

STARTING A COLLABORATIVE 24 HOUR TELEHEALTH TREATMENT NAVIGATOR PROGRAM

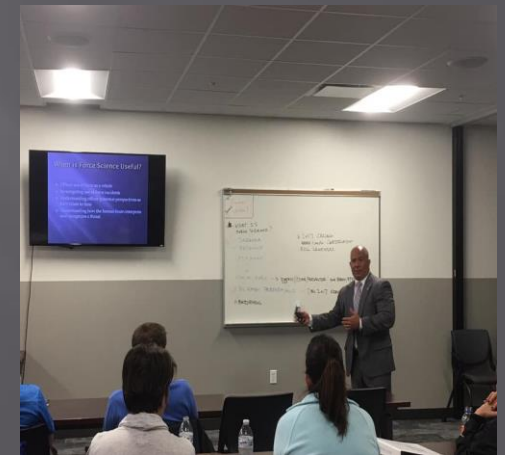


**PRESENTED BY
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So who am I?

- ▣ Scott A. Rotolo
- ▣ Assistant Chief of Police for the City of Wooster
- ▣ Live in Wooster, Ohio with my wife Karen who I've been married to for over 20 years (Intervention Specialist at WHS) and two kids (15 year old boy and 13 year old girl).
- ▣ Both take after their mother thank god...
- ▣ Have a bachelors degree from BGSU in psychology and sociology. I am also a graduate of the Police Executive Leadership College and the FBI National Academy
- ▣ Was the "guinea pig" officer back in 2006 at Wooster PD for the CIT program
- ▣ Have had the honor and privilege to work with the finest men and women in law enforcement. AND have got to do lots and lots of really cool stuff during my career.

LOTS AND LOTS OF COOL STUFF



But what makes me happy?



Working to improve the overall safety and health of the community I serve. And love.

Permit me to get to know my audience today

- ▣ How many are in law enforcement?
- ▣ How many are in the mental health field?
- ▣ How many of you work in the substance abuse and addiction services field?
- ▣ How many of you currently have a telehealth program in place?
- ▣ How many of you (much like I did and still struggle with understanding today) know what a telehealth program is?

So let me tell you about my city.

- ▣ County seat of Wayne County
- ▣ Population around 27,000.
- ▣ Just under 17 square miles (city is mostly urban).
- ▣ My department handles over 21,000 calls for service per year.
- ▣ We do have resources in our city that deal with mental health and substance abuse.
- ▣ Issues in our city change and evolve.
- ▣ Department has a structure which includes.

Wooster Police Department

- ▣ Chief and Assistant Chief
- ▣ 2 Captains
- ▣ 4 Patrol Sergeants & 1 Administrative Sergeant
- ▣ Patrol Division
- ▣ Detective Division
- ▣ Community Impact Unit
- ▣ K9s
- ▣ School Resource Officers
- ▣ Hospital Resource Officers
- ▣ SRT
- ▣ Very strong CIT program

So what are we actually going to talk about today?

- ▣ Provide a timeline regarding our 24 hour hotline and telehealth treatment navigator program.
- ▣ Provide an overview of the successes and challenges.
- ▣ Discuss what our plans are, what we are doing to improve, and take suggestions from you.
- ▣ Attempt to answer questions or at least point you in the right direction.
- ▣ DISCUSS SOME OF THE INTANGIBLE REASONS WHY ALL OF THIS IS IMPORTANT.
- ▣ DISCLAIMER- I don't know everything about this topic. I'm just the guy who collaborated with some really great folks to make this happen.
- ▣ Before I go any further, those great people are from the our MHRB, One-Eighty, The Counselling Center and ANAZAO.

Timeline

- ▣ First, lets set the stage...
- ▣ In 2016-2017, our department had a total of 145 suspected overdoses due to opiates (85 in 2016 and 63 in 2017).
- ▣ In 2018 whereas the numbers continued to decline (35) we still had several and when our officers would encounter folks who wanted help outside of business hours, we had no resources available to us. This was a major source of frustration to us.

Timeline

- ▣ 2018 (and of course prior to that) our community partners were working on ways to make our county safer and healthier when it came to the opioid crisis. This was done via the Opiate Task Force and constant communication and collaboration.

Much like November 5th, 1955
was important to Doc Brown



April 26, 2018 is important to me because...

