

Ryan White HIV/AIDS Program (RWHAP) Part B Coverage of Treatment & Services in Syringe Services Programs (SSPs)

Amanda Bowes and
Laura Pegram



Agenda

- Overview of Key Considerations and Service-Specific Information
- RWHAP Part B and ADAP Examples:
 - Utah
 - Virginia
- Discussion/Questions and Answers

GoToWebinar Logistics

- This webinar will be recorded. We will send out the recording with the slides after the webinar.
- All participants will be muted while on the webinar.
- Use the “Q&A” button to submit any questions you may have. We will answer them at the end of the webinar.

Introductions

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Heather Bush**

Utah

Diana Jordan and Kristen Donovan

Virginia

Amanda Bowes

Manager, Health Care Access

NASTAD

Laura Pegram

Senior Manager, Drug User Health

NASTAD

Learning Goals

- Increase understanding of the intersections between injection drug use, HIV and other infectious diseases, such as hepatitis C (HCVs)
- Explore the need for, and range of, comprehensive services for people who inject drugs (PWID)
- Increase understanding of the federal funding landscape for SSPs
- Learn how the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) guidance and federal/local policies impact people living with HIV (PLWH) who inject drugs and SSPs that serve them
- Understand the unique opportunities and challenges in serving PLWH who inject drugs along the care continuum
- Provide recommendations on how RWHAP Part B/AIDS Drug Assistance Programs (ADAPs) can collaborate with SSPs to increase services for PLWH who inject drugs

National HIV & Hepatitis Overview

Injection Drug Use accounts for

~9% of new HIV cases ¹ and over 65% of HCV cases ²

Among people who inject drugs (PWID)

~7% are estimated to be living with HIV

Only 57% report having been tested for HIV within the past 12 months

Rates of linkage to care, retention in care, and viral load suppression are low

60%-90% have HCV after 5 years

Median time to HCV transmission is ~3 years

Each year ~ 20-30% of PWID acquire HCV ³

Comorbidity

Among PWID living with HIV, 75% also have HCV

Among PLWH w/o IDU, 25% have HCV ⁴

**Life time cost of
each HIV infection is
over \$380,000 ⁵**

**Accumulated costs
of HCV care over the
next 20 years given
current treatment
trends is over \$78
billion ⁶**

1. Centers for Disease Control and Prevention, 2017. HIV Surveillance Report, <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>

2. Centers for Disease Control and Prevention, 2016, Surveillance for Viral Hepatitis – United States, 2016. <https://www.cdc.gov/hepatitis/statistics/2016surveillance/index.htm>

3. Grebely, J. et al. 2011. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3072734/>

4. Centers for Disease Control and Prevention, 2017. HIV and Viral Hepatitis. <https://www.cdc.gov/hiv/pdf/library/factsheets/hiv-viral-hepatitis.pdf>

5. Centers for Disease Control and Prevention, 2017. <https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html>

6. National Academies of Sciences, Engineering, and Medicine, 2017. <https://www.nap.edu/read/24731/chapter/8>

Diseases Associated with Injection Drug Use

- **Viral infections**
 - **Hepatitis C Virus (HCV)**
 - **Hepatitis B Virus (HBV)**
 - **Hepatitis A Virus (HAV)**
 - **HIV**
- **Bacterial Infections**
 - **Septicemia**
 - **Bacteremia**
 - **Cellulitis**
 - **Abscesses (staph, strep)**
 - **Endocarditis**
 - **Necrotizing fasciitis**
 - **Wound botulism**

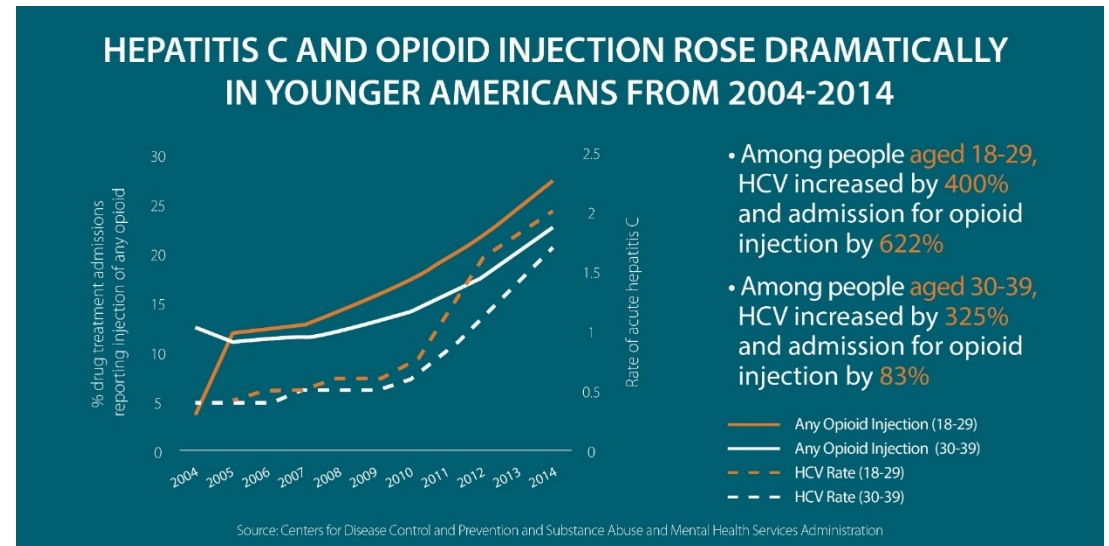
1. Collier, M., et al. 2018. <https://link.springer.com/article/10.1007%2Fs10900-017-0458-9>

PWID Living with HIV Face Barriers in Health

- Majority (81%) have incomes [at or below the federal poverty level \(FPL\)](#)
- In the past 12 months:
 - 56% report having experienced homelessness,
 - 24% have been incarcerated, and
 - 16% have been uninsured
- Difficulty navigating the healthcare system, stigma surrounding substance use, and fear of incarceration

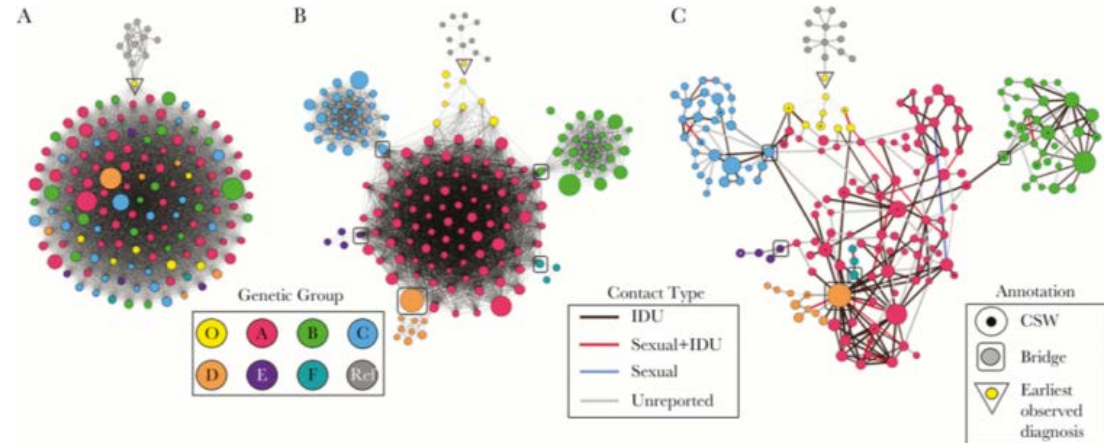
Significant Increases in HCV Related to Injection Drug Use

