

Multnomah County

Deflection Program Annual Report

9/1/2024 - 8/31/2025



Overview

Multnomah County's Deflection Program has concluded year one of operations, spanning September 1, 2024 – August 31, 2025.

The people who opted into deflection this year did so at a challenging moment in their lives, after a police officer found them committing a low-level drug offense for which they could have been arrested. Each person deflected had an opportunity to voluntarily receive services and take the first steps towards recovery from substance misuse instead of arrest. Each deflection is someone who did not go to jail, did not go to an emergency department, and was not left on the streets.

The data collected during the first year of Multnomah County's Deflection Program shows that the people who came to deflection were active in their addiction and faced challenges that could impact their motivation to engage with the program and in services. For example, many individuals were houseless, had persistent and unmet medical and mental health needs, and were food insecure. Despite those challenging circumstances, 113 people successfully completed deflection and were connected to resources that support recovery and stability.

Below is an example of how a client that successfully completed deflection overcame his initial reluctance to engage with the program:

The individual was referred to deflection in the early morning hours and engaged with the services at the Pathway Center, including a medical screening, a SUD screening, and case management. After case management, the individual was not willing to follow-up immediately on one of the referrals that were identified on his care plan. However, the individual was willing to admit to the Sobering Unit to rest as he had not slept in several days. Screenings revealed that the individual had several medical comorbidities and disabilities, and was also a US Army Veteran. After staying in sobering for a time, the individual opted to engage a second time with a PATH¹ clinician to further discuss treatment options and the risk[s] and benefit[s] of each. Following much consideration, the client was amenable to admitting to detox services directly from Sobering. After Sobering, the PATH clinician was able to coordinate additional referrals with the Case Manager/Discharge Planner at the detox center throughout the client's admission there. This allowed the Clinician to submit referrals to two other providers of Veteran specific services and for the Discharge Planner to coordinate a direct transfer from detox to a 90-day residential treatment program. Although initially resistant, involvement with the Deflection Program allowed the client to get connected to the specific services he needed and into long-term SUD treatment.

¹ The Multnomah County Promoting Access to Hope (PATH) program helps those who are houseless or close to becoming houseless get treatment for a substance use disorder. PATH connects people to behavioral health and recovery services, and helps them overcome barriers that can keep them out of housing.

I. Deflection in Oregon and Multnomah County

Created by HB 4002 in 2024, deflection is defined in statute as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services. In Oregon, deflection is a novel, intersectoral approach to addressing the challenges that coincided with the decriminalization of possession of a controlled substance (PCS) through Measure 110 (M110) in 2020. That legislation recriminalized possession of small amounts of controlled substances and public use, and made funding available for a new pathway to services for people with substance use disorder. This ‘warm hand-off’ from law enforcement to behavioral health is a core feature of deflection in Oregon, and offers new options for police and other first responders to get people who need help into appropriate services. Under HB 4002, each county that received grant funding was authorized to design a program that best addressed local needs, including establishing deflection eligibility criteria, deciding what services would be provided through deflection, and what constitutes deflection completion. Through this newly created deflection option, people in the county that are struggling with addiction can now have a new entry point to treatment and other recovery supportive services as an alternative to jail.

Multnomah County’s deflection policy is established by the HB 4002 Leadership Team, including members from the Portland Police Bureau, Gresham Police Department, the Multnomah County Chair, Multnomah County Sheriff, the Multnomah County District Attorney, Public Defenders, the Presiding Judge of Multnomah County Circuit Court, the chief criminal judge of the Circuit Court, representatives from the City of Portland, the Department of Community Justice, as well as the directors of the Health Department and the Local Public Safety Coordinating Council. The HB 4002 Leadership Team established deflection eligibility criteria that limited the size of the deflection eligible population and completion requirements that aligned with HB 4002 implementation goals and law enforcement needs. Deflection would occur through a law enforcement intervention model based on best practices. Under this model deflection is offered to individuals that could be charged with possession of a controlled substance. Eligible individuals would not have outstanding warrants or other charges at the time of the encounter. The result was a limit to the size of the deflection eligible population. Importantly, there was no baseline for that population size at the time the policy was implemented.

In establishing deflection completion criteria, the HB 4002 Leadership Team recognized that recovery is non-linear and that there may be a range of services and supports that a given individual needs when starting recovery. Successful completion criteria was determined to be 1) receiving a medical and SUD screening, 2) meeting with a case manager to receive a care plan with referrals to services, 3) signing a release of information, and 4) accessing at least one service referral on their care plan within 30 days of the date of deflection. In order to increase the chance of long term recovery success while also balancing the need for accountability when an individual does not complete the program, the Leadership Team defined successful completion of deflection as accessing a SUD or other supportive service within a 30 day period.

Taking into consideration that law enforcement expressed a need for a place to bring individuals for services immediately after an encounter, and also the need for additional services and pathways to service connections within the community, a center-based model was selected. The Coordinated Care Pathway Center opened on October 14, 2024 to house deflection and, later, voluntary sobering. At the same time, a pilot active outreach model was being tested in the first year in east county by the Gresham Police Department, whose jurisdiction's distance from the center would make transport there challenging.

II. Purpose of this Report

By leveraging both the data collected in order to meet State reporting requirements and additional program-specific data gathered for program improvement purposes, this annual report is intended to provide insights into key program metrics, emerging trends, and the unique needs of the deflection population. The report covers the first year of programming, spanning September 1, 2024 (9/1/2024) to August 31, 2025 (8/31/2025), and is an annual edition meant to supplement quarterly reporting with data aggregated over the year. The next quarterly report will be released as an addendum to this report in November 2025 and will include data spanning the period of July 1, 2025 through September 30, 2025.² Additionally, this is the first report presenting data from a pilot between the Deflection Program, 4D Recovery and Gresham Police Department.

