



# *Innovative EMS Response to Overdoses: Beyond Naloxone*

National Association of State EMS Officials  
February 25, 2021



CENTER FOR  
HEALTH & JUSTICE  
AT TASC

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# TASC's Center for Health and Justice

COSSAP TTA Provider for  
First Responder Led Diversion Initiatives



Website: [www.centerforhealthandjustice.org](http://www.centerforhealthandjustice.org)

## Center for Health & Justice COSSAP Team

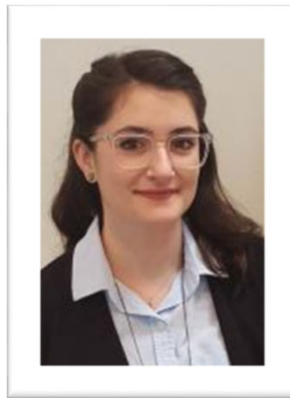
TTA provider for COSSAP FRD grantees since 2017



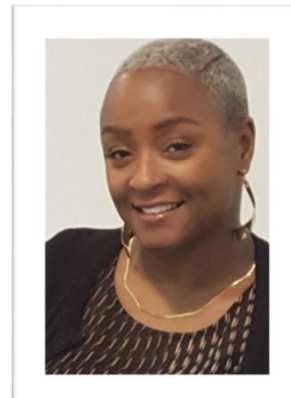
Jac Charlier,  
Executive Director-  
Project Executive Lead



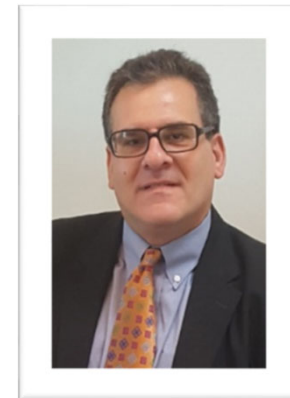
Ben Ekelund,  
Director  
Project Lead



Hope Fiori,  
Administrator-  
Project Specialist



Nikki Muñoz,  
Administrator-  
Project Specialist



Jon Ross  
Technical Writer



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 @TASC\_CHJ

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## Panelists

- Mary Hedges, Program Manager, National Association of State EMS Officials
- Will Mueller, Assistant Fire Chief, Colerain Township Department of Fire and EMS
- Gene Hern, MD, MS, Medical Director, GMR, Contra Costa, Department of Emergency Medicine, Highland Hospital
- Tim Seplaki, Chief, EMS Data and Intelligence, New Jersey Department of Health, Office of Emergency Medical Services

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## Learning Objectives

After the panel presentation participants will be able to:

- Identify a variety of non-traditional responses by EMS agencies to the overdose epidemic.
- Explain how a Quick Response Team (QRT) can add to the care EMS can provide to those with opioid use disorder.
- Describe the benefits of expanding the role of EMS in responding to substance use disorder.

# Quick Response Team

Colerain Township Department of Fire and E.M.S.

Will Mueller – Assistant Fire Chief  
Colerain Township Department of Fire and EMS  
Hamilton County, Ohio

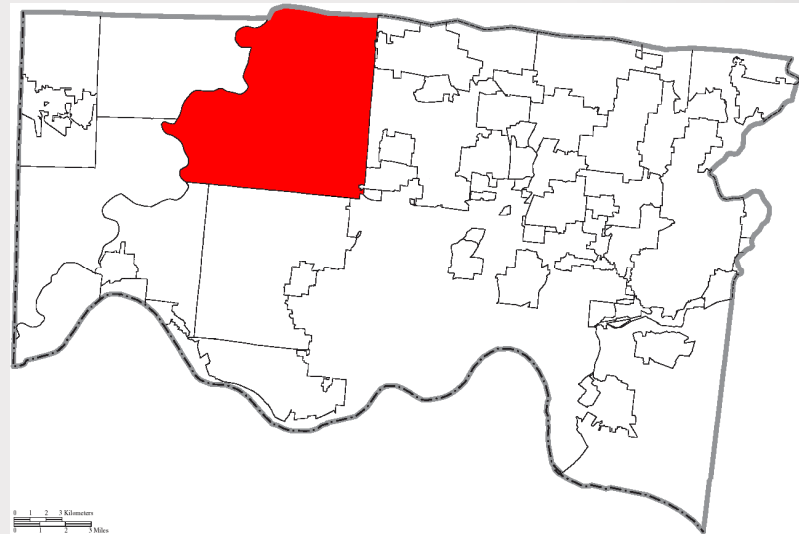


# Discussion Points

- Discuss statistical data and the scope of the epidemic specific to Colerain Township.
- Define a Quick Response Team (QRT)
- Discuss the QRT response model
- Review QRT response model efficacy and other operational data.

