

Building the Road While Driving the Van

Lessons from an Evaluation of Harm Reduction Sisters' STAMINA Program

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WILDER

Key recommendations

The following are some key recommendations that were co-developed with HRS staff to guide future programs providing low-threshold access to buprenorphine. Additional recommendations are included at the end of this report.



Develop organizational procedures and structures

As HRS grows, formalizing key organizational processes and procedures will help strengthen consistency, sustainability, and organizational capacity. At the same time, HRS should be careful to balance growth with their strong commitment to grassroots practice and radical empathy.



Strengthen program leadership capacity

Consider a program leadership model that grounds lived experience while building administrative and operational skills. This can help ensure both effective program management and authentic community representation



Deepen partnerships across the Northland

Expand and strengthen partnerships with Northland harm reduction, treatment, and Indigenous organizations to improve service coordination, increase access to buprenorphine, and build a stronger support network for program sustainability.

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Introduction

Beginning in February 2026, Harm Reduction Sisters (HRS) partnered with Wilder Research to evaluate the implementation of a mobile medication for opioid use disorder (MOUD) program in Duluth, Minnesota. Founded in 2019, HRS is a syringe service and naloxone distribution program that serves people in Duluth and the greater Northland area. HRS distributes about 35,000 sterile syringes per month and provides naloxone and overdose education to people who access their services. HRS uses a peer-distribution model, mail delivery, and mobile delivery to reach people who are at high risk for overdose and who may not be able to access harm reduction services in other settings. HRS also provides referrals to health care and provides non-medical HIV case management. HRS is particularly focused on reaching people who face critical barriers to accessing harm reduction services.

What is MOUD?

MOUD is an evidence-based medical treatment for opiate use that uses medications such as methadone, naltrexone, or buprenorphine to manage cravings and withdrawal symptoms to reduce or eliminate drug use. People often, but not always, use MOUD in combination with counseling or therapy. The STAMINA program solely utilizes buprenorphine. The standard process for accessing buprenorphine has been to meet with a provider, complete an assessment, and then fill the prescription in a pharmacy. Typically, someone must be in active withdrawal to begin taking buprenorphine. Each of these steps can present barriers to access. “Low-threshold” buprenorphine treatment is an innovative way to reduce barriers by helping people to access medication in one day or providing access outside of traditional medical settings, such as a syringe service program.

In 2023, HRS received a three-year grant from the Minnesota Opioid Epidemic Response Advisory Council (OERAC) to develop and implement a program providing low-threshold access to MOUD through mobile telehealth services. HRS planned to modify and adopt a Chicago-based program, Syringe Services Telemedicine Access for Medication-assisted Intervention through Navigation (STAMINA), for its participants. With the grant funds, HRS was able to purchase and outfit a van as a mobile telehealth clinic. The van could be parked at various locations across the Northland, and HRS participants who were interested in MOUD could connect with a virtual provider to be assessed and prescribed buprenorphine. The client could then fill their prescription at a local pharmacy. HRS used grant funds to purchase equipment and train staff to implement the STAMINA program. HRS partnered with YourPath, a Minneapolis-based provider of virtual MOUD services, to conduct virtual assessments and write prescriptions. The short- and long-term goals of the STAMINA project were to:

- Increase HRS's capacity to address immediate needs for MOUD and develop processes to streamline the provision of services in partnerships which increase efficiency and provide maximum accessibility for users.
- Provide sustainable services that address the needs of the communities, continue to engage those in need, provide reliable access to services, and build increased trust between HRS and service users.

The STAMINA program was designed to reduce barriers to buprenorphine access, particularly for rural and Indigenous communities.

What is harm reduction?

Harm Reduction Sisters is deeply grounded in harm reduction, which is a public health approach designed to reduce negative physical, emotional, and legal consequences of drug use and other risky activity, rather than mandating abstinence. Foundational principles of harm reduction include no judgement, meeting people where they are, and prioritizing individual autonomy. HRS uses a feminist harm reduction model that incorporates intersectionality and inclusivity to care for people who use drugs.

