



Exploring Deflection Eligibility and Progression

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Learning Objectives

- Learn to interpret early state and county-level **possession charges (PCS) data**
- Apply a **care cascade** framework to analyze progression
- Consider methods to **increase** participation and progression
- Explore the relationship between drug possession charges and **common “co-charges”** such as trespass, theft, and warrants



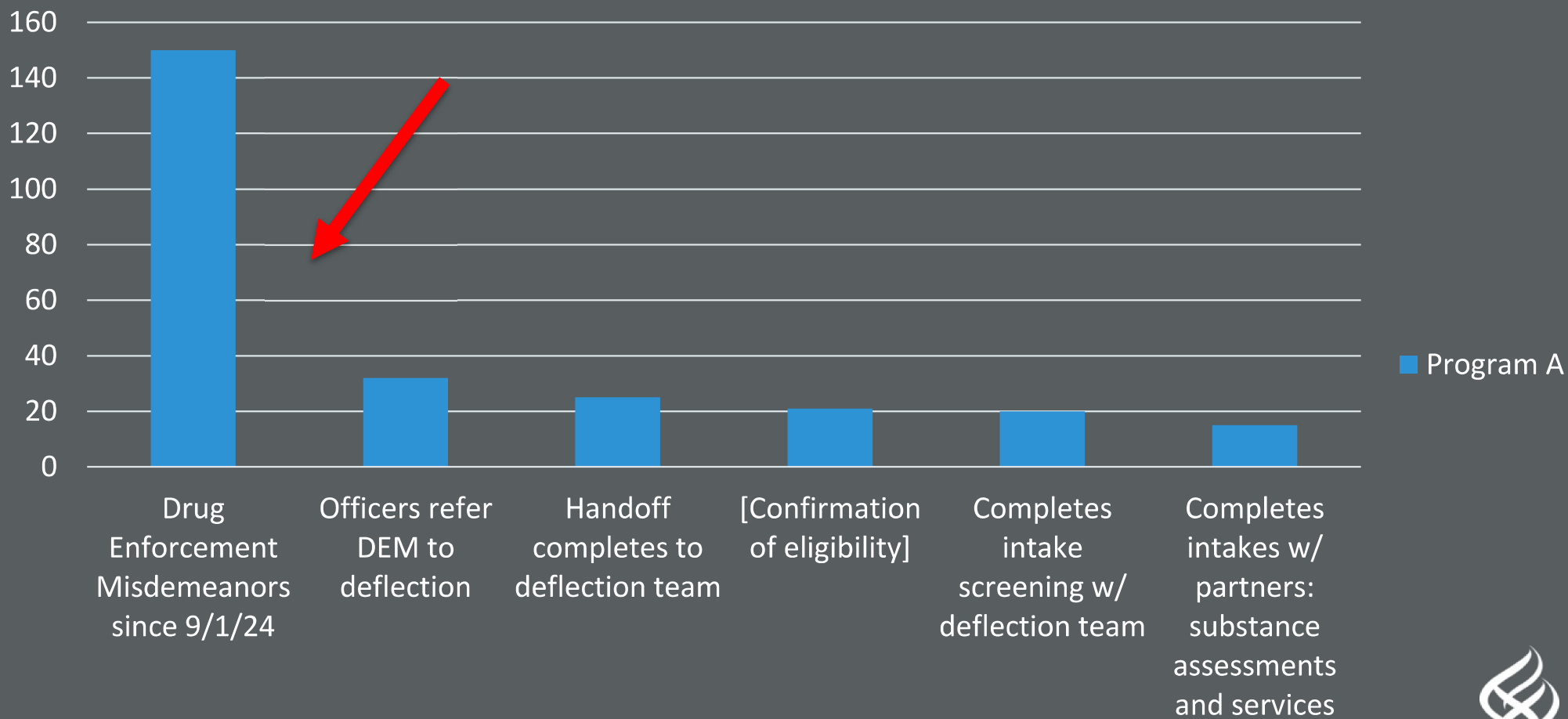
The Deflection Progression Cascade



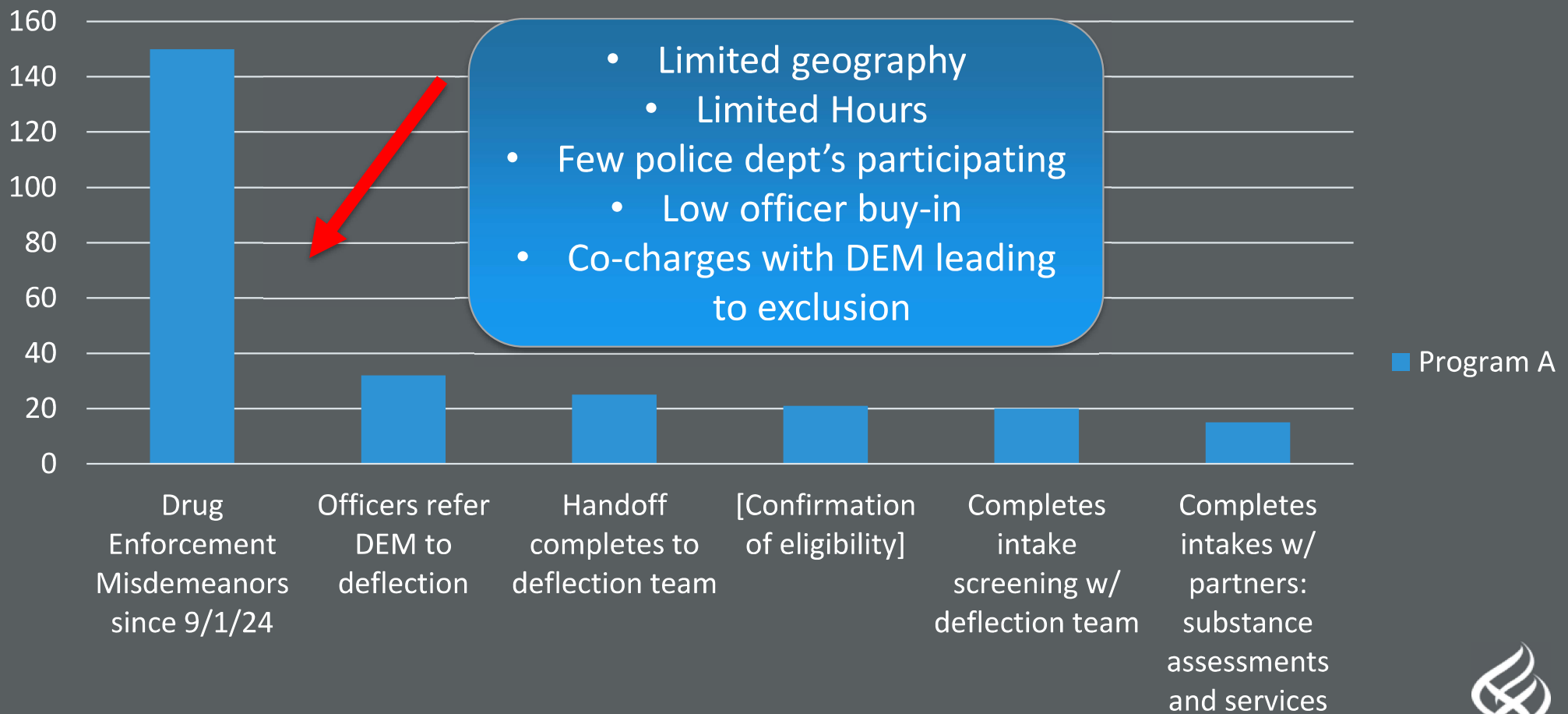
Early steps in deflection

- Background of all Drug Enforcement Misdemeanors (DEM or PCS-U)
- Officers refer some to deflection
- Handoff completes to deflection team
- [Confirmation of eligibility]
- Participant completes intake screening with deflection team
- Participant completes intakes with partners for substance assessments and services

