

# VA and Deflection Initiatives: Opportunities for Partnership

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# Deflection, conceptually

- “Deflection is a **collaborative** intervention **connecting public safety (e.g., police, sheriffs) and public health systems** to create **community-based pathways to treatment** for people who have substance use disorders (SUDs), mental health disorders, or both, and who often have other service needs, **without their entry into the justice system .**”
- “Deflection is an early, upstream strategy that does not need nor wait for an arrest, overdose, event, or situation to act. Deflection is prevention. Deflection creates a community-based framework for action around a shared purpose and mission on how best to respond to the issue at hand. **Deflection says we’ll meet you where you are, no need to wait to come to where we are.**”

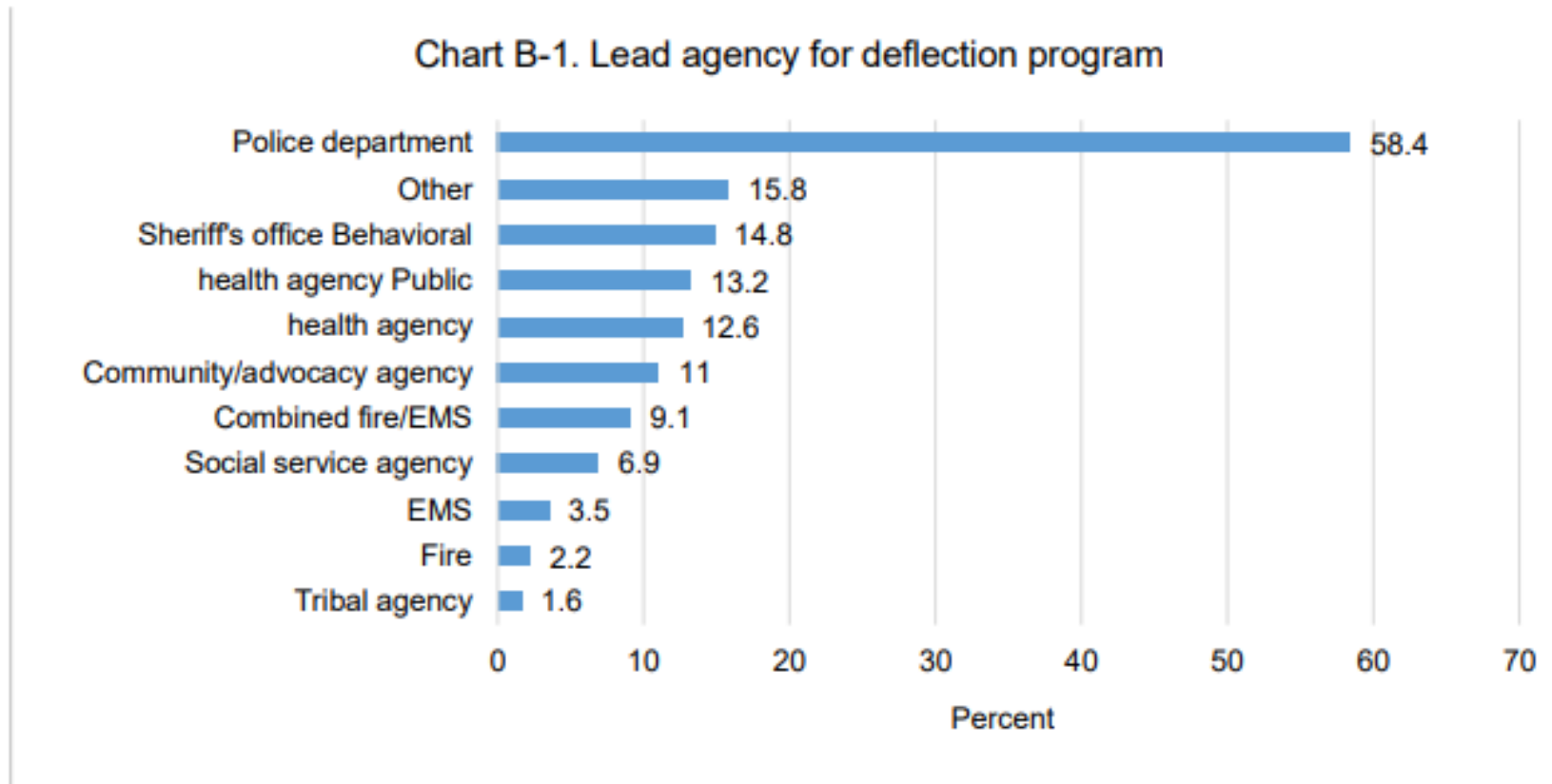
# Why focus on Veterans?

- Incarceration as an adult male is the single highest risk factor of ever being homeless. VA remains committed to ending Veteran homelessness.
- Most Veterans seen in VJP have a mental health (67%) or substance use disorder (52%) diagnosis or both (44%).
- Veterans seen in VJO face a higher suicide risk compared to other VA Veteran patients.
- Justice-involved Veterans are 3x more likely to have attempted suicide in their lifetimes as compared to non-justice-involved Veterans.

