# APPENDIX A

## GUIDANCE FOR INTERVENTIONS

Below are examples of strategies and barriers to consider for each intervention. When planning implementation, it's essential to account for the cultural context and specific challenges faced by each community. These examples are provided for guidance only; they are not prescribed or required approaches for every intervention.

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## Example Interventions/Strategies

1. **Expand evidence-based harm reduction activities to Black, Hispanic, and people in remote/rural populations.**

   Low-Barrier Access to Naloxone and Fentanyl Test Strips.

   - Distribute through pharmacies, barbershops, churches, and community centers in minority neighborhoods.
   - Provide bilingual, community-responsive education related to harm reduction practices and reducing risks associated with various drug use.
   - Targeted online-mail/order and anonymous community naloxone and fentanyl test strip distribution (e.g., “Barney Boxes”) to reduce the fear of stigma.

   Mobile and Community-Based Outreach.

   - Deploy mobile harm reduction units offering Bloodborne Pathogen Prevention services, naloxone, HIV/HCV testing, and referrals in underserved neighborhoods.
   - Partner with faith-based organizations and trusted community leaders to build rapport and trust.

   Expand Culturally Competent Access.

   - Fund community-based organizations that provide services by and for Black and Hispanic populations.
   - Incentivize training and hiring of culturally and linguistically diverse Community Health Workers and Peer Support Specialists.

2. **Expand harm reduction services to individuals leaving local or regional jails.**

   Pre-Release Planning.

   - Provide overdose education before release.
   - Induction of treatment while incarcerated.
   - Establish case management for pre-release and re-entry planning, to ensure warm handoffs to community services such as sober living arrangements.

Transitional Care and Low-Barrier Services.

- Vending machine placement to dispense naloxone and/or fentanyl test strips onsite.
- Place re-entry peer specialists inside facilities to build trust and provide post-release support.
- Ensure every individual with a history of substance use leaves with a naloxone kit; list of local harm reduction programs and services; contact person for follow-up.
- Prioritize walk-in, no-ID services for recently released individuals.
- Provide mobile outreach to halfway houses, shelters, or probation check-in points.
- Create "bridge clinics" that offer same-day access to treatment.
- Work with parole/probation offices to support—not penalize—engagement in treatment or harm reduction.

Integrate Harm Reduction with Re-entry Services.

- Co-locate harm reduction staff in re-entry centers, housing programs, or workforce development agencies.
- In re-entry establishments, offer services such as:
    - Syringe access and safe use supplies (*not an allowable cost under this funding, but you can leverage existing funding for this strategy*).
    - Wound care.
    - Peer-led support groups.
    - Mental health screenings.

Technology for Continuity of Care

- Provide phones or data plans to facilitate virtual care post-release.
- Use text-based outreach, check-ins, and appointment reminders to maintain contact with clients.

3. **Improve low-barrier access to medication-assisted treatment (MAT) within existing Bloodborne Pathogen Prevention Program (BPPP).**

On-Site Treatment Services.

- Offer walk-in MAT (e.g., buprenorphine) or counseling directly at the BPPP site to reduce missed opportunities for engagement.
- Use Peer Navigators or Case Managers to help clients move quickly from harm reduction into voluntary treatment when ready.

Co-Located Treatment Services.

- Use "bridge clinics" to start treatment the same day and link people to longer-term care.
- Partner with federally qualified health centers (FQHCs) or community clinics to bring in part-time providers.

- Offer transportation support (direct transport, rideshare voucher, etc.) to limit travel barriers to offsite treatment.

Telehealth & Remote Treatment Approach.

- Provide text/app-based check-ins, reminders, and virtual counseling sessions. App or online platform could include:
  - Daily journaling.
  - Appointment reminders.
  - Crisis support hotlines.
  - Chat-based counseling.
  - Progress tracking dashboards.
- Offer loaner phones or minute/data cards if clients lack tech access.
- Offer urine drug screens via mailed kits or at partnered local labs with telehealth supervision.

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## Barriers to Consider

Socioeconomic Factors.

- Lower-income levels can limit the ability to pay for treatment, transportation, or childcare, all of which are necessary to engage in care.
- Individuals may be uninsured or underinsured or providers may not accept Medicaid.
- Fear of losing a job or stigma in the workplace may discourage individuals from seeking help.

Geographic Isolation.

- Harm reduction services and treatment may be sparse in rural areas and predominantly minority neighborhoods. Long distances to services like BPPPs, MAT clinics, or Project DAWN sites are not as accessible.
- Limited or no public transportation, making it hard to reach care without a vehicle.

Systemic and Structural.

- Black and Hispanic communities are more likely to be uninsured or underinsured, limiting access to treatment services.
- Minority groups are more likely to be arrested and incarcerated for drug-related offenses rather than diverted to treatment programs, perpetuating cycles of punishment instead of rehabilitation.

Stigma and Mistrust.

- Substance use is often heavily stigmatized within minority communities, creating shame and reluctance to seek help.
- Providers in remote areas may lack training in harm reduction principles or be unwilling to offer them.

- Historical and ongoing discrimination in healthcare has led to deep-rooted mistrust among minority populations, making them less likely to engage with providers.

Limited Staffing and Workforce.

- Few or no peer support specialists or outreach workers.
- A shortage of providers who share similar cultural backgrounds can hinder communication and trust.
- Lack of trauma-informed care.
- Lack of waivered providers (especially in rural areas) to prescribe medication (e.g. buprenorphine).
- BPPP staff may not have clinical training or resources to support MAT patients.

Correctional Facility-Specific.

- Institutional and political resistance.
- Security concerns.

Client-Specific.

- Some clients are not ready or interested in treatment services.
- Concerns about privacy when engaging in clinical services.