PTACC Deflection Policy Series

PTACC State LEaders' Deflection (SLED) Policy Network

SUCCESS IN DEFLECTION PROGRAMS: A POLICY BRIEF

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PTACC
POLICE, TREATMENT, AND COMMUNITY
COLLABORATIVE

About

The Police, Treatment, and Community Collaborative (PTACC) is the definitive national and global voice of the field of deflection and pre-arrest diversion. With 70+ organizational partners, PTACC provides vision, leadership, advocacy, and education to facilitate the growth and practice of deflection and pre-arrest diversion in all its forms—including programs that incorporate co-responder and community responder models—across the United States and internationally.

The PTACC State LEaders' Deflection (SLED) Policy Network is a workgroup of state-level leaders originally convened in 2022 with representatives from three key national organizations—the National Governors Association (NGA), the National Criminal Justice Association (NCJA), and the National Association of State Alcohol and Drug Abuse Directors (NASADAD)—serving as a national peer-to-peer deflection learning community to share information, explore best practices, and solve problems from the state perspective related to sustainability, legislation, policy, and outcomes.

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Abstract

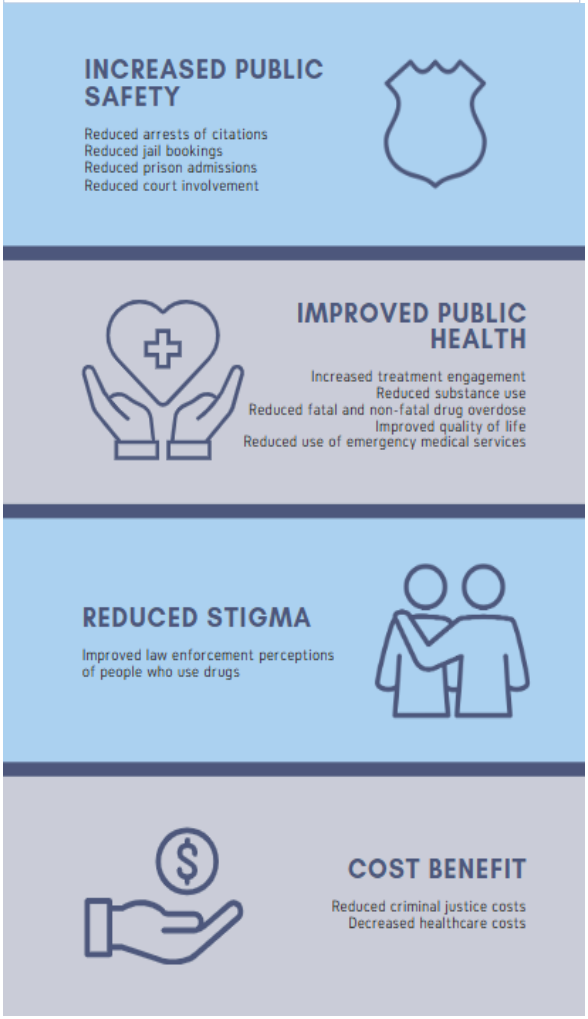
This PTACC policy brief discusses the evaluation of *deflection* initiatives. These initiatives feature law enforcement or first responders creating pathways to deflect individuals with substance use, mental health, and co-occurring disorders into treatment and other community-based services. The authors discuss the demonstrated value of deflection programs to date. Also, given the broad variety of scope and types of deflection programs, the authors present opportunities and limitations of evaluation efforts. Finally, they offer considerations and recommendations for evaluation in further deflection efforts.

Introduction

Traditionally, law enforcement and other first responders, such as fire and emergency medical services (EMS) personnel, have had few options for how to respond when encountering someone with a substance use disorder (SUD), mental health disorder, or co-occurring disorders. For law enforcement, these response options typically involve arrest, issuing a warning, or doing nothing. For other first responders, the possibilities for response include administering naloxone when appropriate, taking the individual to an emergency department, or, again, doing nothing.[1]

Figure 1

Outcome Measures of Deflection Success



Suppose first responders rely only on the options described above when encountering someone believed to have an SUD, mental health disorder, or co-occurring disorders. In such cases, they can unintentionally exacerbate two problematic issues in the United States. The first issue is not adequately meeting the needs of those with untreated SUD and mental illness, and the second related issue is that individuals with substance use, mental health, or co-occurring disorders are disproportionately represented in the criminal justice system.

Fortunately, today, many public health or safety leaders encourage law enforcement and other first responders to use non-traditional approaches when encountering someone believed to have a substance use, mental health, or co-occurring disorder. These new approaches include *deflection* to community-based prevention, intervention, or treatment services when warranted.

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Deflection is defined as any collaborative intervention connecting law enforcement, other first responders, and community responders with public health systems to create pathways to treatment and services for individuals who have an SUD, mental health disorder, or co-occurring disorders and who often have other service needs as well. These may include needs for treatment, recovery support, housing, and case management. There are currently six deflection pathways: self-referral, active outreach, Naloxone plus, first responder and officer referral, officer intervention, and community response.[2]

Evaluating Deflection Efforts

Two types of evaluation can inform staff training and hiring, program improvements, policy changes, and funding allocations in deflection efforts.

Process evaluations provide insight into how the program works so that outcomes can be understood. Process evaluation ensures continued quality improvement and offers real-time data feedback to program staff and stakeholders about how the intervention is being implemented and if it is being implemented with fidelity to the program plan. With this knowledge, adjustments can be made in real time to improve the quality of the program. Process evaluation tracks indicators such as the deflection pathway(s), participant demographics, and participant engagement.

