Quick Response Team - QRT

Public Safety Collaboration Response to the Heroin/Opiate Epidemic

Daniel P. Meloy, Chief of Police/Director of Public Safety (Ret.)
Founder, QRT National

QRT Staffing Model

- Law Enforcement Officer
- Firefighter/Paramedic/EMT
- Addiction Social Work and/or Peer Recovery Coach
  - Triage (at time of follow-up)
  - Assessment (On-site)
  - Birth Certificate, identification card and meals
- Can operationalize in various forms: Fire/EMS lead
    - Partner with nurse staff instead of EMS

Logic Models – General and Substance Use Disorder (SUD) Response

- **General QRT Response**
  - Life Safety response to critical incidents, such as “Active shooter” scenes
  - Engage at-risk community members (Domestic Violence, Mental Health, Crisis Intervention, Special Needs and Alzheimer’s/Dementia)
  - Proactive Police and Medic patrols to reduce EMS response times
    - “First Emergency First” response
  - Conduct overdose follow up and “Active Outreach” for SUD individuals, teaming Police, Fire/EMS and Addiction Social Work/”Peer Recovery Specialist” professionals

How Does QRT Work?

- "Face to face" engagement, if possible
- Conduct "Active Outreach" of known persons suffering with SUD (Substance Use Disorder)
- Provide short and long-term support to survivors and families
- Assist clients in applying for Medicaid, if necessary, and removing the barriers to treatment and recovery
- Providing information and a linkage to available treatment and community support resources

How Does QRT Work?

- Conduct preliminary health evaluations (EMS)
- Collect “essential and common” data as a means of better understanding the disease and improve resource allocation and response
- Follow-up is led by police officers and is facilitated by a commitment to investigate the incidents as criminal acts, while understanding the vision and purpose of the engagement
- Works in cooperation/partnership with other LE pre-arrest deflection models, i.e. active outreach, self referral, arrest diversion and FD models, such as “Safe-Station”

Outcomes

- Save Lives, Families, Neighborhoods and Communities!
- Reduce deaths, through proactive engagement
- Reduce the crime(s) associated with substance use disorder (SUD)
- Reduce repeated incidents of overdose/per victim
- Reduce overdose incidents using follow up engagement, treatment access, and utilization of predictive analysis
- Increase education for victims and families on available resources
- Increase support network for victims and families
- Gathering of LE intelligence

QRT – Additional Functions/Services

- Operationalizes through a law enforcement/Fire-EMS partnership committed to a “First Emergency, First” response model
- Provide medical follow ups (may be already provided by engine company and company officers) – Community Paramedicine philosophy
- Enhanced “Critical Incident,” “Active Shooter” tactics** **Tactical Medic**
- Mental Health, Crisis Intervention and Domestic Follow-up response is also possible as part of a QRT team effort

Objectives

- Discuss the “Quick Response Team” (QRT) response model
- Review the effectiveness of the QRT response model
- Discuss the influence of the “problem-solving” operating philosophy

Collaboration of Services is Key

"Effective, synchronized programs to prevent drug overdoses will require coordination of law enforcement, first responders, mental health/substance-abuse providers, public health agencies, and community partners."

- *Dr. Puja Seth, Ph.D. CDC Health Scientist*

Past Practice – “Arrest Our Way Out”

- Street level drug investigators
- Task Force partnerships (DEA, Countywide)
- Interdiction efforts (Patrol)
- Increased patrol incidents
- Increased investigator time
- Family trouble incidents
- Increased property crimes
  - Burglary, theft, shoplifting, robbery, copper theft, etc…

Don’t be afraid to Challenge -

“That’s what we have always done”

