

# **SUD Crisis Response from the ER to the Streets**

**Riley De Hoog-** SFD MIH Overdose Response Unit Lead Case  
Manager

**Callan Fockele, MD, MS** - DESC Opioid Recovery & Care Access  
(ORCA) Senior Medical Lead

# Presenters

- **Callan Fockele, MD, MS**, is an emergency physician with advanced training in population health research and addiction medicine. She is the Senior Medical Lead for the DESC Opioid Recovery & Care Access (ORCA) Center, which will provide 24/7 care for opioid overdose survivors and low barrier access to medications for opioid use disorder and harm reduction services for walk-in patients. Her community-engaged research focuses on improving outcomes for people who use drugs. She studies how contingency management and the community reinforcement approach can be integrated into permanent supportive housing for residents who use methamphetamine, and she is interested in the impact field-based initiation of buprenorphine on opioid overdose survivors.
- **Riley De Hoog** is a Case Manager with the Seattle Fire Department's Health99 team, a specialized first-response unit focused on opioid overdose intervention. In this role, Riley works on the front lines of the opioid crisis, providing real-time care connections and facilitating access to pre-hospital buprenorphine for individuals experiencing overdose. With a strong commitment to harm reduction and community-based care, Riley collaborates closely with emergency services, medical providers, and community partners to help bridge the gap between acute overdose response and long-term treatment. Drawing on hands-on experience and field-tested strategies, Riley brings valuable insights into best practices for opioid response—particularly in connecting high-risk individuals with immediate, life-saving interventions. Today, Riley shares practical approaches and lessons learned that may inform and strengthen efforts across Washington's drug court systems.

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# Topics

- Engaging People with SUD in Crisis
- Mental Health & Physical Health – effects and treatment options
- MOUD & Other Medications
- Trauma-Informed Overdose Response
- Safety – Preventing Mortality
- Low Barrier Community Models:
  - Emergency Service Co-Response Systems
  - Overdose Receiving Centers & Care Linkage
- Lessons Learned - Local Data & Case Examples

# Engaging People with SUD in Crisis

- Recognizing Crisis
- Practical Techniques & Engagement Approach
- Examples from Emergency Room & 1<sup>st</sup> Response
- How Might This Apply to Court Teams & Therapeutic Court Participants?



# Mental Health Impacts of Substance Use

- Recognizing MH Symptoms Related to Substance Use
- Effect of Substance Use on People with Co-Occurring MH Disorders
- Assessing & Treating MH Symptoms Caused / Exacerbated by Use
- Examples from ER & 1<sup>st</sup> Response
- Takeaways for Court Teams & SUD Providers

# Common Effects on Physical Health

- Physical Symptoms Present with Substance Use
- Common Medical Conditions Caused / Exacerbated by Use
- Symptom Management & Medical Treatment Options
- Engaging People Who Use Drugs in Medical Care
- Lessons Learned from Field

