

# Ohio Public Safety Response Team/Outreach Meeting

Quarter 1: March 9, 2022

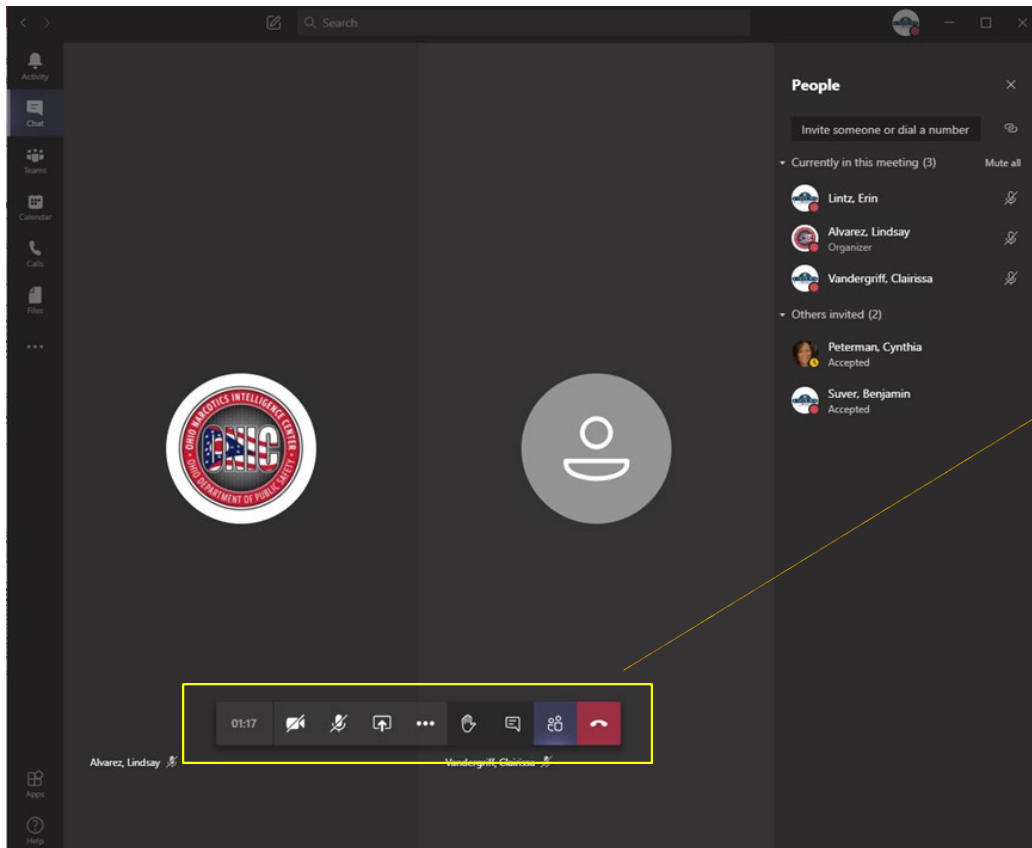


**Ohio**

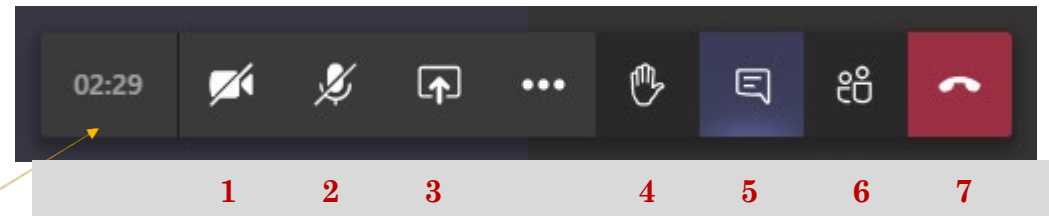
Department of  
Public Safety



# Microsoft TEAMS Call Reminders



## Microsoft Teams Attendee Control Panel



1. Enable/disable video
2. Mute/unmute microphone
3. Share screen
4. Raise hand
5. Chat box
6. Meeting attendee list
7. Exit call

**Callers: \*6 to unmute**

# Quarter 4: Ohio Public Safety Response Team/Outreach Meeting Agenda

- **Opening Remarks**

- Ohio Department of Public Safety- Dick Meadows
- Ohio Task Force Commanders Association- President Dennis Lowe
- Special Guest- Darrin Grondel
- Cordata Updates- Nicole Jenkins
- O2SL/QRT National- Dan Meloy

- **Featured Speakers**

- Pet Therapy Response Team- Larry Bennett
- First Responder's Mental Health Resource Symposium- Phil Hall
- Overdose Strike Force- Sarah Moore
- NaloxBox- Scott Duff & Kelly Cioletti
- Cordata Report Overview- Kelly Firesheets
- NEOMED CIT Training- Emily May & Ruth Simera

- **Open Q&A**

- **Closing**

- Ohio Department of Public Safety- Jenna Fodor



# OHIO PUBLIC SAFETY RESPONSE TEAM



Darrin T. Grondel Ed.D.

Foundation for Advancing Alcohol Responsibility

VP Traffic Safety and Government Relations



**RESPONSIBILITY.ORG**

March 9, 2022  
Ohio





WASHINGTON  
*Traffic Safety*  
COMMISSION



FOUNDATION FOR  
ADVANCING ALCOHOL  
RESPONSIBILITY.ORG





# INTRODUCTION TO RESPONSIBILITY.ORG



# RESPONSIBILITY.ORG PARTNERS



# Corporate Sponsors



Abbott



Raise a glass.  
RESPONSIBLY.



# NASID

National Alliance to Stop Impaired Driving

Established By

**RESPONSIBILITY.ORG**



# Why is NASID Needed?

- Why NASID?
  - Drug and multiple substance impaired driving problem increasing
  - COVID-19 increases in risky driving will demand attention
  - Opportunities at state and Federal levels, new elected officials
  - The issue and technology to address it needs a national voice and leader
- How did the idea for NASID begin?
  - Brian Swift turned tragedy into action
  - Cannabis-impaired driving truck crash killed his parents
  - He advocated for passage of MI oral fluid pilot program law and united stakeholders to expand the effort
  - Brian Swift will serve as NASID's spokesperson



MICHIGAN

## Drugged driving crashes surging across Michigan

*As drunken driving deaths decline, drugged driving deaths are on the rise.*

**John Wisely** Detroit Free Press  
Published 11:04 p.m. ET Jul. 22, 2017

Kalamazoo

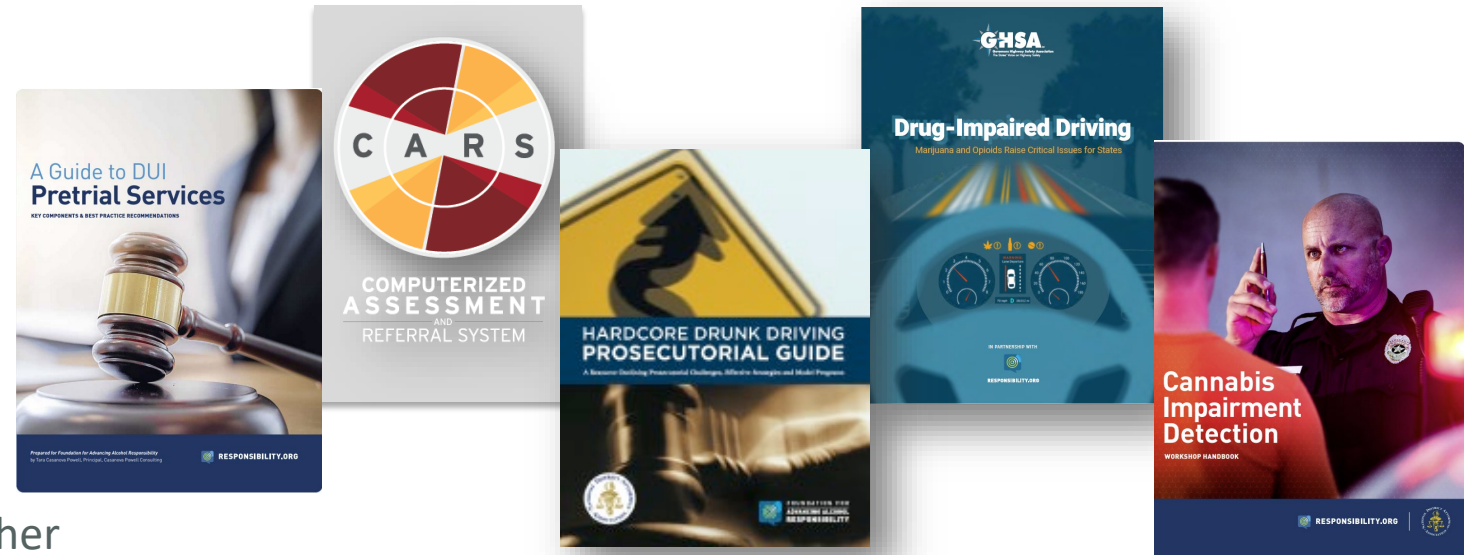
## Michigan roadside drug testing pilot program expands to all counties

