

AN OVERVIEW OF DEFLECTION AND PRE-ARREST DIVERSION To Prevent Opioid Overdose



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NATIONAL
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Wellbeing

TABLE OF CONTENTS

Acknowledgments	1
Overview	2
Background	2
Overview of Deflection and Pre-arrest Diversion	3
Deflection and Pre-arrest Diversion Pathways	3
National DPAD Models	5
Identifying Best and Promising Practices	9
Financing and Sustaining DPAD Programs	14
Summary	15
Resources	15
References	16

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OVERVIEW

Punitive approaches to stop substance use have largely failed to improve public health and public safety outcomes, necessitating a shift in how communities respond to and support people at risk of overdose. To better assist people who use drugs (PWUD), including people with substance use disorders (SUDs), a public health approach rooted in harm reduction principles, evidence-based treatment and support and racial equity, including centering the experiences of Black, Indigenous and people of color, should be implemented in lieu of criminalization. Communities across the U.S. are developing systems to respond more effectively to people with SUDs through innovative deflection and pre-arrest diversion (DPAD) programs. DPAD models link people with SUDs at risk of criminal justice system involvement to community-based treatment and support instead of arrest and incarceration.

To better understand the current best and promising practices within DPAD programs nationwide, the National Council for Mental Wellbeing, with support from CDC, conducted an environmental scan, including a series of key informant interviews and an Experts' Roundtable with diverse stakeholders. A range of recommendations and strategies were identified through these information gathering activities, as well as three focus areas where specific strategies are needed to better support implementation of DPAD programs.

Key considerations related to the three focus areas are discussed in the following resources:

- [Deflection and Pre-arrest Diversion: Applying a Harm Reduction Approach](#)
- [Deflection and Pre-arrest Diversion: Integrating Peer Support Services](#)
- [Deflection and Pre-arrest Diversion: Supporting Rural Communities](#)

Planning and implementation tools can also be found in the following resources:

- [Deflection and Pre-arrest Diversion Programs: Sample Job Descriptions](#)
- [Additional Tools and Resources](#)

BACKGROUND

In 2019, an estimated 1.56 million drug-related arrests were made, making drug violations the most common type of arrest in the U.S.¹ The overwhelming majority of drug arrests are for drug possession (87%), compared to sale or manufacturing violations (13%).² Drug-related arrests increased by 171% between 1980 and 2016; however, evidence shows that the criminalization of substance use has failed to improve public safety goals and has led to disproportionate rates of arrest and incarceration among Black, Indigenous and other communities of color, which further impact health outcomes among these populations.³ Enforcing drug-related laws costs state and federal governments an estimated \$10 billion annually;⁴ however, increased incarceration has not resulted in reduced rates of drug use, drug arrests or overdose deaths.⁵

Deflection and Pre-arrest Diversion

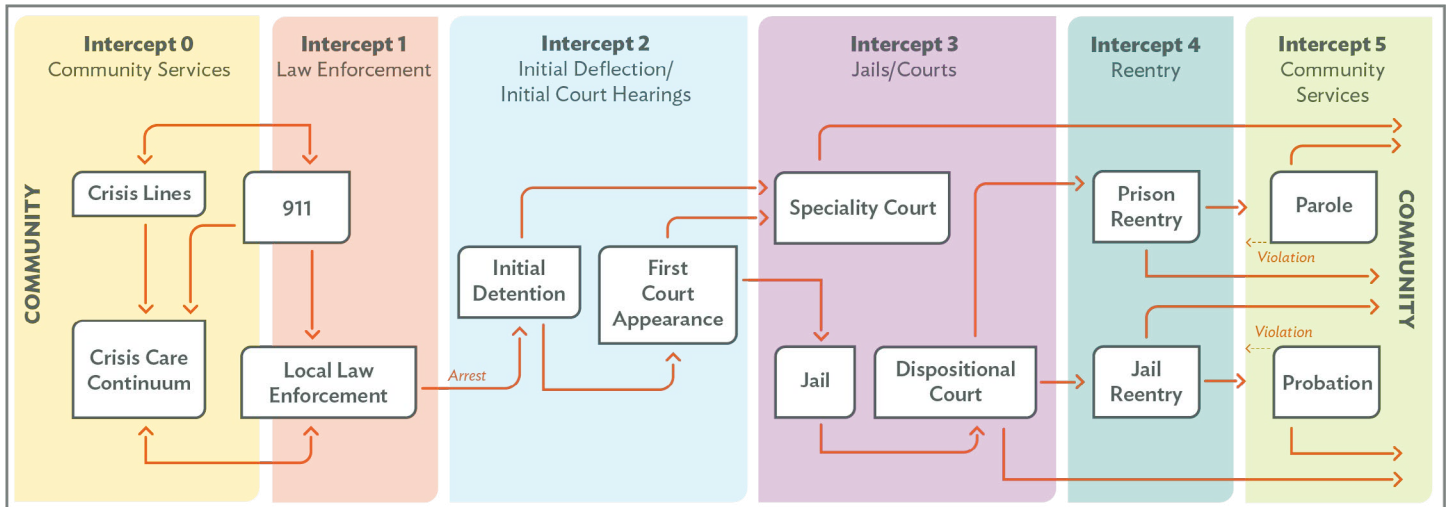
Programs that link people who use drugs to community-based treatment and supports instead of incarceration.

