

Pre-Arrest Diversion (PAD): Emerging Issues and Example Policy Responses

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Agenda

- The opioid epidemic
- Pre-arrest diversion (PAD): A public health solution for improved public safety
- Emerging issues, example policy responses
- The Police, Treatment and Community Collaborative (PTACC)



The Opioid Epidemic

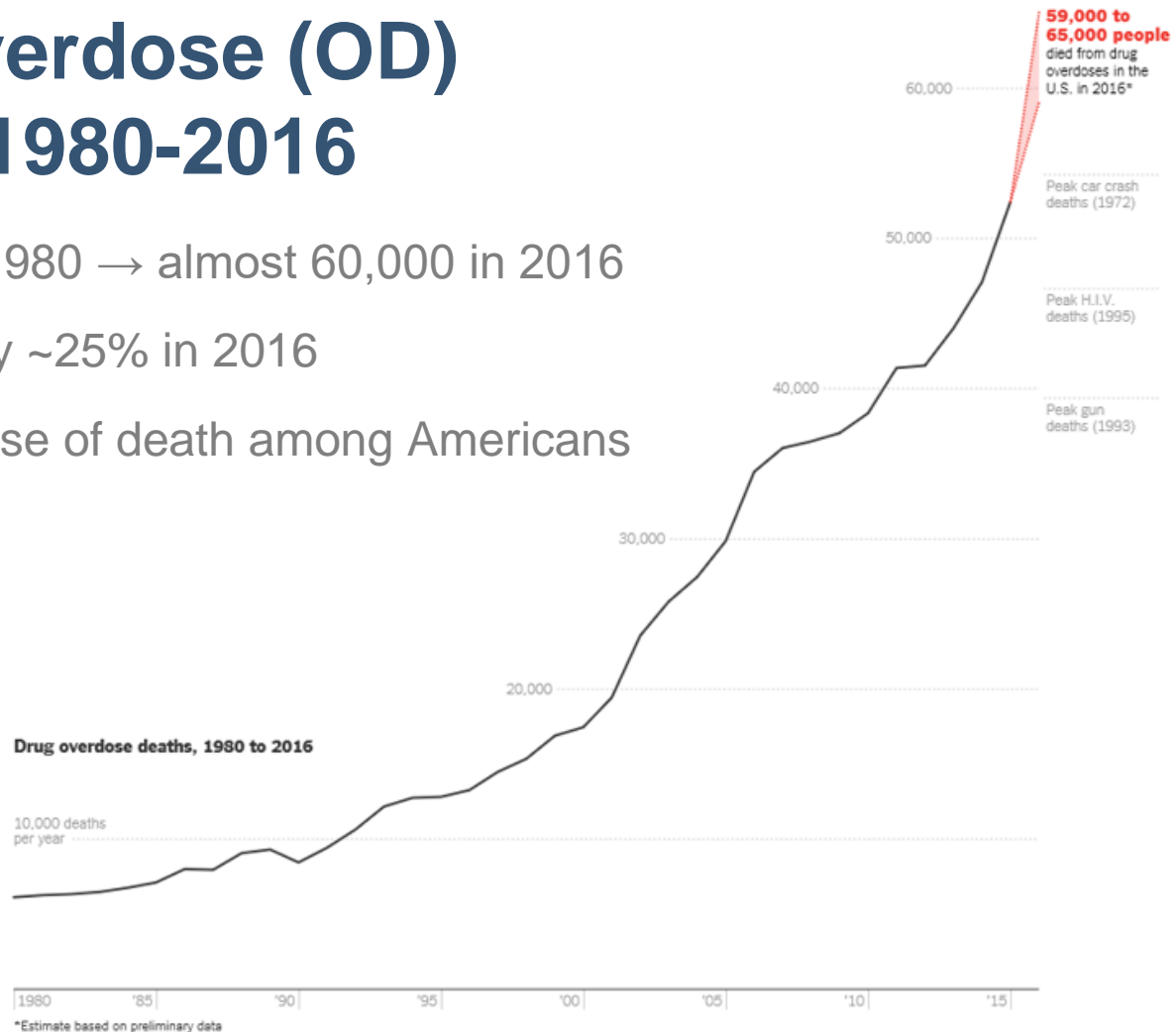


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Drug Overdose (OD) Deaths 1980-2016

