

This report discusses the scope of the opioid problem in Delaware, specifically in New Castle County and the New Castle County Police Department's response. The Hero Help Program was implemented to reduce the amount of opioid related overdoses. To enhance the efficiency of the program, they hired a Hero Help Coordinator using funds from the University of Baltimore "Combatting Opioid Overdose through Community Initiative" grant. The results of this report show that the Hero Help Coordinator did indeed increase successful outcomes for participants of Hero Help. Recommendations for future program implementation and evaluation follow.

# Evaluating the Hero Help Coordinator Position

An Effort to Improve Efficiency  
of the Hero Help Program

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## HERO HELP REPORT – NOVEMBER 2018

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### SCOPE OF DELAWARE’S PROBLEM AND THE RESPONSE OF THE NCCPD

Recently, Delaware has been ranked as 9<sup>th</sup> in drug overdose deaths nationally (Hedegaard, Warner, & Minio, 2017). Of these overdoses, 61% involved fentanyl, 39% involved heroin, and 29% involved other opioids. New Castle County, located in the northern region of Delaware, contains 69% of the opioid related overdoses for the entire state of Delaware. During this time, the New Castle County Police Department (NCCPD) witnessed a 111% increase in heroin seizures, 77% increase in non-fatal overdoses, and a 46% increase in fatal overdoses related to heroin. In order to respond to the bleak situation of the state, the NCCPD implemented the Hero Help Program to increase access to addiction assistance.

### HERO HELP PROGRAM

The Hero Help Program (HHP) was first implemented in May 2016 in response to the increasing rate of heroin and opioid overdoses in the area. The program was modeled off of the nationally accredited Angel Program which is a collaborative effort between law enforcement and public health services. The intention of HHP is to provide better access to treatment for individuals who desire substance use treatment. Treatment via HHP can be provided by two main pathways. First, an individual can self-present to either the partnering detoxification center (NET) or the NCCPD and request treatment. Second, individuals can be referred to treatment by police officers either in lieu of arrest or unofficially (without a pending charge). The point is to provide treatment to not only those who have already had a run-in with law enforcement, but to also prevent criminal justice involvement and avoid the past mistake of “arresting” our way out of substance use—as seen in the crack cocaine epidemic and thereafter. In this sense, HHP is not only reacting to the opioid crisis, but also pro-active in trying to assist in treatment accessibility. To increase the effectiveness of HHP, the NCCPD hired a Hero Help Coordinator (HHC) to be a single point of contact for all participants regarding treatment and the criminal justice system (direct needs), and other services such as housing, employment, and transportation (indirect needs). This person is also responsible for conducting outreach and immediately assisting non-fatal overdose victims. The hiring of the HHC was a result of receiving the University of Baltimore “Combatting Opioid Overdose through Community Initiative” award.

There are various advantages in enrolling in HHP. First, individuals who request treatment and are eligible are streamlined into a treatment facility. This eliminates long waitlists that can ultimately discourage individuals from entering treatment. Second, they are connected with the

HHC (which is the evaluation point of this grant). By being in contact with a specialized substance use treatment and criminal justice liaison, individuals are provided with invaluable support in navigating treatment, insurance, reentry, criminal justice system, and other fundamental needs that help boost chances of sobriety and reaching and maintaining recovery. Third, individuals are not just streamlined into detoxification, or even their first treatment facility. They are also supported throughout their entire duration of their recovery process. In fact, there is no “completion” of HHP. The HHC offers support without an “expiration date.” This is important as longstanding recovery is often preceded by episodic relapse as is the nature of addiction. Fourth, not only does the participant get the services provided by the HHC, but they also have access to mental health professionals both by referral to treatment facilities or from the mental health NCC officers who are involved in the HHP. Overall, the HHP offers a more holistic and wraparound approach to addressing addiction and related crime.

