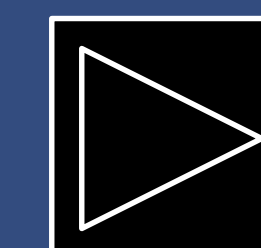


Opioid Epidemic: Redefining the Hospital's Role

TAP TO GO BACK
TO KIOSK MENU

Alejandro Mendoza, MD & Sarah Cloud, MBA, MSW, LICSW



Introduction/Problem

Between 2000 and 2015, the Commonwealth of Massachusetts experienced a 350% increase in fatal overdoses. According to the Massachusetts Department of Public Health, Plymouth County, with a population of over 510,000, ranks in the highest category for opioid overdose death rates among all Massachusetts counties, with rates ranging from 19.6 to 24 deaths per 100,000 people. Of the 351 municipalities in Massachusetts, six Plymouth County cities and towns rank in the top 10% of all Massachusetts municipalities for opioid deaths per capita.

In March 2014, a Public Health Emergency was declared in the Commonwealth, triggering the formation of a Task Force which brought together multiple stakeholders. The Task Force released a comprehensive strategy to address the crisis, including a recommendation to form a centralized navigation system for patients, families, and first responders from which Plymouth County Outreach (PCO) born in 2016. Since inception PCO has identified and assisted in over 3,300 incidents related to SUDs (at-risk individuals, attempted overdoses and/or deaths linking at-risk individuals with SUDs and families to support services, treatment and clinical resources.

Aim/Goal

Partner with first responders and community stakeholders under the leadership of PCO to combat the ongoing opioid epidemic through a comprehensive and systemic county-wide strategy of follow up visits following on OD, high-risk/repeat OD case management and engagement, specialized training of police officers, and data tracking and management.

