



Prearrest Diversion Task Force Decision Points

The Prearrest Diversion Task Force will vote on recommendations to provide to the D.C. Council in April 2026. Below are options for each stage of the process that the task force will be required to analyze and provide a recommendation around. Please review the options provided below and provide additional recommendations, additions, or edits as necessary.

Impact Decision Points:

There are key decisions about how a prearrest diversion program is designed, which will significantly shape the options later on. Because these foundational decisions create both opportunities and constraints, they need to be made with the awareness of how they will impact future policy and program flexibility over time. Identified impact decisions include the following:

- Is the program only for adults or also for youth under 18?
- What referral types (e.g. arrest, social, familiar faces, etc) are included in the prearrest diversion program?
- Does the program rely on existing behavioral health resources either as an open referral program or with a preferred provider network, or does it create an entirely new program?

1. Eligibility

§22–4237(f)(2): *“Making recommendations for prearrest diversion of certain misdemeanor offenses, and certain categories of persons”*

A. Age

Question: Does the program exist for individuals who are 18 and older or are youth eligible as well?

B. Misdemeanors

Question: What misdemeanor offenses should be eligible for prearrest diversion?

- Disorderly conduct (affray, crowding, obstructing, urinating, panhandling)
- Alcohol violations (drinking in public, purchasing for a minor, POCA, intoxication)
- Narcotics violations (public consumption of marijuana, misdemeanor possession, paraphernalia possession)
- Prostitution (sexual solicitation)
- Theft (shoplifting, taking property, second degree theft)
- Unlawful entry

Question: Are there limitations for multiple offenses with graduated penalties?

C. Victim permission

Question: If there is a victim involved in the offense, does the victim need to agree for the alleged perpetrator to be allowed to participate without a case?



- Otherwise, the offense would be charged, and the case will follow the normal order.

D. Arrest Procedure

Question: Is an individual arrested prior to a referral? Is this necessary to determine if an individual is eligible for diversion? Is the person fingerprinted?

Question: If an individual declines to participate, does an arrest proceed as usual or is that at the officer's discretion?

Question: Can a potential participant consent to the program if they are under the influence of alcohol or illegal drugs? Is there an option for them to sober up?

E. Exclusions – Ineligibility

Question: What elements would make an individual ineligible to participate in a prearrest diversion program?

History of Arrest, Papering, or Conviction of the following crimes.

- Felony-level crimes
- Violent crimes (assault, robbery, domestic violence)
- Weapons offenses
- Sexual offenses
 - Including stalking or harassment
- Outstanding warrant
- Under the supervision of DC's justice system (i.e. CSOSA)
- Under supervision in another jurisdiction

Question: Are there included timeframes? (Within the last 5 or 10 years)

Question: How current of a warrant renders a person ineligible?

2. Referral Pathways

§22–4237(f)(7): *“Identifying individuals who frequently interact with police, are frequent mental health consumers, or have suffered from chronic homelessness, and ensure that those individuals are connected to social services.”*

Question: What are the preferred referral pathways for the prearrest diversion program?

A. Arrest referral

- If an individual commits an eligible offense, an MPD officer offers diversion instead of arrest. If the individual declines to participate, the office has the discretion to determine if the arrest will proceed.



B. Social referral

- If an individual is known by MPD, based on previous encounters, to have a criminal history and behavioral health challenges, an officer does not have to wait to witness the individual committing a crime to make a referral. An officer should suspect that this individual will come into contact with the criminal justice system in the future if an intervention does not take place. An officer can engage the individual to encourage their participation in the program.

C. Familiar Faces

- Officers identify and divert individuals who are known high utilizers of behavioral health and criminal justice resources instead of arresting them. A familiar faces program can also conduct proactive outreach to identify and support high utilizers without waiting for them to face an arrest.
- Defined as someone who is
 - Top 1%, 5%, or 10% of misdemeanor arrests within a certain period of time?
 - Booked 3, 5, 10 times in 12-month period (or another period of time)?
 - Connected to at least one behavioral health system before or
 - Connected to DHS at least once for housing related needs

D. Community Referral

- Community partners can refer people who are known to chronically engage in problematic, unlawful behavior related to behavioral health issues or poverty by contacting the prearrest diversion team directly.

E. Self-Referral

- An individual can voluntarily enroll in the program if they self-identify as having a mental health or substance use disorder and do not want to wait to be referred by an external party.

