

Comprehensive Harm Reduction Supports Navigation to Curative Hepatitis C Virus (HCV) Treatment and Syphilis Services

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HIV, STD and Hepatitis Section Manager

And

Josh Swatek

Hepatitis and Harm Reduction Program Manager

Expanded Navigation from Harm Reduction

- **Standard model and services:**

- Offer rapid testing for HIV and hepatitis C virus (HCV) at harm reduction sites.
- Navigation to substance use services

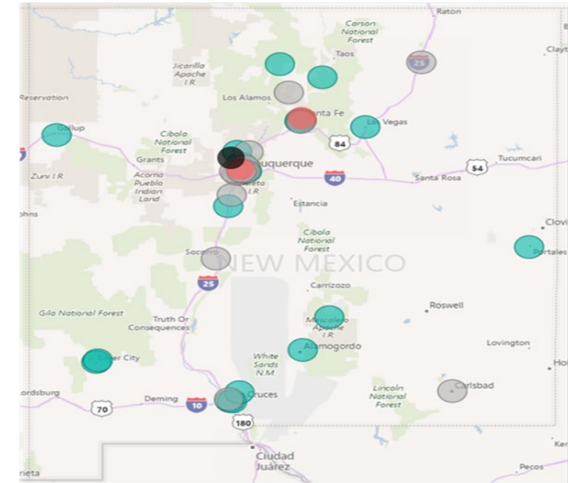
- **Enhanced model and services:**

- Active navigation to curative treatment for HCV.
- Syphilis testing and treatment.
- Integration with Disease Intervention Specialists (DIS) for disease investigation and partner services.

New Mexico's Innovations and Leadership in HCV Elimination

1. Project ECHO was founded in New Mexico specifically to increase access to HCV treatment.
2. New Mexico Corrections Department (NMCD) has a plan for HCV elimination.
3. Innovative policies increase access to treatment for Medicaid recipients
4. Access for persons without insurance via the New Mexico Medical Insurance Pool (NMMIP).
5. **Comprehensive harm reduction services are available statewide.**

New Mexico's Innovations and Leadership in HCV Elimination



1. Project ECHO founded in New Mexico specifically to increase provider capacity to treat HCV in rural and underserved areas of the state

- HCV TeleECHO programs: Community, Department of Corrections, Indian Country
- The New Mexico Peer Education Project (NM PEP) trains incarcerated individuals to be HCV educators in the state prison system.



Investing for tomorrow, delivering today.

HIV, STD and Hepatitis Section • Public Health Division • 1190 S. St. Francis Drive, Suite S1300, Santa Fe, NM 87505

www.nmhivguide.org • nmhealth.org

New Mexico's Innovations and Leadership in HCV Elimination



NEW MEXICO
**CORRECTIONS
DEPARTMENT**

2. New Mexico Corrections Department (NMCD) has a plan for HCV elimination

- Universal screening for HCV antibody upon intake for more than a decade (45-50% HCV Ab positive); HCVRNA confirmatory testing since 2019
- Allocation of almost \$20 million from NM state legislature to fund medical services and medications to cure an estimated 2,800 inmates with HCV over 5 years
- NM Peer Education Program (PEP) educates population on HCV screening and treatment

New Mexico's Innovations and Leadership in HCV Elimination



3. Innovative policies increase access to treatment for Medicaid recipients

- HSD Medical Assistance Division led the nation by starting to remove restrictions in 2015
- Access to treatment without fibrosis, sobriety or specialist provider requirements
- HCV care coordinators
- Provider and patient incentives to treat HCV
- Strategies for linkage for those entering/exiting incarceration

New Mexico's Innovations and Leadership in HCV Elimination



4. Access for persons without insurance via the New Mexico Medical Insurance Pool (NMMIP)

- Elimination requires access to curative treatment for all persons with chronic HCV
- NMMIP high-risk pool voted to approve a special enrollment for persons with HCV in December 2019
- Modelled on program for persons with HIV
- NMDOH will provide curative treatment directly via Project HEAT (Hepatitis Elimination Access to Treatment)

New Mexico's Innovations and Leadership in HCV Elimination

5. Comprehensive harm reduction services are available statewide

- More than 18,000 unique persons were provided with syringe services in state fiscal year (SFY) 2021.
- A point-in-time survey of 1,077 syringe service participants found that 87% had been tested for HCV but only 24% had initiated treatment.
- Harm Reduction programs are a key place to provide navigation to HCV treatment. New CDC Division of Viral Hepatitis (DVH) grant under PS21-2103, Component 3 to increase this work. Essential for preventing reinfection.

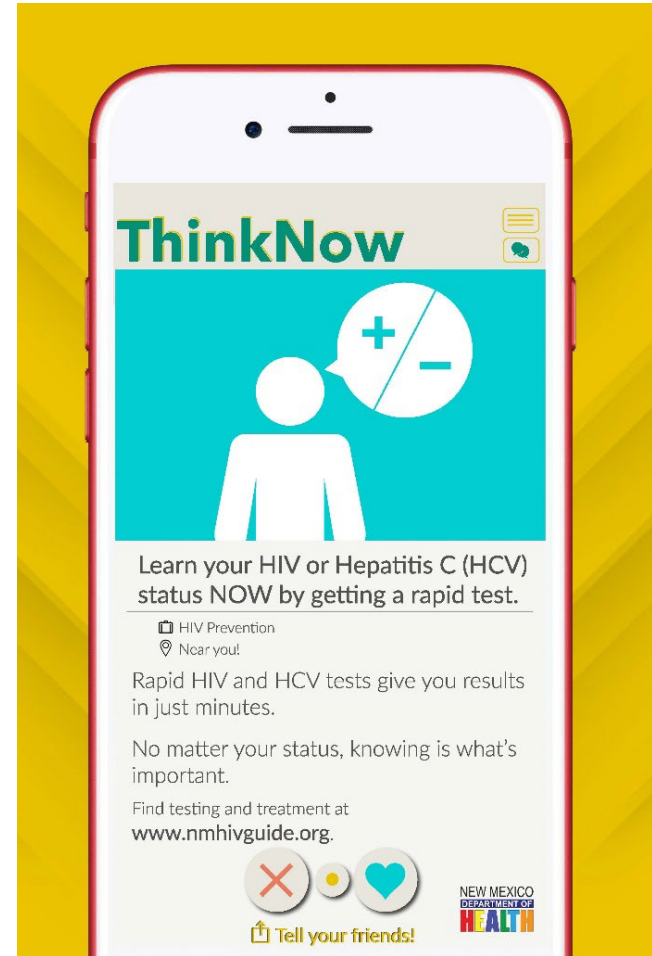
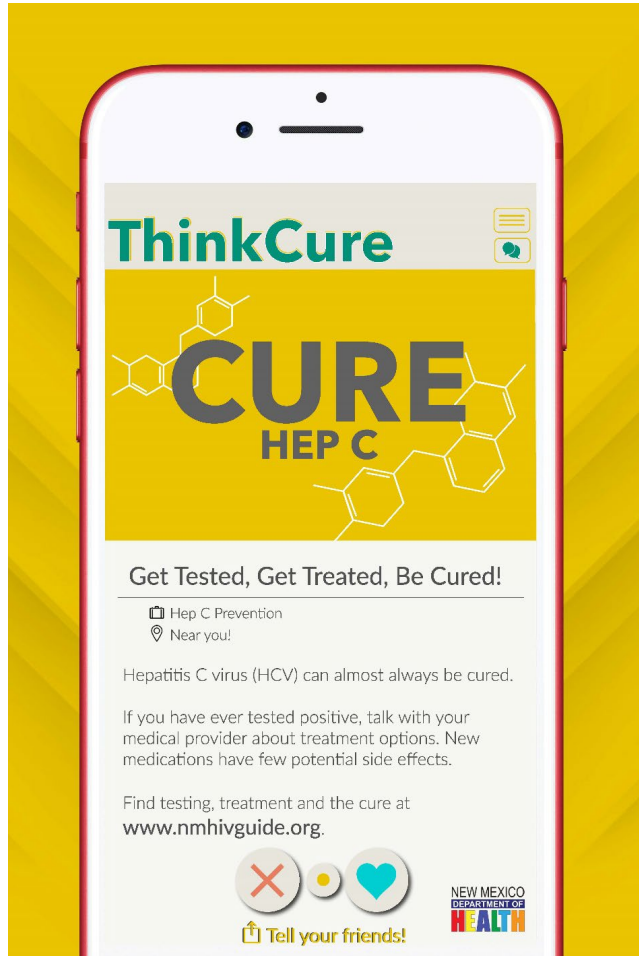
Strengths of the New Mexico Model

