Solutions to Our Nation’s Opioid Crisis: 
*The Naloxone Plus Pre-Arrest Diversion Framework*

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Variety of Terms for Pre-Arrest Diversion

- Deflection
- Pre-arrest diversion (PAD)
- Pre-booking
- Co-responder
- Pre-booking
- Crisis Intervention Teams
- Police diversion
- Crisis/Triage centers
- Police assisted diversion
- Law enforcement encounter
- Law enforcement assisted diversion (LEAD)
- No arrest diversion

A Third Way for Law Enforcement
1) Arrest or 2) Release 3) Divert (New!)
Pre-Arrest Diversion Is the “Handle” on the Front Door of the US Justice System

Many people can be safely deflected in the community instead of entering the justice system

Community-based services, housing, and recovery support

Pre-Adjudication Diversion

Post-Adjudication

Police
First responders

Initial detention
Initial court hearings

Prosecutors
Jail
Court

Jail Reentry
Prison reentry

Probation
Parole

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How Pre-Arrest Diversion (PAD) Differs from Other Types of US Justice Diversion

**Pre-Arrest Diversion (PAD)**

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

**Other Criminal Justice 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: Done Together for Biggest Impact

<table>
<thead>
<tr>
<th>Prevention PAD</th>
<th>Intervention PAD</th>
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</thead>
<tbody>
<tr>
<td>• <strong>No charges</strong> / Not relevant to criminal activity during this encounter</td>
<td>• <strong>Charges</strong> 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 health risk or exposure risk to the justice system</td>
<td>• Identified behavioral health issue (well-being) that places the person in a health risk or exposure risk to the justice system <strong>AND</strong></td>
</tr>
<tr>
<td>• <strong>Divert to treatment</strong> for clinical assessment to address needs and/or to social services</td>
<td>• Identified low-moderate risk (to re-offend)</td>
</tr>
<tr>
<td>• Prevents <strong>future</strong> criminal justice entry by connecting to treatment <strong>today</strong></td>
<td>• <strong>Divert to treatment</strong> for clinical assessment to address needs and/or to social services with justice follow-up and possible action</td>
</tr>
</tbody>
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The Pathways to Treatment Connecting Two Systems
(The TASC Model)

100% Identification & Screening
Assessment
Referral/Placement into Treatment
Monitoring & Reporting
Recovery Support

Case Management, Collaboration, Systems Communication

Community

800,000 Police Referring to Treatment (New!)
The Five PAD 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:** Law enforcement 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 Prevention Referral:** Law enforcement initiates treatment engagement from a call for service or “on view”; no charges are filed.

- **Officer Intervention Referral:** Law enforcement 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.
Pre-Arrest Diversion Examples (Brands) with Related Pathways

- **Angel (MA) / Arlington (MA)** – paariusa.org; Fire = **Safe Stations** (435 sites for Angel and Arlington programs – PD, Sheriff, Fire/EMS)
  - Self-referral, Active Outreach

- **Quick Response Teams (OH)** – (many and varied sites with QRT 50+ sites)
  - **Naloxone Plus**

- **LEAD (WA)** – leadkingcounty.org (20 sites)
  - Officer Prevention Referral, Officer Intervention Referral

- **Civil Citation (FL)** – civilcitationnetwork.com (62 sites: 60 juvenile, 2 adult)
  - Officer Intervention Referral
Pre-Arrest Diversion: Part of the Solution

• Reduced crime
• Improved public safety (real and perceived)
• Reduced drug use
• Better outcomes during crisis encounters
• Lives saved, lives restored
• Building police-community relations
• Reduced burden on criminal justice to solve public health and social challenges – reduction in the “social burden”
• Building (more) police-public health/behavioral health relations
• Correct movement of citizens into/away from the justice system
• Cost savings
• “Net-narrowing”
• Keeping families intact
• Addressing racial disparity
Why Pre-Arrest Diversion Growth Now?

