QRT

Huntington Quick Response Team

Larrecsa Cox









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Pastors

Association



The Five

W's

Huntington QRT

Who

Four person team consisting of:

- Paramedic
- Law Enforcement Professional
- Counselor / Recovery Coach
- Faith-Based Community Member

What

Encourage people who have recently overdosed or are facing addiction to enter treatment



Where

Huntington / Cabell County



When

24 to72 Hours

(After an Overdose)

We also see people who may not have overdosed recently but have been referred by friends or family for treatment.

Why

Our Mission is to:

- 1. Better our community
- 2. Instill hope into people struggling with substance use
- 3. Offer treatment
- 4. Show vulnerable citizens that their city cares about them

In December of 2017, the Quick Response Team (QRT) was created to combat the opioid epidemic in Huntington by offering education and treatment to substance users who overdosed within the previous 24-72 hours.

Current Model

Current High Level QRT Process:



EMS Responds to Overdose

EMS responds to overdose call. Patient and incident information is sent to QRT for collection.



QRT Conducts Outreach

The QRT, consisting of a:

- Team Leader (Paramedic)
- Counselor / Recovery Coach
- Law Enforcement Officer
- Faith-Based Community Member

attempt to visit recent overdoses and provide education on treatment and offer logistical support towards recovery. Educational and informational materials are left whether or not client was contacted.



QRT Tracks & Compiles Results

QRT tracks and records data of client:

- Name
- Location of Overdose
- Age
- QRT Contact? Y/N
- Address
- Accepted Treatment?
- Phone
- Gender
- Substance

QRT

Drilldown

Referral

- Referral Comes in to QRT
 - Bulk of referrals come from EMS
 - Some referrals come from the clients or friends and family of the client who have learned about the QRT

Pre-Visit Work

- QRT calls treatment centers to get a count of available beds.
- Referral data is entered into the system and organized/ analyzed for the day's scheduled visits
- Roles:
 - Paramedic
 - Police Officer
 - Recovery Coach/ Counselor
 - Pastor

QRT Visits

- Team goes out to the listed home addresses on all of the referral forms.
 - If a person can not be contacted QRT cards and treatment information is left at the door OR is the client will be sought out at known locations throughout the city.
 - If the person can be contacted, team encourages treatment or other services. If treatment is accepted calls are made to find an available recovery facility and reliable transportation. This can be tricky as it depends upon the client's medical coverage and substance history.

Tracking

· Results from the consultation are recorded on to a master spreadsheet and later recorded into Cordata.

Since it's inception, the QRT has had success in encouraging substance users who have recently overdosed to enter treatment but there is still ample room for improvement.

Current Model

QRT Treatment Adoption Rates

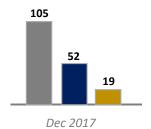


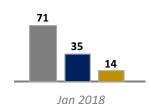
Overdoses QRT Contacts
650 343

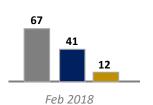
QRT Reach % Enter Treatment
52.7% 28.8% (99)

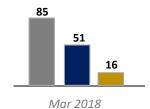
*Data from December 2017 to July 2018

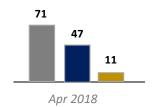
High Level Numbers:

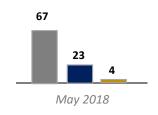


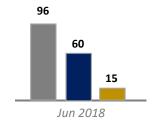


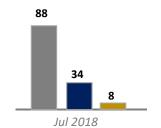












Despite successes, QRT faces numerous challenges in successfully getting substance users to enter treatment – specifically in reach, treatment adoption and data collection

Current Model

CHALLENGES FACING THE ORT

REACH

- Currently the QRT Model is more reactive than proactive. The bulk of QRT referrals are substance users who
 have both overdosed and have been treated by EMS
- Within the above subset, the QRT has had considerable difficulty in tracking down most users as many do not have an accurate place of residence or updated contact information.
- Often users are not at their listed place of residence when the QRT arrives and due to the high volume of overdoses/ referrals and lack of a follow up mechanism, QRT is unable to reach these clients.

DATA

COLLECTION

Data the QRT can gather to Increase success

REACH

TREATMENT

ADOPTION

How Many Substance Users The QRT Can Guide Into

Treatment

DATA COLLECTION

- Self reporting on contact information is prone to be inaccurate or out dated.
- Limited client data on recent overdoses impair the ability of the QRT to reach and guide clients to enter treatment.
- QRT does not have a mechanism to track the touch points with clients.

TREATMENT ADOPTION

- Many users are not ready to enter treatment and either fail to begin treatment or drop their commitment to recovery early in the treatment spectrum.
- The presence of larger QRT teams (4 or more) may cause discomfort in substance users. Different clients may react differently to and develop a connection with different service providers.
- If a client agrees to treatment, transportation to the facility can be complicated
 and often there are no beds available at any facility at that given time. If there are
 any delays, the possibility of the clients interest may decrease.

The next generation QRT models seeks to build upon the earlier version with improvements in reach, treatment adoption and data collection.

New Model

QRT2: Tailored Overdose Response & Treatment



Referrals

responses, the QRT will seek referrals from other sources — including referrals from friends of people who have previously overdosed and cross referencing with other touch points.



In addition to guiding the client to enter treatment, QRT will use the consultation to collect more data on the client such as use habits, key lifestyle circumstances and reasoning behind use / refusal of treatment.



To tailor QRT response and messaging, incoming referrals will be segmented into demographic sets. Data will be updated and analyzed and cross referenced with data from other treatment points to create a holistic and informed profile of a client.



Based on the demographic set, and data compiled on existing client, a tailored follow up team will attempt another visit to guide the client into treatment. Customized materials will also be provided.



Process Refinement

Results from follow up will be compiled. Further segmentation may occur. Effectiveness of QRT teams, coaches and educational materials will be analyzed.

Data from this new process car both educate strategies of the initial QRT visit as well as prevention programs.

Improving on the approach to overdose response and treatment, QRT² seeks to:

- 1. Shift from a reactive service to both a reactive and proactive service.
- 2. Improve understanding of clients by segmentation and enhanced data collection to tailor consultations and treatment options.
- 3. Tailor Follow Up QRT teams, consultations and educational materials to the needs of the specific client and demographic set to boost adoption of treatment.
- 4. Use the improved data collection to inform future QRT consultations, strategies, informational products/campaigns and prevention programs.

Going forward, initial QRT visits will emphasize data collection to both understand the population of substance users in Huntington as well as to inform follow up visits.





QRT Conducts Outreach

The QRT, consisting of a:



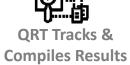






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- Y/N
- Gender
- Substance/s



Additional Data the QRT will attempt to collect

DEMOGRAHICS

Education Work Experience:

Motives / Vulnerabilities / Susceptibilities

Children / Family Medical History What Else Structure Other Pertinent ???

Consultation Results

Reason for Not Duration between visit Entering Treatment and start of treatment

A Note On Data Collection Strategy:

Goal:

With a focus on getting patients into treatment, additional data will be collected tactfully.

QRT WILL NOT:

Read off questions on a form and expect client to report on all inquiries, many of which are personal.

QRT Will:

Initially build rapport with client and weave questions in as appropriate. Some questions may be asked in follow up visits or during treatment.

Any Questions?

