

Patient Navigation Demonstration Project: Orientation Meeting

February 27th & 28th, 2020

Washington, DC



Orientation Aims

- Present structure and expectations of the Patient Navigation Demonstration Project for participating project sites;
- Identify TA leads and establish communications and TA delivery strategies for project sites; and
- Participate in preliminary project planning to identify critical early steps for establishing Patient Navigation programs.

Day One Agenda

9:30 – 10	Welcome and Overview
10 – 10:45	Staff and Partner Introductions
11 – 11:45	Program Introductions
	<i>Break</i>
12 – 12:30	Overview of Component 1A
	<i>Lunch</i>
1:30 – 2:45	Patient Navigation Overview and Discussion
	<i>Break</i>
3 – 4:30	Journey Mapping Activity: Accessing Care for PWUD
4:30 – 5	Closing

Introductions: Who's in the Room?

About NASTAD

WHO: A non-profit, non-partisan national association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments.

WHERE: All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Island jurisdictions.

MISSION: NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

VISION: NASTAD's vision is a world free of HIV and viral hepatitis.

AIDS UNITED



Community LEADERSHIP
BUILDING
Policy & Advocacy
Strategy Formative Research
CAPACITY BUILDING Grantmaking
Technical Assistance

NASTAD & AIDS United Project Team



LAURA PEGRAM
Senior Manager



VIRGIL HAYES
Manager



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FORSETH** Senior
Manager



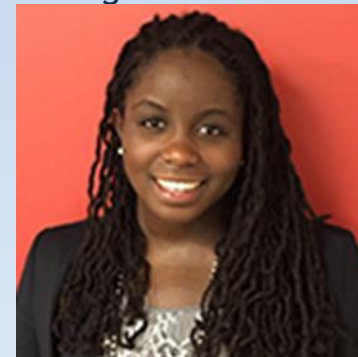
LILLIE ARMSTRONG
Senior Manager



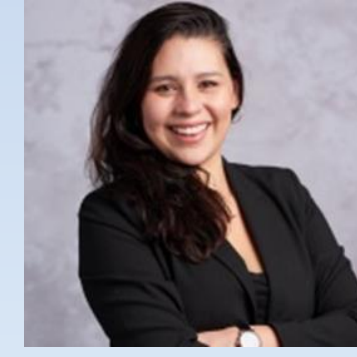
JASMINE WEST
Senior Associate



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Senior Program Manager



KELLY STEVENS
Senior Program Manager



ISABEL LECHUGA
Senior Manager

CDC Partners



**CENTERS FOR DISEASE™
CONTROL AND PREVENTION**

Program Introductions



HIV Prevention & Care in 18 counties of Western North Carolina



Indigenous Peoples
Task Force







Overview of CDC's Harm Reduction program: Addressing gaps in barriers to care for PWID

NASTAD Patient Navigation training

February 27-28, 2020

Alice K. Asher, RN, PhD

Senior Service Fellow

Office of Policy, Planning, and Partnerships

National Center for HIV/AIDS, Viral Hepatitis, STD,
and TB Prevention

Centers for Disease Control and Prevention

Roadmap for today's discussion

Brief overview of CDC Harm Reduction Program


- Harm reduction cooperative agreement (19-1909)
- Harm reductions communications
- Addressing gaps in knowledge through guidance development



Strengthening harm reduction nationally

- In 2019, CDC launched its first national harm reduction cooperative agreement
- Demonstration of support across the agency: funds provided by NCHHSTP and NCIPC
- Three year program
- Year 1: \$4,925,000

[Overview of Notice of Funding Opportunity Announcement: PS19-1909](#)

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Overview of Notice of Funding Opportunity Announcement (NOFO): PS19-1909

The [National Harm Reduction Technical Assistance and Syringe Services Program \(SSP\) Monitoring and Evaluation Funding Opportunity, also known as PS19-1909](#), is a three year cooperative agreement supported by the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at CDC.

The opioid crisis has had substantial infectious disease consequences, particularly for people who inject drugs. Comprehensive syringe services programs (SSPs) are a proven effective component of community-based programs preventing the spread of infectious disease from injection drug use. PS 19-1909

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Program Summary

- This three year program will:
 1. Strengthen the capacity and improve the performance of harm reduction programs throughout the United States
 2. Implement a monitoring and evaluation of syringe services programs.
 3. Help prevent infectious disease resulting from injection drug use; and
 4. Improve health outcomes for people who inject drugs

Long Term Outcomes

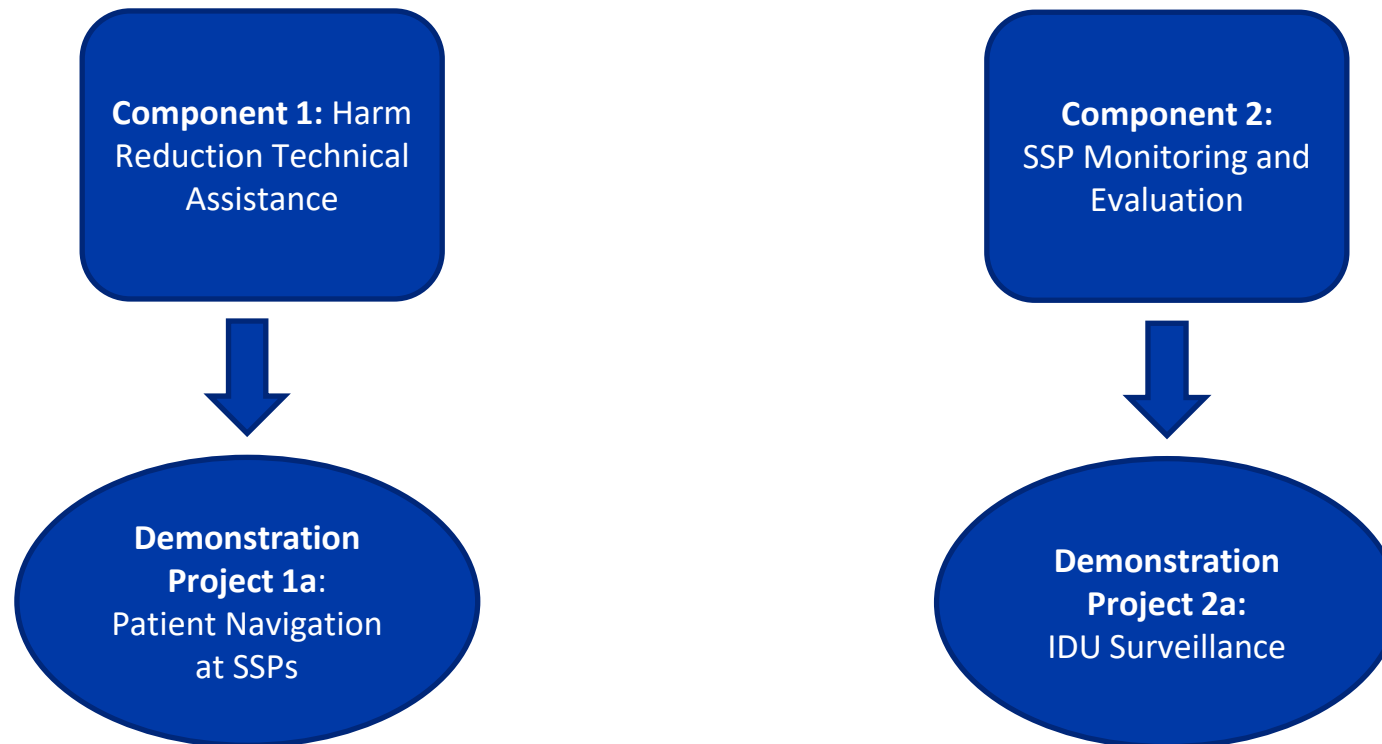
- Improved health outcomes of persons who inject drugs
- Reduced incidence of infectious disease resulting from injection drug use
- Reduced injection drug use and other high risk substance use

Primary activities

- This three-year NOFO is composed of two demonstration projects, and two components:
 - technical assistance (+ patient navigation)
 - monitoring and evaluation (+ IDU surveillance)
- Activities will include:
 - Providing technical assistance to SSPs,
 - Developing a national training network; and
 - Implementing a SSP monitoring and evaluation program.

