

# **‘One Community’s Response to the Heroin/Opioid Epidemic’ Colerain Township, OH**

## **The Creation of the “Quick Response Team” Model**

The Colerain Township, OH “Quick Response Team” or QRT response team was created in 2015, and this unique response model partners law enforcement and emergency medical personnel with social workers and peer support persons. The partners are tasked with positively impacting the disease of addiction by conducting “in-person” follow up with person(s) who overdosed on heroin/opioids. The term “follow-up” means the members of a QRT team will proactively seek out and engage the survivor of the overdose while also engaging family members, friends, or others close to the overdose survivor. Counseling and public safety professionals utilize the “Stages of Change” model. This intervention strategy generally occurs at the pre-contemplative stage, equipping these QRT first responders with a point of natural intervention. Reflecting on the stages of change, social workers specializing in addiction counseling and assessment, in partnership with first responders, at the “street” level, use motivational interviewing, engagement, and intervention techniques to move the survivor and their family through the stages to a “place of action” and then into recovery maintenance.

The QRT is unique as this team will provide “in-home” triage and assessment of overdose survivors, intending to link the survivor to appropriate resources and treatment services. The team conducts follow-up visits as an attempt to reduce the deaths associated with heroin and opioid overdoses and as a means of increasing the likelihood that the survivor will understand that there are people who do care whether “you live or die.” Police and EMS professionals are not expected to “care this much” and work with the social worker and/or peer recovery support professionals to ensure the survivor is comfortable to seek treatment and engage in the process of recovery. Additional responsibilities of the team include:

- 1) Provide follow-up within three to five days after the initial overdose incident, if possible.
- 2) Provide short-term and long-term support to OD survivors and families.
- 3) Provide a professional assessment and linkage to the appropriate level of care.
- 4) Assist clients in applying for Medicaid if necessary and remove other barriers to treatment and recovery.
- 5) Providing information about and linkage to available community supports
- 6) Conduct preliminary health evaluations (EMS)
- 7) Law enforcement intelligence gathering (Police)

**In addition, the Colerain QRT opioid/heroin response model seeks the following outcomes:**

- 8) Reduce repeated overdose/pervictim.
- 9) Increase education/support for overdose survivors.
- 10) Increase support for victims and families.
- 11) Increase intelligence gathering for law enforcement investigations.
- 12) Reduce the "secondary victimization" related to the criminal behavior characteristics associated with addicted persons.

Understanding that addiction is a multi-faceted illness requiring a multi-faceted response, the approach to the community goes beyond the post-overdose response of the QRT team members. Public safety and counseling agency leaders believed it important to shift the community towards a “drug abuse-free” and “recovery-oriented environment.” To accomplish this goal, we, as leaders, engaged the community in prevention, early intervention, and recovery support activities. As a result of this new ideology, the local

school district changed its policy related to alcohol and drug use violations. The new policy allowed students and willing parents an opportunity to utilize a professional counseling assessment and follow-up care. Prior policy directed school district staff to initiate an immediate suspension with the consideration for expulsion. The implementation of the Township's proactive response to the opioid crisis helped to initiate institutional change in the operating philosophy of our local school district. This change in the way students, who were determined to violate the district drug possession/use policy, were treated. Before 2015, students found violating the policy were subject to suspension and potential expulsion. The change in practice allowed a complete review of the student's past behavior and productivity at the school (grades). If the circumstances of the violation, along with the review of the student's prior acts, allowed an alternate response, the parents and student is now offered the ability to undergo an appropriate counseling protocol with licensed addiction professionals. If successful, the expulsion is waived, and the student's future opportunities are not harmed by a poor decision made as a juvenile. This change in policy and practice was quite an accomplishment as a community in our battle to change the perception of how we wanted to influence our future in this epidemic.

Additionally, to combat the lack of recovery support meetings in and around Colerain Township, our QRT counseling provider, Cincinnati Addiction Services Council, initiated support group meetings for families and individuals. These meetings were used to provide therapeutic, educational education and support. The Council continues to offer educational learning groups for our community, focusing on risk reduction and early intervention.

