

Deflection and Pre-arrest Diversion: What It's About? Why It Matters? Why You Should Be Doing It!

Illinois Critical Access Hospital Network Conference

June 27, 2023

Champaign, IL

Koren VanderWeele
Program Manager – Illinois Initiatives
TASC's Center for Health & Justice

©2023 Center for Health and Justice
©2023 PTACC



CENTER FOR
HEALTH & JUSTICE
AT TASC

What We'll Cover...Maybe!

- ❖ PTACC – A quick summary
- ❖ Deflection- What? How? Why?
- ❖ What is Illinois Doing?
- ❖ Deflection Resources (If we have time)



PTACC

POLICE, TREATMENT, AND COMMUNITY



COLLABORATIVE

*The Global Voice of
The Field of Deflection
and Pre-Arrest Diversion*



CENTER FOR
HEALTH & JUSTICE
AT TASC



PTACC Mission and Purpose

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

PTACC Purpose - To provide vision, leadership, advocacy, and education to expand the practice of deflection and pre-arrest diversion nationally and internationally.

PTACC Cornerstone

- **PTACC Cornerstone** – PTACC does not endorse one brand, approach, model or pathway of deflection or pre-arrest diversion; each community must determine which approach meets its needs, responds to its local situation, and considers its current behavioral health capacity.
- The more pathways a community is able to use, the more people receive help.



CENTER FOR
HEALTH & JUSTICE
AT TASC



PTACC National Partners



★ Indicates PTACC National Founding Partner



PTACC National Partners



★ Indicates PTACC National Founding Partner

PTACC National Partners



GunBail



PTACC National Partners

Westside Community Triage and Wellness Center



Bobby E. Wright
Comprehensive Behavioral Health Center

4133 W. Madison • Chicago, IL 60624



N A S W

National Association of Social Workers



THE
LEVENSON
FOUNDATION

NATIONAL COUNCIL
for Mental Wellbeing

HEALTHY MINDS • STRONG COMMUNITIES



CIMS

**OPERATION
2SAVE
LIVES**

a program of



COMMUNITY
SERVICES
SOLUTIONS, LLC.



NATIONAL SHERIFFS'
ASSOCIATION

cordata

HEALTHCARE INNOVATIONS



University of
Pittsburgh | School of
Pharmacy

PERXU



CENTER FOR
HEALTH & JUSTICE
AT TASC

PTACC

POLICE, TREATMENT, AND COMMUNITY
COLLABORATIVE

PTACC National Partners





PTACC National Partners



POLICE ASSISTED
ADDICTION & RECOVERY
INITIATIVE



61 and growing – Join us!
The global voice of the field of deflection



CENTER FOR
HEALTH & JUSTICE
AT TASC



2023 National Annual Deflection Training Summit (With International Sessions)

Registration Now Open!

PTACC 2023 National Deflection
& Pre-Arrest Diversion Summit
October 3-6, 2023 | Denver, Colorado



For inquiries, contact PTACC:
info@ptaccollaborative.org
ptaccollaborative.org



CENTER FOR
HEALTH & JUSTICE
AT TASC



DEFLECTION WHAT IS IT?



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

Language Matters!

How Deflection Differs from Diversion

Deflection (Responders)

- Centered in the community
- Moving away from justice system without having entered it
- No official record
- Behavioral health guided with criminal justice partnerships
- Public health approach to public safety crime reduction and well being as goals

Criminal Justice Diversion

- Centered in the justice system
- Moving out of justice system after having entered it, post arrest
- Official arrest record
- Criminal justice guided with behavioral health partnerships
- Approaches led by law and process - over and separate from crime reduction and well being as goals



Variety of Terms for the Practice of Deflection

- Deflection

- First Responder (FR) Diversion
- Pre-arrest diversion (PAD)
- Pre-booking diversion
- Law enforcement assisted diversion
- Alternatives to Arrest (A2A)

- *Crisis & Non-Crisis approaches**

- Co-responder
- Community-responder
- Mobile Crisis Teams
- Crisis Intervention Teams (CIT)
- Crisis/Triage centers

Whatever It's Called: **Third Option for Police/FR**
1) Arrest 2) Take No Action 3) Deflect



Variety of Terms for the Practice of Deflection

- Deflection

Focus on Non-Crisis approaches

- First Responder (FR) Diversion
- Pre-arrest diversion (PAD)
- Pre-booking diversion
- Law enforcement assisted diversion
- Alternatives to Arrest (A2A)
- Co-responder
- Community-responder
- Mobile Crisis Teams
- Crisis Intervention Teams (CIT)
- Crisis/Triage centers

Whatever It's Called: **Third Way for Community**

1) Arrest 2) Take No Action 3) Deflect



The Easiest Way to Explain Deflection

Not Waiting for Nor Needing...

