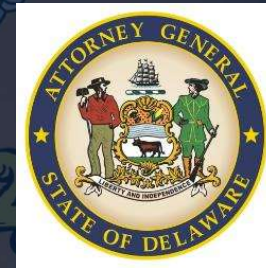




DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

STATE OF DELAWARE

Police Diversion Program (PDP)



 **DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES**
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

**A collaboration of the Delaware State Police, Department of Justice
and Division of Substance Abuse and Mental Health (DSAMH).**

State Epidemiological Outcomes Workgroup (SEOW) Summer Meeting
AUGUST 22, 2023

DECEMBER 7, 1787



PROJECT OVERVIEW



The Delaware Police Diversion Program (PDP) is a collaborative endeavor between three state agencies: The Delaware State Police (DSP), the Division of Substance Abuse and Mental Health (DSAMH), and the Department of Justice (DOJ). The team was comprised of key members of each of the three agencies to develop a partnership and program that provides real time intervention for individuals suffering through mental or substance related crisis and provide for diversion from the criminal justice system.

The program's goals are:

- 1) Provide immediate intervention for those in mental crisis through increased access to services with a decreased obligation of police resources;
- 2) Provide access to recovery services for those with substance abuse issues in order to a) decrease overdose fatalities, b) decrease calls for service for individuals or locations, and c) reduce drug related criminal activity;
- 3) Provide arrest diversion from the criminal justice system by participating in recovery intervention, decrease in recidivism and calls for service, and a decrease in drug related crimes. This in turn will lead to a reduction of substance abuse and deaths, a reduction in crime and police involvement with those suffering from substance abuse and/or behavioral health needs, immediate treatment and follow-up care, and increased accountability.



THE IDEA



The PDP Leadership Team began initial discussions and research in 2019, after learning about recommendations gleaned from Lt Governor Bethany Hall Long's Behavioral Consortium. Major Sean Moriarty of the Delaware State Police assembled the members of the team from the Delaware Department of Justice and the Division of Substance Abuse and Mental Health to develop collaboration, research, and subsequent plans of action.



Philosophy and Goals of the Police Diversion Program

- For police to provide immediate assistance and referrals to those suffering from behavioral health concerns.
 - Reduction of opioid deaths through intervention and treatment.
 - Reduction in crime.
 - Provide opportunity and accountability to those who suffer from a SUD or mental illness.
 - Immediate Treatment –warm handoff, care management and follow-up tracking.
 - Provide extra tools for police to resolve issues with a behavioral health component.



THREE INITIAL ENTRY POINTS INTO DIVERSION

Overdose Response

Co-occurring MH/SUD

Pre-arrest Diversion



FOURTH ENTRY POINT – ANYONE WITH A SUBSTANCE USE PROBLEM DESPITE THEIR CIRCUMSTANCE



- ☐ Troopers ask individuals if they are willing to accept help right now for their substance abuse.
- ☐ A holistic approach is taken. Other issues such as crisis assistance or homelessness can be addressed.
- ☐ Important to create extra tools for Troopers to utilize in order to resolve behavioral health needs.
- ☐ Immediate referral made if possible.



Care Management – The Hub

- Embedded at the Troop level
- Warm hand-off from a trooper for immediate services.
- Provides follow-up from referrals
- Provides re-engagement if the individual initially refused assistance.
- Provides documenting, tracking and reporting to the PDP oversight committee.
- Provides referrals to other services as needed.

CARE MANAGER CONTACT

The individual is directed to speak to a care manager in person or on the phone.



If a care manager is not available, the trooper will complete the paperwork and refer the person to the care manager along with signed copies of the forms.