In June 2017, the Colerain QRT team added a fourth member of the team. The new team member is becoming more engaged in response to the epidemic. "Peer Engagement Specialists" are persons who are survivors of the disease and work every day to demonstrate to others what success can look like. The participation of this new team member also allows the follow-up team, upon meeting the latest survivor, very early in the process to offer hope to the recent overdose victim and, often, family and friends. The engagement specialists' role is to stay connected with the team victim/clients as they move through early recovery. This greatly expanded the team's ability to coach people as they integrate solid recovery into their lifestyle.

So, does this QRT effort get started? The "how and why" this team was created and how the partnerships came about is a great story to share. First, it helps to learn something about the community of Colerain Township, OH, that was referred to earlier. Colerain Township is a northwestern community of Hamilton County, OH. The largest city in the County is the City of Cincinnati, which is in the southwest corner of Ohio, bordering Kentucky and Indiana. Colerain Township is a community of approximately 60,000 residents and an area of approximately 45 square miles. Colerain is the 14<sup>th</sup> largest community in the State of Ohio, as of the 2010 United States census, and one of the largest communities in the region and bordered by eight other cities or townships. The community is governed by three elected Boards of Trustees, an elected Fiscal Officer, and an appointed CEO/Administrator. The Township maintains its own police and fire agencies, as well as roads, parks, planning and zoning, fiscal, and administration. Each of the Departments in Colerain is led by its own agency head. At the time in which the QRT effort was created, the Township employed two assistant Township Administrators. One Assistant was responsible for leading the police and fire agencies, along with each agency's chief, and the other administrator led the non-public safety agencies, such as parks, roads, zoning and planning, and community center.

In December 2013, the Colerain Township Board of Trustees, Ms. Melinda Rinehart, Mr. Dennis Deters, and Mr. Jeff Ritter, along with Administrator James Rowan, made the decision to create a new leadership position for the Township. The new position, "Director of Public Safety," was approved, and one of the priorities for this leader was to oversee both the police and fire departments in Colerain Township and challenge the "status quo," and "think differently." The decision was made to promote me from my position of Colerain Police Department Chief of Police. At that time, I had been employed by the Department for more than 24 years and was truly honored to serve my hometown community as its Chief of Police. I served in that position for more than six years, when promoted to begin my service to more than 200 employees providing public safety services to Colerain Township. While nervous, I knew we had

great police officers, firefighters, EMTs, and paramedics, and I embraced innovation and new opportunities to demonstrate what successful service can be to a community. Township leadership demanded that this new position innovate and establish a “problem-solving” philosophy across the two

public safety agencies. The “problem-solving” philosophy was already in practice by the Colerain Police Department and its employees.

How did “problem-solving” impact the Townships response to the heroin/opioid epidemic? In early 2014, as the new Director of Public Safety, I was asked to speak at a public “heroin” event conducted in a neighboring community. Of the speakers that evening, I was last on the speaking agenda, and honestly, wondering why I was invited to speak to the group. The list of speakers included a State of Ohio Representative, the local coroner, a member of the Ohio Attorney General’s Office, along with victims and family members of persons who were suffering or lost their lives to the disease. In my new role, I was new to this fight; at least from the perspective of how heroin and opioids were hurting families and survivors. My perspective or my experience while serving as the Chief of Police involved leading a police agency that regularly arrested suspects for the crimes of trafficking and possessing heroin, as well as responding to crime reports and then investigating these same incidents that involved suspects, actively engaged in the use of heroin/opioids. When did heroin move to the top of Colerain’s list of drugs of preference? Over the course of the 2010 calendar year, Colerain experienced a transition in the type of drugs that its officers were seizing from arrestees. The drugs that led the seizure categories in 2009 included cocaine, crack cocaine, LSD, marijuana, and prescription medications. In a very short period, the list was transitioned to almost exclusively heroin and marijuana.

The crimes we learned were most associated with the epidemic were also evident throughout Colerain. Officers were responding to and investigating property crimes such as burglary, copper theft, theft from autos, shed break-ins, and robberies. Firefighters and paramedics were responding and working hard to save the lives of an increasing number of overdose patients. Families, neighborhoods, and the entire Colerain community were aware that heroin was a problem in our community. Let’s go back to that meeting in early 2014:

Luckily, I was the final speaker on the evening’s agenda. Being last allowed me to listen and understand more about what so many people were asking, “when will people start doing something?” That question meant, “when will Colerain Police and Fire/EMS do something more than just respond.” In my mind, we needed a proactive “problem-solving” effort that included both police and fire department leadership and our community working together. The heroin/opioid epidemic had become part of the “everyday” business of our two public safety agencies; it was difficult to look at this problem as one in which we could actually “do something.”

