TOWARDS SHIELD 2.0: A RAPID ASSESSMENT OF COMMUNITY READINESS TO IMPROVE THE INTERFACE BETWEEN LAW ENFORCEMENT AND BEHAVIORAL HEALTH SERVICES IN APPALACHIAN KENTUCKY

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Background:
Appalachian Kentucky has been hard-hit by the overdose crisis and is among the most vulnerable areas for an HIV outbreak. Policing practices can aggravate health risk by interfering with prevention and support services for people who use drugs (PWUD). Poor interfacing between law enforcement officers (LEO) and behavioral health workforce (BHW) can cause occupational stress, cascading into burnout and attrition.

Description of Model of Care:
Safety and Health Integration in the Enforcement of Laws on Drugs (SHIELD) is an evidence-based intervention designed to improve occupational health of LEO, while also addressing PWUD health. It has reduced drug-related arrests and increased referrals to treatment. The SHIELD 2.0 study evaluates its translation for deployment by BHW to expand scale-up and sustainability.

Effectiveness:
We evaluated the feasibility and acceptability of SHIELD 2.0 in Appalachian Kentucky using in-depth interviews from August-October 2024 with 24 BHW and 15 LEO and ancillary criminal justice workers. Interviews were audio-recorded, transcribed, and coded using rapid thematic analysis. SHIELD 2.0 was widely acceptable to LEO and BHW, noting it addressed unmet community needs. Acceptability themes included demand for specialized training in substance use and consensus surrounding need for cross-sector interfacing. Potential barriers among LEO included drug-related stigma and burnout issues. Feasibility themes included previous efforts to improve BHW-LEO relationships, existing infrastructure to support referrals over arrests, and universal health department support. After a briefing, BHW champions could lead model implementation across key process elements, including community planning, train-the-trainer, and curriculum delivery for LEO.

Conclusions and Next Steps:
Key acceptability and feasibility facilitators and barriers were identified, but BHW were activated to deploy SHIELD. We expect integrating SHIELD 2.0 in this context will yield substantial public health benefits (e.g., infectious disease and overdose prevention) by decreasing criminal-legal involvement and increasing harm reduction and behavioral health services for PWUD.

Disclosure of Interest Statement:
This work was supported by grants from the National Institutes of Health (R61DA060622, R01DA024598 and R01DA033862).