Outcome evaluations assess the program's effectiveness and determine if intended outcomes were achieved. Short-term outcomes can be measured annually, describing treatment and primary care engagement, housing stabilization, and reduced substance use. Long-term outcomes are assessed after 3-5 years of implementation and measure criminal recidivism (i.e., arrests, jail bookings, incarceration), use of emergency medical services, and participants' stability and quality of life changes.

Methods Used to Determine Success in Deflection

To describe the current evidence base for deflection programs, we—the PTACC authors of this policy brief—searched academic and gray literature (i.e., produced outside of traditional publication channels) for deflection outcome evaluations. We excluded qualitative, descriptive, and process evaluations. First, we examined the literature already amassed by the authors and the cited references in those papers. Then, we searched via Google Scholar using key terms, including combinations of the terms “deflection,” “evaluation,” “law enforcement,” and “programs” to locate relevant studies. Unpublished deflection evaluation reports from programs throughout the U.S. were also reviewed. We organized our findings in a shared Google Docs spreadsheet for the team to access and review. For each evaluation, we documented the author, year published, program type, outcome variables, and findings. Our search yielded 12 quantitative program evaluations for inclusion in our analysis.

Findings on Deflection Programs Associated with Positive Outcomes

The literature review uncovered evidence that deflection programs were associated with positive outcomes in four main areas (see Figure 1 on preceding page). The following list offers references to the corresponding evaluation publications.

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Deflection Programs Associated with Positive Outcomes

Increased Public Safety

- Reduced arrests or citations[3]
- Reduced jail bookings[4]
- Reduced prison admissions[5]
- Reduced court involvement[6]

Improved Public Health

- Increased treatment engagement[7]
- Reduced substance use[8]
- Reduced fatal and non-fatal drug overdose[9]
- Improved quality of life[10]
- Reduced use of emergency medical services[11]

Offered a Cost Benefit

- Reduced criminal justice costs (e.g., police, courts)[12]
- Decreased healthcare costs (e.g., 911, hospital, ER)[13]

Reduced Stigma

- Improved law enforcement perceptions of people who use drugs[14]

However, some evaluations of deflection programs found no change in outcomes such as mental health symptoms,[15] substance use,[16] rearrest,[17] or trust in police.[18]

Our search has several limitations. First, there were only 12 rigorous evaluations on deflection programs included in our review, as the field is relatively new. Second, we did not conduct a systematic review, which may have led to the omission of some program evaluations.

Challenges in Generalizing Deflection Success

Program Implementation

One challenge is that deflection programs may vary in interventions and scope. There are six pathways of deflection, which, in turn, would indicate several types of programming involved in the evaluations. For example, several different program models include the Homeless Outreach Team (HOT) in Houston, TX; Law Enforcement Assisted Diversion (LEAD) in Seattle, WA and other jurisdictions; and Drug Abuse Response Teams (DART). Additionally, funding amounts differ significantly across the interventions. This policy brief does not favor one type of deflection program over another. Instead, it encourages the implementation of evidence-based deflection approaches that include what research has found to be the core components of deflection programs.[i] In addition, police policy and practices may vary and since deflection participation is voluntary, individuals can opt in or out at any time.

[i] Core components are defined as the specific elements that comprise the intervention and that contribute to its success (Lemire, Peck, Porowski, & Dymnicki, 2024).

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Evaluation

Communities need time to establish programs before outcomes can be studied. Process and outcome evaluation should be funded for enough time to establish reliable outcomes, which may take several years. It can be challenging to create a comparison group and sometimes longitudinal designs or qualitative focused data collection might be more appropriate. Experimental studies are also more expensive, not always feasible, and may have ethical considerations. Obtaining health data may not be possible in some cases due to HIPAA laws. Generalizing outcomes requires sufficiently large sample sizes, which presents a challenge in smaller communities, particularly when studying smaller programs. Engagement is often sporadic across participants, resulting in a general lack of quality data. Finally, the scope of success is broad across programs (e.g., 10% change versus 90% change).

Request for Deflection Program Support

Invest in Deflection Programming

Policymakers can create policies that support deflection.[19] Sufficient funding is needed for staff, including case management, program management, evaluation, training, and participant wellness. Time is required for organizing and planning deflection programs. This process includes hiring staff and educating stakeholders and community residents on the benefits and complexity of deflection. Planning a successful deflection program can take 6 to 12 months, depending on community readiness.

Communities should be allowed to identify and implement the deflection program that best fits their needs, capacity, and readiness. Once a program is developed, communities need time to implement a deflection intervention, as it is complex. There can be many community stakeholders such as first responders, correctional facilities, the courts, social service agencies (i.e., housing, employment), providers of life-saving strategies, behavioral health, healthcare, faith-based organizations, and businesses. Staff and stakeholders need time to fold deflection into the local response to behavioral health needs. Initial program funding should support planning and implementation for no less than three years, with the possibility of continued sustainability funding for additional years.

Fund Program Evaluation

Programs should plan for evaluation from the start. Evaluation is critical for determining and understanding impact, improving programs, and justifying funding. As a general rule, it is recommended to budget at least 10% of the total program cost for evaluation.[20] Program leaders should partner with an evaluator from the beginning to define evaluation questions that are of the highest priority to address from the perspective of the program leadership and evaluators, and then design and execute an evaluation to address those evaluation questions. There should be evaluation requirements tied to future funding for deflection programming to encourage more systematic evaluations.

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