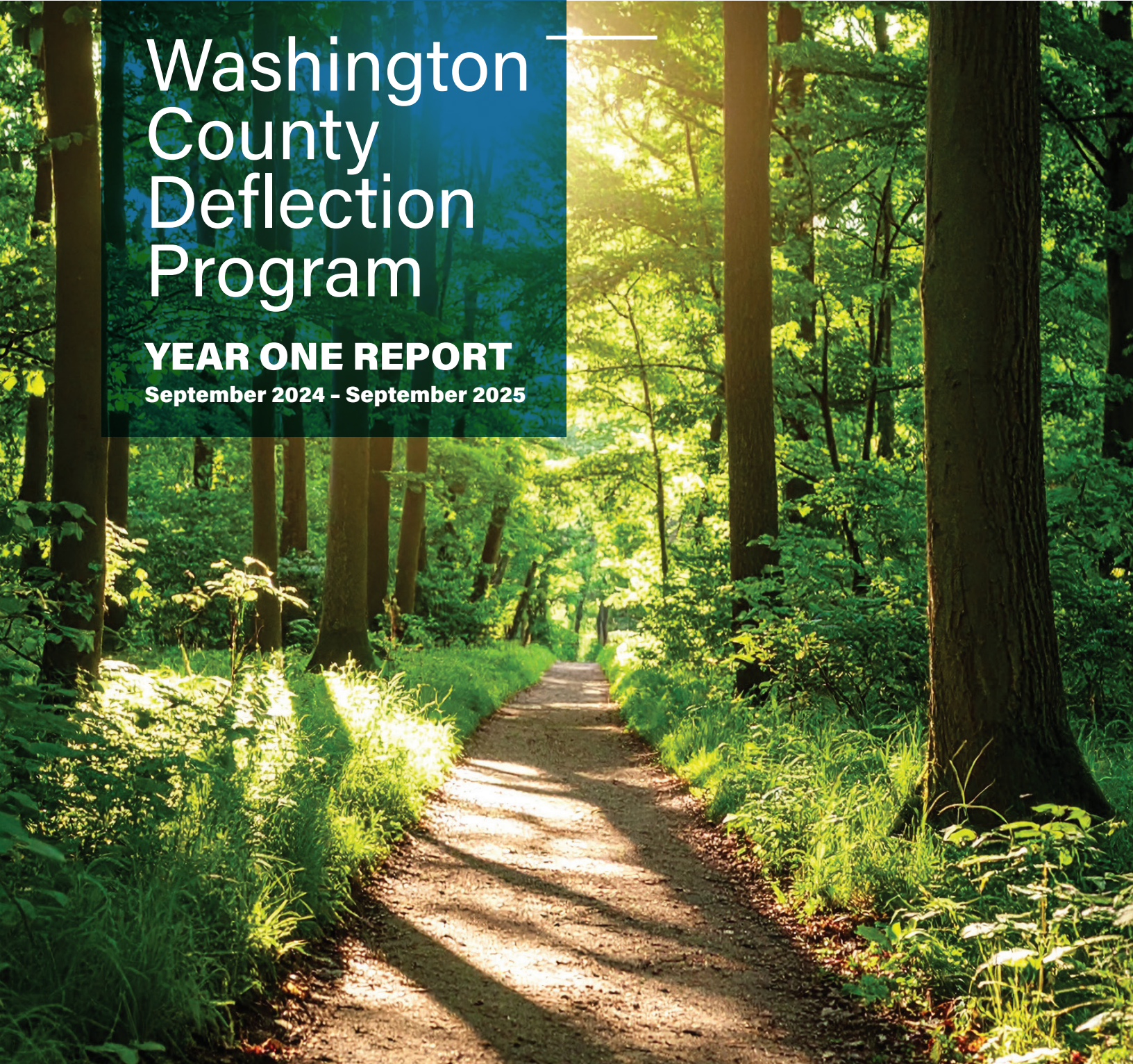


# Washington County Deflection Program

## YEAR ONE REPORT

September 2024 - September 2025



Department of  
Health and Human Services

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# KEY TERMS AND ACRONYMS

Abeyance: Court date delayed

Active: The participant is active in Deflection and assigned to a peer case manager

ASAM: American Society of Addiction Medicine substance use assessment

Declined: Individual was offered Deflection and declined

Exit: Any exit from the program other than successful completion

FTA: Failure to appear in court

Inactive: Participant was active but exited or successfully completed

Never Engaged: Did not connect with program staff and/or did not present for arraignment

No Complaint: The prosecution has not yet/or will not file charges

Participant: An individual enrolled in Deflection

PCS/PCS U-A: Possession of a controlled substance misdemeanor

PCM: Peer case manager

Successful Completion: Participant completed Deflection successfully

SUD: Substance use disorder

WCDP: Washington County Deflection Program

# FORWARD/INTRODUCTION

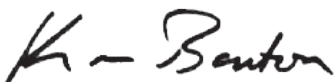
In 2020 Oregonians passed Ballot Measure 110, titled the “Drug Addiction Treatment and Recovery Act.” While voters expected this law to expand access to treatment and recovery as an alternative to the criminal justice system, those goals did not materialize as hoped, despite progress made within the Behavioral Health Resource Network. As a result, in 2024 the Oregon State Legislature made significant changes to Oregon’s drug laws, including the establishment of the Oregon Drug Intervention Plan (ODIP). For individuals facing misdemeanor drug possession charges, the ODIP provides multiple pathways to treatment, one of which is an optional county deflection program.

I am proud to report that in Washington County, we recognized an opportunity to build a system that delivers today what Oregonians hoped to achieve in 2020 — more treatment, for more people, more quickly. We assembled a coalition of experienced practitioners and providers to discuss what works, what does not work, and what might work. We were guided by Senator Kate Lieber’s advice — start small and dream big — and we found inspiration from successful specialty court and treatment programs across the nation. While our deflection program is uniquely ours, it is built using components that have proven successful.

As a result of our planning and work, we implemented the Washington County Deflection Program on the first day the new laws were effective, September 1, 2024. Now, over a year later, we are proud to report that our efforts are successful. Our six-month-long program prioritizes meaningful engagement in treatment and saves lives by focusing on quality over quantity. As of January 2026, we have served over 120 deflection participants, and our numbers continue to grow. Many of those participants completed deflection successfully after six months, but those who did not still received critical services and support.

We owe a special debt of gratitude to the amazing people who do this work. The dedicated law enforcement professionals, peers, and treatment providers who truly care about the health, safety, and well-being of individual participants and the broader community are the heartbeat of our program.

Looking ahead, we are excited to continue to grow, evolve, and expand our efforts as resources allow, always with an eye toward prioritizing meaningful engagement with treatment and the safety of our community.



Kevin Barton, Washington County District Attorney

# ACKNOWLEDGMENTS

As we reflect on our first year, we extend our deepest gratitude to the dedicated staff, committed partners, and passionate collaborators who make the work of the Washington County Deflection Program (WCDP) possible. Your unwavering support, creativity and shared vision have helped us advance meaningful outcomes for our participants and our community.

To our staff — thank you for your tireless efforts, compassion and resilience. Your work is the heartbeat of WCDP, and your commitment continues to inspire.

