

Drug User Health Learning Series

Street Outreach, Mobile, and Telehealth Services: Innovations in Service Delivery

Session 2



Navigating Zoom



Can you hear us?

The audio is being shared via your computer speakers/headset. If you can't hear the audio, make sure your computer audio is turned on.

If you'd prefer to call in:

Call-in number: 646-558-8656

Webinar ID: 966 7887 8526

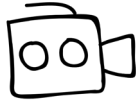
Password: 294683

If you're still having **technology issues or you have a question, use the chat option at the bottom center of your screen to send a message to the host.**

Navigating Zoom



Audio



Video



Chat



Technical issues?

Send a message to
Molly Rafferty or email
molly_rafferty@jsi.com

HELLO
my name is

HELLO
my name is

HELLO
my name is

HELLO
my name is

Introductions

**Please
chat in...**

- Your name
- If you'd like to share, your pronouns (e.g., she, he, they)
- Your organization
- Your role at your SSP
- Where is your favorite place that you've ever been to?

a moment to enter the space





Learning Objectives

By the end of today's session, you will be able to:

- Assess considerations for conducting street outreach, mobile, and telehealth services in order to advance integrated services for drug user health
- Discuss contextual differences in providing SSP services across Massachusetts
- Identify approaches to providing integrated services through street outreach, mobile, and telehealth services

Today's Agenda

- Introductions
- Expanding Access: Innovations in Service Delivery
- **AIDS Support Group of Cape Cod**
- Principles of Street and Mobile Outreach
- **Berkshire Medical Center**
- Group Discussion
- Closing & Next Session





Molly Higgins-Biddle



Mira Levinson



Sophie Lewis



Adelaide Murray



Molly Rafferty



Dr. Alex
Walley

Welcome

Linda R. Goldman, LCSW

Director of Health Promotion & Disease Prevention Services

Expanding Access: Innovations in Service Delivery





Telehealth Services

Telehealth services help address geographic, economic, transportation, and linguistic barriers to healthcare access

- cost savings
- convenience
- ability to provide care to people with mobility limitations, or those in rural areas

Mobile Outreach

Mobile outreach vehicles (MOVs) (large vans, trailers, or campers) are customized to provide health care and harm reduction services in targeted communities

- travel to those with most need
- service multiple neighborhoods
- travel to areas of need
- become familiar to, and gain credibility with, the community

Impactful Street Outreach

Centered in community engagement and community members with expertise in substance use, homelessness and sex work

- distribute supplies
- offer service coordination
- build supportive relationships with individuals



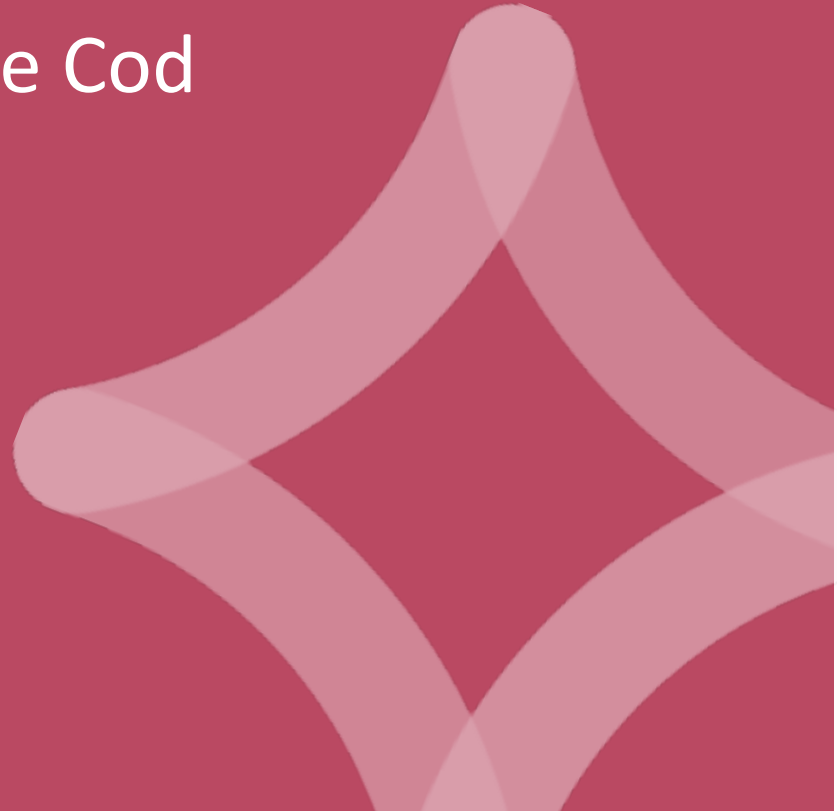
Essential Skills and Knowledge

- Trauma informed care
- Cultural humility
- Assertive engagement
- Boundaries
- Motivational interviewing
- Mobile case management
- Documentation
- Mental health first aid
- First aid & CPR
- Personal safety strategies
- Overdose prevention & response
- Harm Reduction
- Mediation & problem solving
- De-escalation



