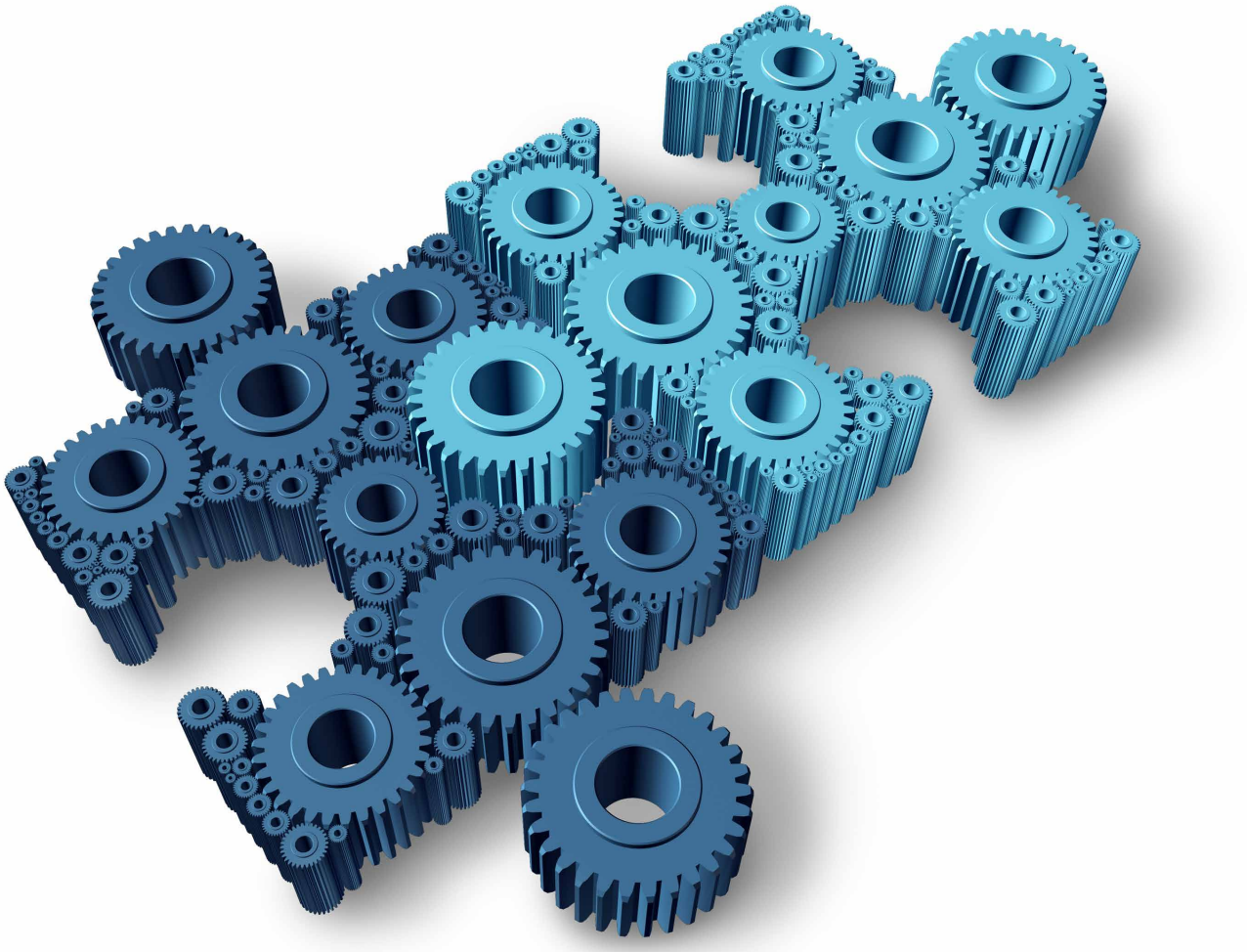
PTACC
POLICE, TREATMENT, AND COMMUNITY
COLLABORATIVE

CHJ
CENTER FOR
HEALTH & JUSTICE
AT TASC

Deflection & Pre-Arrest Diversion
Solutions Action Plan (SAP)



Deflection & Pre-Arrest Diversion (PAD) Solutions Action Plan

Team Contact Information

Team Community/Jurisdiction:	State:
Name of Primary Contact(s):	
Title(s):	
Agency:	
Phone(s):	
Email(s):	

Team Members

TEAM MEMBER NAME	TITLE	EMAIL

Table of Contents

CHJ Principles of Modern Justice Systems Change

I. Building a more *just* justice system is foundational: "*There is no justice without justice.*"

a. Reducing crime is the goal: linking individuals to treatment and services is a crime reduction strategy.

b. Reducing racial, ethnic, gender, economic, and geographical disparity is fundamental.

c. Elevating community voices is critical.

d. Enhancing cost savings and resource utilization is important.

II. Many components of different systems (e.g., law enforcement and courts, substance use and mental health, health care, and community) have an important role to play in building a more *just* justice system.

a. The change is systemic in nature and requires a systems approach to change that can be scaled up to uniquely fit the context, capacity, and scope of a community/jurisdiction.

b. Justice leaders –appointed and elected – should use their convening authority to initiate systems change and ensure collaboration among partners.

III. No one should go further into the justice system than necessary.

a. Provide screening to everyone and per the results of the screening, assessment, and interventions as early as possible– including assessment for community-based treatment and service linkage needs – prior to justice system contact.

b. The community may be the best and most appropriate place to treat substance use and mental health issues.

IV. Recovery from drug use reduces crime and addresses mental health concerns, thereby reducing the likelihood of future contact with the justice system.

a. Early screening more efficiently uses resources for both substance use and mental health services; individuals should be screened before *and* after treatment and service delivery.

b. Justice system interventions must align with the chronic nature of addiction based on science and research.

c. Assessment drives service –match risk and need, apply responsivity.[1]

d. A neutral system linkage specialized case management infrastructure is required to ensure access, retention, and completion in services, and movement into recovery.

e. Build sufficient and appropriate capacity to meet the criminogenic and behavioral health needs of the justice-involved population.

1 The Risk-Need-Responsivity model integrates the psychology of criminal conduct into an understanding of how to reduce recidivism. Three principles guide the assessment and treatment to advance rehabilitative goals, as well as reduce risk to society: the risk principle, need principle, and responsivity principle (RNR). From the *United States Department of Justice's National Institute of Corrections:* https://nicic.gov/assign-library-item-package-accordion/evidence-based-practices-ebp-principle-3-target-interventions

f. Seek partnerships with service providers that employ evidence-based and promising practices appropriate to the substance use and mental health needs of the justice system population, including practices that are gender and culturally responsive.

