

CDC/ATSDR Formative Research and Tool Development

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SUPPORTING STATEMENT: PART A

Adoption Accelerator: Social Network Analysis (Formative Research)

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Table 1. SUMMARY TABLE

Goal of the study: The goal of the study is to gather information about sheriffs' advice seeking behavior and feedback on the feasibility and acceptability of adopting evidence-based priority strategies to reduce risk of overdose among individuals re-entering the community after incarceration.

Research questions: 1) Who are influential individuals or organizations that sheriff members of select (n=3) state sheriffs' associations trust or seek advice from? 2) What relational bridges exist between sheriff members from select (n=3) state sheriffs' associations and influential individuals or organizations?

Intended use of the resulting data: Information gathered will be used internally by CDC to improve the dissemination of materials and messaging to increase uptake of evidence-based priority strategies by sheriffs who provide re-entry services to individuals reentering the community after incarceration. Information gathered will not be used by CDC for the purpose of informing influential policy decisions or for publication in peer-reviewed journals or for conference presentations.

Methods to be used to collect data: Quantitative data collection through a 7-minute online Sheriffs' Advice-Seeking Survey with sheriff members from select (n=3) state sheriff associations.

How data will be analyzed: The data will be analyzed using descriptive statistics and social network analysis related metrics.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

Background

The Centers for Disease Control and Prevention (CDC) Division of Overdose Prevention (DOP) is requesting approval for a new GenIC under OMB Control No. 0920-1154, titled "Adoption Accelerator: Social Network Analysis (Formative Research)." The purpose of the Adoption Accelerator project is to promote the adoption of evidence-based priority strategies (defined below) in organizations that provide services to formerly incarcerated individuals re-entering the community to reduce risk of overdose.

People released from jail or prison have a more than 10-fold risk of overdose from opioids compared to the general public.¹ In fact, unintentional overdose is the main cause of death among those re-entering civilian life after incarceration, and the majority of those overdoses are from opioids. Re-entry among those incarcerated refers to the period from when someone is first released from jail or prison until a year post-release, with the most vulnerable period for overdose risk occurring within the first two weeks.² Numerous evidence-based strategies are recommended for harm reduction among justice-involved populations, including, to name a few: overdose education and naloxone distribution, comprehensive treatment using medications for opioid use disorder, and collaboration between corrections entities and community-based

organizations.¹⁻⁴ For this project, the priority evidence-based strategies (priority strategies) include peer support services, overdose education and naloxone distribution, and fentanyl test strip distribution. The priority strategies were selected based on an assessment of health equity, intervention readiness, CDC DOP's sphere of influence for adoption, likelihood of data availability to observe change, cohesiveness as part of a bundled package of strategies, and geographic suitability (i.e., not affected by access to clinical treatment services or syringe service programs; feasible in rural/urban settings). Priority strategies reflect the needs of persons who use drugs (PWUD) and offer individuals support for reaching and maintaining their recovery goals and important tools for reducing adverse health and socioeconomic risks and consequences associated with drug use.⁵

Peer support services^a (PSS) refers to the varied non-clinical support services that trained peer recovery specialists provide, categorized as emotional, informational, instrumental, and affiliational support. In a post-release correctional context, PSS are provided to formerly incarcerated persons at various stages of recovery by trained (and possibly certified) specialists who share the dual lived experience of recovery from SUDs and criminal justice involvement. The duality is critical to peers' provision of relevant support based on a better understanding of traumas that may have occurred before, during, and after incarceration.^{6,7} Peer specialists may provide, for example, linkage to care and social services (including but not limited to harm reduction for OD prevention), positive social connections, recovery coaching, crisis management support, job readiness support, housing and transportation assistance, and peer advocacy.^{6,8} In Year 2 of the Overdose Data to Action (OD2A) cooperative agreement, 38 of 66 jurisdictions reported PSS activity; 11 reported implementing PSS with justice-involved populations.^b

Naloxone (also known by Narcan) is an opioid antagonist medication that can be used to counter the life-threatening effects of opioid overdose. Naloxone is a non-addictive prescription medication, administered intranasally or by injection, and carries no side effects if used when opioids are not present. While typically administered by first responders in an emergency, laypeople may also receive education and training to administer naloxone if witnessing a potential opioid-involved overdose, rendering it suitable for PWUD and their friends and family members.^{9,10} Take-home naloxone kits are a recommended harm reduction strategy for persons exiting incarceration and reentering the community.¹¹ In Year 2 of OD2A, 33 of 66 jurisdictions reported overdose education and naloxone distribution (OEND) activity; 8 reported implementing OEND with justice-involved populations.^c

