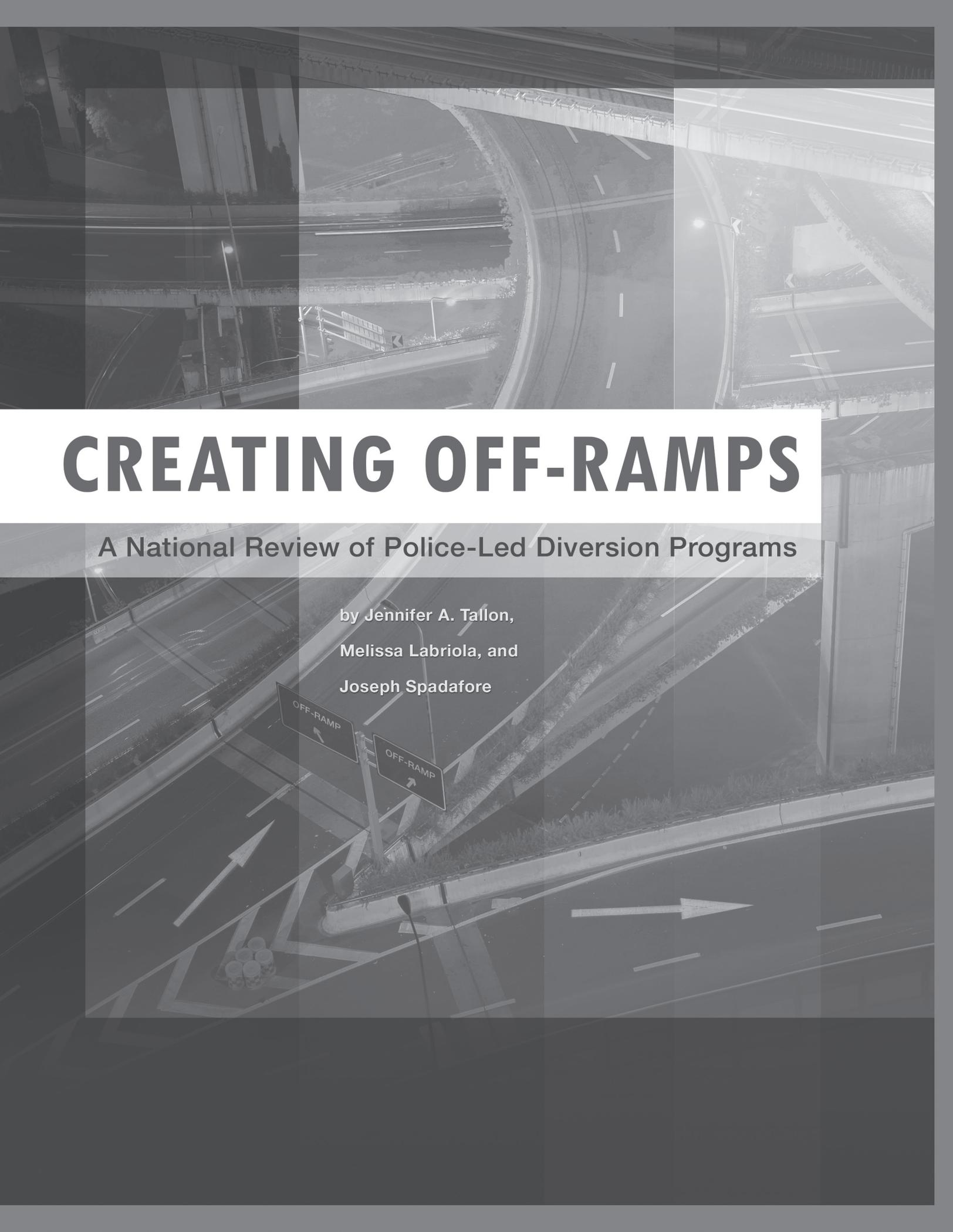


CREATING OFF-RAMPS

A National Review of Police-Led Diversion Programs

by Jennifer A. Tallon,
Melissa Labriola, and
Joseph Spadafore



CREATING OFF-RAMPS

A National Review of Police-Led Diversion Programs

by Jennifer A. Tallon,
Melissa Labriola, and
Joseph Spadafore



This project was supported by grant number 2012-CK-WX-K014 awarded by the Office of Community Oriented Policing Services, U.S. Department of Justice. The opinions contained herein are those of the author(s) and do not necessarily represent the official position or policies of the U.S. Department of Justice. References to specific agencies, companies, products, or services should not be considered an endorsement by the author(s) or the U.S. Department of Justice. Rather, the references are illustrations to supplement discussion of the issues.

The Internet references cited in this publication were valid as of the date of publication. Given that URLs and websites are in constant flux, the author(s) cannot vouch for their current validity.

Recommended citation:

Tallon, Jennifer A., Melissa Labriola, and Joseph Spadafore. 2018. *Creating Off-Ramps: A National Review of Police-Led Diversion Programs*. New York: Center for Court Innovation.

Published 2018

CONTENTS

Acknowledgements	v
Executive Summary	vii
Phase One: A national survey of police-led diversion programs	vii
Phase Two: Case studies of eight promising programs	ix
Introduction	1
Prior research on police-led diversion	2
About this study	4
Part One:	7
A National Survey Of Police-Led Diversion Programs	7
Chapter 1—Phase One Research Design: Surveys	9
Survey overview	9
Survey sampling plan	9
Survey content	10
Data collection	10
Analysis plan	12
Defining diversion programs	13
List of responding agencies	14
Chapter 2—Phase One Survey Results: Diversion History, Structure, Screening, and Eligibility	15
Prevalence of police-led diversion	15
History and structure	16
Screening and eligibility determination	17
Chapter 3—Phase One Survey Results: Program Participation and Legal Outcomes	21
Program participation structure	21
Program participant needs	21
Participant supervision	23
Legal outcomes of diversion programs	24

Part Two:	25
Case Studies of Eight Promising Programs	25
Chapter 4—Phase Two Research Design: Case Studies	27
Sampling frame	27
Data collection	27
Analysis plan	28
Model/site summary information	28
Specialized Police Response to mental health crisis.	29
Juvenile diversion programs.	29
Drug Market Intervention (DMI)	29
Chapter 5—Case Studies: Specialized Police Response Programs to Mental Health Crisis	33
Case Study 1: Houston (Texas) Police Department’s Mental Health Division.	33
Case Study 2: Madison (Wisconsin) Police Department’s Mental Health Officers/Liaisons Program	40
Case Study 3—Arlington County (Virginia) Police Department’s CIT	47
Summary	49
Chapter 6—Case Studies: Juvenile Diversion	51
Case Study 4: Philadelphia School Diversion Program	51
Case Study 5: Durham County (North Carolina) Misdemeanor Diversion Program.	54
Case Study 6—Redwood City (California) Juvenile Diversion Program	60
Summary	64
Chapter 7—Case Studies: Drug Market Intervention (DMI)	65
Case Study 7: Austin, Texas Drug Market Intervention Program at 12th and Chicon	65
Case Study 8—Atlanta, Georgia: English Avenue Drug Market Intervention	69
Summary	75
References	77
Appendix A List of Responding Agencies	81
Appendix B Survey Instrument	103
Appendix C Interview Protocol	111
Acronyms	120
About the Center for Court Innovation	121

ACKNOWLEDGEMENTS

We are deeply grateful to our grant manager at the Office of Community Oriented Policing Services, Vonda Matthews, for her guidance and continued assistance throughout the project. We also thank Stephanie Poland, Project Director from National Opinion Research Center at the University of Chicago, for her help in overseeing survey data collection.

Although anonymity prevents us from reporting the names of every individual that took part in interviews, this project would not have been possible without the hard work and dedication of the participating agencies and their respective partners. We are especially grateful for the assistance of the following people in coordinating site visits:

- ▶ Arlington County (Virginia) Police Department's Crisis Intervention Team Program—Captain Adrienne Quigley, Arlington County Police Department
- ▶ Atlanta English Avenue Drug Market Intervention Program—Assistant U.S. Attorney Laurel Boatright, U.S. Attorney's Office for the Northern District of Georgia
- ▶ Austin 12th & Chicon Drug Market Intervention Program—Assistant District Attorney Jason S. English, Travis County District Attorney's Office; Sergeant Robert Jones, Austin (Texas) Police Department; and Reverend Sherwynn Patton, Life Anew
- ▶ Durham County Misdemeanor Diversion Program—Kelly C. Andrews and Gudrun Parmer, Durham County (North Carolina) Criminal Justice Resource Center
- ▶ Houston (Texas) Police Department's Mental Health Division—Captain Wendy E. Baimbridge, Officer Rebecca Skillern, and Senior Office Frank Webb, Houston Police Department
- ▶ Madison (Wisconsin) Police Department's Mental Health Unit—Captain Kristen Roman
- ▶ Philadelphia School Diversion Program—Kevin J. Bethel, former Deputy Commissioner of Patrol Operations for the Philadelphia (Pennsylvania) Police Department
- ▶ Redwood City Police Department's Juvenile Diversion Program—Juvenile Specialist Manuel Velarde, Redwood City (California) Police Department

At the Center for Court Innovation, we thank Greg Berman and Michael Rempel for their comments on an earlier version of the final report. We are similarly grateful to our colleague, Julius Lang, who provided assistance in contacting law enforcement representatives.

For correspondence, please contact Jennifer A. Tallon, Center for Court Innovation, 520 Eighth Avenue, 18th Floor, New York, NY 10018 (tallonj@courtinnovation.org).

EXECUTIVE SUMMARY

In recent years there has been growing interest in pretrial justice reform in the United States, including the infusion of evidence-based practices into bail and release decisions, decriminalization of non-serious offenses, and the expansion of pretrial diversion programs for misdemeanants, drug-involved defendants, and mentally ill defendants (Pretrial Justice Institute 2011). The use of early pretrial diversion is particularly appealing as a response to misdemeanor crime, given the potential to conserve scarce resources and refocus attention on more serious cases, while also reducing the exposure of defendants facing low-level charges to the traditional justice system.

Currently, pretrial diversion programs fall into two main categories: pre-booking diversion, led by police, and post-booking diversion, typically led by prosecutors or courts (Camiletti 2010). While less common than diversion at the post-booking prosecutorial stage, police-led diversion nonetheless represents an important development with several distinct advantages. In particular, because these programs keep individuals out of court in the first place, they may be particularly beneficial to the system in conserving resources and to the defendant in mitigating the collateral consequences of system involvement, including exposure to a conviction or incarceration.

Police-led diversion programs in the United States typically fall into one of three categories: (1) diversion of mentally ill defendants (e.g., Crisis Intervention Team (“CIT”) programs), (2) diversion of juveniles, or (3) diversion of first-time or low-level adult defendants. Previous research and evaluation work is mostly available for the CIT model and select programs focusing on low-level defendants.

This report presents the results from a comprehensive descriptive study of police-led diversion in the United States, including programs targeting individuals with mental illness, juveniles, and low-level or first-time adult defendants. The purpose of this study, funded by the U.S. Department of Justice’s Office of Community Oriented Policing Services (COPS Office), is to produce a portrait of these programs, exploring why they were created, how they work, and how they vary. This study is not an impact evaluation; we did not test whether specific types of programs or programs in particular sites reduce collateral consequences, reduce recidivism, or achieve other quantifiable outcomes.

The study proceeded in two phases. First, we identified common themes and critical issues influencing the development and implementation of police-led diversion programs and used this information to construct a national survey. The survey was sent to a representative sample of law enforcement agencies across the country. Second, we conducted site visits to eight agencies in seven states, including in-depth interviews with a wide range of professionals who work in or with the diversion program.

Phase One: A national survey of police-led diversion programs

Methodology

The sampling frame consisted of municipal and county law enforcement agencies throughout the country (identified through the National Public Safety Information Bureau’s National Directory of Law Enforcement Agencies). Each segment of the sampling frame was stratified by agency size, measured by the number of officers employed. Agencies with fewer than three officers were

removed from the sampling frame. The remaining sampling frame consisted of 10,792 municipal and 3,036 county agencies, 13,828 in total. From this frame, 2,135 agencies were randomly selected across eight strata. The response rate by stratum is shown in table 1.2 on page 12.

Weights and adjustments for nonresponse were calculated based on the response rate within each stratum. In effect, respondents from strata with a below-average response rate received a proportionately higher weight, and respondents from strata with an above-average response rate received a lower weight, resulting in final weights that could yield relatively unbiased population estimates.

Main survey findings

The Phase One survey produced the following findings:

- **Prevalence of police-led diversion:** Thirty-four percent of all respondents ($n = 1,489$) indicated that their agency participates in diversionary practices of some kind; in answers to additional questions, 21 percent of all respondents reported having a formal, police-led diversion program.
 - **Impact of agency size:** Police-led diversion is far more common among larger law enforcement agencies. Specifically, reported participation in a formal diversion program was nearly four in ten (39 percent) for agencies with 500 or more officers, 34 percent for agencies with 50–499 officers, 25 percent for agencies with 11–49 officers, and only 12 percent for the smallest agencies with three to ten officers.
- The findings that follow are based on the 395 agencies with a formal police-led diversion program:
- **Formal diversion programs:** The three most frequently reported formal diversion programs serve juveniles (89 percent), individuals with mental illness (41 percent) and first-time offenders (39 percent).
 - **Decision to divert:** This decision is primarily made by the arresting (41 percent) and supervising (40 percent) officers. Additionally, instances of collaborative decision making were observed between responding and arresting officers (18 percent), responding and supervising officers (19 percent), and arresting and supervising officers (23 percent).
 - **Collaborative decision making:** Police-led diversion is firmly rooted in the community policing principle of community partnerships. The prosecutor (59 percent) was the partner most frequently consulted in determining eligibility for diversion. A quarter of agencies also reported consultation with social service providers, most often mental health providers.
 - **Use of assessments:** Although 72 percent of agencies reportedly screen everyone who is potentially eligible for diversion, only 11 percent reported using a formal risk assessment tool and only 5 percent of survey respondents could name or describe the assessment tool. Despite the lack of evidence-based risk screening or assessment tools, agencies reported having access to a range of information when determining eligibility to divert, including past criminal behavior (89 percent) and past diversion participation (77 percent).
 - **Likelihood of diversion:** First-time defendant (93 percent) or juvenile (91 percent) status were the factors most frequently cited as increasing the likelihood of diversion. Diversion decisions were also reportedly influenced by community ties and *mens rea* of the defendant. Notably, substance abuse and homelessness contributed less to the likelihood of diversion than the aforementioned factors.
 - **Services offered:** The three most commonly offered services were substance abuse treatment, substance abuse prevention programming, and mental health treatment (each reported by 62 percent of respondents).

Other services commonly reported were alcohol or drug testing (60 percent), group counseling (53 percent), and psychiatric assessment (50 percent). Responding agencies also frequently reported specialized services such as trauma treatment (39 percent), vocational/educational programs (37 percent), and Cognitive Behavioral Therapy (CBT) for criminal thinking (37 percent).

- **Supervision:** Nearly all responding agencies (89 percent) reported that program participants are supervised and that individuals may be terminated for program violations (94 percent). Monitoring involves drug testing for 61 percent of the responding agencies.
- **Completion:** Successful completion of a diversion program most often results in the individual having no arrest record (65 percent). Conversely, program non-completion typically results in the case being advanced to the prosecutor and the defendant booked or a warrant issued (76 percent).

Phase Two: Case studies of eight promising programs

Methodology

Based on the information obtained from the national survey and a review of established programs, site visits were conducted at eight law enforcement agencies. Sites were selected to ensure diversity of communities (location, population, size of the region) and law enforcement agencies (size of agency, municipal or county), but they were primarily selected based on how their programs represented innovative approaches to diversion (e.g., partnerships, populations served, training philosophy, etc.). The resulting case studies provided a rich set of answers concerning program history, policies and practices, theory of change, target population, role of geographic or other contextual factors, desired or perceived program impacts, and capacity to track or evaluate performance.

At site visits, researchers conducted a semi-structured interview consisting of 78 questions designed to provide a comprehensive overview of each agency's diversion model, implementation history, and partnerships. The protocol was then divided based upon the stakeholders indicated by each agency during initial planning phone calls: law enforcement (e.g., patrol officers, executive command, school resource officers (SRO), training officers, and federal agents), community partners (e.g., treatment/program providers and community leaders), court partners (e.g., prosecutors, defense attorneys, and judges), and school partners (e.g., principals, superintendents, and administrators).

Models and findings

Specialized police responses to mental health crises

One of the best-known programs for individuals with mental illness is the Crisis Intervention Team (CIT) model. CIT programs often follow the Memphis Model, which is an innovative police-based first responder program that provides pre-arrest booking diversion for individuals deemed to be in the midst of a mental health crisis. Memphis provided specialized training for police dispatchers and a select cadre of patrol officers and established a therapeutic treatment site as an alternative to booking.

The CIT model involves working in partnership with mental health care professionals to provide a system of services that responds to the unique situations of individuals with mental illness, their family members, and responding police officers. Some programs have developed adaptations, such as co-response units, in which police and mental health professionals respond to calls for service together.

Examples of CIT in this study include the following:

- **Houston (Texas) Police Department's Mental Health Division:** This model is a modified CIT program in which all police cadets receive 40 hours of training. The Houston Police Department's Mental Health Division also runs several specialized programs with community-based mental health partners in which police officers and mental health professionals are paired to respond to crisis calls. From 2010 to 2014, the Mental Health Division reported that Houston Police Department officers had diverted 9,527 individuals. As of our site visit in October, 1,891 2015 calls for service involved an arrestable offense. Of this figure, 90 percent ($n = 1,704$) were diverted at the point of arrest and 10 percent ($n = 187$) were formally charged.
- **Madison (Wisconsin) Police Department's Mental Health Officers/Liaisons Program:** Although the Madison Police Department does not characterize their training as CIT, all cadets receive approximately 60 hours of crisis training throughout the six-month police academy. Further, the department has developed a multi-layered, specialized response: (1) All patrol officers are prepared to respond to crisis calls; (2) Mental health liaisons volunteer to engage in systems-based work with mental health partners in order to proactively engage mental health care consumers; (3) Five full-time mental health officers are dedicated to providing outreach to known mental health care consumers in addition to providing support to patrol officers during calls for service. Based upon completed police reports, 17 percent ($n = 3,100$) of Madison Police Department calls for service in 2015 were categorized as related to mental health, for an average of 60 mental health cases per week. Of these 3,100, 90 percent resulted in diversion.

- **Arlington County (Virginia) Police Department's CIT Program:** This program follows the Memphis Model closely with a 40-hour program that trains law enforcement officers to recognize the symptoms of mental illness and work safely and effectively with people in crisis. Arlington County has two crisis intervention assessment centers that provide crisis stabilization, as well as such other key services as intake, discharge planning, homeless outreach services, and forensic jail diversion.

Juvenile diversion programs

Each of the three juvenile diversion case studies has a dedicated program coordinator and team of stakeholders for keeping juveniles and low-level defendants out of the justice system.

- **Durham County (North Carolina) Misdemeanor Diversion Program:** This program was originally created to serve youth ages 16 and 17 who are arrested on a misdemeanor (the age of adult criminal responsibility in North Carolina is 16 years). The program was recently expanded to include 18- to 21-year-olds. Police divert would-be arrestees at the point of arrest. Participating youth enter a voluntary program that offers support ranging from counseling to academic support to addiction services.
- **Philadelphia (Pennsylvania) School Diversion Program:** In 2014, the Philadelphia Police Department worked with the city's school district, department of human services, district attorney's office, and family court to create the Philadelphia School Diversion Program. It seeks to divert youth arrested for low-level offenses within schools away from the juvenile justice system by linking them to services provided by a community-based partner. Programming is tailored to the needs of the youth and may last for 30, 60, or 90 days. During the 2014-2015 academic school year, the program diverted 486 students.

- **Redwood City (California) Juvenile Diversion Program:** Created in the early 1990s, the Juvenile Diversion Program diverts first-time juvenile respondents away from juvenile justice system involvement. Participating youth consent to six months of programming tailored to their specific needs. Services are provided through multiple community partners. Additionally, individual counseling is provided by social work interns operating with the police department. In 2014, 147 youth participated.

Drug market intervention

Drug market intervention (DMI) seeks to decrease the negative effects of overt drug markets while improving police-community relations. Specifically, these programs focus on the use of community engagement and undercover investigations to identify street dealers who will be presented with an ultimatum at a call-in meeting: cease dealing or face prosecution.

Cases are developed for prosecution, but they will not be filed as long as the individual stops dealing drugs—i.e., diversion is primarily part of a focused deterrence strategy. Social services are made available to individuals at the call-in meeting, but participation in services is not required. A DMI program in Austin, Texas involved collaboration among the local police department, community leaders, and prosecutors to target the drug trade. The approach included a unique restorative justice component hosted by a community leader. In Atlanta, Georgia, a U.S. Attorney-led collaboration with the Atlanta Police Department and other law enforcement agencies aimed to dismantle one of the largest heroin markets in the southeast.

INTRODUCTION

According to data from the Federal Bureau of Investigation (FBI), trial courts in the 50 states, the District of Columbia, and Puerto Rico reported a combined total of 94.1 million incoming cases in 2013 (National Center for State Courts 2014). Given that, on average, police make two to three times more misdemeanor than felony arrests, the bulk of these overwhelming caseloads can be attributed to the processing of relatively minor offenses (Harcourt and Ludwig 2006). The problem of misdemeanor crime is extensive and national in scope, affecting agencies at every stage in the criminal justice process, from law enforcement to corrections. In the context of shrinking state budgets coupled with a growing body of research suggesting that traditional criminal sentences—such as short-term jail—may actually *increase* the likelihood of future offending among low-risk defendants (Latessa 2011), there is an immediate need for innovation in the justice system’s approach to misdemeanor crime.

In response to this need, interest has grown in pretrial justice reform, including the infusion of evidence-based practices into bail and release decisions, decriminalization of non-serious offenses, and the expansion of pretrial diversion programs for a range of low-level target populations including general misdemeanants, drug-involved defendants, and defendants with mental illness (Pretrial Justice Institute 2011). Pretrial diversion programs are a particularly appealing response to misdemeanor crime because of their potential to conserve scarce resources and refocus attention on the most serious types of cases, while simultaneously taking a problem-solving approach to the individual defendant and reducing the overexposure of low-risk defendants to the traditional justice system.

Currently, pretrial diversion programs fall into two main categories: pre-booking¹ police-led diversion, which may be led by police or other entities, and post-booking diversion, which is typically led by prosecutors or courts (Camiletti 2010). A lack of research documenting the national prevalence of pretrial diversion programs in general makes an estimate of the number of programs difficult. However, within the United States, a majority of such programs likely fall into the post-booking category (NAPSA 2010). The post-booking model allows for centralized decisions regarding eligibility by prosecutors and takes place post-arrest, thereby limiting the liability of law enforcement officers for the behavior of released suspects (Camiletti 2010).

Although undoubtedly less common than diversion at the prosecutorial stage, police-led diversion holds just as much potential for the development of innovative justice responses. For the purposes of this research, we define diversion as a discretionary decision to route an individual, juvenile or adult, away from the traditional justice process. Specifically, police-led diversion occurs when an individual who would have normally been subject to arrest and booking or given a citation to appear in court is instead redirected to community-based services by law enforcement. There are several distinct advantages to police-led models. In particular, by keeping defendants out of jail—and out of court, for that matter—they can reduce both costs and the collateral consequences of incarceration (e.g., impact of a jail stay on employment or

¹ Although the term pre-booking may imply diversion post-arrest, diversion may occur at earlier stages of police contact (e.g. prior to arrest, at the point of arrest). To account for variation in diversion points across programs, the term “police-led diversion” will be used throughout this report.

family matters) for low-risk defendants. Moreover, police-led diversion may also be a better model for supporting the precepts of community policing and restorative justice by strengthening links between neighborhood officers, community members, and local social service or community justice providers (Katz and Bonham 2009).

To the extent that police-led diversion programs have taken root in the United States, they typically fall in to one of three categories: (1) diversion of defendants with mental illness (e.g., Crisis Intervention Team programs); (2) diversion of juvenile defendants; or (3) diversion of first-time or low-level adult defendants. In all three categories, diversion occurs before booking and at the discretion of the arresting officer or the supervising law enforcement agency.

Prior research on police-led diversion

The success of some widely established post-booking diversion strategies, such as drug courts, to prevent future criminal activity is well documented (Mitchell et al. 2012). Police-led diversions represent a similar problem-solving approach at an earlier stage in the justice process; as such, they might be hypothesized to achieve similar positive outcomes. In some cases, early intervention may present even greater potential for reducing the costs and collateral consequences of incarceration than the specialized courts that now dominate the problem-solving field (NAPSA 2010). Although police-led programs are growing in numbers across the country and funding is more widely available for such programs, evaluations are sparse. Previous research is most widely available for the CIT model and programs focusing on low-level defendants.

Crisis Intervention Team model

Known nationally as the “Memphis Model,” the Crisis Intervention Team (CIT) model was developed in 1988 as part of a collaboration between the National Alliance on Mental Illness

(NAMI) and the Memphis Police Department (Reuland, Draper, & Norton 2010). By providing experienced, volunteer officers with training on mental illness and de-escalation tactics, the Memphis Model aims to enhance officer safety while diverting those with mental illness away from the criminal justice system and towards community-based treatment (Watson et al. 2008). Currently, the CIT model has been replicated in 2,700 agencies worldwide (NAMI 2016), but the findings from evaluations have been mixed (Compton et al. 2008; Taheri 2016). In their systematic review of the research literature, Compton et al. (2008) found preliminary support that CIT may be an effective means of connecting individuals with mental illness to appropriate services in addition to improving officers’ attitudes, beliefs, preparedness and knowledge relevant to interactions with this population. However, Taheri’s (2016) meta-analysis revealed that CIT did not significantly impact arrests or improve officer safety. This is not to say that the CIT model is ineffective; rather, there is a need for more rigorous evaluations in order to gather stronger evidence (Blevins, Lord, and Bjerregaard 2014; Taheri 2016). For example, Davidson (2016) used a panel research design to assess 279 Florida law enforcement officers attending CIT training pre- and post-test and at one month after training. Although positive effects were observed at posttest, officers’ perceptions of self-efficacy and verbal de-escalation skills had declined to levels lower than baseline after one month.

The co-responder model developed in Los Angeles and San Diego takes a much more systems-based approach to engaging persons with mental illness in the community (Reuland, Draper, and Norton 2010). Law enforcement officers are teamed with mental health professionals in the field to respond to calls for service in order to provide a more direct linkage to services. The research on the co-responder model is limited (Shapiro, et al. 2014), but such programs are primarily characterized by strong relationships between law enforcement and

mental health partners, a more efficient criminal justice response (e.g., officers spending less “down time” in emergency rooms, lower arrest rates), and more positive perceptions from mental health care consumers and their family members.

Adult defendants

There is a growing body of literature examining the efficacy of diversion programs for adults with mental illness. However, the research on police-led diversion options for other types of adult defendants is severely limited, despite positive impact evaluations outside of the United States (McLeod and Stewart 1999). With the exception of the two models described below, our knowledge of such programs is largely gleaned through word-of-mouth or review of police agency websites.

Perhaps the most well-known model of police-led diversion is the Law Enforcement Assisted Diversion (LEAD) program in Seattle. Rather than arrest low-level defendants for drugs or prostitution, law enforcement officers will refer defendants to community-based services in order to address their underlying needs (Collins, Lonczak, and Clifasefi 2015). In their evaluation of the program, Collins and colleagues found reductions in arrests and felony charges for LEAD participants compared to control participants subjected to traditional case processing, thus indicating positive effects for the program on recidivism. Although the LEAD evaluation is ongoing, the program is gaining traction in Santa Fe, New Mexico and other jurisdictions and has garnered attention from the White House as a means of reducing the jail population while protecting public safety (Austin 2015).

The drug market intervention (DMI) model presents a focused-deterrence strategy for diverting street-level dealers away from the criminal justice system in order to shut down open-air drug markets and improve quality of life for the community (Kennedy and Wong 2009). Unlike other initiatives that may subject individuals to blanket police enforcement (Brunson 2015),

DMI programs emphasize a problem-oriented approach to understanding how the drug market has impacted the neighborhood and reconciling the historical tensions between law enforcement and minority communities (National Network for Safe Communities 2015). Although other “pulling levers” or focused deterrence policing strategies may not make diversion explicit (Braga and Weisburd 2012), undercover investigations in the DMI model facilitate both the arrests of violent defendants and the development of cases for nonviolent street dealers who are then presented with an ultimatum at a call-in meeting: cease dealing or face prosecution on the “banked” case. Evaluations of DMI models have shown promising results in terms of crime reduction (Braga and Weisburd 2012). Additionally, a growing body of literature suggests the model may enhance police-community relations, with the caveat that sustaining both crime reduction and improved relations requires significant effort over time (Kennedy, 2011; Braga, Corsaro, and Engel 2015; Braga, Hureau, and Winship 2008).

Juvenile diversion

Although juvenile court cases decreased by 44 percent between their peak in 1997 and 2013, law enforcement agencies remain the primary referral source for cases entering the juvenile justice system (Hockenberry & Puzanchera 2015). Nearly half of all cases referred to juvenile court will be resolved formally or informally at intake (Sickmund and Puzanchera 2014), but the rate at which police-led diversion is used for juveniles remains largely unknown (Petrosino, Turpin-Petrosino, and Guckenburg 2010). As Rousch (1996) asserts, diversionary practice varies significantly with the locus of diversion (pre-booking vs. post-booking), the environment, and the theoretical basis of the diversion program (e.g., social labeling theory). Police officers may refer youth to formal diversion programs focused on community service or community-based treatment, but they may also issue informal warnings at the point of arrest (NIJ 2016). Regardless of their structure, the purpose of

these diversions is to limit juvenile involvement with the justice system while still holding them accountable for their actions and providing a means of rehabilitation (Rousch 1996).

Meta-analytic results for juvenile programs have been mixed. Some studies demonstrate no consistent differences between diversion programs and traditional case processing (Gensheimer et al. 1986; Lipsey 2009; Schwable et al. 2012), while others show program effectiveness is moderated by variables such as research design and risk of recidivism (Petrosino, Turpin-Petrosino, and Guckenburg 2010; Wilson and Hoge 2013). Wilson and Hoge (2013) found that pre-booking diversion programs were more effective than post-booking programs, but this appeared primarily to be the case among low-risk youth. Further, decreases in recidivism were still observed when the minimum amount of services were provided for low-risk youth and greater interventions were reserved for medium- and high-risk youth, a finding which suggests the risk principle applies to the juvenile population (Andrews et al. 1990).

At a more granular level, some studies of individual juvenile diversion programs have yielded positive results. For example, Davidson and coauthors conducted an evaluation of the Michigan State Diversion Project. They compared youths randomly assigned to one of the several treatment strategy groups to the control group and found that diversion program participants were significantly less likely to have had a court petition filed two years following the end of the program. The authors attribute the significant positive findings to the program's active hands-on interventions, but caution that these findings only obtain if the youth are thoroughly separated from the system (Davidson et al. 1987). This conclusion is in line with other studies (Dryfoos (1990), Mackenzie (1997), and Sheldon (1999)) which also argue that further research is needed to determine the exact components of an effective diversion program, but that successful or promising programs are those that provide intensive, comprehensive services over an extended time, coupled with placement in

community-based programs. However, there is a clear need for more rigorous research conducted on current youth populations.

In short, limited research on the LEAD program, international diversion programs, and diversion programs specifically focused on juveniles and persons with mental illness suggests there is untapped potential in police-led diversion, particularly of low-level defendants. Unfortunately, the lack of general information and empirical research on police-led diversion in the United States presents a formidable obstacle to understanding and potentially replicating the model more widely.

About this study

This report presents the results from a comprehensive descriptive study of police-led pretrial diversion programs in the United States, including programs targeted toward defendants with mental illness, juvenile defendants, low-level adult defendants, and other populations. The purpose of this study, funded by the Department of Justice's Office of Community Oriented Policing Services (COPS Office), was to produce a portrait of these programs, exploring why they were created, how they work, and how they vary. This study was not an impact evaluation; we did not test whether specific types of programs or one program in particular reduce collateral consequences, reduce recidivism, or achieve other quantifiable outcomes. Rather, our primary aim was to produce a description of the programs in an effort to identify promising practices and inform future research. By doing so, we hope to lay the groundwork for future information exchange, training, cross-site mentoring, and evaluation. Such efforts may facilitate law enforcement personnel learning from each other, increase consistency within and across jurisdictions, and encourage the dissemination of promising practices.

The study proceeded as follows: First, we produced a nationwide list of responding agencies that reported participating in police-led diversion

programs. This list is not exhaustive; it simply represents those agencies that responded to our initial survey and indicated that they participate in a diversion program. (See appendix A for a list of responding agencies, including addresses.) We hope the list will serve as a resource for law enforcement agencies to share ideas and practices with other agencies in their regions.

Second, we identified common themes and critical issues influencing the development and implementation of these programs, through literature review, consultation with law enforcement agencies, and prior work with post-booking models. These themes were used to construct a survey, which was sent to a nationally representative sample of law enforcement agencies across the country. We conducted follow-up telephone interviews with select sites to probe and clarify survey responses.

Finally, we visited eight agencies across seven states, conducting in-depth interviews with a wide range of professionals who work in or with the diversion program. Our analyses incorporated all data sources to reveal the current state of the field.

The results are presented in two phases (and, hence, two “parts” of the report). Phase 1/ part 1 (chapters 1–3) presents results from the national survey, including methodology (chapter 1) and results, arranged according to the diversion program timeline, with events before program entry presented in chapter 2 and post-entry events in chapter 3. Phase 2/ part 2 encompasses a discussion of case study methodology (chapter 4), followed by case studies of specialized police responses for individuals with mental illness (chapter 5), juvenile diversion programs (chapter 6), and drug market intervention programs (chapter 7).

PART ONE:

A National Survey Of Police-Led Diversion Programs

CHAPTER 1—PHASE ONE RESEARCH DESIGN: SURVEYS

This study was designed to provide a comprehensive portrait of police-led diversion programs nationwide. The study explores program goals, policies, and practices, as well as the resources and constraints underlying these practices. For the purposes of the study, police-led pretrial diversion programs are defined as discretionary decisions made by police to route individuals (juvenile or adult) away from the traditional justice process. We were interested in determining how many of these programs have been established nationwide, why different stakeholders believe that a diversion approach is necessary or helpful, and what policies have been implemented in connection with this structural development.

Mixed-method research designs, such as the one we used, have the capacity to provide both scope (quantitative results) and depth (qualitative results). This project consisted of two phases: (1) the national survey of law enforcement agencies, investigating the prevalence of diversion nationwide and individual agencies' characteristics; and (2) site visits to a select group of agencies. This chapter presents the research design for Phase 1. The Phase 2 research design is presented in chapter 4.

Survey overview

A survey was distributed to a nationally representative sample of law enforcement agencies across the country (see sampling plan description in the next section) to determine the national prevalence of police-led diversion programs and to provide a portrait of their goals, target populations, and policies. Specifically, the survey sought to examine the following:

1. Prevalence: Does the agency run any police-led diversion programs (i.e., any program where the decision to divert from the traditional justice process is at the discretion

of the officer or the law-enforcement agency; our definition does not require referral to a “program” per se)?

