

In 2016, the Richard M. Fairbanks Foundation (Foundation) awarded a \$700,000 grant to Eskenazi Health to support the expansion of an innovative pilot program called Project POINT (*Planned Outreach, Intervention, Naloxone and Treatment*) and to evaluate its outcomes. The program is designed to address the devastating impact of the ongoing opioid crisis and serves individuals who are brought into the emergency department (ED) after an overdose by connecting them to treatment and the other services they need to enter recovery and rebuild their lives.

## GOALS

- 1 Connect patients with long-term opioid use disorder treatment, ideally utilizing evidence-based medication assisted treatment (MAT), also known as medications for opioid use disorder (MOUD).
- 2 Provide patients revived from a non-fatal overdose with access to the opioid overdose reversing drug naloxone.

## CRITICAL INGREDIENTS OF PROJECT POINT

- **Multi-method Tracking/Alert System**  
Staff monitor the ED tracking board, receive automatic alerts from emergency services (ambulance runs), and receive direct referrals from ED staff.
- **ED-based Encounter**  
Staff meet with patients at the ED bedside.
- **Peer Recovery Coaches (PRCs)**  
Clinical contact is primarily initiated by certified Peer Recovery Coaches (PRCs).
- **Lived Experience with Opioids**  
Coaches have firsthand experience in Substance Use Disorder (SUD) recovery.
- **Office Space in ED**  
Project POINT has a physical presence in the ED, so physicians and nurses are familiar with the team and are more likely to refer patients to the program.
- **Support for PRCs**  
Includes introducing lay workers to the ED environment and culture, proper clinical supervision, and encouraging PRCs to attend to their own recovery and wellness.
- **Transportation**  
Project POINT provides rides to appointments for SUD treatment and related services.
- **Designated Medication Assisted Treatment (MAT) Provider**  
Established formalized referral relationship with Sandra Eskenazi Mental Health Center (formerly Midtown Mental Health Center) that includes staff attending Project POINT meetings and providing specialized intake procedures for patients.
- **Walk-in Clinic/Reduced Barriers to MAT Access**  
Sandra Eskenazi Mental Health Center allows Project POINT patients to present for enrollment during three 2-hour blocks without an appointment.
- **Linkage with Treatment Providers**  
The team maintains information about a full range of community recovery services, providers and their intake processes.
- **Financial Support**  
Grant funding covers non-billable expenses.
- **Patient Choice**  
Although MOUD is the preferred, evidence-based recovery option, patients' choice dictates referrals.
- **Naloxone Distribution**  
Naloxone is provided to the patient before they leave the ED.

“They instilled so much confidence in me that I was proud to do what I had to do in order to clean myself up and keep myself clean. Without Project POINT, I would either be dead, or I’d be locked up.”

— Project POINT Patient

## EVALUATION

During the one-year enrollment period for evaluation, the Project POINT team recorded a total of 806 patients who visited the Eskenazi ED for opioid overdose. Of these, 380 patients engaged with the Project POINT team, 42 patients were approached but declined to participate, and 84 patients were not assessed, most often due to the patient’s medical state. The 300 patients (37.2%) designated as “controls” in this

evaluation presented to the ED during hours not covered by the Project POINT staff and were not engaged. Project POINT provided many services to patients who engaged, though there was variability by service. PRC services, a main focus of the Foundation’s funding, were delivered to nearly all (88.4%) Project POINT-engaged patients. Project POINT provided naloxone kits to almost two-thirds (63.9%) of engaged

patients. More than one-third of all Project POINT patients (35.3%) were referred to treatment. The Project POINT team made contact with 44.5% of all Project POINT-engaged patients following their discharge from the ED. Project POINT delivered wraparound services aligned with the treatment barriers identified by patients, including assistance with transportation, insurance/medical costs, and housing.

## OUTCOMES

Many of the service-related outcomes highlight Project POINT’s successes. For instance, the program was successful in its stated goal of expanding services to reach more clients, with a 26 percentage point increase in the proportion of overdose patients who were engaged with Project POINT during their Eskenazi ED visit, stemming from the expansion in staffing and hours resulting from the Foundation’s funding. Additionally, close to 90% of the patients POINT staff encountered agreed to engage in peer coaching, and POINT patients were more likely than non-POINT patients to be active in treatment at 3 and 6 months after the ED visit. These are promising findings, considering barriers such as general mistrust of the healthcare

system, internalized stigma, and other factors (Knudsen, Abraham, & Oser, 2011; Kresina, & Lubran, 2011; Olsen & Sharfstein, 2014). In terms of impact, the study finds that Project POINT was successful in achieving its key goals of increasing engagement with MOUD and increasing access to naloxone.

Any discussion of Project POINT’s impact would be incomplete without pointing to the wider influence the intervention has had within the State of Indiana at the time this evaluation was ending. As one of the first programs of its kind, Project POINT served as a model for the State of Indiana’s Recovery Coach and Peer Support Initiative, which was funded through the U.S.

Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Opioid State Targeted Response Act mechanism. Between June 2017 and May 2019, this initiative funded 10 healthcare organizations across Indiana to implement ED-based peer support models.

The Project POINT model has also been replicated within IU Health Methodist (Indianapolis) and Ball Memorial (Muncie) as part of a clinical trial funded by the National Institute on Drug Abuse (Watson et al., 2019). This study aims to demonstrate the effectiveness of PRCs in connecting ED patients with opioid use disorder to MOUD.

The full Project POINT evaluation is available for download [here](#).