People who use drugs who become involved with the criminal justice system face significant harms, including barriers to and delays in receiving evidence-based treatment;⁶ increased risks of overdose and death, especially immediately after release from incarceration;^{7, 8} and barriers to employment, housing and financial stability.⁹ Only 4.6% of justice-involved people are referred to receive medications for opioid use disorder (MOUD), the evidence-based gold standard of care for people with opioid use disorder (OUD).¹⁰ Consequently, people with SUDs who are involved with the criminal justice system face significant hurdles to sustaining recovery, putting them at subsequent risk for further interaction with the criminal justice system.

OVERVIEW OF DEFLECTION AND PRE-ARREST DIVERSION

Deflection and diversion can occur at several points along the criminal justice system continuum, including prior to law enforcement contact, prior to arrest, prior to booking and post-booking. The activities discussed in this brief focus on preventive DPAD strategies that take place at Intercepts 0 and 1 on the [Sequential Intercept Model](#) (Figure 1).

Figure 1. Sequential Intercept Model ¹¹



DEFLECTION AND PRE-ARREST DIVERSION PATHWAYS

The Police Treatment and Community Collaborative, an alliance of multidisciplinary stakeholders aimed at increasing and improving deflection and diversion practices nationwide, identifies five primary DPAD pathways that offer people access to community-based treatment and resources:

- 1. Self-referral:** People who use drugs voluntarily initiate contact with law enforcement or another first responder (e.g., fire services, emergency medical services) without fear of arrest and are provided a warm handoff to treatment or services, such as harm reduction or social services.
- 2. Active Outreach:** Law enforcement or another first responder initially identifies and engages PWUD to provide a warm handoff to treatment or services. Active outreach is often done by a team, which can include clinicians, social workers and peer support workers. Some active outreach models do not include first responders on the outreach team but may rely on first responder data to identify potential participants.
- 3. Naloxone Plus:** Law enforcement or another first responder conducts outreach specifically to people who have experienced a recent opioid-related overdose to provide naloxone and link to treatment or services. Some Naloxone Plus outreach models do not include first responders on the outreach team but are led by peer support workers.
- 4. Officer Prevention:** During routine activities, such as patrol or response, law enforcement or another first responder conducts engagement activities, including outreach and brief assessment, and provides referrals to treatment and services. No charges are filed.
- 5. Officer Intervention:** During routine activities, such as patrol or response, law enforcement engages and provides treatment referrals or issues (noncriminal) citations to report to a program. Charges are held in abeyance or citations are issued with a requirement that treatment is completed and/or a social service plan is followed.^{12, 13}

Pathways 1 through 4 are often considered preventive models regarding criminal justice system involvement and are not intended to result in charges or citations being filed against individuals. Officer Intervention, the fifth pathway, is considered more coercive since charges or citations could be filed against a person if treatment is not completed. Arresting a person who declines to participate in treatment or other DPAD services may be viewed as another form of coercion. Individuals may also feel intimidated when officers suggest treatment or detox and feel that they have no choice but to comply, so some DPAD programs include peer support workers to help individuals feel more comfortable or do not include officers in outreach efforts at all.

Treatment works best when participation is voluntary.^{14, 15, 16} Further, providing a warm handoff to treatment or services, as in directly transporting individuals to where they need to go, can be more effective than simply referring them, as this ensures individuals are in fact connected to needed services.

Jurisdictions considering the implementation of the Officer Intervention pathway are encouraged to incorporate 10 critical elements recommended by the Bureau of Justice Assistance (BJA) Comprehensive Opioid Stimulant and Substance Abuse Program (COSSAP) and the Center for Health and Justice at TASC (Treatment Alternatives for Safe Communities).¹⁷

10 CRITICAL ELEMENTS OF OFFICER INTERVENTION

1. Identify the problem faced by the community and look for associated causes.
2. Create a multidisciplinary planning group.
3. Hire a dedicated program director.
4. Engage the larger community.
5. Train officers about addiction, trauma and recovery.
6. Have at least one partner agency that provides assessment services.
7. Hold regular partner meetings.
8. Collect data and evaluate the program.
9. Create a feedback loop.
10. Develop ongoing messaging through the media.¹⁸

For more information on the five DPAD pathways, visit the [Police, Treatment, and Community Collaborative](#) and [Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Abuse Program \(BJA COSSAP\)](#).

