



Critical Elements for Implementing First Responder and Officer Referral Deflection Programs

August 24, 2023



CENTER FOR
HEALTH & JUSTICE
AT TASC



About the IACP

Shaping the Future of the Policing Profession

- The International Association of Chiefs of Police is the largest and most influential professional association for law enforcement in the world. With more than 30,000 members in 165 countries, the IACP is a recognized leader in global policing, committed to advancing safe communities through thoughtful, progressive police leadership.
- Since 1893, the association has been serving communities worldwide by speaking out on behalf of law enforcement and advancing leadership and professionalism in policing worldwide.

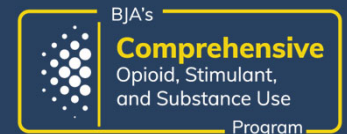


TASC's Center for Health and Justice

COSSAP TTA Provider for First Responder Led Diversion Initiatives



Website: <http://www.centerforhealthandjustice.org/>



Polling Question 1: What type of community do you serve?

Polling Question 2: What type of agency or organization do you represent?

Learning Objectives

Attendees will be able to :

- Discuss *first responder deflection* (FRD) and list the six frameworks or “pathways” of implementing FRD.
- Describe attributes of the First Responder and Officer Referral Pathway and benefits of implementing this type of FRD program.
- Identify critical elements needed to plan, implement, and sustain a First Responder and Officer Referral program

Presenters

Bernalillo County (NM) Law Enforcement-Assisted Diversion Program (LEAD)

- Rachel Murphy, Community Programs Supervisor, Bernalillo County Behavioral Health Services
- Nicholas Marrujo, Lieutenant, Bernalillo County Sheriff's Office

Longmont (CO) Law Enforcement-Assisted Diversion Program (LEAD)

- Emily VanDoren, Diversion Program Manager, Collaborative Services, City of Longmont Public Safety Department
- David Kennedy, Master Police Officer, Longmont Police Department

International Association of Chiefs of Police

- Karen Maline, Project Manager, IACP

Agenda

1. Brief overview of the **Six Pathways of First Responder Deflection (FRD)**
 - What's the difference between *deflection* and *pre-arrest diversion*?
2. Focus on the *First Responder and Officer Referral* Pathway
3. Introduction to the **10 Critical Elements** of First Responder and Officer Referral Programs
4. Presentations about the **Bernalillo LEAD** and **Longmont LEAD** Programs
5. Roundtable Discussion on Selected Critical Elements: *Why* are these elements important and *how* do the featured programs incorporate them into program implementation?
6. Question and Answer

The Six Pathways

Pathway	Target Population
❖ Self-Referral: An individual voluntarily initiates contact with a first responder agency (law enforcement, fire services, or EMS) for a treatment referral. If the contact is initiated with a law enforcement agency, the individual makes contact without fear of arrest.	Individuals with substance use disorder (SUD)
❖ Active Outreach: A first responder intentionally identifies or seeks out individuals with SUD to refer the individuals 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 experiencing homelessness
❖ Naloxone Plus: A first responder and program partner (often a clinician or peer with lived experience) conduct outreach <i>specifically</i> to individuals who have recently experienced an opioid overdose to engage them in and provide linkages to treatment.	Individuals with opioid use disorder
❖ 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. <i>(Note: if law enforcement is the first responder, no charges are filed or arrests made.)</i>	Individuals in crisis or with non-crisis MHD and/or SUD, or in situations involving homelessness, theft, or prostitution
❖ Officer Intervention: (Only applicable to 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.	Individuals in crisis or with non-crisis MHD and/or SUD, or in situations involving homelessness, theft, or prostitution
❖ 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, mediates low-level conflicts, or addresses quality of life issues by providing 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

What's in a Name: Diversion vs. Deflection

Deflection

The practice by which law enforcement or other first responders connect individuals to community-based treatment and/or services **when arrest would not be necessary, or in lieu of taking no action when issues of addiction, mental health, and/or need are present.**

Pre-Arrest
Diversion
(PAD)

The practice by which law enforcement officers connect individuals, **who otherwise would have been eligible for charges**, to community-based treatment and/or services in lieu of arrest, thereby diverting them from the justice system into the community. **Officer Intervention** is the only pre-arrest diversion pathway.

PAD programs should not be confused with prosecutorial diversion, which occurs *after* individuals **have already been arrested.**

First Responder and Officer Referral Pathway

Goal:

- To enable law enforcement and other first responders, in collaboration with community-based treatment and service providers, to address substance use and mental health challenges by providing connections to services for people needing support.