Harm reduction cooperative agreement

Two components, 2 demonstration projects:



Component 1: Harm reduction technical assistance

Activities	Short and Intermediate Term Outcomes
Activity 1: Develop a national network that provides harm reduction technical assistance responsive to the needs of states and local jurisdictions	❖ Strengthened capacity of jurisdictions to implement comprehensive SSPs to prevent the infectious disease consequences of injection drug use (IDU)
Activity 2: Create toolkit to support the implementation of SSPs in urban, suburban and rural areas	❖ Improved sustainability of SSPs ❖ Improved linkage to medication-assisted treatment from SSPs ❖ Improved screening and linkage to care for infectious disease at SSPs

Demonstration project 1a: Patient navigation

Activities	Short and Intermediate Term Outcomes
Activity 1: Develop patient navigation program at 8 SSPs to link clients to medication-assisted treatment (MAT) and to care and treatment for infectious disease	<ul style="list-style-type: none">❖ Strengthened connections from SSP to other community programs❖ Strengthened capacity of SSPs to support PWID seeking access to MAT and other infectious disease care
Activity 2: Develop guidance on best practices for patient navigation	<ul style="list-style-type: none">❖ Increased use of MAT by PWID❖ Increased access to care and treatment for infectious disease resulting from IDU for PWID

Component 2: Monitoring and Evaluation of SSPs

Activities	Short and Intermediate Term Outcomes
Activity 1: Work with SSPs to improve program data collection and reporting for local monitoring and evaluation	<ul style="list-style-type: none">❖ Improved implementation of SSPs❖ Improved capacity of CDC and partners to monitor SSP services and program needs in the US❖ Improved capacity of CDC to support and sustain SSPs❖ Improved capacity of SSPs to measure their local impact
Activity 2: Develop and implement a national monitoring and evaluation program for SSPs	
Activity 3: Develop national standardized metrics for monitoring SSPs	

Demonstration Project 2a: Injection drug use surveillance

Activities	Short and Intermediate Term Outcomes
Activity 1: Develop a survey instrument to collect individual-level data from SSP clients and their peers	<ul style="list-style-type: none">❖ Strengthened capacity of SSPs to describe and meet the needs of their client population❖ Strengthened capacity of SSPs to understand local drug use trends❖ Establishment of a national surveillance system to identify new and emerging issues impacting PWID and other persons who use drugs
Activity 2: Work with SSPs nationwide to use a data collection platform to capture client-level program data	
Activity 3: Develop and implement a survey of SSP clients and their drug-using peers in a select sub-sample of SSPs	

Patient navigation

- Primary focus of the SSP patient navigation program:
 - Successfully link clients of SSPs to community-based programs that address the medical and psychosocial needs of PWID
 - Effectively track navigation work and outcomes
 - Develop guidance on replicating successes that can be used in the Harm Reduction TA toolkit that will result from this funding opportunity.

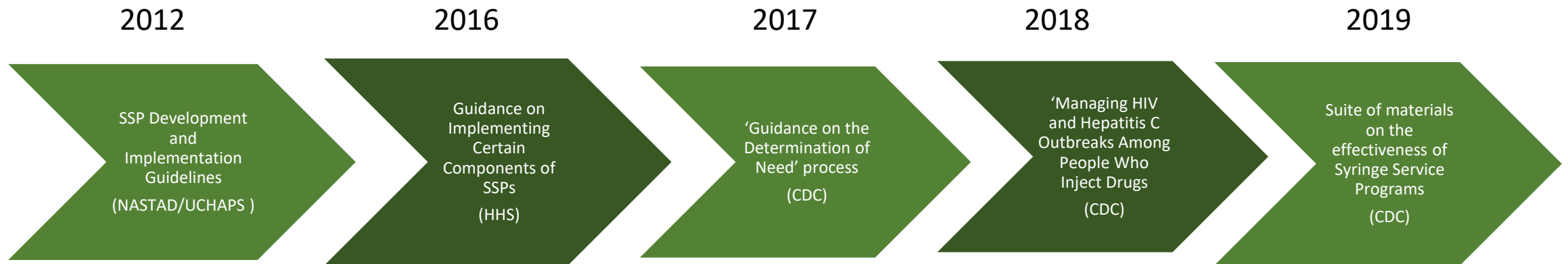
Harm reduction communications contract

- A communication toolkit to help increase and strengthen knowledge, education, awareness and positive and supportive attitudes of SSPs
- End goal: Improve our national understanding of SSPs
 - The essential role SSPs play in drug use prevention
 - Services to prevent the infectious disease consequences of injection drug use
 - Improved understanding of the services SSP provide

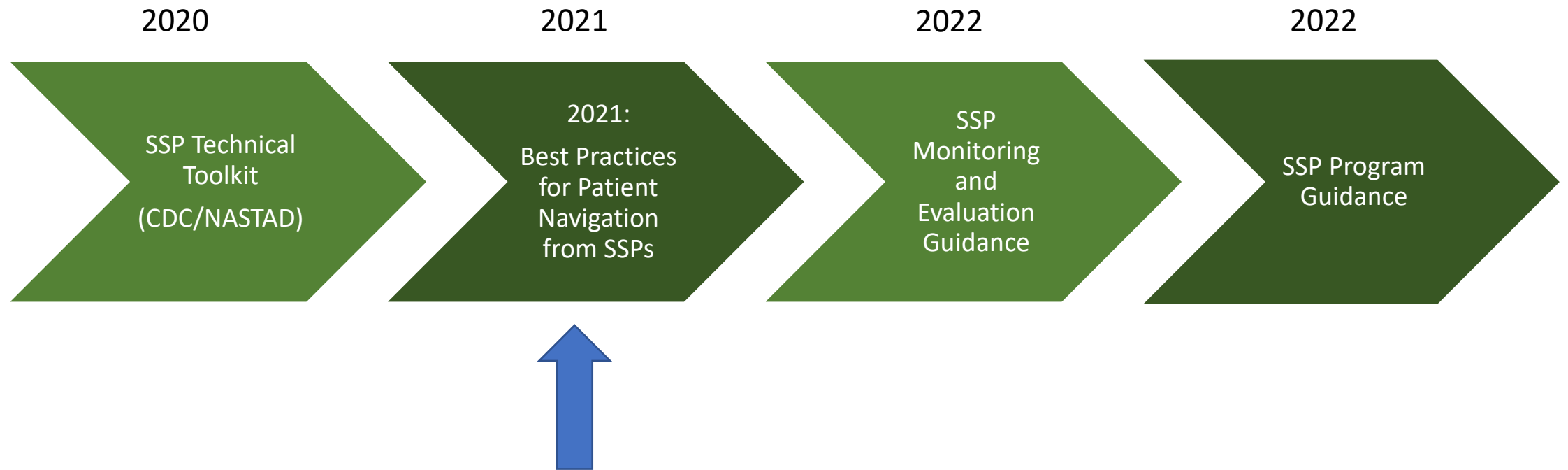
Collaboration Expectations

- Data collection
- Participant tracking
- Information exchange:
 - NASTAD
 - Other programs
 - CDC
 - Other groups funded by CDC

