



HEPATITIS C MEDICAID AFFINITY GROUP

Syringe Services Programs (SSPs) as a Point of HCV Services



Office of Infectious Disease and HIV/AIDS Policy

@HHS_ViralHep



harm reduction
COALITION

Comprehensive Syringe Services Programs: Making Harm Reduction Work

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@HarmReduction

CONTEXT: MORE THAN HIV PREVENTION

- **Outreach & engagement platforms**
- **Sentinel sites & rapid response**
- **Innovators on overdose response**
- **Hub for comprehensive services**

STATUS: ACTIVE POLICY SPACE AND RAPID DIFFUSION

- **Roughly 500 programs across the United States**
- **Legal frameworks in roughly 3/4rds of states**
- **80% of young people who inject drugs live at least 10 miles from nearest SSP**

Where We Came From

- Harm reduction emerged as a grassroots response to an urgent health crisis among people who use drugs
- Early pioneers were infused with a sense of urgency and activism
- Initial syringe services programs (SSPs) grew out of a context dominated by increasing reliance on law enforcement and criminal justice, attacks on safety net programs, and mobilization of profound stigma towards people who use drugs
- This context was inextricably linked to a politics of racial resentment, where drug problems were ascribed to the social dysfunction and moral failings of the urban poor
- Harm reduction provided an alternative vision of mutual aid, community care, and collective accountability against systems that were hostile or inhospitable to the welfare, safety, and survival of people who use drugs

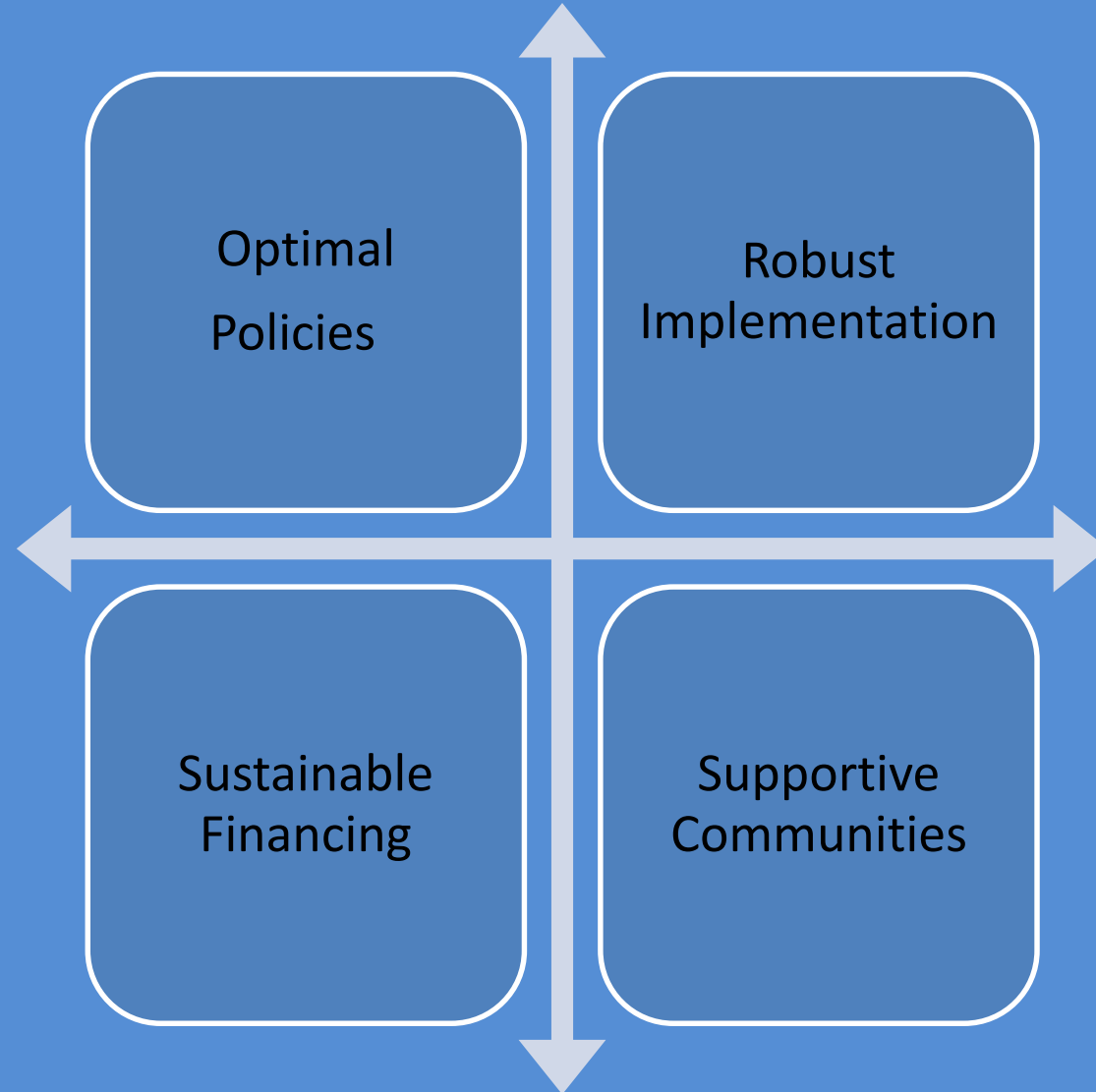
Three Decades of SSPs

- Throughout the 1990s, SSPs were among the most intensely researched HIV prevention strategy
- Research was driven and informed by heightened controversy over SSPs and their impact on HIV, drug use, and surrounding communities
- Despite unequivocal data supporting the value and benefits – and absence of harms – of SSPs, they remained sufficiently controversial that the state and federal policy landscape did not start to shift until recent years
- Since the 1990s, hundreds of SSPs have operated across a wide range of settings and contexts, serving diverse populations
- The accumulated body of knowledge generated by these programs and their participants guides our efforts today

Implications for SSPs

- The role, value, and legitimacy of SSPs are defined and measured by the standards of the community of people who use drugs to whom they are accountable
- Every harm reduction program operates in a context shaped by broader social, economic, and political dynamics
- The benefits of harm reduction programs to individuals and communities are complementary, not in competition
- There are no clients here: people who use drugs participate in harm reduction programs as partners, not subordinates
- The motivations to access SSPs and the ways that people find SSPs meaningful in their lives extend beyond infectious disease and overdose prevention

50-STATE STRATEGY



ADVOCACY FOR OPTIMAL POLICIES

- **State legislation**
- **Guidance and regulation**
- **Building advocacy capacity**
- **Leadership development**