# MEDICATIONS FOR OPIOID USE DISORDER (MOUD)



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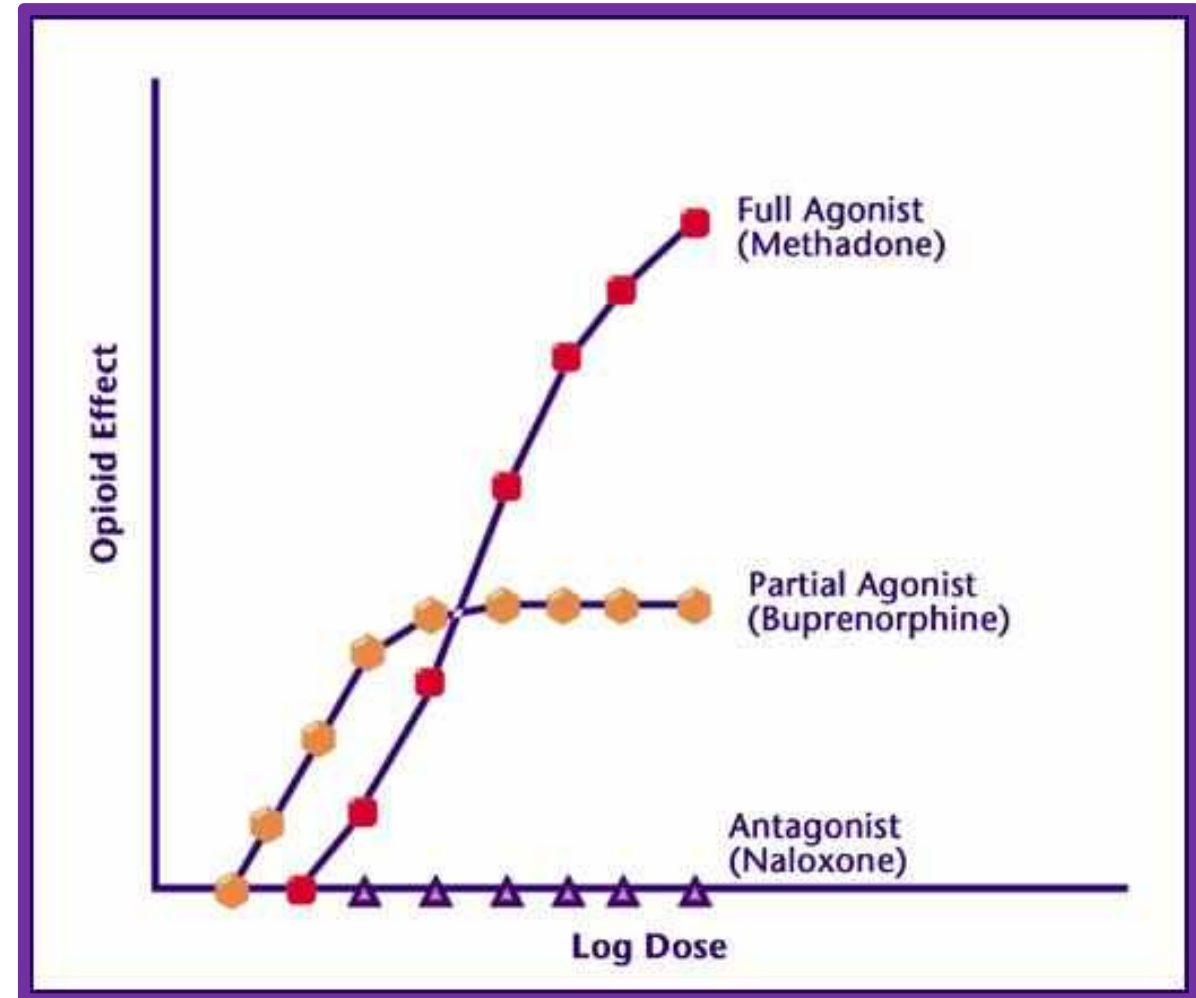


# Medications for OUD

	Mechanism of Action	Effect on mortality	Additional Notes
Buprenorphine	Partial agonist	↓ 50%	1) Available in SL daily or IM monthly 2) No training required 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>



**Methadone and buprenorphine  
reduce mortality by 50%.  
NNT = 2**

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**“You will do harm to people if  
you can’t take care of [their]  
needs fast enough.”**



# Other SUD Medications

- Newer OUD Medications (Long-Acting Injectables)
- Alcohol Use Disorder Meds
- Stimulant Use Disorder Meds
- Medication Engagement & Retention

# Trauma-Informed Overdose Response

## Patient Experience Considerations

## FIGHT

Sympathetic NS

- irritability
- anger
- aggression
- moving toward



## FLIGHT

Sympathetic NS

- anxiety & fear
- panic
- avoiding
- chronic worry
- perfectionism

What if...?