Further, the NCCPD has produced an extensive effort in advertising the program to raise awareness to individuals who may benefit from the services, or may know someone who would benefit from such services. These efforts were in response to a concern that the community was not aware of the program and therefore unable to get proper access to it. Such efforts include a tri-fold brochure for distribution around New Castle County, a pocket information card that officers carry with them to provide quick information about the program, notices that are left on doors of individuals targeted for outreach if they do not respond to their door, window clings that were distributed to New Castle County facilities, and clings that were displayed in the police holding area as a reminder to officers and to alert those currently being held to the program. Along with these strategies, advertisements have also been displayed at the Christiana Mall in the form of door clings and 5’ displays throughout the interior, advertisements on the side of DART buses travelling throughout the county, and a 15 second clip that played for about 10 weeks in various movie theaters in the county before all PG-13 and R rated films. These efforts likely raised awareness of the program to not only future participants, their families, and loved ones, but also police officers who would be responsible for referring individuals to HHP.

## DATA COLLECTION

Data for this evaluation was collected from March 2018 to October 2018. This was conducted at North East Treatment Centers’ Kirkwood Detoxification Center (NET) and the New Castle County Police Public Safety Building (NCCPD). Data collection took place in real-time, as well as retrospectively. In order to capture how HHP functioned prior to hiring a HHC, data was gathered to measure treatment outcomes for individuals who had previously enrolled in HHP before the HHC was hired. This data reflected the time period from May 2016 to February 2018. This was predominantly collected from memos written by the HHC and from the computer system at NET. Following this, data was gathered bi-weekly on current enrollees in the program. Again, this was

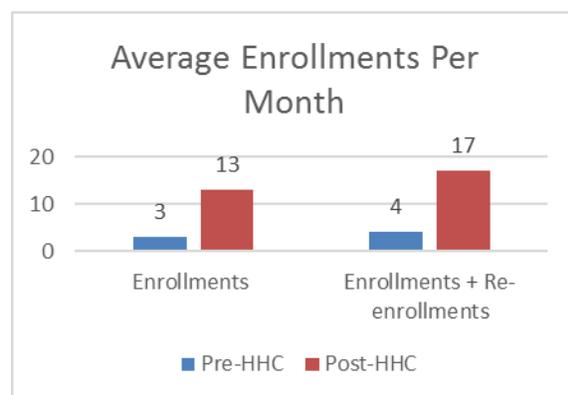
done predominantly through memos written by the HHC and through the computer system at NET.

To create a control group to measure comparable outcomes of individuals who did not enroll in HHP, data was collected from NET. This was done by creating a random sample. Individuals were chosen based on three levels of randomization. This was done by sampling the 4<sup>th</sup> individual who was admitted into NET every other day during the time frame that the current HHP data was being collected. Additionally, individuals were sampled from rotating shifts. So, the first person sampled was from Shift 1, the second person from Shift 2, and so on rotating back to Shift 1 and beginning the cycle again. In addition to the quantitative data and written qualitative data, the research assistant assigned to this evaluation also observed the working environments of NET and NCCPD during collection periods. This included becoming familiar with the HHC, police officers working with HHP, NET staff, and the director of NET. This provided insight beyond the quantitative information captured within the tables below and informs the analytic explanations and recommendations to follow.

## RESULTS

The results are presented on a case by case basis rather than per individual. This accounts for re-enrollments in the program. Of note—some percentages will not equal 100% due to missing or non-applicable data. This missing data is most often due to data limitations. If future evaluations occur, a survey instrument or questionnaire will be created and administered to entering participants and a systematic follow-up protocol will be created in collaboration with the HHC and followed. **The following results show the impact of hiring a HHC.**