- ▣ While at a completely unrelated training with my friends at the Mental Health and Recovery Board, we started having some conversations about the lack of 24 hour resources. So just like 11/5/55 was significant to time travel, 4/26/18 was the day we first broached the topic of doing a **opioid focused sequential intercept mapping, which really started us on the road to our navigator program. And me being here today.**

Timeline and SIM

- In June 2018 the Criminal Justice Coordinating Center of Excellence at NEOMed (Northeast Ohio Medical University) notified ADAMHS (Alcohol, Drug Addiction, and Mental Health) Boards across Ohio that they were accepting letters of interest in Opioid-focused Sequential Intercept Mapping.
- NEOMED states, “Sequential Intercept Mapping is a cross-system approach to strengthening local strategies to implement core services that will address behavioral health, criminogenic, and social factors for justice-involved persons with mental illness.
- The goals are to aid communities in developing effective systems of care that bridge criminal justice and mental health services and minimize criminal justice involvement for persons with mental illness.”
- Wayne County submitted their initial application in July 2018 and were notified the following month that they had been selected for the program.
- An interdisciplinary team comprised of representatives from local law enforcement, treatment providers, the Mental Health and Recovery Board, and the courts then worked collaboratively to develop an invitation list totaling over forty stakeholders to participate in the 1.5 day exercise, which was held November 27-28, 2018.

Timeline

- ▣ The exercise identified five target areas of priority, one of which being the need for 24hr availability of an on-call treatment navigator to respond to opioid- and other substance-use-related crises.
- ▣ Participation in the OSIM created eligibility to apply for funding to implement interventions/strategies to address identified area(s) of priority. The application was due on December 3rd and the intervention needed to be implemented by January 15, 2019. In consideration of both time constraints and priority, the 24hr on-call strategy was selected for implementation.

Timeline

- ▣ Funding through the OSIM was through the 21st Century CURES Act, the funding period for which ended on April 30th. Essentially our first funding source allowed for 3.5 months of programming (1/15/19 – 4/30/19).
- ▣ OSIM funding required monthly team meetings to monitor and support intervention implementation. This worked well to provide consistent communication between stakeholders as we utilized an incremental rollout of the program: first by introducing the concept to referral sources (LEOs, CSB, EDs, and Crisis), then by going live with the on-call telephone number, and finally by integrating the use of the CHESS application and tablets.

It all starts to come together!

- ▣ In January 2019 the 24 hour hotline begins to come together. One-Eighty started an on-call rotation and staffing was filled for the project. They agree to not only staff the project but help with training (specifically law enforcement) and collect data. As a result, I had the opportunity to work closely with a representative from their staff to set this all up.
- ▣ By March 2019 our department was fully trained on the initial project. This entailed and was significant because...

Training

- ▣ A representative from One-Eighty went to all four shifts during briefing to do a “roll call training” on the parameters of the program. Prior to the training, I briefed all of my command staff and supervisors (at a staff meeting) on the project.
- ▣ The officers were given a **consistent** message as to the purpose and vision of the project. Which again entailed...

The officers were explained at this training...

- ▣ That the purpose of the “hotline” is to have 24 hour access to a trained clinician when encountering substance abuse crisis.
- ▣ AND were reminded that they needed to assess the difference between a mental health crisis (where we would call the already long established crisis hotline) and a substance abuse crisis where we would utilize this new program.

Explanation at training continued...

- ▣ In the packet that each officer received they were provided several documents including a decision tree AND the phone number for the 24 hour clinician that was not to be shared with the public. This was significant as this pilot program was initially designed to be utilized by law enforcement in the field and not as a published hotline where folks could just call anytime. Also, the idea came up that we could give the hotline number to dispatch so they could connect us.

Explanation at training continued...

- ▣ Hotline could be used for anyone who was in substance abuse crisis. The officers were advised that the clinician would speak to the individual in crisis to provide consultative support and assistance with identifying the appropriate program AND level of care to which they should be referred. Again, this was significant because before this, we had no one for them to turn to in this critical moment.

Explanation and training continued

- ▣ During this roll call training, the officers were explained that the telehealth component was coming, to include eIntervention. Initially we didn't get too far into the weeds on that. Moral of the story was that we had something we never had before AND ALL OF OUR OFFICERS were provided a consistent message at this training.
- ▣ It was well received...

TELEHEALTH

- We did in fact acquire the additional funds to get Samsung tablets, of which my department received 4. As per our plan to do this incrementally, after we worked some things out with our IT department we were ready to put them in the field. They went live in May 2019.
- We now had a 24 hour service with the following options:
 - 1: The person in crisis could talk to a clinician from One-Eighty on the phone OR via Skype on the tablet.
 - 2: OR officers could use eIntervention where they could put in a referral on the platform and One-Eighty would see it the next day.

