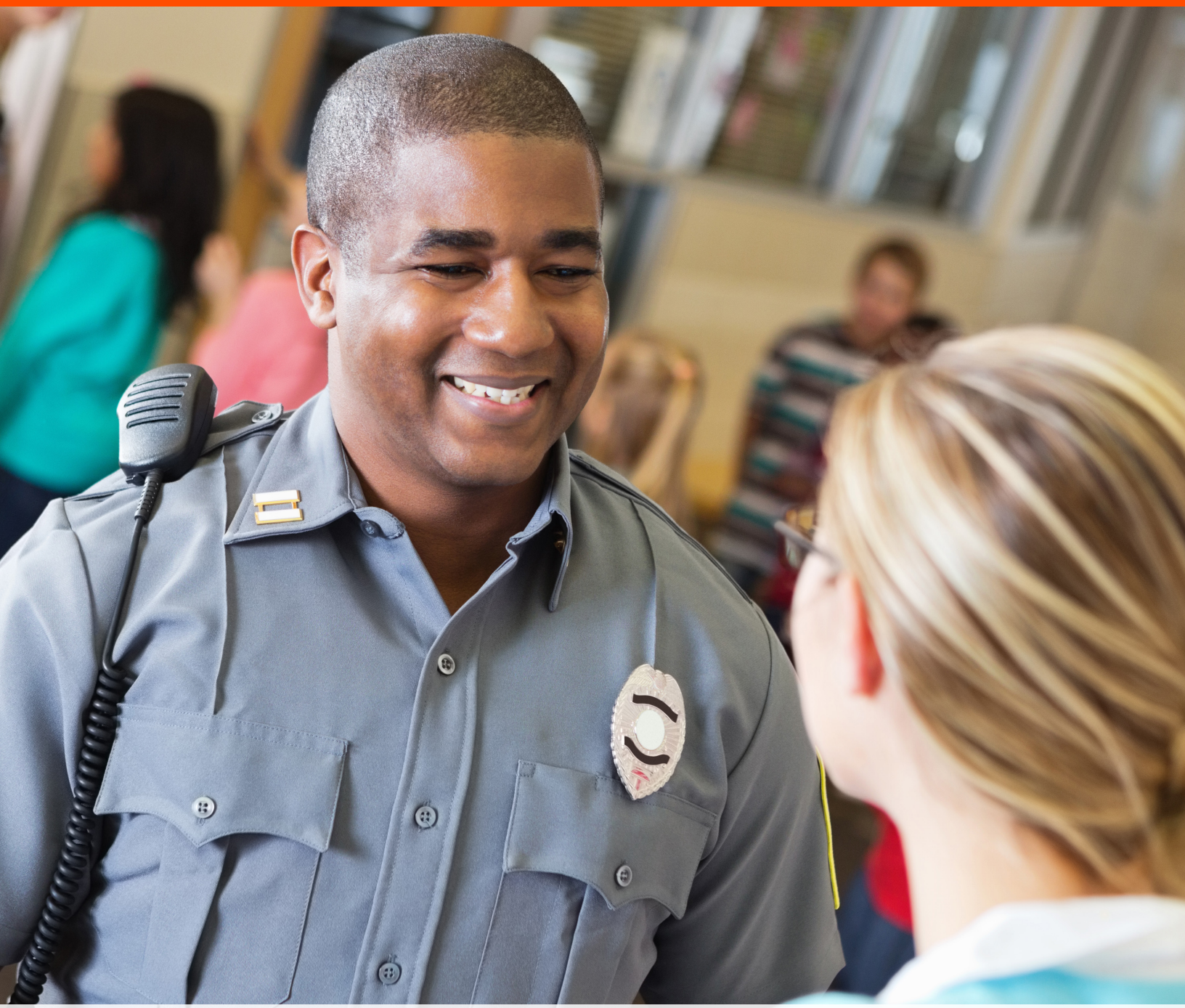
Meeting the Needs of Individuals with Substance Use Disorders:

Strategies for Law Enforcement



SAFETY+JUSTICE CHALLENGE

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Meeting the Needs of Individuals with Substance Use Disorders: Strategies for Law Enforcement

More than 20 million adults in the United States have a substance use disorder (SUD).[1] Law enforcement officers are often the first to encounter a person with an SUD or who is experiencing a drug-related overdose or crisis. Because of this contact at a critical time, officers are in a unique position to assist individuals with SUDs, whether by administering life-saving medication in the case of an overdose, diverting a person away from contact with the justice system or connecting a person in crisis to services. Law enforcement agencies across the country are taking into consideration the many social challenges that are often related to an SUD—such as mental illness, poverty, homelessness and/or a history of trauma—and working to help individuals address these issues through treatment in the community rather than incarceration.