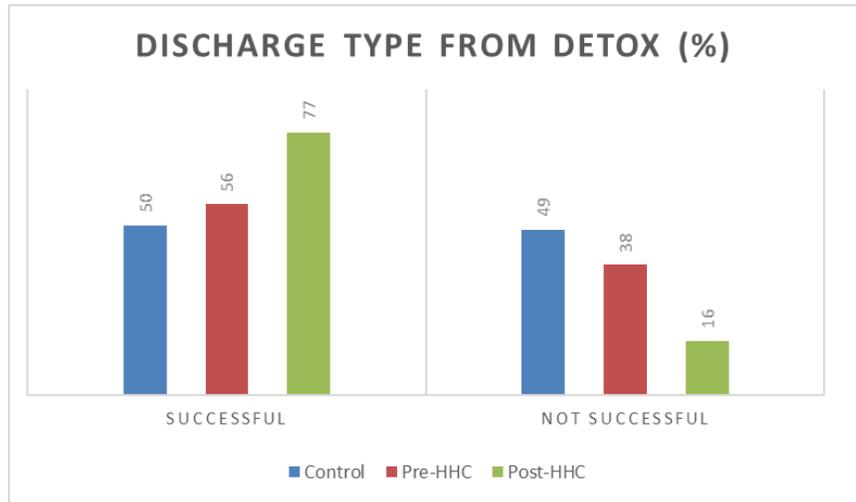
Prior to hiring a HHC, 69 individuals enrolled in the program and 3 re-enrolled. After hiring a HHC, 107 individuals were enrolled into the program with 32 re-enrollments. However, due to the different time frame of HHP before and after the HHC was hired, this increase is best compared using rates of enrollment per month. Before the HHC, there were about 3 enrollments per month. After hiring a HHC, enrollment increased to about 13 enrollments per month. When including both enrollments and re-engagements, these numbers increase for pre- and post-HHC to 4 per month and 17 per month, respectively. In regards to nothing else besides enrollment, hiring a HHC was successful and increased participation by 10 individuals per month and 13 cases per month.



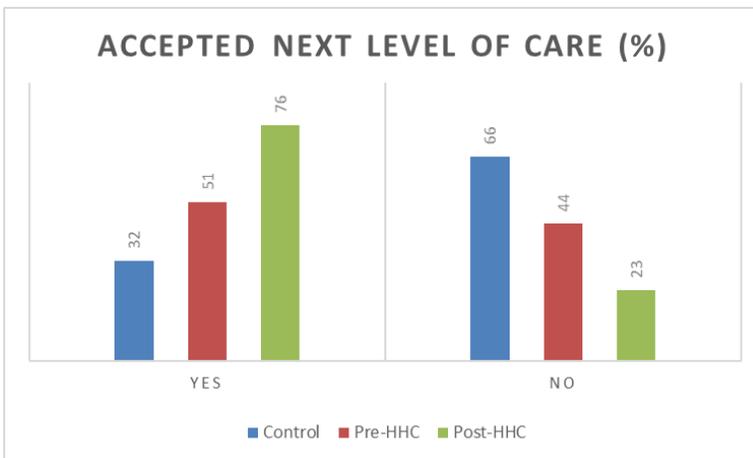
However, successful treatment is characterized by more than just sheer enrollments in a program. After enrolling in the program, one of the first check-in points is whether or not the individual completed their detoxification successfully or not. This translates to whether they left against medical advice (AMA) or if they completed successfully. For this portion of the results, a control group is included to show the average outcomes of individuals who were not enrolled in HHP but attended the same detoxification service that most HHP participants had also. From the table, you can see an increasingly positive trend from the control group to the completion rate

of individuals once a HHC was hired, with the most dramatic increase between HHP pre-HHC and HHP post-HHC. Of note, 31 cases were excluded from these numbers post-HHC because the individuals did not attend detoxification, and instead went right to treatment. This is a pattern that was only found in the post-HHC group. This is likely due to

the better individualization of treatment plans. Further, many people were re-enrolling and therefore, may have perhaps already undergone detoxification prior to their second, or even third, enrollment.



