Delaware Law Enforcement

Behavioral Health Action and Implementation

TOOLKIT

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About the Toolkit

This toolkit is intended for law enforcement units in Delaware that are interested in implementing behavioral health programs to support staff in responding to situations involving individuals experiencing mental health challenges or co-occurring disorders. This guide is not intended to serve as a step-by-step blueprint, but rather to provide you with tools to assess your current capacity, guidance for how to use data to inform your response, and share resources to support you at different stages along the continuum of implementing your behavioral health program.

Contents of the Guide

The toolkit is divided into five sections, each of which contains background discussion, assessment questions, and exercises drawn from promising practices. You will be prompted to write short responses, review existing documents, and complete exercises. Your answers will provide insight into your initiative's current state and help you to develop goals for where you want your program to be in the future. As you work through the sections, please pay close attention to the supporting resources, which contain suggestions for further reading and provide access to important resources and tools. Additional information on relevant specific topics to complement certain sections may be available from the Criminal Justice Council (CJC) or Bureau of Justice Assistance technical assistance provider. Please reach out to the contact below with any questions you have or if additional information or resources are needed.

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Key Terms

Care Coordinator: ensures patient navigation of different resources and care outlets by managing client caseloads, conducting intake assessment and reassessment, and facilitates conversations between interdisciplinary Care Teams.

Case Manager: facilitates patient care by assessing patient needs, evaluating treatment options, creating treatment plans, coordinating care, and gauging progress. The overall goal is to improve clinical outcomes, increase patient satisfaction, and promote cost-effectiveness.

Certified Peer Recovery Specialist: a person who has lived experience of a mental illness, substance use disorder, or co-occurring disorder, who has made the journey from illness to wellness. They use this experience to support another person's recovery journey.

Social Worker: help people facing challenges solve and cope with problems by providing mental health counseling, conducting assessments of clients' needs, providing intervention as needed, etc.

Introduction

Over the past decade, law enforcement has been called on to respond to a range of calls for situations with individuals facing behavioral health challenges, ranging from substance use to mental health crises.

Across the United States, law enforcement units have been considering ways to better respond to these types of situations, with the understanding that improved responses can yield:

- **Improved community connections.**
- **Better outcomes for involved citizens.**
- **Reduced encounters with law enforcement for those in crises.**
- **Minimized arrests and increased behavioral health support.**
- **Reduced vicarious trauma experienced law enforcement officers and thus, reduced stress and strain for officers.**[1]

[1] US Department of Justice, Bureau of Justice Assistance and Council of State Governments, Justice Center (April 2019). Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Reponses for People Who Have Mental Health Needs. Available at: https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/le_framework.pdf.

Law enforcement units in Delaware have a range of experience with integrating responses for responding situations involving individuals with behavioral health challenges. Regardless of experience, law enforcement units can use this toolkit to design a comprehensive and sustainable plan for creating better policies and practices for these situations.

For those just beginning their process, they may begin by understanding the available resources in their community, gathering data, engaging in foundational training, and creating partnerships. Those who have already initiated this type of engagement might begin by assessing their policies and practices across the range of roles in their law enforcement unit, from dispatch to officers, creating partner agreements that include considerations for shared data, ongoing training, and working towards their desired model of policing partnerships. Law enforcement units who already have well-developed systems, practices, partnerships, and policies in place may consider evaluating these efforts, making improvements, refining practices to fully integrate behavioral health responses into everyday functions, and serving as a mentor organization for other units.

A Law enforcement unit's "point of entry" depends on a self-assessment of their current state and capacity to support professional development and systems changes.

Regardless of where a law enforcement unit begins, two components are integral to ensuring successful sustainability: leadership engagement and staff well-being. Each level of engagement requires engaged and committed leadership. Leadership investment will help guide systems changes and investments, create high-level partnerships with other organizational leadership, and champion the work.

Concurrently, leadership must also recognize and validate the behavioral health needs of the law enforcement unit's staff across the range of roles and functions and build support and capacity to identify, address, and treat issues staff are facing.

This action and implementation toolkit follows the framework detailed in the Department of Justice's and Council of State Government's Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People who Have Mental Health Needs.

Additional resources to accompany this framework can be found in the Police-Mental Health Collaboration Toolkit.

Delaware-specific tools and resources are included in the sections below.

Organize Your Team and Partners

Please list the staff members and any key partners who will be supporting and implementing this work below.

If there are members of your team that have not yet been determined or finalized, please list those whom you intend to bring on board/invite, which may include service providers, case managers or clinicians, or others depending on where you are along the continuum of implementation and what your future goals are.

Program Name

1	**Name:**	**Title/Agency:**
	Role:	**Contact Information:**
2	**Name:**	**Title/Agency:**
	Role:	**Contact Information:**
3	**Name:**	**Title/Agency:**
	Role:	**Contact Information:**
4	**Name:**	**Title/Agency:**
	Role:	**Contact Information:**
5	**Name:**	**Title/Agency:**
	Role:	**Contact Information:**
6	**Name:**	**Title/Agency:**
	Role:	**Contact Information:**
7	**Name:**	**Title/Agency:**
	Role:	**Contact Information:**
8	**Name:**	**Title/Agency:**
	Role:	**Contact Information:**

Identify Stage of Readiness

The following questions can be used by your law enforcement unit to assess where you currently are along the continuum in implementing your behavioral health program.

The results of this assessment can also help you to establish goals for what you want to do now and where you want to be in the future with your program.

The results of the assessment will give you an idea of where you can focus your efforts, set your short-, medium-, and long-term goals, develop an action plan, and identify areas where additional support or technical assistance may be needed.

Behavioral Health Program Assessment			
1. Our department currently has a substance use or behavioral health program in place.			
Please select: ☐ No ☐ Yes, for less than 1 year ☐ Yes, for 1-5 years ☐ Yes, for 5+ years	**If yes, plan to:** ☐ Continue ☐ Improve ☐ Expand	**Plan to implement in:** ☐ 1 year ☐ 3 years ☐ 5 years	**Notes:**
2. Our department is currently implementing the following behavioral health program pathways:			
2A. Onsite Medication or Syringe Disposal Box: Individuals can dispose of unused medication or syringes in an onsite medication or syringe disposal box to prevent others from stealing and abusing them.			
Please select: ☐ No ☐ Yes, for less than 1 year ☐ Yes, for 1-5 years ☐ Yes, for 5+ years	**If yes, plan to:** ☐ Continue ☐ Improve ☐ Expand	**Plan to implement in:** ☐ 1 year ☐ 3 years ☐ 5 years	**Notes:**
2B. Self-Referral: Drug-Involved individuals initiate engagement with law enforcement without fear of arrest, and an immediate treatment referral is made.			
Please select: ☐ No ☐ Yes, for less than 1 year ☐ Yes, for 1-5 years ☐ Yes, for 5+ years	**If yes, plan to:** ☐ Continue ☐ Improve ☐ Expand	**Plan to implement in:** ☐ 1 year ☐ 3 years ☐ 5 years	**Notes:**
Notes/Comments:			

Behavioral Health Program Assessment

2. Our department is currently implementing the following behavioral health program pathways:

2C. Law Enforcement Referral: Law enforcement initiates the treatment engagement, but no charges are filed.

