

## **Deflection Program Outline - Goals**

The Deflection ECHO team is offering an opportunity to share draft plans and ask questions about deflection program design. Each community is taking a unique approach to deflection to suit local resources and needs, but there is still much we can learn from each other. The intent is not to present best practice models but to listen to each other and discuss challenges and ideas for program design.

Deflection Program Outline ECHO sessions will not be recorded, but the ECHO team will provide a written summary of comments and recommendations and to return to the presenting team. Any recommendations heard on ECHO are informal, having no relationship to the CJC Behavioral Health Deflection Program grant application and review process.

## Deflection Program Outline - Preparation

To prepare for the ECHO:

- Do your best to fill in the attached template, to help all on the ECHO understand your deflection program concept.
  - If nothing can be said for a slide prompt, that slide can be removed.
- Identify a primary presenter/contact for your team who will **submit the slides 1 week in advance** of your ECHO date.
- Please invite deflection program key personnel and leaders involved in program development to attend your session of the ECHO. Any who are not registered for the ECHO should connect to Kirsten Aasen via email ([aasen@ohsu.edu](mailto:aasen@ohsu.edu)) and can join as guests, or register.

## Deflection Program Outline – Day of ECHO

On day of the ECHO:

- Each team member should introduce at the opening of your presentation.
- Avoid sharing any protected health information or personal information of patients or justice-involved individuals.

ECHO session format:

- 5 min – ECHO team: announcements
- 15 min – County team: Deflection Program Outline, 1 key question
- 15 min – Clarifying questions
- 15 min – Comments and recommendations
- 10 min – ECHO team: session summary and wrap-up

## Deflection Program Outline – Dates Available

These dates are available for deflection program outline ECHO sessions; contact Kirsten Aasen ([aasen@ohsu.edu](mailto:aasen@ohsu.edu)) to confirm.

Dates
6/28/24
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7/26/24
8/9/24
8/23/24





# Clatsop County

## Deflection Program Outline

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## What is one key question to ask the ECHO team and your peers on ECHO?

- KEY QUESTION – What are other providers using for Treatment criteria and their expectation for successful participation.
- Follow UP Q – Recommended measurable Completion Criteria? Ex. DUII Mandated Program

A low-angle photograph of a white, curved architectural structure, possibly a modern building or bridge, against a clear blue sky. The structure is composed of horizontal panels and curves upwards from the bottom left towards the top right. The text "Deflection Program Outline" is overlaid on the lower left portion of the image.

# Deflection Program Outline



What issue or population are you most trying to address with your deflection program?

- Clients with met criteria for a substance use disorder (SUD) with varying severity, who are not currently receiving probation/parole supervision, who opt for Deflection Treatment in lieu of arrest in direct relation to their SUD.





Which agency will function as your deflection coordinator / employ that coordinator?

- Clatsop County Sheriff's Office will be employing and training the Deflection Program Coordinator.



Who will perform the treatment/case management side of deflection? Who supervises?

- Treatment Provider - Deflection CADAC –
- Early Engagement – Recovery Ally - CRM
- Supervisors – Recovery Services Program Manager and Assistant Manager

Is there a specific team of officers who will refer to deflection or have the deflection focus when the program launches? Versus broad availability for all officers.

