



HOMELESS &
HOUSING
RESOURCE
CENTER

Expanding Harm Reduction through Increased Syringe Access


February 28, 2024

Disclaimer

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 - Linda Egge
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 - Subtitles can be moved within the window and re-sized
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Webinar Instructions

- All participant lines will be muted and the chat feature is disabled
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- **Slides:** Available now on HHRC website: <https://hhrctraining.org/events-webinars>
- **Recording:** Will be available on the HHRC website within 1 week
- **Evaluation:** Link will be shared at the end and browser should redirect you
- **Certificate of Participation** (no CEUs are offered): Provided after the evaluation is completed

Agenda

- Overview of expanding Harm Reduction services at health centers and Community based organizations: Katie League, LCSW-C
- One-Stop Shop: Syringe Exchange Program at Migrant Health Center in the Western Region of Puerto Rico
- Cherokee Nation Harm Reduction Program, Tahlequah, OK
- Panel
 - Tania Rodriguez, Ph.D., M.A., CAC II
 - Hendryx Malaret, M.A., CAC III
 - Colman Cox, CPS
 - Chris Rich

Objectives

Participants will learn how increasing access to syringes opens up opportunities for engaging clients in a variety of care needs.

Participants will identify 2-3 ways harm reduction practices can be incorporated into their clinical practice and service delivery model.

Participants will be able to describe program service delivery models for syringe access within health centers and community settings.

Background: Health Care for the Homeless Health Centers

- HCH is a HRSA designation (funding) to provide health care to people experiencing homelessness – many are FQHCs
- Core principles of providing care to people experiencing homelessness are rooted in harm reduction

