



10 STEPS DEFLECTION AND PRE-ARREST DIVERSION SITES CAN TAKE DURING AND AFTER THE COVID-19 PANDEMIC

As part of an ongoing response to the COVID-19 pandemic, the Police, Treatment, and Community Collaborative (PTACC), *the national voice of and nation's knowledge leader on deflection and pre-arrest diversion*, is providing to our field the 10 Steps deflection and pre-arrest diversion sites can take to continue operating DURING the pandemic, as well as 10 Steps to think about, plan, and prepare for coming out of and AFTER the pandemic.

In the April 1 issue of *The PTACC Ticker*, PTACC released its "COVID-19 Resources for the Field of Deflection." This document was a compilation of wide ranging COVID-19 resources provided by national partners and other field-relevant organizations and sites. That listing is organized by PTACC's name: Police, Treatment (substance-use and mental health), and Community, and represents all the elements of PTACC's approach to deflection including Recovery, Housing, Social Services, Children and Families, and Race and Equity. The list has been placed on the PTACC National Deflection and Pre-Arrest Diversion Website under the COVID-19 tab: <https://ptaccollaborative.org/covid-19-resources>. This listing is continuously updated as more and new resources for our field become available. (To receive *The PTACC Ticker*, our free, field-wide bi-weekly newsletter, go to www.ptaccollaborative.org and click on the *Newsletter* tab.)

PTACC is available to provide assistance to sites that are continuing to put deflection and pre-arrest diversion responses in place during the coronavirus pandemic, including guidance as described in this 10 Steps document. In addition, PTACC requests that sites share their pandemic deflection and pre-arrest diversion response efforts with us so we can share them with our field. To submit information, email PTACC at info@ptaccollaborative.org. PTACC is also on Twitter @PTAC_Collab. PTACC is dedicated to the growth, development, and support of the *entire* field of deflection and pre-arrest diversion.



PTACC grounds its ideas, and hence these 10 Steps first and foremost in the safety and wellbeing of the people who make up deflection teams: police, fire, EMS, treatment, peers, social workers, people with lived experience, recovery, housing, and volunteers alike. There is no deflection without deflection teams, and that in turn means deflection can only continue forward with the ensured well-being of each team member. Further, it is being predicted that communities will see a rise, indeed are already starting to, in drug and alcohol use, mental health issues, domestic violence, child abuse, and other social challenges resulting from “shelter in place”, quarantine orders, loss of employment, social isolation, as well as housing and food insecurities. *These factors ensure that an even greater demand on deflection teams and for the mission of deflection – a public safety and public health strategy - is building right now.* And, the longer pandemic conditions continue in whole or even part, the more deflection sites should be preparing today how to be front and center as we gradually emerge into post-pandemic periods tomorrow.

Finally, PTACC extends its gratitude to all those in our field for the critical work being done, day in and day out, during this time of global, national, community, family, and personal crisis. It is no small thing we keep on keeping on. We also join with you in mourning the lives lost from coronavirus but also all of our family, friends, and neighbors who have suffered much during this time of pandemic. It is our duty to continue on and also our duty to remember what we have gone through and who did not make it.

NOTE REGARDING THE 10 STEPS: PTACC considers the guidance of the CDC and US Surgeon General as the main sources of infectious disease and public health information during this pandemic. PTACC urges sites to only follow medical and health guidance that is fully in accordance with these federal sources. PTACC does not support actions that contradict the CDC or the Surgeon General.

10 STEPS DEFLECTION AND PRE-ARREST DIVERSION SITES CAN TAKE DURING THE COVID-19 PANDEMIC

PTACC provides these 10 steps that deflection and pre-arrest diversion sites can take DURING this time we are collectively going through. Sites should select those steps they can do and when they can do them, whether that be one, several, or all.

1 PROTECT YOUR DEFLECTION TEAMS

Providing PPE and follow all safety and health measures in accordance with CDC guidelines that apply to COVID-19, the ongoing opioid epidemic (if that applies to your community) and other communicable diseases the team might encounter. Going forward, PPE should be standard issued gear/items for your entire deflection team’s personnel and provided to deflection clients. As testing continues to ramp up, ensure your entire deflection team has access to be screened and tested for the coronavirus.



2

PROVIDE RESPITE FOR YOUR DEFLECTION TEAMS

The intensity and uncertainty of responding to the pandemic is real and the full consequences of this work on deflection teams, and indeed all of our lives, will not be known for many years but its impact is already visible. At this time, providing a safe place for respite away from the daily work can help. This might be a local hotel or college dorm where deflection team members can stay without the worry of possibly spreading the coronavirus to their families. If they should require quarantine due to exposure, ensure they are comfortable, safe, and monitored. Additionally, having behavioral health, trauma, and general counselors readily available to them is recommended.

