

Plymouth County Outreach

Policing the Opioids Crisis: Police-led post-overdose home visits as a community-based strategy

SEAN VARANO

ROGER WILLIAMS UNIVERSITY

KELLEY RESEARCH ASSOCIATES

PAMELA KELLEY

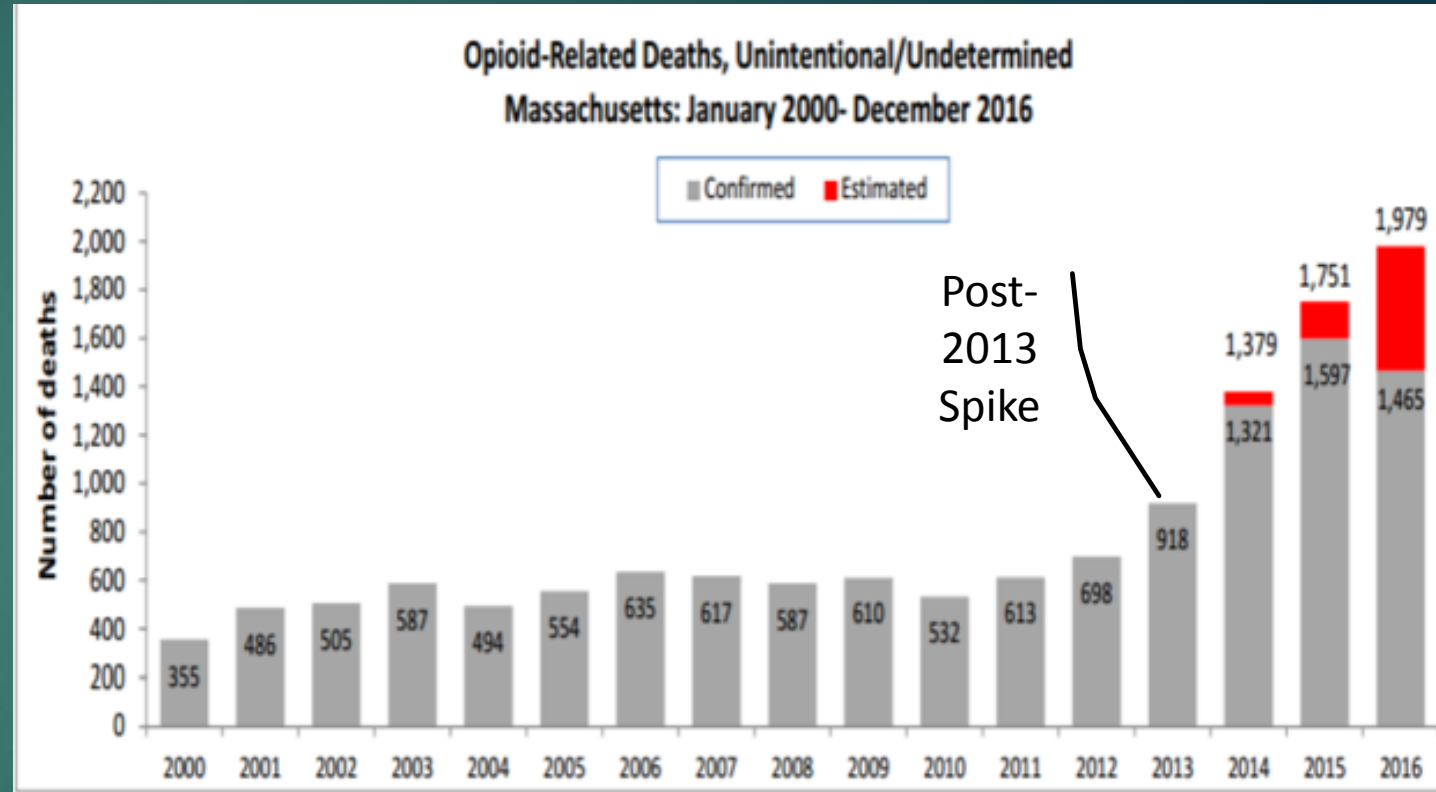
STONEHILL COLLEGE

KELLEY RESEARCH ASSOCIATES

**2018 Problem-Oriented Policing
Conference**

Project Background

- ▶ Like other parts of the United States, Massachusetts has been experiencing a significant growth in both **fatal** and **non-fatal** overdoses
- ▶ Major **questions/challenges** facing police community:
 - ▶ Lack of access to **timely** overdose **data**
 - ▶ What can be **done** to curb this epidemic?
 - ▶ Are there solutions other than **arrest**?
 - ▶ If so, what **role** can **police** take?



