



Introduction to Deflection Engagement and Coordination ECHO

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PRESENTED BY: Dan Hoover, MD | Assistant Professor | OHSU Section of Addiction Medicine

Christopher Campbell, PhD | Associate Professor | PSU Department of Criminology & Criminal Justice

What's in a name?

Deflection Engagement and Coordination ECHO

Law Enforcement
Scene Hand Off

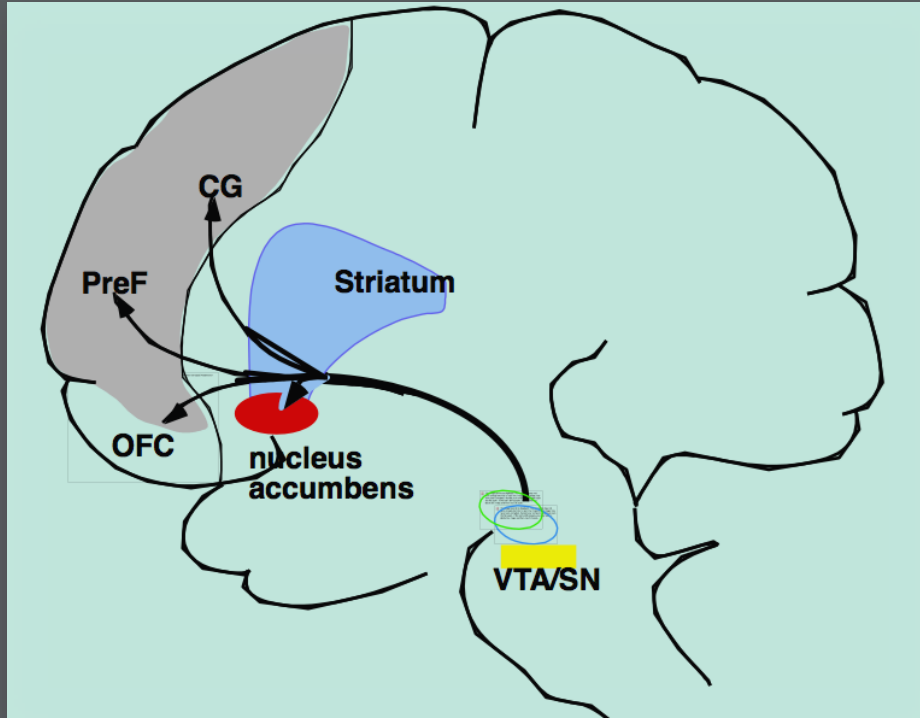
Deflection Team and Partners

Learning Objectives

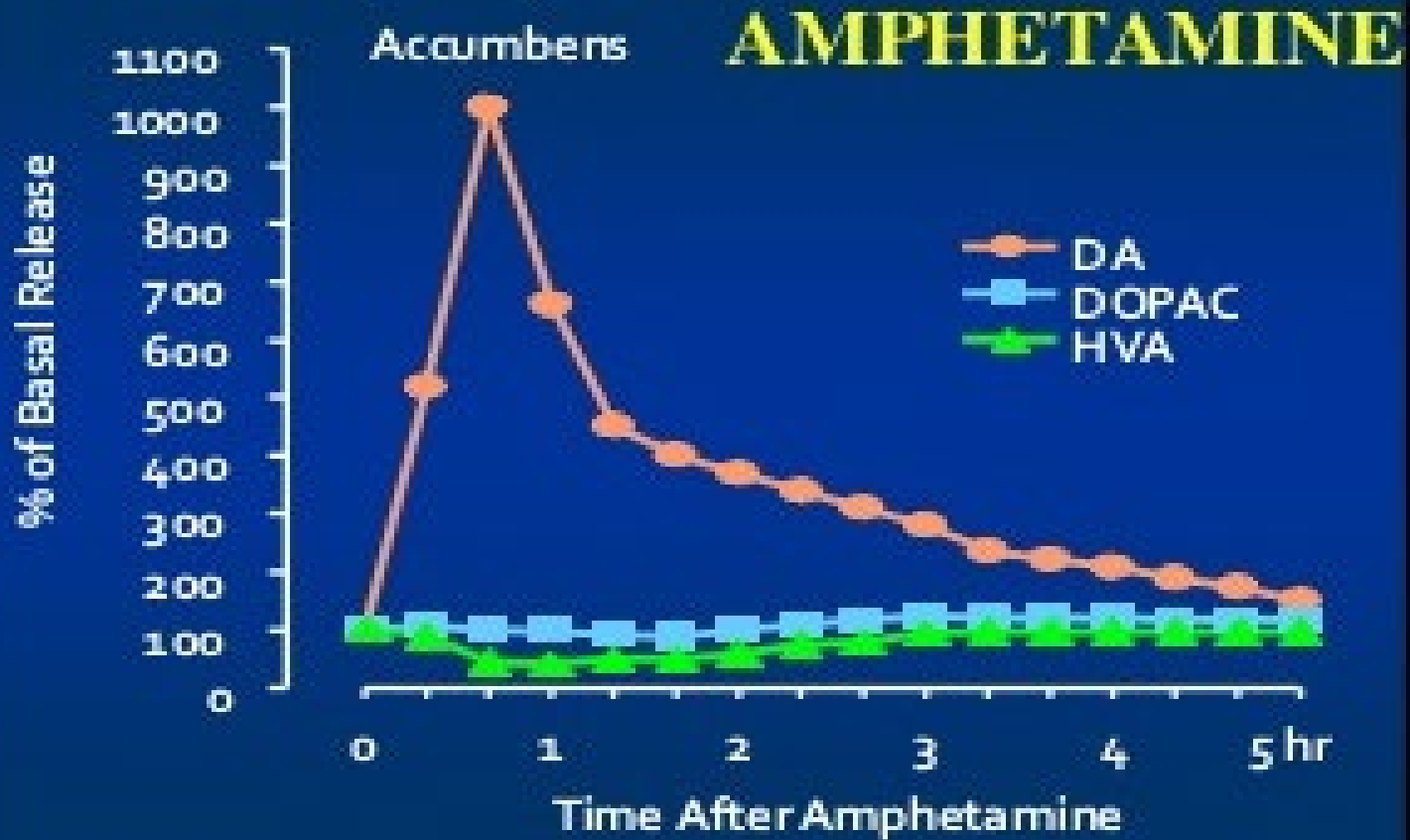
- Learn about the brain, addiction, and challenges to behavior change
- Explore behavior change evidence for justice-involved contexts (Christopher Campbell PhD)
- Learn how case management and peer support improve care engagement and outcomes

