

UTILIZING NON-FATAL OVERDOSE NOTIFICATIONS TO INFORM POST-OVERDOSE OUTREACH:

Evaluating a Statewide Pilot Program

AUTHORS

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DISCLOSURE

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BACKGROUND

Individuals who experience a non-fatal overdose are at an increased risk of another potential overdose. It is critical that after a nonfatal overdose, individuals are given information and tools to reduce future overdose risk. Maryland Department of Health launched the CRISP Non-fatal Overdose Notification pilot with seven local health departments (LHDs) from March–August 2022. Delivery of near real-time overdose notification to LHDs is novel in Maryland—evaluation of the pilot was conducted to determine best practices and impact of the pilot.

METHODOLOGY

This is a mixed-method evaluation using data from focus groups and survey data with pilot site participants. We performed a descriptive analysis and in-depth transcript analysis.

RESULTS/FINDINGS

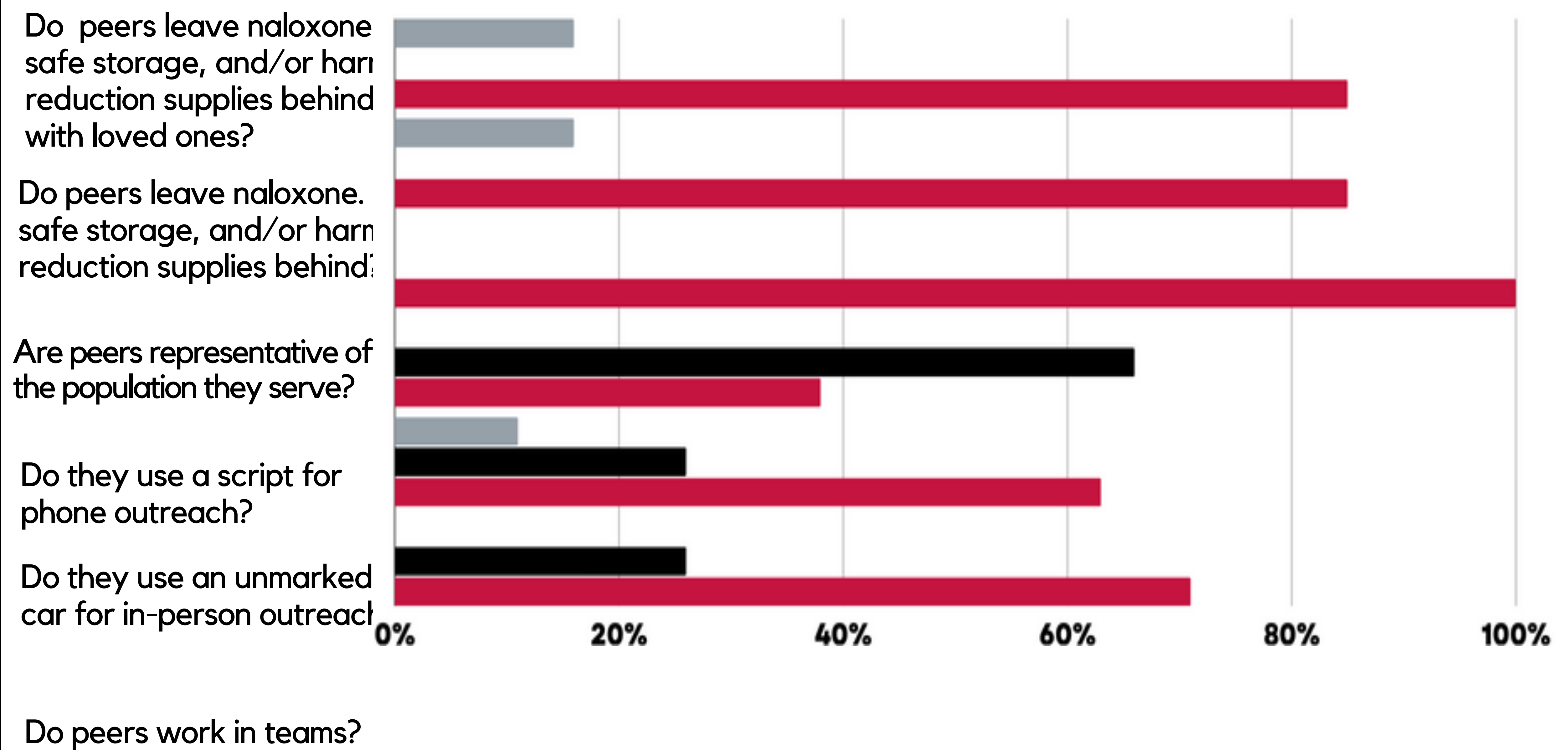


Figure 3: Insights into integrating Peer Specialist in the CRISP nonfatal overdose notification outreach process

“Then we get the other side of that where individuals are grateful and they're thankful and parents are grateful and thankful. "Can you help my other loved one also get into treatment?"”

“We connect them based on the stages of change. I think the biggest thing is arriving without judgment.”

“Visits were actually the first for us and a big reason our peers did that is because their main goal was to make sure Narcan training was available for that person or whoever was living there or establishment. Visits were their number one way of contacting them.”



87.5 % felt that rapid response was associated with increased acceptance of service

Figure 4: Perceived impact of rapid response on acceptance of services



Figure 1: Themes and Areas of Interest Explored via Focus Groups and Survey Evaluation

Do's ✓	Workflow	Don'ts ✗
Have consistency...pull the same time daily		Lack of a tracking tool to organize and manage notifications
Have a planned workflow/protocol		No clear designation of roles
Use internal networks that allow for additional outreach assistance		Impose limiting data sharing restrictions
Assign roles for members for retrieval, review, and outreach		Lack timeliness of receiving data and follow-ups

Figure 2: Workflow Best Practices Summary

CONCLUSION

Evaluation of the pilot provided the state with a better understanding of the number of notifications jurisdictions receive and best practices to help inform the development of a guidance document for post-overdose outreach. The core of the recommendations includes harm reduction outreach and community support while improving data completeness, data accuracy, extra resources and staff needed for larger jurisdictions. Utilizing a rapid response notification system for non-fatal overdose with peer outreach is effective, actionable and increases uptake of services.