

Addressing the Opioid Crisis with Mobile Response in Southern Indiana:

How Data Can Further the Impact

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### Abstract

The Choices Emergency Response Team (CERT) was developed to address the opioid crisis in southeastern Indiana. The team is comprised of specialists who are available twenty-four hours per day, seven days per week to respond to individuals and families experiencing challenges with opioid and substance use overdoses. The evaluation focused on the population served and the connection of these consumers with community services and resources. In the 2019 Fiscal Year (August 1, 2018 to July 31, 2019), the CERT program served 308 consumers; the majority of these were self-referrals and 68% were from two counties. Based on the reasons that responders recorded for the emergency response, almost all calls were related to substance use (98%). Heroin was noted in nearly half of the responses that involved overdose reversal. Consumers reported that in the last three months, the most common drugs they had used were amphetamines and opioids. CERT staff most often referred consumers to resources for substance use like inpatient treatment, support groups/meetings, and Narcan. They also referred consumers to resources to support essential social determinants of health like insurance/Medicaid/Medicare, employment, housing, and transportation.

## Addressing the Opioid Crisis with Mobile Response in Southern Indiana: How Data Can Further the Impact

### Program Background

The Choices Emergency Response Team (CERT) was developed in response to the opioid epidemic. Since 1999, there have been over 15,000 deaths in Indiana from drug overdose. From 2016 to 2017, overdose fatalities increased 22% (increasing from 24 deaths per 100,000 individuals to 29.4 deaths per 100,000), the third highest in the nation (ISDH, 2019). Furthermore, Indiana providers wrote 26% more opioid prescriptions than the United States average. Indiana providers wrote 74.2 per 100 persons while the US average was 58.7 prescriptions per 100 individuals (NIDA, 2019).

The CERT program serves seven counties in a rural area of Southeastern Indiana. The (Indiana State Department of Health (2019) reports that rural counties provide additional difficulties to those trying to prevent overdose mortalities, because “access to treatment resources and social support services for recovery can be difficult to accrue for rural populations and can in turn impact their burden of overdose deaths.”

CERT is designed to be a focused, time limited, intensive intervention providing immediate stabilization, while establishing support for the consumer, parent/caretaker, establishing a safety and empowerment plan for the consumer, and linking the consumer to follow-up services and supports. CERT responses include in-person, face-to-face intervention with the intent to stabilize acute crisis situations when this level of immediate intervention is needed. Each response is adapted to the individual needs of the consumer and may include response from an individual CERT team member or combination of team members. The practices implemented by CERT align with SAMHSA’s strategies for preventing overdose

fatalities. These include encouraging those in the community and those affected by substance use to stay educated about opioid overdose prevention and management, making treatment accessible to those misusing substances, and providing access to naloxone (2018).

CERT includes emergency response clinicians, recovery support specialists, a registered nurse, and a clinical director who are all specifically trained to support individuals and families experiencing substance use and mental health challenges. The staff members respond during a time of crisis to stabilize the situation and connect individuals with long-term recovery services to achieve success. The goal of CERT is to support consumers and their families and to empower them to be confident in caring for them in their homes and communities, effectively building a network of supports.

This evaluation addresses the following questions:

1. Is CERT serving consumers in the region?
2. Is CERT serving consumers with substance use needs?
3. Is CERT connecting consumers with community services to address substance use and social determinants of health?

## **Methods**

### Sample

During the reporting period, Fiscal Year 2019 (August 1, 2018 to July 31, 2019), there were 281 consumers discharged from the program. There were 308 total enrollments in this period, including two consumers with three enrollments and 24 with two enrollments. There were 259 emergency responses for these individuals during Fiscal Year 2019. For some consumers, the CERT enrollment was suspended while the consumers were enrolled in residential programs and not accessible to the CERT member.

Censoring

No cases were censored for the analyses. During the preparation of the data files, duplicated case records were identified and excluded.