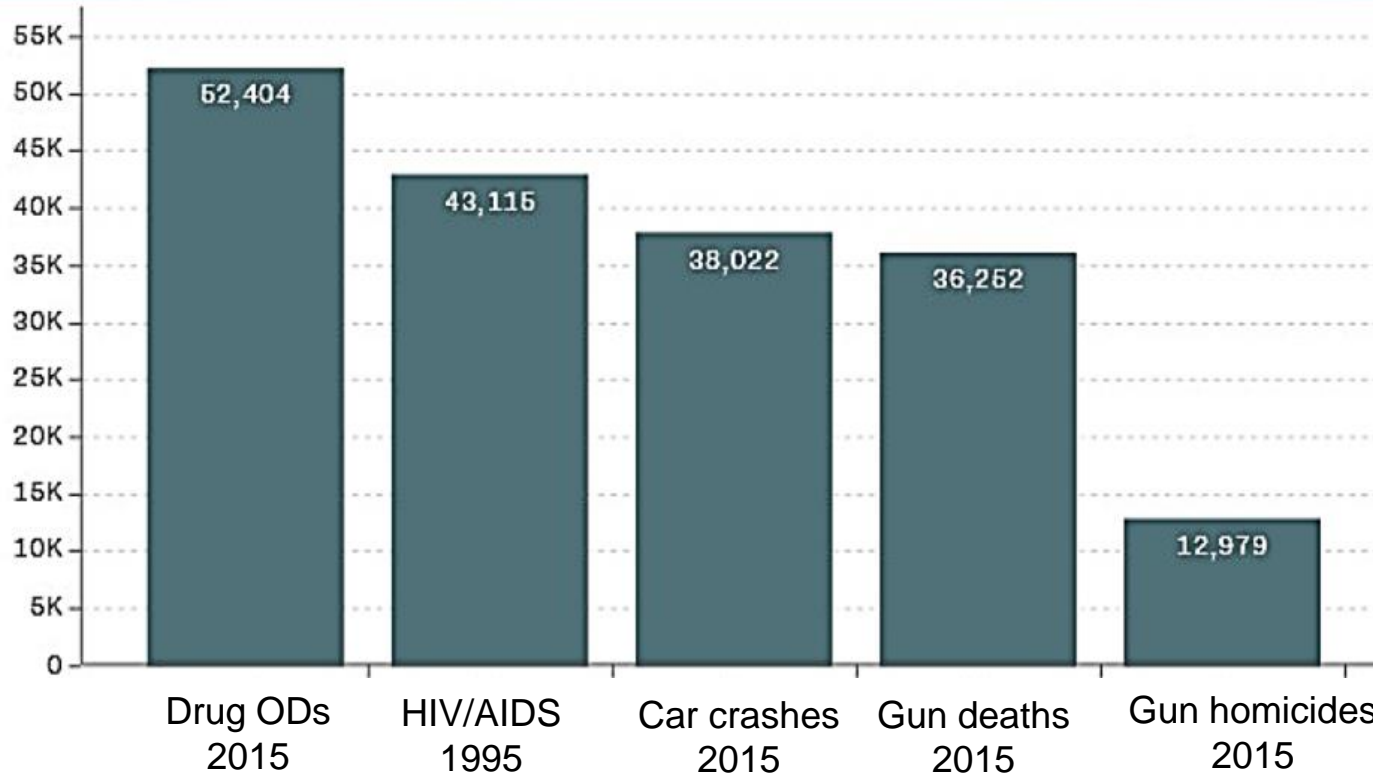
- <10,000 in 1980 → almost 60,000 in 2016
- Increased by ~25% in 2016
- Leading cause of death among Americans under 50



