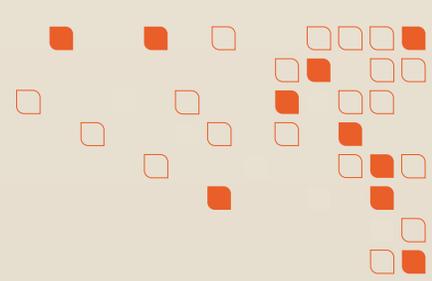
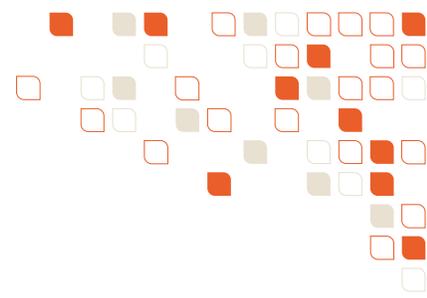


PUBLIC SAFETY-LED COMMUNITY-ORIENTED OVERDOSE PREVENTION EFFORTS (PS-COPE) TOOLKIT



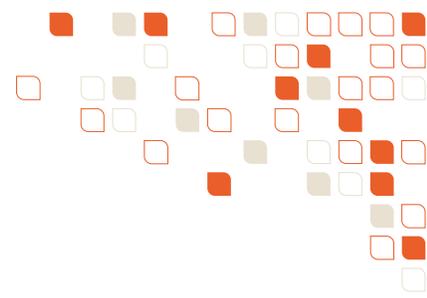
NATIONAL COUNCIL
for Mental Wellbeing

November 2023



Contents

ACKNOWLEDGEMENTS	1	GUIDING PRINCIPLES	12
<u>Project Team</u>	1	PRINCIPLES TO PRACTICE	16
COMMONLY USED ACRONYMS	2	<u>Creating a Core Implementation Team</u>	16
HOW TO USE THIS TOOLKIT	3	<u>Infrastructure Elements</u>	16
<u>Purpose</u>	3	<u>Core Components</u>	33
<u>Audience</u>	3	<u>Integration Steps</u>	44
<u>Directions</u>	3	CONCLUSION	77
TOOLKIT SECTIONS	4	REFERENCES	78
INTRODUCTION	5	APPENDIX A	80
<u>Current State of Public Safety Overdose Prevention and Response</u>	6		
<u>Distinct Overdose Prevention Needs in BIPOC Communities</u>	7		
<u>A New Approach to Overdose Prevention</u>	8		
<u>The Goals of PS-COPE</u>	9		
<u>Frameworks Embedded in PS-COPE</u>	10		



Acknowledgements

The National Council for Mental Wellbeing developed this toolkit with support from the Centers for Disease Control and Prevention (CDC). The project team would like to thank all the subject matter experts who generously devoted their time, expertise, and resources to inform this toolkit.

PROJECT TEAM

Flannery Peterson, MPH, PMP

Director, National Council for Mental Wellbeing

Elizabeth Burden, MS

Senior Advisor, National Council for Mental Wellbeing

Yoon Hyung Choi, PhD

Project Manager, National Council for Mental Wellbeing

Emmanuella Amoako, MPH

Project Coordinator, National Council for Mental Wellbeing

Taslim van Hattum, LCSW, MPH

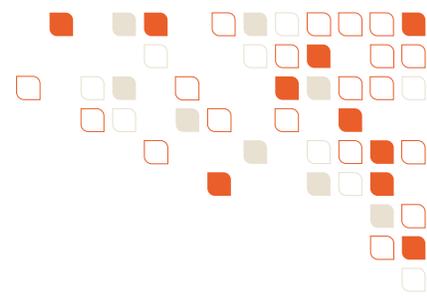
Senior Director, National Council for Mental Wellbeing

Julie Schillim, PhD, LLP, LPC

Consultant, National Council for Mental Wellbeing

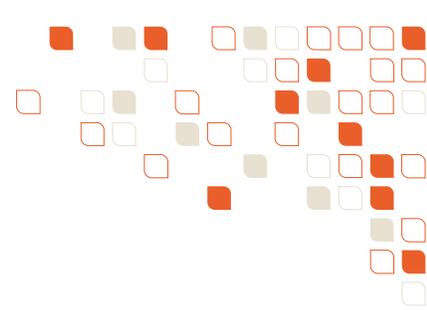
This work is supported by the CDC of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$225,000 with 100% funding by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government.





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
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



How to Use This Toolkit

PURPOSE

The Public Safety-led Community-oriented Overdose Prevention Efforts (PS-COPE) toolkit is a new approach to overdose prevention and response for Black, Indigenous, and people of color (BIPOC) communities. It combines three proven models to enhance overdose prevention and response: trauma-informed care, recovery-oriented systems of care, and procedural justice. The purpose of this toolkit is to:

- Define the principles and core elements of PS-COPE.
- Describe how public safety agencies — and the communities they serve — will benefit from adopting this approach.
- Provide tools for integrating the approach into existing overdose prevention and response efforts.

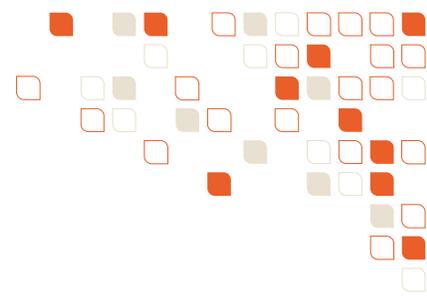
AUDIENCE

This toolkit is for public safety agency leaders and administrators who are looking to enhance existing overdose prevention and response efforts within BIPOC communities. Members of the team who will complete this toolkit should include at least one individual with decision-making authority. Many of the tools are designed to be completed in collaboration with community partners, including persons who use drugs (PWUD) and individuals with lived experience of recovery from substance use challenges.

DIRECTIONS

Public safety agency leaders and administrators should review the PS-COPE approach and the content of the toolkit before sharing it with others in the organization who will be assisting with program planning and implementation.

Different agencies may be at different stages of implementation with the framework described in this toolkit. Some agencies may already have many of the policies and practices of PS-COPE in place. Others may need more extensive efforts to align with the PS-COPE framework. The time it takes to complete the toolkit will vary depending on the extent of the changes required.



Toolkit Sections

1. **Introduction** provides background on current public safety-led overdose prevention and response initiatives and describes why a trauma-informed, recovery-oriented, and procedurally just approach is needed in BIPOC communities.
2. **Guiding Principles** introduces the five principles of the PS-COPE framework, characteristics of programs that use PS-COPE, and examples of programs that embody the principles.
3. **Principles to Practice** describes the infrastructure elements, core components, and integration steps for implementing the PS-COPE framework. This section also provides specific tools created or adapted to facilitate the implementation of the framework.

The toolkit uses icons to help you navigate the different types of information provided:



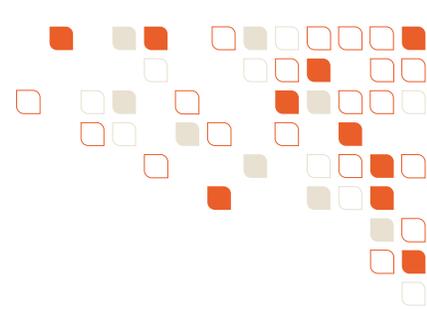
Tips for approaching the practice.



Implementation tools to use as you integrate the strategies.



External resources to supplement the materials provided.



Introduction

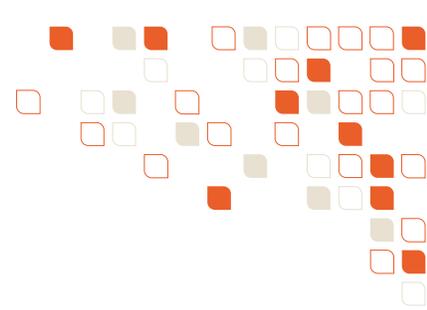
The United States is engulfed in an overdose epidemic, primarily related to opioid use but also stimulants and other substances.

The Centers for Disease Control and Prevention (CDC) reported over 93,000 drug overdose deaths in 2020, a sharp rise from approximately 70,000 in 2019. Preliminary data for 2021 suggested an ongoing increase, although comprehensive figures for 2022 were pending. The epidemic has been driven by the prevalence of synthetic opioids like fentanyl, which is often mixed with heroin or counterfeit pills. Fentanyl's potency has significantly increased the risk of overdose. Additionally, there has been a surge in fatalities related to methamphetamine and cocaine use, sometimes in conjunction with opioids.

Significantly, the epidemic has had a disproportionate impact on Black, Indigenous and people of color (BIPOC) communities. Historical disparities in access to health care, socioeconomic factors and systemic racism have exacerbated the crisis in these populations. For instance, CDC data for 2020 indicated a substantial rise in overdose deaths among African American and Hispanic/Latino communities, correlating with structural determinants of health and barriers to accessing care, including culturally competent services. Native American communities also faced a devastating toll, with the Indian Health Service (IHS) reporting high rates of opioid misuse and related deaths, compounded by limited health care resources on reservations, historical trauma and complex jurisdictional issues impeding effective law enforcement.

The overdose crisis has underscored the necessity for comprehensive public health strategies, robust law enforcement measures to curb unsafe drug supply, and a sustained commitment to tackling the root socioeconomic contributors. In response, the federal government, through agencies like the CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA), has enhanced efforts to improve overdose prevention and response, with initiatives specifically targeting BIPOC communities. It also has intensified efforts to expand access to treatment, including medication-assisted treatment (MAT), and recovery support services.

Public safety personnel are often the first on the scene of overdose emergencies. Therefore, public safety systems must implement approaches that ensure the safety of staff and the public while responding appropriately in a crisis, take into consideration the distinct needs of BIPOC communities, and engage communities on topics related to substance use and overdose prevention.

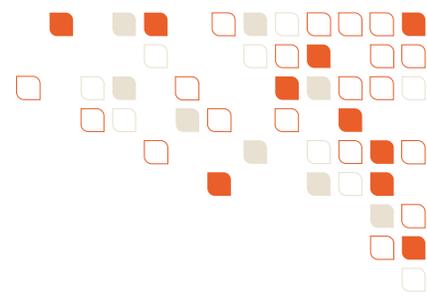


CURRENT STATE OF PUBLIC SAFETY OVERDOSE PREVENTION AND RESPONSE

Effective overdose prevention efforts are cross-sector collaborations between the public safety, public health, behavioral health, and social services sectors. Nationally, public safety-led collaboratives have implemented overdose prevention and response programs that typically fall within one of four categories:

1. **Community relationship-building programs** focus on outreach, training community members, and enhancing communication with public safety personnel during non-crisis, non-criminal interactions. One example is the Coffee with a Cop program (Albany, GA) that aims to address distrust between the Black community and law enforcement. Similarly, the Conversations for Change program (Dayton, OH) hosts community meetings where individuals are invited by probation, parole, and law enforcement to a 2-hour event that provides information and resources on overdose prevention, education, and treatment and recovery services. Knock and Talks are another example often used in tribal communities, where officers are assigned to visit with community members. For example, the Isleta Pueblo Police Department hosts regular community meetings to continue raising awareness on substance use (National Criminal Justice Training Center, 2021).
2. **Diversion and decriminalization programs** may be the most well-known public safety-led overdose response programs. These programs focus on diverting individuals with chronic, unmet mental health and substance use needs from the criminal legal system to appropriate behavioral health services. One example is the Law Enforcement Assisted Diversion (LEAD) program. LEAD is a community-based intervention where police officers provide pathways to care and treatment to individuals in lieu of an arrest. A similar program is the Police Assisted Addiction and Recovery Initiative (PAARI), which aims to establish non-arrest and early diversion pathways to treatment and recovery services. Another example is the Navajo Nation Crisis Response Team, in which calls related to substance use and mental health get referred directly to Tribal Behavioral Health. Other tribal communities are embedding social workers into law enforcement teams to facilitate access to needed services or implementing healing to wellness courts.
3. **Harm reduction and overdose response programs** focus on reversing the effects of overdose and connecting individuals in crisis to needed services. These public safety sector programs aim to reduce overdose deaths and often have a coordinated team of responders, typically including a law enforcement officer, an EMT or firefighter, a treatment provider, and, increasingly, a peer specialist. Examples include quick response teams (QRT), community intervention teams (CIT), drug abuse response teams (DART), and community paramedicine programs (CPPs). These programs often incorporate overdose education and naloxone distribution, which provide community members access to naloxone along with instructions for use.
4. **Reentry and continuity of care programs** aim to prevent overdose among people re-entering the community after incarceration. One example is the Familiar Faces Action and Community Transition (F2ACT) program (Louisville, KY) that connects persons who use drugs (PWUD) who are leaving jail to housing resources, basic needs, and treatment providers. Similarly, the Community and Law Enforcement Resources Together (ComALERT) program (Brooklyn, NY)

Although the overdose crisis has disproportionately affected BIPOC communities (CDC, 2019), few existing initiatives are tailored toward them (National Council for Mental Wellbeing, 2021). As a result, BIPOC communities are being left behind even as public safety-led overdose prevention and response efforts increase.



DISTINCT OVERDOSE PREVENTION NEEDS IN BIPOC COMMUNITIES

BIPOC communities have experienced multi-generational trauma due to historical oppression, systemic racism, and disproportionate criminal justice responses to substance use in their communities. Many socioeconomic challenges exacerbate the risk of drug overdose in BIPOC communities, such as poverty, houselessness, food insecurity, and prior criminal legal system involvement (Jordan et al., 2021). Collaborative partnerships between public safety, health, and social services systems can be built to reach and address the distinct needs of BIPOC communities.

BIPOC communities may be distrustful of public safety overdose prevention efforts because of past racialized drug laws and disproportionate policing. PWUD in BIPOC communities may have had historical interactions with police, hospitals, and treatment systems that resulted in an array of traumatic experiences, for example, being forced into handcuffs and/or the cage of a police vehicle; shocked by a taser; or left alone for hours without care in an emergency department. As a result, many individuals may be fearful of public safety.

Thus, taking a trauma-informed, recovery-oriented approach when developing public safety-led overdose prevention efforts is critical to making inroads within BIPOC communities. Such an approach can help improve the quality of interactions between public safety personnel and the BIPOC community.





Defining Public Safety

Public safety includes all professional first responder personnel, including police, fire, and paramedics; law enforcement officials (e.g., chiefs, sheriffs); court authorities, such as prosecutors, judges; and personnel working in correctional settings or in community corrections. Each has a different role in overdose prevention.

- **Professional first responders:** Police officers, firefighters, and paramedics are the first responders frequently called to assist a person experiencing a suspected overdose. With proper training and equipment, they save lives with timely administration of the overdose-reversing drug naloxone. First responders can offer harm reduction resources and information about treatment and recovery support services. They can ask for consent to share contact information with community partners who can conduct post-overdose outreach. They can provide naloxone kits and resource information to bystanders, who also may be at risk of overdosing or may be able to help others in the future.
- **Law enforcement officials:** As first responders, law enforcement officers can offer life-saving services. This contact may also be an entry point into the criminal justice system. To reduce that likelihood, law enforcement officials cultivate partnerships with other sectors to connect people to the treatment and recovery support services they need.
- **Court administrators:** Court administrators such as prosecutors and judges often have significant power in deciding the fate of a person arrested for drug-related offenses. This can be leveraged to provide people with treatment opportunities rather than punishment for behaviors that stem from substance use disorders (SUDs).
- **Correctional settings:** Personnel working in jails, prisons, or community corrections are responsible for a particularly vulnerable population at a high risk of overdose. When people with SUDs are incarcerated or under community supervision, correctional systems should provide appropriate harm reduction services and medications for treatment.