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, for less than 1 year ☐ Yes, for 1-5 years ☐ Yes, for 5+ years	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

2D. Substance Use Response: Following an overdose response law enforcement initiates treatment engagement with follow up from a case worker/clinician/care manager.

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, for less than 1 year ☐ Yes, for 1-5 years ☐ Yes, for 5+ years	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

2E. Officer Intervention Referral: Law enforcement initiates the treatment engagement, and charges are held in abeyance or citations issued.

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, for less than 1 year ☐ Yes, for 1-5 years ☐ Yes, for 5+ years	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

2F. Active Outreach: High risk and/or individuals frequently interacting with law enforcement are identified by law enforcement and are engaged by case worker.

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, for less than 1 year ☐ Yes, for 1-5 years ☐ Yes, for 5+ years	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

Other:
Please describe.

Notes/Comments:

Behavioral Health Program Assessment

3. If implementing a behavioral health/intervention program, our department introduces the programs to the participant at the following time:

3A. When there is a self-referral:

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, for less than 1 year ☐ Yes, for 1-5 years ☐ Yes, for 5+ years	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

3B. When there is a need observed, even if no crime is present:

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, for less than 1 year ☐ Yes, for 1-5 years ☐ Yes, for 5+ years	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

3C. When there is a chargeable offense:

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, for less than 1 year ☐ Yes, for 1-5 years ☐ Yes, for 5+ years	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

Other:
Please describe.

4. Our department conducts active outreach to repeat citizens or to specific communities.

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, for less than 1 year ☐ Yes, for 1-5 years ☐ Yes, for 5+ years	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

Notes/Comments:

Behavioral Health Program Assessment

5. Our department has a current practice for the distribution of naloxone.

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, officers carry and are trained to administer naloxone. ☐ Yes, our department has a leave behind program. ☐ Yes, our department has a follow-up process to educate family members and to provide naloxone.	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

6. Our department has a current practice for working with health care providers (e.g., mobile crisis, hospitals, Bridge Clinics).

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, we have an informal partnership with health care providers (HCP). ☐ Yes, we meet regularly (once/month) with HCP. ☐ Yes, we have a Memorandum of Understanding (MOU) and/or other formal agreement in place with HCP.	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

7. Our department has a current practice of connecting citizens to social needs (e.g., food, housing, employment, legal) or family coaching services.

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, we provide social needs information when it is requested. ☐ Yes, we routinely provide information to citizens seeking support for social needs. ☐ Yes, we do a warm hand off with social service providers.	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

Notes/Comments:

Behavioral Health Program Assessment

8. Our department has the following level of support from a case worker/clinician/care manager to support our behavioral health program:

8A. Shared: Case worker/clinician/care manager is shared part time with another department.

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, for less than 1 year ☐ Yes, for 1-5 years ☐ Yes, for 5+ years	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

8B. On call/on site/ride along: Case worker/clinician/care manager available at law enforcement office to assist with walk-in voluntary self-referrals and/or video or phone calls.

Availability

☐ On call
☐ On site
☐ Ride along

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, for less than 1 year ☐ Yes, for 1-5 years ☐ Yes, for 5+ years	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

Other:
Please describe.

9. Our department has specific staff dedicated to support our behavioral health program.

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, we have 1 staff member dedicated to support the program. ☐ Yes, we have 1-3 staff members dedicated to support the program. ☐ Yes, we have 3+ staff members dedicated to support the program.	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

Notes/Comments:

Behavioral Health Program Assessment

10. Our staff are adequately trained to implement a behavioral health program.

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, ≤50% of staff have received training ☐ Yes, 50% of staff have received training ☐ Yes, 100% of staff have received training	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

11. Our department has policies in place to support our behavioral health program.

Please select:	If yes, plan to:	Plan to implement in:	Notes:
☐ No ☐ Yes, we have policies in development. ☐ Yes, we have policies in place, but they are not fully implemented. ☐ Yes, we have policies in place, and they are fully implemented.	☐ Continue ☐ Improve ☐ Expand	☐ 1 year ☐ 3 years ☐ 5 years	

Notes/Ongoing Assessment:

Use the responses from the assessment to discuss with your team where you want to focus your efforts and what you are ready to do now. Consider choosing areas that you are currently working on where you want to improve and/or expand services, areas that you plan to implement in the next year, or where your department is ready and motivated to take action. Do you have any data to help with identifying priority areas? **The next section will provide guidance on reviewing your current data.**

Review Your Data

If you need more space, please check Appendix

Use the table below to identify current data that is being collected as it relates to the Stage of Readiness Assessment.

Data helps the law enforcement units to understand the population they serve; provides the ability to routinely assess the impact of their policies and practices and adjust as needed; identifies partners to cultivate according to their gaps in service needs; and illuminates how to prioritize and maximize resources.

1	**Measure/ Metric:**	
	How is it collected?	
	Who analyzes?	
	Is disaggregated data available?	**Frequency of collection:**
2	**Measure/ Metric:**	
	How is it collected?	
	Who analyzes?	
	Is disaggregated data available?	**Frequency of collection:**

Conduct comprehensive assessment of policies, procedures, and processes related to working with or addressing individuals with behavioral health needs, including process flow maps from receiving calls, dispatch, initial approach, response, and resolution of incidents.

Policy/Procedure	Link

Implementation–Developing Your Action Plan

Based on your self-assessment and the review of your available data, identify three priority areas for your department to take action on in the next three months. After three months, evaluate how you've accomplished these goals or what needs to be done to accomplish these goals. Have these discussions inform your goal setting for the following three months.

Use the table below to outline what your goals, what you want to do, who needs to be involved, what resources will be needed and establish a timeline for implementation. Identify output (e.g., reduced number of arrests, reduced number of ER visits) and process measures (e.g., number of individuals referred to treatment, number of staff trained) to help you track progress on your strategies and goals. There are resources in the following section to support your department as you move into implementation.

