



**SAFEProject**

Stop the Addiction Fatality Epidemic

**LAW ENFORCEMENT  
PRE-ARREST  
DIVERSION  
RESOURCE GUIDE**



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Data have shown that the best use of police resources is to help people struggling with opioid addiction get into evidence-based treatment, rather than putting them into jail. This is true from a public health standpoint as well as a public safety standpoint. If the goal is to reduce opioid-related deaths, then treatment is the best option.

If the goal is to reduce the number of people breaking the law because they're dealing with an addiction, then treatment is also the best option. There is a lot of rhetoric around the idea of not being able to arrest our way out of this problem and ensuring access to appropriate treatment is a way to operationalize this rhetoric. It truly benefits everyone.

— **Corey Davis**, Deputy Director, Network for Public Health Law

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# OUR COLLABORATION



**SAFE Project** was founded in November 2017 by Admiral James and Mary Winnefeld, following the loss of their 19-year old son Jonathan to an accidental opioid overdose. The Winnefelds immediately channeled their grief into action, hoping to save more families from the pain of loss. Whether it was seeking treatment, getting answers, or understanding the nature of the disease – they knew there needed to be a different solution to help other families facing the same journey with substance use disorder.

They swiftly built our SAFE Project team of experts who strive for meaningful action through our programs, and lead efforts that are unifying, non-partisan and evidence-based. SAFE Project seeks meaningful metrics that strengthen our interdependent six lines of operation, and ultimately aim to achieve SAFE Communities and SAFE Campuses across the nation.



**The Police, Treatment, and Community Collaborative (PTACC)** is an alliance of practitioners in law enforcement, behavioral health, community, advocacy, research, and public policy, whose mission is to strategically widen community behavioral health and social service options available through law enforcement diversion. The purpose of the Collaborative is to provide vision, leadership, advocacy, and education to facilitate the practice of pre-arrest diversion across the United States. PTACC is the national voice of the pre-arrest diversion and deflection field.



# LAW ENFORCEMENT PRE-ARREST DIVERSION

*“We cannot arrest our way out of this problem”: So, what DO we do?*

## Deflect and Divert

Law Enforcement and First Responders serve on the front lines of every epidemic, none more so than the addiction epidemic. Our public health and public safety communities must work in concert to defeat the disease of addiction infecting our communities.

**Law enforcement agencies across the country are recognizing a critical fact. Incarceration or involvement in the justice system does NOT help them:**

1. Address underlying mental health conditions that are a major driver of contact with law enforcement and justice involvement generally.
2. Deter individuals from committing crimes to support their addiction.
3. Reduce the demand for illicit drugs in their community.
4. Take drugs off the street.

**What DOES help our Law Enforcement and First Responders to keep our communities safe and healthy?**

1. Wide access and availability of the life saving opioid reversing drug Naloxone/Narcan.
2. Safely diverting people battling addiction as the driver of their justice involvement into community-based treatment and recovery and away from the criminal justice system.
3. Rapid access and “warm-handoff” to treatment and recovery with goal of establishing no-wait “treatment on demand”.
4. An integrated public health and public safety response to the epidemic.

**Communities defeat this disease when we:**

1. Treat the underlying health condition.
2. Triage patients and to correctly deflect and divert those in need of medical attention to trained medical and clinical professionals.
3. Have adequate treatment capacity, recovery and supportive services.
4. Focus law enforcement and criminal justice efforts on those profiting from the sale and distribution of illegal/illicit substances.

**Why implement Pre-Arrest Diversion in your community?**

1. Treatment and recovery save lives and reduces demand for drugs.
2. Treatment and recovery reduce crime for those that were involved with the justice system
3. Treatment and recovery are more effective than incarceration at addressing addiction and reducing crime.
4. PAD saves officers’ most precious resource; time by allowing the officer to return-to-service quicker than an arrest

# PRE-ARREST DIVERSION: PATHWAYS TO COMMUNITY

## POLICE, TREATMENT AND COMMUNITY COLLABORATIVE



### PATHWAYS TO COMMUNITY



**Self-Referral** • Individual initiates contact with law enforcement for a treatment referral (without fear of arrest), preferably a warm handoff to treatment.  
Example: Police Assisted Addiction and Recovery Initiative (PAARI) Angel Program

**Active Outreach** • Law enforcement initially IDs or seeks individuals; a warm handoff is made to treatment provider, who engages them in treatment.  
Examples: Police Assisted Addiction and Recovery Initiative (PAARI) Arlington; Quick Response Team (QRT)

