HMA

The Intersection of HIV and Substance Use:

Enhancing the Care Continuum with Evidence-Based Practices

Training Series: Session 2

January 14, 2026

UTILIZING ZOOM

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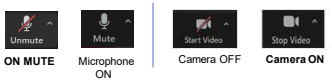

ON MUTE | Microphone ON | Camera OFF | **Camera ON**

- Your participation throughout today via chat is appreciated!
  - Locate the chat box. On the bottom middle of your screen, click on the chat icon. This will open the "Zoom Group Chat" pane on the right side of your screen. You will see messages throughout the webinar on there. When prompted by the presenters, type in your answers or questions there.

UTILIZING ZOOM

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  - On the Zoom room toolbar, tap the **Captions** CC icon.
    - You may need to tap the **More** ••• icon first to see the option.
  - Ensure that the **Show Captions** toggle is enabled.
- If you have any issues or questions about this feature, message Gabriel Velazquez in the chat and he can assist you.

HOUSEKEEPING

Today is Session 2
Please complete the evaluation for the session webinar that will be sent out via email after each session.
You will be receiving a PDF of today's presentation.
This session is being recorded.

Follow-up questions?

Contact Gabriel Velazquez:
gvelazquez@healthmanagement.com

CEUS ELIGIBILITY AND DISTRIBUTION

- This series is eligible for CEUs
  - These activities have been approved for CEUs by the Minnesota Board of Behavioral Health and Therapy for a total of 12 hours (if fully attended) for LADCs and LPC/LPCCs
- To qualify for CEUs, you are required to
  1. Complete the pre-training quiz
  2. Be in attendance for the entire session
  3. Complete the accompanying evaluation survey for each session attended
  4. Complete the post-training quiz
- CEU certificates will be issued approximately 1-2 weeks AFTER the completion of the training.
- Any follow-up questions, please contact Gabriel Velazquez: gvelazquez@healthmanagement.com

ACKNOWLEDGMENTS

We would also like to thank our community partners for their support in developing this curriculum.

HARM REDUCTION SISTERS

the Aliveness project

Indigenous Peoples Task Force

RURAL AIDS ACTION NETWORK
Providing Care, Service, and Support

LAND ACKNOWLEDGMENT

Every community owes its existence and vitality to generations from around the world who have contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what is buried by honoring the truth. **We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe (pronounced ow·jeeb·way), the Ho Chunk, and the other nations of people who also call this place home.** We pay respects to their elders past and present.

Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

TODAY'S PRESENTERS

Charles Robbins, MBA
(he/him/his)

Principal
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Helen DuPlessis, MD, MPH
(she/her/hers)

Physician Principal
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Rachel Johnson-Yates, MA, LMHC, LAC
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DISCLOSURES

Faculty	Nature of Commercial Interest
Helen DuPlessis, MD, MPH	Dr. DuPlessis discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients. She is also a Board Member of Blue Shield of California Health Plan.

TIME FOR A POLL

Who is in the Zoom room today?

- Please select your role or discipline in the pop-up poll
  - Administration / Programs
  - Counselor / Therapist / LADC
  - Case Manager
  - Harm Reduction / Peer Recovery
  - Nurse / Physician
  - Probation Officer / Justice Involved
  - Sexual Health / Community Health Worker
  - Social Worker / Child Welfare / Housing
  - Workforce / Skills Development
  - If "other" type in chat

AGENDA FOR WEBINAR SERIES

Session	Topics
#1 **WEDNESDAY,** **JANUARY 7** 12:00 pm to 3:00 pm	❑ Understanding HIV ❑ HIV Testing, Treatment and Prevention ❑ The Science of Addiction ❑ Screening and Assessment
#2 **WEDNESDAY,** **JANUARY 14** 12:00 pm to 3:00 pm	❑ **Ethical and Legal Issues** ❑ **Funding and Policy Considerations** ❑ **HIV Risk Reduction** ❑ **SUD Harm Reduction** ❑ **HIV and Stigma** ❑ **Motivational Interviewing**
#3 **WEDNESDAY,** **JANUARY 21** 12:00 pm to 3:00 pm	❑ Working with Persons Involved in the Legal System ❑ Substance Use Disorder Treatment with Medications ❑ Mental Health Treatment and Counseling ❑ Stimulant Use ❑ Chem Sex
#4 **WEDNESDAY,** **JANUARY 28** 12:00 pm to 3:00 pm	❑ Cultural, Racial and Sexual Identities ❑ Pregnancy and HIV, SUD/OUD ❑ Accessing, Obtaining, and Integrating Services for Individuals with HIV and SUD in Minnesota

CHATTER FALL

Please respond to following prompt by typing into the chat box

Please share a curiosity you bring with you today regarding today's topics

Ethical and Legal Issues	HIV Risk Reduction	HIV and Stigma
Funding and Policy Considerations	SUD Harm Reduction	Motivational Interviewing

Type your response and don't click enter.

ETHICAL AND LEGAL ISSUES, FUNDING AND POLICY CONSIDERATIONS

LEARNING OBJECTIVES: ETHICAL AND LEGAL ISSUES, FUNDING AND POLICY CONSIDERATIONS

- Describe the ethical considerations related to HIV disclosure and how those have changed over time
- Explain privacy protection and the considerations that influence those protections related to HIV testing and disclosure
- List the purpose and key components of the Ryan White Programs
- Summarize at least 3 critical steps needed to end the HIV Epidemic

PRINCIPLES OF BIOETHICS IN AMERICA

- Autonomy / Respect for Persons – respecting decisions of autonomous persons
  - Assumes capacity
  - Protecting the vulnerable, those without capacity to make autonomous decisions
- Beneficence – act in the best interest of the patient
  - Minimize risks and balance benefits
- Justice – fair treatment
  - Benefits and burdens are distributed fairly in society

CONSIDERING ETHICS: STRUCTURAL LENS

- Ethical principles should NEVER be applied rigidly, mechanically, or in absolute terms
- Sometimes the principles are in conflict
- Our understanding of HIV/AIDS and SUD has changed dramatically and influences how policies and regulations are made and interpreted
  - Better understanding of progression and how to mitigate
  - Phenomenal advances in treatment and prevention

Photo Source : Brandon Day on Unsplash

CONFIDENTIALITY: GENERAL

- A core duty (ethical and legal) of medical practice that requires providers to keep patients' personal health information private
  - Prohibits disclosure without consent
  - Encourages steps to ensure security of records/info and prevention of unauthorized access
  - Extends to all communication about patient
  - HIPAA, 42 CFR Part 2, FERPA
- Exceptions to release without consent
  - Exposed Emergency Medical Services (EMS) and Correctional personnel
  - Partner information to the PH Commissions only for public health and safety
  - HIPAA exceptions: treatment, operations, billing/payment
  - 42 CFR Part 2 Exceptions: emergency, child abuse, Dept. Veterans Affairs, court ordered, qualified services organizations

TESTING, REPORTING, AND DISCLOSURE

- In general, no specific informed consent or pre-test counseling is required in MN
- Informed consent must be obtained, EXCEPT in cases of an EMS exposure
- Mandatory provision of HIV education materials for clients in chemical dependency treatment programs

Photo Source : CDC on Unsplash

TESTING, REPORTING, AND DISCLOSURE CONTINUED

- Results are held confidential with exceptions:
  - Results are treated as confidential unless the client approves release of results
  - Name-based reporting must be provided to MN MDH within one business day (any reactive test)
  - "Anonymous" testing is not completely anonymous
  - In MN it is a criminal offense to knowingly "transfer" a communicable disease to another through "direct transmission"
  - HIV+ individuals must disclose to sexual partners and those with whom they share needles (in a court of law, self-disclosure is a defense in the former, but not in the latter)
  - But what about disclosure for those with undetectable viral load?

DISCLOSURE AND VIRAL SUPPRESSION

- In 2017, MDH joined several state health departments in supporting **Undetectable = Untransmittable (U=U)**
- U=U is behind the concept of treatment as prevention
- When an HIV+ person has a confirmed undetectable viral load within the last 12 months the MDH will not take partner notification action.
- Partner notification is a practical precaution if there is any reason to believe that a partner may have been exposed to HIV.
- Providers or people living with HIV may still carry out partner notification independently or with assistance from the MDH Partner Services Program.

