



Bureau of Justice Assistance (BJA)
Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

The Six Pathways: Frameworks for Implementing Deflection to Treatment, Services, and Recovery

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There are six frameworks, or **pathways**, of deflection and pre-arrest diversion, each of which uses a different approach to address specific public health and safety challenges faced by communities. These six approaches are referred to as pathways because, in contrast to justice system interventions that mandate that individuals attend treatment, first responders (law enforcement, fire, and emergency medical services [EMS]) and community response teams are able

instead to offer access, or pathways, to community-based treatment, services, and resources to support individuals in need.

The following is an overview of these six pathways of deflection and pre-arrest diversion and describes how programs in each pathway typically work:

1. Self-referral

An individual voluntarily initiates contact with a first responder agency (law enforcement, fire, or EMS) for a treatment referral. If the contact is initiated with a law enforcement agency, the individual makes contact without fear of arrest.

How the Pathway Works

Individuals with substance use disorders (SUDs) can walk into a participating department and inform the front desk personnel or a firefighter that they are there to seek help with getting treatment. A designated person (e.g., agency staff member, program administrator, or trained volunteer) meets with the individual to fill out intake forms, conduct initial screenings, determine eligibility for services,

Deflection occurs when law enforcement officers or other first responders connect people to community-based treatment and/or services when an arrest would not have been necessary or permitted or instead of taking no action.¹

Pre-arrest diversion occurs when law enforcement officers connect people who would have been eligible for criminal charges to community-based treatment and services in lieu of arrest, thereby diverting them from the criminal justice system.²

Co-responder Teams

Programs in the Active Outreach and Naloxone Plus Pathways use multidisciplinary co-responder teams to conduct outreach to vulnerable individuals and facilitate linkages to treatment, services, and other resources. These teams include a first responder and typically one or more of the following types of practitioners: behavioral health professional, certified peer specialist (an individual who has lived experience with SUDs), SUD treatment provider, social work professional, and/or faith leader. For programs in every pathway, it is important to include people with lived experience who can speak to individuals from their own experiences about treatment and recovery.

Harm Reduction

One feature common to deflection programs in most pathways, but especially in the Active Outreach, Naloxone Plus, and First Responder and Officer Referral Pathways, is the use of harm reduction principles to guide interactions with program participants. Harm reduction refers to a set of public health strategies and principles centered on reducing the negative outcomes associated with harmful behavior regardless of whether a person chooses to stop that behavior or not. For people who use drugs, harm reduction measures can include providing them with naloxone and fentanyl test strips and linking them to evidence-based treatment, such as medications for opioid use disorder. Practicing harm reduction also involves providing nonjudgmental and noncoercive services to individuals, empowering them to be the primary agents of their treatment and service plans, and ensuring that their voices are heard.⁴

and collect any paraphernalia that the individual wants to turn in. The goal is to reduce obstacles and begin the process of connecting the individual to treatment or other desired services as quickly as possible while simultaneously making the individual feel comfortable and welcome.

2. Active Outreach

A first responder intentionally identifies or seeks out individuals with SUDs to refer them to or engage them in treatment or services; outreach is often conducted by a multidisciplinary team that can include a behavioral health specialist and/or a peer with lived experience.

How the Pathway Works

In these **proactive** programs, outreach teams (see the box to the left) engage individuals who have SUDs or mental health conditions, or are unsheltered; provide them with basic necessities; and make connections to treatment, services, and other resources for them. Outreach teams are also available to patrol officers and other first responders, who can contact the outreach team when they encounter individuals with SUDs or co-occurring disorders in the course of their routine duties. When outreach team members arrive, the officer or first responder makes a warm handoff³ to the team and returns to their routine activities. (See **First Responder and Officer Referral**, below.)

3. Naloxone Plus

First responders and program partners conduct outreach specifically to individuals who have recently experienced an opioid overdose to engage them in and provide linkages to treatment or other resources.

How the Pathway Works

The Naloxone Plus Pathway involves outreach to an individual, typically within 24 to 72 hours after a suspected overdose, by a multidisciplinary team (see the box on the previous page). Establishing relationships with individuals and their families as soon as possible after an overdose helps facilitate connections to treatment. However, developing a relationship often involves multiple visits and repeated contacts. The team's goal is to motivate individuals to engage in treatment and services and to utilize harm reduction resources (e.g., naloxone and fentanyl testing strips). In many cases, team members continue relationships with individuals and their families as individuals navigate through complex systems leading to treatment and recovery.