In April 2021, annual drug overdose deaths exceeded 100,000, with 64% of deaths involving synthetic opioids like fentanyl. As illicit fentanyl has become ubiquitous in the broader drug supply, extending even beyond the opioid supply, a greater number of people who use drugs (PWUD) are at risk of overdose. Persons exiting jails/prisons are at heightened risk of overdose, owing at least in part to their relative naivete to the current illicit drug market. Fentanyl test strips (FTS) offer drug users the ability to self-check their drug supply for the presence of fentanyl and fentanyl analogs. Because of their low cost and ease of use, FTS are commonly

^a (also termed *peer recovery support services* or *peer recovery coaching*)

^b Indiana, Washington State, Philadelphia (PA), Ohio, Michigan, Maricopa County (AZ), Franklin County (OH), Clark County (NV), Chicago (IL), Kentucky, Harris County (TX)

^c Kentucky, New York, Oregon, Arizona, Franklin Co (OH), North Carolina, Maine, Philadelphia (PA)

promoted in harm reduction settings. FTS distribution, where legal^d, can vastly extend harm reduction efforts, and FTS purchase is now supported on the federal level. In Year 2 of OD2A, 11 of 66 jurisdictions reported FTS activity; 0 reported FTS distribution with justice-involved populations.^e One jurisdiction (DC) reported activity involving fentanyl messaging for justice-involved populations.

Despite the evidence, there is still a prevalent abstinence-only approach in many correctional facilities and other environments that interface directly with those about to re-enter the community from jail or prison.¹² In response to a lack of priority strategy adoption in these environments, CDC seeks to obtain information on ways to influence key adopters and decision makers who interface most with those about to re-enter the community after incarceration. Uptake of evidence-based harm reduction strategies can be particularly challenging among law enforcement officers given they may have limited institutional resources, state or county policy constraints, knowledge and awareness gaps, and stigmatized attitudes around PWUD.^{13, 14} However utilizing trusted messengers, such as fellow law enforcement officers, may help promote behavior change in their audience.¹⁵ Therefore, the purpose of this project is to conduct a Sheriffs' Advice-Seeking Survey to identify trusted individuals or organizations that sheriff members of select (n=3) state sheriffs' associations seek advice from, with the intention of utilizing these individuals or organizations as influencers in a future communication effort. We will use social network analysis to assess how certain individuals and organizations may influence sheriffs' decision-making and understand relational bridges between these influential sources.¹⁶ This request also aims to gather timely feedback on the feasibility and acceptability of adopting the priority evidence-based strategies (peer support services, overdose education and naloxone distribution, and fentanyl test strips distribution) among sheriff members of select (n=3) state sheriffs' associations. The findings will be used to identify ways to improve messaging and materials distribution using key influencers to increase uptake of priority strategies among sheriffs who interface with people re-entering the community after incarceration.

Data Collection Activities under this OMB Request

CDC is seeking approval from OMB to conduct quantitative data collection through an online Sheriffs' Advice-Seeking Survey that will take approximately 7 minutes to complete. Respondents will be sheriffs who are members of select (n=3) state sheriffs' associations including sheriffs from local county offices.

A.2. Purpose and Use of Information Collection

The purpose of this request is to conduct a Sheriffs' Advice-Seeking Survey with sheriff members of select (n=3) state sheriffs' associations to gather information about their advice seeking behavior and trusted sources of information. The Sheriffs' Advice-Seeking Survey will also gather sheriffs' feedback on the feasibility and acceptability of adopting evidence-based strategies (overdose education and naloxone distribution (OEND), peer support services, and

^d Several state laws classify FTS as illegal drug paraphernalia.

^e 11 from Year 2 include: Cuyahoga Co., DC, Hamilton Co., Harris Co., Maine, Maricopa Co., NM, NY, Utah, RI, Indiana

fentanyl test strip (FTS) distribution). The information obtained will help identify ways to improve messaging and materials distribution to sheriff members of select (n=3) state sheriffs' associations. It will also identify key influencers who may promote uptake of priority strategies among sheriffs who interface with people re-entering the community after incarceration. Information gathered will not be used by CDC for the purpose of informing influential policy decisions.

