

Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Law Enforcement and First Responder Diversion Pathways to Diversion Case Studies Series

Officer Intervention

Law enforcement officers and other first responders, such as emergency medical technicians, firefighters, and paramedics, are on the front line of addressing illicit substance use and misuse and responding to frequent drug overdoses and calls for services involving individuals with substance use and co-occurring disorders. In response, a variety of law enforcement-led diversion and fire/emergency medical services (EMS)-led responses¹ to the opioid crisis have emerged across the country. In partnership with substance use disorder (SUD) treatment providers, peers, and recovery personnel, these multidisciplinary programs are helping to reduce overdoses through connection to community-based treatment. Law enforcement and first responder diversion program models provide a pivotal opportunity to redirect individuals with SUD, mental health disorders (MHD), and co-occurring disorders away from placement in jails or emergency departments, and instead connect them to community-based treatment for substance use, mental health services, recovery support, housing, and social services.

Five Pathways for Law Enforcement and First Responder Diversion to Treatment, Recovery, Housing, and Services

There are five frameworks or **pathways**² of first responder diversion (FRD), each of which is aimed at addressing specific public safety challenges faced by police departments and first responders in their communities. These five approaches to connecting people to treatment through first responders are referred to as “pathways,” because in contrast to other criminal justice interventions where individuals are mandated to attend treatment, first responders are instead offering pathways or access to community-based treatment and resources through proactive outreach and support to individuals in need. The spectrum of the “Five Pathways to Community” offers an alternative to traditional enforcement methods for individuals coping with SUD, MHD, or co-occurring disorders that may necessitate contact with police or other first responders.

Five Pathways

- **Self-Referral**
- **Active Outreach**
- **Naloxone Plus**
- **Officer/First Responder Prevention**
- **Officer Intervention**

Each pathway is associated with specific elements that work in a different way. Communities doing FRD often begin with a single pathway and then add pathways as their programs evolve. The pathway(s) implemented should be informed by a “problem-solution” orientation, based on the specific problems to be addressed (e.g., substance use, mental health, housing instability) and how resources can be aligned to meet the needs of the target population to be served (e.g., treatment, recovery, stakeholder support). Further, diversion programs should be developed to fit the unique needs of each community. What works in one jurisdiction may not work in another. An important step in deciding which diversion pathway is the best fit is to be familiar with all the pathways, what each is meant to address, and how they function. Finally, each pathway is associated with different levels of investment needed to plan, implement, and operationalize the effort. In summary, it is necessary to identify what elements of a pathway could be adapted and applied to suit the particular needs of a jurisdiction.

The five pathways to treatment through FRD are described below. This brief will focus on the Officer Intervention Pathway.

Pathway	Target Population
Self-Referral: An individual voluntarily initiates contact with a first responder agency (law enforcement, fire services, or EMS) for a treatment referral. If the contact is initiated with a law enforcement agency, the individual makes the contact without fear of arrest.	Individuals with substance use disorders
Active Outreach: A first responder intentionally identifies or seeks out an individual(s) to refer to or engage the individual in treatment; outreach is often done by a team consisting of a clinician and/or peer with lived experience.	Individuals with substance use disorders
Naloxone Plus: A first responder or program partner conducts outreach specifically to individuals who have experienced a recent overdose to engage and provide a linkage to treatment.	Individuals with opioid use disorder
Officer/First Responder Prevention: During routine activities such as patrol or response to a service call, a first responder conducts engagement and provides treatment referrals. NOTE: If law enforcement is the first responder, no charges are filed, or arrests made.	Persons in crisis or with non-crisis mental health disorders, substance use disorders, homelessness, or prostitution
Officer Intervention: (Only applicable for law enforcement.) During routine activities such as patrol or response to a service call, law enforcement engages and provides treatment referrals or issues (noncriminal) citations to report to a program. Charges are held in abeyance until treatment and/or a social service plan is successfully	Persons in crisis or with non-crisis mental health disorders, substance use disorders, homelessness, or prostitution

The Officer Intervention Pathway

The Officer Intervention pathway is the only FRD that is a true pre-arrest diversion program, in that it can only be implemented with the participation and support of law enforcement agencies. As the gatekeepers of the justice system, police play an important role in connecting vulnerable individuals, including those with mental health and substance use disorders, to services and resources. Linkage to these services and resources can address the underlying issues that, without intervention, can lead to patterns of repeat engagement with the justice system.

First responder diversion occurs at the front end of the justice system. It can occur before an arrest is necessary. This early intervention can help individuals avoid the direct costs and collateral consequences that result from arrest and involvement with the justice system. A single arrest, even if the individual is never charged or found guilty, can entangle an individual— especially a vulnerable one—in a cycle of costly and detrimental justice system involvement. Harmful collateral consequences to affected individuals and their families can include fines and fees, housing instability, unemployment or underemployment, educational deficiencies, and reduced economic mobility. When those who are arrested are near or below the poverty line, the impact of the arrest is multiplied.

The Officer Intervention pathway is centered on connecting eligible individuals to treatment and services to address the underlying reason for their alleged offense while still holding them accountable for it. To accomplish this, officers initiate the treatment engagement through a referral citation or hand-off to services, and charges are placed in investigative status or held in abeyance³ until the agreed-upon treatment is completed. If the individual does not complete the treatment program he or she agreed to, charges may be filed. For some individuals with an SUD, the use of justice system consequences can provide leverage to encourage them to enter and remain in treatment.⁴

How the Pathway Works: Programs based on the Officer Intervention pathway vary based on the agency that administers them, eligibility requirements, and the types of treatment and services to which they link. The central tenet is that officers identify eligible participants upon contact during routine activities such as “on-view” on patrol, wave-down by a citizen, or a response to a call for service. Once that happens, the officer can decide to make an arrest or offer that person the opportunity to participate in the program. In most programs, once a person is issued a referral to treatment, he or she must report to a treatment center or case manager (usually at a community-based treatment facility that is a program partner and collaborator) within a set period of time. There, the individual will undergo a treatment screening and assessment and must abide by the program prescribed by treatment professionals. Other community-based program partners are often engaged to provide additional resources and support service to participants, such as housing support, peer coaching, behavioral therapy, and job training. If the individual complies with treatment and avoids further contact with the justice system, his or her charges are not processed, but if the individual does not abide by the agreed-upon treatment plan or is arrested, charges are subsequently filed.

Most Officer Intervention programs share similar goals, including:

- Enhancing public safety
- Providing law enforcement officers with alternatives to arrest when alleged offenses are nonviolent and (usually) misdemeanor (eligibility criteria varies by program)
- Keeping adults who pose “no real threat to public safety”⁵ out of the criminal justice system, thus avoiding the collateral consequences that accompany justice system involvement
- Using justice system resources more effectively to supervise and rehabilitate people charged or convicted of more serious and violent offenses⁶
- Contributing to reduced recidivism rates and improved outcomes for individuals who are linked to treatment and services and complete required programs

The Officer Intervention pathway can be used by a community to address a variety of public health and public safety problems, in addition to focusing on SUDs and MHDs. Among the eligible offenses for programs are possession of a controlled substance or drug paraphernalia, simple battery/assault, burglary, retail theft, theft of an automobile, prostitution, and disorderly conduct.

