



STATE SUMMARY

LOUISIANA

Continuing HIV/ODU Collaboration: Sustainability Workshop



PARTNERS

- Louisiana Department of Health (LDH), Office of Public Health (OPH)
 - Bureau of Infectious Disease, STD/HIV/Hepatitis Program (SHHP)
 - Bureau of Community Preparedness
- LDH, Office of Behavioral Health (OBH)
- LDH, Bureau of Health Services Financing (Medicaid)



GOALS AND ACTIVITIES

The LDH SSC team prioritized the development and documentation of strategies to coordinate funding, staffing, and activities that serve people with HIV, hepatitis C virus (HCV), and substance use disorders (SUD), including opioid use disorder (OUD).

- **Goal 1: Develop the internal infrastructure to support coordinated HIV and OUD services across LDH OPH and OBH.**
- **Goal 2: Develop mechanisms to improve cross-sector relationships and coordination.**
- Goal 3: Increase the knowledge and skills of HIV and OUD providers to improve service integration.
- Goal 4: Improve data coordination and sharing across HIV and OUD sectors to foster shared planning, resource allocation, and integrated implementation.
- **Goal 5: Use available funding and access additional funding that contributes to shared program goals (between HIV and OUD).**
- Goal 6: Strengthen advocacy and cross-sector coordination to advance policies that enhance access to HIV and OUD prevention, care, and treatment services for all populations.

Stakeholder engagement and coordination

- Identified key informants across LDH and the Governor's office and held 10 virtual structured conversations with key stakeholders to inform the establishment of a Substance Use and Infectious Disease Steering Committee.
- Developed summary report, PowerPoint presentation, and brief synthesizing input and recommendations to support development of the Steering Committee.
- Engaged state leadership to further HIV and OUD program/service/funding coordination.

Coordination of funding and expansion of harm reduction services

- OBH and OPH developed a Memorandum of Understanding (MOU) to implement joint Louisiana State Opioid Response (LaSOR) 2.0 syringe services program (SSP) activities in six locations.
 - To ensure involvement of people with lived experience, the SSP contracts require local advisory groups.

- Established a new Harm Reduction Supervisor role through American Rescue Plan Act of 2021 (ARPA) supplemental funding (set aside) for HIV.
 - This position will serve as the designated intermediary between OPH and OBH and will oversee joint LaSOR activities, SSPs, and the HCV Coordinator role.
 - To maintain continuity following expiration of the ARPA funds, OBH staff have recommended that the SAMHSA HIV set-aside funds be permanently be allocated to SHHP instead of the Local Governing Entities (LGEs).
- Developed an LDH funding matrix/crosswalk to consolidate information about federal funding, activities, and roles across HIV, HCV and SUD services and programs.
- LaSOR 2.0 funding has allowed OBH to order vending machines to distribute naloxone and other harm reduction supplies in five of the 10 LGEs. OBH is considering purchasing “nalox boxes” for distribution to dorms and other community locations with LaSOR 3.0 funds.
- OBH expanded access to care by increasing the number of Opioid Treatment Programs (OTPs) in the state from 10 to 12 and by expanding hours in select locations to 24-hour access.

Workforce development

- The New Orleans SSP added a new harm reduction specialist role designed for a peer.
- SHHP coordinated harm reduction training for the Opioid Preparedness Outreach Coordinators (OPOCs).
- SHHP expanded an online destigmatizing drug use training (two four-hour blocks) and delivered it to SHHP staff and regional community-based organization and HIV prevention staff
- SHHP will provide ‘harm reduction 101’ as an ongoing online training.



BARRIERS

- Maintaining momentum and leadership engagement has been challenging given the competing priorities of COVID-19, the response to tropical storms, staff turnover, vacant LDH positions and the hiring process, and legislative priorities.
- Leadership engagement is time intensive but is essential to establish infrastructure that supports ongoing collaboration.
- Louisiana depends primarily on federal funds to implement programs and services that respond to the intersecting epidemics of HIV, HCV, and OUD. Minimal state funding is allocated to SHHP for HCV services and much of it was redirected during the COVID-19 response.
- SAMHSA funding for OUD services is allocated to 10 autonomous LGEs, which limits the ability to implement requirements statewide across infectious disease and behavioral health and share data.
- State-level data are primarily aggregate data, which does not facilitate client-level data analysis to describe how unique clients access services across multiple programs.



LESSONS LEARNED

- Leverage and build on successful approaches and shared goals.

- At the start of the SSC project, staff across OPH and OBH had begun to collaborate because of the state commitment to HCV elimination¹ and reducing the negative impacts of drug use. OPH and OBH developed a harm reduction crosswalk (focus on HCV and OUD) with a goal of helping individuals access fully integrated services and seamless care. The approach had to be expanded to integrate HIV resources and services.
- SHHP has leveraged Opioid Overdose Data to Action (OD2A) dollars in collaboration with the Bureau of Community Preparedness to fund Linkage to Treatment Coordinators (LTCs).
- The LDH SSC core group recognized the importance of creating sustainable infrastructure to support ongoing collaboration across HIV, HCV, and OUD that is independent of existing staff and relationships.
- A new Substance Use and Infectious Disease Steering Committee may support collaboration by:
 - establishing a common set of goals and objectives to facilitate integrated models of prevention and care;
 - establishing uniform service standards across the state supporting integrated care models; and
 - continuously reviewing public and private funding/reimbursement sources to determine potential braided-funding approaches to support integrated programs.
- The Steering Committee should be diverse, not duplicate existing efforts, and include LDH leadership, program staff, and external stakeholders from across the state, including people with lived experience of HIV and OUD.

¹ <https://ldh.la.gov/news/6627>