Pilot Case Study: A Framework for Multisector Public Health and Safety Teams Addressing the Overdose Epidemic

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ABSTRACT
The Public Health and Safety Team (PHAST) Framework and Toolkit were developed by the CDC Foundation in collaboration with the Centers for Disease Control and Prevention to guide local jurisdictions in strengthening coordination among public health, public safety, and other sectors to address the overdose crisis. The PHAST Framework uses guiding principles, strategies, and tools to help improve multisector engagement, data sharing, and coordinated overdose prevention. To assess its utility and inform its refinement, the initial version of the Toolkit was piloted in York County, Pennsylvania. A follow-up assessment was conducted 1 year after the pilot concluded. Application of the PHAST Framework appeared to have contributed to positive and sustained changes to meeting activities, structure, and attendance, supporting the potential utility of PHAST for advancing local-level multisector overdose prevention efforts. This article describes the basic tenets of PHAST, the pilot process, and findings from the 1-year follow-up assessment.

KEY WORDS: multisector, overdose, overdose prevention, public health, public safety partners

The ongoing overdose crisis has led experts to conclude that collaboration between public health and public safety is critical to saving lives. Given each sector’s expertise, information access, and perspectives, public health and public safety coordination may present unique opportunities to enhance overdose prevention strategies and bridge knowledge, data, and service gaps that impact local overdose prevention efforts. State and local public health agencies conduct ongoing epidemiological surveillance to understand the extent of the overdose crisis; conduct research to identify effective prevention strategies; implement interventions to reduce overdose deaths and other harms related to drug use; and analyze data to assess the effectiveness of their prevention efforts. Public safety officers, including first responders, local law enforcement, and criminal justice authorities, often interact with individuals who have overdosed or are at risk of overdose. They also gather real-time data related to on-scene responses to overdoses and community drug threats. As the overdose crisis has evolved, the public safety sector is increasingly being recognized as a potentially valuable intervention point, not for punitive actions against people who use drugs (ie, people at risk of overdose) but for harm reduction and linkage to care. However, differences between the 2 sectors may also present challenges. Because of the numerous sectors collaborating and intervening with individuals at risk of overdose, the different work, standards, and cultures of the sectors, and the ongoing nature of the public health emergency, sustained coordination between public health and public safety may be particularly challenging. The Public Health and Safety Team (PHAST) Framework and Toolkit were developed to help jurisdictions reduce overdose deaths by improving data sharing and coordination among public health, public safety, and other community sectors. Early iterations of the Toolkit were piloted in...
### TABLE 1

| Characteristics                        | Public Health                                      | Law Enforcement                                      |
|----------------------------------------|----------------------------------------------------|-------------------------------------------------------|
| Method of event recognition            | Event detected through public health surveillance or calls from clinicians | Event announced by attacker or is evident             |
| Challenges to event recognition        | Few clinical syndromes that are clearly the result of bioterrorist attack; difficulty distinguishing between disease of natural origin and bioterrorism attack | Large number of hoaxes and noncredible threats not associated with an actual bioterrorist attack; delay in notification of possible event by public health; “copycat” threats or attacks |
| Initial data collection                | Hypothesis generation, “shoe-leather epidemiology” | Questioning of witnesses and suspects, follow-up of tips and intelligence information |
| Confirmatory data collection and analysis | Controlled epidemiologic studies                          | Collection and organization of evidence                 |
| Data validation                        | Presentation for scientific peer review             | Indictment, arrest, and conviction                     |
| Goal of investigation                  | Effective disease prevention and control measures   | Prevention and deterrence of future attacks            |

*From Butler et al.*

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a total of 10 jurisdictions. This article describes the basic tenets of the Toolkit, the first pilot, and lessons learned from a 1-year follow-up assessment.