3

KEEP DOING DEFLECTION (EVEN IF ONLY AT A REDUCED LEVEL), ADAPTED AS NEEDED FOR COVID-19

Do not let your deflection initiative fall by the wayside. You've done good and difficult work to plan, develop, and implement your program. Further, know that if it is just not possible to continue and you have to temporarily discontinue your effort, restarting initiatives when they are brought to a complete halt, especially those that were in the initial/early stages of implementation (which applies to many sites in our field), is more challenging than a long-established program.

One approach to continuing your deflection effort is to operate at a reduced level of deflection in scale and scope. This could mean moving to a system of disseminating cards, flyers, a phone number, or email with a referral, or having the team create a list of people that could be offered deflection and then contacted in the future as treatment, staff capacity, and guidance allows. Indeed, this latter suggestion is nothing more than putting in place an Active Outreach Pathway (see the [PTACC 5 Pathways to Deflection Visual](#)).

Continuing to do deflection also means making necessary adaptations for the COVID-19 environment. Sites can develop creative and innovative ways of integrating service delivery components into their COVID-19 response planning and implementation. At times this can be as simple as making sure providers have a seat at the law enforcement table during emergency management discussions. Further, by continuing to do deflection even at a reduced level, sites will keep more people out of the close quarters of lock-ups, jails, and the courts thereby reducing further spread of the coronavirus.

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RETOOL YOUR DEFLECTION INITIATIVE TO ADJUST FOR REDUCED RESOURCES: Not all deflection is created equal. Of the [five deflection pathways](#), the Naloxone Plus, Officer Prevention, and Officer Intervention pathways are the most resource intensive, while the Self-Referral and Active Outreach are the least resource intensive. Further, between these final two pathways, Self-Referral uses the least overall amount of resources. The opportunity here is if you are employing one of the higher resource intensive deflection pathways, consider switching to Self-Referral or Active Outreach, which require fewer personnel to operate. Further, some Self-Referral efforts might be going to phone only (or web) referrals due to limited access to police and fire stations for general public walk-ins.



4

START USING “TELE-DEFLECTION” IN ANY WAY AND EVERY WAY POSSIBLE

The ability to use a smartphone, tablet, or computer (but especially a smartphone) for doing work that was previously done pre-pandemic in person is now being opened up wide for tele-deflection, as in tele-referral, tele-screening, tele-assessment, and tele-treatment. This may only be temporary, but it is a game-changer for the field of deflection. Using smartphones, tablets, and computers can ease the burden on conducting in-person deflection-related activities, speed up the referral process, keep open existing or open up new avenues for treatment, and keep deflection teams safe by limiting direct contact. Be creative in what you do while the tele-deflection door is open, and importantly, open this door if it is not already. Indeed, open it as wide as possible. Tele-deflection must be here to stay. And remember, for this to work, individuals who have been deflected need to have access to the technology for their use too. Making this happen for people can also help to overcome an income inequity barrier in your community. Your local phone company might offer some assistance in this area.

5

RELY HEAVILY ON YOUR CASE MANAGERS TO FILL THE VOID WHEN OTHERS HAVE BEEN MOVED TO MORE PANDEMIC RELATED DUTIES

Case managers are the backbone of your deflection initiative. Case managers are already used to staying in close contact with deflection clients, seeing how they are doing, and sharing that information with the deflection team. So, let case managers play their role in the ongoing and steady engagement with deflection clients. This is their time to come front and center when law enforcement and treatment staff might be on special pandemic related duties. If you do not have case managers, consider this guidance for the people who fill this role and, once on the other side of the pandemic, consider adding dedicated case managers to your deflection initiative.

6

FOCUS THE EFFORTS OF YOUR DEFLECTION TEAMS ON THE MOST SERIOUS AND CHRONIC CASES

Focusing limited resources on those in your target population who will benefit the most from your initiative is the best strategy to maximize the benefit to those being deflected. To be sure, these can be difficult decisions to make because they mean not deflecting people you might otherwise would have. This type of (re)focusing has an ethical component to it. Carefully review your triage policies to ensure you are not discriminating against participants by race, gender, income, nationality, disability or any other demographic that is illegal.

