Expanding Access to Care
Calvert Crisis Response and Mobile Crisis Service Programs

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Calvert Crisis Response
Calvert County Health Department
www.CCBHCrisisResponse.org
Decrease in Opioid OD Deaths

• Calvert County 20% decrease in 2020 (from 2019)

• National Increase 2020

• Maryland 19% Increase 2020

*OOCC Dec 2020 Report
Calvert County, Maryland

- Rural/Commuter Community
- 30 miles Southeast of DC
- Population 100,450
- Volunteer & Prof. EMS
- 1 Hospital (74 beds)
- Health Dept. w/ Behavioral Health Services
- Approx. 500 OUD patients under management
2019 CALVERT COUNTY
Heroin/Opioid Overdose Awareness

Overdoses 61  Deaths 14

24/7 MD Crisis Hotline: 1-800-422-0009
Hope4Calvert.org

[Sign with logos and additional information]
Common SUD Engagement Models

- Delays in care by days to weeks
- Look for appointment space for a “Complete Assessment”
- Front-loaded approach
- Restricted processes
- Limited hours and location of service
The Problem

People Die Waiting for Treatment

Treatment Model Evolution

Time to Initial Assessment

2017: 2 Weeks - OLD Model
2019: 2 Days - Recovery Rapid Response
2020: 20 Minutes - Mobile Crisis Team
2021: 24/7 On Demand - Calvert Crisis Response
Treatment on Demand Model

- “Immediate” evaluations
- EARLY medication
- Team-based
- Client-centered
- Expanded hours
- Close follow up appt.
- Case management
- Offer additional services
Progressive Evaluation Process

Calvert Crisis Response

- Brief Assessment
- Medications PRN
- Full Assessment
- Other Services
Treatment Locations

Office

Mobile Unit
Prompt Medical Treatment

- First thing first
- Allows us to advance care
- Patient-centered
- Stabilizes
- Improves engagement
- Improves follow up
Emergent MAT Improves Treatment Success

D'Onofrio G, JAMA 2015
Medications On-Site

- Distinct advantages
- Important for withdrawal management and induction
- Use of symptomatic meds
Buprenorphine (Suboxone/Subutex/Zubsolv) Home Induction Guide

Buprenorphine is the active medication in brand name treatments such as Suboxone®, Subutex®, and Zubsolv®, and is very effective at helping to eliminate cravings for and withdrawal from opioids. This guide will help provide you with additional information and help you get started if you have been diagnosed with an opioid use disorder and prescribed medication for treatment.

What is buprenorphine (Suboxone®, Subutex®, and Zubsolv®)?

Buprenorphine, a form of synthetic (manufactured) opioid, is a prescribed medication that is highly effective and approved by the FDA as a treatment of choice for opioid use disorder. Yes, opioid use disorder is considered a medical disease that responds very well to buprenorphine if properly prescribed and taken as directed. In fact, buprenorphine is one of the most effective and safest treatments available.

When is the best time to start Buprenorphine?

If you are actively using opioids such as oxycodone, oxycodone, heroin, or fentanyl, you will want to be certain that you are in enough withdrawal before starting Buprenorphine. If taken too soon, Buprenorphine can trigger or “precipitate” withdrawal. It is best to make sure you are in at least moderate to severe withdrawal prior to starting this medication.

The Subjective Opioid Withdrawal Scale (SOWS) on the next page will help guide you on when to start.

With fentanyl use, it may take 48-72 hours or longer since your last use to be ready. Listed below are estimated times that may be needed, depending on the substance used.
Medication Security

Medication Tracking System

Medication Storage
Medication Security
Mobile Crisis Team
Peer Recovery Specialist
Licensed Counselor
Physician / Nurse Practitioner or Nurse (Telehealth)
"Meet Them Where They Are"
Customized Treatment Van
Clinical Treatment Area (Front Room)
Clinical Treatment Area (Back)
Features

Awning

Generator
Labeling
Activation of the Team

911

CONTACT RECOVERY RAPID RESPONSE AT
877-467-5628
7 DAYS A WEEK
Activation Tools

EMS/Police Radio

Active911 App
Scene Interaction

- Stage-back until cleared
- Engage patients & families/others
- Transport to Health Dept. PRN
- Interact with Police/EMS personnel
  - Consult/Collaborate
  - Provide Narcan kits
Mobile Prescribing