3. Program structure

§22–4237(f)(3): *“Making recommendations regarding the **programs, facilities, personnel, and funding that are necessary to implement prearrest diversion**”*

Question: What is the preferred program structure? Is it referral based or does it depend on the creation of an all-inclusive new program?

A. Intake

Question: What elements are preferred for the intake process?

- a. Conducted at the scene of contact with law enforcement or community partners there is a meeting with prearrest diversion team or the individual is transported to the diversion headquarters
- b. Completed immediately or has period of time to complete intake documents
- c. Intake assessment



B. Services

Question: What services will be offered by program staff? What services will be provided externally?

Internal - Services provided by diversion staff (referral-based or new program):

- a. Behavioral health assessment – Conducted by a licensed clinician, a behavioral health assessment is a comprehensive, professional evaluation used to identify emotional, psychological, and social factors affecting an individual's mental well-being and daily functioning. The assessment helps identify mental health or substance use disorders to determine effective treatment options.
- b. Needs identification – A case manager work with the participant to identify immediate and short-term needs including food, clothing, and shelter. Longer term needs including employment, housing, and healthcare can be identified as well.
- c. Service linkage – Case managers will directly connect participants with services like behavioral health treatment and other social service needs.
- d. Process navigation – Case managers and/or peer support specialists will assist participants in identifying resources, filling out applications, attending appointments, and completing required treatment and justice related processes.
- e. Peer support – Peer support specialists will reduce stigma, provide mentorship, and help peers navigate the complex recovery systems in the District.
- f. Immediate needs addressed
 - i. Food
 - ii. Clothing
 - iii. Shower

External - Services provided by community-based providers and partners (referral-based program)

- g. Mental health treatment – Services include therapy, psychiatric evaluation and treatment, medication management, crisis intervention, and case management.
- h. Substance use treatment – Services include screening and assessment, outpatient treatment, inpatient care, residential treatment, detoxification and stabilization services, medication assisted treatment (MAT), and recovery support services.
- i. Stabilization services – Individuals experiencing an acute crisis can be connected to immediate stabilizing support (e.g. DC Crisis Stabilization Center).
- j. Housing – Transitional housing, permanent supportive housing

Internal/External (depending on staffing)

- k. Social Services – Benefit connections (SSI, SNAP, Medicaid) and document acquisition (birth certificate, social security card, government ID)
- l. Housing – Low barrier

C. Program Length

- 4 months, 6 months, 1 year, as long as necessary?
- Is there a “graduation” point?



- After “graduation”, are there any ongoing touchpoints, such as support with documents?
- Are participants welcome to come back at any point for further support?

D. Follow Up Protocols

- a. How often are check-ins? (Weekly, biweekly, monthly)
- b. How many contact attempts before listed as inactive? (3, 5, more)
 - i. Are there consequences for inactivity?
 - ii. Is inactivity communicated to law enforcement, prosecutor, and/or victim?

E. Staffing

Question: What staff are needed for the prearrest diversion program to function?

For either a referral-based or a new program:

- **Project Manager** – As the operational backbone of the program, the project manager coordinates partners, tracks deliverables, and ensures the program runs consistently across agencies. Responsibilities include managing timelines, aligning workflows, and supporting cross-functional teams. They also monitor performance metrics, troubleshoot implementation barriers, and maintain communication across law enforcement, behavioral health providers, and community partners who provide basic need services across the city. This role ensures the program stays organized, accountable, and aligned with its goals.
- **Case Managers** – Managing day-to-day support for participants, case managers assess needs, develop service plans, coordinate referrals, and maintain ongoing contact to help individuals navigate treatment, housing, benefits, and other supports. The case manager will help participants access services, advocate for them, and support their progress toward stability and independence. They serve as the bridge between the moment of referral and long-term engagement in care
- **Peer Support Specialists** – Bringing lived experience with mental health or substance use challenges, peer support specialists use that experience to build trust, model recovery, and help participants stay engaged. Peer specialists provide advocacy, system navigation, linkage to resources, mentoring, and skill-building through shared experience and social support. Their presence is especially valuable for individuals who may distrust formal systems or feel overwhelmed by treatment requirements.
- **Licensed Clinician** – Providing clinical assessment and treatment expertise that anchors the program’s behavioral health response, licensed clinicians conduct diagnostic evaluations, determine clinical needs, deliver immediate intervention, and guide treatment planning. Clinicians help determine whether someone is clinically safe and in a position that is appropriate for diversion and what services will best meet their needs.