The Brain & Addiction

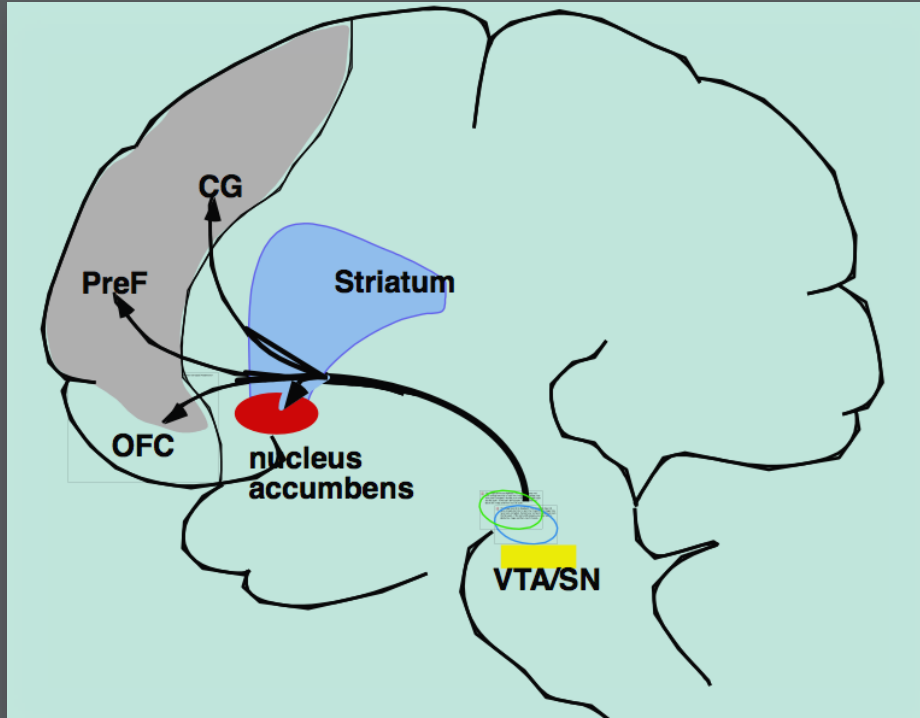




- In humans, dopamine pleasure impulses travel through the Nucleus Accumbens (NA)
- Mediate responses to food, sex, social interactions
- Dopamine release tells the brain to go for it, do it again!
- Connects with memory and emotion; cravings, triggers



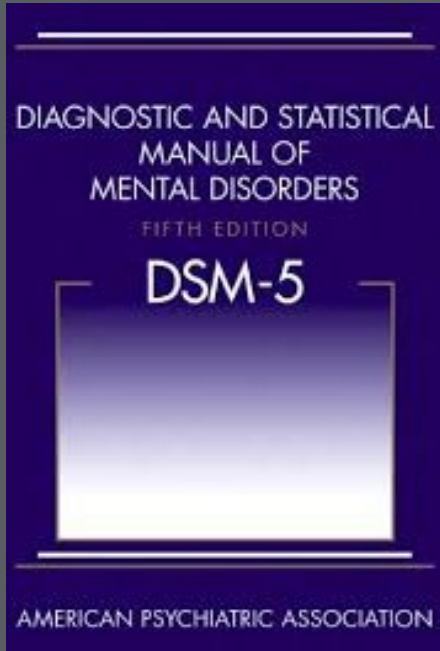
“hard wiring” → loss of control



- Prefrontal cortex helps determine the risks and benefits of behaviors and make **rational** choices.
- Repeated activation → impaired regulation by the front of the brain. Primitive brain regions dominate.



Like stepping on brakes of car barreling down a hill only to discover that brakes have been disconnected.



DSM 5

Diagnostic and Statistical Manual
of Mental Disorders

11 criteria representing “4 C’s”

