

**NATIONAL
HEALTH CARE**
for the
**HOMELESS
COUNCIL**

NATIONAL
HARM REDUCTION
COALITION

Federally Qualified Health Centers and Syringe Access

May 15th, 2023
Harm Reduction Pre-Conference Institute

Barbara DiPietro, PhD

Senior Director of Policy, NHCHC
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Harm Reduction as HHS Priority

Priorities of the HHS Overdose Prevention Strategy

Strategic Priorities



Primary Prevention

focuses on root causes and key predictors of substance use and substance use disorder, and how to safely and effectively manage pain.

[Learn More](#)



Harm Reduction

focuses on reducing risks associated with substance use, including overdose and infectious disease transmission.

[Learn More](#)



Evidence-Based Treatment

focuses on providing the most effective, evidence-based treatments without delay, stigma, or other barriers.

[Learn More](#)



Recovery Support

focuses on funding, reimbursing, training workforces for, and developing protocols around peer, employment, and housing supports.

[Learn More](#)



Why Health Centers Make Great SSPs

Offer wide breadth of health care services

Provide care regardless of insurance/payment

Target “underserved” populations

Include patients in governance

Operate in regulated, credentialed spaces

Hold credibility in community

Founded on the basis of social justice



Why Health Centers are Challenged to be SSPs

Tend to focus on primary care—to the exclusion of other services

Stuck in mainstream thinking

Concerned about being “controversial”

Focused on competing priorities

Tend to be conservative amid legal ambiguity

Actions to Help Health Centers Move Forward

Health centers should be participating in SSPs given their mission, their history, and their community's need

Talk with clinical leadership

Connect FQ quality/access measures to SSP outcomes

Use new HRSA guidance to reassure about legality

Encourage patient/consumer leaders to advocate internally

Connect SSPs with equity initiatives

Host tours & discussions with public officials, providers & PWUD

Constantly engage and develop relationship

Tania Rodriguez, MD

CEO, Migrant Health Center, Inc.

Puerto Rico



THE INTEGRATION OF SYRINGE SERVICES PROGRAMS (SSP) AND HEALTHCARE



***DRA. TANIA RODRIGUEZ, PHD, MHSA, MA, CACIII
CHIEF EXECUTVE DIRECTOR***

MIGRANT HEALTH CENTER WESTERN REGION, INC.



MIGRANT HEALTH CENTER, INC.

- Migrant Health Center, Western Region, Inc. (MHC) is a Community Based, 330 (g) (e) (h), non-profit, 501(c) 3, Federally Qualified Health Center, that provides care in the western, southwestern and northwestern region of Puerto Rico (PR) since 1971.
- MHC provides high-quality, integrated healthcare services through 14 clinical sites and a special projects division.

Services rendered include:

1. Primary care
2. Internal medicine
3. Pediatrician
4. OB/Gyn
5. Dental care
6. Optometry
7. Integrated Mental Health
8. Integrated Mental Health
9. Pharmacy
10. Laboratory
11. Vaccination,
12. Chronic disease management
13. Post COVID care
14. HIV prevention and treatment services, substance abuse prevention and treatment





Since 1971



INTEGRATING SSP IN OUR SERVICES

- Guided by our community needs assessment.
- With HRSA funding in year 2000, we began providing free of charge primary health care and dental services for homeless individuals.
- A small building was rented. Purchased in 2009.

BARRIERS

- 98% of patients were PWID
- Patients would not comply with their health care appointments, priority obtaining money to consume drugs, could not wait long hours
- **SOCIAL DETERMINANTS OF HEALTH**
- **HOMELESS PATIENTS DID NOT COMPLY WITH APPOINTMENTS**





OVERCOMING BARRIERS

- Incorporating additional services (Case Management, outreach).
- Created a safe and adequate space (Shower space, coffee and morning refreshments, hygiene kits (soap, shampoo, etc.), clothes distribution, laundry, mental health services, substance abuse counselor, among other.
- With CDC funding, began distributing needle hygiene kits, condoms, social and risk reduction services and EBI.
- With SAMHSA funding, began providing buprenorphine and MAT
- **BARRIER THAT CONTINUED DESPITE EFFORTS: LACK OF CONSISTENCY COMPLYING WITH APPOINTMENTS.**



