HRSA
Health Resources & Services Administration

RWHAP Funds and Allowable uses to Support Syringe Services Programs (SSP)

Ryan White HIV/AIDS Program (RWHAP) Part B Administrative Reverse Site Visit

October 25, 2019

Vision: Healthy Communities, Healthy People

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

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NASTAD

Agenda

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

Learning Goals

- Increase understanding of the intersections between injection drug use, HIV and other infectious diseases, such as hepatitis C (HCV)
- 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 <u>each</u> HIV infection is over $380,000 [5]

<u>Accumulated</u> 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**

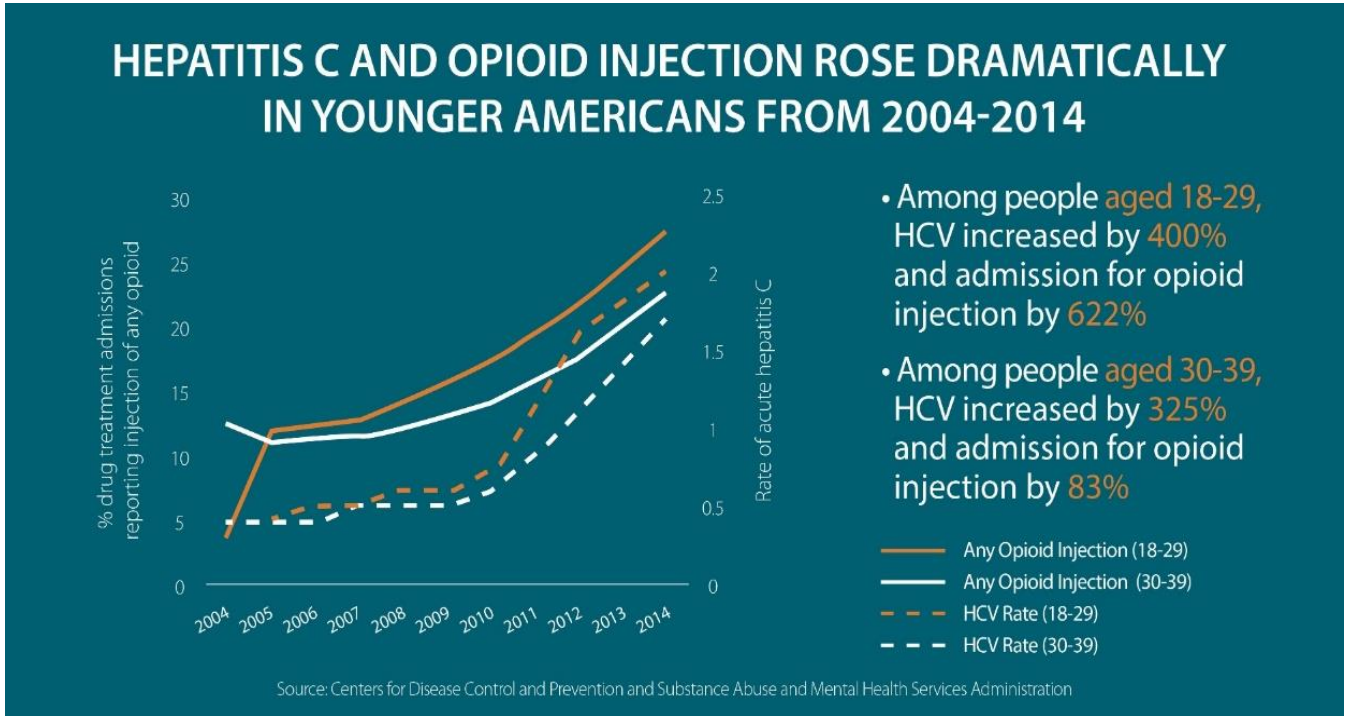
1. Collier, M., et al. 2018. https://link.springer.com/article/10.1007%2Fs10900-017-0458-9

