



Pre-Arrest Diversion in North Carolina

A Handbook for Law
Enforcement Programs



A collaboration of:



With support from:



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Mental Health,
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Substance Use Services

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Summary

Many law enforcement officers know community members who are repeatedly arrested for low-level crimes related to their substance use and understand that arrest rarely leads to lasting, positive change. Evidence shows that arresting, booking, prosecuting, and incarcerating individuals who use substances and commit low-level, non-violent crimes has had limited effectiveness in improving public safety and community wellbeing.

Elected officials, law enforcement officers, and community members want to improve public safety and reduce future criminal behavior in their neighborhoods. Jails and prisons are not designed to provide adequate wraparound behavioral health or social services. People who are dependent on alcohol, opioids, stimulants, and/or other drugs may commit crimes related to their substance use, and struggle to take steps toward greater wellness without support.

Through pre-arrest diversion programs, an eligible person who could have been booked into jail and referred for prosecution is instead connected to case management staff and social service providers who have experience working with people with behavioral health conditions. **Pre-arrest diversion programs connect people who have committed low-level drug-related offenses with treatment, health and social services, and other community supports.**

Successful pre-arrest diversion programs already exist in cities and counties in all regions of North Carolina. Local studies show that these diversion programs reduce costs and future arrests among program participants, and offer lessons to tailor new programs to each community's unique challenges, resources, and realities.

This handbook is a how-to guide to designing, planning for, implementing, and evaluating a pre-arrest diversion program in North Carolina. Authors are part of the [North Carolina Technical Assistance Center](#) (NC-TAC), a collaborative multi-agency partnership that provides free coaching, training, and resources to organizations that support individuals at risk of incarceration and overdose. **Our team includes law enforcement officers who have developed and implemented pre-arrest diversion programs in North Carolina.**



How to Use this Handbook

Pre-arrest diversion can reduce crime, save time and money, and promote a more positive and trusting relationship between community and law enforcement.¹

This handbook contains a practical, how-to guide to start or strengthen law enforcement-involved pre-arrest diversion programs and links to sample documents and other helpful resources.

This guide encourages you to create a diversion program that is flexible and works for your unique community.

It describes the essential features for a successful pre-arrest diversion program, while acknowledging that your community will adapt and build your programs according to your own needs and resources.

Law Enforcement Assisted Diversion (LEAD) is one type of pre-arrest diversion model that has been evaluated and found effective in North Carolina and nationally. We often refer to LEAD specifically throughout the handbook because this is the diversion program with the most evidence that it works well to promote safety and health in communities.

We encourage you to think of this handbook as a starting point to learn about how pre-arrest diversion programs are designed and implemented in North Carolina.

Key Sections

This handbook is organized in the following sections:

- **Background:** A description of the fundamentals of pre-arrest diversion models, guiding principles, and findings from an evaluation of NC diversion programs
- **Aligning with Partners:** An overview of suggested program partners, community stakeholders, and others who can help you get your program started
- **Designing the Program:** Recommendations on eligibility criteria to participate; how to make referrals and intake processes, coordinate between law enforcement and program staff, and connect participants to services
- **Preparing for Launch:** Guidance on developing program policies and operational procedures, staffing up the program, training law enforcement officers, and educating the community
- **Overseeing and Implementing the Program:** Ways to conduct regular staff meetings, track and discuss participant progress and program updates, and approach case management
- **Learning from the Field:** Examples that describe common scenarios in pre-arrest diversion programs

1. Gilbert AR, Siegel R, Easter MM, Sivaraman JC, Hofer M, Ariturk D, Swartz MS, Swanson JW. Law Enforcement Assisted Diversion (LEAD): A multi-site evaluation of North Carolina LEAD programs. Duke University School of Medicine, January 2023.