2. Program goals and philosophy: What are the intended goals and objectives of police-led diversion programs?
3. Target population: Who is eligible? Is eligibility determined by criminal charge or are there other eligibility criteria (e.g., mental illness, age)? To what extent are officers given individual discretion over eligibility? When and how is eligibility determined (e.g., at the point of incident or later, at a police department)? What is the rationale for the eligibility criteria?
4. Policies: What staffing, training, documentation, scheduling, or other policies apply—for example, is diversion performed by specific squads? How does the diversion process differ from the traditional arrest process from the law enforcement perspective?
5. Implementation: What are the on-the-ground steps in the diversion process? What are the successful components of the program? What are the greatest obstacles to implementation?

Survey sampling plan

After conducting a competitive bid process, the Center for Court Innovation subcontracted with the National Opinion Research Center (NORC) at the University of Chicago to develop the sampling plan and administer the survey. The sampling frame consisted of municipal and county law enforcement agencies throughout the country. Agencies were identified using the National Public Safety Information Bureau's National Directory of Law Enforcement Agencies (NLDEA), Municipal Law Enforcement and County Law Enforcement

segments. In consultation with the project personnel, NORC stratified each segment of the sample frame by agency size, measured by the number of officers employed. Agencies with fewer than three officers were removed from the sampling frame. The final sampling frame consisted of 13,828 agencies: 10,792 municipal and 3,036 county-based. From this group, a total of 2,135 agencies were selected across eight strata.

Survey content

The survey was developed with the goal of gaining a comprehensive understanding of police-led pretrial diversion programs, including both objective characteristics and stakeholder perceptions of program goals and practices.

Several considerations influenced the survey design. First, we wanted to ensure that the questions were written in language shared by law enforcement officials nationwide. Several practitioners and legal professionals on our team guided discussions of question wording, leading the group toward greater clarity and comprehensibility of terms. In addition, we piloted the survey to four law enforcement officials from various agencies and incorporated their feedback, comments, and questions in the final instrument. Finally, to ensure the validity of our results, we sought to maximize the response rate by minimizing the length and complexity of the survey.

The survey begins by asking whether the agency has any police-led diversion programs. We tried to provide a clear, succinct definition of police-led diversion. For the purpose of the survey, diversion was considered a discretionary decision to route an individual (juvenile or adult) away from the traditional justice process. (The survey instrument is included as appendix B of this report.) For those agencies that indicated that they have such programs, the survey covered, at minimum, program goals, staffing, officer discretion policies, partner organizations or agencies, steps in the diversion process, target population, eligibility, screening, diversion

program types (e.g., restorative justice, treatment, social service programs), role of the officer or agency following diversion, and the legal consequences of completion and noncompletion. The survey was also reviewed by the COPS Office and cleared by the federal Office of Management and Budget (OMB).

Data collection

NORC used a multi-mode data collection strategy that allowed respondents the choice of completing the survey via the web or returning their completed hardcopy. Telephone prompting was also integrated as a follow-up strategy for encouraging survey response. The full data collection schedule can be found in table 1.1 on page 11.

Web component

NORC programmed a web-based survey instrument that allowed for a more efficient and cost-effective data collection process. Respondents were provided a unique Personal Identification Number (PIN) with which they could access the survey. The survey was programmed with questionnaire skip logic. Respondents also had the ability to suspend the survey at any point during the survey; when they resumed using their PIN, the survey continued where they had left off. Approximately 71 percent of respondents chose to complete the survey via the web.

Mail component

NORC contacted agencies through a series of timed mailings and faxes to encourage survey response. This approach to data collection was based on previous experience with projects of similar nature and scope. NORC used the following contacts:

- **Web invitation letter mailing:** On April 8, 2014, NORC e-mailed an invitation to each target agency announcing the start of data collection. This invitation letter presented background information on the data collection effort, including the sponsor, the

Table 1.1. Data collection schedule

Data collection activity	Data collection week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
	Calendar week (2014)	4/8	4/15	4/22	4/29	5/6	5/13	5/20	5/27	6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22	7/29	
Web letter 1																			
Web letter 2																			
Initial questionnaire packet																			
Mass fax																			
Telephone prompting																			
Priority questionnaire packet																			

purpose, and the voluntary nature of the study. The invitation letter also included the web link for the survey and the agency's unique PIN.

- **Second web letter mailing:** Approximately two weeks after the web invitation letter mailing, NORC mailed a second web letter to those agencies who had not yet responded to the initial invitation. As with the initial web invitation letter mailing, this letter provided background information on the data collection effort and included the web link and agency PIN.
- **Initial survey mailing:** Two weeks after the second web letter mailing, NORC mailed the initial survey packet to the agencies that had not yet completed the survey. The initial packet contained a cover letter, a copy of the survey instrument, and a prepaid business reply envelope. The cover letter informed the respondent of the importance of the study and provided instructions for completing the survey over the web or returning the survey via mail, fax, or e-mail.
- **Mass fax:** A mass fax was sent to all nonrespondents several times throughout data collection. This contact included a

personalized cover letter and survey for each nonresponding agency and served as an alternate method of communication.

- **Priority mail replacement survey:** To further convey the importance of timely data collection, NORC sent a replacement survey to the remaining nonresponding agencies. This 'fast mail' packet contained a cover letter stressing the importance of individual responses and the need to return the survey in a timely manner.

All mailings included the project e-mail address and toll-free number so that respondents could contact NORC with questions or requests for further assistance. Approximately 21 percent of respondents opted to return a completed hardcopy survey by mail, with another 8 percent returning via fax or e-mail.

Telephone prompting

As part of the final outreach to respondents, NORC trained a select group of telephone interviewers to contact nonrespondents by telephone. Telephone prompting began the week of June 3, 2014 and continued for one month.

Table 1.2. Response rate by stratum

Stratum	Segment	Sample size	Surveys completed	Response rate
1	Municipal Law Enforcement (3–10)	295	177	60%
2	Municipal Law Enforcement (11–49)	845	611	72%
3	Municipal Law Enforcement (50–499)	346	277	80%
4	Municipal Law Enforcement (500+)	82	73	89%
5	County Law Enforcement (3–10)	55	35	64%
6	County Law Enforcement (11–49)	256	153	63%
7	County Law Enforcement (50–499)	176	110	63%
8	County Law Enforcement (500+)	80	53	66%
Total		2,135	1,489	70%

Telephone interviewers underwent project-specific training, including a project overview and an overview of the target population. The telephone interviewers were also trained in proper protocol when speaking with gatekeepers. The telephone interviewers worked staggered schedules throughout the week, making outreach to over 50 percent of the sampled respondents.

Final survey response rates

Data collection was originally scheduled to conclude the final week of June 2014. However, with a lower response than anticipated, NORC and CCI agreed that data collection would remain open through July 2014. Telephone prompting concluded as expected, but NORC sent two additional mass fax blasts to the nonresponding agencies to help boost response rates. The final response rates by strata are presented in table 1.2.

Analysis plan

Weights and adjustments for nonresponse were calculated for the final dataset. NORC calculated sample weights based on the final response for each agency that NORC had intended to reach (i.e., whether they completed a survey or not). When the sample was drawn, a preliminary sample weight was assigned to the agency. The base weights were adjusted within each stratum to compensate for agencies within the

stratum that did not respond to the survey. In effect, respondents from strata with a below-average response rate received a proportionately higher weight (to compensate for the fact that this stratum would be underrepresented in an unweighted set), and respondents from strata with an above-average response rate received a lower weight. The end result was a set of final weights that could yield relatively unbiased population estimates. Thus, the general prevalence estimate and all results for the entire sample were based on standardized weights.²

The purpose of this study was not to evaluate the effectiveness of one or more components of pretrial diversion programs. Instead, we sought to offer an update on and portrait of the field as it exists today. Therefore, most of our analyses are descriptive, reporting percentages of respondents giving various answers to questions about goals, operations, and challenges in order to create a comprehensive portrait of police-led pretrial diversion programs. We also examine the degree of convergence or dissimilarity in the responses given across sites; our results highlight court goals and policies where we found either a broad consensus or wide cross-site variation.

² Prior to the start of data collection, NORC had proposed applying a post-stratification adjustment to the weights to align with the true population. However, despite several alternative weighting attempts, there was not another frame that provided more complete or accurate population estimates than that used for the original sample.

In general, we examined practices falling into eight primary categories:

1. **Agency context:** This included overall questions on the size of the agency, the number of misdemeanor and felony arrests made each year, and the tenure of the current chief.
2. **Program type:** The survey listed seven specific types of programs: Crisis Intervention Team, Drug Market Interventions, first-time defendant, juvenile defendant, prostitution, restitution for property crimes, and veterans'. Agencies involved in multiple types of diversion programs could select multiple responses if appropriate. An "other" option was also provided for programs not captured by the available options.
3. **Target population:** These questions elicited the types of individuals eligible for diversion programs (e.g., adults, persons with mental illness, juveniles).
4. **Screening and eligibility determination:** We asked who determines eligibility, who is consulted in the determination, and at what point eligibility is determined.
5. **Risk assessment:** We asked whether a risk assessment is used in determining eligibility for diversion, and if so, which tool.
6. **Participation and services:** We asked whether participation is voluntary or mandatory; whether defendants have access to counsel prior to participation; whether participants waive their legal rights; and which services participants need most.
7. **Program structure:** We asked whether participants have to participate in a class or program; if so, how frequently; and which agency provides the programming.
8. **Legal consequences:** Lastly, we asked about the legal consequences of both successful completion and non-completion of the programs.

Defining diversion programs

The survey instructions defined a number of diversionary practices and asked respondents to report which ones their agencies had enacted, specifying that the study was focused on police-led diversion programs. Thirty-eight percent ($n = 570$) of all respondents ($n = 1,489$) indicated that their agency participates in diversionary practices based on our definition. The responses of these 570 agencies were then isolated in order to further refine the data sample. Of these, we isolated the 28 percent ($n = 417$) of the total ($n = 1,489$) that reported having a formal, agency-wide, police-led diversion program (e.g., Crisis Intervention Teams, Drug Market Interventions, juvenile diversion, etc.).

However, upon coding open-ended survey responses, it became apparent that some agencies had reported specific diversions practiced in post-booking programs, rather than in the police-led programs that are the subject of the current study. We excluded the cases which reported only post-booking diversions, thus reducing our final sample to 395 agencies, representing 27 percent of all respondents. However, some of these 395 agencies reported having both post-booking programs housed within the prosecutor's office and police-led pre-booking programs. The survey design does not enable us to determine which diversions these agencies enact through pre-booking and which through post-booking programs. This limitation signals the difficulty of using this data to generate a perfectly precise estimate of diversion programs that are really truly police-led.

Interestingly, a larger proportion of respondents with 500 or more officers reported participation in a formal diversion program (39 percent) compared to mid- to large-sized agencies (50–499 officers, 34 percent), small- to mid-sized agencies (11–49 officers, 25 percent), and small responding agencies (3–10 officers, 12 percent).

List of responding agencies

We compiled the names, locations, and contact information for all agencies reporting a police-led diversion program in their survey responses. One of the main goals of this project is to provide law enforcement agencies nationwide with information about existing police-led programs, on the assumption that agencies will be more willing to create community partnerships for

the purpose of diverting defendants from the traditional justice process if they have a better understanding of existing programs. This list aims to advance knowledge in the law enforcement field about individual police-led diversion programs, in order to promote collaboration, networking, and information sharing between departments. This list is presented in appendix A.

CHAPTER 2—PHASE ONE SURVEY RESULTS: DIVERSION HISTORY, STRUCTURE, SCREENING, AND ELIGIBILITY

This chapter and the next present results from the national survey. This chapter discusses the prevalence of diversion programs in general and the histories, structures, screening methods, and eligibility criteria of specific police-led programs. The next chapter reports on processes that occur after individual participants have entered a diversion program.

As stated in chapter 1, 395 agencies were found to engage in some type of formal, agency-wide, police-led diversion. The next two chapters report information about those 395 agencies, with the analysis weighted to produce representative

Table 2.1. Prevalence and nature of police-led diversion among survey respondents (*n* = 1,489)

	Percent
Percentage of responding agencies reporting diversionary practices*	34%
Nature of diversion (of those agencies reporting diversionary practices)†	
Responding agency participates in formal diversion program	64%
Other law enforcement agency in state has discretion to divert	48%
Officers within responding agency can informally divert	43%
Written policy manual for diversion program	30%
Percentage of all responding agencies reporting formal diversion program¹	21%

* Percentage based on standardized weight associated with the total number of responding agencies (*n* = 1,489). Due to weighting, percentages do not directly correspond to the final sample numbers reported in the text.

† Percentages based on standardized weight associated with the number of agencies reporting diversion (*n* = 570). Due to weighting, percentages do not directly correspond to the final sample numbers reported in the text.

Table 2.2. Mean arrest volume and staffing of final agency sample (*n* = 395)

	Mean
Arrest volume*	
Adult felony arrests	401
Adult misdemeanor arrests	880
Juvenile arrests	162
Staffing	
Sworn law enforcement officers	73
Civilians	26
Tenure	
Years current chief/sheriff/commissioner has been in office	8

* Arrest volume is based on 2012 data

estimates for the population of 13,828 agencies from which our sample was randomly selected. Thus, percentages may not always directly correspond to the final sample numbers reported in text.

Prevalence of police-led diversion

As mentioned in chapter 1, 34 percent of the 1,489 survey respondents participate in some sort of diversionary practice, and 21 percent have a formal, police-led diversion program. Table 2.1 shows the nature of diversion in the agencies that reported any formal or informal diversionary practices, while table 2.2 displays the arrest volume and staffing of the agencies in the final sample (*n* = 395).

History and structure

Program start date

Much like other innovative criminal justice initiatives, the majority of formal police-led diversion programs (78 percent) have been implemented over the last 15 years. That said, there are some older diversion programs in the sample as well. Table 2.3 presents the full timeline of program implementation. During visits made to select sites (described in detail beginning in chapter 5), we found that stakeholders expressed some uncertainty around precise start dates; officers may have been diverting some cases before a program was formally designated.

Diversion volume

A total of 31,732 individuals were diverted across the nearly 400 programs included in the study. The number of participants diverted varied widely across the sample, with a maximum volume of 5,342 participants (a figure which could reflect multiple programs within one agency) and a minimum volume of zero. Average program volume is presented in table 2.3. This variation in number of people diverted reflects the wide range of jurisdictions that have established formal pretrial diversion programs.

Program entry

Table 2.3 also provides information about the factors that may play into a defendant deciding to enter the diversion program. Participation is voluntary in nearly all (93 percent) of the diversion programs; in the majority of programs (74 percent), participants are able to consult with an attorney prior to entering diversion. In the remaining programs, participants are required to waive their legal rights (27 percent). Finally, a quarter of programs incentivize participation beyond simply avoiding an arrest. Examples of incentives used by the programs include treatment referrals, linkage to social services, or defendants gaining insight into their behavior.

Table 2.3. Diversion program history and structure

Program information	Agencies responding
Total number of agencies with diversion programs	395
Program start date	
1970-1979	1%
1980-1989	10%
1990-1999	11%
2000-2009	41%
2010-present	37%
Age of diversion program (mean years)	10
Aspects of program participation*	
Participation is voluntary	93%
Defendants have access to legal representation	74%
Participant required to waive legal rights	27%
Participation is incentivized	25%

* Volumes are based on weighted averages across 230 programs targeting adult defendants, 354 programs targeting juvenile defendants, and 180 programs targeting mental health care consumers.

Program type

As discussed in chapter 1, the three most prominent police-led diversion program types are Crisis Intervention Teams and programs targeting either juveniles or first-time defendants. As table 2.4 indicates, results from the survey mirrored the national dialogue, with diversion for juveniles, persons with mental illness, and first-time defendants by far the most prevalent program types. Fewer agencies reported having restitution programs for property crimes, Drug Market Interventions (DMI) or Gang Violence Reduction Strategy (GVRS) programs, or programs targeting veterans or prostitution.

Table 2.4. Prevalence of formal diversion programs by program type

Type of diversion program	Percentage of responding agencies with program type (n = 395)
Juvenile diversion	89%
Person with mental illness (e.g., Crisis Intervention Teams (CIT))	41%
First-time defendant	39%
Restitution program for property crimes	20%
Drug Market Interventions/Gang Violence Reduction Strategy	13%
Veterans	11%
Prostitution	1%
Other	5%

Note: Percentages do not total 100% because respondents could select multiple options.

Screening and eligibility determination

Table 2.5 details the initial stages of the diversion process. The majority of responding agencies (72 percent) reported that they screen everyone who is potentially eligible for diversion based upon the formal criteria established within their jurisdiction (e.g., nature of the crime or defendant characteristics). Among agencies that do not screen everyone, reasons for not screening include screening being done by the court or another legal agency (12 percent), eligibility being determined by program policy (6 percent), and screening being performed on a case-by-case basis (3 percent).

Table 2.5 Screening and eligibility determination

Policy	Percentage of responding agencies (n = 395)
Screen all potentially eligible defendants	72%
Determine eligibility . . .	
prior to arrest	27%
at the point of arrest	28%
at booking/issuing citation or ticket	23%
after booking	53%
other	2%
Leave the determination of eligibility to . . .	
responding officer	28%
arresting officer	41%
supervising officer	40%
other	10%

Note: Percentages do not total 100% because respondents could select multiple options.

Point at which eligibility is determined

More than three-quarters (78 percent) of agencies reported that eligibility is determined at or prior to booking. However, more than half of agencies (53 percent) reported that the decision to divert in at least some cases is determined after booking.³

³ As a reminder, the total comes to more than 100% because agencies could select multiple responses. These findings suggest that some agencies are engaging in both pre- and post-booking eligibility determinations.

Table 2.6 External parties consulted in eligibility determination

External parties consulted	Percentage of responding agencies (n = 209)
Prosecutor	59%
Judge or special court official	34%
Probation or parole department	34%
Social service provider	25%
Other	5%

Note: Percentages do not total 100% because respondents could select multiple options

Parties responsible for determining eligibility

Arresting (41 percent) and supervising (40 percent) officers are the law enforcement officials most often responsible for determining eligibility for diversion. As respondents were allowed to report multiple responses for this question, we wanted to explore whether diversion decisions within agencies are made collaboratively. We discovered that eligibility decisions are made collaboratively between various players within a single agency in approximately one-fifth of cases, with joint decisions being made together by responding and arresting officers (18 percent); responding and supervising officers (19 percent); and arresting and supervising officers (23 percent). As will be discussed in chapter 4, this collaborative environment also characterizes the relationship among responding agencies, service providers, and other law enforcement agencies, suggesting adherence to the broader community policing tenet of community partnership.

The nature of the “other” law enforcement representatives tasked with determining program eligibility suggests that decisions may also be tied to the policies of specific programs. For example, some agencies reported that officers who are members of Crisis Intervention Teams (CIT) play a part in determining whether an individual in mental health crisis should be diverted. Other

agencies reported that officers must contact juvenile units in order to determine whether youth are eligible for diversion.

Although 47 percent of respondents reported that diversion is solely a law enforcement decision, the number of agencies reporting interagency decision making provides further evidence of community partnerships. Of responding agencies which consult external parties, 59 percent consult with prosecutors, 34 percent with judges or other court officials, and another 34 percent with probation or parole officials. Less frequently, agencies reported consulting with juvenile division or courts (6 percent), other law enforcement officials (3 percent), victims (2 percent), and family members of the defendant (1 percent).

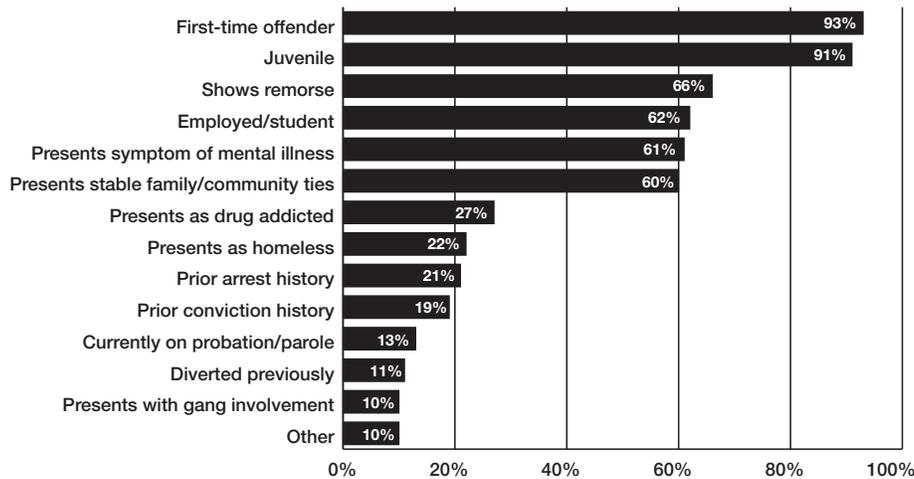
A quarter of agencies reported collaboration with a social service provider. Of the agencies working with a social service provider (n = 96), the majority partner with mental health care providers (73 percent), followed by providers of substance abuse treatment (46 percent) and other social

Table 2.7. Background characteristics consistently known when determining eligibility

Defendant background characteristic	Responding agencies with access to this information (n = 395)
History of criminal behavior	89%
Previous participation in diversion	77%
Employment/student status	47%
Substance abuse history or treatment	36%
History of mental illness/PTSD	36%
Homelessness	23%
Physical health/history	21%
Sexual abuse or trauma history	17%
Do not know	10%

Note: Percentages do not total 100% because respondents could select multiple options.

Figure 2.1. Factors that increase the likelihood of diversion (n=395)



services (30 percent). The relationship between responding agencies and social service providers may take different forms in programming, training, and supervision.

Information informing eligibility decisions

Formal risk assessment

Only 11 percent of responding agencies reported that they conduct a formal risk assessment or use a risk screening tool, and only 5 percent both reported conducting such an assessment and were able to name what tool was used (or indicate something about the tool). Among the agencies reporting the use of risk assessment ($n = 40$), the most commonly reported tool was the Level of Service Inventory (LSI-R) followed by Screen, Brief Intervention, and Referral to Treatment (SBRIT); Static Risk and Defendant Needs Guide (STRONG); Risk and Resiliency Checkup (RCC); and Structured Assessment of Violence Risk in Youth (SAVRY). Agencies also reported having developed their own tools or modified existing ones. Although agencies may be aware of defendant background when determining diversion eligibility, these results show that few agencies are using a formalized risk assessment to synthesize the information, and that among those that do, the assessments used vary widely.

Defendant background

As demonstrated in table 2.7 on page 18, the information that responding agencies are most likely to know about the defendant is contained in criminal justice records: history of criminal behavior (89 percent) and previous participation in diversion (77 percent). Although it is possible that individual officers may derive information related to other factors via in-person interviews, formal diversion programs may have access to additional records. As discussed in the case studies included in chapter 5, some agencies have co-responding units, in which an officer is paired with a clinician as part of a Specialized Police Response (SPR) for addressing mental health crises. The clinician is able to access individuals' medical records, while the officer can search for arrest records. In cases of juvenile diversion, youth may be diverted by an SRO who may have some information on educational history. All these factors may inform diversion decisions.

Agencies were asked to report which factors weigh most heavily during diversion decisions, regardless of whether that information is collected using a formal risk assessment tool or through less-formalized means. Figure 2.1 illustrates that three distinct patterns are observed across a variety of static and dynamic

risk factors. First, the two most important factors are whether the individual is a first-time defendant (93 percent) or a juvenile (91 percent). As will be expanded upon in chapter 6, juvenile diversion programs often require the youth to be a first-time defendant, creating some overlap between these two factors. The next most important set of factors appears to tap into community ties (stable

family/community ties; employment/student status; and whether the defendant shows remorse or presents symptoms of mental illness). Finally, factors related to previous criminal activity (arrests, convictions, probation/parole, diversion, and gang involvement), substance abuse, and homelessness contribute the least to the likelihood of diversion.

CHAPTER 3—PHASE ONE SURVEY RESULTS: PROGRAM PARTICIPATION AND LEGAL OUTCOMES

Like chapter 2, this chapter also presents results from the national survey: specifically, the processes that occur once participants enter the diversion program.

Program participation structure

Depending on the needs of the target population and structure of the diversion program, individuals may be required to participate in a formal class or meeting as part of their diversion agreements. For example, as will be discussed in chapter 6, juvenile diversion programs may refer youth to anger management classes, individual counseling, skill-building workshops, or academic tutoring.

Table 3.1 Required components of diversion programs

Required program component	Percentage of agencies requiring (n = 395)
No class/session participation required	20%
Participation in class/session required	80%
Single-day class/session	14%
2- to 4-day class/session	13%
5- to 7-day class/session	8%
Ongoing class/session	45%

As displayed in table 3.1, the majority of agencies (80 percent) require diverted defendants to participate in classes or program sessions. Participation can take the form of enrollment in

a program of indefinite length (45 percent) or in a class of a discrete length (35 percent). Most ongoing programs meet on a weekly schedule, though frequencies ranged from daily to monthly or more. Factors contributing to the frequency of sessions include program resources, program policy, and participant needs—for example, the juvenile programs described in the subsequent case studies may require youth to attend programming for a specific amount of time, but provide additional wraparound services as needed.

Program participant needs

The major service needs observed among diverted participants are presented in table 3.2. The numbers in the table represent the percentage of agencies that identified each need as a “major” need among their participants. As in our analysis of factors increasing the likelihood of diversion, three distinct clusters emerge. The first cluster is characterized by treatment needs, specifically substance abuse treatment (65 percent) and mental health treatment (53 percent). The second cluster comprises factors related to social ties, including education (40 percent), family reintegration (35 percent), employment (27 percent), and vocational training (23 percent). The final cluster is best characterized as addressing basic needs, such as transportation (11 percent), linkage to public assistance (9 percent), and housing (7 percent).

Table 3.2. Services needed by those diverted

Services needed	Percentage of agencies reporting need as major (n = 395)
Substance abuse treatment	65%
Mental health assessment/treatment	53%
Education (e.g. GED)	40%
Family reintegration	35%
Employment	27%
Vocational training	23%
Transportation	11%
Public assistance linkages	9%
Housing	7%
Other	9%

Note: Percentages do not total 100% because respondents could select multiple options.

Service provision to meet participant needs

Figure 3.1 on page 23 presents the services offered to diversion participants. Overall, the three most common types of programs offered are substance abuse treatment, individual counseling or mental health treatment, and substance abuse prevention programming. In general, responding law enforcement agencies are most likely to provide needed services; however, a significant number of community partners also provide services to participants. Community partners are particularly likely to provide individual or group counseling and services related to education and substance abuse prevention. Very few agencies reported instances of services being offered simultaneously by both law enforcement and community-based providers.

Particularly due to the self-reported nature of the questionnaire, these findings should be interpreted with caution. It is possible that

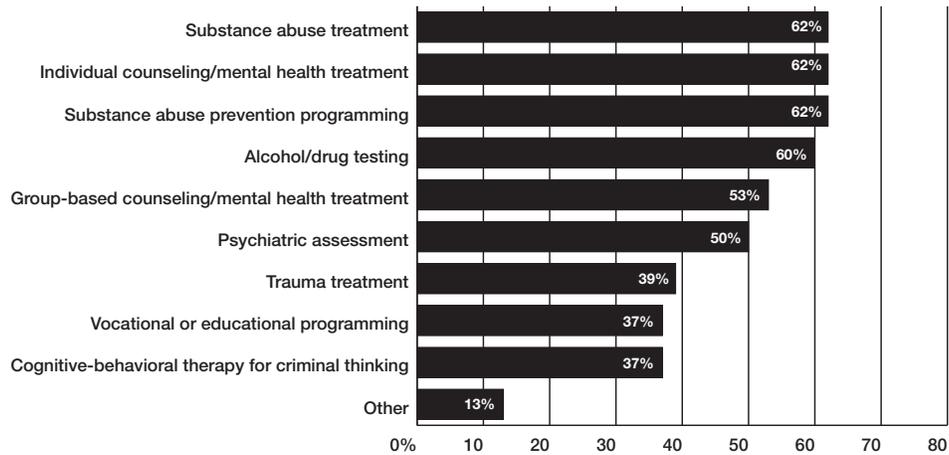
respondents did not differentiate between the response options of “services provided” and “partnership with agency.” As a result, responding agencies may be providing fewer direct services than reported in figure 3.1. Indeed, every case study site presented in the subsequent chapters partnered with social service providers in order to provide services to diversion participants. Further evidence to support this cautionary approach is evident in table 3.3, which suggests that few responding agencies have received specialized training in the services they report to be providing—for example, while 51 percent of responding agencies report being a direct provider of CBT, only 4 percent received training in this therapeutic approach. Thus, the results presented here focus primarily on the variety of programs available to address participant needs rather than the providers of these programs.

Table 3.3. Police agencies trained by partner organizations to provide direct services

Type of service-provider training	Percentage of agencies reporting such training (n = 395)
Substance abuse prevention programming	8%
Individual counseling/mental health treatment	8%
Substance abuse treatment	7%
Psychiatric assessment	6%
Group-based counseling/mental health counseling	5%
Trauma treatment	5%
Alcohol and/or drug testing	5%
Cognitive Behavioral Therapy for criminal thinking	4%
Vocational or educational programming	4%
Other	3%

Note: Percentages do not total 100% because respondents could select no or multiple options.

Figure 3.1. Services offered to diversion participants (n = 395)



Participant supervision

As noted in table 3.1 on page 23, approximately 80 percent of responding agencies require diverted defendants to participate in some form of programming. During participation, most programs enforce compliance through some sort of monitoring, typically by a case manager or community corrections officer. The agency or organization responsible for supervision may vary as a function of the type of diversion program; for instance, 14 percent of respondents report having a division specializing in supervising diverted youth.

Table 3.4. Participant supervision

Type of supervision	Agencies responding (n = 395)
Participants are monitored	89%
Participants are drug tested	61%
Participants can be dismissed for violations	94%
Incidents leading to a dismissal*	
New offense	45%
Noncompliance with program rules	44%
Failed drug test	11%
Other	7%

* Percentages do not total 100% because participants could select multiple options.

As part of the supervision process, 61 percent of responding agencies reported that participants are drug tested; just over half of these (53 percent) reported that testing occurs at random.

Most responding agencies (94 percent) indicate that some incidents will result in program dismissal. The actions most commonly reported to result in dismissal from the diversion program were a new arrest and noncompliance with the diversion program (i.e. missing classes/sessions). While most responding agencies require drug testing, few (11 percent) report that a failed drug test will result in program dismissal.

Table 3.5. Monitoring of diversion participants

Entity responsible for monitoring*	Agencies responding (n = 298)
Case manager	31%
Parole/probation officer	23%
Youth division/services	14%
Judge/court	11%
Diversion team	8%
Law enforcement	5%
Other	7%

* Percentages do not total 100% because of rounding.

Table 3.6. Frequency of drug testing of diversion participants

Frequency of drug testing	Agencies responding (n = 149)
Randomly	53%
Regularly during program participation	31%
As part of initial assessment process only	16%

Legal outcomes of diversion programs

Considering that the diversion off-ramp is created prior to the defendant being booked, many of the legal benefits associated with program completion may center on a defendant's arrest record. Table 3.7 presents legal consequences of participation in police-led diversion programs. The most frequently reported legal benefit is that the defendant will have no arrest record upon program completion. Additionally, just under a quarter of agencies (23 percent) reported that

successful participants still have an arrest record, but the case is not transferred to the prosecutor. Although some program completers, therefore, still have an arrest record, none will receive a criminal conviction.

As noted in chapter 2, 59 percent of responding agencies reported that the prosecutor is consulted during diversion decisions. As a result, certain legal outcomes involve collaborative decision making with representatives from outside the agency. Among such outcomes are cases filed with the court but ultimately dismissed and cases advanced to the prosecutor but not filed with the court.

The most frequently reported consequence of failure to complete the diversion program is the case being filed with the prosecutor and the participant booked (or a warrant being issued if the defendant cannot be located). The second most common consequence is the participant being remanded to jail.

Table 3.7. Legal outcomes associated with program participation

Reported legal consequences of program completion and non-completion	Percentage of agencies reporting consequence (n = 395)
Consequences of successful program completion	
No arrest record	65%
Case dismissed	37%
Arrest not transferred to the prosecutor/court (arrest record remains)	23%
Prosecutor declines to file with court	14%
Other	6%
Consequences of non-completion	
Case filed with the prosecutor, defendant booked/warrant issued	76%
Participant is remanded	22%
Participants mandated to alternate program	7%
Interim sanction	2%
No consequences	2%
Other	8%

Note: Percentages do not total 100% because respondents could select multiple options.

PART TWO:

Case Studies of Eight Promising Programs

CHAPTER 4—PHASE TWO RESEARCH DESIGN: CASE STUDIES

In addition to the more general data we gathered in Phase 1 of the study, we also conducted case studies in Phase 2 to provide a deeper understanding of the diversity of police-led diversion models nationwide. This chapter provides information on the research design of Phase 2, as well as a brief overview of the three diversion models included in the case studies.

Sampling frame

Based on the information obtained from the national survey and a review of established programs, the research team selected eight sites for further study. Several factors were considered in selecting sites. First, we sought to select geographically diverse sites, with programs from the northeast, south, midwest, and west. Second, we wanted to select programs targeting the three most prevalent diversion target populations (low-level adult offenders, juveniles, or persons with mental illness). Finally, to the extent possible, we aimed to select programs with varied structure in terms of policies, goals, and implementation practices. The case studies provided a rich set of answers to the following research questions:

1. **Program model:** What is the history behind the program? What are the key policies and program elements (e.g., goals, theory of change, target population, eligibility, and geographic and political context) that define the police-led diversion model?
2. **Program diversity:** Across the selected programs, to what extent is there diversity in program evolution, goals, target population, context, and implementation practices? Based on interviews and observations, what are the primary reasons for this diversity?
3. **Program impact:** Within and across programs, what are the desired and perceived program impacts? Can these impacts be tracked by police or partnering organizations' current data tracking systems? To what extent can these impacts be modeled?

Data collection

The research team collected data through intensive in-person site visits to each of the eight sites. Site visits were made by one- or two-person site visit teams. Prior to site visits, initial outreach via phone and email provided basic background information and informed site visit planning; site visit follow-up likewise included phone and e-mail consultation as needed.

Site visit implementation

Once programs were selected for case study, contact information for program stakeholders was gathered through internet searches, pre-existing relationships in the jurisdiction, and direct outreach to individuals who completed the survey. Upon identifying a point of contact, researchers sent an introductory email providing an overview of the project along with a letter from the COPS Office to help encourage participation in the study. Once contact was established, initial planning phone calls were scheduled to gather information on programming and partnerships. Researchers worked with the point of contact to schedule two- to three-day site visits, during which researchers could observe program operations and conduct stakeholder interviews. Follow-up phone calls and emails were scheduled with stakeholders in order to provide further clarification of data as needed.

Interview protocol

The semi-structured interview consisted of 78 questions designed to provide a comprehensive overview of each agency's diversion model, implementation history, and partnerships (see appendix C). As with the survey developed during Phase 1, several representatives from law enforcement reviewed the protocol for content and ease of use. The master protocol was then divided, based on feedback from each agency during initial planning calls, into four distinct protocols for specific stakeholder subgroups:

- ▶ Law Enforcement (e.g., patrol officers, executive command, SROs, training officers, and federal agents)
- ▶ Community Partners (e.g., treatment providers and community leaders)
- ▶ Court Partners (e.g., prosecutors, defense attorneys, and judges)
- ▶ School Partners (e.g., principals, superintendents, and school administrators)

Each protocol took approximately one hour to administer. Protocols were administered via individual or group interviews as deemed appropriate.

