



THE UNIVERSITY OF ARIZONA
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Southwest Institute for Research on Women



**TUCSON POLICE DEPARTMENT
DEFLECTION PROGRAM**
Impact at 18 Months
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EXECUTIVE SUMMARY

The Tucson Police Department (TPD) Deflection Program aims to address misuse of opioids and other substances as well as related issues, such as criminality, by identifying individuals with substance use issues,¹ encouraging them to get treatment, and immediately transporting them to a treatment provider. This report summarizes evaluation findings indicating program impact achieved during the first 18 months of the evaluation.

The TPD Deflection Program has been successful at identifying individuals with substance use issues and encouraging them to get treatment.

Through the Deflection Program, **1225** unique individuals with substance use problems were identified and encouraged to get substance misuse treatment.

Field officers conducted a total of **1044** deflections where individuals with substance use problems were encouraged to get connected with a treatment provider in lieu of arrest.

The TPD Deflection Program has been successful at identifying individuals who are willing to consider treatment and were successful in encouraging individuals to consider treatment.

47% of the individuals offered deflection to treatment indicated that they definitely wanted to do it.

Of the 499 individuals who were initially unsure or definitely not interested in deflection to treatment, officers were able to encourage **32%** to get treatment.

The majority of individuals offered deflection agreed to it (**69.2%**).

About half (**50.2%**) of the deflection incidents resulted in immediate transport to a treatment provider.

Encouraging individuals to consider substance misuse treatment does *not* present a time burden.

Deflections took less time on average (**49** minutes) than incidents that ended in arrest or citation (**77** minutes).

The time it took officers to complete an arrest or citation did *not* increase if the officer discussed deflection and substance misuse treatment with the individual.

The majority of TPD officers appear to be utilizing the Deflection Program and considering deflection program eligibility criteria as well as subject willingness for substance misuse treatment when they are deciding whether to offer deflection.

Community members are *not* utilizing the Deflection Program on their own initiative, with only **24** having approached officers for assistance with getting substance misuse treatment.

The TPD Deflection Program has been successful at assisting individuals who have substance use issues in getting needed health-related services and treatment, with **468** of deflected individuals transported immediately to CODAC Health, Recovery & Wellness, Inc. (CODAC), TPD's main partnering provider for the Deflection Program.

¹ This term as well as other behavioral health-related terms are defined in the "Definitions" section of this report.



299 (64% of the 468) completed enough of CODAC's comprehensive assessment of physical, mental, and behavioral health problems and needs to be diagnosed.

Of the 299 diagnosed, **7 in 10** had an opioid use disorder; **6 in 10** had a substance use disorder, other than opioids, cannabis, and tobacco; **about 4 in 10** had an opioid use disorder as well as another substance use disorder; and **99%** had a substance abuse issue or substance use disorder.

126 (26.9% of the 468) are currently in longer term substance use treatment at CODAC; and **87** (18.6% of the 468) are currently engaged in CODAC's medication-assisted treatment (MAT) program for people with opioid use disorder.

274 (58.5% of the 468) received some kind of healthcare supportive service from CODAC with **215** (78.5% of the 274) receiving more than one type of service.

In coordination with TPD Substance Use Resource Team (SURT) officers, the co-responding behavioral health Outreach & Engagement Specialists have provided a substantial amount of recovery support services, reaching individuals where they are in the community.

There have been **717** recorded attempts to provide recovery support services.

435 (61%) of these attempts resulted in the provision of at least one recovery support service.

1027 recovery support services have been provided.

Deflection Program participants have expressed positive reactions to the Deflection Program, such as gratitude for the assistance, respect, and encouragement provided by TPD officers.

Based on these preliminary evaluation results, recommendations for improvement of the Deflection Program include promoting the Deflection Program to TPD officers and the community; providing supportive training to TPD officers; identifying and addressing barriers to utilizing the program and to immediately transporting individuals to a treatment provider; coordinating follow-up with deflected individuals not immediately transported to a treatment provider; and continuing to implement the law enforcement/behavioral health co-responder outreach approach.



THE OPIOID EPIDEMIC

The opioid epidemic has been called the most fatal drug crisis in U.S. history (National Safety Council, 2018). Over 42,000 people died of opioid overdose in 2016, with an additional 21,632 dying from an overdose of other substances (Hedegaard, Warner, & Minino, 2017). The impact of these deaths is widespread with one in 10 people in the U.S. knowing one or more of the deceased (National Safety Council, 2017). Many more deaths are imminent as a result of the widespread prevalence of opioid misuse and opioid use disorders in the U.S.—11 million people misused an opioid pain reliever in the past year and 2.1 million people have an opioid use disorder (SAMHSA, 2017).