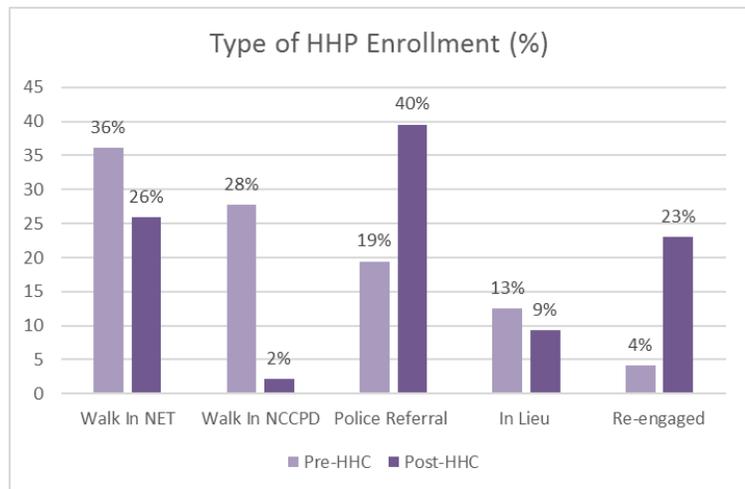
After completing detoxification, the next stage of treatment for most participants was to be referred to the next level of care. At this point, individuals were able to either reject a treatment referral and discontinue their substance use treatment or they could accept their treatment referral and be directly transferred to that treatment facility. A strength of working with NET was that they practice “warm hand-offs,” or the transportation of a client to the next level of care.



Here, we see the same increasingly positive trend from the bleak rate of 32% of individuals in the control group accepting their treatment referral, followed by a 20% increase with HHP participants before a HHC was hired, to finally an almost 25% increase once the HHC was brought on board.

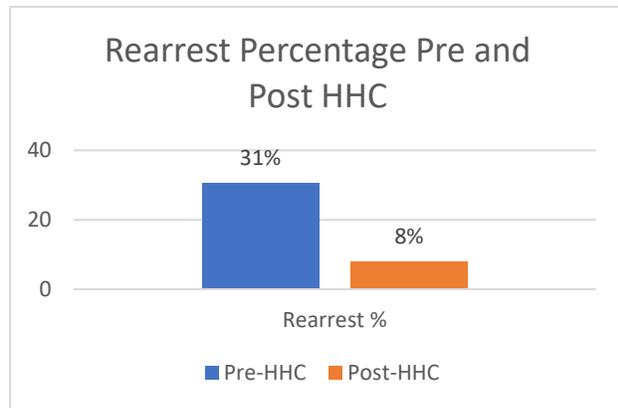
Another main point of concern for HHP is the buy-in, or participation, of police officers. After the HHC was hired, there were less individuals coming to the police station to self-present for treatment help. While this may seem like an alarming decrease, this can be accounted for by the increase in police referrals. Often, an individual seeking treatment would call the HHC and they would refer the person to go straight to NET. This was counted as a police referral because the HHC was contracted as an NCCPD employee. Before the HHC was hired, these individuals would call and be instructed to self-present at the NCCPD. Of note, HHP at the NCCPD is a collaborative effort that trickles from the top down. While the importance of patrol officers to implement

policy is not to be taken for granted, if conflict exists between goals of management and goals of officers, then HHP would likely not have seen as much success. In this regard, the Major implemented a policy that all “in lieu of arrest” enrollments into HHP would still count towards the patrol officers arrest statistics. Additionally, there is clear endorsement of the program and enthusiastic involvement from the



higher management of the NCCPD. This is an important policy modification and cultural aspect to mention if other police departments are going to model this program. The table above shows how police participation has increased, despite the decrease in treatment in lieu of incarceration enrollments. Further research would need to be done to ascertain the reason for this decrease, although it could be due to the increased pro-active enrollments by the HHC and patrol officers before incarceration is needed. An example of the pro-active efforts taken by the HHC and patrol officers is taking along the HHC to sting operations. Instead of arresting these individuals, they are offered the HHP. Finally, future research on this program should parse out the HHC referrals from police referrals.

