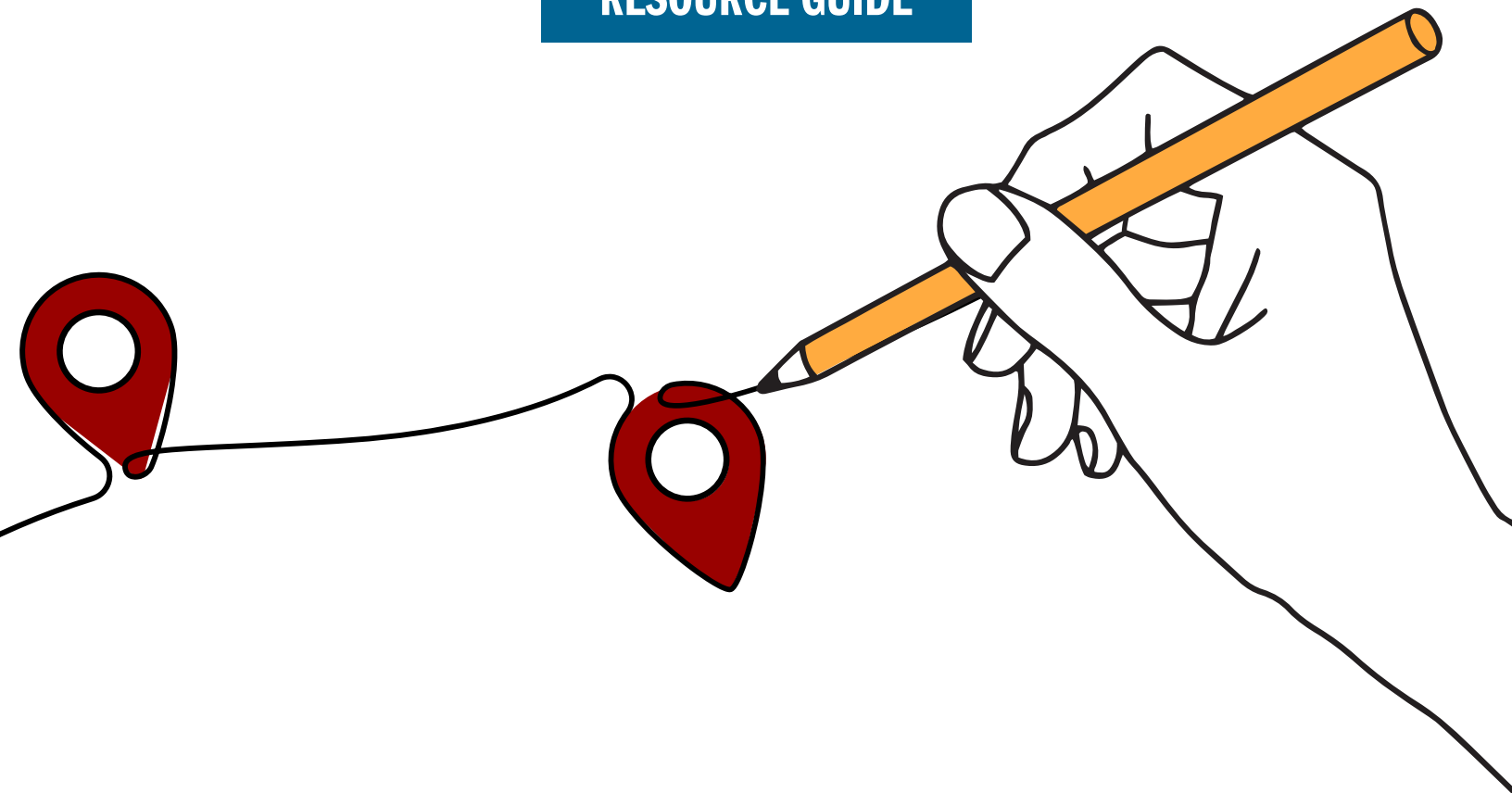




GUIDE FOR DEVELOPING HIV AND OPIOID USE DISORDER SERVICE INVENTORIES AND USING GEOGRAPHIC MAPPING

RESOURCE GUIDE



The Health Resources and Services Administration (HRSA)-funded Ryan White HIV/AIDS Program Special Projects of National Significance (SPNS) 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 partners participating in the project. For more information about the project and to access additional resources, visit <https://ssc.jsi.com/>.

