



**Care Massachusetts
The Opioid Abatement
Partnership**

Care Massachusetts Core Training and Technical Assistance Team



Kate Lena
JSI



Carly Briden
BMC



Guillermo Ronquillo
JSI



Wini Bakshi
JSI



Cheryl Sbarra
MAHB



Jenn Robertson
MAHB



Sasha Bianchi
JSI



Gretchen Shoemaker
JSI



Background: Care Massachusetts

Care Massachusetts is working collaboratively with cities and towns across the state to take action to end the overdose crisis.

We provide resources and technical assistance with:

- ❑ Connecting municipalities with the people most impacted by the overdose crisis
- ❑ Promoting the selection and implementation of proven public health strategies
- ❑ Educating the public on the source and purpose of the funds
- ❑ Facilitating collaboration across municipalities



Police Assisted Addiction and Recovery Initiative (PAARI) Opioid Abatement Fund Usage Overview

**Office Hours
12/19/24**



PRESENTERS



Zoe Grover

*Executive Director
PAARI*



Elizabeth Leingang

*Project Manager
PAARI*



Brittney Garrett

*Senior Director of Public Safety
Engagement and Strategy
PAARI*



Objectives

At the end of this session, participants will be able to:

1. Describe the role PAARI in supporting community solutions to the overdose epidemic
2. List examples of how some communities are using abatement funds to implement evidence-based deflection and diversion models



State Subdivision Agreement

Strategy 5. Address the Needs of Criminal-Justice-Involved Persons

Support diversion and deflection programs and strategies for criminal-justice-involved persons with OUD, including:

- a. Programs that connect individuals involved in the criminal justice system and upon release from jail or prison to OUD harm reduction services, treatment, recovery support, primary healthcare, prevention, legal support, or other supports that provide these services.
- b. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater OUD expertise.
- c. Public safety-led diversion strategies such as the Law Enforcement Assisted Diversion Model.
- d. Participate in membership organizations such as the PAARI initiative for training and networking and utilize law enforcement training opportunities such as the Safety and Health Integration in the Enforcement of Laws on Drugs (SHIELD) Model.

INTRO TO PAARI

DEFLECTION & DIVERSION PROGRAM OVERVIEW



AGENDA

- History of PAARI
- Police & First Responder Deflection Overview
- Our Services
- Best Practices
- Questions



Police & Public Health Partnerships

Police and public safety have had a front row seat to the opioid and addiction crisis

Community Policing 101 - smart policing is implementing new ways to increase the safety and health of the community. Deflection and diversion into treatment and recovery can support those goals.

Police and Public Health partnerships are vital to developing and implementing programs

Public health emergencies are still being responded to by public safety

- Estimated 20% police calls for service involve a mental health or substance use crisis¹



History of the Police Assisted Addiction and Recovery Initiative (PAARI)

After several local overdose deaths in 2015, the Gloucester, MA Police Chief posted a message on his local police department Facebook page that promised to help anyone suffering from substance use disorder into treatment. The chief called it the “Angel Initiative”

This was the beginning of a nationwide movement that quickly expanded to include overdose outreach, involvement of peer support, and active outreach initiatives across the country.

Today more than 800 police & public safety agencies across 46 states are a part of our network and working on community solutions that address the substance use and co-occurring disease



PAARI IMPACT

- Distributed tens of thousands of doses of naloxone and fentanyl test strips to first responders, construction workers, and commercial fisherman, free of charge
- Testified at the Massachusetts State House, at the White House, and before members of Congress, and helped enact the Federal 21st Century Cures Act, which includes \$1 billion in funding
- Host Annual National Law Enforcement Summits & State Convenings
- Piloted COVID-19 Reentry Survival Kit Program and a fentanyl test strip program in MA
- National Recovery Corps program has served 8,200 individuals directly and indirectly and secured \$1.1 million for departments and organizations
- Provide technical assistance, webinars, and resources for hundreds of police and public safety departments across the nation



Governing Councils

PAARI Board - est. 2015

Public Safety Council - est. 2017

Lived Experience Council - est. 2023

Public Health Council - est. 2024



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.