DSAMH Roles

Care Management

- Two-person care team in each troop location

Evaluation

- Data collection & analysis

Funding

- SAMHSA State Opioid Response (SOR) grants





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PDP Evaluation

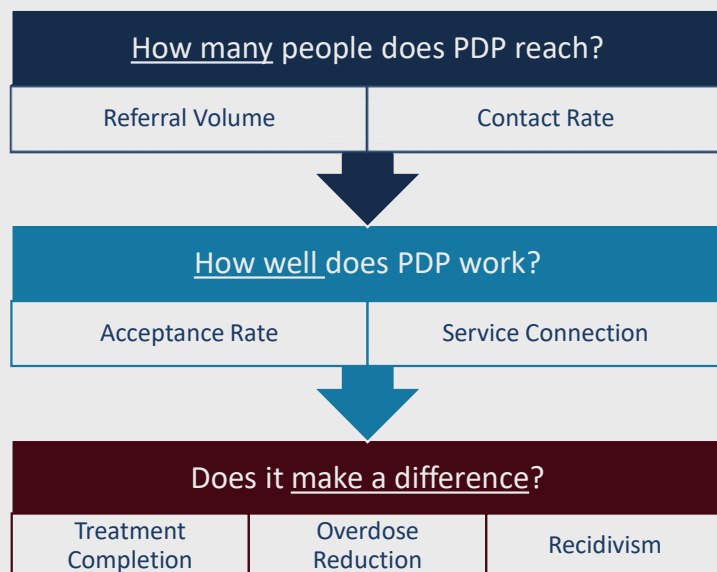
Nuno Martins, Ph.D., DSAMH-REPH, Chief of Planning Analytics

nuno.martins@delaware.gov

DECEMBER 7, 1787



PDP EVALUATION



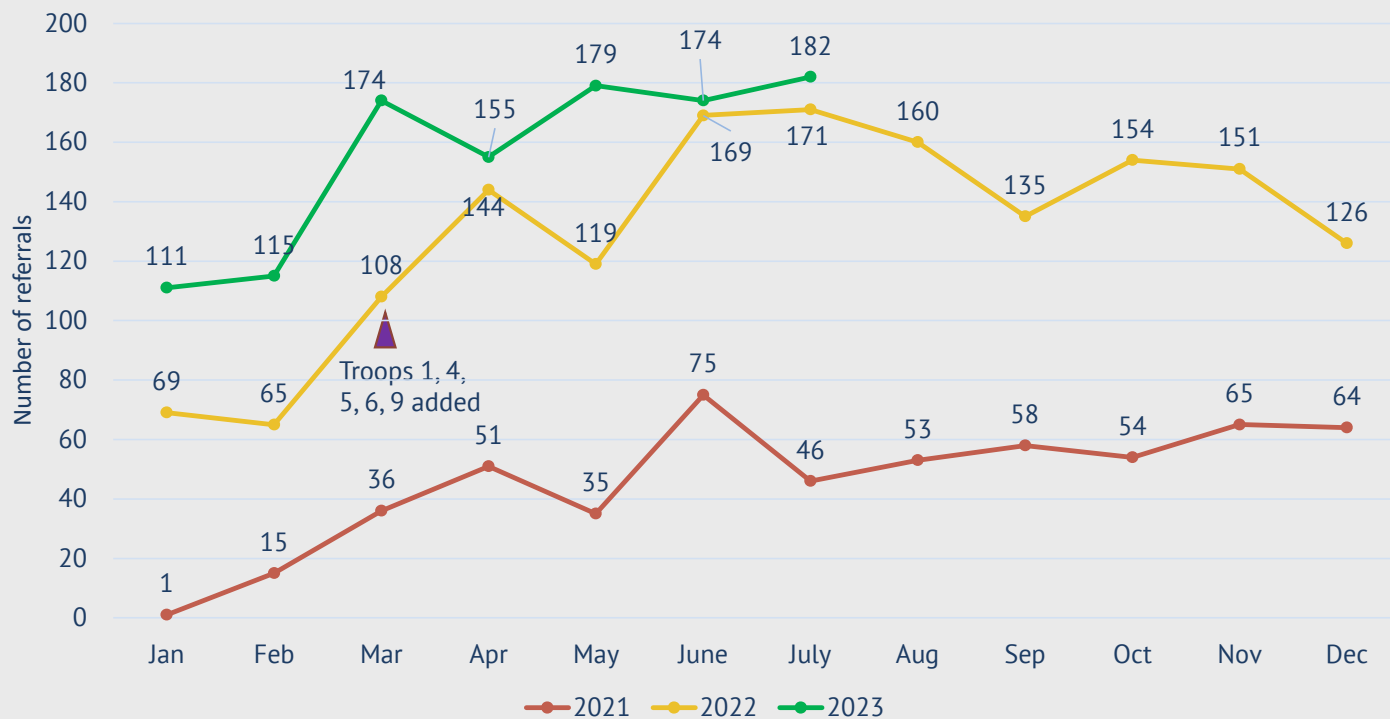
From left to right:
Schalece Newall, Analyst
Kris Fraser, Chief of Research Evaluation
Aarti Behal, Analyst
Nuno Martins, Chief of Planning Analytics
Claire Wang, DSAMH Associate Deputy Director



