NATIONAL COUNCIL
*for* Mental Wellbeing

# PUBLIC SAFETY-LED COMMUNITY-ORIENTED OVERDOSE PREVENTION EFFORTS (PS-COPE) CONCEPT PAPER

*A New Approach to Overdose Prevention and Response in Black, Indigenous, and People of Color (BIPOC) Communities*

November 2022

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# Commonly Used Acronyms

| | |
|---|---|
| **BIPOC** | Black, Indigenous, and people of color |
| **CDC** | Centers for Disease Control and Prevention |
| **EMT** | Emergency medical technician |
| **LEAD** | Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity |
| **MAT** | Medication-assisted treatment |
| **MOUD** | Medications for opioid use disorder |
| **OUD** | Opioid use disorder |
| **PS-COPE** | Public Safety-led Community-oriented Overdose Prevention Efforts |
| **PWUD** | People who use drugs |
| **ROSC** | Recovery-oriented systems of care |
| **SAMHSA** | Substance Abuse and Mental Health Services Administration |
| **SUD** | Substance use disorder |
| **TIC** | Trauma-informed care |
| **TI-ROSC** | Trauma-informed, recovery-oriented systems of care |

# Introduction

Individuals, communities, and health care systems across the country are struggling to cope with substance use and the effects of the ongoing overdose epidemic. Public safety personnel (police, law enforcement, firefighters, paramedics, and emergency medical technicians) are often the first on the scene for overdose emergencies; however, the skills required to respond to these situations are difficult to acquire through traditional public safety trainings (Vasilogambros, 2019). Although many public safety agencies have implemented overdose prevention programs, few take into consideration the distinct needs of Black, Indigenous, and people of color (BIPOC) communities.

Due to systemic racism and disproportionate policing, BIPOC communities bear the scars of historical trauma. This trauma, and a resulting lack of trust in the public safety system, necessitate the use of a new approach to address overdose prevention and response in BIPOC communities.

Public Safety-led Community-oriented Overdose Prevention Efforts (PS-COPE) is one such approach, grounded in the guiding principles from three existing frameworks: trauma-informed approaches, recovery-oriented systems of care, and procedural justice practices. The cross-cutting principles of the three frameworks are summarized in Table 1, along with the combined PS-COPE principles. PS-COPE addresses how public safety systems serve individuals and communities at risk of overdose and holds promise for improving the quality of overdose prevention and response programs in BIPOC communities. This new approach (1) acknowledges historical traumas, (2) promotes equitable access to services, and (3) fosters more effective outcomes for overdose prevention efforts.

**Table 1. Cross-cutting Principles of Trauma-informed, Recovery-oriented, Procedurally Just, and PS-COPE Approaches**

| Trauma-informed | Recovery-oriented | Procedurally Just | PS-COPE (Combined Principles and Practices) |
|---|---|---|---|
| *Safety* | | Being neutral in decision-making<br><br>Being fair and consistent in application of law | **Create safety**<br>• Respect sanctity of life by giving aid<br>• Safeguard individual welfare in public safety environments<br>• Protect individuals from physical and psychological injury in interactions<br>• Exemplify fairness, dignity, and respect<br>• Use de-escalation strategies, including effective communication, where and whenever possible |

**Table 1. Cross-cutting Principles of Trauma-informed, Recovery-oriented, Procedurally Just, and PS-COPE Approaches**

| Trauma-informed | Recovery-oriented | Procedurally Just | PS-COPE (Combined Principles and Practices) |
|---|---|---|---|
| ***Trustworthiness and transparency*** | | Being transparent<br><br>Conveying trustworthy motives | **Build trust**<br>• Provide clear and understandable information<br>• Provide open communication regarding decisions and change<br>• Engage in transparent decision-making and ensure decisions are fair and consistent with the law<br>• Be open to questions, concerns, and feedback<br>• Act with transparency |
| ***Empowerment, voice, and choice***<br><br>***Collaboration and mutuality*** | | Giving citizens voice during encounters<br><br>Using collaborative approach to interactions and decisions | **Be person- and community-oriented**<br>• Amplify individual, community, and workforce voices in decision-making and change<br>• Collaboratively identify concerns, needs, values, and strengths and integrate into service response, care, or support<br>• Promote resilience<br>• Assist people with their individualized needs and goals |
| ***Person-centered care and services*** | Anchored in community | Helpfulness: Assisting people with their individualized needs and goals | |
| ***Attention to cultural, historical, and gender issues*** | Strengths-based<br><br>Person-centered, self-directed services | Treating people with dignity and respect | **Be culturally responsive**<br>• Maintain dignity and respect for culture and gender diversity in all interactions<br>• Align all aspects of program to be consistent with best practices of diversity, equity, and inclusion<br>• Prepare staff for working with diverse segments of community with cultural and linguistic competence and humility |
| ***Peer support and mutual aid*** | Culturally responsive | | **Engage many**<br>• Engage the voice of lived experience of addiction and recovery in conceptualizing, planning, and delivering services<br>• Ensure there are diverse voices at the table, in key decision-making positions |

The goals of PS-COPE are to:

1. Improve public safety personnel's understanding of how systemic issues in their community — such as outdated policies or lack of substance use treatment services — contribute to overdose risk.
2. Improve interactions during public safety encounters with people who use drugs (PWUD) who are at risk of overdose.
3. Reduce the potential for trauma or re-traumatization experienced in interactions between PWUD and public safety.
4. Increase timely connections to services such as overdose education and naloxone distribution, substance use disorder (SUD) treatment, and recovery support services.
5. Move toward more strategic use of law enforcement during overdose prevention and response, such as when there is violence or an imminent threat to safety.
6. Use SUD professionals, peer recovery support specialists, and other community recovery supports strategically, to reduce the burden on public safety.

## WHY COMBINE THE THREE FRAMEWORKS?

The distinct histories and environments of BIPOC communities call for compassion and care in overdose response and prevention. Each of the three frameworks brings unique value to working within the BIPOC community.

***Trauma-informed care*** recognizes the intersection of trauma with many health and social problems, aiming to sensitively address an individual's issues with an understanding of the trauma they have experienced. Trauma-informed approaches entail being "astutely aware of the ways in which people who are traumatized have their life trajectories shaped by the experience and its effects and developing policies and practices which reflect this understanding" (Randall & Haskell, 2013). In public safety contexts, being trauma-informed means (1) building and enhancing competencies of public safety personnel, (2) enhancing community partnerships, and (3) addressing institutional and community barriers.

