

Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Law Enforcement and First Responder Diversion Pathways to Diversion Case Studies Series

Naloxone Plus

Law enforcement officers and other first responders, such as emergency medical technicians, firefighters, and paramedics, are on the front line of addressing illicit substance use and misuse, and responding to frequent drug overdoses and calls for services involving individuals' co-occurring mental illness and substance abuse. In response, a variety of law enforcement-led diversion and fire/emergency medical services (EMS)-led responses (first-responder diversion [FRD]) to the opioid crisis have emerged across the country. In partnership with treatment, peers, and recovery personnel, these multidisciplinary programs are helping to reduce overdoses through connection to community-based treatment. Law enforcement and first-responder diversion program models provide a pivotal opportunity to redirect individuals with substance use disorders (SUDs), including opioid use disorders (OUDs) and co-occurring disorders, away from placement in jails or emergency departments, instead connecting them to community-based substance use, mental health, recovery support, housing, and social services.

Five Pathways for First-Responder Diversion to Treatment, Recovery, Housing, and Services

The spectrum of the **five pathways**¹ of first-responder diversion offers an alternative to traditional enforcement methods for individuals with an SUD or the dilemma of having to wait for an acute behavioral health crisis to necessitate contact with first responders.

These five approaches to connecting people to treatment through first responders are referred to as pathways, because in contrast to other criminal justice interventions where individuals are mandated to attend treatment, first responders are offering voluntary access through proactive outreach and support to individuals in need. First responder diversion (FRD) is a way to turn these encounters into opportunities to connect individuals with treatment, recovery support, housing, and social services.

Five Pathways

- ◀ **Self-Referral**
- ◀ **Active Outreach**
- ◀ **Naloxone Plus**
- ◀ **Officer/First Responder Prevention**
- ◀ **Officer Intervention**

Each pathway is associated with specific elements that work in different ways. Communities doing FRD often begin with a single pathway and then add additional pathways as their programs evolve. The pathway(s) implemented should be informed by a “problem solution” orientation, based on the specific problems to be addressed (e.g., substance use, mental health, housing instability) and how resources can be aligned to meet the needs of the target population to be served (e.g., treatment, recovery, stakeholder support).

Further, diversion programs should provide a solution that is unique to each community—what works in one jurisdiction may not work in another. An important step in deciding which diversion pathway is the best fit is becoming familiar with all the pathways, what each is meant to address, and how they function. Finally, each pathway is associated with different levels of investment needed to plan, implement, and operationalize the effort. Putting this together, it is necessary to identify which elements of a pathway could be adapted and applied to suit the particular needs of a jurisdiction.

The **five pathways** to treatment through first-responder diversion are described below. This brief will focus on the Naloxone Plus pathway.

- ◀ **Self-Referral:** An individual voluntarily initiates contact with a first-responder agency (law enforcement, fire services, or EMS) for a treatment referral. If the contact is initiated with a law enforcement agency, the individual makes the contact without fear of arrest.
- ◀ **Active Outreach:** A first responder intentionally identifies or seeks out individuals to refer them to or engage them in treatment, not for the purposes of criminal investigation.
- ◀ **Naloxone Plus:** A first responder or program partner conducts outreach specifically to individuals who have experienced a recent overdose to engage and provide a linkage to treatment.
- ◀ **Officer/First-Responder Prevention:** A first responder conducts engagement and provides treatment referrals

during routine activities (e.g., patrol, response to a service call). NOTE: If a law enforcement officer is the first responder, no charges are filed or arrests made.

- ◀ **Officer Intervention** (applicable only for law enforcement): The law enforcement agency engages and provides treatment referrals during routine activities (i.e., patrol) but the charges are held in abeyance, or citations are issued that may include a requirement for completion of an assessment for treatment or completion of a treatment plan before charges are dropped.

The Naloxone Plus Pathway

A growing number of law enforcement officers and first responders across the country are administering naloxone² to individuals to reverse the effects of opioid overdoses. If these individuals are not subsequently and quickly connected to treatment, recovery support, and other needed resources, they are at high risk of experiencing another potentially fatal overdose. The **Naloxone Plus** pathway is centered on the connection of individuals to treatment and follow-up services after an opioid overdose. The emphasis in this pathway is on the Plus—administering naloxone or responding after an overdose plus the connection to treatment. **Naloxone Plus** is a national standard for law enforcement response in communities that have high rates of overdose.