Source: Massachusetts
Department of Public Health

Project Background

- ▶ By early 2016, two law enforcement agencies (Plymouth and East Bridgewater) were individually piloting post-overdose outreach to homes of non-fatal SUD's not admitted to treatment
- ▶ Early Home outreach visits:
 - ▶ Done by **non-uniformed** police officers with recovery coaches in some instances
 - ▶ Goal was to get SUD's into **treatment**, deemphasize arrests
 - ▶ Both Chiefs perceived early successes and began to publically wonder if Outreach Approach was something they could push out as **countywide strategy**

Project Background

The **early experience** of East Bridgewater and Plymouth Police Department's revealed:

▶ **Data**

- ▶ Need for centralized approach to both document the occurrences of overdose events;
- ▶ Need to document and track outreach process – grassroots efforts were chaotic and not well managed
- ▶ Data **collection** and data sharing were significant concerns
- ▶ Make Outreach **Deliberate** and **Intentional** – Constant reminder and challenge – Why are we doing this? Goals?
- ▶ Must **collaborate** with Hospitals and Treatment Community

Emergence of Plymouth County Outreach

- ▶ Chief Scott Allen and Chief Michael Botieri spearheaded effort to bring a unified system of overdose incident documentation and systematic follow-up among LE agencies in Plymouth County.
- ▶ Project was piloted in 12 communities since January, 2017; implemented Countywide since April 2017
- ▶ Three Core Program Goals:
 - ▶ Get SUD's into **Treatment**;
 - ▶ Reduce overdoses
 - ▶ **Save lives**

PCO Critical Incident Management System Overview

- ▶ Four Core Objectives:
 - ▶ Develop countywide **Incident Management System** which allows participating agencies to **document overdose events in real time**
 - ▶ Manage and document **incident follow-ups** to better help SUD's get access to services
 - ▶ **Share information** across communities, including an **incident notification system**
 - ▶ Develop **real time reporting tools**
- ▶ Multi-Jurisdictional Component: Concept of **"Resident Jurisdiction"**