Trauma-reducing

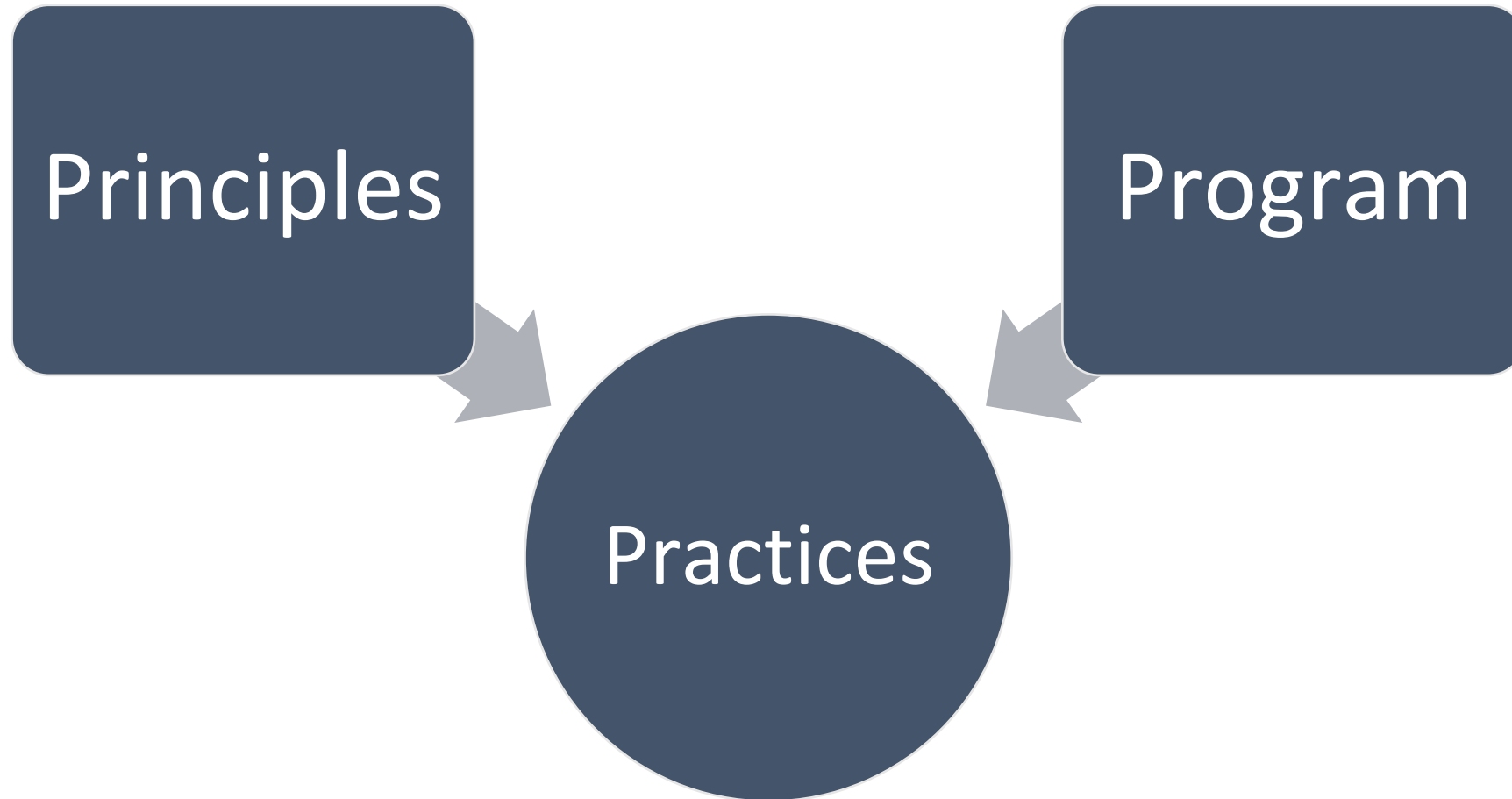
Client-centered

Focus on Outreach

Center lived experience

Housing = health care

Components of Harm Reduction



Key Facts about Syringe Access

Syringe Access is evidence-based public health intervention that reduces risk for people who use syringes, especially those who use drugs intravenously.



SSPs provide access to treatment, primary care, case management and housing support.



SSPs do not increase drug use in communities.

Core Components

- Clean syringes
- Safe Use kits
- Naloxone
- Disposal services
- Education
- Referrals to treatment

Additional Services

- Testing
- Wound care
- Medication Assisted Treatment (MAT)
- Primary Care
- Case Management
- Housing services

Implementing Harm Reduction within your organization

- Implement education on harm reduction principles across all position within your organization.
- Make Naloxone readily available to staff and clients.
- Build partnership with Harm Reduction programs to demonstrate need.
- Develop and implement an overdose response policy:
 - Within your clinic site(s)
 - When staff are in the community

Steps to Integrate Harm Reduction

Step 1

- Prescribe naloxone
- Offer syringe disposal
- Direct referrals for MAT providers

Step 2

- Partner with SSP to offer services onsite
- Distribute naloxone
- Have some MAT providers on site

Step 3

- Becomes an SSP
- Offer supervised monitoring (eventually safe consumption)
- All providers are MAT providers

Questions to Consider

- Does your state have a Good Samaritan Law?
- What is the process of becoming a SSP in our state?
- Who in our community already has strong relationships with PWUD?
- How can we lift-up and prioritize the knowledge of people with lived experience?

ONE-STOP SHOP SYRINGE EXCHANGE PROGRAM



Tania Rodríguez, Ph.D., M.A., CAC III
Chief Executive Officer



Hendryx Malaret, M.A., CAC III
Programmatic Director

Migrant Health Center, Western Region 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 15 clinical sites and a special projects division.
- Services render include Primary care, internal medicine, pediatrician, OB/Gyn, dental care, optometry, mental health, x rays, pharmacy, laboratory, vaccination, chronic disease management, post COVID care, HIV prevention and treatment services, substance abuse prevention and treatment, among others.





Special Projects Division



- Our Special Projects Division (SPD) provides care following the One Stop Shop Model of Care (for special populations).
- Through internal collaborations our 12 independent projects provide services such as;
 - HIV/AIDS and substance abuse prevention and treatment
 - ✓ Include HIV testing, EBIs and health fairs
 - ✓ SUD counseling and buprenorphine
 - ✓ Trauma Informed Care
 - Syringe exchange, syringe dispensing machines and outreach
 - Hepatitis C testing, condom distribution, transportation and vaccination
 - PrEP, hormonal therapy and free primary and dental care for the homeless
 - Bathroom and laundry area, clothes distribution, hygiene kits



How did the Special Projects Division Begin



- Identifying specific need of each population
- The Social Determinants of Health
- The lack of services observed by MHC
- Fragmentation within the health care services





1995





1998







2000



Migrant Health Center, Inc.
no discrimina en ofrecer
servicios por raza, color,
sexo, edad, ideologías
políticas, condición social o
preferencias religiosas.