First Responder and Officer Referral programs:

- Reduce the burden on first responders while enabling them to connect at-risk individuals to treatment and services
- Enhance public safety by giving first responders tools that help to reduce recidivism and prevent (further) criminal activity linked to unmet behavioral health needs, especially substance use disorder
- Can be implemented in concert with programs in the *Active Outreach* and *Community Response* pathways
- Enable a positive form of contact between first responders and at-risk communities that can lead to enhanced relationships and trust-building between public safety personnel and people with SUDs (and other community members)
- Often employ harm reduction strategies to address drug misuse by individuals

Benefits of First Responder and Officer Referral Programs

- Enhances public safety by reducing subsequent involvement in the justice system
- Saves lives by connecting people with SUD to treatment and harm reduction services (e.g., OD education, naloxone distribution, fentanyl test strips)
- Keeps individuals who pose “no real threat to public safety” out of the justice system, thus avoiding the collateral consequences of justice system involvement
- Creates collaborative relationships between a variety of community stakeholders that may result in initiatives that address other public safety issues
- Leads to better relationships between law enforcement and the community

10 Critical Elements for Implementing First Responder and Officer Referral Programs

1. Identify the problem faced by the community.
2. Create a multidisciplinary planning group.
3. Hire or appoint a dedicated program manager to coordinate all aspects of the program.
4. Hold regular partner meetings.
5. Engage the larger community.
6. Train first responders and officers about addiction, trauma, and recovery.
7. Have at least one partner agency provide case management services.
8. Collect data and evaluate the program.
9. Create a feedback loop.
10. Support from first responders—especially law enforcement—is critical to the success of first responder and officer referral programs.

(Incorporate them in planning as early in the process as possible to give them input and a feeling of ownership of the program.)

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Count on us.

Bernalillo County L.E.A.D. Program



History of Our Program

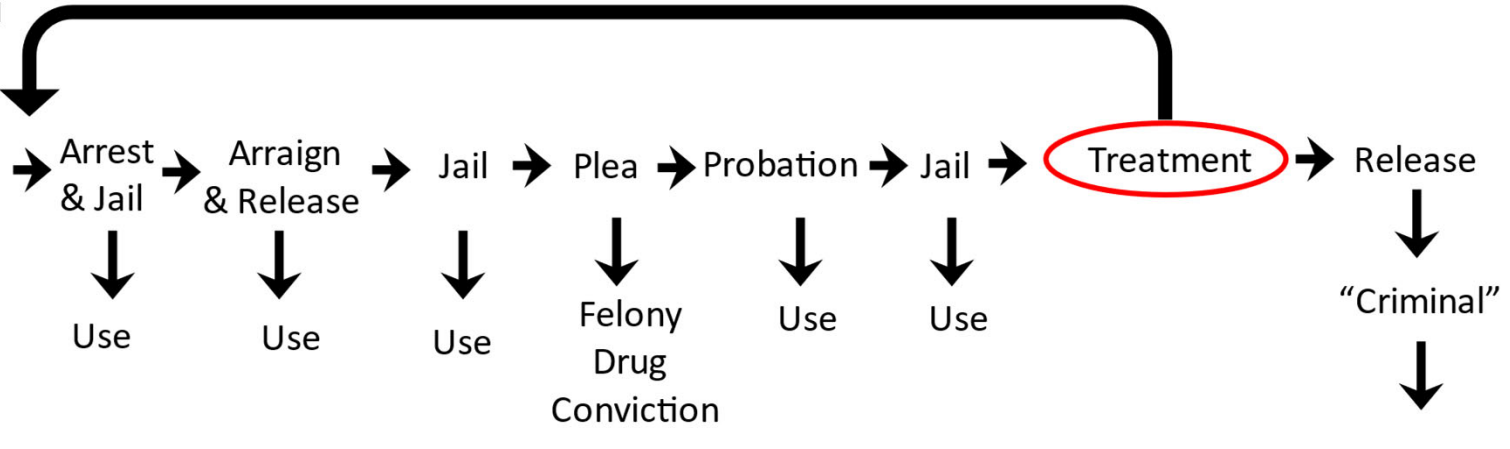


- Bernalillo County LEAD was launched in April 2019
- LEAD is a pre-booking diversion program that aims to improve public health and to end the cycle of recidivism
- LEAD enhances safety, health, and equity by building a community-based alternative to jail and prosecution for people whose unlawful behavior stems from unmet needs related to substance use, mental health challenges, or extreme poverty