Additional Positions:

- **Wellness Coordinator:** A non-clinical, peer-supported position focusing on holistic health, recovery, social connection, and empowerment. This individual would help manage day-to-day operations of a center and foster a welcoming, recovery-oriented environment.
- **Benefits Specialist:** This position would assist participants in accessing benefits such as SNAP, Medicaid, WIC, and other relevant programs. The specialist would help participants



navigate complex application processes and ensure they receive the resources for which they are eligible.

- **Legal Services Provider:** This role would provide legal assistance in non-criminal matters, particularly for individuals who cannot afford representation. They could provide support in civil matters including housing issues, family law, public benefit disputes, employment issues, and consumer rights.
- **Outreach Specialist:** Particularly relevant for social referrals, outreach specialists would engage directly with individuals in the community to identify those who would benefit from services and encourage program enrollment. These specialists could also collaborate with law enforcement to help identify individuals who may be at risk of future criminal justice involvement.
- **Specialized Services:** The program could incorporate or partner with specialized providers to meet the needs of specific populations. For example, individuals impacted by domestic violence and/or sexual assault could receive tailored, trauma-informed services from trained professionals.

For a new program:

- **Mental Health Provider** – Trained specialists initially focus on diagnosis, stabilization, and ongoing treatment for conditions such as depression, bipolar disorder, schizophrenia, PTSD, and anxiety disorders. They can provide clinical assessment, crisis intervention, treatment planning, and coordination with case managers. They will meet frequently with participants to track progress and adjust treatment as best fits the individual.
- **Substance Use Disorder Provider** – Specialize in assessment, treatment, and recovery support for individuals with alcohol- or drug-related needs. They can provide substance use assessments, detoxification support, medication assisted treatment, counseling, and harm reduction support. They are crucial in recovery planning and monitoring the progress of those with substance use disorders.

F. Program Type

1. **Broad Referral Based**
 - a. Law enforcement, or with community referrals, community partners refer individuals to a case manager. The case manager is the central component of the program working directly with the participant to identify needs, connect to resources, and refer to appropriate behavioral health services
2. **Targeted Referral Based**
 - a. Law enforcement, or with community referrals, community partners refer individuals to the prearrest diversion program. The prearrest diversion program contracts with a selection of service providers creating a preferred provider network.



3. New Program

- a. Law enforcement, or with community referrals, community partners refer individuals to a prearrest diversion program. This new program is all inclusive of case management, behavioral health services, and other needs as necessary.

G. Service Provision

1. Contract Based

- a. Case management services are provided through a community service provider through a contract basis.

2. In-House

- a. Case management services are provided in-house by diversion staff hired directly for the program.

H. Location/Facilities

Question: What does the location of the prearrest diversion look like?

- a. Do we have a facility where prearrest diversion referrals can be dropped off?
- b. How many locations should prearrest diversion staff be present across the city? (1, 2, in every ward)
- c. Is the facility co-located with other service providers? Which ones?

I. Hours of Operation

Question: What are the hours of operation for the prearrest diversion program?

- Consideration of most common hours for misdemeanor arrests
- Must consider operational capacity and union requirements

J. Transportation

Question: How do participants transport from a law enforcement or community based referral to the prearrest program?

1. Law Enforcement: Law enforcement officers take individuals who volunteer to participate in the program directly to the prearrest diversion site for enrollment.
2. PAD Team: A prearrest diversion team comes directly to the site of the law enforcement officer and the participant to enroll the individual and bring them to the diversion site.
3. Participant: The participant is provided an address and travels to the prearrest diversion site on their own.

K. Scope

Question: What is the geographic scope of the prearrest diversion program?

1. Citywide – Prearrest diversion program is available to law enforcement and potential participants across all areas of the city.



2. Pilot – Prearrest diversion program is piloted in a few distinct locations
 - a. By Ward
 - b. By hot spots
 - i. Gallery Place and Starburst Intersection
 - c. Other

L. Program Lead

Question: Which agency serves as the program lead? This includes receiving funding, managing contracts, hiring program staff, etc..

- DBH
- MPD
- Service agency
- CJCC
- Another agency

4. Data Collection for Program Monitoring and Evaluation

Question: What data is needed to track, monitor, and evaluate the success of the program?

