

DEFLECTION AND THE DEFLECTION PATHWAYS

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Traditionally, law enforcement and other first responders, such as fire and emergency medical services (EMS) personnel, had few options when encountering someone believed to have a substance use disorder, mental health disorder, or co-occurring disorders.¹ For law enforcement, these options involve arrest, issuing a warning, or doing nothing, that is leaving the individual in question in the same condition and circumstances that precipitated the encounter. For other first responders, the options involve administering naloxone, when appropriate, taking the individual to an emergency department, or, again, doing nothing.

When first responders rely only on traditional options when encountering someone believed to have a substance use disorder, mental health disorder, or co-occurring disorders, it exacerbates two problematic issues in the United States. One is the prevalence of untreated substance use disorder and mental illness. According to the [2021 National Survey on Drug Use and Health](#), only six percent of U.S. individuals aged 12 or older suffering from an illicit drug or alcohol use disorder in the past year received any substance use treatment. In addition, less than half of individuals aged 18 or older who lived with a mental illness during the past year received mental health services. Moreover, many individuals with severe mental illness first connect with mental health treatment as part of a law enforcement encounter. The second issue is the overrepresentation of individuals with substance use disorder, mental health disorder, or co-occurring disorders in the criminal justice system. In nationwide data collected through inmate surveys, researchers found that 58 percent of state prisoners and 63 percent of sentenced jail inmates met the criteria for drug dependence or abuse, compared to approximately five percent of the general public age 18 or older. Additionally, these surveys show that 14 percent of prisoners and 26 percent of jail inmates met the threshold for serious psychological distress in the previous 30 days, compared to only five percent of the public.

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 disorder, mental health disorder, or co-occurring disorders. These new approaches include “deflection” to community-based substance use disorder or mental health disorder prevention, intervention, or treatment services, when warranted. This Legislative Analysis and Public Policy Association (LAPPA) fact sheet provides an overview of what deflection is, examples of initiatives utilizing one or more of the six recognized deflection pathways, and a brief description of the status of deflection-related laws in the United States.

WHAT IS DEFLECTION?

Deflection is any collaborative intervention connecting law enforcement, other first responders, and community responders² with public health systems to create pathways to treatment and services for individuals—with low to moderate criminogenic risk—who have a substance use disorder, mental health disorder, or co-occurring disorders and who often have other service needs. These needs may include treatment, recovery support, housing, and case

¹ A co-occurring disorder is the coexistence of both a mental health and a substance use disorder.

² Community response occurs where a team comprising community-based behavioral health professionals (*e.g.*, crisis workers, clinicians, or peer specialists) engages with individuals without the presence of law enforcement or other first responders. The individuals performing community response are called community responders.

management.³ Importantly, deflection is not mandatory for the participant. Rather, deflection occurs when a first responder or community responder offers a path to services for an individual to choose voluntarily, without fear of arrest, that results in avoiding imminent or future entry into the criminal justice system. Across the country, stakeholders refer to deflection itself, or initiatives involving deflection, by a host of other names, including pre-arrest diversion, pre-bookings diversion, law enforcement diversion, first responder diversion, co-responder teams, crisis intervention teams (CITs), civil citation programs, and mobile crisis teams.

The Treatment Alternatives for Safe Communities' (TASC) [Center for Health and Justice](#) coined the term deflection in 2015. TASC created the new term to distinguish the emerging field from the more-established word, "diversion." Traditional diversion programs involve prosecutors, courts, probation, or parole officers offering post-arrest alternative resources and services to individuals in lieu of conviction, traditional sentencing, or violations of supervision conditions. Whereas diversion is part of the justice system, deflection, by contrast, applies to interactions with individuals before those individuals become involved with the justice system. Other than initial contact with law enforcement in some, but not all, deflection initiatives, an individual who successfully navigates such an initiative will have no other contact with the justice system.⁴

Deflection initiatives formally came into existence in 2011, with the [Law Enforcement Assisted Diversion \(LEAD\)](#) program in Seattle, Washington. While there is not a complete list of all active deflection initiatives in the United States, experts estimate that there are well over 1,000 separate sites across the country operating deflection initiatives, with almost all growth occurring after 2015.

Support for deflection initiatives continues to grow. In 2018, the International Association of Chiefs of Police recommended that, for minor non-violent offenses and noncriminal behavior, "[l]aw enforcement agencies should empower police officers . . . to use alternative remedies such as drug and alcohol treatment, hospitalization, and other diversionary programs, when appropriate, as these outlets can simultaneously help citizens, save money and reduce recidivism."⁵ Likewise, the Office of National Drug Control Policy, Executive Office of the President, specifically included deflection as part of the last three published National Drug Control Strategies, in 2019, 2020, and 2022.

