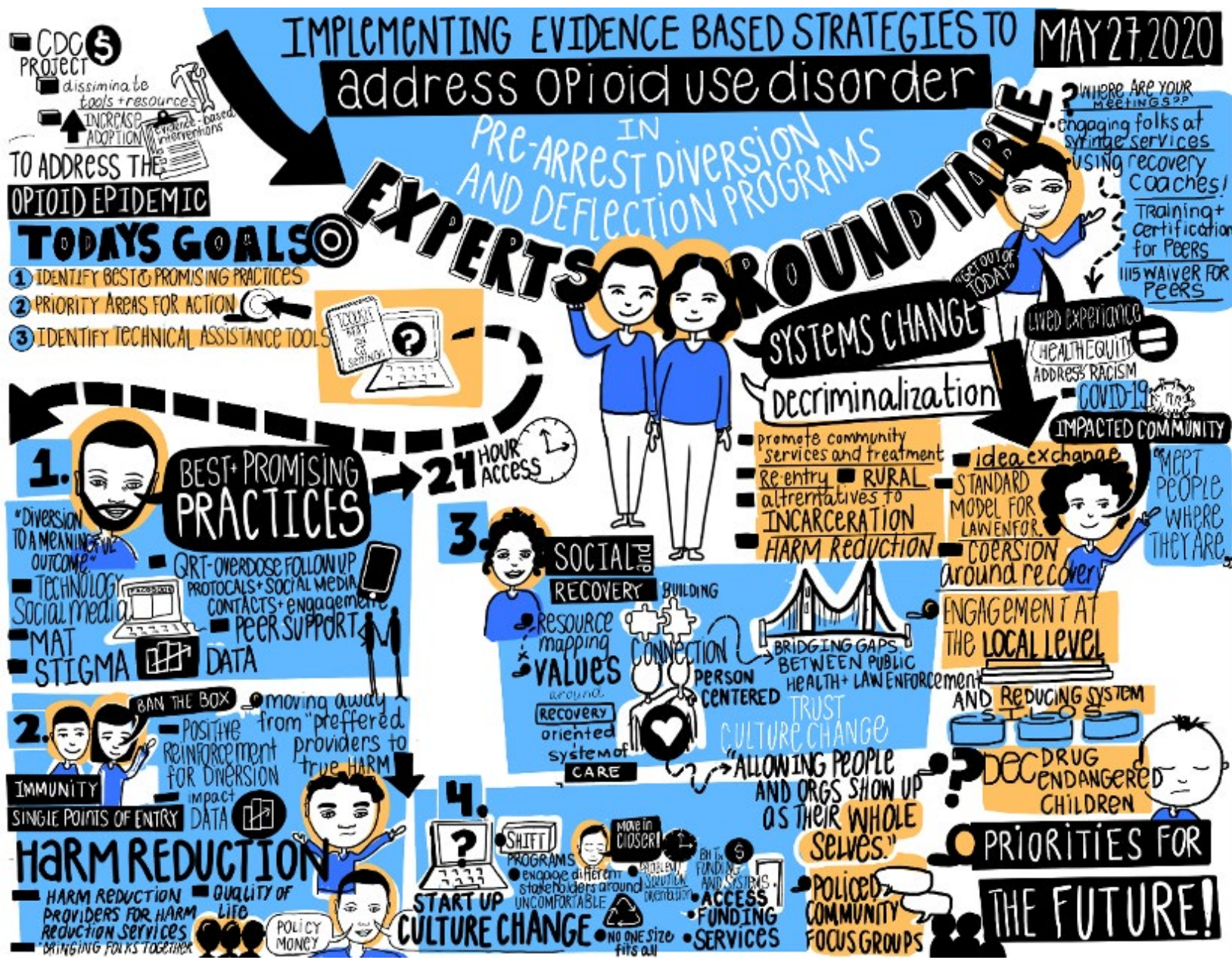


EXPERTS' ROUNDTABLE FINDINGS ON DEFLECTION AND PRE-ARREST DIVERSION



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On May 27, 2020, the National Council hosted a virtual Experts' Roundtable to convene stakeholders and experts from the field to discuss best and promising practices to address opioid use disorder in deflection and pre-arrest diversion (DPAD) programs. A total of 23 diverse stakeholders from 16 states participated in the Roundtable, representing community substance use treatment providers, law enforcement, researchers and national technical assistance providers.