V. Metrics are integral to a more just justice system.

a. Once agreement on the problem/challenge is reached, use data to verify if the problem/challenge actually exists and define its features– scale, scope, and time.

b. Agree on shared outcomes to the identified problem/challenge that work for the all the systems together.

c. Use metrics for shared systems-level decision-making and to hold the system accountable to identified outcomes of success.

d. Create a rapid-cycle feedback loop to direct, steer, and guide program improvements and adjustments.

e. Evaluate efforts for system-wide impact – the change sought is systemic in nature.

VI. Make a plan for ongoing funding and program sustainability.

a. Leave no money on the table– consider public and private subsidized funding.

b. Efficiently use available resources- review your community's treatment capacity.

c. Explore a variety of business models, including a non-profit structure.

d. Develop formal policies and procedures for your initiative.

e. Work with policymakers to codify deflection and propose legislative changes.

Section 1. FIRST THINGS FIRST: Why do this?

Note: Consider existing grant proposals and agency or jurisdiction strategic plans when completing this section.

I. What is your agreed upon problem/challenge you are trying to address?

II. What data do you have demonstrating that this is in fact a problem/challenge?

III. What is the purpose of doing your new/expanded initiative?

IV. What would success look like if your problem/challenge were (re)solved?

V. Write your system-wide agreed upon outcome(s)—metric(s) of success.

Outcome 1:

Outcome 2:

Outcome 3:

Outcome 4:

Section 2. TAKING INVENTORY: What's Going on Right Now?

I. The Six Pathways of Deflection to Community-based Treatment and Services

Refer to the table below or Appendix I: *PTACC's Deflection & Pre-arrest Diversion: Pathways to Community Visual.*

- For sites with currently operational deflection/PAD initiatives: Which deflection/PAD pathways are you already implementing?
- If you are not currently operational, skip this question.

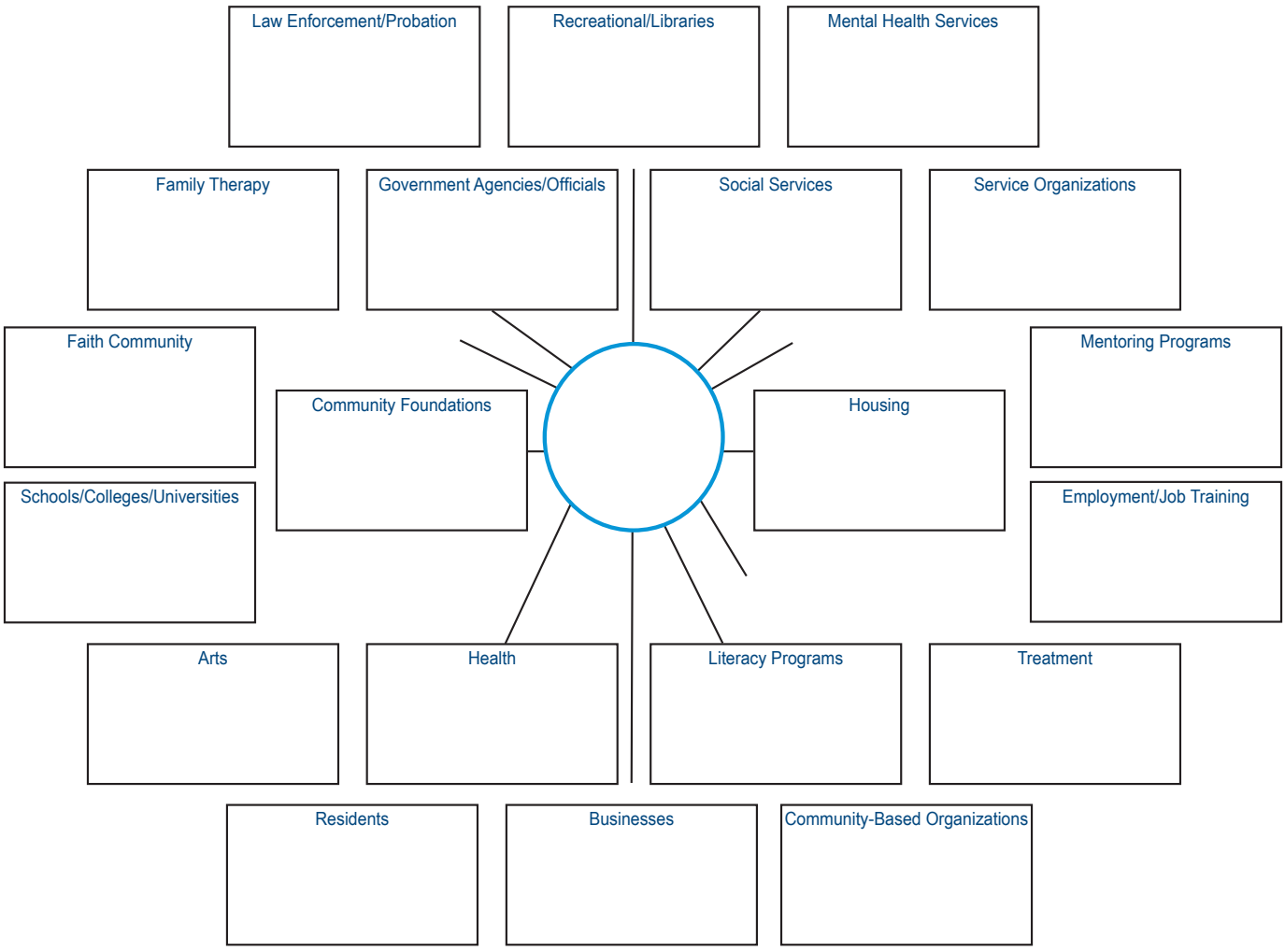
Current Pathway	Pathway	Target Population
❑	**Self-Referral:** An individual voluntarily initiates contact with a first responder agency (law enforcement, fire services, or EMS) for treatment referral. If the contact is initiated with a law enforcement agency, the individual makes the contact without fear of arrest.	Individuals with substance use disorders (SUD)
❑	**Active Outreach:** A first responder intentionally identifies or seeks out individuals to refer them to, or engage them in, treatment; outreach is often conducted by a team consisting of a clinician and/or a peer with lived experience.	Individuals in crisis or with non-crisis mental health disorders (MHD) and/or SUD, or who are homeless
❑	**Naloxone Plus:** A first responder and program partner (often a clinician or peer with lived experience) conducts outreach *specifically* to individuals who have experienced a recent overdose to engage them in and provide linkages to treatment.	Individuals with opioid use disorder (OUD)
❑	**First Responder and Officer Referral:** As a preventative measure, during routine activities such as patrol or response to a service call, a first responder engages individuals and provides a referral to treatment or to a case manager. (*Note: if law enforcement is the first responder, no charges are filed or arrests made.*	Individuals in crisis or with non-crisis MHD and/or SUD, or in situations involving homelessness, theft, or sex work
❑	**Officer Intervention** (only applicable for law enforcement): During routine activities such as patrol or response to a service call during which charges otherwise would be filed, law enforcement officers provide a referral to treatment or to a case manager, or issue a non-criminal citation to report to a program. Charges are held in abeyance until treatment and/or a social service plan is successfully completed.	Persons in crisis or with non-crisis mental health disorders and substance use disorders, or in situations involving homelessness, theft, or sex work
❑	**Community Response:** in response to a call for service, a team comprising community-based behavioral health professionals (e.g., crisis workers, clinicians, peer specialists, etc.), and/or other credible messengers—individuals with lived experience—sometimes in partnership with medical professionals, engages individuals to help de-escalate crises, mediate low-level conflicts, or provides a referral to treatment, services, or to a case manager.	Individuals in crisis or with non-crisis MHD and/or SUD, or in situations involving homelessness or low-level conflicts

