Innovative EMS–Substance Use Crisis Response Co-Response Model for Suspected Overdose Events

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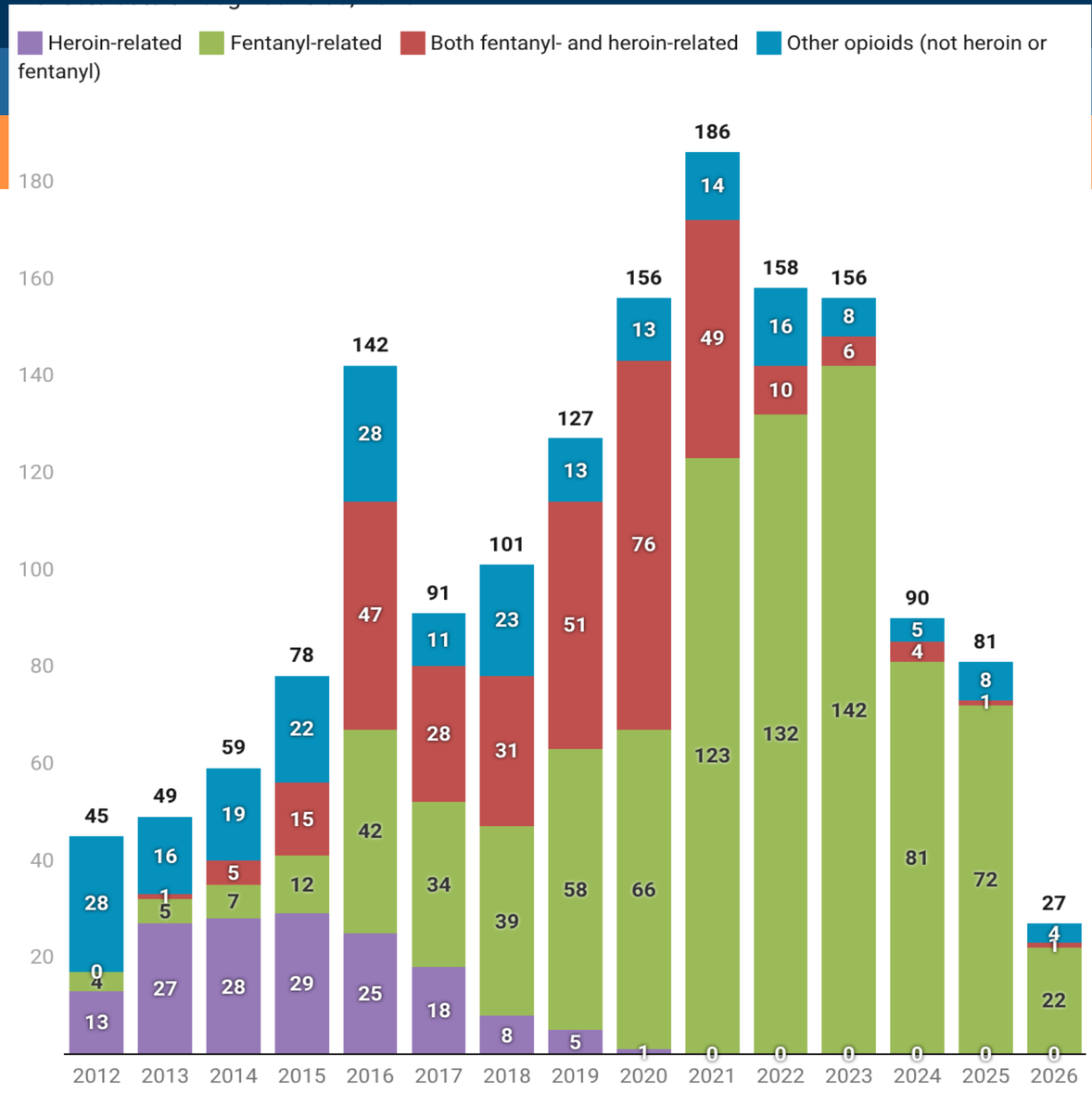
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AMR
A Global Medical Response Solution

ONONDAGA COUNTY SEAL

Onondaga County

Onondaga County:
Population: 456,584
Syracuse:
Population: 144,896
31% of population resides in city
6th most populous county in NYS outside of NYC
Major Economy & Industries:
Dominated by education, healthcare, and regional commerce centered around county seat, **Syracuse**.



