Multnomah County

Deflection Program Report
Year One: First Quarter

Multnomah County
Health Department

Coordinated Care
Pathway Center

Learn more:

Deflection Services & The Coordinated Care Pathway Center

1. Executive Summary

a. The Purpose and Scope of this Report

Deflection is defined in House Bill 4002 as a collaborative program between law enforcement agencies and behavioral health entities that assist individuals who may have substance use disorder (SUD), another behavioral health disorder or co-occurring disorders, which increase their risk of justice involvement. The goal of Multnomah County's deflection program is to connect individuals who would otherwise be arrested for possession of small amounts of a controlled substance to a behavioral health pathway of treatment, recovery support services, housing, case management, care coordination or other services.

Multnomah County began implementing deflection programming on September 1, 2024, with support from agency partners. Since implementation, the program has been collecting data related to how deflection works and who it serves. Data collection is required by HB 4002, and is reported to the State's Criminal Justice Commission (CJC) as part of the requirements of the law.[1] The law envisions that the data, will over time "inform best practices and improve outcomes for individual program participants."[2] The County also uses deflection program data to inform deflection policy making, guide program operations, and keep the public informed of how deflection is working for the individuals accessing these services, and for the community at large.

This report aims to give a first look into the data gathered within the first quarter of deflection operations. While it is not yet possible to determine whether specific outcomes have been achieved or to measure program effectiveness, we are able to identify early trends showing how the program is functioning and what policy and implementation changes may be worth considering. Data analysis is revealing positive, intended trends, including people coming through deflection and accessing SUD treatment and other supportive services as a result. Additionally, we are gaining valuable insights about the challenges those referred to the program are facing when accessing services in our community, including limitations around services that may not have been available at the time of deflection. From this information, alternative options can be identified to improve the ability of those deflected to get the right care and, ultimately, succeed in recovery. Taking into account the limited but valuable data available, this report:

1. Summarizes key program metrics including, but not limited to how many referrals from law enforcement have been made into the program, how many individuals accessed the services to which they were referred, and what those services were;
2. Provides an early look into who the program is serving, their medical and behavioral health needs, what socioeconomic barriers they are experiencing in daily life, and what substances they are using;
3. Identifies what additional metrics may be important to measure and report on in the future and establish the baselines against which to measure progress and adjust and improve program operations.

[1] Oregon HB 4002 § 76 (2004) available at https://olis.oregonlegislature.gov/liz/2024R1/Downloads/MeasureDocument/HB4002
[2] Id. § 37

b. Observations and Trends

Emergent analysis of data collected during the reporting period of September 1, 2024 to December 31, 2024 shows that the people accessing the program face numerous challenges that can make it difficult for them to succeed in recovery without appropriate support. For example, those deflected often have complex medical and behavioral health needs. Many are houseless and lacking other supports that are critical to recovery from SUD. In fact, referrals to shelter or housing were among the most accessed by those who successfully completed deflection within the allotted 30 days, followed by detox and treatment.

With 24% of people completing deflection during this initial reporting period, it may be possible to use this percentage as a baseline for expected completion. It may be possible to measure the impacts of potential, future adjustments to deflection policy and program operations that are aimed to increase completion rates against this emerging rate of completion.

Our analysis is also revealing some data collection gaps that will be important to address by the end of the first year of programming. For example, partner data is beginning to show that deflection is not being offered in all cases involving a Possession of a Controlled Substance (PCS) charge. To understand the underlying reasons why this may be happening, it will be important to identify what additional information will need to be collected and how.

c. How the Program's Design Impacts the Scope of This Report

To interpret what this report can show about how deflection is working in Multnomah County, it is important to first understand how people get into the County's deflection program, what steps are required for a person deflected to successfully complete the program, how successful completion is defined, and the significance of a successful deflection.

The deflection program is a partnership between Multnomah County Health Department, Portland Police Bureau, Gresham Police Department, Multnomah County Sheriff's Office, Multnomah County District Attorney's Office, and the Courts. The program is implemented by Multnomah County Health Department, with services provided by Tuerk House, a Baltimore-based nonprofit with 50 of years experience in SUD treatment and recovery. The program's design was highly informed by the well-established deflection pathways across the country with some specific modifications to make the program responsive to the needs of our local communities and partner agencies, particularly the needs of our law enforcement agencies that identify and refer people to the program.

To be offered deflection and to enter the program, an individual must first be referred by law enforcement. A person is eligible for deflection if they are stopped by law enforcement for possession of a small amounts of a controlled substance, are not committing any other crime at the time of the encounter, are not a danger to themselves or others, and have not failed to complete deflection in the prior 30-day period.[3] The program is voluntary, so a referral to the program will only be made if the person opts-in.

[3] Because referrals are from law enforcement only and must be made in alignment with current eligibility criteria currently in place, the volume of individuals served through the program will be restricted to those deemed appropriate for deflection.

In the current facility-based deflection model,[4] once an eligible person opts-in to deflection, the person is transported by an officer to the Coordinated Care Pathway Center (also referred to as the Center or Pathway Center). Upon drop-off, the person again confirms with the Center's operator that they are choosing to engage by signing a release of information (ROI), which initiates the deflection period. Once the person completes this step, a medical screening is completed, followed by a brief screening for SUD, other behavioral health conditions and a basic needs assessment. At the end of the screening process, the individual meets with a case manager or care coordinator to develop a care plan that includes referrals to services.

In order to successfully complete deflection, the individual must access at least one referral listed on their care plan within 30 days of their entry into the program (i.e. date of deflection). If it is verified that a person accessed a referral, then the individual has completed deflection and remains eligible for deflection in the future. If it is verified that a person has not accessed a referral, then they become ineligible for 30 days and may be arrested if they encounter law enforcement during that period. That person would again become eligible after another 30 days. This policy aligns with behavioral health best practice to offer multiple attempts at recovery for people experiencing substance use disorder.

Another important note about this report is that it includes some data covering the period prior to the opening of the Pathway Center. Data from September 1, 2024, through October 13, 2024, is from before the Center was operational and instead reflects when a field-based model for deflection was used. With the Pathway Center opening on October 14, 2024, field-based operations were largely phased out. As a result in this significant shift in programming, it may not be possible to compare all of the data from the field-based period and the Center-based period, although data from both is included. For this reason, some of the data presented is inclusive of the whole reporting period while other data looks at the period beginning October 14, 2024, in alignment with the Pathway Center's operations.

Other aspects of the program also limit the scope of this report. For example, law enforcement partners are responsible for referring people to deflection, which may be impacted by other priorities and capacity. Also, the time it takes to complete deflection requirements and for the completion to be verified means that there is a 60-day lag in completion data. For some people deflected later in the reporting period, it may also mean that verification has not been completed because of delays in obtaining information from organizations to which individuals were referred. Finally, because of the 30-day completion window, data about individuals who come through the program more than once remains limited.

d. Data Collection and Reporting

Because data collection and reporting are key deflection program requirements under HB 4002, other reports will be released in the future from the Criminal Justice Commission (CJC) which funds deflection programs across the state. The CJC has partnered with OHSU Waddell Research Group to collect and track data from programs statewide. The data tracked will help inform the statewide best practices guidance provided by CJC, as required by HB 4002.

[4] When the program was launched on September 1, 2024 operations were field based with officers requesting a peer to be dispatched to the location of a deflection encounter. Upon arrival at the location, the peer would conduct a brief screening and then provide a care plan with referrals to the person deflected. Until the Coordinated Care Pathway Center opened on October 14, 2024, all deflection was field based. After the opening of the Center, the full program became operational, with individuals being brought to the Center by law enforcement for deflection, at which time individuals could receive a medical screening prior to the brief screening for SUD and basic needs and could work with a case manager and care coordinator for the development of a care plan.

Deflection grantees report data into a web-based system (REDCap). These data elements include but are not limited to:

- date/location of deflection
- deflection pathways
- client demographics
- connections to treatment and social services
- program completion
- dates of service

Additionally, the TASC Center for Health and Justice (TASC CHJ) is providing technical assistance on establishing deflection programs by bringing in expertise from national deflection programs. TASC CHJ provides an evidence-based approach to implementation and has vast experience in how to use data to inform the program as well as track systems.

2. Program Overview

Between September 1, 2024 and December 31, 2024, a total of 221 referrals to deflection from law enforcement were made to 212 unique individuals. Of these 221 referrals, 141 resulted in engagement with deflection while the remaining 80 referrals were declined.

Table 1: Key Program Metric Overview

Referral Data: 9/1/2024 - 12/31/2024
Completion Data: 9/1/2024 - 11/30/2024

Stage	Metric Count	% Referred to Deflection	% Engaged with Deflection
Total Referrals to Deflection	221	-	-
Individuals Referred to Deflection	212	100%	-
Clients Engaged	141	67%	100%
Clients Completed Deflection* *Completion data is only available for those referred to deflection through 11/30/2024.	34	16%	24%

Referral to deflection occurs when an individual that is encountered by law enforcement opts for deflection instead of arrest and is connected by the officer to the deflection program. Once the Pathway Center opened on October 14, 2024, all those referred to deflection agreed to be dropped off at the Pathway Center to access the program. Referrals to deflection between September 1, 2024 and October 13, 2024 were made by law enforcement connecting deflected individuals to a peer in the field. That field model remains in place in Gresham.

Engagement occurs when a client referred to deflection accepts participation in the deflection process upon arriving at the Pathway Center. Engagement includes signing a release of information to allow for future verification of access to services, completing the screening process, and receiving a care plan with referrals to services.

Successful completion of deflection was defined by the Multnomah County HB 4002 Leadership Team as an individual accessing at least one service referral in their care plan care within 30 days from the date of their referral to deflection. Clients have 30 days from the date of referral into deflection to access referrals. After that, the program needs to verify access with service providers. Accordingly, completion-related data in this report covers a subset of deflections only (those referred to deflection through November 30, 2024).