With these funds, HRS was able to expand their mobile services to 12 counties across Northeastern Minnesota including Beltrami, Carlton, Cass, Cook, Crow Wing, Itasca, Koochiching, Lake, Mille Lacs, Pennington, Pine, and Saint Louis. HRS intended to serve 2,800 people during the grant period. HRS was particularly focused on increasing access to MOUD for Indigenous communities. Nearly 30% of Minnesota's Native American population lives in HRS' service range and approximately 45% of people who use HRS services are Native American.

While the STAMINA program met with some success, there were also significant barriers to achieving the goal of providing low-threshold access to MOUD. Starting in 2026, HRS will be a trial site for a national clinical trial to examine the effectiveness of providing low-threshold access to buprenorphine at syringe services programs. In preparation for wrapping up the OERAC grant and beginning the new program, HRS was interested in a process evaluation to better understand the successes and challenges of implementing mobile MOUD and develop recommendations for future work.

Data collection methods

Wilder Research staff conducted interviews with ten key partners who participated in designing and implementing the STAMINA program or who engage in harm reduction or MOUD treatment in the Duluth area. Interviewees included HRS staff members, HRS board members, YourPath staff, and experts in the field of MOUD. Interviews were conducted virtually and followed a semi-structured interview guide that included questions about the design and implementation of the STAMINA program, strategies and skills that were used to address implementation challenges, and recommendations for improving the delivery and uptake of MOUD in the Northland.

With permission from interviewees, each interview was audio-recorded, and transcripts were created from the audio recordings for data analysis. Transcripts were analyzed in a software product called Atlas.ti, using traditional thematic content analysis.

After drafting an initial summary of the findings, the researchers met with HRS staff to discuss themes and preliminary recommendations for continued work in mobile harm reduction service delivery. This discussion generated a deeper contextual understanding of the findings as well as more tailored recommendations. This report consists of the findings from the interviews and the tailored recommendations developed with HRS.

Findings

These findings reflect the perspectives of key partners involved in implementation and provide insight into system-level successes and challenges. Across interviews, several consistent themes emerged about what supported and what constrained the implementation of the STAMINA program.

Theme 1: STAMINA achieved meaningful success, even where goals were only partially met

While STAMINA did not meet all numeric goals, it substantially expanded HRS' organizational capacity and reach across the Northland.

All the interviewees acknowledged that there were significant challenges to meeting the goals identified in the funding proposal. Many of the interviewees also reported important successes that can't easily be measured by the number of people served. In particular, HRS significantly increased their capacity to provide harm reduction services to the Northland and grew exponentially as an organization.

This grant is the first significant funding that HRS has received in the seven years they have been in operation and it more than tripled their budget. HRS used a portion of the funding to significantly expand their capacity to serve rural and Native American participants through the purchase and adaptation of a van for mobile telehealth. The van is an especially important tool for low-threshold buprenorphine delivery and will help HRS grow in their ability to connect their participants to MOUD.

> In a lot of ways, the [grant funding] is good because it feels like a real organization. In other ways it felt like we were in over our heads. It is an adjustment to feel like a big organization when you weren't a year ago. We have grown a lot since we got this grant, and it adds a layer of security not feeling like we are just going to go under.

For HRS, the grant functioned as both a service expansion and a catalyst for organizational transformation.

Maintaining the grant over the last three years has pushed HRS to develop more comprehensive and sustainable data tracking and reporting practices, as well as other organizational structures. One interviewee said that "the benefit of HRS and the struggle is that they are truly grassroots and flexible." The interviewee went on to explain that HRS has always been small and innovative but has lacked some of the structure that comes with being a larger organization, such as a human resources department, or multiple staff members who can step in when others are out. Managing the grant has pushed HRS to develop important policies and procedures that will help facilitate future growth.

> [We were] trying to do something innovative and the learning process along the way will really help us in the future.

At its core, HRS' relational, trust-based approach remains one of its most powerful assets for engaging participants.

Interviewees were quick to point out, though, that HRS did not lose the essential identity that makes it a unique and beloved organization. Several interviewees talked about the way HRS staff were nimble, innovative, flexible, and tireless in moving the project forward, despite challenges and setbacks. As discussed in a later theme, HRS went through three different program directors for STAMINA before finding a good fit for the position. Throughout that process, HRS staff "did a great job of stepping up and everyone made it work as best they could."