Data Sources

*Data Source 1* – Enrollment dates

*Data Source 2* – Plan of Care

*Data Source 3* – Case Notes

*Data Source 4* – Mobile Crisis Response Assessment (see Appendix A)

*Data Source 5* – ASSIST Assessment (see Appendix B)

Analyses

Descriptive statistics and content analysis of narrative data are presented to address evaluation questions. Quarters are reported as follows:

Q1: August, September, October

Q2: November, December, January

Q3: February, March, April

Q4: May, June, July

## Results

### Is CERT serving consumers in the region?

Upon referral, CERT responded to consumers' homes in the region. In the Fiscal Year 2019 (FY2019), there were 308 consumers who were discharged across all counties. Out of 308 closed enrollments, 25% of consumers lived in County 6 (n=77) and 43% in County 1 (n=129). According to referral information for the CERT responses (see Table 1 in Appendix C) CERT referrals were most frequently self-referrals in FY2019, similar to FY2018 (NOTE: multiple responses may occur for the same consumer).

### Is CERT serving consumers with substance use needs?

Based on the reasons that responders recorded for the emergency response, almost all calls were related to substance use (98%). Specifically, 253 out of 259 consumers had a substance use need (see Table 2 in Appendix C); Note that individual consumers may have received multiple responses and/or have multiple needs for a variety of reasons (e.g., clinical judgement, facility policies, incarceration, a consumer who was a minor). For roughly one third (36%) of the recorded emergency responses (92 out of 259), Responders recorded that Naloxone was offered and accepted. Some consumers (16%; n=42) refused the Naloxone that was offered. In 124 responses, Responders did not offer Naloxone for a variety of reasons (e.g., clinical judgement, facility policies, incarceration, a consumer who was a minor).

Most consumers did not engage CERT after an overdose reversal. For those who did, Heroin was noted in nearly half of the responses that involved reversal (see Table 3 in Appendix C).

For roughly one third (36%) of the recorded emergency responses (92 out of 259), Responders recorded that Naloxone was offered and accepted. Some consumers (16%; n=42)

refused the Naloxone that was offered. In 124 responses, Responders did not offer Naloxone for a variety of reasons (e.g., clinical judgement, facility policies, incarceration, a consumer who was a minor).

CERT clinicians also administered the ASSIST assessment to gauge substance use history at intake. In Table 4 in Appendix C, consumers reports of substances they have ever used is reported by county. The pattern of needs across consumers and counties varied. Tobacco, alcohol, and marijuana have been used by most consumers across counties. Inhalants were generally less frequently reported used across counties.

Patterns in substance use in the past three months indicated different patterns (see Table 5 in Appendix C). These trends indicated consumers used amphetamines and opioids more frequently in several counties. Few consumers reported using inhalants or hallucinogens. Usage levels across the board may be lower due to the increased referrals for incarcerated consumers. Is CERT connecting consumers with community services to address substance use and social determinants of health?

After the initial response, CERT members worked with consumers for up to 60 days to assist with creating a plan of care for accessing needed services. Responders created plans of care and both Responders and Resource Support Specialists described their support activities. Beginning in January 2019, responders recorded service connections related to the social determinants of health as well.

CERT responders referred consumers to services and resources throughout their enrollment (see Table 6 in Appendix C). These referrals included resources for substance use like inpatient treatment, support groups/meetings, and Narcan. CERT also referred consumers to resources to support essential social determinants of health like insurance/Medicaid/Medicare,

employment, housing, and transportation. Finally, CERT also helped consumers build connections to the community through natural supports.

### **Discussion**

#### Conclusions

With the growing number of methods proposed to address the opioid epidemic, recording the methods that clinicians employ, who is being served, and what processes have the most success is increasingly important. We can use the knowledge gained through our work of recording and interpreting results to inform future intervention methods. The data we collect can also be used to inform our community and help educate and address false information.

CERT's process of working with clients for 60 days following a response call allows us to gain further insights into the population served. Though most had a substance use problem, analysis shows that a quarter of our consumers needed mental health services. Additionally, core basic needs were evidenced in the connections to housing services, employment assistance, transportation, and medical resources.

Our clinicians utilized many assessments to gauge consumers' needs as well as to track progress. For example, CERT administered the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Assessments like this help to build a complete picture of each client. The analyses of these data inform the understanding of the populations served, how their needs compare to previous findings, and outreach to communities to identify gaps in services and programs addressing substance use.

Data has been a central part of how our team has worked together to inform action and improve our program. Our analyses are used to communicate outcomes and barriers to both



internal and external stakeholders which highlights the return on the investment in our program as well as providing supporting evidence of more effective practices.

