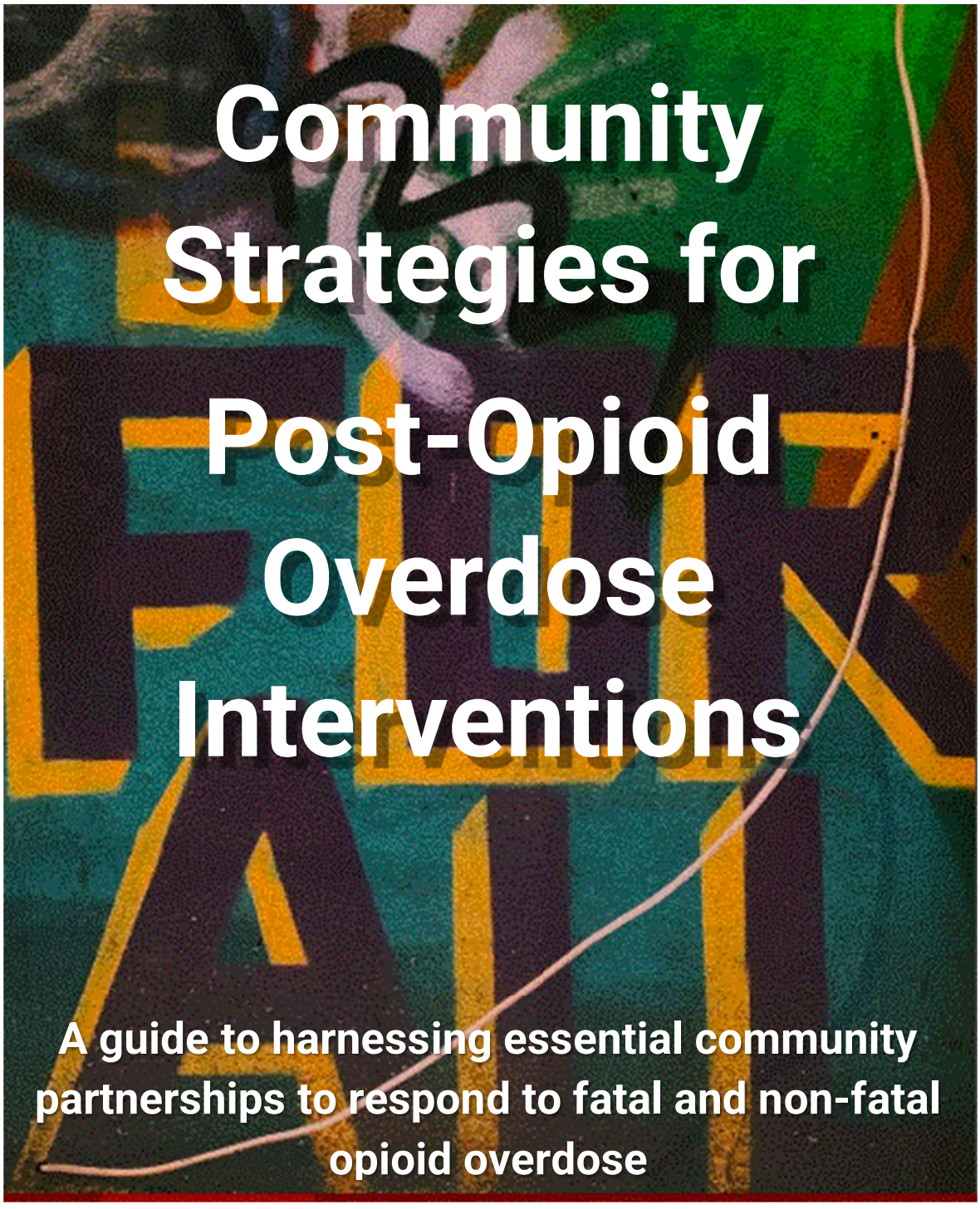


Community Strategies for Post-Opioid Overdose Interventions

A guide to harnessing essential community partnerships to respond to fatal and non-fatal opioid overdose

AUGUST 2021

NEW YORK STATE | Department of Health

Purpose of this toolkit

- To be a blueprint for community partnerships aiming to prevent opioid overdose-related deaths by connecting the people most at risk with lifesaving, low threshold services based on their needs and readiness to accept services.

- To support agencies in the replication of this model, tapping into available data, resources and relationships, to develop a tailored approach to effectively engage people in their communities.

Who is this toolkit for, and how should it be used?

This toolkit was created for Local Health Departments (LHDs) in New York (NY) to support their response to the opioid overdose crisis. LHDs are well positioned in their communities to continue to be a focal point of the response, guiding and coordinating county-level intervention efforts. This toolkit aims to harness existing partnerships and resources, enabling LHDs to continue to tailor their response to meet the needs of their communities.

Throughout this document, there will be questions for you to answer, some activities to complete and prompts for discussion or brainstorming. Only take what you need, and feel free to skip what may not be relevant to you. The hope is that you will modify this toolkit to fit the needs of your agency, workgroup or coalition. Additionally, you may find this document useful in guiding proposal development if you are in the process of applying for funding.