How it works: The **Naloxone Plus** pathway involves outreach to an individual after an overdose by a team made up of first responders and multi-disciplinary partners. Outreach to begin the engagement process typically takes place within 24 to 48 hours after the point of crisis caused by the overdose, although this can vary by program. Establishing a relationship with the individual soon after the overdose event enables the connection to treatment, a process that may take time and repeated contacts. The outreach team may include a combination of law enforcement officers (police officers or sheriff), firefighters, or emergency medical professionals. Other members of the team generally include a peer support specialist or recovery

coach and may also include a licensed professional such as a clinical social worker or a psychologist. Finally, some teams include a member of the faith community.

The team's goal is to motivate the individual to engage in treatment and services. Once the individual is in treatment or connected to services, the outreach team may periodically check on the individual and provide him or her with details of services available, including those for family members and children. Often, Naloxone Plus outreach will include providing naloxone to the individual and his or her household.

Depending on the capacity of the program and the jurisdiction, outreach also might include transport to a treatment program, connection to a case manager, and counseling by a peer recovery coach, in addition to information on treatment services. In many cases, the team will continue to build rapport with clients and their families and provide support as clients navigate through treatment and recovery.

This model for post-overdose engagement emerged from Lucas County, Ohio, and the Cincinnati Metro Region (Ohio, Kentucky, and Indiana). In 2014, the Lucas County Sheriff's Office in Ohio developed the Drug Abuse Response Team (DART)³ program under the leadership of Sheriff John Tharp. DART's officers, along with local behavioral health providers and community groups, help individuals connect with a continuum of care. Following an opioid overdose, an individual is identified and engaged by DART officers to identify his or her needs and desire for treatment. The relationship DART has built with local agencies enables 24/7 access to recovery services and detoxification beds. In 2017, DART expanded to engage parents with substance use disorders (SUDs) who have children in child and family services. Once engaged with DART, individuals work with the officers for a minimum of two years.

In 2015 in Colerain Township, Ohio, then Chief of Public Safety Daniel P. Meloy adapted the first-responder

The Ten Critical Elements of Naloxone Plus

1. Naloxone administration
2. Rapid identification
3. Immediate contact
4. Rapid engagement
5. Rapid access to treatment
6. Screening and clinical assessment
7. Continued effective integration
8. Treatment for opioid use disorder
9. Recovery support services
10. Naloxone distribution

joint response concept into the Quick Response Team (QRT)⁴ model, which consists of an outreach team of law enforcement officers and other first responders along with a substance abuse specialist, such as a peer recovery coach or a licensed clinician. Currently, QRT is the most prevalent form of the Naloxone Plus pathway and is found in more than 100 first-responder agencies, concentrated in Kentucky, Ohio, Pennsylvania, and West Virginia. See Case Study #1 for more information on Colerain Township's QRT program.

In 2016, Stop, Triage, Engage, Educate, and Rehabilitate (STEER)⁵ was developed in Montgomery County, Maryland. Led by former Chief of Police J. Thomas Manger, STEER took a multifaceted public health approach to find alternatives to incarceration. In its program model, the Naloxone Plus pathway is represented by an outreach worker, who contacts an individual shortly after an emergency room visit, generally related to an overdose, or a diversionary effort by police officers. The outreach worker contacts the relevant support systems to encourage and engage the individual in treatment participation.

Ten Critical Elements of Naloxone Plus⁶

The Naloxone Plus pathway has ten critical elements, which together form a foundation for optimizing a community's overdose response.

1. Naloxone administration

- First responders use naloxone to revive an individual who has overdosed.
- Make naloxone and its use widely accessible to first responders.

2. Rapid identification

- Identify survivors of an overdose as soon as possible and respond with available resources.
- Identify individuals who are at risk of overdose and respond with available resources.
- Notify stakeholder organizations and partners (e.g., law enforcement and public health), as appropriate, of overdose reversals.
- If available, create a process for compiling or sharing overdose data.

3. Immediate contact

- Identify the entity that will conduct the outreach and the process for outreach.
- Make first responders approachable and available for questions, comments, and suggestions; the use of uniforms, department identification, and marked cars varies.

4. Rapid engagement

- Contact and engage individuals soon after the point of crisis following an overdose.
- Maintain engagement to be available for support if and when individuals are ready for treatment and to reduce the risk of a subsequent overdose.
- Include the recovery community (i.e., involve peer support in outreach efforts).

5. Rapid access to treatment

- Ensure that a variety of low-threshold treatment options are accessible within minutes or hours after an overdose reversal.
- If treatment or services are not available immediately, support individuals in the community until treatment becomes available.

- Initiate referrals to treatments that are specific to opioid use disorder (OUD), such as medication-assisted treatment (MAT).

6. Screening and clinical assessment

- Use a validated screening instrument to identify potential substance use issues and a comprehensive assessment instrument to diagnose and guide treatment recommendations.⁷
- Approach treatment recommendations and linkages as unique to the needs of an individual and in consideration of the individual's autonomy.

