

Deflection: A Powerful Crime-Fighting Tool That Improves Community Relations

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Whether individuals work in urban, suburban, or rural communities, law enforcement officers invariably encounter the impact of drug use and mental illness. These impacts range from disruptive behavior to overdoses to homelessness and sometimes include criminal acts both related to and stemming from these issues.

Diversion: A Justice-Treatment Partnership

In most communities, organizations exist that are designed and equipped to address substance use and mental health challenges at their roots. Providing health services is not part of the core mission of law enforcement, but behavioral health providers, hospitals, other health organizations, and social service entities have the people, skills, and tools to provide these services.

In fact, over the last 30 or more years, other parts of the criminal justice continuum—jails, prosecutors, courts, and probation—have developed operational models for addressing these challenges by working together with behavioral health service providers. Drug courts, conditional release, deferred prosecution, jail diversion, and specialized probation all emerged out of the recognition of the benefits of diverting individuals with drug use and mental health problems out of the criminal justice system and into community-based treatment programs. Research has consistently proven the value of treatment in achieving both better public safety and public health outcomes, and it is a valuable crime prevention tool available to police, just as it long has been for their criminal justice peers elsewhere.¹

Justice models that connect people to substance use and mental health treatment in the community are often loosely categorized as diversion programs. They leverage intentional coordination with community treatment partners to prevent drug-involved individuals who have low to moderate criminogenic risk from progressing further into the justice system than is necessary. They offer clinical assessments to determine the level of severity of the issue and placement into the appropriate level of treatment. Due to some individuals being screened as appropriate, these diversion efforts loosen the burden on overworked justice professionals by (1) calling on the clinical expertise of health and human service providers; (2) delivering better outcomes, including reduced crime due to reduced drug use; (3) averting the cascade of harmful collateral consequences that come from justice involvement, even if the individual is never charged or found guilty; and, (4) showing the community there are more than arrests taking place by moving individuals toward human services instead of jail, when appropriate.

Faced with unprecedented pressures as first responders in complex times and daily facing the impact of mental health and substance use problems, especially the opioid

epidemic, in the communities they serve, now is an opportune time for law enforcement to partner with behavioral health. In this way, law enforcement can focus their resources on fighting the more dangerous crimes, as opposed to what often are “nuisance” and repeat offenses driven by untreated health conditions.

The Promise of Deflection

Police diversion, sometimes called pre-arrest diversion, pre-bookings diversion, or deflection, has rapidly moved onto the policing scene for its promise of (1) reducing crime (a core function of the criminal justice system); (2) reducing drug use (an expected outcome of treatment); (3) ensuring the “correct” movement of individuals either into the criminal justice system or away from it; (4) restoring lives (a core function of the human service system); (5) (re)building community relations (a desire of many community members); and (6) saving money (a concern for both public systems and taxpayers).

Instead of utilizing traditional police interventions (i.e., arrest, booking, and charging), deflection relies on law enforcement to be the referral source to community-based drug treatment and mental health services prior to potential crises. In this way, law enforcement opens up new treatment access points not previously available to those in need. Deflection is distinct from, but complementary with, efforts like crisis intervention teams (CIT), which are focused primarily on officer safety and situation de-escalation (both legitimate goals) at crisis points. The goal of deflection is to refer people to the help they need before such a crisis occurs. This timing is an important distinguishing feature of deflection.

Driven by Data and Research

In deflection, officers in the field use research-validated, evidence-based risk-need screening tools to make a referral to behavioral health treatment so individuals who pose a risk to the community are placed in custody and those who do not are deflected away from involvement in the justice system and into treatment. Deflection is designed for those individuals whose behavioral health challenges have placed them at repeated risk of chronic exposure to the behavioral health or criminal justice system.

Risk-need tools are in wide use in other parts of the justice system, but to date none have been developed specifically for law enforcement. However, emerging deflection models are testing the use of risk-need tools adapted for police.² The aim is to enable law enforcement to confidently determine which individuals can be deflected toward treatment instead of being arrested. The most successful criminal justice systems will ultimately be those that have maximized their deflection and diversion points along the entire justice continuum.