PCO-Program Model

911 Overdose Calls for Service

No Follow-up

Fatal

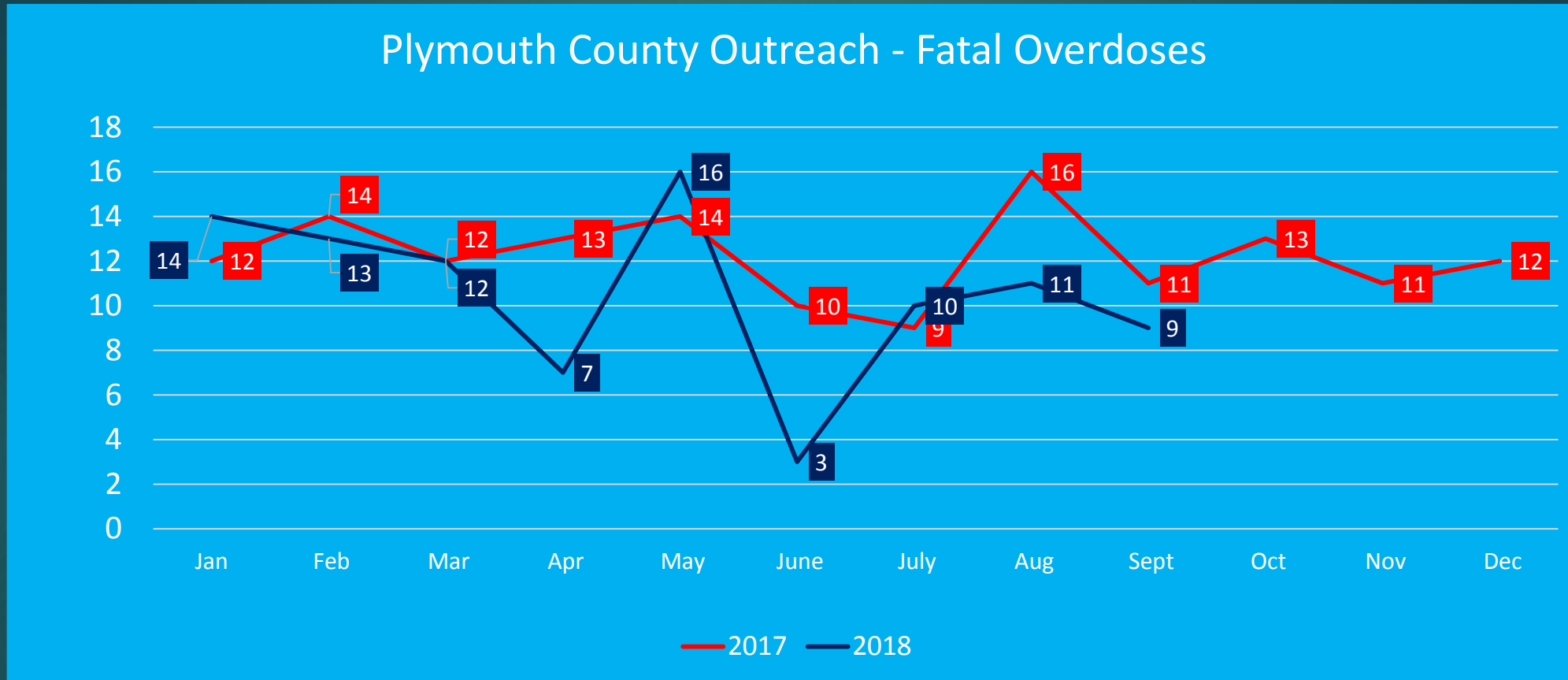
Non-Fatal
Overdoses

- Communication with Hospitals:
- If SUD in Rx, No Follow-Up
 - If not in Rx, Follow-Up Visit Scheduled

Follow-up Warranted

24-48 Hour Home Visit with Non-Uniformed Officer and Recovery Coach
Goal: Get SUD into Treatment