Several interviewees described deep skills that HRS staff have that make them ideal for engaging participants in buprenorphine treatment. One interviewee listed several skills:

> Relationship building is a big thing that our team is really, really good at. And showing up in a capacity that's caring and not dismissive of the folks that we serve. Staff are flexible and knowledgeable. Another really strong skill a lot of our staff have is that adaptability piece. I think there's that problem solving ability too. If something is not seen to be working we'll try to figure out ways [to fix it].

One interviewee said that one of the core aspects of HRS staff is that they practice "radical empathy" for their participants and each other. The people who use HRS services face significant stigma and are people who "would have otherwise fallen through the cracks." Many HRS staff have lived experience with opioid addiction and are able to form strong, empathic, trusting, and non-judgmental relationships with participants. This interviewee went on to say:

> [HRS staff have] the ability to connect very closely with the folks that they're trying to engage. So that's a real strength. These are people that are trusted within their community. They're seen as a place where you're not judged, you know, you're not going to be forced to do anything, we're offering you the education and the opportunity, but it's your choice.

Theme 2: STAMINA needed a champion

The absence of a consistent program leader was a significant barrier to implementation.

The most significant challenge identified by interviewees for the STAMINA program was the lack of a "program champion." A program champion was defined as a program director who could oversee and direct the STAMINA program, address challenges as they arose, build partnerships across Northland, and support frontline staff. The first program director hired to manage the STAMINA program left the organization after their first week. The second person hired stayed a bit longer but also left soon after starting. The program lacked a director for some time, and the most recent program director was hired less than a year ago. Most of the interviewees agreed that not having someone who could focus on building, sustaining, and championing the program is a primary reason for the limited success.

Maintaining a clear understanding of the goals of the program, which strategies have been developed to address challenges, and which have been successful, as well as a

sustained plan for the project has been especially challenging with the disruptions in leadership. The most recent program director began after the second director left, which led to delays in onboarding. The STAMINA program relies on clear communication between HRS staff, HRS participants, YourPath, and local pharmacists. Breakdowns in communication made it difficult to develop clear processes for buprenorphine induction and to troubleshoot those processes when barriers arose. One participant explained how a lack of coordinated oversight led to confusion and difficulty getting people connected to the program:

> I think the biggest [challenge] was communication and follow-up with the participants and with the folks working directly with the participants. I remember a couple different instances where our participants had questions like when they should expect to go to treatment? Are releases of information needed? How do they get in contact with [YourPath]? And all of that should have been outlined. I don't know if it was or wasn't, if it was missed, but there was a lack of communication with HRS and YourPath as to what even is the process?

Several interviewees said that one reason it was difficult to retain a program director was because it can be challenging to balance lived experience with program development and management experience. HRS prioritized hiring someone who had experienced opiate addiction as well as MOUD with buprenorphine. They also wanted to prioritize hiring a Native American person to better represent the identity of their participants. It ended up being challenging to find one person who embodied all these characteristics.

Theme 3: HRS had limited internal structure to take on this project

HRS' rapid growth outpaced the internal systems needed to support a complex, multi-component program.

All interviewees agreed that the STAMINA program is innovative, exciting, and much needed in Duluth and the Northland. However, most interviewees also reported that HRS may not have had the internal systems and structures in place to launch the program. One interviewee said that having more time would have helped HRS to develop strong scaffolding to support a project this ambitious. Interviewees identified several areas where internal systems created challenges.

First, one interviewee said that HRS staff did not have deep enough training and experience with buprenorphine in particular and recruitment into MOUD in general. Several interviewees noted that more time was needed at the start of the grant period to build partnerships, assess potential barriers and challenges to recruitment and retention, and develop plans for addressing issues when they arose. One interviewee said:

> We gave ourselves too short of a timeline to make it what we wanted, given we didn't have anyone with experience or a strong understanding of how it would work. We didn't have the capacity at the time to do what was needed. We should have made [the grant] more long term so we could see how it all worked before we started. We are definitely much closer to capacity now.

Second, although the program was intended to offer low-barrier access to buprenorphine, one interviewee suggests that there was a lack of a clear and efficient procedure that matched the realities of the lives of participants who may have needed same-day or rapid access; short, simple onboarding processes; and flexible service locations. Assessments sometimes took longer than participants could realistically sustain in one sitting, requiring additional appointments that created further barriers for people with unstable schedules, transportation issues, or other competing demands.

