



CitiWide Harm Reduction

Ryan White Part A Harm Reduction Services: AOD Services

Conflict of Interest Disclosure:

CitiWide Harm Reduction currently has an HRR contract: 07-HRR-748

**Presentation to the Integration of Care Committee
Meeting of the HIV Health and Human Services Planning
Council of NYC**

May 6, 2011



CitiWide Harm Reduction

MISSION STATEMENT

CitiWide Harm Reduction is committed to improving the health, social, and economic status of active drug users who are homeless or at risk of homelessness in New York City.

In a safe and supportive participant-led community, we offer high quality outreach, supportive services and care to 3,000 low-income active drug users living with and at risk for HIV/AIDS.



Need for Harm Reduction Services

New York City is the epicenter for the twin epidemics of HIV infection and injection drug use in the United States.

An estimated 120,000 injection drug users (IDUs) and over 100,000 people living with HIV/AIDS live in New York City.


9% of new HIV diagnoses in 2008 were attributable to injection drug use in NYC.

The Bronx leads New York City in new cases of HIV infection from needle-sharing among drug users.

HIV and hepatitis C related deaths are highest among African Americans and Latinos, among injection drug users, and for Bronx residents.

IDUs face barriers to timely HIV testing, entry to medical care, and treatment adherence, according to the 2009 National HIV Behavioral HIV Surveillance Study, *HIV Risk and Prevalence among NYC IDUs*, conducted by the NYC DOHMH and the NDRI Center for Drug Use and HIV Research.





CitiWide's Harm Reduction, Recovery Readiness and Relapse Prevention Services (HRR) Program Model

CitiWide's HRR program connects participants with HIV primary care and drug treatment through outreach in Single Residence Occupancy (SRO) hotels and in the CitiWide drop-in center.

Staff provide one-on-one counseling and education utilizing a Motivational Interviewing approach regarding substance use, and harm reduction, including sexual risk reduction, injection drug use risk reduction, HIV and/or Hepatitis C secondary prevention, and medical treatment plan adherence. The program also provides services to individuals at risk for HIV for up to 90 days. Services include:

- Assessment of risk for sexually transmitted infections, and referral to screening and treatment at HELP/PSI and other providers.
- Screening and referral for substance use prevention or treatment to syringe exchange, ESAP, buprenorphine, methadone, detox, and other peer community support.
- Overdose prevention education and training, including risk reduction, assessment, response, and reversal, and prescribing and dispensing naloxone (Narcan).
- Rapid HIV testing, stress reduction, supportive counseling, activities of daily living (ADL) kits and drop-in activities.
- Distribution of condoms, lubricant and other harm reduction materials.





Harm Reduction, Recovery Readiness and Relapse Prevention Services (HRR)

Recruitment across all components (HIV Rapid Testing, SRO Outreach, AOD, and Low-threshold AOD) occurs via a variety of methods: (1) upon engagement in CitiWideHR's drop-in center in Mott Haven, Bronx, (2) through outreach to 15 single room occupancy hotels in the Upper Manhattan neighborhoods of the Upper West Side and Central Harlem, and in the Crotona-Tremont, Fordham-Bronx Park, and Hunt's Point-Mott Haven neighborhoods of the Bronx, and (3) through networking activities and presentations to potential participants and/or staff at other provider agencies.

During the **screening** process at first engagement with potential participants, staff member will assess for risk factors indicating potential eligibility for program services, including: homelessness/risk of homelessness, reported HIV/AIDS status or risk, and substance use history. If meeting eligibility requirements, individual will be offered **enrollment** and **intake** into program services. Intake and assessment, based on risk factors identified, may occur on-site (via Rapid Testing or HRR program) or off-site (via HASA SRO-medical Outreach).