A. Data Collection

- PAD Program Staff
 - Number of participants enrolled in the prearrest diversion program
 - Demographics of participants including age, race, gender, education, and ward)
 - Retention of participants (Have they stayed active for 1 month, 3 months, 6 months, etc)
 - Participation – How often does staff check in with participants
 - What services are needed by participants (ID, housing, benefits, substance use treatment, mental health treatment)
 - What services were delivered to participants (ID, housing, benefits, substance use treatment, mental health treatment)
- Law Enforcement
 - Arrest type – what offenses
 - Referrals (Accepted, Declined)
 - How much time is spent on referrals
 - How many participants have active warrants
- Services Provided (How many participants received the following services)
 - Behavioral Health Services Enrollment
 - Substance Use Treatment
 - Type of treatment
 - Mental Health Services
 - Type of treatment
 - Additional Services
 - Housing Assistance
 - Employment Services



- ID acquisition
 - Other (CPS, education, etc)
 - Termination and Reason
 - Graduation
 - Withdrew
 - Rearrest
- Short Term Outcomes
 - New arrests
 - Warrants issued
 - Participation in treatment programs
 - Acquisition of ID, benefits
- Long term
 - Recidivism (1 year, 2 year, 3 year)
 - Arrests, papering, convictions?
 - Criminal justice and legal system utilization costs
 - Overdoses
 - Housing stability
 - Employment status
 - Treatment completion status
- Operational
 - Diversions by officer and by ward
 - Time from referral to case manager contact
 - Caseload per case manager
 - Cost per participant (compare to cost of arrest/prosecution/incarceration)

B. Familiar Faces

Question: What data and data sharing requirements are needed to successfully implement a familiar faces initiative?

- Data Required
 - Law enforcement: Identify misdemeanor arrests within a certain period of time or bookings
 - DBH: Identify individuals connected to at least one behavioral health partner
 - DHS: Identify individuals connected to DHS at least once for housing related needs
- Data Sharing
 - Who shares data with whom?
 - Law enforcement shares data with DBH and DHS

C. Other Consideration

- Agency data sharing (legal consideration)
 - Service providers sharing individualized data with DBH
 - MPD sharing individualized data with DBH
 - Case managers sharing information with service providers
- Participant consent forms
- Data evaluation of program



- Do we acquire an independent evaluator to conduct a study for the program
 - Reach out to universities or grant funders
- Data dashboard of aggregated data
 - Is data dashboard run by law enforcement, DBH, CJCC, or someone else?

5. Program Management

Question: How will we ensure that the program is running effectively?

A. Workgroups

- Operations Workgroup
 - Meet biweekly
 - Includes case managers, peer support specialists, law enforcement, prosecutors, and relevant community partners
 - In preferred provider model: Include providers
 - Conduct case consultations and consider day-to-day operations
- Policy Coordinating Workgroup
 - Meet bimonthly
 - Include stakeholders and decision makers (task force)
 - Focus on project goals, refining policies, guiding program development, and reviewing progress

B. Feedback

- Incorporation of feedback from participants and staff
 - Annual surveys or more frequent?

6. Training

A. Law Enforcement training

§22-4237(f)(6): *“Identifying any potential improvements in police training or procedures relating to police interactions with individuals impacted by homelessness, mental or behavioral health issues, or substance abuse”*

Question: What training does law enforcement need to successfully implement prearrest diversion?

- Crisis intervention training:
 - Officers who participate in prearrest diversion required to have 40-hour crisis intervention officer (CIO) training? (Currently all officers have 20-hour mental health training.)
- Substance use disorder and co-occurring conditions:
 - Is 20-hour mental health training sufficient or does law enforcement need further training on substance use disorder and co-occurring conditions?
- Prearrest Diversion program operations:
 - Additional training for prearrest diversion including eligibility criteria, referrals, data collection, coordination, and process completion?



Question: Who should provide which components of the training?

- Prearrest diversion staff at roll call trainings
- Individuals with lived experiences must be a part of the training process

B. Staff Training

Question: What training does staff need to successfully implement prearrest diversion?

- Behavioral health literacy — understanding mental health, substance use, and co-occurring disorders; and how these conditions influence behavior.
- Crisis response and de-escalation — stabilizing situations involving acute distress and determining whether diversion, crisis services, or emergency intervention is appropriate.
- Trauma-informed engagement — recognizing trauma responses, avoiding escalation, and using communication strategies that promote safety and trust.
- Program operations and pathways — understanding eligibility criteria, referral workflows, documentation, and how to coordinate with partners.
- Legal and policy foundations — knowing diversion authority, liability protections, and how PAD fits within local prosecutorial expectations

7. Partnerships

A. MOU Partners

MOU partners would participate in the Policy Workgroup. Included partners are those who participated in the prearrest diversion task force. The task force may decide that certain partners may not make sense to have a role.

