

Official start time: 11:01

I. Housekeeping (~5 minutes)

II. Refine & Reflect: Trusted Partners & Welcoming Services & Spaces Activities (~35 minutes)

- What requires clarification?
- What might be missing?
- No wordsmithing during this portion

III. Decide Content for Final Plan (~15 minutes)

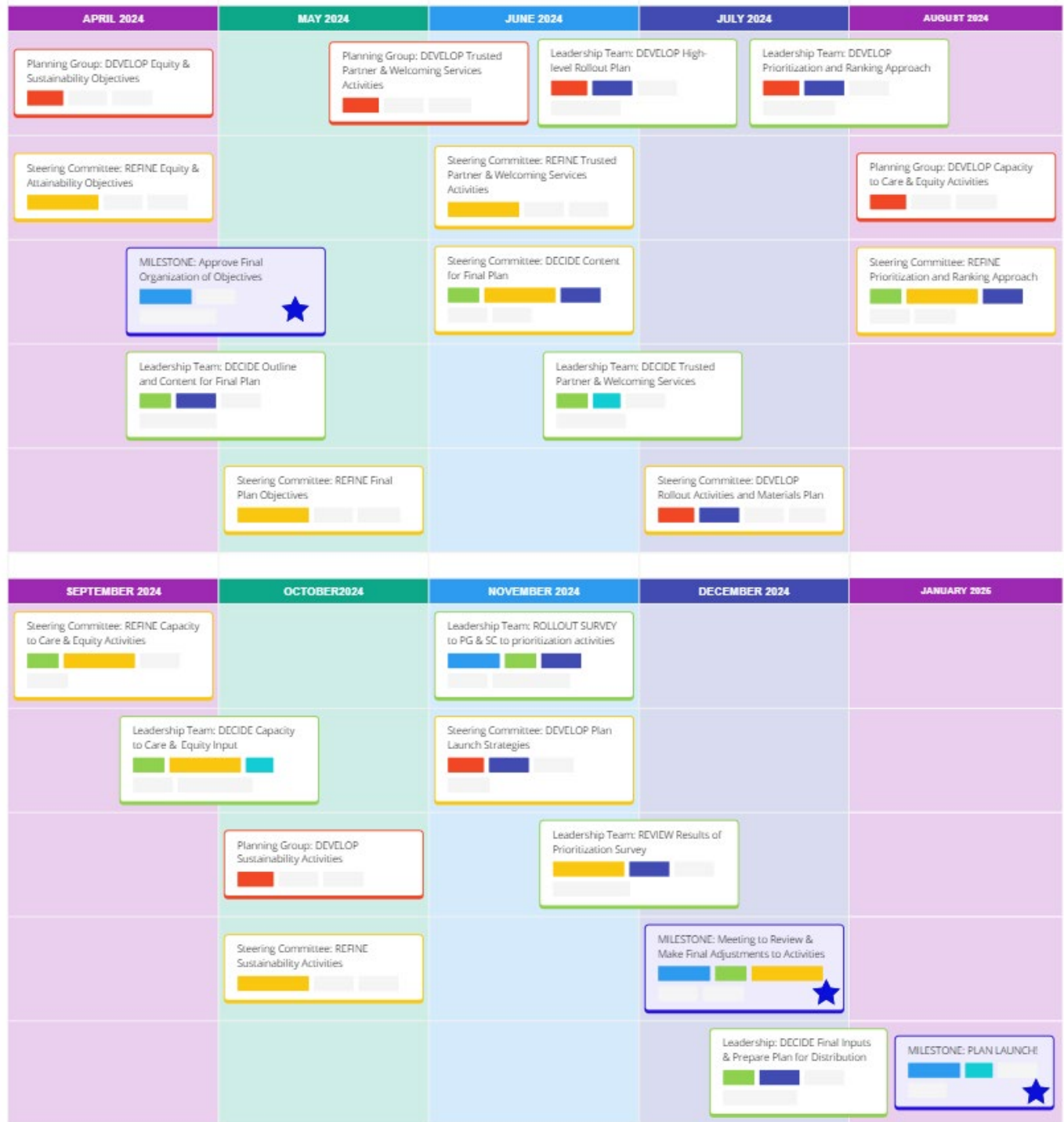
IV. Wrap up (~5 minutes)

- Questions?
- Next steps/Review action items
- Evaluation reminder
- Any Other Business (Parking Lot)

Next Steering Committee meeting: July 18th, 2024 @ 11am via ZOOM

Next Planning Group meeting: August 8th, 2024 @ 11am via ZOOM





Consensus

5. **Decision Making.** Consent-based decision making is used throughout the strategic planning process. For planning purposes, the definition of consent means, “the absence of objections” after adequately defining a problem or decision. This process combines speed and inclusiveness, and encourages iterative, “good enough” solutions that help groups avoid perfection paralysis. *States have authority on decisions with New Hampshire retaining final authority.*



Pillar: Trusted Partners

Goal: *Harm reduction services have the capacity to support viral hepatitis elimination efforts and strategies are informed by the leadership of people who use drugs.*

- 1) Increase the number of people with lived experience (PWLE) who are planning, leading, and participating in outreach and peer programming efforts to integrate viral hepatitis education and testing into high-quality, established programs.
- 2) Increase state and local funding for harm reduction programs.
- 3) Expand the ability of harm reduction programs to provide viral hepatitis supports and services across the full cascade of care.
- 4) Make it easier to seek care from harm reduction services and recovery-focused community organizations by fostering collaboration between treatment programs that offer welcoming and trauma-informed care.
- 5) Make harm reduction programming more sustainable financially through insurance coverage and other innovative reimbursement models.



