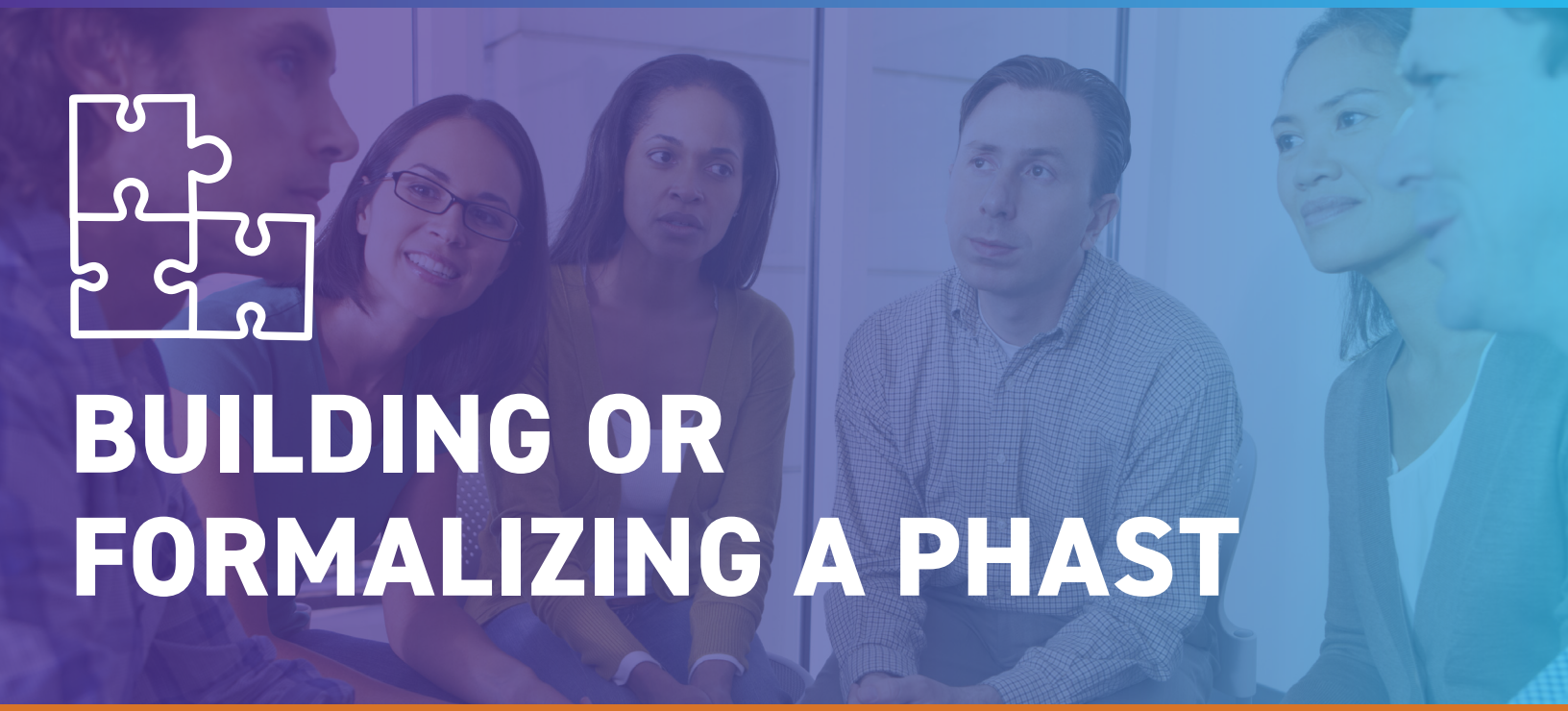
PHAST
Public Health and Safety Team



BUILDING OR FORMALIZING A PHAST

Module 1

How to structure and organize your overdose prevention multi-sector collaborative

Preventing overdose deaths is possible. By coordinating efforts among diverse governmental and non-governmental agencies, jurisdictions can fully leverage the collective knowledge, data, and skill sets available to them and share insights and resources for effective intervention strategies that are unique to each field. Breaking down silos is not always easy. Therefore, the PHAST framework offers a formal structure and set of steps to help form and sustain these partnerships.

This module includes the following action steps:

- Assess and establish PHAST critical elements
- Determine your PHAST's structure
- Identify and engage partners
- Discuss roles and responsibilities
- Share experiences
- Discuss SOS goals, equity goals, and apply PHAST guiding principles to your work
- Formalize inter-agency partnerships with Memoranda of Understandings (MOUs), Data-use Agreements (DUAs), and Data Sharing Agreements (DSAs)

PHAST
Public Health and Safety Team

Assess and Establish PHAST Critical Elements

ACTION STEP CHECKLIST

Who: Leadership team

Do you have the following?

- ☐ **Visible and vocal champions in public health and public safety**
- ☐ **Diverse partner engagement**
- ☐ **Consistent participation, or commitment to consistent participation for new teams**
- ☐ **Designated resources to support a program coordinator and data analyst**
- ☐ **Data access and analytic capability**
- ☐ **Plan for meeting schedule, location, and communication protocols**

Based on your results, you may decide to invest more time in securing the recommended resources before proceeding. Strategies for achieving suggested prerequisites are briefly discussed here.