For BIPOC communities, root causes of SUD are often related to social determinants of health and systemic bias, and the routes to recovery can be varied. Therefore, a culturally relevant, community-based approach to recovery is necessary. A recovery-oriented system of care (ROSC) is a coordinated network of culturally competent community-based services and supports. A ROSC is person-centered; it builds on the strengths and resilience of individuals, families, and communities to improve health, wellness, and quality of life for those with or at risk of SUD (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010). In a ROSC, existing community resources are brought together to provide all stakeholders a voice, enhance infrastructure to provide recovery support, and promote continuity of services and care. Fundamentally, in a ROSC, the right person provides the right service at the right time, regardless of how an individual enters the systems of care.

***Procedural justice*** ensures fair processes and recognizes that people perceive fairness based on their experiences with the process and the outcomes. The principles of procedural justice emphasize neutral, trustworthy, and respectful treatment of individuals, and recommend that community input is solicited when making decisions or revising policies. Thus, when incorporated into public safety systems' interactions with BIPOC communities, procedural justice can improve community trust.

Combined, the principles and components of trauma-informed, ROSC, and procedural justice approaches can be used to create inclusive, responsive, and effective public safety-led overdose prevention and response efforts. This document describes each of the three frameworks in-depth and concludes with a detailed description of the synergistic new approach.

## PRINCIPLES OF TRAUMA-INFORMED APPROACHES

Across the country, community-wide trauma-informed approaches have been implemented in a variety of systems. These systems recognize the widespread impact of trauma, address the signs and symptoms of trauma, and respond by integrating knowledge of trauma into policies, procedures, and practices. Further, these communities work to actively resist re-traumatization and support hope, healing, and community wellness.

In public safety, the use of a trauma-informed approach can promote healing and decrease the potential for re-traumatization, given the widespread pervasiveness of potentially traumatic experiences. A trauma-informed approach is not just a checklist of things to do. Rather, it means integrating an understanding of trauma and the effects of trauma into the culture of the public safety system and the community. This means everyone has a role to play in implementing a trauma-informed approach to improve the quality of services, enhance engagement, and improve outcomes (Menschner & Maul, 2016).

Trauma-informed care shifts the focus from "What is wrong with you?" to "What happened to you?" This perspective supports connection and safety while recognizing the neurobiological responses to trauma. Trauma-informed care promotes healing and recovery. Further, trauma-informed approaches can decrease negative encounters and events; thus, individuals increase their willingness to fully participate in services, which, in turn, improves outcomes. For example, research has shown trauma-informed approaches improve patient satisfaction and treatment retention (Hales et al., 2019) and increase access to services (Cullen et al., 2021).

The principles of trauma-informed care can be applied to any public safety-led overdose prevention and response effort — although how the approaches are implemented may look different depending on the context in which they are applied. There are six key principles of trauma-informed care:

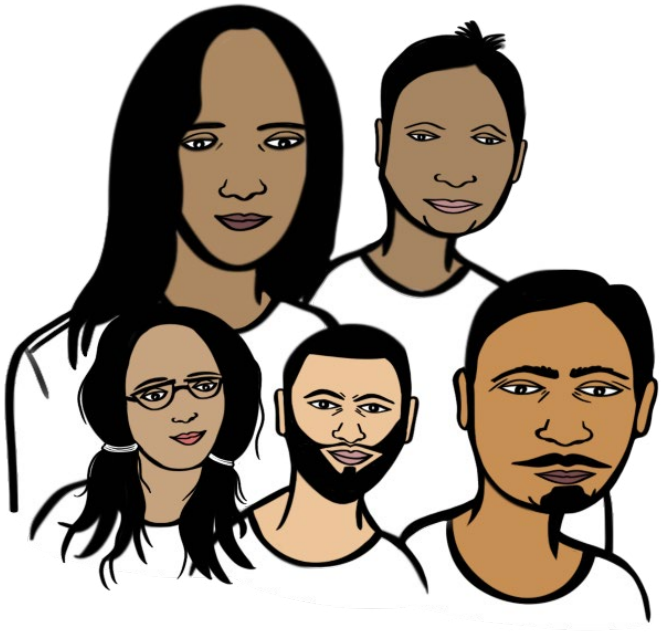
1. ***Safety***. The first principle of a trauma-informed approach is to promote physical, psychological, social, and cultural safety for all individuals—personnel, individuals served directly, and those impacted indirectly. Interpersonal interactions and the environments in which they occur need to promote a sense of safety for all concerned.
2. ***Trustworthiness and transparency***. As applied in public safety programs and agencies, the principle of trustworthiness and transparency means that organizations provide information about the purpose and goals of a program and promote honesty in operations. Organizations also consider input from multiple internal and external stakeholders when making significant decisions. Ultimately, trauma-informed organizations increase trust not only with the individuals served but also with their families and the community.
3. ***Collaboration and mutuality***. Organizations establish positive, interactive, and collaborative relationships to share power between the system and individuals who are receiving services, their family, and the community. Systems and organizations that take a trauma-informed approach recognize that all voices are important and everyone has a role to play. Organizations promote healing by sharing power and decision-making with the community. As such, the individuals served play a significant role in planning and evaluating services.

4. ***Empowerment, voice, and choice***. Trauma-informed approaches support empowerment, voice, and choice for individuals. Programs recognize that personnel and the individuals, families, and communities they serve have been impacted by trauma. They promote strengths, resilience, and the ability of individuals, organizations, sectors/systems, and communities to heal and recover from trauma.

   Additionally, programs understand that individuals are different and may require a distinct approach to support safety and quality of care. Supporting voice and choice means providing opportunities for empowerment and self-advocacy, especially for individuals who may have previously experienced their voice and choice being diminished. Program staff receive adequate support and power to do their work in alignment with trauma-informed principles. In turn, they support individuals in addressing their recovery support needs.

5. ***Cultural, historical, and gender issues***. In applying the principle of addressing cultural, historical, and gender issues, individuals within the organization or system resist cultural stereotypes and biases based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, or other discernible differences. Programs, organizations, and systems create policies, procedures, and processes that are responsive to specific communities' needs. Further, they recognize and address the significant impact of historical trauma.

