



2018

# Arizona Angel Initiative

Feasibility of Expanding Throughout Arizona



Governor's Office  
of Youth, Faith  
and Family

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## Table of Contents

Introduction.....	2
Program Description: What is the Arizona Angel Initiative (AAI).....	2
Police Assisted Addiction and Recovery Initiative (PAARI) Overview.....	3
Arizona Program History.....	5
Analysis: Key Findings.....	6
Overcoming Challenges.....	7

## Introduction

The Arizona Opioid Epidemic Act mandated the Governor's Office of Youth, Faith and Family (GOYFF) to report on the feasibility of a statewide expansion of the Arizona Angel Initiative (AAI). Currently, the program is only available in Maricopa County.

The AAI was created in response to the large number of Arizonians suffering from Substance Use Disorder (SUD). The Governor's Council on Child Safety and Family Empowerment, in partnership with GOYFF, helped develop and implement this initiative in October 2016. The AAI is a community-based, police-assisted addiction recovery program where individuals struggling with a SUD are connected to community organizations for treatment. The goals of the AAI are to treat the disease of addiction, reduce the stigma associated with SUD, and strengthen families and communities.

In preparation for this report, GOYFF collected information from various stakeholders in 11 of the 15 counties in Arizona through interviews and site visits. These interviews included county attorneys and law enforcement agencies. The data gathered was used to determine resources required for implementing the AAI in all Arizona counties. County attorneys were asked 10 questions and law enforcement agencies were asked 14 questions. Additionally, an informal assessment of treatment provider resources was completed for each community.

## Program Description: What is the Arizona Angel Initiative?

The Arizona Angel Initiative (AAI) is a community-based, police assisted program. Police departments work in partnership with community-based treatment providers and the GOYFF. The program coordinator at GOYFF, currently an AmeriCorps VISTA member, offers technical support to police departments by way of training and data gathering. This program is modeled after a similar program in Gloucester, Massachusetts, which led to the creation of a national non-profit called the Police Assisted Addiction and Recovery Initiative (PAARI).

Figure 1 shows the process flow for the program and the various steps it entails. In Arizona, prior to implementing AAI in a county, the County Attorney determines the eligibility criteria for the program. The individual enters the program either at their own will, at the recommendation of a law enforcement officer, or with the assistance of a referring agency. Then, an officer runs a background check on the individual to ensure that they meet eligibility criteria. When an individual is identified and fits the criteria, the Angel Navigator (AN) connects them with a treatment location and offers support.

The AN coordinates the services, determines what treatment is required, arranges transportation and coordinates a host family if there are children involved. Once the AN finalizes these steps, the participant will arrive at the treatment center where professionals provide treatment. As part of this partnership, the treatment providers offer participants priority placement. The treatment providers are responsible for doing a clinical assessment of the participant to determine if they offer the services required. If they do not offer the necessary services, the provider will find a more appropriate treatment provider and arrange for a transfer.