- Easy to do via EHR
- Convenient
- Client-centered
- Close to pharmacies
- Can help transport
- Challenge with after hours
- Can bring to the office for dosing if available
Why No Mobile Administration

- Approved by our State agency

BUT

- No DEA provision for MOBILE ADMINISTRATION
  (Policy head & General Counsel)

- Requested “Specialty EMS” designation in final comment for forthcoming DEA regulations ??

- May be option for “Dispensing” several days (future regs)
Community & Stakeholder Engagement
Get Their Attention

Anyone is Vulnerable
Real People
Real People

Joseph Wood
6/9/86 – 6/20/15

Lisa
August 6, 2017

Trevor Helmly
7/26/85 – 5/1/11
Stigma Awareness

The Great Threat

STIGMA
EMS Leadership Collaboration

- Communication when activated
- Waiting on scene if MCT en route
- Transitioning stable patients that decline transport to the hospital
EMS & Law Enforcement Messaging

- Improving patient engagement & outcomes
- Decreased turn around times
- Decreased repeat calls
- Optimizes resource use
Addiction & Service Education
Addiction & Service Education
Hospital Collaboration

- ED and HD communication
- Peer Recovery Program
- MCT can be called to ER
- Quick Referral & Follow Up
  - Same day / Next day
  - 24/7
Addressing Compassion Fatigue
Community Provider Collaborations

- Crisis beds
- Local and regional residential programs
- Local outpatient treatment programs
- Local community-based advocacy groups
Community Partner Collaborations

SAFE NIGHTS
DEC. 29TH - JAN. 5TH
Community Outreach

- Help spread the word
- Window clings
- Business cards
- Other signs
- Formal collaborations
Referral / Info Cards
Advertising

RECOVERY RAPID RESPONSE
MOBILE CRISIS TEAM
7 DAYS A WEEK

SUBSTANCE USE TREATMENT & SUPPORT
1-877-467-5628 | CalvertHealth.org

001042
Hospital, County Mount Robust Effort to Tackle
OPIOD ABUSE

Task Force Works to Turn Tide on
Overdose Deaths in County

PR - Collaborators

"The great majority of people who
die in opioid overdoses are people who
die alone, and we often don't
come to visit until they're already
dead," said Dr. Taney. The data shows
that most people who die of opioid
drug overdose have a history of
addiction and use drugs frequently.

Reducing Opioids in the ED

When the task force looked at data from
the first year, they realized their plan
to address the overuse of opioids was
working — and conclusions are
typical. By curbing use and
surveys on pain management
information, the ED has
seen an

Reducing the number of

Reducing the number of

From Emergency Response to

Continued Education and

Outreach

The Stewardship Team can
be contacted by email at
stewardship@calvertcounty.org. For
more information on how to
get involved, please visit
stewardship@calvertcounty.org.

Addressing Patients Who Are
Opioid Dependent

Carefully, tentatively, and
with understanding, the team
works to help those who are
dependent on opioids.

The Stewardship Team has
been successful in reversing
addiction, and are helping others
understand treatments that can
be successful, too," said Dr. Durbala.

www.calvertcounty.org

PR - Collaborators

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Agency Assistance & Acknowledgements
What If Everything Changed? We Could End OD

Prevention + Treatment + Harm Reduction = We Can End Overdose
Engagement Stats

(July 2020- March 2021)

- 334 Consented Encounters ≠ Tx Encounter
  - 93 Mobile Van
  - 241 Office
- 204 Tx Encounters
- Follow Up Rate from Tx Encounters
  - 1st follow up (48 hours) - 87%
  - Remain in care (6 months) - 74%
Key Takeaway Points

- Treatment on demand -
  - Avoiding delays for OUD and other key disorders
  - Sequential evaluation process, Brief → Comp.

- Expanded Access
  - Extended hours
  - Telehealth
  - Mobile outreach component

- Teams with high level of empathy

- Community stakeholder collaboration
References

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