HEROIN EPIDEMIC

By Det. Casey Lambert

St. Louis County is struggling with an epidemic that has blindsided our community. The epidemic to which I am referring is heroin. It’s a drug that is easily obtained and is killing more people than criminal activity in the St. Louis Metropolitan area.

Law Enforcement has been generating educational materials and opportunities, as well as advertising procedures to prevent the initial use of heroin by teens and to educate those already struggling with heroin addiction. The St. Louis County Multi-Jurisdictional Drug Task Force (MJDTF) has recognized that the heroin epidemic is the greatest threat to residents in the St. Louis area at this moment. St. Louis County has developed a focused strategy that enhances an existing collaborative effort already in place among the MJDTF, the National Council of Alcoholism and Drug Abuse (NCADA), the St. Louis County Health Department and several other treatment and advocacy organizations. Our goal is to increase public awareness and participate in community prevention through town hall meetings, wellness meetings and conventions. We are focusing on public awareness by advertising through radio, news, movie theaters, billboards and bus stops. This initiative also targets marketing via social media to those most at risk and facilitates training for area law enforcement and first responders on how to administer the antidote for heroin, known as Naloxone, or by the trademark name Narcan.

In 2014, St. Louis County had 113 heroin overdose deaths. This drug is destroying our community. We are losing our youth to these overdoses, and criminal activity is increasing as a result of their addiction. Eventually their habit grows, and they turn to criminal activity, such as stealing from family or committing robberies and carjackings just to obtain an extra dollar so they can get high.

Scary as it may seem, most individuals begin their addiction taking medications prescribed by a doctor. The patient has no intention of getting involved with illegal drugs. An appointment is made and the result is a prescription for pain medication. The individual might be suffering from an athletic injury or even just had wisdom teeth removed. Once the initial pain has dissipated, the person realizes the narcotic prescribed by the doctor fills more voids than just the pain originally felt upon the first visit. Eventually the supply will run out, usually because the doctor stops prescribing or the person no longer has the finances to afford it. This is when the individual transfers...
from prescription medication to heroin. Heroin can be found on any street corner, and it is cheap. Heroin is just $4 for a “bean” or “button” (capsule).

Law Enforcement is also discovering that heroin and other drugs being sold on the street are being mixed with substances such as fentanyl, which can increase the chance of an overdose.

Another problem St. Louis County struggles with is rehabilitation options. When individuals realize their addiction has completely consumed their lives and they decide they want help, they cannot get it. The few drug rehabilitation facilities in our area have waiting lists as long as six months. For addicts, that may be their lives.

Since 2007, St. Louis County has seen a steady increase in heroin overdoses. Recently, we have chosen to combat this issue in two different ways: increased enforcement against drug dealers, and education to increase the awareness of the prevalence of heroin use within St. Louis County and prevent first-time users of heroin. Our hope is to get other municipalities and Departments on board with a program similar to ours. One person cannot fight this battle alone; it is going to take an army.

Casey Lambert is a Detective for the St. Louis County Drug Multi-Jurisdictional Drug Task Force and has a Bachelor’s Degree in Criminal Justice. She initially served as a patrol officer for three years in the North County Precinct. Being promoted to Intelligence Officer allowed her to focus on problematic areas in the community and conduct gang investigations. Realizing her passion was drug enforcement, she focused on combating the community’s ongoing problem with heavy drug presence. In January 2015, she was chosen as the Heroin Initiative Detective for St. Louis County. This is where she hopes to make a positive difference in the community and educate our citizens on how dangerous drugs really are.

DANGEROUS WATERS

On the one night of the year people were actually watching the commercials - Super Bowl - over a million television sets in our region showed a suburban teenager succumb to a fatal heroin overdose while, on the accompanying soundtrack, a strangely “cheerful” song told how the young man had gone from naive-ly experimenting with prescription painkillers, to heroin addiction, to death.

It was jarring to most, confusing to some, and it hit hard. Many who watched it understood that tackling this lethal problem required an unusual, even disturbing, approach. But others, in particular, parents who have lost a child to a drug overdose and remain profoundly scarred by their tragedy, were furious about the “happy” sounding music.

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We knew we could not get people talking about heroin by taking a conventional approach, because we’ve taken that conventional approach for the last four years. We’ve led dozens of town hall meetings, delivered hundreds of presentations, gone to Jefferson City to speak with our legislators, published op-eds in the St. Louis Post Dispatch, created a heroin-specific website, and worn and distributed tens of thousands of red latex bracelets. All of these efforts talked about how heroin now comes in a white powder inside of a capsule, is more potent than ever before, how users begin by snorting (not using a needle), and how most heroin users began their drug abuse with prescription painkillers before moving onto abusing heroin.

