



## Prearrest Diversion Task Force Voting Document

This document is designed to support the voting for the Prearrest Diversion Task Force. It presents available options on key decision points with space for members to record notes, reactions, and key considerations on all topics. There is also a preference section for individuals to indicate their preferences in an organized way. Please use this document to prepare and record your decisions for a prearrest diversion program.

### Impact Decision Points:

	Notes	Preference
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”*

<b>Age – 1A</b>	Notes	Preference
Does the program exist for individuals who are 18 and older or are youth eligible as well?		



<b>Misdemeanors – 1B</b>	<b>Notes</b>	<b>Preference</b>
<p>What misdemeanor offenses should be eligible for prearrest diversion?</p> <ul style="list-style-type: none"> <li>• Disorderly conduct (affray, crowding, obstructing, urinating, panhandling)</li> <li>• Alcohol violations (drinking in public, purchasing for a minor, POCA, intoxication)</li> <li>• Narcotics violations (public consumption of marijuana, misdemeanor possession, paraphernalia possession)</li> <li>• Prostitution (sexual solicitation)</li> <li>• Theft (shoplifting, taking property, second degree theft)</li> <li>• Unlawful Entry</li> <li>• Driving under the influence</li> <li>• Simple assault</li> </ul>		

<b>Victim Permission – 1C</b>	<b>Notes</b>	<b>Preference</b>
<p>If there is a victim involved in the offense, does the victim need to agree for the alleged perpetrator to be allowed to participate in the program?</p>		

<b>Arrest Procedure – 1D</b>	<b>Notes</b>	<b>Preference</b>
<p>Is an individual arrested prior to a referral? Is this necessary to determine if an individual is eligible for diversion? Is the person fingerprinted?</p>		
<p>If an individual declines to participate, does an arrest proceed</p>		



as usual or is that at the officer's discretion?		
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?		

<b>Exclusions / Ineligibility – 1E</b>	<b>Notes</b>	<b>Preference</b>
<p>What elements would make an individual ineligible to participate in a prearrest diversion program?</p> <ul style="list-style-type: none"> <li>• History of arrest, papering, or conviction of the following crimes?</li> <li>• Are there included timeframes (within last 5, 10, etc years)?               <ul style="list-style-type: none"> <li>○ Felony-level crimes</li> <li>○ Violent crimes (assault, robbery, domestic violence)</li> <li>○ Sexual Offenses (including stalking, harassment)</li> <li>○ Under the supervision of DC's justice system (i.e. CSOSA)</li> <li>○ Under supervision in a district outside of D.C.</li> <li>○ Outstanding warrant</li> </ul> </li> </ul>		
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.”*



Referral Pathways – 2A-E	Notes	Preference
<p><b>Arrest referrals</b></p> <p>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.</p>		
<p><b>Social referrals</b></p> <p>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.</p>		
<p><b>Familiar faces</b></p> <p>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.</p>		
<p><b>Community referrals</b></p> <p>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.</p>		
<p><b>Self-referrals</b></p> <p>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.</p>		



Familiar Faces – 2F	Notes	Preference
What percent of misdemeanors (top 1%, 5%, or 10%)? Over what period of time?		
What number of jail bookings (3, 5, 10) over what period of time?		
What number of behavioral health system connections (1, 2, more)?		
What number of housing related connections (1, 2, more)?		

### 3. Program structure

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

Intake – 3A	Notes	Preference
Is eligibility determination conducted at the scene of contact with law enforcement or with the prearrest diversion team? Is the individual transported to the diversion headquarters?		
Is the enrollment completed immediately or has period of time to complete intake documents?		
Is there an initial intake assessment?		



