

# Lightning Intro Session

# Intercepts 0 / 1 / 2

*on the Sequential Intercept Model*

## PRESENTERS

### Diversion / Deflection

1. **Brandon del Pozo**
2. **Hope Smiley-McDonald**
3. **Lauren Brinkley-Rubinstein**
4. **Jennifer Becan**



THE WARREN ALPERT  
**Medical School**  
BROWN UNIVERSITY

**R01DA064512**

**Police Pathways to  
Addiction Treatment, Health, and Safety:  
The Police PATHS Study**

**Contact PI: Brandon del Pozo, PhD, MPA, MA**



**Dr. Javier Cepeda, MPI**



**Dr. Saba Rouhani, MPI**



**Dr. Evan Anderson, MPI**



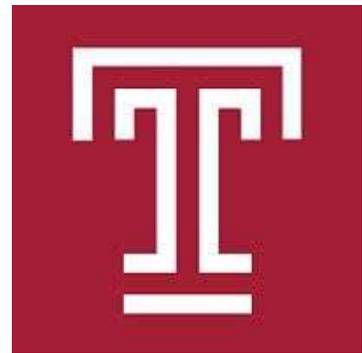
**Dr. Jacqueline Rudolph, Co-I**



**Dr. Steven Belenko, consult.**



**Dr. Ruth Shefner, Co-I**



# Philadelphia

A photograph of the Philadelphia skyline at sunset, featuring several prominent skyscrapers like the Comcast Center and the Comcast Tower. The sky is a mix of orange, yellow, and blue.

## Police-Assisted Diversion to Treatment and Services

### Populations:

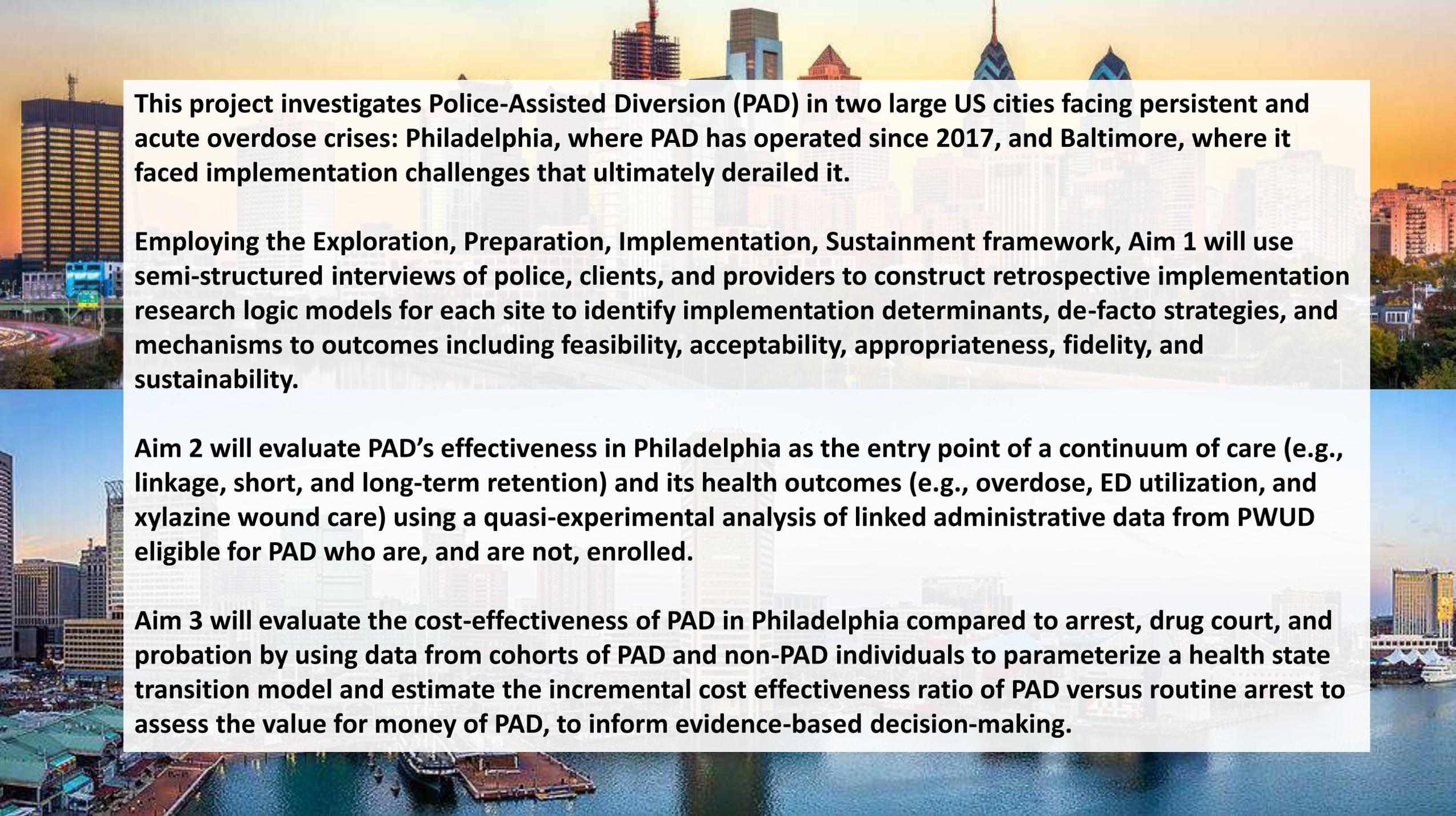
- Police
- Providers
- People Who use Drugs

