

# Behavioral Health and Law Enforcement: Finding Common Ground in the Tucson Police Department's Deflection Program

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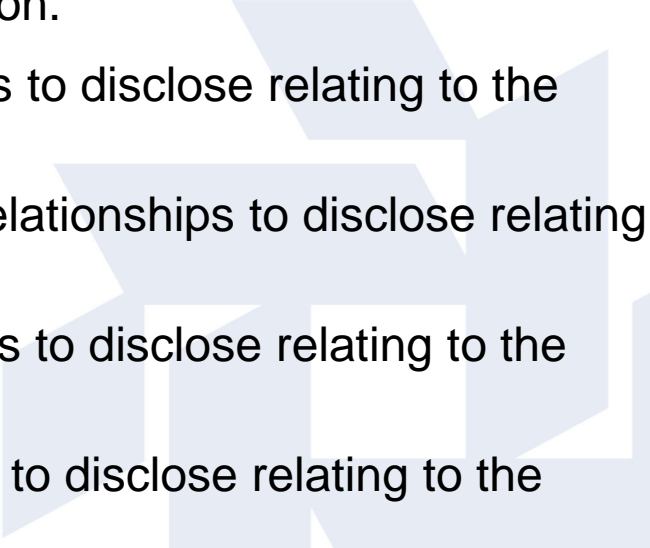


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MD**

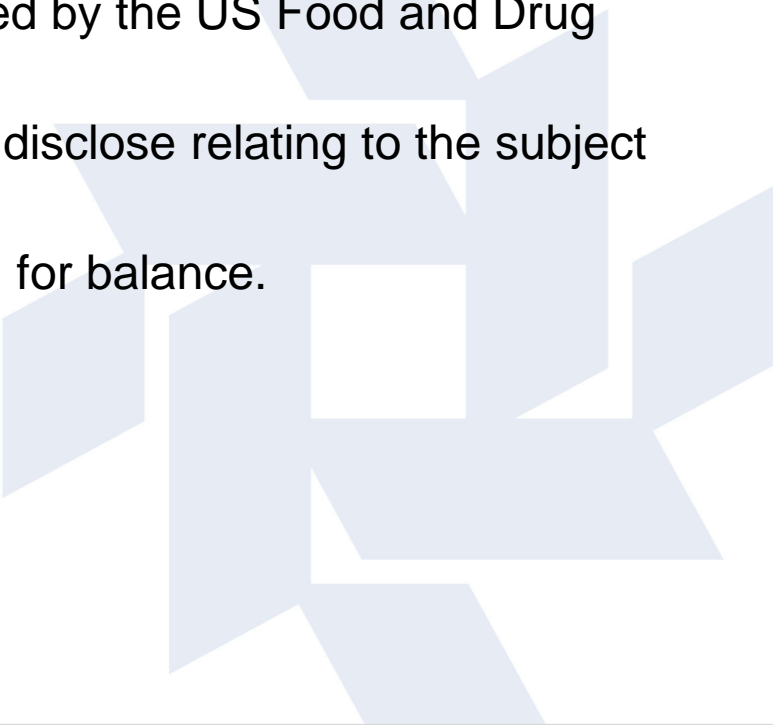
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**Moderator: Jennifer Sandlin**, Post Commander, Post 13, Kentucky State  
Police, and Member, Operation UNITE Board of Directors


# Faculty Disclosures

- Josephine Korchmaros, PhD, has no financial relationships to disclose relating to the subject matter of this presentation.
  - Kevin Hall, MPA, has no financial relationships to disclose relating to the subject matter of this presentation.
  - Daniel Barden, MS, LISAC, has no financial relationships to disclose relating to the subject matter of this presentation.
  - Larry Oñate, MD, has no financial relationships to disclose relating to the subject matter of this presentation.
  - Jennifer Sandlin has no financial relationships to disclose relating to the subject matter of this presentation.
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- A decorative graphic on the right side of the slide, consisting of several overlapping, semi-transparent light blue geometric shapes, primarily triangles and quadrilaterals, arranged in a complex, abstract pattern.

