



## POLICE DEFLECTION WITH HARM REDUCTION & OUTREACH: CONNECTICUT'S MULTI-SITE APPROACH

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# Community and Law Enforcement for Addiction Recovery (CLEAR)

- Funded through statewide BJA COSSUP Grant for 3 years
  - Supported by DMHAS
- Six jurisdictions across two regions
  - Pilot sites were selected to represent a diverse set of communities
- Fairfield County communities, lead by Liberation Programs
  - Greenwich
  - Norwalk
  - Stamford
  - Bridgeport\*\*
- Litchfield County communities, lead by McCall Behavioral Health Network
  - Winsted
  - Torrington
  - Watertown

There were 1,398\* suspected overdose deaths in Connecticut in 2023, according to the Department of Public Health

*\*This number may change as this data is pending the final OCME report*

# Goals

- To Reduce overdose deaths through
  - Education, Engagement, and Awareness
  - Law Enforcement involved outreach and deflection efforts
- Create and expand partnerships and collaborations to support high-risk individuals and their families
- Expand the availability of and access to evidence-based and promising practices, including Harm Reduction, Medication-based Treatments (MAT), Outreach, and alternatives to policing
- Increase referral sources to outreach teams and ensure equitable access to services.

# Key Components of CLEAR

- Collaboration
- Deflection, referral, and co-response
- Community Engagement
  - Outreach
  - Community trainings
  - Harm Reduction
  - Mobile MAT
  - Family engagement, support
- Ongoing Evaluation

# Co-response model

- Behavioral Health leads
  - McCall Behavioral Health Network & Liberation Programs
- Police Trained in Deflection: 2-day Post accredited Deflection Academy
- Police partners via MOU refer individuals through integrated data system
- Co-response between a deflection trained officer and a CLEAR outreach specialist within 24-36 hours
- Ongoing engagement based on participants identified goals
- Data tracked via integrated system
- Built in tools for evaluation component
- May be joined by other community partners based on nature of response (i.e. Family Supports / Grief Supports / Hospitals / Mobile Crisis).

