How to ask a question during the webinar

You may either use the “raise your hand” button and we will open up your lines for you to ask your question to the group. (left)

OR

Type your questions into the question box and we will address your questions. (right)

SESSION IS BEING RECORDED
Today’s Agenda

1. Welcome
2. Review Syringe Service Program Guidance
3. Evidence Based Practices
4. Grantee Agencies Introductions
5. Wrap-up and Next Steps

STARTING POINT

Faculty/Facilitator and CoP Participant Resources

STARTING POINT
What is a Community of Practice?

CoP’s are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly (Wenger, 2002).

- MAI-CoC training and technical assistance format that allows grantees to interact with one another in a smaller group and with greater depth.
- Three sessions over three months (with the option to email or call in between sessions for support).

Gretchen Vaughn
• Clinician
• Program Evaluator
• Capacity building TA & training

Nancy Kingwood-Small
• HIV Prevention Specialist
• Program Manager
• Capacity building TA & training

Jamie Weinstein
• Public Health Professional
• Capacity building TA & training
MAI- CoC Grantees with SSP funding and or programs

- 11 MAI-CoC Grantees received SSP funding from SAMHSA in 2016
- Many other Grantee agencies are implementing SSP programs directly or through partnerships

Does your organization currently operate a Syringe Services Program?

What is your level of knowledge/experience regarding the implementation of Syringe Services Programs (SSP)?
Is there a specific Evidence Based Practice that you would like this CoP group to discuss?

Motivational Interviewing

(Seeking Safety also being implemented)
Injection Drug Use Background

HIV diagnoses attributed to injection drug use have been declining since the late 1980’s

- Effective HIV prevention interventions
- Recent trends suggest increased risk for HIV and hepatitis C transmission attributed to injection drug use
  - U.S. epidemic of increased opioid use
  - Increased prevalence of injection drug use among young people (<30 years)
  - Large HIV outbreak among PWID in Southeastern Indiana and other rural areas

Persons who inject drugs (PWID) are at increased risk for HIV, HCV, hepatitis B virus, and other negative health outcomes

CDC: [www.cdc.gov/hiv/library/reports/surveillance](http://www.cdc.gov/hiv/library/reports/surveillance)

SSP Background

First established in late 1980s in response to the HIV epidemic

- NASEN - North American Syringe Exchange Network
- estimated 228 syringe service programs in 35 US states, the District of Colombia, the Commonwealth of Puerto Rico, and the Indian Nations in 2015.

In 2015, the restriction on use of Federal funds for programs distributing sterile needles or syringes for HHS programs was modified. Consolidated Appropriations Act, 2016 (Pub. L. 114-113)

- While the provision still prohibits the use of federal funds to purchase sterile needles or syringes, it allows for Federal funds to be used for other aspects of SSPs based on evidence of a demonstrated need.

CDC Syringe Services Programs for Persons Who Inject Drugs 2013

SSP Benefits

Evidence of safety and cost-effectiveness for HIV prevention among PWID

- Reduction in injection risk behaviors & HIV incidence
- No increase in drug use (e.g., no increases in initiation, duration or frequency)
- Access to comprehensive prevention and treatment services that serve as a bridge to other integrated behavioral health and primary care services

Additional benefits

- Reach beyond enrolled SSP clients through secondary exchange and peer outreach
- Enrollment in substance use disorder treatment, higher HIV treatment retention, reduced needle stick injuries among first responders

Paz-Bailey, CDC, HHS Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016
Syringe Service Program Definition
CDC, HHS SSP Guidance
• “provision of sterile needles, syringes and other drug preparation equipment and disposal services” (purchased with non-federal funds)
• “comprehensive sexual and injection risk reduction counseling”
• “HIV, viral hepatitis, other sexually transmitted diseases (STDs) and tuberculosis (TB) screening”
• “provision of naloxone to reverse opioid overdoses”
• “referral and linkage to HIV, viral hepatitis, other STDs and TB prevention care and treatment services”
• “referral and linkage to hepatitis A virus (HAV) and hepatitis B virus (HBV) vaccination”
• “referral to integrated and coordinated [care for] substance use disorder, mental health services, physical health care, social services, and recovery support services”

Laying the Groundwork for SSPs: Considerations before implementation
• Assessing Community Need
  • Gather data from varied sources – medical (ER, EMS, pharmacies), law enforcement, HIV service providers
  • Tailor services based on specific needs of risk subgroups
  • Data on community resources & context assist in the selection of “best fit” syringe distribution & service delivery models
• Assessing Community Readiness
  • Key stakeholder knowledge & attitudes
  • Relevant Federal, state, local laws & ordinances

NASTAD, UCHAPS 2012 Syringe Services Program (SSP) Development & Implementation Guidelines
Developing a Supportive Environment for SSPs

Will your SSP be facilitated or impeded….