CAPACITY BUILDING FOR ROBUST IMPLEMENTATION

- **Training & technical assistance for new programs**
- **Guidance on operational issues**
- **Identification & dissemination of best practices and promising models**

RESOURCE MOBILIZATION FOR SUSTAINABLE FINANCING

- Innovative financing & funding streams (e.g. Medicaid, SAMHSA)**
- Analyzing resource & capacity gaps, impact**
- Advocacy for federal investments**

ENSURING COMMUNITY SUPPORT

- **Messaging and communications to build a harm reduction constituency**
- **Facilitating partnerships, coalitions**
- **Meaningful involvement of people who use drugs, people in recovery, family members**

KEY TACTICS

- **Convening and building networks (CASEN, IDUHA, HepConnect)**
- **Expanding the range of services (NYS health hubs)**
- **Meaningful involvement of people who use drugs (employment, advocacy)**

OPPORTUNITIES FOR ADVANCING PROGRESS

- Training, technical assistance, resources guides (SSP implementation manual, rural SSPs)
- 2020 National Harm Reduction Conference

<https://harmreduction.org/conference/>

Development of Syringe Service Programs in Kentucky

Connie Gayle White, MD, MS, FACOG
Deputy Commissioner for Clinical Affairs

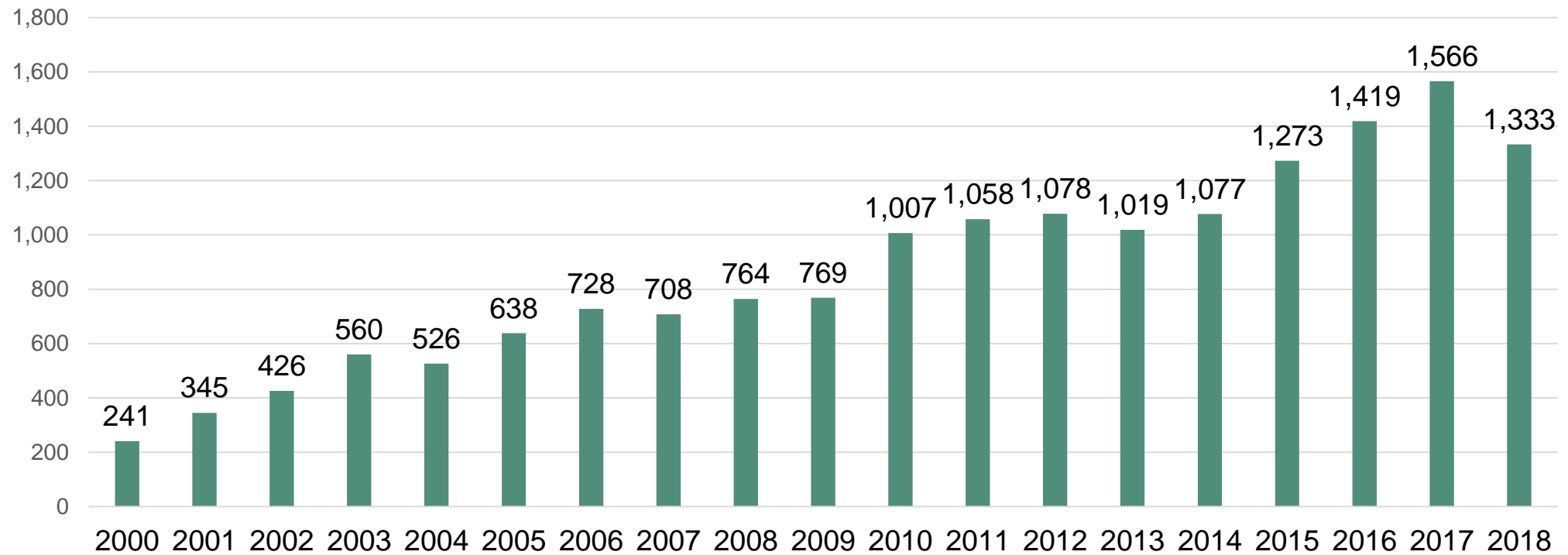
January 30, 2020



Kentucky Public Health
Prevent. Promote. Protect.

Dr. Jeffrey D. Howard, *Commissioner*

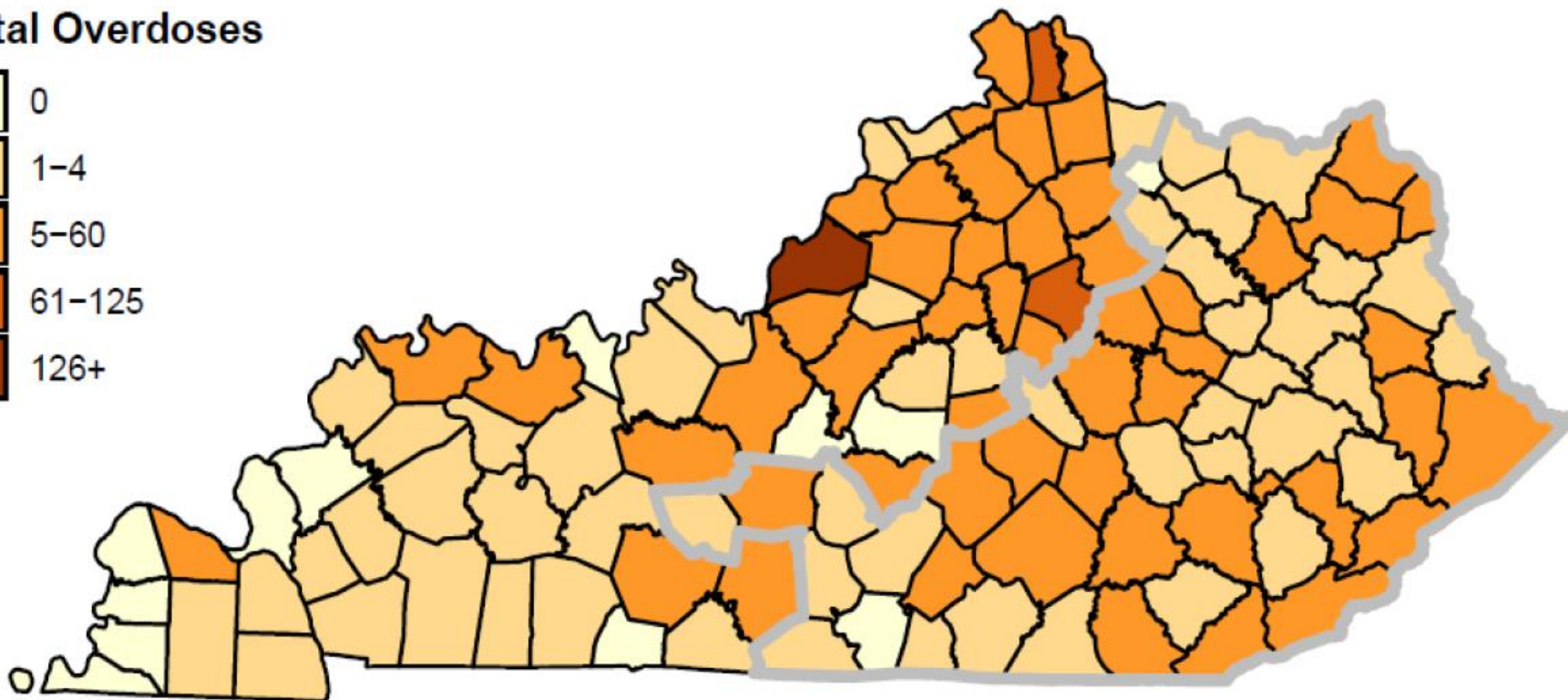
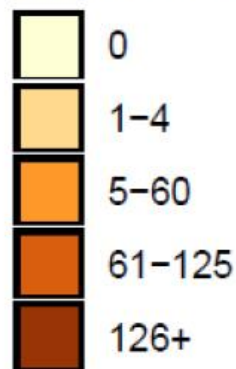
Kentucky Drug Overdose Deaths 2000 - 2018



