



Proactive Response to Overdose and Appropriate Connections to Treatment (PROACT)





















WAYNE STATE

School of Social Work
Center for Behavioral Health and Justice

We envision communities in which **research**, **data**, and **best practices** are used by multiple stakeholders to *enhance the optimal well-being of individuals with mental illness and/or substance use disorders who come in contact with the criminal/legal system*.





The Overdose Epidemic in Michigan & Existing Response Systems



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The Overdose Epidemic in Michigan

2,559 deaths from drug overdose

2,036 deaths from opioid overdose

High Risk of Death Following Initial Overdose















In the year following non-fatal opioid overdose:

- High risk of dying from drug use-associated causes and other medical diseases (e.g. cancer, suicide, circulatory and respiratory diseases)¹
- Approximately 24 times more likely to die than the general population











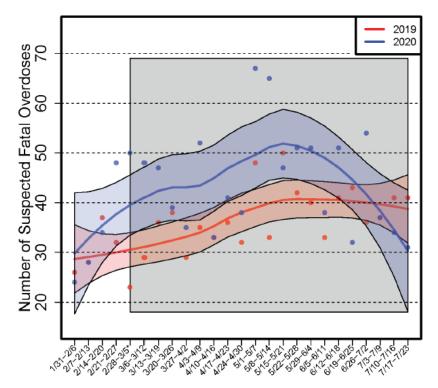
- Opioid dependence is associated with an approximate 15-fold increased risk of death²
- People who have repeat nonfatal overdoses have highest hazard of death³



CHANGE IN MICHIGAN OVERDOSES DURING THE COVID-19 PANDEMIC

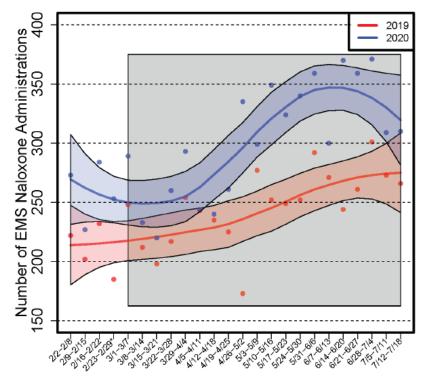
- From counties with available data (Fig. 3), suspected fatal overdoses from 3/1/2007/23/20 were 24.0% higher than the same period in 2019
- Statewide EMS Naloxone administrations from 3/1/20-7/18/20 were 23.7% higher than the same period in 2019
- Changes from 2019 to 2020 in both data sources varied across both time (Figure 1, 2) and space (Figure 3, 4)

FIGURE 1. SUSPECTED FATAL OVERDOSES BY WEEK IN 2019 VS. 2020



Counts of suspected fatal overdoses from counties with available data, by week, with the smoothed trajectory (line) and pointwise 95% confidence interval (shaded region) superimposed *: Date range excludes 2/29 in 2019

FIGURE 2. STATEWIDE EMS NALOXONE ADMINISTRATIONS BY WEEK IN 2019 VS. 2020



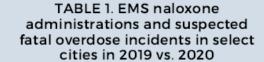
Counts of statewide EMS naloxone administrations, by week, with the smoothed trajectory (line) and pointwise 95% confidence interval (shaded region) superimposed *: Date range excludes 2/29 in 2019

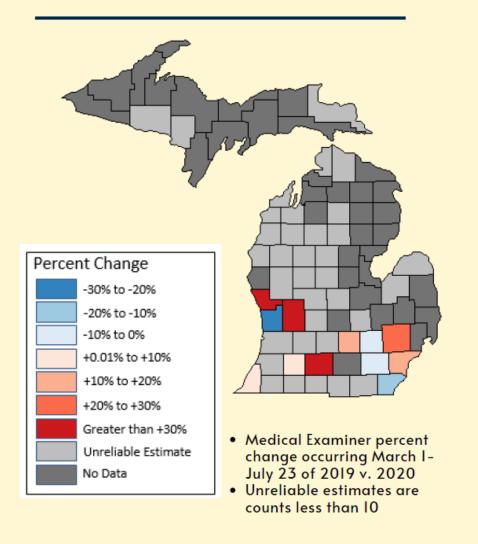
Source: University of Michigan System for Opioid Overdose Surveillance (SOS) injurycenter.umich.edu/opioid-overdose/opioid-surveillance/
Please email SOS.reports@umich.edu with any questions.

