



**Department of
Public Safety**



**Office of
Criminal Justice
Services**

Naloxone Plus Deflection Programming

Oregon Health & Science University

April 14, 2025

What Was The Problem & What Did We Do?

- Multijurisdictional Drug Task Force history of traditional enforcement.
- Facing rising overdoses and fatal overdoses average 66 per year.
- Dwindling funding opportunities for drug enforcement.
- Lack of collaborative community-based response



What Was The Problem & What Did We Do?

- Began taking steps in 2015 to build a QRT/Naloxone Plus program
- Has Evolved into engaging clients through virtually all 6 deflection pathways.
- Embedded within the task force working along side of the enforcement group.
- Full time assignment for Detective, civilian Peer Supporter, Community Paramedic



Who Is On The Team?

- Detective is CIT and attended many other training courses
- Peer Supporter has Ohio Peer Support certification and is a CDAC
- Community Paramedic also attends CIT training.
- FORT is ultimately a collaboration of more than 30 community partners



What Does OD Response Look Like?

- Information received through Dispatch/EMS/OD Map
- LE gathers best contact/residence info
- 24-48 hrs. team making contact
- Client data entered in CORDATA
- Recommendations on provider/program
- Follow up every 3 days until contact is made. 2 wks. no contact then monthly
- Warm handoff to service provider
- If services declined, then follow up every 3 months.



How Do We Engage With Clients

- Overdose Response
- Information is gathered through LE/EMS activities.
 - Police Officers
 - Deputies
 - Troopers
 - Firefighters/Paramedics
- Self and Family referrals
- Service Providers
- Community outreach events



Barriers and Solutions To Information Sharing

- This was a big challenge, especially with public health
- Worked through these issues through open and honest discussions & actions
- Surrendered egos and compromise
- Created multi-agency waiver that clients sign.
- Stakeholders using one case management system for deflection efforts.



What Services Are Provided & How Long?

- The team coordinates services for clients and families
- Harm Reduction Strategies
- Full range of Assessment, Detox, IOP and Residential Treatment
- Weekly, Monthly follow up with clients who refuse services
- Case Management
- Employment, Transportation, Food, Clothing, Medicaid, etc.



Does Deflection Work?

- 2022-2024 Research Study by CORDATA and Montgomery County Public Health.
- 3,050 individuals
- Reduced healthcare and public service interactions
- Reduced ED use for all diagnoses including behavioral health
- Reduced OD and Death rates
- Incredible Medicaid savings

TOTAL INTERACTIONS WITH LOCAL SYSTEMS
FOR THE POPULATION OF STUDY*

QRT Contacts	Before QRT	After QRT	Change
0	37,583	35,188	-6.4%
1	21,958	15,562	-29.13%
2	8,181	4,410	-46.10%
3+	7,923	3,711	-53.16%

*Local systems include law enforcement, jail bookings, and hospital interactions.

AVERAGE TOTAL CHARGES ASSOCIATED WITH
HOSPITAL EMERGENCY DEPARTMENT ENCOUNTERS

QRT Contacts	Before QRT	After QRT	Change
0	\$38,174	\$37,363	-2.12%
1	\$33,592	\$24,283	-27.7%
2	\$43,393	\$21,767	-49.81%
3+	\$48,991	\$27,173	-44.5%

*Note: Charges data displayed above reflects the 12 month period before and after QRT interactions.

What Makes All This Work?

- The collaboration with our community partners
- A belief in the programming
- Enthusiasm
- Passion to do this work
 - Empathy
 - Hope
 - Help.



How Do We Fund?

- Primarily federal and state grants
- Private donations
- Partners providing resources
- Building relationships with policymakers
- Permanent budget funding
- Do something, they can't say no to. (Make the price of not supporting the program very expensive)



Naloxone Plus Independent of Officer Intervention or Leveraging Shared Resources?

- Every Community is different.
- What makes the most sense?
- What do your leaders have an appetite for?
- LE involvement beneficial because
 - First on scene
 - Connected to everyone
 - Clear vision of the community





**Department of
Public Safety**



**Office of
Criminal Justice
Services**

- **Dennis Lowe**
- **Ohio Department of Public Safety / Office of Criminal Justice Services.**
- **740-808-0100 (Mobile)**
- **djlowe@dps.ohio.gov**
- **BRIDGE@dps.ohio.gov**