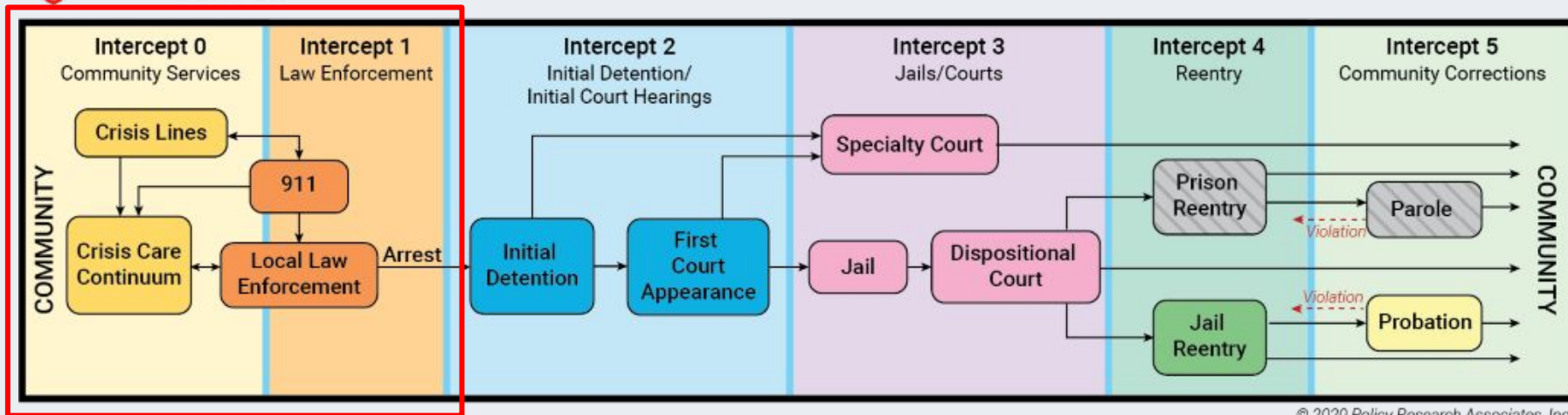


DEFLECTION OR DIVERSION²

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





The Substance Abuse and Mental Health Services Administration (SAMHSA) created the Sequential Intercept Model to illustrate how individuals suffering from mental illness and substance use disorder enter the criminal justice system. SAMHSA uses the model to show how communities can intercept individuals to help them into treatment within the system.

Most PAARI programs focus resources on Intercept 0 and 1.



DEFLECTION & DIVERSION PATHWAYS

SELF-REFERRAL

Walk-in/Angel Program

- Original Gloucester model
- Often first step for police/public safety

OFFICER/FIRST RESPONDER REFERRAL

- Often combined with self-referral
- First responder assists in deflection during calls for service and everyday activities

COMMUNITY RESPONDER

911 call center deflection with civilian-led crisis response

- Community Responder Model, LEAP
- Seattle CARES
- Denver Support Team Assisted Response (STAR)
- CAHOOTS - Eugene, OR

CO-RESPONSE

Crisis and mental health responders paired with law enforcement

- Mobile Crisis Teams
- Sometimes provide secondary response
- Other types of teams typically composed of a trained officer, clinician or social worker, and/or peer

POST-OVERDOSE OUTREACH

Overdose has occurred, teams respond to provide services

- Lucas County, OH DART
- Arlington, MA Police Dept.
- Colerain Township QRT & Hamilton County QRT
- Plymouth County MA Outreach

ACTIVE OUTREACH

Targeted outreach before incident/at-risk individuals

- Addiction, mental health, housing, and other social issues addressed
- Morris Co. NJ Hope One & Hub Situation Tables

HUB SITUATION TABLES

Reduce crime by providing an integrated response to at-risk and vulnerable populations

- Began in Saskatchewan, Canada in 2011
- Chelsea, MA
- Plymouth County, MA
- Additional in KY, PA, OR & NE

OFFICER INTERVENTION (PRE-ARREST DIVERSION)

Charges held in abeyance to complete social/treatment plan

- Civil Citation Network
- Madison Area Addiction Recovery Initiative (MAARI) Program - Madison WI Police Dept.
- Washoe Co. Dept. of Alternative (STAR)