**Naloxone Plus** • Engagement with treatment as part of an overdose response or a severe substance use disorder at acute risk for opioid overdose.  
Examples: Drug Abuse Response Team (DART); Stop, Triage, Engage, Educate and Rehabilitate (STEER); Quick Response Team (QRT)

**Officer Prevention** • Law enforcement initiates treatment engagement; no charges are filed. Examples: Crisis Intervention Team (CIT); Law Enforcement Assisted Diversion (LEAD) Social Contact; Stop, Triage, Engage, Educate and Rehabilitate (STEER); Mobile Crisis; Co-Responders; Crisis/Triage/Assessment Centers; Veterans Diversion

**\*Officer Intervention** • Law enforcement initiates treatment engagement; **charges are held in abeyance or citations issued**, with requirement for completion of treatment and/or social service plan. Examples: Civil Citation Network (CCN); Crisis Intervention Team (CIT); Law Enforcement Assisted Diversion (LEAD) Assessment; Stop, Triage, Engage, Educate and Rehabilitate (STEER); Veterans Diversion

To learn more about the PTAC Collaborative, contact **Jac Charlier, National Director for Justice Initiatives at the Center for Health and Justice at TASC**, at [jcharlier@tasc.org](mailto:jcharlier@tasc.org) or **312.573.8302**

# CASE STUDIES

## Examples of Successful PAD Implementation

### Self-Referral Pathway

These programs allow users to present themselves to a local police department and hand over any drugs or paraphernalia without fear of criminal charges. The local authorities have established partnerships to make a warm hand off to treatment.

#### **A Way Out** • *Lake County, Illinois*



“A Way Out” is a Lake County, Illinois Law Enforcement Assisted Diversion (LEAD) pilot program, designed to fast-track users to substance abuse programs and services. This program is available 24 hours a day, 7 days a week at participating police departments across Lake County and ensures no criminal charges will be sought for those that may be in possession of narcotics or paraphernalia, as long as assistance is sought out by the prospective program participant.

“A Way Out” is a program developed by the Lake County Opioid Initiative to create additional treatment access points, reduce crime, reduce substance-related harms, re-frame the role law enforcement plays in community safety, and unite the community. For too long, substance use has been stigmatized and dealt with as a criminal issue. Substance use is a public health problem that needs to be addressed as such. Lake County Opioid Initiative is committed to developing innovative ways to create positive change in our community as it regards substance use and mental health.

#### **The HOPE Initiative** • *--Nashville, NC*



The HOPE Initiative was the first PAD program in the State of North Carolina. Its purpose is to assist those individuals with Substance Use Disorder to find treatment options and to get into treatment and begin recovery. While other programs were centered on opioids, the HOPE Initiative was willing to accept any Substance Use Disorder. Partnerships were established with the local district attorney’s office, Eastpointe (LME), UNC Nash Hospital, Coastal Plain Hospital (Detox facility), Police Assisted Addiction and Recovery Initiative (PAARI), and many others.

The program allows individuals to come to the Nashville Police Department, turn over any drugs and/or paraphernalia without fear of charges, and to start their recovery process. Our first HOPE Initiative participant came to the Nashville Police Department on February 17th, 2016 and serviced 320 clients in its first 2 years. The program is funded through donations, grants, and fundraisers.

## Active Outreach Pathway

These programs engage first responders to target specific populations known to be active drug users and providing them with pathways and support to initiate treatment.

### **Plymouth County Outreach** • *Plymouth County, MA*



Plymouth County Outreach (PCO) was developed through the Public Safety, Community Coalition and the Faith Based Subcommittees of the Plymouth County Drug Abuse Task Force. Since its inception, PCO has fostered an innovative law enforcement/non law enforcement collaboration which includes the District Attorney’s Office, The Sheriff’s Department, all 27 police departments, 5 major hospitals, recovery coaches, DCF, District Court Probation, PAARI, community as well as faith-based coalitions.

The two main aspects of the program are overdose follow-up and community drop in centers. Within 12-24 hours of an overdose, an Outreach team consisting of plainclothes officers, a licensed clinician, and/or a recovery coach will conduct a home visit of the overdose survivor. The intent of the outreach effort is to provide resources and support to those with substance use disorders and/or their families with the hope of getting people into treatment and connecting family/friends with existing resources in the county.