Community Health Assess & Treat (CHAT) Program *EMS MOUD Pilot*



System Problems



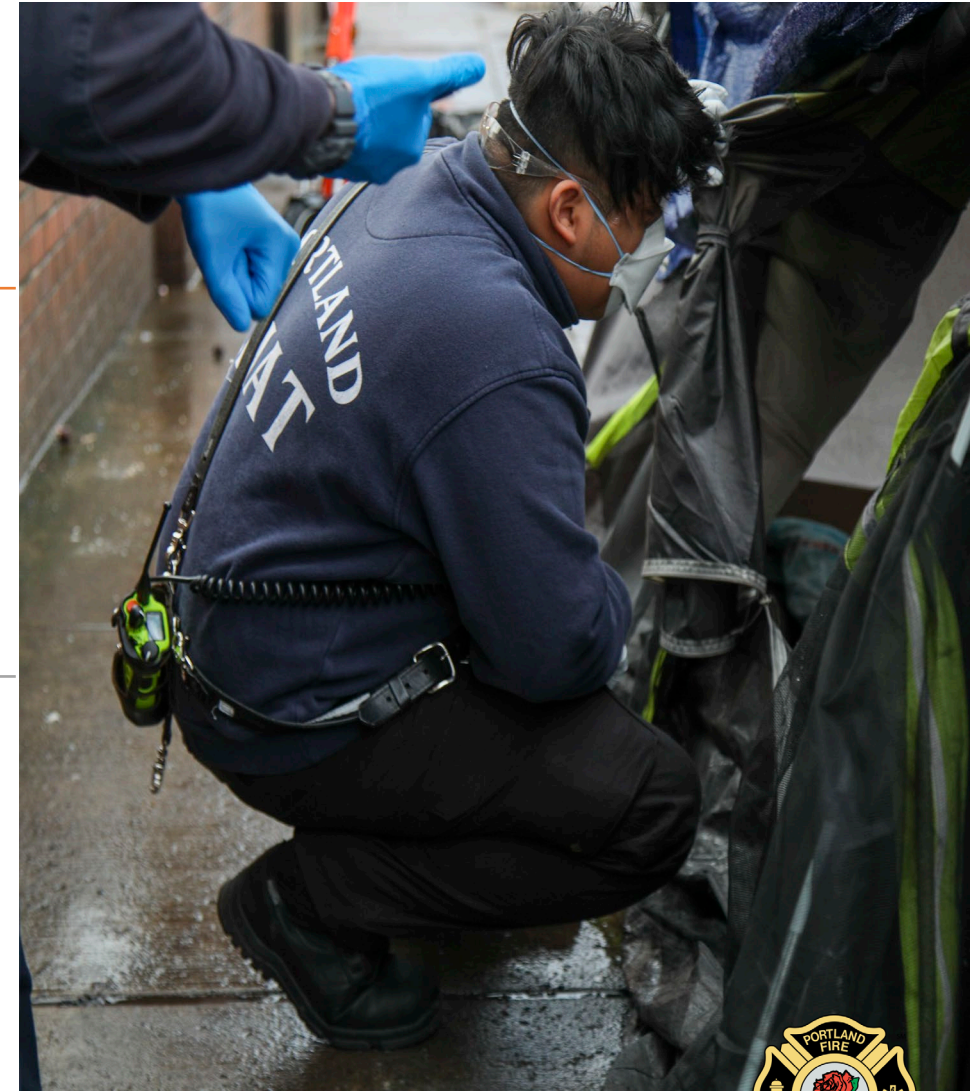


Community Health Assess and Treat



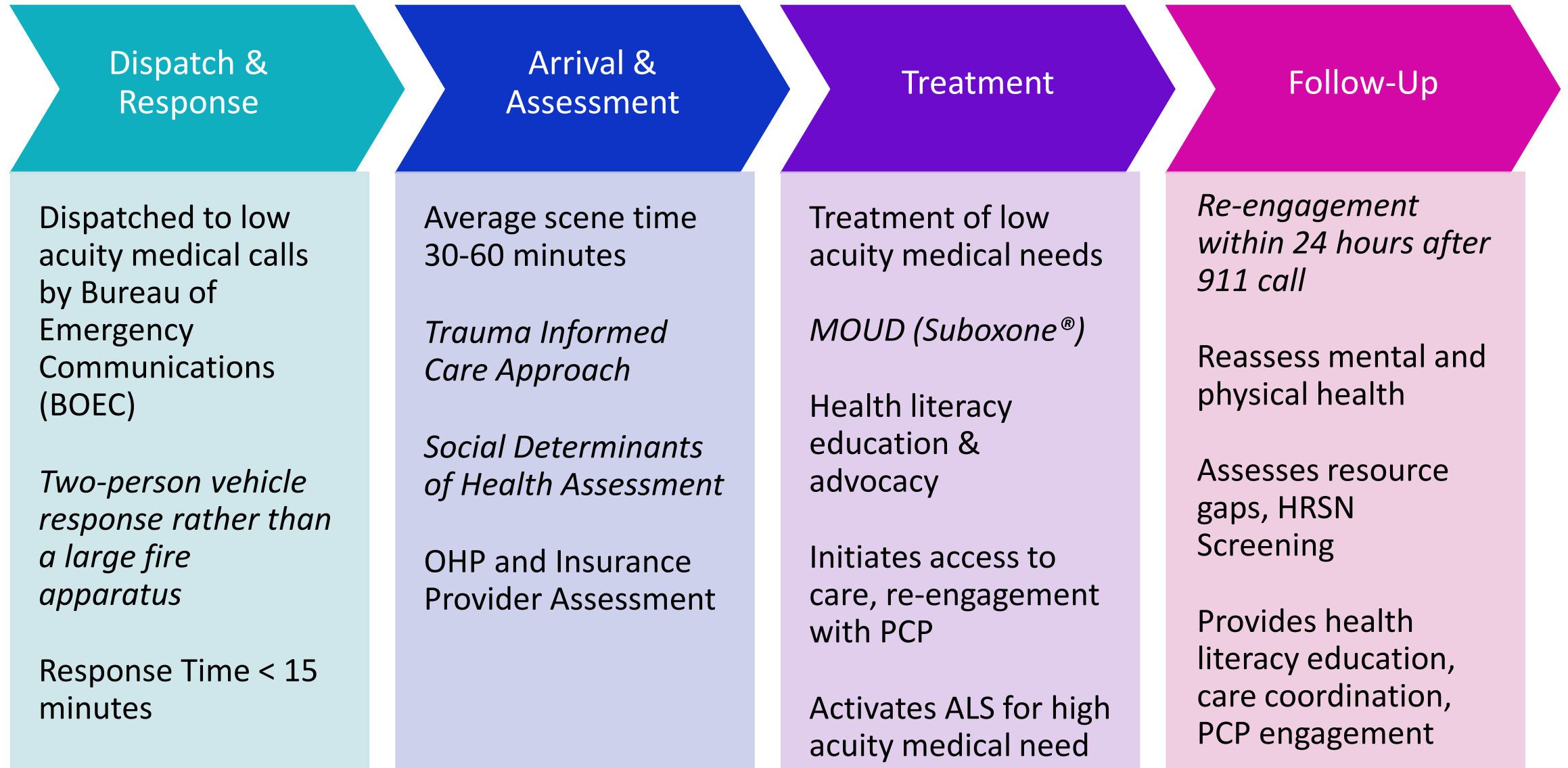
Our *mission* is to change the system of health care delivery in a pre-hospital care setting by responding to low acuity 911 medical calls, assess & treat in community and follow-up within 24 hours to provide care coordination to vulnerable and socially isolated populations.

Our vision is to collaborate with community partners in the provision of patient-centered care focused on social determinants of health, add value to the emergency response system by decreasing ED admissions, addressing the quintuple aim goals of improving individual and population health while controlling costs.





CHAT Response



CHAT Operations

Response Teams

Monday – Thursday 7:30AM – 6:00PM

- 2 - Overdose Response Teams: Paramedic + EMT
- 2 - CHAT BLS Teams: EMT + EMT

Aftercare Teams

Monday – Saturday 7:30AM – 6:00PM

- Community Health Paramedic, EMT, Community Health Worker, Registered Nurse

Administration and Operational Support

- 2 – Supervisors
- 1 – Administrative Coordinator
- 1 – Policy Analyst
- 1- Program Manager





Health System Improvement

*Value Impact
2021 - 2024*



Responded to 12,667 non-emergency 911 calls and 11,459 Follow-Up engagements



Diverted an average of 30% of patients from local emergency rooms



Diverted an average of 15% of patients from ambulance transport



98% of Care Oregon patients surveyed stated they were satisfied or very satisfied with their experience



Estimated health care cost savings \$10M

Local Problems



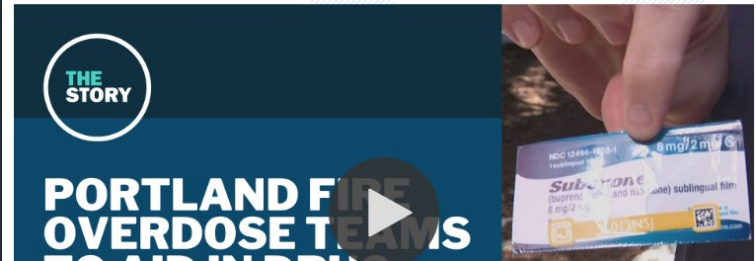
Fentanyl State of Emergency 2024
Multnomah County • City of Portland • State of Oregon

measure 110
drug decriminalization

ELECTION
2020
OREGON



Until Multnomah County opens its deflection center, officers will call the overdose response team at PF&R to bring withdrawal medication straight to the streets.