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

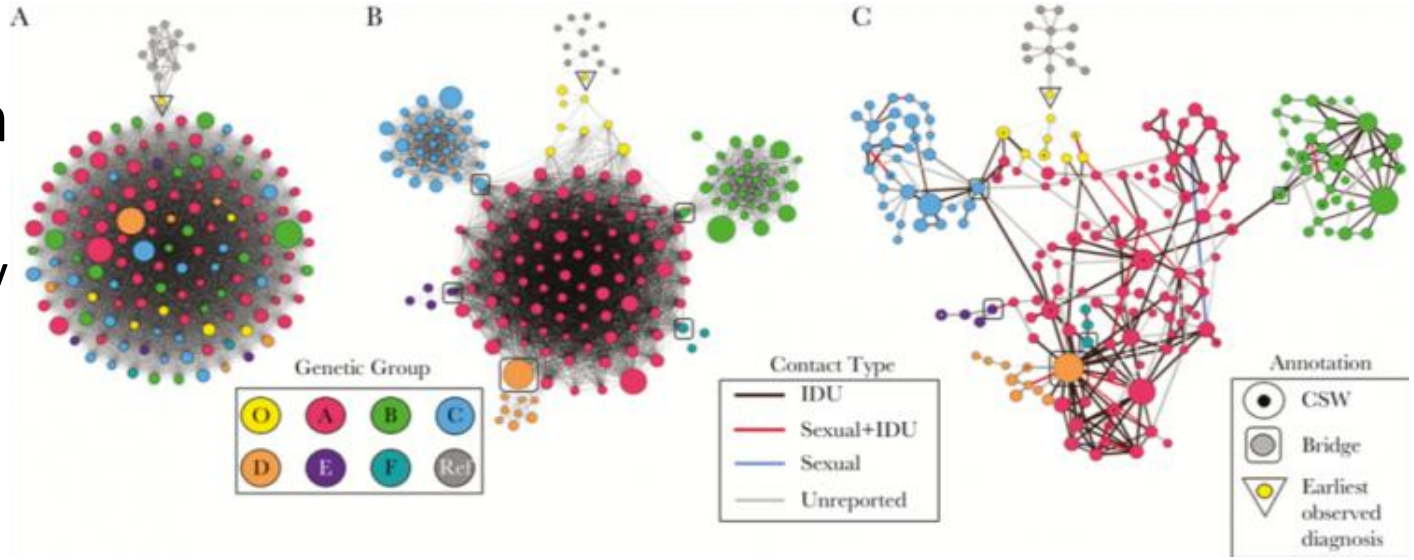
- Among 18- to 29-year-olds, there was a
  - 400 percent increase in acute hepatitis C
  - 817 percent increase in treatment admissions for injection of prescription opioids
  - 600 percent increase in treatment admissions for heroin injection
- Among 30- to 39-year-olds, there was a
  - 325 percent 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



Zibbell, J., et al. 2017. https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2017.304132

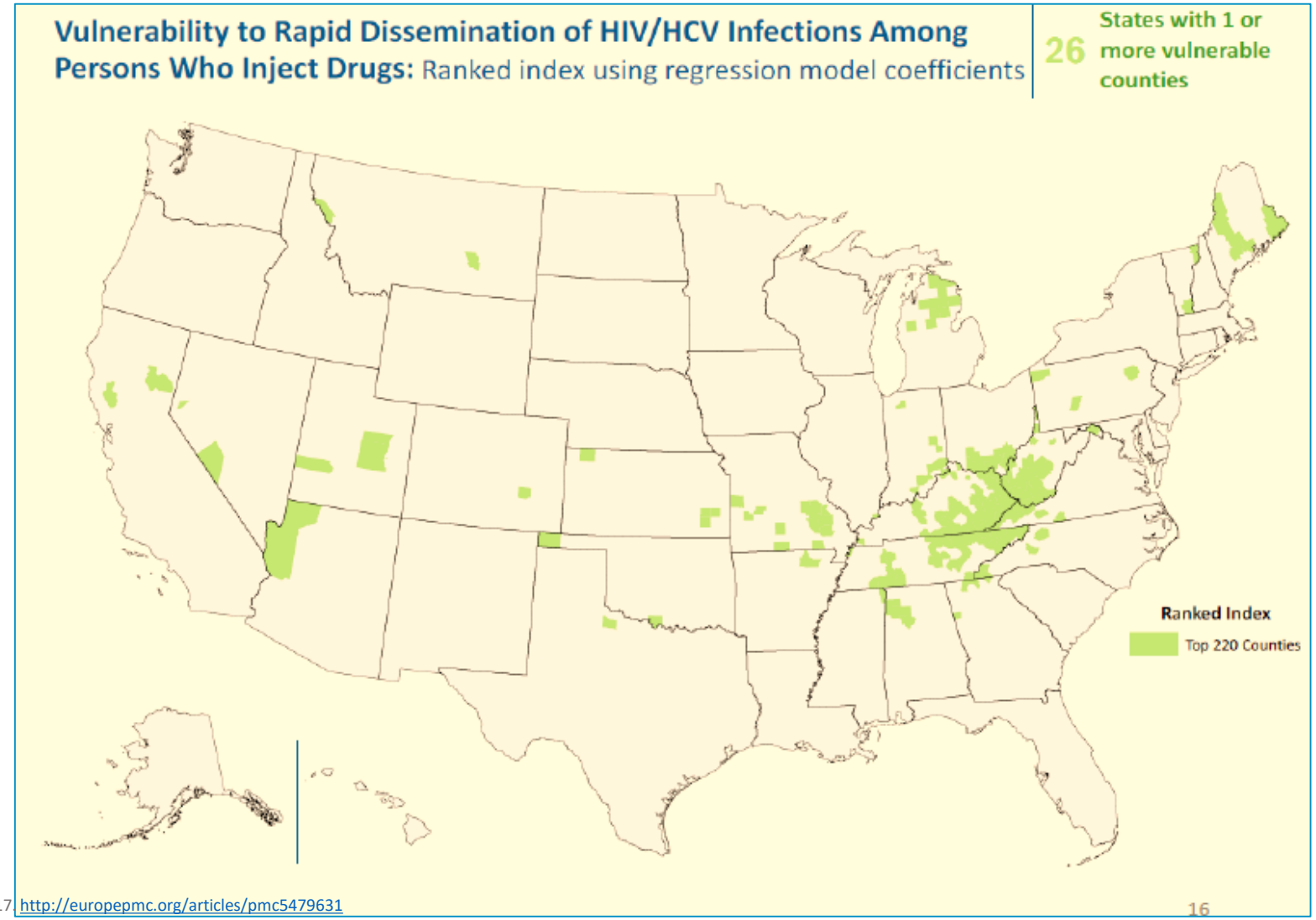
Scott County, Indiana

- 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]



