

# Recovery Oriented Community Policing

Winthrop Model

est. 2014

# Conversation

A Police Chief and Patrol Officer have a conversation which turns into a nationally recognized Recovery Oriented Community Policing method.

Police Dept.  $\leftrightarrow$  Public Health Dept.

# Police Policy # 1.16

Use of Naloxone

Keep them alive!

# Police Policy # 4.32

## Recovery Team Deployment

Now what?

# Public Health Department

Police and Public Health Department join forces

Hire recovery coaches

Connect with medical center

# Medical Center

Assigns a licensed clinical social worker to focus  
on Winthrop

Ten Hours

Twenty Hours

# Pre-Incident

Police review dispatch logs/incident reports  
flagging matters for follow up

Any matters of concerned are compiled for  
follow up

# During Incident

CIT

MHFA

Naloxone

# Post-Incident

Contact Information

Accurate Log Entries

Detailed Incident Reports

# The C.L.E.A.R. Team

(Community and Law Enforcement Assisted Recovery)

Police Officer

Nurse

Social Worker

Recovery Coach

Data Analyst

# Intercept Points

Community

Jail

Court

School

# Barriers Acknowledged

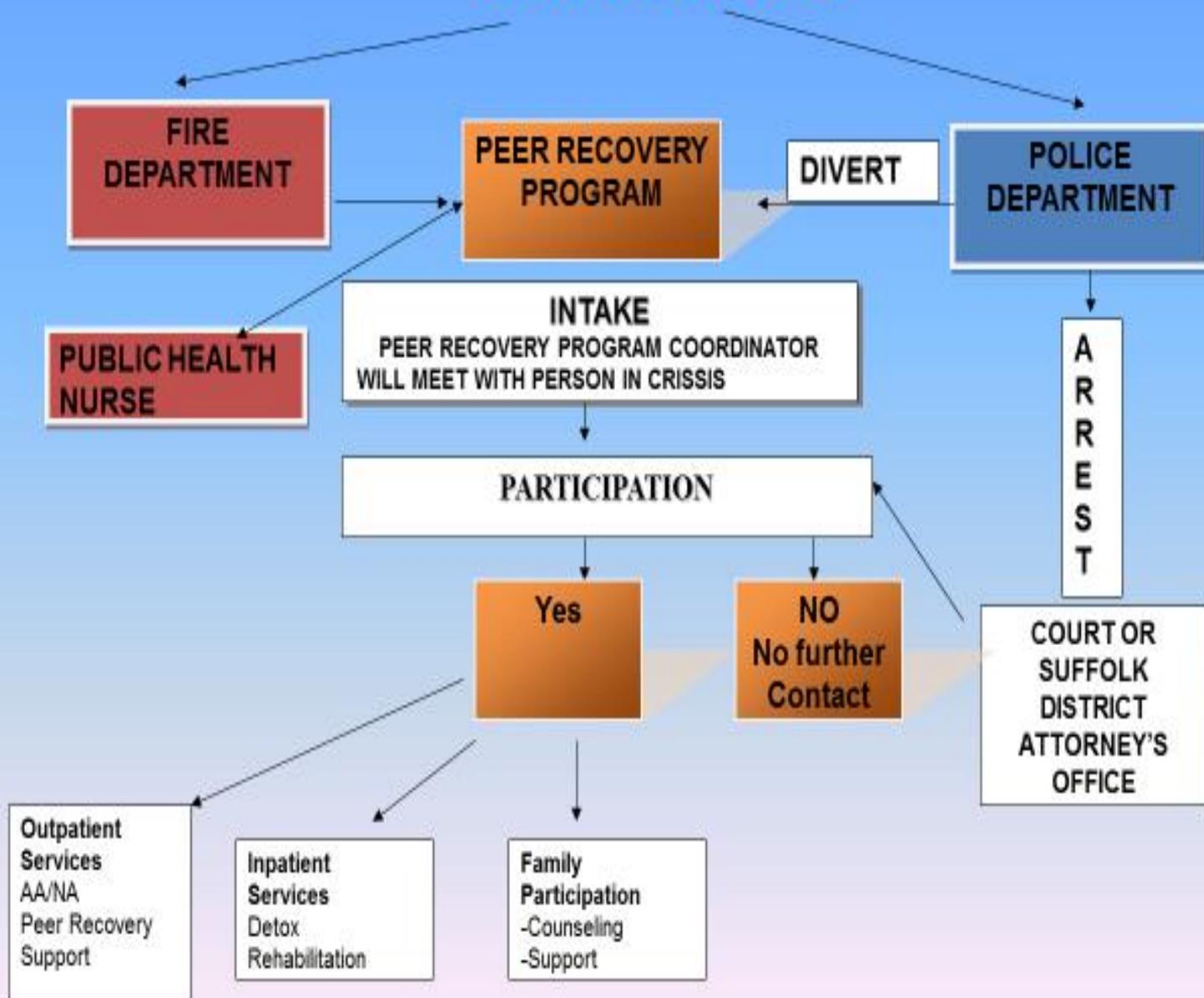
Cab Voucher

Food Service

Child Care

Detox Beds

# Substance Abuse/Use



From 04/04/2016—02/02/2017  
 20 Subjects did not require emergency services for drugs or alcohol after accepting outreach

