CENTER FOR HEALTH & JUSTICE AT TASC

Law Enforcement Deflection Frameworks: A Decision Making Tool for Police Leaders

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

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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 heightened tensions around, and attention to, the responsibilities of police and how they fulfill their role 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.

Making Decisions About Your Program Design

The purpose of this document is to provide a decision-making tool and guidance on designing a deflection framework by aligning different program characteristics (see Deflection Framework Design Tool on pages 4-6) that best fit the experience, trends, relationships, politics, and resources in your jurisdiction.

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) as in *Prevention Deflection* frameworks, can also exhibit a crime desistance philosophy such as in the frameworks that use *Intervention Deflection,* at least for the period while "under" justice oversight. The degree to which these philosophies are exercised may vary from program to program.

Deflection Frameworks: Guiding Questions

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, some of which are also found in the Deflection Framework Design Tool:

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 residents?**
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 decision are explored in more detail in the Framework section that follows.

Using the Deflection Framework Design Tool

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)*
- **Citizen self-referral:** Drug-involved individuals are encouraged to initiate the 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)*

The pages that follow are designed to help law enforcement and their deflection partners isolate the key operational questions that will shape their deflection program, creating a framework best suited to local needs, resources, and relationships.

DEFLECTION FRAMEWORK DESIGN TOOL

OVERALL DEFLECTION PROGRAM GOAL

How many individuals do you want to deflect monthly?

Treatment Access Assessment

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. Program that focus on lower-risk drug users not in immediate crisis (and either high or low treatment need) will require more outpatient services.

EST. TREATMENT SPOTS AVAILABLE FOR PROGRAM:

Detox ☐ Med. Assisted Tx Y / N

OP/IOP ☐ Residential ☐

Is Treatment Available 24/7 Y / N

REGION TO BE SERVED:

POPULATION DENSITY

The geography served by a program can significantly dictate which Deflection characteristics are practical. Concentrated urban areas may more practically serve many people with similar needs and where the distance between the law enforcement encounter and the treatment engagement is small. More suburban or rural communities may benefit from the use of a treatment linkage specialist to remove some of the burden from officers.

POPULATION DENSITY:

☐ Urban ☐ Suburban ☐ Rural

AVAILABLE TRANSPORTATION:

☐ Public ☐ Private ☐ Police

OTHER SERVICE CAPACITY

Program participants are likely to need other stabilizing services to be successful. The presence or absence of these services should affect the target population and volume under consideration. More complex populations will require a more robust continuum of services.

EST. SPOTS AVAILABLE IN OTHER SERVICES:

Mental Hlth. Tx ☐ Employment ☐

Housing ☐ Education ☐

Deflection Program Design

LAW ENFORCEMENT ENGAGEMENT MECHANISM

Law enforcement must decide if they will only make treatment engagements when no crime is present (prevention deflection, e.g. overdose) or if they will also consider circumstances in which a chargeable offense is present and they are willing to hold the citation or charge in abeyance (intervention deflection). Likewise, they must determine if the program is designed for calls to which they respond in the community, or if they will also accept self-referrals via walk-in to the station. The election here will determine the impact on officer workflow and the use of a treatment linkage specialist.

ENGAGEMENT MECHANISM:

☐ Prevention Deflection : Law Enforcement Encounter

☐ Prevention Deflection : Walk-In / Self-Referral

☐ Intervention Deflection

RISK-NEED ASSIGNMENT OF PRIORITY POPULATION

Assessing *risk and need* (*risk* based on criminal history and *need* based on clinical profiles) has become the de facto method for prioritizing justice populations and aligning resources in the rest of the criminal justice system although it is new to policing. As such, validated risk-need tools for police are in early development and tools being used now have been validated in other parts of the justice system. The priority population will significantly affect the program design and resources needed. Low risk/low need populations may generate significantly larger volumes and require fewer services, but the long-term financial impact may be less noticeable than with higher-risk and higher-need populations, which may be smaller but more likely to consume large amounts of treatment and other services. Multiple risk/need tiers can be targeted, but the response delivered and services needed may be very different.

RISK / NEED OF TARGET POPULATION:

☐ Low Risk / High Need ☐ High Risk / High Need

☐ Low Risk / Low Need ☐ High Risk / Low Need

☐ N/A: Prevention Deflection

ONGOING ROLE OF LAW ENFORCEMENT

Law enforcement can elect to end their involvement in a case after the initial contact, or can be active participants after the point of treatment referral. Continuing to be involved in the case requires more officer time, attention, and communication, but can result in a more health-oriented long-term outcome as officers encounter the same individuals in the community. Awareness of an individual's treatment plan and progress can help officers make more informed responses in the field.