- Among 18- to 29-year-olds, there was a
 - 400 percent increase in acute hepatitis C
 - 817 percent increase in treatment admissions for injection of prescription opioids
 - 600 percent increase in treatment admissions for heroin injection
- Among 30- to 39-year-olds, there was a
 - 325 percent increase in acute hepatitis C
 - 169 percent increase in treatment admissions for injection of prescription opioids
 - 77 percent increase in treatment admissions for heroin injection
- There were also sharp increases among whites and among women



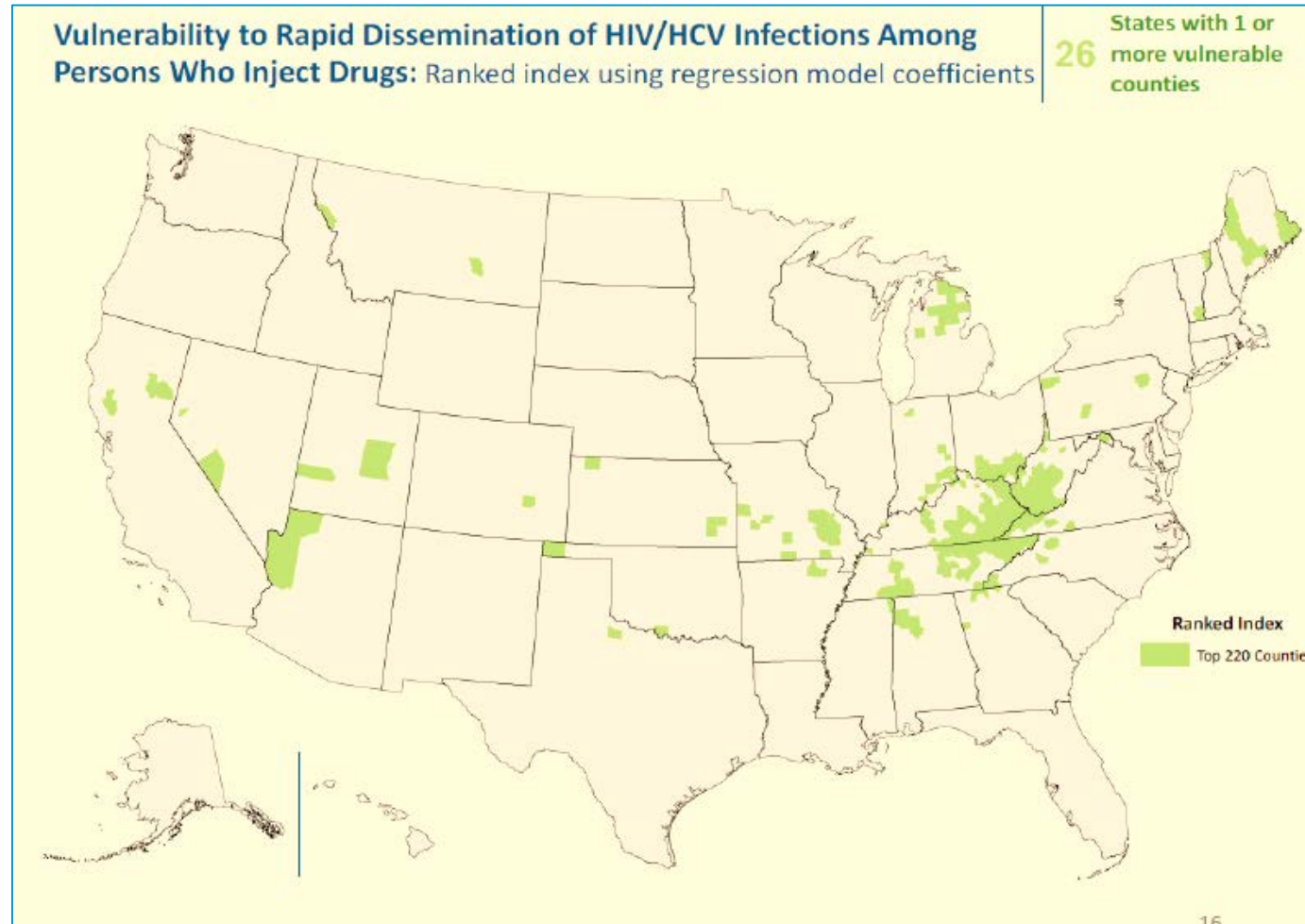
Scott County, Indiana

- HIV Outbreak in Austin, Indiana (pop. 4,200) in 2015
- Over 200 cases of HIV were eventually attributed to injection drug use behavior
- Only had 5 reported cases of HIV in the previous decade
- Within this initial outbreak 115 persons were co-infected with HCV and currently 92% are co-infected ¹



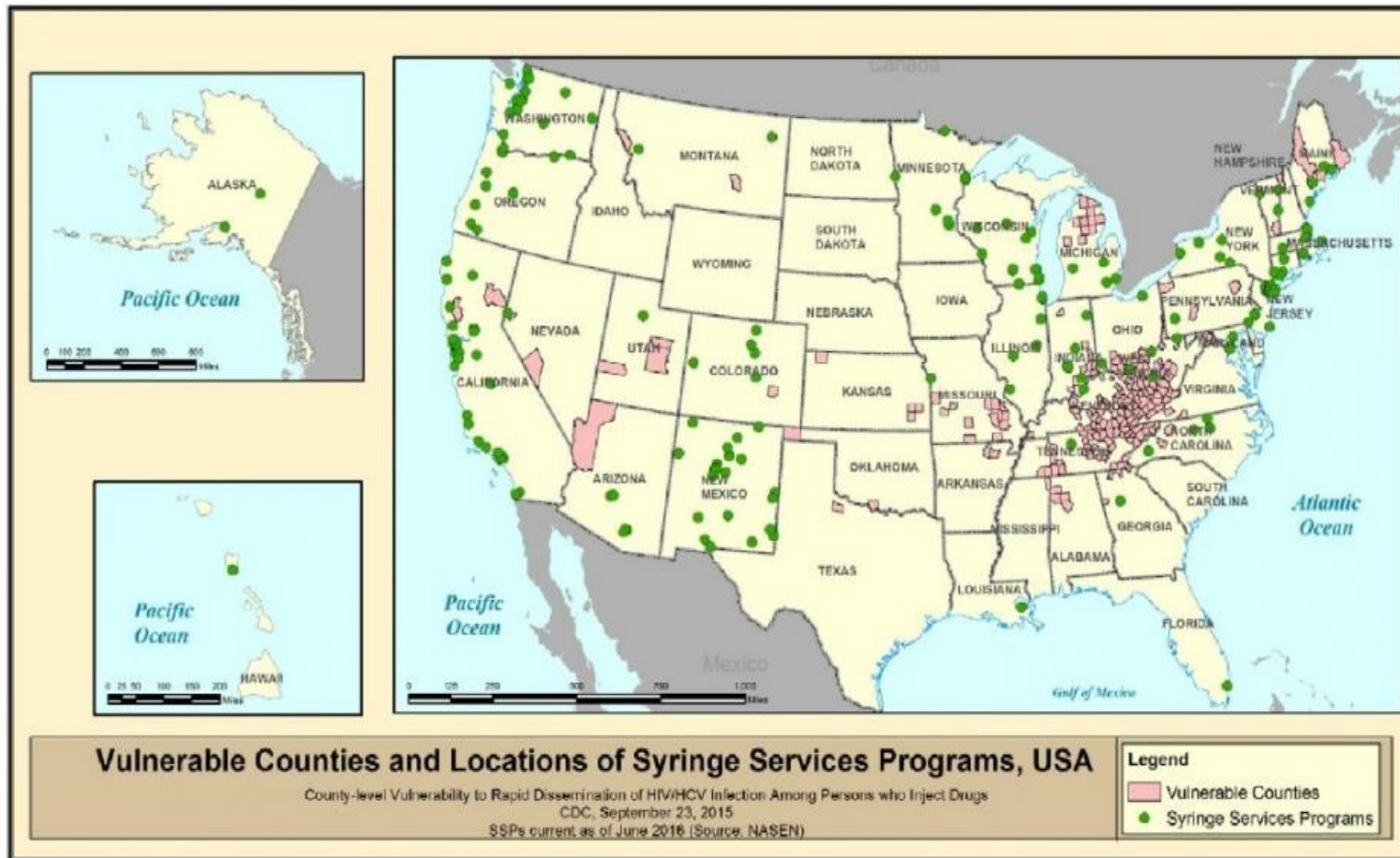
1. Peters, P. et al. 2016. <https://www.nejm.org/doi/full/10.1056/NEJMoa1515195>