The Multnomah County HB 4002 Leadership Team consists of stakeholders across the public safety and behavioral health systems, including: Portland and Gresham Chiefs of Police, the Multnomah County Chair, the 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 Mayor of Portland's Office, the Chair's Office and the Department of Community Justice, as well as the Directors of the Health Department and the Local Public Safety Coordinating Council.

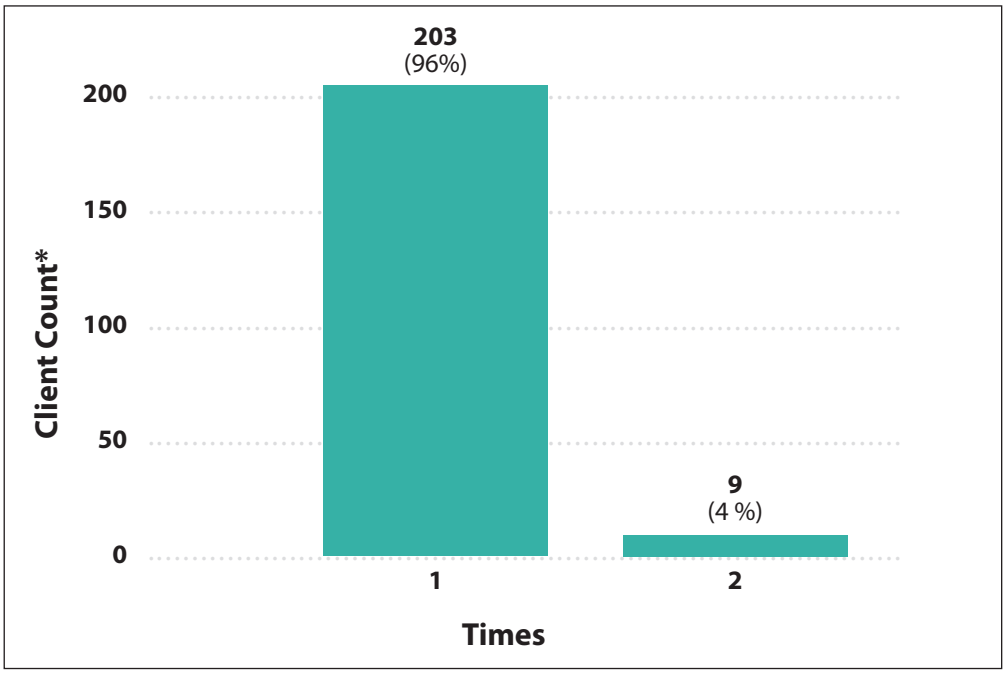
Each of the numbers below represents an individual who has an opportunity to engage in recovery. Those opportunities, and overdoses that may have been prevented, are successes that go beyond numbers and impact friends, families, and our community.

Between September 1, 2024 and November 30, 2024, a total of 221 referrals to Deflection were made to 212 unique individuals. Of these 221 referrals, 141 resulted in engagement with deflection while the remaining 80 referrals were declined.

An individual successfully completes deflection after accessing at least one service referral from their care plan within 30 days from the date of their referral to deflection. There is a 60-day lag in completion data because people have 30 days to complete deflection, and then providers have up to 30 days to report on what services people participated in and whether they successfully completed deflection. Law enforcement is responsible for determining whether a person is eligible and for referring them to the Pathway Center, thus limiting the program's control over how many people are referred.

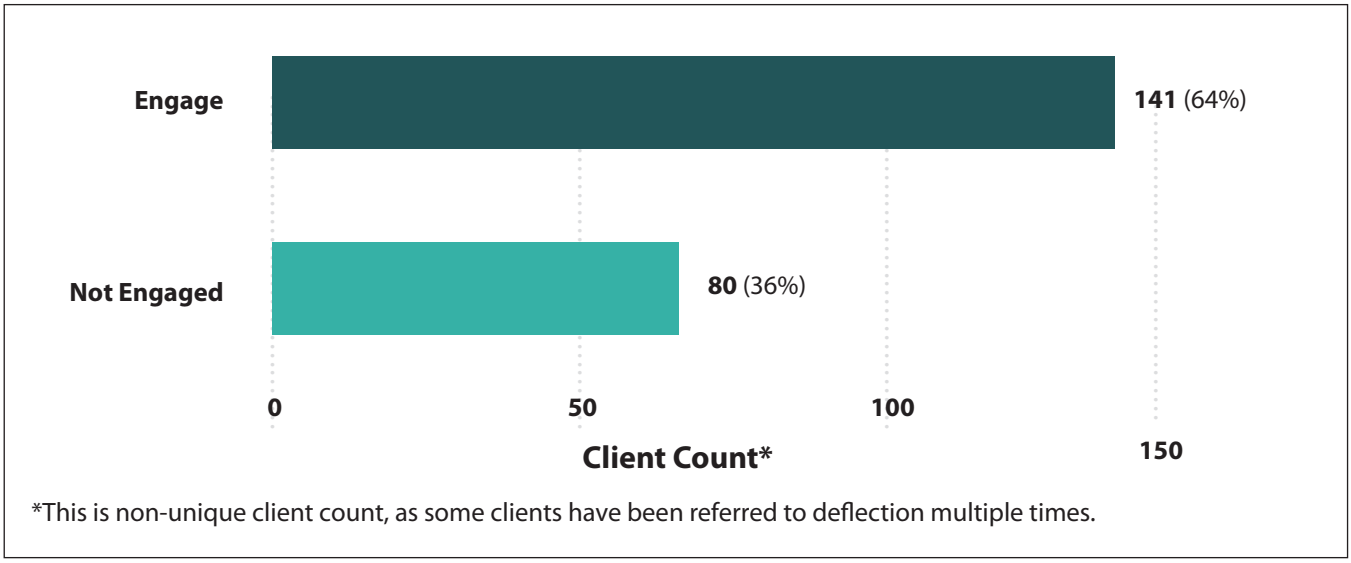
Client Population by Number of Times Referred to Deflection

Graph 1: Number of Times Client Referred to Deflection



Of the 212 individuals that were offered deflection, 203 (96%) were offered deflection during one law enforcement interaction and 9 (4%) were offered deflection during two separate interactions. In total, there have been 221 referrals to deflection. Each referral represents an entry point into substance use disorder and behavioral health services that did not exist before HB 4002, and should be viewed as an opportunity for an individual to take steps towards recovery.

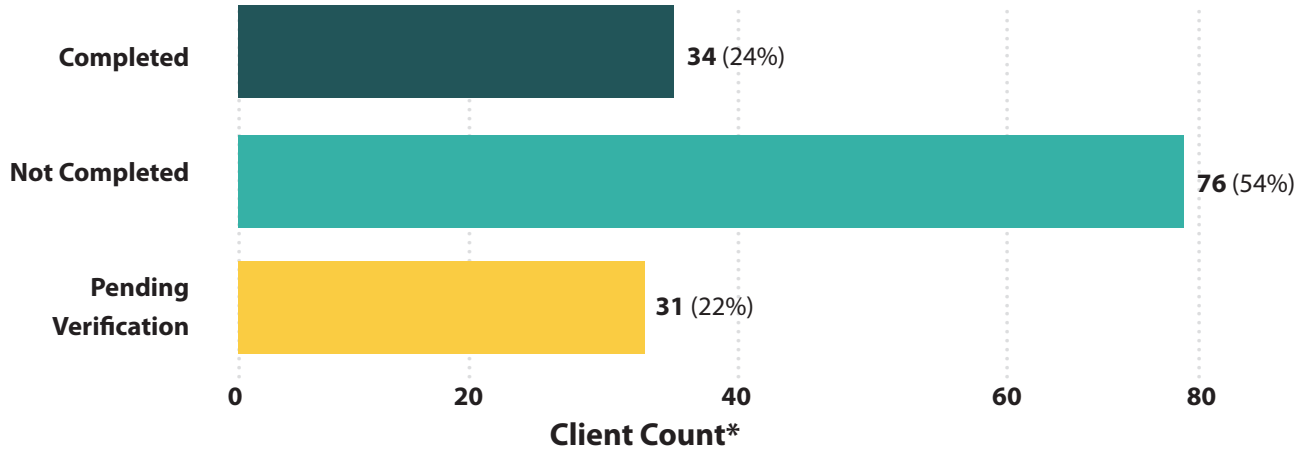
Graph 2: Deflection Client Engagement: All Referrals



*This is non-unique client count, as some clients have been referred to deflection multiple times.

141 (64%) of the referrals to deflection resulted in client engagement, while 80 (36%) resulted in a non-engagement.

Graph 3: Deflection Completion Status: All Referrals*



*Completion data only available through 11/30/2024. Percentages for Completed category are lower here than in Table 1 due to additional referrals offered between 12/2/2024 - 12/31/2024.

The time period of completion data within this report covers clients entering deflection September 1, 2024 through November 30, 2024.

The "Completed" category includes clients that have been verified to have successful completion of deflection. This is defined by a client accessing at least one service referral in a deflected individual's care plan within their 30 day window following the date of their referral to deflection.

The "Not Completed" category includes clients that have been verified to have not accessed one of their service referrals within their 30 day window.