7. Continued effective integration

- Enable communication between providers and case managers to serve the best interests of the individual.
- Address how HIPAA and other privacy protections may impact cross-agency care coordination.

8. Treatment for opioid use disorder

- Use evidence-based treatment services for OUD, including evidence-based behavioral therapies and FDA-approved medications to treat OUD—buprenorphine, naltrexone, and methadone.
- Emphasize that the use of medication and which medication is prescribed is a clinical decision between an authorized clinician and the individual.

9. Recovery support services

- Offer supportive services that help with long-term recovery: when treatment ends, recovery continues.
- Address the range of services that support individuals in recovery, including vocational/employment training, transportation, housing, and food assistance.

10. Naloxone distribution

- Wide distribution of and training on the uses of naloxone to individuals with SUDs and their friends and families, in addition to first responders.
- Wide distribution of and training on the uses of naloxone to the community (e.g., libraries, businesses, schools), transit system treatment providers, and hospitals.
- Create opportunities for naloxone training within the community.

Case Study #1: Colerain Township, Ohio

Colerain Township Quick Response Team
COSSAP LE/FR Diversion Mentor Site

About Colerain Township

Colerain Township, Ohio (population 59,217), which borders the city of Cincinnati and is located within Hamilton County, was part of ground zero in the nation's opioid epidemic. Ohio's proximity to several states that were experiencing high rates of overdose deaths, especially Kentucky to the south and West Virginia to the east, primed the southern region of the state for the proliferation of heroin and prescription opioids.

In the early 2010s, Colerain Township's Chief of Public Safety, Daniel P. Meloy, integrated the concept of first-responder joint response into the department. The concept of joint response was based on tactical training, where law enforcement, fire, and EMS personnel respond to emergency events in tandem. An evolution of the joint response model, the QRT⁸ emerged as a way to address the rapid increase of overdoses in the community by enabling a cohesive unit of public safety to respond. Colerain's small size allowed for a strong feeling of community. The fact that police were visible members of the community and were doing something besides arresting people for drug use allowed the QRT program to overcome the initial barrier that many diversion programs face—lack of public trust.

The Naloxone Plus Pathway

The first year of the QRT, 2015, witnessed a positive attitude change in the community towards individuals with SUDs and the concept of diversion. The success of the program was aided by the joint response efforts that already existed between law enforcement and other first responders. Colerain's joint response policy also helped with the coordination of data between the divisions of public

safety. All dispatch reports were reviewed to identify anyone who had what was described as an overdose or related symptoms.

Colerain benefited from strong leadership that was able to mobilize historically separate components of public safety and coordinate with area hospitals and treatment providers. Early on, Colerain Township QRT was able to coordinate with area hospitals to which the team was transporting individuals who had overdosed to create a system beneficial to both parties. The local health system was able to secure funding for an engagement center that provided medical stabilization. With these partnerships in place, the QRT was able to get individuals into the center for stabilization and medication-assisted treatment (MAT) induction almost immediately. Concurrently, the hospital referred individuals to the QRT for ongoing engagement.

A benefit of involving treatment professionals in diversion is their profound knowledge of substance use and mental health, both through professional work and sometimes personal experience. This experience allows treatment provider partners to quickly engage the recovery community. Further, in Colerain, the main treatment provider partner, Addiction Services Council, a nonprofit organization based in Cincinnati, offers a peer support certification program that includes a higher level of clinical training and a chemical dependency counselor credential.

"In the beginning, the word spread quickly through street credibility, 'They are coming, and they are here to help you.'"

—Nan Franks, CEO, Addiction Services Council and Colerain QRT member

What It Looks Like

Colerain's QRT is an assembled team consisting of a police officer, a fire/EMS employee, and a substance use specialist, such as a peer recovery coach or licensed clinician. This team of three conducts post-overdose outreach within three to five days of the overdose, making contact in the late morning and evening hours to maximize the number of people reached. First-responder team members volunteer to be assigned to the QRT and are screened for their desire for and commitment to outreach of this nature. Team members complete a 40-hour substance use-and-abuse training and are oriented to concepts of treatment and addiction. First-responder team members are in uniform and the counselor wears a polo shirt with the Colerain QRT insignia. It is critical to Colerain's QRT approach that community members know that the QRT police officer is visible as a law enforcement officer who is there to be helpful, not to make arrests. The peer recovery coach and licensed clinicians are employed by the Addiction Services Council.

Clients are met in the community at their homes. There are no eligibility criteria other than being individuals who have overdosed or are at risk for overdose. The QRT checks in on a client until he or she is securely placed in treatment and remains available for support and resource linkage in the future. There is no termination of participation; some clients have been engaged with the team since the program's inception.