WARM HANDOFF TO COMMUNITY RESOURCES



Community Based Interventions

- 911 call center deflection with civilian-led crisis response
- Community Responder Model, LEAP
- CAHOOTS - Eugene, OR
- Denver Support Team Assisted Response (STAR)
- Seattle CARE Department



Self-Referral & Officer-Referral Models

SELF-REFERRAL

- Walk-in/Angel Program
- Original Gloucester model
- Often first step for police/public safety
- Hope Not Handcuffs - MI & NY
- Anne Arundel Co. Safe Stations MD

FIRST RESPONDER / OFFICER REFERRAL

- Often combined with self-referral
- First responder assists in deflection during calls for service and everyday activities
- One referral option in Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity (LEAD)
- Many departments have informal pathways



Incident-Based/Post-Overdose Response & Active Outreach

INCIDENT-BASED & POST-OVERDOSE RESPONSE

- Overdose has occurred, teams respond to provide services
 - Lucas County, OH DART
 - Arlington, MA Police Dept.
 - Colerain Township QRT & Hamilton County QRT
 - Plymouth County MA Outreach

ACTIVE OUTREACH

- Targeted outreach before incident/at-risk individuals
- Addiction, mental health, housing, and other social issues addressed
- Morris Co. NJ Hope One & Hub Situation Tables

“What Chief Ryan and the police department here are doing is just so innovative and terrific. It’s an incredible model and it’s something that just makes a huge difference.”

- Maura Healey on The Arlington PD Overdose Outreach Program



Publication on Post-Overdose Programs⁴

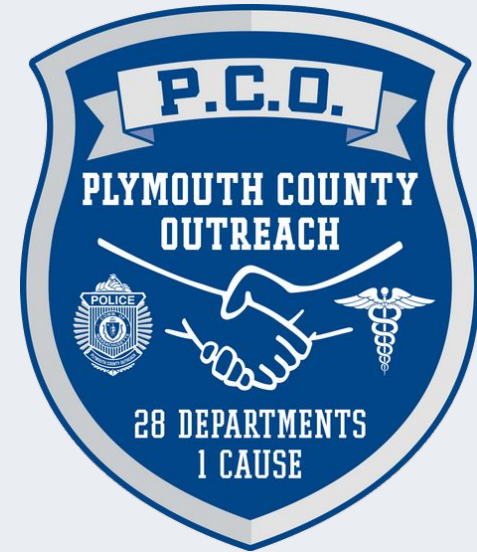
A study evaluating Massachusetts agencies that implemented a post-overdose outreach program discovered a 6% reduction in the annual fatal overdose rate for each year of the program compared to communities without such initiatives.



Program Highlight:

Plymouth County Outreach (PCO), MA

- PCO began in 2016 and is considered one of the most comprehensive countywide outreach initiatives in the country.
- 27 municipalities across 28 police departments are a part of PCO.
- The unit includes trained officers and recovery coaches who provide OD follow up, active and at-risk outreach, and grief follow up for families that have lost loved ones.
- From 2020-2021, Plymouth County Outreach MA saw an 18% decrease in fatal overdoses
- January 2022- October 2022, compared to the same time period in 2021
 - Additional 20% decrease in fatal overdoses
 - 70% of individuals accepted some form of services
 - Distributed over 1,000 boxes of Narcan
- National COSSAP Mentor Site



Pre-Arrest Diversion/Officer Interventions

Charges held in abeyance to complete social/treatment plan

- Madison Area Addiction Recovery Initiative (MAARI) Program - Madison WI Police Dept.
- Washoe Co. Dept. of Alternative Sentencing - Support in Treatment, Accountability, and Recovery (STAR)



Situation Table Model

- Began in Saskatchewan, Canada in 2011
- Initial goal: reduce crime by providing an *integrated* response to at-risk and vulnerable populations
- Chelsea, Massachusetts started the first US Situation Table - Massachusetts now has several of the major cities
- Plymouth County, Massachusetts was first county-wide Sit Table in the US in 2020
- Many have been launched in KY, PA, VT, OR with more planning to launch over the next year



How it Works: Situation Table

Weekly collaborative meetings

Includes public safety and community resource
partners and police departments



Follow Up

Additional required resources or
closing the case

Record data

Including risk factors, barriers of
access, necessary supports, etc.