Before you dive in, here are a few questions you should be able to answer to ensure you start off on the right foot:

1. Can you identify a point person able to spearhead the efforts? Think about some important qualities this person should possess such as energy, creativity and connections to others in the community, rather than years of experience or seniority in a position.
2. What do you know about the population you are aiming to serve? Think about the needs of people who use drugs (PWUD) in your community, such as access to housing, social services, employment, healthcare and so forth. Do you know who can provide syringes and naloxone? What needs exist that may be addressed by post-overdose follow-up efforts?
3. What information on overdoses might you have relatively easy access to? This information could be associated with individuals who have overdosed themselves, or next of kin of a person who recently died from an overdose, or perhaps other groups of people altogether. Think about agencies you partner with in various workgroups and coalitions that might have information they could share. Where could you potentially fill a void, working with agencies who have information on overdoses but do not have expertise or resources to follow-up?

The backstory

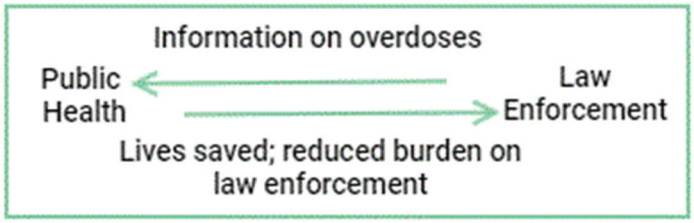
The development of this toolkit has been informed by a one-year pilot program carried out by the New York State Department of Health, AIDS Institute (NYSDOH, AI), funded by the Office of National Drug Control Policy (ONDCP). This document synthesizes best practices and lessons the NYSDOH, AI team learned throughout the development, implementation and evolution of the program.

In 2018, the New York City Police Department (NYPD) approached NYSDOH, AI with an offer to share information on NYC residents who survived multiple overdoses to which NYPD responded. This offer occurred within the context of NYC RxStat Initiative, a public safety/public health collaborative focusing on opioid overdoses within NYC. One of the sponsors of RxStat, NY/New Jersey (NJ)/High Intensity Drug Trafficking Area (HIDTA), subsequently connected NYSDOH, AI to the NYC Office of Chief Medical Examiner (OCME). OCME had been conducting in-depth interviews with next-of-kin following suspected fatal overdoses, and had identified urgent needs among surviving family members, many of whom were using opioids and at risk of overdose themselves.

The current model utilized by NYSDOH, AI is a collaborative effort, enhanced by partnerships with the NYPD and OCME. Utilizing information made available through these partnerships, survivors of multiple opioid overdoses and PWUD who recently lost a loved one to an overdose are referred to NYSDOH, AI for outreach and intervention.

The details

This project came to life when the NYPD called upon partners outside of the law enforcement sphere for help reaching people at greatest risk of death due to overdose. The NYPD had information on overdose incidents throughout the 5 boroughs, specifically individuals who had overdosed on 2 or more occasions. This presented an ideal opportunity for the NYSDOH, AI to join forces with the NYPD and offer outreach and much needed services.

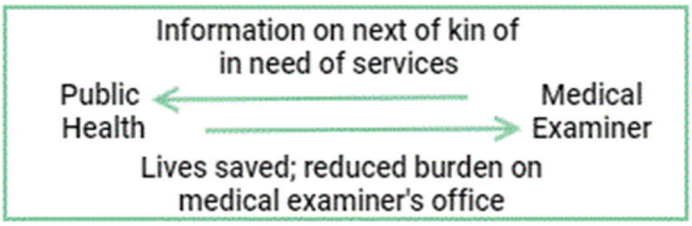


! CONSIDER THIS:

Are there any similar opportunities with law enforcement in your community? Or other groups who have information on people who have overdosed, but do not have the bandwidth or expertise to follow-up and provide services?

While waiting for information from the NYPD to begin outreach efforts, another opportunity was presented by OCME. As OCME staff were investigating suspected overdose deaths, staff realized that family and

friends of the decedent often had complex needs of their own, and at times were in desperate need of services. It was soon realized that these individuals were also using drugs and at a heightened risk of overdose during such a vulnerable time. This presented another ideal opportunity for partnership.



! CONSIDER THIS:

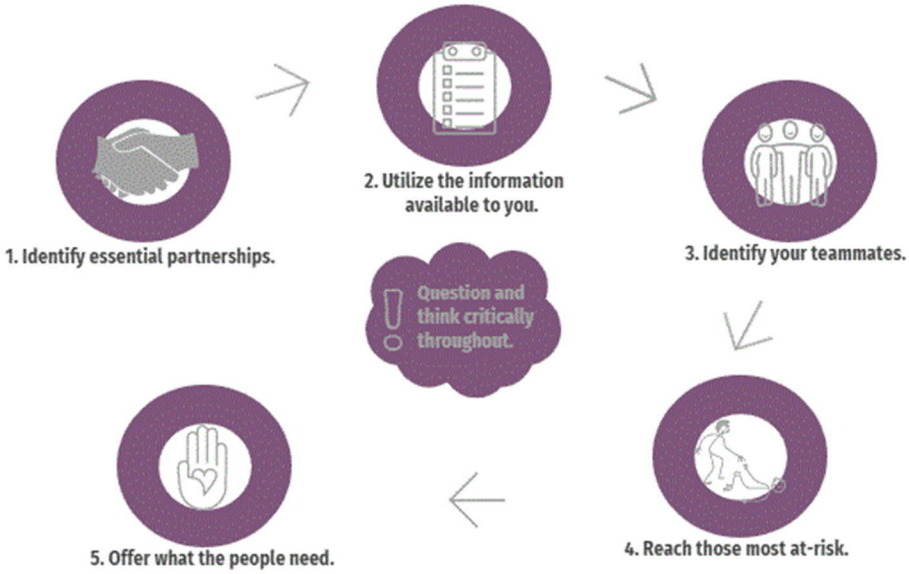
Are you able to connect with the medical examiner or coroner in your community, to obtain some information on next of kin? Is there a death investigation team operating in your community?

