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RECOVERY

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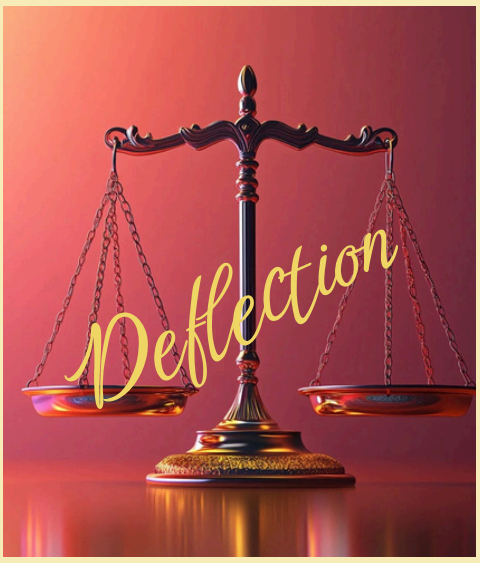

YET ANOTHER SHIFT IN CONSCIOUSNESS

by Founder and Chief Medical Officer Dr. Ernie Fletcher

Words matter. According to *deflection* experts, the word itself has profoundly changed our world.

By bridging the gap between treatment and law enforcement, deflection has—in just ten years—saved lives, reunited families, revitalized communities, and improved public safety countless times and in myriad ways that could not be imagined before.

If that's the case, a deep dive is surely in order.

Thus this issue's focus on what deflection is and how it works as well as the unique challenges rural communities face and how you yourself might help start a deflection program and work hand-in-hand with it to benefit those in recovery.

In a world of sometimes disagreeable news, this may be a welcome case of, “Just begun, but the best to come.”

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BUILDING RECOVERY ECOSYSTEMS
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DEFLECTION DEFINED

"The reasoning behind deflection is simple," says TASC* Executive Director Jac Charlier: "Why wait for an arrest, an overdose, or a crisis to get people the help they need?" Nothing wrong with that, right? Except for an institutional impasse that, until ten years ago, made it impossible.

"The beauty of deflection today," says TASC colleague Guy Farina, "is that it brings everything together—law enforcement with treatment, public health with public safety, and reduced drug use with reduced crime." But it wasn't always that way.

The word "deflection," as used here, was first coined in a 2015 article in Police Chief magazine titled, "Want to Reduce Drugs in Your Community? You Might Want to Deflect Instead of Arrest." It was written by Charlier who went on to found the *Police, Treatment, and Community Collaborative* (PTACC), an alliance of 64 national and international organizations that continue to promote deflection around the world.

Experience has shown that deflection typically follows six discrete pathways. But before we get to that (on page 3), two important clarifications are in order:

A Framework, Not a Blueprint
"Each community will employ its own unique set of relationships to make deflection work," says Charlier. "It will likely include clinicians, family members, crime survivors, law enforcement, judicial officers, and peers, especially peers with lived experience. But how they work together is always different. That's why we think of deflection as a framework, not a blueprint."

Deflection Is Not Diversion
"Deflection begins before charges are filed," says Charlier. "Diversion is after. Yes, deflection and diversion are complementary, but at TASC we focus on deflection because the earlier you can help people while they're still within their community, the more likely a positive outcome, not only for the individual but also for the family, the children, the service providers, the officers, the courts, and the community as a whole. It also makes better use of available resources which, as we all know, are never as plentiful as we'd like."

WATCH THE VIDEO

To view our Oct. 4 webinar featuring those pictured below...

CLICK HERE

TASC Executive Director Jac Charlier

TASC Senior Program Manager Guy Farina

TASC Deflection Program Manager Sydney Goggins

* TASC stands for *Treatment Alternatives for Safe Communities*—a Chicago-based organization that offers clinical assessments, case management, and recovery support for justice-involved adults and youth

THE SIX PATHWAYS OF DEFLECTION

Deflection typically occurs along one of six discrete pathways. The common denominator is that all help people stay in their community without being arrested and going to jail.

1. Self-Referral is usually the easiest pathway to get started because it can be handled by any first responder agency, such as law enforcement, a fire department, or Emergency Medical Services (EMS). TASC's Sydney Coggins notes, however, that "75 percent are initiated by law enforcement out on patrol who make no charge and stay with the subject rather than leave them on the street." Coggins refers to a face-to-face treatment referral as a 'warm handoff' and a referral by phone or email a 'cold handoff.'

