NIDA’s Services Research Branch:
An Overview of Criminal Justice/HIV Areas of Interest

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Criminal Justice Affected Communities Scientific Interest Group
DC Center for Aids Research
September 9, 2015
Overview

• DESPR/SRB Overview
• Funding Opportunities of Interest
• New NIH HIV Priorities
• CJ & HIV Research at NIDA: Priorities & Example Initiatives
• Questions
Division of Epidemiology, Services and Prevention Research (DESPR): NIDA’s Public Health Division

DESPR promotes epidemiology, services & prevention research to understand and address the range of problems related to drug abuse, in order to improve public health.
SRB’s Mission

NIDA’s Services Research Branch supports rigorous research to maximize the efficient delivery of high-quality, personalized treatment when, where, and how patients need it.
**SRB’s Key Research Priorities**

<table>
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<tr>
<th>Priority</th>
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<tbody>
<tr>
<td>Implementation, Sustainability &amp; Outcomes of EBP’s</td>
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<tr>
<td>Integration of Drug Treatment into Medical Settings</td>
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<td>Healthcare Reform Impact</td>
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<td>Innovative Therapeutic &amp; Business Practices to Improve Quality of Care</td>
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<td>Economics of Drug Treatment (e.g., financing, cost, CE, CB)</td>
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<tr>
<td>Development of Quality Measures</td>
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<td>Workforce Issues</td>
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Select NIDA Funding Announcements

**Health Services**
- Health Services & Economic Research on Prevention and Treatment
  - PA-15-250 (R34), 251 (R01), 252 (R03), 252 (R21)

**Prevention**
- Intervention Research
  - PA-15-080 (R21), 081 (R03), 082 (R01)
- Pilot & Feasibility Studies in Preparation for Drug & Alcohol Abuse Prevention Trials
  - PA-15-177 (R34)

**Epidemiology**
- PA-15-001 (R21), 002 (R03), 003 (R01)

**Cross-Cutting Mechanisms**
- **Time Sensitive** Drug Abuse Research (soon to be re-issued): PAR-12-297 (R21)
- Public Health Impact of Changing Policy/Legal Environment for *Marijuana*: PAS-14-020 (R01)
- “Accelerating the Pace” **Secondary Data Analysis**: PAR-13-080 (small R01s)
- **Dissemination & Implementation**: PAR-13-054 (R21) 055 (R01), 056 (R03):
- **Career Development**: NIH Parent Grants for : K08, K23, K25, K01, K02, K24, F30, F31, R36

**HIV**
- Avenir Award (RFA-DA-15-007)
  - Must be within 10 years of degree
- Others likely to be issued in FY2016...
**New HIV Priorities (released Aug 12)**

High Priority topics of research for support using AIDS-designated funds

- **Reducing Incidence of HIV/AIDS** including: basic research (e.g., vaccine development) + developing, testing, and implementing strategies to improve HIV testing and entry into prevention services.

- Next generation of **HIV therapies**

- **Implementation research** to ensure treatment initiation, retention and engagement...

- **Research toward a cure including:** viral research toward cure/lifelong remission

- **HIV-associated comorbidities, coinfections, and complications**

- **Cross cutting areas:** Basic research, health disparities, and training including:
  - **Basic Research:** biology-focused
  - **Research to Reduce Health Disparities** in the incidence of new HIV infections or in treatment outcomes of those living with HIV/AIDS.
  - **Research Training** of the workforce required to conduct High Priority HIV/AIDS or HIV/AIDS-related research.

New HIV Priorities (released Aug 12)

Medium Priority topics of research for support using AIDS-designated funds include projects that demonstrate **HIV/AIDS is a meaningful component** of the project and/or **knowledge about HIV** will be enhanced by the project, as evidenced in the specific aims.

- Several examples of research that could be considered as Medium Priority include:
  - The project examines a **fundamental scientific question (or questions)** that has a clear or potential link to HIV/AIDS;
  - The project includes **people (or biological specimens from people) who are living with HIV**, **are HIV exposed**, and/or are at **elevated risk** for HIV infection as part of a broader sample or as a comparative cohort;
  - The project addresses **health and social issues** that are **clearly linked** with HIV;
- The project meaningfully includes **HIV/AIDS (or SIV) outcomes/endpoints**; or
- The results of the project will **advance HIV treatment or prevention** and/or provide tools/techniques and/or capacity beneficial to HIV research (including training and infrastructure development).