This brief will discuss strategies counties are employing to connect people with SUDs who come into contact with law enforcement to community-based treatment and services rather than booking them into the jail. These policies, practices and programs can improve outcomes for individuals, protect and improve public safety and more effectively use taxpayer resources.

Alternatives to Arrest

Counties across the country are enhancing opportunities for individuals with SUDs who encounter law enforcement officers to be deflected away from the jail and into services in the community. Law enforcement officers are the very front end of the justice system, making the decision about whether to arrest a person. County and city leaders, recognizing the inefficiency and inefficacy of arresting people with SUDs, are increasingly changing policy to encourage or require officers to not arrest individuals for certain offenses; typically, these include low-level, non-violent offenses for which an SUD may be an underlying cause, such as public intoxication or trespassing. Law enforcement-led diversion programs can vary based on community needs and treatment capacity, but their goals remain consistent: to continue to promote and enhance public safety while also responding more effectively to individuals whose crime may be related to an SUD and/or mental illness.[2]

Citations in Lieu of Arrest. Citations in lieu of arrest, or civil citations, are a common diversion strategy. As the name implies, a citation is issued for a violation that was previously a misdemeanor or felony. While the offense is documented, the violation is not treated as criminal and referrals to treatment can be offered along with the citation. County leaders should work with the courts and law enforcement—and potentially state policymakers—to determine which offenses are eligible for citations and what happens after an officer issues a citation. Much like a speeding ticket, the citation may require a person to come to court at a later date or may allow people to pay a fine online or via mail.

Leon County, Fla., instituted a civil citation program for some misdemeanor offenses that often have substance use-related causes such as trespass, disorderly conduct and possession of marijuana less than 20 grams. An officer can issue citations to individuals for whom this is a first-time offense based on his or her discretion and the qualifying offense. If a citation is issued, the officer will direct the individual to services at a non-profit, including a drug screening, in-person counseling, case management and referral to support services. A four-year evaluation of the program found that the rearrest rate for participants who successfully completed the program was only nine percent.[3]

Law Enforcement Assisted Diversion. In a Law Enforcement Assisted Diversion (LEAD®) program, officers can exercise discretion to divert individuals to a community-based intervention for law violations that were driven by unmet mental health or SUD treatment needs. Rather than utilizing the typical criminal justice system process—arrest, booking, detention, prosecution, conviction and incarceration—officers will instead refer people into a community-based, trauma-informed intensive case-management program where they receive a wide range of support services, often including transitional or permanent housing and/or drug treatment. Prosecutors and law enforcement officers work closely with case managers to ensure that all contacts with LEAD® participants going forward, including new criminal prosecutions for other offenses, are coordinated with the service plan for the participant to maximize the opportunity to achieve behavioral change.[4]

The **Lake County (Ill.)** Opioid Initiative's "A Way Out" program is a LEAD® program that connects people with SUDs (drug or alcohol) to community-based treatment. Individuals seeking help can walk in to any of the 13 participating police departments at any time of day or night and request the program. They are greeted by a trained officer who walks them through the program and has them fill out paperwork. A Lake County Health Department official then screens the individual over the phone to determine the appropriate treatment modality and make appointments or referrals so the person doesn't have to wait to access services. In the first two years of the program, "A Way Out" helped 395 people access treatment. An important part of the program's success is that those seeking help through the program do not face criminal charges for possession of narcotics or paraphernalia.[5]

Specialized Training and Teams

Law enforcement training related to illegal drug use typically focuses on drug recognition for officer safety and enforcement rather than education on the nature behind addiction and how to help someone with an SUD or who is experiencing a drug overdose.[6] With a growing recognition of the needs of individuals who officers regularly encounter, many law enforcement agencies are modifying or creating a new training curriculum or developing new models for more effectively responding to individuals whose alcohol or drug use may have led to their interaction with officers. Officers and agencies are also increasingly using technology to track information such as repeat contacts in order to better assist individuals and identify patterns or trends in crisis encounters.[7] While the details of these trainings or responses may vary, the common thread among these models is a recognition that individuals with SUDs are often better served through treatment in the community rather than in the jail or emergency room.

