



Innovative Models to Expand and Enhance Recovery Courts and the Intersection of Deflection

NE Recovery Courts/Drug Courts
Where Justice, Treatment, and Recovery Meet
November 15, 2023

Our Leadership Team

- **Scott Allen- C.O.O O2SL and QRT National**, retired East Bridgewater, Massachusetts Police Chief, with over 25 years of law enforcement experience. Local community activist and advocate for vulnerable populations. Led creation of a regional substance use drop-in center as well as co-founder for Plymouth County Outreach initiative, a national BJA mentor site.
- **Daniel Meloy- Director of Operations O2SL and QRT National**, retired Colerain Township, Ohio, Police Chief, Public Safety Director, City Manager, 30 years of public sector experience. Creator of QRT model (also a national BJA mentor site) in 2014, led to implementation in 88 counties in Ohio.
- **Michael Botieri- Vice President of Business Development**, retired Plymouth, Massachusetts Police Chief, 36 years of law enforcement experience. Led the creation of an active outreach program in response to the opioid epidemic. Co-founder of Plymouth County Outreach initiative, a national BJA mentor site.





Liberations Program, Inc (Connecticut)

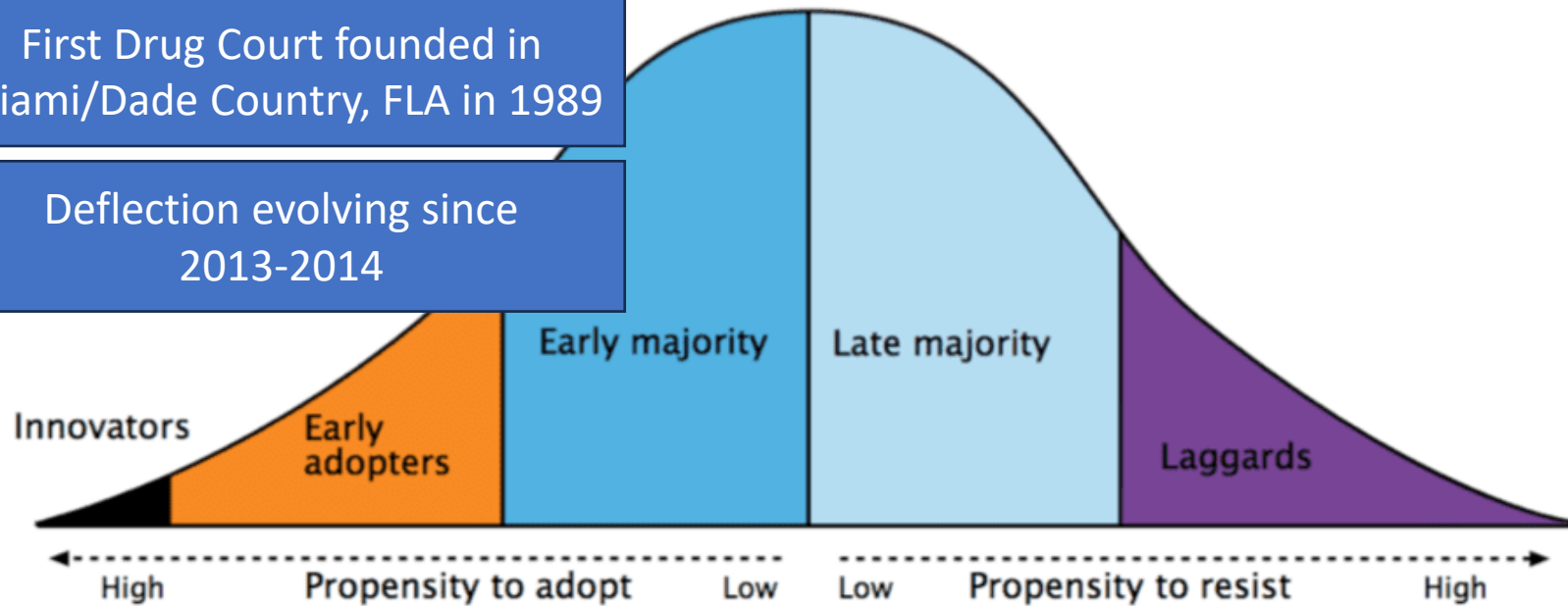
- **John Hamilton, LMFT, LADC, President and Chief Executive Officer**, John re-joined Liberation Programs in 2018, having served as the agency's Vice President of Clinical Services and Senior Vice President from 1996-2006. He is nationally recognized as an expert in the field of addiction treatment and prevention and brings three decades of experience.
- John chairs the advisory board for the Connecticut Department of Mental Health and Addiction Services (DMHAS) and serves on the Governors Alcohol and Drug Policy Council.
- Past Chair of the Dissemination Committee for the National Institute for Drug Abuse (NIDA) Clinical Trials Network, Past Chair of the Community Treatment Providers Caucus, Past President of the Southwest Connecticut Mental Health Board, Past President of the New England Association of Drug Court Professionals, and co-founder of the Greenwich Father's Forum.
- He has consulted for NIDA and the Substance Abuse and Mental Health Service Administration (SAMHSA). In 2013, John was the recipient of the American Association for the Treatment of Opioid Dependence (AATOD) Nyswander-Dole Award for his contributions to the field of Addiction Treatment.

Early Adopters of Deflection

What is Deflection?

First Drug Court founded in Miami/Dade County, FLA in 1989

Deflection evolving since 2013-2014



SOURCE: Diffusion of Innovation Theory: Part 1 of Brand Adoption Series
(idealogicbrandlab.com)

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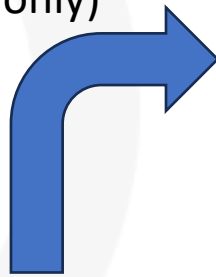
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My Deflection Journey

My journey started as drug investigator in 1995, created a multi-jurisdictional drug task force, drug task force commander, and was promoted to Chief of Police. Limited tools (enforcement only) on “tool belt for SUD”



Drop-in Outreach Center-2015



Plymouth County Outreach (PCO), was created in 2016, as a county-wide collaboration including, police, treatment, hospitals, recovery community, district attorney, sheriff, community-based organizations, and drug courts (key PCO liaisons Judge John Julian, Judge Michael Vitali)

In 2018, PCO Chiefs, DA, and Sheriff were awarded the International Association of Chiefs of Police (IACP) Leadership The Leadership in Community Policing Award for PCO efforts.

Agency Serving Populations 250,000+

Plymouth County Outreach, Massachusetts

Plymouth County Outreach (PCO) is an opioid prevention and recovery coalition in Plymouth County, Massachusetts made up of 27 municipal police departments, Bridgewater State University Police Department, the District Attorney's Office, and the Sheriff's Department. PCO also has partnerships with dozens of non-law enforcement providers in healthcare, treatment, recovery, local coalitions, faith-based organizations, and regional hospitals. The goal is to provide resources and support to those suffering from substance use disorders and to their loved ones. In Plymouth County, all police departments have signed a Memorandum of Understanding to offer overdose survivors pathways to treatment, maintain a real-time overdose monitoring program, and commit officers to training and participation in overdose follow-up visits with other assistance providers. This program is recognized as a model to address the opioid crisis.



(Pictured from left to right: IACP Immediate Past President, Louis M. Dekker, Chief Scott Allen, East Bridgewater Police Department and Plymouth County Outreach member, and IACP 2018 Vice President and Community Safety Policy Council Chair, Dwight Henniger)



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My Deflection Journey

Handle With Care- “Don’t forget about the children”

East Bridgewater School District and Police- **2017**. Schools and police collaborating to share limited information on children who witness/experience trauma



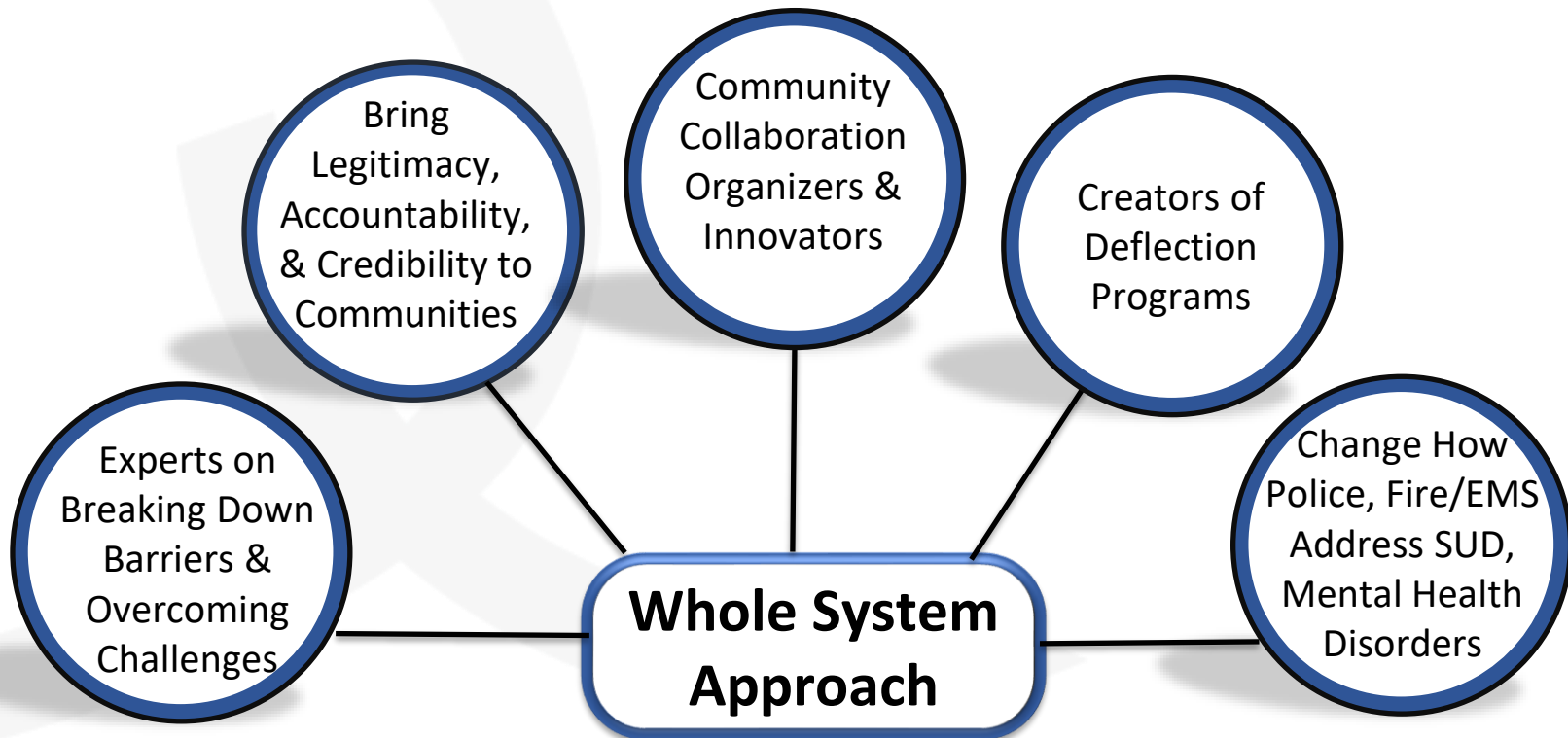
Situation Table (PCO Hub)- 4 Hubs launched in 2019, funded by South Shore Hospital CHNA. Unique, risk-based, rapid triage model. Brings together multiple human service providers. Addresses the needs of individuals and/or families facing a specific threshold of Acutely Elevated Risk (AER) Those served are often facing the highest level of composite risk in the community.



