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Building Community Capacity to Combat the Overdose Crisis with Data

A Case Study of Plymouth County Outreach

Sean P. Varano, Roger Williams University/Kelley Research Associates; Pamela Kelley, Stonehill College/Kelley Research Associates; Marc Duphily, Chief, Carver Police Department; Victoria Butler, Plymouth County Outreach; and Hannah Panteleos, Plymouth County Outreach, Massachusetts



This article is a companion piece to a March 2018 *Police Chief* article titled “[Leading a Community Solution to a Community Problem](#),” which described the planning and implementation of Plymouth County Outreach (PCO), a police-led countywide post-overdose crisis response effort focused on providing near-real time recovery support and linkage to care for individuals and their families who had experienced

Plymouth County is located in southeastern Massachusetts, between Boston and Cape Cod. The county has more than 500,000 residents and is made up of a diverse array of 27 communities, ranging from small affluent New England towns to urban impoverished commercial areas. Originally conceived as a post-overdose crisis response program, the Plymouth County Outreach (PCO) has expanded far beyond its initial conceptualization to become a more comprehensive countywide recovery support and harm reduction initiative.

PCO has been recognized as innovative because it represents a substantive

overdoses. [Access the first article.](#)

countywide partnership of specially selected and trained officers from all 28 police departments in the county (including one state university police department), recovery coaches, and

hospitals committed to sharing information about overdoses and working collaboratively to support this important work. The program has been effective at breaking down the silos and even mitigating the periodic antagonism that had previously characterized the relationships between these stakeholders. PCO represents an authentic effort by forward-thinking police chiefs, health care professionals, the district attorney, sheriff, community providers, and members of the recovery community to reject the traditional excuses for not collaborating and to do something meaningful about the mounting overdose crisis that was devastating communities across Plymouth County. Perhaps most importantly, PCO has been successful in reducing both fatal and nonfatal overdose incidents throughout the county as evidenced by a 46 percent decrease in nonfatal overdose incidents between 2017 (1,529) and 2022 (822); and a 15 percent decrease in fatal overdose incidents between 2017 (147) and 2022 (125). Data from 2023 (as of November 2023) suggest the decline in overdose events is continuing with a 20 percent decrease in fatal incidents and a 17 percent decrease in nonfatal incidents so far between 2022 and 2023.

As Plymouth County Outreach went from the embryonic stage of early program implementation to an elaborate, well-developed initiative, a number of lessons learned emerged, including the role of data in terms of both helping to institutionalize the program itself, and for creating a platform that facilitates program innovation and growth. There is often a naïve presumption that “good ideas” develop into “good programs” that are sustainable. Yet those with experience in developing and implementing programs know all too well that many programs never get off the ground, even fewer are sustained beyond one to two years, and fewer still develop sufficient roots within communities to expand beyond the initial idea to a more complex program model that ultimately represents a significant piece of policy infrastructure. The PCO experience has proven that strategic and intentional program implementation, modification, and improvement are contingent on good data.

Understanding how innovation occurs, matures, and is sustained in the public safety space is important. The history of organizational change in policing is complex, and the best and most well-intentioned of ideas sometimes fail to live up to their promise. Although there are many different factors that provide a context for the tendency toward innovation failure, among the most salient include disagreements about the core mission of policing and how to measure effectiveness.¹ In short, change is hard and sustaining change is even harder. So, when “good ideas” are implemented and prove to be sustainable—as the case of PCO—it is worth understanding and documenting that success.

Getting Started

Policymakers are often faced with a menu of pressing problems from which they must select a small number of priorities. Likewise, police leaders must decide on what to prioritize, such as staffing concerns, public confidence in their agencies, new and emerging public safety threats, or “normal” crime. When leaders are fortunate enough to face a scenario where their priorities naturally align with other key stakeholders, questions then shift to, “What does progress look like?” From the outset, new programs are often faced with significant challenges related to policy development such as whom to involve and how significant the problem is.

