Recommendations Report

Harm Reduction Advisory Council

Prepared by:
Anne Arundel County Department of Health

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Guide to Acronyms

PWUD - People Who Use Drugs
SSP - Syringe Services Program
HR - Harm Reduction
SUD - Substance Use Disorder
DOH - Department of Health
ORP - Overdose Response Program
HRAC - Harm Reduction Advisory Council
HCV - Hepatitis C Virus
AAPOWER - Anne Arundel Peers Offering Wellness and Education Resources

I. Introduction

Background on Harm Reduction

Harm reduction (HR) is defined as a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use, without requiring cessation of all drug use behaviors. HR does not attempt to minimize or ignore the real and tragic harm that can be associated with illicit drug use. Rather it understands that drug use is a complex, multi-faceted phenomenon that is part of our world and acknowledges that some ways of using drugs are safer than others. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs (PWUD). It affirms PWUD are the primary agents of change in terms of reducing the harms of their drug use and empowers them to do so. Therefore, PWUD must have a voice in the creation of HR programs and policies designed to serve them, which are offered in a non-judgmental, non-coercive manner. (NHRC 2023)

Some common objectives of HR programs are to:

- Improve the overall health and well-being of PWUD, their families and communities
- Reduce the spread of infectious diseases - HIV and Hepatitis C Virus (HCV)
- Prevent drug overdose deaths and related disability
- Reduce illness and injury from high risk behaviors
- Increase access to health and social services, including treatment for substance use disorder (SUD)
- Empower individuals and communities to make positive changes
- Reduce the stigma associated with substance use.

HR interventions are evidence-based, effective ways to protect the life, health, and safety of PWUD and communities. Nearly 30 years of research shows that comprehensive Syringe Services Programs (SSPs) reduce high-risk injection behaviors among PWUD leading to a significantly reduced rate of HIV and HCV transmission (CDC 2023). Providing safer smoking supplies and education to those who ingest drugs by smoking them reduces related high-risk behaviors as well (Tapper et al. 2023). Other effective HR interventions include overdose response training and Narcan distribution and supervised consumption sites and services.

Harm Reduction Programs in Anne Arundel County

The Anne Arundel County Department of Health (DOH) is dedicated to implementing HR principles and programming to advance safer drug use. The Anne Arundel Peers Offering Wellness and Education Resources (AAPOWER) program is the SSP at the DOH. The mission of the AAPOWER program is to reduce the risks associated with drug use, such as overdose and infectious diseases, and to improve the physical, mental and societal health for PWUD and our community. The AAPOWER program engages people with previous, lived experience of substance use to conduct direct street outreach throughout Anne Arundel County to meet people where they are at and provide HR education, services, and tools (See Table 1). The City of Annapolis also has harm reduction staff and programming, which includes violence prevention, overdose prevention, and street outreach activities.

In accordance with the HR principles outlined above, the AAPOWER program is judgment-free, adopts a person-first approach, empowers PWUD as the primary agents of change in their lives, treats people with compassion and dignity, and uses respectful language avoiding stigmatizing terms. This approach promotes a philosophy of hope and healing that values the experience of PWUD. HR creates a space for people to be open about drug use and sexual behavior to reduce stigma and feelings of isolation.

The Overdose Response Program (ORP) is among the HR programs at the Department of Health. The ORP provides training and education, naloxone kits, and fentanyl and xylazine test strips to concerned community members and groups. The AAPOWER program distributes these kits and test strips to PWUD during outreach to reduce fatal opioid overdoses in the county. AAPOWER also provides safe sex supplies and partners with DOH infectious disease specialists to provide STI, HIV, and HCV testing and referral to care.

Those with lived experience with substance use and recovery provide HR care coordination and connect PWUD with interest to treatment, peer support, and other resources (See Table 2). The HR Care Coordinator and Peer Support Services accompany AAPOWER during outreach to provide these services. In addition, HR Community Coordination offers PWUD and AAPOWER program participants opportunities to volunteer and participate in the HRAC. By building and sustaining these connections, individuals are more likely to stay engaged in positive activities and care.

Table 1. Harm Reduction Services and Supplies

Anne Arundel County Department of Health Harm Reduction Services	Harm Reduction Supplies and Other Resources
AAPOWER Syringe Services Program AAPOWER Anne Arundel Peers Offering Wellness Education and Resources The Power of Any Positive Change	• Sterile syringes (several different types and sizes) • Safe injection kits (sterile water vials, alcohol swabs, cookers, cotton filters, and tourniquets) • Split safe kits and bleach & teach kits • Wound care kits (bandaids, ointment, gauze, wrap) • Sharps containers (individual and multi-use sizes) • Personal hygiene and safety items • Water, juice, and snacks • Health education materials and communication
Overdose Response Program (ORP)	• Naloxone kits • Fentanyl and xylazine test strips • Overdose response trainings and education
Infectious Disease Prevention, Testing, and Treatment	• Safer sex items (pregnancy tests, condoms and lubricant) • Sexually Transmitted Infection (STI), HCV, and HIV testing, education, and referrals to care
Referrals and Resources	• Peer Support Services for PWUD enrolled in the AAPOWER program • HR Care Coordination (linkage to medical, mental, social, and SUD treatment services, such as MOUD) • Linkages to other resources (e.g., food assistance, dental care, legal aid, housing/shelter services)
Community Coordination	• Volunteer incentive program ($10 in gift cards per hour) with opportunities to participate in HR kit assembly and street outreach • HRAC participation for PWUD and AAPOWER program participants

II. Harm Reduction Advisory Council

Purpose

The Department of Health launched a Harm Reduction Advisory Council (HRAC) in February 2023. Since that time, the HRAC has met once a month for 1 to 2 hours. The HRAC has convened with a hybrid format, with organizational partners joining virtually via Zoom and AAPOWER program participants and other PWUD joining in person. The purpose of the HRAC is to:

- Improve the quality of existing HR services and expand services to better meet the needs of PWUD
- Identify and implement new strategies to enhance HR efforts in Anne Arundel County
- Build community support for harm reduction initiatives and provide education on harm reduction principles
- Understand community perceptions regarding HR and address barriers to providing comprehensive services to PWUD, such as stigma.

As with other HR efforts, the HRAC ultimately hopes to reduce the risks associated with drug use and to improve the physical, mental, and social health of PWUD and communities. in Anne Arundel County. The HRAC is committed to consistently involving PWUD and those with a history of drug use, as well as their social networks, in these processes.