II. Developing Partnerships

Review the *Community Partner Resource (Asset) Map* graphic below and fill in the "Partners and Stakeholders" table on the next page.

The community map is available as a worksheet in Appendix II. On that worksheet, use black ink for *existing* partnerships and red ink for *desired* partnerships. Note: The table below contains a more expansive list of potential partners than the map—think broadly!

- For sites with currently operational deflection/PAD initiatives, who are your current partners and who do you wish to partner with?
- If you are not currently operational, who will you need to partner with to solve your community's problems/ challenges?



Partners and Stakeholders

Type	Current (List Partners)	Desired (List Partners)
Law enforcement		
Fire		
EMS		
Treatment providers – Substance use		
Treatment providers – Mental health		
Treatment providers – medication assisted treatment/recovery (MAT/MAR/MOUD)		
Community/Civic groups and associations		
Recovery community/lived experience/peer support		
Hospitals and public health agencies		
Harm minimization (“harm reduction”) programs		
Researchers		
Policy makers (municipal and county leaders, both appointed and elected)		
Crime victim groups		
Racial equity groups		
Business community		
Religious/faith community		
Housing: shelters, assistance programs		
Justice system partners (state attorney’s office, public defender’s office)		
Children and family supports and services		
Opioid Task Forces or Overdose Fatality Review teams		
Education, mentoring, employment/job training		
Local government agencies, e.g., libraries; social/human services, department of transportation		
Other		

III. How are you doing on your collaborations?

Complete Appendix III: *GMU Collaborations Tool.*[2]

- For sites with currently operational deflection/PAD initiatives, take current partners into consideration and evaluate which routine activities you have in place with other partners.
- If you are not currently operational, who will you need to partner with to solve your community's problems/ challenges? What relationships might already be in place?

IV. What is your community's current capacity for deflection and pre-arrest diversion? Where are areas for growth?

Complete Appendix IV: *NLC Framework and Self-Assessment for a Strong Diversion Program* – adapted from the National League of Cities' "City Leadership to Reduce Use of Jails – Framework/Self-Assessment for a Strong Diversion Program."[3]

Use this self-assessment to determine your community's current capacity and opportunities for growth in key components of a structure that supports public safety, accountability, and improved community health through deflection and pre-arrest diversion.

- Elements common to strong early deflection initiative:
  - Diversion occurs at one or more decision points within city government span of control.
  - Reserve arrests, charges, and jail only for people who pose a public safety risk.
  - Individuals receive services sufficient to address needs and antisocial behaviors.
  - Police and others use locally-validated, evidence-based decision-making tools.
  - Process and capacity for continuously monitoring and adjustment.
- Assessment scoring definitions:
  - Toe-hold: Infancy stage- planning, pre-implementation
  - Walking: Piloting
  - Traction: Implementing
  - Running: Enhancing

2 Bennett W. Fletcher, Wayne E.K. Lehman, Harry K. Wexler, Gerald Melnick, Faye S. Taxman, Douglas W. Young, *Measuring collaboration and integration activities in criminal justice and substance abuse treatment agencies*, Drug and Alcohol Dependence, Volume 103, Supplement 1, 2009. https://www.sciencedirect.com/science/article/pii/S0376871609000143

3 National League of Cities' *Reducing the Use of Jails: Exploring Roles for City Leaders* Accessed from: https://www.nlc.org/wp-content/uploads/2019/10/Reducing-the-Use-of-Jails-Exploring-Roles-for-City-Leaders.pdf

V. Connecting the Dots: Environmental Initiative and Project Scan

Consider what else is happening in your community. Think about how you can partner with or learn from these efforts.

Consider what other initiatives you and your organization are currently or soon plan to be involved in?

_____

_____

_____

_____

_____

Likewise, what related initiatives is your community undertaking or soon plans to undertake?

_____

_____

_____

_____

_____

What impact will the results of this scan have on you and your organization's ability to be engaged in this deflection initiative or in the other initiatives?

_____

_____

_____

_____

_____

How might you partner with, leverage, or learn from these efforts?

_____

_____

_____

_____

_____

VI. Incorporating the Voices of Lived Experience

How do you incorporate the voice of individuals with lived experience in your effort, including peer recovery support, justice involvement, and/or other credible messengers?[4]

- For deflection initiatives that are operational, complete the *Ladder of Participation* checklist below (with examples).

