

# INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE

## Starting Your Pre-Arrest Diversion (PAD) Effort Webinar



### Transcript

Karen Maline:

**[0:00 Opening Screen]** Good afternoon everyone, on behalf of the International Association of Chiefs of Police, IACP, and with support from John D. and Katherine T. MacArthur Foundation, I'm happy to welcome you to today's webinar, *Starting Your Pre-Arrest Diversion Effort: Law Enforcement, Behavioral Health, and Community Together*. My name is Karen Maline and I'm project manager at the IACP, for the Safety and Justice Challenge, which I'll talk more about a little later. Before we get started I'd like to go over a few logistical items about today's webinar.

**[0:48 Logistics]** First of all while we scheduled 90 minutes for the webinar, we wanted to be respectful of busy schedules, so the presentation is limited to 50 minutes, with the remainder of the time for Q and A. The webinar is being recorded for future playback, and a link to the recording will be available soon on the Safety and Justice Challenge page of IACP's website and will be emailed to those who registered for the webinar. We will also have links on the page to the PowerPoint slides.

Today's webinar is being audio cast via the speakers on your computer. If you do not have speakers or would prefer to use your phone, please use the number provided in your registration confirmation email or on the event tab located on the top left-hand side of the screen.

There are many people joining us today, so we have automatically muted the phone lines of participants who call in to reduce the background noise. If you're using your phone but are not a presenter, please keep your phone muted. If you type in star six to unmute your phone, please retype it to re-mute your phone.

If you need to communicate with IACP staff during the webinar please use the chat feature to send a message to the IT team. If you'd like to submit a question for the speakers at any time during the webinar, use the chat feature and direct it Kristen McGeeney, or Organizer. If you can see the box on the right-hand side of your screen the chat feature is the long rectangular box at the bottom. Just click on chat, then type in the message and hit enter.

For those of you participating in today's webinar as a group, please take a minute to help us get a good count. Use the chat feature and type in the name of the person registered and enter the number of additional people in the room with you. We would really appreciate it. Finally, at the conclusion of today's webinar you'll be asked to take a brief evaluation survey about the presentation, the information you provide will help us to plan and improve future webinars and is very much appreciated.

**[2:51 IACP, Justice Reform, and the Safety and Justice Challenge]** IACP is a strategic ally in support of the safety and justice challenge, an initiative funded by the MacArthur Foundation to help participating jurisdictions across the country create fair and more effective local justice systems and model effective strategies that can be adopted by others to improve their justice systems for the benefit of everyone in the community. Our participation in the safety and justice challenge is part of IACP's ongoing portfolio efforts to provide resources and training in areas such as juvenile justice and pretrial justice reforms, on citation in lieu of arrest, pre-arrest diversion, and other strategies for improving public safety while enhancing community police relations.

At this time I'd like to thank the MacArthur foundation for supporting this webinar as well as our ongoing work in Pre-Arrest Diversion with the PTAC Collaborative, a brand new undertaking focused on reframing the relationships between law enforcement, behavioral health, and the community, which you'll hear more about today.

Our webinar this afternoon is on Pre-Arrest Diversion or PAD programs. Specifically, what leaders need to know before starting program in their community. Before I introduce our two speakers, we're going to launch a quick poll to assess how many of today's participants are currently implementing or developing PAD programs, by which I mean the type of diversion that occurs either without the threat of arrest or before an individual is processed or booked.

**[4:23 Quick Poll]** We're going to go ahead and launch that poll right now. While we're doing that, I'll go ahead and introduce our panelists for today.

Today's presenters are leaders in the area of pre-arrest and police-assisted diversion programs, and are currently guiding a national effort to organize experts in criminal justice, behavioral health, public policy, and research in an effort to understand and educate the field and public, about pre-arrest diversion.

Jac Charlier is the National Director for Justice Initiatives for the Center for Health and Justice at TASC. He specializes in crime reduction strategies and pre-arrest/police-assisted diversion, and led the development of the Center's most recent publication, titled, "Law Enforcement Deflection Frameworks: Decision Taking for Police Leaders." Jac served as deputy chief of the Parole Division for the Illinois Department of Corrections where he worked for 16 years before joining TASC in 2011. While working for the state Parole Division he specialized in building connections between parole and the community and bringing innovations from research into practice. He served as the criminal justice representative for the Institutional Review Board at the University of Illinois at Chicago and is an adjunct faculty member at several Chicago-area universities, where he teaches criminal justice courses around ethics, leadership, research, and management. He earned his MPA from the Ohio State University and a BS in mathematics from the University of Illinois at Urbana.

Greg Frost recently retired from the Tallahassee Police Department after a 30-year career working in law enforcement agencies in both sworn and senior administrative positions. He brings a unique perspective to law enforcement and criminal justice having spent most of his career in the areas of research, policy, and program implementation.

**[6:24 Presenters]** His work has involved a diversity of areas such a nuclear security, counter terrorism, strategic crime analysis, domestic violence, mental health courts, law enforcement technologies, and public safety policy development. As a researcher and writer Mr. Frost has published articles and book chapters on a number of criminal justice related topics. He currently serves the criminal justice community as president of the Civil Citation Network and is staunch advocate for effective reforms within the criminal justice system.

Thank you both for joining us today. Jac I'll turn it over to you.

Jac Charlier:

**[7:04 The Police Treatment and Community Collaborative (PTAC Collaborative)]**

Sounds good thank you very much Karen and welcome everybody to today's webinar. I'm going to lead off with two presentations, but don't worry they're both short. One will be on what you heard Karen mention, which is the *Police, Treatment and Community Collaborative*—the PTAC Collaborative—so that you have an overview of that new initiative. Then the second presentation on Pre-arrest diversion, what do you do as leaders to get your effort and initiative going?

A few things before I start: now whether I present on vevo, live, or on webinar, I'm not as worried about getting through all the slides as much as I am making sure that you learn something. So please—we have substantial amounts of time, 40 minutes set aside for questions. Please ask questions, please challenge Greg and I, we want you to learn something and walk away from the webinar with one or two things that you say, "I didn't know that before and that's useful." We'd like you to share with us, then what you're doing. Based on a poll, nearly half of you— 45%—are in fact doing some type of effort in the pre-arrest diversion realm. We'd like to hear from you also. Then finally just again another from me is I don't read the slides, so I'll touch on a few things on each slide and then move on. You all have access to these slides so that you can look at them if you don't catch it the first time around. With that said let me get started.

As Karen mentioned there's a new entity on the national scene called the Police, Treatment, and Community Collaborative, the PTAC Collaborative, or just the Collaborative. (Can you advance the slide? All right).

**[8:27 About the PTAC Collaborative]** The PTAC Collaborative was recently founded on April of 2017 following an inaugural summit at IACP in March of this year bringing together national leaders from the research, behavioral health, law enforcement, and the community realm to have a conversation about what it is we're going to do about this newly emerging field of pre-arrest diversion. The PTAC Collaborative formed out of that. The name PTAC Collaborative comes from this relationship that must exist between police, treatment and the community for pre-arrest diversion, police diversion, police-assisted diversion to happen. So while we don't know a lot yet from the research and evaluation side about pre-arrest diversion, what we do know so far, however is that police, treatment, and community must in fact work together.

**[9:28 PTAC Collaborative Mission, Purpose, and Cornerstone]** You can see on the screen right now our mission and our purpose. The mission is about widening behavioral health options for law enforcement diversion to take place. Whatever you

might be doing now, you might have a diversion pathway that takes you, for example, only to mental health. We want to widen that to substance abuse. If you're doing substance use we want to say, throw in mental health. If you're doing both of those we'd say, put in social services. That is the mission, right? ...to widen the pathway for law enforcement to have a variety of options available to it that best addresses the needs of the people that are being encountered. Our purpose for the Collaborative, you see that on there. The main thing is that this is national in scope.