# Why else?

- Veterans lose access to VA healthcare services when incarcerated.
- Title 38 CFR 17.38 (c)(5) does not allow VHA to provide hospital and outpatient care if:
  - A Veteran is either a patient or inmate in an institution of another government agency
  - That agency has a duty to give that care or services

# Who does deflection?



[CHJ-TASC\\_Nation\\_Survey\\_Report.pdf](#)  
([cossapresources.org](http://cossapresources.org))

# What does it look like?

## Deflection program types

Common elements define many deflection programs:

- About **80%** give all frontline staff deflection authority, suggesting deflection is being adopted as a broader practice in these agencies.
- About **90%** of deflection teams conduct outreach in the community to the location where the individual was initially encountered by the first responder.
- **More than half** provide a personal introduction (or “warm handoff”) to treatment case managers to assist in linking clients to treatment and services.
- About **two-thirds** provide transportation to clients’ first treatment appointment.

About half involve co-responders (peer support specialists/ recovery coaches, clinical SUD treatment staff, case managers, and social workers) in their deflection efforts.

Of those programs that offer training in deflection, **91%** offer training in naloxone administration and **74%** in crisis intervention.

- Yet only about a third have a full training curriculum, and relatively few offer training in key deflection skills like the neuroscience of addiction, motivational interviewing, implicit bias, and trauma informed care.

### WHAT YOU CAN DO

1. Assess whether your deflection program already fulfills these common elements.
2. Review your training program (if you have one), and determine how you can tailor it to enhance your deflection activities.



[CHJ-TASC\\_First\\_Responder\\_Deflection\\_Infographic.pdf \(cossapresources.org\)](https://cossapresources.org/CHJ-TASC_First_Responder_Deflection_Infographic.pdf)



# What's the end-goal?

## Treatment, services and recovery

The primary service deflection programs facilitate is SUD treatment, including Medication Assisted Treatment (MAT): buprenorphine, methadone, and naltrexone.

- Fully **90%** of respondents offer linkages to SUD treatment, important because of the range of SUD to which they must respond.
- Nearly three-quarters (**73%**) offer linkages to MAT.

Most use recovery support specialists (e.g., peer coaches) to provide initial outreach.

- **Nearly 80%** provide access to recovery support specialists or peer recovery coaches.
- Yet many ancillary social services needed to facilitate recovery/reentry — like employment, education, and food support — are often not provided or facilitated by deflection programs; only about 30% offer these services.

90% of survey respondents are located in states that have expanded Medicaid/access to healthcare insurance through the Affordable Care Act.

- Slightly more than half of programs receive revenues through Medicare or Medicaid; 46% use private insurance.



### WHAT YOU CAN DO

1. Inventory all available treatment providers in your community to determine where deflection partnership opportunities and gaps exist, including recovery support services.
2. Analyze all potential funding sources and assess how to maximize access and funding for services and clients in the community.

[https://www.cossapresources.org/Content/Documents/BriefingSheets/CHJ-TASC\\_First\\_Responder\\_Deflection\\_Infographic.pdf](https://www.cossapresources.org/Content/Documents/BriefingSheets/CHJ-TASC_First_Responder_Deflection_Infographic.pdf)

# What's VA's role?

- Treatment provider
- VA Police linkage to local law enforcement, ability to broker relationships
- Ability to consult with local law enforcement deflection initiatives on Veterans' needs and services
- Ability to provide training on Veteran specific needs and services (CIT, VRT)
- Community stakeholder and collaborator



# VJP Partnerships with Local VA Police and Community LE

- Wilmington, DE: Veterans Response Team
- Cincinnati, OH: Military Liaison Group/Veteran Response Program
- Coatesville, PA: Veterans Response Team
- Bedford, MA: Veteran Crisis Intervention for First Responders
- Local VA/VJO participation in CIT trainings
- More coming!

# Veterans Response Teams: National Examples

- [Wilmington, DE: Veterans Response Team](#)
  - [Law Enforcement Officers Respecting Services Restoring Honor for Vets in Crisis](#)
- [Cincinnati, OH: Military Liaison Group/Veteran Response Program](#)
  - [Cincinnati program to be model for new statewide response to veteran crises \(wcpo.com\)](#)
  - [Veterans Reentry Programming Supporting Transition to Civilian Life Across the SIM](#)
- [Coatesville, PA: Veterans Response Team](#)
- Bedford, MA: Veteran Crisis Intervention for First Responders
  - [Bedford Crisis Intervention Brochure final - 2.23.21.pdf](#)
- Local VA/VJO participation in Crisis Intervention Team (CIT) trainings

# Cincinnati VA QR Code Project

**VETERAN Emergency/  
Homeless Resources**



**VA**



U.S. Department  
of Veterans Affairs

Cincinnati VA Medical Center

*Better Each Day*

**For NON-Emergent  
Assistance, Leave a  
Voicemail on the (VJO)  
Veterans Justice  
Outreach Central Line:**

**513-977-6838**

# Cincinnati VA QR Code Project

## ATTENTION FIRST RESPONDERS: HELP A VETERAN IN NEED

Scan the QR Code with your mobile device to access VA and community resources available to Veterans. This information is intended to aid law enforcement/first responders during encounters with Veterans who may be in crisis or in need of additional support.



Contact:  
Veterans Justice Outreach  
Program  
Office# (513) 977-6838



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