Caring for Community During and After an Overdose

Housing WA

October 20, 2026

Agenda and Presenters:

- **Overdose Recognition and Response**

  Sean Hemmerle, Washington State Department of Health

- **Post-overdose Survival Toolkit for Loved Ones**

  Sarah Melfi-Klein, Washington State Health Care Authority

- **Opioid Recovery & Care Access (ORCA): A New Model for Post-Overdose Care**

  Callan Fockele, MD, MS, Downtown Emergency Services Center

What is harm reduction?

- Policies, programs and practices that aim to reduce the harms associated with drug use.
  - A spectrum of strategies including safer techniques, managed use, and abstinence
  - We accept that people sometimes continue to use drugs regardless of punitive or other consequences, so we attempt to help them reduce risks and/or make any positive change
  - We meet people where they're at, and celebrate any positive change (with the change being determined by the person attempting to make the change)
  - A harm reduction approach can also be taken when addressing other concerns (e.g., diet, gambling, sexual practices)

Harm Reduction Principles | National Harm Reduction Coalition



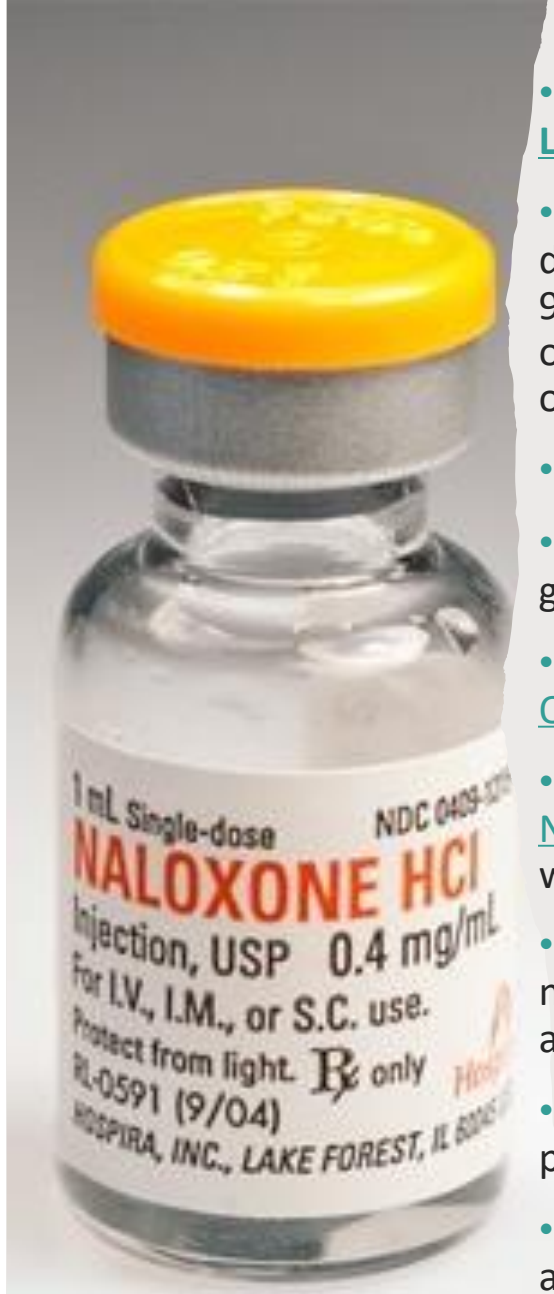
OVERDOSE RECOGNITION AND RESPONSE HOUSING WA, 2026

October 20, 2026

Washington State Department of Health

Goals for today

- Naloxone access in WA
- Opioid overdose recognition and response
- Post-overdose care
- Stimulant overdose response



- **2010**- Washington State Good Samaritan Law enacted!
- Offers protections against prosecution for drug use, possession and underage drinking if 911 is called for medical help during an overdose. Possible exceptions include persons on Dept. of Corrections supervision.
- **2015**- Washington State "Naloxone Law"
- **2019 (April)** - WA DOH OEND Program goes live.
- **2019 (September)** - Statewide Standing Order enacted .
- **2022**- WA DOH Statewide Mail Order Naloxone Program enacted in partnership with the People's Harm Reduction Alliance.
- **2023**- NARCAN® , RiVive™ and a generic nasal naloxone product (Padagis®) are approved for over-the-counter sale.
- All **Medicaid** plans in WA cover the out-of-pocket cost of naloxone kits for the patient.
- For health plans issued or renewed on or after 1/1/20, insurance must offer coverage without prior authorization.



What is an opioid overdose?

Opioid overdose

An ***overdose*** occurs when a toxic amount of one or multiple drugs overwhelms the body

During an ***opioid overdose***, this primarily affects the victim's ability to breathe

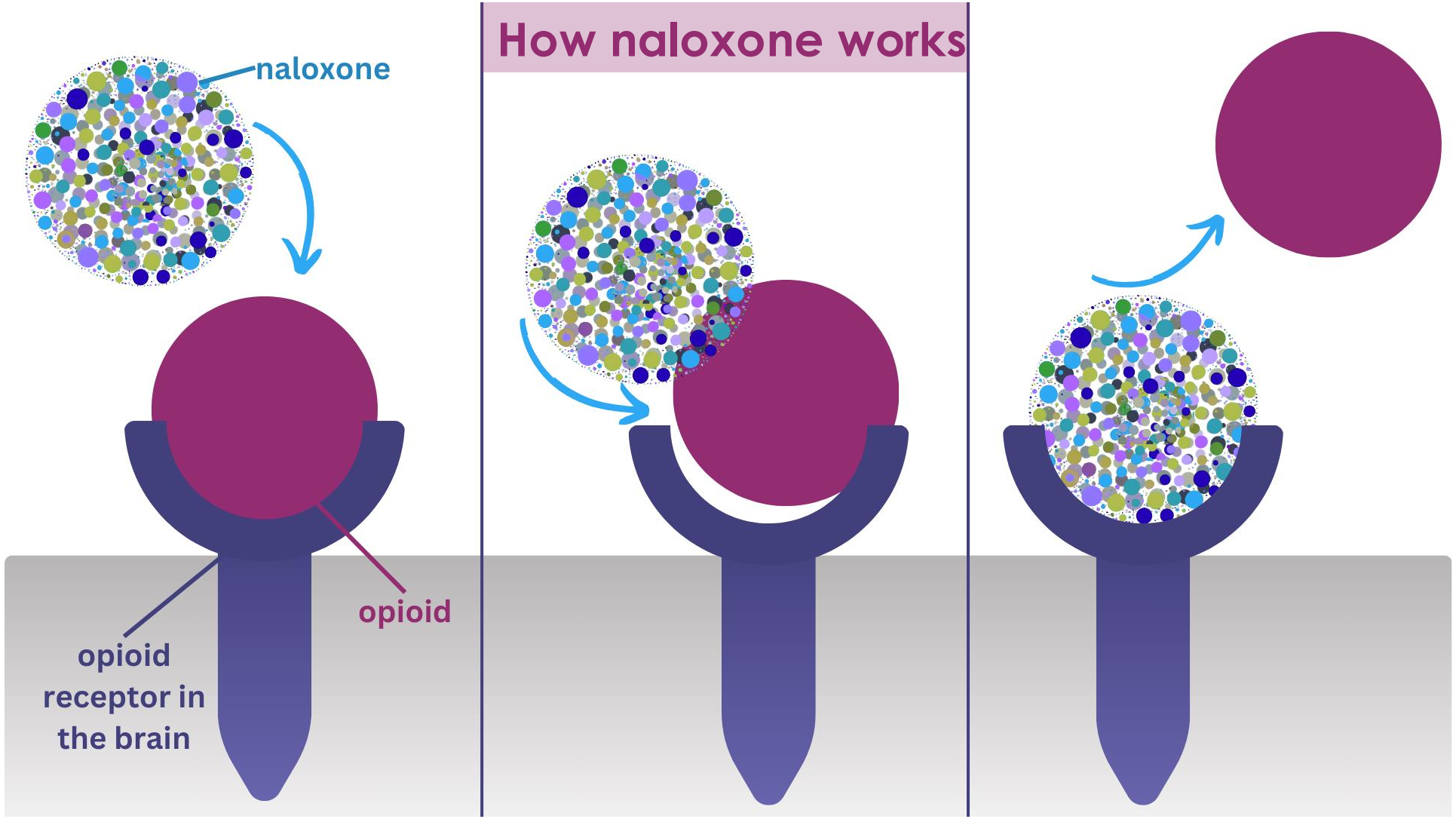
Certain receptors – mu opioid receptors – in the brain become overwhelmed and breathing becomes suppressed

Opioid overdose response

The goal is to help the person experiencing the overdose start breathing on their own again ***as quickly as possible***

Administer naloxone ***as soon as it is determined*** someone is experiencing an opioid overdose

At first glance, it may be difficult to tell the difference between a "nod" and an overdose


How naloxone works
naloxone
opioid
opioid receptor in the brain



REMEMBER- If a person shows the signs and symptoms of an opioid overdose, administer naloxone ***regardless of what drug you think the person took!***

Risk factors associated with opioid overdose

Periods of abstinence/recently released from substance use treatment
***Polysubstance use (*especially alcohol and benzos*)
Being recently released from jail/prison
Due to fentanyl's half life, the need to use more often throughout the day and night
Route of administration (e.g., injection, smoking, snorting)
Using street drugs/illicit drugs of unknown purity or origin
***Using alone
Having a history of drug overdose
Having other, non-drug use related ailments (diabetes, COPD, etc.)



48
Overdose Detections/911 Activations

51,142+
Use Events Supervised

18,394+
Calls Received

55
Hotline Operators

What are the signs of an opioid overdose?