Harm Reduction, Recovery Readiness and Relapse Prevention Services (HRR)

The HRR program has four major components:

- (1) Rapid HIV testing
- (2) Medical outreach to SRO hotels
- (3) AOD services (AOD Individual Counseling - Group, Screening and referral for STI, Screening and referral for substance use, Overdose Prevention Training – Group)
- (4) Low threshold AOD (Low-threshold AOD Services – Individual)

HIVCS Service Type Description
HIV Pre-test Counseling and Rapid Testing [aka: Rapid HIV Testing]
Group Counseling - AOD [aka: AOD Counseling - Group]
Low Threshold AOD Services – Individual
Overdose Prevention Training – Group
Reassessment
Referral for Substance Use Treatment [aka: 2nd half of "Screening and Referral for Substance Use Treatment"]
Substance Use Assessment [aka: Substance Use Screening] [aka: 1st half of "Screening and Referral for Substance Use Treatment"]
Service Plan Development
Service Plan Update
Assessment for STI [aka: 1st half of "Assessment and Referral for STI"]
Referrals for Testing [aka: 2nd half of "Assessment and Referral for STI"]
Medical Outreach in SROs

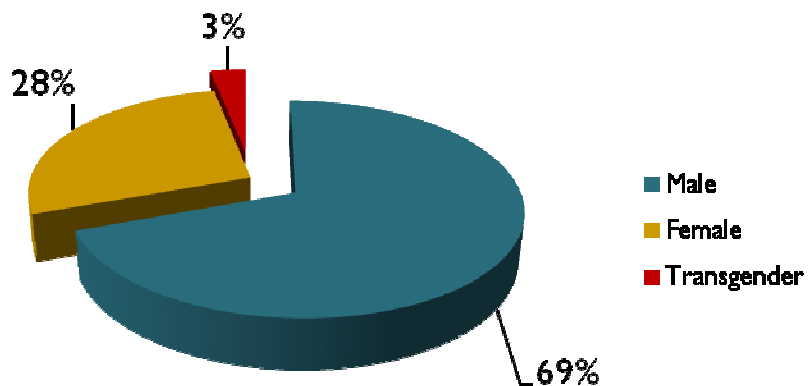


CitiWide HRR Program Data

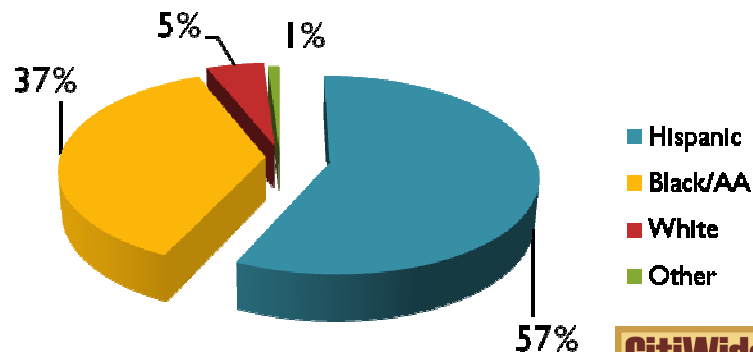
(March 1, 2010-February 28, 2011)

Total HRR participants: 985
HIV Positive 713 (72%)
HIV Negative 272 (28%)

