STEER Police Deflection
Stop, Triage, Engage, Educate and Rehabilitate

STEER Overview: Stop, Triage, Engage, Educate and Rehabilitate (STEER) launched in March 2016 as a joint venture of the Montgomery County (MD) Police Department, Maryland Treatment Centers, Police Executive Research Forum (PERF) and The Center for Health and Justice (CHJ) at TASC. Evaluation is being done by George Mason University. STEER is a police deflection (i.e. pre-arrest/booking police diversion) initiative that incorporates prevention deflection and intervention deflection.

STEER Priority: Improved public safety -- it’s what citizens expect from the police but how that is done is the power of deflection: police and human services working together. STEER operates around the core value proposition of deflection, namely ensuring the “correct” movement of citizens either into the criminal justice system or away from it and towards the human services system, and as a result: 1) reducing crime, 2) (re)building community relations, 3) reducing drug use and 4) restoring the lives of citizens.

Evidence-Based Officer Decision Making. STEER begins during calls for service or on view situations during which police officers conduct a field risk-need screen (without the need to go to a district or lock-up) to determine if an individual fits a low-moderate criminogenic risk profile (using the Proxy Risk Tool) and high treatment need profile (using the CAGE substance use screen).

If eligible criminal charges are present, the charges can be held in abeyance if the individual voluntarily accepts a STEER intervention referral. If no criminal charges are present, the individual can still be referred to STEER in a prevention contact. Both elements of STEER reduce drug use thereby reducing crime. The citizen is offered a chance for treatment and help, without entering into the criminal justice system.

STEER creates a "warm handoff" from the officer to a 24/7 community-based case manager for full clinical assessment and referral to treatment resources to address their underlying substance use disorder and mental health challenges. The case manager focuses on rapid treatment access, retention, motivation, engagement and completion, and works with officers on the street to identify and engage prospective participants.
Opportunities & Lessons Learned

- 244 individuals have been referred to the STEER case manager between March, 2016 and September, 2017.
- 41% (100) assessed for treatment
- 88.5% (60) of those that initiated treatment remained active in treatment at 30 days, 67.2% (47) of whom were still active at 60 days. Treatment compliance rates for Prevention Deflection and Intervention Deflection referrals are higher than the national average.

- **Opioid overdose precipitated the majority of STEER referrals—158 were referred post-overdose and first responders administered Narcan to 151 of these cases**

- Officers evidence-based risk-need tools to enhance and guide their decision-making in the field, reducing error and increasing effectiveness
- Deflection opportunities happen at all times of the day, and the system must be equipped to respond
- STEER is demonstrating significant levels of officer buy-in thanks in large part to the relationship with Maryland Treatment Centers
- The STEER case manager has a mobile office -- they can be in the vehicle, at the district, and on the streets following up with STEER participants.
- STEER offers an opportunity for police to receive formal training in the science of addiction and behavioral health
- STEER is proving to be an effective model for engaging people post-opiate overdose for both hospitals and law enforcement, suggesting that a STEER-like model could be a useful tool fighting the opioid overdose epidemic.
- STEER deflection provides a natural strategy to improve community relations by showing citizens the police know when a citizen needs help instead of needing to be arrested. STEER makes clear “the police are indeed here to help” and not ‘just to arrest’.
- In 2017, STEER received both the National Association of Counties’ (NACo) Achievement Award and the Addiction Policy Forum’s Innovation Award.