Risk of opioid overdose is particularly high in Pima County, Arizona (ADHS, 2017; 2018). Arizona is among the states with the highest and fastest increasing rates of primary treatment admissions for heroin and opioids per capita, as identified by SAMHSA's 2015 Treatment Episode Data Set. Emergency departments in Pima County have documented a stark increase in opioid-related incidents in recent years, with a 102% increase in opioid-related emergency visits and 91% increase in inpatient stays between 2008 and 2016, totaling an estimated \$431 million in healthcare costs. In 2017, 239 of the 328 (73%) overdose deaths in Pima County included an opiate compound, and 89% of those deaths were determined to be an accidental overdose, demonstrating the lethality of the substances used in this region.

Law enforcement agencies across the nation are recognizing the limited effectiveness of traditional approaches to addressing substance misuse and additional problems created by responding with justice involvement. In response, a number of jurisdictions have started to implement different deflection models. However, their effectiveness has yet to be established (TASC, 2017) and jurisdictions struggle with implementation, reflected in the demand for training and technical assistance (PAARI, 2016). There is a lack of practical guidelines regarding how to adapt implementation to the specific jurisdiction and healthcare context and for the particular characteristics of the target population.

The law enforcement/behavioral health co-responder model has emerged as a promising approach to addressing police incidents with suspected mental health and, to a lesser extent, substance use issues (White & Weisburd, 2017). However, a recent review of the co-responder model found a lack of data to evaluate effectiveness of this approach (Puntis et al., 2018).

THE TUCSON POLICE DEPARTMENT (TPD) DEFLECTION PROGRAM

The TPD Deflection Program aims to address misuse of opioids and other substances as well as related issues, such as criminality, by identifying individuals with substance use issues, encouraging them to get treatment, and immediately transporting them to a treatment provider. The Deflection Program has three main components. (1) Under the Deflection Program, police officers have the discretion to deflect individuals with substance use problems who are willing to consider treatment. That is, they encourage them to seek treatment in lieu of arresting them, which includes transporting them immediately to a partnering treatment provider when possible. (2) A subcomponent of the Deflection Program is the Angel Program, where police officers help individuals get connected to substance misuse treatment providers when they approach police officers in the community or at a TPD facility and ask for assistance. (3) A third key component of the Deflection Program is the law enforcement/behavioral health peer support co-responder



teams who are conducting active outreach in the community focused on encouraging people to seek substance misuse treatment or to re-engage in treatment if they had been in treatment before. These efforts are led by TPD’s Substance Use Resource Team (SURT). SURT officers partner with behavioral health peer support Outreach & Engagement Specialists co-located at a TPD facility.

TPD implemented the Deflection Program July 1, 2018. The University of Arizona’s SIROW began the evaluation of the Deflection Program November 1, 2018 upon the award and initiation of a grant from the Substance Abuse and Mental Services Administration (SAMHSA, 1H79TI081559). SIROW is a resource and research institute whose mission is to develop, conduct, and disseminate collaborative outreach, education, intervention, and research project of importance to diverse groups to strive for a more just and equitable society for all. Since December, 2019, Arnold Ventures has also provided support for the evaluation. This report summarizes preliminary findings indicating program impact during the first 18 months of the evaluation of the TPD Deflection Program utilizing data collected November 1, 2018 to April 30, 2020.

TPD DEFLECTION PROGRAM IMPACT

TPD Connection of Individuals with Substance Use Problems to Treatment & Services

The TPD Deflection Program has been successful at identifying individuals with substance use issues and encouraging them to get treatment.

1225 unique individuals with substance use problems were identified and encouraged to get treatment through the Deflection Program.

In total, there were **1385** times that TPD officers and the law enforcement/behavioral health peer support co-responder teams identified individuals with substance use problems and encouraged them to get treatment through the Deflection Program.

	Deflections	Angel Program	Outreach ²	Total
Unique Individuals	921	24	280	1225
Total Incidents	1044	24	317	1385

Officer Utilization of the Deflection Program

Field officers conducted a total of 1044 deflections, an average of 58 deflections per month. In total, officers deflected 921 individuals, deflecting 92 of these individuals more than once.