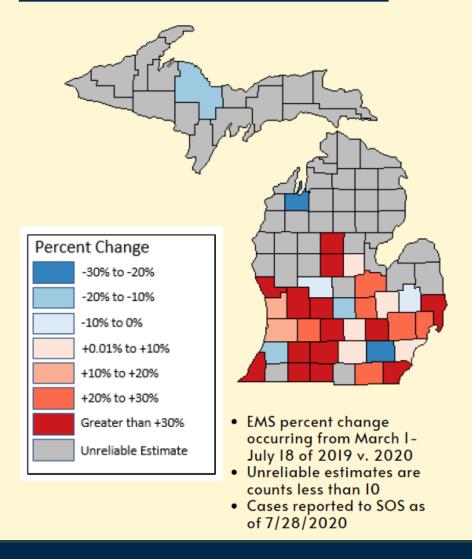


FIGURE 3. PERCENT CHANGE IN SUSPECTED FATAL OVERDOSE

FIGURE 4. PERCENT CHANGE IN EMS NALOXONE ADMINISTRATION







Suspected Fatal Overdoses			
	March 1- July 23		
City	2019	2020	% change
Detroit	186	229	23.12%
Grand Rapids	13	13	0.00%
Lansing	36	44	22.22%
Ann Arbor	13	17	30.77%
Dearborn	15	19	26.67%
Kalamazoo	31	32	3.23%
Pontiac	26	17	-34.62%
Muskegon	14	23	64.29%
EMS Naloxone Administrations			
LIVIS INGION	Olic Aui	i i i i i i i i i i i i i i i i i i i	acions
LIVIS IVAIOA		arch 1-	
City			
	Ma	arch 1-	July 18
City	Ma 2019	arch 1 2020	July 18 % change
City Detroit	Ma 2019 1085	arch 1 2020 1047	July 18 % change -3.50%
City Detroit Grand Rapids	Ma 2019 1085 181	arch 1 2020 1047 254	July 18 % change -3.50% 40.33%
City Detroit Grand Rapids Lansing	Ma 2019 1085 181 162	2020 1047 254 180	July 18 % change -3.50% 40.33% 11.11%
City Detroit Grand Rapids Lansing Ann Arbor	Ma 2019 1085 181 162 54	2020 1047 254 180 46	July 18 % change -3.50% 40.33% 11.11% -14.81%
City Detroit Grand Rapids Lansing Ann Arbor Flint	Ma 2019 1085 181 162 54 285	2020 1047 254 180 46 314	July 18 % change -3.50% 40.33% 11.11% -14.81% 10.18%
City Detroit Grand Rapids Lansing Ann Arbor Flint Dearborn	Ma 2019 1085 181 162 54 285 88	2020 1047 254 180 46 314	July 18 % change -3.50% 40.33% 11.11% -14.81% 10.18% -20.45%

Source: University of Michigan System for Opioid Overdose Surveillance (SOS) injurycenter.umich.edu/opioid-overdose/opioid-surveillance/
Please email SOS.reports@umich.edu with any questions.





What Happens During The First Response?



