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.
New Mexico’s Innovations and Leadership in HCV Elimination

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
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

**ThinkCure**

CURE HEP C

Get Tested, Get Treated, Be Cured!

- Hep C Prevention
- Near you!

Hepatitis C Virus (HCV) can almost always be cured.

If you have ever tested positive, talk with your medical provider about treatment options. New medications have few potential side effects.

Find testing, treatment and the cure at www.nmhibguide.org

Tell your friends!

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**ThinkNow**

Learn your HIV or Hepatitis C (HCV) status NOW by getting a rapid test.

- HIV Prevention
- Near you!

Rapid HIV and HCV tests give you results in just minutes.

No matter your status, knowing is what’s important.

Find testing and treatment at www.nmhibguide.org

Tell your friends!
Promotion of Other Services
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
Today, there are 2.1 million people behind bars in the US.
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
Our residents are a vulnerable and underserved population.
Our goal: Improve the lives and health of everyone we meet!
Partner with the State Health Department to meet the needs of this vulnerable population!
Jails and prisons are ideal settings for screening and treatment.

Our Neighbors.
Our vulnerable population is the target population.

- 31% PWID
- 15% HCV
- 0.6% HIV
- GC Chlamydia 20.7/100

NORTH DAKOTA DEPARTMENT of CORRECTIONS and REHABILITATION
Our residents willingly accept screening and treatment.
We succeed because we have the unwavering support of the ND DOH.

MEANS

MOTIVE

OPPORTUNITY
ND DOH support drives our HCV treatment program.

HCV AB = $26

HCV RNA/GENO = $55

AVG SCREENING = $37

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<th>MEN</th>
<th>WOMEN</th>
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<tr>
<td>HCV AB POS</td>
<td>20%</td>
<td>37%</td>
</tr>
<tr>
<td>ACTIVE HCV</td>
<td>15%</td>
<td>25%</td>
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</table>
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.
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!
Prisons face challenges in treating justice-involved individuals.

Jails and Prisons Differ

FUNDING STOPS AT THE DOOR

Providers are hard to find and keep
The current programs to reach justice-involved individuals are fragmented.

JAIL ≠ PRISON
Funding mechanisms stop at the when the gate slams.
Attracting and retaining providers in public service is challenging!
Our next step: Expand the import model.
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.
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

Multi-Tiered System of Supports
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
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)

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

**Comprehensive Sexuality Curriculum**

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

**Staff Training on:**

- 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:

Staff Training:

Staff Training:

Staff Training:

Staff Training:
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
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.

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Students (Duplicated)</th>
<th>Average Service Hours per Student</th>
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<tbody>
<tr>
<td>General Counseling</td>
<td>3,722 (2.0 hrs*)</td>
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</tr>
<tr>
<td>Case Management</td>
<td>3,275 (2.3 hrs*)</td>
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<tr>
<td>Medical Services</td>
<td>2,889 (2.6 hrs*)</td>
<td></td>
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<tr>
<td>Behavioral Health Counseling</td>
<td>2,457 (3.1 hrs*)</td>
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<tr>
<td>Sensitive Services</td>
<td>415 (1.1 hrs*)</td>
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From San Francisco Unified School District (SFUSD) and Student and Families Services Department (SFSD)

Rosalia Lopez - M.Ed. Secondary Teacher on Special Assignment
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Advancing Syndemic Approaches Through Cluster Detection and Response

April 27, 2022

Alexa Oster, MD
Division of HIV Prevention, CDC
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 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

- **Seattle, WA**
  - 2018
  - 31 cases (PWID)
  - 21 cases (MSM who inject drugs)

- **Hennepin & Ramsey County, MN**
  - 2018 - Present
  - 89 cases

- **Scott County, IN**
  - 2014 - 2015
  - 215 cases

- **N. Kentucky & Hamilton County, OH**
  - 2017 - 2018
  - 157 cases

- **Lawrence and Lowell, MA**
  - 2015 - 2018
  - 159 cases

- **Boston, MA**
  - 2018 - present
  - 113 cases

- **Philadelphia, PA**
  - 2018
  - 71 cases

- **Kanawha County, WV**
  - 2019 - present
  - 102 cases

- **Cabell County, WV**
  - 2018 - 2019
  - 82 cases

- **Portland, OR**
  - 2018 - 2019
  - 42 cases

Adapted from Lyss SB et al., *JID* 2020
People Who Inject Drugs Experience Numerous Syndemic Conditions

<table>
<thead>
<tr>
<th>HIV</th>
<th>Sexually transmitted diseases</th>
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<tbody>
<tr>
<td></td>
<td>Viral hepatitis</td>
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<tr>
<td>Substance use disorder</td>
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<tr>
<td>Mental health</td>
<td></td>
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<tr>
<td>Unstable housing</td>
<td></td>
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<tr>
<td>Food insecurity</td>
<td></td>
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<td>Need for social services</td>
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Lyss SB et al., JID 2020
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

- HIV
- Viral Hepatitis
- STD
- Overdose Prevention
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
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
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

Clusters first identified in 2018–2019
N = 144

Largest clusters (>25 people as of Sept 2021)
N = 32 (22%)

82% among gay and bisexual men
8% among people who inject drugs
10% other or no primary risk group

72% among gay and bisexual men
19% among people who inject drugs
9% no primary risk group

Perez S et al. CROI 2022
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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