Creating Off-Ramps

A National Review of Police-Led Diversion Programs

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

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Executive Summary

In recent years there has been growing interest in pretrial justice reform in the US, 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 particular 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 ("police-led") diversion and post-booking diversion, typically led by prosecutors or courts (e.g., see Camiletti 2010). While less common than diversion at the post-booking prosecutorial stage, police-led diversion nonetheless represents an important development. There are several distinct advantages to police-led diversion programs. In particular, because these programs keep individuals out of court in the first place, they may be particularly beneficial to the system in terms of 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 (i.e., Crisis Intervention Teams ("CIT") programs), (2) diversion of juveniles, or (3) adult diversion programs for first-time or low-level 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 mentally-ill individuals, juveniles, and low-level or first-time adult defendants. The purpose of this study, funded by the Community Oriented Policing Services (COPS) Office of the Department of Justice, 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 one program in a particular site 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 (as measured by the number of officers employed). Agencies with less than three officers were removed from the sampling frame. The remaining sampling frame consisted of 13,828 agencies (10,792 municipal and 3,036 county agencies). A total of 2,135 agencies were randomly selected across eight strata. The response rate by stratum is as follows:

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

Weights and adjustments for non-response 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

- 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; after examining answers to additional questions, 21% 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%) for agencies with 500 or more officers, 34% for agencies with 50-499, 25% for agencies with 11-49 officers, and only 12% for the smallest agencies with 3-10 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%), mentally ill individuals (41%) and first time offenders (39%).

- Decision to Divert: This decision is primarily made by the arresting (41%) and supervising (40%) officers. Additionally, instances of collaborative decision-making were observed between responding and arresting officers (18%), responding and supervising officers (19%), and arresting and supervising officers (23%).

- Collaborative Decision-Making: Police-led diversion is firmly rooted in the community policing principle of community partnerships. The prosecutor (59%) was the partner most frequently consulted in determining eligibility for diversion. A quarter of agencies also reported consultation with social service providers, of which mental health providers were consulted most often.

- Use of Assessments: Although 72% of agencies reportedly screen everyone who is potentially eligible for diversion, only 11% reported using a formal risk assessment tool; and only 5% 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 variety of information when determining eligibility to divert, including past criminal behavior (89%) and past diversion participation (77%).

- Likelihood of Diversion: First-time defendant status (93%) or juvenile (91%) 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 as services by 62% of respondents). Other services commonly reported were alcohol and/or drug testing (60%), group counseling (53%), and psychiatric assessment (50%). Responding agencies also frequently reported specialized services such as trauma treatment (39%), vocational/educational programs (37%), and cognitive-behavioral therapy for criminal thinking (37%).

- Supervision: Nearly all responding agencies (89%) reported that program participants are supervised and that individuals may be terminated for program violations (94%). Monitoring involves drug testing for 61% of the responding agencies.

- Completion: Successful completion of a diversion program most often results in the individual having no arrest record (65%). Conversely, program non-completion typically results in the case being advanced to the prosecutor and the defendant booked or a warrant issued (76%).

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 to eight law enforcement agencies. Sites were selected to

ensure diversity in terms of communities (location, population, size of the region) and law enforcement agencies (size of agency, municipal/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, training officers, federal agents), Community Partners (e.g. treatment/program providers, community leaders), Court Partners (e.g. prosecutors, defense attorneys, judges), School Partners (e.g. principals, superintendents, administrators).

Models and Findings

Specialized Police Responses to Mental Health Crises: One of the most well-known programs for mentally-ill individuals 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 a select cadre of patrol officers, as well as police dispatchers, and established a therapeutic treatment site as an alternative to booking.

The CIT model involves working in partnership with those in mental health care 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, including co-response units, in which police and mental health professionals respond to calls for service together.

Examples of CIT include:

- Houston (TX) 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 together 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 2015, 1,891 calls for service involved an arrestable offense. Of this figure, 90% (n = 1,704) were diverted at the point of arrest and 10% (n = 187) were formally charged.

- Madison (WI) 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 consumers; 3) five full-time mental health officers are dedicated to providing outreach to known mental health consumers in addition to providing support to patrol officers during calls for service. Based upon completed police reports, 17% (n = 3,100) of Madison Police Department 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% resulted in diversion.

- Arlington County (VA) 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 other key services, such 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 (NC) 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 is 16 years in North Carolina.) The program was recently expanded to include 18-21 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 (PA) School Diversion Program: In 2014, the Philadelphia Police Department worked with the Philadelphia 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 of 486 students.

- Redwood City (CA) 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 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 between 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 Atlanta Police Department and other law enforcement agencies aimed to dismantle one of the largest heroin markets in the Southeast.

Chapter One
Introduction

According to FBI data, 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, there has been growing interest 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 mentally ill defendants (Pretrial Justice Institute 2011). The use of pretrial diversion programs has particular appeal as a response to misdemeanor crime due to 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-booking[1] (including "police-led" diversion) and post-booking diversion, where the latter is typically led by prosecutors or courts (e.g., see 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 U.S., 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 also holds 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 not subject to prosecution or court involvement. Rather,

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[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.

law enforcement officers redirect defendants to community-based services, instead of prosecution and, potentially, jail. There are several distinct advantages to police-led models. In particular, because police-led diversion programs keep defendants out of jail (and out of court for that matter), they may be particularly beneficial in terms of cost savings and reducing the collateral consequences of incarceration (e.g., impact of a jail stay on employment or 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). A recent survey conducted by the Department of Justice shows an increase in the number of police departments incorporating a community policing component in their mission statement and encouraging problem-solving partnerships with local organizations. Such partnerships are typically with other law enforcement agencies, school groups, neighborhood associations, local public agencies, business groups, advocacy groups, youth service organizations, senior citizen groups, or faith-based organizations (U.S. Department of Justice 2015).

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 mentally ill defendants (i.e., Crisis Intervention Team programs); (2) diversion programs for first-time or low-level adult defendants; or (3) diversion of juvenile 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, Wilson, Eggers, MacKenzie 2012). Police-led diversion 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 goal is to enhance officer safety while diverting those with mental illness away from the criminal justice system and towards community-based treatment (Watson, Morabito, Draine, & Ottati 2008). Currently, the CIT model has been replicated in 2,700 agencies worldwide (NAMI 2016), but the findings from evaluations have been mixed (Compton, Bahora, Watson & Oliva 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 mentally ill individuals with 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 of mentally ill individuals 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, & Bjerregaard 2014; Taheri 2016). For example, Davidson (2016) utilized a panel research design to measure 279 Florida law enforcement officers attending CIT training at pretest, posttest, and one month after training. Although positive effects were observed at posttest, officers perceptions of self-efficacy and verbal de-escalation 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 mentally ill individuals in the community (Reuland, Draper, & 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, Cusi, Kirst, O'Campo, Nakhost, & Stergiopoulos 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 arrests rates), and more positive perceptions from mental health consumers and their family members.

Adult Defendants
There is a growing body of literature examining the efficacy of diversion programs for mentally ill adults. 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 (i.e., "police diversion schemes" in New Zealand, Australia and Great Britain; McLeod & Stewart 1999). With the exception of the two models described below, the existence 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, & 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 (Collins, Lonczak, & Clifasefi 2015). Although the LEAD evaluation is ongoing, the program is gaining traction in a number of jurisdictions including Santa Fe, NM and has garnered attention from The White House as a means of balancing public safety while reducing the jail population (Austin 2015).

Focused-deterrence strategies such as the drug market intervention (DMI) model present a means of diverting street-level dealers away from the criminal justice system in an effort to shut down open-air drug markets and improve quality of life for the community (Kennedy & Wong 2009). This problem-oriented policing strategy contrasts with other initiatives that may subject individuals to blanket police enforcement (Brunson 2015). Proceeding across several phases, DMI programs emphasizes a problem-oriented approach to understanding how the drug market has impacted the neighborhood while reconciling the historical tensions between law

enforcement and minority communities (National Network for Safe Communities 2015). Although other pulling levers policing strategies may not make diversion explicit (Braga & Weisburd 2012), undercover investigations in the DMI model facilitate the arrests of violent defendants and the development of cases for street-dealers who will be 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 & 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 & Engel 2015; Braga, Hureau, & Winship 2008)

Juvenile Diversion
Although there has been a 44% decrease in juvenile court cases between their peak in 1997 and 2013, law enforcement agencies have consistently remained the primary referral source for cases entering the juvenile justice system (Hockenberry & Puzzanchera 2015). Nearly half of all cases referred to juvenile court will be resolved formally or informally at intake (Sickmund & Puzzanchera 2014), but the rate at which police-led diversion is used for juveniles remains largely unknown (Petrosino, Turpin-Petrosino, & Guckenburg 2010). As Rousch (1996) asserts, diversionary practice will vary significantly as a function of where the youth is diverted (pre-booking vs. post-booking), the environment, and the theoretical basis of the diversion program (e.g. social labeling theory). For example, a police officer may simply issue a warning to the youth at the point of arrest or provide a referral to a more formal diversion program in which they may engage in community service or community-based treatment (NIJ 2016). Regardless, the purpose of these programs 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 with some studies demonstrating no consistent differences between diversion programs and traditional case processing (Gensheimer, Mayer, Gottschalk, & Davidson 1986; Lipsey 2009; Schwable, Gearing, MacKenzie, Brewer, & Ibrahim 2012), but other showing the importance of moderating variables such as research design and risk of recidivism in determining program effectiveness (Petrosino, Turpin-Petrosino, & Guckenburg 2010; Wilson & Hoge 2013). Wilson and Hoge (2013) found that pre-booking diversion programs were more effective than post-booking programs, but this appeared to primarily be the case amongst low-risk youth. Further, decreases in recidivism were observed when the minimum amount of services were provided for low-risk youth and greater interventions were reserved for medium and high-risk youth providing evidence for the application of the risk principle to the juvenile population (Andrews et al. 1990).

Studies on juvenile diversion programs have yielded positive results. For example, an evaluation of the Michigan State Diversion Project found that youths randomly assigned to one of the several treatment strategy groups were significantly less likely to have had a court petition filed during the two years following the end of the program, compared with the control group. The results suggest that active, hands-on intervention of several kinds work better than normal court processing of juvenile defendants, but only if the youth were thoroughly separated from the system (Davidson et al. 1987). Although further research is needed to determine the components

of an effective diversion program, Dryfoos (1990), Mackenzie (1997), and Shelden (1999) argue that the most successful 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 the mentally ill and juveniles suggests there is untapped potential in the area of police-led diversion, in particular as a response to low-level defendants that currently clog criminal court dockets nationwide. Unfortunately, the lack of general information and empirical research on police-led diversion in the U.S. presents a formidable obstacle to understanding and potentially replicating the model more widely.

About This Study

The purpose of the current study is to map the contemporary landscape of police-led pretrial diversion programs. By doing so, we hoped 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.

This report presents the results from a comprehensive descriptive study of police-led diversion in the United States, including programs targeted toward mentally ill defendants, juvenile, and low-level adult defendants, and other populations. The purpose of this study, funded by the Department of Justice, Community Oriented Policing Services (COPS), 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.

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 region. Second, we identified common themes and critical issues influencing the development and implementation of these programs (identified 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 Two through Four) presents results from the national survey, including methodology (Chapter Two) and results arranged according to the diversion program timeline, with events occurring up to program entry presented in Chapter Three and post-entry events presented in Chapter Four. Phase 2/Part 2 encompasses a discussion of case study methodology in Chapter Five, followed by case studies of specialized police responses for mentally ill individuals (Chapter Six), juvenile diversion programs (Chapter Seven), and drug market intervention programs (Chapter Eight).

Part One.

A National Survey of Police-Led Diversion Programs

Chapter Two
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 a discretionary decision made by police to route an individual (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 designs have the capacity to provide both scope (quantitative) and depth (qualitative). This project consisted of two phases: (1) the national survey of law enforcement agencies (including the prevalence of diversion nationwide and agency characteristics) and (2) site visits to a select group of agencies. This chapter presents the research design for Phase 1. Phase 2 research design is presented in Chapter 5.

Survey Overview

A survey was distributed to a nationally representative sample of law enforcement agencies across the country (see sampling plan description, below) 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:

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, merely a decision to divert from prosecution.).
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 their other eligibility criteria (e.g., mental illness, age)? To what extent are officers given individual discretion over eligibility? When and how is eligibility determined (i.e., at the point of incident or later, at a police department)? What is the rationale for the eligibility criteria?
4. Policies: What staffing (e.g., is diversion performed by specific squads?), training, documentation, scheduling, or other policies apply? 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 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 (as measured by the number of officers employed). Agencies with less than three officers were removed from the sampling frame. The remaining sampling frame consisted of 13,828 agencies (10,792 municipal and 3,036 county agencies). 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 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, we sought to minimize the effect of a low response rate on the validity of our results. To address this concern, we made a concerted effort to minimize 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 is considered 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. Further, we are particularly interested in police-led diversion, where law enforcement runs its own diversion option.

For those agencies that indicated that they have such programs, at minimum, the survey covered program goals, staffing, officer discretion policies, partner organizations/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 non-completion. The survey was also reviewed by the COPS office and cleared by the federal Office of Management and Budget (OMB). See Appendix B for the final version of the survey instrument.

Data Collection

NORC utilized 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 2.1 below.

Table 2.1. 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	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														▓				

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% 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 utilized the following contacts:

- Web invitation letter mailing: On April 8, 2014, NORC mailed a web invitation letter 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 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 the data collection effort and included the web link and agency's PIN.

- Initial survey mailing: Two weeks after the second web letter mailing, NORC mailed the initial survey packet to any agencies that had not yet completed the survey. The initial packet contained a cover letter, a copy of the survey instrument, and a pre-paid business reply envelope (BRE). 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.

- <u>Mass fax</u>: A mass fax was sent to all non-respondents several times throughout data collection. This contact included a personalized cover letter and survey for each non-responding agency, and served as an alternate method of communication.

- <u>Priority mail replacement survey</u>: To further convey the importance of timely data collection, NORC sent a replacement survey to the remaining non-responding agencies. This 'fast mail' packet contained a cover letter, which conveyed the importance of individual responses and communicated the need for a returned 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% of respondents opted to return a completed hardcopy survey by mail with another 8% 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 non-respondents by telephone. Telephone prompting began the week of June 3, 2014 and continued for one month.

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% 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 than anticipated response, 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 non-responding agencies to help boost response rates. The final response rates by strata are presented in Table 2.2 below.

Table 2.2. Response Rate by Stratum

Strata	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%*

Analysis Plan

Weights and adjustments for non-response 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., completed a survey or not). When the sample was drawn, a preliminary sample weight was assigned to the case. 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 strata would be underrepresented were weights not utilized), 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 updated 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.

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

1. Agency Context: This included overall questions on the size of the agency, how many misdemeanor and felony arrests were made each year and how long the current chief was in the position.
2. Program Type: The survey provided seven specific types of programs: crisis intervention teams, drug market interventions, first time defendant, juvenile defendant, prostitution, restitution program for property crimes, and veterans. If an agency was involved in multiple types of diversion programs, respondents could select multiple responses if appropriate. An "other" option was also provided for programs not captured by the available options.
3. Target Population: Types of individuals eligible for diversion programs (e.g., adults, mentally ill defendants, juveniles).
4. Screening and Eligibility Determination: Who determines eligibility, at what point is eligibility determined, who is consulted when determining eligibility.
5. Risk Assessment: Is a risk assessment used; if so, which assessment tool.
6. Participation and Services: Is participation voluntary or mandatory; do defendants have access to counsel prior to participation; do participants waive their legal rights; and what services are most needed by participants.
7. Program Structure: Do participants have to participate in a class or program; if so, how

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

frequently; which agency provides the programming.
8. <u>Legal Consequences</u>: What are the legal consequences of both successful completion and non-completion?

Defining Diversion Programs

Diversionary practices are defined early in the survey. Further instructions specify that the study is 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% (n = 417) of the total (n = 1,489) that reported having a formal, agency-wide 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 on post-booking programs, rather than the police-led programs that are the subject of the current study. These cases were excluded, thus reducing our final sample to 395 agencies, representing 27% of all respondents. Included in the final sample of 395 agencies are some agencies that indicated in open-ended selections their post-booking programs were housed within the prosecutor's office. 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%) compared to mid-large sized agencies (50 to 499 officers 34%), small-mid (11 to 49 officers, 25%), and small responding agencies (3 to 10 officers, 12%).

List of Responding Agencies

We compiled the names, locations, and contact information for all agencies reporting a police-led diversion program in their survey response. 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 to allow for collaboration, networking, and information sharing between departments. This list is presented in Appendix A.

Chapter Three

Phase One Survey Results:
Diversion History and Structure, Screening, and Eligibility

This chapter and the next present results from the national survey. This chapter presents information about the prevalence of diversion and then, for those law enforcement agencies that operate a formal, police-led diversion program, about the history and structure of the program as well as screening and eligibility criteria. The next chapter reports on processes that occur after individual participants have entered the diversion program.

As stated in Chapter Two, 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, but the analysis was weighted in order to produce representative estimates for the population of 13,828 agencies from which our sample was randomly selected. Thus percentages may not directly always correspond to the final sample numbers reported in text.

Prevalence of Police-Led Diversion

As displayed in Table 3.1, regarding prevalence, we can conclude that whereas 34% of respondents participate in some sort of diversionary practice, 21% of all respondents (n = 1,489) have a formal, police-led diversion program.

Table 3.2 displays the arrests volume and staffing of the agencies in the final sample (n = 395).

Table 3.1. Prevalence and Nature of Police-Led Diversion among Survey Respondents

	Percent
Percentage of Respondent Agencies Reporting Diversionary Practices[1]	34%
Nature of Diversion (*of those agencies reporting diversionary practices*)[2]	
Respondent Agency Participates in **Formal** Diversion Program	64%
Other Law Enforcement Agency in State has Discretion to Divert	48%
Officers within Respondent Agency can **Informally** Divert	43%
Written Policy Manual for Diversion Program	30%
Percentage of All Respondent Agencies Reporting Formal Diversion Program[1]	21%

[1] 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.

[2] 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 3.2. Arrest Volume and Staffing of Final Agency Sample (n=395)

	Mean
Arrests Volume[1]	
Adult Felony Arrests	401
Adult Misdemeanor Arrests	880
Juvenile Arrests	162
Staffing	
Sworn Law Enforcement Officers	73
Civilians	26
Years Current Chief/Sherriff/Commissioner has been in Office	8

[1] Arrest volume is based on 2012 data.

