

# Recovery Opioid Overdose Team Plus (ROOT+) Overview & Evaluation



**December 1, 2020- May 31st, 2023**

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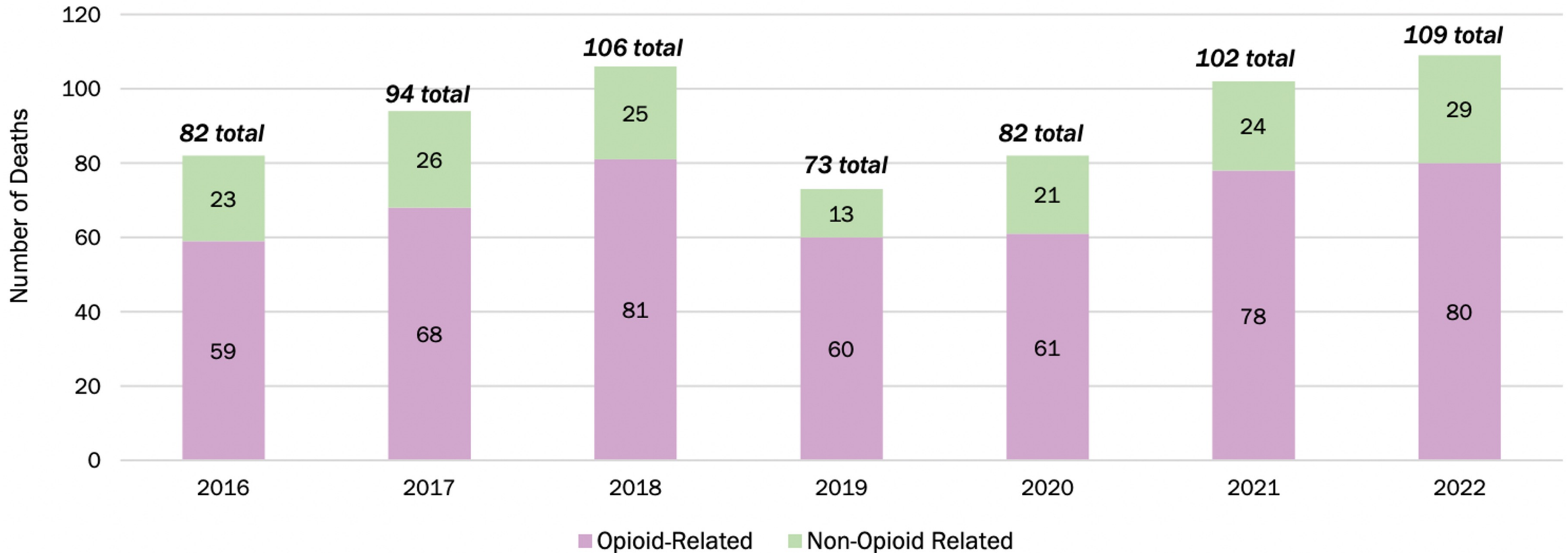
# Opioid Epidemic

- > 1 million people have died since 1999
- >100K drug overdose deaths in 2021
- 75% of these deaths due to synthetic opioids



# Why Do We Do, What We Do?

**Opioid- and Non-Opioid Related Overdose Deaths**  
Washtenaw County Residents, 2016-2022

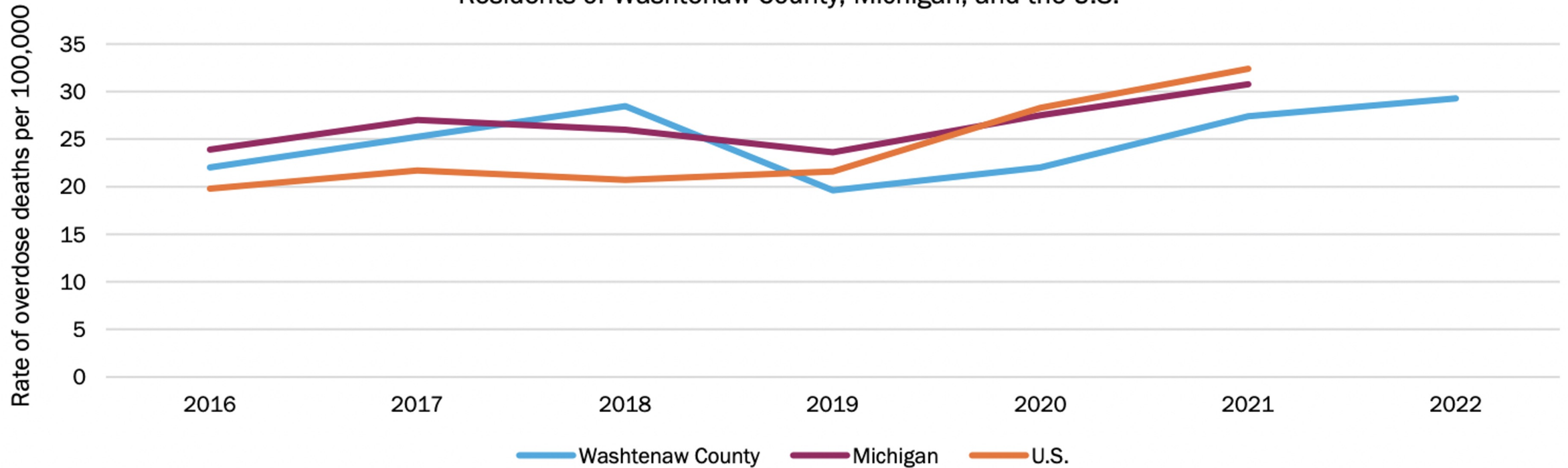


Source: Washtenaw County Medical Examiner, Michigan Electronic Death Registration System, and Washtenaw County Health Department.



# Why Do We Do, What We Do?

**Rate\* of All Drug Overdose Deaths, 2016–2022**  
Residents of Washtenaw County, Michigan, and the U.S.

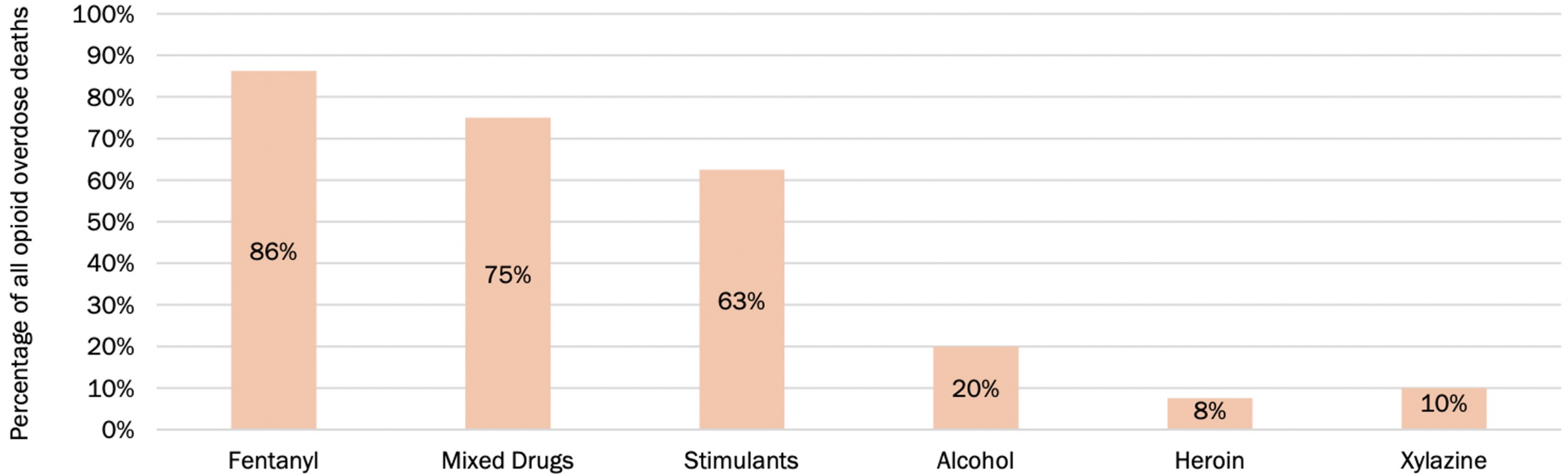


Source: U.S. data is from the National Center of Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) WONDER. Michigan data is from the Michigan Environmental Public Health Tracking data portal. Washtenaw County data is from the Washtenaw County Medical Examiner and Michigan Electronic Death Registration System. 2022 data for the U.S. and Michigan were not available.

\*Crude rates are per 100,000 using population estimates specific to the geographics.