DISCLOSURE AND VIRAL SUPPRESSION

Precedent

The law basically says disclose or provide "practical means of preventing transmission".

In Minnesota, a case has been tried where a person argued that they used a condom and therefore did not expose their partner, and they won the case. That precedent setting case informs us that in MN, a person could use a condom and not inform their partner of their HIV+ status and still be within their legal rights.

Most people feel like the U=U defense would be upheld in MN, but it hasn't happened (to their knowledge).

GROUP DISCUSSION

Would a HIV+ virally suppressed individual need to disclose their status to the partner?

In a monogamous relationship with a virally suppressed individual, should the HIV- partner be on PrEP?

Use the "raise your hand" feature in Zoom or simply come off mute.

DISCLOSURE AND VIRAL SUPPRESSION

Thoughts for Providers

- Change the paradigm that people with HIV having sex is bad/risky to normalize people with HIV having sex.
- Reduce the emotional charge often present to help people navigate this in a sensitive, client centered and less stigmatizing way.
- Help people understand that most people with HIV are concerned about transmission, do what they need to reduce risk and that disclosure is a complex issue
- Discuss and promote treatment as prevention

Great resource on decriminalization of HIV:
https://legacy.lambdalegal.org/know-your-rights/article/hiv-criminalization

FUNDING CONSIDERATIONS

RYAN WHITE HIV/AIDS PROGRAM

- Provides a comprehensive system of care for people living with HIV
- Most funds support primary medical care and other medical-related and support services
- Provides ongoing access to HIV medications
- Small amount of funds used for technical assistance, clinical training, and development of innovative models of care

RYAN WHITE HIV/AIDS PROGRAM

- Includes 5 Parts: A, B, C, D, and F
- Administered by the HIV/AIDS Bureau (HAB), within the Health Resources and Services Administration (HRSA)
- RWHAP Parts designed to work together to ensure a comprehensive system of care in urban, suburban, and rural communities throughout the U.S.
- **Payor of last resort**

RYAN WHITE HIV/AIDS PROGRAM PART A

Part A – Epidemically/Geographically Targeted

- Funding for areas hardest hit by the HIV epidemic
- Funding for two categories of metropolitan areas:
  - **Eligible Metropolitan Areas** (EMAs), an area must have reported at least 2,000 AIDS cases in the most recent five years and have a population of at least 50,000.
  - **Transitional Grant Areas** (TGAs), an area must have reported 1,000 to 1,999 AIDS cases in the most recent five years and have a population of at least 50,000.
- Funds are used to develop or enhance access to a comprehensive system of high-quality community-based care for low-income PLWH

RYAN WHITE HIV/AIDS PROGRAM PART B

Part B – All states

- Funding to all 50 States, DC, Puerto Rico, U.S. territories and jurisdictions to improve the quality, availability, and organization of HIV health care and support services
- Provides funds for medical and support services
- Includes the AIDS Drug Assistance Program (ADAP), which provides access to HIV-related medications, through direct purchase and purchase of health insurance
- Also provides funds to emerging communities with a growing epidemic, reporting 500-999 new cases in the past 5 years

RYAN WHITE HIV/AIDS PROGRAM PART C

Part C – Early Intervention

- Funding to support "**early intervention services**": comprehensive primary health care and support services for PLWH in an outpatient setting
- Competitive grants to local community-based organizations, community health centers, health departments, and hospitals
- Priority on **services in rural areas** and for traditionally underserved populations
- Capacity development grants provided to help public and nonprofit entities deliver HIV services more effectively

RYAN WHITE HIV/AIDS PROGRAM PART D

Part D – Population Targeted

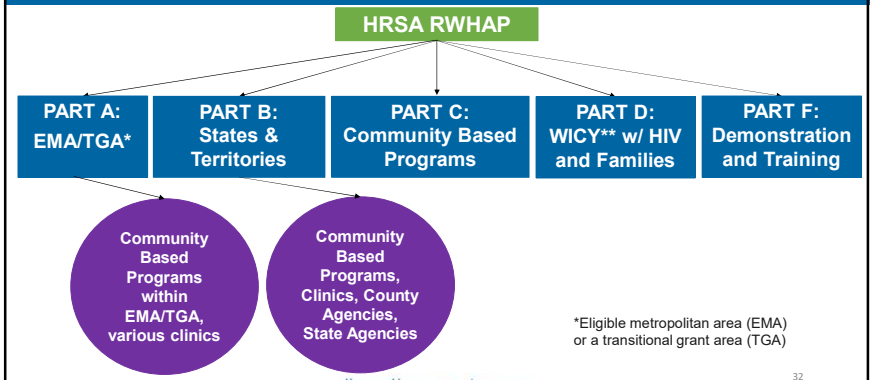
- Funding to support family-centered HIV primary medical and support **services for women, infants, children, and youth** living with HIV
- Competitive grants to local public and private health care entities, including hospitals, and public agencies
- Includes services designed to engage **youth with HIV** and retain them in care
- Recipients must coordinate with HIV education and prevention programs designed to reduce the risk of HIV infection among youth

RYAN WHITE FEDERAL PROGRAMS PART F

Part F – Dental and Special Funds

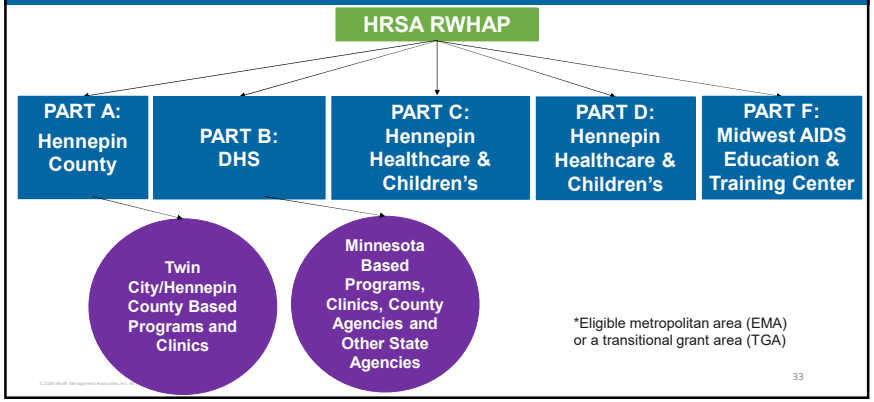
- Funds support **clinician training, dental services, and dental provider training.** In addition, Part F funds the development of innovative models of care to improve health outcomes and reduce HIV transmission.
- Funds Minority AIDS Initiative (MAI)
- Funds Special Project of National Significance (SPNS)
- Funds AIDS Education and Training Centers (AETCs)

RYAN WHITE FEDERAL PROGRAMS: MN SPECIFICS



*Eligible metropolitan area (EMA) or a transitional grant area (TGA)

RYAN WHITE FEDERAL PROGRAMS: MN SPECIFICS



*Eligible metropolitan area (EMA) or a transitional grant area (TGA)

ENDING THE HIV EPIDEMIC

The Ending the HIV Epidemic initiative focuses on four key strategies that, implemented together, can end the HIV epidemic in the U.S.

MINNESOTA'S STRATEGY TO END HIV

- END HIV MN is a comprehensive long-term plan to end new HIV infections and improve health outcomes for people living with HIV in Minnesota.
- This legislatively mandated plan was created over several years by the Minnesota Department of Health (MDH), the Minnesota Department of Human Services (DHS), and the Minnesota HIV Strategy Advisory Board.
- The Minnesota Legislature identified four outcomes for END HIV MN.