Emergency Service	Cost per Service
	\$356.70
	\$859.40
	~\$2500
	~\$2168
<b>Cost Totals</b>	<b>Per Individual</b>
	<b>~\$5884.10</b>
	<b>20 Subjects</b>
	<b>~\$117,628.07</b>

**\*Anecdotal evidence of cost savings per data collected by the outreach team.\***  
 An individual required 7 calls for emergency service since the beginning of the outreach program. After the 7<sup>th</sup> call the individual agreed to receiving service from the outreach team. This individual has not had a drug or alcohol related need for emergency service in ~8 months in the community.  
 ~Total Cost before outreach  
**~\$41,188.70**

W.P.D. Cost per call \$356.70

Ambulance to M.G.H ~\$2500

W.F.D Cost per call \$859.40

E.R. Visit ~\$2168

<http://www.winthroptranscript.com/2015/11/12/annual-town-report-is-out/>  
[http://www.town.winthrop.ma.us/sites/winthropma/files/uploads/fy16\\_budget-part-1-budget\\_figures\\_tabs\\_1-3.pdf](http://www.town.winthrop.ma.us/sites/winthropma/files/uploads/fy16_budget-part-1-budget_figures_tabs_1-3.pdf) (pg. 18)  
 Caldwell N, Srebotnjak T, Wang T, Hsia R. (2013) "How much will I get Charged for this?" Patient charges for two emergency calls in the emergency Department. PLOS ONE <http://dx.doi.org/10.1371/journal.pone.0055491> (TABLE 3)  
 Ambulance cost estimates are based on anonymous information provided by a licensed paramedic in Massachusetts

# Contact

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<b>WINTHROP POLICE DEPARTMENT</b>		Department Manual: Policy No. <b>4.32</b>
<b>Subject: RECOVERY TEAM DEPLOYMENT POLICY</b>		
MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED: <b>1.1.3; 1.2.6; 1.2.7</b>		<b>GENERAL ORDER</b>  <b>15-14</b>
Effective Date: <b>November 20, 2015</b>  Revision Date: <b>March 28, 2016</b>	Issuing Authority   <b>Terence Delehanty</b> Chief of Police	

**I. PURPOSE:**

The purpose of this policy is to establish written guidelines within the Winthrop Police Department concerning the functions and responsibilities of the Recovery Team. The purpose of the Recovery Team is to respond to the increasing crisis if not epidemic levels of Opioid abuse. The Recovery Team allows the Winthrop Police Department to respond to drug use, abuse, and overdose incidents in a more compassionate and effective manner and to address the root causes of the problem and not just a symptom of the problem (i.e., drug use, stealing, breaking and entering, Narcan use etc.). By using the emergency response and team approach to critical flare ups we feel we will be able to reach more people who are in need of help.

It is further the purpose of this policy to make officers aware of this service and to provide them with an understanding that recovery is not easy and in fact people can and often do experience many relapses before finding their way to recovery. It is this department’s belief that there is an addiction, sobriety, and relapse cycle to substance use, abuse, and overdose that needs a true community policing response to facilitate harm reduction, improve community and individual quality of life, and increase the likelihood of longer periods of sobriety with the ultimate goal of complete recovery. People need more access to help during times of active addiction and they need support during the entire cycle of addiction, sobriety, and relapse.

**II. TEAM MAKE UP:**

The team make up shall consist of the Public Health Nurse for the Town of Winthrop and certified recovery coaches. The Winthrop Police Department shall assign a liaison officer who shall communicate with the other members of the recovery team on an as needed basis. The purpose of the liaison officer is to gather data from other officers, the public, and police reports to identify people who need the team's services. The liaison officer will be required to complete the recovery coach training to broaden his/her understanding of their process and method of operation.

