

Harm Reduction Research Needs


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Three Organizing Elements

Health Policy and Systems Research

Full HPSR scope for applied research...

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1. Organize geographic analyses of health risk burdens, and contextualize strategies.
 2. Monitor service standards, and capacity progress in local continuums of services.
 3. Perform service protocol analyses, at scale of projects, programs, and policies.
 4. Digitize protocols to verify reinforced strengths in local continuums of services.
 5. Leverage digital data from local continuums of services to verify improvements.

Scope of Harm Reduction Methods

Common Methods

- ✓ Overdose reversal protocols (Narcan)
- ✓ Integrated medication-assisted treatment
- ✓ Access to harm reduction supplies
- ✓ Access to fentanyl testing strips
- Long-term medication-assisted treatment

Innovative Methods

- ✓ Opioid prescription tracking
- ✓ Client therapeutic engagement
- ✓ Mobile clinics to reach isolated persons
- ✓ Safe detoxification lodging
- Court/Tribe approved assessments
- Safe post-inpatient lodging
- Aftercare referral-service co-management
- Safe risk reduction summer camps for youth
- Cultural, chaplain, and social coaching
- Field-ready forensic injury recording tools

Disparate Systems – *Digital Fusion Future*

IHS: 21 hospitals, 114 clinics/centers:

Direct Service Tribes: 219 [571,257 behavioral health encounters, FY23]

IHS Tele-Behavioral Health: 66,235 encounters and 4,669 service hours (FY23)
Estimated 92% of the Tele-Behavioral Health demand

Tribal: 22 hospitals, 753 clinics/centers:

Tribal Self Governance funding agreements: 139

Tribal Compacts for combined services/self-governance: 112

Behavioral health grants: 172 (148 harm reduction)

Urban Indian Organizations (non-profits): 41, with 77 facilities



Possible Research Needs

HPSR	Needs
Risk Burdens	Census data revised to include population mobility
Contextualize Strategies	Systematic reviews of studies, by Tribes, identifying gaps
Service Standards	Meta-analyses of effect sizes by service models
Capacity Progress	Localized access studies, including scope of harm reduction methods
Protocol Analyses	Meta-analyses of innovation efficacy, with relevant human factor processes
Digitized Protocols	Demonstration studies to verify tool's reinforcements
Verify Improvements	Baseline analyses of the digital fusion requirements, nationally

IHS Health Policy and Systems Research

Harm Reduction *Protocol Analyses*

Alcohol and Substance Use Risk Mitigation

- AI/AN Youth IHS and Tribal inpatient aftercare services (2022, released)
- Potential gaps in national AI/AN youth service policies (2023, not released)
- *Community Opioid Intervention Pilot Project* - 35 Tribal partners (2024)
- Detoxification service capacity development (2024)

Mental Distress Risk Mitigation

- Risk mitigation by 85 Tribal partners (2024)
- Suicide screening and service actions in IHS (2024)
- Mental distress risk mitigation in AI/AN youth (2024)
- Local service capacity standards for analyses (2024)



Harm Reduction: *Digital Capacity*

Data Fusion

- Inbound Information: Policy-compliant, integrated project data collection portal (May 2022)
- Outbound Information: Highly-responsive portal to discover disparate-sourced reports (2024)

Service Monitoring

- Opioid Prescription Dashboard: Analyzing prescription behaviors of IHS providers (August 2022)
- Suicide Screening Dashboard: Analyzing risk reduction behaviors of IHS providers (2024)
- Digital Overlay Maps: Visualizing risk burdens and service capacities by communities (2024)

Service Innovation

- Client Therapeutic Engagement Apps: Affinity-based co-management risk reduction (2024)
- Global Client Needs Assessment : Sustainable individual data for cross-sector services (2024)