



STATE SUMMARY

IOWA

Continuing HIV/ODU Collaboration: Sustainability Workshop



PARTNERS

Iowa Department of Public Health (IDPH)

- Bureau of HIV, STD, and Hepatitis
- Bureau of Substance Abuse

Other Partners

- Iowa Primary Care Association
- Iowa Healthcare Collaborative



GOALS AND ACTIVITIES

Goal 1: Develop the internal infrastructure to support coordinated HIV and OUD care across the IDPH Bureau of HIV, STD, and Hepatitis and Bureau of Substance Abuse

- Convened infectious disease and behavioral health agency staff monthly to review activities, learn about cross-sector initiatives, share resources, and refine activities in response to environmental factors (e.g., realignment of the Department, COVID-19 priorities)
- Created positions and hired staff to fill key roles to facilitate coordination and collaboration:
 - Bureau of HIV, STD, Hepatitis: Systems Integration Coordinator
 - Bureau of HIV, STD, Hepatitis: Capacity Building Coordinator
 - The Bureau of Substance Abuse: Outreach and Training Coordinator

Goal 2: Develop mechanisms to improve cross-sector relationships and coordination

- Hosted cross-sector trainings on infrastructure, language, and funding.
- Engaged additional sectors and stakeholders to participate in Iowa's Health Initiative for People Who Use Drugs (HIPWUD) which facilitates cross sector engagement to develop systems-- focused strategies to address healthcare and social service barriers for people who use drugs in Iowa.
- Initiated discussions with the 7th Judicial District to expand the curricula offered via tablets to people who are nearing release from incarceration to prepare for reentry. The suggested expansion includes a module on HIV and how to access resources and services, as well as a module on naloxone access.
- Invited partner agencies, Iowa Primary Care Association (PCA) and Iowa Healthcare Collaborative (IHC), to provide an overview of their initiatives and identify opportunities for ongoing collaboration
- Developed Tele-Naloxone promotional materials for Ryan White HIV/AIDS Program (RWHAP) and HIV prevention providers and materials about Tele-PrEP and RWHAP services to disseminate to substance use disorder (SUD) prevention and treatment providers
- Added resources about HIV including education, prevention and care services to the *Your Life Iowa* website, which addresses alcohol, drugs, gambling, or suicide

Goal 3: Increase knowledge and skills of HIV and OUD providers to provide integrated services

- SSC TA team is providing support to analyze and summarize the data from a survey conducted by Iowa's Health Initiative for People Who Use Drugs (HIPWUD) where they collected data from people directly affected by HIV and/or OUD
- Developed and conducted an HIV and OUD workforce assessment of knowledge, skills, and abilities needed to coordinate care across infectious disease and SUD services
- Developed and conducted trainings with substance use disorder treatment providers and HIV/HCV providers.
- Conducted trainings related to HIV testing for substance use treatment program grantees of SOR funding. More comprehensive training related to HIV and OUD is being planned by the Primary Care Association.
- Developed an inventory of group learning modalities and factors related to their purpose and implementation, which will be used to identify which modality will meet the needs and resources available for sustained collaboration across HIV and OUD systems and services
- Developed and delivered training materials including recorded webinars
- Developed implementation resources and conducted targeted technical assistance to support SUD providers integrating HIV and HCV testing (<https://idph.iowa.gov/mat/provider>)

Goal 4: Improve data coordination and sharing across HIV and OUD sectors to foster shared planning, resource allocation, and integrated implementation

- After prolonged discussions, established the first data sharing agreement between Medicaid and the Bureau of HIV, STD, and Hepatitis
- Shared data collected through the CDC-funded Overdose Data to Action (OD2A) grant related to county level vulnerability indicators

Goal 5: Use available funding and access additional funding that contributes to shared program goals (between HIV and OUD)

- Included infectious disease care coordination activities in proposed State Opioid Response (SOR) grant strategies
- Leveraged partnerships with SUD providers to successfully apply for CDC Component 3 Hepatitis funding.
- Used braided funds to purchase and distribute risk and harm reduction supplies.

Goal 6: Strengthen community engagement to inform policies and practices that enhance access to HIV and OUD prevention, care and treatment services for all populations

- Conducted literature review on services for HIV, HCV, and OUD in jail and other carceral settings to inform policy and protocol recommendations



BARRIERS

- In late 2020, IDPH and the Department of Human Services (DHS) initiated a process to align programs, services, and operations and become a single agency. The realignment created disruptions as staff were tapped to participate in the process and the future organizational structure remained unclear. The Iowa SSC team was unable to set new objectives or work on select existing objectives and activities given the uncertainty of forthcoming structural changes, particularly related to decision-makers and how the bureaus would be organized within the Department.

- Ongoing changes in the provider workforce, intensified by the COVID-19 pandemic, challenge the ability to sustain referral networks, as referrals often depend on the strength of relationships cultivated by individual staff rather than through a systematized approach that can be continued despite staff turnover.
- Vacant positions in the Bureaus of HIV, STD, and Hepatitis and Substance Abuse affected staff ability and capacity to advance certain SSC activities.
- Syringe services programs are not yet legal in Iowa. Iowa legislation has also increased restrictions on public health services such as funding for harm reduction related services.



LESSONS LEARNED

- IDPH created and staffed a **Systems Integration Coordinator** role that is shared across the bureaus to facilitate internal communications, joint planning, and coordinated activities. This role has accelerated collaboration among substance use and infectious disease staff to advance common goals and activities. Staff have included joint strategies in their response to funding opportunities, such as the SAMHSA SOR grant and the competitive Special Projects for People who Inject Drugs component of CDC's Integrated Viral Hepatitis Surveillance and Prevention funding.
- Given the changing infrastructure of the department and the placement of the bureaus in the organizational chart, there is a need to form a plan and/or workgroup to develop mechanisms for formal communication and collaboration.
- The RWHAP requires engagement of people with HIV in program planning and infrastructure is in place to ensure their active participation and input. However, systems to engage people with lived experience related to substance use disorders is not clearly defined. The substance use treatment workforce is often made up of people who have lived experience or are in recovery, but individuals do not typically provide formal input based on their experience. In addition, engaging people with active substance use comes with concerns about their safety and confidentiality about their health status.
- There are two viable options for integration of HIV/infectious disease services in SUD:
 - Integrated HIV and HCV testing into SUD clinical settings
 - Co-located services where SUD treatment programs have contractors on-site to provide HIV testing and linkage to treatment, which has been made possible through SOR grant funding
- Leadership buy-in has been a key driver in securing a data sharing agreement with Medicaid. Buy-in depends upon Medicaid leadership priorities and an understanding of policy implications on beneficiaries.
- A designated epidemiologist who works across bureaus can play an important role in facilitating data sharing across programs and bureaus.