6. ***Engaged peers/peer support***. Trauma-informed programs, organizations, and systems view peer support as a key component of safety, trust, and collaboration. They recognize the value of lived experience and therefore promote the use of formal and informal peer supports that promote recovery through understanding, respect, and empowerment. Formal peer support refers to programs that connect individuals to peer support workers who help individuals engage and stay engaged in the recovery process (SAMHSA, 2020). The integration of peer support workers offers valuable information on how services are received and can be changed. Peer support has been shown to increase self-esteem and confidence, sense of control, hope and inspiration, empathy and acceptance, engagement in wellness, and social support and functioning as well as decrease psychotic symptoms, hospital admissions, and substance use and depression (SAMHSA, 2017).



## PRINCIPLES OF RECOVERY-ORIENTED SYSTEMS OF CARE

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA, 2011). ROSCs are organized around a life in recovery as the intended outcome of service. Research indicates that the shift to ROSC results in (modest) positive outcomes including increases in program engagement, improvement in clinical outcomes, and cost savings (SAMHSA, 2009a).

There are six core ROSC principles. Taken together, the principles suggest that combining the strengths of the individual, the community, and the culture to provide care and treatment is key to recovery.

1. ***Strengths-based***. Recovery-oriented programs and systems identify and build on the existing recovery capital (assets, resources, and resiliencies) of individuals, families, and communities, rather than emphasizing needs, deficits, and pathologies. They also foster a focus on hope. People can and do recover; change is always possible, and the extent to which people's lives can change is beyond what we can imagine (Abrahams et al., 2013).

   Recovery capital is defined as "the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery" from SUDs (White & Cloud, 2008; Cloud & Granfield, 2004). Recovery capital is not equally distributed across individuals and social groups (Cloud & Granfield, 2001). Building recovery capital means helping individuals, families, and communities to identify their existing resources, to build them out, to find new supports, and to attract additional resources, especially in historically underserved BIPOC communities.

2. ***Integrated services and continuity of care***. Integrated services are defined as the organization and management of health services so that people get the care they need, when they need it, in ways that are user friendly, achieve the desired results, and provide value for the cost (World Health Organization, 2008). Integrated services mean providing the right service in the right place and at the right time.

   Within a ROSC, services and supports are coordinated to ensure ongoing and seamless connections within and among organizations for as long as an individual needs them. Several strategies make integrated services possible, including having a broad range of partnerships, using collaborative relationships to strengthen recovery and resilience, establishing protocols for multidisciplinary interventions, and supporting community-building efforts.

3. ***Person-centered and self-directed***. In a ROSC, services and supports are centered around the needs, preferences, and strengths of the individual and built with and around each person and family. This means providing a flexible menu of services and supports to meet everyone's specific needs. Such a framework requires a shift from an expert model to a partnership or consultation model. In this model, everyone's perspectives and experiences are welcomed and considered. Moreover, each person's and each family's values, needs, and preferences are respected and considered central to any decision-making process.

4. ***Culturally responsive***. Although this is the fourth principle listed, in many ways it may be the most important for programs serving BIPOC communities. When interacting with BIPOC communities, it is important to use cultural knowledge to develop an accurate and individualized understanding of how each community functions and communicates.

   Cultural responsiveness can be defined as the delivery of high-quality services in a manner that considers and responds to everyone's distinct cultural needs and perspectives. In culturally responsive programs, organizations, and systems, personnel understand their own cultural worldview, the ways in which it enriches their work, and the ways in which it may constrain their work. They also have a working knowledge of the values, worldviews, and practices of the major cultural groups they serve — and, equally important, the humility to know the limits of their knowledge. Lastly, they balance the importance of ethnicity, nation of birth, and primary language with knowledge of the implications of gender, age, sexual orientation, religion, socioeconomic factors, and other key characteristics on individuals' perspectives, strengths, and needs.

5. ***Anchored in community***. While this principle is important for any community work, it is especially salient for programs serving BIPOC communities given their distinct histories of systemic oppression. In applying this principle, programs, organizations, and systems are responsive to and draw upon the resources of the specific community served. Connecting services, individuals, and families with the community is understood as an integral factor in sustaining recovery rather than an optional, "nice when we can do it" add-on (Abrahams et al., 2013). The focus of care is on integrating individuals and families into the larger life of their communities, connecting them with the support and hospitality of the community, developing community resources that support recovery and resilience, and encouraging service contributions to and from the larger community.

6. ***Peer support***. In applying this principle, recovery-oriented programs, organizations, and systems put persons with lived experience of addiction and recovery, and their family members, at the center of the design and delivery of systems, services, and supports. This moves beyond merely including peer recovery support services in the menu of services offered; rather, it means (a) developing opportunities for people in recovery to engage in active leadership roles at all levels of the system; (b) developing respectful, collaborative relationships between behavioral health agencies and local recovery communities; and (c) assertively linking people to peer-based support services (e.g., mutual/self-help groups, informal peer support, and recovery community organizations).

Peer supports are non-clinical services designed to support individuals and families before, during, and after treatment. In recovery-oriented systems, peer support is central because of the understanding that recovery happens in community. Using peer support effectively means creating environments in which peers can support one another in formal and informal ways and providing opportunities for all to access that support.

## PRINCIPLES OF PROCEDURAL JUSTICE

Procedural justice, as first discussed by Rawls (1971), speaks to the idea of fair processes and how one's perceptions of whether something is fair is affected by the nature, tone, and quality of their experiences of the process, not only the outcome. Procedural justice theory has been applied to diverse settings, including health care organizations, educational settings, and the criminal legal system. In the latter context, most procedural justice research has focused on community-police interactions. Research has documented several benefits of procedural justice in law enforcement. Procedural justice increases the safety of officers and community members, decreases the number of interactions with unjustified uses of force, increases cooperation and voluntary compliance from residents, and reduces crime (Quattlebaum et al.,2018).

The importance of procedural justice in BIPOC communities cannot be overstated. Its integration into public safety policies and procedures and distillation into everyday practice is crucial for building positive and effective partnerships with BIPOC communities. The first recommendation of the President's Task Force on 21st Century Policing (2015) stated, "Law enforcement culture should embrace a guardian mindset to build public trust and legitimacy. Toward that end, police and sheriffs' departments should adopt procedural justice as the guiding principle for internal and external policies and practices to guide their interactions with the citizens they serve."

There are several principles that guide procedurally just law enforcement (Schafer, 2013; Yale Law School, n.d.):

1. ***Being impartial in decision-making***. Laws are applied fairly and consistently; decisions are unbiased and guided by sound reasoning.