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- The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational use(s) of drugs, products, and/or devices (any use not approved by the US Food and Drug Administration).
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# Learning Objectives

- Discuss lessons learned in evaluating police-led, alternative responses to illicit substance use including data capture, research design, program validity, and assessing program impact
  - Identify steps to overcome cultural and mission differences of perception between behavioral health and law enforcement
  - Describe strategies for generating potential solutions to common community challenges and barriers to achieving effective community-based collaborations
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# Acknowledgement & Disclaimer

- The authors thank the Tucson Police Department, CODAC Health, Recovery & Wellness, and SIROW for their contributions to TPD's Deflection Program and the research study. We also thank the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) and Arnold Ventures for their generous support, without which this project would not have been possible.
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## Center of Excellence

- Enough space to address all elements of wellness
- More space for more services, co-location, and collaboration
- Optimizing workflow
- Named a Center of Excellence
- Open for all intakes (for any drug or alcohol misuse) 24/7 starting 1/1/2018





# Access to Care Issues

- Continued stigma
- Insurance and prior authorizations
- Safety
- Where do I go?

# Goals of Collaboration



## Save Lives

Reduce overdose deaths



## Establish Trust

with people with SUD, law enforcement and the community at large



## Offer an avenue

for individuals experiencing SUD to access treatment



## Reduce crime and improve quality of life

in communities.



## Address social determinants:

houselessness, unemployment & criminal justice involvement.

SUD = substance use disorder.



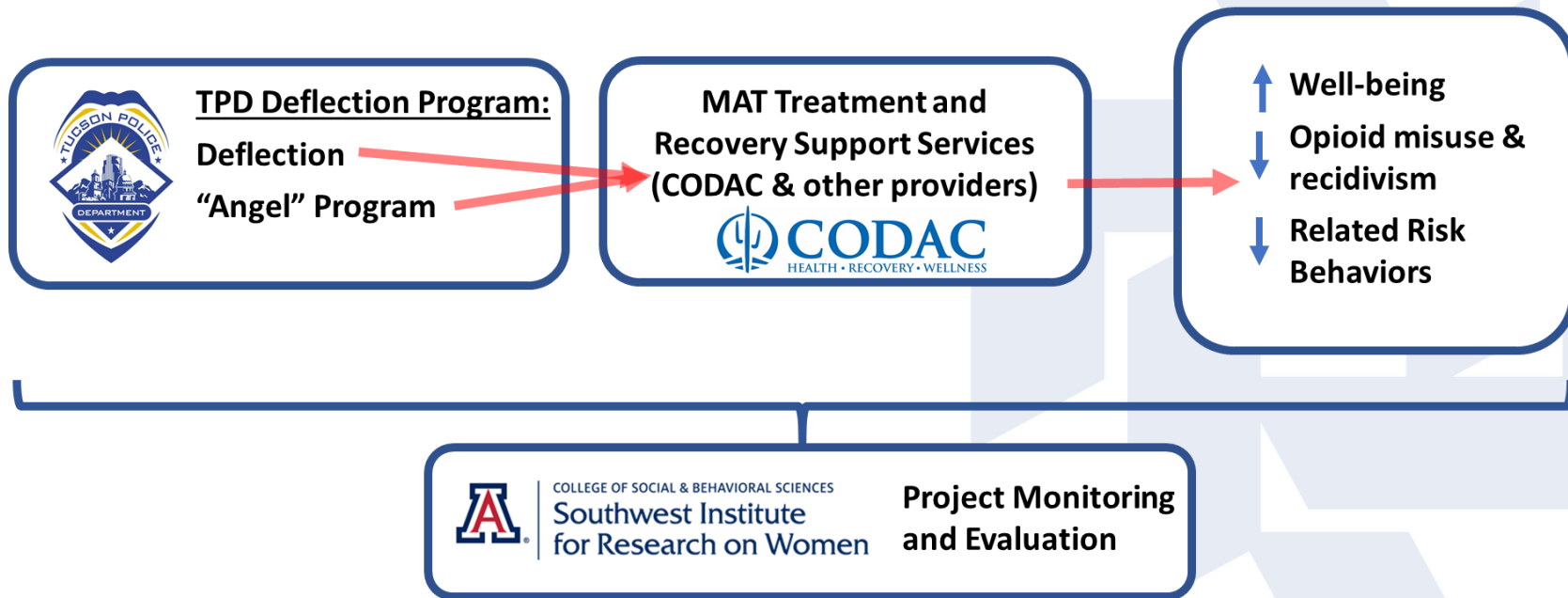
# The Department-wide Deflection Program Overview

## Goal 1:

Enhance and expand access to substance misuse treatment and related services

## Goal 2:

Improve well-being, decrease opioid and other drug misuse and related risk behavior



# Substance Use Disorder Treatment Focus



01

## Restoring

individuals to healthy, happy, and productive lives (recovery).