Some communities have developed models that offer two or more pathways. Additionally, many programs have focused on community-based outreach, including the use of peer support workers as the primary points of contact with individuals, rather than law enforcement. For more information on integrating peer support workers into DPAD models, see [Deflection and Pre-arrest Diversion: Integrating Peer Support Services](#).

IMPORTANCE OF VOLUNTARY PARTICIPATION

Research shows that evidence-based treatment and services for people with SUDs work best when entry into treatment is voluntary. Compulsory treatment mandated through legal and social welfare programs are less effective than voluntary treatment.^{19, 20, 21} Findings from a systematic review of nine studies analyzing compulsory treatment were mixed; three studies found no impacts from compulsory treatment, two studies found ambiguous results, two studies found negative impacts on criminal recidivism and two studies found positive impacts on drug use and criminal recidivism.²² The study authors concluded, “The evidence does not, on the whole, suggest improved outcomes related to compulsory treatment approaches, with some studies suggesting potential harms. Given the potential for human rights abuses within compulsory treatment settings, non-compulsory treatment modalities should be prioritized by policymakers seeking to reduce drug-related harms.”²³



NATIONAL DPAD MODELS

While each DPAD program is unique to its community, there are several national models that have been replicated across the U.S. that share similar goals, processes and structures. These models are often supported by national technical assistance or support groups.

LAW ENFORCEMENT ASSISTED DIVERSION/LET EVERYONE ADVANCE WITH DIGNITY

Law Enforcement Assisted Diversion (LEAD) was established in 2011 in Seattle, Wash., to reduce racial disparities in policing and to better address the needs of PWUD and people with SUDs. In late 2020, in response to a nationwide call to rethink public safety systems in the U.S., the Seattle LEAD program changed its name to Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity. Additionally, the LEAD National Support Bureau, a project of the Public Defender Association, is currently undergoing efforts to realign its work with this national call. The LEAD model was originally designed as a post-arrest/pre-arrest diversion program that enabled officers to exercise their discretion to redirect people engaged in low-level offenses, such as drug possession or sex work, to community-based services instead of jail.²⁴ Since 2011, LEAD has been widely replicated nationally. As of 2020, there are 39 LEAD programs in at least 21 states. Additionally, there are numerous other jurisdictions exploring or developing LEAD programs.²⁵ The overarching goal of LEAD is to redirect justice-involved individuals to community-based services, including SUD treatment and services, away from incarceration.

LEAD National Support Bureau Program Goals

1. Reorient government's response to safety, disorder and health-related problems.
2. Improve public safety and public health through research-based, health-oriented and harm reduction interventions.
3. Reduce the number of people entering the criminal justice system for low-level offenses related to drug use, mental health, sex work and extreme poverty.
4. Undo racial disparities at the front-end of the criminal justice system.
5. Sustain funding for alternative interventions by capturing and reinvesting criminal justice system savings.
6. Strengthen the relationship between law enforcement and the community.²⁶

How LEAD Works

Within LEAD programs, police officers use their discretion at the point of contact to divert a participant to community-based, harm reduction services rather than incarceration. The National LEAD Bureau promotes the use of a trauma-informed intensive case management model that offers a range of services, including housing support and SUD treatment. Prosecutors work closely with police officers and case managers to coordinate an individualized service plan for each participant. Service plans vary based on participants' needs, but often include SUD treatment, harm reduction services, mental health care, housing and job training and placement. Abstinence from drug use is not a requirement to participate in LEAD.²⁷ While each LEAD program varies, generally, if a participant does not complete an intake assessment within 30 days of enrollment, they are referred to a prosecutor who decides whether to charge the person with a crime.^{28, 29} However, many referrals to LEAD are "social referrals," meaning participants are referred to the program by officers through social contact with police, rather than by arrest diversion.^{30, 31}

LEAD Impacts

The LEAD model is one of the most studied diversion models. Program evaluation results from LEAD programs nationwide have shown that LEAD programs have been successful at reducing recidivism, increasing access to services and supports and reducing hospitalizations.

Seattle LEAD

- Participants were significantly more likely to obtain housing, employment and income in any given month after their LEAD referral compared to the month prior to their referral.³²
- Participants were 58% less likely than people in a control group to be arrested.³³

LEAD Honolulu

- Between July 2018 and July 2019, 47 people were referred to LEAD Honolulu through social contact referrals and 37 (79%) enrolled in services.
- Participants had 55% fewer cited encounters with law enforcement officers after program completion compared to prior to enrollment.
- Participants decreased the amount of time they were unsheltered by 38% (eight days per month).
- Emergency room visits decreased on average from 32% in the month prior to enrollment to 19% at the last assessment.³⁴

LEAD of Longmont, Colo.