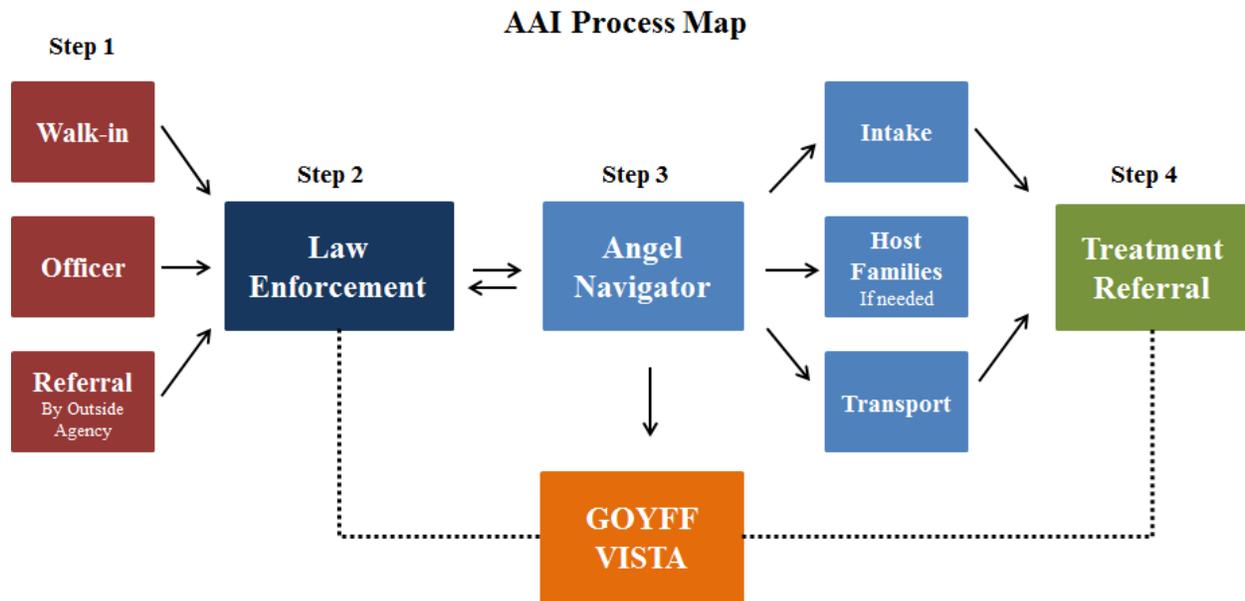


Figure 1

## Police-Assisted Addiction and Recovery Initiative (PAARI) Overview

PAARI is a national non-profit organization with the mission to aid police departments throughout the United States with implementing community-based recovery programs.<sup>1</sup> This community-based recovery program was modeled after one created by Police Chief Leonard Campanello in Gloucester (Mass.) with the goal of shifting how law enforcement interacts with individuals dealing with addiction. This program provides access to treatment for individuals struggling with SUD.

There are 408 law enforcement agencies in 32 states throughout the United States that have partnered with PAARI to implement similar programs. It is estimated that 15,000 individuals have accessed treatment through these programs.<sup>2</sup> Partnering communities have seen as much as a 25% decrease in crimes related to addiction.<sup>3</sup>

Many of these departments have different program models, because the programs are designed based on the needs of each community. The following are examples of programs that are similar to AAI:

### Gloucester, Massachusetts: ANGEL Program

The Gloucester (Mass.) Police Department was the first police department to implement a police-assisted addiction and recovery program. Gloucester began their program in 2015. The Gloucester Police Department's Co-Responder and Recovery Coach serves as the Program

<sup>1</sup> *About Us: PAARI.* (2018). Retrieved from PAARI: The Police Assisted Addiction and Recovery Initiative: <http://paarius.org>

<sup>2</sup> *PAARI One Pager.* (2018, May). Retrieved from PAARI: The Police Assisted Addiction and Recovery Initiative.

<sup>3</sup> *Annual Report.* (2016). Retrieved from The Police Assisted Addiction and Recovery Initiative: <https://paarius.org/about-us/annual-report/>

Coordinator. In the first year of the program, approximately 400 individuals were connected to treatment by the Gloucester Police Department.<sup>4</sup>

The coordinator maintains a list of current treatment providers and their availability to update officers daily. This allows officers to transport participants directly to treatment providers.<sup>5</sup> As the program expanded, a partnership was formed with a local ambulance service to provide transportation, as needed. The ANGEL program's primary focus has shifted from waiting for walk-ins to using police response records to follow up with individuals after an overdose. The recovery coach accompanies an officer to the follow up visit and treatment services are offered to the individual.

### Longmont, Colorado: Angel Initiative

The City of Longmont, Colorado, has a program that is similar to the Arizona Angel Initiative. Their program, also called the Angel Initiative, allows people to reach out to law enforcement and ask for treatment without fear of arrest. The Longmont Department of Public Safety is working with PAARI to get Longmont residents who suffer from SUDs connected to treatment. Longmont Public Safety also assists participants with developing aftercare plans, which include employment assistance.<sup>6</sup>

Longmont Public Safety is utilizing volunteers to fulfill the AN role. The community volunteers engage and support participants entering the program, assist with transportation, and occasionally give community presentations about the program.<sup>7</sup> These volunteers are recruited using social media, newspaper advertisements, on the Longmont Public Safety website. Volunteers include administration personnel, officers, firefighters and others. These individuals walk the participants through the application and coordinate with treatment providers. The model allows first responders serving as volunteers to understand and connect with their community.