What we're looking for is everybody who is doing this work. Whether you come from the law enforcement world, the behavioral health world, the research world, or the community world, we would like you to be part of the PTAC Collaborative. We're driving down all the lanes, no single lanes. Why? Because this is still a newly emerging field within the intersection of behavioral health and law enforcement.

Of course the cornerstone of PTAC is the idea that we're agnostic. Right? This the word that we use—we're agnostic. Right now we just don't know enough about what all these different efforts are doing, which ones in the end are going to prove to be successful and have the impact that's desired. So what we say is, look, whether you're doing Civil Citation, STEER, Angel, Arlington, ORT, LEAD or whatever other names you have for the initiatives you are doing, right now, the PTAC Collaborative is going to say, "Let's do them all, let's look at what we need to understand about these through evaluation and research, and we'll figure out what it is that's going to come out of the wash and what's going to be the ones that we should promulgate to the field." But right now we're not ready to push and nobody should be pushing any single method a way to go after it. Because it's really about what's the problem that you have or challenge that you need to address. What is your local situation look like, and what's your behavioral health capacity? What's your ability to actually put into place the behavioral health interventions—all these Pre-Arrest Diversion initiatives rely on behavior health interventions of some sort: mental health, substance use, trauma, social services, housing. That's the intervention, so capacity to do that intervention is critical.

**[11:55 PTAC Collaborative Five Strategic Areas]** Here are our five strategic areas and as I said we invite anybody who is on this webinar today or listening to this at a later date to join in any of the strategic areas. You can see them up there. Greg Frost, heads up "Informing the Field." Our next call for that is coming up in May and again if you are interested in joining the collaborate we'll get you those dates and the call in number. I lead up, but we really do it collectively, the leadership team, which is the "Big Idea/Big Tent" that you see up there. "Think Tank" is for the behavioral health folks that we have in the webinar and watching this down the road; that's really for them. Then of course research community and community. Community is an interesting one because this a really, really important part of pre-arrest diversion that otherwise might not get touched on. The idea is that communities that are going to be impacted by these efforts should be part of the conversations. By community, we mean neighborhoods, residences, resident citizens who live across the United States. Again these are our five strategic areas and you're welcome to join any of them that you like and you can join multiple ones including leadership.

**[13:00 PTAC Collaborative Next Steps]** That's just very briefly what the PTAC Collaborative is, our mission, our purpose, where we're headed. Here's our next steps. You can see on the screen if you'd like to sign up just send me an email. Our emails are used then and distributed only within the Collaborative. Join one of the areas, stay informed about what's going on. We're going to share with you from IACP the PTAC Collaborative one-pager. That way you have in writing more information about the Collaborative as well. You can share that with colleagues in the behavioral health, law enforcement, research, and the community world, and invite them to be part of the Collaborative. If you've not received that already you will shortly from IACP.

**[13:46 PTAC Collaborative Inaugural National Conference 2018]** Finally, on the PTAC Collaborative we do have our inaugural conference coming up, you can see that up there. We don't have a location yet, the tentative date of course is March. This is going to wide open to everybody, so the March 2017 inaugural Pre-Arrest Diversion summit that was hosted at IACP was really reaching out to the folks who we already knew were in this space. The March 2018 conference is going to be wide open to everybody who's able to attend. We'll get you more information on that again if you sign up for the Collaborative and if nothing else didn't participate in the strategic area, didn't comment anything, that'd be fine you'll get this information too when that pushes out. So that's the Collaborative, I went to get into the next part of this. Let me see if we've got any questions here first. Okay, good.

**[14:40 Contacting the PTAC Collaborative]** Let me move to the next part of the webinar today. Oh, if you want to contact us there is our information for both myself and for Greg. You can get in touch with either of us that's totally fine.

**[14:54 Pre-Arrest Diversion A Public Health Solution to Better Public Safety]** Okay so pre-arrest diversion, pre-arrest diversion, again from the poll nearly half of you, 45%, are already doing this in some way, shape, or form. That's good to see and as I said upfront, I really would like to hear from you also when we get our very long Q and A 40-minute time period, which was designed so that you'd have a lot of chance to ask questions but also for us to listen. Pre-arrest diversion, when we understand it and kind of look at a lot of different ventures, it's about public health as the intervention to better public safety. Public health is the intervention to better public safety. We'll talk a little bit more about that, but let's open up first with what is the difference?

**[15:40 A Variety of Terms for Pre-Arrest Diversion (PAD)]** There we go, slides are going a little slower in my end, so I apologize for the delay. Okay. What is the difference when you hear kind of the terminology that's out here? On this slide what you'll see is some of that terminology, so what's the difference between it? The difference is that different folks have developed different ways of understanding what Pre-Arrest Diversion is and so they've come up with different terms. This is very normal; it's fine. I don't know, which terms use, but you should see yours up here, if you don't by the way send that into IACP. Send that to Greg or myself and we'll add it to this slide. The differences are probably more just about understanding as I said just about where their initiative started, where they thought it was going. What effort or initiative they adopted from somewhere else, but they took that name.

The reality is the field has not yet settled on a term for pre-arrest diversion. So “deflection,” the very top one you see there, is one that I know is out there. Of all the other ones, “pre-arrest” that's the one used by the PTAC Collaborative. Greg, who you're going to hear with Civil Citation uses “police-assisted diversion.” That's fine. The point is that you have a term; you have an understanding of what it means for your effort. All of these are about the same thing: pre-arrest diversion, as Karen said, where no charges are filed or the person is never booked. Is never booked and it goes no farther into the criminal justice system.

**[17:06 Pre-Arrest Diversion (PAD) Differs from other Types of Diversion]** Pre-arrest diversion differs from other types of diversion, right? Diversion is this word that's used throughout the criminal justice system, and it has a certain meaning. But *pre*-arrest diversion is unique in that because it's at the very, very front end where community is, where law enforcement is, where behavioral health is. And because behavioral health and community are not attached to criminal justice system—law enforcement is, but those other two aren't—there's some important distinctions between *pre*-arrest diversion and the word “diversion” in general.

The first one of course is that pre-arrest is about moving away from the justice system without having entered it. We're not getting into the legal kind of line here. If a police officer arrests someone, puts him in a car takes them down to the station, and does Pre-arrest diversion there, that's fine. We're good with that. We understand that street stops happen and legally that's an arrest, right? We're not talking about that, we're talking about whether or not and this the first difference between Pre-arrest diversion and diversion, whether or not you get booked in and sent down deeper into the justice system. By being booked in you might bond out right away that could well be, but you've been booked in and that's the difference. Once you hit that point of booking and beyond, you're no longer in a Pre-arrest diversion realm, but you might be in diversion from another type of diversion, like pre-trial diversion or prosecutorial diversion. Those are different. Pre-trial arrest diversion begins a difference by saying, “We're moving you away from the criminal justice system and you never entered it.”

Next pre-arrest diversion is really guided by behavioral health but built around criminal justice partnerships, because it's the behavioral health intervention in the community that's going to make the difference. By the term behavioral health, substance use disorder, drug treatment, mental health, trauma, and we also extend it even though it doesn't say it on the slide—that's just for space—we also say social services, and other types of activities that different jurisdictions might include under pre-arrest diversion, such as housing for example.