2. ***Being transparent***. Decisions are made in a manner that is visible and clear to those inside and outside of the organization; communication is clear, honest, open, and frequent.

3. ***Giving individual voice during encounters***. Individuals are given a chance to express their concerns and participate in decision-making processes by explaining their thoughts and actions.

4. ***Treating people with dignity and respect***. All people should be treated with respect, always. This does not change with context; however, what constitutes respectful and disrespectful behavior may differ among and between groups.

5. ***Being trustworthy***. Decision-makers convey trustworthy motives and concern about the well-being of those impacted by their decisions.

# Putting the Pieces Together

## HOW PS-COPE CAN ENHANCE OVERDOSE PREVENTION AND RESPONSE PROGRAMS

The nature of public safety work is community based. Communities are significantly impacted by how public safety interacts with the community. The principles that guide the three frameworks intersect and are mutually reinforcing. For public safety-led overdose prevention programs serving BIPOC communities, this means:

- Creating overarching policies, procedures, and protocols.
- Supporting and caring for the public safety workforce at all levels of involvement.
- Supporting and caring for the individuals who are receiving services, are interacting with the public safety workforce, or are impacted by the services or the interaction (e.g., family or friends).
- Improving relationships between public safety, other sectors, and the community.

PS-COPE provides public safety personnel with the tools and resources to address the distinct needs of the BIPOC communities they serve. PS-COPE achieves these goals by weaving five guiding principles into all policies, practices, and procedures, as detailed below.

## PRINCIPLES OF PUBLIC SAFETY-LED COMMUNITY-ORIENTED OVERDOSE PREVENTION EFFORTS

***Principle 1: Create safety***. Creating physical, psychological, and social safety lies at the heart of PS-COPE. Public safety personnel must be and feel safe. Individuals with whom personnel interact must be and feel safe. The communities served must expect that interactions will be safe. Programs develop and implement policies that (1) are mindful of fairness, dignity, respect, (2) safeguard individual welfare, and (3) protect from physical and psychological injury in interactions with officers when possible. Programs respect the sanctity of life by providing essential overdose prevention and response services. Lastly, programs use de-escalation strategies, including effective communication, wherever and whenever possible to improve interactions during public safety encounters with PWUD or people who are at risk of overdose.

***Principle 2: Build trust***. Trust between public safety systems and the communities they serve is essential to overdose prevention and response programs. Improving bidirectional communication between public safety and community members is key to building community trust and partnerships critical to addressing the needs of PWUD at risk of overdose across the care continuum. Organizations should provide clear and understandable information to program participants, communicate openly with the community regarding decisions and change, and welcome community input. This principle emphasizes transparency in decision-making and actions so that they are fair and consistent.

***Principle 3: Be person- and community-oriented***. PS-COPE is a person- and community-oriented framework that considers individual, community, and public safety personnel voices in decision-making, program implementation, and systems change. Public safety systems should prioritize community relationships and coalition-building to implement programs that are responsive to the needs of the communities they serve. Programs identify concerns, needs, values, and strengths collaboratively with the community to understand how systemic issues within the community contribute to overdose risk and integrate these into service response, care, or support.

***Principle 4: Be culturally responsive***. One of the most important principles of PS-COPE is to be culturally responsive when working within BIPOC communities. This means acknowledging the community's historical trauma and acknowledging implicit and explicit racial biases. All aspects of programs should be aligned with best practices of diversity, equity, and inclusion. Interactions with the community should be based on dignity and respect for cultural and gender diversity. BIPOC communities tend to face disproportionate adverse health outcomes, so public safety systems should be aware of these inequities and advocate for programs to address disparities. Finally, program staff should be trained and prepared for working with diverse segments of the community with cultural competence, linguistic competence, and humility.

***Principle 5: Engage many***. Organizations taking a PS-COPE approach include a diversity of voices at the table when it comes to decision-making, such as PWUD, people in recovery, and community partners. Integrating those voices in conceptualizing, planning, and delivering services will help to identify opportunities and gaps in current overdose response and prevention efforts. With more community partnerships in place, law enforcement personnel can be dispatched more strategically, reducing the burden on public safety and increasing timely connections to SUD treatment and recovery services.

PS-COPE requires the whole system, community, organization, or program to use the approach to transform the culture. The five guiding principles of PS-COPE outlined above can be put into practice by building infrastructure elements, providing core service components, and following integration steps to implement programs. The following sections will lay out the details for each element of the PS-COPE approach.

## INFRASTRUCTURE ELEMENTS

To implement PS-COPE, programs need an infrastructure that supports and strengthens overdose prevention and response in BIPOC communities. The requisite infrastructure provides a foundation for successful program implementation by cultivating environments, workforce, and policies within the organization that are informed by PS-COPE. The five key infrastructure elements presented below should be reviewed on an ongoing basis and adapted as needed.

### *IE1. Use information systems to support data-based decision-making.*

What are the factors, specifics, and collected data about overdose in the community? Programs using PS-COPE can harness existing information infrastructure to build data-based decision-making into program development, enhancement, and evaluation. Programs can use this collected data to gain a deeper understanding of overdose in local BIPOC communities and how it presents in the community being assessed. This element also reflects the development of systems, policies, and procedures that use existing data sources in overdose prevention and response.

Programs should develop procedures to use existing data — such as those collected through the Overdose Detection Mapping Application Program (ODMAP), Prescription Drug Monitoring Program (PDMP), or CompStat — to look more closely at overdose in local BIPOC neighborhoods and communities. Data can be used to gain and keep an up-to-date understanding of overdose in the community served, as well as social or structural disparities. Initially and across time, the data help programs to answer key questions such as:

- Who is involved with the criminal justice system for drug-related offenses?
- Who is most at risk of overdose? Where are they located?

- Who is overdosing? (i.e., age, race/ethnicity, gender, etc.)
- What drugs are people taking when they overdose?
- How are people taking the drugs (e.g., injecting, snorting, orally)?
- Where are overdoses occurring (i.e., geographically)?
- In what settings are people overdosing?
- With what community organizations or resources are people most connected?

The answers to these questions can support and drive program planning, implementation, and adaptation. Programs should establish processes to incorporate data in decision-making and prioritize the use of data when developing possible solutions. Overdose data should be used only with PS-COPE principles in mind, to create trust and build safety within communities. It should not be used to increase stigma, discrimination, or biases against PWUD.