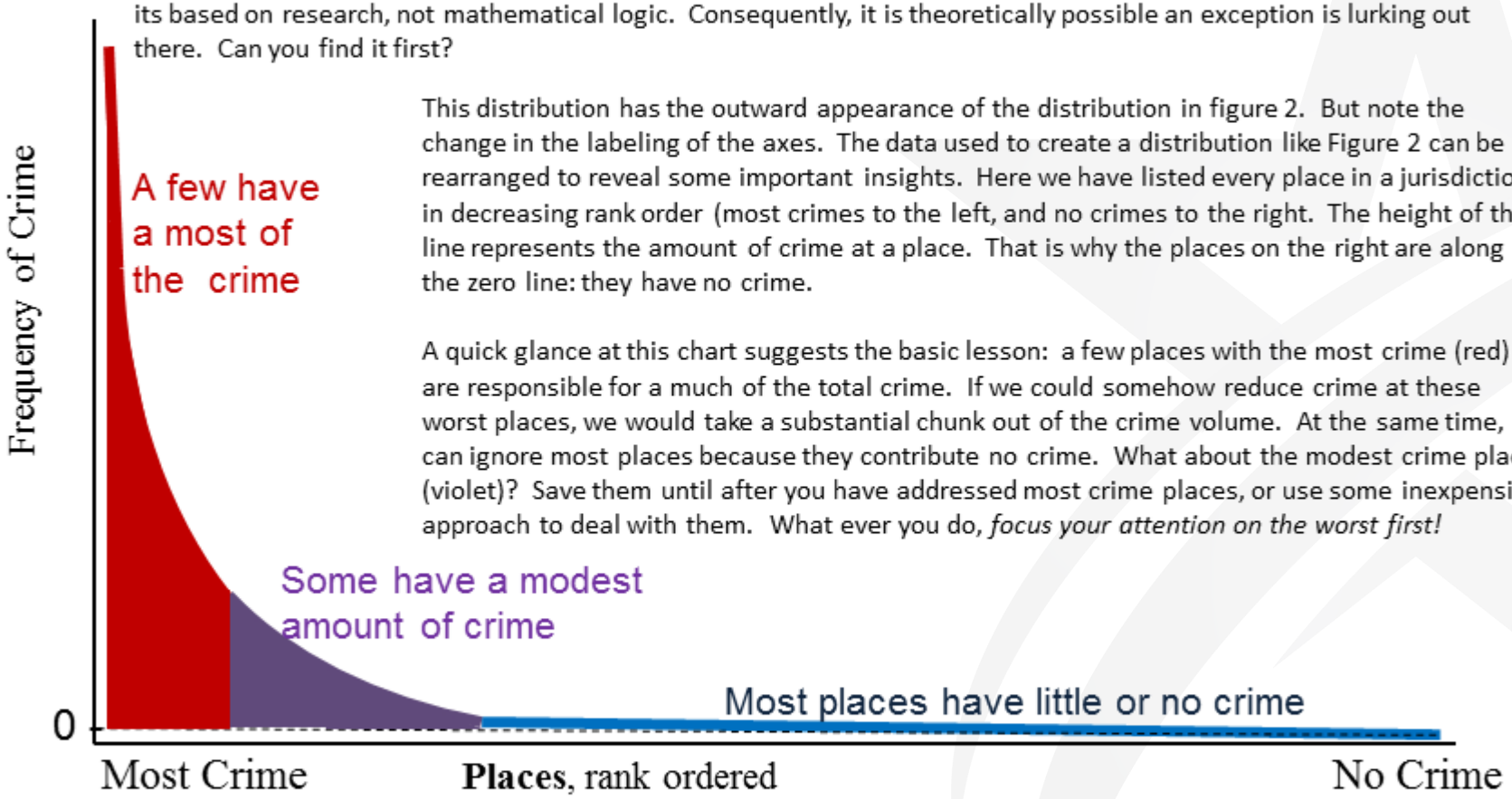
Problem Solving Philosophy

- Define the epidemic as a “problem”
- How is a problem defined?
- Engage the SARA Model (LE Problem Solving Model)
  - S – Scanning
  - A – Analyze
  - R – Response
  - A - Assessment

Figure 3: The Iron Law of Troublesome Places

University of CINCINNATI

The iron law of troublesome places can be stated as: give a sufficiently large number of similar places, and a sufficiently numerous set of troublesome events at these places, most places will have few or none of these events, and a few places will have the majority of the events. In short, most crimes happen at a few places, but most places have no or few crimes. We call this the "iron law" because, so far, we have found no exceptions to it. It's an empirical law, in that its based on research, not mathematical logic. Consequently, it is theoretically possible an exception is lurking out there. Can you find it first?



This distribution has the outward appearance of the distribution in figure 2. But note the change in the labeling of the axes. The data used to create a distribution like Figure 2 can be rearranged to reveal some important insights. Here we have listed every place in a jurisdiction in decreasing rank order (most crimes to the left, and no crimes to the right. The height of the line represents the amount of crime at a place. That is why the places on the right are along the zero line: they have no crime.

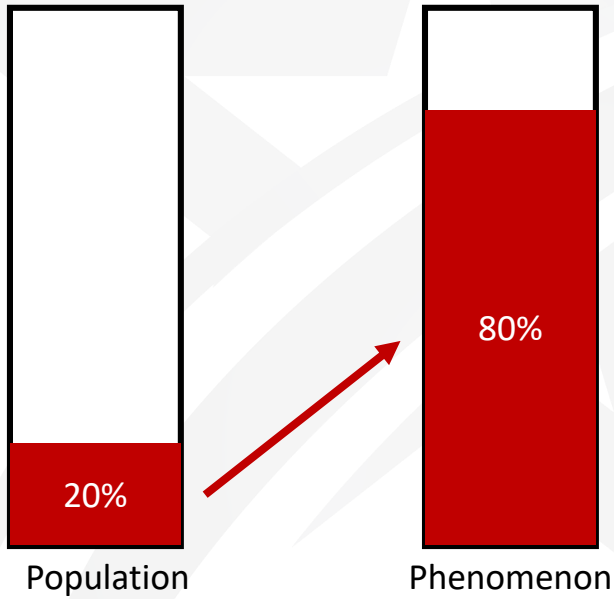
A quick glance at this chart suggests the basic lesson: a few places with the most crime (red) are responsible for a much of the total crime. If we could somehow reduce crime at these worst places, we would take a substantial chunk out of the crime volume. At the same time, we can ignore most places because they contribute no crime. What about the modest crime places (violet)? Save them until after you have addressed most crime places, or use some inexpensive approach to deal with them. What ever you do, *focus your attention on the worst first!*

Places and Crime - Concentration

- In reality, the vast majority of criminal activities in a neighborhood are ***narrowly concentrated*** at very specific locations within the area:
  - Street Corners
  - Parking Lots
  - Individual Businesses
  - Apartment Buildings