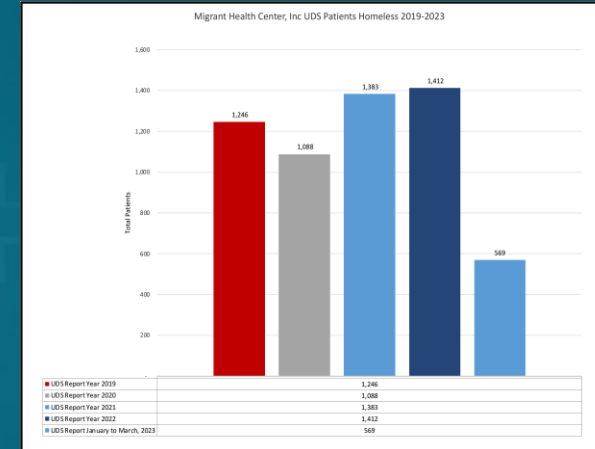
IMPLEMENTATION OF SSP

- In 2011, with AIDS UNITED funding, we began providing syringe exchange

Benefit

- Patients began to visit our facilities regularly every morning
- SSP facilitated patients receiving services, follow – up, case management (since they came in every morning to exchange syringes)
- Increased unduplicated patients provided service
- Stop the spread of HIV and HEP C, among people who inject drugs
- In 2018, began providing PrEP for PWID
- In 2012, with AIDS UNITED funding, implemented a SSP dispensing machine.

Overcoming the barrier of services during work hours





STREET OUTREACH

- Daily outreach from Monday to Friday (ex. shooting galleries, high risk venues)

Provide: Syringe exchange, Needle Hygiene kits, Condoms, Narcan, provide health education, among other.

- Monthly health fairs (HIV, MH, Primary care, Wound care, link patients to treatment)
- Daily Impact: Different areas
- Repeat weekly

Participants can have a notion of when the Outreach team will arrive. It is important to be consistent, otherwise participants will be left waiting and will get upset.



SERVICE STRATEGIES

Telemedicine at shootings galleries, high risk venues, PrEP services.

- Telehealth Van
- Med Pods





TARGET POPULATION

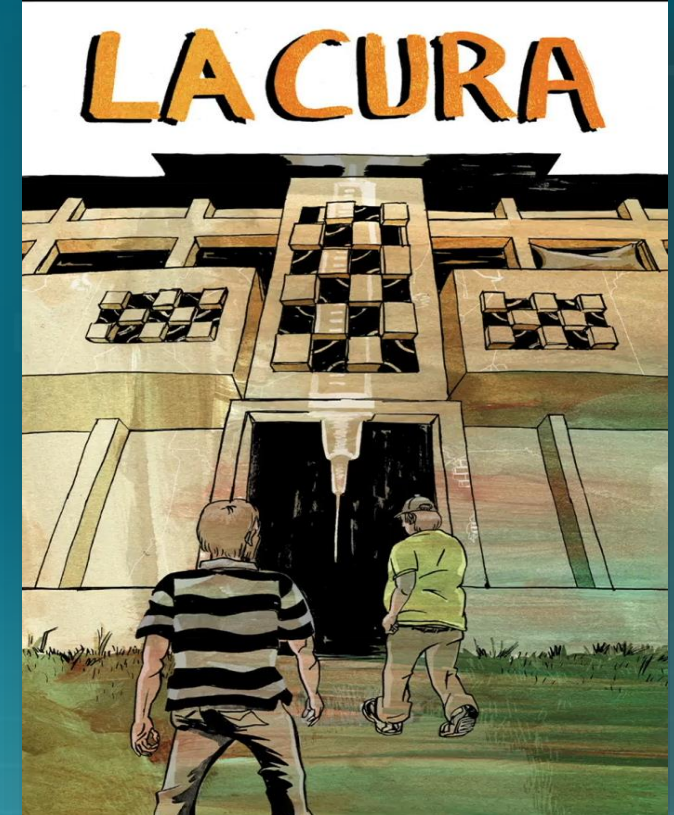
- MIGRANT – Community in general
- SPD - All these services are offered to; PLWHA, people w/ SUD, individuals who inject drugs, homeless people, youth 13-24, men who have sex with men, YMSM, Trans, among others (all in one place).





SPECIAL PROJECTS SERVICES

- HIV and Hepatitis C tests
- Treatment for people with HIV
- PrEP
- Condom distribution
- Risk reduction interventions
- Navigation Services
- Community Outreach
- Transportation
- Vaccination
- Support groups
- Gender Affirming
- Hormone Therapy
- Primary Health Services
- Case Management
- Mental Health Services
- Dental Services and Gynecology
- Substance abuse counseling
- Treatment with Assisted Medication (Buprenorphine)
- Syringe exchange and naloxone distribution
- Syringe dispensing machines
- Distribution of disinfection kits
- Snacks, showers, bathrooms and laundry
- Nutrition
- Health Education
- Telemedicine



Thank You!