Pillar: Welcoming Services & Spaces

Goal: *Stigma is not a barrier to testing, treatment, or care.*

- 1) Reduce stigma by making it normal to have conversations about hepatitis and to test hepatitis B and C during primary care visits.
- 2) Increase awareness among healthcare workers and patients of the high cure rates and low reinfection rates of viral hepatitis among people who use drugs.
- 3) Build capacity of peer support workers, health advocates, and community healthcare workers (CHWs) to make judgment-free connections and build productive relationships between communities and local healthcare resources.
- 4) Increase the use of trauma-informed care principles through healthcare worker training and education and through re-design of testing and treatment practices and programs.



Draft Trusted Partner Activities

- 1. Increase the number of people with lived experience (PWLE) who are planning, leading, and participating in outreach and peer programming efforts to integrate viral hepatitis education and testing into high-quality, established programs.**
 - Develop a free, confidential, and easily accessible tri-state support group to prevent burnout and sustain collaborative partnerships with people engaged in peer support work.
 - Provide multiple channels to gather and act on feedback from PWLE regarding how to better meet people where they are at in order to decrease barriers to participation, planning, leadership, and outreach.
 - Collaborate with faith-based and other community leaders to provide space to share personal experiences and offer peer support.
- 2. Increase state and local funding for harm reduction programs.**
 - Conduct long-term financial planning to prevent over-dependence on opioid settlement funds.
 - Use data and evidence of the effectiveness of harm-reduction programs to encourage increased financial support.
 - Establish mechanisms to distribute surplus resources from organizations receiving grants for viral hepatitis activities and services.



Draft Trusted Partner Activities (Cont.)

3. **Expand the ability of harm reduction programs to provide viral hepatitis supports and services across the full cascade of care.**
 - Offer standard testing in harm reduction settings to inform organizations of and normalize this protocol.
 - Ensure harm reduction programs have the ability to dispense medication.
 - Provide training opportunities for harm reduction program staff on evidence and communication strategies for supporting PWUD in seeking testing and treatment.
 - Expand harm reduction program staff capacity to provide care navigation and coordination assistance.
4. **Make it easier to seek care from harm reduction services and recovery-focused community organizations by fostering collaboration between treatment programs that offer welcoming and trauma-informed care.**
 - Increase awareness of harm reduction initiatives through media campaigns.
 - Create and distribute a list of providers who are harm reduction-friendly
 - Incorporate whole-person care into harm reduction and recovery settings.
5. **Make harm reduction programming more sustainable financially through insurance coverage and other innovative reimbursement models.**
 - Develop a Roadmap to Reimbursement for harm reduction activities.
 - Utilize existing models (locally or in other states/regions) for making prevention activities billable to insurance.
 - Develop a 'package' of services that are covered under harm reduction for insurance billing in order to protect individuals utilizing services.



Draft Welcoming Services & Spaces Activities

1. **Reduce stigma by making it normal to have conversations about hepatitis and to test hepatitis B and C during primary care visits.**
 - Collaborate with harm reduction programs and primary care practices to develop clear messaging that can be shared and used in clinical settings, and is aimed at making people who use drugs feel welcome and valued as patients.
 - Develop a welcoming services and spaces designation that can be achieved by health care sites.
 - Assess treatment programs available for "welcoming and trauma-informed care" practices.
 - Provide and promote education for PCPs on normalizing conversations around hepatitis B and C with patients.
 - Facilitate the development of regional learning communities and other opportunities for continuing professional education.
 - Adapt clinical practice to incorporate evidence-informed guidelines for screening and vaccination into routine care.
 - Include education around approaching routine screening conversations in a non-stigmatizing manner.
 - Develop and disseminate public awareness campaigns, including:
 - Communication campaigns in waiting rooms, pharmacies, etc. to increase awareness and generate more visibility and discussion around HCV testing and treatment.
 - Radio broadcasts showcasing people's lived experience with hepatitis B and C as a means of educating via storytelling.
 - General educational brochures that can be widely distributed.
 - Equip all EMR systems with an automatic notification for universal hepatitis B and C screening.
 - Include a discussion script for HCPs offering testing.
 - Identify which practices are not implementing universal screening and find ways to support this.



Draft Welcoming Services & Spaces Activities (Cont.)

2) Increase awareness among healthcare workers and patients of the high cure rates and low reinfection rates of viral hepatitis among people who use drugs.