The earliest example of this type of initiative is the Law Enforcement Assisted Diversion (LEAD) Program in Seattle, Washington, which launched in October 2011. As of July 2020, there were more than 35 LEAD sites in the United States.⁷ LEAD allows law enforcement officers to redirect people suspected of committing specific, low-level crimes, including drug-related offenses, to community-based services rather than to jail. The primary goal of the LEAD program is to improve public safety by addressing the underlying factors that drive criminal justice contact and address these factors to reduce recidivism.

In Seattle, individuals suspected of a low-level drug or prostitution offense may be eligible for LEAD. However, those individuals who have previously committed certain violent crimes or who are believed to have engaged in other specified criminal conduct, such as the exploitation of minors, are prohibited from participation. Other LEAD sites, such as Albany, New York, have adopted a broader set of eligibility criteria and allow individuals whose contact with police is driven by drug use, mental illness, poverty, or any combination of the three to participate in the program. Therefore, in addition to drug-related offenses, LEAD is also available, for example, to someone who may have trespassed due to homelessness, who was in the midst of a non-life-threatening mental health crisis, or who shoplifted a necessity item, such as baby formula.

In order for LEAD to be successful, the directing agency (often law enforcement) must develop a strong partnership with a local community services organization to provide case management services to program participants. Additionally, program coordinators engage and collaborate with a diverse group of stakeholders who are dedicated to creating an alternative to how law enforcement responds to people with substance use disorders. These stakeholders include, but are not limited to, local executive branch offices, such as the office of the mayor or the county executive; prosecutors and the defense bar; community advocacy groups; and social welfare organizations.

An early example of the Officer Intervention pathway is known as the Civil Citation Network. A prime model was the Adult Civil Citation Network of Leon County, Florida, that ran from 2013 to 2017. The Leon County model was groundbreaking because it held individuals accountable for alleged offenses, but instead of being arrested and entering the justice system, participants received civil sanctions (i.e., community service) alongside evidence-based behavioral health intervention services to reduce the likelihood of future criminal activity and involvement in the justice system. In addition to assessment and behavioral health options, its behavioral health partner, DISC Village, offered intervention education on SUD, anger management, petty theft/shoplifting, and life/job skills training. If participants completed the mandated community service and their prescribed treatment, their original charges were never filed. DISC Village assigned a staff member as a liaison to each participating law enforcement agency. The liaison provided a critical function by ensuring law enforcement agencies were aware whether a participant successfully completed the program or required follow-up law enforcement action. The program underwent process and outcome evaluations,⁸ as well as a cost-benefit analysis.

Note: The Civil Citation Network is different from citation in lieu of arrest in that it requires treatment completion. Citation in lieu of arrest has no treatment component and is merely an administrative process that does not offer treatment, housing, services, or case management to a person.

The 10 Critical Elements of Officer Intervention

The Officer Intervention pathway has ten critical elements that, when addressed, create a robust program that provides alternatives to arresting vulnerable individuals, and enables more positive outcomes.

1. Identify the problem faced by the community and look for associated causes.

For example, if property crime rates are increasing, explore the possible drivers of those increases. If there are people with nonviolent offenses repeatedly moving through the justice system and emergency departments, determine and address the underlying treatment needs of those individuals. To build relationships between law enforcement and the

community they serve, greater consideration should be placed on helping vulnerable members avoid arrest and connecting them to community-based treatment.

2. Create a multidisciplinary planning group.

Identify key partners—community-based treatment and behavioral health providers; city/county officials; the public health department; hospitals; members of the broader community, such as faith and recovery communities; and people who have lived experience with the challenges being addressed. It is important to keep the group size manageable during preliminary planning, then expand as the program is developed.⁹

If the district attorney's (DA) office or another justice system stakeholder is the originator of the program, law enforcement and behavioral health/treatment partners must be brought into the planning process as early as possible so that they feel a sense of ownership of the final pilot program. This is essential for earning the support of those agencies and their leaders and buy-in from front-line workers later on, such as patrol officers who will be doing the diversion and treatment providers who will be conducting screening and assessments. In addition, it will help to build trust among the partner agencies, which is essential for the success of the program. When trust is established, law enforcement can turn to these partner entities that are better suited and resourced to address what are essentially public health issues.

3. Hire a dedicated program coordinator.

The program coordinator troubleshoots stakeholders' concerns, works to identify resources, facilitates meetings, develops information-sharing systems, and streamlines communication. FRD programs consist of politically independent actors, so it is important that the program coordinator be primarily loyal to the program itself and independent from all political and operational stakeholders.¹⁰

4. Engage the larger community.

Buy-in from the larger community, including residents, local businesses, and other stakeholders, can provide program support while expanding the services

network. Use public outreach (traditional media, social media, etc.) to inform the community about the program and encourage participation in public meetings. Listen and engage in dialogue. Explain why the program was developed, the program's goals, and how it will benefit the community and offer to serve as a resource as questions arise. Engaging community members from neighborhoods affected by crime and people impacted by or involved with the justice system, as well as individuals in recovery, can bring diverse perspectives to enhance and sustain diversion efforts. By creating opportunities for community input, action, and engagement, authentic relationships can be established and strengthened.

5. Train officers about addiction, trauma, and recovery.

In order for officer intervention programs to succeed, officers must be willing to implement the program at patrol level. Understanding the following elements can provide officers with insight into and empathy for vulnerable populations and can reduce the stigma attached to individuals with substance use and other behavioral health disorders:

- Training on the neuroscience of addiction to understand the chemical changes that occur in the brain and how these changes are manifested in individuals' behavior
- Training on Adverse Childhood Experiences (ACEs) and trauma to ensure that officers understand the impact of early trauma on development and life outcomes
- Understanding that return to use and relapse very often are part of the recovery process, which may result in an officer needing to divert an individual multiple times

Command staff members should attend as many of the trainings as possible to convey the importance of their commitment to the program. Programs should offer renewed training as more research becomes available or to refresh prior education efforts.

6. Have at least one partner agency provide assessment services.

Treatment must be tailored to an individual's specific clinical needs, based on an individual professional assessment. Using a validated screening tool, program participants should be assessed and connected to the appropriate treatment as promptly as possible.¹¹ Engage participants until the first treatment appointment occurs. Involve recovery coaches or peer support counselors who can facilitate recovery support by providing information about resources, offering emotional support, and helping individuals to initiate their recovery.

7. Hold regular partner meetings.

Throughout the life of the program, the program coordinator should hold regular meetings of all partners to discuss any challenges, process issues, or individual situations that arise; review new data from analysis or research partners; and share success stories. This process keeps lines of communication open and enhances trust among partners.