During site visits, researchers conducted in-depth interviews (some audio-recorded with consent) with program stakeholders, specifically with lead law enforcement personnel in the departments as well as with those officers or local stakeholders doing the hands-on work of diverting and working with the defendants. Interviews focused on the evolution, rationale, structure, and operation of the program. Additional interviews were conducted with social service or community-based organizations that work directly with the diversion program. These interviews explored the role of each organization and partner attitudes towards the police-led diversion program. Archival analysis was conducted for agency policy and procedure documents and for reports written by the police department or other agencies. Several agencies arranged for researchers to observe programming, take a ride-along, or tour local facilities in order

to provide a comprehensive overview of the programmatic environment.

Analysis plan

Analysis involved thematic coding of interview notes, transcripts, and other site visit data. Coding was an iterative process, with preliminary analyses and results discussed in meetings of the entire research team. These meetings involved discussing the themes underlying the data and the implication of these themes for reporting.

The qualitative data were compared to the quantitative data from Phase 1 surveys to help with interpretation and to add a level of specificity to quantitative findings. Responses to open-ended survey questions and data from stakeholder interviews were synthesized across sites and sources. Within each theme, we categorized responses to detect meaningful differences across programs and stakeholder groups. Our ultimate goal in interpreting the qualitative data was to use systematic analysis to identify overarching themes and emergent findings.

Model/site summary information

Three diversion models were explored in Phase 2 of the project. While each model is designed to improve police-community relations, the models use different approaches and target different defendant populations. Specialized Police Response (SPR) programs target defendants with mental health needs; juvenile diversion programs are designed to keep low-level juvenile defendants out of the criminal justice system; and Drug Market Intervention (DMI) seeks to collapse overt drug markets and increase quality of life in affected neighborhoods.⁴ Table 4.1 on page 30 provides an overview of the programs that participated in the Phase 2 research.

⁴ Although diversion programs for first-time defendants and restitution programs for property crimes were more prevalent in our survey than DMI programs, it was difficult to determine whether responding agencies operated these programs separately or as a part of a larger program (e.g. diversion for first time juvenile offenders). Further, DMI represented an opportunity to explore how a strategy rooted in focused deterrence provides a diversionary option for certain types of offenders.

Specialized Police Response to mental health crisis

Law enforcement agencies have developed a variety of programs under the umbrella term Specialized Police Response (SPR) to address the needs of persons with mental illness. SPR programs may include response protocols, officer training, and partnerships with mental health agencies. The most widely studied aspect of SPRs is the development of Crisis Intervention Teams/ Training (CIT). CIT models nationwide are often modeled after the innovative police-based first responder program widely known as the “Memphis Model,” a pre-arrest jail diversion for those in a mental illness crisis. Memphis developed a widely representative stakeholders’ task force and created a program to provide a specialized 40-hour training for all police dispatchers and a select group of patrol officers, to enable them to more effectively communicate with and understand the particular needs of individuals with mental illness. In addition, CIT works in partnership with those in mental health care to provide a system of services that is friendly to the individuals with mental illness, family members, and the police officers; in the Memphis flagship program, this partnership established a therapeutic treatment site as an alternative to incarceration. However, while elements of the original Memphis model may be implemented by certain agencies to inform SPRs, there is little standardization in terms of how CIT is implemented in the field today. Agencies adapt the model to best suit their communities and available resources. (See chapter 5 for more details about how the specific sites implement CIT.)

Chapter 5 describes the three SPR programs included in the Phase 2 study:

1. The Houston (Texas) Police Department’s Mental Health Division
2. The Madison (Wisconsin) Police Department’s Mental Health Officers/Liaisons Program
3. The Arlington County (Virginia) Police Department’s CIT Program

Juvenile diversion programs

Each of the three juvenile diversion programs studied is tailored to the unique needs of the local community. All employ a program coordinator and a team of multidisciplinary stakeholders dedicated to keeping low-level juvenile defendants out of the criminal justice system. The programs rely on a combination of diversion at arrest and social services to address the underlying reasons for criminal activity. The three programs are described further in chapter 6:

1. Philadelphia (Pennsylvania) School Diversion Program
2. Durham County (North Carolina) Misdemeanor Diversion Program
3. Redwood City (California) Juvenile Diversion Program

The next chapters include detailed descriptions of the diversion programs selected for Phase 2 follow-up and identify common themes and findings within the three diversion models.

Drug Market Intervention (DMI)

The DMI model is a unique diversion program, since its primary goal is not to divert offenders but to close down a drug market using the focused deterrence strategy. Focused deterrence targets chronic offenders who are vulnerable to sanctions and punishment; they are not generally or necessarily low-risk, and the purpose of the strategy is to dismantle open-air drug markets, prosecuting some dealers and diverting others, as well as to improve police-community relations.

Often, just a few offenders are responsible for driving much of the violence and crime in open-air drug markets, and relationships between police and residents of communities where these markets operate can suffer as a result of traditional law enforcement strategies (blanket arrests/enforcement), which may be perceived as treating all residents as complicit. Instead of making blanket arrests, police identify all of the dealers in a drug market with undercover

Table 4.1 Case study programs

Diversion program	Diversion model*	State	Jurisdiction type	Police chief tenure (# of years)†	Police department size (approx. # of sworn officers)	Size of region‡	Population size	Program start date (year)
Houston Police Department's Mental Health (MH) Division	Modified CIT, Proactive Case Management, Crisis Call Diversion	TX	Municipal	5	5,400	600 sq miles	2.3 million	1993 (training), 2008 (MH Unit), 2013 (MH Division)
Madison Police Department's Mental Health (MH) Officers/ Liaison Program	Layered SPR (Mental Health)	WI	Municipal	1.5	450	76 sq miles	248,951	Mid-1980s (training), 2004 (MH Liaisons), 2015 (MH Officers)
Arlington County Police Department CIT	CIT	VA	County	1	350	26 sq miles	229,164	2008
Philadelphia School Diversion Program	Juvenile FTOs (Schools)	PA	Municipal	8	6,600	140 sq miles	1.6 million	2014
Durham County Misdemeanor Diversion Program	Juvenile FTOs (16- and 17-year olds)	NC	Municipal, County	8 (DPD) and 4 (DSO)	500 officers and 200 deputies	300 sq miles	300,952	2014
Redwood City Juvenile Diversion Program	Juvenile FTOs	CA	Municipal	4	100	35 sq miles	85,288	Early 1990s
Austin 12th and Chicon DMI Program	DMI	TX	Municipal	9	1,800	3 city blocks	931,830	2012
Atlanta English Avenue DMI Program	DMI	GA	Municipal, Federal	6	2,000	2.2 sq miles	463,878	2014

* FTO = First Time Offender, SPR = Specialized Policing Response, CIT = Crisis Intervention Training/Team, DMI = Drug Market Intervention

† Number reflects how many years each chief or commissioner has served as of December 2015. Please note that Commissioner Charles H. Ramsey of the Philadelphia Police Department retired in January 2016 and Chief Jose Lopez Sr. of the Durham Police Department retired in December 2015.

‡ The size of the region associated with the DMI programs reflects the approximate size of the DMI zone.

Source: Population data from 2015 U.S. Census, <https://www.census.gov/quickfacts/>. Department sizes are rounded to the nearest 50 officers and taken from "The City of Houston: Police Department," accessed March 10, 2017, <http://www.houstontx.gov/police/>; "Madison Police Department 2015 Annual Report," accessed March 10, 2017, <http://www.cityofmadison.com/police/documents/annualReport2015.pdf>; "Police: About," accessed March 10, 2017, <https://police.arlingtonva.us/about/>; "Philadelphia Police Department," accessed March 10, 2017, <http://www.phillypolice.com>; "Police Department FAQs," accessed March 10, 2017, <http://durhamnc.gov/FAQ.aspx?TID=15>; "Police Department: About Us," accessed March 10, 2017, <http://www.redwoodcity.org/departments/police-department/about-us>; "Austin Police Department," accessed March 10, 2017, <http://www.austintexas.gov/department/police>; and "About APD," accessed March 10, 2017, <http://www.atlantapd.org/about-apd>.

evidence gathering, then prosecute the offenders driving most of the crime and violence in the market, seeking serious custodial sentences to remove them from society and access to the market. With the drivers of the market removed, police allow nonviolent offenders—the diversion candidates—a chance to stop dealing. These diversion candidates are often serious drug offenders, many with long rap sheets, who would likely never be considered for diversion in other programs. Therefore, this focused deterrence strategy contrasts with other diversion programs, since DMI candidates for diversion are not generally low-risk and are, absent deterrence, likely to reoffend.

Through a community meeting (called a call-in), police make dealers aware of the evidence against them without making arrests. Faced with concrete evidence against them, with prosecution likely to result in a custodial sentence, the dealers have powerful motivation to change. DMI diversion candidates are offered (but not mandated to engage) social services like drug treatment and job training. By prosecuting only the most serious drivers of crime and violence and diverting other offenders (even those at high risk of reoffense), police can dismantle the drug market while showing residents that they do not view the entire neighborhood as complicit in crime. For more information on DMI implementation, see the COPS Office's 2015 publication *Drug Market Intervention: An Implementation Guide*.⁵

DMI is implemented in five phases:

1. **Working group formation:** Stakeholders from law enforcement, social service providers, and the target community are brought together.

2. **Police-community reconciliation:** Law enforcement reaches out to the community to begin to rebuild an often historically fraught relationship.
3. **Identification and preparation:** Undercover work identifies local drug dealers and criteria are determined for diversion and prosecution.
4. **Call-in preparation and execution:** Violent dealers are prosecuted while nonviolent dealers are invited to a meeting (call-in) with working group members at a neutral location, where they are given a chance at diversion and offered services in exchange for ceasing dealing.
5. **Follow-through and maintenance:** Law enforcement provides more coverage to the DMI area and the community works to report any overt dealing, helping to ensure the market stays closed.

Two DMI programs are included in the Phase 2 study and are described in detail in chapter 7:

1. Austin (Texas) DMI Program at 12th and Chicon
2. U.S. Attorney/Atlanta (Georgia) Police Department Collaboration, English Avenue DMI

Please see the Acronyms section of this report for assistance with the acronyms used in the case study descriptions.

5 Available at <https://ric-zai-inc.com/ric.php?page=detail&id=COPS-P303>

CHAPTER 5—CASE STUDIES: SPECIALIZED POLICE RESPONSE PROGRAMS TO MENTAL HEALTH CRISIS

Case Study 1: Houston (Texas) Police Department’s Mental Health Division

The Houston Police Department (HPD) is the fifth-largest police department, serving the fourth-largest city, in the United States. According to U.S. census data for 2015, Houston’s population has grown by 8.9 percent since 2010 (U.S. Census Bureau 2016). The city is also known for having one of the largest homeless populations in the nation—an estimated 4,609 sheltered and unsheltered individuals (The Coalition for the Homeless of Houston/Harris County 2016). As one law enforcement stakeholder told our researchers during the site visit, “a lot of people were moving here for jobs. Now, since the price of oil has gone down, that’s not happening so much anymore. Now, there are people laying off.” Through close collaboration amongst social service providers and city agencies (including the HPD), Houston reduced the homeless population by 46 percent between 2011 and 2015.

The city’s commitment to addressing social issues also characterizes the many ways the HPD has embraced community-based policing under the leadership of Chief of Police Charles A. McClelland, Jr. In 2013, the HPD Mental Health Division (<http://www.houstoncit.org/>) was established with the mission “to provide a professional, humane, and safe response to individuals with behavioral health problems and to the homeless.” The Houston model of Crisis Intervention Training (CIT) has been cited as the model for Texas law enforcement agencies. Through their participation in the Council of State Governments Learning Site Program (<https://csgjusticecenter.org/law-enforcement/>

[projects/mental-health-learning-sites/](#)), the HPD also provides training opportunities for law enforcement officers across the nation.

Program history

While the dedicated Mental Health Division was created in 2013, the Houston Police Department (HPD) has a long history of developing specialized policing responses to mental health crises. The success of these responses lies in the strong collaborative relationship HPD has forged with The Harris Center for Mental Health and IDD [intellectual and developmental disabilities]. The programs that operate within the division and the roles fulfilled by law enforcement and mental health professionals are displayed in figure 5.1 on page 34.

The roots of the collaboration with the Harris Center date back to 1991 when the department began to lay the groundwork for implementation of CIT within the HPD. The initial steps of program implementation required close evaluation of the procedures for law enforcement officers to obtain an Emergency Detention Order (EDO). Under Texas Health and Safety Code § 573.001, a peace officer may take a person into custody against his or her will if the officer believes the individual has a mental illness, and, as a result of that mental illness, poses a substantial risk of serious harm to self or others or will soon pose such a risk if not otherwise restrained. At the time, the entire process took law enforcement officers a minimum of seven hours and required the completion of a seven-page mental health packet. The process was further complicated by lack of available space at Ben Taub Hospital,

which only had an inpatient capacity of 12 beds. This shortage of treatment options could add several hours to the already lengthy process, as an officer would have to wait with the person in crisis until a bed became available. As one law enforcement stakeholder recounted,

It would take me the entire shift to bring them in, drag that poor person into the court and then let the judge see for himself somebody who was experiencing a mental health crisis It's putting everybody in danger. . . . These can be very combative scenes. You can imagine dragging someone like that into a courthouse . . . [i]t wasn't a good way to treat somebody. It just wasn't good for the officer or anybody else who had to watch that. . . . [And] the whole time, that person wasn't getting treatment.

In 1992, HPD representatives contacted the executive director of the Mental Health and Mental Retardation Authority (what today is the Harris Center) to discuss these issues. From this initial collaboration came three results that would

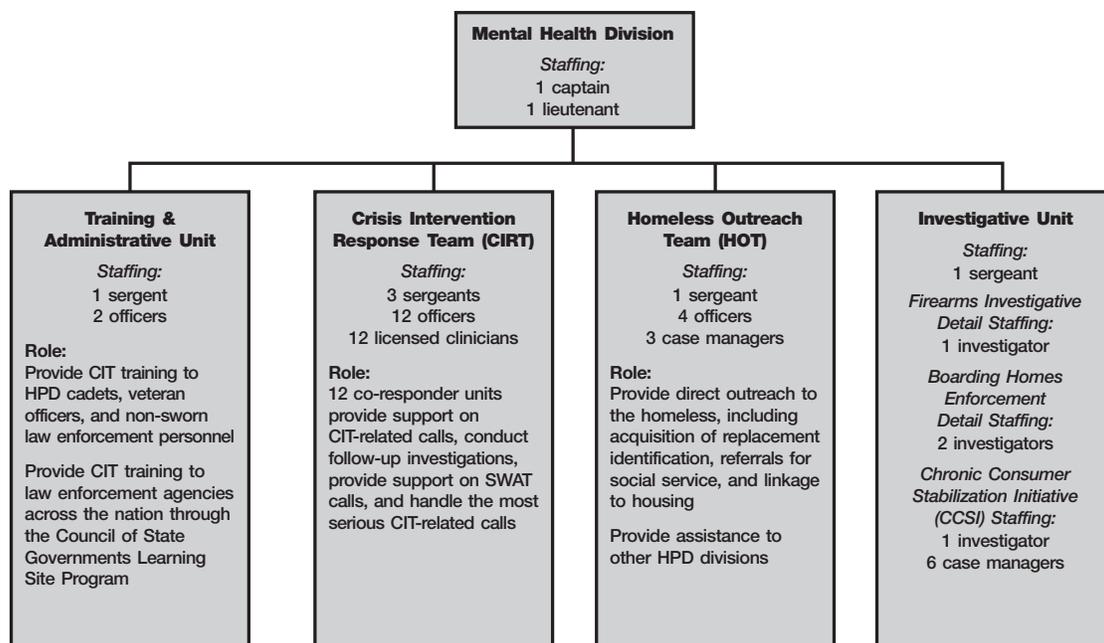
change the landscape of how law enforcement officers would handle behavioral health issues throughout Houston and Harris County. First, the process for securing an emergency order to commit someone involuntarily was streamlined. Second, a new facility opened in order to provide additional short-term, inpatient treatment spaces in the county. Finally, a CIT model was implemented. These events are described further in the following sections.

Although not pictured in figure 5.1, the Mental Health Division also has one officer assigned to Special Projects and one officer assigned to Case Review/Intake.

Streamlining of the EDO process

The HPD worked closely with the Harris Center to advocate for changes in the EDO process. These changes, which were formally implemented in 1995, resulted in a revised system wherein law enforcement could take persons in crisis directly to an inpatient facility rather than to the courthouse. While the person

Figure 5.1. Structure of the HPD Mental Health Division



is evaluated, officers complete a three-page mental health packet and fax it to the judge for signature. This process was further streamlined in 2013 with the creation of an abbreviated one-page form for use throughout the state.

Creation of the NeuroPsychiatric Center (NPC)

In order to address the lack of inpatient treatment capacity, a new NeuroPsychiatric Center (NPC) was opened in 1999. NPC is operated by the Harris Center under their Comprehensive Psychiatric Emergency Program (CPEP) and is devoted to providing short-term care to address psychiatric crises and emergencies, 24 hours a day, 365 days a year. The facility sets Houston apart from many other major cities, as it is purely for psychiatric emergencies and serves all residents of Harris County, regardless of whether they have medical insurance. CPEP was initially funded through a combination of state, city, and private sources, but presently operates through private and city funding streams, thus removing any parameters associated with state funding.

A person in mental health crisis enters NPC (either as a voluntary walk-in or in police custody) and is evaluated in Psychiatric Emergency Services. The officer, if one is present, completes the EDO paperwork and returns to patrol. On average, the HPD estimates that officers spend approximately 15 minutes at NPC. In cases where the person in crisis has a known medical condition or NPC does not have any beds available, officers will take persons in crisis next door to Ben Taub Hospital or to another facility (e.g., Veterans Health Administration). NPC may give outpatient referrals to individuals who do not require inpatient care, whereas those in need of further stabilization must voluntarily consent to inpatient treatment and will be transferred upstairs to the Crisis Stabilization Unit for an average stay of three to five days. Individuals requiring more intensive services will be transferred to another inpatient facility for voluntary treatment or involuntarily committed if they meet the legal criteria.

Implementation of CIT

The HPD has offered elective in-service classes on mental illness since 1993. In 1995, a planning committee composed of HPD officers and mental health professionals was established to determine which CIT model would best serve the needs of the Houston community. The HPD began requiring all patrol sergeants to complete 16 hours of mental health training in 1996 and in 1999 piloted a CIT program in a single patrol division consisting of 63 officers. This initial implementation replicated the Memphis Model of CIT. Department-wide implementation of this program was rolled out to all patrol divisions beginning in 2000. By January 2001, 700 officers (25 percent of all Houston's patrol officers) had been trained.

Although a quarter of patrol officers had received training, it gradually became evident that the Memphis Model did not meet the needs of the HPD, as numerous CIT calls were not responded to because of a lack of available CIT officers. In addition to the availability issue, deviation from the Memphis Model was driven by underlying differences in the philosophy of the HPD. First, the HPD believed that cadets who were already learning how to respond to calls ranging from burglary to homicide could grasp concepts related to de-escalation and mental health crisis intervention. From a training perspective, there is nothing to guarantee that an officer will not encounter someone in psychiatric crisis during routine patrol. As one interviewee responded,

They can get sent to one of these other calls, and the person they're dealing with, it's not a real burglary. It's someone who's psychotic, who is sure the aliens broke into the house and moved their stuff. We have to be realistic about it.

Second, HPD objected to making CIT voluntary for officers. While there are many calls that officers respond to that they may not have a personal interest in, "[CIT] is policing for the 21st Century. These are skills that can be applied to a lot of different situations."

Beginning in March 2007, the HPD required that all cadets receive 40 hours of crisis intervention training, thus ensuring that all cadets will be CIT-certified officers upon graduation. The training was made voluntary for veteran officers, with an annual eight-hour refresher course required for certain divisions (e.g., Mental Health Division, Hostage Negotiation Team). This system has greatly improved call availability: “You get a CIT-certified officer—not somebody who’s just had the eight-hour course or sixteen-hour course, but a certified officer—sixty percent of the time on that call.”

The Mental Health Division

In 2007, the HPD Mental Health Unit was created to help oversee the police department’s response to those in mental health crisis as well as to provide oversight for the training, policing responses, and investigative details related to behavioral health. The unit gradually expanded over the years until it became a formal division of the department in May 2013. In part, this change came in response to increases in the number of CIT calls for service. Establishing a new division created a permanent structure on the HPD organizational chart and provided additional administrative staff support, including a data analyst. The division is assigned to the Executive Assistant Chief of Field Operations, thus facilitating a direct path of communication with the Chief of Police. The stated purpose of the division is “to develop and oversee the department’s multifaceted strategies for responding to individuals with behavioral health problems and the homeless, and to provide guidance in the areas of policy and procedures” (HPD 2015).

Organization of the Mental Health Division

The programs that operate within the Mental Health Division are displayed in figure 5.1 on page 34 and described in the following sections. The division’s plans for program expansion are data-driven and feature further collaboration with community stakeholders; they include the creation of a Senior Justice Assessment Center

to address elder abuse and a Crisis Call Diversion Program focused on diverting suicide-related calls away from the police and toward mental health professionals.

Crisis Intervention Training (CIT) Program

In addition to training all cadets and volunteer veteran officers, HPD trainers will also administer abridged versions of the course for non-sworn law enforcement personnel, including jailers, call takers, and dispatchers. The decision to train those working in emergency communications is an important component of the Houston model, as “a lot of times, when people call the police, they’re upset. They may not think to tell the dispatcher that, ‘Hey, this person I’m talking about has mental illness.’” Thus the HPD requires call takers to specifically inquire as to whether callers are aware of any mental health issues and if the call is in reference to the individual’s mental state. If the answer to either question is an affirmative, it will be coded as a CIT-related call and sent to the dispatcher to coordinate the appropriate response.

The week-long, 40-hour CIT course is designed to promote safe and humane police responses. Course content consists of a basic overview of mental illness (symptomology, brain functioning, psychopharmacology); de-escalation tactics (active listening, interactions); legal statutes (mental health code, firearms investigations); and content tied to the specific needs of the Houston community (mental illness and the homeless, excited delirium, PTSD, suicide). The training approach is meant to be interactive and includes teaching techniques such as role-playing exercises with professional actors, auditory hallucination exercises, case studies, and panel discussions by mental health care consumers. Law enforcement stakeholders attribute the success of the program to the approach of the training officers:

We present this as police training by police, for police. We really focus on the officer safety aspect. We truly do believe that these are some of the potentially most dangerous

calls an officer can make. If they take the traditional police approach . . . [w]hat I mean by that is a very commanding, physical, authoritative approach . . . [i]t can backfire. You almost need to do the opposite . . . This is the only time they're getting that different perspective . . . If they see any class that can help them to stay safe and reduce injury to them, they get it, and they appreciate it.

In addition to their work at the HPD police academy, HPD CIT trainers have also played a prominent role in training law enforcement agencies across Texas and the country. In 2010, Houston was one of six law enforcement agencies nationwide to be selected by the United States Council of State Governments as a learning site for specialized policing responses to persons with mental illness. As part of its role as a learning site, the HPD sends trainers to other agencies to offer their 40-hour course, hosts site visits from other agencies, and shares training curricula and materials. Since 2011, 236 law enforcement agencies have been trained through the Learning Site program.

Crisis Intervention Response Team (CIRT)

In 2007, the HPD and the Harris Center started a six-month pilot program in which a licensed masters-level clinician was paired with a CIT officer to respond to CIT-related calls. This program grew out of the Mobile Crisis Outreach Team (MCOT), a multidisciplinary team run by the Harris Center, which directly engages those in mental health crisis who are either unable to receive or ambivalent about receiving treatment by bringing services to them in the community. Individuals can be referred to MCOT from any source familiar with the client's mental state, but participation is voluntary, with services typically provided for 30-60 days. MCOT frequently collaborated with HPD:

The officers would go out and they'd be on a scene where there was maybe someone with mental illness and they're like, 'Well, I'll call MCOT.' Or MCOT would go out, and it would

be dangerous, so they would call the officer that had ridden with them yesterday. That, in my opinion, is kind of how the relationship started for CIRT. It made more sense to put those people in the same car, than to have them calling each other in the community.

The Crisis Intervention Response Team (CIRT) program was formally implemented in 2008 in the HPD and expanded to the Harris County Sheriff's Department in 2011. There are presently twelve HPD CIRT units, with plans to add more, making it one of the largest co-responder programs in the nation. Each unit responds to CIT-related calls across the city, thus operating across patrol boundaries. According to the HPD (2014), CIRT officers and clinicians work collaboratively to achieve four objectives: assist officers with CIT-related calls; conduct proactive and follow-up CIT investigations; respond to SWAT calls as a resource when available; and handle the most serious CIT calls. The program is jointly funded by the HPD and the Harris Center, with the department providing office space for clinicians at the headquarters of the Mental Health Division in the Houston Sobering Center. In 2014, the HPD experienced 32,544 CIT-related calls; CIRT responded to 15 percent of those calls ($n = 4,805$), conducted 762 investigations, and provided 256 referral follow-ups.

Not only does the close collaboration between mental health professionals and law enforcement improve response time, but it also increases information sharing. Since clinicians are employed by the local mental health authority, they can access medical and mental health records, while the officers can access criminal records. Thus, CIRT units are equipped with a variety of information when they respond the scene of a CIT-related call. As one mental health stakeholder described,

Having this partnership with the individuals going together, they're armed with information and we know, all know, that information is power.

Given that mental health professionals and law enforcement officers receive different forms of training and may have different philosophical approaches, the program emphasizes the importance of a thorough hiring process and cross-training. In addition to being licensed, CIRT clinicians must have four years of crisis experience and go through a thorough interview process consisting of multiple interviews with the program director, a panel interview with law enforcement and mental health partners, a ride-along with law enforcement, and background checks by both agencies. Officers applying for CIRT must have the 40 hours of CIT training and also undergo multiple interviews with the CIRT sergeant and other members of the Mental Health Division. The CIRT sergeant also reviews their personnel records and talks to colleagues and supervisors to better understand how the officer will respond in an environment where they are only handling CIT-related calls. Most importantly, the officer has to be comfortable having a civilian ride with them in their patrol car and the clinician must have an understanding of police culture. As one law enforcement stakeholder described,

Remember, we realized that coming from a clinical perspective, people are looking each other in the eye. Coming from a law enforcement perspective, we're watching your hands. We want to pay attention to the things that might be safety issues, that might be missed by others.

At least twice a year, HPD staff train their partners from the Harris Center on issues related to safety in the field. In addition, CIRT clinicians have the option of wearing Kevlar vests.

Homeless Outreach Team (HOT)

In 2011, members of the HPD developed and implemented HOT in order to proactively engage the homeless population of Houston through collaboration with case managers from the Harris Center. Initially consisting of a sergeant, two officers, and a case manager, the team was expanded in 2014 to include four officers and

three case managers. HOT is not in the call-for-service loop. To access the varied locations of some homeless encampments, the program has acquired a variety of vehicles (e.g. wheelchair lift-equipped vans with fingerprint identification technology, 4-wheel-drive pickup trucks, an ATV, mountain bikes) to help navigate the Houston terrain. These vehicles were purchased through a combination of grants and philanthropic awards from the Houston community.

The goal of the HOT program is to attain permanent housing for the chronically homeless. To this end, law enforcement collaborates with a variety of community partners and agencies. As one law enforcement stakeholder noted,

In the past, what we have found [is] putting [the homeless] in jail for all of these quality-of-life issues is not helping. . . . What those officers do is they actually develop that relationship with them. . . . Once that relationship is established, trust develops and they can actually help them.

Much like CIRT, HOT case managers will work with officers in the field to provide linkage to social services and housing. One of the biggest challenges that the homeless experience is their lack of identification. HOT collaborates with the Texas Department of Public Safety and the Social Security Administration to obtain replacement identification for the homeless, which has been key in helping individuals attain permanent housing and services. Since the implementation of the program in 2011, approximately 523 previously homeless individuals have gained housing as a result of HOT outreach. The team has annually increased the volume of contacts, encampment outreach, and referrals since its inception. Additionally, HOT works with other law enforcement agencies and divisions within the HPD to help find missing persons or assist in ongoing investigations. In 2015, HOT received national recognition when the International Association of Chiefs of Police (IACP) announced they were a finalist for the Cisco Community Policing Award.

Investigations

Although these investigations may not directly involve jail diversion, they further illustrate the response that the HPD has taken to addressing issues related to mental illness and the needs of specific populations within the community.

Firearms investigations

After legislation was passed by the Texas Senate in 2013, peace officers now have the authority to seize any firearms found in the possession of individuals taken into custody for an emergency detention. If the person has been committed, they may no longer legally carry a weapon. The investigator works to determine whether individuals may have firearms returned to them, returned to a family member, or retained by the HPD indefinitely if a lawful owner cannot be found.

Chronic Consumer Stabilization Initiative (CCSI)

In another collaboration with the Harris Center, the Chronic Consumer Stabilization Initiative (CCSI) was implemented in 2009 to help identify, engage, and provide services to those with serious and persistent mental illness who have had frequent contact with the HPD. During the initial pilot phase, the HPD identified 30 individuals who most frequently came into contact with the department. An investigator would accompany two case managers (each carrying a 15-person caseload) during the initial contact with candidates for the program in order to engage them in intensive case management. The purpose of the program is to prevent persons with mental illness from going into crisis and coming into contact with HPD officers. The individuals in the program have seen a 53 percent decrease in interactions with the HPD, a 24 percent decrease in admissions to NPC, and a 25 percent decrease in admissions to Harris County Psychiatric Center. In 2014, the program expanded to 67 program participants, overseen by six case managers, and now contains a subprogram to deal with violent defendants in

which the investigator will always accompany case managers on every visit. In 2014, there was an approximate 80 percent reduction in law enforcement contacts to program participants because these individuals were receiving intense proactive case management from mental health experts. In 2015, the CCSI Program received the Michael Shanahan Award from IACP in recognition of this successful reduction in law enforcement contacts.

Boarding House Enforcement Detail

In 2013, the City of Houston instituted the Boarding Homes Ordinance, which requires operators of boarding houses to register with the city in order to ensure standardization and improvements in living conditions. Subsequently, the HPD dedicated two investigators to ensure that boarding houses are in compliance with the new ordinance. By monitoring boarding houses to ensure compliance, this detail has helped to protect the vulnerable populations of the elderly and those with cognitive disabilities.

Diversion process

Although CIT is best thought of as a training approach to facilitate the de-escalation of crisis events, it may also raise awareness of how to divert those with mental illness away from jail. As described above, at a CIT-related call where no crime has been committed, the responding officer must decide whether the person in crisis meets the legal criteria for an Emergency Detention Order (EDO)—namely, being both mentally ill and a danger to self or others. If so, the officer will take the individual directly to NPC or another facility for a clinical assessment. The individual may be held for a 48-hour observation period, and may then voluntarily agree to further inpatient or outpatient treatment. The hospital may also begin civil commitment proceedings if it is determined that involuntary hospitalization is necessary due to the severity of the illness and risk of future danger.

In situations where a crime has been committed by an individual experiencing mental health crisis, an EDO may be a means of diverting those who may not possess the appropriate mens rea for prosecution by linking them to treatment to address their underlying criminogenic needs. This decision will depend on the victims, consultation with the district attorney's office, and the officer's discretion. When the district attorney's office does bring charges, the individual is taken to the Harris County Jail and booked into the psychiatric unit rather than being placed in with the general population or in isolation. The Harris County District Attorney's Office runs two mental health courts (one for felonies, one for misdemeanors), through which defendants with mental illness may be diverted post-booking.

Since 2010, the Mental Health Division has reported that HPD officers have diverted a total of 9,527 persons at the pre-arrest stage. As of our site visit in October, 1,891 persons in 2015 had committed an eligible offense that could result in arrest. Of this figure, 90 percent ($n = 1,704$) were diverted and 10 percent ($n = 187$) were formally charged. As one law enforcement stakeholder described,

This is a true jail diversion program. Our officers understand that. We have had officers in our department literally punched in the face by someone with mental illness and the officer decides, "I am not going to file any kind of charge on this." They're not told they have to. It's a decision they made because they realize this person is mentally ill and they didn't know what they were doing.

Case Study 2: Madison (Wisconsin) Police Department's Mental Health Officers/Liaisons Program

Community partnership is a core value of the Madison Police Department (MPD); the agency believes "police can only be successful in improving safety and the quality of life the community enjoys when police and members of the public work together to address issues directly" (MPD 2016). This value exemplifies the

multi-layered response the MPD has cultivated to directly engage the members of the Madison community experiencing mental health crisis. The MPD is comprised of 444 sworn law enforcement officers who serve an estimated population of approximately 245,691 in a city that is 76 square miles. Although an agency the size of the MPD may not have an operating budget as sizeable as those of larger agencies, the agency has been able to tailor its response through close collaboration with mental health partners in Dane County and the strategic use of resources to create a model firmly rooted in community-oriented policing.

Chief of Police Michael C. Koval assumed command of the MPD in April 2014; within the next year, he formally established the Mental Health Unit (MHU) as part of the MPD's Community Outreach Division under the leadership of Captain Kristen Roman. The unit consists of five full-time officers who are focused on the direct engagement of known mental health care consumers, in addition to building relationships with mental health care providers and advocates and taking over the handling of crisis calls that require an Emergency Detention (ED). The unit's creation supplemented the work already being done by the Mental Health Liaison program, in which officers volunteer to work on follow-up, system issues, and field response. Further, all MPD cadets receive training in mental illness and de-escalation tactics, creating first-responders equipped to respond to any call involving mental health crisis. The MHU also helps serve the law enforcement community of Wisconsin by offering CIT training to agencies across the state and nation through the Council of State Governments Learning Site Program (<https://csgjusticecenter.org/law-enforcement/projects/mental-health-learning-sites/>).

Program history and structure

Figure 5.2 on page 42 displays the MPD's layered specialized policing response to mental health crises. The model prescribes a combination of

proactive and reactive responses to divert persons with mental illness away from the criminal justice system. The implementation of each response is described in the following sections.

Patrol

Patrol officers form the first layer of mental health crisis response in the MPD. While there is no official institutional record, stakeholders believe that the MPD began to integrate training blocks dedicated to mental illness and de-escalation as early as the mid-1980s. Stakeholders related that the training was not implemented in response to a specific event or catalyst, but stemmed from a general departmental introduction of community policing practices. The MPD does not conceptualize of their training approach as a strict replication of the Memphis Model of CIT. As one law enforcement stakeholder described,

For decades, we've included all of the different topics, but we did not call it CIT. We didn't conceptualize it as CIT, even though Memphis was doing their thing and other agencies were probably beginning to move in that direction.

The Madison approach to training deviates from that of the Memphis Model in two ways. First, rather than training volunteer veteran officers, every MPD cadet receives specialized training, thus preparing all patrol officers to respond to mental health calls for service. Second, the MPD weaves these training blocks across the six-month academy, rather than concentrating training in a week-long, 40-hour block. For example, the training block on symptomology is presented weeks before the unit on mental health statutes, thus allowing cadets to develop an understanding of mental illness before applying that knowledge to the emergency detention process.

Although the MPD does not define their trainings as CIT, the curriculum covers the same concepts. Cadets learn about specific mental illnesses in conjunction with crisis management skills. Additional blocks are dedicated to cognitive disabilities, Alzheimer's/dementia, and other

mental health issues. In addition, training includes interactive experiences involving discussions with mental health care consumers and providers and role-playing scenarios. Exposure to issues related to mental illness occur within several other training blocks, including professional communication, problem solving, bias, missing persons, hate crimes, ethics, and officer wellness/suicide. Additional education is provided through field education and in-service training. By the time they complete the academy, cadets receive approximately 60 hours of academy training on behavioral health topics, compared to the 40 hours of typical CIT training.