Crime and Overdoses are not randomly distributed…

- Instead they concentrate in a small number of:
  - Offenders
  - Victims
  - Places
- Other Examples
  - Mental Health Consumers
  - ED and Hospital Visits
  - Insurance Claims
  - Prescription Drug Fills

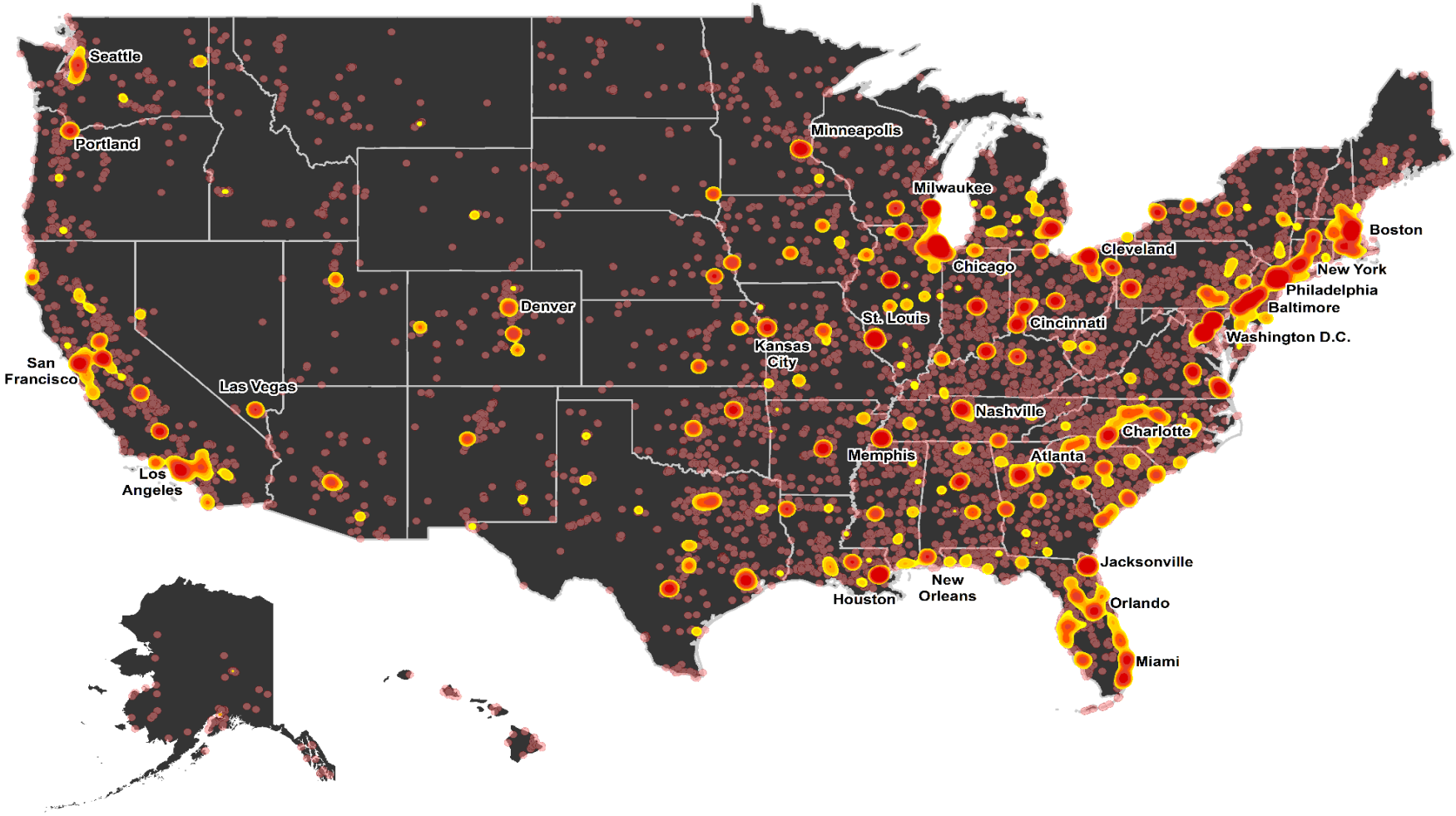


Reality of Crime:
It is Highly Concentrated

- **Hot Spot Study in Minneapolis:**
  - 3% of city addresses *generated* 50% of crime calls for service
- **Shootings in Chicago, IL:**
  - 6% of Chicago's population *were involved in* 70% of nonfatal shootings and 46% of gun homicides
- **Repeats:** Offenders, victims, mental health consumers, substance abusers, ED/hospital visitors