Securing Resources to Support PHAST Staff

- Existing agency resources may be reallocated to fund these positions or dedicate staff members to the initiative on a part-time basis.
- Additional funding may be needed to support the hire of a data analyst and program coordinator. Consider applying for grants to support these positions. Examples include:

  CDC's Overdose Data to Action (OD2A) Cooperative Agreement (*https://www.cdc.gov/drugoverdose/od2a/index.html*)

  Bureau of Justice Assistance: Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) (*https://bja.ojp.gov/program/cossap/overview*)

  Combating Opioid Overdose Through Community-level Intervention (COOCLI) (*http://www.ubalt.edu/about-ub/offices-and-services/provost/reporting-units/sponsored-research/ondcp_nofa.cfm*)

  Substance Abuse and Mental Health Services Administration (*https://www.samhsa.gov/grants/grant-announcements-2021*)
- Blended and braided funding both involve combining two or more sources (or "streams") of funding to support a program or activity. Braided funding pools, or "comingles," multiple funding streams toward one purpose while separately tracking and reporting on each source of funding.
- See A4 in the Appendix of the PHAST Toolkit for tips for securing **data analytic capability.**

Whether you are in the process of forming a multi-sector team for the first time or applying the PHAST framework to an existing taskforce or partnership, the following critical elements are suggested.

We suggest leadership spend time assessing the extent to which their PHAST has these elements in place. Engaging in this process can help identify potential challenges, strengths, and opportunities for renewed commitment or reinvestment, as well as set realistic expectations from the start. Leadership may also choose to discuss strengths and challenges related to each element to help determine what resources can be leveraged and what challenges can be addressed in the short-term and over time.

Table 2. Critical Elements of a PHAST

PHAST Critical Element	Description	Rationale for New and Existing Partnerships
Two visible and vocal champions to serve as PHAST leadership partners: 1 representing public health and 1 representing public safety	A visible and vocal champion is an informed and influential leader who drives the work of a PHAST. They support and encourage multi-sector collaboration by demonstrating mutual respect and appreciation of one another's fields/roles, foster a culture of innovative problem-solving, and inspire commitment to and the pursuit of a shared vision of reducing overdose deaths. Champions provide partners with the motivation, support, and resources to address problems, discuss solutions, and take action.	Organizes new multi-sector partners, agencies, and resources and promotes ongoing engagement and commitment towards the shared vision of reducing overdose deaths in the local community. Creates and fosters an environment that encourages data-driven discussion, innovative problem-solving, and cross-sector collaboration. Drives forward momentum and promotes progress.
Diverse, multi-sector partner engagement	Diverse partner representation helps ensure unique perspectives, approaches, and knowledge are shared as partners work collaboratively to problem-solve and address service gaps. In addition to engaging multi-sector partners representing public agencies and organizations, a PHAST is encouraged to find ways to engage people with lived experiences, community residents impacted by the overdose epidemic, and leaders of community-based organizations. It may be helpful to have a separate community-based meeting or workgroup to facilitate open communication and participation among stakeholders who otherwise may not feel comfortable participating among other PHAST members.	Ensures multiple perspectives are represented. Promotes a culture of inclusion. Ensures local relevance and impact.
Consistent participation	Consistent participation from government and community representatives ensures that meeting time is well spent and decision-making is streamlined.	Ensures continuity and continued momentum. Creates opportunities to build, develop, and strengthen multi-sector partnerships and collaborate with key agency representatives.

Table 2. Critical Elements of a PHAST Cont.

PHAST Critical Element	Description	Rationale for New and Existing Partnerships
Designated resources to support a program coordinator and data analyst	The cost of having a PHAST will vary depending on the number of partners, communication frequency, data analytic capabilities of partner agencies, and existing staff capacity. The cost could include 25-100 percent of a program coordinator's time and 25-100 percent of a mid-level data analyst position. The Program Coordinator serves as the primary point of contact for the PHAST. They play a critical role in managing the administrative components and day-to-day activities of the PHAST as well as supporting the development of the overall team. A data analyst supports the PHAST by preparing data presentations, as well as leading discussions on data interpretation, needs, limitations, and gaps.	Ensures a new PHAST has support for initial team development and existing team has sufficient support to align work with the PHAST framework. Ensures that logistical support, outreach, and administrative needs of the team are provided in a timely, responsive, and consistent manner. Helps to formalize the PHAST.
Data access and analytic capability	Data use is the cornerstone of the PHAST framework. PHASTs may hire an analyst to assist with this role or rely on existing staff capacity.	Existing data-use strategies may be expanded or enhanced. New data-use strategies may be adopted to leverage multi-sector data. Partners are supported in interpreting findings, identifying data gaps and limitations, and holding data-driven discussions.
Plan for meeting schedule, meeting location, and communication protocols	Sharing a proposed meeting schedule, meeting location, and communication protocols with potential partners can help inform partners' decision to join PHAST. The frequency of meetings should reflect the urgency of the overdose crisis while still allowing sufficient time between meetings for required follow-up, decision-making, data collection, preparation and analysis, and meeting planning. At a minimum, monthly meetings are strongly suggested for all partners, with flexibility for interim meetings among the leadership team and various workgroups. To help encourage consistent participation, meeting schedules and location should be consistent, and necessary changes should be communicated well in advance. For **sample meeting agendas** please see C2 and C3 in the Appendix of the PHAST Toolkit.	Encourages consistent partner participation. Helps promote long-term sustainability.

