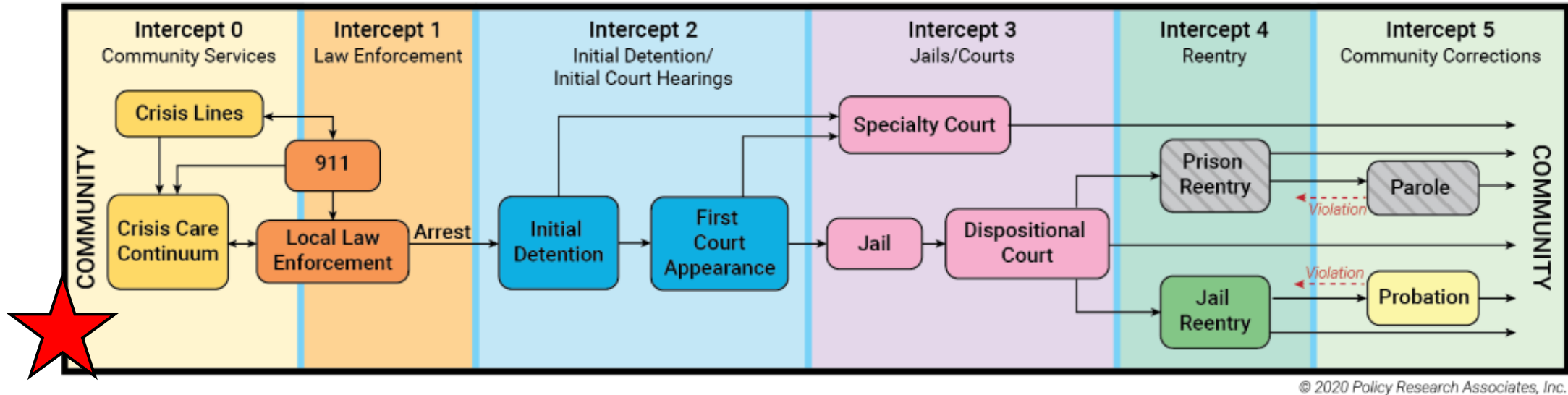




Lauren Prito, MPH – Director of Community Engagement, McCall Behavioral Health Network
Josh Bernegger – Chief of Police, Watertown Police Department
Christy Knowles, LCSW – Opioid Services Project Lead, DMHAS



SEQUENTIAL INTERCEPT MODEL

Many opportunities to engage someone in the criminal justice system. CLEAR aims to address Intercept 0 (and even -1!)

DEFLECTION

Deflection programs do not result in arrest and typically do not have criminal justice involvement beyond contact with officers in the field. Oftentimes an individual has not committed a criminal offense or has committed a lower level offense and an officer has no intention to arrest. Individuals voluntarily work with deflection team members to access treatment or other services. In deflection, there are no penalties for not engaging a treatment service or completing a program.

VS

DIVERSION

Diversion refers to approaches where potential clients are contacted during enforcement activities, where there is a potential for arrest (e.g., illegal possession). Some diversion programs include a formal arrest and booking, while others may occur pre-arrest. Ultimately, treatment initiation and compliance is court-ordered and participants must complete a required service/program to have their charges dismissed.

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 programing 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

*Graphic and information from The Safety and Justice Challenge

Origins of CLEAR from Massachusetts and Ohio

Respond within 24–72 hours post-overdose to engage individuals and families.

Mature into collaborative community health outreach initiatives (SUD, Mental Health, ACEs, unhoused, victims of DV/SA)

Teams include law enforcement, fire/EMS, behavioral health experts, peer recovery coaches, clinicians, probation, parole, re-entry, and community advocates.

Use trauma-informed approaches to connect people to care and recovery. ***"We can't arrest/incarcerate our way out of this crisis"***

Data shows QRTs reduce repeat overdoses, fatal overdoses, emergency service calls, and emergency department usage decline.

The first Quick Response Team for substance use disorders was founded in

COLERAIN TOWNSHIP

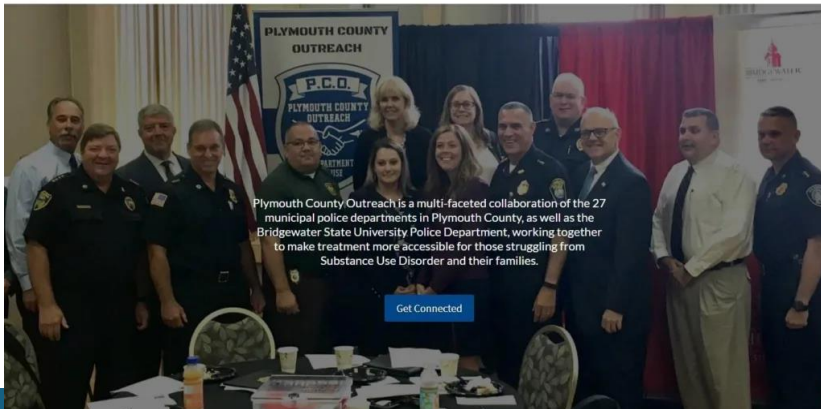
OHIO



JULY 2015



PLYMOUTH COUNTY OUTREACH [Home](#) [About](#) [Services](#) [In the Community](#) [Connect](#) [PCO Blog](#)



