



Service Provider Interviews

1. How long have you been working in supportive housing?
2. What is your role?
3. What population of people does your agency serve? Age? Gender? Race? Current or former substance users? Formerly homeless? Previously incarcerated?
4. Of your client population how many clients do you feel could benefit from opioid intervention strategies?
5. How is opioid use an issue in your agency?
6. Do you have formal policies for opioid overdose intervention at your agency?
If yes:
 - a. Does it address all of the following for opioid overdose: prevention, recognition, and response? If only some of these which ones and how?
 - i. I.e Prevention (addressing issues of why people use alone) ie. panic buttons, supervised injection, room check requests for people using alone, guest policy
 - ii. I.e Recognition – scheduled room checks, symptom recognition.
 - iii. I.e Response – 911, naloxone
 - b. What are the challenges you faced in the implementation phase of your policy?
 - c. Has this policy evolved over time or stayed the same? How?

- d. Do you have practices that happen that are outside of policy? If yes, why do you think that is? Please describe.
- e. Was the reason for your agency policy internal or external to your organization?

If no:

- a. What do you think are the barriers of a focused opioid overdose intervention policy in your agency?
 - i. ie Prevention (addressing issues of why people use alone) ie. panic buttons, supervised injection, room check requests for people using alone, guest policy
 - ii. ie Recognition – scheduled room checks
 - iii. ie Response – 911, naloxone
 - b. Do you think these barriers apply to all supportive housing organizations as well?
7. Has your agency ever trained the non-medical staff to respond to opioid overdoses differently than other medical emergencies?
 - a. If yes, what exactly is that role? How is it different from other medical emergencies?
 - b. How does the frontline staff feel about this responsibility?
 8. Have you ever intervened in an opioid overdose? How did you feel supported by your organization in this intervention? How could you have been supported more? ie Training? Counseling? Other support?
 9. Has your agency ever consulted with residents on what they need to prevent opioid overdoses?



10. If your agency does not allow for substance use, will a resident lose their housing if they relapse? How would a resident be able to get the support of staff in the instance of relapse?
11. Given that 'don't use alone' is one of the harm reduction messages told to PWUS (People Who Use Substances), especially opioids, how is this step in overdose reduction addressed by your agency?
12. Have you encountered challenges with stakeholders while addressing overdose in your agency?
13. Can I get a copy of any of your agencies' policies and procedures that relate to keeping residents safe from opioid overdose?
14. Is there anything you would personally suggest to reduce overdoses in supportive housing?
15. Is there anything else you can tell me about your agencies' response to opioid overdose?
16. Would you like a summary of my findings after I finish my thesis?
17. Is it ok if I contact you at the end of my research process to get your input on my proposed policy options?

Future follow up question if participant replies 'yes' to #19:

1. Based on my research to date, I have developed the following policy options to address the key barriers facing supportive housing organizations to adopt opioid overdose policy.

On a scale of 1 to 10, how would you rate each option with regards to the following list of criteria (yet to be established)? Please elaborate.