Mental Health Liaison Program

The second, more specialized layer of the MPD's response model is the Mental Health Liaison Program. The roots of the Mental Health Liaison Program also date back to the mid-1980s, when the MPD dedicated a full-time sergeant to serve as a liaison to the mental health agencies within Dane County. The sergeant would read every report generated by the MPD relating to mental health crisis calls, exchange information with mental health partners, and coordinate with the jail mental health team to address reports related to incarcerated individuals with mental illness. As there was an increase in calls for service related to mental health, it soon became apparent that there were too many reports citywide for one individual to handle. Around the same time, the MPD was decentralizing patrol boundaries, leading to the creation of five new district stations across the city. Thus the Mental Health Liaison Program was created in 2004 to move liaison positions into the five new districts.

The role of liaisons is to create individualized response and follow-up plans in collaboration with mental health service providers, advocates, and consumers; to respond to mental health service calls; to address system issues and concerns; and to share information within and across agencies as warranted. As displayed in figure 5.2, the liaisons build upon the work of first responders trained to respond to crisis calls. The

liaisons engage in system-based work and follow-up with known mental health care consumers. In addition, liaisons serve as a resource for patrol by providing consultation when needed. As one MPD representative related,

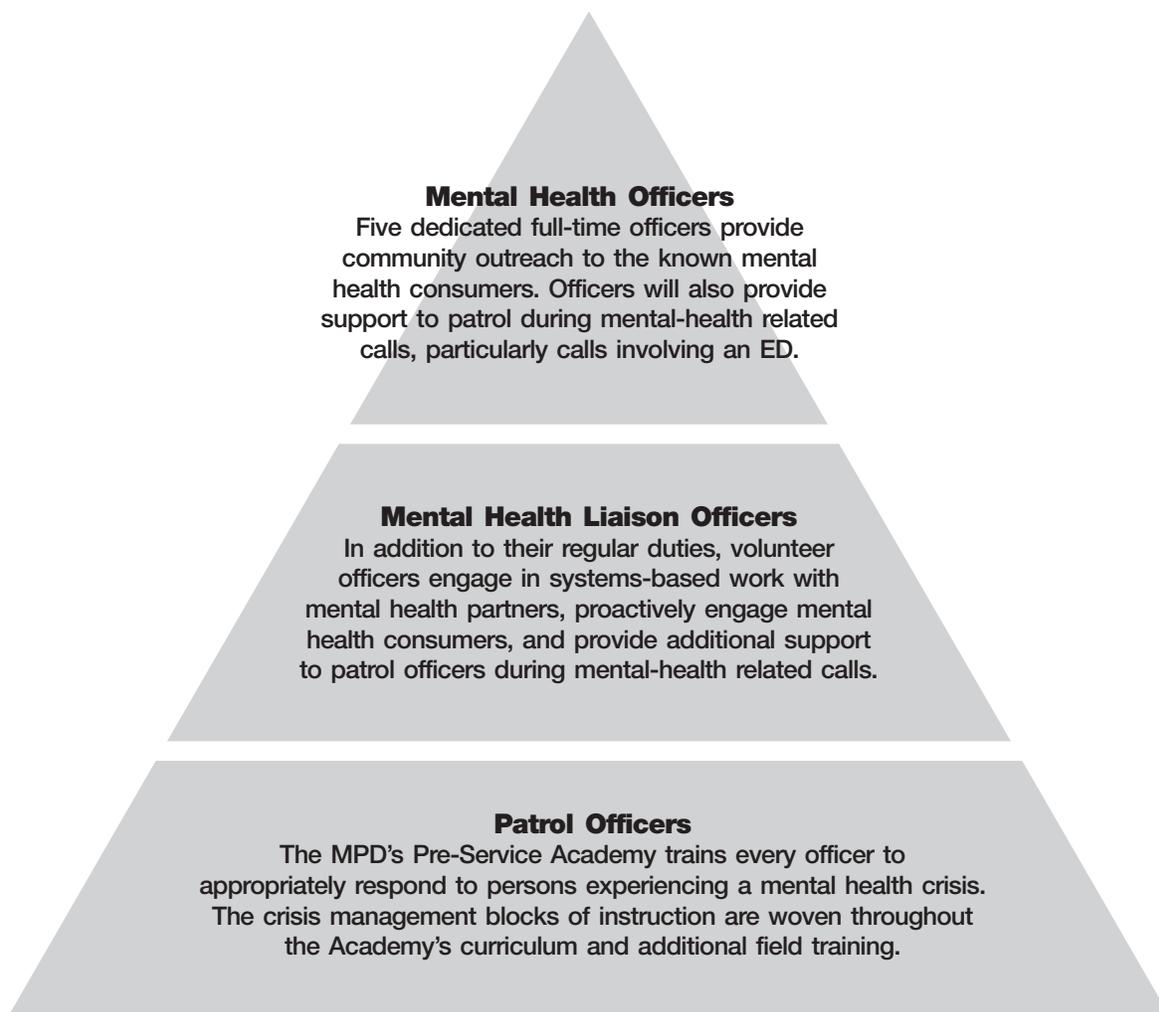
You've got the well-trained response from anybody—if there is a crisis erupting, patrol is going to take that. If liaisons are out there, they are out there 24/7, they are spread throughout the districts. There are more of them than our five mental health officers. They are the next layer of support. They will try to plug into calls, if they can. If they aren't busy, they might take a phone call, but for the

most part, their work is before a crisis and after a crisis, and to work now with our third layer, which is the five full-time officers.

During the initial implementation, the MPD was unable to dedicate officers to work on issues related to mental health full time. Thus, the liaisons are volunteer officers who have been asked to

[s]tep up and take on an additional role. They'll still be doing their regular patrol response but on top of that, we want them to be reading reports about individuals with mental illness, doing some proactive connecting and outreach, getting to know

Figure 5.2. Madison police department's specialized response to people with mental illness



the service providers and community support systems in their area so that they can be working with people in their area.

Initially conceptualized as five officers coordinated by a volunteer lieutenant, the program has expanded to 23 officers and is now coordinated by the captain of the MHU. As one stakeholder described,

You can't dedicate full-time positions to this, but doing something actually has made a big difference. The liaisons have done a tremendous amount of work in cultivating services and connections with people with mental illness in their families.

Although the liaisons are based within a specific district, they collaborate across districts to provide a coordinated, consistent, and collaborative response.

Mental Health Officer Program

The top level of the layered response comprises the five full-time mental health officers who work within the MHU under the command of the MHU captain. The Mental Health Officer Program was enacted as a pilot in January 2015. Although the unit presently lacks a lieutenant or sergeant, the unit is actively seeking out opportunities for funding to fill these positions. The mental health officers target both issues specific to their own districts and citywide systems issues related to mental health.

The program grew out of the Mental Health Liaison Program, as well as the work the MPD has done as a Council of State Governments learning site. Through collaboration and learning opportunities gained through that program, stakeholders began to think about how they could implement aspects of other national models to further enhance the work being done by the MPD. Although the Mental Health Liaison Program was proving successful, the volunteer officers had to balance their patrol responsibilities with their work as liaisons. Further, they did not have control over

their schedules, making it difficult for them to attend regularly scheduled meetings or coordinate with mental health partners. As one mental health partner described,

The liaisons were great, but you never knew when they worked. . . . You may have talked to the liaisons about a way to approach a particular [mental health care] consumer who might not be doing well. That officer, chances are, isn't on duty. . . . The liaison officer probably did their best to try to let other people in the district know this information, but it was just a lot more hit or miss.

In January 2015, the department reorganized its organizational chart and formed the Community Outreach section, where the MHU is now positioned. All members of the MHU had previously served as liaisons, in addition to being CIT-certified. As these officers are on the front lines of engaging the community, the police chief adopted the policy that members of the MHU wear full uniforms while on duty. "We're people who wear these uniforms so we can be identified for the role that we play. [The uniform] shouldn't be a barrier or strike fear."

The mental health officers operate in a similar capacity to other specialized units that engage with a specific segment of the community (e.g., neighborhood officers, educational resource officers, gang officers). Officers are responsible for outreach within their specific districts, but they coordinate across districts to provide coverage in case the designated officer is unavailable. The officers will coordinate with mental health care providers and liaisons in their districts to identify mental health care consumers in need of direct outreach and follow-up. By directly engaging this community, the goal is to reduce the demand on patrol resources by linking individuals to services to decrease the possibility of a future crisis. To further supplement the response to patrol, the mental health officers may respond in the field if they are available to provide additional assistance on crisis calls that may require an Emergency

Detention (ED). Additionally, these officers will conduct home visits with Journey Mental Health Center (JMHC), a nonprofit agency providing mental health services for Dane County; attend community meetings; and help create safety plans for members of the community.

The strong relationship between the MPD and JMHC has existed for years, but budgetary cutbacks at the county level have reshaped the role JMHC plays in the partnership. Whereas JMHC used to provide greater mobile crisis response and meet MPD officers in the field to respond to crises collaboratively, the mobile program has been scaled back due to resource allocations. As JMHC monitors everyone who is under a mental health commitment in the county, the collaboration with law enforcement has now taken on the form of a 24-hour crisis telephone unit, creating an invaluable resource for law enforcement. As we describe in the following sections, officers call JMHC to gather information related to individuals' mental health histories, determine to which hospitals they should bring persons experiencing crisis, and receive approvals for ED. As one mental health partner described,

We try to share information—when it's possible within the boundaries of HIPAA and our agencies' limitations about what information we can share—in order to help our partners in the community and help ensure that the clients have the best outcome in a crisis situation.

The next step in the partnership between the MHU and JMHC took place in January 2016, when a mental health professional from JMHC was embedded with the MHU. The law enforcement liaison for JMHC now works with the unit three days a week in order to provide more direct outreach to mental health care consumers. This addition to the Madison model replicates co-responder units like those of the Houston Police Department's Crisis Intervention Response Team on a scale that works with the resources available to both agencies.

Additional activities of the Mental Health Unit

Although the MPD has not formally implemented CIT within the agency, stakeholders within the organization identified the need to help agencies in the state develop specialized policing response to mental illness. The implementation of CIT throughout Wisconsin began in 2009 with the Appleton Police Department leading initial trainings, but it soon became clear that there was a need to provide additional opportunities for officers in different regions of the state. After participating in the Appleton CIT course, MPD mental health liaisons brought the training back to Madison and developed a course to fit their community's needs. Since 2014, the MPD has offered three 40-hour CIT trainings for neighboring departments in addition to securing funding from the National Institute of Justice. This initiative is the responsibility of the MHU, which is also responsible for overseeing the MPD's involvement in the Council of State Governments Learning Site Program.

It all starts with patrol. You can't ignore that initial response and that's where the CIT training comes in. That's why we feel—as a leader in Dane County and as one of the largest agencies in the state—that we feel a responsibility to share that information. We are a learning site, so we want to help other agencies however we can, and providing CIT training is a part of that.

Each CIT course is capped at 40 officers in order to ensure interactive discussions. The course is led by two veteran police officers who emphasize public safety and the safety of police officers. The content of the CIT trainings has evolved based on officer evaluations and the needs of the community. What sets the MPD CIT course apart from others in the region is the use of scenarios based on real cases, during which the mental health officers and liaisons role-play with trainees rather than professional actors. Additionally, during a role-play exercise, two trainees work through the entirety of a scenario, rather than switching off with other trainees. The scenarios

are deliberately chosen to reflect ambiguous situations, but the use of trained officers as actors allows them to react to the de-escalation tactics used by trainees to push the scenario in different directions. Upon the conclusion of each scenario, trainees will receive feedback on how they handled the exercise and discuss with the group why they used certain tactics, thus creating a collaborative learning environment. The interactive environment, focus on officer safety, and reliance upon materials based on actual calls helps break down any resistance officers may feel towards participating in the training.

You always get one or two, though, that, 'I'm here because I was told to be here,' and by the end of the course, 'You know what? I'm going to go back and I'm going to talk to my supervisors. This is ridiculous that we're not doing this, that, or the other thing and we need to change this policy.' And that's a win for us.

Another important feature of the MPD's CIT course is the network building and discussions of how to replicate pre-existing models. As one training officer described,

At a bare minimum, if you guys come out of here and you're just better officers because of this training, great. That's something. We also want to be thinking about that larger picture and how you fit into the community response.

This has led to five neighboring agencies replicating elements of the MPD's Mental Health Liaison Program and establishing points of contact for MPD's mental health officers, thus facilitating greater interagency cooperation to better serve mental health across the region. As one mental health officer described,

Being able to share all of that information—whether it's officer safety or just, 'Hey, I know this person's going to be moving to your city. Here's some information that will help you in positive interactions with them,' or, 'Hey, I've

got a good rapport with them. If you'd like me to introduce you to them, let me know.' I've seen a huge benefit with that and just having that contact because otherwise, you call up to dispatch and be like, 'Is there an officer I can talk to about someone?'

Diversion process

According to the MPD's Standard Operating Procedure for Mental Health Incidents/Crises (MPD 2015), when officers respond to calls involving individuals experiencing mental illness, their goal is to employ the least restrictive means possible to ensure the safety of everyone involved and to connect people to needed mental health services while diverting them from criminal justice involvement whenever possible. Thus, whether or not a crime has been committed, if an officer determines that mental illness may be the driving force behind a call for service, MPD guidelines emphasize community-based treatment rather than arrest or Emergency Detention (ED). According to the Wisconsin Mental Health Act, law enforcement officers may take an individual into custody if they have cause to believe that the individual has a mental illness, drug dependency, or developmental disability and presents a danger to self (including lack of self-care) or others (Wisconsin State Code §51.20). Although an ED should only be pursued when appropriate, the MPD's response guidelines clearly emphasize the need to consider all options. This decision is not made in isolation, as MPD must consult with mental health partners at JMHC to determine whether an ED is an appropriate response.

Officers responding to crisis calls are instructed to look for evidence of abnormal behavior, assess danger, and gather information related to mental health diagnoses, medical history, and medications. Officers will call JMHC to consult on background information regarding prior hospitalization and advice on how to handle the person in crisis. If further assistance is needed, patrol officers can reach out the mental health

officers/liaisons. Potential outcomes include release with referral to a mental health agency, placement in the care of family, arrest, protective custody for detox, and voluntary commitment to JMHC or hospital for further evaluation.

In situations where a crime has been committed, MPD will consult with JMHC and the district attorney's office to determine whether the individual should be brought to the jail. Jailers will also conduct an initial screening in order to identify persons in crisis as early as possible in the process to ensure that they can be moved from the jail to hospital for an ED. For persons with mental illness who are arrested, the Dane County District Attorney's Office runs a deferred prosecution program, available in cases where the victims agree to diversion. During this process, mental health officers and liaisons consult with the district attorney's office to provide necessary background beyond simple criminal histories for the individual in question.

If it is determined that the person in crisis needs to be taken to the hospital for stabilization, mental health officers may play a pivotal role in this transfer, as they already have relationships with service providers and other agencies and can facilitate seamless information sharing. Officers will call JMHC to determine where they should bring the person in crisis based on the complexity and severity of the individual's illness, available bed space at area hospitals, and the individual's insurance coverage. At this point, a mental health officer or liaison may meet patrol at the hospital and take over the process, which can take upwards of seven hours. This allows the patrol officer to return to duty until the point of transport for involuntary admissions.

Once the person in crisis enters the facility, hospital staff will work with law enforcement to prepare for the possibility of an ED by securing medical clearance, conducting mental health assessments, and working with law enforcement to prepare the order forms. The person may be held for a 72-hour observation period, during which Wisconsin law requires that hospitals exhaust all voluntary options

before pursuing an involuntary hospitalization. Law enforcement officers are also required to remain on site until a final disposition is reached. Mental health officers and liaisons may discuss hospitalization options with the individual in an effort to avoid an ED in favor of a voluntary hospitalization in which the patient will have a greater say in treatment. In a situation involving an ED, the officer must contact JMHC to approve the ED before transporting the individual to detention (typically Winnebago State Hospital in Oshkosh, three hours round-trip from Madison).

Based upon completed police reports, 17 percent ($n = 3,100$) of MPD calls for service in 2015 were categorized as related to mental health, creating an average of 60 mental health cases per week. Of these 3,100 official reports, 90 percent resulted in pre-arrest diversion.

The Mental Health Officer pilot program handled 73 emergency detentions (total hours = 352) in 2015. MPD notes that the hours mental health officers spent handling this very time-consuming process "translated into 352 hours that patrol officers were available to fulfill their primary function as first responders to emergent calls for service." Emergency detentions only reflect 5 percent of the team's activities, with the majority of their work involving follow-up (33 percent), field contacts (16 percent), and community meetings (11 percent), in addition to 1,077 hours of report review.

We see our role—which I think has changed since when I started—is that police officers have our reactive approach. We have our first responder approach. We will always be reacting to calls that come into 911. We also have this other role, but it's not an either/or. This other role is that we can be one of a team of community support to help keep people in the community, which means they're not in jail and they're not in the hospitals. We have a piece of that.

Case Study 3—Arlington County (Virginia) Police Department’s CIT

Program history and structure

Arlington County Police Department (ACPD) consists of three divisions: systems management; criminal investigations, comprising the criminal investigation section and the organized crime section; and operations. ACPD officers routinely have contact with individuals suffering from mental illnesses. Conservative statistics indicated that ACPD officers responded to over 560 calls related to mental illness in 2015. The frequency with which police come into contact with persons with mental illness makes it essential that officers be trained to respond appropriately, effectively, and humanely to ensure persons in mental health crisis receive the best care and treatment available, while maintaining adequate police resources to provide service to the entire community.

Background

In 2008, ACPD partnered with Arlington County Department of Human Services (DHS) to hold its first Crisis Intervention Training. When asked about the impetus for this change in practice, one stakeholder said, “The impetus was knowing CIT was a promising practice in policing and wanting to get in front of things so we were not creating the training in reaction to a community tragedy. We knew we already had a strong partnership going on between ACPD and DHS.” The CIT Task Force has worked diligently to reduce unnecessary arrests, improve relations with individuals with mental illness and their families within the community, increase awareness of the need for voluntary mental health services, and reduce the amount of time officers spend on mental health-related calls. According to one stakeholder, “Though we continue to make great strides toward accomplishing these goals, we recognize there is more to be done and we look to continue to expand and improve the CIT Program.” The task force receives oversight from the Arlington

County Mental Health Criminal Justice Review Committee. The committee was founded in 2003 with goals that include reviewing county mental health programs, making recommendations for improvement, and implementing changes. The committee meets approximately once a month.

Staff

The dedicated staff for this program are located within the police department and the Behavioral Health Services Department. A police captain from the operations division serves as the CIT liaison and is responsible for coordinating training, reviewing all police reports involving citizens suffering from mental illness, reviewing associated CIT paperwork, and communicating with DHS staff about issues and concerns. The liaison works to troubleshoot, communicate, establish dialogue, and build relationships between CIT and the police agency. There are two dedicated staff members within the Behavioral Health Services Department. One, the CIT coordinator, plays an integral role in the Jail Diversion/Forensic Case Management Team; this position is funded by the Department of Criminal Justice Services. The other position, the Bureau Chief for the Client Services Entry Bureau, oversees jail diversion and other programs.

CIT training

CIT Officers are specially trained to recognize and respond to people suffering from mental illness and who may be in crisis. The ACPD’s CIT training is a 40-hour program that trains law enforcement officers to recognize the symptoms of mental illness when responding to calls. The training provides law enforcement with the skills to work safely and effectively with people in crisis and provide options beyond incarceration. One stakeholder explained “Training empowers officers with the skills to interact safely and effectively with mentally ill individuals and individuals in crisis. The training equips participants with a broader understanding of mental illness, helps to encourage empathy, and reduces the stigma of mental illness.”

Some officers are also selected to participate in an additional 24 hours of Train the Trainer. This training includes education on mental illness and relevant topics, first-hand experience with individuals and families, as well as practical role-play exercises to familiarize officers with successful crisis management techniques. Officers need to be out of the academy six months to one year before the training, to ensure a bit of real-life experience.

Since beginning training, the ACPD CIT has conducted four 40-hour trainings, a yearly Train the Trainer, a training for magistrates and legal professionals, and a dispatcher training. Trainings are offered not only to Arlington's police and deputies, but to officers from the Pentagon, Reagan National Airport, northern Virginia, D.C., and agencies across the county. Currently, 60 percent of ACPD patrol officers, 100 percent of magistrates, and 90 percent of dispatchers have received CIT training, and 19 ACPD officers have completed Train the Trainer.

Diversion process

When confronting an individual in crisis, officers are trained to use de-escalation skills, including verbal and active listening skills, to build trust and help the person calm down. If the situation does not de-escalate, there are three outcomes:

1. Person voluntarily agrees to speak with an Emergency Therapist;
2. Officer executes a paperless ECO (emergency custody order), if he or she believes the person presents a danger to self (including lack of self-care) or others;
3. Officer executes a paper ECO, which needs to be called in by a therapist (there is a legal statute that specifies this needs to be done within eight hours if a person is in custody).

There are therapists on staff 24/7: ten permanent, six relief workers, and two Certified Peer Specialists who bring their lived history of mental illness, along with their professional expertise, to the work in emergency services.

Police call the therapists from the field when they encounter an emotionally disturbed person (EDP). The therapists help determine whether the person should be brought to a hospital or the Crisis Intervention Center (CIC) for assessment. At CIC, staff members and therapists look for the least restrictive alternative: whether assessing, supporting, and sending someone home; office-based crisis stabilization; or residential crisis stabilization (voluntary hospitalization). If hospitalized, the person will be medically and psychiatrically evaluated. This evaluation leads to a determination to either issue a Temporary Detention Order (TDO), release, or medically admit. If the TDO is issued, the individual can be held for up to 72 hours, at which time a commitment hearing must be held.

The Crisis Intervention Center conducts approximately 2,300 assessments per month; 30 to 40 of these are police officer referrals. Arlington County tracks not only the number, but the durations of police interventions; these data indicate that over time, officers have been spending more time with each person in crisis they deal with, but are still able to fully handle the situation in less than four hours. Since 2011, the duration of EDP interventions by Arlington police has changed in the following ways:

- 50 percent of interventions lasted between 31 minutes and two hours in December 2015 (an increase from 2011).
- 17 percent of interventions lasted more than four hours in December 2015 (a steady decrease from 2012).
- Only 2 percent of interventions lasted less than 30 minutes in 2015.

Arlington County has two crisis intervention assessment centers (a dual location assessment model.) They both function as a one-stop centralized crisis service center, providing office-based crisis stabilization, intake, discharge planning, homeless outreach services, forensic jail diversion, and other key services. The two assessment locations for assessments are the VA Hospital Center, staffed 24/7 with CIT-trained security officers, and the Crisis Intervention Center at Arlington’s Behavioral Healthcare Division.

Challenges

The stakeholders described multiple challenges in implementing and maintaining the CIT program. One was the lack of necessary resources—in particular, the needs for more beds and additional staffing were seen as key barriers.

Another prominent theme discussed during interviews was the difficulty in changing officers’ approach to and perception of policing, including educating officers on mental health issues and bringing trauma-informed education into police work. Although many agencies are involved in the planning, organization and training behind ACPD’s CIT program, some of them are reluctant to take part and do not necessarily buy in to this shift in policing. A key responsibility for the core team is to continue to work to bring other agencies into the fold.

A third key challenge was the actual implementation and sustainability of the CIT training. Multiple stakeholders indicated that the training is labor-intensive, not only for the participants but for those planning and organizing the multiple yearly trainings. The training sessions must not only impart the necessary skills, but convince police to use them, even though CIT responses are time-intensive. “An Emergency Custody Order can easily take eight hours plus to evaluate, medically clear, find a bed and then transport. On the other hand, an officer can book a subject for trespassing in less than an hour.” The training highlights that difference but shows the importance of having the necessary skills

to interact safely and effectively with individuals with mental illness and individuals in crisis, for the safety and well-being of law enforcement personnel and individuals in crisis.

Summary

Overall, the site visits to these three sites echoed the national dialogue on the importance of providing law enforcement agencies the necessary tools and resources to cultivate an appropriate response to individuals with mental illness coming into contact with the criminal justice system. In particular, all three agencies emphasized the need for officers to understand and appreciate the importance of training related to mental illness and de-escalation tactics. One common approach was to make salient the many ways such training helps to improve the safety of the person in crisis and the police officer. Classes are often taught “by police, for police” in order to help break down any initial barriers and create an environment in which people can talk openly about mental health. Training officers also emphasized the need to illustrate how such training informs many different areas of police work. Many stakeholders interviewed described how training makes for a better police response.

CHAPTER 6—CASE STUDIES: JUVENILE DIVERSION

Case Study 4: Philadelphia School Diversion Program

In 2014, the Philadelphia Police Department (PPD) entered into a memorandum of understanding with Philadelphia's school district, department of human services (DHS), district attorney's office, and family court to create the Philadelphia School Diversion Program. This innovative program seeks to address the school-to-prison pipeline, diverting youth who commit low-risk offenses away from the juvenile justice system by linking them to services to address their underlying needs.

The PPD is the fourth-largest police department in the United States, with over 6,600 sworn officers serving approximately 1.5 million citizens within a 140 square mile radius. The PPD collaborates with the Philadelphia School District's Office of School Safety to police the schools. Unlike in an SRO model, the 84 sworn PPD officers responsible for responding to calls for service originating at any of the 214 public schools across the city do not patrol within the schools. Rather, 320 non-sworn school police officers operating through the Office of School Safety are responsible for policing activities within the schools. These non-sworn officers do not carry weapons and must notify PPD of arrestable offenses. The Philadelphia School Diversion Program requires information sharing between the schools, law enforcement, and social services in order to divert eligible youth away from criminal justice involvement.

Program history and structure

In his 2015 testimony before the President's Task Force on 21st Century Policing, the deputy commissioner of patrol operations for the PPD stated,

We can no longer ignore the fact that arrests in our schools across the nation are disproportionate, affecting students of color at a significantly higher rate. Many of these students come from impoverished communities and bring with them the trauma and difficulties these environments create. If we are to gain true legitimacy in communities across the country and put procedural justice into action, I submit that joining in collaboration with local, state and federal partners to attack the school-to-prison pipeline must be one of our top priorities. (Bethel 2015)

Although the Philadelphia public schools ended their zero-tolerance policies in 2012 and modified their code of conduct, law enforcement stakeholders estimated that on average, 1,600 arrests originated from Philadelphia schools during the 2013–2014 school year, between 50 and 60 percent related to low-level, summary misdemeanors.

After looking at the school arrest data, the Deputy Commissioner of the PPD began to develop a pre-arrest diversion program. The City of Philadelphia has a long history of juvenile justice reform, including the Philadelphia District Attorney's Office Youth Aid Panel, a post-bookings diversion program designed to divert first-time juvenile defendants charged with minor crimes away from juvenile justice involvement. In designing the school diversion program, law enforcement stakeholders recognized that many of the youth who were being arrested in school would likely have their cases diverted by the Youth Aid Panel. However, planners of the school-based program sought to move diversion to an earlier stage in the process in order to help youth avoid the trauma associated with arrest.

According to one interviewee,

Arresting probably isn't going to do very much because this kid they will maybe just be released and diverted anyway. Yet having contact with the juvenile justice system has serious collateral consequences. It makes it less likely they're going to stay in school or graduate. It is traumatizing to take a kid out of school in handcuffs to the police station, hold them for up to six hours for processing, fingerprinting . . . all of these negative consequences. I think he was saying about 80 percent of these kids are diverted anyway and so can we just move the diversion process up so you can avoid this huge traumatizing experience?

Basically [the deputy commissioner's] feeling was there's still a huge number of kids being arrested for things they just shouldn't be arrested for and we should not be a disciplinary arm of the school for kids who are just disruptive in a classroom. They won't take their headphones off? That's disruptive behavior, but not disorderly conduct. Take an extreme example: even a kid who brings a knife, but it's because they're being bullied on the way back home and they feel like they need this for their safety and they're not intending to use it. . . . Let's deal with the bullying on their walk home. Let's deal with the fact that they have to walk through a neighborhood that has kids looking to hurt them.

Representatives from the PPD reached out to juvenile justice stakeholders from the Defender Association, district attorney's office, and DHS and began collaboratively planning a new, police-led, school-based diversion program.

The involvement of DHS in the program was described as a "game changer." One law enforcement stakeholder noted, "For a long time, social services sat on this side, policing sat on this side. You stay in your lane, I'll stay in my lane. Now, we realize that guess what?

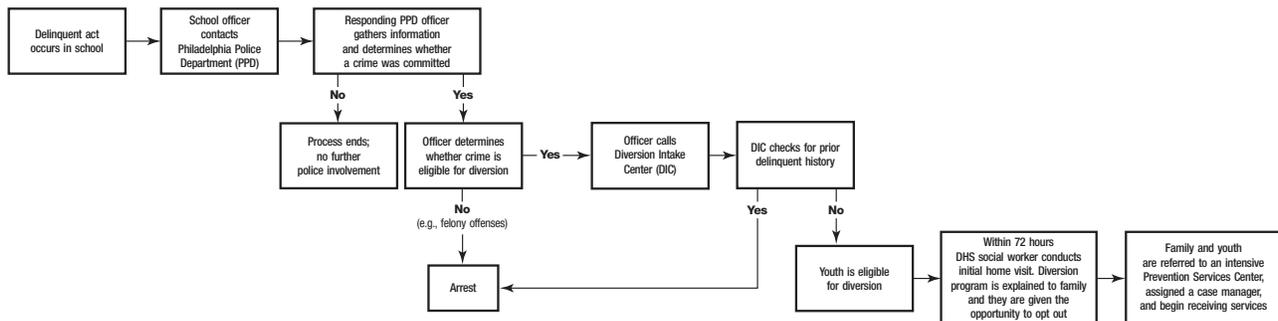
Your lane is my lane. My lane is your lane." DHS was willing to include the diversion program as a component of its existing Intensive Preventive Services (IPS) in order to link diverted youth and families to services.

Securing buy-in from the Philadelphia School District was another essential component during the initial planning phase. Although district administrators supported the program, it was necessary that the school principals understand and support the program. To gain that support, the PPD took a data-driven approach to educating principals about the collateral consequences of arrest; this information exchange also helped law enforcement understand the factors contributing to principals contacting the PPD. As one police officer put it, "A lot of the things [the schools are] reporting is because they have no choice." Policies in many schools mandate police involvement. However, the officer maintained, "[y]ou got to find a better way because once we [arrest] them, the data says within two years, they're coming back to me and the data says they're going to continue coming back to me."

The School Diversion Program was piloted during the last six weeks of the 2013–2014 school year in all schools across the city before being fully implemented during the 2014–2015 school year. The Juvenile Justice Research and Reform Lab at Drexel University joined the project as a research partner, building on work with the Pennsylvania Commission on Crime and Delinquency Disproportionate Minority Contact (DMC) Subcommittee. By including research early in the process, stakeholders were able to quickly determine where there were implementation issues and revise the program accordingly.

In June 2014, the Philadelphia Family Court was awarded a School Justice Collaboration Program grant from the Office of Juvenile Justice and Delinquency Prevention entitled "Keeping Kids in School and Out of Court." The grant provided funds for program evaluation and enabled a partnership with a local mediation program.

Figure 6.1 Diversion process (Philadelphia School Diversion Program)



Mediation was introduced as a potential tool to address instances of group disputes, as it allows administrators the ability to deal with the dispute quickly and return students to school. Members of the PPD and the school officers also received mediation training so that they can provide on-site lower-level mediation or conflict resolution. These program enhancements dovetailed with a multiyear school climate transformation grant awarded to the Philadelphia School District by the Philadelphia Foundation to improve school climate and safety.

Diversion process

Figure 6.1 displays the diversion process. If a delinquent act occurs on school grounds, the non-sworn school police officer responds and brings the youth to the principal’s office, where the PPD is called. The responding PPD officer conducts an initial eligibility assessment, gathering information to develop an understanding of the youth’s past behavior. At this stage the PPD officer has discretion to determine that no crime been committed and inform the administration that no further action (arrest or diversion) will be taken by police. If a summary or misdemeanor offense has occurred—most commonly possession of a non-firearm weapon or marijuana possession—then the officer contacts the Diversion Intake Center (DIC) to find out whether the youth is a first time defendant. If so, diversion is automatic—the

PPD officer releases the youth, without filing arrest paperwork but with a notification that the youth will be contacted by DHS. However, if the youth has a prior delinquent record, or if a more serious crime was committed, then the officer makes an arrest.

The school district will determine separately whether to suspend or expel the student; however, stakeholders note that principals rarely pursue such measures. Early in the planning process, the superintendent of the Philadelphia School District committed to not expelling diverted youth unless it was imperative. The PPD regularly communicates with the deputy chief of the district Office of Student Rights and Responsibilities to ensure the district knows which students have been diverted. If the youth and the youth’s family are actively participating in the diversion program and the principal refers the student for expulsion, in most cases the request will be denied.

The DIC serves as the source of diversion referrals and is staffed by two PPD officers and a DHS social worker. Within 72 hours of the diversion, DHS will send a social worker to conduct a home visit. The social worker will inform the youth and family about the diversion program. Participation is strictly voluntary, but highly encouraged. During this visit, the social worker will also conduct an initial assessment to determine the services that would

be appropriate not only for the youth, but the family as well.

Immediacy is seen as central to engaging youth. As one social worker related, “Any barriers [to participation] that we come in contact with, it’s mainly if there’s been a delay in the time that we get out there to see them; because it’s out of sight, out of mind. That’s why it’s important that we can get within that 72-hour window.”

Members of the PPD may also accompany DHS social workers in plain clothes in order to help parents understand the program further.

Approximately one week after the initial home visit, the youth and family will be referred to the nearest IPS center, where a detailed intake assessment will be conducted. Each center is staffed with six to eight service providers (case managers, counselors, and site-based coordinators) in addition to support staff. Programming is tailored to the needs of each youth and may last for 30, 60, or 90 days. The program also tries to encourage parental engagement; stakeholders estimate that they are working with families in approximately 75 percent of cases. The diverse programming offered through IPS includes support groups, facilitators, recreation, and academic support, thus allowing youth an opportunity to be involved in site-based programming during after-school hours. Stakeholders recognize the need to “keep the program colorful and enriched” in an effort to “keep them engaged, or they’re not going to come back, especially in these voluntary situations.” Upon completion of the program, youth may apply for an extension, or wrap-around services to other agencies may be provided.

Diversion data

As the school diversion program was only fully implemented during the 2014–2015 academic school year, an evaluation of the program is still forthcoming. However, early data are promising. Within the first year there were 1,051 fewer behavioral incidents. A total of 486 students

were diverted with only six (1.2 percent) being rearrested. (Students who are rearrested are still eligible for post-arrest diversion through the Youth Aid Panels, as there is no police record for cases diverted through the school diversion program.) Additionally, there was a 75 percent reduction in school disciplinary action (e.g., suspension or expulsion). But perhaps most promising was the 54 percent reduction in arrests. As one stakeholder emphasized,

What happens when the fourth-largest police department, in the fifth-largest city, in the eighth-largest school district can turn around and say, “Guess what? Fifty percent of our kids weren’t getting arrested this year”? We all win.