END HIV MN: MEASURING SUCCESS: 4 AMBITIOUS GOALS

90%

Increase the percentage of Minnesotans living with HIV who know their HIV status to at least 90% by 2025

90%

Increase the percentage of Minnesotans diagnosed with HIV who are retained in care to at least 90% by 2025

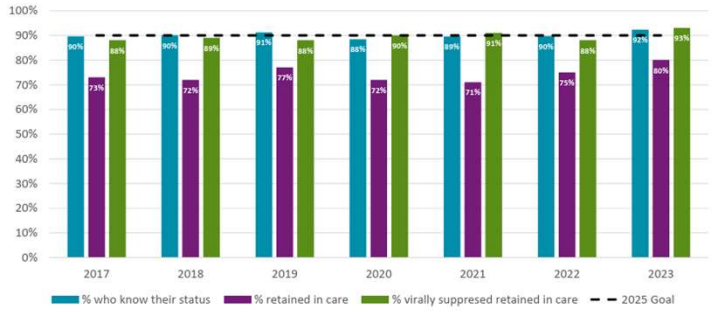
90%

Of individuals retained in care increase the percentage of Minnesotans who are virally suppressed to at least 90% by 2025

75%

Reduce the annual number of new HIV diagnoses in Minnesota by at least 25% by 2025 (225 cases) and at least 75% by 2035 (75 cases)

END HIV MN OUTCOMES, 2024



FUNDING

President Biden's Fiscal Year 2024 Budget Request Includes $850 Million for the Ending the HIV Epidemic Initiative

EHE was developed under President Trump's first administration

President Trump's leaked budget for HHS EHE would be eliminated as well as HIV research

 Source: https://www.cdc.gov/hiv/basics/whatishiv.html

FUNDING CONT.

State Opioid Response Grants: $1.5 Billion over 2 Years

The SAMSHA program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including illicit use of prescription opioids, heroin, and fentanyl and fentanyl analogs).

This program also supports evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

Source: https://www.samhsa.gov/newsroom/press-announcements/202008270530

REFERENCES: ETHICS AND LEGAL

- Center for HIV Law and Policy https://www.hivlawandpolicy.org/states/minnesota
- CDC Compendium of State Laws (includes MN Statutes re: criminalization of knowing transmission) https://www.cdc.gov/hiv/policies/law/states/index.html
- CDC Guidelines on Case Reporting and Surveillance https://www.cdc.gov/hiv/guidelines/reporting.html
- MN Center for HIV Law and Policy https://www.hivlawandpolicy.org/resources
- MN Health Department Disease Reporting Requirements and Resources
  - Reporting HIV and AIDS (for health professionals) https://www.health.state.mn.us/diseases/hiv/hcp/report.html
  - STD/HIV Partner Services Program for help with partner notification https://www.health.state.mn.us/diseases/stds/partnerservices.html
  - FAQ on Reporting https://www.health.state.mn.us/diseases/stds/hcp/reportfaq.html
  - HIV and TB Fact Info https://www.health.state.mn.us/diseases/hiv/hcp/hivandtb.html
- UCSF Compendium of State HIV Laws Quick Reference https://nccc.ucsf.edu/wp-content/uploads/2014/03/State_HIV_Testing_Laws_Quick_Reference.pdf
- How Should Physicians Respond if Patient HIV Denial Could Exacerbate Racial Health Inequities? *AMA J Ethics*. 2021;23(5):E382-387. doi: 10.1001/amajethics.2021.382. https://journalofethics.ama-assn.org/article/how-should-clinicians-respond-if-patient-hiv-denial-could-exacerbate-racial-health-inequities/2021-05

REFERENCES: FUNDING AND POLICY

- HRSA Information about Ryan White Programs: https://hab.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program
- CDC Information on Ending the HIV Epidemic in the US: https://www.cdc.gov/endhiv/index.html
- MN Department of Health End HIV MN Resources: https://www.health.state.mn.us/endhivmn#:~:text=END%20HIV%20MN%20will%20address,for%20people%20living%20with%20HIV
- CDC Ending the HIV Epidemic Funding Announcement: https://www.cdc.gov/nchhstp/newsroom/2021/ehe-funding.html

5-MINUTE STRETCH BREAK!

HIV RISK AND SUD HARM REDUCTION

LEARNING OBJECTIVES: HIV RISK AND SUD HARM REDUCTION

- Identify at least 3 critical HIV sexual transmission risk reduction strategies
- Define Harm Reduction as it relates to both SUD and HIV and describe at least 3 harm reduction strategies
- Describe the current risks associated with synthetic opioids and specific harm reduction strategies to mitigate those
- Describe the relationship between SUD and HIV risk

DEFINITION OF HIV RISK REDUCTION

HIV risk reduction is the selective application of appropriate techniques and management principles to reduce the likelihood of a risky event and/or the negative consequences of such an event.

- The goal of risk reduction counseling is to help patients decrease risks to themselves and others, thereby decreasing the number of new HIV infections.
- Risk reduction helps decrease the rates of HIV infection through targeted prevention efforts.

RISKS FOR HIV INFECTION

Risks for HIV infection

- Unprotected sex
- Sharing needles
- Mother to child

Strategies for HIV prevention

- Safer sex (condoms)
- Routine testing
- Antiretrovial advances
  - Viral suppression (U=U)
  - PrEP and PEP

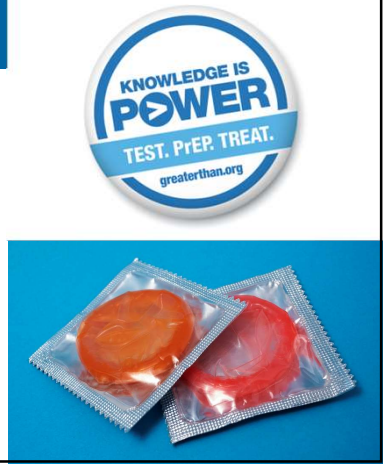


Photo Source : greaterthan.org and Reproductive Health Supplies Coalition on Unsplash

PrEP AND PEP

PrEP (pre-exposure prophylaxis) is medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use. When taken as prescribed, PrEP is highly effective for preventing HIV.

PEP (post-exposure prophylaxis) means taking medicine to prevent HIV after a possible exposure. PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV.

INJECTION DRUG USE AND HIV INFECTION

HIV and Hepatitis C

- Syringe access programs
  - A variety of syringes to match a variety of injecting practices
  - Related supplies (e.g., alcohol swabs, ties/tourniquets, etc.)
- Safe smoking supplies (e.g., clean pipes, straws, lip balm)
- Sexual health supplies
- Overdose prevention supplies and education
- Health educators available for brief interventions
- Test strips for Fentanyl and other drugs
- Safe consumption sites
- Opportunities for Hepatitis C and HIV testing and linkage

SUD HARM REDUCTION

CHATTER FALL

Please respond to following prompt by typing into the chat box

What daily Harm Reduction strategies are you familiar with?

Type your response and
don't click enter.

When instructed to do so,
CLICK ENTER

DEFINITION OF SUD HARM REDUCTION

Harm Reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

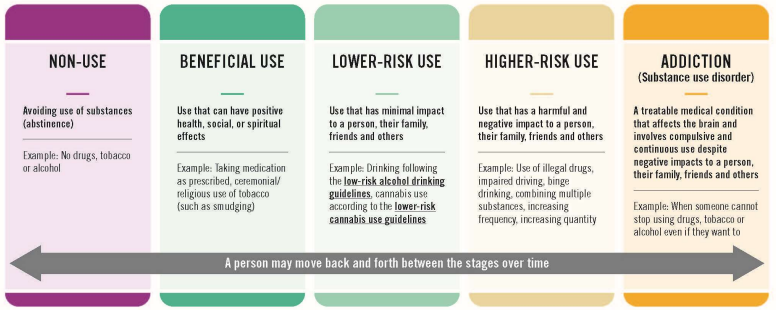
National Harm Reduction Coalition

WHAT HARM REDUCTION PROVIDES

- Non-judgmental support
- A collaborative approach
- An understanding that refraining from drug use may not be the only step in the healing process. Change can happen in other areas even while people are still using.
- A strong belief in the client's capacity to care for themselves, including prevention of HIV and other drug related health concerns.
- An educational approach
- Allows for mental health and substance use concerns to be treated together
- Supports self-trust, self-efficacy and autonomy
- Client-centered, client-tailored services

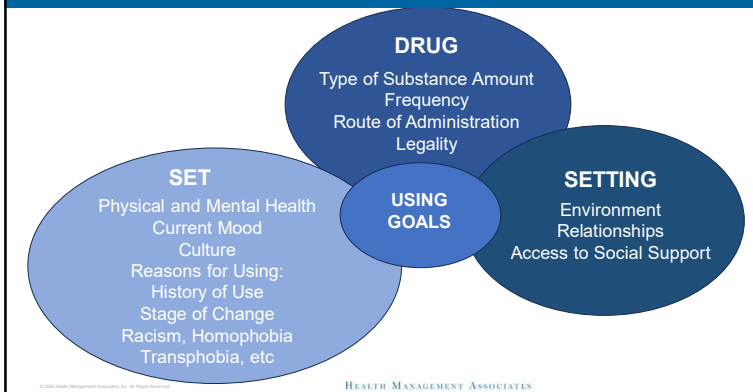
SUBSTANCE USE SPECTRUM

People use substances, such as **controlled and illegal drugs**, **cannabis**, **tobacco/nicotine** and **alcohol** for different reasons, including medical purposes; religious or ceremonial purposes; personal enjoyment; or to cope with stress, trauma or pain. Substance use is different for everyone and can be viewed on a spectrum with varying stages of benefits and harms.