Luis Roman

Intercambios
Puerto Rico



**INTERCAMBIOS
PUERTO RICO**

Intercambios Puerto Rico

We are a non-governmental organization, founded in 2009 in Fajardo.

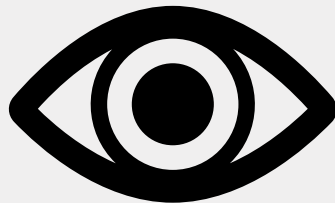
Its focus is to reduce the harms of drug use.





Mission

Promote the social integration of marginalized groups, including drug users, homeless people and sex workers, working from a scientific perspective of harm reduction through programs and activities of services, education, advocacy and research



Vision

We envision a Puerto Rico where marginalized populations have access to all the opportunities for individual and collective development that make it possible for them to have a dignified life and contribute to society.



Participant Profile

GEOGRAPHIC LOCATION

The population served is located between the municipalities of San Juan, Carolina, Loíza, Canóvanas, Río Grande, Luquillo, Fajardo, Naguabo, Humacao, Las Piedras, Juncos, Yabucoa y Gurabo.

DEMOGRAPHIC DATA

90% of people receiving services are men between the ages of 24-45. 100% consider themselves Hispanic/Latino.

SOCIOECONOMIC DATA

50% of people live on the streets and 100% live in extreme poverty.

Population needs



Areas we serve



*The Sin Techo project offers services in all municipalities, including the orange ones.



El Gancho



El Gancho

We are a project that works from the scientific perspective of **Harm Reduction** through prevention and counseling services for people who use drugs in **21 communities** in the Northeast of the Island. We exchange more than **360,000 syringes annually** to reduce the spread of HIV and Hepatitis C.

Syringe exchange

Overdose Prevention

Peer Workers

Save Sex



Red de Acceso

Red de Acceso

At Red de Acceso we make it easy for you to know your HIV status, providing guidance, testing and referral services about the virus.

In addition, preventive navigation services are offered for young people, the LGBTTIQ+ community and immigrants.





Sin Techo



Sin Techo

We work to develop the necessary community infrastructure to be able to serve people with substance use and/or mental problems, coordination for placement in housing and other essential services for these marginalized groups living on the streets.

Peer Specialist

Mental Health
Counseling

Case Management

Substance use
disorder counseling



La Móvil

La Móvil



Health Services

This project has a nurse and a doctor to attend to the physical and biological area of the participants.



Case Management

We coordinate different services of social character, accompaniment, referrals, link to services treatment and other necessary for help in the process.



Psychologic Services

We understand the need to get psychological help and we offer the services in the community with two psychologists.



Peer Worker

We believe that Peers are the best tool to be able understand the needs of people which we offer services.

Política de Drogas ConCiencia

Política de Drogas ConCiencia

This project has allowed us to become actively involved in the development of public policy regarding issues that affect the populations that we offer services.

The War Against Drugs has had disastrous results. Scientific research and field work have proven the failure of policies that criminalize drug use. This war only reduces the chances of users getting a better life. It is time to change the punitive model for one that favors health, inclusion and human rights.



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Molly Greenberg, MPH, RN

Harm Reduction Program Manager, Baltimore HCH
Baltimore, MD

Syringe Services at Health Care for the Homeless Baltimore

Molly Greenberg, MPH, RN, BSN,
Harm Reduction Program Manager
Monday, May 15, 2023



Roots of SSP at HCH Baltimore

- HCH Fallsway is a large urban FQHC in downtown
- More and more requests for clean needles at both the Fallsway Clinic and on the Mobile Clinic
- Recognition of more “hidden” barriers that HCH patients face led to expansion of on-site harm reduction services
 - Access to MOUD
 - More readily available overdose prevention tools (i.e. Narcan and FTS)
 - Trainings for new and existing staff to provide these services and reframe their understanding substance use through a trauma-informed lens
- **February of 2021: With support and guidance from the Baltimore Harm Reduction Coalition (BHRC), HCH Fallsway Clinic launched a Syringe Service Program**
- **In 2022, SSP expanded to the HCH Mobile Clinic**



How it works...

