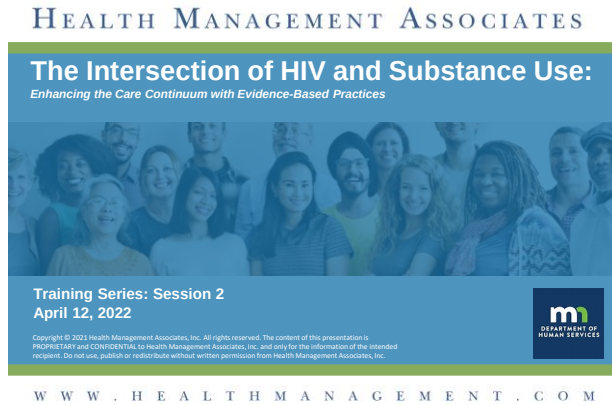
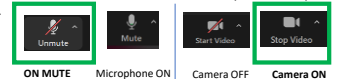


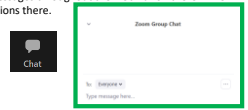


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Utilizing Zoom

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- **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.



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Housekeeping

- Today is **Session 2**
 - This series is eligible for both **CEU's** and **CME's**
 - *These activities have been approved for CEU's by the Minnesota Board of Behavioral Health and Therapy for 3 hours of credit for LADCs and LPC/LPCCs (total of 12 hours if all four sessions are fully attended)*
 - *These activities have been approved for CME's by the American Academy of Family Physicians for 3 hours of credit (total of 12 hours if all four sessions are fully attended)*
 - **Please complete the evaluation for the webinar that will be sent out via email after each session.**
 - **You will be receiving a PDF of today's presentation.**
 - **Follow-up questions?**
- Contact Cami McIntire: cmcintire@healthmanagement.com

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Acknowledgments



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



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Land Acknowledgment



Every community owes its existence and vitality to generations from around the world who 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 has been buried by honoring the truth. **We are standing on the ancestral lands of the Dakota people.** We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called 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

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Today's Presenters



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Disclosures

Faculty	Nature of Commercial Interest
Charles Robbins, MBA	Mr. Robbins discloses that he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
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.
Claudia Figallo, MPH, LAADC	Ms. Figallo is an employee of the San Francisco AIDS Foundation, a non-profit which promotes health, wellness, and social justice for communities most impacted by HIV, through sexual health and substance use services, advocacy, and community partnerships.
Jeanene Smith, MD	Dr. Smith 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.

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Time for a Poll



Who is in the Zoom room today?

- Please select your role or discipline in the pop-up poll.
(If "other", type in chat)

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Agenda for Webinar Series

Session	Topics
#1 TUESDAY, APRIL 5 12:00 pm to 3:00 pm	☐ Understanding HIV ☐ HIV Testing and Treatment ☐ The Science of Addiction ☐ Screening and Assessment
#2 TUESDAY, APRIL 12 12:00 pm to 3:00 pm	☐ HIV Risk Reduction ☐ SUD Harm Reduction ☐ HIV and Stigma ☐ Motivational Interviewing ☐ Ethical and Legal Issues ☐ Funding and Policy Considerations
#3 TUESDAY, APRIL 19 12:00 pm to 3:00 pm	☐ Medications for Addiction Treatment ☐ Working with Justice Involved Persons ☐ Mental Health Treatment and Counseling ☐ Stimulant Use ☐ Chem Sex
#4 TUESDAY, APRIL 26 12:00 pm to 3:00 pm	☐ Cultural, Racial and Sexual Identities ☐ Pregnancy and HIV, SUD/ODU ☐ Accessing, Obtaining, and Integrating Services for Individuals with HIV and SUD in Minnesota

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CHATTER FALL

Please respond to following prompt
by typing into the chat box

*Please share a curiosity you
bring with you today regarding
the topics we are covering*

Type your response and
don't click enter.

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

Let's begin!

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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

- **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

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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.

