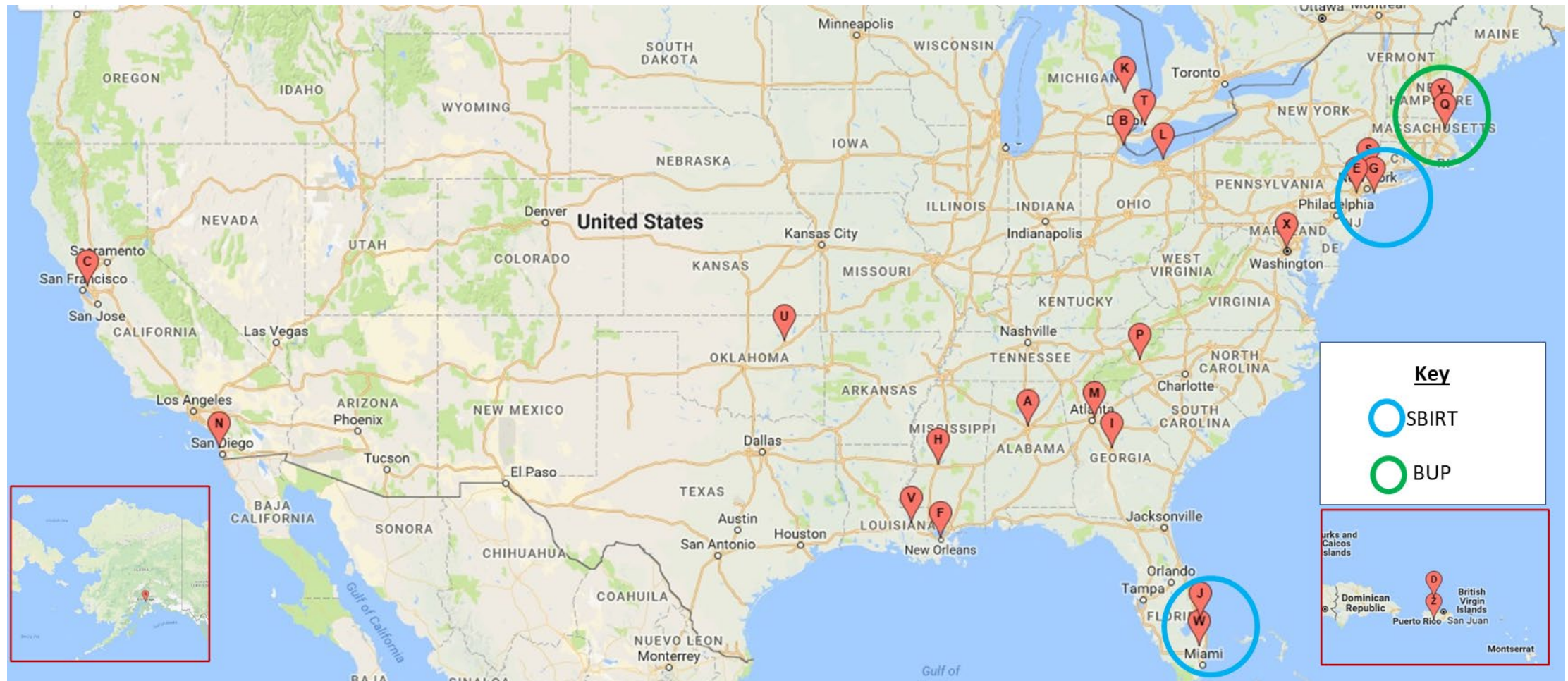
### Screening, Brief Intervention and Referral to Treatment (S.B.I.R.T.)

