

Deflection: A Public Health Solution to Better Public Safety



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A Variety of Terms for Deflection

- No arrest
- Pre-arrest
- Pre-charge
- Pre-booking
- Police diversion
- Police assisted diversion
- Law enforcement encounter
- Law enforcement assisted diversion



Deflection versus Diversion

Critical Differences in Definition:

- Deflection = Moving away from the justice system without having entered it
- Diversion = Moving out of the justice system after having entered it

- Deflection = Behavioral health guided with criminal justice partnerships
- Diversion = Criminal justice guided with behavioral health partnerships

- Deflection = Public health solution “9/10” to better public safety
- Diversion = A wide variety of approaches for a variety of reasons



Two Types of Deflection: Done Together for Biggest Impact

Prevention Deflection

- No charges/Not relevant to criminal activity
- Identified behavioral health issue (wellbeing) that places the person in a health risk or exposure risk to the justice system
- Deflect to treatment for clinical assessment to address needs and/or to social services

Intervention Deflection

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



The Promises of Deflection

- Reduced crime
- Improved public safety (real and perceived)
- Reduced drug use
- Lives saved, lives restored
- **Building police/community relations**
- **Reduced criminal justice burden to solve public health and social challenges**
- Building police/public health relations
- Correct movement of citizens into/away from the justice system
- Cost savings
- “Net-narrowing”



Six Guiding Questions for Police Leaders

1. Why are you (considering) doing deflection?
 - a. What is the problem you are trying to solve?
 - b. What is the challenge you are trying to address?
2. What does success look like, both qualitatively and quantitatively?
3. Who are you going to deflect?
4. When will you deflect them?
5. Where will you deflect?
6. How will you deflect?



Five Deflection Frameworks: The Pathways to Treatment

- Naloxone Plus: Engagement with treatment as part of an overdose response or DSM-V Severe for opiates; tight integration with treatment, naloxone (individual too)
- Active Outreach: Law enforcement intentionally IDs or seeks individuals, a warm handoff is made to treatment who engages them in treatment
- Self-Referral: Individual initiates contact with law enforcement for a treatment referral (without fear of arrest), preferably a warm handoff to treatment
- Officer Prevention Referral: Law enforcement initiates treatment engagement, no charges are filed
- Officer Intervention Referral: Law enforcement initiates treatment engagement, charges are held in abeyance or citations issued, with requirement for completion of treatment



Deflection Examples (Brands) with Related Framework

- **Angel (MA)/ Arlington (MA)**- paariususa.org (200 sites for Angel and Arlington – PD, Sheriff, Fire and Other)
 - Self-referral, Active Outreach
- **Civil Citation (FL)** - civilcitationnetwork.com (62 sites- 61 juvenile, 1 adult)
 - Officer Intervention Referral
- **DART (OH)** - lcsodart.com (many and varied sites)
 - Naloxone Plus
- **LEAD (WA)**- leadingcounty.org (7 sites)
 - Officer Prevention Referral
- **STEER (MD)** - CenterforHealthandJustice.org (1 site)
 - Naloxone Plus, Officer Prevention/Intervention Referral

- What's your purpose?

Deflection Framework Decision-Making Tool

- Designed for law enforcement, behavioral health and deflection system partners to aid in decision-making
- Categorizes 16 deflection characteristics to consider and assemble to design the “best fit” deflection initiative

Example Characteristics

TREATMENT CAPACITY

The availability of different modalities of treatment should dictate many elements of program design. Programs that focus on crisis situations like overdose will require greater access to more intense services such as detox, medication assisted treatment, and residential services. Program that focus on lower-risk drug users not in immediate crisis (and either high or low treatment need) will require more outpatient services.

LOCAL EXPERIENCE

The level of local experience implementing new philosophies or programs may dictate the size and scope of new programs being considered. Existing relationships with the community treatment system, training mechanisms, current officer workflow, overall willingness to adapt, and use of assessment and risk tools will all inform the level of culture and practice change a department and a community are able to accept and sustain. For example, the presence of a CIT team indicates a cultural awareness and leadership commitment that may make a deflection program easier to implement. Departments without such experience may be better served with a model (such as walk-in) that requires less top-to-bottom commitment.



Ready to get started on your deflection effort?

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