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

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Common Acronyms (revisited)

ART – Antiretroviral therapy

AUD – Alcohol use disorder

IDU – Injection or intravenous drug use

MAT – Medication assisted treatment or

Medications for addiction treatment

MSM – Men who have sex with men

ODU – 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

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Learning Objectives:

HIV Risk and SUD Harm Reduction

I

Identify at least 3 critical HIV sexual transmission risk reduction strategies, including but not limited to PrEP and PEP

II

Define Harm Reduction as it relates to both SUD and HIV and describe at least 3 harm reduction strategies

III

Describe the current risks associated with synthetic opioids and specific harm reduction strategies to mitigate those

IV

Describe the relationship between SUD and HIV risk

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Definitions

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.

SUD harm reduction

incorporates a spectrum of practical strategies and ideas from safer use, to managed use, to abstinence, all to meet individuals who use drugs where they are, addressing conditions of use as well as the use itself.

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Risks for HIV Infection

Risks for HIV infection

- Unprotected sex
- Sharing needles
- Mother to child

Strategies for HIV prevention

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



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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.

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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

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SUD Harm Reduction

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Definition of 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

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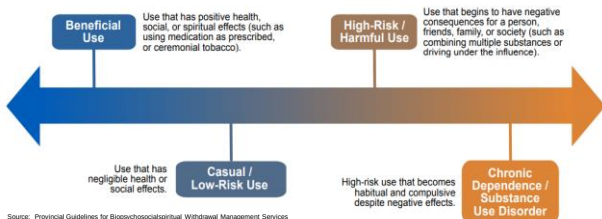
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Harm Reduction

Spectrum of Substance Use

Substance use can be viewed on a spectrum. Understanding where a person is on this spectrum is important for meeting people where they are at, and providing appropriate care options that promote health and reduce risk or harm.

A harm reduction approach can be applied at any point along the spectrum. If you understand how someone views their substance use on this spectrum, you can then foster conversations around supporting their goals and the plan for care.



Source: Provincial Guidelines for Biopsychosocial Withdrawal Management Services
<https://www.health.gov.bc.ca/library/publications/year/2017/biopsychosocial-withdrawal-management-services-guidelines-final.pdf>

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Chatter Fall

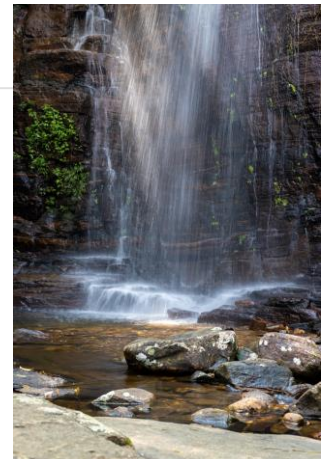
What daily Harm Reduction strategies are you familiar with?

Type your response in the chat feature, but **DON'T CLICK ENTER**

When instructed to do so, **CLICK ENTER**

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Harm Reduction : Alcohol use and HIV

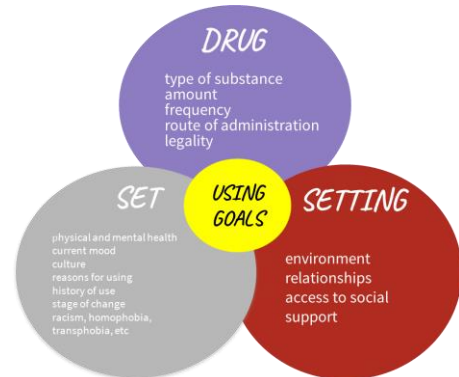
- Explore the pros and cons of drinking
- Discuss drug, set and setting
- Consider alternating drinks
- Discuss budget and finance options
- Phone Apps (Saying When)
- Groups
- PrEP and PEP

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Adapted from Zinberg's model of Drug, Set and Setting
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Harm Reduction: Substance Use + Sex

- Building Healthy Online Communities - <https://bhocpartners.org/>
- Testing-Including home testing <https://together.takemehome.org>
- Hooking up and meth [Tweaker.org](https://tweaker.org)



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Discussing Sex-Drug Linked Behavior

These are the five general motivations for sex/drug linked behavior:

1. To increase ability to sexually function (e.g., erections, better orgasms, etc.)
2. To change level of sexual interest, desire, or arousal (e.g., to increase interest in sex or frequency of sex)
3. To experience a specific sexual turn-on (same-sex desires, "specific" turn-ons, etc.)
4. To escape from negative or overwhelming feelings (e.g., anxious, sad, lonely. Also includes feeling ugly or unwanted, etc.)
5. To express feelings of love, affection, and commitment (e.g., wanting to feel close, needing to be touched, etc.)