Pre-arrest diversion is behavioral health-guided and that is the difference from the word diversion when it's generally used in the rest of the criminal justice system. Finally, pre-arrest diversion as I said is a public health solution. Right? That was the opening to this section. It's a public health solution to better public safety and represents what I call 9/10ths of pre-arrest diversion is the intervention of treatment, is the intervention of mental health, is the intervention of social services. Law enforcement plays a critical role of course, that one 1/10th. Because without that 1/10th, the hand-off, the hand-off to behavioral health, to treatment, to social services would never happen. That's critical

but, the interventions that we're talking about are going to be done by folks in the community, in the public health, behavioral health, treatment, and social services world.

**[20:05 Two Types of PAD: Done Together for Biggest Impact]** Now there are two types of pre-arrest diversion and I'd like to say really for jurisdiction, if we're going to design this for your jurisdiction you're going to take a look at what you're doing ultimately you should get to both of these, you should end up doing both of these. One is called *prevention* pre-arrest diversion, and the other one is called *intervention* pre-arrest diversion.

Prevention is, there's no charges, there never were any charges, and there's not going to be any charges, right? This is the type of situation where someone walks into a station, or an officer sees someone on the streets and just encounters them, has a conversation with them and realizes there's something here that a pre-arrest prevention program could be helpful for.

Pre-arrest or prevention PAD, prevention pre-arrest diversion, again no charges, nothing regarding criminal activity but there is a behavioral health issue. We can identify that issue and because of that the officer then is able to send that person off to treatment or to social services.

This is the most common type of diversion that's going on in the United States, and it's also the easiest. What I mean by that is because there is no charges the police really are in this role of, "Hey I've got you here right in front of me I'm going to hand you off to someone else in the community and then I'm done I go back to my squad, and I go back on patrol, or back on whatever it is that I was doing before I encountered you." The one that's not done as much is intervention pre-arrest diversion and the reason is because charges exist in intervention diversion. Charges are either held in abeyance or in the case of for example Greg's Civil Citation Network they're issued as a non-criminal citation. Right? Non-criminal citation.

Both of these put together if you think about it, both of these really then would cover the range of things that your officers would encounter on the streets—folks who have a behavioral health issue but for which there's no charges, not going to be charged, and I need to get them to treatment. Folks you encounter for whom there could be charges but by department policy and training and sometimes the legislative framework I'm going to put those charges in abeyance they're not going to be booked, there's going to be some kind of report or something but they're going to be put in abeyance. Or we're going to go to a citation but it's not citation in lieu of arrest, it's citation in lieu of arrest with treatment. That's the trick here. When you hear Greg talk about Civil Citation, there's treatment attached to it. That's part of the condition, if you will, of this intervention effort.

Those are the two types of pre-arrest diversion and as you think through to what it is that you want to do, I would ask you to consider first of all, which one are you doing or are you doing both? If you're not doing both because most are not, we can work with you and figure out a way for you to do both, because again you're going to be getting at the range of the population that your jurisdiction is going to encounter.

**[23:01 The Promises of Pre-Arrest Diversion]** What are the promises of pre-arrest diversion? When I say the word “promises,” I’ll get asked about this. What I mean is, essentially why do this? What’s the point of adding this in? You can see all the ones that are up there. Obviously reduced crime leads the pack, right? We understand that there’s a reason we all do the work we do in criminal justice and it’s about reducing crime and about public safety. All those other things up there matter; they’re all important, I want to highlight just two, the two that are in green. First building police-community relations. I say jokingly as a national expert in pre-arrest diversion and when I go to the restaurant and tell them that, they still charge me the same amount on my check, but I think of the things we’re going to see as pre-arrest diversion expands and grows across the United States is, we’re going to see the impact in a good way and in an improved way on building or rebuilding police-community relations. (23:56)

I make no assumptions by the way that in your jurisdiction police-community relations are good or bad. All I say about pre-arrest diversion is that it will support police-community relations getting better. If they’re really good they’re going to get really, really good. If they’re not so good, they’re going to get better. Why? Because the citizens and residents and communities will see the same old squad cars going up and down the street, will see the same encounters going on, on the street, in the homes. What’s going to change is an hour later, or a few hours later, that person who was now encountered by law enforcement will call back to their mother, or father or their spouse, or kids and say, “The police took me away, but I’m in drug treatment now. I didn’t go to jail.” Or, “Hey the police came into our home and my son’s not here. Where is he?” “Ma’am we realize he was a good fit for pre-arrest diversion and he’s agreed to be in stable housing that we’re able to put him in, and he’s going to get mental health services.”

If we see enough iterations of that over and over and over in the communities in which you work, the citizens and residents will begin to see something different happening with the police. They’ll begin to see their loved ones and their neighbors who are suitable for pre-arrest diversion, right? Who are suitable and appropriate for pre-arrest diversion getting the help that everybody knows is actually needed, versus the intervention of arrest when everybody knows that there are times that that’s not the solution. Everybody gets that, right? Law enforcement gets that. The family members get that. The community gets that. Behavioral health system gets that. We’ll see, hey there’s times that yes, we’re still going to be arresting and sending folks into lock-up and jail because that’s where they need to be. But we’ve got this other part now through our partnership; other tools that we have available to us. And people will see that over and over and over and that will over time, over time change the dynamics of how people will view the role of police in the community. (25:54)

Secondly, and this is really an extension of that, is reducing the burden on criminal justice to what are public health and social challenges. We can say that the police have been asked to do things in the United States over many years that are outside of their mission, outside of their training, outside of their funding, outside of their policy. Dealing with folks who have substance abuse disorders, drug use, abuse, and addiction, but really just need treatment. They really haven’t done anything criminal or it’s low-



level non-violent minimal public safety risk. Yet the police are called to that scene. What do they do? They've been asked to deal with that.

Mental health, trauma, homelessness, juvenile situations involving youth and juveniles not getting along with their parents, needing to go somewhere. That's kind of out of the realm of law enforcement. Yet that is where the burden has been placed, the blame has been placed and much of the negative press gets placed. There's a lot of good stuff going on in law enforcement so why not bring in the behavioral health realm in the United States, and let them do the job that they in fact are trained for, are ready to do, are excited to do, by having law enforcement move those folks over to them in a partnership in a collaborative way, right? So that the folks get the treatment they need, the support they need in the behavioral health side and law enforcement can go about doing what it does best, which is fighting crime and keeping us safe. So you can see all the promises, but I always highlight those two because those might not be as obvious. They're also a little bit longer run and down the road.

**[27:35 Six Guiding Questions for Police Leaders]** Okay next up, that you're going to see here really kind of gets into the initial part about, let me see if we've got a question. Okay, I thought you had a question for me in there. The initial part about how it is that we go ahead and start in a jurisdiction, the pre-arrest diversion initiative. Or if you are doing an initiative however you arrived at doing it, have you asked yourself these questions? If you're not doing one, and I saw them doing this, I remember I think it's about 22% are not doing one right now, and many are in development, or if you're doing one, did you ask yourself these questions? If not stop and do it now. If you have it underway, still I'd say the same thing—stop and do it now.

Who are you considering doing for pre-arrest diversion? This really comes down to, what's the problem you're trying to solve or the challenge you're trying to address? I totally understand what it means to take something new and want to do that for your department and your community. I get that. If you don't have CIT for example, you don't have civil citation, you want to put those in, totally get it—rock and roll, go do that. But the question is really from a good leadership standpoint, "What's the problem I'm trying to solve by doing whatever this is? What's the challenge I'm trying to address?"

