

# Project Hope



Recovery supports for overdose survivors and those navigating the road to recovery

Clackamas Fire District #1, AMR Clackamas County, Clackamas County Public Health



CLACKAMAS FIRE DISTRICT #1



# Disclosures

- ▶ No disclosures/financial conflicts of interest

# Learning Objectives

- ▶ Understand tools/partnerships necessary for successful support of recovery
- ▶ Identify potential barriers and challenges for navigating patients from overdose to recovery
- ▶ Discover potential avenues for replication in any community

# Clackamas County's Approach to the opioid crisis:

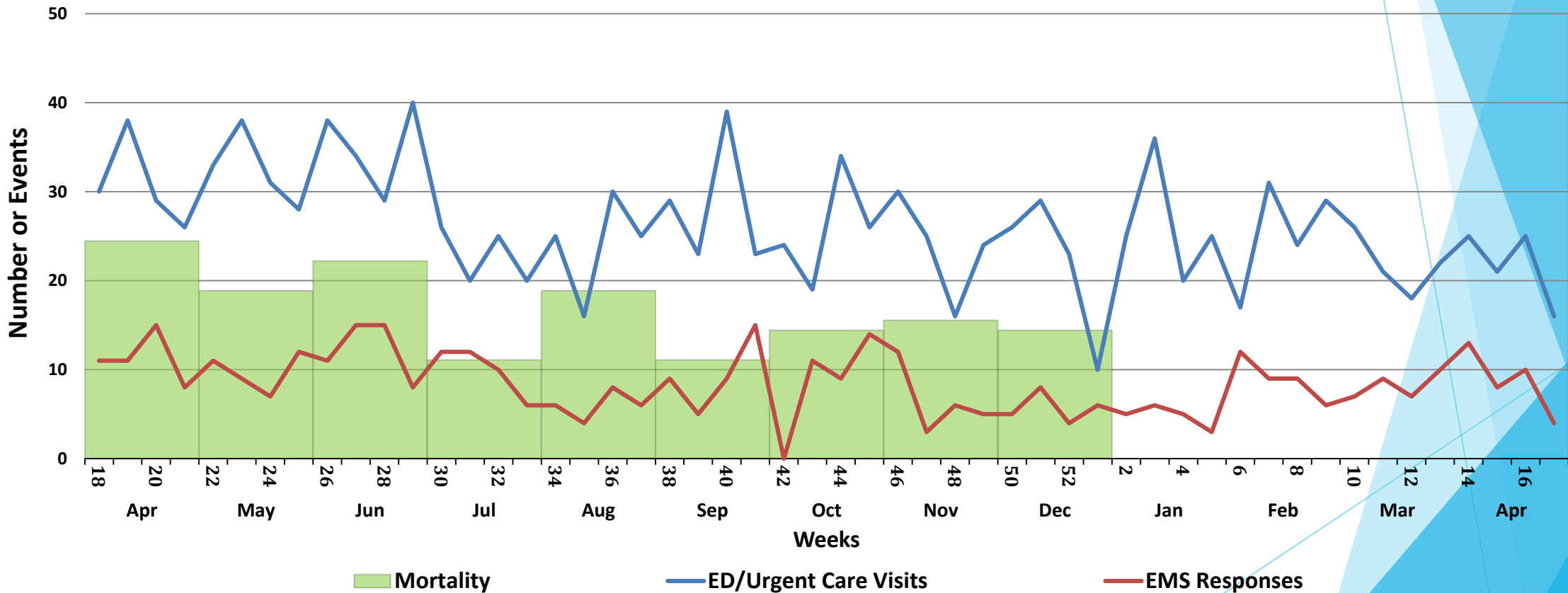
- ▶ Decreasing harms and death from opioids
- ▶ Utilizing key data sets to inform our work and provide targeted interventions
- ▶ Supporting recovery from OUD by expanding access to treatment
- ▶ Strengthening community partnerships and improving care coordination

