

# Drug User Health Learning Series

## Vaccinations at SSPs

### Session 4



# 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

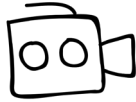
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If you're still having **technology issues** or you have a question, use the chat option at the bottom center of your screen to send a message to the host.

# Navigating Zoom



Audio



Video



Chat



**Technical issues?**

Send a message to  
Molly Rafferty or email  
[molly\\_rafferty@jsi.com](mailto:molly_rafferty@jsi.com)

# Introductions

- Your name
- If you'd like to share, your pronouns (e.g., she, he, they)
- Your organization
- Your role at your SSP
- What is something that keeps you grounded during the work day?

**Please  
chat in...**

**HELLO**  
my name is

**HELLO**  
my name is

**HELLO**  
my name is

**HELLO**  
my name is

a moment to enter the space



# Learning Objectives



Explain strategies for increasing SSP client engagement with Hepatitis A, Hepatitis B, Invasive Meningococcal Disease (IMD) and influenza vaccination



Compare opportunities for community based vaccination partnerships at SSPs



Identify opportunities to facilitate vaccination access for SSP clients



# Today's Agenda

- Introductions
- Supporting SSP Client Access to Hepatitis A, Hepatitis B, Invasive Meningococcal Disease, and Influenza Vaccination
- **Tapestry**
- Community Vaccination Opportunities for SSPs
- Group Discussion
- Closing



Molly Higgins-Biddle



Mira Levinson



Sophie Lewis



Adelaide Murray



Molly Rafferty



Amy Sgueglia

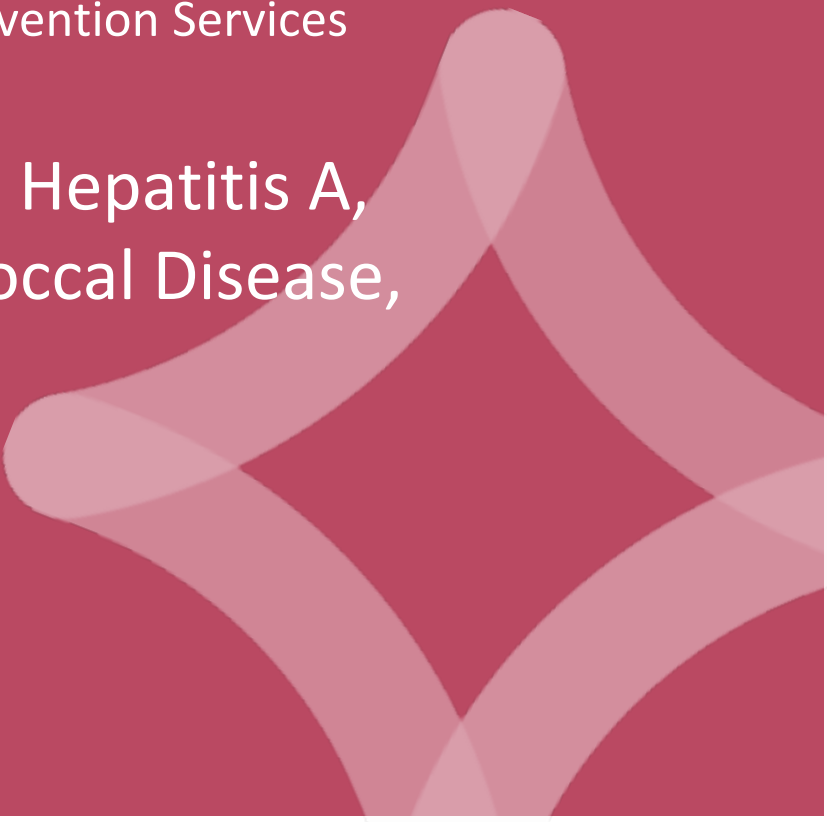


# Welcome

Linda R. Goldman, LCSW

Director of Health Promotion & Disease Prevention Services

Supporting SSP Client Access to Hepatitis A,  
Hepatitis B, Invasive Meningococcal Disease,  
and Influenza Vaccination

A decorative graphic on the right side of the slide, consisting of several overlapping circles in various shades of pink and red, creating a stylized, abstract pattern.



## Hepatitis A, Hepatitis B, Invasive Meningococcal Disease: What do these diseases have in common?

- Vaccine-preventable!
- Disproportionately affecting individuals experiencing homelessness and individuals using drugs
- Outbreaks in MA:
  - Hep A, 2018- 2020, statewide
  - Hep B, 2017-2018, Bristol County
  - IMD, 2015-2019, statewide
  - COVID, 2019 - present

Don't forget about Influenza Vaccine!