Through the support of Project Outreach / PCO Hope, a drop in center in various sites across Plymouth County are held each week. These centers host a growing number of health care providers who help with treatment options and train and distribute Narcan for free.

### **Arlington Opiate Outreach Initiative** • *Arlington, MA*



This community-based strategy has two major components. First is the proactive outreach to known substance users. “Arlington Opiate Outreach Initiative” involves the police department clinician reaching out to the known population of persons with substance use disorders to support them in developing a plan to ensure their survival, to facilitate the long-term process of recovery, and to avail person and their loved ones to services.

Second is the Arlington Community Training & Support - Arlington “ACTS” on Addiction involves a series of community based meetings co-facilitated by the police department’s clinician and a community substance abuse intervention expert aimed at achieving the goals stated above and with creating a supportive non-judgmental environment for substance users and their families.

## Naloxone Plus Pathway

Naloxone Plus pathways engage users in the immediate aftermath of an overdose reversal, known as the “recovery window”. The 24-72 hours following an overdose reversal users are much more likely to initiate voluntary treatment options.

### **Drug Abuse Response Team (DART) • Lucas County, OH**



The Lucas County Sheriff’s Office developed the Drug Abuse Response Team (DART) model. Lucas County credits it with diverting more than a thousand people from the criminal-justice system and into treatment during its first 4 years. 70 % of participants successfully enter detox and treatment programs.

The Ohio legislature has since approved a pilot grant program to assist other Ohio counties in implementing a DART program. As of 2018 39 grant-funded programs are in the middle of 21-month-long pilots.

The Lucas County DART program now has over 20 officers from several area law enforcement agencies, including Toledo PD, the Sheriff’s Department, and the Division of Children and Families. That officer works with parents with substance use disorder whose children have been put in foster care. The officer assists the parents getting access to treatment so the family can be reunited.

### **Quick Response Team (QRT) • Hamilton County, OH**



The Hamilton County Heroin Task Force partnered with law enforcement, fire departments and social workers to create a team that follows up with overdose victims and offers them addiction treatment. The goal is to have a first responder follow up with overdose victims within the “recovery window” 72 hours after an overdose reversal, and provide a warm hand off to treatment options.

Teams try to find overdose survivors using a database maintained by the Greater Cincinnati Fusion Center, a public safety data-collecting agency. Teams also use “predictive analysis” to track drug activity to target potential overdoses with the help of University of Cincinnati’s Institute of Crime Science. QRT has since been launched as a national model being spread nationally.

# Officer Prevention Pathway

Officer Prevention pathways seek to engage known users and vulnerable populations with treatment options prior to arrest or justice involvement. Charges are avoided in lieu of treatment or other conditions.

## Law Enforcement Assisted Diversion (LEAD) • King County, WA



Law Enforcement Assisted Diversion (LEAD) is a pre-booking diversion program developed in King County, Washington to address low-level drug and prostitution crimes in Seattle and King

County. The program allows law enforcement officers to redirect low-level offenders engaged in drug or prostitution activity to community-based services, instead of jail and prosecution. By diverting eligible individuals to services, LEAD is committed to improving public safety and public order, and reducing the criminal behavior of people who participate in the program.

The King County LEAD program has evolved to a national model with a national support organization, the LEAD National Support Bureau, which assists departments in establishing LEAD programs.

## Stop, Triage, Engage, Educate and Rehabilitate (STEER) • Montgomery County, MD



The STEER Program in Montgomery County, MD, is a pre-booking law enforcement and drug treatment and recovery linkage program that aims to provide rapid identification, deflection, and access to treatment for drug-involved individuals as an alternative to conventional arrest. Individuals are assigned a care-coordinator who focuses on rapid treatment access, retention, motivation, engagement, and completion and also conducts a full clinical assessment and referral.

Police Officers use a screening tool to decide whether a person is a candidate for this deflection. The risk assessment may be used by a Police Officer who is responding to a call for service or in an on-view situation. Charges can be held in abeyance while the person is seeking services.

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.

# Officer Intervention Pathway

These programs engage users after a related arrest or citation has been made. Generally Charges are held in abeyance, pending treatment or other conditions are met.

