

Critical Elements for Implementing Active Outreach Deflection Programs

January 26, 2023



CENTER FOR
HEALTH & JUSTICE
AT TASC





About the IACP

Shaping the Future of the Policing Profession

- The International Association of Chiefs of Police is the largest and most influential professional association for law enforcement in the world. With more than 30,000 members in 165 countries, the IACP is a recognized leader in global policing, committed to advancing safe communities through thoughtful, progressive police leadership.
- Since 1893, the association has been serving communities worldwide by speaking out on behalf of law enforcement and advancing leadership and professionalism in policing worldwide.



TASC's Center for Health and Justice

COSSAP TTA Provider for First Responder Led Diversion Initiatives



CENTER FOR
HEALTH & JUSTICE
AT TASC

Website: <http://www.centerforhealthandjustice.org/>



Polling Question 1: What type of community do you serve?

Polling Question 2: What type of agency or organization do you represent?

Learning Objectives

Attendees will be able to:

- Discuss *first responder deflection* (FRD) and list the six frameworks or “pathways” of implementing FRD.
- Describe attributes of the Active Outreach Pathway and benefits of implementing this type of FRD program.
- Identify critical elements needed to plan, implement, and sustain an active outreach program.

Presenters

Morris County, New Jersey, Hope One Program

- Corporal Erica Valvano, Community Outreach and Planning Section, Morris County, New Jersey, Sheriff's Office
- Jon-Erik Randazzo, Peer Recovery Specialist, Center for Addiction Recovery Education and Success (CARES), Rockaway, New Jersey

Story County, Iowa, Alternatives Program

- Shelby Gibson, Program Coordinator, Alternatives Program, Story County, IA
- Chief Geoff Huff, Ames, Iowa, Police Department

Facilitator

- Karen Maline, Project Manager, **International Association of Chiefs of Police**

Agenda

1. Brief overview of the **Six Pathways of First Responder Deflection (FRD)**
 - What's the difference between *deflection* and *diversion*?
2. Focus on the *Active Outreach* Pathway
3. Introduction to the **10 Critical Elements** of Active Outreach Programs
4. Presentations about the **Hope One** and **Alternatives** Programs
5. Discussion: Why are these elements important and how do the featured programs incorporate them into program implementation?
6. Question and Answer

The Six Pathways

Pathway	Target Population
❖ Self-Referral: An individual voluntarily initiates contact with a first responder agency (law enforcement, fire services, or EMS) for a treatment referral. If the contact is initiated with a law enforcement agency, the individual makes contact without fear of arrest.	Individuals with substance use disorder (SUD)
❖ Active Outreach: A first responder intentionally identifies or seeks out individuals with SUD to refer the individuals to or engage them in treatment; outreach is often conducted by a team consisting of a clinician and/or a peer with lived experience.	Individuals in crisis or with non-crisis mental health disorders (MHD) and/or SUD, or who are experiencing homelessness
❖ Naloxone Plus: A first responder and program partner (often a clinician or peer with lived experience) conduct outreach <i>specifically</i> to individuals who have recently experienced an opioid overdose to engage them in and provide linkages to treatment.	Individuals with opioid use disorder
❖ First Responder and Officer Referral: As a preventative measure, during routine activities such as patrol or response to a service call, a first responder engages individuals and provides a referral to treatment or to a case manager. <i>(Note: if law enforcement is the first responder, no charges are <u>filed</u> or arrests made.)</i>	Individuals in crisis or with non-crisis MHD and/or SUD, or in situations involving homelessness, theft, or prostitution
❖ Officer Intervention: (Only applicable to law enforcement) During routine activities such as patrol or response to a service call during which charges otherwise would be filed, law enforcement officers provide a referral to treatment or to a case manager or issue a non-criminal citation to report to a program. Charges are held in abeyance until treatment and/or a social service plan is successfully completed.	Individuals in crisis or with non-crisis MHD and/or SUD, or in situations involving homelessness, theft, or prostitution
❖ Community Response: in response to a call for service, a team comprising community-based behavioral health professionals (e.g., crisis workers, clinicians, peer specialists, etc.), and/or other credible messengers—individuals with lived experience—sometimes in partnership with medical professionals, engages individuals to help de-escalate crises, mediates low-level conflicts, or addresses quality of life issues by providing a referral to treatment, services, or to a case manager.	Individuals in crisis or with non-crisis MHD and/or SUD, or in situations involving homelessness or low-level conflicts