History and Structure

Program Start Date

Much like other innovative criminal justice initiatives, the majority of formal police-led diversion programs (78%) have been implemented over the last 15 years. That said, there are some older diversion programs in the sample as well. Table 3.3 presents the full timeline of program implementation. During visits made to select sites (described in detail beginning in Chapter Five), 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 (could reflect multiple programs within one agency) and a minimum volume of zero. This variation in number of people diverted reflects the wide range of jurisdictions that have established formal pretrial diversion programs.

Program Entry

Table 3.3 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%) of the diversion programs; in the majority of programs (74%), 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%). 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 the defendant gaining insight into their behavior.

Table 3.3. Diversion Program History and Structure

Program Information	Agencies Responding
Total Number of 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%

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

Program Type

As discussed in Chapter Two, the three most prominent police-led diversion program types are Crisis Intervention Teams and programs targeting either juveniles or first-time defendants. As Table 3.4 indicates, results from the survey mirrored the national dialogue, with juvenile diversion, mental health consumers, and diversion for 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), or programs targeting veterans or prostitution.

Table 3.4. Breakdown of Formal Diversion Programs by Program Type

Program Type	Agencies Responding
Total Number of Diversion Programs	395
Juvenile Diversion	89%
Person with Mental Illness (i.e. 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 3.5 details the initial stages of the diversion process. The majority of responding agencies (72%) 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 by the court or another legal agency (12%), eligibility determined by program policy (6%), and screening performed on a case-by-case basis (3%).

Table 3.5. Screening and Eligibility Determination

Policy	Agencies Responding
Total Number of Diversion Programs	395
Screening Policy	
Screen All Potentially Eligible Defendants	72%
Point at which Eligibility is Determined	
Prior to arrest	27%
At the point of arrest	28%
At booking/issuing citation or ticket	23%
After booking	53%
Other	2%
WHO DETERMINES ELIGIBILITY	
Within the Responding Agency	
Responding Officer	28%
Arresting Officer	41%
Supervising Officer	40%
Other	10%
External Parties Consulted	
None (Solely a Law Enforcement Decision)	47%
Prosecutor	59%
Judge or Special Court Official	34%
Probation or Parole	34%
Social Service Provider	25%
Other	5%

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

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

Parties Responsible For Determining Eligibility
Arresting (41%) and supervising officers (40%) 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

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[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.

agencies are made collaboratively. Further analysis reveals 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%); responding and supervising officers (19%); and arresting and supervising officers (23%). As will be discussed in Chapter Four, 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% of respondents reported that diversion is solely a law enforcement decision, number of agencies reporting inter-agency decision making provides further evidence of community partnerships. Responding agencies consult with prosecutors (59%), judges or other court officials (34%), and probation/parole (34%). Less frequently, agencies reported consulting with juvenile division/courts (6%), other law enforcement officials (3%), victims (2%), and family members of the defendant (1%).

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 providers (73%), followed by substance abuse treatment (46%) and other social service providers (30%). As discussed below, the relationship between responding agencies and social service providers may take different forms when it comes to programming, training, and supervision.

Information Informing Eligibility Decisions

Formal Risk Assessment. Only 11% of responding agencies reported that they conduct a formal risk assessment or utilize a risk screening tool; however, only 5% of the total both reported conducting such an assessment and were able to name what tool was used (or indicate something about the tool). Table 3.6 displays the types of risk assessment tools used to inform diversion decisions. Of the agencies reporting the use of risk assessment ($n = 40$), 12% developed reported that they relied upon the Level of Service Inventory (LSI-R) with another 7% reporting that they had developed their own or relied upon a different tool. As described below, although agencies may be aware of defendant background when determining eligibility, these results show that few agencies are using a formalized risk assessment to synthesize the information.

Table 3.6. Risk Assessment Tools Used to Inform Diversion Decisions

	Agencies Responding
Total Number of Diversion Programs	395
Agency Reports Conducting a Formal Assessment for Risk[1]	11%
Agency Reports Conducting a Formal Assessment for Risk and was able to provide the name of the tool utilized	5%
Risk Assessment Tools Used (of agencies that use an assessment and could name the tool utilized):[2]	
Level of Service Inventory (LSI-R)	24%
Screen, Brief Intervention, and Referral to Treatment (SBRIT)	18%
Developed own/modified existing tool	14%
Other	14%
Static Risk and Defendant Needs Guide (STRONG)	12%
Risk and Resiliency Checkup (RCC)	12%
Structured Assessment of Violence Risk in Youth (SAVRY)	6%

Note: Percentages do not total 100% because respondents could select multiple options.
[1] Uses a formal risk assessment or a risk screening tool. Percentages based on n = 395.
[2] Percentages based on standardized weight associated with the number of agencies reporting risk assessment (n = 40).

Defendant Background. As demonstrated in Table 3.7, the information that responding agencies are most likely to know about the defendant is contained in criminal justice records: history of criminal behavior (89%) and previous participation in diversion (77%). Although it is possible that officers may derive information related to other factors via in-person interviews, diversion programs may have access to additional records. As discussed in the case studies included in Chapter Seven, some agencies have co-responding units in which an officer is paired with a clinician as part of their 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 a School Resource Officer who may have some information on educational history. Regardless of how agencies gather the information, these findings demonstrate that a variety of factors may inform diversion decisions.

Regardless of whether information is collected using a formal risk assessment tool or based on less formalized background information, agencies were asked to report which factors weigh most heavily during diversion decisions. Figure 3.1 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%) or a juvenile (91%). As will be expanded upon in Chapter Five, juvenile diversion programs may require that the youth be a first time defendant. Thus there may be some overlap between these two factors. The next most important set of factors appear to tap into community ties (stable family/community ties; employment/enrolled as a student; 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.

Table 3.7. Background Characteristics Consistently Known when Determining Eligibility

Defendant Background Characteristic	Agencies Responding
Total Number of Diversion Programs	395
History of criminal behavior	89%
Previous participation in diversion	77%
Employment/Student	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 3.1. Factors That Increase the Likelihood of Diversion (N = 395)

Horizontal bar chart showing:
- Other: 10%
- Presents with Gang Involvement: 10%
- Diverted Previously: 11%
- Currently on Probation/Parole: 13%
- Prior Conviction History: 19%
- Prior Arrest History: 21%
- Presents as Homeless: 22%
- Presents as Drug Addicted: 27%
- Presents Stable Family/Community Ties: 60%
- Presents Symptom of Mental Illness: 61%
- Employed/Student: 62%
- Shows Remorse: 66%
- Juvenile: 91%
- First-Time Offender: 93%

Chapter Four
Phase One Survey Results:
Program Participation and Legal Outcomes

This chapter also presents results from the national survey; specifically, the processes that occur once participants enter the diversion program. As stated in Chapter Two, 395 agencies indicated that they engage in some type of formal police-led diversion program. This chapter reports information about those 395 agencies.

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 program as part of their diversion agreement. For example, as will be discussed in Chapter 7, juvenile programs may refer youth to programs to address underlying needs related to anger management, individual counseling leadership and skill building, academic tutoring.

Table 4.1 Program Participation and Structure

Program Information	Agencies Responding
Total Number of Diversion Programs	395
Participation in Class/Session not Required	20%
Participation in Discrete Length Class/Session Required	80%
Length of Class/Session [1]	
Single Day Class/Session	14%
2-4 Day Class/Session	13%
5-7 Day Class/Session	8%
Ongoing (total duration not specified)	45%
Frequency of Class/Sessions if "Ongoing"[1]	
Daily	4%
Weekly	38%
Monthly	13%
Varies	27%
Other	18%

[1] Percentages based on standardized weight associated with the number of agencies reporting ongoing program requirements (n = 108).

As displayed in Table 4.1, the majority of agencies (80%) require that diverted defendants participate in a class or program sessions. Participation can take the form of enrollment in a program of indefinite length (45%) or in a class of a discreet length (35%). Most programs meet on a weekly (38%) or varied (27%) schedule. Possible 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 4.2. The numbers in the table represent the percentage of agencies that identified each need as a "major" need among their participants. Similar to the factors that increased the likelihood of diversion, three distinct factors emerge. The first cluster is characterized by treatment needs, specifically substance abuse (65%) and mental health (53%) treatment. The next set of needs includes factors related to social ties, including education (40%), family reintegration (35%), employment (27%), and vocational training (23%). The final cluster is best characterized as addressing basic needs such as transportation (11%), linkage to public assistance (9%), and housing (7%).

Table 4.2. Major Service Needs among Those Diverted

Service Needs	Agencies Responding
Total Number of Diversion Programs	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 4.1 presents the services offered to diversion participants. Overall, the three most common types of programs offered are substance abuse treatment, individual counseling/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 services related to education, substance abuse prevention, and individual/group counseling. Additionally, very few agencies reported instances of services being offered simultaneously by both law enforcement and community-based providers.

Particularly due to the self-report 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 4.1. 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 4.3, which suggests that few responding agencies have received specialized training in the services they report to be providing. For example, while 51% of responding agencies report being a direct provider of cognitive behavioral therapy, only 4% 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 provider of these programs.

Figure 4.1. Services Offered to Diversion Participants (n = 395)

Service	Percentage
Other	13%
Cognitive-Behavioral Therapy for Criminal Thinking	37%
Vocational or Educational Programming	37%
Trauma Treatment	39%
Psychiatric Assessment	50%
Group-Based Counseling/Mental Health Treatment	53%
Alcohol and/or Drug Testing	60%
Substance Abuse Prevention Programming	62%
Individual Counseling/Mental Health Treatment	62%
Substance Abuse Treatment	62%

Table 4.3. Training by Partner Organizations to Provide Direct Services

Training to Provide Direct Services	Agencies Responding
Total Number of Diversion Programs	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 multiple options.

Participant Supervision

As noted above, approximately 80% 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% of respondents report using a division specializing in supervising diverted youth.

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

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

Table 4.4. Participant Supervision

Supervision	Agencies Responding
Total Number of Diversion Programs	395
MONITORING	
Participants are Monitored	89%
Who is Responsible for Monitoring	
Case manager	31%
Parole/Probation Officer	23%
Youth division/services	14%
Judge/Court	11%
Diversion team	8%
Law enforcement	5%
Other	7%
DRUG TESTING	
Participants are drug tested	61%
Frequency of Drug Testing[1]	
Randomly	53%
Regularly during program participation	31%
As part of initial assessment process only	16%
NONCOMPLIANCE	
Participants can be Dismissed for Violations	94%
Incidents Leading to a Dismissal[2]	
New Offense	45%
Non-Compliance with Program Rules	44%
Failed drug test	11%
Other	7%

[1] Percentages based on standardized weight associated with the number of responding agencies reporting drug testing (n = 167).

[2] Percentages do not total 100% because participants could select multiple options.

Legal Outcomes of Diversion Programs

Table 4.5. Legal Outcomes Associated with Program Participation

	Agencies Responding
Total Number of Diversion Programs	395
Legal Benefits 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%
Legal Consequence 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.

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 4.5 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%) 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 Three, 59% 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 (14%).

The most frequently reported consequence of failure to complete the diversion program is filing of the case with the prosecutor and booking the participant (or issuing a warrant if the defendant is not able to be located). The second most common consequences involves the participant being remanded to jail.

Part Two.

Case Studies of Eight Promising Programs

Chapter Five
Phase Two Research Design: Case Studies

In addition to the data gathered in Phase 1 of the study, case studies were included in order 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 (adult, juvenile, or mentally ill populations). 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, geographic/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: In individual programs 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 protocol was then divided into four distinct protocols for specific stakeholder subgroups (based on feedback from each agency during initial planning calls):

- Law Enforcement (e.g. patrol officers, executive command, school resource officers, training officers, federal agents);
- Community Partners (e.g. treatment/program providers, community leaders);
- Court Partners (e.g. prosecutors, defense attorneys, judges); and
- School Partners (e.g. principals, superintendents, 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 operations 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. Our ultimate goal in

interpreting the qualitative data from stakeholder interviews and responses to open-ended survey questions was to utilize systematic analysis to identify overarching themes and emergent findings. The responses were synthesized across sites and sources. Within each theme, we categorized responses to detect meaningful differences across programs and stakeholder groups.

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 utilize a different approach and target a different defendant population. Specialized Police Response (SPR) programs that 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 5.1 provides an overview of the programs that participated in the Phase 2 research.

Specialized Police Response Programs to Mental Health Crisis

Law enforcement agencies may develop a variety of Specialized Police Response (SPR) programs to address the needs of mental health consumers including 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 models nationwide are often modeled after the innovative police-based first responder program that is widely known as the "Memphis Model" of 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 specialized training for a select group of patrol officers, as well as training all police dispatchers, and established a therapeutic treatment site as an alternative to incarceration. The 40-hour training enabled officers 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. However, there is little standardization in terms of how CIT is implemented in the field; thus elements of the original Memphis model may be implemented by certain agencies to inform SPRs, but adapted in a way to best serve the needs of the community and available resources. (See Chapter Six for more details about how the specific sites implement CIT.)

Chapter Seven describes the three SPR programs included in the Phase 2 study:
1. The Houston (TX) Police Department's Mental Health Division;
2. The Madison (WI) Police Department's Mental Health Officers/Liaisons Program; and
3. The Arlington County (VA) Police Department's CIT.

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[4] Although diversion programs for first-time defendants and restitution programs for property crimes were more prevalent in our survey, 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

Table 5.1. Case Study Programs

Diversion Program	Diversion Model[1]	State	Jurisdiction Type	Police Chief Tenure (# Years)[2]	PD Size (# Officers)[4]	Size of Region[3]	Population Size[4]	Program/Training Began
Houston Police Department's Mental Health Division	Modified CIT, Co-Responder Units, Pro-Active Case Management; Homeless Outreach; Crisis Call Diversion	TX	Municipal	5	5,400	600 sq miles	2.24 million	1993: Training 2008: MH Unit 2013: MH Division
Madison Police Department's Mental Health Officers/Liaison Program	Layered SPR (Mental Health)	WI	Municipal	1.5	444	76 sq miles	245,691	Mid-1980s – Training 2004 – Mental Health Liaisons 2015 – Mental Health Officers
Arlington County Police Department CIT	CIT	VA	County	1	361	26 sq miles	216,700	2008
Philadelphia School Diversion Program	Juvenile FTOs (Schools)	PA	Municipal	8	6,600	140 sq miles	1.5 million	2014
Durham County Misdemeanor Diversion	Juvenile FTOs (16 & 17 Year Olds)	NC	Municipal, County	8 (DPD) 4 (DSO)	513 officers, 179 deputies	300 sq miles	294,460	2014
Redwood City Juvenile Diversion Program	Juvenile FTOs	CA	Municipal	4	96	35 sq miles	83,000	Early-1990s
Austin 12th & Chicon DMI Program	DMI	TX	Municipal	9	1,600	3 city blocks	912,791	2012
Atlanta English Avenue DMI Program	DMI	GA	Municipal, Federal	6	2,000	2.2 sq miles	447,841	2014

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

[2] Number reflects how many years each Chief/Commissioner has served as of December 2015. Please note that Police Commissioner Charles H. Ramsey of the Philadelphia Police Department retired in January 2016. Police Chief Jose Lopez Sr. of the Durham Police Department retired in December 2015.

[3] The size of the region associated with the DMI programs reflects the approximate size of the DMI zone

[4] The population estimates are based on census data. The PD size is based on agency websites

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 team of multidisciplinary stakeholders dedicated to keeping juveniles and low-level defendants out of the criminal justice system. The programs also rely on a combination of diversion at arrest and social services to address the underlying reasons for criminal activity. The three programs described further in Chapter Seven include:

1. Philadelphia (PA) School Diversion Program;
2. Durham County (NC) Misdemeanor Diversion Program; and
3. Redwood City (CA) 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 to close down a drug market using the focused deterrence strategy. Focused deterrence targets chronic offenders who are vulnerable for 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 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 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 non-violent offenders a chance to stop dealing (the diversion candidates). 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 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 and prosecution likely resulting in a custodial sentence, however, they have powerful motivation to change, and 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 at a high-risk of re-offense), police can dismantle the drug market while showing residents that they do not view the entire neighborhood as complicit in crime. For more information of DMI implementation, see the COPS Drug Market Intervention Implementation

Guide.[5] DMI is implemented in five phases:

1. <u>Working Group Formation</u>: Stakeholders from law enforcement, social service providers, and the target community are brought together.
2. <u>Police-Community Reconciliation</u>: Law enforcement reaches out to the community to begin to rebuild an often historically fraught relationship.
3. <u>Identification and Preparation</u>: Undercover work identifies local drug dealers and criteria is determined for diversion and prosecution.
4. <u>Call-In Preparation and Execution</u>: Violent dealers are prosecuted while non-violent 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. <u>Follow-Through and Maintenance</u>: Law enforcement provides more coverage to 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 Eight:
1. Austin (TX) DMI Program at 12th and Chicon; and
2. U.S. Attorney/Atlanta (GA) Police Department Collaboration, English Avenue DMI.

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[5] Available at https://nnscommunities.org/uploads/DMI_Guide.pdf.

Chapter Six

Case Studies: Specialized Police Response Programs to Mental Health Crisis

Case Study #1
Houston (TX) Police Department's Mental Health Division[6]

The Houston Police Department (HPD) is the fifth largest police department serving the fourth largest city in the U.S. According to estimated U.S. census data for 2014, the population of the city has grown by 6.8% since 2010 and is also known for having one of the largest homeless populations in the nation estimated at 4,609 sheltered and unsheltered individuals (The Coalition for the Homeless of Houston and Harris County, 2015). As one law enforcement stakeholder described "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% over the span of four years.

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 Mental Health Division (http://www.houstoncit.org/) was established in order to fulfill 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 (hereafter, the Harris Center). The programs that operate within the division and the roles fulfilled by law enforcement and mental health professionals are displayed in Figure 6.1.

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 associated with law enforcement officers obtaining an Emergency Detention Order (EDO). Under Texas Mental

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[6] Please see Appendix D: Guide to Acronyms for assistance with the acronyms used in the case study descriptions.

Health Code, Chapter 573, a peace officer may take a person into custody against their 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* are deteriorating to the point that they 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. This 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 consumer 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 ... It 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. Out of this initial collaboration, three important events emerged 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 non-voluntarily was streamlined. Second, a new facility opened in order to provide additional short-term, inpatient treatment spaces in the county. Finally, implementation of CIT was initiated. These events are described further below.