Updated Oct 02, 2019; Posted Oct 01, 2019



# IMPAIRED DRIVING

- High-Risk Impaired Driving
- Multiple substance impaired driving
- State grants with GHSA and Sheriffs
- DUI training guides
- CLE credit online prosecutor course
- Screening and assessment tools
- Ignition interlocks for all DUI offenders and other policy countermeasures





# Complexity of Impaired Driving and Public Perception

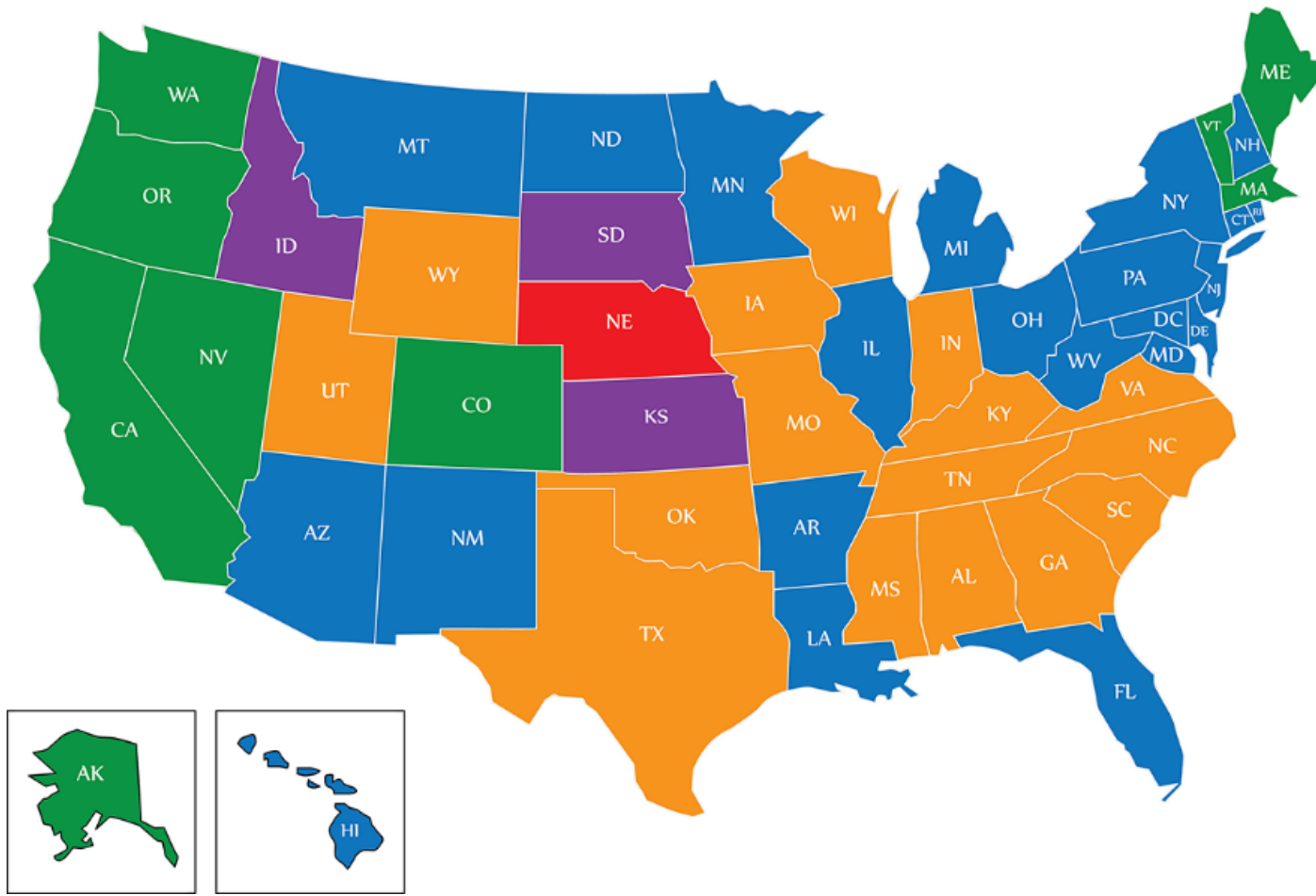
	DRUGGED DRIVING	DRUNK DRIVING
Number:	Hundreds of drugs	Alcohol is alcohol
Use by Driver, Presence in Crashes:	Limited Data	Abundant Data
Use by Drivers:	Increasing	Decreasing (at time of survey)
Impairment:	Varies by type	Well-documented
Beliefs & Attitudes:	No strong attitudes/public indifferent	Socially unacceptable

NHTSA National roadside survey: ~1-4 drivers tested positive for drugs 22.4% daytime weekday drivers and 22.5% weekend nighttime drivers (20% increase from 2007).

Percentage of drivers with cannabis in their system increased 50% (8.6% in 2007 to 12.6% in 2013-14).

Revised Roadside Survey is planned for 2022-2023.

# Cannabis Legalization Map



**Green:** Fully legalized

**Orange:** CBD only

**Blue:** Medical only

**Red:** Decriminalized without a legal program

**Purple:** No legal program

# Data Drives the Narrative



## National Safety Council Data

- 1 in 12 workers dealing with an untreated substance use disorder with annual costs of \$8,255 - \$14,000 per employee and may be dependent on industry and role
- Opioid crisis alone cost the U.S. economy \$696 billion in 2018.

## Fatal Crash Data

- 50.5% of fatally injured drug-positive drivers (with known drug test results) were positive for two or more drugs and 40.7% were found to have alcohol in their system (NHTSA FARS as cited in Hedlund, 2018)
- Among drug-positive drivers killed in crashes, 4% tested positive for both marijuana and opioids, 16% for opioids only, 38% for marijuana only, and 42% for other drugs (Governors Highway Safety Association, 2017)
- The percentage of traffic deaths in which at least one driver tested positive for drugs has nearly doubled over a decade. (USA Today, 2016) (Source: <https://driving-tests.org/driving-statistics/>)
- The number of alcohol-positive drivers killed in crashes who also tested positive for drugs increased by 16% from 2006 to 2016 (Governors Highway Safety Association, 2017)

Positive drug tests account for **82%** of the total violations reported.

See chart to the right for a breakdown of results reported to the Clearinghouse by year since January 6, 2020 of the number of times a driver tested positive for each substance.

The graph below shows total results reported to the Clearinghouse since January 6, 2020 of the number of times a driver tested positive for each substance.

Note: To date, there have been **4,791** reports of dilute specimens, with **2,302** occurring in 2021. Reports of dilute specimens must also indicate an identified substance, therefore these dilute specimens are reflected in the total substance counts.

