

OVERDOSE RESPONSE STRATEGY

Pilot Projects to Build the Evidence Base for Overdose Prevention and Response, 2020-21

To build the evidence base for promising practices in opioid overdose prevention, CDC and the National Association of City and County Health Officials (NACCHO) are working with several ORS states to develop and implement local projects designed to reduce overdoses. CDC provides technical support to these high need areas and works with HIDTAs and ORS PHAS and DIOs to ensure that the pilot projects are smoothly implemented and that their progress and impact are monitored effectively.

PLANNING AWARDS

Metro Drug Coalition – Tennessee

The Metro Drug Coalition (MDC) is partnering with Knox County public health and public safety to pilot the development and use of a cloud-based telehealth platform to host virtual Overdose Fatality Review (OFR) Team meetings after the COVID-19 outbreak made convening in person to hold OFR team meetings no longer viable. MDC is a harm reduction coalition comprised of 18 organizations including first responders, syringe service providers, treatment and recovery providers, public safety and community-based organizations. The planning grant will be used to create an advisory board consisting of experts in OFRs, evaluation, and IT to work with a telehealth organization to develop the platform. The platform will be used to hold meetings, share documentation, record meeting information, and administer a user experience survey to evaluate and get feedback on the platform.

IMPLEMENTATION AWARDS

Monongalia County Health Department – West Virginia

The Monongalia County Health Department's Quick Response Team (QRT) has connected over 300 individuals to treatment or services since its initiation in Spring 2019. Partners engaged with the QRT have identified the need for a more uniformed and data-driven process to evaluate where the program may be missing individuals who could benefit from services. The objectives for this implementation grant are to enhance and expanded services from the QRT, generate measurable outcomes to determine success of the program and engage community partners. Prevention strategies of the QRT include distributing naloxone and contact cards of services offered in the community, and training to administer Naloxone and CPR. Goals of this project include improving data sharing between public health and public safety partners to identify overdoses in a timely manner, enhancing response efforts to spikes in overdoses identified from ODMAP, and better utilization of data with statistical analysis and data visualization.

Springfield Turning Point Recovery Center – Vermont

After successfully utilizing a planning grant last year to set up the Springfield Outreach Project (SOP) and start providing services through a post overdose outreach program, the SOP will use implementation funds this year to expand the project to Bellows Falls, VT. The SOP engages individuals who experienced an overdose and had contact with the police or fire departments. A recovery team, consisting of a police social worker and a trained recovery coach from Turning Point Recovery Center receives contact information from law enforcement about individuals who have experienced a non-fatal overdose or some other drug-related incident and follows up with those individuals in the community to offer linkage to treatment, harm reduction services, ongoing coaching, housing assistance, and other social services. Another goal of this project will be to partner with organizations to provide support and services to family members and children of individuals impacted by SUD.

Engaging Patients in Care Coordination Program – Missouri

Missouri's statewide Engaging Patients in Care Coordination (EPICC) Program serves as a bridge to support people as they transition through different stages of SUD treatment. Certified Peer Specialists (CPS) connect individuals who recently experienced an overdose to recovery-oriented services. This implementation project is to establish a partnership between EPICC and EMS providers in the Kansas City Metropolitan Area to fill the gap in services for individuals who refuse further medical treatment and do not go to the Emergency Department. The goal of this project is to establish EPICC as a referral option for EMS providers. The program plans to hire both a care coordinator and a CPS to specifically manage referrals, partner with EMS, and connect clients to care.

The Courage Center – South Carolina

The Courage Center (TCC) provides traditional and virtual recovery support services for people with substance use disorder and their family members. This implementation grant aims to build off the established Community Outreach Paramedic Education (COPE) program that engages a multidisciplinary team of a paramedic, peer support specialist, and law enforcement officer to conduct outreach visits and enroll individuals in treatment who have been administered Naloxone. The COPE program struggles to engage clients so the Coordinated Overdose Response and Engagement (CORE) project will expand the COPE program by connecting it to a Recovery Community Organization providing broader access to treatment services, and doing mobile outreach to all overdoses and not just when Naloxone is administered. CORE will create a care pouch with a pre-paid cell phone and resource card. EMS will give clients who experienced an overdose the care pouch during transport and TCC will attempt to contact individuals by calling the pre-paid cell phone to offer resources and navigate local services like referrals to MOUD and treatment services, recovery coaching and wrap-around services like employment, food, and housing.

CONTINUATION AWARDS

Grady Health Systems – Georgia

In the first year of the ORS pilot project funding, Grady Hospital's Mobile Integrated Health (MIH) Program established a Post-overdose Outreach Program (POP). Clients were identified for referral the POP after being treated either in the Emergency Department or outside the hospital through Emergency Medical Services. A Peer Support Specialist (PSS) was employed to make contact with the patient within a given time period, post-overdose, to assess their stage of change and develop rapport then provide harm-reduction education, connect them to community resources, and link them to treatment when appropriate. During the second year of funding, the continuation project adapted to COVID-19 restrictions and PSS now interact with referred clients mainly through telephone calls, online meetings, and if in-person meetings are necessary, socially distanced and masked. Going forward, into a third year of ORS pilot project funding, the POP will now partner with the Atlanta Police Department's (APD) Training Academy and the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) Senior Coordinator of the State Opioid Response to teach a select group of police officers in crisis intervention, de-escalation techniques, identifying symptoms of opioid use and mental health crisis, the proper use of naloxone, and working within the community to build substance abuse prevention relationships through DBHDD's State Opioid Adapted Response (SOAR) training. The POP will continue to receive referrals made from the ED and EMS but the partnership with APD will allow for additional recruitment of clients to the program while building the capacity of the entire department to respond to drug overdose and expand the reach of DBHDD's training.

North Carolina Harm Reduction Coalition — North Carolina

The North Carolina Harm Reduction Coalition (NCHRC) developed an overdose education and Naloxone distribution program with expert stakeholders during their first year of ORS pilot project funding. These efforts led to a standardized toolkit with best practices for outreach specialists. In the second year of funding as a continuation projects, NCHRC secured MOUs with three additional jails, developed a rigorous evaluation, plan, and started implementing weekly jail classes. In the third year of funding, the goals of this project are to continue implementation efforts to provide education and outreach, to increase evaluation efforts by collecting data on naloxone distributed, and to assess program successes and barriers by surveying participants post-release, and conducting stakeholder interviews with sheriffs, healthcare personnel, and outreach specialists. NCHRC has developed a staff training that covers harm reduction principles and strategies, addresses stigma, provides an overview of the jail overdose education program, and includes a post-training evaluation that will assess willingness to support the pilot project.

Catholic Charities Care Coordination Services — New York

The Catholic Charities Care Coordination Services (CCCCS) joined the Albany County Corrections and Rehabilitative Services Center in their effort to provide MOUD and linkage to CCCCCS' Harm Reduction Re-Entry Wrap Around services for inmates with SUD last year as an ORS implementation project. In the first year the project exceeded the initial objective to connect over 150 releasees to Re-Entry services despite unexpected limitations from COVID-19. This year as a continuation site, the project will expand the follow-up survey period to six months in order to capture primary outcome events like relapse, arrest, overdose, and re-incarceration. Program objectives include multiple evaluation and community-engagement activities to develop strategies for improved utilization of the CCCCCS Harm Reduction Re-Entry Services among racial/ethnic minorities. Another goal of this continuation project is to explore possible data sources to objectively capture program's long-term impact on overdose mortality and morbidity, as well as recidivism across criminal justice jurisdictions, and to administer a program experience survey to improve services for clients.