- “Negotiated exchange” allows tailoring to client needs, while still striving to maximize collection of used syringes.
- Services are comprehensive. Locations at NMDOH Public Health Offices offer HIV, HCV and STD testing and services, WIC, family planning, etc. Many sites are at FQHCs or other health care providers.
- Services are low threshold. New clients can enroll with just a brief interview.
- Confidential program, but unique client identification codes can be used to ensure immunity from prosecution for possessing syringes.
- Program sites were an ideal venue to provide hepatitis A vaccines during an outbreak among persons experiencing homelessness.

Comprehensive Model Has Minimum Package of Services

- Provision of new, sterile syringes.
- Safe disposal of syringes via both program interactions and community drop boxes. Small sharps containers provided to participants to return to program.
- Provision of other “works” needed to prevent the spread of infectious disease.
- Overdose prevention.
- Navigation (not just referrals) to substance use services, public health interventions, and social services.

Promotion of Other Services




Promotion of Other Services



We  *Healthy Babies*

Syphilis testing and treatment are **fast, easy** and **free**.


 Find services near you at www.nmstdtest.org



Your baby could be at risk.

Syphilis testing and treatment are **fast, easy** and **free**.

Find services near you at www.nmstdtest.org



Policy History

- New Mexico Harm Reduction Act passed in 1997.
- Authorized the Department of Health to:
 - Compile data to assist in planning and evaluation.
 - Provided immunity for exchange or possession of hypodermic syringes from the Controlled Substances Act for both participants and providers.
 - Approve community providers across the state.
- Program operations started in 1998.

Limitations of Original Policy

- Original state rules were detailed in terms of data collection and reporting. This necessitated long intake interviews and some irrelevant questions (i.e., sexual behaviors).
- Eligibility is only for state residents aged 18 and over.
- Some educational messages that became outdated (i.e., use of bleach) were written into initial regulations.
- Exchange was one-for-one only with a limit of 200 syringes per interaction (hindering secondary exchange).

Policy Changes to Increase Scope of Harm Reduction Services

- House Bill 52 passed in 2022 legislative session.
- Allows NMDOH to promulgate rules that:
 - reduce negative health outcomes associated with drug use such as overdoses and infectious disease
 - **reduce harm by improving participant engagement in harm reduction**

Using Harm Reduction to Respond to Maternal and Congenital Syphilis

- Strategies to engage at risk persons in harm reduction, including meth users and those who don't inject.
- Rapid and conventional syphilis testing.
- Incentives for testing, including for male partners of persons of child-bearing age.
- Social network strategies (SNS) to recruit.
- Integration with DIS to ensure treatment and disease investigation.

Contact Information

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Corrections Health is Public Health for the Justice-Involved Community!

John Hagan MD
ND State Correctional Health Authority

CDC/HRSA CHAC
April 27, 2022



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Today, there are 2.1 million people behind bars in the US

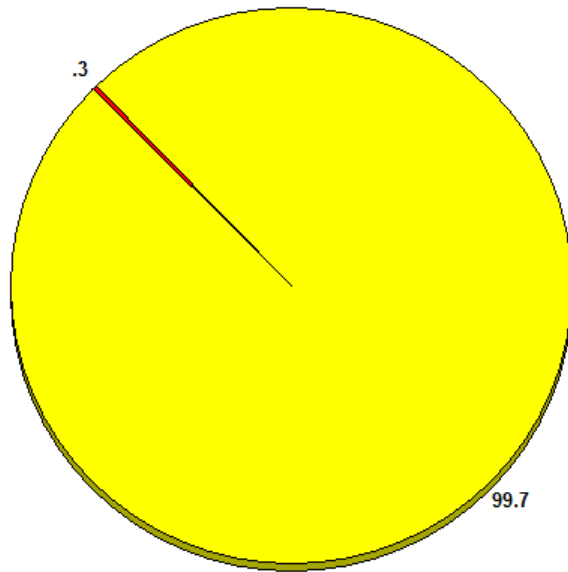


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The North Dakota State Prison system houses 0.3% of our adult state population.



1,685 Adults

1,500 admits per year

Median length of stay is 16 months

40% recidivism rate over 5 years



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Our residents are a vulnerable and underserved population.

Proportion of races in ND



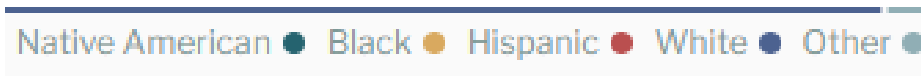
Proportions of races in the state

Proportion of races under DOCR control



Proportions of races sentenced and under DOCR control

Native American ● Black ● Hispanic ● White ● Other ●



Our goal: Improve the lives and health of everyone we meet!



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Partner with the State Health Department to meet the needs of this vulnerable population!



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The logo of the North Dakota Department of Health, featuring a stylized apple with a green leaf and a red and yellow body.

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Jails and prisons are ideal settings for screening and treatment.

Our Neighbors.