Count of Drug Overdose Deaths by County of Residence, Kentucky, 2018

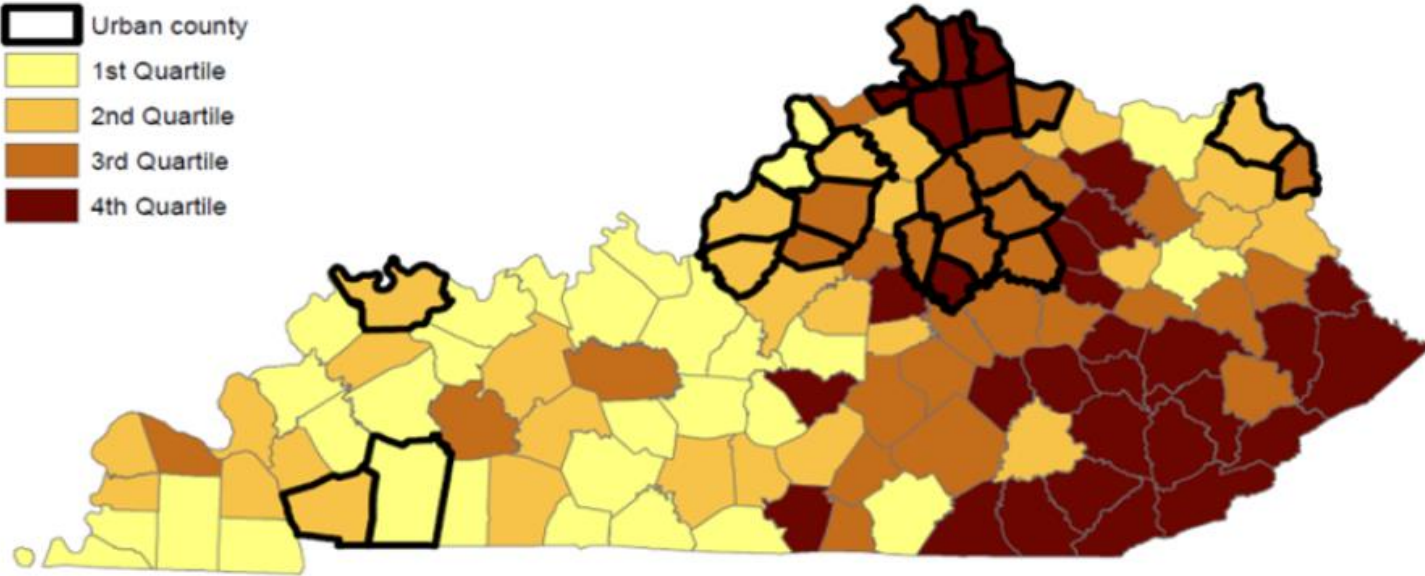
Grey line denotes Appalachian Counties

Total Overdoses



Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. July 2019. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services. This report was supported by Cooperative Agreement Number 6 NU17CE002732-04, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Composite Risk Index for Opioid Overdose



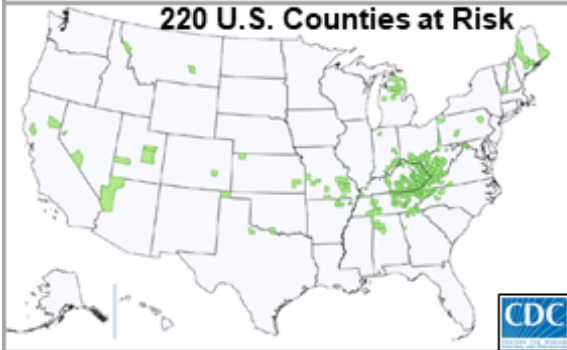
Index score calculated by averaging county ranks in 1) fatal opioid overdose rate; 2) opioid overdose emergency department visit rate; 3) opioid overdose hospitalization rate; 4) MME ≥ 100 rate; 5) neonatal abstinence syndrome rate

Data sources: Kentucky Inpatient and Outpatient Hospitalization Claims Files, Frankfort, KY; Cabinet for Health and Family Services, Office of Health Policy; Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services; KASPER Quarterly Trend Report, Third Quarter 2015, Kentucky Department for Public Health. Data are provisional and subject to change.



Kentucky Public Health
Prevent. Promote. Protect.