(Adapted from CDC Foundation, 2020)

A NEW APPROACH TO OVERDOSE PREVENTION

PS-COPE is an approach to public safety-led overdose prevention in BIPOC communities that combines three frameworks: trauma-informed approaches, recovery-oriented systems of care, and procedural justice. PS-COPE can provide useful methods to enhance overdose prevention and response. Figure 1 summarizes the principles, infrastructure, components, and steps of PS-COPE, which will be explained in more detail later in this toolkit.

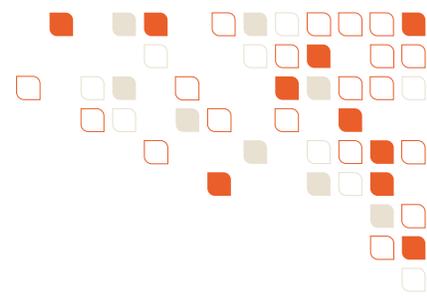
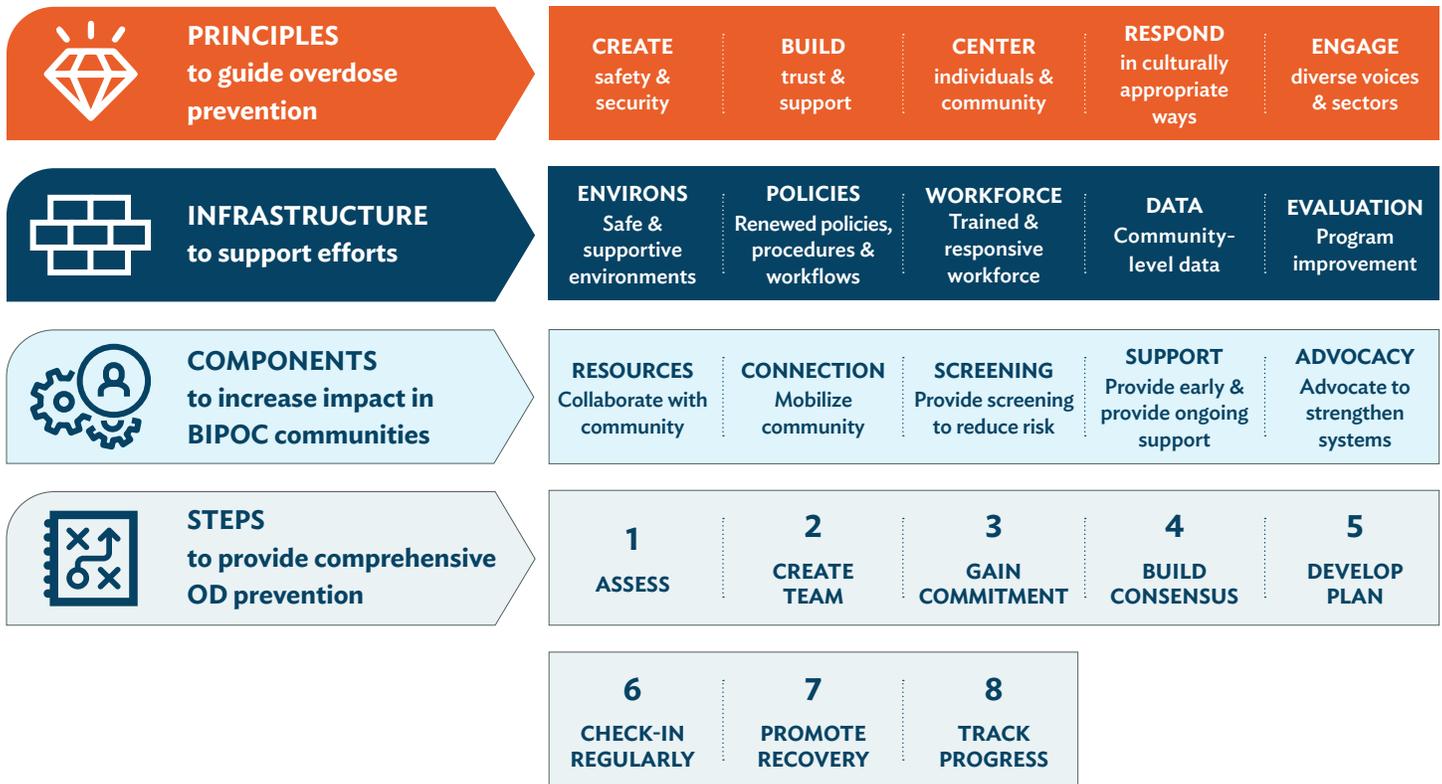
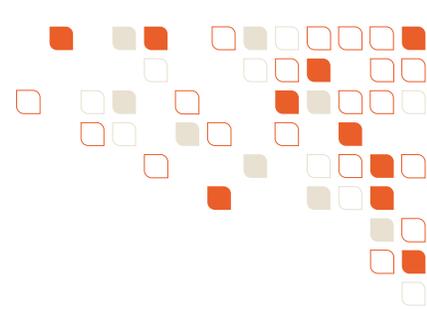


Figure 1. The PS-COPE Framework



THE GOALS OF PS-COPE

1. Improve public safety personnel’s understanding of how systemic issues in their community — such as outdated policies or lack of culturally relevant substance use treatment and social services — contribute to overdose risk.
2. Improve interactions during public safety encounters with 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, SUD treatment, and recovery support services.
5. Use law enforcement strategically during overdose prevention and response, such as when there is 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.



FRAMEWORKS EMBEDDED IN PS-COPE

Trauma-informed care recognizes the intersection of trauma with many health and social problems. 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 overdose prevention and response, this means staff sensitively address an individual’s issues with an understanding of the trauma they have experienced. It also means that programs build strong community partnerships, and work to address institutional and community barriers that impede access to services.

Defining Trauma and Adverse Experiences

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma results from “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being” (SAMHSA, 2014). A traumatic experience can affect individuals, families, groups, communities, or an entire society. Some examples of these experiences of trauma may include being the victim of or witnessing violence, physical abuse, sexual abuse, emotional abuse, neglect, serious illness or injury, bullying, war, racism, and forced displacement (National Child Traumatic Stress Network, 2018; SAMHSA, 2016). Historical trauma is identified as the compounding of emotional and psychological wounding from one generation to the next (Cerdeña et al., 2021); examples include communities that experienced colonization, genocide, forced migration, racism, and slavery.

A **recovery-oriented system of care** (ROSC) is a coordinated network of community-based services and supports. ROSCs prioritize health, wellness, and quality of life for those with or at risk of SUD (SAMHSA, 2010). In a ROSC, existing community resources are brought together to support individuals in recovery and ensure continuity of services and care.



Defining Recovery

SAMHSA (2011) defines recovery as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. There are four major dimensions that support recovery:

1. **Health** — overcoming or managing one’s disease(s) or symptoms and making informed, healthy choices that support physical and emotional wellbeing.
2. **Home** — having a stable and safe place to live.
3. **Purpose** — conducting meaningful daily activities and having the independence, income, and resources to participate in society.
4. **Community** — having relationships and social networks that provide support, friendship, love, and hope.

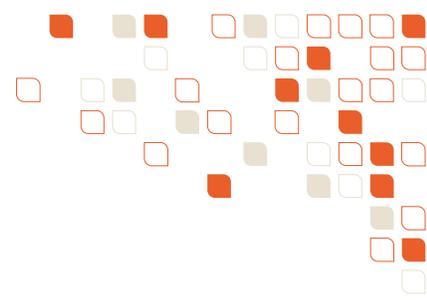
Recovery is not just an individual process of personal transformation. It happens within systems of care that are recovery-oriented, in which service providers do institution-focused and community-focused work to create a context in which personal recovery can happen.

To be most effective, trauma-informed, recovery-oriented approaches must align with emerging approaches in the public safety sector. **Procedural justice** is a fundamental public safety framework that addresses how police, village public safety officers (VPSOs), peace officers, security officers, and other legal authorities interact with the public.

Defining Procedural Justice

Procedural justice is a framework that emphasizes fair processes and how perceptions of fairness are affected by the nature, tone, and quality of the process, not just the outcome (Yale Law School Justice Collaboratory, n.d.). This toolkit focuses on how procedural justice is applied to guide encounters between community members and law enforcement officers, and how the characteristics of those encounters shape the community’s views of law enforcement officers and impact public safety (National Initiative for Building Community Trust and Justice, 2015).

Procedural justice can restore strained relationships between law enforcement and the community by shaping perceptions of law enforcement officers as being morally just, honest, and trustworthy (Yale Law School, n.d.). The integration of procedural justice into public safety policies, procedures, and practice is crucial for building positive partnerships with BIPOC communities.



Guiding Principles

There are five guiding principles of PS-COPE, summarized in Table 1. These principles should be considered in all policies, practices, and procedures to reach BIPOC communities and address their distinct needs.

Table 1. Principles of PS-COPE

Principle	Description
Create safety	<ul style="list-style-type: none"> • Respect sanctity of life by giving aid. • Safeguard individual welfare in public safety environments. • Protect from physical and psychological injury in interactions. • Exemplify fairness, dignity, and respect. • Use de-escalation strategies, including effective communication, where and whenever possible.
Build trust	<ul style="list-style-type: none"> • Provide clear and understandable information. • Provide open communication regarding decisions and change. • Engage in transparent decision making and ensure decisions are fair and consistent with the law. • Be open to questions, concerns, and feedback. • Act with transparency.
Be person- and community-oriented	<ul style="list-style-type: none"> • Amplify individual, community, and public safety personnel voices in decision making, program implementation, and systems change. • Identify concerns, needs, values, and strengths collaboratively and integrate into service response, care, or support. • Promote resilience. • Assist people with their individualized needs and goals.
Engage many	<ul style="list-style-type: none"> • Engage the voice of lived experience of addiction and recovery in conceptualizing, planning, and delivering services. • Ensure there are diverse voices at the table and in key decision-making positions.



Be culturally responsive	<ul style="list-style-type: none">• Acknowledge community trauma.• Be aware of culturally specific treatment services and resources available within the community.• Maintain dignity and respect for culture and gender diversity in all interactions.• Increase touch points that are not crisis related; engage with neighborhoods in nonemergency situations.• Recruit bilingual and bi-cultural responders.• Align all aspects of program to be consistent with best practices of diversity, equity, and inclusion.• Use language that resonates with the target audience. This includes using appropriate idioms, expressions, and colloquialisms that are familiar to them.• Prepare staff for working with diverse segments of community with cultural and linguistic competence and humility.• Address disproportionate adverse health outcomes.• Acknowledge that communities with large undocumented populations (such as Hispanic/Latino communities) feel less safe around police officers and public safety personnel due to fear of deportation.• Recruit bilingual providers and provide matched language materials.
---------------------------------	--

PS-COPE PRINCIPLES AND CULTURAL HUMILITY

Culture impacts every aspect of a person’s life. This includes how actions are perceived, how and if services are accessed and even how people respond to interventions. Culture is the shared values, traditions, arts, history, folklore and institutions of a group of people. It is active and dynamic. It exists at both the conscious and unconscious levels, structures our perceptions and shapes our behavior.

Culture plays a role in how individuals will behave and interact before, during and after an overdose-related emergency and response. Public safety personnel must be mindful of other people’s experiences, while simultaneously keeping themselves safe. The knowledge and skills related to the practice of cultural humility can help with both tasks.

Defining Cultural Humility

Cultural humility is an approach to engagement that acknowledges differences in worldviews and ways of being. The concept originated in the health care field with physicians who advocated for it as a crucial component of medical education and the physician-patient relationship (Tervalon and Murray-Garcia, 1998); it has since been applied across many disciplines.

Culture plays a role in how individuals will behave and interact before, during and after an overdose-related emergency and response. Public safety personnel must be mindful of other people’s experiences, while simultaneously keeping themselves safe. The knowledge and skills related to the practice of cultural humility can help with both tasks. In practice, cultural humility can help public safety personnel develop and maintain respectful partnerships with others based on mutual trust and deliver culturally congruent approaches to preventing overdose.



PUTTING CULTURAL HUMILITY INTO PRACTICE: KEY KNOWLEDGE AND SKILLS

Self-reflection and self-critique. Regularly examining our own cultural biases, power imbalances and preconceived notions involves acknowledging and challenging our own cultural norms and values, and recognizing how they influence our perceptions and interactions.

Implicit Bias

One challenge that arises during self-reflection and self-critique is dealing with our implicit biases. Bias is universal; there is a general human predisposition to make fast and efficient judgments to help us navigate the world. These can operate on an unconscious level. An implicit bias can be based on an attitude, stereotype or belief that can affect how we treat another individual and can be contrary to our stated belief systems. These biases can help us navigate the world because we create categories that can save us time and, sometimes, experiences. Implicit biases are not intentional. However, they can still influence the way we interact with others based on a perceived category such as race or ethnicity. When implicit biases go unchecked, we run the risk of them turning into explicit biases — attitudes, stereotypes and beliefs we hold about others on a conscious level — that negatively impact services. Thus, it is of the utmost importance that public safety staff engage in self-reflection and self-critique.

Active listening to gain understanding. This means truly hearing and attempting to understand the meaning of others' words and experiences. Active listening in cross-cultural contexts requires an openness to worldviews different from our own. In working within BIPOC communities, it is important to have a basic understanding of the cultural and religious values, practices and teachings of specific communities, including the role of the family and community in protecting and nurturing one another.

Empathy and compassion. These are crucial components of effectively engaging with individuals from backgrounds and experiences different from our own. They involve not just understanding another's perspective but also connecting with their experience as much as possible.

Challenging power imbalances. Recognize and work against the imbalances that exist in societal structures and interpersonal interactions, particularly when working in a service or helping capacity. This also involves advocating for and maintaining a client-centered or community-centered perspective.

Developing institutional accountability. Beyond individual interactions, cultural humility involves advocating for and implementing institutional and systemic changes that address disparities and equalize power imbalances.



Structural Bias

The first step to addressing structural bias is to acknowledge that it exists in a community. To address the challenges that structural bias creates, we must first give it a name, use language to describe it openly and be committed to adjusting. Once acknowledgment takes place, the next step is identifying the specific behaviors and barriers in which structural bias shows up. This provides a starting point from which to measure improvement. From here, we move to engage all levels of leadership in public service. Increasing participation from law enforcement leaders builds accountability for improvement and shifts organization culture (Shelton, R., Adsul, P., Oh, A., 2021).

There is strong evidence that structural bias leads to disproportionate criminal justice involvement, which negatively influences health outcomes in BIPOC communities (Geller et. al, 2014; Sanders-Phillips, 2009). Men who reported higher contact with police officers also reported more anxiety and trauma symptoms.

Cultural humility is a strategy that can be used to create positive experiences in public safety interactions, where information is shared, challenges are addressed and effective paths are forged.



Principles to Practice

The five guiding principles of PS-COPE can be implemented by building infrastructure elements, providing core service components, and following integration steps. This section of the toolkit contains guidelines and tools that public safety systems can use to implement PS-COPE.

CREATING A CORE IMPLEMENTATION TEAM

The first step in putting the principles of PS-COPE into practice is to create a Core Implementation Team that will lead the design and implementation of PS-COPE. The effort is team-based so that partners can participate based on the unique assets they bring.

