



### INTRODUCTION

- The U.S. opioid epidemic reflects the magnitude, pervasiveness, and severity of the behavioral health (BH) crisis today.
- The CDC estimates >107,000 drug-related overdose deaths occurred in 2022, a nearly 30% increase from 2020.
- One promising means of preventing and treating opioid use disorder (OUD) and substance misuse is at the intersection of BH and harm reduction (HR).
- Little is known about the BH workforce within the harm reduction field.
- This study surveyed directors of harm reduction organizations across the U.S. to learn more about the intersection of harm reduction and BH services.

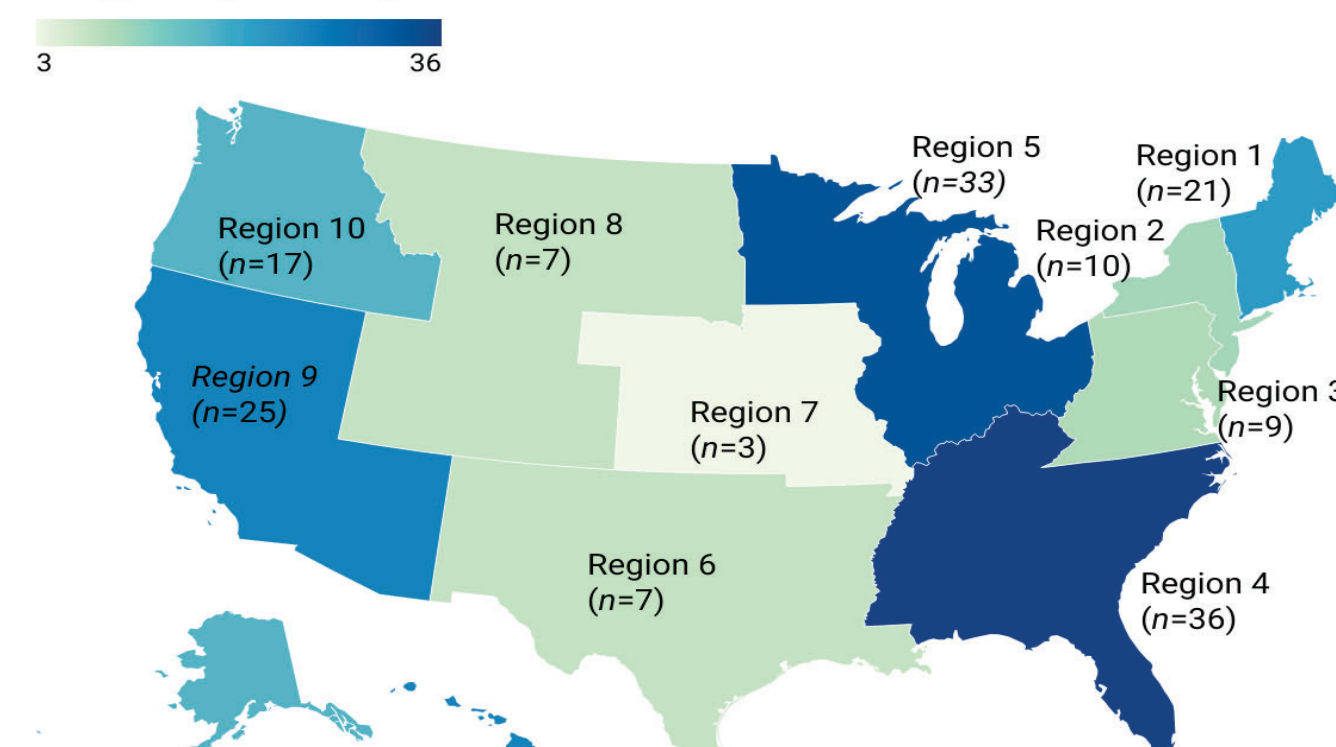
### METHODS

- Primary, mixed-method data collected through purposive sampling of community-based syringe service organizations registered with the National Association of Syringe Exchange Network (n=350).
- The survey yielded a 48% response rate (n=168).
- Descriptive statistics summarized organization characteristics, the BH workforce and services in HR organizations.
- Multivariate statistics examined the relationship between BH providers, referral processes, and specialty mental health services.