- Prior to LEAD contact, participants had an average of 9.5 legal incidents per year and 3.9 legal incidents following LEAD contact.
- The number of legal incidents among participants dropped approximately 59% following the first contact with LEAD and arrests declined by 50%.³⁵

LEAD Resources

- LEAD Factsheet (LEAD National Support Bureau)
- Essential Principles for Successful LEAD Implementation (LEAD National Support Bureau)
- LEAD Evaluations (LEAD National Support Bureau)
- What is LEAD? (video from LEAD National Support Bureau)



POLICE ASSISTED ADDICTION AND RECOVERY INITIATIVE

The Police Assisted Addiction and Recovery Initiative (PAARI) is a national network and technical assistance organization that provides support to more than 400 police departments in 32 states implementing non-arrest or preventive DPAD program models. Communities supported by PAARI are implementing a range of models; however, PAARI was originally founded as a nonprofit organization in conjunction with the Gloucester, Mass., Police Department's Angel Program.³⁶ The overarching goal of PAARI is to connect people with SUDs who present to the police department to services and care.

PAARI Program Goals

1. To provide critical support, such as technical assistance, models, seed grants, recovery coaches, convenings and other resources, to law enforcement agencies to create and sustain programs that establish non-arrest pathways to treatment and recovery.
2. To foster a dialogue about the unique position of law enforcement to address the opioid crisis, remove stigma and reframe the conversation about addiction as a disease and not a crime.
3. To educate lawmakers and influence state and national policy around treatment access.
4. To remove barriers to treatment on demand, including connections to treatment scholarships to help individuals overcome financial barriers to treatment.
5. To build a law enforcement movement and network of like-minded law enforcement agencies that help people take their first steps on the path to treatment and recovery.³⁷

PAARI Impacts | ANGEL PROGRAM, GLOUCESTER, MASS.

- Between June 2015 and May 2016, 376 people requested assistance from the Angel Program a total of 429 times.
- Among individuals eligible for referral to treatment, 95% were offered treatment.³⁸

PAARI Resources

- [Program Documents and Resources \(PAARI\)](#)
- [PAARI National Recovery Corps, Call for VISTA Member Applications \(PAARI\)](#)
- [Roll Call Videos \(series of short videos describing the model and training; PAARI\)](#)
- [Doing a Lot with a Little: How to Start a Police Department-based Opiate Outreach Program \(describes the steps to creating the Arlington Model, a PAARI site\)](#)
- [PAARI Law Enforcement Partners \(list of jurisdictions implementing DPAD models in collaboration with PAARI\)](#)



PROJECT SHIELD

The Project SHIELD (Safety and Health Integration in the Enforcement of Laws on Drugs) model was developed by the Health in Justice Action Lab at the Northeastern University School of Law in response to gaps in legislation responding to the overdose crisis. The overarching goal of Project SHIELD is to support effective police-public health partnership responses to overdose.

Project SHIELD Goals

1. Improving occupational safety knowledge, attitudes and practices for officers, including reduced stress over perceived risk of occupational harms.
2. Improving knowledge, attitudes and practices related to public health prevention programs, including stigma toward people suffering from SUDs and proven public health approaches (e.g., evidence-based treatment, syringe exchange, naloxone rescue) and increased intention to deflect/refer people with SUDs to services.
3. Increasing collaborative synergy to address drug-related harms across law enforcement, public health and community partners.³⁹

How Project SHIELD Works

Project SHIELD is a multi-level intervention that includes:

- Establishing a formal working relationship between police, public health and community partners.
- Collaboratively adapting a training curriculum to the legal, cultural, geographical and other elements of the jurisdiction.
- Training the trainers.
- Modeling collaboration by featuring police and public health instructors in training delivery.
- Building sustainable bridges between management and patrol officers and service providers.
- Facilitating evaluation and analysis of training impact.
- Providing technical assistance to assure the institutionalization and sustainability of the SHIELD model.⁴⁰

The SHIELD training curriculum offers three modules that are customized for local jurisdictions. Training can be delivered virtually and currently includes:

1. The Overdose Crisis and COVID-19: Key Facts for Your Health and Safety
2. Key Facts About Stress and Burnout
3. Two Operational Strategies to Protect Officer Health and Safety⁴¹

Project SHIELD Impacts

Project SHIELD has been adopted in several jurisdictions, including in Massachusetts, Missouri and Pennsylvania.⁴² Program evaluation shows that Project SHIELD training results in changing police behavior and intentions related to occupational safety and stigma toward substance use and harm reduction. Additionally, preliminary evaluation results show Project SHIELD is cost-effective. Promising findings related to reducing stress, improving police morale and job satisfaction and facilitating community-level collaboration to address substance use-related harms, have also been demonstrated.⁴³

Project SHIELD Resources

- [The SHIELD Evidence Base \(compilation of research and evaluation findings supporting the model's efficacy; Health in Justice Action Lab\)](#)
- [The SHIELD Model Concept Note \(Health in Justice Action Lab\)](#)
- [Missouri Connecting the DOTS \(Drug Overdose Trust and Safety\) Project \(implementing Project SHIELD\)](#)

IDENTIFYING BEST AND PROMISING PRACTICES

While these national models are widely known and have been replicated across the U.S., smaller programs and adaptations have proven to be impactful as well. The National Council for Mental Wellbeing conducted key informant interviews and hosted an Experts' Roundtable to identify and highlight best and promising practices through lessons learned in the field. Key informants and Roundtable participants included a range of multidisciplinary experts, such as social workers, harm reduction providers, researchers, people with lived experience, law enforcement officers, DPAD program directors and technical assistance providers, among others (see [Experts' Roundtable Findings](#)). Key informants identified the following recommendations as priority considerations communities should incorporate when planning and implementing DPAD programs.