### PHAST Framework and Toolkit

The CDC Foundation, with support from the Bloomberg Opioid Initiative, partnered with the Centers for Disease Control and Prevention (CDC) to develop the PHAST Framework and Toolkit, which offer guiding principles, suggested strategies and activities, action steps (introduced in version 3.0), and tools to support coordinated multisector overdose prevention. The PHAST Framework is modeled after New York City’s RxStat initiative, developed in 2012 to reduce deaths associated with prescription opioids. RxStat is a public health and public safety initiative that combines principles from the New York Police Department’s CompStat (a program by which timely, crime-related data are regularly shared and discussed to drive strategic action and accountability) with those of public health epidemiology, surveillance, and injury prevention. Drawing from RxStat’s guiding principles and lessons derived from its leaders and participants, the PHAST Framework engages multisector partners—with a particular focus on public health and public safety—to help them advance coordinated strategies to prevent overdose through a structured, data-driven approach. The PHAST Framework relies on 4 guiding principles that are closely modeled after RxStat: (1) a shared commitment to the goal of preventing overdose deaths; (2) recognition of opioid use disorder as a chronic and treatable disease; (3) responsible use of multisector data to inform prevention and response strategies; and (4) continuous improvement of interventions and strategies to reduce overdose deaths. The PHAST Framework provides a structure to help partners develop a shared understanding of the local overdose crisis, optimize jurisdictional capacity to prevent overdoses, and monitor their progress. The first PHAST Toolkit was developed in 2019. The 136-page volume offered general guidance and suggested activities toward achieving 4 objectives: (1) facilitate relationship building and communication among partners; (2) develop a shared understanding of the crisis; (3) identify, develop, and implement policies and practices to enhance response strategies; and (4) track progress (Table 2). The toolkit also included a variety of customizable tools, templates, and other resources to help jurisdictions achieve these objectives. Jurisdictions using the PHAST Toolkit could select, adapt, and implement the strategies and activities most applicable and relevant to their unique needs. The first Toolkit was piloted in a single jurisdiction, reported on here. A second version of the Toolkit was later developed and piloted in 9 jurisdictions. Findings from all of the pilots helped inform the final version, scheduled for release in 2022.

### Setting

In 2019, the CDC Foundation launched a pilot to assess the utility and implementation of the first version of the PHAST Framework and Toolkit by a high-impact jurisdiction. To recruit an initial pilot site, the CDC Foundation engaged with the Commonwealth of Pennsylvania’s Department of Health.
TABLE 2

PHAST Version 1.0 Objectives and Suggested Activities

1. Facilitate relationship building and communication among partners
   • Solicit a call to action from jurisdictional leadership
   • Agree on your common goal
   • Engage your public health/public safety joint leadership team
   • Identify and engage partner agencies/specific representatives
   • Determine an initial organizational structure (eg, executive leadership, workgroups)
   • Establish meeting schedules and communication protocols
   • Procure data analytic capability
   • Procure a program coordinator

2. Develop a shared understanding of the local-level opioid crisis, prevention strategies, and available local resources for reducing opioid overdose deaths
   • Identify the best data sources available (this could include combined data sets)
   • Conduct timely, accurate analysis of drug-related indicators from multiple public health and public safety sources
   • Facilitate cross-sector education and data/intelligence sharing
   • Conduct overdose fatality reviews

3. Identify, develop, and implement enhanced response strategies
   • Enhance and/or expand agency-level programs and policies
   • Develop and implement new programs and policies
   • Identify and implement coordinated interagency activities that support and strengthen prevention interventions

4. Track progress toward achieving established outcomes that will ultimately reduce overdose mortality
   • Identify indicators and performance measures to assess progress
   • Report back to group on progress made between meetings
   • Build on and inform the evidence base
   • Develop a culture of continuous quality improvement using the PHAST performance management approach
   • Voice challenges, barriers, and frustrations and then troubleshoot collectively

Abbreviations: CDC, Centers for Disease Control and Prevention; PHAST, Public Health and Safety Team.