8. Collect data and evaluate the program.

Research and data collection are vital for validating and improving any FRD effort. If possible, project coordinators should partner with a university or independent researcher during program planning to determine benchmarking, establish how data will be collected, and plan process and outcome evaluations. Collecting data on and evaluating FRD programs can help stakeholders track implementation of the program to ensure equity among communities; demonstrate the success of the program to policymakers, the media, and the community; apply for additional funding to sustain the program; and add to the knowledge base about FRD.

9. Create a feedback loop.

It is important for officers to hear from or about individuals who have benefited from their diversion efforts. After a program has been implemented successfully, getting thank-you notes or hearing from an individual who is either in treatment or working

through recovery reinforces the benefits of the program and provides incentives to officers to continue implementing the program. Hearing that an individual is experiencing positive outcomes because of a decision an officer made can be more powerful than the results of a program evaluation.

10. Conduct ongoing messaging through the media.

Develop messaging for local media at all stages of program planning to highlight successes and celebrate milestones. Invite media representatives to training sessions and offer interviews with program officials from each key stakeholder organization. Positive media coverage can broaden awareness of the program and help earn community support, which can lead to program expansion and sustainability.

Case Study #1: New Castle County, Delaware, HERO Help FY2018 COAP Grantee & FY2019 COSSAP Grantee

About New Castle County

New Castle County (population 559,335) stretches across northern Delaware, bordering Maryland; Pennsylvania; and Delaware's largest city, Wilmington. With its proximity to major cities such as Wilmington and Philadelphia and higher rates of opioid prescriptions than the national average, New Castle County has witnessed a rapid increase in use of illicit narcotics, with annual drug overdose deaths rising by nearly 500 percent, from 42 to 242,¹² between 1999 and 2015.

And as the rate of overdoses increased, so did the rate of property crimes. New Castle County has some of the highest property crime rates in the country. In 2014, the county launched a new initiative to tackle this problem. Detectives put patrol officers through extra training in property crime investigations and evidence detection. And as police began identifying perpetrators, they found that the people committing these offenses were often motivated by addiction. Police were seeing many of the same people

cycle in and out of the system, and the department quickly realized that to deter property crime, it was essential to treat the root cause: addiction. In response, former Police Chief E.M. Setting launched HERO Help, a program inspired by Gloucester, Massachusetts', ANGEL Program, in May 2016. It began as a LEAD program developed through a collaboration of the New Castle County Division of Police, the State Division of Substance Abuse and Mental Health, and the Delaware Department of Justice.

Partner Collaboration

HERO Help receives strong support from police leadership and a forward-thinking organizational culture. The program began with significant support from leadership of the partnering organizations and buy-in has continued down the ranks. In 2020, patrol lieutenants made HERO Help one of their four priority issues, which trickled down to patrol officers, resulting in a substantial increase in the number of officer referrals. Organizational buy-in is indicated by the fact that officers volunteer to accompany the outreach team on visits to the community.

HERO Help has also promoted stronger and more trusting relationships between police and treatment providers. Providers used to fear informing police about individuals struggling with SUDs due to the perceived risk of arrest. Now, treatment providers willingly provide HERO Help with names of people they know or have passed through their facilities and who could benefit from the program. When providers identify a client facing criminal charges, they reach out to HERO Help to determine the patient's program eligibility, because HERO Help practitioners will often advocate for their clients in criminal justice cases. Providers also see the value of HERO Help in promoting treatment compliance, as criminal charges are more of an incentive for some participants to get treatment than relying on them to access treatment on their own.

One component that sets HERO Help apart from similar programs is that it receives weekly client progress reports from treatment facilities. This not only allows program coordinators to track their clients' progress during treatment but gives HERO Help practitioners the chance to work through any HIPAA- or data-sharing-related concerns with treatment providers. These reports also ensure providers are delivering on what they promise. Since HERO Help refers clients to treatment providers, the program wields some leverage over those providers to provide contracted

services. In collaboration with their research partners at the University of Delaware, HERO Help program staff can identify systemic gaps that might be hindering the success of an individual. Likewise, staff are able to track the progress of program participants and report back to officers, case managers, and providers about the elements of each client’s programming that resulted in the most success.

Additionally, the community has bought into the program, as indicated by the number of individuals who voluntarily contact the police about HERO Help for services for themselves or a loved one. Community members, even those from communities that historically have distrusted police, now feel comfortable walking into police departments and asking for help.

“I know that leadership in our department is going to continue caring and going the extra mile. There really is something special about it.”

—Daniel Maas, HERO Help Coordinator
New Castle County Police Department

How HERO Help Works

HERO Help employs all five pathways of pre-arrest diversion. The program’s co-responder outreach team is composed of a police officer, a registered nurse specializing in substance use disorders, and a civilian project coordinator who participates in each component of the program.

Through HERO Help, police officers have discretion to offer diversion in lieu of arrest in cases of misdemeanor victimless crimes. Diversion is typically used in cases involving drug possession, prostitution, traffic offenses, disorderly conduct, trespassing, and similar charges. When officers identify opportunities for diversion, they reach out to their supervisor, and the on-duty lieutenant assesses the person’s eligibility. No one is turned away, and even ineligible individuals are given a referral to appropriate services. Eligible clients are transported to a local detox center, NorthEast Treatment Kirkwood Recovery. Officers still complete police reports that list the deferred crime but leave a “pending inactive” status. HERO Help admission paperwork is given to the detox center and forwarded to the HERO Help Project Coordinator. The outreach team

will then meet with the client and explain program expectations.

HERO Help practitioners track client progress and assist clients in navigating treatment, insurance, and other challenges.

After four months of successful treatment, the arresting officer is notified that the case status can be changed to “prosecution declined,” and charges are not filed. If clients leave treatment, either against medical advice or due to rule violations, the HERO Help team will attempt to reengage them into a higher level of care. If accepted, their progress continues. If the client rejects the higher level of care, then the original arresting officer files the original charge(s).

In addition to participating in officer intervention, members of the HERO Help outreach team follow up with individuals who have experienced a nonfatal overdose. During these visits, the outreach team can connect these individuals with treatment providers and resources and provide Narcan and Detera bags, which provide for safe medication disposal. Another component of the program allows for walk-ins, recommendations from treatment providers, officer-initiated referrals, and individuals entering treatment in lieu of arrest. Individuals can call into the program 24/7 and get connected with treatment or other resources.

The co-responder outreach team currently conducts its overdose follow-up outreach one or two times per week. However, with additional funding through a new COSSAP grant and a Justice and Mental Health Collaboration Program grant, HERO Help will expand its services. The new funding will allow the program to hire a full-time case manager, a full-time nurse, a child victim advocate, and provide ten hours of overtime pay for the police department. This will allow the program to have two outreach teams and increase the frequency of outreach visits.

Over time, HERO Help has pursued other routes of client entry. One example is its prostitution outreach program. When an undercover officer encounters a person involved in prostitution, rather than charging the individual, he or she is taken to an off-site location and offered treatment in lieu of arrest.

“There are a lot of programs that focus on getting people into treatment . . . It’s important we get them into treatment, but it’s also, ‘how do we make their lives better after treatment?’”