### Limitations of the Evaluation

The main limitation to this CERT evaluation was the change in data collection methods mid-way through the year. A more reliable, structured data source for how we were connecting consumers to community supports provided improved data beginning in January. Therefore, estimates of these connections are conservative for the year.

Similarly, as referrals to services were recorded more consistently as the program evolved. Specifically, changes in recording referrals to service resulted in a conservative estimate of referrals in FY2019.

### Next Steps

The Applied Research and Evaluation Department recommends formalizing current PQI practices for continuity and easier monitoring, prioritizing maintenance on client tracking, case notes (e.g., location; treatment plan association), and mobile crisis response. In addition, continue to improve implementation fidelity of the range of assessments, including the Risk of Relapse and Risk and Protective Factors tools.

In the upcoming year, the Executive Director and Clinical Director for CERT have prioritized:

1. Linkages to community-based referrals within the county of residence to increase the likelihood of sustainable recovery.
2. Technology use to increase and integrate the use of technology in reaching consumers at risk of overdose seeking recovery resources.

3. Outreach to increase awareness of services in the target area to increase referrals from sources currently sending fewer referrals.

References

- ISDH. (2019, October). Drug Overdose Epidemic in Indiana: Behind the Numbers. Retrieved from [https://www.in.gov/isdh/files/85\\_Drug%20Overdose %20Data%20Brief\\_2019.pdf](https://www.in.gov/isdh/files/85_Drug%20Overdose%20Data%20Brief_2019.pdf).
- NIDA. (2019, May). Indiana Opioid Summary. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/indiana-opioid-summary>.
- SAMHSA. (2018). Opioid Overdose Prevention Toolkit. Retrieved from <https://store.samhsa.gov/system/files/sma18-4742.pdf>.

**Appendix A**

Mobile Response Assessment

Location: 1. Street Address for Mobile Crisis Response

Location: 2. City for Mobile Crisis Response

Location: 3. State for Mobile Crisis Response

Location: 4. Zip code for Mobile Crisis Response

Location: 5. County for Mobile Crisis Response

Location: 6. Location Description for Mobile Crisis Response

Mobile Crisis Response Details: 1. Approximately how long was the mobile crisis encounter?

Mobile Crisis Response Details: 2. What were the primary reasons for the encounter? (Check all that apply.)

Mobile Crisis Response Details: 3. Other primary reasons for the encounter (not listed above)

Mobile Crisis Response Details: 4. What substances were involved in overdose reversal?

Mobile Crisis Response Details: 5. Was Naloxone offered and accepted?

Mobile Crisis Response Details: 6. What was the result of this encounter?

Mobile Crisis Response Details: 7. What was the source of information about this mobile crisis response?

Mobile Crisis Response Details: 8. Other source of information for mobile crisis response details.

Mobile Crisis Response Details: 9. Does consumer have past history of a felony?

**Appendix B**

ASSIST Assessment

**Question 1**

*(If completing follow-up please cross check the patient's answers with the answers given for Q1 at baseline. Any differences on this question should be queried)*

| In your life, which of the following substances have you <u>ever used</u> ? <i>(NON-MEDICAL USE ONLY)</i> | No | Yes |
|---|----|-----|
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)   | 0  | 3   |
| b. Alcoholic beverages (beer, wine, spirits, etc.)  | 0  | 3   |
| c. Cannabis (marijuana, pot, grass, hash, etc.)   | 0  | 3   |
| d. Cocaine (coke, crack, etc.)  | 0  | 3   |
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)   | 0  | 3   |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)   | 0  | 3   |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)  | 0  | 3   |
| h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)   | 0  | 3   |
| i. Opioids (heroin, morphine, methadone, codeine, etc.)   | 0  | 3   |
| j. Other - specify:   | 0  | 3   |