The team approach is essential to the QRT model in Colerain, helping to reduce burnout and increase empathy and understanding—both between law enforcement and the public and between practitioners and law enforcement. Likewise, the success of the program relies on the team's ability to collaborate; team composition therefore makes a huge difference. Colerain wants first responders on the team who want to find an alternative way of engaging people with a "you can't arrest your way out" of the problem mentality. Critically, central to QRT membership is the understanding that addiction is a chronic, relapsing disease where achieving and maintaining recovery takes time and is

a process that is unique to each individual. This perspective, combined with compassion, allows the program to succeed and stay committed to its mission. Another secret of success of Colerain, says Nan Franks, CEO, Cincinnati Addiction Services Council, is, "Have an endless supply of hope."

"Success for us is getting them connected to whatever treatment services they need."

—Nan Franks, CEO, Cincinnati Addiction Services Council

System Impact

One impact that Colerain QRT had locally was getting law enforcement officers to include more circumstantial information in write-ups. The information that was previously considered auxiliary helped the QRT to identify a broader range of calls for outreach. The QRT also tracked data from its inception, enabling the program to demonstrate success and garner almost immediate public and political support, leading to even more community buy-in.

Taking a holistic view of the impact of the opioid epidemic, Colerain's QRT initiative involved local businesses and community members from the beginning. This enabled buy-in and support, including some funding. The engagement also prepared community members so they understood the "what" and "why" of the program. Implementing community-based prevention education further helped to strengthen the relationship between QRT and the community. Community education also involved letting people know that there are ways for individuals to get help without having to wait for an overdose. In addition to training all first responders on utilizing QRT, Colerain set up a helpline to accept community referrals.

Eventually, Colerain QRT was adapted into a countywide effort, divided into East and West Hamilton County, with Colerain Township keeping its independent program

in place. Aided by overdose mapping information from the U.S. Department of Homeland Security, county law enforcement agencies were able to receive overdose information from a centralized location. This countywide initiative is led by the Hamilton County Heroin Task Force. A benefit of having a QRT program operated by a central county funding source is that it enables resource sharing across jurisdictions.

Aided by the leadership and innovation of Colerain Township, QRTs have emerged as a nationally recognized model for response and prevention. Colerain Township QRT was also selected to serve as a mentor site through the COSSAP Law Enforcement/First Responder Diversion and Referral Program Mentoring initiative.

Lessons Learned

- ◀ Diversion requires a culture change for first responders and the community.
- ◀ Face-to-face contact is essential to engaging individuals in treatment.
- ◀ Strong relationships with community providers are essential to streamline and to connect diversion participants to services.
- ◀ Collecting and using data enables programs to identify and prioritize funding requests, garner community support, and outline obstacles.
- ◀ Outreach volunteers need organized training and support to prepare for the challenges of post-overdose outreach.

Case Study #2

Huntington, Cabell County, West Virginia

Huntington Quick Response Team
FY 2017 COSSAP Grantee
COSSAP LE/FR Diversion Mentor Site

About Huntington, Cabell County

Cabell County (population 94,958) is located in the southwestern part of West Virginia, on the borders of Ohio and Kentucky. Huntington, the largest city in Cabell County, started its countywide Quick Response Team in 2017 to address the unprecedented number of overdoses in its community. At the peak of the county's opioid crisis in August 2017, nearly 200 individuals overdosed in one month, an average of six people per day.⁹

This crisis, coupled with political support from the Huntington Mayor's Office and the Cabell County government, enabled Cabell County EMS to partner with local police and behavioral health agencies to change the way they responded to overdoses. Although buy-in from first-responder partners was not immediate, Huntington QRT emphasized the efficiency of this approach. Instead of repeatedly responding to the same individuals with no change in the result, officers could instead leave behind a QRT contact card and make a referral.

The Naloxone Plus Pathway

Although stakeholders saw the enormity of the situation and had the same end goal, the issues were seen from each profession's point of view. Even with buy-in, creating the team took concerted effort, and getting law enforcement, EMS, and hospitals to collaborate was a challenge. A further complication to cross-agency communication was that the information the different agencies were working from was not consistent. Through stakeholder meetings, it

was learned that law enforcement was aware of only a small portion of the community's overdoses.

Taking a flexible approach to establishing its QRT, Cabell County recognized that diversion programs must be able to adjust to fit the community. In building its team, Huntington QRT emphasized the importance of finding law enforcement officers who were dedicated to the mission of the program and willing to put aside the enforcement approach to personal drug use in exchange for an alternative community response. Different from Colerain Township, Huntington QRT law enforcement members and EMS representatives are not in uniform.