In Plymouth County, there was an existing countywide drug task force formed by the Plymouth County district attorney and sheriff, which included a wide variety of key stakeholders from criminal justice, public health, and the community. The period between 2016 and 2017 was a rare time when there was a shared consensus among all stakeholders that fatal and nonfatal overdoses were at crisis level and something must be done to reverse the overdose tide. Yet, getting a solution off the ground proved to be a bit more difficult than initially anticipated. The project design team almost immediately recognized that they knew very little about the nature of the overdose problem. When faced with a deceptively simple question such as “How many overdoses are there?”—they quickly realized they didn’t necessarily know because there was little reliable data on the subject. Although Plymouth County was facing one of the most sustained public safety and public health challenges in its history, local police did not have access to timely data on either fatal or nonfatal overdoses. Some data did exist related to fatal overdoses, but those data were only available in the

aggregate and were typically 12–18 months old by the time they were released by state officials. There was a clear sense that the circumstances on the streets were changing rapidly as heroin gave way to prescription pills and then, ultimately, fentanyl. Stale data served little practical value for addressing the problem. But, even worse, essentially no useful data about nonfatal overdoses were available. The extent to which nonfatal overdoses were reported to the police was unclear, and even when reported, the various police record management systems did not have uniform approaches for documenting them. Local hospitals were not much better at tracking overdoses coming into their emergency departments. Additionally, any data that were tracked by hospitals were rarely shared with nonmedical partners. The PCO team quickly realized that they knew almost nothing about the one problem that nearly everyone agreed was the number one public safety priority. Creating and implementing a response to the overdose crisis seemed impossible without good data to describe the actual scope of that crisis.

Leading with Data

Given the lack of useful data concerning the overdose crisis, the PCO Advisory Board moved forward with data prioritization as one of the key goals of the first iteration of the PCO program. The police chiefs created a working group that included researchers and police officers to develop standards for overdose data collection. The goals were to develop standards for data that were reasonable for police officers to collect based on the information readily accessible on a police report and to collect only the critical data necessary to understand the problem. For successful data collection and buy-in, agencies need to avoid turning line-level staff into research assistants while collecting the data that tell the necessary stories to support program design. The data standards working group developed a proposed set of data standards that has become the basis for all county data collection since. By 2017, the police departments in Plymouth County were the first in the state of Massachusetts to use a countywide system to document overdoses and their response strategies in standardized ways. The Critical Incident Management System (CIMS) has since been adopted by more than 330 police departments in Massachusetts and South Carolina to standardize overdose data collection.

In addition to prioritizing data collection, the PCO Advisory Board determined it was equally important to share data among police departments and between police departments and their critical community stakeholders. One important data point that emerged from the standardized data collection and sharing provided by CIMS was that 20 percent to 40 percent of all overdoses in Plymouth County are multijurisdictional events. That is, 20 percent to 40 percent of individuals who overdose do so in a community other than where they live. Multijurisdictional problems require multijurisdictional solutions based on good data and data sharing.

The Value of Data

The value of data is not a foreign concept to forward-leaning leaders. The concept of data-driven policymaking has made its way into most public sector organizations, and police agencies are no exception. Elements such as performance evaluations, effectiveness, and outcomes are management principles recognized and valued by any effective leader. A challenge in policing, however, is how best to make data matter outside of the chief's office. Beyond the rhetoric, reports, and conference room presentations, how do data directly impact the average officer's job on the average shift in the average community? In truth, many police departments are far less data driven than might have been anticipated 20 years ago, with only a small fraction even employing a full-time crime analyst.

PCO's commitment to meaningful data collection has enhanced its ability to measure critical aspects of the overdose crisis and share those data with "boots on the ground" community stakeholders who are directly involved in getting at-risk individuals access to treatment and harm reduction and recovery resources. As illustrated by the following examples, good data have increased the capacity of Plymouth County's police departments and their community partners to adjust and pivot to meet the changing landscape of the complex overdose crisis.

