



Traverse City Police Department

Quick Response Team (QRT) Executive Summary



OUR MISSION: The Traverse City Police Department QRT will implement Quick support to individuals at risk for, and following, overdose. To address the link between substance misuse, mental health and homelessness, the QRT will also address (Respond to) the systemic barriers to recovery by examining gaps in local social service provisions and supporting wrap-around services for vulnerable populations in the Traverse City community.

QUICK identification of resources and shortcomings of community supports for Vulnerable People in the TC Community

RESPONSE to overdoses in the community, connecting people to treatment
TEAM members who discuss needs of individuals to promote wrap-around community services

QRT Program Information

- The Traverse City Police Department Quick Response Team is a novel program that expands traditional QRTs, which focus primarily on overdose response, to include prevention and wrap-around services for vulnerable populations. [See the brochure here.](#)
- **Eligibility** refers to experiencing *at least two* of three crises related to homelessness, mental health and Substance Use Disorder, or a recent overdose. Program participants must live in TC city limits.
- The QRT's goal is to interrupt the cycle of arrest and addiction for the city's vulnerable population. The TCPD Quick Response Team focuses on prevention of overdoses and overdose response.

Police Social Worker Coordinator

- **Responsibilities:** The goal of the Police Social Worker Coordinator (PSW) position is to reduce Law Enforcement calls for service on vulnerable people. To accomplish this, the PSW is the "hub" of QRT. As of October 2023, the duties of the PSW include administration, advocacy, partnerships, meetings, participant follow up, evaluation, QRT meeting facilitation, partner coordination, and overdose response. PSW duties are listed in depth in [Policy 809 of TCPD's policy manual](#).
- **Field Response:** The PSW does not function primarily as a clinician and can most often be found in an office setting, operating behind the scenes to coordinate long term solutions to complex, intersectional components of wellness. The PSW partners with NLCMH Mobile Crisis Workers for field response, in addition to 40+ partners working to address specific clinical needs for individual participants. PSW provides limited field response accompanied by an officer or community member.
- **Confidentiality:** The PSW has a confidentiality agreement from sworn law enforcement personnel. The PSW does not inform law enforcement about participant contact, including their whereabouts. PSW will indicate to law enforcement whether or not an individual has received follow up, been connected to treatment, and/or is a QRT Program Participant. Specific information regarding treatment within the QRT will not be shared without consent.

Overdose Response

- **Team:** Within 24-72 hours of an overdose, a team of up to 4 people including the PSW, an officer, a peer recovery coach, and an Addiction Treatment Services employee, provide overdose follow up.
- **Process:** PSW begins with a phone call when possible to the victim or their support system. When responding in person, an individual can choose a location to meet to encourage feeling comfortable. The officer provides safety to the team and positive support for overdose and treatment resources.
- PSW provides four contacts to all city overdoses, by phone or in person with the Overdose Response Team (ORT). Eligible individuals can decide to become a QRT program participant at any time.
- **QRT:** Overdose is automatic eligibility for the QRT if the person lives in the city limits. If the overdose occurred in the city limits but the victim lives outside the city, PSW provides resources in their area.

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Points of view or opinions contained within this document do not necessarily represent the official position or policies of the DOJ or the MSP.

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Program Participants

- **Eligibility and Referrals:** Eligibility is determined by examining a person's location (within the city limits or not) and criteria (crises related to the three components or overdose). Documentation is not required for evidence of the crises. Anyone can refer; each agency can determine their requirements (regarding confidentiality) for referral. Once determined eligible, the primary goal is to connect with this individual and ask if they want to be a part of the voluntary program. If they elect out, no more communication is shared. If they agree to participate, they complete a participant agreement and release of information form for PRIMARY and SECONDARY QRT agencies. They are offered a list of these agencies. Information is shared with secondary partners only with permission.
- **Status:** "Referred individuals" have not yet signed paperwork for QRT. "Program Participants" have signed QRT paperwork. "Active" QRT referrals/participants are those to whom PSW attempts to engage for follow up. An individual remains a participant unless deemed "inactive" due to relocation, change in eligibility, or revoking. An inactive case can become active again at any time if requested by the individual/QRT and most often happens when an individual comes back to the city limits.
- **Participant Follow Up:** Per policy, the PSW provides quarterly follow up with active participants. This follow up examines housing plans, substance use and mental health resources, as well as other meaningful daily activities. PSW has a goal of bimonthly follow up. Follow up is completed by phone or in person. Individuals may not need anything or may request various needs; PSW attempts to follow up through connections to additional agencies or meeting simple needs when possible.
- **Wrap Around Services:** The crux of QRT is the partner contacts and the support provided to each of the participants. Participants are given a support system web that helps to take out some of the barriers to care (hold times, 1-800 numbers, rejection from systems). Partners contact each other directly due to the nature of QRT and can often make more progress for the participants. Benefits of some partnerships include clauses for special consideration of QRT participants, prioritizing appointments when possible, etc. The participant follow up is tied into wrap around services so that providers know the next step and have a unified front for participants, who then receive the best care.