# Statistical Data: Painting the Picture

- 14<sup>th</sup> Largest Community in the State of Ohio
- 43.2 Square Miles
- 58,499 residents
- 23,000 Households
- 5 Fire Stations
- 160 Fire Department Personnel
- Fire Department Staffing: 33 personnel
- 54 Law Enforcement Personnel





# What is a Quick Response Team?







**WHO TO CALL FOR HELP**

Emergency 911

Hamilton County Mental Health & Recovery Health Access Center 513-281-7422

Addiction Services Council 513-281-7880

Center for Chemical Addictions Treatment 513-381-6672

Prescription Drug Drop Off  
Colerain Police Department  
4200 Springdale Rd.  
Cincinnati, OH 45251  
Monday - Friday 24 hours

**5 DEATHS EVERY DAY IN OHIO ARE CAUSED BY UNINTENTIONAL DRUG OVERDOSES**

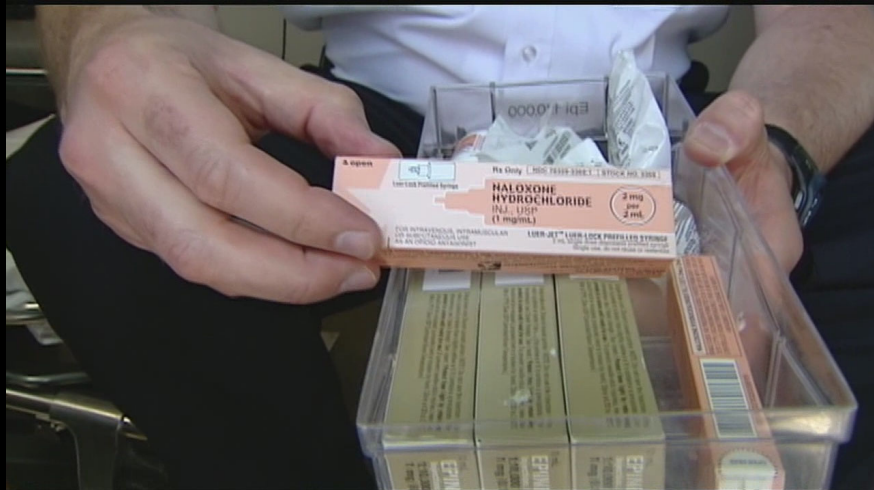
**1 PERSON EVERY 5 HOURS**

**NEARLY 2 PEOPLE DIE EVERY OTHER DAY FROM AN OPIATE OVERDOSE IN HAMILTON COUNTY**

**Colerain Community For Health Awareness**

A new community health collaborative

Working together to save lives!



# QRT Response Model

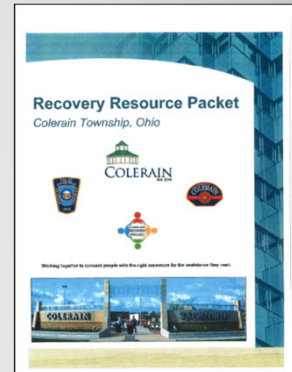
- Firefighter/Paramedics each specially trained as:
  - Tactical Paramedics
  - Defense
  - CDCA Certified
- Law Enforcement Personnel
  - CDCA Certified
  - Supply Reduction
- Social Worker/Addiction Counseling Expert
  - Triage
  - Assessment





# Deployment

- Overdose incident kicks off a chain reaction of events
  - EMS/Law Enforcement Response
  - Narcan/Recovery Packet Distribution
  - QRT meets weekly to pull overdose responses from police reporting database
  - QRT conducts door-to-door follow-ups
  - On-site assessment (medical and recovery)
    - Narcan Distribution



# Program Efficacy and Operational Data

- QRT has been operational since July 2015
- Approximately 550 “Overdose Follow-up” investigations
- The QRT and Addiction Services Council professionals have succeeded in connecting “face-to-face” with 379 of those follow ups. (69%)

# Program Efficacy and Operational Data

- 72% (272) success rate in getting individuals entering into treatment.
- Repeat overdoses are down from 22% in 2016 to 6% to date in 2020.
- Overdose responses to date in 2021 have been reduced by a little over 43% since 2017 (peak).



# Moving Forward



“You can’t go back  
and change the  
beginning, but you  
can start where you  
are and change  
the ending.”