Case Study 5: Durham County (North Carolina) Misdemeanor Diversion Program

Program background

The city of Durham has a population of nearly 250,000; it is host to Duke University and, with Raleigh and Chapel Hill, forms the region known as the “research triangle.” Police enforcement in and around Durham is divided into two jurisdictions: the City of Durham, an area of 108.3 square miles, is served by the Durham Police Department, while Durham County, covering 298 square miles and including the City of Durham and Durham schools and jails, is served by the Office of the Durham County Sheriff.

While North Carolina is one of only two states (the other being New York) which currently charges 16- and 17-year-olds as adults, members of the Durham community have been working to change this statute—or, at the local level, to counteract its effects by diverting young offenders. District Court Judge Marcia Morey has worked in collaboration with the Criminal Justice Resource Center (CJRC) and other stakeholders to develop the Misdemeanor Diversion Program for juvenile first-time defendants. Through the program, police divert youth at the point of arrest, so no arrest goes on record and no charge is

filed. The youth then enter a voluntary program that offers support ranging from counseling to academic support to addiction services. More recently, the program has expanded to servicing the young adult population (ages 18–21) as well.

The CJRC, which spearheaded the program, is a county agency that seeks to promote public safety and to provide support services to justice-involved individuals. The CJRC operates many alternative-to-incarceration programs, reentry support programs, and other justice-related initiatives and provides support for the local criminal justice system.

A range of stakeholders including the district attorney, law enforcement agencies, the defense bar, and representatives from the city schools were brought together through Judge Morey's leadership. These diverse stakeholders shared the common goal of wanting to prevent the negative repercussions of an arrest or misdemeanor conviction for youth in the state of North Carolina. As one stakeholder described,

I think it started because there's been a lot of work over many years, trying to raise the age of juvenile jurisdiction. Judge Morey really kind of lit the spark and said, "Why don't we do a pilot?" Finally, we got people together and just started a dialogue. It was critical to have the DA on board . . . and getting the local law enforcement. We had a half-dozen meetings. Finally, as people got on board and kind of narrowed [the goal] down to keep[ing the record] clean, basically.

In the MDP program, most referrals come from the schools, specifically with the help of SROs, who are officers of the sheriff's department. The initiative had the support of the county commissioners, mayor, city council, and the school board, which helped the sheriff's office and superintendent to feel open to participating in the program.

The CJRC identified funding to hire an MDP program coordinator part-time for six months. Since July 2014, the program coordinator has been a full-time position funded by a grant from the North Carolina Governor's Crime Commission, the state pass-through agency for federal block grant funding.

Program development

The MDP program model was the result of ongoing stakeholder collaboration. A step-by-step diversion process was developed and adapted with input from each agency. The program coordinator and court staff synthesized the diverse stakeholder input; monthly meetings were held to talk through any resistance among the key players. Some of the greatest resistance encountered was from the sheriff's office and police department, with officers reluctant to implement a program that would let defendants off the hook. "It's interesting because when you talk to the officers that are on the street, you've got some who just are not feeling this. They don't want to do it. They want to arrest. However, with training and open dialogue, [officers] are becoming more receptive."

Police department representatives felt that instruction from police executive command, including a detailed rationale for asking officers to change their routine, was necessary. Executive command worked in cooperation throughout the training to bring reluctant patrol officers on board. The chief of police explained:

It's just, "Okay, here's what you need to consider. Here's our department's emphasis." However, we are not mandating to them that this is the outcome, because we're not going to take away our officers' discretion in the field.

An assistant chief provided further explanation for both the hesitance among line staff and the approach taken by executive command to help increase officer participation:

We felt like that was really important, and let's just be real. Giving people a pass is not the norm for this group culture anywhere in the country. It was important that the message come from the top saying, "Look, there's a reason for doing. . . ." The training articulates why this is valuable; what's the potential good out of these, both on a social level, and also for the officers because that's one less criminal you're going to have to deal with later on.

While the MDP program continues to face challenges getting referrals from some police and sheriff's department officers who are well aware of the program, a steady increase in the number of referrals since program implementation roughly one year ago suggests that progress is being made. As initial police contact is the key decision point for diversion, ongoing training of officers is essential; they must have an awareness of the program and a thorough understanding of its goals and process to best identify eligible candidates and make referrals.

Diversion process

At the point of arrest on a misdemeanor offense, police officers first determine if the offense is eligible for diversion (excluded offenses: firearms offenses, sex offenses, and traffic matters) and if the offender is within the eligible 16–21 age range. They will then search the records management system to verify that the youth has no prior adult arrests on record. Based on the individual situation, police then have discretion to make an arrest or to offer diversion. Individuals offered diversion are given a postcard by the officer. On one side of this postcard is the contact information for the MDP program coordinator; on the other side are instructions for how to proceed, including the terms of the program

and a clear explanation of the consequences of both successful completion and failure to complete the program. The youth is directed to contact the MDP program coordinator within 48 hours of receiving the card. Meanwhile, the officer files an incident report instead of an arrest and completes a referral form within 24 hours for the MDP coordinator, who follows up with the youth. If an eligible youth is not diverted, the arresting officer is expected to include a detailed explanation as to why on the arrest citation. Figure 6.2 illustrates the diversion process.

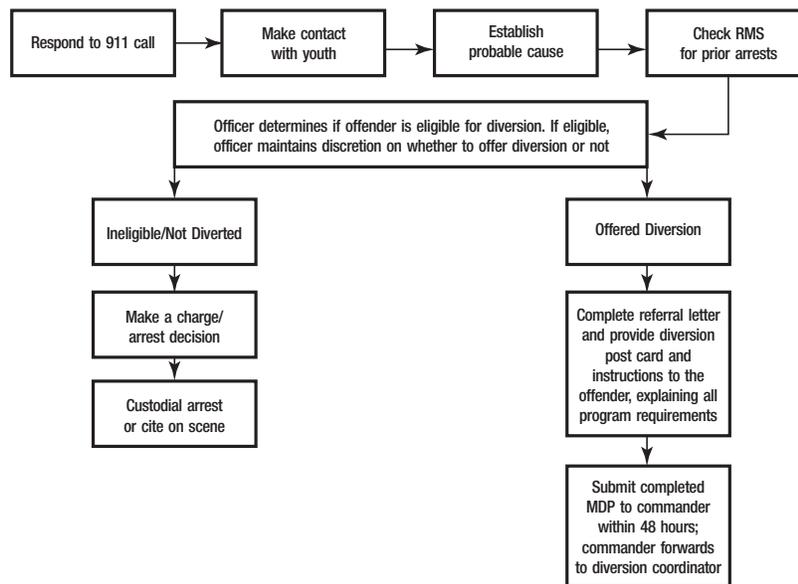
The MDP coordinator's follow-up with the youth begins with a general intake assessment. Based on its findings, the coordinator will refer the youth to any number of the following diversion programs:

- Teen Court
- Making a Change (problem-solving skills, analyzing thoughts and feelings before acting)
- BECOMING (leadership skills, utilization of strengths, dealing with peer pressure)
- Carolina Outreach Independent Living Skills (resume, career assessments, budgeting, renting an apartment)
- Mediation
- Durham Together for Resilient Youth (TRY), a drug-free community coalition
- Personal Responsibility to Overcome with Understanding and Determination (PROUD) program for disconnected youth The Volunteer Center for Community Service

In addition to teaching general life skills, some programs also provide more formal mental health interventions such as CBT.

All diverted youth must complete one of these 8- to 10-hour programs within 90 days, and may undertake additional programs as needed to help support them in addressing the underlying causes of their actions.

Figure 6.2 Diversion process (Durham, North Carolina)



Youth are then required to attend a meeting at the courthouse; as they wait for the meeting to begin, a mock trial is staged. Youth are not told that the trial is not real; the cases are staged to resemble the trial of a youth for shoplifting or another crime similar to their own. During this trial, the judge convincingly shows the cost of involvement in the justice system and the consequences of a guilty verdict for even a minor misdemeanor. Afterward, youth are informed that the trial was staged for their benefit, and each member of the court staff, including the judge, prosecutor, defense attorney, and law enforcement officer, introduce themselves and explain the significance of the program from their individual perspectives. Stakeholders indicated that the impact of the mock trial is evident in the reactions of youth, who are first-time defendants seeing the harsh reality of the criminal justice system in action.

In addition to diversion programming, wraparound services are provided based on needs identified during the intake assessment. These services are offered free of charge by collaborating agencies, which work with the program coordinator to increase or decrease the flow of referrals depending upon each agency's capacity. Thanks

to redundancy in services offered, if one agency's drug treatment, mental health treatment, tutoring, job training, or other programs are over capacity, other agencies step in to take referrals. As one program manager related,

We have eight different diversion programs. We have a lot of communication. I know if they get really busy and if they are slammed certain months, I'll hold back on referrals and I won't send any to them.

The MDP program also reaches out to parents, offering family therapy and encouraging general participation.

[Families are] still so grateful for the program because they understand. It's expensive to go through the court system. This is a free program. I can do all kinds of referrals for you and your family and you don't pay anything with us.

Between stakeholder dedication to success for the youth, programs to support their efforts to avoid reoffending, and parental integration into the program, there is a comprehensive effort to

ensure compliance with the program. However, in the case of noncompliance or failure to complete the program, the MDP coordinator notifies law enforcement and, based on the allegations, criminal proceedings may be initiated against the diverted youth. For example, with the most common referral offense of larceny, police would use the original larceny incident report to make an arrest, and would proceed with the case as if the diversion had not occurred. Stakeholders explained that failure is uncommon—only two of 120 (2 percent) have failed to complete the program so far. Stakeholders try to do everything possible to help keep youth in the program until successful completion; there is wide agreement that successful program completion benefits everyone.

The main legal benefit of the diversion program is that upon its completion, no arrest is on the young person's record, and no records are maintained outside of the police department's record management system. Other benefits include the array of services available for program participants, which continue to be available at no cost even after program completion. Successful participants avoid not only an arrest, but also engagement in the criminal justice system and possible conviction—a result that produces negative repercussions throughout the rest of one's life.

Diversion data

As of September 2015, 120 youth had enrolled in the program. Of these, 111 (93 percent) had successfully completed program requirements, two (2 percent) had failed to complete the program, and seven (6 percent) were currently enrolled. There were an additional three intakes pending at the time the program data was received. The most common referral offenses are larceny (31 percent) and possession of marijuana (19 percent). The majority of all MDP youth (88 percent) have no history of prior legal trouble or juvenile justice involvement.

The program has made an additional 207 further referrals for wraparound services for the 120 enrolled youth. The most common wraparound services are education services/tutoring (39 percent of all service referrals) and mental health services (27 percent of all service referrals). Referrals were also made for employment assistance (16 percent), substance abuse treatment (13 percent), mentoring (5 percent), and extracurricular activities (2 percent). Youth could be referred to multiple services.

The majority of program participants (98 percent) have had parents or guardians involved in their MDP cases, either by attending court sessions or participating in other programming following intake.

Lessons learned

Program benefits

Through the implementation process, stakeholders identified both successful strategies as well as challenges. Specific program benefits are described here from the perspective of each stakeholder agency; general strengths are also noted.

Police benefits

For police, this program guarantees that youth face constructive consequences for their actions without the corresponding criminal record. Without MDP, the case might be dismissed by the courts, but youth would still incur an arrest record. In addition, MDP is an efficient process; officers can continue on patrol without making an arrest, and there is no special training required for officers.

Other criminal justice system benefits

For the criminal justice system, decreasing the influx of minor misdemeanor cases means the courts can more efficiently dedicate their time to other cases while helping keep youth from future engagement in the criminal justice system.

School benefits

For schools, this program allows youth to receive services that can help directly with classwork, behavior, and other areas of life that affect school performance and attendance. Schools may improve student performance and decrease truancy, suspensions, and other incidents that cause poor performance.

Service provider benefits

Service providers donate their time as a part of their service mission, and because early identification of youth needs can help lay the groundwork for future engagement should more severe behavioral or mental health issues present in adulthood.

General program strengths

In general, program strengths result from MDP's neutrality and simplicity. The CJRC is independent of the police and sheriff's departments. As an outside organization, it was able to convene and build relationships with diverse stakeholders. Within this strong coalition of stakeholders, the CJRC plays the crucial role of organizing and coordinating the program, thereby transferring the burden of management away from police, schools, or courts and allowing these institutions to perform their roles as they normally would. The CJRC also provides consistency in planning and communication. The CJRC impartially shoulders the burden of project administration and, in doing so, holds a diverse coalition together in an entirely voluntary cooperation agreement. Overall, law enforcement stakeholders recommended that an outside body run the program. "It should not be the police department doing the work. We're just redirecting the misguided youth to the appropriate resources."

Program challenges

It was important to enforcement stakeholders that program failure result in swift and certain prosecution. A determined response from the criminal justice system in case of failure works

to maintain program credibility and to show both officers and youth that the program is not a consequence-free "easy way out," no matter the result of participation:

The reality is that, as law enforcement officers, we do carry the social service hat that we wear every now and then. You have to give it to someone who has a social service degree. . . . We're just a referral. The limits to our social service capability would be to identify and refer. They're the ones who will do the actual fixing. At the other end, you have to have the prosecutor's office and justice system ready to say, "We're going to prosecute you to the highest because you didn't go through the program," versus saying, "Eh, he tried."

A major weakness of the program is that it relies on officer discretion, even though some officers remain reluctant to divert eligible youth. According to one program manager,

We don't know what that discretion looks like in the field. . . . Once you ring that bell and that kid is in the adult system, my hands are tied and there's nothing I can do. That's incredibly frustrating.

Based on these experiences, stakeholders made some suggestions to other jurisdictions considering implementation of similar programs. First and foremost, they stressed the role of the program coordinator in managing cases, services, and stakeholder relationships. Several people interviewed helped to identify the qualities they deemed necessary in a coordinator. The director of the CJRC stated,

I think someone who's familiar with whatever systems of care that that community has. Being in state and local collaboratives is helpful. Anything that you can do where you're meeting people that work with this specific population.

Another stakeholder pointed out the importance of interpersonal skills and knowledge of key players in the program:

I think the other piece you need to have is someone who understands court systems. You don't need someone who is so active or in an activist role that you're constantly having confrontations with law enforcement or trying to circumvent the criminal justice system.

Various stakeholders cautioned against having unrealistic expectations as the program begins. While many expected hundreds of referrals immediately, the challenge of making officers aware of the MDP and convincing them to use it meant a slow, steady growth in referrals over a period of months as the program developed.

A member of the Durham PD executive command staff summarized MDP as a form of community policing through police-led diversion with the following statement:

That should be part of your organizational culture if you're doing policing—looking for opportunities to problem solve versus just blunt instruments for everything. We are very good at using blunt instruments, but there are times where something more subtle or an alternative, corrective path may be the better solution.

Case Study 6—Redwood City (California) Juvenile Diversion Program

Redwood City, the seat of San Mateo County, is situated halfway between San Francisco and San Jose, home to 83,000 residents and encompassing a patrol region of approximately 35 square miles. Redwood City's long history of collaboration among local service providers is exemplified by the Redwood City 2020 initiative, in which the City of Redwood City, the Redwood City Elementary School District, the Sequoia Union High School District, San Mateo County, the John W. Gardner Center at Stanford

University, the Sequoia Healthcare District, and Kaiser Permanente have all partnered to provide support to families, youth, and the community. One key agency within this initiative is the Redwood City Police Department (RCPD).

Since the 2008 recession, the department has lost over a third of its sworn staff, primarily through natural attrition as officers retired; it now comprises 96 sworn officers. One officer described it as “just small enough and just big enough” to implement innovative programs to serve the community. In 2011, Chief of Police JR Gamez was appointed head of the department after spending 26 years with the San Jose Police Department, an agency with a long history of community policing. The Juvenile Diversion Program embodies this approach. In tandem with other programs designed to provide outreach and support to youth and families, the diversion program helps meet the RCPD goal of diverting 50 percent of first-time juvenile defendants away from criminal justice involvement.

Program history and structure

The roots of the diversion program in Redwood City, California date back to the early 1990s, when the department entered into a partnership with a local nonprofit to develop youth-based programming. However, this arrangement was not successful; as one stakeholder explained, “Every time you have somebody from outside trying to do something inside law enforcement, people don't trust them. . . . You put somebody in the middle of two very different views of how to run the services.”

In response to this failure, the city created the non-sworn position of Juvenile Specialist. The juvenile specialist's unique position, embedded within the Juvenile and Family Services Unit of RCPD, allows him to work closely with the juvenile detective to address the needs of Redwood City youth. This structure also brings a new approach to diversion, providing an outside perspective. “Sometimes,” one civilian stakeholder related during our site visit,

“law enforcement officers shouldn’t be the ones to run a program because you need a different perspective.”

One of the juvenile specialist’s first initiatives was the creation of the youth diversion program to divert low-level first time defendants away from the juvenile justice system by linking them to services to address their underlying needs. Although the goal of embedding a civilian within RCPD was to ensure buy-in from law enforcement, patrol officers still initially resisted the program. The juvenile specialist explained,

My position was created as an experiment to serve as a bridge connecting law enforcement and social services. At that time our officers were not sure about my exact role. I was very fortunate that the chief and the command staff in place fully supported my position. The PD’s administration ensured that the organization understood the value of a professional civilian leading the efforts in working with juveniles and their families in our community. Their unconditional initial support was a key part in the success of the diversion program.

With the endorsement of the chief of police, the juvenile specialist was able to explain the purpose of the program to patrol officers and start building relationships with other stakeholders in the community. While these relationships were facilitated by pre-existing partnerships such as Redwood City 2020, our interviewees emphasized that this relationship-building was greatly enhanced by word of mouth concerning the juvenile specialist’s work to help families in need. Not only did partnering agencies take notice, but local politicians soon learned how the program impacted the community, thus creating a cultural shift not only within RCPD, but across the city. As one stakeholder described, “To have that one key figure makes everything consistent. Parents call him constantly. Nobody’s afraid of the police department, and that’s huge.”

In 2005, the program incorporated a year-long internship program through which master’s-level social work students from San Francisco State University, San Jose University, and California State University, East Bay provide counseling services to diverted youth. These biweekly counseling sessions take an environment- and family-based approach, identifying needs within the home and appropriate referrals for additional services. The addition of an internship program is not only a cost-effective way to provide services—particularly to uninsured youth who may not require intensive clinical intervention—but it helps to build relationships between law enforcement and future social workers. As one intern described,

I’m learning so much and I’m getting this experience and this exposure, and also seeing law enforcement in a different way. . . . It’s just a different kind of approach for both fields. I think that working together will really help address clients and help them in other ways than maybe punishment only.

In 2012, RCPD implemented several additional programs within the Juvenile and Family Services Unit, primarily focusing on addressing gang violence. As one law enforcement stakeholder expressed, “Gang suppression alone is not a sole remedy, as the department cannot arrest our way out of the impacts of gang violence.” These interventions are structured to target a range of age groups.

- Programs such as the Student Community Advisory Network (SCAN) build upon community policing initiatives targeted at adults (Chief’s Town Hall Meetings and Coffee with the Cops) to engage at-risk youth by allowing them an opportunity to engage in a dialogue about their perceptions of police practices and neighborhood safety concerns.
- The Parent Project is a free 12-week course, taught in English and Spanish by the juvenile specialist and an RCPD officer, where parents meet for three hours a week to learn how to stop the negative behaviors of their children and cultivate better communication.

- Including the Parent Project, the juvenile specialist has facilitated 18 different courses since 2012, attended by 850 adults and youth. Course topics have included gang prevention training, bullying, and sexual assault.
- The Tattoo Removal Program helps Redwood City residents aged 10 or older with the free removal of tattoos associated with gang activity or domestic violence in exchange for volunteer community service, a pledge to attend school or work, and the avoidance of gang activity.

As several law enforcement stakeholders noted, in other jurisdictions many of these initiatives would be run by social service providers or through the district attorney's office. However, RCPD funds and spearheads these programs in order to promote the police department as a source of community support, not just law enforcement.

There are also several collaborations between RCPD and the Redwood City School District and the Sequoia High School District. The Truancy Abatement Program grew out of the recognition that law enforcement and the school district could do more to address issues related to truancy together than separately. If a child misses a significant amount of school, the school district will first try to resolve the issue before contacting RCPD to schedule a home visit or meeting with parents. Since the inception of the program, the Redwood City School District has seen an increase in attendance sufficient to increase its state funding by \$1 million. Additionally, RCPD runs an Adopt-A-School program to foster connections between patrol officers and students. In the city's main public high school, SROs serve as a conduit to all of these programs as well as provide policing services. As one SRO described:

You'd be surprised by what those kids' reaction is to when you ask them, 'How can I help you? How can we make sure this doesn't happen again?' . . . It's priceless to be able to offer them that, [to] know that you have the time to provide that resource or have the

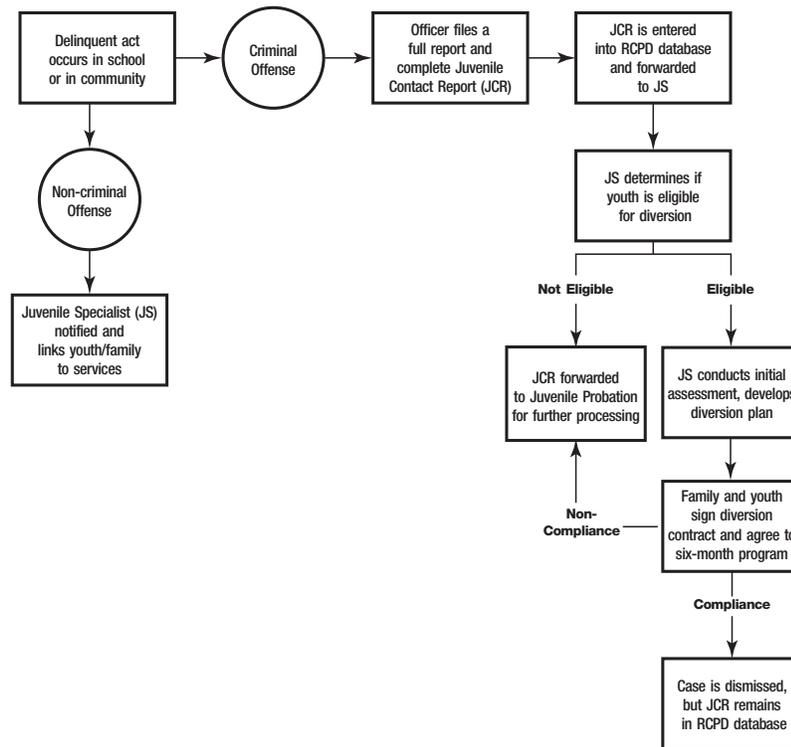
connections in place to be able to actually follow through with whatever you tell them. Being able to reach out to the families and say, "Your kid's cutting school. This is the third time we've brought him in, what's going on?" . . . Having the time and the resources to be able to get to the bottom of it and give them a long-term solution.

Diversion process

Figure 6.3 illustrates the diversion process. As RCPD services emphasize a preventive/early intervention approach, officers may come in contact with youth engaging in behavior that may not be classified as a criminal offense under the California Penal Code (e.g., running away, disruptive classroom behavior). In these instances, the juvenile specialist would be notified to help provide outreach, but participation in any programming would be voluntary. Examples of more serious crimes potentially eligible for diversion include petty theft, assault and battery, vandalism, public intoxication, possession of alcohol or marijuana, trespassing, inappropriate use of electronic devices, hit and run resulting in no injuries, and joyriding. Although the responding officer may recommend diversion, the juvenile specialist determines whether the youth is eligible for the program upon receipt of the full report and the Juvenile Contact Report (JCR). The juvenile specialist verifies that the youth has no criminal record and contacts school officials and the family to gather further information on the history and behavior of the youth. The severity of the offense, whether the youth is a first time defendant, the juvenile's remorse or lack of it, and information obtained from school officials and family are used to inform the diversion decision. Cases of youth deemed ineligible are forwarded to Juvenile Probation for further processing.

For youth eligible for diversion, the juvenile specialist conducts an initial assessment at the police station within two to three weeks. The assessment gathers information about the youth home and school environment and

Figure 6.3 Diversion process (Redwood City, California)



informs a diversion plan based on the youth’s present needs, which may include substance abuse treatment, anger management instruction, and psychological and medical care. Once the diversion plan is developed, the youth and parents report to the police station and sign a diversion contract.

At this stage, youth are given the choice to opt out of the program, but they are told that their arrests will be forwarded for further processing should they opt out. If they agree to the contract, they consent to participate in six months of programming, attend school, not to run away from home, abide by a set curfew, and obey all laws. Stakeholders expressed that housing both meetings at the police station helps impart the seriousness of the situation and educate youth about the collateral consequences of criminal justice system involvement.

The diversion program is tailored to the needs of each youth. For example, a youth with few identified needs and a strong school record may only be required to participate in community service via the adult literacy program, Project READ, at the Redwood City Public Library. Those youth who have substance abuse or anger management needs may be referred to El Centro de Libertad for addiction education or counseling in addition to the counseling provided by one of the RCPD interns. If the family requires additional services, they may receive referrals to programs run by RCPD—such as the Parent Project—or social service agencies. The Police Athletic League, previously affiliated with RCPD, provides additional recreational and educational services to youth.

In order for the arrest to be dismissed, youth must complete the program. However, stakeholders expressed that as long as youth

are making a sincere effort, they would not be dismissed for occasional noncompliance (e.g., a failed drug test). The goal is to create a program that is flexible enough for the youth to complete while also avoiding negative labels. As one stakeholder described,

Sometimes diversions require too many things from the kids and no one really is going to be able to do that. The kids at some point will say, “I give up, man. Take me to juvenile hall because this is just too hard.”

Regardless of program referrals, all diversion participants receive follow-up contact from the juvenile specialist for approximately one year.

Diversion Data

The goal of RCPD is to divert 50 percent of first-time juvenile defendants away from the criminal justice system. Although a full evaluation of the program has not been conducted, in 2014, 147 youth participated in the diversion program with a recidivism rate of less than 2 percent. Stakeholders estimate that 15 percent of diverted youth have a learning or developmental disability. For incidents occurring within the schools, further disciplinary action is left up to the discretion of the school administrator, with suspensions and expulsions being used infrequently. The shared goal of all partners is to collaborate to build a safety net for youth to avoid future involvement with the criminal justice system.

You never know what’s going to change a life and with these kids, they’re an open book. They want—and a lot of them don’t know how or have the guidance—out of the ’hood. . . . There’s some place where kids are born, raised, eat, sleep right in that project and they never know that there’s opportunities out there because they’re never given that chance. We here want to do away with that. Every child is worth the investment.

Summary

Although the three sites varied in terms of the specific reasons why their respective programs were first developed, all serve the purpose of linking families and youth to services in an effort to reduce future contact with the criminal justice system. This linkage was accomplished through strong partnerships with social services, nonprofits, and local universities in order to parlay existing resources for diversion programming. Key to strengthening these partnerships was regular communication among stakeholders, typically facilitated through a central decision maker such as the juvenile specialist in Redwood City, the MDP Coordinator in Durham, or the DIC in Philadelphia. Although the programs varied in how police officers could exercise discretion within them, clear eligibility criteria, program mandates, and a centralized diversion decision point help to minimize any potential for bias influencing the decision to divert.

CHAPTER 7—CASE STUDIES: DRUG MARKET INTERVENTION (DMI)

Case Study 7: Austin, Texas Drug Market Intervention Program at 12th and Chicon

Communication, community, and a commitment to problem solving characterize the DMI program in Austin, Texas. An overt drug market had affected the neighborhood of 12th and Chicon, just outside of downtown Austin, for decades. From 2000 to 2010, Austin was the third fastest-growing major city in the country. This growth resulted in demographic changes affecting the racial makeup of the city, with the 12th and Chicon neighborhood and surrounding areas located in the path of gentrification. Yet despite changes elsewhere in the city and nearby, the area of 12th and Chicon remained problematic. Residents felt trapped between the present effects of drug crime besetting their neighborhood and the fear that, should crime cease, they would be priced out of their homes by rising rents and property taxes while seeing their relatives incarcerated. Police had tried many different initiatives throughout the years to solve the drug problem, from massive roundups to Weed and Seed initiatives, with little avail. They faced the community's incorrect perception that their new initiative was motivated by the demographic changes to the area instead of the resilient problems of an established open-air drug market.

With the support of a key community link—a pastor from a neighborhood parish—police and residents overcame those challenges. Two experienced assistant district attorneys recognized that a DMI program could dismantle the problematic drug market while also helping to bridge relations with the neighborhood. Austin's community approach, focused on

rehabilitating defendants who were not arrested and building stronger community ties with police, strengthened the long-term impact of law enforcement intervention.

DMI phases

Initial phases: Working group formation and police-community reconciliation

DMI phases can happen consecutively, but may also occur out of order or consecutively. In Austin, the work of forming a working group (Phase I) and reconciling police-community relations (Phase II) took place sequentially, but with significant overlap.

Identifying DMI area

The neighborhood near 12th and Chicon—the target area for the DMI—has a long history of open-air drug dealing. One law enforcement stakeholder described the area as follows:

They can come any time they want to buy crack, marijuana, heroin, that type of stuff. We've got problems there, we've had homicides there . . . we've had all types of violent crimes and those types of things that come from the drug market.

While many of the neighborhood's historically African-American residents moved out of Austin, they maintained strong neighborhood ties through parish and family connections. Dealers in the area were described as generally not being from the neighborhood, but both police and community representatives confirmed that some had family ties to the neighborhood, though

they currently lived elsewhere. Buyers of drugs were uniformly reported as mostly non-residents, with many coming from neighboring areas to take advantage of the perceived impunity with which the market operated. Interviewees frequently cited Austin's steady schedule of major events as another driver of the market, with many customers seeking out the ill-famed neighborhood while visiting the city.

As the community, we wanted to see transformation happen, but not see that transformation be defined as . . . "Remove all the people." A lot of the people who were part of the drug market, or people who were affected by it, were people that were in our families.

Working group formation

Austin prosecutors learned about the DMI initiative through conference presentations made by the Nashville Police Department. In order for the DMI plans to move forward, the district attorney's office, the police department, and the community each had to commit to long-term collaboration and communication, necessary for building trust to overcome community resistance to police. The prosecutor's office persuaded the police department to collaborate in planning the DMI process. The planning process was long, and included a nearly six-month undercover operation.

Stakeholders consistently cited community leadership as the fulcrum of the program's success: law enforcement relied on community ties to keep the market from being reestablished in the neighborhood. In order to foster trust between law enforcement and the community during this phase, the Reverend Sherwynn Patton, who led the community stakeholders, encouraged community and police participation in restorative justice sessions. There, police and community members could speak openly and share experiences. One community member spoke about the historic tension with police:

There's always been this negative energy between law enforcement and community as a result of police-involved shootings. There was not a great deal of trust for police. In order for us to be able to work in a way that was going to transform the community, the community had to be given equity.

Phase III: Identification and preparation

As law enforcement began the evidence-gathering process, prosecutors realized that standard evidence, usually sufficient in typical drug cases, would not be sufficient to motivate defendants to participate in the DMI program. They would need clear evidence to show dealers that taking a case to trial would result in a guilty verdict. The working group believed that irrefutable video evidence was necessary to establish sufficient legal leverage to ensure diversion targets faced significant charges and meaningful sentences—both to motivate participation and to pose the threat of real consequences for participants who reoffend. One undercover officer described the process:

We had almost weekly meetings, sometimes biweekly meetings. It's critical to have rigid expectations of what [prosecutors] want. . . . They wanted to have absolute damning evidence to hang over these guys' heads.

With asset forfeiture funds, the district attorney's office financed the purchase of equipment capable of obtaining the quality of video evidence needed to meet the prosecutors' enhanced standards. As undercover officers gathered information on dealers in the target area, prosecutors reviewed each individual's charges, evidence, and criminal record. Together, prosecutors and police divided cases into the following groups:

- Group A—Cases involving violent or egregious defendants. These received immediate enhanced prosecution.
- Group B—Irrefutable cases. These defendants were offered services with no prosecution, provided they did not reoffend.

- Group C—Cases without irrefutable evidence. These were prosecuted through traditional channels.

An officer who worked on DMI highlighted the importance of communication between agencies:

One great thing that the prosecutors did is they came to us and we formulated the list [of defendant groups] together. [The police department] actually sat down and came up with our list. Then [the district attorney's office] came up with a list and then we had several meetings. That was a really good collaboration on that. We sat down and we talked through them. There was a consensus. . . . There was some give and take on both parts.

Once dealers were identified, community members were alerted to the program, and regular community meetings were scheduled to explain the DMI model and to update the community on progress. Based on previous experiences, community members were not initially enthusiastic about further police intervention, but were willing to work with police on the common goal of improving the neighborhood's quality of life. One stakeholder explained,

This allows you to leverage [the community], to say, "No, this isn't just [a community] problem, and it isn't going to be just what [law enforcement is] going to do." I think one of the things that was successful was that the community members knew we had an agreement.

In addition to community approval and participation, police were able to identify close acquaintances and family members of potential targets for diversion, who might later serve as positive, guiding forces for these Group B individuals. Community leaders also reached out to housing, job training, mental health, and treatment services to establish dependable agencies where Group B participants could be

referred. Reverend Patton emphasized the need to identify service providers willing to work with a population that had been involved in drug dealing.

Phase IV: Call-in preparation and execution

After planning the diversion process, gathering evidence, and engaging the community, police arrested 17 Group A individuals and moved forward with enhanced prosecution. They continued working with community leaders to contact Group B individuals; going house-to-house together, they presented the target individuals or their family members with a letter expressing the following:

- Police are aware of their drug dealing.
- They must stop dealing immediately.
- They are requested to attend a call-in event.
- They will not be arrested at the call-in.
- They may bring along someone important to them.

Much emphasis was placed on identifying diversion candidates' family members and close associates, known as "influentials." Influentials are critical to the program's success; they act as leverage in getting the candidate to the call-in and following up afterward.

The call-in is the key moment in the DMI model and, ideally, law enforcement's last contact with dealers. Austin had a unique approach, staging a very public group call-in with media, city council, law enforcement (police and prosecutors), and community members all present. Stakeholders agreed that this openness had many benefits, including assuring dealers that they would not be arrested, showing community members that law enforcement was serious about the initiative, and promoting law enforcement's relationship with the community.

With this in mind, the DMI planning group cohosted a community barbecue with Reverend Patton the Saturday prior to the call-in.

The barbecue commenced with a “Take Back the Streets” march, complete with city council members, law enforcement, and local media. One officer described it as

[a] great police presence, and giving back to the neighborhood. It was a relationship-building event leading up to the call-in. It also heightened everybody’s awareness, and heightened the profile of the call-in.

Finally, on the night of the call-in, law enforcement, community members, and service providers collaborated to publicly explain the diversion opportunity, make it clear that the community cared about the dealers and wanted them to stop dealing, and offer services to the dealers, including drug treatment, job training, and housing assistance. Video of Group B candidates selling drugs was played in the hope that the clear evidence would both act as leverage to convince dealers to participate in DMI and to show influentials that police were not targeting potential participants without reason.

Dealers were then offered services and could choose to accept them or not. As long as they did not reoffend, they remained free to do as they please. A total of 29 Group B candidates were offered diversion. Group B candidates who did not attend the call-in were still offered diversion; their cases were banked, to be reopened in the event that they reoffended. Of the 29 DMI participants, nine reoffended—a 31 percent recidivism rate— though only two did so in the DMI target neighborhood.

One law enforcement officer summarized the impact of the call-in on the overall program:

I think the call-in phase was where it all flipped. Where we built that trust. When we went out with those letters . . . that’s when the community suddenly said, “Wow. They do care, and they’re here for us.” You saw a lot more communication after that. People would actually stop on the street to talk to you . . . you could approach them instead of them being like, “Police. Let me shut my door.”

