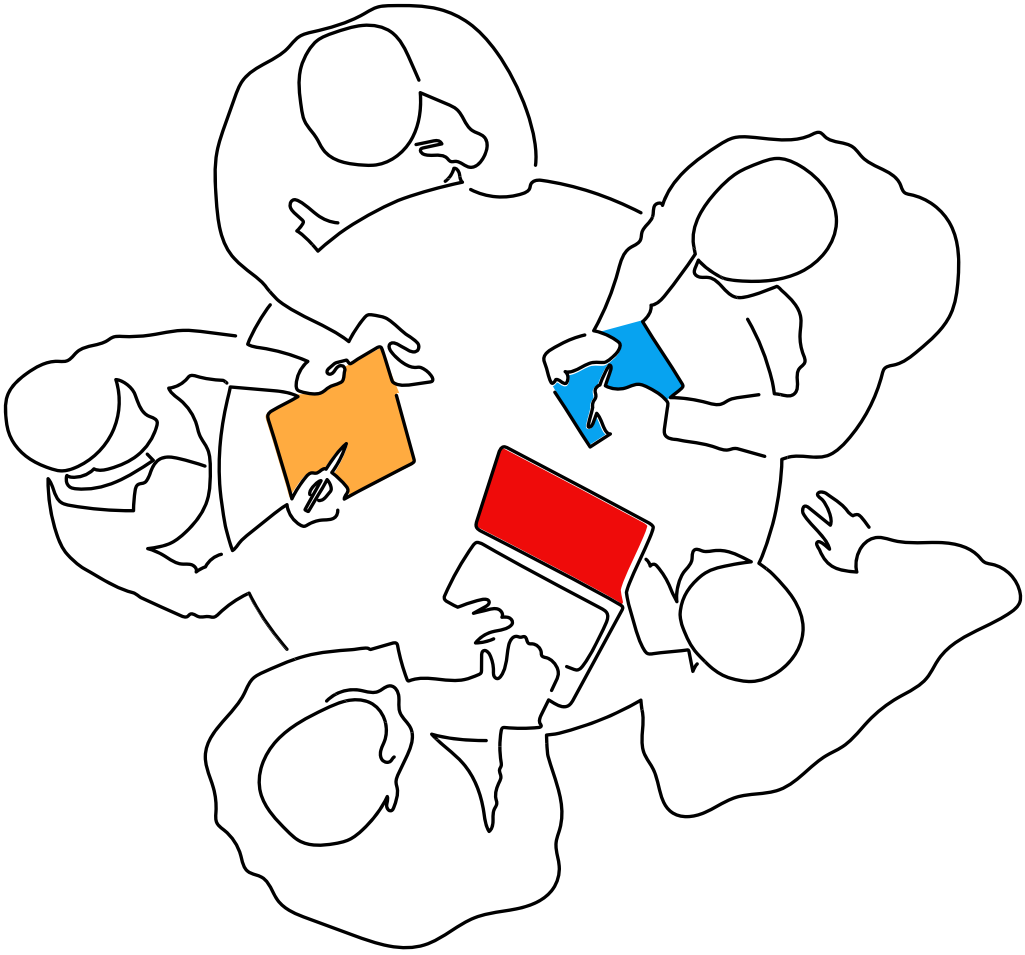
SSC Strengthening Systems of Care for People with HIV & Opioid Use Disorder

RYAN WHITE HIV/AIDS PROGRAM
SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

JSI NASTAD

STATE STRATEGIES IN ACTION:

A SYSTEMS APPROACH TO AN INTEGRATED HIV AND OPIOID USE DISORDER WORKFORCE



The Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program Special Projects of National Significance initiative Strengthening Systems of Care for People with HIV and Opioid Use Disorder (SSC) provides coordinated technical assistance across HIV and behavioral health/substance use service providers. The project aims to enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program recipients and other federal, state, and local entities. The purpose of this initiative is to ensure that people with HIV and opioid use disorder (OUD) have access to care, treatment, and recovery services that are client-centered and culturally responsive.