But despite our work, Missouri has failed to join the other 49 states in passing a prescription drug monitoring program. Most doctors did not change their prescribing patterns. And the stories kept coming about all kinds of kids from all kinds of families dying from overdoses. The heroin/opiate problem was outpacing our best efforts to curtail it.

So like the Roy Scheider character in the movie Jaws said when he first saw the killer shark, it seemed to us that, if we wanted to get people around here to finally do something about heroin, we were “gonna need a bigger boat.”

The Super Bowl commercial was our bigger boat. Produced pro bono by Mark Schupp and directed by Scott Ferguson, its mission was to grab our community by the lapels, get up in its face and yell: “Pay attention! Our children are dying!” To that end, it succeeded.

From the moment we posted it to our websites, the ad went viral online and through social media. By Monday, the day after the Super Bowl, it had been viewed 160,000 times on YouTube; by Tuesday morning, 230,000. It has now been viewed on the web nearly half a million times by people in more than 25 countries on every continent on Earth except Antarctica. We have received messages of praise and support from leaders in Washington at the White House Office of National Drug Control Policy, the National Institute on Drug Abuse, and the Substance Abuse and Mental Health Services Administration.

I know our ad caused some families to relive the anguish of a loss they will carry with them for the rest of their lives, and I am sorry for stirring that hurt. But I also know that combating this epidemic requires doing something that startles people. Not those who already have lost someone to it, but those who don’t know there’s a problem in St. Louis or who don’t believe it could be in their own neighborhood, or their own house, or just up the stairs in their bathroom medicine cabinet or their child’s bedroom.

The morning after the Super Bowl, a father called NCADA and said, “My son’s using heroin. That kid in the commercial could be him. We need help.”

Within an hour, the young man was admitted to a treatment program. For this one family, our 60-second PSA did what we hoped it would.

Our heroin ad was by no means perfect. For some, it simply missed the mark. For a few, it was deeply painful. But we got people talking and, in some cases, to take action.

We did not kill the shark, but people are now searching for fins in the water. It’s a start.

For more information, go to http://www.curiosityandheroin.org.

Howard Weissman is the Executive Director of National Council on Alcoholism and Drug Abuse – St. Louis. The unabridged version of this piece may be found on page 2 of the Spring 2015 edition of The Key newsletter.
DISPATCHER TIPS: WHAT IF…?

By Chris Trittler

You just started your 12-hour shift as a 9-1-1 dispatcher. Your first call of the night is from Bob and he lives with schizophrenia. Today is not a good day for him. Bob is sure his neighbor is plotting something against him; his trashcans are moved closer to the house; his grass is wet even though there has been no rain; he is sure he did not leave his shed door open in the backyard. Bob also swears his neighbor can hear everything going on inside his house, because the neighbor installed wires in his walls when Bob wasn’t home.

As you can see, many important questions need to be answered to ensure a successful outcome to this incident.

In my 18 years as a dispatcher and now as a Quality Control Manager, I have taken and evaluated several calls like the one above. Below are some questions and tips to assist you when navigating through these types of calls. (Remember: Always follow your department’s policies and procedures.)

**What kind of questions should I ask someone calling in during a mental health episode?**

Remember to always gather the basic information about address, name, callback number, etc. Make sure to inquire about weapons. If the caller is upset by this question, assure her it is a standard question you ask on all calls, and you want to ensure the safety of everyone, including the caller. Then have the caller explain why she is calling or give the caller the opportunity to explain the situation. Be patient. Sometimes it takes someone who is having a mental health crisis extra time to gather her thoughts and explain what is upsetting her. If a caller is depressed, ask her if she feels suicidal or homicidal and get an ambulance on the line.

**What if the caller is uncooperative?**

Getting all the pertinent information from a person having a mental health crisis can sometimes be a challenge, given the situation she/he is calling about. I reviewed a call from a man who had schizophrenia who wanted an officer to see what he wrote about his neighbor doing “illegal things.” The caller became very agitated when the call-taker asked him what the “illegal” things were. The call-taker eventually was able to calm him down enough to get all the information she needed by using his name and empathizing with him. She also assured the caller she was sending an officer to contact him and assured him that the officer would look at what the caller wrote.