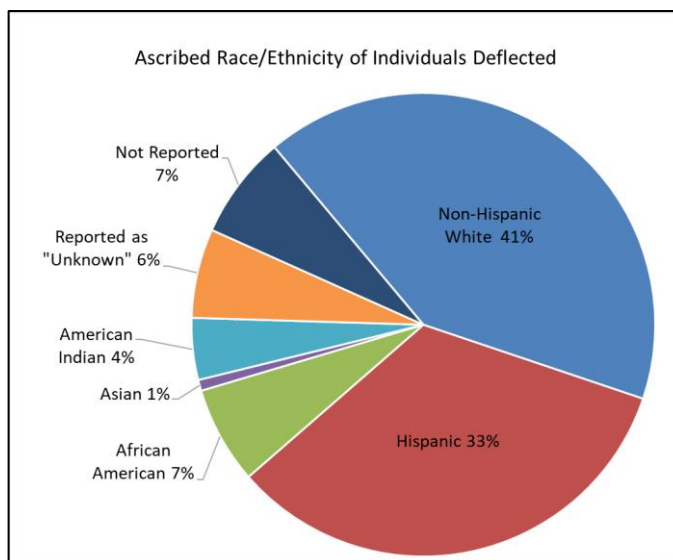
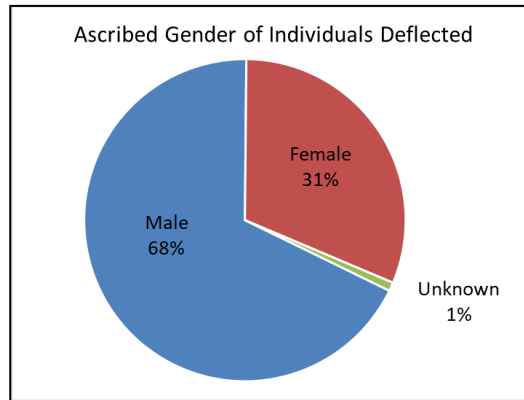
² These counts do not reflect all outreach contacts. They reflect the number of times SURT officers and/or Outreach & Engagement Specialists provided outreach to an individual that included talking to them about substance use issues and encouraging them to get treatment.

Description of Deflected Individuals³

TPD officers have deflected a variety of individuals.

The ages of deflected individuals ranged from 18 to 80 with an average age of 33.4.

As shown in the following figures, the majority (68%) of the people deflected were perceived by officers to be male. Forty five percent of the people deflected were perceived by officers to be of minority racial or ethnic status; they were perceived to be of a race or ethnicity other than white. For an additional 13% of deflections, officers did not report race or ethnicity of the deflected individual or reported that they were “unknown.” Forty one percent of deflections were perceived to be non-Hispanic white.



Individuals' Initial Reaction to Deflection to Substance Misuse Treatment

For the majority of deflections, officers completed a survey to describe the nature and outcome of their interactions with individuals to whom they offered deflection. Officers completed surveys for 935 of the 1044 (90%) deflections.

³ Gender and race/ethnicity are ascribed by the officer. In cases of missing ascribed gender, gender has been imputed based on the gender most commonly associated with the individual's first name. In cases where this is ambiguous, no gender has been imputed.

The data shown in the following table indicate that officers identified individuals who are willing to consider treatment. Officers reported that 47% of the individuals offered deflection to treatment indicated that they definitely wanted to do it.

The data in the following table also indicate that officers not only had the opportunity to encourage people to consider deflection to treatment but were also successful in encouraging them. Of the 499 individuals who were initially unsure or definitely not interested in deflection to treatment, officers had the opportunity to encourage 84% of them to get treatment, resulting in 32% who decided to get treatment. Thus, 64% (436 + 160) of the people offered deflection indicated that they would consider treatment.

Definitely wanted to do it	Undecided/unsure	Definitely not interested
436 (47%)	276 (30%)	223 (24%)

Officers had an opportunity to encourage **420 (84%)** of these 499 individuals to consider deflection to treatment.

160 (32%) of these 499 individuals were persuaded by officers to get treatment

Results of Deflection Incidents

The following table indicates the results of all 1044 deflection incidents. These data indicate that officers are identifying individuals who are willing to consider treatment. The majority of individuals offered deflection agreed to it (69.2%). Only 30.8% did not agree to deflection to treatment.