Teams should be composed of key stakeholders who are action-oriented and empowered to drive change within public safety systems. Team members should also include community partners and people with lived experience of recovery. The exact structure of the team will vary depending on existing work groups and resources already engaged in local overdose response and prevention efforts. Teams should communicate information and overdose-related issues between jurisdictions and/or other programs to avoid any gaps in care.

INFRASTRUCTURE ELEMENTS

To successfully implement PS-COPE, programs need an infrastructure that supports and strengthens overdose prevention and response in BIPOC communities. There are five key infrastructure elements.



Use information systems to support data-based decision-making.



Establish and maintain safe, secure environments.



Review and renew policies, procedures, and workflows.



Develop a trained and responsive workforce.



Monitor, evaluate, and improve the program.



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

Use existing overdose data to inform program development, enhancement, and evaluation.

What does the community's data say about overdose? Programs using PS-COPE can use existing information systems to collect and examine data to understand overdose in local BIPOC neighborhoods and communities. Moving forward, build data-based decision-making into program development and evaluation, ensuring that overdose data is not used to increase stigma, bias, or discrimination against PWUD.



In data-based decision-making:

- Use existing data (e.g., Overdose Detection Mapping Application Program [ODMAP]¹, Prescription Drug Monitoring Program [PDMP])² to understand who is at risk for overdose, why, and how best to respond.
- Establish processes to incorporate existing data in decision-making for program creation and improvement.
- Prioritize the use of data when developing possible solutions.

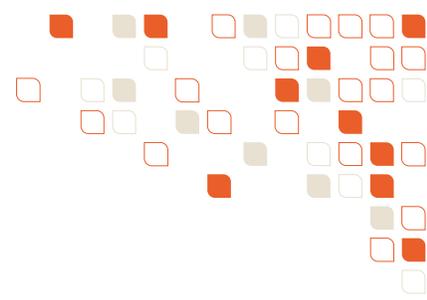


Data-based Decision-making Worksheet

This worksheet contains prompts that will help you collect and prepare to analyze existing data sources to answer key program questions and support decision-making.

¹ ODMAP provides near real-time suspected overdose data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike, in overdose events. ODMAP links first responders and relevant record management systems to a mapping tool to track overdoses to stimulate real-time response and strategic analysis across jurisdictions (ODMAP, 2023). <https://www.odmap.org/4443/#:-:text=Overdose%20Detection-,Mapping%20Application%20Program,or%20spike%2C%20in%20overdose%20events>.

² A prescription drug monitoring program (PDMP) is an electronic database that tracks controlled substance prescriptions in a state. PDMPs can provide health authorities timely information about prescribing and patient behaviors that contribute to the epidemic and facilitate a nimble and targeted response (CDC, 2021). <https://www.cdc.gov/drugoverdose/pdmp/index.html>



Tool 1: Data-based Decision-making Worksheet

Tool Purpose

Programs informed by PS-COPE use existing data to look more closely at overdose in local BIPOC neighborhoods and communities. Data can come from many sources, such as those collected through the Overdose Detection Mapping Application Program (ODMAP), Prescription Drug Monitoring Program (PDMP), or overdose response programs. Programs can use data to gain and keep an up-to-date understanding of overdose in the community served. When possible, interpret data and develop possible solutions through conversation and collaboration with the community.

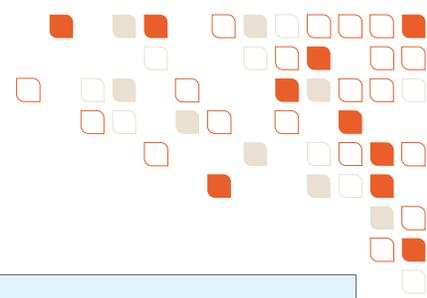
Tool Completion

This tool should be completed by the Core Implementation Team.

Tool Directions

Use the worksheet below to identify relevant sources of existing data, interpret it, and summarize findings relevant to understanding overdose in local BIPOC communities.

	Question	Data Source	Date Accessed	Findings
1	Who is involved with the criminal or tribal justice system for drug-related offenses?			
2	Who is most at risk of overdose? Where are they located?			
3	Who is overdosing (i.e., age, race or ethnicity, gender)?			
4	What drugs are people taking when they overdose?			



	Question	Data Source	Date Accessed	Findings
5	How are people taking the drugs (e.g., injecting, snorting, orally)?			
6	Where are overdoses occurring (i.e., geographically)?			
7	In what settings are people overdosing?			
8	Where do 911 calls related to overdose originate from?			
9	What other trends or patterns related to overdose exist in the community?			
10	With what community organizations or resources are people most connected?			
11	Where are resources being allocated for overdose prevention and response?			



During data collection, consider and discuss the following questions.

Who has access to these data to help inform public health efforts?

Notes:

How are individuals' safety, privacy, and confidentiality protected within data collection and sharing efforts?

Notes:

When and how is information shared with community members?

Notes:



IE2. Establish and maintain safe and secure environments

Promote physical, psychological, social, and cultural safety for all (public safety personnel and individuals interacting with them).

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. Individuals interacting with public safety personnel should feel safe to communicate questions and offer feedback, as should public safety personnel.

While it is ideal to provide a safe and secure environment, there are times when public safety officers cannot choose or control the location of an encounter. In such cases, officers can use the EAR model (engage, assess, and resolve) shown below to de-escalate the situation (Findlay/Hancock Crisis Intervention Team, n.d.).

Engage	Assess	Resolve
Build trust by validating the person and their situation.	Gather necessary information to make a safe resolution.	Gain control of the situation and return to the pre-crisis state.
<ul style="list-style-type: none"> Maintain safe distance. Remove distractions or upsetting influences. Be aware that uniform, gun, and handcuffs can be intimidating. Use a relaxed and non-threatening posture. Ask how you can help the person. Be aware of culturally specific considerations and norms within the community. 	<ul style="list-style-type: none"> Speak in a calm and clear voice. Ask open-ended questions to gather information. Get information about the person's illness, medication, and treatment. Check if there are any other sources of information nearby, such as family members. 	<ul style="list-style-type: none"> Set clear limits and explain what behavior is appropriate or not. Communicate your wants and needs directly (e.g., "I want to make sure no one gets hurt.>"). Let the person know what the options and desired outcomes are.

To create safe and secure environments:

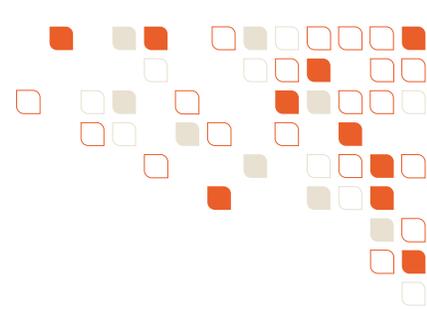


- Establish a common understanding of a safe and secure environment informed by people with lived experience of drug use and recovery.
- Ensure public safety personnel and the public have opportunities to communicate questions and concerns.
- Use non-stigmatizing language that is easily understood.
- Identify strategies for de-escalating conflict and incorporate into standard protocols.

Safe and Secure Environment Checklist



Creating a safe, secure, and welcoming environment for all is one of the requisite infrastructure elements of PS-COPE. This checklist contains some considerations to help guide programs in determining whether the requisite infrastructure is in place to implement PS-COPE.



Tool 2: Safe and Secure Environment Checklist

Tool Purpose

Creating a safe, secure, and welcoming environment for all is one of the infrastructure elements of PS-COPE. Public safety personnel and the individuals they serve should feel the physical setting is safe and that interpersonal interactions promote a sense of safety. This applies for all public safety-led overdose prevention programs such as community outreach efforts, community policing, and welfare checks, among others. This tool assesses whether the program has the necessary characteristics of a safe and secure environment in place to implement PS-COPE.

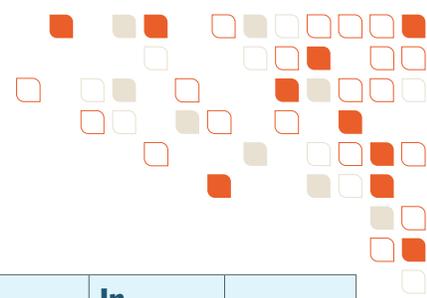
Tool Completion

This tool can be completed by the Core Implementation Team or public safety leadership.

Tool Directions

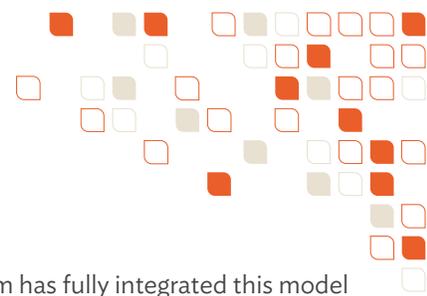
Review the statements below. For each item, place a checkmark in the right-hand column that corresponds to how the statement applies to your program.

Our program:		Yes	In Progress	No
1	Recognizes that anyone can experience trauma and provides the appropriate support.			
2	Has committed to the health and safety of all individuals.			
3	Has established a common understanding (definition) of a safe and secure environment.			
4	Ensures there are opportunities for those served to communicate questions and concerns.			
5	Communicates openly and shares information with individuals, families, and the community.			
6	Ensures the physical environment in which people are served feels as safe and calming as possible.			
7	Collaborates with those with lived experience (of drug use, of addiction and recovery).			
8	Provides resources on mental health and substance use challenges.			
9	Updates safety protocols on a regular basis.			



Our program:		Yes	In Progress	No
Our program trains public safety staff to:				
10	Listen attentively.			
11	Use a non-judgmental demeanor.			
12	Ask open-ended questions.			
13	Treat individuals as people and not objects.			
14	Offer privacy during care and conversations.			
15	Respect cultural norms, language, and historical trauma.			
16	Use body language that shows respect.			
17	Be mindful of physical space and distance.			
18	Identify and use strategies for de-escalating conflict.			
19	Use language that can be easily understood.			
20	Avoid stigmatizing language.			

Notes:



Review the EAR model (engage, assess, resolve) for de-escalation and assess whether your program has fully integrated this model into encounters. If there are opportunities to further integrate the model, note in the section below.

Engage	Assess	Resolve
<p><i>Build trust by validating the person and their situation.</i></p>	<p><i>Gather necessary information to make a safe resolution.</i></p>	<p><i>Gain control of the situation and return to the pre-crisis state.</i></p>
<ul style="list-style-type: none"> • Maintain safe distance. • Remove distractions or upsetting influences. • Be aware that uniform, gun, and handcuffs can be intimidating. • Use a relaxed and non-threatening posture. • Ask how you can help the person. 	<ul style="list-style-type: none"> • Speak in a calm and clear voice. • Ask open-ended questions to gather information. • Get information about the person’s illness, medication, and treatment. • Check if there are any other sources of information nearby, such as family members. 	<ul style="list-style-type: none"> • Set clear limits and explain what behavior is appropriate or not. • Communicate your wants and needs directly (e.g., “I want to make sure no one gets hurt.”). • Let the person know what the options and desired outcomes are.

Notes:



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

Review current policies, procedures, and workflows to ensure alignment with PS-COPE principles.

Updated policies provide guidance and uniformity across organizations and partnerships. They can also help to ensure the continuity of services when there are leadership or personnel changes. It is important that BIPOC community members have a voice in the process of reviewing and updating policies and procedures.



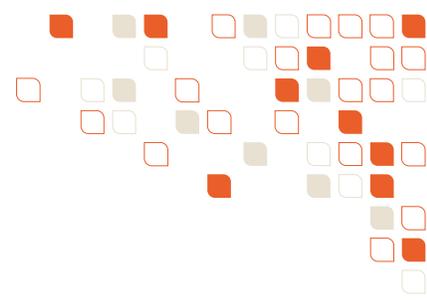
When reviewing and renewing policies, procedures, and workflows:

- Ensure that organizational policies and procedures reflect least restrictive measures, minimal force, and appropriate connection to services.
- Review and renew policies and procedures with the workforce and community members, including PWUD and those with lived experience of recovery.
- Invite community members and cross-sector partners to provide input on how well programs currently suit the needs of the community and how changes may impact the community.



Policy, Procedure, and Workflow Review Checklist

This checklist will help you consider how well your current policies, procedures, and workflows align with the PS-COPE approach.



Tool 3: Policy, Procedure, and Workflow Review Checklist

Tool Purpose

This tool can be used to review, revise, and renew policies, procedures, and workflows, ensuring that they align with core principles and reflect an understanding of trauma, recovery, and fairness.

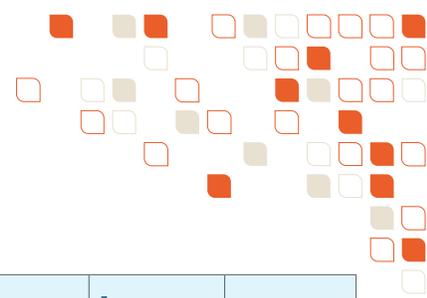
Tool Completion

This tool should be completed by the Core Implementation Team in collaboration with community partners. 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.

Tool Directions

Review the statements below. For each item, place a checkmark in the right-hand column that corresponds to how the statement applies to your program.

		Yes	In Progress	No
1	When there is not an imminent public safety issue, we provide options for SUD-related calls to 911 to be diverted to a mobile crisis team or crisis hotline. To do so, ensure there is good partnership and/or communication structure in place between emergency response and community-specific crisis-related resources.			
2	We have mobile crisis teams that respond to crisis calls, independently if safety allows, or co-respond with officers when there is a safety issue.			
3	We have partnerships with community-based clinics, harm reduction spaces, recovery community centers, or other supports that can provide additional locations for service when someone refuses transport to the emergency department.			
4	We have worked with hospital and other health care partners to change policies to de-escalate situations at receiving centers and speed the transfer of custody from officers to recovery support providers.			
5	We have mechanisms in place for follow-up from a mental health practitioner soon after a person experiences a crisis.			



		Yes	In Progress	No
6	Once an immediate crisis is resolved, we provide timely follow-up through: <ul style="list-style-type: none"> • Outreach teams 			
	<ul style="list-style-type: none"> • Telehealth 			
	<ul style="list-style-type: none"> • Phone support 			
7	Our current policies, procedures, and workflows reflect an understanding of trauma and its intersection with many health and social problems.			
8	Our current policies, procedures, and workflows prioritize health, wellness, and quality of life for those with or at risk of SUD.			
9	Our current policies, procedures, and workflows emphasize the sanctity of human life and use of force as a last resort.			
10	We have mechanisms in place to provide appropriate connection to services.			
11	We have mechanisms in place for community members and cross-sector partners to provide input on how well programs currently suit the needs of the community.			
12	We have mechanisms in place for reviewing policies and procedures with community members, including PWUD and those with lived experience of recovery.			



IE4. Develop a trained and responsive workforce.

Identify and implement evidence-based and emerging best practices for public safety personnel.

PS-COPE can increase the awareness, knowledge, and skills of a program's workforce to deliver overdose prevention and response services that address the distinct needs of BIPOC communities.

Programs using PS-COPE also:

- Address workforce diversity at all levels by intentionally fostering a culture of engagement and respect.
- Provide public safety personnel ample training opportunities for practical application.
- Engage the community in the training of public safety personnel.

Public safety personnel should 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.