**SUBSTANCES IDENTIFIED IN POSITIVE DRUG TESTS**  
(Reported through December 2021, as of 1/1/2022)

Substance	2020	2021	# Tests Identified*
Marijuana Metabolite (Δ9-THCA)	29,511	31,085	60,596
Cocaine Metabolite (BZE)	7,940	8,765	16,705
Methamphetamine (MET/MAMP)	5,187	5,082	10,269
Amphetamine (AMP)	4,953	4,904	9,857
Oxymorphone (OXYM)	1,372	1,276	2,648
Oxycodone (OXYC)	1,106	1,049	2,155
Hydrocodone (HYC)	1,082	1,048	2,130
Hydromorphone (HYM)	1,000	930	1,930
Morphine (MOP)	443	353	796
Codeine (COD)	386	329	715
6-Acetylmorphine (6-AM)	302	191	493
Phencyclidine (PCP)	137	118	255
Ecstasy (MDMA)	65	60	125
Methylenedioxyam-phetamine (MDA)	30	33	63
Not Identified	43	0	43
<b>All substances</b>	<b>53,557</b>	<b>55,223</b>	<b>108,780</b>

\*Total since January 6, 2020

Note: More than one substance can appear in a positive drug test

# Presence of Substances Among Drivers During COVID-19

Drug Category	Before (N= 1,880)		During (N= 1,123)	
	n	%	n	%
Alcohol	400	21.3	302	26.9*
Cannabinoids <sup>^</sup>	402	21.4	350	31.2*
Stimulants	190	10.1	115	10.2
Sedatives	158	8.4	95	8.5
Opioids	142	7.6	145	12.9*
Antidepressants	37	2.0	5	0.4*
Over-the-Counter	43	2.3	18	1.6
Other Drugs	27	1.4	20	1.8
At Least 1 Category	959	51.0	714	63.6*
Multiple Categories	341	18.1	267	23.8*

<sup>^</sup> Active THC ( $\Delta$ -9-THC or 11-OH-THC)

\* Significantly different ( $p < .05$ ) compared to Before period



## Drug and Alcohol Prevalence in Seriously and Fatally Injured Road Users Before and During the COVID-19 Public Health Emergency

Thomas, F. D., Berning, A., Darrah, J., Graham, L., Blomberg, R., Griggs, C., Crandall, M., Schulman, C., Kozar, R., Neavyn, M., Cunningham, K., Ehsani, J., Fell, J., Whitehill, J., Babu, K., Lai, J., and Rayner, M. (2020, October). Drug and alcohol prevalence in seriously and fatally injured road users before and during the COVID-19 public health emergency (Report No. DOT HS 813 018). National Highway Traffic Safety Administration.

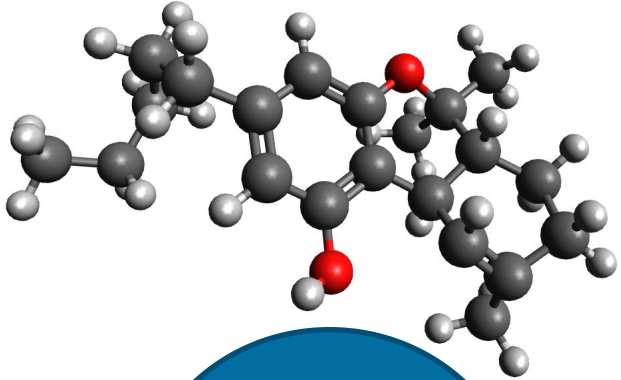
# THC ISOMERS

Isomers are compounds that contain exactly the same number of atoms, i.e., they have exactly the same empirical formula, but differ from each other by the way in which the atoms are arranged.

Delta - 6

Delta - 7

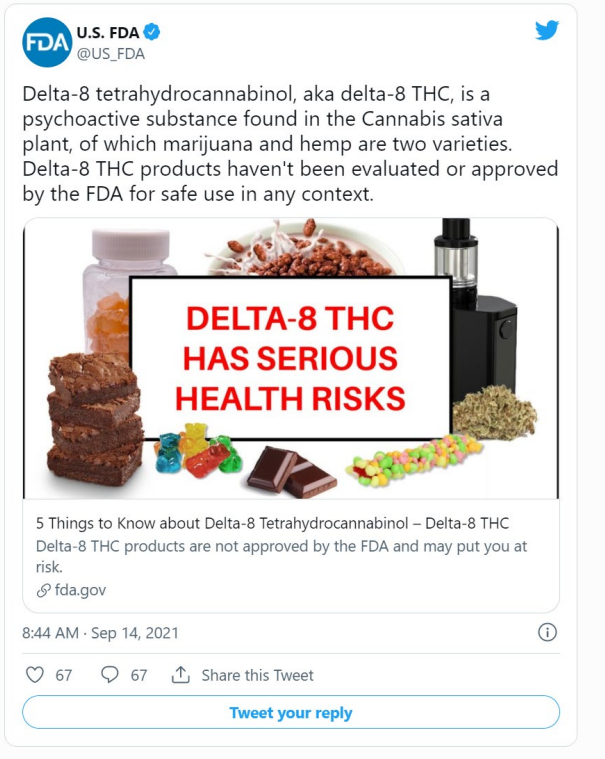
Delta - 8



Delta - 9

Delta - 10

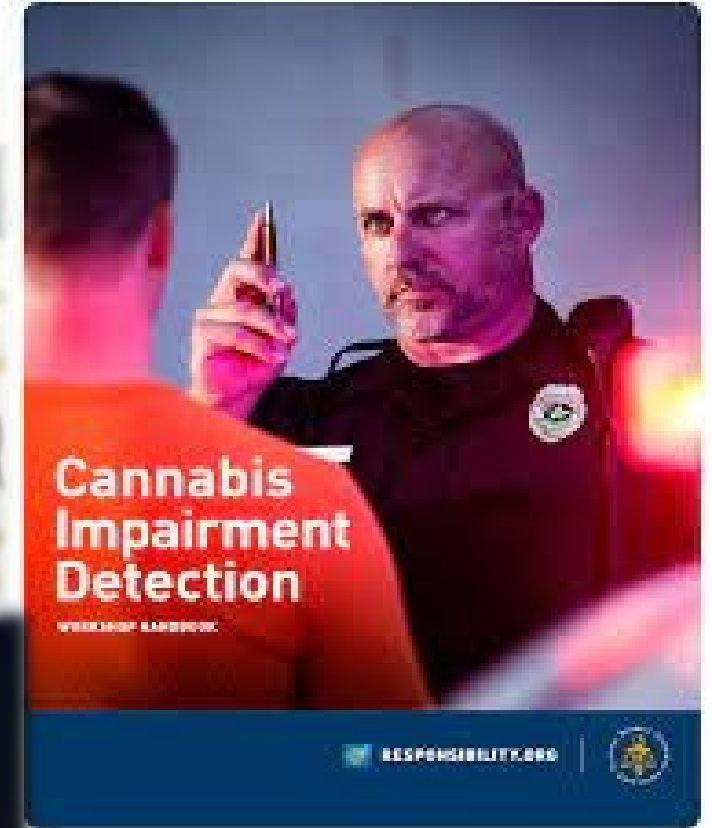
Delta 11





# Future action items:

- Cannabis specific roadside tests
- Research consistent to ingested product THC levels
- Law enforcement/research group partnerships
- Oral fluid as a roadside screening device
- Increase number of Cannabis Impairment Detection Workshops





# Roadside Drug Testing: Internationally accepted and adopted

Argentina, Australia, Austria

Belgium, Brazil

Canada, Chile, Columbia

France

Germany

Ireland, Italy

Netherlands, New Zealand

Poland, Portugal,

South Africa, South Korea, Spain, Sweden

Turkey

UAE, UK (arrests up 600% since  
implementation), Vietnam

*Some devices:*



# LAW ENFORCEMENT PHLEBOTOMY TOOLKIT:

A Guide to Assist Law Enforcement Agencies With Planning and Implementing a Phlebotomy Program



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration



March 2019

## Toolkit Contents

- ❖ Understanding the need for and importance of a law enforcement phlebotomy program
- ❖ Planning and implementing a phlebotomy program
- ❖ Training
- ❖ Addressing liability concerns
- ❖ Barriers and how to overcome them
- ❖ Costs
- ❖ Tips for implementing and sustaining a successful law enforcement phlebotomy program
- ❖ Additional resources

[https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/14222-phlebotomy\\_toolkit\\_final-032819-v1a\\_tag\\_0.pdf](https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/14222-phlebotomy_toolkit_final-032819-v1a_tag_0.pdf)

# 2022 NASID MULTIPLE SUBSTANCE IMPAIRED DRIVING CONFERENCE

Join the nation's foremost experts to examine the challenges and complexities of multiple substance impaired driving.