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PURPOSE

This guide offers considerations for how state agency staff can develop and maintain an accessible HIV and opioid use disorder (OUD) service inventory. This guide can be used by state agency HIV and OUD staff to:

- Understand the purpose and use of an HIV and OUD service inventory.
- Create and maintain a combined inventory of HIV and OUD services and organizations by geographic area/county/region throughout the state.
- Develop a plan to create a geographic map for state agency HIV and OUD staff, clinical staff, case managers, behavioral health providers, and other agencies and staff involved in the HIV and OUD systems.

INTRODUCTION

For many people with HIV or OUD, the need for HIV and OUD care intersects, and may include treatment for viral hepatitis, other substances, mental health, and other chronic conditions. Navigating two or more care systems can be challenging for clients and their providers. Agency staff are often well-connected within their own system, but may not have a comprehensive understanding of available resources and services outside their network. This gap hinders the capacity of HIV providers to facilitate referrals to OUD services and vice versa, which prevents clients from accessing support that could enhance their ability to stay healthy and in care.

By developing a combined HIV and OUD service inventory (a complete and comprehensive list of agencies and their services) and accompanying geographic map(s) of resources, staff within each system will be able to increase their knowledge of available services, expedite the referral process across systems, and identify where resources are located and where gaps and disparities in service provider locations exist. As a result, state agencies will be able to determine where resources need to be directed moving forward.

This guide can be used in tandem with the Service Mapping Data Collection Template, which will help in the development of a comprehensive inventory and map of the HIV and substance use systems of care in a state. The template will assist in identifying the various sites one agency might have as well as the associated HIV and/or OUD services provided.

QUESTIONS?

Email us at ssc@jsi.com or contact your JSI or NASTAD TA lead to explore opportunities to discuss this topic with other state partners.





Phase 1: Define the scope of the inventory and create a plan.

In the first phase, state agency HIV and OUD staff should examine the general service needs of people with HIV and OUD; the need for a combined HIV and OUD inventory (or inventories); interest of providers within their jurisdiction to use an inventory; gaps in current resources; and availability of staff and other personnel to develop the service inventory and geographic maps.

The following questions will help state agency HIV and OUD staff develop a plan and outline the activities, resources, and staff needed to develop the HIV and OUD service inventory and maps.

- What resources (e.g., spreadsheets, reports, online inventories) exist that include information about HIV and OUD services in the state?
- What additional resources are needed to develop a combined inventory and map(s)?
- Which staff have the capacity and knowledge of the HIV and OUD systems to develop an inventory? Who should be responsible for leading and organizing this process?
- Who has access to both systems and should be involved in this process?
- What are the current (if any) internal processes for preparing an inventory of services within the HIV system?
- What are the current (if any) internal processes for preparing an inventory of services within the OUD system?
- What will be the most user-friendly modality to access the inventory for service organization staff (e.g., a website, an app, a printed booklet)? Consider internet and computer access, ease of use, and the service settings for staff and client interactions.
- What is the ideal format for the final product(s)? How will they be maintained?
- What is a realistic timeline for completing this process?
- How could the processes for a combined inventory be simplified?

Once the above questions are answered, create a work plan based on the goal and scope of the inventory.



Phase 2: Develop an inventory.

In this phase, state agency HIV and OUD staff should work collaboratively with relevant partners to:

1. Identify data collection criteria.
2. Collect and compile data.
3. Build the inventory.



Phase 2.1: Identify data collection criteria: Determine the essential data elements that inform HIV and OUD care decision-making.

State agency HIV and OUD staff may choose to use or adapt the accompanying inventory template to start developing an inventory. The following questions will help state agency HIV and OUD staff generate a list of data elements to collect:

- What is the geographic area (a metropolitan area, a jurisdiction, a state) do you want to create an inventory for?
- What data elements for each service area should be collected? Consider identifying required vs optional elements for both HIV and OUD services.
- What services should be featured and prioritized? In addition to HIV and OUD service information, the inventory should capture polysubstance use, viral hepatitis, and other related services available in the state.
- How much information should the inventory include? What information is the most useful and critical in making a decision about a client's care?
- What other information would be valuable to highlight (e.g., payment options, public transportation access, shelters, foodbanks)?



Phase 2.2: Collect and compile data: Generate a list of agencies and their available services.

Once the data collection criteria have been defined, edit the inventory template or create a data collection tool to compile the list of agencies.