Craving

Compulsion

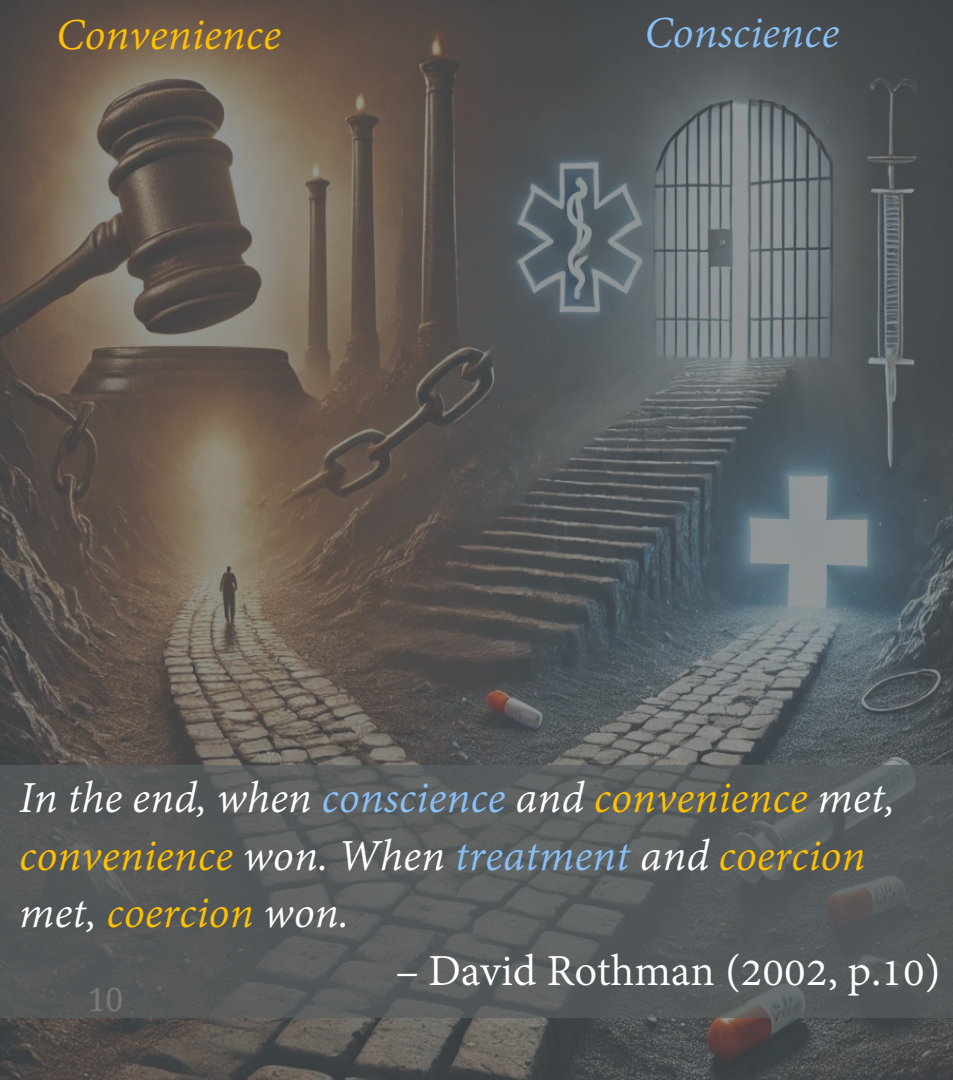
Consequences

Loss of **C**ontrol

} challenging for legal-system sanctions

Convenience

Conscience



*In the end, when **conscience** and **convenience** met, **convenience** won. When **treatment** and **coercion** met, **coercion** won.*

– David Rothman (2002, p.10)

Overview of Sanctions in the Criminal Legal System

- Understand the challenges of using **sanctions** to elicit behavioral change
- Recognize the role of **positive reinforcement** in case management by comparison
- Become familiar with current research on deflection and alternative resolutions

Reducing reoffending

Convenience

Risk (*who* do we target?)

- Target needs of those with highest risk
- *Managing those of highest risk*

Criminogenic Need (*what* do we target?)

- Antisocial personality pattern
- Antisocial cognition/attitudes
- Antisocial associates
- School/work
- Leisure/recreation
- Mental Health
- Substance abuse
- Housing / accommodation
- Children / family stabilization
- Financial struggles and debt
- Deteriorated physical health or disability

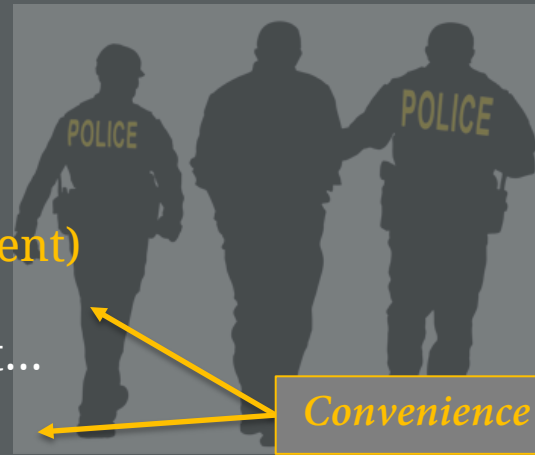
Responsivity (*how* do we target it?)