Source: Health Canada

ADAPTED FROM ZINBERG'S MODEL OF DRUG, SET AND SETTING



HARM REDUCTION : ALCOHOL USE AND HIV

- Explore the pros and cons of drinking
- Discuss drug, set and setting
- Consider alternating drinks
- Discuss budget and finance options
- Phone Apps (Saying When)
- Groups
- PrEP and PEP

HARM REDUCTION: SUBSTANCE USE + SEX

SAN FRANCISCO AIDS FOUNDATION PRESENTS

OD PREVENTION TIPS: SEX PARTIES

MAKE OD PREVENTION PART OF THE PRE-PARTY SAFETY PLAN.

DISCUSS WITH SEX PARTNERS BEFOREHAND WHAT STEPS THEY WOULD LIKE TO TAKE TO PREVENT AN OVERDOSE.

HAVE NARCAN AND WATER ON HAND.

IF SOMEONE TAKES TOO MUCH GHB, TURN THEM ON THEIR SIDE ("RESCUE POSITION") SO THEY DON'T CHOKE ON THEIR VOMIT.

DESIGNATE ONE PERSON TO CALL 911 AND ONE PERSON TO RESPOND. KNOW YOUR LOCATION AND WHERE THE NARCAN IS LOCATED.

- Building Healthy Online Communities - https://bhocpartners.org/
- Testing (including home testing) - https://together.takemehome.org
- Hooking up and meth – Tweaker.org
- San Francisco AIDS Foundation - https://www.sfaf.org/resource-library/safer-drug-use/

OVERDOSE PREVENTION – METHAMPHETAMINES AND OPIATES

SAN FRANCISCO AIDS FOUNDATION PRESENTS

OD PREVENTION TIPS: METH

WHAT TO DO WHEN YOU GET WAY TOO HIGH ON STIMULANTS...

DRINK PLENTY OF WATER OR GATORADE.

GET SOME REST—SLEEP REALLY HELPS.

WALK IT OFF IF YOU CAN'T SLEEP.

REMEMBER TO EAT. EVEN A PIECE OF FRUIT OR A SMOOTHIE CAN REALLY HELP.

COOL DOWN WITH AN ICE PACK IF YOU'RE OVERHEATED.

CALL 911 IF YOU ARE EXPERIENCING CHEST PAIN, SHORTNESS OF BREATH, OR SIGNS OF STROKE OR SEIZURE.

SAN FRANCISCO AIDS FOUNDATION PRESENTS

OD PREVENTION TIPS: OPIATES

SOMEONE OVERDOSING ON OPIATES WILL NOT BE RESPONSIVE. THEY WON'T BE BREATHING, OR THEIR BREATHS WILL BE SLOW AND SHALLOW.

OTHER THINGS TO LOOK FOR:

BODY IS LIMP (OR STIFF)

SKIN COLOR CHANGES

COLOR TURNS GRAY OR ASHEN FOR DARKER SKIN. BLUISH-PURPLISH FOR LIGHTER SKIN. FINGERNAILS AND LIPS MAY TURN BLUE OR DARK PURPLE

NOISES SNORING, CHOKING, OR GURGLING

VOMITING

OVERDOSE PREVENTION – SAFER USE

SAN FRANCISCO AIDS FOUNDATION PRESENTS

OD PREVENTION TIPS: SAFER USING

GET HIGH WITH FRIENDS AND KEEP AN EYE ON EACH OTHER.

WHEN SMOKING FENTANYL, SMOKE A SMALL AMOUNT FIRST. YOU CAN ALWAYS DO MORE BUT YOU CAN'T DO LESS!

MAKE SURE EVERYONE HAS NARCAN AND YOU KNOW WHERE IT IS. HAVE IT READY!

HAVE SOMEONE NEARBY TO HELP IN CASE YOU OD.

WEAR A MASK AND KEEP 6 FT. DISTANCE FROM EACH OTHER TO PREVENT COVID-19.

SAN FRANCISCO AIDS FOUNDATION PRESENTS

OD PREVENTION TIPS: GETTING HIGH ALONE

REMEMBER THAT YOU CAN ALWAYS DO MORE, BUT YOU CAN'T DO LESS.

HAVE SOMEONE ON THE PHONE WHILE YOU GET HIGH SO THEY CAN CALL FOR HELP IF YOU OD (BE SURE THEY KNOW YOUR LOCATION).

TEXT YOUR LOCATION TO A FRIEND BEFORE USING. ASK THEM TO CHECK ON YOU, AND IF YOU DON'T TEXT BACK TO CALL 911.

TRY DOING A SMALL AMOUNT FIRST TO SEE HOW STRONG IT IS.

CONSIDER ALTERNATE WAYS OF USING INSTEAD OF INJECTING:

SMOKING SNORTING BOOTY BUMPING

OVERDOSE PREVENTION

- Overdose prevention includes messages, such as:
  - Never Use Alone
  - Do a test dose
  - Go slow
  - Don't stack doses
  - Don't mix drugs, especially depressants
  - Switch from injection to smoking
  - Know signs of overdose and how to respond
  - Always carry naloxone

Sources: Never Use Alone. (n.d.). Never use alone. https://neverusealone.com

Photo Source: NEXT Distro on Unsplash

NALOXONE (NARCAN) SAVES LIVES

- **What is Naloxone?** A medication that can reverse an overdose.
- **Signs of overdose**: Unconscious or not responding, not breathing or slow breathing, turning gray or ashen or bluish, gurgling noises, body is limp, skin is clammy.
- **What to do?** Call their name loudly or clap your hands, sternum rub. If not responding, administer Narcan and call 911.
- **Ways to administer Naloxone:** Nasal and Intramuscular
  - Considerations in the Fentanyl era
- **Who should carry Naloxone?** Everyone
- MN Good Samaritan/Steve's Law
- Naloxone Partners

WHY HARM REDUCTION FOR EFFECTIVE SUPPORT

- Because it considers a spectrum use, not just drugs or no drugs
- Because it sees drug use from an ecological lens, not just an individual lens
- Because it can explore drug-set-setting
- Because it allows **ambivalence** in the room
- Because not all drug use is abuse or misuse
- Because it's about support, not punishment (housing v/s drugs). Inclusion, not exclusion.
- Because it reduces **stigma** (which is more harmful than drugs)
- Because it is trauma informed
- Because it starts from a place of compassion and love
- Harm Reduction is Shame Reduction

HIV AND SUBSTANCE USE STIGMA

LEARNING OBJECTIVES: HIV AND SUBSTANCE USE STIGMA

Define the three different types of stigma and how stigma influences testing, retention in treatment and outcomes of HIV and SUD	List at least three potential impacts of stigma on clients with SUD and/or HIV	Identify three strategies for reducing stigma faced by clients with SUD and HIV

UNPACKING STIGMA

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

– Maya Angelou

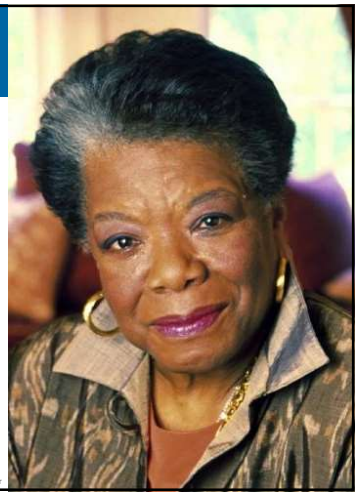


Photo Source : Montana State University/Dwight Carter

HOW DO WE DEFINE STIGMA?

