Closing the Gap:
A Case Study of Collaborative Work Between First Responders and Recovery Services

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Website: http://www.centerforhealthandjustice.org/
Nationwide Increase in Opioid-Involved Overdose Deaths

Opioid-involved deaths have more than doubled within the last ten years

*Center for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released January, 2020
National Increase in Stimulant-Involved Overdose Deaths

CDC reports that while methamphetamine and stimulant use is stable, availability and related harms have increased*


Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released January, 2020
Opioid-Involved Overdose Deaths in Missouri

Missouri was one of four states in 2018 to see a statistically significant rise in overdose death rates, compared to 2017.

Opioid-Involved Overdose Deaths in Missouri

Missouri is in the top 15 states nationwide for opioid-overdose deaths as of 2019

Source: [http://wonder.cdc.gov](http://wonder.cdc.gov)
Opioid-Involved Overdose Death During COVID

- COVID has exacerbated the opioid problem, leading to a syndemic
- Social distancing has limited resource access and increased behavioral health
- Contributes to increased stress on health care workers in addressing substance use disorder (SUD)

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<th>Fentanyl</th>
<th>Heroin</th>
<th>Combined</th>
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<tr>
<td>January–May difference</td>
<td>84%</td>
<td>-55%</td>
<td>49%</td>
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<td>2019–2020</td>
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<td>COVID months (March–May)</td>
<td>124%</td>
<td>-47%</td>
<td>79%</td>
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<td>difference</td>
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Source: St. Louis, Missouri, city public health department, St. Louis City Medical Examiner, Neha Sastry *Ornell, et. al., (July 2020). The COVID-19 pandemic and its impact on substance use: Implications for prevention and treatment
Available Treatment Options

• Detox
  • Can be medical or social setting
  • Acute care for the purpose of stabilization during withdrawal

• Residential
  • Ease of access to inpatient bed often depends on individual’s insurance status

• Outpatient
  • Program length and intensity varies depending on the agency and individual needs
Medication-Assisted Treatment (MAT)

• Medication assistance exists for individuals with opioid and alcohol use disorder
  • There are currently no medications intended for stimulant use disorder
    • Some doctors are willing to prescribe and monitor off-label uses of Adderall, Provigil, or mirtazapine

• MAT services may be provided as the primary intervention or in conjunction with other psychosocial services
Harm Reduction

• Utilizes a spectrum of strategies to meet drug users “where they are at”
  • Recovery Community Centers
  • Peer-operated centers that provide resources to people who use drugs
• Resources include advocacy training, recovery information, resource mobilization, support group meetings, and social activities
• Syringe Service Programs
  • Community-based programs that provide access to sterile syringes and facilitates safe disposal of used syringes
  • Not legal in every state
Treatment Engagement and Retention

*Report by Peggy O’Brien, Ericka Crable, Catherine Fullerton, and Lauren Hughey; Truven Health Analytics

First Responder Dilemma

- First responders are left in reactionary position with limited resources to adequately respond to drug use crises
  - Primary trauma
    - Intense and potentially violent situations in the course of duty
  - Secondary/vicarious
    - Chronic exposure to people in crisis
    - Repeated exposure to people dealing with personal addiction or family addiction

Source: SHIELD Training, Health in Justice Action Lab, Northeastern University. Leo Beletsky, J.D., and Jeremiah Goulka, J.D.
Mental Health Burden of First Responders

It is estimated that 30% of first responders develop behavioral health illnesses including, but not limited to, depression and PTSD as compared with 20% in the general population.

Source: Abbott et al., 2015
Factors Addressed in Missouri

- Wait times to access treatment services
- Outreach services at the provider level
- Use of MAT services in a variety of settings
- Attitudes and beliefs around SUD treatment
- Access to a spectrum of recovery services (including harm reduction)
- Cost of treatment services

- Primary focus was on collaboration with Emergency Departments (EDs) and first responders as they often have immediate contact with patients in moments of crisis
• Community collaboration consisting of 5 treatment agencies, 20 hospitals, 10 EMS providers, program management support, and additional prevention and harm reduction providers
• SAMHSA funded through the Missouri Department of Mental Health and the UMSL-Missouri Institute of Mental Health
• Peer coach (individuals with lived experience) rapid-response to patients in ED and EMS post-overdose 24/7/365
• Project has received more than 6,000 clients, and an average of 90% agree to work with a recovery coach at the time of outreach
• Referrals come exclusively from EDs and EMS providers
Impact of EPICC

Recovery coaches connected **50%** of engaged clients to substance use treatment services and/or medication-assisted treatment

Note: Only **18%** of individuals with SUD initiate treatment nationally.

Preliminary data shows that individuals connected to a recovery coach were **66%** less likely to return to the Emergency Department in three months.
Partnership With EMS

- Focus on expedited access to clients through three referral streams:
  1. Referrals in-transit to the hospital
  2. Non-transit referrals with immediate response (in 30 minutes or less)
  3. Client self-referral at a later date (with a central client intake number)
- Referral process is short, immediate, and available 24/7 to meet EMS provider needs
Recovery Coach Roles and Process

Initial outreach and engagement is targeted to rapid access to treatment and barrier elimination

- Has the person been in treatment before?
- What barriers do they have currently?
- What treatment options are they interested in?
- What treatment option is easiest for them to access currently?

Relationships with providers are key to making connections
Connecting the DOTS: Drug Overdose Trust and Safety Project

Goal is to reduce the incidence of fatal opioid overdose through increased training and naloxone distribution for first responders

- Community Planning Sessions
- SHIELD (Safety and Health Integration in the Enforcement of Laws on Drugs) Training for law enforcement
- Leave Behind Naloxone
- Partnerships with EPICC and EMS statewide
Community Planning Sessions

- Connect first responders, public health officials, treatment and recovery housing providers, harm reduction agencies, and EPICC
- Help inform the customization pieces of the broader training
- Begin the conversations about ways to effectively streamline care
Collaboration Development

Collaboration requires **shared purpose/vision** that cannot be achieved independently and utilizes integrated strategies to benefit each agency and its stakeholders*


Other Things to Consider

• Is naloxone available in your state for first responder to leave behind?  
  If not, what steps need to be taken in order for that to happen?

• Do syringe access programs exist in your state?  
  Is there space to effectively collaborate so that people who use drugs can access harm reduction or treatment services?

• For law enforcement, what policies exist regarding officer discretion and syringe confiscation?

• What challenges do first responders face currently?

• What treatment options are available and at what cost?
Thank You to Our Partners!
Questions?

THANK YOU