7

EXPAND OR BEGIN TO UTILIZE YOUR 3-1-1 (OR 2-1-1 OR 9-1-1) SYSTEM FOR TELEPHONIC DEFLECTION

3-1-1- is a highly underutilized resource in many communities but if your community already has an existing 3-1-1 system, expand or start using it. You can, for example, place a case manager at the 3-1-1 system, and the 3-1-1 system might benefit from the extra attention to its efforts. In communities where 3-1-1 systems are not available, it is possible to build a “drop-down” line from 9-1-1 or a “step-up” line from another easily reached number such as 2-1-1. In order for this to occur, emergency or helpline staff must be appropriately trained to handle deflection and pre-arrest diversion.



8**EXAMINE IF THE SHARING OF COVID-19 EXPOSURE DATA BETWEEN LAW ENFORCEMENT AND BEHAVIORAL HEALTH IS PERMISSIBLE.**

If it is, this will help to keep first responders and deflection team members, including partners such as treatment, housing, recovery, peers, and human services staff safe. It will also allow for a person who is deflected to receive the proper support while reducing the spread of the virus, and ensure treatment is provided in accordance with guidance from the CDC and Surgeon General. Please refer to any federal, state, and local guidance on sharing such information first. If exposure data in your community can be shared, make sure to protect participant rights and remain vigilant about cultural sensitivity and about not adding to factors that are already leading to greater illness and death among people of color.

9**REMEMBER THE CHILDREN**

With much going on and resources stretched thin as a result of the pandemic, children might easily be out of sight and out of mind while other family members are engaged in deflection activities. PTACC has advocated from its start that sites should consider the needs of children and their connections to care, and include a drug endangered children (DEC) program into a community's deflection initiative.

10**APPLY FOR COVID-19 FUNDING**

Scan the environment in the areas of treatment, police, behavioral health, and housing to access new funding streams stemming from COVID-19 that didn't exist until recently. Go to local foundations, check state and federal funding websites, and pay attention to funding opportunities through The PTACC Ticker. Just as individuals and businesses have received COVID-19 funding, so too might (or will soon) our deflection partnerships.



10 STEPS DEFLECTION AND PRE-ARREST DIVERSION SITES CAN TAKE AFTER THE COVID-19 PANDEMIC

The following are 10 steps deflection and pre-arrest diversion sites can take coming out of and AFTER the pandemic. Regardless of when the step takes place, sites should begin thinking about and planning these steps while gradually moving into the post-pandemic period, and as they have the capacity to do so, they should begin to prepare for what is coming next. Sites should review these steps, select those they can do (whether that be one, several, or all), and determine a timeline for when they can do them.

1 GIVE YOUR DEFLECTION TEAMS TIME TO RECHARGE AND REFLECT

Once the response in your jurisdiction moves from a pandemic to a post-pandemic response, ensure the people who make up deflection teams: police, fire, EMS, treatment, peers, social workers, recovery, and volunteers alike are provided time to rest and recuperate before moving into these next phases. As stated, PTACC expects this to be a time of high demand for treatment, housing, recovery, and services, and hence a period of high demand for deflection teams. Additionally, having behavioral health, trauma, and general counselors readily available for team members is warranted. Of special note, sites should especially focus on the wide-ranging cumulative exposure to trauma that is not limited to only experiences during the pandemic.

2 BUILD YOUR DEFLECTION CAPACITY BY (RESUMING) OUTREACH TO PARTNERS

It is likely that there are treatment, housing, recovery, and other service providers who were not part of your deflection initiative but would add value to the effort. Now is the time to reach out to them. Unfortunately, it is possible that some of your non-profit partners will be hit hard economically, and deflection sites may need to look for new partners to step in. Of course, deflection teams should provide any and all support possible to their existing partners that find themselves struggling as a result of the pandemic. When outreach is ready to begin, send emails or make phone calls, one every other or 3rd day, slowly so as not to overwhelm potential partners as a first-step of a post-pandemic strategy to build and strengthen a more robust deflection initiative. As a field defined by collaboration, sites already know that building partnerships take time but also that without our partners, we do not exist.



3

EXPAND SUPPORT TO YOUR UNDERSERVED COMMUNITIES, COMMUNITIES-OF-COLOR, AND LOW-INCOME COMMUNITIES

Not surprisingly, data from around the country indicate that communities-of-color and the poor are bearing an undue proportion of coronavirus exposure, infection, and death. In the recovery period after the pandemic, deflection sites are urged to provide extra support, attention, and focus to target populations that are generally underserved (and possibly in need of more deflection resources) including communities-of-color. Of course, supporting your community in the post-pandemic space is what we all will need to do for each other. Deflection is a collaborative, systems approach grounded in the community and deflection teams must be part of an overall community-wide response.