A “problem” is defined by police as “two or more incidents that are similar in nature, where there is an expectation from the community that the police will do something.” In early 2014, it was evident that the epidemic was truly a “problem.” Of course, the Colerain Township community expected leaders to “do something.” It was time to engage that problem-solving philosophy and “do something” more than responding to the overdose and crime incidents.

As important, I understood that I knew very little of how families and their loved ones were suffering from this disease of addiction. I didn’t understand that addiction was truly a disease of the brain. I had to be open to learning while seeking out the “smart people” willing to spend time educating me. When I found these leaders in this field, I was ready and open to learning what was really happening to “real” people. As a law enforcement servant, sadly, I was keenly aware of the toll taken by the crime associated with the disease but had no understanding of how this disease was taking its toll on so many families.

I met influential people like Ms. Carol Baden and her husband, Peter. Carol and Peter created the organization “Community Recovery Project.” The organization maintained a website that provided up-to-date listings of the region’s 24-hour hotline phone number, addiction treatment resources, and facilities, as

well as other important resource information, such as answering the question of “what an overdose is?” This information was also available for first responders: police, fire, and EMS personnel.

Another important person who helped me see with a different set of eyes was a man named Alec Sheiring. Alec served as a firefighter and was injured in the line of duty. The subsequent treatment for his on-duty injury led this “hero” firefighter to become addicted to his prescription pain medication. Certainly not last, and unbelievably important in my education of this disease: Ms. Nan Franks, CEO of the Cincinnati Addiction Services Council, and Shana Merrick, Addiction Counselor, and front-line QRT operator. Ms. Franks was the decision maker that allowed me to translate a vision into implementation. She stepped into the unknown and made the decision to partner her agency with Colerain Police and EMS personnel, to facilitate the heroin response model, called a “Quick Response Team” or QRT. Every one of these people helped to understand the need to act and start saving lives and let our community know we are truly doing “something” to positively impact the heroin/opioid epidemic. There was more as I learned from anyone I was honored to meet and spend time with about this epidemic.

Another significant effort was the importance of opening the minds of our Colerain first responders and the community as it related to the heroin/opioid epidemic. The years of crime and overdose incidents associated with heroin/opioids negatively impacted our police officers, firefighters, and medics. The partnership between Carol and Peter Baden and their organization, “Community Recovery Project,” was significant in helping to change those attitudes. But we needed champions in each department to help educate why we needed to remember that service is vital to our operations. From the Police Department, Lt. Jennifer Sharp was a “problem-solver” expert and was willing to get to work. Captain Will Mueller served the Fire Department as its Emergency Medical Services (EMS) Supervisor and oversaw the agency’s medic and EMT responses. He also was open to thinking differently. Together, we began working to educate our officers and firefighters on why we needed to think differently.

One of the lessons we learned about the people and the disease was that area emergency rooms were also struggling with responding to this epidemic. Families were experiencing instances where their requests for treatment resource information (phone numbers or a list of area treatment facilities) were often found to be out of date, or the phone numbers provided were no longer in-service. The partnership with the Baden’s allowed us to immediately impact this shortfall and allow Colerain to better serve survivors and families. Effective August 1, 2014, responding EMS personnel began providing a four-page document titled “Resource Recovery Packet.” This “packet” was provided to all families and victims of an overdose: at the time of the overdose and initial police and EMS response. Prior to leaving home, EMS personnel would explain the “packet” to the family members or leave it at home with the survivor or family member. This information offered through the “Community Recovery Project”/Colerain Township partnership provided something to the families and survivors we heard in our meetings that were lacking. It also provided something we did not take the time to consider. The “packet” was vital, lifesaving information that was up to date and then offered to the families and persons in need by someone viewed as a trusted member of the community. Public Safety officers: paramedics and/or police officers from Colerain Township. Many families and survivors had no idea whom to contact or trust with the care/treatment. The “packet and, more importantly, officers and/or EMS personnel offered something else: “Hope.” We had no idea the significance of “hope” before we started distributing packets. True story: Visualize a young girl walking into a station full of firefighters, crying and hugging and thanking them for saving her boyfriend’s life. She was excited to report that he used the packet to find a treatment provider for fighting his heroin use. Another unintended benefit of this “packet” idea was the impact on police and fire personnel. In so many instances, these men and women are called upon to be another’s “problem solver.” While we never thought of heroin/opioids as a problem before 2014, the heroin epidemic was truly one problem that our officers, firefighters, and paramedics didn’t have answers. And so many are asking for help while battling, suffering, and often losing in this disease. Providing a resource “packet” for our officers, firefighters and medics provided them with the ability to pass this important information resource onto families or the survivor and to actually “do something.” This was so important because when people in need seek the help of police and fire, and we don’t have an answer, it hurts us all, and that is not the norm for first responders who are used to having answers. People have an expectation that when they call for help, a resolution will