Timeline of CDC support for SSP-related products



Timeline of CDC support for SSP-related products



CDC support

Work with
Recipient Programs

Support Activities

Support Staff &
Programmatic
Trainings

Provide Technical
Assistance &
Guidance

Assist in Conducting
Monitoring &
Evaluation
Activities

Provide Current
Information,
Surveillance Data &
Recommendations

Provide
Standardized Data
Collection Forms &
Templates

Perform Quarterly
Evaluations &
Provide Feedback
to Grantees

NCHHSTP activities related to infectious disease and opioids

- Cluster identification and investigation
- Technical Assistance
- Linkage to care
- SSP Monitoring and evaluation
- Harm reduction communications
- Injection Drug Use (IDU) Surveillance Pilot
- Primary prevention in school-based programs

ADDRESSING THE INFECTIOUS DISEASE CONSEQUENCES OF THE U.S. OPIOID CRISIS: CDC'S WORK IMPROVES HEALTH AND SAVES MONEY

Viral hepatitis is increasing at concerning rates: between 2010-2016, new hepatitis C infections **increased 249%**



1 of every 10 new HIV infections is among people who inject drugs



The rate of **infants born to hepatitis C-infected mothers increased by 39%** nationally in one year alone (2015-16), primarily due to the nation's opioid crisis

People who inject drugs are at elevated risk for unsafe sexual practices, such as having sex without a condom, having sex partners who are injection drug users, or engaging in sex work. Such high-risk sex behavior puts injection drug users at elevated risk for acquiring a sexually transmitted disease (STD) and for transmitting an STD to their sexual network

\$100 MILLION IN MEDICAL COSTS



the result of a 2015 outbreak of diseases linked to opioid use in Indiana

→ **235 people were diagnosed with HIV**
→ **>90% were co-infected with hepatitis C**

INJECTION DRUG USE, FUELED BY THE U.S. OPIOID CRISIS, IS CAUSING A DRAMATIC RISE IN VIRAL HEPATITIS INFECTIONS

How CDC is Responding to Increases in Viral Hepatitis and HIV Among People Who Inject Drugs

- CDC identified **44 states, one territory, and one tribal nation** with areas either experiencing or at-risk of a hepatitis C or HIV outbreak due to injection drug use.
- CDC provides technical assistance on the **most effective strategies** for engaging people who inject drugs into treatment for drug use and infectious diseases.
- CDC invests in efforts that combine public health surveillance and cutting-edge analyses to **identify transmission clusters of viral hepatitis and HIV and respond to outbreaks.**
- CDC **promotes school-based primary prevention programs** that include education, connection to screening and services, positive youth development, and parent and community engagement.



<https://www.cdc.gov/nchhstp>

CS 290677-0

Materials available

- Suite of materials available now at www.cdc.gov/spp
- Technical package of SSP implementation coming 2020



Syringe Services Programs (SSPs) Fact Sheet

Helps prevent transmission of blood-borne infections

For people who inject drugs, the best way to reduce the risk of acquiring and transmitting disease through injection drug use is to stop injecting drugs. For people who do not stop injecting drugs, using sterile injection equipment for each injection can reduce the risk of acquiring and transmitting infections and prevent outbreaks.

SSPs are associated with an estimated 50% reduction in HIV and HCV incidence.⁷ When combined with medications that treat opioid dependence (also known as medication-assisted treatment), HCV and HIV transmission is reduced by over two-thirds.⁸

SSPs serve as a bridge to treatment and medication.

Helps stop substance use

The majority of SSPs are for people who are five times more likely to stop using drugs.⁹

SSPs prevent overdose deaths by providing naloxone to people who are at risk of overdose.

Helps support community health

SSPs have partnered with local health departments to help reduce overdose deaths.¹³

SSPs also protect the health of the community.¹⁴⁻¹⁹

In 2015, CDC's National Syringe Distribution Program (NSDP) was a geographic pilot program to provide sterile syringes to people who inject drugs.

Studies in Baltimore and San Francisco have shown that SSPs reduce overdose deaths and crime rates.

The opioid crisis is fueling a dramatic increase in infectious diseases associated with injection drug use.

Reports of acute hepatitis C virus (HCV) cases rose 3.5-fold from 2010 to 2016.¹

The majority of new HCV infections are due to injection drug use.

Over 2,500 new HIV infections occur each year among people who inject drugs (PWID).²

Syringe Services Programs (SSPs) reduce HIV and HCV infections and are an effective component of comprehensive community-based prevention and intervention programs that provide additional services. These include vaccination, testing, linkage to infectious disease care and substance use treatment, and access to and disposal of syringes and injection equipment.



Summary of Information on the Safety and Effectiveness of Syringe Services Programs (SSPs)

Background

The nation is currently experiencing an opioid crisis involving the misuse of prescription opioid pain relievers as well as heroin and fentanyl.^{1,2} The increase in substance use has resulted in concomitant increases in injection drug use across the country.³ This has caused not only large increases in injection drug deaths,⁴ but also tens of thousands of viral hepatitis infections.⁵ The most effective way to reduce the risk of acquiring and transmitting disease through injection drug use is to stop injecting drugs. For people who do not stop injecting drugs, using sterile injection equipment for each injection can reduce the risk of acquiring and transmitting infections and prevent outbreaks.



What are Syringe Services Programs (SSPs)?

Syringe Services Programs, often called SSPs, are community-based prevention programs. SSPs provide a range of health services, and they provide a lifeline to those struggling with substance abuse. Comprehensive SSPs offer patients vaccinations and testing for diseases, referrals to treatment for substance use disorder and other diseases (such as viral hepatitis and HIV), and sterile injection equipment to prevent the transmission of infectious diseases.

Scientists, including those at the Centers for Disease Control and Prevention (CDC), have studied SSPs for more than 30 years and found that comprehensive SSPs benefit communities.



SSPs save lives by lowering the likelihood of deaths from overdoses.



Providing testing, counseling, and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a 50% decline in the risk of HIV transmission.



Users of SSPs were three times more likely to stop injecting drugs.



Law enforcement benefits from reduced risk of needlesticks, no increase in crime, and the ability to save lives by preventing overdoses.



When two similar cities were compared, the one with an SSP had 86% fewer syringes in places like parks and sidewalks.