Law Enforcement Assisted Diversion (LEAD)

SUD/BH



No Job
No Education
No Housing
No Money

LEAD aims to intervene and get people living with substance use issues or behavioral health conditions the treatment they need before they get involved in the system

No Job
No Education
No Housing
No SNAP Benefits

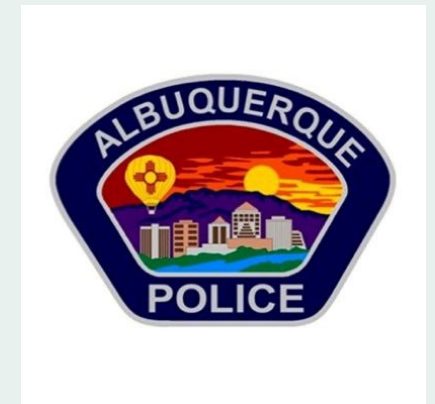


PURPOSE AND GOALS

- Reduce the harm a low-level drug or other offender causes him or herself, as well as the harm that that individual causes the community
 - Treat untreated or undertreated mental and physical health challenges
 - Reduce jail and emergency room recidivism rates for program participants, allowing the criminal justice system to focus on more serious offenders
 - Improve the wellbeing of program participants
-

Collaborative Approach

- Police
- Public Defenders
- Sheriff
- Case Mangers
- Prosecutors
- Social service providers



BERN



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Longmont Department of Public Safety

Public Safety Diversion Programs

LEAD – Angel – CORE (Co-Responder) – Community Health

1/07 August 2023



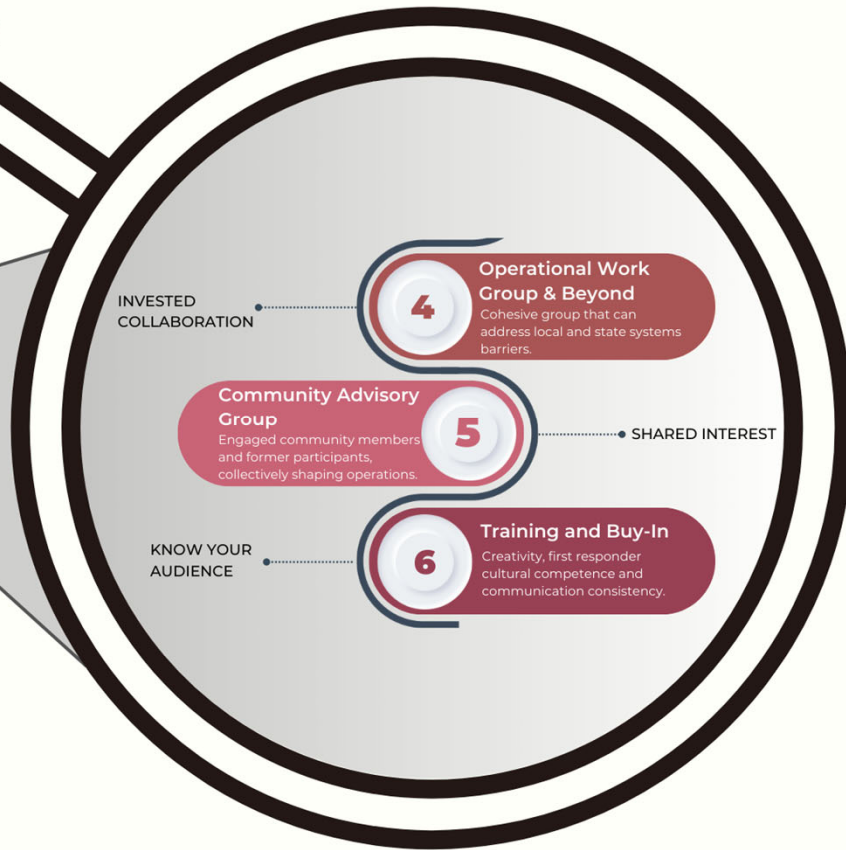
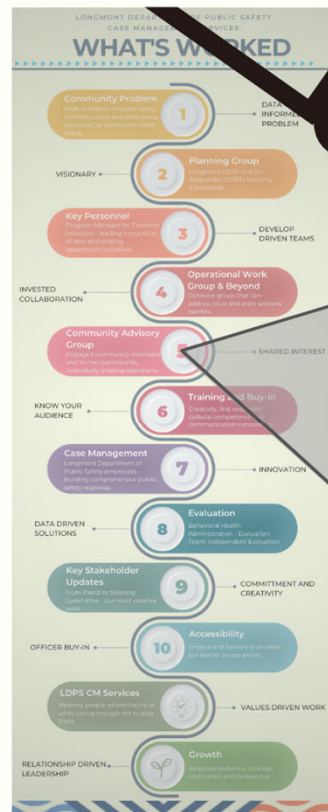
WHAT'S WORKED