ALL are involved in the Criminal Justice System

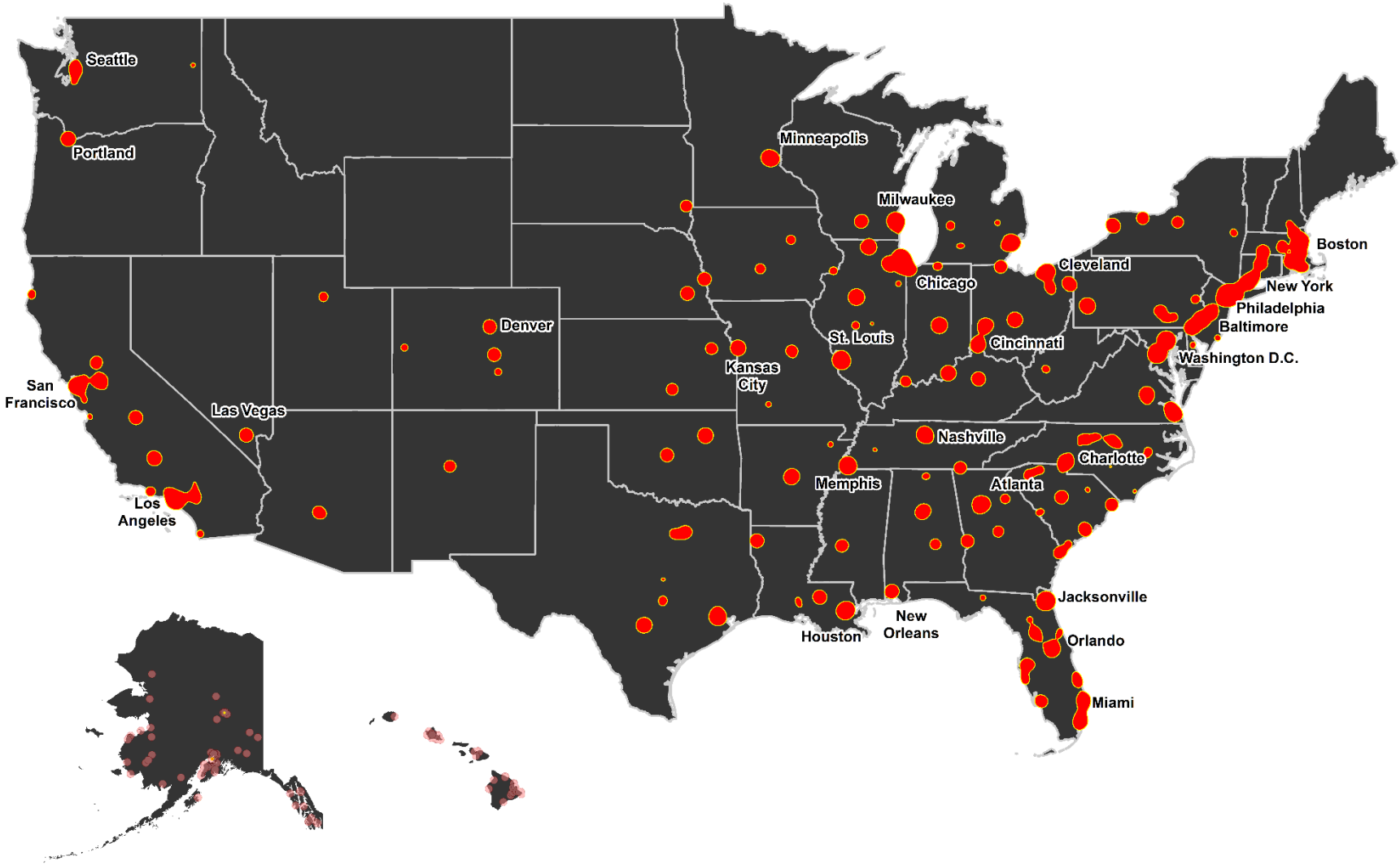
In 2017, there were **nearly 50,000 incidents of gun violence** in the United States…



Note: Data used was acquired from the Gun Violence Archive. All incidents of gun violence (fatal and nonfatal) were included, with the exception of accidental and suicidal instances.