March 2020- O2SL and QRT National was founded in 2020 with the mission to help states, counties, and municipalities create or enhance collaborative social health initiatives between police, public safety (including drug courts/recovery courts), public health, healthcare, and the community.



Forging Change Across the Field of Deflection

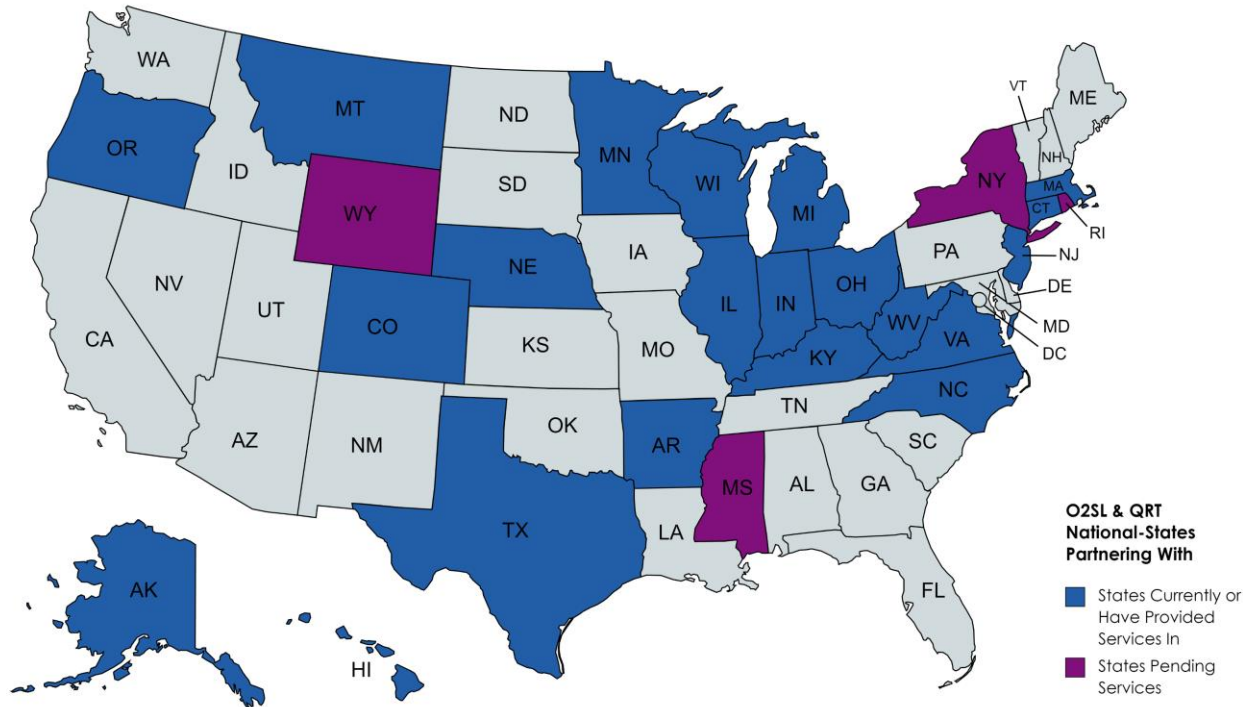


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Where O2SL & QRT National Serve Deflection Sites




O2SL & QRT National have collaborated and provided and/or will be providing support and services in 25 states

Created with mapchart.net

John Hamilton, Liberations Programs, Inc.

John was part of original founders of five (5) drug courts in Connecticut




CT Drug Courts have reduced down to two (2) courts



CT Treatment and Pathways Program have grown through several CT courts



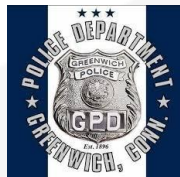
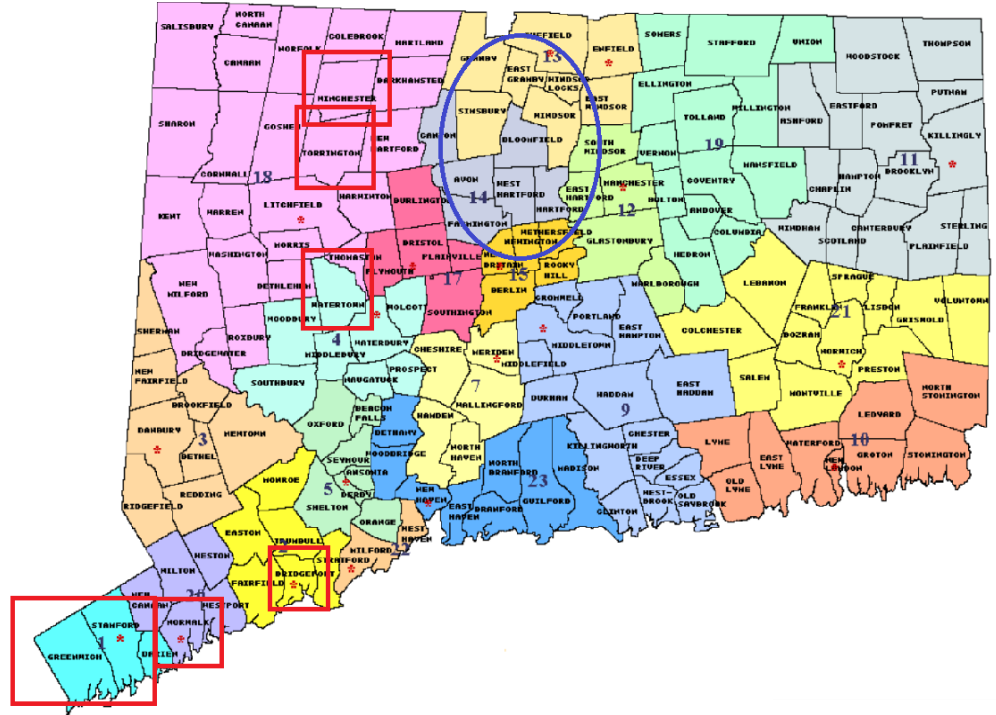
John, as co-Chairperson of DMHAS Advisory Council and Maria Coutant-Skinner (McCall Behavioral Health) partnered and led collaborated with law enforcement in CT to form the CLEAR initiative (Community Law Enforcement & Addiction Recovery)



Connecticut CLEAR Sites

In 2020, Liberations Programs, Inc., and McCall Behavioral Health Network, in collaboration with CT DMHAS, were awarded as leads for the COSSUP (BJA federally funded) grant to initiate Deflection with police, treatment, and community partners across northwest and southwest CT.

O2SL & QRT National partnered to support Liberations/McCall and the CLEAR sites beginning in 2020. CLEAR expansion pending in Farmington Valley region.



Liberations Programs

WHO WE ARE

Liberation Programs is one of Fairfield County's leading behavioral health organizations specializing in treatment for all types of substance use disorders including alcohol, opiates, depressants, and stimulants. Our goal is to help individuals and families overcome addiction to restore their lives and ultimately strengthen our communities. Liberation provides services for adults, youth, and families through two inpatient treatment programs, outpatient and intensive outpatient services, Medication Assisted Treatment (MAT), health education for older adults and people living with HIV/AIDS and other chronic illnesses, treatment and resources for adolescents and their families, education and prevention efforts in the community and schools, mobile outreach and harm reduction services, and permanent supportive housing for families. In operation since 1971, the agency has sites in Bridgeport, Greenwich, Norwalk, Stamford, and Westport and serve more than 2,000 each year.

OUR MISSION

Liberation Programs' mission is to provide prevention, treatment and recovery services to help individuals and their families impacted by substance use and mental health conditions to foster hope and maintain wellness.

<https://www.liberationprograms.org/company/>

McCall Behavioral Health Network

Who We Are

A network that heals. A community who cares.

McCall Behavioral Health Network is a nonprofit organization with a diverse network of experienced, specialized, and highly trained behavioral healthcare professionals who have been proudly serving families and individuals of all ages across Western Connecticut for 50+ years.

Mission

Here, our mission is to inspire hope, and promote wellness and healing through a continuum of behavioral health services — prevention, treatment, recovery support, and community engagement.

The McCall Behavioral Health Network specializes in helping individuals heal from substance use disorders, mental health disorders, or both. By focusing on a person's emotional and behavioral health, together we build stronger and more resilient communities throughout Connecticut.



<https://mccallbhn.org/>



Deflection & QRTs

- What is Deflection?
- Six Deflection Pathways
- “We Can’t Arrest Our Way out of the problem”
- What is a QRT?
- How have QRT’s Evolved?
- How do they complement Drug/Recovery Courts?

