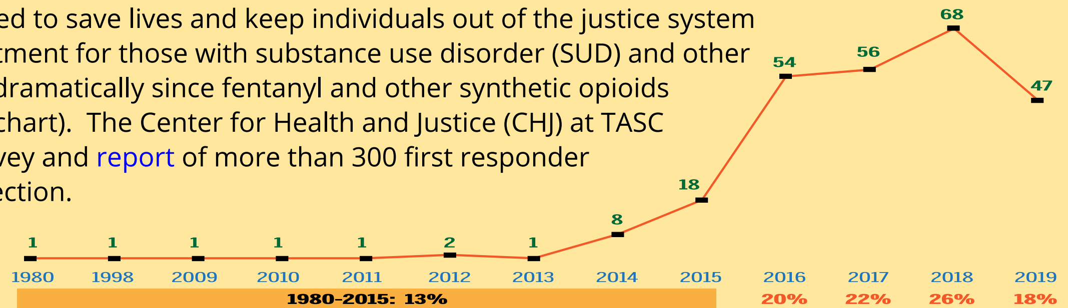
CENTER FOR
HEALTH & JUSTICE
AT TASC

If your jurisdiction is interested in starting a deflection program, contact Ben Ekelund, Director of Consulting and Training at CHJ: bekelund@tasc.org.

REPORT OF THE NATIONAL SURVEY TO ASSESS First Responder Deflection Programs IN RESPONSE TO THE OPIOID CRISIS

Deflection is a strategy designed to save lives and keep individuals out of the justice system by providing pathways to treatment for those with substance use disorder (SUD) and other conditions. Its use has grown dramatically since fentanyl and other synthetic opioids became more accessible (see chart). The Center for Health and Justice (CHJ) at TASC and NORC partnered on a survey and report of more than 300 first responder agencies and their use of deflection.

% DEFLECTION PROGRAMS INITIATED BY YEAR (N=259)



KEY FINDINGS FROM THE SURVEY AND REPORT:

Characteristics of lead agency and community served by agency

- **More than 85%** of programs responding to the survey have launched since 2016.
- About **three-quarters** of these programs have been created and are led by law enforcement agencies, though fire and EMS agencies are also active.
- They are most common in suburban (56% of respondents) and urban (48%) areas; about 40% of respondents classify themselves as rural.*

**Some programs classify themselves as urban/suburban or rural/suburban.*

WHAT YOU CAN DO

If you do not have a deflection program in place, consider the extent of the drug use problem in your community — overdoses, behavioral health crisis calls for service, or associated incidents — and learn more about deflection's role in addressing the problem.

Deflection program types

Common elements define many deflection programs:

- About **80%** give all frontline staff deflection authority, suggesting deflection is being adopted as a broader practice in these agencies.
- About **90%** of deflection teams conduct outreach in the community to the location where the individual was initially encountered by the first responder.
- **More than half** provide a personal introduction (or "warm handoff") to treatment case managers to assist in linking clients to treatment and services.
- About **two-thirds** provide transportation to clients' first treatment appointment.

About half involve co-responders (peer support specialists/ recovery coaches, clinical SUD treatment staff, case managers, and social workers) in their deflection efforts.

Of those programs that offer training in deflection, 91% offer training in naloxone administration and 74% in crisis intervention.

- Yet only about a third have a full training curriculum, and relatively few offer training in key deflection skills like the neuroscience of addiction, motivational interviewing, implicit bias, and trauma informed care.

WHAT YOU CAN DO

1. Assess whether your deflection program already fulfills these common elements.
2. Review your training program (if you have one), and determine how you can tailor it to enhance your deflection activities.

Deflection program partnerships

Having multiple community-based service partners — from across the justice system and recovery community — is a key element in the operation of deflection programs.

Treatment/services partners providing community-based detoxification, SUD treatment, case management, recovery support, housing, education, and job training are critical to the operation of deflection programs.

More than 95% of programs that responded have at least two collaborative service partners; nearly half have at least three. More than a quarter have four to six.

Most programs employ a framework to govern planning and implementation.

- **Two-thirds** of those surveyed maintain a dedicated program coordinator responsible for day-to-day operations.
- All programs surveyed conduct meetings at least annually with the stakeholder-partners who provide governance; most do so monthly.
- Still, while more than half of programs maintain agreements with partners around services provided, these often are oral, not formal, agreements that often do not include certain critical expectations for these services.

WHAT YOU CAN DO

Address program governance: is a coordinator responsible for daily operations and activities? Are all stakeholders included in governance and regular meetings? Are program partnerships formalized to set expectations and promote accountability?

Treatment, services and recovery

The primary service deflection programs facilitate is SUD treatment, including Medication Assisted Treatment (MAT): buprenorphine, methadone, and naltrexone.

- Fully **90%** of respondents offer linkages to SUD treatment, important because of the range of SUD to which they must respond.
- Nearly three-quarters (**73%**) offer linkages to MAT.

Most use recovery support specialists (e.g., peer coaches) to provide initial outreach.

- **Nearly 80%** provide access to recovery support specialists or peer recovery coaches.
- Yet many ancillary social services needed to facilitate recovery/reentry — like employment, education, and food support — are often not provided or facilitated by deflection programs; only about 30% offer these services.

90% of survey respondents are located in states that have expanded Medicaid/access to healthcare insurance through the Affordable Care Act.

- Slightly more than half of programs receive revenues through Medicare or Medicaid; 46% use private insurance.

WHAT YOU CAN DO

1. Inventory all available treatment providers in your community to determine where deflection partnership opportunities and gaps exist, including recovery support services.
2. Analyze all potential funding sources and assess how to maximize access and funding for services and clients in the community.

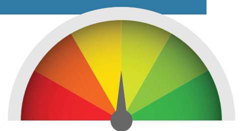
Funding, data collection, performance measures, and formal evaluations associated with deflection programs

Deflection programs, developed to meet specific local public safety and public health needs, tend to rely on local funding for startup and continued operation.

- While funding of programs covers a range of local, state, national, and private sources, about 40% of programs have dedicated budgets; about a third used local funds to start up, and nearly half use local funds to maintain programs.

While some deflection programs collect and maintain important data, many do not maintain standardized metrics sufficient to gauge success and protect against racial, ethnic, or gender bias.

- Data points collected/tracked by programs include fatal/nonfatal overdose (52%) and client participation (53%).
- Fewer than half of programs collect data on clients' race/ethnicity. In addition to collecting data on individuals who are deflected, agencies must analyze better why clients are *not* deflected or accepted into treatment/services, or are removed for noncompliance.
- Those collecting race data deflect Blacks proportionate to their population. But Blacks comprise a far higher share of arrests (27% [FBI Uniform Crime Report]). This presents an opportunity for programs to heighten focus on deflection for Blacks, who typically have less access to SUD treatment that can keep people out of the justice system.



Relatively few conduct formal evaluations to accurately gauge and replicate program performance and outcomes.

- Only about one in six programs has conducted an independent, third-party evaluation to assess performance/outcomes and prescribe program improvement.

WHAT YOU CAN DO

1. Assess the data your program currently tracks/analyzes and determine if more data points should be covered, particularly around race/ethnicity, client participation, and treatment/recovery services completion.
2. Strengthen your existing community-based treatment/service partnerships (like access to SUD treatment) to reduce disparities some groups face in the justice system.
3. Contract with a partner - such as a local college or university - to conduct an independent program evaluation to validate and improve performance and outcomes.