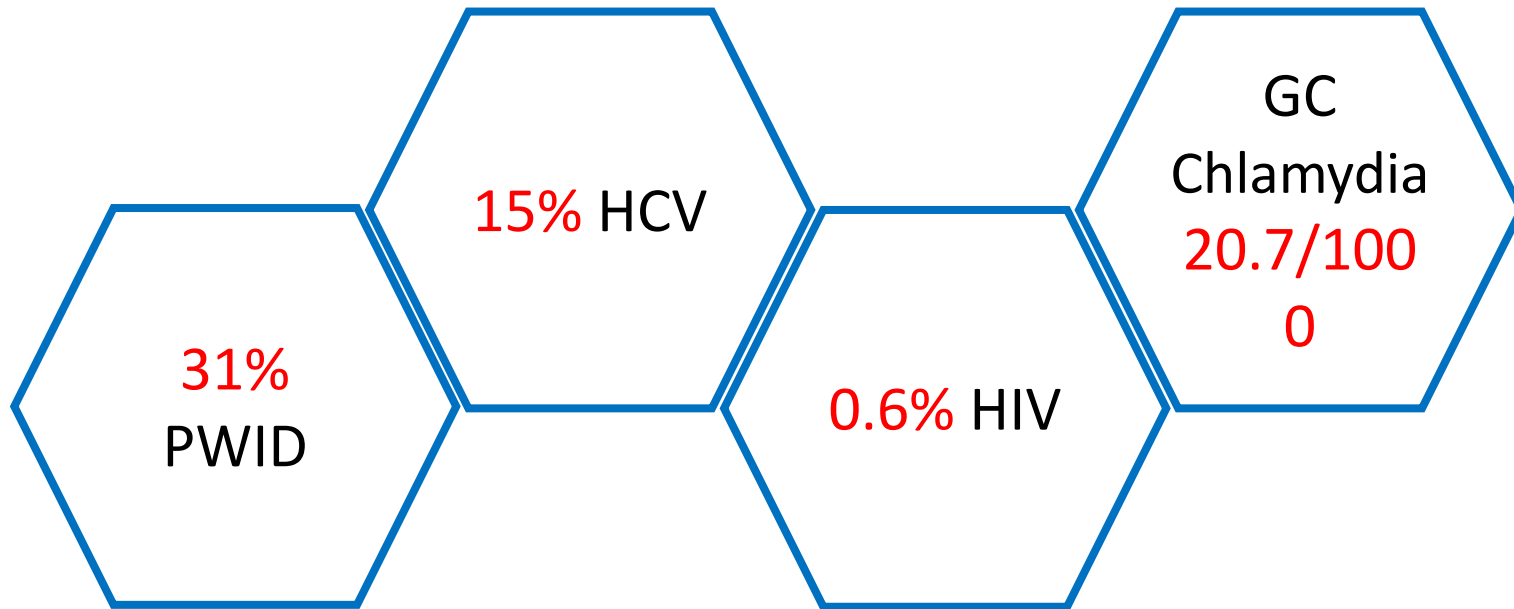


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Our vulnerable population **is** the target population.



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Our residents willingly accept screening and treatment.



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We succeed because we have the unwavering support of the
ND DOH.



MEANS



MOTIVE



OPPORTUNITY



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ND DOH support drives our HCV treatment program.

HCV AB = \$26

HCV RNA/GENO = \$55

AVG SCREENING = \$37

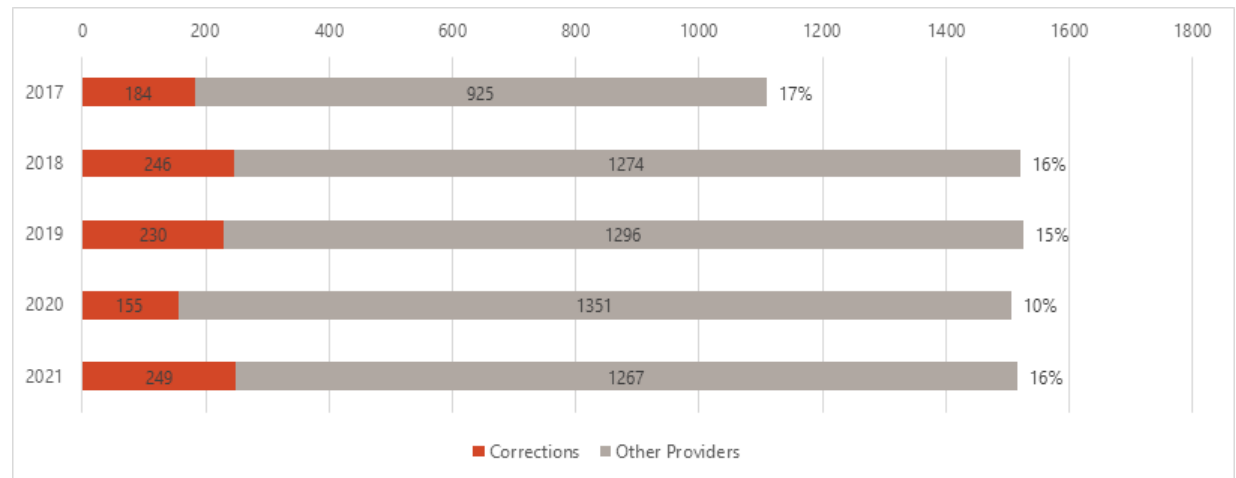
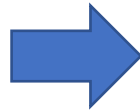
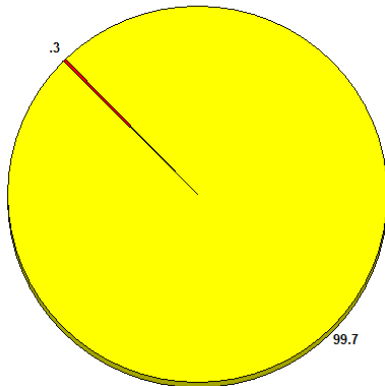
	MEN	WOMEN
HCV AB POS	20%	37%
ACTIVE HCV	15%	25%



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15% of individuals in ND who have an HCV positive laboratory result reported to ND DoH each year have at least one HCV lab performed in a correctional setting.



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We cure Hepatitis C.

Treat and cure
43%

Average cost =
\$12,560

21-23 Budget =
\$1.9 million

Additional \$2.4 =
microelimination
!



GC/chlamydia testing and treatment is immediate.

GC/Chlamydia test = \$10 !

HIV test = \$10 !



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Prisons face challenges in treating justice-involved individuals.

Jails and
Prisons Differ

FUNDING
STOPS AT THE
DOOR

Providers are
hard to find
and keep




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The current programs to reach justice-involved individuals are fragmented.

JAIL  PRISON

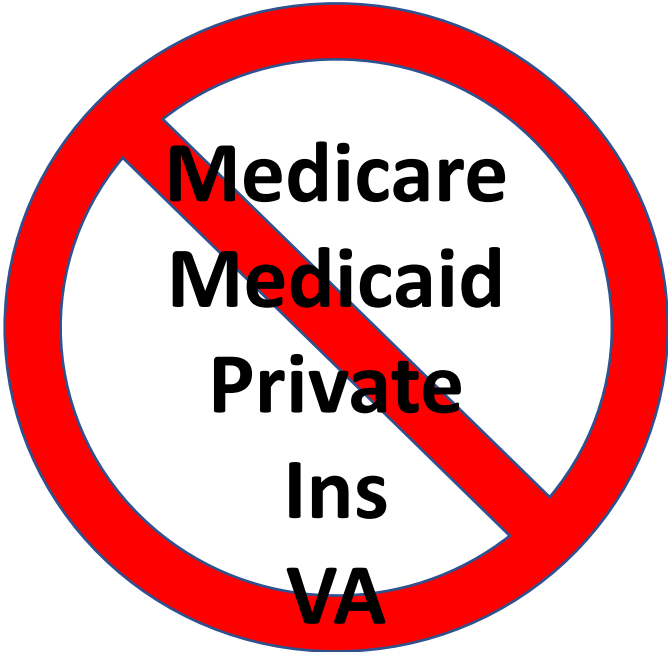


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Funding mechanisms stop at the when the gate slams.