### *IE2. Establish and maintain safe and secure environments.*

Creating a safe, secure, and welcoming environment is an important component of PS-COPE. Programs strive to create an atmosphere that promotes fairness, strength, recovery, and resilience. Safety is not limited to physical safety but also includes psychological, social, and cultural safety. Individuals interacting with public safety personnel should feel that it is safe to ask questions and offer feedback, as do the public safety personnel themselves. There are many ways programs can create such an environment by considering how:

- The physical environment can promote a sense of safety, calming, and de-escalation. Sometimes, aspects of an environment can be re-traumatizing for individuals in the community as well as the public safety workforce. This may include things such as space and distance, lighting, or the presence of others who are safe to the individual.
- The way an individual is approached could activate a trauma response or promote a sense of safety. Ways to increase the likelihood of an individual's feelings of safety and trust in an interaction include respecting privacy, listening attentively, using a non-judgmental demeanor, and asking open-ended questions. Other ways include being transparent about the worker's role and motivations and clearly outlining next steps. This includes utilizing a language that the individual can understand as well as avoiding stigmatizing language.
- Public safety personnel interactions with the community influence feelings of safety for individuals within the community. There are many ways the personnel can increase feelings of safety, such as basing programs on collaboration; including and valuing diverse community voices; including those with lived experience in decision-making; and building community partnerships. Connecting individuals served to peer supports will help establish safety, build trust, enhance collaboration, and promote recovery.

## SIDEBAR: Decrease the Potential for Trauma or Re-traumatization

Public safety is often involved in traumatic events within the community; the presence of public safety itself also can be traumatic. These events or situations may cause a variety of reactions — physical, emotional, and behavioral — among public safety personnel, individuals involved, and bystanders. For some, there are serious, long-term consequences, including post-traumatic stress disorder and other health problems.

In programs using PS-COPE, public safety personnel understand trauma and its effects on individuals, families, organizations, and the community; recognize the signs of trauma; respond in an appropriate manner; and work to decrease the potential for trauma and re-traumatization in their interactions with the public. They focus on safety, support, and connection.

Program administrators recognize how public safety professionals may experience trauma and provide staff support. Public safety personnel likely have experienced trauma throughout their lives and on the job. These experiences may continue to affect individuals in their day-to-day experiences, including in work. It potentially can impact their response to crisis or conflict and can lead to higher call-out rates (leading to being understaffed and higher stress), staff turnover (leading to decreased consistency for community), and decreased quality of care. Workforce health is promoted in many ways, including training and ongoing support programming for workers.

To decrease the potential for trauma, programs should offer an environment that supports the safety and care of community members and the workforce. For example, first responders can create physical space between themselves and those served to reduce the emotional intensity of an encounter and allow for a more supportive response. Over time, positive interactions with public safety can build trust among PWUD in BIPOC communities, which may increase the likelihood of calling for help.

Ways to increase positive interactions are summarized below.

1. ***Educate individuals who may need to call 911.***

PWUD, friends, family members, and concerned citizens may need education about what information to provide when calling 911 to ensure the most helpful and safe outcome:

- First, they will need to know about the availability of other resources, such as warm lines and crisis lines, when it is best to call a crisis line, and when they should call 911.
- Second, when callers need to call 911, they need to know to ask for the substance use resource team, mobile crisis team, or other service specifically focused on overdose response.
- Third, callers need to know specific details about the individual and the situation to share with the call-taker.

2. ***Communicate with compassion and respect.***

PWUD can feel frightened during interactions with public safety personnel and mental health and medical professionals because they do not know what is happening to them or feel the situation is out of their control. While staff need to be in control of a situation, they can improve the experience of an individual in crisis through respectful and compassionate communication. Even when an individual is not able to engage in the conversation, one can proceed with respect. For example, provide real-time explanations of what is happening, particularly when there will be any physical contact, or offer choices that give the individual some control.

3. ***Reduce use of force and use of restraints.***

In its Critical Issues in Policing Series, the Police Executive Research Forum (PERF) issued guiding principles on the use of force that can reduce the potential for trauma in public safety encounters. The PERF principles focus on enhancing officer safety and wellness, providing tools for structured decision-making to use in the moment to manage a range of incidents effectively and safely. PS-COPE principles align with PERF principles and, when applied, can decrease the potential for trauma or re-traumatization.

4. ***Reduce wait times for services.***

When an individual who has experienced an overdose arrives at a facility, they are experiencing a medical emergency but often wait many hours for care. Streamlined processes can reduce the amount of time before treatment that public safety needs to remain on site. Coordination with health and social service agencies can help reduce wait times.

5. ***Provide peer support.***

SAMHSA practice guidelines (2009b) note that the availability of peer support is a core element of crisis response. Overdose prevention and response programs should provide opportunities for contact with a peer support worker, someone with lived experience of addiction and recovery who is trained to help others in similar situations. They are frequently able to interact with individuals experiencing crises who may have feelings of fear or distrust for other providers. Peers are often able to build trusting relationships with PWUDs and family members relatively quickly based on the principles of shared experience, mutuality, and transparency. Peers inspire hope and demonstrate the possibility of recovery. These attributes are frequently calming and effective in de-escalating what can otherwise be a highly stressful and traumatizing experience. Additionally, they are generally able to provide the individual with more attention and chances to talk through their problems than other professionals in a crisis unit or emergency room. Peers can be tasked with follow-up, building long-term supportive relationships that help PWUDs access services and supports that reduce risk for overdose.

### *IE3. Review and renew policies, procedures, and workflows.*

Policies and procedures influence standard practice. They have a significant influence on how individuals interact with the organization and community. Policies and procedures can be a barrier to effective programs, can be potentially re-traumatizing, and should be reviewed with PS-COPE in mind. For example, some policies require that police must respond to any SUD crisis call received by the 911 system, which could be better managed by being routed to the trained behavioral health crisis response systems. Another example may include evaluating when public safety is required to use restraints or force.

Programs using PS-COPE revise and renew policies, procedures, and workflows to align with core principles and to reflect an understanding of trauma, recovery, and fairness. Updated policies provide guidance and uniformity across organizations and partnerships and provide continuity of services with leadership or personnel changes.

It is important that BIPOC community members who live in areas with high overdose rates, including PWUD and those with lived experience of recovery, have a voice in the process of reviewing and updating policies and procedures. Community members and cross-sector partners can provide input on how well programs currently suit the needs of the community and how changes may impact the community.