More specifically, the HRAC focuses on the following best practices for HR programming:

- Prioritizes and tailors strategies for highly impacted populations and geographic areas
- Delivers client-centered and low-barrier services
- Promotes racial and gender equity
- Provides services in a culturally competent manner
- Responds to emerging needs and health risks
- Addresses social determinants of health
- Fits into a continuum of services for PWUD
- Incorporates the feedback of HR program participants and people with lived experience

HRAC Membership

The HRAC serves as the voice for the community and PWUD. It was critical to identify and confirm the widest possible participation from key contacts in Anne Arundel County. The DOH is well-represented across several levels and programs. There are governmental partners from Law Enforcement, Fire/EMS, Emergency Management, as well as representatives of community and faith-based organizations, SUD treatment and other healthcare providers, recovery houses, unhoused services, and concerned community members (including from Annapolis). These individuals and/or their organizations were identified through recruitment efforts and recommendations from community leaders, HRAC members, and DOH staff. The current list of HRAC members is presented in Appendix A.

Over 20 AAPOWER program participants and other PWUD have participated in HRAC meetings

PWUD, those with a history of drug use, and their social networks are essential members of the HRAC. PWUD are uniquely positioned to raise alternative considerations related to benefits and risks that other members might not consider, inform program priorities based on their needs, advise on community norms and expectations, provide input about proposed program expansion and improvements, help build trust with the local community, and convey information about HR and the HRAC to the community to reduce stigma and encourage participation. Thus far, twenty-two AAPOWER program participants and other PWUD in Anne Arundel County have participated in HRAC meetings. Many of these individuals have attended multiple HRAC meetings. Their names are not provided for confidentiality reasons.

HRAC Activities

In addition to the Strategic Planning process, which has kept the HRAC busy during 2023 and is described below, activities that are of interest to both PWUD and other members have been organized. These include presentations on emerging health risks such as Xylazine, AAPOWER and overdose data, drug policy updates, and a training on wound care. The Annapolis harm reduction team has presented, as has SPARC, a partner who provides HR services in Baltimore and northern Anne Arundel County.

PWUD and AAPOWER program participants have also contributed to the strategic planning process. Additional effort has been made to facilitate the meaningful participation of PWUD in the HRAC. This includes conducting focus groups with PWUD and AAPOWER participants during the HRAC meetings, or having a discussion following the meeting. Other methods to gather information and feedback from them are being considered.

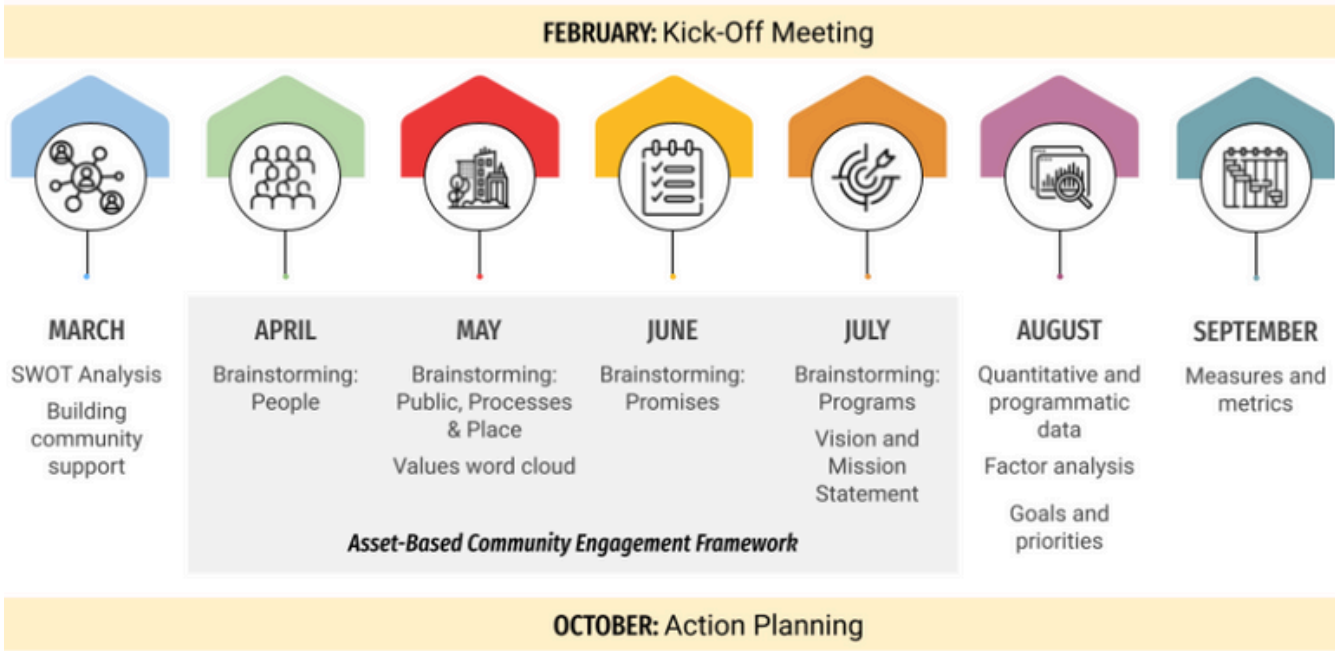
III. Strategic Planning

Process Steps

The HRAC began its strategic planning process in March of 2023. During the six-month planning process, the Council brainstormed and analyzed group values, HR promises, and gaps according to the schedule below. These ideas informed the group's mission, vision and strategic priorities. See the Strategic Planning Timeline in Figure 1.

In spring and summer of 2023, the HRAC used an Asset-Based Community Engagement Framework to identify assets and barriers around six domains: people, place, programs, public, promises and processes. Ideas were categorized based on whether they were primary, secondary or community assets. These ideas were then sorted on a prioritization scale based on the level of need, urgency, impact and feasibility for the HRAC. All of the activities completed during this process are detailed under the Strategic Planning Items.

Figure 1. Strategic Planning Timeline



Through the strategic planning process, five focus areas emerged to concentrate the work of the HRAC. These areas will continue to guide the Council as it moves from planning to implementation (See Appendix B).