The opioid overdose follow-up model

The aim of post-opioid overdose outreach is to engage individuals who have experienced a non-fatal overdose and offer support and resources, based upon their specific needs, while prioritizing their safety, health and quality of life. It is important to prioritize individuals who have experienced a non-fatal overdose, because survivors have an elevated vulnerability to future overdose incidents. The partner, family and friends of an opioid overdose survivor are all important players in preventing opioid overdose death and should be offered resources such as overdose prevention training and naloxone whenever possible.

In addition, those grieving after the loss of a loved one due to overdose are also at risk if they are actively using drugs or have a history of drug use. The death of a loved one can be a trigger for re-initiating drug use and may be a critical opportunity for intervention. If the person who died was the breadwinner or a financial contributor to a household, additional needs may have to be addressed. There is much work to be done to prevent overdoses among next of kin who are experiencing complex grief.

The model depicted on the next page is a guide for carrying out post-opioid overdose follow-up activities. These 5 steps should be tailored to meet the needs of your team and your community to harness the resources you have available. In the pages that follow, more details will be provided for each step, along with activities to help you in the brainstorming and planning process.



1 Identify essential partnerships.

The development of a successful approach to reaching people most at risk of fatal overdose begins with a strong foundation of effective partnerships across various stakeholder groups. In many counties in NY, these partnerships already exist in the form of coalitions, task forces or other groups that have formed to combat the opioid crisis.

Let's work on identifying some of your agency's existing partnerships. These may include one or many of the following:

- ★County entities (county-level departments and offices including medical examiner or coroner offices, social services)
- ★Local law enforcement agencies (county sheriff, local/municipal police departments)
- ★Community-based organizations (CBOs), SEPs, Drug User Health HUBS (DUHH), Office of Addition Services and Supports (OASAS), Centers of Treatment Innovation (COTIs), employment services, homeless services, food banks)
- ★State agencies (NYSDOH, AI and OASAS)
- ★Federal entities (Centers for Disease Control and Prevention (CDC), The Substance Abuse and Mental Health Services (SAMHSA), National Institute on Drug Abuse (NIDA)
- ★Peers/people with lived and/or current substance use experience
- ★Drug Intelligence Officers (DIOs) representing the High Intensity Drug Trafficking Areas (HIDTA)
- ★County/regional workgroups or task forces (overdose fatality review teams, heroin coalitions)

Advice from our team

Does your county have an overdose fatality review team? These reviews can help provide insight sooner than toxicology screens, especially in counties where medical examiners are overwhelmed. In cases that are most likely overdoses, team members can share what they know about the circumstances surrounding the deaths and get a jump start. This may be possible regardless of whether your county has established a fatality review team or not. If your county does have a fatality review team, can your team begin to work on highlighting gaps in getting people connected to needed services?

Take a closer look at some of the relationships your agency already has with others in your community and identify those you would like to collaborate with more closely. Use the Partnership Assessment below to catalog these resources, and jot down the list of your community partners. Try to focus on other agencies that are involved in the opioid overdose response, or work with PWUD more generally. Let's also use this opportunity to make a list of those entities you would like to forge relationships with but have not yet had the opportunity to grow.

Current Agency Partners	Partnerships to be cultivated
1.	1.
2.	2.
3.	3.
4.	4.

For each of the partners you have identified, rate the quality of your relationship below. Place an X at the spot on the line that best defines this relationship. Of these partners, which are the most appropriate to engage for this project? Place a ● next to them. We suggest focusing efforts on those partners who you have rated "Generally good, but room to improve" or higher for purposes of this project.

! CONSIDER THIS:

Ask yourself: "In addition to accessing needed information at a particular agency, is there a motivated person on the other end to work with me?" That motivated individual may make all the difference between a successful collaboration and a challenging one.

2 Utilize the information available to you.

...or what we like to call "street data."

All this means is making best use of the data (read: information) that you have at your disposal. This step is one of the most critical! Frequently, rich sources of information can be right under our noses, but for various reasons have not been tapped into. This section is intended to help you identify what information you need, and, using what you have available, sort out how to make it work for you.

 Time for a brainstorming session

1. List the sources of information on opioid overdoses in your community that you will be able to access through one of the partners you have listed in the above activity. Ideally, these sources will include identifying information for individuals who have overdosed or their next of kin in order to facilitate follow-up contact. Be sure to differentiate between those sources that are immediately available, versus those which may take some time and effort to access. Consider the following examples while you are brainstorming:

   - Medical examiner or coroner data
   - Information from law enforcement incident reports/logs
   - Information from Overdose Mapping and Application Program (ODMap)

2. Do you anticipate any challenges accessing this information via the sources you listed above? If so, jot those concerns down here and move on to the next question.

3. Are you concerned that you may not be able to access information through one of your partner agencies? Inter-agency information sharing can be challenging at times, more so if the information is protected by the Health Insurance Portability and Accountability Act (HIPAA). If so, you can get started by using a simple referral system instead, similar to what the NYSDOH, AI team has done with OCME. Here are some examples of entities that can refer individuals or their families to your team post-overdose:

   - Emergency departments (EDs)
   - Emergency Medical Services (EMS)

- SEP, DUHH, or OASAS COTIs

Which entities might be best to act as resources in your community? Do any of them happen to be on your list of partner agencies?

