## Attachment D: Semi-structured interview guide for providers of overdose prevention services for people experiencing homelessness

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Int	ervi	ıew	scr	ıbt

Hello, my name is \_\_\_\_\_\_ and this is\_\_\_\_\_\_. We are from the Overdose Response Strategy (ORS), a cross-agency, public health-public safety collaboration to reduce overdose and save lives. You are being asked to participate in an interview that may take 60-90 minutes. Using this form, I will give you an overview of the project so that you can make an informed choice about participating.

**Project overview:** The ORS is working with the U.S. Centers for Disease Control and Prevention on a study to understand factors contributing to overdose deaths among people experiencing homelessness, what is being done at the community level to respond, and how law enforcement can be equipped to better support these efforts. The ultimate goal is to make recommendations to improve services that reduce overdose among people experiencing homelessness. We are particularly interested in your experiences providing overdose prevention services to people experiencing homelessness and your ideas about how homelessness may affect overdose risk. We are interested in your opinion. There are no right or wrong answers.

**Risks and Discomforts:** You will be asked to share your experiences and perspectives. There may be some questions you do not feel comfortable answering.

**Benefits:** There is no direct benefit to you for participating in this study, but the information you give us will inform recommendations for improving services for people experiencing homelessness who use drugs. Findings from this study could contribute to a reduction in overdose deaths in your community.

**Compensation:** You will not receive any direct compensation for your participation.

**Confidentiality:** Everything you tell us will be kept confidential and private to the extend allowable by law. We will not share your name with anyone who is not physically present here today. We will not use your name in any reports or public presentations.

With your permission, we would like to record our conversation. We do this simply to make sure that we capture all of the information that you share and so we can listen to what you have to say and not miss anything important. The recording will be stored safely on my computer or recording device until it is written out, after which it will be destroyed. The recording helps the study team in writing their report and is used for that purpose only. We will also take notes (in case the recording does not work).

## Voluntary Participation and Withdrawal from the Study

This interview is voluntary. You have the right to leave the interview or decline to take part in the study at any time without penalty. You may refuse to answer any questions that you do not wish to answer.

## **Contact Information**

Contact the project lead, Nancy Worthington, at 470-851-6012 if you have any questions about this project or your part in it.

## **Consent & Authorization**

Do you agree to participate in the interview? Circle one: Yes

No

Do you agree to have the interview audio-recorded? Circle one: Yes

No

Any questions before we begin?

**Pre-interview questionnaire** (This is part of the interview and not a separate form. Do not send these questions in advance).

Interviewee information	Participant #1	Participant #2 (if applicable)			
Professional role					
Years worked in profession					
Program information					
Location of program (state/territory and zip					
code)					
	Substance use disorder treatment program				
	Syringe service program				
	Harm reduction program (excluding syringe service programs)				
Which best describes your program? Check	Homeless shelter				
all that apply.	Other housing program (excluding homeless shelters)				
an that apply:	Food pantry				
	Law enforcement-led linkage to care program (e.g., LEAD, post-				
	overdose outreach, homeless outreach/response)				
	other (specify)				
	medications for opioid use disorder (MOUD)				
	substance use disorder treatment (e.g., cognitive behavioral				
	therapy, contingency management, and motivational interviewing,				
	excluding MOUD)				
	naloxone				
What overdose prevention services do you	overdose safety planning				
provide? Check all that apply.	drug checking (i.e., harm reduction practice in which people check				
provide: effect all that apply.	to see if drugs contain certain substances).				
	peer support services				
	linkage to treatment, harm reduction, or peer support services				
	peer supervised injection				
	overdose detection sensors or response buttons				
	other (specify)				
Approximately how many people					
experiencing homelessness do you serve					
each month with overdose prevention					
services?					
Approximately what percentage of people					
served by your organization experience					
homelessness? (must be at least 25%)					

Begin recording: State your name (interviewer's name), date, and then participant ID code

- 1. Tell me about your position here.
  - What does your work entail?

- 2. What do you know about overdose in this community?
  - How much of a concern is overdose among people experiencing homelessness in your community?
  - What do you believe are the reasons for this?

Now, I'm going to ask you about your organization and serving people experiencing homelessness.