Moving from Intervention to Prevention

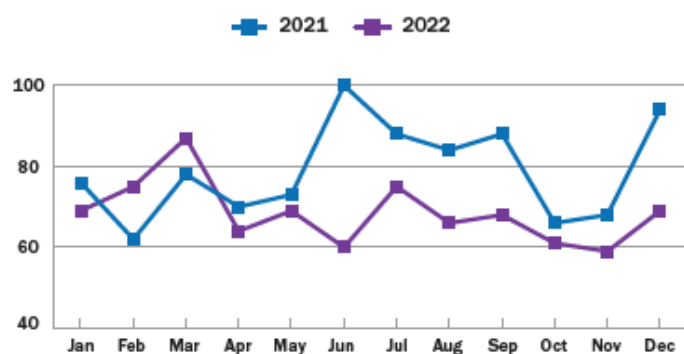
The first and most tangible benefit immediately realized after the implementation of standardized data collection was a more comprehensive understanding about the prevalence of both fatal and nonfatal overdoses, particularly monthly trends for both (see Figure 1). While this might not seem like a major win to some, it was the first time

local police departments had timely access to relatively complete data on this topic. The monthly trend data allowed PCO to benchmark the expected volume of overdoses and take action to offset notable shifts. The trend data also allowed forward-thinking line personnel to ask the “so what?” question. If there are typically “X” overdoses per month, so what? How does that inform the larger program model? The working group started to consider how they would think proactively—to not just respond to overdoses but to develop specific strategies intended to prevent overdoses before they ever occurred. Police officers routinely encounter individuals who use drugs. As officers respond to calls for service from family members who called the police department looking for help for a loved one or domestic violence calls for service or perform even more seemingly benign tasks such as traffic stops, police officers become aware of residents’ substance use struggles in ways others simply do not. From this first “so what” question and discussion, PCO integrated “at-risk referrals” as a program component that was intended to bring recovery support, harm reduction tools, and resources to those who need help *before* they overdose.

PCO was able to use the at-risk referral as a tool by taking referrals from concerned family members and loved ones, first responders, community partners, and even self-referrals from individuals looking for access to treatment. PCO saw the success of this initiative almost immediately, with at-risk referrals almost doubling between 2017 (80) to 2018 (159). In 2022, there were 552 at-risk referrals, illustrating the growth of this proactive overdose prevention strategy.

When PCO began, the goal was to decrease opioid overdose fatalities by removing barriers to treatment and services and helping individuals access care. Drug trends have changed since 2016 with the prevalence of fentanyl in previously non-opioid substances creating new risks and challenges. Having this at-risk referral option allowed PCO to quickly adapt to these new and changing trends and proactively engage and educate anyone using any type of street drugs, particularly those who aren’t anticipating an opioid overdose. More recently, some of the PCO communities have also started using this at-risk referral component to identify and assist

Figure 1. Monthly Nonfatal Overdose Trends.



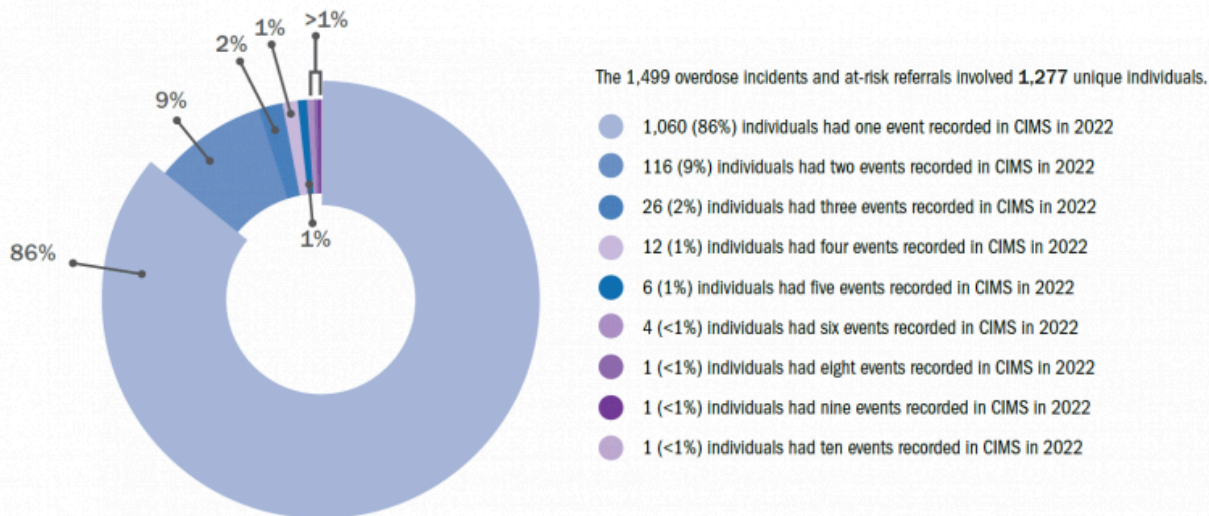
Source: Kelley Research Associations, October 2023