4. Based on the information you can obtain from the sources you listed above, who will your target group be?

Maybe they will have recently overdosed themselves and a particular agency, like homeless services or law enforcement, has shared contact information with your team. Or maybe they will be referred by an ED, and they call you for a referral to a local buprenorphine provider. Or perhaps, you were able to obtain consented contact information for next of kin from the medical examiner after a recent fatal overdose. Or maybe, a peer learned of strong heroin that contains fentanyl and visited the local food bank to offer naloxone kits and contact information for the post-overdose follow-up team to PWUD.

The possibilities are endless. This exercise is just to help you get your options on paper.

5. Your team should consider a data sharing agreement, or a memorandum of understanding (MOU) with the agencies you will be partnering with to access needed information. You also may need consent forms to meet HIPAA requirements.

Choose your path.

The option you circle below will depend upon which information you have ready access to. Go for the low-hanging fruit. If you currently have access to any of these sources of information, explore that option first. You can always work to initiate access to information through other sources later. You may find that the source of information you initially choose needs to change as you work your way through the toolkit. That is fine, too. This section is intended to help you explore all avenues, even potential dead ends.

OPTION #1

I can access information on overdoses through my local law enforcement agency.

OPTION #2

I can access information on overdose deaths through my local medical examiner or coroner, which will help connect me to next of kin in need of services.

OPTION #3

I need to take a different approach! Options #1 and #2 will not work for me.

Here are you next steps if you selected OPTION #1

If you can access information on overdoses via your local law enforcement agency, you need very little to start reaching out to those most at risk of overdose. Some law enforcement agencies keep logs of individuals who have overdosed, separate from their incident reports, in an effort to better understand who in their community is experiencing multiple overdoses, and/or if they are frequently responding to the same residence for overdose-related calls. Other agencies do not actively keep logs of overdose calls, but for many, it will likely be an easy adjustment to daily operations to record basic contact information of those who have overdosed.

All you need to get started is:

↪ Contact information: name, phone number, and/or physical address for the person who recently overdosed

Our team recommends the following:

- ★ Work with your law enforcement agency to decide how frequently to share and/or update their list. It's a good idea to start with twice monthly lists and add updates to contact information if law enforcement officers learn something new about a person's phone number or address.

- ★ Set some criteria for the information you want to receive. Perhaps your team only has the capacity to attempt to locate those who are most at risk of death due to overdose, which is defined as a person who has overdosed 2+ times. If that is the case, filter your information accordingly and outreach to those who are most in need of services first.

Here are the next steps if you selected OPTION #2

If you can access information on overdose deaths through your local medical examiner or coroner, you may be able to connect with next of kin who need services. The NYSDOH, AI team quickly learned that these individuals are often at risk of overdose themselves and are particularly vulnerable while grieving the loss of a loved one. Coroners and/or medical examiners may be performing death investigations, and therefore will be in contact with the next of kin. This presents an opportunity for your team to offer services, if you're able to obtain information from the coroner or medical examiner. Consent may be required.

All you need to get started is:

↪ Contact information: name, phone number, and/or physical address for the next of kin of a person who fatally overdosed

Our team recommends the following:

- ★ Allow for 1-2 weeks to pass before contacting next of kin. Often the days immediately following the death of a loved one are chaotic; you may be better able to connect once a bit of time passes. If

there is a member of your team who has social work and/or grief counseling experience, he/she/they would be best suited to conduct the initial outreach.

★ If your local coroner or medical examiner is unable to immediately provide you with referral information, request that they offer a card with information about the post-opioid overdose team to the next of kin.

Here are the next steps if you selected OPTION #3

If options #1 and #2 will not work for your team, consider utilizing an informal referral system at the scene of the overdose. This can serve as a good work around in situations where obtaining data from partners is not possible or might be a work in progress. See some examples for how you can do this below:

1. At the scene of an overdose
   Law enforcement and/or EMS responds and administers naloxone. The person is then transported to the hospital, unless they decline transport. It is at this time a card with information about the post-opioid overdose team will be offered to the person, and/or their family member or friends who are present at the scene.

2. At the scene of a suspected death due to overdose
   Law enforcement and/or EMS responds. A card with information about the post-opioid overdose team will be offered to the next-of-kin of the decedent.

Advice from our team

Don't get bogged down with too much information! It can be overwhelming.

Although you may feel compelled to try to reach out to anyone and everyone needing assistance post overdose, set some parameters to work within. Identify those most at-risk of subsequent overdoses within a given time frame. For instance, outreach to those who have experienced 2 or more overdoses first. Then, as time and other resources allow, work your way down your list. Or, identify those most accessible, if identifying those most-at risk is too much of a challenge in the short-term.

3 Identify your teammates.

A strong team will inevitably keep your project afloat. But with competing priorities and many staff wearing multiple hats, how can you ensure the work will continue? Who will be best to take on which jobs? The structure of your team will vary depending on resources, infrastructure and staff availability. The activities

above helped you identify the partner agencies or workgroups, and now you'll work through who the best individuals might be to make up your team.

Time for a brainstorming session

Even with competing priorities, it is still possible to reach some of those most at risk of overdose by reframing the tasks at hand. This does not need to be a full-time job.

How much time, realistically, can you expect members of your team to devote to this work? Is it possible to temporarily rearrange staff priorities, or shift some responsibilities from 1 staff person to another? It is best to start small and scale up. For instance, can 1 person allocate 1 hour per week to pulling relevant information on recent overdoses? Can another person set aside 2 hours a week to make follow-up calls, go on a follow up visit and/or provide a warm handoff to another agency?