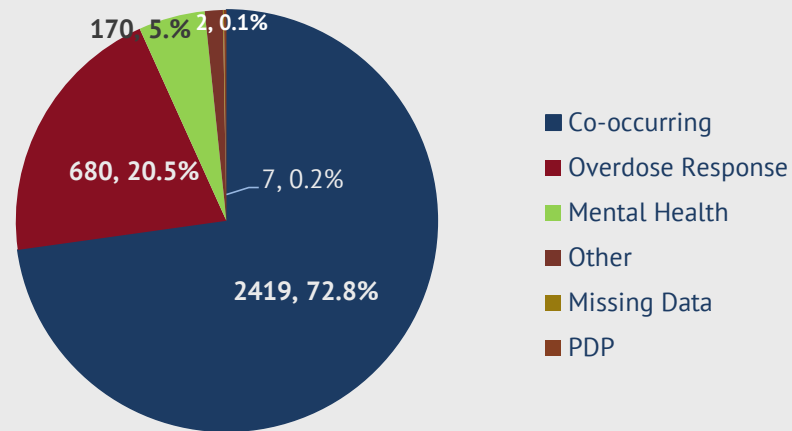
How many people does PDP reach (1): Referral Volume



- 3,324 referrals have been made from DSP to DSAMH since the start of the program



Type of Referrals



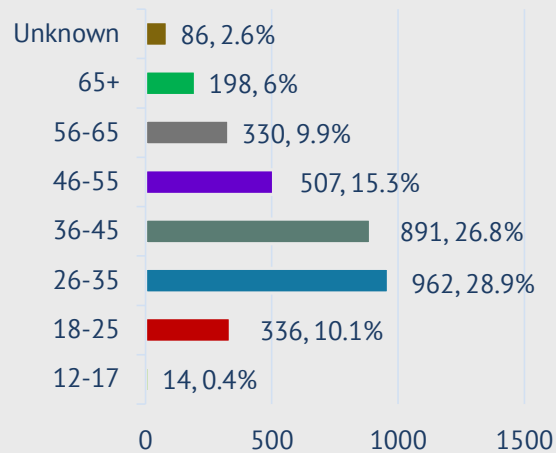
Contact Type	Troop 1	Troop 2	Troop 3	Troop 4	Troop 5	Troop 6	Troop 7	Troop 9	Total	%
Co-occurring MH/SUD	143	486	488	102	375	116	562	147	2419	72.8%
Overdose Response	13	99	250	71	86	29	110	22	680	20.5%
Mental Health	19	7	51	0	59	6	27	1	170	5.1%
Other	0	0	45	0	1	0	0	0	46	1.4%
Pre-Arrest Diversion	0	0	2	0	5	0	0	0	7	0.2%
Missing Data	0	1	1	0	0	0	0	0	2	0.1%
Total	175	593	837	173	526	151	699	170	3324	100%