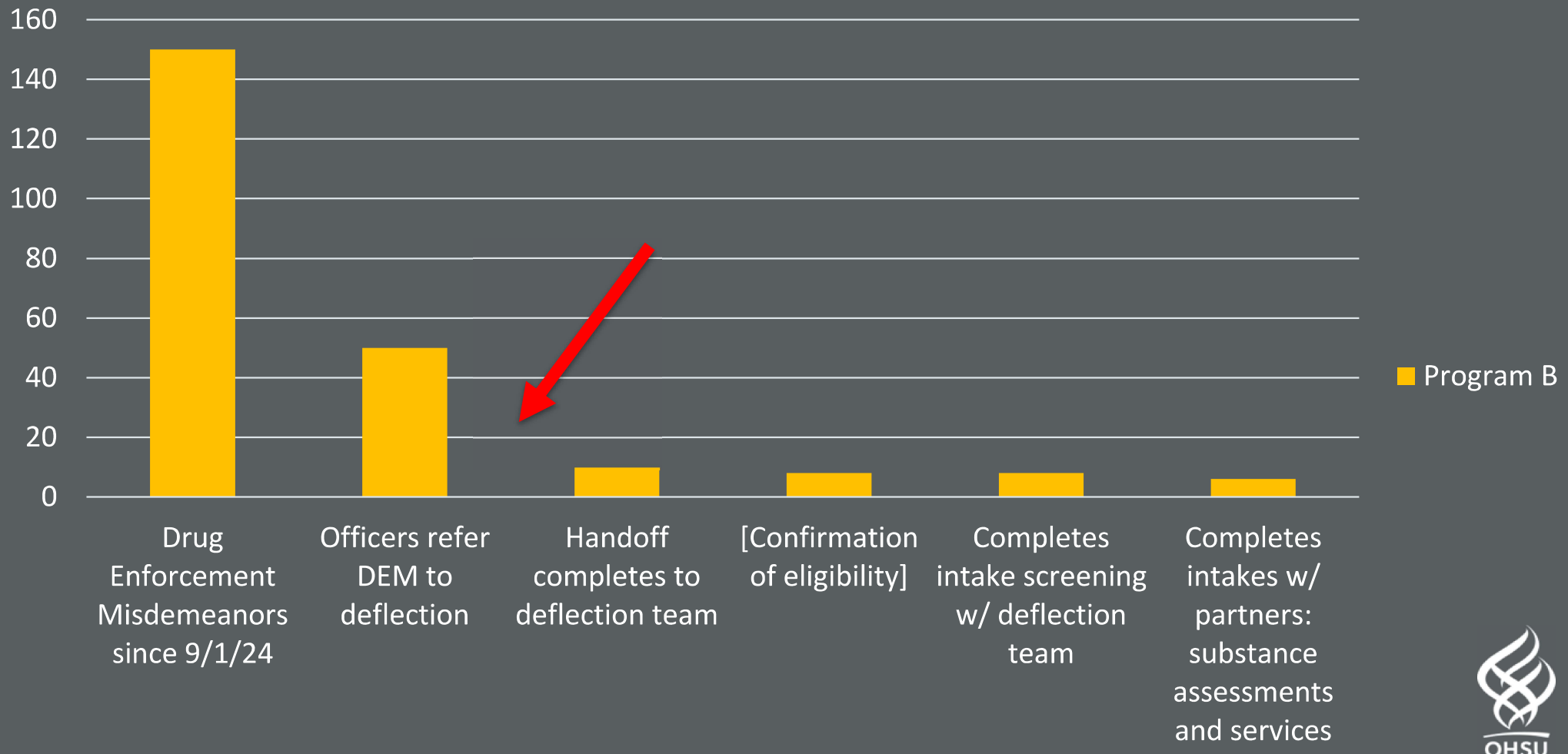
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