MCORT
MONTGOMERY COUNTY
OVERDOSE RESPONSE TEAM

A public safety response-focused collaboration between the
Department of Public Safety
and
Access Services

Office of the Medical Director

AGENDA

• Program philosophy and overview (20 minutes)
• Introduction of MCORT team (10 minutes)
• Open forum / questions and answers (20 minutes)
MIH IN ACTION

• The Mobile Integrated Health (MIH) Team was originally built with the concept of supporting EMS and Law Enforcement with some of the most complex patients.

• The Montgomery County Overdose Team (MCORT) is the program created within the MIH team to fill gaps for patients who require complex access to care and services in addition to the 9-1-1 system, such as:
  • Individuals with Substance Use Disorder (SUD)
  • Individuals with Mental and Behavioral Health (MBH) challenges
  • Frequent Utilizers of the 9-1-1 system

• MCORT is created to SUPPORT first responders, not take away from call volume or billable transports.

• MCORT can be utilized in an opt-in tier system including co-responder to specific calls to referral-based follow up.

MIH / MCORT PHILOSOPHY
WHY DO WE NEED THIS PROGRAM IN MONTGOMERY COUNTY?

• There is a clear need for a rapid referral program to long-term treatment and stabilization resources in the county. For some time, acute resources have relied heavily upon hospital transports as the only solution to these long-term and nuanced situations.

• With the numbers of individuals experiencing substance use disorder increasing nationally and locally, MCORT is designed to enable singular focus on these vulnerable populations facing SUD and BH challenges.

• MIH has strategically aligned itself by engaging with multiple partners to urgently respond to individual with SUD who have had an overdose event with the goal of streamlining access to long-term treatment and recovery options.

WHO MAKES UP THE MCORT TEAM?
OUR STRENGTH IN PARTNERSHIP

• Primary EMS and Law enforcement responders
  • First point of contact
  • Identify and refer potential clients for engagement
  • Emergency transport to hospital if needed or accepted

• DPS: Mobile Integrated Health - Community Paramedic (MIH-CP)
  • PA Certified Paramedic with medical command through the Department of Public Safety's Office of the Medical Director
  • Additional training in crisis intervention
  • Mental Health First Aid

• Crisis Worker
  • Crisis worker employed by Access Services
  • Additional training as a Certified Recovery Specialist
  • Has lived experienced as a person in recovery

The synergy of this team enables patient-centered focus on an individual with complex behavioral health needs.
• How does this look on the street? (Tiered Opt-In)

- Depending on the level of service requested by the referring EMS or police agency, MCORT has varying levels of involvement.

  - URGENT / NEXT BUSINESS DAY:
    - In cases where patients are received through web and telephone referral, MIH will follow-up non-emergently on the back end of an EMS or police interaction to offer patient and family-centered support.
    - Patient engagement may be less given delay from overdose event to CRS engagement.

  - SITUATION-BASED RESPONSE:
    - EMS – MCORT team can be requested through to engage for patients who have experienced an overdose event but refuse transport to the hospital.
    - LE – MCORT team can be requested to engage when a LEO has an encounter with an individual with SUD who may benefit from acute referral to a treatment center.
    - Arrival on-scene may be delayed due to geography.

  - MOD CO-RESPONSE:
    - In municipalities where regions have agreed to have the MCORT team co-respond, the team will be dispatched along with primary EMS and LE response to overdose events (MOD). The primary EMS team will retain primary engagement with the patient and, once on-scene, the MCORT team will remain off-to-the-side until signaled to engage by the primary EMS agency who has been caring for the patient.
    - MCORT team will respond at non-emergency speed so will very likely arrive after primary EMS agency has had a chance to engage with patient fully.
    - EMS remains primary lead on patient care and engagement.

- MCORT Rules of Engagement

  - MCORT team engages when the EMS call ends:
    - Primary EMS agency should manage patient as usual. MCORT team will take cues from primary EMS team and assist with any aspects of patient care as requested.
    - If patient refuses transport to the hospital, EMS agency should follow normal refusal processes.
    - MCORT engagement can then begin after the patient refuses transport.
    - MCORT team can be recalled at any time by primary EMS agency.

  - MCORT team will remain off to the side until signaled to engage by primary EMS responders.

  - If patient requires emergency transport to the hospital, primary EMS team will perform the transport.

  - MCORT team will assist EMS with efforts to encourage patient to accept transport to the emergency department.

  - If patient accepts transport to the hospital, CRS can provide family support on-scene if appropriate as well as follow-up with patient at the hospital.
INTRODUCING THE TEAM

SHANE MADDEN, BA, CRS
LEAD CRISIS WORKER & CERTIFIED RECOVERY SPECIALIST
ACCESS SERVICES

SAM BARRISCELL, BS NRP
MOBILE INTEGRATED HEALTH COORDINATOR
MONTGOMERY COUNTY DEPARTMENT OF PUBLIC SAFETY

MEDICAL CAPABILITIES

- Credentialed PA paramedic with unrestricted medical command
- Cardiac monitoring
  - 12-lead EKG, defibrillation
- Oxygen & associated airway management supplies
- Common ALS-level medications
  - Symptomatic relief of symptoms associated with overdose
- Blood glucose monitoring
- Rapid COVID-19 antigen testing
- Leave-behind naloxone supplies and teaching
CRISIS WORKER AND CERTIFIED RECOVERY SPECIALIST CAPABILITIES

- Direct client engagement and support from an individual with lived experience
- Family guidance and counseling
- Facilitate warm-handoff to treatment facility
- Additional emphasis on culturally competent communication with patients
- Continued engagement and with individuals after the call ends

HOURS OF OPERATION

- Goal: 7 days a week 365 days/year from 0800-0000
- Current staffing ability: 1200-2000 hours M-F
LIMITATIONS

Hours and days of coverage
Limited staffing
Facility / Bed openings
Response timing
(co-responder vs. referral-based)

STAGED IMPLEMENTATION STRATEGY
CONTACTING THE MCORT TEAM FOR PATIENT REFERRALS

- Urgent / Next Day Referral
- Web-based form on DPS webpage - https://forms.office.com/r/2za1VrmRXK
- Leave voicemail at (610) 631-3079

Situation-Based Response
- Request via ECOMM ("Dispatch the MCORT Team")
- 10-digit phone number (pending)
- Co-response -- (after opt-in agreement by EMS and/or LE)
  - MCORT team will sign-on to via EMS Hail when responding to your call

OPEN FORUM / Q&A

- Conversation Starters
  - General Questions
  - What other services would you like the team to provide?
NEXT STEPS

- We are ready to handle urgent / next business-day referrals MCORT referrals starting now
- Access by leaving a voicemail at 610-631-3079
- Web-based referral form - https://forms.office.com/r/Zza1VrmRKX
- Situational response and co-response will be available starting Monday 9/12/2022
- A post-presentation email will be sent to you later today for your feedback and to opt-in to the program

THANK YOU!

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