And when I talk to folks around the country on this, it's my lead question. If I don't get an answer to that, then I know that we have to kind of go back to that and say, "Well what, chief, are you dealing with right now? What's the issue?" Because the different types of pre-arrest diversion efforts appear already to have different things that they're getting at, different problems they're solving. What does success look like? We all know that and we live in a day and age of course of data, and you understand that implicitly and being part of the MacArthur grant, Safety and Justice Challenge grant of course, data is absolutely required, so you get that.

Who are you going to divert? That's really related to what's the problem or challenge that you have? Because that's the population. Remember this—two types of pre-arrest diversion: prevention can hit one population, intervention can hit another, but they might not always overlap. There's definitely some overlap but they might not. Who are you going to divert? When will you divert them? That means at what stage in the

encounter will you divert them? Where will you divert them to? How will you divert them? Of course you can read that slide up there, but these are the questions, the standard things—why, what, who, when, where, how—that you have to ask before you start. You have to have an answer because the type of pre-arrest diversion that you choose should be based on the answer to these questions.

**[30:16 Five PAD Frameworks: The Pathways to Treatment]** In looking at pre-arrest diversion in the United States what we can see is the main difference between them, is what's called the pathway for treatment right? How does someone go from being in law enforcement hands to being in the hands of behavioral health? If we do that we come up with these five pre-arrest diversion frameworks. I call them the pathways to treatment. You can see the name of the frameworks. This is one slide that I'll do a little bit of reading on, so I know I said upfront I wouldn't read the slides, but I'm going to do a little bit of reading on this because this new. This is something new to folks.

Naloxone Plus is the name of one of the frameworks. This is the framework you want to use if the challenge or problem you have is opioid crisis in your community. These frameworks are uniquely designed to address opioid overdose as a response to that. The trigger to that pathway is the identification of a person who's at high risk for overdose or who has already overdosed.

Active outreach, that's another framework. The trigger for this is law enforcement reaches out to folks that have been identified as being in need of treatment or *possibly* being in need of treatment and so says, "Hey we've got a treatment option available to you." That's called active outreach. Who's doing the active outreach? The police, the pathway to treatment isn't 'wait for you to overdose' or isn't that 'we've identified you as an opioid user.' It's that we know that you are using drugs and we're going to offer you substance abuse disorder treatment or drug treatment. The police are actively outreaching. That then becomes a pathway to treatment. Again the pathway being how to you get from law enforcement to behavioral health?

Self referral. Self referral means what? The citizen self-refers into the police station and for some variations on this self-refers by walking up to a cruiser or a police car on the street, or sees an officer on the street, and goes up and says, "I need and help I need treatment, I need mental health, I need housing." The pathway to treatment is the citizen or resident self-refers and volunteers and identifies themselves as someone in need of assistance.

Officer prevention referral—this goes back to prevention, pre-arrest diversion prevention. Meaning there's no charges, there never were any charges, there are not going to be any charges. The law enforcement officer, the police officer sees an individual and through a triage, whatever that triage looks like, eventually will be (by the way, evidence-based) a screening type of triage. Right now those aren't able to be in place. They might be in place a little bit, but they're not in place because we don't have a lot of that research done yet. But officer prevention is where essentially the officer does a triage and says, "Hey I've encountered you. There's no charges, but I have an option for you because I can see that you might be in need of mental health treatment." We all get they're not going to speak that way, I'm just using that for the webinar.

Officer prevention referrals, where the pathway becomes the officer doing the behavioral health triage and moving them along.

Finally, the final pathway is officer *intervention* referral. Intervention, again, pre-arrest diversion means there are charges, but they're held in abeyance or moved to civil citation or issuance of citation with treatment. Not just citation in lieu of arrest. That's not pre-arrest diversion, that's something else. Citation in lieu of arrest with treatment is, "I can do the charges but instead we're going to do that citation, but you got to do treatment or we're going to hold the charges in abeyance." Again the officer is the pathway with those charges present.

Those are the five frameworks. It is around these frameworks that you build your pre-arrest diversion initiative. These are the real distinguishing points between the different efforts that are out there in the United States.

**[34:07 Pre-Arrest Diversion Examples (Brands) with Related Framework]** Okay we're getting to the end; just a few more slides to go here. These are the examples that you know by what I call brand names. Some people use the word models. We don't know if they're models yet or not because the evaluation isn't done. All the pieces that might be part of it, we don't fully know yet kind of what is the right combination to things. I use the word brands. If you use the word model, that's fine. Just keep in mind when I say that, with the exception of Civil Citation, which actually has a good amount of research on it in certain areas, the rest of these we just don't have enough yet to say definitively whether this thing works really well or does not, and who it works for, when it should be used, and who should use it. You'll recognize what's in bold up there.

With the exception of two of them are DART, which is the actual name for this is Lucas County Ohio, it's name for their opioid overdose prevention initiative. DART is actually the name of that effort these are often called ORT models. I say just ORT, which is opioid response team, some version of that. If you're running anything on opioids and focused on that, DART, which is an ORT model or ORT brand is just one of them. There's lots and lots of those sites.

The other one you might not recognize up here is STEER, which is Stop, Triage, Engage, Educate, and Rehabilitate, run by the Montgomery County Police Department. For the sake of being transparent we helped develop that brand and so I just want to put that out there. The PTAC Collaborative going back to that in the opening we're agnostic so when you think of these, or you think of the frameworks, the issue isn't that I'm going to tell you, "Hey I want you to do Angel," or, "I want you to do LEAD." The issue is, what is the problem you're trying to solve or the challenge you're going to address? If you notice on each item in bold you'll see the different pathways in treatment that these represent. The pathway to treatment with the wrong or going full problem that it's not meant to work for will not work right. It's not designed for that. Bottom part what's your purpose?

**[36:24 Pre-Arrest Diversion Framework Decision-Making Tool]** All right there we go. Sorry about that again the slides are moving a little bit slow. Let me back up one. Okay

then finally in closing here then I'll turn it over to my colleague Greg Frost. We have a Pre-arrest diversion framework decision tool that's...

Karen Maline: Jac I'm sorry this is Karen can I interrupt you for one minute?

Jac Charlier: Yes.

Karen Maline: Did you want to launch a second poll asking people about their diversions?

Jac Charlier: Actually thank you so much for that? Excuse me, thank you for that.

**[36:59 Pre-Arrest Diversion Examples (Brands) with Related Framework]** Let me back up to slide, one second Karen. Let's do it right here, that's excellent Karen thank you. We've got a poll that we want you to take right now.

**[37:08 Quickpoll]** We asked you a prompt who's doing pre-arrest diversion. Based on the different branding that I put out on this poll, if you could indicate then for those of you who are doing pre-arrest diversion or are in implementation right now, right. It's putting in place or going into development. Which of the brands that you see up here, most closely approximate your effort?

If you could go ahead and please select one of these right now? You're not going to be using the same names, but you'll know this is Angel. We don't call it Angel; we call it something else, but we know that this is Angel the citizens self-refers for example. Or we're doing opioids and that's our focus so that's going to be DART, which is really an opioid response team approach. Go ahead and answer the poll question now please.

**[38:12 Quickpoll Results]** All right so let's actually Karen if we could hold it here for one second let's see what we've got. Civil Citation and active outreach—they're both at 19%. The opioid response is at 14%. That's probably the nature of where your jurisdictions are in the United States because while we hear about the opioid crisis, it is not uniform throughout the United States. Angel at 5%, okay and then the most common one is LEAD, the LEAD brand. Okay good. This is really interesting to see actually so thank you for reminding me Karen. That one's on me, thank you. Okay, let me head to the end here and as I said turn you over to my colleague Greg.