02

## Minimizing

the consequences, a death, of drug-dependent individuals with SUD.

03

## Minimizing

the consequences of drug dependence on the communities they live in.

# Law Enforcement Focus

01

**Protect**  
public safety.

02

**Protect**  
property.

03

**Activities**  
designed to contain,  
isolate, and arrest.





# Treating the Whole Person

Begins at the [point of first contact](#) by law enforcement officers and outreach staff in the field.

A patient's experience with the Deflection Team out in the field [sets up how they progress](#) through their engagement in services.

When they are engaged in outpatient services, they have [access to whole-person care](#).



A high-angle photograph of a group of people working at a dark wooden table. In the upper left, a person in a white shirt is partially visible. Next to them, a person in a grey shirt is writing in a teal notebook. A black smartphone lies on the table. To the right, a silver laptop is open. In the foreground, an open notebook shows handwritten notes and diagrams, including a flowchart and a graph. A brown mug is also on the table. The scene is brightly lit, suggesting an indoor workspace.

# Developing an integrated, patient-centered program



# Social Determinants of Health

- The Deflection Program addresses the economic stability, health care, educational, neighborhood environment, and social community context of individuals with SUD.
- Addiction impacts communities.
- But addiction also brings together a whole community to help solve the issue.







# Adjustments from Program Feedback



Changing from Stages of Change to Adverse Childhood Experiences



Establishing the Quiet Room, dedicated Tucson Police Department parking and Quick Entry.



Naloxone administration adjustments.



# TPD Training on Clinical Topics

- Integrating two cultures of SUD treatment and law enforcement
- Biological basis of addictions
- Stigma of addictions
- Harm reduction in opioid use disorder (OUD)
- OUD in pregnancy
- Trauma in addiction
- Psychiatric symptoms in addiction
- Behaviors in addiction
- Sequelae of non-fatal overdose
- Current treatment for OUD
- Personality Disorders in SUD.
- Motivational interviewing in SUD



# Power of Observation and Experience



A great deal is learned from working with individuals with a history of addiction(s).



Learning about our own biases and beliefs, the biological basis of addiction, the pathways toward recovery or continued use, and possible outcomes become part of our learning experience.



Peer supports improve outcomes, too.



[Peer support specialists help bridge gap between officers, community in deflection program video](#)



# Going from Protector to Helper

- We use different approaches to help an individual or protect the community each time there is an interaction.



# Individual Barriers to Treatment



Still has drug available



Hopelessness about help



Transportation Issues



Has a partner who is still using



Homeless or unsheltered



Has pets and no caretaker



# Keys to Program Success



# Reconciling Focus & Goals

- ⚙️ Any discussion concerning the effectiveness of SUD treatment for individuals involved with law enforcement needs to **address the similarities and differences between the legal and public health systems.**
- ⚙️ Understanding and accepting these similarities and differences influence the **nature and quality of services** a patient receives.

# Building Interdependence



## Awareness

of the focus of each discipline.



## Respect

for each discipline.



## Focus on outcome goals

- Saving lives
- Diverting from ED and criminal justice systems



# Ongoing Program-Level Coordination

- Meeting
- Assessment
- Feedback
- Revisions
- Continued emphasis on integration



# TPD Skills Learned



Focus on medication-assisted treatment (MAT)



Connection with patients out in the field



Staying with patients until they are engaged with clinical staff (warm hand off)



Follow-up with patients and reengagement



# Reflections



SUD treatment can be implemented at the point of first contact.



More programs would benefit more communities affected by SUD.



Fire departments and emergency departments may be good places to implement similar type programs.



Commend Tucson Police Department for their excellence in the TPD Deflection Program.