- **Improving Quality and Measuring Success:** Guidance for documenting program operations and participant outcomes to report progress, successes, and areas for improvement
- **Funding Programs:** Overview of possible funding opportunities to support and sustain your efforts
- **Key Takeaways:** Important points to remember when planning and implementing a new pre-arrest diversion program
- **FAQs:** Answers to common questions that have come up during training sessions with communities implementing pre-arrest diversion programs
- **Sample Policies and Forms:** Links to a set of sample program forms to adapt and use as you plan and prepare for starting a pre-arrest diversion program (referral, intake, memorandum of understanding (MOU), and more)

Technical Assistance Available

You can get free technical assistance through the [North Carolina Technical Assistance Center \(NC-TAC\)](#). NC-TAC provides tailored, evidence-based technical assistance to NC communities interested in starting or strengthening a pre-arrest diversion program. Supported by the NC Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Use Services ([NCDHHS DMH/DD/SUS](#)), NC-TAC is a partnership between the NC Formerly Incarcerated Transition Program ([NC FIT](#)), the North Carolina Harm Reduction Coalition ([NCHRC](#)), the North Carolina Association of County Commissioners ([NCACC](#)), and the Wilson Center for Science and Justice at Duke Law ([Wilson Center](#)). Our collaboration has decades of combined experience and includes law enforcement officers, physicians, public health practitioners, community health workers, harm reductionists, and policy and evaluation specialists. Our services are available to any government, non-profit, or private entity that provides services to people impacted by the legal system in North Carolina. You can request free technical assistance on our [website](#) or by emailing nctac@unc.edu.



1. Introduction to Pre-Arrest Diversion Programs

a. Overview

Pre-arrest diversion programs are rooted in respect for both public safety and the wellbeing of all community members.

Pre-arrest diversion programs provide law enforcement with another tool to reduce recidivism and improve the wellbeing of people who use drugs, who are at high risk of being charged with low-level offenses related to substance use, such as shoplifting, petty theft, illicit drug use, sex work, or possession of drug paraphernalia. Instead of being arrested, individuals facing these low-level charges can be referred to the program and be connected to a range of treatment, harm reduction, and social support services provided by case managers and local community partners.

All pre-arrest diversion programs must have these characteristics:

- **Pre-arrest:** Participants are diverted to case management before any charges are made
- **Non-coercive:** Participants are never compelled or forced to participate in the program
- **Participant driven:** Participants set their own goals, pace, and priorities for positive change and recovery (which might not include abstinence)

The most successful pre-arrest diversion programs meet people where they are on their path to recovery, with the goal of helping them achieve stability and wellness. For many, stable housing, employment, and social connection are important prerequisites to recovery. In addition, return to use, or “relapse,” is normal for people recovering from a substance use disorder. As a result, pre-arrest diversion programs should never require abstinence or sobriety to join or remain in the program.

Given the addictive properties of some substances, stopping or reducing use can be a challenging process that may require clinical support. Some drugs affect the brain and body in ways that can make quickly stopping use difficult or dangerous. In addition, substance use may provide concrete benefits for a person. For example, someone who is unhoused may find that certain drugs help them stay more alert and vigilant to compensate for a lack of protective shelter. The unrealistic expectation that people in chaotic or disordered substance use will immediately quit upon entry into a program can keep people from engaging in the services that can reduce their risk of harm.



What I like about the LEAD program is the availability of someone being there for you and not judging you. Especially when you're battling an addiction, a lot of people will look at you very differently without knowing the whole story...I was on drugs but I'm still a very good person and I'm still smart. But I made mistakes. Everybody makes mistakes, but they didn't treat me any different and they were there for me... they didn't give up on me."

– NC LEAD Participant

Pre-arrest diversion programs prioritize basic needs, improved health, and safety while acknowledging that there are many pathways to recovery.

b. Evaluation of LEAD Programs in North Carolina

From 2019-2021, a team at the Wilson Center for Science and Justice at Duke Law and the Psychiatry Department in the Duke School of Medicine conducted an evaluation of four LEAD programs in North Carolina (Waynesville, Catawba County, Fayetteville, and Wilmington). Researchers looked at program records and talked to law enforcement officers, treatment providers and community partners, and program participants to understand how the programs were working and to identify ways to improve them.

Compared to people who did not engage in the LEAD program, participants who were engaged in the program 1) had fewer additional citations and arrests, 2) attended more behavioral health appointments, and 3) were more likely to use medications for opioid use disorder. In addition, participants said that positive and non-judgmental experiences with the LEAD team contributed to their personal successes.

The study team also learned about ways to improve the programs, particularly around enrollment and engagement. Addressing program challenges could lead to even greater returns for both law enforcement and the local community. Recommendations and case examples in this handbook are based on lessons learned from this study and from the direct experience of our team members in the field.

You can access the summary findings and read the full NC LEAD evaluation report on the [Wilson Center's webpage about the project](#).