What's in a Name: Diversion vs. Deflection

Deflection

The practice by which law enforcement or other first responders connect individuals to community-based treatment and/or services **when arrest would not have been necessary, or in lieu of taking no action when issues of addiction, mental health, and/or need are present.**

Pre-Arrest
Diversion
(PAD)

The practice by which law enforcement officers connect individuals, **who otherwise would have been eligible for charges**, to community-based treatment and/or services in lieu of arrest, thereby diverting them from the justice system into the community. **Officer Intervention** is the only pre-arrest diversion pathway.

PAD programs should not be confused with prosecutorial diversion, which occurs *after* individuals **have already been arrested.**

Active Outreach Pathway

Goal:

- To reach out to people with SUDs or who are at risk for SUDs before they have an overdose or are exposed to the justice system.

Active Outreach:

- A proactive form of deflection meant to prevent harm and justice involvement
- Typically conducted by a co-responder team consisting of one or more first responders (law enforcement, fire, or EMS personnel) with a multi-disciplinary team of treatment and/or service providers
- A positive form of contact between first responders and vulnerable communities that can lead to enhanced relationships and trust-building between public safety personnel and people with SUDs (as well as the rest of the community)
- Use harm reduction strategies to address drug misuse by individuals

Active Outreach Pathway

Types of Programs

Programs can vary based on a jurisdiction's size, goals, and needs:

Mobile outreach teams

- Can deploy to a variety of areas in large jurisdictions (e.g., counties or rural areas)
- Can deploy teams, provide resources, conduct screenings, and make referrals

Neighborhood-based teams

- Work in smaller geographic areas (e.g., specific areas of a city, certain police precincts)
- Conduct outreach to people with SUD and who are homeless; take referrals from patrol officers and community members

Teams of specially-trained first responders

- Reach out to individuals known to have SUD and to people with SUD within the homeless community

Benefits of Active Outreach Programs

- Saves lives
- Enhances public safety by addressing quality of life issues that may lead to crime
- Keeps individuals who pose “no real threat to public safety” out of the justice system, thus avoiding the collateral consequences of justice system involvement
- Creates collaborative relationships between a variety of community stakeholders, that when established, can result in additional initiatives that address other public safety issues
- Leads to better relationships between law enforcement and the community

10 Critical Elements to Create or Enhance an Active Outreach Program

1. Identify the problem faced by the community.
2. Create a multidisciplinary planning group.
3. Hire a dedicated program coordinator.
4. Hold regular partner meetings.
5. Engage the larger community.
6. Be intentional when selecting personnel for outreach teams.
7. Train officers about addiction, trauma, and recovery, and project positive messaging to first responders about diversion.
8. Collect data and evaluate the program.
9. Create a feedback loop for officers, other first responders, and other program partners.
10. Conduct ongoing messaging to the community through the media.