The Sheriffs' Advice-Seeking Survey will take approximately 7 minutes to complete regardless of mechanism (e.g., online, phone, mail). CDC will partner with three state sheriffs' associations to have the state sheriffs' associations send recruitment materials to sheriff members of their associations. State sheriffs' associations will first send an announcement email to their membership to introduce the Sheriffs' Advice-Seeking Survey and promote participation. Within one week of the announcement email, the state sheriffs' associations will then send an email with the online link to the Sheriffs' Advice-Seeking Survey to their membership. State sheriffs' associations will send two email reminders that are sent two weeks apart. If sheriff members have still not responded, state sheriffs' associations will make phone call reminders. During the phone call reminders, state sheriffs' associations will ask sheriff members if they would prefer to 1) complete the Sheriffs' Advice-Seeking Survey over the phone right now, 2) schedule a time to complete the Sheriffs' Advice-Seeking Survey over the phone at a later date, or 3) receive a print version of the Sheriffs' Advice-Seeking Survey through registered mail.

A.3. Use of Improved Information Technology and Burden Reduction

The Sheriffs' Advice-Seeking Survey will primarily be conducted online to maximize efficiency, minimize burden and costs, and avoid safety concerns. Sheriffs will receive a link to the Sheriffs' Advice-Seeking Survey by email that directs them to an online survey platform (Qualtrics). The online Sheriffs' Advice-Seeking Survey environment will be accessible through several digital devices such as a computer, mobile phone, or tablet.

We expect the majority of the respondents to complete the Sheriffs' Advice-Seeking Survey online. To increase response rates, state sheriffs' associations will contact those respondents who do not complete the online Sheriffs' Advice-Seeking Survey and provide them the option of completing the Sheriffs' Advice-Seeking Survey via telephone or registered mail. Those who decide to complete the Sheriffs' Advice-Seeking Survey via phone will be administered the survey by the state sheriffs' association staff on the phone. For those who opt to complete the Sheriffs' Advice-Seeking Survey by mail, sheriffs will receive the paper version of the Sheriffs' Advice-Seeking Survey and a prepaid envelope to return the Sheriffs' Advice-Seeking Survey and consent form.

A.4. Efforts to Identify Duplication and Use of Similar Information

The data collection activities proposed in this Information Collection Request do not duplicate existing efforts. The Sheriffs' Advice-Seeking Survey does not duplicate other survey efforts or program monitoring activities associated with this or similar programs. There are no existing data collected on sheriffs and their perception of the priority strategies or information on their

influencers when it comes to adopting the priority strategies that can be used to generate data similar to the information collected under this ICR. CDC discussed and confirmed this with the National Sheriffs Association [and BJA] in development of the overall approach. Survey questions pertaining to practice and uptake of overdose prevention in the jails speak to a lack of comprehensive available data among sheriffs needed for this project.

A.5. Impact on Small Businesses or Other Small Entities

CDC will ask state sheriffs' associations to send recruitment materials to their sheriff members, including an announcement email, recruitment email, reminder emails, and phone or mail reminders. The contractor will provide the state sheriffs' associations with templates for all recruitment materials to reduce their burden. State sheriffs' associations entered into a memorandum of understanding with CDC and will receive a stipend of \$2,500 to compensate them for their time.

Sheriffs are extremely busy professionals with many competing demands on their time and attention and sheriff's departments and jails may have limited resources and staff and may be burdened by our request for information. CDC and the contractor have taken steps to reduce the burden to sheriffs completing the Sheriffs' Advice-Seeking Survey by developing a questionnaire that is relatively short.

A.6. Consequences of Collecting the Information Less Frequently

This is a one-time information collection.

A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances. The activities outlined in this package fully comply with all guidelines of 5 CFR 1320.5.

A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

The contractor's evaluation team consulted with CDC staff and an external consultant when developing the study design and data collection instruments. Table 2 provides information about the subject matter experts.