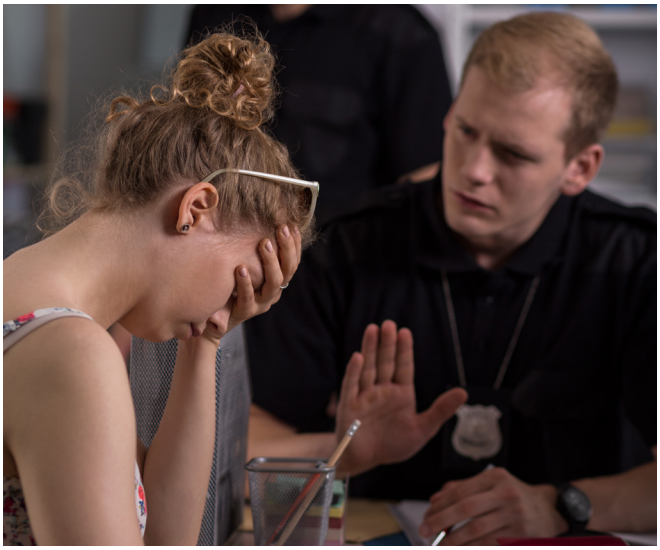
Crisis Intervention Team (CIT) Training. Law enforcement agencies across the country have embraced Crisis Intervention Team (CIT) training, which gives officers the knowledge and skills needed to assist people with SUDs and/or mental illness who experience a crisis in the community. The CIT model promotes strong community partnerships among law enforcement, behavioral health and other service providers and people with mental illnesses and SUDs, along with their families, advocates and other stakeholders. Officers complete 40 hours of training that follows a set curriculum covering alcohol and drug assessment, de-escalation strategies, family and consumer perspectives, legal aspects of officer liability and community resources.[8] The curriculum include lectures, visits to treatment centers, intensive interaction with individuals with SUDs and/or mental illness and scenario-based de-escalation skill training.[9] CIT is most effective when the community offers a dedicated drop-off site or other jail alternative for individuals in crisis and provides checklists to assist officers with identifying symptoms of SUDs or mental illness and a resource guide for how to assist them.

Bucks County, Pa., has been training its police officers in CIT since 2008 as part of the county's broader efforts to address jail overcrowding and reduce the rate of incarceration of individuals with mental illness and/or SUDs. A wide group of stakeholders, including the Bucks County Commissioners, behavioral health service providers and advocates, law enforcement and the local chapter of the National Alliance on Mental Illness, led implementation of CIT, which started with training 120 individuals from four municipalities in the county. The 20th class of CIT-trained officers in Bucks County graduated in January 2019; the class was funded in part by the reallocation of $10,000 from the county's Mental Health/ Developmental Programs Department budget. These scholarship funds helped cover costs of overtime for officers who worked additional shifts while their colleagues participated in the weeklong training—an issue with which many small jurisdictions struggle. In total, Bucks County has trained more than 500 law enforcement officers and other first responders in CIT since 2008.[10]

Mental Health First Aid. For sheriff's departments and law enforcement agencies that cannot spare officers for the full 40 hours required for CIT, Mental Health First Aid (MHFA) training can be a helpful tool. MHFA is taught in much the same way that "standard" first aid is: Participants complete an eight-hour training that teaches warning signs and risk factors for SUDs and mental illnesses, strategies to help people in crisis and non-crisis situations and where to take people for assistance or care in the community.[11]

The **Mecklenburg County (N.C.)** Sheriff's Office and the Charlotte-Mecklenburg Police Department (CMPD) have made participation in Mental Health First Aid training mandatory for all deputies and officers. A subset of sheriff's deputies and CMPD officers are trained in CIT but leadership realized it was too intensive to offer to all law enforcement. MHFA is scalable to the entire force, allowing officers to learn, in a relatively short time period, the skills needed to effectively respond to individuals experiencing a mental health or substance abuse-related crisis.[12]

Co-Responder and Crisis Response Teams. While Crisis Intervention Teams are composed solely of law enforcement officers, co-responder and other crisis response teams generally include a law enforcement officer paired with a behavioral health service provider, with the goal of responding as effectively as possible to calls for service involving a person experiencing a mental health or substance use crisis. These teams take advantage of the expertise of both the officer and the service provider to de-escalate the situation and help connect an individual to appropriate services. They can either have a law enforcement officer and a behavioral health specialist ride together for an entire shift or can have an officer call a behavioral health specialist to the scene when needed. Counties are also beginning to implement virtual mobile crisis or co-responder models where a clinician can be reached on a tablet to assist officers in crisis situations. Research has shown that co-responder teams lead to better outcomes for individuals in crisis and can prevent their repeated contacts with law enforcement.[13]



Pima County, Ariz., and its partners at the Tucson Police Department (TPD) developed the Mental Health Support Team (MHST) in 2013 and added a co-responder team in 2017. Co-responder team officers are paired with masters-level licensed mental health clinicians who ride together in an unmarked vehicle.[14] In 2019, the county is launching United Medication Assisted Treatment Targeted Engagement Response (U-MATTER), which will pair special drug counselors, known as peer navigators, with the MHST to respond to calls for service involving an overdose or other behavioral health crisis. The peer navigators will also follow up with individuals to ensure they are keeping up with their treatment. The county is also partnering with TPD on a new deflection program that allows individuals with an opioid use disorder to enter treatment without risk of jail. People can join the program by self-referral and officers and caseworkers also do outreach to connect with people who recently overdosed or stopped drug treatment. Eighty-two people joined the deflection program in its first three months.[15]

