Pre-Arrest Diversion

A Public Health Solution to Better Public Safety

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Agenda

• The Five Pre-Arrest Diversion Frameworks

• Emerging issues, example policy responses

• The Police, Treatment and Community (PTAC) Collaborative
Creating 800,000 New Pathways to Treatment for Our Citizens: The Five Pre-Arrest Diversion Frameworks:
Variety of Terms for Pre-Arrest Diversion

- Deflection
- No arrest
- Pre-arrest
- Pre-charge
- Pre-bookung
- Police diversion
- Police assisted diversion
- Law enforcement encounter
- Law enforcement assisted diversion
How Pre-Arrest Diversion Differs from Other Types of Justice Diversion

Pre-Arrest Diversion

• Moving away from justice system without having entered it

• Behavioral health guided with criminal justice partnerships

• Public health solution to better public safety

Other Diversion

• Moving out of justice system after having entered it

• Criminal justice guided with behavioral health partnerships

• A wide variety of approaches for a variety of reasons
Two Types of Pre-Arrest Diversion (PAD): Done Together for Biggest Impact

<table>
<thead>
<tr>
<th>Prevention PAD</th>
<th>Intervention PAD</th>
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</thead>
<tbody>
<tr>
<td>• No charges / Not relevant to criminal activity</td>
<td>• Charges exist but are held in abeyance or issuance of non-criminal citation</td>
</tr>
<tr>
<td>• Identified behavioral health issue (well-being) that places the person in a</td>
<td>• Identified behavioral health issue (well-being) that places the person in a</td>
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<tr>
<td>health risk or exposure risk to the justice system</td>
<td>health risk or exposure risk to the justice system <strong>AND</strong></td>
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<tr>
<td>• Divert to treatment for clinical assessment to address needs and/or to social services</td>
<td>• Identified low-moderate risk (to re-offend)</td>
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<tr>
<td></td>
<td>• Divert to treatment for clinical assessment to address needs and/or to social services with justice follow-up and possible action</td>
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</tbody>
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Promises of Pre-Arrest Diversion

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

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

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

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

- **Officer Prevention Referral:** Law enforcement initiates treatment engagement; no charges are filed

- **Officer Intervention Referral:** Law enforcement initiates treatment engagement; charges are held in abeyance or citations issued, with requirement for completion of treatment
Pre-Arrest Diversion Examples (Brands) with Related Framework

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

1-12 Months
- More abstinent friends
- Less illegal activity and incarceration
- Less homelessness, violence, and victimization
- Less use by others at home, work, and by social peers

Duration of Abstinence
1-3 Years
- Virtual elimination of illegal activity and illegal income
- Better housing and living situations
- Increasing employment and income

4-7 Years
- More social and spiritual support
- Better mental health
- Housing and living situations continue to improve
- Dramatic rise in employment and income
- Dramatic drop in people living below the poverty line

Source: Dennis, Foos & Scott, 2007
The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.
Emerging Issues and Example Policy Responses
Policy Opportunity: Building Out A Full Community Treatment Diversion Continuum

- Every point from pre-arrest to prosecution to adjudication provides an opportunity to divert someone to evidence-based treatment.
- Adding Pre-Arrest Diversion to your continuum ensures intervention at the earliest point possible.
- Evidence-based substance use treatment in the least restrictive environment (in the community rather than jail).
- Law enforcement response to mental health crises as a proof-of-concept for similar response to opioid OD and other crises.
Emerging Issues and Example Policy Responses

• Newly emerging field
• States exploring ways to bolster pre-arrest diversion in policy related to:
  – Law enforcement guidance and protections
  – Authorization and evaluation
  – Funding and treatment capacity
  – Healthcare and treatment financing via insurance/payers/MCOs
  – Connection to care following OD reversal
• Responses presented without endorsement of any particular approach
Law Enforcement Guidance and Protections

**Issue:** No formal protection or guidance for law enforcement with respect to pre-arrest diversion, hindering implementation of PAD efforts

- Provide immunity from liability in future cases of offenses committed by diverted individuals
- Articulate diversion protocols (e.g., SB 120 in KY, 2017):
  - Authorized law enforcement agencies to create a program to refer persons who voluntarily seek assistance to treatment
  - Specified that a person who voluntarily seeks assistance from law enforcement shall not be placed under arrest or prosecuted for possession, paraphernalia, etc.
Authorization and Evaluation

**Issue**: Program evaluation is critical to ensuring effective and fair diversion implementation (may require a mandate and funding)