HOPE ONE

A mobile outreach vehicle for addiction, recovery and mental health services

Sheriff James M. Gannon

Morris County Sheriff's Office, New Jersey

Hope One

Sheriff James M. Gannon



Hopeone@co.morris.nj.us



PLAN

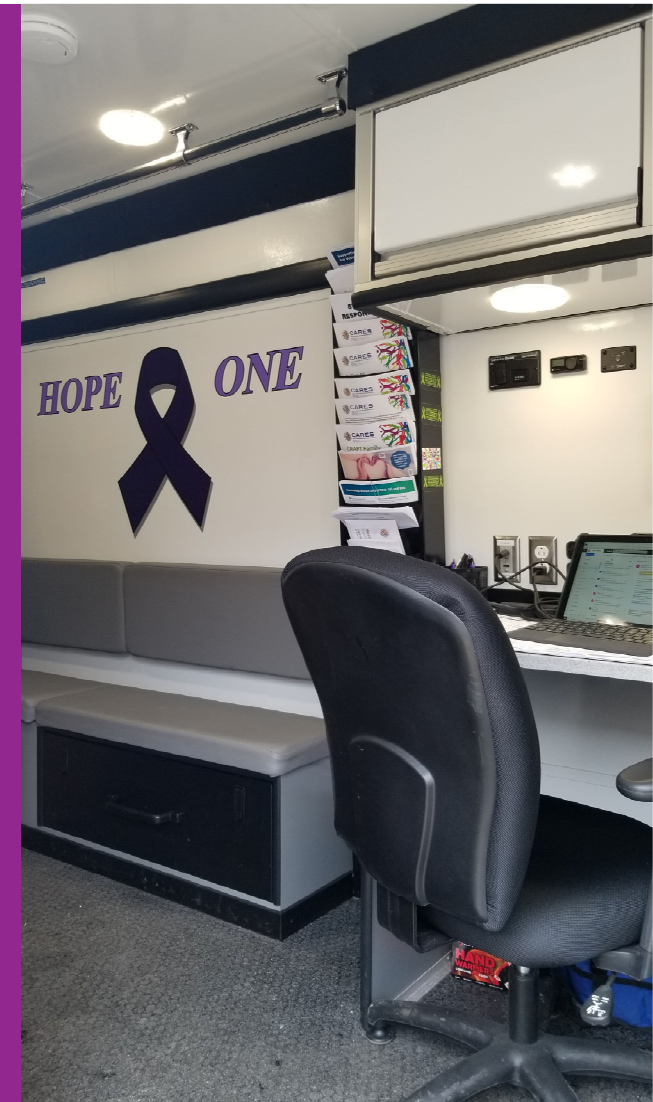
1. Create Multidisciplinary team of Law Enforcement, service providers, treatment providers and human services
2. Provide services to the "At-Risk" population. These are the folks without support.
3. Bring Substance Use Disorder and Mental Health services to the client.



Hope One Vehicle

INCLUDES:

- A STIGMA-Free logo
- A bench to have a conversation
- Toiletry kits for homeless people
- A cell phone charging station
- Automated External Defibrillator (AED)
- Medical kit
- Mounted TV for NARCAN training
- Wi-Fi Hotspot