# Overview of Research Study

## **Feasibility and Acceptability:**

- Patrol officers surveyed about deflection and substance-related offense incidents.
- Deflections reported in TPD's incident tracking system supplemented with data collected in the officer survey as well as CODAC's member tracking system.

## **Costs, Cost Savings, and Effectiveness:**

- Deflected, arrested, and self-referred individuals invited to participate in a longitudinal study with survey data collected via researcher-led interviews at time of deflection, arrest, or self-referral incident and 3 and 6 months post incident.
- Policing cost data were collected through interviews with TPD staff, using TPD financial records, and using midpoint hourly wages inclusive of salary and employer-related expenses (ERE) for TPD officers by rank. The cost analysis is framed from TPD's perspective, and all cost estimates are reported in 2021 dollars.



# Feasibility & Acceptability: Expanding Access to Treatment & Services

## TPD Deflection Program – 1<sup>st</sup> 3 years (Nov 1 2018 - Oct 31, 2021)

	Interactions involving encouragement to engage in treatment
Deflections	2,129
"Angel" Program	63
Total	2,192

**45%** Individual transported immediately to treatment provider.

**21%** Individuals agreed to seek treatment on their own.

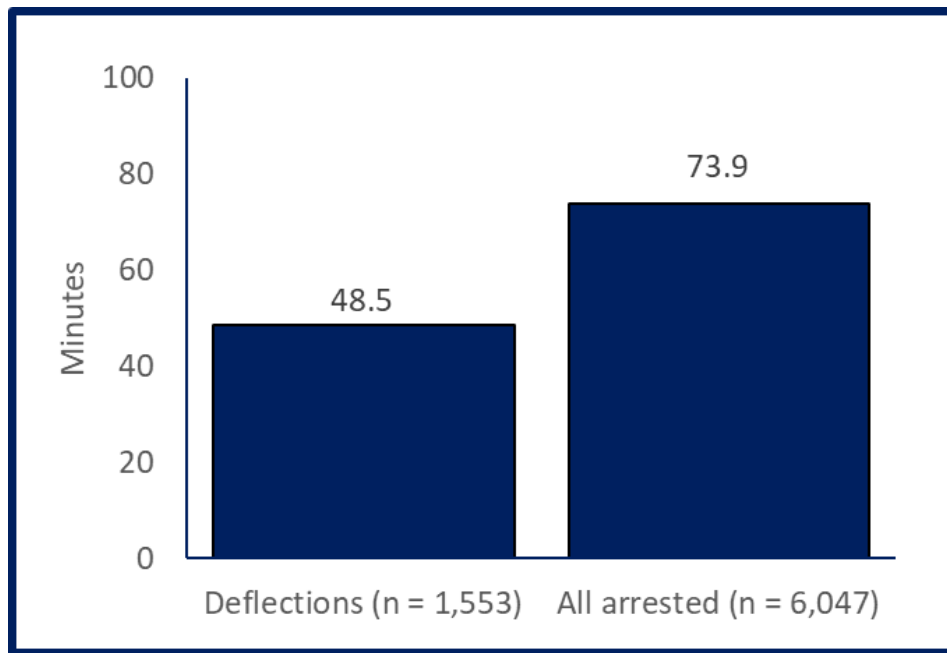
**2%** Deflection accepted, but individual arrested for pre-existing warrant

**1%** Deflection accepted; result unknown

**<1%** Individual already in treatment

**29%** Individual did not agree to deflection to treatment

# Duration of Deflection Incidents Relative to Arrest



- Encouraging individuals to consider substance misuse treatment and deflecting them to a treatment provider does not present a time burden for patrol officers.
- Therefore, deflection is an alternative to arrest that can address calls for service and community safety issues while providing an individualized response that saves officer time.

# Deflected Individual Treatment & Service Engagement

Of the 922 *unique* individuals connected to a treatment provider as a result of TPD's Deflection Program, 789 (86%) were connected with the primary partnering treatment provider – CODAC. Of these 789 individuals:

- **558 (71%)** received at least one type of healthcare service from CODAC.
- **527 (67%)** completed the clinical intake assessment at CODAC.
- **352 (45%)** engaged in some kind of substance misuse treatment, including MAT, at CODAC.
- **147 (19%)** received MAT from CODAC.