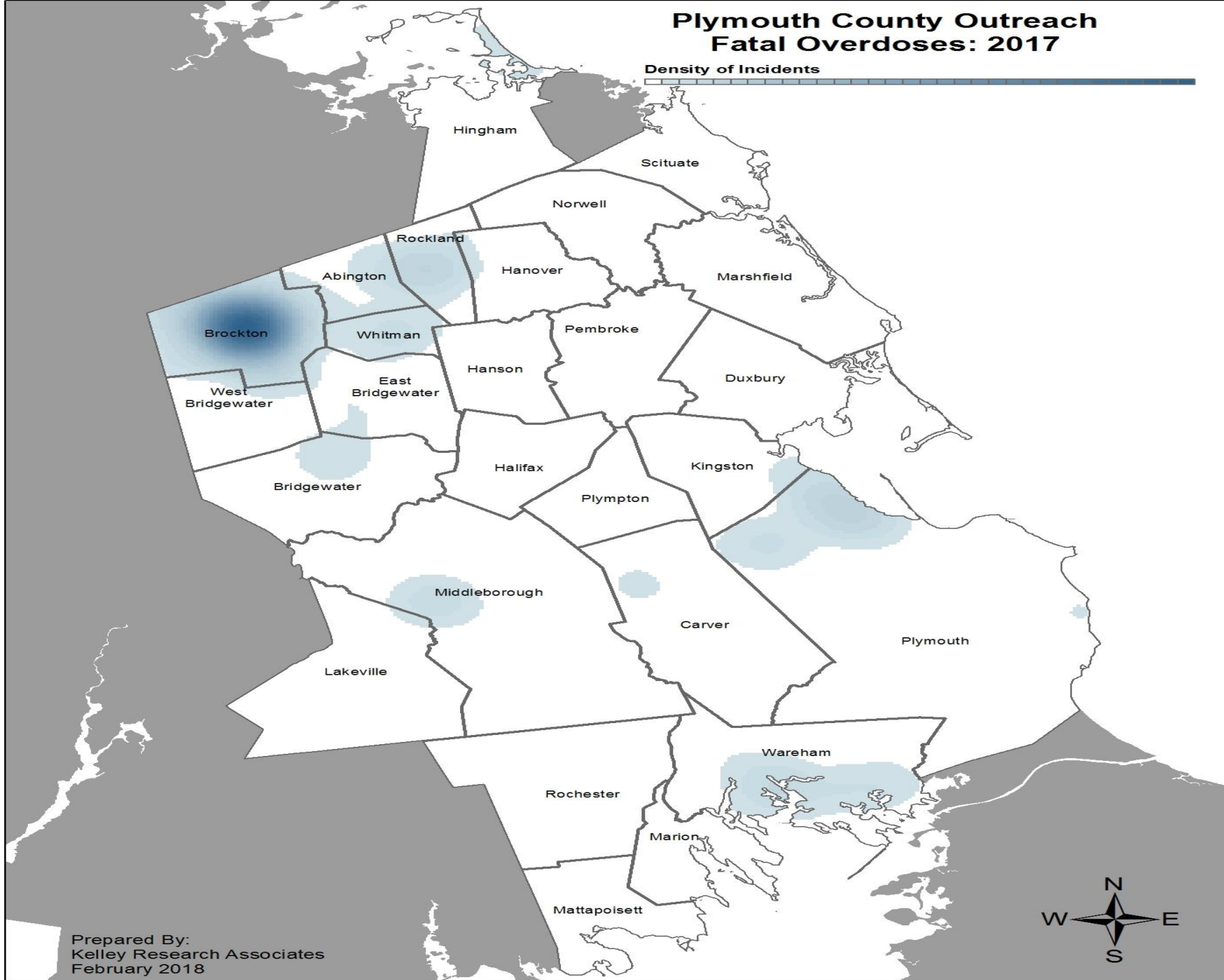
Fatal Incident Monthly Trend



There was on average 12.3 fatal ODs per month in the County in 2017; and 12.3 between the months Jan-Sept 2017. This compares to average of 