<b>Service (Internal) – 3B</b>	<b>Notes</b>	<b>Preference</b>
Behavioral health assessment		
Needs identification		
Service linkage		
Process navigation		
Peer support		
Immediate needs <ul style="list-style-type: none"> <li>- Food</li> <li>- Clothing</li> <li>- Shower</li> </ul>		

<b>Service (External) – 3B</b>	<b>Notes</b>	<b>Preference</b>
Mental health treatment		
Substance use disorder treatment		
Stabilization services		



<b>Housing</b> <ul style="list-style-type: none"> <li>- Transitional housing</li> <li>- Permanent supportive housing</li> </ul>		
<b>Internal/External (depending on staffing)</b>		
<b>Social Services</b> <ul style="list-style-type: none"> <li>- Benefits connection</li> <li>- Document acquisition</li> </ul>		
<b>Housing</b> <ul style="list-style-type: none"> <li>- Low barrier</li> </ul>		

<b>Program Length - 3C</b>	<b>Notes</b>	<b>Preference</b>
How long is someone in a prearrest program (4 months, 6 months, 1 year, no end date)?		
Is there a “graduation” point in the program? What defines graduation?		
After program completion, are there any outgoing touch points?		
Are participants welcome to come back at any point for further support?		

<b>Follow Up Protocols - 3D</b>	<b>Notes</b>	<b>Preference</b>
How often are case manager check-ins (weekly, biweekly, monthly)?		
How many contact attempts by prearrest staff before listed as inactive (3, 5, more)?		



Are there consequences for inactivity?		
Is inactivity communicated to law enforcement, prosecutor, and/or victim?		

<b>Staffing – 3E</b>	<b>Notes</b>	<b>Preference</b>
Project Manager		
Case Managers		
Peer Support Specialists		
Licensed Clinician		
<b>New Program Staff</b>		
Mental Health Provider		
Substance Use Disorder Provider		

<b>Additional Positions – 3E</b>	<b>Notes</b>	<b>Preference</b>
Wellness Coordinator		
Benefits Specialist		



Legal Services Provider		
Outreach Specialist		
Specialized Service Provider		

<b>Program Type – 3F</b>	<b>Notes</b>	<b>Preference</b>
Broad Referral Based		
Targeted Referral Based		
New Program		

<b>Service Provision – 3G</b>	<b>Notes</b>	<b>Preference</b>
Contract Based		
In-House		

<b>Location / Facilities – 3H</b>	<b>Notes</b>	<b>Preference</b>
Do we have a facility where prearrest diversion referrals can be dropped off?		



How many locations should prearrest diversion staff be present across the city? (1, 2, in every ward)		
Is the facility co-located with other service providers? Which ones?		

<b>Hours of Operation – 3I</b>	<b>Notes</b>	<b>Preference</b>
What are the hours of operation for the prearrest diversion program?		

<b>Transportation – 3J</b>	<b>Notes</b>	<b>Preference</b>
How do participants transport from a law enforcement or community-based referral to the prearrest program? <ul style="list-style-type: none"> <li>• Law Enforcement</li> <li>• Prearrest Diversion Staff</li> <li>• Participant</li> </ul>		

<b>Scope – 3K</b>	<b>Notes</b>	<b>Preference</b>
What is the geographic scope of the prearrest diversion program? <ul style="list-style-type: none"> <li>• Citywide</li> <li>• Pilot               <ul style="list-style-type: none"> <li>○ By ward</li> <li>○ By hotspots</li> <li>○ Other</li> </ul> </li> </ul>		



Program Lead - 3L	Notes	Preference
Question: Which agency serves as the program lead? This includes receiving funding, managing contracts, hiring program staff, etc.. <ul style="list-style-type: none"> <li>• DBH</li> <li>• MPD</li> <li>• Service agency</li> <li>• CJCC</li> <li>• Another agency</li> </ul>		

#### 4. Data Collection for Program Monitoring and Evaluation

Data Collection – 4A	Notes	Preference
<b>Prearrest Diversion Staff</b>		
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)		
Contacts – How often does staff connect with a participant?		
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)?		
<b>Law Enforcement</b>		
Arrest type		