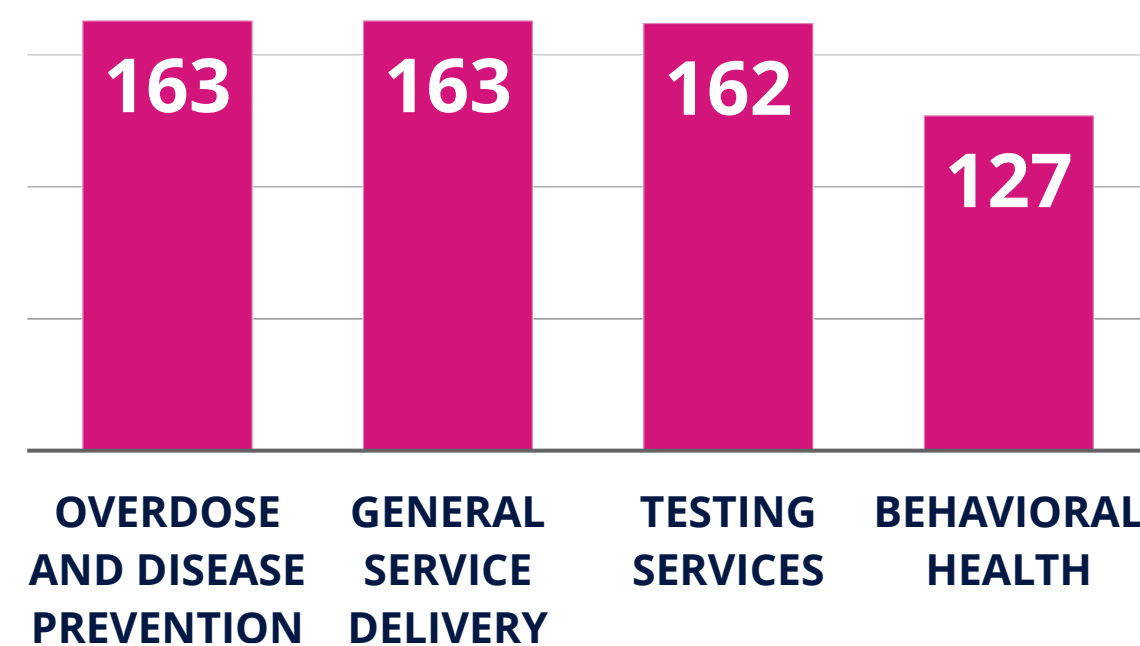
### RESULTS

- Geographic variability in where harm reduction organizations are located.
- BH services were the smallest proportion of services offered within HR organizations.
- Almost half of the organizations exclusively offered services in a primary location, while the other half provided services via mobile units and pop-up sites.

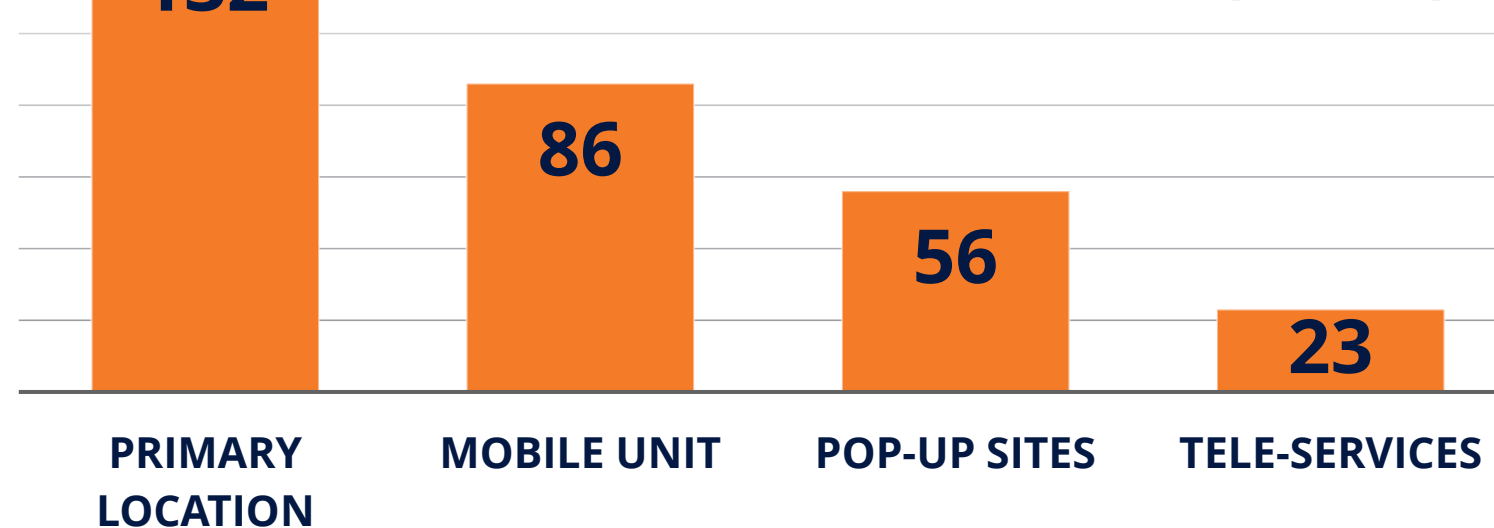
Harm Reduction Organizations in the United States by Region (n=168)