AIDS Support Group
of Cape Cod

AIDS Support Group of Cape Cod NOTES





Presenters

- Tanya Kohli, Director of Prevention and Screening
- Eliza Morrison, Program Manager for the Falmouth and Martha's Vineyard locations

Video: ASGCC Mobile Outreach Van

<https://www.youtube.com/watch?v=8A5fA7akfvE>



Describe your model and mobile services

- The ASGCC mission is to save lives through prevention education and life sustaining services that address public health crises to build healthier communities across the Cape and the islands.
- We utilize the harm reduction model to guide us in the services we provide. We provide non-judgmental, non-coercive provision of services to PWID in order to assist them in reducing harm.
- We have offices in Falmouth, Hyannis, Provincetown, and Martha's Vineyard, and two mobile outreach units. We have a mobile outreach van, which provides services to Falmouth, and we also have a Community Harm Reduction and Treatment (CHART) van through the Healing Communities study that serves communities in Bourne and Sandwich.



Describe your mobile services

- Our mobile outreach van was launched in December 2020
- We provide all prevention and screening services through the mobile outreach van, including:
 - Testing for HIV, HCV, and STIs
 - Linkage to care for STI treatment, sexual/reproductive health services, housing, mental health services
 - OEND/Narcan (except for overdose education, currently virtual)
 - Access to PrEP and PEP
 - Syringe access - syringe disposal and syringe retrieval services
- CHART van was launched in May 2021. Through the van, ASGCC provides:
 - OEND trainings, NARCAN distribution
 - Harm reduction services
 - SSP services in Sandwich (starting in December 2021)
 - No testing services are provided



How did you gain buy-in from the community?

- The town was engaging in conversations that resulted in a lot of negative feedback from the community about syringe services; this was mostly sent to the Board of Health.
- People were supportive of the services but didn't want it in Falmouth. "Not in my backyard"
- Our (then) CEO engaged in conversations with community/residents/local politicians.
- We made an agreement with the town:
 - We will have a brick and mortar site, but it will not offer SSP services.
 - SSP services are only provided through the mobile van.



How does the van operate (locations, schedule, etc.)?

- A couple of staff are designated drivers and have appropriate insurance.
- The van has various capabilities including:
 - Internet service to stay in contact with the office and conduct trainings.
 - A small office for consultations and trainings (e.g., we can conduct risk assessment conversations, including explaining different types of testing).
 - A bathroom for STI testing.
 - A testing office in the back to complete blood draws.
- The van rotates between fixed schedules at different community sites (such as recovery centers) and days with a drop-in model in the parking lots of local organizations (e.g., churches, Walmart).
- All of the walls are whiteboard so staff can add harm reduction messaging.



How do clients learn about the services?

- A lot of people stay in Falmouth after they attend recovery programs, because of the large amount of recovery housing. These individuals continue to connect with ASGCC and the van.
- There is a local service center that services the whole town of Falmouth with things like food and clothing distribution. Our van does Narcan distribution there.
- We have received great support from local human service agencies. The agencies have allowed us to park in their parking lots, and we have gotten a lot of referrals from these agencies.
- People know where the van is. They reach out to the office to find the van.
- We have a great working relationship with law enforcement - they are very supportive of our services.



Services provided since December 2020

- Since December 2020, ASGCC has:
 - Conducted 115 infectious disease tests
 - Provided almost 500 Narcan doses
 - Provided 60 overdose education trainings to >400 participants all near Falmouth.



How do you follow up with clients?

- If people do share contact information, ASGCC does a follow up within a week or two to see if they need any additional support (e.g., syringe disposal).
 - ASGCC also offers sharps disposal containers.
- We always tell people that - in future - we will be able to meet them where they physically are. We can also make deliveries, and help with transportation.
- We give mobile/cell numbers to participants and follow up via text.
- Hospitals and other services are more centrally located in Hyannis, which facilitates locating and following up with clients. Services are more spread out in Falmouth, however individuals are able to access some supplies through secondary exchange. This allows us to reach more clients.



How do you follow up with clients?

- We bring our prevention/screening team and medical case management team together on a bi-weekly basis for meetings, which helps to continue engagement with clients
- This meeting is a great place to share information, check in on clients who may need to be followed up with. For example, we can let the housing specialist know if anyone needs housing support
- We also partner with behavioral health organizations and street outreach staff from the Housing Assistance Corporation to do outreach together - Hub approach.


Principles of Street and Mobile Outreach



What are values or principles you utilize in mobile and street outreach?

Please chat
in your
thoughts...





Trauma informed
engagement

Progressive
engagement

Natural Settings

Anti-Oppression

Person-Centered

Compassion

Cognitive
Functioning



Berkshire
Health Systems

Berkshire Medical Center NOTES





Presenters

- Sarah DeJesus, Program Manager for Berkshire Harm Reduction (part of Berkshire Health Systems)



What services do you provide?