- Legislative activity related to oversight of efforts to ensure best practices
  - HB 2 (NM, 2017): Authorized funds to evaluate Santa Fe LEAD
  - SB 843 (CA, 2016): Authorized $15 million to create and evaluate LEAD pilot sites
  - SB 120 (KY, 2017): Authorized self-referral diversion programs
  - AB 3744 (NJ, 2016): Authorized law enforcement assisted addiction and recovery programming
Funding and Treatment Capacity

**Issue**: Challenges accessing existing treatment capacity and building new capacity act as barriers to rapidly linking people to treatment

- Funding to access, align, and build community treatment capacity and tighten connections with diversion programs at:
  - *Intercept 0*: Pathways to treatment independent of law enforcement
  - *Intercept ½*: Prevention deflection (treatment on demand)
  - *Intercept 1*: Intervention deflection (treatment on demand)
Funding and Treatment Capacity

**Issue:** Without incentives, law enforcement agencies may not prioritize diversion

- Incentivize law enforcement diversion programs by tying local, state, or federal funding to diversion metrics (similar to arrest metrics and funding)

**Issue:** Employers challenged by limited workforce

- Authorize or mandate PAD to prevent criminal records and address substance use disorders, as a workforce development strategy (e.g., employee retention, strong labor market pools, etc.)
Healthcare and Treatment Financing via Insurance/Payers/MCOs

**Issue:** Prior authorization and/or medical necessity requirements imposed by managed care organizations (MCOs) for behavioral health services may impede swift connection to treatment, especially crucial after OD reversal

- Removal of prior authorization requirements for behavioral health treatment
  - HB 1 (IL, 2016) required removal of prior authorization for medication-assisted treatment (MAT)
  - Several MCOs (Cigna, Anthem, and Aetna) have removed prior authorization requirements for MAT
Healthcare and Treatment Financing via Insurance/Payers/MCOs cont.

**Issue:** Different standards used by various MCOs/payers to define medical necessity can impede ability to facilitate access to treatment

- Require MCO/payers use a specific, universal set of standards
  - HB 1 (IL, 2016) required MCOs to use the medical necessity standards set by the American Society of Addiction Medicine (ASAM) for substance use
About the PTAC Collaborative

• Founded as the result of the March 2017 Inaugural Summit held at International Association of Chiefs of Police (IACP)

• PTAC Inaugural Summit organizers: AdCare Criminal Justice Services, C4 Recovery Solutions, Center for Health and Justice at TASC, Civil Citation Network, George Mason University, International Association of Chiefs of Police, and Western Carolina University

• Named for the collaborative relationship between police, treatment, and community necessary to make police diversion possible
PTAC Collaborative Founding Partners
PTAC Collaborative Leadership Team

- Leslie Balonick - WestCare Foundation
- Jac Charlier – CHJ at TASC
- Alice Dembner- Community Catalyst
- Peria Duncan – Alachua County
- Sue Ferrere - PJI
- Greg Frost - Civil Citation Network (CCN)
- Al Kopak - Western Carolina University
- Karen Maline - IACP
- Dee McGraw - C4 Recovery Solutions
- Rick Ohrstrom - C4 Recovery Solutions
- Faye Taxman - George Mason University
- Steve Valle - AdCare Criminal Justice Services
PTAC Collaborative
Mission, Purpose, and Cornerstone

- **Mission** – To strategically widen community behavioral health and social service options available through law enforcement diversion

- **Purpose** – To provide national vision, leadership, voice, and action to reframe the relationship between law enforcement, treatment, and community

- **Cornerstone** – PTAC is open as to which model/brand of pre-arrest diversion is appropriate for a jurisdiction; each community must determine which approach solves their problem, fits the local situation, and can be addressed through current behavioral health capacity
PTAC Collaborative Five Strategic Areas

- **Big Idea/Big Tent** – the PTAC Collaborative leadership team
- **Think Tank** – for behavioral health (drug treatment, mental health) and social services to ensure their equal and critical seats at the table
- **Informing the Field** – for law enforcement and other justice system stakeholders focused on learning about developments in the field
- **Research** – for partners interested in developing standard metrics for police diversion research and evaluation
- **Community** – for residents and communities to add their voices and perspectives, and for practitioners already considering or implementing police diversion initiatives
PTAC Collaborative: Next Steps For You

- Sign up to be part of the Collaborative (email: jcharlier@tasc.org)
- Join one of the five strategic areas to add your voice to the conversations about how this movement moves forward in the country and in your community
- Stay informed about what’s going on around the country
- Invite others to join the Collaborative by sharing the PTAC Collaborative fact sheet (July 2017) and invitation
PTAC Collaborative Inaugural National Conference 2018

• March 4-7, 2018
• Florida
• Open to all
  o Law enforcement
  o Behavioral health
  o Social services
  o Community
  o Researchers
  o All PAD sites, All approaches welcome
Questions & Thank You

Please contact for further information:

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References