Table 2. Consulted Individuals

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A.9. Explanation of Any Payment or Gift to Respondents

Obtaining high response rates is critical to the rigor of the evaluation. To encourage participation in the evaluation, Sheriffs Associations will enter into a MOU and will receive a stipend of \$2,500 to help incentivize survey participation.

A.10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The CDC Office of the Chief Information Officer has determined that the Privacy Act does not apply (Att. I).

The Sheriffs' Advice-Seeking Survey will include a consent form that provides respondents with the description and purpose of the data collection, voluntary nature of participation, including the ability to stop/skip questions at any time, the risks and benefits of participation, and the contact information of the project manager that they can contact if they have questions or concerns about participation. The informed consent will also notify respondents that findings will be reported in aggregate and that neither they nor their institution will be linked to their responses in any reports or deliverables. Individuals who do not consent will not receive any additional questions and will be directed to a page that thanks them for their time.

The data will be collected using an online survey method. Access to the Sheriffs' Advice-Seeking Survey will be possible only using a unique link provided to sheriff members of the select (n=3) state sheriffs' associations. The contractor (ICF) will maintain the data in secure electronic files that will only be accessible to authorized members of its team. Electronic files will be stored on- secure network servers, and access will be restricted to approved team members identified by user ID and password. Since the Sheriffs' Advice-Seeking Survey data will include identifiable information such as name, place of employment, and contact information, data that contains identifiable information will be saved in a separate folder from Sheriffs' Advice-Seeking Survey responses. At no time does CDC have access to, or will receive, potentially identifiable information.

A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions

On October 28, 2023, ICF's Institutional Review Board reviewed the description and supporting materials submitted for this project (IRB number 2023-196) and determined that the activities qualify for Exemption under 45 CFR 46.104.2 (Attachment H). The questions on the survey are not personal or sensitive in nature and are focused on gathering sheriffs' perceptions of organizational policies regarding harm reduction strategies. The data collection includes identifiers, but adequate privacy protections will be in place; and data protection best practices will be followed to maintain the confidentiality of the Sheriffs' Advice-Seeking Survey responses.

A.12. Estimates of Annualized Burden Hours and Costs

This is a one-time data collection that should take no longer than 7 minutes for respondents to complete. Sheriffs who are members of the three state sheriff associations will participate. We expect approximately 300 sheriffs to respond to the survey (Table 3). This accounts for the number of sheriffs in three different states depending on the number of counties. We expect the response rate to be high because our partner organizations are helping us recruit and motivate their sheriff members to complete the survey. We therefore expect a minimum of 80% responses. The estimated annualized response is provided in Table 3. The burden of hours for each year of data collection is 45 hours and annual burden cost is \$2,560.00 (Table 4).

Table 3. Estimated Annualized Burden Hours

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden Per Response (in hours)	Total Burden (in hours)
Sheriffs	Sheriffs' Advice-Seeking Survey Announcement Email (Att. B)	300	1	2/60	10
	Sheriffs' Advice-Seeking Survey Link Email (Att. C)	300	1	2/60	10
	Sheriffs' Advice-Seeking Survey Reminder Email 1 (Att. D)	300	1	2/60	10
	Sheriffs' Advice-Seeking Survey Reminder Email 2 (Att. E)	300	1	2/60	10
	Sheriffs' Advice-Seeking Survey Telephone Reminder (Att. F)	300	1	2/60	10
	Sheriffs' Advice-Seeking Survey Mailed Reminder (Att. G)	300	1	2/60	10
	Sheriffs' Advice-Seeking Survey (Att. A)	300	1	7/60	35
Total					95

A.12.b) Annual burden cost

Table 4. Estimated Annualized Burden Costs

Type of Respondents	Form Name	Total Burden (in hours)	Average Hourly Wage Rate (in dollars) ¹	Total Respondent Cost
Sheriffs	Sheriffs' Advice-Seeking Survey Announcement Email (Att. B)	10	\$57	\$570
	Sheriffs' Advice-Seeking Survey Link Email (Att. C)	10	\$57	\$570
	Sheriffs' Advice-Seeking Survey Reminder Email 1 (Att. D)	10	\$57	\$570
	Sheriffs' Advice-Seeking Survey Reminder Email 2 (Att. E)	10	\$57	\$570
	Sheriffs' Advice-Seeking Survey Telephone Reminder (Att. F)	10	\$57	\$570
	Sheriffs' Advice-Seeking Survey Mailed Reminder (Att. G)	10	\$57	\$570
	Sheriffs' Advice-Seeking Survey (Att. A)	35	\$57	\$1,995
		95	\$57	\$5415

¹ The estimates of the annualized cost to respondents for the burden hours for the collection of information is derived from the mean hourly wage of \$57 for sheriffs, per the website <https://www.salary.com/research/salary/alternate/deputy-sheriff-hourly-wages> (as of March 1, 2024).