CS30156-D March 22, 2018

community-based prevention programs that can provide syringes and injection equipment, vaccination, testing, and more.¹⁰ SSPs reach people who inject drugs, an underserved population. Research has shown that comprehensive SSPs are associated with a 50% decline in the risk of HIV transmission, a 50% decline in the risk of hepatitis C virus (HCV) infection, and a 50% decline in the risk of hepatitis B virus (HBV) infection. SSPs also play an important role in reducing the risk of overdose deaths. Research shows that new users of SSPs are five times more likely to stop using drugs than those who don't use the program.¹¹ SSPs protect the public and first responders.

Appropriations language from Congress in fiscal years 2016-2018 permits use of funds from the Department of Health and Human Services (HHS) under certain circumstances, to support SSPs with the exception that funds may not be used to purchase needles or syringes.¹² State, local, tribal, or territorial health departments must first consult with CDC and provide evidence that their jurisdiction is experiencing or at risk for significant increases in hepatitis infections or an HIV outbreak to injection drug use.¹³ CDC has developed guidance for state, local, or tribal health departments on determining whether there is an adequately demonstrated need for SSPs. Decisions about use of funds to prevent disease transmission and support health and engagement of people who inject drugs are made at the state and local level.

CS30156-E July 19, 2018



Thank you!

Questions?

Alice Asher: LUQ1@cdc.gov or

HarmReduction@cdc.gov

PS19-1909 Component 1a: Patient Navigation
Demonstration Project
Overview

Component 1A: Patient Navigation Demonstration Project

Funding

- Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Hepatitis, STD and TB Prevention and
- Centers for Disease Control and Prevention (CDC) Opioid Response Coordinating Unit (ORCU)

Rationale

- SSPs vary in size, reach, and capacity and offer consistent referrals to other supportive services for medical and behavioral health issues
- Create a patient navigation project within current SSPs to provide more in-depth case management and navigation for SSP participants and
- Document successful participant navigation, characteristics of effective programs, challenges and barriers to program implementation and participant successes

Eligibility

- Current SSP in the US that does NOT have a pre-existing Navigation Program
- Must be located in a state/jurisdiction with a Determination of Need
- Must be able to access MAT in the area and demonstrate support from MAT provider

Program Expectations

TA Checklist



Use this guide to identify and receive Technical Assistance opportunities available during the Patient Navigation project.

<p>Monthly Calls</p>	<p>Ongoing; beginning March 2020</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Call 1:</i> Debrief kick-off orientation, expectations and activities, project monitoring, and potential TA needs <input type="checkbox"/> <i>Call 2:</i> Discuss first steps, early TA needs, and plans for TA site visit <input type="checkbox"/> <i>Ongoing:</i> Review progress, TA needs, and feedback
<p>TA Site Visits</p>	<p>To be scheduled in collaboration with project sites</p> <ul style="list-style-type: none"> <input type="checkbox"/> TA leads may make 1-2 site visits over the course of the project (midpoint, endpoint) <input type="checkbox"/> Two-day site visits are intended to observe program operations and facilitate discussion of program progress and TA needs <input type="checkbox"/> May involve convening key partners and TA delivery as needed
<p>Cross-Program Learning</p>	<p>To be scheduled in collaboration with project sites</p> <ul style="list-style-type: none"> <input type="checkbox"/> May involve groups calls or webinars; content will reflect project stages and common efforts, structured around program report-outs, peer-to-peer TA, and skill- and capacity-building <input type="checkbox"/> Learning topics include financing and sustainability, stakeholder engagement, data and reporting systems, coordinating community response, and partnering with related health systems
<p>Quarterly Data Reporting</p>	<p>Ongoing; first quarterly report due June 2020</p> <ul style="list-style-type: none"> <input type="checkbox"/> Programs will be responsible for preparing and submitting quarterly summary reports to NASTAD, which will be shared with CDC <input type="checkbox"/> NASTAD will provide template forms and work with states to adapt existing SSP data collection systems to track and prepare project evaluation measures <input type="checkbox"/> Reports will be due quarterly (June, September, and December 2020 and March 2021), deadlines to be determined and communicated

<p>TA Provision</p>	<p>Ongoing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Project sites have access to all NASTAD Drug User Health TA services and related subject matter expertise and may make requests via their designated TA lead <input type="checkbox"/> TA activities include development of short- and medium-term action plans, organizational structure and sustainability planning, including financing, data analysis for quality improvement, and stakeholder engagement strategies <input type="checkbox"/> TA providers will identify and leverage existing and relevant meetings/conferences as possible to support project activities <input type="checkbox"/> Project sites and TA leads will discuss how to organize and prioritize TA activities (e.g. in-person activities for site visits)
<p>TA Resource Development</p>	<p>Ongoing</p> <ul style="list-style-type: none"> <input type="checkbox"/> TA leads and subject matter experts will develop webinars, summaries of best practices/promising strategies, and other relevant resources to aid in project activities and dissemination <input type="checkbox"/> Identify and promote existing resources related to patient navigation and healthcare for PWUD to support TA delivery <input type="checkbox"/> Develop case studies, success stories, and issue briefs to support dissemination of project impact and recommendations <input type="checkbox"/> Project sites may request specific materials; TA leads will also identify common needs across sites and develop priority materials accordingly
<p>Project Close-Out Meeting</p>	<p>End of Year 1 (March 2021)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sites and partners will convene in-person to share lessons and recommendations and discuss sustainability plans <input type="checkbox"/> Each project site will be asked to send one-to-two representatives to participate <input type="checkbox"/> Meeting location and logistics to be determined and communicated

Technical Assistance Structure



Indigenous Peoples
Task Force



TA Leads →

Lillie

Kirsten

Virgil

Laura

Virgil



TA Seconds →

Jasmine

Isabel

Lillie

Kelly

Zach



LUNCH

Patient Navigation Overview

Patient Navigation Overview

Brainstorm:

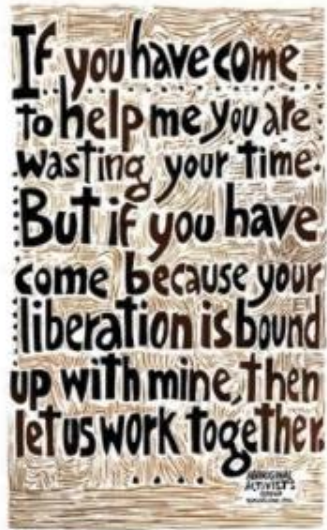
What does Patient Navigation mean to you?

What does it look like?

What makes it successful?

Why Patient Navigation?