Figure 6.1. Structure of the HPD Mental Health Division

Mental Health Division
Captain, Lieutenant

Training & Administrative Unit

Staffing: 1 Sergent
                  2 Officers

Role:
Provide CIT training to HPD cadets, veteran officers, and non-sworn law enforcement personnel

Provide CIT training to law enforcement agencies across the nation through the Council of State Governments Learning Site Program

Crisis Intervention Response Team (CIRT)

Staffing: 3 Sergeants
                  12 Officers
                  12 Licensed
                  Clinicians

Role:
12 co-responder units provide support on CIT related calls, conduct follow-up investigations, provide support on SWAT calls, and handle the most serious CIT-related calls

Homeless Outreach Team (HOT)

Staffing: 1 Sergeant
                  4 Officers
                  3 Case Managers

Role:
Provide direct outreach to the homeless including acquisition of replacement identification, referrals for social service, and linkage to housing

Provide assistance to other HPD divisions

Investigative Unit

Staffing: 1 Sergeant

Firearms Investigative Detail Staffing:
1 Investigator

Boarding Homes Enforcement Detail Staffing:
2 Investigators

Chronic Consumer Stabalization Initiative (CCSI) Staffing:
1 Investigator, 6 Case managers

Although not pictured above, the Mental Health Division also has 1 Officer assigned to Special Projects and 1 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 consumers directly to an inpatient facility rather than to the courthouse. While the consumer 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 benefits. Funding for CPEP was initially derived 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 consumer in mental health crisis enters NPC (either as a voluntary walk-in or in police custody) and is evaluated in Psychiatric Emergency Services. Once the officer completes the EDO paperwork, they leave the consumer at NPC and return to patrol. On average, the HPD estimates that officers spend approximately 15 minutes at NPC. In cases where there is a known medical condition or NPC does not have any beds available, officers will take consumers next door to Ben Taub Hospital or to another facility depending on benefits (e.g., Veterans Health Administration). Outpatient referrals may be given 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
Although the HPD had been offering elective in-service classes on mental illness since 1993, a planning committee comprised of HPD officers and mental health professionals was established in 1995 to determine which CIT model would best serve the needs of the Houston community. The HPD would require all patrol sergeants to complete 16 hours of mental health training beginning in 1996, but it wasn't until 1999 that a CIT program would be piloted in a single patrol division consisting of 63 officers. The initial implementation was a replication of 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% 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 due to 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 concepts related to de-escalation and crisis intervention could be grasped by cadets who were already learning how to respond to a variety of different calls (e.g. homicide, rape, burglary, robbery). From a training perspective, there is nothing to guarantee that an officer will not encounter someone in psychiatric crisis during routine patrol. For example,

> *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). In regards to how this has addressed the call availability issue, under the new system, "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 Mental Health Unit was created to help oversee the police department's response to those in mental health crisis as well as 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 division created a permanent structure on the HPD organizational chart and provided additional support in the form of administrative staff, 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."

Organization of the Mental Health Division
The programs that operate within the Mental Health Division are displayed in Figure 6.1 and described below. The division takes a data-driven approach to program expansion. Although not included in the figure, plans for program expansion feature further collaboration with community stakeholders. This includes the creation of a Senior Justice Assessment Center to address issues related to 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); as well as 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 consumer panels. 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 ... What I mean by that is a very commanding, physical, authoritative approach ... It 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 the mentally ill. As part of their role as a learning site, HPD trainers travel to other agencies to offer their 40-hour course, host site visits from other agencies, and share information pertaining to training curriculum 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 would be paired with a CIT officer to respond to CIT-related calls. This program grew out of the Mobile Crisis Outreach Team (MCOT), a multi-disciplinary 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 would frequently collaborate 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 CIRT program was formally implemented in 2008 with 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 (2016), CIRT officer and clinician work collaboratively to achieve four objectives: assist officers with CIT-related calls; conduct pro-active 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% 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 increases information sharing. Since clinicians are employed by the local mental health authority, they can access mental health and medical records, whereas 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 in order 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 at 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. Given the locations of some homeless encampments, the program has been able to acquire a variety of vehicles (e.g. wheelchair lift-equipped vans with fingerprint identification technology, 4-wheel drive pick-up 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. Toward 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 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 number of consumer 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 as the International Association of Chiefs of Police 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 that weapon. The investigator works to determine whether individuals may have the firearm 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, 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 consumers who most frequently came into contact with the department. An investigator would accompany two case managers (each carrying a caseload of 15 consumers) during the initial contact with consumers in order engage them in intensive case management. The purpose of the program is to prevent consumers from going into crisis and coming into contact with HPD officers. The individuals in the program have seen a 53% decrease in interactions with the HPD, a 24% decrease in admission to NPC, and a 25% decrease in admissions to Harris County Psychiatric Center. In 2014, the program expanded to 67 consumers, 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 with the consumer. In 2014, there was an approximate 80% reduction in law enforcement contacts to the individuals on this program 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 homes 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 serve as a means of raising awareness of how to divert those with mental illness away from jail. As described above, if an officer responds to a CIT-related call and no crime has been committed, the question becomes whether the consumer meets the legal criteria for an Emergency Detention Order (EDO). If the officer feels that the individual is mentally ill and a danger to self or others, they will take the consumer directly to NPC or another facility for a clinical assessment, after which they may be held for a 48-hour observation period. The consumer may then voluntarily agree to further in-patient or out-patient 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 dangerousness.

In situations where a crime has been committed by an individual experiencing mental health crisis, an EDO may become a means of diverting those who may not possess the appropriate mens rea 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. In situations where the District Attorney's office will bring charges, the consumer will be 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), which may serve as a means of diverting mentally ill defendants post-booking.

Since 2010, the Mental Health Division has reported that HPD officers have diverted a total of 9,527 consumers at the pre-arrest stage. As of our site visit in October 2015, 1,891 consumers had committed an eligible offense that could result in arrest. Of this figure, 90% (n = 1,704) were diverted and 10% (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 (WI) Police Department's Mental Health Officers/Liaisons Program[7]

Community partnership is one of several core values embraced by the Madison Police Department (MPD) as 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." 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 their 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 and within the next year he would formally establish 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 fulltime officers who are focused on the direct engagement of known mental health consumers in addition to engaging in relationship building with mental health providers/advocates, and enhancing the patrol response to crisis calls that require an Emergency Detention (ED). The creation of the unit supplemented the work 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 thus creating first-responders equipped to respond to any call involving mental health

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[7] Please see Appendix D: Guide to Acronyms for assistance with the acronyms used in the case study descriptions.

crisis. The MHU also helps serve the law enforcement community of Wisconsin by offering CIT training to agencies across the state as well as the 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 6.2 displays the Madison Police Department's (MPD) layered specialized policing response to mental health crises. The model represents a combination of proactive and reactive responses in order to divert those with mental illness away from the criminal justice system. The implementation of each response is described below.

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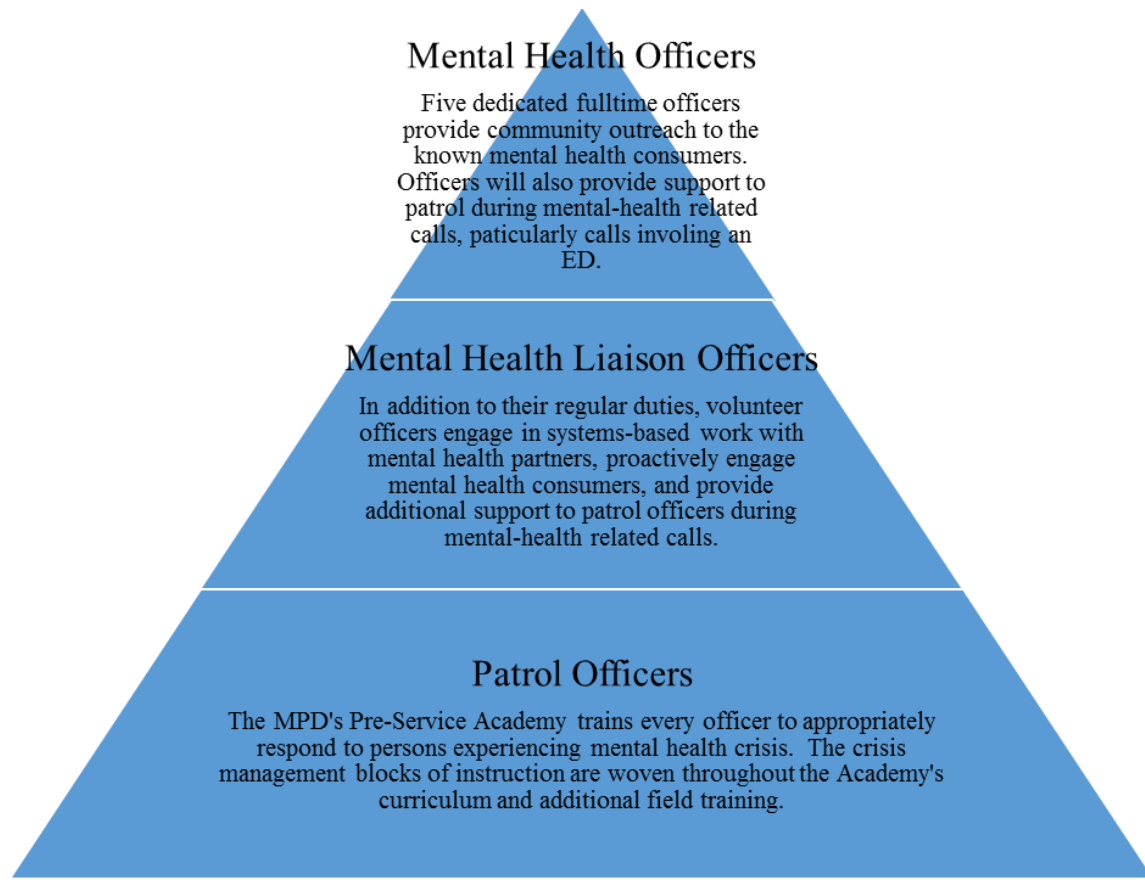
> *For decades, we've included all of the different topics, but we did not call it CIT. We didn't conceptualize it as CIT, even though Memphis was doing their thing and other agencies were probably beginning to move in that direction.*

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 statutes. In addition, training includes interactive experiences involving discussions with mental health 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 as compared to the typical 40-hours of CIT training.

**Figure 6.2. Madison Police Department's
Specialized Response to People with Mental Illness**

Mental Health Officers

Five dedicated fulltime officers provide community outreach to the known mental health consumers. Officers will also provide support to patrol during mental-health related calls, paticularly calls involing an ED.

Mental Health Liaison Officers

In addition to their regular duties, volunteer officers engage in systems-based work with mental health partners, proactively engage mental health consumers, and provide additional support to patrol officers during mental-health related calls.

Patrol Officers

The MPD's Pre-Service Academy trains every officer to appropriately respond to persons experiencing mental health crisis. The crisis management blocks of instruction are woven throughout the Academy's curriculum and additional field training.

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 for one individual to handle city-wide. Around the same time, the MPD was de-centralizing 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/concerns; and to share information within and across agencies as warranted. As displayed in Figure 6.2, the liaisons build upon the work of first responders trained to respond to crisis calls. The liaisons are unique in the way they engage in system-based work and follow-up with known mental health consumers. In addition, liaisons serve as a resource for patrol by providing consultation when needed.

> *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 is 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,

> *Step 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 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 includes the five full-time Mental Health Officers who work within the Mental Health Unit (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 city-wide systems issues related to mental health.

The creation of this program grew out of the Mental Health Liaison Program as well as the work the MPD has been doing as part of their involvement as a learning site with the Council of State Governments. 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 a liaison. 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 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 formed the Community Outreach section of the MPD which is where the MHU is positioned on the MPD's organizational chart. 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). Each officer is responsible for outreach within their specific district, but they coordinate across districts to provide coverage in case the designated officer is unavailable. The officers will coordinate with mental health providers as well as the liaisons in their district in order to identify mental health 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 the consumer 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 re-shaped 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 will be described below, officers call JMHC to gather information related to the mental health histories of consumers, determine which hospital they should respond to with consumers 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 became embedded within 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 consumers. This addition to the Madison model replicates co-responder units similar to the Houston Police Department's Crisis Intervention Response Team on a scale that works within the resources available to both agencies.

Additional Activities of the Mental Health Unit

Although the MPD has not formally implemented CIT within their 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 the needs of their community. 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, two trainees work through the entirety of a scenario, rather than switching off with other trainees during a role play exercise. 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 utilized 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 replication elements of the MPD's Mental Health Liaison Program and establishing points of contact for the Mental Health Officers, thus facilitating greater inter-agency 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, when officers respond to calls involving individuals experiencing mental illness, the goal is to employ the least restrictive means possible to ensure the safety of everyone involved and to connect consumers to needed services while diverting them from criminal justice involvement whenever possible. Thus, whether or not a crime has been committed, if the officer determines that mental illness may be the driving force behind the call for service, the MPD emphasizes 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 the officers has cause to believe that the individual is mentally ill/drug dependent/developmentally disabled and a danger to self (including lack of self-care) or others. Although an ED should only been pursued when appropriate, the MPD's response guidelines clearly emphasize the need to consider all options when dealing with mentally ill members of the community. This decision is not made in isolation, as MPD must consult with their 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 dangerousness, 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 consumer. If further assistance is needed, patrol officers can reach out the Mental Health Officers/Liaisons. Potential disposition outcomes include release with referral to a mental health agency, placement in the care of family, arrest,

protective custody for detox, and voluntarily 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 mental health users as early as possible in the process to ensure that they will have to be moved from the jail to hospital for an ED. For mentally ill defendants who are arrested, the Dane County District Attorney's Office runs a deferred prosecution program, available in cases where the victim agree to diversion. During this process, Mental Health Officers and Liaisons would 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 consumer needs to be taken to the hospital for stabilization, this is where the Mental Health Officers may play a pivotal role as they already have a relationship with service providers and other agencies and can facilitate seamless information sharing. Officers will call JMHC to determine where they should bring the consumer based on the complexity/severity of the consumer's illness, available bed space at area hospitals, and insurance coverage. At this point, a Mental Health Officer/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 consumer 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 consumer may be held for a 72-hour observation period, during which Wisconsin law requires that hospitals exhaust all voluntary options with the consumer before they pursue an involuntary hospitalization. Law enforcement officers are also required to remain with the consumer until a final disposition is reached. Mental Health Officers/Liaisons may discuss hospitalization options with the individual in an effort avoid an ED and towards a voluntary hospitalization in which the consumer will have greater say in their treatment. In situation involving an ED, the officer must contact JMHC to approve the ED before transporting the consumer to detention (typically Winnebago State Hospital in Oshkosh, three hours roundtrip from Madison).

Based upon completed police reports, 17% (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% 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." Although emergency detentions only reflect 5% of the team's activities, the majority of their work involved follow-up (33%), field contacts (16%), and community meetings (11%) in addition to 1,077 hours of report review. The Mental Health Officers/Liaisons play a part not only in jail diversions, but hospital diversions.

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, VA Police Department's CIT[8]

Program History and Structure

Arlington County Police Department (ACPD) consists of three divisions: 1) systems management division; 2) criminal investigations division (criminal investigation section and organized crime section); 3) operations division. 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 mental health consumers makes it essential officers are trained to respond appropriately, effectively and humanely to ensure consumers 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 to hold the first Crisis Intervention Training. When asked what 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 of mental health consumers, improve relations with mentally ill individuals 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 and goals 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 is 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

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[8] Please see Appendix D: Guide to Acronyms for assistance with the acronyms used in the case study descriptions.

with DHS staff about issues/concerns. The liaison works to troubleshoot, communicate, establish dialogue and build relationship between CIT and police agency. There are two dedicated staff within the Behavioral Health Services. Currently, the CIT Coordinator has been in her position for 4 years, and the position is funded by DCJS. This position plays an integral role in the Jail Diversion/Forensic Case Management Team. The other position is the Bureau Chief for Client Services Entry Bureau, which oversees jail diversion among 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. 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 the skills to law enforcement to work safely and effectively with people in crisis and to provide options beyond incarceration to people with mental illness. 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."

In addition, there is the possibility of a select number of officers to participate in train-the-trainer which consists of an additional 24 hours. Training includes education on mental illness and relevant topics, first-hand experience with individuals and families, as well as practical role-play exercise to familiarize officers with successful crisis management techniques. Officers need to have 6 months to 1 year out of the academy before the training (to ensure a bit of real life experience).

Since this first training, the CIT has expanded to include four 40 Hour trainings, a yearly Train the Trainer, a Magistrates and Legal Professionals Training, and CIT for Dispatchers Training. Trainings are offered not only to Arlington's police and deputies – it includes officers from the Pentagon and airport police (Reagan National Airport), as well as officers from agencies across the county, northern Virginia and D.C. Currently, 60% of ACPD patrol officers have received CIT training, 100% of Magistrates are trained and 90% of dispatchers have received CIT training. Currently, 19 ACPD officers have completed Train the Trainer.

Diversion Process

When an officer confronts an individual, they are trained to use de-escalation skills, including verbal and active listening skills to help the person calm down, build trust, and get them to a point where they can seek help. If the situation does not de-escalate, there are three options:
- Person voluntarily agrees to speak with an Emergency Therapist;
- Officer executes a paperless ECO (emergency custody order), if they believe the person is a danger to themselves or others, or unable to care for themselves;
- Officer executes a paper ECO, which needs to be called in by a therapist (8 hours legal statute for custody). There are therapists on staff 24/7 (8 permanent, 6 relief workers, 2 new staff, 2 Certified Peer Specialists who bring their "lived history" of mental illness along with their professional expertise to the work in Emergency Services) available.

Police call the therapists from the field when they have an EDP (emotionally disturbed person). They help determine if the person should be brought to a hospital or the Crisis Intervention Center (CIC) for assessment. At CIC, they look to utilize the least restrictive alternative from assessing, supporting and sending someone home, to Office Based Crisis Stabilization, or residential crisis stabilization, voluntary hospitalization. At the hospital, they will be medically and psychiatrically evaluated. The evaluation leads to a determination to issue a Temporary Detention Order (TDO) or release or medically admit. If TDO, 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 2300 assessments per month – between 30-40 are police officer referrals. An important factor for Arlington County is to track the duration of interventions by police. Overall, the data indicates that officers are spending more time with each person, but able to fully handle the situation in less than four hours. Since 2011, the duration of EDP interventions by Arlington police:

- 50% of interventions last between 31 minutes and 2 hours in December 2015 (an increase from 2011)
- 17% of interventions last more than 4 hours in December 2015 (a steady decrease from 2012).
- Only 2% of interventions last less than 30 minutes in 2015.