Dispatch triggers an emergency response



Police, fire, EMS typically respond



First arriving agency differs by region⁴



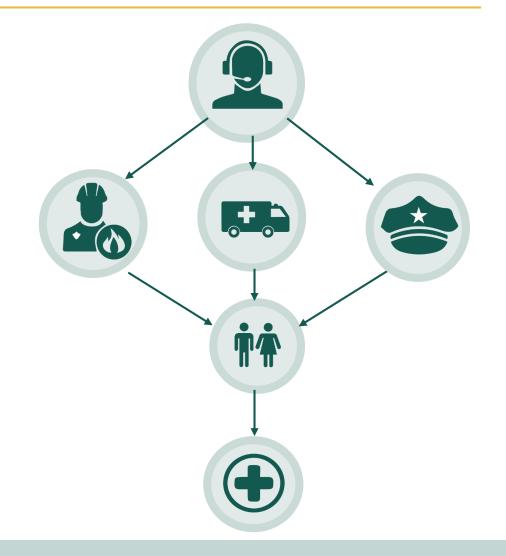
Metro areas: EMS likely to arrive first

Rural areas: police likely to arrive first



Not all police, fire departments carry Naloxone (Narcan®)⁵

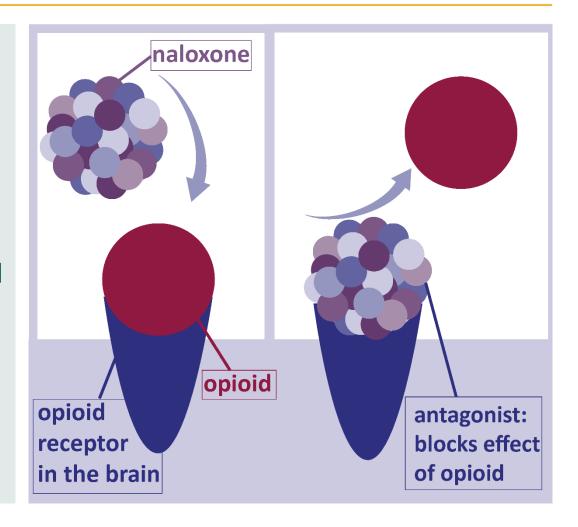
Roughly 10% of Naloxone patients refuse transport to ED⁶





Opioid Overdose and Naloxone (Narcan®)

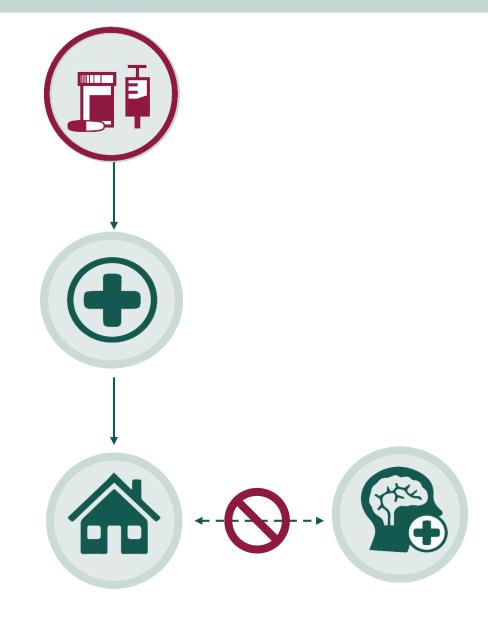
- An overdose prevents the central nervous system from controlling basic life functions, like breathing, body temperature, and consciousness^{7,8}
- Naloxone works as an opioid 'antagonist' by blocking the receptors that opioids use to connect to the brain, relieving the drug's toxic effects, and allowing the brain's breathing control center to start working again⁹
- Naloxone must be introduced to the body quickly, as death from an overdose may occur within one to three hours of opioid use⁹
- If opioids are not present, Naloxone has no effect⁷





What Happens After The First Response?

- Individuals who overdose on opioids, heroin in particular, become a high risk for a repeated fatal or non-fatal overdose^{11, 12}
- Hospitals, EDs can provide resources, but few engage with post-overdose substance use treatment¹³





Development of a Post-Overdose Response Model



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Opportunity to Improve Treatment Connections