As the program has evolved, law enforcement has largely stepped back from its role in outreach calls. Unless there are safety concerns, the only first responders who do outreach are from EMS. The collaboration created an opportunity to engage a wider number of individuals proactively instead of waiting for them to overdose again or have an encounter with the justice system. In time, Huntington QRT was able to expand its program to include self-referrals and referrals from the community.

What It Looks Like

Within 24 to 72 hours of an overdose, a team of QRT members—made up of a combination of EMS personnel, law enforcement officers, treatment providers, and faith leaders—visits individuals who have overdosed. Initially, outreach targeted individuals who had received an EMS response to overdose calls. Notification of overdoses is provided through the county's EMS data, which contains more information than other first-responder dispatch reports. A key component of Huntington QRT was the inclusion of a business associate agreement to enable data sharing among the program partners.

Two local treatment agencies provide the peer recovery specialists who participate in the outreach efforts. The recovery specialists' goal is to find a treatment provider that matches the needs of the individual. There is one

EMS personnel member assigned to Huntington QRT, helping with program consistency and building trust with the community. Individuals recognize this team member as the face of the program and, in turn, this member develops strong relationships with the community and treatment providers.

“The overdose scene can be confrontational, but people tend to be receptive. . . [People say] ‘You cared enough to follow up with me, knock on my door and check on me.’”

—Connie Priddy, Huntington QRT Program Coordinator, Cabell County EMS

A unique component of Huntington QRT is the inclusion of the faith community in its outreach efforts. When Huntington QRT first contacted the community’s faith-based organizations, the team envisioned them playing a supporting role. However, the community’s churches wanted to take a more active role. After receiving training, they formed a QRT clergy group made up of a range of faith leaders. Now Huntington QRT’s outreach consists of four members, with representation from EMS, law enforcement, peer recovery, and the faith community.

“They go to the door with no script, as each visit is different. The four team members are a jazz ensemble.”¹⁰

System Impact

Although Huntington QRT does not have a formal business partnership with local hospitals, the team has prompted the hospitals to hire their own peer recovery coaches instead of relying on the QRT for support and linkage. Another

influence of Huntington QRT was on the Cabell County Health Department; to complement overdose outreach, the department has expanded its efforts around disease prevention and harm-minimization strategies. Huntington QRT has also emerged as a strong resource for communities interested in the Naloxone Plus pathway of diversion across the nation. The program was selected to serve as a mentor site through the COSSAP Law Enforcement/First Responder Diversion and Referral Program Mentoring initiative.

Lessons Learned

- ◀ Adjusting program elements, such as the outreach schedule, maximizes engagement outcomes.
- ◀ The business associate agreement used by Huntington QRT enables data sharing among the program partners.
- ◀ QRT support can be provided without a law enforcement member.
- ◀ Using volunteers from faith-based or recovery support agencies can be an opportunity to bolster staffing for an outreach program.
- ◀ Having one EMS professional assigned to the QRT team can help with program consistency and building community trust.

Case Study #3

Onslow County, North Carolina

Onslow County EMS Community Paramedics Program

FY 2019 COSSAP Grantee

About Onslow County

Onslow County (population 193,893) is on the east coast of North Carolina. Jacksonville is the most populous urban setting in the county and is home to one of the largest concentrations of United States Marines in the world because of its proximity to Marine Corps Base Camp Lejeune. The Onslow County Emergency Medical Services Community Paramedics Program (CPP) began in 2014 as a way to connect individuals who are high utilizers of emergency services with personalized connections to treatment and community-based support.

In 2017, as need grew, CPP began a harm-minimization program as a step towards reducing an increasing number of opioid-related overdoses and fatalities. However, with more than 21,000 calls a year, EMS staff members lacked the resources to meet the needs of these patients, who would benefit from referrals to primary care, MAT, and connection to support services. This led to further expanding the roles of the community paramedics in 2018 to respond specifically to the growing opioid crisis in Onslow County. The buy-in of and support from the City of Jacksonville and Onslow County governments, the Jacksonville Police Department under the leadership of Chief Mike Yaniero, and the wider community has enabled the success of CPP's efforts.

The Naloxone Plus Pathway

Out of these efforts and the relationship built between CPP and law enforcement around naloxone training and distribution, a program modeled on QRTs emerged. Initially, CPP was joined by a representative from the Onslow County

Sheriff's Department. The community paramedic and sheriff would respond to follow up on overdoses within 24 to 72 hours. Despite the sheriff's plain clothes and unmarked car, community members were able to quickly identify law enforcement personnel and were uncomfortable talking openly with the community paramedic. As a result of community response and the addition of peer recovery personnel to outreach, the sheriff took a less visible role. Eventually outreach largely eliminated the law enforcement component, instead including the sheriff to run background checks and to accompany the community paramedic, when needed, for team safety.