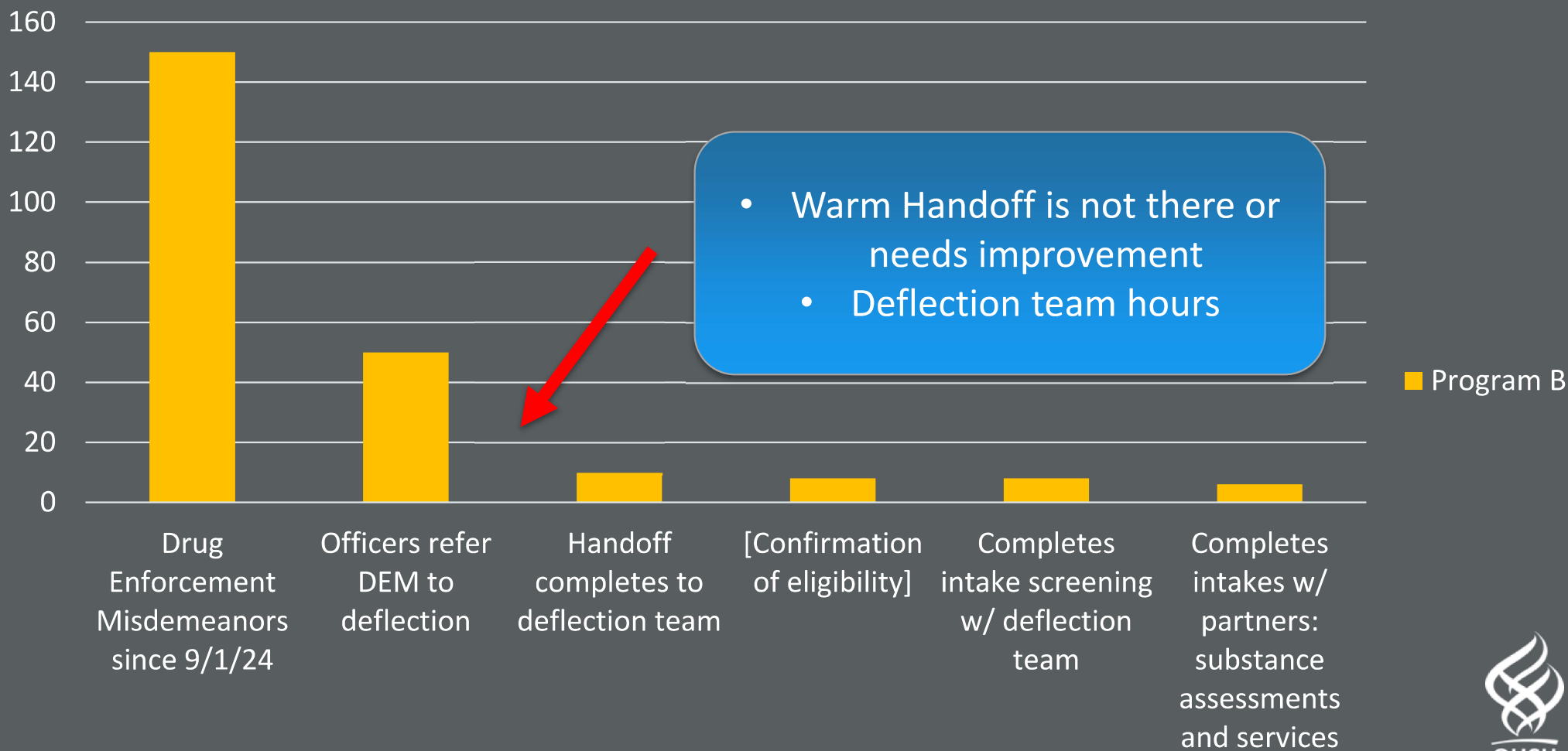
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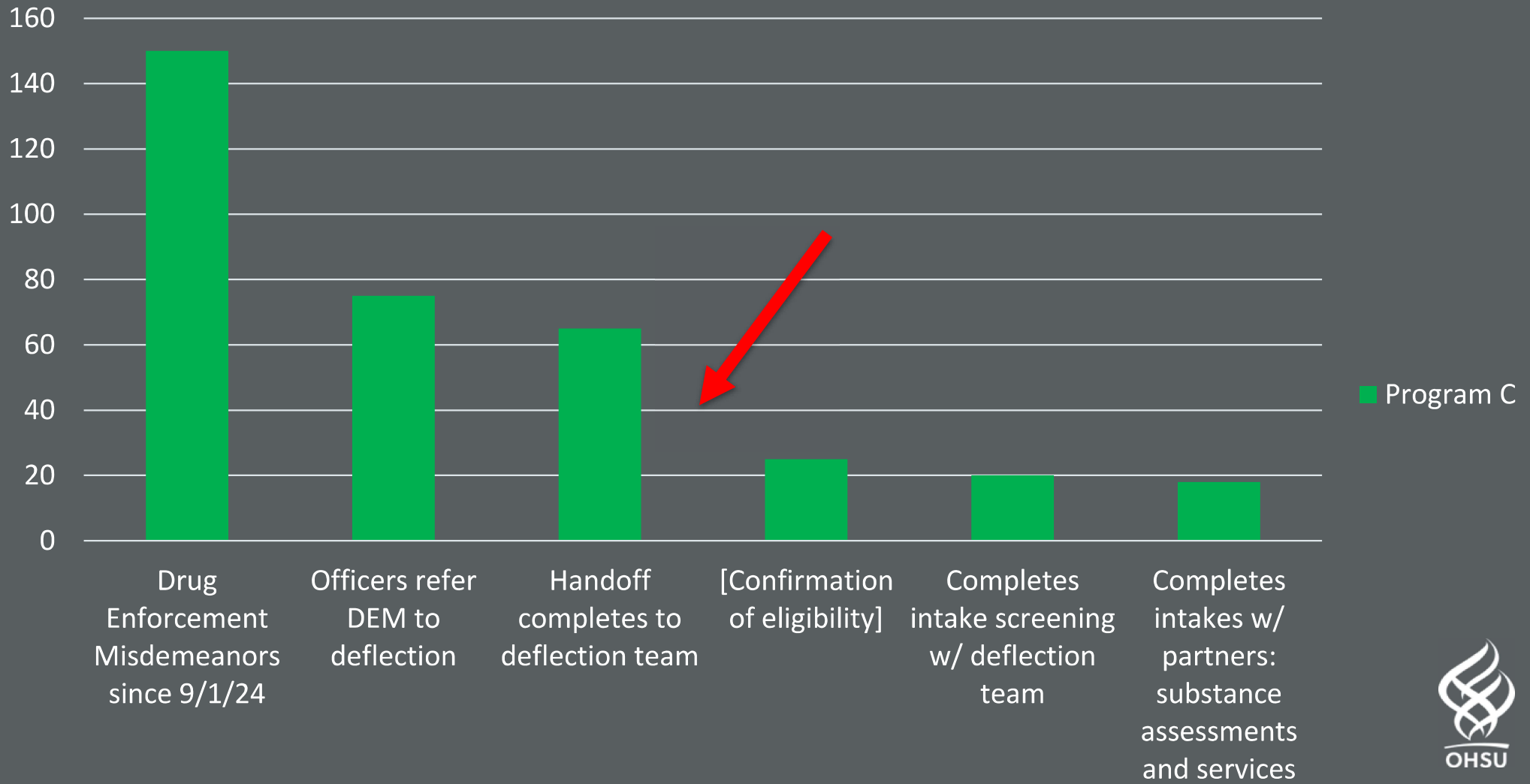