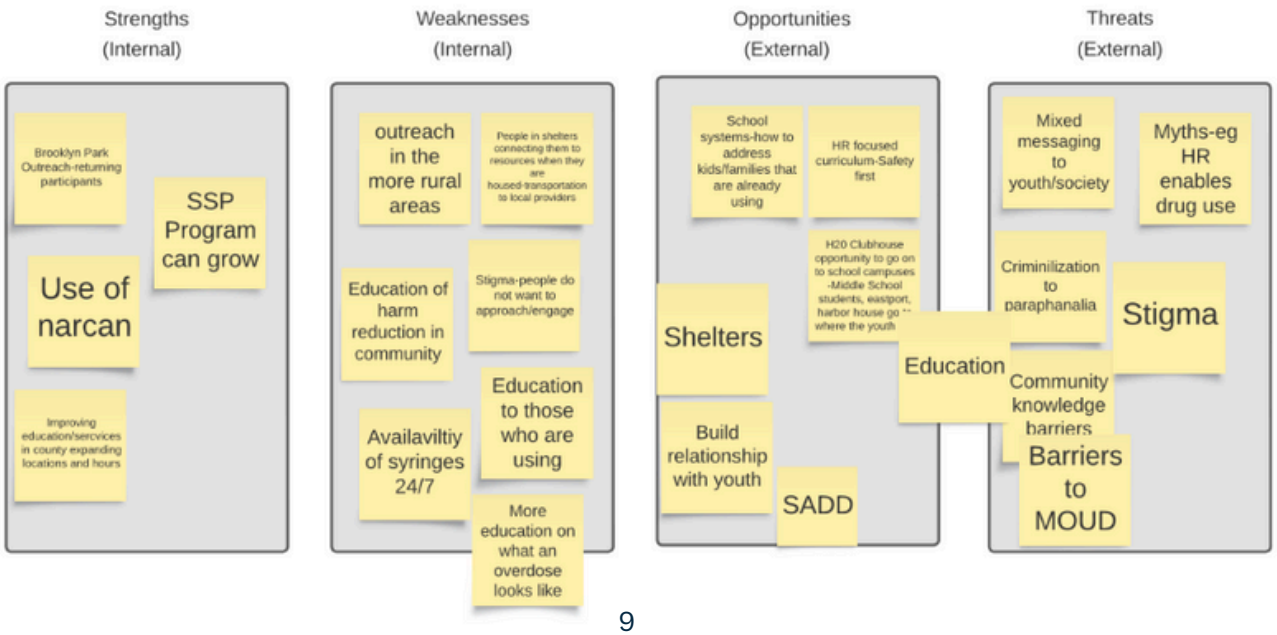
1. Engagement and Partnership
2. Service Delivery
3. Education and Advocacy
4. Data and Research
5. Equity

Strategic Planning Items

STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS ANALYSIS (SWOT)

The HRAC used a SWOT analysis to identify strengths, weaknesses, opportunities, and threats for current HR services in the county. The group also identified steps needed to build support for HR including: who the HRAC needs to garner support from, what the key messages should be, the format that the messaging should take, and how to overcome barriers. See Figure 2 for an example of the SWOT Analysis.

Figure 2. SWOT Analysis



VALUES BRAINSTORMING

The HRAC participated in an activity to create word clouds to envision the purpose, values and future aims of the HRAC. Vision and Mission Statements were collectively developed using these word clouds. An example is provided in Figure 3.

Figure 3. Word Cloud: Why we do this work

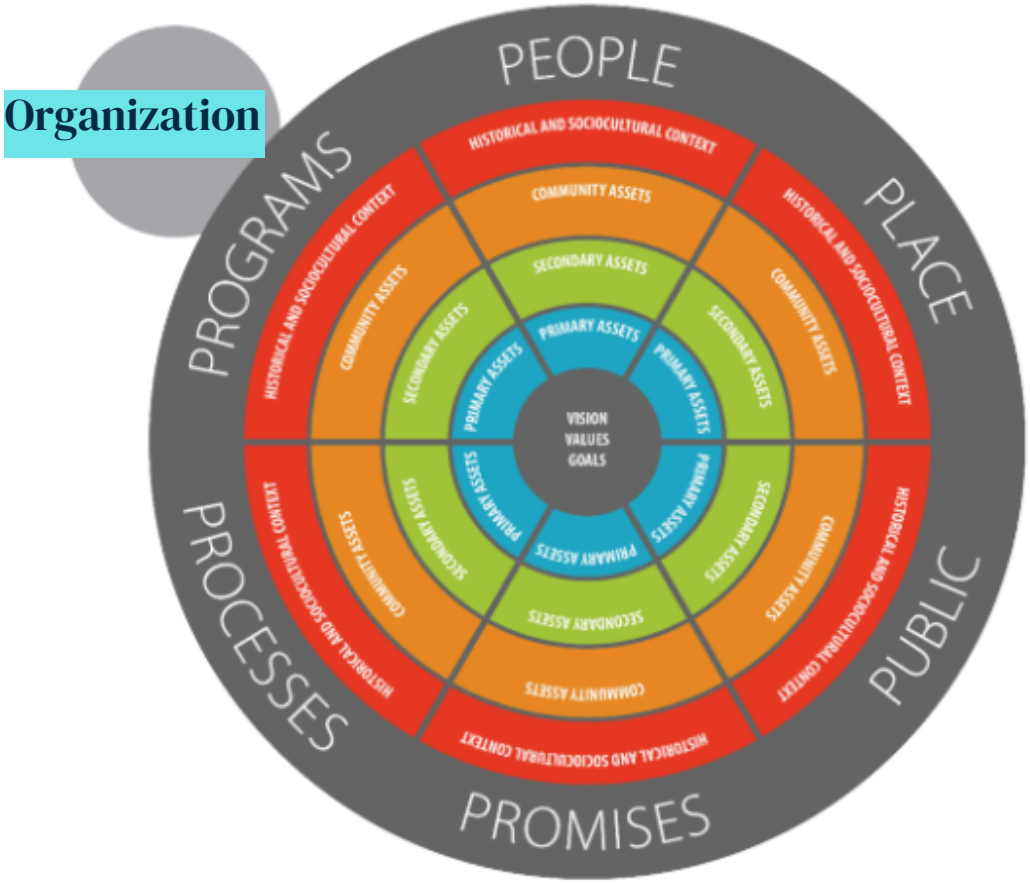
ASSET-BASED COMMUNITY ENGAGEMENT FRAMEWORK

The HRAC brainstormed HR assets according to these six domains:

- **People**: Who are the groups directly involved in HR efforts or who supports the work?
- **Public**: Who in the public is the target of HR programming, including individuals not currently reached?
- **Programs**: What programs offer HR services directly and which organizations offer related services?
- **Promises**: What resources and funding are allocated to HR efforts?
- **Place**: What are the features of Anne Arundel County's landscape and demographics that impact HR efforts?
- **Processes**: What frameworks or models guide the work in the county and what processes should be considered?

See Figure 4.

