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

Nicole Hamameh, LLMSW
Project Coordinator
Nicole.Hamameh@wayne.edu
The Overdose Epidemic in Michigan

2,559 deaths from drug overdose

2,036 deaths from opioid overdose

State of Michigan, 2021
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 death\(^2\)
- People who have repeat nonfatal overdoses have highest hazard of death\(^3\)
CHANGE IN MICHIGAN OVERDOSES DURING THE COVID-19 PANDEMIC

- From counties with available data (Fig. 3), suspected fatal overdoses from 3/1/2020 to 3/23/20 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).

Source: University of Michigan System for Opioid Overdose Surveillance (SOS)
Injury Center: umich.edu/opioid-overdose/opioid-surveillance/
Please email SOS.reports@umich.edu with any questions.
FIGURE 3. PERCENT CHANGE IN SUSPECTED FATAL OVERDOSE

- Medical Examiner percent change occurring March 1–July 23 of 2019 v. 2020
- Unreliable estimates are counts less than 10

FIGURE 4. PERCENT CHANGE IN EMS NALOXONE ADMINISTRATION

- EMS percent change occurring from March 1–July 18 of 2019 v. 2020
- Unreliable estimates are counts less than 10
- Cases reported to SOS as of 7/28/2020

TABLE 1. EMS naloxone administrations and suspected fatal overdose incidents in select cities in 2019 vs. 2020

<table>
<thead>
<tr>
<th>City</th>
<th>2019</th>
<th>2020</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detroit</td>
<td>186</td>
<td>229</td>
<td>23.12%</td>
</tr>
<tr>
<td>Grand Rapids</td>
<td>13</td>
<td>13</td>
<td>0.00%</td>
</tr>
<tr>
<td>Lansing</td>
<td>36</td>
<td>44</td>
<td>22.22%</td>
</tr>
<tr>
<td>Ann Arbor</td>
<td>13</td>
<td>17</td>
<td>30.77%</td>
</tr>
<tr>
<td>Dearborn</td>
<td>15</td>
<td>19</td>
<td>26.67%</td>
</tr>
<tr>
<td>Kalamazoo</td>
<td>31</td>
<td>32</td>
<td>3.23%</td>
</tr>
<tr>
<td>Pontiac</td>
<td>26</td>
<td>17</td>
<td>-34.62%</td>
</tr>
<tr>
<td>Muskegon</td>
<td>14</td>
<td>23</td>
<td>64.29%</td>
</tr>
</tbody>
</table>

EMS Naloxone Administrations

<table>
<thead>
<tr>
<th>City</th>
<th>2019</th>
<th>2020</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detroit</td>
<td>1085</td>
<td>1047</td>
<td>-3.50%</td>
</tr>
<tr>
<td>Grand Rapids</td>
<td>181</td>
<td>254</td>
<td>40.33%</td>
</tr>
<tr>
<td>Lansing</td>
<td>162</td>
<td>180</td>
<td>11.11%</td>
</tr>
<tr>
<td>Ann Arbor</td>
<td>54</td>
<td>46</td>
<td>-14.81%</td>
</tr>
<tr>
<td>Flint</td>
<td>285</td>
<td>314</td>
<td>10.18%</td>
</tr>
<tr>
<td>Dearborn</td>
<td>88</td>
<td>70</td>
<td>-20.45%</td>
</tr>
<tr>
<td>Kalamazoo</td>
<td>124</td>
<td>160</td>
<td>29.03%</td>
</tr>
<tr>
<td>Pontiac</td>
<td>102</td>
<td>128</td>
<td>25.49%</td>
</tr>
<tr>
<td>Muskegon</td>
<td>81</td>
<td>122</td>
<td>50.62%</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispatch triggers an emergency response</td>
<td></td>
</tr>
<tr>
<td>Police, fire, EMS typically respond</td>
<td></td>
</tr>
<tr>
<td>First arriving agency differs by region</td>
<td>Metro areas: EMS likely to arrive first</td>
</tr>
<tr>
<td></td>
<td>Rural areas: police likely to arrive first</td>
</tr>
<tr>
<td>Not all police, fire departments carry Naloxone (Narcan®)</td>
<td></td>
</tr>
<tr>
<td>Roughly 10% of Naloxone patients refuse transport to ED</td>
<td></td>
</tr>
</tbody>
</table>
Opioid Overdose and Naloxone (Narcan®)

• An overdose prevents the central nervous system from controlling basic life functions, like breathing, body temperature, and consciousness\textsuperscript{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 again\textsuperscript{9}

• Naloxone must be introduced to the body quickly, as death from an overdose may occur within one to three hours of opioid use\textsuperscript{9}