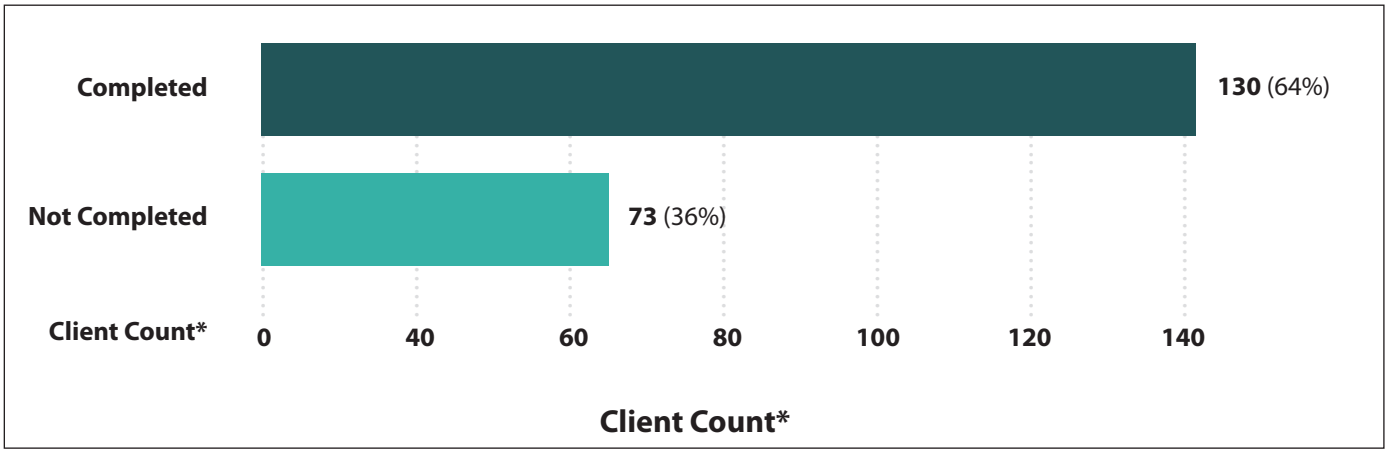
The "Pending Verification" category includes 1) clients that are still within their 30 day window to access service referrals and 2) clients that are past their 30 day window to access service referrals but whether they accessed at least one service referral has not yet been verified. Because providers have an additional 30 day window to report completion of referral activities, some data is still pending.

Of the 141 clients engaged through December 31, 2024, 34 (24%) have successfully completed, 76 (54%) have not completed, and 31 (22%) are pending verification.

It is possible that the 24% completion rate is related to the nature of behavioral health progress – a majority of clients will need multiple touch points before they're able to move towards treatment, recovery and stability.

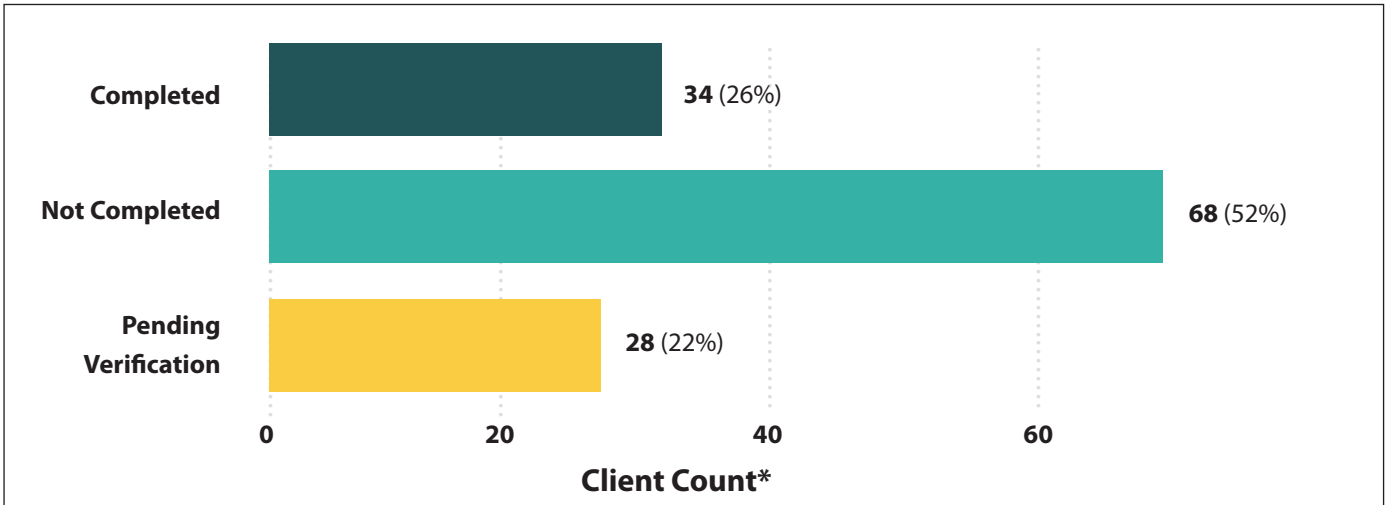
Client Engagement and Successful Deflections After One Referral to Deflection

Graph 4: Deflection Client Engagement: Clients Referred Once



203 clients have only received one referral to deflection. 130 (64%) of clients referred to deflection once were engaged while 73 (36%) of clients referred to deflection once were not engaged.

Graph 5: Deflection Completion Status: Clients Referred Once*

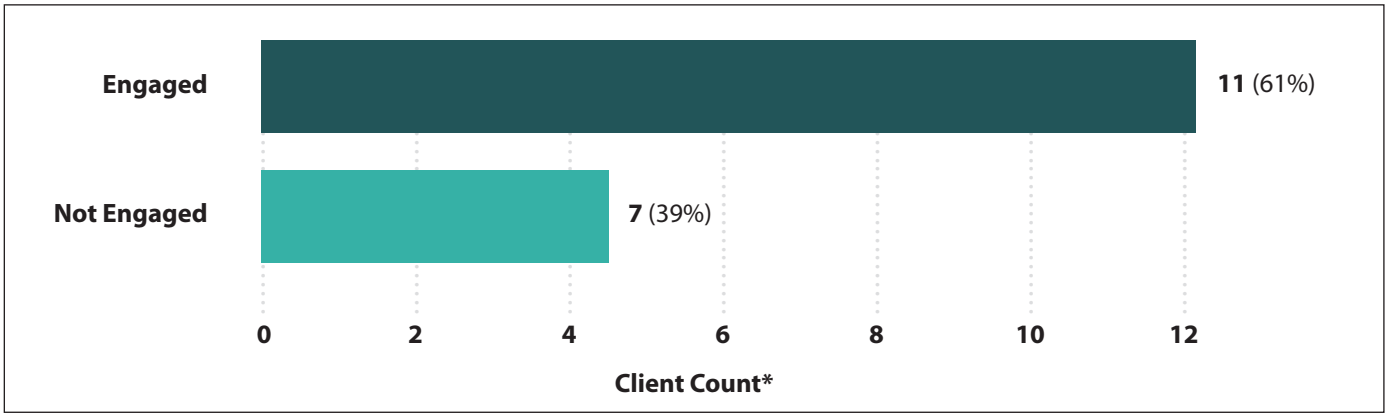


*Completion data only available through 11/30/2024.

Of the 130 clients that received one referral to deflection and were subsequently engaged, 34 (26%) have successful completion of deflection, 68 (52%) have not completed, and 28 (22%) are pending verification. Verification for these clients will not be available until the release of Q2 data as additional time is needed to confirm these referrals.

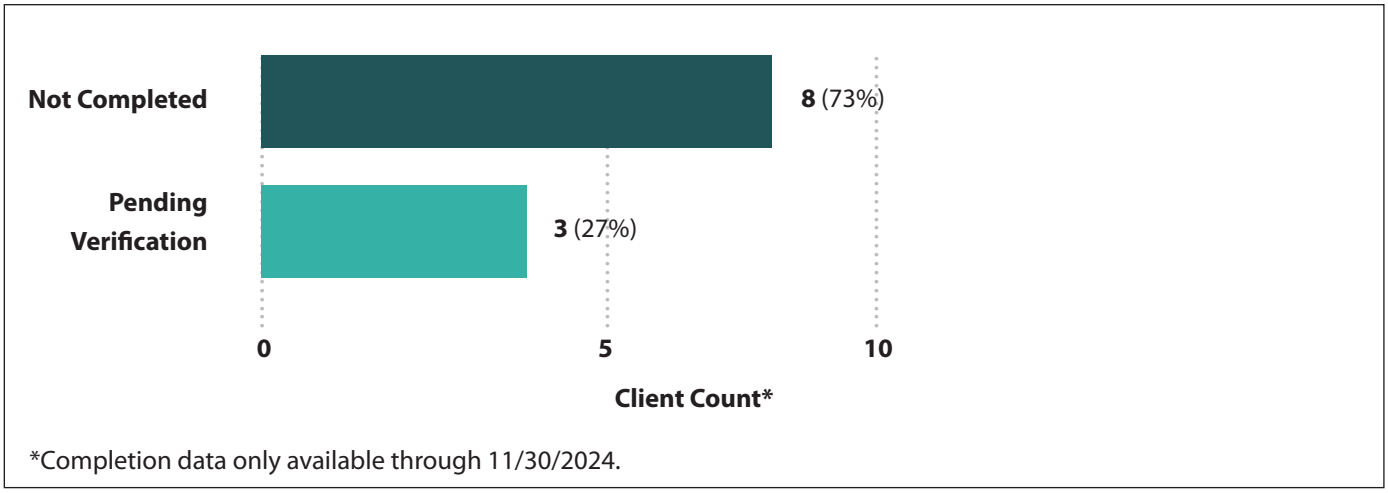
Client Engagement and Successful Deflections After Multiple Referrals to Deflection

Graph 6: Deflection Client Engagement: Clients Referred Multiple Times



9 clients have received two referrals to deflection, totaling 18 referrals to deflection among this client population. 11 (61%) of the referrals to deflection among these clients resulted in their engagement while 7 (39%) of the referrals were not engaged.

Graph 7: Deflection Completion Status: Clients Referred Multiple Times*



*Completion data only available through 11/30/2024.