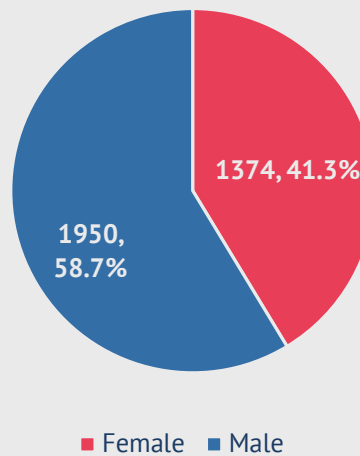
Demographics of Individuals Referred



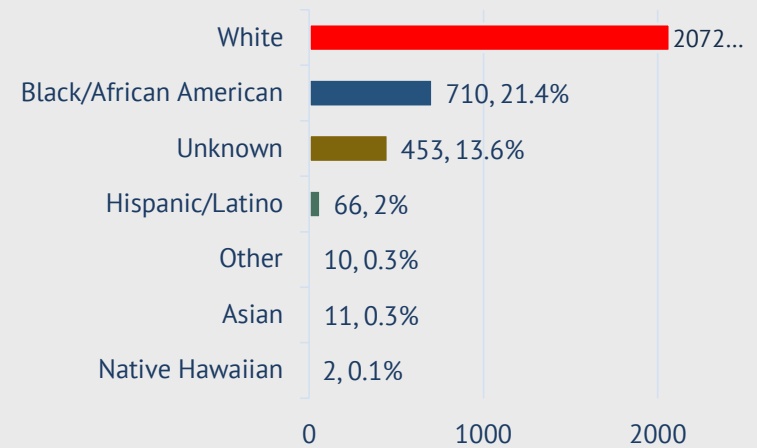
Age



Sex



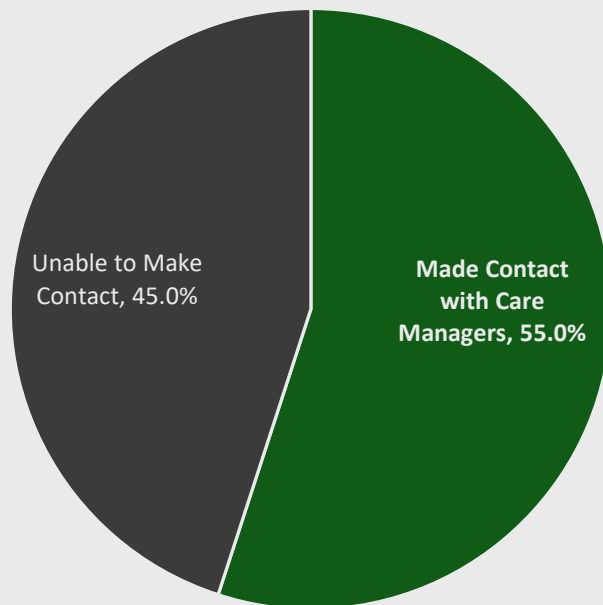
Race/Ethnicity



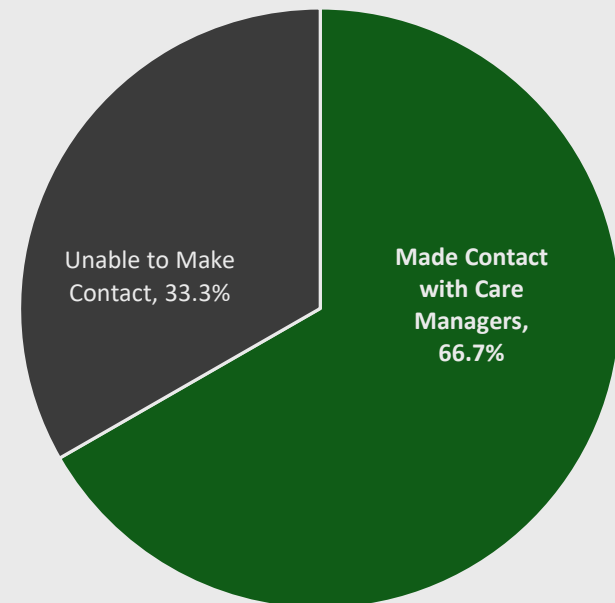
How many people does PDP reach (2): Contact Rate



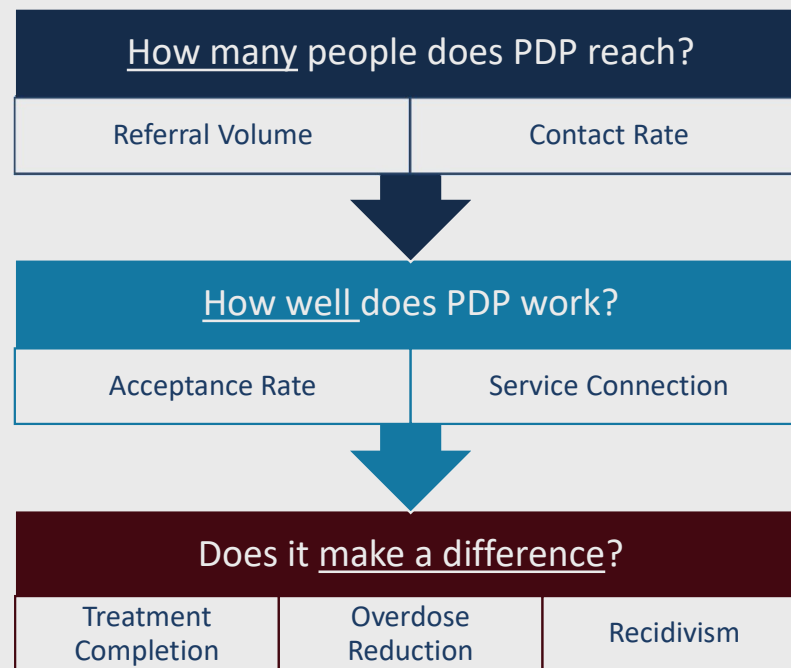
- From Jan 2021 to July 2023, DSAMH care managers were able to make contact with 1,825 individuals (55%)



