Get to Know Kentucky's Drug Overdose Teams

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Peer 2 Peer: Information for Peer Support Specialists, Care Navigators, and Others Dedicated to Supporting Recovery

The Big Picture

- As people with opioid and substance use disorders often face heightened health risks, many communities have established multidisciplinary teams to increase access to healthcare and to help mitigate the impact of the overdose epidemic on the community. Common teams include quick response teams, spike response teams, and overdose fatality review teams.
- Teams are composed of various professionals, such as peer support specialists, navigators, public health workers, emergency medical services providers, law enforcement officers, and mental health professionals. The professions and positions found on a team vary between different types of teams and different communities.
- Understanding the types of teams and their roles can help care navigators and peer support specialists work effectively with, or as members of, the teams that serve their communities.

Quick Response Teams

Quick response teams (QRTs) are sometimes also known as post-overdose response teams. These teams engage in outreach to individuals who have recently experienced an overdose, to offer services and support. In most cases, QRTs attempt to contact potential clients within 72 hours of the overdose. While a rapid response is important, many teams have found that waiting at least 24 hours results in a higher rate of acceptance of services.

An individual QRT usually consists of two or three individuals. These individuals may include a peer support specialist, a community overdose prevention professional, healthcare or EMS providers, and social workers. In some cases, a law enforcement officer may be part of the team.

While QRTs may offer different services depending on the community, all provide at least basic, evidence-based overdose prevention interventions, such as distributing naloxone and referring clients to additional resources. Many teams also provide additional overdose prevention supplies and initiate medication for substance use disorder. Most also link clients with social services such as housing, food assistance, and employment support. Finally, QRTs offer to help clients enroll in evidence-based treatment and recovery programs. Some QRTs include medical care providers, such as nurses or community paramedics, who can provide basic healthcare to clients who need it. Depending on local medical protocols, they may be able to administer buprenorphine (e.g., Subutex™, Suboxone™) to the client to prevent withdrawal symptoms while the client is enrolled in a treatment and recovery program.

In addition to connecting with individuals who have experienced an overdose, QRT members try to connect with that person's friends and family members. Team members typically provide naloxone and offer education on preventing, recognizing, and responding to drug overdoses. They also often assist in connecting individuals with additional social support services when needed. By providing education and services to the people who are close to an overdose survivor, QRTs can help to reduce the risk factors for a subsequent overdose and increase the likelihood that naloxone is readily available if an overdose does occur.

Spike Response Teams

A spike response team is composed of representatives from multiple agencies—such as the health department, emergency medical services (EMS),

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healthcare organizations, and law enforcement—who collaborate to identify spikes in drug overdoses and minimize risk when such spikes occur.

Team members engage in surveillance and monitoring of drug overdose events using local agency data as well as notifications from sources such as the Overdose Data Mapping Application Program (ODMAP) and the Kentucky Drug Overdose Alert System (KDOAS). When an overdose spike is detected, team members coordinate their agencies' response to the spike.

Different team members—and member agencies—usually fill different roles in the spike response process. In a typical team, the local health department (LHD) will fill the primary surveillance and monitoring role. If a spike is detected, the LHD team member(s) will notify other members, develop and distribute safety messages to the community, share information and recommendations with other agencies, and attempt to quickly increase naloxone availability in the community. EMS and healthcare providers may adjust staffing levels to prepare for additional overdose patients, issue community safety messages, and increase naloxone distribution if possible. Law enforcement partners may mobilize investigative resources to try to identify the source and exact nature of the overdose risk, increase law enforcement presence in identified overdose "hotspots" to provide prompt overdose response, and provide "on the street" safety notifications to individuals who are known to use substances. In some cases, law enforcement may act to reduce the availability of a known "bad batch" of substances by increasing supply reduction enforcement. The overall goal of all team members is to reduce the number of serious overdose events and overdose fatalities occurring in the community.

Overdose Fatality Review Teams

Overdose Fatality Review (OFR) teams are multi-disciplinary teams that meet on a regular basis to conduct in-depth reviews of fatal—and, in some cases, near-fatal—overdoses that have occurred in the community. Team members examine the timeline of events that led up to each overdose and identify any missed opportunities to provide prevention or intervention services. Their goal is to develop recommendations to improve services in order to prevent future overdose deaths. OFR teams also help to improve communication and collaboration between the various agencies represented on the team.

An OFR team should include representatives from public health, public safety agencies, healthcare providers, treatment and recovery organizations, and other stakeholders. The involvement of the county coroner's office is especially useful, because coroners provide both experience in fatality investigation and the legal authority to request records and information that may not be directly available to other team members. As Kentucky does not have a law that specifically authorizes or empowers OFRs, a coroner's legal authority is especially helpful to Kentucky OFRs.

For additional information, see:
Overdose Data Mapping Application Program (ODMAP): www.odmap.org
Kentucky Drug Overdose Alert System (KDOAS): kiprc.uky.edu/education/kentucky-drug-overdose-alert-system
Overdose Fatality Review: www.ofrtools.org

Please use the QR code at right to access a brief follow-up survey regarding this report; thank you in advance for helping us to improve our services.

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