### Outcomes:

- Implementation
- Health Outcomes
- Cost effectiveness

# Baltimore

A photograph of the Baltimore waterfront at sunset, showing a harbor with several boats docked at piers. The city skyline is visible in the background under a colorful sky.



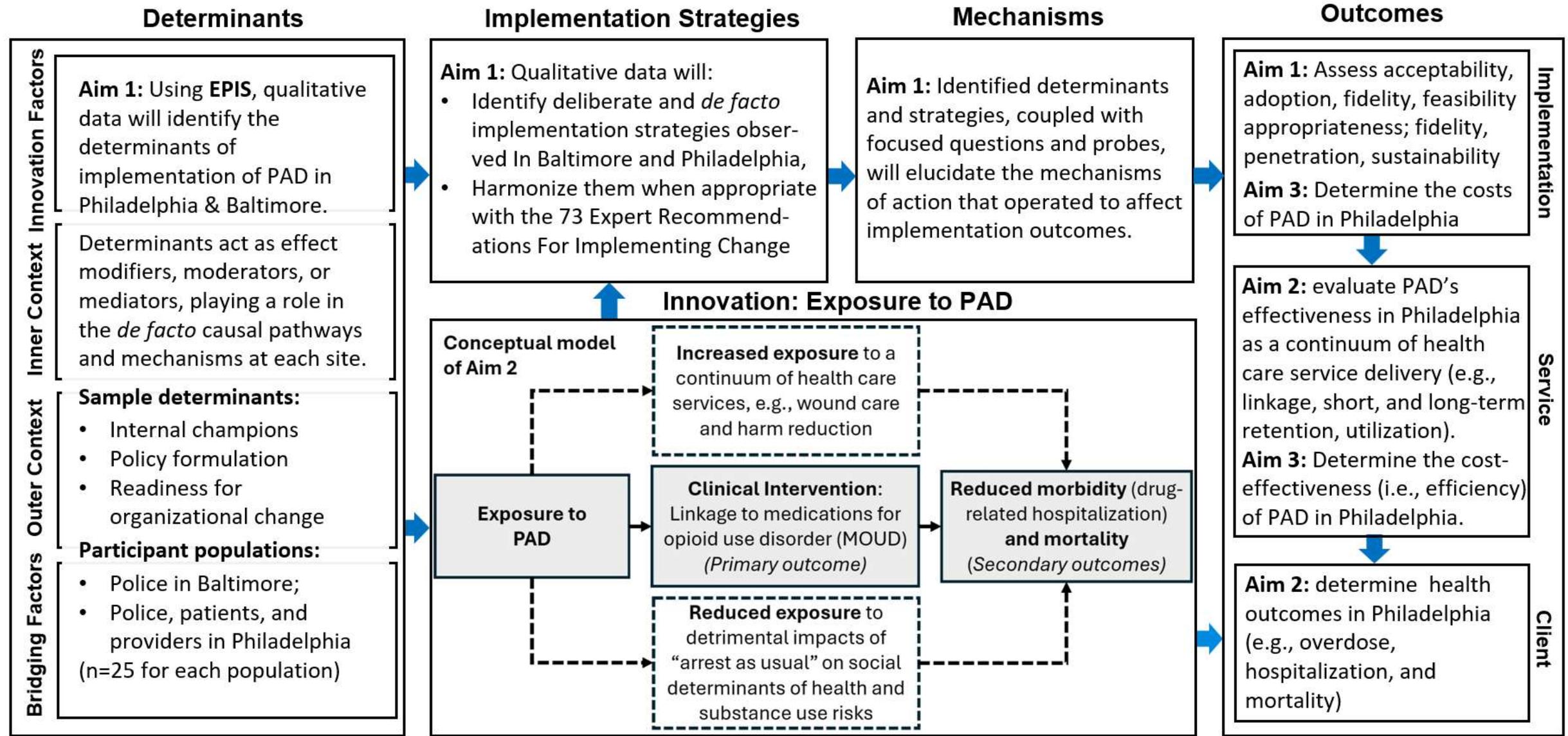
**This project investigates Police-Assisted Diversion (PAD) in two large US cities facing persistent and acute overdose crises: Philadelphia, where PAD has operated since 2017, and Baltimore, where it faced implementation challenges that ultimately derailed it.**

