



Deflection Engagement and Coordination ECHO **Panel Conversation Notes**

Session Number: 6

Deflection Success Criteria

Date of Session: 1/15/25

Today's panelists are from Multnomah County and Deschutes County.

Panel Questions and Response Notes:

How does your county define “successful deflection”? What would a successful deflection look like?

- 2 major ways to tell if a deflection is a success: When someone gets on a recovery pathway and when a client's health begins to improve
- One county's definition: A client is referred, comes to the center, client completes health screening, and a care plan is developed with options of choosing between five different referral plans of care; if a client has engaged in and completed an action identified in their care plan within 30 days — success
- One county's definition: engaging in medically appropriate treatment for 60 days. Behavioral health providers determine what is medically necessary

Explain the process your team went through to get this definition.

- Talking with the multidisciplinary deflection leadership team (For LEAD models would be termed a “policy coordinating group”): police chiefs, treatment providers, district attorney's office, sheriff's office OHSU TA support and gathering input
- Getting leadership together: Policy coordinating group meeting on a regular basis
- Getting health department and behavioral health resources involved and making recommendations

Did you incorporate principles of harm reduction into your definition of success? And if so, how was that done?

- Keeping people alive and meeting people “where they are at” is the basic foundation
- Incorporating harm reduction into their care plan
- Providing clear pathways to services
- Identifying what harm reduction services specifically clients will receive in the program (example: naloxone)

Has your team considered adjusting the criteria? Why/why not?

- Leadership meets monthly and evaluates criteria and strives to constantly improve
- Conversations surrounding eligibility criteria has been taking place in order to make it more accessible

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- Because the program is so new this county is still trying to evaluate what success truly is
- Considering the idea if more severe crimes are added into eligibility, then making the deflection program longer
- Considering the transition out of deflection is very important; how can people exit but maintain positive connections and stay with services?

Q&A Notes:

Is your program use referrals or does your center provide everything in house?

- One county does in house screenings and coordination at a referral center in person. Then referrals are initiated to sites of care/services outside the center.
- One county provides screening/coordination services through their contractors

When offering deflection to individuals how do you approach it in order to have a positive first connection?

- Police first determines the eligibility for deflection and makes it well known that it is a voluntary program from start to finish
- Peer support meets with the client first before any screenings
- There will always be resources available to explain what the client is there to do and how to be successful

Are clients required to submit urine drug tests?

- For behavioral health who are contracted to deflection, they may use urine testing. It's conceptualized as a way to guide the client's plan of care. Not a reason to throw someone out of care.
- Not used as a success parameter

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