Result of Incident	Count	Percent
Individual did not agree to deflection to treatment	322	30.8
Individual immediately transported to provider		
Officer transported individual immediately to treatment provider	496	47.5
Officer called another agency to transport individual immediately to treatment provider	22	2.1
Officer transported individual to hospital	6	0.6
Officer gave individual treatment provider information encouraging them to seek treatment	143	13.7
Individual agreed to deflection but result not reported	23	2.2
Deflection accepted, however individual arrested for pre-existing warrant or other charge not eligible for deflection (e.g., domestic violence charge)	32	3.1

About half (50.2%) of the deflection incidents resulted in immediate transport to a treatment provider. Most of the time (47.5%), officers were able to transport the individuals to the treatment provider themselves. A little over one in ten (13.7%) individuals offered deflection were not taken immediately to a treatment provider but instead were given information about seeking treatment and encouraged to seek treatment. A small percentage (3.1%) of individuals

were offered deflection of the current substance-related charges and agreed to seek treatment but were arrested for pre-existing warrant or other charge not eligible for deflection, such as a domestic violence charge. Officers gave these individuals informational resources to have on hand when they were back in the community and could seek treatment.

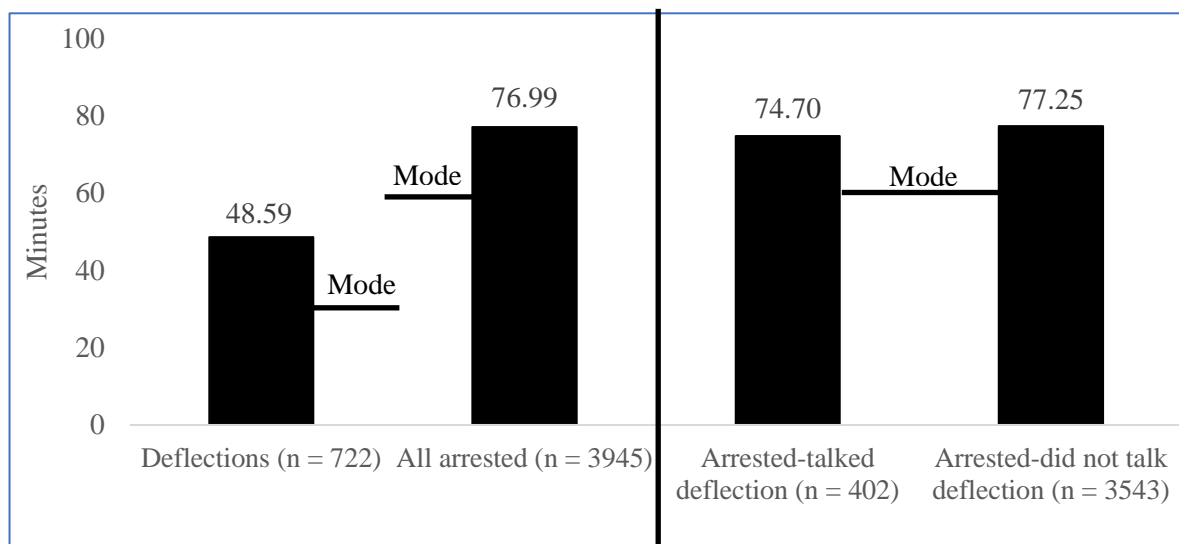
These results suggest that most people are *not* agreeing to deflection just to avoid arrest. A significant proportion of individuals offered deflection (30.8%) turn it down. In addition, most of the individuals who agreed to deflection were immediately transported to a treatment provider. They did not agree to deflection and then avoid going to a treatment provider. Of the 690 who agreed to deflection who were not arrested for outstanding warrants (722-32=690), 72% were taken immediately to a treatment provider.

Time Duration of Deflection and Arrest Incidents Related to Substance-related Charges

Encouraging individuals to consider substance misuse treatment does *not* present a time burden.

As shown in the left-hand panel of the following figure, officers reported that deflections took less time on average than incidents involving substance-related charges that ended in arrest or citation. Officers reported that deflections took 10 to 240 minutes to complete, whereas arrests or citations took 10 to 1080 minutes to complete. Deflections took 48.59 minutes on average to complete with the most common duration (the mode) being 30 minutes. Arrests or citations took 76.99 minutes on average to complete with the most common duration being 60 minutes.