# Deflection Program Implementation Costs

**Annual training costs: \$22,195 to \$22,850**

This cost is minimal and represents opportunity costs because training activities are standard to TPD operations and occur regardless of the Deflection Program.



On average, deflection incidents took 48.5 minutes, whereas arrest incidents took 73.9 minutes.

The time difference translates to an average cost savings of \$13.40 per incident related to officer time, **a total saving of \$28,529** across all 2,129 deflection incidents.

# Deflection Program Potential Cost Savings

*Potential cost savings of **\$48,564** in jail housing expenses.*

If **20%** (426) of the 2,129 deflection incidents would have resulted in one night in jail if not for the Deflection Program, then the Deflection Program would have saved the local justice system **\$48,564**.

*Potential cost savings of **\$601,512** in justice system expenses.*

If **10%** (213) of the 2,129 deflections would have resulted in conviction of charges if not for the Deflection Program, then the Deflection Program would have saved the local justice system **\$601,512**.

# Change Over Time in Key Outcomes

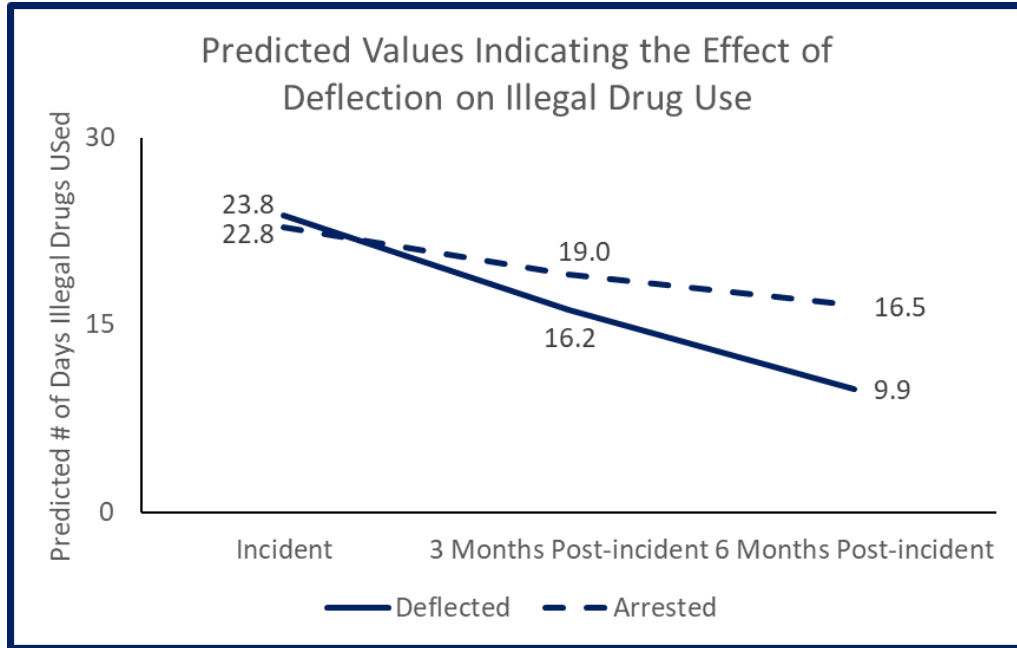
***Factors associated with key outcomes when individuals  
were residing in the community***