I haven't used heroin in 10 months. So, that's the longest I've ever went without using heroin...I feel like if it wasn't for the LEAD program, I would be dead."

- NC LEAD Participant



2. Assembling Your Team

The first step in starting a pre-arrest diversion program is getting buy-in from organizational and community leaders and convening a diverse coalition of professionals who are interested in diversion.

a. Who Should Be Involved?

The most successful pre-arrest diversion programs start with a strong team that includes:

- **Law enforcement agencies**

- Depending on the planned jurisdiction for the program, it is critical that the police chief and/or sheriff is supportive of the program before it launches.
- Community Affairs or Homeless Liaison Officers (if you have them) and other potential champions are important to engage in the planning process.

- **District attorney's office**

- The district attorney (DA) must be in support of the program and appropriate arrest diversions; if not, the DA could choose to pursue charges even if the officer attempts to divert.
- DA staff representatives will often participate in case staffings as an important part of the diversion program team.
- If the DA is not yet supportive of a diversion program but the community sees the need, a program could start by diverting misdemeanor charges and making social referrals.

- **Probation and parole offices**

- Local probation and parole officers should be aware of and ideally in support of any diversion programs, as these officers may interact with or offer resources to participants.

- **Case management/peer support agencies**

- The most successful programs in NC have had an experienced organization outside of law enforcement provide these services.
- A team of case managers and peer support specialists will be needed to work with participants after enrollment. Identifying the organization that will hire and manage this team and including case managers and peer support in the planning process supports effective program implementation.
- Working with an organization in your community that already hires and manages peer support specialists can save start-up time, while also providing the structure, supervision, and support that individuals need to thrive in these case management roles.

- **Treatment providers and community resource organizations**

- Because program participants may need clinical care and/or community-based supports, involvement of these providers on the planning team helps facilitate a smooth referral process.

Peer support specialists are individuals with lived experience who are trained to help people in their substance use and mental health recovery. They offer field-based support, and can help participants navigate systems for housing, employment, and treatment. Learn more on the [NCDHHS webpage](#).

- Such partners may include the local opioid treatment program (“methadone clinic”), behavioral health crisis centers, outpatient treatment clinics, syringe service programs, departments of health and of social services, and Federally Qualified Health Centers.

- **Local Management Entity/Managed Care Organization (LME/MCO)**

- The LME/MCO that manages and funds public behavioral health treatment services in your region may have additional resources or public funding for health care services for your participants.

b. Getting Partners on Board

Many decision makers (such as elected officials) and partners listed above have common goals. Pre-arrest diversion programs can help communities meet these goals. Below are some suggested talking points when discussing your program with potential champions. Think strategically about which of your supporters could best share these messages. All of these ideas will be better received if delivered by a relatable messenger. For example, a law enforcement leader can more easily describe the program to other law enforcement officers.



Goal: Save time and resources and focus on high-priority public safety needs in the community.

Suggested talking points

- Diverting arrests and making referrals to the program takes less time and requires less paperwork for the officer than the full booking process.
- LEAD programs have been shown to reduce illegal activity among participants. Reducing illegal activity reduces calls to service, resulting in less officer time spent on calls and less wear and tear on vehicles. This reduction in demand saves money and frees up time and equipment to dedicate to more pressing public safety needs.

Goal: Reduce the census in detention centers, which are frequently overcrowded and understaffed and are not well-suited to treat substance use disorders and other health issues.

Suggested talking points

- Diverting individuals from arrest to supportive services immediately results in fewer arrests and therefore fewer people in the detention center. This reduces costs in the facility, to the county, and to taxpayers.
- The [North Carolina LEAD evaluation](#) showed that individuals who actively participated in a LEAD program had a 50% reduction in arrests in the 6 months following enrollment. A reduction in future arrests means fewer people in the detention center.
- Connecting individuals with substance use disorder and/or other mental health issues to supportive services and treatment, rather than incarceration, reduces the burden of handling these health issues in the detention center.

Goal: Address officer burnout.

Suggested talking points

- Having a program to refer “familiar faces” to as an alternative to arrest provides officers with another “tool in their belt” that can help break the cycle and make these encounters more productive and solution oriented.
- Learning of positive changes that individuals experience while participating in a pre-arrest diversion program can boost morale for the referring officer.

Goal: Reduce overdose and improve health.

