

Solutions to Our Nation's Opioid Crisis

The Naloxone Plus Pre-Arrest Diversion Framework

Jac Charlier

National Director for Justice Initiatives

jcharlier@tasc.org 312-573-8302



CENTER FOR
HEALTH & JUSTICE
AT TASC

The Naloxone Plus Framework: Designed for Saving Lives – Twice



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

Five Pre-Arrest Diversion Frameworks: Pathways to Treatment (Do Them All)

- **Naloxone Plus:** Engagement with treatment as part of an overdose response or DSM-V severity for opiates; tight integration with treatment, naloxone (individual too)
- **Active Outreach:** Law enforcement intentionally IDs or seeks individuals; a warm handoff is made to treatment, which engages individuals in treatment
- **Self-Referral:** Individual initiates contact with law enforcement for a treatment referral (without fear of arrest); preferably a warm handoff to treatment
- **Officer Prevention Referral:** Law enforcement initiates treatment engagement; no charges are filed
- **Officer Intervention Referral:** Law enforcement initiates treatment engagement; charges are held in abeyance or citations issued, with requirement for completion of treatment



Pre-Arrest Diversion Examples (Brands) with Related Framework

- **Angel (MA) / Arlington (MA)** – paariususa.org
(250+ sites for Angel and Arlington programs – PD, Sheriff, Fire and other)
 - Self-referral, Active Outreach
- **Civil Citation (FL)** – civilcitationnetwork.com (62 sites: 61 juvenile, 1 adult)
 - Officer Intervention Referral
- **DART (OH)** – lcsodart.com (many and varied sites)
 - Naloxone Plus
- **LEAD (WA)** – leadingcounty.org (7 sites)
 - Officer Prevention Referral
- **STEER (MD)** – CenterforHealthandJustice.org (1 site)
 - Naloxone Plus, Officer Prevention/Intervention Referral



Elements of the Naloxone Plus Framework

- **Naloxone Plus:** Engagement with treatment as part of an overdose response with naloxone, then following up rapidly with tight integration with treatment. Site examples: DART, STEER
 - **Naloxone** – Law enforcement, fire, emergency medical services, community, businesses, individuals, etc.
 - **Rapid ID** – e.g., 9-1-1
 - **Immediate contact with individual** – as close as possible to point of OD
 - **Rapid engagement** – in person and daily follow-up until engaged in treatment
 - **Rapid access to treatment** – measured in minutes and hours
 - **Screening and clinical assessment** – to have the correct individual approach
 - **Continued tight integration** – police and behavioral health and community
 - **Medication-Assisted Treatment (MAT)** – all appropriate medications made available
 - **Recovery support services** – treatment ends, recovery continues
 - **Naloxone** – for the individual and his/her household