## Overdose Response Strategy



# Overdose Surveillance- Tri-County

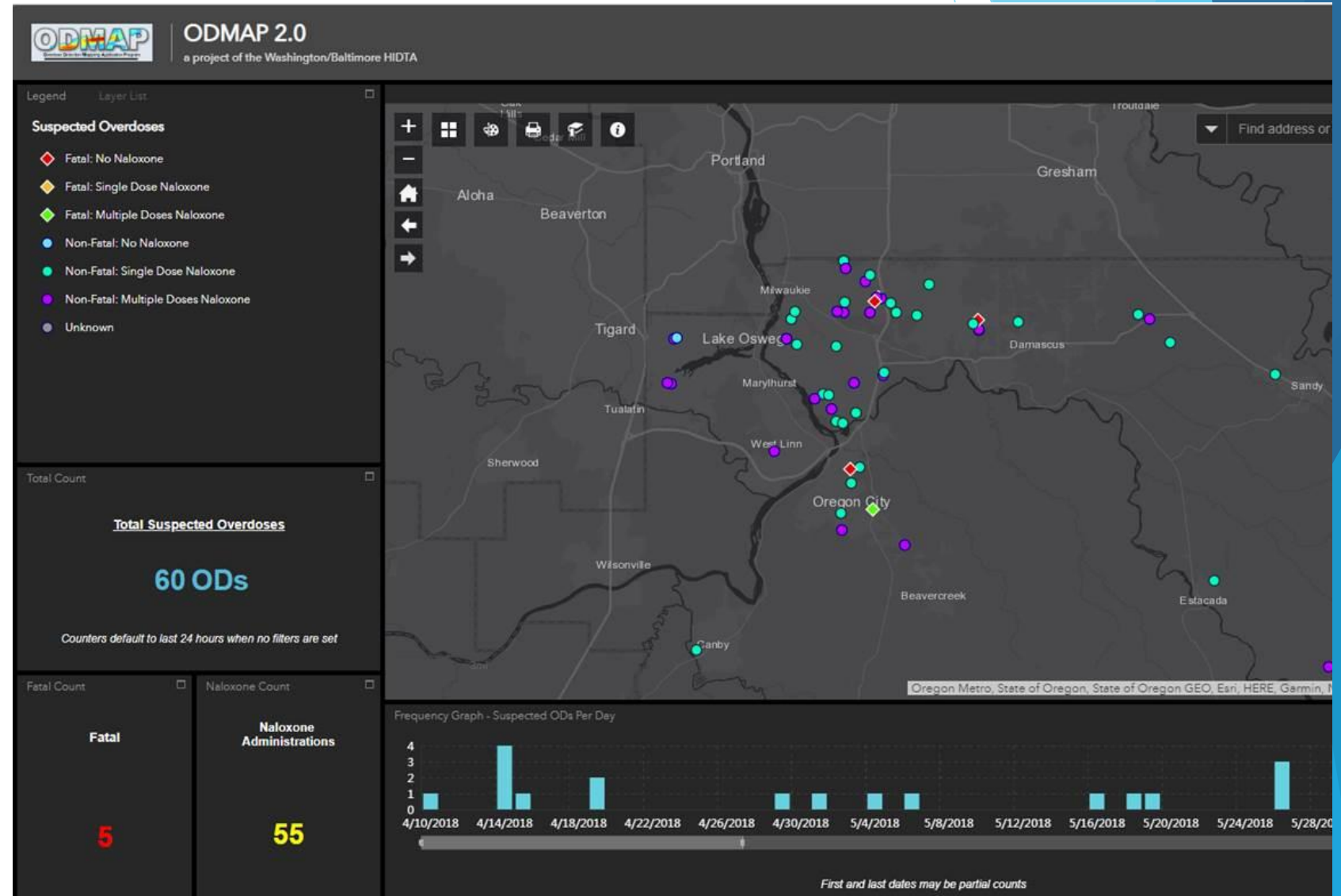
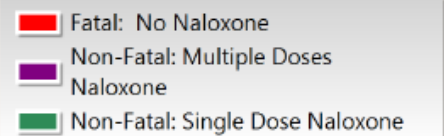
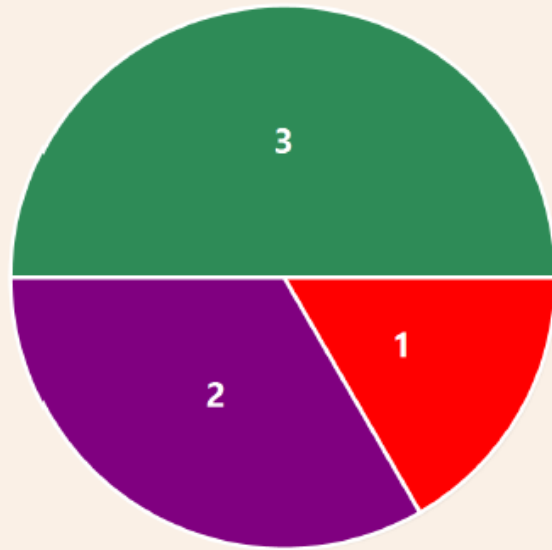
**Opioid Overdoses: Emergency Medical Services and Emergency Department/Urgent Care  
Clackamas, Multnomah, and Washington Counties: 4/29/18 - 4/27/19**