CIT International (2019) proposes questions to inform improvements within the public safety system that will lead to getting an individual into care and out of the criminal justice system as quickly and safely as possible. These questions can apply to overdose prevention programs, policies, and procedures:

- When there is not an imminent public safety issue, are there options for SUD-related calls to 911 to be diverted to a mobile crisis team or crisis hotline?
- Is there any mechanism in place that allows follow-up from the mental health system a day or two after a person experiences a crisis?
- Can mobile crisis teams respond to crisis calls, independently if safety allows, or co-respond with officers if there is a safety issue?
- Are there community-based clinics, harm reduction spaces, recovery community centers, or other supports that can provide additional locations for service outside of emergency departments or if someone refuses transport to ER?
- Once an immediate crisis is resolved, can timely follow-up be provided through outreach teams, telehealth, or phone support?
- Could a policy change at the emergency department or other receiving center speed the transfer of custody from officers to recovery support providers, or help de-escalate situations at the receiving center?

### *IE4. Develop a trained and responsive workforce.*

Programs using PS-COPE increase the awareness, knowledge, and skills of their workforce to deliver services that acknowledge trauma and promote recovery. They ensure that public safety professionals and their partners have the knowledge and skills they need to prevent and respond to overdose. Programs also:

- Address workforce diversity at all levels. They foster an organizational culture of engagement and respect to attract and support a culturally and linguistically diverse workforce. This requires active intention from the organization or system to create an environment that is genuine in its diversity, equity, and inclusion strategy by creating and supporting a committee, addressing unconscious bias, or reviewing strategies in hiring a diverse workforce, for example.
- Provide training, including opportunities for practical application, on trauma-informed care, recovery-oriented systems of care, the science of addiction and recovery, harm reduction approaches, evidence-based overdose presentation strategies, and best practices for public safety. Training should be combined with policies and procedures to minimize racial biases, both implicit and explicit, among public safety professionals (Quattlebaum et al., 2018).
- Provide role-specific training (e.g., specifically designed for 911 operators, law enforcement officers, firefighters, or emergency medical services personnel) to prepare staff to respond safely to people in crisis. Suggested training topics include SUDs and treatment (e.g., the science of addiction, treatment services, medication assisted treatment), basics of recovery (e.g., the science of recovery, language, and stories of recovery), and tools for public safety encounters (e.g., administering naloxone, using fentanyl test strips, Mental Health First Aid) (National Council for Mental Wellbeing, 2021c). Role-specific training means that the learning objectives on each topic are tailored so that the content covered matches what each role really needs to know to do their job effectively.
- Engage the community in the training of public safety personnel. This may include stories of recovery and people whose lives were changed by overdose response programs. Engaging the community can support a deeper understanding of lived experience, increased empathy, and humanness. Participating community members could include overdose survivors, family members of survivors, or those who have lost family members or loved ones to overdose.

#### SIDEBAR: Defining Implicit and Explicit Bias

Racial bias can be explicit or implicit. Explicit bias occurs when people are aware of their prejudices, preferences, or attitudes toward certain groups, whereas implicit bias involves subconscious feelings, perceptions, and stereotypes that people may not be aware of (Department of Justice [DoJ], n.d.). Explicit bias involves conscious preferences for or prejudices against particular groups and can manifest as overt racism and racist comments (DoJ, n.d.). On the other hand, implicit biases influence behavior to make people respond in biased ways even though they are not attempting to be prejudiced (DoJ, 2016). People can hold implicit biases based on exposure to patterns in the social world around them, even though they do not hold explicit prejudices (DoJ, 2016). People who hold implicit biases may be unaware that their biases, rather than the facts of a situation, are driving decision-making (DoJ, n.d.). Both explicit and implicit biases can be problematic since both may lead to discriminatory behavior.

### *IE5. Monitor, evaluate, and improve the program.*

The use of data for performance management and quality improvement is essential. This begins with identifying the key performance indicators that correlate to program objectives and outcomes, especially those that relate to the integration of the core principles; collecting, analyzing, and interpreting program data; monitoring program activities; and evaluating and improving the program. Programs may be able to use existing data collected by other agency programs or underutilized data to measure program performance. Quantitative data can assist in understanding the program impact and allow for tracking, analyzing, and reviewing to assess, problem-solve, and improve operations. Qualitative data should also be considered in this process (e.g., individuals impacted by changes, experiences of individuals involved in the system). Qualitative data provides contextual data to explain complex issues and complements quantitative data by explaining the "why" and "how" behind the "what" (Agency for Toxic Substances and Disease Registry, 2015).

## CORE COMPONENTS

The infrastructure elements support the implementation of the five core components of PS-COPE, which are the specific practices and policies that can enhance overdose prevention and response in BIPOC communities. Organizations that take a PS-COPE approach should include the below components when developing and enhancing programs.

### *CC1. Collaborate with recovery resources.*

Successful programs collaborate with recovery resources such as behavioral health organizations, recovery communities, and peer programs to leverage their expertise, engage individuals in risk reduction and early steps in recovery, and facilitate referrals to SUD treatment. Being aware of what recovery resources are available in the community and building partnerships with them can increase access to services by removing barriers, enhance approaches to engagement in services, increase retention in services, and ensure timely access to services when people seek help.

### *CC2. Connect with and mobilize the community.*

In planning and implementing projects, include a diverse array of community members. No one has a greater stake in the outcome of overdose prevention and response than PWUD, followed closely by their family members. These stakeholders also have valuable insight into how the system works and what might make it better. By engaging them, communities can build prevention and response programs that people feel confident reaching out to without fear of incarceration or other harms.

Community connection means understanding that the people served are part of and affected by other systems. Thus, public safety systems must work with others to increase knowledge, raise awareness, and build skills related to trauma-informed care. To increase the efficacy of overdose prevention programs in BIPOC communities, public safety systems need to connect with and mobilize the community. This means engaging with the public, promoting positive interactions with the community (Quattlebaum et al., 2018), and building partnerships with the community to increase timely access to services, enhance engagement, and increase retention (Abrahams et al., 2013). A partnership with the community also involves making sure that the people in the community are involved in decision-making by making policies publicly available and seeking community input through structured processes (Quattlebaum et al., 2018).