1. Planning efforts must be collaborative and informed by multiple diverse stakeholders, including people with lived experience of substance use and justice system involvement.

Collaboration and joint planning among law enforcement, mental health providers, SUD treatment providers, community-based organizations, people with lived experience and other community stakeholders were identified as critical components to successful DPAD programs. While each community is unique, key partners to consider engaging in DPAD planning and implementation efforts are highlighted in the sample checklist below. At a minimum, partners should include people with lived experience, public safety and law enforcement and SUD treatment and services providers.

Checklist of Potential DPAD Partner Organizations

- | | |
|---|---|
| <input type="checkbox"/> Individuals with lived experience with substance use and criminal justice system involvement | <input type="checkbox"/> Social service providers |
| <input type="checkbox"/> Mental health and SUD treatment providers | <input type="checkbox"/> Elected officials' offices |
| <input type="checkbox"/> Health care providers and hospitals, including emergency department staff | <input type="checkbox"/> Housing and homelessness services organizations |
| <input type="checkbox"/> Harm reduction services providers, including syringe services programs | <input type="checkbox"/> Faith-based groups |
| <input type="checkbox"/> First responders, including law enforcement, fire departments and emergency medical services | <input type="checkbox"/> Public health agencies and local and state behavioral health departments |
| <input type="checkbox"/> Prosecutors | <input type="checkbox"/> Local universities and colleges |
| <input type="checkbox"/> Reentry service providers | <input type="checkbox"/> Public defender organizations |
| <input type="checkbox"/> Recovery community organizations | <input type="checkbox"/> Legal aid organizations |
| | <input type="checkbox"/> Public transit agencies and alternative transportation entities |

When establishing partnerships with diverse stakeholders, it is critical to not only identify shared goals, but also understand the goals of each individual group and how program activities can help to achieve those goals. Agencies should bring resources together, communicate clearly with one another and work toward a common goal to support people with OUD and link them to appropriate treatment and services. Building regional partnerships can help create a wide safety net to ensure there are available resources for a successful DPAD program. Project champions representing the various stakeholder groups are critical as well to help drive the program forward to achieve its goals.

Example from the field: Law Enforcement Assisted Diversion Honolulu

The LEAD Honolulu program established its “LEAD Hui,” or key stakeholders’ group, to plan, coordinate and implement the LEAD Honolulu program.⁴⁴ The LEAD Hui includes more than 30 diverse stakeholders, including:

- » American Civil Liberties Union (ACLU) Hawai’i Chapter
- » ALEA Bridge (services for people experiencing homelessness)
- » CARE Hawai’i (SUD and mental health provider)
- » City and County of Honolulu
- » Community Alliance of Prisons
- » Drug Policy Forum of Hawai’i
- » Harm Reduction Hawai’i
- » Harm Reduction Services Branch, Hawai’i State Department of Health
- » Hawai’i Appleseed Center for Law and Economic Justice
- » Hawai’i Health & Harm Reduction Center
- » Hawai’i Substance Abuse Coalition
- » Helping Hands Hawai’i (social service provider)
- » Hina Mauka (SUD provider)
- » Honolulu Police Department
- » Institute for Human Services
- » Ku Aloha ola Mau (culturally responsive SUD provider)
- » Mental Health America of Hawai’i
- » Partners in Care (services for people experiencing homelessness)
- » PHOCUSED (health and human services providers advocacy group)
- » State Office of the Public Defender
- » The Salvation Army ATS-FTS
- » Susannah Wesley Community Center
- » University of Hawai’i Office of Public Health Studies
- » We are Oceania (supports organizations working with Micronesian communities to deliver culturally responsive services)
- » Waikiki Health (network of community-based health clinics)
- » People with lived experience of substance use and criminal justice system involvement⁴⁵

Tips for Engaging Diverse Stakeholders

- Engage community members and other stakeholders early in the process.
- Meet stakeholders where they are at (literally and figuratively). For example, host meetings in locations that are easily accessed by community members, listen to stakeholders’ concerns and taking them into planning considerations and offer multiple ways for stakeholders to provide input, including in-person, virtually and anonymously.
- Use data to make the case for why providing DPAD services is important for stakeholders.
- Host community meetings to educate the community on what the proposed program will do and to solicit feedback from community groups.