**How can I determine if the caller has taken his/her medication?**

At our agency, any time a person is experiencing a mental health crisis, we connect the caller to Central County Fire, which dispatches an ambulance to come talk to the person. However, if you dispatch both police and EMS, then follow your EMD protocols where applicable. I have not reviewed any calls where the caller did not answer questions about what medication she/he is on and if she/he has taken it. In most cases, the caller had no problem telling the dispatcher about medication and what kind of issues she/he was having on that particular day. If the caller is depressed and/or mentions suicide, ask if she has already taken action to attempt to kill herself or if she has a plan. Most people assume this is not a good question.

Does this call sound familiar?

These calls are becoming more frequent, and 911 operators need to know how to manage them. Some questions to consider:

- What if Bob has a weapon?
- What if Bob is uncooperative?
- What if Bob doesn’t trust the police?
- What if Bob threatens to harm his neighbor or himself?
- Is Bob taking his medicine?
- Do you have any policies in place on how to deal with mental illness calls?

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to ask, but it’s just the opposite. The caller will usually and willingly give that information.

Do you have policies and/or training in place on how to deal with a person with mental illness?

Most departments have some sort of policy in place on how to contend with a person who is experiencing a mental health crisis. Do you transfer the call immediately to the ambulance, connect the caller immediately to BHR or Life Crisis; do you know what community outreach programs are available?

If your department does not have a policy, it might be a good idea to create one or, at the very least, have your department attend a Crisis Intervention Team (CIT) class for dispatchers. This course will help you develop an understanding of the different types of mental illness you might encounter. The St. Louis County Police Academy offers a 16-hour class that addresses the different types of mental illnesses and tips on how dispatchers can cope with the stress of a large-scale incident. The largest segment of the class focuses on two areas. One is active listening, which teaches dispatchers what signs to look for when dealing with the different illnesses. The other is de-escalation techniques used by healthcare professionals from BJC Behavioral Health and Life Crisis, along with professionals from National Alliance on Mental Health, (NAMI) and Critical Incident Stress Management (CISM).

Answering 9-1-1 calls has changed a lot in the past five years, with more people than ever calling for different kinds of help. I believe a dispatcher’s best weapon to ensure a positive outcome when receiving a call involving a mental health crisis is knowledge. Understanding the type of illness and applying the right line of questioning, as well as empathy, will go a long way to a successful resolution. This will ensure everyone remains safe, while also assuring the public that 9-1-1 operators have the knowledge and resources to handle their specific need.

Chris Trittler, Quality Assurance Manager, works in the St. Louis County Police Department’s Communications Division. He has been a dispatcher for 18 years and a Supervisor for 12 before being promoted to Quality Assurance Manager in February 2015. He is also a Certified Instructor for the St. Louis County & Municipal Police Academy.

DISPATCHER TIPS: TEAM EFFORT

By Brian Battles

“I’ve got a loaded gun, and I’m going to kill myself!” It was a warm, sunny afternoon in St. Louis County, and I had just started my shift in Communications. As a matter of fact, it was the first call of the day; I hadn’t even sat down yet. I remember having a feeling of helplessness with no direction and a hope that I would not do anything to make the situation worse. As I proceeded to talk to the individual, a teenage male, I found myself in a chess match of a conversation, and I was struggling to gain any type of control. Throughout the call, I tried my best to build a rapport with the young man, thinking if I could do that, I would be able to talk him into putting the gun down, resulting in a peaceful ending. I had only been on the job for about one year and had not received any training for this type of call. The lack of training was so obvious that the caller actually commented on it during the call and told me I was not doing a good job. Think about that. From that point forward, my attempts to deescalate the situation carried no weight and the caller began to no longer answer my questions or talk to me.

Eventually he started praying, then disconnected. Almost simultaneously, the officers standing outside the residence notified the dispatcher they heard shots fired inside the residence. My involvement in the call ended when the phone disconnected, and to this day, I do not know the outcome of the call.

To fully understand the complexity of the job as it pertains to call-
A dispatcher, by simplified definition, is one who answers the phone for emergency and non-emergency calls. It means being responsible for sending emergency and non-emergency equipment to assist citizens and external agencies. It also means being responsible for updating and maintaining accurate data for each call and transaction.

In actuality, a dispatcher is not a "what" but "who we become.” Our dispatch center is made up of people who are parents, husbands, wives, daughters, sons and friends. However, we have "become" counselors, crisis situation conductors and multi-tasking machines. And, we complete all of this with the grace of a saint in the face of disaster in a timely manner. We are expected to be perfect on the "job" because lives depend on us.

Most dispatchers carry that over to their personal lives. We strive for perfection. We expect it of ourselves. Citizens, co-workers, and staff are counting on us to make the correct decisions while maintaining control at all times.

Dispatchers do not just have a job; they have a lifestyle that is built around their career. Once it's in your blood, it's in your blood! We love it!! But does any of this cause us unhealthy stress?