Jot your thoughts down here:

Advice from our team

Who might be best on your team to outreach to those who have recently experienced an overdose, or have recently lost a loved one due to overdose? Who has rapport and mutual respect established with this population? It would be ideal if this team member had experience working with PWUD and established relationships.

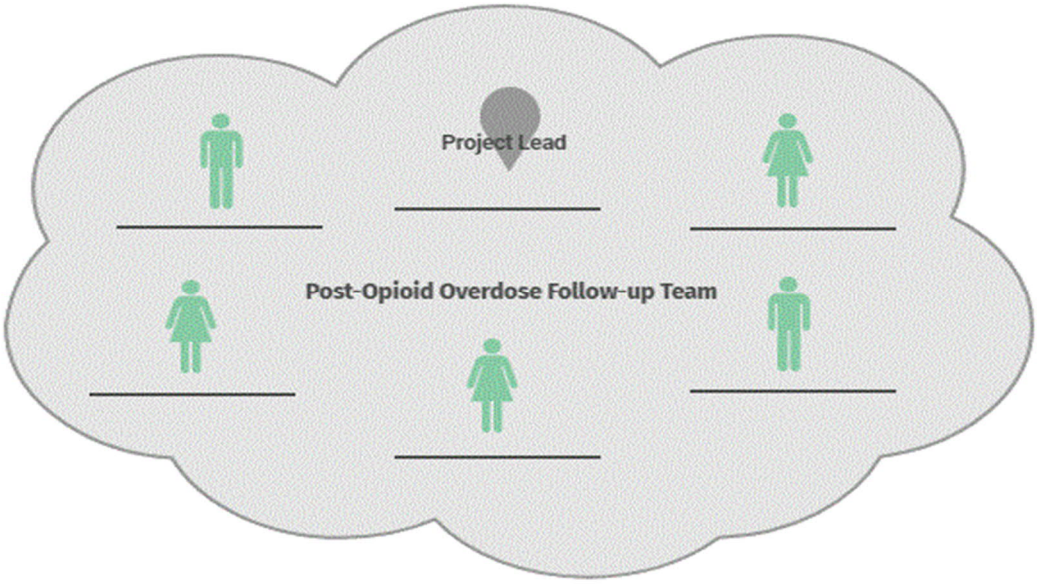
A critical element of developing your team is ensuring you have representation from the right groups. Dive a bit deeper into sketching out what your ideal team might look like with the Build Your Team activity below. Be sure to account for competing responsibilities, which will help give team members a reasonable set of tasks based on the level of effort they are able to contribute.

BUILD YOUR TEAM

Based on the individuals available at your own agency and within the partner agencies you identified above, you'll now build your ideal post-opioid overdose follow-up team! Remember, these team members can be from different partner agencies.

1. Assign roles to each of the spaces provided. Sample roles to consider are listed below. You'll notice only the "Project Lead" role has been filled in for you, because aside from identifying a person to spearhead efforts, the rest of the role assignments are based on what is possible for your team.
   - ★ Outreach staff: this may include agency staff who have established rapport working with PWUD.

- Peers: if your agency or one of your partner agencies has a peer program, try to recruit someone with lived and/or current experience to join your team.
- Data coordinator: this team member may be from a partner agency responsible for providing information on overdoses, or they may be a team member who is helping to manage the incoming information, outreach attempts, and services provided.



2. Now, complete the grid below. For each role, choose a person who would be best suited for it and estimate the amount of time that would be necessary to devote to the work. Keep in mind what will be possible for your team. If 1 hour per week, per person, is all that can be allocated at present – that is just fine. You can always return to this document and adjust if more staff time or other resources become available.

	Person + Agency	Assigned role	Level of effort (# of hours per week)
1			
2			
3			
4			
5			

4 Reach those most at-risk.

…if you're able to. If not, reach whoever you can.

Using the information, you have been able to access, consider creative approaches for locating people most in need of your services. And if that fails, don't worry – reach whoever may be in need, regardless of their level of risk. As there may be a lag in accessing information on recent overdoses, you may not be able to follow up with a person for weeks or even months after their overdose.

Here are some of the strategies the NYSDOH, AI team uses to locate people:

- Phone calls and text messages
- Home visits
- Contacting family members and/or friends
- Searching for more contact information through public records available on http://www.TruePeopleSearch.com
- Requesting that law enforcement check for more known addresses or numbers
- Requesting weekly referral lists from law enforcement to reduce the time gap from the nonfatal overdose to the outreach attempt

! CONSIDER THIS:

If you are working with next of kin who recently lost a loved one, your approach may need to be a bit different. This group will have complex needs, emotional and otherwise. Are there people on your team with counseling experience? Is there anyone who has provided grief or bereavement counseling? Could you tap into the expertise of a social worker or another professional with these skills, even if they aren't on your team?

Time for a brainstorming session

There will be a few factors to consider when you first begin attempting to contact overdose survivors. Think through the items below and write down some of your ideas for handling these issues.

1. PWUD may be better able to connect with a person with previous or current lived experience. This may help the team make valuable in-roads. Is there a person with lived substance use experience on your team? If not, could you involve someone who has this experience? Otherwise, who on your team has previous experience working with PWUD?

2. If you are cold calling people from a list (rather than contacting them via referral), they likely did not expect to be contacted by you! Your team may need to make multiple attempts to touch base with a person before reaching them, and clearly explain what you are able to offer. What will your strategy be?

3. You may call or attempt a home visit, but you may only be able to make contact with a friend or a family member. This could be an important step in locating the person you are searching for, while also offering services to others in their social network. However, it's also important to respect the privacy of the person you are attempting to find. How will you handle this?