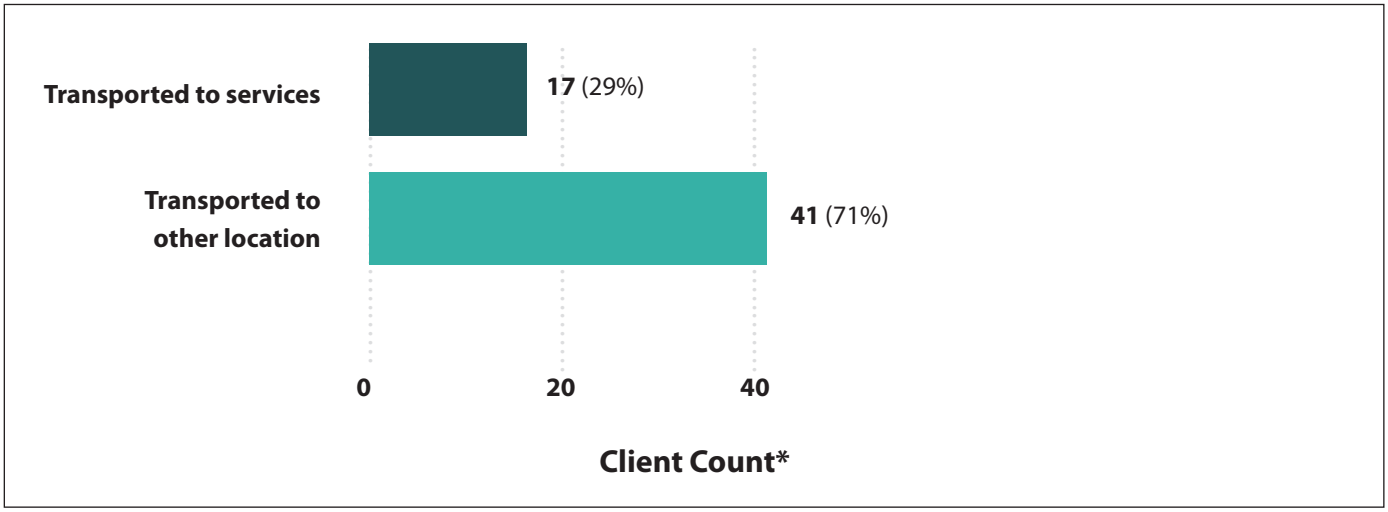
Of the 9 clients which were referred to deflection multiple times and resulted in 11 engaged clients, 0 (0)% have successful completion of deflection, 8 (73%) have not completed, and 3 (27%) are pending verification.

Transportation Utilization by Deflection Clients

Graph 8: Client Transportation Use from the Pathway Center

Transportation data is associated with the opening and operation of the Pathway Center and was collected between the dates of October 14, 2024 and December 31, 2024. Similar to how some clients received a referral to deflection more than once, some clients have been offered transportation services more than once. County-funded transport from the Pathway Center was utilized by clients a total of 58 times.

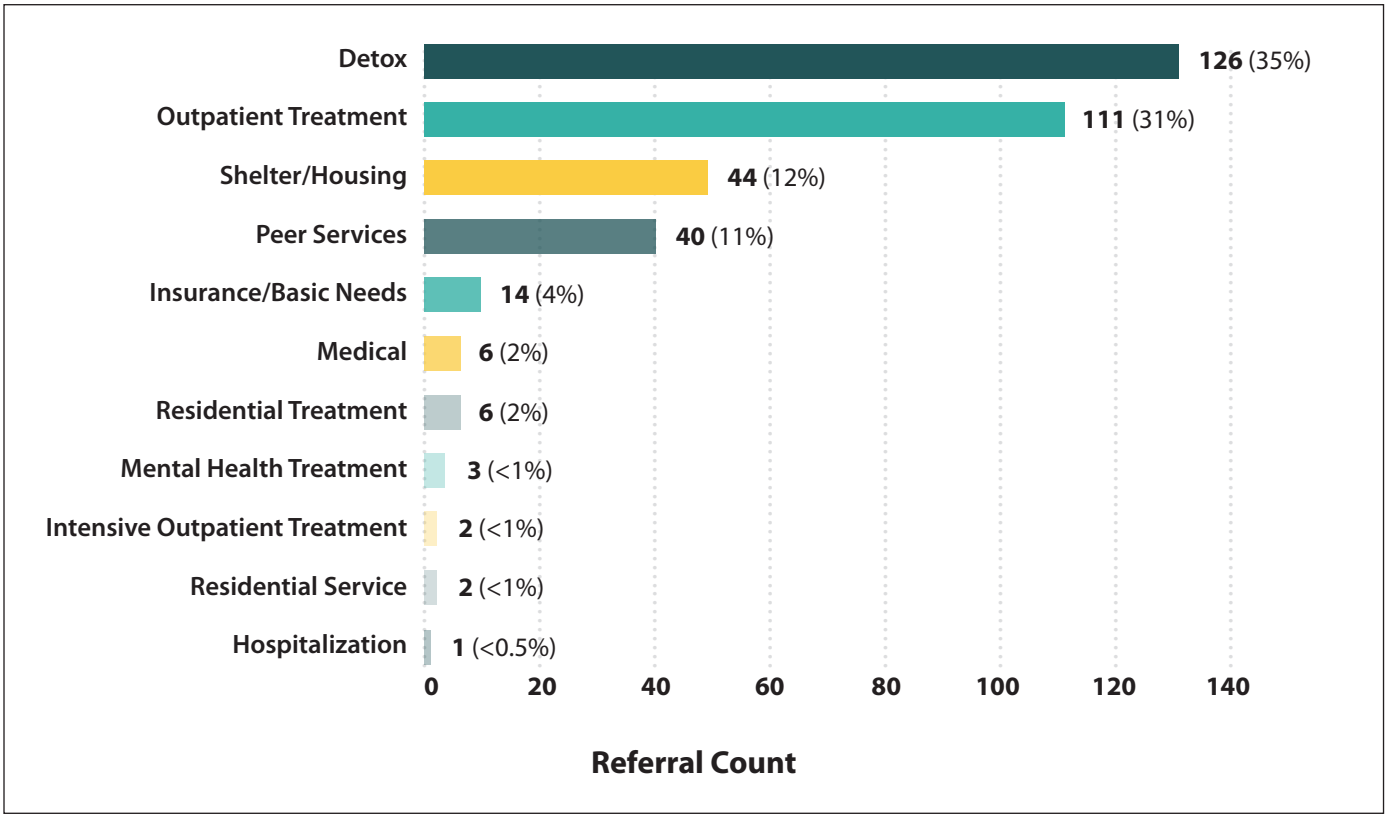
Graph 9: Client Transportation Destination from the Pathway Center



41 (71%) of those transports were to other locations, and 17 (29%) of those transports were to referred services.

Referrals Provided and Accessed by Engaged Deflection Clients

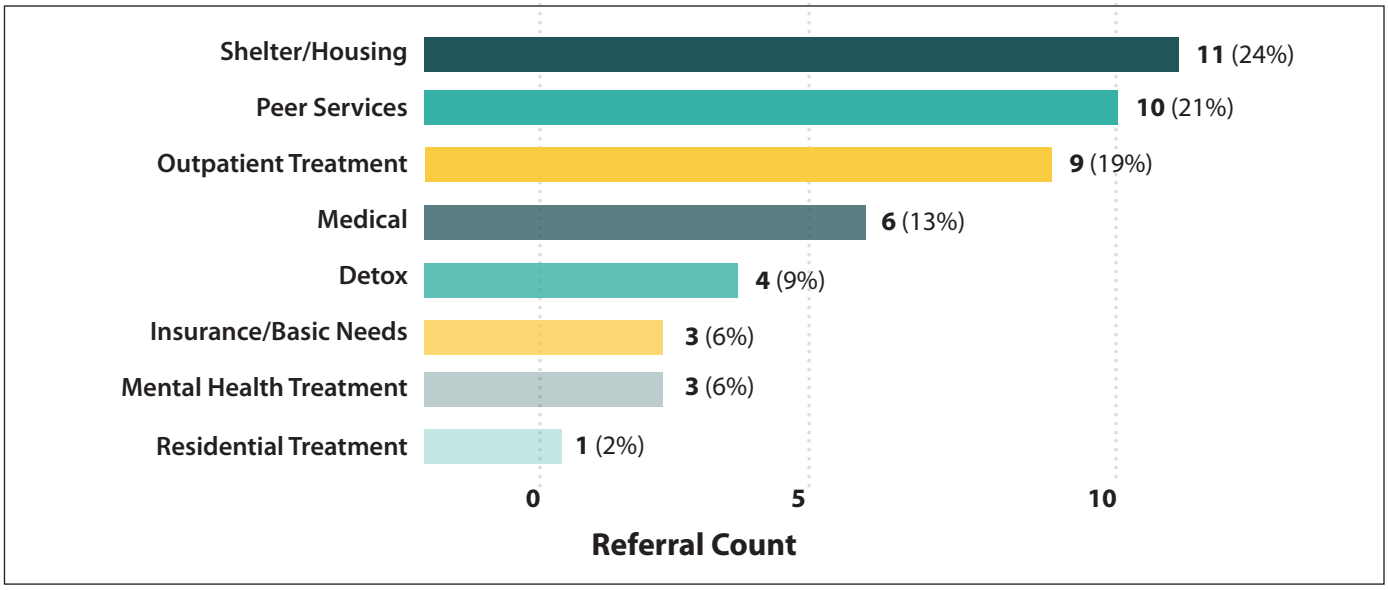
Graph 10: Referrals Provided to Deflection



This graph shows all referrals made to all individuals that engaged in deflection. Each individual's care plan includes multiple referrals to services as reflected in these numbers. 355 referrals to services were provided to engaged deflection clients between September 1, 2024 and December 31, 2024, with all clients receiving at least one referral. Of the referrals provided, 126 (35%) were for Detox, 111 (31%) were for Outpatient Treatment (which includes medication for opioid use disorder), 44 (12%) were for Shelter/Housing, 40 (11%) were for Peer Service, 14 (4%) were for Insurance/Basic Needs, 6 (2%) were for Medical, 6 (2%) were for Residential Treatment, 3 (<1%) were for Mental Health Treatment, 2 (<1%) were for Intensive Outpatient Treatment, 2 (<1%) were for Residential Service, and 1 (<0.5%) was for Hospitalization.