HIV/HCV Vulnerable Counties



Van Handel, M., et al. 2017. <http://europepmc.org/articles/pmc5479631>

So What Can Be Done to Decrease HIV/HCV?



Syringe Services Programs

- Most effective way to prevent infectious disease transmission for PWIDs ¹
- Do not increase drug use or crime ²
- SSP participants are 5 times more likely than nonparticipants to enter treatment ³

Source: Van Handel, et al. JAIDS; in press

1. Centers for Disease Control and Prevention, 2016. <https://www.cdc.gov/vitalsigns/hiv-drug-use/index.html>
2. European Monitoring Centre for Drugs and Drug Addiction, 2010. http://www.emcdda.europa.eu/publications/monographs/harm-reduction_en
3. Centers for Disease Control and Prevention, 2017. <https://www.cdc.gov/hiv/pdf/risk/cdchiv-fs-syringe-services.pdf>

SSPs improve outcomes for PWID living with HIV

- There is a diverse range of SSP program structures, types, and locations that can provide varying levels of care for PWID
- SSPs have been shown to be most effective at addressing HIV when they offer four key services :
 - (1) medication-assisted treatment (MAT)
 - (2) HIV and HCV screening and treatment
 - (3) HIV pre-exposure prophylaxis (PrEP), and
 - (4) behavioral health services

Prevention and Treatment Binary

Prevention → → → → Harm Reduction → → → Treatment

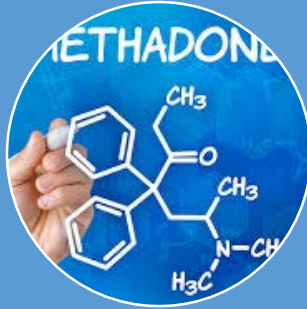
Comprehensive Approach



HCV/HIV Testing
and Treatment



Mental Health
Services



Medication Assisted
Treatment



PrEP for People
Who Use Drugs
(PWUD)



Naloxone, SSPs, and
Safer Injection
Practices



Federal Funding – Some History

- SSP federal funding ban existed in various forms – with a few short lapses – for the past thirty years
- In response to the Scott County, Indiana HIV outbreak & the risk of similar HIV outbreaks in other communities, Congress modified the federal funding ban in 2016

Policy considerations

- The [Consolidated Appropriation Act of 2016](#) permits the use of federal funds from the Department of Health and Human Services (HHS), including [HRSA HAB funds to support SSPs](#), with the exception of paying for sterile needles or syringes or other drug preparation equipment.
- Steps to use HRSA HAB funds:
 - Having a “Determination of Need” from CDC that approves their use of HHS funding to support SSPs in the relevant geographic area
 - Letter signed by the health officer from the health department that such program is in accordance with applicable law or local ordinance
 - Approval from the jurisdiction’s HRSA HAB project officer

Current Appropriations Language

Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug:

*Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, **is experiencing**, or is **at risk for**, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