# Tips for Talking About Vaccination



Build trust



Empower



Show empathy  
not judgement



Connect with their  
values & their hopes



Don't interrupt

# Tips for Talking About Vaccination



Acknowledge  
concerns



Sandwich  
technique



Don't get  
discouraged



Don't focus  
on the myths



Assume they will  
get vaccinated

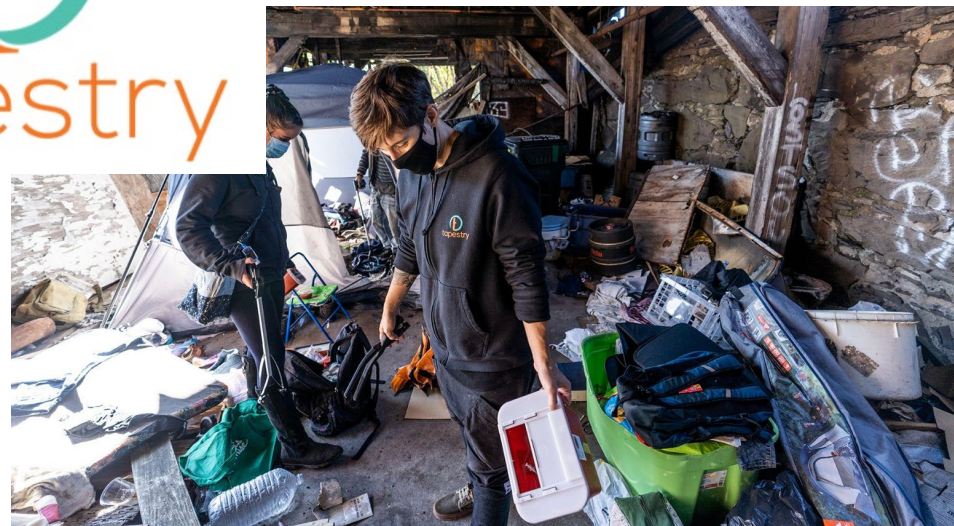
# Recommending Vaccines to SSP clients

- Remind patients to care for one's health and avoid illness or death
- Offer transparent, culturally competent communication and education
- Offer vaccine by a trusted source
- Make vaccination easy and convenient
- Offer incentives
- Multicomponent interventions are most effective!

[Counseling Guide for Outreach Workers](#)







# Tapestry NOTES





## Tapestry

- **Liz Whynott**, Director of Harm Reduction
- **Jessica Holden**, Executive Director of Nursing and Allied Health at Westfield State University





## Describe your vaccination service model

- They started vaccinations for Hepatitis A, B, and Invasive Meningococcal Disease (IMD) in 2019 with DPH support.
- The development of trust with participants took the longest - Jessica went with harm reduction counselors and they were able to discuss vaccinations and introduce her to clients. This is essential when counselors speak the same language as the client.
- It can take time and many interactions for a client to be ready for vaccinations.
- Staff go to places in the city where people congregate - clients are more trusting when staff meet them where they are at.
- Don't need many supplies to provide the vaccinations - this enables staff to travel to the client location. Don't overcomplicate it! You can set up a clean setting anywhere.
- Basic harm reduction prevention measures are needed in addition to vaccines (*e.g., access to bathrooms during COVID-19 pandemic*)



## Describe your vaccination service model, cont.

- Offering on site at Tapestry, via mobile services, and street outreach
- This summer, a nurse was available to do vaccines at the Springfield and Holyoke office about three days a week.
- Have been offering COVID-19 vaccines and about to restart offering Hepatitis A and B vaccinations
  - Ran into insurance reimbursement barriers (now resolved)
- Focus is to provide services to people who can't access traditional forms of care
- Strategies include:
  - Conducting outreach, not requiring ID, making the paperwork easier
  - Having staff who are representative of the communities



## What are the barriers/challenges you encountered in bringing vaccines to your site?

- Insurance/reimbursement barriers
- A challenge is to follow up with clients for second and third doses of the vaccines
  - Solution: can query medical record to find out who is due for another dose
- Have been able to reach out to other community partners and transfer clients as needed
- Compared to the Hep A, Hep B, and IMD vaccines, there has been more questions, hesitation, and fear from clients regarding the COVID vaccine



## Any tips for completing follow-up 2nd doses for SSP clients? What has been most helpful for you?

- This has been a big challenge for Tapestry. However, a couple of things have worked well:
  - We've generated a list of clients that have received one part in a series (e.g., for the current COVID booster) and then figuring out where to look for each individual and/or if they come into the office.
  - We've made phone calls when folks have contact information on file to figure out where people are in that moment. We've called people to ask where they are (e.g., are you close to High St? We can meet you there).
  - Developing a locator form for a SAMHSA grant was super helpful and recommend doing so for this purpose as well.
    - Mira Levinson (JSI): For locator forms, it's best to make sure you get clear information on where the person is comfortable being contacted, and also how they want you to identify yourself.