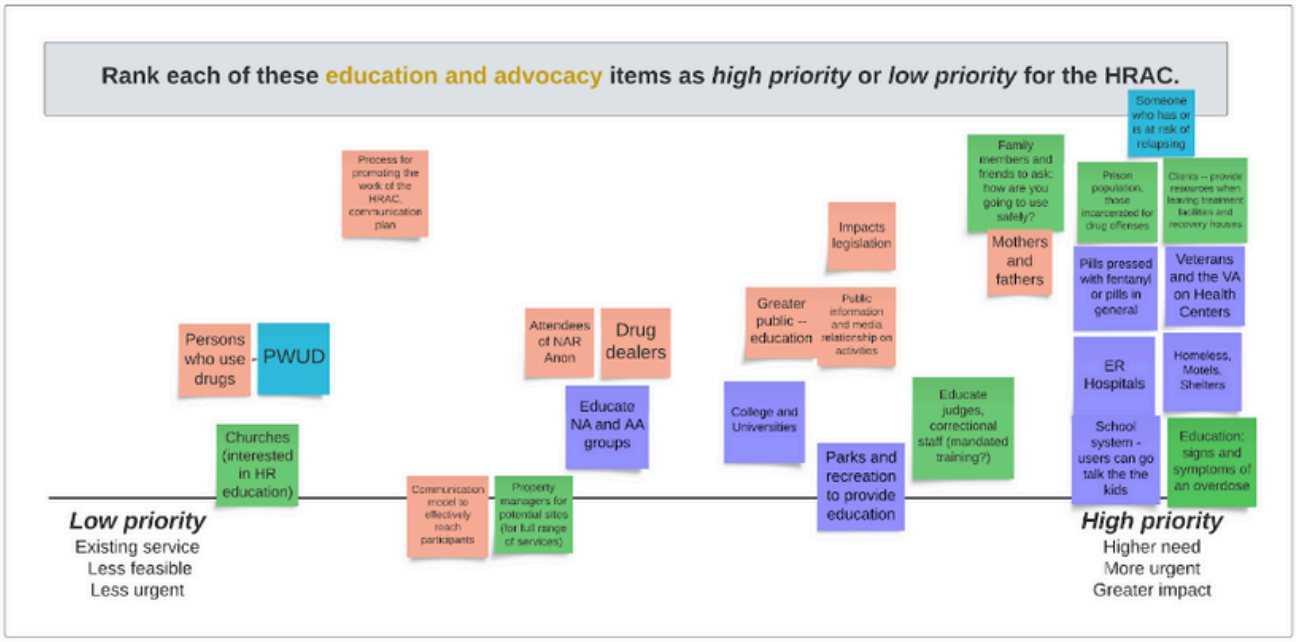
Figure 4. Framework Visual



PRIORITIZATION

The HRAC reviewed the activities for each of the five goal areas and ranked them on a continuum from low to high priority. High priority activities were those with a greater need, urgency or impact, while low priority items included activities with less urgency or feasibility, or activities already being implemented by AAPOWER, DOH, or another coalition. HRAC members had some difficulty designating some activities as low priority because so many were viewed as important. The high priority items for each goal area informed the development of recommendations presented in the next section of this report. Figure 5 presents an example of the prioritization of items in the area of Education and Advocacy.

Figure 5. Education and Advocacy Prioritization



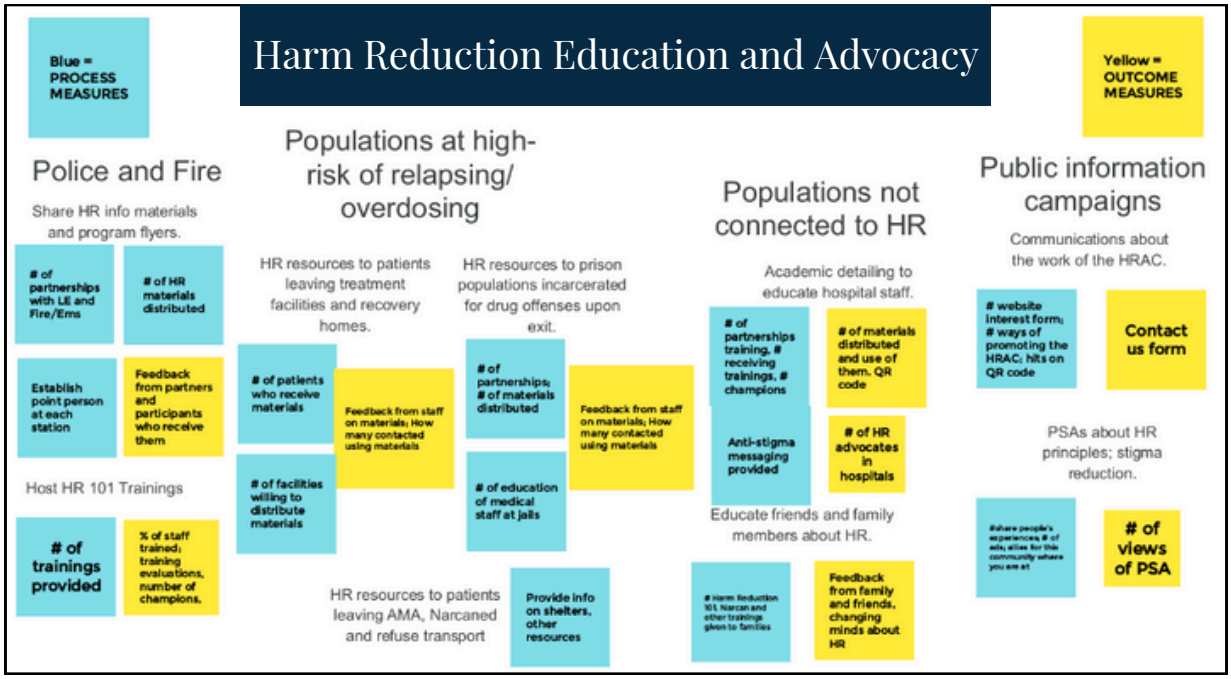
DATA ANALYSIS

The HRAC were presented and reviewed quantitative overdose data provided by Anne Arundel County and Annapolis Police Departments and analyzed by police data analysts, the county's Heroin Prevention Coordinator and Department of Health epidemiologists. Programmatic data was also provided by AA POWER staff who track program participation and HR supplies and resources distribution. Data analyzed as part of the Strategic Planning Process are described in the next section.