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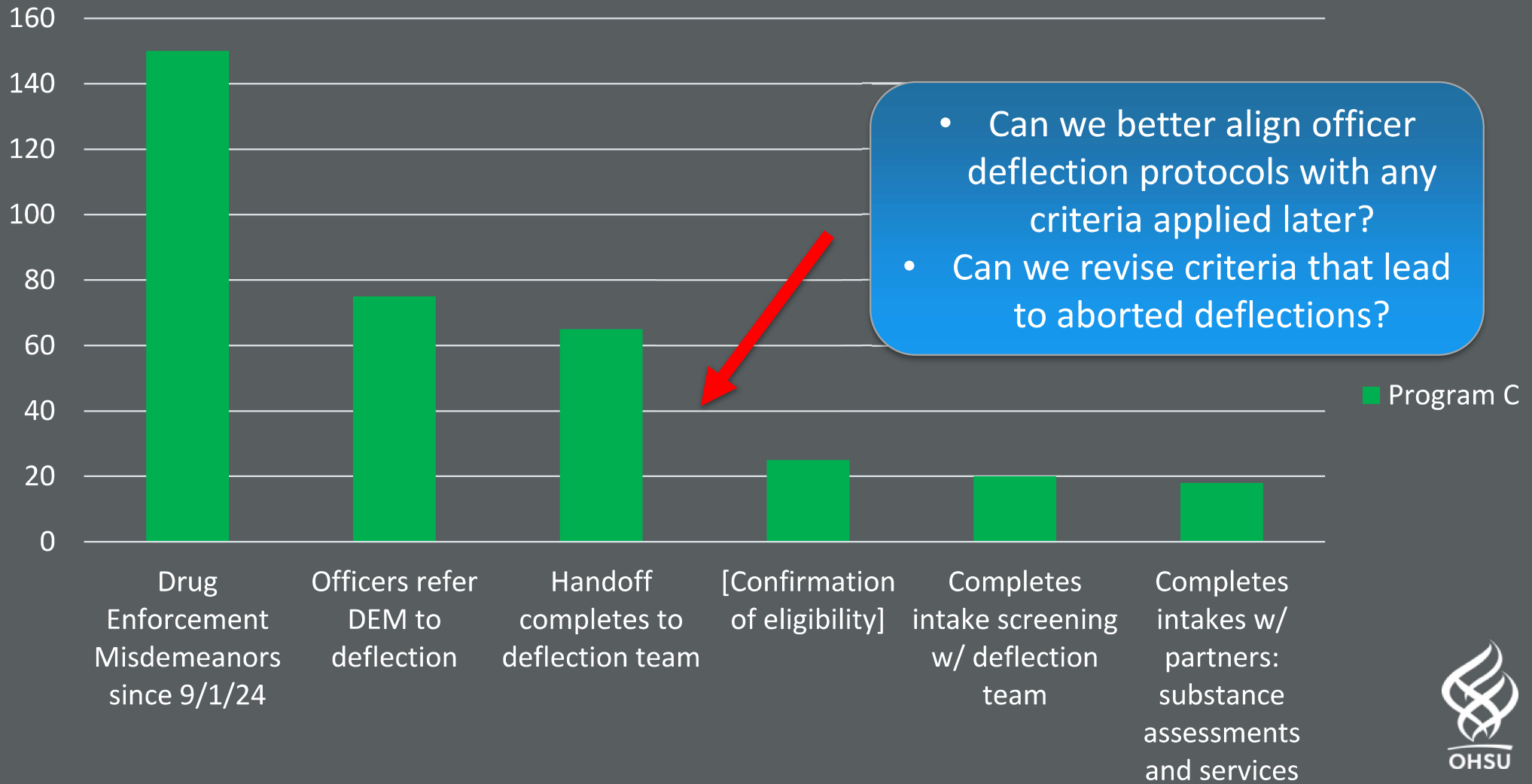