In workforce development:

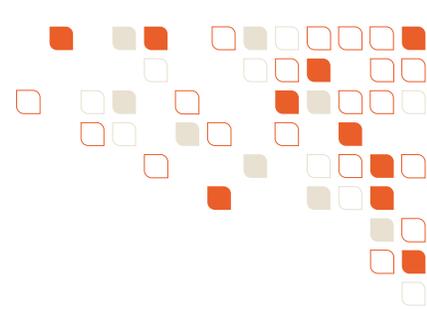


- Hire culturally and linguistically diverse staff.
- Train public safety personnel in role-specific courses that prepare them to respond safely and compassionately to individuals in crisis and help link them to appropriate services.
- Engage the community to support a deeper understanding of lived experience. This may include stories of recovery and people whose lives were changed by overdose response and prevention programs.

Developing a Trained and Responsive Workforce Checklist



This checklist will help programs review the characteristics of their workforce, determine how workforce preparation aligns with PS-COPE principles, and identify training needs.



Tool 4: Developing a Trained and Responsive Workforce Checklist

Tool Purpose

A key infrastructure element of PS-COPE is to develop a trained and responsive workforce. Organizations using PS-COPE increase the ability of their workforce to deliver services that acknowledge trauma and promote recovery. Organizations also implement evidence-based and emerging best practices for each role. This checklist will help programs review the characteristics of their workforce, determine how workforce preparation aligns with PS-COPE principles, and identify training needs.

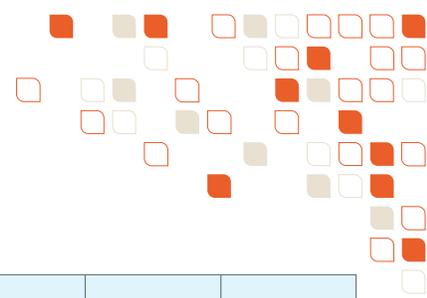
Tool Completion

This tool should be completed by the Core Implementation Team or public safety leadership.

Tool Directions

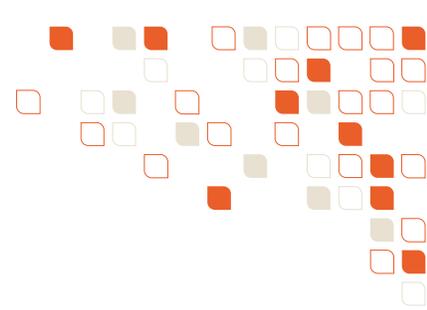
Review the statements below. For each item, place a checkmark in the right-hand column that corresponds to how the statement applies to your program.

Our organization:		Yes	In Progress	No
1	Addresses workforce diversity at all levels.			
2	Promotes a culture of engagement and respect.			
3	Attracts and supports a culturally and linguistically diverse workforce.			
4	Provides role-specific training (e.g., 911 operators, law enforcement officers, firefighters, EMS) tailored to what each role needs to know to do their part in overdose prevention and response effectively.			
5	Provides role-specific training for staff on topics related to overdose prevention and response (e.g., trauma-informed approaches, principles of recovery-oriented systems, harm reduction approaches).			
6	Engages the community (e.g., overdose survivors, family members, or those who have lost loved ones to overdose) in training its staff.			



Our staff:		Yes	In Progress	No
7	Deliver services in a manner that acknowledges trauma and promotes recovery.			
8	Have the knowledge and skills needed to prevent and respond to overdose.			
9	Support an organizational culture of engagement and respect.			
10	Are trained on procedurally just best practices for public safety.			
11	Are prepared to respond safely to people in crisis.			
12	Are trained on cultural awareness.			





IE5. Monitor, evaluate, and improve the program.

Use lessons from program implementation to make changes to and adapt program operations. Identify key performance indicators that align with the program objectives, outcomes, and the guiding principles of PS-COPE.

Programs may use existing data collected by other programs or repurpose underutilized data to measure performance. Consider how both quantitative and qualitative data can assist in understanding the program impact and the “why” and “how” behind the “what.”

In monitoring and evaluating your program, work with overdose prevention and response networks to:



- Define success.
- Identify key performance indicators.
- Develop evaluation plan.
- Determine if the program meets those benchmarks.
- Collect program-level and performance data.
- Make changes based on this information.
- Include process and outcome objectives that are iterative.



Additional Resources for Infrastructure Elements

Overdose Data to Action

(Centers for Disease Control and Prevention)

Overdose Data to Action supports jurisdictions in collecting high-quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts.

Public Health and Safety Team Toolkit

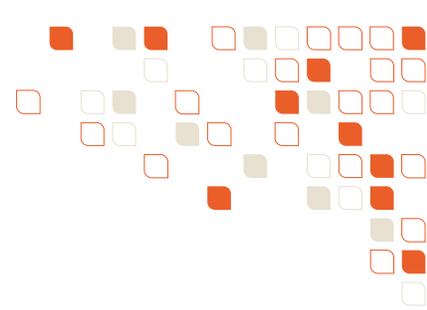
(CDC Foundation)

This toolkit provides an organizational structure and recommended processes to enhance cross-sector relationship-building, data use, and opioid overdose prevention.

National Drug Take Back Program

(Drug Enforcement Administration)

This program encourages the public to properly dispose of unused medications to prevent diversion and misuse.



[Overdose Fatality Review](#)

(Bureau of Justice Assistance)

These Overdose Fatality Review (OFR) tools provide practical recommendations to help communities plan, implement, and evaluate OFRs.

[Police-Mental Health Collaboration \(PMHC\) Toolkit](#)

(BJA and CSG Justice Center)

The PMHC Toolkit provides resources for law enforcement agencies to partner with service providers, advocates, and individuals with mental illness and/or intellectual and developmental disabilities (I/DD). The goal of these partnerships is to ensure the safety of all, to respond effectively, and to improve access to services and supports for people with mental illness and I/DD.

[The Police Assisted Addiction and Recovery Initiative](#)

(PAARI)

PAARI provides training, strategic guidance, support, and resources to help law enforcement agencies nationwide create non-arrest pathways to treatment and recovery.

[Best Practices for Successful Reentry for People Who Have Opioid Addictions](#)

(CSG Justice Center)

This fact sheet from the National Reentry Resource Center describes the best practices that correctional, community-based behavioral health, and probation and parole agencies can implement within their systems to ensure reentry for people who have opioid addictions is safe and successful.

[Aligning Cultural Humility and Trauma-Informed Approaches](#)

(CSG Justice Center)

This webinar will help criminal justice and behavioral health professionals promote recovery and safety by adopting a trauma-informed approach that aligns with an attitude of cultural humility.

[Law Enforcement Training on Harm Reduction](#)

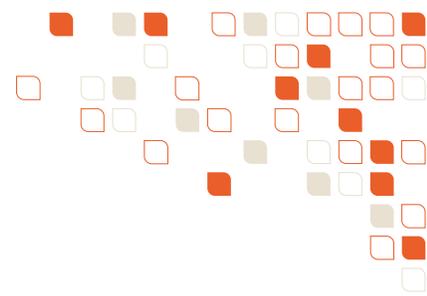
(Education Development Center)

This page provides an overview of and guidelines for law enforcement training on harm reduction, which prepares law enforcement to better respond to and prevent drug overdoses.

[Crisis Intervention Team \(CIT\) Programs](#)

(CIT International)

A program that provides the foundation necessary to promote community and statewide solutions to assist individuals with a mental illness and/or addictions.



CORE COMPONENTS

The infrastructure elements support the implementation of the five core components of PS-COPE. Core components are specific practices and policies that can enhance overdose prevention and response in BIPOC communities.

1.

Collaborate with recovery resources.

2.

Connect with and mobilize the community.

3.

Screen and assess for overdose risk behaviors.

4.

Provide early intervention and continuing support.

5.

Advocate to strengthen SUD services and systems.

CC1. Collaborate with recovery resources.

Recovery resources are community-based organizations, such as peer programs, recovery community organizations, culturally based programs, and SUD treatment agencies, that promote recovery. Cultivate, strengthen, and maintain a network between public safety agencies, recovery resources, and other community members that supports the recovery process.

Successful overdose prevention and response programs work with recovery resources to engage individuals in risk reduction and to facilitate referrals to SUD treatment and recovery supports. It is essential to be aware of available recovery resources in the community and build partnerships with them.

In collaborating with recovery resources:

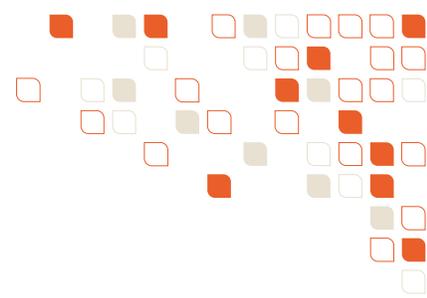


- Commit to ongoing engagement with partners that can help improve overdose prevention and response efforts.
- Link with providers who also use trauma-informed, recovery-oriented approaches.
- Enlist partners that will provide a comprehensive and individualized approach to care.

Partner Organization Checklist



In planning and implementing programs, involve a diverse array of stakeholders, partner organizations, and community members. This tool provides a checklist of potential stakeholders and partner organizations to include when implementing PS-COPE overdose prevention and response programs.



Tool 5: Partner Organization Checklist

Tool Purpose

In planning and implementing programs, involve a diverse array of stakeholders, partner organizations, and community members. These stakeholders have valuable insight into how the system works and what might make it better. To increase the efficacy of overdose prevention programs in BIPOC communities, public safety systems need to connect with and mobilize the community.

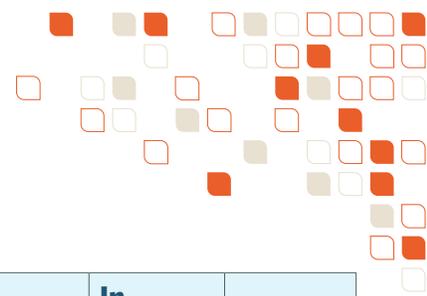
Tool Completion

This tool can be completed by the Core Implementation Team.

Tool Directions

Consider the below list of potential stakeholders and partner organizations when implementing PS-COPE overdose prevention and response programs. Review the statements below. For each item, place a checkmark in the right-hand column that corresponds to how the statement applies to your program.

We have established active partnerships with:		Yes	In Progress	No
1	Individuals with lived experience with substance use and criminal justice system involvement			
2	Peer recovery specialists and peer programs			
3	Mental health and substance use treatment providers			
4	Health care providers and hospitals, including emergency department staff			
5	Harm reduction services providers, including syringe services programs			
6	Other professional first responders			
7	Drug courts			
8	Prosecutors			



We have established active partnerships with:		Yes	In Progress	No
9	Reentry service providers			
10	Recovery community organizations			
11	Social service providers			
12	Elected officials' offices			
13	Housing and homelessness services organizations			
14	Faith-based groups			
15	BIPOC-owned businesses			
16	Public health agencies and local and state behavioral health departments			
17	Local universities and colleges			
18	Public defender organizations			
19	Legal aid organizations			
20	Public transit agencies and alternative transportation entities			
21	Cultural programs			



CC2. Connect with and mobilize the community.

Connect with, include, and engage community members in every aspect of overdose prevention and response. Public safety systems need to connect with and mobilize the community to increase the usefulness of overdose prevention and response efforts in BIPOC communities. Public safety systems can work with “community-embraced first responders,” individuals, and organizations working in communities that people turn to first when experiencing a crisis. These may be community-based organizations, community health workers, faith leaders, or even BIPOC-owned businesses.

Connect with the community to:



- Understand the current state of the community’s overdose prevention and response efforts.
- Promote positive interactions and build partnerships.
- Identify stakeholders with lived experience of recovery (e.g., PWUD and their families) and ensure that they are involved in efforts.

Community Engagement Worksheet



It is important for public safety-led overdose prevention efforts to engage with the public, promote positive interactions, and build partnerships with the community. This tool provides guidance on how to foster engagement with community-based organizations or programs.



Tool 6: Community Engagement Worksheet

Tool Purpose

It is important for public safety-led overdose prevention efforts to engage with the public, promote positive interactions, and build partnerships with the community. By expanding the breadth, depth, and scope of community engagement, programs can increase timely access to services, enhance engagement, and increase retention.

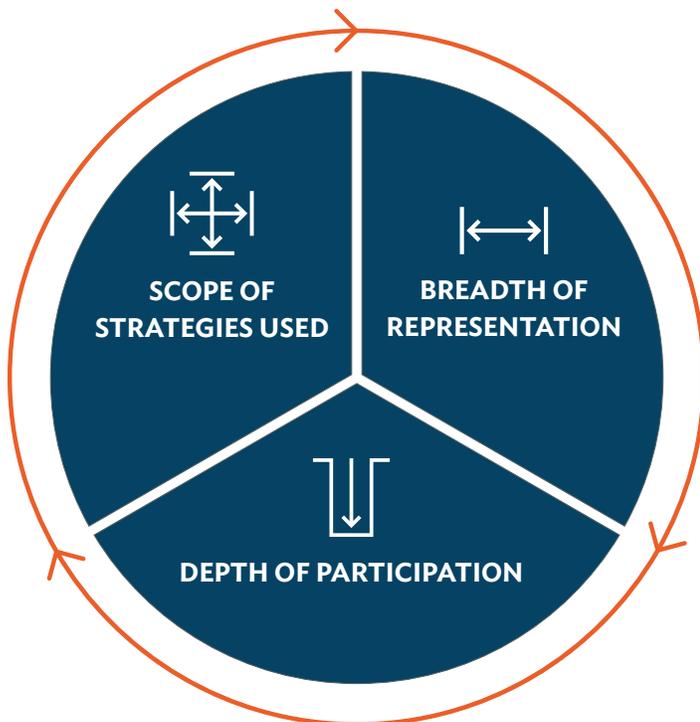
Tool Completion

This tool should be completed by the Core Implementation Team.

Tool Directions

Use the worksheet below to identify opportunities to foster engagement with community-based organizations or programs. Ensure that African American, American Indian/ Alaska Native, and Hispanic-Latino community-serving agencies are identified and engaged, as needed and appropriate.

The three dimensions of community engagement include breadth, depth, and scope.



Expanding the Scope of Strategies Used
Using strategies to target, organize, and mobilize many different parts of the community.

Expanding the Breadth of Support and Involvement
Encouraging wider levels of support and involvement from more parts of the community.

Expanding the Depth of Support and Involvement
Encouraging deeper levels of support and involvement from each part of the community.

Refer to [Tool 5: Partner Organization Checklist](#) for a list of potential community partners. Identify key partner organizations and use the worksheet below to brainstorm strategies for increasing community engagement.

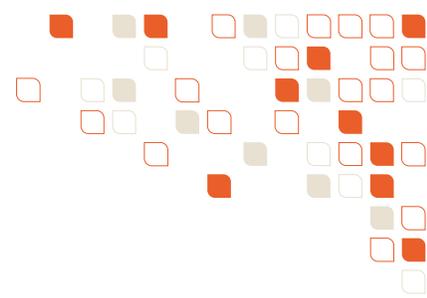


Which partner organization(s) are you targeting?	Which dimension of community engagement would you like to improve?	What are some strategies you can use to achieve this?
<i>(e.g., Mental health and substance use treatment providers, health care providers)</i>	<i>(e.g., Expand the breadth)</i>	<i>(e.g., Reach out to existing partners for recommendations on additional partners to engage.)</i>

Here are some examples of community engagement programs and strategies.

