



QUICK RESPONSE TEAM

A program of Public Health and Wellness

From Crisis to Connection Louisville's community-based approach to overdose response

Cillian Browne
Community Health Supervisor
Quick Response Team
Louisville Metro Department of Public Health and Wellness

(502) 551-8590 Cillian.browne@louisvilleky.gov

Learning Objectives

- Learn how history and present-day operations of Louisville QRT
 - Audience will come away with an increased knowledge of the community-based approach to overdose response teams
 - Understand the importance of community partnership relationship building
 - Audience will gain insight to how the team operates internally, through support and understanding
- 

Quick Response Team (QRT) in Louisville

- First iteration was a collaboration of our police department and Centerstone Behavioral Health Services
 - Barriers: COVID-19 and racial justice uprising
 - Dr. Foley-Byard suggested moving QRT to the health department
 - KRS218A.133 allows emergency services to share naloxone data with health depts
 - One full-time staff member and three health department employees
 - 5 days a week in teams of 2
 - Figuring it out as we went along
- 

Early and current trends

- Increase of fentanyl in our drug supply
 - People unaware of what they were taking when using substances
 - Responding to where people were in their lives (not just SU/SUD)
 - Connecting with more families than participants
 - Barriers between community members and resources
 - Lack of trust between government and community members
 - Stigma surrounding substance use and more
- 

QRT Today

- 3 full-time team members and peer support specialists contracted through the Louisville Recovery Community Connection (LRCC)
 - Referrals from Emergency Services, Louisville Fire, local hospitals and growing
 - Team of epidemiologists - data mining and analyzation
 - Varied levels of referral information
 - Limitations in our abilities
 - Continue to play the cards we are dealt
 - Establishing compassionate connections with community members and partners
- 

Years → Data Points ↓	2021 (July - Dec)	2022 (Jan – Dec)	2023 (Jan – Dec)	2024 (Jan – Dec)	2025 (Jan – Dec)	Total (2021 – 2025)
Total referrals received	960	1886	1620	2812	2551	9,829
Total QRT runs made	543	1176	1148	1717	1672	4,256
Total number of overdose patients connected	107	234	141	195	219	896
Total number of families of overdose patients connected	123	352	287	460	293	1,515
Total Narcan distributed	274	518	893	1400	889	3,974
Total referrals made	36	159	34	27	199	455
Total patients provided with treatment information	42	57	115	187	118	519



Our Approach

If possible, talk to them about anything other than why you are there

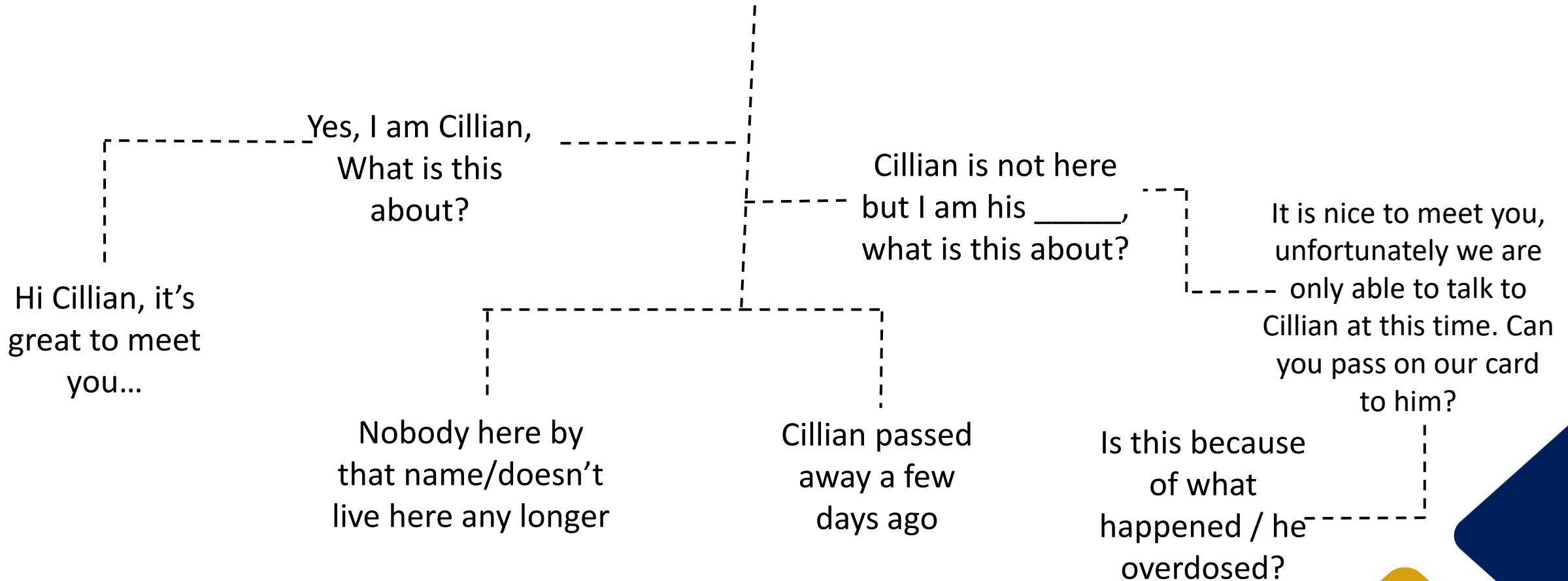
- Eye contact
- Open-ended questions
 - Vulnerability
- Allowing them to guide the conversation