~ Clive Staples  
Lewis





# 4 Pillars of Innovation

## Contra Costa County, California

Gene Hern, MD, MS  
Medical Director, GMR, Contra Costa  
Dept. of Emergency Medicine, Highland Hospital  
Oakland, California

# Breaking Down Silos Across Agencies

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- EMS
- Public Health
- Overlap in Goals to change outcomes
- Key players
  - 911 Transport Medical Director
  - Local EMS Agency Medical Director
  - Public Health Medical Director

# 4 Potential Pillars to Address Opioid Use Disorder (OUD)

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- Public Access Narcan
- Warm Handoff to Public Health Resources
- Overdose Receiving Centers
- EMS initiated 1st dose MAT

# Narcan Distribution Project

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- Naloxone (Narcan) distribution program
  - Initiated and conducted by EMS providers
  - Based on Project Friend in SF
  - The 911 transport agency
    - Identifying and distributing naloxone
    - Patients
    - Family members
    - Bystanders
  - Once they have identified high-risk situations or situations where an opioid use disorder may be present.



# Warm Handoff to Public Health

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- A referral of 911 patients to a public health outreach coordinator/intervention team
- A data linkage between the 911 transport provider and the public health agency
- 911 PCR -> First Watch at Local EMS Agency -> Trigger sent to Public Health SUN (Substance Use Navigator)
- The public health agency SUN then contacts the patient to further assist enrollment in medication assisted treatment programs within the county

# Warm Handoff to Public Health

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- These programs would not only be accessible to underserved patients
- Also information for patients who have existing health insurance through private insurers as well
- Referrals to multiple MAT programs in various health plans
  - Private Insurance
  - Self Pay
  - Medi-Cal, ACA

# Overdose Receiving Centers

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- Based on existing EMS “Receiving Center” model
  - Trauma, Stroke, Heart Attack
- Risk of dying from OD similar to MVA or GSW
  - 14.2 (OUD) per 100k vs 11.9 (MVA) and 12.2(GSW))
- Authorizes EMS to take to ED where Integrated OUD program exists
  - Cal Bridge Program site in Contra Costa County (~80 around state)
  - Not required but suggested



ANNA M. ROTH, RN, MS, MPH  
HEALTH DIRECTOR

RANDALL L. SAWYER  
DEPUTY HEALTH DIRECTOR

DAVID GOLDSTEIN, MD  
MEDICAL DIRECTOR & INTERIM DIRECTOR EMS  
DEPUTY COUNTY HEALTH OFFICER



CONTRA COSTA  
HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES

777 Arnold Drive, Suite 110  
Martinez, CA 94553-3642

Phone: (925) 608-5454

## ADMINISTRATIVE DIRECTIVE

No. 20-CLN-005

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**To:** Contra Costa County EMS Providers

**FROM:** Dr. David Goldstein, EMS Medical Director 

**DATE:** March 30, 2020

**SUBJECT:** Destination Considerations for Patients with Opioid Withdrawal

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Beginning **April 1<sup>st</sup> 2020**, all patients that are experiencing symptoms of opioid withdrawal, including those patients that receive Naloxone after suspected opioid overdose, should be transported to **CCRMC Emergency** department for initiation of

Buprenorphine and link to outpatient treatment unless they elect another ED or refuse transport.