To our partners — thank you for walking alongside us, sharing resources, expertise and innovative ideas. Your collaboration strengthens our reach, deepens our impact, and helps us develop a program with a strong foundation.

Together, we've built a network rooted in trust, stability and hope. We look forward to continuing this journey with you in the year ahead.



Danielle Farr, Deflection Senior Program Coordinator

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*Thank you to Chair Kathryn Harrington and the Washington County Board of Commissioners for their support of the program.*

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# DEFLECTION BACKGROUND

Individuals who have been cited for substance-related charges often face significant unmet needs, including underlying physical and mental health conditions<sup>1,2,3</sup>. Substance use frequently coexists with life challenges such as unstable housing, food insecurity, limited access to health care including substance use treatment, and barriers to educational opportunities. Approaches that prioritize the person involved and aim to address the root causes of substance use — rather than focusing solely on the offense — have been shown to be more effective than relying on criminal justice interventions alone<sup>4,5</sup>. Research shows that many adults who are cited for substance-related offenses have experienced trauma and adversity, which can complicate their journey toward recovery<sup>6,7,8</sup>.

Alternatives to criminal justice involvement for substance-related charges, such as deflection programs, have been widely studied<sup>9,10,11</sup>. These programs aim to prevent further involvement in the public safety system by connecting individuals to personalized healing-centered supports that attempt to address the underlying causes of substance use and addiction. Addiction is a multifaceted health condition with no single underlying cause or solution. Therefore, person-centered, tailored interventions are essential for promoting long-term success and recovery.

## DEFLECTION IN OREGON

Measure 110, also known as the Drug Addiction Treatment and Recovery Act, was passed by Oregon voters in November 2020. Measure 110 reclassified possession of small amounts of controlled substances (like heroin, methamphetamine, LSD and oxycodone) from a Class A misdemeanor to a Class E violation, punishable by a maximum \$100 fine<sup>12</sup>.

In 2024, Oregon lawmakers introduced House Bills 4002A and 5204 — known collectively as the “Oregon Drug Intervention Plan” — to roll back Measure 110 and recriminalize possession of small amounts of controlled substances. The Oregon Drug Intervention Plan creates four distinct pathways to treatment for drug-related charges<sup>14</sup>:

- Pre-court diversion (“deflection”)
- Court diversion (“conditional discharge”)
- Court-required formal supervision
- Revocation of probation with early release to treatment

This plan requires collaboration between public safety partners, district attorneys, and behavioral health entities to help people with substance use disorders get access to care. Counties and tribal governments were allowed to design programs unique to their local needs<sup>13</sup>. Deflection is the initial pathway intended to serve as an alternative to involvement in the criminal justice system. The broader system is designed to support individuals throughout their journey — even if they do not successfully engage in or complete deflection.

The Oregon Health Authority defines deflection as 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, mental health disorders, or both, and who often have other service needs, without their entry into the justice system.”<sup>15</sup>

Best practices and research on deflection programs nationally illustrate six pathways for referrals into the deflection program: Self-Referral, Active Outreach, Naloxone Plus, First Responder and Officer Referral, Officer Intervention, and Community Response<sup>16</sup>.

Each pathway uses a different entry point into the deflection system and connects to treatment and supports based on the individual’s needs. One pathway begins with a citation from a public safety officer (i.e., citation track). The citation track helps connect people to treatment and support services, while also keeping them out of the criminal justice system and preventing a lifelong record.

The remainder are initiated by non-citation means (i.e., non-citation tracks). See Table 1 for descriptions of the six pathways.

**TABLE 1. Six pathways of deflection and pre-arrest diversion**

PATHWAY	WHO STARTS IT	WHAT HAPPENS	GOAL
Self-Referral	The person themselves	A person asks for help and is connected to services without police involvement.	Help people before they get into legal trouble.
Active Outreach	Outreach workers or public safety officers	Professionals reach out to people in need and offer help.	Engage people who may not seek help on their own.
Naloxone Plus	Public safety or first responders	After an overdose, responders connect the person to treatment.	Prevent future overdoses and save lives.
First Responder and Officer Referral (Officer Prevention)	Public safety officers	Officers or first responders refer people to treatment during routine duties when a need is identified, when there is no crime or charges.	Get people help early before they have charges.
Officer Intervention	Public safety officers	Officers offer help after a low-level offense, instead of jail.	Reduce charges, provide a second chance and avoid jail time.
Community Response	Community teams (not just public safety)	A team responds to people in crisis and connects them to services.	Use the right helpers for the situation, not just police.

*Adapted from the Police, Treatment, and Community Collaborative*

# WASHINGTON COUNTY DEFLECTION PROGRAM (WCDP)

On September 1, 2024, Washington County officially launched its Deflection Program. Individuals cited for possession of controlled substances (PCS) and who meet program eligibility criteria are given the chance to participate in a program that connects them to supportive services and substance use treatment. Upon successful completion, charges are dismissed. The Deflection Program Implementation Team (DPIT) guides the effort and includes representatives from several Washington County departments including the District Attorney's Office, the Sheriff's Office, Health and Human Services, and Community Corrections, as well as treatment and recovery peer-delivered service providers.

The structure of the WCDP was guided by the directives established by the legislature and state partners and supported by best practices, research, and collaborative insights from the DPIT members. The success of the WCDP relies heavily on collaboration across departments and partner organizations dedicated to the success of each participant served. See Figure 2 for a list of the partners and organizations involved.

Alongside internal departments, the WCDP has built strong partnerships with local treatment providers and the Washington County Behavioral Health Resource Network to ensure that Deflection participants have access to services tailored to their individual needs.

In the first year of operation, the WCDP focused solely on the officer intervention pathway/citation track. This means that the initiation of the process to enroll in Deflection required a citation from a public safety professional. Individuals were screened using additional eligibility criteria and then offered enrollment in Deflection as an alternative to further involvement in the criminal justice system.

Deflection eligible charges are:

- Misdemeanor PCS charges, or
- Misdemeanor PCS charges plus one or more of these (added July 2025):
  - Criminal Trespass in the First or Second Degree
  - Disorderly Conduct in the Second Degree
  - Theft in the Third Degree, if no restitution is asked for

Individuals facing only deflection eligible charges are presumptively eligible for WCDP. The following factors are a basis for exclusion:

- Person has other charges pending in any jurisdiction (except other misdemeanor PCS charges are not an automatic disqualifier)
- Person is on formal supervision of any kind (formal court probation, diversion, conditional discharge, specialty or treatment court, post-prison supervision, etc.)
- Person previously participated in a deflection program in the last year
- Person has a prior conviction for a crime constituting a "violent felony" pursuant to ORS 135.240(4)(a), domestic violence, child abuse, or a sex crime
- Any other exceptional circumstance(s) identified by any member of the DOT (DOT members have veto power over WCDP entry)

In July 2025, in collaboration with the Washington County District Attorney, the WCDP expanded eligibility to allow for individuals cited or arrested for PCS and accompanied by co-charges listed above. Prior to this date, the presence of co-charges excluded individuals from being eligible for Deflection. These specific charges were selected because they were frequently accompanied by a PCS charge and were excluding potential participants whose primary need may be substance use treatment.