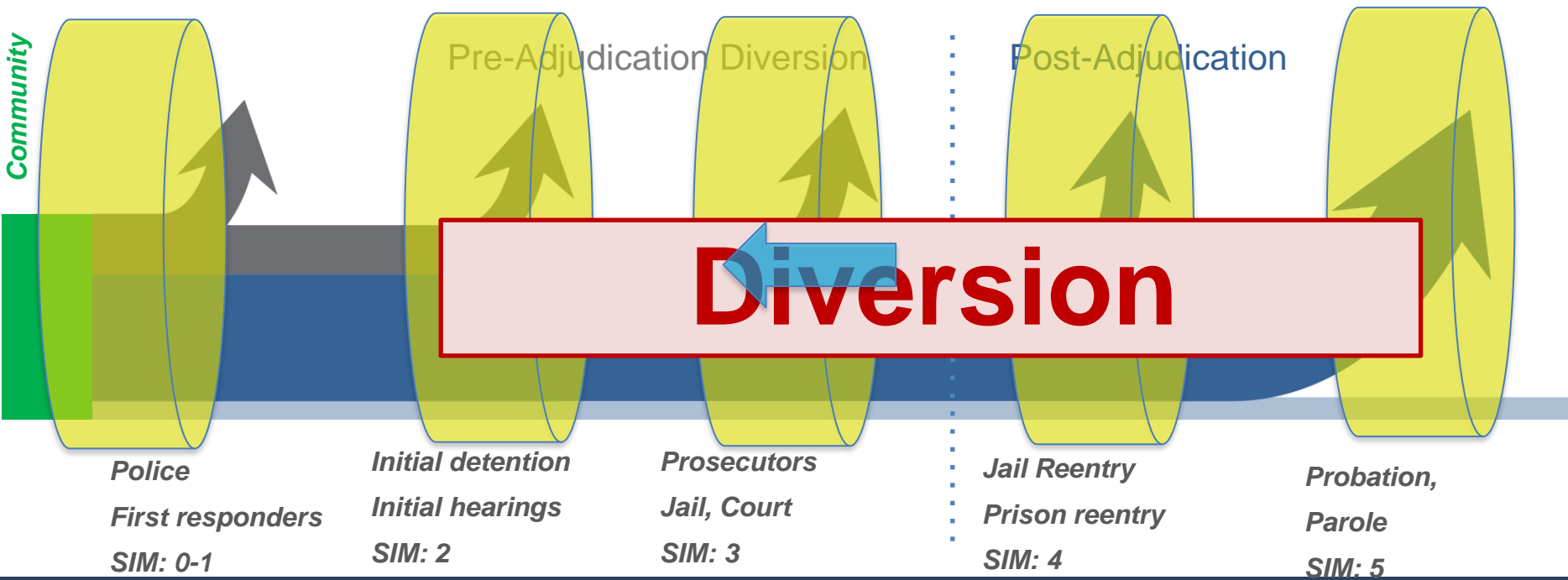
- ❖ A Crisis
 - ❖ An Overdose
 - ❖ An Arrest
 - ❖ A Situation
 - ❖ An Event
-
- ❖ Deflection is an early, upstream strategy
 - ❖ Deflection is prevention
 - ❖ Deflection is meeting people where they are



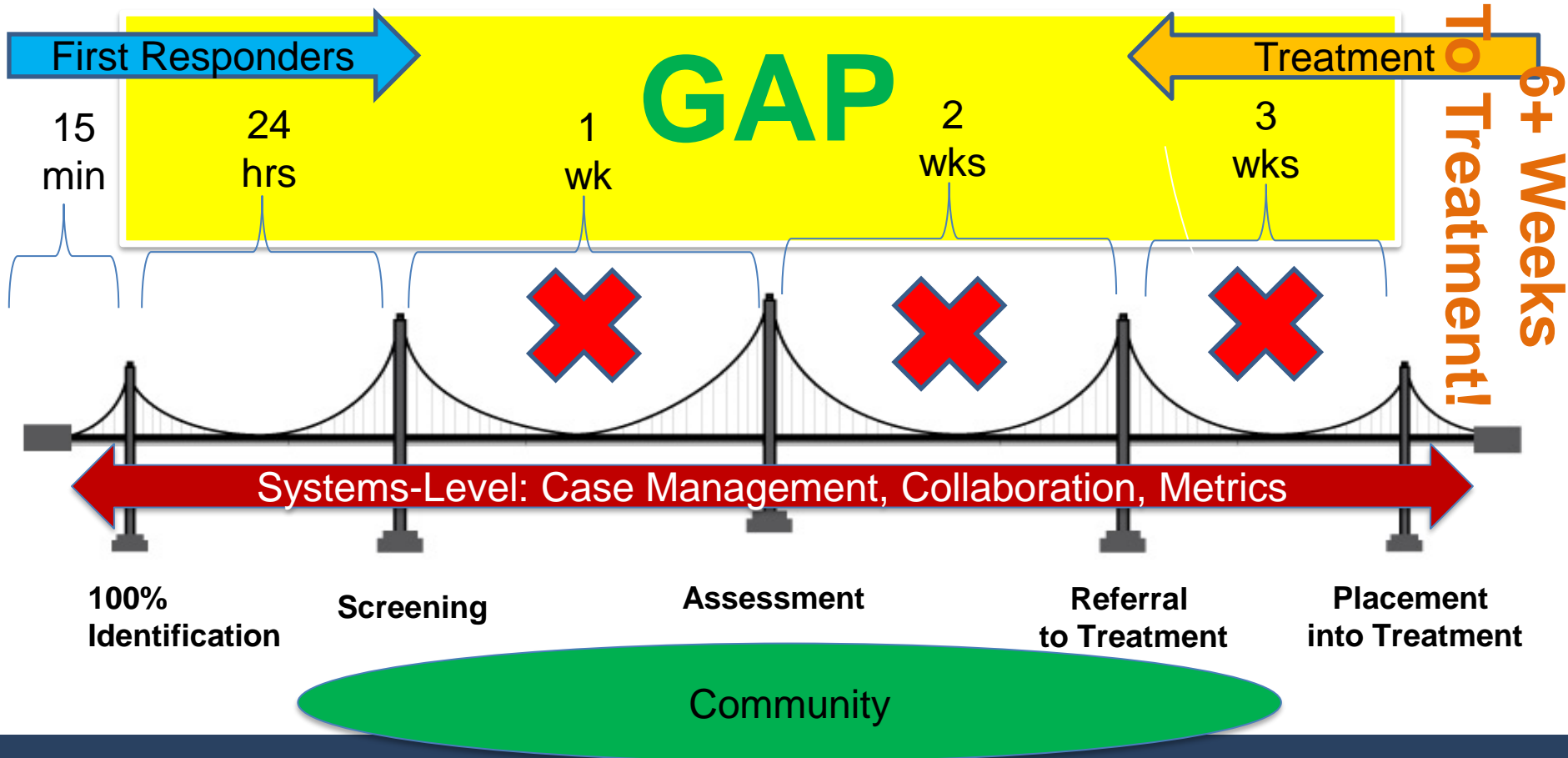
Deflection Early, is Prevention

Community-based services, housing, and recovery support

Many people can be safely deflected in the community instead of 1) entering the justice system or 2) taking no action



The Deflection Bridge: A “Warm Handoff” Connection to Close the...



