

Practical Guidance for a Law Enforcement/Behavioral Health Co-responder Approach to Outreach for a Deflection Program: Implementation and Assessing Impact



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Acknowledgement & Disclaimer

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Opioid Epidemic

- ▶ The most fatal drug crisis in U.S. history (National Safety Council, 2018)
- ▶ In April 2021, drug overdose deaths in the U.S. exceeded 100,000 for the prior 12-month period - a 28.5% increase from the preceding 12-month period (CDC, 2021)
- ▶ Arizona is among the states with the highest and fastest increasing rates of primary treatment admissions for heroin and opioids per capita (TEDS)
- ▶ In Pima County, 498 drug overdose deaths in 2021 (Pima County Health Department, 2022) - a 12% increase from 2020 and a 48% increase from 2019.
- ▶ In 2021, 71% of drug overdose deaths in Pima County included an opiate compound (Pima County Health Department, 2022)

Challenges

- ▶ Addiction is a chronic, relapse-prone disorder.
 - ▶ Median 27 years from 1st use to last use and median 9 years from 1st treatment episode to last use (Dennis et al., 2005)
- ▶ Many people with substance use disorder (SUD) do not get treatment
 - ▶ only 7.7% of young adults and 12.3% of adults aged 26 or older with SUD received substance use treatment at a specialty facility (Lipari et al., 2016)
- ▶ Multiple reasons for not going to treatment
 - ▶ 42% of adults in need of treatment do not go for it because they are “not ready to stop using alcohol or drugs” (Ali et al., 2015)
 - ▶ People believe that they should be “strong enough” to handle it on their own (Schuler et al., 2015)
 - ▶ They fear being stigmatized (Schuler et al., 2015)

Learning Objectives

- ▶ Learn strategies for implementing and assessing impact of a law enforcement/behavioral health co-responder approach to community outreach to address the opioid epidemic.
- ▶ Gain experience in generating informed strategies to address the challenges of managing interprofessional teams with members employed by multiple agencies.
- ▶ Develop practical skills related to the day-to-day operations of a law enforcement/behavioral health co-responder approach to community outreach to address the opioid epidemic.

Outline

- ▶ Project timeline: Development of the Tucson Police Department Deflection Program and the supportive collaborative partnerships
- ▶ Law enforcement day-to-day operations
- ▶ Treatment provider day-to-day operations
- ▶ Researcher role related to monitoring & evaluation