## Opioid Related Overdose Deaths Percent of Substances and Characteristics Involved\* Washtenaw County Residents, 2022 (80 total deaths)



\*Substance category definitions (individuals may fall into more than one category):

- Fentanyl: fentanyl (a synthetic opioid) or fentanyl analogs was involved in the overdose
- Mixed drugs: an opioid overdose that also involved other non-opioid substances
- Stimulants: a drug classified as a stimulant (e.g., cocaine, methamphetamine, amphetamine) was involved in the overdose
- Alcohol: alcohol (including alcohol/ethanol poisoning or chronic alcoholism) was involved in the overdose
- Heroin: heroin (a recreational semi-synthetic opioid) was involved in the overdose
- Xylazine: xylazine (a non-opioid tranquilizer not approved for human use) was involved in the overdose

# Program History

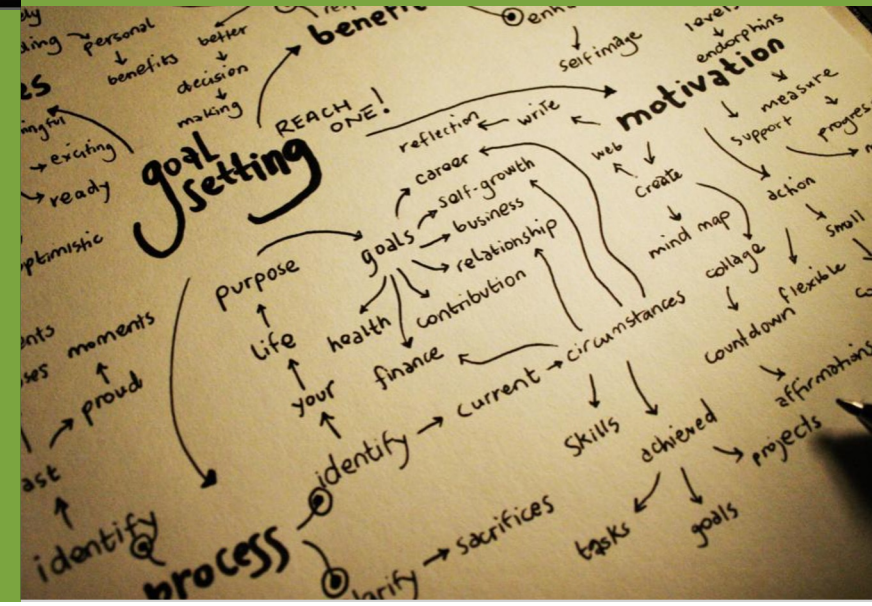
Since 2017, the Recovery Opioid Overdose Team (ROOT) has been responding to non-fatal overdoses in Washtenaw County Emergency Departments.



ROOT Recovery Coaches and Case Managers meet survivors in the ED to provide assistance with referrals to recovery support services, including recovery, medical, and social support following their release from the hospital.



ROOT is a voluntary program, where patients have the option to utilize these services if they are willing to engage with the team...



## ROOT+ is designed to...



Prevent future overdoses, reduce harm from substance use/misuse, and provide community education and support.

Engage overdose survivors in ways that we were unable to in the past.

Link individuals and families to more community resources.

Promote a person-centered and community-supported approach to recovery.



# Program Overview



# Background

- Quick Response Teams (QRT)   
multidisciplinary teams available to respond to survivors post-overdose
  - Different teams have different compositions
- Washtenaw County QRT Model
  - Recovery Opioid Overdose Team Plus (ROOT+)
  - Composed of Peer Recovery Coaches



# Background

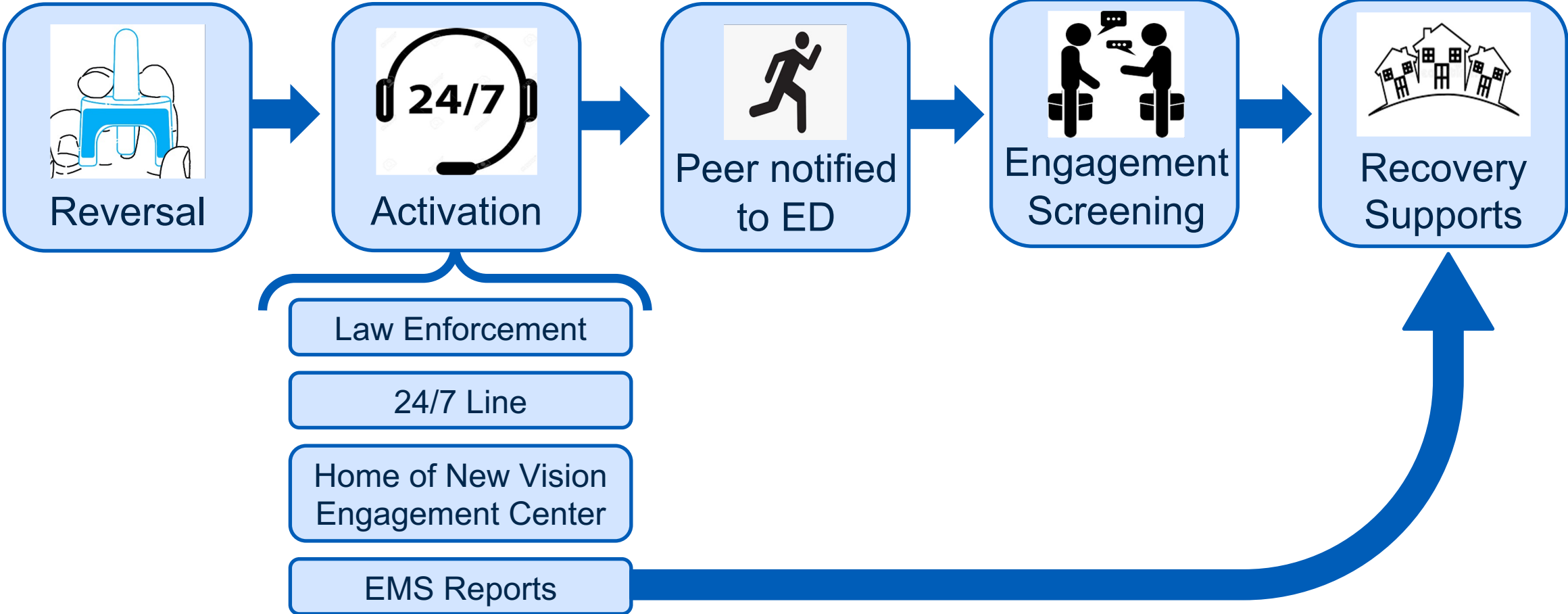
- ROOT+ Goals:
  - Engage with OD survivor and networks within 72 hours post-OD
  - Connect survivors to recovery supports and treatment services





# Methods

## ROOT and ROOT+ Protocol



# Day in the life of a ROOT+ Peer: Activation to ED

- 24/7 on-call phone
  - Engaging with community partners
  - Activation to ED
- Meeting in ED
  - Talk to the client about the incident
    - Understand what happened
  - Build rapport
    - Meet people where they are at
  - Assessing recovery capital
  - Building a plan with the client
    - Multiple pathways



# Day in the life of a ROOT+ Peer: Activation by EMS



- Receive automated reports via email from EMS
- Attempting to contact the client:
  - Peer goes to incident address or resident address
    - If the incident occurred at a public place or business, ROOT+ offers support to workers
  - Provide harm reduction, education, and recovery support
  - Maintain confidentiality of the client by acknowledging the incident, but not the client's information
- If they are unable to contact the client  attempt contact over the phone
  - If ROOT+ has the client's contact information, they will call the client



# Day in the life of a ROOT+ Peer: Activation by community member

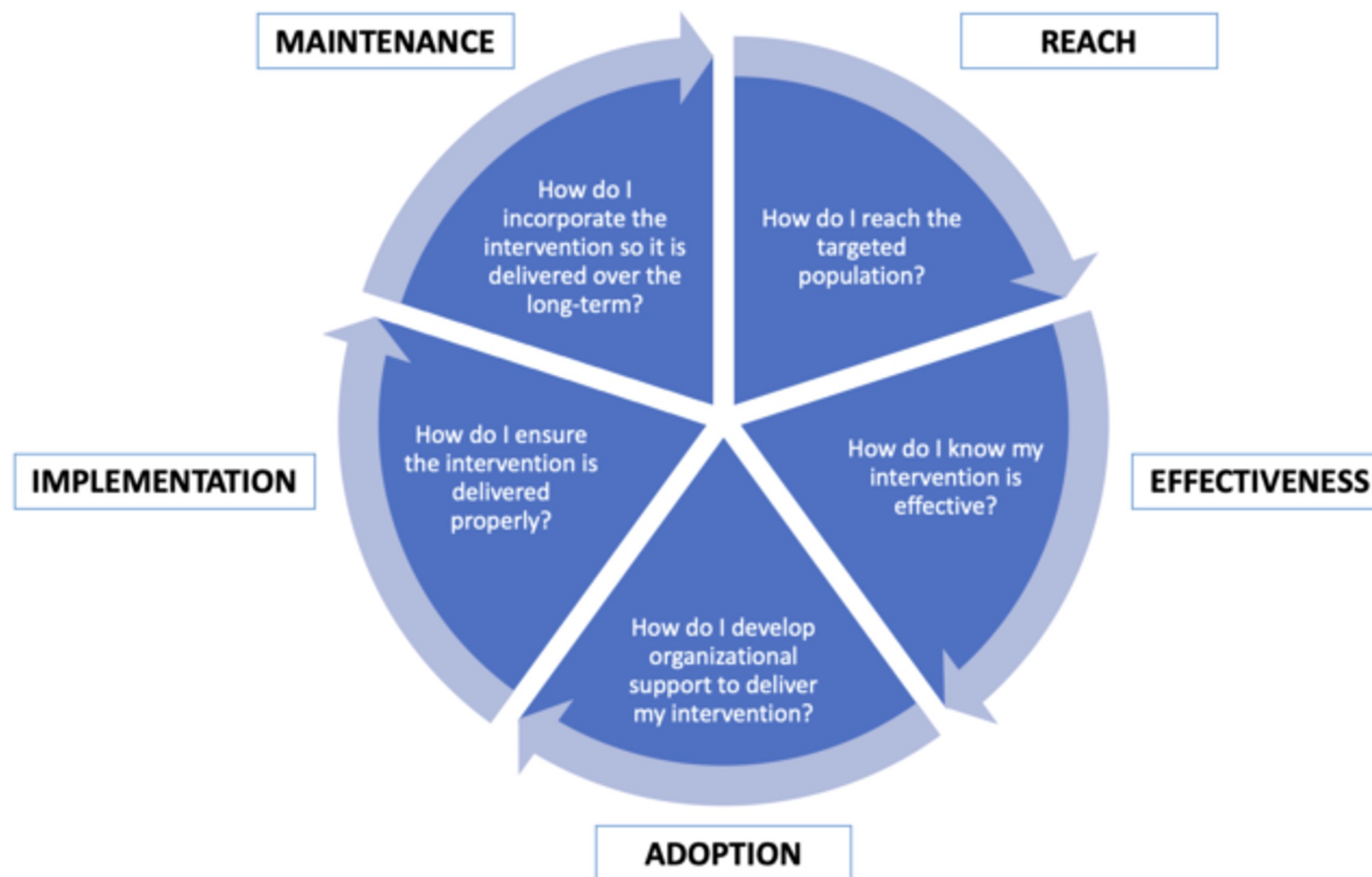
- Community members activate ROOT+ through the HNV Engagement Center or email ([root@homeofnewvision.org](mailto:root@homeofnewvision.org))
- Engagement center contacts ROOT+
- A peer will respond to the ED or the address given, following same procedure.
- ROOT+ will follow up with the community member to see if the community member needs support or resources
  - Family recovery coaching