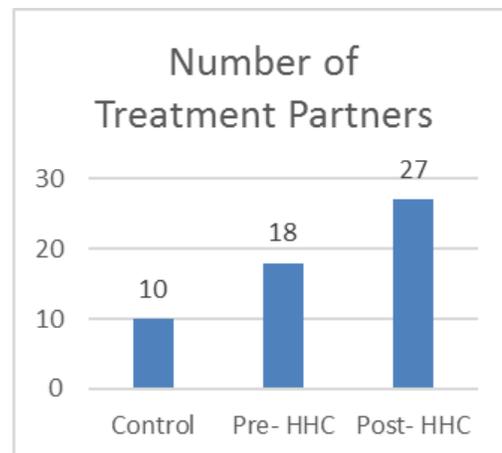
In order to understand how HHP has benefitted the participants' ability to navigate and avoid further criminal justice involvement, recidivism was measured. This indicates who has been rearrested within one year of joining HHP. Important to note is the cautionary nature with which these numbers should be considered. Some participants had a full year pass after joining,



but due to the rolling nature of enrollment and analysis, others did not have the entire follow-up period. Even so, the preliminary results of rearrest are presented in the table to the left. This depicts a 23% decrease in individuals who were re-arrested from before the HHC was hired until after the HHC was hired. Further, when looking specifically at those who enrolled in lieu of incarceration before the HHC, 56% (or 5 out of 9) were rearrested. This is compared

to 15% (or 2 out of 13) of those who were enrolled in lieu of incarceration post hiring the HHC. This indicates that the HHC may not only support individuals in recovery logistics, but also to motivate individuals to avoid rearrest and remain in treatment.

Beyond participation and police participation, Hero Help needs treatment partners in order to maintain sustainability. By hiring a HHC it seems that this was more efficiently achieved. In order to measure this outcome, the number of different treatment facilities that individuals were being referred to after detoxification were counted from the control group, the pre-HHC group, and the post HHC group. As the table to the right shows, there was a steady increase in the number of treatment partners from control group through the post-HHC group. While just having a HHP seems to provide more access to various treatment facilities, having a coordinator who knows their way around the treatment realm provides many more options. This is an important aspect of having a HHC. As addiction is characterized by episodic relapse and sobriety,

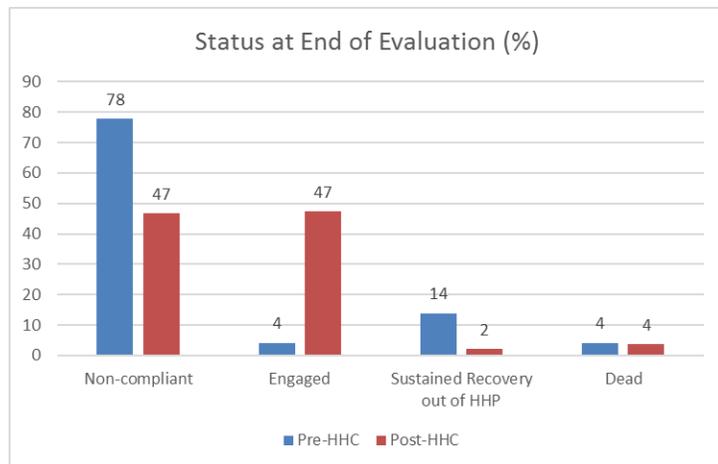


individuals may no longer want to go back to a treatment facility they have been to multiple times. This could be due to bad experiences there or the need for a new environment with new

staff. By having the HHC as a point of contact, more treatment centers are available which increases the individualized care that recovering from substance use necessitates.