Longmont Department of Public Safety Case Management Services



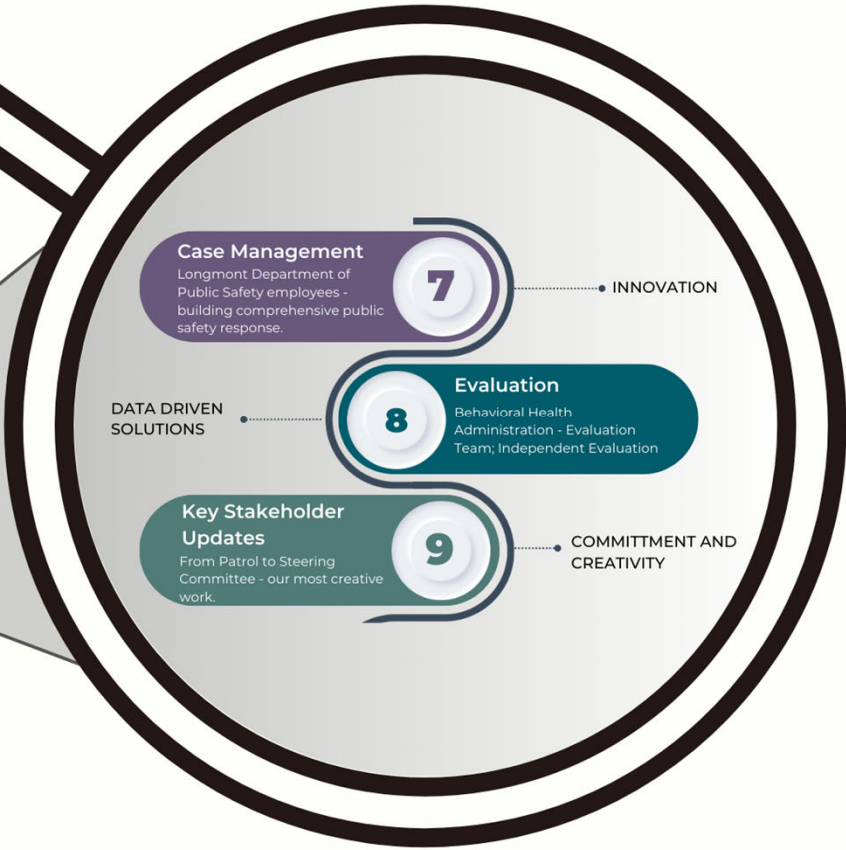
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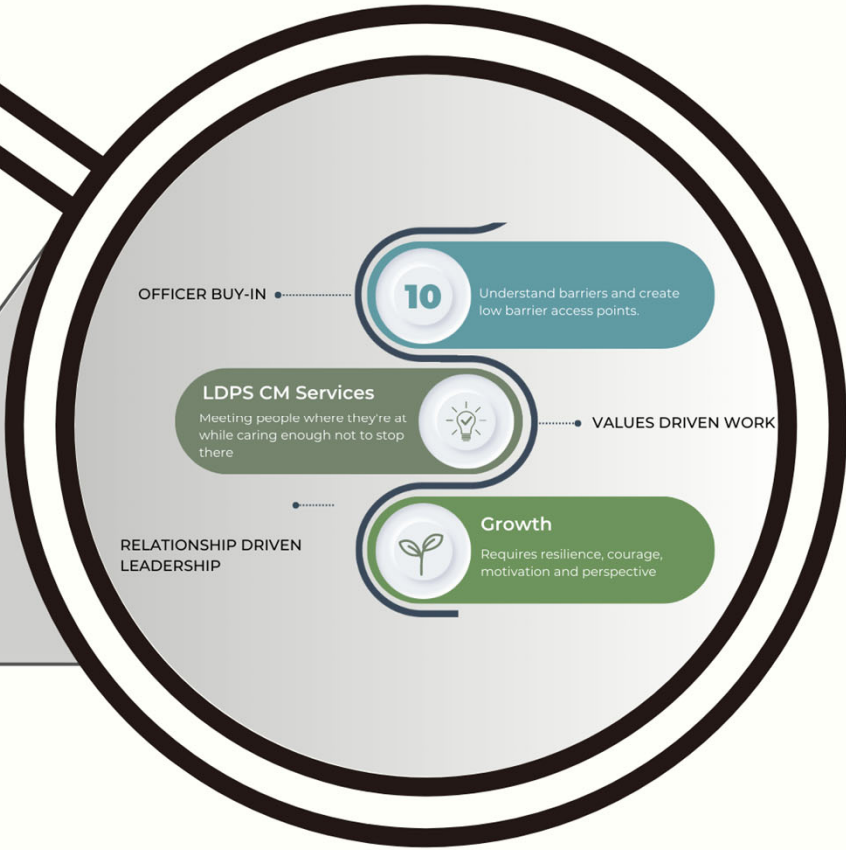
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WHAT'S WORKED