Foundations of the co-response model

Behavioral Health/Public Health leads

MOU established between Behavioral Health agency and Law Enforcement, as well as other participating agencies for each community

Police and partners trained in Deflection: 2-day Post accredited Deflection Academy

Assessment to determine facilitators of success and future growth points for the deflection initiative

Key Components of CLEAR – FY 2021

- Collaboration between behavioral health and law enforcement
- Building deflection, referral, and co-response
- Community Engagement
 - Outreach
 - Community trainings
 - Overdose prevention strategies
 - Mobile Medication for Opioid Use Disorder
- Ongoing one-on-one support for people with an SUD
- Family Recovery Coaching

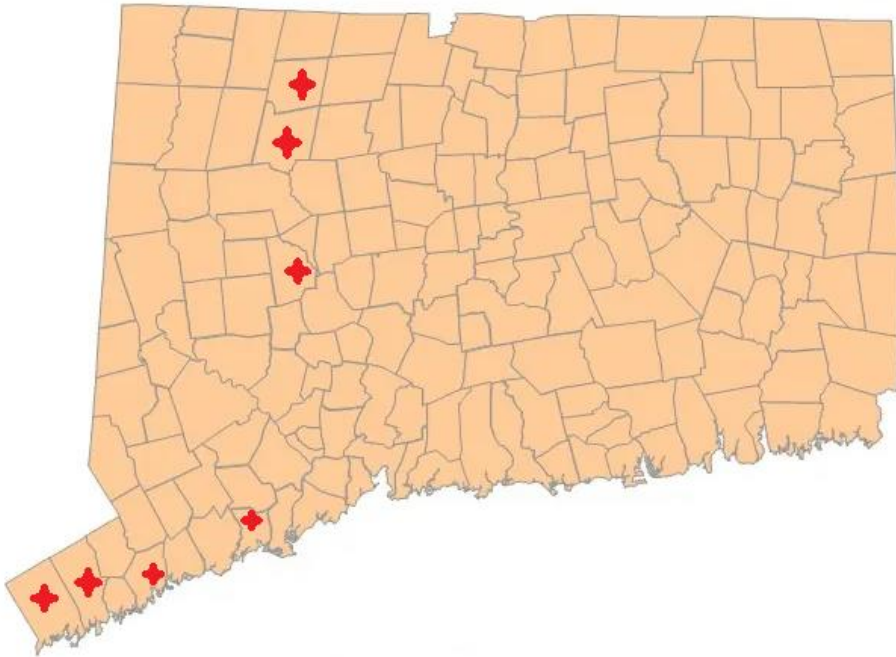
Community and Law Enforcement for Addiction Recovery (CLEAR)

Funded through statewide BJA COSSUP Grant in FY21

Supported by Department of Mental Health and Addiction Services (DMHAS)

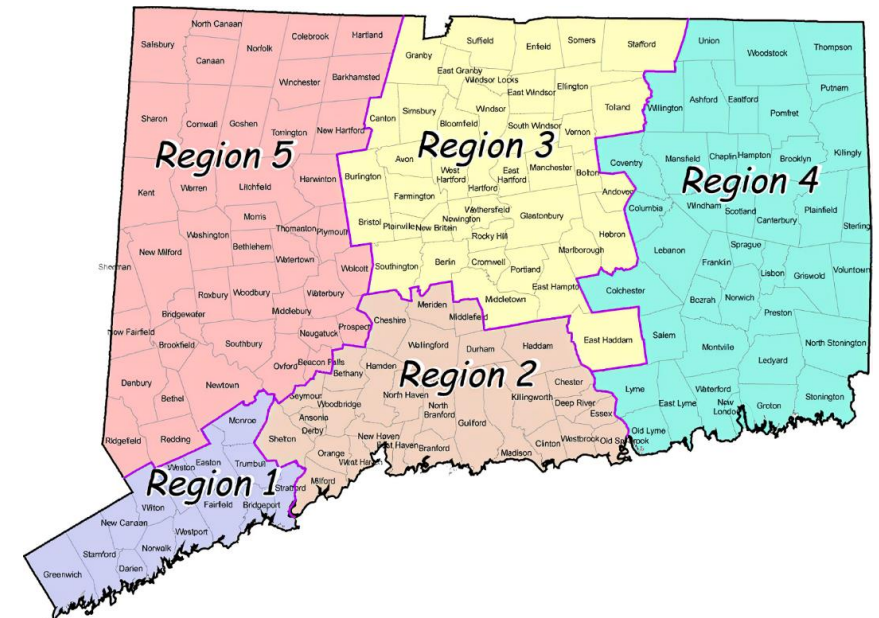
Original pilot sites were selected to represent a diverse set of communities