Resources for Engaging Diverse Stakeholders

- [Building Support for Pre-arrest Diversion Through Coalitions \(brief from Community Catalyst\)](#)
- [Meaningful Consumer Engagement in Pre-arrest Diversion Programs \(brief from Community Catalyst\)](#)
- [The Role of Community in Successful Pre-arrest Diversion \(presentation slides from Community Catalyst\)](#)
- [What is LEAD? \(video from LEAD National Support Bureau\)](#)

2. All aspects of program planning and implementation should be examined through a racial equity lens.

Communities harmed most by the war on drugs, including Black, Indigenous and people of color, should be engaged as equal partners and decision-makers in DPAD planning, implementation and evaluation efforts. Training opportunities related to health and racial equity should be offered to all DPAD stakeholders to best engage with and provide support to all potential DPAD participants.

Example from the field: Albany Law Enforcement Assistant Diversion

In 2016, community and government leaders in Albany, N.Y., launched a LEAD program specifically in response to the disproportionate impacts drug law enforcement has had on communities of color.⁴⁶ Albany LEAD's goals and core principles are to:

- » Reorient government's response to safety, disorder and health-related problems.
- » Improve public safety and public health through research-based, health-oriented and harm reduction interventions.
- » Reduce the number of people entering the criminal justice system for low-level offenses related to drug use, mental health, sex work and extreme poverty.
- » Address racial disparities in the front-end of the criminal justice system.
- » Sustain funding for alternative interventions by capturing and reinvesting criminal justice system savings.
- » Strengthen the relationship between law enforcement and the community.

To ensure the Albany LEAD program was meeting its goals and adhering to its stated principles, a Community Leadership Team was formed. The Community Leadership Team is a vehicle for community members to provide input, ask questions and develop educational materials.⁴⁷

Practices that Support Racial Equity

- Provide program staff and partners anti-racism and cultural awareness training and education.
- Promote models and practices that avoid or limit contacts with the criminal justice system.
- Ensure participants have access to program information in the spoken languages of the community.
- Ensure participants have access to interpretation and translation services.
- Ensure the DPAD team and advisory committees reflect the diversity of communities being served.

Tools to Support Racial Equity Efforts

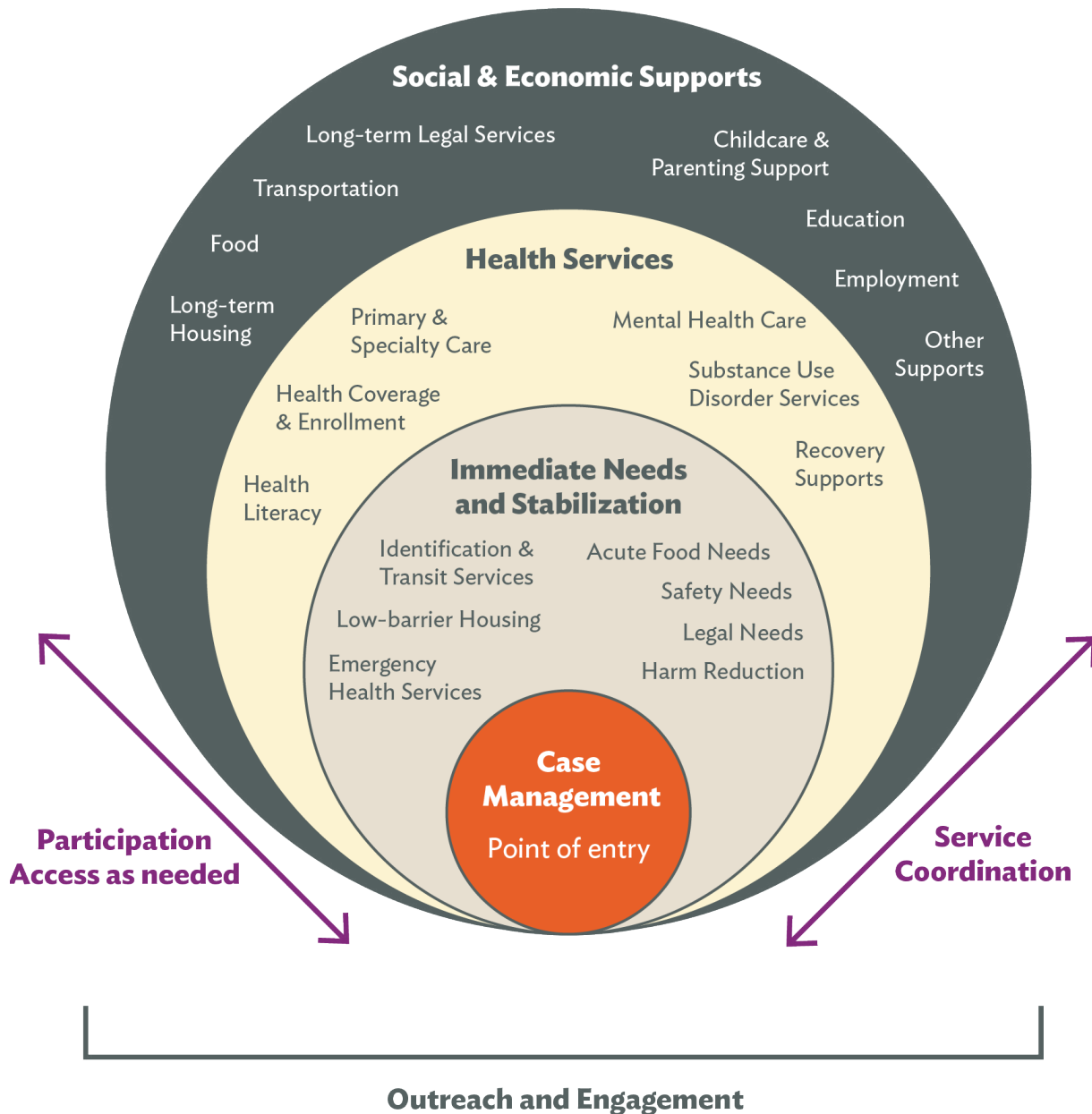
- Building Support for Pre-arrest Diversion Through Coalitions (brief from Community Catalyst)
- Racial Equity Tools (Racial Equity Tools)
- A Prosecutor's Guide for Advancing Racial Equity (VERA Institute of Justice)
- Racial Equity Toolkit: An Opportunity to Operationalize Equity (Government Alliance on Race and Equity)

