# COLLABORATIVE PROBLEM SOLVING AND COORDINATED INTERVENTIONS

## Module 3

## Filling service gaps and improving overdose prevention

### The second SOS goal of a PHAST is optimizing jurisdictional capacity to prevent overdoses.

This module addresses PHAST activities designed to help move partners from data to action, or from a better shared understanding to better implementation of evidence-based interventions. This may sound easy, but it can be challenging to problem solve an issue as multi-dimensional as the overdose crisis. To help PHASTs, this module outlines several simple collaborative processes to identify gaps in programs and services and prioritize areas in need of improvement, expansion, or intervention.

Once your PHAST has prioritized recommendations (including any recommendations informed by overdose fatality reviews), specific implementation steps can be listed, carried out, and reported on as they are completed. Keep in mind that even though we have listed these processes in what looks like a series of steps, some of these processes can occur together or in a different order, depending on what works best for your PHAST.

**This module includes the following action steps:**

- Review evidence-based interventions and promising practices
- Identify existing interventions related to overdose prevention
- Select interventions to address local gaps, needs, and challenges
- Identify barriers and facilitators for implementing, expanding, or improving evidence-based overdose prevention interventions
- Prioritize interventions
- Identify supports and design changes
- Develop an implementation plan

Some of these action steps are closely connected to and build upon one another. To streamline this process, it is possible to combine these action steps into one or a series of connected meetings.

# Review Evidence-based Interventions and Promising Practices

## ACTION STEP CHECKLIST

### Who: All PHAST partners

- ☐ **Share CDC's Evidence-based Strategies for Preventing Opioid Overdose: What's Working in the United States (*https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf*) with partners and ask them to independently review strategies.**
- ☐ **Collectively review the evidence-based strategies with partners.**
- ☐ **Identify partners in your community who are implementing the strategies.**
- ☐ **Invite identified partners to present on their experiences, lessons learned, and outcomes (if available).**
- ☐ **Discuss opportunities for improving jurisdictional capacity and interventions to prevent overdoses.**

Throughout the evolving overdose crisis, a number of strategies and interventions have emerged through innovation and scientific study. In 2018 CDC published *Evidence-based Strategies for Preventing Opioid Overdose: What's Working in the United States*[1] in which the authors describe and provide examples of the following evidence-based interventions:

- Targeted Naloxone Distribution
- Medication-Assisted Treatment (also known as Medications for Opioid Use Disorder or MOUD)
- Academic Detailing
- Eliminating Prior Authorization Requirements for MOUD
- Screening for Fentanyl in Routine Clinical Toxicology Testing
- 911 Good Samaritan Laws
- Naloxone Distribution in Treatment Centers and Criminal Justice Settings
- MOUD in Criminal Justice Settings and Upon Release
- Initiating Buprenorphine-based MOUD in Emergency Departments
- Syringe Services Programs (SSP)

Several promising practices, which have some data showing positive outcomes, but do not have enough evidence to support generalizable conclusions, include the following:

- Telemedicine programs to reduce barriers to MOUD access[2]
- Criminal justice diversion programs[3]
- Peer recovery specialist involvement in post-overdose outreach or overdose response/crisis response teams[4,5]
- Linkage-to-care programs that leverage intercept opportunities with law enforcement and first responders[6]

Across all of the above mentioned strategies, four critical needs identified in the literature are evident:

1 - Increase access to life-saving and harm-reduction measures for people who use drugs.

2 - Divert individuals away from the criminal justice system and offer support services.

3 - Capitalize on intercept opportunities to offer support and access to treatment and recovery.

4 - Provide appropriate health services, including MOUD, to justice-involved populations (JIP) during incarceration and times of transitions.

These four critical areas can serve as an organizing framework to help a PHAST assess multi-sector strengths and opportunities for improved overdose prevention.

Because sectors are used to working in silos, it is helpful to get everyone on the same page and ensure that partners have a shared understanding of all of the overdose prevention programs and practices that already exist within the jurisdiction. Collectively reviewing CDC's Evidence-based Strategies: What's Working in the United States, then working together to identify existing community interventions and discussing jursidictional capacity to prevent overdoses can be an effective approach to gaining a shared undertanding of national and local evidence-based interventions.