A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no additional costs to respondents other than the time needed to complete the Sheriffs' Advice-Seeking Survey.

A.14. Annualized Cost to the Government

The cost to prepare for, conduct, and report the results of the Sheriffs’ Advice-Seeking Survey is \$85,950.60 (Table 5). This cost includes salaried labor for contractor staff and other direct costs associated with planning and execution of the Sheriffs’ Advice-Seeking Survey. Federal government personnel responsibilities include overall management and oversight of the project, provision of content matter expertise in the development of the research strategy and data collection instruments, and oversight of partnership agreements and relationships.

Table 5. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
Labor	Contractor cost for labor, data collection, and other indirect costs (software, online survey platform)	\$71,745.60
Federal Government Personnel Costs	CDC personnel for project oversight (10% GS-14 scientist)	\$14,205
Total Annual Estimated Costs		\$85,950.60

A.15. Explanation for Program Changes or Adjustments

This is a new information collection activity and so there are no program changes or adjustments to report.

A.16. Plans for Tabulation and Publication, and Project Time Schedule

A. 16.1. Project Time Schedule

The timeline for data collection and analysis is provided below in Table 6:

Table 6. Data Collection and Analysis Time Schedule

Activity	Time Schedule
Survey Fielding	May 2024-Aug 2024
Data cleaning and preparation of data for analysis	Aug-Sept 2024
Data Analysis	Aug-Sept 2024
Preparation and submission of Report	Sept 2024

A. 16.2. Plans for Tabulation

The data collected through the survey will be prepared for data analysis and preparation will include the following activities:

- Assessing nonresponse or missing data
- Conducting performance checks of data quality: checking completeness of data, verifying accuracy, checking validity and examining summary statistics
- Implementing procedures to address any data quality issues

The analysis of the Sheriffs’ Advice-Seeking Survey will be based on the questions identified for this formative study and the types of data collected to answer these questions (see Table 1 for

research questions). Two types of data will be collected: numerical, and categorical. Descriptive and exploratory statistics will be used for numerical data. Histograms will also be used to visualize the distribution. Categorical data will be tabulated to show frequencies. Cross tabulation tables with χ^2 statistics (for categorical data) and t-tests (for numerical data) will be used to compare response patterns across sheriffs. Regressions models will be used to further compare groups of sheriffs by states. The network analysis portion of the study will focus on identifying key influencers who can help promote the uptake of evidence-based strategies among sheriffs and jail staff interfacing with people re-entering the community after incarceration. Using specialized social network analysis software such as UCINET,¹⁷ standardized social network analysis methods will be employed to analyze the types of linkages between sheriffs, and several metrics to identify the influencers, including modularity, indegree and outdegree that can help us effectively target communication efforts and engage with key players that can help increase uptake of the priority strategies.¹⁸

A. 16.3. Publication Plan

Information gathered will be used internally by CDC to improve the materials and messaging for increasing uptake of the priority strategies by sheriff members of select (n=3) state sheriffs' associations who provide re-entry planning services to individuals reentering the community after incarceration. Information gathered will not be used by CDC for the purpose of developing manuscripts for submission to peer-reviewed journals or for presenting the information at professional conferences.

A.17. Reason(s) Display of OMB Expiration Date is Inappropriate

Exemption is not being sought. All data collection instruments will display the expiration date of OMB approval.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act Submissions.