Arlington County has two crisis intervention assessment centers (known as a "dual location assessment model.") They both function as a "one-stop" centralized crisis service center that provides office based crisis stabilization, as well as other key services, such as intake, discharge planning, homeless outreach services and forensic jail diversion. The two locations for assessments are: 1) VA Hospital Center (staffed 24/7 with CIT trained security officers) and 2) the Crisis Intervention Center at Arlington's Behavioral Healthcare Division.

Challenges

The stakeholders expressed multiple challenges in implementing and maintaining the CIT program. The first challenge that stakeholders indicated was the lack of necessary resources. In particular, the need for more beds and additional staffing were seen as key barriers.

Another prominent theme discussed during interviews is the difficulty in changing the approach and perception to policing, including educating officers on mental health issues and bringing trauma informed education into police work. Although a wider array of agencies are involved in the planning, organization and training, there are some agencies that are reluctant to this shift in policing and do not necessarily buy-in. A key responsibility for the core team is to work to continue to bring other agencies into the fold.

The 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 trainings a year. A key part of the training is ensuring that police officers use CIT with all of their other tools. In addition, CIT responses are time intensive. "An Emergency Custody Order can easily take 8 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 mentally ill individuals and individuals in crisis, for the safety and well-being for 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 mentally ill individuals 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 mental health consumer and police officer. Classes are often taught "by police, for police" in order to help break down any initial barriers creating an environment in which people could 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 just makes for a better police response.

Chapter Seven
Case Studies: Juvenile Diversion

Case Study #4
Philadelphia School Diversion Program[9]

In 2014, the PPD entered into a MOU with the Philadelphia School District, Department of Human Services, 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 by diverting youth who committed 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 U.S. with over 6,600 sworn officers serving approximately 1.5 million citizens within a 140 square mile radius. When it comes to policing the Philadelphia School District, there is collaboration between the PPD and the School District's Office of School Safety. Unlike a School Resource Officer 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 Philadelphia Police Department (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.*

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 with between 50% and 60% of arrests related to low-level, summary misdemeanors.

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[9] Please see Appendix D: Guide to Acronyms for assistance with the acronyms used in the case study descriptions.

After looking at the data stemming from the arrests being made in schools, 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-booking 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.

> *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 and have a contact with the system. All of these negative consequences. I think he was saying about 80% 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 Department of Human Services (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 their existing Intensive Preventive Services (IPS) in order to link diverted youth and families to services and to develop follow-up protocols providing law enforcement with some "cover" and reduce the risk that diverted youth might escalate.

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. Part of this process involved taking a data-driven approach to educating principals about the collateral consequences of arrest. "You 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." Conversely, this information exchange also helped law enforcement to realize how certain policies and the lack of support services contributed to principals contacting the PPD. "A lot of the things [the schools are] reporting is because they have no choice. It's not that they wanted to lock up a child who had an instrument of crime in there, but the report says you have to."

The 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. Stemming from work with the Pennsylvania Commission on Crime and Delinquency Disproportionate Minority Contact (DMC) Subcommittee, researchers from the Juvenile Justice Research and Reform Lab within Drexel University joined the project as a research partner. By having research included early in the process, stakeholders were able to quickly determine where there were implementation issues and revise accordingly.

When it comes to the actual policing, the PPD collaborates with the School District's Office of School Safety. Unlike a School Resource Officer model, the 84 sworn PPD officers responsible for responding to calls-for-service originating at any of the 242 schools across the city do not patrol *within* the schools. Rather, 300 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.

In June 2014, the Philadelphia Family Court was awarded a School Justice Collaboration Program grant from OJJDP entitled "Keeping Kids in School and out of Court" to further enhance the program by securing funds for program evaluation and a partnership with a local mediation program. Mediation was introduced as a potential tool to address instances of group disputes as it allows administrators the ability to remove students from school, deal with the issue quickly through group mediation, and return students to school. Members of 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 from the Philadelphia Foundation to improve school climate and safety.

Diversion Process
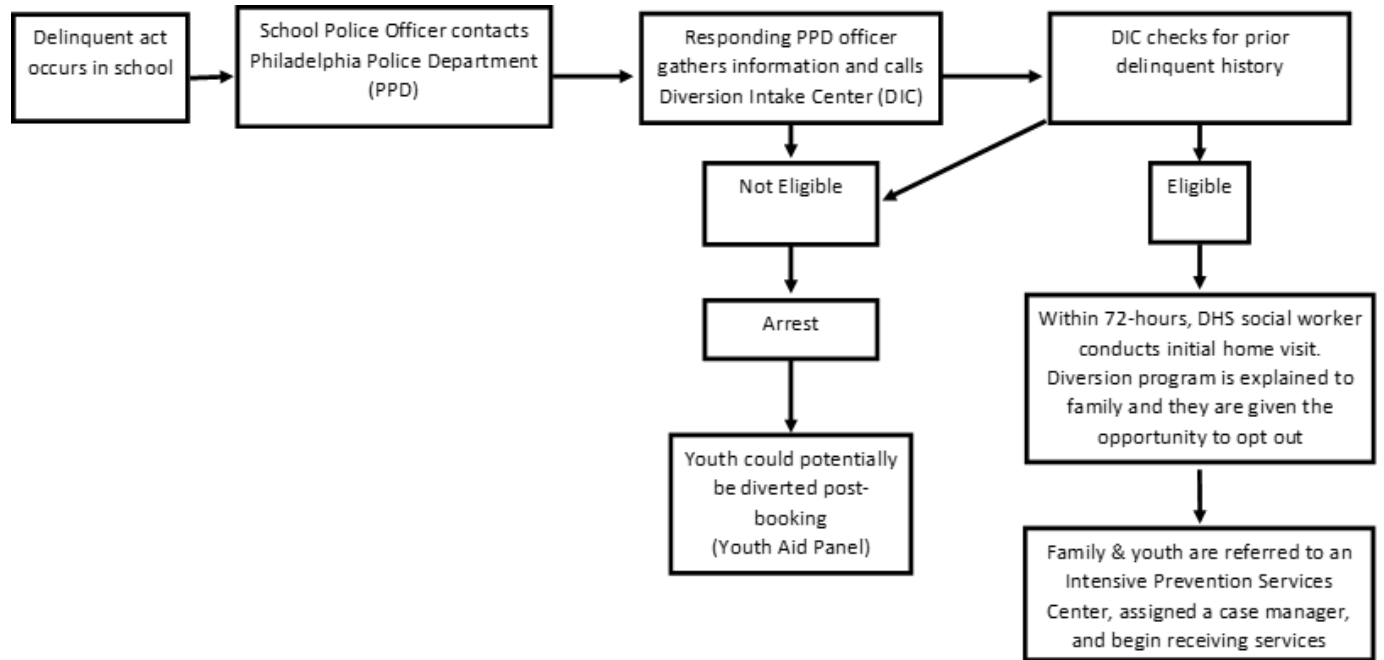
Figure 7.1 Diversion Process (Philadelphia)

Figure 7.1 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 officer will be called to respond. The PPD officer will conduct an initial eligibility assessment in which they will gather information to develop an understanding of the past behavior of the youth. It is at this stage that the PPD officer has discretion to determine that a crime has not been committed and inform the administration that no further action will be taken by police (no arrest or diversion). If it is determined that a crime has occurred, youth will automatically be diverted if they are a first time defendant and the alleged crime constitutes a summary or misdemeanor offense (stakeholders report the two most common offenses are possession of a non-firearm weapon and marijuana possession). The officer will next contact the Diversion Intake Center (DIC) to verify that the youth is a first time defendant. The DIC serves as the source of diversion referrals and is staffed by two PPD officers and a DHS social worker. If the PPD officer is given approval from DIC to divert, then the PPD officer will release the youth, inform them that they will be contacted by DHS, and no arrest paperwork will be filed.

The School District will determine separately whether they wish 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 Office of Students Rights and Responsibilities for the School District in order to ensure the School District knows which students have been diverted. If the youth/parent are

actively participating in the diversion program and the principal refers the student for expulsion, in most cases the request will be denied.

Within 72-hours, DHS will send a social worker to conduct a home visit. During this visit, an initial assessment will be conducted in order to determine the services that would be appropriate not only for the youth, but the family as well. This is also an opportunity to inform the youth and family about the diversion program in an attempt to encourage participation, which is strictly voluntary. Immediacy is seen as central to engaging youth.

> *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% 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 afterschool 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
The school diversion program was fully implemented during the 2014 - 2015 academic school year and an evaluation of the program is forthcoming. Within the first year there was a 54% reduction in arrests and 1,051 fewer behavioral incidents. A total of 486 students were diverted with only six (1.2%) being re-arrested. Students who are re-arrested are still be 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% reduction in school disciplinary action (e.g., suspension, expulsion). As one stakeholder described:

> *What happens with the fourth largest police department in the fifth largest city, in the eighth largest school district can turn around and say, 'Guess what? 50% of our kids weren't getting arrested this year.' We all win.*

Case Study #5
Durham County (NC) Misdemeanor Diversion Program[10]

Program Background

The city of Durham has a population of nearly 250,000 and is host to Duke University and part of the region known as the "research triangle" (Durham, Raleigh, Chapel Hill). Police enforcement around Durham is divided into two populations: the City of Durham, served by the Durham Police Department, and Durham County (including the City of Durham and Durham schools and jails), served by the Office of the Durham County Sheriff. The police department serves the city area of 108.3 square miles, while the Sheriff's office serves an area of 298 square miles.

Community connections and shared interest characterize the Durham, NC Misdemeanor Diversion Program (MDP), which is situated amidst a unique geographic, political, and legislative environment that defines its characteristics and goals. For years, there has been a call to raise the age at which youth are tried as adults, since North Carolina and New York are the only states currently charging 16-17 year olds as adults. In Durham—in a region that is politically opposed to the current age inclusion—District Court Judge Marcia Morey worked in collaboration with the Criminal Justice Resource Center (CJRC) and other stakeholders to develop the Misdemeanor Diversion Program, originally as a means to counteract the effect of this statute in juvenile first-time defendants. Through the program, police divert the youth at the point of arrest, so no arrest goes on record and no charge is filed. The youth then enters 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 (18-21) as well.

The CJRC spearheaded the program. The CJRC 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 the leadership of Judge Morey. These diverse stakeholders shared the common goal of wanting to prevent the negative repercussions of an arrest and/or misdemeanor conviction for youth in the state of North Carolina.

> *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.*

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[10] Please see Appendix D: Guide to Acronyms for assistance with the acronyms used in the case study descriptions.

In the MDP program, most referrals come from the schools, specifically with the help of School Resource Officers (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.

In an important note on administration, the CJRC identified funding to hire an MDP program coordinator part-time for six months. A grant from the NC Governor's Crime Commission (the state pass-through agency for federal block grant funding) has funded the program since July 2014 and the MDP program coordinator is a full-time position.

Program Development

The MDP program model was the result 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 was encountered 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 detailed rationale for asking that officers 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 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 youth 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. If the individual is offered diversion, they 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 the youth may 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 sent to the MDP coordinator within 24 hours, who follows up with youth. If the officer encounters an eligible youth and does not divert them, he or she is expected to include a detailed explanation as to why on the arrest citation. Figure 7.2 illustrates the diversion process.

At the point that the MDP coordinator follows up with the youth, a general intake is conducted. Based on the intake, the coordinator will refer the youth to any number of diversion programs, tailored to the needs of the youth. Program referrals may involve problem solving skills, Cognitive Behavioral Therapy (CBT), leadership training, and/or life skills training. The programs are:
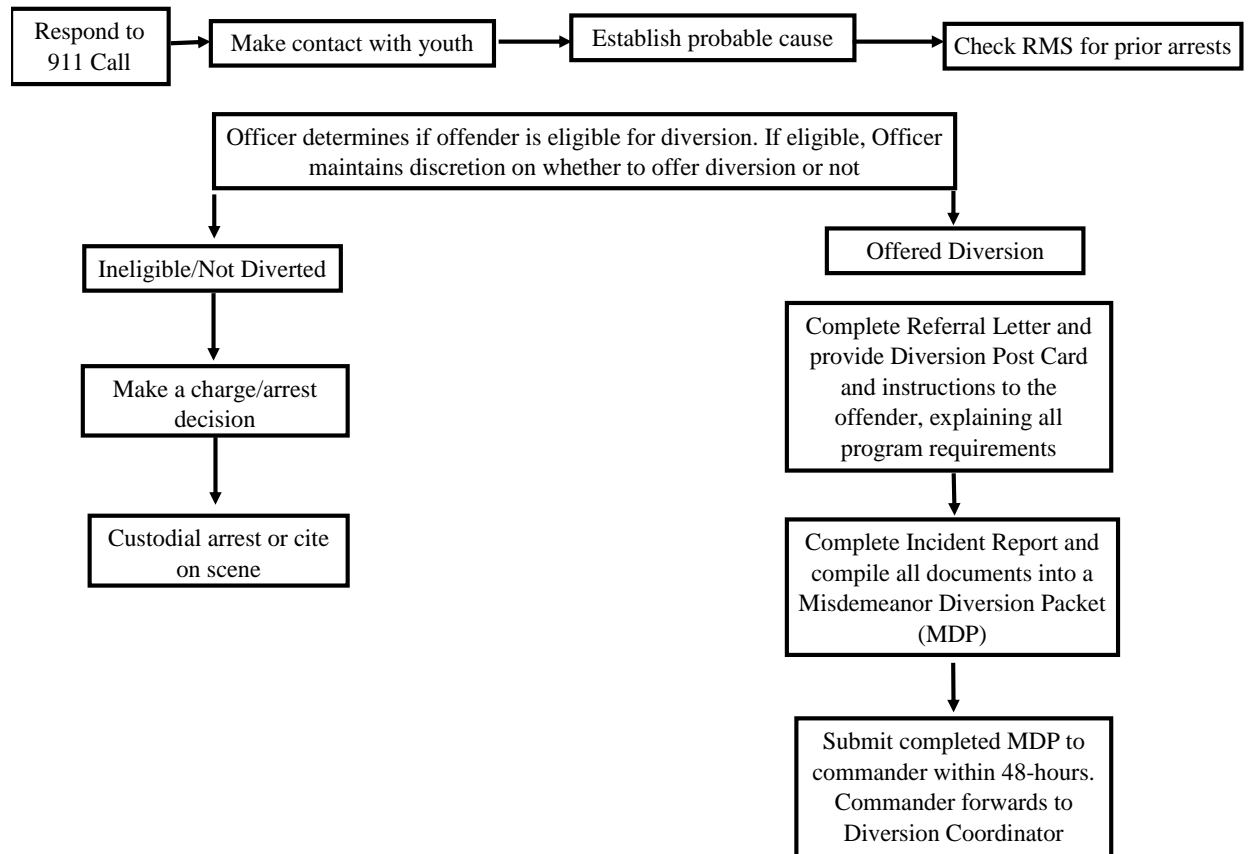
- Teen Court;
- Making a Change (problem solving skills, analyzing thoughts and feelings before acting);
- BECOMING (Leadership skills, utilization of strengths, dealing with peer pressure);
- Carolina Outreach Independent Living Skills (resume, career assessments, budgeting, renting an apartment);
- 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); and
- The Volunteer Center for Community Service.

The youth must complete one of these 8-10 hour programs within 90 days, and is offered additional programs to help support them as needed, working towards addressing underlying causes of their actions.

The youth is then required to attend a meeting at the courthouse, where a mock trial is staged as they wait for their meeting to begin. Youth are not aware that the trial is not real, and case is staged to resemble a youth shoplifting or other 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 perspective. 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.

Figure 7.2 Diversion Process (Durham, NC)

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┌──────────────┐     ┌──────────────────────┐     ┌──────────────────────┐     ┌──────────────────────────┐
│ Respond to   │────▶│ Make contact with    │────▶│ Establish probable   │────▶│ Check RMS for prior      │
│ 911 Call     │     │ youth                │     │ cause                │     │ arrests                  │
└──────────────┘     └──────────────────────┘     └──────────────────────┘     └──────────────────────────┘

          ┌───────────────────────────────────────────────────────────────────────────┐
          │ Officer determines if offender is eligible for diversion. If eligible,     │
          │ Officer maintains discretion on whether to offer diversion or not          │
          └───────────────────────────────────────────────────────────────────────────┘
                  │                                                       │
                  ▼                                                       ▼
        ┌─────────────────────┐                             ┌──────────────────────┐
        │ Ineligible/Not      │                             │ Offered Diversion    │
        │ Diverted            │                             └──────────────────────┘
        └─────────────────────┘                                        │
                  │                                                     ▼
                  ▼                                        ┌──────────────────────────┐
        ┌─────────────────────┐                            │ Complete Referral Letter │
        │ Make a charge/arrest│                            │ and provide Diversion    │
        │ decision            │                            │ Post Card and            │
        └─────────────────────┘                            │ instructions to the      │
                  │                                         │ offender, explaining all │
                  ▼                                         │ program requirements     │
        ┌─────────────────────┐                            └──────────────────────────┘
        │ Custodial arrest or │                                        │
        │ cite on scene       │                                        ▼
        └─────────────────────┘                            ┌──────────────────────────┐
                                                            │ Complete Incident Report │
                                                            │ and compile all          │
                                                            │ documents into a         │
                                                            │ Misdemeanor Diversion    │
                                                            │ Packet (MDP)             │
                                                            └──────────────────────────┘
                                                                        │
                                                                        ▼
                                                            ┌──────────────────────────┐
                                                            │ Submit completed MDP to  │
                                                            │ commander within         │
                                                            │ 48-hours. Commander      │
                                                            │ forwards to Diversion    │
                                                            │ Coordinator              │
                                                            └──────────────────────────┘
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Aside from diversion programming, a vast selection of wraparound services are provided based on needs identified during the intake assessment. The services are offered free of charge by collaborating agencies, which work with the program coordinator to increase/decrease the flow of referrals depending upon each agency's capacity. Thanks to redundancy in services offered, if drug treatment, mental health treatment, tutoring, job training, or other services are over capacity, other agencies step in to take referrals.