With the continued partnership of law enforcement, CPP is able to learn where an individual in need of services may reside, get help from Onslow County's QRT team to follow up with an individual, or to engage the team for potential safety concerns. All officers of the Jacksonville Police Department, especially those participating in QRT, and CPP have participated in Crisis Intervention Team (CIT) training. Onslow County's community paramedics also maintain a positive working relationship with law enforcement by providing naloxone kits and training to law enforcement officers throughout the county.

In Onslow County, all overdoses and uses of naloxone are reported to CPP, allowing for a streamlined outreach response. Referrals for CPP support can also come from individuals, friends and family, community-based treatment and service providers, law enforcement and first responders, and the recovery community. There are no eligibility requirements for participation. CPP conducts intake and assessment for everyone referred and attempts to avoid duplication of existing supports. If an individual declines engagement, CPP remains available to help him or her with resource linkage; CPP continues to check in on the individual and increases frequency of follow-up as the individual becomes more engaged with community paramedics.

What It Looks Like

CPP's goal continues to include making contact within 24 to 72 hours of an overdose, meeting individuals in the community at their houses, at the hospital, or at the community's crisis center.

The peer support program enables peer specialists with lived experience to accompany community paramedics during outreach or to get referrals to follow up with individuals.

If CPP is unsuccessful in making contact within this timeframe, CPP personnel may contact the newer version of the QRT, which includes a clinician from the Jacksonville Police Department and a sheriff or police officer to follow up with an individual.

CPP prioritizes the Plus in Naloxone Plus, specializing in case management that provides a long-term relationship with individuals including robust linkage to treatment and services. CPP generally engages individuals actively for up to a year but will also continue to follow up afterwards to provide support. Through relationship building, the paramedics have developed a positive reputation in the community.

To Onslow County's community paramedics, success is making a long-term connection with the community.

"Anything is a success if we create a line of communication to connect them to services and let them know that we are there as a resource and will be there when they are ready."

—Chris Dudley, Community Paramedic, Onslow County Community Paramedics Program

System Impact

The success of this program led to the partnership of the University of North Carolina Wilmington with CPP. In the fall of 2019, several master's level social work students joined community paramedics for outreach in the field. This collaboration added another partner to CPP's outreach, providing more support for case management functions from a clinical standpoint. Many of the students already may have worked as social workers and can bring that experience with them to CPP outreach. Although this does not replace the role of peer support, it brings more and varied resources to the table, allowing CPP to focus on core issues. In addition, CPP used grant and research opportunities to expand the OUD-related services it provides. Two initiatives will enable CPP to administer FDA-approved medications for OUD in the field.

Lessons Learned

- ◀ Involvement of community paramedics can address the critical need for case management in first responder diversion.
- ◀ When CPP personnel participated in CIT training alongside the Jacksonville Police Department, they were able to see each other's perspectives, including both the medical and the law enforcement view of situations.

Case Study #4 Duluth, Minnesota

Duluth Police Department Diversion Program

FY 2018 and FY 2019 COSSAP Grantee

About Duluth, Minnesota

Duluth (population 86,000) is a city in northeastern Minnesota. The Duluth Police Department is part of the Lake Superior Drug and Violent Crime Task Force (LSDVCTF) and consists of four counties in two states. In 2019 St. Louis County, which includes Duluth, was designated as a High Intensity Drug Trafficking Area (HIDTA) and will be incorporating Overdose Detection Mapping Application Program (ODMAP) data into its diversion programming. The task force catchment area contains Native American tribal lands in the Fond du Lac Band of Lake Superior Chippewa Indian Reservation and the Bois Forte Band of Chippewa Indian Reservation.

Through COSSAP grant funding, the Duluth Police Department and LSDVCTF were able to hire a project coordinator to provide case management and peer support to overdose survivors or those at risk of an overdose. Candidates for the diversion program are identified through the task force's data, which includes any incident that had 9-1-1 involvement. Data within the drug task force area are shared with the Duluth Police Department, allowing notification about overdoses to be communicated to the program coordinator within an hour.

The Naloxone Plus Program

The diversion program began in 2019, originally providing outreach to those identified by the task force. Duluth's program has since expanded to include referrals from police officers, individuals who call the program's phone line, and community referrals. The majority of law enforcement referrals come from the Duluth Police Department, although

police departments in the task force's geographical region can also make referrals. The Duluth Diversion Program has an assigned Duluth Police Department officer who also works with the task force on overdose death investigations and drug trafficking initiatives. Program efforts include naloxone distribution to and training for the law enforcement agencies within the task force area. Included in the naloxone training is a basic orientation to substance use awareness and response.