- Which organizations provide HIV services within the defined geographic area and match the required data elements?
- Which organizations provide OUD services within the defined geographic area and match the required data elements?
- How will data be collected from the designated organizations? Options include an online survey, sending an Excel template to be completed by each organization, having a team member of this coordinating effort complete all the information in collaboration with each agency, facilitating a meeting in which each organization spends an allotted amount of time completing its section and the coordinator of this effort compiles all information into one document, etc.
- How will the data be reviewed and standardized?



Phase 2.3: Build the inventory.

Depending on the modality used to access the inventory (e.g., website, app, online database, printed booklet) additional phases will need to be identified and included in the inventory development work plan. It is important to consider the most user-friendly option to ensure the inventory is widely used.

- How will data be compiled/built into the inventory?



State agency HIV and OUD staff must consider all the necessary steps to develop the functionality of their inventories, especially for web-based inventories, including design, live vs. periodic updates, menu structure, search options, and geographic mapping functionality.



Phase 3: Develop service inventory maps.

Maps can be developed to provide a visual representation of the key data elements from the service inventory. Maps can illustrate the proximity of services as well as the service area gaps within specific geographic areas such as neighborhoods, counties, and regions in the state. State agency HIV and OUD staff should identify which service and prevalence data would be most useful to highlight for partners, providers, and/or clients who will use the inventory mapping. The following questions will help identify this information:

- What services should be highlighted?
- What are the geographic areas of focus (city, county, state)?
- How much information should the maps present?
- Where are harm reduction services located?
- What other information would be valuable to highlight?
- Which staff have the capacity to develop maps? Who should be responsible for this phase in the process?

The actual map development will need to be completed by a staff person with geographic information system (GIS) mapping skills or an outside consultant. Specific software such as ESRI's ArcGIS Desktop GIS software is needed to create an inventory map. Other options include Tableau data visualization software or QGIS, an open source desktop GIS software. Additional phases will need to be added to the work plan to include the inventory mapping development.



Phase 4: Assess gaps and mitigate disparities.

Use the maps to identify gaps in services and opportunities for partnerships or new services. Geographic maps can illustrate gaps, capacity, and geographic disparities related to social determinants of health. State agency HIV and OUD staff should assess and engage partners in discussions about HIV and SUD service gaps and challenges or opportunities for improving service delivery. The following questions will help assess gaps in services offered by location and identify areas for future activities and initiatives:

- What is the provider availability in specific areas, by type of service (including medication for addiction treatment prescribers)? Is it enough to meet the need?
- Where are the Syringe Service Programs (SSPs) and other harm reduction centers located? Are there other geographic areas that would benefit from these services?
- What referral networks are in place in specific areas? Where are opportunities to strengthen relationships?
- Where are recovery services available? Is there enough capacity to meet the need?
- How can existing or additional funding help fill identified gaps?
- How can partnerships be improved or leveraged to fill identified gaps?



Phase 5: Disseminate and promote inventories to agencies and providers.

State agency HIV and OUD staff should develop a comprehensive dissemination strategy to promote the value of the inventories. The strategy should ensure access by all HIV and OUD providers and monitor distribution and access to determine if other approaches are needed to overcome barriers to reach hard-to-reach providers. The following questions will help state agency HIV and OUD staff determine the key aspects of a promotion and dissemination plan as well as how to track the use of the inventory.

- What are the best ways to inform HIV and OUD staff of the inventory(ies)?
- What will motivate HIV and OUD staff to use the inventory?
- How will these inventories leverage current referral efforts across systems?
- How will inventories be distributed or made accessible?
- How will dissemination be tracked?
- Who should be involved and lead the promotion and dissemination?
- What resources are needed to promote use of these inventories?
- How will use of the inventory be tracked?
- Who will oversee and analyze the tracking data?



Phase 6: Maintain inventories and maps.

Maintenance activities will need to be conducted to keep the inventory up-to-date. Inventories and maps will become outdated due to changes in services, organizational merges, redirection of funding, partnerships, etc. State agency HIV and OUD staff should identify staff responsible for maintaining the inventory(ies) and determine how frequently the updates should occur. The following questions will help state agency HIV and OUD staff maintain the inventory(ies):

- How will feedback on the inventories and their use be collected?
- How will maintenance be supported?
- How often will the inventory(ies) be reviewed?
- How often will updates be made?
- What resources are needed to maintain the inventory(ies)?
- Who will be responsible for the maintenance and updating of the inventory?