4

APPLY FOR COVID-19 FUNDING

There are expected to be new funding streams (and already a few do exist at the federal level) for addressing issues from treatment, to police, to housing, to recovery, to children and families stemming from COVID-19. Go to local foundations, check state and federal funding websites, and pay attention to funding opportunities through the *PTACC Ticker*. Just like individuals and businesses that are receiving COVID-19 funding, so too do we expect this to occur for our deflection partners.

5

CATALYZE YOUR TELE-DEFLECTION OPERATION

Deflection sites are urged to work towards maintaining any tele-deflection efforts (tele-screening, tele-referral, tele-assessment, tele-treatment, etc...) that started during the pandemic. For example, plan that tele-platforms created during the pandemic to bring partners and stakeholders together for regular check-in meetings should continue on a regular basis. Don't stop doing them because your site emerged through and out of the pandemic. Sites that don't use or were not able to initiate tele-deflection are urged to work towards creating these mechanisms. Make this practice part of your new normal.

6

CREATE (OR EXPAND) CASE MANAGER POSITIONS AND ROLES

While not all sites have dedicated case managers, their impact on the work of deflection teams is important. Case managers allow for communication, accountability, and collaboration across the team and beyond, as well as engagement, motivation, and support for people being deflected. Case managers dedicated to deflection clients can temporarily fill the gap while police, treatment, and other partners are occupied elsewhere. Case managers are experts at maintaining engagement with deflection clients. This act alone will carry great benefit for deflection clients.



7

ENLIST (OR EXPAND THE ROLE OF) YOUR RECOVERY COMMUNITY INTO YOUR DEFLECTION TEAMS

The pandemic will have stretched your existing deflection team's capacity as well as staffing. Depending on the level to which the recovery community both exists and is currently involved in your deflection initiative, consider enlisting them or expanding their role. The recovery community can do many things the deflection team cannot, and especially over time, can "go the distance" with deflection clients. They can provide much needed support well into a person's recovery and at a time well after the deflection initiative's reach has ended. Engaging the recovery community as a formal part of your deflection initiative and team is key to the long-term success of deflection clients. As has been mentioned and is the theme of our field – collaboration - this is also a time when deflection initiatives can provide support to the recovery community.

8

ENSURE YOUR DEFLECTION INITIATIVE INCLUDES BOTH MENTAL HEALTH AND SUBSTANCE-USE TREATMENT, AND IS ABLE TO INCORPORATE SOME LEVEL OF RESPONSE FOR HOUSING AND FOOD INSECURITY

Some deflection sites already formally incorporate both substance-use disorder and mental health treatment in their response. Going forward post-pandemic, it will be critical that deflection sites are able to incorporate both and not be limited to one or the other. As has been already stated several times, it is expected that demand for treatment and services will be very high, and this will also include housing and food insecurity. Knowing this, deflection teams should be ready for this change. The *PTACC 5 Pathways to Deflection Visual* has incorporated both mental health and drug use from the start.

9

EXPAND DEFLECTION BY INCORPORATING NEW PRE-ARREST DIVERSION PATHWAYS AS WELL AS EXPANDING YOUR INITIATIVE IN SCOPE AND/OR SCALE

The post-pandemic environment will create a time of reflection on what has happened and thinking through what adjustments can and should be made to your existing deflection initiative before fully moving forward again. The *PTACC 5 Pathways to Deflection Visual* shows the paths and the ways in which deflection can be done. Few sites are doing all five pathways, but post-pandemic as deflection teams examine the possibilities for the future, an expansion of pathways will open up more avenues for people to access treatment, recovery, housing, and services.



As the national voice of the field, one of PTACC's roles is to share information about what sites are doing, experiencing, and learning, with the rest of the field, especially data collected and evaluated. This now includes information about how sites navigated the COVID-19 pandemic. While learning while in the midst of an event is extremely challenging, being able to look back for lessons learned can be embedded into the approach of a deflection site. Data collection should continue as much as possible during the pandemic as this will be a crucial element of post-pandemic learning. For example, one of PTACC's core measures from the [PTACC Core Measures of Deflection](#) calls for the collection of race and gender data to ensure equity in deflection. In examining our field's efforts during the pandemic, equity or lack thereof will matter greatly. PTACC is solely focused on the growth and development of the entire field of deflection and pre-arrest diversion and would like to share information about deflection during the pandemic with the field through articles in the *Ticker* and in other newsletters and journals, and at conferences, including at our 2021 annual conference and beyond.

As stated, PTACC is currently working on more detailed post-pandemic guidance for deflection and pre-arrest diversion. Please share any thoughts, ideas, or insights on these 10 Steps with us. PTACC can be reached at info@ptaccollaborative.org.

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