- Build Community Relationships, Partnerships, Open Dialogue
  - Community leaders, officials, opinion leaders, law enforcement, public health officials, religious leaders/groups, businesses affected by SSP sites
- Develop an Action Plan
  - Engage a wide range of community stakeholders in the planning process
  - Plan with potential Program Participants, People who inject drugs (PWID), or Peers in recovery
    - Service needs, Potential barriers

Syringe Transaction Models

Goal – 100% coverage a sterile syringe for every injection

- Needs-Based/ Negotiated Distribution
- One-for-One Exchange
- One-for-One Plus Exchange

Service Delivery Models

Single or a combination of models may be used to expand the program’s reach

- Fixed Site
- Mobile/Street Based
- Secondary or Peer-Delivered
- Delivery of Supplies
- Pharmacy Distribution
Potential Domains for SSP monitoring

- Number of clients/participants
- Number of syringes distributed
- Number of syringes returned/disposed

- client characteristics (e.g., demographics, injection drug use history, medical history, and substance abuse treatment history)
- changes in drug use, injection, and treatment as a result of SSP participation.
- types of services used at the SSP (e.g., HIV, HCV, STD testing)
- referrals and linkage treatment and services
- participant satisfaction with program elements, such as hours, locations and staff interactions

NASTAD, UCHAPS 2012 Syringe Services Program (SSP) Development & Implementation Guidelines

Evidence Based Practice

- Interventions that consistently demonstrate positive outcomes and effectiveness in helping people with behavioral health issues

- Effectiveness established by researchers who conducted rigorous peer reviewed studies and obtained similar outcomes

- Given proper target population and implementation with fidelity, can be expected to produce results in a cost-effective manner
Implementing EBP is a Change Process

Figure 1. Three Phases of the Change Process and the Implementation Bridge

Laying the Groundwork for EBPs:
Organizational Climate          Community Climate

<table>
<thead>
<tr>
<th>Organizational Checklist</th>
<th>✓</th>
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</thead>
<tbody>
<tr>
<td>Agency accepts program</td>
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<tr>
<td>Staff willing to adopt EBP</td>
<td></td>
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<tr>
<td>Program fits with existing efforts</td>
<td></td>
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<tr>
<td>Buy-in from key staff/leaders</td>
<td></td>
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<tr>
<td>History of favorable program adoption</td>
<td></td>
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<tr>
<td>Structures in place to support new practice</td>
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<tr>
<td>Workloads allow for implementation of new EBP</td>
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</table>

<table>
<thead>
<tr>
<th>Community Checklist</th>
<th>✓</th>
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<tbody>
<tr>
<td>Community accepts program</td>
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<td>Buy-in from key leaders</td>
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<tr>
<td>Buy-in from community members</td>
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<tr>
<td>Community success with other programs</td>
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</tbody>
</table>

ASPE Issue Brief, HHS, 2014 Using Evidence-Base Constructs to Assess Extent of Implementation of EB Interventions

NASW Shift Project, Selecting & Implementation EBP Programs

integration.samhsa.gov
Identifying EBP Core Components

<table>
<thead>
<tr>
<th>Questions to ask</th>
<th>Community</th>
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<tbody>
<tr>
<td>Program philosophy &amp; values</td>
<td>Does it conflict with current programs?</td>
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<tr>
<td>Does it fit with the cultural norms of the community?</td>
<td></td>
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<tr>
<td>Service delivery</td>
<td>Service delivery</td>
</tr>
<tr>
<td>Target demographic?</td>
<td>Does it fit with the cultural norms of the community?</td>
</tr>
<tr>
<td>Structure</td>
<td>Structure</td>
</tr>
<tr>
<td>Materials needed?</td>
<td>Qualifications, ratio, certification?</td>
</tr>
<tr>
<td>How many served?</td>
<td>Protocols</td>
</tr>
<tr>
<td>Protocol</td>
<td>Manual, scripts?</td>
</tr>
<tr>
<td>Duration</td>
<td>Duration</td>
</tr>
<tr>
<td>Number of sessions, time required?</td>
<td>Cost</td>
</tr>
<tr>
<td>Setting</td>
<td>Setting</td>
</tr>
<tr>
<td>Location of program?</td>
<td>Training</td>
</tr>
<tr>
<td>Training</td>
<td>Who will deliver? # of hours?</td>
</tr>
</tbody>
</table>

Site Readiness Checklist

**Evidence Based Intervention**
- Familiar with the intervention
- Adopted EBP in past
- Staff open to the idea
- Administrators and staff understand research

**Leadership**
- Key organizational or community leaders identified
- Included in planning to create buy-in

**Infrastructure**
- Require new staff hires
- Need to cut back or adapt existing program
- Need to do cost assessment
- Gathered training materials
- Scheduled training/supervision time
- Components integrated into organizational systems
EBP Implementation Milestones

**Fidelity of Implementation** - complex, multi-faceted

**Competence in Use** - expertise and competence of practitioners
- Nonuser - not engaged, using the old way
- Novice - applying the change but struggling to use effectively
- Expert - has mastered the complexity using fully

**Feeling & Perceptions** – practitioners increasing confidence or resistance

**Context of Organization** – that supports or impedes

**Implementation Drivers** – that build competence, structure, leadership

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MAI-CoC SSP & EBP Community of Practice

**GRANTEE**

**INTRODUCTION & DISCUSSION**
Next Steps…

Coaching call before Session 2?

Session 2 – Presentation on SSP Implementation
Session 3 – EBP- Motivational Interviewing

Other Topics to explore during the CoP?
- What topics would you like to focus on?
- Are there resources that you would like to share?

Resources – SSP & EBP CoP


Syringe Services Programs (SSPs)
Developing, Implementing, and Monitoring Programs

Session #2

Wednesday, March 29th 2:00 -3:00 PM ET
Session #3

Wednesday, April 26th 2:00 -3:00 PM ET

Additional Questions

Gretchen Vaughn
gvaughn@mayatech.com

Jamie Weinstein
jweinstein@mayatech.com

Additional Comments?
Contact the SAMHSA-HRSA Center for Integrated Health Solutions
integration@thenationalcouncil.org or MAI-COC-TA@mayatech.com
Slides for today’s CoP are available on the CIHS website at:


For More Information & Resources

Visit www.integration.samhsa.gov or e-mail integration@thenationalcouncil.org
Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today’s webinar.