1

Blue fingernails and/or blue lips, sometimes grey or white lips on a person of color

Indicates a lack of oxygen circulating through the body

2

Struggling to breathe, or not breathing at all

"Death Rattle"

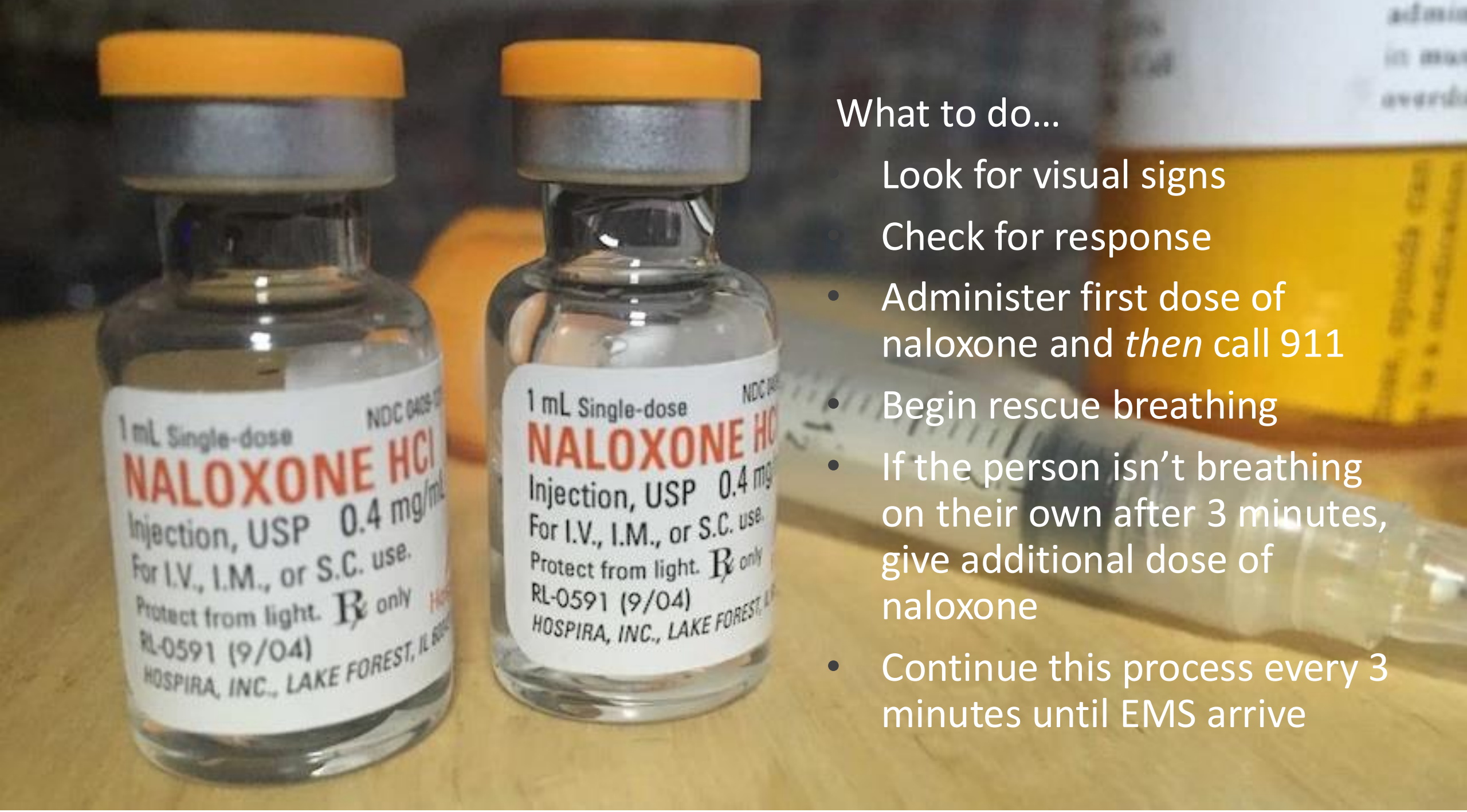
Snoring sound, person experiencing the overdose is attempting to breathe

Usually, the best visual indicator that someone needs help

3

Unresponsive to external stimuli

No reaction to sternum tap/rub, shaking or yelling their name

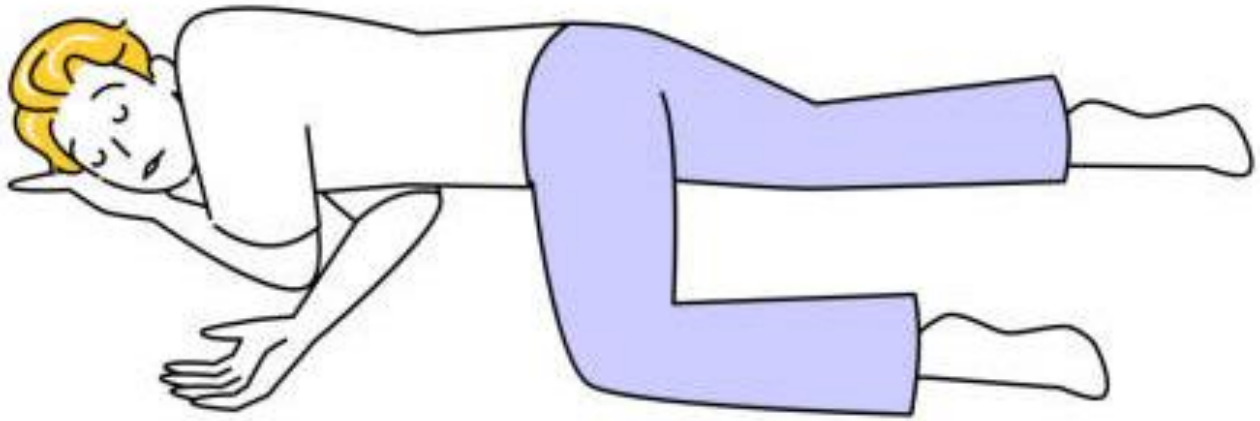


What to do…

- Look for visual signs
- Check for response
- Administer first dose of naloxone and *then* call 911
- Begin rescue breathing
- If the person isn't breathing on their own after 3 minutes, give additional dose of naloxone
- Continue this process every 3 minutes until EMS arrive

Recovery position

Bring the lower jaw forward to secure the trajectory.



Bend the elbows of both arms
and place the back of the upper hand under the face.

Bend the upper knee to 90 degrees and try not to fall backwards.

Once the person is breathing on their own

Stay with them

Naloxone wears off after 30-90 minutes

They might stop breathing again once the naloxone wears off

Help them formulate a plan

Make sure they have more naloxone available

Have them wait until the naloxone has worn off

Make sure they will have someone with them when they use/share Safe Spot info

Start with a small amount, go low and slow

If unsure about their condition, take them to the hospital

They might need closer observation

If you must leave the person, put them in the recovery position



- Keep at room temperature as often as possible
- Keep the medication out of the sunlight
- Pay attention to the expiration date

Things to consider regarding exposure to fentanyl

- You **can't overdose** just by touching fentanyl. In fact, there are no confirmed cases of overdose from touching fentanyl powder or pills.
- Current research shows that fentanyl use in public places, such as buses and trains, **does not produce enough contamination** on surfaces to cause other passengers to overdose.
- If you think you might have touched fentanyl, wash your hands with(**non-alcoholic)** soap and water as soon as possible. ***Avoid touching your face- especially the eyes, nose, or mouth.***
- Remember, **fentanyl *is* an opioid**. Naloxone works on fentanyl-related overdoses.

Interesting reads re: Incidental Fentanyl Exposure

- Fentanyl Exposure in Public Places (2023) Guidance from WA DOH's Regional Medical Officers
- Responding to Scenes with Suspected Fentanyl or Other Opioids Present: It's Safe for Law Enforcement to Assist (2023) University of WA in partnership with WA DOH, WA HCA and WA Poison Center, guidance for first responders concerned about incidental exposure to fentanyl
- Can touch this: training to correct police officer beliefs about overdose from incidental contact with fentanyl (2021) Brief online training intervention to correct false beliefs about the "risk of fentanyl overdose under circumstances commonly encountered by police."
- ACMT and AACT Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders (2017) Position paper from the American College of Medical Toxicology (ACMT) and American Academy of Clinical Toxicology (AACT) regarding potential exposure to synthetic opioids while responding to medical calls
- Can fentanyl be absorbed through your skin? (2022) UC Davis Health toxicology expert dispels myths around fentanyl exposure
- You won't die from touching fentanyl (2023) McGill University Office for Science and Society, addresses media portrayals and other misinformation regarding fentanyl exposure
- Fentanyl Safety Roll Call Training Video (2020) Video created by first responders providing information about incidental skin contact and inhalation, also signs and symptoms of opioid OD vs. panic attack
- Fentanyl: Emergency Responders at Risk (2024) CDC guidance for first responders.
- Renton Police Officer Treated After Drug Exposure At City Hall (2020) Patch.com story about possible exposure in Renton City Hall. Contains misleading information re: risks from touching or inhaling fentanyl.
- Two Spokane officers given Narcan after being exposed to unknown substance on welfare call (2020) *Spokesman-Review* article about Spokane PD who administered naloxone to themselves in the field after believing they had been exposed to fentanyl. I spoke with one of the supervising officers with Spokane PD after this incident- to the best of his knowledge, the substance in question had not been tested and was most likely not fentanyl.
- Ohio Police Officer Accidentally Overdoses on Fentanyl After Traffic Stop (2017) Officer was given four doses of NARCAN® after he had helped arrest two suspects who were trying to "destroy evidence" found during a traffic stop. To my knowledge, it was never confirmed that the officer had opioids in his system.

What if it’s NOT an opioid overdose?

What is over-amping?

- Stimulant-related overdoses (aka, “over-amping”) occurs when your body and mind are overwhelmed by the effects of a stimulant
- Can be caused by any stimulant: powder or crack cocaine, amphetamines, pharmaceutical stimulants, Ecstasy (“Molly”), MDMA, MDA



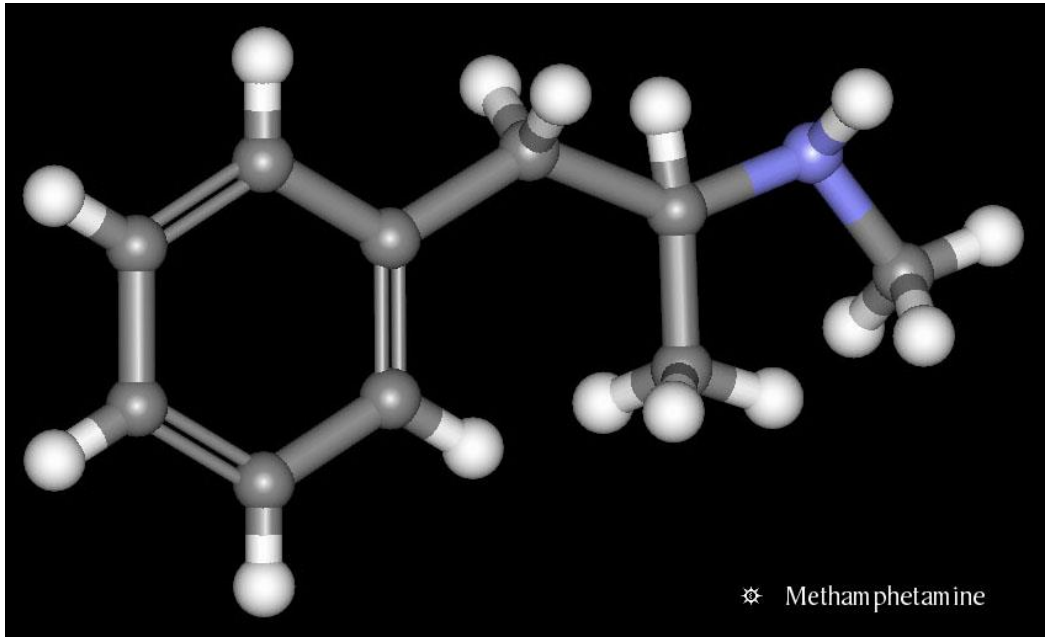


Physical signs and symptoms:

- Nausea and/or vomiting
- Falling asleep/passing out (but still breathing)
- Chest pain/tightening
- High temperature
- Sweating (often with chills)
- Fast heart rate and racing pulse
- Shortness of breath
- Grinding teeth
- Insomnia
- Tremors

Psychological signs and symptoms

- Extreme anxiety
- Extreme paranoia
- Hallucinations (visual or auditory)
- Agitation
- Aggressiveness
- Hypervigilance
- Suspiciousness



How to help someone who is over-amping

1

Remove external stimuli

No television, video games, music, or other things that forces thought or action

Do your best to get the person to a quiet, calm space

2

Hydrate and monitor body temperature

Oftentimes, the person will be severely dehydrated; this goes for stimulant users who *aren't* overamping as well

Hyperthermia (higher than normal body temp, 104° or higher) can be life threatening; symptoms include confusion, nausea and rapid breathing

3

Be supportive

Let the person know that things will get better

Remove nearby objects that could cause harm if the person is having a seizure

Ask them if they would like to go to the hospital


THANK YOU



Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.