Complementary Approaches to Deflection: Prevention and Intervention

Deflection encompasses two different approaches—intervention and prevention—both of which can be used independently, but are better together to maximize community impact. In an intervention deflection, chargeable offenses are present and individuals with behavioral health issues are selectively deflected away from the criminal justice

system by way of police referral to the community human service system. Charges are either not filed, even if a report is written; the charges are held in abeyance; or, in the case of civil citation, the offense is written as a non-criminal citation with treatment required. In this way, individuals with behavioral health challenges who would otherwise have entered the criminal justice system are truly deflected from justice involvement. This affords individuals the opportunity to change the trajectory of their life without the accompanying impact of collateral consequences that come with a criminal arrest record.

Simply put, intervention deflection results in avoidance of justice involvement by a person who needs behavioral health services instead. Of course, some people at risk of arrest might not avail themselves of the opportunity, and intervention deflection models must address the consequences of nonparticipation.

The second strategy, prevention deflection, occurs when no charges are present, but police referrals and human service interventions are still made in the hopes of preventing future law enforcement encounters. Drug overdose is an example of a prevention deflection opportunity. In prevention deflection, risk assessments are not used, but the needs of the individual are still screened to ensure the proper human service referrals can be made. Officers may even involve clinicians in a ride-along or on-call capacity to ensure a timely and accurate assessment is made, thus streamlining the referral process.

One needs to look no further than the opioid overdose epidemic currently plaguing many states to see how law enforcement officers can leverage prevention deflection to become true problem-solvers in the communities they serve and protect.

Building Better Relationships and Safer Communities

The growing focus on deflection is timely and represents a true community response to pressing challenges. In some communities, the last few years have brought to light heightened tensions between individuals and law enforcement. Deflection can be an important part of an overall strategy to improve—and in some cases rebuild—community relations. As a result of deflection efforts, law enforcement officers will be known for their discernment when a response other than arrest is warranted, and, more important, officers will steer people to local resources that offer them the opportunity to put their lives on a better trajectory.

Simultaneously, deflection calls upon human service providers to do what they do best: addressing the complex needs of at-risk individuals. Human service interventions such as drug treatment, mental health services, housing, counseling, and health care are proven to reduce crime, reduce contact with the criminal justice system, reduce drug use, stabilize housing, reduce homelessness, increase well-being, and restore lives. Indeed, deflection programs cannot succeed without committed community human service partners.

Like other types of criminal justice diversion initiatives, deflection acknowledges that substance use and mental health problems are often reasons that individuals encounter

law enforcement in the first place, as well as having repeat encounters. Both diversion and deflection allow justice professionals to properly balance public safety risk with the importance of providing access to supportive, community-based services that will prevent future justice encounters.

Success Starts with a Culture of Change

To be sure, deflection represents a new funding and policy paradigm to elected and appointed officials; government agencies; private foundations; and, ultimately, taxpayers, as well as a cultural and operational change to law enforcement and treatment agencies. For example, deflection models work best when officers are trained on what happens to the addicted brain and what happens in treatment. Some officers might be reluctant to take on what seems at first to be yet another responsibility, and human service agencies will have to adapt to new law enforcement referrals, which can happen at any time of day or night, and may involve crisis situations, with little time or opportunity to fully observe behaviors to aid in clinical decision-making.

Deflection initiatives begin with leadership commitment, strong partnerships, and thoughtful planning. Below are eight core questions for law enforcement leaders and their community partners to discuss when considering the pursuit of a deflection initiative.

Starting a Deflection Initiative

The array of deflection efforts in the United States is growing rapidly. The choices are numerous; research is in the early stages and, in most cases scant. Therefore, it is important that law enforcement and communities avoid temptation to see deflection as the “silver bullet” for resolving law enforcement encounters with people who have substance use issues or mental illness. But, what is clear is that the time is now for agencies to take a look at incorporating deflection initiatives into their local law enforcement practices.

The benefits of deflection include reducing the burden that substance use and mental health issues place on communities and on law enforcement efforts. By addressing the behavioral health issues that often underlie an offense, law enforcement can reduce recidivism. Deflection also helps avoid the repeated costs of arresting and incarcerating people—who need treatment—for nonviolent offenses. Beyond that, deflection is a common-sense solution for officers who have seen firsthand that arresting individuals does not stop addiction and mental illness. There are better, more effective ways to respond that are still powerful crime-fighting tools.