The high number of referrals to detox and outpatient treatment suggest that most patients developing a care plan had clinical indications of substance use disorder. The referrals in the graph above include all those included in a care plan. The best practices for treating substance use disorders emphasize a strong and supportive network, integrated care for co-occurring mental health issues, quality therapeutic relationships, and minimizing practical barriers to treatment. It can take numerous attempts for a person to achieve recovery, and some people are simply not ready, but every referral is an opportunity for moving individuals twords recovery goals and healing.

Graph 11: Referrals Access by Deflection Clients

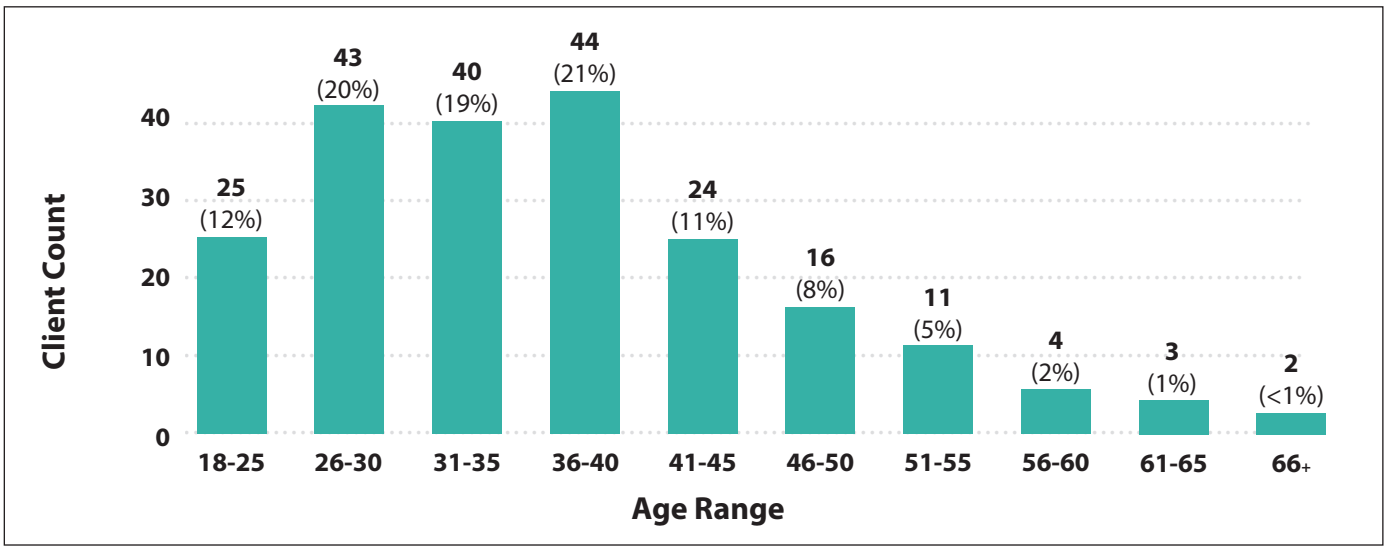


As of December 31, 2024, 47 service referrals were accessed by 34 unique clients who have successfully completed deflection. While clients need only access one referral within their 30 day window following a deflection referral, some clients accessed more than one service referral attributing to a greater number of service referrals accessed than clients who have successfully completed deflection. 11 (24%) of the service referrals accessed were for Shelter/Housing, 10 (21%) were for Peer Services, 9 (19%) were for Outpatient Treatment, 6 (13%) were for Medical, 4 (9%) were for Detox, 3 (6%) were for Insurance/ Basic Needs, 3 (6%) were for Mental Health Treatment, and 1 (2%) was for Residential Treatment.

3. Demographics

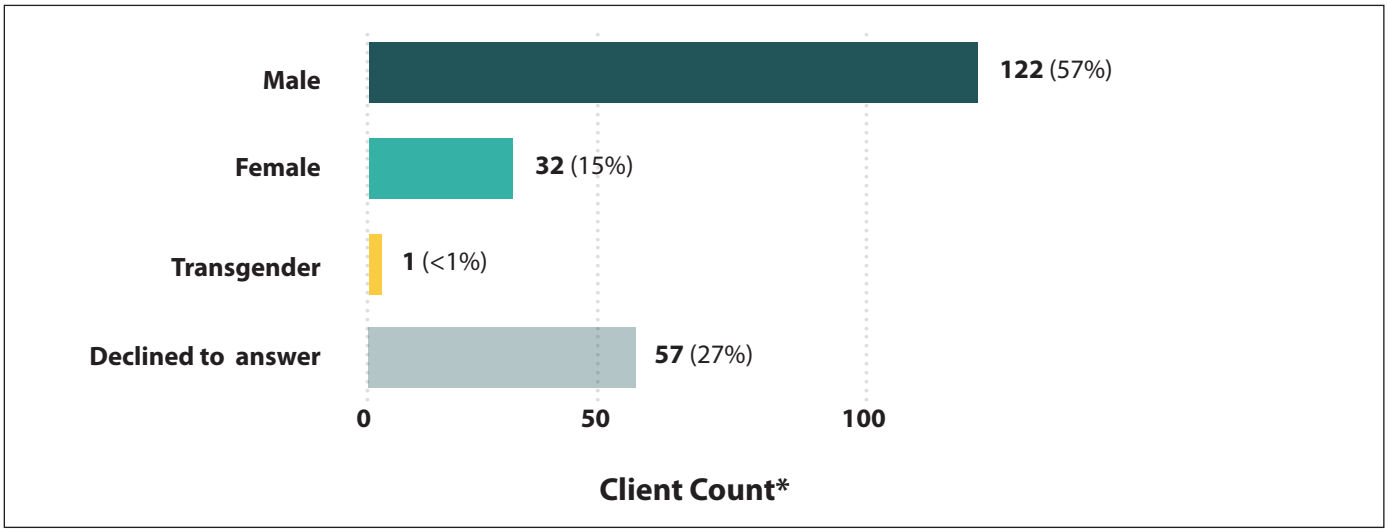
Client demographic data is pulled from all individuals that were referred to deflection by law enforcement, representing 212 unique clients.

Graph 12: Deflection Client Age



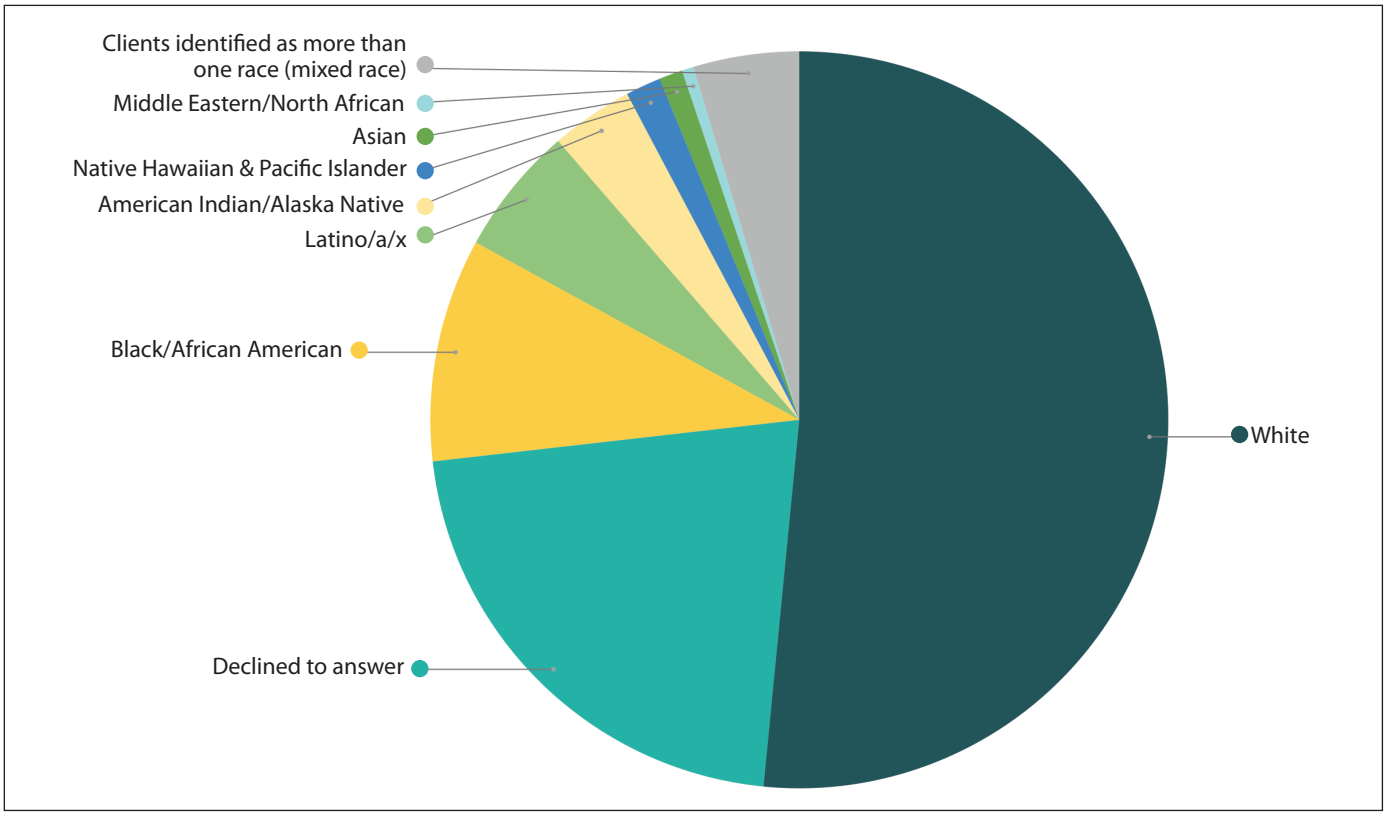
25 (12%) individuals referred to deflection were between the ages of 18 - 25, 43 (20%) between the ages of 26 - 30, 40 (19%) between the ages of 31 - 35, 44 (21%) between the ages of 36 - 40, 24 (11%) between the ages of 41 - 45, 16 (8%) between the ages of 46 - 50, 11 (5%) between the ages of 51 - 55, 4 (2%) between the ages of 56 - 60, 3 (1%) between the ages of 61 - 65 and 2 (<1%) were aged 66 or older.