> *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.

> *[Familes 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 offered to support their efforts to not re-offend, and parental integration into the program, there is a comprehensive effort to ensure compliance with the program. However, there are clearly defined criteria in case of failure. In the case of non-compliance or failure to complete the program, the MDP coordinator notifies law enforcement and criminal proceedings may be initiated based on the allegations. 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%) have failed to complete the program so far. Stakeholders try to do everything possible to help keep the youth in the program until successful completion; there is wide agreement that successful program completion benefits everyone.

The main legal benefit of the program, is that upon completion of the program, 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 his or her life.

Diversion Data
As of September 2015, 120 youth had enrolled in the program. Of these, 111 (93%) have successfully completed program requirements, two (2%) failed to complete the program, and seven (6%) are currently enrolled. There were an additional three pending intakes at the time the program data was received. The most common referral offenses are larceny (31%) and possession of marijuana (19%). The majority of all MDP youth (88%) 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% of all service referrals) and mental health services (27% of all service referrals). Referrals were also made for employment assistance (16%), substance abuse treatment (13%), mentoring (5%), and extracurricular activities (2%).

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

Lessons Learned

Program Benefits
Through the implementation process, stakeholders identified strategies that worked as well as challenges encountered. Specific program benefits are described from the perspective of each stakeholder agency; general strengths are also described.

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 then 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 possibly 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 Criminal Justice Resource Center (CJRC) is independent of the police/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 them to perform their roles as they normally would. The CJRC also provided 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 social service degree … We're just a referral. The limits to our social service capability would be 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 program,' versus saying, 'Eh, he tried.'

A major weakness of the program is that it relies on officer discretion, when some officers continue to be reluctant to divert eligible youth.

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, stakeholder made some suggestions to other jurisdictions considering implementation of similar program. First and foremost, they stressed the role of 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 have 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 the 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 (CA) Juvenile Diversion Program
Redwood City, CA[11]

Redwood City is situated halfway between San Francisco and San Jose encompassing a patrol region of approximately 35 square miles and home to 83,000 residents. As the seat of San Mateo County, Redwood City has a long history of system collaboration as best reflected 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, Stanford University / John W. Gardner Center, the Sequoia Healthcare District, and Kaiser Permanente have partnered to provide support to families, youth, and the community. One key agency within this initiative is the Redwood City Police Department (RCPD). Comprised of 96 sworn officers, one law enforcement agency described RCPD as an agency "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. Although RCPD sustained a significant reduction in staffing stemming from the economic recession coupled with losing one-third of its sworn staff to retirement, the department believes that "it's every person's job to be philosophically in line with community policing." One program that embodies this approach is the Juvenile Diversion Program which helps fulfill the RCPD goal of diverting 50% of first time juvenile defendants away from criminal justice involvement. The program works in tandem with several other designed to provide outreach and support to youth and families.

Program History and Structure

The roots of the diversion program in Redwood City, California date back to the early-1990s. After an incident involving a Latino youth and Redwood City Police Department (RCPD) officers elicited outcry from the Latino community, the department entered into a partnership with a local non-profit in order to develop youth-based programming. However, this arrangement did not prove 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 law enforcement officers shouldn't be the ones to run a program because you need a different perspective."

One of the Juvenile Specialist 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 initially resisted the program, as described by the Juvenile Specialist:

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[11] Please see Appendix D: Guide to Acronyms for assistance with the acronyms used in the case study descriptions.

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. The unconditional initial support was a key part in the success of the diversion program.

By explaining the purpose of the program to patrol officers and getting the endorsement of the Chief of Police, the Juvenile Specialist was able to start building relationships with other stakeholders in the community. Pre-existing partnerships such as Redwood City 2020 helped solidify relationships between RCPD and area stakeholders. However, program stakeholders expressed that relationship-building was enhanced through word of mouth based on the work the Juvenile Specialist was performing 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 East Bay provide counseling services to diverted youth. Bi-weekly counseling sessions takes an environment and family-based approach in order to identify 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 an in which the Juvenile Specialist and an RCPD officer teach a free 12-week course (offered in English and Spanish) where parents meet for three hours a week to learn how to stop the negative behaviors of their children and cultivate better communication. The Juvenile Specialist has facilitated 18 classes since 2012 for a total of 850 adults and youth focusing on topics such as 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/work, and the avoidance of gang activity. As several law enforcement stakeholders noted, in other jurisdictions many of these initiatives would be led 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 resulting in a million-dollar revenue. Additionally, RCPD runs an Adopt-A-School program to foster connections between patrol officers and students. In the city's main public high school, RCPD employs a School Resource Officer (SRO) to 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 7.3 Diversion Process (Redwood City)
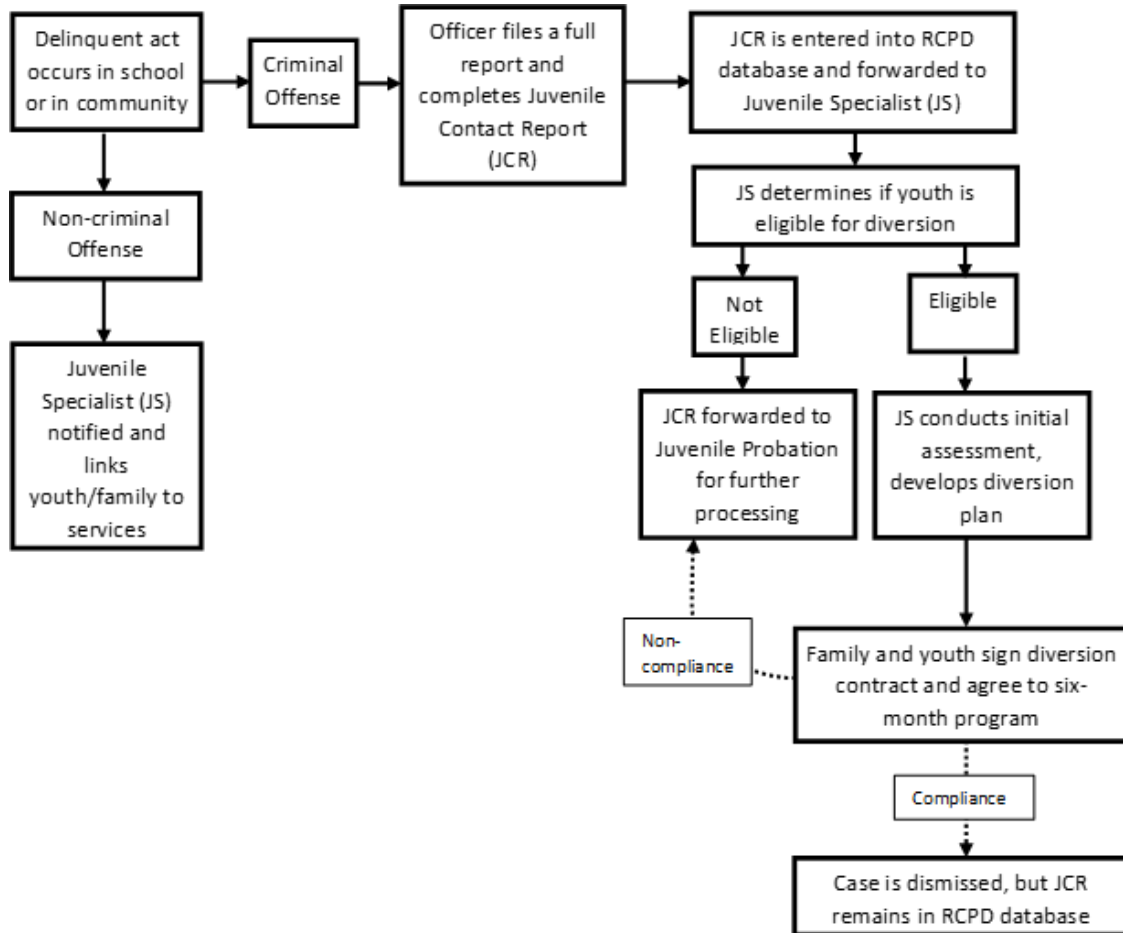
Figure 7.3 illustrates the diversion process. As RCPD services emphasize a preventive/early intervention approach, officers may come in contact with youth engaging in behavior that may not be classified as a criminal offense under the California Penal Code (e.g., running away, disruptive classroom behavior). 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/marijuana, trespassing, inappropriate use of electronic devices, hit and run resulting in no injuries, and joy riding. 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 will verify that the youth has no criminal record and will contact 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 defendants, 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.

The Juvenile Specialist conducts an initial assessment of eligible youth at the police station within two to three weeks. The assessment helps to inform the diversion programming for each youth as the Juvenile Specialist will collect information related to the youth's home and school environment as well as any present needs (e.g. substance abuse, anger management, psychological, medical). 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 arrest 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. Stakeholder 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/counseling in addition to 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 their program. However, stakeholders expressed that as long as youth are making a sincere effort, they would not be dismissed for occasional non-compliance (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 that 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% 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%. Stakeholders estimate that 15% 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 was accomplished through strong partnerships with social services, non-profits, and local universities in order to parlay existing resources for diversion programming. One of the keys to strengthening these partnerships involved regular communication amongst key stakeholders. This was typically facilitated through a central decision maker such as the Juvenile Specialist in Redwood City, the MDP Coordinator in Durham, or the Diversion Intake Center in Philadelphia. Although the programs varied in terms of how police officers could exercise discretion within these programs, clear eligibility criteria, program mandates, and a centralized diversion decision help to minimize any potential for bias influencing the decision to divert.

Chapter Eight
Case Studies: Drug Market Intervention (DMI)

Case Study #7
Austin, TX: Drug Market Intervention Program at 12th and Chicon[12]

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 2000-2010, 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 a neighborhood beset by drug crime 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 in the area in addition to 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. A community approach focused on rehabilitating defendants who were not arrested while also 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:

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[12] Please see Appendix D: Guide to Acronyms for assistance with the acronyms used in the case study descriptions.

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.

Community leadership was consistently cited as the fulcrum of program success, felt to rely 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 case, would not be sufficient to motivate defendants (serve as deterrence) to participate in the DMI program. They would need clear evidence to show the dealer that taking his or her 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 face 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 bi-weekly 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 allowing the police to improve the quality of video evidence and to attain evidence meeting the enhanced standards set by the prosecutors. Once undercover officers gathered information on dealers in the target area, prosecutors reviewed the charges, evidence, and criminal record of each individual. Together, prosecutors and police came up with the following groups:

- Group A – Violent defendants or egregious defendants. Receive immediate enhanced prosecution
- Group B – Irrefutable cases, but are offered services with no prosecution, provided they do not re-offend
- Group C – Cases that did not have irrefutable evidence. 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. Community members were not initially enthusiastic about further police intervention based on previous experiences, but were willing to work with police to establish a relationship based on a common goal of improving the security of quality of life in the neighborhood. 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 (i.e., "influential") of potential targets for diversion, who

might later serve as positive, guiding forces for these B Group individuals. Community leaders also reached out to housing, job training, mental health, and treatment services to establish dependable agencies where B Group 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, and were willing to give them a chance.

Phase IV: Call-in Preparation and Execution
After planning the diversion process, gathering evidence, and engaging the community, police made arrests of 17 Group A individuals and moved forward with enhanced prosecution. They continued working with community leaders to locate Group B individuals, going house-to-house together, presenting the target individual and/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 the call-in event.
- They will not be arrested at the call-in.
- They may bring along someone important to them.

Contact with family members and close associates is key, as much emphasis was placed on identifying influentials who could 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, with stakeholders agreeing that a very public call-in with media, city council, law enforcement (police and prosecutors), and community members would be helpful for several reasons, including assuring dealers that they will not be arrested, showing community members that law enforcement is serious about the initiative, and promoting law enforcement's relationship with the community.

With this in mind, the DMI planning group co-hosted 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 cares about the dealers and wants them to stop dealing, and offered services (drug treatment, job

training, and housing assistance) to candidates. 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, and would have banked cases reopened in the event that they reoffended. Of the 29 DMI participants, 9 reoffended (31% recidivism rate). Of the Group B candidates who reoffended, only 2 of 29 (7%) 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 must 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 dealers reoffend by dealing in the target area, the prosecutor can reopen the banked (i.e., diverted) case in addition to 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 re-offense, 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 drug market intervention 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 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 "… [S]ome 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 that help to clarify the role of police and communities, contribute positively to the relationship between the groups, solidify the long-term gains of the DMI program, and uphold 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 presented in Table 6.1. 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 8.1. 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, GA: English Avenue Drug Market Intervention[13]

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 1 in 10 houses 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% 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 community tension identified that have afflicted the area.

Previously, in early 2012, then-U.S. Attorney for the Northern District of Georgia (and current Assistant Attorney General) Sally Yates identified the English Avenue neighborhood as particularly problematic and sought to improve the quality of life for its residents. After meeting continuously with neighborhood association and local parish leaders, she established trust with the community and sought to listen to their concerns. By summer 2012, the 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 re-entry 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 to "rise from the ashes."

DMI Phases
Phase I: Working Group Formation

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[13] Please see Appendix D: Guide to Acronyms for assistance with the acronyms used in the case study descriptions.

Identifying 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 on the DMI initiative, which targeted an area of 2.2 square miles and more than 65 neighborhood blocks. Initially, the USAO worked with the Atlanta Police Department (APD) to identify criminal hotspots by mapping 911 calls and search warrants. Hotspot maps were used to defining an initial central target area of the neighborhood. The USAO later learned that the location of initial police contact reflected in these maps failed to reflect the common scenario, in which police were taken to nearby locations where dealing was also taking place. Consequently, the DMI initiative area subsequently 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, 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 Georgia Bureau of Investigation, 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 a different approach 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 case—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: Overall, there was a clear sense of dedication to the program based on the involvement of federal prosecutors who would bring federal charges and impose federal

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

<u>Community Engagement</u>. Phase II does not end; rather, police-community reconciliation is an ongoing theme of DMI throughout all phases of the initiative. While the USAO did not face resistance from law enforcement, the community was not initially open to further law enforcement activity in the neighborhood, despite the relational foundation established through Operation Phoenix. After a 2006 drug raid resulted in a fatal police-involved shooting and cover-up, community relations with law enforcement were outwardly hostile. By fall of 2014, when preparations were made for DMI, lingering distrust of law enforcement had faded only slightly. Adding to that tension was strain created by a new football stadium to be located just outside the neighborhood, stoking 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 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 [s/he's] 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 to review evidence and negotiate diversion candidates. Their decisions were based on DMI guidelines detailed in the COPS Drug Market Intervention Implementation Guide but also incorporated the unique characteristics of Atlanta as compared to other DMI models—particularly given 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, NC, regarding how to determine eligibility criteria for defendant Tiers 1 (i.e., prosecution) and 2 (i.e., diversion). The High Point Police Chief emphasized a big-picture approach to selecting Tier 2 candidates. Such an approach focuses on community perceptions, rather than on typical law enforcement assessment of defendants; taking a riskier approach, but making a point to the community. "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 criteria for Tiers 1 and 2 that is unique to Atlanta's DMI model, "…for 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 lifelong defendants 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 I and 2, the final list of potential diversion candidates passes 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 whenever and wherever helped to dispel some community doubts. By incorporating community concerns, law enforcement and the community both 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 buy-in from law enforcement, 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 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 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%) showed up to the call-in (1 of whom was enrolled in drug treatment and had his father attend on his behalf).

Phase IV: Call-in Preparation and Execution
Call-in. Throughout DMI Phases I and II, USAO was securing the support of social services agencies, eventually reaching 23 different organizations, including drug treatment; job training and employment help; GED completion and life skills training; leadership, parenting, and family counseling help. 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 been sustained through actions taken in the maintenance phase. DMI is still very recent, and without a rigorous impact evaluation, crime and neighborhood changes cannot be attributed to DMI. In qualitative interviews, to be interpreted with extreme caution, three main differences 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 had moved indoors or out of the neighborhood to areas where dealers are less familiar with the territory and more vulnerable to law enforcement; and
- 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, with one APD Captain framing 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 multi-unit 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/counseling progress, and needs. Not all have succeeded; three Tier 2 diversion participants (20%) 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 and notorious for its violence. A police involved shooting presented a major roadblock to police-community reconciliation and collaboration on DMI. These unique circumstances meant different institutional stakeholders were involved each city, along with specific adaptations in planning and execution, detailed above. A general theme of collaboration with other law enforcement agencies, social service providers and relationship building among working group stakeholders was crucial to success in both cities. Diverse stakeholders met and developed plans to consolidate efforts, especially with enhanced evidence gathering between police and prosecutors. 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 dismantle the drug markets and return 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. The preparation and meticulous planning that each site conducted to foresee possible problems, ensure fairness in identifying dealers and diversion criteria, strategize for long-term community buy-in and foresee social service needs of diversion candidates seemed to strengthen the implementation of the program, evidenced by the many dealers who attended and call-in and nearly uniform acceptance of the 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.