# Day in the life of a ROOT+ Peer: following up in the community

- ROOT+ will attempt to reach out to every client at least 3 times
- Connection to resources and services
- Completing final recovery plan
- Continuing offering recovery coach support and case management
  - Supporting and empowering clients to increase recovery capital
  - Helping client to explore in multiple pathways
- Client satisfaction survey

# Evaluation Framework

## RE-AIM





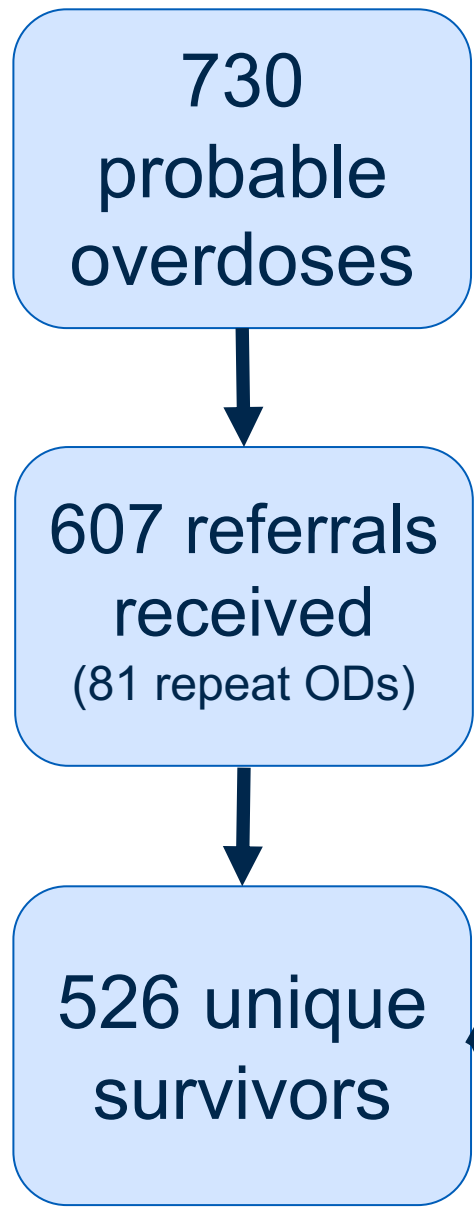
# Reach



# Reach

## Who participated? Not?

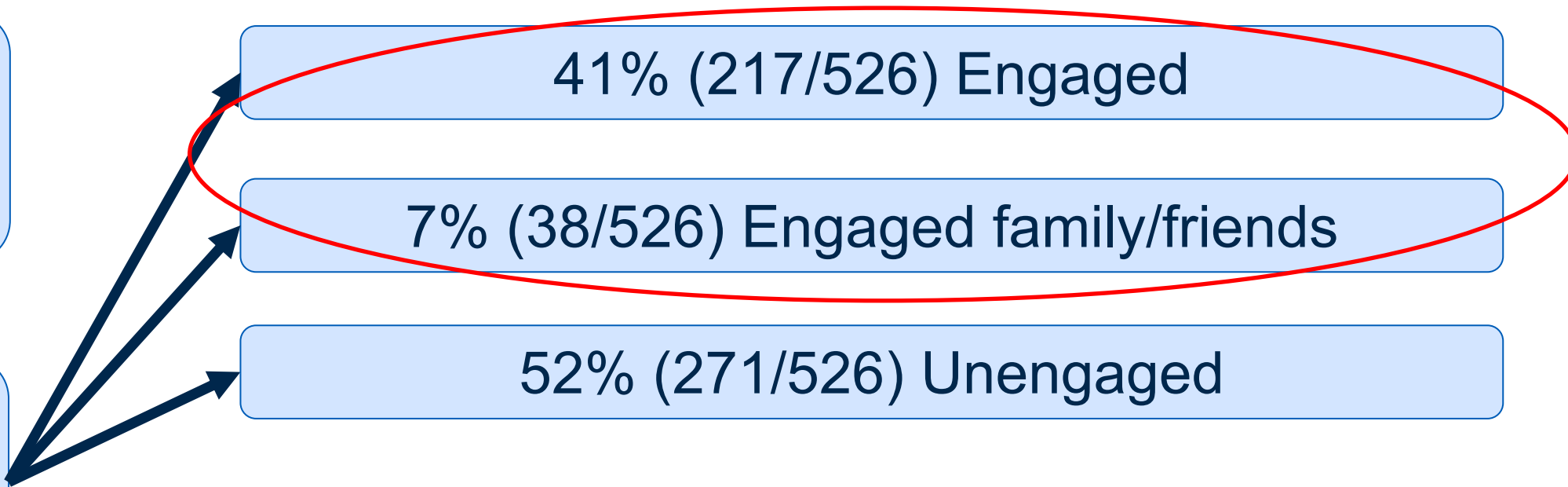