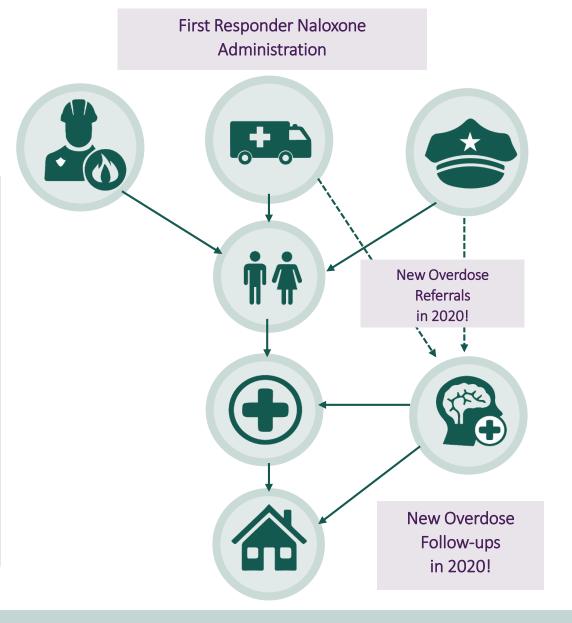


- Overdose survivors are more likely to engage in treatment following OD if they speak with someone about drug treatment¹⁴
- Direct connections to treatment are more effective than just providing information about how to access treatment¹⁵
- Treatment connections lacking in Michigan, opportunity to improve
- Goal to facilitate direct referral partnerships between first responders and community providers to improve access to treatment in Kent & Monroe Counties



What **Should** Happen After The First Response?

- Treatment/Harm Reduction team receives quick referrals from first responders¹⁶
- Where feasible, team uses contacts to verify victim's presence at ED
- Team follows up with individual, family, or friends at associated residence or incident address, offering Naloxone kits and training, syringe exchange, and treatment services depending on stage of change





PROACT

Proactive Response to Overdose and Appropriate Connections to Treatment

Implementation Barriers



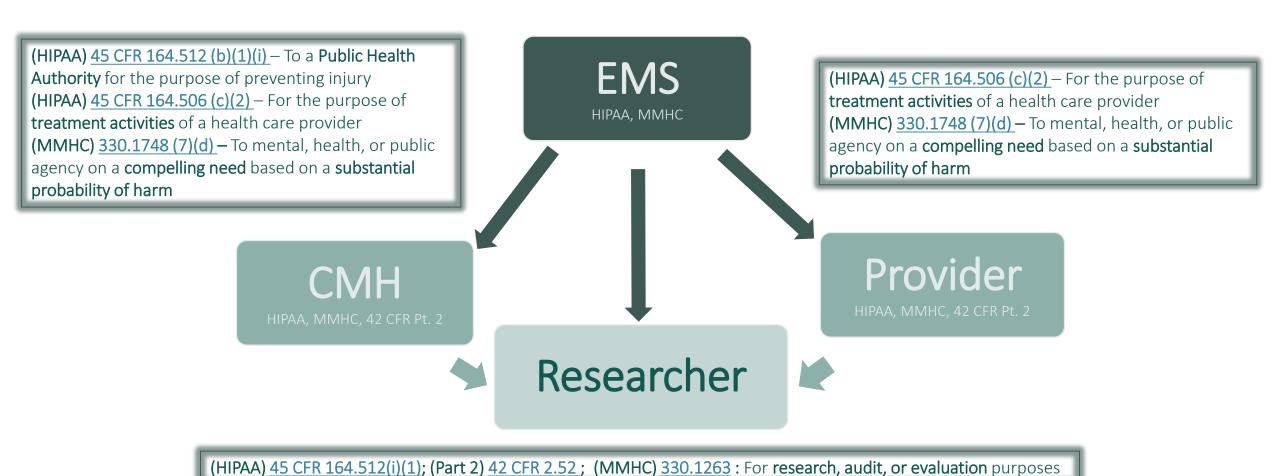


- Multiple first responder agencies (law enforcement, fire, EMS) administer Naloxone in a county
- Complex data sharing/privacy laws: HIPAA, 42
 CFR Part 2, Michigan Mental Health Code
- Data sharing restrictions not well understood among treatment partners; many err on the side of caution and overly restrict access¹⁷
- Legal misunderstandings limit case coordination



Data Sharing Laws and PROACT Referrals

Who can receive protected health information after an EMS Naloxone administration without consent?