Low barrier case management and care provision helps people make meaningful changes that reduce the inherent harms of their marginalization and works to magnify their health needs + build self-efficacy



ALL ARE WELCOME HERE



Credit: Hepatitis Education Project

Spectrum of Services

Referrals and Linkage to Care

- Low threshold, low intensity suggestions for service access
- Can be improved with provider vetting service providers to assure quality, appropriateness, and absence of stigma around drug use and other factors

Patient Navigation or Comprehensive Case Management

- Low Barrier, high intensity, active linkage to comprehensive care and services, no direct clinical care
- Client/Participant driven and strengths-based
- Connects individuals with healthcare services in a timely manner; improves access to medications, education, transportation, and counseling; and provide other case management support that can reduce barriers to care

Medical Case Management/Care Coordination

- Higher barrier, higher threshold services that often offers direct clinical care
- Often utilizes a team or panel of service providers/case managers to assess client health and service plan/course of action

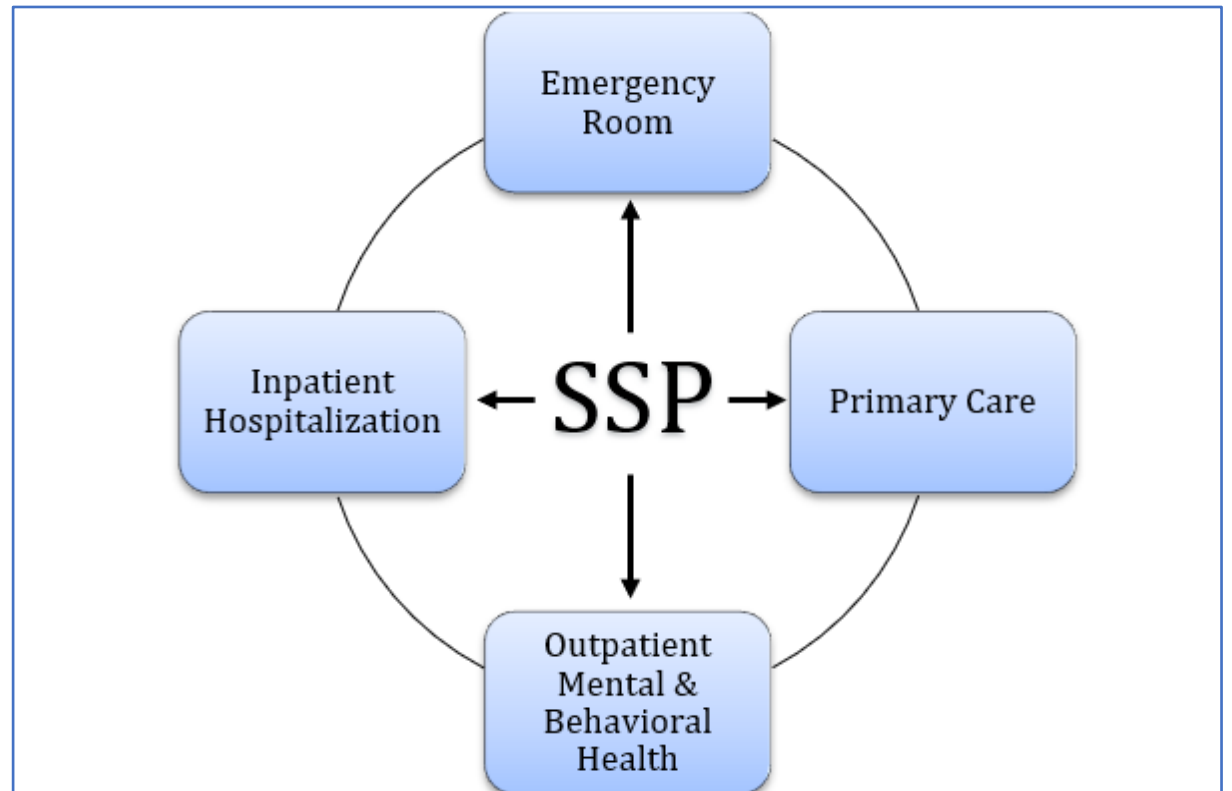
Strengths-Based Approach

- Central principles
 - Emphasis on providing client support to assert direct control over their search for resources, such as housing and employment
 - Encourages examination of clients' own strengths and assets as the vehicle for resource acquisition
 - Based on individual and systemic advocacy (SAMHSA, 2013)
- Client-Driven
 - Relies on identifying the strengths, personal resources, and ingenuity of each individual client to gain increased control within their relationship with their health
 - Focus on individual's priorities and respect for personal autonomy to increase client agency and investment in care

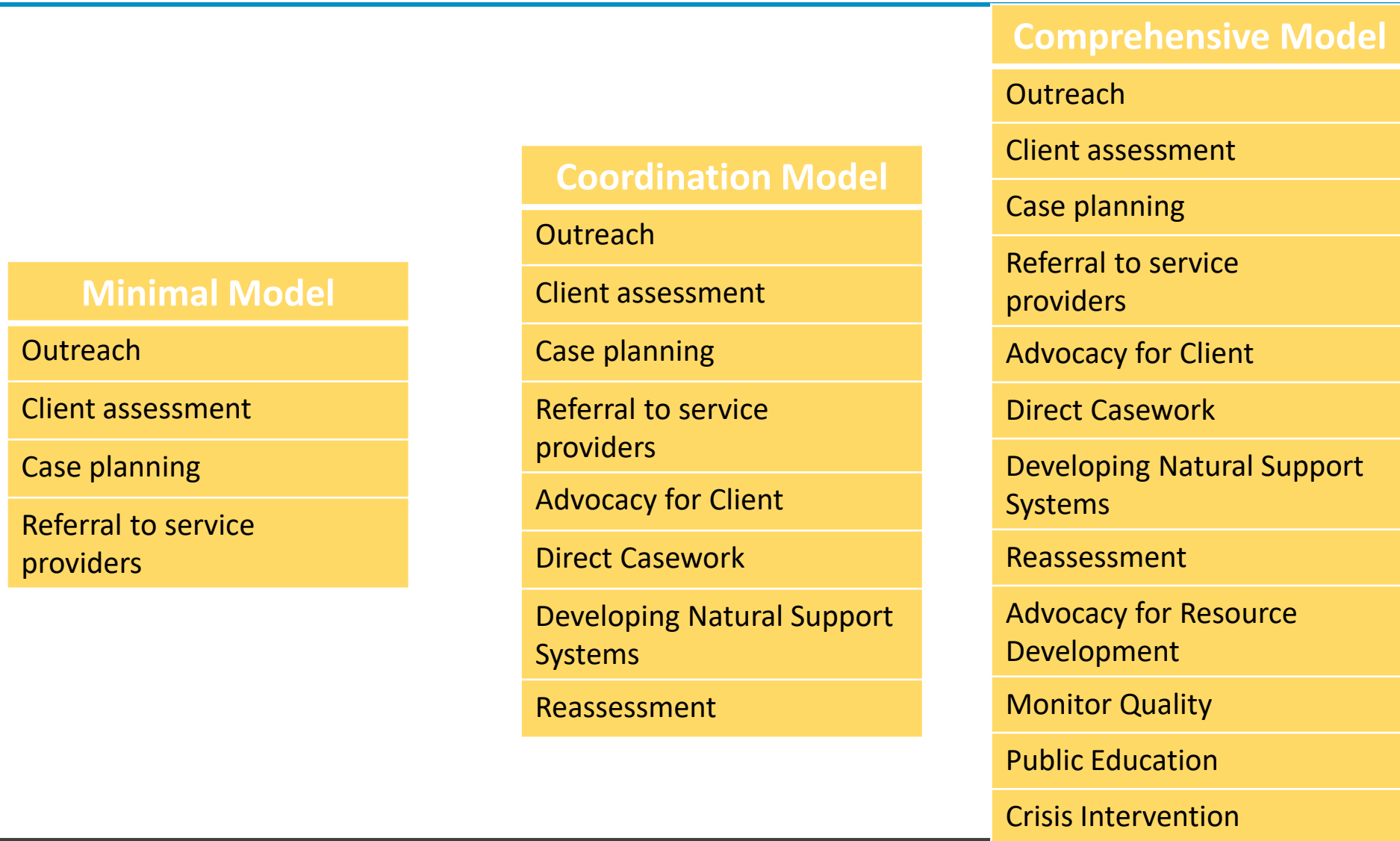
Why Patient Navigation in Syringe Services Programs?

