



Funded by the Office of National Drug Control Policy
and the Centers for Disease Control and Prevention

NEW YORK ORS TEAM

Advancing Post Overdose Responses in NYS

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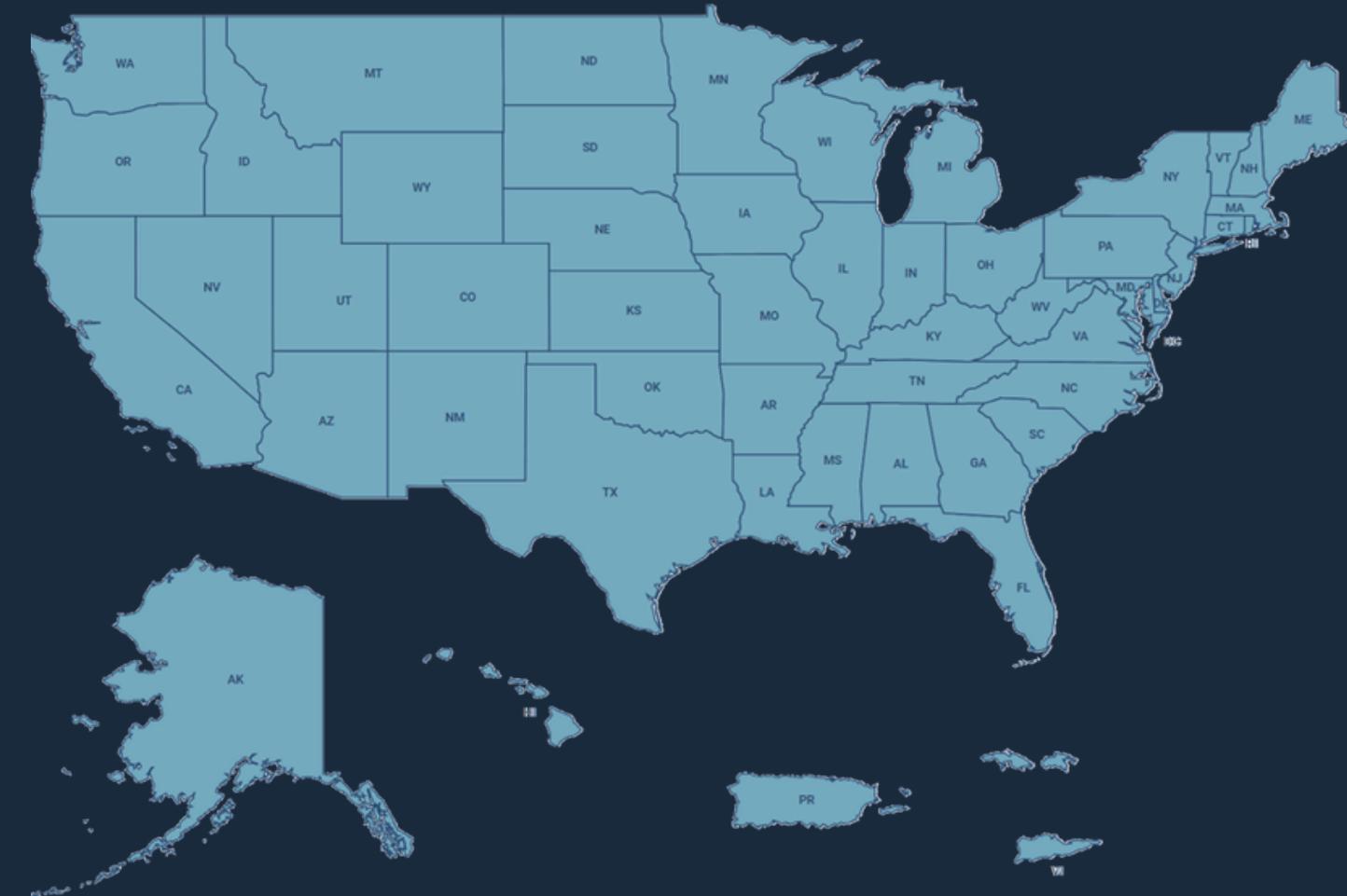


Federal Acknowledgement

This presentation is supported in part by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$11,000,000 for Capacity Building for the Overdose Response Strategy with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS, the U.S. Government, or the CDC Foundation.