Advice from our team.

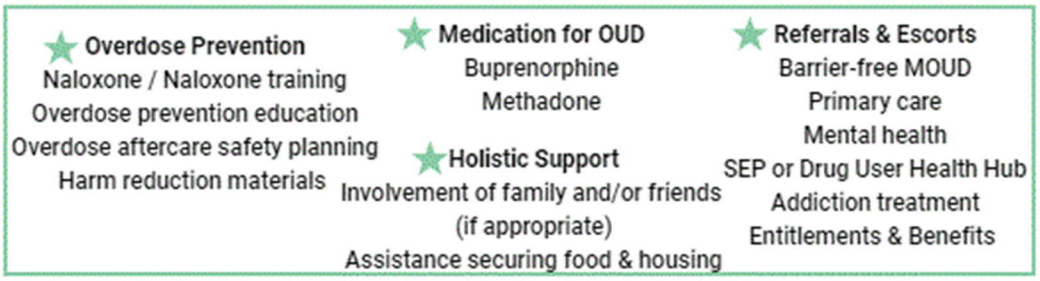
The most powerful aspect of this program may be human connection.

Whether this comes in the form of a follow-up phone call, a voicemail, or a check-in text, it is invaluable to reach out to let people know that we are here when they are ready.. It may be difficult to measure impact, but don't worry about that – our goal is to help people stay alive and get the support they need when they are ready. In some cases, letting them know you are there is enough.

5 Offer what the people need.

...and if they're not ready for your help, wait until they are.

Now is the time to take all the information you have about what the needs are among PWUD in your community and determine what services you will be able to provide. The list of services below is only meant to be a guide, but many are evidence-based practices, proven to be effective for serving PWUD. Check out the Resources list on page 19 if you need more information.



! CONSIDER THIS:

How can your team work to provide immediate services whenever possible?

This can be a challenge. Think about the power of a warm handoff – if outreach staff are able to provide an escort and advocacy on behalf of the client, the odds of the person getting the care they need, when they need it, may be greater.

Complete the grid below, using the services listed above and others you know will be needed by PWUD in your community. Prioritize services that are currently available and write down the corresponding agency or provider who can offer the service.

Service	Is this service available to people in your community?	What agency/provider can you link with to offer fast access to this service?
1		
2		
3		
4		
5		
6		
7		
8		

Time for a brainstorming session

One of the keys to success in rolling out a program such as this is to think outside the box. Here are some ideas on how to get creative when you are providing (or attempting to provide) services and struggling to connect with someone.

- If no one is home, leave a card with your contact information and a naloxone kit in the mailbox or hanging from the doorknob.
- Offer food. You can make large gains by meeting someone for a cup of coffee and a breakfast sandwich.
- Is transportation a problem? Maybe your agency could offer bus passes or vouchers for taxis on occasion.
- Connect with family or friends if you can't reach the person you are looking for. They may need services as well.

How creative can you be? Write down some of your own ideas below and think about how some of the suggestions above might work for your team.

Advice from our team.

Many of the people the NYSDOH, AI team has worked with have struggled to access Medication for Opioid Use Disorder (MOUD) for a host of reasons, including issues with health insurance and lack of provider availability. The outreach staff on the team have been instrumental in decreasing barriers to accessing MOUD, including liaising with providers to ensure same-day access to buprenorphine and troubleshooting with health insurance companies.

Question & think critically throughout.

...and evaluate as you are able.

We all know the importance of evaluating our programs. However, we will sometimes become stuck in a rigid space when it comes to design and implementation of evaluation measures – a space that does not necessarily suit the people we are aiming to serve. Below are some suggestions for how to incorporate a harm reduction-centric set of evaluation activities into your program. A few guiding principles:

1. Collect only what you can and what will serve your program. This is not the time to gather superfluous data.
2. Keep PWUD at the center of your decision making. Be aware of the length of the questionnaire, the real exhaustion PWUD feel around being asked the same questions repeatedly by service providers, and the likelihood of triggering a past trauma with certain questions.
3. Check back on your data regularly. Use it to help you make decisions and change your program as necessary.
4. If you are struggling to collect information from participants, don't fret. Ask yourself some basic questions about the safety and well-being of the PWUD you have engaged: Are people staying alive? Has there been an overdose since engagement with our program? Can I learn anything anecdotal (from a phone call or a visit) that will help me ascertain progress?

Assessments

The assessment in Appendix 1 has been developed and utilized by the NYSDOH, AI team to gather information from PWUD upon intake and may be used for follow-up purposes incrementally throughout your program. This version was used for referrals from law enforcement agencies – but feel free to use this or modify it to make it work for you and your participants.

Tracking of services provided

The development of a service tracking system to help record attempted and successful participant contacts and services provided has been an evolutionary process for the NYSDOH, AI team. Throughout the program, we have made modifications to our services tracker, currently housed in Microsoft Access, to improve the process for recording client encounters and also provide more clarity around what a specific encounter may entail. Excerpts from our service tracker are can be found below. Build these into your own spreadsheet or database and modify to meet your needs.

Case Notes

Recording case notes after each attempted or successful participant encounter is an excellent way to keep tabs on rich, qualitative information that may not be captured during the intake assessment or in the service tracking system. In the absence of all else, these narratives may help your team understand unique circumstances and respond accordingly; this may involve shifting outreach strategies or working to meet other needs participants may have before engaging them in services. The NYSDOH, AI team has kept case notes in Microsoft Word files in a password protected folder on staff PCs.