**Probe if all answers are negative:**  
 \*Not even when you were in school?\*

*If "No" to all items, stop interview.*

*If "Yes" to any of these items, ask Question 2 for each substance ever used.*

**Question 2**

| In the <u>past three months</u> , how often have you used the substances you mentioned ( <i>FIRST DRUG, SECOND DRUG, ETC?</i> ) | Never | Once or Twice | Monthly | Weekly | Daily or Almost Daily |
|---|-------|---------------|---------|--------|-----------------------|
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)   | 0     | 2             | 3       | 4      | 6                     |
| b. Alcoholic beverages (beer, wine, spirits, etc.)  | 0     | 2             | 3       | 4      | 6                     |
| c. Cannabis (marijuana, pot, grass, hash, etc.)   | 0     | 2             | 3       | 4      | 6                     |
| d. Cocaine (coke, crack, etc.)  | 0     | 2             | 3       | 4      | 6                     |
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)   | 0     | 2             | 3       | 4      | 6                     |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)   | 0     | 2             | 3       | 4      | 6                     |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)  | 0     | 2             | 3       | 4      | 6                     |
| h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)   | 0     | 2             | 3       | 4      | 6                     |
| i. Opioids (heroin, morphine, methadone, codeine, etc.)   | 0     | 2             | 3       | 4      | 6                     |
| j. Other - specify:   | 0     | 2             | 3       | 4      | 6                     |

*If "Never" to all items in Question 2, skip to Question 6.*

*If any substances in Question 2 were used in the previous three months, continue with Questions 3, 4 & 5 for each substance used.*

**Question 3**

| During the <u>past three months</u> , how often have you had a strong desire or urge to use ( <i>FIRST DRUG, SECOND DRUG, ETC?</i> ) | Never | Once or Twice | Monthly | Weekly | Daily or Almost Daily |
|--|-------|---------------|---------|--------|-----------------------|
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)  | 0     | 3             | 4       | 5      | 6                     |
| b. Alcoholic beverages (beer, wine, spirits, etc.)   | 0     | 3             | 4       | 5      | 6                     |
| c. Cannabis (marijuana, pot, grass, hash, etc.)  | 0     | 3             | 4       | 5      | 6                     |
| d. Cocaine (coke, crack, etc.)   | 0     | 3             | 4       | 5      | 6                     |
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)  | 0     | 3             | 4       | 5      | 6                     |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)  | 0     | 3             | 4       | 5      | 6                     |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)   | 0     | 3             | 4       | 5      | 6                     |
| h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)  | 0     | 3             | 4       | 5      | 6                     |
| i. Opioids (heroin, morphine, methadone, codeine, etc.)  | 0     | 3             | 4       | 5      | 6                     |
| j. Other - specify:  | 0     | 3             | 4       | 5      | 6                     |

**Question 4**

| <b>During the <u>past three months</u>, how often has your use of (FIRST DRUG, SECOND DRUG, ETC) led to health, social, legal or financial problems?</b> | <b>Never</b> | <b>Once or Twice</b> | <b>Monthly</b> | <b>Weekly</b> | <b>Daily or Almost Daily</b> |
|--|--------------|----------------------|----------------|---------------|------------------------------|
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)  | 0            | 4                    | 5              | 6             | 7                            |
| b. Alcoholic beverages (beer, wine, spirits, etc.)   | 0            | 4                    | 5              | 6             | 7                            |
| c. Cannabis (marijuana, pot, grass, hash, etc.)  | 0            | 4                    | 5              | 6             | 7                            |
| d. Cocaine (coke, crack, etc.)   | 0            | 4                    | 5              | 6             | 7                            |
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)  | 0            | 4                    | 5              | 6             | 7                            |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)  | 0            | 4                    | 5              | 6             | 7                            |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)   | 0            | 4                    | 5              | 6             | 7                            |
| h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)  | 0            | 4                    | 5              | 6             | 7                            |
| i. Opioids (heroin, morphine, methadone, codeine, etc.)  | 0            | 4                    | 5              | 6             | 7                            |
| j. Other - specify:  | 0            | 4                    | 5              | 6             | 7                            |

**Question 5**

| <b>During the <u>past three months</u>, how often have you failed to do what was normally expected of you because of your use of (FIRST DRUG, SECOND DRUG, ETC)?</b> | <b>Never</b> | <b>Once or Twice</b> | <b>Monthly</b> | <b>Weekly</b> | <b>Daily or Almost Daily</b> |
|--|--------------|----------------------|----------------|---------------|------------------------------|
| a. Tobacco products  |              |                      |                |               |                              |
| b. Alcoholic beverages (beer, wine, spirits, etc.)   | 0            | 5                    | 6              | 7             | 8                            |
| c. Cannabis (marijuana, pot, grass, hash, etc.)  | 0            | 5                    | 6              | 7             | 8                            |
| d. Cocaine (coke, crack, etc.)   | 0            | 5                    | 6              | 7             | 8                            |
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)  | 0            | 5                    | 6              | 7             | 8                            |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)  | 0            | 5                    | 6              | 7             | 8                            |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)   | 0            | 5                    | 6              | 7             | 8                            |
| h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)  | 0            | 5                    | 6              | 7             | 8                            |
| i. Opioids (heroin, morphine, methadone, codeine, etc.)  | 0            | 5                    | 6              | 7             | 8                            |
| j. Other - specify:  | 0            | 5                    | 6              | 7             | 8                            |