## Are you completing serologic testing (HBsAg, anti-HBs, and anti-HBc) for HBV pre vaccination?

- No. We check vaccine history in MIIS (Massachusetts Immunization Information System) but that's all for right now.



## How do clients learn about the service?

- Even if the nurse who does vaccinations is not on-site on a certain day, staff know to remind clients about vaccination services.
- The informal conversations where staff offer vaccination services (on-site or during mobile outreach) have been the most effective method. For the most part, clients won't make an appointment specifically to get a vaccine, or show up specifically for a vaccine tent.
- Currently, a nurse is available 1-2 or less days per week at both sites. Many of our clients are familiar with the schedule of when the nurse will be available.
- In the community, our van and staff are now largely recognizable. We try to bring up vaccines with all the clients who approach us.
- Our nurses are good at balancing being respectful of clients' space, but also continuing to encourage clients to get the vaccine.



## What happens to folks who are vaccinated out of state and might not have a Massachusetts address?

- Tapestry chooses err on the side of caution and vaccinate if they cannot find history of vaccination. The MIIS system is not perfect.
- Amy Sgueglia (JSI): To my knowledge, it is always better to give more vaccine than not enough vaccine. I can't say for certain, but I am not aware of any harm of giving extra doses of Hep A or Hep B vaccine.
- Dr. Laura Platt (DPH): I think harms are minimal - it's just the general risk of the vaccine. We have a lot of experience with people getting multiple doses of the Hep B vaccine, and in general we don't really see any adverse events from people who are "over-vaccinated."
- From [CDC Hepatitis A Questions and Answers for the Public](#): Getting extra doses of hepatitis A vaccine is not harmful.
- From [CDC Hepatitis B Questions and Answers for Health Professionals](#): Vaccinating people who are immune to HBV infection because of current or previous infection or vaccination is not harmful and does not increase the risk for adverse events.



## Do you have any tips on how to navigate asking MassHealth to cover vaccines?

- It was very complicated and took very long. The fiscal staff at Tapestry worked with DPH staff to get MassHealth to approve including vaccination under what is billable for reproductive health services providers.
- Tapestry has reproductive health clinics all over Massachusetts, so because we were designated as a family planning provider, it was complicated to add in a service that fell out of traditional family planning/sexual health care.



# Community Vaccination Opportunities for SSPs



# Barriers to Vaccination



**Vaccine  
misinformation/  
disinformation**

**Competing  
priorities**

**Mistrust of  
medical system/  
healthcare  
providers**

**Lack of access:  
Transportation  
Location  
Convenience**

**Lack of knowledge  
of infectious  
diseases/  
vaccines**

# Bringing the Vaccine to the Client

Offer vaccinations at your facility as part of routine services

Build relationships with **Community**

**Pharmacies:** Can they come to you or can they open the door to your clients?

Build relationships with **Community Health Centers/ LBOH:** Can they come to you?

COVID vaccines: bring the COVID clinic to your organization!



# Summary of the Drug User Health Learning Series

*The recording and slides for Sessions 1-3  
can be found on the [TA4SI website](#)*



# Session 1: Supporting Client Engagement with HCV Testing & Treatment

- **We talked about:**
  - Integrated Services for Drug User Health
    - Recommendations for screening and treatment of HCV infection in PWID
    - Maintaining the soul of our work through non-judgmental, non-coercive and recognizing the realities of our clients
  - Hepatitis C Continuum of Care
- **AIDS Project Worcester/UMass Medical Center shared:**
  - HCV service model
  - Cultivating client readiness for linkage to treatment
  - Supporting client adherence to care and treatment
- **Green Street, Fenway Health shared:**
  - Implementation of HCV service model
  - Promotion of services
  - Facilitating access to HCV treatment

# Session 2: Street Outreach, Mobile, and Telehealth Services: Innovations in Service Delivery

- **We talked about:**
  - Expanding Access– Innovations in Service Delivery
    - Telehealth services, mobile outreach, street outreach
  - Principles of Street and Mobile Outreach
- **AIDS Support Group of Cape Cod shared:**
  - Mobile outreach services
  - Promotion of services
  - Community buy-in
  - Client follow-up
- **Berkshire Medical Center shared:**
  - Barriers to HCV treatment
  - HCV service treatment model
  - Client engagement with Hep C treatment
  - Mobile van services



# Session 3: Supporting Client Engagement with Substance Use Disorder Treatment

- **We talked about:**

- Engaging the SUD Treatment System to Support SSP Clients
  - BSAS levels of care
- Expanding SSP Harm Reduction Beyond Injection
  - Polysubstance Use

- **Greater Lawrence Family Health Center shared:**

- MOUD service model
- Mobile MOUD services
- Insurance navigation

- **SSTAR shared:**

- SUD service model
- Mobile SUD services
- Working with clients who use stimulants and clients who use alcohol



