



STATE SUMMARY WASHINGTON

Continuing HIV/OD Collaboration:
Sustainability Workshop



PARTNERS

- State Partners
 - Washington State Department of Health (WA DOH), Office of Infectious Disease (OID)
 - Washington State Health Care Authority (HCA), State Opioid Treatment Authority
- Other Partners
 - Mountain West AIDS Education and Training Center (MWAETC)



GOALS AND ACTIVITIES

Develop the internal cross-state infrastructure to support coordinated HIV and OUD services (Goal 1, WA TA Plan)

- Increased OID staffing capacity by hiring an additional programs manager, SSP Coordinator, and Drug User Health epidemiologist, with the goal of facilitating more integration and coordination.
- Created shared Drug User Health role between DOH OID and HCA Division of Behavioral Health and Recovery (DBHR) to better integrate harm reduction across DBHR programming, including through SSPs funded for care coordination.
- Created Drug User Health epi position to increase capacity to analyze Medical Monitoring Project and other data related to HIV, OUD, and Medicaid, and identify key data to be shared across offices and agencies.
- DOH created a one-pager for HCA about methamphetamine use among PLWH in WA to advocate for effective treatment models and related financing mechanisms.

Develop mechanisms to increase cross-sector service coordination and community engagement (Goal 2, WA TA Plan)

- Engaged external consultants in a long-term syndemic planning process, including intentional work to broaden and diversify membership in the transition from a statewide HIV Planning Group to the new Syndemic Planning Group.

Improve the coordination of state and federal resources that serve people with HIV and OUD (Goal 3, WA TA Plan)

- New funding from last year's legislative session for behavioral health and recovery projects has created opportunities to invest in more coordinated service provision.
- There have been challenges identifying a point person at DOH who could take on the responsibility of coordinating OUD funding within and across agencies, but there are new positions in the Office of Policy and Planning that may take the lead.

Expand and enhance integrated (co-located) HIV and OUD service delivery (Goal 4, WA TA Plan)

- DOH, with the support of consultants Health Management Associates, is planning to release innovative, syndemic-oriented RFPs for RWHAP funding that address the needs of specific populations, including people who use drugs/have SUD.

Enhance ability of HIV and OUD/SUD workforce to support integrated care (Goal 5, WA TA Plan)

- DOH and HCA (Medicaid and the SOTA) have worked together to develop OTP service standards and make legislative recommendations for payment reform.
- Facilitated a conversation between DOH, HCA, and MWAETC regarding current training and capacity-building activities and areas of overlap with SSC priorities.
- Implementation and analysis of SUD professionals' knowledge, skills, practices survey.
- Drafting viral hepatitis billing guide for OTPs that could be replicated for HIV.



BARRIERS

- Limited state agency capacity due to staff turnover and detailing to COVID-19. Limited MWAETC capacity in WA State and COVID-related disruptions to training/TA activities.
- Maintaining momentum and engagement of colleagues from the HCA Division of Behavioral Health and Recovery (DBHR) has been challenging, and they have not been directly involved in project activities.
- There is a need for federal partners to modernize funding to allow for the greatest possible flexibility to pursue syndemic-related activities, and embrace a broader focus beyond HIV in conjunction with substance use (for example including HCV and syphilis) and beyond opioid use to include other substances, in particular stimulant use.
- There are under-recognized priority populations experiencing new HIV infections such as MSM who use methamphetamine and heterosexual women who use drugs and also engage in sex work.
- Ongoing uncertainty about how opioid settlement money will be allocated and the state landscape of drug possession and paraphernalia laws (which limit programs' ability to distribute all necessary infectious disease prevention supplies).



LESSONS LEARNED

- There are opportunities to leverage HCV elimination buy-in and activities to take syndemic approaches and pursue further integration across infectious disease and SUD/ODU.
- Engage Medicaid (and the SOTA) as a key partner early in discussions to understand reimbursement challenges, particularly in OTP settings, and opportunities that can enable sustained coordinated and/or integrated HIV and OUD service delivery.
- Coordination at the state level can be facilitated by structural changes, such as a shared position across agencies, or a goal that specifically addresses infectious disease among people who use drugs in the Statewide Opioid and Overdose Response Plan.