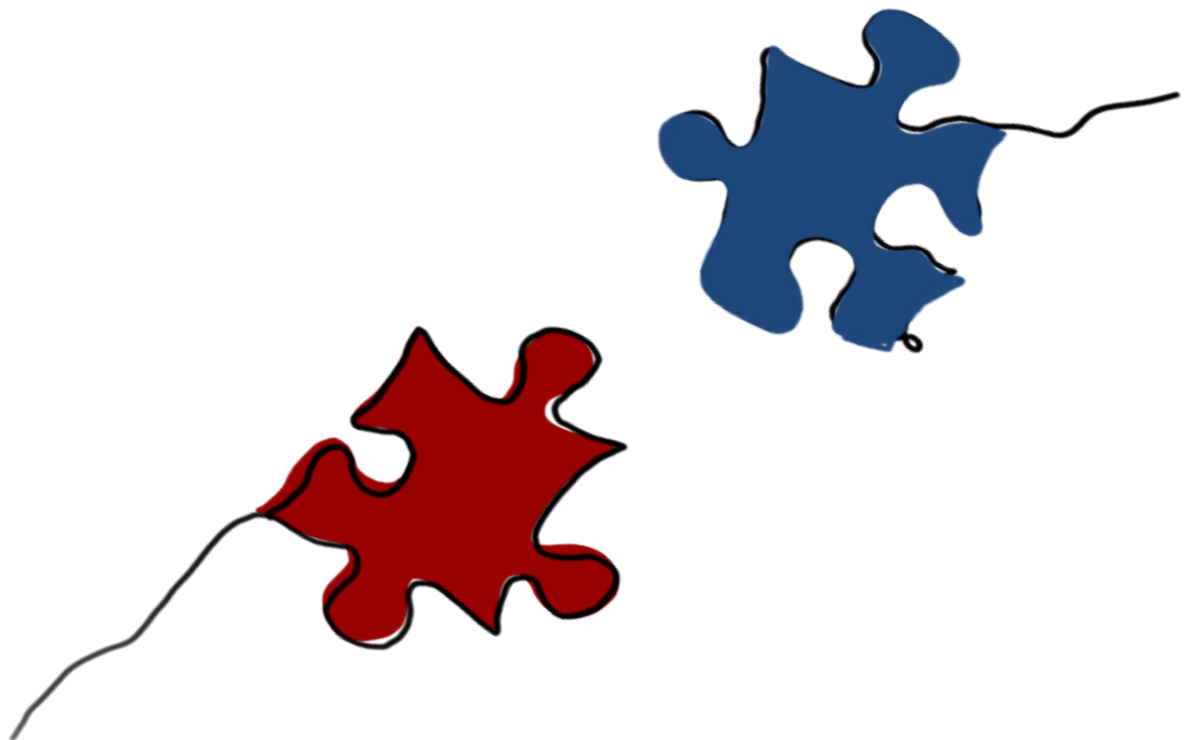


BRIEF

Establishment of a Louisiana Department of Health
Substance Use and Infectious Disease Steering Committee:
Recommendations from a Series of Stakeholder Interviews

MARCH 2022



The Health Resources and Services Administration-funded Ryan White HIV/AIDS Program Special Projects of National Significance initiative Strengthening Systems of Care for People with HIV and Opioid Use Disorder (OUD) 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 OUD have access to care, treatment, and recovery services that are client-centered and culturally responsive.

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Background

Beginning in late 2019, JSI Research & Training Institute Inc. (JSI), in collaboration with NASTAD, convened LDH partners across the Office of Public Health (OPH) and Office of Behavioral Health (OBH) and formed a Strengthening Systems of Care for People with HIV and Opioid Use Disorder (SSC) core working group. The [SSC initiative](#) is funded by the Health Resources and Services Administration under their Ryan White HIV/AIDS Program Special Projects of National Significance authority.

Through monthly convenings, the LDH SSC core group has prioritized activities and advanced efforts to strengthen system-level coordination and networks of care for people with HIV and opioid use disorder (OUD). The LDH SSC core group also recognizes the importance of creating infrastructure to sustain ongoing collaboration following conclusion of the project. The LDH SSC core team proposed **establishment of an LDH Substance Use and Infectious Disease Steering Committee** to leverage funding and implement collaborative programs across HIV, hepatitis C virus (HCV), and substance use, including OUD.

