# **Pre-Arrest Diversion**

**Connecting Police Community Contacts with District Services** 

**Overview of the 2018 Pilot Period** *April 2019* 





Pursuant to the Neighborhood Engagement Achieves Results Amendment Act of 2016, effective June 30, 2016 (D.C. Law 21-125, D.C. Official Code § 5-132.31(e)), the Metropolitan Police Department (MPD) is required to publish data on the number and type of referrals for service and outcomes of the referrals for joint efforts with the Department of Behavioral Health (DBH) and the Department of Human Services (DHS). This report is provided in compliance with this Act.

# **PROGRAM OVERVIEW**

Year after year, MPD interacts with hundreds of individuals facing chronic mental illness and substance use disorders in Washington, DC. Many encounters do not result in arrest; others result in arrest for low-level offenses, with a low probability of prosecution. Too often, people end up back on the street, no closer to services or meaningful engagement with society.

This cycle falls short on many levels. It falls short for individuals experiencing behavioral health challenges because they are not getting needed treatment. It falls short for police officers who cannot solve the issues for either the individual or the community. It falls short for members of the public, for whom legitimate quality-of-life complaints – public intoxication and drug use, urination and socially inappropriate behavior – are not addressed. And, it falls short for the taxpayer with such an expensive and inefficient approach.

The Pre-Arrest Diversion Program (PAD), a pilot partnership between DBH, DHS, and MPD, is working to find more effective means of supporting individuals in our community by:

- Increasing connectivity to behavioral health services;
- Improving housing stability;
- Increasing access to other supportive services such as enrollment in economic benefit programs and education and employment supports;
- Reducing arrests of those with behavioral health needs and substance use disorders;
- Addressing the underlying conditions that may contribute to criminal behavior; and
- Freeing up law enforcement to focus on the prevention of violent crime.

### **CLIENT PERSPECTIVE**

"In April 2018, my illness convinced me I should leave my [apartment], move to...an empty [building] and sleep on their steps. In July 2018 I was introduced to the PAD program...I was only willing to accept assistance with obtaining new forms of identification.

"The staff of the PAD program consistently visited me...In November 2018, because of their diligence in building a relationship with me, I became willing to accept their help in improving the quality of my life.

"It is Feb. 2019 and I have embraced the goals the PAD program had for me. It has truly improved the quality of my daily living and brought hope and a sense of normalcy back into my life that I have not recognized since 2010.

"The PAD program is out in the community every day, looking for their clients, making sure they set eyes on us, engaging us and ensuring we are alright. Without [that], I would not be moving back into an [apartment], seeing [a doctor] and taking my meds, getting to my other medical [appointments] and planning on re-entering the workforce."

— J., in her own words

#### **OFFICER PERSPECTIVE**

**G.** took me aside away from his friends at a known drug spot. "Officer, I am desperate to get some help. Please, help me." G. shared how he had completed six months of a difficult recovery program, and was not sure he could stay sober around the shelter. This was the same area where he used to buy, sell, and use drugs. After he completed his recovery, they dropped him off right back where his troubles started.

As an officer, I didn't see how I could assist him: no crime, no involuntary commitment called for, and no crisis for mobile crisis response. And yet, **G**. looked to me, to the uniform and badge I wear, and trusted me enough as an MPD member to put the next months of his life in my hands. My instincts told me that he might end up dealing or overdosing within days.

I called the Diversion Program Line. Jackie said she would be right out to meet with him. The team was able to provide safe housing and vocational assistance. Now, **G.** is training as a chef. When he walks through the old neighborhood, everyone tells him how happy and healthy he looks, and they beg for his gourmet dinner samplers.

## **PROGRAM DEVELOPMENT & STRUCTURE**

The structure of the Diversion Program pilot was developed by an interagency program team looking at national trends in behavioral health and policing collaborations and adapting them to take advantage of the many resources already available within the District of Columbia. During the development of the program and since its launch, the team conducted planning meetings, stakeholder engagements, informational sessions, and other outreach with community members, client advocates, service providers, and other stakeholders.

While MPD and DHS rely on existing police officers and other staff to support the program, DBH was designated to hire the primary program staff. Funded by a budget of \$970,000 in Fiscal Year 2018, this included a Program Director/Licensed Clinical Social Worker (LICSW), four staff level LCSWs, and four certified peer specialists who have lived experience similar to the target clients. The program was fully staffed in September.

Pilot service areas were identified in the Gallery Place areas of the First Police District and the Starburst area of the Fifth Police District. The selected areas had the highest concentrations of arrests for the low level offenses that were potentially correlated with unmet behavioral health or social service needs, such as disorderly conduct, drug possession, prostitution, and low level theft, such as shoplifting. The goal of the pilot period was to refine program processes, gather participants' demographic data, develop coordinated connections to better meet program participants' behavioral health and support services needs, and provide an efficient means for MPD patrol officers to connect certain individuals with appropriate services.