# EMS initiated 1st dose MAT

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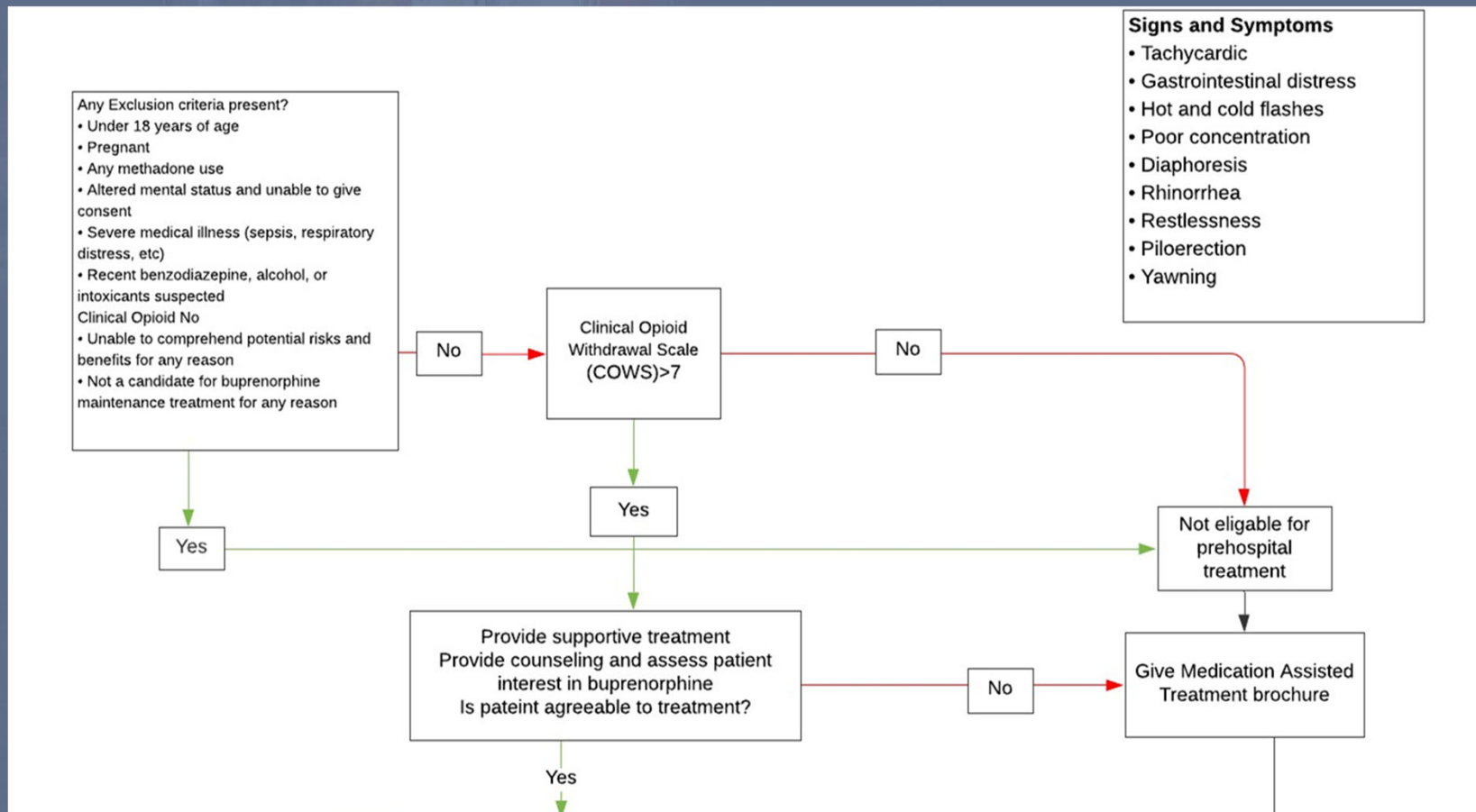
- Based on the Pioneering work of Dr. Carroll and others in Camden, New Jersey
- State of New Jersey Health Officer allows Buprenorphine to be given by Paramedics after Naloxone
- EMS Evaluates patients with COWS score 7 or greater
- Contra Costa County, California Pilot Study Began in Sept 2020
- Patient eligible either post Naloxone or pure withdrawal symptoms