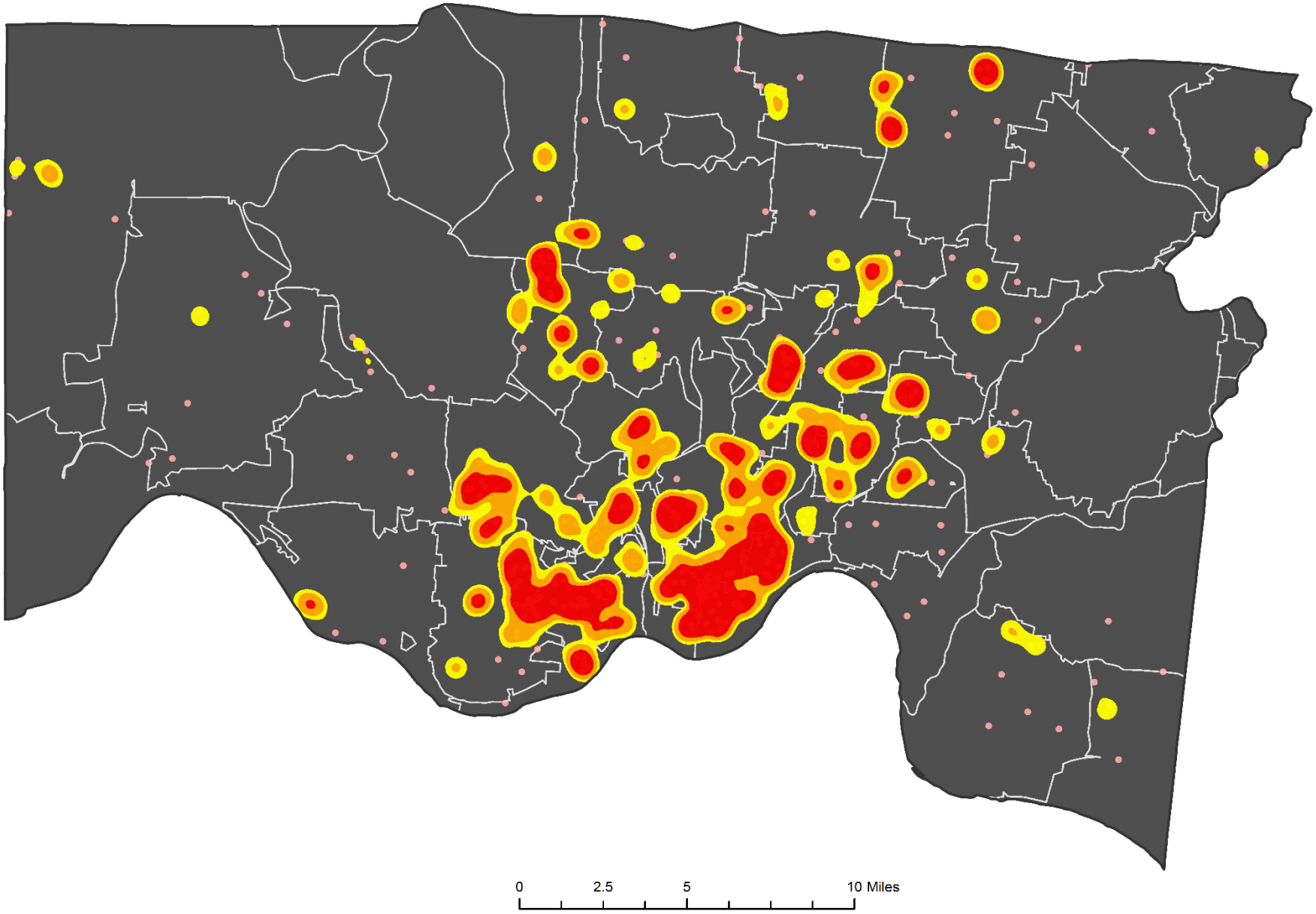
es.

In 2017, there were nearly 50,000 incidents of gun violence in the United States…
… but nearly **70% of those occurred in 2.2% of the country's total area**.