12-1-2020 to 2-28-2023



41% (217/526) Engaged

7% (38/526) Engaged family/friends

52% (271/526) Unengaged



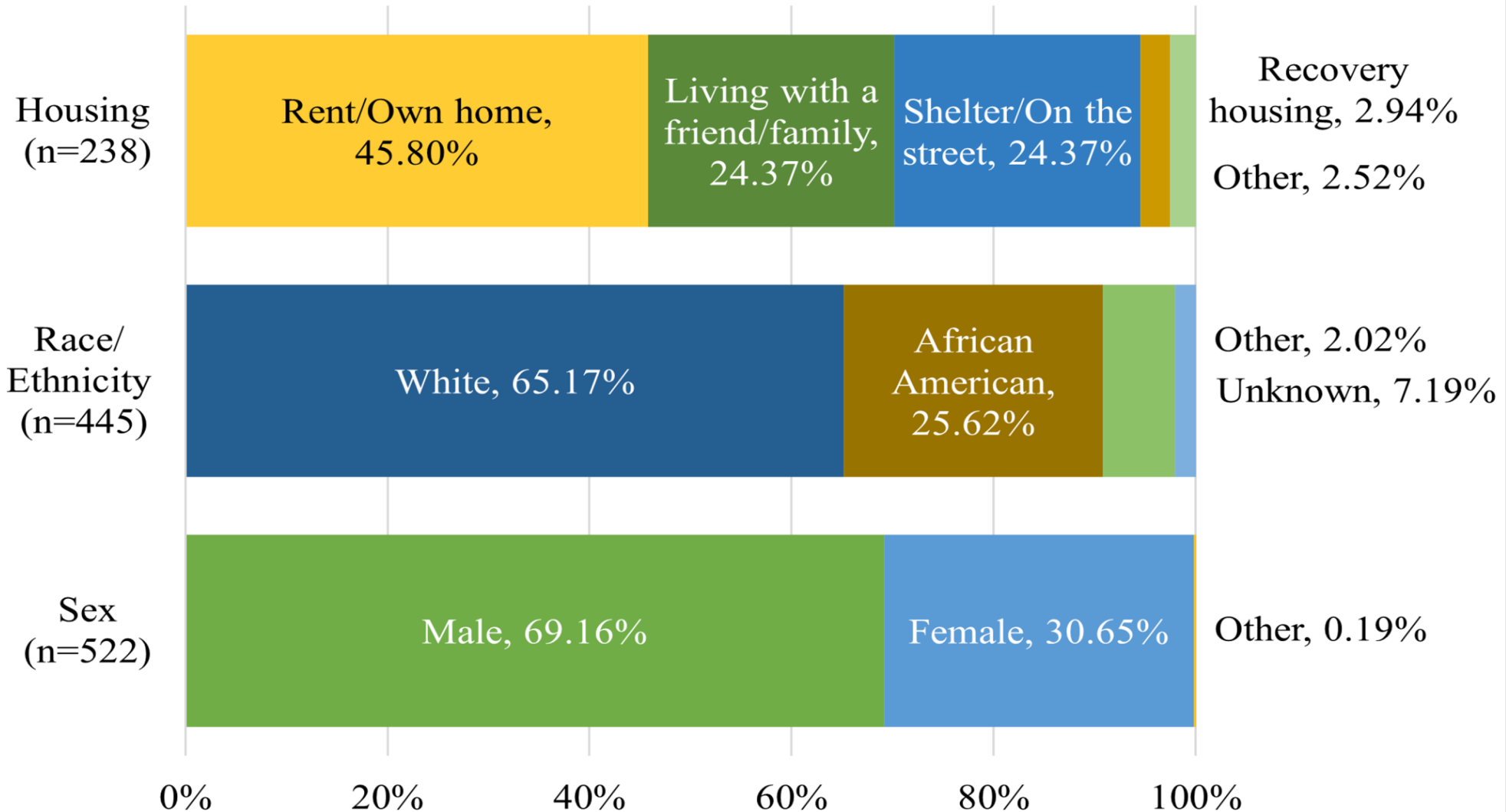
# Demographics



We Dare

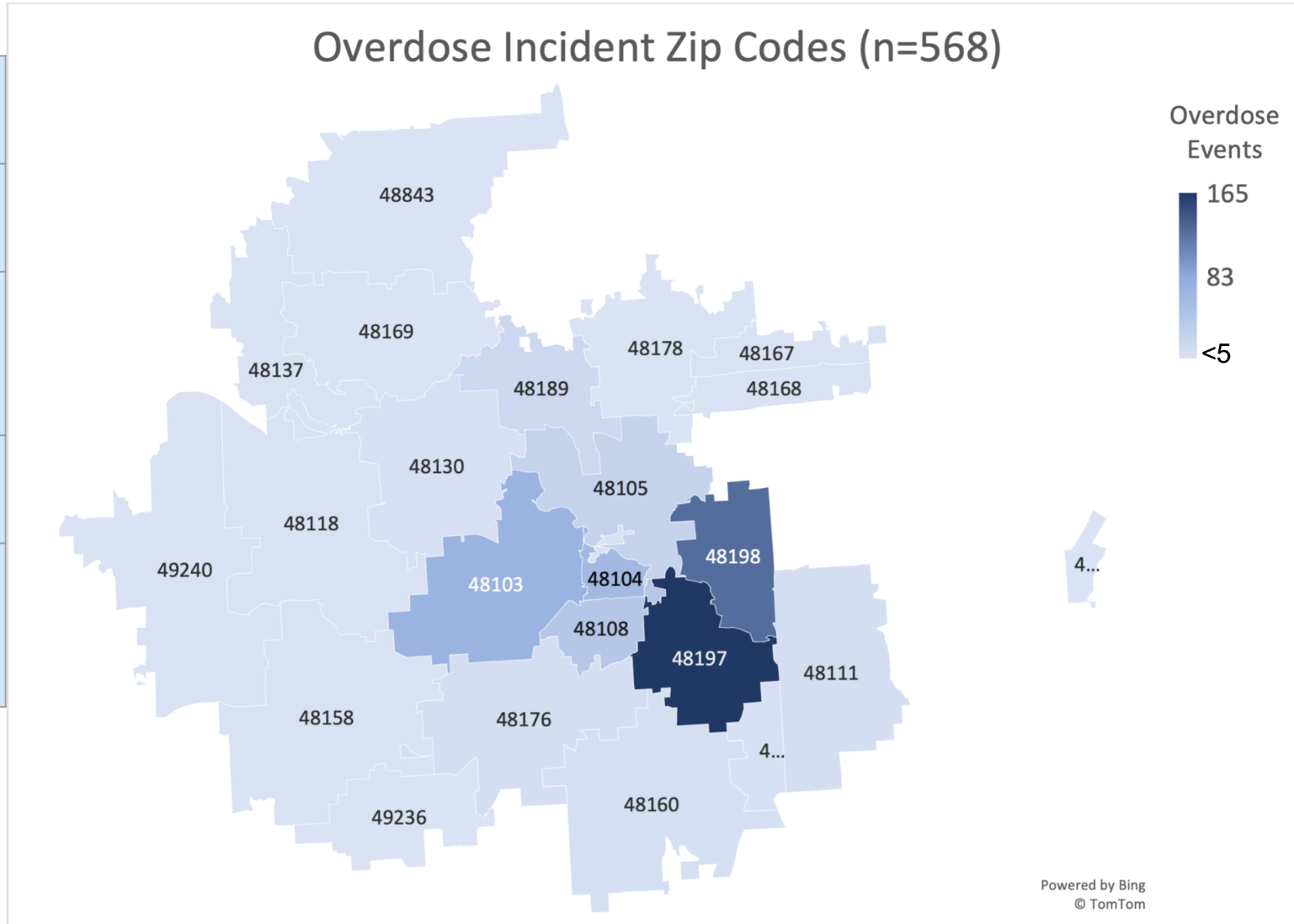


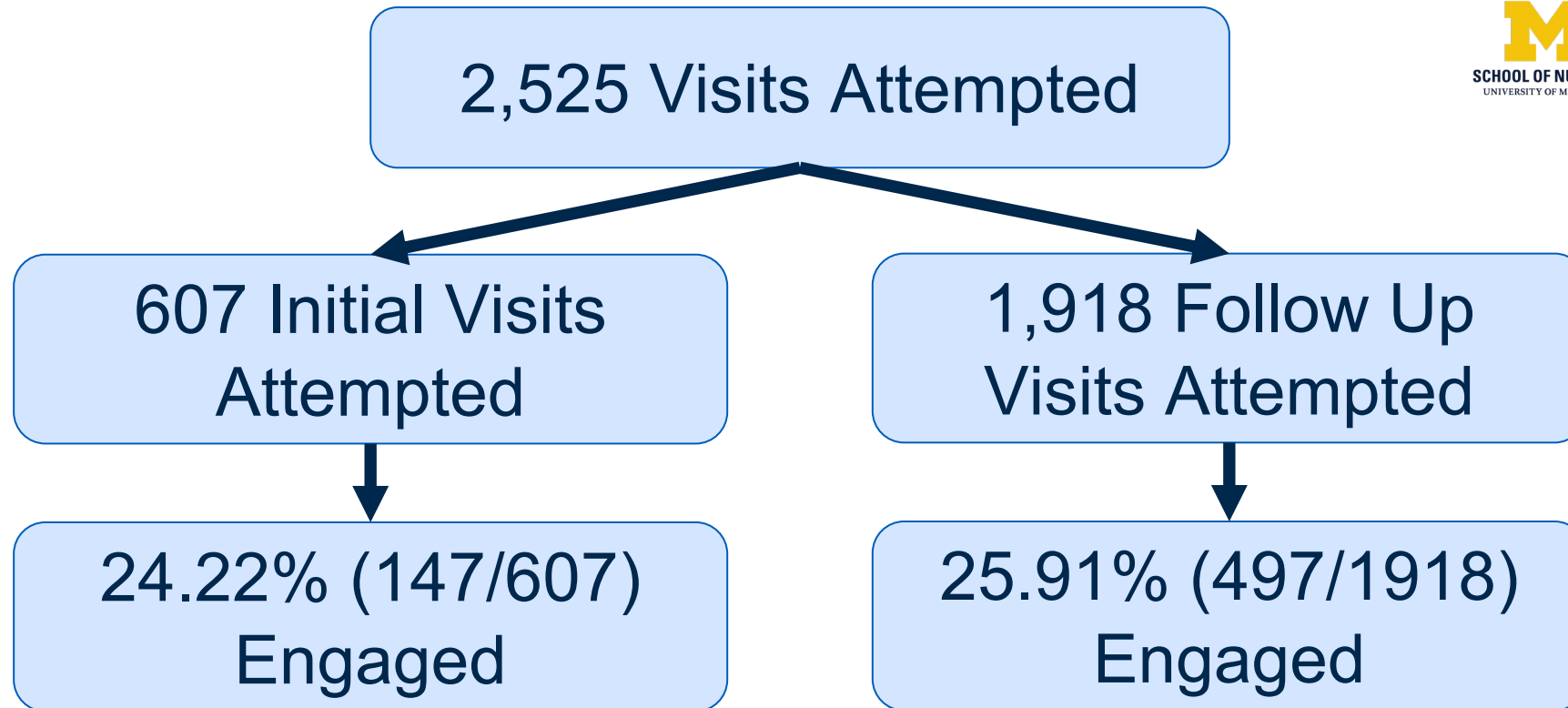
### ROOT+ Client Demographics



# Demographics

	Mean (SD)	Range	Median
Age In Years (n=511)	41.42 (13.88)	15-90	39
Number of overdoses in the past year (n=67)	1.67 (1.02)	0-5	2
Motivation to seek treatment (n=71)	5.80 (3.79)	0-10	7
Modified Recovery Capital Score (n=61)	2.95 (0.93)	1.08-4.80	3