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Impact of the Overdose Crisis



Michigan Stadium
Official Seating
Capacity=107,689

The latest CDC report shows **112,024** predicted overdose deaths in the 12-month period ending in May of 2023, Most of these deaths are caused by illicit synthetic drugs like clandestinely manufactured fentanyl and methamphetamine, often in combination with other drugs, including cocaine and heroin.



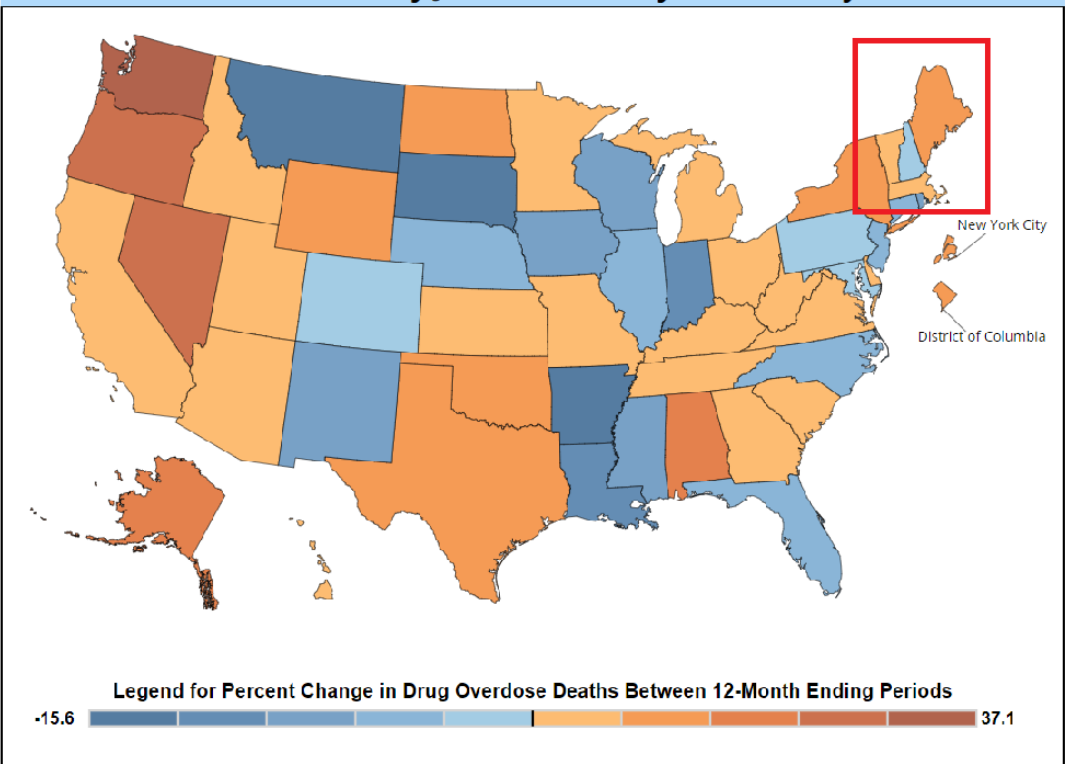
Impact of Crisis on Family Members and Loved Ones



46% of U.S. adults say they have a family member or close friend who is addicted to drugs or has been in the past-August 2017 Pew Research Survey

U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 – But Are Still Up 15%

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: May 2022 to May 2023



Select predicted or reported number of deaths

- Predicted
- Reported

Percent Change for United States

2.5 ▲

Overdose deaths have increased in 3 of the 5 New England States (between May of 2022 and 2023)

New Hampshire and Rhode Island have seen decreases

SOURCE: Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data (cdc.gov)

“Why We
Can't Arrest
Our Way Out
of the Drug
Problem”



PAARI At A Glance <https://vimeo.com/405959507>
PAARI USA



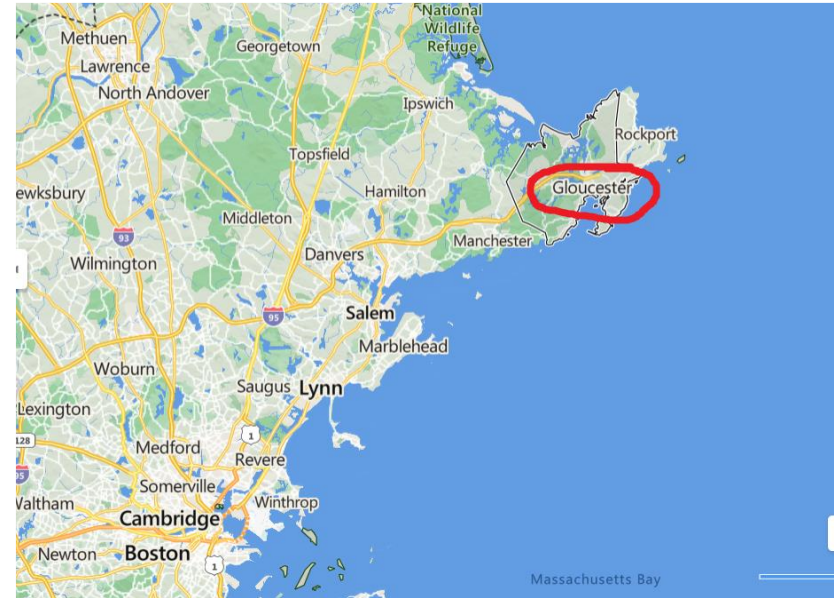
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“Angel Initiative”, Gloucester, Massachusetts-May 2015

“Any addict who walks into the police station with the remainder of their drug equipment (needles, etc.) or drugs and asks for help will NOT be charged. Instead, we will walk them through the system toward detox and recovery. We will assign them an “angel” who will be their guide through the process. Not in hours or days, but on the spot. Addison Gilbert and Lahey Clinic have committed to helping fast track people that walk into the police department so that they can be assessed quickly, and the proper care can be administered quickly.”-Gloucester, Massachusetts Police Chief Facebook Post



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Deflection v. Diversion

Diversion programs include pending criminal charges to elicit treatment initiation and compliance

Deflection programs include no criminal legal system involvement beyond the interaction with an officer in the field.

Deflection and Diversion Programs are both critical to ensuring the “Whole System Approach” (Complementary initiatives to one another)

Program Components	Deflection	Diversion
Avoids a formal jail booking	Yes	Sometimes
May include a formal arrest citation	No	Yes
Arrest on individual’s criminal legal record	No	Yes
Pending charges during treatment process	No	Yes
Includes warm hand off to a community provider	Yes	Sometimes
Requires completion of court ordered programming to drop charges	No	Yes
Legal consequences for program non-participation or completion	No	Yes
Prior arrest history makes you ineligible for future opportunities with the program	No	Sometimes

<https://safetyandjustice.com>

2022/05/SIC-ISLG-DeflectionSynthes



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Criminal Justice Impact

An estimated 50-65% of the U.S. prison population has an active substance use disorder

The United States spends nearly \$300 billion annually to police communities and incarcerate 2.2 million people

According to several conservative estimates, every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft

When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1^{1,2}

¹Bronson, J., Stroop, J., Zimmer, S., & Berzofsky, M. (Rev. 2020). *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009*. U.S. Department of Justice. <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>

²National Institute on Drug Abuse. (2020). Principles of drug addiction treatment, research-based guide (Third Edition): Is drug addiction treatment worth its cost?



Deflection Pathways

Self-Referral

- Individual Initiates Contact with law enforcement for a treatment referral (without fear of arrest); preferably a warm handoff to treatment



Active Outreach

- Law enforcement intentionally identifies or seeks individuals
- A warm handoff is made to treatment, which engages individuals in treatment



Incident based post-overdose response

- Referred to as "Naloxone Plus"
- Engagement with treatment as part of an overdose response
- Tight integration with treatment, Naloxone (individual too)



First Responder Referral

- Law enforcement initiates treatment engagement from a call for service or "on view"
- No charges are filed



Officer Intervention Referral

- Law enforcement initiates treatment engagement from a call for service or "on view"
- Charges are held in abeyance or citations issued, with requirement for completion of treatment



SELF-REFERRAL

- Walk-in/Angel Program
- Original Gloucester (MA) model
- Often first step for police/public safety
- Hope Not Handcuffs (Michigan & NY)
- Anne Arundel County, Maryland, Safe Stations examples
- West Virginia State Police
- Kentucky Angel Initiative

INCIDENT-BASED POST-OVERDOSE RESPONSE

- Overdose has occurred, and teams respond to introduce and make referrals to services
- Lucas County, OH DART
- Arlington, MA Outreach
- Colerain Township, OH QRT (first QRT team)
- Plymouth County, MA Outreach
- Connecticut CLEAR
- West Virginia COSSAP QRTs
- Kentucky Opioid Response Effort (KORE) QRTs

ACTIVE OUTREACH

- Targeted outreach before incident/at-risk for persons with Substance use disorder, mental health disorders, housing, and other social issues addressed
- Hub/Situation Tables
 - Chelsea Hub
 - Boston PD Hubs
 - PCO Hubs
- KORE Situation Tables

FIRST RESPONDER / OFFICER REFERRAL

- Often combined with self-referral
- First responder assists in deflection during calls for service and everyday activities
- Law Enforcement Assisted Diversion- Let Everyone Advance with Dignity (LEAD)
- West Virginia LEAD
- Many departments have informal pathways

OFFICER INTERVENTION

- Pre-arrest diversion - charges held in abeyance. **Partnership with Courts, Specialty Courts, Drug/Recovery Courts critical**
- Communities for Restorative Justice and Civil Citation Network examples
- **COMMUNITY RESPONDER MODEL**
- 911 call center Deflection, typically involves civilian-led crisis response. Mobile Responses – deploy Behavioral Health Professionals
- Community Responder Model, LEAP
- Denver Support Team Assisted Response (STAR)
- [CAHOOTS](#) - Eugene, OR

Deflection Models: Pre-Arrest and Community Based interventions

Deflection Initiatives may look different depending on community needs, regulations, resources, etc. Deflection sites have evolved quickly over the past decade.

Deflection Initiatives collaborate with other initiatives, Drug/recovery Courts, CIT, Mental Health Crisis Response, Domestic Violence, Community Violence



COSSUP FIRST RESPONDER MENTOR SITES



Program

Topics

Learn

Resource Library

FIRST RESPONDER DEFLECTION MENTORING INITIATIVE MENTOR SITES

Ten communities have been selected to serve as mentor sites for the First Responder Deflection Mentoring Initiative. These sites represent a wide variety of pathway models.