Washington County contracts with peer-delivered services to support individuals throughout Deflection. Peers are individuals with lived experience, which means they have firsthand experience with the behavioral health and/or criminal justice system. They are vital to the ongoing success of the WCDP. Peer services are an evidence-informed strategy to support individuals in recovery and have been shown to reduce the likelihood of the recurrence of substance use and sustain long-term engagement in the recovery process<sup>17,18</sup>.

During the first few weeks of the six-month engagement with WCDP, each participant must undergo a substance use assessment (ASAM) by an Oregon Health Authority-approved substance use treatment provider and, if recommended, treatment by an approved treatment provider. Participants engage in regular status checks and interviews with peer case managers where they are evaluated for ongoing adherence to program requirements, provided support in accessing recovery services and other referrals, and can provide feedback about their participation in the program. The six-month timeframe allows individuals to engage with Deflection staff, work closely with an assigned peer case manager, participate in treatment, and pursue self-directed life improvement objectives.

To complete Deflection and have their charges expunged (i.e., cleared) from their record, participants must: 1) complete a substance use disorder assessment with a treatment provider, 2) successfully engage in SUD treatment recommendations, and 3) demonstrate they are likely to continue to engage in treatment once Deflection ends. In the first year, 24 individuals successfully completed Deflection. See Figure 1 for a visual of the WCDP process.

**FIGURE 1. WCDP flowchart for Officer Intervention Pathway**

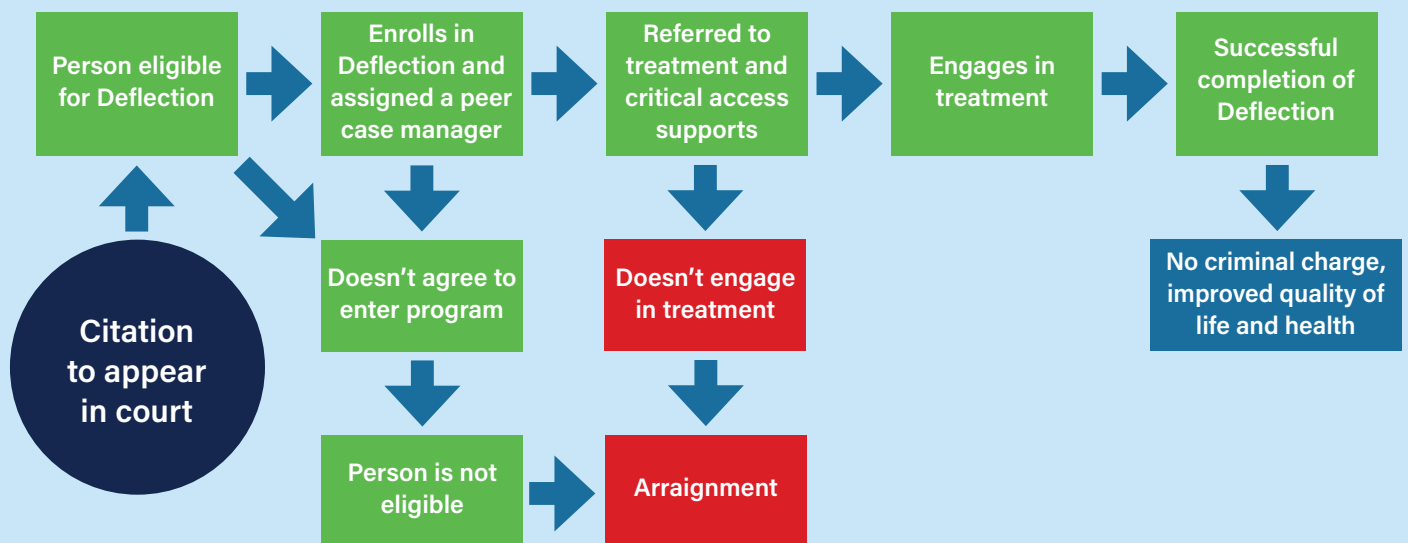


FIGURE 2. WCDP Implementation Team



### Washington County Deflection Program Partners

Over 25 community-based organizations

Washington County Sheriff's Office

Contracted Peer Case Management Providers

Washington County Health and Human Services

Washington County Housing Services

Washington County Behavioral Health

Washington County District Attorney's Office

Washington County Counsel

Behavioral Health Resource Network

## YEAR 1 PROGRAM DATA AND OUTCOMES

Between September 1, 2024, and September 5, 2025, 1,747 cases of possession of controlled substances (PCS-U or PCS-A) were filed in Washington County. Individuals may have multiple cases or citations, which was true for 536 people. There were 1,211 unique individuals cited for PCS-U/PCS-A. After applying the eligibility criteria described earlier, 226 of these individuals were considered eligible for Washington County Deflection. Individuals not eligible for Washington County Deflection proceeded to eligibility consideration for the other pathways to treatment established by the Oregon Drug Intervention Plan (e.g., court diversion or "conditional discharge," court-required formal supervision, and revocation of probation with early release to treatment). Deflection ineligibility is not a barrier to treatment; rather it is a determination that deflection is not the appropriate treatment pathway to fit the individual's needs.

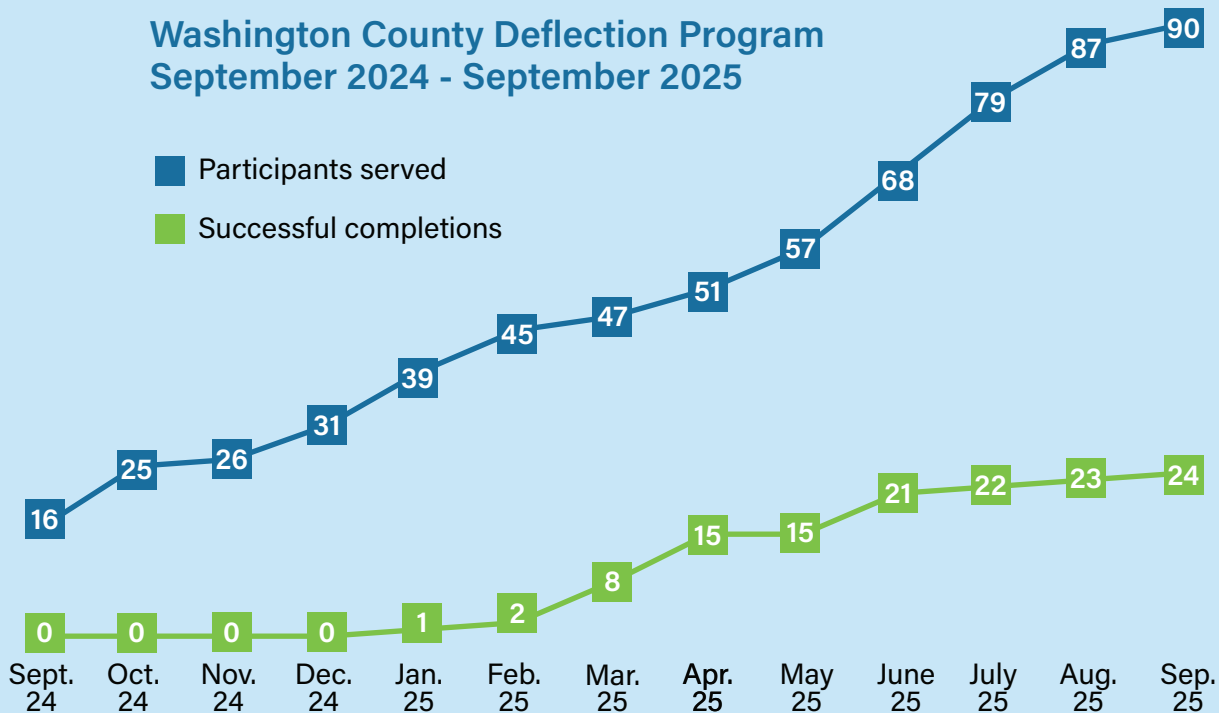
**TABLE 2. WCDP participation, 9/1/24 - 9/5/25**