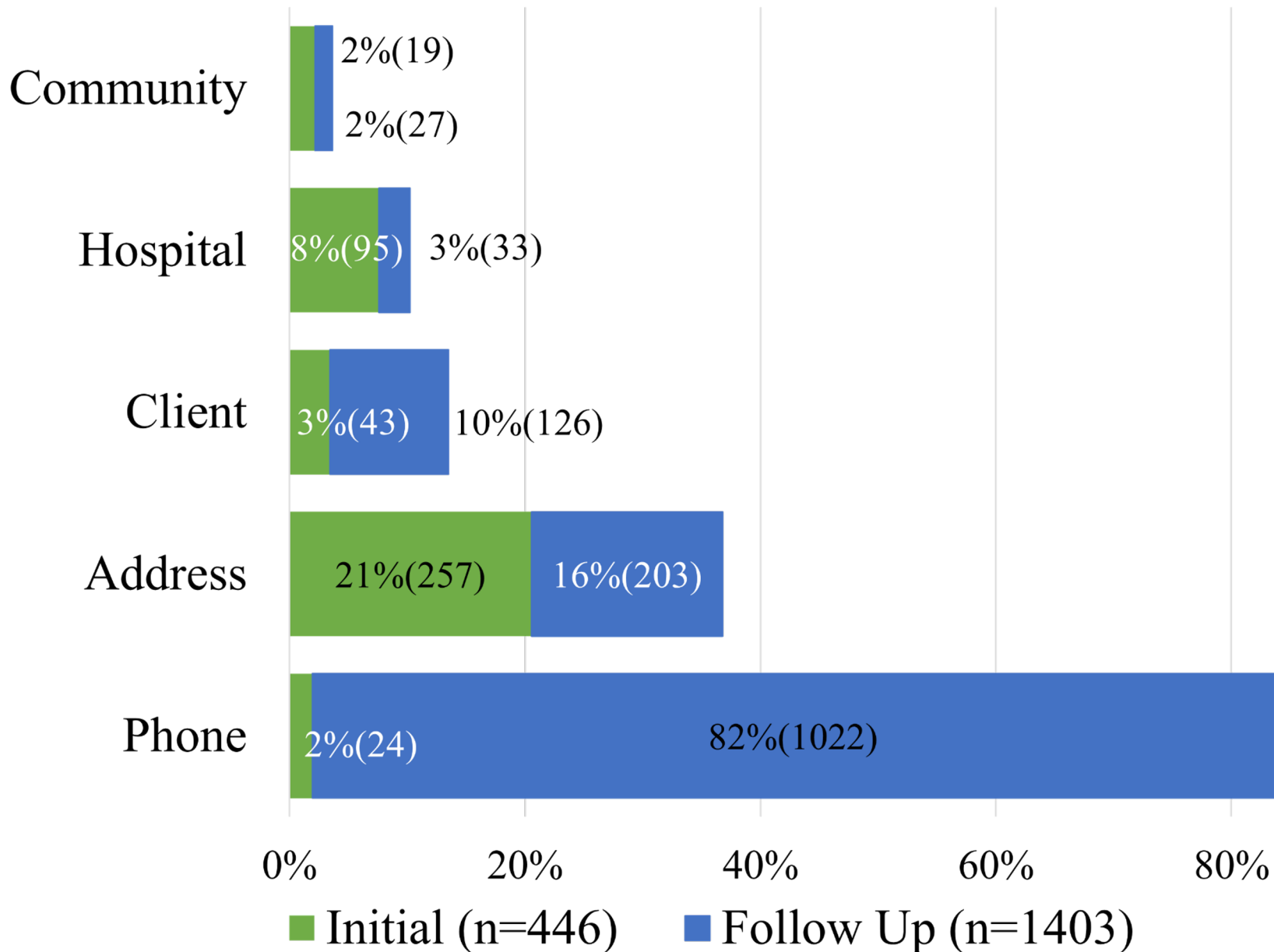


Contacts Attempted by Client Engagement Type

	Mean (SD)	Median	Range
Contacts to Engaged Clients (n=1486)	6.85 (6.54)	5	1-42
Contacts to Unengaged Clients (n=1039)	3.36 (2.19)	3	1-16



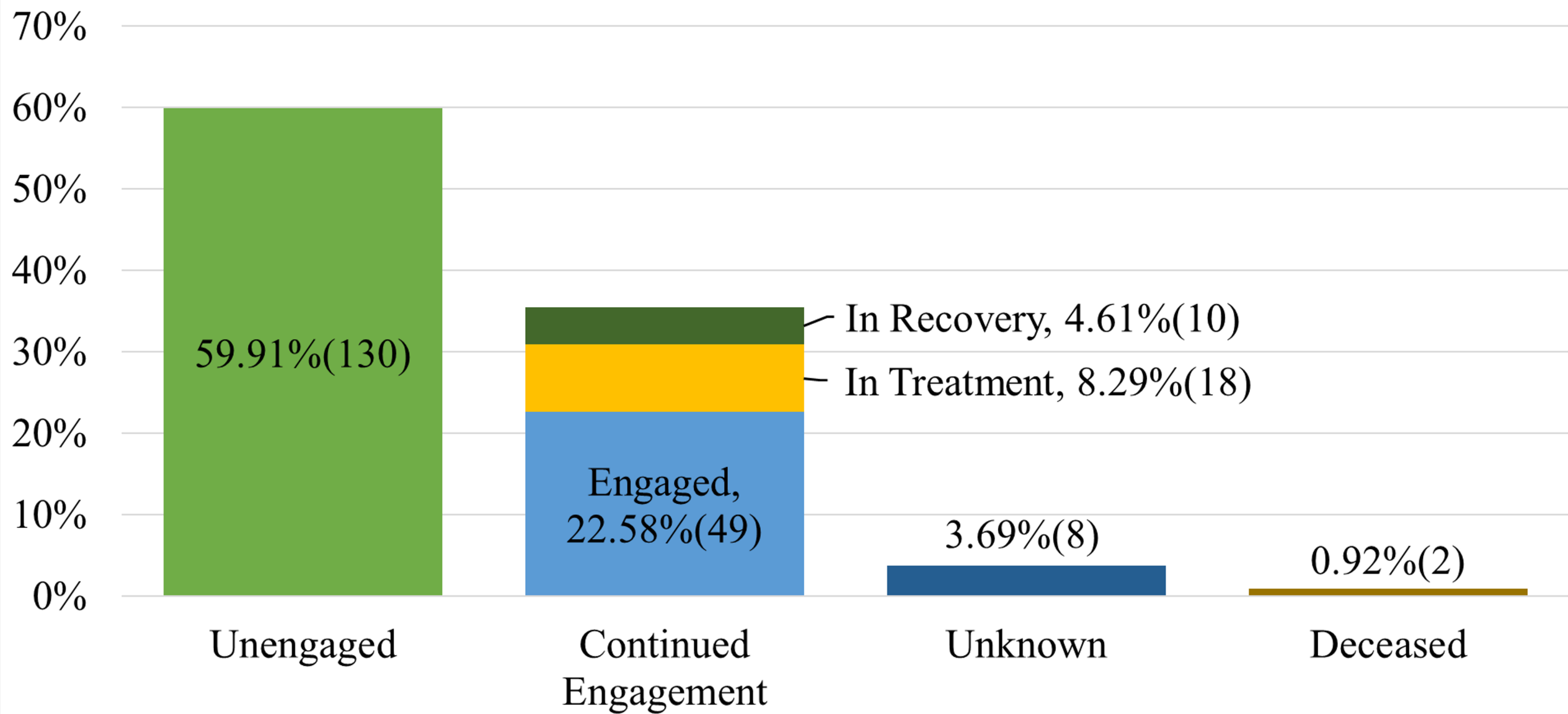
# Reasons for Client Not Engaging (n=1849)



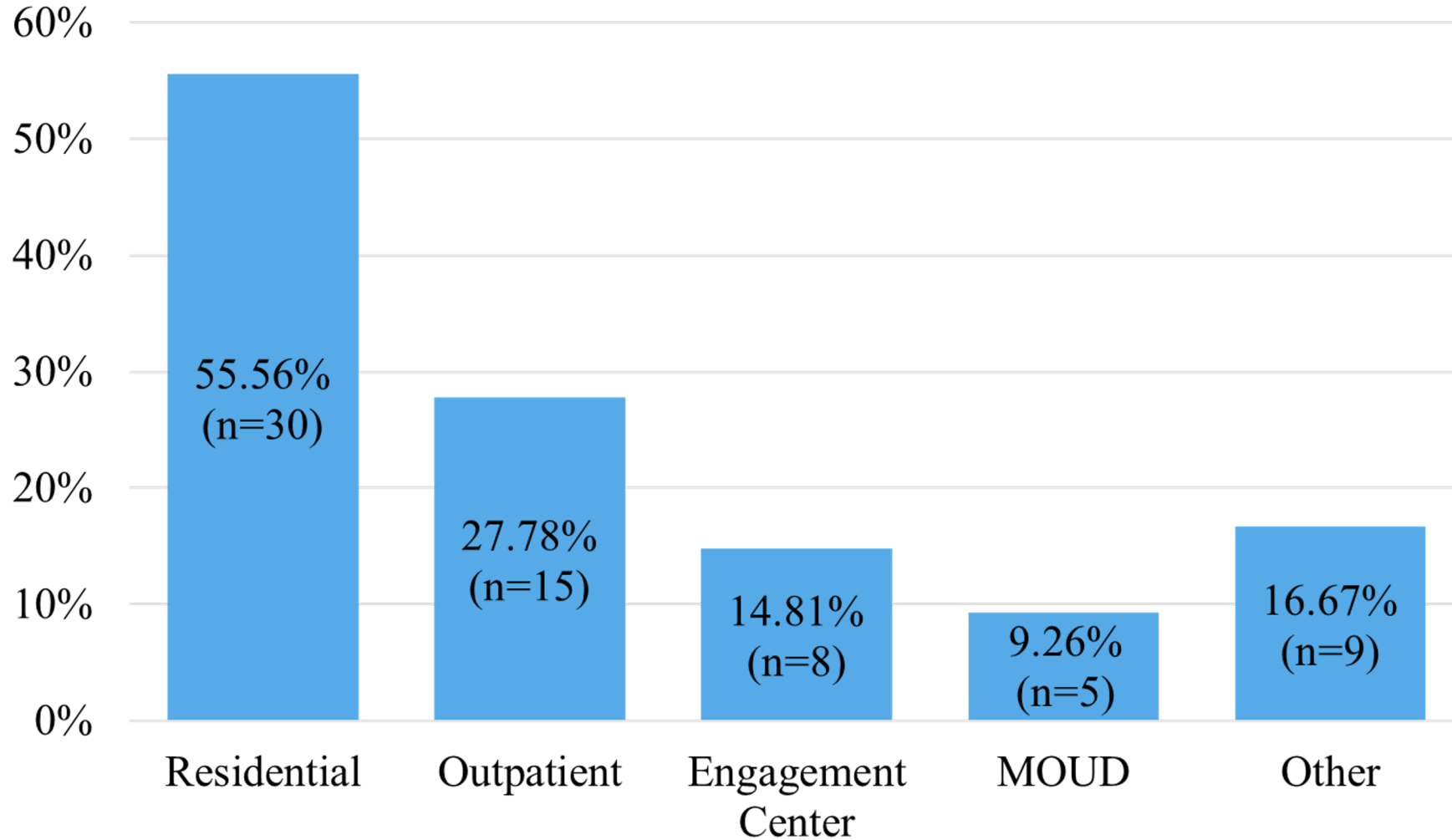
- Community**  
OD business or public location, checked out from motel
- Hospital**  
unresponsive, d/c, no show, ED refused
- Client**  
deceased, incarcerated, not interested, claimed no OD
- Address**  
Wrong, unknown
- Phone**  
no answer, invalid #