Portland Fire CHAT responds to opioid crisis



B MARCH 4, 2024

The News New educational approach 'The Evergreen' podcast Drug penalties return Apocalypse cooking

Portland's first responders will give immediate opiate treatment after overdoses

By Conrad Wilson (OPB)
Jan. 18, 2024 2:42 p.m.

Portland Fire Bureau crews will start treating people for opiate addiction immediately after they're revived from an overdose, using medications at the scene that are typically first administered at medical facilities. According to the city, the mobile medication pilot program will also connect people to longer-term recovery and treatment services.

Overdose Response Innovations – Pilot Programs

Medication for Opioid Use Disorder (MOUD)

- Began January 2024
- Available city-wide, primarily Downtown and Old Town

Overdose Response Team (ORT)

- Began January 2024 to address the high volume of OD calls
- PF&R's first single-role paramedic response team (paramedic + EMT)

Overdose Support Team (OST)

- Began February 2024 (RN, EMT)
- Supports ORT teams getting back in-service
- Supports MOUD pilot

Waterfall Analogy: Upstream, Midstream, & Downstream Approaches


Preventing Opioid Overdose Deaths



Upstream

- Stymie drug trafficking
- Decrease inappropriate prescribing of opioids
- Address underlying pain/trauma
- Increase coverage of non-opioid therapies
- Reducing stigma
- Trauma-Informed Care Mental Health
- Increasing human connections
- Assuaging fear of losing ADF housing

Midstream

- Increase access to Medication for Opioid Use Disorder (MOUD)
- Needle exchanges
- Overdose Prevention Sites
- POC fentanyl testing --> 

Downstream

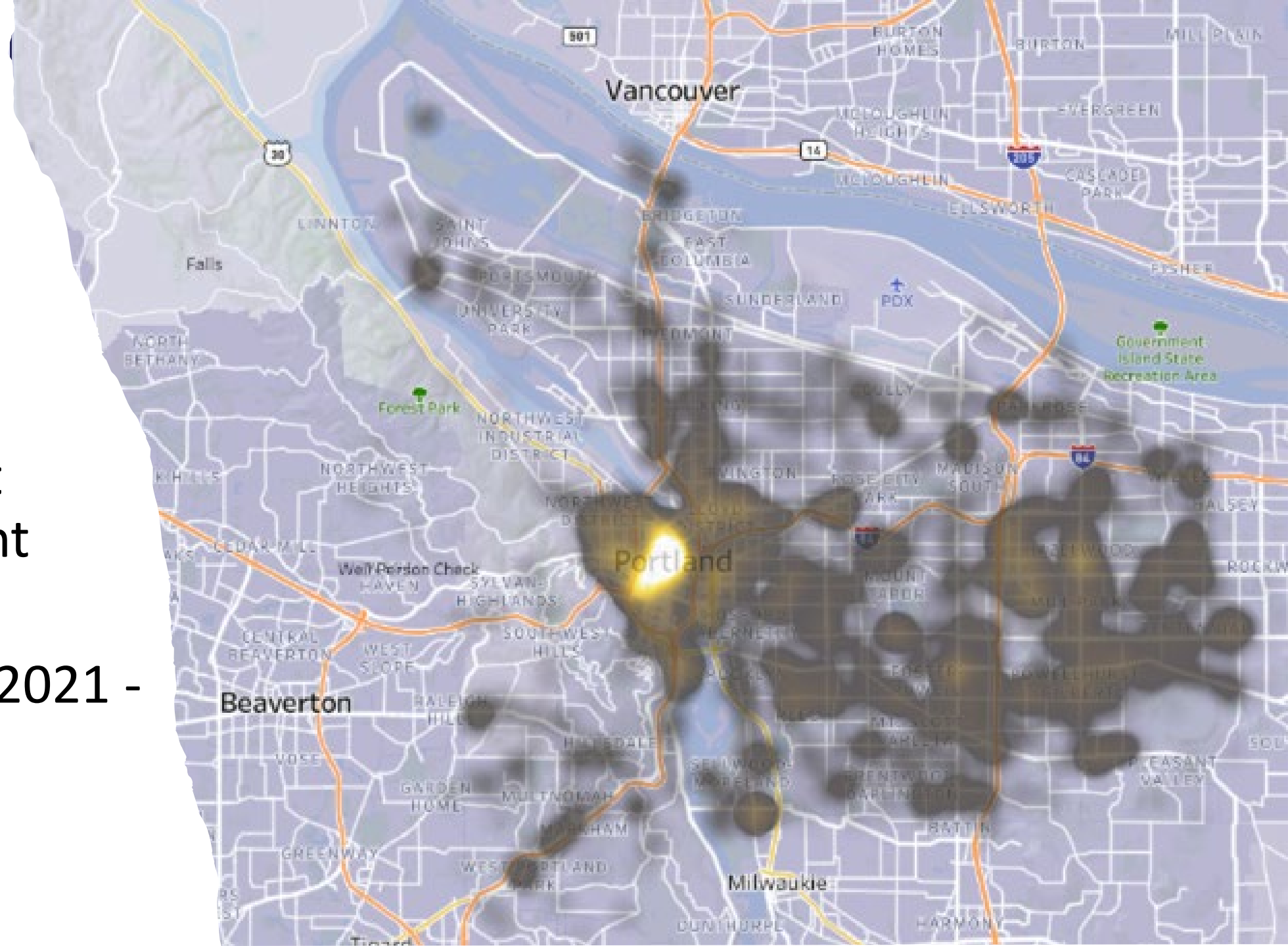
- Appropriate naloxone distribution

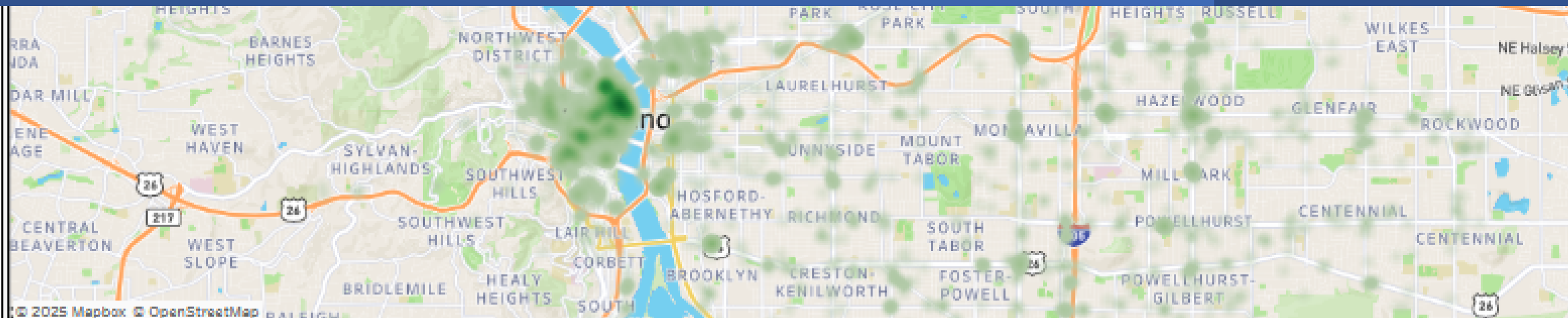
Adapted from Dr Camara Jones's Cliff of Good Health paradigm