Source: Katz, 2017



Drug Deaths Surpassed Gun and HIV/AIDS Deaths in 2015



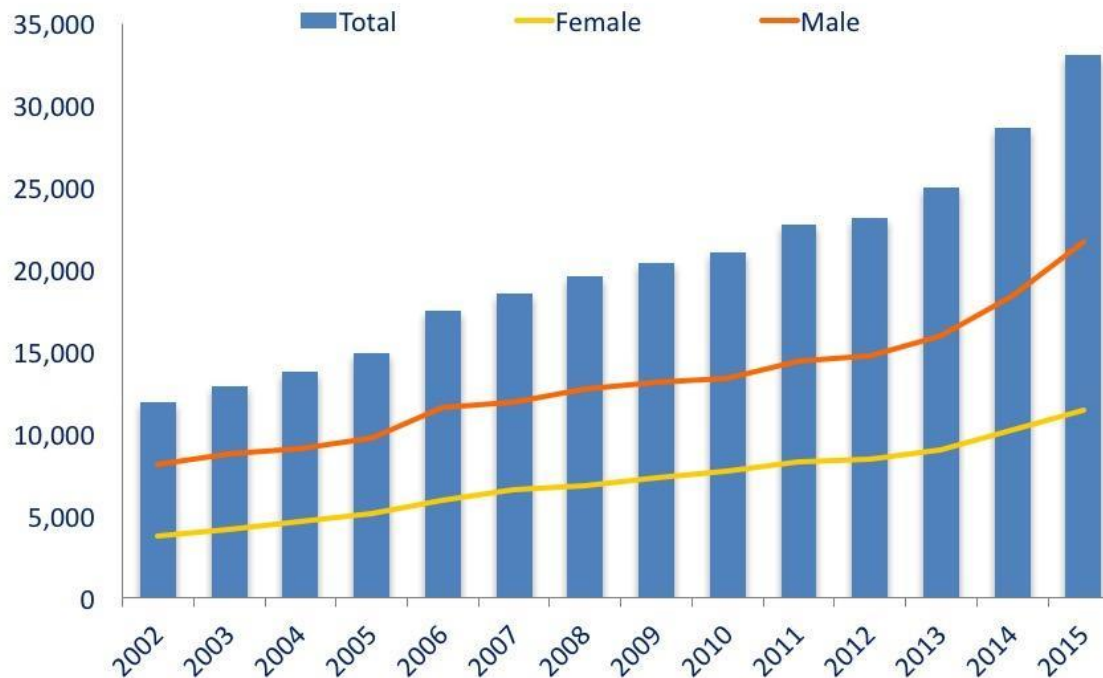
Source: Reichart 2017 (2015 CDC data)



Opioid Deaths Continue Dramatic Rise



National Overdose Deaths Number of Deaths from Opioid Drugs



Source: National Center for Health Statistics, CDC Wonder

Source: NIDA, 2017

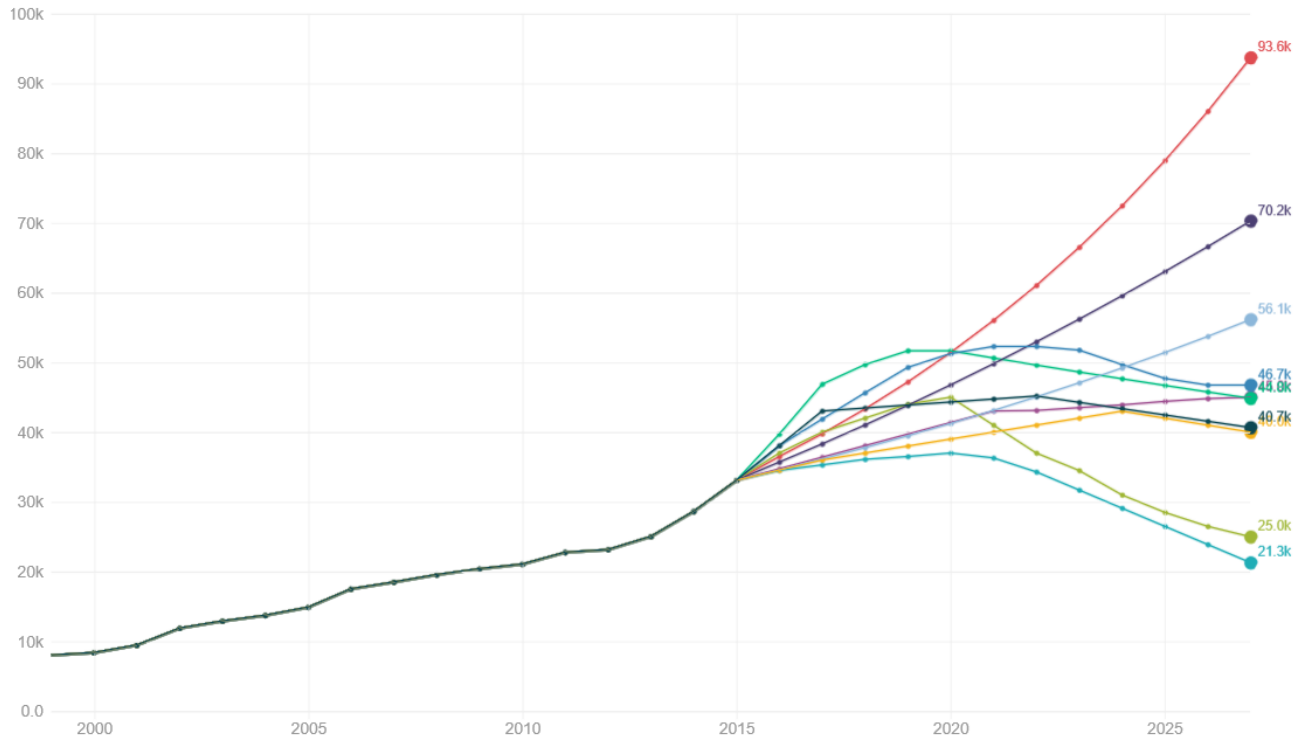


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Opioid Deaths Could Top 650K Over Next Decade

Opioid overdose deaths: 10 projected scenarios.