Type of Engagement Opportunity	Examples
<i>Information sharing</i>	Social media, media releases, community surveys, press conferences, educational events to address stigma that are tailored to specific populations
<i>In-person interactions</i>	Community events, neighborhood briefings, town hall meetings, strategic partnerships, cultural events, powwows, tribal council meetings
<i>Structured programs</i>	Citizen police academies, youth engagement, volunteer opportunities, youth police academies
<i>Solution development</i>	Listening sessions, roundtables, policy review committees, community advisory groups, citizen review boards, talking circles

The International Association of Chiefs of Police (IACP) provides further resources for public safety organizations' community engagement at <https://www.theiacp.org/resources/document/community-police-engagement>.



CC3. Screen and assess for overdose risk behaviors.

Screen and assess for overdose risk and identify individual needs to determine the appropriate response. 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.

Public safety-led screening aims to prevent overdose by reducing overdose risk, initiating “change talk,” and making referrals to harm reduction, treatment, and recovery support services. It is focused on risk reduction and covers questions related to whether individuals are mixing drugs, their tolerance (or reduced tolerance), using alone, and knowledge of how to use fentanyl test strips and naloxone.



When screening for overdose risk behaviors:

- Develop procedures that are routine, competent, and culturally responsive.
- Engage with PWUD to increase use of risk reduction strategies, including not mixing drugs and not using alone.
- Provide PWUD with overdose education, naloxone, and fentanyl test strips, if possible.



The Spirit of Motivational Interviewing: Engaging in “Change Talk”

While conducting overdose prevention and response programs, public safety personnel may encounter PWUD and have a chance to engage in “change talk” with them. This tool provides information about the spirit of motivational interviewing and tips on how to engage in change talk. The first step is to engage in a relationship without any underlying intention to get the other person to change. Be led, do not lead.



Tool 7: The Spirit of Motivational Interviewing: Engaging in “Change Talk”

Tool Purpose

While conducting overdose prevention and response programs, public safety personnel may encounter PWUD and have a chance to engage in “change talk” with them. Motivational interviewing can be used in overdose risk reduction to gather information about individuals’ substance use and reduce their resistance to change.

Tool Completion

This tool can be used by any staff member who conducts community outreach or who may come into contact with PWUD.

Tool Directions

Review the content below to learn about the spirit of motivational interviewing and for tips on how to engage in change talk.

Motivational interviewing (MI) is a style of communication that pays attention to the language of change.

Motivation (or lack of) is not a fixed trait. Uncertainty about change is human nature, as is push-back when someone tries to change us. Confrontation can make a difficult situation even worse because the human brain is unable to respond, learn or process when under significant stress or threat.

MI starts with a commitment to the underlying spirit of this approach.

Compassion	Partnership	Evocation	Acceptance
Expressing empathy in a non-judgmental and non-blaming way to understand what it is like for the other person and what is meaningful for them.	Collaborating to solve problems, address issues or pursue ideas. Acknowledging you both have experiences that can be helpful.	Shifting mindset from instilling change in someone to drawing it out of them using empathy and respectful curiosity.	Recognizing the person’s worth and the need for independence. Feeling in control of one’s choices facilitates motivation.

It is this spirit of MI that creates environments and relationships that are collaborative and mutually respectful. The more a person hears themselves using statements that favor change (“change talk”), the more their own motivation is increased. These might sound like:

- ***I’ve thought about...***
- ***I want...***
- ***I can...***
- ***What’s important is...***
- ***I need...***
- ***I started to...***



MI strategies to focus and promote change talk include:

1. **Open-ended questions.**

- What worries you about your current situation?
- What would have to happen for you to be ready to make this change?
- If things don't change, what do you think may happen?
- What seems like a good starting point?
- What is one small thing you can do right away that will make a difference?
- How will you know if this plan is not working?
- How will you know you are on the right track?

2. **Listening statements to validate and deepen the person's perspective.**

- I hear you saying you are frustrated with the process.
- On one hand you know it will be hard, and at the same time, you are considering treatment.
- It's important to you to feel in control.

3. **Recognizing strengths to support growth and build protective factors.**

You are/You seem persistent, focused, resilient, determined, faithful, reasonable, strong...

4. **Ask-Provide-Ask framework for giving information.**

- Ask a question to enhance interest or gain permission.
 - » **Examples:** What do you know about Naloxone? Can I provide some information about Naloxone?
- Provide information that meets the person where they are based on what they already know, misinformation they may have heard or what they want to know more about.
- Ask a question to explore readiness.
 - » **Examples:** What do you make of this? How, if at all, has this impacted your thinking?



CC4. Provide early intervention and continuing support.

Early intervention and continuing support are essential for recurring substance use challenges. Programs should provide person-centered and individualized care, services, and supports that promote recovery.

Intensive outreach for overdose prevention, early intervention, and continuing support go hand-in-hand with screening and assessment for overdose risk behaviors. Mobile outreach teams that incorporate peer specialists can engage PWUD in risk reduction and connect them with services. The idea is to intervene as early as possible before any overdose occurs, or as soon as possible after a first overdose. This should include following up after the initial encounter to support all steps toward risk reduction and recovery.

Use early intervention and continuing support in the community to:



- Reduce overdose risk.
- Enhance motivation for health-seeking activities.
- Increase active engagements in harm reduction and recovery support services.

CC5. Advocate to strengthen SUD services and systems.

Leverage opportunities to improve systems that will increase community access to appropriate services and reduce reliance on public safety as first response.

Programs using PS-COPE work to strengthen community-wide overdose prevention and response, and advocate to strengthen SUD and recovery support services. Collaborate with other community leaders to propose solutions, including the creation of new overdose prevention programs in BIPOC communities. Consider strategies that emphasize family involvement, traditional healing practices, and cultural strengths.

The focus of advocacy can:



- Reduce reliance on public safety as first response.
- Publicly express the need for better access to recovery services.
- Increase knowledge and raise awareness about overdose risk reduction measures.
- Support creation of new overdose prevention programs in BIPOC communities.
- Increase support of/enhance existing programs and organizations.



Additional Resources for Core Components

[Building Successful Partnerships Between Law Enforcement and Public Health Agencies to Address Opioid Use](#) (Department of Justice COPS)

This document highlights new programs that bring police together with community volunteers, public defenders, health providers, and others to divert addicted individuals away from the criminal justice system and toward treatment.

[Law Enforcement Assisted Diversion \(LEAD\) Role for Community Public Safety Groups](#) (LEAD National Support Bureau)

This resource describes the roles and responsibilities of community partners within LEAD programs.

[Overdose Response and Linkage to Care: A Roadmap for Health Departments](#) (The National Council for Mental Wellbeing)

This roadmap provides local and state health departments with information, resources and tools to implement effective strategies to support linking people who are at risk of opioid overdose to care.

[Building Trust Between the Police and the Citizens They Serve](#) (International Association of Chiefs of Police)

Looking at the Internal Affairs process from a citizen's viewpoint, this guide presents information on how local law enforcement agencies can be accountable to their citizens by engaging them in any number of trust-building initiatives, including citizen input for Internal Affairs determinations and discipline.

[Core Elements for Responding to Mental Health Crises](#) (SAMHSA)

This manual offers guidance on improving services for people living with serious mental illness or emotional health issues during a mental health crisis. It defines values, principles, and infrastructure to support appropriate responses to crises in diverse situations.

[The Police Assisted Addiction and Recovery Initiative](#) (PAARI)

The Police Assisted Addiction & Recovery Initiative (PAARI) provides training, strategic guidance, support, and resources to help law enforcement agencies nationwide create non-arrest pathways to treatment and recovery.

[Expanding First Response: A Toolkit for Community Responder Programs](#) (CSG Justice Center)

This toolkit serves as a central hub for local communities and states looking to establish or strengthen community responder programs. Drawing on the experience of emerging models across the country, the toolkit presents key issues that are crucial to the success of any program.

[Successful Tribal Community Policing Initiatives: A Resource for Communities Developing Public Safety Programs and Strategies](#) (Department of Justice COPS)

This guide describes various tribes' experiences in developing community policing initiatives and provides a comprehensive resource for other tribes wishing to implement community policing programs to improve public safety in their communities.

[Successful Tribal Community Policing Initiatives, Volume 2: A Resource for Communities Developing Public Safety Programs and Strategies](#) (Department of Justice COPS)

This guide describes various tribes' experiences in developing community policing initiatives and provides a comprehensive resource for other tribes wishing to implement community policing programs to improve public safety in their communities.



INTEGRATION STEPS

Integration steps outline a step-by-step approach to integration that can help your program to successfully implement PS-COPE.

1. Plan for effective cross-sector collaboration.
2. Complete organizational assessment.
3. Collect, analyze, and interpret community-level data.
4. Gain commitment and build consensus.
5. Develop and implement an operational plan.
6. Obtain feedback regularly.
7. Promote orientation toward recovery and resilience.
8. Track progress.

IS1. Plan for effective cross-sector collaboration.

The Core Implementation Team should be composed of key stakeholders who are action-oriented and empowered to drive change within public safety systems. In addition to public safety staff, team members should also include community partners and people with lived experience of recovery. Plan for effective cross-sector collaboration by having PWUD, people with lived experience of recovery, and community partners be a part of the program implementation process.

To create strong cross-sector collaboration:

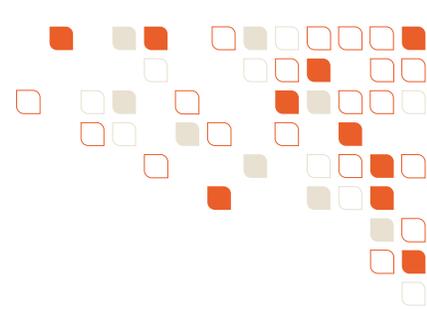


- Include key stakeholders who are action-oriented and empowered to drive change.
- Include PWUD, people with lived experience of recovery, and community partners.
- Serve as champions for implementing principles of PS-COPE.

Integration Worksheet



This worksheet provides organizations with higher-level guidance on how to move forward with integrating PS-COPE into their overdose prevention and response efforts. The Core Implementation Team can use this worksheet to brainstorm directions for implementation that will be refined later.



Tool 8: Integration Worksheet

Tool Purpose

The integration steps of PS-COPE detail the step-by-step procedures needed when planning and implementing programs. The following tool can provide organizations with higher-level guidance on how to move forward with integrating PS-COPE into their overdose prevention and response efforts. Ultimately, this tool aims to increase awareness of cultural responses to authority and show organizations how to move from compliance to motivation.

Tool Completion

This tool should be completed by the Core Implementation Team.

Tool Directions

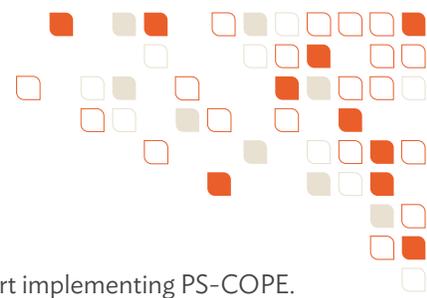
Use this worksheet as a starting point for planning the integration steps of PS-COPE. The Core Implementation Team can use this worksheet to brainstorm broad directions for integration. Where available, the worksheet provides links to additional tools that can be used in each specific integration step.

Section 1: Creating a Foundation for a Sustainable Future

Implementation Lead

1. Identify an implementation lead who understands and supports the principles of PS-COPE.

Leadership	Date of Initial Discussion/Meeting



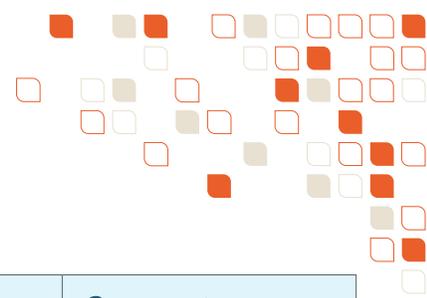
2. Identify who the implementation lead needs to talk with to get buy-in among leadership to start implementing PS-COPE.
3. Ensure members of your core implementation team are action-focused and committed to being champions of the vision

Role	Name	Affiliation/Organization	Contact Information

When possible, make sure to include PWUD, people with lived experience of recovery, and community partners.

4. Consider the composition and structure of the core implementation team.
 - a. **Are there additional members that need to be added to the team? If yes, who?**
 - b. **Who will reach out to these potential members?**
5. Determine team meetings and structure.
 - a. **Date of first meeting: _____**
 - b. **How often will the team meet? (Weekly, Biweekly, Monthly, Other)**
 - c. **Where/How (e.g., virtual or in person) will the team meet?**
 - d. **For how long will the team meet?**
6. Reflect on the principles of PS-COPE.

Build shared understanding of the principles. Commit to making sure that team members are using the principles. Note in the table below how the team will incorporate principles in their work.



Principles	Description	Comments
Create safety	<ul style="list-style-type: none"> • Respect sanctity of life by giving aid. • Safeguard individual welfare in public safety environments. • Protect from physical and psychological injury in interactions. • Exemplify fairness, dignity, and respect. • Use de-escalation strategies, including effective communication, where and whenever possible. • Avoid potential re-traumatization whenever possible. 	
Build trust	<ul style="list-style-type: none"> • Provide clear and understandable information. • Provide open communication regarding decisions and change. • Engage in transparent decision making and ensure decisions are fair and consistent with the law. • Be open to questions, concerns, and feedback. • Act with transparency. 	
Be person- and community-oriented	<ul style="list-style-type: none"> • Amplify individual, family, community, and public-safety personnel voices in decision making, program implementation, and systems change. • Identify concerns, needs, values, and strengths collaboratively and integrate into service response, care, or support. • Promote resilience. • Prioritize building relationships with the community. 	
Be culturally responsive	<ul style="list-style-type: none"> • Acknowledge historical and community trauma. • Maintain dignity and respect for culture and gender diversity in all interactions. • Align all aspects of program to be consistent with best practices of diversity, equity, and inclusion. • Prepare staff for working with diverse segments of community with cultural and linguistic competence and humility. • Address disproportionate health outcomes. 	
Engage many	<ul style="list-style-type: none"> • Engage the voice of lived experience of addiction and recovery in conceptualizing, planning, and delivering services. • Ensure there are diverse voices at the table, in key decision-making positions. 	



7. Create a shared vision for the implementation.
 - a. *What does integrating PS-COPE into your work mean to you?*
 - b. *What is your vision for the program? What will be different when principles are fully integrated?*

Section 2: Assessing the Organization and Its Community Connections

1. Complete [Tool 9: Organizational Assessment](#).

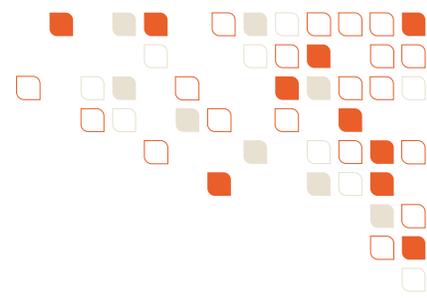
Date completed: _____

2. Connect with health and harm reduction organizations to gain a deeper understanding of overdose generally, and specific to BIPOC communities.