Drug User Health and Syringe Services Programs are uniquely positioned to engage people who use drugs in care and services due to their foundation in principles of harm reduction.

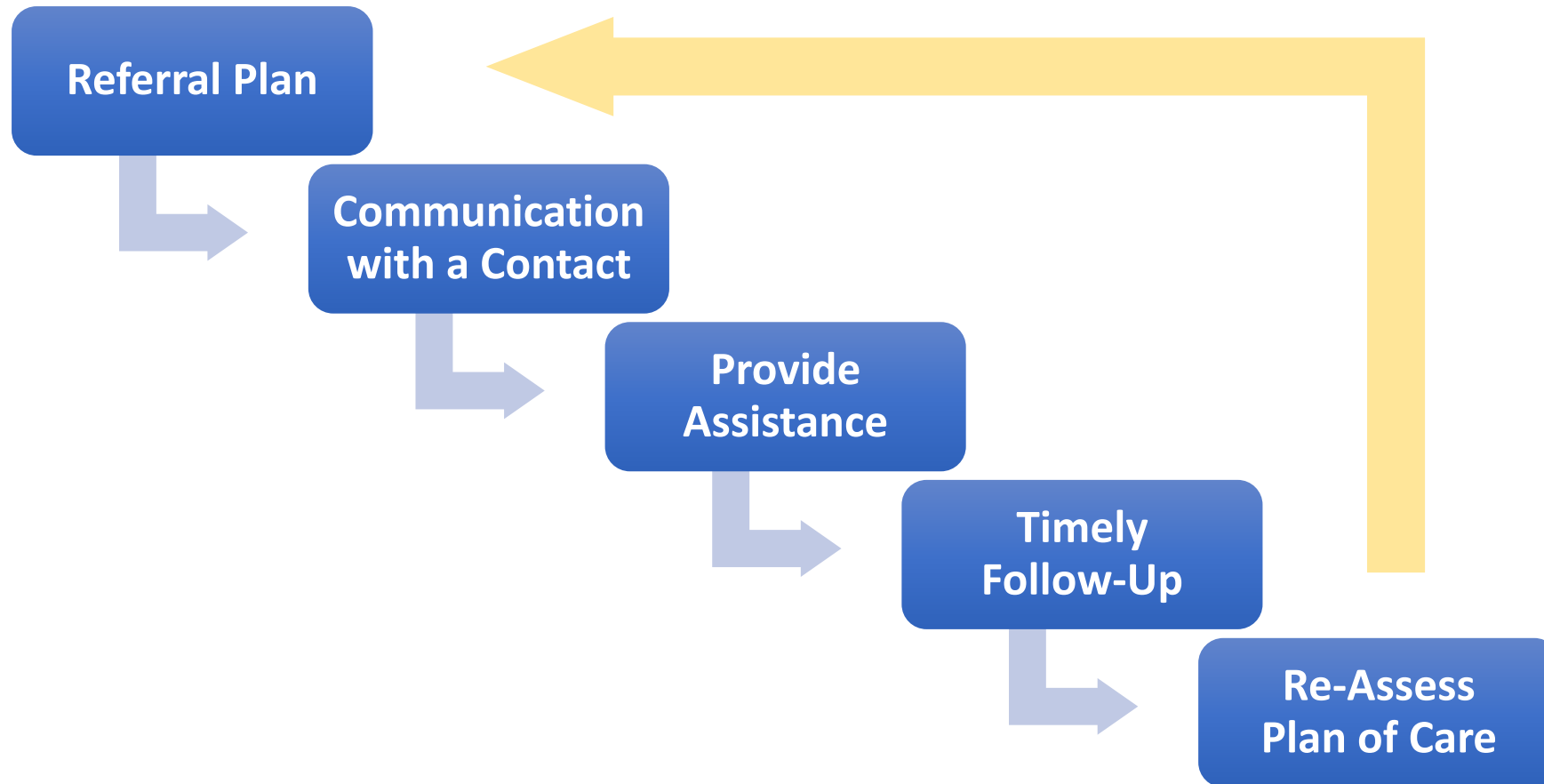
- Respect for participant autonomy
- Participant-centered services
- Inclusion of people who use drugs in service delivery, design, and implementation
- Pragmatic approaches
- Understanding of socio-cultural complexity of drug use, and
- Belief in the health and dignity of people who use drugs.



Case Management Models



Supportive Referrals



Qualities of an effective Patient Navigator

- Flexibility
- Collaborative
- Non-judgmental
- Authenticity
- Honesty
- Clear communication
- Listening skills
- Patience
- Empathy
- Others?

Providing Harm Reduction services requires a willingness to:

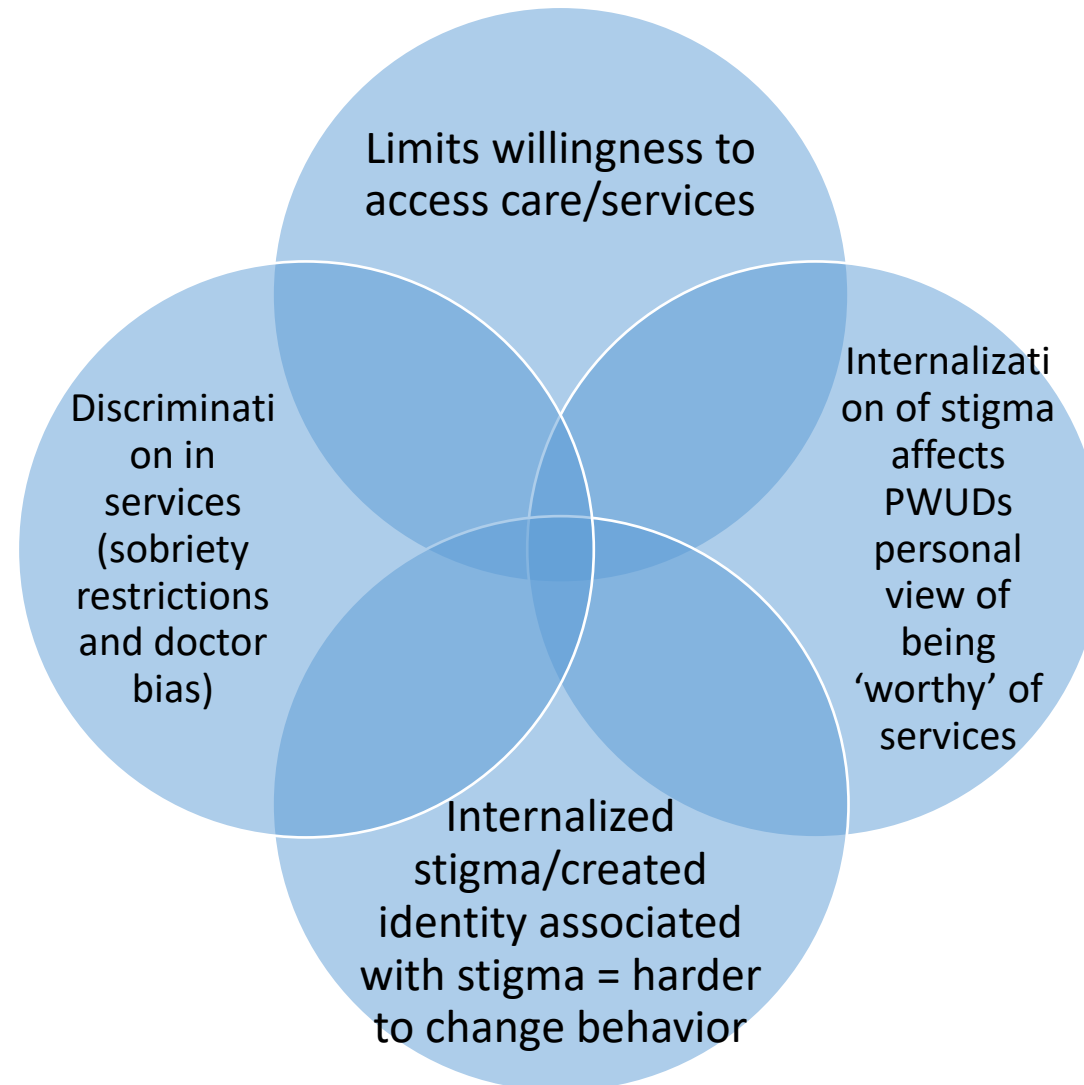
“practice radical neutrality; grapple with ethical gray areas; tolerate, accept, and understand difficult behaviors; be taught by our clients; relinquish the role of authority, judge, or expert; [and] partner with clients”.