individuals with alcohol use disorder who may never have been identified as needing assistance if the program focus remained strictly on overdose response.

Matching the Intervention Dosage to Needs of Higher-Risk Populations

The detailed data collected by the CIMS document overdose incidents and at-risk referrals and revealed that certain individuals were experiencing multiple overdoses or referrals in relatively short periods of time. Looking at 2022, data indicated 14 percent of the 1,227 unique individuals with referrals/overdoses experienced two or more events in that one year (see Figure 2). Thirteen individuals had five or more events in 2022, and three individuals had eight or more events. The data illustrated that, within this already at-risk population, there are individuals who are at even higher risk of an overdose, which led to another “so what?” question. If someone has overdosed three times in six months, how does that inform the program intervention for that person?

Figure 2. Counts of total incidents/referrals during 2022.



Source: Kelley Research Associates, October 2023

A closer look at these individuals showed that many of them had a multitude of risk factors other than substance use and would require additional support. In strategizing how to better support this highest-risk population, PCO developed the Tier 2 initiative in which anyone with three or more overdoses in a six-month period would be eligible, if they agreed, for ongoing case management services with an assigned PCO recovery coach. PCO developed a Tier 2 subcommittee consisting of law enforcement, recovery

coaches, treatment providers, harm reductionists, and clinicians to convene regularly to conduct case reviews and strategize on how best to meet the needs of each Tier 2 client. The Tier 2 subcommittee can also add individuals who don't meet the established criteria at their discretion or by participant request. Ongoing data analysis also allowed PCO to recognize an alarming trend that emerged during the coronavirus pandemic of individuals overdosing multiple times in a very short time period, with the last incident being a fatal overdose. For this reason, PCO added an additional criterion of two or more overdoses in 30 days to the eligibility criteria for the Tier 2 initiative. This criteria update allowed PCO to identify more high-risk individuals before they experienced a fatal overdose. To date, the Tier 2 initiative has identified and assisted 271 individuals. It is critical to stress that without sufficient data these program modifications, particularly those driven by the impact of the coronavirus pandemic, would not have been possible.