In response, JSI engaged Steven Young as an external consultant to conduct a series of discussions with ten key individuals in leadership positions in LDH and Louisiana state government to assess the viability and inform the development of a new steering committee. This brief summarizes feedback and recommendations to formalize collaboration and integration across LDH to provide coordinated, patient-centered, and culturally responsive care, treatment, and recovery services for people with HIV, OUD, and HCV.

Call to Action for LDH Leadership

- **Urgency of issue**
 - Affirm the need for enhanced systems-level coordination across infectious disease and substance use funding, programs, and services in response to the ongoing syndemic of HIV, STIs, viral hepatitis, and substance use in the context of social and structural/institutional factors including stigma, discrimination, and violence.
- **Influential champion(s)**
 - Identify champions to demonstrate commitment to the initiative and who have the authority to mobilize resources and drive decisions.
- **Adequate resources**
 - Allocate staff and financial resources to demonstrate commitment and ensure a sustainable and functional body.

Recommendations for establishing an LDH Substance Use and Infectious Disease Steering Committee

Mission and Structure



Identify a Common Agenda

- **Clarify the role** of the new steering committee as distinct from other committees or commissions
- Consider how its work might be **incorporated into the work of other committees or commissions**
 - Review existing strategic plans to inform priorities and activities
- Develop a **vision and mission statement**
 - Connect vision and mission to grant proposals and funding coordination



Establish Backbone Support

- Establish the steering committee at a **high level within LDH** in order to:
 - Demonstrate ongoing commitment to integrated care and services across infectious disease and substance use
 - Ensure actionable activities
 - Provide dedicated resources
 - Promote continued engagement
 - Ensure continuity of the group as administrative priorities changes
- Composition/representation - inclusive of:
 - High-level LDH leadership with **decision-making authority**
 - Program staff with **implementation experience**
 - Subject matter experts
 - External stakeholders
 - **People with lived experience**
- Consider engaging **other LDH offices/programs**
 - Office of Aging and Adult Services (OAAS)
 - Office of Community Partnerships and Health Equity
 - Bureau of Health Services Financing (Medicaid)
 - OPH Bureau of Health Informatics
- Identify strategies to **promote and sustain ongoing engagement**
 - Consider motivations for membership in determining composition
 - Include mix of members - those who volunteer given their interests and those appointed because of their position

Role and Activities



Establish Shared Measurements

- Identify opportunities to **coordinate data collection, data sharing, and analysis across HIV, HCV, SUD/OD programs**
 - Identify data indicators across HIV, HCV, and SUD/OD programs
 - Review syndemic data (HIV, STIs, HCV, SUD/OD)
 - Establish processes for routine data sharing
- Establish **uniform service standards** across the state to support an integrated HIV, HCV, and SUD/OD care model
 - Develop common HIV and HCV service measures to incorporate into OBH LGE contracts and OPH SHHP contracts
- Develop a **data dashboard** to elevate and disseminate information collected from **regional and LGE activities** to inform state priorities



Identify Mutually Reinforcing Activities

- **Review new projects and staffing** from multiple levels (i.e., high-level and program level) to avoid duplication of efforts, create efficiencies, and inform opportunities
- Examine funding streams to identify a potential **“braided funding” approach to support integrated programs** for people with or at risk for HIV who use drugs
- Establish department-wide expectations and protocols to support a **low barrier, no-wrong-door approach to HIV, HCV, and SUD/OD services**
 - Analyze gaps in service delivery across HIV, HCV, SUD/OD, and geographic areas
 - Examine opportunities for integration to ensure that individuals across the state have access to the same level of services
- Incorporate a **comprehensive drug user health framework** that centers the need for holistic care and services for people affected by SUD/OD
 - Create an LDH **drug user health value statement**, which might include a statement of rights for people with HIV, HCV, and SUD/OD
 - **Educate and train local government officials** toward an expansive understanding of the syndemic of HIV, STIs, viral hepatitis, and substance use in the context of social and structural/institutional factors including stigma, discrimination, and violence
 - Implement **standardized syndemic training requirements** for program staff across HIV, HCV, and SUD/OD
- Identify system and structural level approaches to **reduce intersectional stigma**, including policy development



Implement Continuous Communication

- **Inventory reporting and information sources** for HIV, HCV, SUD, and OUD services
- Develop mechanisms (e.g., dashboard) to **promote broader information sharing across programs and stakeholders** to inform intersectional statewide efforts
- Develop mechanisms to **routinely engage a broader group of external stakeholders** outside of the steering committee membership to obtain meaningful input (e.g., statewide harm reduction community advisory board)
- Establish **regional collaborative/coordination meetings for OBH and OPH-funded HIV, HCV, SUD, and OUD program staff**