*Ask Questions 6 & 7 for all substances ever used (i.e. those endorsed in Question 1)*

**Question 6**

| Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of <i>(FIRST DRUG, SECOND DRUG, ETC.)?</i> | No, Never | Yes, in the past 3 months | Yes, but not in the past 3 months |
|---|-----------|---------------------------|-----------------------------------|
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)   | 0         | 6                         | 3                                 |
| b. Alcoholic beverages (beer, wine, spirits, etc.)  | 0         | 6                         | 3                                 |
| c. Cannabis (marijuana, pot, grass, hash, etc.)   | 0         | 6                         | 3                                 |
| d. Cocaine (coke, crack, etc.)  | 0         | 6                         | 3                                 |
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)   | 0         | 6                         | 3                                 |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)   | 0         | 6                         | 3                                 |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)  | 0         | 6                         | 3                                 |
| h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)   | 0         | 6                         | 3                                 |
| i. Opioids (heroin, morphine, methadone, codeine, etc.)   | 0         | 6                         | 3                                 |
| j. Other - specify:   | 0         | 6                         | 3                                 |

**Question 7**

| Have you <u>ever</u> tried and failed to control, cut down or stop using <i>(FIRST DRUG, SECOND DRUG, ETC.)?</i> | No, Never | Yes, in the past 3 months | Yes, but not in the past 3 months |
|--|-----------|---------------------------|-----------------------------------|
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)  | 0         | 6                         | 3                                 |
| b. Alcoholic beverages (beer, wine, spirits, etc.)   | 0         | 6                         | 3                                 |
| c. Cannabis (marijuana, pot, grass, hash, etc.)  | 0         | 6                         | 3                                 |
| d. Cocaine (coke, crack, etc.)   | 0         | 6                         | 3                                 |
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)  | 0         | 6                         | 3                                 |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)  | 0         | 6                         | 3                                 |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)   | 0         | 6                         | 3                                 |
| h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)  | 0         | 6                         | 3                                 |
| i. Opioids (heroin, morphine, methadone, codeine, etc.)  | 0         | 6                         | 3                                 |
| j. Other - specify:  | 0         | 6                         | 3                                 |



**Question 8**

|  |                  |                                  |  |
|--|------------------|----------------------------------|--|
|  | <b>No, Never</b> | <b>Yes, in the past 3 months</b> | <b>Yes, but not in the past 3 months</b> |
| <b>Have you <u>ever</u> used any drug by injection?<br/>(NON-MEDICAL USE ONLY)</b> | 0                | 2                                | 1  |

**IMPORTANT NOTE:**

Patients who have injected drugs in the last 3 months should be asked about their pattern of injecting during this period, to determine their risk levels and the best course of intervention.

**PATTERN OF INJECTING**

**Once weekly or less** or  
**Fewer than 3 days in a row**

**INTERVENTION GUIDELINES**

**Brief Intervention including "risks associated with injecting" card**

**More than once per week** or  
**3 or more days in a row**

**Further assessment and more intensive treatment\***

**HOW TO CALCULATE A SPECIFIC SUBSTANCE INVOLVEMENT SCORE.**

For each substance (labelled a. to j.) add up the scores received for questions 2 through 7 inclusive. Do not include the results from either Q1 or Q8 in this score. For example, a score for cannabis would be calculated as: **Q2c + Q3c + Q4c + Q5c + Q6c + Q7c**

Note that Q5 for tobacco is not coded, and is calculated as: **Q2a + Q3a + Q4a + Q6a + Q7a**