For law enforcement, the maintenance phase began immediately:

After the call-in, [neighborhood residents] have to continue to have good lines of communication with [the] police department because it was a no-go zone. If somebody came out there and was dealing drugs, and was arrested for dealing drugs . . . they got hammered.

Phase V: Follow-through and maintenance

After the most serious, violent defendants were arrested and diversion candidates attended the call-in, the neighborhood needed to be able to count on police to keep enforcement high and to secure convictions against Group A defendants. Continued police presence and a special line of contact to higher levels of police command for community members meant a faster response when dealing was discovered in the neighborhood, fostering more trust in law enforcement and enhancing the relationship between police and community members.

If diverted dealers reoffend by dealing in the target area, the prosecutor can reopen the banked case in addition to pursuing the new charge. Diverted cases are tracked in a statewide police database so the case can be reopened regardless of where the new offense is committed. One prosecutor explained the importance of the tracking system: “These people are going to continue to do criminal offenses. . . . You have to be able to have some type of case tracking follow-up to keep track of the B Groupers.” Prosecutors have discretion to reopen the case with any reoffense, but will generally only consider it in cases of dealing in the target neighborhood or a violent felony offense. This approach is based on the purpose of DMI, which is not necessarily to rehabilitate dealers, but rather to close the drug market in the target area so that the community can regain control.

Yet, in addition to police diversion initiatives like DMI, Austin has many post-booking diversion programs, including drug courts, veteran’s court,

and mental health courts. The DMI program does not preclude those prosecuted from participation in other post-booking diversion options.

Reverend Patton’s restorative justice circle meetings between law enforcement and community members (including former defendants) helped to create a deeper community understanding of the role of police. This understanding led to further engagement from the community throughout the implementation of DMI and proved essential during the maintenance phase. Police rely on community reports of dealing to keep the market closed.

Direct communication between law enforcement officers and community members outside of traditional enforcement interactions helped to build trust and understanding with community members who attended the restorative justice circles. One longtime resident stated that within the restorative justice circles, community members and police finally had “some kind of common ground to where you all at least [can] come together and start talking.” In sum, these restorative justice circle meetings are a promising practice for clarifying the roles of police and communities, contributing positively to the relationship between the groups, solidifying the long-term gains of the DMI program, and upholding the tenets of community policing in general.

Diversion data

An impact evaluation is beyond the scope of the current study; however, the Austin Police Department crime trends for the target area are available, and are presented in table 7.1. In general, both drug arrests and violent crime incidents appear to have dropped noticeably during the initial program period. Of course, these prevalence indicators should be interpreted with extreme caution and, in the absence of a rigorous impact evaluation, cannot be attributed to the DMI program.

Table 7.1. Criminal activity in the DMI target area, 2011-2016

	Drug arrests	Violent crime incidents
1 year prior to DMI (2011- baseline)	235	26
DMI + 1 year (2013-2014)	95	6
DMI + 2 years (2014-2015)	73	5
DMI + 3 years* (2015-2016)	11**	0

* As of 1/15/2016.

** Includes Possession of Controlled Substance (n = 9) and Delivery of Controlled Substance (n = 2) charges.

Case Study 8—Atlanta, Georgia: English Avenue Drug Market Intervention

Through the mid-20th century, the English Avenue neighborhood in Atlanta was a stable, middle-class, African-American neighborhood. The neighborhood suffered as the Atlanta economy struggled through the 70s, 80s, and 90s, and a generational approach to passing down family homes was abandoned as many residents moved to the suburbs, children moved away, and remaining residents aged and died. Houses were abandoned; on many blocks, only one house in ten is occupied. Slowly, drug dealers and users took advantage of empty houses and streets, and collateral crime skyrocketed. The neighborhood became notorious as the major heroin market in the southeast and the most violent neighborhood in Atlanta. Many former residents who remember the secure, close-knit community of the past maintain contact with the neighborhood only through parish connections. As a leading pastor in the community stated,

There are 25 churches in this little community. Two of those pastors live in English Avenue. The rest live outside. Of those congregations, 95 percent of them do not live in English Avenue.

As one undercover officer noted, “for the past fifteen years, [English Avenue has had] the highest concentration of defendants on probation or parole in the nation.” While law enforcement has tried several approaches to dealing with neighborhood problems, crime has always returned. Although some programs worked in the short term, others had devastating effects on the community. In the summer of 2014, an Assistant U.S. Attorney (AUSA) recognized DMI as a possible solution to both the drug market and the community tension that have afflicted the area.

In early 2012, then-U.S. Attorney for the Northern District of Georgia Sally Yates, now an Assistant Attorney General, identified the English Avenue neighborhood as particularly problematic and sought to improve the quality of life for its residents. After meeting continually with neighborhood association and local parish leaders, she established trust with the community and sought to listen to their concerns. By summer 2012, the U.S. Attorney’s Office (USAO) had determined through working with the community that, due to the number of abandoned homes, code violations and drug transactions were rampant. The USAO then reached out to the Atlanta Police Department and Atlanta Solicitors Office to create “Operation Phoenix,” a program targeted at identifying properties with code violations and leveraging property owners to take remedial action or face legal consequences. The community-law enforcement collaboration led first to a reentry program, New Beginnings, created in collaboration with a local parish. New Beginnings and Operation Phoenix laid the foundation for DMI, as residents and law enforcement resolved to dismantle the open air drug market, establishing what is known today as the Phoenix Partnership to help the neighborhood “rise from the ashes.”

DMI phases

Phase I: Working group formation

Identifying the DMI area

The USAO brought a vast network of resources to bear on the DMI initiative, convening a working group of law enforcement, social services, and community stakeholders to target an area of 2.2 square miles and more than 65 neighborhood blocks. The USAO worked with the Atlanta Police Department (APD) to identify criminal hotspots by mapping the locations of police contacts—initially 911 calls and search warrants. However, when they added in data from undercover officers’ drug buys, the USAO learned that the location of initial police contact did not match neatly to the locations of criminal behavior—officers often made contact with dealers in one location but then were taken elsewhere to complete the transaction. After correcting for this, the USAO found the DMI initiative area nearly doubled in size.

Working group formation

An APD officer working on community outreach described the working group planning process: “Step-by-step . . . we got buy-in with members of the community, we got buy-in from the federal officers, the state officers, and all the local officers that [were] involved as well.” Undercover work was performed collaboratively by APD, the Georgia Bureau of Investigation (GBI), and the Bureau of Alcohol, Tobacco, and Firearms (ATF), with ATF supporting the initiative by lending their experience, agents, and expertise. ATF was attracted to the holistic approach of DMI: “This whole deal was . . . beyond an enforcement operation . . . trying to identify those individuals that really needed to go to jail and then those that were in need of some special assistance.” The U.S. Attorney also requested assistance from the GBI, which had extensive experience in undercover drug buys in the area as well as previous experience with the DMI model.

The FBI and federal High Intensity Drug Trafficking Area (HIDTA) program later joined the Atlanta working group, helping to follow up with persistent neighborhood dealers and trafficking flows during the maintenance phase. The APD was the major local player in the initiative, with its team also maintaining a high level of police presence after takedown during the maintenance phase. The DMI approach was novel for APD officers, who questioned the reliability of the call-in, with one member of executive command asking, “If you’re going to give these criminals letters, will they actually show up?” Line officers and captains (who eventually went on to conduct the undercover buys) also expressed doubts:

I had read the [DMI manual] and some of the other research—the High Point case⁶—all this stuff that was written about doing it and I just didn’t know if collectively all the people coming in the room could get together, get buy-in, and work it out, but they did. The community itself, too.

Regular meetings between the agencies involved in the DMI initiative were standard protocol prior to the introduction of the new program. With the DMI initiative, these meetings further promoted understanding and collaboration between all of the agencies and individuals involved, as well as informing key players of related USAO activities in the community and federal justice system.

Federal involvement

The USAO signposted its dedication to the DMI program to the other stakeholders by involving federal prosecutors, who were willing to bring charges and impose sentences in DMI cases. One AUSA expressed that this federal buy-in was key: “The thing that really turned the tide for everybody involved is this office’s agreement to federally prosecute.” Unlike previous efforts where drug dealers would be released back to the community

within hours and likely face no jail time, the violent defendants in the DMI led by the USAO would face stiff federal sentences. Such leverage motivated both law enforcement, during the investigation/undercover buy operations, and diversion candidates, who would later see that the threat of reactivation of diverted cases was very real.

Phase II: Police-community reconciliation

Community Engagement

Phase II does not end; rather, police-community reconciliation is an ongoing theme of DMI throughout all phases of the initiative. Despite the relational foundation established through Operation Phoenix, the community was not initially open to further law enforcement activity in the neighborhood. Community relations with law enforcement had been outwardly hostile since 2006, when a drug raid had resulted in a fatal police-involved shooting and cover-up. By fall of 2014, when preparations were made for DMI, lingering distrust of law enforcement had faded only slightly. Compounding that tension, plans had been released for a new football stadium to be located just outside the neighborhood, stoking residents’ fears of gentrification and sentiments of being manipulated by powerful city interests. A community relations stakeholder emphasized the challenges of confronting community mistrust: “There are always going to be certain people . . . that are not going to believe that we would ever have been doing this but for the stadium coming there.”

One USAO stakeholder described the first community meeting as “entirely hostile. They hated us . . . the idea of law enforcement being there.” USAO’s prior involvement in working toward higher quality of life in the neighborhood was crucial to changing initial perceptions of the community. One USAO stakeholder summed up crucial aspects of the community approach:

Our approach the entire time has been to be honest. We fronted with them everything that we were going to do, good and bad. I think there may have been some things we couldn’t tell them in terms of the timing when

6 Kennedy and Wong, *The High Point Drug Market Intervention Strategy*.

people were going to go get arrested. When we stood up and talked to them, we had an understanding of the principles of the program, how it was going to be structured. . . . To describe it to the neighbors and to take their questions was putting our cards on the table. If they wanted to vent about it, to listen, and if there were things that we could change we would consider it and report back to them. If there were things that we weren't going to change because of arresting somebody who is dangerous, we said, "Look, I understand, we can't legitimately let this person back into your community because they're dangerous . . . that's just the way that it's going to have to work."

Phase III: Identification and preparation

In Phase III, police gathered video evidence with undercover buys while the working group prepared the community for the arrests and call-in. In an area the size of the English Avenue neighborhood, resources had to be pooled across agencies in order to perform the sheer number of buys necessary to make a meaningful impact on the market. Some officers doubted the ability of the partnership to coordinate the large volume of arrests and prosecutions, since nothing had been attempted on such a scale before. Incredulous officers moved through the evidence-gathering stage still doubting the capacity of the initiative to work on a large scale: "My whole unit, we were all like, 'There is no way they are going to get these guys off the streets.'"

Evidence review and identification of diversion candidates

Prior to making any arrests, however, APD, other law enforcement agencies, and the USAO met every Thursday for approximately 10 months to review evidence and negotiate diversion candidates. Their decisions were based on DMI guidelines detailed in the National Network for Safe Communities' *Drug Market Intervention: An Implementation Guide*, but they also took into account Atlanta's unique characteristics,

particularly the size of the English Avenue neighborhood and volume of high-level drug defendants.

With this in mind, the USAO sought the advice of officials in the original DMI program in High Point, North Carolina, regarding how to determine eligibility criteria for defendants in Tiers 1 (prosecution) and 2 (diversion). The High Point police chief emphasized a big-picture approach to selecting Tier 2 candidates—focusing on community perceptions, rather than on typical law enforcement assessment of defendants. This approach is riskier, but makes a point to the community. According to a USAO stakeholder, "Part of what you're being asked to do as a law enforcement person here is [to] think differently about who you're going to give the second chance to." Based on this feedback, the USAO developed a criterion for Tiers 1 and 2 that is unique to Atlanta's DMI model: "[F]or Tier 2, we selected people from Tier 1 who we couldn't possibly envision not giving a second chance to[.]" The group with extensive, serious drug trafficking histories and no recent violence became the Tier 2 diversion group. Recognizing that many of these habitual offenders would struggle to reform, AUSA Boatright stressed the message that diversion sends to the community:

More than anything else, having the existence of a Tier 2 [diversion] program changes fundamentally the way that community thinks about law enforcement. They've never seen the police do anything other than lay on handcuffs and take somebody to jail.

With uniform criteria for Tiers 1 and 2, the final list of potential diversion candidates passed through three levels of review: first the police department and other law enforcement agencies; then back to U.S. Attorney Horn; then, finally, to the community. Each entity had input, and, when final decisions were made, all agreed to speak with one voice regarding the selections and the approach. Understandably, "members of the community . . . were uncomfortable . . . partnering with police law enforcement. Being

part . . . of somebody ending up in jail.” AUSA Boatright’s willingness to meet with neighborhood association members at any time and place they chose helped to dispel some community doubts. By incorporating community concerns, law enforcement and the community each transcended their normal boundaries, trusting that the other’s position would benefit the overall well-being of the neighborhood.

Tier I sentencing/prosecution

U.S. Attorney Horn wanted to get the worst dealers off of the street, while still leaving room for rehabilitation and community healing. He explained the prosecution’s focus:

We went into it with the idea that they would get significant time; whether it’s five years, seven years . . . not 20 years mandatory minimum. . . . That’s still dramatically different than anything that they had seen [in the community] before.

While this approach helped secure officers’ buy-in, their doubts persisted, especially given the number of defendants they had identified. One captain in law enforcement summed up the magnitude of the initiative: “It was daunting . . . going out one day to do buys and getting sixty-four different people.” In total, 27 dealers with violent criminal histories were prosecuted federally at the Tier 1 level, with typical sentences of around 60 months in federal prison followed by three years’ supervised release.

The impact of Tier 1 prosecution was felt in the community, as neighborhood association members reported that Tier 2 dealers (diversion candidates) were alarmed by the severe sentences handed down to Tier 1 defendants. One AUSA described the impact of Tier 1 prosecution:

It sent a message to the [Tier 1] individuals themselves, it sent a message to the Tier 2 people because we could at the call-in have pictures up with big banners over people saying, “These people have not been

released on bond; [they are] detained.” Most significantly though, it was impressive to the neighborhood that these people were gone. They’d seen [them] every single day on the street. When the feds came, that was that.

Tier 2 letter delivery to dealer and influentials

After APD, USAO, and community review, the USAO and the APD partnered to deliver notification letters to the dealers and their influentials, or close associates. Law enforcement reported being surprised to see that many of the Tier 2 candidates “had some strong resources in their homes. They had gotten away from their homes and some of the parents were glad that we were reaching out to them.” Influentials and other community members worked to pass the word, and 15 of the 18 Tier 2 diversion candidates (83 percent) showed up to the call-in, either in person or, in the case of one man who was enrolled in drug treatment at the time, by proxy.

Phase IV: Call-in preparation and execution

Throughout DMI Phases I and II, the USAO was securing the support of social services agencies. They eventually reached 23 different organizations, whose services included drug treatment, job training and employment help, GED completion and life skills training, leadership, parenting, and family counseling. No grant funding was originally available for the DMI program, but some service providers had pre-established relationships with the USAO and were willing to offer services at no cost. Eventually, Urban League of Atlanta provided services to Tier 2 offenders through a related grant. This work was essential to building trust with the community.

The call-in was held at a local church. Representatives from the USAO, local law enforcement agencies, community members, parish leaders, and social service providers were present. After representatives gave brief speeches to the group, the video evidence implicating each of the diversion candidates was displayed on a screen behind the podium. Diversion candidates

were given two days to decide whether they would take the offer of diversion in exchange for not dealing again or go forward to trial with their case. If they took the offer but returned to dealing, the case would be reopened, with legal consequences similar to the Tier 1 group. In the words of one APD officer, “It was like a get out of jail free card, but you got to decide by this date.” Diversion candidates were to return to the church after the brief deliberation period to formally accept the offer and have the chance to sign up with service providers. All 15 candidates present at the call-in opted to take the diversion offer.

One Tier 2 offender who received the letter and did not show up to the call-in did not receive the benefit of banked cases. A warrant was issued and she was subsequently arrested. Those two who did not receive the initial letter were considered for diversion after being contacted. Two Tier 2 offenders later reoffended after the call-in and were prosecuted federally (although they received lighter sentences coupled with drug treatment).

Phase V: Follow-through and maintenance

After Tier 1 arrests and the call-in, law enforcement reported an immediate change in the drug market, which has since been sustained through the maintenance phase. DMI is still very recent, and without a rigorous impact evaluation, crime and neighborhood changes cannot be attributed to DMI. However, in qualitative interviews (which must be interpreted with extreme caution) three main trends were observed by both law enforcement executive command and line officers:

- The open-air market in the neighborhood has largely disappeared, though some dealing persists.
- Dealing has moved indoors or out of the neighborhood to areas where dealers are less familiar with the territory and more vulnerable to law enforcement.
- Reported violent crime has decreased.

There is a clear understanding on the part of

law enforcement and the community that “DMI doesn’t end with the arrests; there’s still plenty afterward to show the neighborhood . . . [that] we’re here for the long haul.” Increased police presence and a direct line of contact to USAO keep the community in close contact with law enforcement. Moreover, community members are more trusting and willing to collaborate after seeing the positive results of DMI phases I and II. An APD police captain offered an anecdote about the recent capture of a fugitive spotted in the neighborhood:

There was a tip . . . and I think that’s what led to his capture[,] . . . that communication between folks here in the community who now feel that we respond to calls. . . . [A] call from that neighborhood would be elevated . . . to foster the communication from the community to law enforcement and vice versa.

In addition to greater police presence and response, the Tier I takedown and the Tier 2 call-in were followed by a comprehensive line of action from the DMI working group. APD conducted two reversal sting operations to target buyers in the area after DMI, effectively attacking both sides of the drug problem. One APD Captain framed the stings as an effort to “get them help so maybe they won’t be the ones coming back over there . . . mandated help where they are monitored.” Additionally, the USAO has focused on asset forfeiture, working to identify properties that could be targeted for code violations or razed. Unique to other DMI programs, the Georgia National Guard Counterdrug Task Force (GaNG CDTF) volunteered to raze 17 blighted houses and multiunit apartment complexes that were involved in ongoing drug activity. Finally, the USAO is helping the neighborhood association to identify other needs (including scheduling another “call-in” to make many of the same DMI social services available to residents) and determine how to bring concerns to city government now that football stadium issues are coming to a head in the area.

The USAO is also engaged in ongoing monitoring of Tier 2 individuals, who report regularly to social service agencies for updates on their whereabouts, treatment progress, and needs. Not all have succeeded; three Tier 2 diversion participants (20 percent) have reoffended, facing prosecution and serving as a deterrent for other diverted dealers. According to a neighborhood association member, “[DMI participants] are seeing people now who have gone out, got arrested again for doing the same thing, and now they are going fed[eral].”

The success of the DMI initiative and Phoenix Partnership has so far been based on the comprehensive approach of the USAO: convening diverse stakeholders with a promise and unique capacity to deliver meaningful sentences to dangerous defendants and services to those who need them, then leveraging success in those projects to build stronger communities. In the words of one APD Captain,

The truth is we are all police and we would all like to put them in federal prison. . . . We were all surprised about the success of the Tier 2. . . . You got to look at the bigger picture of the social community aspects, which are more definite, and where we got the most return.

Summary

Both DMI programs in the study responded to the diverse conditions of the neighborhoods they targeted, but shared many powerful themes. Austin dealt with a large number of dealers and collateral crime concentrated in an ever-shrinking area as gentrification absorbed the neighborhood, situating longtime residents between the current crime and approaching development. Atlanta targeted one of the largest heroin markets in the southeast, notorious for its violence; a police-involved shooting presented a major roadblock to police-community reconciliation and collaboration. These unique circumstances meant different institutional stakeholders were involved each city, along with the specific adaptations in planning and

execution detailed in the previous sections. As a general conclusion, collaboration with other law enforcement agencies and social service providers and relationship building among working group stakeholders were crucial to success in both cities. Diverse stakeholders met and developed plans to consolidate efforts, with police and prosecutors conducting enhanced evidence gathering. In Austin, close collaboration between police and prosecutors helped undercover officers learn to capture exactly the angles prosecutors needed to bring the strongest possible evidence as a deterrence factor. Municipal, state, and federal agencies collaborated in Atlanta to gather evidence and target abandoned property used for drug sales across the expansive target area, combining the strengths of each institution. Law enforcement in both cities reached out to clergy and neighborhood associations, showing a long-term commitment to dismantling the drug markets and returning control of the communities to neighborhood residents. These relationships were difficult to build and maintain, but initial reported benefits in crime reduction and quality of life in the neighborhoods seem to be worth the effort. Collaboration between neighborhood residents and police, while often difficult, is the hallmark of successful implementation of DMI in both sites. Each site conducted meticulous preparation and planning to anticipate possible problems, ensure fairness in identifying dealers and diversion criteria, strategize for long-term community buy-in, and provide for the social service needs of diversion candidates. These preparations seemed to strengthen the implementation of the program, evidenced by the many dealers who attended call-in and their nearly uniform acceptance of diversion offers. Finally, the intensive planning, collaboration, and communication efforts kept all stakeholders invested in the stability of community-police relations in the maintenance phase, essential to the success of the program.

REFERENCES

- Andrews, D. A., I. Zinger, R. D. Hoge, J. Bonta, P. Gendreau, and F.T. Cullen. 1990. "Does Correctional Treatment Work? A Clinically-Relevant and Psychologically-Informed Meta-Analysis." *Criminology*, 28, 369-404.
- Austin, R.L. 2015. "LEAD-ing the Way to a More Efficient Criminal Justice System." Blog post. Last modified July 2. <https://www.whitehouse.gov/blog/2015/07/02/lead-ing-way-more-efficient-criminal-justice-system>.
- Bethel, Kevin. 2015. "Program to Address the School-to-Prison Pipeline." Testimony before the President's Task Force on 21st Century Policing, February 13, 2015, Washington, DC. https://cops.usdoj.gov/pdf/taskforce/submissions/Bethel_Kevin_Testimony.pdf.
- Blevins, K.R., V. Lord, and B. Bjerregaard. 2014. "Evaluating Crisis Intervention Teams: Possible Impediments and Recommendations." *Policing: An International Journal of Police Strategies and Management* 37 : 484–500. doi:10.1108/PIJPSM-08-2012-0083.
- Braga, A. A. 2015. "Focused Deterrence and the Promise of Fair and Effective Policing." *Criminology and Public Policy* 14: 465–469. doi:10.1111/1745-9133.12145.
- Braga, A. A., D. Hureau, and C. Winship. 2008. "Losing Faith? Police, Black Churches, and the Resurgence of Youth Violence in Boston." *Ohio State Journal of Criminal Law* 6: 141–172.
- Braga, A.A. and D. Weisburd. 2012. "The Effects of Focused Deterrence Strategies on Crime." *Journal of Research in Crime and Delinquency* 49: 323–358.
- Brunson, R. K. 2015. "Focused Deterrence and Improved Police-Community Relations." *Criminology and Public Policy* 14: 507–514.
- Camilletti, C. 2010. *Pretrial Diversion Programs: Research Summary*. Arlington, VA.: CSR Incorporated. <https://www.bja.gov/Publications/PretrialDiversionResearchSummary.pdf>.
- Coalition for the Homeless of Houston/Harris County. 2016. "2015 Homeless Count." Accessed November 29, 2016. <http://www.homelesshouston.org/wp-content/uploads/2015/06/2015-PIT-Fact-Sheet.pdf>.
- Collins, S.E., H.S. Lonczak, and S.L. Clifasefi. 2015. *LEAD Program Evaluation: Recidivism Report*. Seattle, WA: University of Washington – Harborview Medical Center Harm Reduction Research and Treatment Lab. <http://leadkingcounty.org/lead-evaluation/>.
- Compton, M.T., M. Badora, A.C. Watson, and J. R. Oliva. 2008. "A Comprehensive Review of Extant Research on Crisis Intervention Team (CIT) Programs." *The Journal of the American Academy of Psychiatry and the Law* 36: 47–55.
- Davidson, M.L. 2016. "A Criminal Justice System-Wide Response to Mental Illness: Evaluating the Effectiveness of the Memphis Crisis Intervention Team Training Curriculum among Law Enforcement and Correctional Officers." *Criminal Justice Policy Review* 27: 46-75. doi: 10.1177/0887403414554997.
- Davidson, W., et al. 1987. "Diversion of Juvenile Offenders: An Experimental Comparison." *Journal of Consulting and Clinical Psychology* 55: 68–75.

- Dryfoos, Joy G. 1990. *Adolescents at Risk: Prevalence and Prevention*. New York: Oxford University Press.
- Gensheimer, L.K., J. P. Mayer, R. Gottschalk, and W.S. Davidson II. 1986. "Diverting Youth from the Juvenile Justice System: A Meta-Analysis of Intervention Efficacy." In S. Apter and A. Goldstein (eds.), *Youth Violence: Program and Prospects*. New York: Pergamon Press.
- Harcourt, B. E., and J. Ludwig. 2006. "Broken Windows: New Evidence from New York City and a Five-City Social Experiment." *University of Chicago Law Review* 73: 271–320.
- Hockenberry, S. and C. Puzanhera. 2015. *Juvenile Court Statistics 2013*. Pittsburgh, PA: National Center for Juvenile Justice.
- HPD (Houston Police Department). 2014. "Crisis Intervention Response Team." Last modified January 6, 2014. <http://www.houstoncit.org/mental-health-division-2/>.
- — —. 2015. *Mental Health Division: 2014 Annual Report*. Houston, TX: Houston PD.
- Katz, J., and G. Bonham. 2009. *Effective Alternatives to Incarceration: Police Collaborations with Corrections and Communities*. Washington, DC: Office of Community Oriented Policing Services.
- Kennedy, D. M. 2011. *Don't Shoot: One Man, a Street Fellowship, and the End of Violence in Inner-City America*. New York, NY: Bloomsbury.
- Kennedy, D. M., and S. Wong, S. 2009. *The High Point Drug Market Intervention Strategy*. Washington, DC: Office of Community Oriented Policing Services. <https://ric-zai-inc.com/ric.php?page=detail&id=COPS-P166>.
- Latessa, E.J. 2011. "Why the Risk and Needs Principles Are Relevant to Correctional Programs (Even to Employment Programs)." *Criminology and Public Policy* 10: 973-977.
- Lipsey, M.W. 2009. "The Primary Factors That Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview." *Victims and Offenders* 4: 124–147. doi:10.1080/15564880802612573.
- Mackenzie, R. 1997. *Detention Diversion Advocacy: An Evaluation. Bulletin*. Washington, D.C.: Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- McLeod, J. and G. Stewart, G. 1999. *Evaluation of the Drug Diversion Pilot Program*. Melbourne: Victoria Public Health Division, Department of Human Services.
- Mitchell, O., D. B. Wilson, A. Eggers, and D.L. MacKenzie. 2012. "Assessing the Effectiveness of Drug Courts on Recidivism: A Meta-Analytic Review of Traditional and Non-traditional Drug Courts." *Journal of Criminal Justice* 40: 60–71.
- MPD (Madison Police Department). 2015. *Standard Operating Procedure: Mental Health Incidents/Crises*. Madison, WI: MPD.
- — —. 2016. *Mission Statement*. Madison, WI: MPD. <https://www.cityofmadison.com/council/documents/resource/14-24Police.pdf>.
- NAMI (National Alliance on Mental Illness). 2016. "What is CIT?" Accessed November 22, 2016. <http://www.nami.org/Law-Enforcement-and-Mental-Health/What-Is-CIT>.
- NAPSA (National Association of Pretrial Services Agencies). 2010. *Promising Practices in Pretrial Diversion*. Washington, DC: U.S. Department of Justice.
- National Network for Safe Communities. 2015. *Drug Market Intervention: An Implementation Guide*. Washington, DC: Office of Community Oriented Policing Services. https://nnscommunities.org/uploads/DMI_Guide.pdf.
- NCSC (National Center for State Courts). 2014. *Examining the Work of State Courts: An Overview of 2013 State Court Caseloads*. Washington, DC: NCSC.

- NIJ (National Institute of Justice). 2016. *Practice Profile: Juvenile Diversion Programs*. Accessed October 26, 2016. <https://www.crimesolutions.gov/PracticeDetails.aspx?ID=37>.
- Petrosino, A., C. Turpin-Petrosino, and S. Guckenburg. 2010. "Formal System Processing Of Juveniles: Effects on Delinquency." *Campbell Systematic Reviews* 1. doi:10.4073/csr.2010.1.
- PJI (Pretrial Justice Institute). 2011. *Informed Pretrial Decision-Making for Safe Communities: The 2011 Annual Report of the Pretrial Justice Institute*. Washington, D.C.: Pretrial Justice Institute. <http://www.pretrial.org/Featured%20Resources%20Documents/PJI%20Annual%20Report%202011.pdf>.
- Rousch, D.W. 1996. *Desktop Guide to Good Juvenile Detention Practice*. Washington, DC: Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Schwalbe, C. S., R.E. Gearing, M. J. MacKenzie, K.B. Brewer, and R. Ibrahim. 2012. "A Meta-Analysis of Experimental Studies of Diversion Programs for Juvenile Offenders." *Clinical Psychology Review* 32: 26–33.
- Shapiro, G.K., A. Cusi, M. Kirst, P. O'Campo, A. Nakhost, and A. Stergiopoulos. 2014. "Co-Responding Police-Mental Health Programs: A Review." *Administration and Policy in Mental Health and Mental Health Services Research* 42: 606–620. doi:10.1007/s10488-014-0594-9.
- Shelden, R.G. 1999. "Detention Diversion Advocacy: An Evaluation." *Juvenile Justice Bulletin*, September. http://www.cjci.org/uploads/cjci/documents/ojdp_ddap.pdf.
- Sickmund, M. and C. Puzzanchera. 2014. *Juvenile Offenders and Victims: 2014 National Report*. Pittsburgh, PA: National Center for Juvenile Justice.
- Reaves, B.A. 2015. *Local Police Departments, 2013: Personnel, Policies, and Practices*. Washington DC: Bureau of Justice Statistics.
- Reuland, M., L. Draper, and B. Norton. 2010. *Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions*. New York: Council of State Governments Justice Center. https://www.bja.gov/Publications/CSG_LE_Tailoring.pdf.
- Taheri, S.A. 2016. "Do Crisis Intervention Teams Reduce Arrests and Improve Officer Safety? A Systematic Review and Meta-Analysis." *Criminal Justice Policy Review* 27: 76–96. doi:10.1177/0887403414556289.
- Texas Health and Safety Code. §573.001. *Apprehension by Peace Officer Without Warrant*. <http://codes.findlaw.com/tx/health-and-safety-code/health-safety-sect-573-001.html#sthash.eyW7ykCT.dpuf><http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.573.htm>.
- U.S. Census Bureau. 2016. "QuickFacts: Houston city, Texas." Accessed December 12, 2016. <http://www.census.gov/quickfacts/table/PST045215/4835000>.
- Watson, A. C., V. Ottati, M. Marabito, J. Draine, A. K. Kerr, and B. Angell. 2010. "Outcomes of Police Contacts with Persons with Mental Illness." *Administration and Policy in Mental Health* 37: 302–317.
- Wilson, H.A., and R.D. Hoge. 2013. "The Effect of Youth Diversion Programs on Recidivism: A Meta-Analytic Review." *Criminal Justice and Behavior* 40: 497–518. doi:10.1177/009385481245108.
- Wisconsin State Code. §51.20 *State Alcohol, Drug Abuse, Developmental Disabilities And Mental Health Act: Involuntary commitment for treatment*. <http://docs.legis.wisconsin.gov/statutes/statutes/51.pdf>.