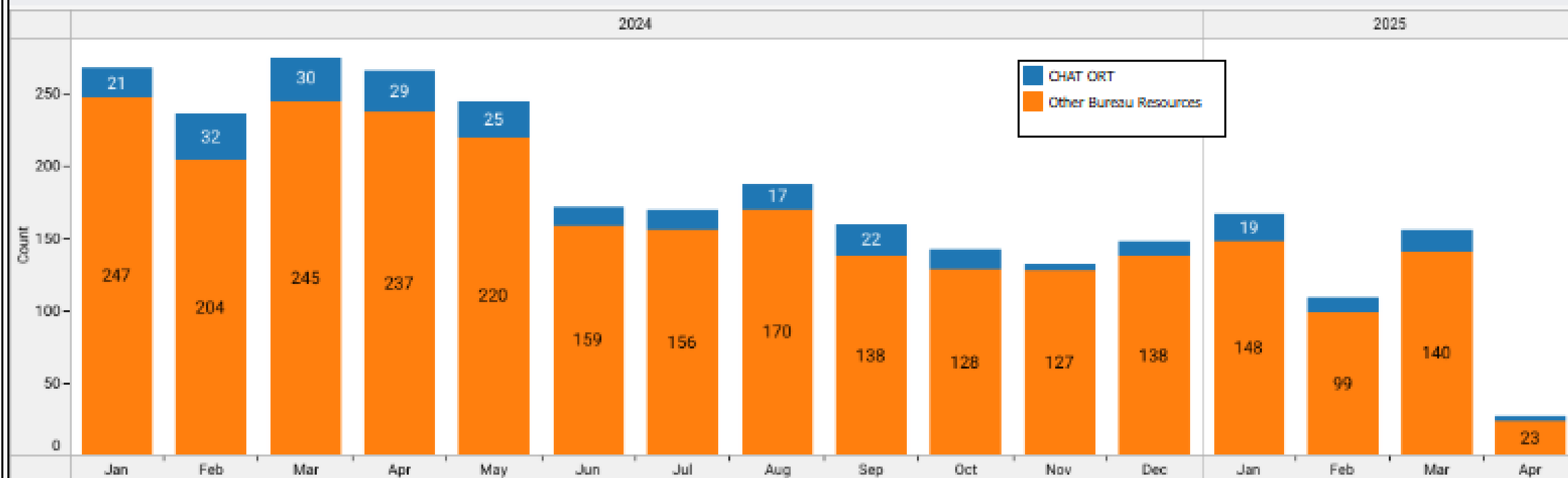
CHAT client
engagement

December 2021 -
present

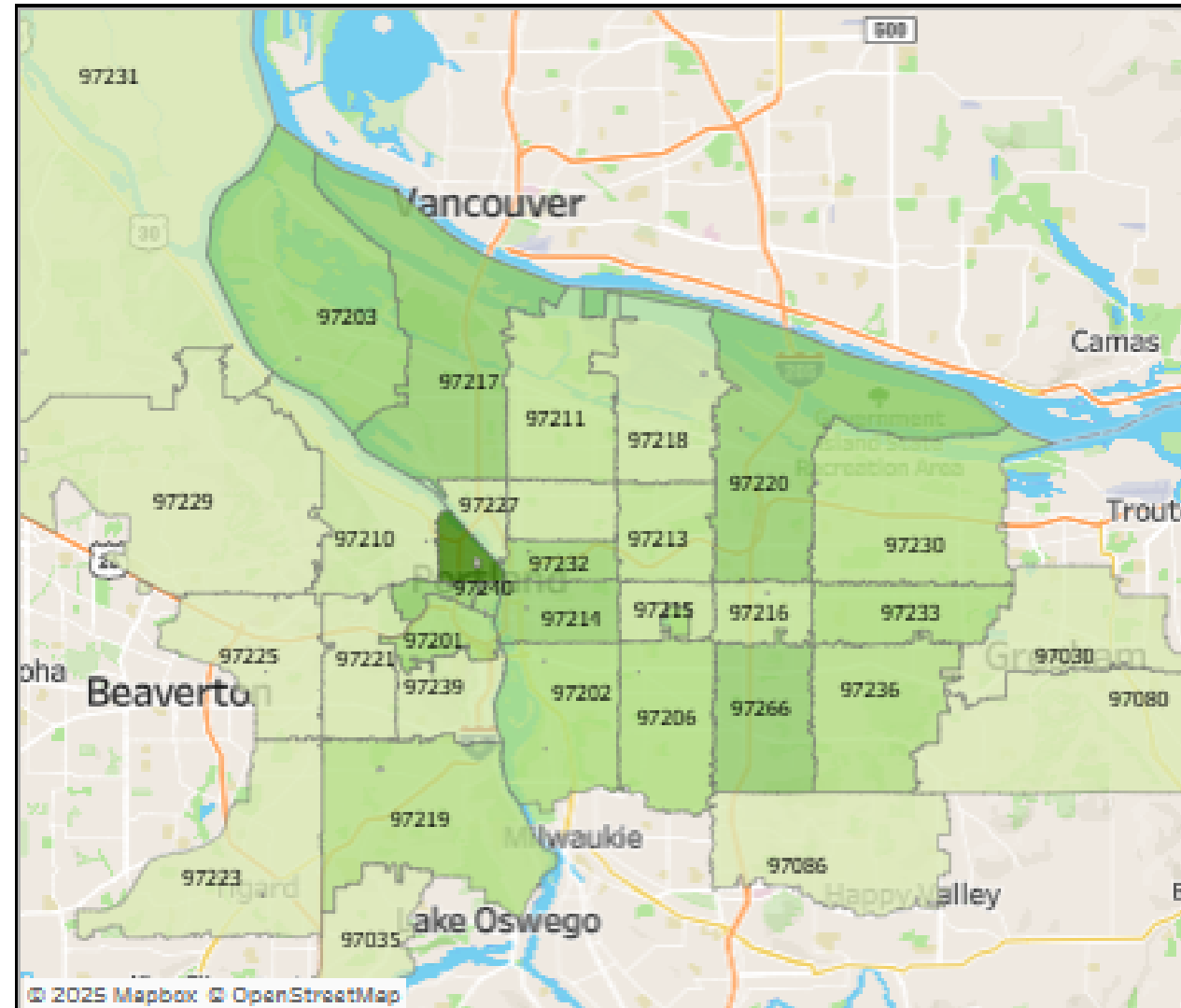
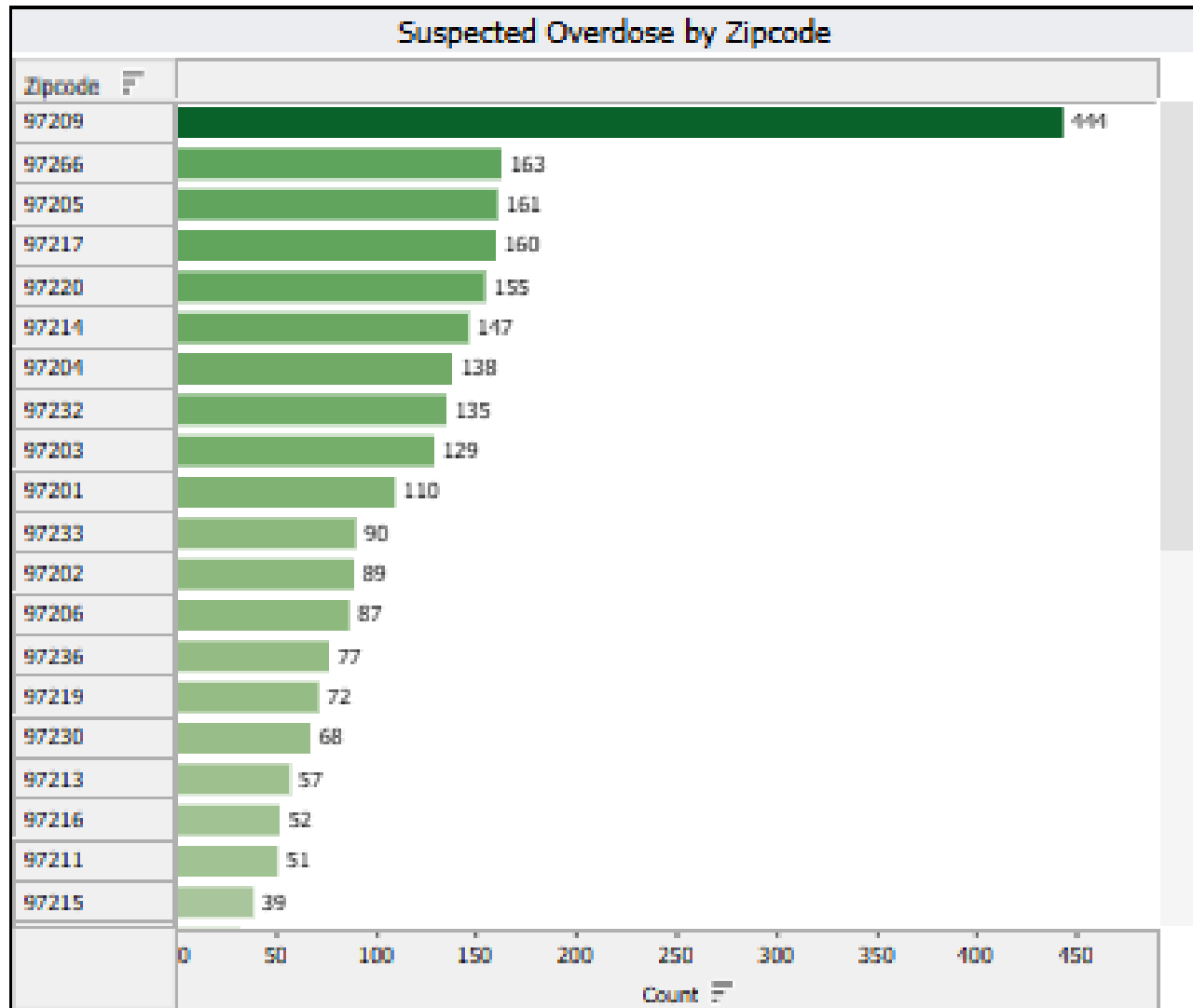




Non-Fatal Overdoses CHAT ORT Vs. Other Bureau Resources



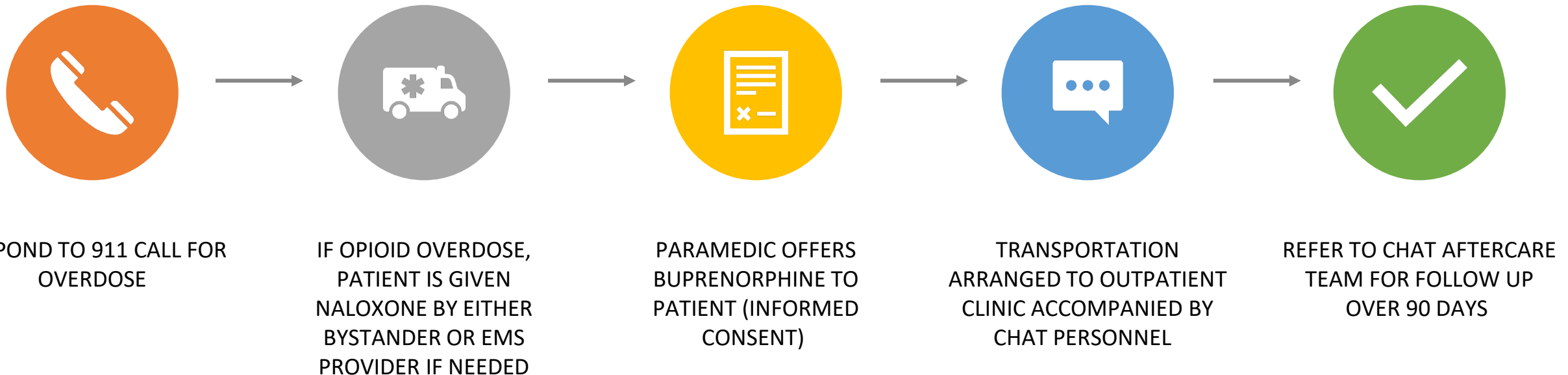
Suspected Overdose by Zip Code



CHAT MOUD Pilot (Multnomah County)

Collaboration began in 2023, and pilot was launched 2/12/24, as a collaborative of:

- Multnomah County EMS
- Portland Fire & Rescue's CHAT team (Community Health Assess & Treat)
- Oregon Poison Center
- Central City Concern (FQHC with Medication Supported Recovery walk-in visit capability)
- CareOregon (payer)





What does the Aftercare team do?

