

ZERO STIGMA. ZERO DEATHS.

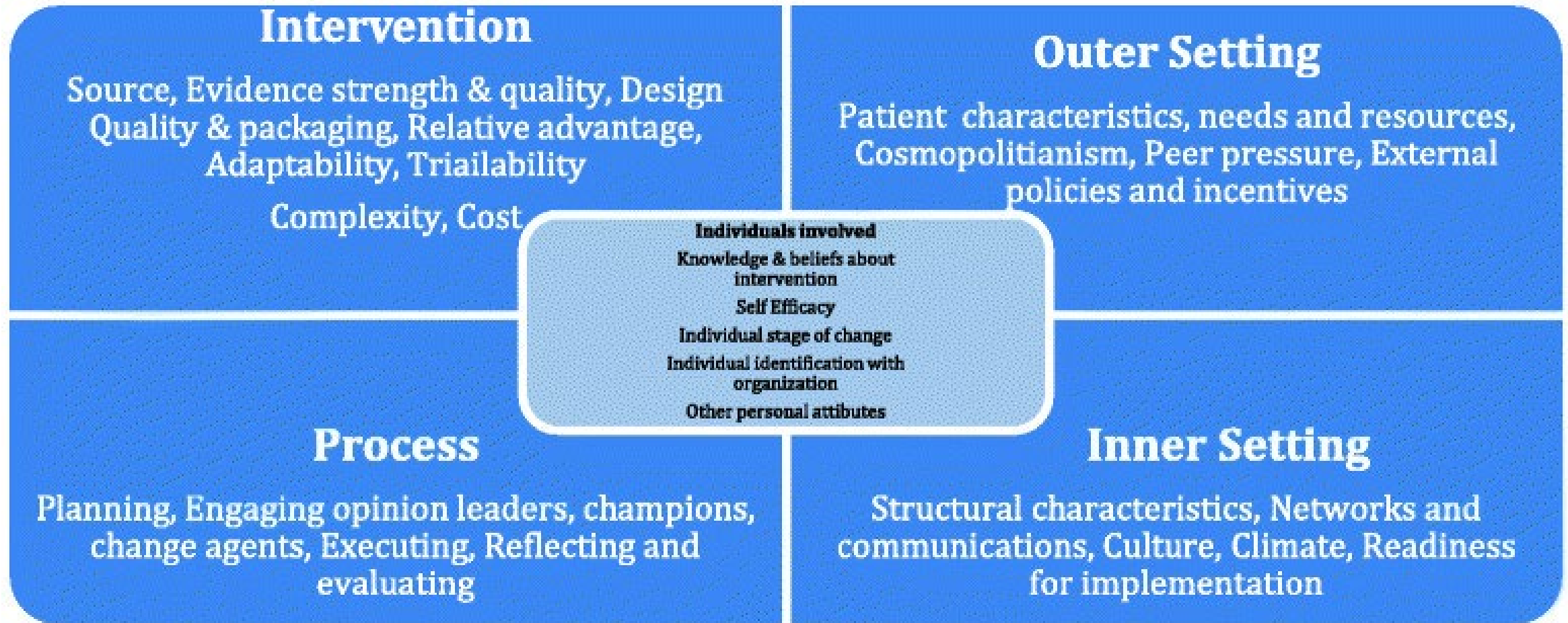
Program Strategy Meeting
January 19, 2021

- **GOALS for this presentation:**
 - Evaluation update**
 - Examining Covid-19 impacts**
 - Preliminary Findings of CFIR Analysis**
 - Discussion and next steps**

Evaluation | Emerging Themes

Before and during COVID-19

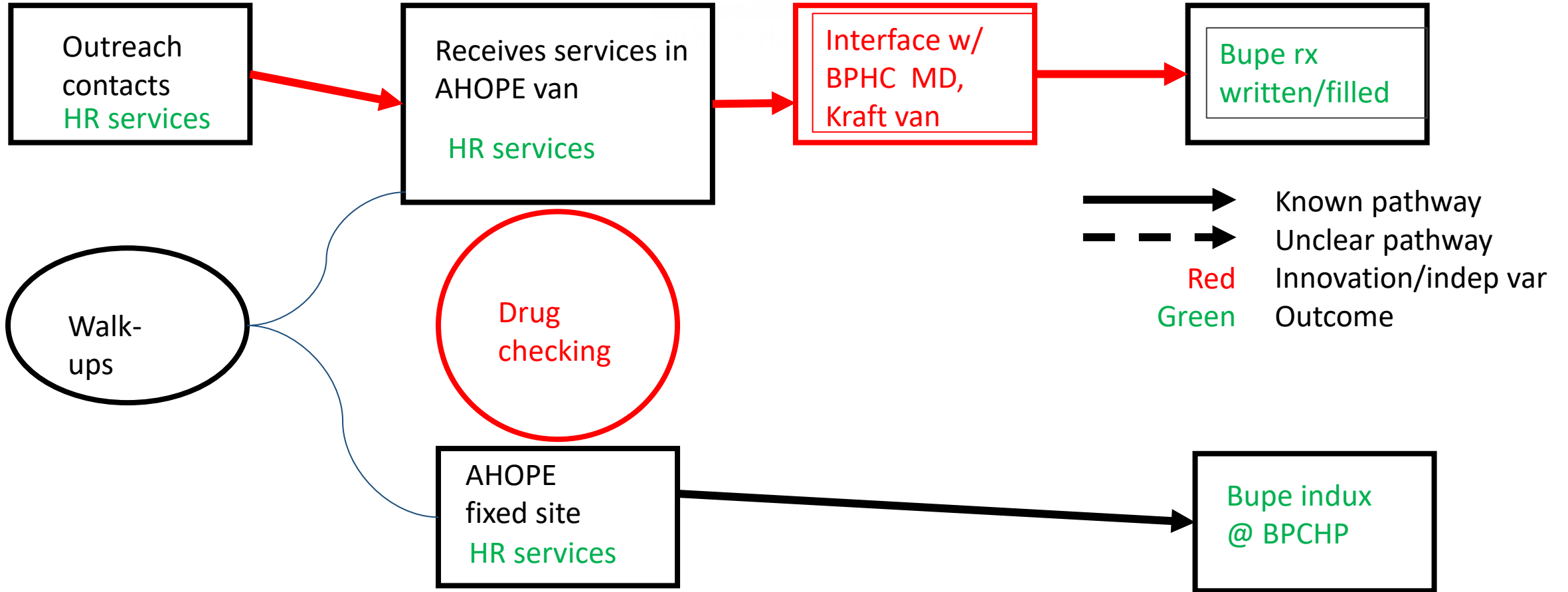
Consolidated Framework for Implementation Research (CFIR)