-Pat Denning and Jeannie Little
Co-Founders of the Center for Harm Reduction Therapy

Potential Barriers to Care

- **Stigma**
 - Takes several forms – individual, institutional, internalized, by association
 - Stigma surrounding drug use has unique and devastating impacts on health
- **Lack of treatment availability**
 - HCV Treatment is curative and there is evidence that PWUDs are just as likely to adhere to treatment as those who do not yet service provider stigma, unethical sobriety and fibrosis score restrictions impede treatment access
 - MAT availability is scarce in many areas, particularly rural areas and access to all three FDA-approved MAT options in a community or care setting is rare
- **Health insurance availability and coverage**
 - Many clinics and care settings require insurance or alternate payment making treatment options untenable
- **Transportation and access to care**
 - In rural areas, people may have to travel great distances to access care. Geographic distance is particularly challenging in areas without public transportation.
- **Competing priorities**
 - People who use drugs may have competing priorities including homelessness and multiple co-morbidities which can make engaging in care, even care that is wanted, difficult.

Stigma – Impacts on Health



Key Ingredients

- Staff
 - Hiring and supporting staff
 - Skills/qualities for effective patient navigators
- Relationships
 - Understanding service landscape
 - Existing connections with other agencies
 - Establishing relationships with new partners
- Understanding Participant Needs
 - Navigation to which service(s)?
 - Ways of eliciting and responding to participant needs

Self-Assessment

Let's take a moment to reflect on where we are as this project kicks off...

- Thinking about your own program, take 10-15 mins to reflect on the following and record responses in each of the four boxes

Strengths

What is working well right now in navigating participants to care?

What existing assets, tools, resources can be drawn upon for this project?

Challenges

What are the actual or potential barriers that could get in the way of success?

Gaps

What is missing in current systems of care in your local area for people who use drugs?

What are the gaps in your programs' ability to support people in accessing care?

Opportunities

What opportunities are there for patient navigation in your local area?

What are the current or emerging priorities for your participants and people who use drugs locally?

BREAK TIME

Journey Mapping

How do SSP participants and other people who use drugs in your area currently access services?

Session objectives:

- Illustrate how people come in contact with services;
- Understand individual experiences with accessing and receiving care;
- Identify barriers and opportunities to improve experiences.



Part 1: Journey Mapping

Take one of the three scenarios and continue the story to map out:

- What need is the person aware of? What else do you see?
- What options does the person have?
 - What “door” will the person enter in the system?
- What does that system provide?
 - What other systems does the person come in contact with? What do they provide?
 - What services does the person receive?
- And finally....what are the typical outcomes? How might you as a Navigator help impact those outcomes?

Part 2: Identifying Pain Points and Opportunities

Where are the “pain points” (points at which the experience was problematic for this person) and opportunities (specific ideas for how to improve or optimize the experience) in each care-seeking journey?

- Write a statement describing the “pain point” on the **PINK** sticky note and place it on the map.
- Write a statement describing the opportunity on the **GREEN** sticky note and place it on the map.

Day One Wrap Up

Reflections on what worked or didn't work for you today?

Hopes for tomorrow?

Tell us one thing you are excited about with this project?

What was missing today that we absolutely need to cover?

Day Two

Reflections from content yesterday?

How you feeling about today?

Icebreaker (it won't be bad, I promise, you'll love/hate it.)

Day Two Agenda

9:30 – 10	Welcome and Overview of Day 2
10 – 11	Project Evaluation <i>Break</i>
11:15 – 12:30	Walk-through of Project Tools and Resources <i>Lunch</i>
1:30 – 2:30	Working Session: Preliminary Project Planning <i>Break</i>
2:45 – 3:45	What's Missing? Gallery Walk Activity
3:45 – 4	Orientation Closing

What are your concerns about evaluation?

Project Evaluation

- **Partnering with Amaka Consulting and Evaluation Services**
 - Minority and women-owned and operated consulting firm
 - Specializes in using mixed methodological approaches to project evaluation (quantitative and qualitative)
- **Evaluation plan currently includes several ways of gathering data on the patient navigation project and from your experiences with creating/implementing PN programs**
 - Plans to schedule interviews with Patient Navigators at select intervals to gather process-oriented data
 - Will create survey/assessment to gauge impact of services offered
 - Will assist in examining reporting data you submit and assembling final project reports

Project Evaluation

What does success look like for you? (both in terms of client outcomes/program outcomes/process measures)

How do you measure that?

TA Checklist and Program Evaluation Expectations



Walk-through of Project Tools and Resources

Project Resources and Data Collection Templates

Template Forms to assist in client-level navigation/documentation

- Patient Navigation Assessment
- Patient Navigation Action Planning Tool
- Patient Navigation – Client Interaction Log

Forms/Information to be provided back to NASTAD quarterly

- Patient Navigation Program Progress Tracking Form
- Client-Level Longitudinal Data (de-identified)
- Patient Navigator Process Reporting Form



LUNCH

Working Session: Preliminary Project Planning

Program Evaluation and Project Mapping

- **Project Planning Timeline Worksheet**
 - Based off your proposed workplan, use the timeline worksheet to map out/brainstorm potential activities and action steps to meet your project goals
 - Take note of how your activities fit into the pre-marked evaluation and reporting requirements
- **Project Planning and Activities Worksheet (GANTT Chart)**
 - Project Teams can use this longitudinal chart to map out specific activities that are related to the workplan and plan for when they need to occur
 - These can be ongoing or one time only activities
 - Can help delineate expectations and roles/responsibilities