WHAT IS THE OVERDOSE RESPONSE STRATEGY (ORS)?

- An unprecedented and unique collaboration between public health and public safety funded by Centers for Disease Control and Prevention (CDC) and Office of National Drug Control Policy's (ONDCP) High Intensity Drug Trafficking Agencies (HIDTA) and CDC Foundation.
- A two-person team of a Public Health Analyst and Drug Intelligence Officer in all 50 states, the District of Columbia (DC), Puerto Rico and the U.S. Virgin Islands.
- Help communities reduce fatal and non-fatal drug overdoses **by connecting public health and public safety agencies, sharing information and supporting evidence-based interventions.**





NEW YORK ORS TEAM



LISA WORDEN

*ORS Public Health Analyst (PHA)
CDC Foundation*

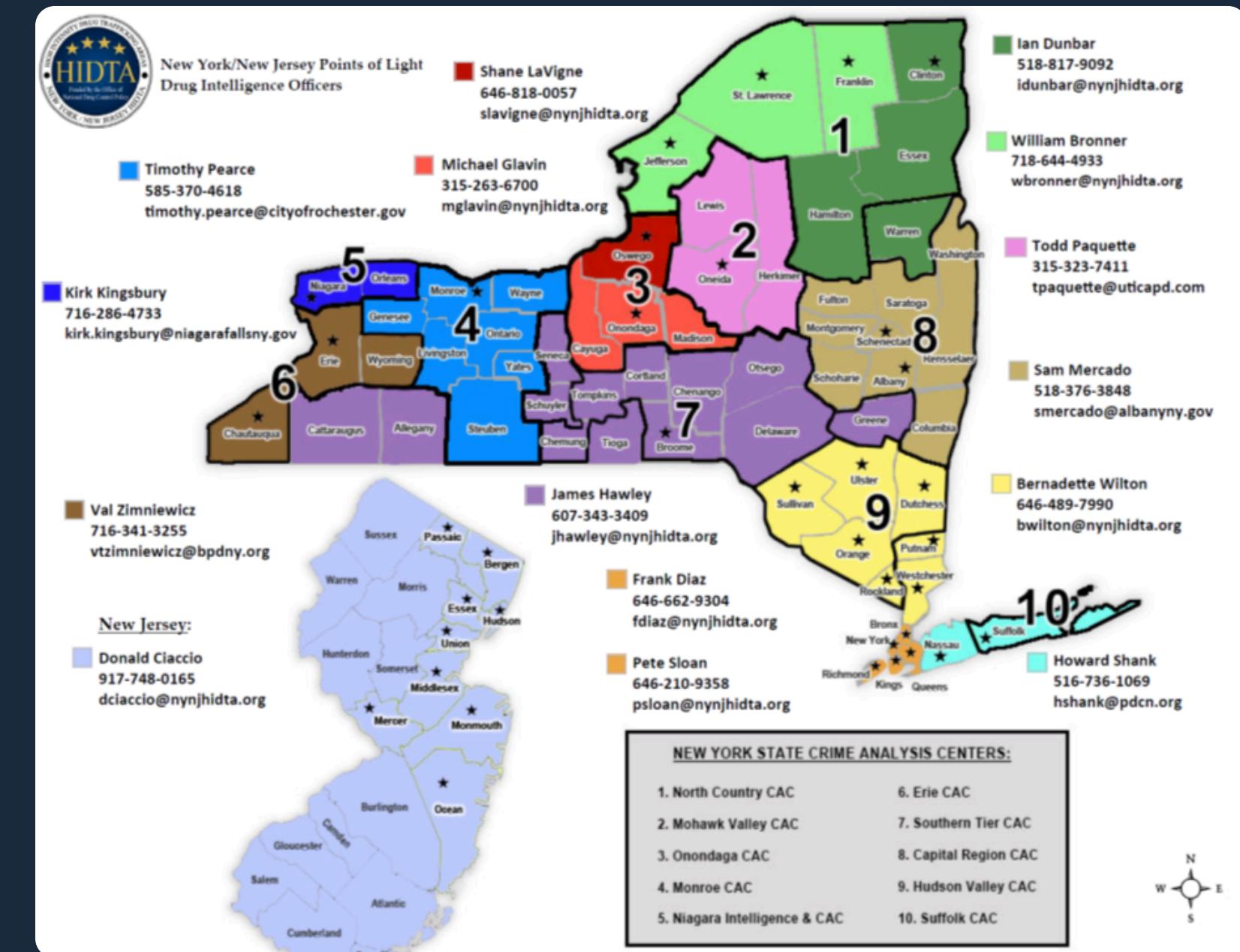


JIM HAWLEY

*ORS Drug Intelligence Officer (DIO)
NY/NJ HIDTA*

OUR PARTNERS

- NY/NJ High Intensity Drug Trafficking Area (HIDTA) Drug Intelligence Officers and Analysts (“Regions/Teams”)
 - Strategically positioned in regional crime analysis centers and law enforcement agencies across the state
 - Not ORS staff, but aligned to support NY ORS Team
- CDC and CDC Foundation
- ORS Network and other federal and national organizations
- New York State Division of Criminal Justice Services (DCJS) Crime Analysis Centers (CAC)
- New York National Guard (NYNG)
- New York State Department of Health (NYSDOH)
- New York State Association of County Health Officials (NYSACHO)
- Host of other local, state and national public health, overdose prevention, behavioral health, community-based organizations and public safety agencies



NY ORS STRATEGIES

- Collective focus at intersection of Public Health and Public Safety (PH/PS)
- Support overarching goal to reduce overdose deaths
- Framework for prioritizing initiatives that leverage communities' existing resources (i.e., "quick wins")



