

# FOCUS ON INNOVATION: Montgomery County STEER



## Overview

Stop, Triage, Engage, Educate and Rehabilitate (STEER) is a pre-booking law enforcement and drug treatment linkage program operating in Montgomery County, Maryland. Like many police deflection programs, STEER developed in response to the prevalence of individuals with substance use disorders cycling through the criminal justice system. Rather than arrest certain individuals for behaviors linked to their drug use, criminal justice and behavioral health stakeholders from Montgomery County—including the State’s Attorney, Public Defender, Corrections, Human Services, Police Department and local treatment providers—decided a partnership between police and community treatment could lead to better outcomes.

The program emerged in the context of an opioid crisis in Montgomery County similar to that being experienced in other parts of the country. Overdoses and overdose deaths had risen, creating an additional burden on first responders who were encountering overdose situations daily, as well as on emergency rooms, with few follow-up options available. As with other counties across the country, Montgomery County was struggling to curb a clear problem that was having a devastating impact on its communities.

STEER was seen as an opportunity to both improve public safety and improve relations between police and the community by positioning law enforcement and STEER as contributors to the overall health of the community, taking a public health rather than punitive approach to the problem of drug use and addiction.

## How the Program Works

The STEER program provides rapid identification, deflection, and access to treatment for drug-involved individuals encountered by law enforcement as an alternative to conventional arrest and booking. And, the partners identified a different way to provide treatment linkage options to individuals who are drug-involved, but who did not necessarily present a chargeable offense when encountered by law enforcement. A comprehensive continuum of treatment options is made available to participants, and the responsibility for outreach and treatment linkage rests on dedicated staff of a local treatment provider.

STEER uses risk-need screening to assist in making the decisions about individuals who are best suited for the

program. It is focused on individuals with high substance abuse treatment needs, but who tend to have a lower likelihood of risk for failure in the justice system. STEER typically begins during calls for service, community-based encounters, or crisis responses (e.g., overdose). If the responding officer believes an individual may be drug-involved, s/he can conduct a risk screen in the field (without the need to go to a district or lock-up) to determine if an individual is classified as low-moderate criminogenic risk according to the Proxy Risk Tool.

Montgomery County developed a STEER Deflection Screening Tool book for officers that mimics the size and shape of their ticket books including carbon copy forms. A community-based case manager (who also is a care coordinator) is then contacted, who arrives on the scene and uses the CAGE substance use screen to establish a baseline treatment need profile. The care coordinator may also ride along with officers, but most STEER engagements occur as a result of police contacting the care coordinator, either in the community or once the individual has been stabilized at a hospital. The care coordinator is available at any time of the day, so as to be fully responsive to calls from police.

If eligible criminal charges are present, the charges can be held in abeyance if the individual voluntarily accepts a STEER **intervention** referral. If no criminal charges are present, the individual can still be referred to STEER via a **prevention** contact.

After the initial engagement and screening process, the care coordinator—an employee of Maryland Treatment Centers—focuses on rapid treatment access, retention, motivation, engagement and completion, as well as a full clinical assessment and referral to treatment resources to address their underlying substance use disorder and mental health challenges. The coordinator will contact the deflected individuals at their homes, treatment or any other appropriate venue to support their recovery.

When not in the field, the care coordinator is co-located at police department headquarters, and regularly participates in trainings and ride-alongs. This predictable presence increases awareness of the care coordinator’s services and contributes to the collaborative culture between offices and treatment.

## Core Project Partners

The STEER model was co-designed by, and included the participation of the following organizations:

- **Montgomery County Police Department (MCPD)** – MCPD operates out of six district locations. Its Narcotics unit is responsible for all issues related to drug use, including trafficking and overdose response. MCPD started STEER with the Department’s existing CIT officers. The MCPD leadership supporting STEER began with the Chief who participated, along with the Assistant Chiefs, in STEER meetings, trainings and check-ins.
- **Maryland Treatment Centers (MTC)** – MTC is a substance use treatment provider operating a full continuum of treatment services in Montgomery County, including residential, non-hospital detoxification and intermediate care services. MTC provides the behavioral health leadership in both the clinical aspects and case management aspects of STEER.
- **Police Executive Research Forum (PERF)** – PERF helped design the STEER model, incorporating police research into the design.
- **George Mason University** – The Center for Advancing Correctional Excellence at George Mason University provided data design and evaluation assistance, including treatment initiation and retention.
- **Center for Health and Justice at TASC (CHJ)** – CHJ has been involved in the design and implementation of the STEER program since its beginning. CHJ brought evidence-based practices to STEER used by other parts of the justice and behavioral health systems. These included: risk-need tools, screening and assessment, peer networks and 24/7 clinical case management to bridge the justice and behavioral health systems. CHJ also delivered the STEER police officer training in the topics of Science of Addiction, *Why Treatment Works and Criminogenic Risk-Need*.
- Of the 157 people referred to STEER as of February 5, 2017, 66 (42%) were assessed and 37 of those assessed (56%) agreed to participate in treatment.
- At least 51% of those who started treatment were still active in treatment after 30 days.
- The majority of criminal charges are for drinking in public, intoxication, and possession of drugs.
- **STEER engagements.** Law enforcement contacted the STEER care coordinator 133 times at a roughly consistent rate (15-20 per month) over the seven months of operation. Of those calls, 107 were in response to prevention deflections (no chargeable offense present), while 26 were in response to intervention deflections (chargeable offense held in abeyance).
- **Referrals to treatment.** Sixty of the 133 **prevention** contacts (45%), which means no criminal charges were present, were screened and referred to treatment, of which 32 were formally enrolled. Seven of the 26 **intervention** contacts (27.0%), which means criminal charges were present but held in abeyance, were screened and referred to treatment, of which five were formally enrolled.
- **Overdose and Narcan use.** Seventy-two of the 133 encounters were the result of an overdose. In 48 of those 72 encounters, Narcan had been used.

## Program Outputs

STEER launched in early 2016, and had its first referral in mid-April. As of November 2016, STEER had deflected 133 individuals and has now become part of police options on how to respond to people with substance use disorders. STEER has created a broad, collaborative entry portal for treatment delivery.

## Funding

Funding for treatment is available through state and county contracts, as well as Medicaid, and treatment capacity for the target population was not considered a concern. However, the role of the treatment linkage specialist was seen as critical to the program, but yet did not fit under traditional fundable or Medicaid-reimbursable categories. The Public Welfare Foundation funded this core position for the first year of the program.

## The Future of STEER

As of January 2017, STEER partners had secured funding from the Montgomery County Council for an additional case manager to continue and expand their deflection initiative. STEER partners worked closely with county health and police officials, and the county board to advocate for and allocate the necessary resources to continue the program.