In short, federal funds can be used for everything BUT

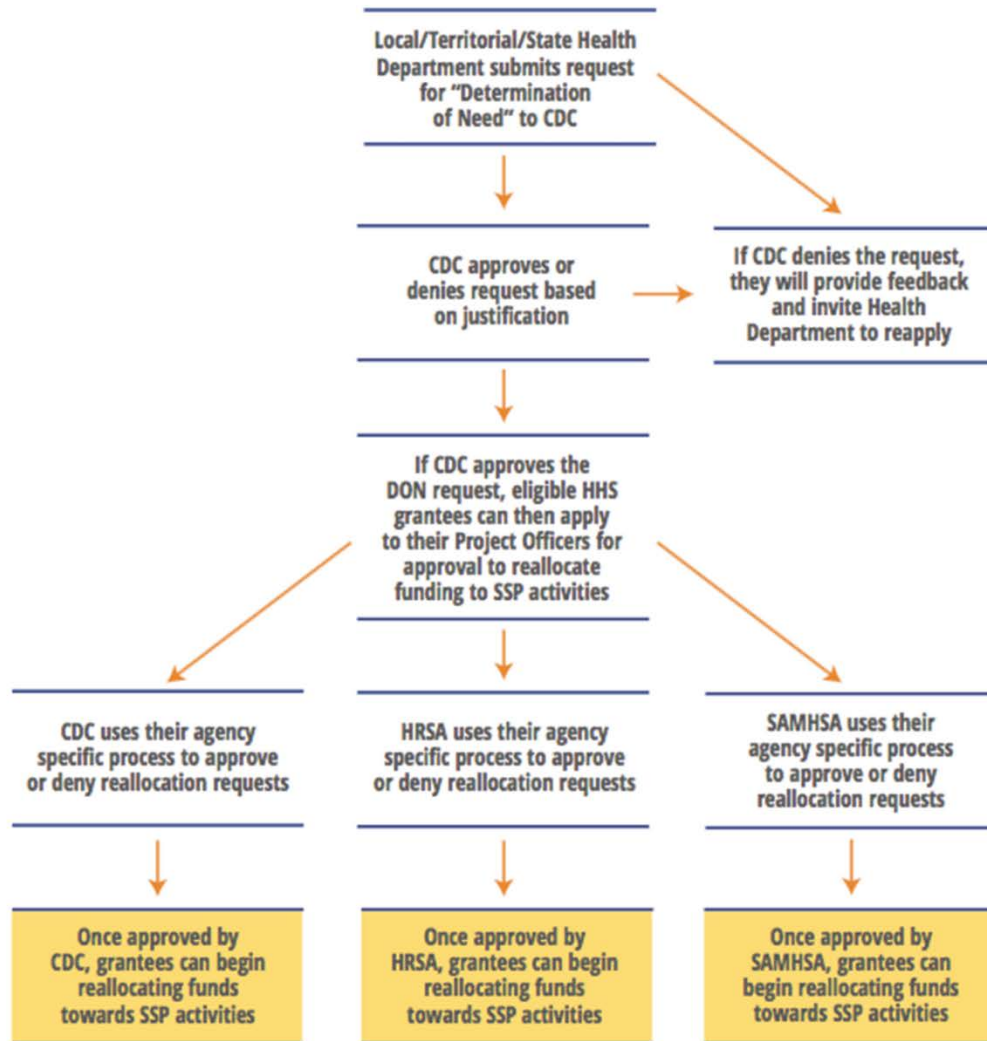
Syringes



Direct Injection Equipment



Establishing Determination of Need for Federal Funding of Syringe Services Programs



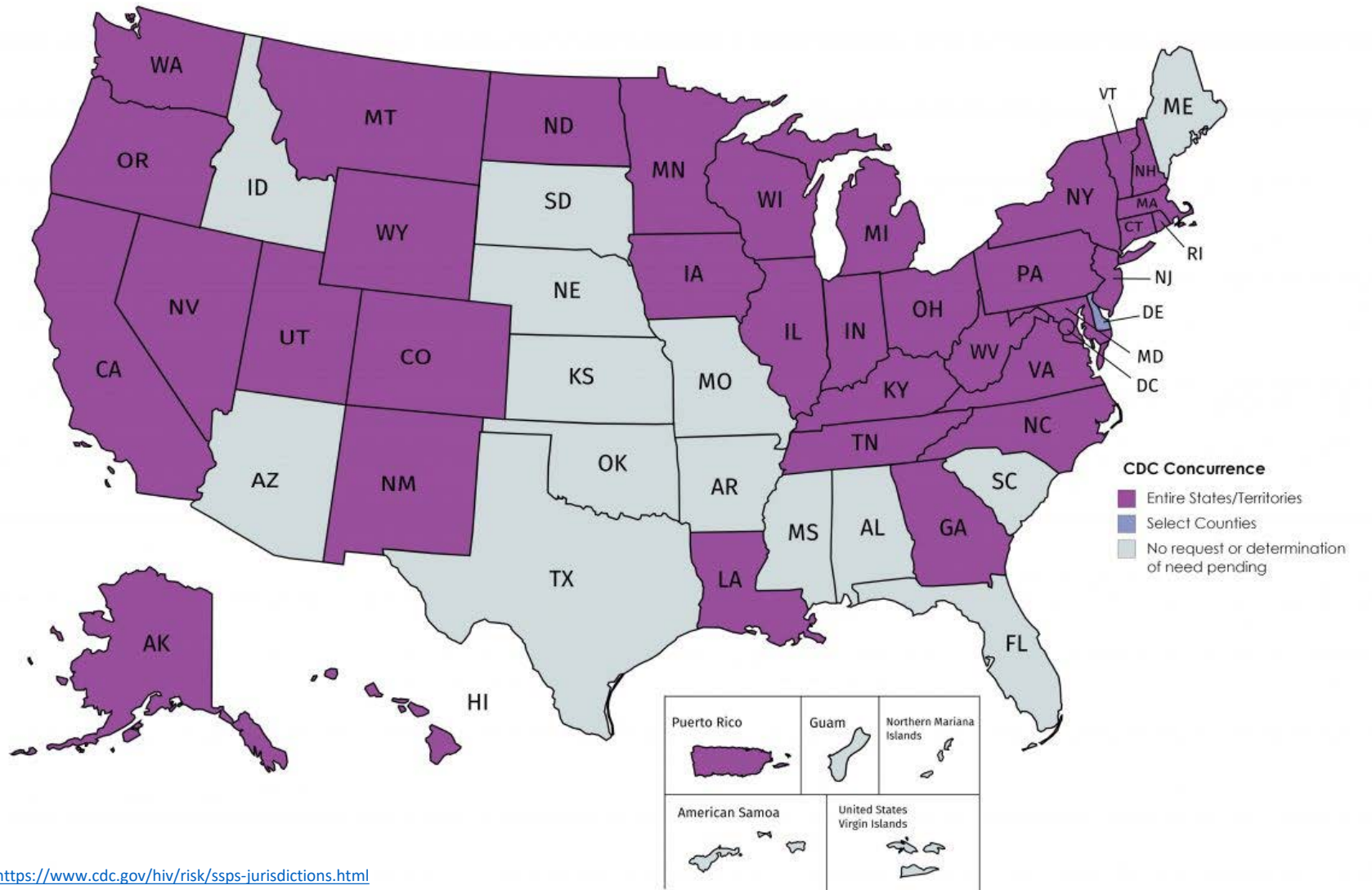
1. Department of Health and Human Services, 2016.

<https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf>

2. AIDS United, 2016.

<https://www.aidsunited.org/resources/federal-funding-for-syringe-services-programs>

