

Collaborative Approaches to Capacity Building & Technical Assistance

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Context

The NYC Department of Health & Mental Hygiene's (DOHMH) Capacity Building Assistance project (NYC CBA) provides free and customized training, technical assistance and culturally and linguistically appropriate information to empower community-based organizations (CBOs) and health departments (HDs) to increase health equity. For more information, email us at nycdba@health.nyc.gov or visit www.getcbanow.org.

Aim

- Strengthen national collaborations across HIV prevention and harm reduction programs
- Share best practices and build skills, capacity, and teamwork among frontline and management SSP staff
- Create a space for joint quality improvement activities that streamline information and resources for SSPs across jurisdictions
- Reduce the risk of HIV transmission and advance the quality of care for people who are HIV-negative and engage in high-risk behaviors (HRN), people living with HIV (PLWH), and people who use drugs (PWUD)



Background

- With an estimated 1.1 million people in the US living with HIV, approximately 36,000 people become newly infected each year, and about 15% do not know they are living with the virus.
- In 2016, the number of US overdose deaths reached 64,000 people, largely due to an explosion of prescription painkillers and heroin.
- SSPs are a harm reduction strategy, a “one-stop shop,” to reduce the negative consequences of high-risk sexual and injection drug use practices (aka needle or syringe exchange programs).
- Access to sterile needles and safe disposal of old ones significantly reduces the risk of HIV & Hepatitis C transmission.
- The Consolidated Appropriations Act of 2016 has allowed HDs to request federal funds to support comprehensive SSP services (EXCEPT for the purchase of sterile syringes and drug preparation equipment).
- To access federal funds, HDs provide CDC with evidence that their jurisdiction is experiencing or at-risk of significant increases in HIV or Hepatitis C due to injection drug use (IDU). HD grantees can then allocate funds to local CBOs.

Components of a Comprehensive SSP Program

- Provision of sterile needles, syringes and other drug preparation equipment and disposal services
- Education and counseling to reduce sexual, injection, and overdose risks
- Provision of condoms to reduce risk of sexual transmission of viral hepatitis, HIV or other STIs
- HIV, viral hepatitis, STD and TB screening
- Provision of naloxone to reverse opioid overdoses
- Referral and linkage to HIV, viral hepatitis, STI and TB prevention, treatment and care services, including medication for hepatitis C (HCV) and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and partner services
- Referral and linkage to hepatitis A (HAV) and hepatitis B (HBV) vaccination
- Referral and linkage to and provision of substance use treatment, including medication-assisted treatment for opioid use disorder which combines drug therapy (e.g. methadone, buprenorphine, or naltrexone) with counseling and behavioral therapy
- Referral to medical care, mental health services, and other support services

Plan of Action

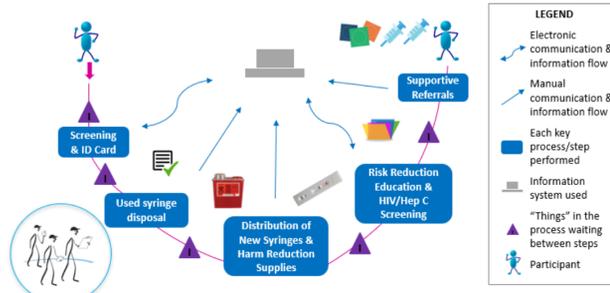
- Provide a collaborative virtual space for HDs and CBOs around the country who support and deliver SSPs to learn and share best practices for optimal service delivery
- Identify HDs and CBOs that have received SSP-related capacity building and technical assistance within the past five years (2013 to 2018) in order to create a focused listserv (e.g. IL, KY, TN, VA)
- Establish an online training platform to communicate with HD and CBO recipients through closed skills-building webinars
- Key topic areas:
 - SSP funding and sustainability
 - Lean thinking for SSP quality improvement
 - Harm reduction & stigma
 - Engaging priority populations, including people of color, LGBTQ+ populations, and people living with HIV (PLWH) and/or Hepatitis C

Activities & Process Measures

- By August 2018, NYC will create a learning community workplan.
- By September 2018, NYC CBA will create a listserv of SSP learning community participants.
- By October 2018, NYC CBA will develop skills-building training content.
- By January 2019, NYC CBA will host at least four virtual learning sessions with participants.

Quality Improvement Tools

- Voice of the Consumer: Critical Voices to Quality
- Value Stream Mapping
- Wastes in Healthcare
- Fishbone Diagram
- Root Cause Analysis
- The 5 Whys



LEGEND

- Electronic communication & information flow
- Manual communication & information flow
- Each key process/step performed
- Information system used
- “Things” in the process waiting between steps
- Participant

7 WASTES IN HEALTHCARE (DOMOWIT)	
Anything that Does Not Add Value to the Client	
DEFECTS	– Mislabeled mobile unit supplies
OVER PRODUCTION	– Reporting unused client data
MOTION	– Searching for naloxone kits
OVER PROCESSING	– Redundant demographic forms
WAITING	– Clients waiting for referrals
INVENTORY	– Crowded workstations
TRANSPORTATION	– Moving testing equipment

References

- CDC Program Guidance for Implementing Certain Components of Syringe Services Programs. 2016.
- HIV/AIDS. Basic statistics. CDC. 2017. <https://www.cdc.gov/hiv/basics/statistics.html>.
- Lean for Healthcare. Johns Hopkins Armstrong Institute for Patient Safety & Quality. April 2018.
- Park, H. Bloch, M. How the epidemic of drug overdose deaths rippled across America. NY Times. Jan 2016.