CATEGORIES OF STIGMA

- Self-Stigma
- Social Stigma
- Structural Stigma

Category (group)
↓ + Generalization
Stereotype (label)
↓ + Judgment
Prejudice (attitude)
↓ + Action
Discrimination (behavior)
↓ + Power
Oppression/ "Isms" (process, system)

STIGMA: FUNCTIONAL OUTCOMES AND CONSEQUENCES

Key Elements:

Blame and Moral Judgment
Pathologize and Patronize
Fear and Isolation (the opposite of connection)
Criminalize

Functional Outcomes of Stigma:

Difference --- To keep people out
Danger ---To keep people away
Discrimination---To keep people down

HOW DOES STIGMA IMPACT PEOPLE WITH HIV & PEOPLE WHO USE DRUGS?

- Incarceration
- Limit to housing options
- Limit to treatment options
- Poor or unavailable healthcare services
- Limit access to culturally concordant services
- Fewer funds for research
- Poor treatment for pain
- Poor treatment for mental health concerns
- Limit to job opportunities
- Loss of parenting rights
- Loss of reproductive rights
- Disconnection from families or loved ones
- People are less likely to ask for support
- Possible hepatitis C (HCV) and sexually transmitted infections (STIs)
- Lack of access to OD prevention
- Lack of access to syringes

STIGMA IS OFTEN EXACERBATED BY

Lack of context

Misinformation and myths

Poorly conceived policies

Discriminatory or dehumanizing language

LANGUAGE

Remember:
Beverages are alcoholic, not people

Laundry is dirty and clean, not people

FIGURE 4: BETTER LANGUAGE

☑ USE	☒ DON'T USE
Person who uses drugs	Drug user
Person with non-problematic drug use	Recreational, casual, or experimental users
Person with drug dependence, person with problematic drug use, person with substance use disorder; person who uses drugs (when use is not problematic)	Addict; drug/substance abuser; junkie; dope head, pothead, smack head, crackhead etc.; druggie; stoner
Substance use disorder; problematic drug use	Drug habit
Has a X use disorder	Addicted to X
Abstinent; person who has stopped using drugs	Clean
Actively uses drugs; positive for substance use	Dirty (as in "dirty screen")
Respond, program, address, manage	Fight, counter, combat drugs and other combatant language
Safe consumption facility	Fix rooms
Person in recovery, person in long-term recovery	Former addicts; reformed addict
Person who injects drugs	Injecting drug user
Opioid substitution therapy	Opioid replacement therapy

CHATTER FALL

Please respond to following prompt by typing into the chat box

What are some of the ways you can begin to dismantle stigma (individually or in your organization)?

Type your response and don't click enter.

When instructed to do so, CLICK ENTER

EXPLORE NETWORKS WHICH SUPPORT PEOPLE WHO USE DRUGS SUCH AS: INPUD, VOCAL AND URBAN SURVIVORS UNION.

Anti-stigma campaign by UK agency, Release
https://www.release.org.uk/nice-people-take-drugs

https://supportdontpunish.org/

Explore networks that support people who use drugs or have HIV, such as: VOCAL, INPUD, Urban Survivors' Union, Unshame CA

5-MINUTE STRETCH BREAK!

MOTIVATIONAL INTERVIEWING

LEARNING OBJECTIVES: MOTIVATIONAL INTERVIEWING

- Define and explain Motivational Interviewing (MI) and how it can be utilized with clients contemplating behavior change
- Explain the stages of change and how they relate to understanding and supporting clients
- Identify the principles and spirit of MI
- Explain OARS (Open-Ended Questions, Affirmations, Reflections and Summaries)

Look at the chart and say the COLOR not the word

YELLOW BLUE ORANGE
BLACK RED GREEN
PURPLE YELLOW RED
ORANGE GREEN BLACK
BLUE RED PURPLE
GREEN BLUE ORANGE

Left – Right Conflict
Your right brain tries to say the color but your left brain insists on reading the word

HEALTH MANAGEMENT ASSOCIATES

THIS IS YOUR BRAIN ON CHANGE

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PERSUASION EXERCISE

- Choose one person near you to work with
- One will be the speaker, one will be the listener

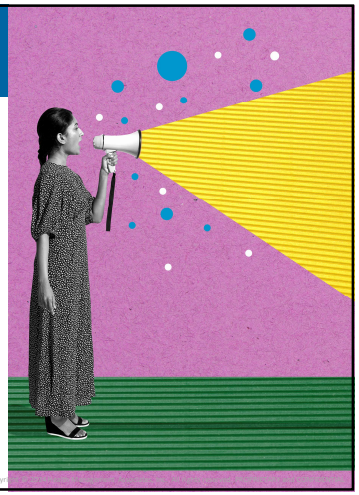
PERSUASION EXERCISE

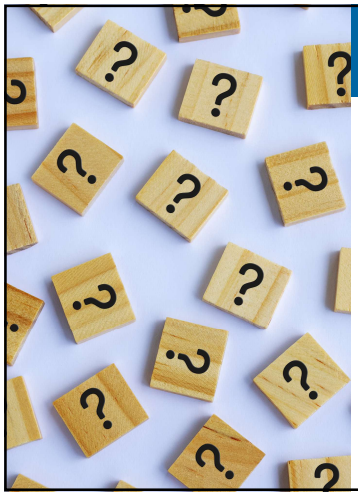
- Speaker Topic
- Something about yourself that you
  - Want to change
  - Need to change
  - Should change
  - Have been thinking about changing

But you haven't changed yet!!!

PERSUASION EXERCISE

- Listener's Job
  - Explain, in depth, *why* the person should make this change
  - Give at least 3 specific *benefits* of making this change
  - Tell the person *how* they could change
  - Emphasize that it's *important* to change
  - Persuade the person to do it and do it NOW!
  - If the person becomes resistant, repeat the above steps until they get it!





PERSUASION EXERCISE

- How did it go?
  - Thoughts?
  - Reactions?

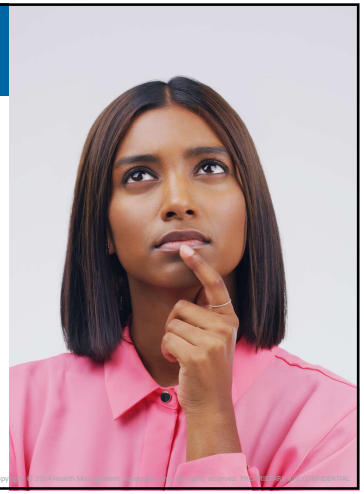
COMMON REACTIONS

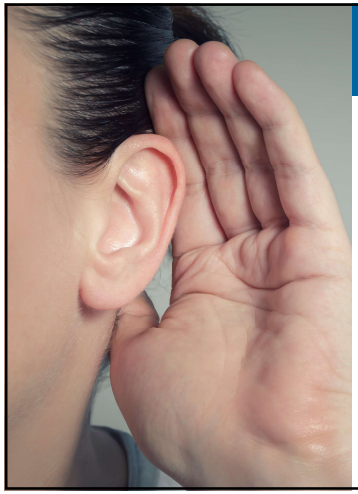
- Anger
- Agitation
- Oppositional
- Discounting
- Justifying
- Feeling not understood
- Feeling not heard
- Procrastination
- Fear
- Helpless
- Overwhelmed
- Ashamed
- Trapped
- Disengaged
- Avoidant (may not talk to you again)
- Uncomfortable
- Misunderstood

PERSUASION EXERCISE

- Let's Try Again!
  - Same roles
- Speaker Topic
  - Something about yourself that you
    - Want to change
    - Need to change
    - Should change
    - Have been thinking about changing

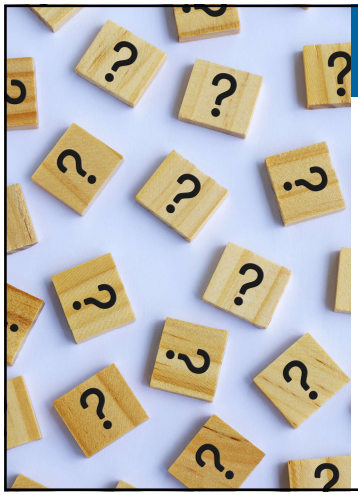
But you haven't changed yet!!!