Post-overdose Survival Toolkit for Loved Ones

Reducing harm and caring for community

- Harm reduction was born out of the spirit of care for community
- Innovation fueled by necessity during the AIDS epidemic
- Keith Cylar founded the original housing first initiative for people with AIDS who used drugs
  - *"A review of available research showed that Housing First programs decreased homelessness by 88%"**
  - *"This review concluded that Housing First was more effective [at decreasing homelessness] than programs that made treatment a prerequisite for access to permanent housing"**-2025 Homelessness in WA Report



*Yinan Peng, et al, *Journal of Public Health Management & Practice*, "Permanent Supportive Housing with Housing First to Reduce Homelessness and Promote Health among Homeless Populations with Disability: A Community Guide Systematic Review,"

Toolkit overview

Objective

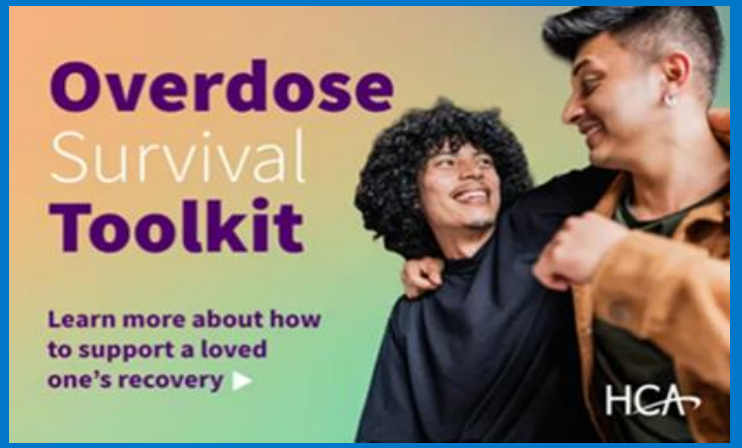
- Equip loved ones with knowledge, tools, and resources to support overdose survivors.

Format

- Digital toolkit, printable guide, and companion materials. Spanish translation in development

Target audience

- Family members, friends, and other loved ones of those who have experienced or are at risk of an overdose, particularly those with OUD.



Read the toolkit:
loom.ly/LZ8dc4Q

Washington State Health Care Authority

Toolkit sponsor



HCA, DBHR is single state authority (SSA) on substance use disorders, mental health, and opioid treatment (RCW 71.24.035)



HCA is the state Medicaid agency. Medicaid is the single largest payer for opioid use disorder treatment.



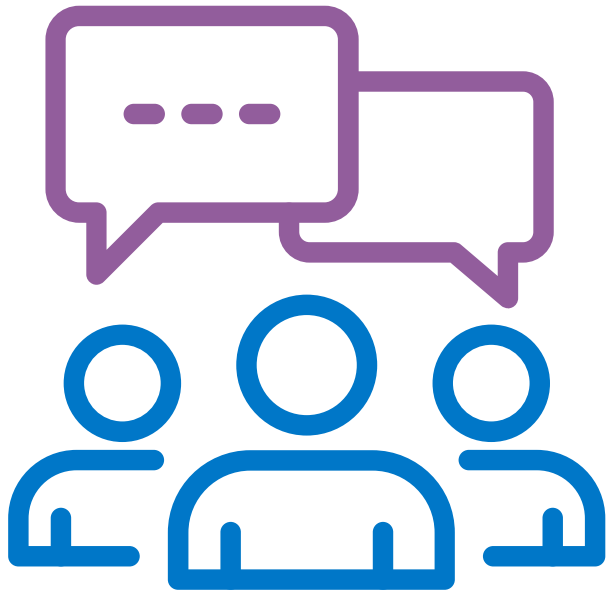
HCA manages state opioid abatement settlement funds and administers federal opioid grants and programs.

HCA informs policy related to opioid response.

Washington State Health Care Authority

Formative research: Methodology

- Combined quantitative (surveys) and qualitative methods (interviews, focus groups) to explore depth and breadth
- Iterative learning process:
  - Literature review shaped interview and focus group guides
  - Combined data from interviews and focus groups for analysis
  - Interview results shaped survey questions to fill gaps and validate themes



Key messages

Overdose is a disruptive, painful experience	• Stigma and withdrawal contribute to the trauma of overdose • Your feelings are valid
Your loved one deserves compassion and respect	• People don't need to hit rock bottom to receive care • Treatment for withdrawal is available • Overdose is not your loved one's "fault"
There are tools for you and your loved one to heal in the aftermath of an overdose	• Peer supports • Healthy boundaries vs. "tough love" • Medications are effective

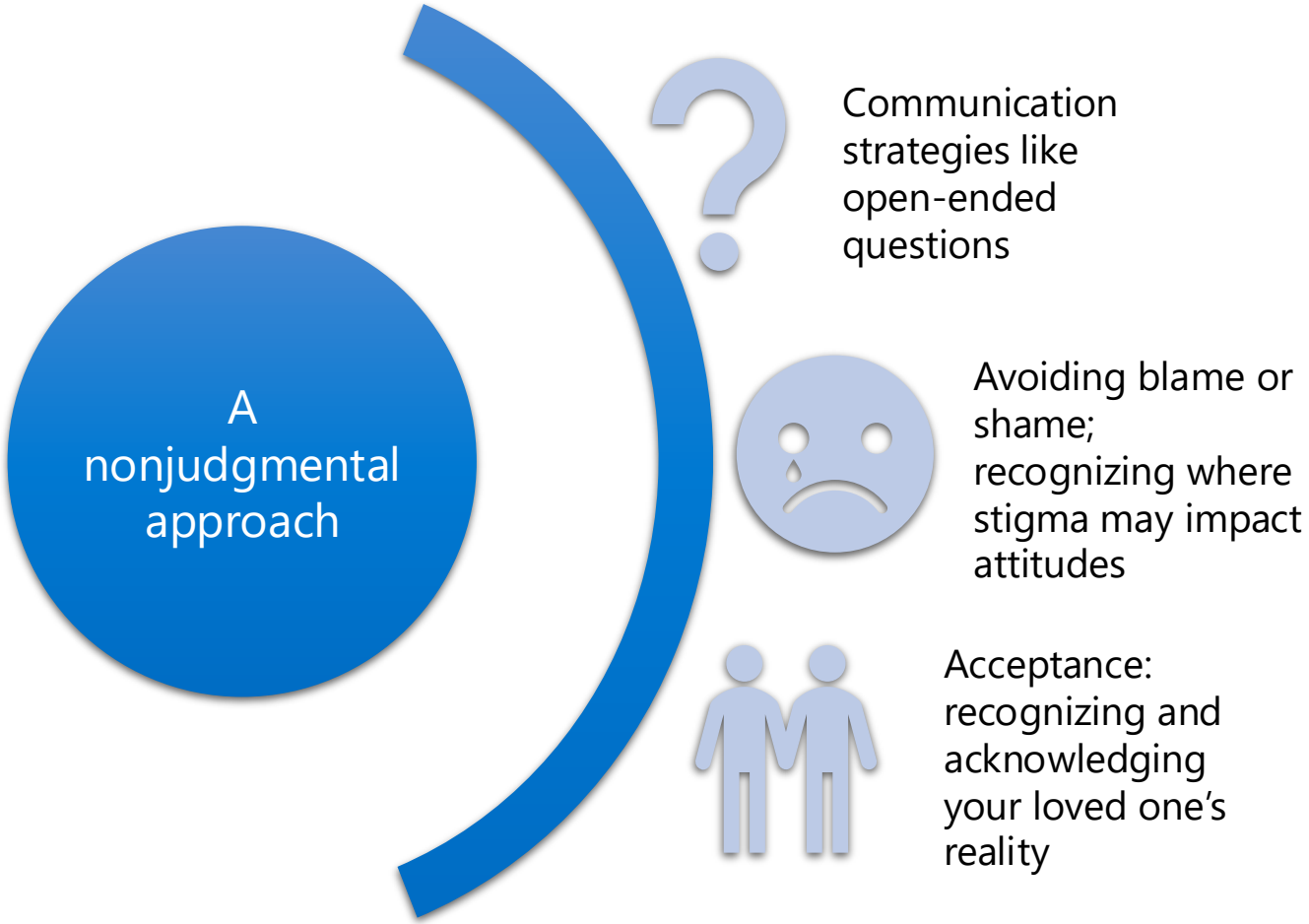
There are strategies and tools to mitigate the risk of overdose and reduce harm

Practical strategies

- Tools to reduce risk of fatal overdose:
  - Carrying naloxone and knowing how to recognize the signs of an overdose
  - Checking drugs for fentanyl or other substances
  - Checking tolerance and going slowly
  - Avoid using drugs alone
- Treatment for withdrawal is available, and should be made accessible for your loved one



Effective communication



Communication strategies like open-ended questions

Avoiding blame or shame; recognizing where stigma may impact attitudes

Acceptance: recognizing and acknowledging your loved one's reality

Washington State Health Care Authority

Addressing stigma

Systemic:

- "When drugs are made and sold without production standards, they are not predictable in dose, quality, or content. Remember that the drug supply is unpredictable, and your loved one is not to blame."

Individual:

- "Substance use disorder is a medical condition, not a moral failing."
- "As a loved one, you may use an overdose as a chance to better understand your person's relationship to drugs."



"Education and compassion are more important than ever for people who are using drugs today."

-"What's next? A post-overdose survival toolkit for you and your loved one"

More questions answered in the toolkit:

- How do I respond to an overdose?
- What is withdrawal?
- What can I expect if my loved one is admitted to a hospital after an overdose?
- Why does opioid overdose happen?
- How do I encourage change?
- Where can I find harm reduction programs?
- What are some state and national resources that can help me and my loved one?



Resource library

- Recently published accompaniment to the toolkit
- Resources identified by toolkit contributors, including authors, providers, and individuals with lived experience
- Filterable by category, target audience, and area
- Allows for continued community contribution

https://hca.servicenowservices.com/hcapublicportal?id=post_od_resource_table



Medications are effective

- There is no "one size fits all" for treatment, everyone's path looks different, and your loved one has options
- Buprenorphine and methadone have been proven to improve quality of life and health at a population level. After a non-fatal overdose, buprenorphine treatment has been associated with a 62% reduction in the risk of overdose death.[1]

Treatment for OUD without medication does not reduce risk of opioid-related death and may be more deadly than no treatment at all.[2]

1 Samples, Hillary et al. Buprenorphine After Nonfatal Opioid Overdose: Reduced Mortality Risk in Medicare Disability Beneficiaries. American Journal of Preventive Medicine, Volume 65, Issue 1, 19–29.
2 Receipt of opioid use disorder treatments prior to fatal overdoses and comparison to no treatment in Connecticut, 2016–17 (sciencedirect.com/science/article/pii/S0376871623012784?via%3Dihub)

Washington State Health Care Authority

You don't need to wait for someone to hit "rock bottom" to be supportive or offer help.