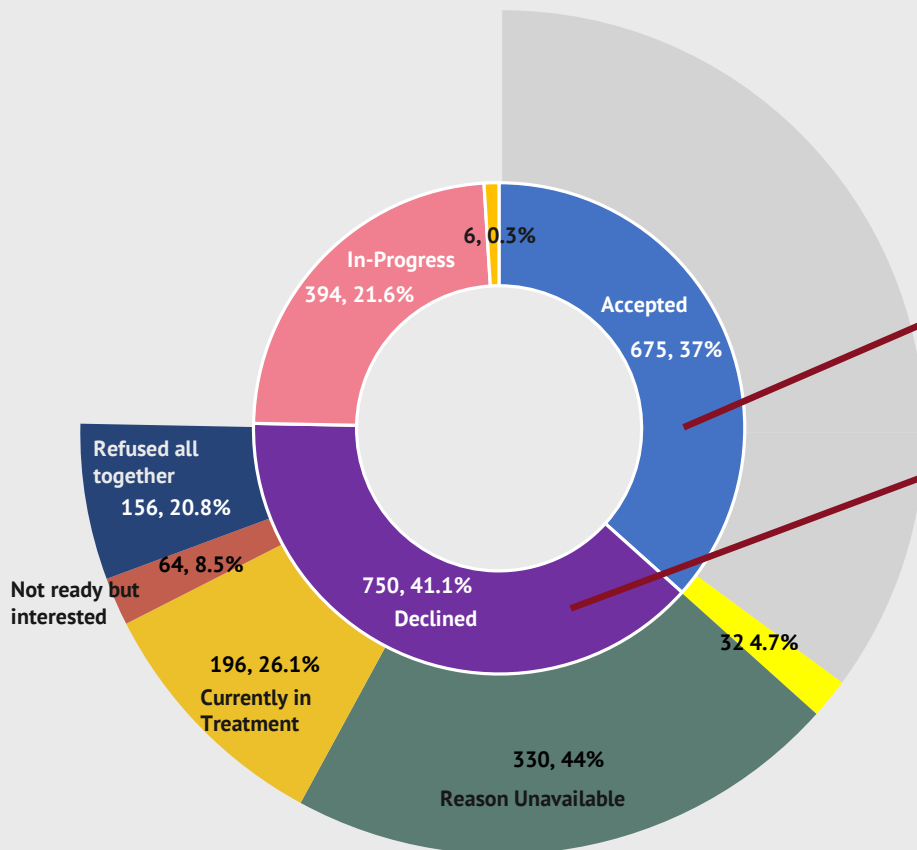
- Of the 1,205 referrals made during Jan – July 2023, DSAMH care managers were able to make contact with 804 individuals (66.7%)