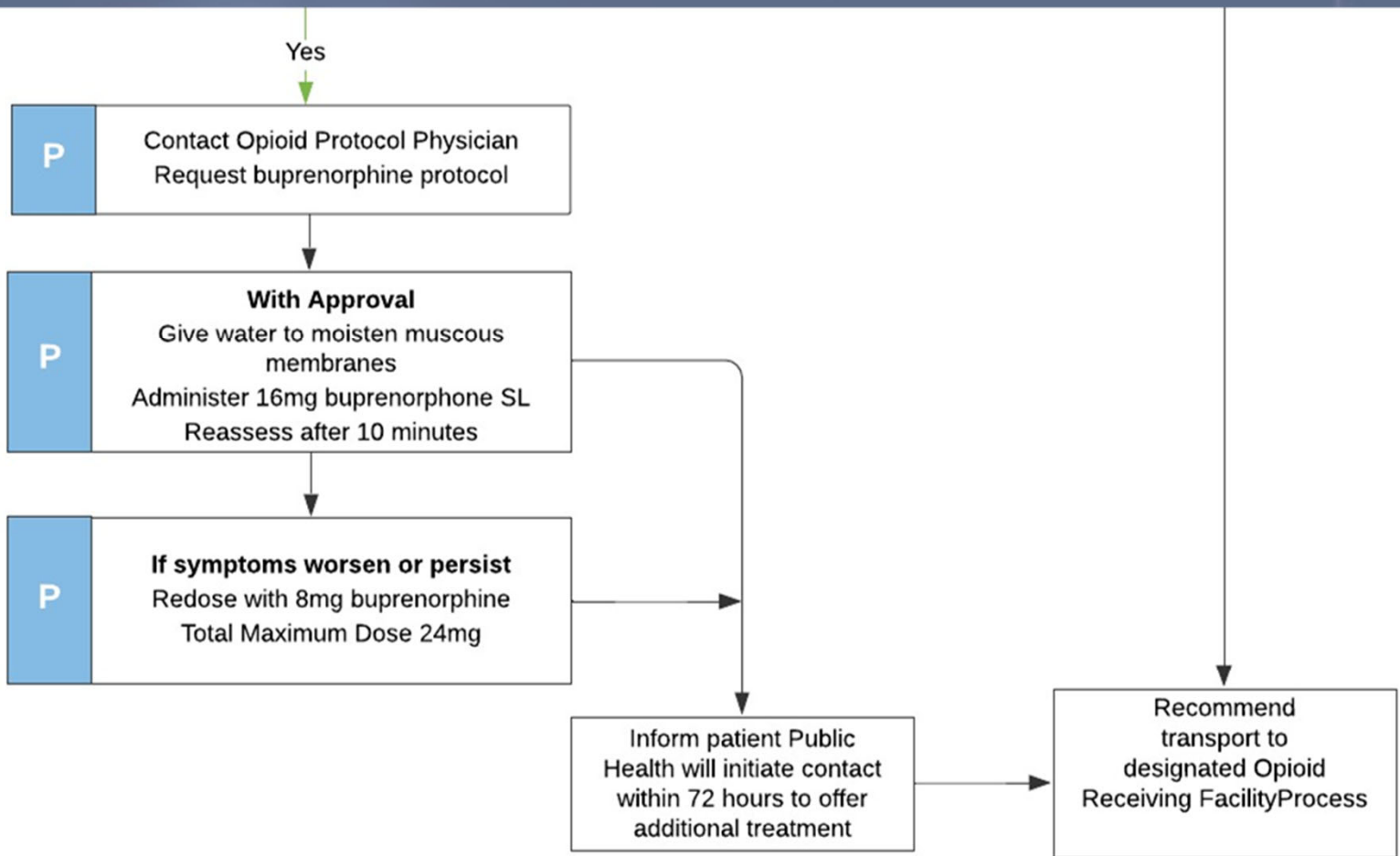
# How Will it Work?

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- Paramedic Assess for Opioid Withdrawal Symptoms
- Either from:
  - Patient receiving Naloxone/Narcan
  - Patient not having used opiates

# Opioid Withdrawal: Adult Medical Treatment Guidelines





# EMS initiated 1st dose MAT

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- Calls “Base” physician to discuss case
- If MD agrees and authorizes, 1st dose of Buprenorphine given
- Early Data
  - 5 Pilot patients thus far (1 post Narcan, 4 in pure withdrawal)
  - 60% 30 day retention in treatment

# Creating a Culture Change:

*Incorporating EMS  
to Combat the Opioid Crisis*



**Tim Seplaki**

Chief, EMS Data and Intelligence  
New Jersey Department of Health  
Office of Emergency Medical Services



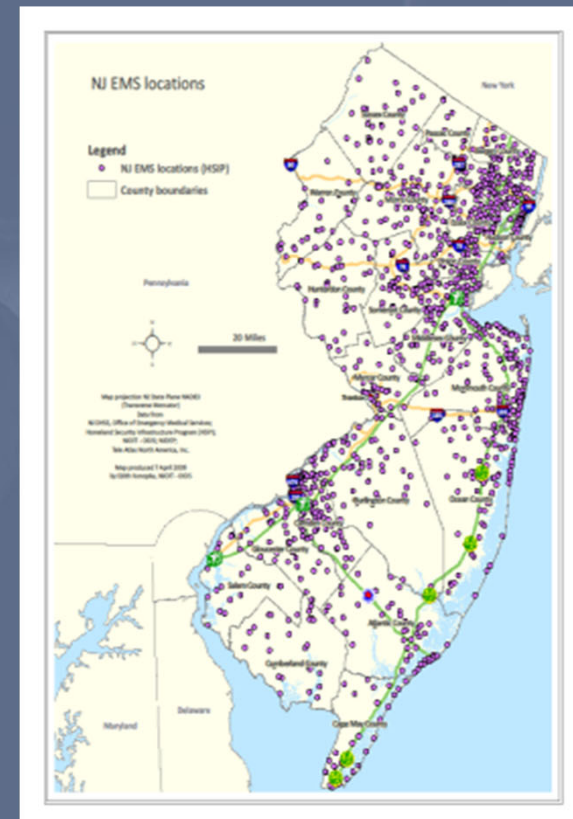
# EMS in New Jersey



## Tiered Response:

- 23,940 Emergency Medical Technicians (*EMTs*)
- 1,752 Mobile Intensive Care Paramedics
- 517 Agencies submitting data
- ~ 150,000 Records received monthly

*Why are these numbers important???*





# Population Health

- Home
- New Jersey Opioid Data Dashboard
- Integrated population Health Data
- Center for Health Statistics & Informatics
- Health Care Quality Assessment

Home > New Jersey Opioid Data Dashboard > Drug-Related Deaths

## Drug-Related Deaths

# Public Dashboard



The drug-related death dashboard displays death data obtained from the New Jersey Office of the State Medical Examiner (OSME), which can be accessed at [NJCare.gov](http://NJCare.gov).