III. Lessons from the Data

The data presented in this report show the progress that has been made since the program's launch. It will be used to set benchmarks for program performance and evaluation going forward. For example, preliminary size estimates of the population to whom law enforcement may offer deflection based on current eligibility criteria can now be projected with some accuracy, which was not available at the start of the program. This helps establish the baseline number of connections to the program that could be expected. The total number of referrals to deflection from year 1 of programming can be visualized in Table 1 and Graph 1, while a view into monthly trends is available in Graph 2.

The data also depicts a consistent level of people who engage voluntarily in on-site services, as well as a consistent level of overall successful completion of deflection based on the current completion criteria. Using this information, the program can work to identify improvements for implementation in year 2 with the goal of increasing the number of those who engage with deflection services. The intent is that higher rates of engagement will result in more people accessing a service within 30 days, which will advance their long-term recovery. Metrics around client engagement can be visualized within Table 1 and Graph 1, while a view into monthly trends is available in Graph 2.

² In fiscal year 2026, which began on July 1, 2025, the reports will cover the following periods. Q1: 7/1/2025 – 09/30/2025, Q2: 10/1/2025 – 12/31/2025, Q3: 1/1/2026 – 3/31/2026, Q4: 4/1/2026 – 6/30/2026. Of note, reporting frequency may be subject to change.

The year 1 trend analysis offers important insights in the types of program changes that have already contributed to progress. For example, the expansion of Pathway Center hours to 24/7 and the addition of on-site sobering services made a significant impact on engagement in services at the center and deflection completion rates. This strongly suggests that program changes prioritizing increased connections to deflection and ease of service referral access would promote better program outcomes.

The data has also revealed the importance of understanding as much as possible about the complex needs of the deflection eligible population and the service access barriers that hamper both their successful completion and, more importantly, their recovery. At the start of the program, before knowing what service referrals would be most provided and sought, the program faced challenges identifying what additional information would be critical to track. Now that more is known about the deflection population and what could better support success, the program is looking for ways to maintain contact during the deflection period and beyond in order to improve deflection completion rates and retention in services accessed. This might include expanding outreach and care coordination services. Offering these expanded services would depend on resource availability in the next deflection funding cycle.

Highlights from Year 1

I. Key Program Metrics

In year 1, law enforcement made 606 referrals to the deflection program for 520 people. These 606 referrals to deflection resulted in 392 people, or 65%, engaging in the program and receiving deflection services. For all deflections after October 14, when the Coordinated Care Pathway Center opened, that means voluntarily accepting peer services, screenings, and case management available onsite. Of those 392 engaged clients, 113, or 29%, took the additional step of accessing at least one service referral from a custom care plan designed to advance their SUD recovery. These 113 people successfully completed their deflection. These key program metrics are shown in Table 1 below.

Table 1: Summary of Key Program Metrics

Program Metric	Total
Referrals to Deflection	
No. of times law enforcement referred an individual to deflection in lieu of arrest for PCS	606
No. of unique people that were referred to deflection	520
Clients Engaged³	
No. of times a person referred to deflection voluntarily engaged with deflection services	392
% of referrals that resulted in engagement	65%
Completions⁴	

⁴ The term "engaged" is defined as signing a release of information (ROI) to allow for future verification of access to services, receiving a medical screening, SUD and basic needs screening, peer support, case management, a custom care plan with referrals to community services (including sobering, if appropriate).

Program Metric	Total
No. of clients who completed deflection	113
% of engagements that led to a completed deflection	29%
% of completed deflections that resulted from client accessing at least one SUD service or recovery support service ⁵	81%
No. of clients with pending completion status	11

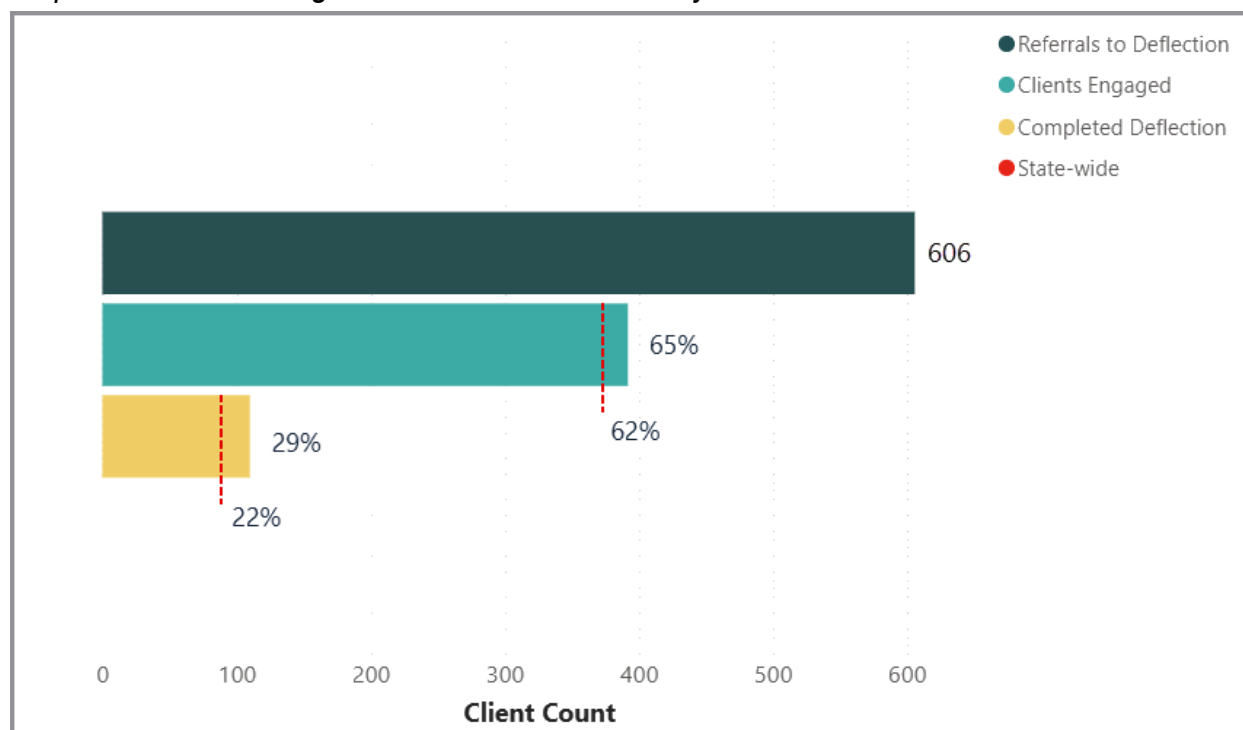
II. Multnomah County's Results in Context