## TRAUMA RESPONSES

## FREEZE

Dorsal Vagal

- stuckness
- collapse
- immobilization
- spacing out
- dissociation
- depression
- shame



## FAWN\*

- people-pleasing
- avoiding conflict
- prioritizing others needs over own
- difficulty saying "no"
- setting boundaries is hard



# Standard Overdose Response

## On scene

Fire & Medics  
Law enforcement  
Private security  
Transit security  
Outreach teams  
Bystanders

## How would you feel?



# Context and Mindset

- Many clients have experienced prior stigma or disdain from EMS or medical providers.
- When help was previously requested, it often came with inadequate or unhelpful resources.
- High mortality risk and inconsistent engagement mean **you may not get another chance.**
- Clients may not remember what was said, but they will remember **how you made them feel.**

# Initial Encounter

- **Assign one person** to initiate contact with the client.
- Introduce yourself and your role clearly.
- Let them know they are **safe**.
- Offer **privacy** and time to reorient—use a separate space if available.
- Assess for **immediate physical needs** (water, warmth, A/C).
- Treat as **postictal**:
  - Provide quiet and time before asking questions.
  - Avoid overstimulation.
  - Reassure them they are safe.



# Managing the Scene

- **Limit personnel** in immediate proximity to reduce overwhelm.
- **Allow time to settle.**
- Reassess physical needs.
- Begin **observing for withdrawal symptoms.**
- Initiate **COWS** if appropriate.
- Use language like:
  - “How are you feeling?”
  - “Does this feel like withdrawal?” (*May or may not be helpful—use judgment.*)

# Medication & Next Steps

- If COWS is appropriate and no exclusions:
  - Offer buprenorphine: “We have a medication that might help you feel better. It’s called buprenorphine, also known as Suboxone. Are you open to trying that?”
- While engaging:
  - Ask about other needs.
  - Offer linkage to **landing zone** or other services if interested.
  - If not interested in transport, **develop a safety plan** for the next few hours.

# Before Departing

- Ask if we can **follow up** with them tomorrow.
- Leave behind:
  - **Narcan kit**
  - Printed **resource guide**

# **Safety & Preventing Mortality**

## Drugs involved in overdose deaths in King County

Data Source: King County Medical Examiner's Office

[← Return to summary](#)

[→ Next tab: Trends](#)

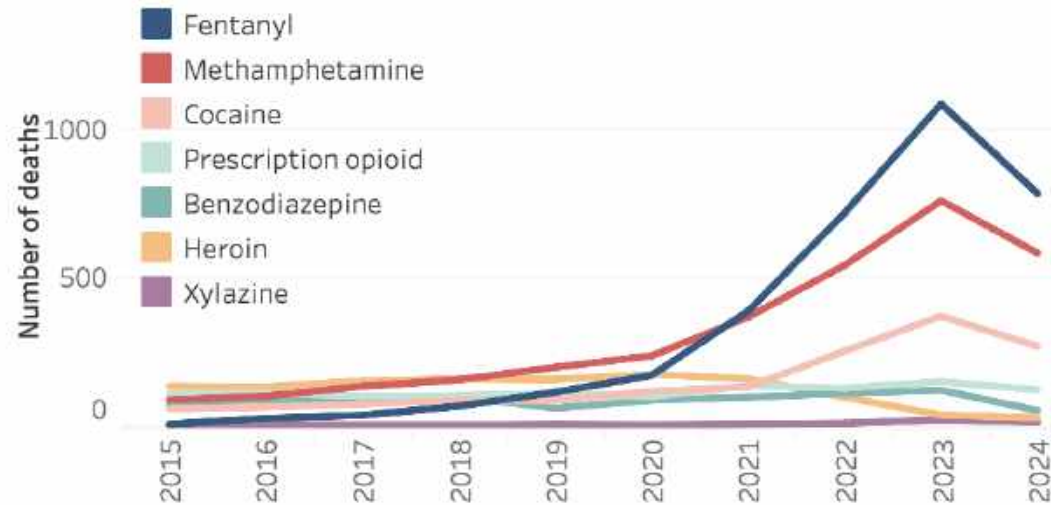
[Click to view interpretation of the data](#)

### Drugs Involved in King County Overdose Deaths, 2015-2024

Drug overdose deaths typically involve multiple drug classes - most commonly opioids and stimulants.

