



Expanding Deflection Pathways:Opportunities and Challenges

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Presented to the Joint Committee on Addiction and Community Safety Response Criminal Justice Commission Summit March 7, 2025

Overview

- 1. Current deflection pathways
- 2. Barriers to more participants in current pathways
- 3. Other pathways to expand
- 4. Challenges to expanding pathways
- 5. Technical Assistance can help



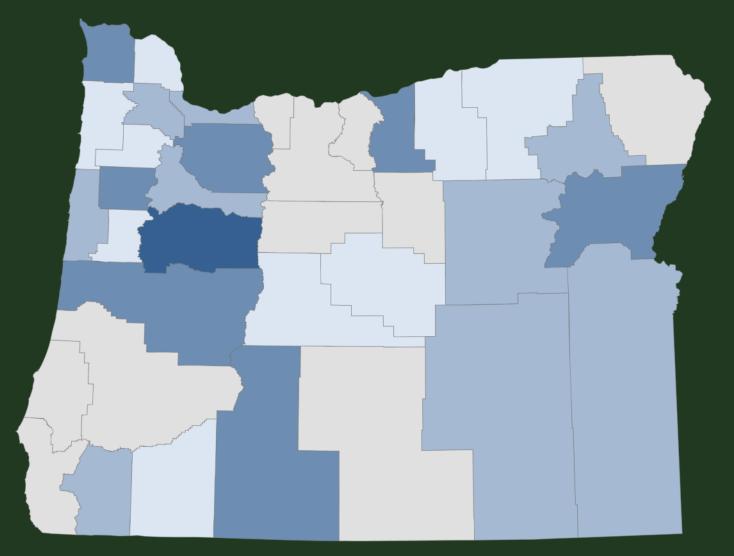


Oregon's Current Deflection Efforts

CJC reported 27 jurisdictions use/planning deflection

All involving 2 pathways – 18 with multiple referral efforts, sometimes with other pathways

Program Breakdown as of January, 2025
Referral effort types 1



Officer Intervention (overwhelming majority)

REFERRAL TO CASE WORKER / SERVICES WITH CHARGES HELD IN ABEYANCE

Officer Referral / Prevention

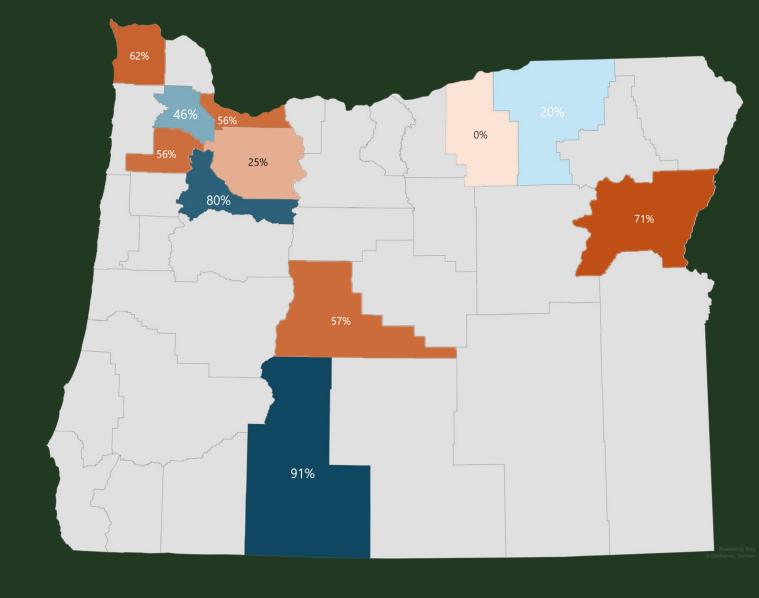
OFFICERS ENCOUNTER PEOPLE IN NEED DURING ROUTINE ACTIVITIES - NO ARRESTS MADE



Across all 27 deflection efforts there have been roughly 900 referrals in 7 months

