



Prearrest Diversion | EVENT SUMMARY

Meeting date | time *Monday, January 12, 2026 | 6:00 pm - 8:00pm |*

Meeting location: *441 4th St. NW Room 1117 Washington, D.C. 20001*

ATTENDEES

Participants: Richard Jones, Angel Surratt, Saleem Davis, Andre Evans, and Charity Moore

CJCC: Kristy Love, Adam Schutzman, Hind Berrah, Meagan O'Neill, Bailey Maryfield

DBH: Chad Tillbrook

DCSC: Aisha Ivey-Nixon, Malcolm Woodward

MPD: Kelly O'Meara

Community Connections: David Freeman, Mary Costello

Unity Health Care: Richard Bebout

COMMUNITY ROUNDTABLE

The Prearrest Diversion Task Force hosted a “Community Roundtable” to provide a dedicated space for individuals in the community to share their perspectives and recommendations on how a prearrest diversion program would impact individuals struggling with mental health and/or substance use disorders. The roundtable format offered the opportunity for collaboration and open dialogue among task force members and community members. Community organizations and behavioral health agencies on the task force identified and recommended participants for the roundtable. Staff members used their ongoing programs, outreach activities, and direct service interactions to recognize individuals who could meaningfully contribute to the initiative. Because these organizations are trusted and embedded within the community, their recommendations reflected both firsthand knowledge of participants’ experiences and broader insights into the experience of the D.C. community likely to be most impacted by any prearrest diversion program.

Dr. Bebout introduced the topic of the roundtable by providing a brief, recent history of behavioral health and law enforcement efforts in the District. In response to a noted lack of options for those experiencing mental health crises, the District government and community organizations created pathways to receive appropriate supports including a 988 number and deploying co-responder teams. Furthermore, law enforcement officers now receive 20 hours of mental health training, while a select group receives 40 hours of crisis intervention training. The formation of these new programs were all informed by the voices of those lived experiences in the community.

The conversation that followed touched upon multiple key themes that will be essential to the successful creation and implementation of any prearrest diversion task force in D.C. They are as follows:



Peer Support Specialists

Participants emphasized the critical role of peer support specialists in any prearrest diversion program. Peer specialists draw on their lived experience with mental illness and/or substance use disorder, combined with formal training, to deliver services in behavioral health settings. One participant noted that when individuals in crisis engage with traditional agencies, they may feel misunderstood or judged. Peer support specialists counter this by offering authentic, experience-based rapport increasing trust and willingness to engage. They also serve as informal navigators of the criminal justice and behavioral health systems, often understanding the system's complexities from first-hand experience. Peer support specialists demonstrate that individuals with lived experience of mental health challenges can recover, thrive, and meaningfully support others on their own journeys.

Role of Family

Participants underscored the need for diversion programs to actively engage with families or chosen support networks. For individuals with behavioral health needs, families can be integral in supporting stabilization, continuity of care, and long-term engagement. However, stakeholders highlighted that family structures in the District are often complex and extend beyond traditional nuclear models. Programs should therefore avoid narrow or prescriptive definitions of family, instead allowing participants to define who their support system is. Roundtable attendees shared personal experiences with substance use, either directly or through family members, underscoring the need to lead with empathy and design support that respects the realities of people's lives.

Importance of Place

During a site visit to Baltimore's diversion program, task force members observed the value of a dedicated physical space where individuals can receive services. This location offered case management, food, clothing, and other basic supports. Participants expressed a strong desire for a similar secure, comfortable, and welcoming environment in the District. This place could be somewhere for individuals to decompress and feel safe. The group envisioned a "No Wrong Door" one-stop resource hub where people could access core social services in a single location including:

- Case management
- Food, clothing, and hygiene supplies
- Medicaid and SNAP enrollment
- On-site ID obtainment

Currently programs offering ID assistance often provide a limited number of vouchers, which serves as a barrier. A centralized space could serve as an access point to long term services and supports, reduce system navigation challenges, and foster stronger engagement.



Eligibility Considerations

Participants expressed varying opinions on eligibility criteria for a prearrest diversion program. Several emphasized that eligibility should be as broad and inclusive as possible, noting that diverting individuals, especially youth, away from the justice system and carceral settings is inherently beneficial. They highlighted that the quality of mental health care in correctional environments is often inadequate, reinforcing the need to intervene prior to justice system involvement. Others suggested a more targeted eligibility model, similar to the Incarceration Reduction Amendment Act (IRAA). Under this approach, eligibility would focus on individuals with documented justice system involvement who meet the qualifying misdemeanor criteria. Participants raised concerns about the District’s habitual misdemeanor policies, which can escalate repeat misdemeanors into felonies. This dynamic may inadvertently disqualify individuals with substance use disorders from diversion at a moment when they would benefit from it the most.

