Critical Elements of Successful First Responder Diversion Programs

Catching Up With COSSAP, December 2020

The opioid crisis has generated an increase in calls for service by law enforcement personnel and first responders for individuals with substance use and co-occurring disorders. In response, new law enforcement-led diversion and fire/emergency medical services (EMS)-led responses have emerged nationally. In partnership with substance use disorder (SUD) treatment providers, peer recovery support, and other community partners, these multidisciplinary initiatives are helping to reduce overdoses and overdose-related deaths by connecting individuals to community-based treatment and services. Law enforcement and first responder diversion[1] programs provide an opportunity to redirect individuals with SUDs, mental health disorders (MHDs), and co-occurring disorders away from the justice system or emergency departments and toward needed treatment and services.

Five Pathways of First Responder Diversion

The five pathways[2] of first responder diversion (FRD) offer an alternative to traditional enforcement methods to address SUD/MHD and a proactive way to address community public health needs without having to wait for an individual's behavioral health crisis to necessitate first responder contact. These approaches are called "pathways" because unlike other criminal justice interventions in which individuals must attend treatment, responders offer voluntary access through proactive outreach and support to individuals in need. FRDs help turn these encounters into opportunities to connect individuals to treatment, recovery support, housing, and social services.



A successful FRD initiative must execute several critical elements: establish activities that respond to community needs, align stakeholders/partners, facilitate needed treatment/services, provide community outreach, and engender program buy-in and stability. This article addresses these core elements, highlighting best practices of established FRD programs.

Element 1: Partnership Building

No FRD can function successfully and sustainably without multidisciplinary, collaborative partnerships. Successful diversion programs engage leaders from many community stakeholder organizations in program planning and implementation early on: first responders and behavioral health/treatment providers, local government/justice system officials, faith and recovery communities, and social services providers. Such diverse partnerships result in more opportunities for connections to treatment and services and lend validity to the program. For example, a Quick Response Team initiative in Huntington, West Virginia, found local churches to be an important partner in program awareness and outreach to persons of faith, helping provide valuable program support.[3]

Also important is hiring (or appointing) a dedicated program coordinator who can serve as a central point of contact for partners. Program coordinators perform many roles, including managing referrals, screening program participants and identifying treatment/service opportunities, developing information sharing systems, and managing program data. Designating a program coordinator proved beneficial to the Hero Hope program in New Castle County, Delaware, which saw a marked increase in successful outcomes for program participants after creating a coordination role with a broad range of responsibilities.[4]

In addition, successful partnerships conduct regular steering committee/leadership/operational meetings to coordinate stakeholder activities, address programmatic challenges, celebrate successes, and co-manage opportunities or crises that arise. Keeping partnerships active and lines of communication open is critical to the success of the Yellow Line Project program in Blue Earth County, Minnesota, where the Collaborative Outreach Team's monthly meetings gave partner agencies regular opportunities to solidify their partnership and keep the program moving forward.[5]

Element 2: Community Engagement/Buy-In

Within the diversion field, "community" is broadly used to refer to residents of a neighborhood, city, or county; the business, faith, and recovery communities; or residents affected by the justice system, in addition to other groupings. There are a number of ways to garner community engagement/buy-in from the larger community to enhance program support and reach. Public outreach through traditional and social media is important, especially among minority communities often disproportionately affected by the justice system, to inform them about the program, why it was developed, its goals, and the program's benefits to the community. Further, peer support involvement is essential to building trust and awareness of diversion efforts. This is exemplified by Lake County, Illinois' diversion program, A Way Out.[6] Even though there were broad efforts to spread program awareness through social media, and the creation of a trailer to play before movies at theaters, a majority of referrals to the program came from individuals in the recovery community who recommended A Way Out to peers.

Encouraging public participation in meetings, engaging in dialogue, and serving as a community resource are all critical to successful community engagement efforts. Incorporate neighborhoods disproportionately impacted by the justice system or overdoses and those in recovery into diversion program planning: This will harness diverse perspectives that enhance and sustain FRDs, increase participation, and create opportunities for community-police engagement. Educate the community and local media through targeted communications highlighting program successes and milestones. Favorable coverage can broaden program awareness, community support, and volunteer recruitment, enhancing program sustainability. Conduct outreach through

public meetings, by staffing booths at public events, and through partner networks.

