2022 National Recovery Month: Connecting Harm Reduction

Announcer: Welcome, and thank you for listening to this recording, part of the Comprehensive Opioid, Stimulant, and Substance Abuse Program (or "COSSAP") podcast series. COSSAP provides financial and technical assistance to states and units of local and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic. Since 2017, BJA has supported innovative work on these COSSAP sites across the nation.

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Jacob Walls: Hello, and welcome to our podcast for the Comprehensive Opioid, Stimulant, and Substance Abuse Program, known as COSSAP. It is an initiative of the Bureau of Justice Assistance. I'm your host, Jacob Walls, with TASC's Center for Health and Justice. CHJ is one of the technical and training assistance providers under the COSSAP grant. We are here to celebrate National Recovery Month. This podcast series highlights the role harm reduction, specialized case management, and peer support services play in deflection and recovery journeys. These conversations are joined by panelists from across the country who are experts in their respective fields that strive towards helping individuals suffering from a substance use disorder. In this final installment of Recovery Month podcast series, first responder deflection podcast, connecting harm reduction programming, specialized case management, and peers through first responder deflection. The CHJ team—with myself; Tom Bashore, Director for the National TA Deflection Center; and Jac Charlier, the Executive Director of TASC Center for Health and Justice—will summarize the previous podcasts focusing on how together they support and boost the goals of deflection programs. When used in concert, these supporting programs can bolster an individual's journey towards recovery.

So Jac, I'll start off with you. Can you tell us about TASC's approach to technical assistance and how have you been able to support and help

communities achieve their goals through this unique deflection program?

Jac Charlier: Sure. Thanks for that question, Jacob. TASC's Center for Health and Justice's approach to technical assistance comes down to a saying that everything is about context. In other words, we do nothing off the shelf. Everything that we do is based on the context of the community in which we work. So, as it relates to issues around peers and the ability to bring people with lived experience into deflection, which is all about promoting recovery, one of the things we look at in a community is what is the capacity of peers to be engaged? What is needed to increase that engagement level in a deflection initiative? And so, when you think of local context, you could come in with an off-the-shelf thing to put that into a community, but we don't want to do that. We want to make sure that people in recovery, peers, people with lived experience are built into, we'd like to say baked into, the DNA of a deflection initiative. And the only way to do that is to look and understand the local context before proceeding with any kind of plan about what a deflection initiative looks like.

So, what is the problem that you're looking at? What is the target population? Can you come to a shared agreement, shared vision, shared sense of mission and purpose for that community? And can you do it in a way that sets the table? That's the actual phrase we use, which comes from the community organizing world. Can you set the table in a way that is inclusive, not just of the obvious folks, which are going to be police and treatment, but of community? And community writ large is both the citizenry and the residents that live in the geographical area where deflections are going to be operating and, of course, folks who are in recovery, peers, and lived experience. So, from the very start, not as an add-on or an adjunct, but from the very start, as you set that first table before any decisions are made, other than we're going to do something called deflection, they are there right at that point in time.

Jacob: Thank you for that answer, Jac. Now I'll turn over to you, Tom. I know you haven't been with TASC's Center for Health and Justice that long, but what expertise have you brought into your role as the national TA director and also have you seen technical systems work in your own fields that you've been in previously?

Tom Bashore: Yes, thank you, Jacob. I think that the biggest thing is that the individual communities that deflection programs are started in have to be unique to that particular community. It can't be, like Jac indicated, cookie-cutter approaches. And so that takes bringing as many partners to the table as humanly possible so that you take a good robust and unique approach to what you are doing in that particular community. There's

going to be a learning curve, but the technical assistance center with the Center for Health and Justice has a lot of tools and expertise that is available to those individual communities and TASC's force deflection sites, anything that's going on that we can provide assistance from based on the knowledge that we have gained through doing that kind of work across the country and really internationally. So, don't be afraid to make mistakes because they're going to happen, but there's a lot of good expertise out there that can help individuals, communities get their programs or their initiatives up and running.

