

York/Adams Drug & Alcohol Commission Policy & Procedure Manual	Number: T-14 Policy: Overdose Requirements
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I. Purpose:

To ensure expedient, appropriate and seamless drug and alcohol care for individuals who have survived an overdose in York & Adams Counties.

II. Policy:

In order to ensure expedient and appropriate care for overdose survivors, the smooth transition from emergency intervention to substance abuse treatment, in addition to continuing engagement and support until such substance abuse treatment can be accessed, the Commission shall ensure that following an overdose that Warm Hand-off services for this population and their support occurs.

Individuals who have experienced an overdose shall be considered a priority population. They shall have priority access to substance abuse treatment. DDAP requirements related to priority populations and preference shall apply.

Overdose survivors shall be identified as those who have survived emergency intervention in York/Adams Counties as a direct result of an overdose of drugs or alcohol as identified by a York/Adams emergency responder/department.

For purposes of this policy, DDAP defines an overdose as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol. Specific examples may be seen in the ICD-10 diagnosis codes for substance overdose or poisoning.

Warm Hand-off services shall be provided to overdose survivors and their supports regardless of funding (Medical Assistance, Managed Care, Private Insurance, etc.) and shall be provided to regardless of substance(s) resulting in overdose. Further, services shall be provided regardless of York/Adams residence.

Warm Hand-off services shall include the following components:

1. Outreach and Education:

- a. Warm Hand-off services shall include establishment and maintenance of a positive and collaborative relationship with local emergency responders/ departments.

- b. Education to local emergency responders/departments on the importance of linkage to clinically appropriate treatment/case management services and that overdose survivors are considered an at-risk population.
- c. Establishment of written agreements with York/Adams emergency responders/departments to identify all overdose survivors and refer these individuals for coordination of Warm Hand-off.

2. 24/7 Emergency Responder/Department Services:

- a. Provision of 24/7 Warm Hand-off services to include after hours, weekends and holidays.
- b. Provision of 24/7 acceptance of overdose Warm Hand-off referrals from York/Adams emergency responders/departments.
- c. Arrangement for screening and/or level of care assessment, coordination of services, and treatment linkage within 24 hours of emergency responder referral and/or client request for individuals who refuse transport to the emergency room.
- d. Provision of 24/7 on-site emergency department Warm Hand-off services within a minimum of one (1) hour from time of emergency department referral.
- e. Arrangement for 24/7 on-site Warm Hand-off assessment services including screening, level of care assessment, coordination of services and treatment linkage for overdose survivors at the time of emergency department referral.
- f. Utilization of the most current Pennsylvania Client Placement Criteria or American Society of Addiction Medicine Criteria to determine clinically appropriate treatment once the overdose survivor has been medically stabilized.
- g. Appropriate action to ensure linkage to treatment including securing funding, bed search, transportation arrangement, etc.

3. Warm Hand-off Case Management/Patient Engagement:

- a. Identification of overdose survivors awaiting treatment, where treatment access is not immediately accessible.
- b. Continued coordination of treatment linkage shall occur until appropriate treatment is secured; including appropriate contact with providers, the overdose survivor and the survivor's family/supports in the event clinically appropriate treatment is not available.
- c. Provision of interim support services to overdose survivors and their families/supports in an effort to keep the overdose survivor engaged and motivated to access treatment when treatment becomes available.
- d. Outreach and education services to overdose survivors waiting to enter treatment and their family/supports.

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- e. Promotion of self-advocacy by assisting overdose survivors in having their voices fully heard and their needs and goals established as the focal point of their rehabilitation, clinical services and recovery.
- f. Recovery education and support to overdose survivors and their families/supports for every phase of the recovery journey.
- g. Education of the overdose survivor and their families/supports which shall include at *minimum*, recognizing risks of overdose, signs and symptoms of overdose, what to do in the event of an overdose and how to obtain Naloxone.
- h. Active identification of support linkages (at a *minimum*: community based self-help groups and community resources/supports)
- i. Assistance to overdose survivors and their families/supports in bridging the barriers to fully participate in identified support linkages.
- j. Development of trust and rapport with the overdose survivor and their family/supports.
- k. Services shall occur within the setting most comfortable for the overdose survivor and their families/supports with consideration of the following: phone, text, email, on site home and office support, etc.

4. Evaluation and Data Collection:

- a. Outcome/data tracking shall occur via a Commission Outcomes Measures Form, which shall be collected monthly.

Service Location:

Emergency department Warm Hand-off services shall be provided on-site at the York/Adams emergency departments as listed below.

1. Wellspan York Hospital Emergency Department
1101 S. George Street York, PA 17403
2. Memorial Hospital Emergency Department
325 South Belmont Street, York PA 17403
3. Hanover Hospital Emergency Department
300 Highland Ave, Hanover PA 17331
4. Wellspan Gettysburg Hospital
147 Gettys St. Gettysburg, PA 17325

Further, Warm Hand-off for those individuals identified by emergency responders who refuse transport, then emergency department care shall occur in the setting most convenient for the overdose survivor. This may include office visits, on-site home visits, etc.

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Warm Hand-off case management/patient engagement services shall occur in the setting most convenient for the overdose survivor and their families/y and/or supports. This may include initiation at the emergency room, office visits, on-site home visits, planned meetings in the community, etc. Further, phone, text, email, etc. may be utilized as means of engagement.

Warm Hand-off services shall be provided through a contracted provider model.

In addition to Warm Hand-off services for overdose survivors and their family/supports as outlined above, the Commission shall ensure maintenance of a current listing of contact information for Warm Hand-off services including; types of services provided, phone numbers, addresses, information on relative services available, a description of the process to access care during business hours, evenings and holidays as well as the process of how to access care for insured and uninsured individuals.

YADAC will ensure distribution of the contact information to all appropriate referral sources within the YADAC geographic area. On at least an annual basis, YADAC will document that the listing has been reviewed and revised as needed. As any revisions are made to the referral listing, YADAC will redistribute the updated listing to the aforementioned referral sources.

Approved By:


YADAC Administrator


Date