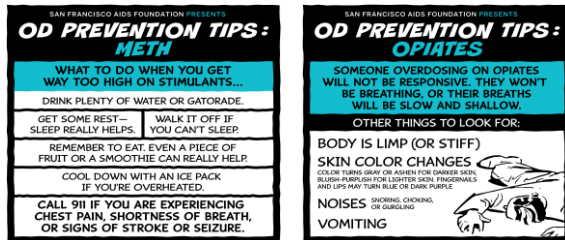
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Overdose Prevention – Meth and Opiates



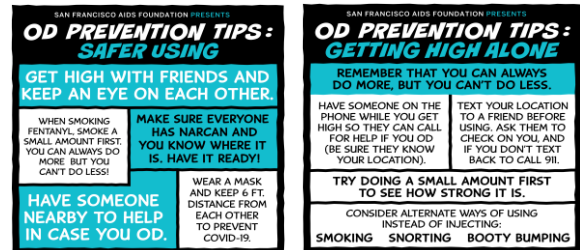
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Overdose Prevention – Safer Use



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Naloxone (Narcan) Saves Lives

What is Naloxone?

Signs of overdose

What to do?

Ways to administer Naloxone

- Considerations in the fentanyl era

Who should carry Naloxone?

MN Good Samaritan/Steve's Law



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Why Harm Reduction for Effective Drug Treatment

- 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)
- 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

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What Harm Reduction Provides

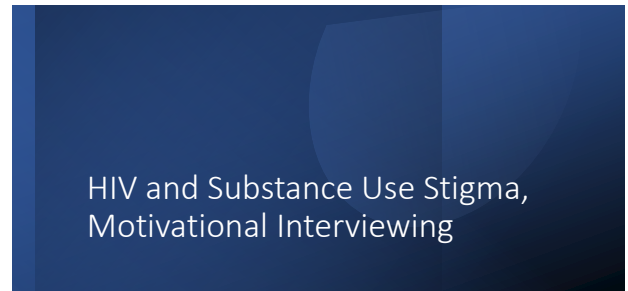
- Non-judgmental support
- A collaborative approach
- An understanding that refraining from drug use may not be the only step in the healing process. Change can happen in other areas even while people are using.
- A strong belief in the client's capacity to care for themselves, including prevention of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

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Learning Objectives:

HIV and Substance Use Stigma, Motivational Interviewing

I

Define the 3 different types of stigma and how stigma influences testing, retention in treatment and outcomes of HIV and SUD

II

Describe how cultural considerations can influence treatment engagement

III

List at least 3 effective motivational interviewing tools

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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



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How do we define stigma?

Categories of Stigma



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Stigma

Key Elements:

Blame and Moral Judgment

Pathologize and Patronize

Fear and Isolation (the opposite of connection)

Criminalize

National Harm Reduction Coalition

Functions of Stigma:

Difference --- To keep people out

Danger ---To keep people away

Discrimination---To keep people down

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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

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Stigma is Often Exacerbated by

Lack of context

Misinformation and myths

Poorly conceived policies

Discriminatory or dehumanizing language



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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
Abstinence; 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 combative 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

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Chatter Fall

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

Type your response in the chat feature, but **DON'T CLICK ENTER**

When instructed to do so, **CLICK ENTER**

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



<https://supportdontpunish.org/>

Explore networks which support people who use drugs
such as: INPUD, VOCAL and Urban Survivors Union.

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Learning Objectives:

Motivational Interviewing

I

Define and explain Motivational Interviewing (MI) and how it can be utilized with clients contemplating behavior change

II

Explain the stages of change and how they relate to understanding and supporting clients

III

Identify the principles and spirit of MI

IV

Explain OARS (Open-Ended Questions, Affirmations, Reflections and Summaries)

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mindful
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Stretching and Grounding

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This is your Brain on Change

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.