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Attracting and retaining providers in public service is challenging!



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Our next step: Expand the import model.



HerCare



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The take-away:

1. **Prisons and jails are ideal settings** for intervening in the syndemic of HIV, STIs and VH.
2. **Justice-involved individuals** are a vulnerable population, at high risk for these conditions, and **are eager to accept treatment**.
3. **Corrections health is community public health** in its purest form.



Your actions can improve dramatically the health of justice-involved community members

1. Envision justice-involved individuals as a community, and jails and prisons as an ideal location to deliver impactful programming
2. Further develop programming to discount the cost of syndemic testing in jails and prisons.
3. Allow flexibility to unify and align existing programs to meet the unique needs of this vulnerable population.
4. Restore HRSA/HPSA special designation for determining workforce shortages for jails and prisons that is independent of the surrounding community.



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Providing Comprehensive Sexual Health Services to SFUSD Youth

Student and Family Services Division



What's working for SFUSD?

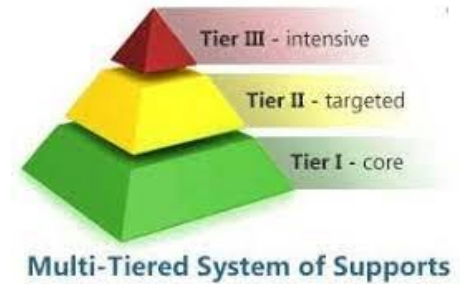
Policies & Mandates



Community Partnerships



Tier System of Support



Policies and Mandates



[Health Education Content Standards for the state of California](#) (see examples below)

1.9.G Explain laws related to sexual behavior and the involvement of minors.

3.2.G Identify local resources concerning reproductive and sexual health, including all FDA-approved contraceptives, HIV/STD testing, and medical care.

[The California Healthy Youth Act \(AB 329\)](#), which went into effect in January 2016, requires that schools provide comprehensive sexuality education for students in grades 7-12 **at least once** in middle schools and **at least once** in high school.

Policies and Mandates



SFUSD Board Policy [6142.1 Sexual Health and HIV/AIDS Prevention Instruction](#) requires comprehensive sexual health education and HIV prevention education shall be offered to all students in grades 7-12, including at least once in junior high or middle school and at least once in high school.

Sensitive Services/Minor Rights - *California Family Law Code Section 6920-6929*

Parental/guardian consent is not required for minors under the age of 18 to access sensitive services. These services may include treatment having to do with drugs/alcohol, reproductive health, sexually transmitted diseases, and mental health.

Policies and Mandates



Condom Availability Program - *SFUSD Board Policy 5141.25, California Education Code 19-24-Sp1*

Requires a Condom Availability Program at all SFUSD Middle and High Schools; delineates guidelines, parent/guardian notification, exclusions, education component, and abstinence message. Creates alliance with schools and community health care providers. [View Condom Availability Program Policy.](#)

Meeting the Needs of LGBTQ Students - *SFUSD Board Policy 610-8A6, California Bill AB537*

Prescribes a variety of activities, interventions, accountability and support to ensure that schools are a safe place for LGBTQ youth. Ensures that sexual orientation and gender identity be included as protected categories in all non-discrimination policies and procedures applying to all SFUSD students, teachers, staff, administrators and other employees.

- [Get the Facts, Support Services for LGBTQ Youth website.](#)
- [SFUSD Board Resolution No. 610-8A6](#)

SFUSD Community Partnerships

San Francisco Unified School District (SFUSD) is a partner with CDC-DASH to implement programs that support:

- Sexual Health Education
- Sexual Health Services
- Safe and Supportive Environments

San Francisco Department of Public Health (SFDPH) and other Community Based Organizations that support:

- Sexual Health Education
- Sexual Health Services
- Safe and Supportive Environments

San Francisco Unified School District uses a multi tier system of support:

- Health Education
- Wellness Programs
- LGBTQ Student Services Program



SFUSD Community Partnerships

In collaboration with the SFDPH and other CBOs the following has been developed to support youth access to Sexual Health Services and other health services (a few examples)

Comprehensive Sexuality Curriculum

- ❖ Be Ready, Be Real for High School
- ❖ Healthy Me, Healthy Us for Middle School
- ❖ Healthy Me Resource Guide

Staff Training on:

- ❖ Policies & procedures to providing youth friendly services
- ❖ Providing sensitive services and referring students to local clinics if needed.
- ❖ Logging services and follow-up

One on one services to youth when needed

The SFUSD/SFSD Teams Who are Part of Tier System of Support

Health Education




LGBTQ Student Services



Wellness Programs

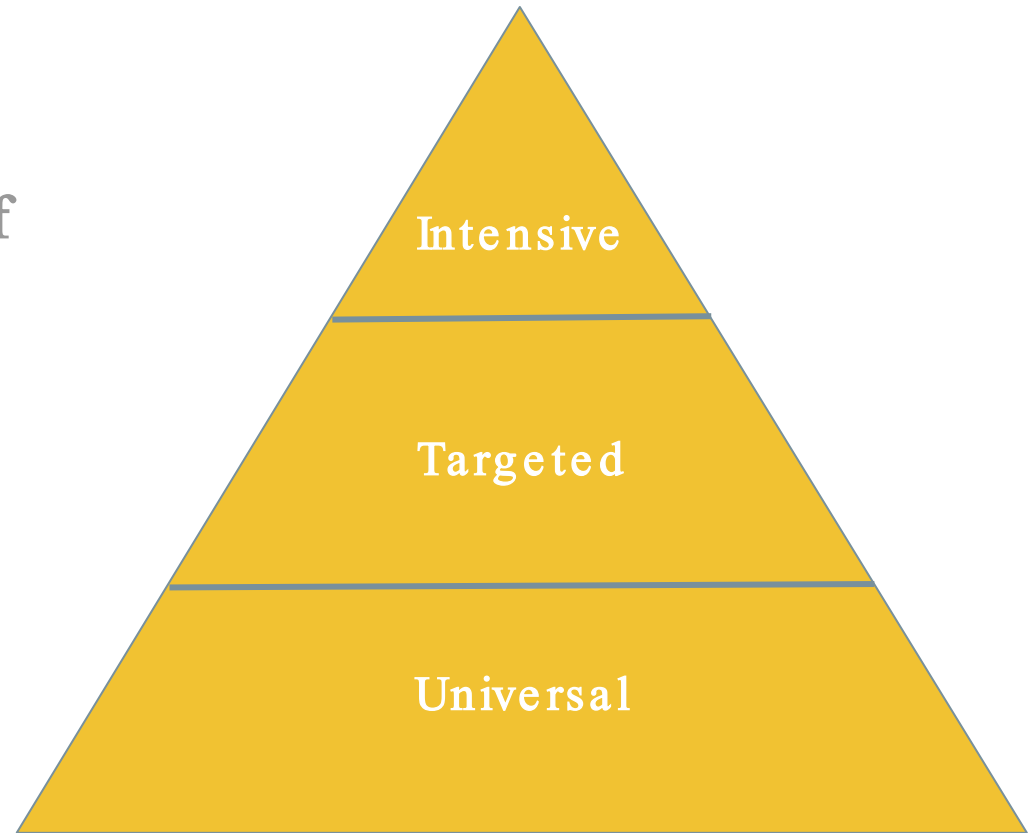
- Wellness Coordinator
- School District Nurse
- Community Health Outreach Workers





