

Pre-Arrest Diversion

A Public Health Solution
to Better Public Safety

Jac Charlier

National Director for Justice Initiatives

jcharlier@tasc.org 312-573-8302



CENTER FOR
HEALTH & JUSTICE
AT TASC

Variety of Terms for Pre-Arrest Diversion

- Deflection
- No arrest
- Pre-arrest
- Pre-charge
- Pre-booking
- Police diversion
- Police assisted diversion
- Law enforcement encounter
- Law enforcement assisted diversion



How Pre-Arrest Diversion Differs from Other Types of Justice Diversion

Pre-Arrest Diversion

- Moving *away* from justice system *without having entered it*
- *Behavioral health* guided with criminal justice partnerships
- *Public health* solution to better public safety

Other Diversion

- Moving *out* of justice system *after having entered it*
- *Criminal justice* guided with behavioral health partnerships
- A *wide variety* of approaches for a variety of reasons



Two Types of Pre-Arrest Diversion (PAD): Done Together for Biggest Impact

Prevention PAD

- No charges / Not relevant to criminal activity
- Identified behavioral health issue (well-being) that places the person in a health risk or exposure risk to the justice system
- Divert to treatment for clinical assessment to address needs and/or to social services

Intervention PAD

- Charges exist but are held in abeyance or issuance of non-criminal citation
- Identified behavioral health issue (well-being) that places the person in a health risk or exposure risk to the justice system AND
- Identified low-moderate risk (to re-offend)
- Divert to treatment for clinical assessment to address needs and/or to social services with justice follow-up and possible action



Promises of Pre-Arrest Diversion

- Reduced crime
- Improved public safety (real and perceived)
- Reduced drug use
- Lives saved, lives restored
- Building police-community relations
- Reduced burden on criminal justice to solve public health and social challenges
- Building police-public health/behavioral health relations
- Correct movement of citizens into/away from the justice system
- Cost savings
- “Net-narrowing”



Six Guiding Questions for Police Leaders

1. Why are you (considering) doing pre-arrest diversion?
 - a. What is the problem you are trying to solve?
 - b. What is the challenge you are trying to address?
2. What does success look like, both qualitatively and quantitatively?
3. Who are you going to divert?
4. When will you divert them?
5. Where will you divert?
6. How will you divert?



Five Pre-Arrest Diversion Frameworks: Pathways to Treatment

- **Naloxone Plus:** Engagement with treatment as part of an overdose response or DSM-V severe for opiates; tight integration with treatment, naloxone (individual too)
- **Active Outreach:** Law enforcement intentionally IDs or seeks individuals; a warm handoff is made to treatment, which engages individuals in treatment
- **Self-Referral:** Individual initiates contact with law enforcement for a treatment referral (without fear of arrest); preferably a warm handoff to treatment
- **Officer Prevention Referral:** Law enforcement initiates treatment engagement; no charges are filed
- **Officer Intervention Referral:** Law enforcement initiates treatment engagement; charges are held in abeyance or citations issued, with requirement for completion of treatment



Pre-Arrest Diversion Examples (Brands) with Related Framework

- **Angel (MA) / Arlington (MA)** - paariususa.org
(200 sites for Angel and Arlington – PD, Sheriff, Fire and other)
 - Self-referral, Active Outreach
- **Civil Citation (FL)** - civilcitationnetwork.com (62 sites: 61 juvenile, 1 adult)
 - Officer Intervention Referral
- **DART (OH)** - lcsodart.com (many and varied sites)
 - Naloxone Plus
- **LEAD (WA)**- leadkingcounty.org (7 sites)
 - Officer Prevention Referral
- **STEER (MD)** - CenterforHealthandJustice.org (1 site)
 - Naloxone Plus, Officer Prevention/Intervention Referral



Pre-Arrest Diversion Framework Decision-Making Tool

- Designed for law enforcement, behavioral health, and pre-arrest diversion system partners to aid in decision-making
- Categorizes 16 deflection characteristics to consider and assemble to design the “best fit” deflection initiative



Example Characteristics

TREATMENT CAPACITY

The availability of different modalities of treatment should dictate many elements of program design. Programs that focus on crisis situations like overdose will require greater access to more intense services such as detox, medication assisted treatment, and residential services. Programs that focus on lower-risk drug users not in immediate crisis (and either high or low treatment need) will require more outpatient services.

LOCAL EXPERIENCE

The level of local experience implementing new philosophies or programs may dictate the size and scope of new programs being considered. Existing relationships with the community treatment system, training mechanisms, current officer workflow, overall willingness to adapt, and use of assessment and risk tools will all inform the level of culture and practice change a department and a community are able to accept and sustain. For example, the presence of a CIT team indicates a cultural awareness and leadership commitment that may make a deflection program easier to implement. Departments without such experience may be better served with a model (such as walk-in) that requires less top-to-bottom commitment.



PTAC

POLICE, TREATMENT AND COMMUNITY



COLLABORATIVE



CENTER FOR
HEALTH & JUSTICE
AT TASC

About the PTAC Collaborative

- Founded as the result of the March 2017 Inaugural Summit held at International Association of Chiefs of Police (IACP)
- Summit organizers: AdCare Criminal Justice Services, C4 Recovery Solutions, Center for Health and Justice at TASC, Civil Citation Network, George Mason University, International Association of Chiefs of Police, and Western Carolina University
- Named for the collaborative relationship between police, treatment, and community necessary to make police diversion possible



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

PTAC Collaborative

Mission, Purpose, and Cornerstone

- **Mission** – To strategically widen community behavioral health and social service options available through law enforcement diversion
- **Purpose** – To provide national vision, leadership, voice, and action to reframe the relationship between law enforcement, treatment, and community
- **Cornerstone** – PTAC is agnostic as to the model/brand of pre-arrest diversion; which approach solves the problem, fits the local situation, and can be addressed through the behavioral health capacity?



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

Ready to get started on your pre-arrest diversion effort?

Jac Charlier
National Director for Justice Initiatives
Center for Health and Justice at TASC
(312) 573-8302
jcharlier@tasc.org

www.centerforhealthandjustice.org



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