**Appendix I**

**Community-Law Enforcement Partnership for Deflection**

**Model Planning Activities**

*This document provides a description of important planning activities for each model. Additional activities may be necessary depending on your program and community.*

**Model 1: Post-Overdose Response**

* Hire a program coordinator.
* Train first responders and other organization staff (e.g. 911 dispatchers, civilian staff) on substance use disorders, treatment options, supportive services, and using naloxone, including:
  + Neuroscience of Addiction for Law Enforcement
  + Medication-Assisted Treatment
  + Criminogenic Risk-Need for Health and Safety
  + Why Drug Treatment Works?
  + Eliminating Stigma for People with Substance-Use Disorders and Mental Health
  + Avoiding Racial Bias in Deflection Program
  + Promotion Racial and Gender Equity in Deflection
  + Working with Community Partnerships
  + Deflection in Rural Communities
* Adopt protocols/policies/procedures within organization for the staff and officers regarding
  + training, use, and distribution of naloxone kits and acquiring naloxone kits;
  + immediate contact with individual post-overdose to offer assistance and build relationship;
  + post-overdose outreach in the days and weeks after overdose response;
  + process for enrolling individuals in available health insurance; and
  + mechanism for identifying individuals’ level of care and transporting individuals to treatment.
* Implement public information initiative(s) for community education on substance use disorders, naloxone, and the program.
* Develop shareable document of resources in the community to provide to individuals post-overdose and their families/loved ones; also provide for community distribution.
  + This should include information, including contact information, on
    - inpatient services;
    - outpatient services;
    - opiate treatment programs (methadone clinics);
    - information on where they can find a buprenorphine (Suboxone, etc.) provider or Vivitrol;
    - local self-help groups (e.g. SMART recovery, 12-step groups, recovery coaches);
    - harm reduction organizations, including needle exchanges;
    - temporary housing/housing services;
    - local social service agencies; and
    - local vocation/education services.
* Execution of MOUs with substance use disorder treatment providers.
* Protocols for post-overdose outreach in the days and weeks after overdose response (i.e. rapid engagement)

**Model 2: Self-Referral Response**

* Hire a program coordinator.
* Train officers and other organization staff (e.g. 911 dispatchers, civilian staff) on substance use disorders, treatment options, and the current program, including:
  + Neuroscience of Addiction for Law Enforcement
  + Medication-Assisted Treatment
  + Criminogenic Risk-Need for Health and Safety
  + Why Drug Treatment Works?
  + Eliminating Stigma for People with Substance-Use Disorders and Mental Health
  + Avoiding Racial Bias in Deflection Program
  + Promotion Racial and Gender Equity in Deflection
  + Working with Community Partnerships
  + Deflection in Rural Communities
* Execution of MOUs with substance use disorder treatment providers.
* Implement public information initiative(s) for community education on substance use disorders, treatment options, and the program.
* Adopt protocols/policies/procedures within organization for the staff and officers regarding
  + training staff and officers on substance use disorders and treatment options;
  + process for enrolling individuals in available health insurance;
  + mechanism for assessing individual’s required level of care (i.e. by who);
  + mechanism for connecting and transporting individuals to treatment;
  + program eligibility policies;
  + program intake procedures and documentation; and
  + protocols for post-treatment recovery support (aftercare) and client follow-up.

**Model 3: Active Outreach Response**

* Hire a program coordinator.
* Train officers and other organization staff (e.g. 911 dispatchers, civilian staff) on substance use disorders, treatment options, supportive services, and the current program, including:
  + Neuroscience of Addiction for Law Enforcement
  + Medication-Assisted Treatment
  + Criminogenic Risk-Need for Health and Safety
  + Why Drug Treatment Works?
  + Eliminating Stigma for People with Substance-Use Disorders and Mental Health
  + Avoiding Racial Bias in Deflection Program
  + Promotion Racial and Gender Equity in Deflection
  + Working with Community Partnerships
  + Deflection in Rural Communities
* Execution of MOUs with substance use disorder treatment providers.
* Implement public information initiative(s) for community education on substance use disorders, treatment options, and the program.
* Adopt protocols/policies/procedures within organization for the staff and officers regarding
  + training staff and officers on substance use disorders and treatment options;
  + process for enrolling individuals in available health insurance;
  + mechanism for assessing individual’s required level of care (i.e. by who);
  + mechanism for connecting and transporting individuals to treatment;
  + program eligibility policies;
  + program intake procedures and documentation;
  + process for engaging in active outreach to assist individuals; and
  + protocols for post-treatment recovery support (aftercare) and client follow-up.

**Model 4: Community Engagement Response**

* Hire a program coordinator.
* Train officers and other organization staff (e.g. 911 dispatchers, civilian staff) on substance use disorders, treatment options, supportive services, and the current program, including including:
  + Neuroscience of Addiction for Law Enforcement
  + Medication-Assisted Treatment
  + Criminogenic Risk-Need for Health and Safety
  + Why Drug Treatment Works?
  + Eliminating Stigma for People with Substance-Use Disorders and Mental Health
  + Avoiding Racial Bias in Deflection Program
  + Promotion Racial and Gender Equity in Deflection
  + Working with Community Partnerships
  + Deflection in Rural Communities
* Execution of MOUs with substance use disorder treatment providers.
* Implement public information initiative(s) for community education on substance use disorders, treatment options, and the program.
* Adopt protocols/policies/procedures within organization for the staff and officers regarding
  + training staff and officers on substance use disorders and treatment options;
  + process for enrolling individuals in available health insurance;
  + mechanism for assessing individual’s required level of care (i.e. by who);
  + mechanism for connecting and transporting individuals to treatment;
  + program eligibility policies;
  + program intake procedures and documentation;
  + process for taking community calls for assistance; and
  + protocols for post-treatment recovery support (aftercare) and client follow-up.

**Model 5: Officer Intervention Response**

* Hire a program coordinator.
* Train officers and other organization staff (e.g. 911 dispatchers, civilian staff) on substance use disorders, treatment options, supportive services, and the current program, including including:
  + Neuroscience of Addiction for Law Enforcement
  + Medication-Assisted Treatment
  + Criminogenic Risk-Need for Health and Safety
  + Why Drug Treatment Works?
  + Eliminating Stigma for People with Substance-Use Disorders and Mental Health
  + Avoiding Racial Bias in Deflection Program
  + Promotion Racial and Gender Equity in Deflection
  + Working with Community Partnerships
  + Deflection in Rural Communities
* Execution of MOUs with substance use disorder treatment providers.
* Implement public information initiative(s) for community education on substance use disorders, treatment options, supportive services, and the program.
* Adopt protocols/policies/procedures within organization for the staff and officers regarding
  + training staff and officers on substance use disorders and treatment options;
  + process for enrolling individuals in available health insurance;
  + mechanism for assessing individual’s required level of care (i.e. by who);
  + mechanism for connecting and transporting individuals to treatment;
  + program eligibility policies;
  + program intake procedures, documentation, and connection to case management;
  + process for use of officer discretion in offering treatment in lieu of arrest; and
  + protocols for post-treatment recovery support (aftercare) and client follow-up.