The proportion of referrals to deflection that resulted in a person voluntarily engaging with services at the Pathway Center (65%) is 3% higher than the average rate of people entering deflection across all Oregon-state deflection programs (62%). When considering completed deflections, 29% of clients are fulfilling Multnomah County's deflection program success criteria is 7% higher than the state-wide average (22%). Of note, each county has their own eligibility and success criteria, along with selecting their own referral pathways and allowable co-charges (if applicable). When considering year 1 findings through the lens of these state-wide averages, it is important to contextualize these observed rates of clients engaged and completed deflections. Multnomah County's program is entirely voluntary, allows no co-charges at the time of the deflection event, and has only been accessible through the law enforcement intervention pathway.

⁴ To "complete" deflection In Multnomah County, clients must access at least one service referral from their custom care plan within 30 days of their date of deflection. The PATH team verifies the accessing of these service referrals by connecting directly with the service provider.

⁵ Throughout this reporting, references to "SUD service or recovery support service" includes sobering, withdrawal management, outpatient treatment, intensive outpatient treatment, MAT, MOUD, and SUD peer services. These categories correspond to the breakout view as shown in graphs 4 and 5.

Graph 1: Deflection Progression in Multnomah County⁶



III. Programmatic Development and Improvements

The programmatic developments and improvements shown in Table 2 below were implemented within the first year of programming. These improvements have resulted in positive impacts on metrics and data quality. When considering program performance in relation to improvements, the impact of 24/7 operations and sobering are particularly noteworthy as depicted within Graph 2.

Table 2: Timeline of Programmatic Developments and Improvements

Date	Development / Improvement	Impact
8/1/2024 - 8/30/2024	Deflection screening tools, procedures, workflows, and program-specific data systems developed	Multnomah County was able to launch deflection as early as possible, beginning on 9/1/2024.
9/1/2024	Program Launch (field-based deflection only)	Deflection became available as soon as possible in Multnomah County while the Coordinated Care Pathway Center was still being renovated for the purposes of center-based deflection operations.

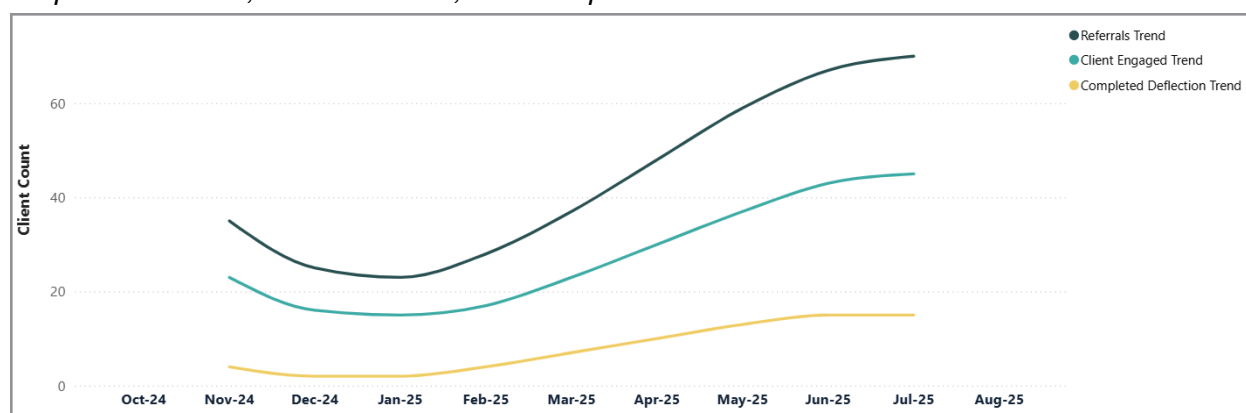
⁶ The Referrals, Clients Engaged and Completed Deflection metrics used throughout this report crosswalk to the CJC's definitions of Deflection Event, Entered Deflection and Successfully Completed Deflection, respectively. The state-wide benchmark percentages shown for Clients Engaged and Completed Deflections were calculated using state-wide counts that were current as of 9/26/2025 and do not align with the Client Counts x-axis.

