Emergency Response: An Overview Quick Response Teams and Leave Behind Programs

Panel Discussion

June 20, 204







AND FAMILY SERVICES

Learning Objectives

- Opon completion of this activity, participants will be able to,
 - Differentiate between the terms 'deflection' and diversion in the context of public health and harm reduction.
 - Identify key stakeholders and partners for effective collaboration.
 - Understand the steps and processes associated with the creation and implementation of a proactive community response model, specifically, the QRT response model.
 - Describe the need for culture change amongst fire, EMS, and law enforcement personnel.
 - Describe the value of public safety and community collaboration as well as the significance of relationship building.

Quick Response Team with New Vista

Amy Colvin, PSS, CADC-2



Agenda

- **QRT** Successes
- **QRT** Barriers
- PSS Boundaries and Protecting your Recovery

QRT Successes

Naloxone Training and Distribution Work with individuals and families to get folks into treatment

Support "Leave Behind" Programs

Community Partnerships and Events

Outreaching and canvassing "hot spots"

Overdose response in 24-72 hours

QRT Barriers

- Different law enforcement and county viewpoints on harm reduction efforts
- Occasional issues with address reporting
- Shame can sometimes affect folks' willingness to talk to us

Lived Experience

- Most QRT teams have some sort of requirement to utilize those with lived experience on the team (Peers)
 - "Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment peer support workers help people become and stay engaged in the recovery process. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process" (SAMHSA, 2022).
- Our team is entirely comprised of and led by Peer Support Specialists
- As peers doing this work, it is critical we take care of ourselves and our recovery *first*

Empowering Your Own Wellbeing

Setting Professional Boundaries

Take	Adhere	Protect	Take	Seek
Take allotted breaks	Adhere to a commitment of scheduled time off	Protect your personal contact information and only provide client's work contact info	Take care to not blend your professional role into how you interact with friends and family	Always seek guidance and consultation when feeling unsure on course of action

Self-Care is Essential for Essential Workers

- Whole Health and <u>Resiliency</u>
- Stress Management
- Healthy Eating
- Physical Activity
- Restful Sleep
- Service to Others
- Support Network
- Optimism Based on Positive Expectations
- Cognitive Skill to Avoid Negative Thinking
- Spiritual Beliefs and Practices



FOR SUBSTANCE USE DISORDER

QUICK RESPONSE

TEAM

Presented by

Brandon Fitch, Program Director







Brandon Fitch Program Director



Nathan Brockett Lead/Veteran Peer Support Specialist



Michelle Fondaw Adult Peer Support Specialist



Amanda Wiersma Adult Peer Support Specialist



Sam Peterson MATR Program Coordinator

EET THE TEAM

A Recovery Community Center



Daphne Troyer Adult Peer Support Specialist



Matt Lewis Adult Peer Support Specialist



Joey Colson Adult Peer Support Specialist





- Initiated in 2019 to combat overdose and substance use crisis in our community
- Started in the FRBH Service Region by Turning Point Recovery Community Center





YEAR 1

- Graves County eXchange
- Mayfield Police
 Department

Turning



- McCracken County Sheriff's Office
- Mercy EMS
- Marshall County Sheriff's Department

YEAR 3

- Benton Police
 Department
- Ballard County Sheriff's Office
- Ballard County EMS



- Fulton City Police
 Department
- Fulton County Sheriff's Office
- Hickman County Sheriff's Office
- Carlisle County Sheriff's Office





OUTREACH





FOLLOW UP







SERVICES

Assertive outreach to overdose survivors and families. QRTs also take self-referral and referrals by community partners such as first responders.

SERVICES

Turning Point

A Recovery Community Center

Follow-up phone calls and home visits within 24-72 hours of crisis. QRTs can include peer support,firstresponders, treatment providers, law enforcement, and other community partners. Centered on the survivor's needs,the message is: "We care and we are here for you." QRTs meet people where they are.



Provide linkage to treatment, harm reduction,recovery, or needed community services.

R'

Four

Kentucky Department for Public Health

QRT VISIT REQUE

- <u>Relational</u>: Utilizing lived experience and training to assist individuals from a "been there, done that" perspective.
- <u>Reciprocity</u>: Mutually beneficial for the APSS and the individual being assisted by Recovery Support.







• More community awareness of the dangers of SUD and the necessity of naloxone.

 Engaged with 50+ Overdose Survivors and connected to various types of services.

HIEVEMENTS

 Distributed hundreds of units of naloxone and Fentanyl Testing Strips, raising accessibility of harm reduction materials in our area.

 Amassed a growing network of community partners, increasing our areas of service and ability to reach more people.



 Will continue engagement with survivors of overdose, improving our services with professional development and education of current trends. Continue building partnerships with other agencies, strengthening our ability to assist the community that is struggling with SUD.

 Raise greater awareness about Recovery Support and Harm Reduction within our community.