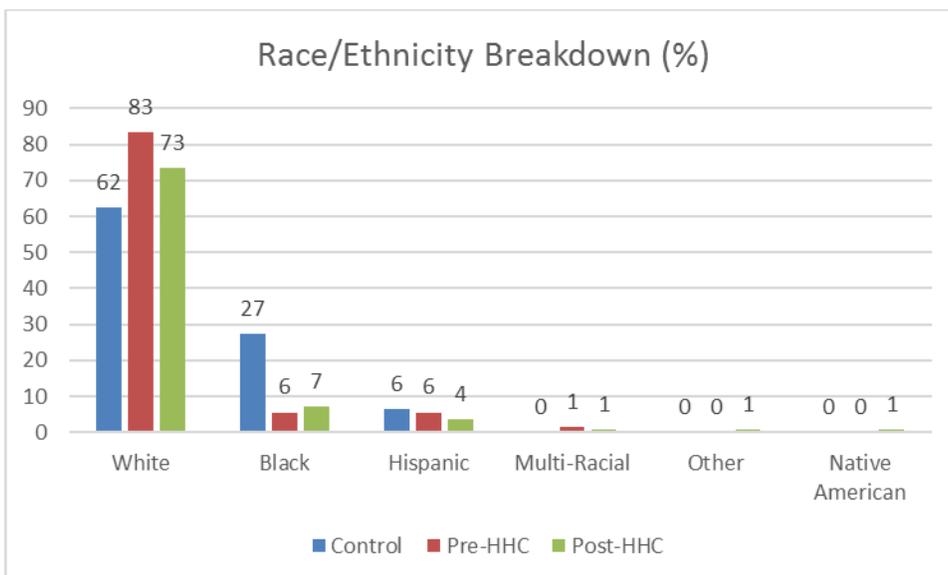
A unique and invaluable part of the HHP is the extensive overdose outreach efforts and naloxone training provided. The HHC, along with a registered nurse and a patrol officer, are able to reach approximately 70% of non-fatal overdose victims within 24 hours. During this outreach, the HHC offers addiction treatment and case management to not only the victims of the overdose, but also any family or friends present. As of October 2018, the HHC has conducted 28 outreach events visiting 156 locations. From these events, 56 individuals have been enrolled into some type of treatment or counseling—including not just those enrolled into HHP, but also family and loved ones getting the support they need, as well. This effort has also resulted in providing 28 free Narcan kits and training to individuals present at these outreach events.

Finally, the table to the left shows what percentage of participants were non-compliant, engaged, in sustained recovery and no longer active in HHP, or dead. As evidenced in this table, the outcomes of those who were enrolled when there was a HHC on staff fare far better than those who were enrolled prior to the hiring of the HHC.



So, who is enrolled in HHP? The average participant is a non-Hispanic White male aged 33. From the table below, it is clear that the diversity of HHP is less than that of the control group

and New Castle County, in general. While 27% of the participants in the control group are Black, only 6% are Black in HHP before the HHC was hired, and this only marginally increased after the HHC was hired. The age range of participants is 18-67, again with average being 33 and the median 30.



Of the data available on drug use, majority of participants (74%) had used heroin in the past 30 days. When including opiates in this percentage, this number increases to 86%. Following heroin, the next most commonly used drug was cocaine or crack cocaine (46%). The only other drug that had more than 20% of participants involved in past 30-day use was marijuana (32%). Finally, of those who used heroin 52% also used cocaine and of those who used cocaine, 85% also used heroin. This shows that while heroin and other opioids are gaining national attention, addiction related services should still have a wide focus on all substance use and addressing the underlying issues related to substance use rather than one specific drug.

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#### A SAMPLE OF NARRATIVES – DATA IN CONTEXT

Not only do the numbers speak on behalf of the increased efficacy and success of HHP after hiring a HHC, but the stories of individual experiences regarding the services provided by the HHC also speak to the necessity of an HHC.

One participant who had been enrolled in HHP after being engaged during an outreach effort conducted by the HHC had left the program and begun using again. Following a second overdose and outreach effort, this person re-enrolled in HHP. However, again, they left the program. Upon the second re-engagement, the individual entered detoxification and accepted the referral to the next level of care. Through all of the ins and outs, the HHC was in contact to ensure the participant was okay and to follow-up about interest in the program. At the end of data collection, this person had a month in HHP, and remained clean and was compliant with treatment. This shows the value of not only the outreach initiative, but also the value of being patient, available, and persistent in engaging with clients—even after they leave the program.

Another example of the utility of having an HHC is in regards to a participant who had enrolled early in the conception of the program but had been re-arrested and then discharged from the program. This person, while incarcerated, had their parent reach out to the HHC to ask for help upon the adult child's release and reentry. From this exchange, the HHC provided not only support to the adult child, but also to the parent. Currently, this individual has been in recovery and is on the job market. The HHC has played a crucial role in supporting these efforts and was even asked to provide a letter of recommendation to provide to potential employers. The HHC works to not only support the direct needs of recovery (i.e. treatment), but also the indirect needs that provide recovery capital (i.e. emotional support, employment, etc.).

