Deflection and Pre-Arrest Diversion:
A Newly Emerging Field in the United States

A Public Health Solution to Public Safety

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Variety of Terms for Pre-Arrest Diversion

- Deflection
- Pre-arrest diversion (PAD)
- Pre-booking
- Co-responder
- Pre-booking
- Crisis Intervention Teams

- Police diversion
- Crisis/Triage centers
- Police assisted diversion
- Law enforcement encounter
- Law enforcement assisted diversion (LEAD)
- No arrest diversion

A Third Way for Law Enforcement
1) Arrest or 2) Release 3) Divert (New!)
Pre-Arrest Diversion Is the “Handle” on the Front Door of the US Justice System

Many people can be safely deflected in the community instead of entering the justice system

Community-based services, housing, and recovery support

Pre-Adjudication Diversion

Post-Adjudication

Police
First responders
Initial detention
Initial court hearings
Prosecutors
Jail
Court

Jail Reentry
Prison reentry
Probation
Parole
How Pre-Arrest Diversion (PAD) Differs from Other Types of US Justice Diversion

Pre-Arrest Diversion (PAD)

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

Other Criminal Justice 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
The Pathways to Treatment Connecting Two Systems
(The TASC Model)

100% Identification & Screening
Assessment
Referral/Placement into Treatment
Monitoring & Reporting
Recovery Support

Case Management, Collaboration, Systems Communication

Community

800,000 Police Referring to Treatment (New!)
Two Types of Pre-Arrest Diversion: Done Together for Biggest Impact

**Prevention PAD**
- **No charges** / Not relevant to criminal activity during this encounter
- 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
- Prevents future criminal justice entry by connecting to treatment today

**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
PRE-ARREST DIVERSION: PATHWAYS TO COMMUNITY POLICE, TREATMENT AND COMMUNITY COLLABORATIVE

COMMUNITY

Shared Goals/Outcomes/Solutions

Self-Referral
Active Outreach
Naloxone Plus
Officer Prevention
Officer Intervention

TREATMENT AND/OR SOCIAL SERVICES

(INTERCEPT 0)

AVAILABILITY OF ALL PATHWAYS MAXIMIZES OPPORTUNITIES

Policing
Law Enforcement • Sheriff
State Troopers • Probation • Parole

(INTERCEPT 1, 3, 5)

COMMUNITY

Shared Problems/Challenges/Concerns

Lived Experience • Victims of Crime

Recovery Support • Peers • Engagement
The Five PAD Pathways to Treatment

- **Self-Referral:** *Individual initiates contact* with law enforcement for a treatment referral (without fear of arrest); preferably a warm handoff to treatment

- **Active Outreach:** *Law enforcement intentionally IDs or seeks individuals*; a warm handoff is made to treatment, which engages individuals in 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)

- **Officer Prevention Referral:** *Law enforcement initiates* treatment engagement from a call for service or “on view”; *no charges are filed*

- **Officer Intervention Referral:** *Law enforcement initiates* treatment engagement from a call for service or “on view”; *charges are held in abeyance or citations issued*, with requirement for completion of treatment
Self-Referral Pathway

- **Definition:** *Individual initiates contact* with law enforcement for a treatment referral (without fear of arrest); preferably a warm handoff to treatment.

- **Brand Name:**
  “Angel” – Police version (450 sites for Angel)
  Began Gloucester, MA
  Safe Stations” Fire version (Delaware)
  PAARI – Police Assisted Addiction and Recovery Initiative
  [www.paariusa.org](http://www.paariusa.org)

- **Best Use:**
  ➢ Low resource deflection initiative
  ➢ Easy to start and sustain
  ➢ Can also be done with Fire Stations
Active Outreach Pathway

- **Definition:** Law enforcement intentionally IDs or seeks individuals; a warm handoff is made to treatment, which engages individuals in treatment.