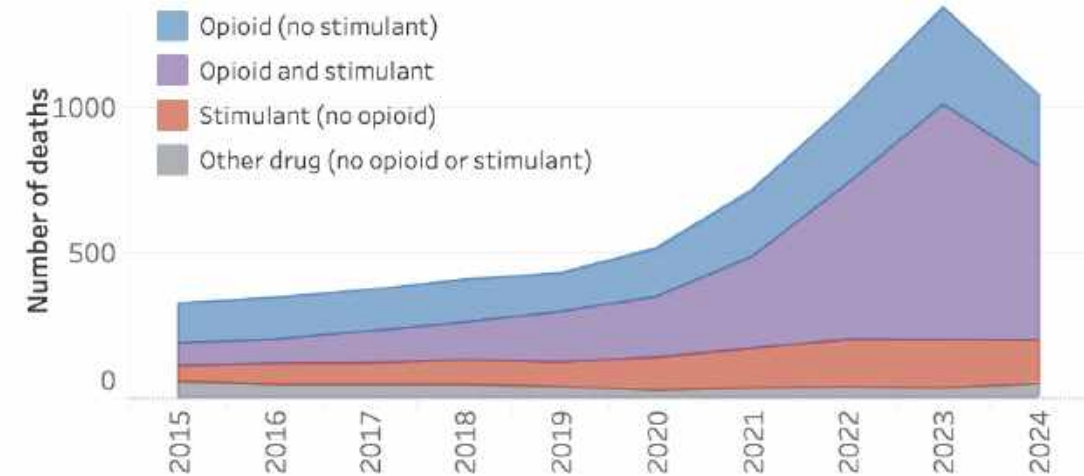
#### Specific drug classes involved in overdose deaths

Note: Individuals can be represented in more than one line



#### Number of Overdose Deaths Involving Opioids and/or Stimulants

Note: Individuals are represented only once; Opioid = Fentanyl, Heroin, an/or Prescription Opioids; Stimulant = Methamphetamine and/or cocaine



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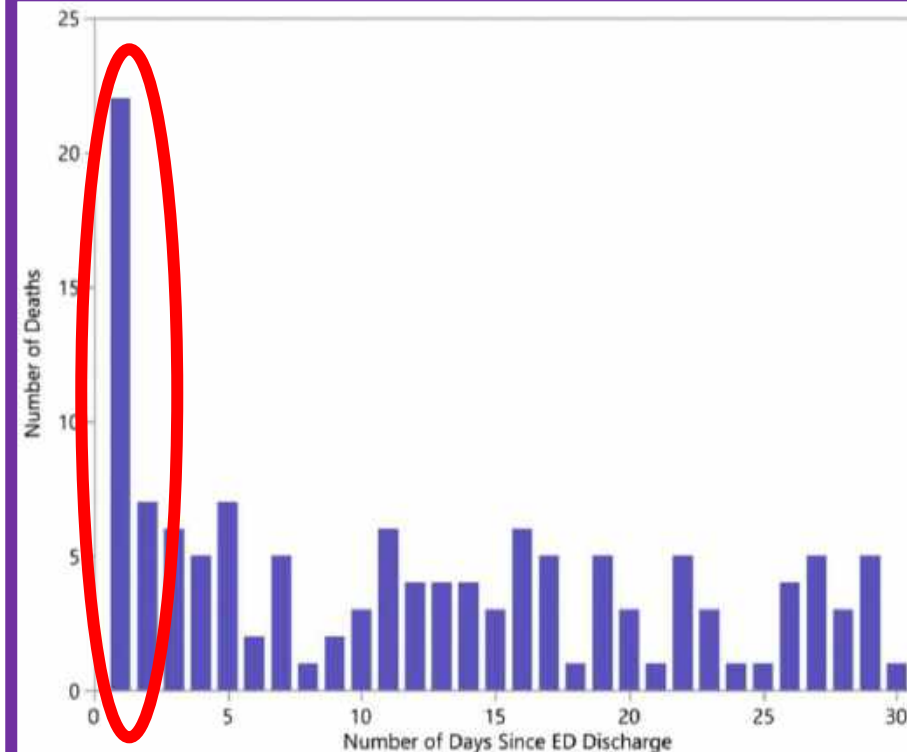
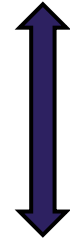
March 2024 → 113 suspected overdoses  
21 had contact with a UW/HMC facility or agency  
within 31 days of their death  
7 with last contact in the ED (5 HMC, 1 NWH, 1 ML)

