

It's a New Day: An MAI Funded Pilot Project between Syringe Exchange Programs and Ryan White HIV Program Sites



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Workshop Objectives

- Outline basic methods of syringe exchange programs and discuss operational issues to beginning a program
- Describe relevant strategies from the MAI pilot study using patient navigator to bring people into Ryan White Care from syringe exchange programs
- Discuss evaluation methods used and preliminary data results from pilot project



Consolidated Appropriations Act, 2010

- In December 2009, President Obama signed the Consolidated Appropriations Act, 2010, modifying the ban on the use of Federal funds for needle exchange programs.
- When applicable, federal funds may be used for personnel, SSP equipment, syringe disposal services, educational materials, communication and marketing activities, and evaluation.
- Some HHS programs may still contain partial or complete bans on the use of funds for needle exchange programs. Grantees should contact their relevant program office for more information.
- The HIV/AIDS Bureau at HRSA is developing a policy for Ryan White grantees.



Department of Health and Human Services Implementation Guidance for Syringe Services Programs, July 2010

- In July, 2010, the Department of Health and Human Services provided guidance to those grantees interested in implementing syringe services programs (SSPs) for injection drug users.
- According to this guidance, the term SSP is inclusive of syringe access, disposal, and needle exchange programs, as well as referral and linkage to HIV prevention services, substance abuse treatment, and medical and mental health care.



Guiding Principles for Using HHS funds for Syringe Services Programs

- Adhere to State and local laws, regulations and requirements
- Must be implemented as part of a comprehensive service program
- HHS grantees must coordinate and collaborate with all other agencies involved in SSPs
- HHS grantees will annually certify that they will comply with language in the Consolidated Appropriations Act, 2010.
- Grantees must have documentation showing that law enforcement and public health have agreed on SSP location
- SSPs are subject to terms and conditions in grantee's current Cooperative Agreement or grant

What exchange policy will you use?

- **One to One Policy – Must bring in a used syringe to receive a sterile syringe**
- **Two to One Policy –User may receive twice number of syringes, up to the number they require**
- **Open access – Giving user number they request**



What exchange venue will you use?

- Office based – permanent location
- Vehicle based – mobile and flexible
- Outreach based – may go to areas where people are using
- Combination of above



What should you keep in mind when staffing a program?

- **Staffing should reflect demographics served and should be familiar with the community.**
- **Determine adequate number of staff to run efficiently, remembering that referrals may tie up staff time.**



Policies and Procedures

- **Stress importance of following policies and procedures consistently for every participant.**
- **Always reinforce and model a harm reduction philosophy.**



Recordkeeping & Evaluating

- **Establish a unique identifier for each exchanger and use cards as proof of participation.**
- **Track # of needles exchanged, referrals to other services and follow up**
- **Evaluate with questionnaire at enrollment and then at regular intervals**



HRSA MAI Patient Navigation Project (PNP)

- **Overview:**
 - **HRSA Minority AIDS Initiative-funded project uses a patient navigator to recruit an IDU in a harm reduction setting and assist in negotiating the client into Ryan White HIVAIDS health care services**
- **Project Period:**
 - **September 1, 2009 – March 31, 2011**



Objectives

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- **To provide training and technical assistance that:**
 - **Increases the survival rates of persons with HIV/AIDS by improving their access to and retention in care**
 - **Reduces the rates of new HIV infections among African Americans and Latinos with a focus on reaching high risk subpopulations**



Activities

- **Develop, implement, and pilot projects establishing “partnerships” between Harm Reduction Services and Ryan White HIV/AIDS Program Clinical Services in three of the highest “unmet need” geographical areas in the US**



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- **Develop, implement and pilot projects establishing “partnerships” between Harm Reduction Services and Ryan White HIV/AIDS Program Clinical Services in three of the highest “unmet need” geographical areas in the US**
- **Demonstrate effective models for utilizing patient navigation to enroll and keep active substance users in HIV treatment and care**



Training and Technical Assistance

- **Training for Harm Reduction Agency**
 - Patient Navigation Model
 - Enhanced Outreach Strategies
 - Motivational Interviewing



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- **Training for Ryan White HIV Clinic**
 - Talking about Tough Topics: Taking a Sexual History
 - Pain Management in the Active Substance Abuser
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 - Pain Management in the Active Substance Abuser
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- **Technical Assistance**
 - Orientation
 - Monthly conference calls with project director
 - Weekly contact with Evaluation team



Locations

- **Three cities selected according to criteria focusing on high unmet need estimates and target population**
 - **Newark, NJ**
 - **Albuquerque, NM**
 - **Camden, NJ**



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- **Camden**
 - Cooper Health System



Newark, NJ

- One male navigator based out of harm reduction site, NJCRI
- Navigator implemented various methods to engage clients, including posting signs and attending rallies
- Navigator arranges support groups and pairs PLWA with newly navigated clients
- Clients navigated into care at RW clinic in St. Michael's Medical Center in Newark



Albuquerque, NM

- One male and one female navigator based out of harm reduction site, AHCH
- Both navigators previously employed at AHCH as outreach workers in harm reduction division, providing syringe exchange and other services in mobile unit
- Project adds navigation to their responsibilities and enhances the services they provide to clients
- Clients navigated into care at RW clinic in Truman Street Health Services Clinic, part of University of New Mexico