10.6 between Jan-Sept 2018. **This represents a 14% reduction in non-fatal overdoses in same period in 2018 compared to 2017.**

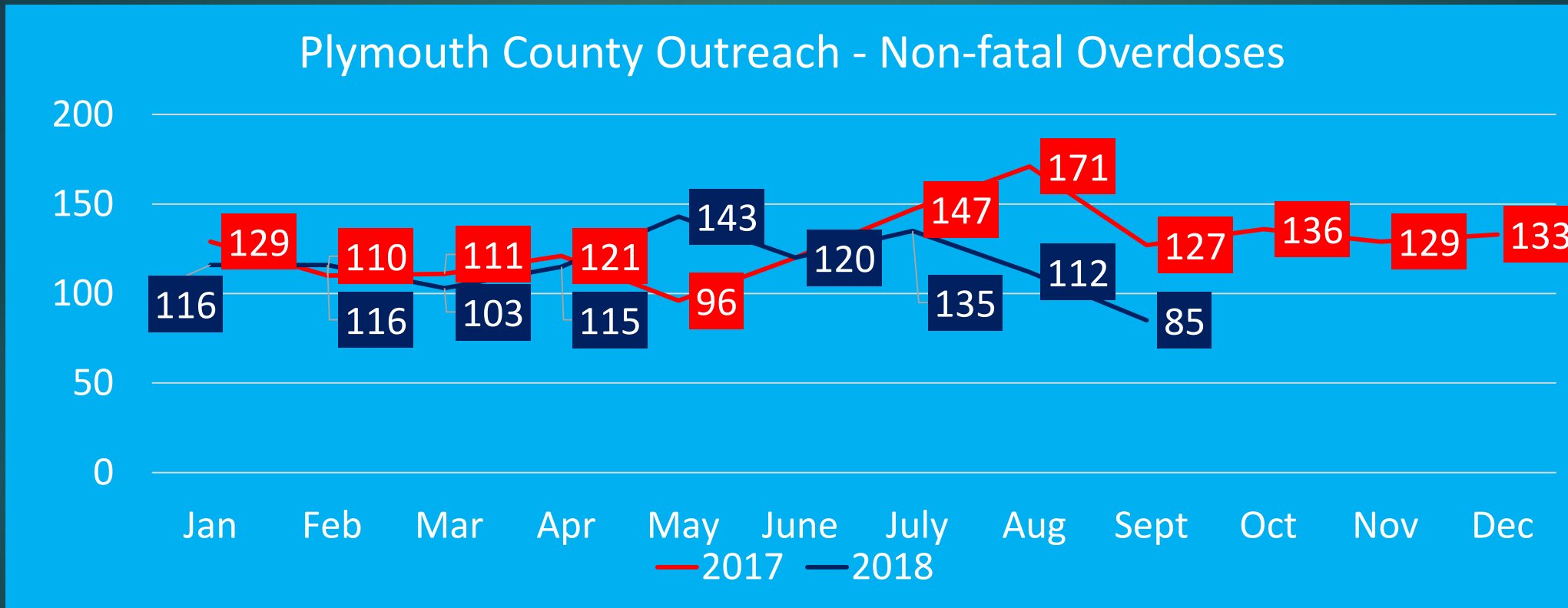
Plymouth County Outreach Fatal Overdoses: 2017