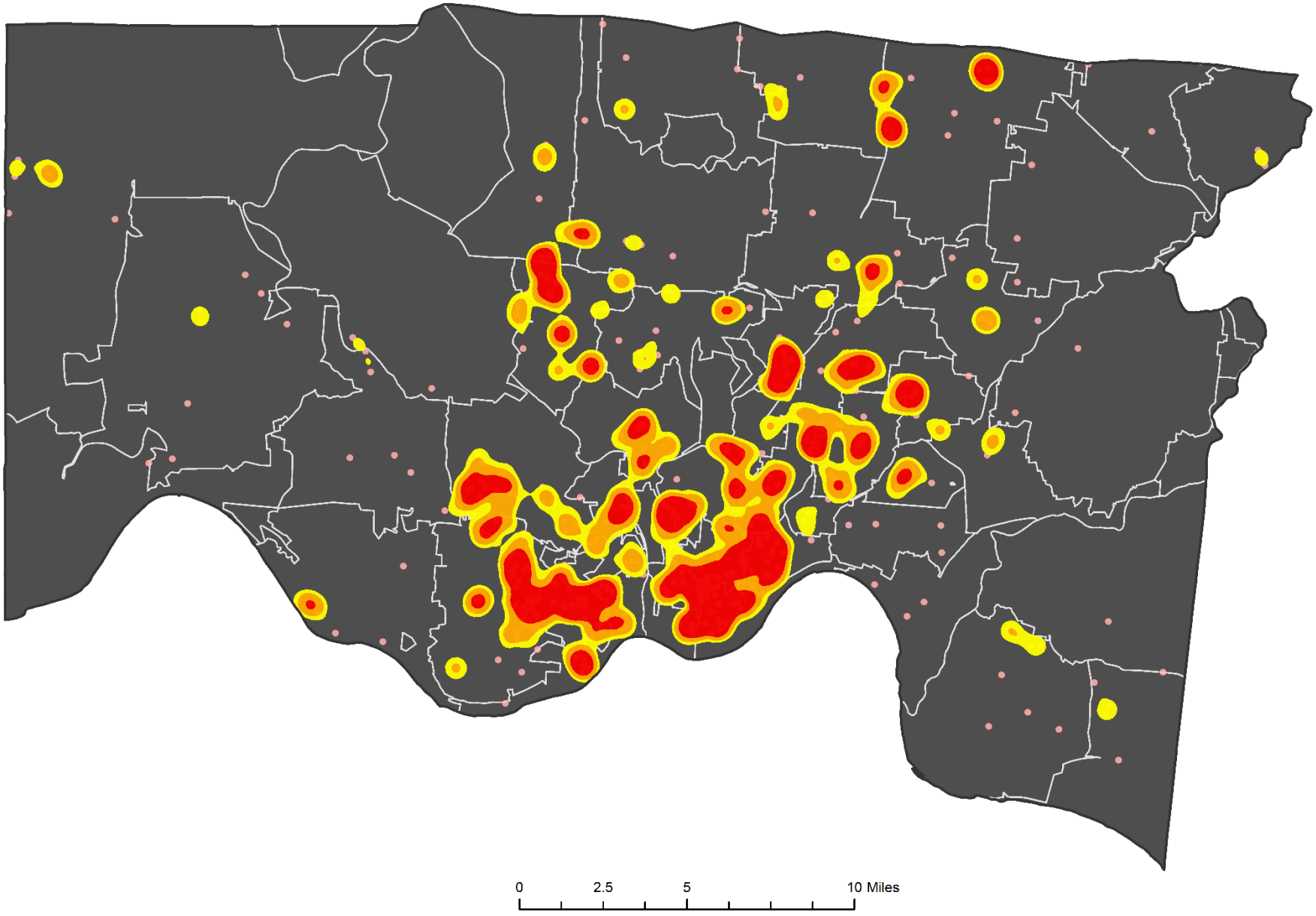


Note: Data used was acquired from the Gun Violence Archive. All incidents of gun violence (fatal and nonfatal) were included, with the exception of accidental and suicidal instances.

In 2017, there were **549 deaths related to an Opioid overdose** in Hamilton County, OH…



In 2017, there were **549 deaths related to an Opioid overdose** in Hamilton County…
… but **73.4% of those occurred in 6.2% of the country's total area**.

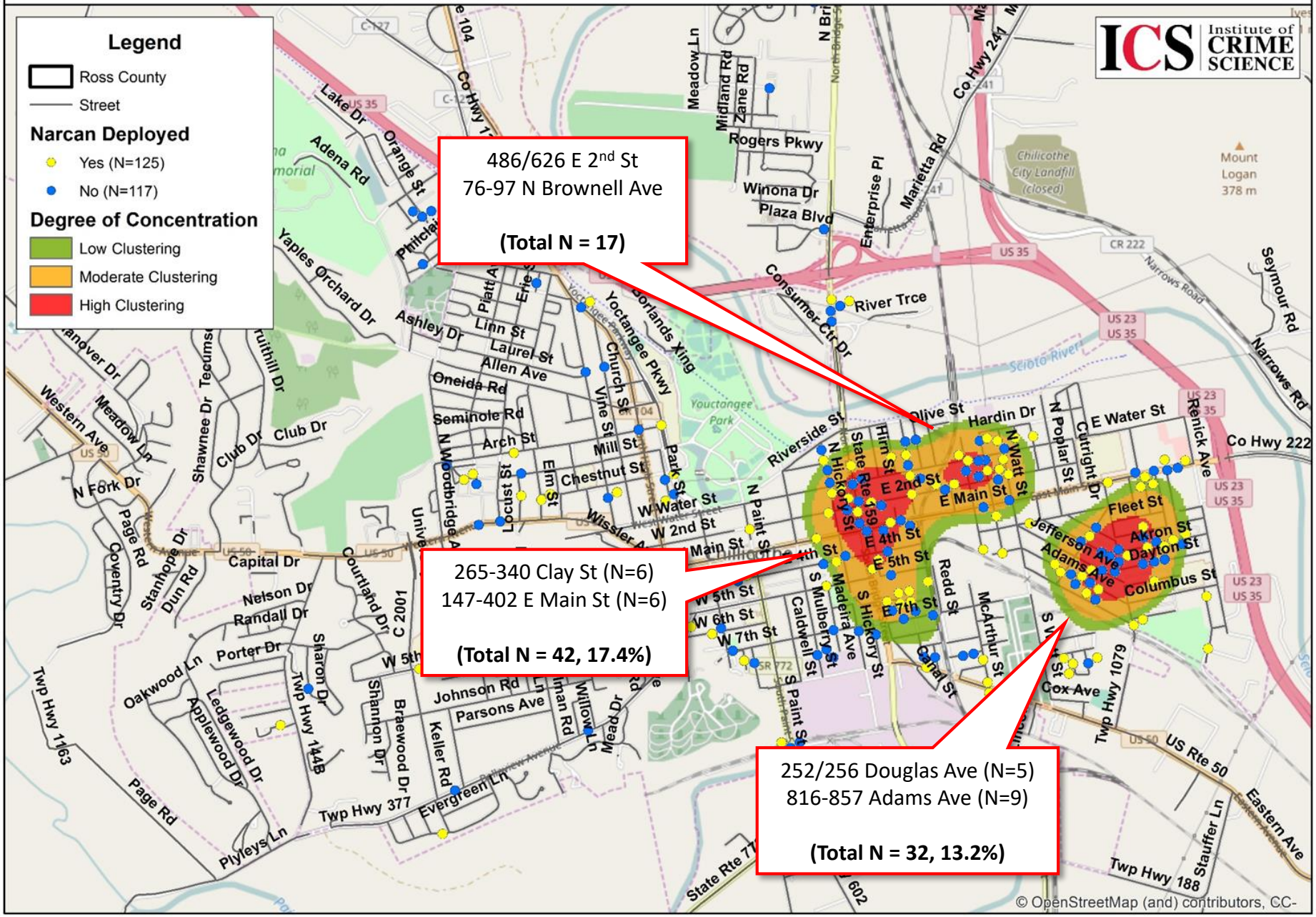


Distribution of Heroin Overdoses in Chillicothe, Ohio

January 1 - December 31, 2016

University of CINCINNATI

ICS Institute of CRIME SCIENCE



Data vs. Information

- Data only becomes **Actionable Information** when it is effectively analyzed

- When investigators are able to determine ***where*** and ***when*** a crime occurred, ***what*** happened and ***who*** committed the crime, data becomes "Actionable Information"