707 among 11 programs that began in Sept., 2024

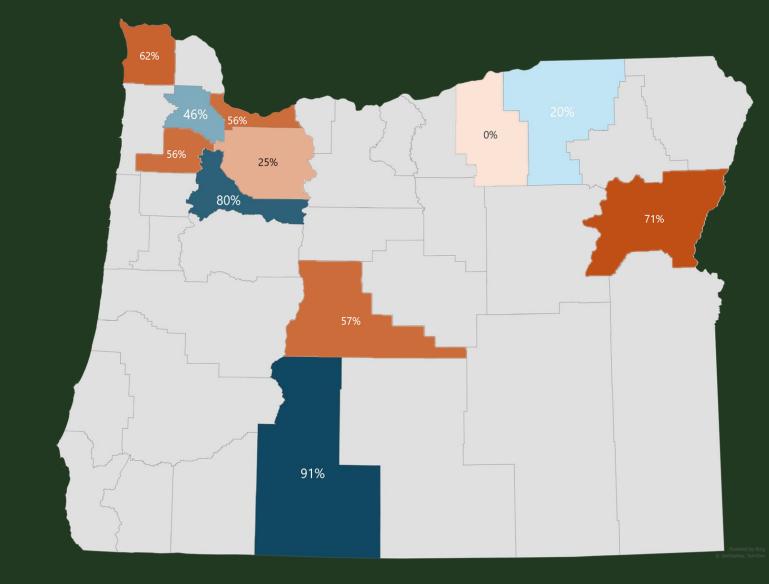
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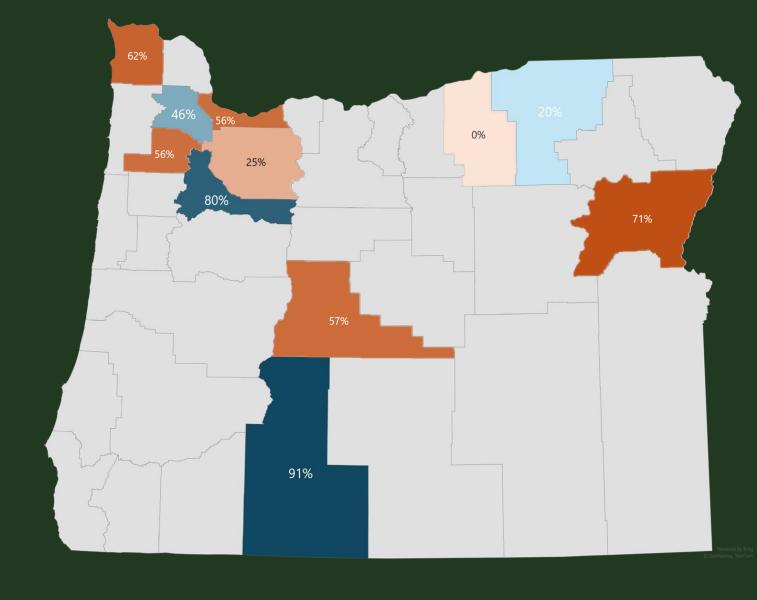
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Possible officer buy-in issue

- 25.4% of 2,787 possible expanded deflection events (PCS + co-charge arrests + referrals)
- If eligibility included top 4 co-charges (Trespass II, FTA II, Theft II, supervision violations)
 - 1,476 not deflected, but could have

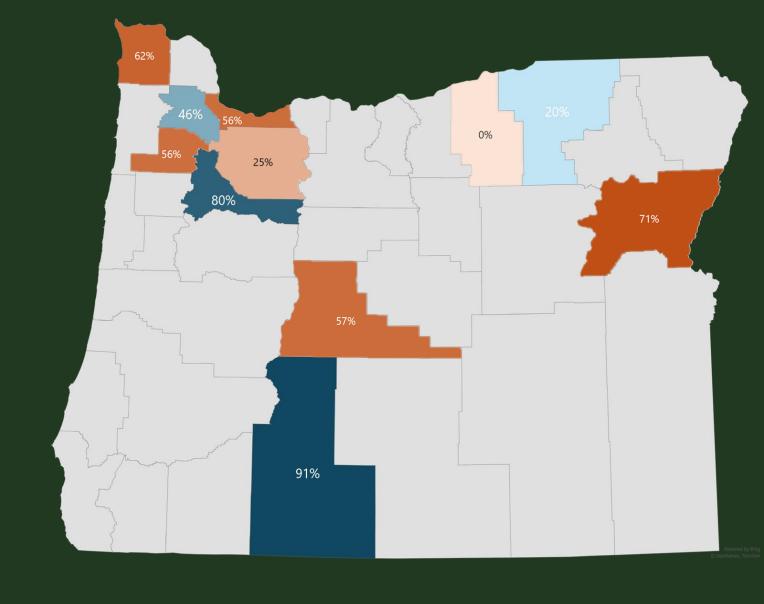


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← Eligibility issue



Opportunities: <u>6 pathways</u> to treatment

1. Self-referral

Used by 53% of 321 organizations surveyed

"Drop-in" location(s) without fear of arrest

2. Active Outreach

Used by 48% of programs

Deflection: Team initiation talking to and taking people to what they need

3. Naloxone Plus

58% of programs (most common)