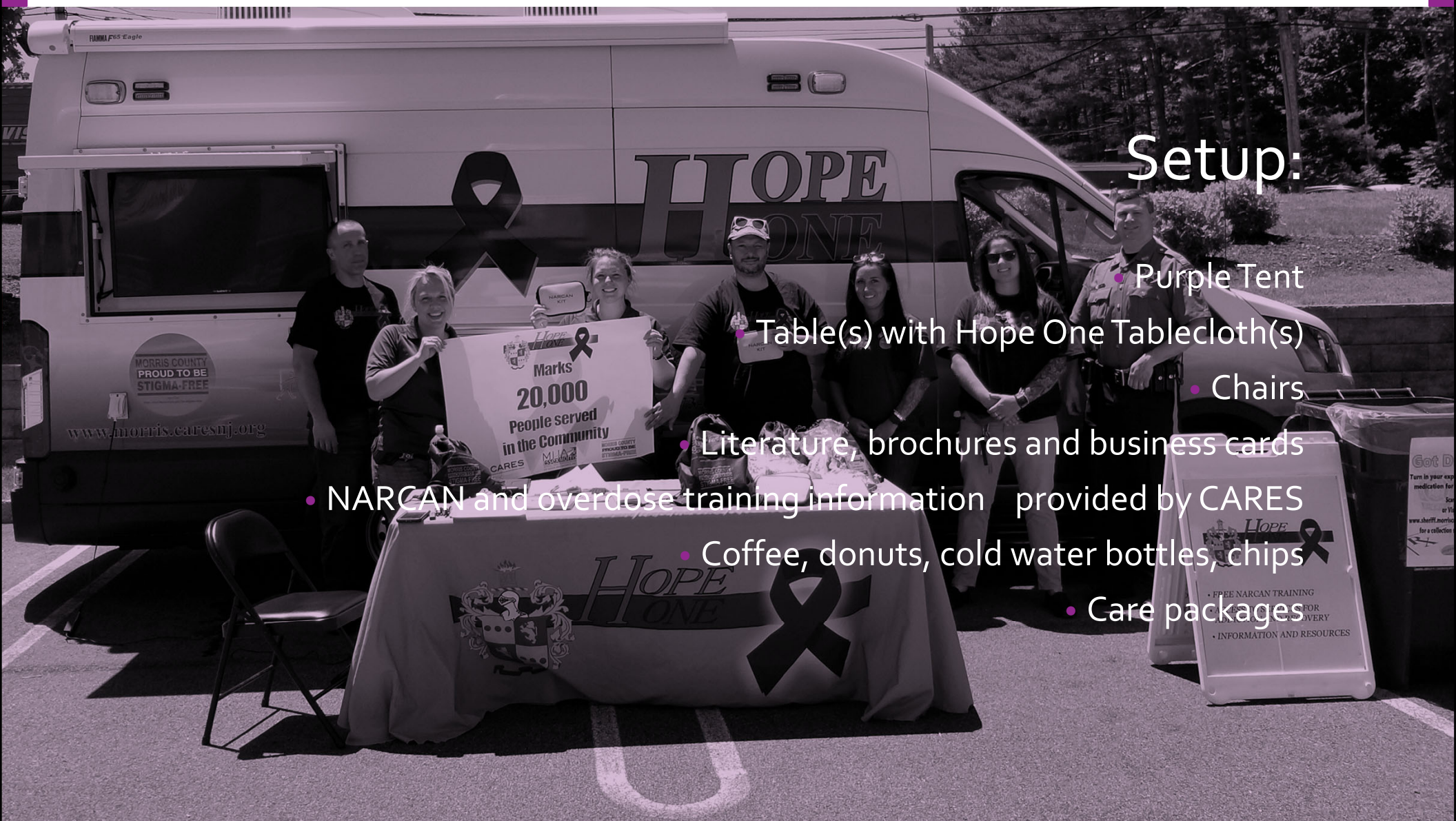


Hope One Vehicle

The government license plates were replaced with HOPEONE plates.

Mental health and addiction are often co-occurring illnesses.





Setup:

- Purple Tent
- Table(s) with Hope One Tablecloth(s)
- Chairs
- Literature, brochures and business cards
- NARCAN and overdose training information provided by CARES
- Coffee, donuts, cold water bottles, chips
- Care packages

**MORRIS COUNTY
PROUD TO BE
STIGMA-FREE**



The Morris County Stigma-free initiative is a county wide program which aims to eradicate the stigma associated with mental illness and substance use disorders.

Facebook, Twitter & Local News promote Hope One Morris County

HOPE One @HOPEOneMorris · Aug 29, 2022
 Sheriff James M. Gannon's Hope One team marks 30,000 people served in the community! Thank you to all of our partners for making THE difference. Visit the Hope One team at any of our upcoming locations listed on the Hope One webpage. ow.ly/JNS150Kur6H

HOPE ONE Marks **30,000** People served in the Community

Logos: CARES, MHA Essex Morris, MORRIS COUNTY PROUD TO BE STIGMA-FREE

Morris County Sheriff's Office
 November 21, 2022

Sheriff James M. Gannon and the Hope One team loaded Hope One with Thanksgiving meals to distribute to individuals and families struggling in Morris County. Thank you to the Morris County Correctional Facility and Aramark Food Services for providing 50 turkey lunches today! Each month, the Hope One and Navigating Hope teams deploy to homeless encampments and motels to provide resources, blessing bags and lunches.

Click on the link below to learn more about Hope One:
<http://ow.ly/3B4t50LK6BZ>



Hope One NARCAN training:

- Each participant will receive a free life-saving NARCAN kit.
- The Hope One project provides: addiction, recovery, and mental health services.