- Watertown
- Winsted
- Torrington
- Greenwich
- Norwalk
- Stamford
- Bridgeport*



Behavioral Health Partners

- DMHAS serves as lead in COSSUP application and is involved in weekly implementation meetings and monthly statewide meetings
- McCall Behavioral Health Network leads Region 5
- Liberation Programs, Inc. leads Region 1
 - Both organizations are Mental Health and substance use disorder treatment providers with a full continuum of care
 - Serve as regional leaders for the CLEAR program and employ the CLEAR behavioral health teams



CLEAR Roles

Community Engagement Specialists

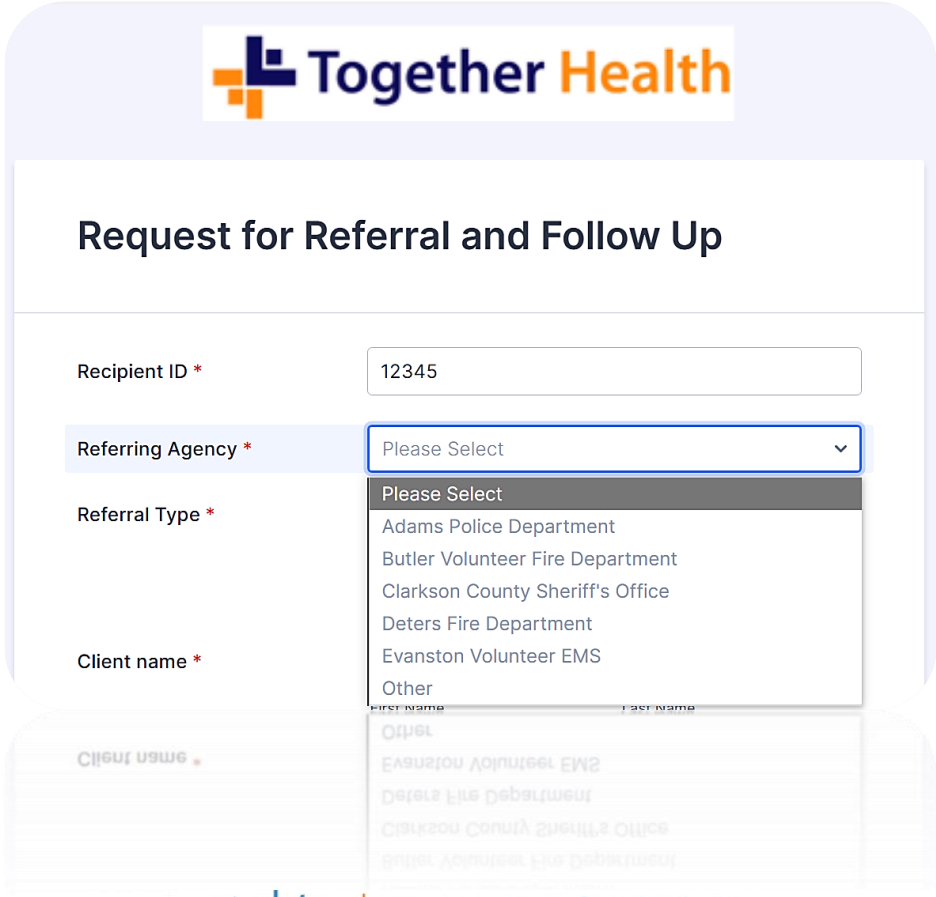
- Responsible for ongoing follow up with referred individual
- Provide a wide range of supports, including overdose and unintentional injury prevention, wellness planning, education, peer support, and connections to care
- Engagements can be in person or by phone, as directed by the program participant
- Provide community outreach, random outreach, and community trainings to raise awareness

Family Recovery Coaches

- Work with family members and loved ones
- Support families on their own, individual journey
- Provide community outreach and trainings to raise awareness and educate communities and families

CLEAR Trained Officers

- Any officer may make referrals of individuals with any substance use disorder (alcohol or drugs)
- 24-48 hours after an incident, CLEAR trained officers conduct a warm hand off with community engagement specialists. This includes reviewing background and safety information and making the introduction.



Client name *

First NameLast Name

Biological sex *

☐ Male

☐ Female

☐ Other

Date of birth

MM/DD/YYYY

Date

Address

Street Address

Apt/Unit/Suite

Please Select

CityState

Zip Code

Mobile number

(000) 000-0000

Please enter a valid phone number.

Facebook username
(Messenger contact)

Alternate method of contact
(please specify)

Indicate the client's preferred
method(s) of contact

☐ Phone

☐ Facebook Messenger

☐ At the client address

☐ Using alternate contact methods provided above

cordata | Community Referral Solution

The information contained in these documents is confidential, privileged and only for the information of the intended recipient and may not be used, published, or redistributed without the prior written consent of Cordata Healthcare Innovations, Inc.