Ladder of Participation Checklist

Participation

- ❑ Peer community-initiated, shared decisions with deflection initiative (8)

  _____

- ❑ Peer community-initiated and directed (7)

  _____

- ❑ Deflection-initiated, shared decisions with peer community (6)

  _____

- ❑ Consulted and informed (5)

  _____

- ❑ Assigned but informed (4)

  _____

Non-participation

- ❑ Tokenism (3)

  _____

- ❑ Decoration (2)

  _____

- ❑ Manipulation (1)

  _____

- If you are not currently operational, how *will* you incorporate the voice of individuals with lived experience in your effort, including peer recovery support, justice involvement, and/or other credible messengers? Use the space below to make notes.

_____

_____

_____

_____

4 Adapted from Roger Hart's "Ladder of Participation," which first appeared in Hart's *Children's Participation: from Tokenism to Citizenship*, 1992. https://static1.squarespace.com/static/524977c2e4b031f96a6912ce/t/5e90aa35440b6d6de840f2ba/1586539065050/Participation_Ladder.Youth+Engagement.pdf

Section 3. THINKING IT THROUGH: Measure Twice, Cut Once

I. What is your deflection program framework?

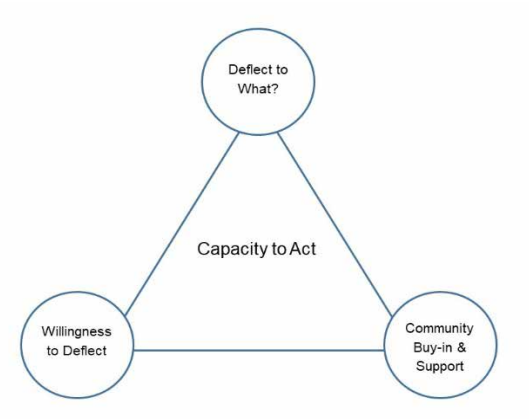
Guided by Appendix V: ***CHJ Law Enforcement Deflection Frameworks: A Decision-Making Tool for Police. Leaders,*** begin discussing what your deflection initiative could look like and complete the deflection framework design tool on pages 4-6 of the document. Use the table below to take notes.

Deflection Frameworks: Guiding Questions
1. **Why are you (considering) doing deflection? Identify a problem/challenge.**
Refer to Section 1, question I, on page 5.
2. **What does success look like, both quantitatively and qualitatively? Identify the specific goal and determine your initiative's purpose (why does it matter?). Determine what success looks like.**
Refer to Section 1, questions III-V, on pages 5-6.
3. **Who are you going to deflect? Identify your target population.** *Refer to Section 2: The Six Pathways of Deflection to Community-based Treatment and Services table's target population column*. _____ _____ _____ _____
4. **When will you deflect them? Determine at what stage of the first responder encounter the deflection will occur.** _____ _____
5. **Where will you deflect? Deflect to what? Identify a network community-based treatment and service providers and their capacity. Consider providers that will address the needs of your target population.**
Refer to Section 2, exercise II, on page 8.
6. **How will you deflect residents? Determine how, where, and when are individuals connected to treatment and services.** _____ _____ **Use Appendix VI to begin developing a flowchart** that shows the contact points of clients and first responders and warm handoffs to treatment and services. If building off of existing pathways, show how the pathways intersect. Identify spots for data sharing. *Continue this discussion in Section 4, exercise I.*

II. What is your deflection initiative's capacity to act?

Use the table below to take notes on each node of the "Capacity to Act Triangle"

Elements of the Capacity to Act Triangle:



- Deflect/Divert to What?[5]

  Refer to exercises completed in Section 2

  Behavioral health capacity to treat including:
  - Modalities – OP/IOP/Detox/Residential/Crisis Center
  - Availability & Accessibility
  - Time to treat – Treatment on Demand?
- Willingness to Deflect/Divert
- Community buy-in and support

NOTES: Capacity to Act Triangle

➢ Deflect to What?
➢ Willingness to Deflect
➢ Community buy-in and support

5 Refer to TASC's Center for Health and Justice's Treatment Capacity Expansion Series. Available at: https://www.centerforhealthandjustice.org/chjweb/tertiary_page.aspx?id=80&title=Treatment-Capacity-Expansion-Series

III. How have you incorporated the critical elements of successful first responder deflection initiative?

Review the checklist. **Reference Appendix VII: COSSAP Newsletter Article on the "Critical Elements of Successful First Responder Diversion Programs."**

Critical Elements of Deflection Checklist

Element 1: Partnership Building

- ❑ Multidisciplinary collaborative partnerships
- ❑ Dedicated program coordinator
- ❑ Regular stakeholder/operational meetings

Element 2: Community Engagement/Buy-In

- ❑ Public outreach to minority communities
- ❑ Peer support involvement
- ❑ Engage and educate the community

Element 3: Standardize First Responder Diversion Within the Agency

- ❑ Create policies and procedures
- ❑ Provide comprehensive training

Element 4: Care Coordination and Case Management

- ❑ Linkage between first responder referral and treatment/service provider
- ❑ Encourage participation and retention
- ❑ Holistic care coordination

Element 5: Program Evaluation

- ❑ Review program implementation and ensure equity
- ❑ Demonstrate program success to policy makers and the community
- ❑ Create a feedback loop to share program impact and value of deflection efforts

Section 4. DECIDING ON WHAT TO DO: Time to Refine

***NOTE: At this stage of the process, review, revisit, and revise your initial thinking and the work you did in Sections 1, 2, and 3 prior to proceeding further.*

I. Which deflection/PAD Pathways have you decided to develop/add?

Check all that apply. Include any relevant comments. Refer to the "pathways" definitions in Section 2 and to Section 3, exercise 1.

Pathway	Comments
❑ Self-Referral	
❑ Active Outreach	
❑ Naloxone Plus	
❑ First Responder and Officer Referral	
❑ Officer Intervention	
❑ Community Response	

II. Copy your outcome from Section 1, Question V. Develop your strategies to achieve your system-wide agreed upon outcomes – metrics of your success.

Outcome 1:
Strategy 1:
Strategy 2:
Strategy 3:
Strategy 4:

III. Copy your outcome from Section 1, Question V. Develop your strategies to achieve your system-wide agreed upon outcomes – metrics of your success.

Outcome 2:
Strategy 1:
Strategy 2:
Strategy 3:
Strategy 4:

IV. Copy your outcome from Section 1, Question V. Develop your strategies to achieve your system-wide agreed upon outcomes – metrics of your success.

Outcome 3:
Strategy 1:
Strategy 2:
Strategy 3:
Strategy 4:

V. Copy your outcome from Section 1, Question V. Develop your strategies to achieve your system-wide agreed upon outcomes – metrics of your success.