Determine Your PHAST Structure

ACTION STEP CHECKLIST

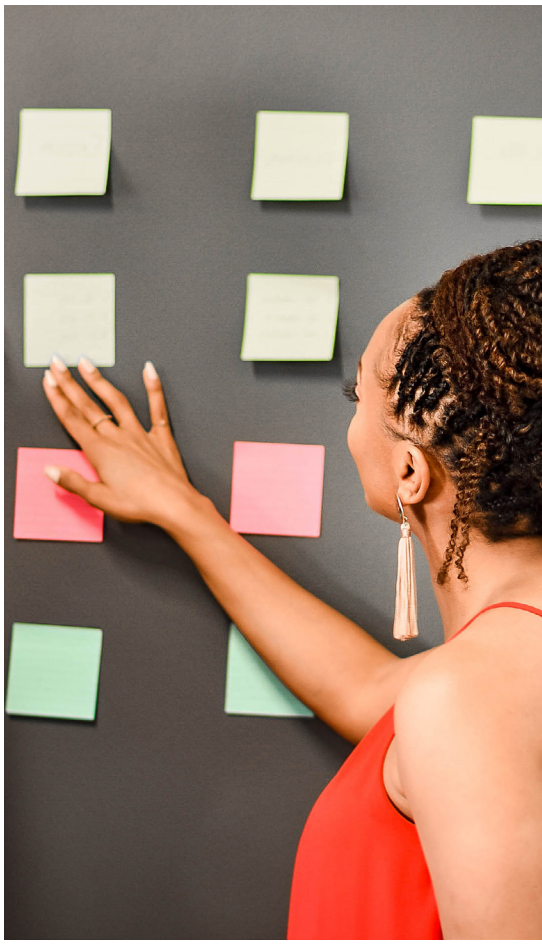
Who: Leadership team

- ☐ **Establish joint leadership between a public safety and public health representative.**
- ☐ **Determine if an additional co-lead is needed.**
- ☐ **Determine individual roles and responsibilities for each co-lead.**
- ☐ **Fill position of PHAST program coordinator, OR identify individual who will fulfill this role.**
- ☐ **Fill position of PHAST data analyst, OR identify analyst(s) who will fulfill this role.**
- ☐ **If applicable, identify your overdose fatality review (OFR) coordinator.**
- ☐ **If applicable, identify your PHAST workgroups.**

The exact organizational structure of your PHAST will vary depending on existing taskforces and resources already engaged in local opioid overdose response. At a minimum, the following are suggested:

Leadership Team — The leadership team includes both a public health leader – ideally a representative from the local health department or drug overdose prevention division, and a public safety leader – ideally the county sheriff, police chief, or representative from the district attorney's office. Depending on your jurisdiction, it may make sense to have one or two additional leadership members such as a local respected champion of overdose prevention and response. However, this group must be small enough to effectively make joint decisions, and these leaders must be consistently visible to PHAST members.

Once the leadership team is identified, it is important to discuss and determine individual roles and responsibilities for each co-lead. All members of the leadership team must be champions for collaborative overdose prevention. PHAST leaders are responsible for setting expectations for the team, driving collective progress, and facilitating problem-solving and solution-oriented approaches to help partners stay on track towards their shared vision of reducing overdose deaths. They also help to ensure that key programmatic resources are available and in place for effective PHAST implementation. Having well-defined roles and responsibilities can help build accountability and enable PHAST leaders to leverage skills and interests to advance the work of the PHAST.



Representative Partners from Local Agencies and Community Organizations — Multi-sector partners in a PHAST act as a representative of their agency. They are engaged in or highly aware of the day-to-day activities of their own agency personnel and are able to speak with authority regarding potential programmatic and policy changes. The number of multi-sector representatives in a PHAST may vary based on its needs, but partners are expected to commit to convene in person, when possible, on a monthly basis to ensure a successful collaboration.

Data Analyst — Data analysis is a cornerstone of PHAST. Analysts have the ability to clean datasets, de-identify data, run queries and create pivot tables, estimate rates using raw data, and consider data limitations. Analysts participate in PHAST meetings to understand what questions the team needs to answer, the types of data available, and additional data or analytic needs. Analysts may also present or support other presenters of data at team meetings and support the work of each data-driven workgroup.

Program Coordinator — As an ongoing, multi-agency collaboration with a considerable administrative component, a PHAST requires a coordinator to manage meeting logistics, channel inter-agency communications, organize content, work with agency representatives and staff to access data, finalize presentations, and more. The coordinator also serves in a planning role, laying groundwork for upcoming meetings through informal, preparatory conversations with agency representatives between meetings.

Overdose Fatality Review Coordinator – If your jurisdiction already has an OFR team or plans to launch an OFR team, identifying an OFR coordinator up front can help to streamline the communication process between the OFR team and the broader PHAST. Similar to a PHAST Program Coordinator, the OFR Coordinator helps manage meeting logistics, shares and presents information to team members, takes meetings minutes, supports and communicates with subcommittees, and acts as the primary liaison between the OFR team and the PHAST.