Response Mechanics

- Police partners refer individuals through electronic referral form, integrated into behavioral health data system (Cordata) for one way push
- Co-response between a deflection trained officer and a CLEAR outreach specialist within 24-36 hours
- Ongoing engagement based on participants identified goals by behavioral health team
- Data tracked via Cordata system with 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).

Creating a culture of change

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

Agencies – As we broaden access to overdose prevention strategies 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

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

Police Perspectives

"Officers usual main focus is Probable Cause or not. 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."



CLEAR's care management data shows that CLEAR is very effective in engaging clients who are referred to the program and is providing ongoing support (3+ visits) to nearly half of clients who engage with the teams.

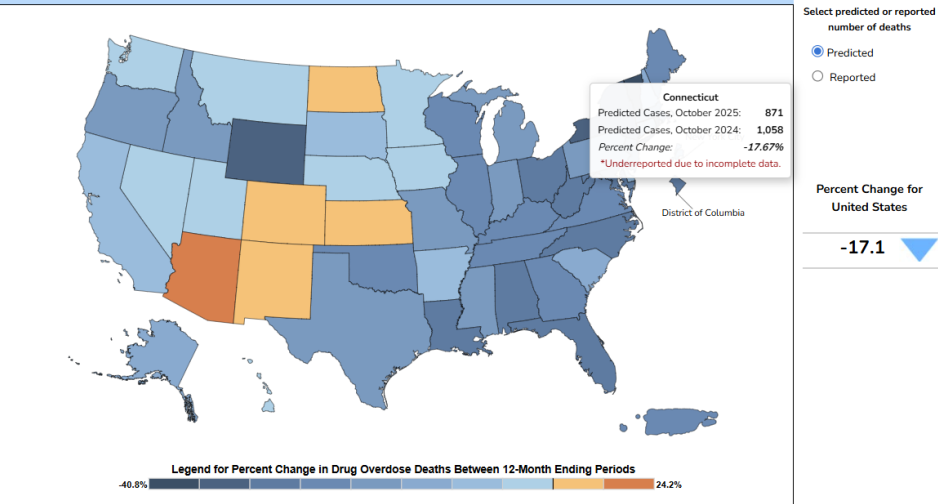
These referrals include street engagements and outreach, where you will notice a strong presence of this aspect in communities like Bridgeport where law enforcement is not yet involved in deflection referrals.

Treatment Initiation is easier for teams to document than connection to support services, which makes Treatment Initiation Rates appear to be higher.

				Treatment		Support Services	
	Total Referrals to CLEAR	Engagement Rate	Ongoing Support Rate	Referral Rate	Initiation Rate	Referral Rate	Connection Rate
CLEAR Total	3146	76%	41%	88%	57%	199%	21%
Stamford	223	74%	16%	47%	67%	153%	30%
Norwalk	229	54%	26%	20%	50%	148%	30%
Bridgeport	1762	87%	57%	170%	35%	641%	17%
Torrington	610	78%	44%	87%	74%	96%	31%
Watertown	142	69%	38%	50%	65%	46%	19%
Winsted	180	79%	33%	68%	67%	80%	20%

U.S. Overdose Deaths In 12-Month Ending Period September 2025 Predicted to be 76,515

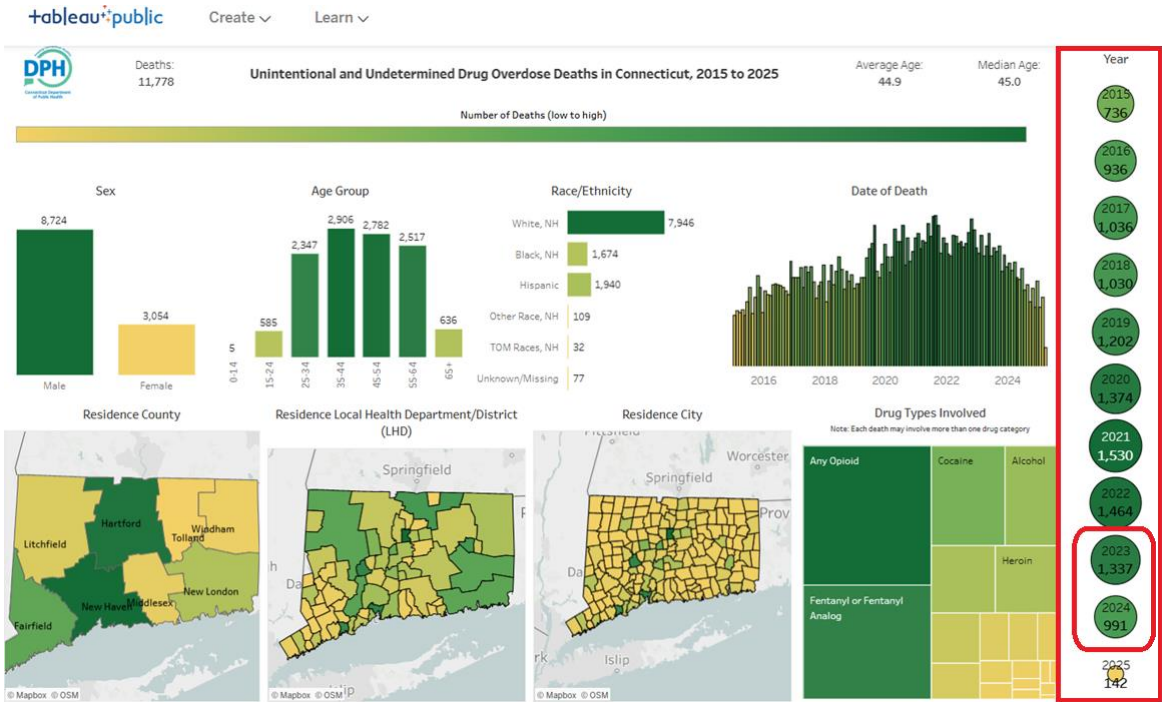
Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: October 2024 to October 2025



