

Disposable Phones Indispensable to Success of Overdose Response Program in Lexington County, South Carolina

Between 2014 and 2019, South Carolina saw an increase in overdose deaths every year, with an additional 49 percent increase in opioid-related deaths statewide through September 2020. Lexington County (part of the Columbia metropolitan area), one of six High Intensity Drug Trafficking Area counties, mirrored this trend, with overdose deaths rising to 112 in 2020 compared to 65 in 2019. In 2020, emergency medical services (EMS) in the county administered Narcan, the lifesaving medication that reverses an opioid overdose, 264 times. To build the evidence base for an overdose prevention response, The Courage Center (TCC) secured a one-year implementation grant from the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention's Overdose Response Strategy.

TCC, a five-year old 501(c)3 recovery community organization located in the town of Lexington, partnered with law enforcement agencies, schools, businesses, prevention coalitions, and the local alcohol and drug treatment authority to increase community awareness about the growing drug problem. Local police officials had already reached out to TCC for help in curbing overdoses, but because of Health Insurance Portability and Accountability Act regulations protecting privacy, police officials were unable to provide names and location information for overdose survivors. This prompted TCC to devise a novel response: use disposable phones to connect overdose survivors to TCC's peer recovery support specialists. This gave rise to the Coordinated Overdose Response and Engagement (CORE) program.



CORE encompasses two main strategies: (1) post-overdose outreach with innovative technology enhancements and (2) improved data-sharing, primarily with the local overdose fatality review (OFR) team, which meets monthly. (OFRs are confidential death reviews conducted by multidisciplinary teams to identify system gaps and improve overdose prevention and intervention strategies.) TCC began the CORE pilot project in March 2021, partnering with public health and public safety agencies to develop a strategy to help bridge the gaps in existing state post-overdose outreach models through (1) connection to a recovery community organization, (2) mobile outreach, and (3) broader access to treatment services.

This is how CORE works: following a Narcan administration, Lexington County EMS provide an overdose survivor with a CORE Care Pouch that includes a resource card and a disposable, pre-paid cell phone programmed with TCC's phone number. Within 72 hours, a certified recovery specialist calls/texts/leaves a voicemail offering resource navigation, including referrals for medication-assisted

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treatment and peer support and to wraparound services such as employment, food, and housing assistance. Three unresponsive calls or texts trigger a referral to the Community Outreach Paramedic Education (COPE) program, after which EMS personnel and a recovery coach team up to make a home visit to the overdose survivor.

During the seven-month pilot period, Lexington County EMS distributed 104 CORE Care Pouches to overdose survivors. Of these, 25 percent were successfully reached via the disposable cell phone within 72 hours. House visits were attempted for 41 of the 78 remaining individuals, with contact made with the survivor or a family member or friend in 47 percent of the cases. While the pilot faced some challenges, the innovative use of the disposable cell phone allowed an immediate connection to a survivor without the need to obtain personal information via consent before contact could be made.

Several factors contributed to the initial success of the CORE pilot program: collaboration among local partner agencies; the valuable lived experience recovery coaches brought to the program when interacting with survivors; the existing resources TCC had in place to offer survivors; and the initiative Lexington County EMS took to train staff members before and during the pilot phase. In addition, TCC implemented a stigma-reduction campaign throughout Lexington County throughout the pilot phase.

For jurisdictions interested in duplicating CORE's success, collaborative planning, ongoing training, and education about the disease model of addiction should be major components. There are challenges related to how those with multiple overdoses are perceived.

Perceptions about the worthiness of individuals being transferred to hospitals for multiple overdose events suggest the need for early and ongoing education about the disease model of addiction.

Training peer recovery coaches is also essential to ensure that participants are equipped with information about local resources and the ways in which survivors can access them.

Ensuring that key partners, such as the local hospital emergency department, know the details of the project was another hurdle Lexington County had to overcome. While the key components of the pilot project were shared and materials were posted in the emergency department, some emergency staff members were unfamiliar with the CORE Care Pouch and did not know it included a phone. Finally, the need to keep a charger in the pouch was initially overlooked; pouches were preloaded on ambulances, but the phones in them had no battery life by the time they were distributed.

Despite the challenges faced during the year-long pilot, the overall success of the program enabled CORE to secure an expansion grant with NACCHO that began in October 2021 and will continue through July 2022. Lessons learned from the pilot phase will be integrated into the year two model with more joint planning with hospital staff. The program will expand to include those who overdose on drugs other than opioids. CORE will continue to conduct monthly OFR meetings and follow the Bureau of Justice Assistance's best practices.