Deflection: 3-4 person team initiation, First responder, social work/recovery experts

4. Officer Prevention

Used by 55%

Deflection: Officer initiation, no arrest, taken to drop-off center, or field handoff

5. Officer Intervention

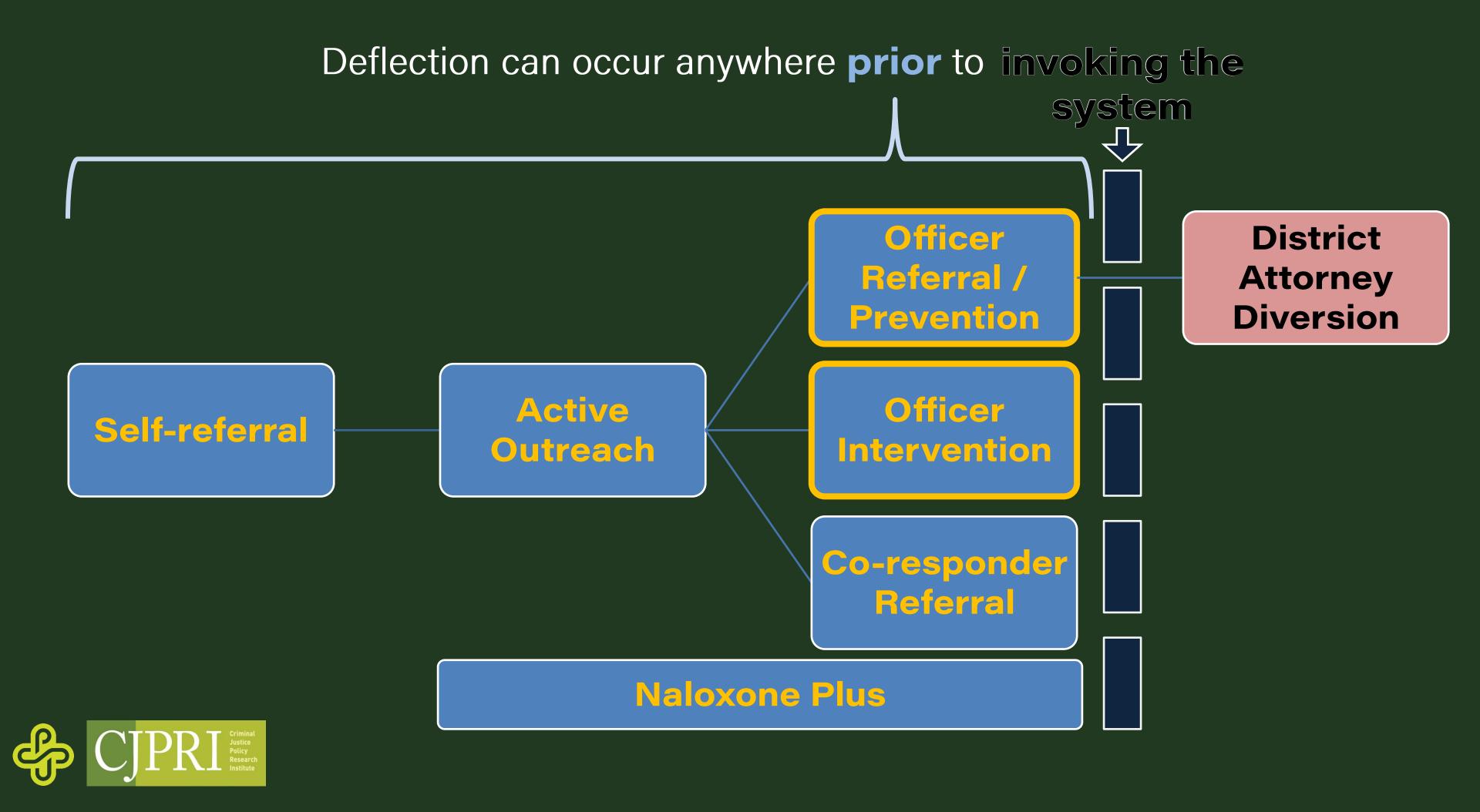
Used by 32%

Pre-arrest diversion: Officer initiation, referred to service provider if not public risk

6. Co-responder

Used by 51%

Deflection: Team initiation, officers respond to calls with peer-support specialists/ recovery coaches