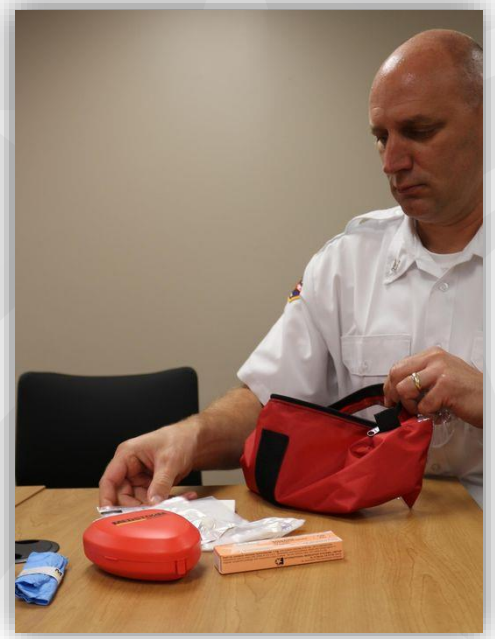
Engage - Problem-Solving Philosophy

- Public Safety (Police and Fire/EMS) and Community Collaboration
- Community Partnerships and Collaboration
  - Think about partnerships with the local school district; local businesses, faith-based community, local government and its police and fire leadership, advocates for recovery, media and consider your local business and local government HR personnel
  - Additional partners may include local politician(s), local emergency room nurse and physician leadership as well as the hospital (network) EMS coordinator, local public health department as well as the local coroner's office

Creating the 360 Degree Solution Problem Solving

Community Education

Police officers carrying Nasal Narcan



Collaboration

Canvass “door to door” (Education/Brochure distribution)

QRT Staffing Model - Reminder

- Law Enforcement Officer
- Firefighter/Paramedic/EMT
- Addiction Counseling/Social Worker and/or Certified Recovery Specialist
  - Triage (at time of follow-up)
  - Assessment
  - Additional Assistance - Birth Certificate, identification card and/or meals

QRT – Public Safety Collaboration

- QRT operations can include “Active Outreach” engagement, while complimenting other pre-arrest deflection methods
  - **Self-referral, arrest diversion, active outreach, officer prevention and officer intervention** are other methodologies associated with “Pre-Arrest” deflection

- QRT’s active engagement philosophy is unique and has been proven helpful to those in need of services and support, as well as the families, who may also be suffering
  - Family and Adolescent Counseling
  - School District Policy

QRT Team Deployment

QRT NATIONAL

HELPING COMMUNITIES FIGHT BACK

Deployment – What Happens?

Overdose incident activates a “chain reaction” of QRT response

- QRT team members meet at start of their shift to review overdose responses from the police reporting database*
- The police officer investigation includes their team members: paramedic/EMT and licensed addiction counselor and/or certified recovery specialist to the survivor
- Narcan Distribution
- QRT conducts door-to-door follow-ups in search of victims
- On-site assessment (medical and recovery)
- Recovery plan implementation
- Follow-up

Goals of Visit

- Always working to “move patient towards action”
- Assist in preparation
- “Bridge to treatment”

Onsite Visit, Triage and Assessment – Review

- Engage individual
- Engage family
- Develop strategy
- Assessment
- Linkage to care
- Placement

On-Site Visit, Triage and Assessment - Review

- Resources
- History/Leverage/Motivation
- Identify and Discuss Obstacles/Barriers
- Distribute Narcan/Nalaxone
- Coaching
- Community information
- Recovery support
- Never forget the “Family”

Treatment Provider Partners - QRT

- What does “local treatment facilities” in the area, mean for your QRT team?
  - What type? (Outpatient/Inpatient, MAT, etc.) Which of these agencies are utilized by your effort? Do you believe the agencies are good at what they do?
  - Do any of these agencies or their representatives active have a seat at your community table?
- How does your pre-arrest deflection or diversion effort engage treatment facilities? Email, telephone call, or website?
  - How do you learn of treatment space, appointment availability? On call with facility rep; website update, local communication within collaboration?