54 Kentucky Counties with Increased Vulnerability to Rapid Dissemination of HIV/HCV Infections Among People who Inject Drugs and Preventive Syringe Services Programs (SSPs)



National Ranking by County*

1	Wolfe	34	Martin	108	Gallatin
3	Breathitt	35	Boyle	125	Bath
4	Perry	39	Lawrence	126	Grayson
5	Clay	40	Rockcastle	129	Greenup
6	Bell	45	Harlan	132	Green
8	Leslie	48	McCreary	153	Casey
9	Knox	50	Letcher	154	Carter
10	Floyd	53	Johnson	163	Monroe
11	Clinton	54	Russell	167	Garrard
12	Owsley	56	Elliott	175	Robertson
14	Whitley	65	Laurel	178	Lewis
15	Powell	67	Carroll	179	Edmonson
17	Knott	75	Taylor	180	Allen
21	Pike	77	Grant	187	Boyd
23	Magoffin	93	Adair	191	Hickman
25	Estill	97	Lincoln	202	Breckinridge
30	Lee	99	Wayne	212	Campbell
31	Menifee	101	Cumberland	214	Mercer

* Vulnerable Counties in RED have Operating SSPs

-  54 Vulnerable Counties
-  70 Operating SSPs (60 Counties) as of 1/08/2020
-  2 Counties are Approved but Not Yet Operational

Specific concerns regarding Kentucky Counties:

1. Dense drug user networks similar to Scott County, Indiana
2. Lack of syringe services programs

NOTE: CDC stresses that this is a REGION-WIDE problem, not just a county-specific problem.

Legislative approval

- Initial introduction in the 2014 legislative session – no success
- Introduced in 2015 – ‘Heroin Bill’
 - 14 Chapters with one chapter on “Pill Mills”
 - Good Samaritan Provision
 - Naloxone restrictions loosened
 - Syringe Service Programs legalized
 - Other criminal justice reforms

Three levels of Approval

- Local Board of Health
- City Council
- County Government

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 - City Council
 - County Government
-
- Be alert after elections!
Will need to re-introduce harm reduction

Services Provided at SSPs

- Testing for HIV/HCV and other co-morbidities
- Vaccination (Hepatitis A)
- Naloxone supply
- Peer support specialists availability
- Referral to infectious disease treatment
- Transfer to substance use disorder treatment

Services Provided at SSPs (2)

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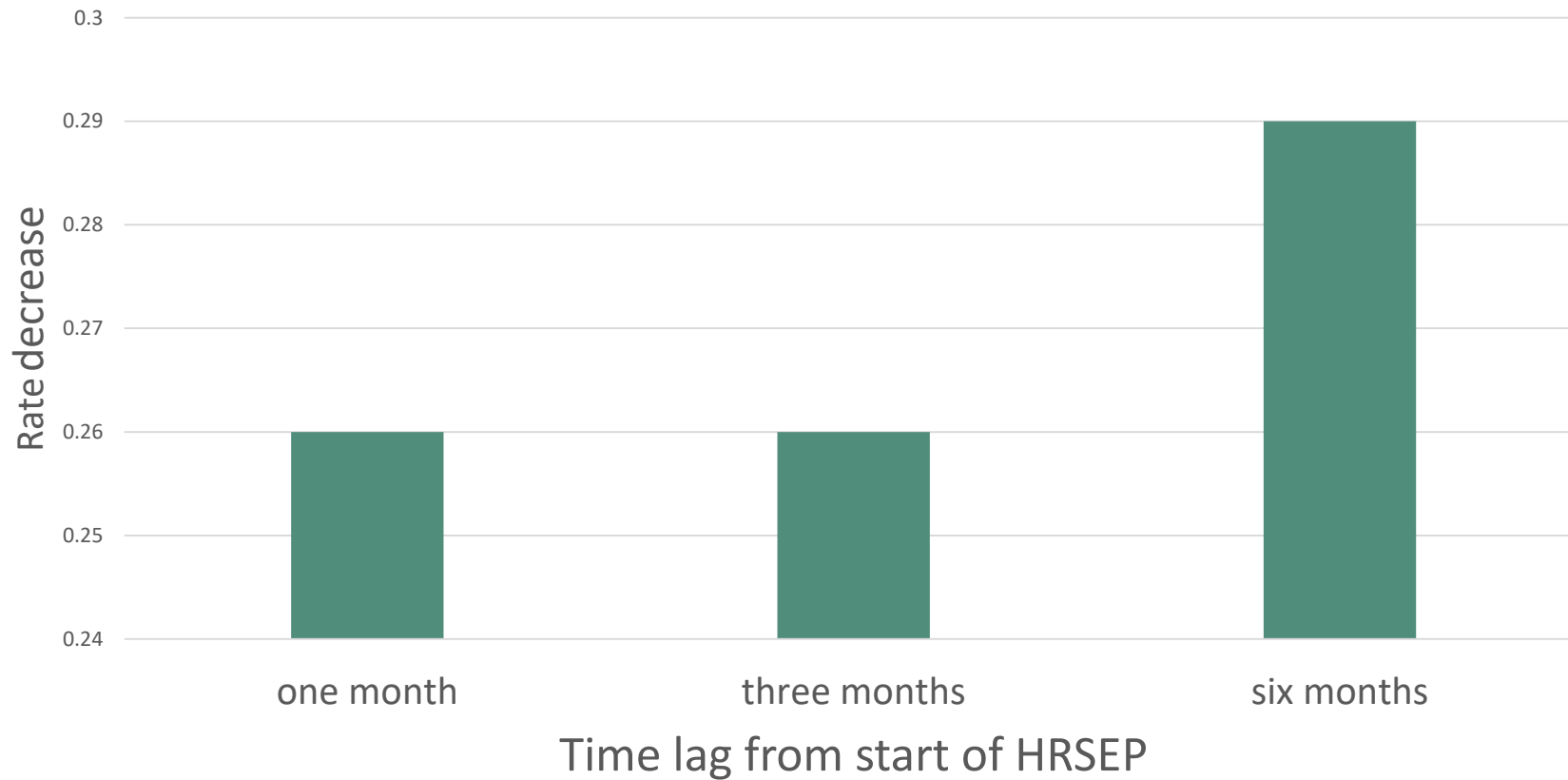
SSPs Sustainability in Kentucky

- Local approval process
- Secure on-going financial support
- Define and re-define data collection system
- Continue to re-inform local government officials of the importance of harm reduction

SSPs Sustainability in Kentucky (2)

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- Continue to re-inform local government officials of the importance of harm reduction

Reduction in Infectious Disease Incidence Rates for Medicaid Beneficiaries with OUD Diagnosis in Counties with HRSEP



findhelp**now**ky.org

The logo consists of the text "findhelpnowky.org" in a sans-serif font. The word "now" is rendered in a larger, bold font. The letter "o" in "now" is replaced by a black location pin icon with a white circular center and a grey shadow at the bottom.

connie.white@ky.gov

Syringe Services Programs (SSP) in New Hampshire

Hepatitis C Medicaid Affinity Group Convening
January 28-30, 2020

Krissy Nikitas, CMA, B.Sc
Viral Hepatitis Coordinator

Jane Hybsch, RN, MHA
Medicaid Administrator

A little about New Hampshire....