Longmont Department of Public Safety Case Management Services





THANK YOU

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Roundtable Discussion: Critical Elements for Implementing First Responder and Officer Referral Programs

Create a multidisciplinary planning group

- Identify key partners and start convening this team early in the process
 - Keep group size manageable during preliminary planning and expand as the program develops
 - First responders, community-based treatment and services, public health, hospitals, elected and appointed officials, research partner, members of impacted community
 - **Bring in first responders—especially law enforcement—early to get buy-in from those implementing the program**
- Build relationships with key partners
 - Collaboration is crucial to implementing FR&OR programs and building trust among partners
- Include the voices of individuals with lived experience with SUD and justice involvement

Hire a dedicated program coordinator

- The coordinator should be hired solely to work on the program
 - Requires attention to build relationships, obtain buy-in, ensure immediate response to referrals, conduct case management, coordinate meetings, collect data, etc.
- (If possible) position should be independent from LE and DA
 - Reduces perception of and potential for conflict among partners
 - **HOWEVER**, having a PC affiliated and working with LE can help to educate and obtain buy-in from officers
 - Must have respect for the role and value of policing and be able to work with all partners
- Ideally has a social work, peer support or clinical background
 - If PC is responsible for case management, should be qualified to conduct assessments and create diversion plans
- Consider individuals who have lived experience

Hold regular partner meetings

- Keeps lines of communication open, facilitates relationship building, and enhances trust among partners.
- Provides opportunities to strategize, brainstorm, discuss challenges, and share success stories.
- Partners should regularly review data and consider course corrections if necessary.

Train Officers and other First Responders about...

Training on the following can **reduce the stigma** attached to individuals with SUD and other behavioral health disorders:

- The neuroscience of addiction to convey that addiction is a chronic disease and not a moral failing
- Adverse Childhood Experiences (ACEs) and trauma to illustrate how trauma can affect life outcomes and encourage trauma-informed responses
- Recovery from SUD, and that returning to use (relapse) is often a part of the recovery process, which may result in needing to refer an individual multiple times

Have at least one partner agency provide case management services

- Important for ensuring that individuals have a comprehensive treatment or service plan and are connected to appropriate providers for the best possible outcome
- Case management agency(ies) should
 - work closely with the PC and other program partners
 - train its client-facing staff in evidence-based methods
 - adhere to the policies of the program
 - consider hiring case managers with lived experience in SUD, MHD, justice system involvement, or other shared experiences of program participants

Collect data and evaluate the program

- Important for demonstrating success, grant reporting requirements, and applying for funding to sustain the program
- Identify a research partner; bring them in as early as possible
- Invest in software or create an Excel spreadsheet to track data
- Analyze the data to validate and improve the program
- Share data with stakeholders and the community

Create a feedback loop

- First responders should be informed about the purpose and goals of the program
 - Consider adding mid-level and line personnel to your planning group to gain their perspectives and create champions for the program
- Share data and other programmatic information with partners, especially first responders, about the outcomes of program participants
 - Information can be aggregated and delivered by memo or newsletter
 - Learning about positive program-related outcomes is strong incentive for implementing the program
- Failure to share information with front-line personnel can be a barrier to successful program implementation

Polling Question 3: Which critical elements does your program need to add or enhance?

Questions and Answers

Contact Information

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IACP's COSSAP webpage:

(resources specifically for law enforcement and other first responders)

<https://www.theiacp.org/projects/comprehensive-opioid-stimulant-and-substance-abuse-program-cossap-law-enforcement-first>