**[39:00 Pre-Arrest Diversion Decision-Making Tool]** There is a tool that exists that we have that we work with jurisdictions on, and this tool comprised of 16 pre-arrest diversion characteristics, and again it's about putting the pieces together as we understand them now to get to the best fit for your effort for your jurisdiction specific to that versus bringing in a brand no matter what that brand is and mismatching it to the problem you're trying to solve or the challenge that's at hand.

**[39:30 Example Characteristics]** The final slide is just an example of what two of the characteristics look like or talk about. One is treatment capacity. This really is, by the way, what I call the holy grail of pre-arrest diversion. If you do not have in your jurisdiction sufficient behavioral health capacity and intervention social services for your effort, you'll never be able to scale it up. I would tell you, you got to figure this out

before you even get going. If you realize your demand will be 500 people a year, and you can only have capacity for 30 a year, I'd say you got to really dig down and do the work to figure out the capacity issue. This is just one of the 16 and then of course local experience is another one of the 16 characteristics that we'll look at and put together a pre-arrest diversion program that uniquely fits your jurisdiction, the problems you're trying to solve, the challenge you're trying to address. Keeping in mind the best pathway to treatment that works for your officers and keeping in mind the behavioral health capacity of your community.

**[40:34 Ready to get started on your Pre-Arrest Diversion effort?]** You got my contact info already, but with that said for those of you who are underway on pre-arrest diversion, take a look at this. We've got more that we can do with you through IACP. See, "I'm underway I got to go back and ask these questions. We're in development, let's ask the questions, or we're thinking about what to do. We're not acting yet, let's ask these questions and figure out where we should go." That's it, thank you very much, and I'm looking forward to your questions and interacting with you at the end of today's webinar. Thank you.

Karen Maline: Thanks Jac. We're going to hold questions until the end because we promised to keep the actual webinar to a certain length for anybody who had to leave at the end. We'll go right on to Greg Frost and thank you so much Jac, and we do have one question from somebody and so we'll hold that. You guys please use the "chat" feature. People have started to use the "question" feature and if you look at the bottom of that box, there's a line for "chat" that little bit easier for us to use than the questions feature, so try to do that. Thank you so much and go ahead Greg.

Greg Frost: **[41:42 Community Collaboration]** Thank you Karen. Good afternoon everybody. Thank you for joining this webinar. We're finding that this an area that is of great interest around the country, growing interest, and we're just very glad to be able to provide some information that hopefully you'll find useful. I'm going to talk about this kind of from a ground level perspective. When we started our program here in Tallahassee, I was a senior administrator with the Tallahassee Police Department so I went through all of the sausage making on how you build community collaboration, how you go about kind of taking the steps that Jac just talked about. I just wanted to kind of shine a little bit of a light on some key areas, hopefully generate some questions, and again hopefully provide you all some information so if you're considering this or if you have a program, that it might be useful.

One of the things Jac mentioned at the very beginning of this was, this is such a new field that we're still wrestling with some of the very basic terms, to include what do we call this thing? When you dig down a couple layers you'll even get to the point of what is a citation? Let me talk a little bit about that. Again this is from the law enforcement perspective. This is the chief; this is the sheriff; this is the guy or lady on the street at 2:00 o'clock in the morning. Citation is used in all kinds of different ways. There's a citation in lieu of arrest. Here in Florida we call that a notice to appear. Where the person is released on scene, they're never really taken down to the jail to be booked. The bottom line on that is they still have an arrest record. It's that arrest record that is really, really critical to what happens to that person in the future.

I'll talk a little bit more about that in a minute. Even the term "civil citation" is used differently. Civil citation when we talk about it in terms of a diversion program, civil citation includes behavioral health intervention. In some jurisdictions, particularly in the State of Florida, a civil citation has become what they call a ticket, it's basically a ticket and a fine usually for some sort of marijuana-related crime or a city or county ordinance violation. It's basically a speeding ticket. There is no behavioral intervention attached to it. That's kind of the starting point. When you hear me talk about civil citations and diversion, that is the community collaborative partnership between law enforcement and a local behavioral health agency. That's really where we're seeing some very, very encouraging results by providing that intervention on future criminal behavior and providing some for some human dignity for that person if they're suffering from some sort of serious addiction.

Let me touch on that for just a second as well. Terms kind of get mixed around here. The term treatment, the term intervention, the term case management. The way I'm going to be talking about this is for treatment that's more the deep end. That's the very serious substance abuse, substance addiction type treatment. For us, intervention is more of a, it's behavioral health, let's get this person into a behavioral health specialist where they can be assessed. Or you can just kind of look under the hood what going on in their life. They don't necessarily need more sophisticated or advanced treatment but there's some behavioral intervention to kind of tweak them a little bit; get them back on the right path. Jac mentioned social services. That also a term with case management. These people come into a program, and they're going to have multiple issues whether it's substance abuse, mental health issues, this is just somebody that had a financial problem and they're having some real emotional issues that lead to a criminal act. They need more than just, "Okay, you're fine." They may need housing, they may need some direction towards potential training, educational job opportunities, so that the case management and social services piece of this is very critical as well. With that said let me move over to my next slide if this will advance over here. I don't seem to be advancing.

**[47:16 Starting Point – The Law Enforcement Perspective]** Here we go. The starting point if you're in a law enforcement agency, and I'm assuming most of the folks on this webinar are with law enforcement. Jac mentioned this several times, and I'm just going to mentioned it again. The absolutely critical starting point is, what is your problem? What are you trying to address? Is it a community-oriented policing program you're looking to help community relations? Are you looking strategically to reduce the work load on your jail? Are you looking at alternatives to arrest for in the civil citation network program for first time low-level misdemeanor offenders? Are you looking for something because your communities have an opioid crisis? That's the first step. The next step is truly an honest local assessment.

When I say honest, that is key. You really got to be able to lift the veil and look at the key players that you have in your community. You've got to look at the resources that you have in your community. Are you going to implement a program that requires funding? All right? Who's going to find it? Where are those funds going to come from? Do you have the political support? That's where that honest assessment comes in and that can be very difficult because obviously, there's a number of various agendas when

you start dealing with these kind of transformational programs. I'll talk a little bit later on some of the community challenges about that.

One of the things we found here, and I think other communities will attest to this, is who are your champions? Who are the people that really, really want to do this, see the value, and, really are willing to take a lead role? Interestingly enough, here in Tallahassee our program started not because we did something in the Tallahassee Police Department. It was actually behavioral services, behavioral health agency. A non-profit group here in town that started the whole effort. Who those champions are and what field they're in is absolutely key. There's a lot of players in the criminal justice system. I'm preaching to the choir, I know, for those of you that are in criminal justice, but there's really five very key players at least from my experience: the police chief, sheriff, prosecutor, public defender and whoever your chief judge is.

One of the things that we have found is that one or two of these folks, if they potentially disagree with it for whatever reason, can completely shut down the effort. Part to your first steps really needs to be each one of those five individuals who hold that office, where are they? That's all part of that honest local assessment as to what are the environments right now within our community that we're trying to do this? Community resources are absolutely key and Jac mentioned this as well. Do you have a behavioral health agency that has the capacity? Do they provide the services? The program again here in Tallahassee and LEAD and Angel, most of those are dealing with substance abuse. You're going to encounter people with mental illness, mental health issues. Is your behavioral health agency in your community able to handle both? Or be it multiple behavioral health agencies involved as local partners?