DEFLECTION STATUS	NUMBER OF PEOPLE
Active participants	39
Successful completions	24
Other exit	23
Declined	4
Failure to appear in court	58
Total people served in Deflection	90

Table 2 indicates the number of people served in the WCDP and their individual status as of September 5, 2025. A total of 90 people received service through Deflection, and 24 people successfully completed in the first year. Deflection participation has steadily increased, with enrollment increasing month over month. Figure 3 shows the number of participants served and the number of completions per month.

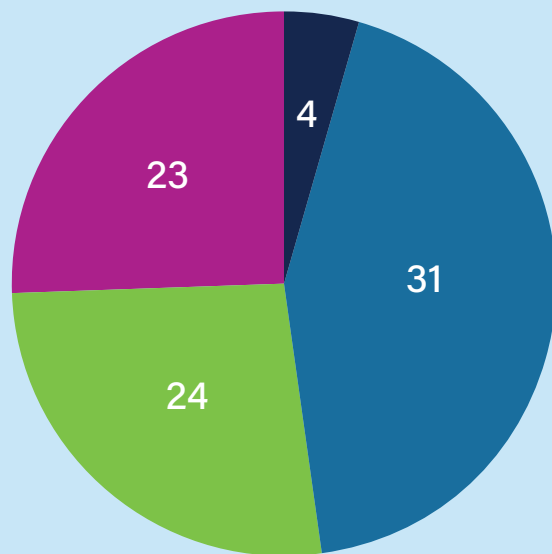
**FIGURE 3. Deflection participation and completion in year 1**

**Washington County Deflection Program  
September 2024 - September 2025**



Participant enrollment grows at a faster pace than program completions because monthly intake exceeds the number of participants finishing the six-month program.

FIGURE 4. WCDP participation status year 1



### Participants served in WCDP September 1, 2024 - September 5, 2025

- Active participants
- Successful completions
- Other exit
- Declined

An individual may be removed from participation in the WCDP when any of the following occur:

- The person has new criminal charges (other than misdemeanor PCS).
- They fail to appear at any court date without a sufficient reason.
- They are not sufficiently engaging in Deflection, as determined by the DOT. Examples of insufficient engagement include failing to fulfill treatment requirements and insufficient engagement with peer case managers.
- They voluntarily exit the program.

During the first year, 90 individuals participated in Deflection. Of those, 23 exited the program before completion. There are many reasons a participant may not successfully complete the program. The majority of exits are attributed to the participant losing contact with the peer and treatment (70%) or receiving a new non-PCS charge (30%), making them no longer eligible. In the first year, only one participant voluntarily left the program. Even when a participant does not complete the program, their time spent engaging with WCDP offers access to resources and services that support their recovery.

*“The Peer Company has had the opportunity to support WCDP from program design to the present model. The Peer Company being able to work with Washington County and other community partners through this process has allowed the voice of lived experience to always be present. As pivots to program design are made and other pathways to deflection are available to individuals in the community, having the voices of lived experience has played a key role in program design and implementation. These perspectives have strengthened both the strategic direction and on-the-ground implementation of the program. Supporting individuals in accessing services that establish a foundation for long-term recovery—rather than entering the criminal justice system—has been among the most meaningful aspects of my professional experience.”*

John Karp-Evans  
Deputy Director, The Peer Company

# PARTNERSHIPS AND REFERRALS TO SERVICES

Deflection participants receive referrals to additional services by their peer case manager that support their recovery and aim to prevent future involvement with the criminal justice system. The Deflection Operations Team (DOT) regularly meets with contracted providers and about 25 referral partners that offer a broad range of services, including substance use disorder treatment, mental health care, primary care, and specialized supports for specific populations, such as young adults or individuals needing language-specific assistance. These strong partnerships ensure that participants receive wraparound care and support during their time in the program.

Tracking the overall number of referrals is a helpful indicator to demonstrate community resource availability. However, tracking the number of actual services received via these referrals is a better indicator of participant connection and potential success. In the first year of service, more than 400 referrals were provided to participants. Of those, 70% were known to be completed (i.e., the participant received the service). Even when someone does not complete the Deflection Program, the support they receive is significant, both for their personal well-being and for the broader community. The benefits of connection, care, and access to resources are lasting and invaluable. See Table 5 for additional details on referrals.

**TABLE 5. WCDP referrals and completion, 9/1/24 - 9/5/25**

SERVICE TYPE	REFERRED TO SERVICE	RECEIVED SERVICE*	PERCENT COMPLETED REFERRAL
Substance use disorder treatment services	172	108	63%
Non-clinical recovery interventions [e.g., recovery support services (peers) and harm reduction]	94	83	88%
Resources for basic needs (e.g., housing, SNAP)	44	21	48%
Other (e.g., phone, resources for identification documents)	38	28	74%
Substance use medication-based treatment	22	14	64%
Access support (e.g., translations)	17	16	94%
Mental health services	16	12	75%
Hospitalization	1	1	100%
<b>Total</b>	<b>404</b>	<b>283</b>	<b>70%</b>

*\*The "received service" numbers are probably higher than reflected here. Some participants may have been referred for services but hadn't yet received those services by the end of the program's first year.*

# PUBLIC SAFETY PARTNERSHIPS

As previously noted, the success of the WCDP is closely tied to strong community partnerships. The officer intervention pathway/citation track, in particular, relies on the active involvement of public safety partners. Fortunately, the WCDP benefits from robust engagement with local police departments and anticipates continued collaboration and enhanced participation. For the first year, the Hillsboro Police Department provided nearly half of the eligible citations, followed by the Beaverton Police Department and the Washington County Sheriff’s Office. Some jurisdictions within Washington County are contracted with Washington County Sheriff’s Office to provide public safety services, such as North Plains, Banks and Gaston. Lack of citations among these precincts should not be interpreted as lack of participation in deflection.

The variation in eligible citation numbers across Washington County reflects the diverse nature of its communities and the thoughtful, responsive work of local police departments. Higher numbers in larger cities like Hillsboro and Beaverton are often tied to more visible public substance use, which is easier to identify and address under current legal standards. In contrast, smaller cities and residential communities tend to see substance use occur in private settings, where legal restrictions make detection and intervention more complex. These lower numbers should not be viewed as a lack of engagement, but rather as a reflection of effective community policing, proactive patrol, and the unique dynamics of each area (Lieutenant J. Noffsinger, personal communication, 12/10/2025). Table 3 below outlines the number of eligible citations issued by each police department in Washington County.