Density of Incidents



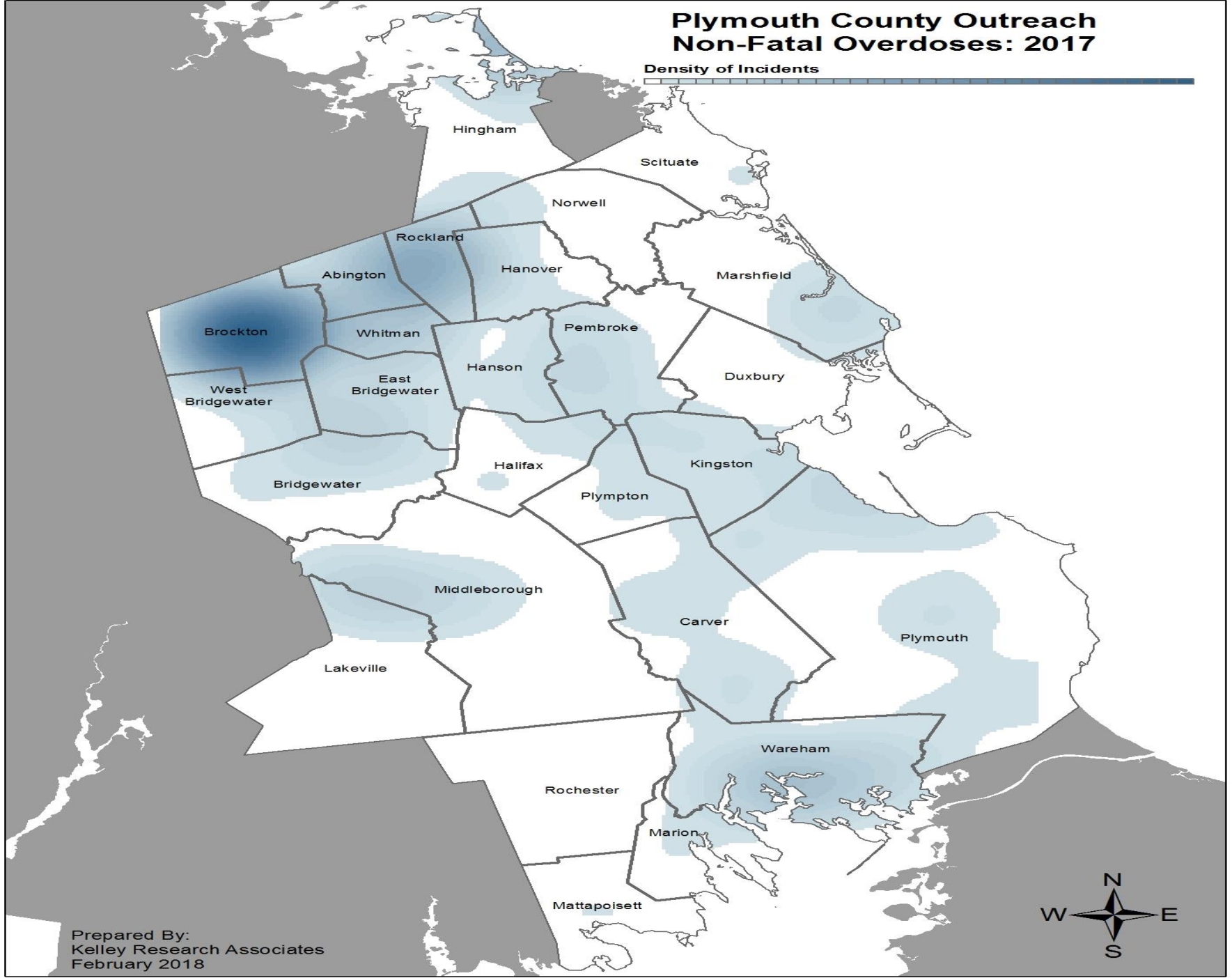
Prepared By:
Kelley Research Associates
February 2018