AHOPE

EXAMPLE

DEVELOPED & REFINED IN COLLABORATION WITH GRANTEEES



Common indicators

Reported by all grantee organizations

Indicators for all organizations:

1. Number of clients enrolled in the program
2. Number of contacts with program clients
3. Quantity of materials distributed (syringes, naloxone, FTS, safer sex supplies)
4. Number of clients referred to other social services (housing, food support, etc.)
5. Number of HIV/HCV tests conducted on site or offsite by staff

Indicators for orgs with care on site:

6. Number of new patients who received BMT/OBOT through coordinated care
7. Number of people receiving BMT/OBOT through coordinated care
8. Number of people referred for other medication-based treatment or addiction treatment (MAT, residential, medical homes, etc.)

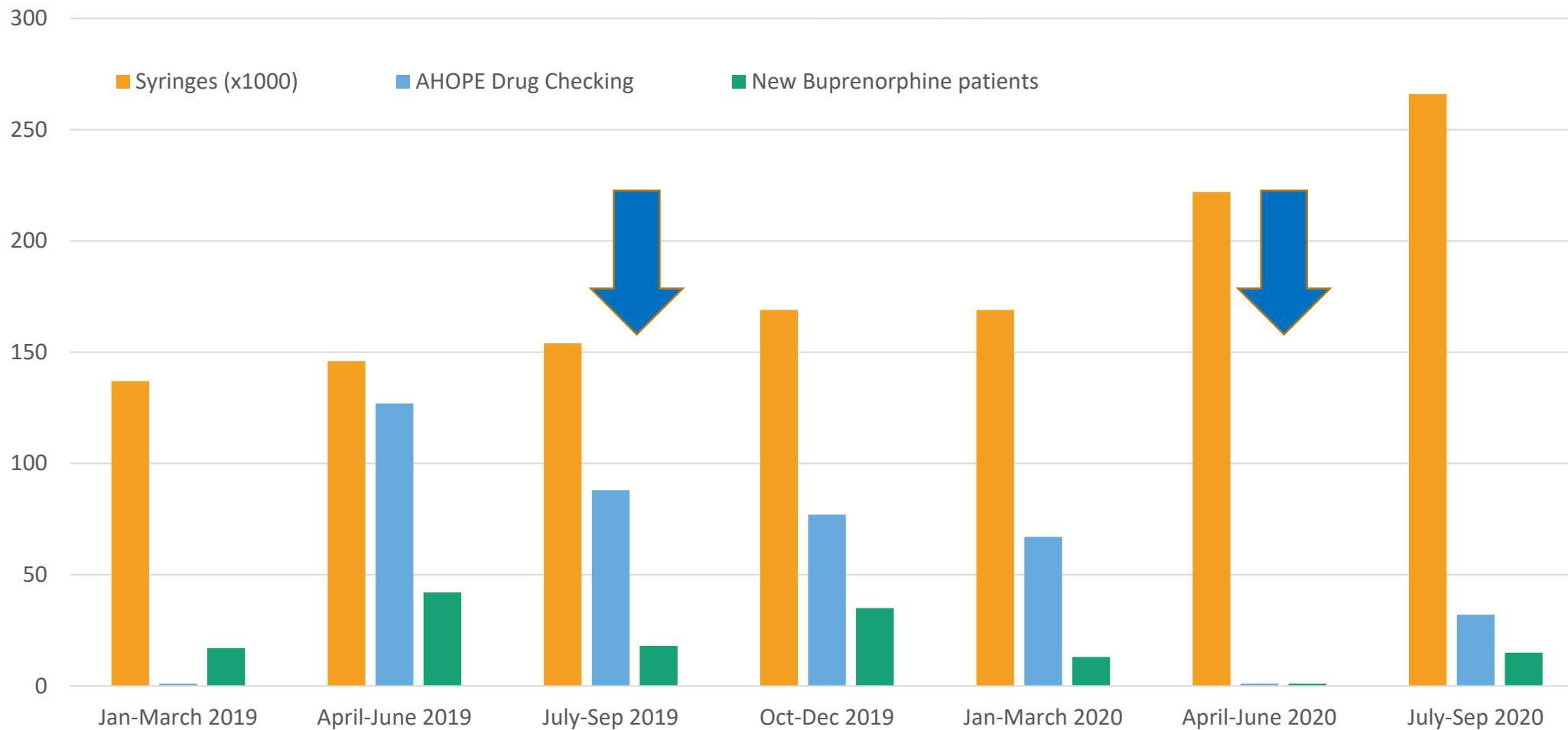
Indicators for orgs w/o care on site:

6. Number of warm handoffs of new patients to providers for BMT/OBOT (with care/provider collaboration targeted by RIZE funding)
7. Number of warm handoffs of new patients to other MAT or addiction treatment
8. Number of warm handoffs of patients previously engaged in care to BMT/OBOT
9. Number of warm handoffs of patients previously engaged in care to other MAT or other addiction treatment.