Connecticut Overdose Death Percentage 17.1%
Reduction 2024 to 2025

CLEAR Pilot Sites Exceeded State Reduction
Bridgeport -44.6%
Greenwich -33.3%
Stamford -35.7%
Torrington -25%
Winsted -50%

76,542 drug overdose deaths for the 12 months ending in October 2025



PROGRESS YEARLY IN CONNECTICUT

National Vital Statistics System-Vital Statistics Rapid Response
Provisional Drug Overdose Death Counts

Key Takeaways from our 2021 COSSUP Evaluation data

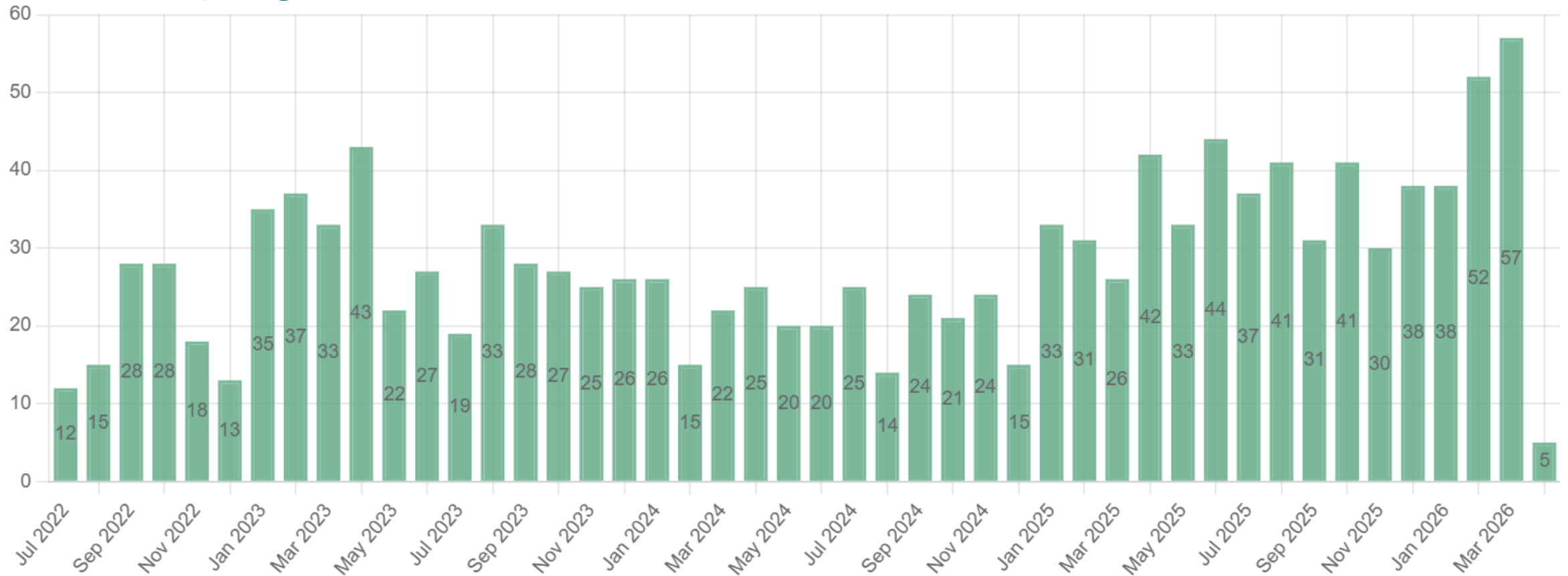
- CLEAR's engagement rates are higher than those for similar programs (30-40%).
- In general, CLEAR sites are meeting their goal of providing ongoing support to clients.
- Many clients receive more than one referral, and some have received as many as 15+ referrals for different services.
- Positive change in law enforcement culture and community collaboration has increased as a result of CLEAR.
- Overall decreases in overdose rates in CLEAR communities.