DEFLECTION PATHWAYS AND EXAMPLES

Initially, deflection encompassed only law enforcement-based initiatives—providing occasion for officers to turn the tens of millions of police encounters with individuals each year not resulting in arrest into opportunities for linking to treatment, recovery support services, housing, and other needed services via a "warm handoff" to community providers. More recently, however, deflection initiatives involving first responders other than law enforcement, such as fire and EMS, or to types of responders, such as behavioral health providers teamed with others, termed community responders, are more common.

Currently, there are six deflection methods, or pathways, connecting individuals to behavioral health treatment, recovery support, housing, case management, and other services. Descriptions of each of these pathways, along with examples of initiatives using the pathways, are below, in alphabetical order:

- **Active outreach deflection.** In active outreach deflection, law enforcement or other first responders, alone or as part of a team with behavioral health professionals, proactively seek out an individual or group to

³ Case management is a set of social service functions, including screening, assessment, planning, linkage, monitoring, and advocacy, that help individuals access the resources needed to recover from substance use disorder, mental health disorder, or co-occurring disorders. These resources may be external to the individual, such as medication for addiction treatment, housing, and education, or internal to the individual, such as identifying and developing skills.

⁴ Additionally, using the term deflection avoids confusion with the phrase "drug diversion," which is commonly used in the law enforcement context. Drug diversion refers to the transfer of any legally prescribed controlled substance from the individual for whom it was prescribed to another person for any illicit use.

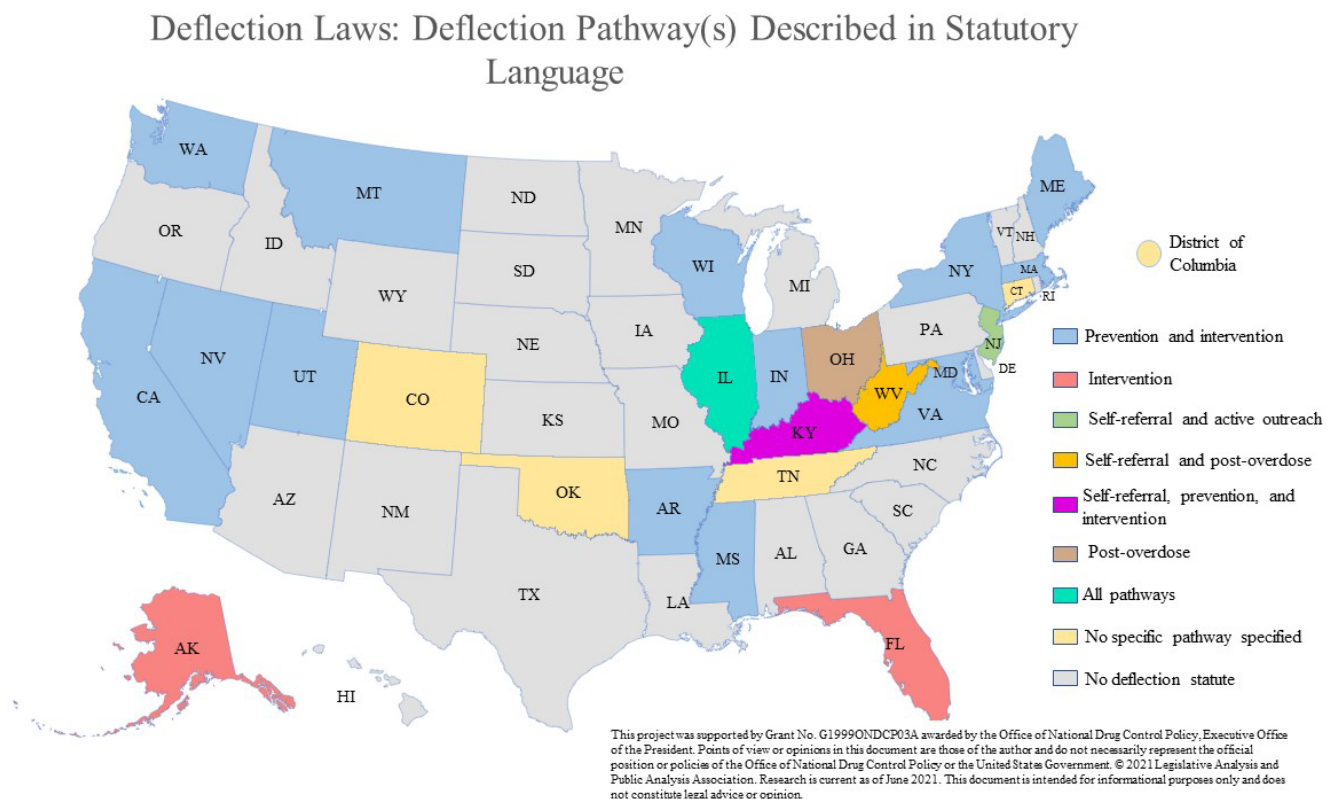
⁵ *Policing in Vulnerable Populations. Practices in Modern Policing*, INT'L ASS'N OF CHIEFS OF POLICE 20 (Nov. 2018), https://www.theiacp.org/sites/default/files/2018-11/IACP_PMP_VulnerablePops.pdf.