SETTING MEASURES

For each of the strategic objectives, the HRAC identified metrics to track progress and outcome measures of success. These measures will be tracked on a quarterly, bi-annual or annual basis to determine the impact of HRAC efforts over time. An example of the measures identified by HRAC members for the Harm Reduction Education and Advocacy focus area is presented in Figure 6.

Figure 6. Education and Advocacy Measures



Data Inputs

During the strategic planning process, the HRAC reviewed quantitative epidemiologic and program data to inform the identification of gaps and the development of recommendations. These are some of the data that were reviewed.

QUANTITATIVE DATA ON OPIOID OVERDOSES

The HRAC was presented with data on opioid overdoses in the county. The sources of the overdose data are the Anne Arundel County and Annapolis Police Departments. In Figure 6, the Department of Health mapped overdose data over available treatment resources and current harm reduction outreach and vending machine sites, in order to help visually assess needs and gaps across the county. Other data examined:

- Total annual opioid overdoses - fatal and nonfatal, annually and by month(Figure 7).
- Opioid overdoses by race/ethnicity and age (fatal and nonfatal).

Figure 6. Map of Opioid Overdoses

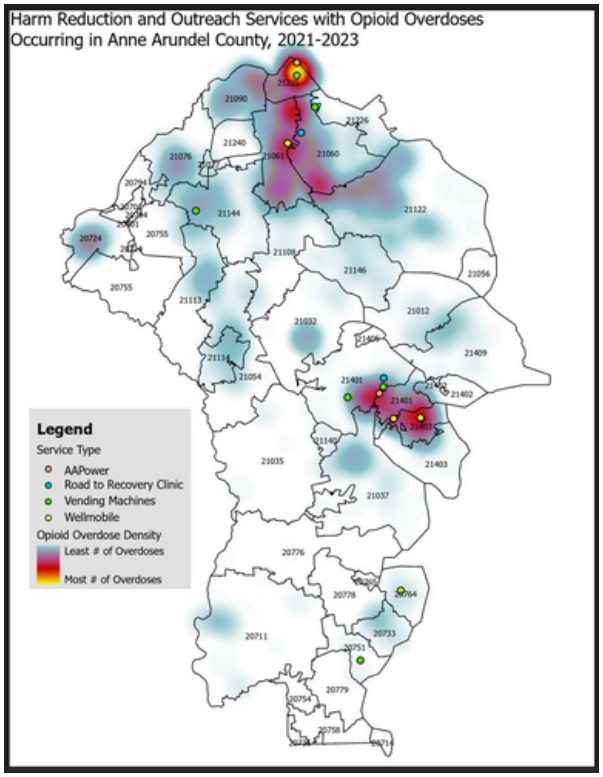
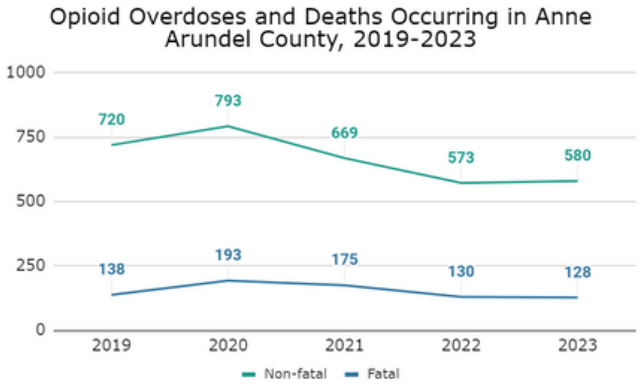
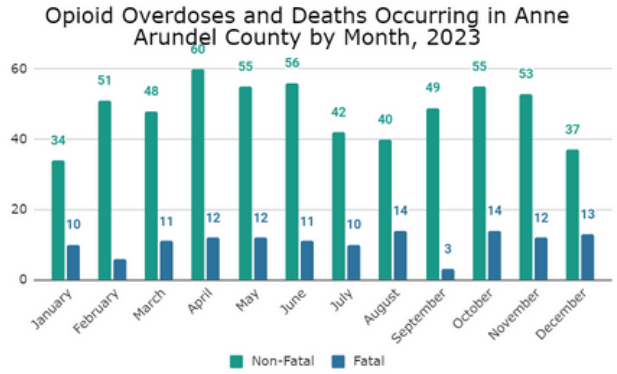


Figure 7. Opioid Overdoses by Year and Month





PROGRAMMATIC DATA

The ORP and AAPOWER program data for fiscal year (FY) 2023 shared with the HRAC:

- FY2023 Overdose Response program data
  - Total number of Narcan kits distributed: 3,270
  - Total number of individuals trained: 5,505
  - Total number of fentanyl test strips distributed: 3,686
- FY2023 AAPOWER program data
  - Number of Narcan kits distributed: 732
  - Number of fentanyl test strips distributed: 1,801
  - Number of individuals served by AAPOWER: 760
    - Number of syringes distributed: 44,925
    - Number of sharps containers distributed: 2,586
    - Number of safe injection kits distributed: 584
    - Number of safe use kits distributed: 499
  - Number of new participants enrolled in the SSP: 115
- FY2023 most frequently used drugs by participants:
  - 61% heroin/fentanyl, 31% crack, 27% cocaine
- FY2024 most common modes of ingestion of drugs:
  - 59% inject, 35% smoke, 9% snort (Note: This data point was added in FY2024).

Complete FY2024 data will be available in July 2024.

IV. Key Results and Recommendations

Vision Statement

We envision a County where all community members and groups have access to judgment-free harm reduction services that foster dignity, prioritize safety, build connections, and instill hope regardless of individual drug use status.

Mission Statement

To promote the health and wellbeing of people who use drugs by expanding existing harm reduction services and reduce stigma among all members of Anne Arundel County through ongoing education and advocacy.

Gap Analysis

Using the the information collected, data analyzed and feedback from HRAC members throughout the strategic planning process, a gap analysis was conducted. The gap analysis considers: (1) What is the current state? (2) What are the gaps? and (3) What is the desired state? The gap analysis results in actionable and measurable recommendations. A detailed table of gaps and recommendations for each of the five focus areas is included in Appendix B.

Key Recommendations

For each of the goal areas, the HRAC identified the highest priority strategies and activities with the greatest urgency, need, or potential for greatest impact. The HRAC recommends strategies for the county to focus on in order to advance harm education efforts and lay a foundation for future implementation.

In total, the HRAC has made fifteen core recommendations with accompanying objectives and measures. Four recommendations related to improvement of engagement with partners. Two of the recommendations detail methods for improving the existing harm reduction services. Four recommendations intend to reduce stigma by raising awareness with targeted communications. Three recommendations utilize research and data internally and from other initiatives to improve HR interventions. The last two recommendations seek to advance equity of by increasing opportunities for PWUD.