1. Law enforcement encounters with the mentally ill
   1. CIT – 1988 – “Memphis Model”

2. Police and community relations
   1. Brown - Ferguson, MO; McDonald – Chicago, IL

3. Opioid epidemic
   1. “Angel” program - 2015

4. Ever increasing “social burden” on police and the justice system
   1. War on Crime – Johnson – 1965
   2. War on Drugs – Nixon – 1971
   4. Rapid growth in incarceration (2x growth/10 years) 1980 +/-
Pre-Arrest Diversion: Observations

• Newly emerging field and profession
• Formalized: Policy, Practice and Training
• Systems approach: Police + Treatment + Community + Research
• Research is promising
• First steps underway to establish a policy framework
• Mental health is not illegal

• Drugs are (mostly) illegal
• Mental health tends to think of crisis situations
• SUD does not rely on a crisis situation
• Being driven in large part by the opioid epidemic
• Social services, housing, recovery
• Family, children, veterans
The Naloxone Plus Framework: “Saving a Life Twice”

The National Standard for Law Enforcement Opioid Response
Elements of the Naloxone Plus Framework

- **Naloxone Plus**: Engagement with treatment as part of an overdose response with naloxone, then following up rapidly with tight integration with treatment. Site examples: QRT, DART, STEER
  
  - **Naloxone** – Law enforcement, fire, emergency medical services, community, businesses, individuals, etc.
  - **Rapid ID** – e.g., 9-1-1
  - **Immediate contact with individual** – as close as possible to point of OD
  - **Rapid engagement** – in person and daily follow-up until engaged in treatment
  - **Rapid access to treatment** – measured in minutes and hours
  - **Screening and clinical assessment** – to have the correct individual approach
  - **Continued tight integration** – police and behavioral health and community
  - **Medication-Assisted Treatment (MAT)** – all appropriate medications made available
  - **Recovery support services** – treatment ends, recovery continues
  - **Naloxone** – for the individual and his/her household
Signs of Recovery Over Time

<table>
<thead>
<tr>
<th>1-12 Months</th>
<th>Duration of Abstinence</th>
<th>4-7 Years</th>
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<tbody>
<tr>
<td>• More abstinent friends</td>
<td>• Virtual elimination of illegal activity and illegal income</td>
<td>• More social and spiritual support</td>
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<tr>
<td>• Less illegal activity and incarceration</td>
<td>• Better housing and living situations</td>
<td>• Better mental health</td>
</tr>
<tr>
<td>• Less homelessness, violence, and victimization</td>
<td>• Increasing employment and income</td>
<td>• Housing and living situations continue to improve</td>
</tr>
<tr>
<td>• Less use by others at home, work, and by social peers</td>
<td></td>
<td>• Dramatic rise in employment and income</td>
</tr>
<tr>
<td></td>
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<td>• Dramatic drop in people living below the poverty line</td>
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</tbody>
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Source: Dennis, Foos & Scott, 2007
Why Case Management:

Most individuals entering the justice system have multiple & complex service needs.

Source: Community Catalyst, 2016
Components of Comprehensive Drug Addiction Treatment

- Assessment
- Evidence-Based Treatment
- Substance Use Monitoring
- Clinical and Case Management
- Recovery Support Programs
- Continuing Care

Vocational Services
Family Services
Legal Services
Mental Health Services
Medical Services
HIV/AIDS Services
Educational Services

The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

National Institute of Drug Abuse
The NATIONAL Voice of the Pre-Arrest Diversion Field
PTACC Collaborative: Our Mission, Purpose, and Cornerstone

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

• **Purpose** – To provide NATIONAL vision, leadership, advocacy, and education to facilitate the practice of pre-arrest diversion across the US

• **Cornerstone** – PTACC is open-source, open to any and all. PTACC is “non-denominational” as to which model/brand of pre-arrest diversion is appropriate for a jurisdiction; each community must determine which approach(es) solves its problem, fits the local situation, and can be addressed through current behavioral health capacity.
PTACC National Partners
PTACC National Partners

Indicates PTACC National Founding Partner
PTACC National Partners

QRT NATIONAL

BALONICK & ASSOCIATES

NAMSDL
National Alliance for Model State Drug Laws

SAFEProject
Stop the Addiction Fatality Epidemic

GunBail
PTACC “Open-Source” Resources:

• **PTACC Visual 5 Pathways to Treatment** – The first visual depiction of all known deflection and pre-arrest diversion pathways

• **PTACC Core Measures of Pre-Arrest Diversion** – Recommended metrics for sites to use covering police, treatment, community, and race.

• **PTACC 11 Guiding Principles for Behavioral Health Pre-Arrest Diversion** – Currently being aligned with CARF accreditation standards.

• **PTACC Pre-Arrest Diversion Presentations** – PAD Basics, PAD Policy, Naloxone Plus

• **PTACC National Policy and Legislation** – In development

• **PTACC Housing & Pre-Arrest Diversion** – In development