## A strategy is a plan of action or approach to achieving a goal.[7]

An **intervention** is any set of organized activities supported by a set of resources to achieve a specific and intended result or strategy. Interventions can include direct service interventions, community mobilization efforts, research initiatives, advocacy work, and training programs.[8] **Interventions** are specific approaches to implementing broader **strategies.**

# Identify Existing Interventions Related to Overdose Prevention

## ACTION STEP CHECKLIST

**Who: All PHAST partners**

- ☐ Complete the Inventory of Evidence-based Interventions (See C5 in the Appendix of the PHAST Toolkit).

As PHAST partners discuss the list of evidence-based strategies, develop a list of existing programs and policies in your community that align with those strategies and that directly or indirectly address the four critical needs listed above. (For an overview on evidence-based interventions, please see the text-box on page 56.) Partners may use the **Inventory of Evidence-based Interventions** template included, see C5 in the Appendix of the PHAST Toolkit to track interventions currently implemented by partners in the community that align with each area of critical need.

**It is helpful to identify what interventions already exist throughout the jurisdiction and what gaps remain.**



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# Select Evidence-based Interventions to Address Local Needs, Gaps, and Challenges

## ACTION STEP CHECKLIST

### Who: All PHAST partners

- ☐ **Discuss how local needs, gaps, and challenges are or are not being effectively addressed through existing evidence-based interventions using the questions listed in Module 2 (Action Step: "Identify Gaps and Needs".)**
- ☐ **Determine if there are important gaps not being addressed at all through any existing interventions. If there are, select new evidence-based interventions that may address these.**
- ☐ **Develop a list of existing evidence-based interventions that can be expanded or improved upon and new evidence-based interventions that can be implemented (please see C5 in the Appendix of the PHAST Toolkit to see how this can be tracked using the Inventory of Evidence-based Interventions template.)**

After the group has reviewed evidence-based interventions for preventing opioid overdose and identified existing evidence-based interventions in the jurisdiction, partners may focus their discussion on how local needs, gaps, and challenges identified through data-driven discussions (See Module 2) are or are not effectively addressed through existing interventions. Partners can also discuss how they may adapt existing interventions to address important gaps or may decide that new evidence-based interventions may be needed. For this action step, partners are encouraged to discuss:

1 - What gaps, needs, and challenges are existing programs designed to address?

   a - What are they addressing well? Can local gaps and needs be addressed by expanding the intervention? Are there other benefits to expanding the intervention?

   b - What are they not addressing well? Can improvements or adaptations be made to this intervention so that it can better address the problem, need, or gap?

2 - What gaps, needs, and challenges are existing interventions NOT designed to address?

3 - What evidence-based strategies can address these unmet needs and gaps?

4 - Based on this discussion, what existing interventions can be expanded or improved? What new interventions can be implemented?

By the end of this discussion, the PHAST should have a list of existing interventions that can be expanded or improved upon and new evidence-based interventions that can be implemented to address local gaps, needs, and challenges. PHASTs may use the **Inventory of Evidence-based Interventions** template (see C5 in the Appendix of the PHAST Toolkit) to track how existing programs are or are not addressing local gaps, needs, and barriers. The inventory may be expanded or modified to track new interventions that may be considered for future implementation. For each intervention, note whether there is evidence that it is successful or not. If not, a suggestion would be to assess its effectiveness before continuing or expanding the intervention further (see text box below). Please see D2 in the Appendix of the PHAST Toolkit to see some real-world **examples of local promising practices**.

## What are "evidence-based" interventions and promising practices?

An **evidence-based** public health strategy or intervention is an approach to improving population health that has been shown to be effective across a wide range of settings and people through data, research, and program or policy evaluation. Evidence-based strategies rely on the best available scientific evidence, systematic use of data and information, the application of program-planning frameworks and models, community-engagement, monitoring and evaluation, and dissemination of lessons learned. Implementing evidence-based strategies helps to increase the likelihood of success, improve productivity, and ensure more efficient use of public and private resources to improve population health.[9] On the other hand, **promising practices** include practices assessed through unpublished intervention evaluations that have not been peer reviewed and that demonstrate some evidence of effectiveness, reach, feasibility, sustainability, and transferability.[10]

Please refer to the Appendix for **additional resources** on evidence-based interventions and promising practices.