**TABLE 3. Deflection-eligible citations by police department 9/1/24 - 9/5/25**

PUBLIC SAFETY AGENCY	DEFLECTION ELIGIBLE CITATIONS	PERCENT
Hillsboro Police Department	997	57%
Beaverton Police Department	390	22%
Washington County Sheriff’s Office	177	10%
Tigard Police Department	82	5%
Sherwood Police Department	34	2%
Tualatin Police Department	34	2%
Forest Grove Police	24	1%
Oregon State Police	5	<1%
Cornelius Police Department	3	<1%
King City Police Department	1	<1%
Portland Police	1	<1%

# DEFLECTION PARTICIPANT CHARACTERISTICS

The WCDP gathers demographic and other health and social-related information from participants. This ensures they receive comprehensive support and resources, enables effective case management and referrals, and supports program evaluation and outcome monitoring.

More than half (57%) of participants were male, 69% identified as white, 14% identified as being of Latino/a/e/x descent, 72% were unemployed, and 79% had some form of public insurance (majority on Oregon Health Plan/Medicaid). Nearly one in three (31%) experiences some type of disability, which is nearly triple the proportion of the total population of Washington County with a disability (12%). Cognitive disability was the most prevalent limitation experienced by Deflection participants, with 10% reporting this disability. See Table 4 for additional details of participants.

*“I’ve been reflecting on Deflection’s remarkable first year, and I’m truly grateful for the strong partnership that has made it all possible. At 4D Recovery, our peers have had the privilege of supporting nearly 60 individuals through the program, walking alongside them with compassion, encouragement, and practical guidance—even as some transition to the next steps in their recovery journey, whether that’s court support, referrals, or our sister Conditional Discharge program. What inspires me most are the meaningful success stories we’ve witnessed: participants completing treatment, regaining self-sufficiency, avoiding deeper entanglement with the criminal justice system, and building crime- and substance-free lives. Many even return to our center to check in and share their gratitude for the role our team played in their transformation. We’ve also grown in important ways—adding a Spanish-speaking peer to deliver more culturally responsive services, expanding eligibility to reach more people in need, and looking ahead with excitement to the new non-citation pathway that will enable assertive community outreach and serve even more individuals. This progress wouldn’t be possible without the State’s bold investment in Deflection and the collaborative spirit that has brought us all together.”*

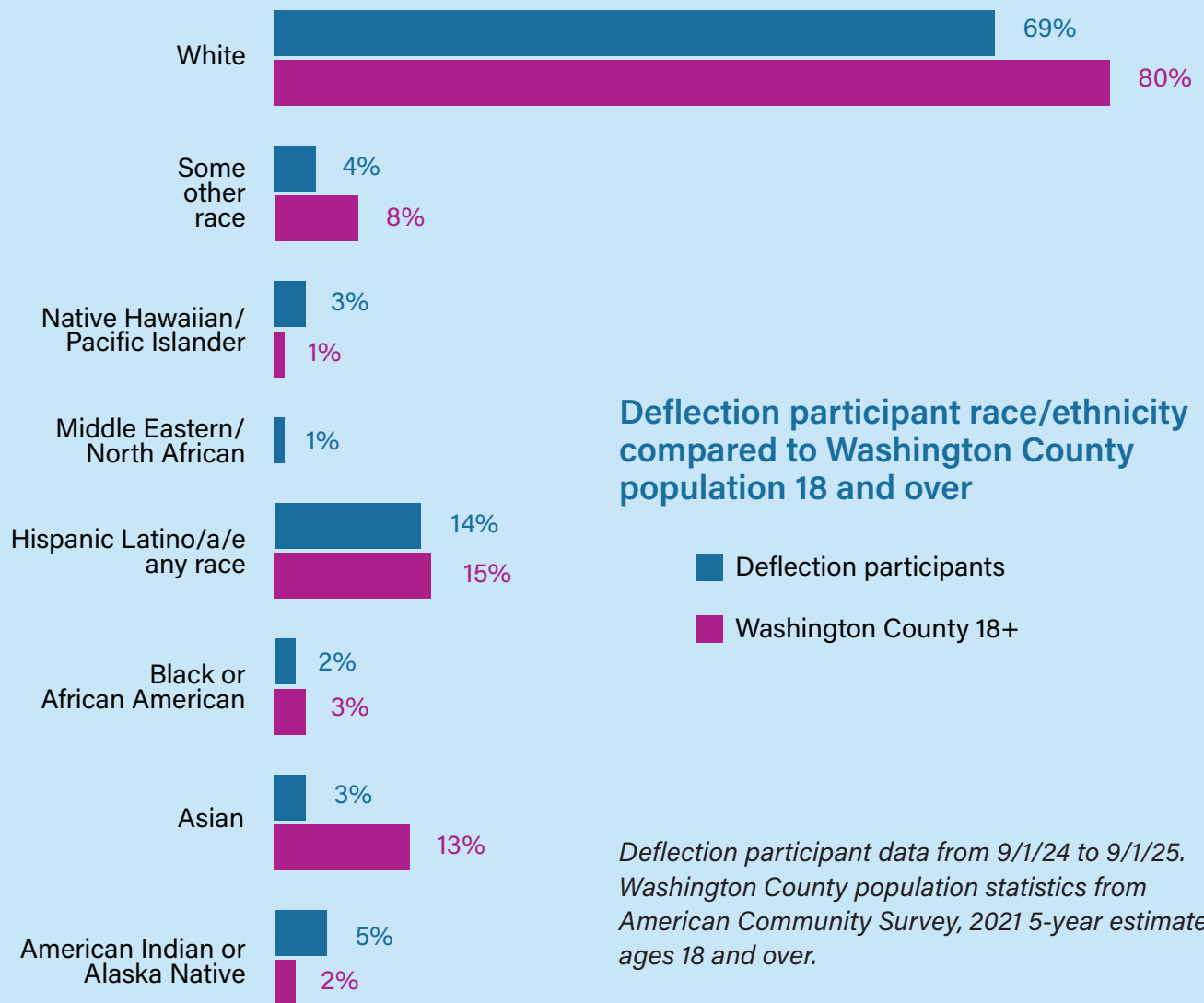
Tony Vezina  
Executive Director, 4D Recovery

**TABLE 4. Demographic characteristics of WCDP participants 9/1/24 - 9/5/25**

DEMOGRAPHIC CATEGORY	PERCENT OF PARTICIPANTS
<b>GENDER*</b>	
Male	57%
Female	42%
Transgender, non-binary or additional gender category	<1%
<b>RACE AND ETHNICITY*</b>	
American Indian or Alaska Native	5%
Asian	3%
Black or African American	2%
Latino/a/e/x	14%
Middle Eastern/North African	<1%
Native Hawaiian or Pacific Islander	3%
White	69%
Different race	4%
<b>DISABILITY*</b>	
Because of a physical, mental, or emotional condition, serious difficulty concentrating, remembering, or making decisions	10%
Serious difficulty walking or climbing stairs	8%
Other	6%
Because of a physical, mental, or emotional condition, difficulty doing errands alone such as visiting a doctor's office or shopping	3%
Serious difficulty hearing	2%
Serious difficulty seeing, even when wearing glasses	1%
Difficulty dressing or bathing	1%
None	69%
<b>EMPLOYMENT STATUS</b>	
Employed (part or full time)	21%
Unemployed	72%
Retired/Social security disability	2%
<b>Health insurance status</b>	
Uninsured	16%
Public health insurance (Oregon Health Plan/Medicaid or Medicare)	79%
Private insurance	2%
Other	2%