- Ensure intervention is received well – learning style and abilities



System Agent Role

- Gate keeper role
 - Enforcement takes priority over Tx (treatment)
 - Views Tx as “not what offender needs”
 - Type of “NIMBY-approach” – Tx is good, but...
 - it’s up to the offender, and
 - probably better suited somewhere else
- Treatment broker
 - Knowing *how* to get the person to deflection/treatment
- Social casework approach
 - Recognizing effective Tx may need support/multiple trials
 - Supportive working relationships are key



Must balance duty to public safety, and collaboration for successful outcomes

The Challenge with Sanctions

Graduated Sanctions

- *Structured, incremental responses* to noncompliant behavior (Taxman, 2002)
- Designed response through modest steps
 - Should be: Consistent, Parsimonious, Progressive, Impartial, **Swift, Certain, & Proportional**

Convenience

GRADUATED SANCTION/VIOLATION RESPONSE GUIDE

Community Corrections Officers (CCOs) and Hearing Officers will use this guide when determining a sanction in response to violation behavior. The CCO has discretion in responding to violation behavior. Responses include reprimand, stipulated agreement, negotiated sanction, or full hearing. All non-confinement options should be explored. Partial and total confinement sanctions may only be imposed by the Hearing Officer.

Enhancements	Reparations	Offender Programming	Treatment	Partial Confinement	Total Confinement
Written Warning/ Reprimand Increased Reporting Increased UAs Structured Job Search Daily Log Thinking Report Case Staffing <u>Restrictions</u> Curfew Geographic Restriction Travel Restriction	Community Restitution Hours Work Crew – Community Service Other	Moral Reconciliation Therapy Relapse Education Program Thinking 4 a Change Sober Support Group Meetings Getting it Right Victim Awareness Program Community Justice Center Day Reporting/KIOSK GED Other	Evaluation and Completion of Recommended: Mental Health Chemical Dependency Domestic Violence Sexual Deviancy Anger Management Other	Work Release	Jail Prison

Regardless of the number of violations, CCOs may recommend and Hearing Officers may impose total confinement of not more than 30 days per hearing.

- The Hearing Process includes negotiated sanctions and full hearing.
- There is a presumption of graduated sanctioning for offender violation behavior.

- The Hearing Officer should take into consideration the crime of conviction, violation(s) committed, offender's risk of re-offending, and the safety of the community when determining the appropriate sanction.
- Misdemeanor convictions have a maximum of 30 days that can be imposed for confinement. The Hearing Officer needs to consider original confinement time imposed, suspended confinement time, and any additional violation time imposed in order to determine the amount of available confinement time for a sanction.
- Gross misdemeanor convictions have a maximum of 30 days that can be imposed for confinement. The Hearing Officer needs to consider original confinement time imposed, suspended confinement time, and any additional violation time imposed in order to determine the amount of available confinement time for a sanction.
- The Department has the authority to impose total confinement of not more than 30 days per hearing.



The Challenge with Sanctions

Swift-certain-fair (SCF) sanctions

Assumes a sanction will deter someone if it is...

1. **Swift** – close in time to the behavior
2. **Certain** – every time the behavior occurs
3. **Proportionally severe / “Fair”** – appropriately matches the behavior in severity

Based on behaviorist perspective, operant conditioning in psychology and rationality

Very little support in research. Least effective among those with cognitive issues (e.g., addiction and/or mental health disorders).

Common form:

- Short jail stays for failing to comply
 - Jail has been shown to worsen outcomes (Petersilia, 2003; Campbell, 2015)
- Alternatives to incarceration (diversion), specialty courts, or general supervision

Convenience



Case Management and Supervision Plans

Treatment broker & Social Casework Approach

Actively refer to Tx, help access services, or run groups

- Plans are developed collaboratively
 - (1) **Identify intervention strategy**: needs to target
 - (2) **Action plan**: reporting / contact requirements
 - (3) **Identify Services**: what fits intervention strategies
 - (4) **Goals/Expectations**: devised with participant
- Plans reviewed and adjusted periodically
- **Positive Reinforcement**
 - Supportive contingency management (4:1)
- If **requirements are too steep**, people will opt out of engaging with Tx