# Identify Barriers and Facilitators for Implementing, Expanding, or Improving Evidence-based Overdose Prevention Interventions

## ACTION STEP CHECKLIST

**Who: All PHAST partners**

- ☐ **For the intervention you have selected, determine what challenges and obstacles you need to overcome (policies, programs, perceptions) and who is experiencing them. Then, determine what changes need to be made to implement/expand/improve that intervention that will help you address these challenges.**
- ☐ **Identify barriers to making each proposed change.**
- ☐ **Identify facilitators to making each proposed change.**
- ☐ **Document proposed changes and their barriers and facilitators.**

Once your PHAST has compiled a list of all new and existing evidence-based interventions that are designed to address your jurisdiction's needs, partners can begin the process of identifying barriers and facilitators for implementing, expanding, or improving each identified intervention. However, depending on the number of interventions your PHAST has selected, it might make sense to prioritize them first then come back to identifying barriers and facilitators for your prioritized interventions.

For example, if your PHAST has identified 10 different interventions, it may make sense to narrow down the list of interventions before you begin the process of identifying barriers and facilitators for each one. On the other hand, if your PHAST has selected three interventions, identifying barriers and facilitators for each might help to inform your PHAST's prioritization process. Generally, you can conduct these steps in whatever order makes sense to your PHAST.

There are many barriers and facilitators in implementation. Barriers are factors that hinder change, whereas facilitators are factors that help to motivate change. A key step in implementation is identifying what those barriers and facilitators are. This will enable people involved in your programs to overcome barriers by picking the right supports,

and to leverage facilitators in your implementation plan. This step is foundational to building an easier pathway to better implementation.

PHAST members may already understand what barriers and facilitators exist to implementing each of the selected interventions. In some cases, understanding barriers and facilitators may also require additional information gathering through new data collection and investigation, interviews, or informal conversations with those who may be more familiar with the issue. For instance, if you have identified that a prevention service is not being used frequently by a segment of the population but through group discussion it is unclear why that is the case, partners may need to investigate reasons before developing an appropriate recommendation. This can occur through new data collection or by simply inviting members of the population segment to join the PHAST and explore barriers and facilitators together.

To begin the process of identifying barriers and facilitators, it helps to first determine who is experiencing the obstacle and what type of obstacle it is – is it a policy issue, a program-related issue, or a perception (e.g., a value or belief)? Then determine who controls those policies or programs, or holds those perceptions. Now you know the focus of your intervention. (Note: There may be more than one obstacle, but try to get to the root cause, if possible.)

For example, if your PHAST is implementing a naloxone distribution program for a specific population, what are the obstacles, limitations, or challenges to this program and who is facing them? What policies, programs or perceptions can be changed to address these obstacles?

The process of highlighting limitations can be uncomfortable because people are used to presenting their work in the best possible light, especially to leadership. However, limitations and challenges are part of every intervention and there is always room for improvement. Here are a few questions to ask stakeholders about existing programs, or about new programs you are considering:

1 - What are some existing or anticipated challenges or obstacles to accessing the services provided through these interventions?

   a - Are some populations in your community facing greater access challenges than others? Why? What specific obstacles are known? Do you need more information to understand inequitable access or utilization?

2 - What are some existing or anticipated challenges and obstacles to delivering the services through these interventions?

3 - What happens before and after an individual enters the program (are there transitional or transfer of information needs)?

When discussing these questions consider: **Who** needs to do **what** differently for the intervention to be more effective? **What** can be changed to address these obstacles?

## TIPS

### For Facilitation

When asking partners to engage in problem solving to address gaps and needs:

- Allow for uncomfortable silence to give people time to think and speak up. Generally, if you wait long enough, someone will offer an idea. Otherwise, don't be afraid to ask someone a question.
- Ask partners to offer any and all ideas that come to mind, just like a brainstorming session; no one is committing to anything just by offering up possible solutions.
- Brainstorm first, then discuss feasibility and pragmatics. Separate brainstorming ideas from barriers or obstacles that may arise.
- Ask partners what questions remain/what is still unknown (this may indicate that further formal or informal data collection is needed in order to find solutions, such as inviting a guest speaker to discuss a particular evidence-based intervention with the group).
- Make sure diverse perspectives are brought to bear as you collect all possible solutions.
- Make sure someone is taking notes.

Once your PHAST has identified what needs to change, the next step is to consider the **barriers** to making each of these changes. These might relate to the design of a program (i.e., who is involved, how it works) or to how people engage with the program (i.e., the capability, opportunity, and motivation of the people delivering, attending, or involved in the program.) When you have barriers related to design, you might need to adapt components of the program. When you have barriers related to engagement with the program, you may need to select supports to help people better interact with it (see section below). Here are a few questions to ask stakeholders about barriers:

1 - What are some existing or anticipated barriers to making each of the identified changes?