Advice from our team.

In the spirit of low threshold requirements to access services, don't make people do too much. Do not make participation contingent upon completion of assessments; gather what you can in more creative ways and lean heavily on your service tracker and case notes to help tell a story. The NYSDOH, AI team has found conducting assessments to be a challenge with some participants.

Resources

Overdose prevention and aftercare

Availability of naloxone in pharmacies and information on the Naloxone Co-payment Assistance Program (N-CAP): https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/directories.htm

Bereavement resource guide:
http://www.cdtny.org/wpcontent/uploads/2016/10/BereavementResourceGuide_NewYork.pdf

Guidance on buprenorphine inductions via phone:
https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf

List of providers who will provide support to New Yorkers to begin Medication for Opioid Use Disorder (MOUD) at home:
https://oasas.ny.gov/medication-assisted-treatment-telehealth

Local overdose fatality review team recommendations for overdose death prevention:
https://www.ncbi.nlm.nih.gov/pubmed/30205737

NYSDOH naloxone program:
http://www.health.ny.gov/overdose

Never Use Alone:
A resource for PWUD to call while using alone to prevent potential death due to overdose
https://neverusealone.com/

NYSDOH opioid overdose prevention (OOP) programs directory:
https://www.health.ny.gov/diseases/aids/general/resources/oop_directory/index.htm

Prescribe to Prevent:
A resource for providers to start prescribing and dispensing naloxone –
https://prescribetoprevent.org/

General resources

COVID-19 Resources for PWUD and other vulnerable communities:
https://www.vitalstrategies.org/drug-use-covid-resources/

Housing assistance:
https://www.hud.gov/states/new_york/renting/assistanceprograms
https://www.coalitionforthehomeless.org/get-help/im-in-need-of-housing/

Hunger Solutions New York:
https://hungersolutionsny.org/covid-19/

New York State Coalition Against Domestic Violence:
https://www.nyscadv.org/find-help/program-directory.html

Appendix 1

Law Enforcement Referral Program Enrollment Assessment

Participant unique ID: _____

Date: _____
Completed: ____In-person ____ Over the phone

1. Demographics I will start off with asking some basic information about you.	
Question	Response Options
a. What is your gender?	___ Female ___ Male ___ Non-binary/third gender ___ Prefer not to say ___ Prefer to self-describe:
b. What borough are you currently living in?	___ Bronx ___ Brooklyn ___ Queens ___ Manhattan ___ Staten Island ___ Outside of the 5 boroughs
c. What is your zip code?	
d. How old are you?	___ Under 18 ___ 18-19 ___ 20-29 ___ 30-39 ___ 40-49 ___ 50-59 ___ 60-69 ___ 70+
e. What is your race? Select all that apply.	___ Hispanic ___ White ___ Black/African American ___ Asian ___ American Indian or Alaska Native ___ Native Hawaiian/Pacific Islander ___ Other (specify):

Quality of Life I will now be asking you some questions about your access to health care and health insurance, employment, housing, and your health and well-being.	
2. Health Insurance/Health Care Access	
Question	Response Options
a. Do you currently have health insurance?	___ Yes, private ___ Yes, state/federal (Medicaid/Medicare) ___ No
b. Over the past 12 months, how many months did you have health insurance coverage? Your best guess is fine.	___Insured for all 12 months ___Insured for less than 12 months, but more than 6 months ___Insured for less than 6 months ___Did not have health insurance at all within the past 12 months
c. Over the past 12 months, did you feel like you could see a healthcare provider when you needed to? This would include general practitioner care, specialist care, prescription drugs, medical tests, treatment or follow-up care, dental care, mental health care or counseling, or treatment or counseling for alcohol or drug use.	___ Yes (skip to 2e) ___ No
d. What has prevented you from seeing a healthcare provider when you needed to?	___ Couldn't afford out of pocket expense ___ Did not have health insurance ___ Had a previous bad experience with provider so did not return ___ No transportation ___ Can't get an appointment ___ Other (specify):
e. Would you like assistance accessing health insurance or health care services? I cannot guarantee access but will assist you to the best of my ability	___ Yes, help me access both health insurance and health care services ___ Yes, help me access health insurance ___ Yes, help me access health care services ___ No assistance desired
f. Please write any additional comments here:	
3. Employment	
Question	Response Options
a. What is your current employment status?	___ Working full-time (skip to 3c) ___ Working part-time (skip to 3c) ___ Not working, seeking employment ___ Not working, not seeking employment

	___ Unpaid volunteer work
b. Which of these reasons best describes why you do not have a job? (Select all that apply)	___ No work is available ___ Do not possess skills/training for available work ___ Drug testing has made it difficult to find/keep a job ___ Family responsibilities (i.e. – need to care for child) ___ Currently in school or other training ___ Ill health or disability ___ No transportation ___ Other (specify):
c. Please write any additional comments here:	
4. Housing	
Question	Response Options
a. What is your housing status?	___ Private residence ___ Supportive housing ___ Homeless and living with family/friends ___ Homeless and staying at a shelter ___ Homeless and living on the street ___ Other (specify):
b. How would you describe your current housing status?	___Stable: I know I have a safe place to sleep each night ___Unstable: I am not sure I have a safe place to sleep each night
c. Please write any additional comments here:	
5. Health and Well-being	
Question	Response Options
a. During the past 30 days, how often did you feel hopeful?	___ All the time ___ Most of the time ___ Some of the time ___ A little of the time ___ None of the time
b. During the past 30 days, how often did you feel a sense of belonging?	___ All the time ___ Most of the time ___ Some of the time ___ A little of the time ___ None of the time
c. During the past 30 days, how often did you feel you had someone to call when you needed support?	___ All the time ___ Most of the time ___ Some of the time

	___ A little of the time ___ None of the time
d. If you had a problem with which you needed help (i.e. – a ride or moving), how much help would you receive from family, friends and/or community members?	___ All the help needed ___ Most of the help needed ___ Very little of the help needed ___ No help
e. Would you like to be linked to mental health services?	___Yes ___No (skip to 5h)
f. Have you seen someone in the past that you'd like help reconnecting with?	
g. Please write any additional comments here:	

Opioid Use and Medication for Opioid Use Disorder (MOUD)

I will now be asking you some questions about your current and previous opioid use and MOUD.