What I have learned is that the application of crisis intervention is only possible with proper training, understanding, knowledge of the topic, and how well it is identified. Conditions and disorders are not always severe or easily identified…whether in person or over the phone. I have also learned it is not possible without a team of dedicated professionals supporting and working with you. There is no individual success; it is a team effort.

Brian Battles grew up in Jefferson County, and graduated from Columbia College with a Bachelor Degree in Criminal Justice and a minor in Sociology. He has worked in Communications for the St. Louis County Police Department for almost six years, being promoted to Watch Supervisor one year ago.

DO YOU KNOW? STRESS & THE DISPATCHER

By Janet Smith

A dispatcher, by simplified definition, is one who answers the phone for emergency and non-emergency calls. It means being responsible for sending emergency and non-emergency equipment to assist citizens and external agencies. It also means being responsible for updating and maintaining accurate data for each call and transaction.

By the time the officer is dispatched, the information being relayed is already third-hand. It is a very special responsibility to answer a 9-1-1 call. You have to be able to identify that the person is suffering through a mental health crisis. You must effectively and efficiently enter a call for service with appropriate text so that the dispatcher and responding officers have a full comprehensive understanding of what they are responding to. You have to make sure policy and procedure are followed. You have to ensure you have done your job as a public service professional of providing emergency services, knowing there is a great chance you will not know how it ends.

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Brian Battles grew up in Jefferson County, and graduated from Columbia College with a Bachelor Degree in Criminal Justice and a minor in Sociology. He has worked in Communications for the St. Louis County Police Department for almost six years, being promoted to Watch Supervisor one year ago.
As dispatchers, we are trained to handle the callers’ emergencies and stressful situations. Does a dispatcher feel unhealthy stress? Stress for dispatchers is not like the stress of daily life; it is more cumulative. It builds up over time. It can affect each dispatcher in very different ways.

Signs of cumulative stress in a dispatcher:
- Fatigue
- Burnout
- Trouble sleeping/insomnia
- Feelings of emptiness, such as “What is this all for?”
- Lack of motivation

Options for immediate stress management assistance are:
- Discuss concerns with co-workers
- Use cell phone apps, such as Firestrong.org, which offers peer support
- Take advantage of your department’s Employee Assistance Program.

It is extremely important to be pro-active and learn techniques of how each of us, as individuals, can manage stress before it affects us. My co-workers and I compiled a list of helpful ways we manage stress. Hopefully, there is an idea or two you’ll find useful.

When we’re on duty, we manage stress with techniques such as:
- Discussing calls
- Reading
- Planning crew meals
- Stepping out of the room for a few minutes

Off-duty techniques for stress management include:
- Exercise/recreation
- Lunch with close friends and family
- Getting plenty of sleep
- Healthy eating
- Listening to music/reading
- Doing something special for ourselves such as a pedicure/massage
- Doing something special for others such as baking gifts/making crafts

Remember, stress is a natural reaction. If unhealthy stress is not acknowledged and managed, it can destroy you. When managed correctly, it can improve your overall quality of life.

Janet Smith holds certifications in CPR, EMD and REJIS. She is a Certified Training Officer and is one of the Public Relations Education team members. She has been part of the Jefferson County 9-1-1 team for over two decades.

Be sure to check out the October edition of Street Talk when we address the physiology of stress.
As a dispatcher, handling stressful calls with a less-than-desired outcome occurs too often. It is a known part of the “job.” Shouldn’t people who know they may potentially handle a terrifying, horrific, personal, unimaginable call be able to deal with their feelings accordingly? Simply answered, “No.” Knowing the potential does not make particularly difficult calls easier to cope with. This is why Critical Incident Debriefing can have a tremendously positive effect on dispatchers and other emergency responders.

Extremely difficult calls could include:

- Calls that involve children
- Officer-involved shooting
- Injury or loss of a police officer, firefighter or paramedic
- Calls that involve family
- Suicides/homicides that occur while the dispatcher is on the line
- Mass casualty incidents
- Prolonged rescue with a negative outcome

Critical Incident Debriefings occur as soon as possible following the incident. During a Critical Incident Debriefing, which is conducted in a group atmosphere with no right or wrong format, each individual has the chance to talk about his/her perspective of the incident. Participants can talk about as much or as little as they like. Each person’s perspective may be slightly different. You’ll learn things about the incident you didn’t know before. For example, the dispatcher may know specifically how the call initially came in and what the reporting party said or sounded like. These details may not be known to the responding personnel. The debriefing is not a critique of the incident. Rather, it provides a chance to work through feelings, and all information shared is strictly confidential.