*From PHAST Toolkit Version 1.0, CDC Foundation; 2019.
programs; and (4) ensure that all individuals have the opportunity for successful recovery. The YOC is led by an executive director and is governed by a 16-member board of directors that meets monthly; it includes public health and public safety leaders across public, private, and nonprofit sectors. Prepi-lot, community-wide YOC meetings were convened monthly and included discussions, data summaries, and workgroup sessions.

**PHAST pilot**

The PHAST pilot took place from September 2019 through February 2020. During the 6-month pilot, YOC leaders and partners completed several Toolkit tasks and activities to promote multisection collaboration and coordination in their efforts to address the local opioid overdose crisis. As part of the pilot requirements, the YOC were contractually obligated to hold 6 monthly meetings and participate in postpilot interviews. Adoption of any specific guidance provided in the Toolkit was encouraged, but optional. The YOC was provided funding, tools, resources, and technical assistance to support their multisection data-driven overdose prevention and response efforts. Six meetings were convened during the pilot. CDC Foundation staff facilitated an introductory meeting where they introduced the Framework and Toolkit and led attendees through a brainstorming exercise to identify strengths, weaknesses, opportunities, and threats (ie, barriers) related to (1) partner engagement, (2) YOC organization, and (3) overdose-related data. Subsequent meetings were led by the YOC executive director, who also served as the PHAST coordinator and helped form a leadership team modeled after the PHAST Framework. The PHAST leadership team included public health and public safety leaders representing the city’s health department and county’s district attorney’s office, an “adjunct” data analyst (a local college professor), and the PHAST coordinator.

**Methods**

At the conclusion of the pilot, CDC Foundation staff interviewed 7 pilot participants, including the members of the leadership team, to better understand participants’ perceptions of (1) the Toolkit’s utility and (2) strengths and weaknesses related to their multisection data sharing and coordination. The CDC Foundation drafted and shared a postpilot summary that identified key findings and suggested strategies to help strengthen multisection data sharing and coordination efforts identified through participant interviews and direct observations of monthly meetings. One year after completion of the pilot, the CDC Foundation reengaged the YOC for a follow-up assessment to examine progress and activities since the pilot concluded and the extent to which the PHAST Framework or suggested strategies offered by the CDC Foundation had been implemented, sustained, or improved. The follow-up assessment was informed by a review of minutes from YOC PHAST meetings held since the pilot concluded (from April 2020 to April 2021); observation of YOC PHAST meetings held during the assessment period (from May to August 2021); and interviews with 8 YOC PHAST partners. The findings presented from the pilot period and the 1-year follow-up assessment were informed by observations and participant interviews.

**Findings and Lessons Learned**

Table 3 lists the CDC Foundation’s suggested PHAST strategies to help improve partner engagement and multisection data and information sharing identified at the conclusion of the pilot. For each suggestion, findings from the 1-year follow-up assessment are listed alongside corresponding PHAST Toolkit elements intended to support strategy implementation.

**Partner attendance improved**

At the start of the pilot, meeting attendance by public safety leaders and other key partners was inconsistent and participation among law enforcement and behavioral health partners was limited. Many partners identified scheduling conflicts, limited staff capacity, and competing priorities as barriers to consistent engagement. During the pilot, outreach to local police chiefs and behavioral health programs by the PHAST coordinator and the public health and public safety leads resulted in new partner engagement. From the first to the last pilot meeting, the number of attendees more than tripled from 4 to 13 and included representatives from treatment and recovery programs; criminal justice agencies, local police departments, health care, and the local fire department. At the 1-year follow-up, the number of meeting attendees remained high, ranging from 13 to 17 participants from across affiliations and sectors (Table 4). Meeting attendance records showed increased membership among treatment and recovery programs, criminal justice agencies, local police departments, health care, and the local fire department.
TABLE 3  
PHAST Strategies Identified During Pilot Period, 1-Year Follow-up Assessment Findings, and Relevant PHAST Version 3.0 Toolkit Features and Elements