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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

MHD
DI
FTO
Juvenile
RP
Veterans

Decatur Police Department
402 Lee Street Northeast
Decatur, AL 35601

DI
Juvenile

Falkville Police
Department
P.O. Box 407
Falkville, AL 35622

MHD
DI
FTO
Juvenile
RP

Hokes Bluff Police
Department
3301 Alford Bend Road
Hokes Bluff, AL 35903

RP

Lee County Sheriff's
Office
1900 Frederick Road
Opelika, AL 36801

DI

St. Clair County Sheriff's
Office
1610 Cogswell Avenue
Pell City, AL 35125

MHD
DI
FTO
Juvenile
Veterans

Arizona

Gilbert Police Department
75 East Civic Center Drive
Gilbert, AZ 85296

MHD
FTO
Juvenile

Sahuarita Police
Department
315 W. Sahuarita Center
Way
Sahuarita, AZ 85629

MHD
Juvenile
Veterans

California

Alameda County Sheriff's
Office
1401 Lakeside Drive
Oakland, CA 94612

Juvenile

Beaumont Police
Department
550 East 6th Street
Beaumont, CA 92223

FTO
Juvenile
*Other: Drug Early
Disposition Programs*

Brentwood Police
Department
9100 Brentwood Blvd
Brentwood, CA 94513

Juvenile

Brisbane Police
Department
50 Park Place
Brisbane, CA 94005

Juvenile

Chula Vista Police
Department
315 Fourth Ave.
Chula Vista, CA 91910

Juvenile
RP

El Cajon Police
Department
100 Civic Center Way
El Cajon, CA 92020

MHD
Juvenile

Firebaugh Police
Department
1575 11th St.
Firebaugh, CA 93622

Juvenile
RP

Folsom Police Department
46 Natoma Street
Folsom, CA 95630

Juvenile

Garden Grove Police
Department
11301 Acacia Parkway
Garden Grove, CA 92840

Juvenile
RP

Hayward Police
Department
300 West Winton Avenue
Hayward, CA 94544
FTO
Juvenile

Long Beach Police
Department
400 W. Broadway
Long Beach, CA 90802

Juvenile

Los Angeles County
Sheriff's Department Cops
Bureau
4850 Civic Center Way
Los Angeles, CA 90022

MHD
FTO
Juvenile

Mill Valley Police
Department
1 Hamilton Drive
Mill Valley, CA 94941

Juvenile

Modesto Police
Department
600 10th Street
Modesto, CA 95354

MHD
DI
FTO
Juvenile
RP

Oakdale Police
Department
245 North Second Ave.
Oakdale, CA 95361

FTO
Juvenile

Redwood City Police
Department
1301 Maple Street
Redwood City, CA 94063

Juvenile

Reedley Police
Department
843 G Street
Reedley, CA 93654

Other: Restorative Justice

Riverside Police
Department
4102 Orange St.
Riverside, CA 92501

MHD
DI
FTO
Juvenile
RP
Veterans

San Bernardino County
Sheriff's Department
8303 N. Haven Ave
Rancho Cucamonga, CA
91730

Juvenile

San Diego County
Sheriff's Department
P.O. Box 939062
San Diego, CA 92123

MHD
Juvenile

San Ramon Police
Department
2401 Crow Canyon Road
San Ramon, CA 94583

Santa Barbara Sheriff
4434 Calle Real
Santa Barbara, CA 93110

FTO
Juvenile
RP

Tehama County Sheriff's
Office
P.O. Box 729
Red Bluff, CA 96080

DI

Ventura Police
Department
1425 Dowell Dr.
Ventura, CA 93003

MHD
Veterans
*Other: Chronically
Homeless*

Colorado

Castle Rock Police
Department
100 Perry Street
Castle Rock, CO 80104

MHD
Juvenile

City of Lafayette Police
Department
451 N. 111th Street
Lafayette, CO 80026

MHD
FTO
Juvenile

Firestone Police
Department
151 Grant Avenue
Firestone, CO 80520

MHD
RP

Fountain Police
Department
222 North Santa Fe Ave
Fountain, CO 80817

MHD
Juvenile

Gunnison Police
Department
P.O. Box 239
Gunnison, CO 81230

Juvenile

Leadville Police
Department
800 Harrison Avenue
Leadville, CO 80461

FTO

Longmont Police Service
225 Kimbark St.
Longmont, CO 80501

MHD
FTO
Juvenile
Other: Restorative Justice

Connecticut

Branford Police
Department
33 Laurel St
Branford, CT 06405

Juvenile

Canton Police Department
45 River Road
Canton, CT 06019

MHD
Juvenile

Greenwich Police
Department
11 Bruce Place
Greenwich, CT 06830

MHD
Juvenile

Manchester Police
Department
239 East Middle Turnpike
Manchester, CT 06040

Juvenile

Shelton Police Department
85 Wheeler Street
Shelton, CT 06484

Juvenile

South Windsor Police
Department
151 Sand Hill Road
South Windsor, CT 06074

Juvenile

Stonington Police
Department
173 South Broad Street
Pawcatuck, CT 06379

Juvenile

Wilton Police Department
240 Danbury Road
Wilton, CT 06897

Juvenile

Winchester Police
Department
338 Main Street
Winsted, CT 06098

Juvenile

Windsor Police
Department
340 Bloomfield Avenue
Windsor, CT 06095

MHD
Juvenile

Washington, D.C.

Metropolitan Police
Department
1700 Rhode Island Ave
NE
Washington, DC 20018

Juvenile

Florida

Apopka Police Department
112 E. 6th Street
Apopka, FL 32703

Juvenile

Belleview Police
Department
5350 Se 110th St
Belleview, Fl 34420

Juvenile

Boca Raton Police
Services Department
100 Nw Boca Raton Blvd.
Boca Raton, FL 33432

MHD
FTO
Juvenile

Broward County Sheriff's
Office
2601 W Broward
Boulevard
Ft. Lauderdale, FL 33312

MHD
FTO
Juvenile
RP
Other: Homeless Outreach

Cape Coral Police
Department
1100 Cultural Park
Boulevard
Cape Coral, FL 33990

MHD
Juvenile
RP

Charlotte County Sheriff's
Office
26601 Airport Rd.
Punta Gorda, FL 33982

MHD
DI
FTO
Juvenile

City of Miami Police
Department
400 Northwest 2nd Ave
Miami, FL 33128

MHD

City of Temple Terrace
Police Department
11250 North 56th Street
Temple Terrace, FL 33617

Juvenile
RP

Cocoa Police Department
1226 W. King St.
Cocoa, FL 32922

Juvenile

Fernandina Beach Police
Department
1525 Lime Street
Fernandina Beach, FL
32034

FTO
Juvenile

Fort Lauderdale Police
Department
1300 W. Broward Blvd
Fort Lauderdale, FL 33312

MHD
FTO
Juvenile
RP

Fort Pierce Police
Department
920 S. Us Hwy 1
Fort Pierce, FL 34950

Juvenile

Fruitland Park Police
Department
506 West Berckman Street
Fruitland Park, FL 34731

MHD
FTO
Juvenile

Jacksonville Sheriff's
Office
501 E Bay Street
Jacksonville, FL 32202

MHD
FTO
Juvenile

Lake County Sheriff's
Office
360 West Ruby Street
Tavares, FL 32778

MHD
Juvenile
*Other: Work in Lieu of
Arrest*

Longwood Police
Department
235 West Church Avenue
Longwood, FL 32750

Juvenile

Manatee County Sheriff's
Office
600 301 Boulevard West,
Suite 202 Bradenton, FL
34205

FTO
Juvenile
RP

Margate Police
Department
5790 Margate Blvd.
Margate, FL 33063

FTO
Juvenile

Miami-Dade Police
Department
9105 NW 25 Street
Doral, FL 33172

FTO
Juvenile
*Other: County Code
Violations*

Miramar Police
Department
3064 N. Commerce
Parkway
Miramar, FL 33025

Juvenile

Oviedo Police Department
300 Alexandria Blvd
Oviedo, FL 32765

Juvenile

Palm Beach Sheriff's
Office
3228 Gun Club Road
West Palm Beach, FL
33406

MHD
FTO
Juvenile
Veterans

Pinellas County Sheriff's
Office
10750 Ulmerton Rd
Largo, FL 33774

Juvenile

Polk County Sheriff's
Office
1891 Jim Keene Blvd
Winter Haven, FL 33880

MHD
Juvenile

Port Orange Florida Police
Department
4545 Clyde Morris Blvd
Port Orange, FL 32129

Juvenile

Sanibel Police Department
800 Dunlap Road
Sanibel, FL 33957

MHD
FTO
Juvenile

Satellite Beach Police
Department
510 Cinnamon Drive
Satellite Beach, FL 32937

Juvenile

St. John's County Sheriff's
Office
4015 Lewis Speedway
St Augustine, FL 32084

MHD
Juvenile

St. Augustine Beach
Police Department
2300 A1A South
St. Augustine Beach, FL
32080

FTO
Juvenile
RP

St. Petersburg Police
Department
1300 1 Av N
St. Petersburg, FL 33705

Juvenile

Sunrise Police Department
10440 W. Oakland Park
Blvd.
Sunrise, FL 33351

Juvenile

Tallahassee Police
Department
234 E. 7th Ave.
Tallahassee, FL 32302

MHD
FTO
Juvenile

Washington County
Sheriff's Office
1293 Jackson Avenue
Chipley, FL 32428

FTO
Juvenile

Georgia

Atlanta Police Department
226 Peachtree Street
Atlanta, GA 30303

MHD
FTO
Juvenile
RP

Paulding County Sheriff's
Office
247 Industrial Way North
Dallas, GA 30132

MHD
FTO
RP

Idaho

Boise Police Department
333 N. Mark Stall Place
Boise, ID 83704

Juvenile

Post Falls Police
Department
1717 E Polston Avenue
Post Falls, ID 83854

MHD

Illinois

Algonquin Police
Department
2200 Harnish Drive
Algonquin, IL 60102

MHD
DI
Juvenile

Alsip Police Department
4500 W. 123rd Street
Alsip, IL 60803

Juvenile

Arhur Police Department
120 E. Progress St., P.O.
Box 139
Arthur, IL 61911

Juvenile

Arlington Heights Police
Department
200 E. Sigwalt Street
Arligton Heights, IL
60005

MHD
Juvenile
Prostitution

Aurora Police Department
1200 E. Indian Trail
Aurora, IL 60505

MHD
DI
FTO
Juvenile

Belleville Police
Department
101 South Illinois St
Belleville, IL 62220

MHD
Juvenile

Broadview Police
Department
2350 S. 25th Ave.
Broadview, IL 60155

FTO
Juvenile
RP

Carpentersville Police
Department
1200 L.W. Besinger Drive
Carpentersville, IL 60136

Juvenile

Centreville Police
Department
5800 Bond Avenue
East St Louis, IL 62207

MHD
FTO
Juvenile

Chatham Police
Department
117 E. Mulberry Street
Chatham, IL 62629

MHD
Juvenile
RP

Chicago Police
Department J.I.S.C. Center

3900 S. California
Chicago, IL 60632

MHD
DI
Juvenile
RP

Chicago Ridge Police
Department
10425 S. Ridgeland Ave
Chicago Ridge, IL 60415

Juvenile

Collinsville Illinois Police
Department
200 West Clay St.
Collinsville, IL 62234

MHD
Juvenile

Danville Police
Department
2 E. South St
Danville, IL 61832

Juvenile

Dolton Police Department
14030 Park Ave.
Dolton, IL 60419

Other: Unspecified

Hawthorn Woods Police
Department
2 Lagoon Drive
Hawthorn Woods, IL
60047

Juvenile

Hinsdale Police
Department
121 Symonds Drive
Hinsdale, IL 60521

MHD
Juvenile

Homewood Police
Department
17950 Dixie Highway
Homewood, IL 60430

Juvenile

Kankakee County Sheriff's
Department
3000 S Justice Way
Kankakee, IL 60901

MHD
Juvenile
Veterans
Kenilworth Police
Department
419 Richmond Road
Kenilworth, IL 60043

FTO
Juvenile

Lakewood Police
Department
2500 Lake Avenue
Village of Lakewood, IL
60014

MHD
Juvenile

Lansing Police
Department
2710 170th St.
Lansing, IL 60438

FTO
Juvenile

Milledgeville Police Dept.
344 Main Ave
Milledgeville, IL 61051

FTO
Juvenile
RP

Mount Prospect Police
Department
112 E. Northwest
Highway
Mount Prospect, IL 60056

Juvenile

Northfield Police
Department
350 Walnut Ave.
Northfield, IL 60093

Juvenile

Oak Lawn Police
Department
9446 S. Raymond Ave
Oak Lawn, IL 60453

Juvenile

Oak Park Police
Department
123 Madison Street
Oak Park, IL 60302

MHD
Juvenile

Park Ridge Police
Department
200 South Vine Avenue
Park Ridge, IL 60068

MHD
Juvenile
RP

Peotone Police
Department
208 E. Main Street
Peotone, IL 60468

Juvenile
RP

Rockton Police
Department
110 E Main St
Rockton, IL 61072

Juvenile
RP

Round Lake Police
Department
741 W Town Line Road
Round Lake, IL 60073

Juvenile

Wheeling Police
Department
1 Community Boulevard
Wheeling, IL 60090

Juvenile

Wood Dale Police
Department
404 N. Wood Dale Road
Wood Dale, IL 60191

MHD
Juvenile
RP

Indiana

Burns Harbor Police
Department
1240 North Boo Rd
Burns Harbor, IN 46304

Other: Unspecified

Decatur Police Department
521 N. 3rd Street
Decatur, IN 46733

MHD
FTO
Juvenile

East Chicago Police
Department
2301 East Columbus Drive
East Chicago, IN 46312

Juvenile

Frankfort Police
Department
201 W Washington Street
Frankfort, IN 46041

MHD
RP

Highland Police
Department
3333 Ridge Road
Highland, IN 46322

Juvenile

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

MHD
Juvenile
RP

Iowa

Cedar Falls Police
Department
220 Clay St.
Cedar Falls, IA 50613

FTO
Juvenile
RP

Johnston Police
Department
6221 Merle Hay Rd
Johnston, IA 50131

MHD
Juvenile

Polk County Sheriff's
Office
1985 Ne 51st Pl.
Des Moines, IA 50313

MHD
DI
FTO
Juvenile

Kansas

Dickinson County Sheriff's
Office
109 E. 1st St.
Abilene, KS 67410

FTO
Juvenile

Shawnee Police
Department
5850 Renner Rd
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 Hwy.
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 Ave
Annapolis, MD 21401

MHD
DI
FTO
Juvenile
Prostitution
RP
Veterans
Other

Baltimore Police Maryland
242 W. 29th St
Baltimore, MD 21211

MHD
DI
FTO
Juvenile
Prostitution
RP
Veterans
Other

Garrett County Sheriff's
Office
311 E Alder St
Oakland, MD 21550

MHD
DI
FTO
Juvenile
Prostitution
RP
Veterans
Other

Howard County Police
Department
3410 Courthouse Drive
Ellicott City, MD 21043

MHD
DI
FTO
Juvenile
Prostitution
RP
Veterans
Other

Montgomery County
Police Department
100 Edison Park Drive
Gaithersburg, MD 20878

MHD
DI
FTO
Juvenile
Prostitution
RP
Veterans
Other

Prince George's County
Police Department
7600 Barlowe Road
Landover, MD 20785

MHD
DI
FTO
Juvenile
Prostitution
RP
Veterans
Other

Massachusetts

Athol Police Department
280 Exchange Street
Athol, MA 01331

MHD
FTO
Juvenile

Billerica Police
Department
6 Good St.
Billerica, MA 01821

FTO
Juvenile

Boxford Police
Department
285 Ipswich Road
Boxford, MA 01921

FTO
Juvenile
RP

Cambridge Police
Department
125 Sixth Street
Cambridge, MA 02142

MHD
Juvenile

City of Quincy Police
Department
1 Sea Street
Quincy, MA 02169

MHD
Juvenile
Veterans

Cohasset Police
Department
62 Elm Street
Cohasset, MA 02025

FTO
Juvenile

Dennis Police Department
90 Bob Crowell Road
South Dennis, MA 02660

MHD
FTO
Juvenile
RP

Hanson Police Department
775 Main St
Hanson, MA 02341

MHD
FTO
Juvenile

Hingham Police
Department
212 Central Street
Hingham, MA 02043

MHD
FTO
Juvenile
RP
Veterans

Lexington Police
Department
1575 Massachusetts Ave
Lexington, MA 02420

MHD
FTO
Juvenile
Other: Restorative Justice

Middleton Police
Department
65 North Main Street
Middleton, MA 01949

MHD
FTO
Juvenile

Peabody Police
Department
6 Allens Lane
Peabody, MA 01960

MHD
FTO
Juvenile
RP

Plymouth Mass Police
Department
20 Long Pond Road
Plymouth, MA 02360

FTO
Juvenile

Stow Police Department
305 Great Road
Stow, MA 01775

Juvenile
*Other: Communities for
Restorative Justice*

Town of Bedford Police
Department
2 Mudge Way
Bedford, MA 01730

FTO
Juvenile
RP

Wellesley Police
Department
485 Washington Street
Wellesley, MA 02482

FTO
Juvenile

Michigan

City of Farmington Hills
Police Department
31655 W. 11 Mile Road
Farmington Hills, MI
48336

FTO

Clawson Police
Department
425 N. Main Street
Clawson, MI 48017

MHD

Department Of Public
Safety-City of Bay City
501 3rd Street
Bay City, MI 48708

FTO
Juvenile

Grosse Pointe Farms
Department of Public
Safety
90 Kerby Rd.
Grosse Pointe Farms, MI
48236

FTO
Juvenile

Harper Woods Department
of Public Safety
19617 Harper Avenue
Harper Woods, MI 48225

Juvenile

Huron Township Police
36500 S Huron
Newboston, MI 48164

FTO
Juvenile
RP

Litchfield City Police
221 Jonesville Street
Litchfield, MI 49252

MHD
FTO
Juvenile
Veterans

Madison Heights Police
Department
280 W. 13 Mile Rd
Madison Heights, MI
48071

Juvenile

Northfield Township
Police Department
8350 Main Street
Whitmore Lake, MI 48189

FTO
Juvenile

Southfield Police
Department
26000 Evergreen Road
Southfield, MI 48076

FTO
Juvenile
Veterans

Sturgis Police Department
122 N Nottawa
Sturgis, MI 49091

MHD

Van Buren Township
Public Safety Department
46425 Tyler Road
Belleville, MI 48111

Juvenile

Minnesota

International Falls Police
Department
715 4th Street
International Falls, MN
56649