Huntington QRT

Huntington, West Virginia

[View Site](#)



Colerain Township QRT

Colerain Township, Ohio

[View Site](#)



Plymouth County Outreach

Plymouth County, Massachusetts

[View Site](#)

Three of the Ten
National First
Responder Mentor
Sites

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SAMHSA's Sequential Intercept Model

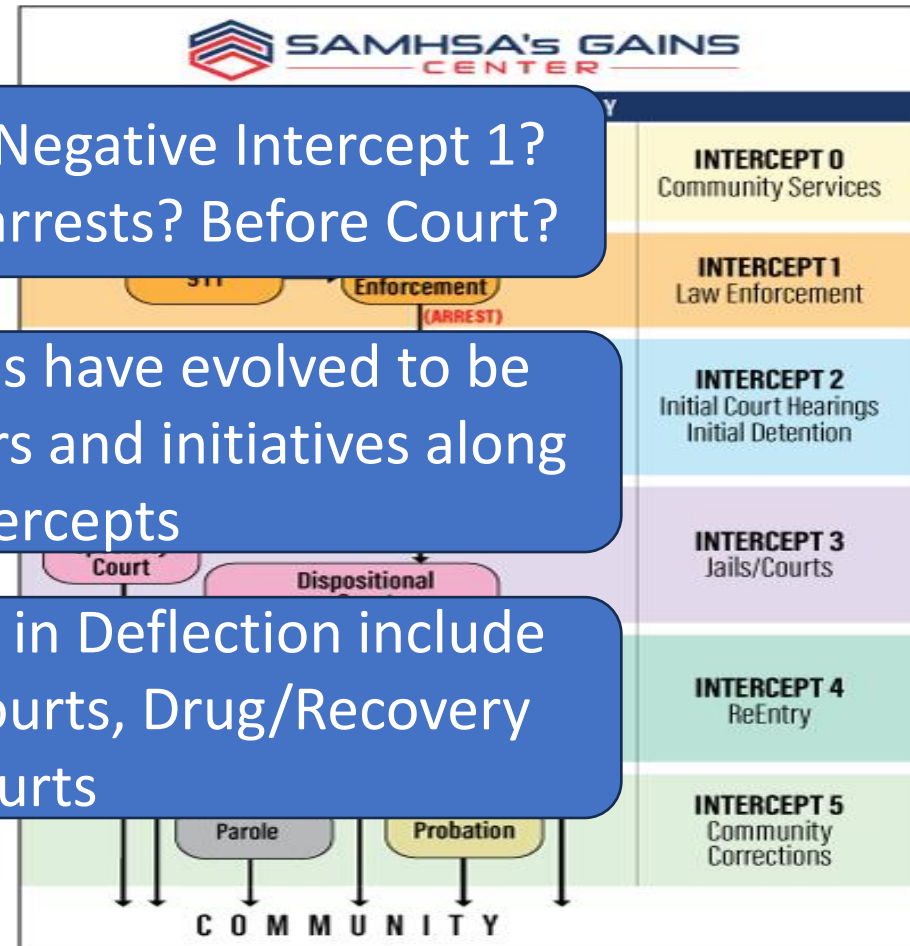
The Substance Abuse and Mental Health Services Administration uses the Sequential Intercept Model to illustrate how individuals suffering from mental illness are intercepted before they enter the criminal justice system. The model can intercept individuals before they receive treatment within the system.

Most Deflection resources on Intercepts

Can we all imagine a Negative Intercept 1? Before crisis? Before arrests? Before Court?

Deflection Initiatives have evolved to be connected to partners and initiatives along all Intercepts

Critical partnerships in Deflection include Courts, Specialty Courts, Drug/Recovery Courts



Substance Abuse and Mental Health Services Administration. (2021). Sequential Intercept Model. <https://www.samhsa.gov/mental-health-services/sequential-intercept-model>, <https://www.samhsa.gov/mental-health-services/sequential-intercept-model/cim-overview>



Overview of the Situation Table

“All Perils Approach”

It addresses those who are often facing the **highest levels of composite risk in the community and too often fall through the cracks in the system.**

The Situation Table has been designed to work best as an “all-strengths, all-perils” approach, as it is focused on breaking down silos and working creatively to address all situations of AER in the community, **including high-risk, justice-involved youth and young adults.** Situation Table learning models are designed teach to this approach.

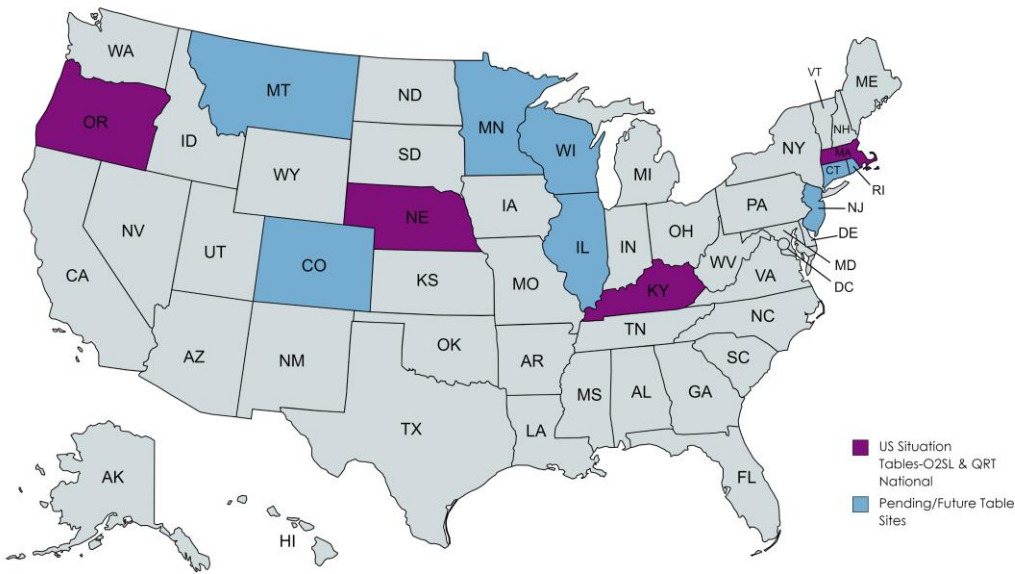
In certain locations, and under certain grant arrangements, communities may sometimes choose to identify their Table alongside other child, youth, and family-focused initiatives.

Make sure not to forget the all perils, comprehensive approach!

Situation Tables are unique, risk-based, rapid triage model that brings together multiple human service providers to address situations where individuals and/or families are facing a specific threshold of Acutely Elevated Risk (AER).

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Where Situation Tables Are Active in the U.S.



Created with mapchart.net

- Chelsea, MA** (first Table in the US 2016)
- Pittsfield, MA
- Plymouth County, MA (4 separate regional Situation Tables)
- Lawrence, MA
- Northern Berkshires, MA
- Holyoke, MA
- Braintree/Quincy, MA
- Paducah, Kentucky
- Perry County, Kentucky
- Louisville, KY
- Powell County, KY
- Boyd County, KY (October 23 & 24, 2023)
- Mountain Comprehensive, KY (November 2023)
- Frankfort, Kentucky (December 2023)
- Panhandle Alliance, Nebraska** (NAACHO Promising Practice Award)
- Corvallis, Oregon (October 19 & 20, 2023)
- Lowell, MA (November 2023)
- Joliet, Illinois (Late 2023, early 2024)
- New Jersey, Colorado, Montana, Rhode Island, and Minnesota planning for tables in 2024

Situation Table Promising Practices Award-2023

Panhandle

Public Health District

For more information, contact: *Tabi Prochazka*, 308-487-3600 Ext 107 or tprochazka@pphd.ne.gov

August 8, 2023

For Immediate Release:

Panhandle Situation Table receives Promising Practice Award from the National Association of County and City Health Officials (NACCHO)

On July 12, 2023, the Panhandle Situation Table received a Promising Practice Award from the National Association of County and City Health Officials (NACCHO). The Panhandle Situation Table is a deeply collaborative, multi-agency, risk-driven initiative, that allows agencies to work together and mobilize in new ways, to rapidly triage situations of Acutely Elevated Risk to connect individuals/families to the support they need.

The first situation was brought to the table in August 2022 and the table has had fifty situations brought to the table with 69% of the 45 closed cases connected to services. "The table is seeing such high success rates due to the amazing partners at the table each week," stated Prochazka, Deputy Director of Health Promotions and Preparedness at Panhandle Public Health District.

The Panhandle Situation Table meets virtually on Tuesdays at 9 am and is open to community-serving organizations including but not limited to Law Enforcement, EMS/ First Responders, Behavioral/ Mental Health professionals, Social Service Organizations, Schools, Community Support Services, Hospitals, and Clinics. Please contact etimm@pphd.ne.gov to join the table and be on the lookout for additional opportunities to learn more about the situation table in September.

NACCHO Promising Practices are exciting approaches and strategies to local public health issues that are on track to becoming Model Practices. Model Practices are awarded to local health departments across the country for implementing programs that demonstrate exemplary and replicable outcomes in response to an identified public health need.

The Panhandle Situation Table's application went through a rigorous peer-evaluation process over the past few months by NACCHO's Workgroup members and was selected from a competitive collection of applications. They deemed the program demonstrated exemplary and replicable initiative in response to a local public health need. Your program reflects the strength and positive impact local health departments have on our communities.

The Situation Table training was provided by [Operations 2 Save Lives & QRT National](#). O2SL & QRT National provide this training throughout the country as the sole authorized mentors for [Global Network for Community Safety](#).

Panhandle Public Health District is working together to improve the health, safety, and quality of life for all who live, learn, work, and play in the Panhandle. Our vision is that we are a healthier and safer Panhandle Community. Visit our website www.pphd.ne.gov.