3. Services should be offered to meet needs across a continuum of care and be readily accessible.

To adequately serve the needs of DPAD participants, a range of comprehensive services should be offered, including evidence-based treatment (e.g., MOUD) and harm reduction services, such as naloxone distribution and syringe services, as not all individuals may choose to engage in treatment. Additionally, services should be made available on demand as much as possible to increase the opportunities DPAD participants will have to engage in services and treatment when they are ready.

Community Catalyst identified the services that are most needed among DPAD participants across a continuum of care, including immediate needs and stabilization, health services and social and economic supports (Figure 2).

Figure 2. Services across the Continuum of Care for Pre-arrest Diversion Programs⁴⁸



Example from the field: Policing Alternatives and Diversion Initiative

The Policing Alternatives and Diversion Initiative in Atlanta/Fulton County, Ga., is driven by social justice, harm reduction and housing first principles. Its case management model uses a person-centered approach to engage participants to present a range of services and options to participants. The Stages of Change framework is used to facilitate conversations with participants and to determine the services and supports best suited for a participant at that particular time. Care navigators also work with participants to develop an individualized service plan to identify and address participants' holistic needs. Program staff are equipped to provide directly or through established partnerships a range of services and supports including:

- » Food
- » Immediate shelter
- » Public benefits
- » Temporary housing
- » Substance use treatment, including MOUD
- » Mental health care
- » Peer support
- » Harm reduction services
- » Transportation assistance
- » Linkages to community-based providers
- » Employment support
- » Legal system navigation

Tools to Support Establishing a Continuum of Care

- Public Safety-led Linkage to Care Programs in 23 States: The 2018 Overdose Response Strategy Cornerstone Project (CDC Foundation)
- Continuum of Services for Pre-arrest Diversion Programs (Community Catalyst)
- Addressing Misconceptions About and Barriers to Medication-assisted Treatment in Criminal Justice Settings (webinar from BJA COSSAP)

4. Develop a shared language to reduce stigma associated with SUD.

Collaborating organizations and agencies should use shared language to ensure everyone is on the same page and to reduce stigma associated with SUD. Stigma and discrimination are often barriers to seeking treatment due to fear and shame that others will find out. Concerns related to stigma should be identified during a needs assessment to determine whether the community is ready for a DPAD program, how to implement it with discretion for participants and how to reduce SUD stigma in the community. Agreeing to use non-stigmatizing, person-first language will help develop a common understanding among collaborating organizations, as well as help build trust and mutual respect among program participants.

To help collaborating organizations and community members understand stigma and the importance of using non-stigmatizing language, training should be offered. Trainings should be free and open to all who are involved in DPAD processes and can cover a wide range of topics, including the science of SUDs, harm reduction strategies (e.g., naloxone training) and use of non-stigmatizing language, among others.