APPENDIX A. LIST OF RESPONDING AGENCIES

Abbreviation Guide: MHD = Mental Health Diversion (i.e. CIT); DI = Drug Involved (i.e. DMI or GVRS); FTO = First Time Offender; RP = Restitution Program

Alabama

Centreville Police Department 1254 Walnut Street, Centreville, AL 35042	<i>MHD, DI, FTO, Juvenile, RP, Veterans</i>
Decatur Police Department 402 Lee Street Northeast, Decatur, AL 35601	<i>DI, Juvenile</i>
Falkville Police Department P.O. Box 407, Falkville, AL 35622	<i>MHD, DI, FTO, Juvenile, RP</i>
Hokes Bluff Police Department 3301 Alford Bend Road, Hokes Bluff, AL 35903	<i>RP</i>
Lee County Sheriff's Office 1900 Frederick Road, Opelika, AL 36801	<i>DI</i>
St. Clair County Sheriff's Office 1610 Cogswell Avenue, Pell City, AL 35125	<i>MHD, DI, FTO, Juvenile, Veterans</i>

Arizona

Gilbert Police Department 75 East Civic Center Drive, Gilbert, AZ 85296	<i>MHD, FTO, Juvenile</i>
Sahuarita Police Department 315 West Sahuarita Center Way, Sahuarita, AZ 85629	<i>MHD, Juvenile, Veterans</i>

California

Alameda County Sheriff's Office 1401 Lakeside Drive, Oakland, CA 94612	<i>Juvenile</i>
Beaumont Police Department 550 East Sixth Street, Beaumont, CA 92223	<i>FTO, Juvenile, Other: Drug Early Disposition Programs</i>
Brentwood Police Department 9100 Brentwood Boulevard, Brentwood, CA 94513	<i>Juvenile</i>
Brisbane Police Department 50 Park Place, Brisbane, CA 94005	<i>Juvenile</i>
Chula Vista Police Department 315 Fourth Avenue, Chula Vista, CA 91910	<i>Juvenile, RP</i>

El Cajon Police Department 100 Civic Center Way, El Cajon, CA 92020	<i>MHD, Juvenile</i>
Firebaugh Police Department 1575 11th Street, Firebaugh, CA 93622	<i>Juvenile, RP</i>
Folsom Police Department 46 Natoma Street, Folsom, CA 95630	<i>Juvenile</i>
Garden Grove Police Department 11301 Acacia Parkway, Garden Grove, CA 92840	<i>Juvenile, RP</i>
Hayward Police Department 300 West Winton Avenue, Hayward, CA 94544	<i>FTO, Juvenile</i>
Long Beach Police Department 400 West Broadway, Long Beach, CA 90802	<i>Juvenile</i>
Los Angeles County Sheriff's Department Cops Bureau 4850 Civic Center Way, Los Angeles, CA 90022	<i>MHD, FTO, Juvenile</i>
Mill Valley Police Department 1 Hamilton Drive, Mill Valley, CA 94941	<i>Juvenile</i>
Modesto Police Department 600 10th Street, Modesto, CA 95354	<i>MHD, DI, FTO, Juvenile, RP</i>
Oakdale Police Department 245 North Second Avenue, Oakdale, CA 95361	<i>FTO, Juvenile</i>
Redwood City Police Department 1301 Maple Street, Redwood City, CA 94063	<i>Juvenile</i>
Reedley Police Department 843 G Street, Reedley, CA 93654	<i>Other: Restorative Justice</i>
Riverside Police Department 4102 Orange Street, Riverside, CA 92501	<i>MHD, DI, FTO, Juvenile, RP, Veterans</i>
San Bernardino County Sheriff's Department 8303 North Haven Avenue Rancho Cucamonga, CA 91730	<i>Juvenile</i>
San Diego County Sheriff's Department P.O. Box 939062, San Diego, CA 92123	<i>MHD, Juvenile</i>
San Ramon Police Department 2401 Crow Canyon Road, San Ramon, CA 94583	<i>FTO, RP</i>
Santa Barbara Sheriff's Office 4434 Calle Real, Santa Barbara, CA 93110	<i>CIT, Juvenile, RP</i>
Tehama County Sheriff's Office P.O. Box 729, Red Bluff, CA 96080	<i>DI</i>

Ventura Police Department 1425 Dowell Drive, Ventura, CA 93003	<i>MHD, Veterans, Other: Chronically Homeless</i>
--	---

Colorado

Castle Rock Police Department 100 Perry Street, Castle Rock, CO 80104	<i>MHD, Juvenile</i>
---	----------------------

City of Lafayette Police Department 451 North 111th Street, Lafayette, CO 80026	<i>MHD, FTO, Juvenile</i>
---	---------------------------

Firestone Police Department 151 Grant Avenue, Firestone, CO 80520	<i>MHD, RP</i>
---	----------------

Fountain Police Department 222 North Santa Fe Avenue, Fountain, CO 80817	<i>MHD, Juvenile</i>
--	----------------------

Gunnison Police Department P.O. Box 239, Gunnison, CO 81230	<i>Juvenile</i>
---	-----------------

Leadville Police Department 800 Harrison Avenue, Leadville, CO 80461	<i>FTO</i>
--	------------

Longmont Police Service 225 Kimbark Street, Longmont, CO 80501	<i>MHD, FTO, Juvenile, Other: Restorative Justice</i>
--	---

Connecticut

Branford Police Department 33 Laurel Street, Branford, CT 06405	<i>Juvenile</i>
---	-----------------

Canton Police Department 45 River Road, Canton, CT 06019	<i>MHD, Juvenile</i>
--	----------------------

Greenwich Police Department 11 Bruce Place, Greenwich, CT 06830	<i>MHD, Juvenile</i>
---	----------------------

Manchester Police Department 239 East Middle Turnpike, Manchester, CT 06040	<i>Juvenile</i>
---	-----------------

Shelton Police Department 85 Wheeler Street, Shelton, CT 06484	<i>Juvenile</i>
--	-----------------

South Windsor Police Department 151 Sand Hill Road, South Windsor, CT 06074	<i>Juvenile</i>
---	-----------------

Stonington Police Department 173 South Broad Street, Pawcatuck, CT 06379	<i>Juvenile</i>
--	-----------------

Wilton Police Department 240 Danbury Road, Wilton, CT 06897	<i>Juvenile</i>
---	-----------------

District of Columbia

Metropolitan Police Department 1700 Rhode Island Ave NE, Washington, DC 20018	<i>Juvenile</i>
---	-----------------

Florida

Apopka Police Department 112 East Sixth Street, Apopka, FL 32703	<i>Juvenile</i>
Bellevue Police Department 5350 Southeast 110th Street, Bellevue, FL 34420	<i>Juvenile</i>
Boca Raton Police Services Department 100 NW Boca Raton Boulevard, Boca Raton, FL 33432	<i>MHD, FTO, Juvenile</i>
Broward County Sheriff's Office 2601 West Broward Boulevard, Fort. Lauderdale, FL 33312	<i>MHD, FTO, Juvenile, RP, Other: Homeless Outreach</i>
Cape Coral Police Department 1100 Cultural Park Boulevard, Cape Coral, FL 33990	<i>MHD, Juvenile, RP</i>
Charlotte County Sheriff's Office 26601 Airport Road, Punta Gorda, FL 33982	<i>MHD, DI, FTO, Juvenile</i>
City of Miami Police Department 400 Northwest Second Avenue, Miami, FL 33128	<i>MHD</i>
City of Temple Terrace Police Department 11250 North 56th Street, Temple Terrace, FL 33617	<i>Juvenile, RP,</i>
Cocoa Police Department 1226 West. King Street, Cocoa, FL 32922	<i>Juvenile</i>
Fernandina Beach Police Department 1525 Lime Street, Fernandina Beach, FL 32034	<i>FTO, Juvenile,</i>
Fort Lauderdale Police Department 1300 West. Broward Boulevard, Fort Lauderdale, FL 33312	<i>MHD, FTO, Juvenile, RP</i>
Fort Pierce Police Department 920 S. U.S. Highway 1, Fort Pierce, FL 34950	<i>Juvenile</i>
Fruitland Park Police Department 506 West Berckman Street, Fruitland Park, FL 34731	<i>MHD, FTO, Juvenile</i>
Jacksonville Sheriff's Office 501 East Bay Street, Jacksonville, FL 32202	<i>MHD, FTO, Juvenile</i>
Lake County Sheriff's Office 360 West Ruby Street, Tavares, FL 32778	<i>MHD, Juvenile, Other: Work in Lieu of Arrest</i>
Longwood Police Department 35 West Church Avenue, Longwood, FL 32750	<i>Juvenile</i>
Manatee County Sheriff's Office 600 301 Boulevard West, Suite 202, Bradenton, FL 34205	<i>FTO, Juvenile, RP</i>
Margate Police Department 5790 Margate Boulevard, Margate, FL 33063	<i>FTO, Juvenile</i>
Miami-Dade Police Department 9105 Northwest 25th Street, Doral, FL 33172	<i>FTO, Juvenile, Other: County Code Violations</i>

Miramar Police Department 3064 North Commerce Parkway, Miramar, FL 33025	<i>Juvenile</i>
Oviedo Police Department 300 Alexandria Boulevard, Oviedo, FL 32765	<i>Juvenile</i>
Palm Beach Sheriff's Office 3228 Gun Club Road, West Palm Beach, FL 33406	<i>MHD, FTO, Juvenile, Veterans</i>
Pinellas County Sheriff's Office 10750 Ulmerton Road, Largo, FL 33774	<i>Juvenile</i>
Polk County Sheriff's Office 1891 Jim Keene Boulevard, Winter Haven, FL 33880	<i>MHD, Juvenile</i>
Port Orange Florida Police Department 4545 Clyde Morris Boulevard, Port Orange, FL 32129	<i>Juvenile</i>
Sanibel Police Department 800 Dunlap Road, Sanibel, FL 33957	<i>MHD, FTO, Juvenile</i>
Satellite Beach Police Department 510 Cinnamon Drive, Satellite Beach, FL 32937	<i>Juvenile</i>
St. John's County Sheriff's Office 4015 Lewis Speedway, St Augustine, FL 32084	<i>MHD, Juvenile</i>
St. Augustine Beach Police Department 2300 A1A South, St. Augustine Beach, FL 32080	<i>FTO, Juvenile, RP</i>
St. Petersburg Police Department 1300 First Avenue N, St. Petersburg, FL 33705	<i>Juvenile</i>
Sunrise Police Department 10440 West. Oakland Park Boulevard, Sunrise, FL 33351	<i>Juvenile</i>
Tallahassee Police Department 234 East Seventh Avenue, Tallahassee, FL 32302	<i>MHD, FTO, Juvenile</i>
Washington County Sheriff's Office 1293 Jackson Avenue, Chipley, FL 32428	<i>FTO, Juvenile</i>
Georgia	
Atlanta Police Department 226 Peachtree Street, Atlanta, GA 30303	<i>MHD, FTO, Juvenile, RP</i>
Paulding County Sheriff's Office 247 Industrial Way North, Dallas, GA 30132	<i>MHD, FTO, RP</i>
Idaho	
Boise Police Department 333 North Mark Stall Place, Boise, ID 83704	<i>Juvenile</i>
Post Falls Police Department 1717 East Polston Avenue, Post Falls, ID 83854	<i>MHD</i>

Illinois

Algonquin Police Department 2200 Harnish Drive, Algonquin, IL 60102	<i>MHD, DI, Juvenile</i>
Alsip Police Department 4500 Weast 123rd Street, Alsip, IL 60803	<i>Juvenile</i>
Arthur Police Department 120 East. Progress Street, P.O. Box 139, Arthur, IL 61911	<i>Juvenile</i>
Arlington Heights Police Department 200 East Sigwalt Street, Arlington Heights, IL 60005	<i>MHD, Juvenile, Prostitution</i>
Aurora Police Department 1200 East Indian Trail, Aurora, IL 60505	<i>MHD, DI, FTO, Juvenile</i>
Belleville Police Department 101 South Illinois Street, Belleville, IL 62220	<i>MHD, Juvenile</i>
Broadview Police Department 2350 Sout 25th Avenue, Broadview, IL 60155	<i>FTO, Juvenile, RP</i>
Carpentersville Police Department 1200 L.W. Besinger Drive, Carpentersville, IL 60136	<i>Juvenile</i>
Centreville Police Department 5800 Bond Avenue, East St Louis, IL 62207	<i>MHD, FTO, Juvenile</i>
Chatham Police Department 117 East Mulberry Street, Chatham, IL 62629	<i>MHD, Juvenile, RP</i>
Chicago Police Department J.I.S.C. Center 3900 South California Avenue, Chicago, IL 60632	<i>MHD, DI, Juvenile, RP</i>
Chicago Ridge Police Department 10425 South Ridgeland Avenue, Chicago Ridge, IL 60415	<i>Juvenile</i>
Collinsville Illinois Police Department 200 West Clay Street, Collinsville, IL 62234	<i>MHD, Juvenile</i>
Danville Police Department 2 East South Street, Danville, IL 61832	<i>Juvenile</i>
Dolton Police Department 14030 Park Avenue, Dolton, IL 60419	<i>Other: Unspecified</i>
Hawthorn Woods Police Department 2 Lagoon Drive, Hawthorn Woods, IL 60047	<i>Juvenile</i>
Hinsdale Police Department 121 Symonds Drive, Hinsdale, IL 60521	<i>MHD, Juvenile</i>
Homewood Police Department 17950 Dixie Highway, Homewood, IL 60430	<i>Juvenile</i>
Kankakee County Sheriff's Department 3000 South Justice Way, Kankakee, IL 60901	<i>MHD, Juvenile, Veterans</i>

Kenilworth Police Department 419 Richmond Road, Kenilworth, IL 60043	<i>FTO, Juvenile</i>
Lakewood Police Department 2500 Lake Avenue, Village of Lakewood, IL 60014	<i>MHD, Juvenile</i>
Lansing Police Department 2710 170th Street, Lansing, IL 60438	<i>FTO, Juvenile</i>
Milledgeville Police Department. 344 Main Avenue, Milledgeville, IL 61051	<i>FTO, Juvenile, RP</i>
Mount Prospect Police Department 112 East Northwest Highway, Mount Prospect, IL 60056	<i>Juvenile</i>
Northfield Police Department 350 Walnut Avenue, Northfield, IL 60093	<i>Juvenile</i>
Oak Lawn Police Department 9446 South Raymond Avenue, Oak Lawn, IL 60453	<i>Juvenile</i>
Oak Park Police Department 123 Madison Street, Oak Park, IL 60302	<i>MHD, Juvenile</i>
Park Ridge Police Department 200 South Vine Avenue, Park Ridge, IL 60068	<i>MHD, Juvenile, RP</i>
Peotone Police Department 208 East Main Street, Peotone, IL 60468	<i>Juvenile, RP</i>
Rockton Police Department 110 East Main Street, Rockton, IL 61072	<i>Juvenile, RP</i>
Round Lake Police Department 741 West Town Line Road, Round Lake, IL 60073	<i>Juvenile</i>
Wheeling Police Department 1 Community Boulevard, Wheeling, IL 60090	<i>Juvenile</i>
Wood Dale Police Department 404 North Wood Dale Road, Wood Dale, IL 60191	<i>MHD, Juvenile, RP</i>
Indiana	
Burns Harbor Police Department 1240 North Boo Rd, Burns Harbor, IN 46304	<i>Other: Unspecified</i>
Decatur Police Department 521 North Third Street, Decatur, IN 46733	<i>MHD, FTO, Juvenile</i>
East Chicago Police Department 2301 East Columbus Drive, East Chicago, IN 46312	<i>Juvenile</i>
Frankfort Police Department 201 West Washington Street, Frankfort, IN 46041	<i>MHD, RP</i>
Highland Police Department 3333 Ridge Road, Highland, IN 46322	<i>Juvenile</i>

New Haven Police Department
815 Lincoln Highway East, New Haven, IN 46774

MHD, Juvenile, RP

Iowa

Cedar Falls Police Department
220 Clay Street, Cedar Falls, IA 50613

FTO, Juvenile, RP

Johnston Police Department
6221 Merle Hay Road, Johnston, IA 50131

MHD, Juvenile

Polk County Sheriff's Office
1985 NE 51st Place, Des Moines, IA 50313

MHD, DI, FTO, Juvenile

Kansas

Dickinson County Sheriff's Office
109 East First Street, Abilene, KS 67410

FTO, Juvenile

Shawnee Police Department
5850 Renner Road, Shawnee, KS 66217

*FTO, Juvenile,
Other: Driving Under the Influence*

Kentucky

Olive Hill Police Department
225 Roger Patton Drive, Olive Hill, KY 41164

MHD, Juvenile, RP

Louisiana

Baton Rouge Police Department
9000 Airline Highway Baton Rouge, LA 70802

FTO, Juvenile

East Baton Rouge Sheriff Office
P.O. Box 3277, Baton Rouge, LA 70821

Other: Juvenile/Adult Group Affiliated

Grambling Police Department
P.O. Box 109, Grambling, LA 71245

FTO, Juvenile

Westlake Police Department
P.O. Box 700, Westlake, LA 70669

FTO, Juvenile

Maine

Damariscotta Police Department
21 School Street, Damariscotta, ME 04543

*MHD, DI, FTO, Juvenile, Prostitution,
RP, Veterans, Other*

Freeport Police Department
16 Main Street, Freeport, ME 04032

*MHD, DI, FTO, Juvenile, Prostitution,
RP, Veterans, Other*

Saco Police Department
20 Storer Street, Saco, ME 04072

*MHD, DI, FTO, Juvenile, Prostitution,
RP, Veterans, Other*

Maryland

Annapolis Police Department
199 Taylor Avenue, Annapolis, MD 21401

*MHD, DI, FTO, Juvenile, Prostitution,
RP, Veterans, Other*

Baltimore Police Maryland
242 West 29th Street, Baltimore, MD 21211

*MHD, DI, FTO, Juvenile, Prostitution,
RP, Veterans, Other*

Garrett County Sheriff's Office 311 East Alder Street, Oakland, MD 21550	<i>MHD, DI, FTO, Juvenile, Prostitution, RP, Veterans, Other</i>
Howard County Police Department 3410 Courthouse Drive, Ellicott City, MD 21043	<i>MHD, DI, FTO, Juvenile, Prostitution, RP, Veterans, Other</i>
Montgomery County Police Department 100 Edison Park Drive, Gaithersburg, MD 20878	<i>MHD, DI, FTO, Juvenile, Prostitution, RP, Veterans, Other</i>
Prince George's County Police Department 7600 Barlowe Road, Landover, MD 20785	<i>MHD, DI, FTO, Juvenile, Prostitution, RP, Veterans, Other</i>

Massachusetts

Athol Police Department 280 Exchange Street, Athol, MA 01331	<i>MHD, FTO, Juvenile</i>
Billerica Police Department 6 Good Street, Billerica, MA 01821	<i>FTO, Juvenile</i>
Boxford Police Department 285 Ipswich Road, Boxford, MA 01921	<i>FTO, Juvenile, RP</i>
Cambridge Police Department 125 Sixth Street, Cambridge, MA 02142	<i>MHD, Juvenile</i>
City of Quincy Police Department 1 Sea Street, Quincy, MA 02169	<i>MHD, Juvenile, Veterans</i>
Cohasset Police Department 62 Elm Street, Cohasset, MA 02025	<i>FTO, Juvenile</i>
Dennis Police Department 90 Bob Crowell Road, South Dennis, MA 02660	<i>MHD, FTO, Juvenile, RP</i>

Michigan

City of Farmington Hills Police Department 31655 West 11 Mile Road, Farmington Hills, MI 48336	<i>FTO</i>
Clawson Police Department 425 North Main Street, Clawson, MI 48017	<i>MHD</i>
Department Of Public Safety-City of Bay City 501 Third Street, Bay City, MI 48708	<i>FTO, Juvenile</i>
Grosse Pointe Farms Department of Public Safety 90 Kerby Rd., Grosse Pointe Farms, MI 48236	<i>FTO, Juvenile</i>
Harper Woods Department of Public Safety 19617 Harper Avenue, Harper Woods, MI 48225	<i>Juvenile</i>
Huron Township Police 36500 South Huron Road, Newboston, MI 48164	<i>FTO, Juvenile, RP</i>
Litchfield City Police 221 Jonesville Street, Litchfield, MI 49252	<i>MHD, FTO, Juvenile, Veterans</i>

Madison Heights Police Department 280 West 13 Mile Rd, Madison Heights, MI 48071	<i>Juvenile</i>
Northfield Township Police Department 8350 Main Street, Whitmore Lake, MI 48189	<i>FTO, Juvenile</i>
Southfield Police Department 26000 Evergreen Road, Southfield, MI 48076	<i>FTO, Juvenile, Veterans</i>
Sturgis Police Department 122 North Nottawa Street, Sturgis, MI 49091	<i>MHD</i>
Van Buren Township Public Safety Department 46425 Tyler Road, Belleville, MI 48111	<i>Juvenile</i>
Minnesota	
International Falls Police Department 715 Fourth Street, International Falls, MN 56649	<i>DI, Juvenile</i>
Long Prairie Police Department 615 Lake Street S, Long Prairie, MN 56347	<i>Juvenile</i>
Minneapolis Police Department 350 South Fifth Street, Room 108, Minneapolis, MN 55415	<i>MHD, Juvenile</i>
Moorhead Police Department 915 Ninth Avenue N, Moorhead, MN 56560	<i>DI, Juvenile</i>
Rosemount Police Department 2875 145th Street W, Rosemount, MN 55068	<i>MHD, DI, FTO, Juvenile</i>
Saint Paul Police 367 Grove Street, St. Paul, MN 55101	<i>Juvenile, Veterans</i>
St. James Police Department P.O. Box 70, St. James, MN 56081	<i>DI, Juvenile</i>
Waite Park Police Department 19 13th Avenue N, Waite Park, MN 56367	<i>FTO, Juvenile, Prostitution</i>
West St. Paul Police Department 1616 Humboldt Avenue, West St. Paul, MN 55118	<i>FTO, Juvenile</i>
White Bear Lake Police Department 4701 Highway 61, White Bear Lake, MN 55110	<i>MHD, DI, Juvenile, RP, Veterans</i>
Mississippi	
Bay St Louis Police Department 698 Highway 90, Bay St. Louis, MS 39520	<i>MHD, FTO, RP, Veterans</i>
Hattiesburg Police Department 1 Government Plaza, Hattiesburg, MS 39401	<i>MHD, DI, FTO, Juvenile, RP</i>
Jones County Sheriff's Department. 419 Yates Avenue, Laurel, MS 39440	<i>FTO, Juvenile</i>

Pascagoula Police Department P.O. Drawer 1385, Pascagoula, MS 39568	<i>Juvenile</i>
Missouri	
Moline Acres Police Department 2449 Chambers Road, St. Louis, MO 63136	<i>MHD</i>
St. John Police Department 8744 St. Charles Rock Road #1000, St. Louis, MO 63114	<i>MHD</i>
Sugar Creek Police Department 1001 Heroes Way, Sugar Creek, MO 64054	<i>FTO, Juvenile</i>
Waynesville Police Department 201 North Street, Waynesville, MO 65583	<i>DI, Veterans</i>
Nebraska	
Beatrice Police Department 201 North Fifth Street, Beatrice, NE 68310	<i>FTO, Juvenile</i>
Buffalo County Sheriff's Office 2025 A Avenue, Kearney, NE 68847	<i>MHD, DI, FTO, Juvenile</i>
Gering Police Department 1025 P Street, Gering, NE 69341	<i>FTO, Juvenile</i>
Lincoln Police Department 575 South 10th Street., Lincoln, NE 68508	<i>MHD, DI, Juvenile</i>
New Hampshire	
Andover Police Department 32 School Street, Andover, NH 03216	<i>FTO, Juvenile</i>
Bow Police Department 12 Bobinson Road, Bow, NH 03304	<i>Juvenile</i>
Concord Police Department 35 Green Street, Concord, NH 03301	<i>MHD, FTO, Juvenile</i>
Epping Police Department 37 Pleasant Street, Epping, NH 03042	<i>Juvenile</i>
Henniker Police Department 340 Western Avenue, Henniker, NH 03242	<i>DI, FTO, Juvenile, RP</i>
Lebanon Police Department 36 Poverly Lane, Lebanon, NH 03766	<i>MHD, Juvenile</i>
Merrimack Police Department 31 Baboosic Lake Road, Merrimack, NH 03054	<i>MHD, FTO, Juvenile</i>
Sandown Police P.O. Box 309, Sandown, NH 03873	<i>MHD, Juvenile, RP</i>
Wilmot Police Department P.O. Box 107, Wilmot, NH 03287	<i>FTO, Juvenile, RP</i>

New Jersey

Atlantic Highlands Police Department 100 First Avenue, Atlantic Highlands, NJ 07716	<i>Juvenile</i>
Bayonne Police Department 630 Avenue C, Bayonne, NJ 07002	<i>Juvenile</i>
Brick Township Police Department 401 Chambersbridge Road, Brick, NJ 08723	<i>MHD, Juvenile</i>
Bridgeton Police Department 330 Fayette Street, Bridgeton, NJ 08302	<i>Juvenile</i>
City of Burlington Police Department 525 High Street, Burlington, NJ 08016	<i>Juvenile</i>
Deptford Township Police Department 1011 Cooper Street, Deptford, NJ 08096	<i>Juvenile</i>
Dumont Police Department 50 Washington Avenue # 1, Dumont, NJ 07628	<i>Juvenile</i>
East Brunswick Police Department 1 Civic Center Drive, East Brunswick, NJ 08816	<i>FTO, Juvenile, RP</i>
Franklin Township Police Department. 202 Sidney Road, Pittstown, NJ 08867	<i>MHD, Juvenile</i>
Franklin Township Police 495 Demett Lane, Somerset, NJ 08873	<i>MHD, Juvenile, RP</i>
Gloucester City Police Department 313 Monmouth Street, Gloucester City, NJ 08030	<i>Juvenile</i>
Greenwich Township Police Department 421 West Broad Street, Gibbstown, NJ 08027	<i>MHD, Juvenile, Veterans</i>
Jersey City Police Department 1 Journal Square Plaza, Jersey City, NJ 07306	<i>Juvenile</i>
Kinnelon Borough Police Department 130 Kinnelon Road, Kinnelon, NJ 07405	<i>Juvenile</i>
Long Beach Township. Department 6805 Long Beach Boulevard Long Beach Township, NJ 08008	<i>MHD, FTO, Juvenile</i>
Long Branch Police Department 344 Broadway, Long Branch, NJ 07740	<i>MHD, Juvenile</i>
Madison Police Department 62 Kings Road, Madison, NJ 07940	<i>Juvenile</i>
Manville Police Department 2 North Main Street, Manville, NJ 08835	<i>Juvenile</i>
Maplewood Police Department 1618 Springfield Avenue, Maplewood, NJ 07040	<i>MHD, Juvenile</i>

Middle Township Police 31 Mechanic Street, Cape May Court House, NJ 08210	<i>Juvenile, RP</i>
Moorestown Township Police Department 1245 N. Church Street, Suite 2, Moorestown, NJ 08057	<i>Juvenile</i>
Mount Laurel Police Department 100 Mount Laurel Road., Mount Laurel, NJ 08054	<i>MHD, Juvenile</i>
Newark Police Department 480 Clinton Avenue, Newark, NJ 07108	<i>Juvenile</i>
North Arlington Police 214 Ridge Road, North Arlington, NJ 07031	<i>MHD, FTO, Juvenile</i>
North Wildwood Police Department 901 Atlantic Avenue, North Wildwood, NJ 08260	<i>MHD, Juvenile, RP</i>
Ocean Township Police Department 399 Monmouth Road, Oakhurst, NJ 07755	<i>Juvenile</i>
Old Tappan Police Department 21 Russell Avenue, Westwood, NJ 07675	<i>MHD, DI, FTO, Juvenile</i>
Oradell Police 355 Kinderkamack Road, Oradell, NJ 07649	<i>Juvenile, RP</i>
Piscataway Police Department 555 Sidney Road, Piscataway, NJ 08854	<i>MHD, Juvenile</i>
Pohatcong Township Police Department. 50 Municipal Drive, Phillipsburg, NJ 08865	<i>MHD, FTO, Juvenile</i>
Point Pleasant Police Department 2233 Bridge Avenue, Point Pleasant, NJ 08742	<i>MHD, Juvenile</i>
Randolph Township Police Department 502 Millbrook Avenue, Randolph, NJ 07869	<i>Juvenile</i>
Raritan Township Police Department 2 Municipal Drive, Flemington, NJ 08822	<i>FTO, Juvenile</i>
Runnemede Police Department 24 North Black Horse Pike, Runnemede, NJ 08078	<i>MHD, Juvenile</i>
South Harrison Township Police Department P.O. Box 180, Harrisonville, NJ 08039	<i>FTO, Juvenile</i>
Spring Lake Police Department 311 Washington Avenue, Spring Lake, NJ 07762	<i>Juvenile, RP</i>
Summit Police Department 512 Springfield Avenue, Summit, NJ 07901	<i>Juvenile</i>
Upper Saddle River Police 368 West Saddle River Road Upper Saddle River, NJ 07458	<i>FTO, Juvenile</i>

Voorhees Police 1180 White Horse Road, Voorhees, NJ 08043	<i>MHD, Juvenile Other: Family Link Program</i>
Wall Township Police Department 2700 Allaire Road, Wall, NJ 07719	<i>Juvenile</i>
Wallington Police Department 54 Union Boulevard, Wallington, NJ 07057	<i>Other: In-house Adjustment Program</i>
West Milford Township Police Department 1480 Union Valley Road, West Milford, NJ 07480	<i>MHD, Juvenile</i>
Wood-Ridge Police 85 Humboldt Street, Wood-Ridge, NJ 07075	<i>Juvenile</i>
Woodbridge Police Department 1 Main Street, Woodbridge, NJ 07095	<i>MHD, DI, Juvenile</i>
New Mexico	
Farmington Police Department 900 Municipal Drive, Farmington, NM 87401	<i>MHD, Juvenile</i>
New York	
Binghamton Police Department 38 Hawley Street, Binghamton, NY 13901	<i>Juvenile, Other: Drug Court</i>
City of Syracuse Police Department 511 South State Street, Syracuse, NY 13202	<i>MHD, DI, FTO, Juvenile</i>
Onondaga County Sheriff's Office 407 South State Street, Syracuse, NY 13202	<i>Juvenile</i>
Oswego County Sheriff's Office 39 Churchill Road, Oswego, NY 13126	<i>Juvenile</i>
Saranac Lake Police Department 1 Main Street, Saranac Lake, NY 12983	<i>Juvenile</i>
Town of Blooming Grove Police Department 2 Horton Road, Blooming Grove, NY 10914	<i>Juvenile</i>
Town of Dewitt Police Department 5400 Butternut Drive, East Syracuse, NY 13057	<i>Juvenile</i>
Town of Haverstraw Police Department 101 West Ramapo Road, Garnerville, NY 10923	<i>DI, Juvenile</i>
Town Of Manlius Police One Arkie Albanese Avenue, Manlius, NY 13104	<i>Juvenile, Veterans</i>
Town of Orangetown Police 26 Orangeburg Road, Orangeburg, NY 10962	<i>Juvenile, RP</i>
Town of Newburgh Police Department 300 Gardnertown Road, Newburgh, NY 12550	<i>Juvenile</i>

Village of Monroe Police Department 104 Stage Road, Monroe, NY 10950	<i>Juvenile</i>
North Carolina	
Ahoskie Police Department 705 West Main Street, Ahoskie, NC 27910	<i>MHD, Juvenile, RP</i>
Bladen County Sheriff's Office P.O. Box 396, Elizabethtown, NC 28337	<i>MHD, Juvenile</i>
Burlington Police Department 267 West Front Street, Burlington, NC 27217	<i>MHD, Juvenile</i>
Chapel Hill Police Department 828 Martin Luther King Jr. Boulevard Chapel Hill, NC 27514	<i>MHD, Juvenile</i>
Charlotte Mecklenburg Police Department 601 East Trade Street, Charlotte, NC 28202	<i>Juvenile</i>
Durham Police Department 505 West Chapel Hill Street, Durham, NC 27701	<i>MHD, FTO, Juvenile</i>
Eden Police Department 308 B East Stadium Drive, Eden, NC 27288	<i>MHD, Juvenile</i>
Emerald Isle Police Department 7500 Emerald Drive, Emerald Isle, NC 28594	<i>MHD, Juvenile</i>
Greensboro Police Department 300 West Washington Street, Greensboro, NC 27401	<i>MHD, FTO, Juvenile, RP</i>
Kinston Department. Of Public Safety 205 East King Street, Kinston, NC 28501	<i>MHD, DI, FTO, Juvenile, RP</i>
Lenoir County Sheriff's Office 130 South Queen Street, Kinston, NC 28502	<i>Juvenile</i>
Lenoir Police Department 1035 West Avenue, Lenoir, NC 28645	<i>MHD, Juvenile, Other: Traffic Enforcement Diversion</i>
Oakboro Police Department P.O. Box 610, Oakboro, NC 28129	<i>DI, FTO</i>
Pembroke Police Department P.O. Box 866, Pembroke, NC 28372	<i>Juvenile</i>
Rockingham County Sheriff's Office 170 NC-65, Reidsville, NC 27320	<i>MHD, DI, Juvenile, RP</i>
Weldon Police Department 111 Washington Avenue, Weldon, NC 27890	<i>MHD, FTO, Juvenile,</i>
West Jefferson Police Department P.O. Box 490, West Jefferson, NC 28694	<i>MHD, FTO, RP</i>
Yadkinville Police Department P.O. Box 816, adkinville, NC 27055	<i>MHD, Juvenile</i>

North Dakota

Valley City Police Department *Juvenile*
216 Second Avenue NE, Valley City, ND 58072

Ohio

Brecksville Police Department *Juvenile*
9069 Brecksville Road, Brecksville, OH 44141

Canfield Police Department *Juvenile*
104 Lisbon Street, Canfield, OH 44406

Canton Police Department *MHD, FTO, Veterans*
221 Third Street SW, Canton, OH 44702

Cheviot Police Department *FTO, Juvenile*
3814 Harrison Avenue, Cheviot, OH 45211

Clearcreek Township Police Department *MHD, Juvenile*
7593 Bunnell Hill Road, Springboro, OH 45066

Colerain Police Department *FTO, Juvenile, Veterans*
4200 Springdale Road, Colerain Township, OH 45251

Euclid Police Department *Juvenile*
545 East 222nd Street, Euclid, OH 44123

Fairfield Police Department *MHD, Juvenile*
5230 Pleasant Avenue, Fairfield, OH 45014

Gahanna Police Department *Juvenile*
460 Rocky Fork Boulevard, Gahanna, OH 43230

Hudson Police Department *MHD, Juvenile*
36 South Oviatt Street, Hudson, OH 44236

Hunting Valley Police Department *Juvenile*
38251 Fairmount Boulevard, Chagrin Falls, OH 44022

Louisville Police Department *FTO, Juvenile*
1150 West Main Street, Louisville, OH 44641

Medina Township Police Department *MHD, Juvenile, Other: DUI Task Force, Other: Criminal Interdiction Task Force*
3801 Huffman Road, Medina, OH 44256

Olmsted Falls Police *Juvenile*
26100 Bagley Road, Olmsted Falls, OH 44138

Orange Village Police Department *Juvenile*
4600 Lander Road, Orange Village, OH 44022

Pickaway County Sheriff's Office *DI, FTO, Juvenile, RP*
600 Island Road, Circleville, OH 43113

Pickerington Police Department *Juvenile*
1311 Refugee Road, Pickerington, OH 43147

Powell Police Department 47 Hall Street, Powell, OH 43065	<i>MHD, Juvenile, RP</i>
Reminderville Police Department 3602 Glenwood Boulevard, Aurora, OH 44202	<i>Juvenile</i>
Reynoldsburg Police Department 7240 East Main Street, Reynoldsburg, OH 43068	<i>MHD, DI, FTO, Juvenile, Prostitution, RP, Veterans</i>
Salem Police Department 231 South Broadway Avenue, Salem, OH 44460	<i>Juvenile</i>
Summit County Sheriff's Office 53 University Avenue, Akron, OH 44308	<i>Juvenile</i>
Toledo Police Department 525 North Erie Street, Toledo, OH 43604	<i>MHD, DI, Juvenile</i>
Union Township Police Department 4312 Glen Este-Withamsville Road, Cincinnati, OH 45245	<i>MHD, Juvenile</i>
Wapakoneta Police Department 701 Parlette Court, Wapakoneta, OH 45895	<i>Juvenile</i>
Washingtonville Police Department 38 East Main Street, Washingtonville, NY 10992	<i>FTO, Juvenile</i>
West Carrollton Police Department 300 East Central Avenue, West Carrollton, OH 45449	<i>FTO, Juvenile, RP</i>
Westlake Police Department 27300 Hilliard Boulevard, Westlake, OH 44145	<i>Juvenile</i>
Oklahoma	
Oklahoma County Sheriff's Office 201 N. Shartel, Oklahoma City, OK 73102	<i>MHD, Juvenile</i>
Oregon	
Beaverton Police Department 4755 SW Griffith Drive, Beaverton, OR 97076	<i>MHD, Juvenile</i>
Coos County Sheriff's Office 250 North Baxter, Coquille, OR 97423	<i>MHD</i>
Lake Oswego Police Department 380 A Avenue, Lake Oswego, OR 97034	<i>MHD, Juvenile, RP</i>
Marion County Sheriff's Office 100 High Street NE, Salem, OR 97301	<i>MHD, Veterans</i>
Medford Police Department 411 West Eighth Street, Medford, OR 97501	<i>MHD</i>
Portland Police Bureau 1111 SW Second Avenue, Room 1552 Portland, OR 97204	<i>MHD, Juvenile, Prostitution</i>

Pennsylvania

Buckingham Township Police Department 4613 Hughesian Dr, Buckingham, PA 18912	<i>Juvenile</i>
Cain Township Police Department 253 Municipal Drive, Thorndale, PA 19372	<i>Juvenile</i>
Chester Police Department 160 East Seventh Street, Chester, PA 19013	<i>MHD, FTO, Juvenile, RP</i>
City of Franklin Police Department 430 13th Street, Franklin, PA 16323	<i>MHD, FTO, Juvenile, RP</i>
City of Latrobe Police Department 901 Jefferson Street, Latrobe, PA 15650	<i>Juvenile</i>
Clarion County Sheriff's Office 421 Main Street, Suite 11, Clarion, PA 16214	<i>MHD, FTO, Juvenile</i>
Fountain Hill Police Department 941 Lona Street, Fountain Hill, PA 18015	<i>Juvenile, RP</i>
Lower Salford Township Police Department 379 Main Street, Harleysville, PA 19438	<i>Juvenile</i>
Manor Township Police Department 920 North Garfield Road, Lancaster, PA 17603	<i>MHD, Juvenile, Veterans</i>
Marple Township Police Department 225 South Sproul Road, Brusmauy, PA 19008	<i>FTO, Juvenile</i>
Mechanicsburg Police Department 36 West Allen Street, Mechanicsburg, PA 17055	<i>MHD, FTO, Juvenile</i>
Milford Police Department 111 West Catherine Street, Milford, PA 18337	<i>MHD, FTO, Juvenile, RP, Veterans</i>
Millersville Borough Police Department 100 Municipal Drive, Millersville, PA 17551	<i>MHD, Juvenile</i>
Milton Borough Police Department 1 Filbert Street, Milton, PA 17847	<i>Juvenile</i>
Muhlenberg Township Police Department 5401 Leesport Avenue, Temple, PA 19560	<i>Juvenile, Veterans</i>
Philadelphia Police Department 750 Race Street, Room 203, Philadelphia, PA 19106	<i>FTO, Juvenile</i>
Quakertown Police Department 35 North Third Street, Quakertown, PA 18951	<i>MHD, FTO, Juvenile</i>
Quarryville Police Department 300 Saint Catherine Street, Quarryville, PA 17566	<i>Juvenile</i>
Robeson Township Police Department 2689 Main Street, Birdsboro, PA 19508	<i>Juvenile</i>