- The Poverello Center Inc. (FL)
- North Jersey Community Research Initiative (NJ)

# Geographic Distribution of Sites



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# The Coordinating Center for Technical Assistance (CCTA)



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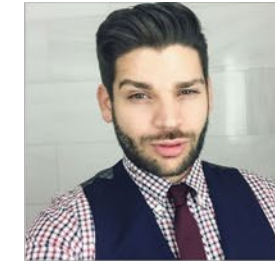
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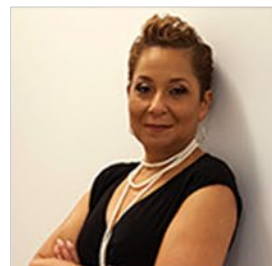
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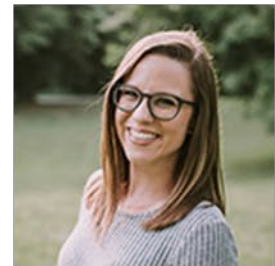
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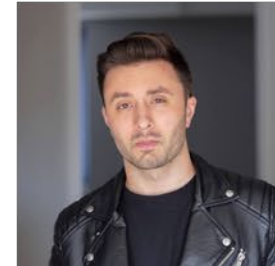
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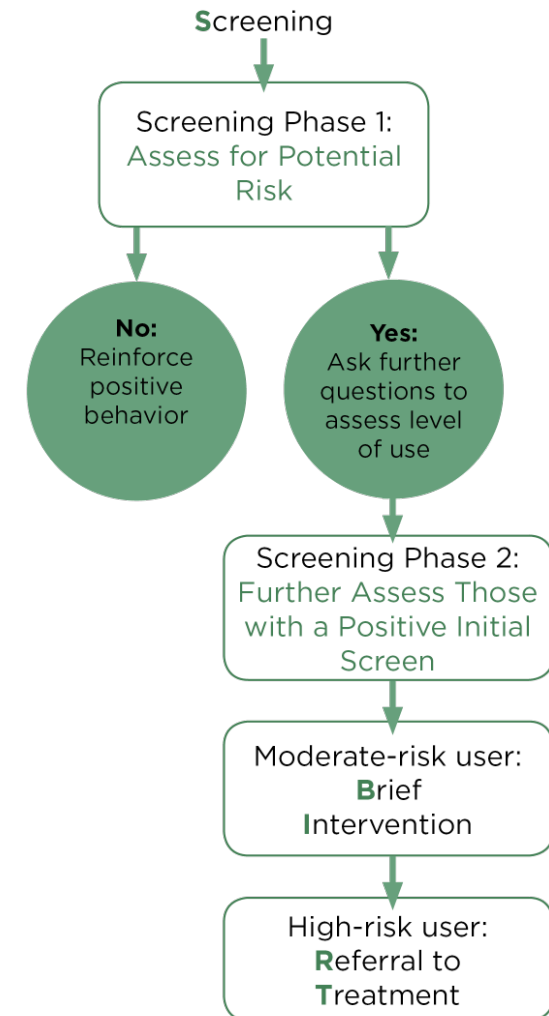


# Intervention Summary

# Screening, Brief Intervention, and Referral to Treatment (SBIRT)

## Description & Core Elements:

- Substance use screening
  - Alcohol & other drugs
- Behavioral health integration