SSC developed this resource in response to the needs of the nine state project partners. For more information and additional resources, visit https://targethiv.org/spns-ssc

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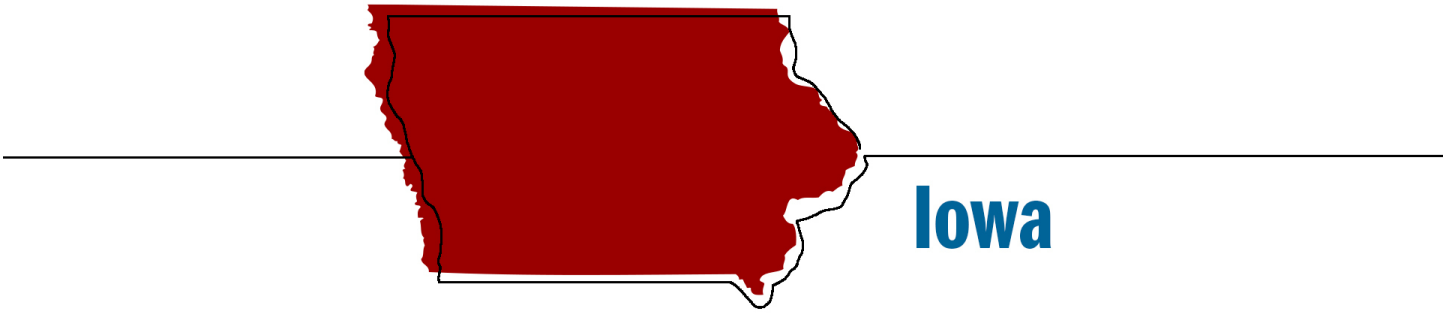
This resource is part of the State Strategies into Action series; a compilation of strategies and lessons about a variety of topics related to strengthening systems of care for people with HIV and opioid use disorder (OUD). Each resource responds to common technical assistance (TA) needs identified across states partnering with JSI Research & Training Institute, Inc. as part of the Strengthening Systems of Care for People with HIV and Opioid Use Disorder *(SSC) project.*

DEFINING WORKFORCE NEEDS

State health departments must dedicate staff and time to ensure a consistent approach to HIV and opioid use disorder (OUD) service delivery. This can be done in different ways. Some states might create new staff roles. Others might create formal working groups or communities of practice to support learning and teamwork across HIV and behavioral health staff. Both of these options support sustainability.

This document describes two states' approaches to building and supporting an HIV and OUD workforce.



HEALTH DEPARTMENT POSITION FOCUSED ON HIV AND OUD INTEGRATION

The Iowa health department saw a strong need for public health leadership to coordinate activities across HIV, viral hepatitis, sexually transmitted infections (STIs), and substance use programs. It hired a systems integration coordinator to meet this need (Figure 1).

The coordinator also oversees Iowa's Health Initiatives for People Who Use Drugs (HIPWUD) advisory group. The HIPWUD is made up of professionals and people with lived experience. The group finds and shares evidence-based practices, programs, and policies that include harm reduction.

At the start, the systems integration coordinator position was funded as a contract position to allow for flexibility. Funding came from State Opioid Response (SOR), Centers for Disease Control and Prevention (CDC) Opioid Data to Action (OD2A), and CDC viral hepatitis grants. The Iowa team has found that having a dedicated staff member for this work is

Figure 1. Iowa Systems Integration Coordinator Essential Duties and Responsibilities

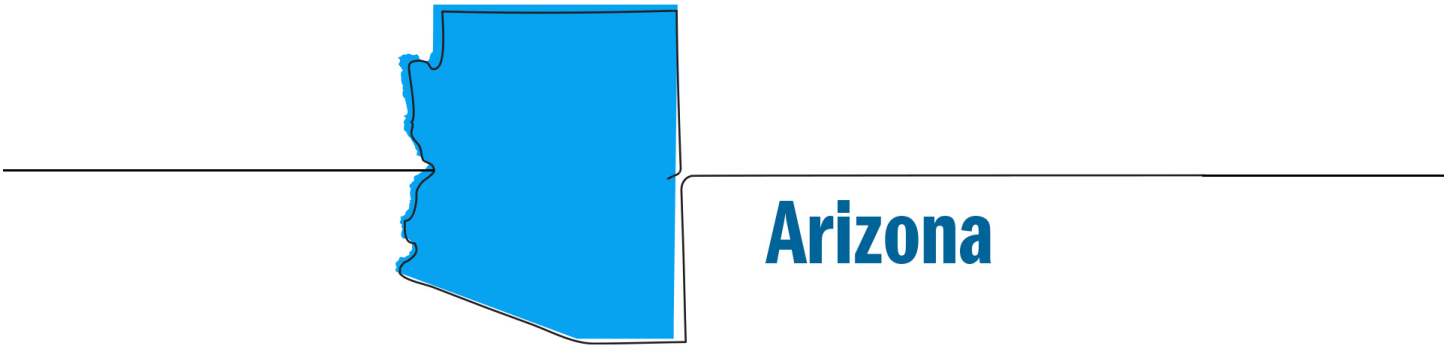
- Find opportunities to integrate HIV, hepatitis C virus (HCV), and STI testing into substance use disorder (SUD) treatment sites.
- Find opportunities to integrate harm reduction with HIV and viral hepatitis programs, policies, and practices.
- Oversee and facilitate a statewide stakeholder advisory group.
- Help develop a state substance use cascade of care, using feedback from clients and partners.
- Help implement post-overdose response teams.
- Help oversee implementation of tele-Naloxone.
- Develop technical assistance training, manuals, policies, and protocols.
- Find opportunities for systems-level policy improvements related to HIV, STI, HCV, and substance use.
- Develop harm reduction messages.

essential. It is committed to keeping the systems integration coordinator, and has identified funding across programs to support a full-time position in the state health department. This role is especially important because Iowa has re-structured and separated its Departments of Public Health and Human Services. Having the systems integration coordinator funded by both departments will help coordination continue, despite the structural changes.