- Of the thirteen original colonies, on January 5, 1776 NH was the first to declare its independence from England -- a full six months before the Declaration of Independence was signed.
- In 1833, the first free public library in the US, and the world was established in Peterborough, NH.
- Alan Bartlett Shepard Jr., the first American to travel in space is from Derry, NH.
- NH's State House is the oldest state capitol in which a legislature still meets in its original chambers.
- Home to the world's largest arcade: Funspot
- Motto: "Live Free or Die"



Overview

- Legal Authorities
- Requirements
- Role of DHHS
- Syringe Access Initiative/SSPs/The Doorways
- Registered Programs
- Infectious Disease Complications for People who Inject Drugs (PWID)
- Patient barriers
- SSP advocates' highlights and challenges

Disclaimer: Content in this presentation is paraphrased from the final SB234 bill text. Refer to the bill / law for the most accurate information

NH Legal Authorities

- SSPs are allowable in New Hampshire based on the passage of SB 234 (Laws of 2017, Chapter 117) on June 16, 2017.
 - Exempts residual amounts of controlled substances in hypodermic syringes and needles from the provision of the controlled drug act; (RSA 318-B:1)
 - Authorizes persons other than pharmacists to dispense hypodermic syringes and needles and allows them to be sold in retail establishments other than pharmacies; and, (RSA 318-B:17-a)
 - Authorizes the operation of syringe service programs in New Hampshire. (RSA 318-B:43-a)

NH SSP Eligible Operating Agencies

- Federally Qualified Health Centers (FQHC)
- Community Health Centers (CHC)
- Public Health Networks (PHN)
- AIDS Service Organizations (ASO)
- Substance misuse support or treatment organizations
- Community Based Organizations (CBO)

Source: RSA 318-B:43-a, I

NH SSP Requirements

- Provide referral and linkage to HIV, viral hepatitis, and substance use disorder prevention, care, and treatment services
- Coordinate and collaborate with other agencies to minimize duplication of effort
- Attempt to be a part of a comprehensive service program
- Post hours and program contact information on its website
- Register with NH DHHS and confirm registration annually on or before November 1st of each subsequent year
 - NH Syringe Services Program Registration Form available online
- Provide quarterly data reports in a format directed by and to the NH DHHS Division of Public Health Services

Source: RSA 318-B:43-a, II

Comprehensive NH SSP Components

- Providing sterile needles, syringes, and other drug preparation equipment and disposal services
- Educating and counseling to reduce sexual, injection, and overdose risks
- Providing condoms to reduce risk of STDs, HIV, viral hepatitis
- Screening for HIV, viral hepatitis, STDs, and tuberculosis
- Providing referral and linkage to hepatitis A virus (HAV) and hepatitis B virus (HBV) vaccination
- Providing referral and linkage to HIV, viral hepatitis, STD and tuberculosis prevention, treatment, and care services:
 - Antiretroviral therapy for hepatitis C virus (HCV) and HIV
 - Pre-exposure prophylaxis (PrEP)
 - Post-exposure prophylaxis (PEP)
 - Prevention of mother-to-child transmission
- Partner services
- Providing naloxone to reverse opioid overdoses
- Providing referral and linkage to and provision of substance use disorder treatment including medication assisted treatment
- Providing referral to medical care, mental health services, and other support services

Funding for NH SSPs

- Determination of Need
 - Approved, October 26, 2017
- Language clarification, SB 234
 - SFY19, SB87
 - Allows for use of federal or other funds
 - General funds prohibited, unless deemed necessary to control a disease outbreak

NH DHHS Role

- Per statute
 - Collect registrations and quarterly reports from SSPs
 - No regulatory or oversight authority provided
- Establish and maintain SSP website
 - SSP Registration and Reporting Forms
 - List of Registered SSPs in New Hampshire
 - SSP Resources
- Administer and distribute funding to support SSPs
 - Current projects
 - As available

New Hampshire Syringe Services Program Registration Form

Registration Date: ____/____/____

- Organizations operating syringe services programs in New Hampshire must register with the department of health and human services and confirm registration annually on or before November 1 of each subsequent year.
- Organizations operating syringe services programs must report syringe services program activities to the department quarterly. A report format for this purpose will be provided by the department. For questions about this form, call the Bureau of Infectious Disease Control at 603-271-4496.

Organization Information

Name _____

Address _____ City/Town _____ State _____ Zip _____

Organization Phone Number: _____ Email: _____

Primary Contact Person Name: _____

Phone Number: _____ Email: _____

Secondary Contact Person Name: _____

Phone Number: _____ Email: _____

Planned days/hours of operation: _____

Organization Type

- | | |
|---|---|
| <input type="checkbox"/> Federally-Qualified Health Center | <input type="checkbox"/> Community Health Center |
| <input type="checkbox"/> Public Health Network | <input type="checkbox"/> AIDS Service Organization |
| <input type="checkbox"/> Substance Misuse Support or Treatment Organization | <input type="checkbox"/> Community-Based Organization |

Syringe Services Offered

- | | | | |
|---|--|-----------------------------------|--|
| Sterile needle and syringe distribution | <input type="checkbox"/> Offered on-site | <input type="checkbox"/> Referred | <input type="checkbox"/> Not offered or referred |
| Used needle and syringe disposal | <input type="checkbox"/> Offered on-site | <input type="checkbox"/> Referred | <input type="checkbox"/> Not offered or referred |
| Risk reduction counseling and education | <input type="checkbox"/> Offered on-site | <input type="checkbox"/> Referred | <input type="checkbox"/> Not offered or referred |
| Condoms distribution | <input type="checkbox"/> Offered on-site | <input type="checkbox"/> Referred | <input type="checkbox"/> Not offered or referred |
| HIV screening | <input type="checkbox"/> Offered on-site | <input type="checkbox"/> Referred | <input type="checkbox"/> Not offered or referred |
| STD screening | <input type="checkbox"/> Offered on-site | <input type="checkbox"/> Referred | <input type="checkbox"/> Not offered or referred |
| Hepatitis B screening | <input type="checkbox"/> Offered on-site | <input type="checkbox"/> Referred | <input type="checkbox"/> Not offered or referred |
| Hepatitis C screening | <input type="checkbox"/> Offered on-site | <input type="checkbox"/> Referred | <input type="checkbox"/> Not offered or referred |
| Tuberculosis screening | <input type="checkbox"/> Offered on-site | <input type="checkbox"/> Referred | <input type="checkbox"/> Not offered or referred |
| Naloxone dispensing | <input type="checkbox"/> Offered on-site | <input type="checkbox"/> Referred | <input type="checkbox"/> Not offered or referred |
| Hepatitis A and B vaccination | <input type="checkbox"/> Offered on-site | <input type="checkbox"/> Referred | <input type="checkbox"/> Not offered or referred |
| Medical and mental health care | <input type="checkbox"/> Offered on-site | <input type="checkbox"/> Referred | <input type="checkbox"/> Not offered or referred |
| Substance use disorder treatment | <input type="checkbox"/> Offered on-site | <input type="checkbox"/> Referred | <input type="checkbox"/> Not offered or referred |