Your local elected official, city, county commissioners are absolutely key, particularly if funding is an issue. They could either help support that effort or sometimes they're able to reach out on the auspices of a larger government entity and bring in grant funding to at least get you started. Those elected officials are very, very important as well. Whatever group represents the minority groups in your community—here in Tallahassee that's the NAACP—they had some very strong concerns when we started our program. Any of those groups will need to be included in that that local assessment as well. The media—are they going to be able to help explain to the community how this program's going to be a good thing? Some jurisdictions the relationship between law enforcement and the media is good. Others it's very, very strained. Again these are all groups and individuals that need to be brought into the loop as you're just beginning to develop, what are we trying to do here? What is our problem and what kind of model is out there that we think we can replicate or modify to meet our needs locally? Let me drop down to the next slide, again I apologize for the delay here I'm not sure. I think Jac probably messed it up, that would be my thought.

**[53:06 Community Challenges]** Here are some of the community challenges once you get a chance to start reaching out. When you start having these discussions and these meetings what are some of the challenges you're going to face? Immediately you're going to find the institutional resistance. "That's not what we do, that's not my idea." You may find the particular individual is resistant to it. Again, I might step on some toes here, but I think real life examples are great information and great things to know about

where other folks who have had issues so every jurisdiction is different, so if I'm stepping on anybody's toes here I apologize.

A great example that I've run into around the state of Florida when I talk to individuals about setting up Pre-arrest diversion is with the state attorney's office. Maybe called a district attorney in your area. Including some of the court functions, clerks of the court. One of the things that's happened is our criminal justice system is funded by people being arrested. The criminal justice system is almost incentivized financial to arrest people. If you're talking Pre-arrest diversion where that person is never booked, they're never processed for prosecution, they're never process through the court system. There's actually a financial impact in that.

At least here in Florida there is I'm assuming most other states are probably funded the same way within their criminal justice systems. As a matter of fact, the council of state court administrators put out a whole report on how the court system should not be used as a revenue center. You're going to find some resistance there okay, "What you're proposing chief of police or Mr sheriff is going to impact me financially," so you've got to be prepared to address that at a very practical level. Our force operates 24 hours a day seven days a week, behavioral health agencies usually don't. Again based on the model that you're talking about if you're dealing with either a prevention, or an intervention model that's design for maybe someone having some kind of substance abuse crisis opiod over dose addiction, maybe it's not worthy of needing to go to the emergency room at the hospital but do you have a behavioral health agency that can do warm hand off at 2:00 o'clock in the morning? Again it's all part of that honest assessment of what you have going.

Funding sources obviously that's a big question.

Karen Maline: Greg.

Greg Frost: Yes ma'am.

Karen Maline: It's the great interrupter again, I'm sorry to interrupt but we're rapidly approaching one hour.

Greg Frost: Yeah.

Karen Maline: I was wondering if you wouldn't mind talking a little bit about selecting the right behavioral health partner.

Greg Frost: Sure, sure. I think I can do that. Yeah. A lot of that is going to rest with what resources already exist within your community, coming out of the law enforcement field one of the things that I found, is that there are some very large sophisticated behavioral health agencies that are for profit. They cover very large areas. There are smaller, hate to call them mom and pop, but there's some very small typically non-profit behavioral health agencies. One of the things you'll find is any time there's money involved now you're going to have procurement issues. Do you do a request for proposals? How are all of these things going to be done as far as selecting your behavioral health partner? And



that selection is absolutely critical. What we have found is that it's a little bit easier when you're building initial support to deal with an agency that isn't non-profit. But that doesn't mean that there aren't very good for profit agencies to there that can certainly be very valuable partners of your efforts.

One of the things we're finding it's the capacity, it's the funding. What are the services that they can actually provide based on the problem that you're addressing? I think as we move forward one of the things that the behavioral health team that's a part of the PTAC Collaborative is talking about is as these programs continue to grow the need for some kind of licensing or certification process for behavioral health agencies. If there's a group that wants to be part of the law enforcements support model where they're providing behavioral health services that there is some sort of standard of care that as a law enforcement agency you can look to that as, "Okay, this is a group that understands what we need, and we can probably do business with them."

Let me touch on another one just real quick here if you don't mind. I know we're running just a tad over here. The research on this is very, very critical. Any time you're building something new the first questions you're going to be asking, "Well how do we know if it's successful?" That's going to depend on how you find your outcome measures. It's going to rest with you're going to need some kind of academic or research resources. That they can partner up with you to look at the various data and my slide's not moving Karen. Are we having an issue here?

Karen Maline: We'll get it.

Greg Frost: **[59:29 Program Stability – Research and Outcomes]** There we go. Your program, the data side of this is absolutely critical, who has the data? Where is it? How is it coordinated? There's an entire technological infrastructure that can be needed so that you can monitor and track who's in the program who's been through the program? There's a number of privacy requirements, data security when you start dealing with arrest data, and some of the criminal justice records. Again that is a huge part as your first standing of a program. You need to address the who is going to do the research? How is going to be done? And what are our technology requirements to make sure that the various folks who need the information and data are part of it?

I was just going to bring up a couple real quick slides here Karen, at the tail end, that just show what we've done through our researcher at Western Carolina University, but again my slides aren't forwarding. If you want to go ahead and take over from here.

**[1:00:40 Pre-Arrest Diversion – Adult Civil Citation Research Program]** Here we go. I'll just talk very briefly. Our program is focusing on first time low level misdemeanor offenders some of the outcomes that we were obviously very concerned about was what are the demographics? Who's getting this? Again that was driven by community sensitivities to minorities, equal access, equitable issuance of the civil citations or referrals. What types of offenses are being, what are the offense categories for citations being issued? Then finally our biggest outcome that we were looking at was recidivism.

**[1:01:30 Pre-Arrest Diversion – Adult Civil Citation]** We wanted to make sure that the

people that we were referring with the behavioral health intervention that they were receiving, actually decreased their re-arrest rates. As you can see from this particular slide our researcher partnered up with the Florida Department of Law Enforcement here, and we were able to look at state wide arrest data, not just here locally but have the people that have been through the program been arrested anywhere else in the state of Florida on any charge by the agency?

Again that research the definitions of your outcomes and are you going to have technology infrastructure to support your data needs? With that I appreciate your time and Karen I'll back over to you.

Karen Maline: **[1:02:25 Questions?]** Thank you so much we almost succeeded in keeping it to an hour. Not quite the 50 minutes but that's okay. We have had a couple of question come in. The first one, is how is risk determined at this point? Is there a tool that you recommend? I know that there is at least one project, the one out in Montgomery County Steer, that's actually the one that Jac worked and so I'm going to let Jac take this question.

Jac Charlier: Sure, it's a great question. I cannot see who asked it but it's a great question and it's really one of the ones where in this field of Pre-arrest diversion we're going to take a few year before we get to the point of really being able to ask it based on risk or risk and need specifically at this point involving law enforcement. The rest of the criminal justice system has lots of research on this area, going back about 25 years and so here's the answer I can give you right now.

Number one, there are no tools specifically designs for use by law enforcement yet in this area. However, Eau Clair Wisconsin, Eau Claire PD Wisconsin, Montgomery County Police, which is a county level police department in Maryland, both are using the Proxy risk tool. Without the time available here, Proxy risk is a static risk indicator consisting of three questions it's normed and validated it's been around for a long time it's got really good research on it. It's three questions that give you a screen on the risk level that somebody presents a risks to reoffend not risks to public safety. We don't have the time to get into this but it's risk to reoffend not risk to public safety.

It is as far as I know and again, I learn about his stuff all the time as we encounter new initiatives going around the country it is the only risk tool that's being used again. Three questions it's called a Proxy you can Google, or we can send it to you Proxy, Proxy risk tool, and it can be administered very easily by an officer on the street. The field will begin to develop tools based on what the rest of the criminal justice system does around risk and actually risk need, which is the full real panels that are needed, the areas that are needed to actually get at this question. Those probably will be a few years off at best.