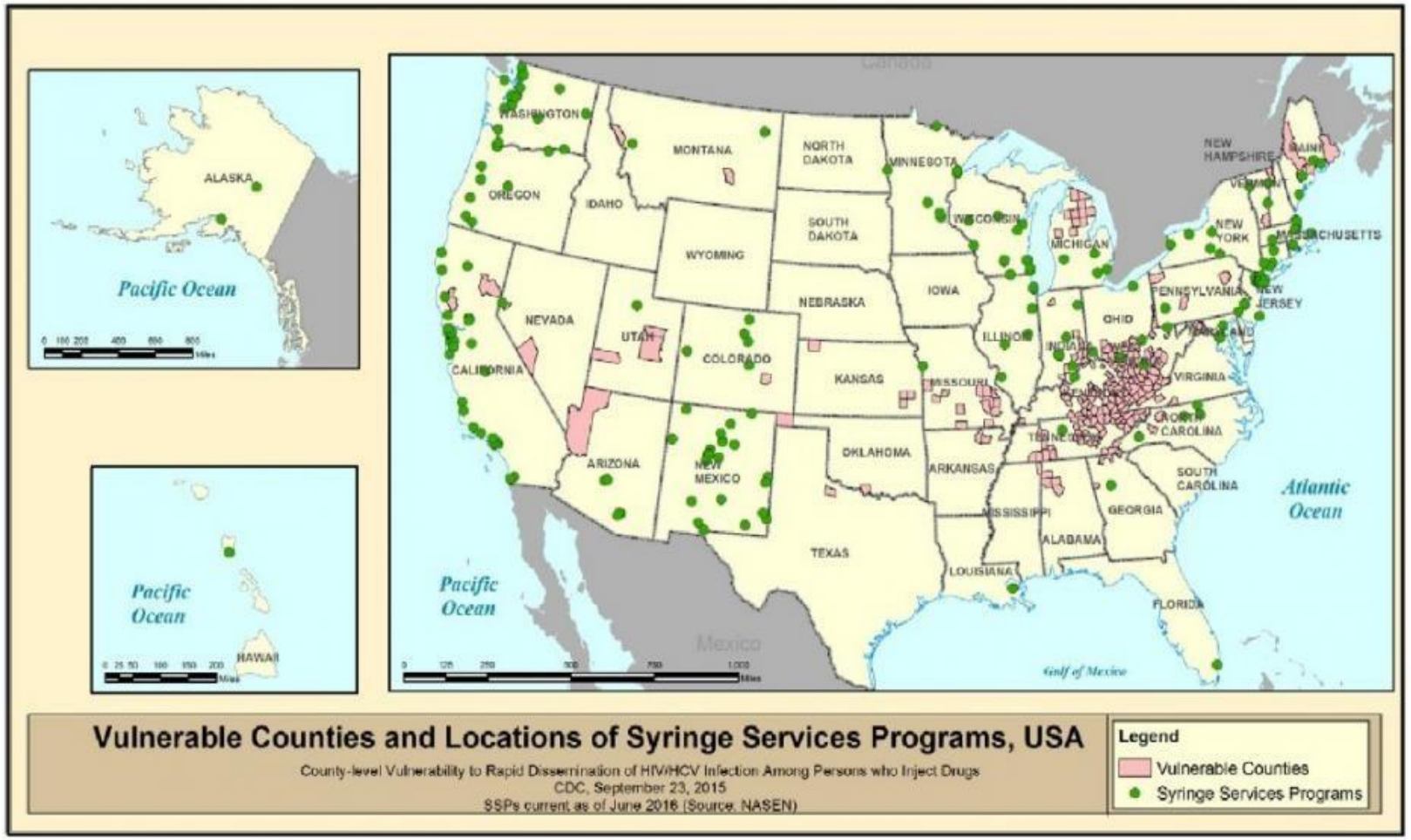
1. Peters, P. et al. 2016. https://www.nejm.org/doi/full/10.1056/NEJMoa1515195

HIV/HCV Vulnerable Counties



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

So What Can Be Done to Decrease HIV/HCV?