QRT Meetings

- **Partnerships:** The QRT has primary and secondary partners. "Primary partners" have a formal MOU with TCPD and have access to all information, including confidential program participant information. They are expected to be at QRT meetings. "Secondary partners" are supporting partners of QRT. These agencies are welcome to attend the meetings but asked to leave during the confidential portion of the QRT meetings; they provide support in other ways, on a case by case basis, depending on what their agency provides. You can read more about this in [Policy 810 of TCPD's policy manual](#).
- **QRT Meetings:** Secondary and primary partners attend triweekly QRT meetings. The open portion of these meetings discusses "potholes" or gaps in service provision, broad overdose response, statistics and agency presentations. The confidential meeting portion with only primary partners discusses each referred individual's participant status and follow up needs for substance use disorder, mental health, and homelessness, and other items (incarceration, employment, etc.) as necessary.
- **Potholes:** Gaps in service provision ("potholes") exist, and a tertiary QRT purpose is to advocate for change for those gaps for individual agencies and the broader community. In the meantime, QRT attempts to work around current policies and potholes to find temporary solutions when possible.

Differences in the TCPD Model

- Unlike other PSW roles, the TCPD PSW is not often in the field; crisis response is not a primary focus of QRT is accomplished through partnerships with additional agencies (NLCMH).
- Traditional QRTs often have a separate team for overdose response and prevention efforts.
- Unlike other programs with specific requirements for participation, the TCPD QRT participants remain in the program until their needs are met or they opt out of QRT. Engagement with treatment and available supports may fluctuate, and QRT recognizes the importance of both temporary and sustained success. Law enforcement contacts for QRT participants may not decrease immediately.

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COSSUP Metrics

The Traverse City Police Department QRT began as a requirement of the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) grant awarded to TCPD in 2022. These grant metrics include:

- Hire a full-time social worker to coordinate naloxone distribution, QRT, and serve as a QRT member.
- Develop Memorandums of Understanding (MOUs) with (i) community mental health organizations and (ii) other health care partners to develop Contractor QRT. Develop MOU with justice system partners where naloxone kits may be distributed.
- Package Naloxone with harm reduction resources to create naloxone kits. Distribute naloxone kits to law enforcement officers to dispense to individuals known to be at risk of overdose. Train law enforcement officers on signs of overdose and proper naloxone administration.
- Coordinate with community partners to develop protocols for the QRT program. Deploy agency representative(s) for QRT. Train enforcement officers on QRT protocols.
- Coordinate data collection and data management, and participate in evaluation measures, with the University of Michigan COSSAP evaluation team

Program Support

- QRT Participant, #51, who is currently inactive due to needs met for housing and mental health, summarized her experience with QRT: "When I met QRT I was going through a psychosis and they helped send me to the hospital... I am now living in my own apartment. Thank you, QRT."
- "The QRT...is absolutely essential to those of us within the community who need guidance to ultimately make the decision to accept the many resources and services Traverse City has available" – QRT Participant #34, now inactive, needs met for substance use and housing.
- The TCPD QRT "is a more helpful approach to working together, providing buy in for treatment and community services" – Ryan Hannon, Community Engagement Officer, Goodwill Northern Michigan.
- "I think the power of this group is for us all to be at the table, breaking down barriers by collaborating together." – Becca Binder, Executive Director, Northwest Michigan Supportive Housing
- "We have had two success stories in the last week for [participants with] SUD and mental health concerns. The relationships from this team have more impact than the stress of requiring treatment." – Paula Lipinski, Executive Director for Addiction Treatment Services
- "I've been in this community a number of years, with all of these same community agencies. Never before were we all in the same room discussing what gaps there were in the community. We were all working with some of the same individuals, but we weren't talking to each other." – Chief Matt Richmond, Traverse City Police Department
- Road Sergeant Ryan Taylor reports that the Police Social Worker "is a great resource to our department and does an outstanding job. She keeps us updated with the referrals to the QRT program. The repeated calls for service with the subjects in the QRT program, have dropped significantly."
- The PSW role and QRT model has been effective in "building the trust of a population who traditionally doesn't like police." – TCPD Officer Justin Nowland
- "Our collaboration with the Traverse City Police Department is increasing. We support the QRT and find value in the Police Social Worker role. Discussions are ongoing to increase the social services available in the county. Grand Traverse Sheriff's Office is working to gain access to a social worker for the county, and we are ultimately interested in expanding the QRT to include all of Grand Traverse county." – Sheriff Mike Shea, Grand Traverse Sheriff's Office
- "Continued funding of this successful program is imperative to addressing the ongoing needs of the identified vulnerable population." – COSSUP Grants Manager Matt Opsommer
- University of Michigan COSSUP Grant Evaluators report that the TCPD QRT model has the potential to be "developed and scaled to numerous other regions in this state and beyond."

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