In the summer of 2018, 69 MPD officers in the target areas participated in training designed to familiarize them with program goals and opportunities and processes for referrals. In addition each new class of MPD's Crisis Intervention Officers is briefed on the program and encouraged to contact an MPD supervisor if they encounter someone that may be eligible. Diversion Program staff have also participated in roll calls and police ride-alongs, and frequently communicate with MPD partners.

## **PROGRAM PROCESS**

The Diversion Program has developed multiple entry points for services in order to maximize engagement rather than limit participation due to administrative barriers. All participants must have indicators of chronic behavioral health or substance use disorder issues. Committing a low level crime or experiencing homelessness does not—on its own—meet the eligibility criteria. Regardless of the point of entry, all participation is voluntary, with no penalty for declining to participate. The primary ways that a potential program participant may be engaged include:

- Arrest-Based Referral: If an individual commits an eligible offense, an MPD officer offers diversion instead of arrest. If the individual declines to participate, the arrest will proceed.
- Social Contact Referral: If an individual is known by MPD to have a criminal history and behavioral health challenges, an officer should not have to wait to witness the individual committing a crime to make a referral. Therefore an officer can engage the individual to encourage participation in the program.
- Officer Outreach Request: If an individual is known to MPD to have ongoing behavioral health concerns that present risks to the community but is not at a crisis level, an officer may request DBH intervention.
  Diversion staff will engage and provide assistance as needed to help support the individual.
- MPD Consult Requests: If an individual is identified as needing behavioral health support, MPD contacts PAD for assistance, intervention, or evaluation. Some individuals are only seen for a single episode while others require ongoing assistance to manage unmet needs which contributed to their contact with MPD.
- Conventional Outreach: If the Diversion team is in the community conducting routine engagements and education and someone requests assistance or linkage, Diversion team will provide connection to the requested resource or appropriate level of care but does not engage in ongoing services.

#### **CLIENT PERSPECTIVE**

**P.** was referred to the Diversion Program as a social contact. At that time, she had five active criminal charges, as well as a long history of criminal justice involvement and noncompliance with legal requirements and treatment. She was street homeless because she was banned from all shelters due to violent conflicts. She could not access her core service agency after being barred from the building. She was also facing incarceration due to noncompliance.

Since enrollment in the program, **P.** has been compliant with her treatment program, including medications and therapy. She is also in compliance with the court, and her case may be dismissed. She remained in a shelter for two months and is moving into a shared apartment. She has no new criminal charges, and wants to return to work. As she told the Diversion team, "I never knew I could do this good!"

# **ENGAGEMENTS AND SERVICES**

Upon entering the program, Diversion staff conduct an assessment of each participant and collaborate with them to create plan tailored to individual needs. Program staff provide ongoing outreach, referrals and resources to participants and assess them for vulnerability and service needs throughout the program. As of December 31, 2018, the program had 82 enrolled participants.

The Diversion Program serves an especially vulnerable population, even in comparison to other law enforcement assisted diversion programs in urban areas.

- 95 percent of participants diagnosed with Severe Mental Illness
- 95 percent of participants had unstable housing (defined as chronically homeless, homeless, or at risk of homelessness)
- 60 percent of participants lacked vital documents
- 46 percent of participants diagnosed with co-occurring disorders

Two thirds of participants were reconnected with treatment or linked to a higher level of care. Many participants had been disenrolled from community-based providers because of an inability to utilize office-based services or the provider's inability to locate or engage them in the community.

More than 75 percent of consumers are experiencing street or shelter homelessness at the time of enrollment. In several instances, consumers actually had access to housing resources, however due to behavioral health issues had not been able to fully access or use these resources.

As of December 31, 2018, 26 clients were moved or approved to move into housing, including:

- Four participants moved into subsidized rentals units with the Housing Choice voucher or Local Rent Subsidy Program
- 10 participants placed in transitional housing
- Three participants connected to work bed programs
- Five participants returned to existing housing
- Four participants returned to family homes

The Diversion team helped 39 participants secure vital documents, opening doors to other services.

Lastly, the program team engaged with an additional 229 individuals who were identified by MPD officers during joint outreach or requested consults as needing assistance. These individuals were often unable or unwilling to complete the formal enrollment process, but accepted team engagement. These individuals were provided with referrals, resources, and interventions based on the verbalized or identified needs of the individual. Some examples of services include:

- Nine individuals transported to receive emergency psychiatric observation and diagnosis
- 17 individuals connected to treatment
- 11 individuals connected to medication
- Five Assertive Community Treatment (ACT) level individuals (needing the highest level of community based services in order to remain stable in the community) reconnected to services