**Connect with the client
in person**

**Assist in arranging
appointments, including
transportation**

HRSN screening

**Identify physical and
behavioral health needs
– create a care plan and
assign multidisciplinary
team members**

**Accompany individuals
to appointments as
needed**

**Collaborate with MOUD
clinic patient navigators
and peer support**

**Assist with additional
buprenorphine
administration as
needed**

**Screen for OHP
eligibility/Medicare
coordination**

Collect lots of data!

MOUD Pilot Demographics



Total patients: 29

Self-identified gender

- Male : 19
- Female: 9
- Other: 1

Average age – 38 years

Self-identified race

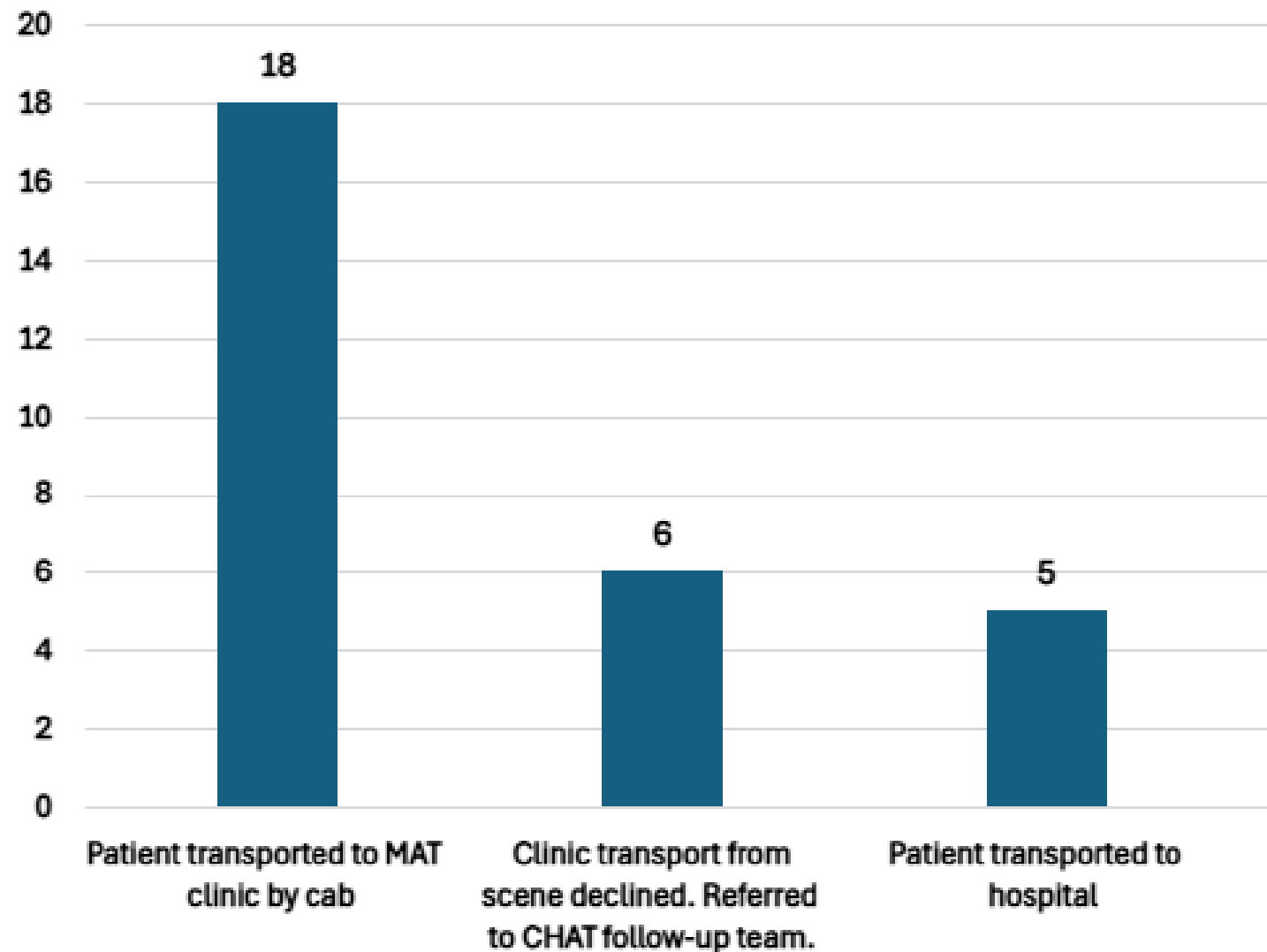
- 24 white
- 2 Black or African American
- 1 Latinx
- 1 Native American or Alaska Native
- 1 Other

