

PLANNING FOR QUICK RESPONSE TEAMS

Local Community Response to the Opioid Crisis

DEVELOPED IN PARTNERSHIP BY

Kentucky Department for Public Health, Department for Behavioral Health, Developmental and Intellectual Disabilities and Local Health Departments



Kentucky Public Health
Prevent. Promote. Protect.

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Planning for Quick Response Teams

Objectives

- Explain the purpose of Quick Response Team plans
- Describe the components of the Quick Response Team development process
- List the outreach strategies and methods to engage community members in the process
- List organizations and partners that can be involved in planning, adopting and networking your local plan
- Use the process to begin availability of Quick Response Teams in your local community

QUICK RESPONSE TEAM PLANS are the first step to making communities more accommodating for all citizens touched by the substance use disorder (SUD) crisis in Kentucky. These detailed plans engage community members to identify priorities for creating a safe, nurturing environment for those with SUD. This plan developed by local community members will serve as official documentation of your community's need and readiness to improve the opportunities for treatment and sustained recovery.

WHY SHOULD COMMUNITIES PLAN? Having these plans developed to a certain level of readiness provides an opportunity for the projects to be incorporated in future projects. Without an approved plan that is documented with local grassroots involvement, your community could be missing out on future funding opportunities to bring resources to improve the recovery environment.

MAKING KENTUCKY A GREAT PLACE TO RECOVER. We can expect successful treatment and sustained recovery in communities in which these activities are supported. But there are still communities where stigma and shame are issues, communities without local conversations about SUD as a chronic disease, and business districts that don't connect understanding the issues of employment as a step to sustained recovery. By attending this training, you are contributing to a statewide movement that is building a demand for safer, healthier, more welcoming communities.

*More information on statewide assistance? <http://dbhaid.ky.gov/dbh/>
Questions or technical assistance help? Amanda.Foley@ky.gov*

QUICK RESPONSE TEAM: P.E.E.R.

Follow these easy steps for your community to develop a Quick Response Team plan:

P – People

E– Education

E– Evaluation

R – Resources & Network

PEOPLE

1. Identify professionals and groups that have expertise and resources to help with quick response team planning. Look for individuals that can help connect with the community and assist with the recruiting, planning, and support of projects in your community, such as information gathering, needs assessment, and local stigma/biases.

Potential informal groups:

- Law Enforcement
- Coroner
- Fire Department/EMT/First Responders
- Local Treatment Providers/Centers
- Church Leaders
- Child and Family Services
- Local Health Department
- City Council
- School Representatives
- City and/or County Officials (mayor's office, county judge executive) *it makes the approval and adoption process much easier if you have their input from the beginning
- County Commissioners/City Council/Mayor/Judge Executives
- Civic Groups (Rotary, Civitan/Ruritan, Jaycees)
- Chamber of Commerce
- Healthcare leaders, providers, emergency department personnel
- Hospitals
- Local grassroots community groups
- Drug Court
- Judges
- Federally Qualified Health Centers
- Rural Health Centers

2. Get to know your grassroots community members, what they like, what they need, and why they care about this work! These community members will be equal partners in your committee.

This usually includes:

- Family members affected by the disease of SUD
- Recovering community members
- School system advocates
- Local business patrons/owners
- Legal system representatives

Outreach strategies to invite the grassroots community to be partners in planning:

- Reach out to community leaders and informal groups
- Attend community meetings of *other* interest groups
- Hold big public forums, smaller town meetings
- Focus groups, one-on-one interviews and conversations
- Adobe Photovoice
- Interactive surveying
- Door-to-door knocking
- Street outreach
- Tabling

3. Convene your committee or community coalition and determine a community baseline.

- Both formal organization partners and informal grassroots community members will form your addiction and recovery response committee.
- Whereas it is possible that a professional partner is also a member of the community, it is equally important to recruit additional community members whose involvement is completely unrelated to their job duties.
- Together, your committee will work through the remaining steps and share in the decision-making.
- Determine data at a community level, if possible, of rates/numbers of ED overdose visits, overdose deaths, neonatal abstinence syndrome, HIV and hepatitis A and C rates. Sites with possible data include:
 - www.mc.uky.edu/kiprc
 - www.odcp.ky.gov

Education

4. Identify avenues and methods of increasing awareness and starting education on the disease of SUD.

Identify means to increase awareness:

- Social Media
- Local Media
- Local Middle and High Schools
- Community Fairs
- Considering hosting an open forum for concerned citizens
**This enables people to voice their concerns. Gaining knowledge of the communities concerns and needs helps to create a quick response team tailored to the local community's needs.*

5. If a community coalition is already in place, or once a committee or coalition has been formed, consider hosting a community panel with local experts to begin the education process on SUD.