According to Longmont Department of Public Safety Deputy Chief Jeff Satur, the Angel Initiative has had a positive impact in their community; helping approximately 130 individuals get connected to treatment.<sup>8</sup> Satur highlighted an analysis conducted on their early participants (n=45). Before treatment, the 45 individuals accounted for around 1,000 contacts with police, but after entering treatment, police contact declined by about 73% (personal communication, September 26, 2018).

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<sup>4</sup> Annual, 2016

<sup>5</sup> *For Addicts and their Friends, Families, and Caregivers*. (2018). Retrieved from Gloucester Police Department: <https://gloucesterpd.com/addicts/>

<sup>6</sup> *Angel Initiative*. (n.d.). Retrieved from City of Longmont Colorado: <https://www.longmontcolorado.gov/departments/departments-n-z/public-safety-department/community-programs/police-assisted-addiction-recovery-initiative-paari>

<sup>7</sup> "Angel Initiative", n.d.

<sup>8</sup> Amour, M. S. (2018, September). *Longmont Police Report Fewer Homeless, Point to Community Programs*. Retrieved from Times-Call: Local News: [http://www.timescall.com/longmont-local-news/cj\\_32155559](http://www.timescall.com/longmont-local-news/cj_32155559)

## Arizona Program History

The AAI was originally championed by the Prevention Subcommittee of Governor Ducey's Council for Child Safety and Family Empowerment (CSFE). The goal of CSFE is to align, leverage, and coordinate faith-based and community resources to solve challenges faced by our most vulnerable children and families. One of the goals of the AAI is to help families impacted by substance abuse where children are at risk of entering the foster care system. Since the pilot program began two years ago, there have been 170 individuals connected to treatment.

### Maryvale Pilot

The official launch of the AAI was announced by Governor Ducey on October 2016. The Maryvale-Estrella precinct of the City of Phoenix Police Department was the first AAI location. The AAI was a commitment by all partners to connect eligible participants to treatment immediately, regardless of insurance status or ability to pay for treatment. The first AAI pilot launched at the Maryvale-Estrella precinct and consisted of three phases that spanned one year.

This pilot program helped establish the basic framework of the initiative. Maricopa County Attorney Bill Montgomery created the eligibility criteria. Phase 1 of the program (October 2016 to March 2017) relied on one entry method. Potential participants sought help by going to the precinct. On average, only one person each month entered treatment. In order to ensure that the program was reaching more people, police officers were added as a second pathway of entry. Officers could now identify possible participants during their regular duties and connect them to treatment.

Phase 2 (April 2017 to September 2017) reporting roles and responsibilities were clarified with the goal of improving the identification and tracking of participants. Phase 3 (October 2017 to December 2017) the Maryvale precinct leadership worked closely with GOYFF to develop the AN role with the intent to expand throughout the City of Phoenix.

### The City of Phoenix

In April 2018 City of Phoenix began a citywide expansion. In preparation, a full-time AmeriCorps VISTA member was hired to develop the long-term sustainability plan of the AN position. In June 2018, the city-wide expansion began and information was distributed to all precincts. Throughout the remainder of 2018, the AN worked to build partnerships with community and treatment providers.

The City of Phoenix Police Department is currently working with School Resource Officers and Maricopa County Adult Probation to expand the program. Educational materials are being distributed in the schools with the focus on connecting more families dealing with addiction to treatment.

### The City of Scottsdale

In October 2017, the City of Scottsdale Police Department launched their AAI program. They created their own processes and procedures for their AAI program. In Scottsdale, an individual who meets the criteria can approach an on-duty police officer to ask for help without the fear of arrest. Scottsdale PD is utilizing their Police Crisis Intervention Section (PCIS), along with city

volunteers, to fulfill the Angel Navigator (AN) role. In May 2018, once volunteers were identified and trained, Scottsdale PD officially rolled-out their program and it is currently available in all five department locations.

