

First Responder Deflection Programs Responding to the Opioid Crisis: Findings From a National Survey

TASC's Center for Health and Justice

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Panel

- Jac Charlier, Executive Director of TASC's Center for Health and Justice (CHJ)
- Ben Ekelund, Director of Training and Consulting (CHJ)
- Hope Fiori, CHJ Administrator of BJA COSSAP Project

National Survey

- First-ever national, federally-funded, organizational-level survey specific to deflection and pre-arrest diversion built on the five pathways of deflection that cover SUD/ODD
- Survey of law enforcement, fire departments, and EMS serving those with ODD and other SUD
- Collaboration with BJA, IIR, CHJ, IACP, and NORC to develop, disseminate, and analyze the survey

Opioids, Overdose, and Deflection

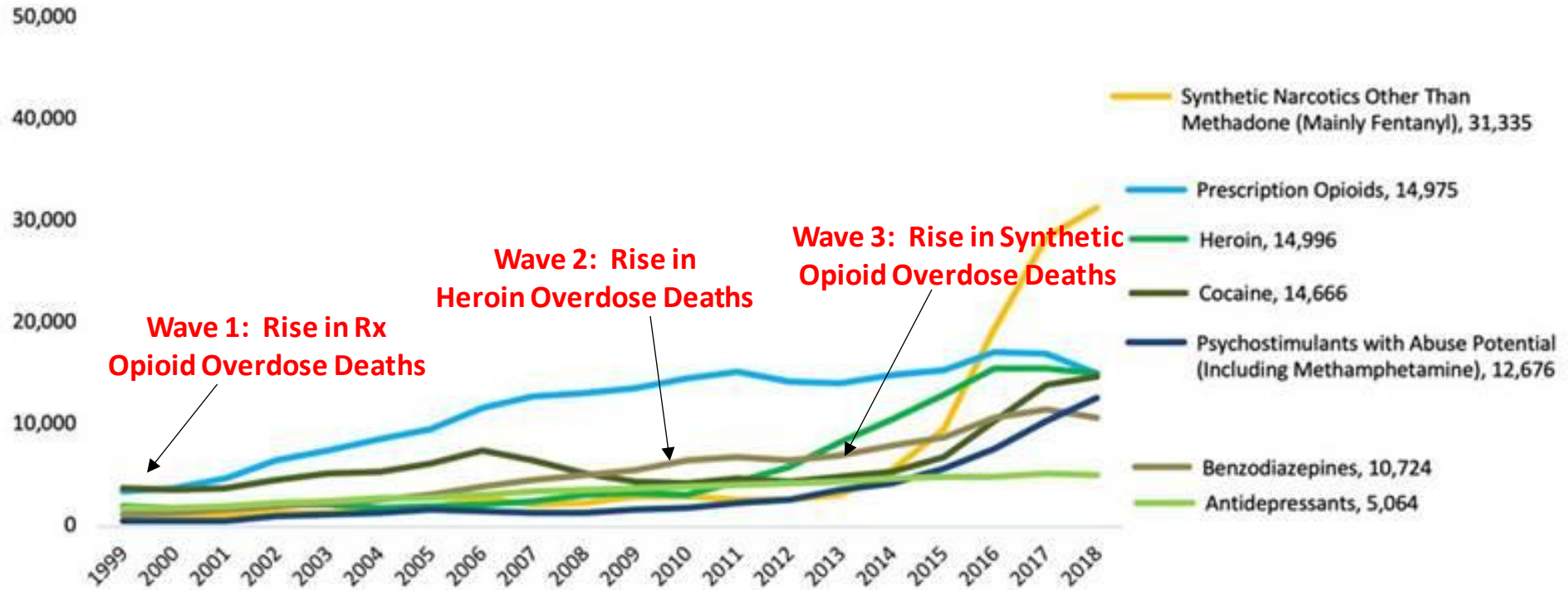
Correlated with a dramatic increase in drug use, especially synthetic opioids, and alarming increases in overdoses/overdose deaths:

- More than 750,000* overdose deaths since 1999
- Dramatic expansion in the use of synthetic narcotics (i.e., fentanyl) and resulting overdoses/overdose deaths (31,000 in 2018 alone)
- More than two-thirds of all overdoses/overdose deaths are opioid-related