1	**Priority area:**	
	Strategy: What will you do?	
	Key partners who will need to be engaged:	
	Resources and capacities needed:	
	By when?	**By whom?**
	Outputs/ Process Measures:	
	Notes/ Follow up:	
2	**Priority area:**	
	Strategy: What will you do?	
	Key partners who will need to be engaged:	
	Resources and capacities needed:	
	By when?	**By whom?**
	Outputs/ Process Measures:	
	Notes/ Follow up:	

3	**Priority area:**	
	Strategy: What will you do?	
	Key partners who will need to be engaged:	
	Resources and capacities needed:	
	By when?	**By whom?**
	Outputs/ Process Measures:	
	Notes/ Follow up:	
4	**Priority area:**	
	Strategy: What will you do?	
	Key partners who will need to be engaged:	
	Resources and capacities needed:	
	By when?	**By whom?**
	Outputs/ Process Measures:	
	Notes/ Follow up:	
5	**Priority area:**	
	Strategy: What will you do?	
	Key partners who will need to be engaged:	
	Resources and capacities needed:	
	By when?	**By whom?**
	Outputs/ Process Measures:	
	Notes/ Follow up:	

Checking In On Your Action Plan

1	**Initial plan:**
	Progress:
	What we learned:
	What to improve for next year:
2	**Plan for year 2:**
	Progress:
	What we learned:
	What to improve for next year:
3	**Plan for year 3**
	Progress:
	What we learned:
	What to improve for next year:
4	**Plan for year 4:**
	Progress:
	What we learned:
	What to improve for next year:
5	**Plan for year 5:**
	Progress:
	What we learned:
	What to improve for next year:

Resources to Support **Implementation**

Contents

RESOURCES TO SUPPORT IMPLEMENTATION

Department Infrastructure

1 Leadership

Ensuring that law enforcement leadership is engaged and committed to leading efforts is critical.

Leadership can use the resources below to assess their readiness and to plan and initiate engagement and commitment to systems change. In addition, consider conducting ongoing discussions around diversion with your staff, identify opportunities to coordinate with leaders from other state and local agencies, and participate in state behavioral health initiatives.

POLICE-MENTAL HEALTH COLLABORATION PROGRAMS: CHECKLIST FOR LAW ENFORCEMENT LEADERS

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LAW ENFORCEMENT MENTAL HEALTH UNIT LEARNING SITES TRAINING AND TECHNICAL ASSISTANCE (THE COUNCIL FOR STATE GOVERNMENT)

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2 Sustainability

1. Establish policies and procedures to support behavioral health program:

Develop policies, procedures, and process flows that organize steps to address situations involving individuals with behavioral health needs (or identify if behavioral health is a factor in an interaction) and designed to help your department meet your program's goals and objectives. Below are overviews and example policies and procedures from across the country of various behavioral health programs and initiatives that can be used as models for developing your program.

DELAWARE STATE POLICE OVERDOSE AND POLICE DIVERSION PROGRAM POLICY (PDP)

Click Here to View

The PDP was created to increase the officer's discretion in the resolution of complaints involving substance use disorders (SUDs) and to provide an opportunity for those suffering from addiction to seek treatment. The policy is not intended to hinder the enforcement of the law, but rather to seek arrest alternatives when appropriate. Through a collaboration with the Department of Substance Abuse and Mental Health (DSAMH), officers may utilize Care Managers and Crisis Intervention Services to divert individuals away from the criminal justice system.

WILMINGTON POLICE PARTNERS IN CARE CO-RESPONDER PROGRAM STANDARD OPERATING PROCEDURE

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The Partners in Care Co-Responder Program pairs trained mental and behavioral health clinicians with sworn police officers to respond to particular calls for service and engage with members of the public to support mental and behavioral health and wellness in communities.

HOPE NOT HANDCUFFS (INGHAM COUNTY, MI)

Click Here to View

Hope Not Handcuffs is an initiative started by Families Against Narcotics (FAN) in Ingham County, Michigan, with the goal of bringing together communities and law enforcement to help place people struggling with substance abuse into a viable treatment option. If accepted into the program, there is a brief intake process to properly place them into affordable care options for treatment.

LAW ENFORCEMENT ASSISTED DIVERSION (LEAD): REDUCING THE ROLE OF CRIMINALIZATION IN LOCAL DRUG CONTROL

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Law Enforcement Assisted Diversion (LEAD) was an initiative started in Seattle, Washington to address the failure of King County's existing law enforcement approach to substance use. This document acknowledges the need for the LEAD program as well as social and racial disparities existing in drug related crime responses. It also outlines a model to grow and replicate the program, citing success in Santa Fe, New Mexico and Albany, New York, as well as personal testimonies from previous participants of the LEAD program.

SUBSTANCE USE AND ADDICTION SAFE STATIONS (ANNE ARUNDEL COUNTY, MD)

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The Safe Station program is available to individuals suffering from all forms of addiction and substance use disorder, not just heroin/opioid addiction. At any time, a local resident who is the victim of addiction or substance use disorder can go to any Annapolis or Anne Arundel County Police or Fire Station and request assistance in obtaining the necessary detoxification resources.

LONGMONT LAW ENFORCEMENT ASSISTED DIVERSION (LEAD) (LONGMONT, CO)

Click Here to View

LEAD is part of a comprehensive behavioral health response system. The system includes a primary response co-responder program, a community health program and the Angel Initiative. LEAD focuses on reducing the usage of the criminal justice system for the public health issue of addiction. Police officers use their discretion to divert or refer individuals struggling with addiction into a harm reduction-based case management program. Public safety-based case managers utilize an assessment to determine individualized needs and work with community partners to meet those needs. Case managers then use an outreach philosophy to “meet them where they’re at” and build individual capacity to confront addiction and build life skills.

PROGRAM SUSTAINABILITY AND THE ROLE OF DATA

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This document provides actionable strategies for organizations in the criminal justice and behavioral health space to assess their capacity for sustainability and take actions to leverage their strengths and course-correct areas of weaknesses to support their long-term success.

NCCPD’S HERO HELP PROGRAM

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The HERO HELP Program is a collaboration between the Division of Police, the Delaware Department of Justice and the State Division of Substance Abuse and Mental Health to provide drug and/or alcohol addiction treatment to qualifying adults who contact the police and ask for treatment, or to individuals in lieu of an immediate arrest for lesser crimes.