***(not in a controlled environment such as jail)***





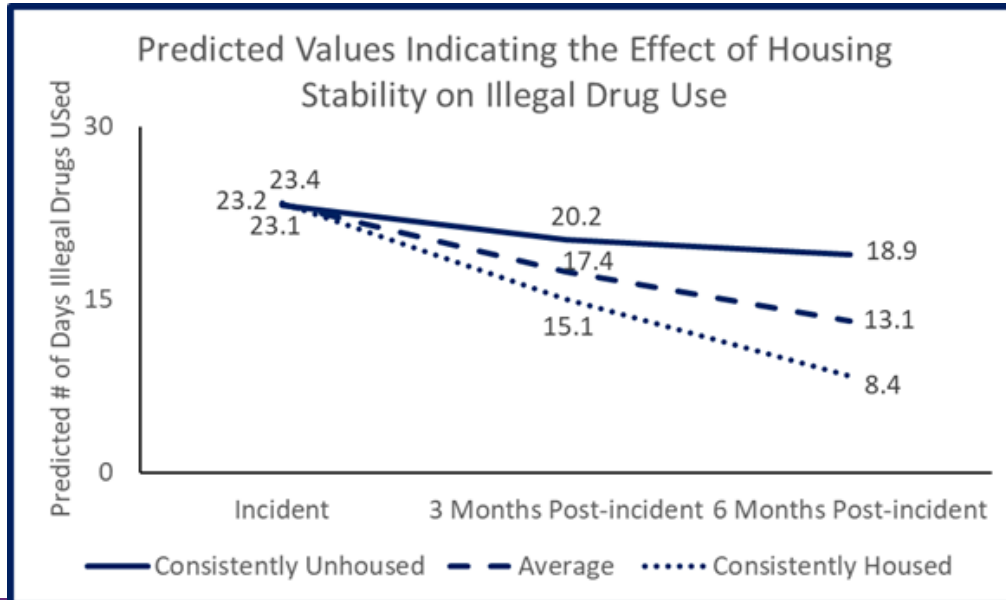
# Change Over Time in Illegal Drug Use



- **Deflection** was associated with a greater reduction in frequency of use of illegal drugs. As shown, at 6 months post incident, individuals who were deflected engaged in 6.6 fewer days of illegal drug use than those who had been arrested.

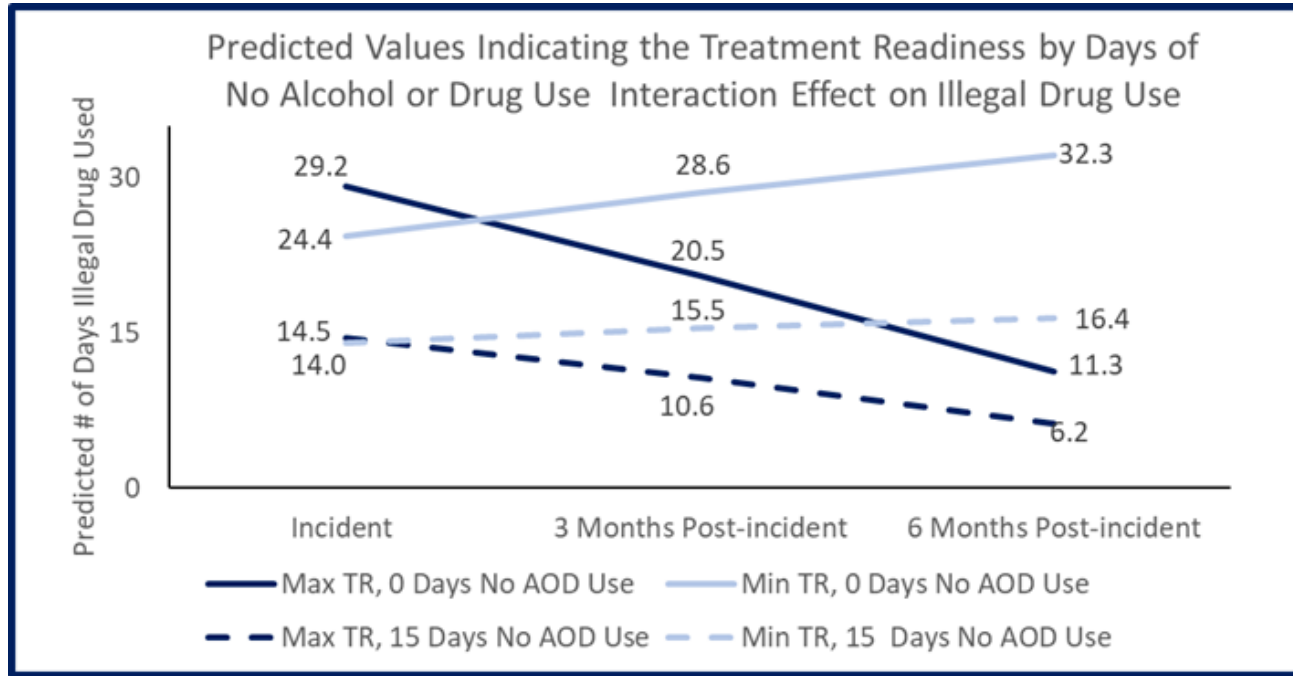
# Change Over Time in Illegal Drug Use (cont'd)

- As **mental health** worsened, individuals used illegal drugs more frequently.
- Individuals who were **consistently employed** engaged in fewer days of illegal drug use 6 months after their deflection or arrest incident compared to individuals who were less consistently employed.