2 - Are these barriers related to:

- a - How the intervention is designed?
- b - How people engage with the intervention?
- c - How the intervention is being delivered?
- d - Intervention resources and capacity?

Finally, consider **the facilitators** to making each of these changes. What policies or practices may support this change? What factors may encourage behavior change?

**Note:**

Recommendations identified by OFR teams can be incorporated into this process as well. For more information about OFRs, please refer to the Overdose Fatality Review: A Practitioner's Guide to Implementation at *https://www.cossapresources.org/Content/Documents/Articles/Overdose_Fatality_Review_Practitioners_Guide.pdf.* PHASTs may use the **Inventory of Evidence-based Interventions** template (See C5 in the Appendix of the PHAST Toolkit) to track limitations/barriers and facilitators to existing interventions.

**Limitations and challenges are part of every intervention and there is always room for improvement.**

# Prioritize Interventions

## ACTION STEP CHECKLIST

**Who: All PHAST partners**

- ☐ **Develop a set of prioritization criteria.**
- ☐ **Select and conduct a prioritization activity.**
- ☐ **Discuss results with partners.**

A PHAST comprises many different stakeholders with different roles, responsibilities, and priorities. Depending on how many evidence-based interventions you have selected to improve, expand, or implement, you may need to prioritize which to address first.

Prioritization doesn't have to be a time-consuming task, and yet there is a large benefit to prioritization because it helps develop focus. With your PHAST, develop a set of prioritization criteria (e.g., ease of implementation, importance, urgency, or target population.)

Taking a few moments, even 10 – 15 minutes of discussion time, to get on the same page about how you are prioritizing will ensure a common understanding of how you will collectively tackle this step. Next, it helps to build in an "independent" activity to actually do the prioritization – something that everyone can participate in, so that everyone's voice around the table is heard. Examples include independent voting or ranking with your collective prioritization criteria in mind, anonymous surveys, and group discussion. Further, building in opportunities to discuss the results will help the process and can establish more shared understanding and buy-in.

## PHAST Strategy

### Conduct a Prioritization Exercise

PHASTs may engage in different types of team activities in order to collectively prioritize decisions. Using a prioritization tool can offer different options for individual teams. One approach is to list all of the selected interventions (for implementation, expansion, or improvement) on an actual or virtual (e.g., Jamboard) whiteboard, and ask PHAST partners to vote for their highest priorities.

Some programs and strategies may easily be addressed by a specific agency or it may be a top priority to one agency. In these cases, a partner may "claim" a program or strategy as a "to do" task to be completed and report back progress at future meetings. This process encourages accountability to the PHAST and a commitment to action.

In other cases, interventions may involve multiple agencies or even the creation of a workgroup, or it may involve several activities/action steps. All prioritized interventions and action steps should be assigned to an agency or individual who shall be responsible for reporting on progress at subsequent meetings.

## Example of Prioritizing Interventions: Summit County, Ohio

The Summit County PHAST developed two visualization tools to aid their planning and prioritization processes.

**The Opiate Framework** (Figure 7) depicts all possible overdose prevention and response interventions that could be implemented in Summit County. Interventions are grouped into five distinct strategy areas. Those marked in **purple** indicate interventions in which the county currently has capacity to implement. This is a simple approach to communicating with stakeholders all possible interventions that are or are not in place as well as the extent to which each of the five strategies areas are being addressed.

**Figure 7. Summit County, OH Opiate Framework**


### Evidence & Evidence-based Prevention

- Media campaign
- School-based prevention
- Medical provider education
- Patient and public education
- Drug disposal programs
- Law enforcement interventions
- Home visiting programs
- Opioid prescribing guidelines
- Screening, brief intervention and referral to treatment (SBIRT)
- Academic detailing

### Treatment

- Outpatient counseling
- Residential/inpatient services
- Detox/withdrawal management
- Quick Response Teams
- MAT
- Naloxone/MAT for jails
- Recruiting MAT providers
- Workforce development (professionals)
- Workforce development (individuals in treatment)
- Special populations: child welfare
- Special populations: pregnant women
- Special populations: criminal justice
- Improving pain treatment
- Prescription drug monitoring programs
- Clinical decision support
- 12 Step programs
- Peer support
- Long term recovery housing
- Initiating buprenorphine-based MAT in ED
- Trauma-informed care
- Sober supports (recreational activities)