9/1/2024 - 12/1/2024	Operationalization and use of state data system (REDCap)	State reporting requirements were met and aligned with County program data collecting.
10/15/2024	Coordinated Care Pathway Center opens, transition to center-based deflection (except for east County / Gresham)	Law enforcement officers could now quickly and efficiently transport deflection eligible people to a central location and facilitate a warm hand-off to Center staff.
3/1/2025	PATH and Pathway Center security protocols are updated to allow for clients to re-enter the Center by appointment	Clients are now able to reconnect with their care coordinator for in-person follow-up meetings after their initial deflection referral. This positively impacted the client experience and facilitated an increase in completed deflections.
4/14/2025	Pathway Center operating hours expand to 24/7	Previously, operating hours were limited to Monday - Friday 7am - 11pm and Saturday - Sunday 7am - 3pm. People that were eligible for deflection but outside these operating hours were not able to be offered deflection. With expanded hours of operation, all people eligible for deflection can now be offered deflection regardless of time of day their encounter with law enforcement occurs.
4/28/2025	Pathway Center launches on-site voluntary sobering	Upon intake and medical screening, Pathway Center staff are now able to identify deflection clients that would be appropriate for onsite sobering and offer this as part of their custom care plan. If consenting, clients may sober for up to 24 hours under medical supervision and with support of comfort medications. This also allows for more time for peer workers and care coordinators to facilitate the person's next steps, such as direct placement into SUD treatment or an appointment with a housing specialist.

IV. Year 1 Trends Across Key Metrics

For visualization, a polynomial trend line has been used to show the month-to-month projection of the three key metrics referenced above. Graph 2 shows there has been a significant increase over time in referrals, clients engaged, and clients who subsequently complete deflection. Of note, this graph shows trends starting in November 2024 as two months worth of data is required to calculate each subsequent month's trend and ends in August 2025 due to pending completions.

Graph 2: Referrals, Clients Served, and Completed Deflection Trends

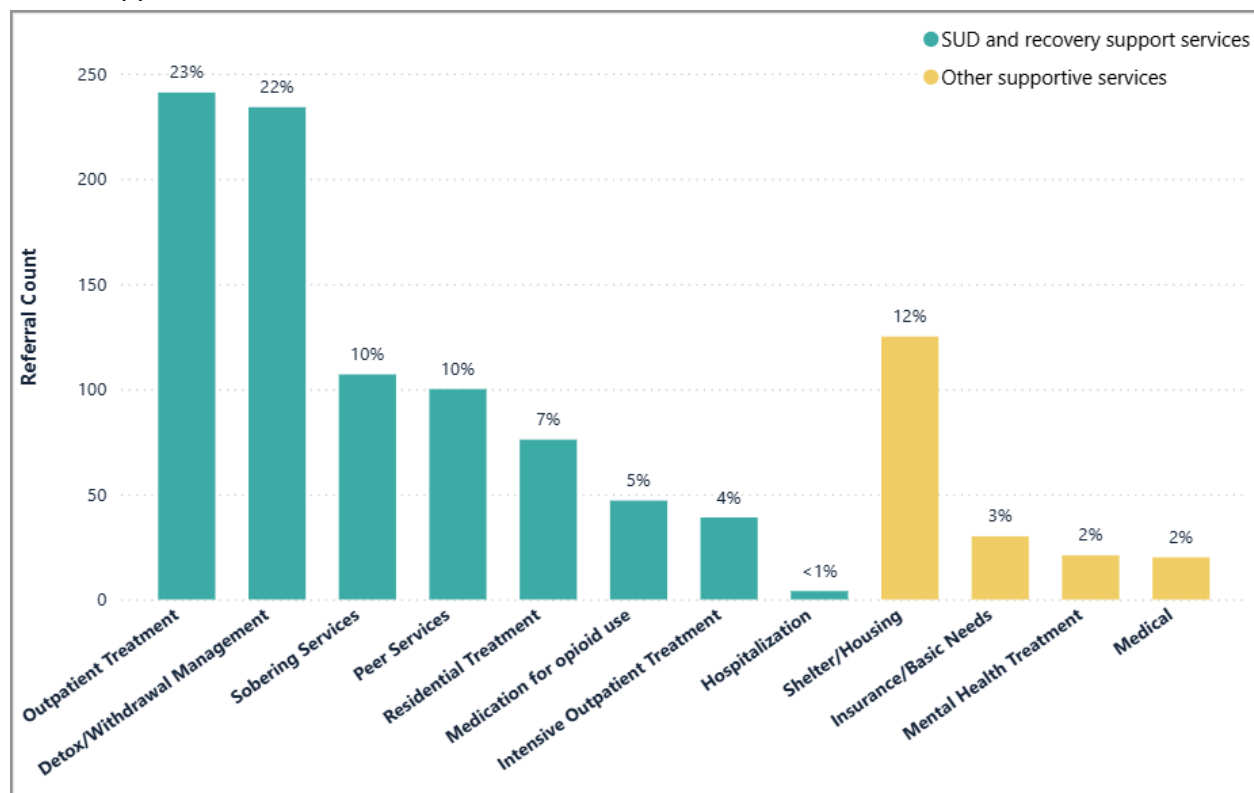


V. Service Referrals

Since deflection began, 1044 referrals to services have been made to engaged deflection clients from 9/1/2024 – 8/31/2025, with all clients receiving at least one referral as part of their custom care plan. SUD and recovery support services accounted for 824 (79%) of all referrals offered, including 107 (10%) for sobering services, 234 (22%) for detox/withdrawal management, 383 (37%) for SUD treatment⁷, and 100 (10%) for peer services. 220 (21%) of referrals offered were for other supportive services, including shelter/housing, medical, mental health treatment, and insurance/basic needs.

⁷ Throughout this reporting, references to “SUD treatment” includes the following services: outpatient treatment, residential treatment, intensive outpatient treatment, and medication for opioid use.