Sexual Health Services & Multi-Tier Systems of Education

San Francisco Unified School District



Awareness & General Education

Students

Integrated lessons into 7-12 Health Education

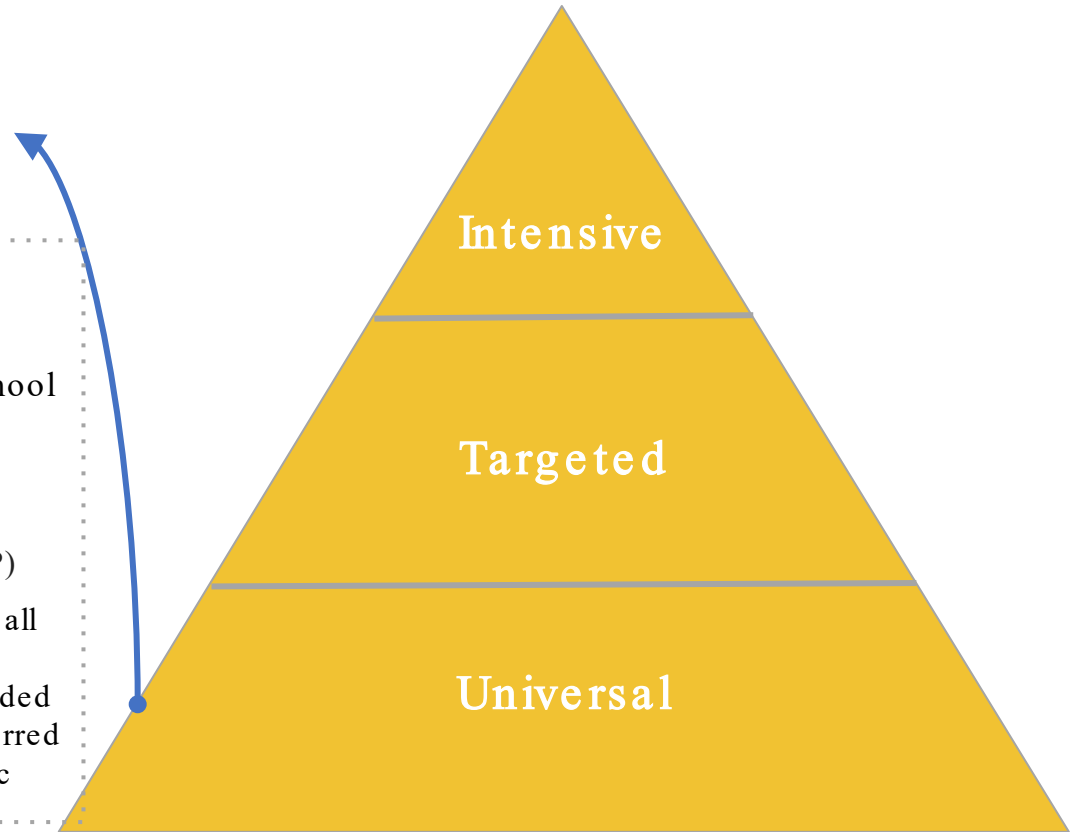
Promotion of community teen clinics & support services

Field trip visits to local teen clinics

Staff

Training for middle school and high school staff:

- Condom Availability Program (CAP)
- Documenting all sexual health services provided on site or referred to a teen clinic



An Intentional Connection Through Comprehensive Sexuality Curriculum

- High School - [Be Real. Be Ready.](#)
- Middle School - [Healthy Me. Healthy Us.](#)

Healthy Me Resource Guide

Connecting youth to sexual health services



Staff Training:

Teen Health Provider/
Wellness Meet-Up
2017

Comprehensive Health Education PreK-12
An Opportunity for Equitable Change



Middle School Health Education Credentialing PLC
September 26, 2017



**CONDOMS, CONSENT,
CONFIDENTIALITY**



JENNIFER DONAHUE, MSW
KEVIN COOKE, MFT
MARY FUL, RN
ROSALBA LOPEZ, MBA
ERIC MARTINEZ, MA

Authentic Consent
Consentimiento auténtico



**Youth Risk Behavior Survey
LGBTQ Student Health
& Wellness Results**
October, 2017

Based on routine analysis of 2017 AY & 2017-18 data

What?! Sex Positive.

- Using a "sex positive" approach to sexuality education can help youth develop personal values, self-esteem, a comfortable communication style, and responsible decision-making skills. Positive Sexuality, as we mean it here, is both an educational approach and an important outcome for healthy adolescents. This edition on Positive Sexuality includes:
 - **Definition of Positive Sexuality**
 - **An Overview of the Issues**
 - **Information about What Education Can Do**
 - **More Information on Websites**

**RETHINKING THE
SEX TALK**

November 16, 2017
**Community Advisory Committee
for Special Education**

School Health Programs
San Francisco Unified School District

**Human Trafficking Prevention
School Health Programs- SFUSD**
Wednesday, December 13, 2017
Presentation to The Mayor's Human Trafficking Work Group

**Sex Ed that Changes
Lives**

February 1, 2017
8 a.m. - 3:30 p.m.
SFUSD School Health Programs

Please fill out your name tag (with gender pronouns)!



+




SFUSD + AHWG
A Transformative Partnership

Collaborating & Planning

Meeting the Needs of all SFUSD Students
Comprehensive Sexuality Education

May 17, 2017
School Health Programs



Rosalia Lopez - M.Ed.
Secondary Teacher on Special Assignment
School Health Programs

Outcomes

This innovative collaboration has yielded some excellent results, both expected and unexpected

→ **Fantastic lessons**

Be Real. Be Ready.'s 28 lessons reflect the wisdom and values of our community - and our teachers love them

→ **Connecting classrooms to services**

Students in health class learn about right and how and where to access care

→ **Increased collaboration**

This project has increased connections between DPH, CBOs and SFUSD, and opened the door for new opportunities