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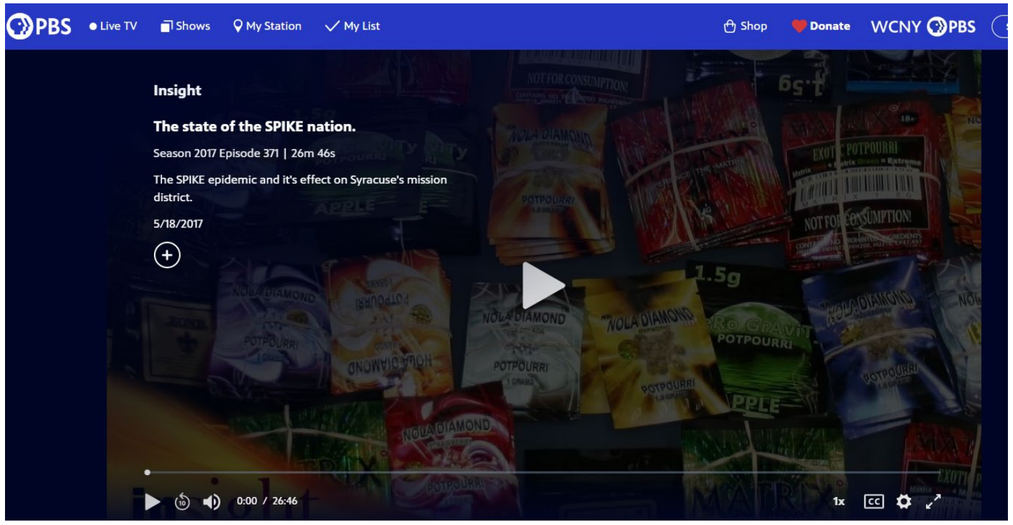
K2, “Spike ”: Synthetic Cannabinoids and Acute Crisis

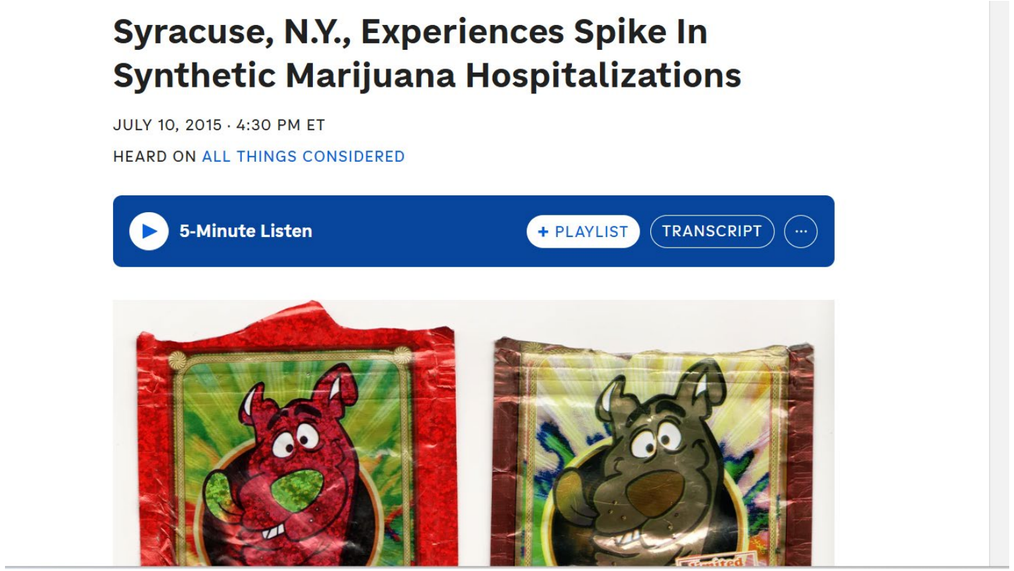
- K2 / Spice/Spike are names commonly used for synthetic cannabinoids, lab-made chemicals sprayed onto plant material or sold in liquids.
- Bind and Activate Cannabinoid Receptors
- “Spike”=local street term
- Street names and contents can vary
- Potency and Ingredients are unpredictable
- Recent uptick in use around the state
- Effects can be severe, even when someone believes they are using a familiar product.