NASID is a coalition of partners, established by Responsibility.org, committed to identifying and promoting solutions to impaired driving.

## **DATE/TIME:**

July 27 – 29, 2022

## **LOCATION:**

Hilton Washington DC National Mall  
The Wharf  
480 L'Enfant Plaza SW  
Washington, District of Columbia 20024

To learn more, visit [NASID.org](https://NASID.org)

# Contact Information and Technical Assistance

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Vice President of Traffic Safety and Government Relations

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(571) 309-7615

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RESPONSIBILITY



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# Pet Response Therapy

Larry Bennett



## FD "STRESS RELIEF" VISITS


- **March 19 (10 am) – Glendale FD, Hamilton County**
- **April 20 (10 am) – Deer Park / Silverton, Hamilton County**
- **May 18 (10 am) – Reading FD, Hamilton County**
- **June 5 (7 pm) – Eastern Joint Fire & EMS District, Brown County**
- **July 20 (10 am) – TBD / Northern Kentucky**
- **Aug. 17 (10 am) – West Chester FD, Butler County [awaiting Chief OK]**
- **Sept. 21 (10 am) – Miami Township FD, Clermont County**
- **Oct. 19 (10 am) – Deerfield Township FD, Warren County**
- **Nov. 16 (10 am) – Woodlawn FD, Hamilton County**
- **Dec. 21 (10 am) – Delhi Township FD, Hamilton County**

# First Responder's Mental Health Resource Symposium

## Phil Hall

- Hosted By: The Cincinnati Northern Kentucky International Airport FD
- When: Thursday, May 26 from 8:30am-4:30pm
- Where: The Marriott 2395 Progress Drive Hebron, KY 41048
- Cost: \$30 First Responders (Individual Admissions)  
\$75 Resource Admission

**FIRST RESPONDER'S**






**MENTAL HEALTH RESOURCE SYMPOSIUM**  
Hosted By: The Cincinnati Northern Kentucky International Airport FD  
**THURSDAY MAY 26TH 8:30AM-4:30PM (LUNCH IS PROVIDED)**  
@ The Marriott 2395 Progress Drive Hebron, KY 41048

**Panel and Expert Speaker Presentations**  
**Local, State, and Regional Resources Including PEER Support, Clinicians, EAP, Nutrition, Fitness, Meditation, Pet therapy, and more**

**COST:** • \$30.00 First Responders (Individual Admissions)  
• \$75.00 Resource Admission (\$100 after April 15th)

**REGISTER @:** <https://bit.ly/3EwKOSi>

**SPONSORS FOR EVENT**



# Sarah Moore

RecoveryOhio, Deputy Director

enCompass Registration:

<https://www.addictionpolicy.org/post/ohio-statewide-encompass-training>



RECOVERY

Ohio



**MIKE DEWINE**  
GOVERNOR OF OHIO



**JON HUSTED**  
LT. GOVERNOR OF OHIO

# Governor Mike DeWine

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“We must help those struggling with mental illness or substance use disorders by giving them a system that provides quality treatment on demand. We must build recovery-friendly communities that support and promote health and wellness to ensure all Ohioans can live long, productive lives.”

*From the RecoveryOhio Advisory Council Initial Report,  
March 2019*



# Ohio Overdose Strike Team



Department  
of Health



Department of  
Public Safety



Bureau of Workers'  
Compensation



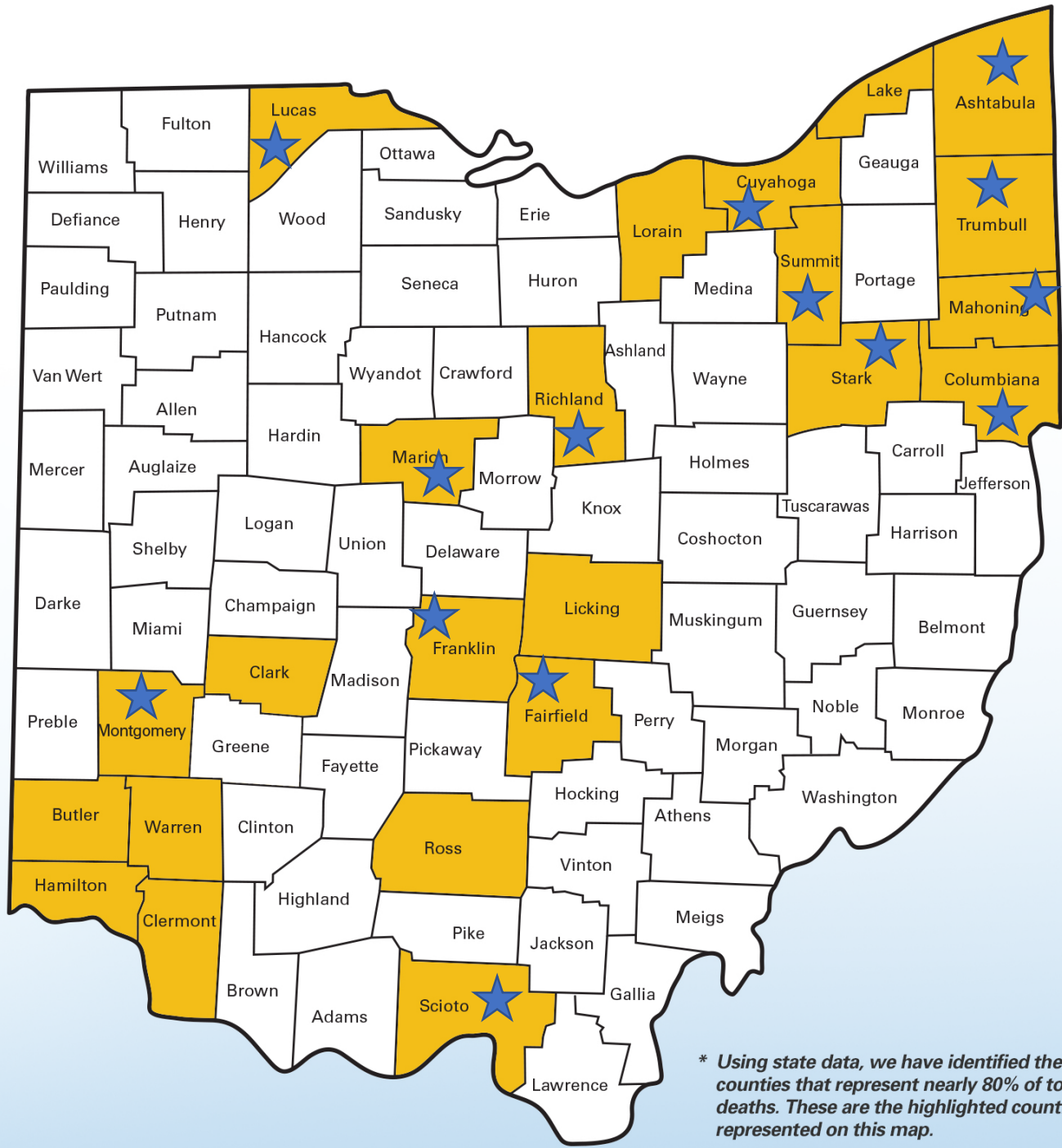
RECOVERY



State Medical Board of







# Overdose Strike Team

*\* Using state data, we have identified the 23 Ohio counties that represent nearly 80% of total overdose deaths. These are the highlighted counties represented on this map.*