Graph 13: Deflection Client Gender Identity



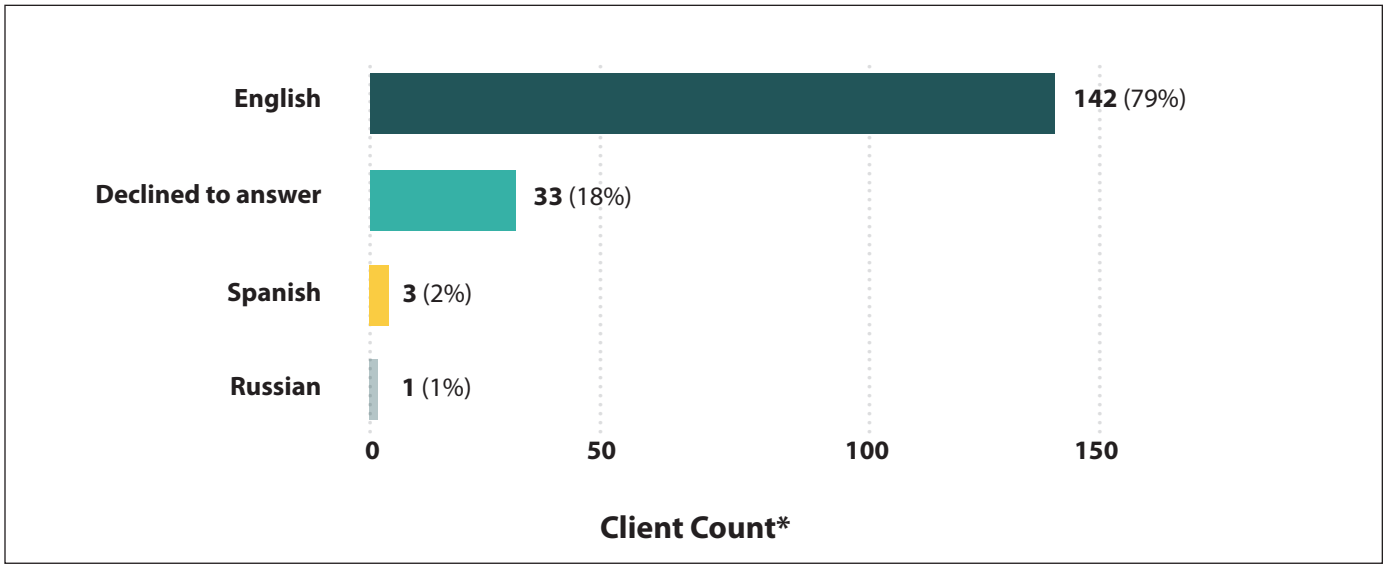
122 (57%) of those referred to deflection identify as Male, 32 (15%) identify as Female, 1 (<1%) identifies as Transgender, and an additional 57 (27%) declined to disclose their gender identity.

Graph 14 : Deflection Client Race



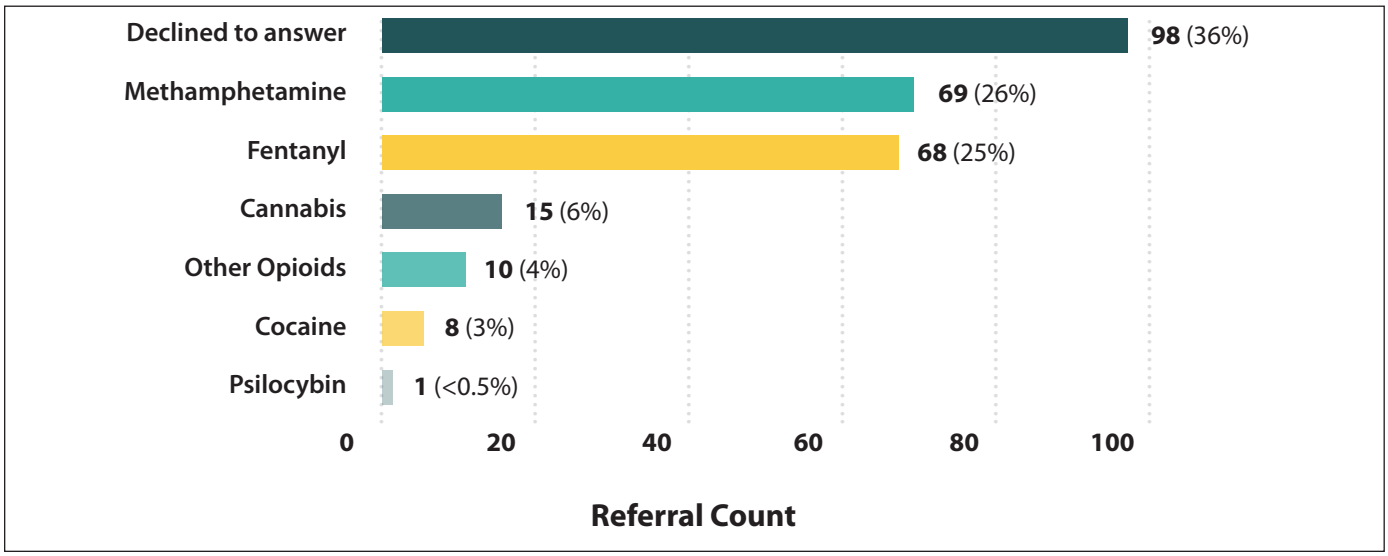
100 (54%) of those referred to deflection identify as White, 19 (10%) identify as Black/African American, 11 (6%) identify as Latino/a/x, 7 (4%) identify as American Indian/Alaska Native, 3 (2%) identify as Native Hawaiian & Pacific Islander, 2 (1%) identify as Asian, 1 (<1%) identifies as Middle Eastern/North African, and an additional 42 (23%) declined to answer. 9 (5%) clients identified as more than one race (mixed race).

Graph 15: Deflection Client Primary Language



142 (79%) engaged clients use English as their primary language. Even though we have 33 (18%) of engaged clients that "Declined to Answer," these intakes were able to be completed in English. Note, this graph is a non-unique client count due to 3 clients indicating that they know two languages.

Graph 16: Deflection Client Self-Reported Drugs Used

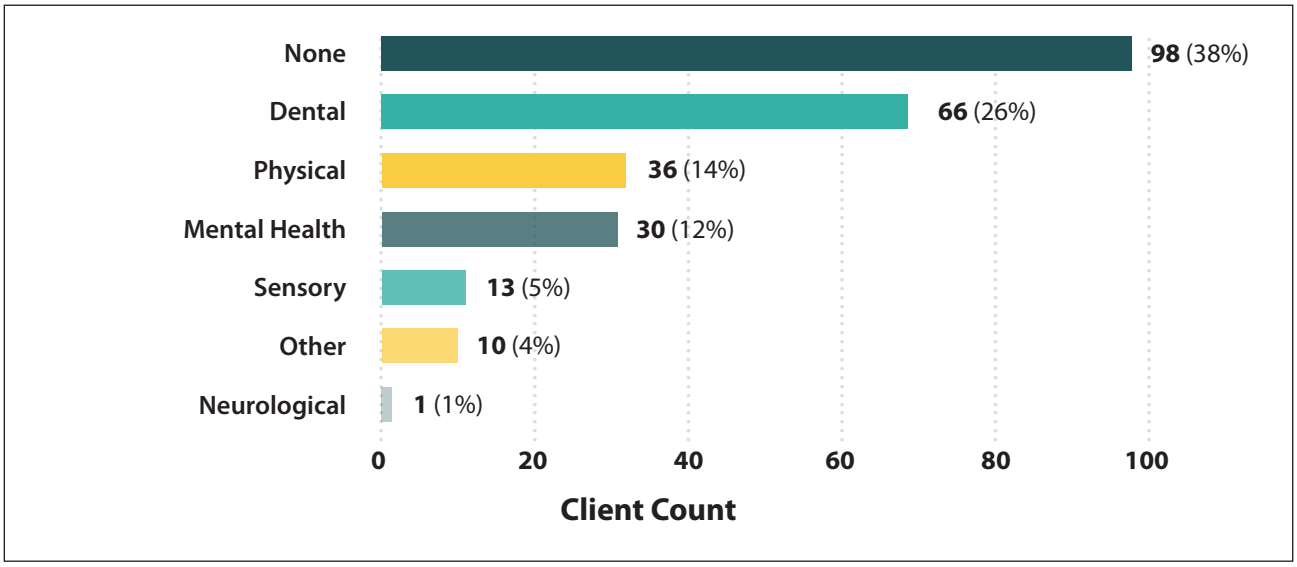


98 (36%) clients declined to answer regarding self-reported drugs used, 69 (26%) reported using Methamphetamine (including "Speed"), 68 (25%) reported using Fentanyl, 15 (6%) reported using Cannabis, 10 (4%) reported using Other Opioids (including "Heroin," "OxyContin," and "Hydrocodone"), 8 (3%) reported using Cocaine (including "Crack"), and 1 (<0.5%) reported using Psilocybin. Of clients who self-reported drugs used, 69 (26%) reported using 2 or more drugs.

