

Post-Overdose Response Team in Wake County

CONTEXT

Wake County is an urban county with a population over 1.1 million. Healing Transitions is a non-profit organization providing non-medical detoxification, overnight emergency “wet” shelter, and a long-term, peer-led recovery program that includes access to healthcare as well as child and family resources for individuals experiencing homelessness coupled with substance use disorders. The organization’s mission is to offer innovative peer-based, recovery-oriented services to homeless, uninsured, and underserved individuals with alcohol and other substance use disorders. Their 300-bed facility offers local emergency medical services (EMS) and law enforcement a cost saving option that includes supportive services as an alternative to emergency departments or jail, requires no insurance or payment for services, and is available on demand 24/7.

In 2015, through Wake County’s Drug Overdose Prevention Coalition, Healing Transitions and Wake County EMS began formally developing a post-overdose response team (PORT). Wake’s Rapid Response Program sends Certified Peer-Support Specialists – called Rapid Responders (RR) – with Advanced Practice Paramedics to follow-up with opioid overdose survivors within 24 to 72 hours of the overdose episode, regardless of whether they are transported to an Emergency Department. These visits serve to establish rapport and link clients to needed resources, treatment, or harm reduction options.

State funding allowed Healing Transitions and Wake County EMS to expand the PORT by hiring more staff and procuring more resources.



Before PORT, no one was connected to care. The individual was EMS involved, they showed up at the Emergency Department, the Emergency Department staff made sure they were okay, and they were released. And the individual didn’t have a sense of, ‘Where do I get help and what are my next steps?’ With Post Overdose Response, there’s now a coordinated effort and plan in place to help the individual if they want it.

PROGRAM

Each morning the Rapid Response Program receives an encrypted “Narcan Report” from Wake County EMS that provides demographic and narrative information about individuals surviving opioid overdose within Wake County over the past 24-72 hours. A signed business agreement between the agencies allows for this critical data sharing. The information from the Narcan Report is entered into the FiveCRM database system, a cloud-based Client-Relationship Management application suite configured to document demographics, assessments, and physical and social barriers to health prior to the in-person contact attempt. FiveCRM also allows the program to create schedules for client follow-up, track client progress over time, and generate reports.

Following Narcan Report data input, an Advanced Practice Paramedic (APP) picks up an RR and they drive to the overdose survivor's recorded place of residence. On the initial visit, RRs provide clients with a community-based resource packet, a toiletry bag, and Naloxone to provide aid to the client regardless of future interactions. If the client is not home, follow-up is conducted via phone calls or texts and occasionally through social media. After initial contact, the RRs employ a combination of face-to-face, telephone, and/ or text interaction to connect with the client (and potentially their family members) to build rapport and link them to recovery supports, harm reduction services, and other community resources. After each contact or outreach attempt, the RRs record the encounter or lack thereof (E.g. No phone contact) into FiveCRM. This data then becomes the client's record of support and response to treatment and reveals outreach modality trends.

To retain peer connectivity, the RRs gather information and support clients through person-centered planning in accordance with the client's self-defined goals/needs through casual conversation, as opposed to more formal tools or instruments: the RRs do not go to the door with a clipboard. RRs support clients regardless of their substance use level, offering both treatment and harm reduction approaches depending on the client's personal goals. RRs make referrals for community supports, but continue to offer support to the client after referral. For instance, after an RR has linked a client to a treatment provider, the provider works with the client in a clinical role while the client still receives RR peer support.

Frequency of client contact varies depending on factors including care linkage, treatment adherence, and life circumstances. For example, immediately after overdose, outreach frequency is high because

of the greater need for support. As rapport builds and the client ascertains more recovery capital (support, housing, employment, etc.), the rate of contact may ease until a change in circumstances requires that contact frequency increase again. In a system of few discharges and a lot of follow-up, managing time is highly important. The Rapid Response Program does not discharge clients, and continues follow-up until the person asks to be discharged from the program or dies.

SERVICES PROVIDED

The Wake County PORT directly provides naloxone, fentanyl testing strips, toiletry bags, Walmart gift cards, food bags, and bus passes, while helping individuals connect to programs offering medication for opioid use disorder, harm reduction services through the local syringe services program, and supportive services for housing instability, transportation, employment, pregnancy care, and food insecurity. Building a relationship so clients have a supportive contact they can reach out to for any future needs is the program's central aim.

You've got a job, you've got a car; can we help you with anything? It's really not about getting you help for substance use but anything you need. If you need food, we can help you with that. Bus passes, ways to get to work, can I help you find a job?

TAKEAWAYS

Beginning as a referral pathway from EMS to peer supports, the Rapid Response Program now receives in-bound client referrals from many different local agencies and hospitals. Placed in the center of an ever-growing Venn diagram of overlapping resources, the program aims to de-silo agencies and help clients navigate the various, complex systems of care without falling between the cracks. The program's supportive safety net is not hampered by insurance or discharge times, giving individuals access to

help without strings attached. Because the RRs engage in emotionally heavy work, providing consistent and intentional supervision for RRs is important to prevent burnout and help staff stay healthy. The RRs receive daily supervision from the Rapid Response Administrator and twice per month by an external supervisor, which provides a safe space for staff to discuss work-related needs. In addition, the team has policies in place that are responsive to staff needs, including protected "off" time.

I don't want peer supports answering calls at 1:00 a.m. We'll wait until the next day to make the phone call... [We make] sure that peer supports are active in their recovery and getting some time off... One [Peer Support Specialist] had to take a vacation and that was great, but it's because we weren't giving him adequate time off prior to that. So, when you're hiking up a mountain dehydration can become dangerous. But if you get dehydrated and then try to hammer down 32 ounces of water that's not going to cure the symptoms. It's important to be drinking throughout the hike.

Rapport building is critical when working with clients. Without trust, built through shared experiences of substance use and continued follow-up, explaining the benefits of safe drug use or substance use treatment typically proves fruitless. However, with trust the consumer feels safe asking an RR for care and is more likely to persist with treatment or resource follow-through.

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