Data-driven Implementation Workgroups (for larger jurisdictions with many PHAST partner agencies) – Once the PHAST has begun to regularly explore strategies to support collaborative data sharing and data (See Module 2) and collaborative problem solving (See Module 3), partners may consider developing specific workgroups to address common prevention interventions that span multiple sectors or require coordination. These workgroups seek to optimize jurisdictional capacity by developing and implementing plans based on prioritized improvement strategies identified by the PHAST. Examples of possible workgroups include:

- Improving quality and synthesis of data on non-fatal overdoses
- OFR teams
- Focused naloxone distribution
- Criminal justice diversion
- MOUD in correctional settings and during transitions
- Peer recovery support

Engage With Existing Overdose Prevention Teams

Overdose Fatality Review Team — OFRT

Overdose fatality review (OFR) is a process of conducting a confidential review of a selection of overdose death cases in the jurisdiction. The complete OFR process involves the use of aggregate, population-level data and case-level data to develop a timeline of events and individual as well as contextual factors leading up to each fatal overdose, for the purpose of developing policy and programmatic recommendations to prevent future overdoses. An OFRT is the group of individuals familiar with the cases being reviewed or their contexts, who provide data and participate in confidential data-driven discussions to develop prevention recommendations. The same guiding principles and processes apply to both an OFRT and a PHAST. As a result, jurisdictions conducting OFRs should consider using the PHAST framework to guide their OFR process. Similarly, any jurisdiction implementing the PHAST framework should consider developing an OFRT to conduct overdose fatality case reviews. These case reviews will help inform PHAST partners' comprehensive shared understanding of the local overdose crisis, systems level factors that contribute to fatal overdoses and opportunities for prevention. Regardless of which comes first, PHASTs and OFRs go hand-in-hand; and ideally, one does not exist without the other. Please refer to Overdose Fatality Review: A Practitioner's Guide to Implementation (*https://www.cossapresources.org/Content/Documents/Articles/Overdose_Fatality_Review_Practitioners_Guide.pdf*), developed by the Institute for Intergovernmental Research with funding from the Bureau of Justice Assistance and CDC, for specific OFR guidance.

Quick Response Team — QRT

A quick response team is an integrated, first responder and community paramedicine unit comprising law enforcement officers, rescue personnel, healthcare professionals and/or substance use counselors. A QRT is trained to serve as a first responder unit for narcotic-related medical emergencies and, thereafter, to approach and counsel people who have experienced an overdose during their "recovery windows" — the 72 hours immediately following life-threatening drug overdoses — when people who use drugs are thought to be more open to accepting help. Please refer to the following article for an example of a QRT: (*https://www.uc.edu/news/articles/legacy/enews/2017/03/attacking-the-overdose-epidemic-with-community-paramedicine-quick-response-teams.html*)

The Overdose Response Strategy State Teams — ORST

The Overdose Response Strategy (ORS) is a unique collaboration between public health and public safety funded by CDC and the Office of National Drug Control Policy (ONDCP). It was created to help local communities reduce drug overdoses by sharing timely data and innovative, evidence-based strategies. ORS state teams (a public health analyst and a drug-intelligence officer) work together to 1) share data, 2) implement overdose prevention and response strategies, and 3) evaluate public health and public safety strategies. PHASTs can invite their ORS state team to join regular PHAST meetings or may depend on them as an additional resource. Please refer to the ORS website for more information: (*https://www.hidtaprogram.org/ors.php*)

Figure 2. PHAST Organizational Structure

PHAST LEADERSHIP TEAM

Public Health Leader

Public Safety Leader

Overdose Fatality Review Coordinator

Project Coordinator

Data Analyst

Other Government and Community Partners

- Housing/Homeless Services
- Community-based Organizations
- Child and Family Services
- Harm Reduction Non-Governmental Organizations
- People in Recovery
- Large Local Employers
- Education/Schools
- Advocacy
- Transportation

Public Health/ Healthcare Partners

- Behavioral and Mental Health Treatment Agencies / Providers
- Hospitals (Emergency Departments), Health Systems
- Medical Examiner, Coroner
- Payers/Insurance
- Pharmacies
- State Health Department
- Veterans Services

Public Safety Partners

First Responders

- Police
- Fire Departments
- Emergency Medical Services/Paramedics

Criminal Justice

- Police
- Corrections, Probation & Parole
- District Attorney, Prosecutors
- Courts/Judges