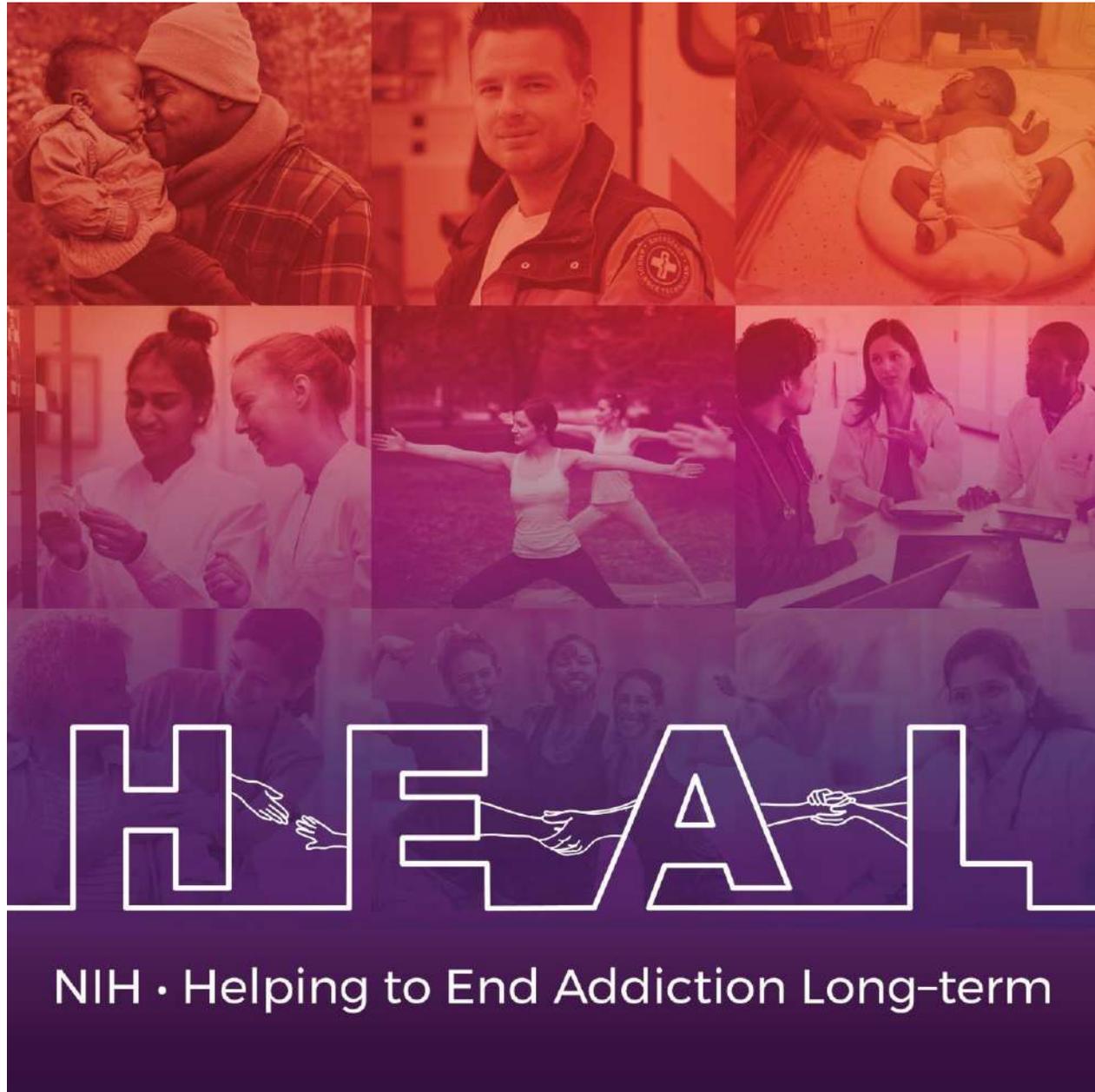
**Employing the Exploration, Preparation, Implementation, Sustainment framework, Aim 1 will use semi-structured interviews of police, clients, and providers to construct retrospective implementation research logic models for each site to identify implementation determinants, de-facto strategies, and mechanisms to outcomes including feasibility, acceptability, appropriateness, fidelity, and sustainability.**