Jacob: Thank you for that, Tom. And talking about that expertise that's out there, throughout helping monitoring with these podcasts, what have you seen stick out from each podcast would you say, especially with the expertise of the panelists that we've had?

Tom: I think one of the things that really sticks out in my mind is just the dedication and commitment that we've seen from some of the panelists that we've had on with what they're doing in their particular communities. Always willing to help and reach out to other programs, initiatives that are getting started. We've discussed things like harm reduction and specialized case management that really expand on the programs of deflection that are occurring throughout the United States.

Jacob: Thank you for that, Tom, and I'll turn it back over to you, Jac. Question, when we're working this field, a major component is seeing those results—what have you seen the results working as a technical training assistant provider in terms of supporting individuals seeking positive change in their lives?

Jac: So when it comes to deflection and putting a deflection initiative program into place or deflection initiative into place in regards to individuals, the main thing deflection is doing or the main items that it's doing is, first, it is opening up more pathways and access to treatment and recovery and services than existed before. So, one way to answer the question is how have we seen deflection help people get into recovery—cause it's Recovery Month? The very first thing that we've seen, of course, is deflection is open up and we talk about the six pathways that exist in deflection, as recognized by the field of deflection—the six pathways, which are not six ways of doing deflection, but six paths by which you can access treatment, housing, services and, of course, on to recovery.

And so, the very first thing that's happening, of course, is deflection in communities that begins with one pathway, realizes that they can do it, then ends up doing a second and a third pathway. That's the first thing that happens in terms of individuals being able to achieve success,

which is achieve recovery, is that they have more avenues and more pathways by which to do that. And more and more people, depending on how it is that they will access recovery, are able to do that through a variety of pathways. So, knowing the six pathways and implementing more of those opens up more access points and more ways for people to be successful. The second thing deflection does that helps individuals be successful is it increases the speed or reduces the time in which a person has the ability to access treatment.

So, there's two things we know from research that promote recovery. One is good engagement with treatment—and this is true across any kind of medical or clinical field—one is good engagement, as in strong engagement, and then early access to medical and clinical and drug treatment is no different than that versus if you think about your own life, there's nothing surprising about that. If I can get you to medical care or clinical care earlier, and if you would stay more deeply engaged in it, the better the outcome. And so, the second thing deflection does that helps individuals achieve recovery faster and quicker and easier, first, it opens up the six pathways. Communities doing more pathways are creating more avenues for people to get into treatment, housing, services, and recovery. The second thing it's doing then, along the lines of what I just said, is it is increasing the speed at which they can access treatment.

And I'll use treatment right now because that could include obviously services, that could just be engagement for quite a while before the person actually gets into treatment or any services. It could be just engagement. And that's not saying the word "just" in a bad way that hey, for some people, engagement is going to be it, it accelerates the pace of that, and then that engagement then can also increase the speed at which they can access treatment. And those are the two things that really, really matter.

And then the third thing that's very important in deflection, and Tom already spoke to this a bit and I know on earlier podcasts you have done this also, is the incorporation of specialized case management, this idea that when people who are in need of a treatment are in between things that are going on and towards their recovery, they often are alone. Specialized case management, which is about relentless engagement with individuals, says whether or not you're in a service, whether or not you're in a treatment, whether or not you're in some kind of programming in a deflection initiative—deflection is not a program, it's an initiative—we are going to stand by you and we're going to stay by you so you're never alone. And so that's the third way in which deflection initiatives helps people, is it doesn't leave them alone as they move in and out of the various things that they are doing to achieve

recovery. So, opening up all six pathways in a community is certainly what I led off with. And that really then does feed into the last one I'm saying about specialized case management because as you're moving through the different resources that need to be accessed, different services that are available, or just kind of ebb and flowing in your life, you're never left alone. You always have someone there who's alongside you for that journey.

Jacob: Thank you for that answer, Jac. And Tom, I'll give you a chance to answer back for that as well.

