Evaluation of Harm Reduction Practices and Policies Aimed at Reducing Infectious Disease Risks and Substance Use Disorders in Rural Communities

Focus group Interviewer Guide

(Participant Discussion Consent and Audio Recording Permissions)

Moderator:
Hello, thank you for taking the time to participate in today's discussion. My name is [NAME] and I am with The MayaTech Corporation, contracted with The US Department of Health and Human Services (HHS), Office of Regional Health Operations (ORHO). We are working with ORHO to identify facilitators for and barriers to implementing harm reduction or risk mitigation strategies to address substance use disorders (SUD) in rural communities as perceived by providers of harm reduction programming. Providers include:

- Medical doctors
- Behavioral health professionals (social workers, therapists, etc.)
- Community Health Workers/ Community Health Navigators
- Doulas and Midwives
- Peer Recovery Coaches/Specialists and other Peer support providers

As your organization implements harm reduction/risk mitigation strategies in rural communities we would like to learn more about the key facilitators and barriers you experience in your service delivery. This information will support the identification of best practices to support reduction of HIV, viral hepatitis, STIs, and substance use disorders in the communities you serve.

(Consent)

I will now go through the informed consent process. Your participation in this discussion does not involve any extraordinary risks. Your participation is voluntary, and you have the right to stop the discussion or refrain from answering any questions at any time. By agreeing, you are acknowledging that you understand your rights as a participant and consent to participate. Responses to this interview on behalf of your organization may be included in case studies that highlight best practices, but your name or other personal information will not be shared. Should we use your organization as a case study, we will follow up with you for review before publication. The total time of the interview is estimated to be 45 minutes.

If you are willing, we would like to record the conversation to ensure our notes correctly represent what you say, and we will delete the recording at the end of the project.

Do you object to our recording of this discussion to supplement our notes?

Do you have any questions?

Facilitated Discussion

I. General Information about the Providers and Organizations

1. 1. What type of organization do you work for and what is your role in the organization?
    - **PROBE**: For example, a community-based clinic, Federally Qualified Health Center (FQHC), or some other type of organization?

2. In your opinion, how integrated are your services[2]? Please describe the level of integration for the services provided within your organization that address substance use disorders (SUD) and related health conditions such as HIV, viral hepatitis, sexually transmitted infections (STIs), and mental health. *integrated health framework

This is for the notetaker: Based on what you've heard, please identify the level of integration. Place respondents name by the level based on their response.

Prompt:

- **Level 1** – Minimal Collaboration: Mental health and other healthcare providers work in separate facilities, have separate systems, and rarely communicate about cases.
- **Level 2** – Basic Collaboration at a Distance: Providers have separate systems at separate sites, but engage in periodic communication about shared patients, mostly through telephone and letters. Providers view each other as resources.
- **Level 3** – Basic Collaboration Onsite: Healthcare professionals have separate systems but share facilities.
- **Level 4** – Close Collaboration in a Partly Integrated System: Healthcare providers share the same sites and have some systems … coordinated treatment plans … and a basic understanding of each other's roles and cultures.
- **Level 5** – Close Collaboration in a Fully Integrated System: Healthcare professionals share the same sites, vision, and systems. All providers are on the same team and have developed an in-depth understanding of each other's roles and areas of expertise.
- **Level 6** — Full Collaboration in a Transformed/Merged Practice: Providers and patients view the operation as a single health system treating the whole person. The principle of treating the whole person is applied to all patients, not just targeted groups.

[2] SAMHSA-HRSA Center for Integrated Health Solutions Framework

II. Environmental and Contextual Factors

1. Please describe the population your program serves, and the population needs to which your program responds.
2. PROBE: How did your program determine which services were needed for your community? (e.g., Did you conduct a needs assessment? Did you hold meetings with community members?)

3. From your perspective, what environmental factors support substance use and overdose in the community you serve?
    - **PROBE**: Are there specific factors related to living in a rural community?
4. Where are those who engage in injection drug use and other forms of substance use acquiring drugs?
    - **PROBE:** Do you or have you identified areas with high levels of substance use also known as "hot spots"?
5. How would you describe the political landscape regarding the harm reduction / risk mitigation needs of these communities?
6. How do you measure the impact of your harm reduction/risk mitigation activities? How about the impact on patient outcomes for SUDs and mental health?

III. Facilitators and Barriers to implementing Harm Reduction/Risk Mitigation Programming

Facilitator: I am going to ask you to talk about facilitators and barriers to implementing harm reduction/risk mitigation strategies addressing substance use disorders; and related conditions such as HIV, mental health and STIs:

1. What strategies have you employed to engage the community in harm reduction/risk mitigation programming? (For example, mobile units, partnering with other organizations, offering other services such as testing, food, clothing etc).

2. How did the people you wanted to reach find out about your services?

3. What are the **facilitators/best practices** that support the-implementation of harm reduction/risk mitigation strategies for substance use disorders (SUD)? Some examples include:

Program facilitators:	System facilitators:
• Case managers, patient navigators, peer support specialists • Information technology, such as data systems, EHRs (tools within the EHR such as data displays, documentation templates, or prompts), and health information exchanges • Telehealth • Wrap-around services • Partnerships (internal and external) • Community awareness, education, and/or engagement	• Quality measures • Payment models (state supported collaborative models) • Policies (standard operating procedures (SOPs))

3. What are the **barriers** in delivering risk mitigation/harm reduction strategies for substance use disorders?

- **PROBE:** For example, administrative burden, recruitment, retention, funding, etc.

a. If applicable, what were the historical barriers you faced in providing harm reduction/risk mitigation strategies and how were they overcome?

4. What policies have supported the implementation of harm reduction and risk mitigation strategies?

- **PROBE:** Are there any specific policies (federal, state, county or organizational) that support this work or support those who inject drugs or are at risk of overdose?

5. What policies have hindered or are a barrier to implementing harm reduction and risk mitigation strategies?

- **PROBE**: Are there any specific policies (federal, state, county, or organizational) that made it difficult to provide these services to those who needed them?

6. What funding sources do you receive for harm reduction/risk mitigation activities? (E.g., reimbursement from Medicaid, Medicare, private insurers, federal and state grants, etcetera)?

7. What resources do you use to build capacity within the program and would recommend others use related to identifying and implementing harm reduction or risk mitigation strategies? Examples: Training materials, standard operating procedures, Billing code guides, Specific health IT tools, Clinical decision support interventions, Others (please specify).

8. What strategies and/or policies would support your work as it relates to implementing harm reduction/risk mitigation services for people who inject drugs and those who have experienced overdose in your community?

- **PROBE:** This could be a new or novel harm reduction strategy or a policy.
- What worked well with these strategies in the rural setting?
- What did not work well with these strategies in the rural setting?

9. Is there anything else you would like to share with us that was not covered?

(CLOSING)

Thank you so much for participating today. Your thoughts and opinions are extremely useful in supporting identification of promising strategies to support harm reduction/risk mitigation programming that responds to the unique needs of populations in rural communities. If you have additional thoughts that you would like to share after the meeting, please feel free to email (ORHO harm reduction email). We have also placed the email address in the chat. Thank you and have a good day/evening.