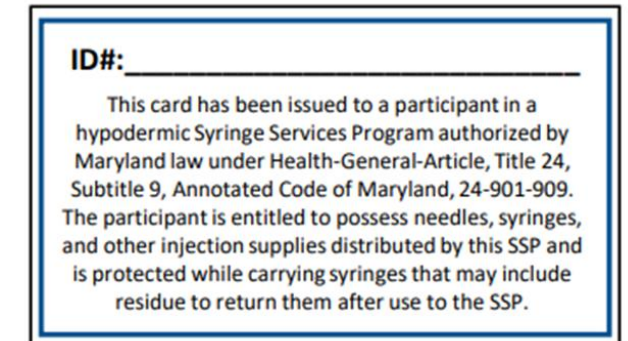
- Any patient can walk in or schedule an appointment to access SSP through a visit with a trained SSP provider
- When patients request syringe services only, they are added to the MAT (MOUD)-SSP walk-in list
 - Hours are M/T/W/F from 8am-4pm, and Thursdays from 8am-Noon
- Signage around the clinic and televisions in the lobby advertise SSP services
- Non-SSP trained staff can connect patients to trained staff
- Patients are seen individually and offered a comprehensive medical or behavioral health visit to address any other needs they might have

Visits are patient-driven, so if they are just here for SSP supplies, we bypass all other assessments



How it works continued...

- Kits are locked in a designated cabinet in a common space
- There is no limit on how many kits a patient can request or receive
- No exchange is required to receive supplies
- Secondary syringe exchange (SSE) is offered and encouraged
- Reminder about SSP ID Cards to protect patients from penalty and/or confiscation of supplies by law enforcement



What we offer




- **Kits:** Discreate, ready-made bags with supplies enclosed
- **Literature** on harm reduction practices including safe injection, wound care, safe consumption, overdose prevention, and up-to-date information on Xylazine and other possible contaminants in the drug supply
- Prescription for **Naloxone** and/or Naloxone from clinic stock
- Fentanyl Testing Strips
- **Wound care** and supplies
- Syringe disposal and/or take-home sharps containers
- Rapid HIV/HCV testing, prevention, and treatment
- Condoms and lube
- Snacks and water



Documentation

- During each SSP visit, the provider must fill out an SSP Form located in the patient's chart
- Before we fill out the form, we alert patients that this is for internal tracking only and that this information will not be shared
- This allows us to collect program utilization data to present back to the MDH to continue providing services

SSP Form- Syringe Services Program

SYRINGE SERVICES PROGRAM	MM-DD-YYYY 	Note
# of needles collected:	<input type="text"/>	Note
# of needles provided:	<input type="text"/>	Note
Did client receive a kit today?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
Client referred today substance-related disorder counseling, treatment, and recovery services?	- Select - 	Note
Client received overdose education?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
Client referred today for testing HIV, viral Hepatitis or sexually transmitted diseases?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
Client received wound care services today?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
Client received counseling on reproductive health education today?	<input type="button" value="Yes"/> <input type="button" value="No"/>	Note
Client referred for reproductive health services?	- Select - 	Note



Day-to-Day Impact

- Recognizing/practicing SSP as part of the continuum of care helps to **destigmatize** substance use
- SSP is a **gateway to health care** and building trusting relationships with providers
- Empowers providers to step out of the “medical bubble” and tailor care to **individual need**
- Realities of SSP allow us to **lower barriers and improve care**
 - Walk-in services
 - Dedicated staff and team-based approach
 - Nurse-driven care
 - Wound care
 - More immediate connection to rapid HIV/HCV testing and treatment
- Leverages the expertise of all roles on the team, most importantly, the patient
- Organizational culture change



Barriers (and how we work to manage them)

- Documentation and concern for privacy
- Who can provide services and give out kits
- Unreliable transportation and difficulty getting to the clinic
- Time constraints and registration process
- Keeping up with demand
- Limits of public funding
- Staff access to locked storage areas
- Not all staff is on board



Vital Ingredients

- **Partnerships** with BHRC and other CBOs remains essential
- **Ongoing conversations and training** with resistant staff to increase understanding and buy-in
- **Transparency** with patients about what we can and cannot offer (i.e. safe smoking supplies)
- **Warm-handoffs & connection to trusted partner organizations** who provide essential services in alternate settings (i.e. street outreach, drop-in centers, mail services)
- Offering ongoing opportunities (formal and informal) for patients to provide **honest feedback** that translates into tangible action and service improvement
- Reliable suppliers and **detailed supply tracking/management**
- **Volunteers, community partnerships, and identifying champions**
- **Committed staff** who view and value the patient as the expert



We love connecting with other clinics working to incorporate SSP into their service model

Feel free to contact us!

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