As shown in the right-hand panel of the following figure, the time it took officers to complete an arrest or citation did *not* differ depending on whether or not the officer discussed deflection and substance misuse treatment with the individual. Officers reported that arrests during which they talked about deflection took 10 to 420 minutes to complete, whereas arrests during which they did *not* talk about deflection took 10-1080 minutes to complete. Arrests involving discussion of deflection took 74.70 minutes on average to complete with the most common duration (the mode) being 60 minutes. Arrests not involving a discussion of deflection took 77.25 minutes on average to complete with the most common duration being 60 minutes.



Individuals Not Offered Deflection

Officers completed surveys regarding 5,375 drug related cases that occurred during the 18 month period and did *not* result in deflection.

These data, shown in the following table, indicate that the majority of officers appear to be utilizing the Deflection Program and considering the deflection program eligibility criteria related to alleged criminal activity and criminal history as well as subject willingness for substance misuse treatment when they are deciding whether or not to offer deflection. Individuals suspected of violent crimes, who have felony warrants involving a violent offense, involved in exploitation/victimization of others, or suspected of illegal drug sales are ineligible for deflection.

The most commonly reported reason why officers did not offer deflection was because of program ineligibility related to the type of crime or criminal history. This reason was reported for 45% of the individuals. In addition, almost 2 in 10 (19%) individuals were ineligible for deflection because they lied to or were aggressive toward officers.

About 3 in 10 (27%) individuals were not eligible for deflection by their own choice. For example, these individuals told officers that they were not interested in treatment, did not have a substance use problem, or did not need treatment.

A small proportion (5%) of individuals were not eligible because they were in crisis, were incoherent, or needed immediate intensive care.

For 17% of individuals, officers chose not to offer deflection by their own discretion, not because of determined deflection eligibility.

Reasons why Individuals were not Offered Deflection (n=5375)	
Individual choice	1434 (27%)
Individual not interested or willing to participate in treatment	512 (10%)
Individual said that she/he did not have a substance use problem	758 (14%)
Individual said she/he did not need treatment	400 (7%)
Individual already in treatment	49 (1%)
Individual seeking services on own	35 (1%)
Individual characteristic	268 (5%)
Individual was in crisis	62 (1%)
Individual was not coherent	202 (4%)
Individual was hospitalized or taken to crisis center	33 (1%)
Individual ineligible because of type of crime or criminal history	2414 (45%)
Individual non-compliant (e.g., lied, fled, fought officers)	1045 (19%)
Not applicable	54 (1%)
Officer choice to not offer deflection	939 (17%)
Not reported	203 (4%)

Officers sometimes provided more than one reason why they did not offer deflection. Consequently, percentages sum to greater than 100%.

419 (8%) of the individuals who were not deflected were given printed information about substance misuse treatment or other resources, including the officer’s business card.

Utilization of the Angel Program

Community members have not commonly initiated utilization of the Angel Program component of the Deflection Program. Only **24** community members have utilized the program on their own initiative.

11 individuals went to a TPD facility and asked for assistance getting treatment.

13 individuals approached police officers in the community and asked for assistance getting treatment.

Sixteen of these resulted in immediate transport to a treatment provider, 6 resulted in provision of provider information, and 2 resulted in arrest for existing warrants. For 18 of these incidents, officers reported the duration of the interaction. The duration varied from 15 to 120 minutes, 56.39 minutes on average.

Engagement in Substance Misuse Treatment & Related Services as a Result of the Deflection Program

Treatment & Services Provided by TPD's Main Partnering Provider

TPD relies on local treatment providers to provide physical, mental, and behavioral healthcare and related services, such as housing assistance, to the individuals that they identify through the Deflection Program as having substance use issues. Although TPD officers can transport deflected individuals to a number of different local substance misuse treatment providers, TPD's main partnering provider for the Deflection Program is CODAC Health, Recovery & Wellness, Inc. (CODAC). CODAC's main facility for receiving deflected individuals is a 24/7 integrated clinic that provides physical, mental, and behavioral healthcare and related services, including medication-assisted treatment (MAT) for opioid use disorder.

The TPD Deflection Program has been successful at assisting individuals who have substance use issues in getting needed health-related services and treatment.

As of April 30, 2020, **468 of the 524 (89.3%)** deflected individuals transported to a treatment provider were transported to CODAC.