1 Enhancing Real-time Overdose and Drug Trend Surveillance to Support Data-Driven Local Responses



3 **Promote Peer Linkages to Low-Barrier and Evidence-Based Care**



5 Promote Implementation of Overdose Fatality Reviews



2 Promote Local Multi-Disciplined PH/PS Partnerships with Meaningful Engagement of People with Lived/Living Experience



4 Expand Access to Naloxone

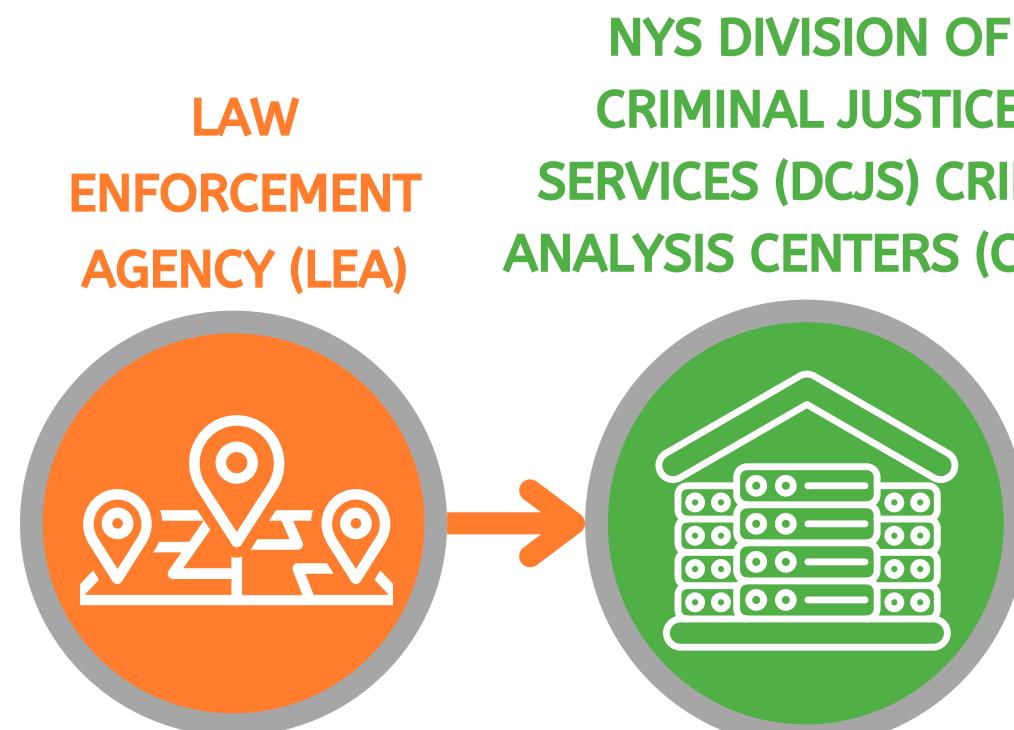


6 Implement Evidence-Based Primary Prevention Initiatives Targeting Youth

Source: NY ORS Team Environmental Scan Report

POST OVERDOSE RESPONSE PILOT MODEL

NYS Overdose Response Strategy (ORS) Team - October 2024



- Agency enters overdose incident data into ODMAP to include agency's records management system case number to facilitate data collection for post overdose outreach program (Note: if using a non-law enforcement API (application programming interface) for ODMAP (Overdose Detection Mapping Application Program), a list of overdose incidents can be compiled in a spreadsheet for sharing)



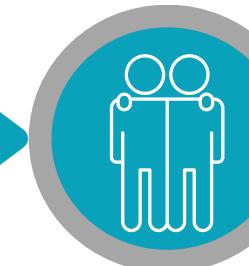
- DCJS and NY/NJ HIDTA DIOs and Analysts (positioned at the 11 CACs across the state) with support from the NYS ORS Team, work to obtain buy-in from LEAs to collect and share agency individual level information from record management systems on persons who have experienced an overdose*
- Shares overdose survivor information with SSP/Harm Reduction Agency in shared file (i.e., OneDrive) for post overdose follow up
- Flags repeat overdoses (high-risk) for priority follow up

*Some NY National Guard Analysts positioned at CACs also support this work.



- Receives referrals
- Coordinates and deploys peer support specialists for post overdose follow up response
- Tracks outcomes, issues and trends in aggregate and routinely shares with Community/Public Health and Public Safety Partnership
- Collaborates with NYS ORS Team to conduct evaluation activities