# Effectiveness

# Engaged Client 90 Day Outcomes (n=217)



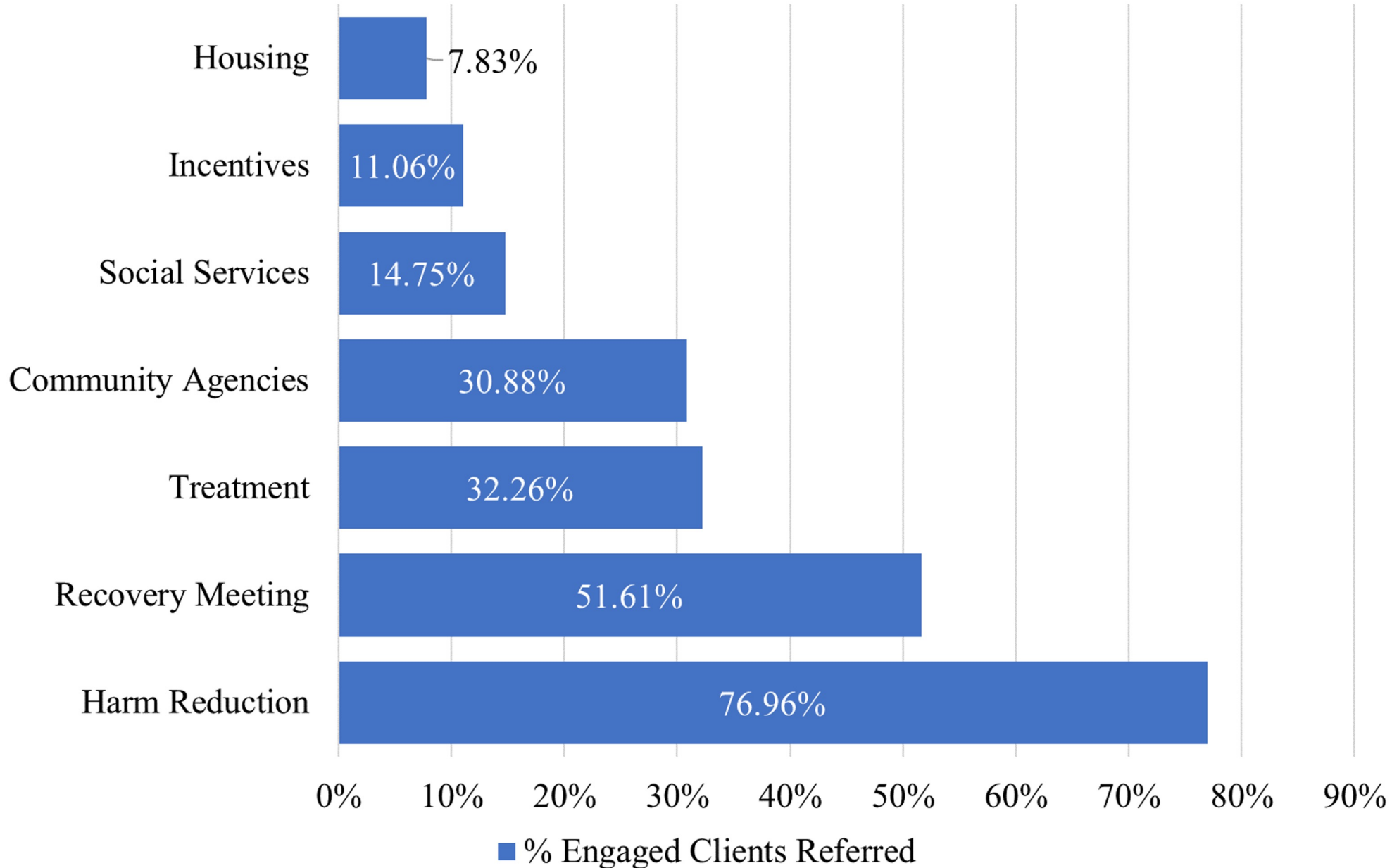
## Treatment Programs Entered (n=67)



70% (49/70) of clients who received a referral entered a treatment program.

49 clients entered 67 different treatment programs.

