First Responder/Law Enforcement Strategies: Supporting Overdose Survivors and Their Families

January 30, 2020
The Five Pathways To Treatment, Housing, and Services Through First Responder Diversion

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COAP Category 1 – Law Enforcement/First Responder Diversion TTA to the Field
https://www.coapresources.org/Content/Documents/BriefingSheets/BJA_COAP_Law_Enforcement_First_Responder_Diversion.pdf

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First Responder Diversion: Moving to Act Before a Crisis or Without Arrest

**Prevention Diversion:**
- No charges exist
- No relevant criminal activity during this encounter
- Divert in lieu of taking no action
- Prevents **future criminal justice or ER/ED entry** by connecting to treatment, housing, and services today

**Intervention Diversion (LE Only):**
- **Charges exist**
- Charges are held in abeyance or issuance of non-criminal citation with treatment
- Divert in lieu of arrest
- Prevents **current criminal justice entry** by connecting to treatment, housing, and services today
THE FIVE PATHWAYS

• **Self-Referral:** An individual voluntarily initiates contact with a first responder agency (a law enforcement, fire services, or EMS professional) for a treatment referral; if the contact is initiated by a law enforcement agency, the individual makes the contact without fear of arrest.

• **Active Outreach:** A law enforcement officer or other first responder intentionally identifies or seeks an individual to refer or engage them with treatment and not for the purpose of a criminal investigation.

• **Naloxone Plus:** A law enforcement officer, first responder, or program partner conducts outreach specifically to individuals who have experienced a recent overdose to engage and provide linkage to treatment.

• **First Responder/Officer Prevention Referral:** A law enforcement officer or other first responder conducts engagement and provides treatment referrals during routine activities (e.g. patrol, response to a service call). NOTE: if law enforcement is the first responder, no charges are filed, or arrests made.

• **Officer Intervention Referral:** (Only applicable to law enforcement led diversion) A law enforcement agency engages and provides treatment referrals during routine activities (e.g. patrol), but the charges are held in abeyance or a citation is issued that may include a requirement for completion of an assessment for treatment or completion of a treatment plan.
Systems Goal:
Open up all five pathways

Which Pathway to Start?
Solve your problem/
Address your challenge

Start With Single Pathway:
Once experienced,
Open up more pathways

Two Key Questions
1. Divert to What?
2. Case Management How?
HUNTINGTON QUICK RESPONSE TEAM (QRT)

CHANGING COURSE WITH THE INNOVATIVE QRT MODEL

Huntington, WV
Presented By:

Connie Priddy MA, RN, MCCN
Huntington QRT Program Coordinator

CABELL COUNTY EMERGENCY MEDICAL SERVICES
A COMMUNITY IN CRISIS

*CITY POPULATION: 50,000
*COUNTY POPULATION: 100,000
*CABELL COUNTY EMS RUNS 35,000 CALLS ANNUALLY (COUNTY-BASED EMS AGENCY THAT SERVES ALL OF CABELL COUNTY. THIS IS ALL-INCLUSIVE OF OVERDOSE CALLS IN THE CITY OF HUNTINGTON).
FACING A PUBLIC HEALTH EPIDEMIC

CABELL COUNTY EMERGENCY MEDICAL SERVICES
“SUSPECTED OVERDOSE” CALLS

2015
“Suspected Overdose” Calls – 480
Narcan Usage - 298

2016
“Suspected Overdose” Calls – 1217
Narcan Usage - 768

2017
“Suspected Overdose” Calls – 1831
Narcan Usage - 1153

FACING A PUBLIC HEALTH EPIDEMIC
WEST VIRGINIA LED THE NATION PER CAPITA IN OVERDOSE DEATHS...AND HUNTINGTON, WV WAS AT THE HEART OF THAT DEVASTATING STATISTIC

Our community became quite aware that how we were handling the crisis was not working. It was still believed by many, that you could arrest your way out of this epidemic. As numbers spiraled out of control, with nearly 200 individuals overdosing in one month by August 2017 (which averaged over 6 people a day). It became very apparent a new way of thinking was needed. Community leaders began working together. Mayor Williams developed an Office of Drug Control Policy. Programs like the Harm Reduction followed. The criminal justice system developed diversion programs. Suddenly, community leaders from Marshall University, both local hospitals, multiple treatment facilities, city and county government, Police, Fire, and EMS officials were in the same room...looking for solutions.
COMPOSITION OF TEAM

- EMS PERSONNEL
- LAW ENFORCEMENT
- TREATMENT PROVIDER

QRT MODEL
EMS responds to overdose OR Outside Referral

QRT identifies the next day

QRT attempts to locate individual

If individual found, treatment offered, and information provided

Individual ready for treatment?