Tom: Thank you, Jacob. There's been a lot of movement in the deflection field, and it's been said before that the deflection field itself is a fairly young field. It's 7 to 10 years old, and it's always evolving. And it's evolved considerably over the last couple of years with additions of the community aspect. We talk about the specifics of training for law enforcement on harm reduction methods, neuroscience, having them more engaged, equity, education, language and stigma, the importance of partnerships. So, things are growing considerably across the United States with deflection and how important it is, not just to law enforcement because we have deflection sites where law enforcement may or may not be involved in it. It may be a fire department or an EMS station or it just may come out of the community.

Jacob: Thanks for that, Tom. And to kind of build off on that, I know especially with, given your background and expertise in law enforcement, how have you seen your own viewpoint of deflection evolve?

Tom: Probably the biggest one for me is, in reference to harm reduction, when I first started the deflection site in North Carolina called the Hope Initiative, I was running that program for about two months and the North Carolina Harm Reduction Coalition had contacted me about what we were doing and asked me to partner with them in reference to syringe exchange program. And my immediate response to them was no; to me, that didn't make any sense. But it took some collaboration with them, some more education on my part, to fully understand the benefits that harm reduction brings to a community. And so that kind of changed my outlook on things for not just getting people into treatment but making sure that at some point, if they weren't ready for it, that through harm reduction methods or initiatives that we could eventually maybe get them there.

Jacob: Thank you for that, Tom, especially that candor. How you said that you've changed your own viewpoint talking about harm reduction. I feel like a lot of officers in your own shoes have done that same type of looking back and seeing "hey, when you learn more about harm

reduction, incorporating that in your deflection program." So, thank you for that. And Jac, I'll turn it over to you. I think it's safe to say that you have a little bit more years with CHJ and TASC in general. How have you seen deflection evolve throughout our team?

Jac: Sure. Actually, I'll go first to the wider field of deflection. I always say the set very humbly is one of the cofounders of both the field and movement of deflection. We have moved originally from primarily focused as a response to the opioid epidemic. In fact, I like to say that deflection was accelerated and catalyzed out of the opioid epidemic. It was not limited to that, but the majority of the early sites and many of the sites that came in '14, '15, '16 really were looking at it from the lens of reducing overdose and overdose death and promoting recovery, ultimately. The evolution, however, has been well beyond that. And so now we have deflection sites that are seated within fire and EMS and, of course, from the National Deflection Survey, the first one ever done, that was released here just recently. We know that 75 percent of those early sites were developed by police, 15 percent by fire and EMS, and 10 percent came from community.

So, the first evolution is that the sites have moved on then from just being an opioid overdose and overdose death response to now things that are incorporating issues around housing insecurity, sex work, mental health, children, families. And that's a great evolution as well as, of course, what deflection is really designed to do, which is to get upfront and early and not wait for a crisis, not wait for an overdose, not wait for an arrest. In fact, that is really one of the ways that we define deflection versus diversion is we're not waiting for "uh," whatever that "uh" is; we are getting the people early and upstream. The second thing then that has happened in the evolution of deflection has been very, very clearly the understanding that deflection is a broad-based community initiative. It is grounded and founded and builds this framework that allows a community to respond to a variety of issues. As I said, the evolution speaks to that and deflection not being a program, a program being a box into which you put things and things come out. Programs are good and they matter, but deflection is most definitely not a program, but it is a framework.

And then so those two ways, no longer being just about opioid overdose and responding to opioids but now addressing a wide variety of issues and, secondly, moving from what was initially a very programmatic type of approach—let's get this thing in quickly and let's start doing it—to this very broad-based community behavior health initiative—those are the two big evolutions in the field of deflection as it relates to Center for Health and Justice. And Jacob, I want to go back a little bit more to a question you asked me earlier that I didn't answer. That was your

opening question. I didn't get to answer the second part of it but speaks to this, which is the Center for Health and Justice as the technical assistance provider for COSSAP.