- We provide syringe exchange, testing for HIV/HCV, STIs, and overdose prevention
- We recently started to provide Hep C telehealth treatment
- Locations: Pittsfield, North Adams, in process of opening location in Great Barrington
 - 30-40 min drive between locations
 - Very rural geography with poor transportation access



What are barriers to HCV treatment that you've observed?

- People have HCV but do not have access to treatment nor accurate information about whether they can get treated.
- A lot of information that participants had was inaccurate. There has been more education for medical providers in recent months/years.
 - Myth: people who use drugs are not eligible for HCV treatment.
 - Myth: MassHealth will only pay for HCV treatment once.
 - Myth: people have to go to a specialist to receive HCV treatment.
- Part of our success in creating this program was having the right people in the right positions at the right time.
 - The infectious disease doctor was a great advocate and knew who needed to get on board for buy-in in the medical system.



Describe the collaboration/HCV treatment service model between Berkshire Medical Center and Berkshire Harm Reduction

- Participants can receive all needed HCV treatment at the exchange. People can get blood draws for testing, and staff they are comfortable with can schedule telehealth visits while they are at the exchange.
 - The doctor at Berkshire Medical Center prescribes.
- Medications are sent to the Exchange and stored with other medications they have on site. Medications can be stored there for the duration of someone's treatment
- For treatment follow-up, the 4-week blood draw and second telehealth visit are also provided at the Exchange




Describe the collaboration/HCV treatment service model between Berkshire Medical Center and Berkshire Harm Reduction (continued)

- The Hep C care navigator makes sure people understand their options for treatment, and checks in after their first week of treatment about how it's going (medication adherence, side effects).
 - That position is fully dedicated to helping people in HCV treatment, re-engaging people as needed.
- Also provides phones to those treatment; refill minutes throughout the regimen timeframe
 - The phone is theirs to keep afterwards but they don't refill the minutes after treatment is completed.
 - This strategy has been really helpful!!



Do Berkshire Harm Reduction clients need to be patients of the Berkshire Medical Center to access HCV treatment?

- Anyone can receive Hep C treatment.
- This is a collaborative program with two medical providers out of Williamstown Medical (a Berkshire Health Systems organization)
- Participants are entered into the Berkshire Electronic Medical Record, but they don't have to get their primary care there or be an ongoing patient.



How have you seen clients engage with Hep C treatment? Do clients seem to want Hep C treatment, or do you have to convince clients? If so, how do you do that?

- Most people are excited to have the opportunity to get treatment
- Most are eager/excited to start
- We continue to educate people about risk
- We regularly have new people asking about treatment and engaging people in treatment
- We are able to do telehealth at any location



Describe the aspects of the mobile van you're going to launch

- 24 foot medical mobile unit
- We will be able to do anything on the van that we are able to do in the office
 - Syringe exchange
 - Testing
 - Narcan groups
 - Telehealth treatment for HCV
- The van will drive to rural areas to reach many people who don't currently have access
- The van is funded by DPH
 - The DPH Office of HIV/AIDS and Bureau of Substance Addiction Services collaborate to fund vans for agencies with contracts to provide HIV/HCV/STI/LTBI services.



What are your plans for administering injections and storing/administering medications on the van?

- Our goal is to administer injections (COVID and flu vaccines, and sublocade, PCN, and ceftriaxone injections) on the van.
- We do have the logistical issue of storage/temperature, so our plan is to store medications at the brick and mortar site.
 - For people who can't get there, we can use the van to do home delivery.



What are the next steps for Berkshire Harm Reduction Services?

- We are having early discussions about serving people being released from incarceration
- We conduct testing at a house of corrections twice a month
 - If there is a positive result, people don't currently get treated at the house of corrections -- this is a big gap that the program would like to address.



Resources

- [Homelessness and Harm Reduction](#) - This trauma-informed, harm reduction curricula can improve the efficacy of providers to engage people who are both experiencing homelessness and using drugs.
- [Overview of the Strengths Model](#) - The goal of Strengths Model case management is to help people build or rebuild lives that by their own definition have meaning, purpose, and valued identity.
- [IMPACTFUL STREET OUTREACH](#) - many essential and foundational components of street outreach based in the learnings of working with folks who experience homelessness



Upcoming Sessions



#3 - next! Supporting Client Engagement with SUD
Treatment

December 20, 2021; 1:00 PM

#4: Vaccinations at SSPs

January 12, 2022; 2:00 PM



Please Complete the Evaluation!

- Your feedback in the evaluation helps us plan future sessions and address your TA needs.
- Your feedback is appreciated!



Click the link in the chat or
in the follow-up email



Contact Us

TA4SI@jsi.com



Implemented by JSI under contract # INTF4971M04500824092 with the Massachusetts Department of Public Health, Bureau of Infectious Diseases and Laboratory Sciences.