**OHIO OPIOID ROUNDTABLE RECOMMENDATIONS AND CURRENT PROGRAMS**

PROGRAM # 1

The Putnam County Police Chief's Assn. to together a program last year for all 9 Putnam County Jr./Sr. high school using recovering addicts, judges and law enforcement. The recovering addicts were all early 20's, we had an 18 yr. old female for 1 one for the programs. They spoke about how they got started using alcohol and marijuana. Then how they moved to strong drugs. How they told their self that they would never use heroin. What it cost their family, friends and their self? Talked about being homeless and what they had to do to get their fix. Talked about overdosing and almost dying. The biggest impact from the programs, the student took the information home and told their parents. We received very positive feedback from the parents. After the school programs were complete we put together 2 town hall meetings with attends of 351 and 217. We still used recovering addicts. We added the AG's office for stats and addiction counselors. Received great feedback. We believed we hit our goal of education students and the public. The program will run every 2 years in the school and 1 town hall once a year.

PROGRAM #2

Below is a heroin / opiate program we have initiated in Delaware. We use our CAD system to generate leads for Maryhaven, and also do some follow up work when we investigate an OD. It is very similar to and we borrowed heavily from other programs (Lucas Co., Colerain).

The reader's digest version is that we will be following up with all OD's that we take to provide information about Maryhaven' s Rapid Engagement Specialist, as well as provide the families with some information on where they can find resources.

Additionally, we have created the RES (for Rapid Engagement Specialist) disposition for CAD. Much like CIT, the RES disposition creates a report that will go to Maryhaven every morning. Maryhaven will then call everyone referred to them to offer services. This is for heroin / opiate addiction, and can be for anyone you think might benefit from service – it does not have to be an OD, or drug crime – if you think any behavior is potentially related to an opiate addiction, you can add the RES disposition.

Also, just to clear up any potential confusion... We have also placed the rapid engagement info on the back of the prosecutor's notice that relates to immunity. This is not related to this program, and is just another way to get the info out. Going to rapid engagement does not qualify the person for immunity... the rapid engagement specialist provides services to bridge the gap until they can get to the appointment that does qualify them for immunity.

Rapid Engagement:

The Delaware Police Department is formally initiating a Rapid Engagement outreach in cooperation with Maryhaven's Rapid Engagement program. Rapid Engagement puts a heroin / opiate addict in direct contact with a counselor at Maryhaven. They will be seen the day of the visit, and will be supported by Maryhaven. Our outreach will be triggered by any heroin /

opiate overdose that we respond to. If the person survives, we will implement the following procedure:

1. Document all reports as we normally would.
2. If the OD occurs during the Rapid Engagement specialist hours of 8:00 AM – 3:30 PM and you have opportunity to follow up after the patient receives medical release – provide them with the Rapid Engagement information and offer to transport or make the connection to Maryhaven.
3. We should follow up every OD the next day (M – F) if we have not been able to offer them services the day of the OD. For 2nd and 3rd shift, pass the information on via the pass on sheet, and send an email to the first shift Supervisor. The first shift supervisor will then coordinate a follow up visit to the person who OD'd at their place of residence. Anywhere in the City will be automatic, we can also go anywhere within the county, but can exercise some discretion based on staffing, distance, and fail to contact issues. The follow up will be simply to provide the information about Maryhaven' s rapid engagement program, and offer a ride to Maryhaven if needed. The last appointment for walk in services is 3:30 PM.
4. When you make contact with the person who OD'd, you should preface your contact by informing them that you are not there to talk to them about the OD, but rather to supply information about Maryhaven and the Rapid Engagement program.
5. If assistance is refused, leave information (Rapid Engagement Specialist form). We should also try to leave information for the family of the OD person (Families in Recovery / Family Education). This information includes the info on Rapid Engagement, as well as additional information for families that Maryhaven has provided. (I will leave a limited supply of each in the squad room, but also feel free to print out and distribute the attached scanned copies.)
6. If you provide a ride, the person can be walked into the lobby, up to the door to enter on their own, or dropped off outside. It is up to the discretion of the transporting officer and comfort of the client. If you walk someone inside, they can be brought to the office and explain that the person is there to see the rapid engagement specialist.
7. Documentation. This has been debated fully, and at this time we will just allow the CAD call to document the contact. Include a simple statement in the disposition that says that you provided information about Maryhaven at the residence. We do not want to document information from the contact in a criminal report to insure that our intentions are not questioned. This is no different than if we flip someone to work as an informant for the drug task force.
8. If an officer (at his/her discretion) feels that they have a case that is heroin / opiate driven, they can provide the information and encourage a person to get to Rapid Engagement. We can provide services (i.e. a follow up or a ride the next day if so needed); and you can use your discretion to charge / not charge based on whether they go to Maryhaven for assistance. This is completely your decision, just keep in mind that it is available to you should you feel you have someone who is genuine in their intentions to get clean.
9. We have added a disposition code to CAD of **RES** (for rapid engagement specialist). This disposition code can be used any time you deal with a person you think might benefit from some outreach from Maryhaven. If you add an RES disposition, please follow the same procedure as the CIT dispo, i.e. add some details and include the name and contact info for the person you are referring. Maryhaven will get the report automatically in the AM and will reach out to the person to offer services. (For clarification, we do not need to do a PD follow up visit on RES dispositions, we will only do that on OD's)