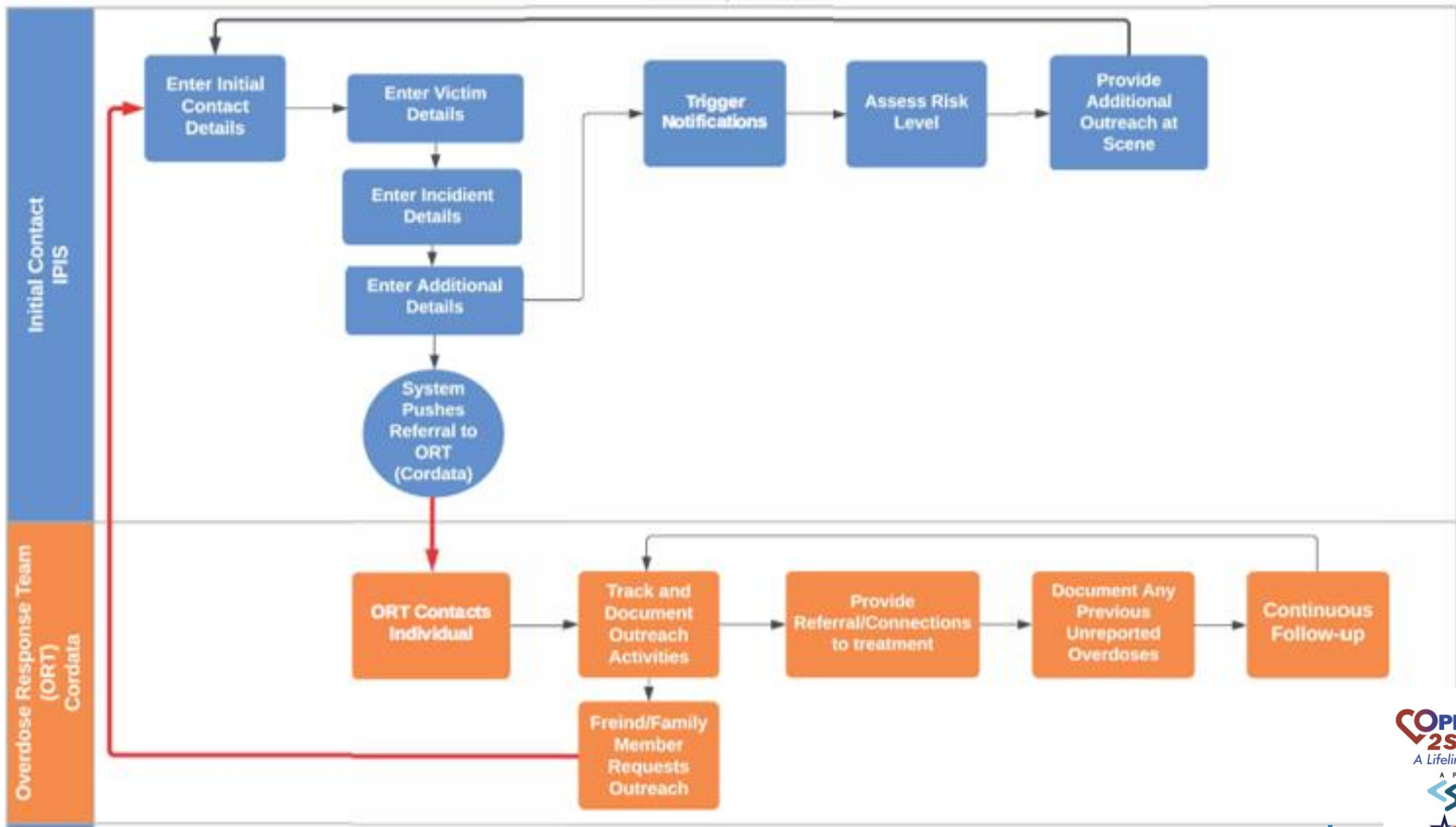
# The Integrated System

## IPIS Platform

- IPIS will hold all overdose incidents and at-risk person referrals who will be connected to the outreach team
- The First Responder Team will utilize IPIS as the “initial entry point” for identifying and recording overdose incidents, as well as at-risk individuals who seek outreach team engagements.
- Law Enforcement sites should not utilize the IPIS for investigative purposes.
- Co-mingling investigative information and responsibilities within IPIS could hinder the progress and credibility of the ORT.
- IPIS will push through its integration to Cordata all overdose incidents and at-risk persons referrals
- IPIS will also be used to document outreach follow up activities undertaken by the Police Outreach Team member, separate from their Civilian, Peer Recovery Team member.

## Cordata Platform

- Cordata will serve as the “follow-up and ongoing linkage to care”, receiving all referrals (overdose incidents and at-risk referrals) to be used to manage outreach efforts and activities undertaken by the ORT.
- The ORT will utilize Cordata as a case management platform to manage client cases.
- Any Law Enforcement Member of the ORT will not utilize the Cordata platform.
- Cordata will manage referrals/connections to treatment and community resources.





# Community Engagement

- Outreach that targets populations at risk of overdose
- Narcan Training Distribution
- Harm Reduction Supplies and Education
- Drug Checking
- Mobile MAT
- Recovery Support Services and Case Management
- Community Referrals
- Community Education
- Training for staff, police and community partners, the public.
- Community partnerships

## Former Surgeon General Dr. Jerome Adams (2016-2021)

“Preventing substance misuse requires that we all change our perspective. We must start to see addiction not just as a disease, but as a symptom. Often, addiction is a product of suffering. To really have an impact, you must go to the source of that suffering.”

- Recovery, Prevention, & Hope: National Experts on Opioids Equip Faith and Community Leaders: <https://www.youtube.com/watch?v=maUSojVyfgo>

February 5, 2020

# Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder

Sarah E. Wakeman, MD<sup>1,2</sup>; Marc R. Larochelle, MD, MPH<sup>3,4</sup>; Omid Ameli, MD, MPH<sup>5</sup>; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

*JAMA Netw Open.* 2020;3(2):e1920622. doi:10.1001/jamanetworkopen.2019.20622

**Findings** In this comparative effectiveness research study of 40 885 adults with opioid use disorder that compared 6 different treatment pathways, only treatment with buprenorphine or methadone was associated with reduced risk of overdose and serious opioid-related acute care use compared with no treatment during 3 and 12 months of follow-up.