DI
Juvenile

Long Prairie Police
Department
615 Lake St S
Long Prairie, MN 56347

Juvenile

Minneapolis Police
Department
350 South 5th Street, Rm
108
Minneapolis, MN 55415

MHD
Juvenile

Moorhead Police
Department
915 9th Ave N
Moorhead, MN 56560

DI
Juvenile

Rosemount Police
Department
2875 145th Street West
Rosemount, MN 55068

MHD
DI
FTO
Juvenile

Saint Paul Police
367 Grove Street
St. Paul, MN 55101

Juvenile
Veterans

St. James Police
Department
P.O. Box 70,
St. James, MN 56081

DI
Juvenile

Waite Park Police
Department
19 13th Ave North
Waite Park, MN 56367

FTO
Juvenile
Prostitution

West St. Paul Police
Department
1616 Humboldt Avenue
West St. Paulk, MN 55118

FTO
Juvenile

White Bear Lake Police
Department
4701 Highway 61
White Bear Lake, MN
55110

MHD
DI
Juvenile
RP
Veterans

Mississippi

Bay St Louis Police Dept
698 Hwy 90, Bay
St. Louis, MS 39520

MHD
FTO
RP
Veterans

Hattiesburg Police
Department
1 Government Plaza
Hattiesburg, MS 39401

MHD
DI
FTO
Juvenile
RP

Jones County Sheriff's
Dept.
419 Yates Ave.
Laurel, MS 39440

FTO
Juvenile

Pascagoula Police Dept
P.O. Drawer 1385
Pascagoula, MS 39568

Juvenile

Missouri

Moline Acres Police
Department
2449 Chambers Road
St. Louis, MO 63136

MHD

St. John Police
Department
8744 St. Charles Rock
Road #1000
St. Louis, MO 63114

MHD

Sugar Creek Police
Department
1001 Heroes Way
Sugar Creek, MO 64054

FTO
Juvenile

Waynesville Police
Department
201 North Street
Waynesville, MO 65583

DI
Veterans

Nebraska

Beatrice Police
Department
201 N 5th St
Beatrice, NE 68310

FTO
Juvenile

Buffalo County Sheriff's
Office
2025 A Ave
Kearney, NE 68847

MHD
DI
FTO
Juvenile

Gering Police Department
1025 P Street
Gering, NE 69341

FTO
Juvenile

Lincoln Police Department
575 S. 10th St.
Lincoln, NE 68508

MHD
DI
Juvenile

New Hampshire

Andover Police
Department
32 School Street
Andover, NH 03216

FTO
Juvenile

Bow Police Department
12 Bobinson Rd
Bow, NH 03304

Juvenile

Concord Police
Department
35 Green St.
Concord, NH 03301

MHD
FTO
Juvenile

Epping Police Department
37 Pleasant Street
Epping, NH 03042

Juvenile

Henniker Police
Department
340 Western Ave
Henniker, NH 03242

DI
FTO
Juvenile
RP

Lebanon Police
Department
36 Povery Lane
Lebanon, NH 03766

MHD
Juvenile

Merrimack Police
Department
31 Baboosic Lake Road
Merrimack, NH 03054

MHD
FTO
Juvenile

Sandown Police
P.O. Box 309
Sandown, NH 03873

MHD
Juvenile
RP

Wilmot Police Department
P.O. Box 107
Wilmot, NH 03287

FTO
Juvenile
RP

New Jersey

Atlantic Highlands Police
Department
100 First Avenue
Atlantic Highlands, NJ
07716

Juvenile

Bayonne Police
Department
630 Avenue C
Bayonne, NJ 07002

Juvenile

Brick Township Police
Department
401 Chambersbridge Rd.
Brick, NJ 08723

MHD
Juvenile

Bridgeton Police
Department
330 Fayette St.
Bridgeton, NJ 08302

Juvenile

City of Burlington Police
Department
525 High Street
Burlington, NJ 08016

Juvenile

Deptford Township Police
Department
1011 Cooper Street
Deptford, NJ 08096

Juvenile

Dumont Police
Department
50 Washington Avenue #
1
Dumont, NJ 07628

Juvenile

East Brunswick Police
Department
1 Civic Center Drive
East Brunswick, NJ 08816

FTO
Juvenile
RP

Franklin Township Police
Dept.
202 Sidney Road
Pittstown, NJ 08867

MHD
Juvenile

Franklin Township. Police
495 Demett Lane
Somerset, NJ 08873

MHD
Juvenile
RP

Gloucester City Police
Department
313 Monmouth Street
Gloucester City, NJ 08030

Juvenile

Greenwich Township
Police Department
421 West Broad Street
Gibbstown, NJ 08027

MHD
Juvenile
Veterans

Jersey City Police
Department
1 Journal Square Plaza
Jersey City, NJ 07306

Juvenile

Kinnelon Borough Police
Department
130 Kinnelon Road
Kinnelon, NJ 07405

Juvenile

Long Beach Twp. Dept
6805 Long Beach Blvd
Long Beach Township, NJ
08008

MHD
FTO
Juvenile

Long Branch Police
Department
344 Broadway
Long Branch, NJ 07740

MHD
Juvenile

Madison Police Dept
62 Kings Rd
Madison, NJ 07940

Juvenile

Manville Police
Department
2 North Main St
Manville, NJ 08835

Juvenile

Maplewood Police Dept
1618 Springfield Ave
Maplewood Nj
Maplewood, NJ 07040

MHD
Juvenile

Middle Township Police
31 Mechanic Street
Cape May Court House,
NJ 08210

Juvenile
RP

Moorestown Township
Police Department
1245 N. Church St., Suite
2
Moorestown, NJ 08057

Juvenile

Mount Laurel Police
Department
100 Mount Laurel Rd.
Mount Laurel, NJ 08054

MHD
Juvenile

Newark Police Department
480 Clinton Avenue
Newark, NJ 07108

Juvenile

North Arlington Police
214 Ridge Road
North Arlington, NJ 07031

MHD
FTO
Juvenile

North Wildwood Police
Department
901 Atlantic Avenue
North Wildwood, NJ
08260

MHD
Juvenile
RP

Ocean Township Police
Department
399 Monmouth Road
Oakhurst, NJ 07755

Juvenile

Old Tappan Police
Department
21 Russell Avenue
Westwood, NJ 07675

MHD
DI
FTO
Juvenile

Oradell Police
355 Kinderkamack Road
Oradell, NJ 07649

Juvenile
RP

Piscataway Police Dept.
555 Sidney Rd
Piscataway, NJ 08854

MHD
Juvenile

Pohatcong Township
Police Dept.
50 Municipal Drive
Phillipsburg, NJ 08865

MHD
FTO
Juvenile

Point Pleasant Police
Department
2233 Bridge Avenue
Point Pleasant, NJ 08742

MHD
Juvenile

Randolph Township Police
Department
502 Millbrook Avenue
Randolph, NJ 07869

Juvenile

Raritan Township Police
Department
2 Municipal Drive
Flemington, NJ 08822

FTO
Juvenile

Runnemede Police
Department
24 North Black Horse Pike
Runnemede, NJ 08078

MHD
Juvenile

South Harrison Township
Police Department
P.O. Box 180
Harrisonville, NJ 08039

FTO
Juvenile

Spring Lake Police
Department
311 Washington Avenue
Spring Lake, NJ 07762

Juvenile
RP

Summit Police Department
512 Springfield Ave
Summit, NJ 07901

Juvenile

Upper Saddle River Police
368 West Saddle River Rd
Upper Saddle River, NJ
07458

FTO
Juvenile

Voorhees Police
1180 White Horse Rd.
Voorhees, NJ 08043

MHD
Juvenile
Other: Family Link
Program

Wall Township Police
Dept
2700 Allaire Rd
Wall, NJ 07719

Juvenile

Wallington Police
Department
54 Union Blvd
Wallington, NJ 07057

*Other: In-house
Adjustment Program*

West Milford Township
Police Department
1480 Union Valley Road
West Milford, NJ 07480

*MHD
Juvenile*

Wood-Ridge Police
85 Humboldt Street
Wood-Ridge, NJ 07075

Juvenile

Woodbridge Police
Department
1 Main St
Woodbridge, NJ 07095

*MHD
DI
Juvenile*

New Mexico

Farmington Police
Department
900 Municipal Drive
Farmington, NM 87401

*MHD
Juvenile*

New York

Binghamton Police
Department
38 Hawley Street
Binghamton, NY 13901

*Juvenile
Other: Drug Court*

City of Syracuse Police
Department
511 S State Street
Syracuse, NY 13202

*MHD
DI
FTO
Juvenile*

Onondaga County Sheriff's
Office
407 S State Street
Syracuse, NY 13202

Juvenile

Oswego County Sheriff's
Office
39 Churchill Road
Oswego, NY 13126

Juvenile

Saranac Lake Police
Department
1 Main Street
Saranac Lake, NY 12983

Juvenile

Town of Blooming Grove
Police Department
2 Horton Road
Blooming Grove, NY
10914

Juvenile

Town of Dewitt Police
Department
5400 Butternut Drive
East Syracuse, NY 13057

Juvenile

Town of Haverstraw
Police Department
101 West Ramapo Road
Garnerville, NY 10923

*DI
Juvenile*

Town Of Manlius Police
One Arkie Albanese Ave
Manlius, NY 13104

*Juvenile
Veterans*

Town of Orangetown
Police
26 Orangeburg Road
Orangeburg, NY 10962

Juvenile
RP

Newburgh Police
Department
300 Gardnertown Road
Newburgh, NY 12550

Juvenile

Village of Monroe Police
Department
104 Stage Road
Monroe, NY 10950

Juvenile

North Carolina

Ahoskie Police
Department
705 W. Main Street
Ahoskie, NC 27910

MHD
Juvenile
RP

Bladen County Sheriff's
Office
P.O Box 396
Elizabethtown, NC 28337

MHD
Juvenile

Burlington Police
Department
267 West Front Street
Burlington, NC 27217

MHD
Juvenile

Chapel Hill Police
Department
828 Martin Luther King Jr.
Blvd
Chapel Hill, NC 27514

MHD
Juvenile

Charlotte Mecklenburrg
Police Department
601 E Trade Street
Charlotte, NC 28202

Juvenile

Durham County Sheriff's
Office
510 South Dillard Street
Durham, NC 27701

MHD
FTO
Juvenile

Durham Police
Department
505 West Chapel Hill
Street
Durham, NC 27701

MHD
FTO
Juvenile

Eden Police Department
308 B East Stadium Drive
Dr # B
Eden, NC 27288

MHD
Juvenile

Emerald Isle Police
Department
7500 Emerald Dr.
Emerald Isle, NC 28594

MHD
Juvenile

Greensboro Police
Department
300 W. Washington Street
Greensboro, NC 27401

MHD
FTO
Juvenile
RP

Kinston Dept. Of Public
Safety
205 E. King St.
Kinston, NC 28501

MHD
DI
FTO
Juvenile
RP

Lenoir County Sheriff's
Office
130 S. Queen Street
Kinston, NC 28502

Juvenile

Lenoir Police Department
1035 West Ave
Lenoir, NC 28645

MHD
Juvenile
Other: Traffic
Enforcement Diversion

Oakboro Police
Department
Po Box 610
Oakboro, NC 28129

DI
FTO

Pembroke Police
Department
P.O. Box 866
Pembroke, NC 28372

Juvenile

Rockingham County
Sheriff's Office
170 N.C. 65
Reidsville, NC 27320

MHD
DI
Juvenile
RP

Weldon Police Department
111 Washington Ave.
Weldon, NC 27890

MHD
FTO
Juvenile

West Jefferson Police
Department
P.O. Box 490
West Jefferson, NC 28694

MHD
FTO
RP

Yadkinville Police
Department
P.O. Box 816
Yadkinville, NC 27055

MHD
Juvenile

North Dakota

Valley City Police
Department
216 2nd Ave NE
Valley City, ND 58072

Juvenile

Ohio

Brecksville Police
Department
9069 Brecksville Road
Brecksville, OH 44141

Juvenile

Canfield Police
Department
104 Lisbon St.
Canfield, OH 44406

Juvenile

Canton Police Department
221 3rd St SW
Canton, OH 44702

MHD
FTO
Veterans

Cheviot Police Department
3814 Harrison Avenue
Cheviot, OH 45211

FTO
Juvenile

Clearcreek Township
Police Department
7593 Bunnell Hill Rd
Springboro, OH 45066

MHD
Juvenile

Colerain Police
Department
4200 Springdale Road
Colerain Township, OH
45251

FTO
Juvenile
Veterans

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

Juvenile

Fairfield Police
Department
5230 Pleasant Ave
Fairfield, OH 45014

MHD
Juvenile

Gahanna Police
Department
460 Rocky Fork Blvd
Gahanna, OH 43230

Juvenile

Hudson Police Department
36 S. Oviatt St.
Hudson, OH 44236

MHD
Juvenile

Hunting Valley Police
Department
38251 Fairmount Blvd.
Chagrin Falls, OH 44022

Juvenile

Louisville Police
Department
1150 West Main St.
Louisville, OH 44641

FTO
Juvenile

Medina Township Police
Department
3801 Huffman Road
Medina, OH 44256

MHD
Juvenile
Other: DUI Task Force
Other: Criminal
Interdiction Task Force

Olmsted Falls Police
26100 Bagley Road
Olmsted Falls, OH 44138

Juvenile

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

Juvenile

Pickaway County Sheriff's
Office
600 Island Road
Circleville, OH 43113

DI
FTO
Juvenile
RP

Pickerington Police
Department
1311 Refugee Road
Pickerington, OH 43147

Juvenile

Powell Police Department
47 Hall St.
Powell, OH 43065

MHD
Juvenile
RP

Reminderville Police
Department
3602 Glenwood Blvd.
Aurora, OH 44202

Juvenile

Reynoldsburg Police
Department
7240 East Main Street
Reynoldsburg, OH 43068

MHD
DI
FTO
Juvenile
Prostitution
RP
Veterans

Salem Police Department
231 S. Broadway Ave.
Salem, OH 44460

Juvenile

Summit County Sheriff's
Office
53 University Avenue
Akron, OH 44308

Juvenile

Toledo Police Department
525 N. Erie St.
Toledo, OH 43604

MHD
DI
Juvenile

Union Township Police
Department
4312 Glen Este-
Withamsville Rd
Cincinnati, OH 45245

MHD
Juvenile

Wapakoneta Police
Department
701 Parlette Ct.
Wapakoneta, OH 45895

Juvenile

Washingtonville Police
Department
38 E Main St
Washingtonville, NY
10992

FTO
Juvenile

West Carrollton Police
Department
300 E. Central Ave.
West Carrollton, OH
45449

FTO
Juvenile
RP

Westlake Police
Department
27300 Hilliard Blvd
Westlake, OH 44145

Juvenile

Oklahoma

Oklahoma County
Sheriff's Office
201 N. Shartel
Oklahoma City, OK 73102

MHD
Juvenile

Oregon

Beaverton Police
Department
4755 Sw Griffith Drive
Beaverton, OR 97076

MHD
Juvenile

Coos County Sheriff's
Office
250 North Baxter
Coquille, OR 97423

MHD

Lake Oswego Police
Department
380 A Avenue
Lake Oswego, OR 97034

MHD
Juvenile
RP

Marion County Sheriff
100 High Street NE
Salem, OR 97301

MHD
Veterans

Medford Police
Department
411 W. 8th Street
Medford, Oregon 97501

MHD

Portland Police Bureau
1111 Sw 2nd Av., Room
1552,
Portland, OR 97204

MHD
Juvenile
Prostitution

Pennsylvania

Buckingham Township
Police Department
4613 Hughesian Dr
Buckingham, PA 18912

Juvenile

Caln Township Police
Department
253 Municipal Dr
Thorndale, PA 19372

Juvenile

Chester Police Department
160 East 7th Street
Chester, PA 19013

MHD
FTO
Juvenile
RP

City of Franklin Police
Department
430 13th St.
Franklin, PA 16323

MHD
FTO
Juvenile
RP

City of Latrobe Police
Department
901 Jefferson Street
Latrobe, PA 15650

Juvenile

Clarion County Sheriff
Office
421 Main Street, Suite #11
Clarion, PA 16214

MHD
FTO
Juvenile

Fountain Hill Police
Department
941 Lona Street
Fountain Hill, PA 18015

Juvenile
RP

Lower Salford Township
379 Main Street
Harleysville, PA 19438

Juvenile

Manor Township Police
Department
920 North Garfield Road
Lancaster, PA 17603

MHD
Juvenile
Veterans

Marple Township Police
Department
225 South Sproul Road
Brusmauy, PA 19008

FTO
Juvenile

Mechanicsburg Police
Department
36 W. Allen St.
Mechanicsburg, PA
17055

MHD
FTO
Juvenile

Milford Police Department
111 West Catherine St.
Milford, PA 18337

MHD
FTO
Juvenile
RP
Veterans

Millersville Borough
Police Department
100 Municipal Drive
Millersville, PA 17551

MHD
Juvenile

Milton Borough Police
Department
1 Filbert St.
Milton, PA 17847

Juvenile

Muhlenberg Township
Police Department
5401 Leesport Ave
Temple, PA 19560

Juvenile
Veterans

Philadelphia Police
Department
750 Race Street, Room
203
Philadelphia, PA 19106

FTO
Juvenile

Quakertown Police
Department
35 N 3rd Street
Quakertown, PA 18951

MHD
FTO
Juvenile

Quarryville Police
Department
300 Saint Catherine Street
Quarryville, PA 17566

Juvenile

Robeson Township Police
Department
2689 Main Street
Birdsboro, PA 19508

Juvenile

Rockledge Police Dept
1 Park Ave.
Rockledge, PA 18976

MHD
FTO
Juvenile

Springettsbury Township
Police Department
1501 Mt. Zion Road
York, PA 17402

MHD
Juvenile
Veterans

State College Police
Department
243 South Allen Street
State College, PA 16801

MHD
FTO
Juvenile
Veterans

Upper Dublin Township
Police Department
801 Loch Alsh Avenue
Fort Washington, PA
19403