ONGOING ROLE OF LAW ENFORCEMENT:

- ☐ Ends after initial contact
- ☐ Limited ongoing involvement through treatment engagement
- ☐ Consistent, intentional, ongoing involvement through treatment engagement

PROGRAM AUTHORIZATION

A state may decide to enact a law that authorizes or encourages the use of deflection models. Such a law often sets criteria for eligibility, describes the process, and determines benefits for success and ramifications for failure. Alternatively, local police departments, health departments, and city or county councils may elect to implement a deflection model absent clear statutory authority. Such a policy demonstrates local leadership, encourages local collaboration and innovation, and is much quicker to implement, evaluate, and adapt.

AUTHORIZATION:

- ☐ Statutory
- ☐ Administrative

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.

LOCAL EXPERIENCE & INFRASTRUCTURE:

- ☐ Justice / treatment program development
- ☐ CIT Team
- ☐ Mental Health First Aid
- ☐ Law enforcement training systems
- ☐ Use of standardized or evidence-based tools or practices
- ☐ Law enforcement culture and capacity for new programs

ELIGIBILITY FACTORS

Partners must determine in advance what chargeable offenses (if any) are eligible for the program. Programs focused on lower-risk individuals may elect to only allow eligibility for citationable actions, whereas others with more experience dealing with higher risk populations and a more robust treatment network may elect to considers misdemeanors and felonies as well.

OFFENSES CONSIDERED ELIGIBLE:

- ☐ No chargeable offense (Prevention Deflection)
- ☐ Citationable offenses
- ☐ Misdemeanors
- ☐ Felonies

EXCLUSIONARY FACTORS

Partners must determine if certain circumstances may render an otherwise-eligible individual ineligible. These factors may include the presence of a criminal record (or crimes on that record), the nature of the current offense (violent vs. non-violent), the type of charge (drug, property, or personal) and other factors such as outstanding warrants or gang affiliation.

FACTORS RESULTING IN INELIGIBILITY:

TOOLS USED FOR OFFICER DECISION-MAKING

Officers may presume that a need is present and make an immediate referral without further assessment, or they may employ additional tools for determining level of risk and level of need. These tools may be driven by offense committed or observed behavior. The tools may have been validated in another jurisdiction, in the present jurisdiction, or not validated at all. When using such tools, the optimal situation is the use of a tool that has been validated in the jurisdiction with the target population, recognizing that the deflection program may represent the first opportunity to validate or adapt a particular tool.

TOOLS USED FOR DECISION-MAKING:

- ☐ No Tool : Presumptive Need
- ☐ No Tool : Based on Observed Behaviors
- ☐ Criminal History Risk VALIDATED Y / N
- ☐ Drug Use / Mental HIth Need VALIDATED Y / N

LOGISTICAL PATHWAY TO TREATMENT

Ideally, deflection programs rely on a "warm handoff" from law enforcement to either a care coordinator or directly to a treatment provider. The specifics of this engagement mechanism should be based on officer workload, geography, trust and other factors. In a drop-off model, officers transport the individual to the treatment provider. This model requires willingness and availability on the part of officers, and benefits from the use of a screening tool to aid in officer decision-making. In a care coordinator model, a treatment specialist travels to the law enforcement encounter, either with officers on a ride-along or as a result of a call from officers (either in the community or at the police station), and begins the treatment engagement process. This model requires fewer law enforcement resources, but takes time to fully develop the level of trust required.

TREATMENT ENGAGMENT MECHANISM:

- ☐ Law Enforcement
- ☐ Treatment Specialist

OFFICER TRAINING REQUIRED

Any new program will require some level of officer training, which can range from a short roll call session training, to a full 8-hour session, all the way to a 40-hour session. As a jurisdiction moves from a pilot program to full implementation, considerations should also be made whether the training occurs at the training academy or at individual stations, and whether it is required of all officers or discretionary. Finally, consider whether training should be done with staff from partner agencies such as treatment, state's attorney, public defenders, victims groups, etc.

LEVEL OF TRAINING:

- ☐ Roll Call
- ☐ 8-hour
- ☐ 40-hour
- ☐ Required
- ☐ Discretionary
- ☐ One-time
- ☐ Follow-up needed

- ☐ Academy
- ☐ Stations
- ☐ Partner Agency

ADDITIONAL OPERATIONAL CONSIDERATIONS

There are additional operational considerations, such as the use of program fees or limits on non-compliance, that jurisdictions will also need to incorporate into their program design process. These additional considerations need to be considered and addressed.