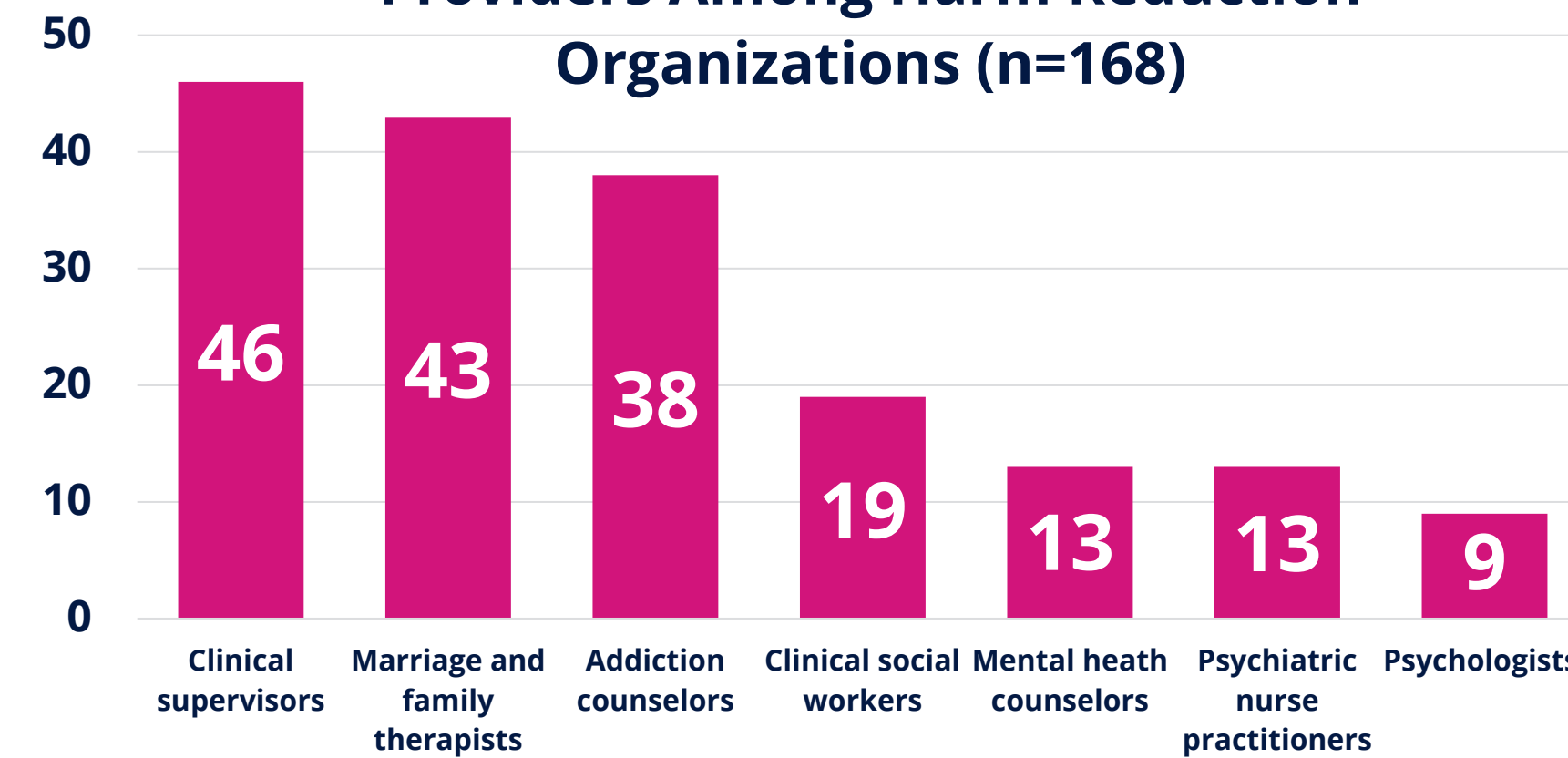
Harm Reduction Services Offered (n=168)