PREGUNTE EN
RECEPCION POR
EL PROGRAMA
DE DESCUENTOS
EN NUESTROS
SERVICIOS.
"SLIDING FEE"





MAT Project
Medication Assisted Treatment Project



2004





2011





VENDING MACHINES



2012





INSTRUCCIONES



Máquina dispensadora de "KITS" para la desinfección de jeringuillas:

- 1- Levante la cubierta plástica.
- 2- Deposite el dinero (Precio \$ 50).
- 3- Marque el número del "kit" que desea.
- 4- Empuje la puerta de abajo y retire el producto.

IMPORTANTE

- Prohibido consumo de cualquier tipo de droga o alcohol en esta área.
- No se permite a nadie dormir en los alrededores.
- Las pertenencias personales (bultos, bicicletas, ropa) son responsabilidad del paciente. No nos hacemos responsables por pérdida o robo.
- Facilidades monitoriadas y grabadas en TODO momento.

MAYORES DE



Cualquier reclamación puede realizarla en el horario regular del proyecto comunicándose al 767-236-7551.



CARIB

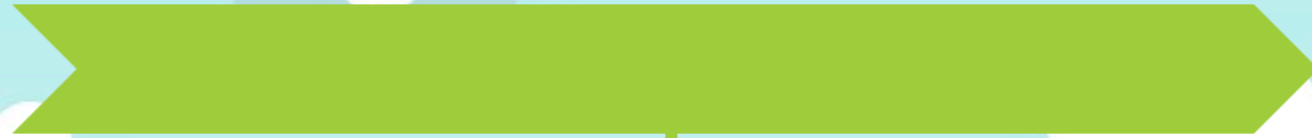


2012



2015





2018

medpod



2019



healow
Health and Online Wellness

Download on the
App Store

GET IT ON
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2020





BACK



2020





SAHFYA



2021



TeleHEALTH MHC VAN

TELEMEDICINA A TU ALCANCE...

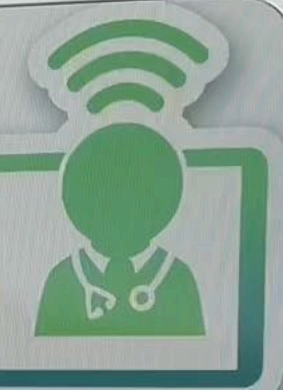


2023





eHEALTH
MHC VAN



CINA A TU ALCANCE...





Services Provided at the Special Projects Division

List of Services Provided



- HIV and Hepatitis C Testing
- Linkage and Treatment for PLWHA
- PrEP
- Condom Distribution
- Harm Reduction Interventions
- Navigation Services
- Outreach
- Transportation
- Vaccination
- Support Groups
- Gender-Affirming Hormone Therapy
- Primary Health Services
- Case Management
- Mental Health Services
- Dental and Gynecology Services
- Substance Abuse Counselor
- Medication-Assisted Treatment (Buprenorphine)
- Syringe Exchange and Nalaxone Distribution
- Syringe Dispensing Machines (Vending Machines)
- Syringe Disinfection Kits
- Snacks, Showers, Bathroom Facilities, and Laundry
- Nutritionist Services
- Health Education
- Telemedicine

Strategies that have been effective



- Conducting mapping and outreach activities in strategic locations establishing fixed routes, fixed days.
- Creating strategies that have become best practices, including what we have called AM/PM and the "Ruta del Sabor" (The flavor route).



More Strategies that have been effective



- Recruiting, engaging, training and working with peers "Social Networking Strategy".
- Incorporate activities such as support groups.
- Training and distribution of Narcan among peers.



Integration of Programs/Services and Provision of a Holistic Services



- People who test positive for HIV are immediately navigated to the corporation's Ryan White Project through an internal referral.
- People eligible for PrEP are referred and navigated instantly.
- Persons eligible MAT (Buprenorphine) are referred and linked immediately.
- Laboratory and pharmacy services are available at the facilities.
- Navigation and transportation services are provided to the different Projects, external agencies or any of MHC facilities.



Services for people with SUD and/or PWID



- Community outreach activities are carried out by establishing weekly fixed routes. Being consistent over the years has been key factor.
- Services are available daily, both at the facilities and within the communities. MHC constantly work with the collaboration of peers.
- Projects of the SPD coordinate activities amongst each other where services such as HIV and Hepatitis C tests are performed, syringe exchanges are carried out, vaccines are administered, and medical and ancillary services are provided. In addition, wound care is performed, among other services.