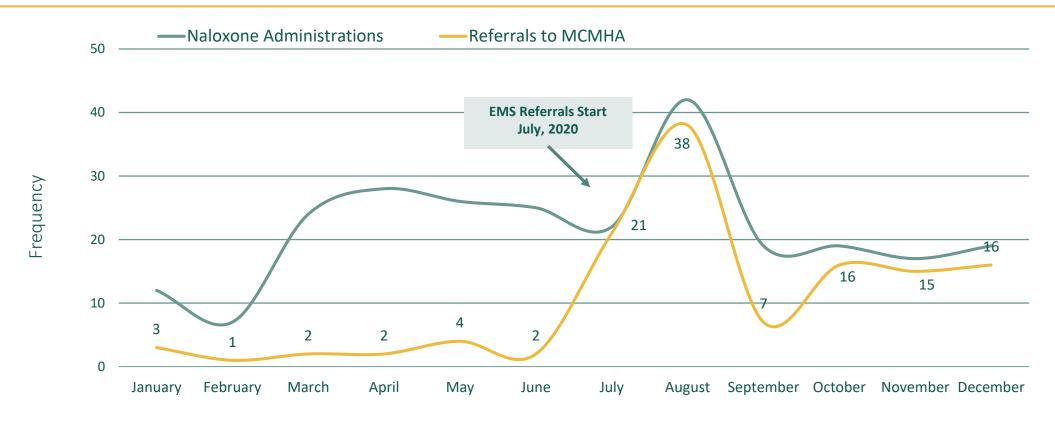


Naloxone Administrations by First Responders & Subsequent Treatment Services in Kent County





Naloxone Administrations by First Responders & Subsequent Treatment Services in Monroe County

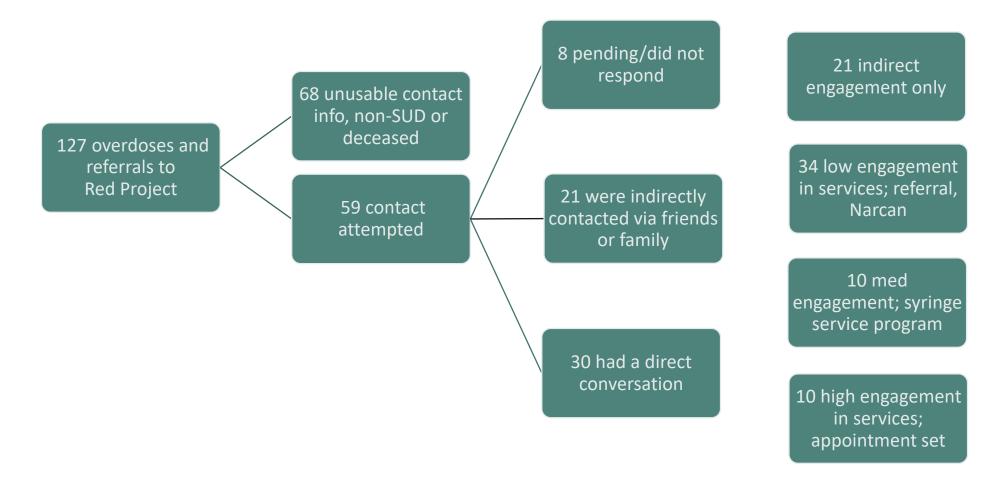


Month of 2020



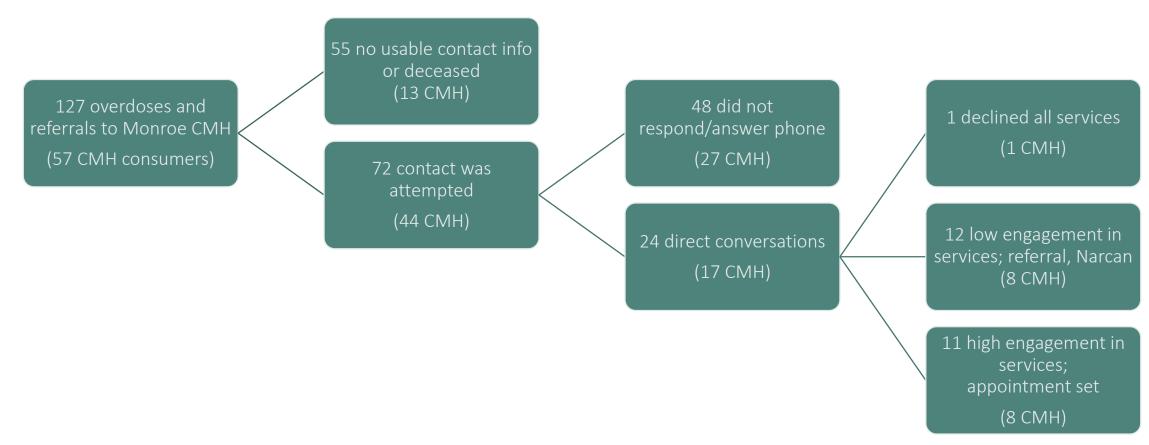
Post-Referral PROACT Engagement in Kent County