**THE TYPE OF INTERVENTION IS DETERMINED BY THE PATIENT'S SPECIFIC SUBSTANCE INVOLVEMENT SCORE**

|                  | <b>Record specific substance score</b> | <b>no intervention</b> | <b>receive brief intervention</b> | <b>more intensive treatment *</b> |
|------------------|--|------------------------|-----------------------------------|-----------------------------------|
| a. tobacco       |  | 0 - 3                  | 4 - 26                            | 27+                               |
| b. alcohol       |  | 0 - 10                 | 11 - 26                           | 27+                               |
| c. cannabis      |  | 0 - 3                  | 4 - 26                            | 27+                               |
| d. cocaine       |  | 0 - 3                  | 4 - 26                            | 27+                               |
| e. amphetamine   |  | 0 - 3                  | 4 - 26                            | 27+                               |
| f. inhalants     |  | 0 - 3                  | 4 - 26                            | 27+                               |
| g. sedatives     |  | 0 - 3                  | 4 - 26                            | 27+                               |
| h. hallucinogens |  | 0 - 3                  | 4 - 26                            | 27+                               |
| i. opioids       |  | 0 - 3                  | 4 - 26                            | 27+                               |
| j. other drugs   |  | 0 - 3                  | 4 - 26                            | 27+                               |

### Appendix C

#### Tables and Graphs

Table 1. Referral Sources

| Referral Source                  | FY2018 |         | FY2019 |         |
|----------------------------------|--------|---------|--------|---------|
|                                  | Number | Percent | Number | Percent |
| Self                             | 101    | 41%     | 136    | 29%     |
| Other                            | 36     | 15%     | 58     | 12%     |
| Corrections/Probation            | 34     | 14%     | 53     | 11%     |
| Partnership                      | 19     | 8%      | 38     | 8%      |
| DCS                              | 16     | 7%      | 36     | 8%      |
| Clinical Provider                | 20     | 8%      | 35     | 7%      |
| Attorney                         | 13     | 5%      | 25     | 5%      |
| Choices Staff                    | 3      | 1%      | 23     | 5%      |
| Hospital                         | 18     | 7%      | 23     | 5%      |
| County Jail                      | 15     | 6%      | 18     | 4%      |
| Community Member                 | 4      | 2%      | 10     | 2%      |
| Law Enforcement                  | 3      | 1%      | 5      | 1%      |
| Data Collected on Scene          | 0      | 0%      | 3      | 1%      |
| Safety PIN                       | 2      | 1%      | 2      | <1%     |
| Emergency Medical Services (EMS) | 0      | 0%      | 1      | <1%     |
| Missing                          | 1      | <1%     | 1      | <1%     |

Table 2. Percentage of Consumers with Specific Needs

| Emergency Response Reason  | Number | Percent |
|--|--------|---------|
| Substance abuse problem  | 226    | 87%     |
| Substance abuse problem & Other mental health issue  | 14     | 5%      |
| Substance abuse problem & Suicide or self-harm (attempt or threat)                             | 5      | 2%      |
| Other mental health issue  | 4      | 2%      |
| Substance abuse problem & Overdose reversal  | 4      | 2%      |
| Substance abuse problem & Physical health issue  | 2      | 1%      |
| Substance abuse problem & Suicide or self-harm (attempt or threat) & Other mental health issue | 2      | 1%      |
| Suicide or self-harm (attempt or threat)   | 1      | <1%     |
| Missing  | 1      | <1%     |
| Total  | 259    | 100%    |

Table 3. Drug Use by Type

| Type of Drug Involved in Overdose Reversal | Number | Percent |
|--|--------|---------|
| Heroin or Fentanyl*                        | 18     | 32%     |
| Heroin                                     | 14     | 25%     |
| Prescription                               | 12     | 21%     |
| Heroin & Prescription                      | 3      | 5%      |
| Missing                                    | 3      | 5%      |
| Heroin or Fentanyl* & Prescription         | 3      | 5%      |
| Alcohol                                    | 1      | 2%      |
| Fentanyl                                   | 1      | 2%      |
| Methamphetamine                            | 1      | 2%      |
| Unknown                                    | 1      | 2%      |