Finally, to emphasize the wrap around services the HHC provides, an example of a participant who had been in and out of treatment and struggling to maintain their clean time. This individual had found out that they were going to be a parent and the HHC realized that this is a life event that could create new stress and perhaps trigger relapse—especially as this participant was in the very early stages of sobriety. The HHC had conducted various check-ins with the individual and asked about how they were feeling with the news of expecting a child. The participant admitted to being stressed, but doing okay. The HHC then offered to put them in connection with a previous HHP participant who had undergone a

similar experience and could offer support during this phase of their life. The individual was very enthusiastic and took the HHC up on this offer. A part of HHP that is not captured in the above data is the efforts of the HHC to connect previously successful participants with newer participants to offer a network of peer support.

Overall, the role of the HHC goes above the responsibility of logistically ensuring treatment and criminal justice compliance and bubbles over into helping clients navigate all aspects that could affect their addiction and recovery path.

## RECOMMENDATIONS

### HIRING A HERO HELP COORDINATOR

**Hiring a Hero Help Coordinator undoubtedly increased participation and successful outcomes of Hero Help participants.** This is reflected in the numerical data presented above, as well as the contextual accounts. These data show that there are various aspects of the Hero Help Coordinator's job, some obvious and some not, that produce the mechanisms that increase success within HHP. Therefore, the first portion of recommendations are in regards to hiring the most effective HHC. This person should have an extensive background in substance use treatment, know the ins and outs of health insurance and the criminal justice system, and be available for contact at all hours. One of the most advantageous benefits of having a HHC is the assistance they provide in not only navigating the initial legal issues and initial treatment stay, but also the continuous follow up and support throughout the duration of the HHP and even after. This includes helping individuals go from treatment facility to aftercare options or offering support to go back to treatment after relapse.

The importance of this constant communication is being able to keep individuals engaged longer, and re-engage those who were discharged from the program for non-compliance. For example, 8 participants who were re-engaged after the HHC was hired were actually initially engaged prior to the start of the HHC. Because of the continuous reaching out to not only those engaged with HHP but those who have fallen out of the program, individuals were seeing more success. Part of the reason the HHC is so accessible to participants, is that the HHC had been issued a work cell phone so participants could be in contact when they needed, even outside of regular work hours. Beyond **the absolute recommendation of hiring a HHC full-time**, there are also important considerations to make when recruiting a qualified candidate:

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#### RECOMMENDED QUALITIES OF A HHC

- Extensive background in substance use treatment and health insurance
- Working knowledge of the criminal justice system
- Available before and after work hours and on weekends

- Issued a work cell phone and laptop for easier case management
- Understand and the value of supporting direct and indirect recovery efforts
- Supportive, patient, motivating, persistent, resilient, and compassionate

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## ORGANIZATIONAL RECOMMENDATIONS FOR SUCCESSFUL IMPLEMENTATION

Not only does the HHC have to be a good fit for the job, but the police department needs to be enthusiastically on board and invested in the goals of HHP. While the patrol officers need to perceive their job roles to be aligned with the philosophies of HHP, encouraging rehabilitation rather than purely retributive sanctions, the management of the department also needs to encapsulate this ideology within the organizational structure of the department. This can be done by “leading by example” such that the Major and Lieutenants endorse and encourage the officers’ participation in Hero Help. A policy modification that should be made is that performance measures, such as arrests, should expand and include treatment referrals. At the NCCPD, not only is the HHC involved in HHP related presentations and work, but the higher management is also involved. This creates a working environment that makes treatment values acceptable and encouraged among patrol officers.