Referrals (Accepted, Declined)		
How much time is spent on referrals?		
How many participants have active warrants?		
<b>Services Provided</b>		
Behavioral Health Service enrollment <ul style="list-style-type: none"> <li>- Substance Use Disorder treatment (type)</li> <li>- Mental Health Services (type)</li> </ul>		
Additional Services <ul style="list-style-type: none"> <li>- Housing assistance</li> <li>- Employment services</li> <li>- ID acquisition</li> <li>- Other (CPS, education)</li> </ul>		
Termination and Reason <ul style="list-style-type: none"> <li>- Graduation</li> <li>- Withdraw</li> <li>- Rearrest</li> </ul>		
<b>Short Term Outcomes</b>		
New Arrests		
Warrants Issued		
Participation in treatment programs		
Acquisition of ID and benefits		
<b>Long Term Outcomes</b>		
Recidivism (1 year, 2 year, 3 years) <ul style="list-style-type: none"> <li>- Arrests, papering, convictions?</li> </ul>		



Criminal justice and legal system utilization costs		
Overdoses		
Housing stability		
Employment status		
Treatment completion status		
<b>Operational</b>		
Diversions by officer and by ward		
Time from referral to case manager contact		
Caseload per case manager		
Cost per participant		

<b>Data Considerations – 4C</b>	<b>Notes</b>	<b>Preference</b>
Data Sharing Requirements <ul style="list-style-type: none"> <li>- MPD sharing individualized data with DBH and DHS</li> <li>- Service providers sharing data with DBH</li> <li>- Case managers sharing information with service providers</li> </ul>		
Participant consent forms		
Data Evaluation <ul style="list-style-type: none"> <li>- Internal</li> <li>- Independent evaluator</li> </ul>		
Data Dashboard <ul style="list-style-type: none"> <li>- Who runs and houses the data dashboard (DBH, MPD, CJCC, other)?</li> </ul>		



## 5. Program Management

<b>Workgroups – 5A</b>	<b>Notes</b>	<b>Preference</b>
<b>Operations Workgroup</b> <ul style="list-style-type: none"> <li>- How often should it meet?</li> <li>- Who is included?</li> <li>- What is the role of the workgroup?</li> </ul>		
<b>Policy Coordinating Workgroup</b> <ul style="list-style-type: none"> <li>- How often should it meet?</li> <li>- Who is included?</li> <li>- What is the role of the workgroup?</li> </ul>		

<b>Feedback – 5B</b>	<b>Notes</b>	<b>Preference</b>
How will the feedback of participants and staff be incorporated into the program?		
How often should feedback be collected?		

## 6. 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”*

<b>Law Enforcement Training – 6A</b>	<b>Notes</b>	<b>Preference</b>
<ul style="list-style-type: none"> <li>• Crisis Intervention Training</li> <li>• Substance use disorder and co-occurring conditions training</li> <li>• Prearrest Diversion program operations</li> </ul>		
<b>Who should provide the training?</b> <ul style="list-style-type: none"> <li>- Prearrest diversion staff</li> <li>- Contract trainers</li> <li>- Individuals with lived experiences</li> </ul>		



Staff Training – 6B	Notes	Preference
Behavioral health literacy		
Crisis response and de-escalation		
Trauma-informed engagement		
Program operations and pathways		
Legal and policy foundations		

## 7. Partnerships

Partners – 7A	Notes	Preference
<b>Local Government Partners</b>		
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		

<b>Federal Government Partners</b>		
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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		

<b>Nonprofit Partners</b>		
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Mental Health Treatment Provider		
Substance Use Disorder Treatment Provider		
Housing provider		

<b>Other Partnerships</b>	<b>Notes</b>	<b>Preference</b>
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Department of Motor Vehicles		
Department of Employment Services		
DC Housing Authority		



District Department of Transportation		
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Law Enforcement Partnerships	Notes	Preference
Does the prearrest diversion program want to engage with 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”

Required Legislative Changes	Notes	Preference
Data Sharing: authorizing data sharing among law enforcement, DBH, CJCC, and core service agencies.		

Additional Legislative Changes	Notes	Preference
Law enforcement authority to divert		
Funding and contracting authority of prearrest diversion program		
Data reporting and evaluation requirements		
DBH authority to transport participants		



## 9. Funding

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

<b>Funding - 9</b>	<b>Notes</b>	<b>Preference</b>
Local government funds		
Opioid Abatement funds		
BJA FY25 Public Safety and Mental Health Initiative		
Private Philanthropy		