—Daniel Maas, HERO Help Coordinator
New Castle County Police Department

System Impact

As the program has evolved, HERO Help has been able to significantly increase its reach. From May 2016 to March 2018, HERO Help had 70 clients.¹³ From March 2018, when a dedicated coordinator was hired, to May 2020, nearly 350 new clients entered the program, increasing participation by 400 percent. Regarding the occurrence of property crime, which helped drive the creation of HERO Help, New Castle County saw a 12 percent decrease from 2014 to 2018¹⁴, and the annual number of burglaries dropped from 1,536 annually to 775, a decrease of 50 percent during that same period.

The success of the program has not gone unnoticed. Nine local police departments operate in New Castle County and four have expressed interest in partnering with HERO Help. A recent funding opportunity allowed the program to develop a comprehensive and user-friendly online case management system. Using this system, HERO Help offered to help these prospective partners with case management, developing model policies, and training officers. Middletown, located in southern New Castle County, will be the first department to partner with HERO Help.

HERO Help has also been influential on the state level. Delaware will be using state Criminal Justice Council funding to start similar programs in Delaware’s other two counties, Kent and Sussex.

Lessons Learned

- Setting up a committee of stakeholder organizations before launching the program would have facilitated relationships with treatment providers earlier.
- Turnover in treatment provider staff necessitates retraining new employees. HERO Help is developing a

training module, but practitioners expressed this could have been developed earlier in the process.

- Changes in governmental leadership can lead to uncertainty in funding. Collecting data, enlisting a research partner who could analyze that data, and demonstrating the success of HERO Help were powerful tools for sustaining the program after the change in administrations.

Case Study #2: Harris County, Texas, Misdemeanor Marijuana Diversion Program (MMDP)

About Harris County

Harris County, Texas (population 4.71 million), is the largest county in the state and the fourth-largest county in the country. The county is densely populated, and nearly 90 police agencies operate independently within the jurisdiction, the largest being the Houston Police Department.

In the early 1980s, the Harris County DA’s Office created the Intake Division to decrease the number of cases being processed through the criminal justice system. Through this program, an arresting officer reaches out to an Assistant District Attorney (ADA) in the Intake Division before filing charges. The ADA assesses the case and the available evidence, then decides whether to move forward with criminal charges. Expanding on this approach, the MMDP launched in 2017.

Before the program’s inception, marijuana charges made up roughly ten percent of the total number of criminal charges in Harris County.¹⁵ The DA’s Office set up MMDP to be a pre-charge diversion program for individuals charged with marijuana-related misdemeanors. The goals of this program are to ensure that:

1. The limited resources of the DA’s Office, local law enforcement, and the Harris County Jail are used responsibly to increase public safety.

2. Individuals who commit misdemeanor marijuana offenses are not stigmatized by a criminal record limiting their employment, education, and housing opportunities.¹⁶

Partner Collaboration

The DA's Office worked with local law enforcement and the probation department to launch MMDP. This program is unique in that rather than diverting individuals into treatment, it refers them to a decision-making workshop class developed through collaboration between the DA's Office and the probation department.

Before MMDP was officially launched, the DA's Office notified local law enforcement agencies about this new path for diversion. Getting police buy-in was essential to implement this program effectively. By diverting individuals into MMDP, officers save the time of booking and processing individuals. To further incentivize the use of this pathway, the DA's Office worked with local police departments to set up evidence drop boxes across the county. Rather than having to go all the way to the centralized evidence processing department, officers could leave confiscated marijuana at any of the drop boxes across the county and immediately get back to work.

The establishment of the Intake Division created an important precedent in promoting MMDP to patrol officers. Officers were already used to contacting the DA's Office any time they made an arrest and wanted to file charges. A similar process is used for MMDP, whereby officers must get approval from the Intake Division to divert individuals into the program. Before MMDP began, officers could expect one of only two possible outcomes when attempting to make an arrest. Either the ADA would find the case viable and an arrest would be made, or the officer would have to release the individual. The creation of MMDP provided a third possible outcome for these cases.

As buy-in from police officers and criminal justice agencies increased, program eligibility extended from class B misdemeanor marijuana charges to include more serious class A charges. By increasing law enforcement buy-in, practitioners hope to expand the program further and divert more individuals away from the criminal justice system.

How the MMDP Works

When officers find an individual in possession of a misdemeanor amount of marijuana, they reach out to the ADA in the Intake Division to assess whether there is probable cause to detain the person and whether the person is eligible to enter the MMDP. The program is open to adults who have been arrested or detained for charges of misdemeanor possession of marijuana. Prospective participants are not eligible if the officer is charging them with additional crimes, if they are in possession of a concealed handgun, or if they have any active warrants.

People who are eligible to enter the program, rather than being arrested, are informed by the officer about the program and, if they agree to participate, are asked to sign an agreement that describes the program's requirements. MMDP requires that participants complete the four-hour decision-making workshop within 90 days of signing the agreement, pay a \$150 fee, and avoid any new charges throughout the duration of the 90 days. MMDP is a voluntary program, so if individuals opt not to sign the agreement, the officer can arrest, book, and charge them. If individuals decide to sign the agreement, they are released.

If participants fail to complete the program requirements, criminal charges may be filed, and an arrest warrant issued. However, if the participant successfully meets all program requirements, the pending charge is not filed.¹⁷

“Our success comes from finding more and more ways to divert.”

—JoAnne Musick, ADA
Harris County DA's Office

System Impact

MMDP saves officers time, decreases prosecutors' caseloads, and saves participants the long-term adverse effects of a criminal arrest. From March 2017, when the program started, to March 2019, more than \$35 million in Harris County tax dollars was redirected from the arrest and prosecution of misdemeanor marijuana offenders toward enforcement of more serious criminal laws, and more than 9,000 individuals were diverted.¹⁸

MMDP is only one of Harris County’s many diversion programs. The county also features a robust mental health diversion program that allows for both police-initiated diversion and walk-in clients, as well as a post-charge prostitution diversion program. These programs are indicative of Harris County’s focus on community policing and addressing the underlying crime drivers in the community.

Lessons Learned:

- It is essential to have buy-in from law enforcement. If officers do not see the program’s value, they will find ways to describe offenses and actions of the suspect to the District Attorney at the Intake Division that would lead the ADA to file charges rather than divert the individual. The need for buy-in has become apparent over time.
- When working with so many different agencies, it is vital to get all stakeholders in the same room to have an open and honest dialogue. It is also essential to listen to the different agencies and allow them to have a voice in the process.
- Showing incremental successes can garner support and change the way people view the program.

Case Study #3: Deschutes County, Oregon, Goldilocks Initiative: Clean Slate

About Deschutes County

Deschutes County (population 186,807), named for the Deschutes River, is in the heart of central Oregon. The county is bordered by the Cascade Range to the west and a high desert plateau to the east. Its geography and the availability of year-round outdoor recreational activities make the county a popular tourist destination.