Three main themes emerged through the Experts' Roundtable discussions with stakeholders from the field, which include:

1. Planning efforts must be collaborative and informed by multiple diverse stakeholders, including people with lived experience of substance use and justice system involvement.
2. All aspects of program planning and implementation should be examined through a racial equity lens.
3. Services should be offered to meet needs across a continuum of care and be readily accessible.

THE FOLLOWING PROVIDES A BRIEF OVERVIEW OF SOME OF THE MAIN STRATEGIES AND RECOMMENDATIONS IDENTIFIED BY PARTICIPANTS FOR EACH THEME.

1. Planning efforts must be collaborative and informed by multiple diverse stakeholders, including people with lived experience of substance use and justice system involvement.

- Build cross-organizational culture change by listening and recognizing the validity of others' perspectives.
 - Conduct active outreach and build relationships with diverse disciplines (e.g., mental health and substance use treatment, harm reduction, people with lived experience, law enforcement, justice system, criminal justice reform advocates, community).
 - Embed incentives in program structure to promote network building and program uptake (e.g., financial incentives).
 - Build trust between mental health and substance use treatment providers and law enforcement and encourage healthy conversations.
 - Identify project champions from various roles within organizations and disciplines, including both police chiefs/law enforcement executives and patrol officers/middle management.
- Provide education on substance use, substance use disorders (SUDs) and harm reduction to engage stakeholders.
 - Expand definition of substance use (i.e., using substances does not equal having a substance use disorder).
 - Emphasize that medications for opioid use disorder (MOUD) are the standard of care for opioid use disorder (OUD) and not embracing it will impact your bottom line.
 - Recognize that treatment and recovery are not the only answers.

- Discuss each stakeholder group's priorities and concerns during the planning process to identify common goals and balance differences.
 - Meet people where they're at.
 - Use data to make the case for diverting/deflecting to services and demonstrate why the status quo is not working.
- Recognize the value of all harm reduction and treatment strategies.
 - Include harm reduction providers as service providers (rather than solely training treatment providers in providing harm reduction services).
 - Collaborate with community-based/grassroots organizations to identify and integrate harm reduction providers.

2. All aspects of program planning and implementation should be examined through a racial equity lens.

- Center racial and gender equity by implementing best practices related to diversity, equity and inclusion.
- Center programs in lived experience.
 - Create a feedback loop where people who have been diverted can come back and speak with them about their experience.
- Engender culture change within law enforcement, judicial systems and agencies.
 - Provide education on neuroscience of addiction, substance use and harm reduction and motivational interviewing.
- Develop person-centered approaches within systems.
- Use models to advance larger systems change (e.g., decriminalization of substance use and sex work, justice reinvestment, reduction of law enforcement as the primary gateway for services).

3. Services should be offered to meet needs across a continuum of care and be readily accessible.

- Ensure services and systems are in place for deflection and diversion.
 - Build up resources before implementing a program, especially in rural areas where harm reduction providers may be scarce.
- Meet people where they're at, ensuring services are available to people when they want/need them.
 - Ensure immediate access to treatment and medical withdrawal services.
 - Legitimize non-traditional pathways to ensure services are accessible.
 - Provide transportation for individuals to access necessary services.
 - Use social media to contact and follow up with people who have had an overdose.
 - Provide services directly when possible, instead of referring.
- Develop a comprehensive system of services that promote harm reduction principles and directly respond to the needs of individuals.
 - Provide harm reduction services (e.g., naloxone, syringe services, fentanyl test strips) if the person is not ready for treatment.
 - Implement harm reduction practices in acute settings (e.g., correctional facilities, emergency departments).
 - Deliver peer support services and case management through community-based agencies.
 - Incorporate warm lines into 911 overdose response to dispatch a peer recovery coach.
 - Provide legal support for substance use-related matters (e.g., tickets, warrants).
- Emphasize that MOUD is the gold standard of care for OUD, while also recognizing that treatment is not the only answer.
- Support victims of crime.



KEY INFORMANTS AND EXPERTS' ROUNDTABLE PARTICIPANTS

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