

Excerpt

Pre-Arrest Diversion/Deflection Frameworks: A Decision Making Tool for Police Leaders

Methods for Diverting People Away from Arrest and Into Services in the Community

This document is designed for law enforcement leaders confronted with frequent cases involving addiction and overdose. Rather than arresting and re-arresting individuals who have drug problems, many jurisdictions are implementing alternative approaches. This document presents the main methods for diverting or “deflecting” individuals away from the justice system and into appropriate services in the community.

Across the country, local law enforcement agencies are seeking new ways to better serve and protect communities confronting the consequences of drug addiction and overdose. Models for crisis intervention for mental illness have existed for many years, but only recently have police departments started pursuing similar strategies related to drug use and drug possession but distinct from drug delivery and manufacturing. The context for these pursuits is complex and evolving. Even as many states and municipalities rethink the severity of criminal penalties for drug possession, the incidence of opioid overdose has exploded to epidemic levels. According to the Centers for Disease Control, from 2000 to 2014, nearly half a million people died from a drug overdose, and 91 Americans die every day from an opioid overdose.

These dramatic changes in the types of street level scenarios to which officers are expected to respond come amidst a rethinking of the role that law enforcement plays in contributing to the overall safety of a community. Pre-booking or pre-arrest diversion strategies – also known as *deflection* – hold the promise of both addressing the opiate crisis in particular and drug use more generally on a practical level while also contributing to more positive perceptions and attitudes toward police. When used effectively, deflection can literally save lives, reduce drug use and (re)build community trust while promoting public safety.

As with any new pursuit, the question for most jurisdictions is “where do I start?” A number of branded models have entered the deflection lexicon, such as the Police Assisted Addiction and Recovery Initiative (PAARI), the Law Enforcement Assisted Diversion (LEAD), or Stop, Triage, Engage, Educate and Rehabilitate (STEER). Given the relative newness of such models, research on their effectiveness is still under way. What works in one jurisdiction may not work in another, and so simply copying an existing model may not be an effective approach, especially if the size, demographics, behavioral health capacity, and economics of the jurisdiction are substantially different from that in which the model was developed.

An important step then in deciding which deflection framework is best for a jurisdiction is to be familiar with the range of existing deflection initiatives, and what can be adapted and applied to suit the particular needs of the jurisdiction.

Pre-Arrest Diversion/Deflection Frameworks: Guiding Questions

Deflection frameworks are designed to divert drug-involved individuals away from criminal justice involvement and into a community-based clinical intervention. Deflection frameworks, while mostly presuming an overarching philosophy of minimizing harm (community interventions are more ideal than justice interventions) can also exhibit a crime desistance philosophy, at least for the period while "under" justice oversight. The degree to which these philosophies are exercised may vary from program to program.

Before isolating the key characteristics (operational and design components) that define your deflection programs, it is recommended that jurisdictions start by asking and answering the following six fundamental questions—the who, what, where, when, why, and how of deflection:

- 1) **Why are you (considering) doing deflection?**
What is the high-level problem or challenge your community is attempting to solve (e.g., upward trends in overdose, tense community relations). Understanding the challenge at the highest levels will help to guide and anchor your planning and implementation.
- 2) **What does success look like, both quantitatively and qualitatively?**
What specific goals are you trying to accomplish? What would it look like if your program were running successfully? Consider both qualitative and quantitative considerations like reduced overdose deaths, improved community relations, number of people deflected, long-term reduction in arrests for individuals with known histories, etc.
- 3) **Who are you going to deflect?**
Think about your target population in terms of criminal history risk and behavioral health need. Will you target large numbers of low-risk, low-need individuals, or isolate high-need individuals that may cause the most drain on local resources?
- 4) **When will you deflect them?**
It is important to consider at what stage of the law enforcement encounter the deflection will occur. Will you deflect people with an observable need, even if no crime is present (Prevention Deflection), or will you wait until there is a chargeable offense (Intervention Deflection)?
- 5) **Where will you deflect them?**
A threshold consideration for any new program is the capacity of the local community-based treatment network to serve the target population being considered. If individuals are being diverted out of the justice system, to what are they being diverted? More specifically, is there sufficient treatment capacity in the community to serve the expected clinical needs of the target population? For example, if a deflection program is being developed to address the opioid crisis, are there enough providers in the community available to provide crisis-level detox, medication-assisted treatment, and long-term treatment modalities for the expected program population size?

6) **How will you deflect individuals?**

What is the operational pathway to treatment? How, where, and when will the deflection point person(s) within law enforcement get the individual connected to the local substance use treatment system, and how involved will police be on an ongoing basis? These operational decisions are explored in more detail in the Framework section that follows.

Designing Your Pre-Arrest Diversion/Deflection Program

For the purposes of this document, a **characteristic** is a specific operational or design component of a program. Those characteristics, when combined in a variety of ways, create a deflection **framework**, which is the totality of the program design. Some frameworks as applied in certain jurisdictions have been **branded** (such as LEAD, STEER, civil citation, or the Angel Model) but the characteristics of these frameworks may be quite different, and it is important for jurisdictions to consider the totality of the deflection program design to identify what will be successful locally.

While the variety of operational characteristics creates nearly unlimited possibilities for the final program design, some common themes can be observed in deflection programs currently operating. Based on the Pathway to Treatment (how a person moves from law enforcement to behavioral health), we have named these frameworks to help develop a common language around deflection and added in the brand names that fit each framework. The Pathway to Treatment framework naming convention is useful because it is the lone characteristic that uniquely distinguishes deflection frameworks, and from the vantage point of law enforcement represents the transfer juncture (even if law enforcement remains involved with the person) to behavioral health.

- **Naloxone Plus:** Engagement with treatment occurs following and overdose response and crisis-level treatment is readily available. *Examples: opiate response teams, STEER (MD)*
- **Active Outreach:** Participants are identified by law enforcement, but are engaged primarily by a treatment expert who actively contacts them and motivates them to engage in treatment. *Example: Arlington Model (MA)*
- **Self-Referral:** Drug-involved individuals initiate engagement with law enforcement without fear of arrest, and an immediate treatment referral is made. *Example: Angel (MA)*
- **Officer Prevention Referral:** Law enforcement initiates the treatment engagement, but no charges are filed. *Examples: LEAD (WA), STEER (MD)*
- **Officer Intervention Referral:** Law enforcement initiates the treatment engagement, and charges are held in abeyance or citations issued. *Examples: Civil Citation (FL), STEER (MD)*

For information on how to shape your deflection program and create a framework best suited to local needs, resources, and relationships, please contact the Center for Health and Justice at TASC.

About the Center for Health and Justice at TASC

TASC, Inc. (Treatment Alternatives for Safe Communities) provides evidence-based services to reduce rearrest and facilitate recovery for people with substance use and mental health issues. Nationally and internationally, TASC's Center for Health and Justice offers consultation, training, and public policy solutions that save money, support public safety, and improve community health.

For more information on starting or improving your diversion/deflection efforts:

Please contact Jac Charlier, Center for Health and Justice at TASC: (312) 573-8302, jcharlier@tasc.org