Early connection to care is crucial in mitigating harm and reducing risk. Creating a supportive environment can help people feel safe to ask for help to make a healthy change.

In the context of the current overdose crisis, a crisis point is too often deadly.

DESC

HOUSING AND HEALTH
TO END HOMELESSNESS

Opioid Recovery & Care Access (ORCA): A New Model for Post-Overdose Care

Callan Fockele MD, MS, and Lupe Hurtado, CPSS, RAAC, CCPC



DESC

Downtown Emergency Service Center (DESC) helps people with the **complex needs** of homelessness, substance use disorders, and serious mental illness achieve their **highest potential** for health and well-being through **comprehensive services**, **treatment**, and **housing**.



Permanent supportive housing x 20



Emergency housing shelters x 3



Mobile crisis team



Mental health case management
SUD counselling



Psychiatry and addiction medicine

How We Got Here

Opioid Crisis

Need for low barrier + outreach based MOUD services

Need for safe landing zone for people post overdose

Pre-hospital buprenorphine development

Development of scalable method to start MOUD


EMERGENCY
HARBORVIEW MEDICAL CENTER
UW Medicine
EMERGENCY
Main Hospital Entry
P1
Hospital Garage
P2
NJB Garage
P3
Patricia Steel Garage



+



6 hours later



MEDIC ONE FOUNDATION

CITY OF FIRE DEPT. SEATTLE



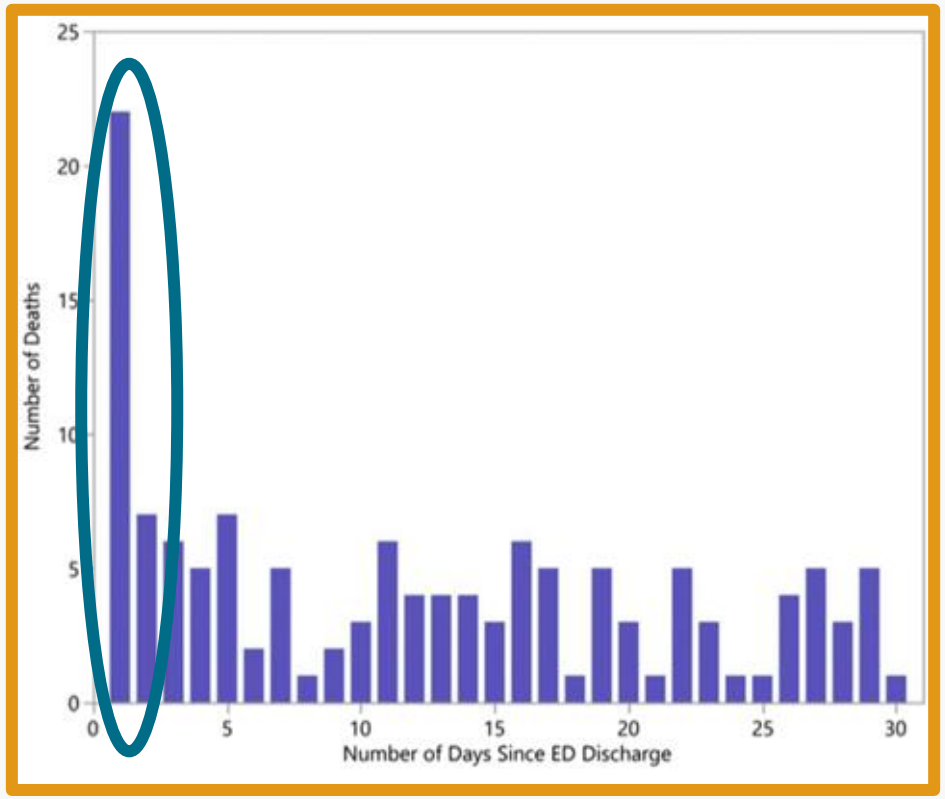
TOXICOLOGY/BRIEF RESEARCH REPORT

One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose

Scott G. Weiner, MD, MPH*; Olesya Baker, PhD; Dana Bernson, MPH; Jeremiah D. Schuur, MD, MHS

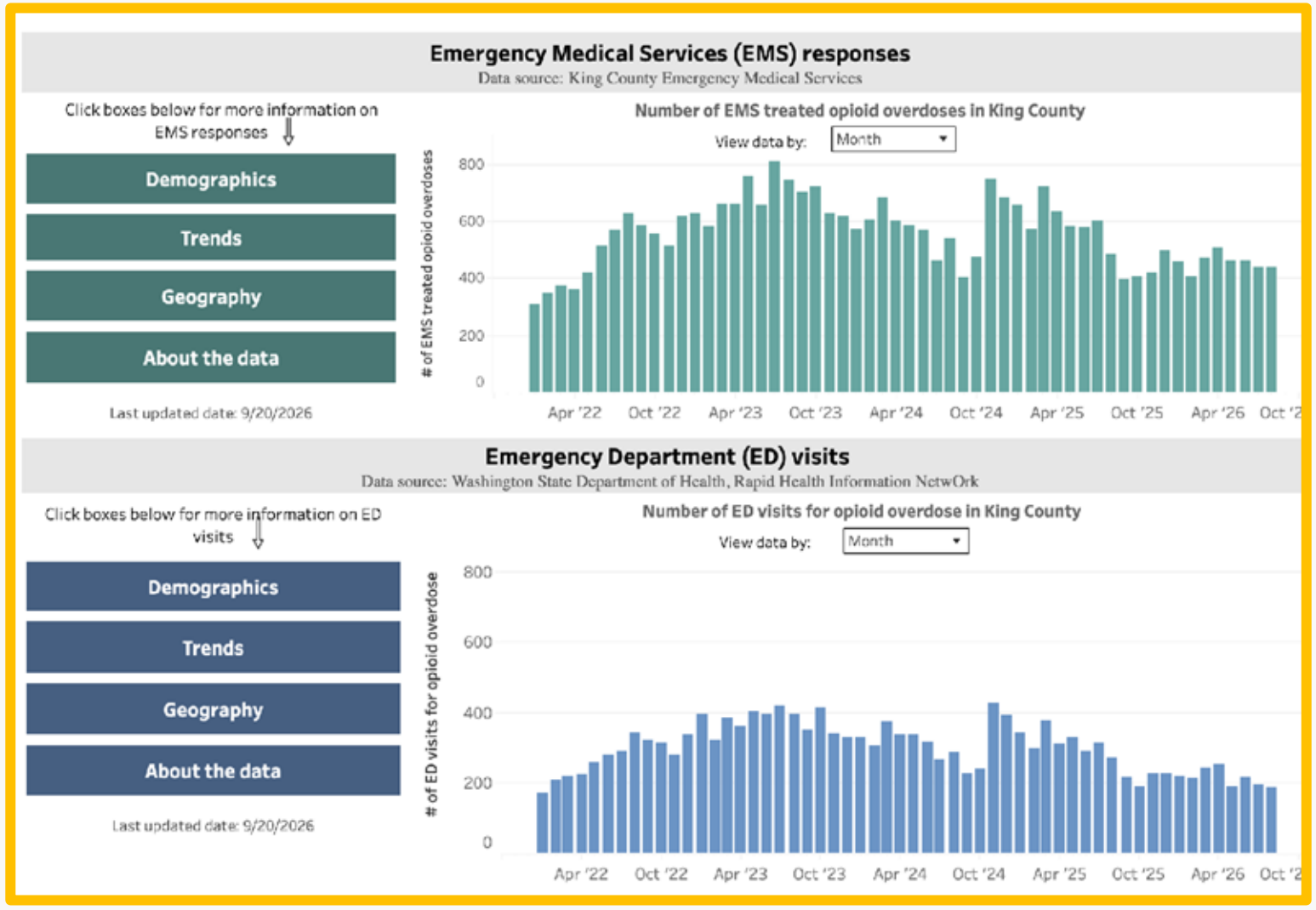
5.5% for nonfatal opioid overdose

7% for ST-segment elevation myocardial infarction treated with percutaneous coronary intervention

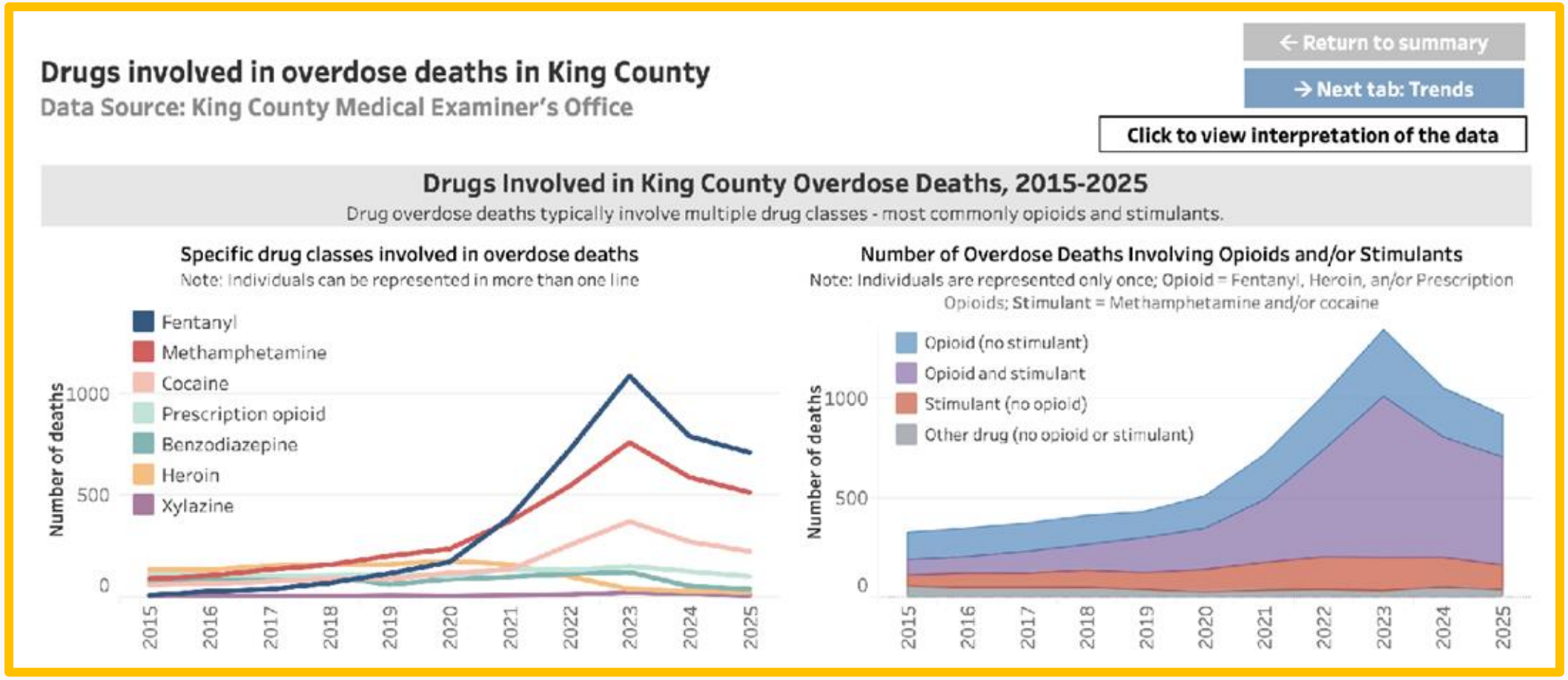


Subsequent studies indicate that the incidence of death one year after non-fatal overdose is **9.9-15.5%.**

