

Quick Response Team

AGREEMENT BETWEEN

**Alcohol and Drug Addiction Services Board of Lorain County
AND
City of Avon, Ohio
AND
The LCADA Way**

The Alcohol and Drug Addiction Services Board of Lorain County (ADAS) and the City of Avon, Ohio and The LCADA Way (collectively, the “Parties” and individually, a “Party”) are entering into this Agreement to enhance collaboration, create a mutual understanding and implement the Avon Quick Response Team (QRT) to address opioid and opiate-related overdose encounters with the goal to engage overdose survivors to access treatment and/or recovery supports and to engage the family members of overdose survivors to access resources and supports.

A. ELIGIBILITY FOR QRT

A person shall be deemed an overdose survivor and eligible for QRT if they have survived an opiate, opioid or other related overdose within the past seven (7) days who is also a legal resident of the City of Avon, Ohio.

A person(s) shall be deemed a family member(s) and eligible for QRT if the person(s) is a first-degree relative (parent, sibling, or child) or second-degree relative (half-sibling, aunt, uncle, niece or nephew, grandparent, or grandchild) or a family member (son, daughter, spouse, significant other or domestic partner) of an overdose survivor.

A Successful Encounter is defined as a face-to-face meeting with the overdose survivor and/or family member.

B. ADAS RESPONSIBILITIES

1. ADAS will provide coordination of the Quick Response Team with all parties.
2. ADAS will distribute funding it receives from sources including Ohio Mental Health and Addiction Services (OMHAS) and First Responder – Comprehensive Addiction and Recovery Act (FR-CARA) for Quick Response Teams implemented for residents of Avon, Ohio. Funding will be based on a reimbursement basis for the period March 1, 2018 – September 30, 2018.
3. ADAS will cross-reference the dispatch data from the Avon Police Department with the Warm Handoff data from local emergency rooms. This cross-referencing will allow the QRT to understand if any connections with peer supporters have already

been made.

4. ADAS will provide a resource packet of available services for overdose survivors and their family members.
5. ADAS will provide leadership to assist the QRT in effective community-based outreach and engagement including messaging, door-to-door and other formats to assist the Avon Community in positive reception of the QRT.
6. ADAS will supply signage, resource packets and other outreach materials to all parties for the QRT.
7. ADAS will compile all presented data and will be responsible for programmatic, outcome and evaluation activities for the QRT.

C. AVON POLICE DEPARTMENT REPONSIBILITIES

1. Daily, the dispatch personnel from the Avon Police Department will review and provide overdose data for residents of the catchment area. Information including name, address and data of overdose for overdose survivors will be forwarded to the QRT members no later than Monday of the following week for the seven (7) days prior.
2. The Avon Police Department will place one (1) police officer to serve on the QRT on a scheduled/rotating basis based on the Police's Department's schedule and available personnel. Said Avon Police Department officer will assist in the safety of all environments for the QRT and community engagement.
3. QRT Police officers are provided the discretion through their position to enforce the laws set forth in the Ohio Revised Code, as it relates to criminal behavior associated with drug use.
4. At least monthly, the Avon Police Department will invoice ADAS Board of Lorain County for costs for the QRT.
5. Reimbursement for QRT personnel from the Avon Police Department will be based on an encounter payment structure – not to exceed \$100 for a successful encounter meeting with family members with the sole purpose to assist family members with available resources and supports and an additional \$50 for a successful encounter meeting with an overdose survivor for the purpose of engaging the survivor with a clinician. Reimbursement will be contingent upon receipt of available funds from OMHAS and/or FR-CARA for QRT.

D. The LCADA Way RESPONSIBILITIES

1. The LCADA Way will provide a certified (at minimum) Chemical Dependency

Counselor Assistant (screener) to serve on the QRT to provide “in-home” screening of overdose survivor.

2. The Screener agrees to provide an un-biased approach to encourage overdose survivors to access treatment.
3. The LCADA Way agrees to maintain certified provider status under section 5119.36 of the Ohio Revised Code.
4. The Screener will complete a comprehensive substance abuse and mental health screening of a person under consideration to determine whether the person would benefit from substance abuse treatment and/or recovery supports. The Screener will document and assertively work with the overdose survivor to access the services recommended. The Screener will provide coordination services in addition to the in-home screening to encourage the survivor into treatment services.
5. The LCADA Way will submit to ADAS a weekly detailed activity report of activities for the QRT as detailed in Appendix A.
7. At least monthly, The LCADA Way will invoice ADAS for costs for the QRT.
8. Reimbursement for The LCADA Way staffing will be based on an encounter payment structure – not to exceed \$150 for each successful face-to-face encounter with an overdose survivor with the purpose being to encourage overdose survivors to access treatment. Reimbursement will be contingent upon receipt of available funds from OMHAS and/or FR-CARA for QRT.

