Deflection:

Deflect, Don't Escalate, Avoid Arrest

Public Safety, Public Health, and the Public Together

Louisville City Council Monday, July 27, 2020

Jac Charlier

Executive Director

Police, Treatment, and Community Collaborative
(PTACC)

TASC's Center for Health & Justice

Dr. Rashad Saafir
Executive Committee, PTACC
Co-Founder and Co-Director
Westside Community Triage and Wellness Center

©2020 Center for Health and Justice



Variety of Terms for Deflection...

- Deflection
- Pre-arrest diversion (PAD)
- First Responder Diversion
- Law enforcement assisted diversion
- Alternatives to Arrest (A2A)
- Co-responders

- Mobile Behavioral Health Teams (MBeHT)
- Crisis/Triage centers
- Crisis Intervention Team (CIT)
- Mobile <u>Crisis</u> Teams

NOTE: Crisis v. Non-Crisis Deflection

NOTE: SUD and MH Deflection

Whatever It's Called: Third Way for Police 1) Arrest 2) Take No Action 3) Deflect





... Variety of Names for Deflection Initiatives

- Quick Response Teams (QRT)
- Community Paramedics
- Virtual-Mobile Crisis
 Intervention (V-MOC)
- Arlington Outreach
- Mobile Outreach Vehicle (MOV)

- Community Response Team (CRT)
- Crisis Intervention Team (CIT)
- Safe Stations
- Respond, Empower, Advocate, Listen (REAL)
- Crisis Outreach and Support Team (COaST)

Whatever It's Named: *Third Way for Community*1) Arrest – ER/ED 2) Take No Action 3) Deflect





Deflection Differs from Justice Diversion

Deflection

- Moving away from justice system
- without having entered it
- <u>Behavioral health guided</u> with criminal justice partnerships
- Public health solution to better public safety – crime reduction!

Criminal Justice Diversion

- Moving out of justice system
 after having entered it
- <u>Criminal justice guided</u> with behavioral health partnerships
- A wide variety of approaches for a variety of reasons

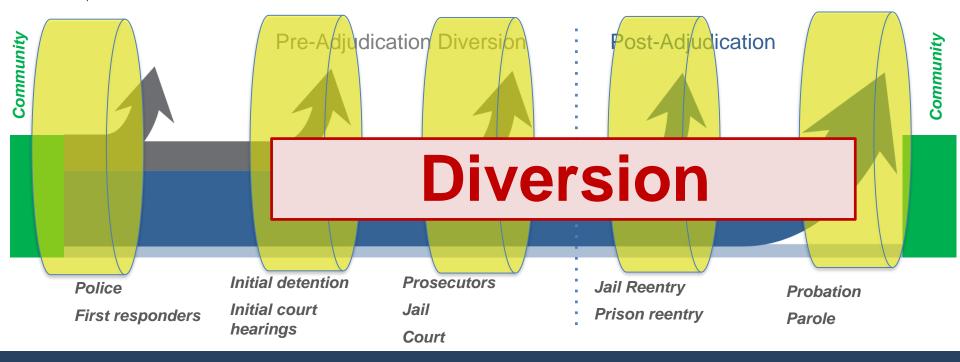




Deflection: The "Handle" on the Front Door

Community-based services, housing, and recovery support

Many people can be <u>safely deflected</u> in the community <u>instead of entering</u> the justice system







Deflection: Part of the Solution

- Opens access to treatment, housing, and services for many people
- Lives saved, lives restored
- Avoidance of escalation in police-resident encounters
- Improved public safety (real and perceived)
- Building police-community relations
- Reduced crime
- Reduction in the "social burden" placed on law enforcement
- Building (more) public health/public safety collaborations
- Movement away from use of the justice system for BH issues
- Cost savings
- Keeping families intact children and parents
- "Net-narrowing"
- Addressing racial disparity and inequity
- Reduced trauma/exposure by reduced entry into the justice system







The Five Deflection Pathways to Treatment

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





The Three Prongs of Deflection "Deflect, Don't Escalate, Avoid Arrest"

Police Responder	BH Responder	Co-Responder
What? Police respond without BH to the event/scene	What? BH responds without police/Fire/EMS to the event/scene AND/OR Actively outreaches to people BH Responder: Treatment, Recovery, Peer, Social Worker, Case Manager,	What? Police/Fire/EMS, respond with BH to the event/scene AND/OR Actively outreaches to people BH Responder: Treatment, Recovery, Peer, Social Worker, Case Manager,
Best Use: Responding to people in crisis situations, mostly mental health as currently used	Best Use: Responding to a wide-range of people in crisis and non-crisis situations, including SUD and mental health	Best Use: Responding to a wide-range of people in crisis and non-crisis situations, including SUD and mental health
Emergency situation	Non-urgent situation	Urgent situation/Non-urgent situation
Need for public safety	No known need for public safety	Unknown need for public safety