Treatment Provider Partners – Lessons Learned

- How long does it take for your team to locate quality treatment for your community?
- Does your team know the quality of the provider(s)?
- Trusted Relationships

Confidentiality

- Proper authorizations
  - Team and Professional Counselor release for Assessment
- Team information sharing – Extended Care – Release
- Persons suffering from SUD are not to be used as “Confidential Informants”

Data collection – Common Model

- Date of OD
- Personal info
- Home address(es)
  - Other known locations
- Date of contact
- Type of contact
- Family info – CARE team
- Other personal info
  - Co – morbidities (ex. Diabetes, Injury)
- Additional contacts
- Treatment placement
- Follow-up engagement at specific intervals of time – 30,60, 90 days

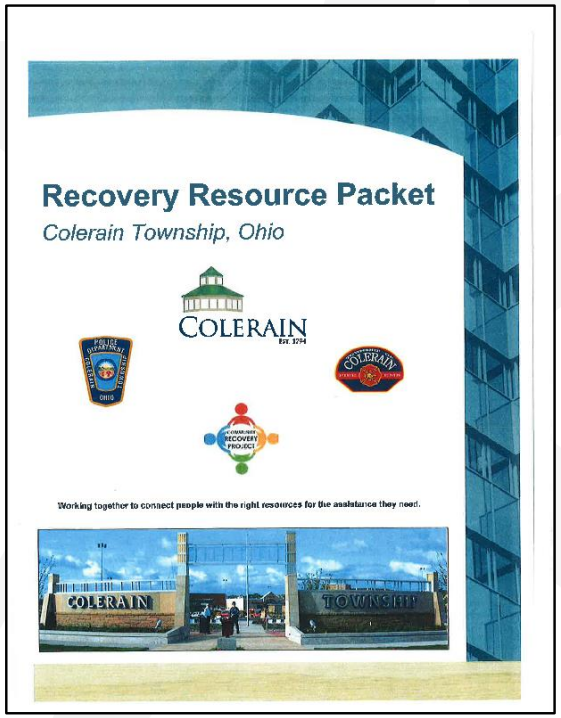
cordata COMMUNITY

Success Requires Culture Change

- Why a culture change?
- How do we measure culture change?

Culture Change

- August 2014 – More than 1,000+ “Recovery Resource Packets” distributed
- Shift from approximately 65% to 100%+ in compliance
- EMS – Hospital Care
- Police – Arrestee/Connection to Team



“This effort is much bigger than us”

- San Antonio, TX – Int’l Fire Chiefs Conference
- Ohio Department of Mental Health and Addiction (Contract)
- Orlando, FL – Int’l Chiefs of Police Conference (IACP)
- Wilmington, NC
- PTACC
- Highland County, OH
- Raleigh, NC
- Wadsworth, OH
- Ross County, OH
- Indiana Institute of Justice
- Ohio Latino Health Summit
- Pittsburgh, PA (PORT)
- White Earth, MN “Harm Reduction Summit”
- Troy, OH
- New Jersey Opiate Conference
- Middletown, OH
- National Police Foundation – Wash. D.C.
- State of West Virginia – 55 Counties (Contract)
- Ohio Department of Public Safety, Task Force Commanders
- Cocaine, Meth and Stimulant Summit - FL
- IACP “Pre-Arrest Deflection Working Group
- Mercer County, OH
- Clermont County, OH
- UC Community Paramedicine Course
- Greensboro, NC
- Kentucky KORE – 21 Counties
- Loraine County, OH
- PTACC Conference – FL
- Indiana Drug Abuse Symposium
- State of IL, Illinois
- Greene, Summit and Richland County, OH
- Jay and Hamilton County, IN

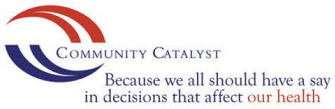

CHJ
CENTER FOR
HEALTH & JUSTICE
AT TASC


C4 RECOVERY FOUNDATION
IMPROVING TREATMENT ACCESS, QUALITY, & INTEGRITY

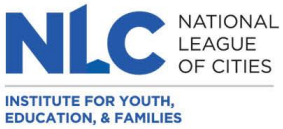

INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE
POLICE
SINCE 1893


ACJS
AdCare Criminal Justice Services, Inc.


CSH


COMMUNITY CATALYST
Because we all should have a say
in decisions that affect our health


TREATMENT
ADVOCACY
CENTER


NLC
NATIONAL
LEAGUE
OF CITIES
INSTITUTE FOR YOUTH,
EDUCATION, & FAMILIES


ACE!
GEORGE
MASON
UNIVERSITY


NACA


QRT
NATIONAL

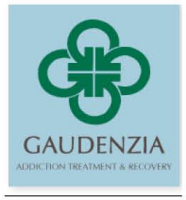

CIVIL CITATION
NETWORK®


SAFEProject
Stop the Addiction Fatality Epidemic


WESTCARE


pji
PRETRIAL
JUSTICE
INSTITUTE


ASSOCIATION OF
RECOVERY
COMMUNITY
ORGANIZATIONS
FACES & VOICES OF RECOVERY


GAUDENZIA
ADDICTION TREATMENT & RECOVERY


CENTER
FOR
COURT
INNOVATION


Amity
Foundation
when people gather with good intent


ORIGINS
BEHAVIORAL HEALTHCARE


ASSOCIATION of
PROSECUTING ATTORNEYS


TASC
Treatment Alternatives for Safe Communities


AmmonLabs
Accurate Reliable Testing Since 1998


Western
Carolina
UNIVERSITY
Criminology and
Criminal Justice


FACES &
VOICES
OF RECOVERY


LAW ENFORCEMENT
ACTION PARTNERSHIP
ADVANCING JUSTICE AND PUBLIC SAFETY SOLUTIONS


JBS
INTERNATIONAL


The
Ammon
Foundation


ENSO RECOVERY

Questions?

Thank you for your time and attention

Daniel P. Meloy
QRT National
Email: dan@dpminnovations.com
Tel: 513.266.4268