### Pinal County

The Pinal County Attorney's Office and the Sheriff's Department are working with GOYFF to be the first rural county in Arizona to implement the AAI. The County Attorney has not yet decided on the county-specific eligibility criteria and the Sheriff's Department-specific procedures are still being developed. The Sheriff's Department plans to fill their AN position using an AmeriCorps VISTA member. There will be continued collaboration between GOYFF, the County Attorney and the Sheriff's Department to ensure that Pinal County has a smooth implementation process.

### The City of Mesa

The City of Mesa Police Department is working with GOYFF to develop their structure for the AAI. Mesa PD plans to fill their AN position with internal staff (civilian employees, community action officers, etc.). All Mesa PD employees have received training on the AAI policies. The Mesa PD AAI is being offered at all of their five department locations, excluding the airport division.

## Analysis: Key Findings

There is statewide consensus on the importance of access to substance abuse treatment. The information gathered by GOYFF from County Attorneys and Law Enforcement leadership indicates parallels in resources and the perceived challenges which would delay or impede implementation of a program like the AAI in their communities.

### Cost of Program

The City of Phoenix Police Department has police officers around the city and the Angel Navigator (AN) working on their AAI. The cost to run this program depends on how many interactions each month the police department has with participants and how much time the AN spends meeting with treatment providers and doing community outreach. Essentially the City of Phoenix has run this program with one FTE – by way of an AmeriCorps VISTA – plus the time spent training police officers.

This new FTE to fulfill the AN role is critical. The AN works to develop new treatment provider partnerships, inform the community about the AAI, and ensure a smooth implementation.

### Strengths

During the course of our interviews many Chiefs of Police seemed to agree that we cannot arrest our way out of the SUD issues in our state. In many communities, officers are already connecting people to resources and treatment. Some communities have programs tailored specifically for their community's needs. Many of them were diversion from prosecution programs (ie. drug court, alternatives to incarceration) rather than diversion from arrest programs similar to the AAI.

## Challenges

Throughout the interview process, three key challenges were identified: (1) lack of personnel to fill the AN role, (2) lack of transportation of participants to treatment, and (3) lack of treatment resources in rural communities.

A number of counties interviewed (Apache, Coconino, Greenlee, La Paz, and Mohave) conveyed they do not have enough resources or personnel in their community to have a successful program. Specifically, they do not have resources or personnel for transport or the AN role. Community resources are lacking in many counties and this makes it difficult to find a community organization that could fill the AN role.

Lack of transportation options to take participants to treatment providers was identified as a potential challenge by all stakeholders. There was consensus among the rural communities that providing transportation for participants would be very difficult because of the distance to treatment providers. The departments would most likely not be able to provide transportation because of unavailability of personnel.

Access to treatment is a challenge in many of Arizona's rural communities. Those who did have a treatment provider close by noted they had little availability. Another challenge is in limited types of treatment with some areas only having one type of treatment, which may not fulfil all of the needs.

## Overcoming Challenges

Other states have experienced similar challenges with implementing their programs. There are several solutions that Colorado and Massachusetts have designed to overcome these challenges.

Filling the AN position is a common challenge. The position is critical and must be community based. In Gloucester and other parts of Massachusetts, peer support trained recovery coaches fill this role, which adds a support for the participant. Colorado's *Angel Initiative* fill the AN role with volunteers.

Transportation to treatment is another critical issue. The Longmont PD is utilizing their community volunteers to transport individuals and there are critical steps they take to ensure the safety of volunteers and participants. They have city-owned vehicles available for volunteers to use and they transport individuals in teams of two. The city pays for the expenses associated with the vehicles as they are utilized for other volunteer programs.

Massachusetts utilizes an ambulance company to provide transportation. Gloucester PD uses a private ambulance company to transport individuals when an officer is not available. The Gloucester PD has to pay \$100 per day for the use of ambulances. The program offers vouchers for taxis and other forms of transportation. Massachusetts also utilizes Recovery Coaches or individuals who are in recovery to offer support and sometimes, like Longmont, use city-owned vehicles to transport.

Longmont (Colo.) PD uses volunteers from their staff to fill the AN role. These individuals are civilian employees, off duty officers, and off duty firefighters. It allows first responders and

other department employees to connect with the community that they serve. The goal was to have staff volunteers work closely with individuals who were struggling so the stigma of substance use disorder would shift. Both programs stress the importance of getting volunteers on board and utilizing residents who want to help better their communities.