Public awareness campaigns and engagement strategies should be culturally relevant and culturally specific. If needed, public safety systems can work with "community-embraced first responders" — individuals and organizations within the community that people turn to first when experiencing a crisis. These may be community-based organizations, community health workers, faith leaders, or even Black-owned businesses.

Public awareness campaigns should provide education about lifesaving interventions, such as evaluating overdose risk, recognizing overdose, performing rescue breathing, and calling 911. These educational sessions can be incorporated into existing schedules within community-based organizations or programs.

### *CC3. Screen and assess for overdose risk behaviors.*

Overdose prevention programs hold a unique role in screening and assessment. As such, they need to develop a process that is routine, conducted competently, and responsive to cultural differences. The type of screening and assessment in prevention settings is different from the full-scale SUD and mental health screening and assessment that happens in criminal justice settings. When working with BIPOC communities with high overdose rates, public safety-led screening aims to prevent overdose by mitigating risk behaviors for overdose, initiating "change talk," and making referrals to harm reduction, treatment, and recovery support services. It is not clinical but rather focuses on risk reduction, and covers questions related to whether individuals are mixing drugs, their tolerance (or reduced tolerance), whether they are using alone, and their knowledge of how to use fentanyl test strips and naloxone. Public safety personnel should consider the implications of screening when in uniform and how the individual being screened may answer depending on their comfort level, especially if they are at risk of being arrested.

When implementing risk screening and assessment in BIPOC communities, public safety systems need to be mindful of trauma and recovery. Often, the very first assessment of a situation occurs when a 911 call is received and the dispatcher makes a decision about how to respond. There is a need to limit racial biases as much as possible at all stages of the public safety encounter, starting with dispatch. In addition to the existing training they receive on prioritizing calls, 911 dispatchers should receive supplemental training on topics such as trauma-informed approaches, situation-specific responses, and racial bias (Quattlebaum et al., 2018).

Public safety personnel also need to understand the standard screening and assessment tools used by SUD professionals to determine the appropriate treatment or recovery resources. SAMHSA (2005) provides detailed guidelines on screening and assessment in criminal justice settings that outline how to assess treatment needs and make appropriate referrals.

## SIDEBAR: Increasing Screening for Fentanyl and Take-home Naloxone Initiatives

In 2019, fentanyl was found in 51% of all overdose deaths in the United States (Mattson et al., 2021). Fentanyl test strips (FTS) — small strips of paper that can detect the presence of fentanyl — are a simple and inexpensive evidence-based method of preventing drug overdose. FTS can be carried in a wallet or purse. They work like other single-use over-the-counter testing products. The user dips the strip into water containing a small amount of well-mixed drug residue and waits a few minutes for the result. The appearance of a single line signifies the presence of fentanyl or fentanyl analogues, and two red lines signifies its absence.

Research demonstrates that PWUD who had access to FTS reported that receiving a positive test result led to change in overdose risk behavior. When possible, overdose prevention programs should make FTS available to PWUD. Doing so reflects several principles underpinning PS-COPE, including respecting the sanctity of life, supporting the dignity and wellbeing of PWUDs, and assisting them to make informed decisions about their own safety.

Take-home naloxone initiatives and other naloxone distribution programs provide direct access to naloxone for anyone who is at risk of overdose or witnessing an overdose. Research has shown that providing naloxone kits to PWUD and their friends and family members increases the number of overdose reversals and reduces overdose deaths (Wheeler et al., 2015).

Engaging in a community planning process is an important step in implementing fentanyl screening and take-home naloxone initiatives. One of the first and most important steps is to gather information about overdose in your community. Identify priority populations within BIPOC communities including individuals who have:

- Recent medical care for opioid poisoning/intoxication/overdose
- Suspected or confirmed history of heroin or nonmedical opioid use
- High-dose opioid prescription (≥100 mg/day morphine equivalence)
- Recent release from jail or prison
- Recent release from mandatory abstinence program or drug detox program

Once you have identified relevant populations, center your efforts to meet people where they are — literally. Location is key in the uptake of these strategies in the community.

### *CC4. Provide early intervention and continuing support.*

Substance use challenges are often chronic conditions characterized by remission and recurrence of symptoms, thus necessitating continued support in the process of recovery (Abrahams et al., 2013). Therefore, providing early intervention and opportunities for continuing recovery support is another core service component, under which programs provide person-centered, individualized services and supports that promote recovery, address barriers to wellness, and support resilience.

Conduct intensive outreach for overdose prevention. Mobile outreach teams that incorporate peer specialists can engage PWUD in risk reduction and connect them with services. The idea is to do early-as-possible intervention; ideally, this would be before any overdose occurs, and as soon as possible after a first overdose. The intervention includes providing follow-up after the initial encounter to support any and all steps toward risk reduction and recovery. For example, in Albuquerque NM, community paramedics follow up and connect overdose survivors to treatment and recovery services in addition to providing immediate treatment at the scene. Many people who have recently experienced an overdose may not immediately be ready to engage in treatment or accept support; therefore, it is important that outreach teams contact people multiple times and assure them they can reach out to the team whenever they want assistance (National Council for Mental Wellbeing, 2021b).

### *CC5. Advocate to strengthen SUD services and systems.*

Because gaps in SUD treatment and recovery support systems can push law enforcement to be the primary responder, programs using PS-COPE work to strengthen community-wide overdose prevention and response, and advocate to strengthen SUD and recovery support services. They leverage opportunities to improve SUD systems that, by extension, will reduce reliance on public safety as first response and increase access to appropriate treatment and recovery support services. Overdose prevention and response programs and public safety leadership should publicly express the need for more accessible treatment and recovery services and collaborate with other community leaders to propose solutions, including the creation of new overdose prevention programs in BIPOC communities.

## INTEGRATION STEPS

The integration steps of PS-COPE detail step-by-step procedures for planning and implementing programs and provide guidance on how to move forward with integrating PS-COPE into overdose prevention and response efforts.

### *IS1. Create core implementation team.*

The core implementation team leads the planning and implementation of PS-COPE. The effort is team-based so that partners can participate based on the unique assets they bring to the effort. Teams should be composed of key stakeholders who are action-oriented and empowered to drive change (National Council for Mental Wellbeing, 2021a). The exact structure of the team will vary depending on existing work groups and resources already engaged in local overdose response and prevention efforts. Because it is essential to engage the voice of people with lived experience of addiction and recovery whenever possible, the team should include members from the recovery community in conceptualizing, planning, and delivering overdose prevention and response programs.