*\*Totals may be greater than 100% for categories that are multiple select.*

**FIGURE 5. Race and ethnicity of Deflection participants**



Data from September 1, 2024, to September 5, 2025, reflects that Deflection participants are broadly representative of the adult population of Washington County, based on the 2021 American Community Survey five-year estimates. Race and ethnicity categories are self-reported and not mutually exclusive; individuals may identify with more than one category (e.g., White and Hispanic/Latino). Two participants declined to report their race or ethnicity and are not included in the chart. Note: Middle Eastern/North African is not currently a category collected in the U.S. Census, so comparative data is unavailable.

# SUBSTANCE USE AND MENTAL HEALTH NEEDS

Nearly 80% of participants self-reported substance use during program intake, supporting the need for access to substance use treatment. Methamphetamine and fentanyl were the most frequently reported substances used. Many participants did not specify substances, highlighting the need for continued engagement and formal substance use assessment with treatment providers. Nearly one third (31%) of participants report it is their first time engaging in substance use treatment. As of September 5, 2025, nearly half (44%) had completed substance use disorder assessments with treatment providers to further individualize their care.



**Nearly 80%** of participants self-reported substance use during program intake.

**Nearly one third** of participants report it is their first time engaging in substance use treatment.



**Nearly half** had completed substance use disorder assessments with treatment providers.

Mental health needs are common among Deflection participants, with complex trauma and stress-related disorders (e.g., PTSD) being the most frequently reported mental health challenges reported by participants. These findings emphasize the importance of trauma-informed, person-centered care that meets individuals where they are.

*“Since deflection has started, our interactions with the available outreach teams have increased dramatically. This back and forth has allowed us to get people connected to treatment, housing, or other resources much faster. Say when we call 4D, we can get people into treatment or at least started with that connection. That way, even if they are not ready at that moment, when they are ready, they have a connection there for them. We even get calls from 4D to help connect with emergency shelter beds to offer urgent stability as a bridge to the things 4D is offering.”*

Detective James Weed  
Hillsboro Police Department

# HOUSING AND FOOD SECURITY

Many WCDP participants experience significant unmet health and daily living needs. Individuals with substance use disorders often face co-occurring mental health conditions, housing instability, and poverty, making their needs complex and frequently underserved by traditional social programs. National data show that about 16.8% of the U.S. population aged 12 or older meet the criteria for a substance use disorder, yet over 93% do not receive specialty treatment <sup>19</sup>.

Three in four (75%) participants are experiencing some form of homelessness upon starting Deflection, which includes “couch surfing” (staying with friends or family in a temporary arrangement), homeless shelter, unsheltered, and living in a hotel or motel. More than one in three (38%) are living unsheltered (e.g., in a place not fit for human habitation, living in a tent or living in a vehicle) upon starting Deflection. Fifty percent (50%) report their housing situation is unstable, and 32% report their housing situation is unsafe. Safe and stable housing are key to supporting individuals in their recovery journey, so much so that the Substance Abuse and Mental Health Services Administration (SAMHSA) has included housing as one of the four major dimensions of recovery<sup>20</sup>.

Being able to reach their support network is essential to participants’ recovery and long-term success in the program. WCDP is providing phones to participants who need them so they have a reliable way to communicate with their assigned peer case manager, treatment providers, and other critical supports.

Participants receive support and referrals tailored to their unique needs with the goal of long-term recovery. Among participants who completed Deflection, 21% of the unsheltered participants were moved into stable and sheltered housing in the six-month timeframe of participation, a promising indicator of potential recovery success.



**Nearly one in three** is experiencing food insecurity.

Nearly one in three (30%) participants is experiencing food insecurity at the time of enrollment. This foundational need is particularly true among participants who are living in unsheltered housing, where nearly half report needing access to food. Participants receive referrals to food resources, including SNAP enrollment while in the program which has reduced the overall need for emergency food assistance.



**Three in four** participants are experiencing some form of homelessness.

**More than one in three** are living unsheltered.

**50%** report their housing situation is unstable.

**32%** report their housing situation is unsafe.



During their exit survey, participants were asked if they would like to anonymously share about their experience in WCDP. These are some of their submissions.

“I’m glad that I got Deflection, because I had tried treatment before or at least attempted it, but was never successful. Ever since I got Deflection in my life, I’ve been able to do outpatient treatment, and I’m really glad to be sober and happy.”

“The peer navigators working for 4D that performed consistent outreach as I came into the WCDP really made a big difference in my recovery pathways. They always came and met me with a smile as well as a positive attitude. They helped me a lot when it came to relating to the courts, which was a huge help because they made sure that I could understand what the court’s expectations were of me. Even when I was struggling with SUD the most, I knew that I was not going to be treated any differently because of my addiction.”

“While being in Deflection my life has turned around. I’m sober for the first time. Every aspect of my life has changed for the better. One difficulty I’ve faced is re-learning how much of my life depended on substances till I got sober.”

“The Deflection team helped me during a time I was dealing with a lot of issues stemming from substance abuse and mental health. I was given the opportunity to access different resources that helped me get to the root of the issues. They were accessible and informative and I was able to get back to a place where I respected myself again and could move forward in life.”

# FUTURE PLANNING

The WCDP had a strong first year, successfully launching a new program from scratch. The WCDP intentionally focused on the officer intervention pathway to build necessary infrastructure and program operations and to serve individuals who were unlikely to be served by other systems. As the WCDP enters its second year, the program remains committed to delivering services through the established citation track. As funding and resources allow, several planned expansions are expected to broaden the program's reach and increase the number of individuals served. WCDP will also deepen partnerships and enhance tools to improve operations and the overall participant experience.

## **Planned Program Expansions and Areas of Focus**

The WCDP has several key expansions and areas of focus planned to increase access and improve outcomes for participants:

### **1. Jail In-Reach**

Exploring the option of meeting with eligible individuals directly in jail. This approach aims to reduce missed opportunities by connecting people to the Deflection Program and reducing further contact with the system.

### **2. Incentives for Participation (Contingency Management)**

To encourage engagement, participants will be offered small incentives — such as gift cards — for completing important program steps such as participating in substance use treatment assessment or status assessment. These incentives are expected to improve engagement and program completion.

### **3. Expansion into Non-Citation Tracks**

The program will broaden access by allowing individuals to participate without first receiving a citation. This preventive approach supports earlier intervention and reduces the likelihood of deeper involvement in the criminal justice system. The planned expanded pathways are Active Outreach and First Responder and Officer Referral (Officer Prevention) (see Table 1 for descriptions).