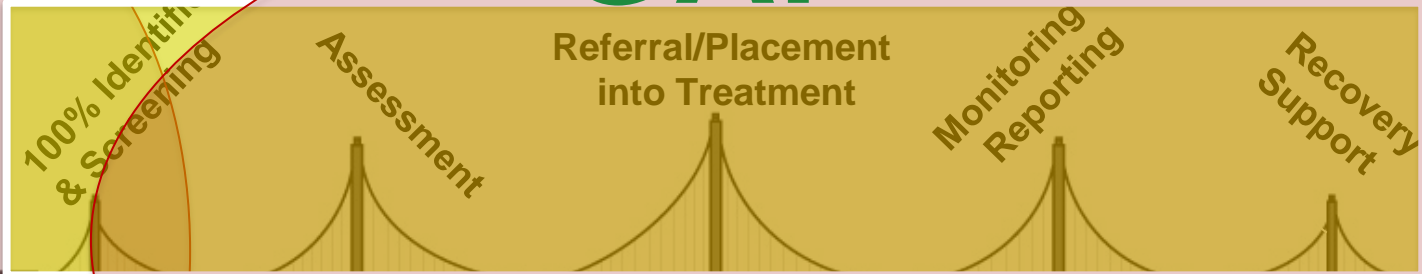
The Deflection Bridge: A “Warm Handoff” Connection to Close the...

1/10

9/10

GAP

First Responders



Case Management, Collaboration, Systems Communication

Treatment System

Community

Everybody Doing Their Best Work!



Without the 1/10th, Deflection Doesn't Happen

1/10

9/10

First Responders

100% Identification
& Screening
Assessment
**Leverage
Contacts**

Referral/Placement
into Treatment

Monitoring &
Reporting

Recovery
Support

Treatment System

Case Management, Collaboration, Systems Communication

Community

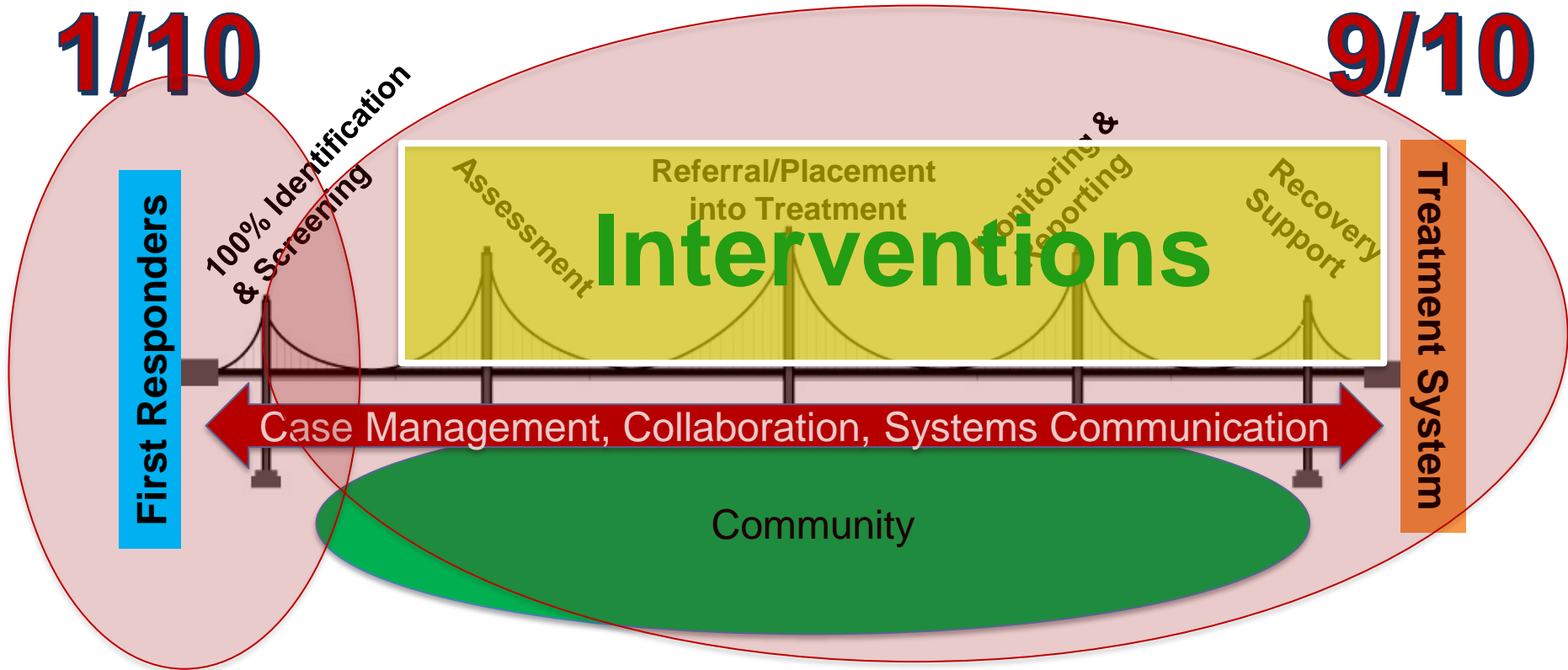
Everybody Doing Their Best Work!



CENTER FOR
HEALTH & JUSTICE
AT TASC

@TASC_CHJ

Without the 9/10th, The Change Doesn't Happen



Everybody Doing Their Best Work!