be offered. Not having an answer or an ability to help families hurt the officers and EMTs and/Medics. We hold ourselves to a standard that demands we “do something,” but in this epidemic, no one was holding us to that standard. It became easy to blame “heroin” or “opioids” for all the bad things that were happening. But this “resource packet” was creating change and influencing discussion.

There was no requirement that first responders provide the “Resource Recovery Packet” to anyone. The decision to allow the distribution of the packets, a personal decision, was important to Fire Department, Captain Mueller. Captain Mueller and the two public safety Chief’s Frank Cook and Mark Denney all understood that true “buy-in” from officers and firefighters must include a “winning of their hearts and minds.” If a directive was issued by the chiefs or Captain Mueller, the explanation for any level of distribution could have been simply “because they said so,” and not because these important packets provided families and survivors important information moving forward from an overdose incident. Within the first year of distribution, the rates for the packets began to exceed 100%. Captain Mueller wondered how the distribution percentage was higher than the number of overdose incidents. What he found impressed not only Mueller but the Chiefs and me. We learned that besides providing packets to overdose victims, EMS crews and police officers were leaving “Recovery” packets when they learned a person had a history of drug or alcohol abuse. It was the opinion of agency leaders that the effort to win “hearts and minds” was positively impacting the Colerain Police and Fire Departments.

In the fall of 2014, Director Meloy convened meetings that included local school district officials, business representatives, Carol Baden, police and fire department members, media, Township Administration leaders, and the Police Department Chaplain. Later, representatives from the Hamilton County Public Health Department, faith-based leaders, businesses, and families of overdose victims were invited to participate in the meetings. The group met monthly for almost two years and drove the vision of how the community was served during the epidemic. This team still meets today on a quarterly basis and has taken on other important health issues, such as utilizing the problem-solving philosophy to reduce elderly falls while continuing the effort to combat the heroin/opioid crisis.

The “Quick Response Team” model or QRT was a vision of Director Daniel Meloy. Prior to his promotion to Director, Chief Meloy attended the 2013 International Chiefs of Police Conference. While attending the conference, he attended a presentation on the public safety response to the Aurora, CO, theatre shooting. An ER physician explained how different decision-making rationales during that tragedy positively impacted the number of lives saved. Another Wisconsin lieutenant presented how his life was saved after being shot multiple times by his fellow officers who received untraditional life-saving techniques. My brain was racing with ideas of how partnering Colerain police officers with a medic from the Colerain Fire, and EMS Department could impact how we can change the way we serve our community. In 2013, the concept of “Tactical Medics” was introduced by Colerain Fire and EMS, and the Police Department strongly supported the willingness of paramedics to serve closely with police during critical incidents. I had no idea what was ahead for me upon my return from that conference. Not two months later, I was appointed as the Director of Public Safety, and the vision of a true “public safety” partnership became more of a possibility.