RECOMMENDATION # 1

Thank you for what you are doing. I am a psychologist and a member of OACP. I am a psychologist for the Columbus Police Department and numerous other departments around the state, however I also specialize in chemical dependency treatment. I don't have all the answers to you question regarding "what works," but what I can tell you is that many programs look great on paper but simply do not appear to be effective, for various reasons I would be more than happy to discuss at a later time.

Having said that, what I am offering you is, that if you ever get in a conversation or round table discussion about these issues, there are two aspects which I believe are essential for successful recovery:

(1) the drug user to understand (which many therapists do not understand) the difference between "FEELING" better as opposed to "GETTING" better and to know what getting better looks like in their case; individuals who relapse are invested in feeling better only--not getting better.

2) making a commitment to sobriety, and knowing what makes up a commitment. People who say they have committed to sobriety 3 times in their life, only to find themselves relapsing, have NEVER made a commitment.

Also, I teach patients how to tolerate adversity in life so they have to panic and get high to avoid, which takes us back to the concept of getting better.

I have never seen much treatment OUTCOME differences between in-patient and out patient programs. I don't really see the solutions as a "program" as much as a cultural shift in norming drug using behavior. There is a lot of great research on this, called "Social Norming" that I have experience in, which appears to have the greatest impact on reducing drug use.

PROGRAM # 3

Many agencies in Cuyahoga County are beginning to adopt versions of this national program.

http://paariusa.org/about-us/

PROGRAM # 4

Berea PD and North Olmsted have been doing this program known at Safe Passage for over a year. 5 departments in our regional area are also looking to implement the program.

http://cityofberea.org/en-US/Police-Staff.aspx

PROGRAM # 5

Hamilton County has set up a very effective Heroin Task Force that works with all of the law enforcement agencies in Hamilton County and Greater Cincinnati. Chief Tom Synan (tsynan@villageofnewtown.com) of Newtown PD was very instrumental in setting this up and is passionate about this issue. He recently testified before Congress about it. He could provide a multitude of information that could be beneficial.

Now that it is set up, Lieutenant Tom Fallon (tfallon@norwoodpolice.org) from Norwood PD is the Task Force Commander, and he and his agents have done a phenomenal job working with all of us and addressing this issue. In my view, the Task Force was ahead of its time and is a model for how this epidemic can be attacked effectively on the local level. The Heroin Coalition's website can be viewed here, and their strategic action plan can be found here.

PROGRAM # 6

SAAFE Initiative (Substance Abuse Assistance For Everyone)

Administered by a created Substance Abuse Assistance Group or SAAG

In this program, the justice related referral is a diversion style approach which a person who could have been booked into jail and referred for prosecution, will instead be engaged by officers and then people working with one of the above social services providers. The member will provide an individual assessment to determine what factors led an individual to engage in street level drug activity. Case managers along with law enforcement will provide comprehensive services to address those factors and reduce harm an individual is causing to themselves. Everyone will be provided with services based on the individual's own circumstances.