And prior to that, having done technical assistance in what would become the field of deflection, one of the main evolutions that happened is that early on, we were doing it by kind of feeling our way around. And this is something that for a lot of people, say you first started your deflection initiative, you didn't know what to do, to now, where they exist evidence-based tools for putting in a deflection initiative. So, this is also an evolution. We use practice-based tools. We have resources, for example, the National Council Resources. A National Council for Mental Wellbeing did a great series of guides on deflection and pre-arrest diversion focused on opioid overdose, but they did a great series of guides. You now have the BJA COSSAP Deflection Resource Center. You have the PTACC, Police Treatment and Community Collaborative, which is the national voice of the field; it has its resource center. IACP, International Association of Chiefs of Police, has its resource center. So, you have a lot of these resource centers and tools that now exist, which did not exist before, also as an evolution.

And then finally, of course, the Center for Health and Justice alongside PTACC developed what is the gold standard action planning called a solutions' action planning document for the implementation of deflection in any site because it drives it by context, drives it by shared mission and purpose, drives it within the six pathway framework to allow a community to develop its own initiative, name it what it wants to name it, focus on what it wants to focus on—and again, another evolutionary approach. So, responding to your last question or an evolution of our field as well as responding to your first question, how it is that we help communities get at success. So, I'm kind of blending two together there, Jacob.

Jacob: That's fine. The work that we do, sometimes we have to blend a lot of things together. It's not just one clear-cut answer for everything. As sites use the six pathways, many of our sites use a multitude of all those pathways. So, blending together is something that we all have experience with, Jac, that's for sure. And I'll go into touching point about how the vast resources are out there. How can communities request and engage with TA teams like CHJ and other technical assistance providers?

Jac: So, the three ways that anybody can request training and technical assistance, TTA, from any of the COSSAP providers, actually—it's not limited to us—if you want to do deflection in your community, you want to do it better, you want to have this focus on recovery and bring in

peers and lived experience and use the tools that now exist, three ways you can do it at any time with COSSAP: One is, you can always contact the TA provider directly. The TA provider will have to get permission, if you will, from BJA depending on what you're asking. But if it's things like "Connect me to a resource," "Do you know of a tool for this?"—those are things we can do very quickly. But you can always contact the technical assistance provider directly, and I know the podcast will have the information on how to contact the Center for Health and Justice.

Second, you can go to the COSSAP website, and the COSSAP website has the online form that you can complete. That is very easy to do; it's not intimidating, just asks for some basic information about who you are and what you're looking for, and make sure you put in there the keyword "deflection" because there's lots of things that come into COSSAP as well as the BJA and you want to know that the keywords help route it to the right place. So say, "Hey, I want to do deflection. I want to do deflection better. I want to get at this idea of how it is that we get these early upstream interventions," leveraging first responder contacts or at times now with the sixth pathway of community responder, no first responders, but leveraging these contacts to build a behavioral health framework in a community that decides how we're going to respond to issues of substance use disorder, people who have substance use disorder. So, you can go to the COSSAP website.

And a third way, which always exists for BJA, is you can go to NTTAC, which is the National Training and Technical Assistance Center. And you can put in a request through NTTAC directly. And again, use the word "deflection," so it routes correctly. The best way is directly to COSSAP. Second best is to the TA provider. Third is NTTAC, cause NTTAC's taking in everything that BJA has. Main thing is whether you use COSSAP or NTTAC, use that word "deflection" so it routes to the right place.

Tom: So, just to follow up one thing with all the things that Jac has laid out. I would like to let all of our COSSAP partners know that right now, we do have seven mentor sites and these are sites that have gone through obviously a vetting process; they've applied for that. And what happens is new initiatives that want to come on board, we set them up with a mentor site so that there are actual visits to go and speak to those practitioners in the field that are doing that specific type of work that whatever deflection program or initiative that they want to initiate in their own communities. And so, we will be expanding that from 7 sites to 10 sites in the coming months.