Submit completed registration form by email or fax to:
FAX: (603) 271-0545 Email: nhbdc@dhhs.nh.gov

Version July 2017

NH SSP Registration Form

[https://www.dhhs.nh.gov/dphs/
bchs/std/operating-syringe-
program.htm](https://www.dhhs.nh.gov/dphs/bchs/std/operating-syringe-program.htm)



**New Hampshire Syringe Services Program
Quarterly Reporting Form**

Report Date: ____/____/____

- Organizations operating syringe services programs in New Hampshire must register with the department of health and human services and confirm registration annually on or before November 1 of each subsequent year.
- Organizations operating syringe services programs must report syringe services program activities to the department quarterly. The requested reporting schedule is provided below.
- For questions about this form, call the Bureau of Infectious Disease Control at 603-271-4496.

Organization Information

Name _____

Address _____ City/Town _____ State _____ Zip _____

Person Completing this Report: _____

Phone Number: _____ Email: _____

Reporting Time Period

Report Time Period	Report submission requested by
<input type="checkbox"/> January 1 – March 31	April 30
<input type="checkbox"/> April 1 – June 30	July 31
<input type="checkbox"/> July 1 – September 30	October 31
<input type="checkbox"/> October 1 – December 31	January 31

Syringe Services Provided

Number of needles/syringes distributed	
Number of needles/syringe taken back	
Number of HIV tests performed by SSP	
Number of clients delivered HIV care by SSP	
Number of clients referred to HIV testing	
Number of clients referred to HIV care	
Number of HCV tests performed by SSP	
Number of clients delivered HCV care by SSP	
Number of clients referred to HCV testing	
Number of clients referred to HCV care	
Number of clients delivered substance misuse treatment/services by SSP	
Number of clients referred to substance misuse treatment/services	
Number of Naloxone kits dispensed*	

* Reporting on this activity is voluntary and not required by law.

Submit completed report form by email or fax to:
 FAX: (603) 271-0545 Email: nhbidc@dhhs.nh.gov

Version August 2017

NH SSP Quarterly Reporting Form

<https://www.dhhs.nh.gov/dphs/bchs/std/operating-syringe-program.htm>



NH's New Syringe Access Initiative and SSP Brochure

What is the NH Syringe Access Initiative?

New needles are available without a prescription at participating pharmacies!

Since 2001, New Hampshire law* allows for the legal purchase of syringes or needles at a pharmacy without a prescription.

- You can buy as many as you want at a time
- You must be 18 years of age or older
- Pharmacists/Pharmacies are not required to participate in this program

Call or visit your local pharmacy for information on hours and participation.

*New Hampshire Law RSA § 318:52-C

Syringe Services Programs (SSP) in NH

Also known as syringe exchange programs, and needle-syringe programs. All are community-based programs that provide access to sterile needles and syringes and help with safe disposal of used needles and syringes. The list continues to grow in New Hampshire.

Open the camera on your phone to scan this code for locations of registered Syringe Services Programs (SSPs) in NH.



tinyurl.com/NHSSP



If you or anyone you know is using opioids, consider having Narcan (Naloxone) on hand. This life-saving medication is available through many NH pharmacies without a prescription, and also through the website:

thedoortway.nh.gov OR dial 2-1-1 for a Doorway near you.



Open the camera on your phone to scan the code below for more information.



thedoortway.nh.gov

YOU ARE NOT ALONE

If you or someone you know is thinking about suicide: **Dial 911**, head to your nearest emergency room, or call The National Suicide Prevention Hotline:

1-800-273-TALK (8255)



Looking for treatment options?

If you are struggling with alcohol or drug issues, you're never far from help. Find a Doorway near you; visit thedoortway.nh.gov OR dial 2-1-1 for help within the hour!



Doorway locations across NH!

<https://www.dhhs.nh.gov/dphs/bchs/std/syringe-service.htm>

- Updated in December 2019
- New Syringe Access Initiative language
- QR codes for smart phones
- Updated literacy level
- Lessened stigmatizing language
- Increased focus on drug user health vs just treatment options in last version (2015)
- Naloxone resources
- Information on accessing NH's Doorways

Doorway Stats 1/2019-12/2019



Summary of Doorway Activity as of 12/31/2019

Month to Month Totals Summary													
	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sept '19	Oct '19	Nov '19	Dec '19	Totals to Date
All new client calls	199	182	211	247	206	396	387	372	369	444	471	471	3,955
Individuals Seen	362	301	348	429	381	423	429	390	342	321	320	372	4,418
Naloxone Kits Distributed	72	71	71	643	714	501	1185	980	984	1507	1306	1228	9,262
Clinical Evaluations	180	189	262	303	285	318	312	285	276	237	315	285	3,247
Treatment Referrals	187	265	324	408	456	579	595	453	431	393	502	477	5,070
Individuals Served**	472	444	493	593	527	710	705	677	625	664	724	733	7,367

**The total number of individuals served represents the de-duplicated count of individuals seen in person or assisted by telephone. Individuals who were assisted by 211 and also seen by a Doorway are not counted twice. Individuals served includes individuals seeking services, and friends or family seeking information on how to help a loved one.