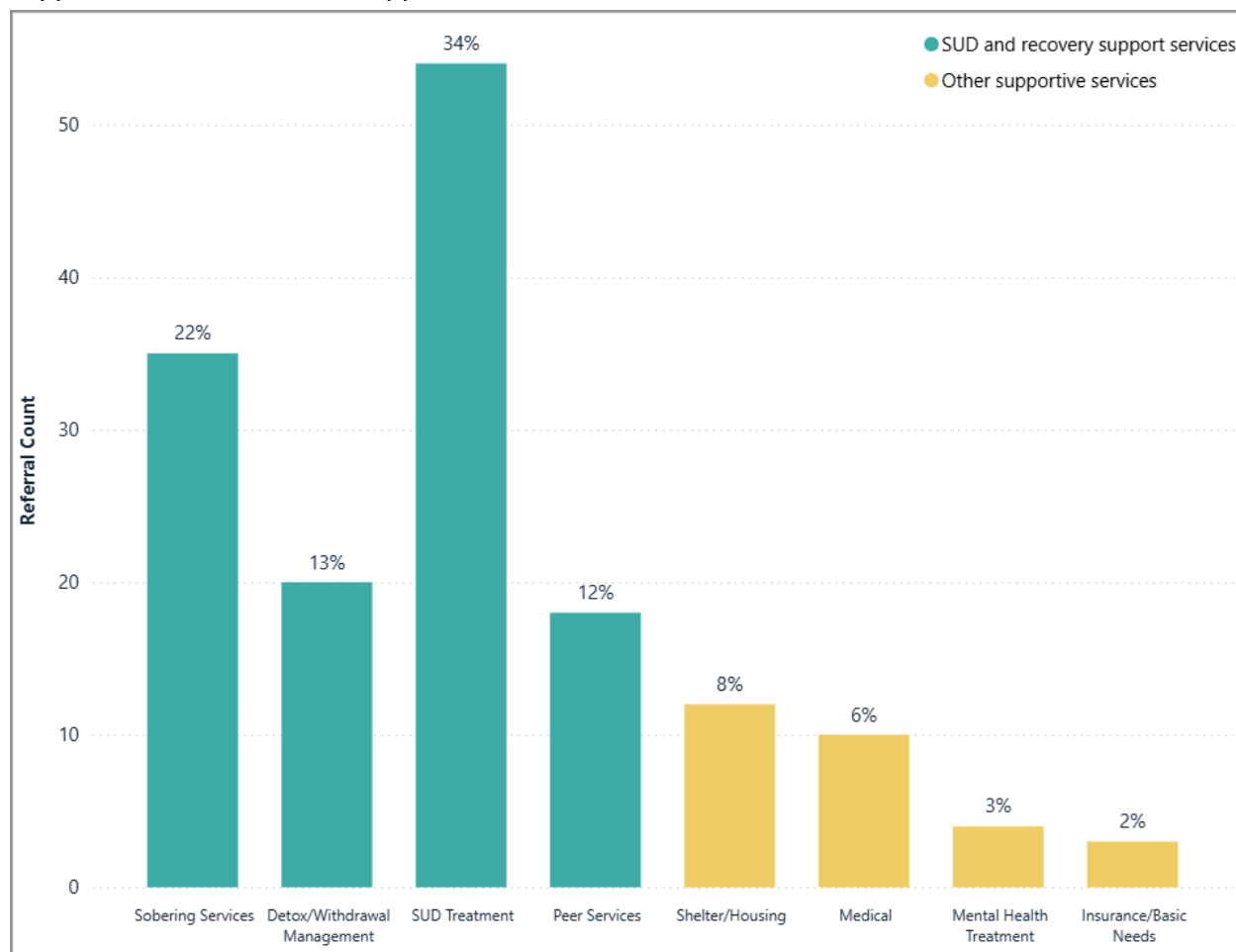
Graph 3: Referrals Provided to All Clients – To SUD and Recovery Support Services and to Other Supportive Services



As shown in Graph 4 below, since the program's start 156 service referrals have been accessed by 109 clients who have successfully completed deflection a total of 113 times. While clients need only access one referral within their 30 day deflection window in order to complete deflection, 33 (30%) clients accessed more than one service referral from their care plan, attributing to a greater amount of service referrals accessed than completed deflections.

127 (81%) service referrals accessed by clients were for SUD and recovery support services, including 35 (22%) for sobering services, 20 (13%) for detox/withdrawal management, 54 (34%) for SUD treatment, and 18 (12%) for peer services. The remaining 29 (19%) service referrals accessed were for other supportive services.

Graph 4: Referrals Accessed by Clients that Completed Deflection – SUD and Recovery Support Services vs Other Supportive Services



VI. Active Outreach Pilot Data

Multnomah County is large and geographically diverse. Accordingly, in collaboration with Gresham Police Department (GPD) and 4D Recovery, the program piloted a field-based law-enforcement intervention model as well as active outreach model. The models piloted were selected to align with the needs of GPD as transport to the Pathway Center posed challenges for their officers.

As part of the pilot, 4D would do two things. First, 4D would assist GPD with law-enforcement intervention deflection by responding directly in the field to calls from officers who offer deflection in lieu of a PCS arrest. At the time of those encounters, 4D staff would use deflection-specific screening tools, develop a care plan, and offer assistance for the person to access a service either immediately or within the 30 day deflection window. This process is similar to the process at the Pathway Center, the deflection completion requirements are the same, and all corresponding data is reflected in the tables and graphs above. Second, 4D would provide outreach services in areas that GPD determined to have populations where people

would likely be using and possessing controlled substances. After coordinating with GPD, 4D would send teams to those designated areas.

The results of active outreach were analyzed at the end of this year and show that 130 individuals from Gresham were enrolled in 4D's programming between 10/1/2024–8/31/2025. A notable highlight of 4D's partnership includes their capacity for same-day assessments at 4D's outpatient program – 14 of which have been completed between 4/1/2025 – 6/30/2025.