Suggested talking points

- People leaving prison in North Carolina are 50 times more likely to die of overdose in the first 14 days of being released than people in the general population. Reducing incarceration rates reduces overdose in your community.
- Connecting people who use drugs to treatment and supportive services is an effective way to help prevent overdose and improve health.
- Providing support and compassion to people who need it is a humane response to chronic health problems like addiction.

As a reminder, pre-arrest diversion professionals with NC-TAC are available to provide free technical assistance and support to your team. Technical assistance can include coaching and support with pre-arrest diversion training, policies and procedures, and navigating challenges.

Request free technical assistance from the North Carolina Technical Assistance Center (NC-TAC)

The [LEAD Support Bureau](#) also has many resources, including a [detailed toolkit](#), to help guide program implementation, policy, and practice.

3. Designing the Program

Once you have assembled your team, it is time to develop the specific features of your program, including policies and procedures that will guide operations. This phase includes defining eligibility criteria, developing protocols and intake assessments, and establishing primary objectives for case managers and peer support specialists in their work with program participants.

a. Eligibility Criteria

All key stakeholders need to be involved in defining eligibility criteria for the program, including law enforcement leadership and the district attorney's office.

Without consensus on criteria among these parties, the program will struggle to operate effectively.

Eligibility criteria will vary for each program; and, be based on consensus among program partners, keeping in mind how the program will be accepted by decision makers and community members.

Some of the most common charges that are eligible for diversion include (but are not limited to):

- Petty theft (shoplifting, etc.)
- Property crimes
- Trespassing
- Sex work (e.g., prostitution)
- Drug possession (in quantities determined to be for personal use)
- Drug paraphernalia possession

Here is an example of criteria used in programs operating in North Carolina:

Adults who have committed a victimless criminal offense and have been identified as a user of controlled substances may be eligible for diversion and may be referred to the diversion program, **except when:**

- The individual is under the age of 18;
- The individual does not appear amenable to the program (i.e., violent upon initial contact, psychotic, threat to self or others);
- The quantity of drugs involved exceeds what would be considered personal use amounts or reaches a trafficking threshold;
- The individual appears to exploit minors; or,
- The individual has a disqualifying criminal history such as convictions for homicide, vehicular homicide, arson, robbery, kidnapping, human trafficking, sexual assault offenses, convictions involving firearms or deadly weapons, or any attempt of the violent crimes listed.

Additional considerations:

- Individuals are eligible for diversion regardless of their race or gender. Individuals must be a resident of the jurisdiction.
- Individuals who do not meet the threshold criteria above may be referred to diversion on the recommendation of the jurisdiction's police department/sheriff's office or the district attorney's office with final approval by the district attorney or their designee.
- Diversion participants who incur additional criminal charges while participating in the diversion program will not necessarily be discharged from the program. Their involvement and progress in the diversion program may be considered by the prosecutor or the court in subsequent charging, plea offer, or sentencing decisions.

When defining eligibility criteria:

- Ensure that drug-related policy does not exclude any specific drugs. Most street drugs are contaminated (e.g., powder cocaine may be mixed with fentanyl), so polysubstance use is the norm. The user may not be aware of what is in their possession.
- Consider whether individuals on supervised or unsupervised probation will be eligible. Supervised probation requirements (e.g., sanctions for positive drug screens) are in contrast with some of the core principles of diversion programs and may be considered an unworkable match. Ideally, diversion program staff and community corrections can build a partnership to allow all individuals on probation who are otherwise eligible and could benefit from program supports and services to participate.
- Consider accepting a wide range of past convictions and having a shorter look-back time period for past convictions (e.g., 5 years instead of 10 years) and allow some flexibility for case-by-case eligibility assessments.

