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

Jac Charlier
Executive Director
TASC's Center for Health and Justice
jcharlier@tasc.org 312-573-8302



## 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!)

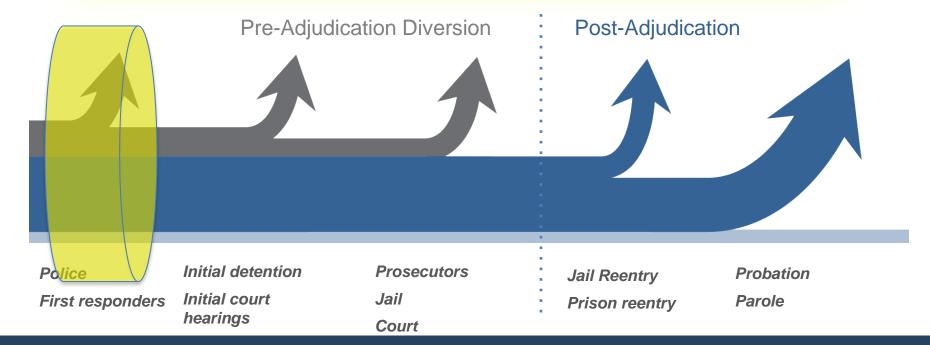




# Pre-Arrest Diversion Is the "Handle" on the Front Door of the US Justice System

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

Community-based services, housing, and recovery support







# 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
- <u>Behavioral health guided</u> 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
- <u>Criminal justice guided</u> 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

#### **Prevention PAD**

- No charges / Not relevant to criminal activity during this encounter
- Identified behavioral health issue (well-being) that places the person in a health risk or exposure risk to the justice system
- Divert to treatment for clinical assessment to address needs and/or to social services
- Prevents <u>future</u> criminal justice entry by connecting to treatment today

#### **Intervention PAD**

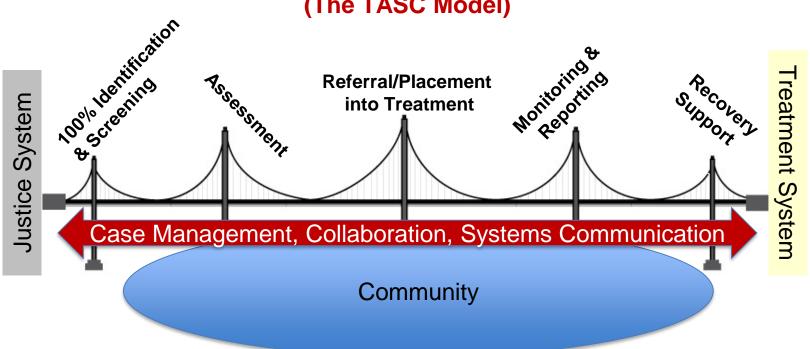
- <u>Charges</u> exist but are held in abeyance or issuance of non-criminal citation
- Identified behavioral health issue (wellbeing) that places the person in a health risk or exposure risk to the justice system AND
- Identified low-moderate risk (to reoffend)
- Divert to treatment for clinical assessment to address needs and/or to social services with justice follow-up and possible action





# The Pathways to Treatment **Connecting Two Systems**

(The TASC Model)



800,000 Police Referring to Treatment (New!)





## The Five PAD 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





# Pre-Arrest Diversion Examples (Brands) with Related Pathways

- Angel (MA) / <u>Arlington</u> (MA) <u>paariusa.org</u>; Fire = <u>Safe Stations</u>
   (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
- <u>LEAD</u> (WA) <u>leadkingcounty.org</u> (20 sites)
  - Officer Prevention Referral, Officer Intervention Referral
- <u>Civil Citation</u> (FL) <u>civilcitationnetwork.com</u> (62 sites: 60 juvenile, 2 adult)
  - Officer Intervention Referral





# PRE-ARREST DIVERSION: PATHWAYS TO COMMUNITY POLICE, TREATMENT AND COMMUNITY COLLABORATIVE



#### **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
  - 2. President's 21st Century Task Force 2015
- 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
  - 3. Violent Crime Control Act Clinton 1994
  - 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**

1-12 Months <u>Duration of Abstinence</u> 1-3 Years 4-7 Years

- More abstinent friends
- Less illegal activity and incarceration
- Less homelessness, violence, and victimization
- Less use by others at home, work, and by social peers

- Virtual elimination of illegal activity and illegal income
- Better housing and living situations
- Increasing employment and income

- More social and spiritual support
- Better mental health
- Housing and living situations continue to improve
- Dramatic rise in employment and income
- Dramatic drop in people living below the poverty line

TCU © 2014

Source: Dennis, Foos & Scott, 2007





# Why Case Management:

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



Source: Community Catalyst, 2016

Outreach and Engagement





#### Components of Comprehensive Drug Addiction Treatment



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 prearrest 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**



























★ Indicates PTACC National Founding Partner





### **PTACC National Partners**



























★ Indicates PTACC National Founding Partner





### **PTACC National Partners**











## 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







## www.ptaccollaborative.org



HOME ABOUT PTACC > CONFERENCE > STRATEGY AREAS > RESOURCES > NEWSLETTER









Jac Charlier
Executive Director
Center for Health and Justice at TASC
(312) 573-8302
jcharlier@tasc.org

www.ptaccollaborative.org