Diagnosis information is available for **299 of the 468 (64%)** deflected individuals who were transported to CODAC. The rest of the individuals did not complete enough of CODAC's comprehensive assessment of physical, mental, and behavioral health problems and needs to be diagnosed. Reasons for not completing the assessment include, for example, leaving the CODAC facility and needing other care immediately, such as hospitalization.

As shown in the following table,

7 in 10 of the deflected individuals assessed by CODAC had an opioid use disorder.

6 in 10 of the deflected individuals assessed by CODAC had a substance use disorder, other than opioids, cannabis, and tobacco.



About 4 in 10 were diagnosed as having an opioid use disorder as well as another substance use disorder.

99% of the deflected individuals assessed by CODAC were diagnosed as having a substance abuse issue or as having a substance use disorder.

	Alcohol & Other Substances (excluding opioids, cannabis, & tobacco)			
Opioid	No diagnosis	Abuse	Disorder	Total
No diagnosis	4 (1%)	4 (1%)	62 (21%)	70 (23%)
Abuse	6 (2%)	3 (1%)	8 (3%)	17 (6%)
Disorder	96 (32%)	3 (1%)	113 (38%)	212 (71%)
Total	106 (35%)	10 (3%)	183 (61%)	299 (100%)

Starting from when deflected individuals first arrive at CODAC, they are offered different types of treatment and services to address their needs. Although the overall goal is to engage deflected individuals in long-term substance misuse treatment and related services appropriate to their needs, CODAC aims to provide as much appropriate treatment and services as possible given the duration of the individuals' time at CODAC and their engagement with CODAC.

CODAC has been successful at providing a number of different types of treatment and services to the 468 deflected individuals who were transported to CODAC.

126 (26.9%) of the deflected individuals transported to CODAC are currently in longer term substance use treatment at CODAC.

87 (18.6%) are currently engaged in CODAC's medication-assisted treatment (MAT) program for people with opioid use disorder.

274 (58.5%) received services from CODAC with **215** (78.5% of the 274) receiving more than one type of service. This service provision is detailed in the following table.

As shown in the following table, CODAC most commonly provided case management services to deflected individuals, with CODAC providing this service to 55% of the deflected individuals transported there. Other commonly provided services included consultation assessment; medical management or service; lab, radiology, and medical imaging; health promotion; and other services such as family support.

Services provided by CODAC (n = 468)	Count	Percent*
Individual did <i>not</i> receive any of the types of services listed below	184	39.3
Individual received at least one type of service listed below	274	58.5
Behavioral Health Residential Substance Use Treatment	12	2.6
Case Management	255	54.5
Consultation Assessment	181	38.7
Counseling (family, individual, group)	58	12.4
Health Promotion	93	19.9
Lab Radiology Medical Imaging	119	25.4
Medical Management/service	132	28.2
Peer Support	30	6.4
Supported Employment Service	25	5.3
Other Services (such as family support, not including transportation)	135	28.8

*Percentages are out of 468, the number of deflected individuals transported immediately to CODAC. Percentages across types of services provided sum to greater than 100% because 215 deflected individuals received more than one type of service from CODAC.

Recovery Support Services Provided by Outreach & Engagement Specialists as Part of the Outreach Component of TPD’s Deflection Program

The CODAC behavioral health peer support Outreach & Engagement Specialists who co-respond with TPD SURT officers to conduct active outreach in the community to encourage people to engage in substance use treatment also provide substance abuse recovery support services. The co-responding Outreach & Engagement Specialists attempt to provide recovery support services to individuals who have been previously identified through the deflection, outreach, or self-referral components of the Deflection Program as in need of substance misuse-related recovery support and resources. Outreach & Engagement Specialists attempted to contact targeted individuals primarily through either a phone call or an in-person interaction. Regardless of whether the individual is contacted, a record is made of the attempt to contact and provide recovery support. Successful attempts are those that resulted in the provision of recovery support.

In coordination with TPD SURT officers, the co-responding Outreach & Engagement Specialists have provided a substantial amount of recovery support services, reaching individuals where they are in the community. As of April 30th 2020, there have been **717** recorded attempts to provide recovery support services.

435 (61%) of these attempts resulted in the provision of at least one recovery support service. In some cases, multiple services were provided to an individual within a single interaction, while in others only one service was provided.

257 of the attempts to provide recovery support service were unsuccessful because no contact was made. An additional **25** attempts resulted in contact with the targeted individuals with no provision of recovery support.

1027 recovery support services have been provided.