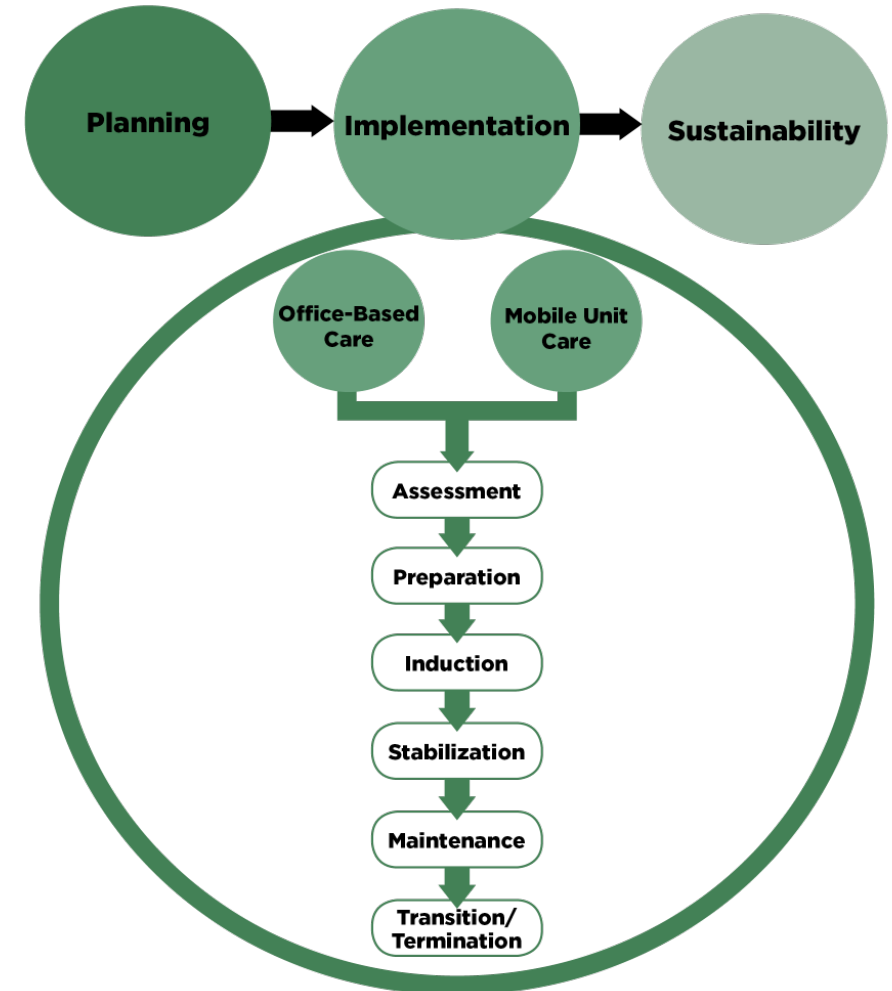


# Buprenorphine Treatment for Opioid Use Disorders (BUPE)



## Description & Core Elements:

- Team-based primary care intervention
- Reduce opioid use and overdose
- Clinic-based setting
- Mobile health unit setting







# The Poverello Center

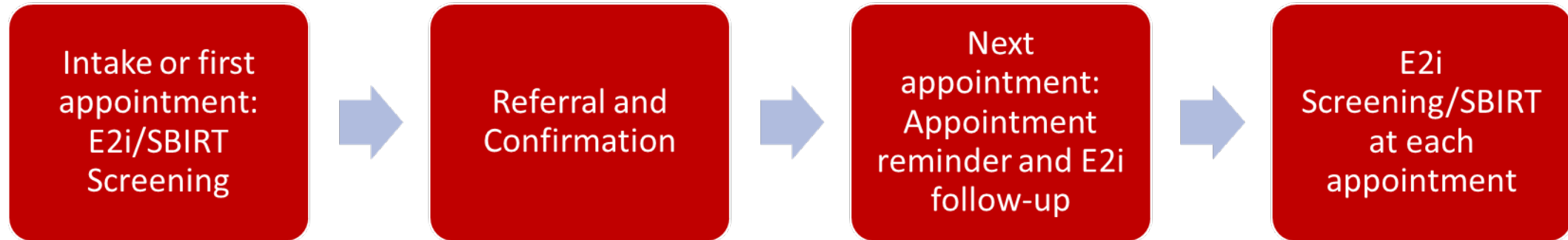
Ft. Lauderdale, FL  
Thomas Pietrogallo

# Project Specific Aims



- ❑ Screen up to 3,000 clients for substance use per year each time they enter facilities for food pantry programs
- ❑ At least 300 will screen positive and will be enrolled

# Model Intervention Delivery/ Process Flow



Provide  
Enterprise  
PE/REDCap

Medical  
Records

Clients out of care more than  
6 months: Florida  
Department of Health  
Epidemic Intelligence  
Services