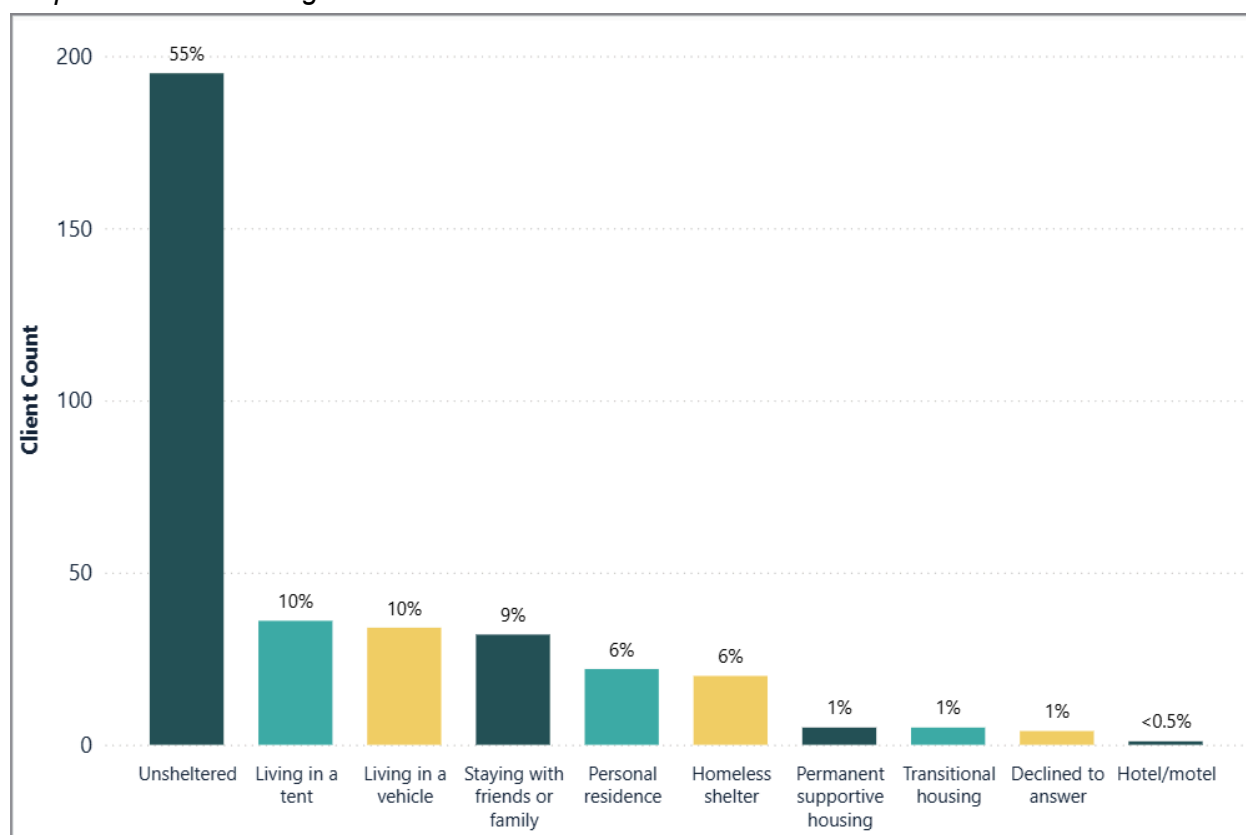
Population Insights

Demographic, medical, dental, and social determinants of health data has been collected for all people served at the Pathway Center. This information helps identify which interventions would be most beneficial to the client population. It will also lay the groundwork for continued work by all deflection partner organizations to increase equity in and accessibility of deflection to populations less represented.

As with all components of deflection programming, participation is voluntary. The below client population characteristics were gathered from people who volunteered a significant amount of information about their needs and the conditions under which they live and attempt recovery. There was a 96% response rate among all demographic, medical, dental, and social determinants of health questions.