## 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**





# Encounters with EMS Prior to Fatal Overdose:

## An Opportunity to Intervene?

*Allison Rollins<sup>1</sup>, Leslie Barnard<sup>2</sup>, Mauricio Sadinle<sup>3</sup>, Richard Harruff<sup>2</sup>, Catherine Counts<sup>1</sup>, Thomas Rea<sup>1,4</sup>, Julia Hood<sup>2,3</sup>*

<sup>1</sup>University of Washington School of Medicine

<sup>3</sup>University of Washington School of Public Health

<sup>2</sup>Public Health: Seattle & King County

<sup>4</sup>King County Emergency Medical Services

**40%** had at least 1  
EMS encounter in the  
year prior to overdose

Nearly **90%** of all  
encounters received  
basic life support care  
only, and **19%** were  
not transported

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## EMS Responses for Suspected Opioid Overdose

A Report from the King County EMS Regional QI Section

Prepared by Amy Poel, Jamie Emert, Tom Rea

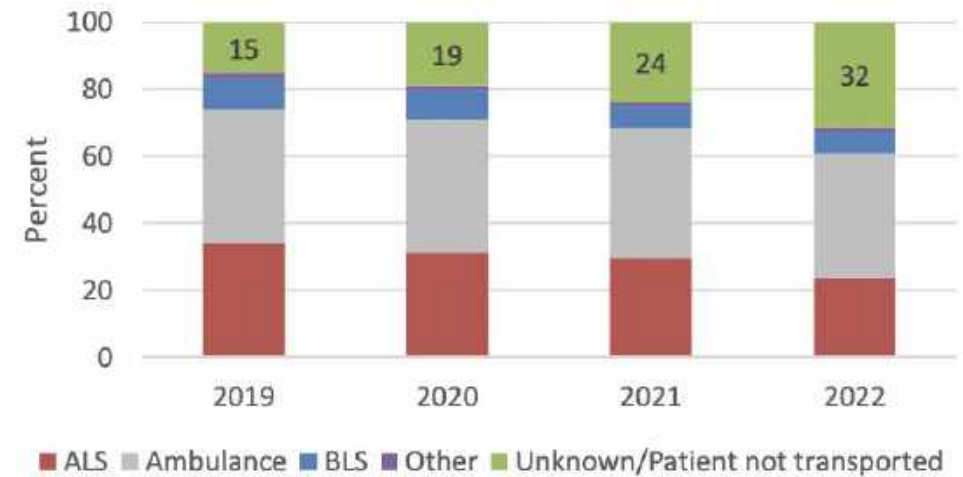
January 2023



**King County**  
Emergency Medical Services

The proportion transported by ALS, BLS, and private ambulance has declined steadily over the past 4 years such that now **nearly a third of all patients** with suspected opioid overdose are no longer transferred to the ED.