**III. CONFIDENTIALITY:**

Understanding that people who are addicted to any substance could feel humiliated embarrassed, vulnerable and hostile towards their particular situation, the Winthrop Police Department is committed to keeping information of those individuals involved in the recovery system confidential. Further understanding that law enforcement officers perceive their job functions as crime fighters and not social workers, the Winthrop Police Department prohibits Officers from contacting the Recovery Team for information about any individual with whom they have been involved, with the exception of a life threatening reason to obtain such information.

Open communication of the Recovery Team and their clients is vital. Any information will be treated with the utmost care.

**IV. EFFECTIVE DATE**

This policy's start date became effective on March 1, 2016 and it shall remain in effect until amended, modified and/or rescinded by the Chief of Police.

**V. DEFINITIONS**

- A. Public Health Nurse- A designated employee of the Town of Winthrop who functions as one part of the Recovery Team facilitating supervision over the Recovery Coaches and participating in case management meetings to further assist clients.
- B. Consumers/ Clients- A term commonly used by the community when referring to an individual with suspected substance abuse or who is involved in a crisis and utilizes recovery services.
- C. Substance Abuse – Any drug use, abuse, or overdose situations that need specialized attention as outlined in this policy. Substance Abuse shall also be defined liberally to include alcohol and other legal substances that may be additive in nature.
- D. Recovery Coaches (RC) – Individuals certified in the Massachusetts Recovery Coach Model who work in the field connecting people to the recovery community.

- E. Liaison Officer/ Recovery Coach Officer (RCO) – A designated and trained sworn officer who has specific duties as relates to this policy, the community, and the recovery coaches.

## **VI. GENERAL**

- A. The Department’s Recovery Team is composed of a specially trained officer (RCO) whose function is to coordinate the response of the Recovery Team. The officer’s specialized skills may be used to successfully assist people in the initial recovery process immediately after being revived during an overdose episode and/or to reduce the likelihood of future arrest.
- B. The policies contained in this SOP do not supersede those outlined in SOP’s involving use of force or the notification of specialized units for incidents where the situation requires such a notification, (i.e., the Detective Bureau or Narcotics, etc)

## **VII. SELECTION OF PERSONNEL**

- A. The Department Recovery Coach Officer (RCO) shall have primary responsibility for the selection of the other officers on the team with guidance from supervisors within the Department.

Commanding officers shall ensure an adequate number of officers are informed about and/or trained in the Massachusetts Recovery Coach Model to facilitate the goals of this policy relative to calls for service on their shifts.

- B. Other officers that may become part of the Recovery Team shall be non-probationary officers with no less than 1 year of police experience and shall possess no less than a one day training on the implications of this policy and/or the one week Massachusetts Recovery Coach Academy Training.

## **VIII. PROCEDURE**

### **A. Dispatch of calls**

1. When the Communications Center receives a report of a situation that is known to be substance use, abuse and/or overdose related the dispatcher shall immediately dispatch the closest available units. It may be the case that the RCO is also the closest available unit and the first to respond. The officer shall give all life saving measures including the use of Narcan. All appropriate information will be gathered while being mindful that contact information is vital to connect consumers/ clients with help as outlined by this policy.

2. The Officer who responded shall complete an incident report about the situation including all biographical information of the person suffering from substance use, abuse, or overdose (which includes alcohol), regardless of the drug or substance they are struggling with. The reporting officer shall send the RCO an email to advise him of the incident. As much information as possible will be gathered so that the RCO can easily offer services by making contact with the consumer or client.

**B. RESPONSIBILITIES OF THE PEER RECOVERY LIAISON OFFICER**

1. The primary responsibility of the RCO is to inform the public and any person who may be in need of the program services.
2. Once a person is contacted by the RCO and is willing to talk to the Recovery Coaches, the RCO shall notify the Recovery Coaches of the person's willingness to talk to them. At this time, all biographical data and phone numbers will be sent to the Recovery Coaches.
3. Once the Recovery Coaches have made contact, the RCO should withdraw from the situation, unless asked by the Coaches to stay involved due to safety concerns or because of the relationship the officer has developed with the subject talking to the Recovery Coaches..
4. The RCO should meet periodically with the Recovery Coaches to perform case reviews and discuss statistical information. At times, the public health nurse will be involved in the case management meeting. The primary purpose of these meetings will be to identify consumers or clients who may need to be contacted again and offered services again.
5. The RCO shall have the responsibility for completing the Recovery spreadsheet and form. The Recovery Spreadsheet and Form will be used to understand who has been contacted, who may need to be re-contacted, and the effectiveness of the Recovery Team.
6. The RCO shall also meet with the Drug Court and introduce the Recovery Coaches to the Court System. This will ensure that an interconnected holistic approach will be fostered to tackle this complex human condition.
7. The RCO shall also contact recent graduates of the drug court with the assistants of the Recovery Coaches, to ensure their continued success.
8. The RCO will also be responsible in coordinating with the Suffolk County Sherriff's Dept. on the community reentry program. This will be done to provide services to anyone who needs the Recovery Teams attention, upon reentry.