Recommendations

IMPROVE PARTNERSHIPS AND ENGAGEMENT WITH:

1. Hospitals to build networks for compassionate care.
2. Shelters to reach unhoused individuals.
3. Treatment centers and recovery homes working with populations who would benefit from HR information and resources.
4. Businesses to build support for distributing harm reduction education and supplies.

IMPROVE DELIVERY OF HARM REDUCTION SERVICES:

1. Employ various modes of delivery to expand the reach and supply of HR materials.
2. Healthcare providers offering accessible and judgment-free HR medical care and related services.
3. Consider new types of HR resources to deliver, such as safer smoking kits, to meet the needs of PWUD.

REDUCE STIGMA AND RAISE AWARENESS THROUGH EDUCATION WITH:

1. Treatment facilities, recovery homes and correctional facilities to reach populations at high-risk of relapse.
2. Community agencies and organizations to expand awareness among populations not connected to services.
3. Public information and messaging to improve understanding of HR principles, strategies, and services.
4. Police and Fire/EMS to boost education and awareness about HR among personnel.

Recommendations

UTILIZE RESEARCH AND DATA TO IMPROVE HARM REDUCTION INTERVENTIONS, INCLUDING:

1. Data trends to understand what locations and which populations to focus HR outreach to.
2. Feedback from participants to incorporate lived experiences into the work of the HRAC.
3. Data from other coalitions to understand new and emergent trends.

ADVANCE EQUITY IN HR EFFORTS BY:

1. Provide support to people with lived experiences of substance use to determine county priorities.
2. Tailor strategies to high-need populations and target communities in a culturally-competent manner.

V. Implementation and Conclusion

Implementation Plan

Following the release of this report, the HRAC will pivot to implementation of the key strategies identified. The Advisory Council will systematically identify which recommendations to focus on. Several of the recommendations overlap across multiple goal areas. By tackling similar objectives concurrently, the HRAC can coordinate efforts more efficiently.

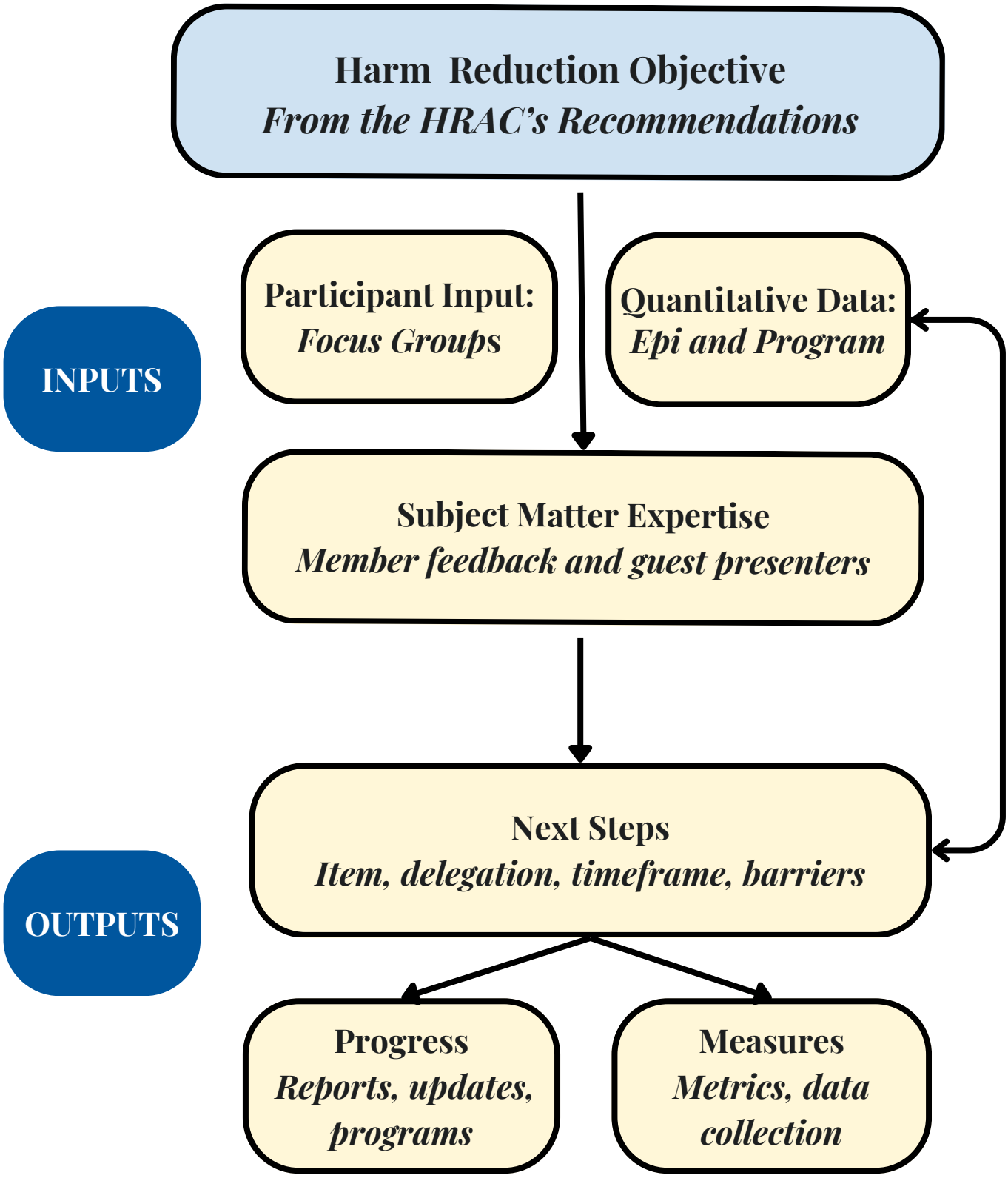
Themes that emerged across the high priority items that overlap in more than one goal area include:

- **Hospitals, which are listed under the partnership, education and service delivery goal areas**
- **Treatment centers and recovery homes, which are included in the service delivery and education goal areas**
- **Shelters, which are included in the partnership and education goal areas**
- **People Who Use Drugs, whose meaningful participation is emphasized in both the data and equity goal areas**

Implementation Process

For each objective, the HRAC will follow certain process steps to collect information on the strategy and gather any relevant data. Input from participants and people with lived experiences will provide valuable insights about current needs. Outputs from this process will be delegated, time bound action steps. The Advisory Council will provide routine progress updates that compare outcomes overtime with baseline measures. See Figure 8 for a visual depiction of these steps for implementing recommendations.

