



Syringe Service Programs: Point Defiance AIDS Project Care Coordination

TARGET POPULATION: People Who Use Drugs

LOCATION: Tacoma, Washington

PROGRAM DESIGN: Syringe Service Program Care Coordination

ESTIMATED COST: \$50,000

FUNDING SOURCE: Pierce County Community Connections

CORE ACTIVITIES

Improve HIV and Broader Health Outcomes for People Who Use Drugs

Participants of Syringe Service Programs (SSPs) are offered care coordination to address social determinants of health. The goal of care coordination is to prevent disease transmission and improve health outcomes associated with homelessness, poverty, overdose, mental health, and wound care. Objectives are to reduce stigma-related barriers within the healthcare system, while maintaining people in care to address HCV/HIV and other co-morbidities.

Housing and Treatment

The care coordination project is focused on housing and treatment access – both substance use treatment and infectious disease treatment. Care coordination is invaluable to addressing homelessness amongst SSP participants. Another key piece to care coordination is providing interim services to people who use drugs until they are ready to access treatment. This keeps people engaged, which is vital to preventing disease transmission. Homelessness specifically has a direct impact on drug use, treatment access, and disease transmission.

Point Defiance AIDS Project (PDAP) Care Coordination is integral in reducing stigma and other barriers to provide care for people who use drugs. Care coordination reduces negative consequences of a complex, fragmented health care system through comprehensive care coordination. Lastly, care coordination assists syringe service participants to develop self-care skills and to fulfill their own disease prevention and care needs.

Harm Reduction means meeting participants where they are at, and being ok with where they want to go.

OUTCOMES

During the initial phase, there were 13 participants enrolled into care coordination. All 13 participants identified housing as their number one concern. Via care coordination, 100% of participants received housing and have maintained housing. Recent studies conducted in Canada highlight the importance of housing and HCV treatment. People who are housed are more likely to engage/remain in treatment, and in turn improve other health indicators such as income¹. This success highlights the importance of harm reduction care coordination to address social determinants of health.

CARE COORDINATION-IMPACT ON CARE

Care coordination works to ensure individuals are screened for HCV/HIV, receive culturally responsive care, and increase access to treatment by addressing gaps on the care continuum. What we have seen during this project is that care coordination impacts SSP participants' social determinants of health. Creating access to housing allows SSP participants to spend more time working on their own goals and healthcare, instead worrying about where they are going to sleep that night or if they'll get arrested. Providing support to navigate complex systems allows participants to have equitable access to healthcare, housing, benefits, and legal counsel.

DATA

2015 March-June

- 13/13 participants were linked and maintained housing
- 10/13 participants received entry into drug treatment via care coordination
- 3/13 individuals entered mental health treatment. *Important to note the fractured infrastructure of mental health care and the need for wrap-around services
- 1333/2721 syringe exchange episodes resulted in some form of healthcare: health insurance enrollment, HCV/HIV testing, naloxone distribution

During the noted four month period: **155 referrals** were made to participants to address HCV care and primary care.

EVALUATION

This project is ongoing and is currently enrolling more participants. Recently, Point Defiance AIDS Project received a contract with a private healthcare system, Optum. Optum prides themselves on implementing innovative healthcare models to engage hard to serve populations. PDAP will continue to bill on a fee for service model with Optum. Evaluation processes will be determined from measures created by Optum. Initial evaluation is measured by PDAP's compliance to Washington State licensing requirements. PDAP's first requirement will be for them to be a licensed substance use disorder provider. Optum finds value in how SSPs are uniquely positioned to address the social determinants of health within a population with limited and stigmatized access to medical care.

“There is a fire in my house.....and you are asking me to rearrange the furniture”
-Imani Woods

FUNDING & COST

The initial project cost approximately \$50,000. PDAP is now billing based on fee for service model. Care coordination is reimbursable, though the actual distribution of syringes is not. Optum has been helpful in ensuring that PDAP can meet all statutes to bill for services. Funding for syringe access is provided by Washington State Department of Health.

STAKEHOLDERS

Point Defiance AIDS Project, Pierce County Community Connections, Optum, Washington State Department of Health, Washington State Department of Social and Human Services.

STRENGTHS

- Harm Reduction
- Whole person care
- Access, Access, Access

LIMITATIONS

- Integration of harm reduction programs into traditional medical systems
 - ✓ Administrative bandwidth
 - ✓ Licensure
 - ✓ Liability
- Stigma
- Funding for actual syringe distribution (engagement tool)

PROGRAM CONTACT

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References:

ⁱ <http://www.catie.ca/en/catienews/2015-07-13/hepatitis-c-treatment-program-improves-access-housing-income-and-health-care>