2. Identify funding and resources to support comprehensive program:

FEDERAL RESOURCES TO SUPPORT THE DEVELOPMENT OF COMPREHENSIVE CRISIS SYSTEMS (TAKING THE CALL NATIONAL CONFERENCE PLENARY)

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As communities work to build comprehensive crisis systems that improve access to critical community-based care and reduce contact with the criminal justice system, many struggle to identify the needed funding to support these efforts. This panel helps listeners understand how federal funding and other federal supports can be used to make improvements to crisis systems. During the panel, speakers discuss some of the key financial and technical assistance supports available from the Department of Justice, the Department of Health and Human Services, and the Department of Housing and Urban Development to foster the development of comprehensive crisis response systems,including community responder models.

THE DELAWARE OPIOID SETTLEMENT COMMISSION

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The Delaware Opioid Settlement Commission supports communities in combating the opioid crisis through grants for prevention, treatment, recovery and harm-reduction initiatives.

3. Staff dedicated to diversion program:

COMMUNITY TOOLKIT: A PROJECT OF THE LEAD SUPPORT BUREAU

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3 Training

1. Identifying and understanding the signs and symptoms of substance use:

FIRST RESPONSE

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This free, 1-hour, online training course was developed in response to the impact of the opioid crisis on first responders across the country. It addresses the mental and physical stressors faced by firefighters, emergency medical services personnel, and police when responding to opioid overdose calls. This course also provides evidence-based coping strategies, resources, and exercises to help mitigate the impacts of these stressful events.

CREATING SAFE SCENES

Click Here to View

This 1.5 hour, Commission on Accreditation for Prehospital Continuing Education (CAPCE) accredited, online course helps first responders assist individuals in crisis with mental illness or substance use disorder using safe, positive approaches.

IDENTIFYING DRUG USE AND TAKING ACTION

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This lesson, created by The National Institute on Drug Abuse in collaboration with SHAPE America 2024, focuses on recognizing and responding to overdoses.

THE SEQUENTIAL INTERCEPT MODEL (SIM)

Click Here to View

This model details how individuals with mental health and substance use disorders come into contact and move through the criminal justice system. SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans.

2. Identifying the signs and symptoms of behavioral health challenges (including developmental delays such as autism):

BEST PRACTICE GUIDE ON RESPONSES TO PEOPLE WITH BEHAVIORAL HEALTH CONDITIONS OR DEVELOPMENTAL DISABILITIES

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This document provides a review of the available research regarding the implementation and impact of co-responder team programs across several communities.

MENTAL HEALTH FIRST AID AND YOUTH MENTAL HEALTH FIRST AID

Click Here to View | Find a Course

Mental Health First Aid is a course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

THE ONE MIND CAMPAIGN

Click Here to View

The International Association of Chiefs of Police (IACP) offers resources and support to ensure successful interactions between law enforcement and individuals with mental health conditions.

THE SEQUENTIAL INTERCEPT MODEL (SIM)

Click Here to View

This model details how individuals with mental health and substance use disorders come into contact and move through the criminal justice system. SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans.

3. Recognizing crisis and response:

CRISIS INTERVENTION TRAINING (CIT)

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CIT is a 40 hour, weeklong, training class. It provides various core curriculum components including: Introduction to Mental Illness and Psychiatric Medications, Family & Consumer Perspective, De-Escalation Techniques, Negotiations for the First Responder, Risk Assessment and Suicide Intervention, Excited Delirium, Cognitive and Developmental Disabilities, Children's Mental Health Issues, and other important modules. There are experiential learning opportunities such as an auditory hallucination component and scenarios to demonstrate the skills learned in the classroom environment.

National Alliance on Mental Illness Delaware
Resources for Law Enforcement and Frontline Professionals
https://www.namidelaware.org/leos/

CRISIS INTERVENTION TEAM (CIT) PROGRAMS: A BEST PRACTICE GUIDE FOR TRANSFORMING COMMUNITY RESPONSES TO MENTAL HEALTH CRISES

Click Here to View

This guide is intended primarily to be a how-to for individuals and communities interested in starting a CIT program, providing practical suggestions, templates, and worksheets to help you work through the steps to building an effective program.

INTEGRATING COMMUNICATIONS, ASSESSMENT, AND TACTICS (ICAT)

Click Here to View

This use-of-force training guide is designed to support police officers in responding to volatile situations in which subjects are behaving erratically and often dangerously but do not possess a firearm.

4. The benefits and opportunities with community policing efforts:

COMMUNITY POLICING:
IMPROVING POLICE EFFICACY & BUILDING TRUST

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If you are just getting started, this comprehensive training program is designed to enhance participants' awareness of and skills and abilities to engage in contemporary policing strategies founded in the principles of community policing.

5. The impact of trauma and how to develop trauma-informed responses:

TRAUMA-TRAINING FOR
CRIMINAL JUSTICE PROFESSIONALS

Click Here to View | Trainers in Delaware

Trauma-informed care is an approach used to engage people with histories of trauma. This half-day training from Substance Abuse and Mental Health Services Administration (SAMHSA) GAINS Center was developed for criminal justice professionals to raise awareness about trauma and its effects.

6. Practices for contributing to positive school culture:

COPS TRAINING: PREVENTING PROBLEMS
BY PROMOTING POSITIVE PRACTICES

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This 60-minute, International Association of Directors of Law Enforcement Standards and Trainings (IADLEST) Certified and highly interactive training course advances community policing by further enhancing positive police interactions with students and school personnel in school environments.

7. Establish policies and procedures to support behavioral health program:

The following resources and trainings will support staff in deepening their knowledge on responding to behavioral health challenges, substance use and mental health.

DELIVERING BEHAVIORAL HEALTH: POLICE-MENTAL HEALTH COLLABORATION (PMHC) TOOLKIT

Click Here to View

The Bureau of Justice Assistance has created a toolkit for Behavioral Health Professionals to partner with Law enforcement agencies to improve their service of care. The goal is to improve public health outcomes for those with behavioral health needs during law enforcement response.

LAW ENFORCEMENT AND BEHAVIORAL HEALTH PARTNERSHIPS

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Local Initiatives Support Corporation has created a document for community based crime reduction that reviews three different models to assist those facing addiction or behavioral health crises. They highlight the relationship between law enforcement agencies and mental health professionals and emphasize the CBCR Approach. The CBCR Approach consists of four powerful themes for aiding community members: Data Driven, Community Oriented, Spurs revitalization, and Builds Partnerships.

POLICE-MENTAL HEALTH COLLABORATIONS A FRAMEWORK FOR IMPLEMENTING EFFECTIVE LAW ENFORCEMENT RESPONSES FOR PEOPLE WHO HAVE MENTAL HEALTH NEEDS

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The Council of State Governments has created a framework for implementing effective law enforcement responses for those in behavioral health crises. The framework includes a section emphasizing retention of staff engagement from law enforcement agents in these partnerships with behavioral health workers.