## Services Referred to Engaged Clients (n=217)



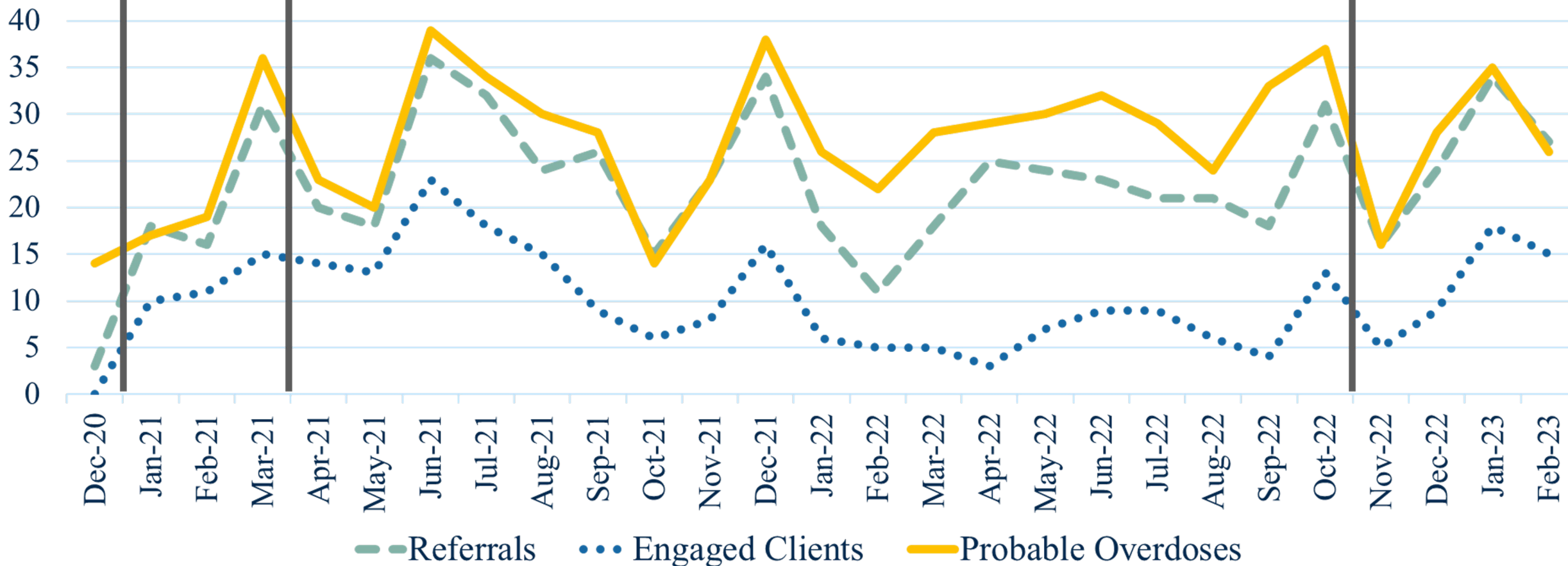


EMS referrals began

Fentanyl test strip distribution began

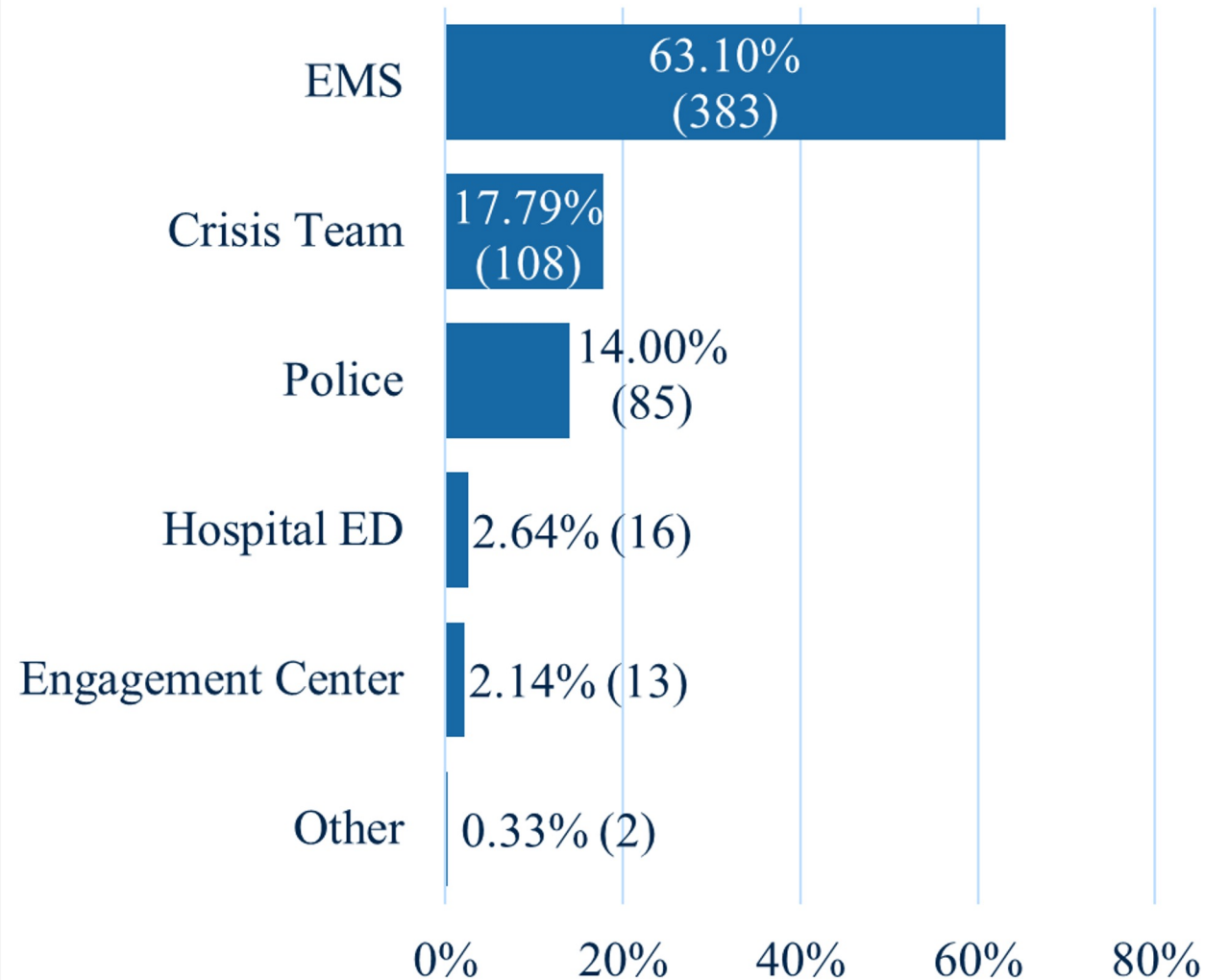
Automated EMS referrals began

### ROOT+ Referrals and Engagement by Month

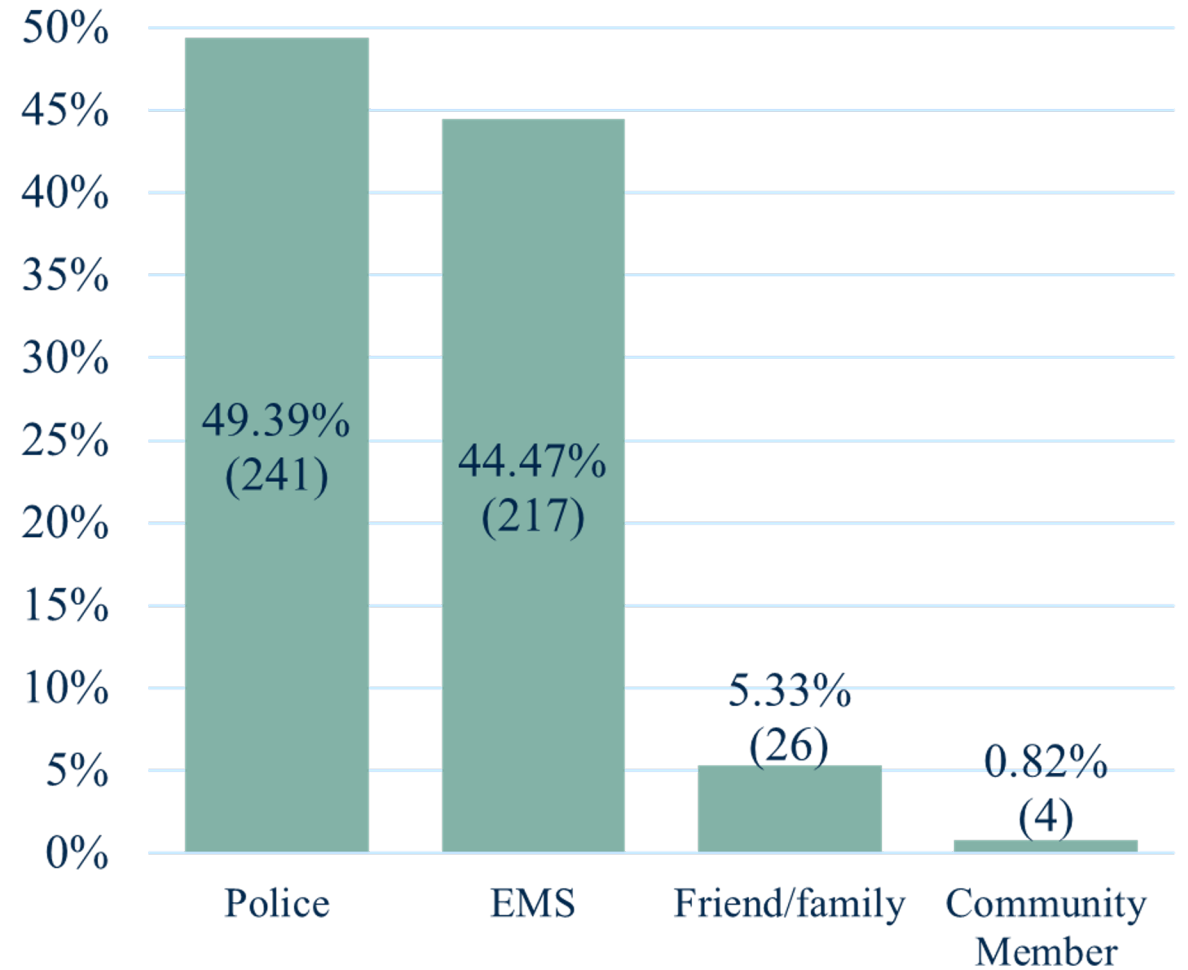


# Adoption

### Which agency initiated the ROOT+ referral? (N=607)



### Who first administered naloxone to the client? (n=488)



# Community Education









# ROOT+ naloxone trainings and outreach events from December 1, 2020 – May 31, 2023



242

Community  
education and  
outreach events

2,847

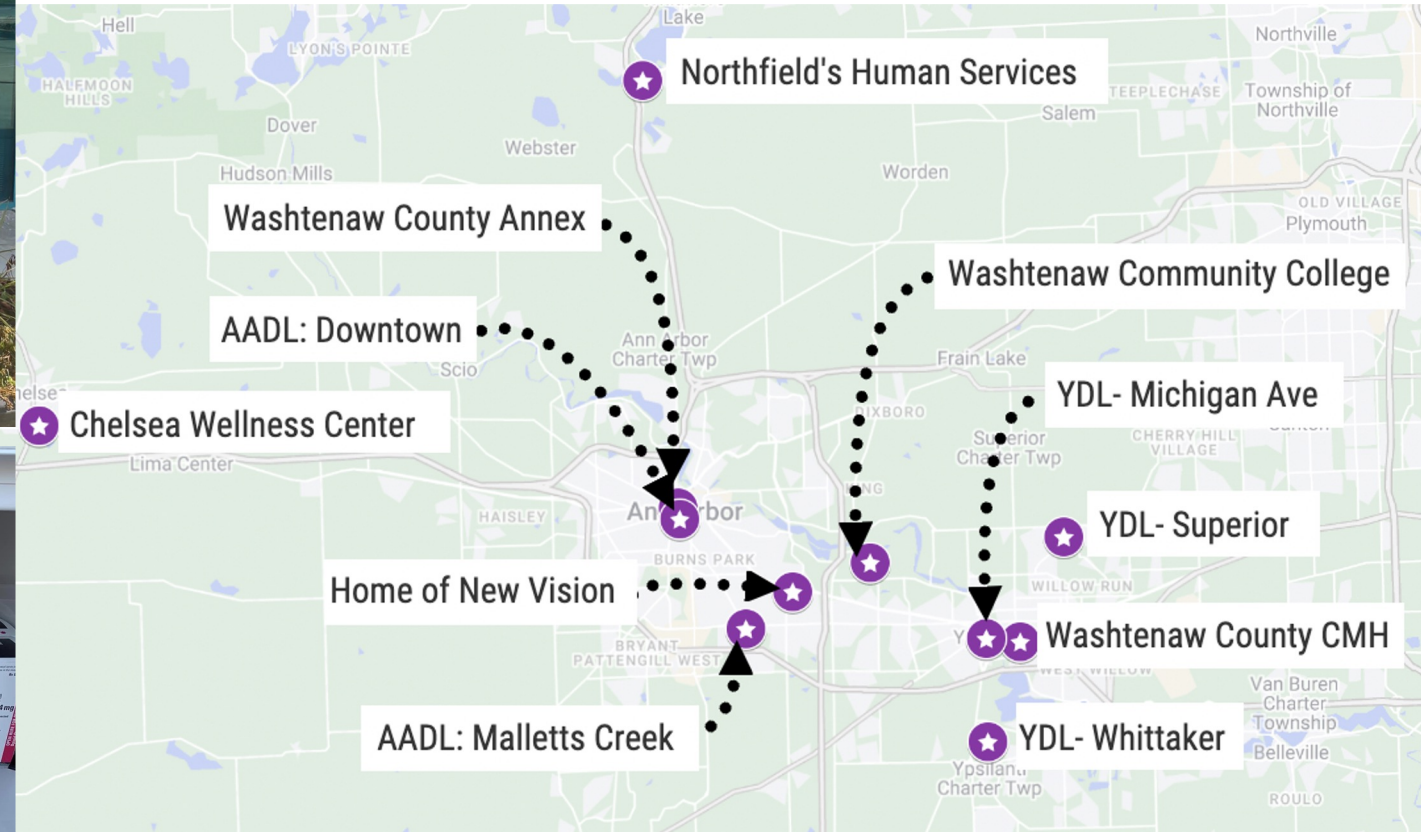
Community  
members trained  
on naloxone use or  
ROOT+ information