PEER SUPPORT SPECIALISTS



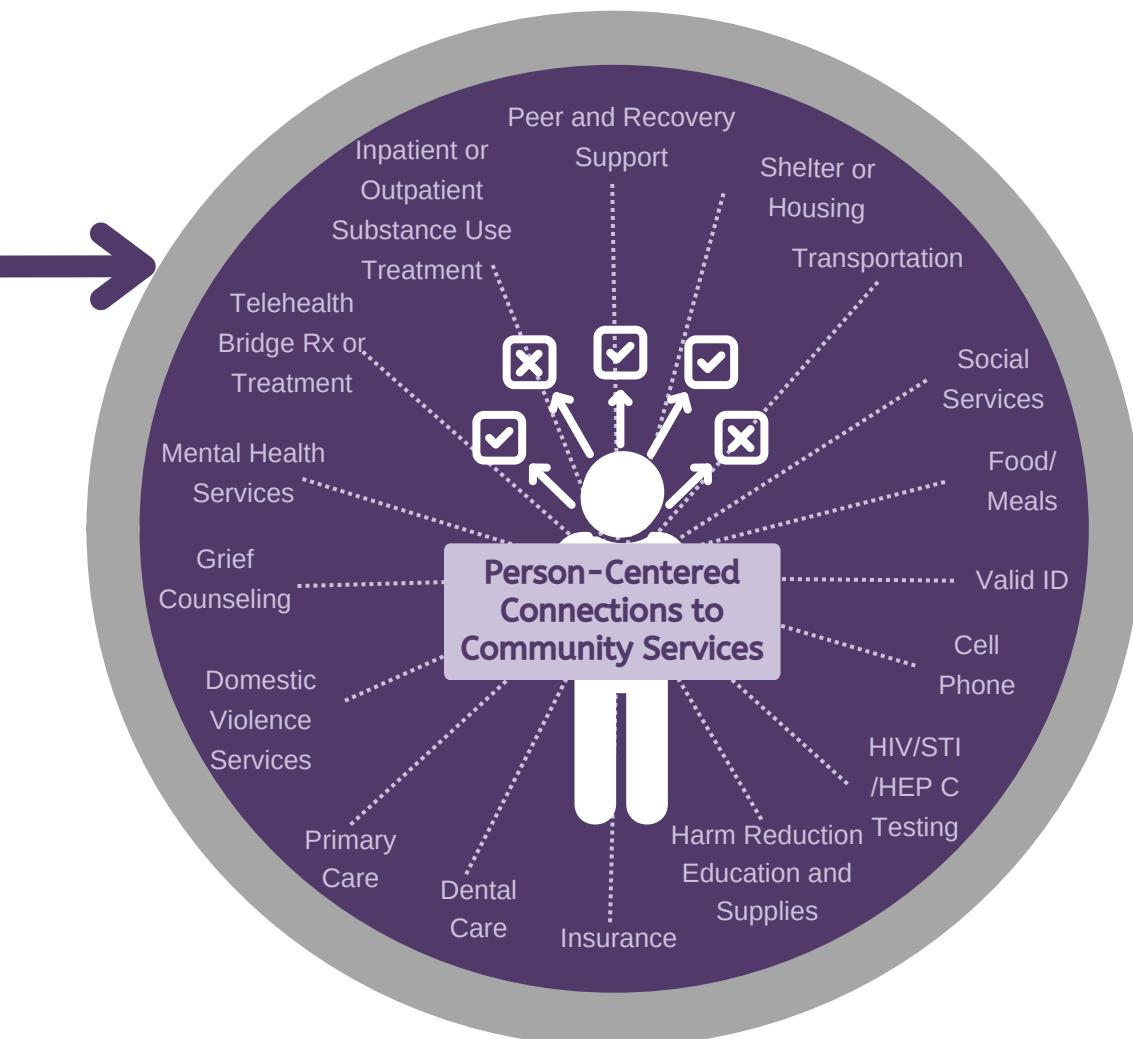
- Conducts post overdose follow-up (home visit) within 24-72 hours
- Conducts screening and connects to services and care as applicable

COMMUNITY PARTNERSHIP



- Reviews and discusses aggregate data and information on outcomes, success stories, needs, barriers and trends
- Identifies strategies to address needs, trends and inequities, reduce barriers to care and improve responses
- Uses information for public education/awareness and/or advocate for funding/resources

OVERDOSE SURVIVOR



Continuous Engagement Minimum 30-60-90 Day Follow Up

NOTE:

- Some referrals will be unreachable or decline engagement
- Peers may also use telephone, social media and/or street outreach to reach individuals who are difficult to locate