Gender

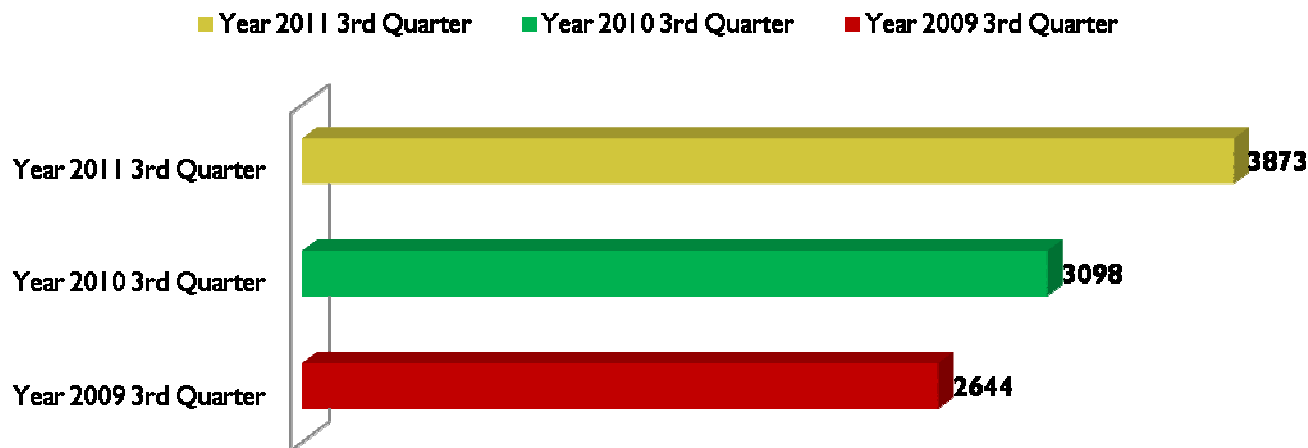


Race/Ethnicity



CitiWide HRR Program Service Data

HRR Program Encounter/Services Comparison (3rd Quarter of FY 2009-2010-2011)



2009-2010= 17% increase in total HRR services provided

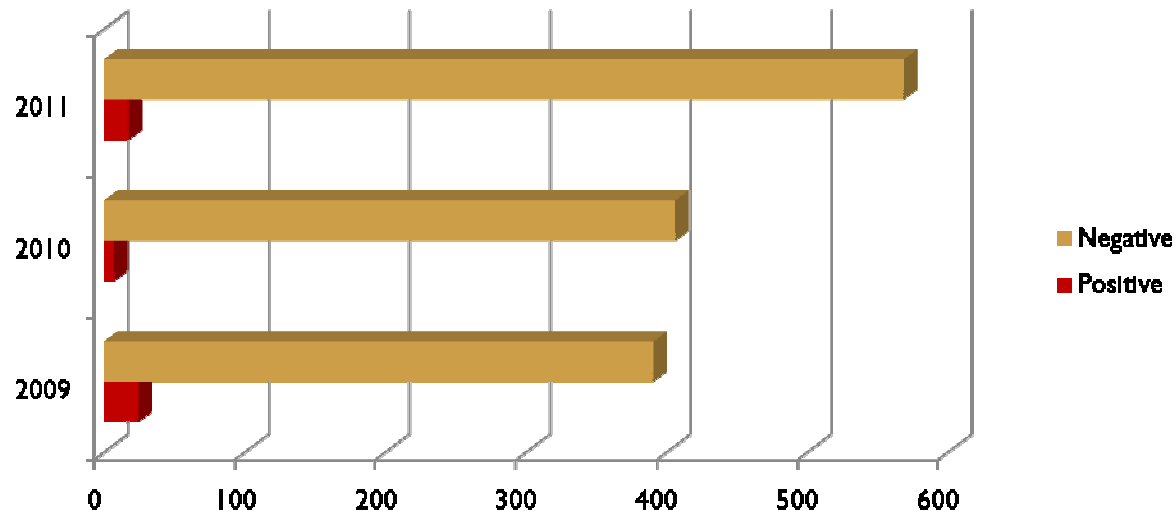
2010-2011= 25% increase in total HRR services provided



CitiWide HRR Rapid HIV Testing Data

(March 1, 2008-February 28, 2009

vs. March 1, 2009-February 28, 2010 vs. March 1, 2010-February 28, 2011 Contract Years)



HIV Seroprevalence Rates*:

2011 = 3%

2010 = 2%

2009 = 7%

*The decrease in seroprevalence rate may be primarily attributed to tighter screening of known HIV positives by staff prior to testing in contract year 2010.