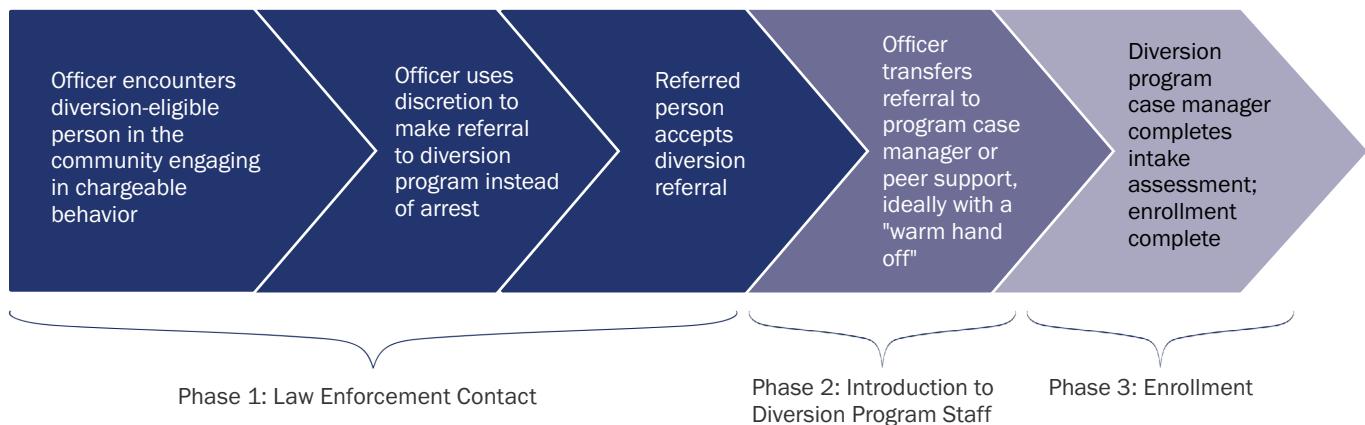
The evaluation of LEAD programs in NC found that programs were most successful when they had inclusive criteria that allowed unsupervised probation and a wide range of past convictions.

As with most policing-related decisions, referral to the program is always at the discretion of the officer.

b. Creating a Referral Process

The referral and enrollment process must be clearly developed and documented in advance of program launch. This section describes two main types of program referrals: (i) arrest diversion and (ii) social referrals.

i. Arrest Diversion



During a law enforcement encounter in the field where a chargeable offense is identified, **arrest diversion** occurs when an officer chooses to set aside charges and instead refer someone to the program. During an arrest diversion, the following steps typically occur on site:

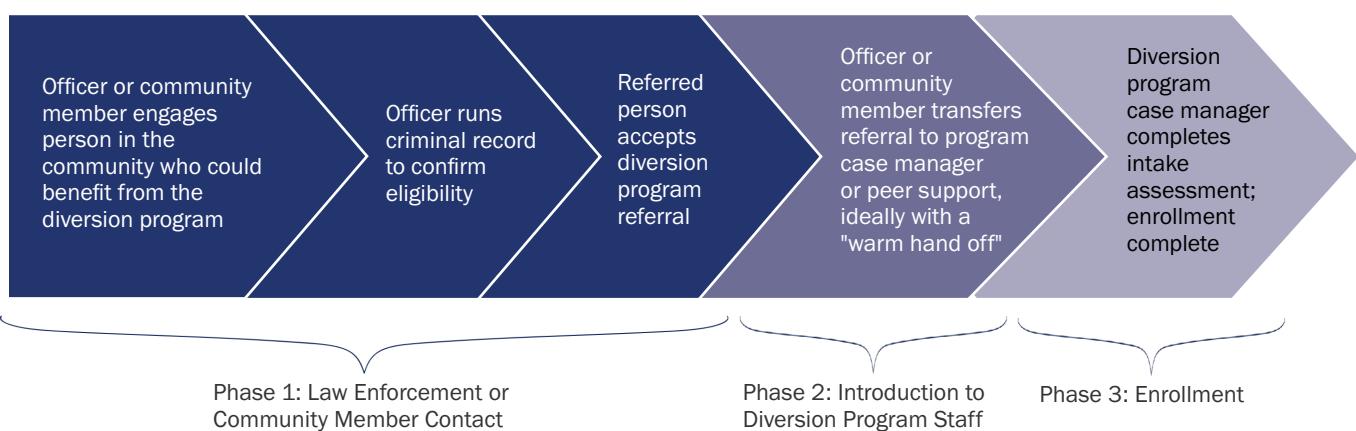
- A law enforcement officer associated with the program will run the individual's criminal history/involvement to see if they meet the eligibility criteria.

- If the individual is eligible, the referring officer will describe the program to them, including that the charges will be set aside if the individual signs up for the program.
- Individuals who want to be referred will complete a short screening form that collects demographic and contact information, what services are needed, and reasons for the referral. As part of the screening form, they will sign a release of information that allows the law enforcement agency to share the information with members of the staffing team. The screening form and release of information can be completed by any program staff – it does not have to be the referring officer.