- initiate contact leading to a referral to treatment or other services. For instance, homeless encampments within a city provide opportunities for first responders to engage in this type of deflection. Examples of active outreach deflection initiatives include the [Arlington, Massachusetts Opioid Outreach Initiative](#), which focuses on individuals known to, or suspected to suffer from, substance use disorder, and the [Homeless Outreach Team \(HOT\)](#) in Houston, Texas, which assists the chronically homeless in obtaining housing, medical care, and treatment.
- **Community response deflection.** In community response deflection, a team comprising community-based behavioral health professionals (*e.g.*, crisis workers, clinicians, or peer specialists) responds to a call for service to help de-escalate crises, mediate low-level conflicts, or provide referrals to treatment or other services. These teams may also include medical professionals. An example of community response deflection is [Crisis Assistance Helping Out on the Streets \(CAHOOTS\)](#) in Eugene, Oregon, which is a mobile crisis intervention initiative staffed by a local behavioral health personnel using City of Eugene vehicles that responds—in lieu of law enforcement—to three to eight percent of all Eugene Police Department service calls.
- **Intervention deflection.** Unlike the other five pathways, intervention deflection requires law enforcement participation. In intervention deflection, law enforcement officers, alone or as a member of a response team, engage with an individual encountered in the community who could be subject to criminal charges. During the encounter, law enforcement either files charges (subject to delayed adjudication and dismissal, so long as the individual meets certain conditions), or issues a citation with a treatment requirement. Intervention deflection differs from a “citation in lieu of arrest” because intervention deflection requires the individual, at the very least, to undergo an assessment for treatment. Examples of intervention deflection include [LEAD](#), originally established in Washington but now nationwide, and [Stop, Triage, Engage, Educate, and Rehabilitate \(STEER\)](#) in Maryland. In LEAD, law enforcement officers exercise discretionary authority at an encounter to deflect individuals with law violations driven by unmet behavioral health needs to community-based, harm-reduction interventions. In STEER, law enforcement officers approach candidates in many places, including at the scene of a chargeable non-violent offense. Intervention deflection is the only deflection pathway that also can be considered pre-arrest diversion.
- **Prevention deflection.** In prevention deflection, a responder engages with an individual encountered on the street or during a service call. Unlike intervention deflection, in prevention deflection, the individual does not face criminal charges, and the encounter does not flow from a call for law enforcement service due to potentially criminal activity. In addition to being intervention deflection initiatives, both LEAD and STEER operate as prevention deflection initiatives when law enforcement or other first responders engage individuals who committed no chargeable offense(s). Information about the STEER initiative note that in addition to approaching individuals at the scene of a chargeable non-violent offense, law enforcement may approach individuals during emergency department visits or based on general on-the-street knowledge.
- **Post-overdose response (“naloxone plus”) deflection.** In post-overdose response deflection, also known as “naloxone-plus” deflection, a responder attempts to engage an individual in treatment as part of an overdose response, preferably at the point of overdose or as close to the point of overdose as possible, such as at the emergency department or during a home visit shortly thereafter. Examples of post-overdose response deflection initiatives include Drug Abuse Response Teams (DART) and Quick Response Teams (QRT), both of which started in Ohio before expanding elsewhere. In [Lucas County \(Ohio\)](#), where DART originated, law enforcement officers respond to area hospitals for communication with overdose victims and their families. The three-member QRT teams in [Colerain Township \(Ohio\)](#) consists of a community-based substance use disorder counselor, a specially trained law enforcement officer, and a firefighter/paramedic. Another example is “[5 Minutes to Help](#)” based in New Jersey, aimed at providing EMS with crucial tools post overdose to engage individuals and connect them with recovery resources, even if an individual does not want transport to the hospital at that time.