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

Syringe Services Programs

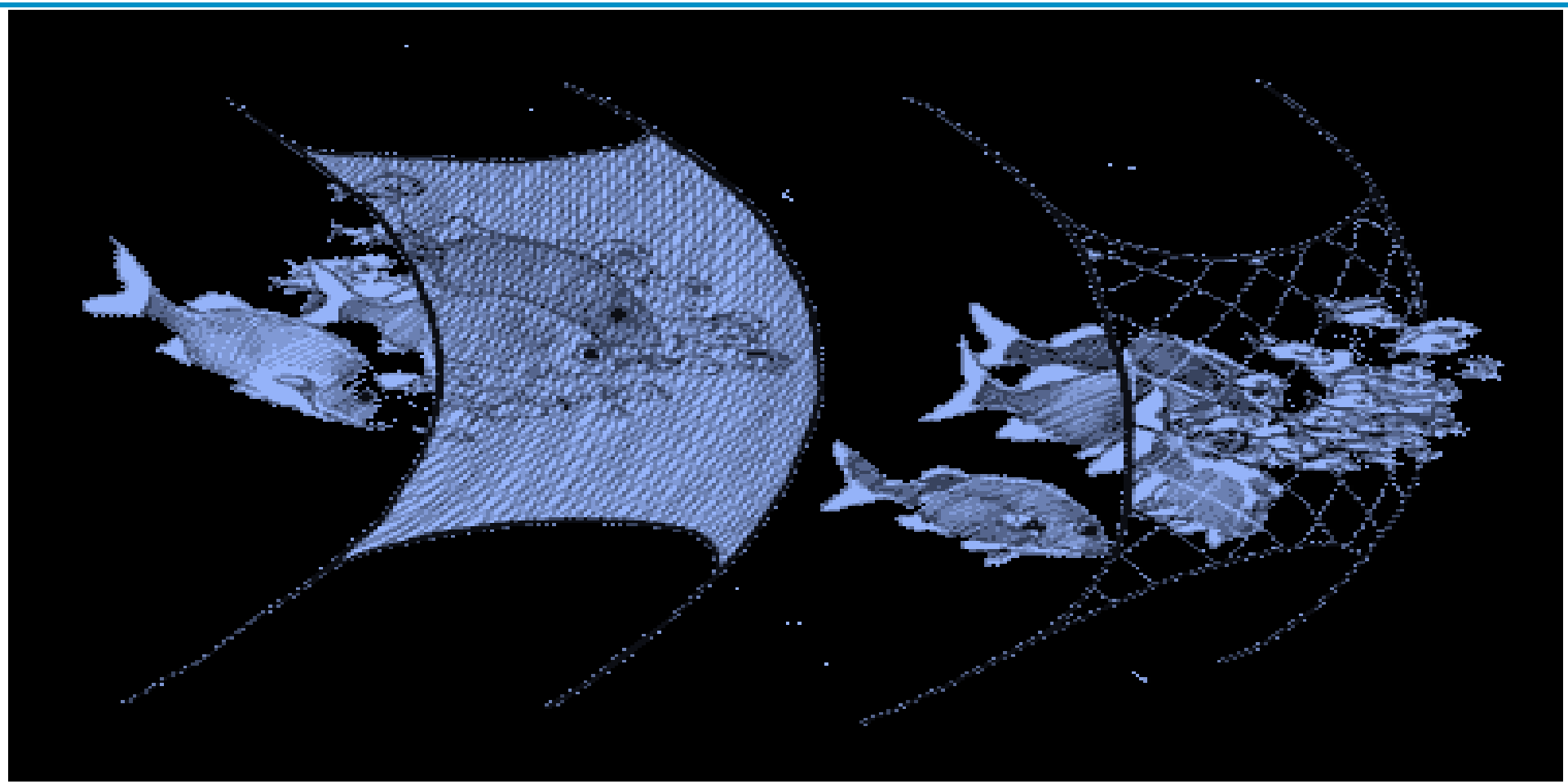
- Most effective way to prevent infectious disease transmission for PWIDs [1]
- Do not increase drug use or crime [2]
- SSP participants are 5 times more likely than nonparticipants to enter treatment [3]