ON-SITE

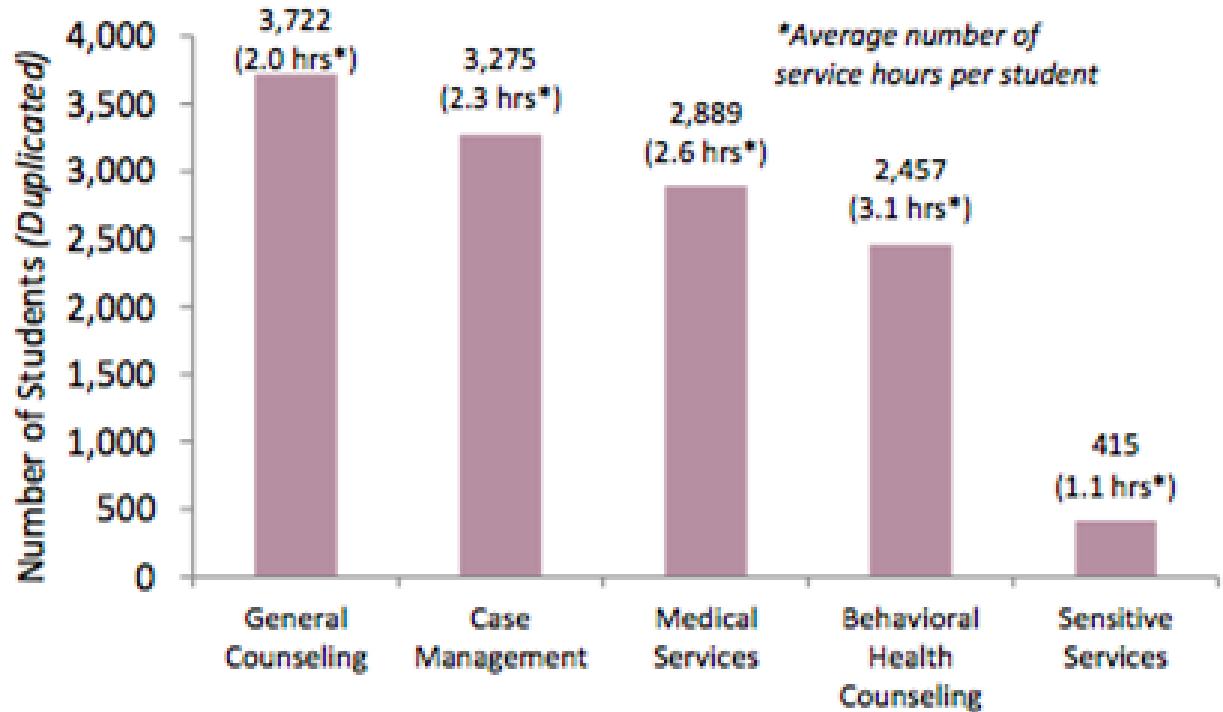
We partner with over 50 Community-Based Organizations, clinics and local universities to serve students in school. These partners bring additional expertise in working with specific youth populations (such as cultural groups) or on important issues like violence prevention and girls' empowerment.

OFF-SITE

We connect students with local teen clinics for reproductive health services. We help students and their families navigate private healthcare providers, HMOs and other health insurance systems for needed primary care and behavioral health services.



Top Five Types of Services *by number of students served*



From San Francisco
Unified School
District(SFUSD)

and

Student and Families
Services
Department(SFSD)



Rosalia Lopez - M.Ed.
**Secondary Teacher on Special
Assignment**
Student Family Services Division
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This presentation was made possible in part by NOFO CDC-RFA- PS18-1807, Award NU87PS004363, from the Centers for Disease Control and Prevention, Division of Adolescent and School Health. The contents do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Advancing Syndemic Approaches Through Cluster Detection and Response

April 27, 2022

Alexa Oster, MD
Division of HIV Prevention, CDC



Ending
the
HIV
Epidemic

Cluster detection and response offers a framework to guide tailored implementation of proven HIV treatment and prevention strategies where transmission is occurring most rapidly



Cluster and Outbreak Detection and Response



Cluster and outbreak detection allows us to identify when HIV is spreading quickly.



A cluster or outbreak is a failure of our care and prevention services that needs to be addressed to improve access to services and stop transmission.



Cluster and outbreak response involves curating care and prevention services to be more accessible to the people who need them most.

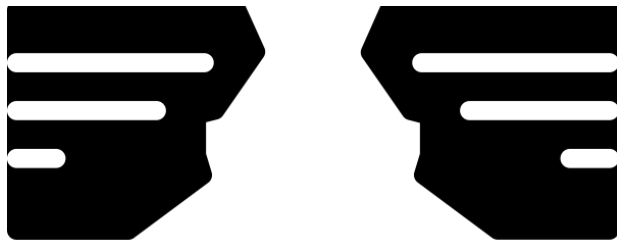
Why is Responding to Clusters Important?