PLEASE CHOOSE FROM ONE OF THE FOLLOWING DATES:

October 12, 2022- Time: 10am-11:30am
 OR
 November 17, 2022- Time: 6pm-7:30pm

Gateway Community Resource Center
 513 Birch Street
 Boonton, NJ

Please register at:
www.gcrnj.org/programs

EACH PARTICIPANT WILL LEARN TO IDENTIFY THE SIGNS OF AN OVERDOSE & HOW TO EFFECTIVELY ADMINISTER NARCAN

Morris County sheriff's "Hope One" outreach program brings aid to those experiencing substance abuse and mental health issues

BY JENNA DEANGELIS
 DECEMBER 20, 2022 / 7:07 PM / CBS NEW YORK

Morris County Sheriff's Office Webpage

Morris County Sheriff's Office

Hope One

Our mobile recovery access vehicle offers critical support for persons struggling with addiction, with the goals of preventing drug overdoses and deaths, as well as mental health services.

HOPE ONE travels four times a week to locations throughout Morris County, bringing services to persons in need. A Sheriff's officer, licensed mental health professional, and a certified peer recovery specialist - who understand the needs of those suffering with addiction — staff the vehicle. They help people access services and Narcan training.



Contact Us

Phone

[973-590-0300](tel:973-590-0300)

Email

hopeone@co.morris.nj.us

Request HOPE ONE

If you'd like the HOPE ONE van to attend your agency's event, fill out our [Event Request Form](#).

Hope One's Schedule

Schedule

Today < > January 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 HO Hope ... HO Hope ... HO Hope ...	4 HO Hope ...	5 HO Hope ...	6	7
8	9 HO Hope ...	10 HO Hope ... HO Hope ... HO Hope ...	11 HO Hope ...	12 HO Hope ...	13	14 HO Hope ...
15	16	17 HO Hope ...	18 HO Hope ...	19 HO Hope ...	20 HO Hope ...	21



Narcan Kits

- The Hope One team distributes life-saving Narcan to family members, friends, and individuals struggling with substance use disorders.
- To date, over 6,000 kits have been distributed in the community

Homeless Outreach

The team deploys once a month to homeless encampments to provide access to social services, mental health services, and recovery support.

We distribute care packages and lunches to individuals in need.





MORRIS COUNTY SHERIFF'S OFFICE HOPE ONE DASHBOARD REPORT

2022

Prepared by:

**Cpl. Erica Valvano
Officer Chelsea Whiting
MORRIS COUNTY SHERIFF'S OFFICE**



DATE	LOCATION	# of People Who visited	# of Business Cards Handed Out	# of Brochures Handed Out	Recovery Support	Rehab/Treatment	Family Support	Mental Health Services	Gift Cards	NARCAN Training	Other Services	Hope Hub Referral	Total Contacts Made
12/13/22	Rockaway Mall			61		1		1		5			68
12/14/22	Broadway Denville	1		23		1				3			28
12/15/22	Morris County Library		2	14				1		2			19
12/15/22	Hope One Referrals										7		7
12/16/22	Hope Hub Outreach			14						1			15
12/19/22	Rockaway Mall	1		11						6			18
12/20/22	Homeless Outreach			50									50
ID Cards Issued: 1052	# of People Who visited Hope One	# of Business Cards Handed Out	# of Brochures Handed Out	Recovery	Rehab	Family Support	Mental Health Services	Gift Cards	NARCAN Training	Other Services	Hope Hub Referral	Total Contacts Made	
YEAR TO DATE (YTD) TOTALS	477	60	4966	34	9	24	51	9	1301	135	8	7074	
959 STOPS 4184 HOURS	# of People Who visited Hope One	# of Business Cards Handed Out	# of Brochures Handed Out	Recovery	Rehab	Family Support	Mental Health Services	Gift Cards	NARCAN Training	Kits used	Other Services	Hope Hub Referral	Total Contacts Made
Total Contacts	6884	621	18173	159	130	74	305	65	6241	120	367	15	33034

Hope One Program Evaluator:

Tracks and analyzes data collected from Hope One

Assists with grant funding applications

Table 1. Total contacts/situations for each program by month

Month	Hope One Mobile Contacts	PAARI Contacts	Hope Hub Situations	Total by Month
January	347	0	0	347
February	351	0	0	351
March	709	1	16	726
April	773	0	11	784
May	1,026	0	8	1,034
June	1,096	1	16	1,113
July	918	0	13	931
August	1,555	0	17	1,572
September	565	0	15	580
October	947	0	17	964
Total	8,287	2	113	8,402

To better understand the impact of the Hope One Project, we examine the data in relation to program goals.