BEHAVIORAL HEALTH WORKFORCE

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The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a site that helps those interested in joining the behavioral health workforce resources and job postings by interest or state.

NATIONAL ASSOCIATION OF COUNTIES

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Meeting the Needs of Individuals with Substance Use Disorders: Strategies for Law Enforcement.

FRATERNAL ORDER OF POLICE CRISIS TRAINING ASSISTING INDIVIDUALS IN CRISIS

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Crisis Intervention is NOT psychotherapy; rather, it is a specialized acute emergency mental health intervention which requires specialized training. As physical first aid is to surgery, crisis intervention is to psychotherapy. Thus, crisis intervention is sometimes called “emotional first aid.” This program is designed to teach participants the fundamentals of, and a specific protocol for, individual crisis intervention.

CRITICAL INCIDENT AND STRESS MANAGEMENT: INDIVIDUAL AND GROUP PEER SUPPORT TRAINING

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This three-day course is designed to teach peer support crisis intervention skills to public safety officers. It is a specialized acute emergency mental health intervention course used throughout the United States by law enforcement agencies.

This training requires specialized instruction developed and supported by the International Critical Incident Stress Foundation (ICISF). As physical first aid is to surgery, crisis intervention is to psychotherapy. This three-day seminar will provide the participant with the knowledge, skills and techniques necessary to provide this “psychological first aid” to co-workers and others affected by critical incidents, post-traumatic stress as well as the long-term effects of cumulative stress.

The core curriculum is designed to teach participants the fundamentals of, and a specific protocol for, individual crisis intervention and several of the internationally accepted group crisis interventions. Participants will be able to critically identify the multi-component approach to crisis intervention strategies in the aftermath of a critical incident. Peer support team planning will also be discussed.

The following resources and trainings will support staff in deepening their knowledge on responding to behavioral health challenges, substance use and mental health.

MENTAL HEALTH/YOUTH MENTAL HEALTH FIRST AID TRAINER CERTIFICATION

Click Here to View

Instructor certification results from a 3-day training that presents the Mental Health First Aid course and provides in-depth instruction on facilitating the curriculum.

The training includes self-paced pre-work, a written exam and a presentation that evaluates each candidate's ability to present the Mental Health First Aid course to a variety of audiences. Become certified to teach the Adult or Youth curriculum, or both.

CRISIS INTERVENTION TEAM (CIT) TRAIN-THE-TRAINER

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CIT International provides a train-the-trainer course on a national CIT 40-hour curriculum.

Learn from master instructors on how to conduct the week-long training as well as receive the complete curriculum including course materials, presentations, instructor's guide and everything needed to design and conduct the course in your community for your law enforcement officers.

THE SHIELD TRAINING INITIATIVE

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The SHIELD Training Initiative equips law enforcement and other first responders for their work at the front lines of the overdose crisis. It provides knowledge, skills, and resources that improve their occupational health, wellbeing, and effectiveness. Built on decades of experience and deep knowledge of the evidence base, SHIELD is driven by practice and delivers practical solutions.

Outcomes, Measurement, Monitoring

1 Needs Assessment

Law enforcement units should begin by understanding basic facets and components of the impact on substance use and mental health in law enforcement encounters. In addition, law enforcement units should also begin to understand state and local trends and resources, as well as state efforts currently ongoing to improve systems across the state. Below are resources where you can access Delaware-specific data trends and resources.

COUNTY HEALTH RANKINGS AND ROADMAPS (CHR&R)

Click Here to View

The CHR&R program provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support community leaders working to improve health and increase health equity.

MY HEALTHY COMMUNITY: DELAWARE ENVIRONMENTAL PUBLIC HEALTH TRACKING NETWORK

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This site allows for the exploration of environmental and health data in Delaware neighborhoods. For each of the topic areas, including mental health and substance use disorder, the population health dashboard allows users to compare data from the state to neighborhood level.

2 Evaluate and Refine Plans that Address Needs & Leverage Resources

In collaboration with identified partners and team members, review your data and develop an action plan with goals and objectives for systems change, including process and outcome measures and baseline data for identified indicators. Data can also be used to identify gaps in current policies, practices, and processes and areas that need to be developed. Plan to share your assessment data with your law enforcement unit and state partners on a regular basis and refine your plan as needed.

RESOURCES TO SUPPORT IMPLEMENTATION

Partnerships, Sectors, and Engagement

1. Create inter-disciplinary/cross-sector planning committee to inform system change efforts

ALL PARTNERS TO THE TABLE:
LEADERS ADVANCING CRISIS SYSTEM REFORMS
(TAKING THE CALL NATIONAL CONFERENCE PLENARY)

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No one sector can improve crisis systems on its own. During this panel presentation, leaders who have bridged the divides across behavioral health, criminal justice, and homelessness systems, discuss working in partnership to create effective crisis system responses that include police-mental health collaborations, such as co-responder teams, as well as specialized behavioral health responses, such as community responder programs.

Panelists describe how they built these cross-system relationships, the types of interventions they were able to stand up with their partners, and how those interventions resulted in meaningful and lasting change for the people in their communities.

DALLAS POLICE DEPARTMENT COMMUNITY IMPACT UNIT
(DALLAS, TX)

Click Here to View

The Dallas Police Department established a Community Impact Unit consisting of a deployment unit, a Crime Response Team (CRT), and Neighborhood Police Officers (NPO). The purpose of the Community Engagement Unit is to work together with the community to reduce crime and improve quality of life for community members through communication.

2. Develop Partnerships that Build Cross-Sector Capacity and Coordination

Develop a cross-sector strategic planning committee to identify shared goals and objectives and establish ways to collaborate.

As roles and responsibilities of partners are defined, consider creating Memorandums of Understanding, letter of agreement, or data sharing agreements, as needed, with behavioral health partners for referral and consultation and to formalize the partnerships.

OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES MEMORANDUM OF UNDERSTANDING

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DELAWARE STATE POLICE AND THE DELAWARE DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH FOR THE OVERDOSE AND POLICE DIVERSION PROGRAM MEMORANDUM OF UNDERSTANDING

Click Here to View

THE COUNTY OF VENTURA MEMORANDUM OF UNDERSTANDING WITH TREATMENT PROVIDER (VENTURA COUNTY, CA)

Click Here to View

MEMORANDUM OF UNDERSTANDING BETWEEN THE SISKIYOU COUNTY HEALTH & HUMAN SERVICES AGENCY BEHAVIORAL HEALTH AND THE SISKIYOU COUNTY SHERIFF

Click Here to View

CREATING A MEANINGFUL MEMORANDUM OF UNDERSTANDING FOR SCHOOL RESOURCE OFFICERS

Click Here to View

OVERDOSE DATA TO ACTION IN STATES

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The U.S. Center for Disease Control and Prevention has implemented The Overdose Data to Action (OD2A) that funds 49 state health departments through a cooperative agreement. Its purpose is to expand drug overdose surveillance by enhancing biosurveillance and data linkage, as well as prevention efforts using evidence based strategies.