Statewide Perspective and Next Steps

- Awarded a 2nd COSSUP Grant in 2024 with the following expansion goals:
 - Expanded collaboration with additional first responder agencies, hospitals, and other partners
 - Addition of re-entry services for people returning to the community with a substance use disorder
 - * York * Carl Robinson * Hartford * Bridgeport
 - Pilot Handle With Care
 - Expanding use of Family Navigators
 - Drug Checking Specialists
 - Facilitate statewide structure for additional communities to onboard

Referrals to CLEAR program* July 2022 to 4/2/2026

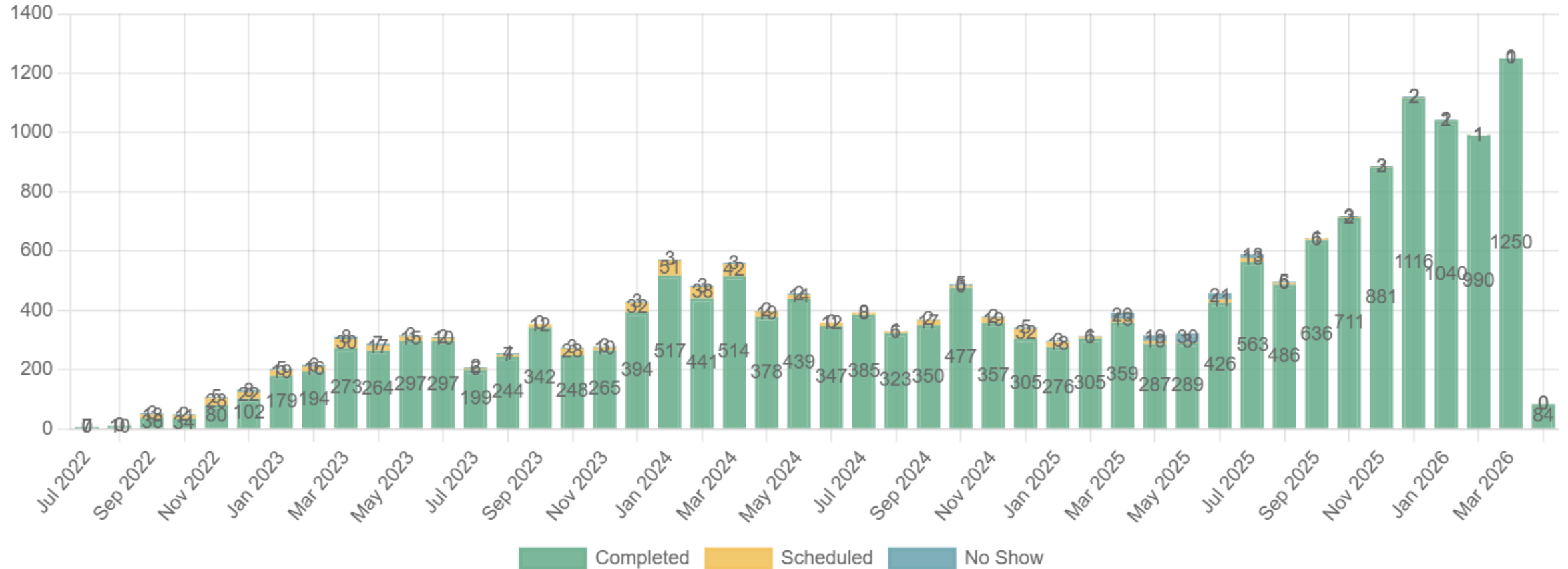
Total: 1,229



Referrals made by law enforcement, community partners, and self referrals for CLEAR support in Cordata, not including E2CT referrals

Interactions July 2022 to 4/2/2026

Total: 18,838



Interactions made with individuals referred for CLEAR support in Cordata, not including E2CT referrals and interactions