6. Current and Previous History of Substance Use and MOUD

Question	Response Options
a. Which drugs have you used in the past year?	___ Alcohol ___ Amphetamine/ methamphetamine ___ Benzos ___ Cocaine ___ Fentanyl ___ Heroin ___ Prescription opioids (pain pills) ___ Other (specify):
b. How many times have you experienced an overdose?	___ Twice ___ Three times ___ Four times ___ Five times ___ More than five times ___ I don't remember
c. When was your most recent overdose?	___ Within the past week ___ Within the past month ___ Within the past 6 months ___ Longer than 6 months ___ Other (specify):
d. Are you currently using some form of Medication for Opioid Use Disorder (MOUD)?	___ Yes, buprenorphine (Suboxone) ___ Yes, methadone ___ Yes, naltrexone (Vivitrol) ___ No (skip to 6f)
e. When did you begin taking it? Estimate number of months.	___ months

f. Would you like assistance being connected to a MAT/substance use treatment provider?	___ Yes ___ No
g. Within the past 12 months, have you gone to a detox facility?	___ Yes ___ No
h. Within the past 12 months, have you enrolled in an inpatient/residential, intensive outpatient/partial hospitalization or outpatient counseling drug treatment program?	___ Yes, inpatient/residential ___ Yes, intensive outpatient/partial hospitalization ___ Yes, outpatient counseling ___ No
i. Please write any additional comments here:	

7. Harm Reduction Practices	
Question	Response Options
a. Have you received any (formal or informal) training on how to respond to an opioid overdose, including how to administer naloxone?	___ Yes (skip to 8c) ___ No
b. Would you like to learn how to administer naloxone? (Note: naloxone kits will be provided to participants)	___ Yes (skip to 8g) ___ No (skip to 8g)
c. Do you usually carry naloxone?	___ Yes ___ No
d. Have you ever had your naloxone kit confiscated from police or another person of authority?	___ Yes ___ No (skip to 8f)
e. By whom?	
f. Where do you usually get your naloxone?	___ SEP/Drug User Health Hub (DUHH) ___ Friend/Family member ___ Pharmacy ___ Other (specify):
g. In an effort to reduce your risk of overdose, have you ever used any of the following harm reduction strategies? Select all that apply.	___ I stopped using drugs ___ I reduced the amount of drugs I used ___ I started carrying naloxone ___ I started using fentanyl testing strips ___ I started utilizing SEP/DUHH/COTI services ___ I entered a drug treatment/rehab program ___ I changed the type of drugs I was using ___ I changed the method of use (injection, smoking, etc.) ___ I changed who I used drugs with ___ I do not use drugs alone ___ I tell someone when and where I'm using so that they can check on me ___ Other (specify):

h. How often do you incorporate these harm reduction strategies when you use(d) drugs?	___ Always ___ Usually ___ Sometimes ___ Never
h. Please write any additional comments here:	
8. Engagement in Services	
Question	Response Options
a. Are you currently accessing any substance use/harm reduction services at one of the following agencies?	___ Not currently accessing services ___ Syringe Exchange Program (SEP) ___ DUHH ___ Center of Treatment Innovation (COTI - OASAS) ___ Other OASAS Drug Treatment Program ___ Another agency (specify):
b. Within the past 12 months, have you accessed substance use/harm reduction services at one of the following agencies?	___ Have not accessed services (skip to 8d) ___ SEP ___ DUHH ___ COTI (OASAS) ___ Other OASAS Drug Treatment Program ___ Another agency (specify):
c. Which services have you received?	___ Supportive counseling ___ Peer support ___ Syringe exchange services ___ Medical screening/testing (i.e. – STI/HCV/HIV testing) ___ Medical treatment (i.e. – wound care, primary care) ___ Other (specify):
d. Are you interested in learning more about the services that these programs offer?	___ Yes ___ No
e. Please write any additional comments here:	
9. Law Enforcement/Criminal Justice System Involvement I will now be asking you some questions about your previous experience with law enforcement and the criminal justice system.	
Question	Response Options
a. Have police ever responded and administered naloxone during one of your overdoses?	___ Yes ___ No (skip to 9d)
b. How many times?	___ Once ___ Twice ___ Three times

	___ Four times ___ Five times ___ More than five times ___ I don't remember
c. What was your experience(s) with the responding officer(s)? Select all that apply.	___ Helpful ___ Kind ___ Supportive ___ Judgmental ___ Rude ___ Threatening ___ Other (specify):
d. Within the past 12 months, have you been arrested for a crime related to your substance use?	___ Yes ___ No ___I prefer not to say
e. Within the past 12 months, have you been incarcerated for a crime related to your substance use?	___ Yes ___ No ___I prefer not to say
f. Please write any additional comments here:	

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