The MOU would include the purpose and scope of the MOU, all parties that agree to participate, roles and responsibilities for each participant, data sharing and confidentiality requirements, and signatures. Roles should be clearly defined based on what service each agency provides to the program; for example, screening, intake, treatment, data collection, or oversight.

Local

- Office of the Deputy Mayor for Public Safety and Justice
- Office of the Deputy Mayor for Health and Human Services
- The Metropolitan Police Department
- The Department of Behavioral Health
- Office of the Attorney General for the District of Columbia
- Criminal Justice Coordinating Council
- The Department of Human Services

Federal

- Office of the United States Attorney for the District of Columbia
- Pretrial Services Agency for the District of Columbia
- Superior Court of the District of Columbia's Family Court Social Services Division

Nonprofit Partners



- Mental Health Treatment Provider/s (TBD)
- Substance Use Disorder Treatment Provider/s (TBD)

Other Partnerships

- Department of Motor Vehicles
- Department of Employment Services
- DC Housing Authority
- DDOT

Question: Does the prearrest diversion program want to engage other law enforcement agencies in the community? If so, which ones?

8. Legislative changes

§22–4237(f)(4): “Making recommendations for any legislative changes that are necessary to enable prearrest diversion”

1. Data sharing: To support effective diversion programming, legislation will be required to authorize data sharing among law enforcement, DBH, CJCC, and core service agencies, at the least. If a familiar faces model was adopted, additional agencies such as DHS would likely need to be involved. If program-level monitoring and evaluation were desired, an evaluator would also need to be involved. Current policies allow sharing of aggregated data, but individualized data will be necessary.

Additional (if necessary)

2. Law enforcement authority to divert
3. Funding and contracting authority
4. Data reporting and evaluation requirements
5. DBH authority to transport

9. Funding

§22–4237(f)(3): “*Making recommendations regarding the programs, facilities, personnel, and **funding** that are necessary to implement prearrest diversion*”

Question: How will the prearrest diversion program be funded?

Global and detailed budget:

- See attached sample budget

Funding Sources

- D.C. Council
 - City governments often fund prearrest diversion programs with local dollars because these programs sit at the intersection of public safety and public health.
 - Cities allocate money from police, behavioral-health, or human-services budgets to cover core staffing, such as case managers, clinicians, and program coordinator.



- Cities can also consider using Medicaid-reimbursable services to supplement services and fill gaps.
- Cities that use state and/or local dollars include [Seattle](#), [Atlanta](#), Baltimore, and Philadelphia.
- Opioid Abatement Fund
 - Opioid legal settlement funds are dispersed by the Opioid Abatement Advisory Commission, who meet quarterly.
 - Funds spent on evidence-informed harm reduction, prevention, recovery, and treatment activities, practices, programs, services, supports, and strategies for opioid use disorder and co-occurring substance use and mental health disorders.
 - States including [Colorado](#), [Massachusetts](#), and [North Carolina](#) have all used opioid settlement funds to contribute to prearrest diversion or deflection programs.
 - At most recent [meeting](#), the Opioid Abatement Fund has expended approximately \$14,000,000, committed \$15,000,000, and has \$2,000,000 of remaining uncommitted funds. The prearrest diversion could apply or request access to these funds as part of the funding
- BJA FY25 Public Safety and Mental Health Initiative
 - Bureau of Justice Assistance (BJA) released their [BJA FY25 Public Safety and Mental Health Initiative](#) grant - a three year grant award providing up to \$3,000,000.
 - Supports comprehensive service networks addressing mental illness and substance use disorder at the intersection of justice systems.
 - Eligible applicants include units of local government, which would encompass D.C.
 - These grants are quite complex and the due date is April 6, 2026. If this is not an opportunity to apply for this year, could be considered in future years. There has been annual funding from BJA in this area for at least the last five years.
- Private Philanthropy
 - Other pilot sites have launched utilizing funding from private philanthropy like Open Society Institute and the MacArthur Foundation Safety and Justice Challenge
 - Private philanthropy can often provide a lump sum of start up funding to test a program and see if it is feasible before government invests tax payer resources into continuous running of the program.
 - Currently grant opportunities are not open for criminal justice related projects, but we can be prepared for when funding opportunities arise.