PERSUASION EXERCISE

- Listener's Job:
  - Listen carefully with goal of understanding the dilemma
  - GIVE NO ADVICE
  - Ask these 4 open-ended questions
    - Why would you want to make this change?
    - How might you go about it to succeed?
    - What are the 3 best reasons to do it?
    - On a scale of 0-10, how important is it for you to make this change?
      - Follow up: "Why are you at _____ instead of 0?"
    - Give a short summary/reflection of the speaker's motivation for change
    - Ask, "What do you think you'll do?" and just listen



PERSUASION EXERCISE

- How did it go?
  - Thoughts?
  - Reactions?

COMMON REACTIONS

- Feeling understood
- Want to talk more
- Liking the listener
- Feeling open
- Feeling accepted
- Feeling respected
- Feeling engaged
- Feeling able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative

WRITING ACTIVITY

Photo Source : Nathan Dumlao on Unsplash

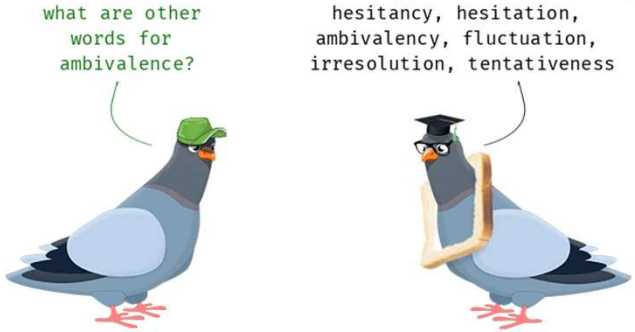
INSTRUCTIONS – WRITING ACTIVITY

Take 5 minutes to:

- Think about a behavior change you have been considering.
- Think about the benefits and challenges of making this behavior change. Jot them down.
- Describe the feelings that come up for you when considering the pros and cons of behavior change.
- Please raise your hand if you'd like share.

"To change or not to change"

WHAT IS AMBIVALENCE?



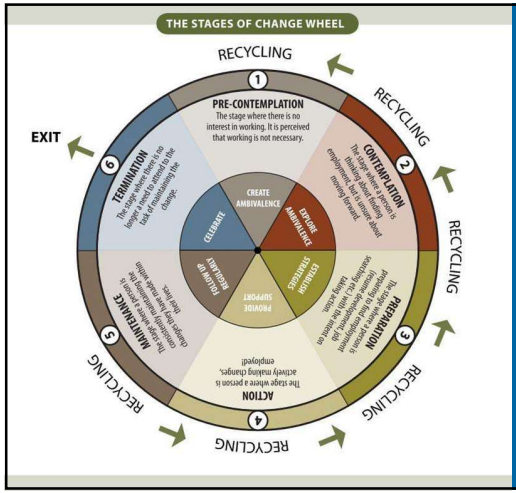
AMBIVALENCE

- Many people are **ambivalent** about change.
- Providers who push for specific change create conflict which reduces motivation for change.
- Conflict perpetuates ambivalence.
- **Evoking** the client's own **change talk** will enhance behavior change.
- We don't have the power to make someone change – we can develop skills to **engage in and tolerate** conversations about the **possibility** of change.
- People are usually motivated for something, find what that is and start there.

WHAT IS MOTIVATIONAL INTERVIEWING?

"MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion."

(Miller & Rollnick, 2013, p. 29)



TRANSTHEORETICAL MODEL OF CHANGE

Prochaska J, DiClemente C. Changing for Good: A Revolutionary Six Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward. New York, Avon Bools. 1995

MOTIVATIONAL INTERVIEWING (MI) WORKS BEST WHEN…

- **Ambivalence is high** and people are stuck in mixed feelings about change
- **Confidence is low** and people doubt their abilities to change
- **Desire is low** and people are uncertain about whether they want to make a change
- **Importance is low** and the benefits of change and disadvantages of the current situation are unclear

THE PROCESS OF MOTIVATIONAL INTERVIEWING

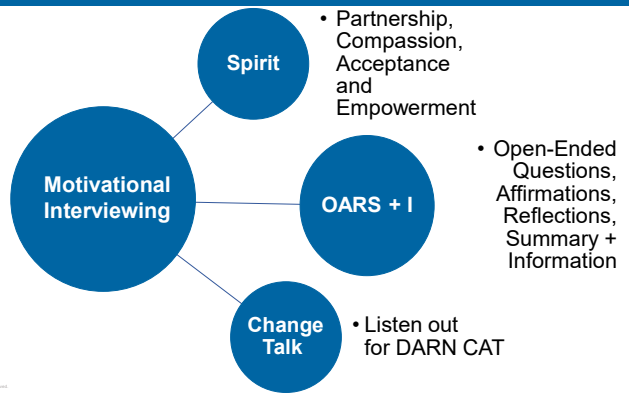
Engaging: Can we talk together?

Focusing: Where are we going?

Evoking: Why would you go there?

Planning: How will you get there?

CORE ELEMENTS OF MOTIVATIONAL INTERVIEWING



SPIRIT OF MOTIVATIONAL INTERVIEWING

OARS + I

- **O**pen-Ended Questions
- **A**ffirmations
- **R**eflections
- **S**ummary

+

- **I**nformation Exchange

Photo Source : Jake Lorefice on Unsplash

OPEN OR CLOSED?

- How is your back pain impacting your overall life?
- Do you have any concerns about the stress in your life?
- Is it important for you to serve your children healthy food?
- Do you use cannabis or other street drugs?
- Will you remember to do your exercises every day?
- What do you like about drinking?
- How, if at all, does your alcohol use affect your parenting?
- How is your meth use improving your sex life?
- Upon reflection, how does cannabis help reduce your anxiety?
- If you were to stop using heroin, how would your days be different?
- What would you spend your money on if you stopped drinking?
- Can I ask you something?

Open or closed?

AFFIRMATIONS

What are they?

- Strengths and attributes
- Successes
- Hopes
- Desires
- Efforts to improve things
- Humanity
- Compassion

What are the results?

- Strengthen the relationships
- Build trust
- Support confidence and self-esteem
- Build a meaningful working alliance

AFFIRMATIONS

These statements should show appreciation for a client's challenges and achievements, however they are not meant to be "cheers" and shouldn't start with "I am".

"You really thought clearly about your next steps"
"Wow, that must've taken a lot of courage"
"You applied some self-care and it helped you stay calm"
"You've achieved so much this week"
"You are determined and continue to search for answers"

Stepping it Up – Affirmation + building experience and confidence

- "You are staying alcohol-free in the face of many challenges", tell me how that feels...
- "You are not avoiding difficult conversations, what is helping you do that?"

REFLECTIONS

Reflective Listening:

When people are ambivalent, MI helps organize and integrate our mind, helping to create congruent decisions that make change possible.

Simple: Express that you understand what the client is saying and that you are listening

Complex: Step it up a notch by providing feedback or expanding on a feeling

Tips:

- Avoid using the pronoun "I" (i.e., making the reflection about the listener)
- Avoid negating change talk by using "and" instead of "but". Both realities exist at once.
- Should be brief

REFLECTIONS

Reflective Listening:

Tips:

- Avoid negating change talk by using **"and"** instead of **"but"**. Both realities exist at once.

"You are terrified of ending the relationship and you know it's the right thing to do"

"You want to stop using and you fear that you will not be able to succeed"

" You know that using could impact your housing and you keep using"

"You are motivated to stay healthy and you find it hard to take your meds"

EXAMPLES OF REFLECTIONS

For the following scenario, suggest open-ended questions the provider could ask next.

Client: I like to party; I don't see a problem as long as I'm at home. It's when I leave the house that things get out of hand.

Provider: Things are fine when you party at home. Partying is different when you leave the house.