*National Institute on Drug Abuse Report, data through February 2019

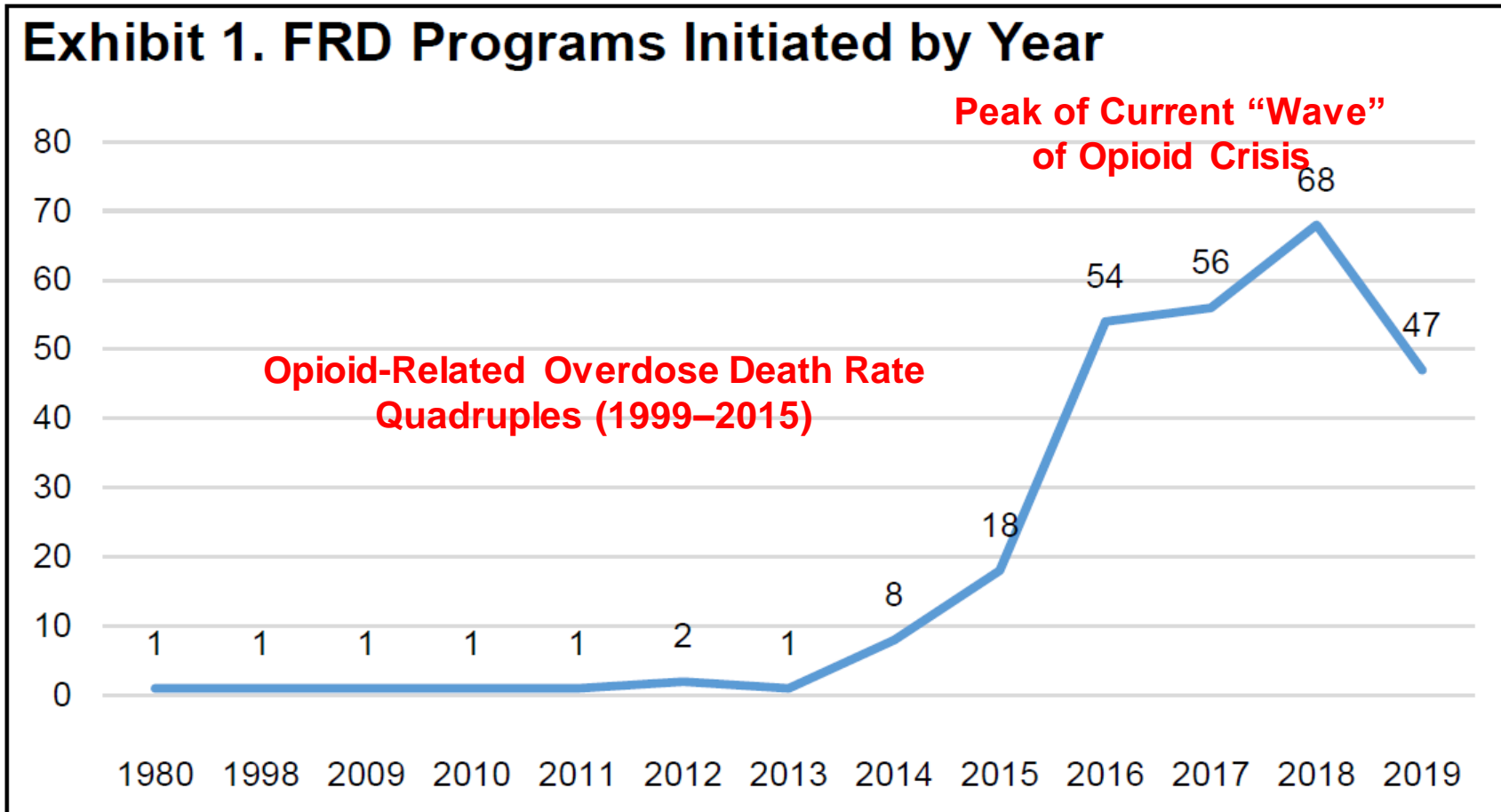
Note: The chart tracks multiple drugs that may be responsible for a single death

National Drug Overdose Deaths Involving Select Prescription and Illicit Drugs



Source: CDC

Deflection Programs Are a Direct Response to These Forces



PRE-ARREST DIVERSION: PATHWAYS TO COMMUNITY POLICE, TREATMENT AND COMMUNITY COLLABORATIVE





FR Deflection Framing

1. How are individuals identified for deflection/outreach?
 - I. Overdose
 - II. Voluntary referral
 - III. Activity associated with substance use
2. How is outreach conducted?
 - I. Department-based (walk-in)
 - II. Patrol-based (calls for service)
 - III. Intentional outreach (targeted outreach)
3. Is leverage used to get individuals into treatment?
4. Who conducts the outreach? (FR agency, team-based)



