

Lancaster County Drug & Alcohol Commission Case Management & Clinical Services Policy & Procedure Manual	CMCS # 15 <i>Policy: Warm Handoff for Overdose Survivors (WHOS) Services</i>
<i>Most Current Revision: 07/01/2021</i> <i>Effective Date: 07/01/2020</i>	<i>Page: 1 of 3</i>

I. Purpose

To ensure expedient, appropriate, and seamless referral to services for individuals who have survived an overdose episode in Lancaster County and who have been admitted into an emergency department in one of the three designated Lancaster hospitals.

II. Procedure

For purposes of this policy, DDAP defines an overdose as a situation in which an individual is in a state requiring emergency medical intervention because of substance use.

Overdose survivors shall be identified as those who have survived emergency intervention in Lancaster County as a direct result of a substance related overdose as identified/verified by a Lancaster emergency responder/department.

WHOS program services shall be provided to overdose survivors as well as their support network regardless of funding (Medical Assistance, Managed Care, Private Insurance, etc.) and shall be provided to regardless of the substance(s) resulting in the overdose. Further, WHOS program services shall be provided regardless of the overdose survivors Lancaster residency status.

To ensure expedient and appropriate care for overdose survivors, the smooth transition from emergency intervention to substance use disorder treatment, in addition to continuing engagement and support until such substance use disorder treatment can be accessed, LCDAC shall ensure that following an overdose that WHOS program services for this population occurs.

Individuals who have experienced an overdose shall be considered a priority population. They shall have priority access to substance disorder treatment as well as treatment related services. DDAP requirements related to priority populations and preference shall apply.

LCDAC has contracted with the RASE Project to provide the WHOS program services. The RASE Project has designed the WHOS program services using a certified recovery specialist model. The RASE Project WHOS program services are comprised of the following components:

1. Outreach and Education

- a. Establishment and maintenance of a positive and collaborative relationship with local emergency responders/ departments.
- b. Education to local emergency responders/departments on the importance of linking the overdose survivors to clinically appropriate treatment/case management services and that overdose survivors are considered an at-risk population.
- c. Establishment of written agreements with Lancaster emergency responders/departments to identify all overdose survivors and refer these individuals for coordination of WHOS services.

2. 24/7 Emergency Responder/Department Services

- a. Provision of 24/7 WHOS services to include after hours, weekends and holidays.
- b. Provision of 24/7 acceptance of overdose WHOS referrals from Lancaster emergency responders/departments.
- c. Arrangement for screening and/or level of care assessment, coordination of services, and treatment linkage within 24 hours of emergency responder referral and/or the overdose survivors request for individuals who refuse transport to the emergency room.
- d. Provision of 24/7 on-site emergency department WHOS services within a minimum of one (1) hour from time of emergency department referral.
- e. Arrangement for 24/7 on-site WHOS services including screening, referral for a level of care assessment, coordination of services and treatment linkage for overdose survivors at the time of emergency department referral.
- f. Utilization of the most current DDAP approved screening tool to determine clinically appropriate treatment once the overdose survivor has been medically stabilized.
- g. As needed, assistance to ensure linkage to treatment including securing funding, bed search, transportation arrangement, etc.

3. WHOS Care Coordination/Interim Services to Retain Engagement

- a. Identification of overdose survivors awaiting treatment, where treatment access is not immediately accessible.
- b. Continued coordination of treatment linkage shall occur until appropriate treatment is secured; including appropriate contact with providers, the overdose survivor and the survivor's families/supports in the event clinically appropriate treatment is not available.
- c. Provision of interim support services to overdose survivors and their families/supports in an effort to keep the overdose survivor engaged and motivated to access treatment when treatment becomes available.
- d. Outreach and education services to overdose survivors waiting to enter treatment and their families/supports.
- e. Promotion of self-advocacy by assisting overdose survivors in having their voices fully heard and their needs and goals established as the focal point of their rehabilitation, clinical services, and recovery.
- f. Recovery education and support to overdose survivors and their families/supports for every phase of the recovery journey.
- g. Education of the overdose survivor and their families/supports which shall include at *minimum*, recognizing risks of overdose, signs, and symptoms of overdose, what to do in the event of an overdose and how to obtain Naloxone.
- h. Active identification of support linkages (at a *minimum*: community-based self-help groups and community resources/supports)
- i. Assistance to overdose survivors and their families/supports in bridging the barriers to fully participate in identified support linkages.
- j. Development of trust and rapport with the overdose survivor and their families/supports.
- k. Services shall occur within the setting most comfortable for the overdose survivor and their families/supports with consideration of the following: phone, text, email, on site home and office support, etc.

4. Evaluation and Data Collection

- a. Outcome/data tracking shall occur monthly via the completion and submission of the LCDAC WHOS excel spreadsheet.
- b. The RASE Project Annual report submitted to LCDAC shall include a summation of the WHOS Program services.

5. Service Location

- a. On-site WHOS services shall be executed in the emergency departments at the designated listed hospitals:
 - Penn Medicine Lancaster General Hospital
 - Wellspan Ephrata Community Hospital
 - UPMC (University of Pittsburgh Medical Center) Lititz

Approved By:



7/1/2021

Rick Kastner LCDAC Executive Director

Date