

# OVERDOSE RESPONSE STRATEGY

## Pilot Projects to Build the Evidence Base for Overdose Prevention and Response

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 HDTAs 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 partnered 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, since in-person meetings were no longer viable due to the COVID-19 pandemic. MDC is a nonprofit organization that aims to increase access to evidence-based prevention education, harm reduction programs, and recovery support services for anyone desiring to maintain or seek a life free from substance misuse. The planning grant was used to create an advisory board consisting of experts in OFRs, evaluation, and information technology; work with a telehealth organization to develop the platform; hold a pilot test meeting, and administer a user experience survey to evaluate and get feedback on the platform. The telehealth platform provides a secure, HIPAA-compliant, virtual meeting space to host OFR meetings and view case information, to store and share documents, and to track regulatory compliance and internal reporting like attendance and document review.

### 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 identified the need for a more uniform and data-driven process to evaluate where the program may be missing individuals who could benefit from their services. The objectives for this implementation grant were to enhance and expand QRT services, generate measurable outcomes to determine success of the program, and continue to engage additional relevant community partners in the QRT mission. Prevention strategies of the QRT include engagement of Peer Recovery Specialists in individual post-overdose follow-up, whenever possible, distribution of naloxone and QRT contact cards in overdose hotspots, training to administer naloxone and CPR, participation of local Trauma Center Emergency Departments in distributing naloxone to patients treated for overdose, as well as supporting patients in entering treatment for substance use. The QRT aims to enhance and expand services by improving data sharing between public health and public safety partners to identify overdoses in a timely manner, using statistical analysis and data visualization to inform the QRT, and enhancing response efforts to spikes in overdoses identified from ODMAP and other systems utilized by Monongalia County partners

#### **Turning Point Recovery Center - Vermont**

After a successful planning grant cycle developing the Supportive Outreach Project (SOP) in Springfield, VT, the project partners received an implementation grant this past year to expand to Bellows Falls, VT. The SOP engages individuals who have experienced an overdose and had contact with law enforcement or fire/EMS. The recovery team, made up of a social worker/police liaison and trained recovery coach developed an online

system to receive referrals from various agencies including first responders when someone experiences an overdose. The team follows up with those individuals to offer linkage to treatment, harm reduction services, ongoing coaching, housing assistance, and other social services. In the event of a fatal overdose, the outreach team works to provide support and bereavement services to loved ones. The SOP has expanded to include additional local organizations that provide support and referrals, such as Department of Corrections, Department for Children and Families, and organizations that provide support and services to family members and children of individuals impacted by SUD. The SOP is expanding its services with additional partners in Bellows Falls, Windsor, Chester, and Ludlow, as well as providing support to similar initiatives in Hartford and Bennington, VT.

### **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 built 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 Coordinated Overdose Response and Engagement (CORE) pilot project will expand the COPE program through two main strategies: post-overdose outreach with innovative technology enhancements, and improved data-sharing, primarily with Overdose Fatality Review (OFR) and the Overdose Detection Mapping Application Program (ODMAP). In its first strategy, Lexington's innovative model bridges gaps in existing statewide post-overdose outreach models with connection to a recovery community organization, mobile outreach, and broader access to treatment services. During transport following Naloxone administration from a first responder or layperson, EMS gives an opioid overdose survivor a pouch with a resource card and pre-paid cell phone programmed with TCC's phone number. Within 24 hours post-overdose, a TCC peer recovery coach calls the phone to offer survivors assistance in navigating local services like MOUD and treatment services, recovery coaching, and wrap-around services like employment, food, and housing. As part of the second data-sharing strategy, the Coroner's Office will implement the first Overdose Fatality Review in the state aligned end-to-end with Bureau of Justice Assistance best practices and will prioritize cases representing opioids and stimulants, as well as rural and urban areas.

### **Community Network of Behavioral Healthcare - 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 substance use disorder treatment. Certified recovery coaches with lived experience provide outreach services to encourage clients to engage with community treatment providers. Recovery coaches are available 24/7 through dedicated hotlines and work with clients to establish immediate linkages to substance use and MOUD services as well as needs associated with housing, transportation, access to technology and more. ORS pilot project funds supported the expansion of the EPPIC model in the Western Region of the state, particularly the Kansas City Metropolitan Area, establishing EPPIC as a referral option for EMS providers, developing a new partnership with an emergency department to increase referrals, and expanding recovery coach services to individuals who use stimulants.