### **4. Additional Community Partnerships**

WCDP is actively building new partnerships to expand available services. These efforts aim to increase geographic coverage within the county, increase access to available services, and also improve support for individuals with private insurance.

### **5. Address Failure to Appear Challenges**

WCDP has identified FTAs (failure to appear in court) and loss of contact with WCDP participants as significant barriers to success in completing and entering the program. WCDP intends to focus on these areas through increased outreach to participants, support with cell phones, and increased partnerships to allow for emphasis on both support and accountability.

### **6. Officer Interventions**

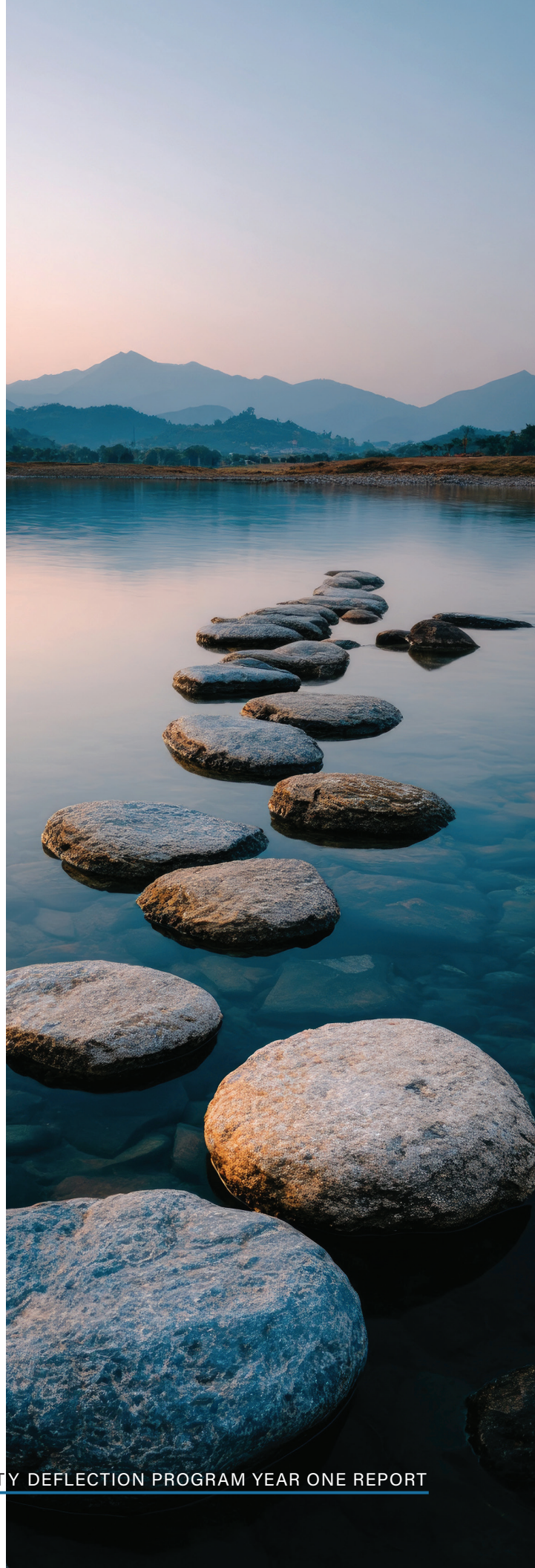
WCDP is working to address the variation in eligible citation numbers across Washington County by increasing training and outreach to law enforcement agencies.

# OUTCOME EVALUATION

Long-term outcome evaluation is beyond the scope of this first-year report. As the program continues to grow and serve more individuals, opportunities to assess long-term impact will become more feasible. By design, Deflection ends a participant's involvement with both the criminal justice system and the WCDP upon program completion. WCDP does not currently maintain ongoing contact with participants solely for long-term data collection or evaluation, as this falls outside the program's operational scope. This presents challenges in tracking individual outcomes over time.

However, the WCDP is committed to understanding its broader impact on the community. Population-level indicators such as reductions in homelessness, crime rates, overdose deaths, and recidivism can offer insight into long-term effectiveness. Overdose deaths in Washington County have been stable or decreasing relative to the population increase since 2022, which is a promising indicator of system improvements and interventions aimed at prevention and access to substance use treatment <sup>27</sup>.

Looking ahead, the WCDP is exploring evaluation models from similar programs that have demonstrated long-term success<sup>21-24</sup>. As the program matures, it will be better positioned to assess outcomes beyond the initial success indicators outlined in this report, including cost-inclusive evaluation. Emerging evidence indicates that deflection and diversion programs can significantly reduce legal system costs compared to traditional criminal justice processes<sup>25,26</sup>. As more individuals complete the WCDP, a cost-focused evaluation may become feasible to explore whether similar savings are occurring in Washington County.



# REFERENCES

1. Substance Abuse and Mental Health Services Administration (SAMHSA). (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
2. National Institute on Drug Abuse (NIDA). (2020). Common comorbidities with substance use disorders research report. National Institutes of Health. [www.ncbi.nlm.nih.gov/books/NBK571451/](http://www.ncbi.nlm.nih.gov/books/NBK571451/)
3. Wakeman, S. E., & Rich, J. D. (2015). Substance use, the criminal justice system, and the need for policy change. *Health Affairs*, 34(8), 1342–1349. [doi.org/10.1377/hlthaff.2015.0623](https://doi.org/10.1377/hlthaff.2015.0623)
4. Belenko, S. (2001). Research on drug courts: A critical review. National Center on Addiction and Substance Abuse at Columbia University. Retrieved from [ntcrc.org/wp-content/uploads/2020/06/DCRVolume1-1\\_Research\\_on\\_Drug\\_Courts\\_A\\_Critical\\_Review.pdf](http://ntcrc.org/wp-content/uploads/2020/06/DCRVolume1-1_Research_on_Drug_Courts_A_Critical_Review.pdf)
5. Kaufman-Parks, A. M., Longmore, M. A., Manning, W. D., & Giordano, P. C. (2024). A prospective study of adverse childhood experiences and illicit drug use in adulthood. *Journal of Human Services Research*, 43(1), 71–96. [doi.org/10.52678/001c.117729](https://doi.org/10.52678/001c.117729)
6. Graf, G. H.-J., Chihuri, S., Blow, M., & Li, G. (2021). Adverse childhood experiences and justice system contact: A systematic review. *Pediatrics*, 147(1), e2020021030. [publications.aap.org/pediatrics/article/147/1/e2020021030/77102/Adverse-Childhood-Experiences-and-Justice-System](https://publications.aap.org/pediatrics/article/147/1/e2020021030/77102/Adverse-Childhood-Experiences-and-Justice-System)
7. Moore, J. R., Renn, T., Veeh, C., & Pettus-Davis, C. (n.d.). Associations of childhood and adult trauma on substance misuse and mental health among incarcerated men. Institute for Justice Research and Development. [ijrd.csw.fsu.edu/sites/g/files/upcbnu1766/files/Publications/Workingpaper\\_Childhood\\_and\\_Adult\\_Trauma\\_Incarcerated\\_Men.pdf](http://ijrd.csw.fsu.edu/sites/g/files/upcbnu1766/files/Publications/Workingpaper_Childhood_and_Adult_Trauma_Incarcerated_Men.pdf)
8. Douglas, K. R., Chan, G., Gelernter, J., Arias, A. J., Anton, R. F., Weiss, R. D., Brady, K., Poling, J., Farrer, L., & Kranzler, H. R. (2010). Adverse childhood events as risk factors for substance dependence: partial mediation by mood and anxiety disorders. *Addictive behaviors*, 35(1), 7–13. [doi.org/10.1016/j.addbeh.2009.07.004](https://doi.org/10.1016/j.addbeh.2009.07.004)
9. Zgierska, A., et al. (2024). Pre-arrest diversion-to-treatment programs may reduce crime, overdose deaths. *Journal of Substance Use & Addiction Treatment*.
10. Tomaz, V., Moreira, D., & Cruz, O. S. (2023). Criminal reactions to drug-using offenders: A systematic review of the effect of treatment and/or punishment on reduction of drug use and/or criminal recidivism. *Frontiers in Psychiatry*, 14, Article 935755. [frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2023.935755/full](https://frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2023.935755/full)