As soon as [an officer] can get on the phone and [the case manager] can get there and we can fill out paperwork, it may be faster than a traffic stop. But there may be times where it's late at night or if you're...on an overdose...it could be a couple hours, but it's not any different than...what a normal call would consist of anyways."

- NC Police Officer

ii. Social Referral



It was odd having an officer actually be like, 'Hey, this could benefit you and we don't want you to be arrested, we want to help you, get you some help.' And that was just very weird. I was like, 'What?' That blew my mind... the whole situation really confused me, and I think that was one of the reasons why I really didn't understand what was going on whenever [the LEAD staff member] came out to the house. I didn't know who he was or what he stood for or anything like that, because I was so used to, 'Hey, you're going to jail'...I'd never heard of anything like that before."

- NC LEAD Participant

Social referrals can occur anytime, including when the individual is not at immediate risk of arrest. Social referrals can be led by a law enforcement officer during any interaction with the community. Community members can also make social referrals for themselves or on someone else's behalf without law enforcement involvement during the referral process. However, law enforcement still must check whether an individual meets the eligibility criteria before the individual can participate. Participants who enroll after a social referral receive the same programming as those who enroll after an arrest diversion referral. In the evaluation of NC LEAD programs, the majority of referrals were social referrals.

Protocols should be in place to process both arrest diversion and social referrals. Sample protocols are available in our online [Sample Policies and Forms](#).

c. Handoff to Program Staff

After a referral is made, the participant is directed to program staff for more substantive intake and enrollment.

Each program will have a different handoff plan based on the availability of program staff and the preferences of the program team. Consider the following questions when planning how participants will be directed after their initial referral:

- **What does a handoff entail?** The handoff should include directing the participant to the next step toward intake, conducted by program staff. A “warm handoff” involves directly escorting the participant to program staff in the moment. When warm handoffs are not feasible (such as after business hours), the law enforcement officer should provide a card with the program's contact information and instruct the participant to connect with program staff, ideally within 48 hours.
- **When do participants need to complete their intake?** Most programs have a deadline (ranging from 1-4 weeks) for potential participants to complete their intake assessment with a case manager. In the case of an arrest diversion, if a participant does not complete an intake assessment within the specified time period, the arresting officer may choose to refer the original charges to the district attorney's office. Intake deadlines should not be imposed for social referrals, but instead be followed up with field-based outreach if possible.
- **Where do participants need to go for their intake?** To complete their intake, individuals will need to meet with case management staff. Many programs employ a field-based case management approach in which peer support specialists or other program staff form an outreach team that meets potential participants in the field to conduct intake or transport them to the case manager's office. Since referrals can occur at any time of day, consider how the handoff process may be different outside of business hours. If you have any 24-hour services (such as a mobile crisis unit), you could partner with them for intake at any time of day. If you do not have services available outside of business hours, the participant should be asked to report to the service provider the next business day or during the following week.
- **How will participants get to the intake location?** Consider how participants will be transported to the intake location, including any potential officer responsibilities. If program staff are not available or it is outside office hours, referred individuals will be instructed to contact program staff to arrange transportation or go to the case management office for their intake assessment.



d. Intake and Enrollment

The intake process will look different for each program based on staffing, organizations involved, and resources available in the community. Intake processes typically include a comprehensive assessment of the participant's housing and employment status, health history, and what supports and services they need or want (examples include harm reduction resources, substance use treatment, mental health care, food, or emergency housing). Program case managers conduct the intake assessments. Participants are officially enrolled into the program after the intake assessment is complete.

A sample intake form is included in our online [Sample Policies and Forms](#).

e. Case Management

Once a participant is enrolled in the program, they will need a case management plan with individualized support and appropriate connections to services. The partner organization that provides case management should have trained staff and its own policies, forms, and procedures to guide the process.

NOTE: You will need to ensure that all collaborators, including the case management organization, agree to operate in alignment with the overall values of the diversion program. For effective programs, this includes allowing individuals to participate without requiring them to stop using drugs or start treatment. In addition, the outreach team may offer services, like food or emergency housing, prior to intake if warranted.