2020



Post-Referral PROACT Engagement in Monroe County

2020



^{*}Due to the COVID-19 pandemic in this time period, the vast majority of contacts were attempted via phone

Individuals experiencing more than one non fatal overdose

Out of 123 individuals referred in Monroe during 2020

- 1 experienced 3 non fatal overdoses
- 7 experienced 2 non fatal overdoses each

Michigan First Responder Takeaways

- Police and EMS agencies can refer to treatment partners!
- Local EMS agencies own critical naloxone administration data
- EMS agencies may not be familiar with non-hospital behavioral health systems (re: CMH, PIHP), need navigational help
- EMS agencies may not be comfortable with HIPAA/CFR 42 Part 2 data sharing

WSU CBHJ can facilitate crucial systemic changes



PROACT in Monroe County, MI



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Crisis Response in Monroe County



Mental health crisis response from Law Enforcement since 2018



Recovery coaching, naloxone training, harm reduction resources, access center linkage, and more



Beginning December 2019, EMS referrals created a new pathway to care

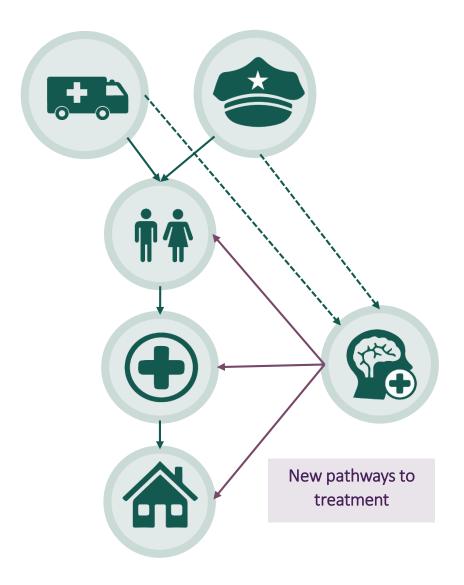


NARCAN DISTRIBUTION LOG **INSTRUCTIONS:** This form is designed to track the distribution of Narcan and to facilitate follow up. Please complete the form as accurately as possible and email to FIRE **EMS** POLICE AGENCY NAME: OFFICER NAME: DATE/TIME: NUMBER OF DOSES USED: LOCATION: SUBJECT NAME: RACE: PHONE NO: DOB: HOME ADDRESS: HOSPITALIZED SUBJECT DISPOSITION: ARRESTED LEFT AT SCENE TRANSPORTED HOME



How does Monroe CMH respond following an overdose?

- Monroe CMH receives referrals from EMS or Sheriff's Office
- Follow-up phone call to assess interest in treatment services, provide resources
- Plan to follow-up in person on scene of OD, at emergency department, or at patient's home once COVID-19 restrictions are lifted



Barriers to Implementation in Monroe County

- Covid-19 (working from home)
- Phone calls only
- Inconsistency of referrals from EMS on a regular basis
- No phone contact included in referrals
- Lengthy MOU process
- Limited face to face contact with the public (Covid-19)
 - inability to respond to hospitals
 - overdose scenes
 - Community outreach upon receipt of referral

What Were People Connected To?