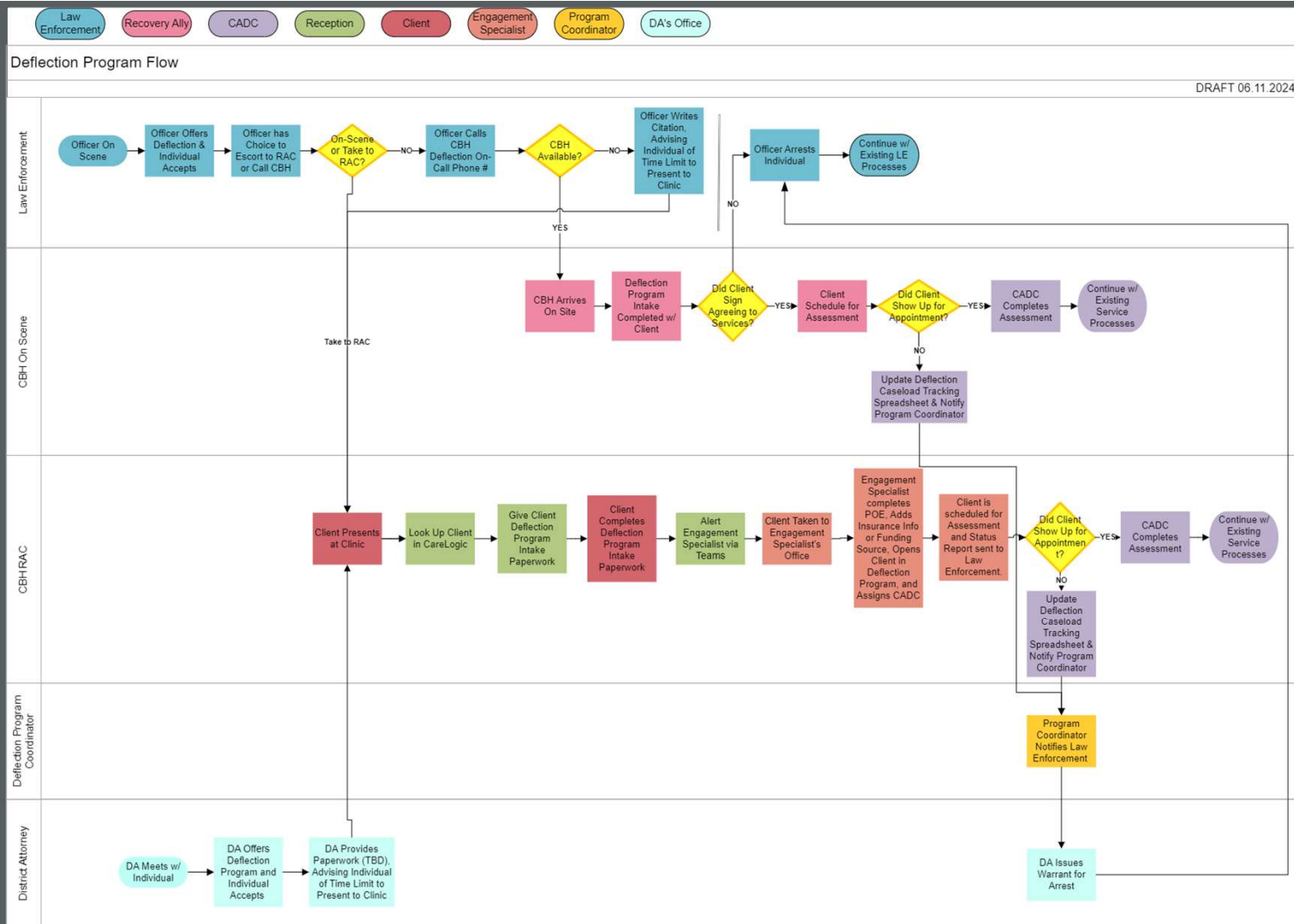


- Deflection Focus – Clatsop County Sheriff Office and Seaside Police Department
- Broad availability – Astoria PD, Warrenton PD, Gearhart PD, Cannon Beach PD,



# Referral Flow Chart

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# What is a successful deflection outcome? And why?



- Any “quality of life” improvement
- Progress toward individualized treatment goals
- SUD Tier Structure Completion \*See Example\*



	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<b>Indications</b>	Program Admission/ Induction and / or return to use of substances. Ordered/ Mandated clients.	Recent Instability, Short term harm reduction, (no on-going opiate use) other drugs of abuse, psychiatric instability, pain complications. Self- referred clients.	Long-term harm reduction, Opiate negative, Reduction in use of other drugs, psychiatric instability, pain complications.	Doing well in recovery, demonstrate complete and consistent abstinence from all mind- and mood-altering substances.	Maintenance. Continuing to remain abstinent and presenting in the Action Stage of Change.
Random UDS	2-3x a week	1-2x a week	1-2 a week	1x a week	1x a month
Groups	2-3x a week	1-2x a week	1-2x a week	Biweekly	Optional
Individuals	1-2x a week	1x a week	1x a week	Biweekly	1x a month
Prescriber Visits	1x a week	Every 2 weeks	Every 4 weeks	Every 8 weeks	Every 12 weeks
Rx Total Duration	1 week	2 week	2 week	4 week	4 week
Refill Duration	0	0	1	1	2
Care Coordinator Visit	At a minimum w/ all Dr visits-Additional as needed	At a minimum w/ all Dr visits- Additional as needed	At a minimum w/ all Dr visits-Additional as needed	At a minimum w/ all Dr visits-Additional as needed	At a minimum w/ all Dr visits-Additional as needed
Minimum Time to Next Tier	4 weeks	0-8 weeks	2-12 weeks	12 weeks	No minimum



## Are you considering different operations in urban vs. rural areas of your county?

- Discussing the possibility of no warm hand off in Rural areas – still welcome phone calls to respond.
- Case by Case basis
- Dependent upon location of “on-call” Recovery Supports