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Survey Methods



Survey Participation and Methods

- Identified 880 organizations thought to operate opioid first responder deflection programs
 - Of the 880, 221 determined to not have a deflection program and were excluded from survey
- Final response rate: Almost 50 percent (49 percent) for 321 completed surveys based on the denominator of 659 first responder organizations (880 – 221 = 659)
- Factoring in partial surveys (91 incomplete responses), the response rate was 62.4 percent (n = 411/659)
- Most data collection (January to September 2020) occurred simultaneously with the COVID-19 pandemic
 - Extensive development process for the survey
 - Review of literature/prior surveys
 - BJA, IIR, Advisory Board of experts (n ~ 20) and other stakeholder/expert input
 - Cognitive interviewing/testing of instrument (n = 15)
- Data collection: Nine-month period (January to September 2020)

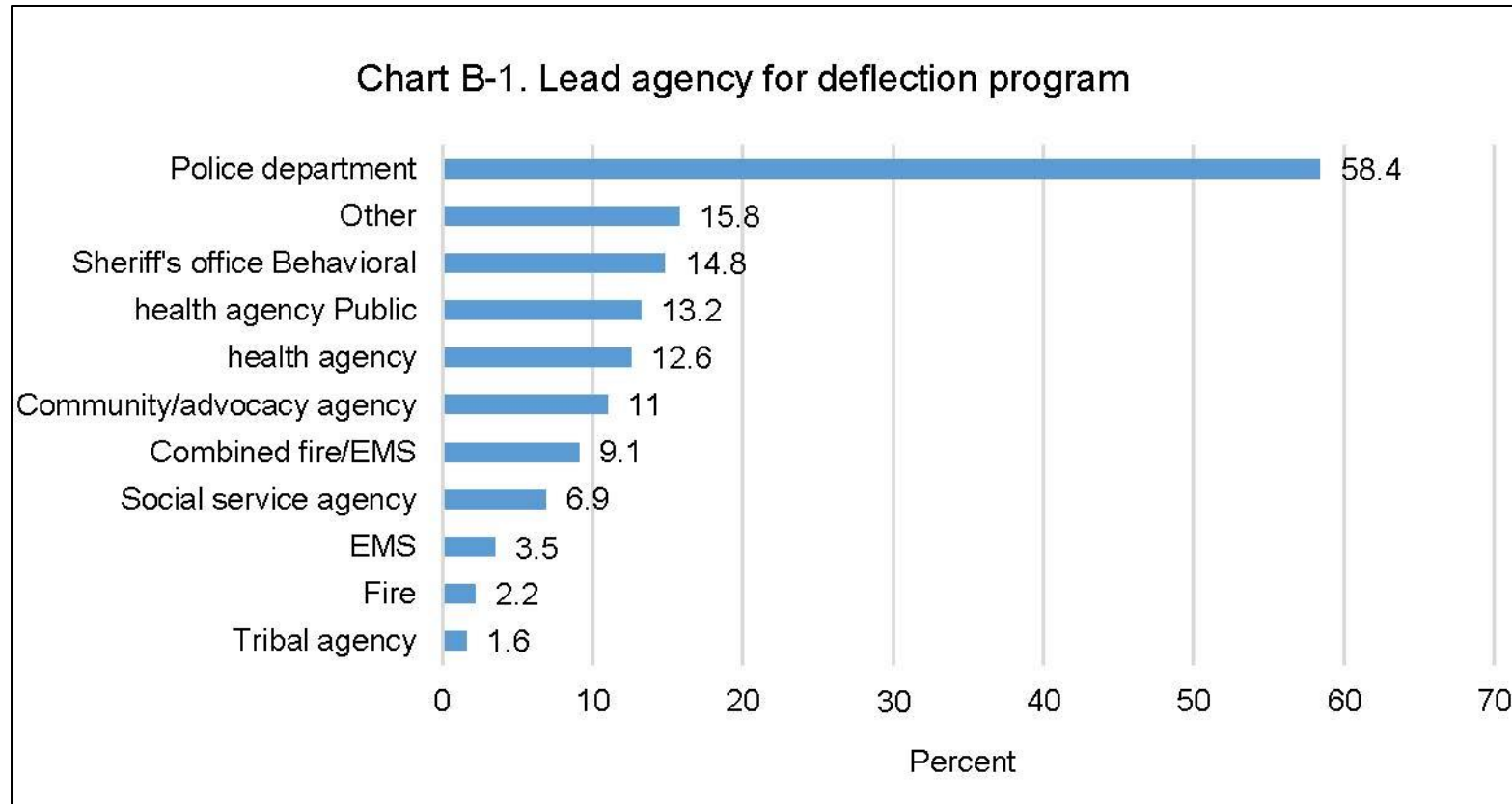


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**Key Findings
and Takeaways**