Implementing the Naloxone Plus Framework

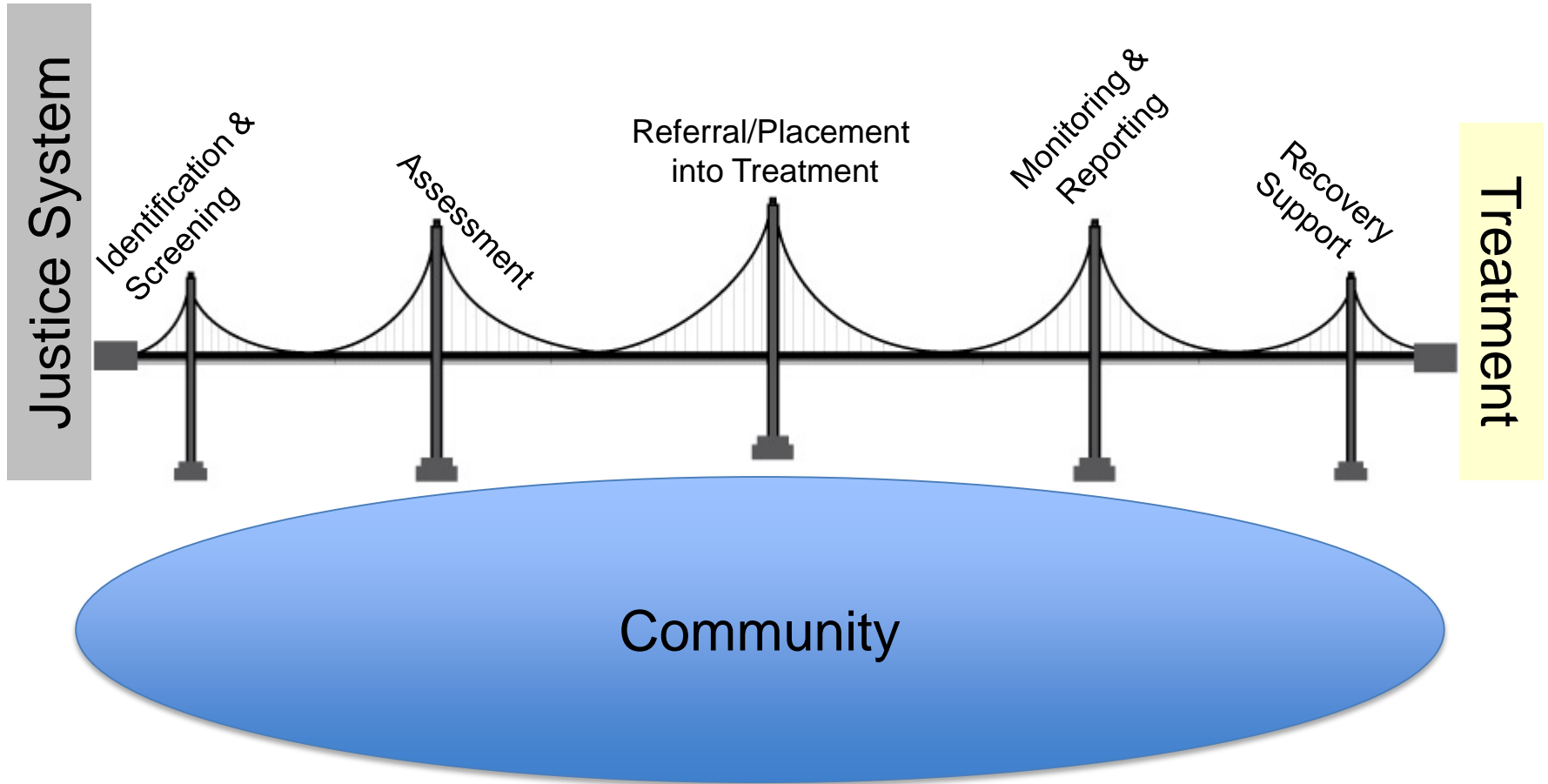


CENTER FOR
HEALTH & JUSTICE
AT TASC

 [@TASC_CHJ](https://twitter.com/TASC_CHJ)

