HRSA
Ryan White & Global HIV/AIDS Programs

HRSA's Ryan White HIV/AIDS Program

The Intersection of HRSA's Ryan White HIV/AIDS Program and the Opioid Epidemic

A recent study has shown that the overall number of deaths in people with HIV in the United States is declining (12.7% decline from 2011 to 2015), yet the number of opioid overdose deaths in people with HIV is on the rise (47% increase from 2011 to 2015).[1] The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) recipients have spent decades building systems of care to meet the needs of people with HIV, including providing services to address individuals' medical and social needs. In consideration of the opioid crisis, RWHAP recipients are facing the need to redouble their efforts to provide services to the most vulnerable populations, meeting clients where they are and working to improve individual-level and overall public health.

[1] Bosh KA, Crepaz N, Dong X, et al. Opioid overdose deaths among persons with HIV infection, United States, 2011–2015. [Abstract number 147]. Abstract presented at the 2019 Conference on Retroviruses and Opportunistic Infections; March 7, 2019; Seattle, Washington.

To better understand the current impact of the opioid epidemic on the RWHAP, HRSA HIV/AIDS Bureau (HAB) hosted a Technical Expert Panel (TEP) on the "RWHAP Response to the Opioid Epidemic" in summer 2018. The TEP convened RWHAP recipients and other experts to discuss the intersection of the RWHAP and the opioid epidemic and how services for people with HIV who have substance use disorder could be bolstered to improve health outcomes. This technical assistance document provides examples from the TEP and follow-up phone interviews with TEP participants of activities RWHAP recipients are currently implementing for people with HIV who have substance use disorders; it also highlights how HRSA RWHAP providers can provide services to address clients' behavioral health needs, including those related to substance use.

> *"Like in the early years of HIV/AIDS, when homophobia led to responses of blame and fear, addiction is seen as a social problem rather than a defined disease. At the crux of another public health crisis, we need to take responsibility as a community, as providers, as human beings, for those who are living with addiction … This epidemic is a crisis that knows no geographic or economic boundaries. And the impact of it is felt across racial and ethnic minorities, and especially in disadvantaged populations. Like the HIV/AIDS epidemic, addiction touches just about every family in the U.S."*
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> RADM Sylvia Trent-Adams, Ph.D., R.N. F.A.A.N., Principal Deputy Assistant Secretary for Health

CONSIDERATIONS FROM RWHAP PROVIDERS ON IMPLEMENTING SERVICES

RWHAP recipients are already engaging in work related to the intersection of HIV and the opioid epidemic, identifying the need in their jurisdiction and ways to implement work in what can be a challenging environment. The following overarching practices are important to consider when working to address the concomitant HIV and opioid epidemics in your jurisdiction.

- **Conduct training and provide technical assistance in all settings.** Consider a broad response to the opioid epidemic, with collaboration and program initiation from prevention, care, and treatment programs.
- **Explore opportunities to diversify funding.** Identify if funding is available from multiple sources (HIV prevention, RWHAP, Substance Abuse and Mental Health Services Administration [SAMHSA], etc.) to ensure that comprehensive services can be offered to clients. Within the evolving healthcare landscape, RWHAP funds can make it possible for "out-of-the-box thinking."

> *"When I asked them to come to the table, I asked as a partner. 'Let's do this together' instead of 'I'm doing this.' We need to collaborate and pull from our collective strengths."*
>
> Shannon Stephenson, Chief Executive Officer, Cempa Community Care

- **Use data to understand the needs of your client population.** Assess the data trends of clients accessing services at your site. Are there increases in the number of **new** clients who report injection drug use as a risk factor? Have the demographics of these clients changed or remained the same? What are the clinical outcomes of people with HIV who also have substance use needs? Understanding these questions can support program-planning activities.

- **Engage all providers.** Coordinate with local organizations to ensure that where a person initiates service does not define or limit the types of services they receive. Co-locate services when possible; for example, work to increase the co-location of medication-assisted treatment (MAT) and HIV treatment. Socioeconomic circumstances are at the core of linkage. Poverty, risk of HIV and other diseases, lack of jobs, and homelessness can be pervasive, ongoing, and unresolvable. Integrating services helps to treat the whole person.