King County Opioid Crisis



King County Opioid Crisis



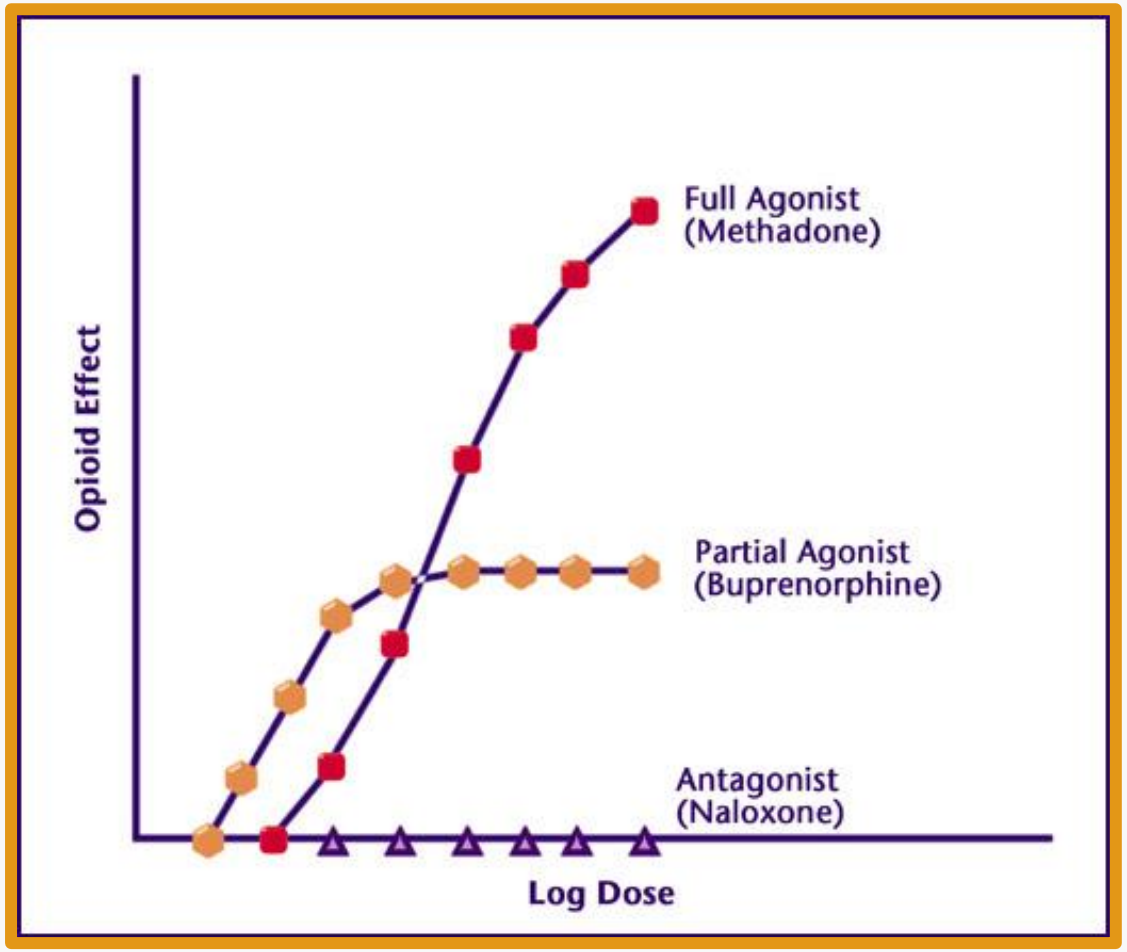
Medications for Opioid Use Disorder (MOUD)

Medications for OUD

	Mechanism of Action	Effect on mortality	Additional Notes
Buprenorphine	Partial agonist	↓ 50%	1) Available in SL daily or IM monthly 2) No training required but must submit NOI to prescribe 3) Must be in active withdrawal to start (12-48 hours no use)
Methadone	Full agonist	↓ 50%	1) HIGHLY regulated (only available at OTP, strict dosing regulations) 2) risk of QTc prolongation
Naltrexone	Antagonist	↔	1) Only IM form effective 2) Must complete withdrawal (1- 2 weeks of no use) to start

OTP=Opioid Treatment Program
NOI=Notice of intent --> https://bit.ly/BuprenorphineNOI

THE CURB SIDERS ADDICTION MEDICINE



Fentanyl changed the landscape → potent, short-acting, and lipophilic





DESC Opioid Treatment Network (OTN)



JAMA Network Open

Issues Multimedia

Home | JAMA Network Open | Vol. 8, No. 8

Original Investigation | Substance Use and Addiction

Injectable-Only Overlapping Buprenorphine Starting Protocol in a Low-Threshold Setting

Richard C. Waters, MD, MSc[1,2]; Jeremy Hoog, MA, RN, BSN[1]; Carson Bell, MPH[1]; Penelope Toland, RN, BSN[1]; Joseph Valley, MPH, RN[1]; Lupe Hurtado, CPC, AAC[1]; Mary Ann Kallsen, RN[1]; Tashay Johnson, AAC[1]; April Gerard, RN, BSN, PMH-BC[1]; Callan Elswick Fockele, MD, MS[1,3]; Jared W. Klein, MD, MPH[4]

Author Affiliations | Article Information

RELATED ARTICLES FIGURES SUPPLEMENTAL CONTENT

Results Ninety-five individuals met the inclusion criteria. These patients had a median (IQR) age of 39 (23-69) years and included 52 men (55%), 75 (79%) of whom were experiencing homelessness or living in permanent supportive housing. Of the 95 patients included, 85 (90%) initiated the protocol, 71 (75%) eventually completed the protocol, and 61 (64%) received a second monthly long-acting buprenorphine injection.

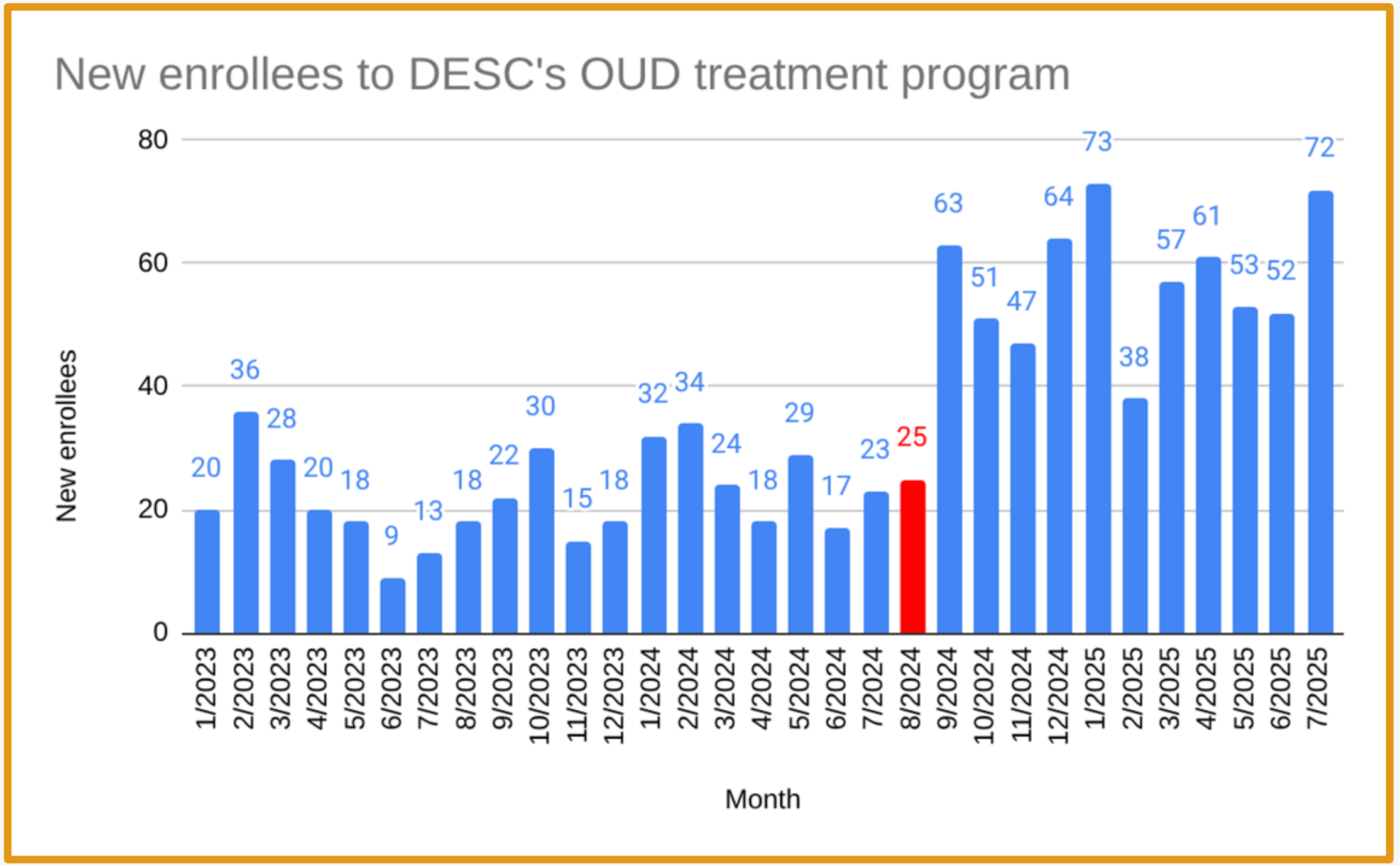
Washington State Health Care Authority

Provider Frequently Asked Questions: Long-acting Injectable Buprenorphine Funding Program FY26-27