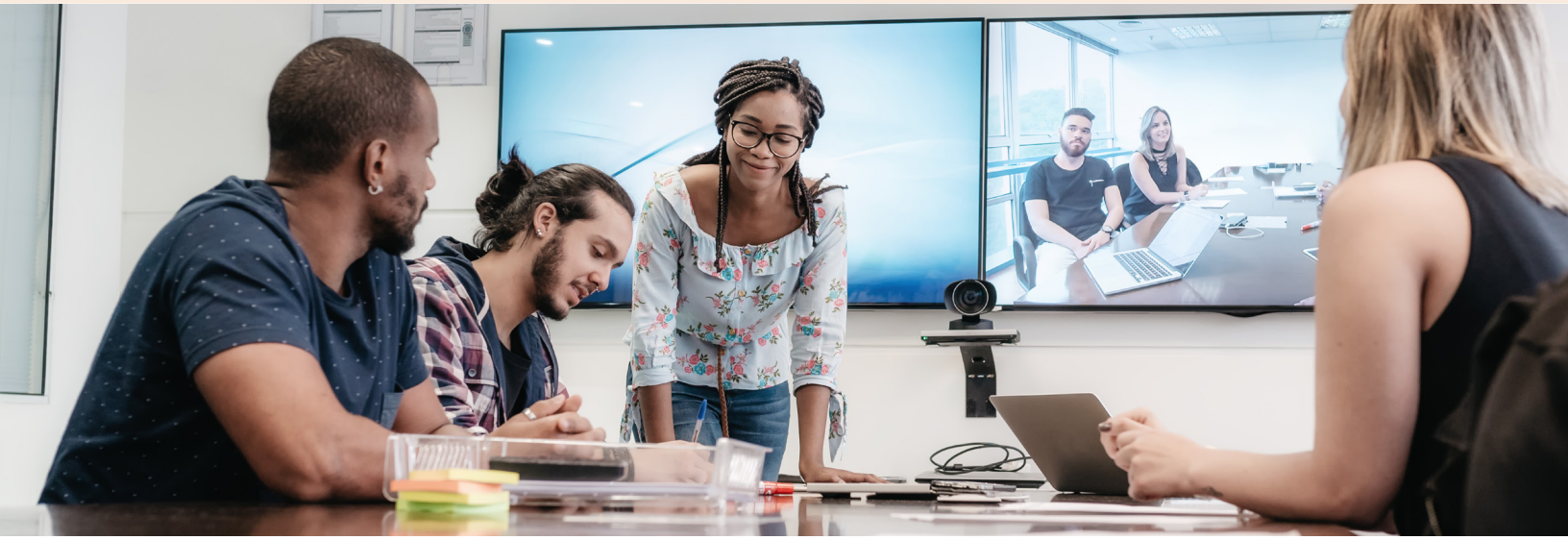
PHAST Public Health and Safety Team

Identify and Engage PHAST Partners

ACTION STEP CHECKLIST

Who: Leadership team, PHAST Program Coordinator, OFR Coordinator, and PHAST partners

- ☐ **Determine which sectors/agencies listed in Table 4: PHAST Partners and Agencies are not currently represented in your PHAST.**
- ☐ **Identify potential partners from sectors/agencies/cultures/perspectives not currently represented.**
- ☐ **Develop a standardized process for inviting new partners to join PHAST.**
- ☐ **Reach out to new partners to invite them to join PHAST.**
- ☐ **(For existing teams) Re-engage with organizations previously unable to participate.**
- ☐ **Review list of identified currently engaged partners and new partners who have expressed interest to determine if any key organizations or perspectives are still missing. Re-engage as needed.**



PHASTs are encouraged to have diverse partnership representation from those in leadership positions who are able to speak with authority regarding potential programmatic and policy change for their agency. This ensures that meeting time is well spent and decision-making is streamlined. Both public health and public safety partners can play a variety of roles in a PHAST, depending on their area of expertise. For **descriptions of possible roles** for each public safety sector and the public health sector please see A2 and A3 in the Appendix of the PHAST Toolkit.

PHASTs also are encouraged to engage partners who regularly interact with people at risk of overdose, such as certified peer recovery specialists and other front-line staff who can provide PHAST partners with their unique perspectives of overseeing and carrying out overdose prevention efforts in the community. People in recovery who are involved in advocacy work or have experience working in coalitions or local organizations may also provide PHASTs with unique and invaluable perspectives. These individuals can offer key insights into service gaps, access barriers, and opportunities for improvement.

Leaders of local community organizations that may not be directly involved in overdose prevention or response programs may also be another important group of partners to engage. Often, members of community organizations have insight into existing, accepted, and culturally appropriate interventions and approaches to engaging their community. This may lead to opportunities to adapt formal interventions to be more accessible to and accepted by specific populations and may also provide access to key intervention points before individuals engage with formal prevention, recovery, or treatment systems.

Finally, PHASTs may also prioritize reaching out to potential partners with access to key data sources, such as those from the state or county health department.

Diversity and Inclusion

The PHAST framework is meant to facilitate diversity and inclusion of multiple perspectives. However, prevailing conflict or tension between different sectors or groups can influence individuals' willingness to offer their own or be receptive to others' perspectives. To ensure that all members feel comfortable sharing their perspectives openly and honestly, PHAST leadership may have to structure meetings in ways that ensure universal respect and safety while also maximizing diverse involvement and input. Separate community-based meetings, apart from regular municipal government agency meetings, may be needed. PHAST partners may also be required to participate in cultural awareness or anti-stigma training. The processes of developing a shared understanding of the problem and root causes of the problem and of building trusting partnerships go hand in hand. As one evolves, the other will too, but both may take more time for some partners than for others.

Stigma-reducing Language

The process of developing a shared understanding of the opioid overdose crisis requires time to identify shared terminology upon which the collaborative working relationship will operate. This will likely happen organically over time, but having a process or plan for how to navigate those issues is advisable. Discussing how the use of certain terms can perpetuate myths and stigma may be one way to introduce new ways of thinking and speaking about the opioid overdose crisis and to help foster a shared understanding of non-stigmatizing language for substance use.