Source: Blau, 2017



Pre-Arrest Diversion: A Public Health Solution for Improved Public Safety



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Variety of Terms for Pre-Arrest Diversion

- Deflection
- Pre-arrest diversion (PAD)
- Pre-booking
- Co-responder
- Pre-booking
- Crisis Intervention Teams
- Police diversion
- Crisis/Triage centers
- Police assisted diversion
- Law enforcement encounter
- Law enforcement assisted diversion (LEAD)
- No arrest diversion

A Third Way for Law Enforcement
1) Arrest or 2) Release 3) Divert (New!)



Promises of Pre-Arrest Diversion

- Reduced crime
- Improved public safety (real and perceived)
- Reduced drug use
- Lives saved, lives restored
- Building police-community relations
- Reduced burden on criminal justice to solve public health and social challenges
- Building police-public health/behavioral health relations
- Correct movement of citizens into/away from the justice system
- Cost savings
- “Net-narrowing”
- Keeping families intact



Opportunities for Law Enforcement

- Evidence-based substance use treatment in the least restrictive environment (in the community rather than jail)
- Every point from pre-arrest to prosecution to adjudication provides an opportunity to divert someone to evidence-based treatment
- Intervention at the earliest point possible
- Law enforcement response to mental health crises as a proof-of-concept for similar response to opioid OD and crises



Emerging Issues and Example Policy Responses



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Emerging Issues and Example Policy Responses

- Newly emerging field
- States exploring ways to bolster pre-arrest diversion in policy related to:
 - Law enforcement guidance and protections
 - Authorization and evaluation
 - Funding and treatment capacity
 - Healthcare and treatment financing via insurance/payers/MCOs
 - Connection to care following OD reversal
- Responses presented without endorsement of any particular approach



Law Enforcement Guidance and Protections

Issue: No formal protection or guidance for law enforcement with respect to pre-arrest diversion, hindering implementation of PAD efforts

- Provide immunity from liability in future cases of offenses committed by diverted individuals
- Articulate diversion protocols (e.g., SB 120 in KY, 2017):
 - Authorized law enforcement agencies to create a program to refer persons who voluntarily seek assistance to treatment
 - Specified that a person who voluntarily seeks assistance from law enforcement shall not be placed under arrest or prosecuted for possession, paraphernalia, etc.



Authorization and Evaluation

Issue: Program evaluation is critical to ensuring effective and fair diversion implementation (may require a mandate and funding)

- Legislative activity related to oversight of efforts to ensure best practices
 - HB 2 (NM, 2017): Authorized funds to evaluate Santa Fe LEAD
 - SB 843 (CA, 2016): Authorized \$15 million to create and evaluate LEAD pilot sites
 - SB 120 (KY, 2017): Authorized self-referral diversion programs
 - AB 3744 (NJ, 2016): Authorized law enforcement assisted addiction and recovery programming
 - CT 7052 (2017): Convened a working group to examine existing programs, identify barriers they face, and report on feasibility of statewide implementation



Funding and Treatment Capacity

Issue: Challenges accessing existing treatment capacity and building new capacity act as barriers to rapidly linking people to treatment

- Funding to access, align, and build community treatment capacity and tighten connections with diversion programs at:
 - *Intercept 0:* Pathways to treatment independent of law enforcement
 - *Intercept ½:* Prevention deflection (treatment on demand)
 - *Intercept 1:* Intervention deflection (treatment on demand)



Funding and Treatment Capacity

Issue: Without incentives, law enforcement agencies may not prioritize diversion

- Incentivize law enforcement diversion programs by tying local, state, or federal funding to diversion metrics (similar to arrest metrics and funding)

Issue: Employers challenged by limited workforce

- Authorize or mandate PAD to prevent criminal records and address substance use disorders, as a workforce development strategy (e.g., employee retention, strong labor market pools, etc.)