Our Approach

Preparing for community engagement

- Know before we knock (What info do we have? Was Naloxone used?)
 - Use our team's strengths
 - Use situational awareness and proper body language
 - Role play with new/shadowing staff for confidence building
 - Let the community member guide the conversation
 - Do not judge or correct community members
 - Knowing when to jump in
- 

Hi, my name is _____ and this is _____ and we are a health outreach team with the Louisville Metro Health Dept. We visit community members to check in and see how they are doing. We are calling to see if we can speak with Cillian?



How can we guide the conversation?

- Acknowledge the realities people face
- Share our experience
- Ask people open-ended questions
- Offer people suggestions/solutions/referrals
- “Have you ever considered Medication for Opioid Use Disorder?”
- Do not make it about me
- Not a sponsor / sponsee relationship

“Meeting people where they are”

Having difficult conversations

- Understand that different conversations can be difficult for different people
- Imperative for these conversations to be an option, if desired
- Be prepared with resources
- Never make promises
- Listen
- Follow up with participant / family
- Check in with staff routinely

“Meeting people where they are”



“Meeting people where they are”

Referrals and linkage to treatment

- It's not what you know, it's who you know
- Provide a warm a hand-off, if possible
- Regularly tour treatment facilities and routinely update resources
- Ask, don't tell, then discuss their options such as insurance, IP/IOP, MOUD, out of town
- Make the call in the moment, if possible
- Offer to meet them at the facility
- Follow-up is critical
- Cannot transport people

“Meeting people where they are at”

Community Partnership's

- *It's not what you know, it's who you know*
 - Understanding people vs places...where's the connection?
 - CONNECT...with any organization that might intersect with QRT / behavioral health / public health
 - We get to help break the stigma (people love the QRT concept)
 - We don't sit on an idea...we take action
 - Substance use touches almost every field, industry or sector
 - Understand the system then “play the game”
- 

Team building and supporting each other

- Focus on barriers, issues, safety for staff, so they can focus on the work
 - Guide staff through the systems in which we operate
 - Cultivate “willingness”
 - Encourage a healthy work / life balance
 - Empower them to find what fills their cup
 - Weekly check-in's: Talk about success measures, project ideas, career dreams
 - Car conversations great for team connection
- 

Compassion fatigue / vicarious trauma / burnout

- Don't avoid it, invite it
- Process it
- Build a culture of acceptance
- Rinse and repeat



Compassion fatigue means you care

Key takeaways

- QRT's operate in a difficult landscape with limited resources
 - There is no one-size-fits-all, find what fits your community
 - Time and consistency are on your side
 - You must “play the game”
 - Embrace the exhaustion
 - Enjoy yourself while you're doing it
- 

Thank you

Open discussion