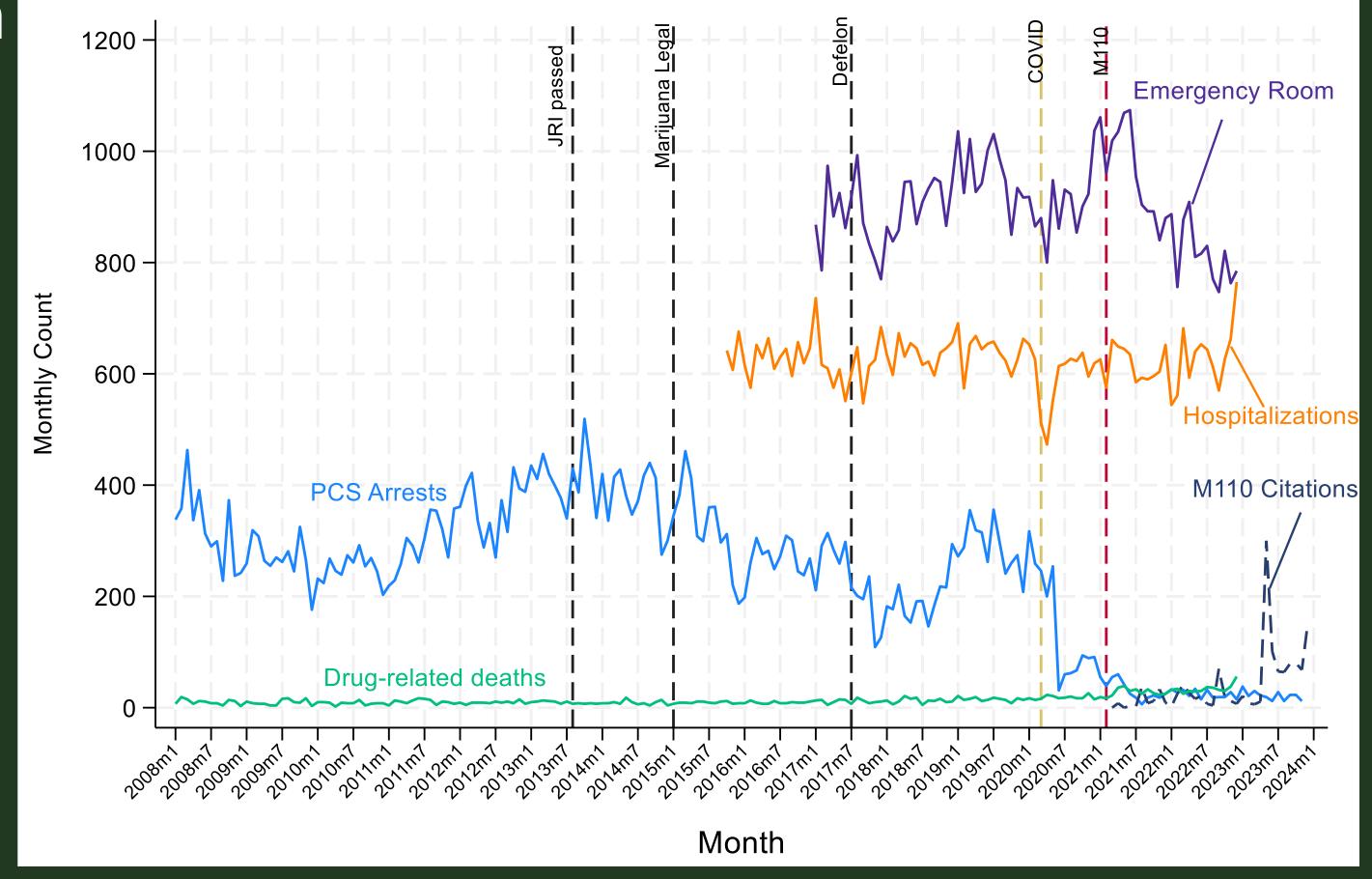


Example: How could this look in Multnomah County?



Likely target population in Multnomah County?