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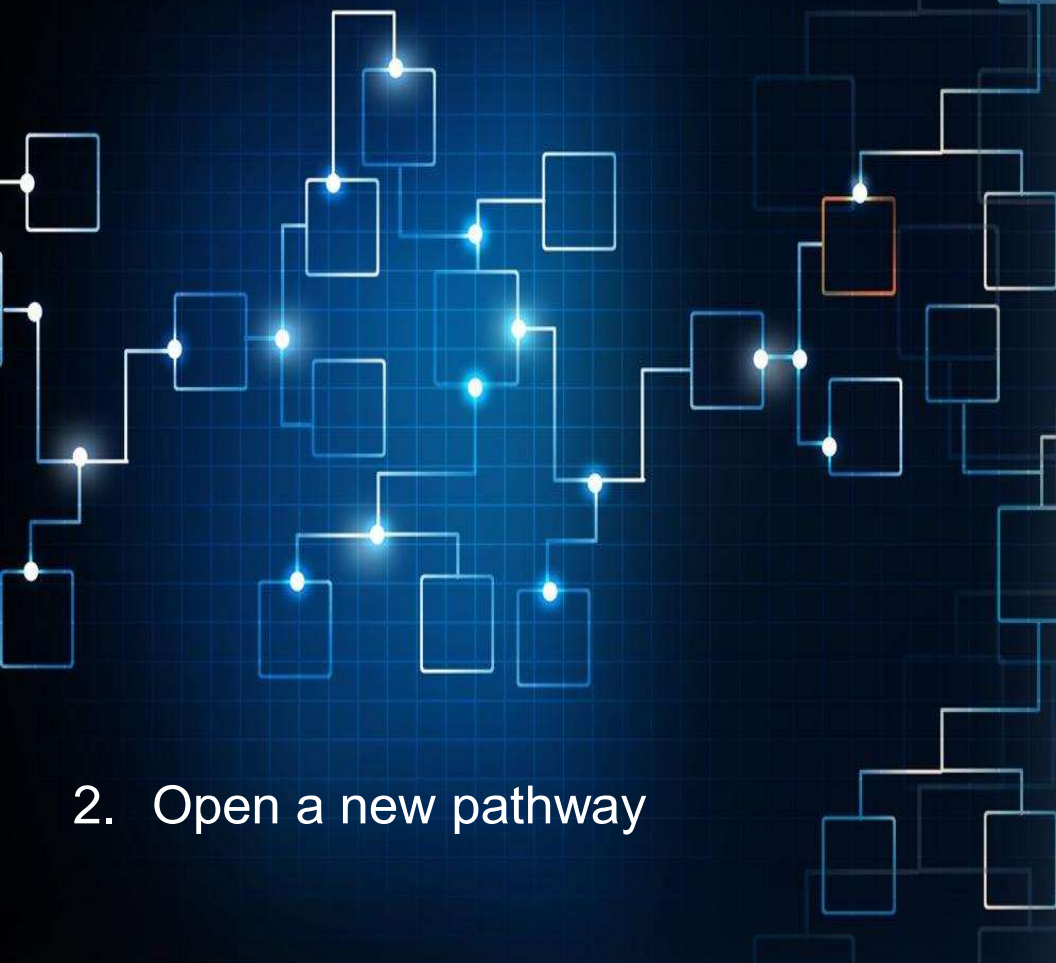