AHOPE

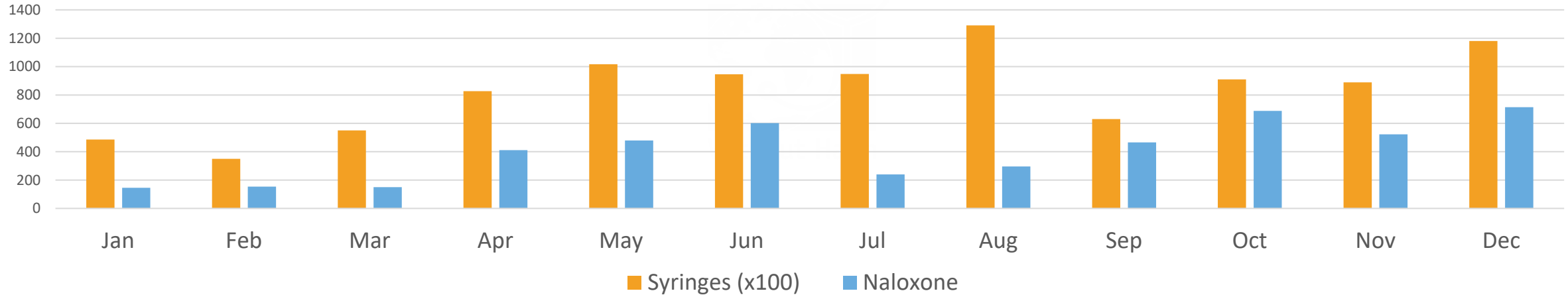
- AHOPE staff are genuine pioneers in the science of drug detection in cooperation with the makers of the MX908.
- SSP/injection related services are as steady as ever.
- Drug checking and L2C took a big hit following Operation Clean Sweep and the HIV outbreak in Boston, followed by COVID-19 challenges.
- Lack of clear legal status of drug checking is a stressor



**In addition to COVID, AHOPE was impacted by project “Clean Sweep.”
Syringe distribution continued to grow. Drug checking services and connecting clients to buprenorphine are coming back.**

HRH413: Outreach/SSP Accomplishments

HRH413 distribution, 2020



- More successful outreach and service provision to LatinX (especially Latino) populations, including onboarding of Spanish/English bilingual outreach staff.
- Opening more service sites for rural communities, with high uptake as they arrived with mobile and low-profile services just as a neighboring brick-and-mortar site closed.
- Increased staff to 25 – a mix of part time, full time, and rotating positions. RIZE funds are supporting these stipends.
- Developed new relationships with a low-barrier bupe prescriber and actively making referrals. That provider is successfully linking patients to additional care (primary, HIV, etc.)

HRH413: Harm Reduction Works

- June 9, 2020 – Public Facebook page with 381 followers
- March 29, 2020 – Private Facebook group with 877 members
- Private group averages 20-25 new members per week.
- 661 followers on Instagram
- New website with public meeting calendars
- [Http://harmreduciton.works](http://harmreduciton.works)
- TWELVE (12) standing meetings each week!
- Media Coverage



Creating a culture of harm reduction

You're the Expert in Your Own Life

We are concerned more about how you look at drug using and drinking than what goals you might have to change. Of those who choose abstinence, some will abstain only from one substance. Others might abstain from all mind altering substances. Still others might choose to continue to use or drink. Looking at ourselves means figuring out what works and doesn't work, what only works partly or what might work better. Often, this leads to some kind of goal and if it does, that's great too.

In general we find goals sometimes fall into one or some combination of the following categories:

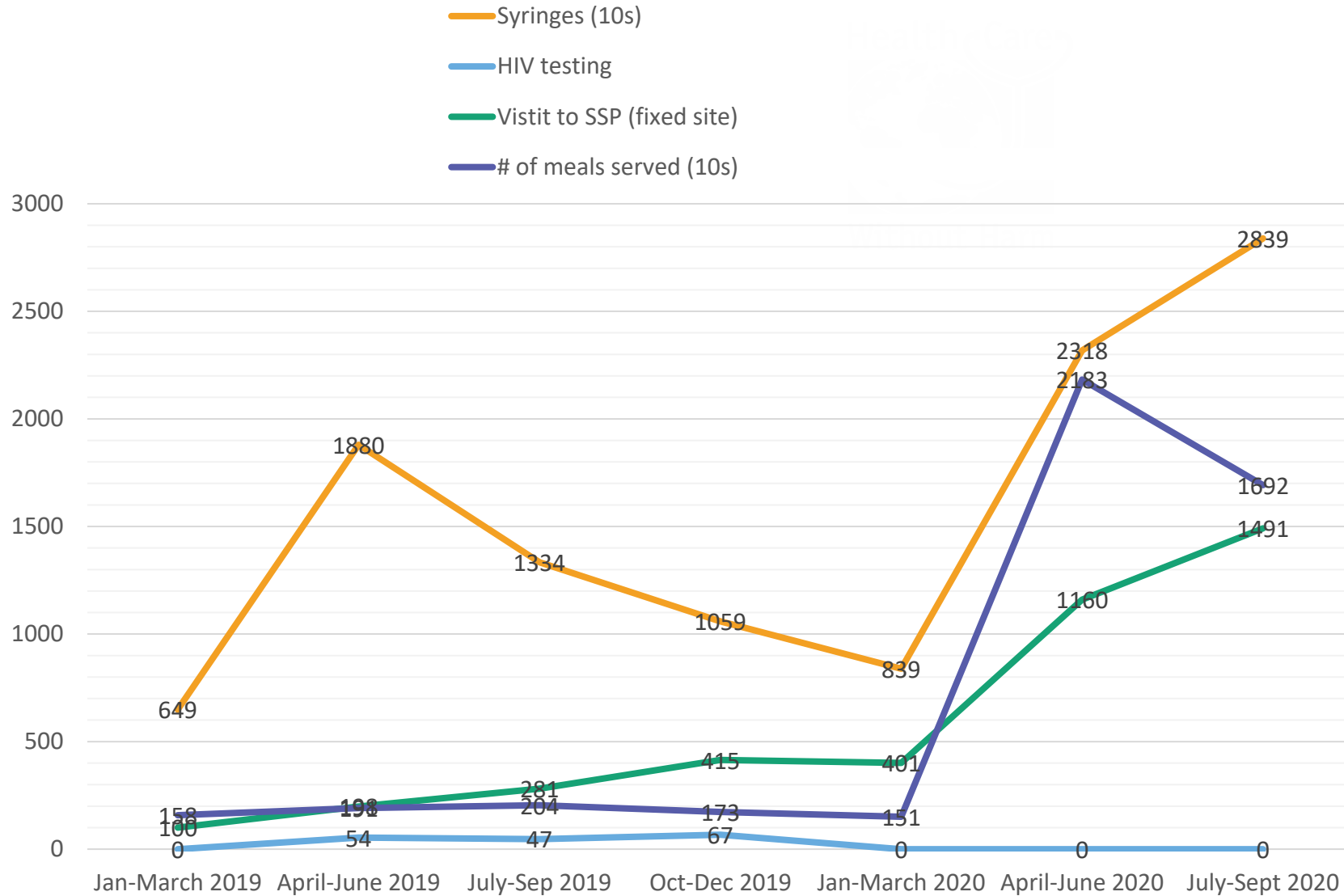
- Amount. How much you use when you use or drink. Sometimes just paying attention to how much is consumed can change behavior in ways that reduce harm.
- Frequency. How often you use or drink. Some people have to use or drink everyday or they go into withdrawal. Some people only like to use at night or on weekends. Sometimes frequency changes depending on the type of drugs or alcohol consumed. Sometimes patterns change when a person's environment is different. Becoming aware of frequency can give people the chance to change a pattern when change makes sense to them and they are ready.