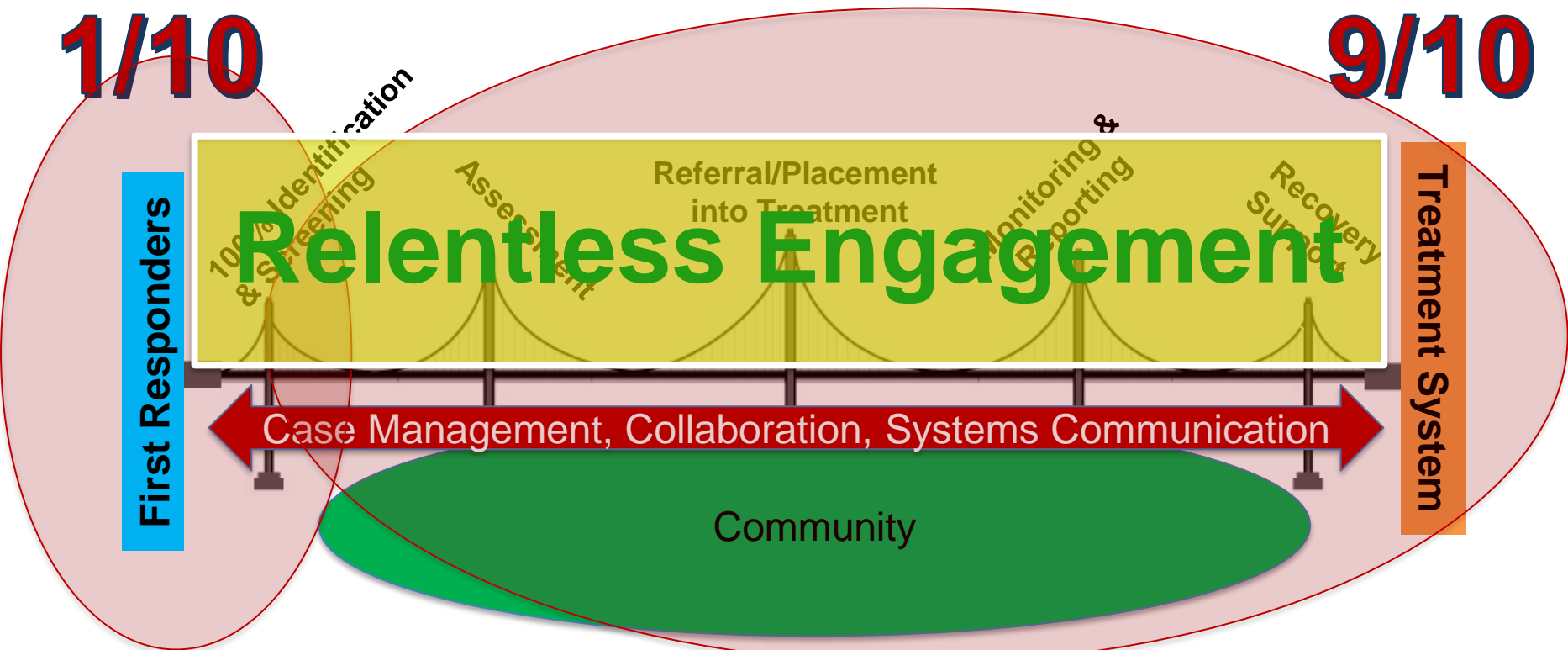
CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

Without Deflection: Engagement Doesn't Happen!

1/10

9/10



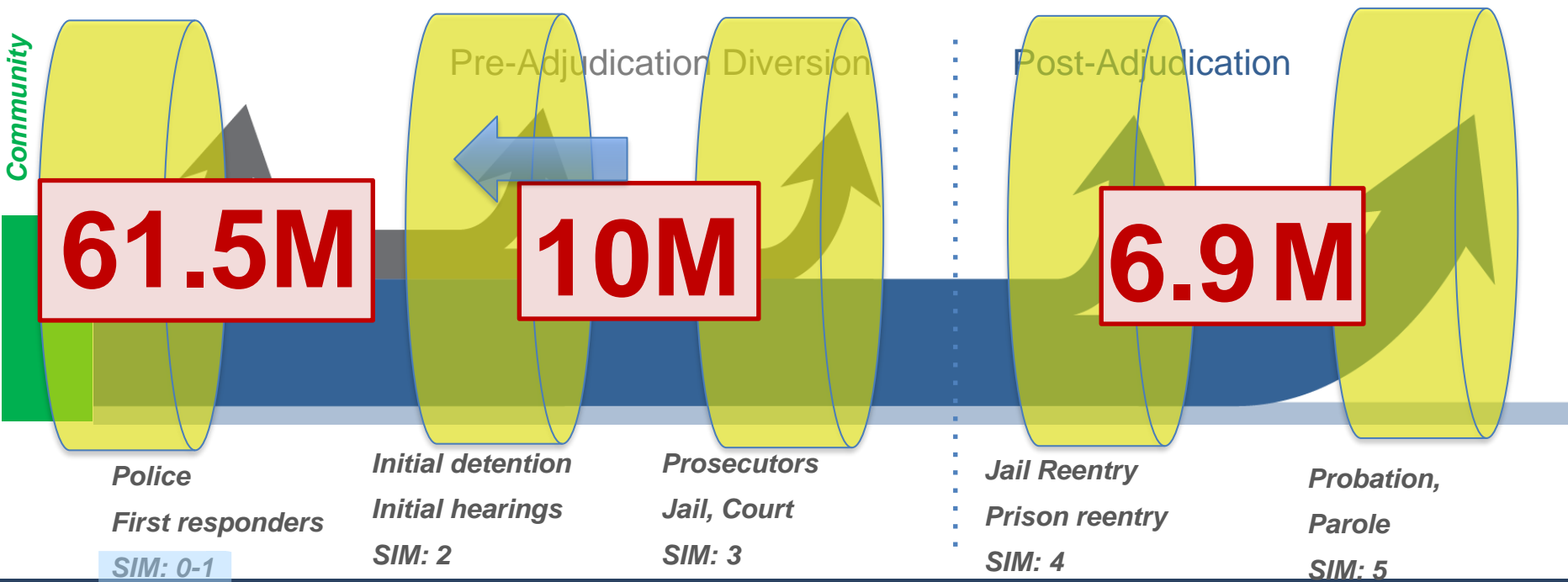
Everybody Doing Their Best Work!