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

*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.*

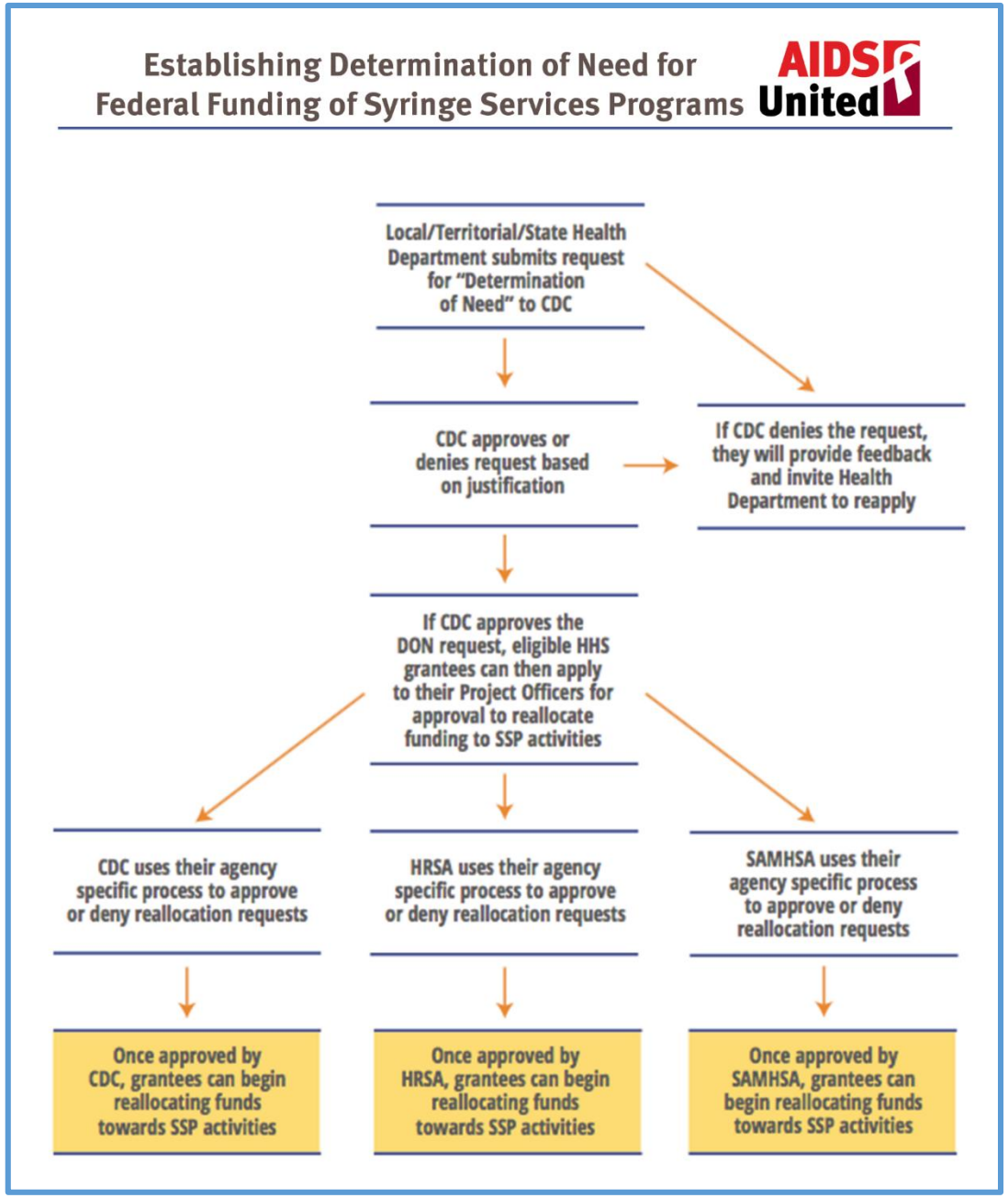
No funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug

Consolidated Appropriations Act, 2016. https://www.congress.gov/114/bills/hr2029/BILLS-114hr2029enr.pdf