In some cases, participants and staff were left unsure about next steps, including when they would hear back, how referrals would move forward, or who they should contact for follow-up. These procedural delays were compounded by inconsistent communication between staff, those who conducted the assessments, and the prescribing partner, making it difficult to ensure that participants moved efficiently from expressing interest in treatment to actually receiving medication.

Theme 4: Cross-systems work is challenging

Cross-system coordination proved more complex than anticipated, limiting the program's ability to deliver low-threshold access.

Another challenge the STAMINA program faced was in sustaining necessary partnerships to deliver services. HRS initially contracted with YourPath, a Minneapolis-based substance use treatment program that provides on-demand chemical dependency assessments via telehealth and buprenorphine prescriptions. HRS planned to connect their participants who expressed interest in buprenorphine treatment to YourPath via the mobile van, which would be parked near a pharmacy that could dispense the medication immediately. The intention was to provide low-threshold access to buprenorphine.

Unexpectedly, there were significant challenges with YourPath that led to cancellation of the contract. HRS paid YourPath a flat fee, regardless of the number of referrals they made to YourPath, which was financially not sustainable. Additionally, YourPath intended to provide on-demand access to a physician who could immediately prescribe buprenorphine after an assessment, but because of the lack of regular referrals,

participants often ended up needing to schedule an appointment for a different day. Ultimately, HRS chose to cancel their contract with YourPath.

An interviewee from YourPath offered an additional perspective on the challenge. YourPath created a finance structure that depended on high numbers of referrals and hired staff to meet that demand. When referral numbers were lower than expected, they were unable to retain those staff. YourPath staff reported they would have liked additional opportunities to identify and address barriers to recruitment before cancelling the contract.

A second partnership challenge arose when trying to find a location to park the van that was also close to a pharmacy. An initial agreement with one pharmacy to use their parking lot fell through due to a perceived fear of attracting people with substance use disorders to the pharmacy.

Finally, interviewees from a Duluth-based substance use treatment agency reported that they were unaware of the STAMINA program until after it had already begun. While they were supportive of the program and especially praised its innovation and reach, they would have liked to have been involved earlier in the planning and may have been able to help address some of the partnership challenges. One interviewee said:

> [HRS] didn't have enough staff to market [STAMINA] correctly. Everyone is strapped so thin right now and communication is so important. The provider they were working with might not have had the time available to be "direct access" and we could have made referrals if we didn't have openings or it was after hours.

Building and sustaining partnerships across multiple systems is extremely challenging. Partnerships that seemed promising in the beginning faced challenges and potential opportunities for partnerships were missed at the start of the project. The lack of a skilled program director most likely contributed to missed opportunities for building or repairing relationships. One participant said:

> I wish we had partnerships with Indigenous organizations and reservations in general, but we need to build trust. It would have been really helpful if there were any organizations that are doing something similar, to have them to talk to. Ask questions of how to do stuff.

Theme 5: Harm reduction and treatment are difficult to integrate

Integrating buprenorphine treatment into a harm reduction setting requires a shift in day-to-day practice.

Many interviewees said that one challenge to the program was recruiting people to the program and sustaining their participation. One reason for this is that for many staff, treatment is hard to integrate with harm reduction principles. Harm reduction intentionally doesn't promote treatment as a solution to drug use. Rather, the intention of harm reduction services is to keep individuals safe while they use drugs. While staff do not actively dissuade people from treatment, it also is not typically part of the services provided at HRS and thus, HRS is not known as a referral source for treatment. One person said, "The focus is helping people to use drugs safely and to reduce infectious disease. The idea of engaging people in treatment is something totally new." Another interviewee explained:

> A typical interaction with HRS is a few minutes getting supplies. Moving to recruiting people into treatment was a big challenge. All of a sudden people needed to give all their personal information, which was really challenging.

A related challenge is that HRS participants may have a fear of or stigma against buprenorphine or other medication-assisted treatments. Historically, abstinence-only approaches to substance use have discounted MOUD as legitimate treatment. Buprenorphine in particular is a challenging medication because people need to be in active, significant withdrawal before starting it, which can be a barrier to uptake. One interviewee said:

> Stigma is still alive and well and being on buprenorphine or other MOUD products has connotations in the community. Asking folks to wait 24 hours [to start the medication] is a dicey game. [Buprenorphine is] very polarizing.