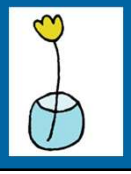
(What Open-ended question could you follow with here?)

Please raise your hand if you'd like to share

SUMMARIES

- Summaries allow us to keep track of the session, ask more questions and find out if we are really understanding the client's unique situation.
- After you state a summary ask:
  - "Did I get that right?"
  - "Did I miss anything?"
- Encourage the client to "Use the **edit** button". If your reflection is not accurate, say "edit me".

A SUMMARY IS A BOUQUET FILLED WITH ALL THE MATERIAL THE CLIENT HAS PROVIDED



INFORMATION EXCHANGE

Elicit-Provide-Elicit

Ask-Tell-Ask

Explore-Offer-Explore

- Ask an open-ended questions
- Reflect on the client's response
- Ask for permission to give information or advice
- Provide information
- Ask open-ended question
- Reflect-affirm-summarize

Always ask for permission

SUSTAIN TALK

Client speech which favors maintaining and not changing a specific behavior

CHANGE TALK

Client speech which favors changing a specific behavior

	Change talk	Sustain talk
Desire	"I *want to* quit smoking."	"I really *enjoy* smoking."
Ability	"I think it's *possible* for me to quit."	"I don't think I *could* stand the withdrawal."
Reasons	"My children are begging me to quit."	"It's the only way I have to relax."
Need	"I've *got to* quit smoking."	"I *need to* be able to smoke."
Activation	"I'm *willing to* give it another try."	"I *plan to* keep on smoking."
Commitment	"I'm *going to* quit."	"I have *decided to* keep on smoking."
Taking steps	"I bought some nicotine gum today."	"I bought two cartons of cigarettes today."

Source: Motivational Interviewing: Helping People Change And Grow, Fourth Edition

LISTEN FOR DARN CAT

Preparatory Change Talk	Mobilizing Change Talk
Desire: I want to…	**C**ommitment: I'm going to, I will…
Ability: I can…	**A**ctivation: I'm ready to…
Reasons: There are good reasons to….	**T**aking steps: I did…
Need: I really need to…	

Follow up when you hear change talk...

DARNCAT Cheat sheet

DESIRE	*I want to… I would like to… I wish…*
Ask evocative questions Ask for elaboration Ask for examples Look back/look forward Link behavior with values to develop discrepancy	• *Why do you want to make this change?* • *Why else might you want to make this change?* • *Tell me about some times over the last month when you really felt a strong wish to make this change.* • *What may happen if things continue as they are? –OR- If you were 100% successful in making the change you want, what would be different?* • *You have said that [value] is really important to you. How do you think [current behavior] impacts [value].*
ABILITY	*I could… I can… I would like to be able to…*
Ask evocative questions Ask for elaboration Ask for examples Affirm small steps Readiness ruler	• *How might you go about this change in order to succeed?* • *What other supports might help you be successful? How might others support you?* • *Give me an example of a time you made a change in your life. What strengths might you draw on to make a change? - OR - Tell me about a time in the past when you were able to make a change in your life.* • *Tell me about how this change could be broken down into some smaller steps.*
REASON	*Specifies a particular rationale, basis, incentive, justification or motivation for the change*
Ask evocative questions Ask for elaboration Ask for examples Look back/look forward Link behavioral with values to develop discrepancy Decisional balancing Query extremes Readiness ruler	• *What are the reasons for making this change?* • *Why else might you consider this change?* • *Give me an example of how this change would affect your life.* • *Tell me about a time before [the target behavior] emerged. How were things better/different?* • *What may happen if things continue as they are? –OR- If you were able to make the change you want, what would be different?* • *You have said that [value] is important to you. How do you think [current behavior] impacts [value]?* • *What are the pros and cons of making this change?* • *What are the worst things that might happen if you don't make this change? What are the best things that might happen if you make this change?*
NEED	I ought to… I have to…. I should….
Ask evocative questions Ask for elaboration Look back/look forward Query extremes Link behavior with values to develop discrepancy	• *How important is it for you to make this change?* • *Why is it so important to make this change?* • *Tell me about a time before [the target behavior] emerged. How were things better/different?* • *What may happen if things continue as they are? OR If you were 100% successful in making the change you want, what would be different?* • *What are the worst things that might happen if you don't make this change? OR What are the best things that might happen if you do make this change?* • *You have said that [value] is really important to you. How do you think [current behavior] impacts [value]?*

HMA generated handout

RESIST THE "FIXING REFLEX"

- Fix things
- Set things right
- Use shock tactics
- Give advice
- Get someone to face reality
- Shame into change

RESIST THE "RIGHTING REFLEX"

"People are more persuaded by what they hear themselves say than what someone else tells them"

(self-perception theory, 1972).

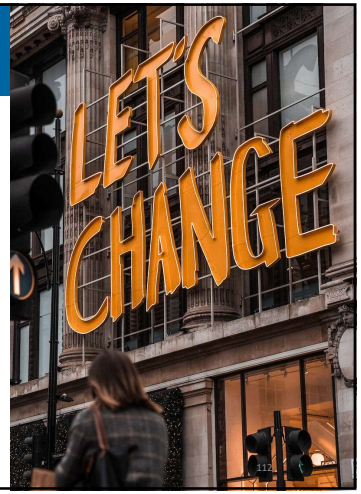
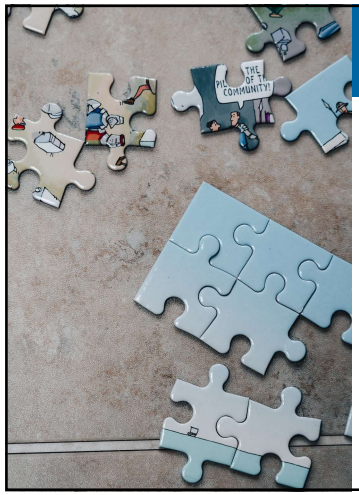


Photo Source : Brad Starkey on Unsplash



GOLDEN RULE

80/20

REMEMBER THE GOLDEN RULE

The client should be talking more than the provider and open-ended questions are an ideal way to keep the conversation going.

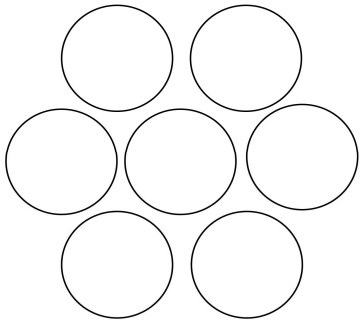
Photo Source : Jonny Gios on Unsplash

TOOLS FOR MI

- Circle Chart
- Decision Matrix
- Scales or Rulers

Agenda Map

Fill in the circles with topics to explore.



DECISION MATRIX – SOCIAL MEDIA

	GOOD	NOT SO GOOD
NOT CHANGING BEHAVIOR		
CHANGING BEHAVIOR		

USING THE READINESS RULER

ABILITY TO CHANGE – CONFIDENCE

On a scale of 0 to 10 how confident you are you can make this change?

Why are you a ____ [insert # reported] and not a zero?

What would it take for you to get from ____ [insert # reported] to ____ [the next higher number]?

0	1	2	3	4	5	6	7	8	9	10
Not at all (*Important or Confident*)										Extremely (*Important or Confident*)

Figure 3: An Example of an Importance or Confidence Ruler

REASON OR NEED TO CHANGE – IMPORTANCE

On a scale of 0 to 10 how important is to make this change?

Why are you a ____ [insert # reported] and not a zero?

What would it take for you to get from ____ [insert # reported] to ____ [the next higher number]?

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EXPLORING VALUES

From an idea to a belief to a value

"Smoking is unhealthy and I enjoy it" to

"I believe not smoking will improve my life" to

"I value health and wellbeing for myself and therefore don't want to smoke anymore".

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WAYS TO INCORPORATE MI PRACTICE INTO YOUR WORK

- Post-it notes in your workspace or find posters on Pinterest
- Organize MI skills meetings once a month (many online curricula can guide you)
- Send a MI video to the team and spend 10 min discussing it before a meeting.
- Focus on one skill each week. It's Affirmations week!!!
- Find films or shows with ambivalent characters and discuss what skills you could use.