What is eIntervention????

- ▣ The purpose of the Wayne County eIntervention network is to connect all the entities in the region involved in getting individuals to treatment for addiction (initial referral sites), the entities where individuals go for treatment (providers), and the mental health providers, social service agencies, and recovery support organizations that play a vital role in sustained recovery. By connecting all of these entities with a closed-loop referral platform, the recipients of eReferrals have a better chance to convert the referral into treatment/service, the sender can track the status of their eReferrals, patients & families can get necessary support, and, ultimately, more individuals get to treatment, stay in treatment, and succeed in their recovery.

eIntervention continued

- ▣ There's a simple, no-cost, no-risk role to improve referrals from law enforcement to our community agencies. Through e-intervention, law enforcement has access to refer potential clients through their platform, then alerting community agencies the next morning and allowing them to reach out to provide services.

TELEHEALTH

- ▣ I had previously enlisted the help of my department's CIT Coordinators Patrolman Jerome Fatzinger and Josh Miller to discuss implementation, training, and to be my go-to guys on this part of the project. We decided to train specific officers first with the tablets with the goal of eventually showing the others how to use them.
- ▣ As of today we have a 24 hour a day telehealth treatment navigator program with officers who are trained to use it.

TELEHEALTH

- ▣ As of today, WPD has utilized the 24 hour on call around a dozen times.
- ▣ We have not utilized the tablet in the field. As far as the why, we don't know for sure yet but some theories are...

WHY????

- ▣ We are encountering less and less of these calls or less calls of people who are in need of detox/help. This could be attributed to the increase in meth use and less people wanting to seek services. Also when someone is in that state, I think it's rare that they want to talk to someone through the device.
- ▣ How are my officers presenting the option? Can we do better?
- ▣ Is there something else in play that we're not seeing?

What's gone not so well?

- ▣ Some initial hiccups like an instance in May 2019 where no one answered the hotline number when the officer called.
- ▣ However, this was immediately communicated and it turned out to be a small miscommunication. The issue was taken care of.
- ▣ I'll just state the obvious. We haven't used the tablets. We're looking at having my contact at One-Eighty (the coordinator of this program) to assist in evaluating via discussions and ride-alongs. This is a hard problem to solve. I think the fact that only 2 people in our county have taken advantage of the Good Samaritan law since it went into effect in 2016 is a good illustration of how difficult this stuff is. However, we're gonna continue to grow and improve.

WHAT'S GONE WELL AND WHY WAS THIS IMPORTANT?

- ▣ WE COMPLETED THE PROJECT!!!!
- ▣ Communication.
- ▣ Team building within and outside our agency.
- ▣ Believe it or not, initial buy in from the officers.
- ▣ Started a program that was outside of our comfort zone and “outside of the box” that was successfully implemented.
- ▣ Building new and strengthening previous relationships with several organizations and people. **CONTINUING TO BUILD TRUST TOO!**

WHATS NEXT????

- ▣ Next steps include follow-up marketing of the program to referral sources, ride-alongs with law enforcement, and further integration of technology with possible expansion of referral sources.
- ▣ Simply put, we need to evaluate the program, set new goals, and continue to work together.

My advise

- ▣ Build relationships with those whose job it is to make our community better.
- ▣ Don't be afraid to think outside of the box and go outside of your comfort zone.
- ▣ It's all in the sale. If you as a leader aren't committed to trying this, those you entrust to do it won't be committed either.
- ▣ Set a clear vision, work together, grow, learn, solve problems as they come up, evaluate what your doing, **STRENGTHEN RELATIONSHIPS AND TRUST** and get the job done!

Almost done...

- ▣ Even though I don't have dozens of success stories of how we used our telehealth device, **OUR PROJECT HAS BEEN SUCCESSFUL.** We identified a problem, worked as a team to develop a solution, and actually did it. I'm truly excited to see this project improve, evolve, and grow!

Special thanks to Joanna Edwards, Alex Morris, Judy Wortham-Wood Jerome Fatzinger, Josh Miller **AND SEVERAL OTHERS!**

I'll be glad to answer questions but remember my disclaimer! Also do any of you have suggestions for me?

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- ▣ I'll be glad to put you in contact with my friends who have assisted (and quite frankly are the ones who've done most of the work) on this project.