| Suggested Strategies                                                                 | 1-Year Follow-up Assessment Findings                                                                                           | PHAST Version 3.0 Toolkit Features and Elements to Support Implementation                                                                 |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Leadership strategies that may support participant engagement                        |                                                                                                                                 |                                                                                                                                           |
| 1. Consistent attendance and active engagement from both public health and public    | Public health and public safety leads consistently attended PHAST meetings.                                                      | • PHAST Critical Element*: Active and engaged leadership                                                                               |
| safety leaders at all PHAST meetings                                                | Weekly meetings were held with public health and public safety leads and the YOC PHAST program coordinator.                    |                                                                                                                                            |
| 2. A repeated call to action from leadership to emphasize the severity and urgency   | The purpose of PHAST and guiding principles were routinely reviewed at the beginning of each PHAST meeting.                   | • PHAST Guiding Principles                                                                                                                |
| of the overdose epidemic during PHAST meetings                                      |                                                                                                                                   | • PHAST Action Step*: Discuss PHAST goals and apply PHAST guiding principles                                                        |
| Structural changes that may support participant engagement                          |                                                                                                                                 |                                                                                                                                           |
| 1. Include a statement of need for multisector collaboration in the mission          | A new organizational structure was adopted; mission statement was developed for the YOC PHAST.                                  | • PHAST Guiding Principles                                                                                                                |
| statement and/or strategic plan                                                     |                                                                                                                                   | • PHAST Action Step: Discuss PHAST goals and apply PHAST guiding principles                                                          |
| 2. Communicate participation expectations to all critical partners                   | Multisector partners or their delegates regularly attended PHAST meetings.                                                       | • PHAST organizational structure                                                                                                          |
| 3. Ensure all YOC PHAST participants understand the purpose, utility, and benefits  | Monthly meetings included an overview of PHAST and its purpose.                                                                 | • PHAST Action Step: Develop a standardized onboarding process                                                                        |
| of the PHAST Framework and Toolkit                                                 | New partners were sent a link to the PHAST Toolkit and asked to complete a DSA.                                                   | • PHAST Action Step: Discuss partner roles and responsibilities                                                                       |
|                                                                                     | Full review of the Toolkit is left to individuals.                                                                                | • Handout: “Why are PHAST Partners Critical Partners?”                                                                                   |
| 4. Schedule meetings to maximize participant engagement                              | Meetings were held on a set, predictable schedule for 1.5 h each.                                                                | • PHAST Action Step: Discuss PHAST goals and apply PHAST guiding principles                                                          |
| 5. Develop meeting agendas that are action-oriented                                  | Meeting agendas were well defined and included discussion of action items. Action items were recorded at the end of each meeting.| • PHAST Critical Element: Planning for meeting schedule, location, and protocols                                                              |
|                                                                                     | Each action item included the key task, person responsible, and the due date.                                                    | • Templates: Sample monthly meeting agenda,* quarterly meeting agenda—include sections for updates and follow-up items |
| Activities that may support data sharing and use                                     | Not implemented                                                                                                                 | • Sample: PHAST logic model                                                                                                               |

(continues)
### TABLE 3
PHAST Strategies Identified During Pilot Period, 1-Year Follow-up Assessment Findings, and Relevant PHAST Version 3.0 Toolkit Features and Elements\(^a\) (Continued)