The counts were derived from an analysis of the decedent's history, death scene investigation, autopsy report and toxicology results on all cases categorized at drug-related deaths.

Effective in 2014, any cases positive for Morphine that were found likely due to Heroin (e.g. illicit drug paraphernalia at the scene, presence of a small amount of Codeine in the blood) were classified as Heroin. For those cases positive for multiple drugs, each category includes a count for each drug.

In 2016, U-47700, a synthetic opioid, was present in six drug-related deaths which were included in the total.

Suspected overdose counts are expected to change as more information about the cases becomes available.

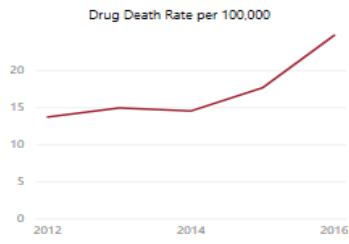
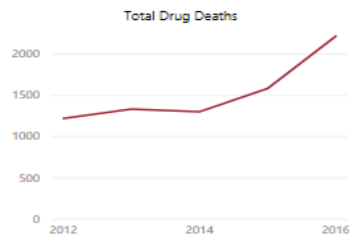
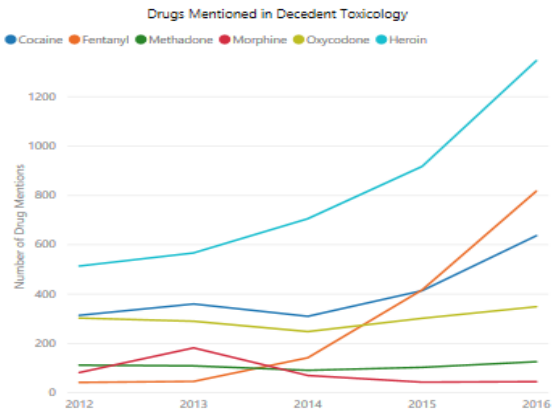
### Drug-Related Deaths in New Jersey

Year

2012 2013 2014 2015 2016

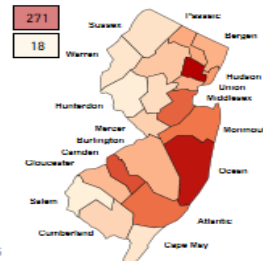
County

All

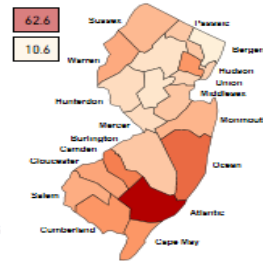


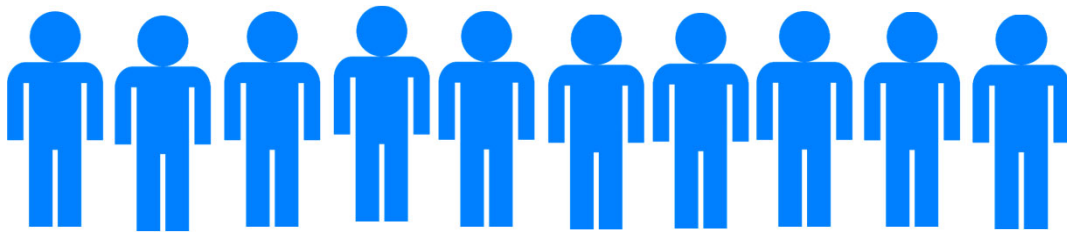
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Drug Deaths by County of Death