Harm Reduction Works-HRW Meetings

Today	◀	▶	January 2021					Print	Week	Month	Agenda	
Sun	Mon	Tue	Wed	Thu	Fri	Sat						
27	28	29	30	31	Jan 1	2						
	12pm Open Meeting 6pm KY Open Meeting +2 more	12pm Open Meeting 2pm Focused Meeting (for pe 6pm Open Meeting	7pm Texas Open Meeting	12pm Open Meeting 6pm CANCELLED due to holid 7:30pm Open Meeting	6:30pm Open Meeting							
3	4	5	6	7	8	9						
	12pm Open Meeting 6pm KY Open Meeting +2 more	12pm Open Meeting 2pm Focused Meeting (for pe 6pm Open Meeting	7pm Texas Open Meeting	12pm Open Meeting 6pm NJ Open Meeting 7:30pm Open Meeting	6:30pm Open Meeting							
10	11	12	13	14	15	16						
	12pm Open Meeting 6pm KY Open Meeting +2 more	12pm Open Meeting 2pm Focused Meeting (for pe 6pm Open Meeting	7pm Texas Open Meeting	12pm Open Meeting 6pm NJ Open Meeting 7:30pm Open Meeting	6:30pm Open Meeting							
17	18	19	20	21	22	23						
	12pm Open Meeting 6pm KY Open Meeting +2 more	12pm Open Meeting 2pm Focused Meeting (for pe 6pm Open Meeting	7pm Texas Open Meeting	12pm Open Meeting 6pm NJ Open Meeting 7:30pm Open Meeting	6:30pm Open Meeting							
24	25	26	27	28	29	30						
	12pm Open Meeting 6pm KY Open Meeting +2 more	12pm Open Meeting 2pm Focused Meeting (for pe 6pm Open Meeting	7pm Texas Open Meeting	12pm Open Meeting 6pm NJ Open Meeting 7:30pm Open Meeting	6:30pm Open Meeting							
31	Feb 1	2	3	4	5	6						
	12pm Open Meeting 6pm KY Open Meeting +2 more	12pm Open Meeting 2pm Focused Meeting (for pe 6pm Open Meeting	7pm Texas Open Meeting	12pm Open Meeting 6pm NJ Open Meeting 7:30pm Open Meeting	6:30pm Open Meeting							

Events shown in time zone: Eastern Time - New York

Life Connections Center - redefining harm reduction spaces



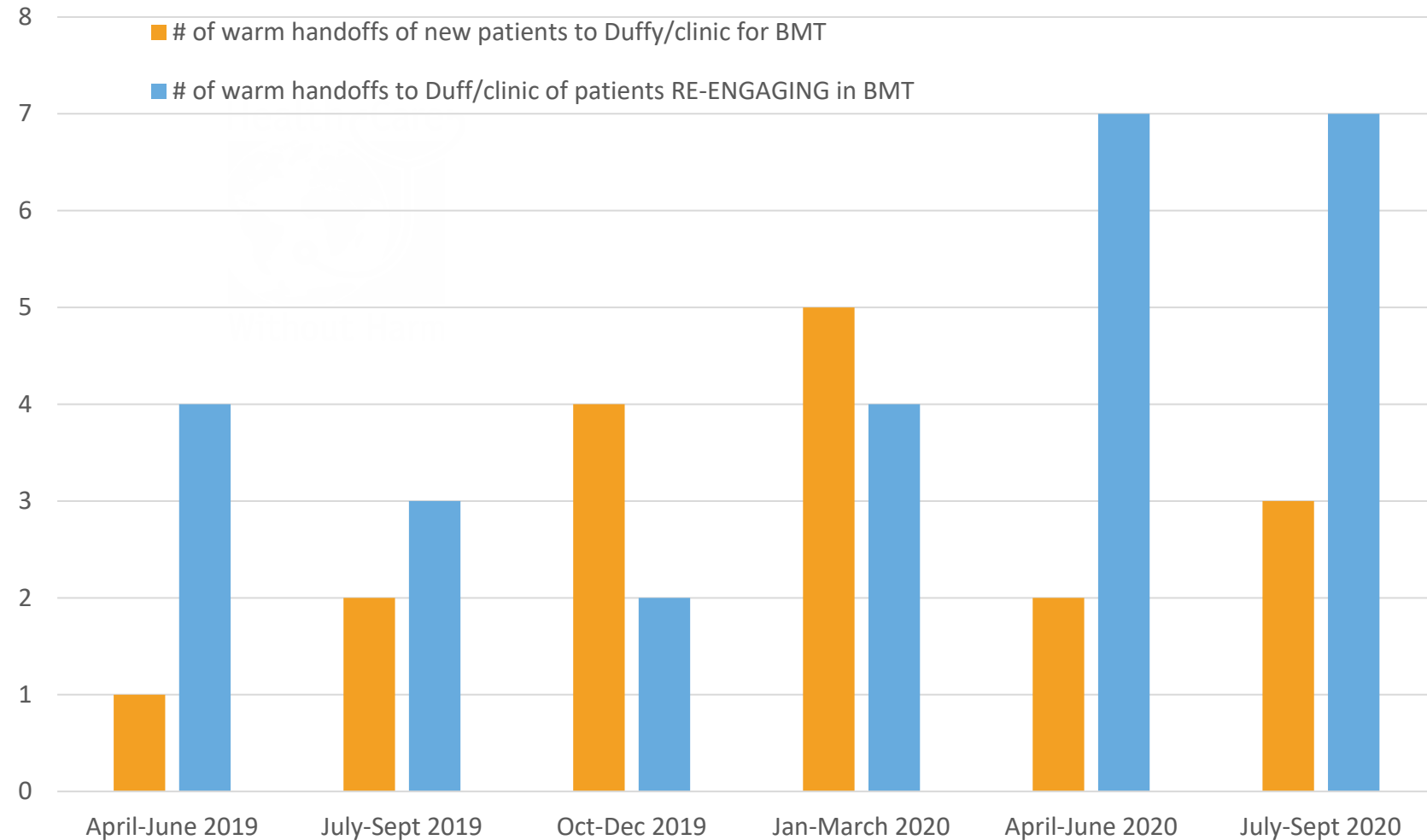
Hybrid model continues to evolve, creating positive contact spaces.