11. Collins, S. E., Lonczak, H. S., & Clifasefi, S. L. (2017). Seattle's Law Enforcement Assisted Diversion (LEAD): Program effects on recidivism outcomes. *Evaluation and Program Planning*, 64, 49–56. [doi.org/10.1016/j.evalprogplan.2017.05.008](https://doi.org/10.1016/j.evalprogplan.2017.05.008)
12. Oregon Health Authority. (n.d.). Drug Addiction Treatment and Recovery Act (Measure 110). [oregon.gov/OHA/HSD/AMH/Pages/Measure110.aspx](https://oregon.gov/OHA/HSD/AMH/Pages/Measure110.aspx)
13. Oregon Health Authority. (2024). HB 4002 & HB 5204, relating to opioid addiction in Oregon: OHA fact sheet. [oregon.gov/oha/EI/THWMTgDocs/HB%204002\\_HB%205204%20OHA%20Fact%20Sheet.pdf](https://oregon.gov/oha/EI/THWMTgDocs/HB%204002_HB%205204%20OHA%20Fact%20Sheet.pdf)
14. Oregon Legislature. (n.d.). Oregon Drug Intervention Plan: PCS-U Flow Chart [PDF]. [oregonlegislature.gov/senatedemocrats/Documents/Oregon%20Drug%20Intervention%20Plan%20PCS-U%20Flow%20Chart.pdf](https://oregonlegislature.gov/senatedemocrats/Documents/Oregon%20Drug%20Intervention%20Plan%20PCS-U%20Flow%20Chart.pdf)
15. Simeon E, Suneson I, Rainer S, Haddeland H, Hoover D, Rowland R, Taxman F, Waddell EN. (April 2025). Oregon Behavioral Health Deflection Best Practices Report. OHSU-PSU School of Public Health. [oregon.gov/cjc/CJC%20Document%20Library/2025%20BHD%20Best%20Practices%20Report.pdf](https://oregon.gov/cjc/CJC%20Document%20Library/2025%20BHD%20Best%20Practices%20Report.pdf)
16. Police, Treatment, and Community Collaborative. (2025). Success in deflection: A SLED framework for community-first public safety. [ptacollaborative.org/wp-content/uploads/2025/08/FINAL\\_08.19.25\\_PTACC\\_SLED-Success-in-Deflection\\_August\\_2025.pdf](https://ptacollaborative.org/wp-content/uploads/2025/08/FINAL_08.19.25_PTACC_SLED-Success-in-Deflection_August_2025.pdf)
17. Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment*, 63, 1–9. [doi.org/10.1016/j.jsat.2016.01.003](https://doi.org/10.1016/j.jsat.2016.01.003)
18. Center for Substance Abuse Treatment. (2009). What are peer recovery support services? (HHS Publication No. SMA 09-4454). Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. [library.samhsa.gov/sites/default/files/sma09-4454.pdf](https://library.samhsa.gov/sites/default/files/sma09-4454.pdf)
19. Substance Abuse and Mental Health Services Administration. (2025). Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. [samhsa.gov/data/data-we-collect/nsduh-national-surveydrug-use-and-health/national-releases](https://samhsa.gov/data/data-we-collect/nsduh-national-surveydrug-use-and-health/national-releases)
20. Substance Abuse and Mental Health Services Administration. (2024, November 25). About recovery. U.S. Department of Health and Human Services. [samhsa.gov/substance-use/recovery/about](https://samhsa.gov/substance-use/recovery/about)
21. Labriola, M. M., Peterson, S., Taylor, J., Sobol, D., Reichert, J., Ross, J., Charlier, J., & Juarez, S. (2023). A multi-site evaluation of law enforcement deflection in the United States (RR-A2491-1). RAND Corporation. [rand.org/pubs/research\\_reports/RRA2491-1.html](https://rand.org/pubs/research_reports/RRA2491-1.html)

22. Charlier, J., & PTACC State Leaders' Deflection (SLED) Policy Network. (2025). Success in deflection programs: A policy brief. Police, Treatment, and Community Collaborative (PTACC). [ptaccollaborative.org/wp-content/uploads/2025/08/FINAL\\_08.19.25\\_PTACC\\_SLED-Success-in-Deflection\\_August\\_2025.pdf](https://ptaccollaborative.org/wp-content/uploads/2025/08/FINAL_08.19.25_PTACC_SLED-Success-in-Deflection_August_2025.pdf)
23. Malm, A., Perrone, D., & Magaña, E. (2020). Law Enforcement Assisted Diversion (LEAD): External evaluation report to the California State Legislature. California State University, Long Beach. [bscc.ca.gov/wp-content/uploads/CSULB-LEAD-REPORT-TO-LEGISLATURE-1-15-2020.pdf](https://bscc.ca.gov/wp-content/uploads/CSULB-LEAD-REPORT-TO-LEGISLATURE-1-15-2020.pdf)
24. Callister, S., & Braaten, A. (2016). An evaluation of the Eau Claire County pre-charge diversion program as measured by two-year recidivism rates (Revised 1/29/2016). Eau Claire County Criminal Justice Collaborating Council. [ebdmoneless.org/documents/Eau-Claire-ECC-Diversion-Eval.pdf](https://ebdmoneless.org/documents/Eau-Claire-ECC-Diversion-Eval.pdf)
25. Collins, S. E., Lonczak, H. S., & Clifasefi, S. L. (2019). Seattle's law enforcement assisted diversion (LEAD): Program effects on criminal justice and legal system utilization and costs. *Journal of Experimental Criminology*, 15(2), 201–211. [link.springer.com/article/10.1007/s11292-019-09352-7](https://link.springer.com/article/10.1007/s11292-019-09352-7)
26. Korchmaros, J. D., Bentele, K. G., Granillo, B., & McCollister, K. (2022). Costs, Cost Savings, and Effectiveness of a Police-led Pre-arrest Deflection Program. Tucson, AZ: University of Arizona, Southwest Institute for Research on Women
27. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Provisional Multiple Cause of Death by Single Race 2018 - present, on CDC WONDER Online Database, first released 12-6-2021. Data are compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.