In short, federal funds can be used for everything BUT

Syringes

Direct Injection Equipment

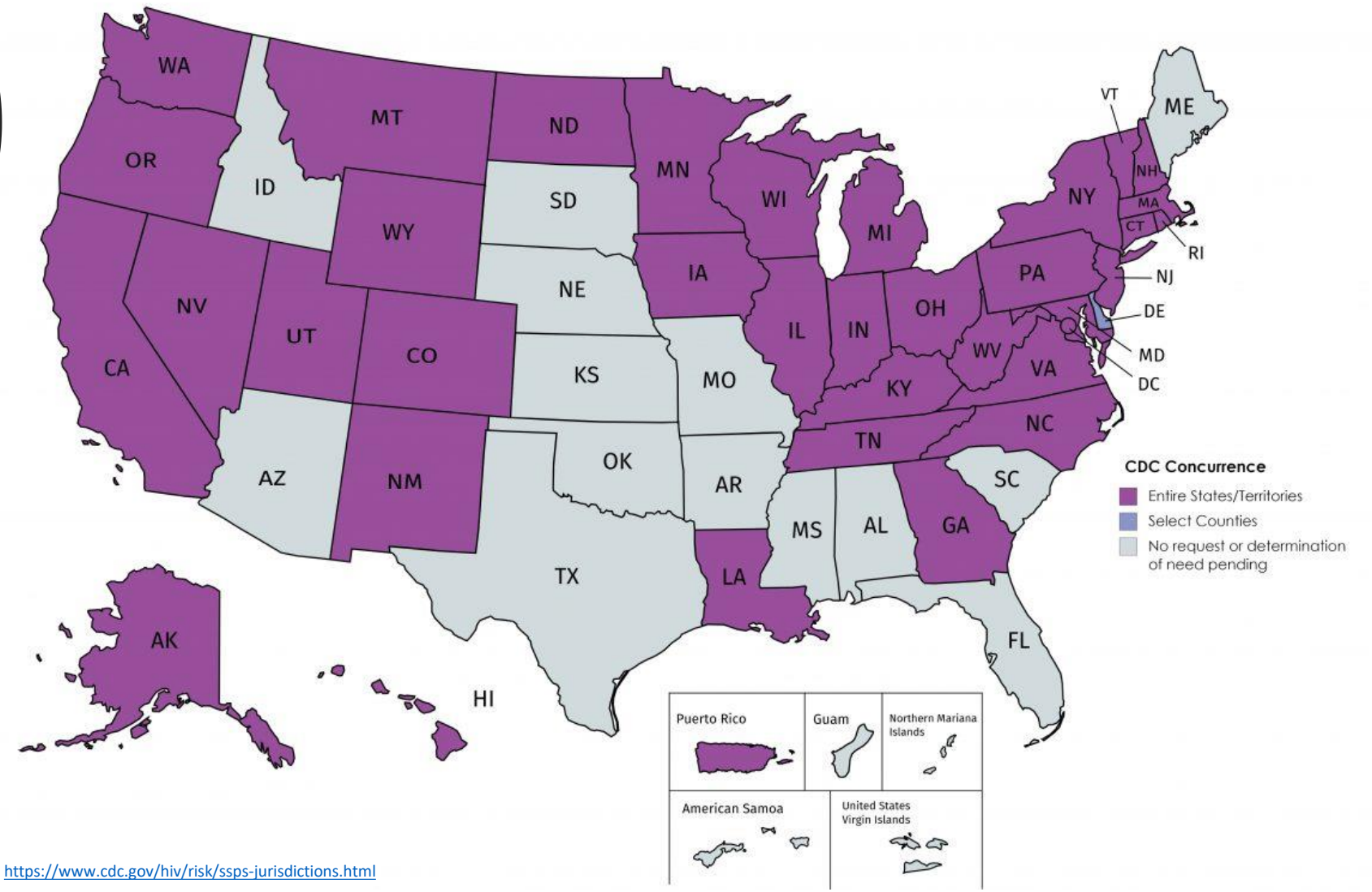


URL for Establishing Determination of Need Graphic:

https://www.aidsunited.org/resources/federal-funding-for-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