### System Coordination & Infrastructure

- Tracking abatement progress
- Criminal justice system coordinator
- Data-informed systems re-engineering
- ASCEND (Toledo/Lucas)
- Surveillance and leadership
- Expanding scientific knowledge
- Screening for Fentanyl in routine clinical toxicology testing

### Harm Reduction

- Naloxone
- Nalox Boxes
- Syringe exchange
- HIV/HEP C interventions
- Social support housing

### Policy

- 911 Good Samaritan Laws
- Eliminating prior-authorization requirements for medications for opioid use disorders
- Advocacy for specialized court dockets
- Protect Medicaid expansion



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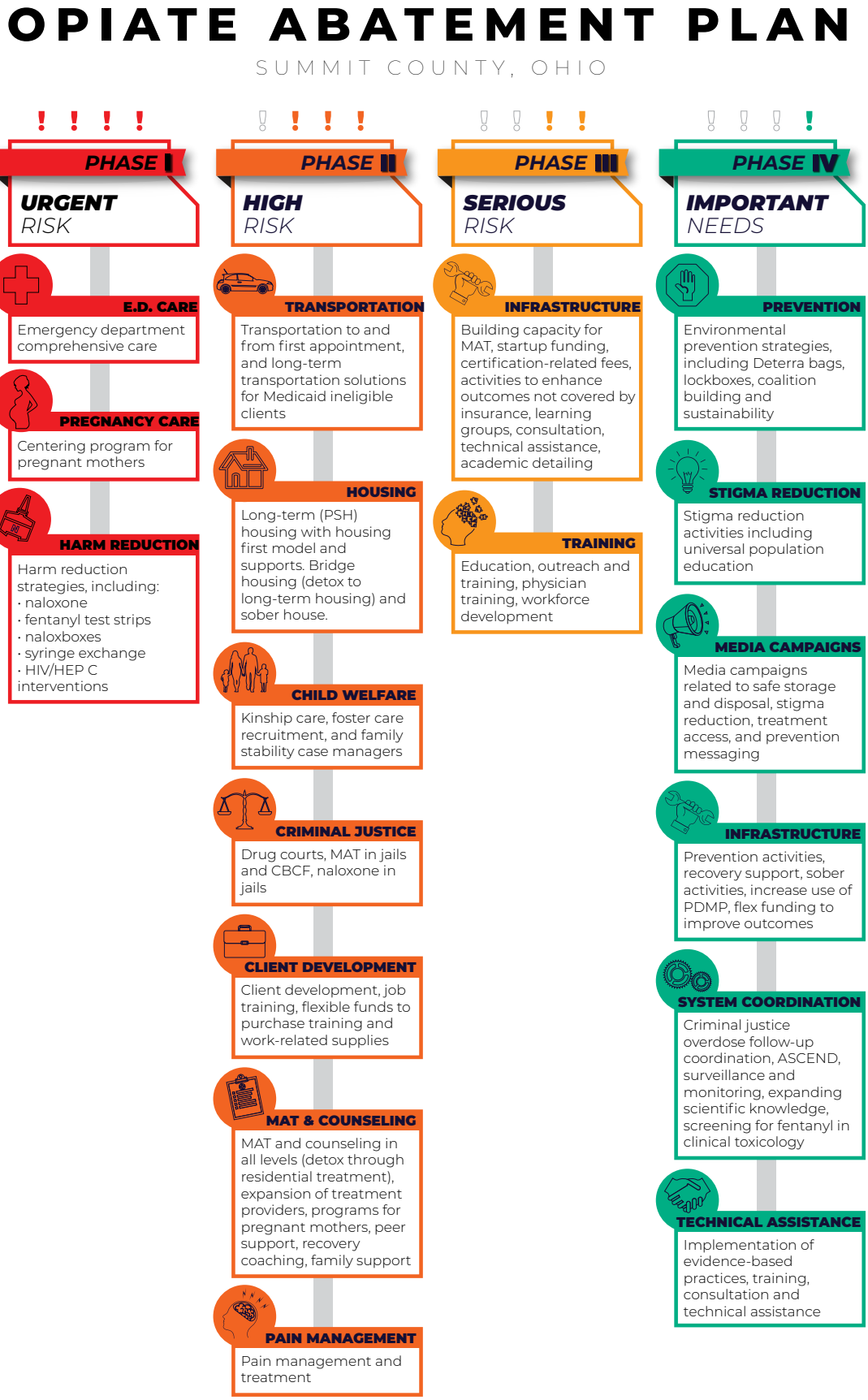
## Example of Prioritizing Interventions: Summit County, Ohio

The Summit County PHAST developed two visualization tools to aid their planning and prioritization processes.