New HIV Priorities (released Aug 12)

Low Priority topics of research will not be supported with AIDS-designated funds

- Research on natural history and epidemiology that is entirely focused on a co-morbidity and does not have any focus on or inclusion of HIV (e.g., malaria, TB, and drug abuse);
- Basic virology research
- Data analysis and systems tools that are not HIV-related, e.g., genomics studies of little or no relevance to HIV; or
- Studies of behaviors (e.g., sexual activities, drug use activities) or social conditions that have multiple negative outcomes where HIV/AIDS is only one of many outcomes being studied without a focus on how HIV/AIDS is unique in that context.

Justice & HIV Research at NIDA
Implementation science is not intended to test interventions, but to study how to get evidence-based interventions adopted, adapted, & sustained.
Four Signature Initiatives

- NIDA Principles of Drug Abuse Treatment in Criminal Justice Populations (last revised 2014)
- CJ-DATS II: HIV, MAT, Assessment (2008-2013)
- CJ-STTR (2010-2016)
28 sites, with each site pursuing a **self-selected goal** to improve the delivery of *HIV services* (prevention, testing, or linkage to treatment)

- Half received training only
- Half received training + coaching + local change team (modified from NIATx) (see Belenko et al., 2013 in *Health & Justice*)

**The coaching/change team approach:**

- **doubled the odds of successful delivery** of HIV services (Pearson et al., 2014, *AJPH*)
- resulted in **more positive attitudes toward HIV services** among staff (Visher et al., 2014, *Aids Education & Prevention*)

**Limited resources** most frequently cited reason for gaps in implementing best practices (Belenko et al., 2013, *Journal of Correctional Health Care*)
JJ-TRIALS Three Key Components

**National Survey**
- Longitudinal Collection
  - 2014
  - 2017
- 3 Samples (all within same county or MSA)
  - Juvenile Justice Agencies
  - Judges
  - Treatment Providers

**Screening, Assessment, and Treatment Implementation Intervention Protocol**
- Two arm RCT across 36 juvenile justice sites
- Launched in August

**HIV/STI Treatment & Prevention Pilot**
- Under development
- Smaller scale pilot study focused on public health-juvenile justice partnerships
- Youth-targeted video-based intervention
JJ-TRIALS Primary Goals

- Provide insights into current state of HIV & substance use prevention & treatment service delivery within juvenile justice system *(National Survey)*

- Improve delivery of Evidence-Based Practices addressing prevention and treatment services targeting substance use and HIV risk behaviors in community-based juvenile justice settings *(Study Protocols)*

- Advance implementation science* *(Methods/Publications)*
JJ-TRIALS Implementation Intervention

Sites

• Target sites are juvenile justice agencies serving youth under **community supervision**

• 36 planned sites
  – Sites are primarily county level juvenile justice agencies (mostly probation, but juvenile drug courts in one state)
  – Site are predominantly urban (some suburban, rural, and mixed sites however)

• 7 states

• Annually an estimated 33,000 youth are served across all sites
JJ-TRIALS Study Design: RCT + Randomized Start

Enables comparison of the effectiveness of two implementation interventions in promoting change (across phases) in perceived value and delivery of services.

Cluster Randomization (e.g., blocked by state, size)

Core Implementation Intervention Only

Enhanced Implementation Intervention

36 sites assigned to 1 of 2 study arms and 1 of 3 start dates
## Overview of Intervention Conditions

<table>
<thead>
<tr>
<th>Core Intervention Bundle (All Sites, first 4-6 months)</th>
<th>Key Activities</th>
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<tbody>
<tr>
<td><strong>Education &amp; Training</strong></td>
<td><strong>Quality Improvement Strategies</strong></td>
</tr>
<tr>
<td><em>Behavioral Health Training (8 hours/staff)</em></td>
<td><em>Needs Assessment</em></td>
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<td><em>Site Feedback Report</em></td>
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<td><em>Assisted Goal Selection</em></td>
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<td><strong>Skills-based Data-Driven Decision Making (DDDM) Training</strong></td>
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<table>
<thead>
<tr>
<th>Enhanced Intervention Bundle (Half Of Sites, following 12 months)</th>
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<tr>
<td><strong>Facilitation of DDDM</strong></td>
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<tr>
<td>* Assist Sites in Use of DDDM in <strong>Developing Action Plans</strong></td>
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<tr>
<td>*Assist Sites in Use of DDDM in <strong>Progress Monitoring</strong></td>
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</tbody>
</table>

| **Facilitation of Local Change Teams (LCT)**                  |
| *Assist Sites in **Developing LCT**                          |
| *Guide and Monitor LCT Planning Activities*                  |
| *Guide and Monitor LCT Progress*                            |
| *Transition Leadership of LCT to Site Leader*                |
J.J. TRIALS Target in Primary Protocol:
A More Focused Behavioral Healthcare Continuum for Justice Involved Youth