# Overdose Surveillance in Clackamas County

2018 Non-Fatal OD's: 82

In the Last Month (12/22/2018 - 1/21/2019)



# Partnerships

## Project Hope:

- ▶ Public Health/Clackamas H3S
- ▶ Community Paramedics: AMR & Clackamas Fire District #1
- ▶ Peer Recovery Mentor
- ▶ Milwaukie Police Department
- ▶ Oregon City Police Department



# Pre-Arrest Diversion Frameworks: Pathways to Treatment

- ▶ **Naloxone Plus:** engage with treatment as part of an overdose response.
- ▶ **Active Outreach:** law enforcement intentionally identifies or seeks individuals; a warm handoff is made to treatment.
- ▶ **Self-Referral:** Individual initiates contact with law enforcement for a treatment referral
- ▶ **Officer Prevention Referral-** law enforcement initiates treatment engagement; no charges
- ▶ **Officer Intervention Referral-**law enforcement initiates treatment engagement; charges are held with requirement for engagement



# Goals of the project:

- ▶ Reduce the number of people who overdose on opioids, thereby decreasing future 911 calls and hospital readmissions.
- ▶ Improve the quality of life for patients with substance use disorders.
- ▶ Bridge gaps in care by connecting vulnerable patients to treatment and other critical resources.

## **Performance Measures:**

- ▶ Number of opioid overdose referrals received
- ▶ Number of overdose patients who receive follow-up in the ED or home
- ▶ Number of patients who are referred to treatment
- ▶ Type of treatment patient is referred to
- ▶ Number of naloxone kits distributed

# Break the cycle: Traditional 911 response

- ▶ Overdose call → 911 → treat → transport → release
- ▶ Lather, rinse, repeat



# Hospital Discharge

- ▶ Don't do drugs
- ▶ No Follow-Up
- ▶ No referrals

# Resuscitate then navigate

- ▶ Although naloxone is an effective agent for reversing the physiological effects, it has no long-term impact on the patient's desire to use opioids again.
- ▶ EMS agencies play a critical role in their communities' response to the opioid epidemic and its time we switch our approach by transitioning to a recovery-oriented system of care.
- ▶ This includes expanding the focus to include opportunities to help the patient by providing a warm handoff from the 9-1-1 response to the systems available to help with recovery.



# Recovery-Oriented System of Care

- ▶ A coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.\*

\*Recovery-Oriented Systems of Care (ROSC) Resource Guide, 2010

# 10 Fundamental Components

- ▶ Self-directed
- ▶ Individualized and person-centered
- ▶ Empowerment
- ▶ Holistic
- ▶ Non-linear
- ▶ Strength-based
- ▶ Peer Support
- ▶ Respect
- ▶ Responsibility
- ▶ **Hope**

\*Recovery-Oriented Systems of Care (ROSC) Resource Guide, 2010

# Multiple components of project Hope

- ▶ Peer Mentors
- ▶ Community Paramedics
- ▶ Attitude toward recovery
- ▶ Boots on the ground people to assist with barriers
- ▶ Partnerships with local agencies
- ▶ Distribution of Naloxone
- ▶ Evaluation

# Role of the Peer Mentor

## What is a Peer Mentor?

- ▶ Lived experience
- ▶ Credibility
- ▶ Experience with hardships of recovery
- ▶ Longer term relationship with client
- ▶ Support opposed to help/direction
- ▶ Someone that listens without judgement/agenda
- ▶ Knows the path to recovery is NOT linear, and there are side steps
- ▶ Implementing harm reduction
- ▶ Sharing Hope





# Role of the Community Paramedics

## What is a Community Paramedic?

- ▶ Boots on the ground
- ▶ Use Motivational interviewing techniques
- ▶ Know the social determinants of Health
- ▶ Know the resources
- ▶ Insurance, MAT, Housing, Mental Health
- ▶ Overcome barriers
- ▶ Offer some medical direction for physical health
- ▶ Offer further education on chronic health conditions



# Social Determinants of Health

The social determinants of health are the economic and social that influence individual and group differences in health status.