6,686

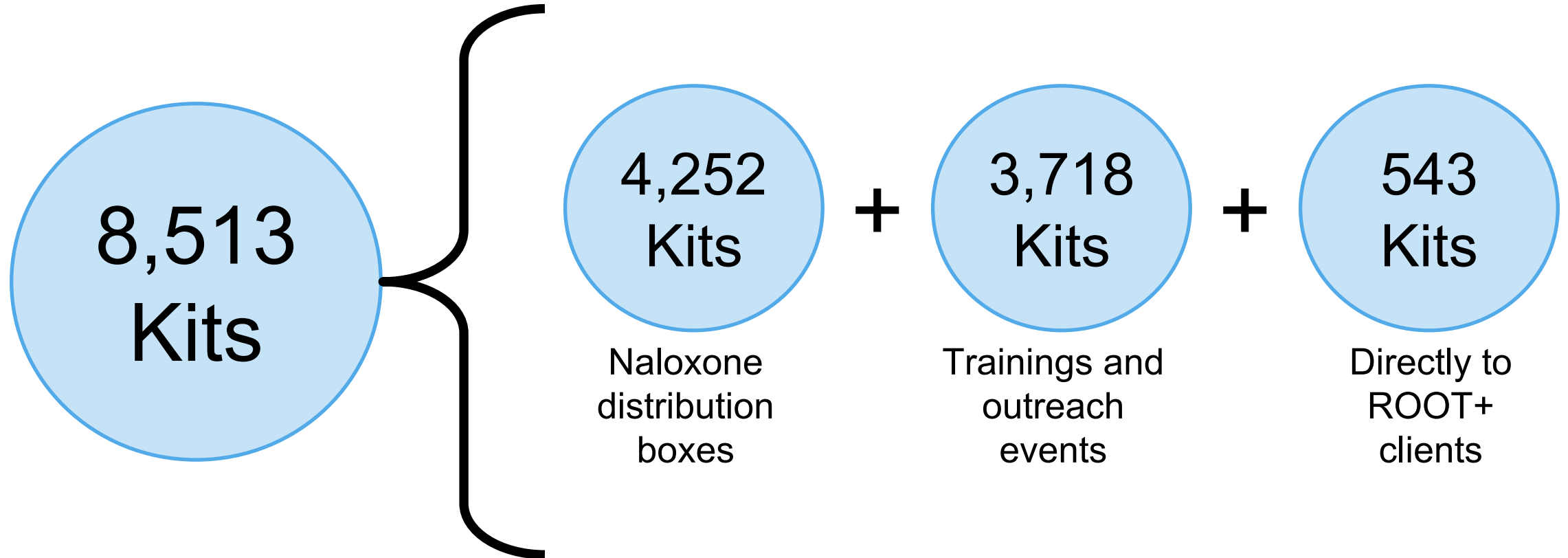
Informational  
flyers  
distributed

70% of outreach events were held in 48197 and 48198

# Naloxone Distribution Box Locations



# Total naloxone distribution from December 1, 2020 – May 31, 2023:



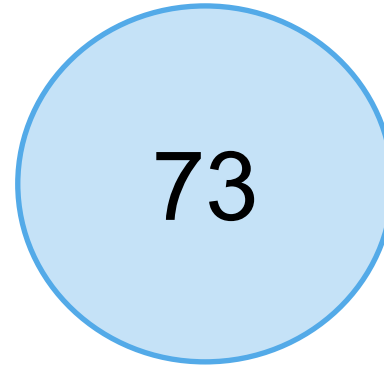
# Total harm reduction distribution from December 1, 2020 – May 31, 2023:



Naloxone Kits



Xylazine  
Test Strips



Safe Use  
Kits



Fentanyl  
Test Strips



Medication  
Deactivation Kits



Informational  
Flyers

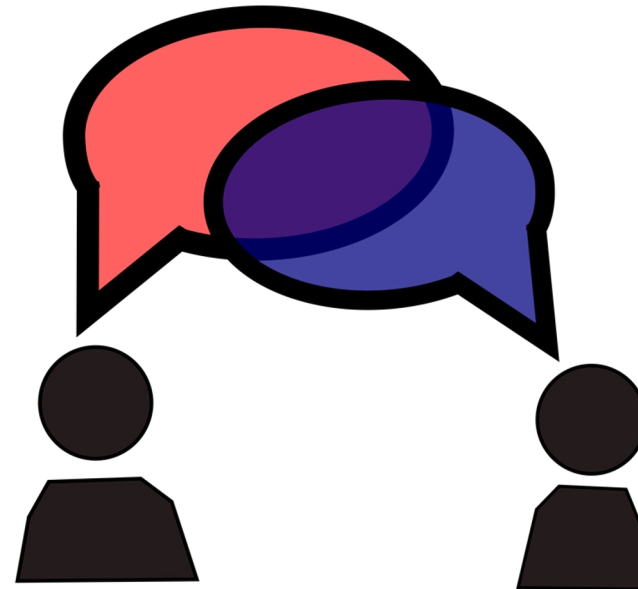
ROOT+ distributed harm reduction supplies through their community education events, naloxone distro boxes, and to ROOT+ clients directly.



# Implementation

# Implementation

- Conducted stakeholder interviews (N=15) every year to evaluate facilitators and barriers to improve ROOT+ process and outcomes



# Delays in ROOT+ Referral

Majority of ROOT+ referrals are from EMS (63%), but delays exist when received through other community agencies

## Solutions Implemented:

- Direct activation line created through Home of New Vision (HNV) Engagement Center
- Daily automation of EMS referrals

“I think our biggest challenge is still delays in notification, especially for responding to the local EDs (emergency departments). It happens regularly that we will be notified as the person is being discharged, so that way we're not able to ... meet them in the hospital to see them. So, increasing or speeding up the time in which people contact us would definitely improve our chances of meeting them in the hospital.”

– ROOT+ Team

# Need for Greater Awareness of ROOT+

With higher rates of staff turnover in different hospitals and agencies, training and re-training is needed for staff

Solutions:

- Redistribute ROOT+ materials to Emergency Department (ED) staff
- Provide education about ROOT+ to new police officers
- Report ROOT+ outcomes to stakeholders
- Continue to engage Washtenaw County through community outreach and trainings

“I chopped out certain bits [of the ROOT+ evaluation report] and we put them through our organization channels to communicate with people, just to bring awareness to the impact that the partnership is having, and for me..., it was just inspiring... Just motivation, it's like, yeah, **we're [EMS] making a difference.**” –EMS

# Barriers to Client Engagement

Clients face stigma in healthcare and community settings and lack access to phones and housing.

## Solutions:

- Resources for phones, housing, and transportation
- Meet clients in the ED to establish connection and collect detailed contact information
- Utilize family recovery coaching services to support families
- Continue to use peers with lived experience to conduct outreach and engage with clients using a nonjudgmental approach
- Increase racial/ethnic diversity of peer recovery coaches

“I try to let them know...we are the same person. I'm not above you or better than you in any way. I just figured out how to stop through the help of other people. And that's the **big thing is that you're not gonna quit using drugs unless you have support.** Nobody gets sober by themselves. It **doesn't matter what pathway you choose, but you have to have supports. So I try to be that.**” - ROOT+ Team



# Treatment Access Barriers

Barriers include: 1) need for phone, 2) wait times, 3) repeated questions from different providers, 4) few treatment options for MOUD, 5) a confusing system to navigate.

## Solutions:

- HNV Engagement Center has a bed available to ROOT+ clients
- ROOT+ Peer Recovery Coaches can help clients navigate the treatment system, but quicker and efficient authorization process is needed (i.e., 24-hour treatment access line)
- Provide phones to clients

“You have to call the Access line, hope that there's someone available for authorization. If not, the [patient] has to call back...And then even once [treatment] is authorized, [finding] a facility with an available bed, that's often a three to five-day process... and **if patient doesn't need to be admitted medically, what are they supposed to do for three to five days?**  
- Social Worker

# Maintenance

# Recommendations to improve the ROOT+ program from stakeholder interviews



# Individual Client Recommendation

Many ROOT+ clients lack reliable access to phones, which are needed to engage with ROOT+ and to enter treatment programs. While government provided phones have bridged some of this gap, filing paperwork and locating survivors to deliver it represent major barriers.

## *Recommendation:*

- Provide working phones to ROOT+ clients through donation programs or grant funded opportunities in the future.

# ROOT+ Staffing Recommendations



The ROOT+ PRC placed in a local ED quickly responds to ODs and makes connections with patients and ED staff, improving ROOT+ awareness and ability to engage with clients. If more staff were embedded in the ED or could cover additional hours, engagement with ROOT+ or SUD treatment may increase.

## *Recommendation:*

- Staff additional peer recovery coaches in EDs.

When ROOT+ experienced reductions in staff, it decreased client engagement. An understaffed ROOT+ team can lead to greater work burden leading to work fatigue.

## *Recommendation:*

- Having the ability to maintain a fully staffed, diverse ROOT+ team will aid in reaching more clients across diverse populations and reduce staff burn out.

# Policy/Funding Recommendations



Engagement in the ED immediately after an overdose has been shown to increase engagement with ROOT+ team.

## *Recommendation:*

- Modify the activation protocol to ensure quicker response times to the ED following an overdose.
- This could be pursued through EMS activation of ROOT+ at an earlier point, potentially as soon as they respond to an overdose call.

The ROOT+ program is funded through multiple federal and state mechanisms via two-to-three-year grant cycles. To deliver and sustain high quality programming, a stable funding stream needs to be identified.

## *Recommendation:*

- Identify future funding mechanisms to sustain and expand ROOT+ program.



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# Education and Community Outreach Recommendations

Community partners may feel disconnected to or lack knowledge of the ROOT+ program. This could be improved through

- Providing education about the ROOT+ program during in person training events
- Regularly sharing ROOT+ outcome information with partners and provide feedback to partnerships
- Redistributing ROOT+ materials to partners
- Continuing to provide education to the Washtenaw County community during outreach events

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# Quotes from family and friends of ROOT+ Clients

- “[The peer recovery coach] has helped more than I could have expected and our family loves her, we appreciate these services!”
- “[The peer recovery coach] is a great help to my mom and always checks in with us.”
- “[The peer recovery coach] is always super positive— when I leave, I always feel positive. She is super great. She opens my eyes to a lot of things about myself. I like that.”
- “ROOT has given me an outlet from every feeling, worry, whatever it is, I know I can reach out to her. She has made me feel comfortable [to] talk about my son and our family.”

# Quotes from ROOT+ Clients

- “I appreciate the authenticity of all the employees. I feel **this is a pivotal turning point in my life.**”
- **“My coach didn't give up on me, thank you.”**
- “My coach ... is awesome. She has helped me so much and cares.”
- **“Thank you for help saving my life.”**



**“Everybody's threshold for seeking help and being receptive to help is going to be different. And what triggers one person to finally accept that help and move forward with recovery is totally different than what somebody else's is. And **if by placing ten phone calls to ROOT, if it helps one person, then that's a positive thing. *It's one person who might not have previously had access to help or known that it existed***”**

- Police



# QUESTIONS





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# Contact

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[rrich@homeofnewvision.org](mailto:rrich@homeofnewvision.org)

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