## Pre-Arrest Diversion/Adult Civil Citation (PAD/ACC) • Leon County/Tallahassee, FL



As a model pre-arrest diversion program, the Leon County/Tallahassee PAD/ACC program holds offenders accountable for their crime; but, instead of being arrested and prosecuted by the traditional criminal justice system, the person receives civil sanctions, e.g. community service, and behavioral health intervention services. The essential elements of the program, following referral by law enforcement, are the use of evidence-based behavioral health intervention services to reduce the likelihood of future criminal activity and the avoidance of an arrest record for those who successfully complete the program. The decision to arrest or refer for behavioral health assessment and intervention services is best made by the law enforcement officer who is on the scene and understands the nature of the offense at the time it occurred.

Since inception the Leon County/Tallahassee has had over 1300 participants. The Civil Citation model has grown throughout the State of Florida. Today the Civil Citation Network (CCN) assists communities in implementation the Civil Citation model.

## Crisis Intervention Teams • Memphis, TN



The Crisis Intervention Team (CIT) program is a community partnership working with mental health consumers and family members. Officers are part of a specialized team which can respond to a crisis at any time and they will work with the community to resolve each situation in a manner that shows concern for the citizen's well being.

The CIT is made up of volunteer officers from each Uniform Patrol Precinct. CIT officers are called upon to respond to crisis calls that present officers face-to-face with complex issues relating to mental illness. CIT officers also perform their regular duty assignment as patrol officers.

The Memphis Police Department has approximately 268 CIT officers who participate in specialized training under the instructional supervision of mental health providers, family advocates, and mental health consumer groups. Due to the training, CIT officers can, with confidence, offer a more humane and calm approach. These officers maintain a 24/7 coverage.

# ADDITIONAL RESOURCES

## Pre-Arrest Diversion Models

[Police, Treatment and Community Collaborative \(PTACC\)](#)  
[Police Assisted Addiction and Recovery Initiative \(PAARI\)](#)  
[Quick Response Team \(QRT\)](#)  
[Drug Abuse Response Team \(DART\)](#)  
[Stop, Triage, Engage, Educate and Rehabilitate \(STEER\)](#)  
[Crisis Intervention Team \(CIT\)](#)  
[Law Enforcement Assisted Diversion \(LEAD\)](#)  
[Civil Citation Network \(CCN\)](#)

## Case Studies

**A Way Out (Lake County, IL):**  
[awayoutlc.org/](http://awayoutlc.org/)

**The Hope Initiative (Nashville, NC):**  
[townofnashville.com/government/police-department/hope-initiative](http://townofnashville.com/government/police-department/hope-initiative)

**Plymouth County Outreach (Plymouth County, MA):**  
<https://otf.plymouthda.com/project-outreach/>

**Arlington Opiate Outreach Initiative (Arlington, MA):**  
[arlingtonma.gov/home/showdocument?id=34751](http://arlingtonma.gov/home/showdocument?id=34751)

**Drug Abuse Response Team (Toledo, OH):**  
<http://www.toledoblade.com/Opinion/Editorials/2018/02/27/Making-a-model-of-DART/stories/?abnpageversion=evoked>

**Quick Response Team (Hamilton County, OH):**  
<http://www.wvxu.org/post/additional-opioid-quick-response-team-hits-streets#stream/0>

**Law Enforcement Assisted Diversion (King County, WA):**  
<https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/diversion-reentry-services/lead.aspx>

**Stop, Triage, Engage, Educate and Rehabilitate (Montgomery County, MD):**  
<https://www.addictionpolicy.org/blog/stop-triage-engage-educate-and-rehabilitate-steer-program>

**Pre-Arrest Diversion/Adult Civil Citation (Leon County/Tallahassee, FL):**  
<https://university.pretrial.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=4250408e-c6c7-766f-2aa8-419fd31d05ad&forceDialog=0>

**Crisis Intervention Teams (Memphis, TN):**  
[https://memphistn.gov/government/police-department/crisis\\_intervention\\_team](https://memphistn.gov/government/police-department/crisis_intervention_team)

## Additional National Resources

[SAFE Communities Playbook](#)  
[Police, Treatment, and Community Collaborative](#)  
[International Association of Chiefs of Police](#)  
[Ammon Foundation](#)  
[Bureau of Justice Assistance](#)  
[ONDCP](#)  
[North Carolina Harm Reduction Coalition](#)





# SAFEProject

Stop the Addiction Fatality Epidemic



LAW ENFORCEMENT &  
MEDICAL RESPONSE



PRESCRIPTION  
MEDICINE



FAMILY OUTREACH  
& SUPPORT



FULL SPECTRUM  
PREVENTION



TREATMENT  
& RECOVERY



PUBLIC  
AWARENESS