

PILOTING A STATE POLICE DIVERSION PROGRAM:

DELAWARE



“Adding peer support was the secret sauce to make the program successful.”

–Glenn Owens, Director of Crisis Intervention Services,
Division of Substance Abuse and Mental Health (DSAMH)

VISION

State police were frustrated that many of the people they encountered had an untreated substance use or mental health condition. These encounters often resulted in continuing a cycle of arrest and incarceration. Working with state police and the state attorney general’s office, the Division of Substance Abuse and Mental Health (DSAMH) braided funds from a State Opioid Response grant and a TTI award to launch a pre-arrest diversion program with the goal of providing another gateway to behavioral health care when the individual is most in need and most open to accepting it. Three of nine state troops (districts) participated in this initiative as pilot sites.

Initially, officers could refer individuals suspected of committing certain low-level offenses to treatment as an alternative to arrest and incarceration. A handful of misdemeanor crimes were pre-approved by the attorney general’s office for consideration under this program. Individuals who agree to the terms of the program are referred to on-site two-person team consisting of a clinician and a peer who can receive warm handoffs during business hours or visit the individual the next business day.

As officers became more familiar with the program, they have referred other individuals that they encounter who need treatment regardless of arrest status.

JAIL DIVERSION APPROACH

Police often want to deflect or divert individuals to treatment because arrest and detention take officers away from their duties to monitor and ensure public safety. Repeatedly arresting and detaining the same person with a behavioral health disorder may seem futile and does little to improve public safety and wellbeing. Police diversion practices can prevent justice involvement and may reduce the number of people with behavioral health disorders in jail.

MEASURING PROGRESS

Data collection was planned before the program began one year ago. The program expanded from a pre-arrest diversion model to one that supports police to refer anyone they encounter who might need behavioral health treatment. Participating troopers now commonly refer individuals that they encounter who have survived an opioid overdose (“defined as “overdose response”) or those they encounter during other types of calls, ►

such as domestic disturbances (defined as “social contact/co-occurring mental health). Police have also referred several individuals that they did arrest but met the criteria to be diverted to care managers. Approximately one year since the program launch, state police have made 784 referrals to the case managers; pre-arrest diversion cases made up only .3% of these referrals, overdose response 25%, and social contact 75% of these referrals.

The team were able to make contact with about half (51%) of the people referred and more than half of them (57% of those contacted, 23% of total referrals) agreed to engage with the care managers. Most of those who engaged (89% of those engaged, 20% of total referrals) enrolled in treatment.

INTEGRATION WITH CRISIS SYSTEM

This project is operated by DSAMH in collaboration with its Crisis Intervention Services and fills a void for police to refer individuals who may have a behavioral health disorder but do not need immediate crisis treatment. Participation in the program may prevent crises by engaging individuals in treatment as early as possible. Police contact mobile crisis teams or escort individuals to crisis stabilization units when they encounter individuals in need of crisis care.

BEHAVIORAL HEALTH EQUITY

Over- or under-representation by race and ethnicity is difficult to characterize because the referrals were limited to the people that police encounter. 68% of referrals were male, 32% were female, 64% were white (69% in 2020 Census), 21% (22% in 2020 Census) were black and 15% were other. The majority of the referrals were for adults between the ages of 26-45 (60%), with smaller percentages for those aged

18-25 (10%), 46-55 (17%) and over 55 (13%). Due to data collection efforts, the program can track referral rates by gender, race, and age, by troop location, and observe them over time for trends.

PROJECT LEGACY

The project will continue using blended funding from the Delaware Criminal Justice Council and State Opioid Response grants. As officer and commander confidence has grown, the project has expanded from three troop districts to six in 2022.

WHAT CAN DELAWARE’S PRE-ARREST POLICE DIVERSION PROGRAM TEACH US?

While there are administrative hurdles to hiring peer support staff with criminal justice involvement histories, their lived experience in the justice system carries credibility to consumers who are involved or at risk of involvement. Officers have expressed their surprise and admiration for peers that they once knew as troubled that have become case managers and able to persuade individuals to engage in treatment. The success of the project can be attributed to the early partnership among DSAMH, Delaware State Police and the Department of Justice. Each partner saw value in the program to give officers another tool to improve public safety and DSAMH another portal to engage people into treatment. The trust developed between partners allowed the program the flexibility to expand referrals and reach more people in need of treatment.

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