The TASC Model

Pathway to Treatment via Case Management



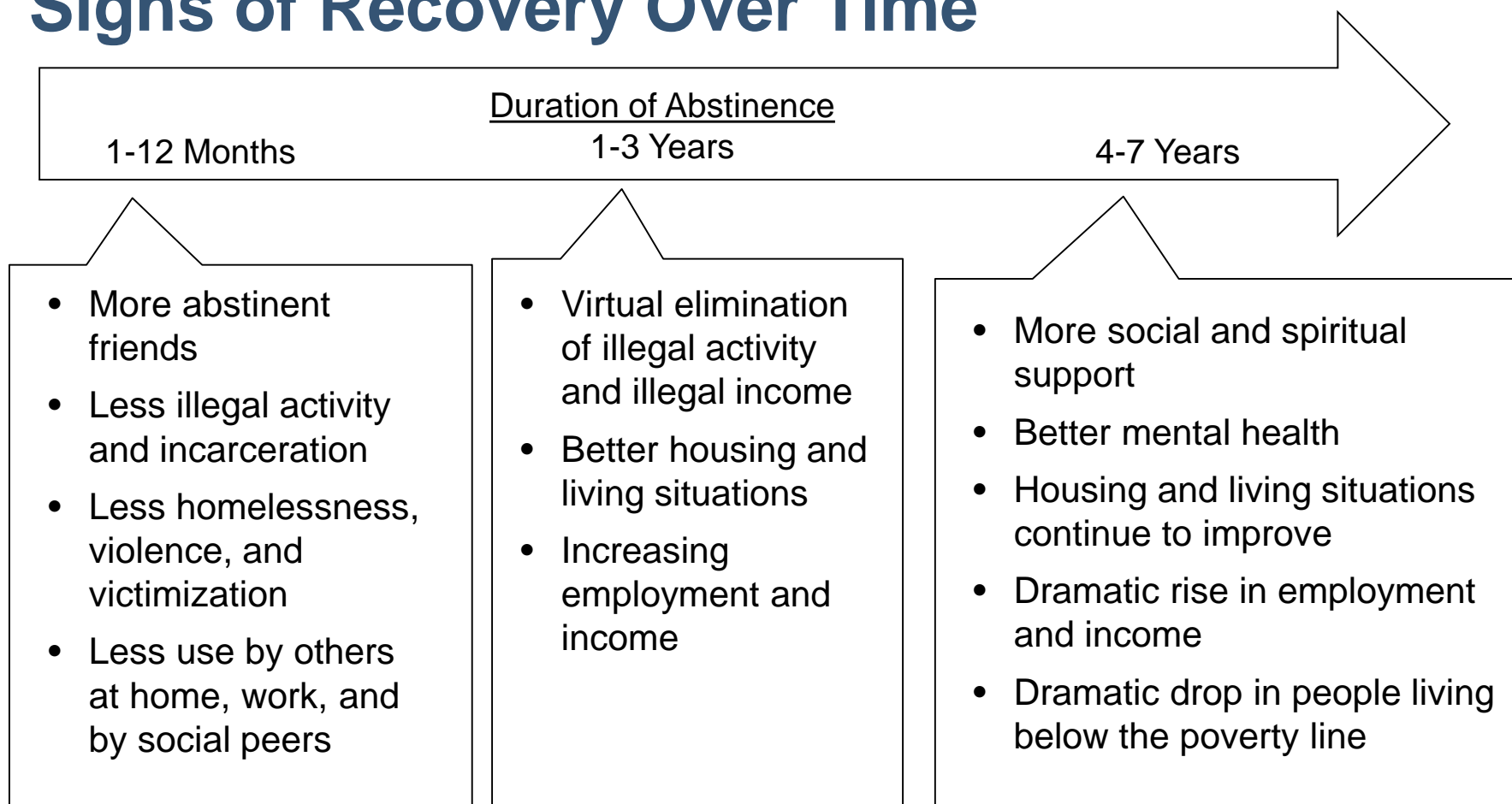
Why Case Management:

Most individuals entering the justice system have multiple & complex service needs



Source: Community Catalyst, 2016

Signs of Recovery Over Time



Source: Dennis, Foos & Scott, 2007



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

Components of Comprehensive Drug Addiction Treatment



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

National Institute of Drug Abuse



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

The Naloxone Plus Framework Requires Connection to Care



CENTER FOR
HEALTH & JUSTICE
AT TASC

 [@TASC_CHJ](https://twitter.com/TASC_CHJ)

Connection to Care Following OD Reversal

Issue: Individuals discharged from ER following an opioid OD reversal, but without connection to further medical care or substance use treatment.

Following a period of abstinence during an ER stay, individuals are highly susceptible to subsequent/repeat OD.