Unhoused – 22

Data Source: MOUD pilot enrollments 2024 to present

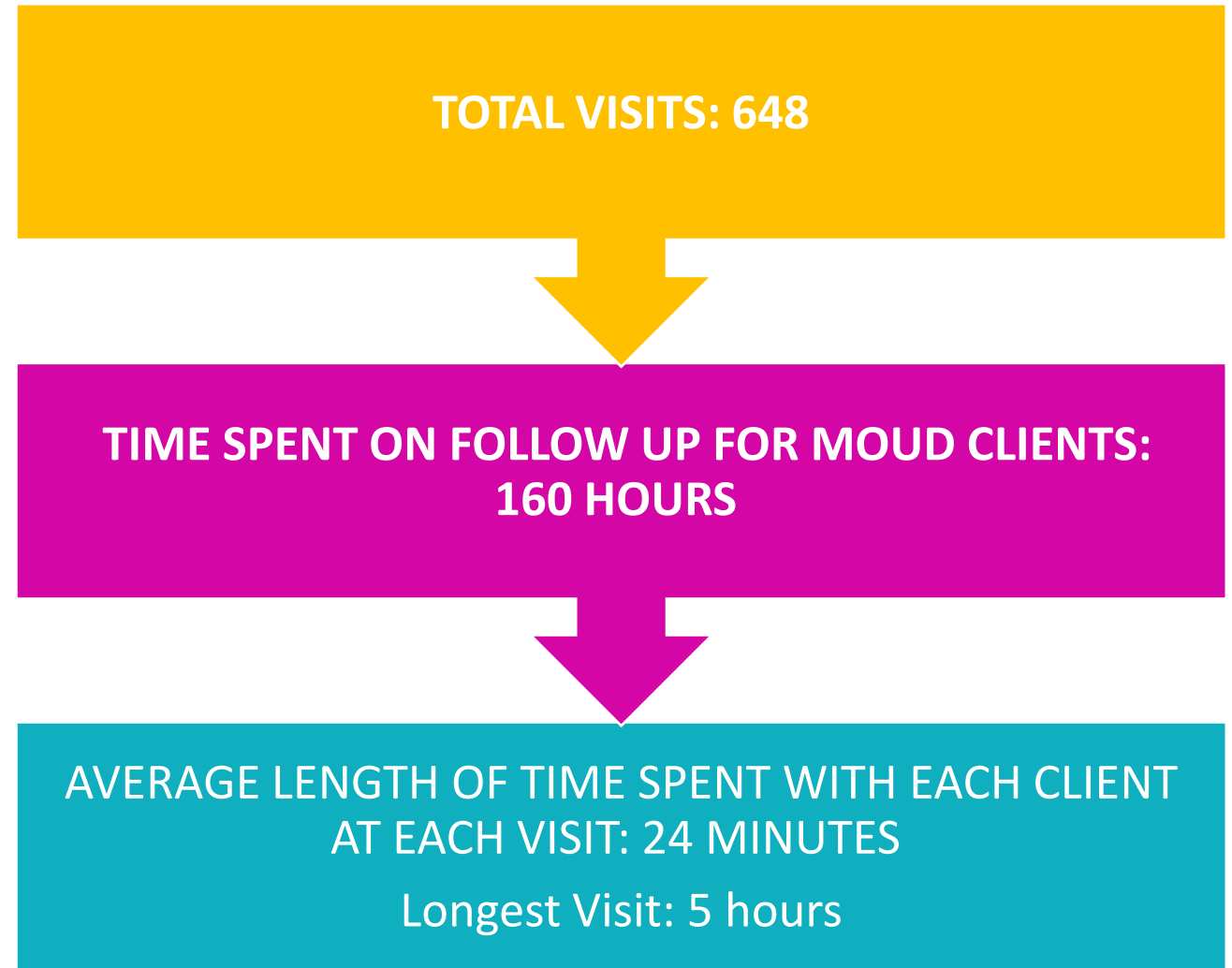


Outcome





Aftercare Team Impact





Client Testimonials

"You saved my life! If not for all of you, I wouldn't be in this shelter and getting my life together!"

"I wouldn't be here without CHAT. Sometimes, you need help, and you don't even realize it. When I needed help, the CHAT team was there. They visited me every day to check on me.

When you are out here on the street, you can't trust anyone, but I learned I could trust that CHAT would be there for me.

If it weren't for them, I wouldn't have gotten the medicine I need and I would not be doing as well as I am now."

"Everyone who said they would help us ended up not following through, but your team kept your word and provided the support I needed."





Funding Goal – Braided Model

CareOregon

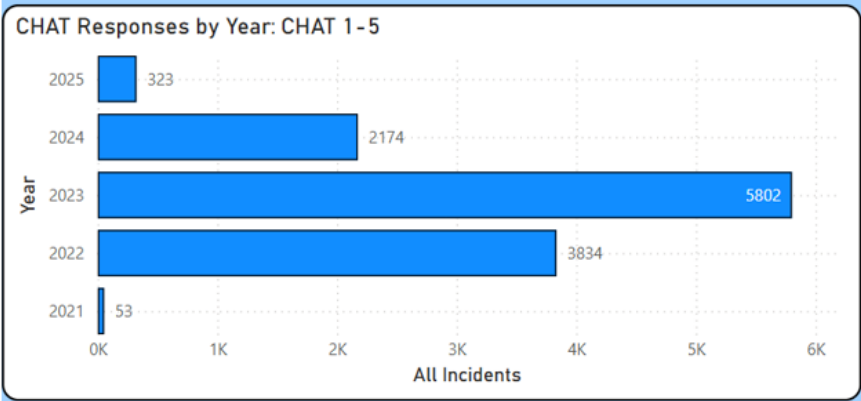
City of Portland (*one-time funding only, expires June 2025*)

- Opioid Settlement Funds (2M)
- General Fund (500K)

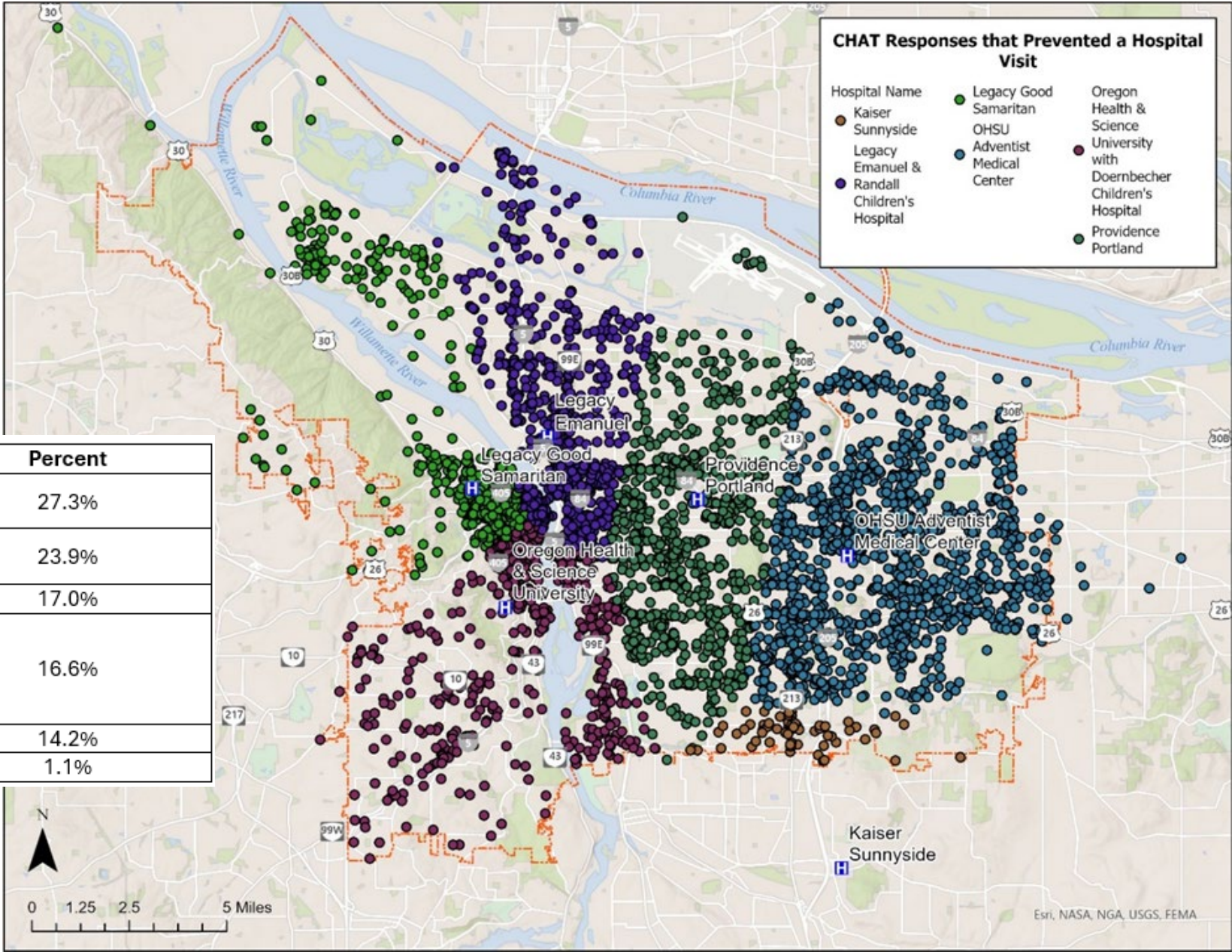
Create Billing Pathway (street service codes)