The Poverello Center Open House

# Implementation Strategies



- ❑ Universal Screening
- ❑ Train staff on the Readiness to Change Scale
- ❑ Develop additional community relationships with organizations that provide behavioral health counseling and other services
- ❑ Incorporate a staff member dedicated to building referral lists and to following up on referrals with clients and providers
- ❑ Budget for wraparound services, like transportation
- ❑ Hire or engage peers, who can have an immediate connection with the population of focus
- ❑ Keep lines of communication open when “Not Ready”
- ❑ Capitalize on Screening to Include other Healthful Screens
  - Smoking
  - Depression
  - Food Insecurity

- ❑ Staff/client boundaries may be easily crossed, especially for peer staff
- ❑ Peer staff may use or score the screening tools differently, depending on conversations with clients
- ❑ Referral system may not be streamlined, causing errors & client drop-off
- ❑ Staff may input data incorrectly into SBIRT tracking documents
- ❑ Physical environment
- ❑ Insurance complexities
- ❑ COVID-19

# Early Best Practices & Lessons Learned



- ❑ The relaxed environment at the food pantry allows us to easily discuss intimate issues with clients in a non-threatening manner
- ❑ Clients benefit from repeated information about available community resources.
- ❑ Peers are an effective means to elicit sensitive information about substance abuse and depression from clients.
- ❑ Weekly staff meetings to discuss challenges and address questions as a group
- ❑ Supervisor-supported development of understanding of motivational interviewing principles and screening tools: training every quarter
- ❑ Before peer staff begin screening clients, provide them a strong understanding of referral process and “cheat sheet” to refer to when speaking with clients
- ❑ Provide support for staff to understand purpose and methods of SBIRT data collection; have them note when an error may have occurred



# MedCentro

Ponce, Puerto Rico  
Beverly Silva

# Project Specific Aims



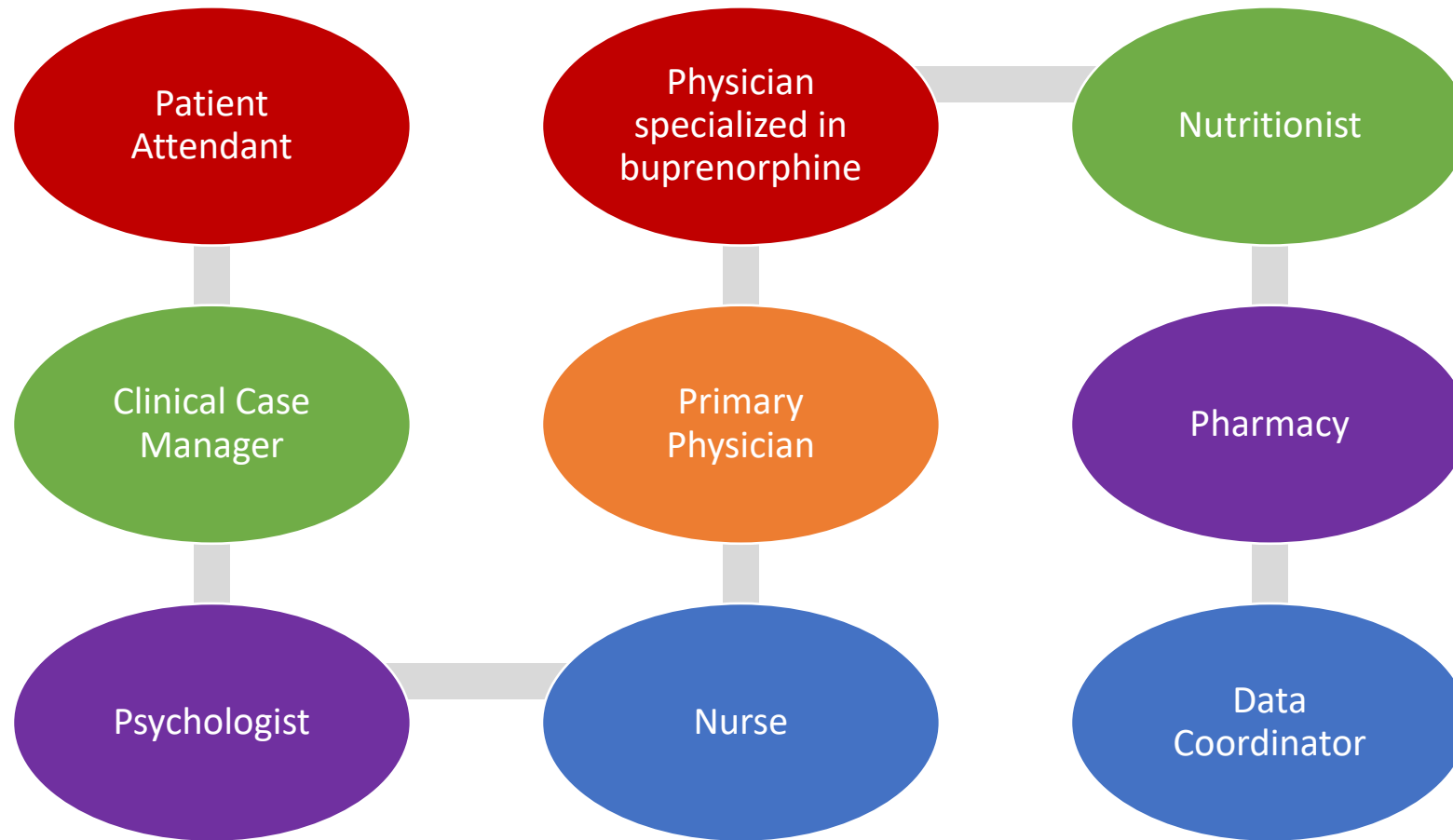
- ❑ Identify, select and treat 50 patients with HIV and opioid use disorders (OUD).
- ❑ Retain 70% of patients in Clinic-Based Buprenorphine Treatment.
- ❑ Observe a decrease in self-reported opioid use among 60% of patients with HIV and OUD over the 12-month study period.
- ❑ Achieve a 100% retention rate among patients with OUD in the HIV primary care service of MedCentro's Ryan White HIV/AIDS Program.