**Meaning** Methadone and buprenorphine were associated with reduced overdose and opioid-related morbidity compared with opioid antagonist therapy, inpatient treatment, or intensive outpatient behavioral interventions and may be used as first-line treatments for opioid use disorder.

# Harm Reduction Goals

## Primary Objective

Reducing the harm associated with using drugs through a variety of public health interventions that recognizes the right to safety and dignity of all people

## Principles

Respecting the rights of people who use drugs

A commitment to evidence

A commitment to social justice and collaborating with networks of people who use drugs

## Conceptual Level

- Value –neutral view
- Does not insist on abstinence
- Avoids judgment, coercion, and discrimination.

## Practical Level

- Pragmatic
- Realistic
- Low Threshold

## Program Examples

- Syringe exchange
- Outreach
- Drop in Centers
- Drug testing and safe use supplies

## Policy

- Embedded in existing policies
- Removes punitive measures or withdrawal of treatment/support due to use or return to use
- Does not discriminate based on race, gender, and other demographics

# Measuring Impact

*National Harm Reduction Coalition:*

“Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies”

# Program Evaluation



Yearly Performance Management Adherence Tool (PMAT) to assess maturity in six domains of program implementation and inform strategic next steps



Collaboration survey



Law Enforcement partner survey



Deflection Academy evaluations



Equity assessment



Program research and evaluation component

# Police Perspectives

Chief Bernegger,  
Watertown Police  
Department

Chief Walsh,  
Norwalk Police  
Department

# Police Perspectives

“Officers usual main focus is Probable Cause or no. CLEAR and the pre-arrest diversion option give officers much more latitude in their decision making process.”

“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.”

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



# Creating a culture of change

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**Police** – mechanism for transforming policing culture away from viewing people who use drugs and other individuals impacted by social determinants of health and systems of oppression through criminality and instead through their humanity

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**Agencies** – As we broaden access to harm reduction as an approach, opens up spaces for people in our systems who have also been traumatized, to be more open, and for transformation and healing

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**Community** – We see among people who use drugs an openness and receptiveness based on this approach

# Potential Cost Benefit

From 04/04/2016—02/02/2017  
 20 Subjects did not require emergency services for drugs or alcohol after accepting outreach



W.P.D. Cost per call \$356.70



Ambulance to M.G.H. ~\$2500



Engine 1- 1999 Pierce  
 W.F.D Cost per call \$859.40



E.R. Visit ~\$2168

Emergency Service	Cost per Service
	\$356.70
	\$859.40
	~\$2500
	~\$2168
<b>Cost Totals</b>	<b>Per Individual</b>
	~\$5884.10
	<b>20 Subjects</b>
	~\$117,628.07