**Aim 2 will evaluate PAD's effectiveness in Philadelphia as the entry point of a continuum of care (e.g., linkage, short, and long-term retention) and its health outcomes (e.g., overdose, ED utilization, and xylazine wound care) using a quasi-experimental analysis of linked administrative data from PWUD eligible for PAD who are, and are not, enrolled.**

**Aim 3 will evaluate the cost-effectiveness of PAD in Philadelphia compared to arrest, drug court, and probation by using data from cohorts of PAD and non-PAD individuals to parameterize a health state transition model and estimate the incremental cost effectiveness ratio of PAD versus routine arrest to assess the value for money of PAD, to inform evidence-based decision-making.**

**Figure 1. The Police PATHS Study Implementation Research Logic Model**





# Pathways to Treatment: Assessing Effectiveness and Implementation of Oregon's Deflection Programs for People who Use Drugs (PWUD)

MPIs: Hope Smiley-McDonald & Alex H. Kral  
RTI International

Presented at JCOIN 2.0 Kick-off Meeting 2025

# Pathways to Treatment Team

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## Practitioner Partners

- Julia Dilley, Oregon Health Authority
- Kelly Officer, Oregon Criminal Justice Commission

## Implementation and Analysis

- Barrot Lambdin, RTI International
- Jason Williams, RTI International

## Study Director

- Lynn Wenger, RTI International

## Collaborating Investigator

- Chris Campbell, Portland State University

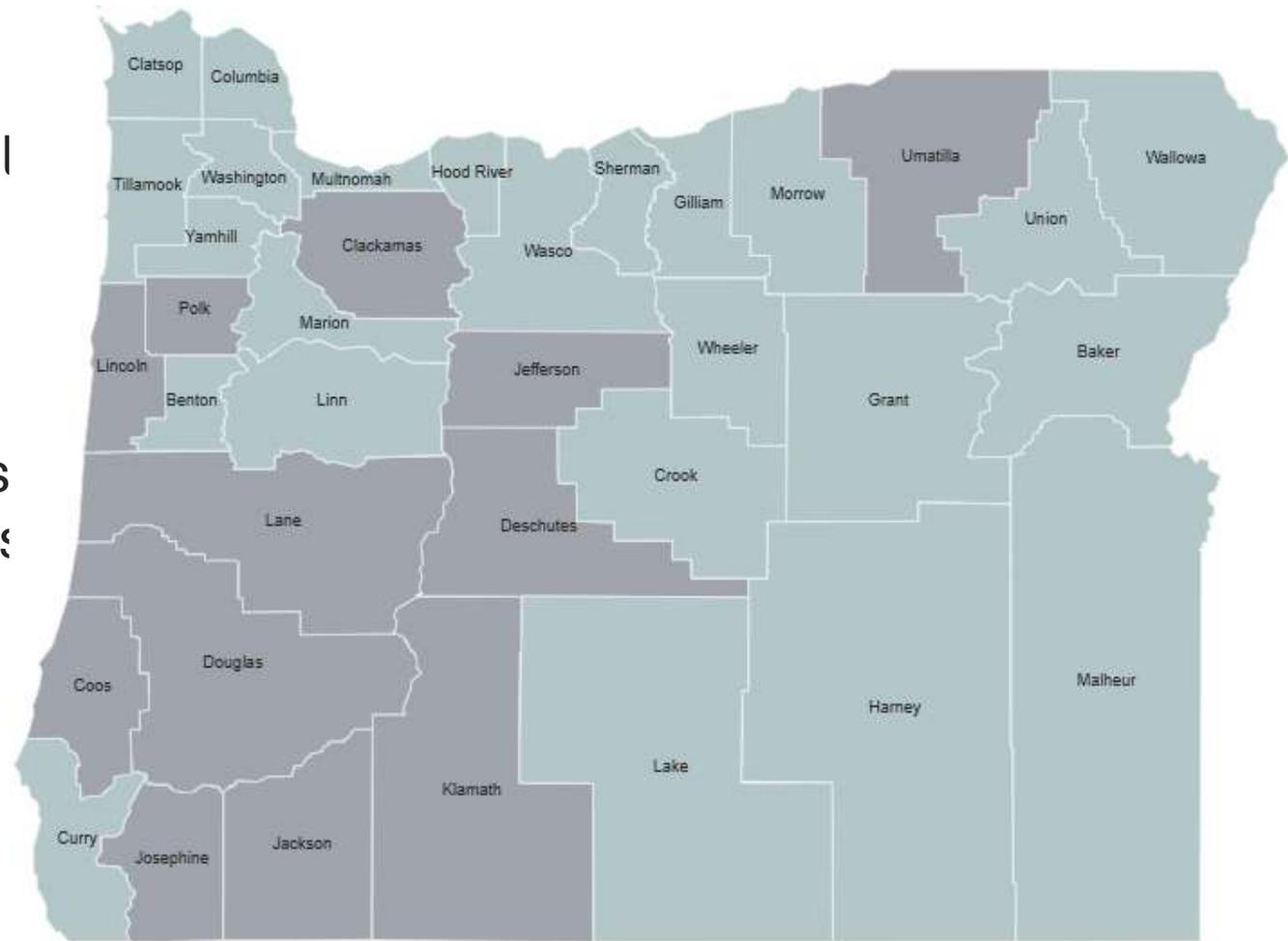
## Data Collection Partner

- Gillian Leichtling, Comagine Health
- Danielle Good, Comagine Health



# Setting and Population

- Leadership from law enforcement, district attorney offices, and behavioral health in 12 counties