# Model Intervention Delivery/ Process Flow

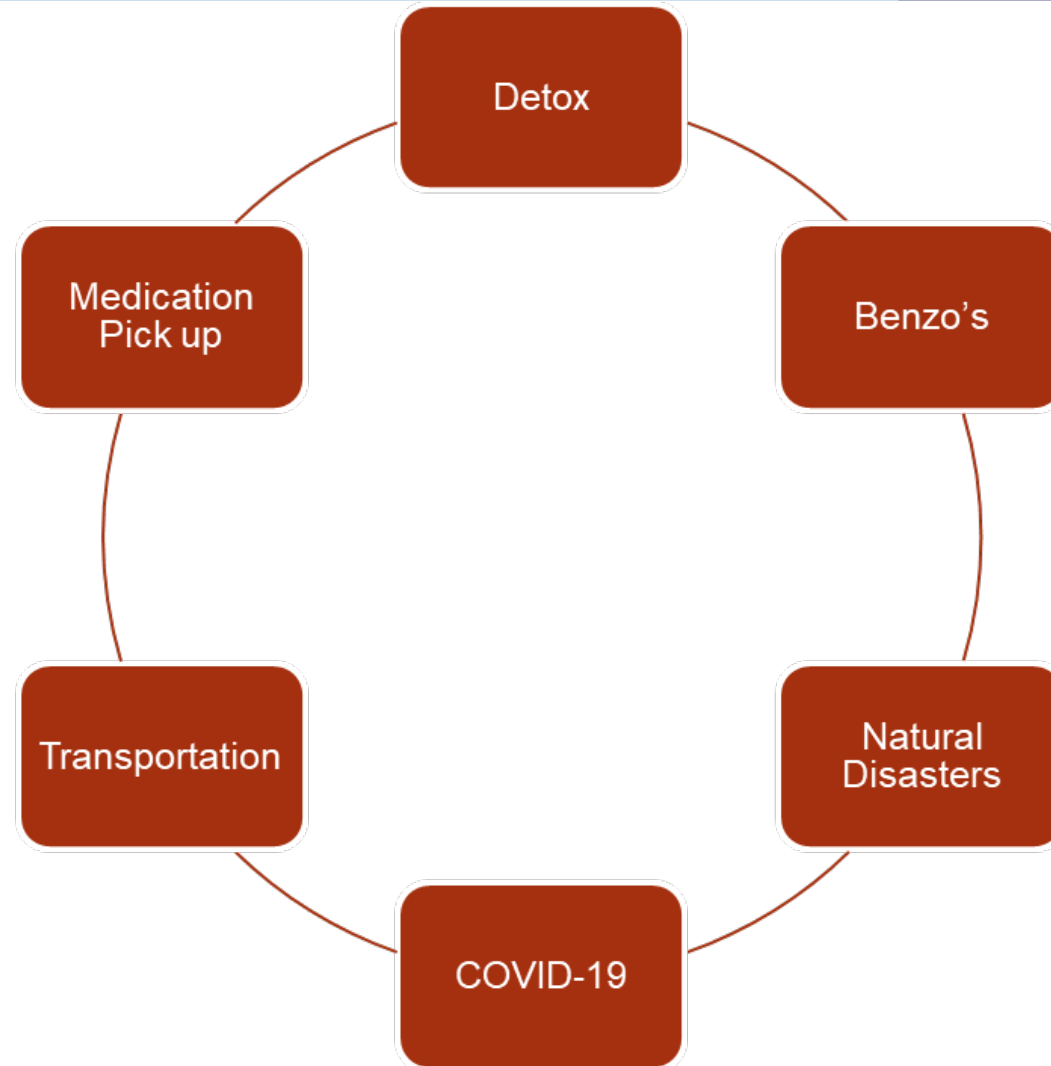


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- ❑ Offer different types of trainings to all members of the treatment team, including Narcan use, toxicology screening, managing relapse, medication interaction, etc.
- ❑ Support enrollment into the intervention by evaluating all active RWHAP patients for OUD and identifying new clients with OUD.
- ❑ Establish collaborative agreements and partnerships with other agencies to expand referral methods.
- ❑ Conduct outreach to the community to identify eligible clients and spread awareness of the intervention.
- ❑ Promote peer-to-peer connection between patients.
- ❑ Integrate and involve all RWHAP staff in disseminating information about the program as well as conducting outreach, home visits, and telephone calls to support patient's enrollment or in clinical and non-clinical services.

# Challenges & Barriers



# Early Best Practices & Lessons Learned



- ❑ Integrate a pharmacy technician in the clinic to provide greater agility in prescription processing and reduce patient wait-time, to support adherence to buprenorphine treatment.
- ❑ Integrate telemedicine: In light of COVID-19, the clinician currently conducts patient evaluations and medical follow-up via telephone call. In addition, the case manager follows up with patients via telephone to support adherence to buprenorphine and HIV treatment, identify patient needs, and provide support.

# Early Best Practices & Lessons Learned



- ❑ Empathy: Staff bring understanding and non-judgment as they work with patients and discuss OUD, treatment, and relapse.
- ❑ Engagement, trust, and confidence between patient and buprenorphine treatment staff is extremely important for treatment success.