# Overdose Strike Team Focus Areas





Connect with us Online

[RecoveryOhio.Gov](http://RecoveryOhio.Gov)

[Sarah.moore@governor.ohio.gov](mailto:Sarah.moore@governor.ohio.gov)



# Scott Duff & Kelly Cioletti

## NaloxBox





# **Kelly Firesheets**

Cordata Healthcare Innovations, LLC



# Ohio QRT Update

**March 2022**

**Data from Ohio QRTs**

# Goals of QRT

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Identify and connect  
with people who are at  
risk of  
overdose/overdose  
death



Reduce overdose  
recidivism by providing  
encouragement to seek  
care



Reduce crimes related  
to addiction and  
mental illness

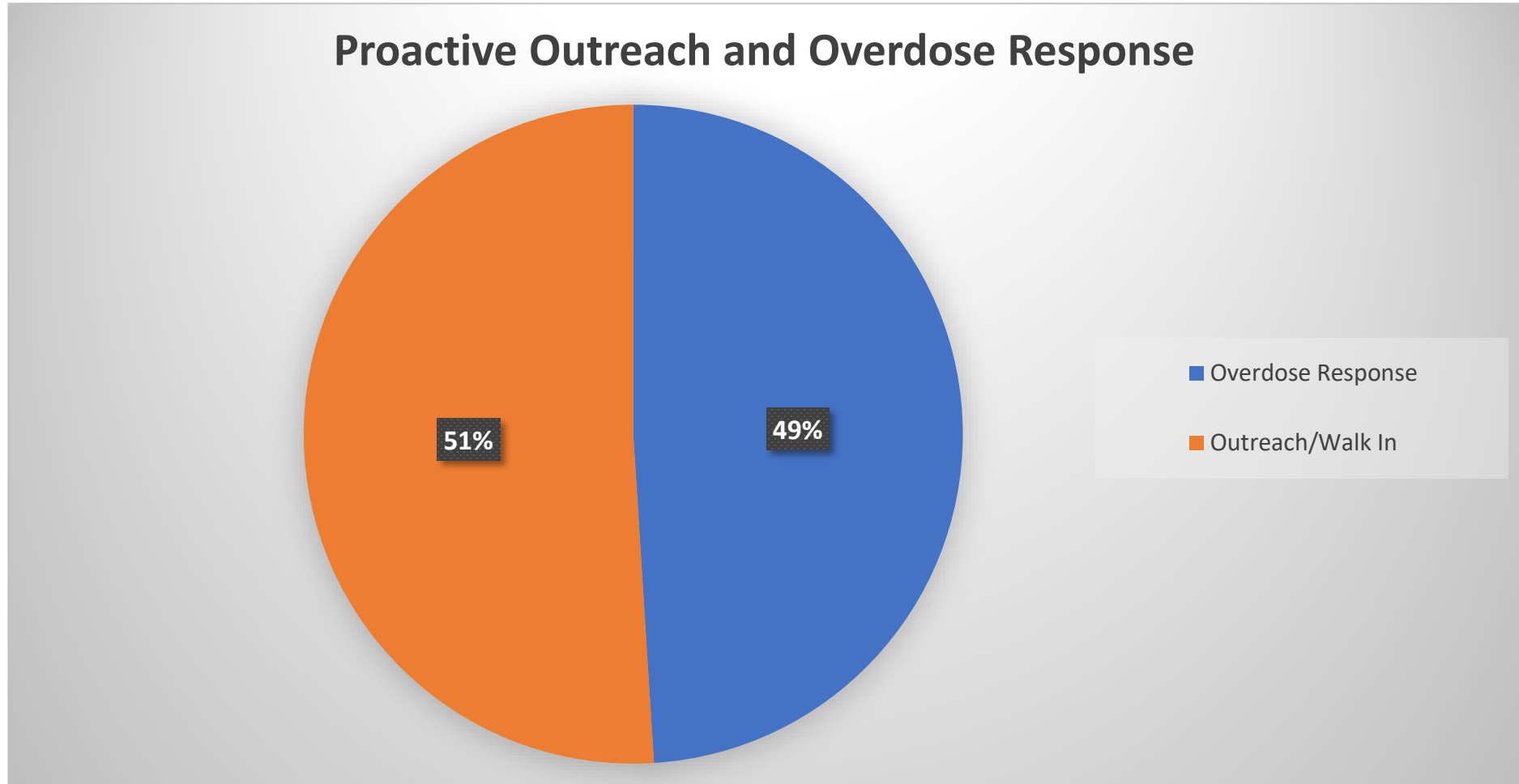


Create a network of  
community resources to  
direct at-risk citizens to  
treatment, harm reduction  
and supportive services