- **Brand Name:**
  
  “Arlington”
  Began Arlington, MA
  PAARI – Police Assisted Addiction and Recovery Initiative
  [www.paariusa.org](http://www.paariusa.org)

- **Best Use:**
  - Addressing high utilizers
  - Proactive approach for connecting to treatment
Naloxone Plus Pathway

- **Definition:** *Engagement with treatment as part of an overdose response* or DSM-V severe for opiates; tight integration with treatment, naloxone (individual too)

- **Brand Name:**
  “Quick Response Teams” – QRT (50+ sites); DART; STEER
  Began Cincinnati Metro Region (OH, KY and IN)
  QRT National
  [www.qrtnational.org](http://www.qrtnational.org)

- **Best Use:**
  ➢ Saving lives. The “Plus” refers to the connection to treatment following OD revival
  ➢ Responding to communities with high and/or trending up overdose and overdose death
Officer Prevention Pathway

• **Definition:** *Law enforcement initiates* treatment engagement from *a call for service or “on view”*; *no charges are filed*

• **Brand Name:**
  “Law Enforcement Assisted Diversion” – LEAD (25 + sites)
  Began Seattle, WA
  [www.leadkingcounty.org](http://www.leadkingcounty.org)

• **Best Use:**
  ➢ Providing a tool for officers *on patrol* to respond to addiction and mental health when *no charges are present*
Officer Intervention Pathway

• **Definition:** *Law enforcement initiates* treatment engagement *from a call for service or “on view”*; *charges are held in abeyance or citations issued*, with requirement for completion of treatment

• **Brand Name:**
  “Civil Citation Network” – CCN (multiple sites, adult *and* juvenile)
  Began Tallahassee, FL
  [www.civilcitationnetwork.com](http://www.civilcitationnetwork.com)

• **Best Use:**
  ➢ Providing a tool for officers *on patrol* to respond to addiction and mental health when *charges are present*
  ➢ “First-time” arrestees who have an addition issue but limited to no other justice involvement
Pre-Arrest Diversion: Part of the Solution

- **Reduced crime**
- Improved public safety (real and perceived)
- **Reduced drug use**
- Better outcomes during crisis encounters
- Lives saved, lives restored
- **Building police-community relations**
- Reduced burden on criminal justice to solve public health and social challenges – reduction in the “social burden”
- Building (more) police-public health/behavioral health relations
- Correct movement of citizens into/away from the justice system
- Cost savings
- “Net-narrowing”
- **Keeping families intact**
- **Addressing racial disparity**
Why Pre-Arrest Diversion Growth Now?

1. Law enforcement encounters with the mentally ill
   1. CIT – 1988 – “Memphis Model”

2. Police and community relations
   1. Brown - Ferguson, MO; McDonald – Chicago, IL

3. Opioid epidemic
   1. “Angel” program - 2015

4. Ever increasing “social burden” on police and the justice system
   1. War on Crime – Johnson – 1965
   2. War on Drugs – Nixon – 1971
   4. Rapid growth in incarceration (2x growth/10 years) 1980 +/-
Pre-Arrest Diversion: Observations

• Newly emerging field and profession
• Formalized: Policy, Practice and Training
• Systems approach: Police + Treatment + Community + Research
• Research is promising
• First steps underway to establish a policy framework
• Mental health is not illegal

• Drugs are (mostly) illegal
• Mental health tends to think of crisis situations
• SUD does not rely on a crisis situation
• Being driven in large part by the opioid epidemic
• Social services, housing, recovery
• Family, children, veterans
PTACC Collaborative: Our Mission, Purpose, and Cornerstone

- **Mission** – To strategically enhance the quantity and quality of community behavioral health and social service options through engagement in pre-arrest diversion

- **Purpose** – To provide NATIONAL vision, leadership, advocacy, and education to facilitate the practice of pre-arrest diversion across the US

- **Cornerstone** – PTACC is open-source, open to any and all. PTACC is “non-denominational” as to which model/brand of pre-arrest diversion is appropriate for a jurisdiction; each community must determine which approach(es) solves its problem, fits the local situation, and can be addressed through current behavioral health capacity.
PTACC National Partners

Indicates PTACC National Founding Partner
PTACC National Partners
PTACC “Open-Source” Resources:

• PTACC Visual 5 Pathways to Treatment – The first visual depiction of all known deflection and pre-arrest diversion pathways

• PTACC Core Measures of Pre-Arrest Diversion – Recommended metrics for sites to use covering police, treatment, community, and race.

• PTACC 11 Guiding Principles for Behavioral Health Pre-Arrest Diversion – Currently being aligned with CARF accreditation standards.

• PTACC Pre-Arrest Diversion Presentations – PAD Basics, PAD Policy, Naloxone Plus

• PTACC National Policy and Legislation – In development

• PTACC Housing & Pre-Arrest Diversion – In development
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