When the systems integration coordinator started, they developed a list of standing meetings across departments. They also met with the manager overseeing HIV and hepatitis C prevention programs and the SOR and OD2A directors. Finally, they spoke with each staff member in both departments about their roles and duties. The systems integration coordinator summarized this information and presented information about each department and its programs. This helped staff learn about the structure and function of each department, and the different language that programs and staff use.

The systems integration coordinator also develops cross-sector HIV and OUD educational activities. The coordinator oversaw an assessment of OUD training needs among HIV case managers and prevention specialists, and HIV training needs among peer recovery coaches working in substance use. The coordinator offered training based on those needs. The coordinator will continue to monitor training needs and identify new resources to develop capacity.

The systems integration coordinator will continue to engage staff from both departments, attend regular program and department meetings, and oversee the joint work plan, including HIV and OUD training activities. They will also coordinate the internal work group to facilitate joint activities and Iowa's systems strengthening efforts.



Arizona

HIV AND OUD COMMUNITY OF PRACTICE INITIATIVE

The Arizona health department found that a lack of communication between HIV and substance use/behavioral health programs made it hard to combine services. So it started a community of practice (CoP) for frontline staff across the two programs (see Figure 2).

Figure 2. HIV and OUD CoP Members

- HIV testing staff
- HIV case managers (medical and non-medical)
- Housing case managers
- Ryan White eligibility staff
- Care coordinators and navigators
- Mental health providers and counselors
- People with HIV
- People with personal SUD and recovery experience

The CoP is managed by HIV and OUD frontline staff who support its structure and goals and facilitate group discussion and problem solving. In this way, the CoP provides a space for mutual learning and teamwork. The CoP works to remove the barriers between HIV prevention staff, Ryan White HIV/AIDS Program case managers, and SUD/behavioral health staff. CoP monthly meetings usually include a guest speaker or presentation from a member, questions, and discussion. In the CoP's first year, meetings focused on:

- Introductions to each agency represented.
- How HIV and SUD/OUD care overlap.
- Stigma and its harm.
- Trauma's role and importance, and how to be trauma-informed.
- Ways to prevent HIV transmission and Rapid Start for new HIV diagnoses.
- HIV care continuum and the American Society for Addiction Medicine levels of care.

- OUD medications.
- Motivational interviewing.
- Challenges specific to clients who have experienced incarceration recently.
- Local challenges: barriers, referrals, and policies.

The CoP learned a lot in its first year. For example:

1. A group for and made up of frontline staff should be led by frontline staff.
2. Review membership regularly to make sure that people with lived experience, from different communities, and in various staff roles are represented.
3. Invite guest speakers, but not to every meeting. Make sure they understand the group and its purpose.
4. When possible, use a question-and-answer format instead of formal presentations. Make sure guest speakers are prepared to engage in discussion.
5. Let the group choose meeting topics.
6. Continue to problem solve client barriers and challenges as a group.
7. Work together to develop up-to-date resources to improve cross-system referrals.

CONSIDERATIONS FOR STATE ACTION

These state examples show that there are many ways to join HIV and OUD workforces. States may dedicate a staff position to coordinate service delivery. Others may create working groups or combine training efforts. The following steps can help.

1. **Assess health department and/or frontline staff HIV and OUD knowledge needs.** Then find ways to build their knowledge and skills. This can include training and creating CoPs or collaboratives to share learning and solve problems.
2. **Assess health department structure,** including staff roles and duties to see if and where there is service delivery system coordination. In many cases, coordination may be a few people's responsibility. Health departments may find that making a role just for systems coordination is more effective. This could mean re-assigning duties among staff or hiring for a new position.
3. **Seek funding—including combining funding across programs—to build workforce capacity.** Using multiple funding sources commits both HIV and OUD programs to the effort. Combined funding can support a new role such as Iowa's systems integration coordinator. It can also support a CoP or other workgroup or training.
4. **Use staff and client expertise.** Frontline staff understand their own capacity building needs. People with lived HIV and OUD experience understand the needs of their peers and where there are gaps in care.