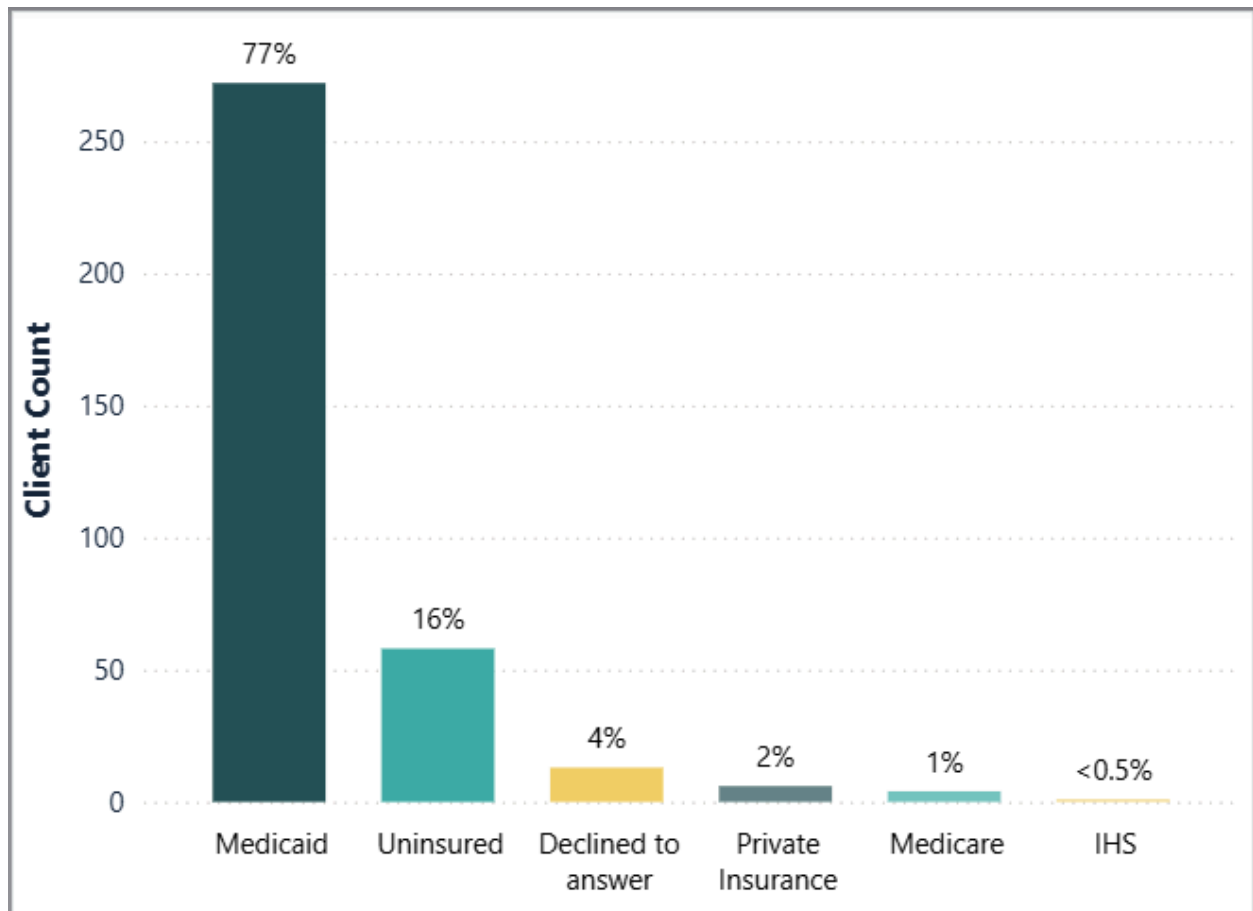
Of the 354 unique clients served at the Pathway Center, 81% (287) were experiencing homelessness and, including those who self-reported as unsheltered, living in a tent, staying with friends and family, living in a vehicle, staying in a homeless shelter, or a hotel/motel. Only 6% reported living in a personal residence and an additional 2% self-reported staying in permanent supportive housing or transitional housing.

Graph 5: Client Housing Status



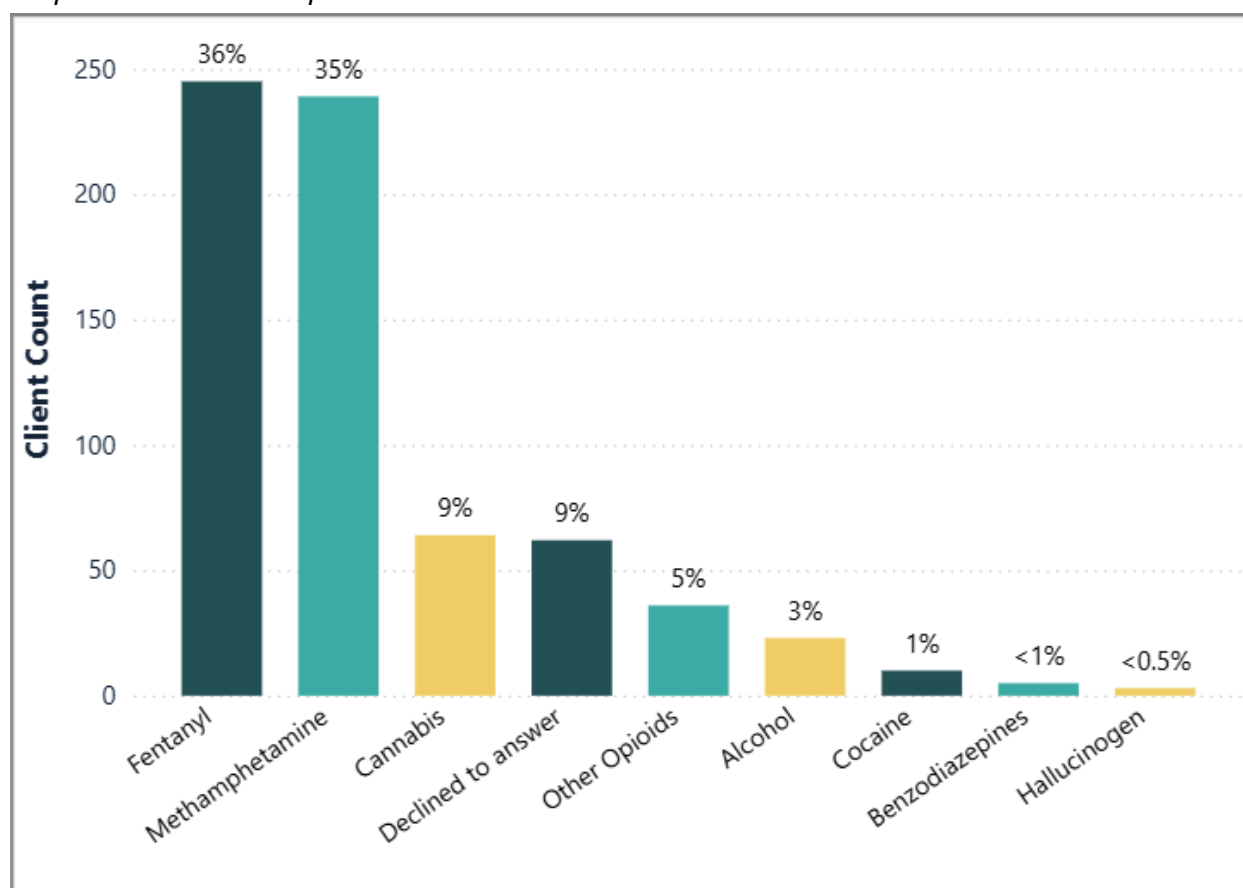
Per the Oregon Health Authority’s impact analysis of funding cuts passed by the U.S. House of Representatives on May 22, 2025, an estimated 200,000 OHP (Medicaid) members could lose health care under these new, complex eligibility rules and become uninsured. An additional 560,000 people in Oregon will be subject to more frequent eligibility checks and will further put people at risk of losing coverage despite being eligible. With 77% of the current client population self-reporting coverage through Medicaid, coverage shortfalls could have significant impacts on client population’s access to preventive and acute care making their connections to care through deflection even more crucial.