Client Referrals for Services July 2022 to 4/2/2026

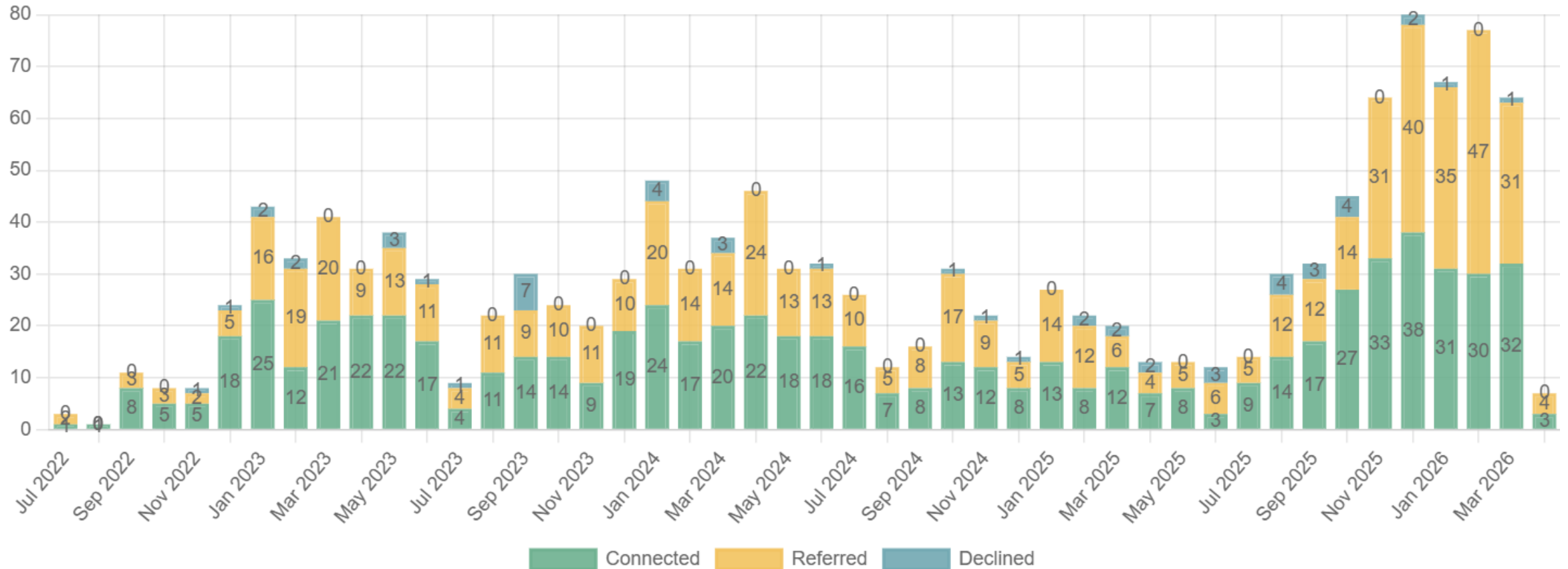
Total: 2,093



Referrals for services, such as social services, housing, and other supports, made for individuals referred for CLEAR support in Cordata, not including E2CT referrals

Cordata Referrals for Treatment July 2022 to 4/2/2026

Total: 1,337



Referrals for treatment, such as withdrawal management, inpatient, outpatient, and more made for individuals referred for CLEAR support in Cordata, not including E2CT referrals

Outreach and Community Engagement

8981 outreach events total



Examples include naloxone pop up sites, community outreach location visits, and naloxone trainings for businesses.

OUTCOMES AND POSITIVE IMPACTS OF LAW ENFORCEMENT ENGAGED INITIATIVES (MONTGOMERY COUNTY, OHIO)

QRT Retrospective Study Analysis • 2024

Enhancing Overdose Response through Data-Driven Innovation.

Public Health - Dayton & Montgomery's Recovery Outreach Team, a Quick Response Team (QRT), in partnership with Ascend Innovations and Cordata Healthcare Innovations, conducted an analysis to explore the impact of QRT engagement on clients' interactions with local healthcare and criminal justice systems. The analysis included 3,050 individuals who were referred to the QRT between August 2018 and April 2022. Of those referrals, half (n=1,550) had at least one contact with the QRT. The QRT clients were mostly male (59%) and white (72%). Most individuals that engaged with the QRT were insured by Medicaid (65%) or Medicare (17.51%). Nearly 6% were uninsured.

A statistical testing method was used to compare clients' system encounters before and after they engaged with the QRT (pre- and post-testing).

KEY TAKEAWAYS

Making an impact on individuals struggling with substance use.

- ✓ **Reduced Death Rates**
QRTs save lives based on analysis of coroners' case records.
- ✓ **Healthcare**
QRTs reduce Emergency Department use across all diagnoses and behavioral health specific diagnoses.
- ✓ **Criminal Justice**
QRTs reduce non-drug related arrests. Clients who engaged in the QRT had a reduction in violent crime (new charges).
- ✓ **Medicaid**
QRT clients had significantly lower hospital-related Medicaid billings than those who didn't engage with QRT.
- ✓ **Mental Health**
Approximately 5% of overdoses documented by the QRT are "intentional overdoses."

QRT reduces healthcare & criminal justice interactions.

QRT clients saw **reductions in hospital utilization & charges.**

- ✓ **Significant reductions in healthcare charges** when comparing the year before they were referred to QRT with the year after their referral. The more contacts a client had with QRT, the more their total charges dropped (see table below on the right).
- ✓ **Reductions in arrests** that were non-drug related.

TOTAL INTERACTIONS WITH LOCAL SYSTEMS FOR THE POPULATION OF STUDY*

QRT Contacts	Before QRT	After QRT	Change
0	37,583	35,188	-6.4%
1	21,958	15,562	-29.13%
2	8,181	4,410	-46.1%
3+	7,923	3,711	-53.16%

*Local systems include law enforcement, jail bookings, and hospital interactions.