Stigma and limited experience with buprenorphine influenced both staff practices and participant interest.

Several interviewees said that recruitment into the STAMINA program was especially challenging because of negative perceptions, stigma, and lack of lived experience with buprenorphine on the part of both HRS staff and their participants. HRS wanted to hire a program director with lived experience with buprenorphine for this reason, but they were not able to.

> The client has to understand the benefits and the value. They have to understand why it is helpful. The staff have to articulate it, and the client has to understand it.

Conclusion

HRS was "building the road while driving the van," developing and refining the model in real-time while delivering services.

While HRS did not reach the intended number of buprenorphine referrals, the OERAC grant was an important learning and growth opportunity. HRS is a small, innovative, grassroots organization that is deeply immersed in harm reduction principles and is a life-saving resource for the most vulnerable people in the Northland who use drugs. The STAMINA program was a hefty undertaking that challenged HRS staff to grow and evolve while still retaining their core values. HRS staff learned important lessons about providing low-threshold buprenorphine access to hard-to-reach populations. They also grew their capacity to sustain both harm reduction and buprenorphine access services. These interviews identified important challenges and clear recommendations to support future initiatives.

Recommendations

The following recommendations were developed in collaboration with Wilder Research and HRS staff.

Develop organizational procedures and structures

As HRS continues to grow, consider developing and formalizing organization processes and procedures that support consistency, clear communication, and sustainability. These could include policies about hiring, performance reviews, decision-making, and role definitions. Formal structures may help HRS manage future funding opportunities and partnerships.

Balance grassroots and harm reduction values with organizational infrastructure during strategic planning

HRS is currently developing a strategic plan. Strategic planning efforts should explicitly address how to maintain HRS's grassroots identity and radical empathy values while also building the scaffolding for growth and sustainability. Interviewees consistently identified the program's community-based and relationship-centered approach as a key

strength. Strategic planning provides an opportunity to identify which elements of the organization's culture and service model are essential to preserve while also implementing procedures and systems that support effective operations.

Conduct a needs assessment or landscape analysis

To inform future program development, HRS should conduct a needs assessment and/or landscape analysis focused on the experiences and needs of people who use opioids in the region. This process could identify unmet needs, barriers to accessing MOUD, service gaps, and issues specific to rural access to MOUD. Findings could help guide strategic planning, resource allocation, and decisions about future program expansion.

Strengthen program leadership capacity

HRS should consider strategies to balance lived experience with opiate addiction and buprenorphine and experience with program development and management. One way to address this is to hire co-program directors, each with a unique skill set, who can balance managing the program. An alternative strategy is to hire a person with lived experience who represents the racial and ethnic background of HRS participants, and then provide them with training or targeted professional development to build administrative and operational skills. Investing in leadership development can support both program quality and organizational sustainability.

Provide ongoing staff training on buprenorphine and MOUD

HRS should provide ongoing training to their staff related to buprenorphine and MOUD, with particular attention to addressing stigma and misperceptions. Training can help to address stigma among staff as well as help staff to address stigma among participants.

Deepen partnerships across the Northland

HRS should continue to build and strengthen partnerships with harm reduction, treatment, and recovery organizations, especially those that prescribe buprenorphine, across the Northland. HRS should specifically focus on deepening relationships with Indigenous harm reduction and treatment programs such as the Native American Community Clinic and the Indigenous People’s Task Force. HRS could also build relationships with White Earth Nation and Red Lake Nation, both of which have strong substance use treatment programs. Stronger partnerships not only impact program delivery, but can also serve as sources of support when facing challenges in program implementation.

Document program processes and procedures

HRS should develop a clear and comprehensive guide to program processes, workflows, and procedures. This can support staff onboarding and support consistency in service delivery. It will also help retain institutional knowledge should staff leave their roles.

Document and reflect on lessons learned

HRS should establish a process for systematically documenting and reflecting on lessons learned throughout program implementation. Capturing successes, challenges, adaptations, and key insights can help staff build on prior experiences.

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Harm Reduction Sisters provides a feminist response, using innovative harm reduction principles and practices to address the gaps that exist for people who use drugs and experience trauma.