No

QRT continues to keep in contact and encourage to treatment

Yes

Individual linked to treatment by QRT through warm handoff

QRT FLOW CHART
Initial Challenges:

- Confidentiality – Sharing of client information between all involved agencies
- Physical Location – Office space and access of vehicle for team
- Data Collection – Determined need for electronic medical record keeping
- Client Location – Correct current address (contact information)
- Encountering clients actively overdosing

Overcoming Challenges:

- Confidentiality agreement (BAA) signed among all agencies. Each individual signs a HIPAA agreement for PHI
- Donated office space/vehicle by CCEMS
- Electronic charting system purchased to utilize for record keeping
- Active education/involvement with First-Responders to obtain “buy-in” for more information collected at the scene of the overdose
- Our team carries a “first-out” bag for an active emergency
CABELL COUNTY EMS HAS REPORTED A 40% DECREASE IN OVERDOSE CALLS (THIS IS A YEAR OVER YEAR COMPARISON BETWEEN 2017 & 2018)

TOTAL COST SAVINGS FOR EMS ALONE OVER $370,000

QRT PERSONALLY CONTACTED OVER 500 INDIVIDUALS IN THE FIRST YEAR OF OPERATION

OF THOSE INDIVIDUALS CONTACTED APPROXIMATELY 30% HAVE ENTERED FORMAL TREATMENT

LEVEL OF COOPERATION AMONG ALL STAKEHOLDERS HAVE HAD AN IMPACT ON THIS SIGNIFICANT DECREASE
CAN A QRT PROGRAM HAVE A POSITIVE IMPACT ON REDUCING OVERDOSE EVENTS?

CABELL COUNTY EMS OVERDOSE CALLS:

- 2017 – 1831
- 2018 – 1089
- 2019 – 878

TOTAL REDUCTION FROM 2017 TO 2019 (through Dec)

52% DECREASE

QRT STATISTICS:

2017 (DEC) – 2019 (SEPT)
QRT ELIGIBLE – 1655
CONTACTS MADE – 720
ENTERED TREATMENT - 216
CALLING ALL VOLUNTEERS!

SATURDAY, APRIL 21ST
9:30AM TILL 12:00PM

JOIN IN A DAY OF COMMUNITY SERVICE. WE WILL PASSING OUT INFORMATIONAL BROCHURES ON THE OPIOID QRT (Quick Response Team). THIS TEAM IS WORKING TIRELESSLY TO PROVIDE HELP TO THOSE WITH A SUBSTANCE USE DISORDER. THIS WILL BE AN OPPORTUNITY TO SHOW YOUR COMMUNITY AND THOSE AFFECTED BY THIS DISEASE THAT... WE CARE!

QRT ACTIVE IN THE COMMUNITY

Team Doing Education for Local High School
Facebook Page Created
Calling Card Created
Teaching Faith-Based Leaders

QRT ACTING IN THE COMMUNITY

Quick Response Team

Facing Addiction? We can help.
Contact us at:
Email: QRT@ccems.org Phone: (304)526-8541
https://www.facebook.com/QRTHuntington/
ALL INFORMATION IS CONFIDENTIAL
LESSONS LEARNED

- Collaboration works to benefit the entire community. City/County Governments, Marshall University, Treatment Facilities, Community Services Agents, and countless others have cooperated for the “greater good” of all our people.
- Ignoring the issues do not make them disappear: Work proactively based on the data being gathered (even if initially you “don’t like” the trends being observed).
- Find allies with like mindset.
- Giving “HOPE” is the strongest tool we have in the toolbox...
CHANGING MINDS...ONE MIND AT A TIME
The Plymouth County Drug Abuse Task Force

A Partnership of the Plymouth County District Attorney and the Plymouth County Sheriff
Heslam: Victims of opioid epidemic seek solutions

"Our kids are dying."