Deflect Often: The Opportunity is in the Numbers!

Community-based services, housing, and recovery support

*Many MORE people can be safely deflected
in the community instead of entering the justice system or
being left without any assistance*



HOW DEFLECTION WORKS? AKA THE 6 PATHWAYS



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ



The Six Deflection Pathways to Treatment

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



The Six Deflection Pathways to Treatment

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 address quality of life issues by providing a referral to treatment, services, or to a case manager.*

***As approved by the PTACC National Leadership Council – April 2022**



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

DEFLECTION: PATHWAYS TO COMMUNITY POLICE, TREATMENT, AND COMMUNITY COLLABORATIVE



CENTER FOR
HEALTH & JUSTICE

PATHWAYS TO COMMUNITY



WHY DO DEFLECTION?



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

Deflection: What's In It For You?

- ❖ People and Families – Earlier and low-barrier access to treatment
- ❖ People and Families – Meeting you where you are, AKA engagement
- ❖ People and Families – Keeping families intact and children with family

- ❖ Police – Removing the social burden to solve drug use
- ❖ Police – Getting out of situations you are not trained for nor want to be in
- ❖ Police – Improving officer and community safety

- ❖ Treatment – Earlier and greater access to those you serve
- ❖ Treatment – Better outcomes for those you serve

- ❖ Community – Less drugs and less crime in your neighborhood
- ❖ Community – Family, friends, and neighbors doing better/well



Deflection: The Missing Bridge

1. Addiction harms children, families, & communities – **Disproportionally**
2. Deflection reduces the social, family, & community impacts of drug use
3. Deflection interrupts the intergenerational nature of drug use
4. Drugs use and drug addiction are linked to crime - **Mental Health is NOT**
5. Deflection interrupts the cycle of drugs & crime – **Drugs are criminogenic**
6. Drug treatment, medications, and services **together** reduces drug use
7. Drug treatment, medications, and services address criminogenic needs
8. Regardless of view on drug use, drugs are criminogenic - **this will not change**
9. Police encounter millions of people who use drugs – **this will not change**
10. Therefore, we need a bridge between law enforcement and treatment

Deflection Creates the “Missing Bridge”



Deflection: Part of Illinois' Solution

- Creates “low bar” easy access to treatment, housing, and services
- **Lives saved, lives restored**
- Avoid escalation in police-resident encounters
- **Improve public safety (real and perceived)**
- Build police-community relations
- **Drug-related crime reduction**
- Reduce the social burden on law enforcement
- **Build public health & public safety collaborations**
- Move away from use of the justice system for BH issues
- **Save public dollars**
- Keep families intact
- **“Net-narrowing” strategy that addresses mass incarceration**
- Address racial disparities
- **Get to people earlier than possible before deflection**
- Promote the well-being of officers and community alike



WHAT IS ILLINOIS DOING?



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

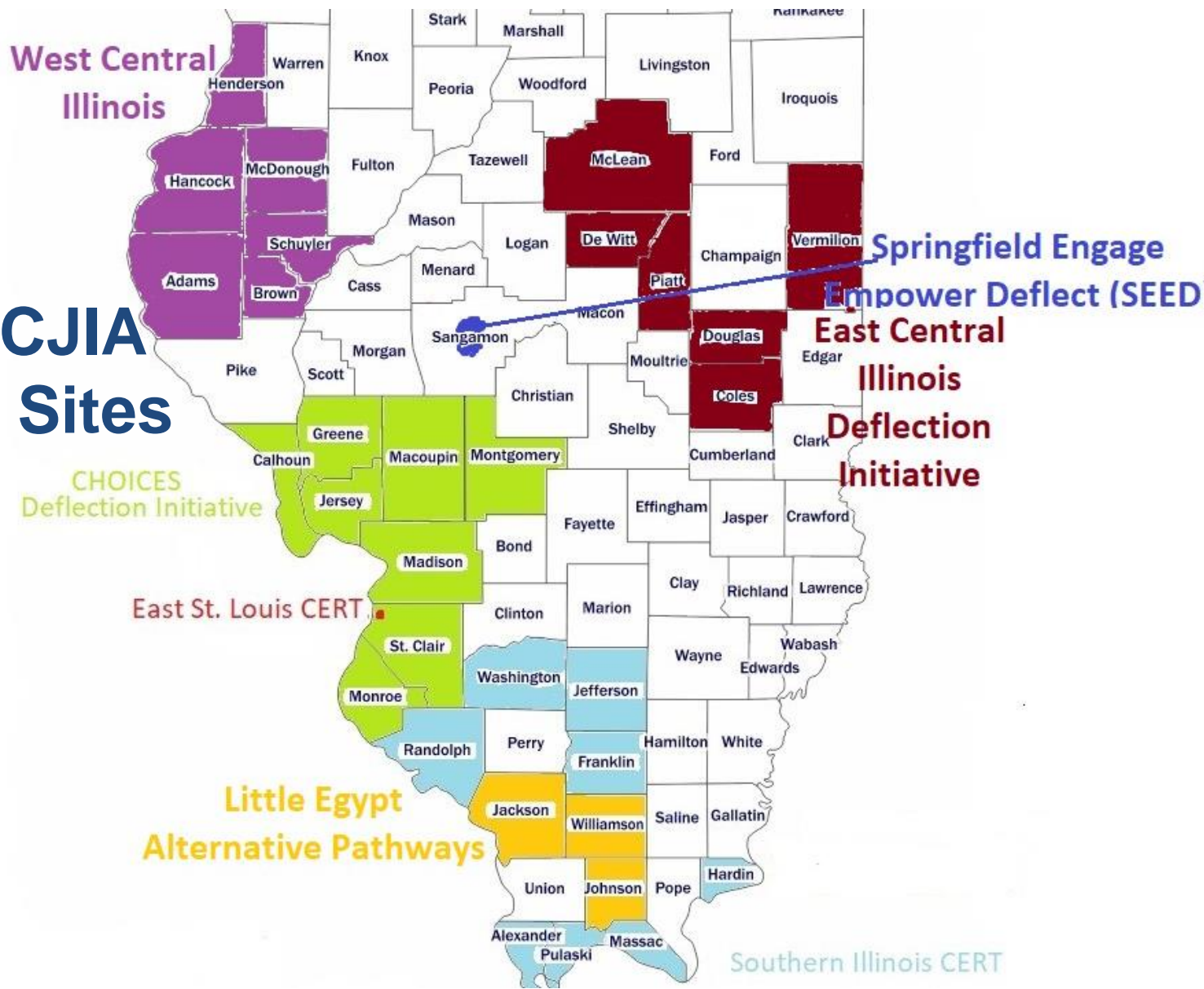
Illinois Multi-site Deflection Project Partners