Community Partner	Name	Role	Contact Information

3. Host community conversations and collaborations to plan and improve programs.

Community Partner	Date of Discussion(s) or Meeting(s)



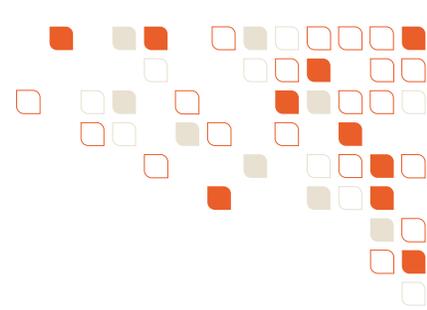
4. Ensure ongoing leadership commitment and support across the organization.

Leadership/Stakeholder	Date of Discussion(s) or Meeting(s)

Section 3: Developing an Operational Plan

1. Identify priority areas of opportunity (using organizational assessment results and other collected data) and brainstorm goals in the below space.

2. Use [Tool 12: Operational Plan Worksheet](#) to develop detailed goals, objectives, and timeline.



Section 4: Executing the Plan

1. Schedule regular meetings with leadership, the workforce, and members of the community to gather feedback on how efforts meet community needs.
 - » **Who will be involved in the meetings?**
 - » **When will the meetings be?**
2. Make sure leadership supports and provides resources to successfully carry out the plan.

What (additional) resources do you need?

3. Promote orientation toward recovery and resilience through developing and communicating a collective vision of recovery.

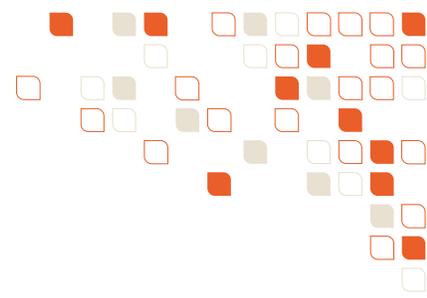
What are some recovery stories of individuals and families served by programs that could be shared?

4. Provide ongoing training for public safety personnel, partners, and community on the science of recovery. Continue the development of shared language around PS-COPE.

What are some opportunities for continued training and development?

Section 5: Monitor and Track Progress

Once the operational plan is in place, use [Tool 13: Evaluation Template](#) to develop and track progress indicators that are recovery and recovery-capital oriented rather than solely focused on abstinence or recidivism.



IS2. Complete organizational assessment.

Complete an organizational assessment to help understand the current state of the organization and how the organization is aligned with PS-COPE. Organizations can use the information collected to identify priority areas to address and opportunities for improvement.

Use the organizational assessment to:

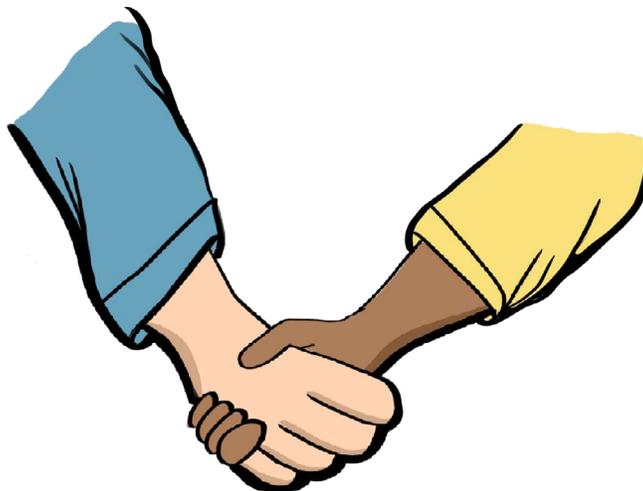


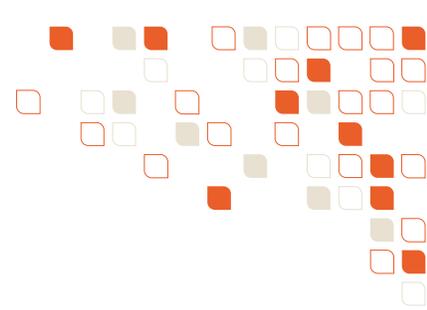
- Assess the organization's current strengths, weaknesses, and opportunities related to overdose prevention and response efforts.
- Identify priority areas where programs can adapt elements of the PS-COPE approach.

Organizational Assessment



This tool can help organizations assess their alignment with the five infrastructure elements and five core components of PS-COPE. Using this tool, organizations can identify strengths, weaknesses, and areas of growth and develop an improvement plan where needed.





Tool 9: Organizational Assessment

Tool Purpose

Use this tool to assess how your organization is in alignment with the five infrastructure elements and five core components of PS-COPE. This tool can help you to:

- Examine how well your overdose prevention and response efforts reflect the principles of PS-COPE.
- Identify additional data to collect.
- Engage in critical dialogue about the strengths, weaknesses, and areas of growth.
- Develop an improvement plan.

Tool Completion

This tool should be completed by the Core Implementation Team.

Tool Directions

For each item, indicate the degree to which the team agrees that your organization or program meets the following criteria, using a 5-point scale:

	1 = Strongly Disagree
	2 = Disagree
	3 = Neutral
	4 = Agree
	5 = Strongly Agree
	D/K = I am not sure I understand this criteria, I do not know if we meet this criteria, or this criteria does not apply to our organization.



Section 1: Infrastructure Elements

Infrastructure 1: Use information systems to support data-based decision-making.

Use existing information systems to support data-based decision-making in program development, enhancement, and evaluation.

The program:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	D/K
has a system to collect, analyze, and interpret community-level data as it connects to PS-COPE						
tailors programming to the specific community based on community-level data						
incorporates community-level data in ongoing organizational monitoring and tracking systems						

Infrastructure 2: Establish and maintain safe, secure environments.

Promote physical, psychological, social, and cultural safety for all public safety personnel and individuals interacting with them.

The program:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	D/K
leadership is actively engaged in supporting and promoting principles of PS-COPE						
has strategies to resolve conflict and address aggression between members of the public safety workforce and the recipients of services						
actively engages in reduced use of force and increased use of de-escalation strategies when possible (e.g., creating distance between the officer and participant)						
has strategies and systems to make sure that individuals are treated with dignity, including respect for privacy, autonomy, and self-worth						



Infrastructure 3: Review and renew policies, procedures, and workflows.

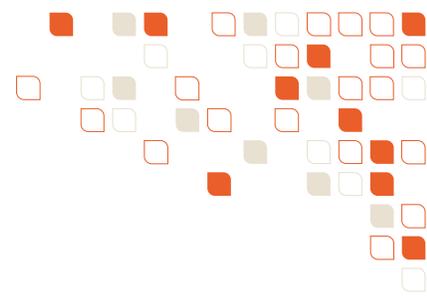
Evaluate all policies, procedures, and workflows regularly to ensure alignment with PS-COPE.

The program:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	D/K
has systems in place to review and renew policies, procedures, and workflow for alignment with the principles of PS-COPE						
engages persons with lived experience of recovery in reviewing and renewing policies, procedures, and workflows						
engages the community and individuals who use services in reviewing and renewing policies, procedures, and workflows						
has crisis response and de-escalation policies and procedures that are consistent with the principles of PS-COPE						
has policies and procedures to bring in appropriate services and timely follow-up when needed for mental health and substance use challenges						

Infrastructure 4: Develop a trained and responsive workforce.

Consider and implement evidence-based and emerging best practices depending on the individualized role within public safety.

The program:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	D/K
provides training to the workforce on substance use and overdose prevention						
provides training to the workforce on trauma-informed approaches						
provides training to the workforce on recovery-oriented approaches						
provides training to the workforce on procedural justice approaches						
has policies and procedures to bring in appropriate services and timely follow-up when needed for mental health and substance use challenges						

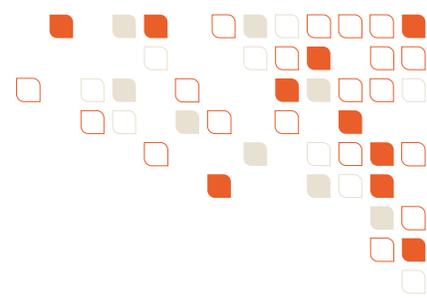


Infrastructure 5: Monitor, evaluate, and improve the program.

Use lessons from program implementation to make changes to and adapt program operations.

The program:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	D/K
collects and analyzes data on one or more PS-COPE components						
uses the data collected to understand the nature and scope of overdose in local BIPOC communities and plans appropriate services						
includes PS-COPE data metrics in the organization’s continuous quality improvement processes						
uses data collection, reporting, and continuous quality improvement processes that are reflective of the program’s participant population						

Notes about Infrastructure Elements:



Section 2: Core Components

Component 1: Collaborate with recovery resources.

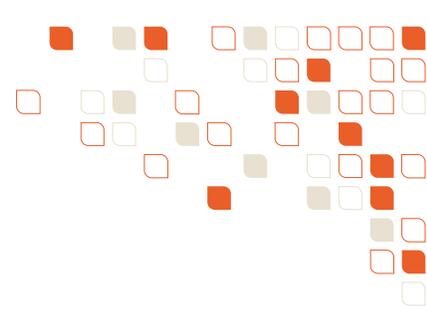
Cultivate, strengthen, and maintain a network of relationships among public safety agencies, SUD treatment professionals, recovery advocates, and other community members and leaders that supports the recovery process.

The program:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	D/K
involves individuals with lived experience in decision-making about services, evaluation, and continuous quality improvement						
maintains collaborative relationships with recovery resources						
maintains up-to-date resources for appropriate community referrals						
shows commitment to ongoing engagement and improvement with partners						
frequently seeks feedback regarding the experience of individuals receiving services						

Component 2: Connect with and mobilize the community.

Connect with, include, and engage community members in every aspect of overdose prevention and response.

The program:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	D/K
involves a diverse array of community members in planning, implementation, and quality improvement						
incorporates and amplifies voices of those with substance use-related challenges and their families						
engages community members/organizations in prevention and response programming						
promotes positive interactions with the community in day-to-day interactions						



Component 3: Screen and assess for overdose risk behaviors.

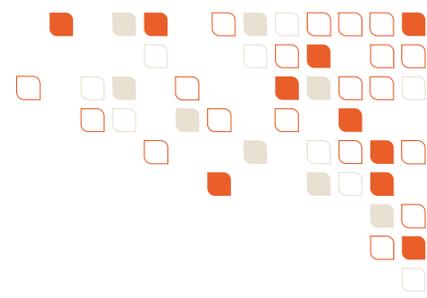
Mitigate risk factors for overdose, initiate “change talk,” and make referrals to harm reduction, treatment, and recovery support services.

The program:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	D/K
is routine, conducted competently, and responsive to cultural differences						
aims to prevent overdose through mitigating harmful use risk factors and behaviors						
is designed based on the awareness of links between substance use, trauma, physical health, and social determinants of health						
uses screening and assessment tools in a format appropriate for the population(s) served						

Component 4: Provide early intervention and continuing support.

Provide person-centered, individualized engagement, care, services, and supports that promote recovery.

The program:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	D/K
provides early intervention to connect individuals to risk reduction and SUD services						
provides support as early as possible, preferably before any overdose occurs, and as soon as possible after a first overdose						
works with organizations that offer trauma-informed, recovery-oriented services that are recognized as evidence-based, evidence-informed, and/or emerging best practices						



Component 5: Advocate to strengthen public health and SUD services and systems.

Leverage opportunities to improve systems that will increase community access to appropriate services and reduce reliance on public safety as first response.

The program:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	D/K
provides community-wide education on the need for PS-COPE systems that provide appropriate substance use and recovery support services						
advocates for accessible treatment and recovery services						
leadership publicly express the need for more accessible treatment and recovery services						
collaborates with community leaders to propose solutions						
collaborates with community to create treatment and recovery services that are culturally responsive to the population(s) served						

Notes about Core Components:



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.

Collecting, sharing and interpreting sensitive data can be challenging. Staying within Health Insurance Portability and Accountability Act (HIPAA) guidelines is a concern that sometimes prevents behavioral health or public health professionals from sharing even basic information with public safety professionals. This lack of communication might be due to a misunderstanding of HIPAA. Acknowledgment of receipt of referral and a basic response that individuals are now able to get help can be done without being in violation of HIPAA.

Working with diverse community members to analyze and interpreting data can:



- Clarify how different groups perceive the data and make sense of it.
- Deepen and broaden shared understanding about local overdose-related issues and the assets available to address the issues.
- Identify the implications of making changes to overdose response policies and programs.
- Engage individuals who are concerned about or affected by overdose in creating solutions.

IS4. Gain commitment and build consensus.

Increase buy-in from organizational leadership and other stakeholders not represented in the Core Implementation Team to ensure commitment across the organization and create a shared vision for implementation. This is key for ensuring commitment across the organization and that the needed resources are available. 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.

To increase buy-in:



- Consider internal and external stakeholders that will be important to connect with regarding implementation.
- Engage with organizational leadership early and often.
- Secure needed resources and authority to make decisions and take action.
- Build a shared understanding of the principles of PS-COPE.
- Develop a mission, vision, and values that will guide implementation.



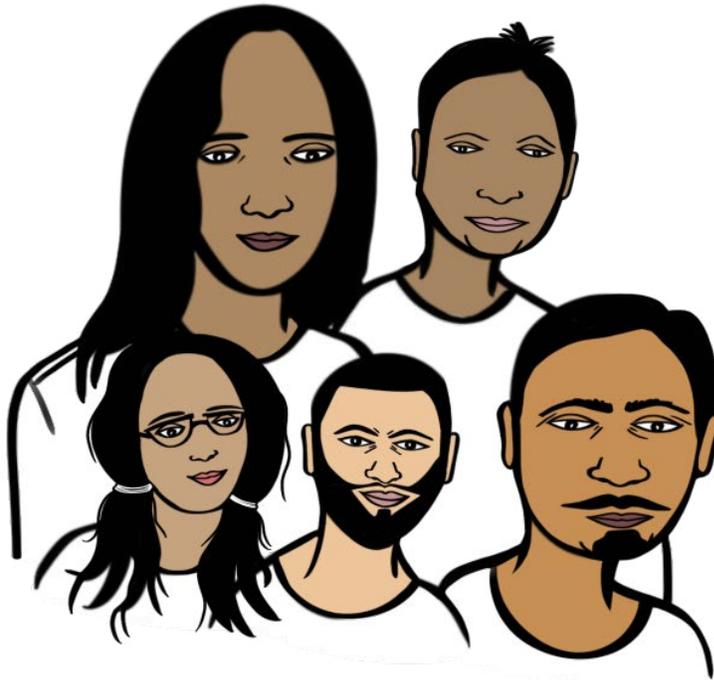
Gain Commitment Worksheet

To gain commitment to change, the Core Implementation Team needs to identify and respond to stakeholder needs. This worksheet provides space to brainstorm messaging strategies and create an “elevator pitch” to use in gaining commitment from stakeholders.



Build Consensus Worksheet

A precursor to change is building consensus around a shared mission, vision, and values that will guide the implementation of PS-COPE. This worksheet provides helpful prompts for creating a program mission and vision statement.





Tool 10: Gain Commitment Worksheet

Tool Purpose

Increase buy-in from stakeholders to ensure 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. Consider internal and external stakeholders that will be important to connect with regarding implementation.

Tool Completion

This tool should be completed by the Core Implementation Team.

Tool Directions

In the sections that follow, identify stakeholders, consider the key messages that you might present to them, and create an elevator pitch to use in gaining commitment from stakeholders.

Section 1: Stakeholder Analysis

Who are the main stakeholders?	What are their interests, needs, concerns, and wants?