Outcome 4:
Strategy 1:
Strategy 2:
Strategy 3:
Strategy 4:

Deflection/Pre-Arrest Diversion SAP Outcome & Strategy Worksheet

Copy from Section 4, Questions II – V

***NOTE:* Additional Outcome and Strategy Worksheets are available in **Appendix VIII.**

Write down one of your outcomes and the strategy you want to work on to achieve that outcome.

Outcome #___:
Strategy # ___:

Briefly state the main…
…reason this strategy will work:
…thing this strategy has going for it:
…obstacle to this strategy:
…threat to this strategy:

Time Frames. Create your own time frames as appropriate:
S = Short term actions: What do you plan to start/complete in the next 60 days?
M = Medium term actions: What do you plan to start/complete in the next 180 days?
L = Long term actions: What do you plan to start/complete in the next 365 days/1 year?

***Status Options:** Planning (Stages) - Started - Ongoing – Completed – Paused – Deferred (Stopped)

Resources can include articles, other programs, websites, etc.

Priority	Action Step	Resources	Who	Time Frame	Status

Deflection/Pre-Arrest Diversion SAP Outcome & Strategy Worksheet

Copy from Section 4, Questions II - V

Write down one of your outcomes & the strategy you want to work on to achieve that outcome.

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Strategy # ___:

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***Status Options:** Planning (Stages) - Started - Ongoing – Completed – Paused – Deferred (Stopped)

Resources can include articles, other programs, websites, etc.

Priority	Action Step	Resources	Who	Time Frame	Status

See Appendix VIII for additional "Outcome and Strategy Worksheets."

Section 5. MOVING TOWARD SUCCESS: Key Questions for Implementation

I. **How will you evaluate your effort?** Identify who will help you with data collection and evaluation.

II. **How will you create a *feedback loop* and *adjustment mechanism* for your initiative at 30 days, 90 days, 180 days, 1 year, 3 years?** Create your own time frames as appropriate.

30 days
90 days
180 days
1 year
3 years

III. How will you <u>prevent</u> and <u>respond</u> to racial, ethnic, and gender disparities in your initiative?

IV. How will you work with women, children, and families to address their needs?

V. How will you work with the LGBTQ+ community to address their needs?

VI. How will you support the health and wellness of your deflection team?

VII. How will you build community awareness of your initiative?

VIII. How will you train your stakeholders to implement your deflection initiative? What topics will you include? *Stakeholders may include law enforcement and other first responders, volunteers, and treatment and service professionals.*

IX. How will you fund your initiative?

X. How will you sustain your initiative?

XI. What *legal considerations* are needed for your initiative?

XII. What *political challenges* exist for your initiative?

XIII. How will you *recognize* and *celebrate* your initiative?

XIV. What is missing from your SAP? This section is open for your team to add items, tasks, activities, and thoughts.

Congratulations!

You have completed the Solutions Action Plan for your community's deflection or pre-arrest diversion initiative!

Your final tasks:

- Work on your "Report Out" presentation, using the form on the following page
- Congratulate yourself and your team members
- Celebrate your team's work
- Rest
- Upon your return home…use this plan to hit the ground running!

Action Planning Report Out

1) Section 1, I: What problem/challenge are you addressing?

_____

_____

_____

_____

2) Section 1, III: What is the purpose of your new initiative?

_____

_____

_____

_____

3) Section 1, IV: What would success look like if your problem/challenge were (re)solved?

_____

_____

_____

_____

4) Section 1, V: What are your outcomes?

Outcome 1:

_____

Outcome 2:

_____

Outcome 3:

_____

Outcome 4:

_____

5) Section 4, I: Which deflection pathway(s) did you decide to use?

1. Self-Referral
2. Active Outreach
3. Naloxone Plus
4. First Responder and Officer Referral
5. Officer Intervention
6. Community Response

6) Read one of your *Deflection/Pre-Arrest Diversion SAP Outcome & Strategy Worksheets*

7) Section 5, I: How will you evaluate your effort?

_____

_____

_____

_____

8) Section 5, III: How will you prevent and respond to racial, ethnic, and gender disparities in your initiative?

_____

_____

_____

_____

9) Section 5, IX: How will you sustain your effort?

_____

_____

_____

_____

Appendix I

Police, Treatment, and Community Collaborative (PTACC) Deflection & Pre-Arrest Diversion: Pathways to Community Visual

DEFLECTION: PATHWAYS TO COMMUNITY
POLICE, TREATMENT AND COMMUNITY COLLABORATIVE

PATHWAYS TO COMMUNITY

Self-Referral • Individual initiates contact with law enforcement for a treatment referral (without fear of arrest), preferably a warm handoff to treatment.
Example: Police Assisted Addiction and Recovery Initiative (PAARI) Angel Program

Active Outreach • Law enforcement initially IDs or seeks individuals; a warm handoff is made to treatment provider, who engages them in treatment.
Examples: Police Assisted Addiction and Recovery Initiative (PAARI) Arlington; Quick Response Team (QRT)

Naloxone Plus • Engagement with treatment as part of an overdose response or a severe substance use disorder at acute risk for opioid overdose.
Examples: Drug Abuse Response Team (DART); Stop, Triage, Engage, Educate and Rehabilitate (STEER); Quick Response Team (QRT)

Officer Prevention • Law enforcement initiates treatment engagement; no charges are filed. Examples: Crisis Intervention Team (CIT); Law Enforcement Assisted Diversion (LEAD) Social Contact; Stop, Triage, Engage, Educate and Rehabilitate (STEER); Mobile Crisis; Co-Responders; Crisis/Triage/Assessment Centers; Veterans Diversion