- “The Sanctuary” – 20 congregate living beds within LCC for medically high-risk people opening soon
- SSP Window – increased visits and reaching expanded population
- BH Specialist and Nurse 3 days/wk from Lowell Community Health Center
- Meals are central, unifying service

AIDS Support Group of Cape Cod: Re/Engaging in Care



The warm and welcoming interior of ASGCC's main location; COVID-19 adaptations

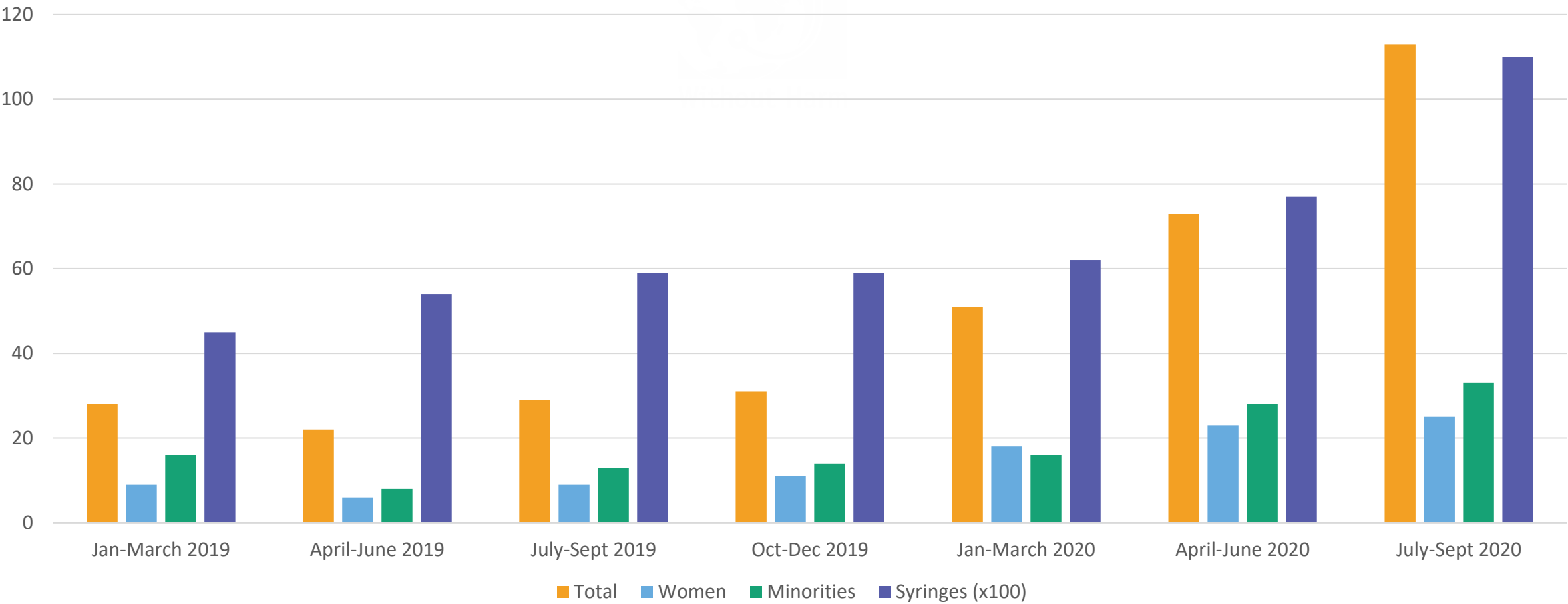


After starting with a bang, ASGCC's program has not only maintained steady rates of successful linkage to care but has **proven capable of re-engaging individuals who were previously lost from care too.**

Highly concerning changes in drug supply motivate BMT engagement. Many young clients seeking ASGCC style care.

Construction improvements on site, but COVID-19 related disruption is notable.