Section 2: Message Development

Stakeholder	<i>What are key points likely to align with the needs, concerns, and wants of the stakeholders?</i>	<i>What are the goals of the communication? How will you know that the message had the desired effect?</i>	<i>Who are the best people to deliver the message?</i>



Section 3: Follow-up Activities

What will your follow-up activities entail (e.g., ongoing encounters, regularly occurring forums/meetings to reinforce the message, special educational events)?

Section 4: Elevator Pitch

As a team, based on the identified needs and messages above, answer the prompting questions below. Then, draft your elevator pitch individually below. Give your pitch to the rest of the group and ask for feedback. Please note that you may want to tailor your elevator pitch depending on your audience and pilot test among a select group before using it widely.

<i>Who is your audience?</i>	
<i>Is there any language you should avoid or that may turn your audience off?</i>	
<i>What are the three key points you want to convey in your pitch?</i>	1
	2
	3
<i>Draft your pitch here:</i>	



Tool 11: Build Consensus Worksheet

Tool Purpose

Before changes can occur, it is essential to build consensus around a shared mission, vision, and values that will guide the implementation of PS-COPE. Stakeholders within the organization should have a shared understanding of the principles of PS-COPE and how it will impact the organization, staff, and the communities served. The Core Implementation Team can build a shared understanding through a program vision and mission statement that reflects the principles of PS-COPE.

Tool Completion

This tool should be completed by the Core Implementation Team.

Tool Directions

Use the worksheet below to create a program mission and vision statement.

Section 1: Program Vision Statement

A program vision statement is a concise summary of what your program is trying to achieve long-term. A program vision statement:

- Integrates your community's cultural values.
- Is short – two sentences at the most.
- Is specific to your program and describes an outcome only you can provide.
- Is simple and easily understood.

Create a vision statement for your program.



Check your vision statement.	
<i>Is the statement simple and easy to read?</i>	
<i>Does it focus on one primary goal?</i>	
<i>Is it future-oriented with a defined timeline?</i>	
<i>Does it capture the program's interests and strategic direction?</i>	
<i>Will it inspire others?</i>	

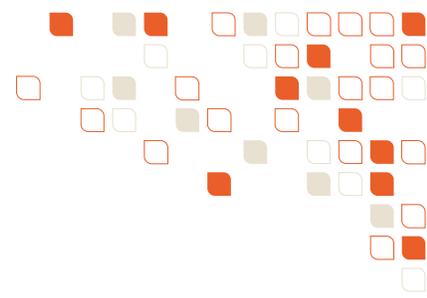
Section 2: Program Mission Statement

A program mission statement is a concise statement of the general values and principles of a program. A program mission statement:

- Integrates your community's cultural values.
- Is a broad statement of what the program is, what it does, and for whom.
- Is a clear description of the purpose of the program.
- Is aligned with the organization's mission.
- Should be distinctive for the program.

Create a mission statement for your program.

Check your mission statement.	
<i>Is the statement clear and concise?</i>	
<i>Does it clearly state the purpose of the program?</i>	
<i>Does it indicate the primary function or activities of the program?</i>	
<i>Does it identify the community served?</i>	
<i>Does it support the mission of the organization?</i>	
<i>Does it reflect the program's priorities and values?</i>	



ISS. Develop and implement an operational plan.

Develop an operational plan to address priority areas for growth and change identified in your organizational assessment. The implementation team should be given continued support from leadership to make decisions and take action in order to successfully carry out the plan.

In planning:

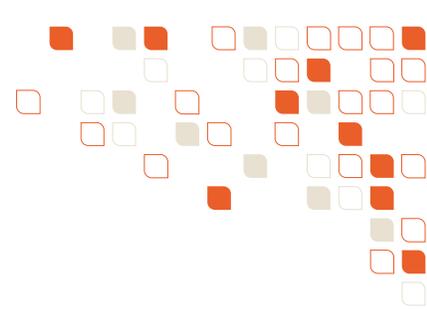


- Reflect on and establish data points to identify goals and action steps.
- Identify short- and long-term goals that are specific, measurable, achievable, realistic, and timely (SMART).
- Assign action steps to team members.

Operational Plan Worksheet



Once short- and long-term goals are identified from the results of the organizational assessment, creating specific objectives and action steps will help reach those goals. This tool identifies key action steps, persons responsible, and resources or supports needed to achieve priority goals.



Tool 12: Operational Plan Worksheet

Tool Purpose

Once short- and long-term goals are identified from the results of the organizational assessment, creating specific objectives and action steps will help reach those goals. The operational plan should include reasonable and feasible goals and action steps that the Core Implementation Team has the support from leadership to execute. This tool identifies key action steps, persons responsible, and resources or supports needed to be successful.

Tool Completion

This tool should be completed by the Core Implementation Team.

Tool Directions

Review the ideas that were brainstormed on the Integration Worksheet. Identify three or four of the most promising ideas, and write them here:

1	
2	
3	
4	

Use the worksheets on the following pages to refine your ideas and develop goals. You will consider:

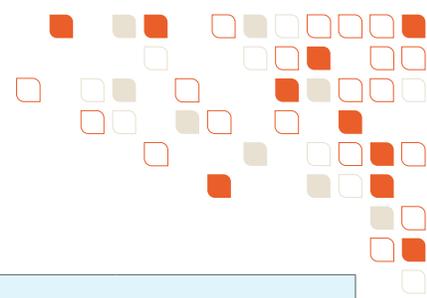
1. What are you trying to accomplish? (Write a goal statement.)
2. What do you need to do in the short-term to achieve the goal? (List specific actions.)
3. Who is leading this effort? Who is responsible? Who is ultimately making certain that this work moves forward?
4. Who do you need to engage in the process for this to be successful? Who are your partners or stakeholders? Is there someone from the community you hope to engage in your efforts?
5. What resources or supports do you need?



When developing goals, try to make them SMART:

S	M	A	R	T
<i>Specific</i>	<i>Measurable</i>	<i>Achievable</i>	<i>Realistic</i>	<i>Timely</i>
What would you like to do?	How will you know if you achieved what you wanted to do?	Do you have the ability to achieve what you want to do?	Will you be able to achieve what you would like to do within the timeframe allotted?	When would you like to achieve what you would like to do?





Idea #1:		
Goal:	<i>Is your goal SMART (Specific, Measurable, Achievable, Realistic, and Timely)?</i>	
	<i>What is the timeframe?</i>	Short-term Medium-term Long-term
What actions do you need to take to achieve this goal, by when?		Who is the lead/owner/champion?
1		1
2		2
3		3
4		4
Who are the key partners and stakeholders?		
<i>Existing</i>	<i>Promising</i>	<i>Need to cultivate</i>
<i>Anticipated outcomes</i>		
<i>Resources, supports, or needs</i>		



Idea #2:		
Goal:	<i>Is your goal SMART (Specific, Measurable, Achievable, Realistic, and Timely)?</i>	
	<i>What is the timeframe?</i>	Short-term Medium-term Long-term
What actions do you need to take to achieve this goal, by when?		Who is the lead/owner/champion?
1		1
2		2
3		3
4		4
Who are the key partners and stakeholders?		
<i>Existing</i>	<i>Promising</i>	<i>Need to cultivate</i>
<i>Anticipated outcomes</i>		
<i>Resources, supports, or needs</i>		



Idea #3:		
Goal:	<i>Is your goal SMART (Specific, Measurable, Achievable, Realistic, and Timely)?</i>	
	<i>What is the timeframe?</i>	Short-term Medium-term Long-term
What actions do you need to take to achieve this goal, by when?		Who is the lead/owner/champion?
1		1
2		2
3		3
4		4
Who are the key partners and stakeholders?		
<i>Existing</i>	<i>Promising</i>	<i>Need to cultivate</i>
<i>Anticipated outcomes</i>		
<i>Resources, supports, or needs</i>		



IS6. Obtain feedback regularly.

Ensure partner and community voices are incorporated in all steps of the change process. Seek and gather feedback on how PS-COPE efforts meet community needs. Check-ins should be scheduled regularly to ensure partner and community voices can be incorporated in all steps of the change process.

To ensure partner and community voices are incorporated:



- Schedule regular meetings with leadership, the workforce, and members of the community.
- Gather feedback on how efforts meet community needs.

IS7. Promote orientation toward recovery and resilience.

Develop and communicate a collective vision of recovery. This will promote an orientation toward recovery and resilience in the organization, among stakeholders, and in the community.

To develop a collective vision of recovery:



- Share 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 science of recovery.



IS8. Track progress.

Collect and use program evaluation data to determine what parts of the plan worked or did not work well. Use existing or newly developed progress indicators to monitor progress and take appropriate action toward achieving goals.

Collect and use program evaluation data to:



- Ensure program evaluation measurements are recovery-oriented rather than solely focused on abstinence or recidivism.
- Identify what has been working well and what hasn't and why.
- Reassess and consider what may be helpful or needs to change that you did not consider before you started.

Evaluation Template



Developing and tracking progress indicators is the final integration step of PS-COPE. This tool provides space to plan the evaluation of the program and its activities. Core Implementation Teams can track progress toward goals using data and identify changes that need to be made.



Tool 13: Evaluation Template

Tool Purpose

Developing and tracking progress indicators is the final integration step of PS-COPE. Using existing or newly developed progress indicators, the Core Implementation Team should monitor progress and take appropriate action toward achieving goals. The team should collect and use program evaluation data to determine what parts of the plan worked or did not work well. Program evaluation measurements should be recovery and recovery-capital oriented rather than solely focused on abstinence or recidivism.

Tool Completion

This tool should be completed by the Core Implementation Team.

Tool Directions

Use this template to track progress toward achieving the identified goals. Using the data collected, identify things that have and have not worked well to determine what changes need to be made.





Goal:			
Evaluation Questions What do you need to know?	Indicators What are the measurable signs of progress?	Data Sources Where will you get the data?	Data Collection Timeframe When will you collect the data?
Data Analysis What will you do with the data?			
Data Sharing How will findings be shared with community members and stakeholders?		Staff Responsible Who will ensure this gets done?	



What has worked well?

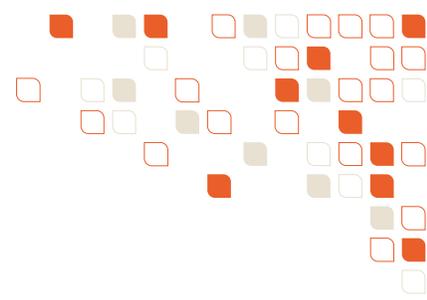
Empty space for notes under the heading "What has worked well?".

What has not worked well?

Empty space for notes under the heading "What has not worked well?".

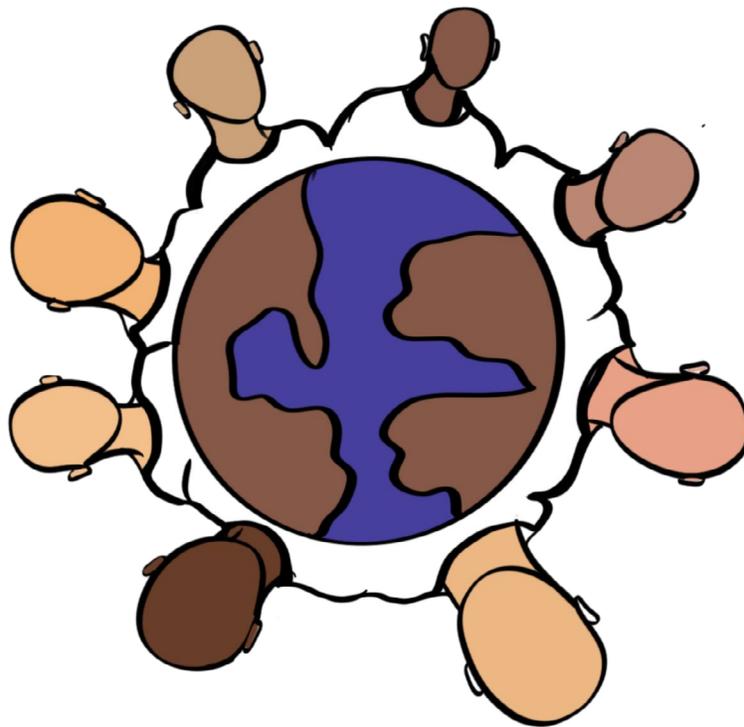
What needs to be changed?

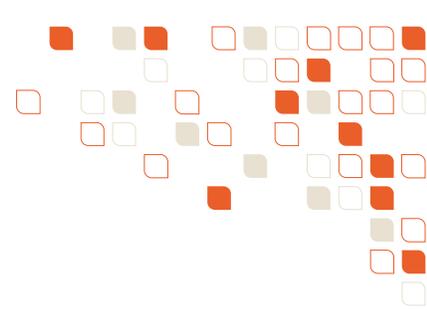
Empty space for notes under the heading "What needs to be changed?".



Conclusion

Across the United States, individuals, communities, and health care systems are struggling to cope with overdose. BIPOC communities face disproportionate harms from overdose due to historical and current trauma, systemic racism, and criminal justice responses to substance use. To make an impact, public safety systems need to implement approaches that keep their personnel safe while addressing the unique needs of the BIPOC communities they serve. This document provides an overview of PS-COPE, a new approach to implementing public safety-led overdose prevention and response programs that integrates principles of trauma-informed approaches, recovery-oriented systems, and procedural justice practices to guide public safety-led overdose prevention and response efforts. This new framework integrates principles of trauma-informed and recovery-oriented systems with existing practices in the public safety sector that promote procedural justice. It is grounded in the five core principles of 1) creating safety, 2) building trust, 3) being person- and community-centered, 4) being culturally responsive, and 5) engaging many. Ultimately, programs that use this new approach can improve public safety, reduce overdose risk, and increase recovery in BIPOC communities.