4. Medical and Dental Concerns

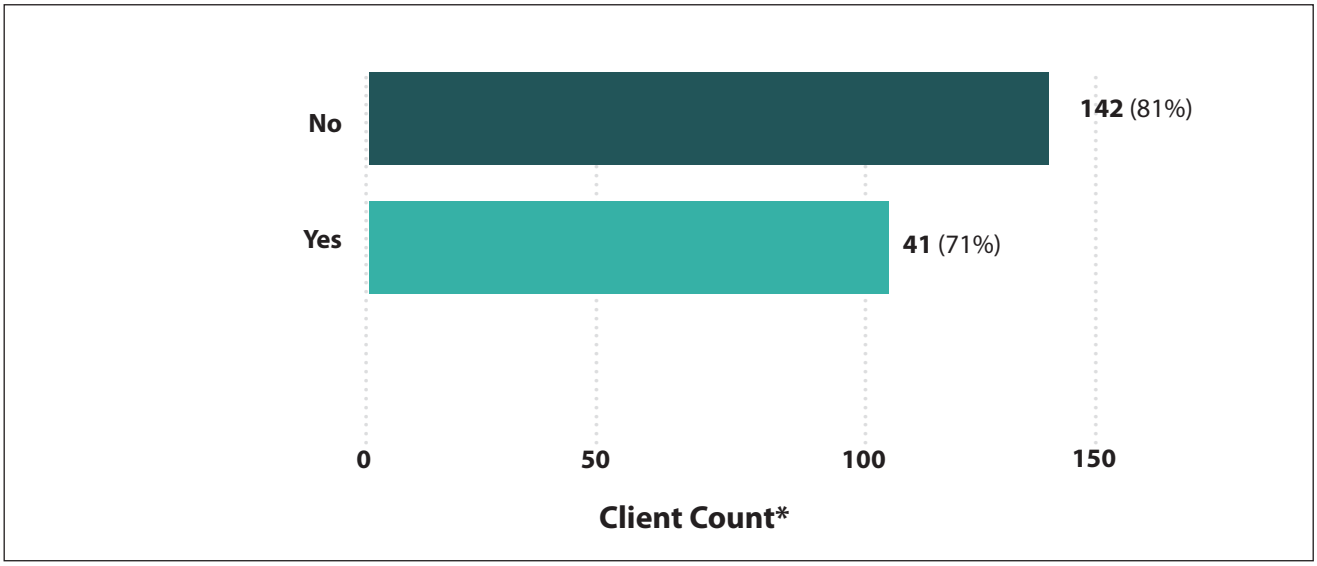
Deflection is a behavioral health program. The Pathway Center is staffed by nurses and medical professionals that screen individuals for medical, mental, and dental health conditions.

Graph 17: Deflection Client Self-Reported Medical and Dental Conditions



Clients self-reported pre-existing medical and dental conditions, with some clients reporting multiple co-occurring conditions. 66 (26%) reported dental conditions, 36 (14%) reported physical conditions, 30 (12%) reported mental health conditions, 13 (5%) reported sensory conditions, 10 (4%) reported other conditions, 4 (1%) reported neurological conditions, and 98 (38%) reported no pre-existing conditions.

Graph 18: Deflection Clients with Self-Reported Recent Emergency Room (ER) Visits

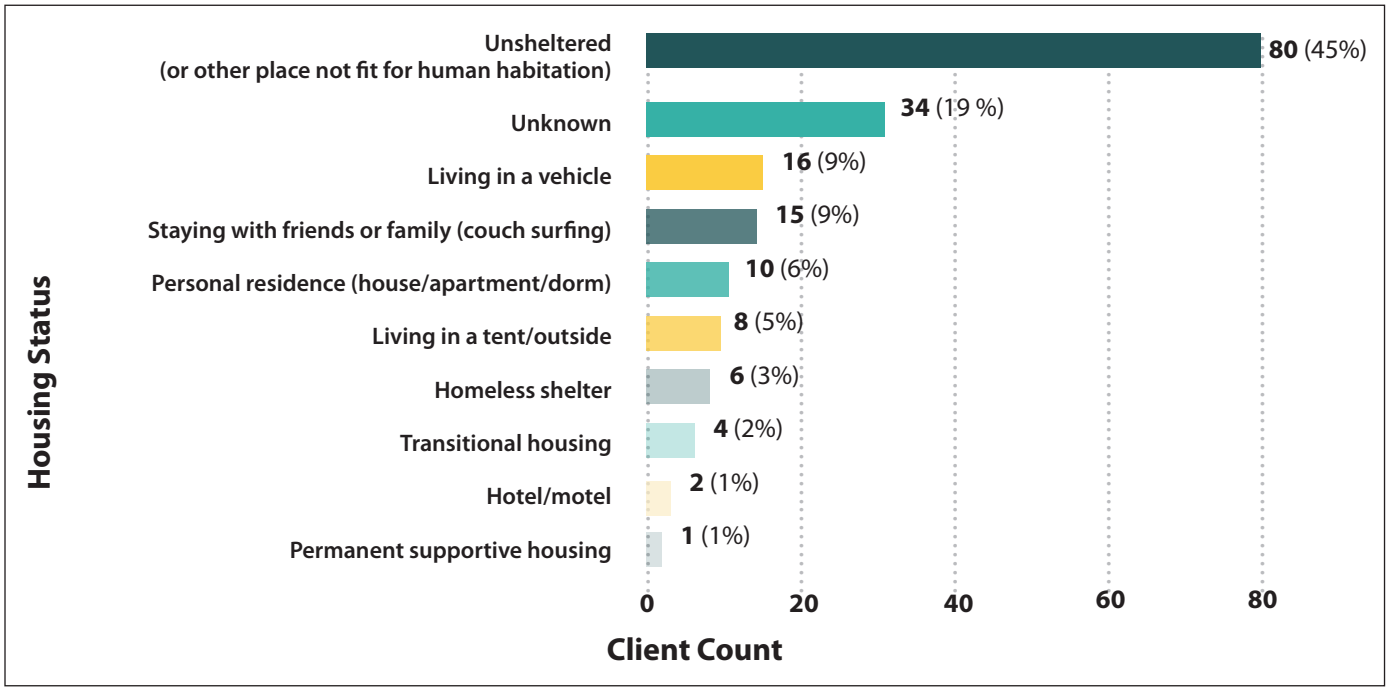


34 (19%) clients self-reported at least one recent ER visit (within the last 90 days), while 142 (81%) clients reported no recent ER visit(s).

5. Social Determinants of Health

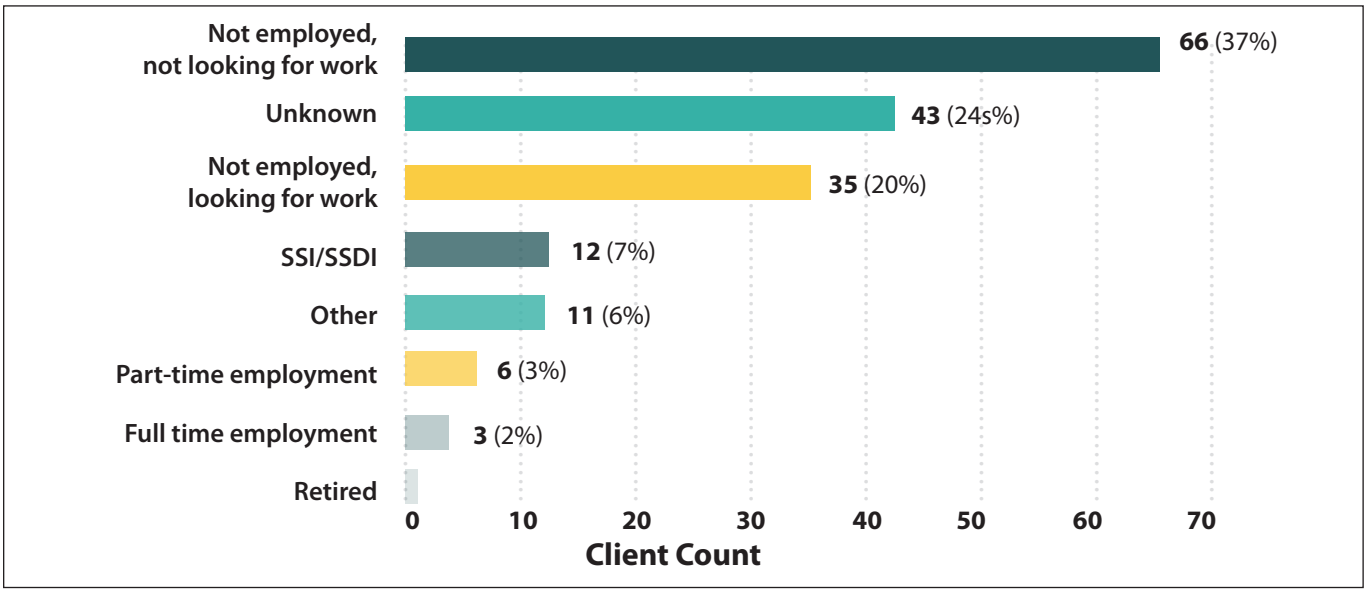
Social determinants of health are nonmedical factors that affect a person's health and longevity. Stable housing, gainful employment, food security, and access to timely and affordable healthcare all actively contribute to a person's overall wellbeing, including one's recovery journey. The following graphs demonstrate our current client population's needs.