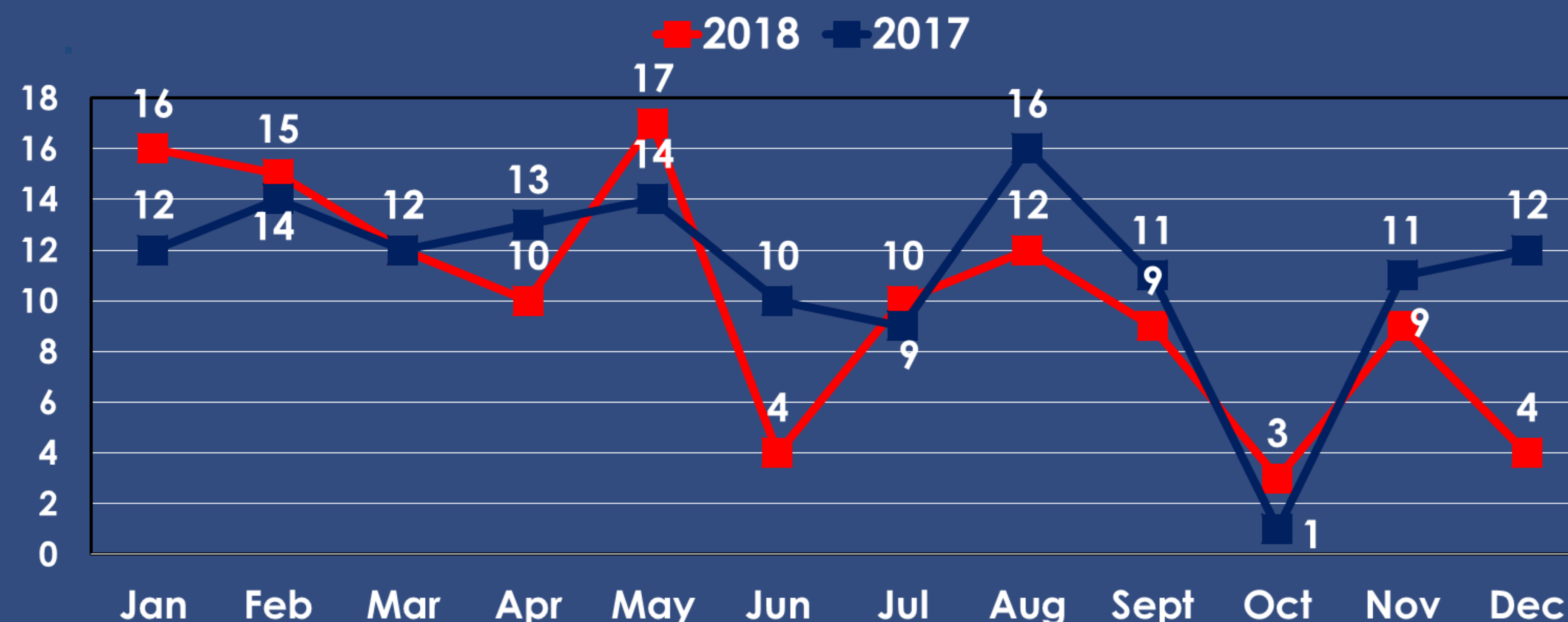
The Team

- Sarah Cloud, MBA, MSW, LICSW Hospital Lead
- Alejandro Mendoza, MD, PCO Advisory Board
- Michael Botieri, Plymouth and Scott Allen, East Bridgewater, Chiefs of Police Leads
- Allie Hunter McDade, Executive Director, PAARI
- Timothy Cruz, District Attorney, Plymouth County
- Pamela Kelley, PhD and Sean Varano, PhD, Kelley Research Associates
- Good Samaritans, Southcoast, Signature Health, South Shore Hospital, and Morton Hospitals
- Treatment providers, including Clean Slate, Gosnold, HPTC, Bay State
- Recovery Centers: South Shore and Plymouth Recovery Centers, PCO Hope, Stairway to Recovery

The Interventions

- PCO engages and links individuals and families to treatment and support following an OD:
 - Narcan reversal and transport to the closest ED
 - Medical treatment, assessment and offer of SUD treatment
 - If offer of treatment is declined in the ED a plain clothed officer and recovery coach or social worker conduct a home visit within 12-72 hours
 - The person using and/or their loved ones (whoever is able to be located in the home during the follow up visit) is offered support, linkage to treatment, resources and hope.
 - If the OD is fatal, a sympathy card is mailed within the week and a follow-up visit is conducted by a peer 4-6 weeks later.

Results/Progress to Date

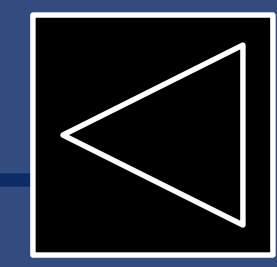


Source: KRA's PCO 2018 Annual Report

Decrease in non-fatal ODs by 13% and fatal ODs by 18% county-wide

For more information, contact:

Sarah Cloud, MBA, MSW, LICSW at scloud@bidplymouth.org



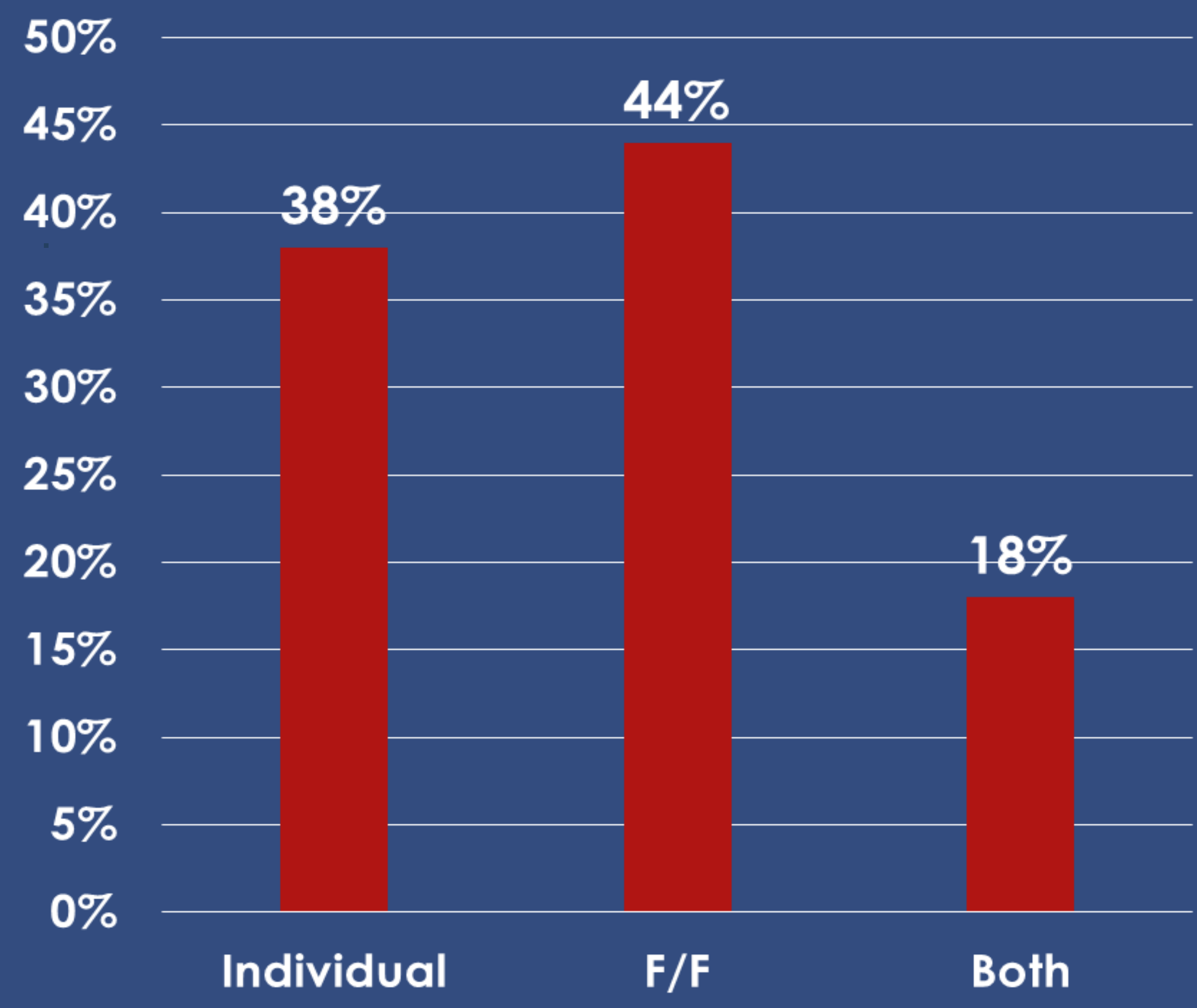
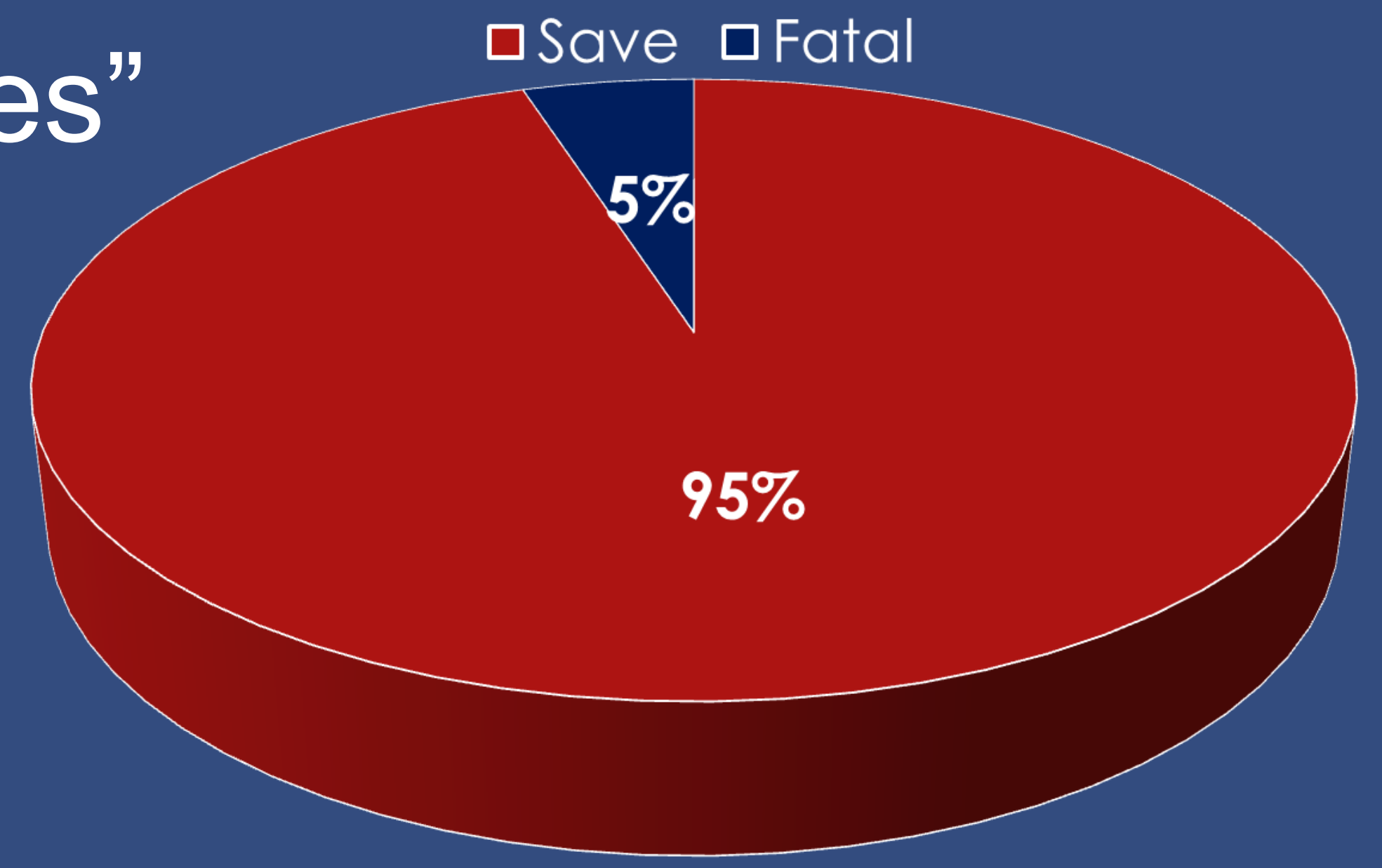
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More Results/Progress to Date

