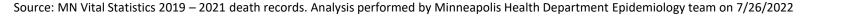
First Step – Opioid Response

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Background

- The crude mortality rates of opioid-related overdose deaths in Minneapolis have increased steadily over the past three years, from 20 per 100,000 in 2019 to 46 per 100,000 in 2021.
- Minneapolis' American Indian and African American communities have been disproportionately impacted by this epidemic.
- The three-year average (2019-2021) mortality rate of opioid-contributed overdose among American Indians (287 deaths per 100,000 persons) is almost nine times as high as that of the city-wide rate for Minneapolis (33 deaths per 100,000 persons), and 12 times as high as that of white residents (23 deaths per 100,000 persons).
- For the African American community, the 3-year average mortality rate of opioid-contributed overdose (61 per 100,000) is almost triple that of white residents.



First Step Program

- First Step is a local adaptation of the Medication First model, which leverages existing systems of care, incorporates evidence-based treatments, and facilitates partnerships between psychosocial and medical providers to offer more effective services to persons with Opioid Use Disorder (OUD).
- First Step will connect clinical care with community resources to provide wrap-around services to those that engage in the First Step program.
- First Step will be implemented through a new contract with Fairview Health Services and leverage existing contracts with community partners.



First Step Program

Identification and Referral

- Patient is treated for OUD related concern in ED
- Determination of patient eligibility
- 'First Step' staff (Peer Recovery Navigator) are notified
 - During on-call (8pm Thurs – 8am Monday): arrive within 30 mins of notification
 - Inpatient contact as needed

The "Motivational Moment"

- Initial Emergency Department contact
- Seek patient consent for enrollment
- For enrolled clients, build rapport, assessment (potential safety risks, strengths and needs), discuss goals
- If hospitalized, continue in-patient visits for as long as participant is in hospital
- Connect with participant's support system
- Make plan for first community follow-up meeting

Community Follow-up

- Meet with participants in the community
- Develop goal plan if not already developed in ED or hospital
- Make connections/ referrals to relevant resources (health, socioeconomic, cultural, etc)
- Guide participant through short-term needs goal plan over limited time period

Links to Long-term Recovery

- Facilitate connections of participants to Treatment & Recovery, establishing primary care, care coordination where appropriate, etc
- For some participants, develop longer- term goal plan and work toward completion of goal plan through regular contact

Peer Recovery Navigators

- Peer Recovery Navigators positions will not be impacted by the current nursing strikes.
- Primary qualification for Peer Recovery Specialist is to be a trusted and credible messenger who can provide accompaniment to our OUD patients as they take the critical first step from active daily use through medical stabilization on their journey towards comprehensive treatment and long-term recovery. Their job descriptions will be drawn from those of existing Social Workers, Community Health Workers, Care Coordinators, Patient Navigators, and more conventional Peer Recovery Specialists
- There will be at least one full-time supervisory position and an optimal mix of full- and part-time positions for the rest given the schedule.