Goal 1. Distribute Narcan® to community members to reduce fatal overdose deaths related to opioids.

Between January 1 and October 31, the Hope One Project team trained 1,727 individuals (1,639 individuals in Morris County and 88 individuals outside of Morris County) to administer Narcan®. These individuals also received a Narcan® kit. The monthly totals of individuals trained can be found below in Table 2. Funds from this grant were used to pay for 200 Narcan® kits per quarter.

Table 2. Total individuals trained to administer Narcan®

Month	Morris County	Outside County
January	45	0
February	51	6
March	176	0
April	170	31
May	167	0
June	249	34
July	215	17
August	184	0
September	145	0
October	237	0
Total	1,639	88



Karolyn Mora

Hope One Case Manager

973-334-3496 x 517

kmora@mhainspire.org

- The Mental Health Professional to Staff Hope One
- Connects with individuals struggling with mental health disorders to services
- Connects individuals to case management services that can facilitate the end of homelessness

Jon-Erik Randazzo

Hope One Certified Peer Recovery Specialist

973-625-1143

jerandazzo@mcpik.org



CARES

CENTER FOR ADDICTION & RECOVERY EDUCATION & SUCCESS

PIK PREVENTION IS KEY
SPECIAL PROJECT

- Provides NARCAN training and NARCAN kits from Hope One
- Connects struggling individuals with treatment and recovery options
- Provides Recovery Coaching for individuals struggling with substance use disorder



2017: Mobile Outreach Vehicle for Addiction, Recovery, and Mental Health Services



2017:
The Hope Wing is a drug/alcohol addiction recovery unit for incarcerated inmates



2018:
Successful Transition and Re-Entry



2021:
To assist court involved individuals into services



2019:
PAARI-Police Assisted Addiction & Recovery Initiative



2019:



Social Services mobile vehicle

2021:



Brings over 30 providers together weekly to address individuals and families at an acutely

REFER INDIVIDUALS TO THE HUB

793.590.0266

HOPEHUB@CO.MORRIS.NJ.US

Fill out the Referral Form to be connected to life-changing services:

morriscountynj.seamlessdocs.com/ff/hopehub



Hope One- Morris County is proud to introduce the following:

- Hope One- Atlantic County
- Hope One- Burlington County
- Hope One- Cape May County
- Hope One- Hunterdon County
- Hope One- Monmouth County
- Hope One- Newark
- Hope One- Passaic County
- Hope One- Warren County





Alternatives

Story County, Iowa's Arrest Diversion Program

Geoff Huff; Chief of Police, City of Ames Police Department; Ames, Iowa

Shelby Gibson, Program Coordinator, Story County Attorney's Office, Story County, Iowa



Brief Overview of Program: Alternatives

Definition and Purpose

The **MISSION** of the Story County Alternatives Program is to enhance public safety and benefit our community through a supervised, collaborative effort to more efficiently work with individuals who struggle with SUD.

Program Goals

1. Help participants remain substance free by providing community support, treatment, counseling, and medical management to make positive choices.
2. Reduce the number of chemically dependent offenders going to jail or prison.
3. Assure that the mental health needs of participants with SUD are well managed with appropriate medications and counseling.
4. Increase the effectiveness of substance abuse treatment by providing supportive supervision.
5. Reduce crime in our community.

Brief Overview of Program:

How we got started

Story County was seeing an increase in substance use and substance use related arrests.

Associated causes: SUD, unmet mental health needs, homelessness, lack of transportation, lack of insurance to obtain treatment and medical care, lack of food and basic necessities, lack of options for officers to divert individuals.