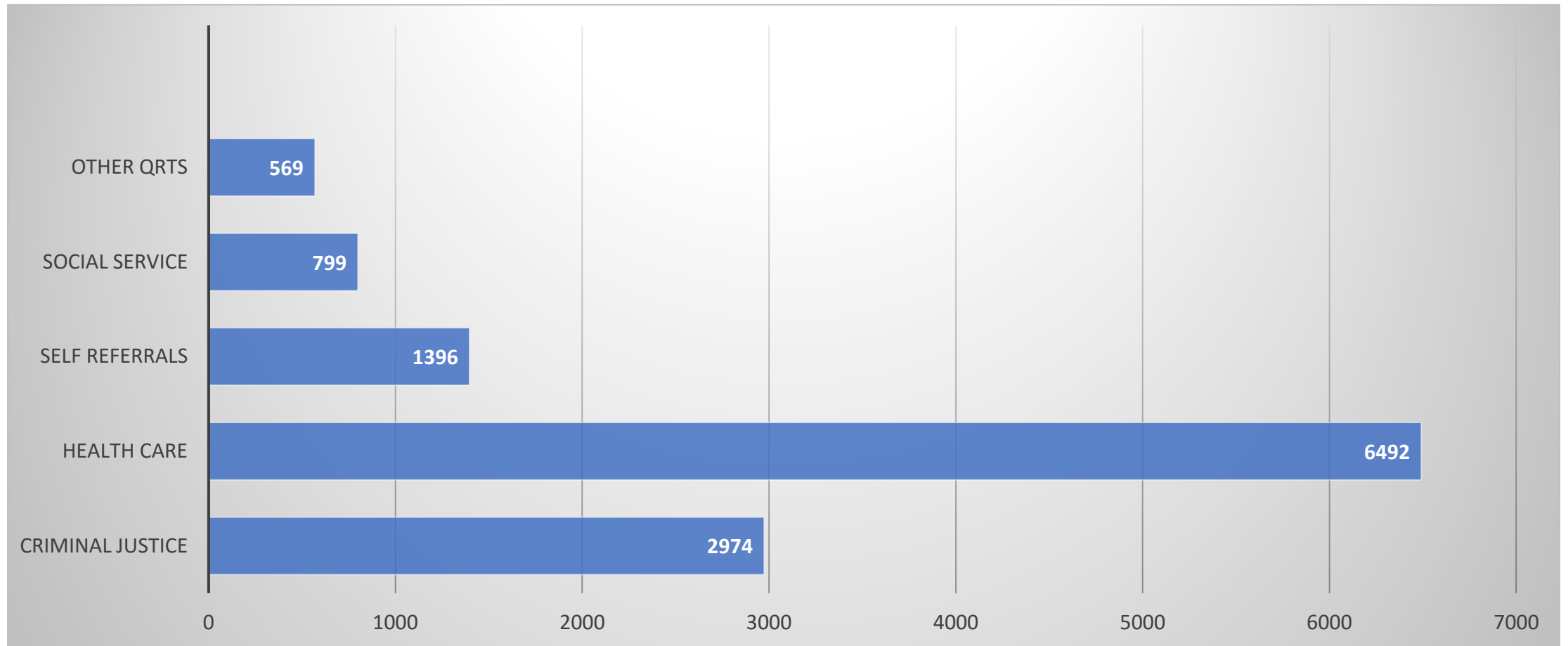


Improve  
community-police  
relations

Since 2017, Ohio QRTs have contacted **12,230** people across the state

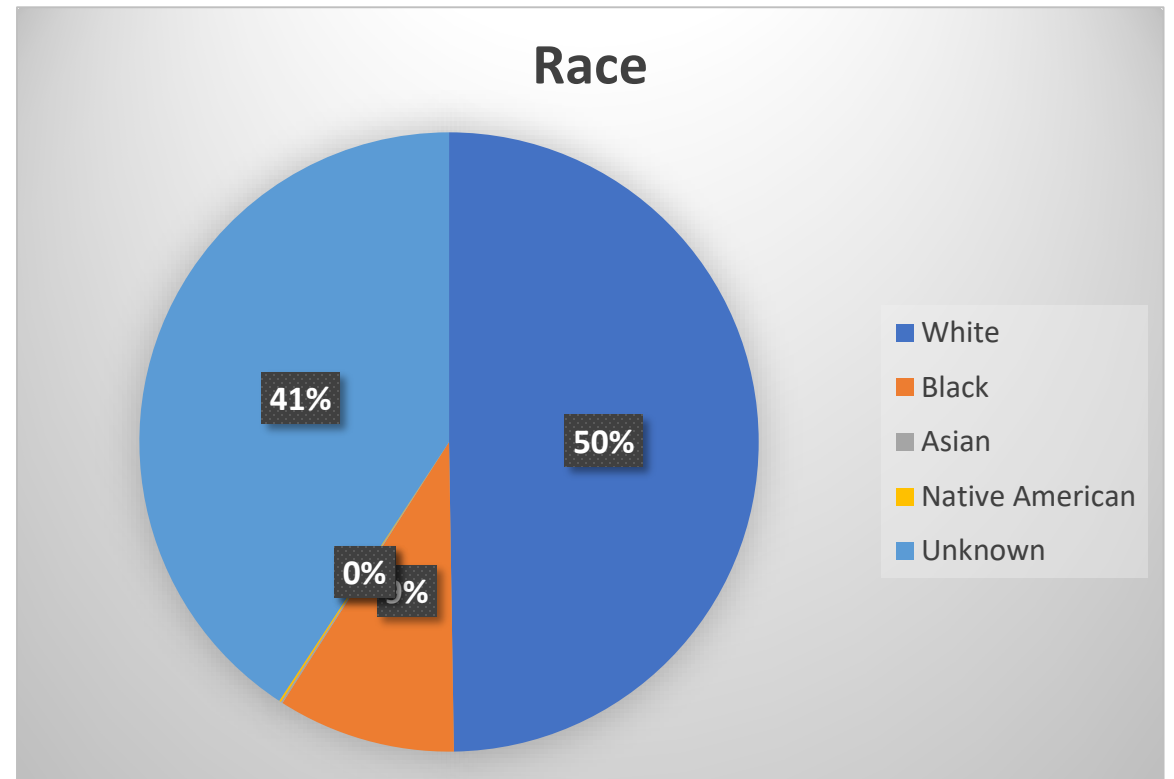
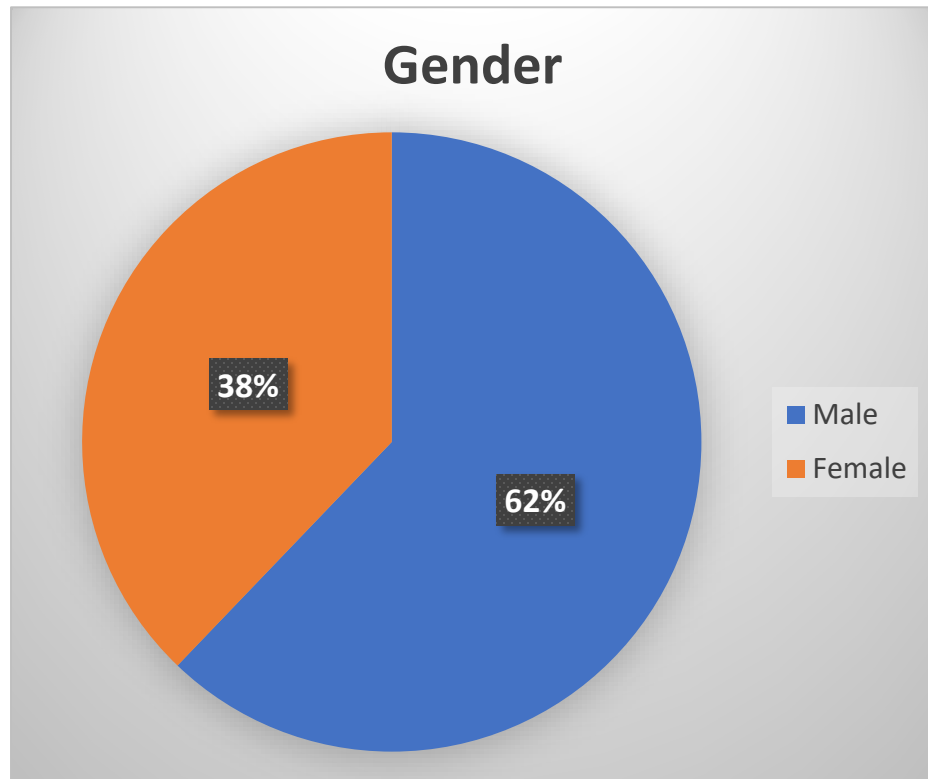


# Ohio QRTs provide support to many different partners





# Who are QRTs Serving?



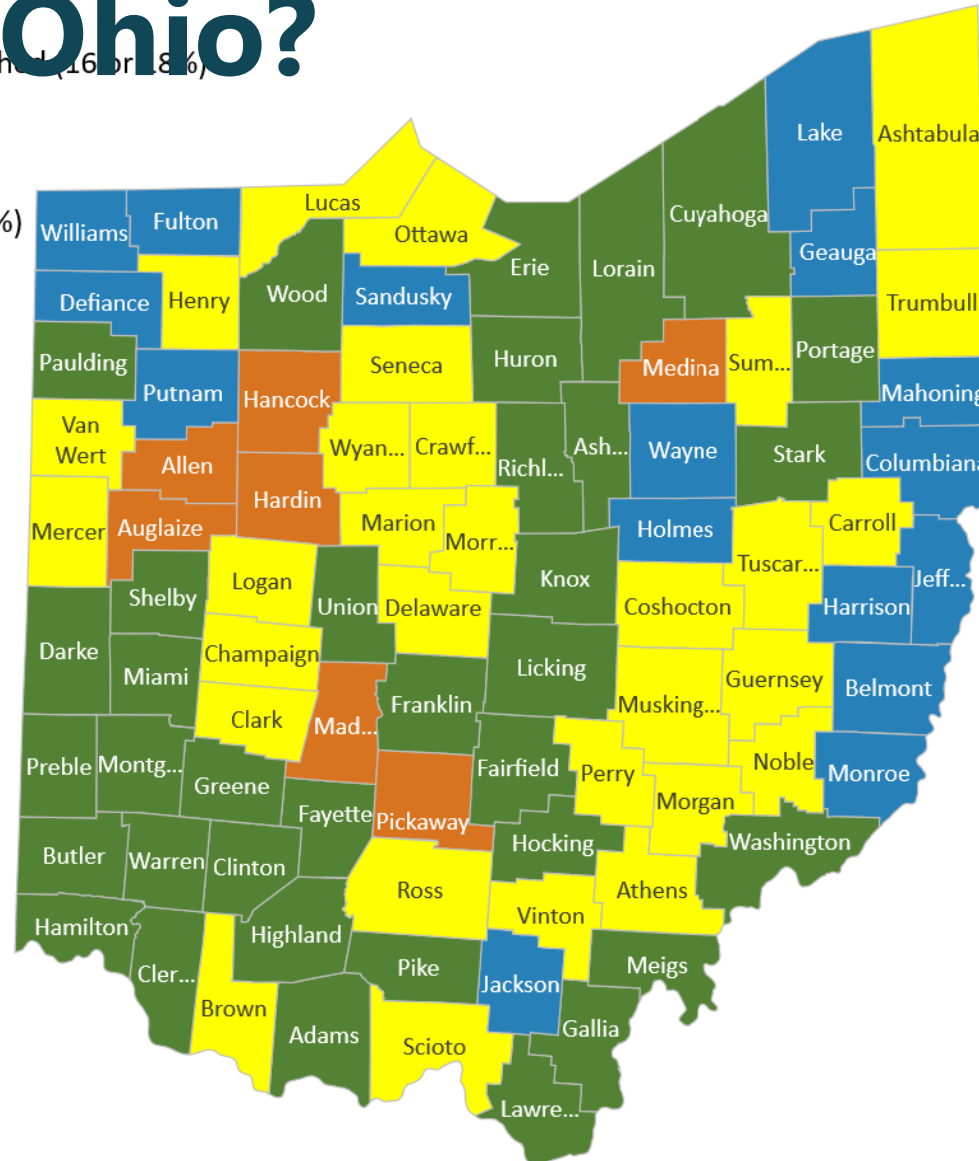
# How Has QRT Grown in Ohio?