4. First Responder and Officer Referral

As a preventative measure, during routine activities such as patrol or response to a service call, a first responder engages individuals and provides referrals to treatment or to a case manager. (**Note:** If law enforcement is the first responder, no charges are filed or arrests made.)

How the Pathway Works

Programs in this pathway begin when first responders, while engaged in routine activities (i.e., calls for service, patrol, or "on view"), encounter individuals who, because of SUDs or other behavioral health needs, would benefit from linkages to treatment, services, or coordinated case management. After a first responder decides to make the referral, they provide the individual with program information and ask whether the individual is interested in participating. If the individual is interested, the first responder may call a co-responder team (see **Active Outreach**, above) or a case manager to meet them in the field for a warm

handoff or transport the individual to a central location for intake into the program. Case management (care coordination based on needs assessments, and navigation to appropriate services by a case manager) is central to most programs in the First Responder and Officer Referral Pathway.

5. Officer Intervention

This pathway is specific to law enforcement agencies only. During routine activities such as patrol or response to a service call during which criminal charges otherwise would be filed, law enforcement officers provide a referral to treatment, an intervention team, or a case manager or issue a noncriminal citation to report to a program. Charges are held in abeyance until treatment and/or a social service plan is successfully completed.

Note: The Officer Intervention Pathway is the only true **pre-arrest diversion** pathway, in that program participants would have been eligible for charges but, through referral to the program, are diverted away from the justice system.

How the Pathway Works

Officer intervention programs begin when law enforcement officers, while engaged in routine activities, identify individuals eligible for the program and decide to offer them the opportunity to participate in the program in lieu of arrest. Usually, the individuals must admit to committing the offenses; therefore, there are charges, which are not filed. To ensure due process, participation in these programs is voluntary. Once individuals are issued referrals to the program, they must report to treatment centers or case managers within a set period of time. If individuals comply with treatment and avoid further contact with the justice system, their charges are not processed, but if they do not abide by the treatment plans or are arrested, charges may subsequently be filed.

6. Community Response

In response to a call for service, a team comprising community-based behavioral health professionals (e.g., crisis workers, clinicians, peer specialists) and/or other credible messengers—individuals with lived experience—sometimes in partnership with medical professionals, engages individuals to help de-escalate crises, mediate low-level conflicts, or address quality-of-life issues by providing referrals to treatment, services, or case managers.

How the Pathway Works

Some jurisdictions embed community response (CR) dispatchers or behavioral health specialists in their 9-1-1 call centers. As calls come into 9-1-1, call-takers flag situations that might be appropriate for CR. At the same time, a CR dispatcher continuously reviews the calls in the police, fire, and EMS dispatch queues—in particular, the calls flagged by the call-takers—and reaches out to certain callers when more information is needed. If a CR dispatcher determines that a call is appropriate for CR, they dispatch the CR team to the scene. The CR dispatcher screens calls for potential mental health factors and other root causes underlying the situation, which allows dispatchers to ensure an appropriate response to each call. At any point, if the CR dispatcher or the team decides that the call needs a police or EMS response, the CR dispatcher can update the call file and return it to the police or EMS dispatch queue.⁵ Many CR programs can also be reached through a hotline or other means of direct communication.

Endnotes

1. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program; NORC (National Opinion Research Center) at the University of Chicago; and the Center for Health & Justice at Treatment Alternatives for Safe Communities (TASC), 2021, *Report of the National Survey to Assess First Responder Deflection Programs in Response to the Opioid Crisis: Final Report*, https://www.cossapresources.org/Content/Documents/Articles/CHJ-TASC_Nation_Survey_Report.pdf.
2. Ibid.
3. A warm handoff is a personal, facilitated, direct transfer of an individual by a deflection professional to a representative of a specific resource.
4. "National Harm Reduction Coalition, 2020, "Principles of Harm Reduction," <https://harmreduction.org/about-us/principles-of-harm-reduction/>.
5. Amos Irwin and Betsy Pearl, 2020, *The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call*, Center for American Progress, <https://www.americanprogress.org/article/community-responder-model/>.

Visit the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Resource Center (transitioning in the next few months to the Comprehensive Opioid, Stimulant, and Substance Use Program [COSSUP] Resource Center) at www.cossapresources.org.

About COSSUP

COSSAP is transitioning to the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP). This change in title for the program is indicative of efforts to reduce the stigma related to substance use and to support impacted people in their recovery journey.

About BJA

The Bureau of Justice Assistance (BJA) provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit www.bja.gov and follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice's Office of Justice Programs.

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