Law Enforcement Agencies Created and Lead Almost Three-Quarters of all Reporting Programs



Pathways Used by Respondents

- Naloxone Plus—the most common program pathway used by survey respondents (58 percent)
 - *e.g., co-response, wellness checks*
- First responder/officer prevention (55 percent)
 - *e.g., co-response, nuisance calls, specialized dispatch*
- Self-referral (53 percent)
 - *e.g., drug disposal programs, Safe Haven baby boxes*
- Active outreach (48 percent)
 - *e.g., co-response, homeless outreach efforts*
- Officer intervention—least common pathway (32 percent)
 - *e.g., pre-arrest diversion*



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**Outreach,
Engagement,
and Referral Findings**

More Than Half of Programs Involve Co-Responders— Peer Support Specialists Most Commonly Used

Table A-18. Initial contact to the target population in program

Program contact (Check all that apply) N = 307	N	%
Initial contact without the assistance of a treatment case manager	172	56.0
Initial contact with the assistance of co-responding case manager	157	51.1
Initial contact with assistance of a medical facility	34	11.1
Treatment case managers perform initial contact without assistance of first responder DEFLECTION/FIRST RESPONDER	70	22.8
Other	30	9.8
Assistance of co-responding treatment case manager (Check all that apply) N = 147		
Arrives on own at the scene while first responder still present	51	34.7
Arrives on own at the scene after first responder has left	14	9.5
Rides along with the first responder	82	55.8
Who are the co-responders (Check all that apply) N = 141		
Case managers	42	29.8
Child welfare workers/family welfare worker	9	6.4
Clinical mental health staff	0	0
Clinical substance use disorder treatment staff	61	43.3
Peer support specialists/recovery coaches	90	63.8
Social workers	42	29.8
Volunteers	30	21.3
Other	9	6.4

90 Percent of Sites do Physical Outreach—Not Just Phone or Virtual Outreach

More Than Half of Deflection Programs Provide a Personal Introduction (“Warm Hand Off”) to Treatment Case Managers

Table A-20. Referral to treatment and/or services

How individuals are referred to treatment through deflection program N = 300	N	%
Receive general written information about treatment	179	59.7
Receive written referral to treatment provider	62	20.7
Receive treatment appointment by program for specific date/time	95	31.7
Receive personal introduction to treatment case managers for assessment	175	58.3
Other	50	16.7



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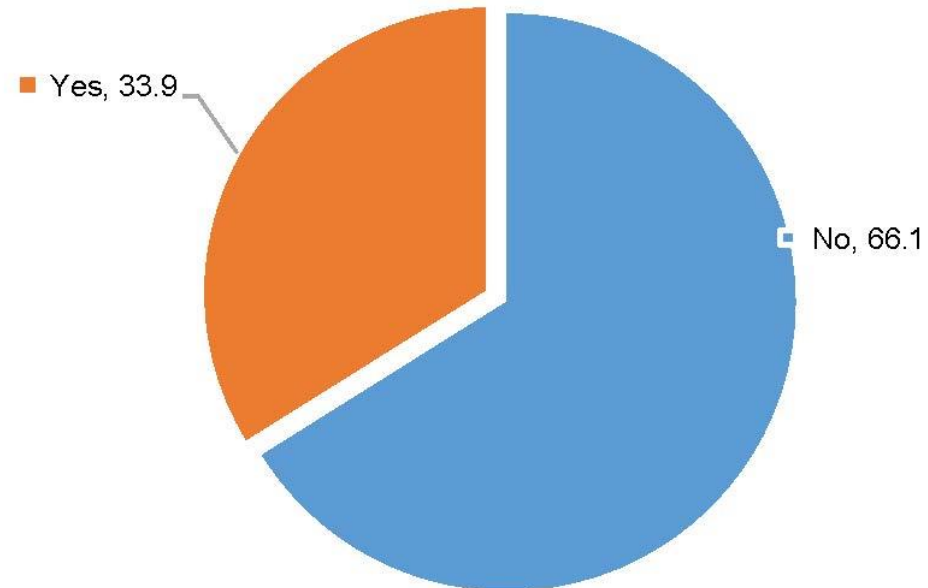
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Deflection Training

More Deflection-Oriented Training Needed

Though the scope of deflection program responses is impressive, many programs do not have specialized training that would help staff members who conduct deflection/outreach increase their effectiveness