Naloxone "Saves"

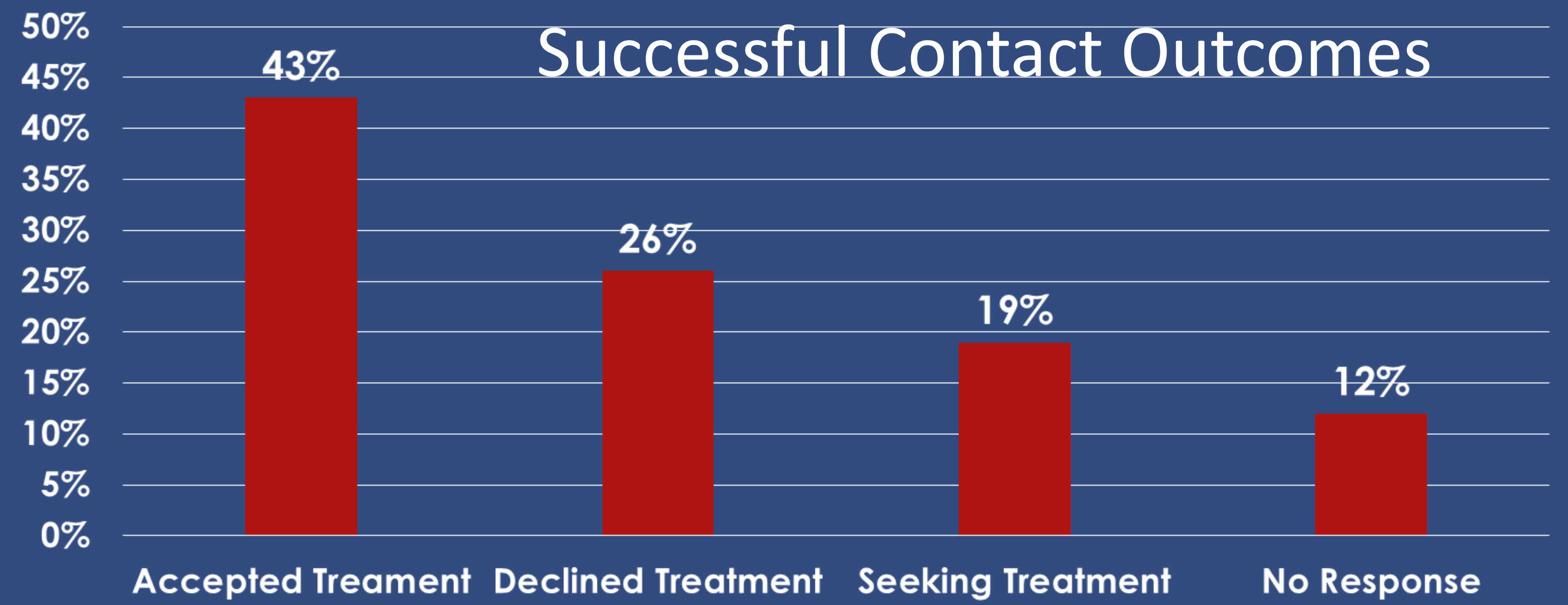
EMS = 46%
Police = 44%
3rd Party = 26%
Fire = 14%



Follow-Up Visits

- 987 attempted home visits
- 60% (590) were successful in having contact with either the individual who overdosed, a family/friend, or both.

Successful Contact Outcomes



Lessons Learned

- 187 individuals were involved in 495 (31%) of reported overdoses or at-risk incidents.
- Individuals who left the ED Against Medical Advices accepted a link to treatment in the comfort of their homes.
- Engaging loved ones following the OD to provide support and reduce stigma is game changer.
- Children are present and greatly impacted by non-fatal and fatal overdoses.

Next Steps

- Expand PCO to respond to all behavioral health presentations, including mental health.
- Replicate the Hub model out of Canada to engage our most vulnerable residents.
- Continue to provide technical assistance to other counties interested in replicating the program.
- In partnership with the DA's Office develop a specialized in-home response for children impacted.