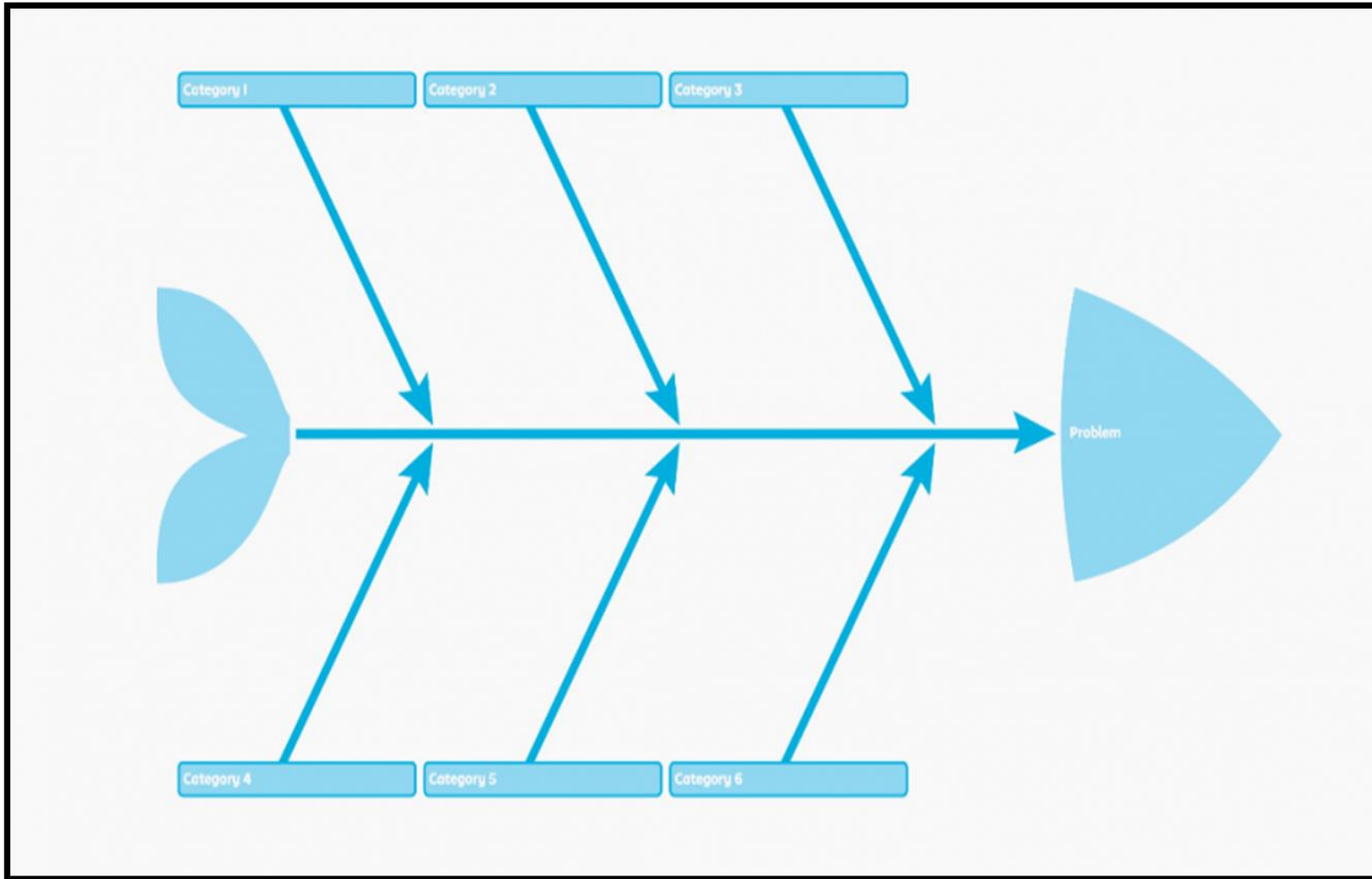
Workplan Outline

SHORT TERM	MEDIUM TERM	LONG TERM
<p>Priority Goal 1:</p> <p>Steps (How do we get there, what needs to happen first):</p> <ul style="list-style-type: none"> • • <p>Resources Needed/Program actions:</p> <ul style="list-style-type: none"> • <p>Proposed Timeline:</p> <ul style="list-style-type: none"> • <p>Who's Responsible:</p> <ul style="list-style-type: none"> • ? 	<p>Priority Goal 1:</p> <p>Steps (How do we get there, what needs to happen first):</p> <ul style="list-style-type: none"> • • <p>Resources Needed/Program actions:</p> <ul style="list-style-type: none"> • <p>Proposed Timeline:</p> <ul style="list-style-type: none"> • <p>Who's Responsible:</p> <ul style="list-style-type: none"> • ? 	<p>Priority Goal 1:</p> <p>Steps (How do we get there, what needs to happen first):</p> <ul style="list-style-type: none"> • • <p>Resources Needed/Program actions:</p> <ul style="list-style-type: none"> • <p>Proposed Timeline:</p> <ul style="list-style-type: none"> • <p>Who's Responsible:</p> <ul style="list-style-type: none"> • ?
<p>Priority Goal 2:</p> <p>Steps (How do we get there, what needs to happen first):</p> <ul style="list-style-type: none"> • • <p>Resources Needed/Program actions:</p> <ul style="list-style-type: none"> • <p>Proposed Timeline:</p> <ul style="list-style-type: none"> • <p>Who's Responsible:</p> <ul style="list-style-type: none"> • ? 	<p>Priority Goal 2:</p> <p>Steps (How do we get there, what needs to happen first):</p> <ul style="list-style-type: none"> • • <p>Resources Needed/Program actions:</p> <ul style="list-style-type: none"> • <p>Proposed Timeline:</p> <ul style="list-style-type: none"> • <p>Who's Responsible:</p> <ul style="list-style-type: none"> • ? 	<p>Priority Goal 2:</p> <p>Steps (How do we get there, what needs to happen first):</p> <ul style="list-style-type: none"> • • <p>Resources Needed/Program actions:</p> <ul style="list-style-type: none"> • <p>Proposed Timeline:</p> <ul style="list-style-type: none"> • <p>Who's Responsible:</p> <ul style="list-style-type: none"> • ?

Take the initial steps/action items identified above and map out:

- Goals,**
- Specific Actions,**
- Resources Needed, and**
- Who is responsible**

Fishbone Mapping



Head: Where you want to get, What we want to see (objective/desired outcome)

Bones: Resources and Gaps based on current community or situation

BREAK

Identifying Technical Assistance Needs: Gallery Walk

TA Topic Areas

Financing	Stakeholder Engagement	Policy	Data	Workforce Development
Project sustainability	Establishing informal and formal partnerships	Organizational policies and procedures	Data collection, management, analysis	Hiring and supporting staff
Funding mechanisms	Reducing drug-related stigma	Local and state level policy/advocacy	Project evaluation and quality improvement	Training
Support around writing grants and budgets	Influencing broader systems of care		Communicating project impact	

Technical Assistance Overview

Delivery Modalities:

- Monthly calls
- Cross-program webinars/calls
- Resources and materials
- Training (in-person and virtual)
- Facilitation of stakeholders (in-person and virtual)
- Coordination and connection to other TA providers (e.g., AETCs, ATTCs) and resources

Technical Assistance Needs

Reflecting on:

- Your Strengths, Challenges, Gaps, and Opportunities
- Current participant needs and journeys to accessing care...

What technical assistance needs do you anticipate as you implement Patient Navigation in your setting?

Closing Reflections: Wrap up, Debrief, and Next Steps