### *IS2. Complete organizational assessment.*

Completing an organizational assessment helps the implementation team to understand the environment, strengths, weaknesses, opportunities, and threats related to the program (National Council for Mental Wellbeing, 2021a). These assessments identify priority areas to address to implement PS-COPE. Organizations can use the information they collect in the assessment to understand if they're aligned with the core principles in BIPOC communities and identify opportunities for improvement.

### *IS3. Collect, analyze, and interpret community-level data.*

Work with the community to interpret existing data to understand who is at risk for overdose, why, and how best to respond. Connect with health and harm reduction organizations to gain a deeper understanding of overdose generally, and specific to BIPOC communities. Host community conversations and collaborations to plan and improve programs.

### *IS4. Gain commitment and build consensus.*

To enact organizational change, the core implementation team should increase buy-in from stakeholders and organizational leadership. This is key for ensuring commitment across the organization and that the needed resources are available. Create messaging that emphasizes why PS-COPE is needed and use it to gain support from leadership, administrators, and other staff. Before changes can occur, it will be essential to build consensus around a shared mission, vision, and values that will guide the implementation of PS-COPE (National Council for Mental Wellbeing, 2021a). Stakeholders within the organization should have a shared understanding of the principles of PS-COPE and how it will impact the organization, staff, and communities served.

### *IS5. Develop and implement an operational plan.*

The next step is to develop an operational plan that will address priority areas of opportunity and change as identified in the organizational assessment. The plan should include reasonable and feasible goals and action steps that need to be taken to achieve the goals (National Council for Mental Wellbeing, 2020). The implementation team should be given continued support from leadership to make decisions and take action in order to successfully carry out the plan.

### *IS6. Obtain feedback regularly.*

The implementation team will need to schedule regular check-in meetings with leadership, the workforce, and members of the community. This will give the team a chance to seek and gather feedback on how successful the newly implemented policies and programs are at meeting community needs. Check-ins should be scheduled regularly to ensure partner and community voices can be incorporated in all steps of the change process.

### *IS7. Promote orientation toward recovery and resilience.*

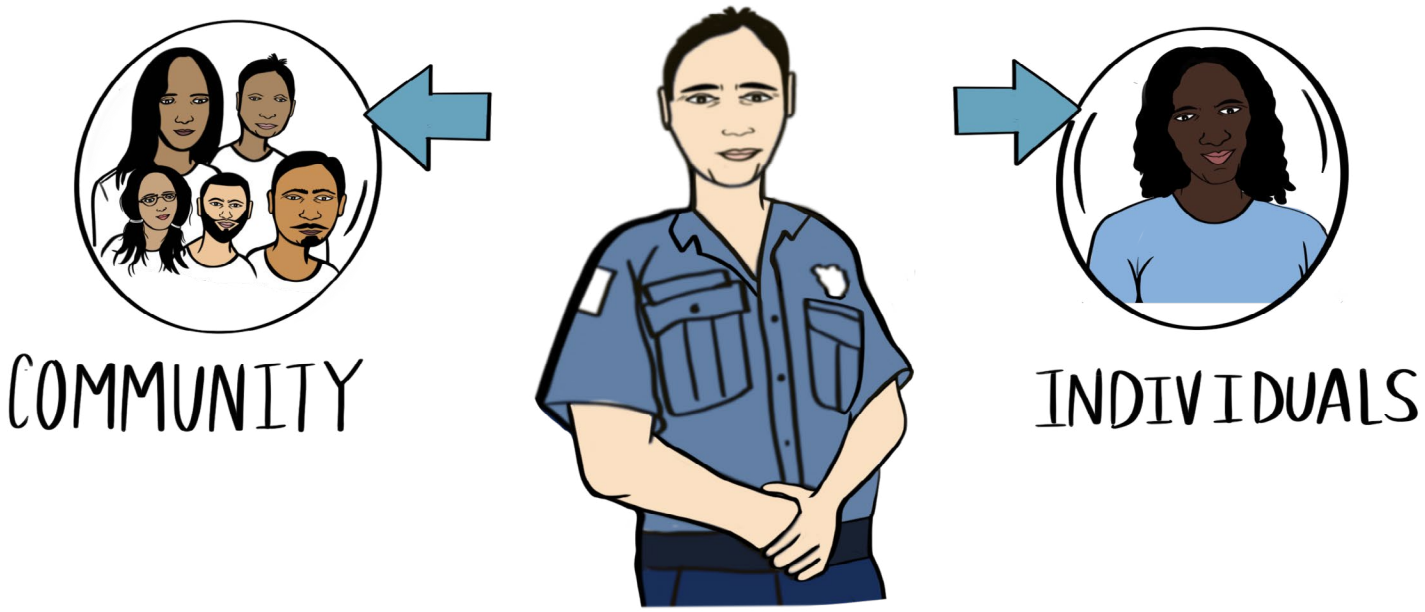
Throughout the process, PS-COPE principles should be embedded in all aspects of change. Develop and communicate a collective vision of recovery by sharing recovery stories of individuals and families served by programs. Invite others to share recovery stories, positive experiences, strength, and hope. Provide training for public safety personnel, partners, and community on the science of recovery. This will promote an orientation toward recovery and resilience in the organization, among stakeholders, and in the community.

### *IS8. Track progress.*

Developing and tracking progress indicators are a part of the general requisite infrastructure, but also the final integration step when implementing specific overdose prevention and response programs. Using existing or newly developed progress indicators, the core implementation team should monitor progress and take appropriate action toward achieving goals (National Council for Mental Wellbeing, 2020). The team should collect and use progress evaluation data to determine what parts of the plan worked or did not work well. Progress evaluation measurements should be recovery- and recovery capital-oriented rather than solely focused on abstinence or recidivism.

# Conclusion

Public Safety-led Community-oriented Overdose Prevention Efforts (PS-COPE) is a new approach that combines trauma-informed approaches, recovery-oriented systems, and procedural justice practices to provide guidelines for public safety-led overdose prevention and response efforts. Current overdose prevention and response programs do not fully consider the unique needs of BIPOC communities, who experience distrust in public safety systems due to racial bias and historical trauma. This document provided an overview of the underlying frameworks of the PS-COPE approach and the core principles, infrastructure, components, and integration steps of PS-COPE. By using PS-COPE, public safety systems can provide overdose prevention and response programs that consider the connection between trauma and substance use and suggest pathways to recovery that are grounded in individual and community strengths.



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