- Oregon adults who have been arrested and all deflection program participants will be included in a secondary analysis
- Oregon adults who have used heroin, fentanyl analogs, methamphetamine, and/or cocaine in the past 30 days across 12 selected counties (in gray)



# Intervention and Approach

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## Intervention

**28 of Oregon's 36 counties are implementing deflection programs that are either:**

- Officer Intervention only
- Mobile Crisis/Community Response and Officer Intervention, or
- District Attorney and Officer Intervention

## Approach

**QUALITATIVE COMPONENT:** Leaders from law enforcement, district attorney offices, and behavioral health across 12 selected counties

**SECONDARY ANALYSIS:** State criminal legal system and deflection program data from all 36 counties to compare overall enrollment across the 3 deflection program types

**QUANTITATIVE SURVEY:** Cohort of 900 people who have used heroin, fentanyl analogs, methamphetamine, and/or cocaine in the past 30 days across 12 selected counties recruited using targeted sampling methods

- Baseline survey during which participants will also be asked to sign release of information forms
- 2-year administrative follow-up through granted access to deflection program participation, criminal legal system involvement, and substance use disorder treatment engagement data

# Aims and Outcomes

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**AIM 1:** Determine how Oregon's counties are Adopting, Implementing, and Maintaining deflection programs

*RE-AIM implementation science framework integrated with the Consolidated Framework for Implementation Research*

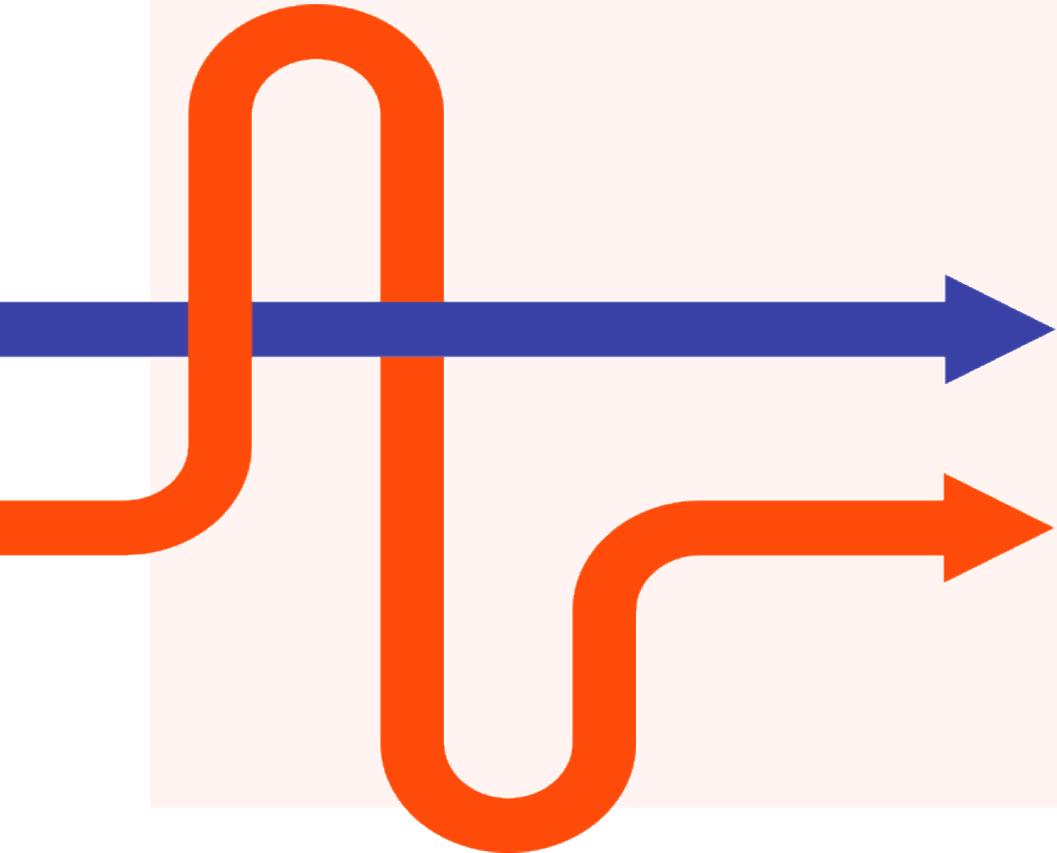
**AIM 2:** Assess the Reach of the 3 types of deflection programs at the county level