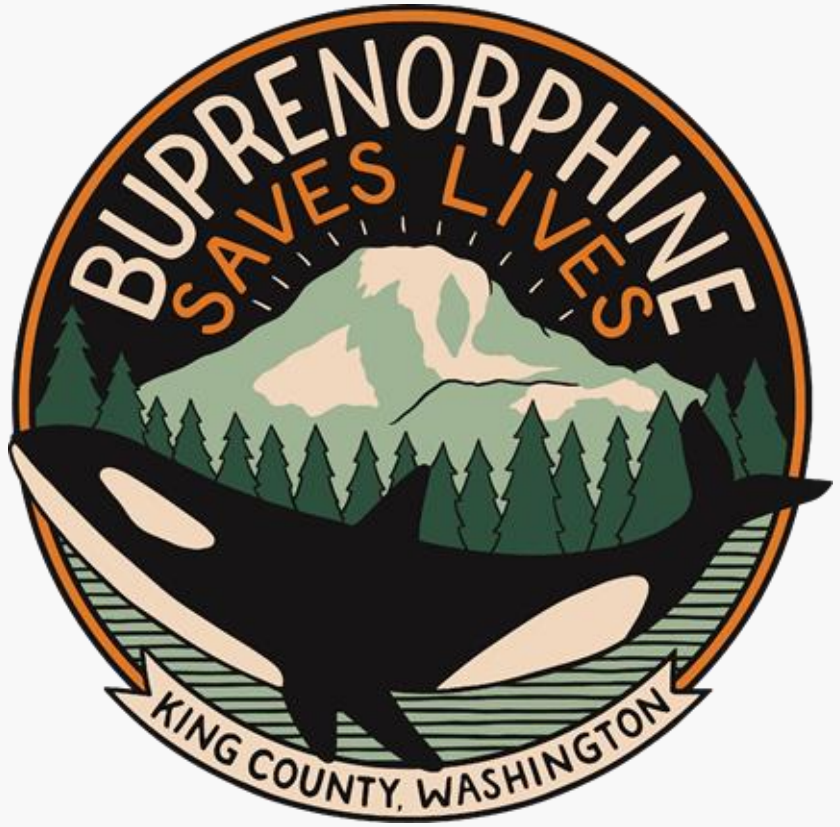


Medication Workflow Overview

- Patients with **active Medicaid in King County with the right MCO and RAC code** *and* receiving care at the DESC Clinic can receive **stock LAI buprenorphine**
- Patients with **private insurance**, **dual enrollment**, and/or receiving **outreach-based care** receive **pharmacy-delivered medication** through **Kelley-Ross Pharmacy**


New enrollees to DESC's OUD treatment program
New enrollees
Month
0
20
40
60
80
20
36
28
20
18
9
13
18
22
30
15
18
32
34
24
18
29
17
23
25
63
51
47
64
73
38
57
61
53
52
72
1/2023
2/2023
3/2023
4/2023
5/2023
6/2023
7/2023
8/2023
9/2023
10/2023
11/2023
12/2023
1/2024
2/2024
3/2024
4/2024
5/2024
6/2024
7/2024
8/2024
9/2024
10/2024
11/2024
12/2024
1/2025
2/2025
3/2025
4/2025
5/2025
6/2025
7/2025





DESC Opioid Recovery & Care Access (ORCA)

SCHOOL OF NURSING
UNIVERSITY of WASHINGTON
Department of Child, Family, and Population Health Nursing

Emergency Medical Services & Overdose Care

Strategic Recommendations

December 2022

READUSE
RESEARCH WITH EXPERT ADVISORS ON DRUG USE

Public Health
Seattle & King County

ADAI
ADDICTIONS, DRUG & ALCOHOL INSTITUTE

1. Prehospital buprenorphine
2. 24/7 ED diversion

POST-OVERDOSE RESPONSE TEAM (PORT)

A division of Mobile Integrated Health

WHAT IS PORT?

The Post-Overdose Response Team is a specialized unit within the Health One program. Our Health One crews are generalists, responding to a wide variety of needs: behavioral crisis, minor medical concerns, issues around homelessness and substance abuse, falls, self-neglect, and much more. In contrast, the PORT team (which goes by H99 within the department), focuses narrowly on individuals who have experienced opioid overdoses. Modeled after several similar fire department-based programs, the team aims to connect overdose survivors with medications for opioid use disorder, primary care, and other supportive services.



WHO IS ON THE TEAM?

The PORT team is drawn from staff already serving the Health One program. Several case managers and firefighters are receiving additional training on opioid use disorders, treatment medications, city services, medical connections, and more.

Seattle | English

Fire Line

Seattle Fire Department

Home / Fire Line

< Previous

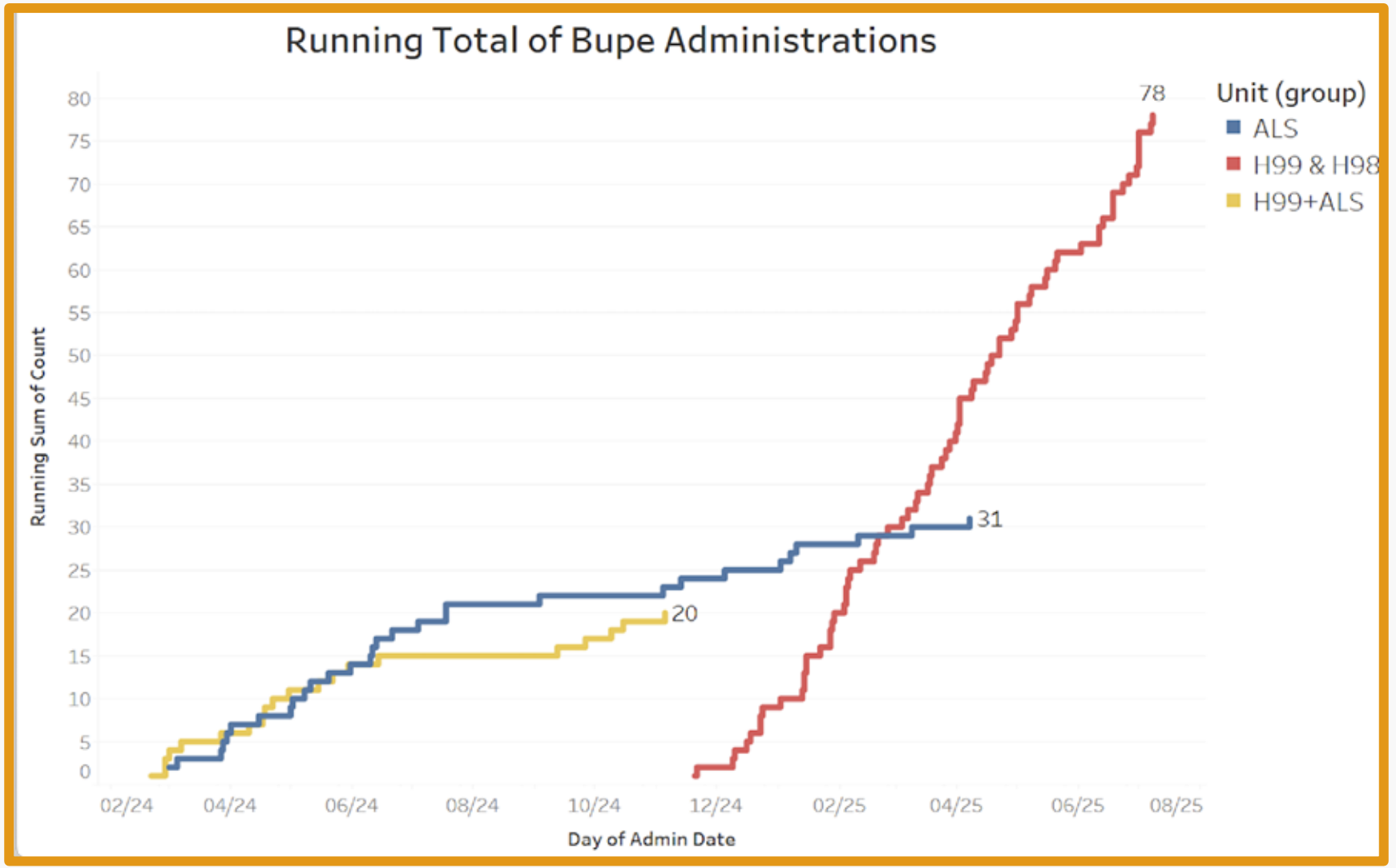
Seattle Fire Department Firefighter/EMTs administer buprenorphine at 100th patient encounter in the field

by Kristin Hanson on August 22, 2025

The City of Seattle reaches milestone resulting in more patients receiving follow-up care.

Seattle becomes first U.S. city where EMTs can administer buprenorphine

Oct. 28, 2024 at 10:00 am | *Updated Oct. 28, 2024 at 10:00 am*



Around **179** total with **159** H99/98 administrations

SFD H99 + DESC





Need for: (1) a safe landing zone for OD survivors
and (2) low barrier access to MOUD

What is ORCA?

ORCA Center provides 24/7 post-overdose care and same-day medications for opioid use disorder (MOUD) access

ORCA Patient Outreach Division (POD) brings care to clients in DESC permanent supportive housing and emergency shelters

Goal: Create safe spaces to meet people where they are

ORCA Center

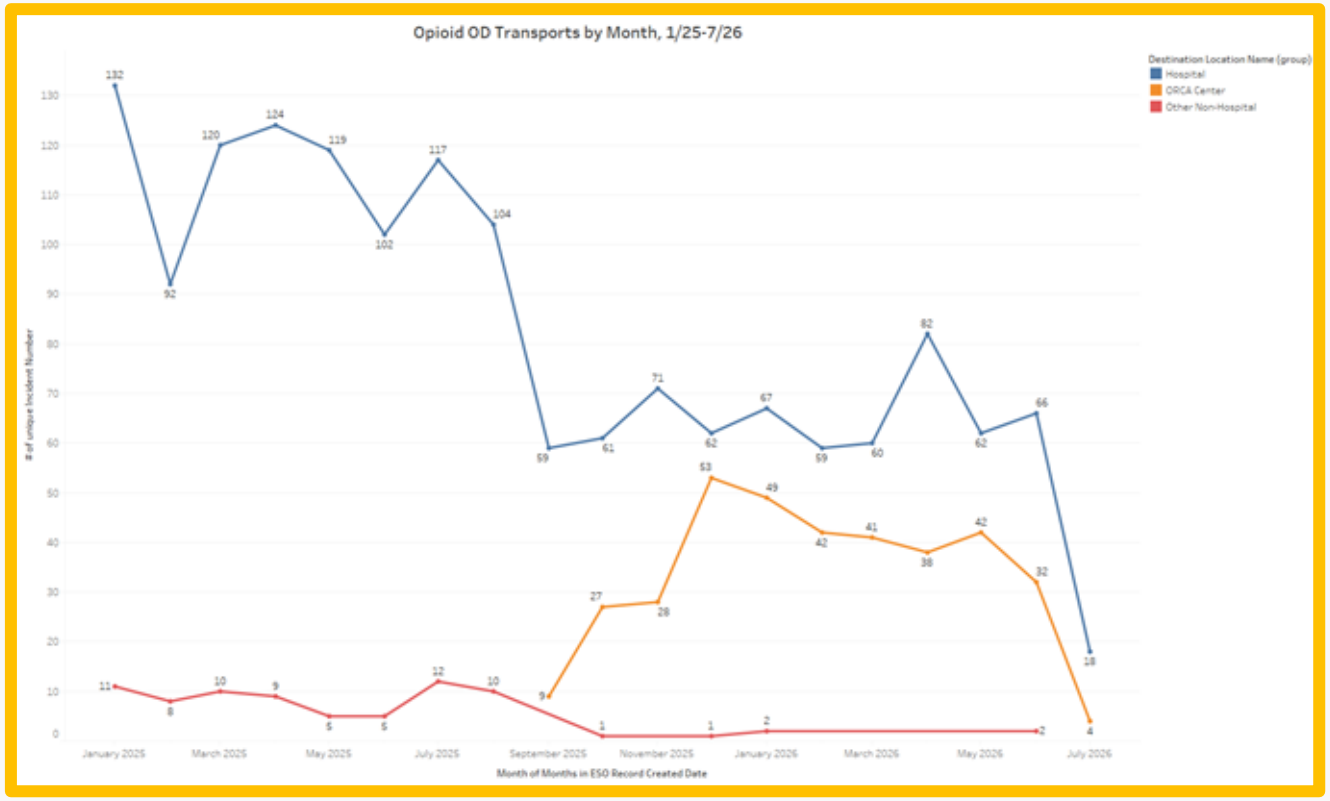




- Safe space to recovery from overdose
- Start or continue MOUD
  - Sublingual and long-acting injectable **buprenorphine**
  - **Methadone** using the 72-hour rule → warm hand-off to opioid treatment program (OTP)
- Access to **showers, snacks, & laundry** during treatment
- Connections to **behavioral health, shelter, & housing navigation**

Today, 65% of Seattle Fire Department Health 99 post-overdose transports are brought to the ORCA Center.