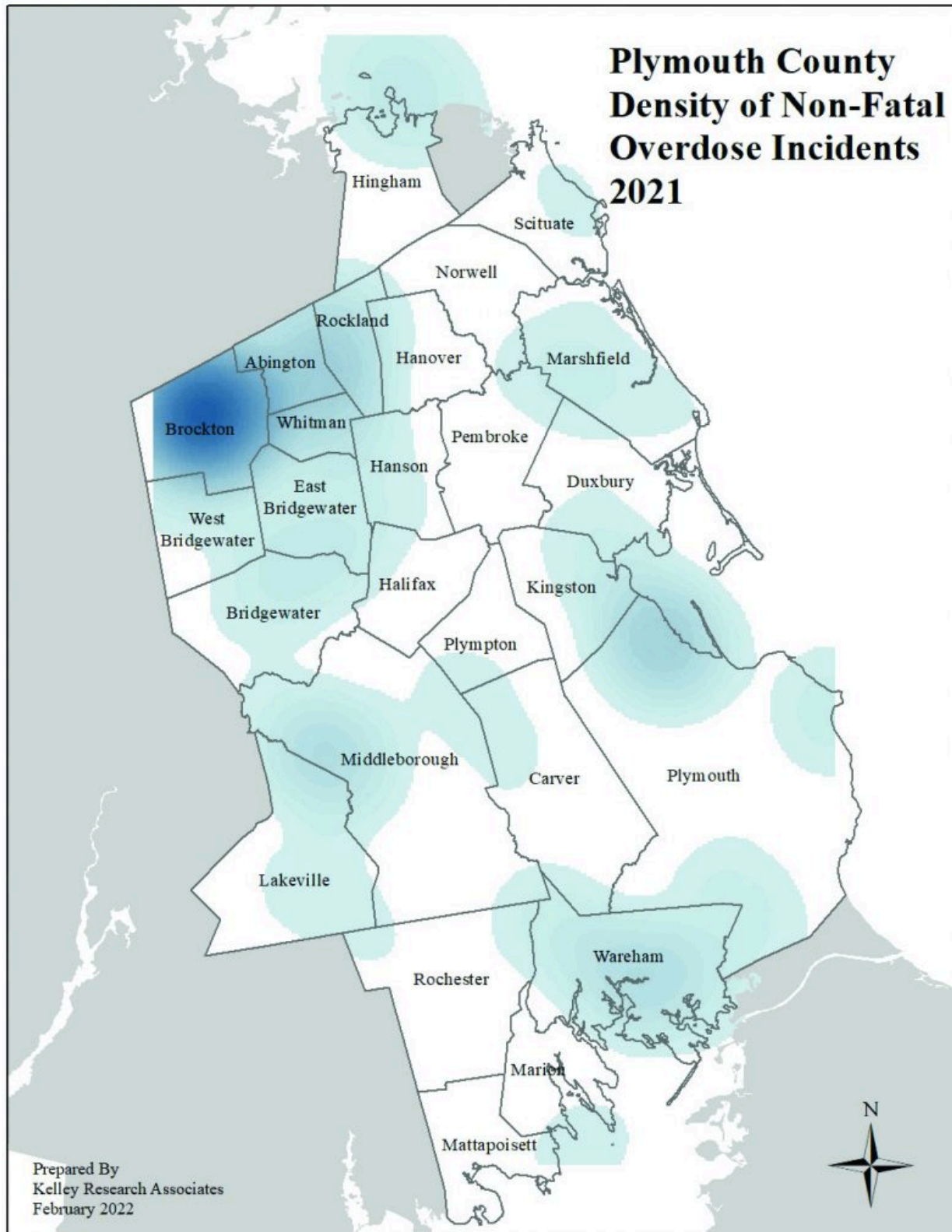
Recognizing the Need to Bring Support to High-Risk Locations

The standardized data collected as part of CIMS include the location of overdose events, which are geocoded and mapped on a routine basis by the project research partners. While many people instinctively knew (or thought they knew) where overdoses were occurring, being able to do hotspot mapping on a countywide basis in near real time provided a more comprehensive picture of the geographic dispersion of overdoses. In the face of this geographic data that was available for the first time, stakeholders again asked "so what?" "Now that it is known where overdoses are concentrated, what can be done about it?"

Utilizing both heat and point mapping, PCO developed plans to intentionally target these hotspot areas with resources, support, and education. For example, in the city of Brockton, PCO works closely with a church that abuts a park referred to as "needle park" where unhoused people who use drugs congregate. A recovery coach from PCO visits this location on the same day and same time every week so they can build rapport with the unhoused population. Many of these individuals face barriers to typical substance recovery services because they don't have access to phones, the internet, or other resources that are essential for staying engaged with recovery support. Because of the consistency of the recovery coaches' presence, the unhoused community has come to know the coaches' schedules and can seek them out for assistance. The recovery coaches help with a variety of needs including treatment placements and referrals, completing applications for assistance and ID documents,

and providing critical harm reduction supplies. The PCO harm reduction kits include naloxone, fentanyl test strips, sharps containers, safer use resources, condoms, and wound care and first aid supplies. PCO also distributes "Basic Needs Bags," which are backpacks that contain seasonal items such as gloves, hats, blankets, and hand warmers in the winter and sunblock and bug spray in the summer. These bags also contain personal hygiene products, waterproof document bags, and other items the community requests.

Figure 3. Hotspot heat maps for 2021 non-fatal overdoses.