Karen Maline: Thank you Jac. I know that Charleston South Carolina is developing, I'm not sure if it's been implemented yet. I know there's an officer from Charleston listening to the webinar, if he wants to send a chat and let us know if their tool is being implemented yet, I'd really appreciate it.

Jac Charlier: Yeah.

Karen Maline: The second question that came in and it's actually the only other question that's come in so far. If you guys have any other question please send them through the chat and at this point if you want to send them through the question, that's fine. The second question is are there any programs for special populations? Right now specifically for women that you know of?

Jac Charlier: I don't know of any that target, I shouldn't say target, that are focused on women. There about 260 of these initiatives around US that we know of which means there's probably a few hundred more now, but I don't know that they're focused on women, however LEAD the original LEAD out of Seattle as you know targeted or focused on prostitution, which is not just women obviously but focused on prostitution. Obviously encountered more likely than not, statistically more women than men in its effort.

Greg Frost: Let me make a real brief comment in that is well when you're dealing with a special populations. If it's prevention model. Then I think I'm with Jac I've not heard of any but certainly that would be a very viable approach on prevention. I think if you try to do this on any kind of intervention level, where there are associated criminal charges, their being held in abeyance, I think you might run into some legal issues as far as one group people over here potentially could have their charges held in abeyance, if you're not part of that special group then you're going to go ahead and be arrested. I think you'd run into some legal problems there on an intervention model if you start trying to apply it, just to a special populations and not equal across your entire population of your jurisdiction.

Jac Charlier: Mm-hmm (affirmative).

Karen Maline: Thank you very much. How do you secure buy in from law enforcement in your community for front end diversion?

Jac Charlier: Greg you want start off.

Karen Maline: Yeah.

Greg Frost: Let me jump into that for a minute, you know the biggest thing is information, what are you trying to do with this program that's going to help the officer on the street? Cops are trained, I was trained, everybody that was ever worn a badge was trained, you're there to enforce a law, you arrest people. Until recently officers had basically two options, you either let the person go if you don't have probably cause, you either let them go, or you arrest them. I think once officers understand that there is now this third option, they welcome it.

They're the ones that at 2:00 o'clock in the morning, here's a person that is under the right circumstances, "My best action for them really is not to arrest them." That's just going to do more harm by giving them an arrest record. There's an entire body of research out there that talks about the lifelong negative consequences of having an arrest record. "What do I with this person?" So we're actually providing something that I

think a lot of officers have an appreciation for. It gives them another tool in the tool belt as long as they understand. This is the end result this person is going to be held accountable this is not a get out of jail free card. Here's what's going to happen to them once that referral is made.

The other piece of this as we've had a number of discussions around juvenile civil citations leading to a certain extent adult, is officer discretion. I think as long as the officers feel like, "I've got a third option I understand it I've been trained on it and I've got the discretion to use it." There's some been some movement here in Florida on the juvenile civil citation, which is the same thing it's a referral over for behavioral intervention that it would be mandatory for officers to issue those and there's an incredible pushback. I think the buy in is the biggest thing is, information make sure they really understand that if they refer someone, rather than arrest here's what's going to happen. Most cops they want to help people, they don't just want to go out there and cuff and stuff, they understand that their objective is very similar to behavioral health. It's changing someone's behavior. This is just gives them another option rather than arresting them to actually give them something positive in the form of some behavioral health intervention.

Karen Maline: Thank you Greg. This question was a follow up, from the question about programs designed specifically for women. The follow up question was, given the description of the charges you mentioned, would these types of offenses have a low re-arrest rate even without the pre-arrest initiative?

Jac Charlier: Karen the question is specifically to women or in general? Certain types of offenses?

Karen Maline: Yeah, it was the follow up to the question specifically for women, and so I think the follow up question is about the charges you had mentioned for a Pre-arrest diversion.

Jac Charlier: Okay, so this actually a really good question because it links back to risk. The likelihood of someone's risk to re-offend is not based on the charge. Don't look at the charge or what's called the holding offense and say, "Based on a gun case or prostitution case they're likely or not likely to reoffend." You can't answer the question that way based on research. You have to look at the individual person and the factors, substance use, stability, how they think about things, and their background to get at that answer. Someone who's a female might have a very high risk for re-arrest and another female might not but they might be both at the same charge. That's the way to get at that, it's not to say what's the charge?

Karen I want to say something more on the risk question because I think I may have missed answering part of it but I want to see if there another question first if not, I want to go back to the risk question real quick.

Karen Maline: Go ahead.

Jac Charlier: Okay so this idea of risk again and when I use the word risk and the research that's coming from the rest criminal justice field uses the word risk. Remember it's risk to reoffend not risk to public safety that's an important difference. The other thing is for

the law enforcement world the word risk means something different. For the lay people citizens risk means something even more different, right? Just understand that when we talk about risk in the context of Pre-arrest diversion or whatever's the terminology you use for it are, we said in that opening slide about all the terms for this.

Understand that what we're trying to get at is, is the individual before you based on a totality of circumstances, right? It's kind of like probable cause, based on totality of research based variables and criteria some of which are static, which means their in the part their not going to change some of which are dynamic, which means they are changeable in a person's life. "I use drugs now I don't use drugs, I used to think that bring a criminal was good now I don't." That is that combination of understanding those things that allows to actually get at a risk level. Just looking at someone offense or the reason you arrested them or even all their background all their previous arrests does not get you a risk level within the terminology of how the rest of the justice system uses it or how when these tools come in they will be used.

That's the first thing, the second thing is, police officers law enforcement officers like everybody else in the criminal justice system want discretion on making decisions this is a really, really important part of Pre-arrest diversion. As do judges so do parole officers, so do wardens everybody wants discretion and guards it. The tools the risk tools and eventually the risk need tools, which is the combination of those tools, what really gets you, your understanding of risk of an individual are about ensuring that the decisions that is made is based as much on research as possible they're not about taking away discretion.

If I as a law enforcement officer doing Pre-arrest diversion look at Greg and say, "I can run his background and see how many times he's been arrested and for what." I'm making a judgment about him that might get me to one decision, but if I run his background and I have a set of very simple tools used on the street like the Proxy risk tool or maybe the Texas Christian University Drug Screen, which is just 11 questions. Or another tool, which is three or four questions, I now have much more to make a better decision on. I'm not losing discretion I'm making a better decision. That's an important thing that will come into play more and more as Pre-arrest diversion starts going down the road of saying, "Hey officers we want you to use the tool to make the decision." "Oh you're taking away discretion." No, we're helping you to make a better decision by giving you information that you can't otherwise know or kind of process on your on having a tool to help you.

That's a really, really important thing if you're considering risk need as part of your Pre-arrest diversion please get in touch with someone contact us so that we can help you with that. If you have it in place please make sure you're using a validated tool and it's actually being used in the decision making process. We mentioned in Eau Claire Wisconsin they've got some good data on about three years of use of the Proxy risk tool. Karen also mentioned steer, which is Montgomery County, Maryland. They're at about right over a year of data on using Proxy as well as the Cage. The Cage is a three question drug screen, whether or not this person should go on for further assessment for drug treatment.

Wanted to throw that in there to kind of give a little bit more of a complete picture on risk as it relates to Pre-arrest diversion. You should be doing it, it should be part of your effort because that way you can target the right population and link them up to the right interventions you should be doing it as early as possible, and your behavioral health partner, your social service partner, they should be verifying confirming the results of the screens done by the officers. If the officers aren't doing then you're behavioral health, or some other entity must be doing risk need screening to get the right assessment of who this person is standing before them.