<b>WINTHROP POLICE DEPARTMENT</b>		Department Manual: Policy No. <b>1.16</b>
<b>Subject: USE OF NALOXONE</b>		
<b>MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED:</b>		
<b>Effective Date:</b> <b>March 1, 2015</b>	<b>Issuing Authority</b>  <b>Terence Delehanty</b> <b>Chief of Police</b>	

**Purpose** To reduce the number of fatalities which occur as a result of opiate overdose by the proper pre-hospital administration of nasal naloxone.

**Scope** The Winthrop Police Department will train and equip its members to prepare for opiate overdose emergencies. The department will keep and maintain a professional affiliation with a Medical Control Physician for medical oversight for the use and emergency administration of naloxone. The Medical Control Physician shall be Licensed to practice Medicine within the Commonwealth of Massachusetts. The Medical Control Physician, at his or her discretion may make recommendations to the policy, oversight and administration of the nasal naloxone program.

**Definitions** Opiate – An opiate is any controlled substance containing or compounded to be a derivative of morphine, morphine sulfate. The term opiate describes any of the [narcotic opioid alkaloids](#) found as natural products in the [opium poppy](#) plant, *Papaver somniferum*. Commonly encountered opiates in police service include heroin, morphine, oxycontin, percocet, percodan.

Opiates belong to the large biosynthetic group of [benzylisoquinoline](#) alkaloids, and are so named because they are naturally occurring alkaloids found in the opium poppy. The major [psychoactive](#) opiates are [morphine](#), [codeine](#), and [thebaine](#). [Papaverine](#), [noscapine](#), and approximately 24 other

alkaloids are also present in opium but have little to no effect on the human [central nervous system](#), and as such are not considered to be opiates. Semi-synthetic opioids such as [hydrocodone](#), [hydromorphone](#), [oxycodone](#), and [oxymorphone](#), while derived from opiates, are not opiates themselves.

While the full synthesis of opiates from [naphthoquinone](#) (Gates synthesis) or from other simple organic starting materials is possible, they are tedious and uneconomical processes. Therefore, most of the opiate-type [analgesics](#) in use today are either directly extracted from *Papaver somniferum* or synthesized from the natural opiates, mainly from the brain.

Naloxole -Naloxone is an [opioid antagonist](#) drug developed by [Sankyo](#) in the 1960s. Naloxone is a [drug](#) used to counter the effects of [opiate overdose](#), for example [heroin](#) or [morphine](#) overdose. Naloxone is specifically used to counteract life-threatening depression of the central nervous system and respiratory system. It is marketed under various trademarks including Narcan, Nalone, and Narcanti, and has sometimes been mistakenly called "naltrexate". It is not to be confused with [naltrexone](#), an [opioid receptor antagonist](#) with qualitatively different effects, used for dependence treatment rather than emergency overdose treatment.

Medical Control Physician – The Medical Control Physician, herein after referred to as MCP, shall be a designated Medical Doctor who is licensed to practiced medicine in Massachusetts. The Winthrop Police Department has entered into a Memorandum Of Agreement with Beverly Hospital with the MCP. The Chief of Police or his designee shall periodically consult with the MCP to review overall training, equipment, procedures, changes to applicable laws and regulations and/or the review of specific medical cases. At his discretion, the MCP may partake in training members of the Winthrop Police Department.

***Body substance isolation – Body substance isolation, herein after referred to as BSI shall mean, in the context of a First Responder responding to a medical emergency, equipment that is provided to members of the Winthrop Police Department which is including, but not limited to nitrile protective gloves, eye protection, N95 respirator masks and tyvek suits.***

***Legal  
Premises  
for  
Implementation  
of the  
Medication***

The Winthrop Police Department relies upon MGL Ch. 94c, s34A which states in part “A person acting in good faith may receive a naloxone prescription and administer naloxone to an individual appearing to experience an opiate related overdose.” The statute imposes no limitation on who may possess and administer narcan [naloxone]. The statute further indicates that narcan [naloxone] must be (1) obtained with a prescription and (2) administered in good faith [paraphrased].

MGL Ch 94C, s.7 outlines parameters under which Narcan [naloxone]

programs may be administered by public health officials and law enforcement officers. This statute states in part, “the following persons shall not require registration and may lawfully possess and dispense controlled substances; (3) any public official or law enforcement officer acting in the regular performance of his official duties.”