3. Identify different population groups in the community who have different behavioral health related needs that may intersect with law enforcement

For each of the groups identified below (and any additional population groups in your community), identify key local stakeholders and initiate relationships to build relationships for referrals or assistance as needed. When possible, engage in listening sessions with individuals from key population sub-groups.

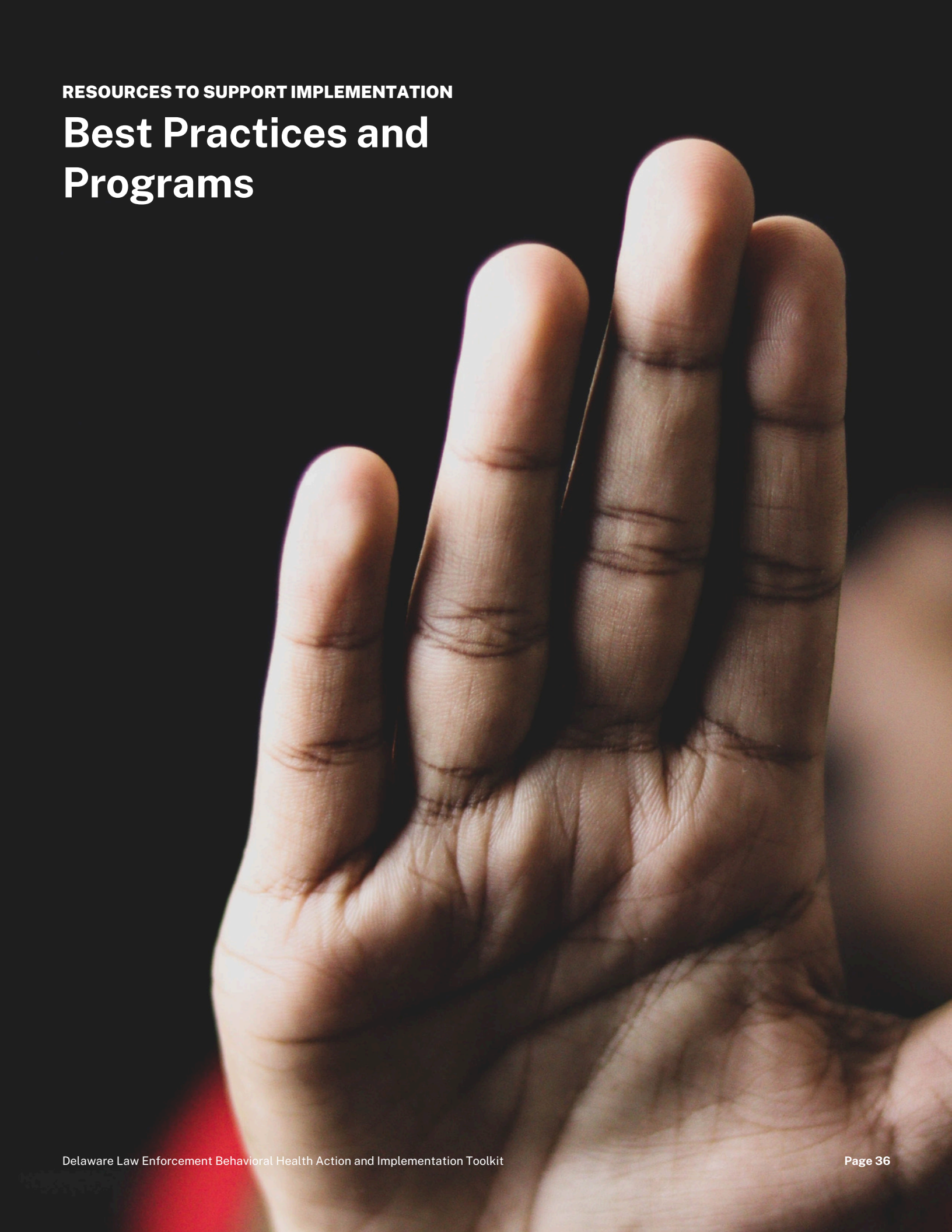
- **Youth and schools**
  - Emerging Models for School Resource Officers
  - Youth Mental Health First Aid
  - Youth Mental Health Court (YMHC)
- **Transition-aged young adults**
- **Individuals with developmental delays and disabilities**
  - Interactions with Individuals with Intellectual and Developmental Disabilities (IACP)
- **Older adults**
- **Homeless**
  - The Springboard Collaborative
- **Sexual Abuse**
  - Journey to Freedom: Empowered to Thrive
  - Support for Individuals Impacted by Prostitution & Exploitation
- **Veterans**
  - Allrise: Justice For Vets
- **Individuals in recovery or transition**
  - Advanced Supervision and Intervention Support Team (ASIST)
- **Active users not connected to behavioral health system**
- **Recently released individuals from DOC or treatment facility**
  - Serious and Violent Offender Reentry Initiative (SVORI)
  - Drug Treatment Alternative to Prison (DTAP)
  - Break Free Online Health and Justice Program
- **Alternative discipline pathways for specific populations**
  - Restorative Justice
- **Serious Mental Illness**
  - Intensive Case Management (ICM)
  - Screening and Treatment of Co-Occurring Disorders

Questions to consider for each of your key populations:

- Who is the population?
- What are our perceptions/understanding (biases) about this population?
- What is the reality for this population living with behavioral health challenges?
- What is the rate of use in this population?
- What are the primary concerns when working with this population?
- What are the potential points of conflict between law enforcement and this population?
- How frequently do points of conflict occur in our law enforcement unit?

RESOURCES TO SUPPORT IMPLEMENTATION

Best Practices and Programs



1. 988 Suicide & Crisis Lifeline

NEED SUPPORT NOW? IF YOU OR SOMEONE YOU KNOW IS STRUGGLING OR IN CRISIS, HELP IS AVAILABLE. CALL OR TEXT 988 OR CHAT 988LIFELINE.ORG

The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States.

Partner Toolkit

2. Delaware Health Crisis Resources for Law Enforcement

HELPISHEREDE.COM

Click Here to View

This site offers connections to mental health, prevention, addiction, treatment & recovery, and health provider services, as well as hotline and immediate care services across the state. For each of these areas, several resources in different counties are provided with contact information and a basic description of their services.