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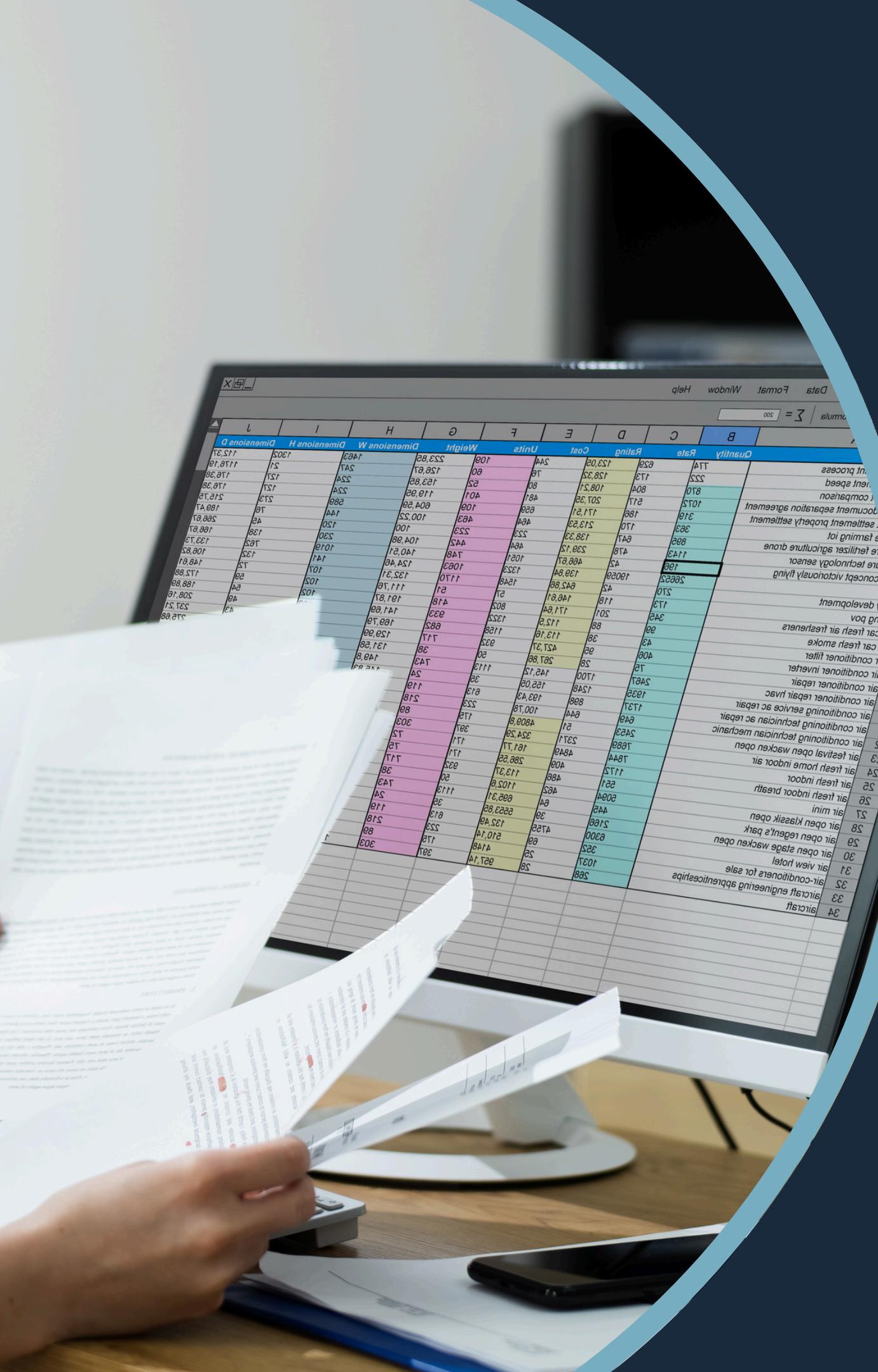
POST OVERDOSE OUTREACH: LAW ENFORCEMENT DATA COLLECTION AND REFERRAL PROCESS

Oneida and Oswego Counties

*SSG Cory White, NYNG and Todd Paquette, NY/NJ HIDTA
DIO - Mohawk Valley Crime Analysis Center*

*Shane Lavigne, NY/NJ HIDTA DIO, Oswego County
PHAST - Onondaga County CAC*

- Post overdose outreach program start
- Leadership/partnership structure and meeting cadence
- Overdose data collection and referral process
- Reporting timeframe
- Encounter details
- Identifying vulnerable individuals
- Number of referrals
- Time and effort
- Feedback from police departments



POST OVERDOSE OUTREACH: PEER OUTREACH OUTCOMES

Oneida and Oswego Counties

Megan Flanders, HBL Coordinator and Liz Wright, SEP Coordinator, ACR Health

- Outreach team members
- Outreach initiation
- Types of connections to care
- Resources and education provided
- Number of linkages
 - Oneida and Oswego
- Common barriers to care
- Confidentiality
- Coordination with the HIDTA Teams (locating individuals, verifying information)
- A success story



LESSONS LEARNED

- Realistic expectations; engagement as a measure
- Partnership and collaboration benefits
- Team approach to addressing barriers to care
- Identifying real-time trends for information sharing, public education, spikes and clusters, etc.
- Cross-sector learning
- Sharing outcomes and successes
- Leadership and coordination