*Arrest and deflection program secondary data from all 36 counties in Oregon*

**AIM 3:** Determine the Effectiveness of the 3 types of deflection programs in reducing criminal legal system involvement and increasing substance use disorder treatment for people who use drugs

*PWUD cohort study to examine criminal legal system involvement, deflection program engagement, and substance use disorder treatment*

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# Crossroads

The Community Paramedic Response & Overdose  
Outreach with Supportive Medical-Legal Services Study



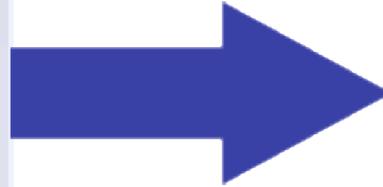
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# Teams



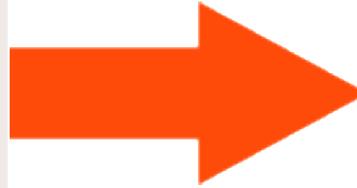
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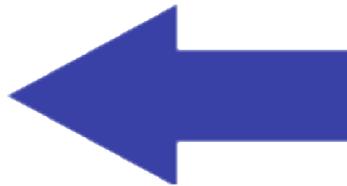


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Research Coordinator

# Teams



## Setting

Portland, Maine	Pittsburgh, Pennsylvania
Miami, Florida	Durham, North Carolina

## Populations

**Aim 2 Participants:** 100 people with lived experience of overdose at each site (n = 400 total enrolled)

- SOC CP program (n = 200)
- CROSSROADS (CP + MLP) (n = 200)

**Aim 3 Participants:** 25 qualitative interviews per site (n = 100 total enrolled)

- Stakeholders employed by CP programs (n = 40)
- Aim 2 intervention participants (n = 60)

# Settings & Population



## **Crossroads:** A Multi-Site Hybrid Type 1 Implementation Effectiveness Trial

### **Medical Legal Partnership**

Medical Legal Partnerships (MLP) address health-harming legal needs (HHLN).

### **Docs for Health**

Docs for Health (D4H) is technology-supported mobile application MLP that directly identifies & addresses HHLN.

The D4H application will be adapted to the needs of the CROSSROADS participants during Aim 1 human-centered design activities.

### **Community Paramedics**

Community paramedics (CP) are deployed via 911 as an overdose response team.

They prescribe MOUD, harm reduction services, & referrals to health & social unmet needs and provide long-term follow-up contact in the field after initial contact.

# Approach & Intervention

# Study Aims

**01**

Determine the core components of the proposed CROSSROADS intervention

**02**

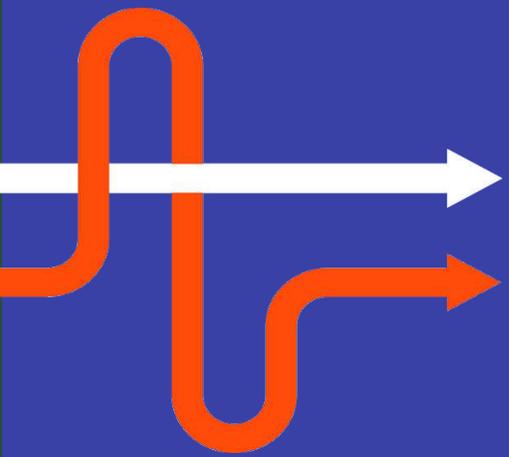
Compare the CROSSROADS intervention versus the standard of care

**03**

Identify the acceptability, appropriateness, penetration, & sustainability of the CROSSROADS intervention

**Hypothesis:** We hypothesize that the CROSSROADS intervention will reduce opioid & stimulant use & CLS involvement through improved HHLN resolution & enhanced engagement in the cascade of care.