Table 3. Alternatives to Stigmatizing Terms and Phrases

Language to Avoid	Language to Use
■ Alcoholic ■ Addict ■ User ■ Abuser ■ Drunk ■ Junkie	■ Person with a substance use disorder
■ Addicted babies/born addicted	■ Babies born with an opioid dependency
■ Drug habit ■ Abuse ■ Problem	■ Substance use disorder or addiction ■ Use, misuse ■ Risky, unhealthy, or heavy use
■ Clean	■ Person in recovery ■ Abstinent ■ Not drinking or taking drugs
■ Substitution or replacement therapy ■ Medication-Assisted Treatment ■ Clean, dirty	■ Treatment or medication for addiction ■ Medication for Opioid Use Disorder/Medication for Alcohol Use Disorder ■ Positive, negative (toxicology screen results)

More information on non-stigmatizing language can be found in the following resources:

- National Institute on Drug Abuse Words Matter: Preferred Language for Talking About Addiction (*https://www.drugabuse.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction*)
- Shatterproof (*https://www.shatterproof.org/our-work/ending-addiction-stigma*)
- Canadian Centre on Substance Use and Addiction: Overcoming Stigma through Language (*https://www.ccsa.ca/sites/default/files/2019-09/CCSA-Language-and-Stigma-in-Substance-Use-Addiction-Guide-2019-en.pdf*)
- Indiana University: Combating Stigma (*https://research.impact.iu.edu/our-strengths/social-sciences/end-stigma.html*)

It may be necessary to start a PHAST with just a few key partners who are fully invested in the process. This may include partners who are already part of an existing taskforce or collaborative, colleagues who have collaborated in the past, or even those who have expressed interest in addressing the local overdose crisis. Having visible high-level commitment can encourage engagement from others who may be more hesitant to join and actively participate, including separately elected individuals, such as prosecutors and coroners or medical examiners. Informal dialogue may help to identify and rally individuals working in public health and public safety agencies to generate interest in and support for your PHAST.

Existing teams may also use this opportunity to identify key organizations or perspectives that have been missing from the table, including newly appointed or elected individuals and representatives from new organizations. This may also be an opportunity to re-engage with agencies that were not consistently active or were previously unable to participate.

The following table lists agencies and sectors that leadership may consider inviting to join their PHAST:

Table 4. PHAST Partner Agencies and Sectors

- Behavioral and Mental Health Treatment Agencies/Providers
- Certified Recovery Specialists/ Peer Recovery Specialists
- Hospitals (Emergency Departments), Health Systems
- Community-based Organizations
- Payers/Insurance
- Harm Reduction Non-Governmental Organizations
- State Health Department
- Large Local Employers
- Medical Examiner/Coroner
- Advocacy
- Pharmacies
- Transportation
- Veterans Services
- Police
- Housing/Homeless Services
- Fire Departments
- Child and Family Services
- Emergency Medical Services/ Paramedics
- People in Recovery
- Corrections, Parole & Probation
- Courts/Judges
- District Attorney, Prosecutors
- Education/Schools
- Correctional Healthcare providers
- University Researchers
- ORS Drug Intelligence Officer
- ORS Public Health Analyst
- Drug Free Community Coalitions[1]

Discuss Roles and Responsibilities

ACTION STEP CHECKLIST

Who: Leadership team, PHAST program coordinator, PHAST partners

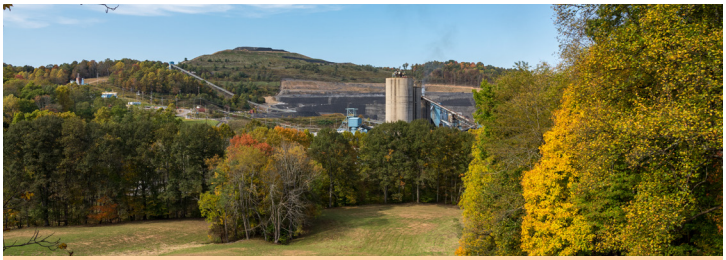
- ☐ **Develop a PHAST Orientation plan or standardized 'onboarding' process.**
- ☐ **Establish and communicate member roles and responsibilities to partners.**

When potential partners are first invited to participate in PHAST, it is important that they understand their role and responsibilities. Sharing the following information can help potential partners determine their ability to commit to and the degree to which they are able to engage with PHAST activities.

- Proposed meeting schedule and location
- Estimated time commitment (including follow-up work)
- Attendance expectations
- Data-driven workgroup expectations, if relevant
- Communication protocols

Having an orientation plan may be particularly helpful during this process. A standard orientation plan can help ensure that all partners new to PHAST have a basic understanding of the PHAST framework, purpose, and goals, and for existing teams, knowledge of its team members and awareness of its accomplishments, decisions, and identified priority areas. Providing new partners with this information can help them familiarize themselves with the group's objectives and better understand their role within the PHAST.

Each partner's level of engagement in the PHAST will vary based on their individual role, sector, interests, and capacity. This may change over the course of a PHAST. However, PHASTs may consider setting basic attendance expectations and developing protocols for re-engaging partners when they miss a certain number of meetings. This can be monitored using an attendance roster or another tracking template. Understanding the different levels of engagement and how this may change over time can help the PHAST leadership team leverage partner resources, skills, and expertise and align expectations and responsibilities based on each partner's capacity.



Example of Orientation Plan: Monongalia County, West Virginia

The Monongalia County Quick Response Team (QRT) implements a standardized approach to recruiting and orienting new partners to their team. Once a new potential partner is identified, the program coordinator makes contact, briefly tells them about the QRT, and invites them to join the QRT weekly call. If they remain interested after the initial call, they are invited to officially join the QRT; this requires signing a Memorandum of Understanding for data sharing and other administrative tasks to formalize the partnership. To support this process, the QRT developed an information packet that includes: the MOU, types of data/information the QRT collects/shares, naloxone (they provide training if needed), business cards, and the QRT resource guide. To track member engagement, the QRT maintains an updated list of all current and potential members and records if and when an outreach attempt occurred and their current level of participation in the QRT.