REFERENCES

1. Brinkley-Rubinstein, L., et al., Addressing excess risk of overdose among recently incarcerated people in the USA: harm reduction interventions in correctional settings. *Int J Prison Health*, 2017. 13(1): p. 25-31.
2. Hartung DM, McCracken CM, Nguyen T, Kempany K, Waddell EN. Fatal and nonfatal opioid overdose risk following release from prison: A retrospective cohort study using linked administrative data. *J Subst Use Addict Treat*. 2023 Apr;147:208971. doi: 10.1016/j.josat.2023.208971. Epub 2023 Feb 10. PMID: 36821990.
3. Mital, S., J. Wolff, and J.J. Carroll, The relationship between incarceration history and overdose in North America: A scoping review of the evidence. *Drug Alcohol Depend*, 2020. 213: p. 108088.
4. Jamin, D., et al., "My first 48 hours out": drug users' perspectives on challenges and strategies upon release from prison. *Harm Reduct J*, 2021. 18(1): p. 32.
5. National Council for Mental Wellbeing, Deflection and pre-arrest diversion: Applying a harm reduction approach. 2021: Washington, DC.
6. Bureau of Justice Assistance. Peer recovery support services in correctional settings. 2022; Available from: <https://bja.ojp.gov/library/publications/peer-recovery-support-services-correctional-settings>.
7. National Council for Mental Wellbeing. Establishing peer support services for overdose response: A toolkit for health departments. 2022; Available from: <https://www.thenationalcouncil.org/wp-content/uploads/2022/03/Establishing-Peer-Support-Services-for-Overdose-Response-Toolkit-7-March-2022-Final.pdf>.
8. National Council for Mental Wellbeing. DEFLECTION AND PRE-ARREST DIVERSION: Integrating Peer Support Services. 2021 [cited 2022 1/20]; Available from: https://www.thenationalcouncil.org/wp-content/uploads/2021/10/NC_3_DPAD_IntegratingPeerSupportServices.pdf?dof=375ateTbd56.
9. Kral, A.H. Overdose Education and Naloxone Distribution Programs in Jails and Prisons Could Save Many Lives. 2019 [cited 2023 Jan 18]; Available from: <https://www.rti.org/insights/overdose-education-and-naloxone-distribution-programs-jails-and-prisons-could-save-many>.
10. Wheeler, E., et al. Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects. 2012; Available from: <https://harmreduction.org/wp-content/uploads/2020/08/Resource-OverdosePrevention-GuidetoDevelopingandManagingOverdosePreventionandTakeHomeNaloxoneProjects.pdf>.
11. Carroll, J.J., T.C. Green, and R. Noonan, Evidence-based strategies for preventing opioid overdose: What's working in the United States, U.S. Centers for Disease Control and Prevention, Editor. 2018, U.S. Department of Health and Human Services: Atlanta, GA.
12. Malta M, Varatharajan T, Russell C, Pang M, Bonato S, Fischer B. Opioid-related treatment, interventions, and outcomes among incarcerated persons: A systematic review. *PLoS Med*. 2019 Dec 31;16(12):e1003002. doi: 10.1371/journal.pmed.1003002. PMID: 31891578; PMCID: PMC6938347.

13. Lloyd, D., Rowe, K., Leung, SY.J. et al. "It's just another tool on my toolbelt": New York state law enforcement officer experiences administering naloxone. *Harm Reduct J* 20, 29 (2023). <https://doi.org/10.1186/s12954-023-00748-3>
14. Winograd RP, Werner KB, Green L, Phillips S, Armbruster J, Paul R. Concerns that An Opioid Antidote Could "Make Things Worse": Profiles of Risk Compensation Beliefs Using the Naloxone-Related Risk Compensation Beliefs (NaRRC-B) Scale. *Substance Abuse*. 2020;41(2):245-251. doi:10.1080/08897077.2019.1616348
15. Burns C, Buchanan M. Factors that Influence the Decision to Seek Help in a Police Population. *Int J Environ Res Public Health*. 2020;17(18):6891. Published 2020 Sep 21. doi:10.3390/ijerph17186891
16. United Kingdom Home Office. Social Network Analysis: How to guide. 2016. Available from: <https://www.gov.uk/government/publications/social-network-analysis-how-to-guide#:~:text=The%20aim%20of%20social%20network,or%20associations%20between%20the%20individuals.>
17. Borgatti, S.P., Everett, M.G. and Freeman, L.C., 2002. Ucinet for Windows: Software for social network analysis. Harvard, MA: analytic technologies, 6, pp.12-15.
18. Wasserman, S., & Faust, K. (1994). *Social network analysis: Methods and applications*. Cambridge University Press. <https://doi.org/10.1017/CBO9780511815478>