Registered Syringe Service Programs

Organization Name	Address	Contact Information	Website
HIV/HCV Resource Center: The Claremont Exchange	Valley Regional Hospital 243 Elm Street Claremont, NH 03743	Phone: 603-448-8887 Email: laura@h2rc.org	http://www.h2rc.org/syring-exchange
Keene Serenity Center: GROW Syringe Services	By appointment only in the Keene area	Confidential call or text: 603-903-4049 Email: info@kscrecover.org	https://www.facebook.com/pg/GROWSSP/
Mt. Washington Valley Support Recovery Coalition	160 East Main Street, Center Conway, NH 03813	Phone: 603-622-0668 Email: mwvaddictionresource@gmail.com	https://mwvsupportrecovery.org
NH Harm Reduction Coalition: Hand Up Health Services	Variable locations and hours in seacoast area	Phone: 207-370-7187 Email: Info@nhhrc.org	http://nhhrc.org/handup/
NH Harm Reduction Coalition: Queen City Exchange	Variable locations and hours in Manchester area	Phone: 603-463-6241 Email: Info@nhhrc.org	http://nhhrc.org/queen-city-exchange/
Southern NH HIV/AIDS Task Force: Syringe Service Alliance of the Nashua Area (SSANA)	Variable locations and hours in Nashua area	Phone: 978-743-9636 Email: w.leblanc@nhpartnership.org	http://www.aidstaskforcenh.org

As of January 6, 2020

Services Provided by Registered Syringe Services Programs in New Hampshire by Quarter

July 1, 2017 – June 30, 2019

Service	SFY18 Q1	SFY18 Q2	SFY18 Q3	SFY18 Q4	SFY18 Total	SFY19 Q1	SFY19 Q2	SFY19 Q3	SFY19 Q4	SFY19 Total
Syringes distributed	4,990	9,160	40,290	79,056	133,496	90,981	76,005	67,635	78,295	312,916
Syringes collected	419	1478	14,449	41,853	58,199	52,704	51,371	51,814	54,911	210,800
HIV tests performed	0	0	3	2	5	2	0	4	7	13
Referrals for HIV testing	0	0	29	10	39	5	5	7	17	34
HCV tests performed	0	0	3	1	4	0	1	0	2	3
Referrals for HCV testing	0	0	30	10	40	6	3	5	17	31
Referrals for SUD treatment	5	2	40	18	65	21	19	18	53	111
Naloxone kits distributed	226	198	195	762	1,381	1140	757	558	946	3,401

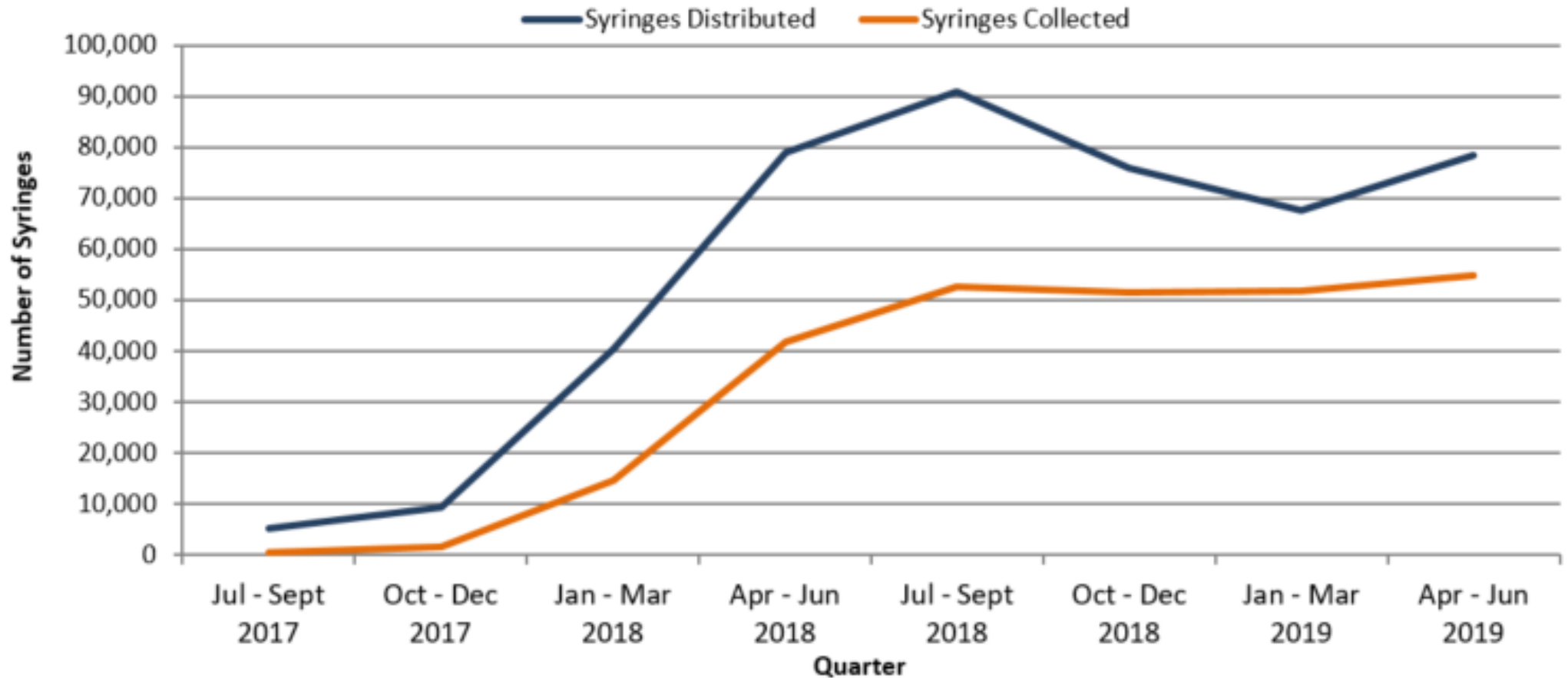
Note: Entities may have operated at various points during each fiscal year period. Source of data is quarterly reports submitted to NH DHHS by syringe services programs operating at the end of each quarter. A list of current syringe services programs and additional information for these organizations is available at <https://www.dhhs.nh.gov/dphs/bchs/std/documents/ssregistrations.pdf>

HIV: Human immunodeficiency virus; HCV: Hepatitis C virus; SUD: Substance use disorder