Figure 3. Annual Percent of Person-Incident EMS Responses to Suspect Opioid Overdoses by Method of Transport



# **Innovative Community Response Systems**

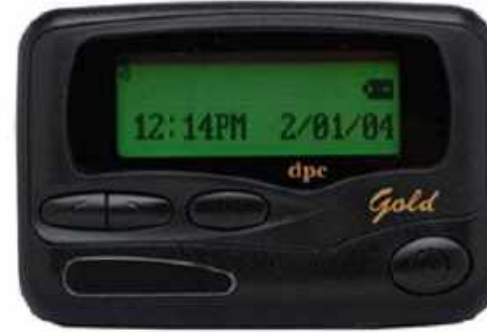
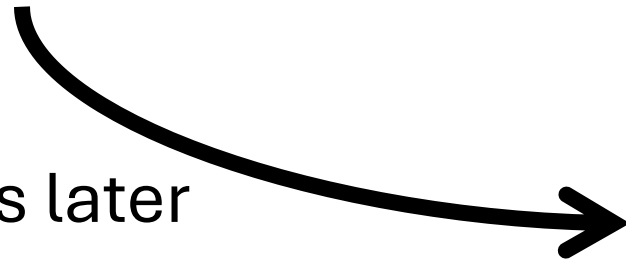
# Post Overdose Response Team



+



6 hours later



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**State v. Blake**



**SB 5476: Addressing  
the State v. Blake  
decision**



**Diversion in lieu of jail booking  
for drug possession**



**Adapting evidence-based  
interventions from clinical  
medicine to the first responder  
system**



# Emergency Medical Services & Overdose Care

## Strategic Recommendations

December 2022





Seattle

English

## Office of the Mayor

Mayor Bruce Harrell

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# DOWNTOWN ACTIVATION PLAN: Mayor Harrell Announces Immediate Actions to Revitalize Downtown; Issues Executive Order to Address Fentanyl Crisis

by [Jamie Housen](#) on April 17, 2023

## 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 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

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Seattle Fire Department, Medic One, Health One

## EMS Buprenorphine

Buprenorphine ("Bup") saves lives!