SPD Annual Achievements



Annual Achievements	
Over 1,500 HIV Test	Impact more than 20 Municipalities within the Western Region
Conduct more than 500 Hep C Tests	Approximately 150,000 syringe exchanges
100% of HIV Positive individual out of treatment have been re-linked to treatment (more than 30 persons)	Treatment and Antiretroviral Therapy to over 250 PLWHA
Over 60,000 condoms distributed	Over 1,000 Naloxone Kits Distributed
Approximately 100 individual in MAT (Buprenorphine)	HIV Prevention Services provided to more than 2,500 non-duplicate individuals
Over 200 persons are provided with Substance Abuse Counseling	Harm Reduction Intervention provided to over 1,500 individuals at high risk
Medical Services to 1,200 homeless individuals	More than 100 persons are linked to PrEP
Mental Health Services to 1,700 persons	3,000 syringe kits are disturbed through the Syringe Vending Machines

Integrated Mental Health Services



Integrated Mental Health Services:

- Integration of mental health staff into team discussions (huddle up) and case discussions.
- Availability for mental health services at all patient appointments.
- Psychological evaluations at least once a year for everyone who receive health services.



Treatment with Buprenorphine



Treatment with Buprenorphine

- Medical case management identifies patient by screening for substance use with the use of the DAST Tool.
- Patients that reflects any type of risk, will be referred to a Substance Use Counselor.
- Substance Abuse Counselor links participants to buprenorphine treatment.
- Patients who are active in substance use are linked immediately to Buprenorphine treatment.



Home Delivery of Medications



Home Laboratory Samples Collection



Questions?

Tania Rodríguez, Ph.D., MHSA, M.A., CAC III,
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Hendryx Malaret , M.A., CAC III, hmalaret@migrantspr.com



Thank you!



GWYᄁ DBP
CHEROKEE NATION®

Cherokee Nation Harm Reduction Program

Coleman Cox, CPS
Program Supervisor

Discussion Goals

Participants will come away understanding...

- Important wisdom and lessons on our Journey to build a HR Program
- How and where we deliver our services.
- Our programmatic Barriers and some of our Breakthroughs to date.

What is Harm Reduction?

- Movement to support the rights of all peoples to receive equitable healthcare.
- Wellbeing over abstinence
- Tools to reduce risk of harm to self and others.

We All engage in behaviors now that began with Harm Reduction advocacy. Most began with Stigma and lack of societal acceptance.

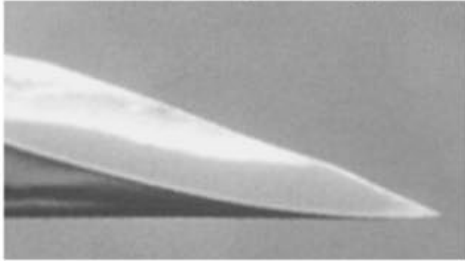
We Can ALL practice Harm Reduction

HR Social Endorsement Spectrum

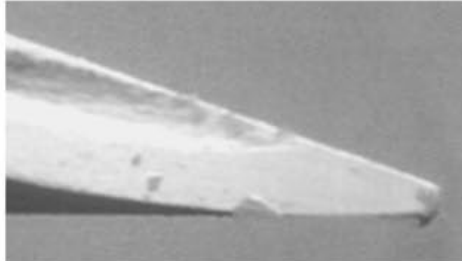
**Overdose Prevention Centers
Syringe Service Programs
Naloxone & Fentanyl Strips
M.A.T. Clinics
HIV and HCV Screening
Sexual Health Resources
Nicotine Replacement
Face Masks and Vaccines
Epi-pens and Inhalers
Car Seats & Seat Belts
Diet, Exercise & Sunscreen**

Weighing the Costs

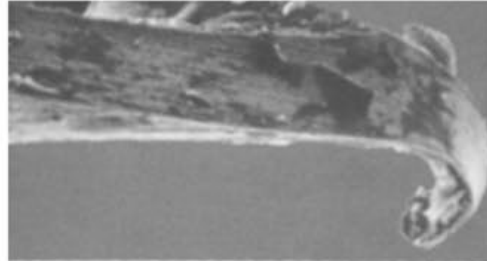
New Syringe



After 1 Use



6 Uses



5

= Average
Uses Reported
Per Syringe⁴

1

Endocarditis



~\$50,000

per episode⁶

1



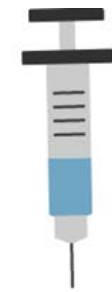
HIV+

\$384,000

over a lifetime⁵

OR

1



New

~\$0.17

per syringe⁷

Learning from our Elders

On our Journey to build our HR Program.