- QRT Not Known / Not Established (16 or 18%)
- Live on Cordata (35 or 40%)
- In Process (30 or 34%)
- No Funding / Declined (7 or 8%)

**Total QRTs Live**  
40

**Total QRTs**  
79

Year	# QRTs	% QRTs	QRT % Growth
2017	3	8%	---
2018	4	10%	133%
2019	2	5%	29%
2020	13	33%	144%
2021	18	45%	82%
	<b>40</b>	<b>100%</b>	



# Growth of QRTs: 2020-2021

## In 2020, Ohio QRTs . . .

- Received **2,806** referrals
- Completed **4,569** interactions
- Deflected **1,298** people to treatment and support services
- Documented **2,330** Overdoses

## In 2021, Ohio QRTs . . .

- Received **15,080** referrals
- Completed **7,199** interactions
- Deflected **2,656** people to treatment and support services
- Documented **8,524** overdoses

# Emily May & Ruth Simer

NEOMED CIT Training

**Ohio**

Department of  
Public Safety





**NEOMED**

COORDINATING CENTERS  
*of* **EXCELLENCE**



**CRIMINAL JUSTICE  
COORDINATING CENTER  
*of* EXCELLENCE**

A NEOMED CCoE



OHIO PROGRAM *for*  
**CAMPUS SAFETY  
& MENTAL HEALTH**

A NEOMED CCoE



**BEST PRACTICES  
IN SCHIZOPHRENIA  
TREATMENT CENTER**

A NEOMED CCoE



# CRISIS INTERVENTION TEAM

- Brief overview of CIT
- How CIT is structured in Ohio – implementation
- Pilot project with Cordata



# CRISIS INTERVENTION TEAM – MEMPHIS MODEL

- A police officer and mental health consumer safety program
- A unique community partnership program
  - Law enforcement, the mental health system, individuals with lived experience (consumers) and their families
- A pre-arrest jail alternative program
- A civil liability reduction program
- Core Training and Program Elements



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# *(CIT) IS SO MUCH MORE THAN TRAINING*

## Core Elements

1. Partnerships: Law Enforcement, Advocacy, Mental Health
2. Community Ownership
3. Policies and Procedures
4. CIT: Officer, Dispatcher, Coordinator
5. Curriculum: CIT Training

# *(CIT) IS SO MUCH MORE THAN TRAINING*

## Core Elements

6. Mental Health Receiving Facility: Emergency / Crisis Services
7. Evaluation and Research
8. In-Service Training
9. Recognition and Honors
10. Outreach: Developing CIT in Other Communities

# CIT in Ohio is organized by ADAMHS Board areas with one exception

The CIT Program of Northwest Ohio Comprised of 3 ADAMHS Board areas:

- Seneca, Sandusky, Wyandot, Ottawa
- Erie
- Huron

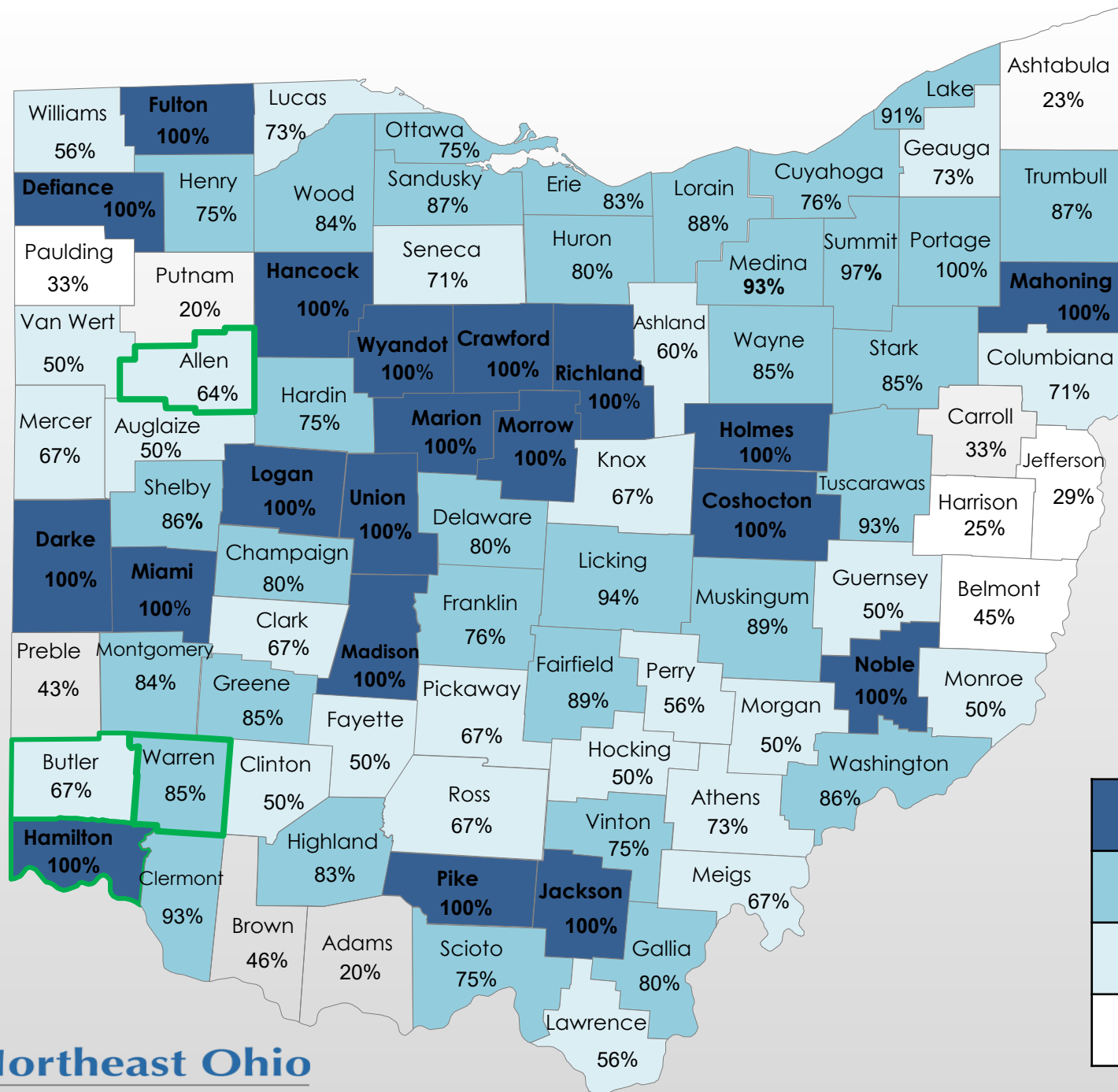


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CIT in Ohio  
by Law  
Enforcement  
Agency  
Participation