- Increase healthcare worker training around effectiveness of treatment. -> Provide evidence of low reinfection rates.
- Increase general public awareness of high cure rates.
- Work with harm reduction programs to train staff on evidence and communication strategies for supporting PWUD in seeking testing and treatment.

3) Build capacity of peer support workers, health advocates, and community healthcare workers (CHWs) to make judgment-free connections and build productive relationships between communities and local healthcare resources.

- Support multi-pronged and regionally-specific relationship building between community harm reduction organizations, SUD treatment settings, housing programs and local health care resources.
- Educate primary care professionals on the importance of peer advocacy and community health workers
 - Provide funding for Peer and Patient navigation programs at SSPs, FQHCs, and other relevant community organizations.
 - Fund an organization to provide training, mentoring, and technical assistance to navigators across all of the programs.

4) Increase the use of trauma-informed care principles through healthcare worker training and education and through re-design of testing and treatment practices and programs.

- Provide more continuing professional education opportunities and leverage resources for development and support of cross-state learning communities
 - Increase capacity of healthcare practices to implement trauma-informed care approaches such as example patient history/interview scripts, language guides, communication tips and tools, team training, practice readiness assessment, policy and procedure review.

Breakout Groups/Poll

- WELCOMING SPACES
- TRUSTED PARTNERS
- Thoughts?





HEP FREE NNE

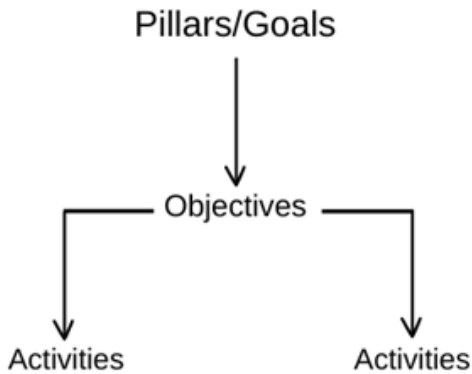
Final Report Plan

Part 1: Executive Summary



- 1-2 page overview of the Hep Free NNE Plan
- Will include a brief description of the timeline, contributors, methods, and plan content

Part 2: Plan Content



- Visuals showing the project timeline, recruitment process, methodology, strategy, and structure of the plan
- List of Leadership Team, Steering Committee and Planning Group members
- Full plan content, including all pillars/goals and their subsequent objectives and activities

Part 3: Implementation Guidance



- 1 page outlining considerations around different laws, reporting requirements, funding allotments and sources, etc. in ME, NH & VT.
- Guidance on how to effectively use the plan as an advocacy tool that can be tailored to each state's needs (reminder that this is a tri-state initiative that will require flexibility in implementation)



Wrap-up

- a. General thoughts/concerns/questions?
- b. Next steps/action items
- c. Please complete the evaluation



THANK YOU!

Trusted Partners Activities: What is GOOD, MISSING, or needs to be CLARIFIED?

Under #1. Do we want to address the compensation aspect for the time and expertise of PWLE who are participating?

emphasize that testing in harm reduction settings should be confirmatory.

Package' needs to be clarified

Under #5. Could there be a couple words of clarification on what "protect individuals" means. In what manner does this seek to protect individuals?-- e.g. protect identity, protect confidentiality, etc.

MISSING: (#4) Develop communities of practice focused on partnership and shared services between different types of harm reduction and SUD/BH programs.

Feel it's complete

on feedback. I think this is an excellent recognition of the fact that truly

Good

the only activity that has a clear role for health departments is activity 2. Can we include a clear and active role for health departments in some of these other activities as they may hold central information through their surveillance systems?

Welcoming Services & Spaces Activities: What is GOOD, MISSING, or needs to be CLARIFIED?

Under #1 - can we include a bullet around smartphone/social media campaigns? These tend to reach lots of people, probably more than a radio broadcast would (though we should still include radio broadcasts)

There are a lot of topics that come up in various areas about training PCPs for better communication - sexual health, specific diseases, etc. "PCP Communication Skills Training" could overlap a LOT of areas of need.

I really like the activities for this pillar. The planning group discussion was great and there is a diverse range of activities suggested. I appreciate the specificity of many of these activities too!

#1 needs more clarification-develop a welcoming services and spaces designation. - does it mean there will be a listing of facilities that are welcoming versus a guide that would be ideal and less biased

Regional learning communities here and communities of practice referenced in the previous pillar can be so effective -- I hope there is good emphasis on this in the "end"... in the plan and in implementation. I've seen Communities of Practice run through webinars that have been so beneficial.

incorporate training/ resources for counseling around patient readiness as this can be a barrier to beginning treatment (activity 2). This can also fall under activity 3 and 4. For example can we say something about following up with people in intervals to see if they are ready.

#2, 3, 4 are good

Under #2, could this be broader and/or incorporate high cure rates and low reinfection rates overall as well as in PWUD? e.g. as a reminder that people in recovery or with other high risk history also need screening