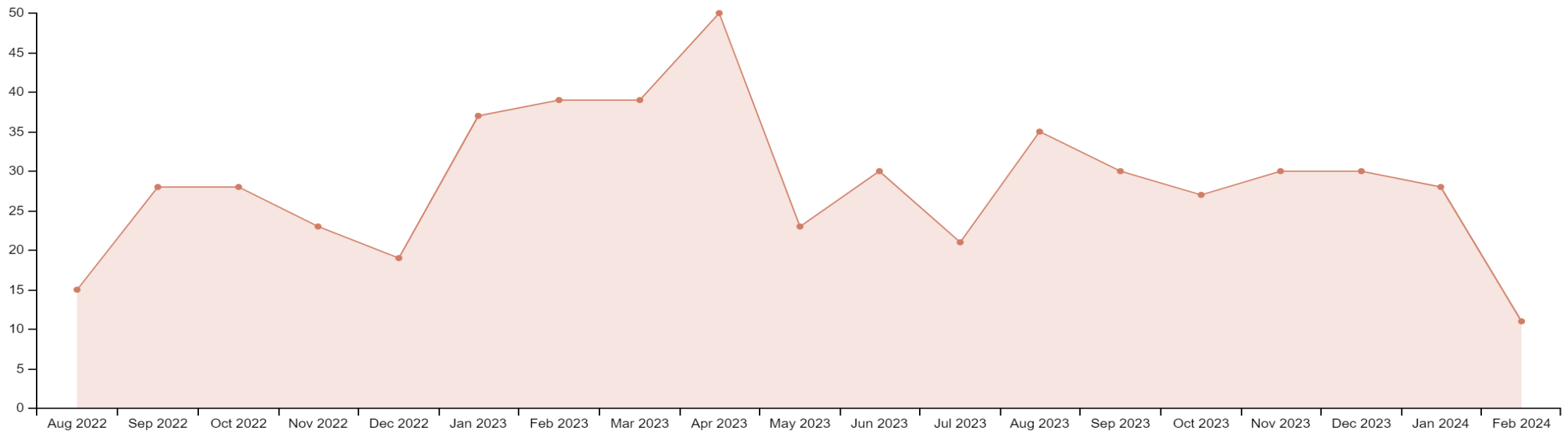
**\*Anecdotal evidence of cost savings per data collected by the outreach team.\***  
 An individual required 7 calls for emergency service since the beginning of the outreach program. After the 7<sup>th</sup> call the individual agreed to receiving service from the outreach team. This individual has not had a drug or alcohol related need for emergency service in ~8 months in the community.  
**~Total Cost before outreach**  
**~\$41,188.70**

<https://www.winthrop.ma.us/files/2017/12/2017-2018%20Budget%20Book.pdf>  
<https://www.mass.gov/info-details/2017-2018-budget-part-1>  
<https://www.mass.gov/info-details/2017-2018-budget-part-2>  
<https://www.mass.gov/info-details/2017-2018-budget-part-3>  
<https://www.mass.gov/info-details/2017-2018-budget-part-4>  
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<https://www.mass.gov/info-details/2017-2018-budget-part-18>  
<https://www.mass.gov/info-details/2017-2018-budget-part-19>  
<https://www.mass.gov/info-details/2017-2018-budget-part-20>

\*\*Source: Winthrop, Massachusetts Police, Lt Sarko Gergerian (2016-2017 cost data)