BJA & Center for Health & Justice identified

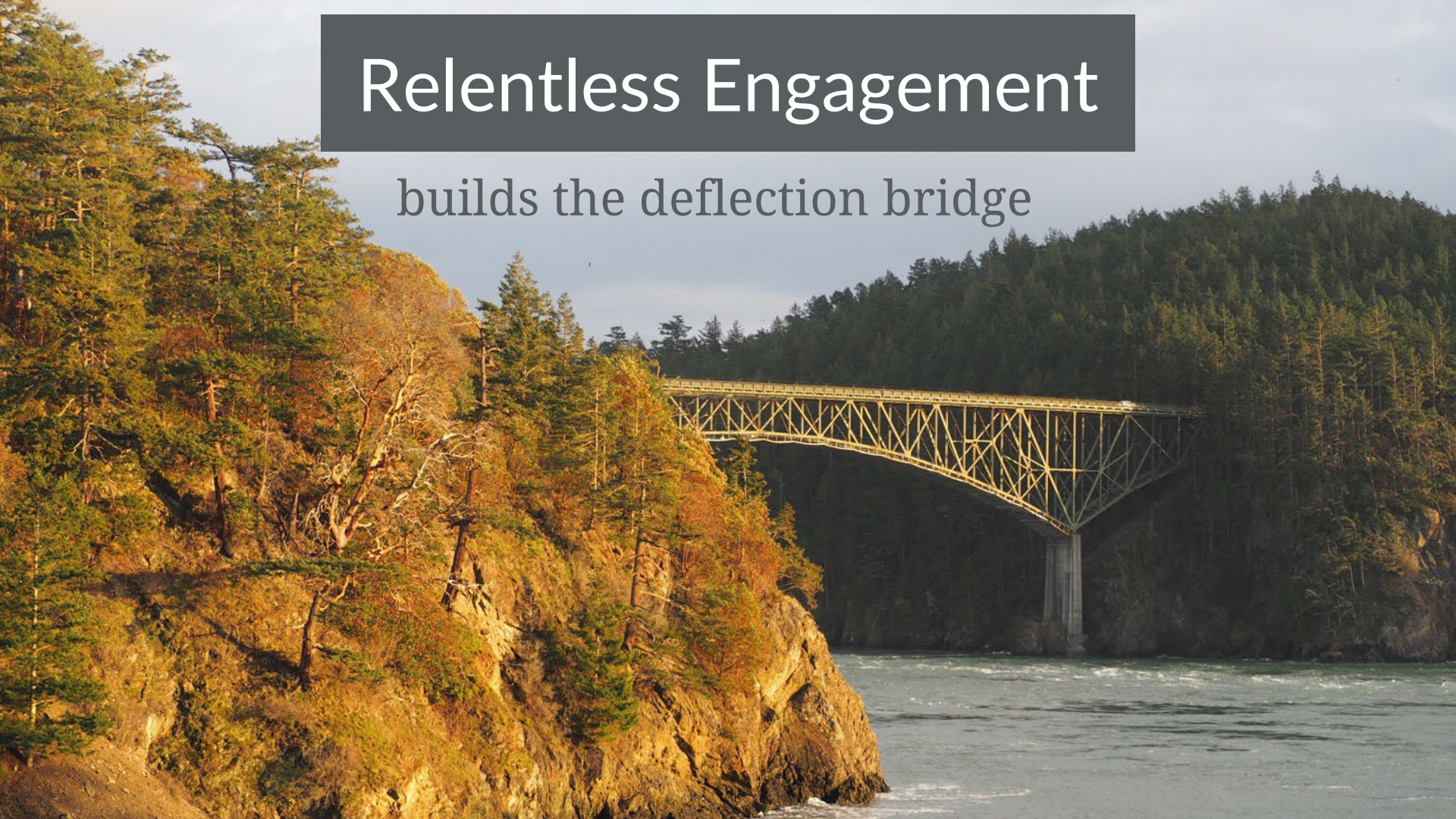
6 deflection/diversion pathways to immediate treatment