Prior to selecting and implementing a deflection initiative, law enforcement agencies should begin by considering the following questions:

1. Can deflection solve the problem, address the challenge, or take advantage of the opportunity the agency is facing?
2. Does the community have the behavioral health and public health system and capacity to receive people who are deflected to their services?
3. Does the agency have the political, community, and internal support needed to take deflection to implementation and beyond?

4. Is the agency—especially the officers and first-line supervisors—ready to undertake an innovative practice like deflection?
5. Can deflection data be collected from the start?
6. Is there a rational, credible pathway to sustainability for the deflection initiative once started?
7. Is there an incident or trend that can be leveraged to muster community-wide support for deflection?
8. Which deflection initiative best fits the department and community?

1. Can deflection solve the problem, address the challenge, or take advantage of the opportunity the agency is facing?

As with any new idea, knowing the desired outcome of an effort and whether what is being considered as the solution will achieve that specific outcome is imperative prior to initiation. Deflection is designed for a specific purpose: getting the right individuals to the right place so they can get the right services they need at the right time for the right reason. If a different outcome is desired, deflection is probably not the right path.

2. Does the community have the behavioral health and public health system and capacity to receive individuals that are deflected?

Identifying the key behavioral health service partners in the community might require initial legwork on the agency's part, but, if any profession excels at digging to get information, it is the police! The issue of what to do with individuals who are deflected must be solidly answered before commencing deflection. Just as it is with diversion efforts, the single greatest challenge and barrier for deflection initiatives is having the required behavioral health capacity not only when an initiative starts but also if it is to ever scale up to meet treatment demand. Capacity is not just the number of treatment slots or beds available, but ensuring (1) rapid access to the clinically assessed capacity in the minutes and hours when they are needed (i.e., a person is ready to engage with treatment), and (2) a range of modalities (e.g., detox, outpatient, inpatient).

A starting point is contacting the local public behavioral health department to identify local human service providers. The department's police contact and arrest data can at least give a ballpark estimate of what deflection numbers to human services might look like. If the courts and prosecutors run pretrial diversion and the local jail performs jail diversion, these programs might also provide a sense of the community capacity that would be needed if deflection is implemented. In other words, if deflection resulted in 10 individuals deflected (who otherwise would have been arrested) to services every week, which provider has the capacity to take them? Can the right level and modality of services be provided? How long will it take to start actual treatment? Who pays for the services?

Not all deflection results in referrals to services, and law enforcement must be careful to not over-refer individuals who are not in clinical need of services. Over-treatment when clinical need is not indicated can result in outcomes opposite from what is intended; therefore, using a validated risk-need screening tool to guide decision-making is a core tenet of deflection. Namely, the underlying behavioral health issues regarding why a person commits a crime (or is at high risk to commit a crime) must be addressed for the criminal behaviors to be stopped. This is best achieved through a robust assortment of clinical and risk-appropriate human service interventions.

Finally, even if the community human service capacity is not available at the needed scale initially, understanding which services are needed for deflection to be successful is critical so a community can start building service capacity if the initiative is taken to scale.

3. Does the agency have the political, community, and internal support needed to take deflection to implementation and beyond?

To usher in the change represented by deflection, both internal and external champions are needed. Deflection involves *not* arresting individuals at times when, in the past, making an arrest might otherwise have been the default response. As a result, the deflection initiative requires collective buy-in and accountability, including agreed-upon measures to be taken if a deflected individual is not compliant with treatment or is charged with a new offense.

Community support is also essential, for it is in the communities most impacted by crime and where substantial police operations occur, as well as in those communities where the officers reside (an area often overlooked in law enforcement policy decision-making) that the day-to-day voices of individuals will either support deflection or reject it. Local politicians are particularly attuned to complaints about crime and, as a result, highly prone to risk-avoidance and reactive responses. Can the department withstand community pressure, especially in the early stages of deflection where outcomes will be slow in coming and setbacks are expected?

