

Worksheet: Strategies to Build HR Capacity in Individual Practice, Organizations & Communities

SECTION 1. Current Harm Reduction Capacity Questions

Q1. On a scale of 1-5, where 1 = "Very Infrequently" and 5 = "Very Often", please rate the extent to which you and/or your organization engage in the following activities.

Engage with consumers of your services in a non-coercive, client-centered manner and support them in the creation of self-directed goals that minimize drug-related harm.

Discuss harm reduction strategies with colleagues or clients, and facilitate connections to harm reduction resources in your community.

Acknowledge the role social institutions, agencies, and professionals play in the mistreatment of PWUD. Ex: stigmatization, shaming, re-traumatization, exclusion, coercive tactics or punitive policies.

Talk with clients/patients, supervisors, colleagues and/or community members about the structural complexities of substance use.

Include PWUD in the design, execution and evaluation of your substance use or harm reduction services.

Advocate for policies aimed at the expansion of access of services that basic needs like housing, healthcare etc. and the expansion of harm reduction services at the organization, community & state levels.

Support organizations or groups who directly support PWUD that are not led by professionals.

Q2. Of the harm reduction strategies currently available in NH, which do you or your org. provide and/or are available in your community? Circle all that apply.

Overdose Education & Naloxone Distribution (OEND) Distribute drug checking tools (FTS) MOUD/MAR
Syringe distribution or disposal Peer-based services Wound care Low-barrier treatment

SECTION 1a. Strategy: Getting Curious (and Uncomfortable)

PROMPT #1

PROMPT #2

Worksheet: Strategies to Build HR Capacity in Individual Practice, Organizations & Communities

SECTION 2. Questions About Access to Power

Q3. Circle any of the 7 main sources of power in communities that you have access to.

Knowledge- information as power **Reputation**- character as power **Decision Making**- agency as power
High Status- position as power **Laws & Policies**- rules as power **Connections**- proximity as power
Wealth- money as power

Q4. Circle any of the 7 main sources of power in communities your org. has access to.

Knowledge- information as power **Reputation**- character as power **Decision Making**- agency as power
High Status- position as power **Laws & Policies**- rules as power **Connections**- proximity as power
Wealth- money as power

Q5. In your organization, what type(s) of power do you have access to? Circle all that apply.

INFORMAL

Referent- power of personality
Expert- power of knowledge/experience

FORMAL

Legitimate- power of authority
Reward- power of + reinforcement
Coercive- power of punishment

SECTION 2a. Strategy: Challenge the Status Quo

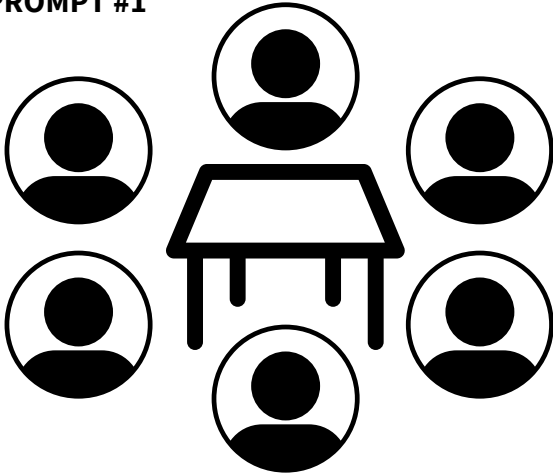
PROMPT #1

PROMPT #2

**Worksheet: Strategies to Build HR Capacity in
Individual Practice, Organizations & Communities**

SECTION 3. Strategy 3: Collaborate (and Be Inclusive)

PROMPT #1



PROMPT #2

SECTION 4. Strategy 4: Creatively Problem Solve

PROMPT #1

SECTION 5. Strategy 5: Cede the Power

PROMPT #1

Worksheet: Strategies to Build HR Capacity in Individual Practice, Organizations & Communities

SECTION 6. Prompts "For Later"

Strategy 1: Getting Curious (and Uncomfortable)

PROMPT: Critically examine & reflect how you, your profession, and/or your community have contributed to the systems-level harm(s) experienced by PWUD.

Strategy 2: Challenging the Status Quo

PROMPT: Reflect on the ways in which you, your org. or your community exercise coercive power to gain compliance from others. Are alternatives to punitive measures possible? Speak with your colleagues. Next, think about norms or policies in your practice, org. or community that if adjusted, would increase current capacity for harm reduction. Talk with other people!

Strategy 4: Creatively Problem Solve

PROMPT: Reflect on your access to power(s)/ sources of power and those of your chosen collaborators. What are some ways that you could use this access to positively influence the psychological safety of your assembled harm reduction strategy team? What are some ways you could cultivate psychological safety when engaging with people who use drugs?