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

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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"
911 Overdose Calls for Service

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
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.**
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.
In **2,061 incidents (69%)**, the individual with Substance Use Disorder resided in the 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.
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.
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.
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.
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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