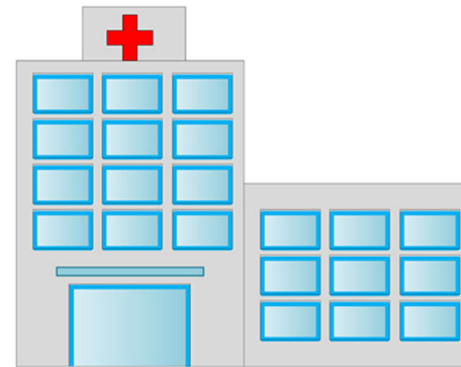


Drug Death Rate by County of Death





Involving EMS To Help Break the Cycle

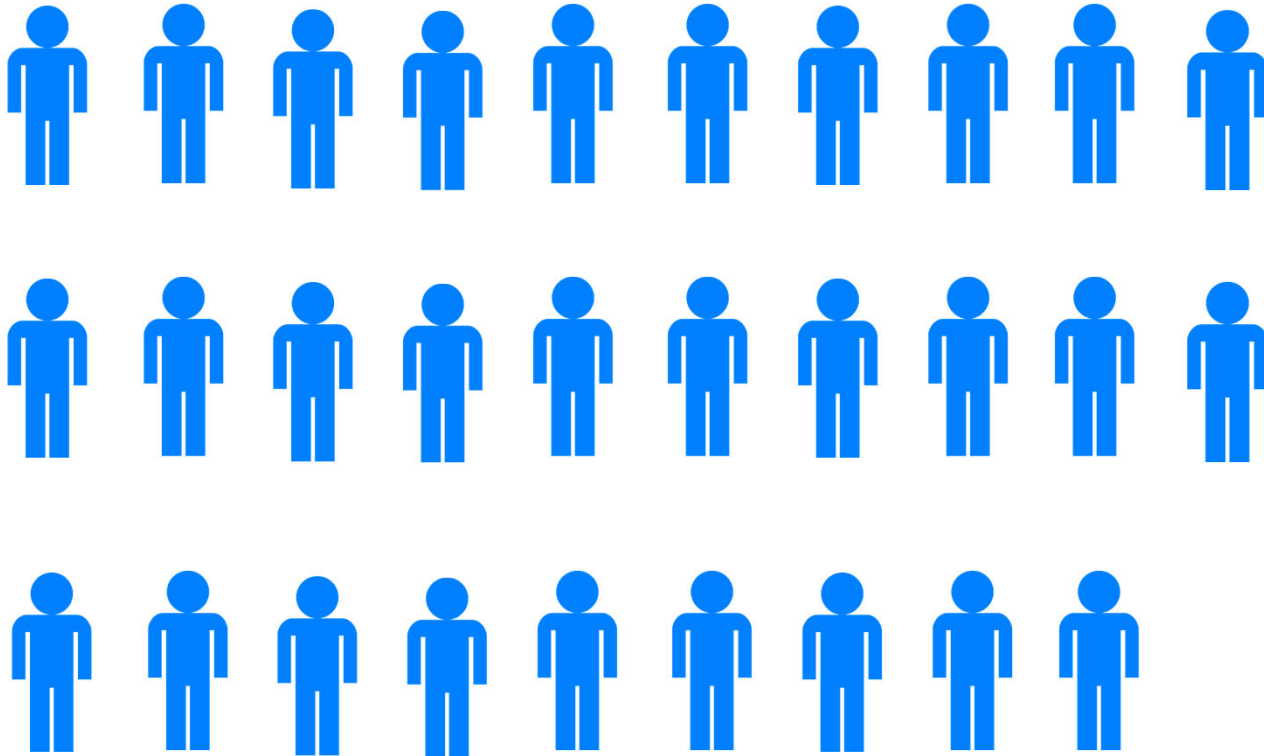


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39

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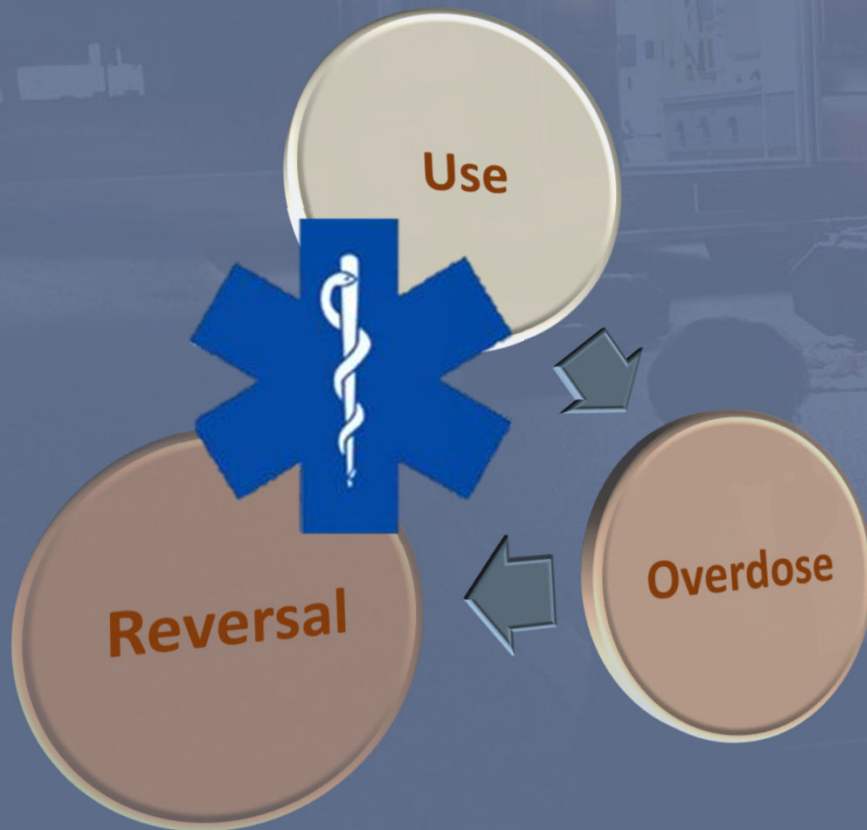
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Involving EMS To Help Break the Cycle