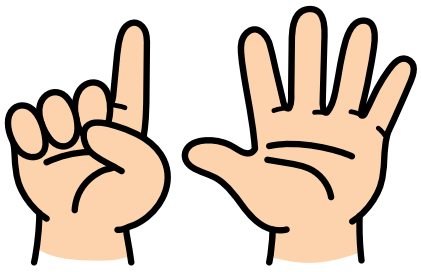
2. Active Outreach is when a first responder—often with the help of a clinician and a peer with lived experience—intentionally seeks out and refers an individual for treatment.

3. Naloxone Plus refers to the "Golden Window of Time" (up to 72 hours) following an overdose when the user may be more open to treatment.

4. First Responder and Officer Referral occurs when a first responder, during a routine patrol or in response to a service call, refers an individual to treatment or a case manager. If law enforcement is the first responder, no charges are filed or arrests made.

5. Officer Intervention is when charges are held in abeyance until treatment is completed. This "Let's Make a Deal" pathway is the first of the six that might involve a District Attorney or State's Attorney. But it can also happen when an officer says, "Listen, I have two years to charge you with possession. But if you choose I won't file and you won't have to go to jail."

6. Community Response is when a team of community-based behavioral health professionals—preferably including a peer specialist with lived experience—responds to a service call, helps de-escalate a crisis, and provides a referral to treatment, services, or a case manager.



Flexibility Is Key
"The six pathways might seem rigid on paper," says Charlier. "But in practice, you want to be as fluid and flexible as possible. In our experience, each community that's been successful has integrated the pathways in their own unique way."

TASC

LEARN MORE?

To learn more about *Treatment Alternatives for Safe Communities* and the collaborative solutions their Center for Health and Justice has developed to promote public safety and public health...

CLICK HERE

RURAL CHALLENGES

Rural communities looking to implement a local deflection program better hold onto their hats—*all* of them. "The more rural you are, the more hats you'll have to wear," says TASC's Guy Farina. "That's because there are so many challenges in rural areas and so many different things you need to know."

The top five, according to Farina, are access to treatment, stigma, and operational, workforce, and funding challenges.

Where Are My Resources?
"Access to treatment and follow-up care tops the list," says Farina, "simply because there are so few ready resources in under-populated rural areas. "If I'm standing on a corner in New York or another major city," says Farina, "I'll have all kinds of options—from 12-Step programs to inpatient and outpatient services—within walking distance or a short subway or bus ride away. In rural communities, it's almost the exact opposite. There may be no local outpatient options and the only inpatient facility might be in the next county. And even if you can get there in a timely manner, beds may be scarce, especially if it's serving other counties."

No One Talks
Stigma can be an equally hard nut to crack. "Stigma can be even more debilitating in rural communities because there's no anonymity," says TASC's Sydney Coggins. "When your kids all go to school together and everybody knows your business, no one wants to talk about substance use, not even when police officers and first responders are offering help." In rural areas, there can also be less awareness of treatment options and alternatives to arrest and incarceration. "The only antidote is outreach and education," says Coggins. "And even then it can be an uphill battle."

Meet People Where They Are
"No matter what you're working on—whether it's stigma, operational challenges, or workforce shortages—the most important thing is to know your community," says Farina. "I once worked in an area that looked suburban. But nearby were lots of farms that had been run by the same families the same way for generations. Many kept their money under a

mattress or buried in a can because they didn't trust banks. Believe me: earning the trust of people so set in their ways can be tricky. Talk to them the same way you talk to city folk isn't going to work. To make any headway at all, you need to meet them where they are. And that can require a good deal of homework and humility."

Beware of Burnout
We'll be addressing operational, workforce, and funding challenges on the next page, but before that, there's an additional challenge that's easy to overlook.

Because rural recovery home owners and their allies wear so many hats—each involving a steep and sometimes overwhelming learning curve—burnout is always a possibility. So add self-care and staff welfare to the already lengthy list of skills needed.

WHAT YOU CAN DO

TO GET STARTED

Outside of town? Then you'll need to think outside the box. "Urban group think won't work," says Charlier. To trigger your creativity, here are some tried-and-true tips our TASC experts have seen work in other rural communities.

Be Intentional. "When capacity and location are issues," says Charlier, "understanding the landscape is essential. Map out all your resources in as much detail as possible with a focus on potential partners. You can't succeed without them."

Who Are They? Start your list of potential partners with faith-based communities, school groups, anti-drug organizations, the district attorney's office, and law enforcement. But don't stop there.

Convene! Get as many partners and neighbors in the same room as you can to set expectations, identify challenges, and brainstorm solutions.