Program coordinator was hired: this individual troubleshoots stakeholder's concerns, works to identify resources, facilitates meetings, shares information, streamlines communication and remains independent from all political and operational stakeholders.

Program Eligibility

Eligibility Criteria

- 18+
- Diagnosed or suspected SUD
- At risk of criminal justice involvement
- Commit low-level offenses or have frequent contact with police.

Disqualifiers

- Sex offenders
- DV charges
- Violent individuals
- Individuals who exhibit extreme confusion or disorientation or have mental health issues that prevent or restrict active participation

Eligible Charges for Diversion

- Interference with Official Acts (w/o injury)
- Disorderly Conduct (w/o injury)
- Trespassing
- Public Intoxication
- Possession of a Controlled Substance (1st and 2nd offense)
- Possession of Drug Paraphernalia (1st and 2nd offense)

- **Charges are not necessary for participation in program**

Referral Process-

Every contact is an opportunity to refer and help people move toward better outcomes.

- Email, phone call, or contact information sent to Program Coordinator by officer, county prosecutor's office, community-based agency, or individual
- Program Coordinator receives reports from MH advocate at Ames PD and actively reaches out to eligible individuals who are in jail
- Program Coordinator conducts active outreach in the community

Top referral sources

- **Self referral**
- **Active outreach**
- **First Responder-** We have an ARCH program that can refer individuals struggling with known SUD or SA treatment needs.
- **Officer Intervention-** referrals come directly from police as either pre- or post- arrest referrals. If client signs release, coordinator can provide updates to police. Coordinator also informs officers about clients who do not follow up with Coordinator.
- **Prosecution referrals**

Intake and Case Management

Intake Process

- Conducted in person, takes about 30 minutes
- If individual is incarcerated, intake is conducted after release from jail
- Intake can be conducted virtually if needed.

Case Management Services Offered

- Substance Abuse Evaluation and any recommended treatment
- Mental Health Services
- Employment Services
- Housing Services
- Education Services
- Transportation Services
- Advocacy Services
- Emotional Support/ Safety Services
- Justice System Assistance Services
- Other Services – phone, insurance, foreclosure, etc.

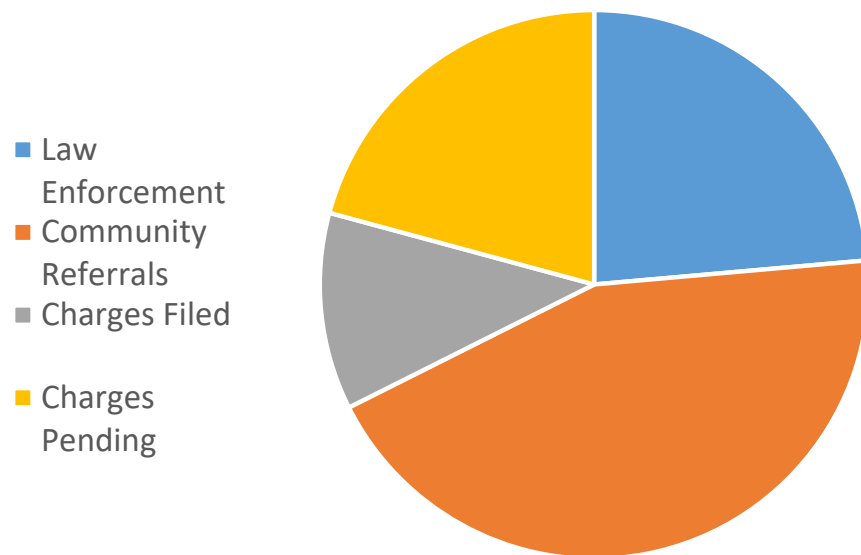
Program Maintenance

- Meet Monthly with Board members
 - Police Chief
 - Story County Board of Supervisors
 - Story County Attorneys Office
 - Central Iowa Community Services
 - Ames PD Mental Health Advocate
- Meet weekly with other state COSSAP grantees and grant manager, data specialists and sometimes project/grant writer.
- Meet monthly with Ames PD officers to talk about Alternatives
 - Feedback loop with officers/other referral sources.
 - Officer trainings about addiction, trauma and recovery.
- Engage Larger Community
 - Opioid Task Force meetings and events
 - Meet with housing providers
 - Meet with probation offices
 - Meetings with all police departments in county yearly
 - Participate in Point in Time (PIT) count
 - Prescription Drop Off

Data

We work with Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning.