Jacob: And Tom, with that expansion and also just having those mentor sites that we do currently have, how important is it to have that on-site TA option for grantees and non-grantees as well?

Tom: Probably one of the biggest things is that when you're starting a new initiative, you're obviously not going to have all the answers. And so you can visit a site and, through COSSAP, those expenses are taken care of so that you not only learn where all the landmines are and so not to make these mistakes or make sure you're having the right people at the table or how to do your action planning, what it actually looks like in practice as opposed to just a policy or some vision that you had. So, that's probably the first thing. The second thing, I think, is that when the mentor site itself can learn even from questions and inquiries that the visiting team would make amongst them or look to be able to expand their own program or add a different deflection initiative in their particular community.

Jacob: Thank you for that, Tom. I think it's really a good distinction to make that these visits aren't just benefiting that, you know, the site that's trying to get their program started too. But it's also for the mentoring site itself. Everyone's learning. Everyone's trying to learn something new, trying to expand their own program as well. So, those on-site visits, it's beneficial for both parties involved. And then, I'll switch over to you, Jac. What exactly is CHJ's role in those on-site visits between one site and the mentoring site?

Jac: Our role is, what we call in the technical assistance role, translation. And that is to say, when people talk about going to look at something, "I want to go look at a deflection site and I want to come back to my jurisdiction, do it, that sounds simple, the process of going somewhere simple and looking, but the ability to translate it back, going back to my opening word about the context, and if you want to do good technical assistance, you don't tell war stories, you understand how you do translational items, which is to understand context, understand evidence, understand practice, and how you move something from one site to another, think through what can be moved, what cannot be moved, and how it applies.

So, the role of the Center for Health and Justice, as the National Technical Assistance Deflection Center for BJA on this, is to help sites that are visiting a mentor site translate that back to their own jurisdiction. That's the main thing going on. "Oh, I see that you are using peers in your site. Good. We'll go back and use peers too." Well, let's talk about the peers they use, why they use them, what they're doing them for, what does their larger peer community look like. And now, let's see how that could be translated back to yours, and if so, what

would be the differences and similarities? So, we're doing the translation work between the mentor sites and the sites, the mentees that are visiting to understand. And some of that is kind of fairly simple, what you think—I'll give a quick example. You have an inner-city urban environment to a deeply rural, maybe a frontier environment. People would understand that as the need for translation between the two. Neither is better or worse; it's just translation. But some of the less obvious stuff that really requires depth of technical assistance experience would be, for example, we are using a combination and a deflection site that's a mentor site where we have a police officer, an EMS, and a treatment person working collectively.

Well, what does that look like then if you were to translate that, say, to a rural area of our nation where none of those might exist in any sufficient quantity to do the work, yet you still want to have that kind of combination of professions working together? How could you do that? And so those are two examples. One an easy prima facie of what good translation, simple translation—I was going to say good—could look like and the other one of what we do of, "Okay. Well, let's take a look at that. What does that look like then to be able to do what you're seeing back in your community? How does it need to be modified? Or, in fact, you can't do it and therefore we have to do something completely different," also could be a possibility.

Jacob: Thank you for that breakdown of what exactly the role that technical translations providers do. And kind of going off of that, how important is it to have people with varying different lived experiences or expertise in fields of first responders being in that technical system's role?

Jac: Yeah. Lived experience is critical as somebody who's been around at the intersection of justice and treatment for almost my entire career; it's really my background. This public safety, public health intersect is what I do and what I have done. Lived experience, which you've known about for a long time, it's finally, by the way, getting its due and its heyday and more power to every person for whom they're getting the recognition that's long overdue and, hopefully, the pay, the job, and everything that goes with it too, not just as a volunteer. The critical nature of it, the best analog I can give when I describe it to people is if you were running a business and you never asked your customers what their experience was like in your store, in your business, and never asked them what they thought and what did it look like for them when they walked into your store, how were the staff doing, what was the product like, you would be a short-lived business.