- Housing was associated with a greater reduction in frequency of use of illegal drugs. As shown, at 6 months post incident, individuals who were **consistently housed** engaged in 10.5 fewer days of illegal drug use than those consistently unhoused.

# Change Over Time in Illegal Drug Use (cont'd)

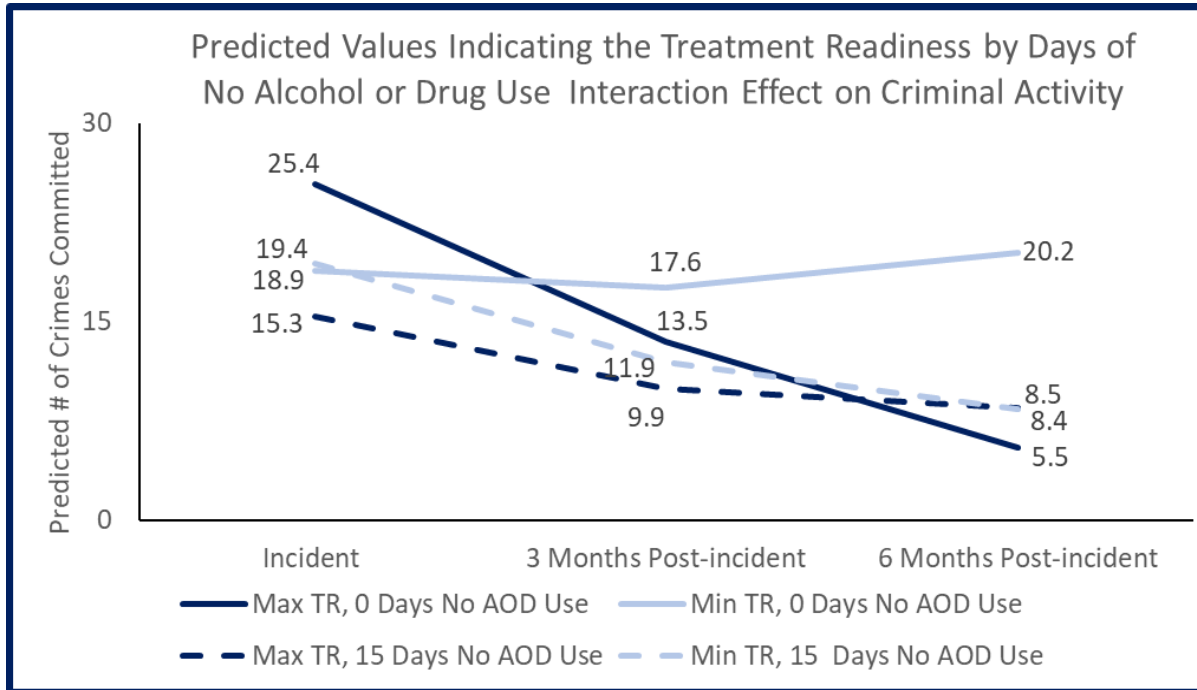


- Among individuals who had maximum (Max) **treatment readiness (TR)**, those with **0 days of AOD abstinence** at time of incident (compared with those with 15 days) had the greatest reduction in illegal drug use through 6 months after their deflection or arrest incident.

- Individuals who had minimum (Min) TR at time of incident increased illegal drug use over time.