| Suggested Strategies                                      | 1-Year Follow-up Assessment Findings                                                                 | PHAST Version 3.0 Toolkit Features and Elements to Support Implementation                      |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 2. Develop a sustainable plan for PHAST data analytic capacity | Continued to leverage on individual partners for data analysis capacity. A sustainable plan to increase data analytic capacity has not been developed. | • Securing resources to support PHAST staff\(^b\)                                               |
| 3. Schedule partner presentations                           | Partners regularly shared updates during round-robin discussions. Guest presentations were incorporated into some meetings. | • PHAST Action Step: Organize topical presentations by partners or guest experts                |
| 4. Leverage DSAs in alignment with local statutes to overcome data sharing challenges | All partners signed a DSA upon joining PHAST.                                                       | • Templates: Sample DSA                                                                        |
|                                                             |                                                                                                       | • Sample MOU                                                                                   |
|                                                             |                                                                                                       | • Additional resources for developing MOUs and DSAs                                             |
| Facilitation strategies that may support data sharing and use|                                                                                                       |                                                                                                |
| 1. Encourage partners to openly discuss challenges and capacity limitations | Partners appeared willing to discuss agency-specific challenges.                                      | • Module 3: Collaborative problem-solving and coordinated interventions\(^c\)                     |
| 2. Encourage partners to engage in active problem-solving and data-driven discussions, by asking questions, including question prompts provided in the Toolkit | Problem solving was primarily driven by individual partners raising concerns. The program coordinator regularly asks questions of partners during data discussions and partner updates. Specific question prompts provided in the Toolkit were minimally used. | • Table: Data Inventory                                                                       |
|                                                             |                                                                                                       | • Template: Inventory of Existing Interventions\(^c\)                                          |
|                                                             |                                                                                                       | • Handout: Problem-solving Models\(^c\)                                                          |

Abbreviations: DSA, Data Sharing Agreement; MOU, Memorandum of Understanding; PHAST, Public Health and Safety Team; YOC, York Opioid Collaborative.

\(^a\) Adapted from the CDC Foundation’s PHAST Toolkit Pilot One-year Evaluation Report, August 2021.

\(^b\) PHAST Critical Elements are components that are considered to be important to have in place when initially forming a multisector team or applying the PHAST Framework to an existing work group. The Toolkit encourages teams to assess the extent to which these elements are in place before starting a PHAST.

\(^c\) PHAST Guiding Principles are beliefs and behaviors that ground the work of a PHAST and help align collective action and foster collaboration. The Toolkit encourages teams to routinely revisit these guiding principles during monthly meetings.

\(^d\) PHAST Action Steps are specific, concrete, and sequential “actions” jurisdictions can implement to help achieve each PHAST objective. There are several action steps for each objective. The Toolkit encourages teams to review and complete action steps that support the team’s objectives. The Toolkit also provides suggested strategies and activities to help teams complete each action step.

\(^e\) Strategies expanded upon or added into version 3.0 of the PHAST Toolkit.

drug trafficking and overdose risk, and the adoption of a new data analytic software tool to track drug-related police encounters, including overdose events in the county. Interview participants noted that partners representing recovery and mental health were more actively engaged since the initial pilot and throughout the follow-up period. For example, one recovery service organization regularly attended PHAST meetings and shared data updates related to SUD treatment referrals, treatment resource capacity, and accounts of increased isolation among people in recovery during the COVID-19 pandemic. At follow-up, emergency medical service (EMS) and fire first responders continued to have minimal engagement with PHAST, which partners attributed to county-level reorganizations and EMS staffing challenges. PHAST members reported intending to reengage with EMS once their reorganization is complete.