Source: Kelley Research Associates, February 2022

Additional outreach efforts in hotspot areas include naloxone training, Naloxbox distribution, and the opening of a PCO Hospitality Center where community members

can drop in for services and supplies. Utilizing real-time data and point maps, PCO staff, along with trained PCO officers, have worked diligently to educate the community on substance use and the importance of carrying naloxone. PCO teams have hosted community naloxone trainings and have also trained various businesses, schools, college students, and more in the use of naloxone. Within the past year, PCO teams started approaching businesses, apartment complexes, hotels, and other locations with high rates of overdoses and offering them Naloxboxes, which hang on the wall like an AED and make naloxone publicly accessible. The boxes come equipped with naloxone, a breathing barrier, and instructions on how to respond to an overdose. As of September 30, 2023, PCO teams had distributed 51 Naloxboxes throughout the county with a particular emphasis on the hotspot areas.

Utilizing COSSUP funding, PCO also opened the first PCO Hospitality Center in the fall of 2023. The office is located within one of the county's hotspot locations and is open to the public five days a week. Not only does this facility provide a quiet, safe space for individuals to work with their recovery coaches, it also provides community members with access to computers, internet, and printers; referrals for services; harm reduction supplies; basic needs supplies; and assistance with various applications. Community members are welcome to drop into the center at any time during the hours of operation or schedule an appointment if preferred.

Conclusions

IACP RESOURCES

- [Naloxone](#)

theIACP.org

Serious investment in data infrastructure should be one of the first priorities of any good program. Anecdotal evidence is insufficient to define or measure a problem and even less effective at measuring progress. Communities cannot do anything about problems they cannot measure. During the early stages of any program, good data can help create a shared sense of program identity. Data can provide the reason to meet, help to establish a common language, and

- [Ending the Cycle of Response, Report, Repeat](#)
- [U.S. Opioid and Fentanyl Case Occurrence in Crime Labs: A Survey](#)

provide a framework for developing a consensus about measures of success. Good data also provide the framework for program enhancement in tangible ways. They allow programs to be nimble in ways that are responsive to early lessons learned and to shifting dynamics. Finally, good data can enhance the ability of many stakeholders to measure success, tell their stories, and secure external funding. Effective leadership will provide

the building blocks of effective programs, but good data and effective stakeholder engagement represent the mortar that holds such programs together and creates sustainability. Good programs start with good data. 🍷

Sean Varano, PhD, is a professor at Roger Williams University and a senior research associate with Kelley Research Associates. His expertise includes law enforcement policy and practice, innovative approaches to violence reduction, youth gangs, and evaluation research. He actively collaborates with communities implementing and evaluating evidence-based approaches to crime and public health.

Pamela Kelley is the executive director of Kelley Research Associates. She has 30+ years of experience in the field of research and evaluation and is an associate professor at Stonehill College. Her expertise includes opioid overdose research, law enforcement

administration, community-police collaborations, gun violence, gang violence, domestic violence, and children who witness violence.



Chief **Marc Duphily** has been a police officer for 28 years. He joined the Carver Police Department in 2002 and was appointed chief of police in July 2013. He is currently an assistant control chief and the unit commander of the SEMLEC Regional SWAT team as well as the president of Southeastern Mass Chiefs.

Victoria Butler is the executive director of Plymouth County Outreach (PCO), a position she has held since 2021. As an individual in recovery, Vicky began her journey with PCO as a volunteer recovery coach in 2017. She currently works with Plymouth County law enforcement to identify gaps in service and implement new programming.

Hannah Panteleos is the program manager for Plymouth County Outreach, a position she has held since 2019. She has completed Recovery Coach Academy parts one and two, Recovery Coach Academy for Young People, and is a

certified trainer for the Drug Endangered Children curriculum in the State of Massachusetts.

Note:

¹Joseph A. Schafer and Sean P. Varano, "Change in Police Organizations: Perceptions, Experiences, and the Failure to Launch," *Journal of Contemporary Criminal Justice* 33 no. 4 (November 2017): 392–410.

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44 Canal Center Plaza, Suite 200, Alexandria, VA USA 22314 | 703.836.6767 or 1.800.THE IACP

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