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## RECOMMENDED ORGANIZATIONAL CHARACTERISTICS OF HHP

- Top down endorsement of HHP and rehabilitative values
- Expanded performance measures to include treatment referrals
- Cultural shift throughout office to encourage treatment when appropriate
  - Through “leading by example” from management
  - Integration of HHC and police—office space within a centrally located area for easy interaction of HHC with patrol officers and leadership to encourage collegiality
  - Quantitative and qualitative quarterly data of treatment efforts and success through inter-office memos to boost morale

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## RECOMMENDATION TO EXPAND HERO HELP

While the creation of the HHC position has advanced the efficacy of the HHP, **expansion of the program is still recommended**. This includes expanding program reach, staff, and advertisement.

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## EXPANSION OF PROGRAM REACH

- Racial and Ethnic Diversity
  - The demographics of New Castle County are broken down to 66% White, 25% African American and 9% Hispanic or Latino. Currently, those enrolled

in HHP lack this diversity. Only 7% of participants, post-HHC are African American and only 4% are Hispanic or Latino. Compared to the control group, this is also a drastic contrast. The control group matches more closely with the demographics of NCC which suggests that the population receiving drug treatment is similar to the demographic breakdown of the county at large. This further creates a gap between the population being served and the population that needs serving.

- About 10% of overdoses occur after release from prison—expanding the scope of HHP to begin recruiting participants while still incarcerated.
  - This is a prevention effort that would not only work to avoid relapse and overdose at a specifically vulnerable time, but also help navigate employment, housing, and other basic needs coming out of prison to ameliorate chances of recidivism
- Loosening exclusion criteria
  - Individuals who may benefit from treatment are excluded on grounds of previous violent offenses, some of which happened far in the past or as a result of substance use. Research shows that violent crime can stem from addiction related issues in which case treatment may decrease chances of offending.
  - Pregnant women and women with children—treatment for this population is especially sparse in Delaware. Early in the program, individuals who were pregnant were not eligible to participate.

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## EXPANSION OF HHP STAFF

- Registered Nurses for Outreach
  - Currently, the HHC and the outreach team are reaching approximately 70% of non-fatal overdose victims, by hiring additional staff the hope is to expand the reach of this outreach to about 95% of all non-fatal overdose victims
- Case Manager to assist HHC
  - Currently, the HHC is solely responsible for not only staying in consistent contact with HHP participants, but also is responsible for following up with treatment centers and tracking the progress of each individual. This task is too encompassing to continue as a sole operator. Increasing case management staff will also allow more time for the HHC to be “on the ground” to recruit, check-in, and engage in outreach efforts.
- Reentry Specialist to expand HHP to individuals nearing release from incarceration

- As stated above, a large number of individuals coming out of prison will be vulnerable to relapse while simultaneously having a much weakened tolerance. This combination often results in relapse—both non-fatal and fatal. By expanding HHP services to engage in pro-active outreach, rather than reactive outreach, hopefully more relapses can be prevented.

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#### RECOMMENDATION TO CONTINUE RAISING AWARENESS THROUGH ADVERTISEMENT

- Currently, there are extensive efforts to produce awareness in the community and throughout the police force of HHP. These efforts were made possible, in part, by receiving grant funding. While these efforts have been far-reaching; for the continuation of the program, advertisement should continue to receive funding
  - Programs that will be modeled off of HHP should be aware that advertisement and community and officer awareness is vital to sustaining a successful program
  - Advertise to areas outside of New Castle—although HHP is a NCC-initiated and run program; HHP is open to all Delawareans
    - Further, by advertising in more jurisdictions, other police departments may pick up and model the program expanding the reach of treatment efforts

#### CONCLUSION

**The Hero Help Program, run by the New Castle County Police Department, has seen a large increase in efficiency since hiring the Hero Help Coordinator and receiving the University of Baltimore Grant.** The Hero Help Coordinator has increased participation, increased successful outcomes of participants, conducted large outreach efforts, provided invaluable support in navigating both substance use treatment and the criminal justice system, and perhaps most importantly, provided encouragement and incentives for participants to continue their recovery process and return to recovery after relapse. Beyond this role as a substance use treatment and criminal justice liaison, the HHC has also provided support services in finding basic necessities such as housing and employment—which are crucial to successful recovery and reentry.