# Connecticut – New Referral Count (08/1/2022 – 02/15/2024)

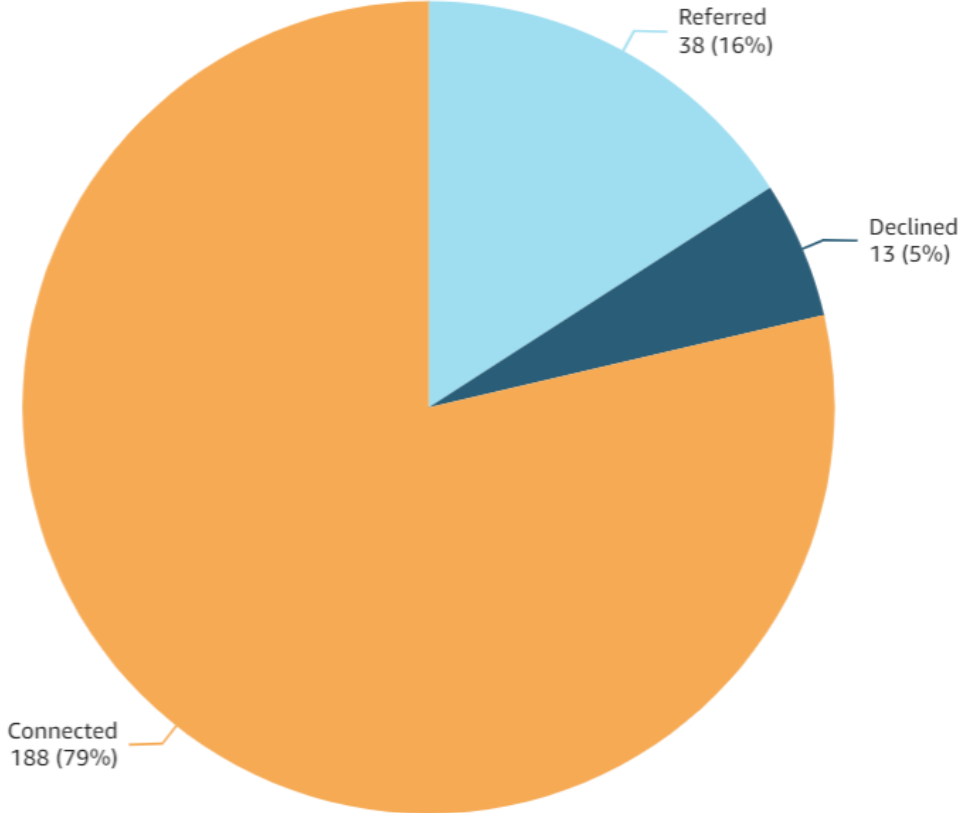
Referral Count by Month



Month	Aug-22	Sep-22	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	Nov- 23	Dec-23	Jan-24	Feb-24	Total
Referrals	15	28	28	23	19	37	39	39	50	23	30	21	35	30	27	30	30	28	11	543

**New Referral: The number of new clients that have been referred to the program within the selected time frame.**

# Referrals for Treatment Services



Outcome T...

Referred

Declined

Connected

Connected  
188 (79%)

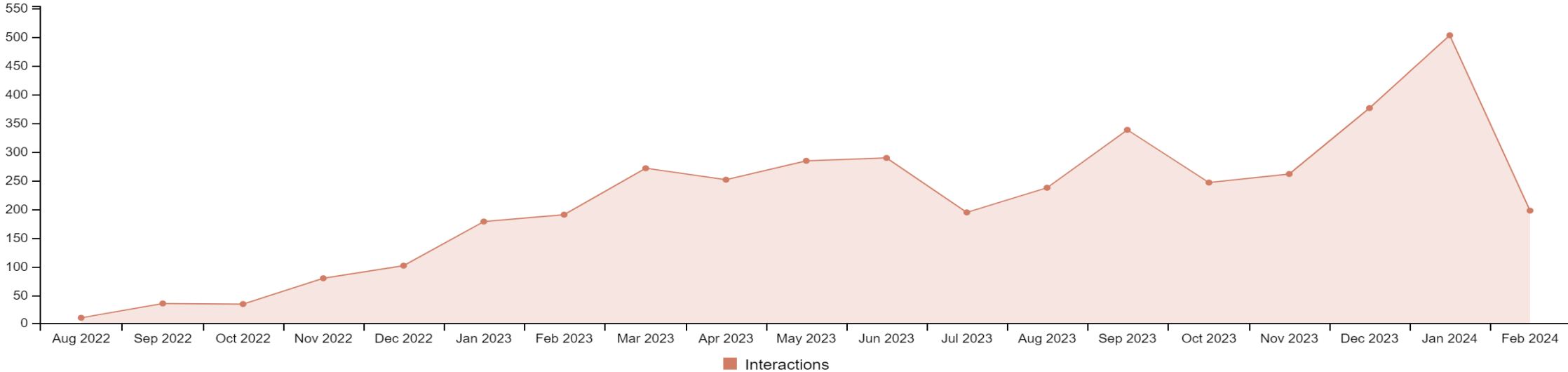
Referred  
38 (16%)

Declined  
13 (5%)

Group By: Outcome Type

# Connecticut – Completed Interactions (08/1/2022 - 02/15/2023)

Completed Interactions By Month



Month	Aug-22	Sep-22	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	Nov- 23	Dec-23	Jan-24	Feb-24	Total
Referrals	10	35	34	79	101	178	190	271	251	284	289	194	237	338	246	261	376	503	197	4,074

**Completed Interactions:** The Interactions report lists all attempts, both successful and unsuccessful, to reach clients. Data includes the overdose date, interaction date, channel, and who was reached within the selected time frame.

# Contact Information

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