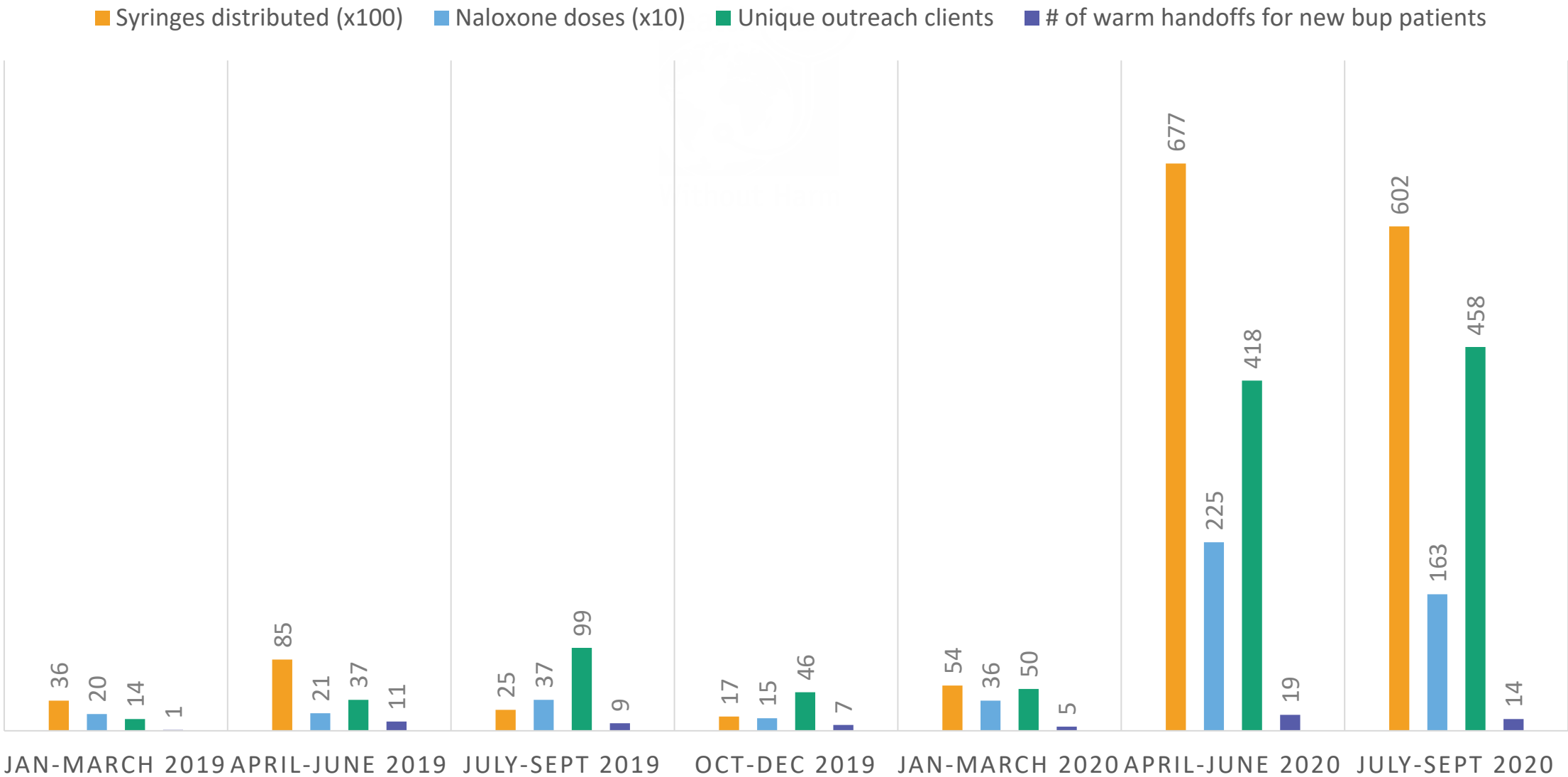
Greater Lawrence Family Health Center: Mobile OBOT continues to expand



- Phenomenal team, good communications between and among staff
- Solid warm hand-off, BMT provider/bridge clinic connections
- Clear grasp of and well resourced to address social determinants in short/long term (housing, transportation, food insecurity) that can undermine BMT linkage and engagement
- Extending far beyond the brick-and-mortar site but stretches capacity. Growth point for more mobile care
- Program and clients need support in connecting more with local providers, peers
- Grassroots supports, harm reduction networking are needed to nurture mobile program communities
- Recognizing rising methamphetamine use in communities, provided fentanyl test strips early on in programming



Fenway Health Mobile efforts



Overarching comments *across the sites*

- Responsive, adaptable, accomplishing good but....
- Systems need radical change to meet the needs
- Many underserved/untapped areas
- Serious staffing support needs where systems are in place
 - *Grief, trauma supports*
 - *Boundaries, feedback to staff*

Developing a culture of Harm reduction

- Some sites, harm reduction ethos is not being nurtured
- Literal interpretation of “meeting people where they are at”: services go to where people can be found, but socially, emotionally they are not meeting people where they are at
- Some sites are doing harm reduction, but behind clinical services (suboxone care)
- Findings suggest technical assistance around harm reduction is needed
 - Aligning SSP and harm reduction
 - Making HR more part of their wheelhouse
 - Adopting policies and practices that align with HR, supporting local municipalities to attain more HR (eg, Lawrence, Lowell, AHOPE—state law on drug checking)
 - HR heroes/culture of “above and beyond”

COVID ADAPTATIONS AHOPE

Highlights

- **Comfort Stations**
 - Opportunistic situation – AHOPE moved in to sites the city set up and largely left untended.
 - Service provision expanded to meet those needs (food, clothing..)
- **SSP services move outdoors**
- **Drug checking slowed down, now picking back up**
 - Checking stopped at first due to transmission concerns from hand-to-hand exchange
 - Now, new Bruker Alpha FTIR on site
- **Telemedicine becoming the norm for new patient intake**
- **Lots of COVID testing**



COVID ADAPTATIONS HRH413

Highlights

- **HRW goes virtual**
 - 622 members in the HRW Facebook group!
 - 8 standing meetings every week!
 - New meetings started up by different people in different locations
 - New website: <http://harmreduction.works>
- **Outreach teams work in smaller numbers**
- **Services by mail for university students**
 - Campuses used to be huge targets for outreach. Now that campuses are closed, outreach is happening by phone, supplies sent by mail
 - A number of folks calling for support are the parents of students who have returned home.
- **1-800 number virtual consumption space**
- **No COVID testing**

RECOVERY
NO.1

HARM REDUCTION WORKS

Sunday
July 12, 2020
11:30am (PST)
2:30pm (EST)

special guest
Megan Hetfield
tells her
survival story
beyond borders...