- 3. What are your organization's most important goals when serving people experiencing homelessness? Why are those goals most important?
- 4. What brings people experiencing homelessness into contact with your organization?
- 5. What kinds of drugs do the people experiencing homelessness served by your organization use, and why?
  - How has the drug scene for people experiencing homelessness in this area changed over time?
  - Does your organization have any requirements, like abstinence, to receive the services you provide?
- 6. What is your organization doing to help reduce overdose among people experiencing homelessness?
  - Ask for details about the overdose prevention services selected in pre-interview questionnaire.

Now, I'm going to ask you about barriers to accessing overdose prevention services and how your organization works to address them. Once again, the ultimate goal of this project is to make recommendations to improve services that reduce overdose among people experiencing homelessness. Your experience can help inform those recommendations.

- 7. What are the main barriers to accessing overdose prevention services that people experiencing homelessness face in your community?
  - Probe about stigma; trauma; mistrust of providers; lack of insurance, housing, or transportation; lack of access to prevention materials (naloxone, drug checking, other harm reduction services or supplies); comorbidities; competing personal priorities. For example:
    - O Do they not access overdose prevention services because they feel stigmatized or they mistrust providers?
    - O Do they not access overdose prevention services because they lack insurance or face other logistical barriers, like transportation?
    - O Do they not access overdose prevention services because those services are unavailable or in short supply?
    - O Do they not access overdose prevention because of other health issues or personal priorities?

- 8. How is your organization addressing these barriers?
  - Do you use street outreach, mobile vans, or telehealth? Where do you provide these services?
  - Do you co-locate with other types of services (e.g., syringe service programs, food pantries, libraries, shelters)? Which ones?
  - If no, have you considered these approaches? Why or why not?
- 9. [Only if program provides substance use disorder treatment (e.g., MOUD, cognitive behavioral therapy, contingency management, motivational interviewing)] How, if at all, does your approach to treatment differ from conventional treatment settings?
  - Do you offer same-day treatment entry?
  - Do you require abstinence?
  - Do you require counseling?
  - Do you require participation in mutual aid groups?
  - If no, have you considered these approaches? Why or why not?
- 10. Tell me about any other ways you address barriers to overdose prevention services among people experiencing homelessness that we haven't yet discussed.
- 11. Of all the approaches you have described to increase access to overdose prevention services among people experiencing homelessness, which ones are most effective and why?
  - Which approaches are least effective or are the most challenging?
- 12. Tell me about any gaps in overdose prevention services for people experiencing homelessness you can think of in your community.
- 13. If you could create the ideal overdose prevention program for people experiencing homelessness, what would it look like and why?
  - Have you received input from people experiencing homelessness on the most effective approaches to providing overdose prevention services? If so, what do they say?
  - How do you request input from people experiencing homelessness about overdose prevention services provided by your organization?
- 14. [Only if program is not a homeless shelter] How do homeless shelters in this area pose a barrier to overdose prevention, if at all?
  - How do homeless shelters support overdose prevention, if at all?
- 15. What recommendations do you have for providers who want to better tailor their overdose prevention services to people experiencing homelessness but don't know where to begin?

Finally, I'm going to ask you about how overdose risk and prevention and law enforcement intersect.

- 16. Has your city enacted ordinances that ban loitering, panhandling, or camping, sitting, or lying in public?
  - How do police respond to violations of these ordinances or civilian complaints about these activities?
  - How does this response by police affect overdose risk among people experiencing homelessness, if at all?

- 17. [Only if interviewee is not law enforcement] How has law enforcement had an impact on your efforts to provide overdose prevention services to people experiencing homelessness?
- 18. [Only if interviewee is not law enforcement] Have you partnered with law enforcement to provide referrals to your services? Why or why not?
- 19. What do you believe law enforcement could do differently, if anything, to help reduce overdose among people experiencing homelessness?
- 20. Is there anything else you'd recommend to help reduce overdose among people experiencing homelessness?
- 21. Is there anything else you'd like us to know?

Thank you for taking the time to participate in the interview. Your insights were invaluable and will help us develop recommendations for improving overdose prevention services for people experiencing homelessness.