In 2015, in an effort to be “smart on crime” and focus on crime prevention, newly elected DA John Hummel created an advisory committee of 30 community officials and citizens, DeschutesSafe, to determine which crimes the small office should focus on to make the greatest difference in the county. Specifically, the group wanted to identify which serious crimes in the county produced the highest recidivism rates. Through extensive data analysis, the committee found that the major drivers of recidivism were drug offenses and theft, and that those categories were highly correlated. A survey of the community found that drug use ranked as a significant concern for residents as well. The survey also revealed that residents were open to the use of alternatives to incarceration for individuals struggling with SUDs.

As a result, DA John Hummel developed the Goldilocks Program, a three-tiered initiative aimed at finding the level of care that is “just right” for each individual. Tier 1 is Clean Slate, Tier 2 is Boost, and Tier 3 is Deter. This case study focuses on Clean Slate, a pre-charge diversion program for individuals suspected of Possession of a Controlled Substance (PCS).

What Makes Clean Slate Unique

Clean Slate is unique because of its focus on physical health. It aims to divert people from the justice system toward health facilities that treat addiction, mental health issues, and other health-related needs. The premise of the program is that people who are dealing with trauma, co-occurring disorders, and chronic health issues often have not seen a doctor in years and may be self-medicating. Having the opportunity to be connected to health care can be a positive first step in addressing substance use and behavioral health disorders.

Every Clean Slate participant is offered a physical exam with a primary care physician. Participants deemed to have a higher level of need and risk for substance use are required to engage with a partner physician who determines the course(s) of treatment that an individual should follow for the next 12 months. Each individual’s treatment plan is unique. Some may only see the doctor periodically, while others may be referred to specialists for illnesses such as cancer or heart disease, treatment for SUDs, or for a visit to a dentist. For some participants, this is the first time they have been to a health professional in more than a decade.

While the District Attorney’s Office initiated the Goldilocks Program, implementation of the program is dependent on collaboration with local law enforcement partners (the Deschutes County Sheriff’s Office and police departments in Bend, Redmond, Sunriver, and Black Butte Ranch) and health care organizations (Mosaic Medical and La Pine Community Health Center). The launch of the program required a significant outreach to these stakeholders, including training on program activities and components and time for question-and-answer sessions. During the first year of programmatic activities, the program’s growth was fostered by regular meetings with these partners and other community organizations. These meetings were essential in addressing challenges and creating organizational buy-in. In fall 2018, at the outset of the program’s second year, program administrators conducted a second outreach effort to expand support, visiting individual law enforcement agencies to provide updates on the program, ensuring that officers and deputies were aware of program changes, and addressing concerns of these stakeholders.

“Clean Slate is a first-tier program. It provides opportunity for getting people who are self-motivated and ready to make a life change. As we enhance the program, we want to add in support services through a case manager to better address the needs of that next level of participant. Moving further on the continuum of ‘I’m fully motivated and ready to take on this responsibility in moving my life in the right direction’ to the people who need a little more help to make that transition.”

—Kathleen Meehan Coop, Management Analyst
DeschutesSafe Advisory Committee
Deschutes County DA’s Office

How Clean Slate Works

Individuals are eligible to enter Clean Slate if they are suspected solely of PCS. Ideally, but not in all cases, individuals suspected of PCS learn about the program through officer intervention. When officers encounter eligible individuals, they provide them with information cards about the program; advise them that they must attend a Friday orientation meeting; and offer them bus passes, if needed, so they are able to attend. However, since all PCS police reports are also reviewed by the DA’s Office to determine final eligibility, even individuals who do not learn about the program through an officer can still participate as part of the DA’s Office’s efforts to make contact with all eligible individuals.

When program administrators in the DA’s Office realized that some officers were rarely diverting eligible individuals and the team was struggling to contact those same individuals, the office decided not to charge cases until after the arraignment date so those officers might learn about the program when they arrived at court. When some individuals don’t see their names listed on the docket and visit the DA window, they are given a card and informed they must attend the next Friday orientation meeting if they are interested in participating, otherwise their case may be charged.

New client orientation meetings are held every Friday morning at 10:00 a.m. Prospective participants who were personally informed about the program, either by an officer and/or the DA’s Office, are required to attend a session prior to arraignment. The DA or a deputy DA begins the orientation by explaining the purpose of the program; how it works; and that if participants successfully complete it, their charges will be dropped. Participants then meet with a public defender and treatment professional during the meeting.

Screening and assessment are important to the program. Individuals who decide to participate are screened and placed in Clean Slate Level I or Clean Slate Level II, based on the results of three assessments: the Texas Christian University Drug Screen; a tool to measure ACEs; and the Connor-Davidson Resiliency Scale.

Level I participants are considered lower risk and their case is immediately dismissed. They are still offered the opportunity to meet with a medical provider, but are not

required to accept that appointment. Level I participants are eligible for program graduation if they do not incur any further citations within a year. If they do incur another PCS charge, they may participate in the program again but are automatically placed in Level II.

Level II participants must engage with a health care provider connected with the program and follow that provider's treatment advice while also not getting re-arrested. Treatment plans vary significantly based on the individual. After 12 months, participants who have followed their treatment plan and not received new charges will have their pending charges dismissed. Participants are only allowed to engage as a Level II participant once.

“For too long, our criminal justice system has treated people suspected of drug offenses with one-size-fits-all interventions. Predictably, this has resulted in most people being treated either too harshly or too leniently. Goldilocks changes this by medically treating those who are addicted to drugs and punishing those who repeatedly deal drugs on our streets.”

—John Hummel, Deschutes County DA

System Impact

Since its inception, the Goldilocks Program's multitiered system has sought to find the right level of care for everyone. This approach had attracted several different partner organizations, increasing the program's ability to respond to the specific needs of the individual participants. Currently, the DA's Office is looking to partner with Central Oregon THRIVE, a local nonprofit that connects participants with housing and other available community resources, to provide more continued and active contact with program participants throughout the year.

The Goldilocks Program, and specifically Clean Slate, aligns with the community's desire to provide alternatives to incarceration for individuals struggling with SUDs. The program's growth is indicative of organizational buy-in; however, the program's evaluation identified some

barriers to success. For instance, many officers do not hand out Clean Slate cards because they do not see evidence of the program's value, do not endorse the program's purpose, or do not believe program participants are being held accountable. Continuing to hold training sessions in individual departments will provide program staff members the opportunity to answer questions about the program; provide information from evaluation reports; and share success stories from participants and stakeholders, including other officers. Program staff hope this will inspire more officers to support the initiative and hand out the Clean Slate cards that are individuals' gateway into the program.

Many participating stakeholders are pleased with the health-related successes associated with individuals who have participated in the program. One stakeholder noted, “Offering this engagement is huge in winning their trust and possible access to care that they otherwise wouldn't have themselves. By offering a carrot—the incentive—they don't have a lot to lose. Care coordination and collaboration reduce barriers and challenges.” Other stakeholders noted the feedback from different participants, such as those who recognize the difference the program has made to their lives because their ailments are being treated. They can play with their children, work again, and think about what they want to do in school. Another benefit of the program is the partnerships and internal coordination it has helped to establish among the administrators and health care facilities. Also, Clean Slate shows “a face of criminal justice that many of the partners had never seen before,” as another key stakeholder noted. Meeting system-involved individuals helped put a face to the challenges clients must address and created buy-in to the program as practitioners hoped to help clients find success for themselves, their families, and the community.

