



DASA Opioid STR – Warm Hand-Off Services

The opioid crisis in Illinois has resulted in an increase in opioid-related emergency department and hospital visits across the state. To address this issue, one of DASA's Illinois Opioid-STR projects supports OUD screening, recovery coaching, and “warm hand-off” services to persons presenting in hospital emergency room and medical detox departments.

The general objectives of the DASA Opioid STR Warm Hand-Off Services project are designed to reduce barriers for opioid users to access substance use disorder treatment, primary care services and enhance opportunities for long term recovery. The goals are as follows:

1. Identify hospital detox and emergency room patients who are willing to accept the next appropriate level of substance use disorder treatment using the evidenced – based practice Stages of Change Model before discharge.
2. Work with the hospital's medical team to create a continuing care plan for individuals who present with heroin or other illicit opioid use.
3. Provide preliminary level of care placement for patients ready to enter community based treatment.
4. Link individuals with co-occurring mental health and substance use disorders to mental health services.
5. Transport willing patients from hospital site to substance use disorder treatment programs.
6. Link individuals to recovery support services.
7. Link individuals in substance use disorder and recovery support treatment to follow-up primary care services.
8. Provide Medication Assisted Treatment (MAT) as appropriate.

The FGC Warm Hand-off counselors located on site at the hospitals, screen patients to determine readiness for change and willingness to enter substance use disorder treatment by utilizing the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES). This instrument yields three factorially-derived scale scores: Recognition (Re), Ambivalence (Am), and Taking Steps (Ts). Client motivation for change is an important predictor of treatment compliance and eventual outcome. The SOCRATES assists the FGC clinicians with information necessary for treatment planning.

For patients who are not willing to accept substance abuse treatment, the FGC counselor provides Brief Intervention services during the patient's hospital stay and will make efforts to follow up with these patients, especially upon any future admissions to the hospital.

Brief Intervention is a distinct service intervention that seeks to help patients understand how their substance use puts them at risk and to encourage them to reduce or give up their substance use and to accept additional treatment.

For patients who screen positively for readiness, the FGC counselor will:

1. Continue to provide Brief Intervention Services while the patient remains in the hospital;
2. Complete a substance use disorder and mental health preliminary level of care assessment prior to discharge from the hospital;
3. Directly provide or make arrangements for transportation from the hospital to the treatment program (immediately upon discharge);
4. Make arrangements for psychiatric evaluations, if necessary;
5. Provide engagement support for patients at risk of relapse.

As patients transition from one level of care to another, the FGC counselor will also;

- 5) Secure recovery home services, if needed; and
- 6) Secure other recovery support services, as needed.

FGC Warm Hand-Off statistics since July 1, 2017

St. Bernard Hospital	116 warm hand-offs	81 remain in treatment
Thorek Hospital	116 warm hand-offs	101 remain in treatment
Methodist Hospital	120 warm hand-offs	109 remain in treatment

82% retention rate