Site Visits to learn from tribal HR Elders

2019 and 2021: Qualla Boundary, Cherokee, NC.

2022: Swinomish Reservation and East Van. B.C.

2022: Tribal Health Connections- Lummi Nation, Washington

Sought Wisdom of Non-Tribal HR Elders

2022 – Present Day: TTA from *Heather Edney*,
co-founder of BVLUP, NHRC, NASEN and more.

TTA from *Mark Jenkins*, Streetologist, founder of CHRA

Attended Conferences and Workshops

NASTAD- Louisville KY, NHRC- Puerto Rico,

Rx Drug Summit-ATL GA



“Fast Lane” Wisdom for Harm Reduction

- **Connect to other service lines:**
MAT Clinics and Urgent Care/ER HR Kits and referrals.
- **Get the right naloxone for the Situation.** IM naloxone for PWID vs. nasal for Responders.
- **Explore innovative interventions:** Pulse oximeters and O2 tanks for HR outreach.
- **Empower secondary exchangers** to take knowledge and resources to places you can't reach. Pay volunteers and needle brigades more than Pizza!
- **Create an advisory council** of PWUD, secondary exchangers and PRSS's
- **Provide community education:** Proper Test Strip techniques with meth and Xylazine.

Cherokee Nation Harm Reduction Program Details

Open for Business: Sept 20, 2022.

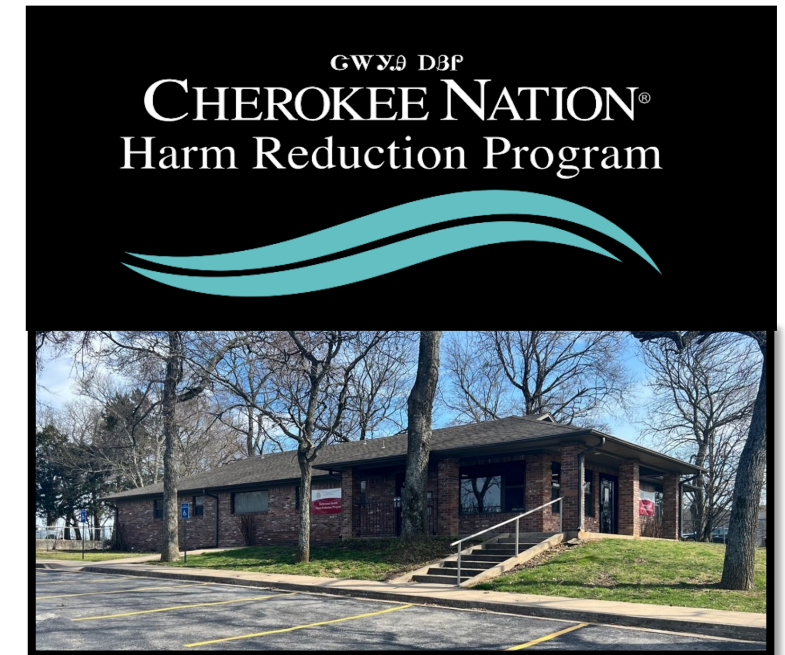
1st Year Goal: Serve 75 unique people. Serve 500 by 2025

As of Today: Over 700 members!

Funded by: Public Health and wellness Fund Act of 2021 and SAMHSA's HD22 Harm Reduction Grant

Free for ALL People 18 + who live in the Cherokee Nation 14 County Reservation. Services include:

- Needle Exchange and Disposal
- Wound Care Supplies and Safer Use Education
- Sexual Health Resources and Overdose Prevention Tools
- Male and Female Hygiene Kits,
- Nutritional Items
- HIV, HCV and Syphilis Screening
- Linkages to recovery and treatment services



214 N. Bliss Ave. Tahlequah, OK
539-234-3785
Monday-Friday 8am-5pm



Outreach Worker, April, building Hygiene and safe sex kits in our Care Corner.



PRSS, Kevin (right) training on safer injection best practices.

VIRTUAL TOUR



Mobile Outreach Program

Mobile Program Launch: August 31st, International Overdose Awareness Day

Program Goal: Love people. Help meet basic needs. Give people who use drugs overdose and infection prevention tools.