Standard Treatment & Prevention Services

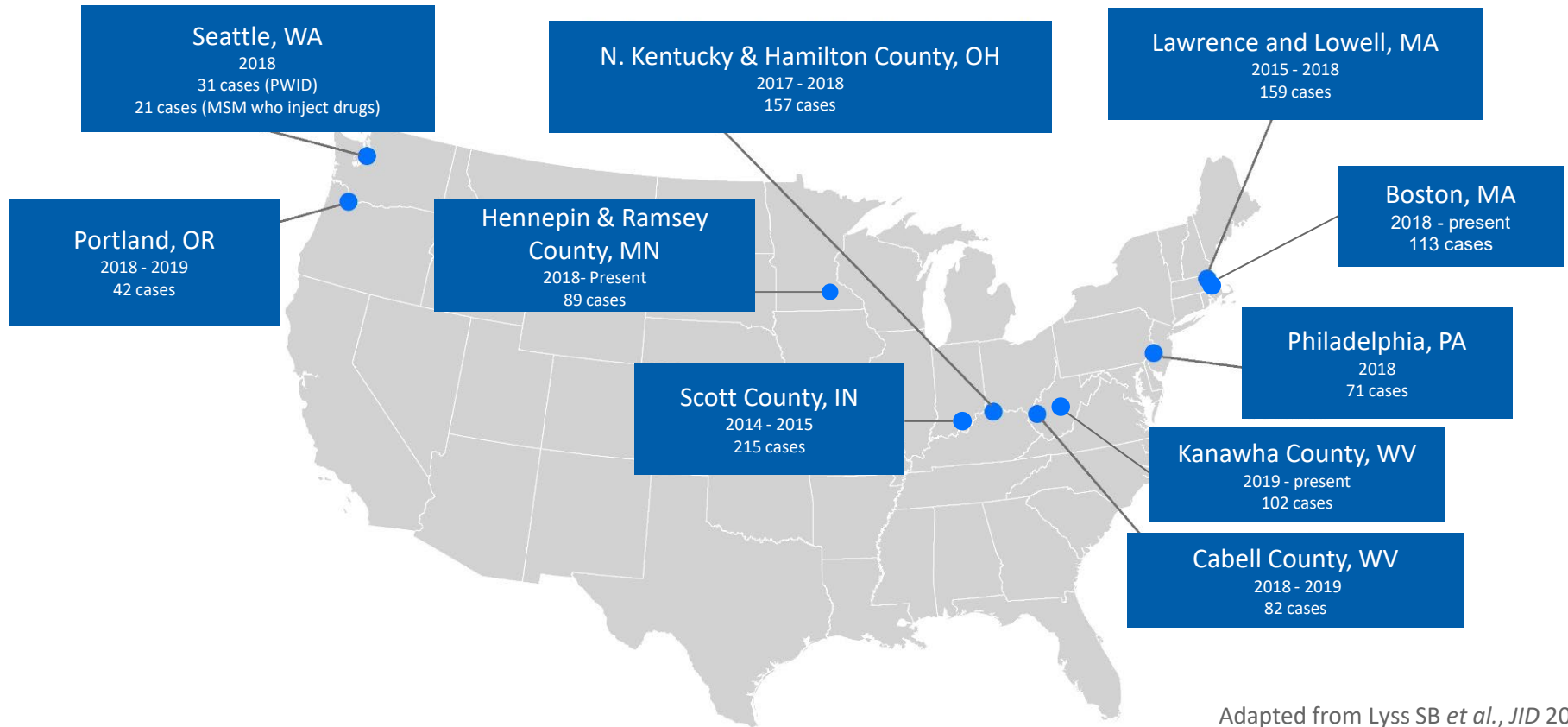


Cluster
Detection and
Response

Tailored Treatment & Prevention Interventions



Many HIV Outbreaks Have Occurred Among People Who Inject Drugs



Adapted from Lyss SB *et al.*, *JID* 2020

People Who Inject Drugs Experience Numerous Syndemic Conditions



HIV
Sexually transmitted diseases
Viral hepatitis



Substance use disorder
Mental health

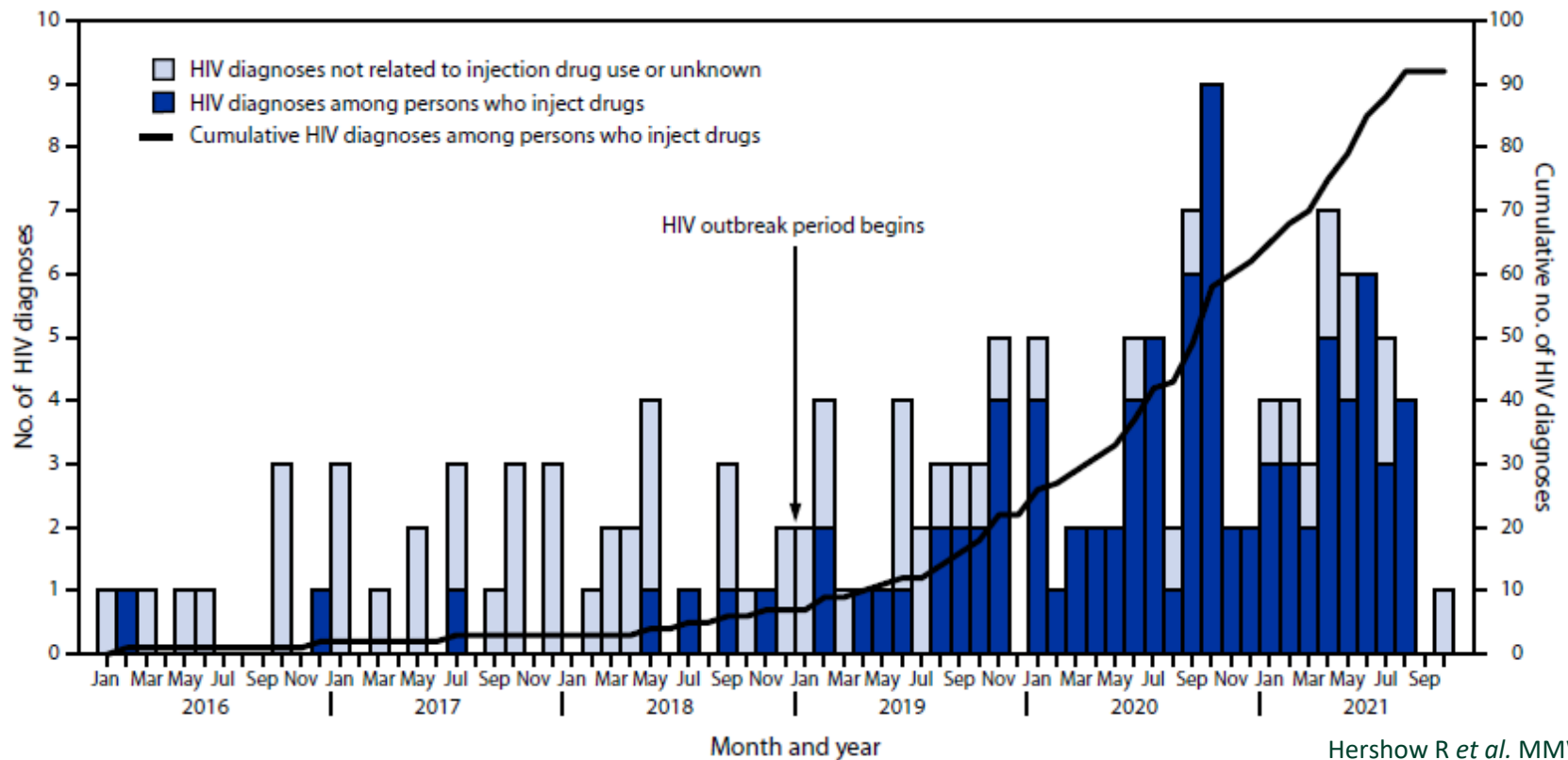


Unstable housing
Food insecurity
Need for social services



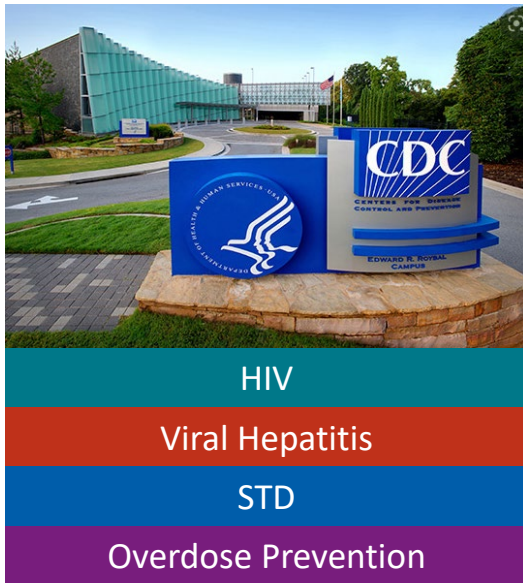
An Example: Kanawha County, WV

HIV Diagnoses Rapidly Increased Among People Who Inject Drugs



Hershov R *et al.* MMWR 2022

CDC Included Multiple Key Federal Partners in Team



People are Facing Multiple, Co-occurring Health and Social Challenges

**Substance
use Disorder
(SUD)**

**Trauma &
Loss**

**Depression
& Anxiety**

Unemployment

Chronic Pain

**Unstable
Housing**

**Food
Insecurity**

HIV

Hershow R *et al.* *MMWR Weekly* 2022

https://oeps.wv.gov/hiv-aids/documents/data/EpiAid_Report.pdf

Major Findings from Healthcare Encounters Among People with HIV who Inject Drugs (n=65)