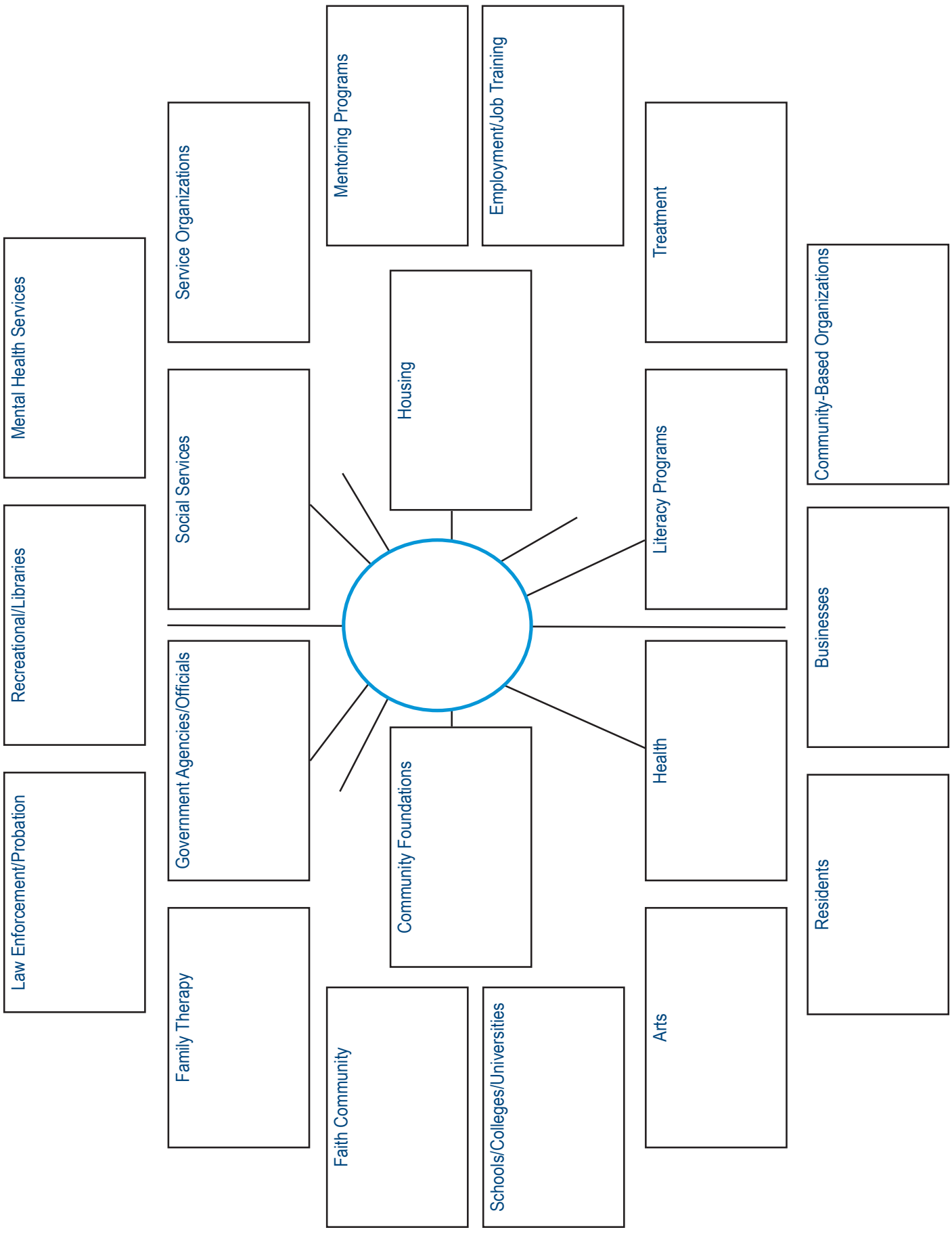
***Officer Intervention** • Law enforcement initiates treatment engagement; **charges are held in abeyance or citations issued,** with requirement for completion of treatment and/or social service plan. Examples: Civil Citation Network (CCN); Crisis Intervention Team (CIT); Law Enforcement Assisted Diversion (LEAD) Assessment; Stop, Triage, Engage, Educate and Rehabilitate (STEER); Veterans Diversion

To learn more about PTACC, contact Jac Charlier, Executive Director
at the Center for Health and Justice at TASC, at jcharlier@tasc.org or 312.573.8302

PTACC
POLICE, TREATMENT, AND COMMUNITY
COLLABORATIVE

Appendix II

Community Partner Resource (Asset) Map



Appendix III

George Mason University (GMU) Collaborations Tool

How are you doing on your collaborations?

Jurisdiction/Site: _____ Name of Contact: _____
Agencies: _____
Agencies (cont.): _____
Type(s): LE ___ Behavioral Health x___ Other (specify):_____

Below is a list of common activities that sometimes occur between agencies. Please check the activities in which you routinely engage in your jurisdiction regarding efforts to manage or provide services to individuals with substance use disorders, mental health disorders, or other behavioral issues. The goal is to identify what activities you currently have in place with other partners. *(Check all that apply for each row)*

		substance abuse treatment programs	mental health agencies	Jail/detention/ pretrial facility	Police, or other (specify): _____
a.	We share general information about client/individual needs for treatment services but not specific to a particular person	1 ☐	2 ☐	3 ☐	4 ☐
b.	Our organizations have agreed to use similar requirements for program eligibility across our programs	1 ☐	2 ☐	3 ☐	4 ☐
c.	We have written agreements providing space in our facilities for services for some programs	1 ☐	2 ☐	3 ☐	4 ☐
d.	We hold joint staffing/case reporting consultations, involving players from many agencies	1 ☐	2 ☐	3 ☐	4 ☐
e.	We have developed joint "policy and procedure" manuals for our programs	1 ☐	2 ☐	3 ☐	4 ☐
f.	More than two organizations have pooled funding to offer services	1 ☐	2 ☐	3 ☐	4☐
g.	We have modified some program/ service protocols to meet the needs of other agencies	1 ☐	2 ☐	3 ☐	4 ☐
h.	We share budgetary oversight of some programs	1 ☐	2 ☐	3 ☐	4 ☐
i.	We share daily operational oversight of some programs	1 ☐	2 ☐	3 ☐	4 ☐
j.	Our organizations cross-train staff on evidence-based practices and services	1 ☐	2 ☐	3 ☐	4 ☐
k.	We have written protocols for sharing information across agencies that include HIPPA, CFR 42, CFR 25. These protocols are not disease specific (i.e., HIV, substance abuse, etc) but general	1 ☐	2 ☐	3 ☐	4 ☐
	TOTAL: add checks in each column:	1 _____	2 ____	3 ____	4 ____

Taxman, Integration Scale GMU Collaborations Tool

Appendix IV

National League of Cities (NLC)
Framework and Self-Assessment for a Strong Diversion Program

Framework and Self-Assessment for a Strong Diversion Program*

This framework outlines the elements common to strong early diversion programs and supporting structures. Use this self-assessment to determine your city's current capacity and opportunities for growth in key components of a structure that supports public safety, accountability, and improved community health through pre-arrest diversion.

