

Boundary Spanning Leadership Model Strengthens Oklahoma Harm Reduction Programs

In April 2021, Oklahoma enacted [SB 511](#), which authorized certain entities to provide harm reduction services, including needle exchange, referrals to mental health and substance use disorder treatment, and education and testing for sexually transmitted infections, viral hepatitis, and HIV. While the bill permits Oklahoma's State Departments of Health (OSDH) and Mental Health and Substance Abuse Services (ODMHSAS) to provide harm reduction services and report metrics, it prohibits using state funds to purchase hypodermic needles. This prohibition necessitates state agencies to form partnerships with other authorized organizations to establish programs offering needle exchange.

In January 2022, ASTHO engaged OSDH and ODMHSAS staff, members of the [Oklahoma Harm Reduction Alliance](#), [Health Minds Policy Initiative](#), and representatives of the [Southern Plains Tribal Health Board](#), and others in a four-part Boundary Spanning Leadership (BSL) workshop to support program planning and implementation.

Boundary Spanning Leadership is a conceptual framework that establishes direction (group agreement on overall goals), alignment (coordinated group work), and commitment (mutual responsibility) across organizational boundaries in service of a higher goal.

Workshop participants established the specific goal of using BSL principles to enhance resources and support for harm reduction programs in Oklahoma. While harm reduction programs provide a wide range of services, participants focused on the goal of acquiring sterile needles and reducing stigma around these programs. ASTHO conducted follow up coaching sessions with OSDH staff in February, March, and April 2022.

Key Successes

Rulemaking. SB 511 directed the State Commissioner of Health to promulgate rules for implementing harm reduction programs. OSDH program staff worked closely with the Deputy and Commissioner of Health in developing the [proposed rules](#), which define the scope of services, registration and reporting requirements.

Access to Sterile Supplies. People who inject drugs can substantially reduce their risk of acquiring and transmitting bloodborne infections by [using a sterile needle or syringe](#) for every injection. Sterile needles cannot be purchased with federal funds for harm reduction efforts, and SB 511 prohibits the use of state funds to purchase sterile needles.

As COVID-19 response operations in Oklahoma began to wind down, the Oklahoma State Department of Health Emergency Preparedness and Response (EPRS) had thousands of COVID-19 ancillary kits and supplies that would otherwise go unused. These kits contain sterile needles other supplies that would be beneficial to harm reduction programs. OSDH Sexual Health and Harm Reduction Service (SHRS)

worked closely with EPRS to repurpose these kits to benefit harm reduction programs. Needle exchange will be conducted in conjunction with other valuable harm reduction services, mentioned earlier.

Lessons Learned

Develop Effective Messages. OSDH staff tailored their messaging about harm reduction services to best resonate with the intended audience. For example, they gathered feedback from people with lived experience when developing materials for people who may use harm reduction sites. In their communications with decision-makers, staff focused on data demonstrating the positive financial impact of providing harm reduction services and the benefit of limiting the risk of accidental needle sticks for first responders and the community at large.

Maintain Flexibility. Changing processes can be challenging and time-consuming, however OSDH staff emphasized the importance of keeping the end goal in mind. When engaging interested parties, which brought together multiple perspectives and experiences, OSDH carefully chose which issues required further exploration and adapted their implementation plan based on partner feedback.

Leverage Strategic Partnerships. OSDH staff leveraged both internal and external partnerships to implement harm reduction programs. Internally, the harm reduction program staff worked closely with EPRS to identify supplies that may be repurposed for use in harm reduction sites. Once the harm reduction programs are in operation later in 2022, disease intervention specialists (DIS) may support the program in the distribution and collection of supplies while conducting their regular duties. Externally, OSDH staff developed written materials in collaboration with the non-profit [Stop Harm on Tulsa Streets](#) and engaged with tribal nations to host harm reduction sites.

Next Steps

OSDH will continue efforts to span boundaries, forge common ground, and discover new frontiers to establish and monitor harm reduction programs. Program staff will continue to complete internal processes as well as engage various community-based organizations to reach the populations that are the most in need of harm reduction services. OSDH will monitor the progress of harm reduction sites by collecting information at least quarterly about the number of clients served, including basic demographic information, the number and types of referrals provided, and the number of rapid HIV and viral hepatitis tests performed.