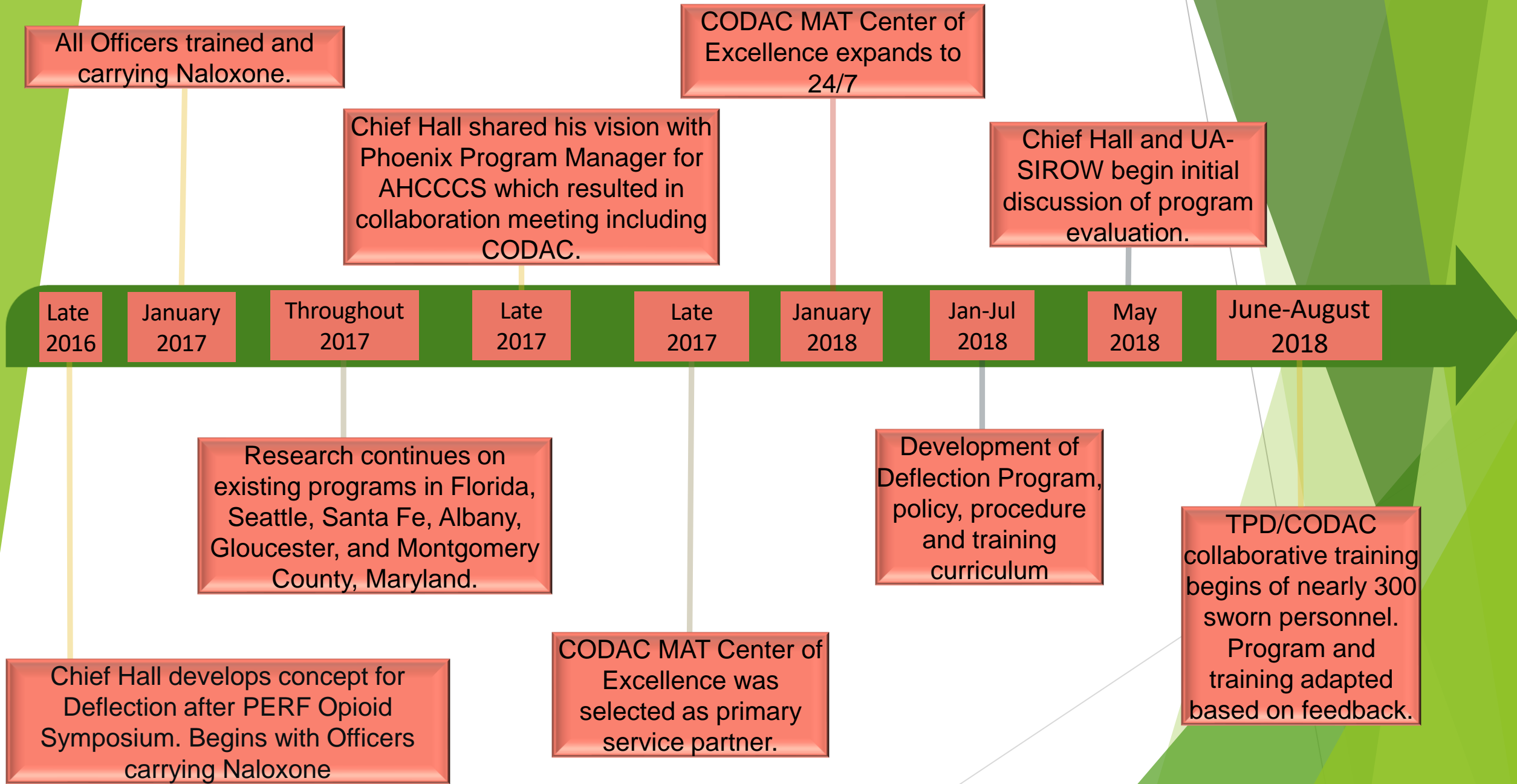
Project Timeline

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Substance Use Resource Team

Goals

- ▶ Reduce overdose deaths - Save Lives
- ▶ Establish trust with people who misuse substances and the community at large
- ▶ Offer an avenue for people suffering from Substance Use Disorder to access treatment
- ▶ Reduce crime and improve quality of life in communities

TPD~CODAC~SIROW~Pima County Deflection Collaboration



All Officers trained and carrying Naloxone.

CODAC MAT Center of Excellence expands to 24/7

Chief Hall shared his vision with Phoenix Program Manager for AHCCCS which resulted in collaboration meeting including CODAC.

Chief Hall and UA-SIROW begin initial discussion of program evaluation.

Late 2016

January 2017

Throughout 2017

Late 2017

Late 2017

January 2018

Jan-Jul 2018

May 2018

June-August 2018

Research continues on existing programs in Florida, Seattle, Santa Fe, Albany, Gloucester, and Montgomery County, Maryland.