Element	Toe-hold	Walking	Traction	Running	Next steps to strengthen/expand
Diversion occurs at one or more decision points within city government span of control.					
Reserve arrests, charges, and jail only for people who pose a public safety risk.					
Individuals receive services sufficient to address needs and antisocial behaviors.					
Police and others use locally-validated, evidence-based decision-making tools.					
Process and capacity for continuously monitoring and adjustment.					

**Adapted from the National League of Cities' "City Leadership to Reduce Use of Jails – Framework/Self-Assessment for a Strong Diversion Program"*

Notes on the Elements

Diversion occurs at one or more decision points within city government span of control.

- Review local ordinances and regulations to ensure legal authority for diversion.
- Conduct training to accomplish the spirit of diversion vs. just the letter of the policy, including Trauma Informed Care, Crisis Intervention Training, Mental Health First Aid, and Implicit Bias.

Reserve arrests, charges, and jail only for people who pose a public safety risk.

- Reductions in mental health treatment and other services have placed the criminal justice system as the system of last resort for all kinds of needs.
- System actors should ensure victims are safe, restored, and treated with respect.

Individuals receive services sufficient to address needs and antisocial behaviors.

- For many, especially for young adults, people with behavioral health needs, and high utilizers (often overlapping with people experiencing homelessness), criminal behavior does not indicate innate criminality but rather a manifestation of needs.
- Partnerships among local, state, private and public entities enable referrals to diverse services, including basic services such as housing, employment, and education.
- Important to allow access to behavioral health treatment multiple times in order to achieve success.

Police and others use locally-validated, evidence-based decision-making tools.

- Screening tools, well-crafted criteria, and training help decide who to divert.
- Assessment tools help determine “diversion to what.”
- Partnerships with local institutions of higher education can help develop or validate tools.

Process and capacity for continuously monitoring and adjustment.

- REGGOR. Pay particular attention to unintended racial and ethnic disparity effects of eligibility criteria.
- Accountability. City leaders routinely request data and set measurable objectives. Stakeholder group (including city leaders) meets regularly to review data and has the ability to hold agencies/service providers accountable and make changes as needed. Third party evaluators, including institutions of higher education, can support.
- Transparency. Share data with the public to build support for sustainability, while protecting individual privacy.

Appendix V

Center for Health and Justice (CHJ)

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

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

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.

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

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 ☐ Yes ☐ No

OP/IOP ☐ Residential ☐

Is Treatment Available 24/7 ☐ Yes ☐ No

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 ☐ Yes ☐ No
- ☐ Drug Use / Mental HIth Need VALIDATED ☐ Yes ☐ No

5

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.

Appendix VI

Deflection Initiative Flowchart: Inputs, Outputs

Deflection Initiative Flowchart: Inputs, Outputs

Appendix VII

Critical Elements of Successful First Responder Diversion Programs
Catching up with COSSAP, December 2020

Critical Elements of Successful First Responder Diversion Programs

Catching Up With COSSAP, December 2020

The opioid crisis has generated an increase in calls for service by law enforcement personnel and first responders for individuals with substance use and co-occurring disorders. In response, new law enforcement-led diversion and fire/emergency medical services (EMS)-led responses have emerged nationally. In partnership with substance use disorder (SUD) treatment providers, peer recovery support, and other community partners, these multidisciplinary initiatives are helping to reduce overdoses and overdose-related deaths by connecting individuals to community-based treatment and services. Law enforcement and first responder diversion[1] programs provide an opportunity to redirect individuals with SUDs, mental health disorders (MHDs), and co-occurring disorders away from the justice system or emergency departments and toward needed treatment and services.

Five Pathways of First Responder Diversion

The five pathways[2] of first responder diversion (FRD) offer an alternative to traditional enforcement methods to address SUD/MHD and a proactive way to address community public health needs without having to wait for an individual's behavioral health crisis to necessitate first responder contact. These approaches are called "pathways" because unlike other criminal justice interventions in which individuals must attend treatment, responders offer voluntary access through proactive outreach and support to individuals in need. FRDs help turn these encounters into opportunities to connect individuals to treatment, recovery support, housing, and social services.

Critical Elements of Successful First Responder Diversion Programs

Catching Up With COSSAP, December 2020

A successful FRD initiative must execute several critical elements: establish activities that respond to community needs, align stakeholders/partners, facilitate needed treatment/services, provide community outreach, and engender program buy-in and stability. This article addresses these core elements, highlighting best practices of established FRD programs.

Element 1: Partnership Building

No FRD can function successfully and sustainably without multidisciplinary, collaborative partnerships. Successful diversion programs engage leaders from many community stakeholder organizations in program planning and implementation early on: first responders and behavioral health/treatment providers, local government/justice system officials, faith and recovery communities, and social services providers. Such diverse partnerships result in more opportunities for connections to treatment and services and lend validity to the program. For example, a Quick Response Team initiative in Huntington, West Virginia, found local churches to be an important partner in program awareness and outreach to persons of faith, helping provide valuable program support.[3]

Also important is hiring (or appointing) a dedicated program coordinator who can serve as a central point of contact for partners. Program coordinators perform many roles, including managing referrals, screening program participants and identifying treatment/service opportunities, developing information sharing systems, and managing program data. Designating a program coordinator proved beneficial to the Hero Hope program in New Castle County, Delaware, which saw a marked increase in successful outcomes for program participants after creating a coordination role with a broad range of responsibilities.[4]

In addition, successful partnerships conduct regular steering committee/leadership/operational meetings to coordinate stakeholder activities, address programmatic challenges, celebrate successes, and co-manage opportunities or crises that arise. Keeping partnerships active and lines of communication open is critical to the success of the Yellow Line Project program in Blue Earth County, Minnesota, where the Collaborative Outreach Team's monthly meetings gave partner agencies regular opportunities to solidify their partnership and keep the program moving forward.[5]

Element 2: Community Engagement/Buy-In

Within the diversion field, "community" is broadly used to refer to residents of a neighborhood, city, or county; the business, faith, and recovery communities; or residents affected by the justice system, in addition to other groupings. There are a number of ways to garner community engagement/buy-in from the larger community to enhance program support and reach. Public outreach through traditional and social media is important, especially among minority communities often disproportionately affected by the justice system, to inform them about the program, why it was developed, its goals, and the program's benefits to the community. Further, peer support involvement is essential to building trust and awareness of diversion efforts. This is exemplified by Lake County, Illinois' diversion program, A Way Out.[6] Even though there were broad efforts to spread program awareness through social media, and the creation of a trailer to play before movies at theaters, a majority of referrals to the program came from individuals in the recovery community who recommended A Way Out to peers.