Common Barriers

Participants identified a range of barriers that prevent individuals with mental health and substance use disorders from accessing treatment.

Logistical barriers include:

- Lack of government-issued identification
- Limited transportation options
- Limited awareness of available programs
- Difficulty navigating fragmented services systems

Experiential barriers include:

- Past negative encounters with shelters, health providers, or caseworkers
- Fear of judgment or punitive responses

Participants also noted that an individual’s stage in the recovery process matters. Those who are not yet ready to acknowledge their substance use or underlying challenges, may struggle to engage meaningfully with services, regardless of availability.

Hardest Cases and Highest Utilizers

Several participants argued that the diversion program should prioritize individuals with the greatest barriers and most complex needs. This includes people who are unhoused, have co-occurring mental health and substance use conditions, lack formal education, and/or struggle to engage daily in social functioning. A key indicator of these individuals is their repeated interaction with multiple public systems including criminal justice, emergency response, and behavioral health. Often referred to as “familiar



faces,” this high risk, high need, frequent utilizer population has significant system impacts and would benefit from targeted, coordinated, and comprehensive support services.

Identify Problem Roots

A recurring theme throughout the discussion was the importance of addressing the underlying drivers of substance use and behavioral health crises. Participants noted that many individuals struggling with substance use are coping with unresolved trauma, grief, shame, abandonment, or chronic stress. Without addressing these root causes, diversion will be less effective and long-term recovery less sustainable. Participants stressed that programs must provide or connect individuals to services capable of addressing trauma, not just visible symptoms of substance use. As one participant noted, addiction often functions as a form of self-medication used to manage painful experiences or emotions.

Long Term Services

Participants emphasized that recovery is rarely linear or quick; it often involves relapses and multiple attempts before stability is achieved. They also shared that individuals can typically “stay clean” for 30 days to successfully complete a short-term program, but they are likely to quickly relapse upon completion of the program. Because of this, they stressed that prearrest diversion programs must connect individuals to long-term, sustainable services rather than short-term support. Although the previous iteration of the program offered case management, participants recommended extending support to at least six months, and potentially longer depending on individual needs. They also highlighted the value of incorporating mentors or peers with lived experience who can provide continuous encouragement and guidance throughout the recovery process.

Law Enforcement Training

Because law enforcement officers are often the first point of contact (and the primary referral source) for prearrest diversion programs, participants underscored the need for enhanced training. Many expressed concern that officers frequently lack the skills required to effectively engage individuals experiencing mental health or substance use crises. Currently, all D.C. law enforcement officers receive 20 hours of mental health training, and identified officers receive an additional 40-hour Crisis Intervention Training (CIT). Despite this, participants reported ongoing gaps in officers’ preparedness when interacting with individuals in crisis. One key recommendation was to incorporate peer support specialists into law enforcement training. Participants noted that agencies such as the Fire and Emergency Management Agency (FEMS) already integrates peer specialists, highlighting the existing gap with law enforcement. Additional training should focus on identifying behavioral health conditions, recognizing signs of crisis, and responding in ways that prioritize safety as well as stabilization and connection to services.

Program Structure Options

Three prearrest diversion program options were proposed for the participants to consider:



Option 1: Social Referral

- Law enforcement identifies individuals with prior criminal justice involvement and behavioral health needs and offers to connect them to services voluntarily, without an accompanying arrest.

Option 2: Arrest Referral

- Law enforcement diverts individuals who commit low level misdemeanor offenses to services instead of arresting them.

Option 3: “Familiar Faces”

- Program identifies individuals who are frequent utilizers of criminal justice and behavioral health systems and proactively connects them to services.

Participants were divided on their preference. Some participants favored the targeted “familiar faces” approach noting that it would prioritize those with the highest and most complex needs, individuals who are often difficult to engage but stand to benefit significantly from consistent support. Other participants argued that a prearrest diversion program should serve the broadest possible population and incorporate all three pathways. They emphasized that limiting eligibility could leave out large numbers of individuals who could benefit from early intervention.

Across all perspectives, participants agree that whichever model the task force selects should minimize barriers to participation; ensure timely access to long-term support services and avoid overly restrictive criteria that could undermine the program’s impact.