



STATE SUMMARY VIRGINIA



Continuing HIV/OD Collaboration: Sustainability Workshop



PARTNERS

- State agency partners
 - Department of Health (VDH)
 - Department of Medical Assistance Services (DMAS)
 - Department of Behavioral Health & Developmental Services (DBHDS)
- Other Partners
 - Health Brigade
 - Richmond City and Henrico Health Districts



GOALS AND ACTIVITIES

Goal 1: Expand partnerships and increase collaboration across HIV and OUD systems of care

- Held regular check-in and planning meetings with the core project team at VDH.
- Convened state agency and other partners for quarterly meetings. These stakeholder calls provided an important opportunity for updates and information sharing, as well as deeper discussions into shared priorities, such as the peer workforce.
- Organized meetings with DBHDS, including the SOR coordinator, to increase understanding of how SOR funding is utilized in the state and identify opportunities for increased coordination and collaboration with VDH, especially related to harm reduction and the peer workforce.
- Created a summary of the FY2020 SOR funding opportunity announcement, which included an overview of the funding and highlighted considerations for addressing HIV, other infectious diseases, harm reduction, and stimulant use. Reviewed summary with the core team at VDH.
- Awarded a subcontract to Health Brigade to conduct an HIV & OUD Collaborative Luncheon Series to strengthen and grow a new collaborative of service providers with special consideration of persons living with HIV and OUD. Health Brigade shared findings from the luncheon series during a quarterly stakeholder call.

Goal 2: Increase understanding of service delivery networks for people with HIV and OUD

- Conducted a detailed review of Virginia's OUD/MAT data from the 2018 RSR report and developed a summary report. Multiple discussions were held with the core team at VDH and the larger stakeholder group to develop a better understanding of what the RSR data revealed, and what might not be included in the RSR. In regard to what might not be included, the TA team and core team discussed strategies for learning more about the provision of OUD treatment for RWHAP clients, such as holding calls or focus groups with Part B subrecipients. To date, these conversations have not occurred, however there is some discussion about holding them prior to the end of the project period.

- Reviewed the HRSA HAB SPNS SSC TA Project Evaluation Measures with VDH to develop a better understanding of what data is being collected, what is not being collected, and what may be collected by another agency, but is not routinely shared with VDH.

Goal 3: Improve systems of care for people with HIV and OUD

- Discussed, during project stakeholder meetings and ad hoc meetings with DMAS, different efforts and models for improving systems of care for people with HIV and OUD, such as activities undertaken through the CMS SUPPORT Act Section 1003 Sub-Awards: Expanding Provider Capacity in Addiction and Recovery Treatment Services, of which some focused on service delivery in the context of harm reduction programs.
- Shared relevant training and TA opportunities, in particular related to harm reduction, with VDH.
- Conducted a call between the TA team and a researcher at Virginia Commonwealth University about an NIH and CDC project to identify Medicaid clients who have not filled their prescription for HIV ARV, and follow-up with clients to understand their barriers, including substance use. The project included interventions at both the client and provider level. Findings from the project will be beneficial for ongoing efforts to improve systems of care for people with HIV and OUD.
- Provided TA to DMAS following the SSC webinar *Supporting People with HIV and Opioid Use Disorder following Incarceration*. DMAS reached out with a request about improving language in their SUPPORT Act Grant related to people who are involved with the criminal justice system. This TA resulted in the development of the *Substance Use & Incarceration: Language Brief*.
- Featured DMAS in the SSC project webinar *Building Relationships with Your State Medicaid Agency to Improve HIV and Opioid Use Disorder Care*.



BARRIERS

- Changes in state leadership and impact on state agency priorities and activities.
- Building broad support to expand and fund comprehensive harm reduction centers.
- Addressing the needs of people who use other drugs (i.e., not just opioids).
- A challenge to collaboration can be a misunderstanding of motivations for collaboration. For example, outreach to learn more about a particular funding source can be misunderstood as interest in trying to access those dollars, as opposed to better understanding them for the purpose of increased coordination for improved service delivery.



LESSONS LEARNED

- Value of the peer workforce across behavioral health and HIV. Peer workers are used in both fields, however more cross-training is necessary.
- Importance of creating space for stakeholders across agencies and organizations to share information and identify opportunities for increased coordination and collaboration. On a few occasions, something would come up during a stakeholder meeting that resulted in follow-up discussions between call participants, which may have not happened otherwise.