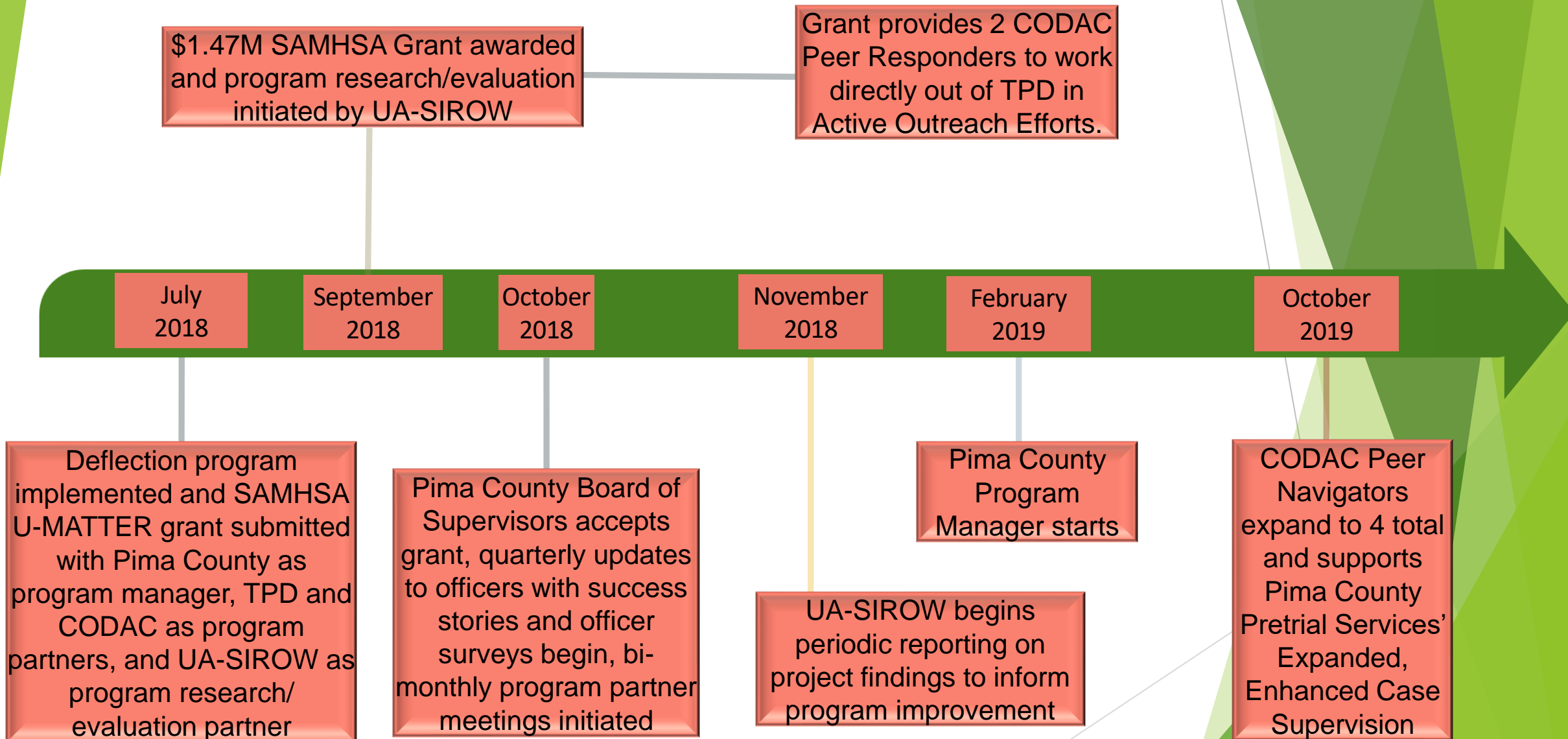
Development of Deflection Program, policy, procedure and training curriculum

CODAC MAT Center of Excellence was selected as primary service partner.

TPD/CODAC collaborative training begins of nearly 300 sworn personnel. Program and training adapted based on feedback.

Chief Hall develops concept for Deflection after PERF Opioid Symposium. Begins with Officers carrying Naloxone

TPD~CODAC~SIROW~Pima County Deflection Collaboration



Law Enforcement Operations



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Deflection Program Activities

- ▶ Officer training about the Deflection Program
- ▶ Officer training to support identification of substance misuse treatment need and encouragement to engage in treatment
 - ▶ Motivational Interviewing & Trauma-informed Care training
- ▶ The Deflection Process
- ▶ Law enforcement/behavioral health peer support co-responder approach
- ▶ Outreach activities
- ▶ Housing navigators, substance abuse resources, past users as co-responders

Treatment Provider Operations



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CODAC HEALTH, RECOVERY & WELLNESS

- ▶ Services provided
- ▶ 24/7 Medication-Assisted Treatment
- ▶ Psychiatric
- ▶ Primary care
- ▶ OB care

Collaboration-Role & Activities

- ▶ Respond to the needs of a patient with OUD who encounters Law Enforcement for a drug related offense.
- ▶ Receive call from TPD or present on site with a deflection.
- ▶ Outreach Engagement Specialist speaks briefly with TPD officer to obtain context of initial contact with patient.

Collaboration-Warm Handoff

- ▶ Patient is transported to CODAC and removal of paraphernalia/weapons and check with patient to solicit any remaining questions for TPD.
- ▶ Patient is then taken to comfort room. Outreach Engagement Specialist explains deflection program and answers any questions patient has at this point.
- ▶ Vital signs are obtained.
- ▶ Outreach Engagement Specialist checks in with membership (insurance verification and starts enrollment).
- ▶ Patient then begins normal intake process.