Quality Outcomes

CitiWide has improved HRR program participant retention on harm reduction counseling services to reduce drug use from 18% in March 2010 to 65% in March 2011 through:

- 1) expansion of CitiWide's hours to six-days-a-week (Saturdays),
- 2) assertive initial outreach to new program participants, and
- 3) ongoing outreach to participants who have been disengaged for 30 days or more.

This improvement has resulted in a 75% Primary Care Status Measure rate.



Outcomes

The CitiWide ***Substance Abuse, HIV & Hepatitis Prevention for Minority Sex Workers and Re-entrants in the Bronx Program Evaluation*** (funded by SAMHSA, May 2010) demonstrated the following regarding CitiWide's program participants and services:

- Significant increase in access to and use of health and supportive services
- Reduction in substance use
- Reduction in risky sexual behavior



Outcomes

The **Frequent Users Pilot Study: A study of HIV-positive, homeless, frequent users of medical care in NYC** (NYC DOHMH, V. Towe, PhD, March 2011) demonstrated the following regarding CitiWide's program participants and services:

- The #1 self-identified reason for homelessness was, "*I had substance abuse issues (35.1%).*"
- 93% of study participants reported having a primary care provider.
- A majority reported seeing their primary care provider once a month or more- far above the HRSA quality of care standard.
- For those that had not seen their PCP in the last 6 months, 77% had 1 or more ER visits and 56% had 1 or more hospital stays.

Findings from this study should not be generalized to all homeless PLWHA in NYC. Study participants were recruited from CitiWide Harm Reduction and NYC's prison system.



IDU Research

2009 National HIV Behavioral HIV Surveillance Study, *HIV Risk and Prevalence among NYC IDUs*, conducted by the NYC DOHMH and the NDRI Center for Drug Use and HIV Research concluded the following regarding injection drug users and drug user services:

- IDUs face structural risk factors that may increase HIV infection and transmission risk: poverty, homelessness, and arrest/incarceration.
- Nearly all IDUs inject daily; alcohol and non-injection drug use was common but less frequent.
- Around 75% of IDUs were sexually active, and many of those exhibit high levels of sexual risk.
- Further research is needed to determine the causes of disparities in increased levels of HIV infection among female and Latino IDUs.



IDU Research

A recently published study, *Trajectories of Injection Drug Use over 20 Years* (1998-2008) in Baltimore, Maryland (April 2011) concluded the following regarding injection drug users and drug user services:

“This study demonstrated multiple trajectories of drug injection behaviors, with a substantial proportion of IDUs stopping injection over extended time frames.”

“For maximum effectiveness, public health programs for IDUs should be long-term, comprehensive, and targeted toward individual patterns of use.”





HRR Model

- Strengthen the current harm reduction approach, underpinned by motivational interviewing- an effective evidence-based intervention that is consistent with NYC's Ryan White model of HIV care.
- Offer ongoing, open ended and comprehensive low threshold services in culturally competent, community-based settings with expanded hours.
- Emphasize connecting drug users to high quality medical care, mental health, recovery services and other supportive services-- not on implementing time-limited, canned interventions that are unproven with NYC's PLWHA drug user population.
- Retain medical outreach to provide comprehensive harm reduction-oriented preventive care, screening, vaccinations, medical assessments, triage and referral at SROs and at outreach locations where active drug users congregate.
- Include rapid HIV testing, hepatitis C screening (oral rapid when available) and referral to treatment- as well as STI screening and hepatitis A and B vaccinations.



Conclusion

Ryan White Part A core service funding for Outpatient Substance Use Treatment is intended for substance users living with HIV/AIDS.

The HIV epidemic among drug users in New York City is primarily driven by injection drug use.

Based on our 16 years of experience, HIV positive drug users require comprehensive, open-ended, low threshold, and individualized services in order to ensure access to lifesaving HIV medical care and enabling services in New York City.

Consideration of evidence-based interventions should take the abovementioned point into account. Other potential interventions might include CDC's Holistic Health Recovery Program, Safety Counts, SHIELD and MIP- as well as SAMHSA's Healthy Living Project for People Living with HIV.





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