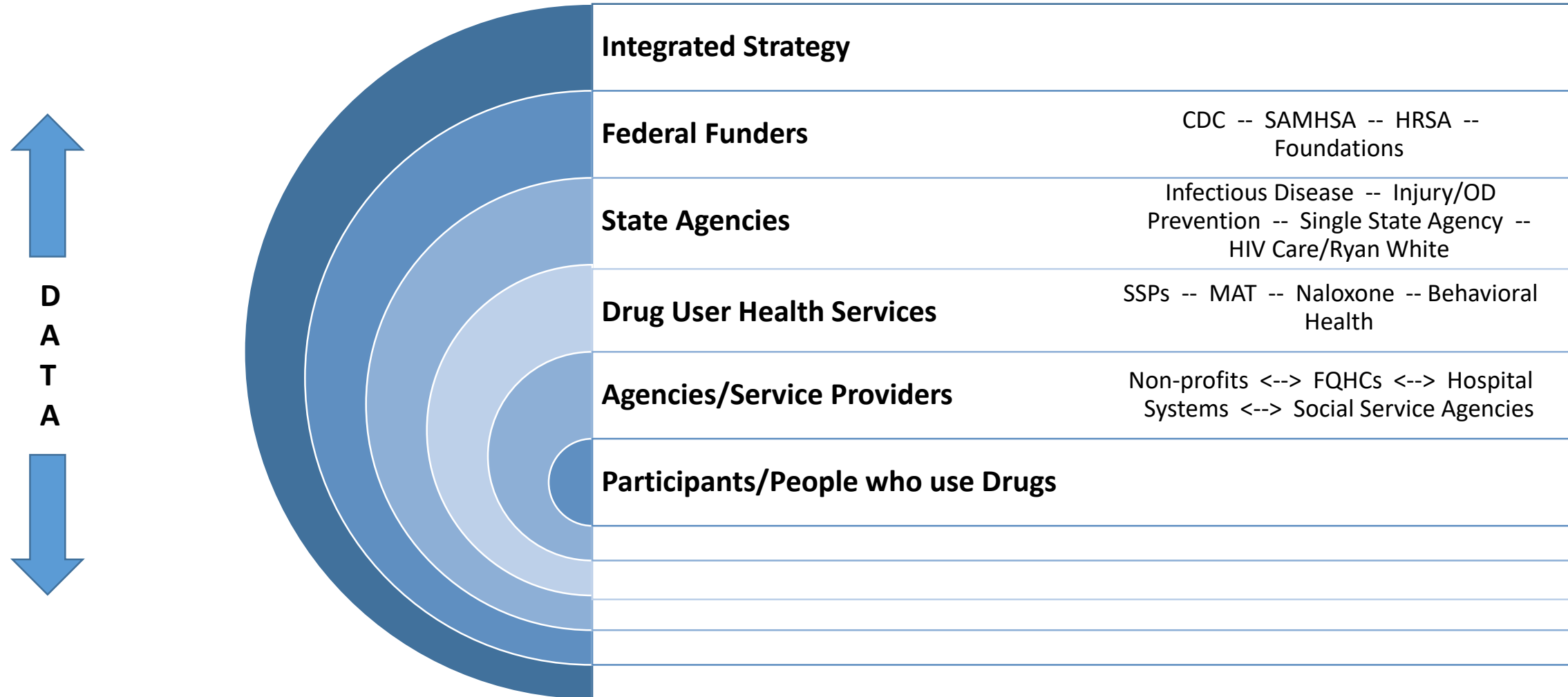
CDC Determination of Need Map



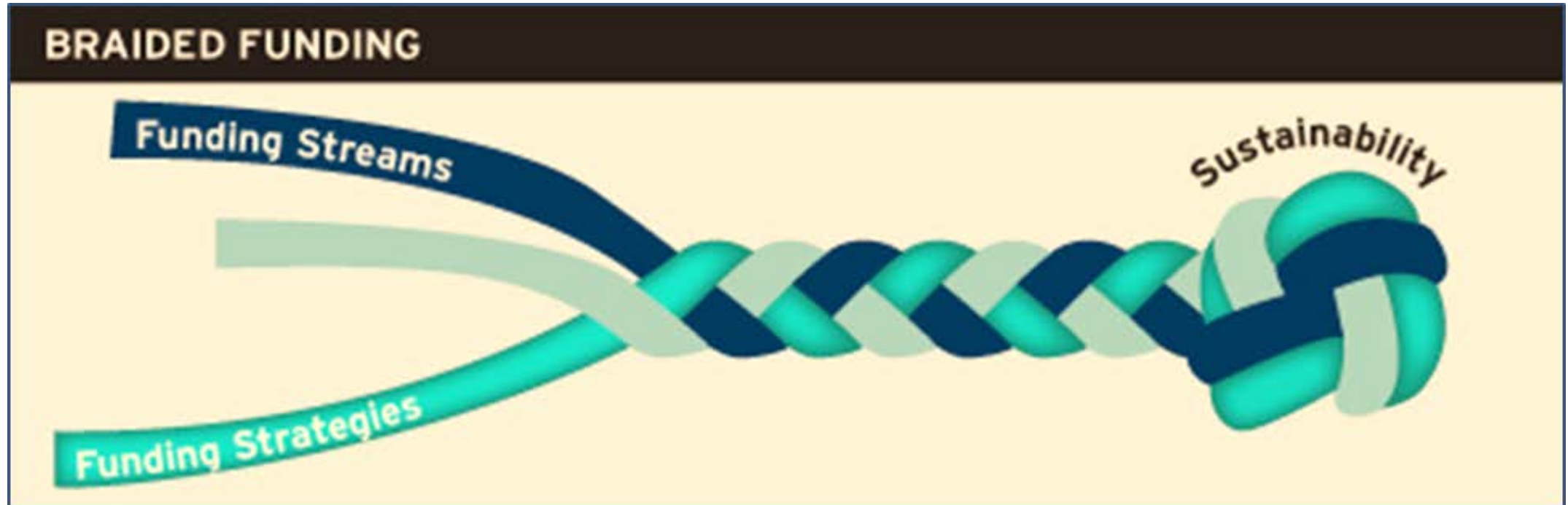
December 13, 2018 <https://www.cdc.gov/hiv/risk/ssps-jurisdictions.html>

So to get comprehensive services, we need coordination—but what does that look like?

Service Coordination Structure



Collaboration with Funding



Potential Partners for SSPs and Drug User Health

**HIV/Hepatitis/Infectious Disease
Prevention**

Injury/Overdose Prevention

Behavioral Health/Single State Agencies

Substance Use Prevention Programs

HIV and Chronic Disease Care Services

Core and Support Services and Service Categories

Key core and support services for PWID living with HIV

Refer to [HRSA HAB PCN 16-02](#) for the complete list of RWHAP service categories/definitions

- Early Intervention Services (EIS)
- Medical Case Management
- Mental Health Services
- Outpatient/Ambulatory Health Services
- Substance Use Outpatient Care
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing Services
- Medical Transportation
- Non-Medical Case Management
- Outreach Services
- Referral for Health Care and Support Services



RWHAP Parts A and B Early Intervention Services (EIS)

What it is

Includes four required components:

- (1) targeted HIV testing and referrals for HIV care/treatment services;
- (2) referral services to improve HIV care/treatment services at key points of entry;
- (3) access and linkage to HIV care/treatment services; and
- (4) Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

Potential Benefits and how it could be used to support SSPs

- RWHAP Part B recipients can promote the identification, referral, and linkage of PWID living with HIV into care and other supportive services
- Can leverage EIS as part of broader Data to Care (D2C) activities geared towards linking and re-engaging individuals who are out of care

Substance Use Outpatient Care

What it is

- Includes screening, assessment, and diagnosis of drug or alcohol use disorders, as well as treatment of substance use disorders (e.g., MAT)

Potential Benefits and how it could be used to support SSPs

- Provision of MAT has been strongly associated with better HIV treatment outcomes and higher rates of viral load suppression and may improve treatment outcomes for unstably housed clients
- SSPs can be co-located with outpatient substance use services or can be linked with outpatient substance use care

Health Education/Risk Reduction

What it is

- Provides critical information to clients living with HIV on how to reduce the risk of HIV transmission

Potential Benefits and how it could be used to support SSPs

- These types of services are often provided in SSP settings, particularly education related to safer injection practices and casework related to health care and social service access

Medical Transportation

What it is

- Provision of nonemergency transportation that enables clients to access or be retained in core medical and support services

Potential Benefits and how it could be used to support SSPs

- PWID living with HIV can benefit from receiving transportation services to outpatient substance use treatment programs, including MAT or behavioral health services that may be co-located with SSPs

Non-Medical Case Management

What it is

- Provides guidance and assistance to clients in accessing medical, social, community, legal, financial, and other needed services, including other public and private programs (e.g., Medicaid)

Potential Benefits and how it could be used to support SSPs

- SSPs often provide extensive case management and referrals within the SSP setting to assist clients in accessing necessary services
- Support for this sort of case management could be funded by the RWHAP for RWHAP clients