Figure 8. Implementation Process



Conclusion

This Strategic Plan will guide the work of the HRAC. In 2024, the HRAC will continue to meet monthly and engage its members in relevant activities. The cross-cutting themes or high priority items described above will be collectively reviewed to determine which strategies should be implemented first or in concert.

The current membership of the HRAC is active and excellent (See Appendix A). However, if attrition occurs or new stakeholders emerge, recruitment efforts will engage new potential members and invite them to join the HRAC. Continued effort will be made to facilitate participation from AAPOWER program participants and PWUD in all activities undertaken by the HRAC.

HRAC members and senior Department of Health leadership reviewed this Recommendations Report prior to release. As part of the final release plan, the Report will be publicly available on the Prevention Coalitions of Anne Arundel County website and The Anne Arundel County Department of Health website. It will be shared with the Overdose Prevention Team (OPT), Behavioral Health staff, and other Department of Health staff.

References

National Harm Reduction Coalition (NHRC). Principles of Harm Reduction. 2023. https://harmreduction.org/about-us/principles-of-harm-reduction/.

The Centers for Disease Control and Prevention. Summary of Information on The Safety and Effectiveness of Syringe Services Programs (SSPs). 2023. https://www.cdc.gov/ssp/syringe-services-programs-summary.html#:~:text=SSPs%20can%20help%20reduce%20these,in%20HIV%20and%20HCV%20incidence.

Tapper, A., Ahern, C., Graveline-Long, Z. et al. The utilization and delivery of safer smoking practices and services: a narrative synthesis of the literature. *Harm Reduction Journal*: 20, 160. 2023. https://doi.org/10.1186/s12954-023-00875-x.

Contact Us

Please contact the Anne Arundel County Department of Health, if you have questions about this report or for inquiries related to the Harm Reduction Advisory Council.

410-222-1842

aapower@aacounty.org

aahealth.org

Appendix A: Current List of HRAC Members

Abell, Theron	DOH, Overdose Response Program
Ajayi, Adetola	City of Annapolis
Anderson, Kelly	Sarah's House
Arcoraci, Jessica	Maryland Primary Care Physicians
Benson, Amanda	Annapolis Police Department
Bieler, Justin	Department of Social Services; Anne Arundel County Coalition to End Homelessness
Bodner, Dr. Debbie	Advocate, Volunteer, and Pharmacist
Chamberlain, Ryan	Uplift Recovery Homes, Recovery Anne Arundel
Donadio, Kim	Helping Hands of America, Inc.
Duffy, Karen	MD Coalition of Families
Dunleavy, Jessie	Community Member and Drug Policy Advocate
Edwards, Cpt. Aaron	Annapolis Fire Department, Emergency Medical Services
Fuller, Dr. Drew	Brightwell Health
Goldberg, Det. Joe	Anne Arundel County Police Department
Gosnell, Brandon	Annapolis Office of Emergency Management
Hall, Caitlin	DOH, System Training Education & Prevention Services (STEPS)
Haspert, Kurt	DOH Consultant, Wellmobile

Appendix A: Current List of HRAC Members continued...

Hayes, Teona	Naptown Anti-Dope Move Meant, City of Annapolis
Hunnell, Jessica	DOH, Recovery Support
Johnson, Donna	Eastport Community Activist
Lassalle, Jason	DOH, System Planning and Management
Lewald-Williams, Karen	Annapolis Light House
Limbers, Lisa	Damascus House
Menendez, Pastor Sheryl	Light of the World Family Ministries
Nicholson, Shannon	Gaudenzia Addiction Treatment and Recovery Services
Otruba, Christina	MD Coalition of Families
Paucar, Jorge	Anne Arundel County Office of Emergency Management
Schulden, Tracy	DOH, Behavioral Health
Seboroswki, MK	Annapolis Office of Emergency Management
Traynor, Angel	Serenity Sistas
Van Zuylen, Izelle	DOH, Harm Reduction
Wheeler, Jennifer	Luminis Pathways
White, Raenell	Gaudenzia Addiction Treatment and Recovery Services
Yotter, Pastor Sara	Joy Reigns Lutheran Church, Journey to Joy Recovery House

Appendix B: Gap Analysis

Focus Area 1 - Partnerships and Engagement		
Current State	**Gaps**	**Desired Future State**
Individuals with SUD or co-occurring disorders visit hospitals with unique needs. These individuals are commonly passed along to hospital peers.	Lack of engagement between hospital staff and HR programming.	*Improve partnerships and engagement with:* Hospitals to build networks for compassionate care. • Identify key personnel at hospitals to share education and HR with. • Offer HR training to hospital staff.
Shelters and organizations serving unhoused individuals work with a high volume of PWUD.	Shelters have requirements that can disqualify PWUD from receiving services. HR outreach reception in encampments and trailers can be unpredictable.	*Improve partnerships and engagement with:* Shelters to reach unhoused individuals. • Identify points of contact for shelters and unhoused organizations in the county. • Strategize around opportunities for partnership and HR outreach.
There are a multitude of programs and organizations in the county offering SUD education, treatment and recovery services.	Lack of confirmation and consistency of HR programs partnering with other programs serving PWUD and other high-risk populations.	*Improve partnerships and engagement with:* Treatment centers and recovery homes working with populations who would benefit from HR information and resources. • Create a list of all treatment centers, recovery homes and other community organizations offering SUD services or education. • Form connections with programs who are not linked up with HR programs. • Invite key partners to join the HRAC. • Present to related coalitions and task forces.
Some businesses do not want HR outreach on or near their establishments. During past attempts, several businesses haven't been receptive to naloxone training and distribution.	Poor partnerships with some shopping centers, businesses, motels, gas stations and property managers, particularly in communities experiencing high levels of overdoses.	*Improve partnerships and engagement with:* Businesses to build support for distributing harm reduction education and supplies. • Offer HR trainings to businesses • Offer Narcan to businesses to store near safety equipment (fire extinguishers, first aid kits, etc.)

