

QRT

Huntington Quick Response Team

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Huntington
Black
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 to 72 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 High Level QRT Process:



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.*

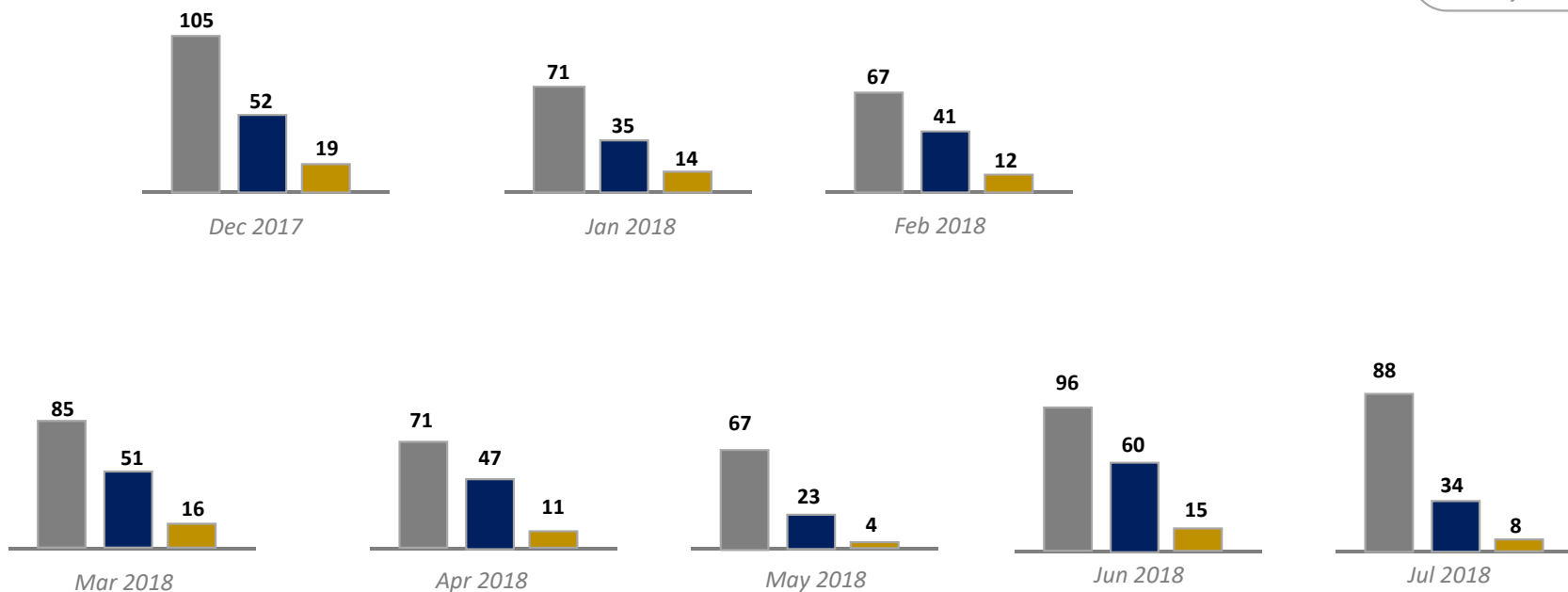
High Level Numbers:

Overdoses	QRT Contacts
650	343
QRT Reach %	% Enter Treatment
52.7%	28.8% (99)

*Data from December 2017 to July 2018

QRT Treatment Adoption Rates

■ Overdose Referrals
 ■ Successful QRT Contact
 ■ Entered Treatment



Since its 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.

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

CHALLENGES FACING THE QRT



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.

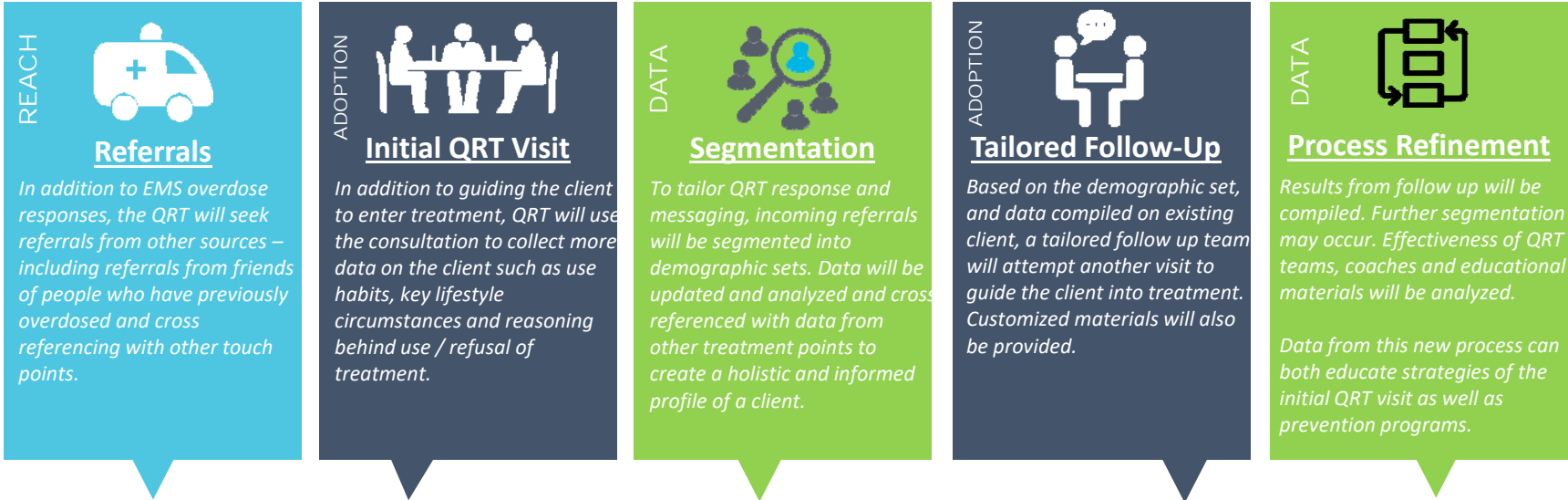
TREATMENT ADOPTION

- 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.

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.

QRT²: Tailored Overdose Response & Treatment



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.

Current Model



QRT Conducts Outreach

The QRT, consisting of a:



Lead



Counselor



Police



Spiritual

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



Additional Data the QRT will attempt to collect

DEMOGRAPHICS

Education Work Experience:

Motives / Vulnerabilities / Susceptibilities

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

Consultation Results

Reason for Not Entering Treatment Duration between visit 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?