MOVING FORWARD

Kentucky Integrated Prevention and Intervention System (IPIS) Statistics from 2022-2024

Statistical Summary of Data from 2022-2024

- There were 363 reported incidents between February 2022 and January 2024
 - Non-Fatal 277 · Fatal 34 · At Risk 52

• Roughly 71% of all reported incidents occurred in Hazard largely concentrated in the northern part of the city

- Nearly double (64%) the males (238) had reported incidents compared to females (135)
- Most impacted age range was from 40 49 years (108) (29% of all incidents) followed by 30 39 years (105) (28% of all incidents)

Statistical Summary of Data from 2022-2023 Primary Suspected Drugs were as follows in order of prevalence:

Fentanyl

Heroin

Methamphetamine

Other

Secondary Suspected Drugs where identified were as follows in order of prevalence:

Methamphetamine

Heroin

Prescription Drugs

Other

Statistical Sumary of Data from 2022-2023

- There were 103 Naloxone Saves with 18 Naloxone distributions as part of the Perry County harm reduction initiative
- Naloxone was most often administered by a Bystander (66) followed by EMS (28)
- There were 48 successful contacts with victims and 44 with family/friends
- Roughly 8 victims accepted services and 10 family/friends; 8 additional victims were already in treatment
- Rebound Center, Spark Ministries, and
 PCCEK were the referred providers

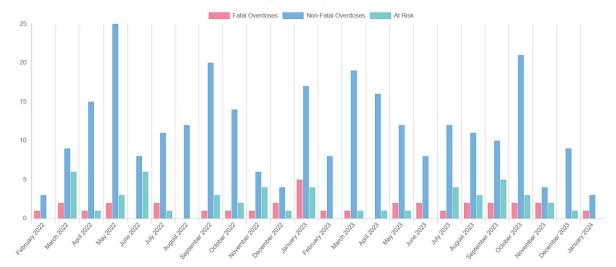


Report of Incidents - Report (Monthly)

For the period 02/01/2022 to 01/31/2024

Outreach Program: CE QRT Responders

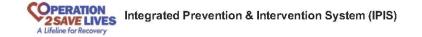
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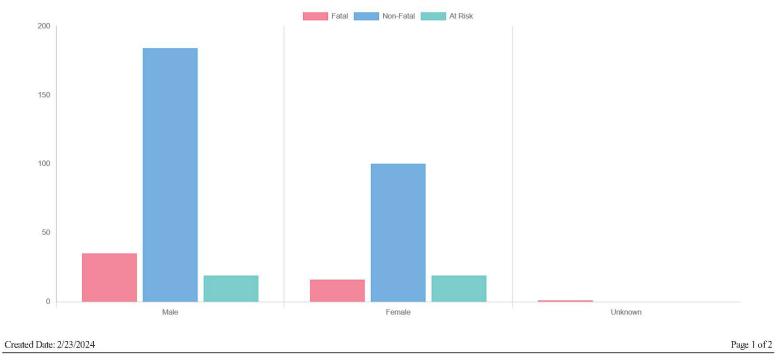


Victim Sex Demographic Report

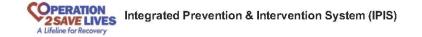
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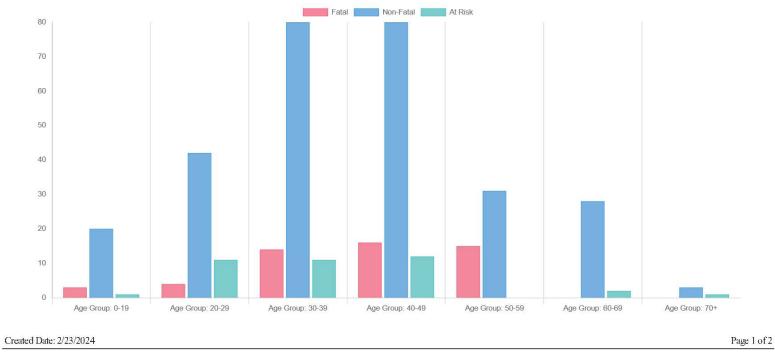


Victim Age Demographic - Report

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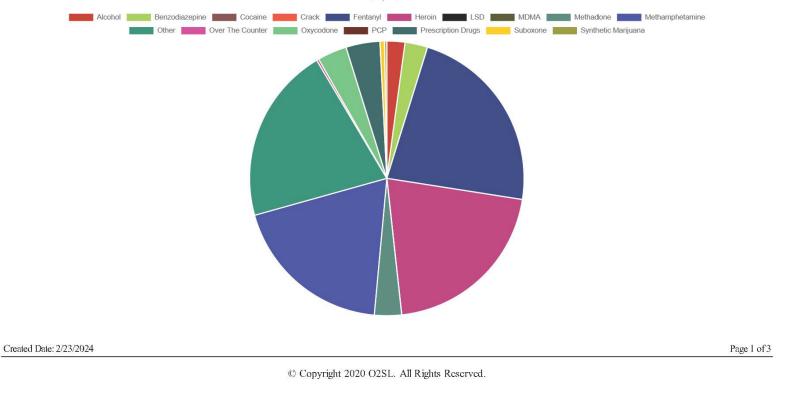


Primary Drugs Identified - Report (Monthly)

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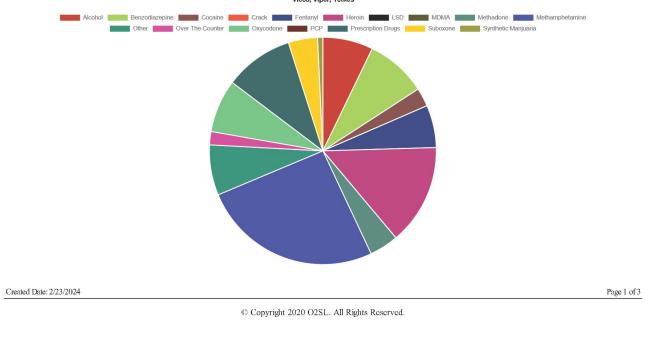


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Perry County Naloxone Heat Map 02012022 - 01312024