Share Experiences

ACTION STEP CHECKLIST

Who: All PHAST partners

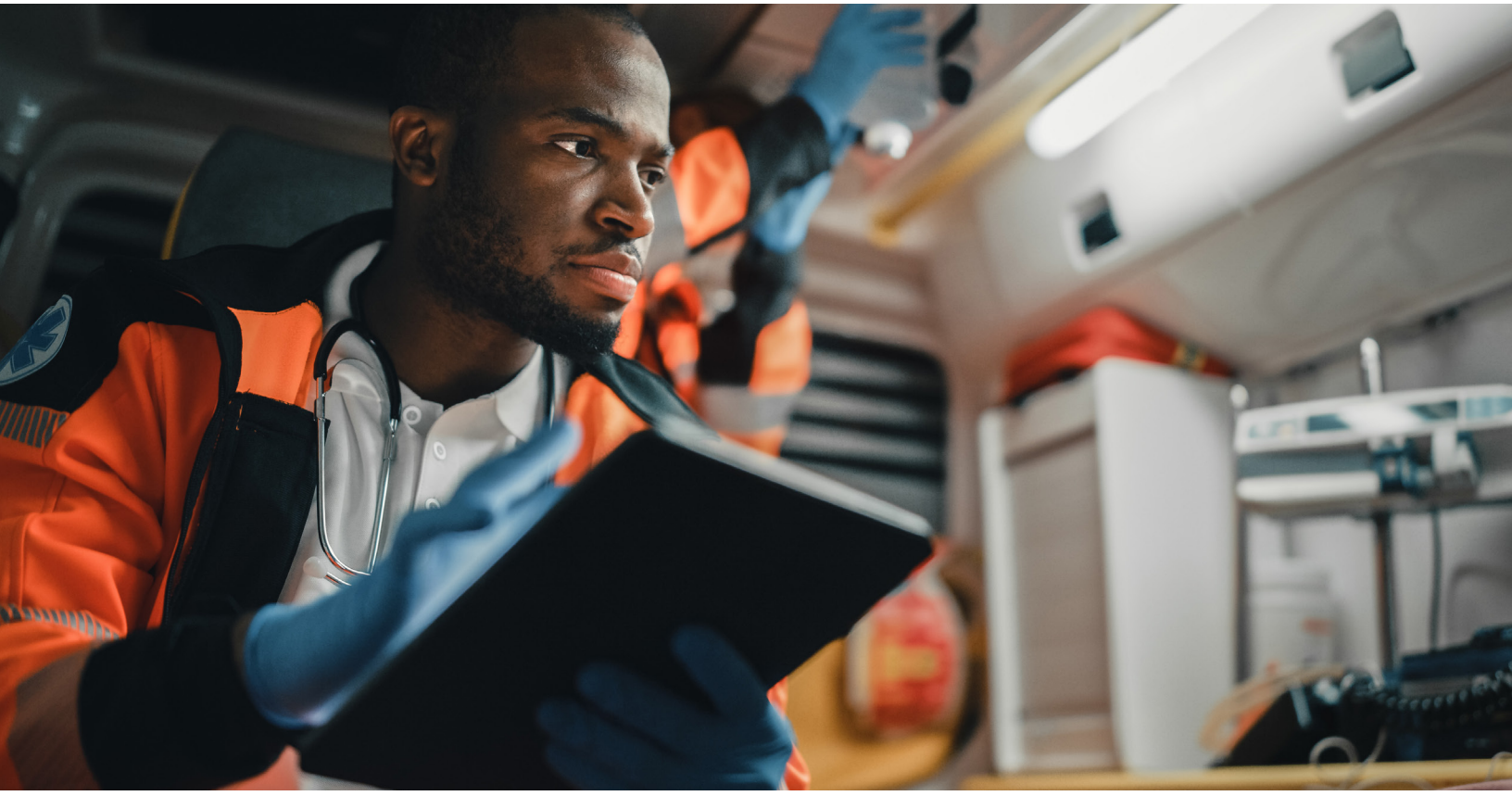
- ☐ **Partners share information about their individual role/responsibility and experience related to the overdose crisis, what is working, and what challenges they face.**

Before diving directly into sharing data with one another, establishing some level of partnership-building and trust is advisable. For this reason, partners may need to begin by sharing information as opposed to hard data. By information, this means sharing roles, experiences, perceptions, challenges, job requirements, and limitations. Sharing stories about the way the overdose crisis impacts your day-to-day work may be a way to start strengthening trust. Each partner has insights to share.

PHAST Activity

Rose and Thorn

Begin each meeting by opening the floor to partners to share one "rose" or positive relevant experience and one "thorn" or negative, relevant experience related to their work with people at risk of overdose death.