Tap Spirit. Necessity has always been the mother of invention, particularly in rural areas. With the help of your new partners, tap into the same mutual-aid, community-work-party spirit that exuberantly raised a million pioneer barns and homes.

Become an Avatar of Renewal. The need for fellowship, belonging, and being part of something bigger than we are is universal. Bring those feelings alive by making your deflection program a symbol of community revival.

It's Been Done Before. Farina has been there. "When I first started working in rural New York we had no paid employees, but to our surprise we quickly signed up 500 community volunteers—parents, sisters, brothers, friends. We did that by giving them what they had been yearning for—a way to help."

Teach It! "Deflection is just ten years old," says Farina, "so it's essentially just reaching second grade. That means there's a lot more to do in terms of public awareness. I suggest you invite people to lunch so you can pitch deflection's benefits one-on-one in a setting where people are likely to be more open to new ideas."

Showtime! Civic and faith leaders who are engaged, particularly those with a personal story to tell, can be powerful allies when it comes to getting the word out and building momentum.

Bring in the Peers! Peer specialists, especially those with lived experience, can sell deflection in ways others can't so include them in public presentations and other events as often as possible.

Can You Help Me, Judge? If you don't have clout, work with those who do."Judges have what's called convening power," says Farina. "When they say 'Come to my courtroom,' police, prosecutors, wardens, sheriffs, and others show up. That's why judges are so instrumental in driving justice-oriented initiatives. They may not have a formal role in a deflection program, but it never hurts to have a judge on your side."

Police Department Buy-In. "There's a wrong and a right way to approach police departments," says Farina, "The first thing: make sure it's understood that you're not there to tell the police how to do their job. Like any institution, law enforcement can be somewhat set in their ways. They will buy in only if they can think of deflection as a natural extension of what they're already doing. So present deflection as a crime reduction tool that's in perfect alignment with their own existing practices and goals. Of course, if you can find a champion within law enforcement to make the pitch for you, that's even better!"

WHAT YOU CAN DO

To FIND Your Deflection WorkForce

Be Flexible. "The tendency is to look for big ready-made solutions," says Farina. "But don't overlook simpler, smaller remedies that, when pooled together, might achieve the same effect."
Don't Be Picky. Trained staff are easier to find in cities where workers tend to specialize in certain skills. Rural folk, on the other hand, tend to be generalists. If someone isn't a perfect fit, give them a shot anyway. Remember: That applicant had to be a good learner to become a 'jack-of-all-trades.'
Use Part-Time Workers. Until a full-time staff can be found, use contractors or part-time workers to fill the gap.
Share the Wealth. Work together with new partners to share employees as well as resources.
Student Power. Interns from local high schools and community colleges are good candidates to do research and create training and publicity materials. "I have one grantee," says Coggins, "who draws regularly from a great pool of talent within a nearby college's behavioral health department."
Go Virtual. In addition to being flexible about qualifications and job descriptions, don't be afraid to access contractors, part-time workers, and regional partners through the internet. Online assets include telehealth providers, SUD assessors, and peer-to-peer specialists, many of whom can now be accessed 24x7.
Incentify! "I have one grantee in Wisconsin," says Coggins, "who provides 'living stipends' to cover expenses like the rent of her peer recovery coaches. Child care and work-from-home are other ways to sweeten the deal."
Come On Over! If help isn't available locally, try recruiting from outside the area. Your quiet, rustic neighborhood might be just the ticket for a disillusioned city-slicker looking for a change.

To Raise Funds

Host Events. "You may not need as much to get started as you think," says Farina. "With one initiative I worked on, we had zero funding. But a series of fund-raisers, including a kayak race, was all we needed to get going."
Seek Donations."People are more willing to help than you might think," says Farina. "Those who'd like to contribute their time but can't will sometimes make it up with money."
Document It. Data has shown deflection to be highly effective in reducing crime, recidivism, and overdose rates. Use the data to gain the buy-in of county executives, legislators, and other stakeholders. Documenting your own positive outcomes can also help you acquire and sustain funding.
Opioid Settlement Funds. Be sure to inquire regarding their availability in your area.
Apply for Grants. "To make your application persuasive," says Charlier, "know what kind of grant best fits your goals and describe in detail exactly how the grant will help your community."
Police Grants. "Police departments and hospitals are starting to get crime reduction and public safety grants that may include deflection," says Farina.
New Federal Grants. "A new COSSUP Grant through the Bureau of Justice Assistance," adds Farina, "is providing significant new funding as will a new $50 billion federal allocation for states to spend in rural areas."

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