Case management is usually provided by the program coordinator, social workers, and/or peer support specialists. While case management must be tailored to the needs of the participant and the available resources, the following recommendations from the NC LEAD evaluation can help shape case management priorities:

- **As soon as possible, and as needed, provide participants with access to free cell phone service.** Contact with participants can be unreliable because of interruptions in phone service or changes in housing and contact information. This instability can lead to the participant disengaging from program staff and services. Conversely, consistent contact with program staff can help keep participants engaged with supportive services and treatment, and boost morale and motivation to make positive changes. Program staff should prioritize securing stable, free cell phone access, even if temporarily.
- **Plan for coordinated handoffs when there is turnover among case management staff.** Staff turnover is common in some agencies and can negatively affect participant engagement. Turnover can cause confusion among



I try to get them to be the best person they can be every day... and if that person's mad, sad, upset, sitting in a corner using, then that's okay. We'll just sit there and talk, you know?... But try to get them to be able to survive long enough really to get help. That's one thing I've seen: if they want it over time... it can happen. It's just having someone there that they know they can call to say, 'Hey, I'm ready to do something different.'

– NC LEAD Program Staff

participants about whom they should contact, and it can be difficult for some participants to build rapport and trust with a new staff person. We recommend that, whenever possible, programs plan for overlap in employment for outgoing and incoming staff members. Outgoing personnel should attempt to personally introduce incoming staff to all the participants on their caseload to smooth the transition and minimize interruptions to participants' connection to the program and supportive services.

- **Establish caseload maximums or caps for full- and part-time staff.**

Consistent engagement with program staff is associated with positive outcomes for participants, and large caseloads contribute to staff burnout and turnover. Overly large caseloads can also lead to staff being unable to meet participants' needs and program goals. Programs should define a maximum number of participants per staff member to help optimize frequency and quality of engagement with participants. More program funding may be required to support additional case managers or outreach workers.

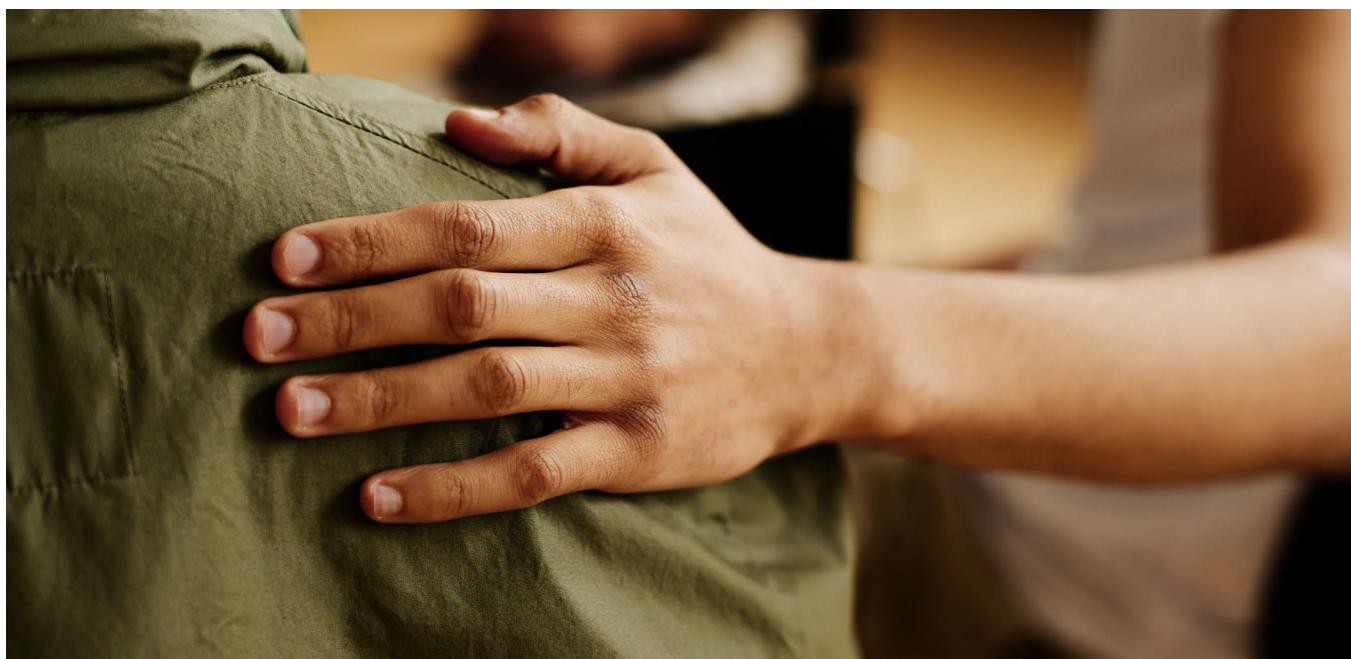
- **Include field-based staff in program operations.**

Field-based outreach teams are essential to successful diversion programming. Being present in locations convenient to participants facilitates enrollment, continued engagement, and use of external supportive services. Lapses in field-based services can have negative impacts on participants and increase the risk of them disengaging with the program. Programs should develop contingency plans for maintaining field-based services in case an outreach team worker needs to go on leave or there is staff turnover.