Graph 6: Client Health Insurance Coverage



91% of clients were forthcoming about their substance use – most commonly, 36% of clients self-reported using fentanyl and 35% using methamphetamine. Clients using both fentanyl and methamphetamine accounted for 52% of clients served at the Pathway Center.

Graph 7: Client Self-Reported Illicit Substances Used



Other key characteristics to note regarding the deflection client population:

- 96% of clients use English as their primary language.
- 72% of clients fall within the ages of 26-45 with the majority (41%) of clients between the ages of 31-40.
- 76% of clients are male, 22% are female, 1% are nonbinary, and <1% are transgender.
- 62% of clients are White, 13% are Black / African American, 7% are Latino/a/X, 6% are American Indian / Alaska Native, 3% Native Hawaiian & Pacific Islander, 1% Asian, and 1% Middle Eastern/North African.
- 60% of clients require food assistance.
- 19% of clients self-reported at least one recent Emergency Room visit within the 90 days prior to their deflection referral – 81% reported no recent ER visit(s).
- 19% have self-reported physical conditions.
- 18% have self-reported mental health conditions.

Next Steps

Two New Pilots: To date, only the Officer Intervention pathway (as defined within the 2025 BHD Best Practices Report⁸) has been used in Multnomah County. In an effort to assess how

⁸ The “Oregon Behavioral Health Deflection Program Best Practices Report” is a document which provides a high-level overview of program models and findings at all points of the deflection process. It was produced for the

additional pathways may expand the program's utilization, the program plans to pilot two new pathways countywide in Fall 2025: a First Responder & Officer Prevention pathway and an Active Outreach pathway that would supplement the existing pilot with Gresham Police Department and 4D Recovery. These pilots will be implemented in partnership with Portland Street Response and the Peer Company, respectively. The goal of these pilots is to discern over an initial six month period how client identification and transportation through non-law enforcement personnel may impact client participation in deflection and downstream outcomes. Additional refinement to the program's existing protocols and processes are underway to accommodate these additional referral pathways.

Permanent Facility: The Coordinated Care Pathway Center is a temporary facility the County is leasing and out of which both deflection and sobering operate. Multnomah County is currently in the design phase of what will become the permanent location where the deflection program will be housed. The permanent facility will also include on-site sobering and wraparound SUD services such as withdrawal management and medication-assisted treatment. Immediately available onsite services at the new facility are expected to contribute to a higher rate of referrals accessed and, therefore, completed deflections. At the time of this reporting, the permanent facility is on target to become operational in Fall 2027.

Policy and Programmatic Changes Under Consideration: The HB 4002 Leadership Team is currently exploring the possibility of expanding eligibility criteria to allow select co-charges. For context, out of the 28 counties within Oregon that have CJC funded deflection programs, 24 counties allow individuals with a PCS charge to also have an additional, low-level misdemeanor (such as trespass) at the time of their law enforcement interaction and still be deemed eligible for deflection. Only 4 counties restrict their eligibility criteria to PCS-only charges at the time of their deflection referral, including Multnomah County. By expanding eligibility criteria to allow for a PCS charge and select misdemeanors, a higher number of individuals could be referred to deflection, increasing the number of people that could be connected with treatment and recovery supportive services. The program's ability to implement the expansion based on this policy change would be contingent upon the availability of resources to serve a larger deflection population.

Again, depending on the availability of resources, the program is also considering ways to provide continued follow-up and longer term engagement with the people that come through deflection beyond their 30 day deflection period. This includes looking into options for offering peer support out in the community to help meet deflected individuals where they are and to offer more help to navigate the services that would serve their long term recovery goals. The program is also interested in building additional data collection avenues to understand the extent to which lack of services on demand is a barrier to completion as opposed to someone choosing not to immediately act upon a service referral. For example, the program aims to improve coordination with the housing case management by conducting HMIS checks at the time of

Oregon Criminal Justice Commission by collaborators within the Oregon Health and Science University and Portland State University's joint School of Public Health with the purpose of aiding in their implementation of HB4002. The report is publicly available here:
<https://www.oregon.gov/cjc/CJC%20Document%20Library/2025%20BHD%20Best%20Practices%20Report.pdf>

deflection. Another goal is to collect data that would help determine whether clients interested in particular services at the time of deflection but, due to a lag in availability or lack of system capacity, are unable to access those services on demand.

The program is also exploring ways to share and analyze data with law enforcement partners to understand subsequent justice system involvement of deflection clients. Early attempts to understand rates of recidivism have begun and will be used to inform future inquiries.⁹ In the coming year, the program plans to collect feedback from the data and evaluation workgroup on how to streamline this process as much as possible and implement a process for more frequent checks on client recidivism or lack thereof.

⁹ More time will be needed to ensure data quality in reporting those new metrics due to data and methodological limitations associated with initial attempts to analyze for recidivism rates and the broader justice system impact of deflection, including the inability of most agencies' ability to participate in an initial data analysis in time for the release of this report, challenges identifying individuals across partner data systems, and small cohort sizes, more time will be needed to ensure data quality in reporting those new metrics.