- ▶ Access to health foods
- ▶ Environmental conditions
- ▶ Access to health care
- ▶ Incarceration & discrimination
- ▶ Enrollment in higher education
- ▶ Food security & poverty



# Common barriers to care

- ▶ Transportation
- ▶ Treatment
- ▶ Insurance
- ▶ Recovery housing
- ▶ Primary care connect
- ▶ Stigma
- ▶ Incarceration
- ▶ Communication

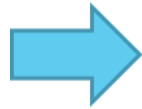


# Continuum of Care

Prevention



Early  
Intervention



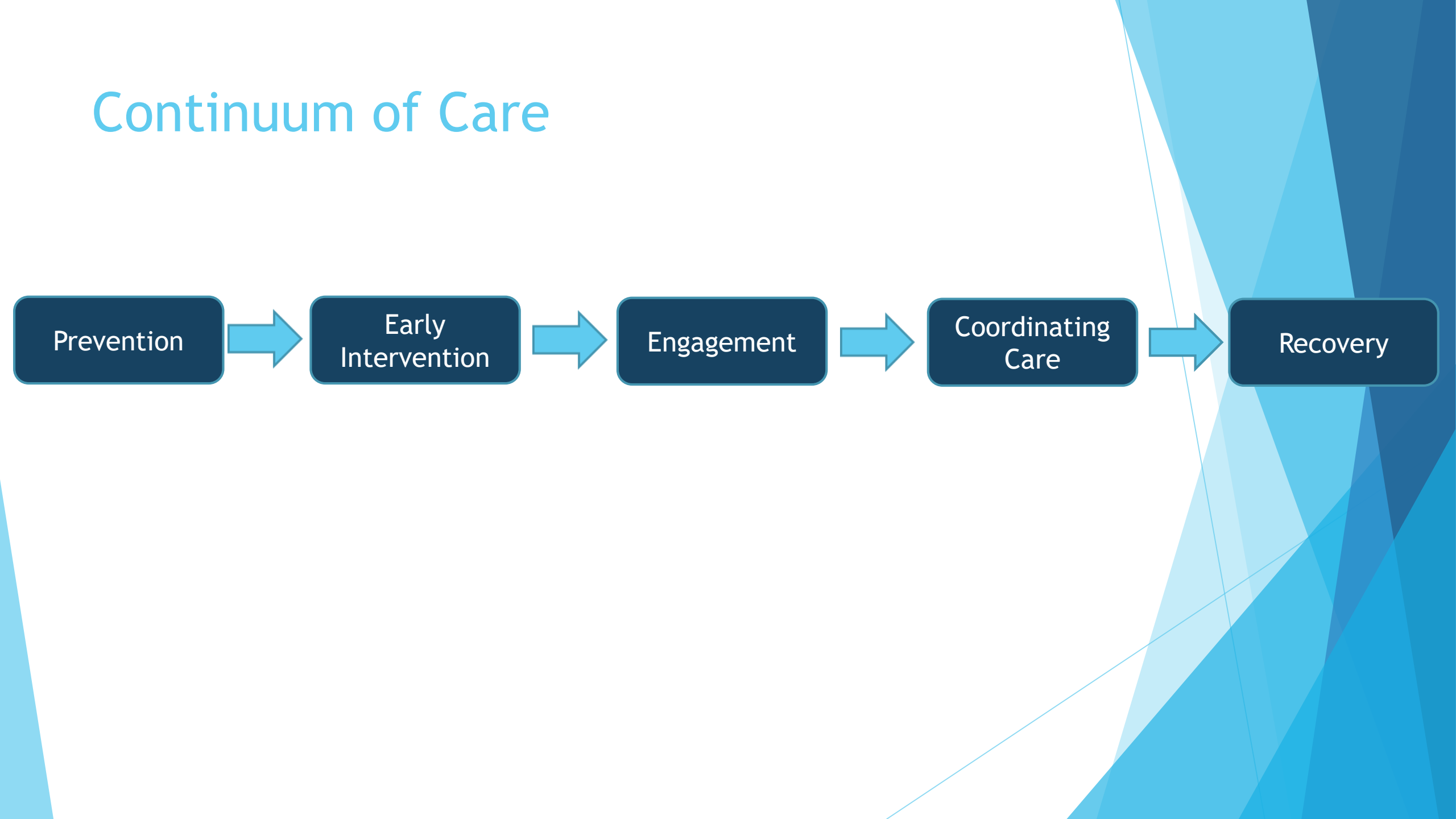
Engagement



Coordinating  
Care



Recovery



# Prevention

- ▶ Receive referrals from law enforcement
- ▶ Persons at risk for overdose
- ▶ Non criminal justice
- ▶ Opioid only
- ▶ People that want help

