Ariel Johnson QMHP-A, BSW
Drug User Resource Coordinator
Virginia Harm Reduction Coalition (VHRC) is a 501(c)(3) nonprofit, peer-run organization whose mission is to improve the health of the community it serves by advocating for, developing, and implementing evidence-based solutions to address the adverse effects of drug use. We address health inequities faced by people who use drugs (PWUD) by providing outreach to marginalized, stigmatized, and criminalized populations, advocating for health policies that address their specific needs, and collaborating with other agencies to effectively meet those needs.
What We Do and Why We Do It

Mission:
To improve the health of the communities we serve by advocating for, developing, and implementing evidence-based solutions to address the adverse effects of drug use.

Services:
- Benefit enrollment services
- Case management/ patient navigation
- HCV antibody testing
- COVID 19 nasopharyngeal testing
- Overdose education and Naloxone distribution
- Sterile use supplies to prevent infection
- Peer support
- Advocacy
- HIV testing begins October 2020
Virginia Harm Reduction Coalition
December 2019-October 2020

- 950 unique participants
- 3,410 interactions
- 36,902 doses of naloxone
- 1,818 reported saves
- 198,753 syringes
- 6,009 safe use kits
Demographics

Gender?

- Male: 59.0%
- Female: 41.0%
- Transgender M-F: 0.0%
- Transgender F-M: 0.0%
- Agender: 0.0%
- Nonbinary: 0.0%

What substances have you used in the past 30 days?

- Nicotine: 20.8%
- Alcohol: 5.9%
- Cocaine/Crack: 5.9%
- Meth: 19.8%
- Heroin/Opiates: 20.8%
- Cannabis: 12.9%
- Benzos (xanax, klonopin): 5.0%
- Buprenorphine (suboxone, sublicade): 5.0%
- Methadone: 1.0%

Race

- White: 87.0%
- Black: 8.0%
- American Native: 1.0%
- Latino/Hispanic: 2.0%
- Multiracial: 2.0%

What's your sexual orientation?

- Heterosexual: 84.2%
- Gay: 3.0%
- Lesbian: 2.0%
- Bisexual: 8.9%
- Pansexual: 1.0%
- Asexual: 1.0%
Patient Navigation Demonstration Project

- Began July 1, 2020 (3 Months in Y’all)
- Over 50 Clients

**Patient Navigation Process**

1. Enrollment
2. Needs Identified
3. Referrals Made/Benefit Enrollment
4. Updates and Check Ins
5. Continued Support
What Does Patient Navigation Look Like at VHRC

● What are YOUR strengths?
● What do YOU see as YOUR weaknesses?
● What do YOU feel has been helpful/hurtful to YOUR progress?
● What are YOU ready to accomplish in achieving YOUR goals?
● In what ways can I be helpful to YOUR journey?

ADVOCATE. EDUCATE. EMPOWER.

8 principles of patient centered care

one. access to care
two. respect for patients’ preferences
three. coordination and integration of care
four. physical comfort
five. emotional support
six. involvement of family and friends
seven. information and education
eight. continuity and transition
Patient Navigation Outcomes to Date

- 2 Clients actively receiving Hep C Treatment
- 3 Clients Entered Detox
- 4 Actively receiving MAT services after referral
- 2 received temporary housing
- 9 receiving unemployment assistance

- 40 clients enrolled into Medicaid Assistance
- 4 Clients have received photo IDs (Thanks Rona)
- 2 Bonds Made
- More than 80 referrals made
Relationships with Community Partners

- Bi-Weekly “Save the World” Meetings with TAP
- MOU/MOAs made with health departments and CSBs across serving localities
- Conversation started with Virginia Sexual and Domestic Violence Action Alliance
- Collaboration with local CSB’s
- Direct referral and intake assessment agreements made with trusting and vetted partnering organizations
“The progress we made working together has given me the confidence to take hold of my life and make choices I didn’t think were possible.”

“There was something missing. Like everyone knew VHRC cared….like genuinely cared. But the addition of you and your position at the Coalition has helped so many people in more ways than you all will ever know.”
Barriers

● **COVID-19**
  ○ Halt on HEP C Treatment through local health department
  ○ Longer wait times for intake
  ○ More difficulty connecting with community partners
  ○ DMV/Social Security Appointments

● **HOUSING!!!!**
  ○ One organization within a city with a population of ~99,648 serving those experiencing homelessness
  ○ 54% of over 990

● **STIGMA**

● **REVICTIMIZATION**
Case Study

Demographic Information
Gender: Female
Age: 40-50
Occupation: Self Identified Sex Worker
Housing: Outside, Friend’s hotel rooms/couches
Substance Use: Heroin/Opioids, Nicotine, Cocaine/Crack, Cannabis, and Meth

Initial Presenting Problems:
- Experiencing Homelessness
- Lack of Stable Income
- Possible Warrant
- No Transportation

Action Steps:
1. Confirm whether or not she had a warrant
2. Schedule DMV Appointment
3. Apply for Medicaid and SNAP
4. Apply for Pandemic Unemployment Assistance and Unemployment
5. Set Up Appointment for PCP and Counseling
Where Are We Today?

- Temporarily Housed
- Consistent Income
- Receiving MAT Services
- Comes In For Assistance Understanding Mail

Quote from the Client
Patient Navigation - Early Lessons Learned

- Monopoly Sucks
- Case Notes are tough
- What are appointment times?
- So... how do I get in touch with you?
- She/He/They said whattttt????
- If it can be picked up, it will get stolen
- People do disappear outside of magic shows
Virginia Harm Reduction Coalition

Contact Information
765.315.9813
ariel@carrynaloxone.org