Delivery Setting

Juvenile Justice  Community Based SU Service Providers
Hypothetical Retention in the Behavioral Health Service Cascade

Identification Problems (% of intake cohort)

Transition Problems (% of those in need)

Retention Problems (% of those entering treatment)

Unmet Need

% Youth Receiving Services/Retention

Screened
Full Assessment
Referred
Initiated Treatment
Engaged (6+ weeks)
Continuing Care

Justice System
Transition
Treatment System
Seek, Test, & Treat: Addressing HIV in the Criminal Justice System: 12 Research Centers

Puerto Rico
Vietnam

State Receiving Funding
- NIDA funded PI
- NIDA + NIAID funded PI
- NIMH funded PI
- Jail/Prison Location

Single award
## STTR Criminal Justice Grants

<table>
<thead>
<tr>
<th>Seek</th>
<th>Test</th>
<th>Link</th>
<th>Treat</th>
<th>Retain</th>
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<tbody>
<tr>
<td>Video Counseling &amp; CARE+ Corrections (Beckwith/Kuo/Kurth)</td>
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<tr>
<td>Opt-Out &amp; Network Testing; Referral to Methadone/ART clinic; Telephone Support and DAART (Quan)</td>
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<tr>
<td>Opt-out Testing; Case Management; Telemedicine; Partner Notification; Incentives (Ouellet/Young/Puissis)</td>
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<tr>
<td>Network HIV Testing (Seal)</td>
<td>Patient Navigator (Cunningham)</td>
<td></td>
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<tr>
<td>Project Bridge (Kral)</td>
<td>Ryan White data (Rich/Solomon)</td>
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<tr>
<td>Onsite/Offsite Testing &amp; Project Bridge (Gordon/Rich)</td>
<td>MAT (Altice/Taxman, Springer)</td>
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<tr>
<td>CARE Rapid &amp; START (Sacks)</td>
<td>TNT imPACT(Wohl/Flynn/Golin/Knight)</td>
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Central core measures are used in every study, forming a pool of common items.

Specialty core measures may be asked based on specific interests of a sub-set of studies. Example: Cost/Cost Effectiveness, Climate/Culture of Jails Regarding HIV Intervention, etc.

## Initial Estimated STTR Harmonization Sample

<table>
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<tr>
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<th>Criminal Justice</th>
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<tbody>
<tr>
<td>Total N</td>
<td>29,868</td>
</tr>
<tr>
<td># Female</td>
<td>3,139</td>
</tr>
<tr>
<td># Male</td>
<td>26,619</td>
</tr>
<tr>
<td>HIV-Infected</td>
<td>11,058</td>
</tr>
<tr>
<td>HIV-Uninfected</td>
<td>11,058</td>
</tr>
<tr>
<td># Viral Load</td>
<td>4,847</td>
</tr>
<tr>
<td># CD4</td>
<td>18,938</td>
</tr>
<tr>
<td># HIV Testing</td>
<td>25,400 – 25,900</td>
</tr>
<tr>
<td># Drug Testing</td>
<td>302</td>
</tr>
</tbody>
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Implementation Science Can Change Service Delivery & Improve the Treatment Cascade

- **Opt-out HIV testing**
- **Partner notification**
- **Patient navigators**
- **Directly observed therapy**
- **Project HEART**
- **Incentives**

**Bar Chart**

- **HIV-Infected**
- **HIV Diagnosed**
- **Linked to HIV Care**
- **Need ART**
- **Retained in HIV Care**
- **On ART**
- **Adherent/Undetectable**
• Move from effectiveness to implementation research
  – Systematic (replicable, measurable) strategies for promoting adoption of evidence-based practices, with fidelity, in routine clinical settings
  – Approaching dissemination and implementation as deliberate actions (interventions)
  – Subjecting that process to the scientific method
    • Hypothesis-driven, experimental designs
    • Grounded in conceptual model of implementation process
Questions?

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