Data from LEDS, OHA, and OJD shows potential target population for deflection





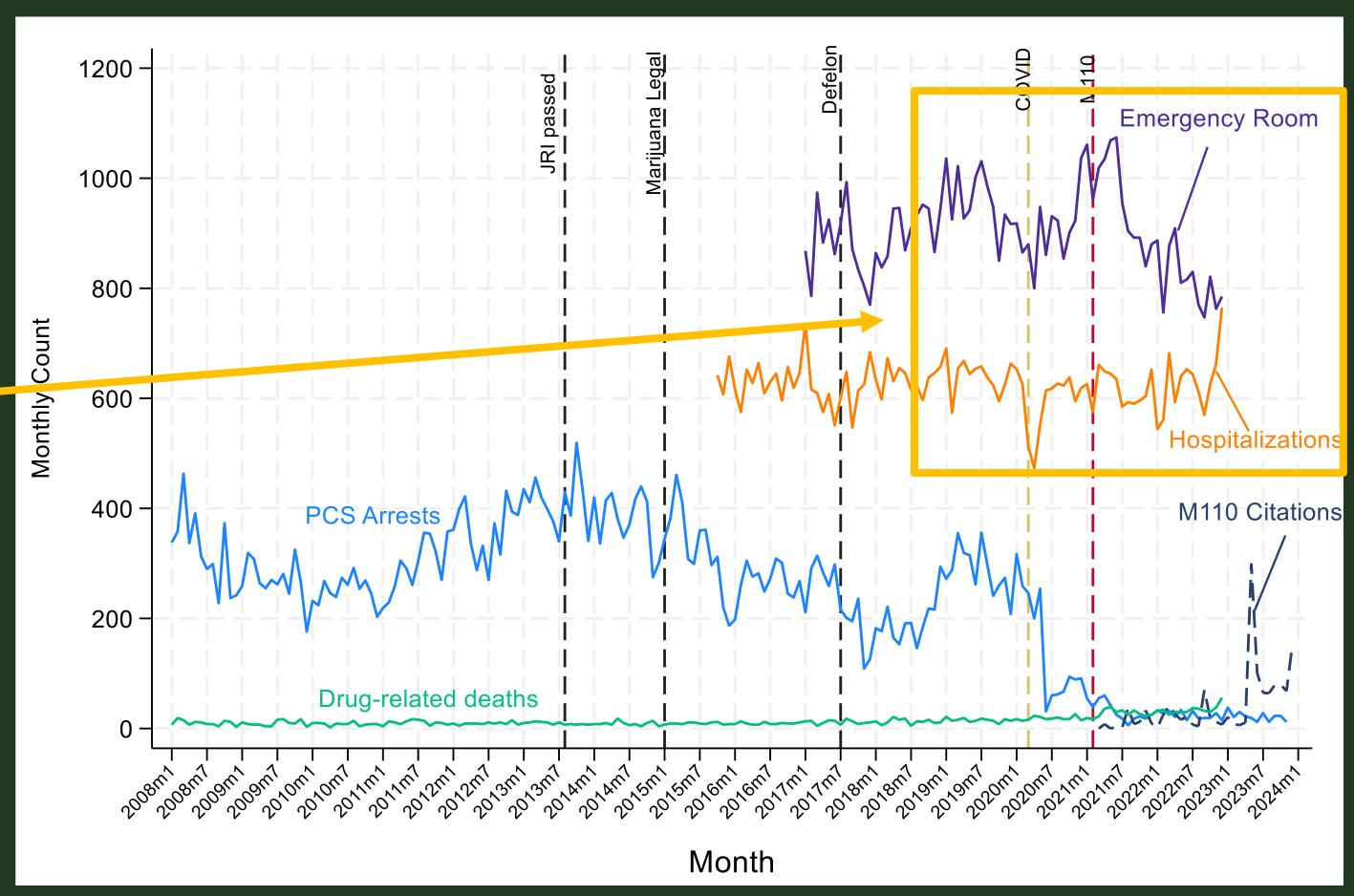
Likely target population in Multnomah County?

Potential populations who could be receptive to

Pathways 1 (self-referral)

and 3 (Naloxone plus) are those who recently engaged with the health care due to drugs