Panhandle (Nebraska) Health District Situation Table

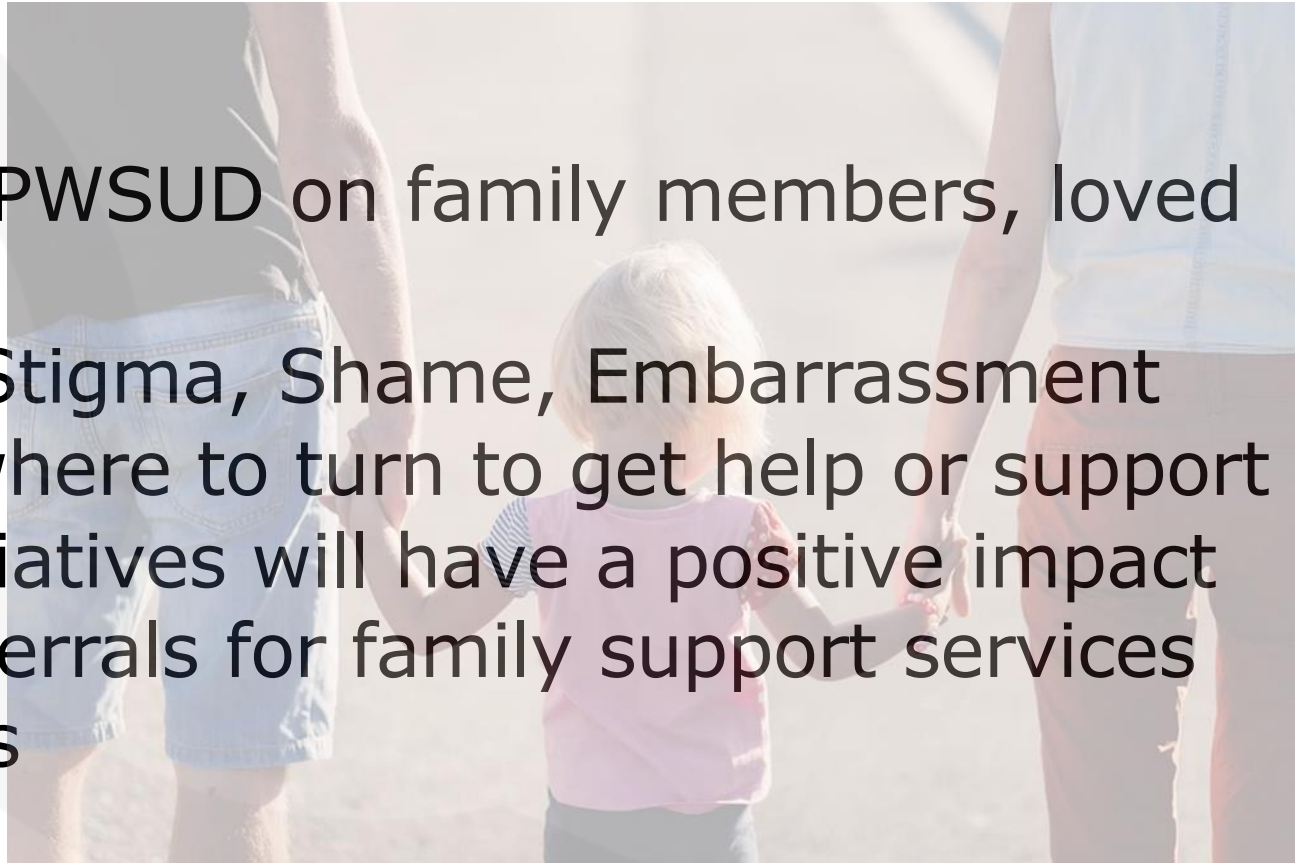
National Association of County and City Health Officials (NACCHO)

Promising Practices Award July 2023

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What About Family Members and Loved Ones?

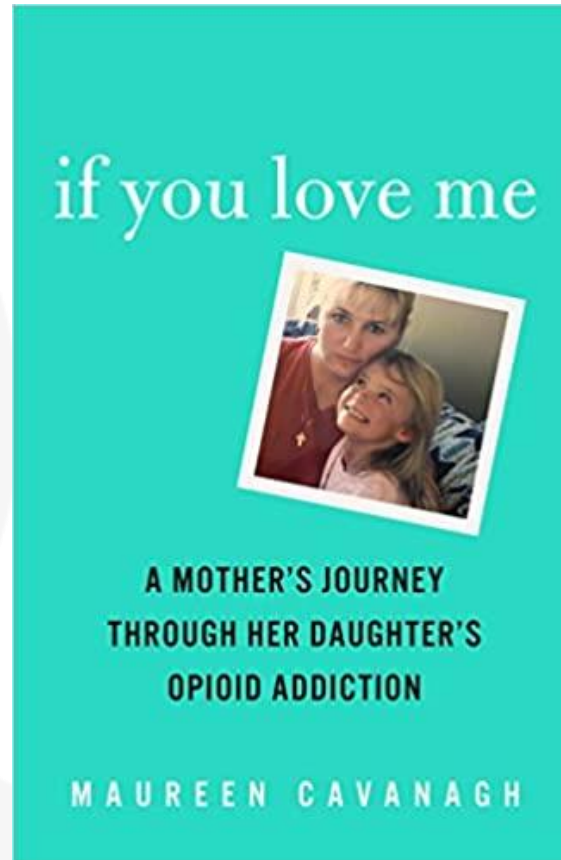
- Impact from PWSUD on family members, loved ones
- Recognizing Stigma, Shame, Embarrassment
- Don't know where to turn to get help or support
- Outreach Initiatives will have a positive impact and make referrals for family support services and resources



Importance to Engage Family Members and Loved Ones

[Magnolia New Beginnings, Inc.](#) is dedicated to advocating for those affected by Substance Use Disorder (SUD), as well as their families and loved ones.

Providing educational information and peer support, we empower families who have a loved one affected by this disease, as well as those with a SUD, to make their own informed choices regarding treatment.



“I don’t know how I got here. There is never a day that goes by that this does not feel very surreal.

I can’t save my daughter Katie, and sometimes that feels like the only certainty in my life. I can’t make her stop using drugs any more than I could keep her from leaving any of the forty treatment centers she has left or safeguard her from the double-digit number of overdoses.

I’ve finally come to the realization that there is nothing I can say or do that will make a real difference.....”

-excerpt from “If You Love Me”, author Maureen Cavanagh

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Handle With Care

“Whole System Approach”

What about the kids?

Who Created HWC?



In 2012 HWC was created in a subcommittee of the West Virginia Children’s Justice Task Force in partnership with the U.S. Attorney’s Office for the Southern District of West Virginia as part of a Defending Childhood Initiative.

- 2009 Office of Juvenile Justice & Delinquency Prevention Survey
- 2010 Attorney General Eric Holder launched the DCI
- 2011 WV CJTF & U.S. Attorney’s Office formed a subcommittee
- 2012 Developed the HWC program
- 2013 Piloted the HWC program
- 2015 WV State Police launched HWC statewide
- 2018 HWC stakeholder meeting in all 55 counties
- 2021 HWC is in over 40 states
- 2023 Started a National HWC Technical Assistance Center at JBS

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Data Shows How Handle With Care Matters

EBPD Initiated their version of Handle With Care (“Kid In Need-KIN”) initiative in 2017

Formal Policy and Procedure adopted by Police, shared to engage with School District

Setup formal process for when KINs filed, shared from police to school

Monthly meetings, KIN reports, Repeat KINs (School & Police, SRO’s, Behavioral Health, Coalition)

East Bridgewater Police Handle With Care *Kid In Needs (KIN)

KINS	2017	2018	2019	2020	2021	2022	2023
Jan	2	4	10	2	5	1	5
Feb	5	5	13	3	6	1	2
Mar	5	7	11	4	3	2	8
Apr	6	4	12	5	5	0	3
May	5	6	26	1	5	2	8
Jun	1	5	8	0	3	0	1
Jul	2	4	10	2	1	0	4
Aug	1	17	14	6	1	1	1
Sep	1	9	10	6	2	1	2
Oct	2	3	11	4	na	3	
Nov	4	7**	7	10	na	4	
Dec	4	6	8	4	na	6	
	38	70	140	47	31	21	34

** November 2018, Mr. Edward Jacobs (MSW) and Joel Ristuccia, TLPI trained EBPS Faculty, Staff, and EBPD Officers. Increase in KINS following training into 2019

“No HWC referrals have ended up in In-School or Out of School Suspension”-Dr. Gina Williams, Assistant Superintendent, EBPSD

Smart Policing

More Efficient



Law Enforcement's "Front Row Seat" to refer to resources, treatment, recovery, & care



Incident reporting takes a couple of minutes with a simple interface



Data, information is securely maintained



Savings in time and personnel costs



Instant referral to community outreach agency and case-managed care for person and family