The program coordinator works with individuals to create a case management plan that is focused on client goals. According to the program coordinator it is particularly helpful to discuss potential barriers to recovery and other questions, such as, What is an individual's biggest motivation to cease substance use? and What might hold the client back? The Duluth Diversion Program includes elements of a harm-reduction approach. If the client is not ready to begin substance treatment, the program will work on connections to other services. To chart success, the program looks at stabilization markers, such as obtaining employment or housing. To the program coordinator, success is defined as completion of individually identified goals. Part of Duluth's successful engagement with the community is that the program coordinator is also a certified peer recovery specialist, able to integrate case management with elements of peer recovery.

The program coordinator has fostered positive working relationships with area treatment providers that have enabled expedited intake for behavioral health programs. The Duluth Diversion Program is also able to utilize the Mental Health Unit of the Duluth Police Department, adding capacity to the initiative through the unit's social workers and psychologist. A local agency provides training for peer recovery specialists and is starting a program that will coordinate with Duluth Diversion. Through this partnership, the program coordinator will begin the intake process and coordinate with the specialist for assistance with ongoing peer support needs.

What It Looks Like

The program coordinator conducts outreach in the community within 24 to 48 hours after receiving notification of an overdose. The initial outreach includes an officer from the Duluth Police Department dressed in plainclothes. If individuals are willing, case management intake happens at the initial outreach. Elements of intake include gathering information on an individual's economic stability, emotional and physical health, and housing status. After a rapport is safely established, the program coordinator continues working with the individual without the officer, meeting the participant in the community or at his or her home. If the participant is interested, the program will make a referral to treatment. The current time frame for treatment placement is within one to three days.

The case management that the Duluth Diversion Program provides is more comprehensive than providing information about available resources. In the early stages, engagement is intensive. The program coordinator may spend six hours or an entire day with participants, meeting people where they are and often at the peaks of their crises. When participants are interested in ongoing engagement, the program coordinator is available for support, sending texts to check in or occasionally meeting participants for coffee. The diversion program is committed to long-term, post-treatment case management that extends until one year of recovery is achieved.

Don't give up: if people say they aren't ready, maintain contact: "I don't have a close button. No matter, if you need to, you can get hold of me."

—Jess Nickila, Program Coordinator, Duluth Diversion Program

Transportation is a significant barrier. For Duluth's program coordinator, the "biggest weapon is my car . . . hop in and let's go."

—Jess Nickila, Program Coordinator, Duluth Diversion Program

System Impact

The strong relationships fostered by the program coordinator with behavioral health providers have enabled almost immediate access to services for diversion program participants, including availability of intake assessments at the point of transport, which can be a significant barrier for individuals. Instead of expecting individuals to find an available program and make an appointment for the future, the program coordinator makes it happen in real time, contacting treatment and service agencies and providing transportation. Finally, a goal of the Duluth Diversion Program's FY 2019 COSSAP grant is to reserve beds at an inpatient detoxification facility for program participants.

In addition to post overdose outreach, efforts are being made to identify at-risk individuals before they overdose. This is a preventive strategy separate from Naloxone Plus and falls under the Active Outreach pathway. One tactic the program coordinator uses to identify at-risk individuals includes looking at overdose data from previous years. The coordinator then focuses efforts on the high-risk population that is below the age of 35, is experiencing—or at risk of—homelessness, and has previous involvement with the criminal justice system. Similarly, once a week Duluth officers are paid overtime to do active outreach to individuals they know who may need the Diversion Program's assistance.

Lessons Learned

- ◀ The cornerstone of successful diversion is peer recovery.
- ◀ Making personal introductions to appropriate resources and treatment programs increases the likelihood of treatment attendance.

Case Study #5

Ware, Massachusetts

Drug Addiction Recovery Team (DART)

About Ware, Massachusetts

Ware, Massachusetts is a town of 9,800 people in western Massachusetts in a large rural setting. A federally funded grant enabled formation of the Hampshire Hope initiative in the neighboring town of North Hampton, in response to the high overdose rates in New England. Hampshire Hope developed a network law enforcement agency to form Hampshire County Drug Addiction Recovery Teams (DARTs) and conduct outreach to individuals in the community. The agency provides recovery coaches to partner with law enforcement officers in its outreach efforts and supports harm-minimization efforts. Efforts have since expanded to include 15 police departments. Around 2016, Ware was approached to join the outreach program and has been operating with just one designated police officer ever since.¹¹

The Naloxone Plus Pathway

In Ware, the DART outreach team follows up with individuals in the community after an overdose or to individuals at high risk for an overdose. Like many other successful diversion programs, one way its value is communicated is by demonstrating how intervention can make other officers' jobs easier and have long-term positive effects for individuals. Referrals to DART may come from other officers in the department or referrals from officers outside of Ware. Referrals also come from the community, either through self-referrals or from friends and family, and all are based on word of mouth about the program.