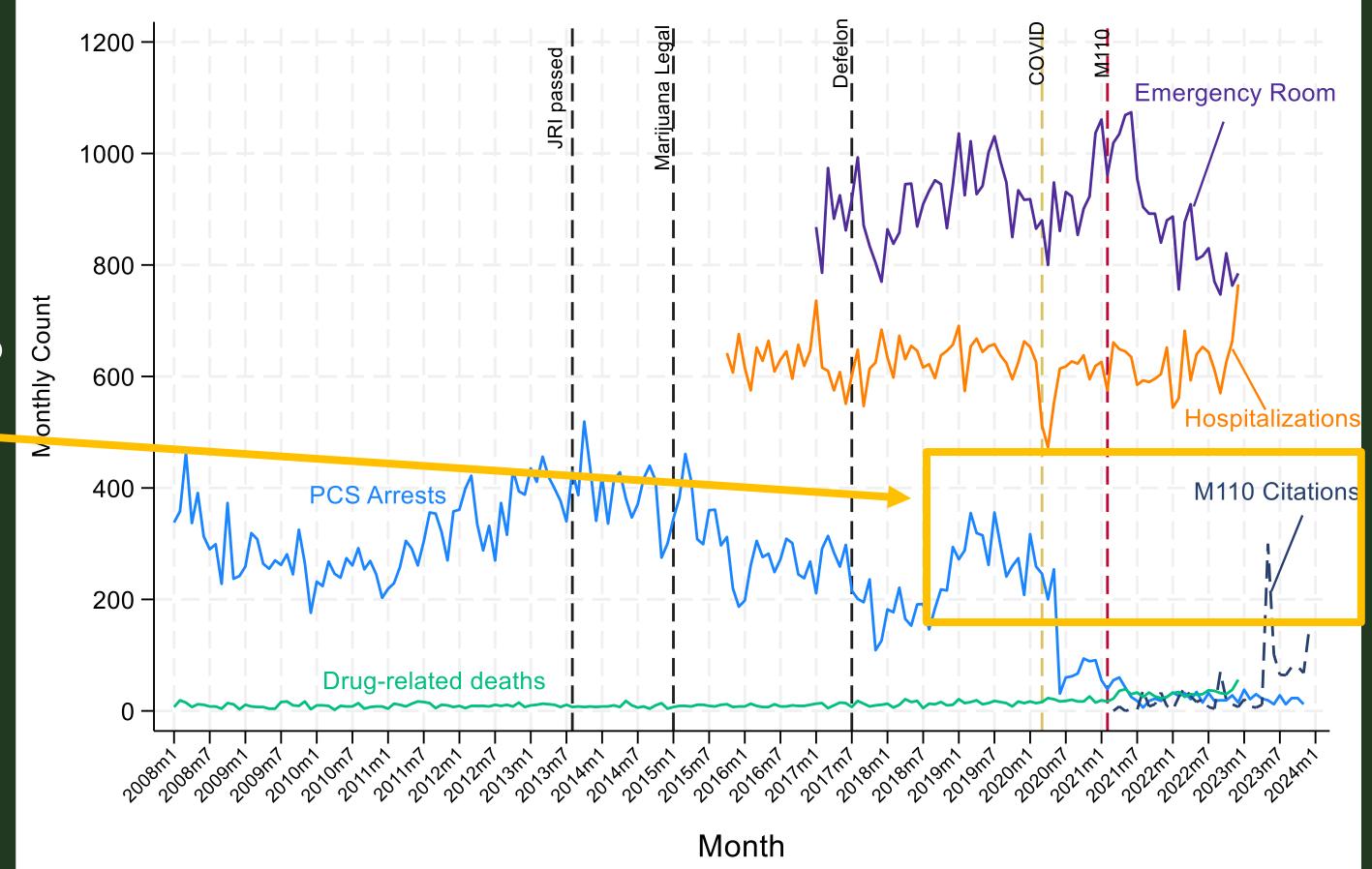




Likely target population in Multnomah County?

Potential populations most likely engaging with police who could be receptive to Pathway

- 2 Active outreach,
- 6 Community/Co-responder





Challenges for expansion



Logistics & Funding

Staffed deflection site / drop-in location

Clear inter-agency communication and defined roles

Transportation in rural areas to get participants to deflection sites

Regular coordinated outreach

Officer Role

Officer intervention can/should be maintained, but supplemented

Welfare/Safety checks may be a good point for officer referrals

Buy-in remains a concern – active communication/interaction from deflection team

Identifying Goals

Identify the goals / community need deflection is to address

Overdose concern – Naloxone plus

Houselessness – Active outreach

Criminal behavior – Police intervention / prevention

Each goal requires different approaches to target causes

OHSU Deflection Implementation Technical Assistance

Implementation Team

OHSU Section of Addiction
Medicine (Department of General
Internal Medicine)



Dan Hoover

Addiction Medicine Subject Matter Expert Team Lead



Implementation TA Center



Nancy Goff

ORPRN Deflection Team Lead





National Experts





Christopher Campbell, PhD
Portland State University
Associate Professor of Criminology

National and local SMEs & ORPRN Coach

County Team



Kayla Warner, MPH (she/her)

ORPRN

Deflection Coach

County Participation in Technical Assistance (TA)









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