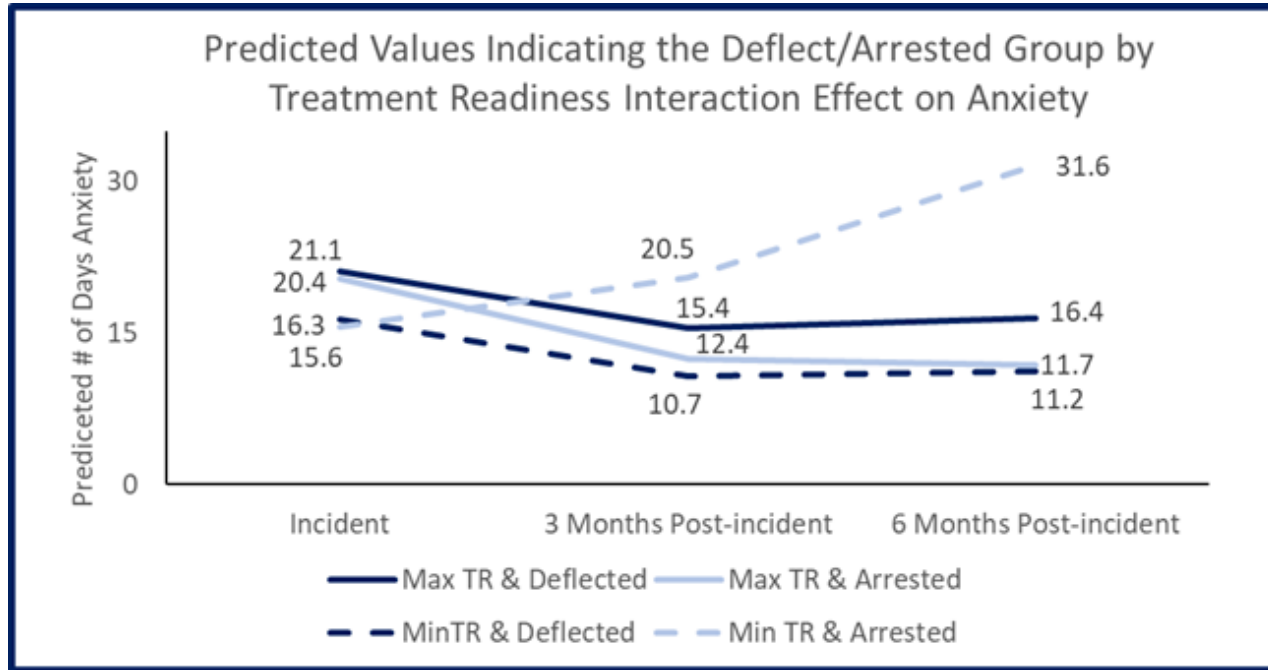
# Change Over Time in Criminal Activity

- At 6 months post-incident, individuals who had been **consistently housed** committed 9.0 fewer crimes than those consistently unhoused.



Individuals who had maximum (Max) **treatment readiness (TR)** and **0 days of Alcohol or Other Drug abstinence** at time of incident had the greatest reduction in number of crimes committed through 6 months after time of incident. Individuals who had minimum (Min) TR and 0 days of AOD abstinence at time of incident *increased* the number of crimes they committed.

# Change Over Time in Serious Anxiety Not Due to Use of Drugs or Alcohol



- Individuals who were **arrested** and had minimum (Min vs Maximum [Max]) **treatment readiness** (TR) at time of incident experienced a substantial increase in days experiencing serious anxiety through 6 months post-incident. The other groups were similar to each other and experienced a *decrease* in serious anxiety post incident.

# Conclusion

- Study findings suggest that pre-arrest deflection programs, like TPD's Deflection Program, are feasible and acceptable by police officers and people with substance use issues as well as treatment providers.
- Study findings suggest that pre-arrest deflection programs, like TPD's Deflection Program, are cost efficient and effective.
- Moreover, pre-arrest deflection programs have other meaningful benefits, including more efficient use of police officer time in responding to calls for service, decreased justice involvement for individuals who have substance use issues, and, consequently, substantial potential cost savings to the justice system.

# Discussion

## Facilitators of the Deflection Program:

- Active committed collaboration between law enforcement, behavioral health providers, and researchers
- Ongoing process and outcome evaluations that inform program improvement paired with partner responsiveness to identified barriers to implementing the brief intervention as well as to treatment engagement
- Support of city and county leadership
- Community support
- Training related to affirming and respectful approaching to engaging with people who have substance use issues, such as motivational interviewing and trauma-informed practices, tailored to law enforcement



# Q&A

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