# Study Outcomes



## Primary Outcomes

- Frequency of opioid/stimulant use
- Criminal legal system involvement

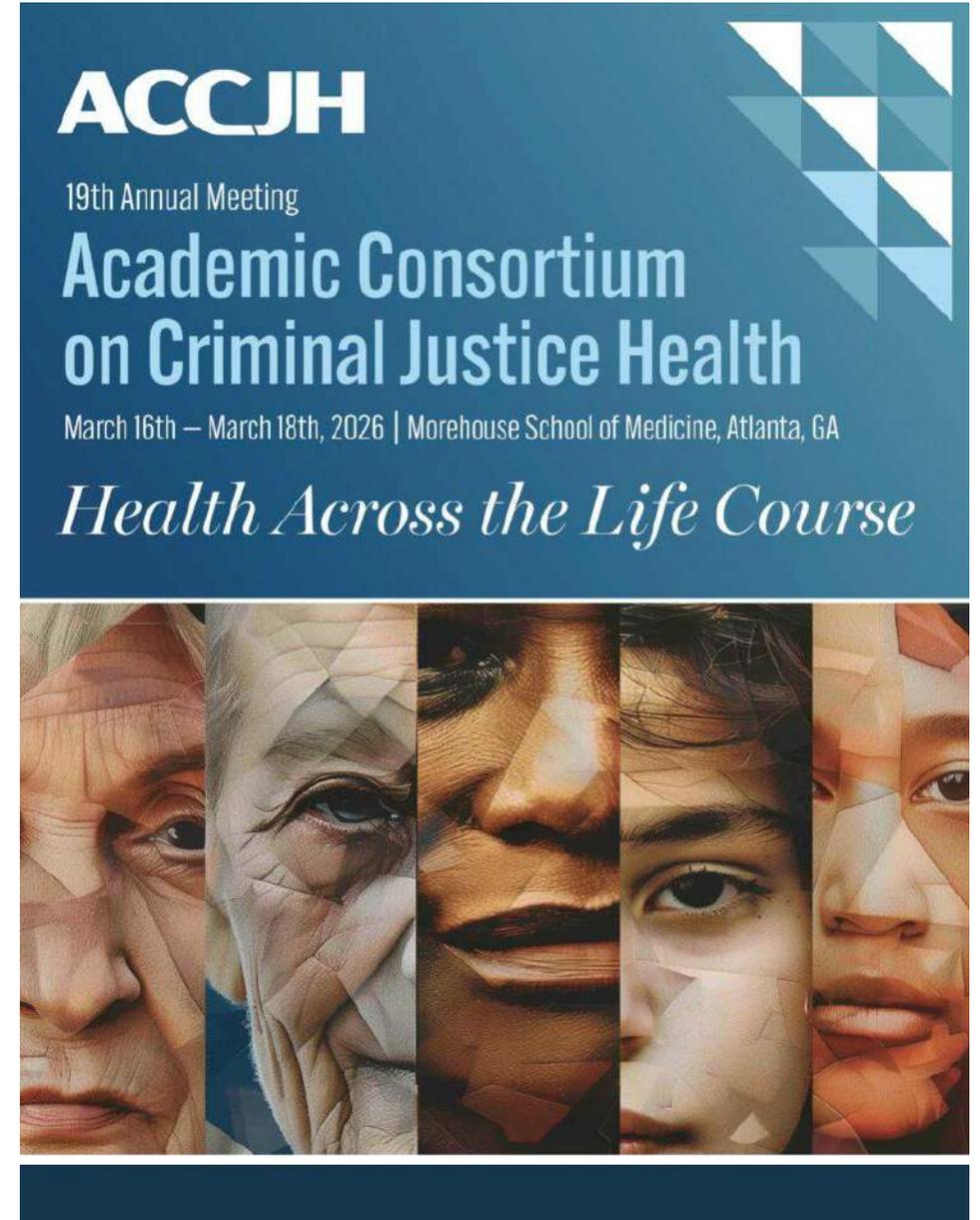
## Secondary Outcomes

- Risky substance use
- Non-fatal & fatal overdose
- Experience of HHLN
- Linkage along the cascade of care & services that mitigate HHLN

## 2026 Conference

- The ACCJH conference is one of the only national conferences that focuses on pressing issues in carceral health.
- The upcoming conference theme is “Health Across the Life Course”. It will be held at the Morehouse School of Medicine in Atlanta, Georgia, March 16– March 18, 2026.
- Drs. Wurcel, McGregor, & Brinkley-Rubinstein applied for & received an NIH R13 to support the ACCJH conference through funding scholarships & speaker fees.
- Request for Abstracts open through **November 15<sup>th</sup>, 2025.**

## Academic Consortium on Criminal Justice Health



The poster features a dark blue background with a geometric pattern of light blue triangles in the top right corner. The text is white and light blue. At the bottom, there is a horizontal strip of five vertical panels, each showing a close-up of a person's face, rendered in a mosaic style with overlapping triangles.