**Changes to existing organizational structures and meetings were implemented**

At community-wide meetings that predated the pilot, few law enforcement partners were in attendance,
due to their perception that insufficient action resulted from these meetings. In addition, according to interview participants, some partners expressed a reluctance to speak openly about drug use in the community in the presence of any law enforcement attendees, thus stymying discussion. To address these challenges, YOC leadership instituted 2 distinct entities in its organizational structure by the end of the pilot: (1) YOC Prevention Coalition (community-wide, largely focused on outreach and community education), and (2) YOC PHAST, with an Overdose Fatality Review Team (OFRT) as a subset of PHAST (Figure). (Although planning for an OFRT began during the pilot, implementation took place during the follow-up period, in June 2021.) Each entity focused on advancing separate, yet related, YOC goals. PHAST and OFRT, each acting as its own workgroup, focused on examining agency data and identifying opportunities to refine and implement agency-led policies and programs, while monthly YOC public meetings continued to focus on community education. At the 1-year follow-up, participants reported that the new organizational structure, which had been maintained, resulted in more focused meetings limited to public health and safety leaders with action-oriented authority and responsibilities. In addition, PHAST meetings continued to follow a consistent structure that was first established during the pilot, beginning with a basic data presentation by the coordinator and ending with general updates from partners. PHAST meetings were regularly scheduled, meeting minutes were recorded, and agendas included action items that identified the task, person accountable, and due dates, as well as presentations and discussion topics. To reinforce PHAST concepts among new partners or alternates, the PHAST coordinator would send a brief explanation of the PHAST Framework, a Memorandum of Understanding, a Data Sharing Agreement, and the link to the PHAST Toolkit to new partners before they attended meetings. Every meeting during the follow-up period began with a slide listing the guiding principles of the PHAST Framework and the shared common “North Star” (or goal) of reducing overdoses and overdose fatalities.

Data and information sharing practices improved, while systems-level solutions proved more challenging

At each meeting during the pilot, county-level data on overdose deaths, naloxone administrations, and treatment referral outcomes were compiled and shared in the form of monthly data reports. During the pilot, outreach to a regional EMS entity resulted in a new data source being added and shared to provide a more complete picture of first responder encounters with
overdose events, though overdose encounters from other first responders were still inaccessible (and efforts were underway to obtain additional overdose encounter data). Although data were shared at every meeting, they were typically presented as “point in time” and were seldom accompanied by sufficient context or framing to help partners identify trends or patterns. In addition, while these near real-time data were useful, PHAST members expressed a need for data integration to better understand the effectiveness of their prevention efforts. This stated need led to discussions about identifiable data sharing restrictions and related statutes that prevented data sharing across sectors. At the 1-year follow-up, additional data points had been included in monthly data reports, including those resulting from York County’s investment in a new law enforcement data collection and analysis software platform that was planned prior to the PHAST pilot, drug seizure data obtained data from the High Intensity Drug Trafficking Areas (HIDTA) program, and data shared by behavioral health partners. Monthly data reports also included additional context, detail, and time trends to allow for more meaningful interpretation and discussion. Each PHAST meeting agenda included time for a round-robin discussion when partners discussed topical issues, needs, and resource availability and asked questions of one another for greater situational awareness. Partner and guest presentations, which had begun toward the end of the pilot period with a presentation on a law enforcement diversion project and another by a peer recovery organization, continued to occur. These included presentations from the Pennsylvania Prescription Drug Monitoring Program and the Pennsylvania Opioid Command Center, a state-level multiagency group established in 2018 to reduce fatal overdoses. A guest presentation provided by a certified recovery specialist prompted a discussion about stigma and compassion fatigue among first responders, and the meeting participants began discussing possible ways to address these challenges. In general, observers noted that opportunity for discussion and cross-sector learning was enhanced by the new meeting structure and improved meeting facilitation. Another activity to inform situational awareness and data-informed prevention strategies emerged with York County’s launch of a local OFRT in June 2021, following a lengthy planning process that began during the pilot period. A comprehensive overdose fatality review (OFR) process shares the same guiding principles and processes as the PHAST Framework, by which fatal overdose cases are examined in concert with population-level data to derive practical recommendations to prevent similar overdose deaths. In York County, the OFRT comprises key partner agencies, including PHAST members, from the city bureau of health, coroner’s office, county probation, county prison, and the district attorney’s office, among others, who have the critical data needed to inform each individual case review. Additional partners, such as the local or state police, may also be asked to join a specific case review if they had information relevant to the individual case. OFRT partners meet bimonthly and operate under strictly defined participation and confidentiality rules and insights. Recommendations that arise from OFRs are reported to the YOC PHAST. The OFRT has identified challenges, formed recommendations for providing resources and training, shared these recommendations with the YOC PHAST, and assigned responsible parties within a defined timeline. The OFR findings are intended to help inform YOC PHAST action items. Despite the noted improvements, participants cited data sharing and analysis capacity limitations as ongoing challenges at the 1-year follow-up. Many PHAST members said that without a dedicated county department charged with aggregating and analyzing data across all county agencies, complete situational awareness was limited.