Karen Maline:

Yeah and I wanted to add one thing to that. First of all there was this question, what are the three questions on the Proxy tool, the first question is the current age of the individual. The second question is, "what was the age at their first arrest?" And the third question is, "How many arrests have they had?" Those are the three questions on the Proxy risk tool.

In Eau Claire Wisconsin they've actually compared the data that they'd gotten from the Proxy risk tool and compared it to their longer risk assessment that they do at the jail or at pre-trial, and compared the data. This data has been really priceless to them. The other reason for using that risk assessment tool by law enforcement is to have that data, and I think they've been really valuable to them. Right now those are all the questions that we have but I have a couple more that I think are valuable.

What skill do officers need most in order to be successful, in deflecting and diverting? Say that you don't have a risk tool but a lot of jurisdictions are using Pre-arrest diversion having that tool. Innately what do you think are the most important skills for officers to have? I'll go to Greg.

Greg Frost:

Well it ties into I think, the overall culture and training that a particular department uses, there's a lot of departments that are using the CIT model for people with mental illness issues, mental health issues. We're seeing more and more training on de-escalation, which is improving the officer's communication skills under a crisis type situation. I think there's some natural evolution that's going on for how patrol officers, you know the guys and ladies on the street on 2:00 o'clock in the morning, I think there's some natural evolution of how they're being trained that plays in very, very well to the sorts of things that you're going to be doing if you're dealing with someone, and whether you're considering, "Am I going to arrest this person or am I going to divert them over to some kind of behavioral health intervention or treatment?"

Again it comes down to information. I think officers need to know some of the difference between what's treatment, what's intervention? "What's are some of the things I need to be looking at as far as what I'm seeing in this person?" It's not complicated, cops on the street are very good at reading people, they're very good at understanding what's going on with this person very quickly. That's what they do, they're trained to do it, most of them have very good experience and very, very good people skills. It's almost an innate factor of policing on the street. I think that just by virtue of a little additional training, I think the officers are very willing and able to participate in these kind of programs.

Jac Charlier: Karen, Greg's spot on as always. I'll throw in two things. One, just emphasizing one point he made, it is important for officers to understand enough about addiction and how it works on the brain the neuro science of addiction as a disease of the brain, to understand treatment, to understand mental health. To understand how the organizations that they are a path way to sending them off to, work. I want to emphasizing that point or add a little bit more detail or color to what Greg said on that. Just as it is for the behavioral health partners to understand police.

This gets to the second thing I wanted to say, which goes to the name of the PTAC Collaborative. The Police, Treatment, and Community Collaborative, the officers, behavioral health workers both at the line level or the leadership level, and community partners, must learn it is a skill that can be learned, how to collaborate to do this decision making together. That's critical to the success of very complex problems that Pre-arrest diversion is dealing with, right? If you had a mental health issue and you've had since you were eight and you take medications and you now get stopped at 32, the complexity of that intervention is beyond any of those single player's to deal with on their own in Pre-arrest diversion. They must learn how to first communicate, then cooperate then eventually collaborate. Both individually and as systems. Those are the two things that I want to stress again, just reinforcing what Greg said on that.

Karen Maline: Thank you those are good points. What is the officer's role after hand off to a case manager or a drop off to a triage center? Are there any programs that include continued officer involvement? Oh and I'll go to Jac.

Jac Charlier: Okay so that's a two part question, say the first one again? What's the officer role after drop off?

Karen Maline: Yes, what is the role after a hand off to a case manager?

Jac Charlier: Yeah, okay. Let me say this, this is all new the PTAC Collaborative and Pre-arrest diversion is new it's no more than six years old. A little bit older than that, so we don't really fully know yet, what we do know is there's a variety of efforts going around there. Think about it this way, what is the problem you're trying to solve? The challenge you want to address? What does the officer need to be doing if anything after drop off? There are some efforts out there where the officer's involved in what would look like a traditional case management approach, where they would follow up with the behavioral health provider and behavioral health provider or social service entity would follow up with them give them status briefings on the cases. Share information say hey, "Jack's gone we haven't seen him two weeks, can you go find him for us?" Then sit down and actually make decisions with the behavioral health provider, with the community whatever the community entity looks like.

There's others where it is just especially like the crisis models, tend to be more just the drop off, drive up to the brick and mortar building, put the person in the building kind of like an ER and drive away and go back to do duty. It varies, the point isn't what's done, the point is what's done in terms what you needed to be done in terms of the problem that you're trying to solve. That you have to understand. What's my problem and should the officer be involved? What is your capacity, your staffing to do that? Case

management is extremely time intensive and requires officers, like going to court to be around at different hours that might incur over time. I'm answering the question by saying again, it depends we don't really know yet but we do know it drives back to where you're trying to go with this thing.

For ones where the officer should be involved, are probably the ones where the persons are using validated risk need tool scores out as being moderate risk and of higher need. What the research tells us is those folks at least initially need much higher and intensive, I'm going to use the word supervision, even though the police don't supervise people. Monitoring and attention to what they're doing in community at least initially. Where as if your initiative is around solely things that involved low risk low need people. Which you might not want to be doing a lot with anyway, I'm using the risk need literature here. Your officer involvement might be very minimal and then the other part of this is, well what is the nature of the involvement?

It should be focused on very pro-social interactions, very motivational interactions. Supportive, because what we know is that a lot of really supportive comments for people goes over much better and tends to move people farther, than negative comments do. You think about your own life in that. I can't get more into it because our times short but it's a great thing to explore. Again on your effort have you thought through this in advance? Have you looked at the research that we know of that guides how this should occur? What was the second part of the question Karen?

Karen Maline: Are there any programs that include continued officer involvement?

Jac Charlier: Okay, so the answer is yes. Sorry to [inaudible], STEER, Montgomery County, Maryland does include officer involvement, the case managers who work in the districts and the police cars, go out on their own do the follow up with the officer. Will meet with him or her again. Will give them updates. The officer will say to the case manager, "Hey come into the car with me let's go find Jac. I know we put him in steer three months ago let's go see what he's up to." Of course the case managers will know. STEER has that built in to it. It is not the only effort that does, just where we are time wise it's the easiest one for me to recall. LEAD of course has a collaborative model and elements of that. Of course if you're doing a LEAD model you have some elements of that built in also. Greg do you want to take a stab at this also from where you are?

Greg Frost: Yeah, I'm not familiar with any programs that specifically mandate or require that the officer stay engaged but one of the things that we've toyed around with is a restorative justice model. Where again depending on the totality of the circumstance with this person, restorative justice has a real value and there may be a point where, as the model is being modified for any particular jurisdiction restorative justice could be a piece of it. Where if the crime has been committed there's always victim, so using the restorative justice process where you've got a neighborhood accountability board or something along those lines. The officer could very well be a part of that. Particularly if you've got a town, or a city that uses community oriented policing. "That's my neighborhood, that my cop." They could be engaged in that kind of effort I think the nice thing about how these kind of programs are being looked at lots and lots of flexibility we're only limited by how creative we want to be at this point.



Karen Maline:

Well we are nearing the end of our time, I want to let people know that the one pager that Jac was talking about will be on our webpage as soon as we get this webinar up. I'd like to thank our speakers today Jac Charlier and Greg Frost for their time and expertise. The MacArthur Foundation for their support, and everyone in the audience for joining us today. We hope you enjoyed today's presentation and will join us for future webinars. For the IACP this is Karen Maline, have a good afternoon.