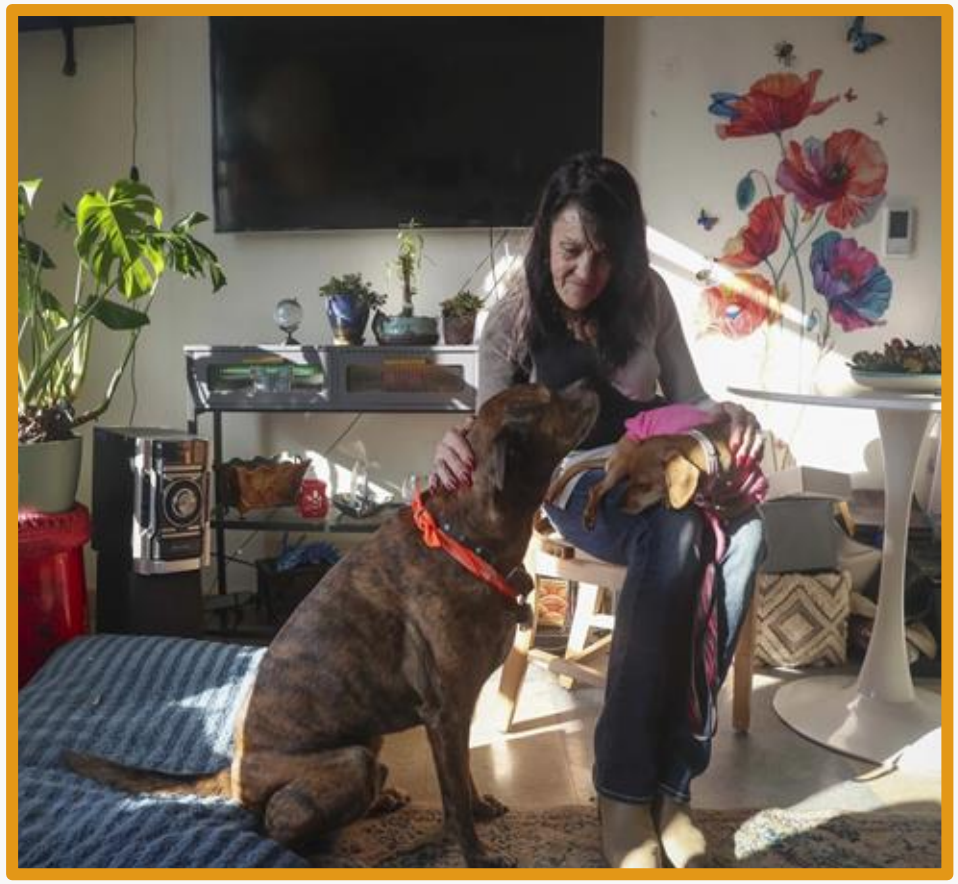
Among patients who received prehospital buprenorphine and were transported to ORCA, ~50% received monthly LAI buprenorphine during their stay.





- Young client with history of homelessness and severe mental illness engaged with the OTN/ORCA team over the last year and prescribed **SL buprenorphine**
- Eventually linked with **HOST program** and able to identify serious infection requiring hospitalization and surgery
- Multiple overdoses and received **prehospital buprenorphine** from Health 99 x 3
- Most recently taken directly to **ORCA Center**
- Received **monthly LAI buprenorphine** on the same day signed lease for **permanent supportive housing**

ORCA POD



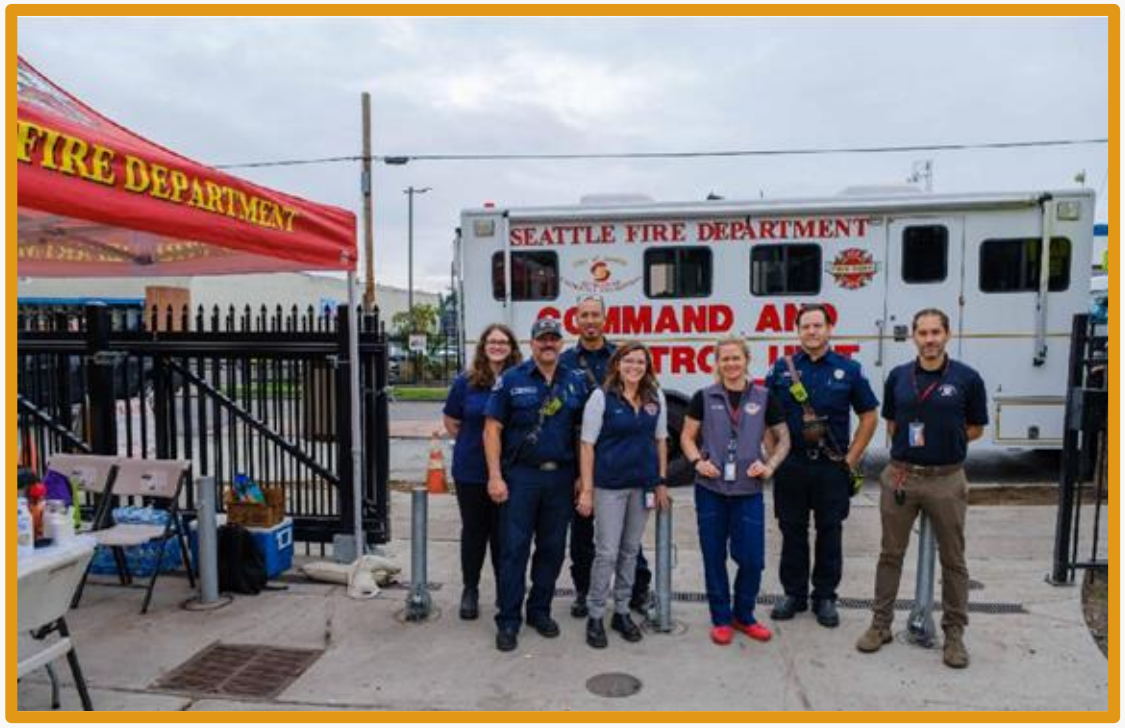
(Kim, Greg. 2024. Seattle Times)

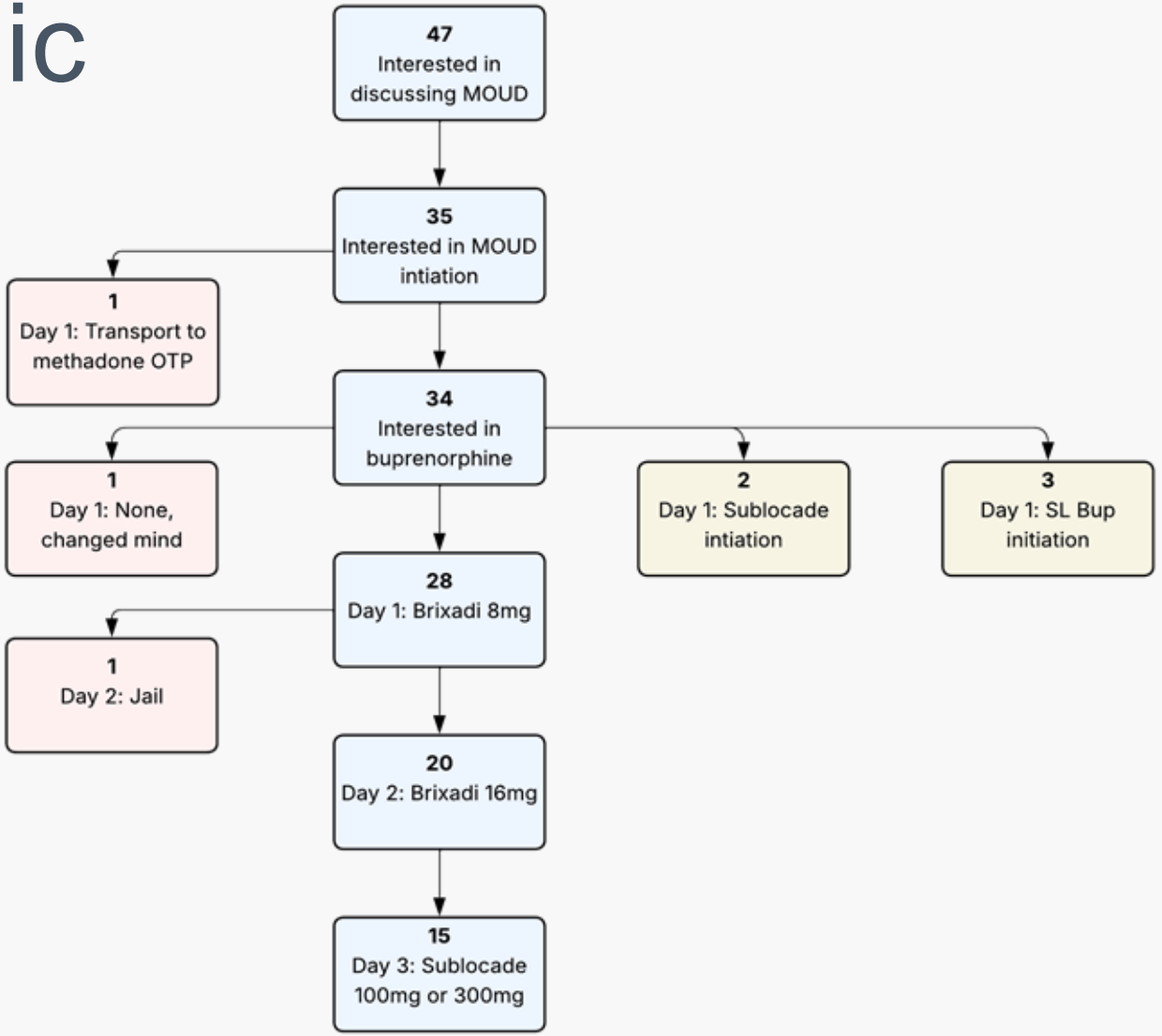
Provides **MOUD & support** in the setting that works best for each person