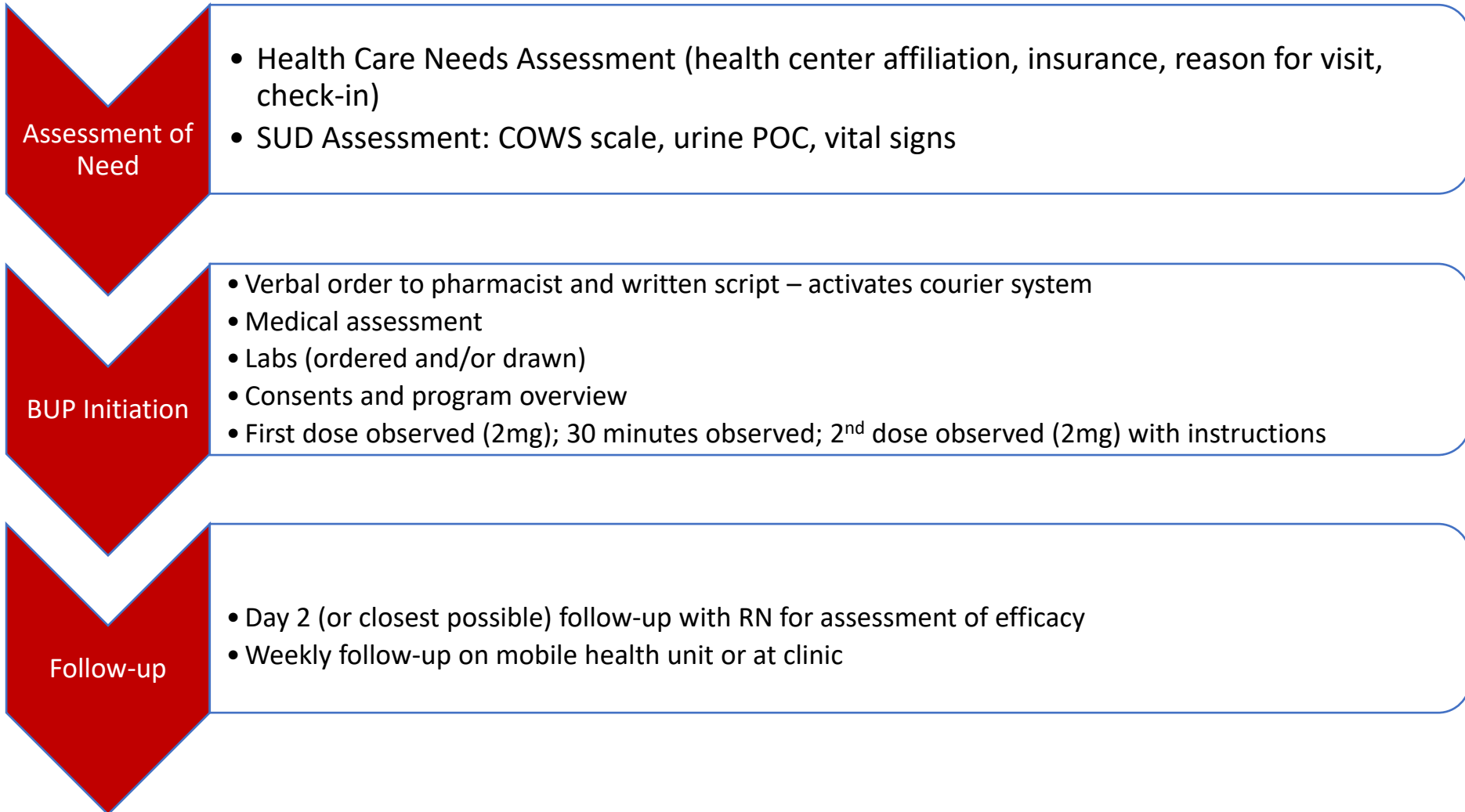


# Greater Lawrence Family Health Center

Lawrence, MA  
Amy Bositis

- ❑ Improve access to OUD treatment for people with HIV experiencing homelessness
- ❑ Reduce the number of opioid-related deaths and complications of IV drug use
- ❑ Encourage continuity of care at one of our fixed clinical sites

# Mobile Buprenorphine Process Flow





- ❑ All staff and providers were experienced with substance use disorders and infectious disease, all were bilingual, and many were bicultural
- ❑ Processes adapted based on the needs of the patients
- ❑ Staff were given flexibility to try new things to improve service delivery for patients (e.g., where staff were located, who did what, outreach, etc.)

- ❑ Buprenorphine is not always the preferred treatment for OUD. Many people with HIV chose methadone instead – having quick referral pathways became important for same-day intakes at the methadone clinic.
- ❑ People with HIV and OUD often use alone and are at higher risk of overdose.

# Early Best Practices & Lessons Learned



- ❑ Work with pharmacy to use a bonded courier to deliver the buprenorphine to the mobile health unit (MHU) for treatment initiation
- ❑ Work with shelters so that they can refer or bring people to the MHU
- ❑ Expand service locations and hours

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# Q&A

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