Element 3: Standardize First Responder Diversion Within the Agency

Internal program standardization involves creating policies or procedures for diversion staff members (law enforcement officers, firefighters, EMS staff, dispatchers, volunteers, etc.) that explain program goals and implementation. Policies should standardize how an FRD program is implemented to prevent discrimination based on race, color, religion, sex (including sexual orientation or gender identity), national origin, disability, or age. Policies and procedures should include, but not be limited to, eligibility criteria, the intake/referral process, program operations, and data sharing and data protection protocols.

Providing comprehensive training for law enforcement officers and other first responders (including dispatchers) in several key areas can lend insight into and empathy for vulnerable populations and reduce stigma around individuals with SUDs and other behavioral health disorders. Among the most helpful training subjects are:

- The neuroscience of addiction—the chemical changes that occur in the brain and how they manifest in individuals' behavior.
- Adverse childhood experiences (ACEs) and trauma—the impact of early trauma on developmental and life-course outcomes.[7]
- The recovery process and relapse—a first responder may need to divert an individual multiple times, which does not reflect a failure by either the individual or the first responder.

The Madison (WI) Addiction Recovery Initiative (MARI),[8] for example, found that providing appropriate training, including sessions that addressed the above topics, was critical to the program's successful implementation.

Element 4: Care Coordination and Case Management

Successful FRD programs utilize case managers to facilitate linkages between first responders and treatment/service providers. Ongoing contact during treatment encourages participation and retention. In addition to treatment referrals, holistic care coordination may include linkage to employment training, transportation, housing, and food assistance. Continued provision of case management services, recovery support, and wraparound services helps facilitate long-term recovery. Even brief communications, such as a texts or phone calls, can make a difference in a participant's recovery journey. Some lower-risk participants in the Clean Slate program in Deschutes County, Oregon,[9] for example, noted that they would have liked program administrators to check in on them after 3 to 6 months in treatment for updates on their recovery progress.

Element 5: Program Evaluation

Program evaluation based in research or data collection is vital for validating and improving any FRD effort. Good data evaluation can help stakeholders review program implementation to ensure equitable impacts among communities; demonstrate program success to policymakers, media, and the community; facilitate new sources of program funding; and contribute to the FRD knowledge base. Integrate data assessment and analysis, ideally through a partnership with a university or independent researcher during program planning, to determine benchmarking, establish data collection processes, and plan process/outcome evaluations.

Another key component involves creating processes to let first responders and treatment providers know the program's impacts and share evaluation results to show the value of their diversion efforts. Create a feedback loop to hear successes from clients, directly or through peer coaches, case managers, or the program coordinator.

Endnotes

1 In 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 article, law enforcement and fire/EMS-led responses will be referred to as first responder diversion or FRD.

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

3 Huntington, West Virginia, in https://www.cossapresources.org/Content/Documents/Articles/Pathways_to_Diversion_Case_Studies_Series_Naloxone_Plus.pdf

4 New Castle County, Delaware, in https://www.cossapresources.org/Content/Documents/Articles/Pathways_to_Diversion_Case_Studies_Series_Officer_Intervention.pdf

5 Blue Earth County, Minnesota, in https://www.cossapresources.org/Content/Documents/Articles/Pathways_to_Diversion_Case_Studies_Series_Officer_Intervention.pdf

6 Lake County, Illinois, in https://www.cossapresources.org/Learning/PeerToPeer/Diversion/Sites/Mundelein

7 According to the CDC, adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood (0–17 years) https://www.cdc.gov/violenceprevention/aces/index.html

8 Madison, Wisconsin, in https://www.cossapresources.org/Content/Documents/Articles/Pathways_to_Diversion_Case_Studies_Series_Officer_Intervention.pdf

9 Deschutes County, Oregon, in https://www.cossapresources.org/Content/Documents/Articles/Pathways_to_Diversion_Case_Studies_Series_Officer_Intervention.pdf