K2, “Spike ”: Synthetic Cannabinoids and Acute Crisis

- SYRACUSE HAS FACED THIS FOR YEARS: local public health alerts date to 2015; OCHD warned of reported fentanyl in locally sold Spike/Spice in 2023.





Why Synthetic Cannabinoids/Spike/K2 Are

The Substance Is Not Always What Someone Expects

- Unregulated
- Although called synthetic marijuana, effects rarely like cannabis
- Marketed as "All-Natural" or Incense Products
- Products may contain different synthetic chemicals and varying concentrations between and even within bags
- Ingredients can change between batches and products.
- Individuals may not know what they have consumed.
- Effects can vary significantly from one episode to another.
- Other substances may be present, increasing the complexity of the response.

The response must be guided by the person's presentation and immediate needs.

Impact on EMS Services

•Naloxone administration by EMS peaked in 2023.

•Due to an increase in responders that carry naloxone and leave-behind programs, administration rates by EMS have decreased.

• Immediate life threat has often been resolved prior to ambulance arriving. Patients are more likely to refuse care and/or transport.

•“Spike” usage is not new to Syracuse EMTs and Paramedics.

• Presentation and treatment have changed a lot throughout the years and continues to change.

How Someone May Present

Presentation

- Behavioral
- Neurological
- Physical
- Altered Consciousness
- Safety Concerns

Possible Symptoms

- Agitation, panic, paranoia, hallucinations, confusion
- Disorientation, tremors, seizures, reduced responsiveness
- Rapid heart rate, elevated blood pressure, vomiting, overheating
- Extreme drowsiness, collapse, loss of consciousness
- Impaired judgment, severe distress, unpredictable behavior

Impact on EMS Services

- ~2200 Overdose calls so far in 2026. Average of 220 per month. Requests have decreased 38% since the beginning of 2026 due to stronger integration with SUCR and other community organizations.
- These numbers do not include 911 calls coded as “Unknown” or “Sick”.
- Huge strain on resources, including law enforcement and fire department.
- Often not true medical emergencies and many patients refuse care and/or transport.

The Crisis is Not the Endpoint

Immediate Safety

Medical assessment,
Stabilization
Emergency care



Connection

Trust-building
Listening
Person-centered support
Advocacy



Follow-Through

Referrals
Navigation
Continued Engagement



Timeline of Partnership

2023
Began sharing drug trend information between AMR + OCHD

Wrote for OASAS Street Outreach Grant, awarded.

2024
Building of Team, Processes

Joined Crisis Network and 911 Diversion Planning

2025
Spike Crisis Escalates, Call Volume Increases Drastically

2026
Development of Enhanced Response

Community Stakeholder planning

Two Roles, One Coordinated Response

AMR: Emergency Medical Services

- Medical assessment and care
- Clinical decision-making
- Overdose response and stabilization
- Transport decisions

OCHD SUI: SURT Team

- Person-centered engagement
- Lived experience and relationship building
- Harm reduction and education
- Referrals and connection to ongoing services

Design principle: one coordinated encounter, complementary expertise.

Responding to an Acute Episode



Immediate Safety Comes First

- Assess immediate medical needs and potential life-threatening conditions.
- Evaluate scene safety and the needs of everyone present.
- Provide appropriate emergency medical care and transport when indicated.
- Consider possible polysubstance exposure.
- When appropriate, introduce peer support as an additional resource.
- Offer ongoing support and connection when the individual is medically stable and willing.

What Does Co -Response Look Like?

Identification: A suspected overdose or substance-use-related crisis is identified. EMS response: Dispatch notifies OCHD SUI of suspected substance use crisis. AMR responds and assesses immediate medical needs and scene safety.
Peer Engagement: When appropriate, OCHD peer staff engage the individual and offer support.
Connection: The team identifies immediate needs and offers available resources or referrals.
Follow-through: When the individual is willing, peer staff may continue engagement and help navigate services.



Call / referral

A substance-use-related crisis prompts response.

Medical assessment

EMS addresses immediate health and safety.

Peer engagement

Offer listening, support, and practical information.

Choice of next step

Discuss resources based on the person's priorities.