Four Filter Process

Appropriate agencies convene and
intervene



Program Highlight: Chelsea, MA

Prior funding:

- “Navigators” funded by the city (\$200,000)
- Wrap Around Services also funded to support Navigators (\$165,000)
- Case Management funded to follow individuals in recovery (\$115,000 previously)
- Selah Resource Center (\$85,000)
- The Hub is able to create and resource a timeline of care, “from initial street engagement to long term recovery”

OSF Funding:

- Additional “Wrap Around Services” funds (\$175,000 for 3 years)
- Roca Young Mothers Program (\$40,000 for 3 years)
- Basement Trybe (\$27,000)
- CIMS Reporting System (\$14,000)
- Mini Grant Program (\$50,000)



Cost Effectiveness & Impact

- Multiple estimates have shown that investing \$1 in addiction treatment programs can lead to a savings of \$4 and \$7 in reductions in drug-related crime, criminal justice costs, and theft
- Total savings can exceed 12x this number when including healthcare costs.⁵
- Tucson AZ Police Department example⁶
 - ◆ Cost savings of \$13.40 in personnel costs per incident for deflection compared to arrest.
 - ◆ Projected jail and justice system expense savings for the project exceeded \$640k.
 - ◆ Less personnel time was used per deflection.
 - ◆ Deflection was more effective than arrest in reducing frequency of illegal drug use.
- A systematic review of deflection/diversion initiatives showed that these programs effectively prevent future criminal behavior and involvement with the criminal justice system⁷



Opioid Abatement Funds

GENERAL CONSIDERATIONS AND BEST PRACTICES



Barriers to Distribution

- Lack of knowledge for decision makers (advisory councils, city councils etc)
 - ◆ What is the opioid crisis and what harm reduction tools exist
 - ◆ **Community resources already established**
 - ◆ Community needs in regards to the opioid crisis
- Enforcement of correct use of abatement funds
- Sharing of information with public
 - ◆ 29 states have reporting requirements in their memoranda of agreements
 - ◆ Participants must report to the Settlement Fund Administrator any expenditures not directly related to addressing opioid issues, such as attorneys' fees, investigation costs, litigation expenses, or administrative costs. The settlement allows for other reporting structures as well.⁸
- Risk of community/PR backlash



Things to Keep in Mind

- Make decisions thoughtfully, yet urgently
 - ◆ "The money's just sitting there" shouldn't be an option.⁹
 - ◆ "The [Wisconsin Legislature's Joint Finance] committee has objected to the plans three years in a row."¹⁰
- Barriers to making quick decisions:
 - ◆ Waiting on community input
 - ◆ Officials need more guidance on appropriate uses and established community resources
- "The slow pace has frustrated some advocates, who say there should be greater urgency at a time when the drug supply is becoming increasingly deadly. But others say the money will continue arriving through 2038, so setting up thoughtful processes now could pay off for years to come."¹¹



Things to Keep in Mind

- Abatement funds cannot replace (supplant) existing funding
- Examples of replacement:
 - ◆ Spent more than \$250k of their settlement dollars to pay for their health director and EMS staff salaries
 - ◆ Proposed budget substitutes millions of opioid settlement dollars for a portion of the state addiction agency's normal funding
- Don't apply for projects that could be funded in other ways
 - ◆ Allocated \$320,000 to a drug court the county has been operating with other sources of money for more than two decades ¹²
- If in smaller/rural communities, consider collaborating with existing organizations or combining efforts to increase impact (KY example)



HOW CAN PAARI HELP?

Free Membership

Free webinars and materials

Inclusion on national discussions that need the voice of police and public safety

Press releases and advocacy

Technical assistance, connection to training resources, & roll call videos

Opioid settlement funds guidance

PAARI National Recovery Corps members

Discount on PAARI National Summit

Connect with hundreds of police and public safety partners in the field



PAARI Police/Public Safety Partnerships

Partnership with PAARI is free!

Your organization can join PAARI to network with other police and public health agencies doing deflection and access educational webinars and materials.