Harm Reduction Works

Presented by Project Safe Point
At 100 Slingerland St, Albany NY



Every Wed 2pm

We believe recovery is not the same as abstinence, and abstinence is not always necessary for recovery.

Harm reduction includes abstinence and all paths to recovery

Abstinence is not a requirement or is it expected

Everyone is welcome especially people who aren't sure
what harm reduction is or whether it can help them

Prefer ZOOM ? 983 485 6804 (PW) PSP518

COVID ADAPTATIONS LIFE CONNECTIONS CENTER

Highlights

- Shifted exchange to street front window
 - Reaching expanded population – visits have tripled
- Basic needs – City consolidated meal programs (pre-COVID). LCC meal provision has dramatically increased (meal provision is linchpin service)
 - Rented portable toilets
 - Provided places for public handwashing
- Harm reduction supplies and services to COVID hotel
- Currently no COVID testing, but setting up testing for the The Sanctuary



COVID ADAPTATIONS ASGCC

HIGHLIGHTS

- Delivering supplies – meeting people wherever they are comfortable – providing more supplies per exchange
 - # of returned syringes has increased
- Set-up tent to distribute supplies for drop-ins
- Basic needs – offering snacks to fill a gap
- Collaborations with other CBO's stronger than ever to meet greater need
 - Distributing HR supplies at Duffy shower program which has increased trust of HR clients with Duffy Health
 - Distribute phones to clients to facilitate telehealth
 - Police are collaborating more with CBO's (i.e. port-a-potty at encampment)
- No COVID testing



COVID ADAPTATIONS GLFHC

Highlights

- Maintained SPP hours – offering exchange through a window
- High Narcan distribution
 - Clients report not calling 911 – but haven't seen an increase in fatal overdoses
- Bup provision primarily shifted to telehealth
 - Patients can still drop-in to mobile van – maintained # of walk-ups
 - Inductions have increased during COVID
- Morning Huddle – bringing together different divisions to address crisis
- Lots of COVID testing

	Pre-COVID	COVID
	Dec – Feb*	April – June*
Total clients seen	223	396
New OEND	36	19
OEND Refill	52	70
SSP New clients	34	29
SSP Established clients	59	242

*average over the 3 months



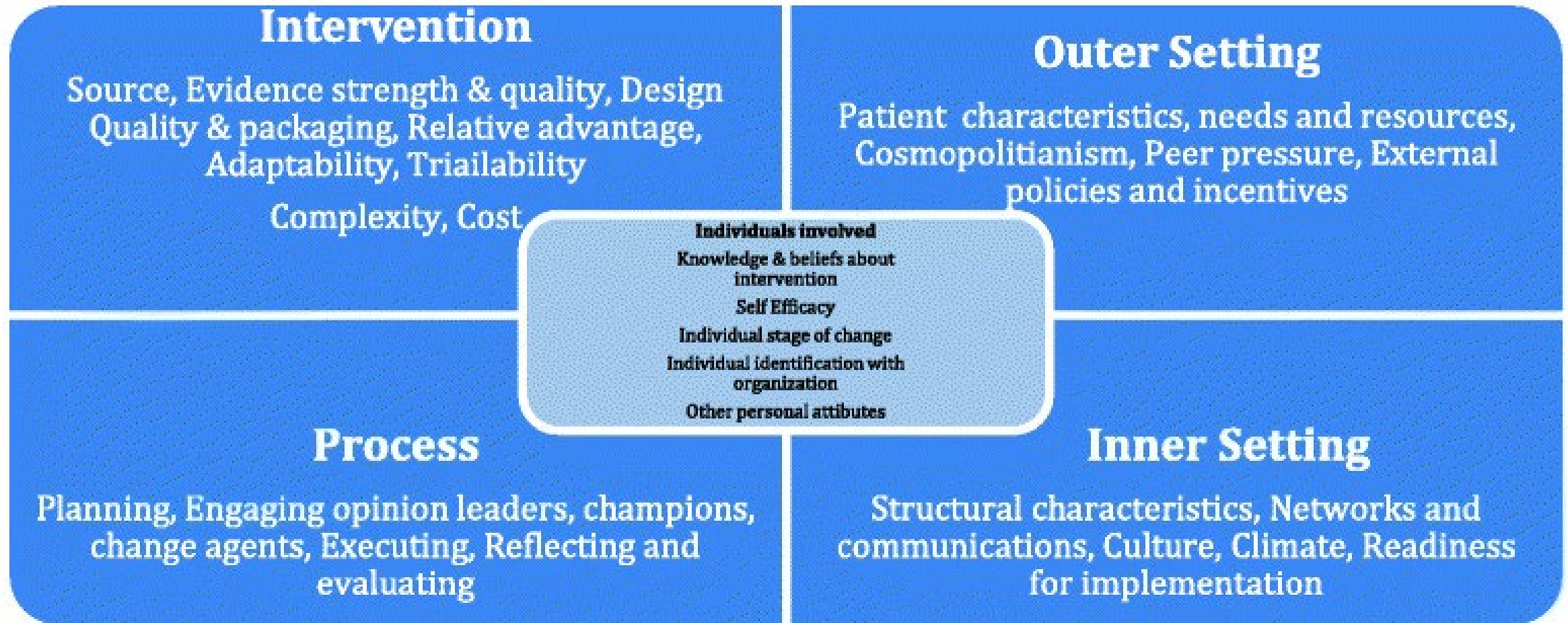
COVID ADAPTATIONS FENWAY HEALTH

Highlights

- Dramatically increased mobile van usage
 - Closed fixed site – shifted all distribution to van
- Adopted secondary distribution model for supplies
- Telehealth for bupe induction boosted by mobile van for greater efficiency
- Clients basic needs increased
 - Service provision expanded to meet those needs (food, clothing, access to stimulus check funds, mobile phones...)
- Scaling up of safer smoking kits to address methamphetamine drug and health risks
- No COVID testing



Consolidated Framework for Implementation Research (CFIR)



Emerging Themes (findings are preliminary and may change)

B Evidence Strength & Quality

SUMMARY: As far as the drug checking technology is concerned, there is limited real world application of this technology, but the org is closely tied to the few other entities using them and is able to learn from their implementation efforts.