Outreach Services

What it is

- Include the provision of: (1) identification of PLWH who do not know their HIV status and/or (2) linkage or reengagement in care for PWLH who know their status
- Must be conducted in places where there is a high probability that individuals are infected with HIV and/or are engaging in behaviors that increase risk of HIV infection

Potential Benefits and how it could be used to support SSPs

- SSPs provide outreach services to PWIDs, related to both HIV and hepatitis
- RWHAP Part B recipients might also leverage Outreach Services as part of broader D2C activities

Referral for Health Care and Support Services

What it is

- Directs clients to needed core medical and support services in person, over the telephone, or through written communication

Potential Benefits and how it could be used to support SSPs

- Many SSPs already provide referrals and linkages to important services and programs, such as mental health services and substance use treatment
- Additional funding from RWHAP Part B programs could increase their capacity to make these critical referrals for PLWH

RWHAP Part B-allowable administrative costs

What it is

- The RWHAP legislation allows a limited amount of the grant award for the administrative costs of RWHAP services (note: there are percentage aggregate caps, however)

Potential Benefits and how it could be used to support SSPs

Examples:

- Cost of staff
- Maintenance/development of data systems
- Minor Alterations & Renovations
- Trainings for providers and staff (e.g., cultural competency, trauma informed approaches)

Conclusion and Recommendations

- Comorbidities, as well as social and structural barriers, can make accessing and continuously utilizing health care extremely difficult for PWID, including those living with HIV
- SSPs are effective providers of services for PWID living with HIV, and these services can be supported and strengthened by RWHAP Part B services
- **NASTAD encourages RWHAP Part B programs to consider creating and/or strengthening partnerships with SSPs and drug user health programs in their state or jurisdiction to improve outcomes for PWID and increase the capacity to provide these vital services**



RWHAP Part B and
ADAP collaboration with SSPs

Brianne Glenn

Ryan White Part B Manager

Heather Bush

Syringe Exchange Program Coordinator

June 3, 2019

MISSION & VISION



The Utah Department of Health's mission is to protect the public's health through preventing avoidable illness, injury, disability, and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles.

Our vision is for Utah to be a place where *all* people can enjoy the best health possible, where *all* can live and thrive in healthy and safe communities.



STRATEGIC PRIORITIES



Healthiest People – The people of Utah will be among the healthiest in the country.

Optimize Medicaid – Utah Medicaid will be a respected innovator in employing health care delivery and payment reforms that improve the health of Medicaid members and keep expenditure growth at a sustainable level.

A Great Organization – The UDOH will be recognized as a leader in government and public health for its excellent performance. The organization will continue to grow its ability to attract, retain, and value the best professionals and public servants.

Utah Overview



- HIV Testing
 - About 5,000 publicly funded per year
 - Mostly LHD and a few CBO partners/contractors
 - Most outreach focused on MSM
- Ryan White Part B, EIS model (SSP->EIS)
 - No other funding for SSP available
 - Good option to identify those at risk for HIV
 - Aligned with EIS goals
 - A way to access a previously unreached population

Utah Syringe Exchange Timeline



May 2016 - Syringe Exchange becomes legal in Utah

- Much to everyone's surprise
- No funding identified
- No established provider or harm reduction agency

June 2016 – Determination of need (DON) submitted and accepted

- Allocated some state funds to purchase syringes

July 2018 - Allocated HIV prevention funds to support Syringe Exchange Program (SEP) Coordinator

- Coordinated with Rx Overdose Prevention at Utah Department of Health - in kind support

November 2016 - Administrative Rule published

- Developed free/web based database

December 2016 - First legal syringe exchange in Utah conducted

- Privately funded

April 2017 - Released request for proposal (RFP) for EIS funds

July 2017 - Funded 5 organizations with EIS funds

- 4 included syringe exchange as a funded service

July 2018 - 2nd year of EIS Funding

- Adjustments based on performance and EIS compliance

March 2019 - Moved SSP funding from EIS

Policy Considerations



HRSA PCN #16-02

Early Intervention Services (EIS)

Description:

The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA RWHAP Parts A and B EIS services must include the following four components:
 - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
 - Referral services to improve HIV care and treatment services at key points of entry
 - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
 - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

Policy Considerations



- EIS is the combination of four services including elements of other service categories. *Read each service category carefully (Outreach, Health Education/Risk Reduction, Referral Services)*
- All four components of EIS need to be available to create an EIS program.
 - Not all services must be provided in the same encounter or by the same provider.
- EIS is **NOT** an HIV Prevention Program
 - The intent of an EIS program is to identify and enroll a client into Ryan White services.
 - How do you determine if it is an EIS encounter or a Prevention encounter?
 - Education and support for providers. “Outreach” means something different through the lens of Prevention vs. Treatment

Policy Considerations



- ***Support Not Supplant***
 - How is funding going to be impacted?
 - How are you going to coordinate testing efforts with HIV Prevention?
 - Document funding allocations and redistributions
- **Eligibility**
 - EIS clients are not confirmed HIV+
 - What are your eligibility requirements?
 - What documentation is required?
 - How do you track clients served (e.g. RSR)?

Operational Considerations



- Eligibility Requirements
 - Will clients be willing to give up their private info?
 - May not have ID or difficult to have residency document
 - Many have legal issues/concerns
- Data Collection
 - Create database to meet needs of EIS and SSP
 - Training and consistency
- Monitoring
 - Ensure EIS requirements are met
 - Review billings and QA database
- Outreach Settings
 - Provide testing
 - Confidentiality concerns

Lessons Learned



- SSP have all the elements of an EIS Program
- SSP may not have capacity to implement all 4 components of EIS
- Design your EIS Program and see how SSP can fit within that framework rather than the other way around
- EIS services as a component of SSP
- IDU not high risk for HIV but SSP allows for connections to some of the most marginalized and connections to services
- Shifted funding for SSP to SOR for more flexibility, more comprehensive, more adaptable
- Focus EIS efforts through SSP on outreach to identify those at risk

THANK YOU!



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health.utah.gov/epi





To protect the health and promote the well-being of all people in Virginia.

Diana L. Jordan, RN MS
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Kristen Kidd Donovan, MPH
Health Policy Analyst

Virginia's Experience Funding and Implementing Syringe Services

CHR IN VIRGINIA A BRIEF HISTORY



JANUARY 12, 2017

Delegate John O'Bannon introduced House Bill 2317 Harm reduction programs; public health emergency, etc

JULY 1, 2017

Law goes into effect.