BRIDGE CLINICS

Bridge Clinics offer immediate access to services for substance use disorder and mental health needs for all Delaware residents. They offer screenings and referrals to treatment facilities, evaluations by qualified, licensed clinicians, transportation to and from the facility, training for administering naloxone, and many other crucial services that help divert at-risk populations.

Kent County:
James W. Williams State Service Center, 805 River Rd., 3rd Floor, Dover, DE 19901.
M — F 8:30 a.m. to 4 p.m.
302-857-5060

Hope Center:
365 Airport Rd., New Castle, DE 19720.
M — F 8:30 a.m. to 9:30 p.m.
S — S 8:30 a.m. to 6:30 p.m.
302-544-6815

New Castle County:
DSAMH Central Office, 14 Central Ave., New Castle, DE 19720. M — F 9 a.m. to 4:30 p.m.
302-255-1650

Sussex County:
Thurman Adams State Service Center, 546 Bedford St., Georgetown, DE 19947. M — F 8:30 a.m. to 4 p.m.
302-515-3310

CRISIS INTERVENTION SERVICE

Crisis Intervention Service is a free 24/7 crisis counselling tele-service, or by mobile response, when necessary, to address urgent/emergent behavioral health needs.

Northern DE:
800-652-2929

Southern DE:
800-345-6785

DELAWARE TREATMENT AND REFERRAL NETWORK (DTRN)

JOIN DTRN

DTRN is a statewide, comprehensive referral network for behavioral health and substance use disorder treatment that can be a useful resource for law enforcement. It is an automated system that provides an online inventory of services and wait times to meet patients' needs 24 hours a day, 7 days a week.

Once available services are identified, referring care teams can transition patients to providers around the state that match teams to coordinate supporting services such as transportation, housing, and employment. DTRN significantly shortens referral times in the present and improves long term community health and offers instantaneous, data-driven, personally focused, and clinically sound solutions for getting patients into treatment when they need it.

FIND OUT MORE INFORMATION ABOUT SERVICES PROVIDED THROUGH DTRN

TO JOIN DTRN CONTACT - DSAMHCARES360@DELAWARE.GOV

2. Sample Procedures and Process Flows

Call Intake

Screening and Referral:
- Alcohol and Other Drug (AOD) Screening and Service Referral (Sacramento County)
- Longmont LEAD Referral Procedures (Longmont, CO)

Participant Agreement Forms/Waivers:
- Hope Not Handcuffs Intake and Authorization Form (Macomb County, MI)
- Ingham County Veterans Treatment Court Agreement to Participate (Ingham County, MI)

Response and Resolution

- Safe Surrender Program (Anne Arundel, MD)
- Opioid Overdose Response Program (Howard County, MD)
- Hope One Mobile Outreach Vehicle Policy (Morris County, NJ)
- Arizona Health Care Cost Containment System: Peer Support

Specific Populations:
- Responding to Persons Experiencing a Mental Health Crisis (IACP)
- Interactions with Individuals with Intellectual and Developmental Disabilities (IACP)

Follow Up

- HERO HELP Treatment Progress Form (New Castle County, DE):

  Counselors complete treatment progress reports on a weekly basis to allow for HERO HELP to advocate on program participants' behalf in any legal matters.

- Salisbury Treatment and Outreach Prevention Program (STOPP) (Salisbury, MA):

  The Salisbury Police Department partnered with The Pettengill House to provide services to those struggling with addiction or looking for recovery assistance.

  The Pettengill House is a local non-profit family and children social service agency that provides addiction services to both victims and families touched by drug and alcohol addiction.

  STOPP conducts follow-up visits with victims of overdoses and their families with the goal of providing referral information for addition services and emotional support.

Training Law Enforcement Unit Staff on Policies and Procedures

Once practices are in place, create policies related to required trainings for hiring and onboarding new staff. Policies should include a training plan with components that progress in complexity over time.

3. Naloxone distribution

DELAWARE LAW ENFORCEMENT TRAINING

Click Here to View

The First Responder Narcan Leave-Behind Program is an offering from the Delaware Division of Public Health. This program enables first responders to equip overdose victims, their friends, and their families with NARCAN® and train them how to use it to save a life. Narcan kits will be offered at no cost by these trained first responders, as part of their response to a nonfatal overdose.

NARCAN TRAINING VIDEOS

Click Here to View

Training videos for three FDA-approved forms of NARCAN®: NARCAN® Nasal Spray, EVZIO Auto-Injector, and a Nasal Kit with Atomizer.

DELAWARE PEACE OFFICER NALOXONE STANDING ORDER

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This protocol will allow Peace Officers to treat patients with a history based on bystanders, provider's prior knowledge of the patient, or suspicion of potential narcotic overdose as evidenced by nearby medications or drug paraphernalia.

4. Innovative Programs

CRISIS RESPONSE CANINES (CRC)

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Crisis Response Canines (CRC) is a non-profit organization specialized in training canine teams to deploy within hours after traumatic events. The CRC sends certified Animal Assisted Therapy (AAT) and Animal Assisted Crisis Response (AACR) teams consisting of canines that go through extensive training programs and have certifications such as: Crisis Working Dog Certification, AKC Good Citizen and extended certifications, National Therapy Dog Certification, and Law Enforcement Defensive Systems Crisis Working Dog Certification. Canine handlers require certifications from FEMA's National Command Structure Training and are required to maintain the principles of Critical Incident Stress Management (CISM), and have a range of backgrounds including healthcare, law enforcement, education and military.

LAW ENFORCEMENT LOOKS TO RESEARCH TO HELP FIGHT THE OPIOID CRISIS

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The opioid crisis is an ongoing epidemic taking tens of thousands of lives every year. In response to this ongoing issue, law enforcement agencies across the country are implementing a multitude of initiatives to combat opioid overdose and assist those living with addiction. The National Institute of Justice (NIJ) works alongside other agencies to research the most effective and impactful ways to fight the opioid crisis. Some methods include mental health intervention, use of syndromic surveillance which can predict spikes in overdoses, and most other models lead to medication-assisted treatment (MAT), a form of substance use treatment that combines the use of medications with behavioral therapies.

IDENTIFYING AND PREVENTING GENDER BIAS IN LAW ENFORCEMENT RESPONSE TO SEXUAL ASSAULT AND DOMESTIC VIOLENCE RESOURCE LIST

Click Here to View

Domestic Violence is defined by law as physical, emotional, psychological, or sexual abusive behavior in any relationship that is used to exercise power and control over any household member. The Department of Justice Office on Violence Against Women has compiled a list of resources to assist law enforcement agencies that aim to implement its guidance and core principles. The resources are separated into two categories, one consisting of resources by organization, which lists various groups that work to fight domestic violence. The second consists of principles to help guide law enforcement agencies who look to implement trauma informed care.