DATA:

10.17.19_AHOPE_STAFF5_PART1JC

10.17.19_AHOPE_STAFF5: It like-luckily like you have people out in Chicago and like obviously [NAME] across the street is doing it. And [NAME] in Vancouver who has been working with the machine for a really long time. And so, like if we have questions about things or like this o-like there's opportunity for us to do kind of like mutual-mutual aid society. With like harm reduction programs that are doing this.

10.17.19_AHOPE_STAFF2_TG

10.17.19_AHOPE_STAFF2: And Chicago [can get us?] a little information about what they do and don't see. Like, um, you know, once or twice here on the [black tar?] around here. Nobody saw it with their own eyes. You know.

7.28.2_JC_AHOPE2_staff

AHOPE: So yeah, Chicago recovery Alliance, we got folks like [NAME] out on the west coast, [NAME] out in Vancouver, like I mean, we couldn't figure out-all this out without them. And like as people get the equipment and as like people-like it starts to grow, right? And so, then you have a bigger brain trust where like we can like send scans to each other and be like, "Have you encountered this? Or have you encountered that," like we actually have, like um, I think it's next week that we have like a virtual summit, like a conference.

AHOPE

The implementation of hugely successful, high impact, novel innovations is taking place even in the absence of a manual, even in the absence of a pre-existing evidence base.

Qualitative data from interviews is providing insight about what is driving this success, if not fidelity to manuals and evidence-based best practices.

Emerging Themes (findings are preliminary and may change)

H Cost

SUMMARY: These things are crazy expensive, and no public money can be used. Also, they are in constant need of drug checking-related consumables, which are not cheap. Without money from the RIZE foundation or a similar private donor, this would not be happening. Yes, FTS are less expensive, but interviewees were very clear elsewhere that the interventions possible with FTS do not hold a candle to the machines. They are not comparable. FTIR and MX are not the same price, but they are still in the tens of thousands of dollars, which are equally out of reach for most orgs.

DATA:

10.17.19_AHOPE_STAFF4_RS

RS: Okay. So then, um, kind of the opposite question, what aspects of, um, of the services that you have do you feel are the least useful, um, or do you have... I guess what kind of barriers do you face?

10.17.19_AHOPE_STAFF4: Um, if anything, just funding and-and you know, being able to have all the necessary things, necessary supplies that we need.

10.17.19_AHOPE_STAFF5_PART1JC

10.17.19_AHOPE_STAFF5: Which the state won't even fuckin' buy federal test strips at this point. Um, or allow staff time to be allocated to fentanyl test strips, which is stupid. There's no fuckin' way they would buy a 65,000-dollar machine that's illegal.

10.17.19_AHOPE_STAFF2_TG

10.17.19_AHOPE_STAFF2: As far as I know, like, that's the springboard for the MX. Like, we wouldn't have it otherwise.

AHOPE

For many, the most significant organizational/internal barrier is start-up costs.

There is a lot in the data to lend support to the idea that financial windfalls are needed in order to get innovations that are otherwise ready to go off the ground.

Emerging Themes (findings are preliminary and may change)

D External Policy & Incentives

SUMMARY: These are all enormous barriers. The drug checking intervention is technically illegal. Law enforcement interferes with delivery of service on a daily basis in both direct (sometimes violent) and indirect ways. Law enforcement is also constantly displacing the communities served by AHOPE, adding even more layers of complication to their service delivery. COVID offered brief relief from law enforcement harassment, but at the cost of massive rollback to most of their services.

DATA:

10.17.19_AHOPE_STAFF1_TG

AHOPE_STAFF1: If we didn't have the fear of retribution from the government, then I feel like this type of thing would take off in a significant way and change the entire like illicit drug use scene.

10.17.19_AHOPE_STAFF5_PART1JC

10.17.19_AHOPE_STAFF5: Um, and due to like all the police activity that's happened s-Operation Clean Sweep, like in a-August. Um, there's been a lot of tension between public health people and cops. Um, not to mention like our participants who are being kinda harassed on a daily basis. And so, like we can't be as out about it as we want to. Like we can't put it on you know like social media. Or post the results too widely. Or like go out in the street, which is what we were doing at the beginning. To like go to where people were kinda hanging out. And be all let me test your shit. Like, you gettin' high right now, let me test your shit.

10.17.19_AHOPE_STAFF5: Yeah. When the fuckin' DPD cracked down on our people. And they didn't tell shit to... They didn't communicate anything to the public health people. And like we're tryin' to fuckin' advocate for our people out front. When they're getting [INAUDIBLE] by police. And then our own police force tells us they're gonna fuckin' arrest staff if we intervene with our [holiest?] activities. And yeah, like I'm gonna fuckin' take the shit off the street because like I can't trust our own BPHD police force. Uh, like who can very easily fuck me and fuck my fuckin' team. Because they don't like us? And like, when you threaten to a-arrest staff members? It's not a good look.

AHOPE

It is unusual for external, environmental, or policy factors to act as facilitators to implementation.

External factors consistently (if not universally) serve to hinder implementation and innovation in harm reduction efforts.

Next steps in 2021

Continue the Evaluation to Document
the Evolution of All Programs during
the COVID-19 Pandemic

Conclusion of Detailed CFIR Analysis
Observations, metrics, interviews

Questions and Discussion | Reactions, feedback, suggestions?



Without Harm



Thank you!

Traci Green, PhD, MSc traci.c.green@gmail.com

Jennifer Carroll, PhD, MPH veruka2@gmail.com

Michelle McKenzie, MPH mmckenzie@lifespan.org