Camden, NJ

- One female navigator employed by Cooper Health System
- Navigator previously employed by Cooper as outreach worker providing HIV/AIDS testing and counseling to IDUs
- Referred positive testers to Cooper
- Project adds navigation to her responsibilities, enhancing the services she is already providing to needle exchange clients
- Clients navigated into care at RW clinic at Cooper Health System



Evaluation

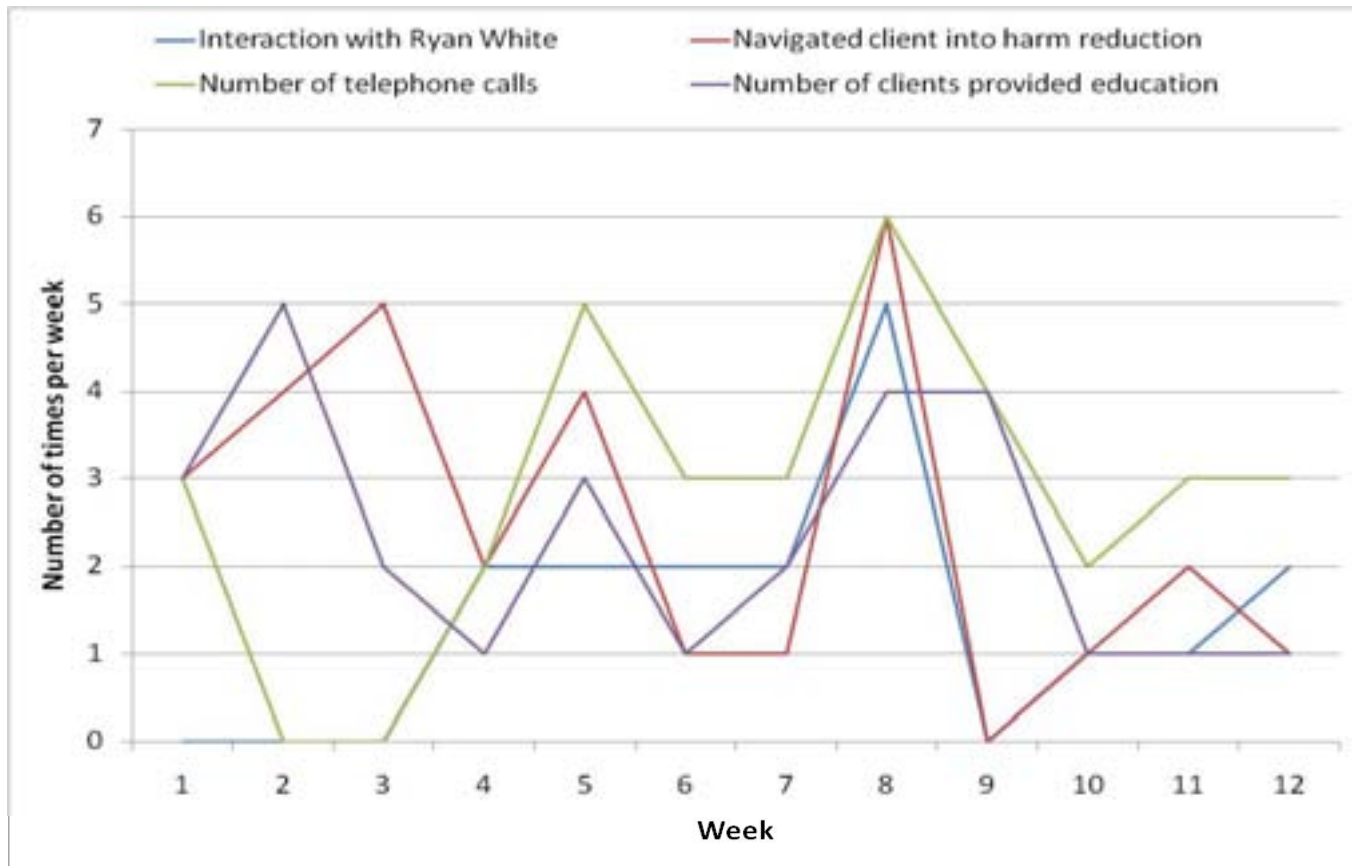
- **Conducted by CAI's Research and Evaluation Division**
- **Quantitative tracking of peer navigator activities on a weekly basis**
- **Quantitative tracking of patients that are navigated from harm reduction sites into Ryan White Care Services**
- **Qualitative analysis of patient experiences with navigation**
- **Qualitative analysis of key informants involved in the peer navigation process**
- **Protocol received IRB approval from Western IRB**



Early Results: Patients Navigated

- **4 HIV+ patients navigated from harm reduction into RW services site in Newark:**
 - **Services directly received have included case management, labs, medical exam, ID medical services, substance abuse, and nutrition counseling**
 - **Services referred have included eye exams, dental exams, substance abuse counselors, and appointments with a nutritionist**

Preliminary Results : Newark Peer Navigator Activity, by week





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