



EMERGENCY

PENNSYLVANIA WARM  
HAND-OFF  
STATEWIDE

When a person struggling with an addiction experiences an overdose, the clock starts ticking on a window of opportunity. It's brief, but it's also a critical moment for making a connection. If that window closes with the moment passing unseized, there's no guarantee another opportunity will come again.

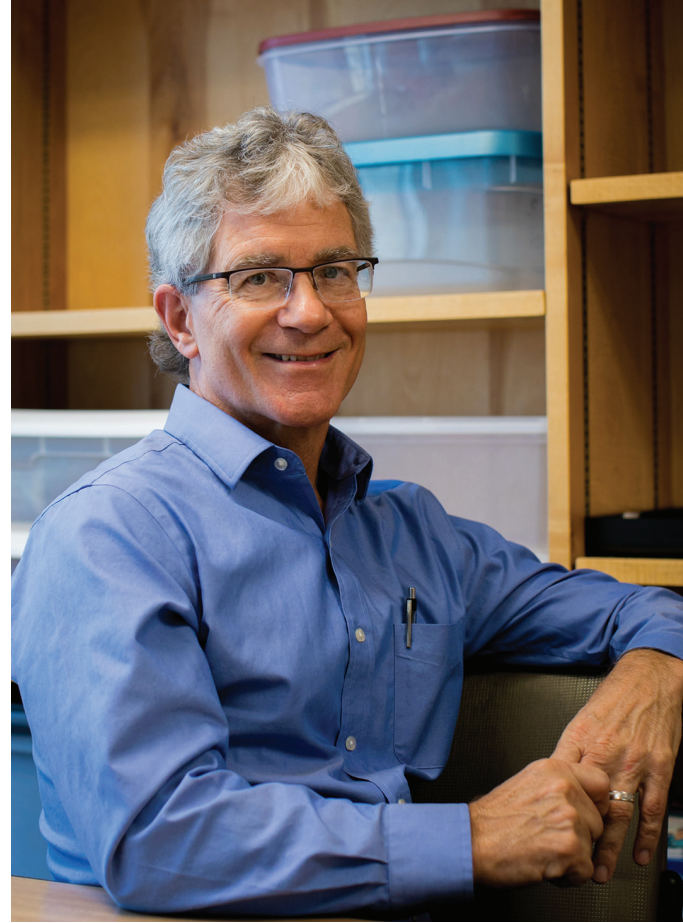
The situation is especially acute in Pennsylvania, which has the country's 3rd highest overdose rate. More than 5,300 overdose deaths were reported in 2017—the equivalent of almost one death every two hours.

Those who survive often experience a short period of time where they're open to receiving treatment. Warm Hand-Off makes the most of that strategic opening.

"A warm hand-off process lets emergency responders and treatment providers coordinate care. That's vital to the patient's long-term health when they need it most," says Jennifer Smith, Secretary of Pennsylvania's Department of Drug and Alcohol Programs.

A task force created in 2013 brought together stakeholders in the addiction response. A workgroup was created to explore ways overdose survivors could, once they'd been medically stabilized, receive an immediate hand-off to the services they need. Without that hand-off, the risk of another overdose is very high.

Eventually, a concept was developed that's surprisingly simple. It brings together all the key players (hospitals, insurance providers, treatment providers, police departments, fire departments, emergency medical services, state officials, and local government officials) and unites them on the same playbook. In January 2016, the Pennsylvania Department of Drug and Alcohol Programs (DDAP) started requiring Single County Authorities (SCAs), the



## INNOVATIONS IN HEALTHCARE

Substance use disorders (SUDs) remain one of the only illnesses that is treated outside of general health care systems. Because of this, there is very little, if any, communication between specialty SUD treatment providers and primary care doctors. This affects the overall quality of care and health outcomes of the patient.

Evidence-based SUD treatment integrated into healthcare systems helps to close the gap between the number of people who need treatment for a SUD and the number of people who actually receive.









county offices that oversee local substance use disorder (SUD) programs, to develop a “warm hand-off” plan for patients who survived a recent overdose.

Warm Hands-Offs make the most of the moment when a person is willing to accept help. Participants include hospital case managers, social workers, clinicians, and certified recovery specialists. They facilitate referrals from the emergency department and directly connect the person to treatment services. Rather than simply handing the patient discharge papers and hoping for the best, the program proactively engages them in receiving treatment.

“Instead of being given a phone number the patient is told they can call, we make calls on their behalf,” Secretary Smith explains. “We help them book their appointment. We make transportation arrangements if they’re needed. Warm Hand-Off removes obstacles and creates a clear pathway for what they should be doing and help them feel more equipped for taking the next step.”

Six Warm Hand-Off summits were held around the state in 2018 to provide more information, talk through challenges and develop action plans, “They were groundbreaking because it was the first time many of these groups had ever interacted with one another,” Secretary Smith says.

While all Warm Hand-off protocols must include screening, assessment, treatment and tracking, counties have flexibility in how to implement their program. Take for example the Addiction Recovery Mobile Outreach Team (ARMOT) in Armstrong, Indiana and Clarion counties. They use case managers and Certified Recovery Specialists to assess patients in local hospitals and connect them to treatment. Since 2015, ARMOT has connected over 400 individuals to treatment.

Medical and emergency workers have long known that in a crisis, every minute counts. The same holds true for reaching people coming out of an overdose. And Warm Hand-off is making the most of the opportunity while it lasts.



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## NUMBERS:

- Six Warm Hand-Off Summits were held around the state in 2018
  - Overall, it reports 75-85% success among people who make it into treatment
  - The Administration reconvened eight regional Warm Hand-off Summits in 2019 to help navigate implementation roadblocks.
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## SUMMARY:

- In January 2016, the Pennsylvania Department of Drug and Alcohol Programs (DDAP) started requiring Single County Authorities (SCAs), the county offices that oversee local substance use disorder (SUD) programs, to develop a “warm hand-off” plan for patients who survived a recent overdose.
  - This requirement, a part of DDAP’s 2015-2020 grant agreement with SCAs, aims to ensure that patients who require emergency medical care due to the use of drugs or alcohol are directly referred to treatment if medically appropriate.
  - DDAP defines a warm hand-off as a seamless transition for opioid overdose survivors from emergency medical care to specialty substance use disorder treatment that improves their prospects for recovery.
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