Referral Source



223 Referrals between 8/24/20-12/19/22

- 80 females and 143 males
- 100 did intakes, 105 eligible but did not participate, and 18 not eligible
- 83 completed Substance Abuse Evals
- 73 fully completed the program.
- 56 started treatment and did at least 4 sessions and 38 completed Substance Abuse Treatment completely.

Program Contact

Shelby Gibson
Alternatives Care Coordinator
Story County, Iowa
sgibson@storycountyiowa.gov
(515)-766-8767



Roundtable Discussion: Critical Elements for Implementing Active Outreach Deflection Programs

Create a multidisciplinary planning group

- Identify key partners and start convening this team early in the process
 - Keep group size manageable during preliminary planning and expand as the program develops
 - First responders, community-based treatment and services, public health, hospitals, elected and appointed officials, research partner, members of impacted community
- Build relationships with key partners
 - Collaboration is crucial to implementing AO programs and building trust among partners
- Include the voices of individuals with lived experience with SUD and justice involvement

Hire a dedicated program coordinator

- The coordinator should be hired solely to work on the program
 - Requires attention to building relationships, obtaining buy-in, ensuring immediate response to referrals, conducting case management, coordinating meetings, collecting data, etc.
- (If possible) position should be independent from LE and DA
 - Reduces perception of and potential for conflict among partners
 - **HOWEVER**, having a PC affiliated and working with LE can help to educate and obtain buy-in from officers
- Ideally has a social work, peer support or clinical background
 - If PC is responsible for case management, should be qualified to conduct assessments and create diversion plans
- Consider individuals who have lived experience

Hold regular partner meetings

- Keeps lines of communication open and enhances trust among partners.
- Provides opportunities to strategize, brainstorm, discuss challenges, and share success stories.
- Partners should regularly review data and consider course corrections if necessary.

Train Officers and other First Responders about...

Training on the following can **reduce the stigma** attached to individuals with SUD and other behavioral health disorders:

- The neuroscience of addiction to understand that addiction is a chronic disease and not a moral failing
- Adverse Childhood Experiences (ACEs) and trauma to understand how trauma can affect life outcomes
- Returning to use (relapse) is often a part of the recovery process and may result in needing to deflect an individual multiple times

Collect data and evaluate the program

- Important for demonstrating success, grant reporting requirements, and applying for funding to sustain the program
- Identify a research partner; bring them in as early as possible
- Invest in software or create an Excel spreadsheet to track data
- Analyze the data to validate and improve the program
- Share data with stakeholders and the community

Create a feedback loop

- First responders should be informed about the purpose and goals of the program
 - Consider adding mid-level and line personnel to your planning group to gain their perspectives and create champions for the program
- Share data and other programmatic information with partners, especially first responders, about the outcomes of program participants
 - Information can be aggregated and delivered by memo or newsletter
 - Learning about positive program-related outcomes is strong incentive for implementing the program
- Failure to share information with front-line personnel can be a barrier to successful program implementation

Polling Question 3: Which critical elements does your program need to add or enhance?

Questions and Answers

Contact Information



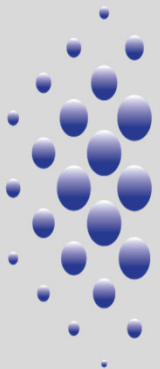
Karen Maline
Project Manager
International Association of Chiefs of Police
maline@theiacp.org

IACP's COSSAP webpage:

(resources specifically for law enforcement and other first responders)

<https://www.theiacp.org/projects/comprehensive-opioid-stimulant-and-substance-abuse-program-cossap-law-enforcement-first>





BJA's

Comprehensive

Opioid, Stimulant,
and Substance Abuse

Program