Non-Fatal Incident Monthly Trend



There was on average 127.5 fatal ODs per month in the County in 2017; and 125.7 between the months Jan-Sept 2017. This compares to average of 116.1 between Jan-Sept 2018. **This represents a 7.6% reduction in non-fatal overdoses in same period in 2018 compared to 2017.**

Plymouth County Outreach Non-Fatal Overdoses: 2017

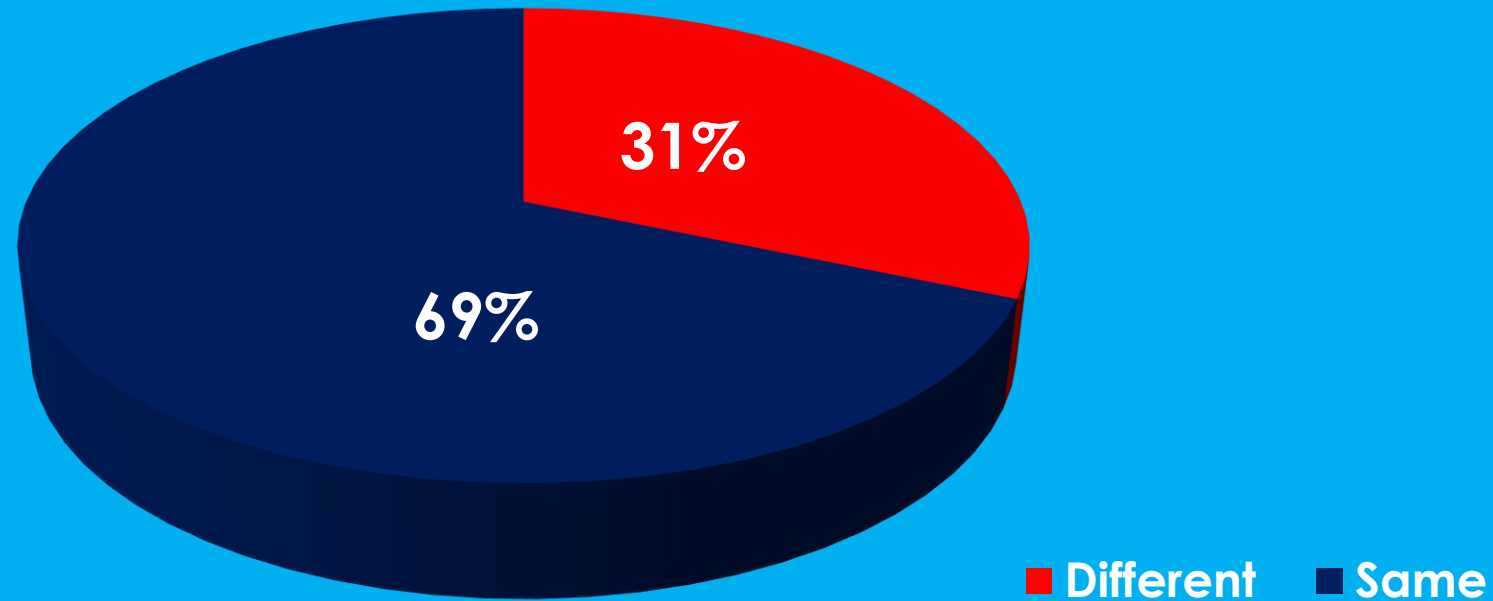


Prepared By:
Kelley Research Associates
February 2018



Incident vs. Resident Town

PCO: Jurisdiction Analysis (Jan 2017-Sept 2018)
(n=3,006)



In 2,061 incidents (69%), the individual with Substance Use Disorder resided in same town that the incident occurred. However, in 945 (31%) of the incidents the person was from a different town than where the incident occurred.

Total Individuals Involved

- ▶ The 1,756 overdose incidents involved **1,354 unique individuals**:
 - ▶ **1,112 (82%)** overdosed one time in 2017
 - ▶ **152 (11%)** overdosed two times in 2017
 - ▶ **54 (4%)** overdosed three times in 2017
 - ▶ **23 (2%)** overdosed four times in 2017
 - ▶ **9 (1%)** overdosed five times in 2017
 - ▶ **1 (<1%)** overdosed six times in 2017
 - ▶ **1 (<1%)** overdosed seven times in 2017
 - ▶ **1 (<1%)** overdosed ten times in 2017
 - ▶ **1 (<1%)** overdosed eighteen times in 2017

Implementing Multi-Jurisdictional Strategies to Combat Opiates Crisis: Early Lessons Learned

▶ Lesson 1 - Plan for data:

- ▶ Do not think of data as an afterthought to be collected *after the fact*, but as central to the development stage of any project.
- ▶ Agencies are encouraged to identify a potential research partner at a local university, or other local research firm capable of providing technical assistance on these processes.
- ▶ Nothing speaks better than meaningful and timely data

Implementing Multi-Jurisdictional Strategies to Combat Opiates Crisis: Early Lessons Learned

Lesson 2 - Stakeholder/Partner Buy-in:

- ▶ Create **shared agreement** about what **should** be collected, and what *can* be collected.
- ▶ **Key stakeholders** must have a role in these processes. PCO, for example, identified a group of 12 police departments invited to be part of the development of data collection standards, and piloting early data collection tools.
- ▶ Only collect what you **need to collect**. Programs must have a clear sense of the **purpose** of all data collection, and what data can be shared with whom.

Implementing Multi-Jurisdictional Strategies to Combat Opiates Crisis: Early Lessons Learned

Lesson 3 - Data Sharing Agreements:

- ▶ Data sharing agreements are central for any multi-agency collaboration, particularly when non-police partners are included
- ▶ Police may need to **restrict sharing** investigative information; Health care professions may restrict healthcare data
- ▶ “What is the maximum amount of relevant data I can share with program partners while respecting legal boundaries?” Address “We can’t share that!” ahead of time.
- ▶ Agencies are encouraged to gain **legal advice**. Address HIPAA and other restrictions early

Implementing Multi-Jurisdictional Strategies to Combat Opiates Crisis: Early Lessons Learned

Lesson 4 – Make Data Matter:

- ▶ Programs are encouraged to regularly report information back to program partners and other stakeholders.
- ▶ New or enhanced data collection can be resource intensive, and there is little more frustrating than the data “black box” where information goes in but never comes out.
- ▶ Monitoring and sharing of data will demonstrate the importance of data, and the ability to know the effects of intervention strategies.

Conclusions

- ▶ Increasing support for treatment based approaches among police
- ▶ Need for cross-sector **coordination**: Police, Hospital and Treatment communities
- ▶ Need for multi-jurisdictional planning: **30%-40% of overdoses are multi-jurisdictional**
- ▶ Data sharing and confidentiality are critical
- ▶ Research/evaluation central to all planning