SFY18: July 1, 2017 – June 30, 2018; SFY19: July 1, 2018 – June 30, 2019

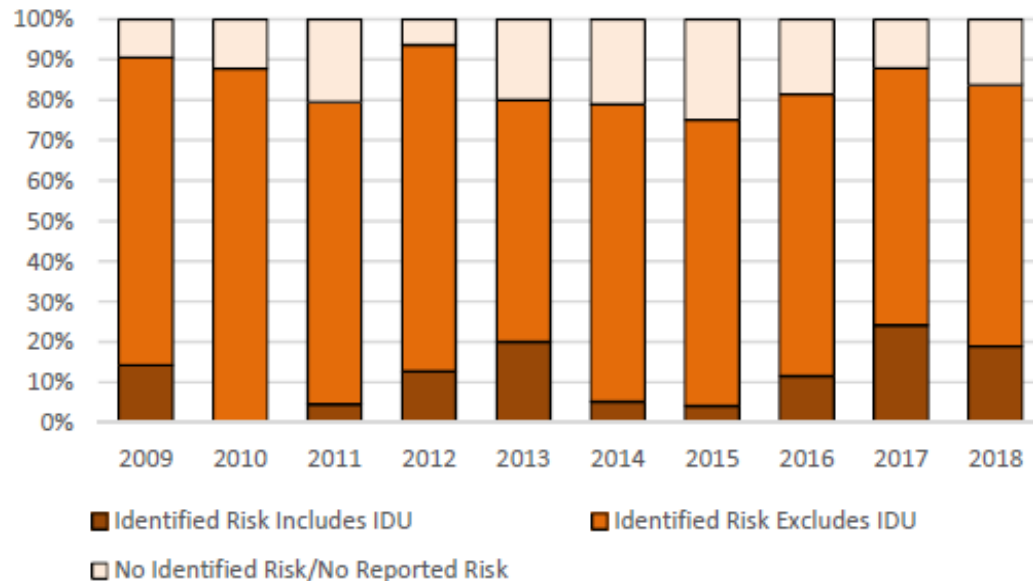
Q1: July 1 – Sept 30; Q2: Oct 1 – Dec 31; Q3: Jan 1 – March 31; Q4: Apr 1 – Jun 30

Syringes Distributed and Collected by NH Syringe Services Programs

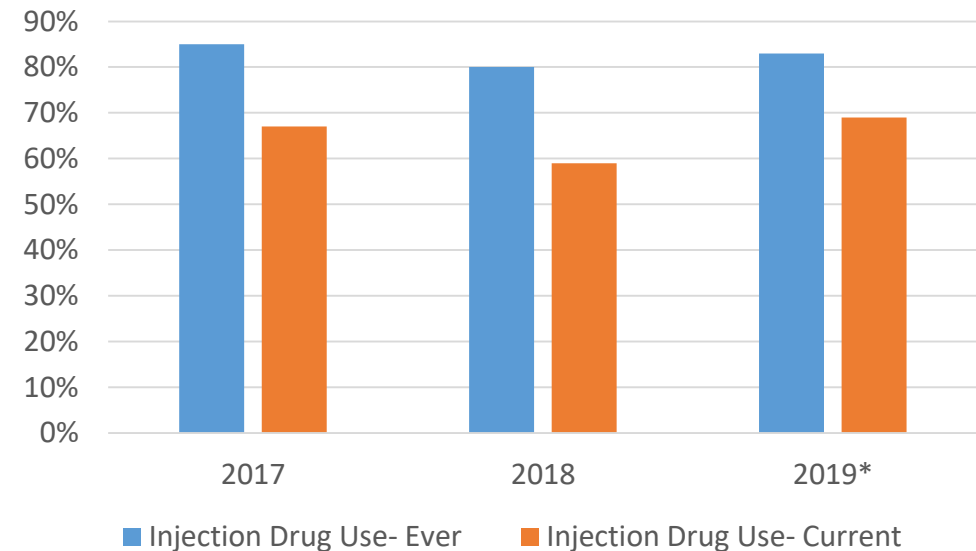


Infectious Disease Complications for People who Inject Drugs (PWID)

HIV Incidence by Identified or Reported Risk⁸
Including Injection Drug Use (IDU), 2009-2018



HCV Incidence by Provider Reported Risk,
2017-2019*



*2019 data provisional

SSP PWID identified barriers

- STIGMA/ Fear of being treated poorly by medical staff
- Lack of transportation
- Too busy to deal with it
- Drug use/family/job takes precedence
- VT based clients can't go into NH/ fear of arrest
- Concerns about side effects of treatment
- Perception that providers won't treat HCV and that insurance won't pay for treatment.

Challenges identified by SSPs

- Funding for SSP community workers, could offer more days/times for exchange and services
- Better messaging/promotion of SSPs
- Hepatitis C testing—more rapid tests
- Lessening stigma, more drug user health messaging
- Better linkage-to-care in general
- Client/patient education on NH Medicaid plans and their benefits (ex: medication coverage, transportation assistance, cell phones, etc.)
- Easier enrollment and quicker processing time for NH Medicaid applications (average ~45-60 days)
- Client/patient education on SSP laws
- Contracting time with State

Successes identified by SSPs

- Easy SSP program registration
- Funding through the University of New Hampshire allows for information/education/training for prospective SSP sites
- More locations on the horizon, per NH Harm Reduction Coalition inquiries
- ID physicians from Dartmouth-Hitchcock looking to get telemedicine started in some SSP locations to more easily link to care/better access and removing barriers

References

- Syringe Service Programs in NH:
<https://www.dhhs.nh.gov/dphs/bchs/std/syringe-service.htm>
- NH STD/HIV Surveillance Program- 5 year Data Summary Report:
<https://www.dhhs.nh.gov/dphs/cdcs/documents/std-hiv-recent.pdf>
- NH Bureau of Drug and Alcohol Services:
<https://www.dhhs.nh.gov/dcbcs/bdas/sor.htm>
- NH Harm Reduction Coalition:
<https://www.nhhrc.org/resources>
- CDC: <https://www.cdc.gov/ssp/ssp-funding.html>

Acknowledgements

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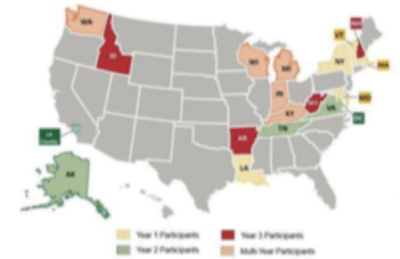
Medicaid Administrator

Medicaid Care Management Programs, NH Department of Health and Human Services

OVERVIEW OF FEDERAL RESOURCES

- Handout located in packet
- We'll email the group so you can access helpful links

Hepatitis C Medicaid Affinity Group: Supporting State-Generated Solutions to Eliminate HCV



Syringe Services Programs: Resources from Federal Partners

Substance use, particularly injection drug use, has had profound [economic and health consequences](#) on Americans, including a rise in certain infectious diseases throughout our nation. Injection drug use is linked to marked increases in acute hepatitis C infections, increases in acute hepatitis B infections in some states, and hepatitis A outbreaks in 30 states since 2016. Injection drug use has also been associated with local HIV outbreaks in multiple areas of the country.

Nearly 30 years of research indicates that comprehensive syringe services programs (SSPs) are safe, effective, and cost-saving; [do not increase illegal drug use or crime](#); and serve an important role in reducing transmission of viral hepatitis, HIV, and other infectious diseases. SSPs can serve as an entry point to recovery support services and overdose prevention and HHS is dedicated to informing communities about this critical public health intervention.





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