Medication for Opioid Use Disorder Infrequently Prescribed



Medical Encounters for Overdose and STIs Infrequent



Hepatitis C Diagnosis Preceded HIV Diagnosis by About 4 Years



Over 80% of Individuals Covered by Medicaid

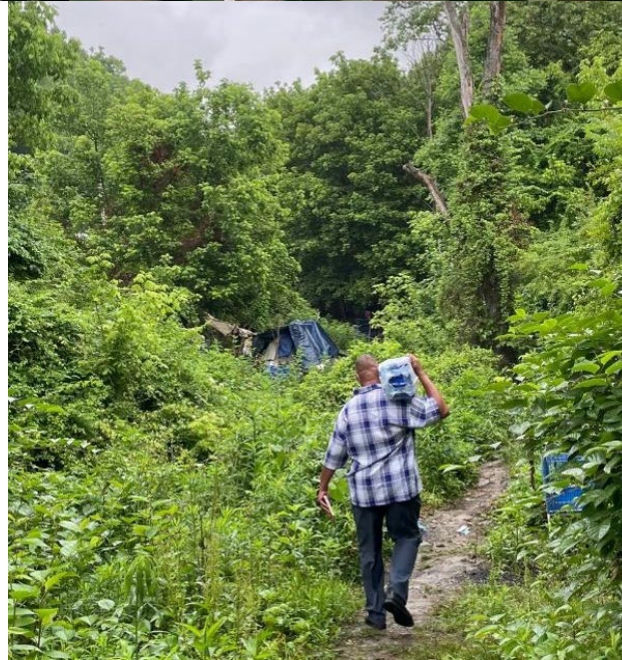


Housing Instability & Incarceration are Prevalent

Bonacci R *et al.* CROI 2022

Hudson A *et al.* CROI 2022

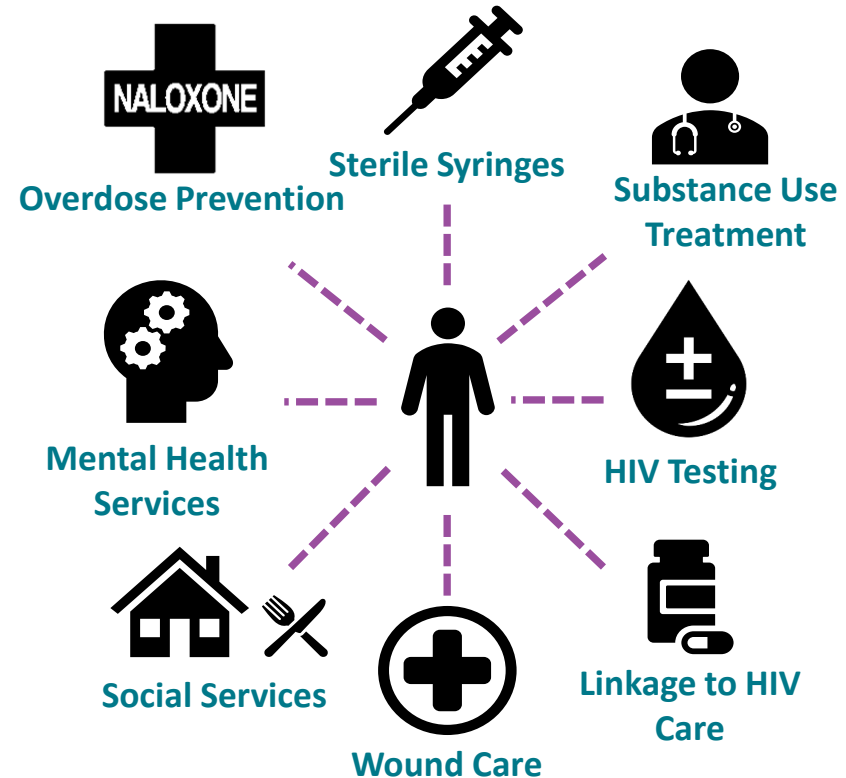
https://oeps.wv.gov/hiv-aids/documents/data/EpiAid_Report.pdf



Surge Staff Brought a Syndemic Approach to Partner Services

Primary Recommendation Related to Syndemics

Improve access to HIV, hepatitis C, substance use, and mental health services through service integration by co-locating services and cross-training service providers



Challenges to Syndemic Success



Data integration



Policy barriers



Program and funding siloes

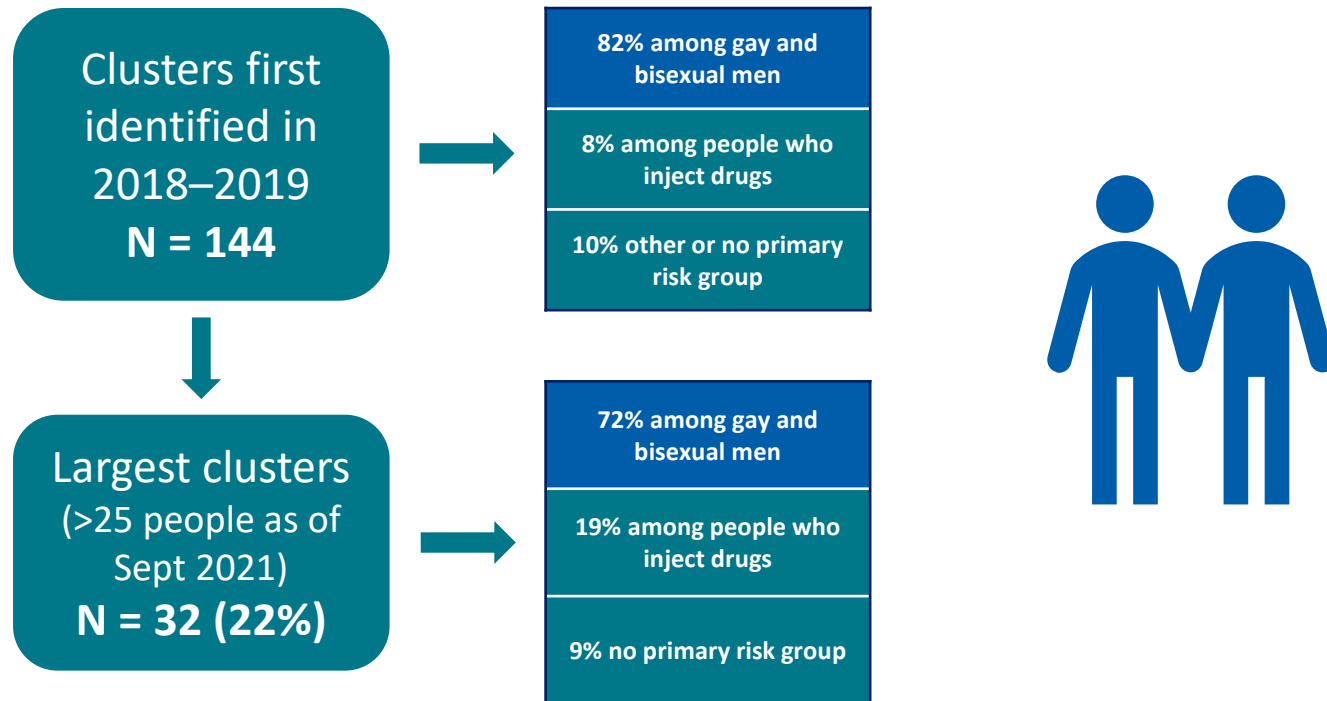


Capacity challenges



Clusters Related to Sexual Transmission

Most Clusters Are Related to Sexual Transmission



A Syndemic Approach for Clusters of Sexual Transmission

Michigan Response



- Identified rapid transmission affecting Black/African American transgender women
- Engaged rapidly and repeatedly with community partners serving trans communities
- Connected with people in the network to understand the community's needs
- Developing mobile services with comprehensive, gender-affirming care including immunizations, food pantry, and HIV/STI testing
- Created community-oriented messaging campaigns



Needs and Considerations

Needs and Considerations for a Syndemic Approach



Consistently communicate priority of syndemics approach



Design teams with syndemics in mind



Support state and local partners to address policy barriers



Listen to people with lived experience



Address overlapping health and social conditions



Identify partners well equipped for syndemics work



Aim for incremental progress

Syndemic approaches rely on building teams that can best support this work and the people we serve.



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