- **Ensure warm hand-offs.** When possible, have a direct (i.e., in person) "hand-off" of a client from one service provider to another, helping to ensure the client successfully engages with the next provider.

> *"We need to better coordinate with local organizations to ensure that wherever patients land, we can ensure they get care."*
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> Pamposh Kaul, Clinical Director, Ohio Regional AIDS Education and Training Centers

- **Encourage mainstreaming behavioral health services.** Work to incorporate behavioral health assessment and treatment into all RWHAP services. When all RWHAP clients are engaged in behavioral health, the engagement is destigmatized, and mental health and substance use risk factors can be assessed in a more consistent manner.

- **Assess and address emergent issues.** Inventory service systems to identify existing or emerging needs and issues. Consider if providers could establish and support mobile services to intensify efforts.

- **Understand the opioid epidemic and engage the community in which you are working.** Understand the type(s) of opioid epidemic in your jurisdiction (i.e., injection drug use, prescription drug use). There are different approaches to addressing the opioid epidemic, depending on the type of overuse experienced in a jurisdiction. Mobilize the broader community in which you are doing work to unify the effort. Develop a community action plan with a broad range of partners (e.g., military, tribal groups, homeless shelters, faith centers, emergency departments, barber shops/salons, police and other first responders, health department, etc.).

- **Ensure a client-centered approach to services.** Stigma toward substance users remains, even among some RWHAP recipients and subrecipients. RWHAP recipients have an opportunity to serve as leaders in implementing programs that meet substance users "where they are" without judgment, maintaining client rights, and ensuring that access to MAT and other interventions is not contingent on abstinence. The RWHAP has demonstrated high acuity in achieving viral suppression among people with HIV in general; however, reengagement and retention remain at the forefront of challenges when working with complex clients. Focusing on meeting clients where they are and embracing the challenges of individual circumstances could help increase access to and retention in the RWHAP systems of care for people with HIV who have substance use disorder.

> *"Many clients seem to be ready to be engaged—we will always offer resources and allow clients to know when they want to engage."*
>
> Tammy Miller, RWHAP Part C Clinic Manager

IMPLEMENTATION ACTIVITIES

RWHAP recipients have experienced successes in working with people with HIV who have substance use disorder. TEP participants are implementing the following strategies:

Community Engagement

- **Develop a community-level action plan.** The process of developing an action plan includes analysis of what exists within the community, what does not exist in the community, and where people are falling through service gaps. Implementation of the action plan helps to improve workflow.

- **Focus on relationships to gain trust.** Gather broad representation of community leadership and members to create a consortium to tackle the opioid problem in individual communities. This emboldens people to continue and further the work on their own.

- **Collaborate with health centers to establish an HIV, HCV, and substance use disease management portfolio.** Health centers have a wide range of services, eliminating the need for clients to be referred out to additional providers. Invest RWHAP funds in existing resources, like health centers, and work to bolster them. Coordinate with local providers and provide them with training and resources to assist them in furthering the services they are able to provide.
- Address and work to reduce **stigma.**

Development of Comprehensive and Integrated Services

- **Support syringe services programs (SSP).** RWHAP funds can be used to support SSPs, with the exception of needles/syringes and related equipment. The most effective SSP model is multi-tiered: for example, a full SSP that is open five days a week for 40 hours a week, with mobile clinics that go to various locations two hours a week.

> *"I would say that stigma and transportation are the biggest obstacles to any kind of care in rural communities—addiction, HIV, mental health. There is tremendous stigma around any of these topics. What that turns out to mean in the field is the work is slower than you would like, painstaking. You have to spend a lot of time gaining people's trust, and even then, they may not agree, but at least they would listen to you."*
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> Judith Feinberg, Professor, Behavioral Medicine & Psychiatry, West Virginia University

- Establish **local treatment and prevention** for people who have substance use disorder.
- **Develop and support programs that distribute naloxone** at saturation levels directly to people in communities at high risk.
- Streamline **immediate access to medical care** to ensure that people with HIV do not have to wait for care.
- Investigate the ability of **MAT providers** to prescribe and/or administer HIV medications.