NOVEMBER 21, 2016

State Health Commissioner Marissa J. Levine declared Virginia's opioid addiction crisis a public health emergency

FEBRUARY 23, 2017

Bill as passed by house and senate signed into law by Governor Northam



JULY 2018

First site opens in Wise county. To date, 3 sites are operating of 75 eligible

Indicators for Determining Eligible Localities for Comprehensive Harm Reduction Programs

	Indicator Data Used	Data Source
1	Newly reported Hepatitis C cases among 18-30 year olds	Division of Disease Prevention
2	Newly diagnosed HIV cases	Division of Disease Prevention
3	Fatal overdoses due to heroin/fentanyl	Office of the Chief Medical Examiner
4	Fatal overdoses due to prescription opioids (excluding fentanyl)	Office of the Chief Medical Examiner
5	Poverty estimates	United States Census Bureau
6	Unemployment rate	Bureau of Labor Statistics
7	Prescription opioid volume	Prescription Monitoring Program
8	Buprenorphine prescription volume	Prescription Monitoring Program
9	Emergency room visits due to heroin overdose	Division of Surveillance and Investigation
10	Emergency room visits due to prescription opioid overdose	Division of Surveillance and Investigation
11	Naloxone (Narcan®) administration rates with positive responses	Office of Emergency Medical Services
12	Drug treatment admissions to publicly funded community service boards	Department of Behavioral Health and Developmental Services
13	Drug/narcotic-related arrests	Virginia State Police

Methodology for Determining Localities Eligible for Comprehensive Harm Reduction Programs

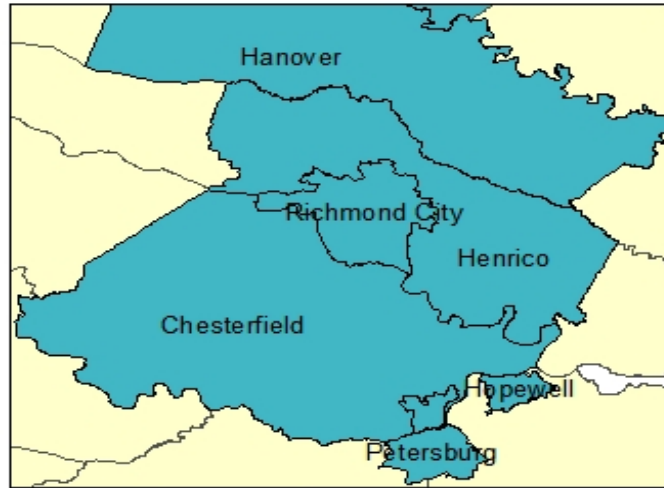
Rates or counts by locality and indicator

Locality receives overall indicator score

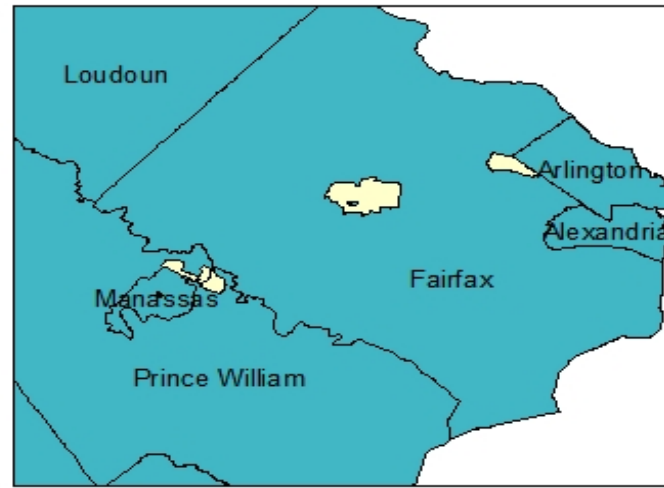
If locality indicator score is above state average score

Eligible locality

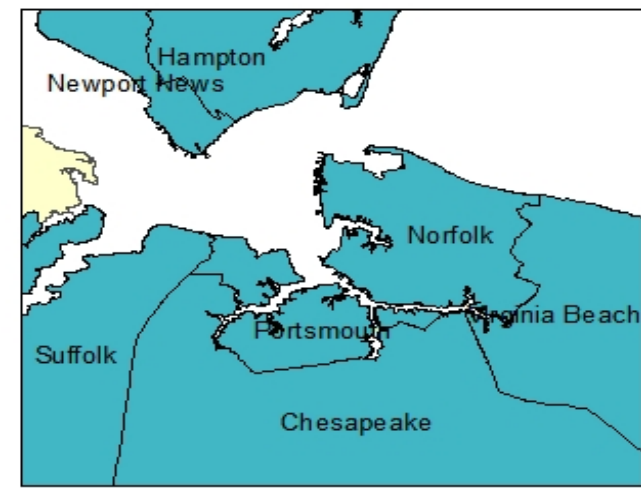
Eligibility Determination for Comprehensive Harm Reduction Programs by Locality in Virginia