- Invite people on the front line of the opioid epidemic to serve as panelists. Invite emergency medicine physicians, law enforcement providers, interested judges, experts on the disease model, and community leaders from communities with successful quick response teams and/or successful harm reduction techniques. Coordinate 5-6 people to serve as panelists who offer different perspectives on combatting the epidemic.
- Consider what the community goals are and provide education to start debunking myths regarding SUD as a moral failure. Be prepared to provide evidence into the efficacy of different harm reduction techniques as a modality in reducing the prevalence of SUD in the community.
- Utilize this panel to address priority concerns identified via the input of a diverse committee and public input. ** again, this is where the public meeting/forum listed above becomes important and potentially necessary.*
- Designate a local community member to facilitate this meeting and 'white board' the important take-aways from the meeting.
- Always invite local press/radio to any meeting to increase awareness, heighten knowledge, and share the message of hope.

Evaluation

6. Work with your committee to develop a public strategy to ensure sustained community input on potential needs or proposed solutions for the local area.

- Consider the use of a survey to identify perceptions and health behaviors, which can aid in identifying trends and needs.
- Determine the method of survey, what partners will help distribute the survey, and who the target audience is for your particular assessment.
- Review successful community action plans
- Evaluate areas for improvement and consider the resources already in place or those needed to be implemented such as:
 - a. Ordinances for safe drug disposal
 - b. Drug diversion task forces
 - c. Training for naloxone usage in first responders, school staff, teachers, librarians, and other community members
 - d. Drug court usage
 - e. Referral programs through law enforcement agencies
 - f. Utilization and awareness of KASPAR (Kentucky All Schedule Prescription and Electronic Reporting) and findhelpnowky.org
 - g. Community mobilization events

Survey and Community Response Plans examples:

- <http://www.worcesterhealth.org/images/OpioidRevised2018.pdf>
- <https://www.hazelden.org/web/public/opioid-toolkit.page>

7. To gain community buy in, focus resources, and to fully inform stakeholders, consider conducting a *Sequential Intercept Mapping*. Utilize this as a cross-system approach to strengthen local strategies to implement core services to address behavioral health, criminal, and social factors. Use this to address the risks and needs of those suffering from SUD. This helps to identify the community's individual needs and gaps in services.

- Attend a sequential intercept mapping workshop. The GAINS Center of SAMSHA will conduct the mapping for a fee after stakeholders are identified. **Other facilities offer the mapping, as listed below.*
 - Stakeholders can include law enforcement, treatment providers, social workers, mental health providers, jail staff, public health, and EMS physicians.

- Resources for sequential intercept mapping:
 - <https://www.samhsa.gov/gains-center>
 - <https://www.neomed.edu/cjcoe/sequential-intercept-mapping/county-reports/>

Example reports:

- <https://unitedwaylca.org/wp-content/uploads/2016/06/Lewis-Clark-MT-SIM-Report-Final-with-Appendices.pdf>
- <http://www.ncacc.org/DocumentCenter/View/4353/Sequential-Intercept-Mapping-Facilitation>
- <https://www.mass.gov/files/documents/2018/02/13/2015.6%20Springfield%20Report.pdf>
- <https://www.tulsacounty.org/TulsaCounty/SIM/Sequential%20Intercept%20Model%20Mapping%20Report.pdf>

8. Meet with your committee to review results from the community outreach endeavors, the intercept mapping and other utilized approaches to decide on the composition and details of your local quick response team.

- Determine sources of information regarding identifying overdoses throughout the week. Decide who to visit.
 - Collect information from law enforcement and EMT regarding naloxone administration.
 - Maintain HIPAA compliance by utilizing law enforcement to facilitate follow-up via investigation of overdose incidents as criminal acts.
- Decide the format and procedure of your team. Things to consider include the frequency of team visits to post-overdose individuals, i.e. deciding if all visits will occur on a given day of the week, and implementing a dedicated meeting time every week with those involved in the QRT.
- Decide on the composition of your teams. People to include on the teams include treatment providers, law enforcement, medical personnel, EMT, public health, and peer support specialists.
 - **Having law enforcement present on the teams provides safety to the other individuals. Law enforcement is vital to provide information regarding the safety of visiting certain residences.*

*Examples of the composition and logistics of response teams from other communities can be found by researching the following communities with successful plans already in place. *Note differing composition of teams between communities further highlighting the importance of accurately identifying your community's needs prior to response team planning.*

- <https://cover2.org/wp-content/uploads/2016/12/2016-Quick-Response-Team-Summit-County-OH.pptx>
- <https://cover2.org/programs/quick-response-teams/>
- Ross County, Ohio
- Northern Kentucky
- Pittsburgh, Pennsylvania

Decide on using a peer support specialist as part of your quick response team. These individuals can be located at your regions community mental health center, which can be found via the following link:

- <https://dbhdid.ky.gov/cmhc/>

9. Decide the resources to be utilized during each quick response team visit.

- Decide on methods utilized during post-overdose visits to maximize effectiveness. Consider outreach designed not only at targeting the overdose individuals, but family and children as well.
- Collect all local resources available to those with SUD, including treatment centers, MAT (medication-assisted treatment) providers, family support services, and child support services. Include Kentucky's real-time substance use disorder treatment availability locator: <https://www.findhelpnowky.org/>
- Decide materials and resources to be given.
 - Effective models can include string bags full of all available local resources for treatment, child services, and family support.
 - If person with SUD is not available at time of visit, consider creating rapport and offering support to family members. Leave resources at residence.
 - Be mindful, that oftentimes, the team can visit a specific individual multiples times before treatment is initiated by that individual. Creating rapport is essential.
- Employ Motivational Interviewing during visits with the goals of building rapport, eliciting pros and cons, respect of patient autonomy, and communication that patient is capable of change.
 - <https://motivationalinterviewing.org/>
 - <https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>
 - <https://www.umassmed.edu/cipc/motivational-interviewing/overview/>

10. Synthesize all of the information from your assessments to assemble the Quick Response Team for your community.

The plan should include sections on:

- Committee members names/organizations
- Process used to identify focus area/areas
- Methods used to develop plan
- Short description of the project, including its goal and objectives
- Outline of the procedure involved in the final team

11. Develop a protocol on collecting data of the implemented plan.

- Decide data points to collect
- Types of information can include: number of overdose visits, types of information given, number of visits before treatment engagement, individual's presence at visits, etc.

Resources

12. Use committee members to plan informal community gatherings inviting fire, EMS, law enforcement, and concerned community members to explain the need for culture change, to create a safe space for discussion of concerns, to provide education on the disease of addiction, and finally, to compassionately demonstrate the need for culture change when responding to the disease of addiction.

- When presenting, it is important to validate the concerns of those you are asking for participation. It may be perceived that asking for help in creating these teams is increasing one's workload yet again in response to a disease that does not necessarily invite compassion and support. It is vital to acknowledge how much first responders have already contributed to the combat of this epidemic.
- Unlike other chronic disease processes such as cancer and diabetes, the disease of SUD appears to be selfish and dishonest which alienates many well-intentioned people from offering their services. It is therefore vital to provide all stakeholders and decision-makers with appropriate education on the disease of SUD including neurophysiology, adverse childhood experiences, and manifestations.
- We hope to convey that a culture of shame-free acknowledgement of mental health advocacy will have a ripple effect in combating the disease of SUD, which rarely only affects the person carrying the illness. Every person who suffers from SUD has parents, siblings, friends, and children who stand to benefit from treating SUD as a mental illness and a chronic disease, which needs community involvement to treat.
- *Resources for Education on the Disease of Substance Use Disorder:*
 - https://www.ncsbn.org/Understanding_the_Disease_of_Addiction.pdf

- <https://www.drugabuse.gov/related-topics/addiction-science>
- <https://www.youtube.com/watch?v=Rlb7cjhYJS4>
- https://www.ted.com/talks/michael_botticelli_addiction_is_a_disease_we_should_treat_it_like_one?language=en

13. Use committee members to get approval/adoption of the plan by local officials. This step allows your community to be most eligible for inclusion of federal funding from Kentucky Department for Public Health and Department for Behavioral Health, Development, and Intellectual Disabilities.

- When presenting, remind local officials that adopting the plan does NOT mean they are committing to the funding. It means that the local officials agree that it is a priority for the community and agree to post the plan publicly.

14. Promote your quick response team plan and share the URL on the community coalition’s website.

- Use organization websites, Facebook pages, and city websites to host the PDF copy of your document and share it with the broader community.
- Track when and where the plan is shared and record any feedback. Remember this is a dynamic document: It can (and should) be revised or edited at any time to reflect changes within the community.

15. Continue engaging the community and promoting progress.

- Practice the *Six R’s of Member Participation* to keep community members engaged and invested in the progress of your Quick Response Team planning efforts

SIX RS OF MEMBER PARTICIPATION

Recognition	Respect	Role
<ul style="list-style-type: none"> – Announcements: verbal praise or paper certificate awards at meetings, listing names in communications, social media – Events: host potlucks or activities that praise/thank member contributions – External: Submit op-ed pieces to local media, apply for community awards 	<ul style="list-style-type: none"> – Scheduling: schedule meetings outside working hours at convenient locations central to members – Hospitality: Provide dinner and childcare for families, offer language translation, etc. 	<ul style="list-style-type: none"> – Delegation: allow members to take on tasks that match their skills/interests, agree on concrete deadlines, encourage follow-through by asking members to speak at meetings – Power: create job titles so members are proud/accountable, provide opportunities for members to make decisions, not just give feedback

Relationship	Reward	Results
<ul style="list-style-type: none"> - Invitations: personally ask members to attend, use text, phone call, face-to-face reminders; avoid total reliance on flyers, group emails and social media - Networking: Encourage members to bring a friend, invite people to stay late/come early to chat, host open table meetings involving food 	<ul style="list-style-type: none"> - Compensation: Find out what members hope to get out of participating, provide small stipends/incentives in exchange for roles - Opportunities: share resources and openings, create a message bulletin (Facebook/email group)for open exchange 	<ul style="list-style-type: none"> - Visible Wins: host ribbon cuttings, kick-offs, media coverage - Invisible Wins: Highlight when new members or organizations join, or when old members remain engaged (anniversaries), share email minutes of progress on the P.E.E.R. process