Treatment/Service Provision

- ▶ Assessment and connection to treatment.
- ▶ Full assessment is completed.
- ▶ Patient may enroll in medication-assisted treatment services.
- ▶ Patient may be transported to detox, crisis response center, or medical/inpatient psychiatric facility.
- ▶ Patient may be referred for housing(shelter, halfway housing, sober living, etc.).

Collaboration - Engagement Process

- ▶ Engagement focused on keeping patient interested in treatment.
- ▶ Outreach Engagement Specialist or Peer Support Specialist remain with the patient during process at patient's comfort level.
- ▶ Patient offered snacks/drink.
- ▶ Patient allowed to recline to relax or sleep.
- ▶ Comfort room offers safe environment.

Collaboration - Re-engagement Process

- ▶ Outreach Engagement Specialist reaches out to patients who leave site via phone, home visits and mail.
 - ▶ Success measured in terms of attempting to engage the patient in treatment at whatever stage of change the patient is at.
- ▶ Patients may return voluntarily and Outreach Engagement Specialist responds for continuity of care and patient preference.
- ▶ Outreach Engagement Specialist provides feedback to TPD officers to ensure continued collaboration when requested.

Program Evaluation

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Methods:

- ▶ Substance Use Resource Team (SURT) officers and Outreach & Engagement Specialists completed surveys to report their outreach efforts
- ▶ Reported outreach at planned events
- ▶ Reported outreach to individuals in targeted community locations and in response to referrals
- ▶ Reported, for example, reason for outreach interaction, outcome of interaction, number of people reached,

Outreach During Planned Events:

- ▶ 6 events: 5 presentations and one outreach event for individuals experiencing homelessness
- ▶ 250 people reached - community members, law enforcement, court personnel, healthcare providers, university students
- ▶ 105 informational cards and flyers distributed

Outreach Efforts: Targeting Locations

- ▶ 67 times co-responders visited targeted community areas to identify people who have substance use issues and encourage them to seek treatment.
 - ▶ 319 contacts total; 2 to 45 people reached each time
 - ▶ Distributed printed material during 63% of these targeted efforts
 - ▶ Distributed Naloxone or Narcan during 48% of these targeted efforts
 - ▶ Tried to get at least one person immediately connected with treatment provider during 55% of these targeted efforts

Outreach to Individuals:

- ▶ 247 outreach interactions with individuals

What happened?	Number	Percentage
Talked about substance use treatment	213	86%
Individual identified as needing substance use treatment	125	51%
Individual encouraged to consider substance abuse treatment	146	59%
Individual offered immediate transport to substance use treatment provider	127	51%

127 Offered Immediate Transport to Treatment Provider:

Response	Number	Percentage
Definitely not interested	29	23%
Undecided/unsure	67	53%
Definitely wanted it	31	24%
Missing	1	1%

- ▶ 40 immediately transported

120 Not Offered Immediate Transport to Treatment Provider:

Reason	Number	Percentage
Denied needing treatment	63	53%
Did not want to talk about it	36	30%
Already in treatment	8	7%
Did not want to go immediately to treatment	5	4%
Needed hospitalization	2	2%
Other	6	5%

Recovery Support Services Provided

- ▶ 717 recorded attempts to provide recovery support services.
 - ▶ 61% (435) of these resulted in the provision of at least one recovery support service.
 - ▶ 36% (257) of these resulted in no contact.
 - ▶ 3% (25) of these resulted in contact with no provision of recovery support services.
- ▶ 1,027 recovery support services provided. On average, ~57 recovery support services provided per month by 2 peer support specialists

Recovery Support Services Provided

Recovery Support Services Provided	Count	Percentage
Peer Support	334	33%
Re-engagement Encouragement/Support	273	27%
Case Management	201	20%
Health Promotion (includes provision of Naloxone)	108	11%
Family Support	86	8%
Assessment	5	1%
Crisis Intervention	5	1%
Medical Training & Support	5	1%
Counseling	4	<1%
Ongoing Employment Support	3	<1%
Pre-job Training	3	<1%
Total	1,027	100%

Key Points

- ▶ Police, because of our jobs, we often come into contact with individuals with substance use issues.
- ▶ Consequently, we have many opportunities to encourage individuals to get treatment and to support them in their journey to recovery.
- ▶ The outreach component of the Tucson Police Department's Deflection Program provides even more opportunities to encourage and support individuals in their journey to recovery.

Questions?



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