**ACCJH**  
19th Annual Meeting  
**Academic Consortium  
on Criminal Justice Health**  
March 16th – March 18th, 2026 | Morehouse School of Medicine, Atlanta, GA  
*Health Across the Life Course*



**TCU BRIDGE  
TO DEFLECTION PROJECT**

*Building Resilient Initiatives for Deflection  
through Greater Engagement*

## MULTIPLE PRINCIPAL INVESTIGATORS



**JENNY BECAN, PH.D.**  
**(CONTACT PI)**



**KEVIN KNIGHT, PH.D.**

**NIH'S HEAL INITIATIVE:  
JUSTICE COMMUNITY OVERDOSE INNOVATION  
NETWORK (JCOIN) 2.0**

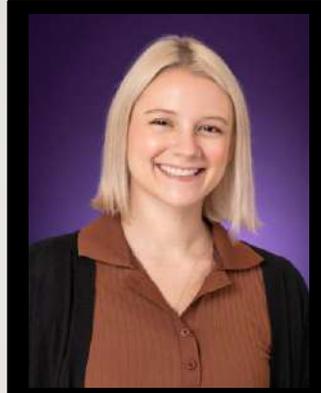
# TCU BRIDGE PROJECT TEAM



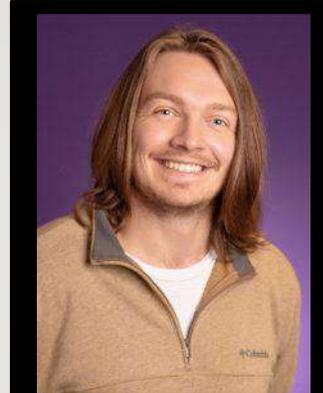
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# PROJECT AIM

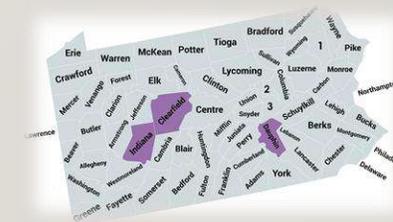
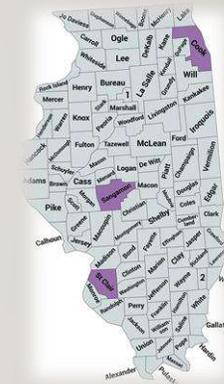
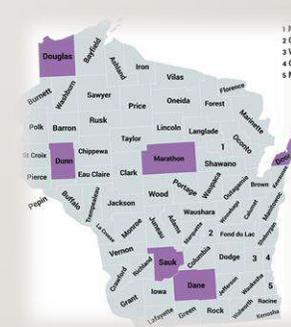
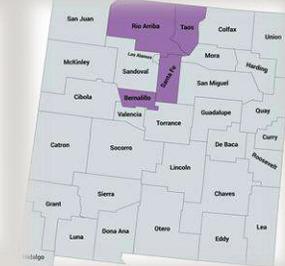
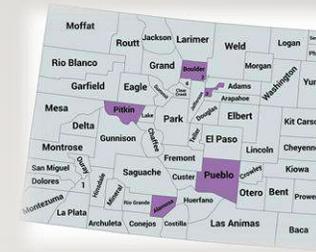
Enhance existing **Deflection** efforts as a novel collaborative upstream effort between public safety and health sectors to "deflect" individuals away from initial or further involvement with the CLS and toward SU care services in the community; ultimately working to reduce overdose deaths, SU, encounters with EMS, and arrests.

**Intervention:** Test the implementation-effectiveness of 2 SYSTEM-level strategy bundles **to promote community engagement of *Deflection***

- ❑ CORE: Strategies to promote community engagement and interagency collaboration
- ❑ ENHANCED: CORE + strategies to systematically involve community advocates

# OVERVIEW

- **Approach:** Hybrid Type 3 Design with a Staggered Parallel Cluster Randomized Trial
- **Setting:**
  - 20 communities in 5 states (Colorado, Illinois, New Mexico, Pennsylvania, and Wisconsin)
  - Assigned to Wave based on site readiness
  - Randomized within Wave to Core or Enh.
- **Population(s):**
  - 300 Individuals who make or receive Deflection referrals
  - 600 Individuals enrolled in Deflection
  - 600 Community citizens



# PRIMARY RESEARCH QUESTIONS

1. Do the community engagement strategy bundles **improve outcomes** compared with pre-implementation period?

- **A. Implementation outcomes** (public health and safety collaboration, citizen awareness and perceived utility of Deflection, workforce referrals and enrollments in Deflection)
- **B. Public health outcomes** (reducing EMS encounters and overdose; increasing service access along the full SU cascade)
- **C. Public safety outcomes** (reducing arrests related to SU)

2. Does the ENHANCED strategy bundle **further improve outcomes** for ENHANCED communities; as compared with communities randomized to receive the CORE strategy bundle?