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

IDHS/ISP/ICJIA Deflection Sites



Concept of the Operation: Overview

- **Timing:**
 - Runs (estimated) 9-15 months from start to train, implement, operationalize, and provide TA Support
- **Operational Organizations/Agencies**
 - Identified community, treatment, faith, and service providers
 - DHS - SUPR
 - ISP
 - ICJIA
 - TASC – CHJ
 - National subject matter experts from PTACC)
- **Elements**
 - Technical Assistance (TA)
 - Deflection Specialists as part of the Deflection Teams

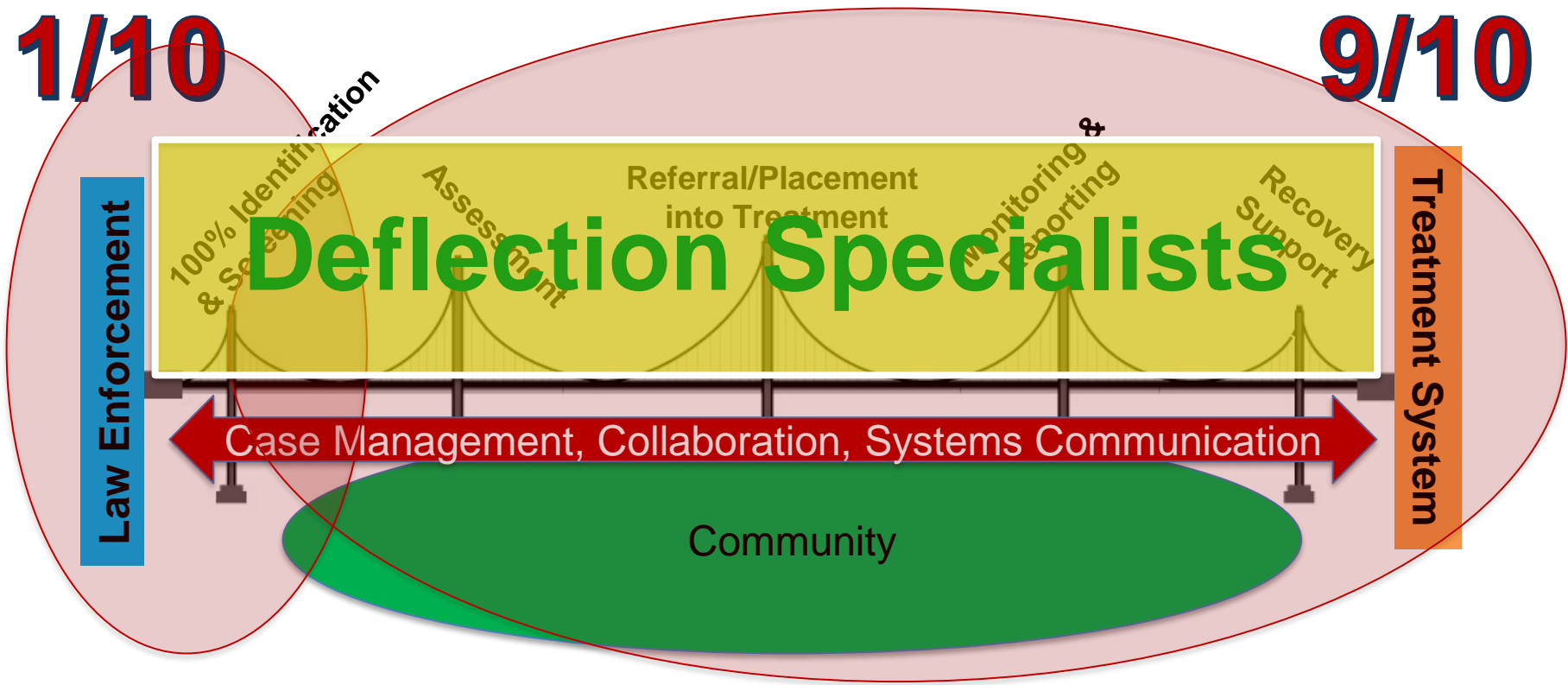


Concept of the Operation: Teams

- **Creation of Deflection Teams/Resources Involved**
 - Police
 - Deflection Specialists, Supervisors, and Managers
 - TASC Case Managers
 - Community behavioral health agencies/Treatment providers
 - Housing
 - Civic entities
 - Faith organizations
 - Community partners
 - People with lived experience
 - Others?



Without Deflection: Engagement Doesn't Happen!



Everybody Doing Their Best Work!