References

CDC Foundation. (2020). Public Health and Safety Team Toolkit: Guidance for Data-driven Overdose Response Coordination Among Public Health, Criminal Justice, Law Enforcement, and First Responders. https://www.cdcfoundation.org/sites/default/files/files/PHAST_Web_Toolkit_Pilot_Version_2.0_For_Dissemination.pdf

Centers for Disease Control and Prevention. (2019). Annual Surveillance Report of Drug-Related Risks and Outcomes. <https://www.cdc.gov/drugoverdose/pdf/pubs/2019-cdc-drug-surveillance-report.pdf>

Cerdeña, J. P., Rivera, L. M., & Spak, J. M. (2021). Intergenerational trauma in Latinxs: A scoping review. *Social Science & Medicine*, 270, 113662. <https://doi.org/10.1016/j.socscimed.2020.113662>

Findlay/Hancock Crisis Intervention Team. (n.d.). Crisis Intervention Training: E.A.R. – A Framework for De-escalation Techniques. Retrieved October 10, 2022, from <https://nisonger.osu.edu/wp-content/uploads/2016/11/CIT-Framework.pdf>

Jordan, A., Mathis, M., Haeny, A., Funaro, M., Paltin, D., & Ransome, Y. (2021). An evaluation of opioid use in black communities: A rapid review of the literature. *Harvard Review of Psychiatry*, 29(2), 108–130. <https://doi.org/10.1097/HRP.000000000000285>

National Child Traumatic Stress Network. (2018). Types of Traumatic Stress. <http://www.nctsn.org/trauma-types>

National Council for Mental Wellbeing. (2021). Training and Educating Public Safety to Prevent Overdose Among Black, Indigenous, and People of Color Communities: Environmental Scan. <https://www.thenationalcouncil.org/training-public-safety-to-prevent-overdose-in-bipoc-communities/>

National Initiative for Building Community Trust and Justice. (2015). Procedural Justice. <https://cops.usdoj.gov/RIC/Publications/cops-wo795-pub.pdf>

Randall, M., & Haskell, L. (2013). Trauma informed approaches to law: Why restorative justice must understand trauma and psychological coping. *Dalhousie Law Journal*, 36(2). <https://digitalcommons.schulichlaw.dal.ca/cgi/viewcontent.cgi?article=2021&context=dlj>

Substance Abuse and Mental Health Services Administration. (2005). TIP 44: Substance Abuse Treatment for Adults in the Criminal Justice System. <https://store.samhsa.gov/product/TIP-44-Substance-Abuse-Treatment-for-Adults-in-the-Criminal-Justice-System/SMA13-4056>

Substance Abuse and Mental Health Services Administration. (2010). Recovery-Oriented Systems of Care Resource Guide. https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf



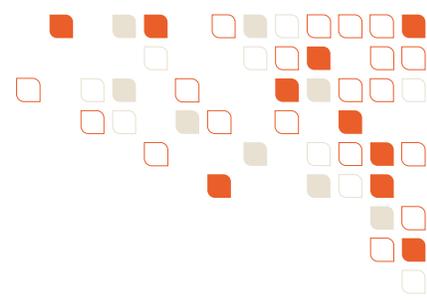
Substance Abuse and Mental Health Services Administration. (2011). SAMHSA's Working Definition of Recovery. <http://www.samhsa.gov/recovery>

Substance Abuse and Mental Health Services Administration. (2014). TIP 57: Trauma-Informed Care in Behavioral Health Services. <https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>

Substance Abuse and Mental Health Services Administration. (2016). Types of Trauma and Violence. <https://www.samhsa.gov/trauma-violence/types>

Tervalon, M., and Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9 (2), 117 - 125

Yale Law School Justice Collaboratory. (n.d.). Procedural Justice. Retrieved June 2, 2021, from <https://law.yale.edu/justice-collaboratory/procedural-justice>



Appendix A.

Annotated List of Additional Resources

Title	Description
Overview and Background Information	
Environmental Scan: Training Public Safety to Prevent Overdose in BIPOC Communities The National Council for Mental Wellbeing	This environmental scan outlines the training and education needs of public safety personnel related to preventing overdose in BIPOC communities.
Deflection and Pre-arrest Diversion to Prevent Opioid Overdose The National Council for Mental Wellbeing	This package of resources supports the adoption and implementation of deflection and pre-arrest diversion (DPAD) programs to better support people at risk of opioid overdose.
Law Enforcement Assisted Diversion (LEAD) Role for Community Public Safety Groups LEAD National Support Bureau	This resource describes the roles and responsibilities of community partners within LEAD programs.
More Community, Less Confinement CSG Justice Center	A State-by-State Analysis on How Supervision Violations Impacted Prison Populations During the Pandemic. This 50-state analysis explores how supervision violations impacted prison populations during, and prior to, the pandemic.
The Opioid Crisis and the Black/African American Population: An Urgent Issue Substance Abuse and Mental Health Services Administration (SAMHSA)	An issue brief that provides recent data on the prevalence of opioid misuse and opioid overdose death rates in the Black/African American population in the U.S.
The Police Assisted Addiction and Recovery Initiative (PAARI)	The Police Assisted Addiction & Recovery Initiative (PAARI) provides training, strategic guidance, support, and resources to help law enforcement agencies nationwide create non-arrest pathways to treatment and recovery.
Aligning Cultural Humility and Trauma-Informed Approaches CSG Justice Center	This webinar will help criminal justice and behavioral health professionals promote recovery and safety by adopting a trauma-informed approach that aligns with an attitude of cultural humility. It features a presentation from Policy Research Associates Inc. and a panel discussion with criminal justice and behavioral health leaders.



Title	Description
Data Planning, Collection, and Analysis	
National Opioid Misuse Community Assessment Tool National Opinion Research Center (NORC) at the University of Chicago	Overdose Data to Action (OD2A) supports jurisdictions in collecting high-quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts.
Overdose Data to Action Centers for Disease Control and Prevention (CDC)	Overdose Data to Action (OD2A) supports jurisdictions in collecting high-quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts.
Public Health and Safety Team Toolkit (PHAST) CDC Foundation	This toolkit provides an organizational structure and recommended processes to enhance cross-sector relationship-building, data use, and opioid overdose prevention.
Training and Education	
Academic Training to Inform Police Responses: A National Curriculum to Enhance Police Engagement with People with Behavioral Health Issues and Developmental Disabilities International Association of Chiefs of Police (IACP)	Designed to enhance, implement, and evaluate crisis intervention team and disability response training for law enforcement and first responders that is academically based and transdisciplinary.
Academic Training to Inform Police Responses Roundtable Report The University of Cincinnati	This report aims to address the need for additional training and resources, raises awareness in the policing community about the nature and needs of individuals living with behavioral health issues and developmental disabilities, and facilitates the use of evidence-based and best practices in police responses to individuals with behavioral health issues and developmental disabilities.
Crisis Intervention Team (CIT) Programs CIT International	A program that provides the foundation necessary to promote community and statewide solutions to assist individuals with a mental illness and/or addictions.
Crisis Response and Intervention Training (CRIT) Training Matrix International Association of Chiefs of Police (IACP)	This training is based upon the Memphis Model of Crisis Intervention Team (CIT) training and is designed to complement the development and delivery of crisis response programs planned by law enforcement agencies and mental health/disability service providers in the community.
Law Enforcement Training on Harm Reduction Education Development Center (EDC)	Provides an overview of the elements of harm reduction training for law enforcement and links to resources.
Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit The National Council for Mental Wellbeing	A toolkit that provides correctional administrators and health care providers recommendations and tools for implementing medication-assisted treatment (MAT) in correctional settings and strategies for overcoming challenges.



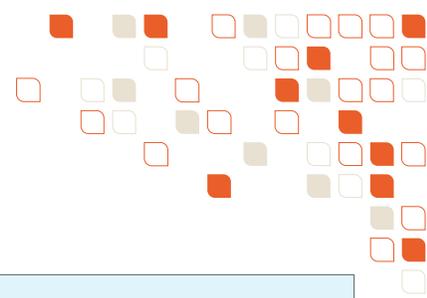
Title	Description
Mental Health First Aid The National Council for Mental Wellbeing	A course that teaches how to identify, understand, and respond to signs of mental illnesses and substance use disorders.
Overdose Fatality Review Resources Bureau of Justice Assistance COSSAP Program	These Overdose Fatality Review (OFR) tools provide practical recommendations to help communities plan, implement, and evaluate OFRs based on a strong foundation of collaboration, data collection, and prevention.
Trauma-Informed Policing: A Special Set of Tools for Law Enforcement Elizabeth Wexler, LCSW-C	This presentation discusses different types of trauma, how trauma can manifest itself, and tips for how law enforcement can support people who have experienced trauma. It also addresses how officers can cope with repeated exposure to traumatized individuals and traumatic incidents.
Trauma-Informed Policing Vera Institute of Justice	In this YouTube video, Captain Altovise Love-Craighead of the Philadelphia Police Department talks about the fundamentals of trauma-informed policing.
Addressing Stigma	
Person First Guidelines Philadelphia Department of Behavioral Health and Intellectual disAbility Services	Guidance on adopting person-first language related to mental health and substance use, trauma, and resilience, and LGBTQIA+.
Words Matter: How Language Choice Can Reduce Stigma Education Development Center	Guidance and resources on language and stigma related to substance use disorder (SUD).
Operations and Protocols	
Bias-Free Policing International Association of Chiefs of Police (IACP)	These documents emphasize an agency's commitment to unbiased, equitable treatment of all persons.
Critical Issues in Policing Series Police Executive Research Forum (PERF)	Guiding principles on the use of force that can reduce the potential for trauma in public safety encounters.
Enhancing Law Enforcement Response to Victims (ELERV) International Association of Chiefs of Police (IACP)	Introduces federal, state, local, campus, and tribal law enforcement leaders to the concepts and benefits of enhancing their response to victims of all crimes. It also illustrates how every person in a law enforcement agency has a role in effective victim response.



Title	Description
Expanding First Response: A Toolkit for Community Responder Programs CSG Justice Center	This toolkit serves as a central hub for local communities and states looking to establish or strengthen community responder programs. Drawing on the experience of emerging models across the country, the toolkit presents key issues that are crucial to the success of any program. It will be updated regularly with program highlights and additional resources for the field.
How to Successfully Implement a Mobile Crisis Team CSG Justice Center	As officers are increasingly tasked with responding to people in crisis, jurisdictions are seeking ways to support their law enforcement agencies while also addressing their crisis system needs. For many communities, mobile crisis teams — trained health professionals who can provide on-the-scene crisis assistance — are a great option. These responders often reduce reliance on traditional criminal justice measures, such as arrest and citations, and reduce transfers to emergency rooms. This brief provides an overview of mobile crisis teams and offers four tips to ensure their success.
Prosecution, Drug Use and Public Health Institute for Innovation in Prosecution at John Jay College	For decades, the United States has relied on the criminal system to respond to substance use disorder with minimal success. With that in mind, the IIP published A New Approach: A Prosecutor’s Guide to Advancing a Public Health Response to Drug Use and several corresponding videos that provide prosecutors with strategies for advancing drug policy grounded in principles of harm reduction, public health, and racial justice.
Implementing Specialized Caseloads to Reduce Recidivism for People with Co-Occurring Disorders CSG Justice Center	Many criminal justice leaders are beginning to look to specialized caseloads as a tool for reducing recidivism among people who have mental illnesses and co-occurring substance use disorders. This brief presents five key practices for successful implementation of specialized caseloads for people with co-occurring disorders. It relies on a coordinated and collaborative approach and reinforces the need for probation officers to have the appropriate resources to connect people to individualized treatments and supports.
Peer Support	
Core Elements for Responding to Mental Health Crises SAMHSA	SAMHSA practice guidelines note that the availability of peer support is a core element of crisis response.
Deflection and Pre-arrest Diversion: Integrating Peer Support Services The National Council for Mental Wellbeing	This tool outlines the best practices for integrating peer services in deflection and pre-arrest diversion (DPAD). Employing peer support workers and integrating PSS can help promote a recovery-oriented culture in DPAD programs.
Peer Support Roles in Criminal Justice Settings SAMHSA	This document provides an overview of the possible roles and responsibilities of peer recovery support specialists in criminal justice settings.
What Are Peer Recovery Support Services? SAMHSA	This manual explains peer recovery support services designed and delivered by people in recovery from SUD. It discusses types of peer support for recovery, the adaptability and value of peer recovery support services, and cross-cutting core principles.



Title	Description
Engaging Communities and Stakeholders	
Building Trust Between the Police and the Citizens They Serve International Association of Chiefs of Police (IACP)	Looking at the Internal Affairs process from a citizen’s viewpoint, this guide presents information on how local law enforcement agencies can be accountable to their citizens by engaging them in any number of trust-building initiatives, including citizen input for Internal Affairs determinations and discipline.
Building Successful Partnerships between Law Enforcement and Public Health Agencies to Address Opioid Use Community Oriented Policing Services (COPS)	To identify the most effective approaches to combat opioid and heroin addiction, the COPS Office hosted the Law Enforcement and Public Health: Successful Partnerships in Addressing Opioid Use Forum in partnership with the Office of National Drug Control Policy and the Police Executive Research Forum.
Police-Mental Health Collaboration (PMHC) Toolkit Bureau of Justice Assistance and CSG Justice Center	The PMHC Toolkit provides resources for law enforcement agencies to partner with service providers, advocates, and individuals with mental illness and/or intellectual and developmental disabilities (I/DD). The goal of these partnerships is to ensure the safety of all, to respond effectively, and to improve access to services and supports for people with mental illness and I/DD.
Overdose Response and Harm Reduction	
Community Paramedicine Programs (CPPs) Rural Health Information Hub	Programs where emergency medical technicians (EMTs) and paramedics assist with other community health roles, such as primary health care and preventive services, to expand health care access in underserved communities.
Overdose Response and Linkage to Care: A Roadmap for Health Departments The National Council for Mental Wellbeing	This roadmap provides local and state health departments with information, resources, and tools to implement effective strategies to support linking people who are at risk of opioid overdose to care.
Police & Harm Reduction Open Society Foundations	This guide provides information on how law enforcement personnel can incorporate, support, and create space for approaches that aim to increase public safety and health, reduce harm to PWUD, and provide alternatives to common punitive models.
Spirit of Harm Reduction: A Toolkit for Communities of Faith Facing Overdose Harm Reduction Coalition	A harm reduction toolkit that draws primarily from Christian communities and communities of PWUD.



Title	Description
<i>Reentry and Continuity of Care</i>	
After Incarceration Support Systems Hampden County Sheriff's Department	Program that educates, prepares, and assists releasing inmates in transitioning to their home communities.
A Primer for Implementation of Overdose Education and Naloxone Distribution in Jails and Prisons RTI International	This primer was designed to promote and support implementation of OEND programs in the unique features of jails and prisons to help prevent opioid-related overdose deaths among people who have contact with jails and prisons.
Best Practices for Successful Reentry for People Who Have Opioid Addictions CSG Justice Center	This fact sheet from the National Reentry Resource Center describes the best practices that correctional, community-based behavioral health, and probation and parole agencies can implement within their systems to ensure reentry for people who have opioid addictions is safe and successful.
Community and Law Enforcement Resources Together (ComALERT) U.S. Department of Justice	Reentry program that provides substance use treatment, employment, and housing services for parolees transitioning from prison back into the community.
Familiar Faces Action and Community Transition (F2ACT) Louisville, KY Metro Department of Corrections	The F2ACT program aims to prevent overdoses among people reentering the community after incarceration by connecting PWUD that are leaving jail with connections to housing resources, basic needs, and warm handoffs to treatment providers.
Helping Addicts Recover Progressively (HARP) Chesterfield County Jail	Voluntary, jail-based two-phase model that utilizes therapeutic, medical, and educational approaches to provide addiction and mental health services to those in need and to help them discover the tools to shape their road to recovery.
Linkage to Care to Prevent Overdose: Strategies from the Field The National Council for Mental Wellbeing	90-minute webinar featuring real-world strategies and efforts by health departments and their partners to link people at risk of overdose to care.
Overdose Response and Linkage to Care: A Roadmap for Health Departments The National Council for Mental Wellbeing	To support linkage to care efforts for people at risk of overdose, the National Council for Mental Wellbeing, in partnership with the Centers for Disease Control and Prevention, developed Overdose Response and Linkage to Care: A Roadmap for Health Departments, a technical assistance tool informed by real-world experience. This tool describes seven main strategies local and state health departments and their partners can implement to better link people at risk of overdose to evidence-based treatment and services.
Reducing Overdose After Release from Incarceration (ROAR) National Institutes of Health (NIH) National Library of Medicine	A collaboration between Oregon's public health, criminal justice, and medical communities to reduce opioid overdose among women released to the community following incarceration.
Relapse Prevention Plans CSG Justice Center	The development and implementation of relapse prevention plans (a best practice in addiction treatment) can help to reduce the chances of recidivism and relapse for people who have an addiction and ensure coordination and linkages among all of the entities involved in their care.