**\*Heroin and Fentanyl were initially combined as one option in the Mobile Crisis Form**

Table 4. Percent of Respondents Reporting Ever Using the Listed Substance

| County   | Nmbr<br>ASSISTs | Missing | Tobacco | Alcohol | Marijuana | Cocaine | Amph | Inhalants | Sedatives | Halluc | Opioids |
|----------|-----------------|---------|---------|---------|-----------|---------|------|-----------|-----------|--------|---------|
| County 1 | 92              | 27      | 91%     | 87%     | 82%       | 68%     | 71%  | 24%       | 49%       | 47%    | 80%     |
| County 2 | 6               | 15      | 100%    | 100%    | 100%      | 83%     | 83%  | 67%       | 50%       | 67%    | 50%     |
| County 3 | 7               | 5       | 100%    | 100%    | 71%       | 71%     | 71%  | 0%        | 29%       | 50%    | 71%     |
| County 4 | 9               | 16      | 100%    | 100%    | 100%      | 78%     | 89%  | 56%       | 33%       | 67%    | 78%     |
| County 5 | 8               | 0       | 100%    | 88%     | 100%      | 63%     | 75%  | 25%       | 63%       | 63%    | 88%     |
| County 6 | 59              | 8       | 98%     | 97%     | 98%       | 66%     | 81%  | 16%       | 53%       | 45%    | 72%     |
| County 7 | 24              | 4       | 96%     | 96%     | 96%       | 78%     | 83%  | 22%       | 52%       | 39%    | 91%     |

Table 5. Percent of Respondents Who Report Having Used the Listed Substance in the Last 3 Months

| County   | Nmbr<br>ASSISTs | Missing | Tobacco | Alcohol | Marijuana | Cocaine | Amph | Inhalants | Sedatives | Halluc | Opioids |
|----------|-----------------|---------|---------|---------|-----------|---------|------|-----------|-----------|--------|---------|
| County 1 | 92              | 27      | 21%     | 25%     | 16%       | 12%     | 33%  | 2%        | 7%        | 5%     | 44%     |
| County 2 | 6               | 15      | 17%     | 33%     | 33%       | 17%     | 83%  | 0%        | 17%       | 17%    | 17%     |
| County 3 | 7               | 5       | 14%     | 14%     | 14%       | 14%     | 43%  | 0%        | 0%        | 0%     | 29%     |
| County 4 | 9               | 16      | 0%      | 33%     | 25%       | 13%     | 63%  | 0%        | 0%        | 0%     | 0%      |
| County 5 | 8               | 0       | 13%     | 13%     | 25%       | 13%     | 38%  | 0%        | 13%       | 0%     | 75%     |
| County 6 | 59              | 8       | 15%     | 15%     | 13%       | 0%      | 36%  | 0%        | 0%        | 0%     | 40%     |
| County 7 | 24              | 4       | 30%     | 35%     | 20%       | 5%      | 45%  | 0%        | 5%        | 5%     | 38%     |

Table 6. Service Connections

| Type of Service / Resource                   | Number of Consumers | Percent of Consumers |
|--|---------------------|----------------------|
| Inpatient Treatment                          | 58                  | 44%                  |
| Natural Supports                             | 52                  | 39%                  |
| Support Group/Meetings                       | 52                  | 39%                  |
| Narcan Distribution                          | 32                  | 24%                  |
| Intensive Outpatient (IOP)                   | 24                  | 18%                  |
| Detox  | 19                  | 14%                  |
| Outpatient Treatment                         | 18                  | 14%                  |
| Insurance/Medicaid/Medicare                  | 18                  | 14%                  |
| Mental Health Provider                       | 15                  | 11%                  |
| Sober Living                                 | 14                  | 11%                  |
| Employment                                   | 14                  | 11%                  |
| Medication Assisted Treatment                | 12                  | 9%                   |
| Housing                                      | 8                   | 6%                   |
| Transportation                               | 7                   | 5%                   |
| Other  | 6                   | 5%                   |
| HIV/HEP Testing                              | 5                   | 4%                   |
| Food   | 3                   | 2%                   |
| Township Trustee                             | 2                   | 2%                   |
| Child Care                                   | 2                   | 2%                   |
| Attorney/Legal Aid                           | 2                   | 2%                   |
| Emergency Medical Care                       | 2                   | 2%                   |
| Transitional Living                          | 1                   | 1%                   |
| Educational Assistance (GED, Training, Etc.) | 1                   | 1%                   |
| Pregnancy Supports/Resources                 | 1                   | 1%                   |
| Parenting Education                          | 1                   | 1%                   |