E. SHARED RESPONSIBILITIES

1. Representatives from the ADAS, the Avon Police Department and The LCADA Way will execute a multi-party release of information for all overdose survivors who are actively engaged with the QRT, where necessary to facilitate data collection.
2. All parties agree to staff the QRT on a regular – weekly basis, or as needed, based on overdose survivor data.
3. All parties endeavor to provide response to overdose survivors within 5-7 days after the overdose incident, if possible.
4. All parties agree to complete and forward data as described in Appendix A to ADAS for the engagement results of the QRT on at least a monthly basis.
5. All parties agree to share a cumulative data log that details the process of the QRT including encounters with overdose survivors and family members.

6. All parties agree to forward to ADAS any recommendations, including additions and/or modifications to the resource packet. All parties agree to utilize the Resource Packet as the primary informational source for overdose survivors and family members.
7. All parties agree to staff the QRT in a timely manner to ensure effective accessibility to overdose survivors. As such, QRT members will work at times outside regular briefing hours and/or workday shifts.
8. All parties agree to work together to design and implement community-based outreach and engagement including messaging, door-to-door and other formats to assist the Avon Community in positive reception of the QRT. ADAS will ensure that any materials for community based outreach are developed and shared with the Parties.
9. All parties agree to meet on a monthly basis to discuss the success and progress and, if necessary, make course corrections using data, cost and outcome information from the QRT results.
10. All parties agree to reconcile actual costs incurred against billings on regular (no later than quarterly) basis and will discuss such reconciliation amongst parties.
11. All parties shall bear their own costs of equipment, supplies and travel under this Agreement which are usual and necessary within the operations of each party.

F. STATUS OF PARTIES

All Parties are independent contractors and no Party is an agent of or has power or authority to bind any other Party. No partnership, joint venture or similar entity or activity is created by this Agreement or any actions taken to implement this Agreement. Neither this Agreement nor any of the commitments of any Party under this Agreement are intended to or shall be interpreted to create any obligations to any person not a Party and no person is intended to be and no person shall be deemed to be third-party beneficiary of this Agreement.

G. ASSIGNMENT

Neither this Agreement nor any duties or obligations imposed hereunder shall be assignable by any Party without the prior consent of all Parties.

H. TERM OF AGREEMENT

1. This Agreement shall be effective upon the date of full execution of this Agreement, through September 30, 2018 and may be amended based upon programmatic needs and as agreed upon in writing by all Parties.
2. This Agreement may be terminated by any Party upon thirty (30) days written notice of termination to the other Parties.
3. This Agreement shall be binding upon and inure to the benefit of the Parties and their respective successors and permitted assigns; may be amended solely by means of a writing signed by all Parties and shall be governed and construed under the Laws of the State of Ohio.
4. This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same agreement.

I. APPROVED BY

By _____
Bryan Jensen, Mayor
City of Avon, Ohio

Date

Elaine Georgas Executive Director
Alcohol and Drug Addiction Services Board of Lorain County

Date

Tom Stuber, CEO/President The LCADA Way

Date

Approved as to Form:

Gerald A Innes, Assistant Lorain County Prosecutor

Date

John Gasior, Avon Law Director

Date

Quick Response Team report by Clinical Team Member

Appendix A Reporting Information

1. To be completed by Clinical Team Member and forwarded to ADAS in the timeline(s) specified on the Quick Response Team Screening and Post Response Tool: Data will be compiled for each QRT Encounter by personnel from the Avon Police Department and The LCADA Way. It is agreed that this data will be forwarded to ADAS via secure transmission (fax or email), no later than five (5) business days after completion of weekly QRT encounters.
 - a. Compile (at a minimum) the following for each encounter:
 - i. Demographics of each overdose survivor, including but not limited to: age, Race, Gender, Zip Code of residence
 - b. Overdose Survivor data encounter information shall include:
 1. Number of non-fatal opioid overdose calls
 2. # of Persons seen
 3. # of Persons missed
 4. # of Persons refused initial meeting
 5. # Transported to treatment setting
 6. # initiating treatment for each encounter:
 - a. Name of Treatment Agency
 - b. Date of first clinical treatment service
 7. Recovery Supports
 - a. Details of Recovery Support(s) accepted
 8. Family Engagement
 - a. # of survivor encounters where family members were engaged
 - b. # of Family Members accepting Resource Packet
 - c. Details of Family Support(s) accepted
 9. In the event no person(s) were present for an encounter, the QRT Screening and Post Response Tool should indicate: date (of planned encounter), address and answer "no" (was the person seen?)

2. Monthly invoice – by Police Department for face to face encounter:

XX (Police Department Name) Quick Response Team Police Detail for (Month, Year)

<u>Date</u>	<u>Address</u>	<u>Encounter type(s)</u>	<u>Amount</u>
<u>(Example for individual and family encounter by Police):</u>			
mm/dd/yy	address, city	Family, Individual	\$150.00

(Example for Individual only encounter by Police – i.e no family member present):

mm/dd/yy	address, city	Individual	50.00
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Total for month, year	\$200.00
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Please remit payment to: XX Police Department