Worcester County, Md., operates a 24/7 Crisis Response Team (CRT) composed of clinical social workers who respond to crisis calls with law enforcement. The CRT is housed in the county health department and can be deployed by law enforcement, hospitals and various other agencies throughout the county, including the public school system, juvenile justice, social services, parole and probation and the jail, as well as health department staff. These social workers aid in assessing individuals in crisis, connecting them to appropriate supports and providing 72-hour follow up on all calls. The county's health department is also collaborating with a Maryland 211 hotline service provider to help the hotline responders refer calls directly to an addiction specialist or peer recovery staff 24 hours a day, seven days a week. The county used a public awareness campaign to get the word out about this new service.

Naloxone Training and Distribution. Many counties have established naloxone distribution programs, which equip law enforcement officers and other first responders with naloxone, train them on how to respond to overdoses and encourage responders to provide the medication to individuals with opioid use disorders and their friends and family. Naloxone is an overdose recovery drug that stops the effects of opioids and reverses overdose. It carries no risk of abuse, has no effect on individuals who do not already have opioids in their system and does not generate physical dependency. It also poses negligible risk of harm if misused. Equipping the people who most often witness and respond to an overdose—other people who use drugs, and friends and family of users—can greatly increase the speed at which this life-saving care is administered.[16] As these distribution programs grow, many counties are expanding them to include provisions for following up with overdose victims in hospitals or their homes to engage them in treatment services to help prevent another overdose.

Through a partnership between the district attorney's office and the drug and alcohol department, **Lehigh County, Pa.,** launched the Blue Guardian program in February 2018. With the program, a uniformed police officer from the individual's neighborhood and a certified recovery specialist from a local treatment provider conduct home visits with individuals who overdosed and their families to discuss treatment options and establish systems of support. This contact happens within 48 to 72 hours after naloxone was administered and the victim was hospitalized for additional treatment.[17]

Triage Centers and Safe Stations

While training is critical for officers to effectively respond to crisis situations involving individuals with SUDs, that training is only one part of the necessary continuum of behavioral health care in a community—officers need safe locations where they can transport individuals to be connected to treatment and services. Counties across the country are increasingly developing triage centers (also known as drop off centers or service centers), which serve as "one-stop" locations where officers can quickly drop off an individual experiencing a crisis or whose crime was related to an underlying or untreated SUD or mental illness that can be better served outside a jail. This allows for officers to get back on the streets and continue protecting public safety while also connecting individuals to community-based treatment providers.

These triage centers are uniquely designed to address each community's needs and opportunities, but most tend to be open 24 hours day, 365 days a year; are located in a central or easily accessible location; are staffed with health and behavioral health providers, case managers, psychiatrists and registered nurses; offer walk-in services; and can facilitate immediate treatment placement as well as referrals to longer-term care. The most successful triage centers are also responsive to the needs of law enforcement officers—if it isn't as easy or easier for an officer to take a person to the center

than to the jail, it is less likely that officers will utilize the center.

Recognizing that creating a triage center is often outside of county budgets, some counties are implementing "Safe Stations" to help individuals with SUDs seek treatment.[19] The concept for these programs is that individuals seeking treatment for an SUD can visit a police or fire station to dispose of any illicit drugs or paraphernalia and get immediate access to behavioral health providers to connect to appropriate treatment and services. In coordination with local prosecutors, individuals who request services at these programs are not arrested for requesting assistance and have the opportunity to seek treatment before having to worry about outstanding legal concerns like previous warrants.

In **Lee County, Fla.,** law enforcement officers are given the option of transporting people experiencing homelessness or suffering from an SUD or mental illness who are facing charges for low-level or non-violent offenses to the Bob Janes Triage Center & Low Demand Shelter. The Triage Center has 55 beds and offers intake and a nursing and psychosocial assessment, while the Low Demand Shelter (operated by The Salvation Army) provides a safe environment for someone who is impaired to stay while attempts are made to have the individual engage in treatment or services. Law enforcement officers simply bring individuals to the Triage Center and, after filling out a form, can leave them at the facility. Eighty-nine percent of officers spend five minutes or less on this process. Clients who receive treatment at the Triage Center have fewer encounters with law enforcement, fewer subsequent arrests and shorter lengths of incarceration.[18]

Resources

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