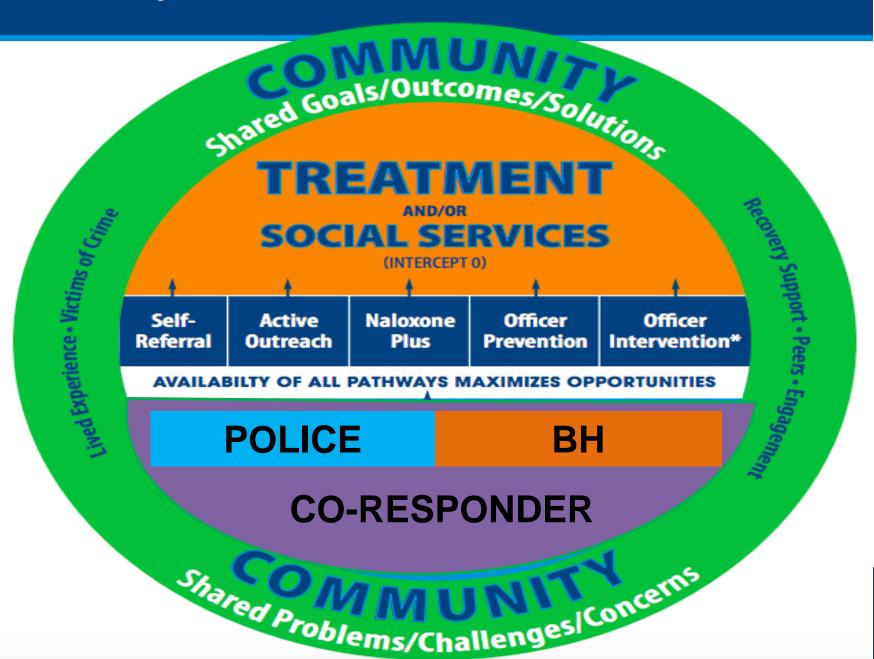


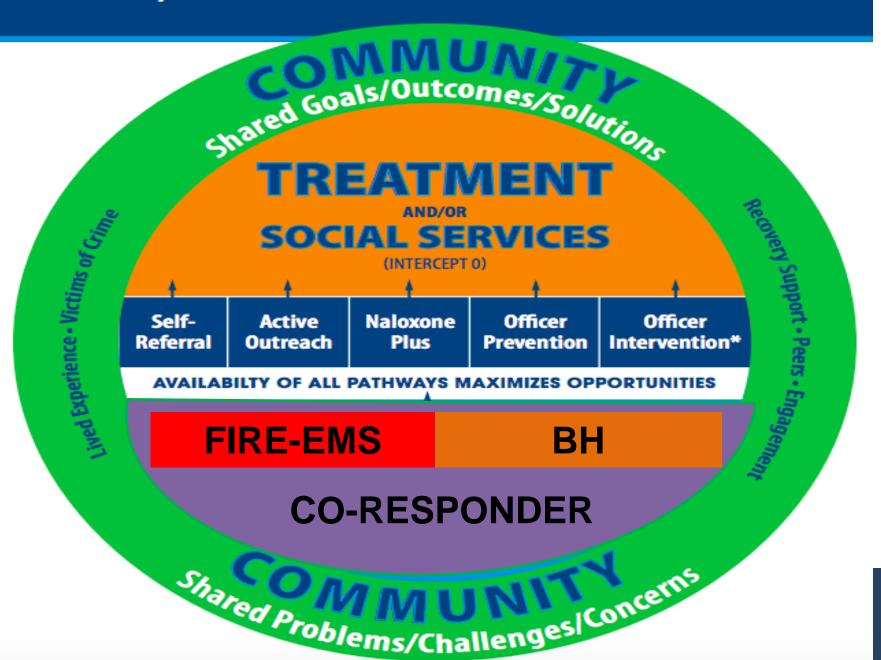














Regardless of Deflection Approach, Do This...

- Build 9-1-1 Crisis and Non-Crisis Response Coordination
- Ensure a Warm-Handoff to Treatment, Housing, and Services
- Employ Independent Case Management
- Perform Rapid Follow-Up with Ongoing Engagement
- Focus on Long Term Recovery
- Build Treatment Capacity
- Collect Data, Evaluate, and Use for Decision-Making
- Ensure "Equity of Offer and Use"
- Remember the Children





Co-Responder Specific Approaches

- Mental Health Support Team (Pima Cty, AZ)
- Behavioral Health Outreach Program (Kitsap Cty, WA)
- Virtual-Mobile Crisis
 Intervention (Springfield (MO)
 Police Department, Burrell
 Behavioral Health)
- 9-1-1 Crisis Call Diversion (Harris Cty, TX)

- Community Response Team (Colorado Springs, CO)
- Plymouth County Outreach (Plymouth Cty, MA)
- Crisis Outreach and Support Team (Albuquerque, NM)
- Respond, Empower, Advocate, Listen (Nebraska)
- Safe Stations (New Hampshire)





The National Voice of and Knowledge Leader for Deflection and Pre-Arrest Diversion































★ Indicates PTACC National Founding Partner



The **Ammon** Foundation



























★ Indicates PTACC National Founding Partner









































Jac Charlier
Executive Director
PTACC

TASC's Center for Health and Justice (312) 573-8302 jcharlier@tasc.org

www.ptaccollaborative.org