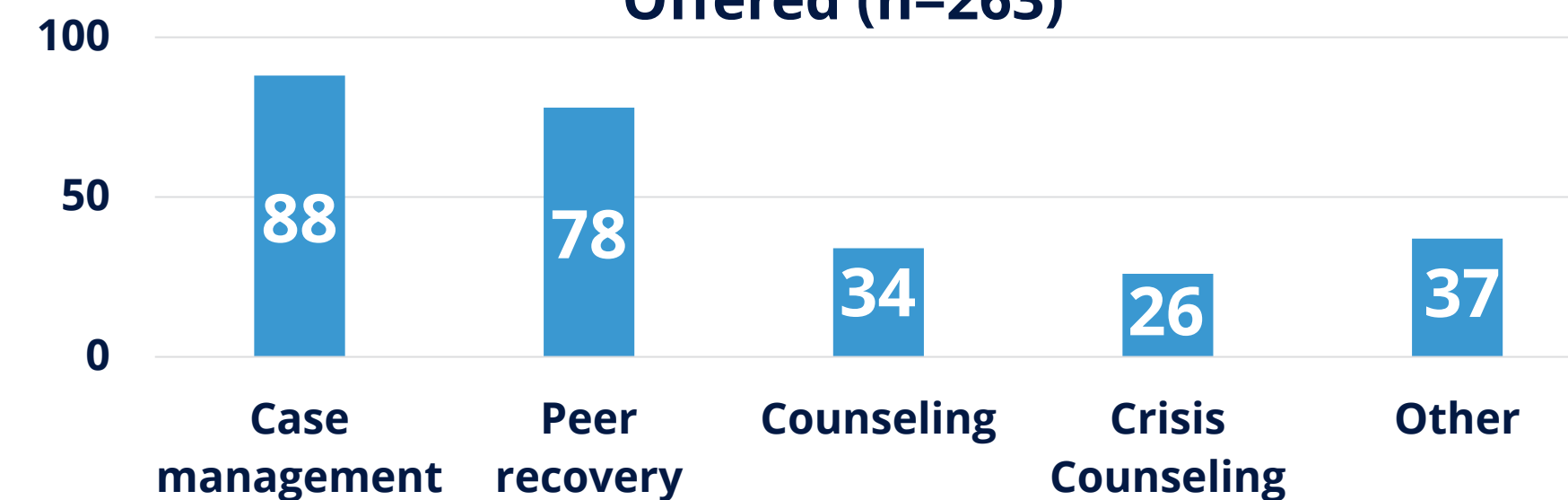
Delivery Settings for Harm Reduction Services (n=297)



Distribution of Behavioral Health Providers Among Harm Reduction Organizations (n=168)



Number of All Behavioral Health Services Offered (n=263)



Association Between Behavioral Health Services and Referral Processes

	$\chi^2$	p-value	Cramer's V
Formal referral process	18.33	<.001	0.33
Follow-up referral process	15.32	<.001	0.30

### WORKFORCE IMPLICATIONS AND POLICY CONSIDERATIONS

- There is a need to bolster the BH workforce in harm reduction service delivery. The BH service provision includes those with lived experiences and formal education, but the training, scope, and supervision support for these workers is unclear.
- Increasing the BH workforce in harm reduction organizations could increase coordinated services and treatment, possibly leading to expanded provision of specialty mental health care, engagement for those needing support, and integration of evidence-based models of care.
- Education of BH providers may not include harm reduction content. Programs could expand internship opportunities with harm reduction organizations to further extend student learning and organizational BH capacity. Funding support for harm reduction community-based organizations could require BH providers with evidence-based interventions as part of the programs.
- Additional research is needed to assess the needs of the BH workforce within harm reduction organizations to train, expand, and support this workforce.

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### FUNDING STATEMENT & REFERENCES

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