Tools to Support Developing a Shared Language

- Words Matter: How Language Choice Can Reduce Stigma (Education Development Center)
- Person First Guidelines (Philadelphia Department of Behavioral Health and Intellectual Disabilities Services)
- Addressing Misconceptions and Barriers to Medication-assisted Treatment in Criminal Justice Settings (webinar from BJA COSSAP)

FINANCING AND SUSTAINING DPAD PROGRAMS

A range of financing mechanisms have been used to support DPAD programs nationally. Many models use a combination of different funding streams to support the DPAD program components. During the planning and implementation of DPAD programs, involving funders and policymakers in the process can help sustain the program long-term. It is important for these groups to understand why DPAD is effective and how funding and policies impact the success of the program. Demonstrating outcomes and impacts helps to make the case for sustained funding and can open the door to expanded funding and resources. Community Catalyst identified six broad financing sources communities should consider exploring to help support DPAD operations, including:

1. Medicaid
2. Adapted Medicaid models, such as Health Homes and waivers
3. Other federal funding opportunities, including grants from the Substance Abuse and Mental Health Services Administration, Department of Justice and Health Resources and Services Administration
4. State and local funding, including budget appropriations, grants, alcohol or sales tax revenue, law enforcement funding and legal aid
5. Health institutions, including hospitals and federally qualified health centers
6. Private and philanthropic funding⁴⁹

Community Catalyst also recommends the following tips for funding and sustaining DPAD programs:

- Start fundraising conversations early and consider hiring an external fundraising consultant or establishing a workgroup in your coalition or planning committee to focus on fundraising outreach.
- Research and engage local programs and funding partners with common interests.
- Match funding sources to meet the needs of the participants in your local diversion program, including funding for staffing, case management, health care, housing and other services.
- Build alliances with other organizations and advocates who have leveraged similar sources and can share experience, connections or guidance.
- Be creative and innovative, open to new collaborations and to working across health and justice systems.⁵⁰

Resources for Funding and Sustaining DPAD Programs

- [Financing and Sustainability Options for Pre-arrest Diversion Programs](#). Developed by Community Catalyst, describes the six broad funding mechanisms that are often used to support DPAD programs and recommended action steps for each funding mechanism.
- [Identifying Existing Health Resources for Participants in Diversion Programs: A Resource Guide for Stakeholders](#). Created by the Milken Institute School of Public Health at George Washington University, describes resources and opportunities to support DPAD program components.



SUMMARY

A growing number of DPAD programs across the nation have demonstrated their potential for improving outcomes for people at risk of overdose, while preventing potential harms associated with criminal justice system involvement. While a range of different DPAD pathways and models exist, communities establishing DPAD programs should consider the following planning and implementation recommendations informed by key informants and subject matter experts:

- Planning efforts must be collaborative and informed by multiple diverse stakeholders, including people with lived experience of substance use and justice system involvement.
- All aspects of program planning and implementation should be examined through a racial equity lens.
- Services should be offered to meet needs across a continuum of care and be readily accessible.
- Develop a shared language to reduce stigma associated with SUD.

Many resources, tools and financing mechanisms exist to support the planning, implementation and sustainability of DPAD models. Additionally, national organizations and programs, such as the Police, Treatment, and Community Collaborative, BJA COSSAP, Community Catalyst, LEAD National Bureau, PAARI and Project SHIELD, offer a wealth of resources to support emerging DPAD programs.

RESOURCES

- **Police, Treatment, and Community Collaborative.** Provides training and technical assistance tools to organizations implement DPAD models nationwide.
- **BJA COSSAP Resources to Expand Law Enforcement Diversion.** Training and technical assistance center offering webinars, briefs and how to guides to promote the adoption of DPAD models. Also offers funding and technical assistance to support grantees.
- **Public Health and Safety Team (PHAST) Toolkit.** Developed by the CDC Foundation, offers step-by-step guidance on how to create teams of public health and public safety stakeholders to decrease overdose deaths.
- **Law Enforcement Diversion Programs Resources Catalog.** Compiled by the Curated Library about Opioid Use for Decision-makers (CLOUD), offers a collection of resources, including model state laws and policies, resource guides, technical assistance centers, examples from the field, video trainings and implementation guides, among others.

- **Public Safety-led Linkage to Care Programs in 23 States: The 2018 Overdose Response Strategy Cornerstone Project.** Developed by the CDC Foundation, describes public safety-led efforts in 23 states to better assist people with OUD through linkage to care programs.
- **Financing and Sustainability Options for Pre-arrest Diversion Programs.** Developed by Community Catalyst, this guide describes the six broad funding mechanisms that are often used to support DPAD programs.
- **National LEAD Bureau.** Offers information and resources related to developing LEAD models nationwide.
- **PAARI.** Offers information and resources related to developing PAARI models nationwide.
- **Health in Justice Action Lab.** Offers information and resources related to implementing Project SHIELD training and curriculum.

Additional DPAD resources and tools are also available in the following:

- Deflection and Pre-arrest Diversion: Applying a Harm Reduction Approach
- Deflection and Pre-arrest Diversion: Integrating Peer Support Services
- Deflection and Pre-arrest Diversion: Supporting Rural Communities
- Experts' Roundtable Findings
- Deflection and Pre-arrest Diversion Programs: Sample Job Descriptions
- Additional Tools and Resources

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