Promising Practices
Harm Reduction Program, PrEP Program, and HIV/HCV Linkage to Care in Baltimore County

Baltimore County Department Health
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Baltimore County Department of Health (BCDH)

• **Vision:** Healthy people living, working and playing in Baltimore County

• **Mission:** To promote health and prevent disease by educating communities, advocating for healthy lifestyles, linking people to resources and treating various health conditions
Harm Reduction Program

• Risk Reduction model with a continuum of services including HIV and HCV testing, syringe exchange, NARCAN®, supportive services referrals, etc.

• Fixed site locations at all 9 health centers
  – Access to a number of health related services
  – HRP is one of many services offered by the Department
Program Timeline

• Initial Meeting with Maryland Department of Health (MDH): **March 16, 2017**
• Stakeholder and client interviews: **April 3**
• First BCDH workgroup meeting: **April 5**
• Drug Overdose Lethality Review Team (DOLRT) meeting: **April 21**
• Initial draft application submitted to MDH: **June 23**
• Final application submission: **August 2**
• Approval: **August 18**
Workgroup

• BCDH did not utilize capacity building funds
• Developed application with internal capacity
• Workgroup was developed to assist with application and consisted of staff from all Bureaus:
  – Administration
  – Healthcare Access
  – Clinical Services
  – Prevention, Protection, and Preparedness
  – Behavioral Health
Workgroup

• Multiple meetings to develop stakeholder survey, review epidemiological data, and discuss implementation

• Established during first meeting that BCDH would adopt a Risk Reduction model that includes syringe exchange and referral to health-related services
Risk Reduction Model

Prevention ↔ Risk Reduction
Stakeholders

- Homeless Services Providers
- Methadone Centers
- Faith-Based Organizations
- First Responders
- Public School System
- Human Services Providers
- Consumers
- Behavioral Health Service Providers
- Baltimore County DOLRT
Stakeholder & Client Interviews

• Brief, concise questions with four main objectives:
  – Need
  – Target Population
  – Locations and Hours
  – Benefits and Barriers

• Conducted 35 stakeholder and 30 client interviews

• Utilized staff and community homeless provider for client interviews
Interview Objective Outcomes

• **Need** - 100% of interviewees stated that a Syringe Services Program (SSP) was needed in Baltimore County

• **Target Population** - Issue that impacts everyone

• **Location** - 100% stated Essex, Dundalk, and Lansdowne were locations in the County where a SSP was needed
Interview Objective Outcomes

Hours of Operation

- Morning (6am to 12pm): 40%
- Afternoon (Noon to 5 PM): 25%
- Evening (5 to 8 PM): 12%
- Late: 13%
- Weekends: 10%
- Weekends: 10%
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Interview Objective Outcomes

Benefits

• Increasing opportunity for collaboration among various County departments and agencies

• Increasing strategies for combating the opioid epidemic

• Preventing a recurrence of injecting drug use as a primary mode of transmission for HIV and Hepatitis C

• Increasing access to clean syringes

• Providing access to needed resources (i.e., peers, nursing, substance use treatment referral)
Interview Objective Outcomes

**Barriers**

• Community feedback

• Clients’ fear of stigma

• Location

• Appropriate training of front line staff

• Confidentiality/trust
BCDH Model

• Site-based model
  – Multidisciplinary team
  – Holistic approach to offer any needed service from Baltimore County Department of Health and Human Services
  – Well-known in the community

• Continuous quality improvement and evaluation to be open to change and adapt

• Open to change based on client feedback and experiences with dictate ongoing development
Staffing

• Hired seven positions to provide services in the HRP:
  – (1) Program Administrator
  – (2) Human Services Associates
  – (2) Behavioral Health Associates (Certified Peer Recovery Support Specialists)
  – (1) Public Health Nurse
  – (1) Office Assistant

• Multiple existing in-kind staff will be providing support
What’s Next?

• Peer collaboration between Bureau of Healthcare Access and Bureau of Behavioral Health
• Recruitment of clients to the program through partnership with Baltimore City SSP and community partners
• Implementation at BCDH’s local health centers
• Piloting program hours and locations and will re-evaluate based on attendance and client need
What’s Next?

• Formation of Drug User Health Group, Client Advisory Board and development of client satisfaction surveys
• Development of relationships with academic partners
• Community clean-ups with police and community groups
Pre- Exposure Prophylaxis (PrEP) Program

• Two Human Services Associates (HSA) provide non-medical case management services to Baltimore County residents that are at high risk of becoming infected with HIV

• Provide referral, linkage, and non-medical case management services to identified residents to ensure that clients are taking the medication as prescribed, obtaining necessary lab tests and adhering to their providers’ recommendations
PrEP Program

• Assist the client with enrollment into health insurance and other entitlement programs, health insurance literacy education, and enrollment in appropriate PrEP co-pay assistance programs as needed.

• Accompany clients to provider appointments as needed to ensure clients have lab work completed as recommended by the Center of Disease Control and regularly scheduled appointments.
PrEP Program

• Referrals
  – HIV Prevention Program
  – Partner Services Program
  – Ryan White Case Management Program for sero-discordant couples
  – Hospitals
  – Social Services Agencies
  – FQHCs
  – Self-referrals
HIV and Hepatitis C (HCV) Linkage to Care Program

- Two Human Services Associates (HSA) provide linkage to care services to Baltimore County residents that are living with Hepatitis C

- Provide referral and linkage to identified residents to ensure that clients are obtaining necessary lab tests and attending provider appointments
HIV/HCV Linkage to Care Program

• Provide education about the infection, testing and treatment to patients and physicians

• Act as advocates for patients and as liaisons to other County programs

• Locating people identified as lost to care to re-engage them into services
HCV Linkage to Care Program

• Referrals
  – HIV Prevention Program: Rapid Testing
    o 20 staff trained to provide rapid HCV testing
    o Testing at substance use intensive outpatient centers, senior centers, health centers, etc.
  – Lab Reports
  – Detention Center
Questions?

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