All officers in the Ware Police Department have received CIT training and carry naloxone, but only one officer is a member of DART. The recovery community in Ware is small, but there are peer meetings in neighboring towns. One hospital in town has a wing that offers some forms of

MAT. Despite limited political or fiscal support, outreach has been made to approximately 50 individuals since the program's start, with approximately half accepting a referral to treatment. Ware's DART officer receives overtime pay for conducting outreach in addition to his regular schedule.

What It Looks Like

The DART officer conducts outreach in uniform and visits individuals at their houses to make introductions and explain the purpose of the outreach. If an individual is receptive to getting help, the DART officer will sit down with that individual to learn about his or her addiction and what treatment and services the individual might be interested in. This discussion may include gauging interest in recovery groups, meeting with a recovery coach, finding a detox facility, or transportation challenges. Data collection is simple and confidential, including names, addresses, phone numbers, and a record of overdoses. An encounter form is completed for the initial meeting with the recovery coach and collected by Hampshire Hope to inform its services.

The DART officer also distributes naloxone and instructs individuals on how to use it. If individuals are amenable, the DART officer will continue to follow up and connect them with one of the three recovery coaches provided by Hampshire Hope. Follow-up with individuals, says John Cacula, the DART officer in the Ware Police Department, may take place "at their home, the homes of friends and family, or they might meet at Dunkin' Donuts for a coffee." Once connected with the DART officer, a participant is involved for as long as he or she is interested. The officer will continue to check in with the individual, at varying levels of frequency.

What is success in Ware? "Somebody getting and staying clean" but, "if they fall [we are] coming back to see them."

—Officer John Cacula, DART, Ware Police Department

Lessons Learned

- ◀ Agencies need to consider staffing for their Naloxone Plus programs. Options include selecting specific officers as long-term DART staff members or rotating the assignment among officers who volunteer to participate.
- ◀ Training and self-education on recovery and treatment options, including MAT, are important components of Naloxone Plus outreach.
- ◀ Law enforcement buy-in can be achieved by offering alternative and more efficient solutions to challenges.

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- ◀ Connie Priddy, Huntington QRT Program Coordinator, Cabell County EMS
- ◀ Jessica Nickila, Program Coordinator, Duluth Police Department

Endnotes

1. Police Treatment and Community Collaborative. (2017). Pre-arrest diversion: Pathways to community: Police, Treatment and Community Collaborative: https://ptaccollaborative.org/wp-content/uploads/2018/07/PTACC_visual.pdf

2. Naloxone is a medication designed to rapidly reverse opioid overdose. It is an opioid antagonist—meaning that it binds to opioid receptors and can reverse and block the effects of other opioids. Definition from National Institute on Drug Abuse: <https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>

3. Lucas County's Drug Abuse Response Team (DART): <https://www.co.lucas.oh.us/2843/DART>

4. Quick Response Team (QRT): www.qrtnational.org

5. Montgomery County's Stop, Triage, Engage, Educate and Rehabilitate (STEER): http://docs.wixstatic.com/ugd/bfe1ed_f5af4fa0a38444fab5259aad85ea6e59.pdf

6. TASC's Center for Health and Justice's Treatment Capacity Expansion Series, "Naloxone Plus Framework: Critical Elements of Post-Overdose Connections to Care." Available from: <http://www2.centerforhealthandjustice.org/content/project/tasc-chj-treatment-capacity-expansion-series>

7. For guidance on evidence-based practices refer to Substance Abuse and Mental Health Services Administration's Screening and Assessment of Co-Occurring Disorders in the Justice System document. (2019). Available from: <https://store.samhsa.gov/product/Screening-and-Assessment-of-Co-Occurring-Disorders-in-the-Justice-System/PEP19-SCREEN-CODJS>

8. Quick Response Team (QRT) www.qrtnational.org

9. Information provided by Cabell County EMS.

10. Stakeholder Health: Inland See Road Trip, 2018, "Loving Them to Life: Huntington's Quick Response Team": <https://stakeholderhealth.org/huntington-qrt/>

11. NPR (2020) Police Offering Drug Recovery Help: 'We Can't Arrest Our Way Out Of This Problem': <https://www.npr.org/2020/02/08/802318886/police-offering-drug-recovery-help-we-can-t-arrest-our-way-out-of-this-problem>

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