Considered Approaches:

- Temporary involuntary commitment following opioid OD reversal, to keep individuals safe and to allow time for linkage to care
 - Include opioid OD as criterion for involuntary commitment within existing statute
 - Propose new or amend existing legislation to specifically allow for involuntary commitment post-OD
 - Post-OD involuntary commitment that parallels policy, practices, procedure, and protections of mental health involuntary commitment



Connection to Care Following OD Reversal: Background on Involuntary Commitment

- Definition: Admission of individual against his/her will to treatment
- Involuntary commitment for *mental health crisis* when someone is a danger to him/herself or others.
- 37 states and DC have enacted involuntary commitment statutes applying to individuals with *substance use disorders* and/or *alcoholism*



© 2016 The National Alliance for Model State Drug Laws (NAMSDL). Headquarters Office: 100½ E. Main Street, Suite C, Manchester, Iowa 52057.

NAMSDL, 2016



CENTER FOR
HEALTH & JUSTICE
AT TASC

@TASC_CHJ

PTAC

POLICE, TREATMENT AND COMMUNITY



COLLABORATIVE



CENTER FOR
HEALTH & JUSTICE
AT TASC

PTAC Collaborative

Mission, Purpose, and Cornerstone

- **Mission** – To strategically widen community behavioral health and social service options available through law enforcement diversion
- **Purpose** – To provide national vision, leadership, voice, and action to reframe the relationship between law enforcement, treatment, and community
- **Cornerstone** – PTAC is open as to which model/brand of pre-arrest diversion is appropriate for a jurisdiction; each community must determine which approach solves its problem, fits the local situation, and can be addressed through current behavioral health capacity



PTAC Collaborative Founding Partners



PTAC Collaborative Leadership Team

- Leslie Balonick – WestCare Foundation
- Jac Charlier – CHJ at TASC
- Alice Dembner – Community Catalyst
- Peria Duncan – Alachua County, FL
- Sue Ferrere – PJI
- Greg Frost – Civil Citation Network (CCN)
- Al Kopak – Western Carolina University
- Karen Maline – IACP
- Dee McGraw – C4 Recovery Solutions
- Rick Ohrstrom – C4 Recovery Solutions
- Faye Taxman – George Mason University
- Steve Valle – AdCare Criminal Justice Services



Please contact for further information:

Jac Charlier

National Director for Justice Initiatives
Center for Health and Justice at TASC
jcharlier@tasc.org | 312-573-8302
www.centerforhealthandjustice.org

** CHJ wishes to acknowledge Amber Widgery, policy specialist at the National Conference of State Legislatures (NCSL), for contributions made to this presentation, including content used with permission from NCSL's "Pretrial Release: State Law and Legislation" presentation.*



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

References

- Blau, M. (27 June 2017). STAT forecast: Opioids could kill nearly 500,000 Americans in the next decade. STAT, <https://www.statnews.com/2017/06/27/opioid-deaths-forecast/>.
- Katz, J. (5 June 2017). Drug deaths in America are rising faster than ever. New York Times, https://www.nytimes.com/interactive/2017/06/05/upshot/opioid-epidemic-drug-overdose-deaths-are-rising-faster-than-ever.html?_r=0.
- National Alliance for Model State Drug Laws [NAMSDL]. (2016). Involuntary commitment for individuals with a substance use disorder or alcoholism, <http://www.namsdl.org/IssuesandEvents/NEW%20Involuntary%20Commitment%20for%20Individuals%20with%20a%20Substance%20Use%20Disorder%20or%20Alcoholism%20August%202016%2009092016.pdf>.
- National Institute on Drug Abuse [NIDA]. (2017). Overdose death rates, <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>.
- Reichert, J. (2017). Police-Led Referrals to Substance Use Disorder Treatment [presentation]. Center for Justice Research and Evaluation, Illinois Criminal Justice Information Authority.