Encouraging public participation in meetings, engaging in dialogue, and serving as a community resource are all critical to successful community engagement efforts. Incorporate neighborhoods disproportionately impacted by the justice system or overdoses and those in recovery into diversion program planning: This will harness diverse perspectives that enhance and sustain FRDs, increase participation, and create opportunities for community-police engagement. Educate the community and local media through targeted communications highlighting program successes and milestones. Favorable coverage can broaden program awareness, community support, and volunteer recruitment, enhancing program sustainability. Conduct outreach through

Critical Elements of Successful First Responder Diversion Programs

Catching Up With COSSAP, December 2020

public meetings, by staffing booths at public events, and through partner networks.

Element 3: Standardize First Responder Diversion Within the Agency

Internal program standardization involves creating policies or procedures for diversion staff members (law enforcement officers, firefighters, EMS staff, dispatchers, volunteers, etc.) that explain program goals and implementation. Policies should standardize how an FRD program is implemented to prevent discrimination based on race, color, religion, sex (including sexual orientation or gender identity), national origin, disability, or age. Policies and procedures should include, but not be limited to, eligibility criteria, the intake/referral process, program operations, and data sharing and data protection protocols.

Providing comprehensive training for law enforcement officers and other first responders (including dispatchers) in several key areas can lend insight into and empathy for vulnerable populations and reduce stigma around individuals with SUDs and other behavioral health disorders. Among the most helpful training subjects are:

- The neuroscience of addiction—the chemical changes that occur in the brain and how they manifest in individuals' behavior.
- Adverse childhood experiences (ACEs) and trauma—the impact of early trauma on developmental and life-course outcomes.[7]
- The recovery process and relapse—a first responder may need to divert an individual multiple times, which does not reflect a failure by either the individual or the first responder.

The Madison (WI) Addiction Recovery Initiative (MARI),[8] for example, found that providing appropriate training, including sessions that addressed the above topics, was critical to the program's successful implementation.

Element 4: Care Coordination and Case Management

Successful FRD programs utilize case managers to facilitate linkages between first responders and treatment/service providers. Ongoing contact during treatment encourages participation and retention. In addition to treatment referrals, holistic care coordination may include linkage to employment training, transportation, housing, and food assistance. Continued provision of case management services, recovery support, and wraparound services helps facilitate long-term recovery. Even brief communications, such as a texts or phone calls, can make a difference in a participant's recovery journey. Some lower-risk participants in the Clean Slate program in Deschutes County, Oregon,[9] for example, noted that they would have liked program administrators to check in on them after 3 to 6 months in treatment for updates on their recovery progress.

Element 5: Program Evaluation

Program evaluation based in research or data collection is vital for validating and improving any FRD effort. Good data evaluation can help stakeholders review program implementation to ensure equitable impacts among communities; demonstrate program success to policymakers, media, and the community; facilitate new sources of program funding; and contribute to the FRD knowledge base. Integrate data assessment and analysis, ideally through a partnership with a university or independent researcher during program planning, to determine benchmarking, establish data collection processes, and plan process/outcome evaluations.

Another key component involves creating processes to let first responders and treatment providers know the program's impacts and share evaluation results to show the value of their diversion efforts. Create a feedback loop to hear successes from clients, directly or through peer coaches, case managers, or the program coordinator.

Critical Elements of Successful First Responder Diversion Programs

Catching Up With COSSAP, December 2020

Endnotes

1 In many jurisdictions, these programs may be known as pre-arrest diversion, deflection, pre-booking diversion, co-responder programs, law enforcement/police-assisted diversion, and crisis intervention. In this article, law enforcement and fire/EMS-led responses will be referred to as first responder diversion or FRD.

2 Police Treatment and Community Collaborative. (2017). Pre-arrest diversion: Pathways to community: Police, Treatment and Community Collaborative: https://ptaccollaborative.org/wp-content/uploads/2018/07/PTACC_visual.pdf

3 Huntington, West Virginia, in https://www.cossapresources.org/Content/Documents/Articles/Pathways_to_Diversion_Case_Studies_Series_Naloxone_Plus.pdf

4 New Castle County, Delaware, in https://www.cossapresources.org/Content/Documents/Articles/Pathways_to_Diversion_Case_Studies_Series_Officer_Intervention.pdf

5 Blue Earth County, Minnesota, in https://www.cossapresources.org/Content/Documents/Articles/Pathways_to_Diversion_Case_Studies_Series_Officer_Intervention.pdf

6 Lake County, Illinois, in https://www.cossapresources.org/Learning/PeerToPeer/Diversion/Sites/Mundelein

7 According to the CDC, adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood (0–17 years) https://www.cdc.gov/violenceprevention/aces/index.html

8 Madison, Wisconsin, in https://www.cossapresources.org/Content/Documents/Articles/Pathways_to_Diversion_Case_Studies_Series_Officer_Intervention.pdf

9 Deschutes County, Oregon, in https://www.cossapresources.org/Content/Documents/Articles/Pathways_to_Diversion_Case_Studies_Series_Officer_Intervention.pdf

Appendix VIII

Additional copies: "Deflection and Pre-Arrest Diversion SAP Outcome and Strategy Worksheet"

Deflection/Pre-Arrest Diversion SAP Outcome & Strategy Worksheet

Copy from Section 4, Questions II - V

Write down one of your outcomes & the strategy you want to work on to achieve that outcome.

Outcome #___:
Strategy # ___:

Briefly state the main…
…reason this strategy will work:
…thing this strategy has going for it:
…obstacle to this strategy:
…threat to this strategy:

Time Frames. Create your own time frames as appropriate:
S = Short term actions: What do you plan to start/complete in the next 60 days?
M = Medium term actions: What do you plan to start/complete in the next 180 days?
L = Long term actions: What do you plan to start/complete in the next 365 days/1 year?

***Status Options:** Planning (Stages) - Started - Ongoing – Completed – Paused – Deferred (Stopped)

Resources can include articles, other programs, websites, etc.

Priority	Action Step	Resources	Who	Time Frame	Status

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