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Break Out Activity



BREAKOUT ACTIVITY
"To change or not to change"



INSTRUCTIONS

Step 1: Review How Breakouts Work

Step 2: Group Breakout *5min*

Share the following with the other participants in the room:

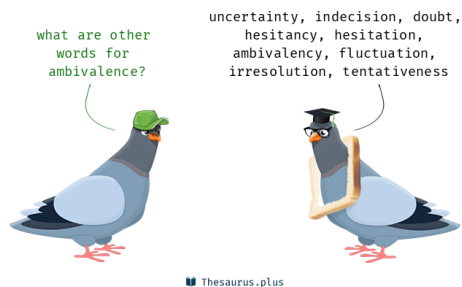
- Think about a behavior change you have been considering (something you feel comfortable sharing with a stranger)
- Think about the benefits and challenges of making this behavior change.
- Think of an image you would use to describe the feeling of wanting and not wanting to change something.
- Share with your group

Step 3: Return to Main Room

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What is Ambivalence?



- Many people are **ambivalent** about change.
- Providers who push for specific change create a relational discord which reduces motivation for change.
- Discord 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.

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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)

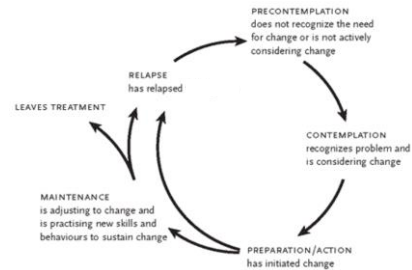
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Transtheoretical Model of Change



Prochaska J, DiClemente C. *Changing for Good: A Revolutionary Six Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward*. New York, New York: 1992.

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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

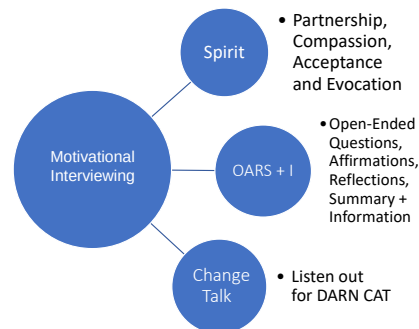
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Core Elements of Motivational Interviewing



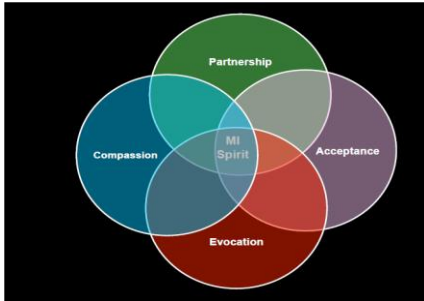
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Spirit of Motivational Interviewing



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For each of the following questions, place "O" in the chat function if you think the question is open ended, and "C" if you think the question is 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?

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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

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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?"

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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

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Examples of Reflections

For the following scenario, use the chat function to 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?) *Type it in the chat feature*

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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".



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A summary is a bouquet filled with all the material the client has provided.

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Listen for DARN CAT

Sustain Talk

Client speech which favors maintaining and not changing a specific behavior

Change Talk

Client speech which favors changing a specific behavior

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Preparatory Change Talk

Desire: I want to...

Ability: I can...

Reasons: There are good reasons to....

Need: I really need to...

Mobilizing Change Talk

Commitment: I'm going to, I will...

Activation: I'm ready to

Taking steps: I did

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Resist the "Righting Reflex"

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

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Resist the "Righting Reflex"

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

(self-perception theory, 1972).



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WAIT and WAIST

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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.

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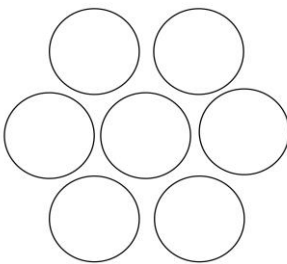
Tools for MI

- Circle chart
- Decision Matrix
- Scales or rulers

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Agenda Map

Fill in the circles with topics to explore.



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Decision Matrix – Social Media

Benefits of current behavior	Benefits of change
Staying connected with friends	Spending more time with family
Staying connected to important causes	Spending more time reading
Finding out about events	Spending more time doing self-care activities
Selling/buying stuff	Spending less time browsing
Concerns of current behavior	Concerns about change
Too much time spent looking at material which can be useless	Losing connection with people who live far
Spending money on unnecessary things	FOMO
Not prioritizing other activities	Not being able to comment of important conversations

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Slides or Change Rulers

On a scale from 1-10 assess for:

Motivation
Confidence
Competence
Importance

Tell me more about why you chose that number?