- Permanent Supportive Housing
- Shelters
- Community

Outreaches overdose survivors in the community

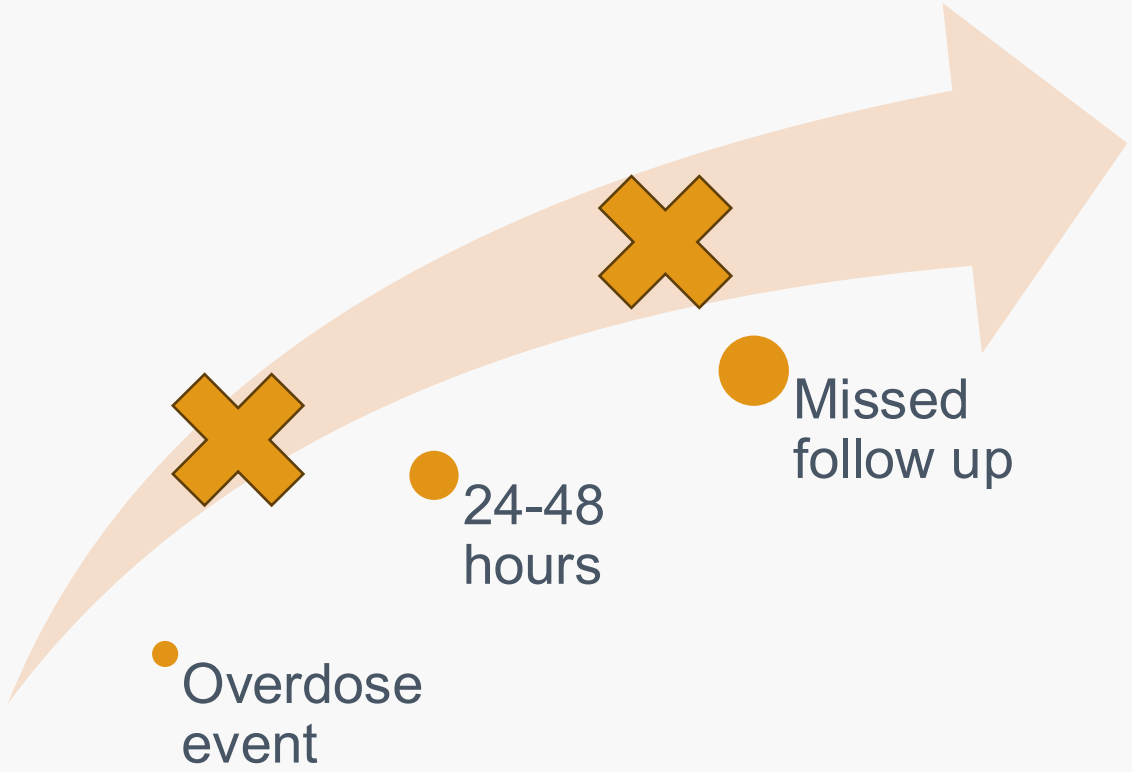
SFD LAI Pop-up Clinic





Fragmented Follow-Up Post-Overdose

- Overdose can be a missed opportunity for engagement
  - Responses lacked coordination, communication and rapid follow-up
  - Elevated risk of repeat overdose or death after a non-fatal overdose event
- A novel multidisciplinary overdose response policy and outreach protocol
  - Promotes connection with support to improve health outcomes
  - Mitigate negative consequences in low threshold setting



Outreach Centered Model

- Developed an EHR driven alert system.
- Outreach within 24–48 hours of event.
- Trauma-informed outreach to clients post-ADP across
- A focus on harm reduction and person-centered support.

Overdose Tracking and Follow-up

Clients With OTN/SUD Follow-up Assigned

Log Info		Client Name	Residence	Concern Level	Assigned Follow-up
[redacted] 04/19/26	Edit	[redacted]	North Star PSH	High	Fernando Ocampo Gomez
[redacted] 04/20/26	Edit	[redacted]	Clement Place	High	Fernando Ocampo Gomez

Completed Follow-up: Last 30 Days

Completion Date	Client Name	Assigned	Completion Outcome & Note
04/17/26	[redacted]	Penelope Toland	Client Status: **In community** Outreach Result: **Contacted** MOUD Status: **Declined Referral** SUD Status: **Declined Referral** Mental Health Status: **N/A** Visited 3x & asked if he wanted to be linked up with our substance use services and he said "yes but not right now." Does have Suboxone Rx
04/15/26	[redacted]	Pepper Coursey	Client Status: **In community** Outreach Result: **Contacted** MOUD Status: **Enrolled – OTP** SUD Status: **Accepted Referral** Mental Health Status: **Enrolled with DESC** DESC's Opioid Recovery & Care Assess Note type: RN ADP Follow-Up Visit Patient: [redacted] G: Reason for Outreach Outreach to client in response to a recent reported suspected overdose. I: Interventions Provided: Client was provided with Overdose Prevention Education and explored ADP risk reduction strategies....

Assignment and Debrief

Tool used to communicate, track and collect data around events, care plan, and outcomes.

- Overdose Dashboard is **updated every 10 mins**
- Weekly events experienced by clients are **staffed** and **debriefed**
- Outreach follow up is **assigned**
- Care coordination **outcomes**

Supportive Interventions

- Address overdose risk through **harm-reduction strategies** and **safety planning**
- Assess **immediate needs**: physical health, emotional well-being, safety
- Initiate or re-engage **MOUD** support
- Coordinate with **housing**, **case management**, **medical**, and **SUD providers**



DCHS/BHRD - Emergency Service Patrol (ESP)

Partnerships

Washington State Health Care Authority

RNP
RECOVERY NAVIGATOR PROGRAM

AMR

Evergreen Treatment Services
CLINIC SERVICES
REACH

ADAI
ADDICTIONS, DRUG & ALCOHOL INSTITUTE

King County

CITY OF FIRE DEPT. SEATTLE

SEATTLE FIRE DEPARTMENT HEALTH ONE PATIENCE & PERSEVERANCE

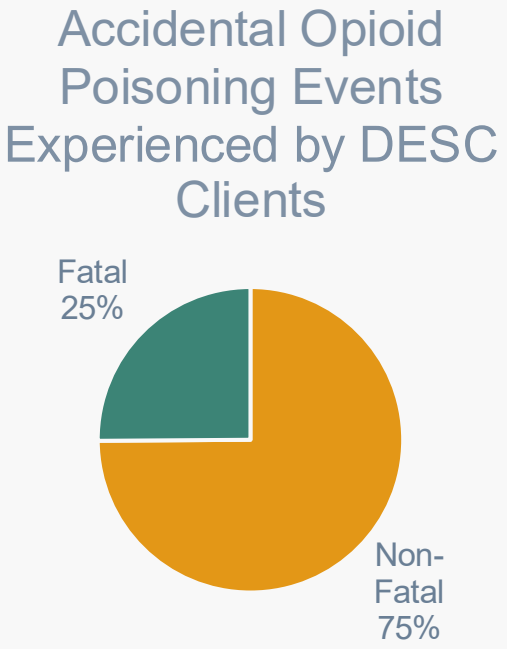
City of Seattle

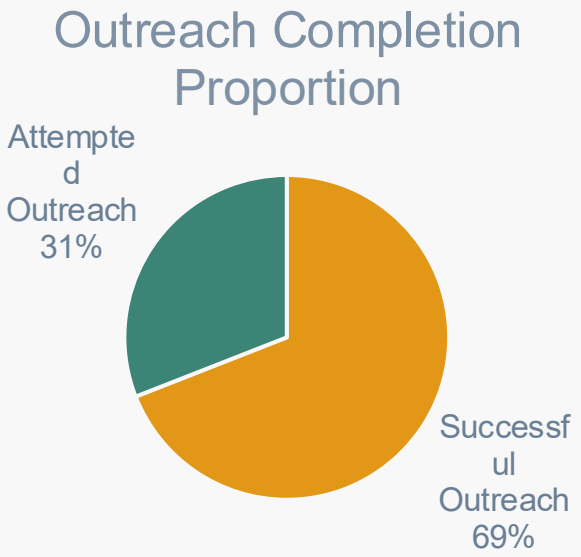
Bupe (aka Suboxone or buprenorphine) Pathways

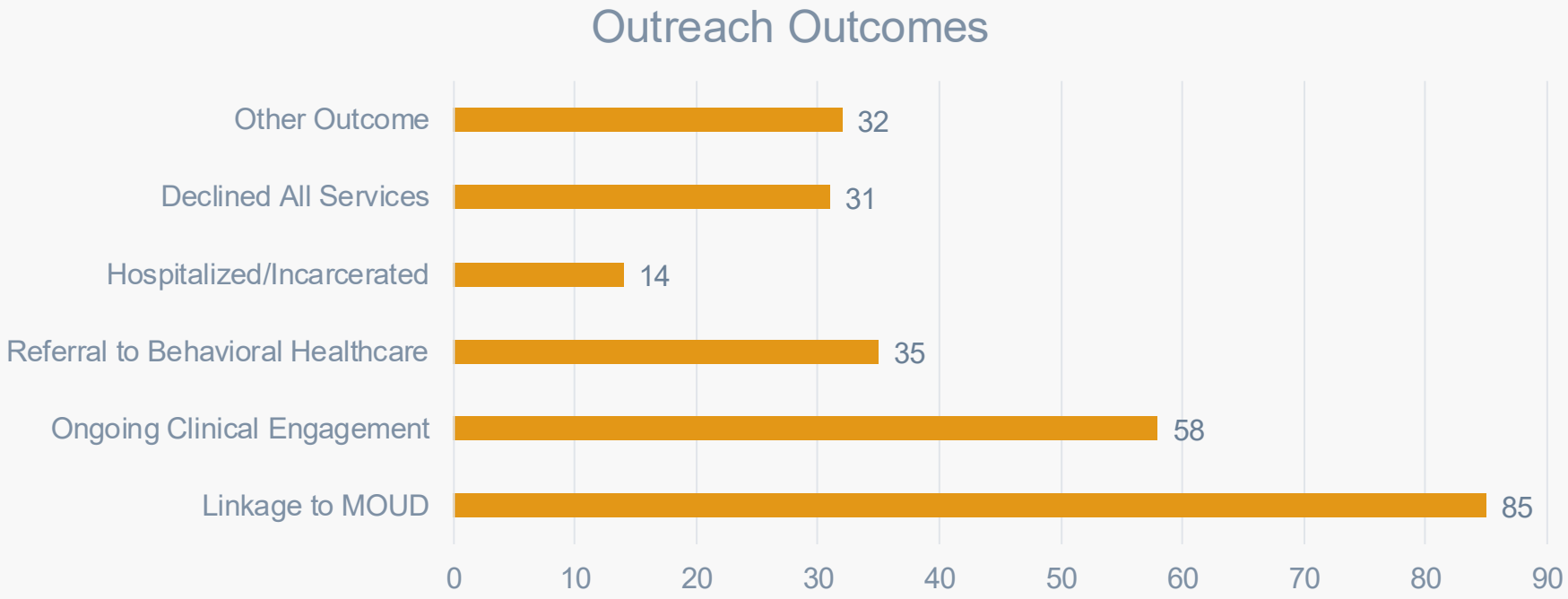
HARBORVIEW MEDICAL CENTER
UW Medicine King County

Data from 2025

466 total overdose events at the DESC: **117** fatal, **349** non-fatal







Most often resulted in meaningful care connections, particularly **MOUD initiation and sustained clinical engagement**



ORCA Outcomes (9/2025-8/2026)

Center + POD Program Volume

- **10,932 encounters** (not including post-overdose care)
- **2,054 clients** served

Overdose Response vs. New Intakes at ORCA Center

- **585 post-overdose admissions** (70% referred from EMS)
- **1,115 walk-in intakes** for MOUD care

MOUD =

- **888 new MOUD starts**
- **502** received **monthly LAI buprenorphine**

Thank you!

Questions?