This setting has many benefits:

- Reduces the likelihood of PTSD
- Normalizes the experience of trauma
- Gives social support from those who understand
- Provides specific information about the incident
- Provides an appropriate place to “vent” and have questions answered

If you’d like to know more about debriefing, ask your agency’s Chief or Director to become part of a Critical Incident Stress Debriefing (CIDS) Program. If you feel the need for a debriefing session or feel one would be beneficial for your department following a critical incident, you should talk immediately with your Supervisor or the Supervisors from the other affected agencies.

Trista McGrath holds certifications in CPR, EMD, REJIS and CALEA Accreditation Management. She has worked as a dispatcher for more than three years.
Intervening to save the lives of teens who are depressed and suicidal
Ensuring that a man with schizophrenia received treatment, and that his bedridden mother had a safe place to live
Saving the life of an elderly woman ravaged by chronic pain
Coordinating mental health and social services for a woman with severe mental illness

These are just a few examples of the reasons 50 officers received the John J. McAtee Police Recognition Award on May 20. Nominated by their department or a mental health agency, these officers’ actions resulted in making a difference in the life of a person in psychiatric crisis.

Col. Sam Dotson, Chief, St. Louis Metropolitan Police Department, delivered the keynote address. Dotson spoke of how mental illness does not occur in a vacuum. It affects the person who is ill as well as family and loved ones. In turn, the compassionate actions of the officers also affect the life of the individual and impact an entire family. He praised the work of officers who learn effective strategies for responding to individuals in psychiatric crisis, and who go "above and beyond" to ensure a positive outcome.

He acknowledged “history teaches us over and over that social problems are not born in isolation, nor are they ever solved in isolation.” He applauded the problem-solving strategies that have been developed in our region, as evidenced by the cooperation of law enforcement and the mental health community.

Judge David L. Dowd, event chairperson, shared the honor of reading the officers’ stories with Pat McGonigle (KSDK News Channel 5), emcee. Each officer was individually honored as his/her scenario was read and the award was presented to the officer by Chief Dotson and Jim McAtee, son of the late John J. McAtee.

The award is named after the late Honorable John J. McAtee. His tenure as a judge strengthened his belief that individuals with mental illness deserve appropriate treatment rather than automatic incarceration, where the illness might not be addressed properly.

“History teaches us over and over that social problems are not born in isolation, nor are they ever solved in isolation.”

Chief Sam Dotson

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By the numbers…

- 50 awardees
- 2 officers nominated twice
- 32 separate incidents
- 16 departments
- 210 guests to honor awardees

Officer John Prater
Detective Rick Draper
Sgt. Bryan Agee
Officer Abby Sullivan
DeSoto Police Department

Officer Scott Murray
Wentzville Police Department

Officer Scott Krohn
Officer Kimberly Haus
Sgt. Erich von Almen
Officer Brittany Klein
Officer Christopher Koester
Officer Jonathan Waltke
Officer Kelly Finn
Sgt. Jeremy Romo
St. Louis County Police Department

Deputy Cheri Nahlik
Cpl. Ernie Howell
Cpl. Brian Taylor
Deputy Gavin Hopler
Jefferson County Sheriff’s Department

Officer David Bosler
Officer Ladarrius Stevens
Officer Adam Zeiter
Officer Wesley Pierce
Officer Richard VanDeutekom
Sgt. Sally Panzer
Detective James Thayer
Officer Christopher Pederson
Officer Alfred Allmon
Officer Sean Lipina
Officer Brandon LaGrand
Officer Richard Shicker
St. Louis Metropolitan Police Department

Sgt. Dan Hawk
Officer Leo Bergin
Ballwin Police Department

Officer Joe Zimmerman
Richmond Heights Police Department

Cpl. Michael Devine
Cpl. Greg Haug
Shrewsbury Police Department

Sgt. Aaron Sutton
Warren County Sheriff’s Department

Deputy Brian Johnson
Deputy Michael Norton
Lincoln County Sheriff’s Office

Officer Brian Coats
Creve Coeur Police Department

Officer Susan Gibbons
Officer Maurice Edmonds
Bridgeton Police Department

Officer Steve Beekman
Officer Amel Topcagic
Sgt. Tom Reinbold
Officer Steve Neuhauer
Florissant Police Department

Officer David Gleeson
St. Peters Police Department

Officer Brian Beckmann
Officer Matt Stephenson
Officer Ryan Dunn
Officer James Klingler
O’Fallon Police Department

Officer Ed Delaney
Olivette Police Department

Click here to see all the photos from the 2015 John J. McAtee Police Recognition Awards.