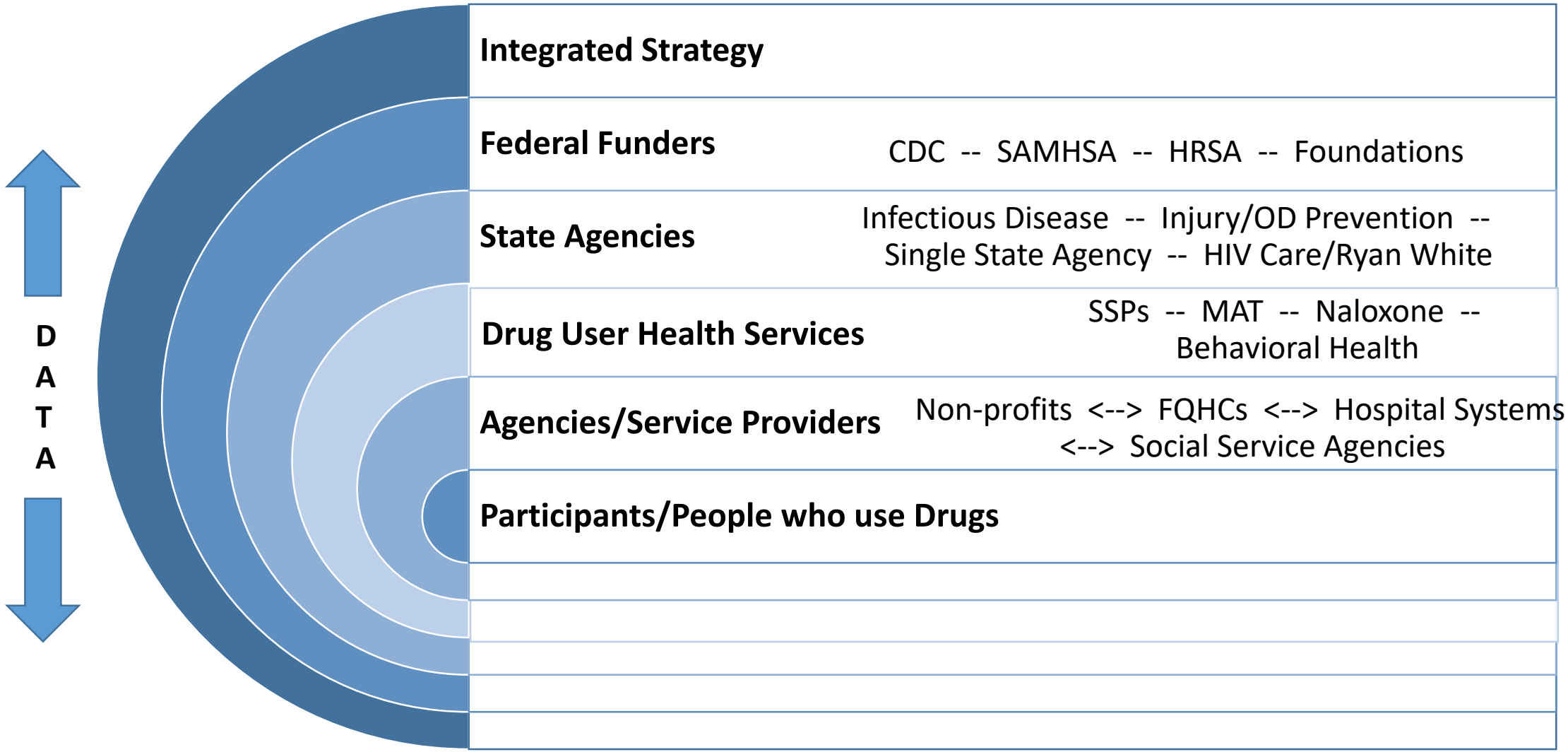
CDC Determination of Need Map



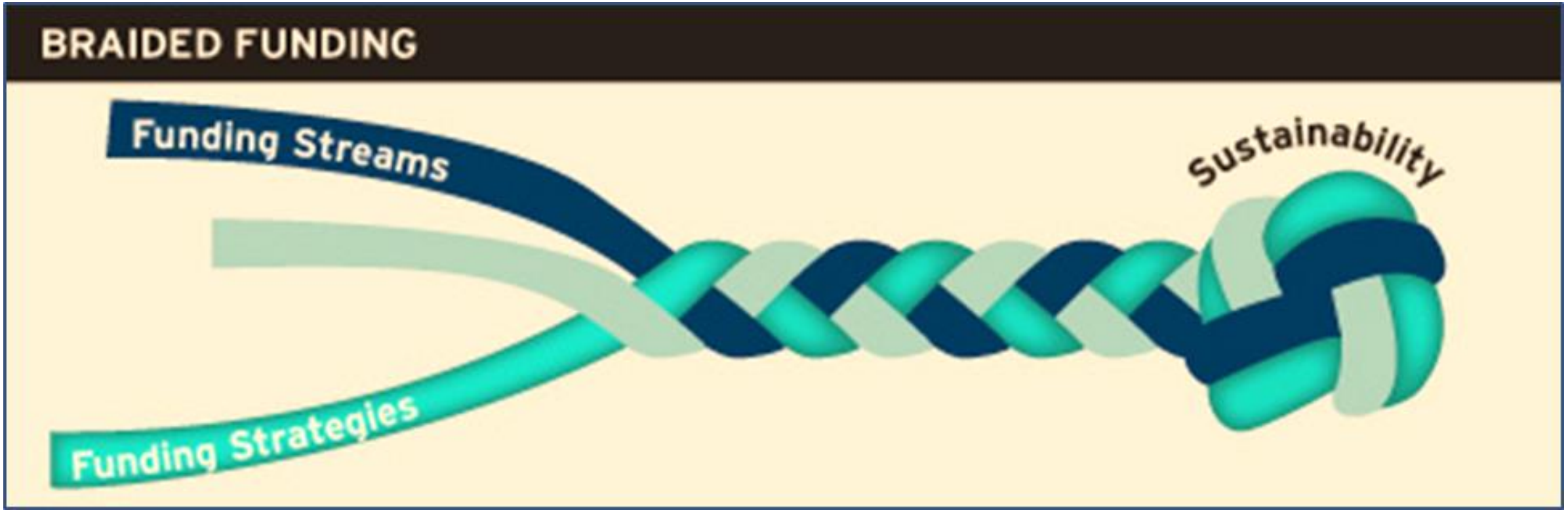
December 13, 2018 https://www.cdc.gov/hiv/risk/ssps-jurisdictions.html