Rockledge Police Department 1 Park Avenue, Rockledge, PA 18976	<i>MHD, FTO, Juvenile</i>
Springettsbury Township Police Department 1501 Mt. Zion Road, York, PA 17402	<i>MHD, Juvenile, Veterans</i>
State College Police Department 243 South Allen Street, State College, PA 16801	<i>MHD, FTO, Juvenile, Veterans</i>
Upper Dublin Township Police Department 801 Loch Alsh Avenue, Fort Washington, PA 19403	<i>Juvenile</i>
Upper Saucon Township Police Department 5500 Camp Meeting Road, Center Valley, PA 18034	<i>FTO, Juvenile</i>
Upper Southampton Township Police Department 939 Street Road, Southampton, PA 18966	<i>MHD, FTO, Juvenile, Veterans</i>
Warminster Township Police Department 401 Gibson Avenue, Warminster, PA 18974	<i>MHD, FTO, Juvenile, Veterans</i>
South Carolina	
City of Hardeeville Police Department 26 Martin Street, Hardeeville, SC 29927	<i>FTO, Juvenile, RP</i>
Georgetown County Sheriff's Office 430 North Fraser Street, Georgetown, SC 29440	<i>FTO, Juvenile</i>
Isle of Palms Police Department 30 J.C. Long Boulevard, Isle of Palms, SC 29451	<i>Juvenile</i>
North Augusta Department of Public Safety 454 East Buena Vista Avenue North, Augusta, SC 29841	<i>FTO, Juvenile</i>
Pawleys Island Police Department 321 Myrtle Avenue, Pawleys Island, SC 29585	<i>Juvenile</i>
Pelion Police Department 611 Pelion Road, Pelion, SC 29123	<i>MHD, DI, FTO, Juvenile, RP, Veterans</i>
Richland County Sheriff's Department 5623 Two Notch Road, Columbia, SC 29223	<i>Juvenile</i>
South Dakota	
Clay County Sheriff's Office 15 Washington Street, Vermillion, SD 57069	<i>FTO</i>
Tennessee	
Surgoinville Police Department 1710 Main Street, Surgoinville, TN 37873	<i>DI</i>
Texas	
Argyle Police Department P.O. Box 609, Argyle, TX 76226	<i>FTO, Juvenile, Veterans</i>

Arlington, Texas Police Department 620 West Division Street, Arlington, TX 76011	<i>MHD, DI, FTO, Juvenile, Prostitution, Veterans</i>
Austin Police Department P.O. Box 689001, Austin, TX 78768	<i>MHD, DI</i>
Bexar County Sheriff's Office 200 North Comal Street, San Antonio, TX 78207	<i>MHD, DI, FTO, Juvenile, Prostitution, RP, Veterans</i>
Colleyville Police Department 5201 Riverwalk, Colleyville, TX 76034	<i>MHD, FTO, Juvenile</i>
Farmers Branch Police Department 3723 Valley View Lane, Farmers Branch, TX 75244	<i>FTO, Juvenile</i>
Harris County Sheriff's Office 1200 Baker Street, Houston, TX 77002	<i>MHD</i>
Houston Police Department 1200 Travis Street, 10th Floor, Houston, TX 77002	<i>MHD, Other: Nonviolent, Cooperative Public Intoxication Offenders</i>
La Marque Police Department 1106 Cedar Drive, La Marque, TX 77568	<i>MHD, DI, FTO, Juvenile, Prostitution, RP, Veterans</i>
Mansfield Police Department 1305 East Broad Street, Mansfield, TX 76063	<i>Juvenile</i>
Midland County Sheriff's Office 400 South Main Street, Midland, TX 79701	<i>MHD, Veterans</i>
Nueces County Sheriff's Office 901 Leopard Street #220, Corpus Christi, TX 78403	<i>MHD, Veterans</i>
Richardson Police Department 140 North Greenville Avenue, Richardson, TX 75081	<i>Juvenile</i>
Utah	
Pleasant Grove Police Department 87 East 100 Street, Pleasant Grove, UT 8402	<i>Juvenile</i>
Sandy Police Department 10000 South Centennial Parkway, Sandy, UT 84070	<i>Juvenile</i>
Spanish Fork City Police Department 789 West Center Street, Spanish Fork, UT 84660	<i>Juvenile</i>
Vermont	
Rutland City Police Department 108 Wales Street, Rutland, VT 05701	<i>MHD, DI, FTO, Juvenile, RP, Veterans</i>
Virginia	
Caroline County Sheriff's Office 115 Courthouse Lane, Bowling Green, VA 22427	<i>MHD, FTO, Juvenile</i>
City of Charlottesville Police Department 606 East Market Street, Charlottesville, VA 22902	<i>MHD, DI, FTO</i>

Fairfax County Police Department 4100 Chain Bridge Rd, Fairfax, VA 22030	<i>MHD, Juvenile</i>
Lebanon Police Department 405 West Main Street, Lebanon, VA 24266	<i>MHD, FTO</i>
Loudoun County Sheriff's Office 803 Sycolin Road, Leesburg, VA 20175	<i>MHD, DI, FTO, Juvenile, Prostitution, RP, Veterans</i>
Lynchburg Police Department 905 Court Street, Lynchburg, VA 24504	<i>MHD, Juvenile</i>
Newport News Police Department 9710 Jefferson Avenue, Newport News, VA 23605	<i>MHD, DI, Juvenile, Prostitution</i>
Page County Sheriff's Office 108 South Court Street, Luary, VA 22835	<i>MHD, FTO, Juvenile</i>
Radford City Police Department 20 Robertson Street, Radford, VA 24141	<i>MHD, FTO, Juvenile, RP</i>
Virginia Beach Police Department 2509 Princess Anne Road, Virginia Beach, VA 23456	<i>MHD, FTO, Juvenile, Veterans</i>
Warrenton Police Department 333 Carriage House Lane, Warrenton, VA 20186	<i>MHD, FTO, Juvenile</i>
York-Poquoson Sheriff's Office 301 Goodwin Neck Road, Yorktown, VA 23692	<i>MHD, Juvenile</i>
Washington	
Arlington Police Department 110 East Third Street, Arlington, WA 98223	<i>MHD, Juvenile, Other: DUI First Time Offender</i>
Bellevue Police Department 450 110th Avenue NE, Bellevue, WA 98004	<i>MHD, Juvenile</i>
Kennewick Police Department 211 West Sixth Avenue, Kennewick, WA 99336	<i>MHD, DI, FTO, Juvenile</i>
King County Sheriff's Office 516 Third Avenue, Seattle, WA 98104	<i>MHD, DI</i>
Kittitas County Sheriff's Office 307 West Umptanum Road, Ellensburg, WA 98926	<i>Juvenile</i>
Port Townsend Police Department 1925 Blaine Street, Suite 100, Port Townsend, WA 98368	<i>MHD, Juvenile, RP</i>
Seattle Police Department 810 Virginia Street, Seattle, WA 98101	<i>MHD, DI, Other: Law Enforcement Assisted Diversion</i>

Wisconsin

Buffalo County Sheriff's Office

407 South Second Street, Alma, WI 54610

Juvenile

Trempealeau County Sheriff's Office

36245 Main Street, Whitehall, WI 54773

DI, FTO, Juvenile

Two Rivers Police Department

1717 East Park Street, Two Rivers, WI 54241

Veterans

Wyoming

Carbon County Sheriff's Office

P.O. Box 282, Rawlins, WY 82301

Juvenile

Powell Police Department

250 North Clark Street, Powell, WY 82435

MHD, Juvenile, RP

Sheridan Police Department

45 West 12th Street, Sheridan, WY 82801

FTO, Juvenile

APPENDIX B. SURVEY INSTRUMENT

This appendix has been slightly edited for brevity and to conform to COPS Office style.

Center for Court Innovation Survey for Law Enforcement Agencies

Name of Law Enforcement Office/Agency:

Your Name:

Position:

Address:

Phone:

E-mail:

The purpose of this survey is to learn about police-led diversion programs nationwide and provide a portrait of their goals, target populations, and policies. We will not identify which person or agency gave which responses without explicit permission from authorized personnel. We will also keep strictly confidential any personally identifying information such as your name and personal contact information.

Section A. Background Information

1. How many of the following types of staff are employed in your office by your agency?
 - a. Sworn law enforcement officers
 - b. Civilian (e.g., clerical, computers, social work, fiscal support, etc.)
2. How many years has the current Chief/Sheriff/Commissioner been in their position?
3. Approximately how many criminal arrests did your agency make in 2012 for felony and misdemeanor crimes? Please provide your best estimate.
 - a. Felony arrests in 2012
 - b. Misdemeanor arrests in 2012

Section B. Use of Diversion

Please read: For the purpose of this survey, diversion is a discretionary decision to route an individual (juvenile or adult) away from the traditional justice process. Specifically, an individual who is diverted would have been subject to arrest and booking, or given a citation/ticket to appear in court, but instead, the individual is not subject to prosecution or court involvement. We are interested in police-led diversion, where law enforcement may run a diversion option or may agree to engage in diversion through programs or policies developed by the prosecutor, court, community-based organizations, or others.

4. Based on the preceding definition, does your agency ever engage in diversion?
 - a. Yes
 - b. No
5. Are you aware of any diversion programs in your state where law enforcement officers have the discretion to divert individuals from the traditional booking or citation process?
 - a. Yes: Please provide the names and contact information for each such agency in the space provided below.
 - b. No

If you answered no to questions 4 and 5, please return the survey in the enclosed self-addressed envelope. Thank you for your participation.

6. Does your agency “run” the diversion option or program, meaning that your agency developed and/or currently oversees its policies and procedures?
 - a. Yes
 - b. No: Please specify which entity runs the program.
7. Does your agency participate in a formal diversion program?
 - a. Yes: Check all that apply.
 - i. Crisis Intervention Teams (CIT) for person in a mental health crisis
 - ii. Drug Market Interventions (DMI) or Gang Violence Reduction Strategy (GVRS) for low-level drug involved
 - iii. First Time Offender
 - iv. Juvenile Diversion
 - v. Prostitution
 - vi. Restitution Program for graffiti, personal property or theft
 - vii. Veterans
 - viii. If other, please identify and explain in the space provided.
 - b. No
8. Do officers have the discretion to informally divert or do “desk drawer diversions”, where they informally assess and divert on an individual basis?
 - a. Yes
 - b. No
 - c. Do not know

Section C. Target Population

9. What types of individuals are eligible for diversion programs? Please check all that apply and indicate if misdemeanor, felony, or both offenses are included.

	Felony	Misdemeanor
First-time offenders		
Person with mental illness (i.e., CIT)		
Juvenile		
People who are developmentally disabled		
Drug involved (i.e., DMI)		
Prostitution		
Veterans		
Restitution program for graffiti or gang affiliations		
Other: Please specify		

Section D. Screening and Eligibility Determination

10. Who determines eligibility for diversion? *Check all that may apply.*

- a. Responding officer
- b. Arresting officer
- c. Supervising officer
- d. Other: Please specify

11. At what point is eligibility determined? *Check all that may apply.*

- a. Prior to arrest
- b. At the point of arrest
- c. At booking (e.g., in the police station) / issuing citation or ticket
- d. After booking
- e. Other: please specify

12. Who is consulted when determining eligibility?

- a. Diversion is solely a law enforcement decision
- b. Social Service Provider
- c. Mental Health
- d. Substance Abuse
- e. Prosecutor
- f. Judge or Special Court Official
- g. Probation or Parole
- h. Other: please specify

13. Do you screen everyone for diversion who is at least potentially eligible (based on formal criteria such as the nature of the crime or first-time/repeat offender status)?
 - a. Yes
 - b. No: please specify why
 - c. Do not know
14. At the time the eligibility determination is made, is the following consistently known about the individual? *Check all that may apply.*
 - a. History of criminal behavior
 - b. Previous participation in diversion
 - c. Physical health/history
 - d. History of mental illness/PTSD
 - e. Substance abuse history or treatment
 - f. Sexual abuse or trauma history
 - g. Homelessness
 - h. Employment/Student
 - i. Do not know
15. Is a formal risk assessment or risk screening tool administered to inform the eligibility decision for diversion?
 - a. Yes: *please check all that may apply.*
 - b. LSI-R (Level of Service Inventory – Revised)
 - c. STRONG (Static Risk and Offender Needs Guide)
 - d. SAVRY (Structured Assessment of Violence Risk in Youth)
 - e. RCC (Risk and Resiliency Checkup)
 - f. GAIN (Global Appraisal of Individual Needs)
 - g. SBRIT (Screen, Brief Intervention, and Referral to Treatment)
 - h. AUDIT (Alcohol Use Disorders Identification Test)
 - i. CAGE
 - j. If you have developed your own or modified an existing one please describe what the tool measures:
 - k. Other: please specify
 - l. No

16. Whether or not a formal tool is used, please indicate whether the following factors will affect the likelihood of diversion:

	Increase Likelihood	Decrease Likelihood	Not Affect Likelihood	Not Eligible
First-time offender				
A juvenile				
Presents with symptoms of a mental illness				
Presents as drug addicted				
Presents as having stable family or community ties				
Presents as homeless				
Shows remorse				
Employed/Student				
Prior arrest history				
Prior conviction history				
Currently on probation or parole				
Presents with gang involvement				
Diverted previously on another case				
Other: Please specify				

Section E. Participation and Services

17. If an individual meets the criteria to be diverted, is participation voluntary?
- a. Yes
 - b. No
 - c. Do not know
18. Do individuals have access to counsel prior to diversion participation?
- a. Yes
 - b. No
 - c. Do not know
19. Is the participant required to waive any legal rights to participate in diversion?
- a. Yes: Please specify
 - b. No
 - c. Do not know
20. What would you say are the major service needs among those diverted? *Check all that apply.*
- a. Substance abuse treatment
 - b. Mental health assessment/treatment
 - c. Housing

- d. Employment
- e. Vocational training
- f. Education (e.g., GED)
- g. Family reintegration
- h. Public assistance linkages
- i. Transportation
- j. Other: please specify:

21. Besides possibly not having an arrest record or being prosecuted, are there other incentives offered to the individual to participate in the diversion program?
- a. Yes: please specify
 - b. No
 - c. Do not know

Section F. Program Structure

22. Among those who are diverted, how often must they actually participate in a “class” or “program” of some kind?
- a. Yes: Please specify length below:
 - i. 1 day/class/session
 - ii. 2-4 days/classes/sessions
 - iii. 5-7 days/classes/sessions
 - iv. Participate in an ongoing program. *Please specify frequency*
 - 1) Daily
 - 2) Weekly
 - 3) Monthly
 - 4) Other: please specify
 - b. No
 - c. Do not know

23. Please fill out the table below regarding services offered to individuals and whether there is a partnership with the social service agency and does that agency provide training to law enforcement officers.

	Service Provided	Partnership with Agency	Training Offered by Agency
Substance abuse treatment			
Substance abuse prevention programming (e.g., for young adults or at risk juveniles)			
Alcohol/drug testing			
Trauma treatment			
Individual counseling / mental health treatment			

	Service Provided	Partnership with Agency	Training Offered by Agency
Group-based counseling / mental health counseling			
Psychiatric assessment			
Cognitive Behavioral Therapy for criminal thinking			
Vocational or educational programming			
Other social service program (Please explain)			

24. Are participants ever drug-tested?

- a. Yes
 - i. As part of the initial assessment process
 - ii. Regularly during program participation
 - iii. Randomly
- b. No
- c. Do not know

25. Does anyone manage/follow the participant during the time with the program?

- a. Yes: please check the person responsible
 - i. Case Manager
 - ii. Parole/Probation Officer
 - iii. Judge/Court
 - iv. Other: please specify
- b. No
- c. Do not know

Section G. Completion of Program

26. What are the legal benefits of successful completion of the diversion program?
Check all that may apply in at least some cases.

- a. No arrest record
- b. Arrest record but arrest is never transferred to the prosecutor or court
- c. Case advanced to the prosecutor but prosecutor declines to file with the court
- d. Case filed with the court but subsequently dismissed
- e. Other: Please specify

27. Are there actions that would automatically cause a participant to be dismissed from the program?

- a. Yes: Please specify
- b. No

28. What are the legal consequences of non-completion of the diversion program?
Check all that may apply in at least some cases.
- a. No consequences
 - b. Case is filed with the prosecutor and offender booked or warrant issued
 - c. Participant is remanded
 - d. Participant is placed in an alternate program to better address the participant's needs
 - e. Interim sanctions: Please specify
 - f. Other: Please specify
29. Do you have a written policy and procedures manual?
- a. Yes
 - b. No

Section H. Implementation

30. When did the diversion program divert its first case?
- a. Month/Year:
31. Please indicate approximately how many adult offenders were diverted in 2012.
32. Please indicate approximately how many juvenile offenders were diverted in 2012.
33. If your program has a specific policy or track applying to people in a mental health crisis, please indicate approximately how many people in crisis were diverted in 2012. *(You may skip this question if your program does not focus on mentally ill offenders or the answer is unknown.)*
34. What are some of the strengths and weaknesses of the diversion program?
35. If an opportunity arises, would you be willing to be contacted to explore further your thoughts about diversion, either in your jurisdiction or in general?
- a. Yes
 - b. No

Thank you for taking the time to complete our survey!

APPENDIX C. INTERVIEW PROTOCOL

This appendix has been slightly edited for brevity and to conform to COPS Office style.

I. Program Environment

1. Can you offer a general description of the jurisdiction you serve, including the degree to which it is urban, suburban, or rural; population size if you know; major racial/ethnic groups; and general socioeconomic attributes of the population (i.e. occupations, incomes, education characteristics)?
2. Describe the structure of your law enforcement agency: About how many law enforcement officials work in the agency? Can you provide a sense of how many civilians work in your agency and the general roles they play?
3. About how many felony and misdemeanor arrests does your agency make every year?
4. Do you have an annual statistical report or any document you could share indicating the breakdown of arrests by charge? If yes, can we have a copy?

II. Use of Diversion

5. Does your agency participate or run a formal diversion program (e.g., CIS, DMI, first-time offender, juvenile, prostitution, etc.)? *Probe for: which agency created the program (e.g., police created it, police did not create it but run it now, police are collaborating w/some other agency's idea)?*
6. Do officers have the discretion to informally divert or do “desk drawer diversions”?

III. Diversion Program History

7. About when did your agency begin to participate in or run a formal police-led diversion program?
8. *(If you know)* Why was the program started, and which stakeholders provided the impetus (e.g., players within the prosecutor’s office, court, defense, community-based agencies, or others)?
9. Did any stakeholders oppose the program when you opened it? Do any oppose it now? Short of outright opposition, what sorts of concerns do you hear, and from whom?
10. Was there a formal or informal planning team? Even if informally, who planned the program, and what sorts of issues were discussed or debates held during the planning process?
11. Did you ever receive, or do you currently have, state, federal, or other outside funding to help implement the program? What was the funding source and for what period of time?

12. Did you receive any help from outside experts in the course of planning or operating the program (or currently)? If yes, please describe who helped your program, the suggestions they made, and whether it was helpful?
13. How has the program changed over time? *Probe for: Issues that weren't working optimally, stakeholder requested a change, capacity to take on more cases / different types of cases.*

IV. Staffing And Structure

14. Please describe the program's staff and organizational structure. *Probe for roles, part-time, full-time.*
15. Do you partner with any community-based agencies in connection with any aspect of the diversion program? If so, please indicate how many partner agencies and describe their roles.
16. If you partner with community-based agencies, please describe how cases are transferred from your agency to the community partner.
17. If you partner with community-based agencies, please describe if/how/when community partners report back on compliance to the police.

V. Program Goals

18. What are the main goals of the police-led diversion program? What do you hope it accomplishes?

VI. Target Population

19. What types of individuals are eligible for diversion (please specify misdemeanor or felony)?
 - a. First-time offenders
 - b. Persons with mental illness
 - c. Juvenile
 - d. Persons with developmental disabilities
 - e. Drug involved
 - f. Prostitution
 - g. Veterans
 - h. Restitution program for graffiti
 - i. Homeless
 - j. Other: please specify:
20. How is diversion carried out in your jurisdiction?
 - a. Diversion is done jurisdiction-wide
 - b. Diversion is done in only certain precincts and/or geographically defined areas
 - c. Other: please specify:

21. Please describe what happens from the point of police contact to the moment of the diversion decision. Probe for whether diversion participation take place pre-arrests, at the point of arrests, at booking, or post-booking, etc.?
22. Why do you use a [pre-arrest, point of arrest, booking, post-booking, mixed] model?
23. What are the factors that determine when in the process the offender goes to diversion?
24. What types of crimes are eligible for diversion? Probe for charge severity/type (i.e. felony, misdemeanor, other/specify) and why they focused on these types of crimes.
25. Are there any exclusions related to criminal history (e.g., first-time only)? Please clarify any such exclusions, indicating whether it is based on prior arrests or convictions. Also, please indicate the rationale for any such exclusions. Probe for any other crimes that are excluded. Please specify which crimes are excluded and why.
26. Regardless of your formal criteria, please list the most common crimes seen in the diversion program?
27. Does your program have any clinical or other non-legal eligibility criteria (e.g., drug problem, homeless, mental illness etc.)? If so, please explain exactly what problem threshold must be met (e.g., if a drug problem is necessary, how severe a problem will make someone eligible).
28. Conversely, based on their problems or social situation, are there any types of individuals who are excluded (e.g., those with a certain type or severity of mental illness)? If so, please specify.

VII. Screening Process

29. Who determines eligibility for diversion (responding/arresting/supervising officer, other)? If you indicated someone other than the responding officer, how do the cases reach that individual?
30. Besides staff from your agency, is anyone else consulted when determining whether an individual is eligible for the pretrial diversion program? *Please check all that apply.*
 - a. Diversion is solely a law enforcement decision
 - b. Social service provider
 - c. Prosecutor
 - d. Judge or Special Court official
 - e. Probation or Parole
 - f. Other:
31. If you indicated that other offices are involved in determining program eligibility, please explain their involvement and how the final decision is made.
32. Can the individual refuse to participate?

33. About how often do eligible individuals refuse to participate? *Probe for availability of statistics on percentage of eligible individuals who refuse to participate.*
- a. Never or rarely
 - b. Sometimes (from roughly a few to one-quarter of eligible individuals)
 - c. Often (from roughly one-quarter to one-half of eligible individuals)
 - d. Very often (roughly half or more of eligible individuals)
34. What do you think is the most common reason why individuals refuse to participate?
- a. Program participation is too long and intensive
 - b. Better legal outcome is likely by not participating
 - c. Unmotivated to enter treatment or participation in diversion services
 - d. Other:
Please elaborate on why individuals might refuse to participate (as needed):

VIII. Clinical Assessment

35. Do you perform a risk or need screen or assessment of any kind with program participants (regardless of its length or content)?
- a. Yes
 - b. No

If Yes to previous question, please answer the lettered questions that follow (if No, please skip to question 38):

- a. Is a formal risk assessment or risk-screening tool administered?
 - i. Yes: which one (e.g., LSI-R, STRONG, SAVRY, RCC, GAIN, etc.)?
 - ii. No
- b. What criteria determine whether or not an officer conducts a risk assessment?
- c. About how long does the assessment take to administer?
- d. What issues does the assessment cover? *If you are unsure, do not check at this time.*
 - i. Risk of reoffense
 - ii. Flight risk (risk of not showing-up at court dates or program sessions)
 - iii. Demographic information
 - iv. Drug use and addiction
 - v. Criminal history
 - vi. Antisocial personality
 - vii. Antisocial peer relationships
 - viii. Criminal thinking (pro-criminal beliefs or attitudes; negative views towards the law)
 - ix. Current employment status and employment history
 - x. Current educational/vocational enrollment and educational/vocational history

- xi. Family relationships
 - xii. Antisocial tendencies among family members (criminal or drug-using behavior)
 - xiii. Leisure activities
 - xiv. Neighborhood conditions
 - xv. Past experiences of trauma and/or symptoms of posttraumatic stress
 - xvi. Depression or bipolar disorder
 - xvii. Other mental health issues
 - xviii. Readiness to change
 - xix. Other: Please specify:
- e. Does your assessment produce a summary score for the following?
Check all that apply.
- i. Risk of reoffense
 - ii. Level of drug addiction
 - iii. Criminal thinking or negative attitudes towards the law
 - iv. Trauma or posttraumatic stress symptoms
 - v. Other mental health disorders (Which ones?)
 - vi. Employment problems and needs
- f. To the extent that you assess for risk of reoffense or generate a summary risk score or classification, which risk level do you seek to enroll in your diversion program?
- i. N/A (risk assessment not performed)
 - ii. Low-risk
 - iii. Medium-risk
 - iv. High-risk
- g. Please elaborate on how you use the assessment and/or its summary scores?
Specifically, indicate the extent to which it is used to determine eligibility, service planning, case management, intensity of monitoring, or anything else.
- h. Can you attach or provide a copy of all screening or assessment tools you use?

IX. Program Mandates

36. What would you say are the major service needs among those diverted?
37. Are program length and services standardized (the same) for all participants, or do they vary on a case-by-case basis?
- a. Standardized
 - b. Vary case-by-case
38. Answer these questions only if you offer a single standardized program:
- a. How many days of program participation is required, how many hours/minutes of program attendance is involved per day, and over how long are those days spread out?

- b. How long does it actually take program participants to complete the program? For example, they may be required to complete two days, but it will take them a month to do so due to program offerings.
 - c. Can you describe the program curriculum (what is covered and how)?
 - d. Can you provide a copy of the written curriculum?
 - e. What training/credentials do the individual(s) have who run the program sessions?
39. Answer these questions only if the program varies from case-to-case.
- a. Please review how you determine the level and type of services for each individual.
 - b. Understanding that services vary, please indicate, on average, about how long it takes to complete the program, and what the typical curriculum is like.
 - c. Can you provide a copy of any curricular materials?
 - d. What training/credentials do the individual(s) have who run the program sessions?
 - e. Are there any services or program innovations you would like to implement but can't because of gaps in available law enforcement resources or other reasons?
40. Who actually administers the diversion program services, and where are they held?
41. In the event that services are delivered outside of your law enforcement agency, is information about participant attendance and compliance communicated back to the agency's office?
42. If yes, how is that information communicated back and who is it communicated to?
43. Does your agency communicate such information to any other agency (e.g., court, probation, etc.)?

X. Legal Leverage

44. For program participants who complete all requirements, what are the legal benefits? *Please check all that apply in at least some cases.*
- a. No arrest record
 - b. Arrest record but arrest is never transferred to the prosecutor or the court
 - c. Case advanced to the prosecutor but prosecutor declines to file with the court
 - d. Case filed with the court but subsequently dismissed
 - e. Other: please specify
- Do these legal benefits vary from case-to-case? If so, why it might vary in this way?
45. Are participants told at enrollment exactly what legal outcome will result if they complete all requirements? Please answer "no" if participant is merely told what may happen or is told of one or more possible outcomes. Please answer "no" if there is any doubt.

46. For program participants who fail to complete the program, what are the legal consequences of non-completion? *Please check all that apply in at least some cases.*
- a. No consequences
 - b. Case is filed with the prosecutor and offender booked or warrant issued
 - c. Participant is remanded
 - d. Participant is placed in an alternate program to better address the participant's needs
 - e. Interim sanction: please specify
 - f. Other: please specify:
- Do the legal consequences vary from case-to-case?
If so, why might it vary in this way?
47. Are participants told at enrollment exactly what legal outcome will result if they fail out?
48. What do you think is the primary reason for why participants sometimes fail?
49. What do you regard as the most important quality in a participant that predicts his or her success in the program?

XI. Supervision

50. For participants who are noncompliant with program rules, are they ever given a “second chance” to be compliant?
- If yes, please elaborate on what kind of behavior is considered noncompliant, how many chances participants might receive, whether or how interim sanctions are used in response to noncompliance, and what participants are handed or told about sanctioning policies?
51. Does anyone supervise/follow-up with the participant during the time with the program?
- If yes, please elaborate on how frequently, for what purpose, and with whom do they meet?

XII. Program Oversight

52. What is the name of the diversion program coordinator from your agency? If there are multiple coordinators, please try to answer the following questions to the best of your ability.
53. For how many years has the coordinator held this role?
54. For how many years has the coordinator worked in your agency?
55. What professional educational credentials does the coordinator possess (e.g., JD, MSW, etc.)?
56. Did the current coordinator plan the program?
- If no, please indicate who planned the program and their current role.
57. Please indicate whether or how the coordinator or other program staff use outside research or evidence and/or data collected at the program to shape or revise its design.

58. Please indicate how program/service delivery staff are hired and by whom.
59. What do you believe are the most important training needs (if any) for diversion program staff?

XIII. Partnerships

60. Please discuss what, if any, role is played by each of the following stakeholders in the development of diversion program policies, everyday operations, enrollment decisions, and program completion/failure/legal outcome decisions:
 - a. defense bar
 - b. court players
 - c. law enforcement
 - d. probation
 - e. community-based partners
 - f. other stakeholders (name?).

Please verify that each of the aforementioned stakeholders were covered and, for each, that each of the aforementioned types of involvement were covered.

61. If community-based service providers are involved, please note how many providers you use and circumstances under which you use each one for a specific case (if not covered above).
62. Do the providers provide training to law enforcement officers?

XIV. Overall Program Strengths and Weaknesses

63. What would you say are the greatest strengths and weaknesses of the program?
64. What have been some of the most important barriers you've faced at different times in the program's planning and operational history?
65. How does your community view the program (if you know)?
66. What would you like to change about the program?
67. Specifically, how do you feel about the volume of cases enrolled in the program? Too few, too many, or just right? Would you want any changes related to volume? How would you implement them?

XV. Program Data and Results

68. How many individuals participated in the program in 2014?
69. If you know, how many individuals were referred to the program in 2014 but did not ultimately participate?
70. As of the end of 2014 (or as of right now if that is easier), how many individuals participated in the program since inception?

71. As of right now, of those who enrolled since the program opened, how many participants. . .?
(Accept breakdowns for other years or time periods depending on what data the program has available.)
- a. Successfully completed
 - b. Failed the program
 - c. Have currently open cases
 - d. Other status
72. On average, about how many days or weeks pass between contact with law enforcement and program entry?
73. On average, about how many days or weeks pass between program entry and program completion (for those who complete)?
74. Does the program have an official policies and procedural manual?
75. If yes to the previous question, can you please provide a copy of the manual?
76. Has an evaluation been conducted of the program? Check all that apply.
- a. No
 - b. Yes, process evaluation
 - c. Yes, impact evaluation
77. If yes to previous question, may we have a copy?
78. Do you create regular (e.g., annual) performance reports of any kind? If yes, may we have a copy of one example?

ACRONYMS

ACPD	Arlington County Police Department	FBI	Federal Bureau of Investigation
APD	Atlanta Police Department	FTO	First Time Offender
APD	Austin Police Department	GBI	Georgia Bureau of Investigation
ATF	Bureau of Alcohol, Tobacco, and Firearms	HIDTA	High Intensity Drug Trafficking Area
AUSA	Assistant U.S. Attorney	HOT	Homeless Outreach Team
CBT	Cognitive Behavioral Therapy	HPD	Houston Police Department
CCSI	Chronic Consumer Stabilization Initiative	IPS	Intensive Preventive Services
CIC	Crisis Intervention Center	JCR	Juvenile Contact Report
CIRT	Crisis Intervention Response Team	JMHC	Journey Mental Health Center
CIT	Crisis Intervention Team/Training	JS	Juvenile Specialist
CJRC	Criminal Justice Resource Center	LEA	Law Enforcement Agency
CPEP	Comprehensive Psychiatric Emergency Program	MCOT	Mobile Crisis Outreach Team
DHS	Department of Human Services	MDP	Misdemeanor Diversion Program
DIC	Diversion Intake Center	MHU	Mental Health Unit
DMC	Disproportionate Minority Contact	MPD	Madison Police Department
DMI	Drug Market Intervention	NPC	Neuropsychiatric Center
DPD	Durham Police Department	PPD	Philadelphia Police Department
DSO	Durham County Sheriff's Office	RCPD	Redwood City Police Department
ECO	Emergency Custody Order	RMS	Records Management System
ED/EDO	Emergency Detention / Emergency Detention Order	SPR	Specialized Police Response
EDP	Emotionally Disturbed Person	SRO	School Resource Officer
		TDO	Temporary Detention Order
		USAO	United States Attorney's Office

ABOUT THE CENTER FOR COURT INNOVATION

The Center for Court Innovation seeks to help create a more effective and humane justice system by designing and implementing operating programs, performing original research, and providing reformers around the world with the tools they need to launch new strategies.

Learning by Doing. The Center conceives, plans, and operates programs that seek to test new ideas, solve difficult problems, and achieve system change. In so doing, the Center wrestles with thorny planning and implementation challenges. This experience grounds the organization in the realities of how difficult it is to alter the behavior of individuals, communities, and government bureaucracies. The Center works with a broad range of government agencies, nonprofit partners, and communities. It has a particularly strong relationship with government in New York—especially the state court system, for which the Center provides ongoing strategic advice and programming.

Advancing Knowledge. The Center conducts rigorous and independent research, documenting what works and what does not. Researchers also provide regular feedback on the results of the Center’s own operating programs. In addition to performing original research, the Center disseminates new ideas about justice reform through books, articles, videos, podcasts, blogs, social media, and other vehicles.

Helping Reformers. The Center provides training and assistance to justice reformers inside and outside of government, both domestically and internationally. This includes a commitment to advance reform in the United Kingdom with the help of its sister agency, the Centre for Justice Innovation. Experts from the Center help innovators plan and implement new policies, practices, and technologies, both advising on proven evidence-based approaches that have been tested elsewhere and guiding the process of experimentation.

The Center has received numerous awards for its efforts, including the Peter F. Drucker Award for Non-Profit Innovation, the Innovations in American Government Award from Harvard University and the Ford Foundation, and the Prize for Public Sector Innovation from the Citizens Budget Commission.

Diverting low-level offenders away from the courts and prison and into drug treatment, mental health, or other rehabilitative programs can lessen the likelihood that they will commit other or more serious offences and also conserve the resources of our court systems. Currently, pretrial diversion programs fall into two main categories: pre-booking (“police-led”) diversion and post-booking diversion, typically led by prosecutors or courts. This guide presents the diversionary tactics used by police in cities across the country. It not only identifies the issues influencing the development and implementation of formal police-led diversion programs, but, through in-depth interviews with a wide range of professionals who work in or with diversion programs, identifies the challenges as well as the benefits. The guide also includes case studies of promising programs, including those specializing in mental health, juvenile, and drug defendant diversion.



Center for Court Innovation
520 8th Avenue
18th Floor
New York, NY 10018

www.courtinnovation.org