The following table shows how frequently each type of recovery support service was provided. As shown, peer support was the most commonly provided recovery support service, accounting for 33% of the 1027 recovery support services provided. Re-engagement encouragement/ support and case management were also commonly provided, accounting for 27% and 20% of the 1027 recovery support services provided, respectively.

Recovery Support Services Provided	Count	Percentage
Assessment	5	0.5%
Case Management	201	19.6%
Counseling	4	0.4%
Crisis Intervention	5	0.5%
Family Support	86	8.4%
Health Promotion (includes provision of Naloxone or Narcan)	108	10.5%
Medical Training & Support	5	0.5%
Ongoing Employment Support	3	0.3%
Peer Support	334	32.5%
Pre-Job Training	3	0.3%
Re-engagement Encouragement/Support	273	26.6%
Total	1027	100%

Individuals’ Reaction to the TPD Deflection Program⁴

The Deflection Program has impacted people in different ways. Deflection Program participants have expressed positive reactions to the Deflection Program, such as gratitude for the assistance, respect, and encouragement provided by TPD officers. Here are a few examples of how the program has impacted individuals and their reactions to the program.

Ann was deflected in November 2018 when she was 30 weeks pregnant. She has been engaged in medication-assisted treatment (MAT) for her opioid use disorder ever since (18 months) and is doing well. As a result, she has reunited with her parents and is currently the primary caregiver for both of her children.

Her note to deflecting officer: I just want to say thank you and because of you I was able to get off of the streets and go home to my parents....I have been clean and now have a relationship with my son again....I have been coming to CODAC every day. Thank you again, you changed my life tremendously.

David, deflected in February 2019, remarked that he was pleasantly surprised that the officer offered him and the people he was with the option of treatment instead of taking them to jail. He noted that “*obviously putting us in jail is not working and treatment is better.*” David received consistent MAT services through CODAC for approximately 9 months. While he is no longer engaged in MAT services, he still maintains contact with his recovery coach from CODAC and receives case management services. David has a job and is trying to maintain sobriety without

⁴ Real names of these individuals are not used in order to protect their identities.

MAT services. He states he knows that MAT services are always available to him and will access those services should he need them.

Juan, deflected in February 2019, explained that when the officer approached him and the people he was with, the intensity level was high. The officer asked about the drug paraphernalia. When Juan said that it belonged to him, the intensity level of the conversation lowered significantly and the officer began to discuss treatment options. Juan said that *“this is the first time I was not treated like a criminal. I was treated like a human.”* Juan said that it was clear from the interaction that the officer had been through training. Juan noted several times that he was *“shocked”* by the officer’s behavior because he had never been treated that way by the police before. Juan thinks that the Deflection Program will benefit the community.

Starting prior to October 2018, SURT officers started assisting Rob’s parents in trying to get Rob into substance misuse treatment. They provided information and encouragement to Rob and his parents. Rob had been using opiates and other drugs since he was a teenager. He had lost custody of his son because of his substance use and was homeless. As a result of officers’ continued encouragement and assistance, Rob engaged in MAT for his opioid use disorder between October 2018 and May of 2019. As is common in the pathway to lifelong recovery, Rob experienced relapse. However, since his relapse, he has re-engaged in treatment and is currently receiving MAT services through CODAC. Rob wants to do what he can to help TPD help others like they helped him.

Jason, deflected in July 2020, explained that had an encounter with a SURT police officer and a CODAC Outreach & Engagement Specialist co-responder. He stated that the police were great. They explained that they were there to help connect him to services. He knew he had a felony warrant that he had been meaning to address. He said the officers explained that they had to arrest him on that warrant, but they would deflect the current charges of possession and paraphernalia. He said he completely understood why they had to arrest him. He said it was *“really cool”* of them to deflect his other charges. He didn’t believe it would happen because in the past he has had trust issues with police. He said he was grateful to them for being so supportive and honest with him. They were more focused on his health and wellbeing than on charging him for having a meth pipe. Jason also spoke very highly of the CODAC Outreach & Engagement Specialist.

Alexis and Joshua are a couple and they were deflected at the same time in June 2020. They had been in and out of treatment in the past. They stated that the deflection was the *“push they needed”* to get them back into MAT treatment and they are grateful to the officers who deflected them.