**New Toolkit features may encourage greater use**

The CDC Foundation and CDC developed and leveraged additional tools and templates based on participant feedback provided during the pilot, including more specific tools to facilitate highly structured meetings and guided discussions. In addition, YOC PHAST members offered 2 overarching observations about the piloted Toolkit and suggested some revisions. First, the lengthy Toolkit was difficult for time-constrained partners to fully explore; abbreviated “quick-start guides” were suggested, both in the case of an existing collaborative and for jurisdictions wishing to establish a new one. Members also suggested the development of a user-friendly online learning module with easy-access tools.

**Conclusions and Implications**

The YOC PHAST pilot and 1-year follow-up assessment shed light on both the potential usefulness and challenges of sustained public health and public safety coordination to address the overdose crisis. The overdose crisis is unique in that its severity, evolution, and duration have demanded a sustained focus among a large number of public health and public safety entities. As this pilot demonstrated, the public safety sector within a mid-sized county can include multiple EMS companies, fire departments, police...
departments, and criminal justice agencies, each with its own standards, culture, and approach to the overdose crisis, as well as distinct data systems. By also including public health, behavioral health, and the health care system, the size and complexity of cross-sector partnerships can become considerable. Of note, observations from the pilot and follow-up assessment were limited to YOC PHAST monthly meetings. Therefore, it is possible that additional overdose prevention strategies, interventions, and data collection initiatives were ongoing but are not reflected in these findings. Although the early version of the PHAST Toolkit piloted in York County offered general guidance and suggested activities to achieving its objectives, the Toolkit did not provide concrete or detailed suggestions for how each individual strategy or activity may be applied or implemented. These findings have led to the development of concrete “action steps” and detailed checklists in the final version of the Toolkit. Nonetheless, the 1-year follow-up assessment findings indicated that the PHAST Framework’s guiding principles and many of the Toolkit strategies were applied, implemented, and sustained and appeared to have contributed to positive and sustained changes to meeting structure, to partner attendance, and to more data-driven, action-oriented meetings, thus supporting their relevance for advancing local-level multisector overdose prevention efforts. Although these improvements cannot be directly or solely attributed to use of the PHAST Framework and Toolkit, sustained activities, combined with participant feedback, support the Framework’s potential utility. The pilot also highlighted the challenges and complexities of multisector coordination focused on the overdose crisis. In York County, though several partners had preexisting relationships and were committed to addressing the local overdose crisis, their participation in PHAST throughout the pilot and follow-up period ebbed and flowed because of competing demands, limited capacities, and resource constraints. For these reasons, organizational consistency and structure, supported by active and engaged leadership may be key elements to help support sustainability. In addition, the pilot demonstrated that coordinating, analyzing, and interpreting disparate data sources within and across sectors to provide a complete picture of the local overdose crisis may involve significant resource and time investments. The YOC PHAST leveraged multiple sources to advance data sharing and develop a shared understanding of the overdose crisis, including timely data from PHAST partners; the executive director’s efforts to compile, develop, and share data reports; data analysis assistance from University of Pittsburgh’s School of Pharmacy; the establishment of a local-level OFRT to leverage and share case-level data and findings with PHAST; and the launch of a new data management system to house overdose-related data. In conclusion, the pilot and follow-up findings suggest that technical assistance resources, such as the PHAST Toolkit and Framework, which provide guiding principles, strategies, and structure, can be useful to jurisdictions as they work to improve and sustain cross-sector coordination to address the overdose crisis. The final version of the PHAST Toolkit, an accompanying Web site, and several supplemental tools and resources are anticipated to be available in 2022.

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