% of 321 agencies surveyed	Pathway (in order of prevalence)	Common Implementation	Example Jurisdiction
55%	2. Officer Prevention	Officer initiation, no arrest, taken to drop-off center, or field handoff	Provider & Police Joint Connection Pilot Program (Portland, OR) Triage and Behavioral Health Center (West Garfield Park, Chicago, IL)
32%	6. Officer Intervention	Officer initiation, referred to service provider if not public risk; only pathway that is pre-arrest diversion	LEAD is common example in US, but not always practiced the same (Civil Citation, FL) Out of Court Disposals, DIVERT (West Midlands, UK)



Relentless Engagement

builds the deflection bridge



Relentless Engagement

Through case management and
Peer connection

Case Management

“a coordinated, individualized approach that links patients with appropriate services to address their specific needs and help them achieve their stated goals”

Effectiveness

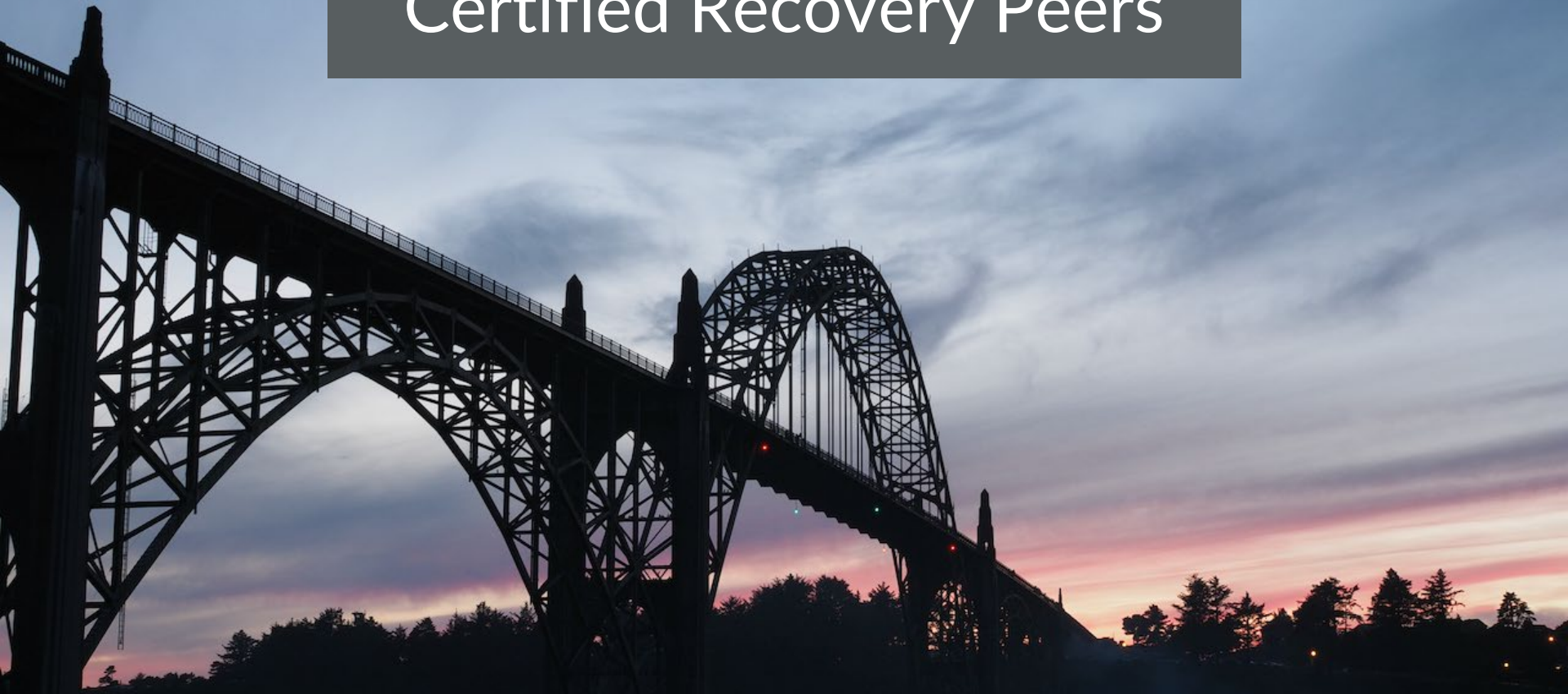
- SUD treatment programs with Case Management
 - 66% in 2000
 - 83% in 2019
- Positive effects:
 - Treatment adherence
 - Social functioning
 - Reduced substance use
 - Reductions in acute care needs (emergency room / hospital)