# Poll! Additional Training Needs

Select the top two areas you learned the most about over the course of this series

1. Immunization for hepatitis A (HAV), hepatitis B (HBV)
2. HIV pre-exposure prophylaxis (PrEP)
3. HCV and HIV testing
4. Treatment for HCV infection and conditions associated with drug use
5. Linkage to SUD treatment
6. Other (explain in the chat)

Select the top two areas you still have the most questions about (to inform continued TA)

1. Immunization for hepatitis A (HAV), hepatitis B (HBV)
2. HIV pre-exposure prophylaxis (PrEP)
3. HCV and HIV testing
4. Treatment for HCV infection and conditions associated with drug use
5. Linkage to SUD treatment
6. Other (explain in the chat)



# Don't Wait, Vaccinate Campaign!



**Don't Wait.  
Vaccinate!**



## Don't Wait. Vaccinate!


These infections are going around in our community.

### Hepatitis A Hepatitis B Meningitis

**You need these vaccines if you live in close quarters or if you use any drugs.**

 Talk to our staff today about getting your shots.

Customization Goes Here



### WHAT YOU NEED TO KNOW ABOUT: Hepatitis A (Hep A)

Hepatitis A is a very contagious liver infection.

#### What are the symptoms of Hep A?

- Fever
- Yellow eyes
- Belly ache
- Yellow skin
- Dark pee, pale poop, diarrhea

#### How would I get Hep A?

- Having sex
- Eating infected food or drink
- Using drugs

#### How can I prevent Hep A?


- Get a Hep A vaccine
- Wash your hands after using the bathroom and before eating food
- Use your own cigarettes, drug pipes, drinks, eating utensils, etc.

This vaccine is extra important for people who have other infections like Hep C or HIV.

Customization Goes Here

**Don't Wait, Vaccinate!**

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
IMC21 English



### WHAT YOU SHOULD KNOW ABOUT Hepatitis A, Hepatitis B, and Invasive Meningococcal Disease

Despite being vaccine-preventable, hepatitis A (Hep A), hepatitis B (Hep B), and invasive meningococcal disease (IMD) cases are on the rise in Massachusetts, particularly among people who:

- Use drugs
- Have been recently incarcerated
- Are experiencing homelessness



Hep A, Hep B, and IMD can be prevented through vaccines. These three vaccines are especially important for people who also have other infections for which there is no vaccine such as hepatitis C or HIV.

**Important information for non-clinical service providers such as:**

- Harm reduction specialists
- Test counselors
- Case managers
- Health educators
- Outreach workers
- Housing program staff

**You can help!**

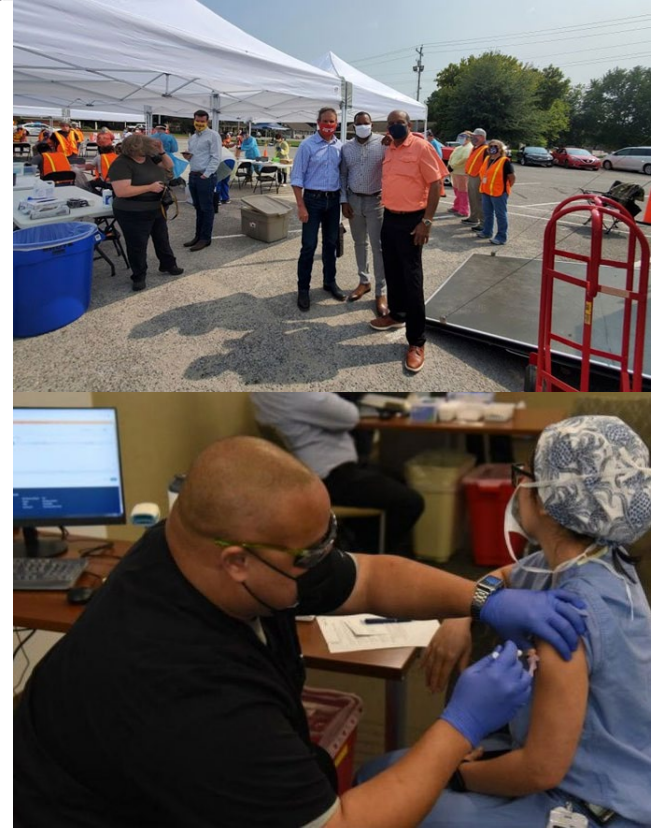
Use the information in this booklet to encourage clients to be vaccinated today.





## Resources


- [How to talk to your friends and family about COVID-19 vaccines](#)
- [Communication Skills for Talking About COVID-19 Vaccines](#)
- [COVID-19 Vaccine Community Features](#)
- To find the recordings and slide decks from **Sessions 1, 2, and 3** go to the [TA4SI website](#).





# 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



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