# Referral into Project Hope:



## Project Hope Referral Form

Supports for overdose survivors and those navigating the road to recovery

Clear Form

**Information**

Date of referral \_\_\_\_\_  
Time of referral \_\_\_\_\_

Name \_\_\_\_\_  
Date of birth \_\_\_\_\_

Street \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_

If homeless, what is location \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Officer Information**

Referring Officer \_\_\_\_\_  
Officer Contact info \_\_\_\_\_

**Reason for Referral**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information**

	Yes	No
Are you interested in getting help to cut down or quit using drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Will you go into withdrawal if you stop using?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently at-risk for opiate overdose?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever overdosed on opiates (prescription drugs or heroin)?	<input type="checkbox"/>	<input type="checkbox"/>

# Early Intervention

- ▶ Person has survived an overdose
- ▶ EMS reports sent to Project Hope
- ▶ Charts that meet criteria
- ▶ Sorted by geographic location



# Engagement/Referral

- ▶ Knock and Talk
- ▶ Introduction of Project Hope
- ▶ Don't take 'No' for an answer... on the first try anyway
- ▶ 4 attempts
- ▶ Plan future visit/intake form



# Continuing Care

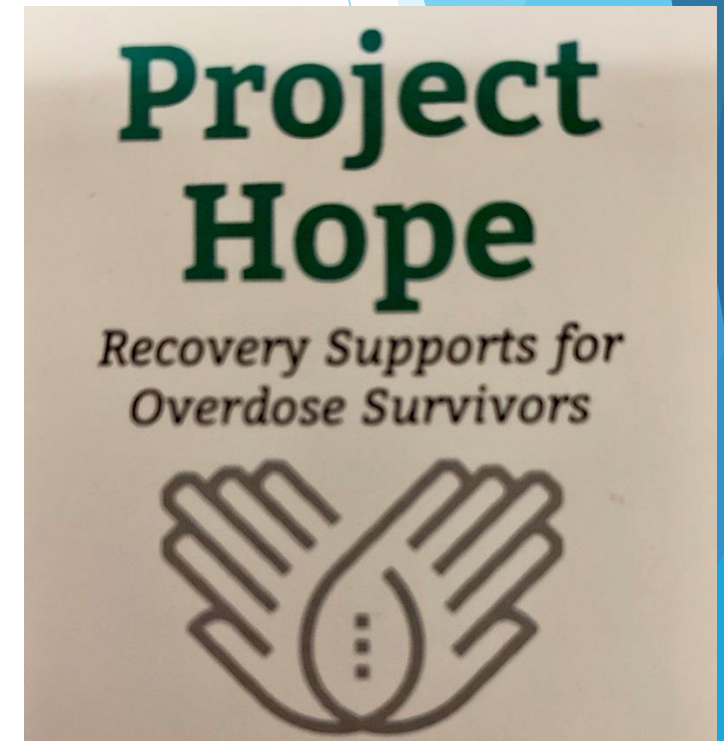
- ▶ Intake form
- ▶ Identify and address barriers to care/treatment
- ▶ Use motivational interviewing techniques
- ▶ Discuss Naloxone kit
- ▶ Introduce Peer Mentor Program

# Recovery

- ▶ Support identified path to recovery
- ▶ Connect client with Peer
- ▶ Connect client with needed resources
- ▶ Check in 3,6,9,12 months
- ▶ Recovery survey

# What have we learned?

- ▶ The path is different for everyone
- ▶ Need to engage upstream, not just OD survivors
- ▶ No does not always mean No(attempt 4 times)
- ▶ Support and help are not synonyms
- ▶ Not everyone wants to be in recovery
- ▶ Track everything, data equals funding options
- ▶ WHERE THERE'S BREATH, THERE'S HOPE



**Thank you!**

**Questions?**

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