Healthcare and Treatment Financing via Insurance/Payers/MCOs

Issue: Prior authorization and/or medical necessity requirements imposed by managed care organizations (MCOs) for behavioral health services may impede swift connection to treatment, especially crucial after OD reversal

- Removal of prior authorization requirements for behavioral health treatment
 - HB 1 (IL, 2016) required removal of prior authorization for medication-assisted treatment (MAT)
 - Several MCOs (Cigna, Anthem, and Aetna) have removed prior authorization requirements for MAT



Healthcare and Treatment Financing via Insurance/Payers/MCOs *cont.*

Issue: Different standards used by various MCOs/payers to define medical necessity can impede ability to facilitate access to treatment

- Require MCO/payers use a specific, universal set of standards
 - HB 1 (IL, 2016) required MCOs to use the medical necessity standards set by the American Society of Addiction Medicine (ASAM) for substance use



Connection to Care Following OD Reversal

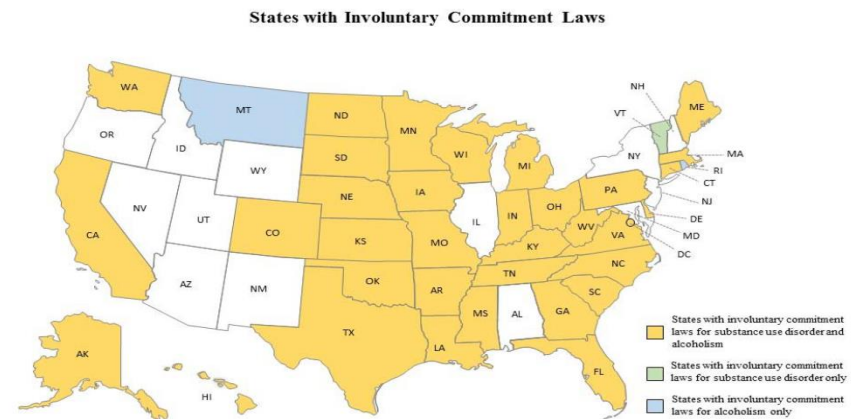
Issue: Individuals discharged from the ER following an opioid OD reversal without connection to further medical care or substance use treatment. *Following a period of abstinence during an ER stay, individuals are highly susceptible to subsequent/repeat OD.*

- Temporary involuntary commitment following opioid OD reversal, to keep individuals safe and to allow time for linkage to care
 - Include opioid OD as criterion for involuntary commitment within existing statute
 - Propose new/amend existing legislation to specifically allow for involuntary commitment post-OD
 - Post-OD involuntary commitment that parallels policy, practices, procedure, and protections of mental health involuntary commitment



Connection to Care Following OD Reversal *cont.*

- Background info on involuntary commitment
 - Admission of individual against his/her will to treatment
 - Involuntary commitment for *mental health crisis* when someone is a danger to him/herself or others
 - 37 states and D.C. have enacted involuntary commitment statutes applying to individuals with *substance use disorders* and/or *alcoholism*



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NAMSDL, 2016



PTACC

POLICE, TREATMENT, AND COMMUNITY



COLLABORATIVE

*The NATIONAL Voice of the
Pre-Arrest Diversion Field*



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PTACC Collaborative: Our Mission, Purpose, and Cornerstone

- **Mission** – To strategically enhance the quantity and quality of community behavioral health and social service options through engagement in pre-arrest diversion
- **Purpose** – To provide NATIONAL vision, leadership, advocacy, and education to facilitate the practice of pre-arrest diversion across the US
- **Cornerstone** – PTACC is open-source, open to any and all. PTACC is “non-denominational” as to which model/brand of pre-arrest diversion is appropriate for a jurisdiction; each community must determine which approach(es) solves its problem, fits the local situation, and can be addressed through current behavioral health capacity.



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PTACC “Open-Source” Resources:

- **PTACC Visual 5 Pathways to Treatment** – The first visual depiction of all known deflection and pre-arrest diversion pathways
- **PTACC Core Measures of Pre-Arrest Diversion** – Recommended metrics for sites to use covering police, treatment, community, and race.
- **PTACC 11 Guiding Principles for Behavioral Health Pre-Arrest Diversion** – Currently being aligned with CARF accreditation standards.
- **PTACC Pre-Arrest Diversion Presentations** – PAD Basics, PAD Policy, Naloxone Plus
- **PTACC National Policy and Legislation** – In development
- **PTACC Housing & Pre-Arrest Diversion** – In development



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Questions & Thank You

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