

Examples of Local Promising Practices

Throughout the evolving overdose crisis, a number of evidence-based strategies and interventions have been developed. In addition, several promising practices, which have some data showing positive outcomes, but do not have enough evidence to support generalizable conclusions, have also emerged. The examples provided here include both evidence-based interventions and promising practices that have been implemented by multi-sector teams in local jurisdictions across the United States.

Safe Stations (Annapolis and Anne Arundel County, MD)

At any time, a local resident who is struggling with a substance use disorder can go to any Annapolis or Anne Arundel County Police or Fire Station and request assistance. Upon arrival to a Safe Station, the Public Safety Officer at the station will inquire about any other medical conditions that may require the individual to be transported to the hospital. If transport is needed, the person will be met by the Mobile Crisis Response Team (MCRT) at the hospital. If no additional medical treatment is required, the Public Safety Officer will call the MCRT team and when they arrive at the Safe Station, they will begin their evaluation. The MCRT is solely responsible for evaluating and determining the path of treatment. Individuals seeking assistance will be asked if they are in possession of any weapons or drugs. If so, local law enforcement will be notified and will come to the safe station to take the custody of the items only. The program is a cooperative effort by all levels of government.

Resource: <https://www.aacounty.org/departments/sao/rehab-programs/safe-stations/>

Peer Support Specialist Warm Hand-off Program (Lancaster and York/Adams Counties, PA)

Peer Support Specialists are people living in recovery with a mental illness and/or a substance use disorder and who provide support to others who can benefit from their lived experiences. RASE, which stands for Recovery, Advocacy, Service, Empowerment, is a Recovery Community Organization, which means that it is comprised entirely of staff and volunteers from the Recovery Community and it exists to serve the Recovery Community, defined by the program as any person in, or seeking recovery, their families, close friends and other loved ones. RASE facilitates Warm Hand Offs for Overdose Survivors (WHOS) programs in hospitals throughout Lancaster and York/Adams Counties. These WHOS programs utilize Certified Recovery Specialists, called WHOS Responders, who respond to Emergency Room calls whenever someone is revived from an overdose with naloxone.

Resource: RASE Warm Hand Off for Overdose Survivors (WHOS) Program | Recovery Community Organization Lancaster PA at <https://raseproject.org/whos/>

Quick Response Teams (North Carolina)

Post-overdose response teams (PORTs; also called Quick Response Teams, Rapid Response, Community Response Teams, etc.) are an emerging strategy to meaningfully engage with people who have experienced overdose. These teams follow up with patients who have experienced an overdose within 72 hours. Teams seek to link the patient with appropriate care ranging from harm-reduction services to treatment to recovery supports.

Resource: *Post-Overdose-Response-Toolkit.pdf* at <https://files.nc.gov/ncdhhs/Post-Overdose-Response-Toolkit.pdf>

Jail Diversion Program (Anne Arundel County, MD)

A Jail Diversion program was established in January 2015 to augment the Anne Arundel County Mental Health Agency's Crisis Response System. The program was initiated at the Jennifer Road Detention Center where pre-trial individuals are detained and serves individuals who are: in pre-trial status, charged with a misdemeanor, and have screened positive for a behavioral health disorder. Individuals who participate in the program must be willing to receive community-based services upon release. Once the individual is referred to the program, the Jail Diversion Specialist screens them. If the individual is accepted in the program, a plan of care is developed and submitted to the judge for review at the 1:00 p.m. docket. If the attorney and the judge approve the plan, the individual is released the same day and the plan of care is implemented. This plan includes strategies to address housing needs, mental health and substance use disorder treatment, physical health, and attainment of benefits. The individuals can receive services for up to 90 days post-release and they are then transitioned into services in the public behavioral health system or other programs if they are privately insured.

Resource: Anne Arundel County Mental Health Agency, Inc. Crisis Response System at <http://www.aamentalhealth.org/crisisresponsesystem.cfm>

Overdose Education and Naloxone Distribution (OEND) in Criminal Justice Settings (San Francisco, CA)

In recognition of a population that is at high risk for opioid overdose after release from incarceration, San Francisco County Jail OEND Program first began as a pilot program delivered to one pod in 2013 through a collaboration with Jail Health Services (JHS) and the Drug Overdose Prevention and Education (DOPE) Project. It has since expanded to the entire jail.

Jail Health Services determines who is being released within the next 30 days on a monthly basis, and all identified individuals soon to be released are invited to attend the OEND training. Jail Health Services has been trained on OEND by the DOPE Project. After watching the "Staying Alive on the Outside" video and discussing overdose prevention, recognition, and reversal with staff, participants indicate whether they would like naloxone to be placed in their personal property. Upon release, those who received naloxone meet with JHS to review how to administer naloxone.

Resource: A Primer for Implementation of Overdose Education and Naloxone Distribution in Jails and Prisons at <https://harmreduction.org/wp-content/uploads/2020/09/A-primer-for-implementation-of-OEND-in-jails-and-prisons-Wenger-2019-RTI.pdf>

MAT in Criminal Justice Settings (Camden County, NJ)

In 2018, the Camden County Jail first announced the Medication Assisted Treatment (MAT) program to help incarcerated individuals with a substance use disorder. The MAT program evaluates every individual upon entry to the facility for a range of mental health and substance use disorders including opioid and alcohol use disorder. Individuals who screen positive for a substance use disorder can then choose to participate in the MAT program, where they begin receiving treatment inside the jail. After leaving the jail, all successful program participants will be connected with Project H.O.P.E. (a nonprofit organization dedicated to improving the health and wellness of those in need) and either the Volunteers of America (VOA) Safe Return Program or the Camden County Co-Occurring Reentry Program, for reentry services and continued medical treatment and counseling.

Resource: Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit at <https://www.thenationalcouncil.org/medication-assisted-treatment-for-opioid-use-disorder-in-jails-and-prisons/>

Innovative Data Use Strategy to Enhance a Crisis Response Unit (Manchester, NH)

New Hampshire ranked third among U.S. states for the most overdoses in 2019. Manchester is at the epicenter of this epidemic, with 13.5% of all overdose fatalities, despite comprising only 8.3% of the State's total population. A PHAST leadership team, represented by the Manchester Police Department and Manchester Health Department, collaboratively applied for, and were awarded, a federal grant from the University of Baltimore's Center for Drug Policy and Prevention to fund their Crisis Response Unit: United in Harm Reduction. This expanded program will be using a combination of spatial mapping through ODMAP and social network analysis from Police Department reports to identify high-risk and high-influence individuals for proactive, targeted intervention in the city. The goal of the approach is to connect with individuals pre-overdose, as well as post-overdose, to prevent or mitigate the risk of a fatal overdose. Outreach to identified individuals is conducted by the Manchester Fire Department with support from the Health Department. Resources will include: linkages to care (access to Safe Station, MAT, physical care, mental health care, food, housing, etc.), Leave Behind Kits (naloxone, overdose prevention materials and training, community resource listings), and fatality prevention resources (e.g., warm weather gear).

Resource: Center for Drug Policy and Prevention Announces Eight Awardees Across Seven States for Community-Based Overdose Reduction Program Grants at <https://www.ubalt.edu/news/news-releases.cfm?id=3655>

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