Why didn't you choose a lower number?

What is one thing you can do to increase your number?

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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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- 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>

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/CID/DCDC/SACB/Pages/NaloxoneGrantProgram.aspx>
- HR in Minnesota
- Southside Harm Reduction (Southside) for SE, street outreach, peer discussion/education <https://southsideharmreduction.org/covid-19/>
- RAAN (Duluth) for SE, naloxone, educational materials <https://southsideharmreduction.org/covid-19/>
- MN DHS harm reduction website for basic overview and education <https://www.health.state.mn.us/communities/opioids/prevention/harmreduction.html>

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- MBSEI Toolkit, Best Practice #6 – Appendix A is an abbreviated MI curriculum with several useful internet links. nastoolkit.org
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Learning Objectives:

Ethical and Legal Issues, Funding and Policy Considerations

I

Describe the ethical considerations related to HIV disclosure and how those have changed over time

II

Explain privacy protection and the considerations that affect those protections related to HIV testing and disclosure

III

List the purpose and key components of the Ryan White Programs

IV

Summarize at least 3 critical steps needed to end the HIV Epidemic

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Principles of Bioethics in America



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- 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 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



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Confidentiality: General



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- 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
 - 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 in case of an EMS exposure
 - Mandatory provision of HIV education materials for clients in chemical dependency treatment programs
- 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 health commission within 30 days of diagnosis
 - "Anonymous" testing is not completely anonymous
 - In MN it is a criminal offense to knowingly "transfer" a communicable disease to another through "direct transmission"
 - Infected 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?*



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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 CD4 or 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.

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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.

Rainbow Health tells us that most people feel like the U=U defense would be upheld in MN, but it hasn't happened (know their knowledge).

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Q&A Response

- 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?

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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

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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

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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**

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Ryan White HIV/AIDS Program

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)**, with at least 2,000 new cases of AIDS reported in the past 5 years and at least 3,000 people living with HIV
 - **Transitional Grant Areas (TGAs)**, with 1,000 – 1,999 new cases of AIDS reported in the past 5 years and at least 1,500 people living with HIV
- Funds are used to develop or enhance access to a comprehensive system of high-quality community-based care for low-income PLWH

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Ryan White HIV/AIDS Program

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

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Ryan White HIV/AIDS Program

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

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Ryan White HIV/AIDS Program

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

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Ryan White Federal Programs

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)

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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.



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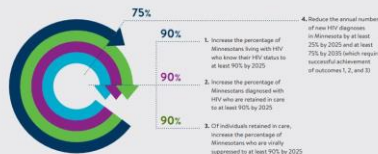
END HIV MN IS OUR COMPREHENSIVE STRATEGY TO END HIV IN MINNESOTA.

END HIV MN provides a roadmap for coordinating efforts and resources to end HIV in Minnesota. The strategy contains goals, tactics, and action steps geared toward four specific outcomes.

END HIV MN

How Minnesota will measure success

The Minnesota Legislature has identified four ambitious—but attainable—outcomes for END HIV MN. Timelines to achieve these outcomes were set by the END HIV MN Advisory Board.



Our Vision is Clear

By 2025, Minnesota will be a state where new HIV diagnoses are rare and all people living with HIV—and those at high risk of HIV infection—will have access to high quality health care and the resources they need to live long healthy lives, free from stigma and discrimination.

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Funding

President Biden's Fiscal Year 2022 Budget Request Includes \$670 Million for the Ending the HIV Epidemic Initiative

To help accelerate and strengthen efforts to end the HIV/AIDS epidemic in the United States, the Budget includes \$670 million within HHS to help aggressively reduce new HIV cases while increasing access to treatment, expanding the use of pre-exposure prophylaxis, also known as PrEP, and ensuring equitable access to services and supports.

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Funding

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>

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- 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/hivandt.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
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- 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/endhiv/mn#:~: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>

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Next Steps

- Join us for **Session 3 next Tuesday!**
- 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/CME credits).**

Follow-up questions?

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