QRT clients saw **reductions in criminal justice interactions.**

- ✓ **Fewer Emergency Department visits** in the 6 months after receiving support than in the 6 months prior to connecting with QRT.
- ✓ **Fewer new charges for violent crimes** in the 6 months after their QRT engagement than in the 6 months prior to connecting with QRT.

AVERAGE TOTAL CHARGES ASSOCIATED WITH HOSPITAL EMERGENCY DEPARTMENT ENCOUNTERS

QRT Contacts	Before QRT	After QRT	Change
0	\$38,174	\$37,363	-2.12%
1	\$33,592	\$24,283	-27.7%
2	\$43,393	\$21,767	-49.81%
3+	\$48,991	\$27,173	-44.5%

*Note: Charges data displayed above reflects the 12 month period before and after QRT interactions.

- **Lives saved:** QRT engagement linked to reduced overdose deaths
- **Lower healthcare use & costs:** Fewer ER visits and hospital charges (greater impact with more contacts)
- **Reduced criminal justice involvement:** Fewer arrests and violent crime charges
- **Lower Medicaid spending** for engaged clients
- **Mental health matters:** ~5% of overdoses were intentional
- **More engagement = better outcomes**

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ASCEND INNOVATIONS

Illustrating the Value of Improved Care Coordination.

See how enhancing care coordination can make an impact on the lives of our community members through the lens of one individual's journey.



Case Study: Jane Doe, 48

"Jane," was referred to the QRT after an overdose encounter with local law enforcement. In the year before she was connected with QRT, Jane had been **arrested several times**, was **in and out of the local jail**, and had more than **50 hospital encounters**. The QRT was able to successfully contact Jane, and she completed an intake into treatment.

AFTER INTERACTING WITH THE QRT:

- ✓ 14 successful contacts in 64 days (78% success rate)
- ✓ Majority of referrals from local police department, the rest through community sources
- ✓ Successful intake into treatment
- ✓ Decrease in jail encounters (2 v. 5 before)
- ✓ Most contact via phone calls, also hospital & professional
- ✓ One successful family / friend contact
- ✓ Twice referred to community recovery resources & recovery support meetings
- ✓ Decrease in hospital encounters (12 after v. 56 before)

INVESTING TO DRIVE OUTCOMES

Supporting Quick Response Teams in Ohio

Based on these results, here are ways to support QRTs and expand the impact of this work:

- 1 Provide funding & support to QRTs**
QRT has big potential for impact, but QRTs still struggle to find consistent funding. Many QRTs are grant-funded; communities need a consistent source of funding to sustain this important work. In addition to funding, QRTs need coaching and training, support for data collection, and assistance evaluating and reporting on their work.
- 2 Invest in systems & networks that increase referrals to QRTs**
Even one contact can make a difference; the more individuals who are referred to QRTs, the more lives can be saved. Today, many referral activities are manual and cumbersome; however, several communities (including Montgomery County) have implemented creative systems to streamline referrals. By investing in and scaling those communities' solutions, QRTs can provide support to more people.
- 3 Support enhanced data collection & analysis**
Montgomery County is unique in its ability to conduct this analysis; however, every community needs high quality information to drive decision-making and program development. Communities should continue to support the existing data infrastructure for QRTs and explore pilot projects that expand the footprint of data available to the state and to local teams. Communities may consider data collection efforts that explore the overlap between mental health issues and addiction.

GET IN TOUCH

Interested in Learning More?

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PRESIDENT & CEO
jgratsch@ascend-innovations.com

Cordata Healthcare Innovations, Inc.
Gary Winzenread
PRESIDENT & CEO
gary.winzenread@cordatahealth.com

Public Health - Dayton & Montgomery County
Dawn Schwartz
COMMUNITY OVERDOSE ACTION TEAM PROJECT MANAGER
dschwartz@phdmc.org

PUBLIC SAFETY, HEALTHCARE 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
Cost Totals	Per Individual
	~\$5884.10
	20 Subjects
	~\$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 7th 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.gov/2022/11/22/medical-team-reduces-hospital-costs/>
<https://www.winthrop-ma.gov/2022/11/22/medical-team-reduces-hospital-costs/>
Source: Terence Delehanty, J.D. 11/22/22
Page 148
Cardinal/Kirkpatrick T. (2022). "Winthrop, MA: A Case Study in Reducing Emergency Department Visits." Patient charges for the ten diagnoses in the emergency department, PLUS OMR
<https://doi.org/10.1016/j.amepre.2022.05.004> PMID: 35581551
All evidence contained within is an anonymous information provided by a licensed paramedic in Massachusetts.

Winthrop CLEAR 2024 IACP
Presenters
Chief Terence Delehanty and
Winthrop CLEAR team



Lt. Sarko Gergerian, MS, MHC, CARC, Director Meredith Hurley, RN, Jane Rupp,

LMHC, Chip McHugh, CARC

Image: Sarko Gergerian

#IACP2024

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

Contact Information

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 - Chief of Police, Watertown Police Department
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