XYLAZINE WOUND CARE FACT SHEET

Click Here to View

The California Department of Public Health has created a fact sheet on Xylazines ability to cause wounds and how to effectively clean and dress them.

NEW BEDFORD DEPARTMENT OF PUBLIC HEALTH COMMUNITY WELLNESS PROGRAM

Click Here to View

The New Bedford Department of Public Health partnered with South Coast health and the New Bedford Police Department to hold a Xylazine Wound Care Training for community health and outreach workers.

Data Reporting – Sample Data Table

Appendix

Below is a draft list of outcome and process measures that it would be good to collect. This document is designed as a tool to facilitate discussion. The list can expand for departments who wish to capture more or decreased for departments who do not have the capacity for robust data collection.

REDCap (Research Electronic Data Capture) is a *free* web-based software platform that can be used for building online databases. https://project-redcap.org/

Distal/Long-Term Outcome Measures (2-3 years)		*include demographic breakdown for each measure	
Measures	**How collected?**	**Who collects?**	**Frequency**
Reduced overdoses (fatal and non-fatal)			
Reduced arrests/incarcerations			
Reduced re-arrest/re-incarcerations			
Reduced ER visits and readmission			
Improved well-being of individuals served			
TBD Community measure			
Reduced wait time for treatment services (improved access to treatment services)			
Reduced homelessness			

Proximate/Process Outcome Measures			*include demographic breakdown for each measure
Measures	**How collected?**	**Who collects?**	**Frequency**
OVERALL			
Average well-being score of individuals served			
Number of arrests			
Number of individuals who choose to go to treatment			
Number of individuals currently engaged in treatment			
Number of individuals who completed treatment			
Number of individuals who got their charge expunged			
Number of individuals charged			
Number of individuals charged who did not initially want diversion			
Number of individuals who did not complete treatment and were charged			
Number of hospitalizations			
Number of re-admissions/re-arrests		ER: Arrests:	
Number of contacts			
Number of engagements			
Initial			
Follow-ups (up to 6 months)			
New contact			
Number of engagements by sub-population			

Proximate/Process Outcome Measures			*include demographic breakdown for each measure
Measures	**How collected?**	**Who collects?**	**Frequency**
TREATMENT			
***Number of individuals referred to substance use disorder or co-occurring treatment**			
***Number of individuals who were assessed for substance use disorder and co-occurring disorders**			
***Number of referrals who made it to treatment/received treatment services**			
**For individuals receiving treatment services, what is the length of time in services?*			
**For individuals who stopped receiving treatment services, what was the length of time they were in services?*			
Number of individuals who completed treatment			
Number of individuals who completed treatment plans/goals for pre-arrest diversion			
Type(s) of treatment			
Number of reengagements			
Number of transfers to proper level of care			
Number of children/youth			
Number screened for services			
Number referred			

Proximate/Process Outcome Measures			*include demographic breakdown for each measure
Measures	**How collected?**	**Who collects?**	**Frequency**
SOCIAL DETERMINANTS OF HEALTH (e.g., homeless placement, transportation, employment/training)			
Number of screens for social needs/SDOH			
Number of referrals for social needs/SDOH and completed			
Social needs identified			
Social needs addressed			
Number of partners and agreements in place			
TRAINING AND EDUCATION/INFRASTRUCTURE			
Number of staff trained			
Entry-level			
Advanced			
Engagement with sub-populations			
Number of case managers and clinicians trained			
Entry-level			
Advanced			
***Number of individuals trained on use of naloxone by role (e.g., law enforcement, clinician, care manager)**			
**Method of training delivery (e.g., in-person, online, other - please describe)*			

Proximate/Process Outcome Measures			*include demographic breakdown for each measure
Measures	**How collected?**	**Who collects?**	**Frequency**
TRAINING AND EDUCATION/INFRASTRUCTURE (continued)			
Number of policy and practice changes			
Number of MOUS and contracts created			
***Number of outreaches and events**			
**List target audience for outreach and events*			
**Method of delivery for outreach and events (e.g., in-person, online, other - please describe)*			
**Number of people reached through outreach and events*			
**Did you host a Take Back Day event? If yes, how many and amount (pounds) of controlled substances recovered?*			
Number of community members/partners/organizations engaged together			
OUTREACH, AWARENESS, AND PREVENTION ACTIVITIES			
***How many individuals were screened during the reporting period?**			
***How many individuals received services during reporting period?**			
***During the reporting period, how many pounds of controlled substances were received and disposed of in locations with receptacles where you have assisted with the coordination and installation?**			

Proximate/Process Outcome Measures			*include demographic breakdown for each measure
Measures	**How collected?**	**Who collects?**	**Frequency**
DIVERSION, RECOVERY SUPPORT, AND SUBSTANCE USE DISORDER TREATMENT SERVICES			
***How many individuals were referred to recovery support services?**			
**Of those, how many received recovery support services?*			
**Of those referred to or received recovery support services, how many were identified as crime victims?*			
***For those receiving recovery support services, how many are receiving services for less than 30 days, 30 days or more?**			
***For participants who stopped receiving recovery support services, how many received services for less than 30 days, 30 days or more?**			
**Of those family/friends, how many were identified as crime victims?*			
***How long does it take an individual to begin receiving substance use disorder or co-occurring treatment services after referral (days)?**			
***How many subsequent overdose events did program participants experience (fatal or nonfatal) following referral into the program?**			
***How many individual participants experienced subsequent overdose events (fatal or nonfatal) following referral into the program?**			
***Please indicate the number of program participants who had the specified number of contacts with their case manager during the first 30 days. A contact could include an in-person meeting, phone call, or series of electronic messages.**			

Open response: Indicate any obstacles or barriers to connecting clients to treatment or recovery support services.

Review Your Data

Appendix

1	**Measure/ Metric:**	
	How is it collected?	
	Who analyzes?	
	Is disaggregated data available?	**Frequency of collection:**
2	**Measure/ Metric:**	
	How is it collected?	
	Who analyzes?	
	Is disaggregated data available?	**Frequency of collection:**
3	**Measure/ Metric:**	
	How is it collected?	
	Who analyzes?	
	Is disaggregated data available?	**Frequency of collection:**
4	**Measure/ Metric:**	
	How is it collected?	
	Who analyzes?	
	Is disaggregated data available?	**Frequency of collection:**