• If opioids are not present, Naloxone has no effect\textsuperscript{7}
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\textsuperscript{11, 12}
- Hospitals, EDs can provide resources, but \textbf{few engage with post-overdose substance use treatment}\textsuperscript{13}
Development of a Post-Overdose Response Model

Leonard Swanson, LLMSW
Project Coordinator
Leonard.Swanson@wayne.edu
Opportunity to Improve Treatment Connections

• Overdose survivors are more likely to engage in treatment following OD if they speak with someone about drug treatment\(^\text{14}\)

• Direct connections to treatment are more effective than just providing information about how to access treatment\(^\text{15}\)

• 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 responders

• 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
- Data sharing restrictions not well understood among treatment partners; many err on the side of caution and overly restrict access\(^{17}\)
- **Legal misunderstandings limit case coordination**
Data Sharing Laws and PROACT Referrals

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

- (HIPAA) 45 CFR 164.512(b)(1)(i) – To a Public Health Authority for the purpose of preventing injury
- (HIPAA) 45 CFR 164.506(c)(2) – For the purpose of treatment activities of a health care provider
- (MMHC) 330.1748(7)(d) – To mental, health, or public agency on a compelling need based on a substantial probability of harm

EMS
HIPAA, MMHC

CMH
HIPAA, MMHC, 42 CFR Pt. 2

Provider
HIPAA, MMHC, 42 CFR Pt. 2

Researcher

HIPAA, MMHC, 42 CFR Pt. 2

HIPAA, MMHC, 42 CFR Pt. 2

HIPAA, MMHC, 42 CFR Pt. 2

HIPAA, MMHC, 42 CFR Pt. 2

HIPAA, MMHC, 42 CFR Pt. 2

HIPAA, MMHC, 42 CFR Pt. 2

(HIPAA) 45 CFR 164.512(j)(1); (Part 2) 42 CFR 2.52; (MMHC) 330.1263: For research, audit, or evaluation purposes
Naloxone Administrations by First Responders & Subsequent Treatment Services in Kent County

![Graph showing Naloxone Administrations and other services by month in 2020.]

- **Naloxone Administrations**
- **Life EMS catchment**
- **Referrals to Red Project**

Month of 2020:

- January: 10
- February: 13
- March: 6
- April: 2
- May: 6
- June: 15
- July: 14
- August: 9
- September: 17
- October: 17
- November: 6
- December: 12

Frequency:

- Naloxone Administrations
- Life EMS catchment
- Referrals to Red Project
Naloxone Administrations by First Responders & Subsequent Treatment Services in Monroe County

Month of 2020

- Naloxone Administrations
- Referrals to MCMHA

EMS Referrals Start July, 2020

Frequency

Month of 2020
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

behaviorhealthjustice.wayne.edu  |  cbhj@wayne.edu  |  (313) 577- 5529
Post-Referral PROACT Engagement in Kent County

2020

- 127 overdoses and referrals to Red Project
- 68 unusable contact info, non-SUD or deceased
- 59 contact attempted
- 8 pending/did not respond
- 21 were indirectly contacted via friends or family
- 30 had a direct conversation
- 21 indirect engagement only
- 34 low engagement in services; referral, Narcan
- 10 med engagement; syringe service program
- 10 high engagement in services; appointment set

https://behaviorhealthjustice.wayne.edu/
Post-Referral PROACT Engagement in Monroe County

2020

127 overdoses and referrals to Monroe CMH (57 CMH consumers)

- 55 no usable contact info or deceased (13 CMH)
- 72 contact was attempted (44 CMH)
- 48 did not respond/answer phone (27 CMH)
- 24 direct conversations (17 CMH)
- 1 declined all services (1 CMH)
- 12 low engagement in services; referral, Narcan (8 CMH)
- 11 high engagement in services; appointment set (8 CMH)

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

Chelsea Blackburn, LLMSW, QIDP, QMHP
Jail Diversion Clinician
CBlackburn@monroecmha.org
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 ________________.

<table>
<thead>
<tr>
<th>FIRE</th>
<th>EMS</th>
<th>POLICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENCY NAME:</td>
<td>OFFICER NAME:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE/TIME:</th>
<th>NUMBER OF DOSES USED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUBJECT NAME:</th>
<th>RACE:</th>
<th>PHONE NO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOME ADDRESS:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SUBJECT DISPOSITION:</th>
<th>ARRESTED</th>
<th>HOSPITALIZED</th>
<th>LEFT AT SCENE</th>
<th>TRANSPORTED HOME</th>
</tr>
</thead>
</table>

*V-1.0, Revised 2019-10*
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)
Thank you

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

behaviorhealthjustice.wayne.edu  |  cbhj@wayne.edu  |  (313) 577-5529
Sources


Sources continued