In the event of a justice related referral, a trained Lima Police Officer is generally the first point of contact with the individual. Once a Lima Police Officer has determined an individual is to be referred to the SAAFE Program as a justice related referral, a member of the social services portion of program will be notified. A member may respond to the scene, the hospital or Lima Police Department to make an initial contact with the individual. Upon initial assessment, arrangements will be made for immediate care medically or a scheduled full assessment and treatment plan initiated. A person referred to the program will be required to sign appropriate medical information release documents so SAAG can properly track progress and share information among the group on an as needed basis. Any criminal charge related to this initial contact between the officers and individual will then be placed on hold or not filed, pending the

successful completion of the SAAFE Program. During the duration of the program, necessary files will be kept by Sgt. Nick Hart to move forward with criminal charges in the event a participant does not successfully complete the required treatment. In the event of an individual being unsuccessful, the initial charge will be filed. If a conviction of the crime is obtained, part of the sentencing would include placing the person in a "supervised" program, essentially forcing reentry into a substance abuse program or drug court.

In the unfortunate event that someone has been the victim of an overdose, SAAFE trained Lima Police Officers will often be first on scene. Those officers will complete a referral sheet and provide it to SAAG. The goal of SAAG is to meet with the overdosed individual within 72 hours of the incident and encourage treatment. Whenever possible, family members will be included in all processes to help build a strong support group for the individual.

A social referral is made when an officer approaches someone they are familiar with and aware suffers from a dependency issue. This process is pursued without an accompanying criminal charge and considered entirely voluntary. A social referral is also applicable to someone who approaches law enforcement on their own, seeking help or guidance. In either case, these individuals will be referred to SAAG for review for entry into the program. The goal of SAAG will be to assess the individual within 72 hours of contact. A social referral can also be made for individuals who cannot have criminal charges diverted based on certain criteria. We will still offer services regardless, there will simply be to legal recourse if that individual is unsuccessful with treatment. Our local courts have expressed willingness to consider participation in sentencing and plea deals however.

PROGRAM # 7

When it became apparent that we, as a department, needed to be proactive with this problem earlier last year, we searched for what was working for other departments. I found that Colerain Township Police, located in the Cincinnati area, had instituted a Quick Response Team. As you surely know the concept, this team consists of a medic, police officer, and social worker/drug counselor who pay home visits to those that have overdosed. Colerain PD had the QRT system down to a science and professed to have very successful results. Although we don't have nearly the number of overdoses that Colerain or some other neighboring communities have, we felt it this approach would be manageable and beneficial to our city.

In 2017, we have had less than ten overdoses (where I have received documentation from the officers) and most of them happened in the month of May. With each incident, there has been a circumstance that has prevented me from having a structured follow-up. Whether it be the overdose subject is from a neighboring community that was passing through town at the time, the person is homeless and there is no known way to locate them, the person was jailed or hospitalized out of town. In one instance, I called and left messages to the mother of the overdose victim with no return call. In summary, we have had no luck with the very small sample size we have to work with. I'm happy we have so few overdoses, but I'm not certain this model is necessarily working for us (Oxford PD).

I was approached by a woman in the Butler County mental health community who said they have an "idea" in the works about having the 5 hospital emergency departments in our county be the gateway (my term, I'm not sure how they're describing it) points for addicts who are looking to get help and enter treatment. The ER would hold them, voluntarily of course, and make a call out for a drug counselor. Once the counselor got to the hospital, they would take the lead on where this person will be heading with their treatment options. We have a hospital in our small community and that would be perfect since the agencies and locations that can help these people are about ½ hour away from us. It's hard to tell them to find a ride when no one has a car or a license. I like this idea, primarily because it gives a local and reasonable reference for them. We can drop them off at this gateway point and the process will be put into motion. It is essentially a lot of work to follow up on these. Sometimes it's a wild goose chase to make contact with these overdose subjects. I can only imagine the lost time, in some busier departments, that is spent looking for someone only to never locate where they're staying that day. Our availability to intervene with their addiction is not always timed well with when they want an intervention. That's why I like the emergency room idea, where it is always there and always open for when they decide they want to stop using.

PROGRAM # 8

Forming a Countywide Joint Drug Task Force. Unanimous communication and cooperation among law enforcement executives in your area. Eliminate the politics from your drug enforcement operation. Use family of addicts to get the dealer.