Sign up here or email
brittney@paariusa.org for more
information

SIGN UP HERE



SAVE
==
THE
==
DATE

**PAARI 2025
NATIONAL
LAW
ENFORCEMENT
SUMMIT**

**FEBRUARY 25-26, 2025
TAMPA, FLORIDA**



THANK YOU!

Please put questions into Q&A or email us at: info@paariusa.org

If you are ready to join PAARI, please complete the membership sign-up form that will be emailed to you in the follow up to this webinar along with a link to the webinar.



References

- ¹Westervelt, E. (2020, September 18). *Mental health and police violence: How crisis intervention teams are failing*. NPR. <https://www.npr.org/2020/09/18/913229469/mental-health-and-police-violence-how-crisis-intervention-teams-are-failing>
- ²Magnuson, S., Green, C., Lovins, B., & Dezember, A. (2022). *Examining the impacts of arrest deflection strategies on jail reduction efforts*. Safety and Justice Challenge. <https://safetyandjusticechallenge.org/wp-content/uploads/2022/05/SJC-ISLG-DeflectionSynthesisReport.pdf>
- ³*Leveraging the Sequential Intercept Model to address diversity, equity, and inclusion* (2020). PRAIN. <https://www.prainc.com/gains-leveraging-sim-dei/#>
- ⁴Xuan Z, Yan S, Formica SW, et al. Association of Implementation of Postoverdose Outreach Programs With Subsequent Opioid Overdose Deaths Among Massachusetts Municipalities. *JAMA Psychiatry*. doi:10.1001/jamapsychiatry.2023.0109
- ⁵Bronson, J., Stroop, J., Zimmer, S., & Berzofsky, M., 2020; NIDA, 2020
- ⁶Korchmaros, J. D., Bentele, K. G., Granillo, B., & McCollister, K. (2022). Costs, Cost Savings, and Effectiveness of a Police-led Pre-arrest Deflection Program. Tucson, AZ: University of Arizona, Southwest Institute for Research on Women.
- ⁷Blais, E., Brisson, J., Gagon, F., & Lemay, S-A. (2022). Diverting people who use drugs from the criminal justice system: A systematic review of police-based diversion measures. *International Journal of Drug Policy*, 105. <https://doi.org/10.1016/j.drugpo.2022.103697>
- ⁸Sam Mermin, R. F. (2023, February 28). Understanding opioid settlement spending plans across states: Key Components and approaches. NASHP. <https://nashp.org/understanding-opioid-settlement-spending-plans-across-states-key-components-and-approaches/>
- ⁹Reeh-Robinson, G. (2024, May 9). Iowa's unsettled decision on opioid settlement funds more than a "little" disappointing. The Gazette. <https://www.thegazette.com/letters-to-the-editor/iowas-unsettled-decision-on-opioid-settlement-funds-more-than-a-little-disappointing/>
- ¹⁰D'Andrea, R. (2024, April 23). Republican-led budget panel objects to plans for opioid settlement funds. WPR. <https://www.wpr.org/news/republican-joint-finance-committee-budget-panel-objects-opioid-settlement-funds#:~:text=Wisconsin%20is%20due%20t%20receive,million%20in%20fiscal%20year%202025.>



References

¹¹ Pattani, A. (2023, December 21). In 2023, opioid settlement funds flowed to states. here's how it's going. NPR.
<https://www.npr.org/sections/health-shots/2023/12/21/1220692018/in-2023-opioid-settlement-funds-started-being-paid-out-heres-how-its-going>

¹² Aneri Pattani, K. H. N. (2024, April 19). SWAP funds or add services? use of opioid settlement cash sparks strong disagreements • indianapolis capital chronicle. Indiana Capital Chronicle.
<https://indianacapitalchronicle.com/2024/04/19/swap-funds-or-add-services-use-of-opioid-settlement-cash-sparks-strong-disagreements/>



Questions?



NEXT STEPS

- ❑ **[Previous Office Hours slides and recordings](#)**
- ❑ **[Request individualized technical assistance](#)**
- ❑ **Sign up for our [listserv](#)**



Feedback Survey

Please take a couple minutes to respond to the anonymous feedback survey after the call ends



THANK YOU!

Questions: abate@jsi.com