Engage additional partners to achieve sustainability

CHAT Responses Preventing a Hospital Visit since 2021



Name	Count	Percent
OHSU Adventist Medical Center	2,058	27.3%
Legacy Emanuel & Randall Children's Hospital	1,804	23.9%
Legacy Good Samaritan	1,280	17.0%
Oregon Health & Science University with Doernbecher Children's Hospital	1,250	16.6%
Providence Portland	1,074	14.2%
Kaiser Sunnyside	85	1.1%



Cost - Value

Value of CHAT – Over \$10M savings in ED and ambulance diversions

- Value difficult to quantify,
 - Avoidable hospital losses for avoidable ED visits
 - Avoidable Medicaid and Medicare costs
 - Downstream more expensive social services

Value of MOUD – est.

- 80% initiated on buprenorphine will be diverted from ED.
- If 10% of overdose responses are initiated on bupe – est. cost savings is \$1,300/ field evaluation, regardless of if they are initiated on bupe.
- Studies show a 9% reduction in healthcare expenditure in 45 days post-bupe initiation.

**Value of rebuilding trust with the public safety system*

Medication for Opioid Use Disorder (MOUD) Pilot Impact

*CHAT teams administer Buprenorphine
at the time of the 911 call - saving lives.*



JANUARY 2024 - DECEMBER 2024

RESPONSE AND FOLLOW-UP DATA

OVERDOSE RESPONSE TEAM

25 Total Enrollments

82% ED Diversions

84% Houseless clients

94% Clients referred to
Shelter upon request
(Clinton Triangle, Reedway)



FOLLOW-UP TEAM

535 Aftercare engagements

161 Total hours of client
engagement

60% Warm hand offs to
MOUD clinics

28% of clients declined
linkage to a MOUD
clinic

12% of clients received
Bupe, declined
further engagement

0 Precipitated
withdrawals

694 Doses of naloxone left behind



Lessons Learned / Next Steps

A multi-disciplinary field approach to providing **low-barrier, low-cost, immediate access** to buprenorphine for people in life-threatening overdose situations can be effective in reducing withdrawal symptoms, as well as helping people on the road to recovery by connecting them with outpatient treatment and housing resources.

Recommendations for folks to think about for their own communities:

- Where are the greatest needs?
- Who are stakeholders and community partners?
- What kind of funding is needed and who can be approached?
- Information sharing, outcome data, HIPAA, ROI

Acknowledgements

- Multnomah County EMS: Jon Jui, Jan Acebo, Mark Printzmental, Aaron Monnig, Teresa Everson, Richard Bruno, Tyler Swift, Leah Drebin, Emily Mosites, Nayantara Arora
- Portland Fire & Rescue: Holly Ilg, Ben Maloney, Stephenie Sullivan, Paul Keltner, CHAT Response Teams, CHAT Aftercare Teams
- Central City Concern: Amanda Risser, Rosa Sanchez, Melissa Bierman
- Oregon Poison Center: Emma Cassidy
- CareOregon: Stacie Andoniadis, May Yates, Ashley Green, Bonnie Holdahl

References

- Belden C, et al. Building bridges to outpatient treatment services for post-overdose care via paramedic buprenorphine field initiation. *J Subst Use Addict Treat*. 2024 Jul;162:209364. doi: 10.1016/j.josat.2024.209364. Epub 2024 Apr 16. PMID: 38626851.
- Carrol, G et al. “Impact of Administering Buprenorphine to Overdose Survivors Using Emergency Medical Services” doi: 10.1016/j.annemergmed.2022.07.006 *Ann Emerg Med* 2023; 81:165-175
- Hern HG, et al. “Prehospital Buprenorphine Treatment for Opioid Use Disorder by Paramedics: First Year Results of the EMS Buprenorphine Use Pilot” *Prehosp Emerg Care* 2023;27(3):334-342. doi: 10.1080/10903127.2022.2061661. Epub 2022 May 13. PMID: 35420925.
- Sun, T., Aroke, H., Kogut, S., Katenka, N., Bratberg, J. & Buchanan, A. (2021). Early buprenorphine-naloxone initiation for opioid use disorder reduces opioid overdose, emergency room visits and healthcare cost compare to late initiation. *The American Journal of Drug and Alcohol Abuse*. In press. [https://doi.org/ 10.1080/00952990.2021.1981358](https://doi.org/10.1080/00952990.2021.1981358) Available at: <https://doi.org/10.1080/00952990.2021.1981358>
- Velez, F. F., Colman, S., Kauffman, L., Ruetsch, C., & Anastassopoulos, K. (2020). Real-world reduction in healthcare resource utilization following treatment of opioid use disorder with reSET-O, a novel prescription digital therapeutic. *Expert Review of Pharmacoeconomics & Outcomes Research*, 21(1), 69–76. <https://doi.org/10.1080/14737167.2021.1840357>



Thank you!

Helpful Links:

Michelle LaVina, BSN, RN Program Manager
Michelle.lavina@portlandoregon.gov

Holly Ilg, BSN, RN
hollyilg14@gmail.com

[ORT Dashboard:](https://public.tableau.com/app/profile/pfrcommunityhealth/viz/PFROverdoseResponseTeam/Story2-External)

<https://public.tableau.com/app/profile/pfrcommunityhealth/viz/PFROverdoseResponseTeam/Story2-External>

[CHAT Webpage:](https://www.portland.gov/fire/community-health)

<https://www.portland.gov/fire/community-health>



Multnomah County MOUD protocol



Clinical Opiate Withdrawal Scale (COWS) score:
0-4 = no withdrawal; 5-12 = mild; 13-24 = moderate;
25-36 = moderately severe; 36-48 = severe withdrawal

Assess for exclusion criteria

Look for signs and symptoms

Consider 'comfort' meds (nausea/ pain)

If COWS ≥ 7

- Notify Oregon Poison Control
- Administer 16mg bupe (under tongue, dissolvable)
- Reassess after 10 minutes
- Re-administer based on COWS score
- Arrange shuttle to MOUD clinic
- Warm hand-off to MOUD clinic
- Overdose Support Team facilitates prescription filling and navigates shelter access if needed.
- CHAT Aftercare Team follows up with client the next day and as needed.

Average Reduction in COWS Scores After an Initial Dose of Suboxone (mg)