**Figure 8. Summit County, OH Opiate Abatement Plan**




**The Opiate Abatement Plan** (Figure 8) depicts interventions by level of urgency. Prioritizing interventions by level of urgency enables stakeholders to understand the number of urgent vs. important needs and the sequencing and timeline of current and planned interventions. This tool can aid with long-term planning and discussions related to multi-sector coordination of future interventions.



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# Identify Supports and Design Changes

## ACTION STEP CHECKLIST

**Who: All PHAST partners**

- ☐ **Discuss and recommend solutions that specifically address barriers to change and leverage facilitators to change.**

After your PHAST has prioritized its evidence-based interventions and examined barriers and facilitators for each, recommendations for how to address these barriers can be generated. If your PHAST identified many barriers, you may use a prioritization activity (as described in the previous step) to help you focus on a few key barriers.

Next, your PHAST is encouraged to recommend solutions that specifically address these barriers. Barriers might indicate that changes are needed to service design (i.e., how the actual program is coordinated/delivered, how information is shared). In this situation, solutions would involve making changes to the intervention itself to ensure that these challenges are overcome (e.g., practice changes, service structure, data sharing agreements between partner organizations, resource allocation). There may also be barriers related to engagement with the program (e.g., more knowledge and skills are needed, attitudes and stigma need to be overcome, certain restrictions need to be lifted through policy). For these types of barriers, you may have to identify and develop supports like education and training provision, opinion leaders, action planning, or policy changes – among many other types of supports.

## PHAST Activity

### Collaborative Brainstorming

Collaborative brainstorming encourages all partners to offer recommendations to be considered by the group. PHAST partners are encouraged to brainstorm a **list of recommendations** that leverage all available sectors and jurisdictional capacity to address each facilitator and barrier. Ask the entire PHAST, "What would strengthen the intervention?" "What would address these barriers we've identified?" Then invite participants to write on sticky notes as many ideas as they can to improve that program or service in 5 or 10 minutes and at the end put the recommendations up on a shared wall. This way, ideas are anonymous. Discuss the ideas as a group.

Once recommendations and design changes have been discussed and considered, partners may decide to complete another prioritization activity to determine which recommendations or design changes to adopt.

# Develop an Implementation Plan

## ACTION STEP CHECKLIST

**Who: All PHAST partners**

☐ **Develop a detailed plan that documents recommendations and design changes chosen by the PHAST.**

For each prioritized intervention, PHASTs are encouraged to develop a detailed plan that documents recommendations and design changes chosen by the PHAST. Implementation plans will typically include the following elements:

- An overarching goal or main barrier to overcome
- Action steps (these will include the supports to address each identified barrier)
    - Where will the program and supports be delivered? (For example, is there a hot spot or key population you want to engage?)
    - Who will do what by when?

**Example:** Probation and parole officers regularly supervise individuals at risk of overdose. After experiencing repeat overdose incidents among individuals in community corrections, a jurisdiction decides to provide basic motivational interviewing training to its community corrections officers so they can support recovery when opportunities arise. They also enter a data use agreement with local law enforcement so that, when an individual who is under community corrections supervision experiences an overdose, the probation office is notified so that the officer can engage with a rapid response team to offer recovery support.

As part of the implementation plan, partners may also consider discussing performance measures that will help the team monitor and track progress over time. Following the implementation plan helps to ensure that PHASTs stay on track and complete each action step in a timely manner.

An intervention plan can be in the form of a written document, table, or be based on an existing template that is adapted to the PHAST's needs. Providing that the plan contains the basic elements listed above, a PHAST can determine the best option to meet their needs. D3 in the Appendix of the PHAST Toolkit includes an **example of an implementation plan** to implement a naloxone leave-behind program.

**Following an implementation plan helps PHASTs stay on track and complete each step.**

# Endnotes


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