Concept of the Operation: Activities

- **Order of the Illinois Deflection Initiative Sites**
 - East St. Louis/Metro East – ESL CERT
 - Southern Illinois – SI CERT
 - Central Illinois – Choices
 - Tri County – LEAP
 - Springfield – SEED
 - West Central
- **Activities Include:**
 - Preparatory meetings – virtual and in-person (Phase I)
 - Solutions Action Planning (SAP) development (Phase II)
 - Implement (Phase III)
 - Deflection team trainings (Phase III)
 - Operationalize (Phase IV)
 - Technical Assistance (TA) during operationalization (Phase IV)
 - ICJIA evaluation (All Phases)



Concept of the Operation: Phase I

- **Milestones +30 Days -(Preparation Work)**
 - Complete all IDHS and ISP executive level-leadership meetings
- **Milestones +60 Days (Phase I)**
 - Complete ISP Task Force, ICJIA, IDHS, and TASC meetings
 - Complete outreach, preparation, and preliminary meetings
 - Complete kick-off meeting with the community invitees: police, treatment, and community leaders



Concept of the Operation: Phase II Action Planning

- **Milestones +120 Days (Phase II)**
 - Complete Solutions Action Plan (SAP) with the community group, local police, treatment, civic, and community leaders

This is done in two 3-day sessions. We work from Tuesday afternoon until Thursday afternoon. The team works through the SAP to develop an actionable plan to implement the initiative.



Concept of the Operation: Phase III Implementation

- **Milestones +180 Days (Phase III - estimated due to implementation time)**
 - Quality control on SAP
 - Complete implementation
 - Complete deflection training for Deflection Teams for Community Group, local police, treatment, civic, and community leaders
- Meet every two weeks for 1.5 hours
- Done in hybrid format Some virtual some in person
- First step is QC
- Work on the action steps to accomplish strategies



Concept of the Operation: Phase IV Operationalization (Launch)

- **Milestones +210 Days (Phase IV - estimated due to implementation time)**
 - Operationalize Community Deflection Initiative
 - Begin technical assistance (TA) and continue for 90 days



Concept of the Operation: Training

- **Deflection Team Training Possible Topics**
 - DHS, ISP, and SUPR Pilot Deflection Initiative Overview (including ICJIA evaluation)
 - Getting Started with Deflection: Police, Treatment, and Community Working Together
 - The Science of Addiction and Understanding Stigma for Deflection
 - Treatment: Why and How it Works
 - Recovery Happens
 - The Importance of Community in Deflection



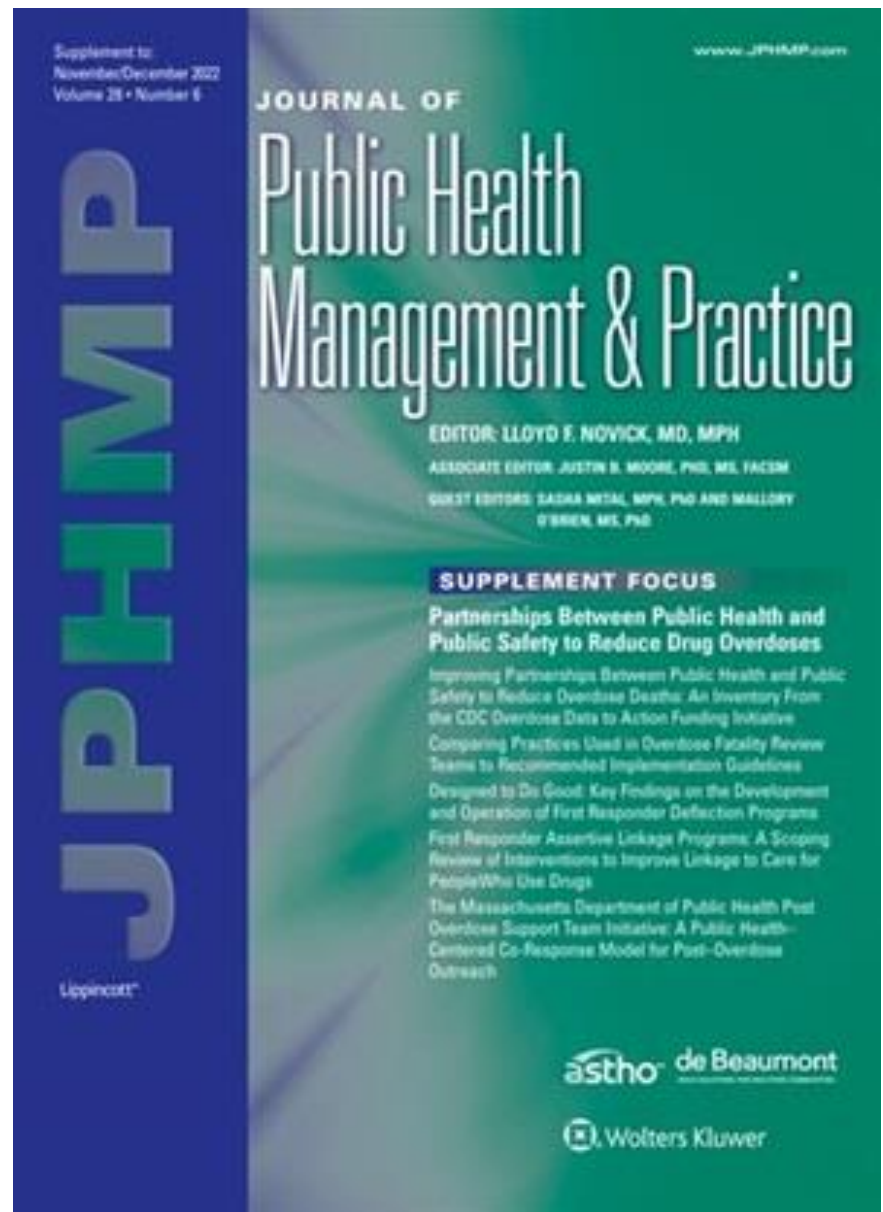
DEFLECTION: WHAT THE FEDS ARE DOING



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

**Field-wide evaluation
on Deflection:
“Partnerships Between
Public Health and
Public Safety to Reduce
Drug Overdoses
Supplement.”
*Journal of Public
Health Management &
Practice***