Chart B-8. Deflection training curriculum



Deflection Training

Have staff received any of the following training N = 300

	N	%
Cognitive behavioral treatment		
Yes	83	27.7
Crisis intervention team training		
Yes	222	74.0
Cultural awareness		
Yes	183	61.0
Gender equity		
Yes	101	33.7
Harm minimization training		
Yes	111	37.0
Mental health treatment training		
Yes	202	67.3
Motivational interviewing		
Yes	92	30.7
Naloxone administration training		
Yes	273	91.0

Racial equity		
Yes	120	40.0
Recovery support services		
Yes	139	46.3
SBIRT*		
Yes	71	23.7
Addiction neuroscience		
Yes	93	31.0
Staff safety		
Yes	141	47.0
Substance use treatment training		
Yes	132	44.0
Other		
Yes	23	7.7



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**Deflection Partners
and Services**

Deflection Program Partnerships

Deflection is a multidisciplinary collaborative effort

- Most programs have two to five community-based partners whose work directly translates to client outcomes
- 58 percent of programs indicated having an agreement with diversion partners; however only 15 percent of these programs had formal, written agreements (e.g., MOUs)
- A program coordinator is critical—collect data, do case management, keep stakeholders happy, coordinate activities, etc.
- Regular stakeholder meetings important—64 percent of all respondents maintain a dedicated stakeholder group
 - Two-thirds of these hold stakeholder meetings at least monthly; all hold meetings at least annually

Treatment, Services, and Recovery

- Substance use treatment that includes access to medication-assisted treatment is the primary service provided in deflection
- Recovery support specialists play an important role in initial outreach and continued engagement of individuals in deflection programs
- Half of deflection programs used public insurance to access treatment—**nearly 90 percent of respondents are from Medicaid expansion/ACA states**



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**Funding
and Program Evaluation**

Local Funding Is Critical to Maintenance of Deflection Programs

Table A-29. Ongoing source of funding by pathway

	Self-Referral	Active Outreach	Naloxone Plus	Officer Prevention	Officer Intervention	Other	Total
Federal	62 19.3%	63 19.6%	74 23.1%	67 20.9%	42 13.1%	13 4.0%	321 100%
In-kind donations	31 24.2%	26 20.3%	29 22.7%	27 21.1%	12 9.4%	3 2.3%	128 100%
Local	76 27.5%	76 27.5%	84 22.3%	84 22.3%	45 12.0%	11 2.9%	376 100%
Philanthropic	14 22.6%	10 16.1%	13 21.0%	12 19.4%	10 16.1%	3 4.8%	62 100%
State	59 19.7%	57 19.1%	69 23.1%	65 22.0%	37 12.4%	12 4.0%	299 100%
Other	21 21.6%	18 18.6%	25 25.8%	21 21.6%	7 7.2%	5 5.2%	97 100%
No outside funds were used	18 22.2%	15 18.5%	15 18.5%	15 18.5%	17 21.0%	1 1.2%	81 100%

More Formal Evaluation of Programs Is Needed to Inform Decision-Making and Validate Success

Table A-33. Conducted a formal program evaluation

	N	%
Yes	38	16.7
No	189	83.3
Total*	227	100

*72 additional respondents selected "Do not know" (not included here)



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Implications and Future Research

Implications for Deflection

- Reframing the relationship between police and community
- Law enforcement accountability around issues of racial and social equity
- Reducing the size of the justice system; redirecting justice system budgets

Future Research Needs

- Adaptations to deflection programs as primary drugs of use change from opioids to methamphetamines
 - Sustainability of programs initially funded by federal or state grants
 - Continual scans of the field to better understand the number and types of programs
 - Focus on rural jurisdictions and the challenges that they face in including access to treatment resources and funding for deflection programs
 - Examination of how deflection can avoid racial disparities and adopt practices that ensure that deflection is planned and administered equitably
 - Research on the most effective pathways for initial engagement and long-term involvement in treatment services
 - Analysis of officers' perceptions of deflection and its impact on programs

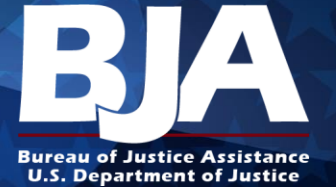
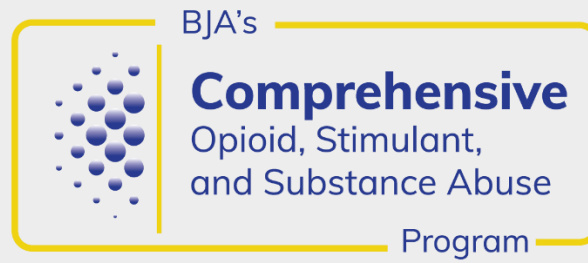
Questions and Answers



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