Lessons Learned

- Police officers only gave the Clean Slate cards to 25 percent of those eligible for the program, which indicates a lack of buy-in to the program by many members of the force. DA Hummel said that in hindsight, he should have asked law enforcement from other communities that successfully implemented similar programs to participate in training and roundtables with their partners to explain the benefits of diversion programs to individuals, families, and the community.

- To avoid having to withdraw charges, the program administrators within the DA’s office now wait to file charges until after arraignment dates when they can ensure that all eligible individuals have been informed about the program and are invited to participate.
- Practitioners identified care coordination case management as the biggest challenge in advancing the program and determined that they need to facilitate more frequent training for the medical providers who are responsible for case management.
- Program administrators are finding ways to check in more often with participants. In a recent evaluation, some of the lower-risk participants noted that they would have liked to be checked on after three to six months and again at graduation so that program administrators could see their progress.

- Goal 1: Improve access to services.
- Goal 2: Increase engagement for timely linkage to services.
- Goal 3: Reduce jail-bed days for divertible individuals with MHDs or SUDs.

The Origins of the YLP

The creation of the YLP relied on the existing relationship between Blue Earth County’s Department of Human Services and the Blue Earth Sheriff’s Office, which included a history of collaborating to deter welfare fraud and enhance child protection. The planning group began with three representatives from each organization. As the program plan began to develop, representatives from the Mankato Police Department and Horizon Homes, a private mental health provider, joined the planning group. The buy-in from each organization’s leadership was instrumental in launching YLP. The leadership team now also includes the Blue Earth County Attorney’s Office and Blue Earth County Community Corrections.

The YLP is a community-based, pre-booking diversion program designed to provide early intervention to individuals with acute or chronic mental health or chemical health problems who have become involved with law enforcement and are not considered a risk to the community. The YLP enhances the options available to law enforcement so the individual can get the appropriate services at the opportune time and be incentivized to participate in them. This program reduces systemic costs by breaking the cycle of unnecessary incarceration. While the initial screening of individuals often occurs in the pre-booking area of the Blue Earth County Justice Center and sometimes a community-based location, diversion takes place before eligible individuals cross “The Yellow Line” that marks the entrance to the jail.

Early on, program champions emerged in each of the partner organizations; however, there was still some resistance to change. Whereas some officers began to offer diversion to eligible individuals, others were not interested in pursuing this option. Recognizing this inconsistency, program staff members decided to screen all individuals processed through the jail’s booking department for SUD and/or MHD.

Case Study #4: Blue Earth County, Minnesota, The Yellow Line Project (YLP) FY2019 COSSAP Grantee-Mentor Site

About Blue Earth County

Blue Earth County (population 66,887) is a mid-sized rural county in south-central Minnesota that contains one major city, Mankato. It is considered one of the safest counties in the United States with rates of violent crime and property crime much lower than national averages.¹⁹ However, alcohol and methamphetamine use disorders are a significant health concern in the county, and opioid use disorder is an emerging threat.

In 2015, the Blue Earth County Department of Human Services began discussions with the county sheriff’s office on how mental health and SUD treatment services could be provided to justice-involved individuals. These two agencies developed a small working group to assess local and national drug use trends and how they could include human services in the criminal justice process. From the working group, YLP emerged with three overarching goals:²⁰

What the YLP Looks Like

The process of entering the YLP begins either on-site at a community location per officer request or when an arresting officer brings an individual to the local jail, where the pre-booking area is used for YLP screening. A practitioner walks potential participants through the screening process. If the screens reveal MHD or SUD issues, the detainee, the practitioner, and the officer decide whether the detainee moves forward with participating in the YLP. If so, the detainee is referred to a Human Services Community-Based Coordinator (CBC), who works with the participant to address the mental and chemical health issues that may have led to his or her interaction with law enforcement. The purpose of the YLP is linkage to services, independent of what happens with criminal charges. It is left to the officer's discretion whether to move forward with or drop the charges.

The CBC works with the participant to develop an individualized "My Yellow Line Plan," which lists three distinct short-term actionable goals. The CBC can also make referrals to appropriate services, link the participant to community resources, provide general support, and guide the individual through social service systems. Most participants are covered by insurance, but those without insurance will have their expenses covered by grant funds at no cost to the participant.

The program recently expanded to include street-level diversion. By working with the local Mobile Crisis Team, officers or program staff members can initiate contact with individuals who have not committed any offenses, but whom they are concerned about due to SUD or MHD. This allows patrol officers who are familiar with these individuals to facilitate active outreach to them before contact with the justice system is necessary. The Mobile Crisis Team can respond to the needs of these individuals in the moment of a crisis or proactively, with or without the officer present.

System Impact

Quantitative data indicate the YLP's value. From 2016, the year before the program began, to 2019, county costs for detox services decreased by almost 20 percent. This was the first downward trend in more than 15 years. Additionally, the same period marked an 86 percent decrease in state hospital costs for the county. These systemic savings were reinvested into the YLP.

Data also show progress toward the project's stated goals. In 2019, 2,236 individuals processed at Blue Earth County Jail were screened for entry into the YLP or offered screening, and 82 percent reported MHD- or SUD-related needs. In total, 290 individuals were referred to the YLP in 2019, 119 engaged in a "My Yellow Line Plan," and 76 individuals successfully completed their service plan, resulting in a 64 percent success rate. Currently, all individuals who are screened are offered Information and Referral (I&R) services and resources, regardless of whether they are enrolled in the YLP or referred to a CBC. This means that many individuals who are in need of services are receiving appropriate and necessary information, and the staff time required to provide that information is covered by insurance or program funds that have been reinvested in the YLP from savings in state hospital costs.

The YLP is the first program of its kind in Minnesota, and its success has attracted significant buy-in to the model from local and state-level policy makers. Ten other counties in Minnesota, including Crow Wing, Le Sueur, Nicollet, Brown, and Rice counties, have created similar programs, and 20 additional counties have expressed interest in the YLP model. Moreover, lawmakers passed a bill allowing insurance to cover I&R services and the CBC time for all counties in Minnesota. Counties and tribes are preparing to enroll as providers of I&R service in their respective jurisdictions as a significant step in taking the YLP practices statewide.

The YLP is leading the way in changing how the justice system in Minnesota processes individuals struggling with MHD or SUD and other related issues. As such, practitioners created an operational toolkit on their website²² for interested localities to utilize.

Lessons Learned

- Initially limiting the size of the planning group was essential in creating the foundation of YLP, but adding additional partner agencies and allowing them to have input during the planning process helped gain their support of and buy-in for the program.
- Reducing time from first contact to engagement in treatment and/or community support services is vital for getting individuals referred to the program to participate in a service plan.

