

# Leveraging Programs to Increase Access

PRESENTATION FOR THE  
CROSS SECTOR JOINT  
TASK FORCE TO ADDRESS  
OVERDOSE

BY: DAVID SANCHEZ

# Introduction

- ▶ Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any overdose/suspected overdose and offer follow-up support, referrals, and services to the individual (and their loved ones).  
Includes the following recommendation: Connect people leaving jails and prisons to post-release treatment, housing, and other supports as well as educate about overdose risk (Priority Score: 13.3)

# Target Population/Goals



- ▶ To utilize existing community Provider(s) and/or personnel that can be deployed to support anyone being released from an institutional and/or community settings (e.g., hospitals, jails and prisons, and other institutional settings) and/or who are being discharged post overdose or suspected overdose.
- ▶ The presentation aims to address the need for leveraging existing programs and funding in Nevada to develop outreach response providers and/or personnel.
- ▶ These providers/individuals will be equipped to respond to any suspected overdose and offer follow-up support, referrals, and services to the affected individuals and their loved ones in Nevada.

# Provider buy-in:

The big need here is to figure out how to get existing local agencies/providers to commit to responding to community overdose events.

Some possible contributors would be:

- ▶ Local EMT service providers, hospitals, law enforcement, Local CCBHC's, Mobile Crisis Response Teams, Mobile Outreach Safety Teams, FAST Teams within the jails, County HHS, local Public Defenders office.

# Lead Agency/Point of Contact

- ▶ Collaboration between Local CCBHC's, hospitals, EMT services, and 911 dispatchers.
- ▶ These first response systems in cooperation with established mental health and substance use treatment providers provide the infrastructure needed to respond to overdose.
- ▶ How do we get them to begin a cooperative agreement and implement programming that would answer overdose outbreaks sooner rather than later?

# CCBHC Infrastructure

- ▶ Crisis Behavioral Health Services
- ▶ Screening, Assessment & Diagnosis
- ▶ Person-Centered Treatment Planning
- ▶ Outpatient Behavioral Health Services & Medication Management
- ▶ Primary Care Screening and Monitoring
- ▶ Target Case Management
- ▶ Psychiatric Rehabilitation
- ▶ Peer Support Services
- ▶ Community Based Outpatient Behavioral Health Services

# Hospitals and EMT Services in Nevada

- ▶ Carson Tahoe Hospital's Mallory Behavioral Health Crisis Center has the Crisis Receiving and Stabilization Center
- ▶ Renown has plans to open a Crisis Stabilization Center.
  - ▶ Crisis Stabilization Centers are triage and assessment, short-term psychiatric stabilization and/or medical detoxification services. They are available 24/7 for adults over the age of 18., with most individuals deemed stable and safe for discharge to resources in their community within 23 hours. Community support services will be offered onsite, including: linkage to Medicaid enrollment, case management, primary care, outpatient therapy, housing, and more. Location(s) for planned sites: Renown (Reno)

# EMT Services

- ▶ To take advantage of the unique position EMT Services often find themselves in, regarding overdose situations we need to establish extended programming that would:
- ▶ Incorporate peers within the overdose response
- ▶ Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion
- ▶ This would help with making sure there is a scheduled outpatient follow-up appointments in a manner synonymous with a warm handoff in order to support connection to ongoing care.
- ▶ We could also implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of Engagement.



# Incorporation of services

## Essential Functions:

- Triage/screening, including explicit screening for fentanyl use;
- Assessment;
- De-escalation/resolution;
- Peer support;
- Coordination with medical and behavioral health services; and
- Crisis planning and follow-up.

Questions?