PDP EVALUATION



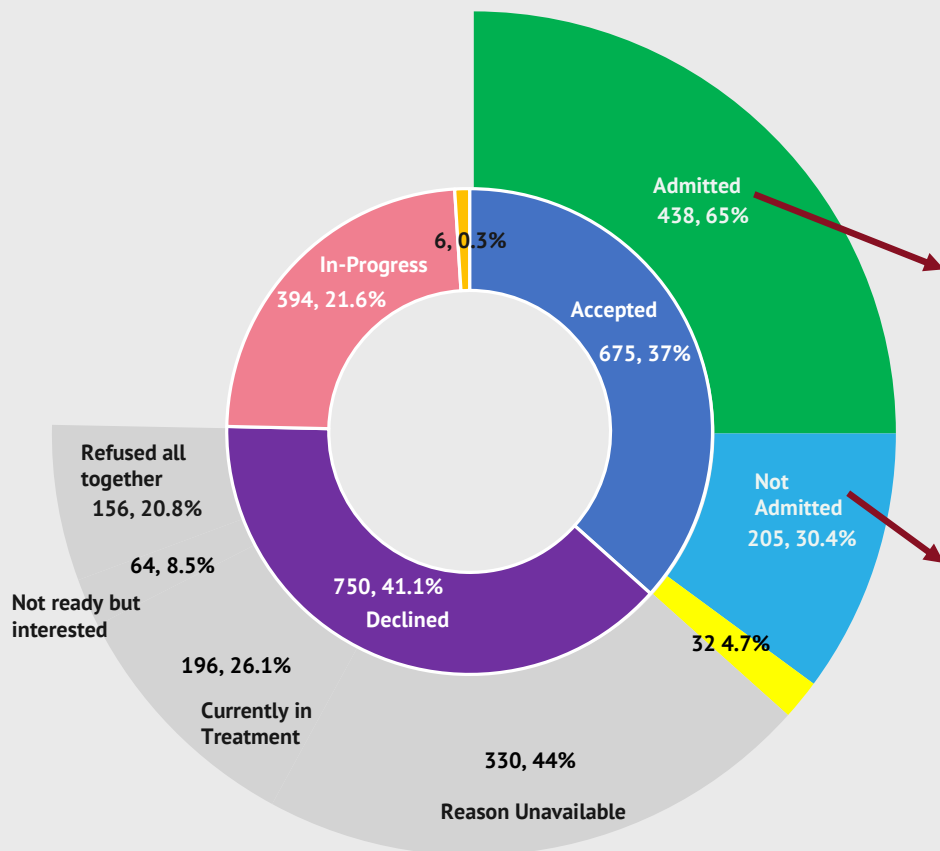
How Well does PDP work (1): Acceptance Rate



- DSAMH care managers were able to contact 1,825 individuals (55%)
- 37% of those who connected with a DSAMH care manager **accepted** the program
- 41.4% **declined** the program, of those
 - 44% did not provide a reason
 - 26.1% currently in treatment already
 - 8.5% not ready but interested
- 21.6% still in progress to reach a decision



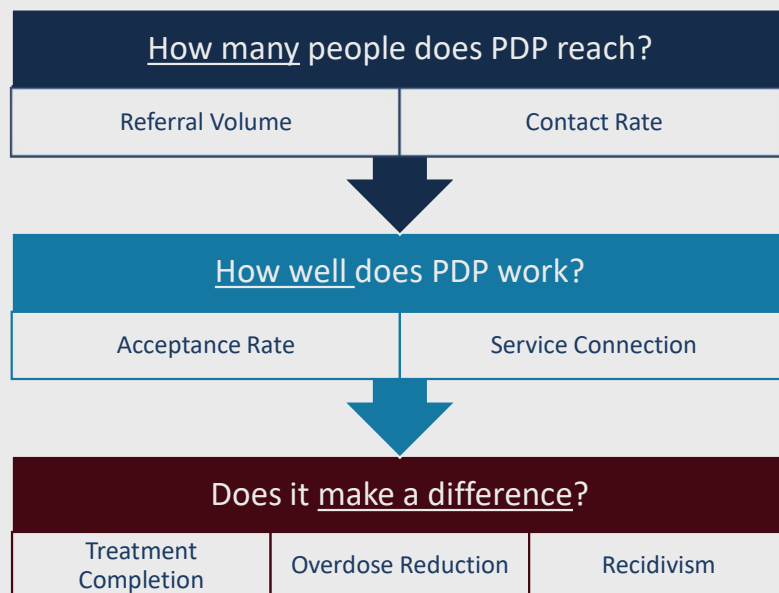
How Well does PDP work (2): Service Connection



- DSAMH care managers were able to contact 1,825 individuals (55%)
- 37% of those who connected with a DSAMH care manager accepted the program
- 65% of the individuals who accepted the program were admitted to treatment. Of those:
 - 45.2% were admitted to inpatient treatment
 - 23.1% to outpatient treatment
 - 25.4% received resources and treatment, and
 - 6.4% received MAT
- Of those accepted but not admitted to treatment:
 - 46.3% received community resources
 - 35.1% had a motivational interview
 - 5.9% received housing assistance, and
 - 5.9% received food assistance.



Does it Make A Difference? (Future Work)



- **Next phase in evaluation:**

- **Treatment Completion Rate:** Linking to treatment episode data among those who entered treatment
- **Overdose Reduction:** Compare incidences of fatal and nonfatal overdose rates
 - Early results
- **Recidivism:** Compare rearrest rates





Questions