That's what one mother told us after we did a story about her son's heroin use. Then she asked us, "Please keep this issue on the front burner — parents must be warned."

We listened, and began looking into the toll the drugs OxyContin and heroin have taken on our young adults. The statistics are staggering — dozens have died from overdoses in the last three years, hundreds have been hospitalized, and many of the victims are under 25.

Staff members Maureen Boyle, Craig Murray and Steve Camish spent the last year researching records, attending vigils and support groups, and talking to addicts, officials and families of the victims.

The growing toll of opiate addiction

Our children were dying. THAT'S what our report "Wasted Youth" exposed in March 2007, when we revealed the toll OxyContin and heroin addiction had taken on this region.

Dozens had died, many under the age of 25, and thousands had endured nonfatal overdoses. For that series, we examined death certificates from Jan. 2004-Aug. 2006 in the 28 communities we cover. The work revealed a time of untold tragedy.

Report: Bay State logs second-most fentanyl cases nationwide

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Plymouth County Drug Task Force
Subcommittees include:

- Community Coalitions
- Data
- Education
- Faith Based
- Legislative Advisory
- Medical
- Public Safety (PCO)
- Drug Endangered Children
Helping Traumatized Children Learn
Past Response

- Child Witnesses Violence
  - Police Respond

- Police Leave
  - File 51A
  - Police write report

- Child attends school the following day
  - Behaviors Interrupt Learning
Current Response

- Child Witnesses Violence
- 51A filed
- Report written to include names of children
- Police screen reports
- Contact schools
- SW Ridealong
- Child Connected to Services
Handle With Care Notice

From Law Enforcement to the School

To: __________________________ From: __________________________
   (School)                        (Law Enforcement Agency)

Date: ___________ Time: ___________ Incident Date: ___________

The child referenced below was on the scene of a police action in the last 24 hours and could exhibit academic, emotional and/or behavioral problems as a result of exposure to a traumatic event. Please handle him/her with care. For more information go to www.handlewithcarewv.org

Childs Name: _______________________ Age: ___________
Childs Name: _______________________ Age: ___________
Childs Name: _______________________ Age: ___________

To: __________________________ From: __________________________
   (Teacher)                        (Principal/Counselor)

Handle With Care

Student __________________________
Incident Date ____________________

FRAGILE
Blueprint for School Action

- Case Study:

  Louis Angelo Elementary School
  Brockton MA

Local student’s father was incarcerated over the weekend. Student showed no outwards signs of trauma or stress. Student was found rummaging through other students’ lunch boxes looking for money and food to bring back to his mother.
Success

From 2011-2014, the three trauma-sensitive schools experienced an 80-percent decrease in suspendable issues and 43 percent fewer office referrals.
Plymouth County Outreach

A Law Enforcement-Led Approach to the Opioid Epidemic;
“A community solution to a community problem.”

http://plymouthcountyoutreach.org
What Kids Witness at Home

Place of Death 2015

<table>
<thead>
<tr>
<th></th>
<th>Home</th>
<th>Public*</th>
<th>Friend or Family Home</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>111</td>
<td>13</td>
<td>18</td>
<td>29</td>
</tr>
<tr>
<td>Percentage</td>
<td>64.90%</td>
<td>7.60%</td>
<td>10.53%</td>
<td>16.96%</td>
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</table>

MA State Police, Unattended Death Reports, 2015
Signature Healthcare, Brockton Hospital Overdose Statistics, 2015
Sixty-eight percent (918) of the individuals who overdosed in 2017 were between the ages of 20 and 39. The majority of Fatal overdoses (33%, n=48) and Non-Fatal overdoses (37%, n=418) involved people between the age of 30 and 39. The youngest fatality was 19 years old and the oldest was 64 years old.
### Care & Protection Filings

<table>
<thead>
<tr>
<th></th>
<th>Mass.</th>
<th>Bristol</th>
<th>Plymouth</th>
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<tbody>
<tr>
<td>FY 2012</td>
<td>2459</td>
<td>269</td>
<td>110</td>
</tr>
<tr>
<td>FY 2013</td>
<td>2655</td>
<td>314</td>
<td>131</td>
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<tr>
<td>FY 2014</td>
<td>3663</td>
<td>469</td>
<td>201</td>
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<td>FY 2015</td>
<td>3383</td>
<td>426</td>
<td>175</td>
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<tr>
<td>FY 2016</td>
<td>3855</td>
<td>443</td>
<td>188</td>
</tr>
<tr>
<td>FY 2017</td>
<td>3463</td>
<td>388</td>
<td>165</td>
</tr>
</tbody>
</table>

Judge John Spinale, Bristol County Juvenile Court
Johnny has a drug problem...