- To build trust and relationships among partners, address challenges, and brainstorm solutions, program leaders hold monthly Collaborative Outreach Team meetings which provide opportunities for partner agencies to discuss situations that have arisen in the community and work together to resolve issues.
- The culture of the justice system tends to lump together the needs of individuals with *acute issues* (immediate and short-term needs, such as accidental overdose or behavioral health crises) and those with *chronic issues* (long-term problems, such as SUD and MHD). The YLP treats individuals with both types of issues through programs tailored to their needs. For people with acute issues, the program focuses on timely treatment; for those dealing with chronic illness, responses focus on repetition and finding the right method of treatment.

a Smart Policing Initiative grant from BJA and create a program that would keep people with SUDs out of the justice system and connect them to treatment.

The joint City-County Public Health Department assisted the Madison Police Department (MPD) early on with building multidisciplinary steering (MARI Ops Team) and advisory teams representing several agencies for the MARI project. A nonprofit organization, Safe Communities, which had been working to address the local opioid epidemic by providing Recovery Coach services, was selected to deliver overall MARI project coordination. Retired MPD captain Joe Balles was also brought on board by Safe Communities to provide similar services and leadership.

The Officer Intervention Pathway

In the spring of 2017, MPD command staff, in collaboration with the MARI Ops Team, spent several weeks developing the MARI Pre-Arrest Diversion Program. The MARI Ops Team submitted a detailed Smart Policing Initiative Action Plan that was approved by BJA during the summer. In the months preceding implementation, MPD command staff members provided two hours of in-service training to officers, which included a presentation from a person in recovery, information on how drugs impact the brain and behavior, and an overview of MARI's implementation plan. MPD command staff members and the MARI Ops Team encouraged officers to reflect on whether an offense could be traced back to the person who'd committed the offense having an addiction and, if so, to consider referring the person to MARI.

The MARI Ops Team meets monthly and provides oversight for MARI Program implementation. A smaller group of the MARI Ops Team, whose members are listed on the MARI participant release of information form at Connections Counseling, the program's assessment center hub, meets weekly to monitor and review MARI participant progress with the Pre-Arrest Diversion and Treatment Plan. Members of the MARI Ops Team include:

- The MPD Community Outreach Captain
- The MPD MARI Coordinator (commissioned officer from Criminal Intelligence Section)
- A representative from Public Health Madison & Dane County

Case Study #5: Madison, Wisconsin, Madison Addiction Recovery Initiative (MARI) 2018 & 2019 COSSAP Grantee

About Madison and the Origins of MARI

Madison is a city of approximately 260,000 people in south-central Wisconsin. It is the state capital and fewer than a two-hour drive from the state's largest city, Milwaukee. Madison is in the section of the state with the highest number of hospitalizations and deaths from opioid overdoses.

MARI was conceived when two lieutenants from the Dane County Narcotics and Gangs Task Force attended the Wisconsin Society for Addiction Medicine's annual conference and learned how drugs affect the brain and behavior of individuals with SUDs. Those lieutenants collaborated with a researcher from the University of Wisconsin (UW), Aleksandra Zgierska, M.D., Ph.D., and the Dane County Department of Public Health to secure

- The alcohol and other drug abuse manager from Dane County Human Services
- The MARI Assessment and Treatment Coordinator from Connections Counseling, LLC
- Dr. Aleksandra Zgierska, Penn State University Department of Family Medicine (previously at the University of Wisconsin Department of Family Medicine)

The BJA Smart Policing Initiative grant provided funding for an evaluative component led by Dr. Zgierska and the UW- Madison Department of Family Medicine and Community Health. For each MARI participant, researchers look at the number of days spent in the Dane County Jail in the 12 months before being enrolled in the program and six months after graduation, for a total of 24 months. The research team is also looking at the number of previous contacts with MPD and measures of anxiety, depression, and risk as collected from the MARI participant’s clinical assessment prior to and at the conclusion of his or her SUD treatment. These data have been crucial to MARI’s evolution because they showcase the program’s successes, which helped to strengthen stakeholder buy-in and attract other collaborators. Additional collaborators now include the Dane County DA’s Office; Madison’s City Attorney; the Madison Fire Department; Dane County EMS providers; and state, county, and local behavioral and public health agencies. MARI’s success also attracted the Dane County Sheriff’s Office (DCSO) and now its officers also provide referrals to MARI.

How MARI Works

There are seven MARI-eligible offenses: possession of a controlled substance, possession of drug paraphernalia, burglary or theft from a family member, retail theft, theft from an automobile, and prostitution. Most diversion cases result from possession of controlled substance charges tied to nonfatal overdose incidents.

When officers encounter an eligible candidate, they give the individual a citation followed by an offer to enroll in the MARI Program (i.e., fill out the MARI referral form). Officers explain to the individual how the program works and ask the prospective MARI participant to sign a waiver that confirms he or she has been contacted in reference to a violation of

state or local ordinance. However, if the individual agrees to be referred to MARI for treatment and meet with an addiction counselor, the police department will not submit the charge to the prosecutor’s office. If the individual completes the six-month MARI Program without incurring a new offense, the original offense will “be disregarded permanently.” However, if the individual does not complete the six-month program or commits a new crime, charges will be referred to the DA or City Attorney’s Office. After signing the waiver, the participant has 72 hours to contact Connections Counseling.

A critical component of MARI is promptly connecting participants with professionally trained and certified recovery coaches (i.e., peer support specialists). When the participant calls Connections Counseling, he or she goes through an initial phone screening and is then scheduled for a formal clinical assessment. Immediately following the assessment, the Connections Counseling MARI Coordinator assigns and arranges the initial meeting with the offender’s recovery coach. The relationship between the participant and recovery coach (who often is in recovery from addiction) has proven to be an important element of MARI’s success. While most MARI offenders agree to work with a recovery coach, it is important to note that not all do so. In its work with MARI, the UW team’s analysis is gauging the effectiveness of MARI recovery coaches through its review of empirical data. Thus far, five recovery coaches have supported approximately 160 participants over the last three years.

System Impact

MARI programming fits well into Dane County’s broader restorative justice approach aimed at diverting people from the criminal justice system and providing healing, reconciliation, and community transformation after harm and conflict arise. This approach includes restorative justice in public education, juvenile justice, and Dane County Community Restorative Courts. MARI programming promotes and builds upon this restorative justice work.

Preliminary data analysis was performed to identify the profile of individuals who follow through with the MARI screening and clinical assessment process. The analysis thus far shows that people with extensive previous and chronic justice involvement are less likely to initiate contact with Connections Counseling. In contrast, those with less

or no past involvement are more likely to initiate contact and accept the program's terms. In short, the current MARI model appears to work for many, but not for all. In the future, the plan is to include a more expansive community outreach concept that will follow up with the "Did Not Call" group and involve families to help with interventions whenever possible.

MARI defines success as the percentage of individuals who initiate connection to treatment and complete the treatment assessment. Preliminary data show that 66 percent of eligible referred MARI participants successfully contacted the provider for screening and assessment. Nearly 70 percent of individuals who complete their treatment assessment have completed their six-month MARI treatment plan or are currently participating in their treatment program.