- Self-referral deflection.** In self-referral deflection, an individual initiates contact with law enforcement or other first responders to receive a referral to treatment without fear of arrest.⁶ In these initiatives, the first responder may partner with peer recovery specialists or a ride-share or public transportation service to assist in transporting the individual to treatment. In some cases, self-referral deflection is available through a mobile services unit that moves throughout the community. Examples of self-referral deflection initiatives include [Bensalem Police Assisting in Recovery \(BPAIR\)](#) in Pennsylvania, the [Straight to Treatment Program](#) and [Hope One Van](#) in New Jersey, and the Angel Program in Massachusetts (merged into the Gloucester Police Department’s [Community Impact Unit](#)). In BPAIR and Straight to Treatment, individuals may walk into a police station, ask for help, and are quickly connected to treatment resources. Onboard the Hope One van is a licensed clinician, a peer recovery specialist, and plain clothes police officer. Gloucester’s Community Impact Unit operates out of a local YMCA building and includes a community health navigator, who works with those dealing with substance use issues and homelessness, and a mental health clinician.

STATE LAW OVERVIEW

State laws addressing deflection initiatives and deflection pathways vary considerably. In [research conducted during 2021](#), LAPPa found statutory provisions in 25 states and the District of Columbia that explicitly encourage deflection initiatives. Among these jurisdictions, Illinois is the deflection legislation leader. In 2018, Illinois legislators enacted the most comprehensive deflection law in the United States, entitled the “Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act” (Illinois Deflection Act).⁷ Initially, the Illinois Deflection Act applied only to law enforcement-based initiatives. However, legislators amended the law in July 2021 to expand it to include other first responder-led deflection initiatives, as well as training for initiative participants.⁸ The Illinois law serves as underlying basis for LAPPa’s [Model Law Enforcement and Other First Responder Deflection Act](#), published in 2022.



⁶ Except in cases where the individual has an active arrest warrant.

⁷ 5 ILL. COMP. STAT. ANN. 820/1 to 820/35 (West 2023).

⁸ 5 ILL. COMP. STAT. ANN. 820/21 (West 2023).

Most state laws set forth one or more types of deflection initiatives, such as CITs or LEAD, rather than deflection pathways. However, when viewed in the context of the deflection pathway(s) used by the initiatives mentioned in statute, the most common pathways are prevention deflection and intervention deflection. Only the Illinois Deflection Act law expressly mentions the five original deflection pathways.⁹ The laws of a handful (*i.e.*, less than five) states refer to self-referral deflection, post-overdose deflection, or active outreach deflection. The map below depicts the deflection pathways described in state statute as of June 2021:

Funding provisions also vary among states. LAPPa found 12 states, including Illinois, with funding provisions in the statutes that specifically identify a dollar amount to go toward these initiatives. In fall 2018, after enactment of the Illinois Deflection Act, the Illinois Criminal Justice Information Authority (Authority) posted a grant solicitation for individual deflection initiative funding. According to the solicitation, the Authority made \$500,000 available to use over a six-month period, with individual grants awarded between \$20,000 and \$80,000. Based on these numbers, the \$500,000 supported between six and 25 individual grants. Subsequently, with the passage of the 2021 update to the Illinois Deflection Act, the Authority released a Notice of Funding Opportunity in June 2021 for \$1,000,000 to greatly expand deflection in Illinois.

The growing interest in deflection initiatives is evident by the amount of proposed and enacted legislation related to it. Since 2019, legislatures in more than 60 percent of states and the District of Columbia introduced bills related to deflection initiatives or the funding of them. CITs and mobile crisis teams are the focus of legislation in several states, while LEAD, QRT, self-referral deflection, and initiatives designed to divert offenders with mental health disorders from jail are also identified in proposed legislation.

More state-specific information about deflection legislation can be found in LAPPa's [Deflection Programs: Summary of State Laws](#).

CONCLUSION

Deflection initiatives utilizing one or more of the deflection pathways described in this fact sheet are an emerging tool that offers connections to treatment, recovery support, housing, case management, and other services to individuals suffering from substance use disorder, mental health disorders, or co-occurring disorders. These initiatives continue to flourish throughout the United States.

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ABOUT LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

The Legislative Analysis and Public Policy Association (LAPPA) is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

LAPPA produces timely model laws and policies that can be used by national, state, and local public health, public safety, and substance use disorder practitioners who want the latest comprehensive information on law and policy as well as up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to fact sheets. Examples of topics on which LAPPA has assisted stakeholders include law enforcement/community engagement, naloxone laws, alternatives to incarceration for those with substance use disorders, medication for addiction treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.

For more information about LAPPA, please visit: <https://legislativeanalysis.org/>.

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