MGL Ch. 258C, s. 13 states, “No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct.

***Equipment and Maintenance***

It shall be the responsibility of each officer to inspect assigned equipment prior to the start of each shift. An inspection of the nasal naloxone kits will be performed to insure that the naloxone and the atomizers are present and not out dated. Officers shall notify the EMS Coordinator of the police department 100 days prior to the naloxone expiring. The EMS Coordinator will then exchange the naloxone with the hospitals pharmacy.

***Damaged equipment shall be reported to the shift supervisor promptly.***

***Storage of Naloxone***

Naloxone and the Atomizer will be stored within a plastic container labeled Naloxone in each first aid bag of each cruiser.

***Response subject to Opiate Overdose***

Prior to the assessment of a patient, body substance isolation shall be employed by responding officers. Members of the Winthrop Police Department who have been issued EMS equipment for preparedness to responses to medical emergencies shall appropriately assess the patient.

***Prior to leaving the scene of a suspected overdose, family members of the involved will be provided with resources for assistance and support.***

***Administration of Naloxone during Opiate Overdose Emergencies***

Members of the Winthrop Police Department shall appropriately assist members of the Winthrop Fire Department or incoming EMS team at the scene of a medical emergency when dispatched to such calls for service as determined by Dispatch and/or the Shift Supervisor.

When responding members of the Winthrop Police Department have arrived at the scene of a medical emergency prior to the arrival of EMS and have made a determination that the patient is encountering an opiate overdose based upon an initial assessment or witness accounts of the consumption of an

opiate by the patient prior to the emergency, responding members of the Winthrop Police Department may administer 2 milligrams of Naloxone to the patient by way of the nasal passages. One milligram should be administered to each nostril.

The following steps should be taken:

- Body substance isolation should be employed
- A medical assessment of the patient, as proscribed by the National Safety Council's First Responder Guidelines should be conducted.
- Secondary responding Officers should take information from witnesses and/or family members.
- If conditions indicate a suspected opiate overdose, the nasal naloxone kit should be deployed.
- A nasal mist adapter should be attached to the narcan to deliver a one milligram intra-nasal dose of naloxone to each nostril for a complete dosage that shall not exceed 2 milligrams.
- The patient should be observed for improvements.
- Caution should be taken for the rapid reversal of opiate overdose. Conditions of rapid reversal of opiate overdose include projectile vomiting by the patient and violent behavior.
- After administration of the 2milligrams of the naloxone, the officer should begin ventilations of the patient by using a bag valve mask or a pocket face mask.
- if there are no changes in the patient's condition after 3 – 5 minutes, the officer shall repeat the administration of a second two (2) milligrams of naloxone.

Signs of improvement of the patient's condition should be noted.

***It is imperative that incoming EMS be updated as to the treatment and condition of the patient.***

#### ***911 Good Samaritan Law***

***Officers shall abide by the following MA General Law regarding drug-related overdose calls.***

**Section 34A. (a) A person who, in good faith, seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance under sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the seeking of medical assistance.**

**(b) A person who experiences a drug-related overdose and is in need of medical assistance and, in good faith, seeks such medical assistance, or is**

the subject of such a good faith request for medical assistance, shall not be charged or prosecuted for possession of a controlled substance under said sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the overdose and the need for medical assistance.

(c) The act of seeking medical assistance for someone who is experiencing a drug-related overdose may be used as a mitigating factor in a criminal prosecution under the Controlled Substance Act, 1970 P.L. 91-513, 21 U.S.C. section 801, et seq.

(d) Nothing contained in this section shall prevent anyone from being charged with trafficking, distribution or possession of a controlled substance with intent to distribute.

(e) A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose.

***Dose*** Patient 12 years of age or greater shall be administered 2 milligrams of naloxone. One (1) milligram in each nostril.  
Patient's less than 12 years of age shall be administered one (1) milligram of naloxone. One half (½) milligram in each nostril.

***Reporting*** A complete incident report of the event shall be completed by the primary responding Officer prior to the end of his or her shift. A **MDPH First Responder Naloxone Report** shall also be filled out and attached. Fill in form can be found at following link:

[MDPH First Responder Naloxone Report](#)

A written inventory documenting the quantities and expirations of naloxone supplies shall be kept. The log book will also document the issuance of replacement units.

***Replacement*** Shift supervisors shall replace naloxone units that are used during the course of a response to an opiate overdose.

***Policy Duration*** This policy shall be subject to changes or amendments that shall be consistent with the most current statutory, legislative or executive requirements.