And so, for us in the field of deflection, from the start, we have talked about peers, lived experience, people in recovery as being crucial to

helping us understand what's going on that we cannot otherwise see. How is something being experienced, understood? What is the languaging of it? Now, many of your listeners will recognize, Jacob, that we're getting into topics like, for example, credible messengers; that can come from lived experience. So, it is the color and the flavor and the texture that they are able to see and understand that someone like myself—while I've worked in the space, I don't have lived experience—I could not see or grasp without their expert and extremely valuable and extremely important insight into things.

So, there's other reasons you have lived experience, but for me as a technical assistance provider, as someone in CHJ who helps set up tens and tens and tens of deflection sites, our rationale really is, again, among the many that are out there that other podcasts are covering and you've covered in earlier episodes are do you really want to get the insight into how this looks for folks who are accessing deflection or on their way to recovering deflection, and what's going on? And if you do, you better get close to the customers because only the customers can really tell you what's happening and how it feels to them.

Jacob: Thank you for that, Jac. And then I'll turn it over to you, Tom. Do you have any comments about what Jac said? Is there anything you want to add on to that?

Tom: Yeah, individuals with lived experience are extremely valuable to be a part of the conversation and the collaboration that takes place with any initiative that's going to take place in the community. I can give you an example just from a law enforcement perspective: law enforcement officers across the country, they will go into a community and do community meetings. Maybe they do them once a month, maybe they do them once a quarter, and many times they'll look at their police data and say that these are the problems that are going on in this community, so these are what we need to be prepared to talk about. They may say that speeding is a problem in this particular neighborhood, so when we go to this community meeting, that's all the conversation we're going to have about is speeding—what we can do to slow traffic down, what we can do to better protect crosswalks, what we can do to reduce the number of accidents. And when you get to the community meeting, you quickly realize that that's not what the community wants to hear because their biggest concern is littering.

And so, unless you have those individuals with lived experience a part of and embedded in your planning process and your overall vision for whatever initiative that you want to engage in, it's just critically important that they be part of that from the start.

Jac: One of the things we like to talk about in deflection that's really important for Recovery Month and as we talk about peers and lived experience is that we don't need to wait for an event to happen. We don't need to wait for an overdose, a crisis, a mental health episode, an arrest to happen. And what we want to do is learn from people lived experience who say, "If I had had access to deflection earlier, I wouldn't have ended up where I would've been." And so, in deflection, we really want to encourage sites and people listening to this to say, "Don't wait for a crisis, an overdose, an arrest, a situation; instead, listen to what people with lived experience have told us, which is, 'Help me earlier on before anything gets to that point, and I'll do better and the community will do better and my family will do better.'" That's a critical element of what we say in deflection.

Another point I want to raise is deflection is an early upstream intervention. It's not a program, it's a framework. And the earlier we can get to people, that's critically important that we do that cause we get better outcomes all around. So, we want deflection to be placed early and upstream. We want it focused on substance use disorder generally, not specific to any specific substance or situation. We want it to include housing, we want it to include services and reducing harm. We want it to include mental health and children and families. You can build your deflection initiative in a way that reflects the totality of things that people in your community are facing—food insecurity, for example; school issues. And you are truly then getting at the essence of what deflection is, in contrast to the other D word, diversion, which is important but really speaks to the justice situation. Deflection is speaking to the community's situation cause it is grounded and founded and preceded by community.

Jacob: Perfect. Thank you, Jac. Thank you again to our audience for listening to this podcast and the panelists for their great discussion of this topic. We at CHJ invite you to check out the COSSAP resource page at www.cossapresources.org, which has guidance for you and your communities' overall strategy to support individuals in recovery and those that want to address substance use.

Announcer: Thank you for listening to this podcast. To learn more about how COSSAP is supporting communities across the nation, visit us at www.cossapresources.org. We also welcome your email at cossap@iir.com.