Guiding Principles

1. Single point of contact with systems
2. Person centered decision making and goals



Certified Recovery Peers



Recovery Peers and Engagement

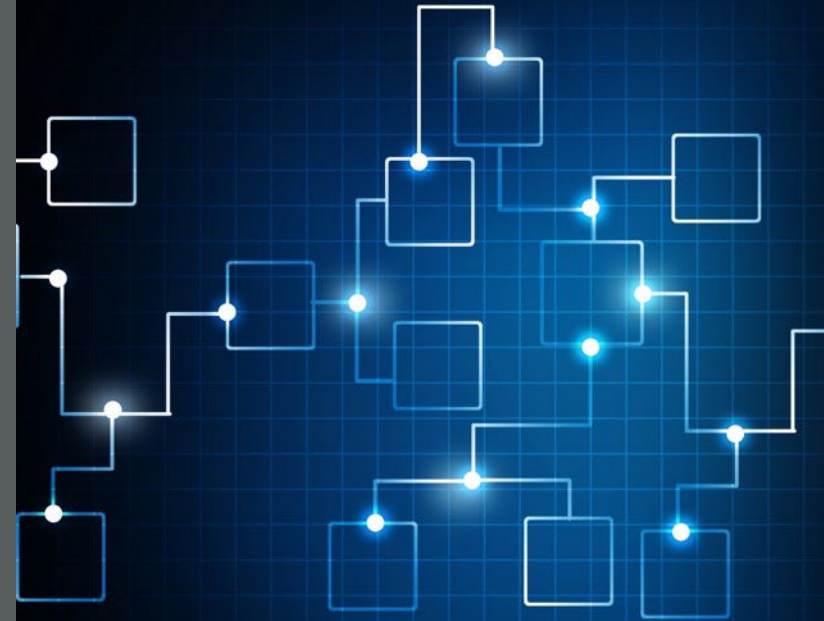
- Community:
 - street outreach, harm reduction, Hep C treatment
 - Oregon HOPE: peer engagement led to seeking treatment
- Hospitals & Emergency Departments:
 - increased follow-up engagement after ED visits
 - in post-overdose care, peers increased likelihood of treatment with medication for opioid use disorder

Goals of our ECHO & Deflection Webinars



- Use every strategy and tool for relentless engagement from day 1 of deflection
 - Motivational interviewing
 - Contingency management (rewards)
 - Stabilization with medication
- Fine-tune that officer to deflection team
warm-handoff
- Build mutual understanding for the team
 - Law enforcement
 - Legal system
 - Treatment
 - Recovery Peers
- Discuss challenges and brainstorm solutions
- Celebrate successes and value one another

Let's go Oregon!



	Presentation	Case
10/16	Intro - Dan & Chris	
11/6	Trauma-Informed Deflection - Dawn	★
11/20	Officer Handoffs and Cultivating Engagement - Joseph	★
12/4	Deflection and the Peer Profession - Janie	★
12/18	Police Operations Primer - Jason	★
2025 ECHOs	TBD	



Contingency Management as a Behavior Change Strategy in Deflection

Understand the science behind implementing contingency management programs in justice settings.

[Register Here](#)

Oct

25

10 - 11 A.M.



Motivational Interviewing

In this informational and practical training, we will explore how to use motivational interviewing to facilitate positive change.

[Register Here](#)

Nov

1

10 - 11 A.M.



Medication for Opioid Use Disorder

Learn about medication assisted treatment for opioid use disorder from Addiction Medicine Physician Pat Liu, MD.

[Register Here](#)

Nov

7

12 - 1 P.M.



Q&A and Discussion

ccampbell@pdx.edu
hooverda@ohsu.edu