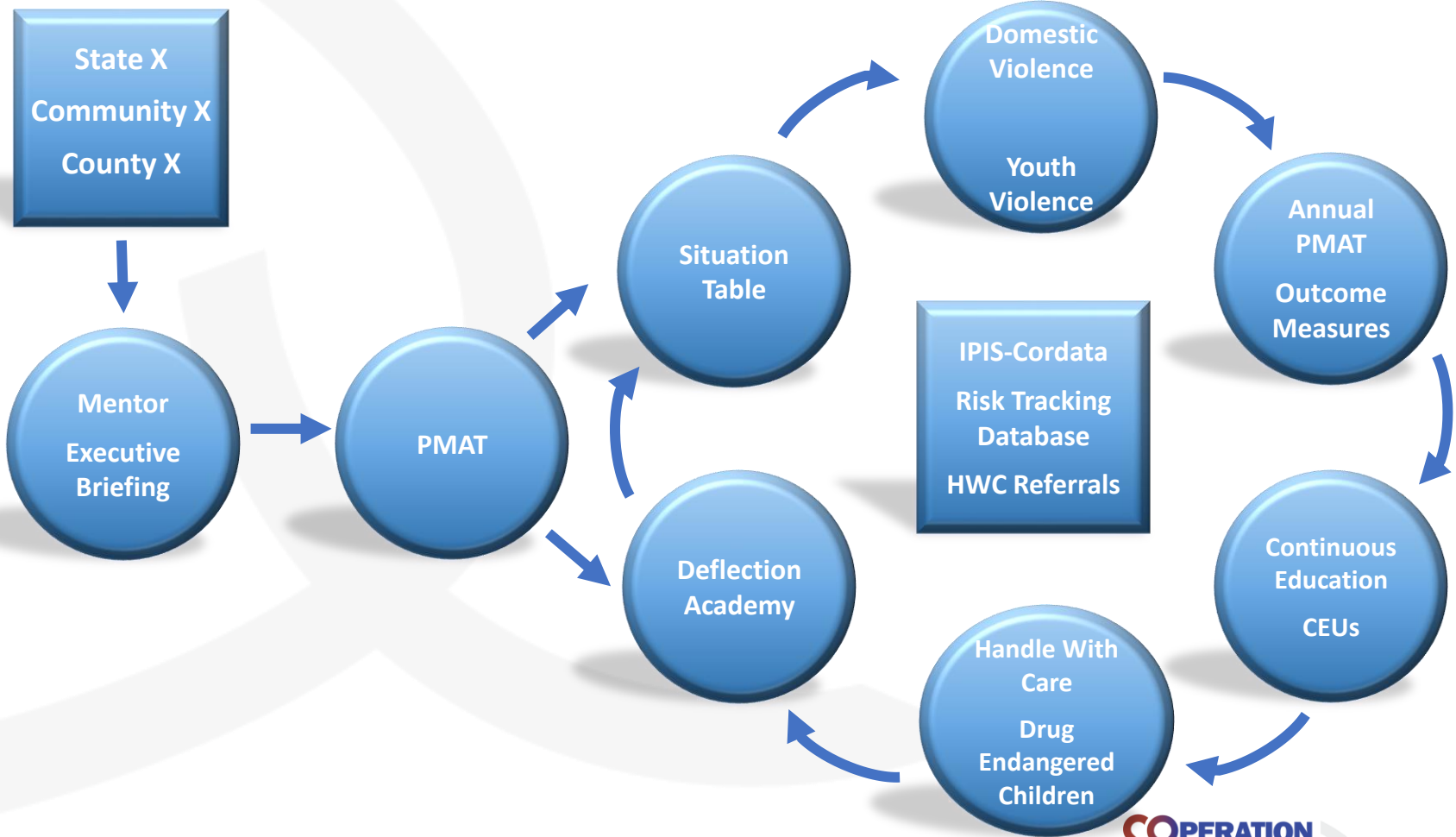
Measurable results

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Services Cover All Needs for States, Counties, and Communities



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Connecticut CLEAR



Connecticut Community and Law Enforcement for Addiction Recovery (CLEAR) Initiative Overview and New Site Onboarding Steps

Background

In 2021, the Connecticut Department of Mental Health and Addiction Services (DMHAS) received a federal grant to support a multidisciplinary, community-based opioid overdose response (and all substance use disorder-related issues) effort across Connecticut under the Comprehensive Opioid, Stimulant, and Substance Abuse Site-based program (COSSAP).

The Deflection effort called the Community and Law Enforcement for Addiction Recovery (CLEAR) Project, has established and enhanced partnerships between community agencies and law enforcement. The priority for the initiative is to increase connections to care for people with a substance use disorder (SUD) and create a cohesive, collaborative response to addiction among community partners. Liberations Programs and the McCall Behavioral Health Network were selected as sub-awardees of the DMHAS COSSAP grant, working together to serve two regions in Connecticut, the Fairfield Region (overseen by Liberation) and the Litchfield Region (overseen by McCall).

CLEAR is currently being piloted in six jurisdictions with their police departments. The current pilot jurisdictions are Bridgeport, Greenwich, and Stamford (Fairfield Region) as well as Torrington, Winsted, and Watertown (Litchfield Region). The districts represent much of Fairfield and Litchfield counties and include the state's largest Metropolitan statistical area as well as rural areas that are largely underserved. The intention of CLEAR is to expand into neighboring jurisdictions and create a cohesive statewide model.

The CLEAR initiative was based upon the ground-breaking Deflection work, advocacy, and program model that the founders of Operation 2 Save Lives (O2SL) & QRT National launched in Plymouth County (Massachusetts) in 2016 and Colerain Township (Ohio) in 2015, which are both BJA national mentor site programs for Deflection sites. www.o2sl.com.

Key to the success of the CLEAR initiative are the integrated software platforms used by law enforcement and community outreach teams to record and track incidents and interactions. The software platform for law enforcement is provided by O2SL & QRT National (IPIS) and the software platform for the overdose response teams is by Cordata Healthcare (Cordata), <https://www.cordatahealth.com/cordata-community/>.

Initial Launch

An initial goal for the CLEAR initiative was to launch the six (6) Deflection sites listed above, with the vision to expand the initiative and partnerships with neighboring communities, spreading across Connecticut. CLEAR has foundational components that were strategically created and implemented. These components were developed based on O2SL & QRT National's and Cordata's Deflection experiences across the country, as well as in collaboration with the CLEAR organization's existing, expansive services to address SUD and related social health issues. These components included:

1. Creation of a state-wide CLEAR Project Manager.
2. Creation of Fairfield and Litchfield Region Site Coordinators.



CT CLEAR Data-Driven Strategy

The CT CLEAR initiative kicked off with a “soft launch” in August of 2022. Since the initial launch for sites in both Litchfield and Fairfield Region, the CLEAR initiative, and individual sites have matured and evolved at a fast pace.

Since the 2022 kick-off;

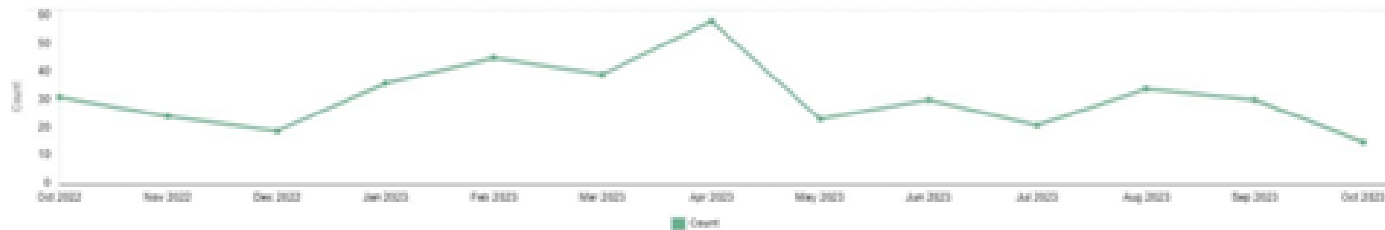
- A 7th CLEAR site has been added and activated in 2023, in the city of Norwalk.
- All law enforcement agencies have received training and deployed IPIS, with the community outreach engagement specialists trained in the Cordata platform.
- Since inception, four (4) Deflection Academies have been held.
- Nearly one hundred (100) police officers, community engagement specialists, clinicians/social workers, and other CLEAR team members have completed the co-certified Deflection Academy (certified for POST and NAADAC CEUs)
- Between all seven (7) communities and their CLEAR community engagement specialists, there have been 324 CLEAR referrals.

CT CLEAR Data-Driven Strategy

CLEAR Outreach Data 10/2022-10/2023

Referrals:

Count of New Referrals

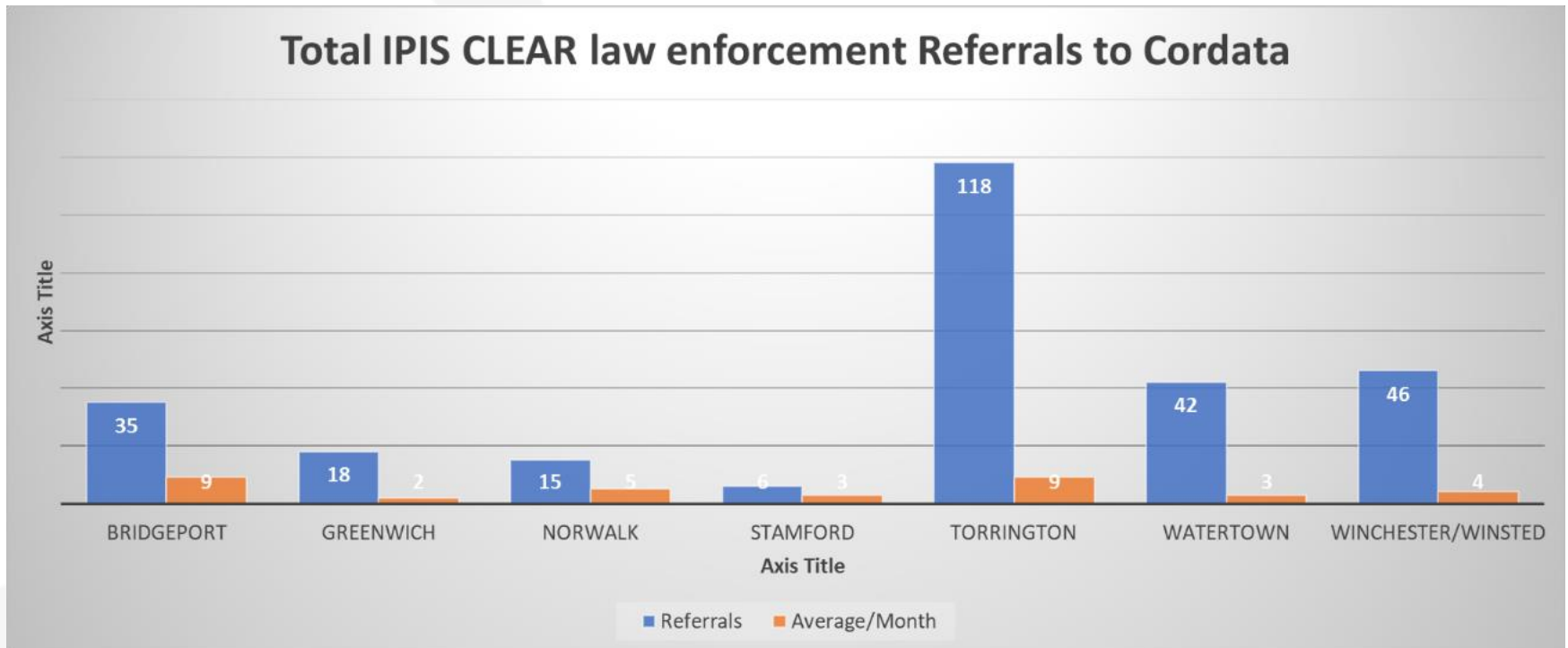


Month	Oct '22	Nov '22	Dec '22	Jan '23	Feb '23	Mar '23	Apr '23	May '23	Jun '23	Jul '23	Aug '23	Sep '23	Oct '23	Total
Referrals	4	23	19	36	38	39	50	23	30	21	34	30	15	362

Bridgeport	108
Stamford	9
Watertown	52
Greenwich	19
Norwalk	10
Torrington	122
Winsted	42

CT CLEAR Data-Driven Strategy

- The participating CLEAR Police sites have entered and pushed law enforcement referrals to their CLEAR community engagement specialists across the seven jurisdictions.

