



City of Dallas

Dallas Fire Rescue Opioid Response Team

**Public Safety Committee
May 9, 2022**

Deputy Chief Delridge Williams
Dallas Fire-Rescue Department

Section Chief Scott Clumpner
Dallas Fire-Rescue Department

Opioid Response Team



- Background
- Proposed Program
- Funding
- Implementation



Background



- Opioid Problem
 - Nation
 - Local
- Best Practice Mitigation Efforts
 - Education Programs
 - Outreach Programs



Background



FEDERAL:

- Substance Abuse and Mental Health Services Administration (SAMHSA)

STATE:

- Texas Health and Human Services Commission (HHSC)
- Texas Targeted Opioid Response (TTOR)
- University of Texas – San Antonio (UTSA)

LOCAL:

- Recovery Resource Council (RRC)
- North Texas Behavioral Health Authority (NTBHA)
 - Metrocare Services



Proposed Program



Specialized Two-Person Response Team

- One DFR Paramedic and One Peer Services Specialist from Recovery Resource Council
- Non-emergency response
- Connect patients to services to support treatment and recovery



Proposed Program



- Target population is any individual within response area of DFR who has experienced and survived a drug-related overdose
- Clients are located through:
 - Previous Interactions
 - 911 dispatch information
 - Referrals from law enforcement
 - Recovery Resource Center
 - Other stakeholders / community sources



Proposed Program



Available resources include:

- Inpatient/Outpatient Treatment Services
- Peer Supportive Services
- Medication Assisted Treatment programs



Proposed Program



Program Goals:

- Contact patients within 48-72 hours of opioid overdose
- 225 patient contacts per year
- Long term success is measured by a reduction in the occurrence of overdoses and overdose deaths within the City of Dallas



Funding



Resource Recovery Council provides 100% reimbursement of all costs

- Materials / Supplies
- Training
- FTE's and Overtime
- Vehicle / Fuel



Implementation



- Projected to bring to council later this year
- Operate 8 hours daily, Monday - Friday
- Schedule can be adjusted to maximize patient contact.





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Questions?