- Have a MI book club.
- Practice with songs (Still, Should I stay or should I go, Please don't leave me, A million reasons).
- Lift up good examples for recognition and review
- Take advantage of cases with challenging patients or outcomes to review and role play as part of routine workflow such as
  - During case reviews
  - On rounds
  - During supervision

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Developing proficiency in MI is like learning to play a musical instrument. Some initial instruction is helpful, but real skill develops over time with practice, ideally with feedback and consultation from knowledgeable others. As with other complex skills, gaining proficiency is a lifelong process.

- WILLIAM MILLER, 2008

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REFERENCES: STIGMA AND HARM REDUCTION

Stigma Abatement Resources

- Educational Development Center. Words Matter: How Language Can Reduce Stigma. https://preventionsolutions.edc.org/sites/default/files/attachments/Words-Matter-How-Language-Choice-Can-Reduce-Stigma.pdf
- International Network of People who Use Drugs https://inpud.net/stigma-and-discrimination-have-no-place-in-my-life/
- Minnesota Harm Reduction and Overdose Prevention Fact Sheet https://www.health.state.mn.us/communities/opioids/documents/sudresourcesheet.pdf
- Zinberg, N. E. (1984). Drug, set, and setting: The basis for controlled intoxicant use. New Haven: Yale University Press.
- Project Implicit at Harvard University has a number of implicit bias resources and tests that should be reviewed before you dive in. https://implicit.harvard.edu/implicit/takeatest.html
- SAMHSA Anti-Stigma Toolkit. A Guide to Reducing Addiction-related Stigma. https://www.montefiore.org/documents/ANTI-STIGMA-TOOLKIT-A-Guide-to-Reducing-Addiction-Related-Stigma.pdf
- Unshame California https://www.unshameca.org/
- Urban Survivors Union https://southwestrecoveryalliance.org/urban-survivors-union/

Harm Reduction resources for you:

- Recovery Research Institute https://www.recoveryanswers.org/resource/drug-and-alcohol-harm-reduction/
- National Harm Reduction Coalition - https://harmreduction.org/our-work/action/california/
- California Department of Public Health Injury and Violence Prevention Branch - https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/NaloxoneGrantProgram.aspx
- HR in Minnesota
- Southside Harm Reduction (Southside) for SE, street outreach, peer /education https://southsideharmreduction.org/covid-19/
- RAAN (Duluth) for SE, naloxone, educational materials https://southsideharmreduction.org/covid-19/

REFERENCES: MOTIVATIONAL INTERVIEWING

- Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 35. HHS Publication No. (SMA) 13-4212. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999 (revised, 2013). Retrievable at https://store.samhsa.gov/system/files/sma13-4212.pdf
- Case Western Reserve Center for Evidence-based Practices – The Spirit of MI. https://www.centerforebp.case.edu/resources/tools/the-spirit-of-mi
- Frey J, Hall A. Motivational Interviewing for Mental Health Clinicians: A Toolkit for Skills Enhancement. PESI Publishers. May 2021.
- MBSEI Toolkit, Best Practice #6 – Appendix A is an abbreviated MI curriculum with several useful internet links. nastoolkit.org
- Motivation Interviewing Network of Trainers (MINT). https://motivationalinterviewing.org/
- Miller, W. R., & Rollnick, S. (2002). Motivational interviewing: Preparing people to change addictive behavior (2nd ed.). New York, NY: The Guilford Press.
- Prochaska J, Norcross J, and DiClemente C. Change for Good: A Revolutionary Six Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward. New York Avon Books 1995.
- "An Example of an MI 'Session'" from the work of WR Miller and S Rollnick
- Sobell & Sobell. (2008.) Motivational Interviewing Strategies and Techniques: Rationalesand Examples

QUESTIONS?

AGENDA FOR WEBINAR SERIES

Session	Topics
#1 **WEDNESDAY,** **JANUARY 7** 12:00 pm to 3:00 pm	❑ Understanding HIV ❑ HIV Testing, Treatment and Prevention ❑ The Science of Addiction ❑ Screening and Assessment
#2 **WEDNESDAY,** **JANUARY 14** 12:00 pm to 3:00 pm	❑ Ethical and Legal Issues ❑ Funding and Policy Considerations ❑ HIV Risk Reduction ❑ SUD Harm Reduction ❑ HIV and Stigma ❑ Motivational Interviewing
#3 **WEDNESDAY,** **JANUARY 21** 12:00 pm to 3:00 pm	❑ **Working with Persons Involved in the Legal System** ❑ **Substance Use Disorder Treatment with Medications** ❑ **Mental Health Treatment and Counseling** ❑ **Stimulant Use** ❑ **Chem Sex**
#4 **WEDNESDAY,** **JANUARY 28** 12:00 pm to 3:00 pm	❑ Cultural, Racial and Sexual Identities ❑ Pregnancy and HIV, SUD/OUD ❑ Accessing, Obtaining, and Integrating Services for Individuals with HIV and SUD in Minnesota

NEXT STEPS

- Join us **next week** for Session 3!
- Your registration should have included a reoccurring calendar invite for all four sessions
- Please complete the evaluation for this session that will be sent out after via email (evaluations must be completed for those seeking CEU credits).

Follow-up questions?

Contact Gabriel Velazquez at gvelazquez@healthmanagement.com

GLOSSARY OF TERMS (REVISITED)

- Sexual orientation – a person's identity in relation to the gender or genders to which they are sexually attracted (straight, gay, lesbian, asexual, bisexual, pansexual)
- Gender identity and/or expression - internal perception of one's gender; how one identifies or expresses oneself.
  - Cisgender – a term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth
  - Transgender – refers to an individual whose current gender identity and/or expression differs from the sex they were assigned at birth (may have transitioned or be transitioning in how they are living)
  - Gender Expansive - refers to an individual who expresses identity along the gender spectrum (genderqueer, gender nonconforming, nonbinary, agender, two spirit)
- Sexual Minority – refers to a group whose sexual identity orientation or practices differ from the majority of and are marginalized by the surrounding society.

SOURCE: Centers for Educational Justice and Community Engagement, UC Berkeley

GLOSSARY OF TERMS (REVISITED)

- Race - is usually associated with inherited physical, social and biological characteristics. In this context that means race is associated with biology. Institutionalized in a way that has profound consequences (White, African American, American Indian Alaskan Native, Native Hawaiian or Pacific Islander)"
- Ethnicity - a term used to categorize a group of people with whom you share learned characteristics and identify according to common racial, national tribal, religious, linguistic, or cultural origin or background. (Hispanic, Non-Hispanic Black, Non-Hispanic Black, etc.)

SOURCE: US Office of Management and Budget: Federal Register Vol. 62(210): 58782

GLOSSARY OF TERMS (REVISITED)

- Health Insurance Portability and Accountability Act (HIPAA) - required the creation of national standards to protect sensitive patient health information (PHI) from being disclosed without the patient's consent and includes a Privacy Rule addressing disclosure of and access to PHI; the Security Rule protects disclosure of and access to electronic PHI (e-PHI) a subset of information covered by the Privacy Rule
- Code of Federal Regulations, Title 42, Part 2 (42 CFR Part 2) – a complicated set of regulations that strengthen the privacy protections afforded to persons receiving alcohol and substance use treatment (in addition to the more general privacy protections afforded in HIPAA). The regulations restrict the disclosure and use of alcohol and drug patient records which are maintained in connection with any individual or entity that is federally assisted and holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment (42 CFR § 2.11)
- Family Education Rights Protection Act (FERPA) - protects the privacy of student education records in public or private elementary, secondary, or post-secondary school and any state or local education agency that receives funds under an applicable program of the US Department of Education.

SOURCE: Centers for Disease Control and Prevention; and the Substance Abuse and Mental Health Services Administration

COMMON ACRONYMS (REVISITED)

ART – Antiretroviral therapy
AUD – Alcohol use disorder
IDU – Injection or intravenous drug use
MSM – Men who have sex with men
OUD – Opioid use disorder
PEH – Person(s) experiencing homelessness
PEP – Post-exposure prophylaxis
PrEP – Pre-exposure prophylaxis
PLWH – Person(s) living with HIV
PWID – Person(s) who injects drugs
SUD – Substance use disorder