May 2000 – March 2022

100%	20 Counties
75% - 99%	33 Counties
50% - 74%	25 Counties
20% - 49%	10 Counties

# CORDATA CIT PILOT

- 6 Counties or jurisdictions (Logan, Champaign, Licking, Knox, Clark, Greene) with modest to good utilization of CIT contact sheets
- Design, test and deploy a system to support CIT data collection and information sharing efforts
- Goal to make a system available to communities that may not have the infrastructure to do it on their own



(Police Agency Name Here)  
Crisis Intervention Contact Sheet



Date:  Time of Call:  Report Number:   
 Shift:  Total Time on Call:  MH Follow-up Requested:   
 Location:   
 Type:  Personal Residence  Other Residence  Group Home  Business  Service Provider  Public Property

**Subject:**

Name:  DOB:  Phone number:   
 Address:  County of Residence:

Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Latinx <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Juvenile: <input type="checkbox"/>	Person/Agency Reporting: <input type="checkbox"/> Acquaintance <input type="checkbox"/> Mental Health <input type="checkbox"/> Unknown <input type="checkbox"/> Addiction Services <input type="checkbox"/> Passerby <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Relative <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Subject
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**Crisis/Event:**

<input type="checkbox"/> Addiction Related	<input type="checkbox"/> Court Order	<input type="checkbox"/> Homeless	<input type="checkbox"/> Suicide Thoughts
<input type="checkbox"/> Anxiety Related	<input type="checkbox"/> Dementia	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Suicide Threat
<input type="checkbox"/> Autism Spectrum	<input type="checkbox"/> Depression	<input type="checkbox"/> Non-suicidal Self-injury	<input type="checkbox"/> Suicide Attempt
<input type="checkbox"/> Behavioral Concerns	<input type="checkbox"/> Delusions/Hallucinations	<input type="checkbox"/> Trauma Related	<input type="checkbox"/> Suicide Completed
Other: <input type="text"/>			<input type="checkbox"/> Threat to Others

**Response:**

No Contact  Active Listening/De-escalation  Force Used  
 Weapon Involved:  Firearm  Makeshift  
 Edged Weapon  Other

**Disposition:**

No Contact with Subject  Medical Facility/ER  Provided Referral Information  
 No Police Action Taken  Arrest  Unfounded  
 Mental Health Facility  Death Facility:

Transport by:  Law Enforcement  Ambulance  No Transport  Other Utilized other agency for assistance:

**Emergency Hospitalization:**

Subject taken into custody for evaluation:  Yes Process initiated by:  Law Enforcement  Physician/Medical Professional  
 No  Health Officer  Other

**Crime:** Incident has related crime:  Yes  Misdemeanor  Felony  
 Criminal charges to be filed:  Yes  No  TBD

**Injury:** Force Used. Incident resulted in injury:  Yes  Subject Injured  Officer Injured  Other Injured

Officer:  Supervisor:   
 Unit:  CIT Officer:  Unit:



# CIT Model Contact Sheet

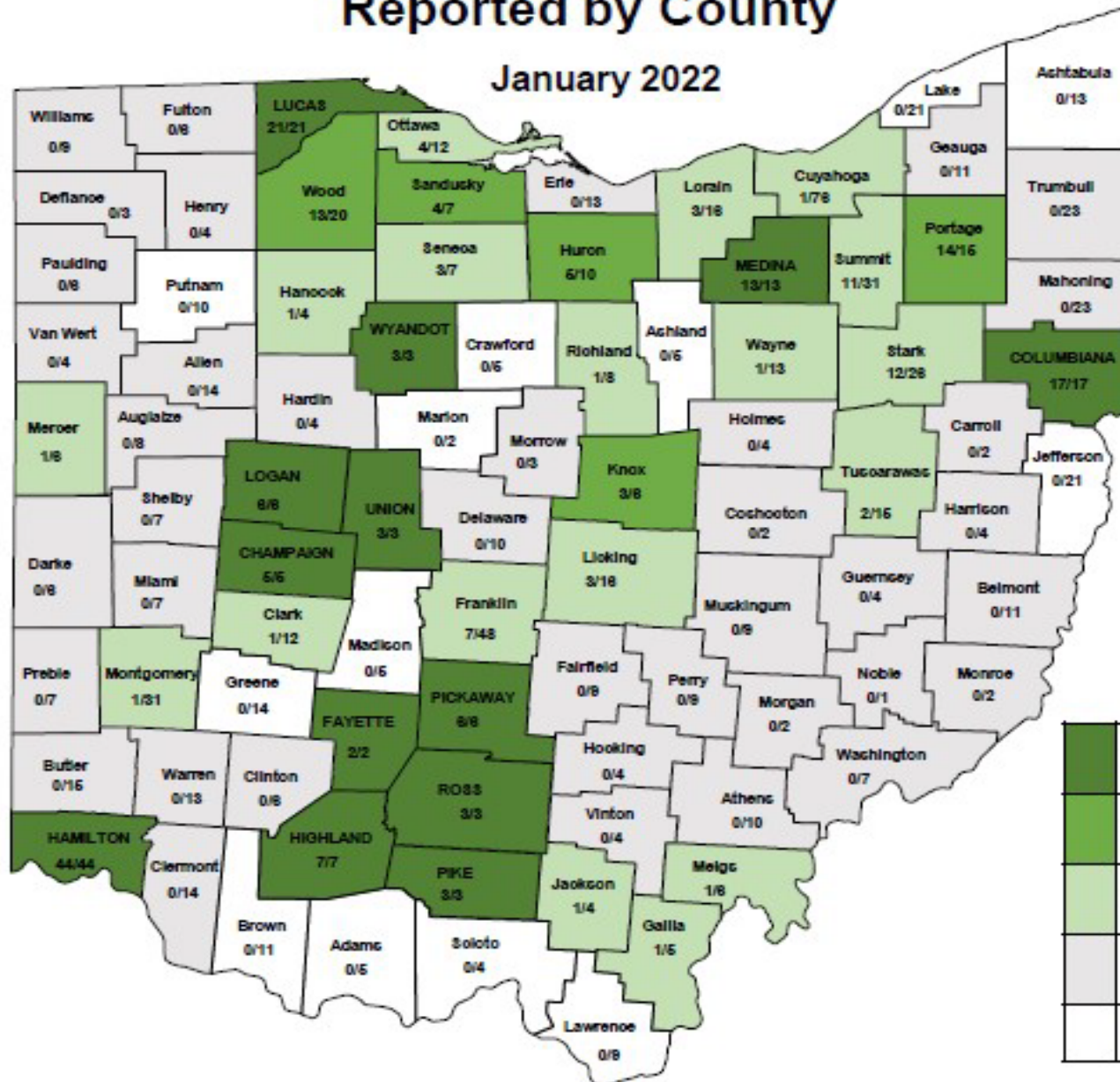


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# CIT Contact Sheet Availability\* Reported by County

January 2022



\*Existence of Contact Sheet does not confirm use, sharing, or analysis of information with community partners.





**NEOMED**

COORDINATING CENTERS  
*of* **EXCELLENCE**

Ruth H. Simera, Executive Director

[rsimera@neomed.edu](mailto:rsimera@neomed.edu)

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Rootstown, OH 44272

PH: (330) 325-6670

FAX: (330) 325-5970

[www.neomed.edu/medicine/psychiatry/centers/](http://www.neomed.edu/medicine/psychiatry/centers/)



# Question & Answer



Department of  
Public Safety



# See You Next Quarter!

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Q2 Meeting- June 8, 2022 at 1pm EST

If anyone has additional agenda items or information to assist,  
or have a question, please contact Jenna Fodor

[jlfodor@dps.ohio.gov](mailto:jlfodor@dps.ohio.gov)

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Department of  
Public Safety



# Contact Information

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  - [Carol.Baden@odh.ohio.gov](mailto:Carol.Baden@odh.ohio.gov)

**Ohio**

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