Juvenile

Upper Saucon Township
5500 Camp Meeting Road
Center Valley, PA 18034

FTO
Juvenile

Upper Southampton
Township Police
939 Street Road
Southampton, PA 18966

MHD
FTO
Juvenile
Veterans

Warminster Township
Police Department
401 Gibson Avenue
Warminister, PA 18974

MHD
FTO
Juvenile
Veterans

South Carolina

City of Hardeeville Police
Department
26 Martin Street
Hardeeville, SC 29927

FTO
Juvenile
RP

Georgetown Co Sheriff
Office
430 N. Fraser St
Georgetown, SC 29440

FTO
Juvenile

Isle of Palms Police
Department
30 J C Long Blvd.
Isle of Palms, SC 29451

Juvenile

North Augusta Public
Safety
454 East Buena Vista
Avenue North
Augusta, SC 29841

FTO
Juvenile

Pawleys Island Police
321 Myrtle Avenue
Pawleys Island, SC 29585

Juvenile

Pelion Police Department
611 Pelion Road
Pelion, SC 29123

MHD
DI
FTO
Juvenile
RP
Veterans

Richland County Sheriff's
Department
5623 Two Notch Road
Columbia, SC 29223

Juvenile

South Dakota

Clay County Sheriff
15 Washington St.
Vermillion, SD 57069

FTO

Tennessee

Surgoinsville Police
Department
1708 Main Street
Surg, TN 37873

DI

Texas

Argyle Police Department
Po Box 609
Argyle, TX 76226

FTO
Juvenile
Veterans

Arlington, Texas Police
Department
620 W Division St
Arlington, TX 76011

MHD
DI
FTO
Juvenile
Prostitution
Veterans

Austin Police Dept
Po Box 689001
Austin, TX 78768

MHD
DI

Bexar County Sheriff's
Office
200 N. Comal St
San Antonio, TX 78207

MHD
DI
FTO
Juvenile
Prostitution
RP
Veterans

Colleyville Police
Department
5201 Riverwalk
Colleyville, TX 76034

MHD
FTO
Juvenile

Farmers Branch Police
Department
3723 Valley View Ln
Farmers Branch, TX
75244

FTO
Juvenile

Harris County Sheriff's
Office
1200 Baker Street
Houston, TX 77002

MHD

Houston Police
Department
1200 Travis 10th Floor
Houston, TX 77002

MHD
Other: Non-Violent,
Cooperative Public
Intoxication Offenders

La Marque Police
Department
1106 Cedar Drive
La Marque, TX 77568

MHD
DI
FTO
Juvenile
Prostitution
RP
Veterans

Mansfield Police
Department
1305 E. Broad Street
Mansfield, TX 76063

Juvenile

Midland County Sheriff's
Office
400 S. Main St
Midland, TX 79701

MHD
Veterans

Nueces County Sheriff's
Office
901 Leopard St #220
Corpus Christi, TX 78403

MHD
Veterans

Richardson Police
Department
140 N. Greenville Ave
Richardson, TX 75081

Juvenile

Utah

Pleasant Grove Police
87 E 100 S.
Pleasant Grove, Utah 8402

Juvenile

Sandy Police Department
10000 S Centennial
Parkway
Sandy, UT 84070

Juvenile

Spanish Fork City Police
Department
789 West Center Street
Spanish Fork, UT 84660

Juvenile

Vermont

Rutland City Police
Department
108 Wales Street
Rutland, VT 05701

MHD
DI
FTO
Juvenile
RP
Veterans

Virginia

Caroline County Sheriff's
Office
115 Courthouse Lane
Bowling Green, VA 22427

MHD
FTO
Juvenile

City of Charlottesville
Police Department
606 East Market Street
Charlottesville, VA 22902

MHD
DI
FTO

Fairfax County Police
4100 Chain Bridge Rd
Fairfax, VA 22030

MHD
Juvenile

Lebanon Police
Department
405 West Main Street
Lebanon, VA 24266

MHD
FTO

Loudoun County Sheriff's
Office
803 Sycolin Rd
Leesburg, VA 20175

MHD
DI
FTO
Juvenile
Prostitution
RP
Veterans

Lynchburg Police
Department
905 Court Street
Lynchburg, VA 24504

MHD
Juvenile

Newport News Police
Department
9710 Jefferson Avenue
Newport News, VA 23605

MHD
DI
Juvenile
Prostitution

Page County Sheriff's
Office
108 South Court Street
Luary, VA 22835

MHD
FTO
Juvenile

Radford City Police
Department
20 Robertson Street
Radford, VA 24141

MHD
FTO
Juvenile
RP

Virginia Beach Police
Department
2509 Princess Anne Road
Virginia Beach, VA 23456

MHD
FTO
Juvenile
Veterans

Warrenton Police
Department
333 Carriage House Lane
Warrenton, VA 20186

MHD
FTO
Juvenile

York-Poquoson Sheriff's
Office
301 Goodwin Neck Rd
Yorktown, VA 23692

MHD
Juvenile

Washington

Arlington Police
Department
110 E. Third Street
Arlington, WA 98223

MHD
Juvenile
Other: DUI First Time
Offender

Bellevue Police
Department
450-110th Avenue NE
Bellevue, WA 98004

MHD
Juvenile

Kennewick Police
Department
211 W 6th Ave
Kennewick, WA 99336

MHD
DI
FTO
Juvenile

King County Sheriff's
Office
516 Third Ave
Seattle, WA 98104

MHD
DI

Kittitas County Sheriff's
Office
307 W Umptanum Rd
Ellensburg, WA 98926

Juvenile

Port Townsend Police
Department
1925 Blaine Street, Suite
100
Port Townsend, WA
98368

MHD
Juvenile
RP

Seattle Police Department
810 Virginia Street
Seattle, WA 98101

MHD
DI
Other: Law Enforcement
Assisted Diversion

Wisconsin

Buffalo County Sheriff's
Office
407 S. 2nd St.
Alma, WI 54610

Juvenile

Trempealeau County
Sheriff's Office
36245 Main St.
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
PO Box 282
Rawlins, WY 82301

Juvenile

Powell Police Department
250 N Clark Street
Powell, WY 82435

MHD
Juvenile
RP

Sheridan Police
Department
45 West 12th Street
Sheridan, WY 82801

FTO
Juvenile

Appendix B.
Survey Instrument

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.*

    Felony arrests in 2012
        _____ (#)
    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?
   ☐ Yes
   ☐ 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?
   ☐ Yes: Please provide the names and contact information for each such agency in the space provided below.

   _____

   _____

   _____

   _____

   ☐ 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?
   ☐ Yes
   ☐ No: Please specify which entity runs the program.

   _____

   _____

7. Does your agency participate in a formal diversion program?
   - ☐ Yes: *Check all that apply.*
     - o Crisis Intervention Teams (CIT) for person in a mental health crisis
     - o Drug Market Interventions (DMI) or Gang Violence Reduction Strategy (GVRS) for low-level drug involved
     - o First Time Offender
     - o Juvenile Diversion
     - o Prostitution
     - o Restitution Program for graffiti, personal property or theft
     - o Veterans
     - o If other, please identify and explain in the space provided.

       _____
       _____
       _____

   - ☐ 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?
   - ☐ Yes
   - ☐ No
   - ☐ 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.*
    - ☐ Responding officer
    - ☐ Arresting officer
    - ☐ Supervising officer
    - ☐ Other: Please specify:
      _____

11. At what point is eligibility determined. *Check all that may apply.*
    - ☐ Prior to arrest
    - ☐ At the point of arrest
    - ☐ At booking (e.g., in the police station)/issuing citation or ticket
    - ☐ After booking
    - ☐ Other: please specify:
      _____

12. Who is consulted when determining eligibility?
    - ☐ Diversion is solely a law enforcement decision
    - ☐ Social Service Provider
      - o Mental Health
      - o Substance Abuse
    - ☐ Prosecutor
    - ☐ Judge or Special Court Official
    - ☐ Probation or Parole
    - ☐ 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)?
    - ☐ Yes
    - ☐ No: please specify why:
      _____
    - ☐ 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.*
    - ☐ History of criminal behavior

- ☐ Previous participation in diversion
- ☐ Physical health/history
- ☐ History of mental illness/PTSD
- ☐ Substance abuse history or treatment
- ☐ Sexual abuse or trauma history
- ☐ Homelessness
- ☐ Employment/Student
- ☐ Do not know

15. Is a formal risk assessment or risk screening tool administered to inform the eligibility decision for diversion?
- ☐ Yes: *please check all that may apply.*
  - o LSI-R (Level of Service Inventory – Revised)
  - o STRONG (Static Risk and Offender Needs Guide)
  - o SAVRY (Structured Assessment of Violence Risk in Youth)
  - o RCC (Risk and Resiliency Checkup)
  - o GAIN (Global Appraisal of Individual Needs)
  - o SBRIT (Screen, Brief Intervention, and Referral to Treatment)
  - o AUDIT (Alcohol Use Disorders Identification Test)
  - o CAGE
  - o If you have developed your own or modified an existing one please describe what the tool measures: _____
  - o Other: please specify: _____
- ☐ 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?
    ☐ Yes
    ☐ No
    ☐ Do not know

18. Do individuals have access to counsel prior to diversion participation?
    ☐ Yes
    ☐ No
    ☐ Do not know

19. Is the participant required to waive any legal rights to participate in diversion?
    ☐ Yes: Please specify: _____
    ☐ No
    ☐ Do not know

20. What would you say are the major service needs among those diverted? *Check all that apply.*
    ☐ Substance abuse treatment
    ☐ Mental health assessment/treatment
    ☐ Housing
    ☐ Employment
    ☐ Vocational training
    ☐ Education (e.g., GED)
    ☐ Family reintegration
    ☐ Public assistance linkages
    ☐ Transportation
    ☐ 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?

☐ Yes: please specify: _____

☐ No

☐ 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?

☐ Yes: Please specify length below:
- o 1 day/class/session
- o 2-4 days/classes/sessions
- o 5-7 days/classes/sessions
- o Participate in an ongoing program. *Please specify frequency*
  - o   Daily
  - o   Weekly
  - o   Monthly
  - o   Other: please specify_____

☐ No

☐ 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 and/or drug testing			
Trauma treatment			
Individual counseling/mental health treatment			
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?

☐ Yes
  o As part of the initial assessment process
  o Regularly during program participation
  o Randomly
☐ No
☐ Do not know

25. Does anyone manage/follow the participant during the time with the program?
  ☐ Yes: please check the person responsible
    o Case Manager
    o Parole/Probation Officer
    o Judge/Court
    o Other: please specify_____
  ☐ No
  ☐ Do not know

SECTION G. COMPLETION OF PROGRAM

26. What are the legal benefits of <u>successful completion</u> of the diversion program? *Check all that may apply in at least some cases.*
  ☐ No arrest record
  ☐ Arrest record but arrest is never transferred to the prosecutor or court
  ☐ Case advanced to the prosecutor but prosecutor declines to file with the court
  ☐ Case filed with the court but subsequent dismissed
  ☐ Other: Please specify:
    _____

27. Are there actions that would automatically cause a participant to be dismissed from the program?
  ☐ Yes: Please specify:
    _____
  ☐ No

28. What are the legal consequences of non-completion of the diversion program? *Check all that may apply in at least some cases.*
  ☐ No consequences
  ☐ Case is filed with the prosecutor and offender booked or warrant issued
  ☐ Participant is remanded
  ☐ Participant is placed in an alternate program to better address the participants needs
  ☐ Interim sanctions: Please specify: _____

☐ Other: Please specify: _____

29. Do you have a written policy and procedures manual?
    ☐ Yes
    ☐ No

SECTION H. IMPLEMENTATION

30. When did the diversion program divert its first case?
    Month/Year: _____

31. Please indicate approximately how many <u>adult</u> offenders were diverted in 2012?

    _____ (#)

32. Please indicate approximately how many <u>juvenile</u> 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?
    ☐ Yes
    ☐ No

Thank you for taking the time to complete our survey!

Appendix C.
Interview Protocol

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?

    _____   (# felony arrests/year)

    _____   (# misdemeanor arrests/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?
    ☐ Yes (Attached/Provided)
    ☐ No

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)?*
    ☐ Yes: please describe the program:
    ☐ No

6. Do officers have the discretion to informally divert or do "desk drawer diversions"?
    ☐ Yes: please describe:
    ☐ No

III. DIVERSION PROGRAM HISTORY

7. About when did your agency begin to participate in or run a formal police-led diversion program?

   _____ (year program opened)

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)?
    ☐ First-time offenders
    ☐ Person with mental illness
    ☐ Juvenile
    ☐ People who are developmentally disabled
    ☐ Drug involved
    ☐ Prostitution
    ☐ Veterans
    ☐ Restitution program for graffiti
    ☐ Homeless
    ☐ Other: please specify:

20. How is diversion carried out in your jurisdiction?
    ☐ Diversion is done jurisdiction-wide
    ☐ Diversion is done in only certain precincts and/or geographically defined areas
    ☐ 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 <u>arrests</u> or <u>convictions</u>. 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 <u>most common crimes</u> seen in the diversion program?

27. Does your program have any <u>clinical</u> 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.*
    ☐ Diversion is solely a law enforcement decision
    ☐ Social service provider
    ☐ Prosecutor
    ☐ Judge or Special Court official
    ☐ Probation or Parole
    ☐ 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?
    ☐ Yes
    ☐ No

33. About how often do eligible individuals refuse to participate? *Probe for availability of statistics on percentage of eligible individuals who refuse to participate.*
    ☐ Never or rarely
    ☐ Sometimes (from roughly a few to one-quarter of eligible individuals)
    ☐ Often (from roughly one-quarter to one-half of eligible individuals)
    ☐ Very often (roughly half or more of eligible individuals)

34. What do you think is the <u>most common</u> reason why individuals refuse to participate?
    ☐ Program participation is too long and intensive
    ☐ Better legal outcome is likely by not participating
    ☐ Unmotivated to enter treatment or participation in diversion services
    ☐ 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)?
    ☐ Yes
    ☐ 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?
    ☐ Yes: which one (e.g., LSI-R, STRONG, SAVRY, RCC, GAIN, etc.)?
    ☐ No

   b. What criteria determines whether or not an officer conducts a risk assessment?

   c. About how long does the assessment take to administer?   _____(# minutes)

   d. What issues does the assessment cover? *If you are unsure, do not check at this time.*
    ☐ Risk of re-offense
    ☐ Flight risk (risk of not showing-up at court dates or program sessions)
    ☐ Demographic information
    ☐ Drug use and addiction
    ☐ Criminal history
    ☐ Anti-social personality
    ☐ Anti-social peer relationships
    ☐ Criminal thinking (pro-criminal beliefs or attitudes; negative views towards the law)
    ☐ Current employment status and employment history
    ☐ Current educational/vocational enrollment and educational/vocational history

☐ Family relationships
☐ Anti-social tendencies among family members (criminal or drug-using behavior)
☐ Leisure activities
☐ Neighborhood conditions
☐ Past experiences of trauma and/or symptoms of post-traumatic stress
☐ Depression and/or bipolar disorder
☐ Other mental health issues
☐ Readiness to Change
☐ Other: Please specify:

e. Does your assessment produce a summary score for the following? *Check all that apply.*
☐ Risk of re-offense
☐ Level of drug addiction
☐ Criminal thinking or negative attitudes towards the law
☐ Trauma or post-traumatic stress symptoms
☐ Other mental health disorders (Which ones?)
☐ Employment problems and needs

f. To the extent that you assess for risk of re-offense or generate a summary risk score or classification, which risk level do you seek to enroll in your diversion program?
☐ N/A (risk assessment not performed)
☐ Low-risk
☐ Medium-risk
☐ High-risk

g. Please elaborate on how do 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?
☐ Yes (Attached/Provided)
☐ No

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?
       ☐ Standardized
       ☐ 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?

       _____ (# days)

       _____ (# hours/minutes per day)

       _____ (# days or months that elapse from enrollment to completion)

    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?
       ☐ Yes (Attached/Provided)
       ☐ No

    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?
       ☐ Yes (Attached/Provided)
       ☐ No

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?

☐ Yes
☐ No
☐ Unsure

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.*
☐ No arrest record
☐ Arrest record but arrest is never transferred to the prosecutor or the court
☐ Case advanced to the prosecutor but prosecutor declines to file with the court
☐ Case filed with the court but subsequently dismissed
☐ 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 <u>exactly</u> what legal outcome will result if they complete all requirements? *Please answer "no" if participant is merely told what <u>may</u> happen or is told of one or more <u>possible</u> outcomes. Please answer "no" if there is any doubt.*
☐ Yes
☐ No

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.*
☐ No consequences
☐ Case is filed with the prosecutor and offender booked or warrant issued
☐ Participant is remanded

☐ Participant is placed in an alternate program to better address the participants needs

☐ Interim sanction: please specify:

☐ 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 <u>exactly</u> what legal outcome will result if they fail out?

    ☐ Yes

    ☐ No

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?

    ☐ Yes

    ☐ No

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?

    ☐ Yes

    ☐ No

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?
    ☐ Yes
    ☐ No
    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 <u>diversion program policies</u>, <u>everyday operations</u>, <u>enrollment decisions</u>, and <u>program completion/failure/legal outcome decisions</u>:
    (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 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.)*

   Successfully completed _____ (# completed)

   Failed the program _____ (# failed or dropped-out)

   Have currently open cases _____ (# open cases)

   Other status _____ (# 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?
    ☐ No
    ☐ Yes

75. If yes to the previous question, can you please provide a copy of the manual?
    ☐ Yes/Attached
    ☐ No

76. Has an evaluation been conducted of the program? *Check all that apply.*
    ☐ No
    ☐ Yes, process evaluation
    ☐ Yes, impact evaluation

77. If yes to previous question, may we have a copy?
    ☐ Yes/Attached
    ☐ No

78. Do you create regular (e.g., annual) performance reports of any kind? If yes, may we have a copy of one example?
    ☐ Yes
    ☐ No

Appendix D.
Guide to Acronyms

-A-

ACPD Arlington County Police Department

APD Atlanta Police Department

APD Austin Police Department

ATF Bureau of Alcohol, Tobacco, and Firearms

AUSA Assistant U.S. Attorney

-C-

CBT Cognitive Behavioral Therapy

CCSI Chronic Consumer Stabilization Initiative

CIC Crisis Intervention Center

CIRT Crisis Intervention Response Team

CIT Crisis Intervention Team/Training

CJRC Criminal Justice Resource Center

CPEP Comprehensive Psychiatric Emergency Program

-D-

DHS Department of Human Services

DIC Diversion Intake Center

DMC Disproportionate Minority Contact

DMI Drug Market Intervention

DPD Durham Police Department

DSO Durham County Sheriff's Office

-E-

ECO Emergency Custody Order

ED/EDO Emergency Detention / Emergency Detention Order

EDP Emotionally Disturbed Person

-F-

FBI Federal Bureau of Investigation

FTO First Time Offender

-G-

GBI Georgia Bureau of Investigation

-H-

HIDTA High Intensity Drug Trafficking Area

HOT Homeless Outreach Team

HPD Houston Police Department

-I-

IPS Intensive Preventive Services

-J-

JCR Juvenile Contact Report

JMHC Journey Mental Health Center

JS Juvenile Specialist

-L-

LEA Law Enforcement Agency

-M-

MCOT Mobile Crisis Outreach Team

MDP Misdemeanor Diversion Program

MHU Mental Health Unit

MPD Madison Police Department

-N-

NPC Neuropsychiatric Center

-P-

PPD Philadelphia Police Department

-R-

RCPD Redwood City Police Department

RMS Records Management System

-S-

SPR   Specialized Police Response

SRO   School Resource Officer

-T-

TDO   Temporary Detention Order

-U-

USAO   United States Attorney's Office