Appendix B: Gap Analysis

Focus Area 2 - Service Delivery		
Current State	**Gaps**	**Desired Future State**
AAPOWER offers a range of HR programs and services: SSP, fentanyl test strips, xylazine test strips, wound care, naloxone.	Lack of a formal mechanism to gather and incorporate community and participant feedback into current programming. New program offerings and ways to deliver services should be considered.	*Improve delivery of harm reduction services:* Employ various modes of delivery to expand the reach and distribution of HR materials and supplies. • Create processes to collect feedback from PWUD on existing and proposed programs. • Consider new opportunities to deliver services, such as on the Wellmobile. Consider new types of HR resources to deliver, such as safer smoking kits, to meet the needs of PWUD.
Individuals with SUD or co-occurring disorders visit hospitals with unique needs. Many PWUD report being stigmatized in health care settings.	The medical care that PWUD receive at hospitals needs improvement in terms of prescribing, treating co-occuring disorders, and wound care. It can be difficult for a PWUD to access non-stigmatizing health care.	*Improve delivery of harm reduction services:* Healthcare providers offering accessible and judgment-free medical care and services. • Identify providers to refer PWUD to for wound care and partner with them. • Present on HR to hospital staff to inform revised treatment practices and address stigma. • Integrate HR principles and program information into academic detailing on prescribing practices. • Encourage MOUD in the ER and hospitals.

Appendix B: Gap Analysis

Focus Area 3 - Education and Advocacy		
Current State	**Gaps**	**Desired Future State**
Some partnerships with treatment facilities, recovery homes, and correctional facilities to offer naloxone, HR resources and contact information.	Awareness about local HR services among recently incarcerated people is not known but is likely very low. If a patient leaves SUD treatment AMA or is discharged from a recovery home, they are no longer connected to services and are at high risk of relapse and overdose.	*Reduce stigma and raise awareness through education with:* Treatment facilities, recovery homes and correctional facilities to reach populations at high-risk of relapse. • Provide HR resources to patients leaving treatment facilities and recovery homes. • Provide HR resources to populations incarcerated for drug offenses upon exit. • Provide HR referrals to patients leaving AMA
Established partners support and advocate for HR principles and programming.	There are populations in the county who aren't aware of the HR services available to them. Many friends and family of PWUD are not informed about harm reduction strategies to use more safely.	*Reduce stigma and raise awareness through education with:* Community agencies and community partners to expand awareness among populations not connected to services. • Identify contacts at shelters, colleges and schools, hospitals (ER doctors, nurses, wound care providers), veteran service organizations and VA centers. • Utilize academic detailing or other forms of training to educate hospital staff. • Prepare a communication plan for outreach and education for these groups, including friends/family. • Develop health education materials tailored for the various target audiences.

Appendix B: Gap Analysis

Focus Area 3 - Education and Advocacy		
Current State	**Gaps**	**Desired Future State**
The Department of Health uses several communication channels to share information about HR programming.	Awareness about local HR services among recently incarcerated people is not known but is likely very low. If a patient leaves SUD treatment AMA or is discharged from a recovery home, they are no longer connected to services and are at high risk of relapse and overdose.	*Reduce stigma and raise awareness through education with:* Public information and messaging to improve understanding of HR principles, strategies, and services. • Communications about the work of the HRAC • PSAs about HR principles, strategies and services
Police and Fire/EMS are involved in opioid overdose prevention efforts and are integral partners for overdose response, naloxone administration and Safe Stations. Police officers regularly come in contact with PWUD, including individuals who actively are or have recently overdosed.	Currently, there is no program in the county to provide training and education to personnel about HR with an emphasis on minimizing harms, building trust and supporting use of county SUD-related services. Limited engagement between HR program staff and city and county police.	*Reduce stigma and raise awareness through education with:* Police and Fire/EMS to boost education and awareness about HR among personnel. • Share informational materials and program flyers with city and county police and Fire/EMS. • Host HR trainings in collaboration with the PD and FD. • Confirm representation of police and fire on the HRAC.

Appendix B: Gap Analysis

Focus Area 4 -Research and Data		
Current State	**Gaps**	**Desired Future State**
Opioid overdose and AAPOWER program data are collected by various parties and across different systems.	Limited integration of data sources. Additional data may be needed to measure progress and outcomes.	*Utilize research and data to improve HR interventions, including:* Data trends to understand what locations and which populations to focus HR outreach to. • Track overdoses and outreach by zip code. • Disaggregate overdose data by race, ethnicity, gender and age. • Track program data of HR outreach and service delivery, including demographic variables.
DOH staff are actively recruiting PWUD to participate in HRAC meetings. Staff have also developed ways to gather participant feedback during or after each meeting.	No formal process to systematically incorporate feedback from PWUD and HRAC members. Need to use qualitative research methodologies to capture and demonstrate to the community what the HRAC is doing and how activities are prioritized.	*Utilize research and data to improve HR interventions, including:* Feedback from participants to incorporate the lived experience of PWUD into the work of the HRAC. • Develop an engagement plan for recruiting and maintaining attendance of PWUD on the HRAC. • Utilize a qualitative participatory approach to data collection and research. • Develop a plan for continuously and strategically incorporating the feedback of people with lived experience of substance use.
The Department of Health provides leadership for the Overdose Prevention Team (OPT, formerly OIT), Fatal Overdose Review Team (FORT) and the HRAC. There is overlap of membership across the three coalitions.	Information and resource-sharing between opioid overdose reduction coalitions is sporadic not streamlined.	*Utilize research and data to improve HR interventions, including:* Data from other coalitions to understand new and emergent trends. • Consistently share information and insights with the OPT and FORT, and seek updates from them as well.

Appendix B: Gap Analysis

Focus Area 5 - Equity		
Current State	**Gaps**	**Desired Future State**
The HRAC Community Coordinator leads ongoing recruitment of PWUD for the HRAC.	The number of PWUD on the HRAC is variable and inconsistent. Need to facilitate real opportunities for PWUD to apply their lived experiences to lead the focus and initiatives of the HRAC.	*Advance equity in HR efforts by:* Providing support to people with lived experiences of substance use to determine county priorities. • Solicit feedback from PWUD on HRAC agenda items and strategic activities. • Offer opportunities for PWUD and people in recovery to volunteer, participate in the HRAC, gain employment and occupy leadership roles.
PWUD participating in HRAC meetings are provided gift cards to cover some basic expenses, transportation to/from the meeting, and lunch.	Not all of the basic needs of PWUD are being addressed currently, which makes it more challenging for them to attend the HRAC meetings. Many PWUD don't have phones so it is difficult to communicate with them and for them to access the services they need.	*Advance equity in HR efforts by:* Tailoring strategies to high-need populations and target communities in a culturally-competent manner. • Better enable PWUD to utilize HR services, participate in the HRAC, and improve their overall health and well-being. • Link PWUD to services that meet their needs (e.g., phone, transportation). • Provide timely compensation for and reduce barriers to PWUD participating in HRAC meetings.