### How does "Bup" work?

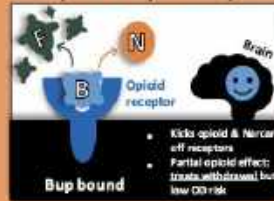
#### Opioid receptor + Opioid



#### Opioid receptor + Narcan



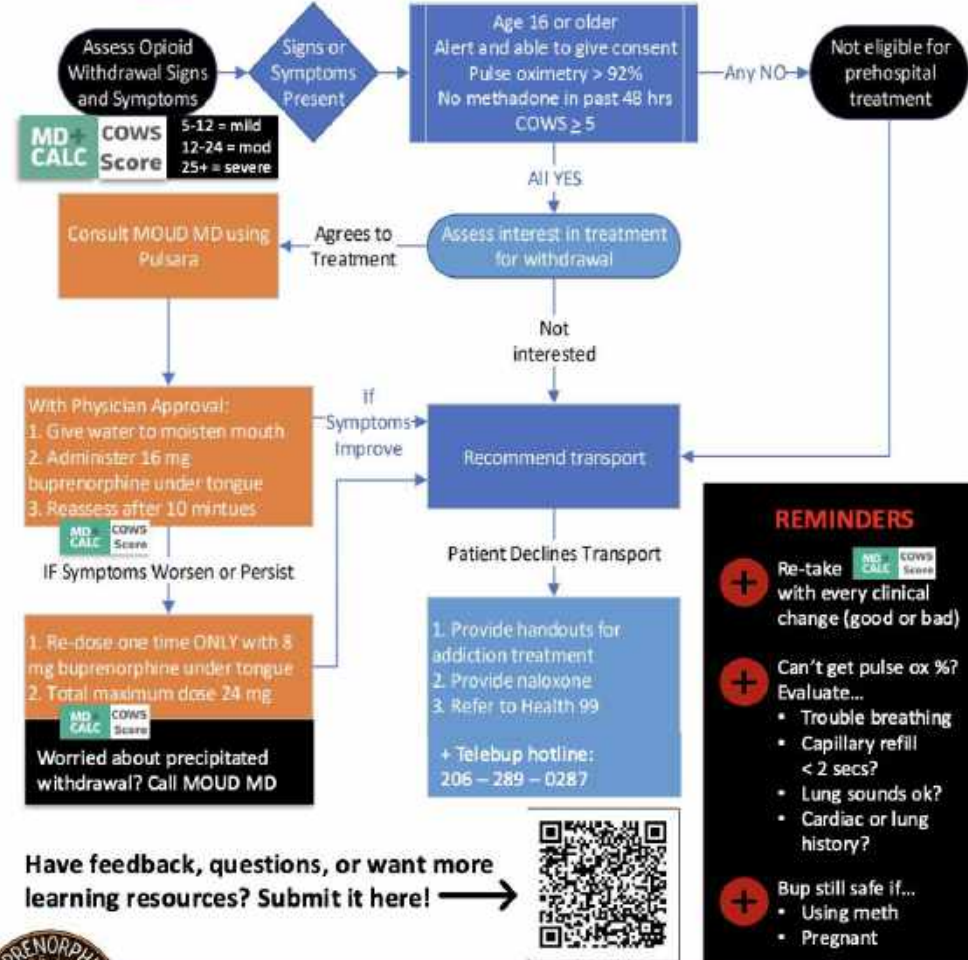
#### Opioid receptor + Bup



## SFD EMT & Medic Buprenorphine Protocol



### BUPRENORPHINE ADMINISTRATION



Have feedback, questions, or want more learning resources? Submit it here! →



Collaboration of SFD Health One & University of Washington Department of Emergency Medicine



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# **Overdose Receiving Centers & Care Linkage**



## ORCA Center will provide quick stabilization and resources following overdose



Seattle Mayor Bruce Harrell



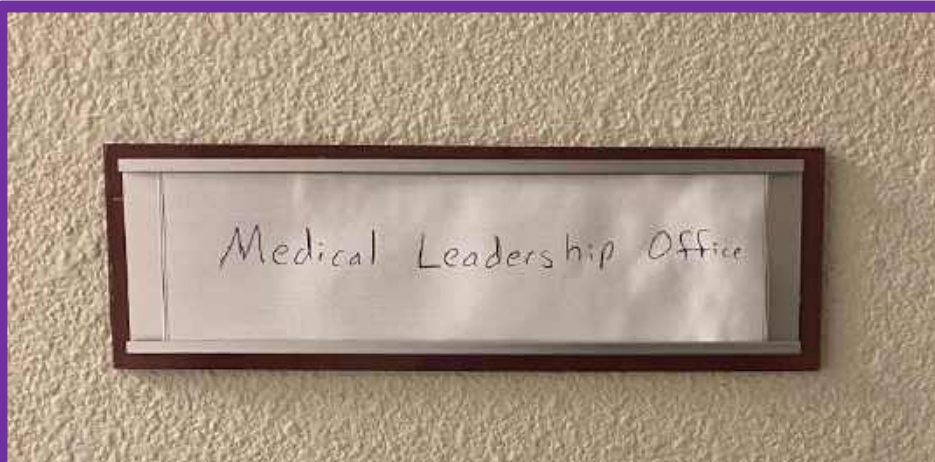
DESC Executive Director Daniel Malone



Downtown Seattle Association President & CEO Jon Scholer



Seattle Fire Chief Harold Scoggins



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HMC ED patients who survived a suspected opioid overdose over 5 months (March-July 2024) = 431 patients (24 received prehospital buprenorphine)

- ~2/3 had Medicaid and ~2/3 were discharged
- 126 (30%) had After Care Clinic appointments scheduled and 19 (5%) attended
- 82 (21%) had buprenorphine prescriptions and 38 (9%) had it filled

Preliminary Follow-up Care 30 Days After Index Opioid Overdose (Mar 1–Jul 31, 2024)			
Total (N=431)	No Prehospital Buprenorphine (N=407)	Prehospital Buprenorphine (N=24)	
11 (2.6)	8 (2)	3 (12.5)	Addiction Treatment Follow-up Care
82 (19)	71 (17.4)	11 (45.8)	Buprenorphine Prescribed
38 (8.8)	34 (8.4)	4 (16.7)	Buprenorphine Dispensed



# LESSONS LEARNED FROM THE FIELD

# Thank you!



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