Johnny doesn't do drugs.
AIM

Prevent negative outcomes for children experiencing trauma due to caregiver substance misuse by identifying and providing direct services to drug-endangered children in Plymouth County.

GOALS

- Enhance the capacity of the Plymouth County Drug Abuse Task Force to address drug-endangered children.
- Increase awareness about drug-endangered children in Plymouth County.
- Provide direct services and advocacy to Plymouth County drug-endangered children.

OBJECTIVES

- Create multi-sector Drug Endangered Children Subcommittee.
- Provide training and professional development to OVC project staff: Clinical Advocate and Advocate.
- Provide Drug Endangered Children training to 20 public schools systems.
- Provide Drug Endangered Children training to 20 police departments.
- Provide Drug Endangered Children training to 200 community providers, including healthcare, treatment, and court personnel.
- Create holistic community-based service program at Family Resource Center.
- Enhance school-based and community-based services.
- Provide programming for caregivers.

ACTIVITIES

- Appoint Subcommittee Co-chairs and invite agencies to be Subcommittee members.
- Host quarterly meetings.
- Create and sign MOUs with members.
- Send staff to trainings and conferences.
- Plan, fund, and host Helping Traumatized children learn trainings for schools.
- OJJDP Enhancing Police Responses to Children Exposed to Violence Toolkit training for police departments.
- Present about the Task Force and DEC initiative at conferences.
- Hire and train a Clinical Advocate and Program Advocate.
- Link families to existing community resources.
- Offer trainings to community partners to increase service capacity.
- Offer parenting/caregiver classes and support groups.
• Diversionary Programs (Child Requiring Assistance/Drug Endangered Children)
  • Clinical Advocate
  • Referrals to services
• Community Resources & Basic needs
• School Liaison
• Ongoing Classes & Groups
  • Grandparents Raising Grandchildren
  • Sober Mommies support group
  • Parenting classes
Building Collaborative Partnerships

Who is missing?

Gov’t Agencies  CAC  Prevention
Nonprofits  Child Welfare  Recovery Coaches
Service Providers  Law Enforcement
Hospitals  Schools
This information is made possible by the Plymouth County District Attorney’s Office under Grant 2018-V3-CA-0001, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this document are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.
1. Establish Regular Meetings
   - Convenient Location
   - Consistent day/time

2. Establish Effective Feedback Loop
   - What is being accomplished by the Initiative
   - What relevant data or anecdotes can be shared

3. Act on Partner Feedback and Suggestions
   - The 80/20 rule
Drug Endangered Children’s Initiative
September 2019 Update

Referrals are coming in: Two additional referrals in September brought us to twelve, total, as of September 30th.

Referrals are coming from throughout Plymouth County: September saw referrals from Middleboro and Pembroke. As of September 30th there have been referrals from Brockton (1), Carver (1), East Bridgewater (2), Halifax (2), Middleboro (2), Pembroke (2), Plymouth (1), and Plympton (1).

In September, both referrals came from Plymouth County Outreach. As of September 30th, we have received one referral from a school, two from hospitals, eight from Plymouth County Outreach and one internal.

National Alliance for Drug Endangered Children Training “Building a Coordinated Response”
November 6, 2019 8:00 AM - 4:00 PM at Stonehill College

Helping Traumatized Children Learn
We are currently accepting
http://acesconnection.com
The "Handle With Care" Model:
If a law enforcement officer encounters a child during a call, that child’s information is forwarded to the school before the school bell rings the next day. The school implements individual, class and whole school trauma-sensitive curricula so that traumatized children are “Handled With Care”. If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school.

http://hwc.plymouthda.com
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This presentation was produced by the Plymouth County District Attorney’s Office under grant 2018-V3-GX-0093, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this presentation are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.