Finally, internal agency champions are needed. Whether the agency is large or small, the informal comments made in the squad, locker room, parking lot, and at roll call about deflection can easily outmuscle department orders, policy, and training, especially in the early stages of implementation. From the outset, it is critical to identify and engage champions at the officer and supervisory levels.

4. Is the agency—especially the officers and first-line supervisors—ready to undertake an innovative practice like deflection?

By definition, innovation challenges existing norms, culture, values, and attitudes. Deflection is innovative in two specific ways.

First, in deflection, law enforcement officers are not the lead problem-solvers in situations they encounter. Instead, the officers assess the situation and then refer individuals to behavioral health organizations that are equipped to respond to the human service issues at hand. Officers are crucial to deflection occurring, but they are not the ones who will address the situation for the individual long-term. This shift in attitude for a problem-solving profession is no small matter, and officers will need to engage and rely on health care and human services in providing the clinical care that helps lead to behavior change.

Second, the acceptance of behavioral health interventions (i.e., mental health or drug treatment) as accepted crime-fighting tools that officers can come to rely on might

contradict the police culture of what constitutes “crime fighting.” Deflection is an evolution from “tough on crime” to “smart on crime.”

Behavioral health care and human services play an essential role in deflection, and deflection represents a cultural shift for them as well. Many already have been working with justice-involved individuals referred by prosecutors, courts, and corrections, but not from law enforcement. Deflection relies on agreements between law enforcement and health service providers, with both working together toward the mutual goal of restoring the individual to health and avoiding future justice system involvement. Reduction in drug use is a reduction a crime.

5. Can deflection data be collected from the start?

County governments, funders, and the general public expect to know if the initiatives they fund are successful. There is extensive research on what works in other parts of the criminal justice system; for example, in court-based interventions, practitioners must match the individual to the right level of treatment and supervision based on the clinical risk-needs assessment. Police deflection occurs far earlier in the system, and while there are numerous promising practices and initiatives, it is a newer concept and formal research outcomes are limited. Collecting data about an agency’s efforts from the very start is therefore paramount, not only for the policing field at large, but also more immediately to establish when and if the initiative has achieved success according to local goals.

Collecting deflection data goes beyond counting calls and response time; it leans toward understanding outcomes. Did the approach make a difference in the lives of deflected individuals? Did deflection make communities safer by reducing recidivism? Does law enforcement see treatment as a legitimate crime fighting tool? Although testimonies of officers and individuals remain a powerful tool for conveying the value of initiatives, anecdotal evidence alone will not suffice. Data collection is also critical to sustainability.

6. Is there a rational, credible pathway to sustainability for the deflection initiative once started?

When well-conceived and implemented, with collaborative engagement at their core, deflection will yield positive outcomes and a collective desire to keep it operational beyond the pilot phase. Thinking and talking about how this will happen *prior to starting* the deflection initiative gets stakeholders thinking about sustainability from day one. Sustainability is highly contextual to communities, people, leadership, environment, and time. Once implemented, taking concrete actions to make deflection last beyond the pilot improves the prospects for sustainability.

7. Is there an incident or trend that can be leveraged to muster community-wide support for deflection?

Deflection to substance use and mental health treatment is a sound response to human suffering and health crises that police encounter daily. Tragedies such as overdoses are a signal that effective interventions are needed. Law enforcement can play a critical

leadership role in developing and implementing solutions that serve communities and help save lives.

If a jurisdiction is able to answer the seven preceding questions affirmatively, the next step is to decide which deflection model is most suitable for the jurisdiction. Several deflection models are presented herein, and a careful review should illuminate which is best suited for your department, partnerships, and political climate.

8. Which deflection initiative best fits the department and community?

Once the decision has been made that deflection is a recommended and viable course of action, the next step is to decide how to do it. Different models might work better in different jurisdictions, depending on the agency's goals and the needs and resources available in the community. During this period of innovation in this new arena, and to support the advancement of effective practices, it is useful to note that a variety of efforts are being undertaken across all sizes and types of jurisdictions. As these programs and initiatives are evaluated, they will help build the collective body of knowledge around evidence-based practices in diversion and deflection. For more information on deflection initiatives, see *Law Enforcement Deflection Frameworks: A Decision Making Tool for Police Leaders*.