# Substance Use Disorder (SUD)



## *Where does EMS Fit?*

- Building relationships
- Education
- Resources
- Harm Reduction Centers
- Building Resilience



# Medication Assisted Treatment (MAT) & EMS



## Buprenorphine

- Approved June 2019
- 1 Program
- Over 100 administrations
  - Over Half Refused Transport
  - EMS Refers to 24-hour follow-up



**MAKE MINUTES  
COUNT**   
**Help Change a Life**

## “Five Minutes to Help” Program

**Online**

*1 hr. Intro. Program*

**Classroom**

*4 hr. Classroom*

**Instructor**

*8 hr. Instructor level*

# Introduction to Five Minutes to Help



<https://njlmn.njlincs.net/>



- 1hr. Intro. Program
- 24/7 access
- Available to anyone
- 913 completed in 2020



## NJLMN

New Jersey Learning Management Network

New Jersey's principal online resource for public health workforce development

[Home](#) [Course Catalog](#) [Library](#) [Forum](#) [Practice Exchange](#) [Community Calendar](#) [Contact Us](#) [About NJLMN](#)

The New Jersey Learning Management Network (NJLMN) is an online resource for public health continuing education courses for New Jersey's public health, safety, and emergency preparedness workforce.

Interested in learning more about the New Jersey public health licensure process? Health officer and registered environmental health specialist (REHS) licenses are issued to candidates who meet education, training, and experience requirements, and successfully pass the examination for licensure. Contact NJDOH's Office of Local Public Health (OLPH) by phone at 609.292.4993 or online at <https://www.nj.gov/health/lh/contact.shtml>

Feel free to browse our [public course catalog](#), [forum](#), [practice exchange](#), [community calendar](#) or learn more [about the NJLMN](#).

User Login

Username\*

Password\*

Log in

[> Forgot password](#)  
[> Create Account](#)



# Instructor Resources Website



**RUTGERS**

School of Public Health

Center for Public Health Workforce Development



## About Five Minutes to Help

The opioid epidemic facing this country is a well-known, well-documented public health crisis. It is impacting individuals and families by the tens of thousands, and there are likely very few people in New Jersey who do NOT know at least one person



# Building Resilience



## Trauma Informed Care

- Harm Reduction Center Awareness
- Compassion Fatigue
- Self Awareness
- Mental Health Awareness

# Resources





# Moving Forward

- Expand the EMS role in recovery efforts
- Combat compassion fatigue
- Evaluate benchmarks to gauge success
- Incorporate provider wellness programs



# QUESTIONS?

**Tim Seplaki**

Chief, EMS Data and Intelligence  
NJ Office of Emergency Medical Services  
Timothy.Seplaki@DOH.NJ.gov  
(609) 633-7777



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## Q & A

### Have More Questions? Contact the panelists!

- Mary Hedges, [hedges@nasemso.org](mailto:hedges@nasemso.org)
- Dr. Gene Hern, [emergentt@gmail.com](mailto:emergentt@gmail.com)
- Assistant Chief Will Mueller, [wmueller@colerain.org](mailto:wmueller@colerain.org)
- Tim Seplaki, [Timothy.Seplaki@doh.nj.gov](mailto:Timothy.Seplaki@doh.nj.gov)

### To request training and technical assistance, contact CHJ:

Hope Fiori  
Center for Health and Justice at TASC  
(312) 573-8204  
[hfiori@tasc.org](mailto:hfiori@tasc.org)

or visit the TTA request page on the COSSAP website:  
<https://www.cossapresources.org/Program/TTA/Request>