Richmond City and surrounding areas



Northern Virginia

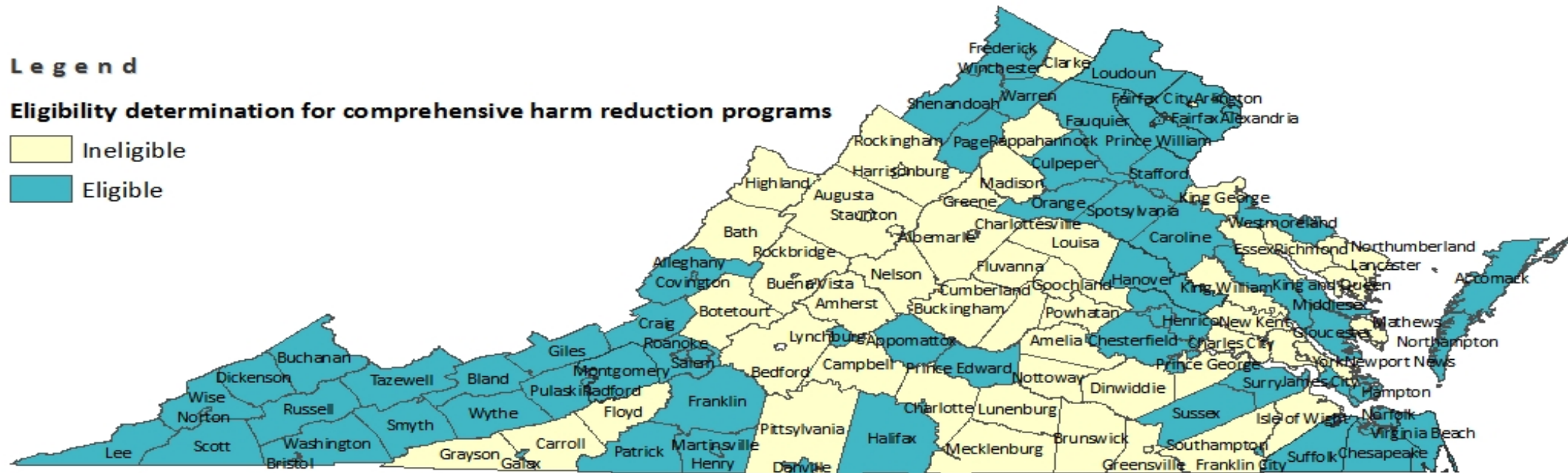


Hampton Roads

Legend

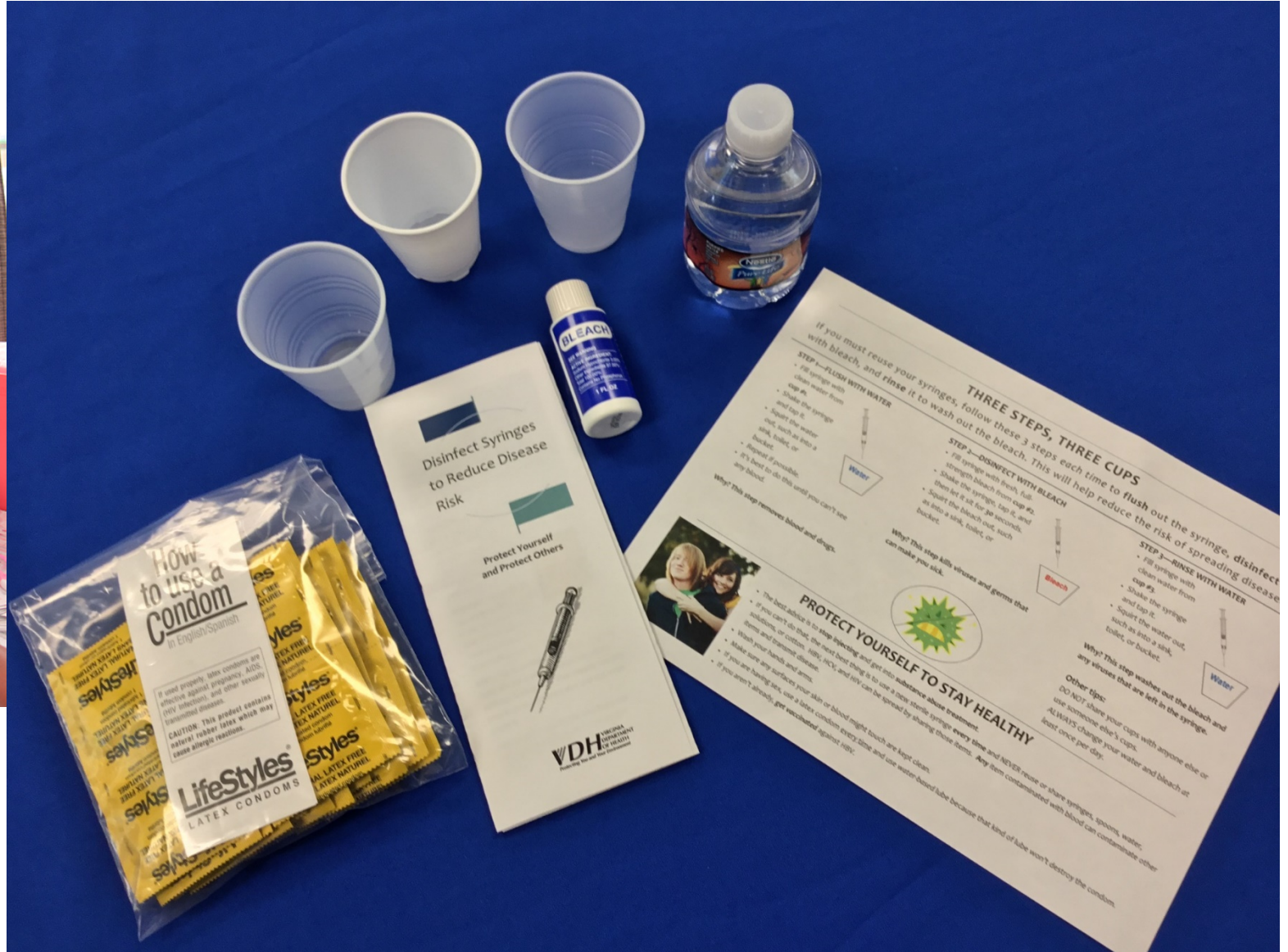
Eligibility determination for comprehensive harm reduction programs

- Ineligible
- Eligible



Eligibility determination for comprehensive harm reduction programs is based on public health criteria outlined in House Bill 2317.
Version: January 2018, Division of Disease Prevention, Virginia Department of Health

What is Comprehensive Harm Reduction in Virginia?



A typical exchange encounter

- Individual carries participant card to CHR site in case of a police encounter
- Participant discards used needles and provides a count
- Provider offers HIV/Hepatitis testing on initial visit
 - Participants who consent to testing will be offered tests quarterly
- Provider offers counseling referral for substance use disorder
- Provider screens participant for housing, food, social services needs
 - Women screened for pregnancy
 - Referral and linkages provided for services
- Participant receives new needles, harm reduction supplies, Naloxone, wound kits if needed

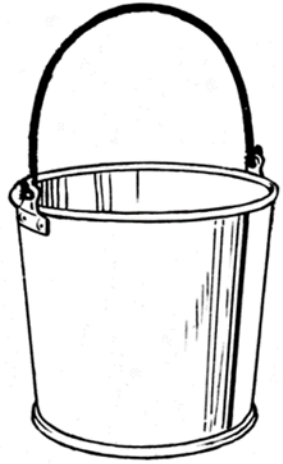
Lenowisco Health District's Efforts

- Provided the **syringe cleaning pamphlet and supplies** (began in 2012)
- Provided **enhanced testing for viral hepatitis, HIV** (& follow up cases/contacts)
- Provided **post exposure treatment for HBV exposure** for contacts (HBIG and vaccine)
- Feb 2017: began to offer **PrEP and nPEP** (medication, lab costs, staff support)
- **Trained REVIVE! Trainers** among our staff (began 2014)
- **Dispensed Narcan NS** to clients directly, and to individuals trained by our partners (law enforcement, MRC volunteers, Frontier Health trainers)
- Partnered with SUD tx providers and referred clients for treatment, services
- Participated in a **regional tabletop exercise** with many community partners evaluating multisector response to an HIV outbreak related to IDU

Freeing Up Funds for CHR

- Ensure ADAP stability by maximizing health insurance enrollment
 1. This generates rebates, which may be used for Ryan White allowable activities if ADAP need is met
 2. Frees up state funds previously used for ADAP
- Get ready (approval) to use federal funds
- Determination of need approved and project officers on board!

Inventory available funds*



REBATES



18-1802 HIV PREVENTION
& SURVEILLANCE GRANT



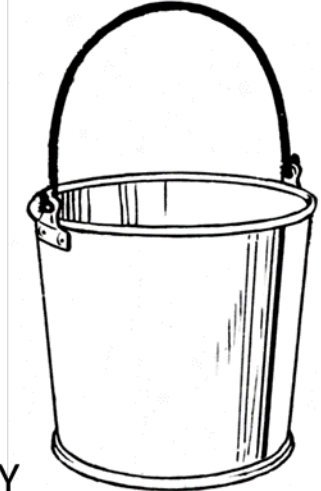
PRIVATE
MULTIPLE SOURCES



STATE



SAMHSA OPIOID GRANTS
FROM ANOTHER STATE AGENCY



RYAN WHITE

* Federal funds and rebates cannot be used for syringes or injection materials.

Braiding Funding to Support CHR

- Rebates + 18-1802 HIV Prev
 - Staff, travel, program support (eg. computers, office supplies)
- SAMHSA opioid grants
 - Our Department of Behavioral Health and Developmental Services had already been successful using their grants to purchase vehicles
- Private funds-used for items not allowable on federal grants
- State funds-major initiatives not allowable on current federal grants
 - PrEP
 - HCV treatment

Next Steps

- Seek opportunity to improve Virginia's law
- Need more time to evaluate effectiveness
- **Thank you to Virginia Department of Health colleagues and community partners for making comprehensive harm reduction, including syringe services, a reality in Virginia and for helping us compile these slides!**
- **Questions?**
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Question and Answers

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