Graph 19: Deflection Client Housing Status



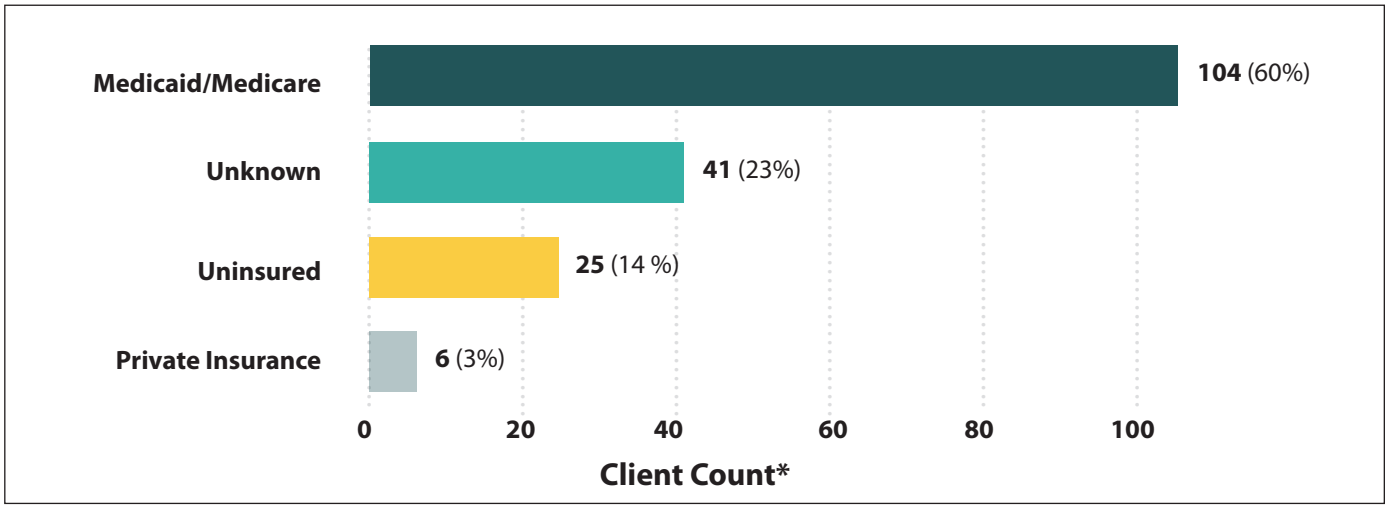
80 (45%) deflection clients are unsheltered, 34 (19%) have an unknown housing status, 16 (9%) are living in a vehicle, 15 (9%) are staying with friends or family, 10 (6%) are in a personal residence, 8 (5%) are living in a tent/outside, 6 (3%) are in a homeless shelter, 4 (2%) are in transitional housing, 2 (1%) are in a hotel/motel, and 1 (1%) is in permanent supportive housing.

Graph 20: Deflection Client Employment Status



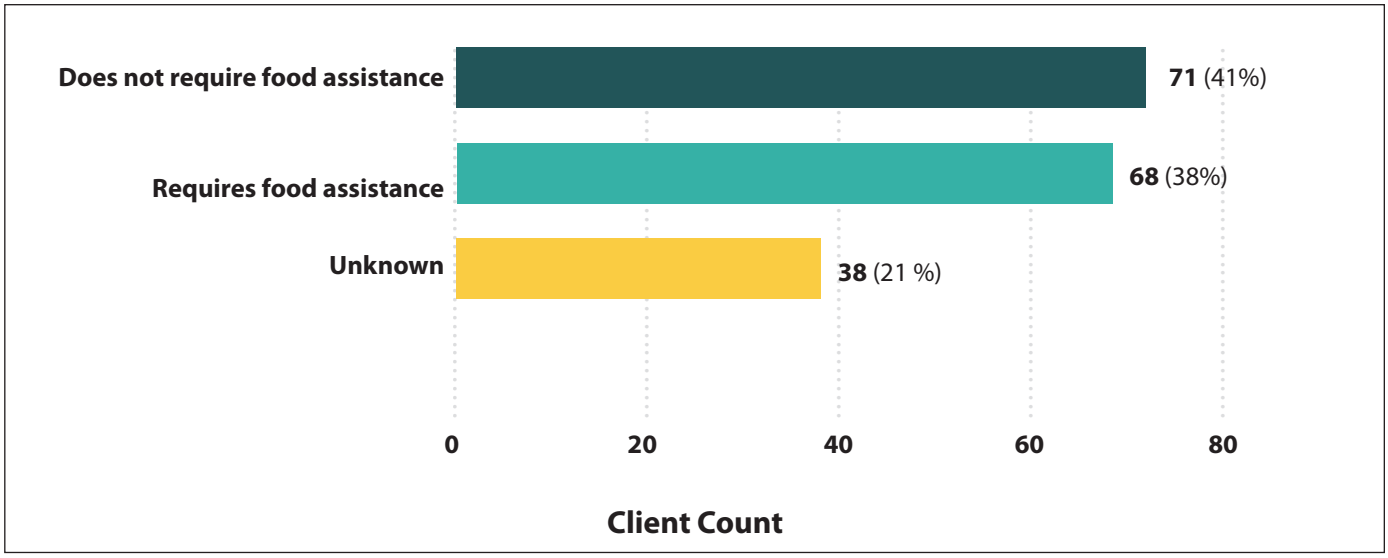
9 (5%) clients are employed either full- or part-time and an additional 1 (1%) client is retired. Note, the graph above is a non-unique client count as some clients indicated multiple employment statuses.

Graph 21: Deflection Client Health Insurance Coverage



Medical coverage among our client base includes 104 (60%) clients enrolled in Medicaid or Medicare, 41 (23%) whose enrollment status is Unknown, 25 (14%) who are Uninsured, and 6 (3%) enrolled in Private Insurance.

Graph 22: Deflection Client Food Security Status



68 (38%) of our client population require food assistance, with an additional 38 (21%) of our clients having an unknown status. 71 (41%) clients reported not requiring food assistance.

6. Illustrations of Positive Impact

Additional qualitative data provided by our Pathway Center partners is provided below, demonstrating positive impacts our clients are experiencing through their engagement with deflection:

"A client was brought into the Center who was experiencing signs and symptoms of substance use disorder. We were able to get the client assessed for SUD, and within a few days they were successfully placed in intensive outpatient treatment with supportive housing that includes peer support and recovery services. The client also continues to engage in the Health Department's Promoting Access to Hope care coordination services, which include wraparound care."

"A deflection participant presented to the Center requesting support with re-enrolling in treatment services and connecting with support systems outside of Multnomah County. Pathway Center staff was able to connect this participant with their support system, arrange for transportation and schedule an intake with a local treatment provider. The client has successfully enrolled in both mental health and SUD treatment services and is actively engaged in peer services, as well."

"A deflection participant requested support with accessing substance use treatment services. This individual has been successfully enrolled in medication assisted treatment and is engaged in outpatient services. This individual was able to secure employment and is still actively receiving wraparound care from the PATH Deflection Care Coordinator."

7. Safety and Security Near the Pathway Center, Pre- and Post-Opening

In response to concerns from the neighborhood and local businesses about the possible impact of the Pathway Center on crime in their area, Multnomah County made investments to minimize any potential impact on neighborhood safety. That included working with the City of Portland to conduct a neighborhood assessment and conducting outreach in three zones around the Pathway Center. Portland Police Bureau has provided the following statistics to provide insights into the impact of the Pathway Center on the safety and criminal activity in the neighborhood. The data provided suggests that there has been an overall decline of criminal activity based on aggregate data analysis of dispatched calls for service, reported offenses, and arrests within a ¼ mile radius of the Pathway Center. Although it is not possible to attribute the decline to the presence of the Pathway Center, there is no evidence in the data of any negative safety impact on the immediate surroundings.

The time periods used for their analysis include:

Prior Year Data: 10/14/2023 - 12/31/2023 (79 days)
Pre-Opening Data: 7/27/2024 - 10/13/2024 (79 days)
Post-Opening Data: 10/14/2024 - 12/31/2024 (79 days)

Table 2: PPB Provided Aggregate Data Analysis

Metric	Prior Year Metric Count	Pre-Opening Metric Count	Post-Opening Metric Count	Prior year vs Post-Opening Change	Pre- vs Post-Opening Change
Dispatched Calls for Service	411	539	426	+4%	-21%
Reported Offenses	128	141	145	+13%	+3%
Arrests	13	21	19	+46%	-10%

8. Additional Criminal Justice Data

Oregon Circuit Courts have provided data on Drug Enforcement Misdemeanor (DEM) cases. During the reporting period a total of 63 cases with DEM charges only were filed with the court. These cases represent individuals who may have been eligible for deflection. A of total 76 (55%) cases filed contained non-DEM charges as well. 9 (6%) cases contained multiple DEM charges. At this time, the reasons why these individuals were not deflected is unknown. The program is considering ways to implement operational changes that can allow for more to be learned about why individuals who may be eligible for deflection are not receiving these services.

9. Lessons Learned and Recommendations

The first quarter presented unique challenges and opportunities. The program was launched quickly and started with a field-based approach before the Pathway Center opened. The commitment to the timeline set forth in HB 4002 to launch deflection, allowed the deflection option to be offered as early as possible under the law. At the same time, it meant that programmatic shifts were common in the early weeks of operations, including a pivot from a field-based approach to a Center-based approach, for example. The Multnomah County HB 4002 Leadership Team, community providers and the Multnomah County Health Department continue to be engaged in conversations about how to improve the program to increase positive recovery outcomes and reduce involvement in the criminal justice system for individuals who are deflected. Some areas where the data suggests improvements could be made include:

1. **Referrals to deflection and transportation into the program:** The experience of those first few weeks offered insight into ways to make the program more accessible. New options for referrals into the program have been presented to the Multnomah County HB 4002 Leadership Team, as well as a potential expansion of eligibility criteria. Additionally, the program is piloting transportation options both in Portland and in East County.

2. **Improvements to care:** In order to make it more likely that individuals access their care plan referrals, the program aims by the end of Year One to implement additional outreach, increase follow-up, and create more pathways to services. In particular, a new element of the care model will come online by early Q3, in which sobering will be offered at the Pathway Center to those deflected individuals in need of these services.

3. **Transportation to services for easier access to referrals:** Making more options for transportation from the Pathway Center to services will be critical to increase the likelihood of deflection completion and, most importantly, to reduce barriers to access. In particular, once sobering is available, rapid transportation to withdrawal management or other treatment services will be crucial to keep individuals stable and in care for a greater chance of continuing to pursue their recovery journeys even after they complete deflection. Among the options under consideration are non-emergency transport available on site at the Center as well as working with partner organizations that are contracted with the County and other City agencies to expand transportation to services.

4. **Data:** A priority among deflection implementation partners and justice system partners is to obtain greater clarity around why individuals who may be eligible are not offered deflection and to look at downstream involvement with the criminal justice system over time for those who do receive deflection. This work will involve developing new processes for collecting additional data from partners and determining how to share available data across deflection system partners. The program expects to make substantial progress on these efforts by the end of Year One.