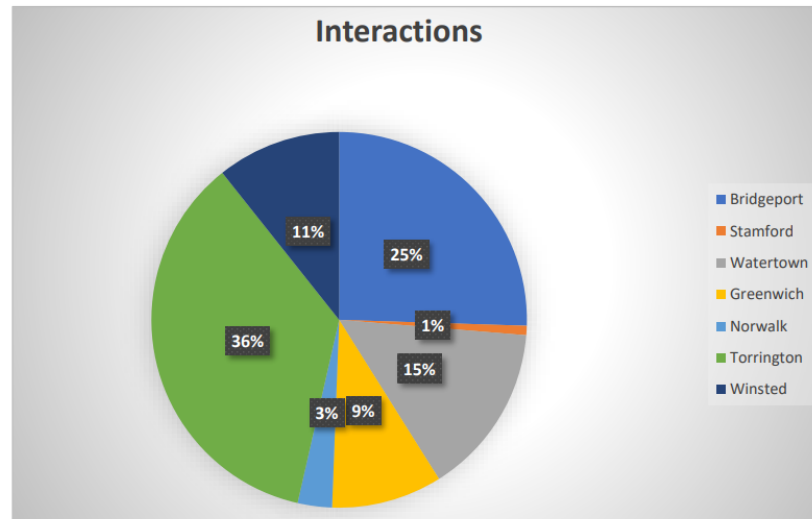


CT CLEAR Data-Driven Strategy

- The CLEAR community engagement teams have initiated 2,235 interactions with vulnerable persons across the seven (7) CLEAR jurisdictions.

Interactions Cont.:

Bridgeport	570
Stamford	18
Watertown	330
Greenwich	213
Norwalk	66
Torrington	799
Winsted	239



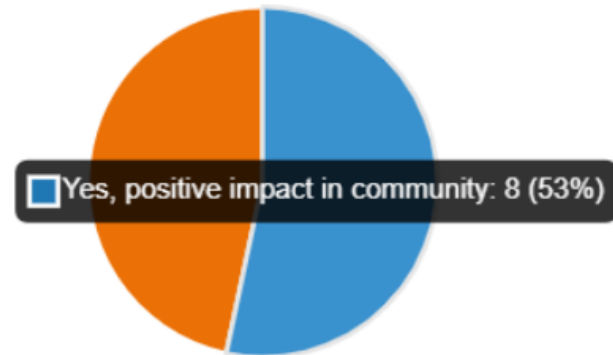
Connecticut CLEAR Leadership Survey

CLEAR Survey from Chiefs of Police, Command Staff, CLEAR Law Enforcement Supervisors

Has the CLEAR initiative had a positive impact within your community, or department? (select more than one if applicable)

[More Details](#)

- Yes, positive impact in community 8
- Yes, positive impact in departme... 7
- Have not observed change in i... 0



Positive impact from implementing CLEAR in your community

CLEAR Survey from Chiefs of Police, Command Staff, CLEAR Law Enforcement Supervisors

The people most affected by the SUD's are relieved and appreciative that our department and other organizations are taking the initiative to help combat the issues associated with their dependency. It is a vast improvement to sending someone in need through the criminal justice system's court process.

Our agency has received positive impact from the community....participation in CLEAR really shows that our Department is empathetic and cares. Many referred citizens have been expressed their gratefulness for our involvement.

CLEAR assisted with building relationships between community partners and increased trust with individuals struggling with substance use disorder and the police.

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Positive impact from implementing CLEAR in your community

CLEAR Survey from Chiefs of Police, Command Staff, CLEAR Law Enforcement Supervisors

Prior to CLEAR the police had limited options....either arrest, commit to the hospital, or do nothing. CLEAR provides a positive option...refer the high risk individual to programs who can really provide help. Having access to CLEAR has been a game-changer in our Department....officers are thinking about substance abuse disorder in very different light.

Officers are offering these services on calls where they are aware of substance use, even if that was not the focus of the call. Also doing this proactively with members of the community.

Has changed the way our officers have handled these types of calls for service and opened their eyes to a new way to prevent and reduce overdoses and related CFS.

Officers see the benefit of having a support system in place that can help community members and understand the benefit of providing opportunities to people and families that need it. It's another resource for them to tap into and CLEAR acts as a conduit where we can access and navigate community resources from a central location.

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Have you noticed a change in your officers/staff perceptions specific to substance use-related calls for service, and persons with SUD since implementing CLEAR?

CLEAR Survey from Chiefs of Police, Command Staff, CLEAR Law Enforcement Supervisors

We have sent several officers and supervisors through the deflection academy, and they have brought the information they learned in the academy back to the Department and really infused it into our culture. Officers feel good about trying to help people rather than arresting them.

Officers have become more aware root causes and are less likely to discount an individual who has SUD.

Our Officers appear to be more sympathetic and understanding of the issues pertaining to overdose, addiction and recovery.

We don't have complete buy in from everyone however, my deflection team consists of officers who have family or friends who struggled with addiction and believe in the ideology that this program provides people with an opportunity to turn their life around. Even those who are not completely sold, they understand the reasoning behind the initiative and trust the officers overseeing the program. I find officers (deflection trained or not) will spend more time informing those individuals who overdose or those who are looking for help about CLEAR.

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Positive engagements that resulted from a CLEAR engagement/referral

CLEAR Survey from Chiefs of Police, Command Staff, CLEAR Law Enforcement Supervisors

50 yr old female found in possession of cocaine. Pre-arrest diversion and she was introduced to a Liberation Programs counselor. She is now in recovery, has not had contact with the former source of her cocaine, and maintains contact with the GPD officer on occasion.

One of our officers observed a person sitting at a bus stop in the pouring rain. The officer proactively started talking to the person, who disclosed the difficulties they were having with SUD. The officer gave the person a ride to their destination and referred them to treatment through CLEAR.

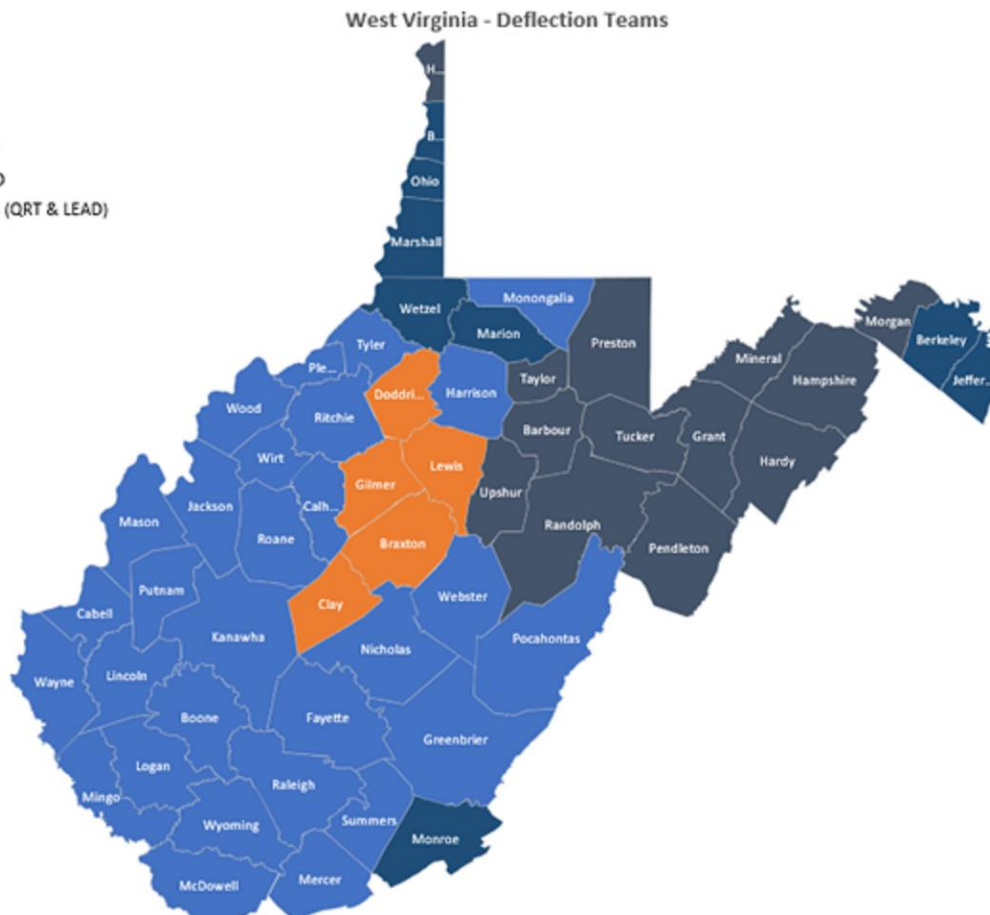
I think overall, we've had more people come up to us after engagements and thank us for not giving up on them. I've met people who are at different degrees of sobriety and others who started getting their lives back. There was once incident in particular where this woman just lost her mom from a heroin overdose. We've attempted to connect with her several times before, but she never accepted services. This time, she was ready, and our team immediately moved in and arranged to have her go into treatment. It was great to see everything come together and go smoothly for her. We were able to get her out of a bad environment and away from people who compromised her ability to remain sober. Eventually, that location which was a known hot spot for people struggling with SUD, faded off as we remained persistent and worked with people that were moving in and out of that location.