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

First Federal Deflection eCourse

JCOIN

An eCourse from the Justice Community Opioid Innovation Network

First Responder Deflection: A Warm Handoff to Services in the Community

JCOIN Coordination and Translation Center



CENTER FOR
HEALTH & JUSTICE
AT TASC



BJA National Survey of Deflection Sites



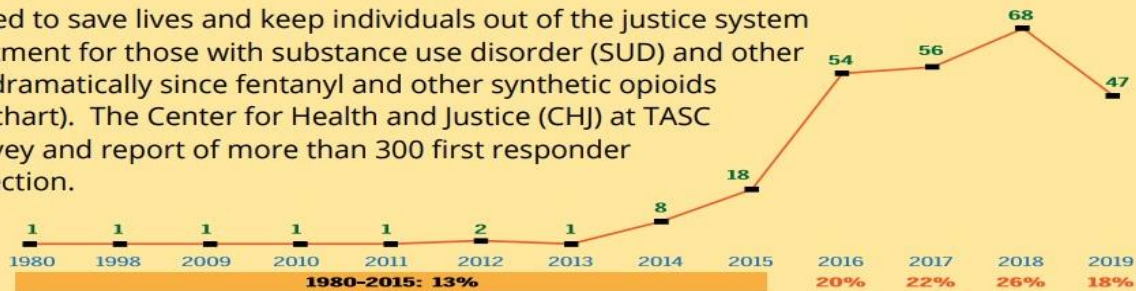
If your jurisdiction is interested in starting a deflection program, contact Ben Ekelund, Director of Consulting and Training at CHJ: bekelund@tasc.org.

REPORT OF THE NATIONAL SURVEY TO ASSESS First Responder Deflection Programs IN RESPONSE TO THE OPIOID CRISIS



Deflection is a strategy designed to save lives and keep individuals out of the justice system by providing pathways to treatment for those with substance use disorder (SUD) and other conditions. Its use has grown dramatically since fentanyl and other synthetic opioids became more accessible (see chart). The Center for Health and Justice (CHJ) at TASC and NORC partnered on a survey and report of more than 300 first responder agencies and their use of deflection.

% DEFLECTION PROGRAMS INITIATED BY YEAR (N=259)



KEY FINDINGS FROM THE SURVEY AND REPORT:

Characteristics of lead agency and community served by agency



**White House
Announces
2022 National
Drug Control
Strategy:
Principle #2
Outlines the
Role of
Deflection**

**NATIONAL DRUG
CONTROL STRATEGY**

THE WHITE HOUSE
EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL STRATEGY



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

White House Announces State Model Law to Expand Programs that Deflect People with Addiction to Care

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

MODEL LAW ENFORCEMENT AND OTHER FIRST RESPONDER DEFLECTION ACT

SEPTEMBER 2021



This project was supported by Grant No. G1999ONDCP03A awarded by the Office of National Drug Control Policy, Executive Office of the President. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government.



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ

PTACC

POLICE, TREATMENT, AND COMMUNITY

COLLABORATIVE

Deflection Resources

- www.ptaccollaborative.org
- LinkedIn: PTACC



CENTER FOR
HEALTH & JUSTICE
AT TASC



Free Deflection Resources: [The PTACC Suite](#)

- **PTACC Visual 6 Deflection Pathways to Treatment** – The first visual depiction of all known deflection and pre-arrest diversion pathways
- **PTACC Core Measures of Deflection and Pre-Arrest Diversion** – Recommended metrics for sites to use covering police, treatment, community, and race.
- **PTACC 11 Guiding Principles for Behavioral Health Deflection and Pre-Arrest Diversion** – Currently being aligned with CARF accreditation standards.
- **PTACC Research Brief** – The first field-wide synopsis of deflection research
- **PTACC 3 Steps for Equity in Deflection** – A simple guide to get sites started on ensuring they are incorporating diversity and equity



The first time the word deflection was introduced:

**“Want to Reduce
Drugs in Your
Community? You
Might Want to
Deflect Instead
of Arrest.”
*Police Chief
Magazine***



POLICY & REFORM



Want to Reduce Drugs in Your Community? You Might Want to Deflect Instead of Arrest

By Jac Charlier, Director of Consulting and Training, Center for Health and Justice

While on patrol, police officers routinely encounter people who have substance use disorders (SUDs). In the United States, adults who were arrested in the past year for any serious offense were four times more likely to have used an illicit drug than those who were not arrested.¹ Additional research shows that 87 percent of males tested positive for at least one illicit drug at the time of arrest and 40 percent tested positive for two or more.² Following arrest, in part or directly related to their drug use, those arrested might land in jail or prison. While it is estimated that SUDs occur in 68 percent of the jail population and 53 per-

cent of their next contact with police. We have also come to understand the harmful, unintended collateral consequences of repeated and extended contact with the justice system for those low-risk citizens who, due to their addiction, might be better treated in the community. To address this pervasive and costly situation, our citizens, our communities, and our police need solutions that call upon the resources of both the public safety and the public health systems, as well as reflect the desires and concerns of the local community; solutions that reduce crime, reduce drug use, save dollars, and seek to build a more just justice system

solution to this persistent challenge faced every day by police across the United States. The solution, known as the Montgomery County Deflection Model (the Model), is a pre-arrest deflection (diversion) model focused on the SUD populations who have a high likelihood of repeated contact with police due to their untreated addictions and the attendant criminogenic effects (i.e., those effects statistically related to criminal activity).

The Montgomery County Model brings evidence-based practices currently used in other parts of the criminal justice system to policing at the front end of the justice con-



CENTER FOR
HEALTH & JUSTICE
AT TASC

@TASC_CHJ

First Peer-reviewed Journal on Deflection:

"Emerging Best Practices in Law Enforcement Deflection and Community Supervision Programs." *Journal for Advancing Justice Volume III*



CENTER FOR
HEALTH & JUSTICE
AT TASC

 @TASC_CHJ