As I assumed my new role, I worked with the chiefs and other Township leaders on the concept of partnering with first responders to provide a “First Emergency First” response model as a tool to proactively address the varying service demands of Colerain’s two public safety agencies. The heroin/opioid epidemic was included as one tactic in the original QRT “logic and outcomes” model. As 2014 closed and 2015 began, the QRT model concept gained momentum. But, to provide heroin/opioid follow-up, we needed a willing partner from the social work/addiction counseling profession. I sought the input of several people whom I met during my education about the epidemic, and one agency was recommended by several people. The recommendations were to meet with Nan Franks, CEO of the Cincinnati Addiction Services Council (CASC). The CASC manages the area’s 24 hotline, and many felt they would be the “perfect partner” for the Colerain QRT idea. Lt. Sharp, Capt. Mueller and I met with the CASC to discuss the concept of our QRT team and the possibility of a proactive follow-up model. CEO Nan Franks and Ms. Shana Merrick, a professional addiction counselor, listened to the vision and

purpose of the team. They listened to how we thought proactive engagement could make a positive impact on the epidemic and its victims. During the meeting, Ms. Franks commented that this (QRT) would immediately eliminate some of the roadblocks and her agency's successful engagement with survivors. Issues include available "phone minutes" and a person's ability to contact the hotline or a survivor's lack of money to travel on public transportation to the CASC offices. Ms. Franks, a veteran of more than 30 years of counseling service, told us that "this (QRT) will work!" "We will definitely save lives!"

With a willing and committed partner, the QRT response model and Colerain Township's heroin/opioid epidemic effort were closer to becoming a reality. Other steps were necessary prior to operationalize a QRT. Team member selection, training, policy and procedure creation, approval and implementation, what type of vehicle will be used and how will it be marked, HIPPA, and how will this new team be paid for were all decisions that required action. All went smoothly, including covering the new costs of this team. A more enjoyable facet of the process was the markings for the QRT vehicle. The team utilized a Ford Explorer SUV. As separate agencies, police and fire vehicles had unique markings to identify the specific agency. I sought input and creativity from two visionary employees. Medic Jennifer Ploeger and Police Officer Ashley Meyer. They led a new student education academy that taught high school students the duties of police officers and firefighter/paramedics. The two created a "Public Safety" logo. The new logo was well received. It was an easy decision to direct that this new logo be used on the QRT vehicle. It was a demonstration of the partnership between our police and fire agencies. Additionally, the driver's side of the QRT vehicle was marked "POLICE," and the passenger side was marked "FIRE," along with the new logo. The rear of the vehicle was marked "Quick Response Team." The vehicle was a visible representation to the community that the Township is working to positively impact the heroin/opioid epidemic.

On July 15, 2015, the QRT team worked its first shift. The team began its first day by leading a "door-to-door" canvassing effort. Educational brochures offering information on what is a heroin overdose, the 24-hour hotline for the CASC, and the availability of the Police Department's "Drug Box." Three local media outlets covered the first day of the team and walked along to distribute the brochures with members of both departments. Brochures were distributed to more than 200 homes, and from that effort, five persons/families who hadn't overdosed contacted the team requesting assistance.

Since that first day, the team grew to four persons, with the addition of the peer support member. The team is positively impacting the epidemic for the Colerain Township community and, more importantly, "saving lives!" The QRT team's effort continues today, working two days per week, trying to reach each victim within "three to five" days of the overdose. This overdose to face-to-face meeting time frame was identified early by CASC and Nan Franks. We learned after more than 350 follow-ups that when the team makes "face to face" contact within three to five days after the overdose, close to 80% of the survivors connect to treatment. This engagement model was successful because of the QRT team members and leaders from the police and fire departments' willingness to "do something." Nan Franks and Shana Merrick, James Rowan, Trustees Rinehart, Deters, and Ritter allowed the new Director of Public Safety to think differently and "do something."

Together, through the integration of compassion, empathy, and humanity, the officers and medics, in full uniform, represent "community" to those who feel alone in the battle against this powerful disease. We learned early in the QRT effort that when officers and medics extend their hands and heart to those in need since the inception of the QRT model, people who aren't expecting this kind of demonstration of humanity are taken back for the extension of themselves. While this has been repeatedly unexpected by the survivors and those close to them, the demonstration of caring has been greatly appreciated, welcomed, and important to the work of the addiction counseling professional.

In addition to the concept of follow-up engagement, the operating model of the team seeks continuing engagement with survivors upon their return from treatment, as well as assistance to families, while also offering adolescent counseling, continuing community engagement, and regular meetings with the community health collaborative.