Expansion Options



Assuming you
have capacity

1. Focus on improving your existing cascade (Officer Intervention)



2. Open a new pathway

5 Deflection Pathways

1. Self-Referral

Setting: An individual voluntarily initiates contact with a first responder agency (police, fire, or EMS) for a treatment referral.

2. Active Outreach

Setting: proactive outreach - no call for service.
Outreach team may include a clinician and/or recovery peer.

3. Naloxone Plus

Setting: post-overdose
A first responder or program partner outreaches post-overdose to engage and provide links to harm reduction and OUD treatment.

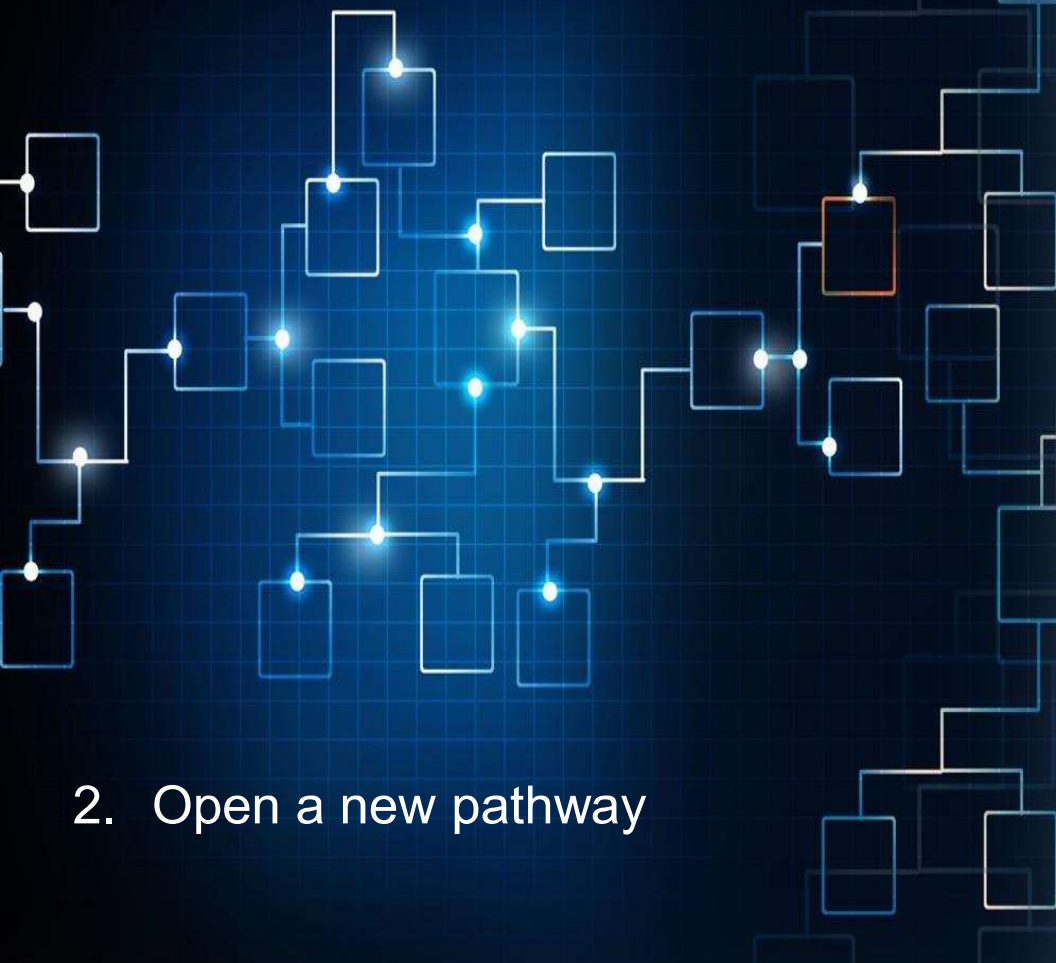
4. Officer/First Responder Prevention

During routine activities such as patrol or call for service, a first responder conducts engagement and provides treatment referrals.

5. Officer Intervention:

Setting: officer patrol or call for service, **potential charges**
Deflection: charges are held in abeyance until treatment and/or a social service plan is successfully completed.

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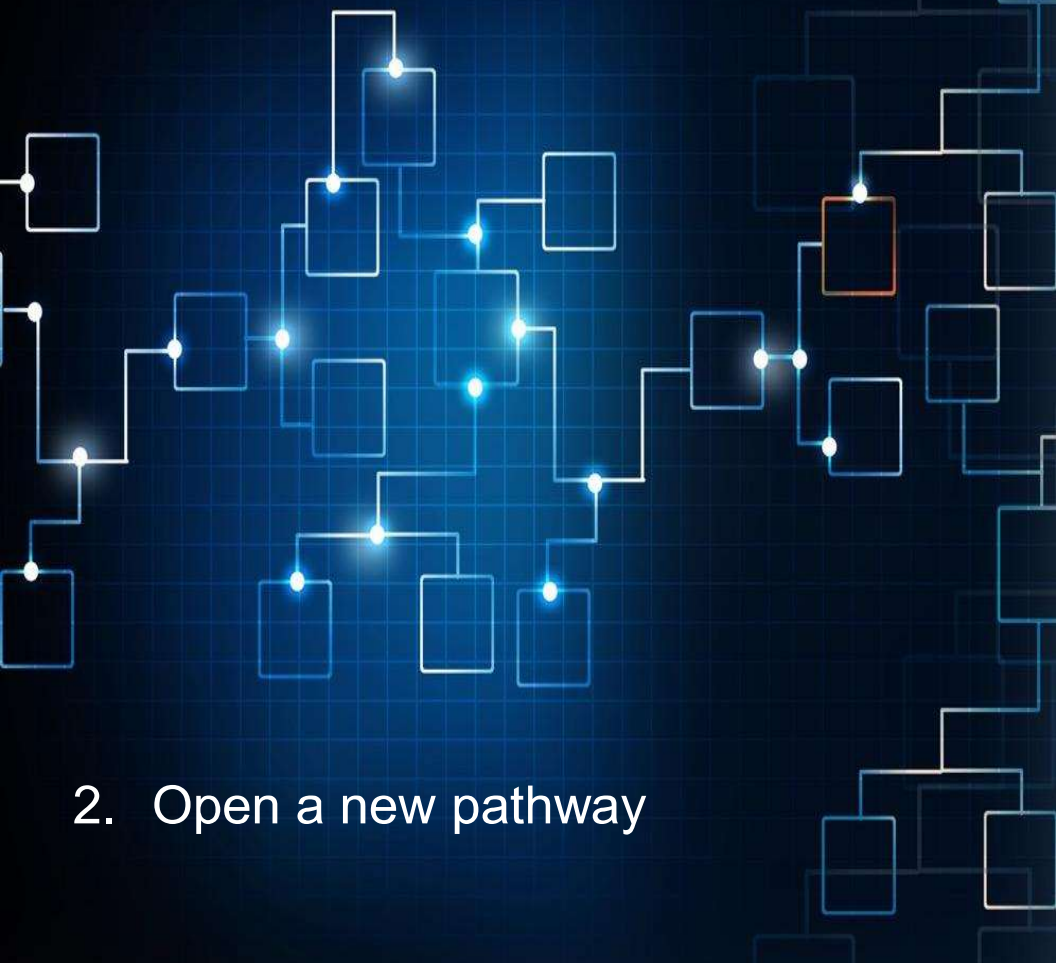
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Q&A and Discussion

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