Connection / follow-up

Facilitate linkage when wanted and available.

Why This Model Matters?

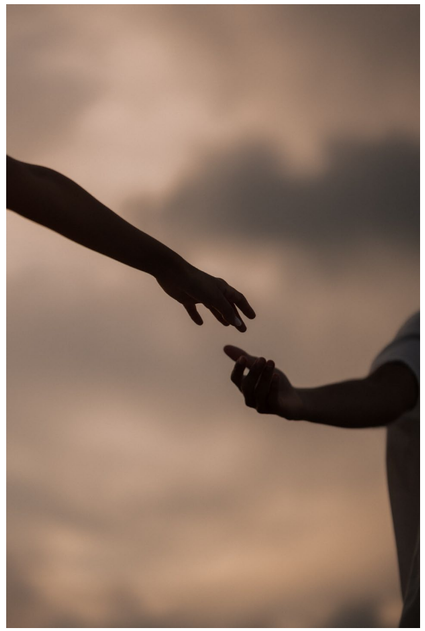
A Crisis Is an Opportunity for Connection

- Overdose and substance-use-related crises are complex and often involve more than an immediate medical need.
- Individuals may experience overlapping medical, behavioral, emotional, and social challenges.
- Emergency response addresses immediate safety and medical needs.
- Peer support creates an opportunity to connect individuals with ongoing support and resources.
- A coordinated response can help bridge the gap between emergency care and longer-term services.

The Peer Difference

Connection Through Lived Experience

- Peers bring professional training alongside relevant lived experience
- Shared understanding can help reduce stigma and create opportunities for trust
- Peer support is voluntary, person-centered, and nonjudgmental
- Peers can help people set goals and navigate systems that may feel overwhelming
- Engagement is based on the individual's goals



Meeting People Where They Are

A Low-Barrier, Harm Reduction Approach

- Support is offered without requiring abstinence or treatment participation.
- Individuals are treated with dignity and respect, regardless of current substance use.
- Harm reduction supplies and education can help reduce immediate risks.
- Referrals and treatment options are offered without pressure.
- Individuals retain the right to accept, decline, or revisit support.

Beyond the Crisis



Harm Reduction and Syringe Services: Naloxone, safer-use supplies, wound care, education, and other resources.



Peer Engagement Services: Relationship building, goal setting, advocacy, and support in navigating next steps



Substance Use Support Services: Service Navigation, transitional and intensive case management

Partnering with SURT

- EMS Providers can contact team directly. They are often helpful in situations where patients refuse to be transported but would benefit from resources.
- Interacting with team helps reduce stigma associated with substance use calls.
- New employees meet team and learn about capabilities during orientation.

What We Are Measuring

Responses • People Engaged •Supplies Provided

Referrals Offered / Accepted Follow-Up • Successful Linkages

Coordination • Feedback Equity • Process Improvements



Responses Attended	**587-886**
Resource Connections Made	**249-396**
Treatment Connections	**53-161**

Looking Ahead

Spring Planning Session

- NYS DOH facilitated
- Community Partner and Stakeholder Involvement
- Worked to identify potential solutions to increasing amounts of "overdose" calls
- Many solutions identified, but moving forward with Model 2.0

Model 2.0

- True co-response, embedded EMT with OCHD SURT Car
- Delayed true response
- Assessment of medical state, determine need for full-response
- Two car response, one primarily focused on city, one on larger count
- Training for Shelter Staff around appropriateness of calls/how to respond

Challenges and Opportunities

Where We Continue to Grow
Opportunities

- Strengthen communication and coordination between response teams
- Improve identification of calls appropriate for co-response
- Continue sharing information about emerging drug trends
- Expand coordination with the broader crisis response network
- Develop shared measures to better understand outcomes

Challenges

- Changing drug supply and unpredictable presentations.
- High and evolving community needs.
- Barriers to treatment, housing, and ongoing services.
- Maintaining consistent follow-up across multiple systems.

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References

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- Onondaga County Health Department — Fentanyl in Synthetic Marijuana Warning, November 2023
- New York State Department of Health — K2 Clinical Information
- SAMHSA — Overdose Prevention and Response Resources
- Onondaga County Health Department — Substance Use Initiatives program information.
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Questions?

Ask me anything!