## **Continuing Awards**

### **Catholic Charities Care Coordination Services - New York**

Catholic Charities Care Coordination Services (CCCCS), in partnership with the Albany County Correctional Facility (ACCF), has been working to expand services and rigorously evaluate the CCCCCS Harm Reduction Re-Entry Wrap Around Project. Prior to release from ACCF, a Harm Reduction Re-Entry Specialist from CCCCCS works with referred individuals within ACCF to provide support with discharge planning, harm reduction education, and wrap-around services designed to support their transition back to the community. If a client wishes to remain on MOUD initiated or continued while at ACCF, the Re-Entry Specialist will help to ensure a connection is made to a community-based MOUD provider. Services also include providing overdose trainings for all interested participants, the provision of naloxone upon discharge, linkage and referral to

housing resources and other basic needs, peer recovery services, and linkage to other vital health care services. The Re-Entry Specialist maintains contact with clients who wish to remain engaged with the program post-release. 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 second year of funding has allowed the expansion of evaluation plans, including 3- and 6-month client follow-ups, to capture primary outcome events like relapse, arrest, overdose, and re-incarceration. CCCCS has partnered with the State University of New York at Albany School of Public Health to develop the evaluation design and data collection tools. Program objectives also include community-engagement activities to develop strategies for improved utilization of the CCCCS Harm Reduction Re-Entry Services among racial/ethnic minorities. This continuation project also explores possible data sources to objectively capture the program's long-term impact on overdose mortality and morbidity, as well as recidivism across criminal justice jurisdictions, and administers a program experience survey to improve services for clients.

### **North Carolina Harm Reduction Coalition - North Carolina**

Exit from incarceration is a risky time for those with opioid dependence and puts them at substantially increased risk for overdosing when compared to justice-involved populations with no history of substance use or the general population. In the first year of ORS Pilot Project funding, the North Carolina Harm Reduction Coalition (NCHRC) with the support of the North Carolina PHA, developed and implemented an overdose education and naloxone distribution program to be implemented in three county jails to reduce overdoses upon community reentry, and to provide linkages to community resources. Upon release individuals receive a naloxone kit and information about resources available within the community, such as MOUD providers, syringe exchange programs, and other harm reduction services. As of April 2021, 165 participants completed the training curriculum and 100 of those had never received naloxone training before. Evaluation results are showing increased knowledge on how to administer naloxone, and improved confidence in responding to and administering naloxone. The pilot project was funded for a third year to continue providing jail-based overdose education and linkage to care upon release; following up with participants post-release to evaluate program successes and gaps, and to develop and implement training for jail staff on the opioid epidemic and overdose risk.

### **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 to POP after being treated either in the Emergency Department or through Emergency Medical Services. Two Peer Support Specialists (PSS) were employed to contact patients post-overdose, to assess their stage of change and develop rapport. After establishing a relationship, the PSS provides harm-reduction education, connects them to community resources, and links them to treatment when appropriate. During the second year of funding, the continuation project adapted to COVID-19 restrictions and PSSs now interact with referred clients mainly through telephone calls and online meetings. If in-person meetings are necessary, program staff and clients adhere to social distancing and mask guidelines. The program was renewed for the 2020-2021 funding cycle and plans are underway to partner with the Atlanta Police Department's (APD) Training Academy and the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) State Opioid Response Program. Through DBHDD's State Opioid Adapted Response (SOAR) training, they will educate a select group of police officers on crisis intervention, de-escalation techniques, identification of symptoms of opioid use and mental health crisis, the proper use of naloxone, and connecting with community partners engaged in substance use prevention. 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 department to respond to drug overdoses and expanding the reach of DBHDD's training. POP partnered with Atlanta Harm Reduction and other community-based organizations to host two community outreach events during the summer of 2021. During the events, the POP team provided individuals with overdose education and naloxone, enrolled participants into the program, and had other services available including COVID-19 vaccinations, HIV testing, and housing resources.