> *"Stigma is crosscutting, regardless of health care policy and financing landscapes."*
>
> Daniel Raymond, Deputy Director, Planning & Policy, Harm Reduction Coalition

- Develop a **case management model for people who have substance use disorder,** combining lessons learned from medical and nonmedical case management implementation. Establish and share coordinated care plans across RWHAP and behavioral health.

Systems Changes

- Explore opportunities to enact **policy changes** to make buprenorphine available in more settings, including SSPs, jails, emergency departments, and homeless shelters.

> *"Medicaid expansion has been critical because it opens up opportunity. [It] opens up people to a range of services beyond what Part A would fund. [It] opens up PrEP [pre-exposure prophylaxis]. It has been critical for people accessing services."*
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> Coleman Terrell, Director, Philadelphia Part A

- **Educate** all team and support system members (RWHAP case managers, primary care providers, family, etc.) on addiction disease and management in an effort to enact change.
- **Provide training** on pain management, including dealing with both the pain people have and the reasons why people might be misusing substances. Give options for people who might be ready for harm reduction, not elimination.
- **Support frontline staff** who are directly impacted by trauma on a regular basis.

Although RWHAP recipients have implemented work related to the opioid crisis into their service structures, TEP participants noted that those efforts are just beginning to meet the needs. They indicated that much more effort is needed to fully address the HIV and opioid epidemics. HRSA HAB encourages recipients to consider ways to further their efforts to address the opioid epidemic in their existing and future service structures.

HOW HRSA'S RWHAP CAN SUPPORT PEOPLE WITH HIV WHO HAVE SUBSTANCE USE DISORDER

RWHAP recipients are funded to provide a range of services to support the HIV-related needs of eligible individuals. HRSA HAB Policy Clarification Notice (PCN) 16-02 details the allowable uses of RWHAP funds to provide services to both people with HIV and, in some instances, people who are affected by HIV. To be an allowable cost under the HRSA RWHAP, all services must—

- Relate to HIV diagnosis, care, and support,
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services (HHS) Clinical Guidelines for the treatment of HIV and other related or pertinent clinical guidelines, and
- Comply with state and local regulations and be provided by licensed or authorized providers, as applicable.

Although PCN 16-02 specifically outlines the allowable activities under the Substance Abuse Outpatient Care and Substance Abuse Services (residential) service categories, all core medical and support services can be leveraged to assist RWHAP clients who have substance use disorder (refer to HRSA HAB PCN 16-02 for the complete service category definitions).

In March 2016, HHS released guidance on the use of federal funding to support SSPs. The guidance maintains the prohibition of the use of federal funds to purchase sterile needles or syringes for the purpose of injection of any illegal drug; however, it includes funding SSPs as an allowable use of federal funds. In April 2016, HRSA issued guidance specific to the use of HRSA funds (including RWHAP funds) to support certain components of SSPs. RWHAP recipients should coordinate with their project officers when considering implementation of SSP components as part of their RWHAP-funded work.

RESOURCES

The following resources are available for RWHAP recipients to explore how they can further implement behavioral health services for people with HIV who have substance use disorder.

amfAR. 2019. "Opioid Epidemic/Drug Policy." www.amfar.org/opioid-drug-policy.

Centers for Disease Control and Prevention. 2019. "Opioids Portal." www.cdc.gov/opioids.

Dawson, L., and J. Kates. 2018. "HIV and the Opioid Epidemic: 5 Key Points." Kaiser Family Foundation. www.kff.org/hivaids/issue-brief/hiv-and-the-opioid-epidemic-5-key-points.

U.S. Department of Health and Human Services. August 2012. *Training Manual: Integration of Buprenorphine into HIV Primary Care Settings*. Available at www.targethiv.org/sites/default/files/file-upload/resources/HRSA.%20SPNS.%20IHIP%20buprenorphine%20training%20manual.%20508%20compliant.pdf.

U.S. Department of Health and Human Services. 2018. "Substance Use and HIV Risk." www.hiv.gov/hiv-basics/hiv-prevention/reducing-risk-from-alcohol-and-drug-use/substance-use-and-hiv-risk.

U.S. Department of Health and Human Services. 2019. "Help, Resources and Information: National Opioids Crisis." www.hhs.gov/opioids.