DEFLECTION CASE EXAMPLE WEST VIRGINIA QRTS AND LEAD TEAMS

Learning from the Field

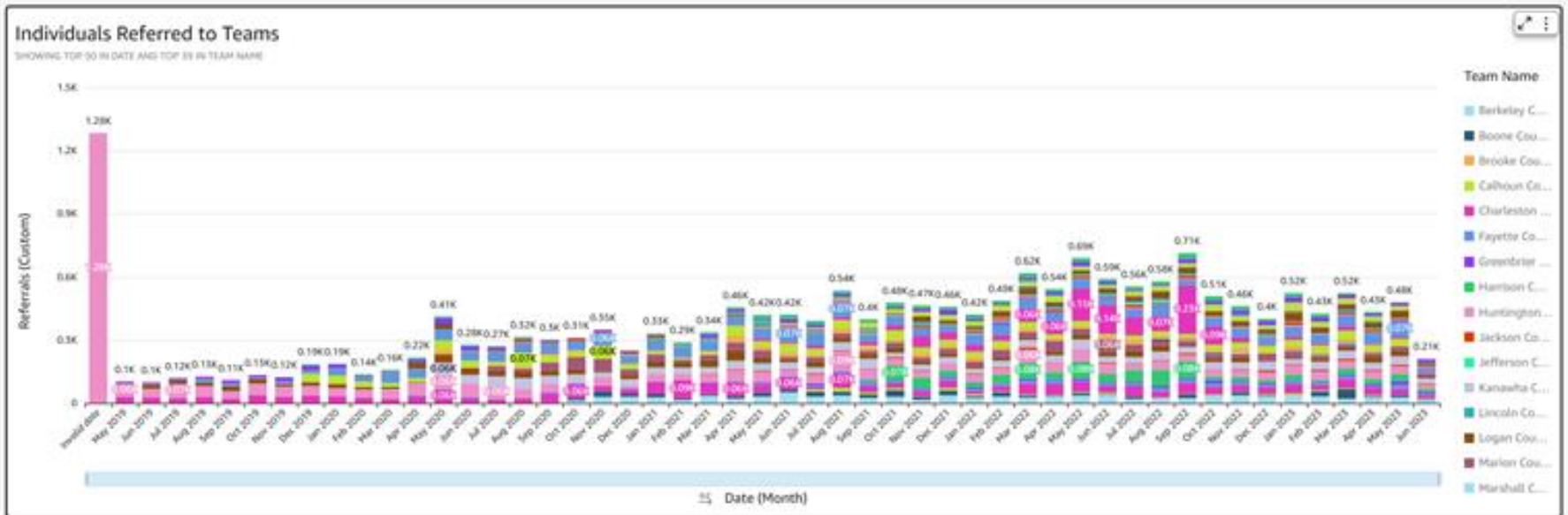


- N/A
- QRT
- LEAD
- Both (QRT & LEAD)



Referrals Received by West Virginia QRT teams

2017 – Present – 19,460



Learning from the Field

SEPTEMBER 2023 MONTHLY NALOXONE REPORT

NALOXONE KITS
DISTRIBUTED
507
NUMBER OF
NALOXONE TRAININGS
320
EMS REPORTS
RECEIVED
26
NUMBER OF
INTERACTIONS
393

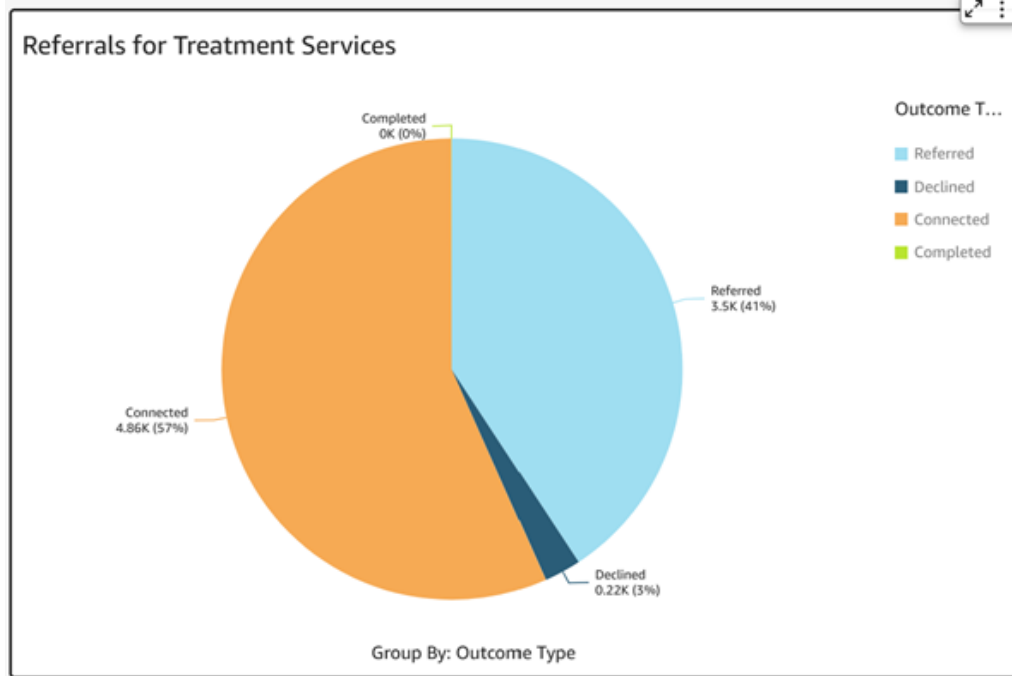


WEST VIRGINIA Referrals to Treatment and Support Services



West Virginia
At-A-Glance 2021

2017 – Present – 11,920



FROM 2014-2021, AVERAGE OPIOID PRESCRIPTION DRUG DISPENSING STATEWIDE DECREASED BY **49%**¹

- Naloxone Kits Distributed: **67,692**
- Treatment Beds²/Certified Recovery Beds²: **1,215/962**
- Number of Helpline Calls⁵: **4,907**
- Number of Helpline Calls Connected to Treatment⁵: **747**
- QRT Referrals to Treatment⁴: **321**
- Outpatient MOUD Treatment Providers³: **192**

Community Assets

- Quick Response Team (QRT): **38**
- Sobriety Treatment and Recovery Team (START): **5**
- Law Enforcement Assisted Diversion (LEAD): **33**
- Harm Reduction Program: **10**
- Emergency Department (ED) Hospital Program: **11**
- Treatment (Tx) Court - Juvenile: **21**
- Treatment Court - Family: **10**
- Treatment Court - Adult: **46**

Get Help Scan for Free Naloxone:

Rate of residents with a substance use disorder: ^{3,7} 24 per 1,000	Change in overdose number from 2019-2020: ³ +7 average county increase	Number of overdose fatalities in 2020: ³ 1,336	Estimate number of people without access to treatment: ¹ 27,482
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Learning from the Field



Deflection Sites Integrating with Courts, Specialty Courts, Drug Courts

Thirty-eight states and the District of Columbia have legislatively authorized diversion alternatives that address individuals with substance-related needs. These programs or treatment courts are available to people charged with drug or alcohol-related offenses, as well as defendants identified as having substance abuse or addiction needs, depending on the program

Case Example: Deflection & Drug Courts: Huntington, West Virginia QRT

- Huntington, WVA QRT Team engages with their local Drug Court, and other court Judges
- Active drug court engagement with QRT
 - It began by handing out QRT cards at drug court to PWSUD and defense attorneys
 - Defense Attorney Example: “My client is being released in two weeks, can you (QRT) work with him?” or before the client attends initial court appearance, QRT begins working with team, to better present in front of the judge
- Defense Attorneys in the Huntington QRT now make referrals for clients PWSUD to the QRT teams for outreach

QUICK RESPONSE TEAM

February 12, 2018



QRT GOALS

- INITIATE CONTACT WITH INDIVIDUALS WHO HAVE OVERDOSED WITHIN 24-72 HOURS IN ORDER TO DISCUSS TREATMENT OPTIONS
- REDUCE THE NUMBER OF OVERDOSES BY 20%
- TARGET INDIVIDUALS WITH RECURRENT OVERDOSES FIRST, TO REDUCE RECURRENT OVERDOSES BY 40%
- INCREASE NUMBER OF INDIVIDUALS ENGAGED IN POST-OVERDOSE TREATMENT BY 25%

Process:

Every Monday morning, the project coordinator pulls the names and locations of individuals who overdosed and were attended by CCEMS since Friday. Every Tuesday-Friday, she pulls the names from the calls of the day before.

Hours: M-F from 12 pm to 8 pm

DEVELOPMENT

- Modeled after the Quick Response Team in Colerain, OH
- Though in a population with far fewer overdoses than Huntington, the rate of those going into treatment was highly successful
- One EMS personnel, one law enforcement officer, and one recovery coach/clinician

QRT Partners

- Cabell County EMS
- Huntington Police Department
- Recovery Point
- Huntington Comprehensive Treatment Center
- Prestera Center

“The QRT members are actually visiting these affected individuals, and their family offering them options that have never been offered in such a way before... My hope is that the QRT will become a national model for dealing with this epidemic.”

– Connie Priddy, QRT Coordinator

COMMUNITY INVOLVEMENT

- There is an identified need to involve all faith-based groups in our community
- Meeting with (and soliciting involvement from) the Huntington Black Pastor’s Association (HBPA) After trainings, the faith leaders would be on-call when requested, and sometimes ride along with the team
- Trained medical professionals can train individuals in the community to administer naloxone
- The Marshall University School of Pharmacy works closely with the Harm Reduction for these trainings and will be available to provide trainings for family members and individuals of individuals with substance use disorders
- Naloxone can then be prescribed and distributed in the community

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Do you see How Deflection Can Partner and Intersect with Drug/Recovery Courts?

Deflection collaborations provide multiple touch points before and during engagement with the justice system to connect vulnerable persons to resources, treatment, support and care

Getting all the Intercept partners to one table to collaborate and complement one another's purpose and goals is CRITICAL!

Who is doing Deflection in your Drug/Recovery Court jurisdiction? Do you partner already? If not, does it make sense to connect and collaborate?

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QUESTIONS DISCUSSION

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Thank you!

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