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

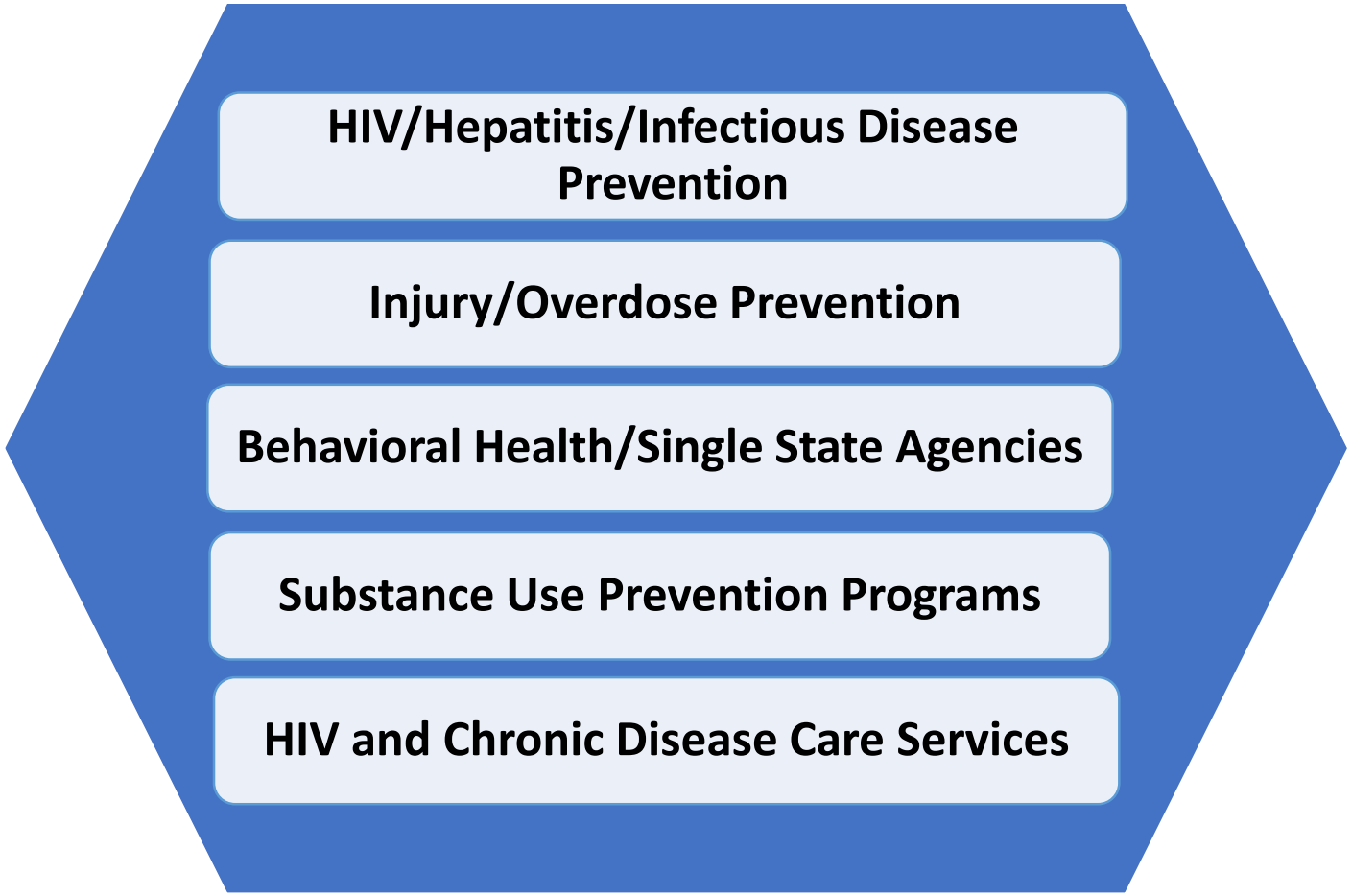
Service Coordination Structure



Collaboration with Funding



Potential Partners for SSPs and Drug User Health



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	Potential Benefits and how it could be used to support SSPs
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	▪ 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	Potential Benefits and how it could be used to support SSPs
▪ Includes screening, assessment, and diagnosis of drug or alcohol use disorders, as well as treatment of substance use disorders (e.g., MAT)	▪ 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	Potential Benefits and how it could be used to support SSPs
▪ Provides critical information to clients living with HIV on how to reduce the risk of HIV transmission	▪ 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	Potential Benefits and how it could be used to support SSPs
▪ Provision of non-emergency transportation that enables clients to access or be retained in core medical and support services	▪ 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	Potential Benefits and how it could be used to support SSPs
▪ 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)	▪ 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	Potential Benefits and how it could be used to support SSPs
▪ 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	▪ 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	Potential Benefits and how it could be used to support SSPs
▪ Directs clients to needed core medical and support services in person, over the telephone, or through written communication	▪ 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	Potential Benefits and how it could be used to support SSPs
▪ 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)	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**

Case Studies

Your RWHAP program is hoping to use funds to support HIV testing and linkage to care in a local community-based SSP. You have worked with this organization in the past and know that they are vital to reaching a community of people who use drugs and also have very limited staff capacity.

What RWHAP service categories would you propose using for these activities? What funding sources would you choose to use?

Are there other ways you can support these activities in a small community-based organization?

Case Studies

An SSP has recently been created in your state/jurisdiction and currently only provides mobile services (i.e., car/backpack/bike delivered supplies). They are interested in incorporating mobile HCV screening and linkage to care into their efforts. In order to do this, they have proposed purchasing mobile fibroscans for assessing liver fibrosis among individuals diagnosed with HCV.

Could you allocate RWHAP funds to assist in this equipment purchase? If so, what is the process and are there limits/restrictions?

Case Studies

You are a RWHAP program staff in a state/territory that has no state/territory-wide legislation to allow for SSPs to operate yet there are three county/city-level jurisdictions that have local ordinances to permit SSPs. Your HIV prevention program has submitted a Determination of Need for the state and the CDC concurs that you are at risk for increased HIV/HCV due to injection drug use.

Can the counties/cities where SSPs are allowed use federal funds or allocated RWHAP funding to support SSPs even though they are not legally allowed statewide? Why or why not?

Question and Answers

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