Discuss SOS Goals, Equity Goals, and Apply PHAST Guiding Principles to your Work

ACTION STEP CHECKLIST

Who: Leadership team, PHAST partners

- ☐ **Introduce and discuss SOS goals of PHAST with partners.**
- ☐ **Introduce and discuss PHAST Guiding Principles with partners.**
- ☐ **Ensure all partners are in agreement with the Guiding Principles.**
- ☐ **Introduce and discuss concepts of equity, diversity, and inclusion.**

A key to maintaining a PHAST is a shared acknowledgment of and belief in the four guiding principles and in multi-sector collaboration This can help align collective action, foster collaboration, and maintain progress. The explicit identification of and commitment to a common goal of reducing overdose deaths should ground all PHAST work and its partners. When issues or challenges arise that seem intractable, partners can refer to this unifying and simple, but critically important, "North Star." When progress seems to stall, partners can remind one another that OUD is a treatable disease[2,3] and that overdose deaths can be prevented by implementing data-informed response strategies and committing to continuous improvement. Integrating these guiding principles into the foundation of your PHAST's work can help partners navigate challenges and overcome differences to work as a cohesive and effective multi-sector team.

The Leadership team is encouraged to discuss the SOS goals of PHAST and review each PHAST guiding principle with partners. Inviting questions and having an open discussion on the relevance and suitability of each guiding principle for your PHAST team as well as for each partner's individual role can help to ensure that all partners are in agreement with each guiding principle.

One approach that may help partners work together is a basic understanding of each other's roles in the context of the overdose crisis, including key differences between public health and public safety approaches, unique strengths, and shared commonalities. A more comprehensive understanding can help bridge the gap between diverse sectors. For an additional resource, see **"Why are public health and public safety critical PHAST partners?"** in A1 in the Appendix of the PHAST Toolkit.

Discussing and incorporating principles of diversity, equity, and inclusion into work processes and standard practices can help a PHAST identify their shared expectations and decide how the PHAST can work towards promoting these principles in their collective actions and decision-making. This may also be an ideal opportunity to introduce partners to the topic of stigma and the use of stigma-reducing language (See 'Stigma-reducing Language' in Module 1).

Incorporating principles of diversity, equity, and inclusion into your PHAST

Open discussion on the relevance and significance of diversity, equity and inclusion in your jurisdiction can help provide context for the local overdose crisis and inform appropriate solutions for all people impacted by the crisis.

PHAST Strategy

Planning for Increasing Equity in your PHAST

The World Health Organization defines health equity as "the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically."[4] PHAST partners are encouraged to work together to establish a shared understanding of justice, diversity, equity, and inclusion and identify goals related to these concepts that are meaningful to the team's shared vision. These concepts may be helpful for a PHAST to consider as it seeks to ensure that equity is addressed within and by the team. They may also serve as guideposts for a PHAST as it develops activities and or performance measures in order to remain aligned with an equity approach.

Formalize Inter-agency Partnerships with Memoranda of Understandings (MOUs), Data-Use Agreements (DUAs), and Data Sharing Agreements (DSAs)

ACTION STEP CHECKLIST

Who: Leadership team, PHAST partners, PHAST data analyst

- ☐ **Draft and sign a MOU and DUA (if applicable) to establish mutual support and commitment to ongoing collaboration.**

A memorandum of understanding (MOU) is a formal agreement between two or more parties to establish mutual support, commitment, and shared understanding of their collaboration. MOUs can be used to clearly specify roles and responsibilities of each partner. Leadership may consider formalizing agency partnerships participating in PHAST by establishing a formal MOU.

Similarly, a data use (DUA) or data sharing agreement (DSA) is a formal contract between partner agencies that documents the terms in which data will be shared and how they will be used. These agreements can protect the entity providing the data as well as serve as a channel for communicating data needs and expectations between agencies.

Data Use and Data Sharing Agreements will often include, but are not limited to:

- A list of specific data elements that will be shared (What will be shared?)
- The purpose of sharing these data (Why will it be shared?)
- The intended use of the data (How will it be used?)
- Information about who may receive and use the data (Who will have access to these data?)
- Processes for communication between the person(s) sharing the data and the person(s) receiving the data (Is there a standard process for communication?)
- Method of data sharing (How will it be shared?)
- Data confidentiality and security (How will confidentiality be maintained? What security protocols are in place?)
- Applicability of HIPAA (Are the data elements considered protected health information under HIPAA?)
- Protocols for handling data breaches (What will happen if there is a data breach?)
- Period of agreement (How long is this data sharing agreement in effect?)
- Protocols for using data in publications and presentations (Can the data shared be used in publications and presentations? Are there any restrictions, processes, or protocols that need to be followed?)
- Data destruction (What happens after this project is over? How long will the data be saved?)

MOUs, DUAs, and DSAs should be thoroughly reviewed by each agency's privacy officer, leadership, or legal team to ensure compliance with applicable organization, state, and federal laws and regulations. (For **example MOUs, DSAs and additional resources** to consider please see B1-B3 in the Appendix of the PHAST Toolkit.)

Endnotes

1 *https://www.cdc.gov/drugoverdose/drug-free-communities/index.html*

2 National Institute on Drug Abuse. Drugs, brains and behavior: the science of addiction. July 2018. *https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction* Accessed June 11, 2019.

3 American Society of Addiction Medicine. Definition of Addiction. *https://www.asam.org/quality-care/definition-of-addiction*. Accessed June 11, 2019.

4 World Health Organization. Social Determinants of Health. Retrieved from *https://www.who.int/health-topics/social-determinants-of-health*

This content was adapted from the PHAST Toolkit (US Centers for Disease Control and Prevention, 2022), developed by CDC and the CDC Foundation as part of the Public Health and Safety Partnerships to Reduce Opioid Overdose. Financial support for this toolkit was provided by the CDC Foundation with a grant from Bloomberg Philanthropies.