Programmatic Barriers

External Barriers:

- Community and PWUD Stigma
- Law Enforcement Encounters
- Mobile Outreach Locations
- Paraphernalia laws

Internal Barriers:

- Getting Supplies in timely manner
- Hiring and maintaining Staff
- Clinical Health System accreditation restrictions
- Communication outside bankers hours

Programmatic Breakthroughs

External Breakthroughs:

- Community meetings
- 1st Responder Lunch and Learns
- Developed recommendations for Paraphernalia law amendment.

Internal Breakthroughs:

- Community education briefs
- Vending machine proposal
- Nutrition Budget approval

Community Education

Inspired by Resources from BVLUP and HR Community Listening Sessions

HIERARCHY OF RISKS

Follow the Color Zone Diagram to reduce harms associated with Injection Drug Use.



Safer

- Veins here are closer to the skin and easier to find.
- Veins here are farther away from Arteries.

More Risk

- Veins here are deeper and harder to find.
- Veins are closer to Arteries increasing the risk for complications.
- If deemed necessary, inject here with caution.

Dangerous

- Veins are too close to arteries to make this injection site safe.
- High risk for complications and infection.
- Avoid injecting into neck, groin area, wrist, face or head. Avoid veins that crossover joints.

Go slow, pack naloxone and try not to use alone.

A collaboration with Heather Eddy, founding member of the National Harm Reduction Coalition (NHRC) and author of Getting Off Right and ASURK.

INJECTION PRACTICES

BEST

- One piece, sterile "insulin" type syringe. Retain much less blood and drug after use.
- Smallest needle gauge possible. Smaller hole= less wound= faster healing.
- Inject with needle bevel UP, toward heart at 20 degree angle from skin surface into a viable vein.
- Test drug supply for Fentanyl.
- Do a test shot. Go slow, have naloxone nearby and use the "buddy" system.
- Request enough new equipment for every injection for you and for the people you will use alongside.
- Get Tested for HIV/ HCV every 90 days.
- Equipment transmits bloodborne pathogens. Use your own tourniquet and cooker.

OKAY

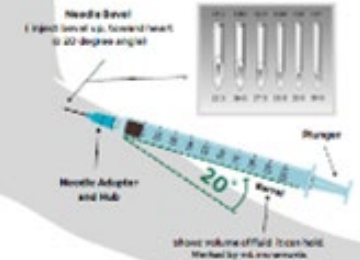
- Bleach and rinse injection and prep equipment if sharing or reuse is unavoidable.
- When veins need a rest, consider safer smoking techniques, snorting or booty bumping.

AVOID


- Retractable syringes and if possible, any previously used equipment of any type.
- Switching to inappropriate and ineffective syringe sizes. Can increase the amount of injections, meaning more wounds and slower healing.
- Sharing needles, cookers, filters or tourniquets with someone whose HIV or Hepatitis status is untested or unknown.
- Disposing of used Syringes in trash, the ground or container other than a biohazard grade plastic container provided by your Harm Reduction Program.
- Injecting where you feel a pulse. This is dangerous. It's an Artery. NOT a vein.

A collaboration with Heather Eddy, founding member of the National Harm Reduction Coalition (NHRC) and author of Getting Off Right and ASURK.

SYRINGE EDUCATION




NEEDLE LENGTH



Most Common Intravenous (IV) needle lengths used in SSP's:

- 1/2 inch = 12.7 mm
- 5/16 inch = 8 mm

NEEDLE GAUGE



- Gauge is measure of how big around a needle point is.
- Gauge differs by how viscous or "thick" the blood or substance is being injected.
- Common IV sizes for injection drug use are, 27g, 28g, 29g, 30g, and 31g.
- The smaller the number, the bigger the needle and the more risk for injury.

	Small ←						→ Large								
Gauge	33	30	29	28	27	25	23	21	18						
Injection sites	← Intravenous (IV) →														
							← intramuscular →								
Viscosity	Thin ←						→ Thick								
Needle strength	Weak ←						→ Strong								
Pain & bruising	Low ←						→ High								

A collaboration with Heather Eddy, founding member of the National Harm Reduction Coalition (NHRC) and author of Getting Off Right and ASURK.



WADO

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Panel Q&A



Evaluation and Certificate of Participation

<https://lanitek.com/P?s=530221>

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Thank You!

SAMHSA's Homeless and Housing Resource Center provides high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

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