

# Best Practices with the Warm Hand-off Program

# Warm Hand-off in Pennsylvania

- In response to overdose fatalities
- Mandated by the Pa Department of Drug and Alcohol Programs (DDAP)
- Service models vary through Single County Authorities
- Overdose survivors are considered a Priority Population
- Engagement, Support and Referral to Treatment

# Bucks County Model

- Six Hospitals Connected with Three Providers
- Materials Development and Dissemination
- Hiring and Training Certified Recovery Specialists
- Hospital Credentialing
- Orientation and Trainings for Hospital Staff
- Policy and Procedure Development
- Enhancements (Health Care Professionals, Parent Support)
- Effectiveness Study

# Penn Foundation's Role in Bucks County

- Supporting Three Community Hospitals
  - Two in Bucks County
    - St Luke's Hospital in Quakertown
    - Grandview Hospital in Sellersville
- Three Different BCARES Infrastructures
  - Fixed Hours with Afterhours Referral Line
  - On-Call
  - 24 hour Assessment Site

# Penn Foundation's Role in Bucks County

- Collaborative Meetings Quarterly CRS and Supervisor Meetings
  - Representatives From All Agencies Meet to Discuss Best Practices, Successes and Learning Edges
  - Working collaboratively with other agencies for placement
- BCARES Tool Kits
  - Toolkit for the Overdose Survivor
    - Free Assessment Card
    - Community Resources & Contact for the CRS
  - Toolkit for the Family
  - Narcan Prescription Print Out

# Penn Foundation's Role in Bucks County

- Drug and Alcohol Treatment Placement
  - Overdose Rapid Access Placement
  - Open Access Drug and Alcohol Assessments
  - Case Coordination
  - Family Education
  - 30-Day Case Management then referral to long term Case Management
  - MES, COE or ICM

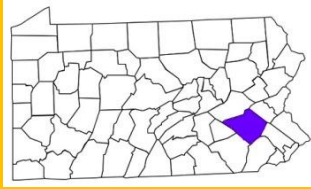
# Penn Foundation's Role in Bucks County

- Education with Medical Professionals
  - BCARES Implementation Trainings
    - WHO Protocol
    - Substance Abuse Education
  - Empathy Trainings
    - Stigma, Shame & Guilt
    - How to Navigate Substance Use Treatment
    - Person Centered Language
  - Bucks County Medical Professionals Training Medical Professionals
    - Professions in Recovery Sharing Their Stories of Addiction and Sobriety
    - Removing Stigma

# Penn Foundation's Role in Bucks County

- Penn Foundation Outcomes
  - Grandview Hospital BCARES **October 2017**
    - 186 D&A Referrals
    - 64 Overdose Referrals
  - St. Luke's Hospital BCARES **March 2018**
    - 96 D&A Referrals
    - 28 Overdose Referrals





# Berks County Warm Hand-off Program



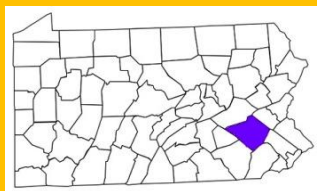
*two hospitals... CRS Model*



- ❖ Jan. 2016: started as “On Call” 24/7
- ❖ May 2017: **“ON-SITE” 24/7**
- ❖ 1,269 consultations to date
- ❖ 887 accepted treatment; 85% admitted



- ❖ Feb. 2018 : “On Call” 24/7
- ❖ 45 consultations to date
- ❖ 29 accepted treatment; 83% admitted



# Berks County Warm Hand-off Program



*uniqueness, keys to success, lessons learned, & challenges*

- Cooperative Effort: Hospitals, SCA, CCBH, Berks Co. MH/DD**
- Dr. Charles Barbera, Chair, Dept. of Emergency Medicine, Reading Hospital**
- SCA (COCA) 5-Day Authorization Agreement with several treatment facilities**
- Overdoses, Opiates, Alcohol, and All Drugs of Abuse**
- On-Site Model versus On-Call Model (Reading Hospital consults tripled!)**
- Staffing Challenges!**

# Addiction Recovery Mobile Outreach Team (ARMOT)



*Bridging the gap between addiction  
recovery and physical health*

- The Addiction Recovery Mobile Outreach Team is a collaboration between Armstrong-Indiana-Clarion Drug and Alcohol Commission, Armstrong County Memorial Hospital, Indiana Regional Medical Center, and Clarion Hospital.
- The ARMOT Team is made up of a team of Case Managers and Certified Recovery Specialists (CRS) that work in the hospitals

# ARMOT: Goals and Objectives

- Enhance the linkage between rural hospital emergency department/inpatient units and substance abuse treatment service delivery to individuals with substance use disorders in Armstrong, Indiana and Clarion Counties.
- Screen and assess patients with substance use disorders, and refer to supportive services.
- Increase patient admissions to drug and alcohol treatment from hospital/medical settings.
- Educate hospital staff, patients and their families on substance use disorders, addiction and recovery issues.
- Reduce patient ED visits, hospitalizations and inpatient stays.
- Link patients to treatment and resources 24 hours/day 7 days/week with CRS Warm Line. CRS Staff are available by phone outside of normal business hours.

*ARMOT Goals and Objectives align with the focus of the work plan to reduce overdose deaths and increase access to treatment for the opioid addicted patient.*

# ARMOT Outcomes

- **Over 900 patients referred to the ARMOT Program since 2015**
- **65% of patients referred were screened by ARMOT staff**
- **75% of patients that were assessed went to treatment directly from the hospital**
- **58% of patients completed D&A treatment**
- **59 patients re-engaged with ARMOT staff after a relapse and were placed back into treatment**
- **More than 1,500 local hospital staff have been educated on substance use disorders and the recovery process by ARMOT staff**
- **Added CRS Warm Line in 2017 to provide access to CRS staff 24 hours/day 7 days/week. For example, in one month we had 15 calls and 12 of the callers showed up at our office the following day for an assessment and admission to treatment.**

# Q & A

- **Shannon Cogdell, program coordinator, Penn Foundation, Inc.**
- **John Janiszewski, on-site manager, Tower Health at Reading Hospital**
- **Kami Anderson, executive director, Armstrong, Indiana and Clarion D&A Commission**
- **Mike Krafick, CRS Supervisor, Armstrong, Indiana and Clarion D&A Commission**