- Access Center
- Detox
- Outpatient Treatment/Therapy
- Medication Assisted Treatment Program
- Connections with existing recovery coach/case manager
- Naloxone kit/training
- Medical or Mental Health Connections
- Basic needs (insurance, food, employment, housing)





Michigan Health Endowment Fund
William Fales MD, Homer Stryker MD School of Medicine, Western Michigan University
Amanda Kogowski, University of Michigan System for Opioid Surveillance
Kent County Medical Control Authority
Life EMS, AMR, Rockford Ambulance
Monroe Community Ambulance
The Grand Rapids Red Project
Network 180
Monroe County Sheriff's Office
Monroe Community Mental Health Authority
WSU CBHJ Team

Sources

¹Olfson M, Crystal S, Wall M, et al. Causes of death after nonfatal opioid overdose. JAMA Psychiatry. 2018 June 20.

²Degenhardt L, Bucello C, Mathers B, et al. Mortality among regular or dependent users of heroin and other opioids: a systematic review and meta-analysis of cohort studies. Addiction. 2014;109:90-99.

³Ray, B, Lowder, E, Kivisto, A, et al. EMS naloxone administration as non-fatal overdose surveillance: 6-year outcomes in Marion County, Indiana. Society for the Study of Addiction. 2018; 113: 2271-2279.

⁴Wittkowski, J., Woodwyk, T., Buitendorp, R. (2019, September 13). Personal interview.

⁵Alsum, S., Rocha-Adams, M. (2019, 2020). Personal interview.

⁶Fales, W. (2019, 2020). Personal interview.

⁷Harm Reduction Coalition. (n.d.). Understanding Naloxone. Retrieved March 3, 2020, from https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/

⁸National Institute on Drug Abuse. (2020, February 20). Opioid Overdose Reversal with Naloxone (Narcan, Evzio). Retrieved March 3, 2020, from https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio

⁹Shatterproof. (n.d.). All about naloxone. Retrieved March 3, 2020, from https://www.shatterproof.org/naloxone

¹⁰Pew Charitable Trusts. (2016). Medication assisted treatment improves outcomes for patients with opioid use disorder. Retrieved from https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder

Sources continued

- ¹¹Olfson, Mark, et al. "Risks of Fatal Opioid Overdose during the First Year Following Nonfatal Overdose." *Drug and Alcohol Dependence*, vol. 190, 2018, pp. 112–119., doi:10.1016/j.drugalcdep.2018.06.004.
- ¹²Ray, B. R., Lowder, E. M., Kivisto, A. J., Phalen, P., & Gil, H. (2018). EMS naloxone administration as non-fatal opioid overdose surveillance: 6year outcomes in Marion County, Indiana. Addiction, 113(12), 2271–2279. doi: 10.1111/add.14426
- ¹³D'Onofrio, G., O'Connor, P., Pantalon, M., Chawarski, M., Busch, S., Owens, P., ... Fiellin, D. (2015). A randomized clinical trial of emergency department initiated treatment for opioid dependence: Two and six month outcomes. Drug and Alcohol Dependence, 156. doi: 10.1016/j.drugalcdep.2015.07.1062
- ¹⁴Pollini, R. A., McCall, L., Mehta, S. H., Vlahov, D., & Strathdee, S. A. (2006). Non-fatal overdose and subsequent drug treatment among injection drug users. Drug and Alcohol Dependence, 83(2), 104–110. http://dx.doi.org/10.1016/j. drugalcdep.2005.10.015.
- ¹⁵D'Onofrio, G., & Degutis, L. C. (2010). Integrating project ASSERT: A screening, intervention, and referral to treatment program for unhealthy alcohol and drug use into an urban emergency department. Academic Emergency Medicine, 17(8), 903–911. http://dx.doi.org/10.1111/j.1553-2712.2010.00824.x.
- ¹⁶Goodnough, T., Clark, A., Anastasoff, A. (2019, 2020). Personal interview.
- ¹⁷Andraka-Christou B, Rising S, Huynh P. 2020. A pilot survey of 42 CFR part 2 knowledge and attitudes among healthcare providers. Under review in Journal of Behavioral Health Services & Research.