As of June 30, 2020, MPD and DCSO officers have referred 248 individuals to the MARI assessment center hub. Of those referred, 160 contacted and completed a formal clinical assessment, 82 completed their six-month MARI treatment, and 19 others were active participants and compliant with their treatment plan.

When participants complete the MARI Program, they receive a personalized letter from the MPD Chief of Police (or Dane County Sheriff) celebrating their success and encouraging their recovery journey. In the closing of the letter, the participant is told ". . . as you become stronger in your recovery, please consider whether there are ways for you to share your insights with others who continue to suffer from addiction as well."

MARI plans to expand its programming in September 2020 to all Dane County law enforcement agencies through "MARI 2.0," also called the Madison Area Addiction Recovery Initiative (MAARI). The new MAARI will also offer more pathways to diversion, including self-referral, active community outreach, Naloxone Plus, and Quick Response Teams. COSSAP Dane County Human Services

will become the assessment center hub for all participating Dane County law enforcement agencies and will initiate changes to the MARI referral form.

Lessons Learned

- Implementing MARI in a police department such as MPD—which has a longstanding tradition of training around mental health, the disease of addiction, and restorative justice—is an advantage. The majority of MPD officers are very appreciative and supportive of the MARI Program as a pre-arrest diversion tool.
- Preliminary data analysis from program research partners reveals that referred MARI participants whose initial assessment screening indicates moderate to low scores around depression, anxiety, and risk are more likely than those with higher scores to complete their six-month MARI Pre-Arrest Diversion & Treatment Plan.
- In addition, the outstanding criminal charge (i.e., citation) provided a significant incentive to complete the six-month MARI Program, which is frequently mentioned in the participant's MARI discharge meeting.
- In an internal survey of MPD officers nine months into implementation, some officers expressed concern that MARI referrals should not be a function of front-line patrol officers, but instead, after an arrest has been made, options should be offered either by the department or the prosecuting attorney's office. This was a minority viewpoint but was expressed by some nonetheless.
- Having a working multidisciplinary implementation team for MARI has been critical. In general, police departments do not necessarily have a deep understanding of the science of addiction. The culture and daily language of a police department are also not necessarily sympathetic to addiction. Providing training to increase awareness around the disease of addiction, especially from those working through their own recovery, is something that must be done both initially and continuously throughout implementation of a program such as MARI.

Endnotes

¹In many jurisdictions, these programs may be known as pre-arrest diversion, deflection, pre-booking diversion, co-responder programs, law enforcement/police-assisted diversion, and crisis intervention. In this case study, law enforcement and fire/EMS-led responses will be referred to as “First Responder Diversion” or “FRD.”

²Police Treatment and Community Collaborative. (2017). *Pre-arrest diversion: Pathways to community: Police, Treatment and Community Collaborative*. https://ptacollaborative.org/wp-content/uploads/2018/07/PTACC_visual.pdf.

³The individual admits to committing the offense, therefore there is a charge, but the charge is not filed. To ensure due process, participation in these programs is voluntary.

⁴Chandler, R. K., Fletcher, B. W., & Volkow, N. D. (2009). Treating drug abuse and addiction in the criminal justice system: Improving public health and safety. *JAMA*, 301(2), 183–190, <https://doi.org/10.1001/jama.2008.976>.

⁵Civil Citation Network (2018). Leon County/Tallahassee pre-arrest diversion—Adult Civil Citation Program: A model program with national implications. Tallahassee, FL. <https://civilcitation.net/assets/research/2018ptac4yearreport.pdf>.

⁶Association of Prosecuting Attorneys and International Association of Chiefs of Police (October 2019). Working toward safety and justice through police and prosecutor partnerships. https://www.theiacp.org/sites/default/files/2019-03/235126_IACP_Safety_Justice_Report_FINAL.pdf.

⁷LEAD National Support Bureau website: <https://www.leadbureau.org/>.

⁸Kopak, A. M. (2019). An initial assessment of Leon County Florida’s Pre-Arrest Adult Civil Citation Program. *The Journal of Behavioral Health Services & Research*, 46(1), 177–186. <https://doi.org/10.1007/s11414-018-9620-0>.

⁹Tennis, G., Martz, K., and Charlier, J. (2019). Public health and the criminal justice system: Partnerships to promote health and prevent addiction. In J.C. Butler and M.R. Fraser (Eds.), *A Public Health Guide to Ending the Opioid Epidemic* (p. 252). Oxford University Press.

¹⁰LEAD National Support Bureau (April 2020). Essential principles for successful LEAD implementation. https://56ec6537-6189-4c37-a275-02c6ee23efe0.filesusr.com/ugd/6f124f_d458fa51ecb1462fa9d5a9f31b7442ba.pdf?index=true.

¹¹For guidance on evidence-based practices, refer to Substance Abuse and Mental Health Services Administration’s Screening and assessment of co-occurring disorders in the justice system (2019). <https://store.samhsa.gov/product/Screening-and-Assessment-of-Co-Occurring-Disorders-in-the-Justice-System/PEP19-SCREEN-CODJS>.

¹²Peter Davidson, “Overdose Deaths, 1999–2018.” https://overdosedeadths.org/County_OD_Deaths.php?state=Delaware&county=New%20Castle%20County.

¹³2014 Delaware Offenses Known to Law Enforcement. https://ucr.fbi.gov/crime-in-the-u.s/2014/crime-in-the-u.s.-2014/tables/table-10/table-10-pieces/Table_10_Offenses_Known_to_Law_Enforcement_Delaware_by_Metropolitan_and_Nonmetropolitan_Counties_2014.xls.

¹⁴2018 Delaware Offenses Known to Law Enforcement. <https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018/tables/table-10/table-10-state-cuts/delaware.xls>.

¹⁵Information provided by the Harris County District Attorney’s Office.

¹⁶Misdemeanor Marijuana Diversion Program. <https://app.dao.hctx.net/MMDP>.

¹⁷Harris County Misdemeanor Marijuana Diversion Program: <https://samadamolaw.com/harris-county-misdemeanor-marijuana-diversion-program/>.

¹⁸<https://app.dao.hctx.net/ogg-law-enforcement-community-partners-mark-two-year-milestone-misdemeanor-marijuana-diversion>.

¹⁹Blue Earth County, Minnesota. https://www.bestplaces.net/crime/county/minnesota/blue_earth.

²⁰<https://www.yellowlineproject.com/goals-and-measures>.

²¹In Minnesota, SUD is also sometimes referred to as Chemical Dependency.

²²<https://www.yellowlineproject.com/operational-toolkit>.

Visit the COSSAP Resource Center at www.cossapresources.org.

About BJA

BJA provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit www.bja.gov and follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice's Office of Justice Programs.

This project is supported by Grant No. 2017-AR-BX-K003 awarded by the Bureau of Justice Assistance (BJA). BJA is a component of the Office of Justice Programs, U.S. Department of Justice. The contents of this document were developed by IIR and do not represent the official position or policies of the U.S. Department of Justice.