Tina was deflected and brought to CODAC in December of 2018. At the time, prior to treatment, Tina was pregnant, had two other children, and was unemployed. Tina started receiving MAT services and was able to find employment. Because of her early job hours, Tina had to go to CODAC every morning at 5:00 am to receive her MAT medication. Tina is still receiving MAT services currently, 5 months later. Tina’s dedication not only to her work and children but to coming to CODAC every day to receive her medication is a testament to how positively people’s lives are affected by the Deflection Program.

RECOMMENDATIONS

These preliminary research findings suggest a few recommendations.

The TPD Deflection Program has been successful at identifying individuals with substance use issues and individuals willing to consider treatment, as well as at encouraging them to get treatment. This success can be maintained and, perhaps, improved with...

Periodic messaging from TPD leadership encouraging utilization of the Deflection Program.

Periodic training for all officers in support of the utilization of the Deflection Program, including training regarding TPD protocol for utilizing the program and reporting program utilization as well as training regarding research-informed, effective techniques and tools specific to encouraging people to consider seeking healthcare and changing their health-related behavior.

Identifying and addressing barriers to officer utilization of the Deflection Program.

Increased promotion of the Deflection Program within the community, particularly targeting messaging to friends and family of individuals struggling with substance use issues emphasizing TPD's role via the Deflection Program as facilitators in getting individuals with substance use issues engaged in appropriate healthcare as opposed to arresting them.

The TPD Deflection Program has been successful at assisting individuals who have substance use issues in getting needed health-related services and treatment. This success can be maintained and, perhaps, improved by...

Identifying and addressing barriers to immediately transporting deflected individuals to a treatment provider.

Developing a way to coordinate follow-up with deflected individuals who agreed to deflection but were not immediately transported to a treatment provider soon after their deflection to encourage them to connect with a treatment provider.

Continue to implement the law enforcement/behavioral health co-responder approach to provide recovery support services in the community and to encourage engagement/re-engagement and retention in substance misuse treatment and related services.

LIMITATIONS

It is important to note that these are preliminary research findings related to the impact of TPD's Deflection Program. These findings reflect the measured impact of the program during an 18-month period starting four months after the implementation of the program. Impact of the program may change over time for a number of reasons, including TPD officers gaining more training and experience with deflection and encouraging people to consider substance misuse



treatment. Furthermore, the preliminary findings present a limited understanding of the causal impact of the Deflection Program on engagement in substance misuse treatment and related services. The findings indicate the number of deflected people who received treatment or services from CODAC after being deflected. However, based on these data, we do not know how many of these people would have received treatment or services from CODAC if they had not been deflected. Once we have data showing the number of people who were arrested or cited instead of deflected who received treatment and services from CODAC, we can compare these two groups and determine if the Deflection Program leads to greater engagement in treatment and services compared to arrest or citation. A related limitation of the findings is that we do not know how many deflected individuals are receiving treatment and services from a provider other than CODAC. Thus, the findings related to engagement in treatment and services likely underrepresents the total number of deflected individuals who engaged in treatment or services after they were deflected.

CONCLUSION

The Deflection Program has been successful at identifying individuals with substance use problems and connecting them with treatment providers. These efforts have resulted in a significant number of individuals getting substance misuse treatment and related services, including recovery support services.



DEFINITIONS

Field officers: Officers who spend the majority of their time in the community responding to calls for service and providing for public safety by maintaining order, responding to emergencies, protecting people and property, enforcing motor vehicle and criminal laws, and promoting good community relations. They are also commonly referred to as patrol officers.

Healthcare supportive service: Services provided by medical and behavioral health providers to address healthcare needs.

Medication-assisted treatment (commonly referred to as MAT): MAT is the use of medication in combination with counseling and behavioral therapies to treat substance addiction that can help people sustain recovery.

Opioid use disorder: This is a problematic pattern of opioid use that leads to serious impairment or distress.

Recovery support services: These are services that help to support a person in recovery of substance or alcohol addiction to stay in or re-engage in recovery. They include, for example, case management services, counseling, health promotion, encouragement to engage in treatment, and peer support.

Substance misuse treatment: This refers to behavioral health treatment for substance use issues.

Substance use disorder: This is a problematic pattern of substance and or alcohol use that leads to serious impairment or distress.

Substance use issues or problems: This is a general term to refer to any substance use issues including issues with any type of substance or alcohol. This term does not indicate the nature, severity, or intensity of the issues.

Treatment provider: We use this term in this report to refer to a behavioral healthcare provider who provides a combination of counseling, behavioral and medication therapies to treat substance addiction.



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