And [the case manager] just comes to wherever I am...and talks to me, makes sure that he can see me to know that I'm okay instead of just seeing me [text] message it because it's different. I could [text] message it and really not be okay and not be in a safe place, but he just comes out and talks, asks what's going on, and stuff like that."

– NC LEAD Participant



4. Preparing for Launch

Once you have designed the program, you will need to document your decisions by writing up policies. To prepare for a successful launch, you will also need to prepare relevant forms, hire program staff, train law enforcement officers, and educate the public. Consider the recommendations for each step below.

a. Policy and Form Development

Policies that document decisions about program design can be used to guide future decision making and help train new staff and officers. The following policies and forms are needed for all diversion programs. Examples are available in our online [Sample Policies and Forms](#):

- **Program manual or standard operating procedures (SOP)** – to guide program implementation
- **Memorandum of understanding (MOU)** and/or **data sharing agreement** – to be signed by all partner organizations to allow sharing of information about participants among partner organizations
- **Confidentiality agreement** – signed by each staff member agreeing to protect sensitive participant information
- **Screening and referral form** – to be completed by law enforcement with information necessary to determine eligibility and make referrals
- **Release of information form** – signed by program participants to allow sharing of information among organizations that are included in the MOU
- **Case management intake form** – to be filled out by case managers or peer supports with participants with information needed for assessment, service needs, and enrollment

All forms should include clear and specific instructions for completion with examples when appropriate, and be electronic files rather than handwritten when possible. Recognize that policies are living documents and will likely need to be updated regularly to meet the changing needs of the program.

b. Release of Information

A release of information (ROI) allows program staff and partner organizations to share information across agencies when the information may affect participants' safety, wellbeing, and care. Typically, the ROI is developed by the case management agency, as they often have experience with such agreements, and are best able to provide reassurance of confidentiality and promote trust. The diversion program operations work group should review the ROI upon development, if desired.

Most ROI's last only one year (per standard case management guidelines). Given that it is common to have inconsistent contact information for participants and to maintain an active ROI, it is strongly encouraged for programs to keep a running log of upcoming expiration dates to allow enough time to contact the participant to sign a new ROI.

NOTE: Information about participants should not be shared unless it is necessary to facilitate or deliver supportive program services.

c. Staffing

The diversion program should be staffed by individuals who are already employed or hired by partnering case management or peer support agencies. At a minimum, this team should include the following roles:

- **Case Manager(s)** provides service coordination for participants in the program. Case managers are responsible for conducting intakes, making referrals, and coordinating services. Case managers may be social workers and/or peer support specialists.
- **Peer Support Specialist(s)** have lived experience with substance use and/or mental health challenges. Certified peer support specialists are trained to provide personalized support to individuals receiving case management (e.g., help navigating social service systems, support with problem solving). Peer support specialists' own lived experience informs their approach to participant engagement and can help facilitate a stronger connection with participants. Some peer support specialists may also have their own personal experience with the criminal legal system or may share other similar characteristics with their participants (e.g., are the same gender, speak the same language, or grew up in the same neighborhood). This provides another level on which they can relate to and connect with participants' experiences.
- **Program Manager(s)** are responsible for the administrative functions of the diversion program and interface with all program partners. Programs are more likely to be successful if they have a dedicated program manager who supports consistent implementation of program activities – such as acquiring or managing funding, organizing regular training sessions for officers, tracking program outcomes, and promoting services in the community – that other program partner staff may not have sufficient time to undertake given their direct service responsibilities. A program manager can also undertake quality control and process improvement activities, like educating stakeholders about referrals, improving communication with participants, and strengthening data collection. Ideally the program will have at least one full-time program manager; however, the tasks and responsibilities described here could be divvied up and distributed to multiple other program staff with strong coordination between them.

d. Training and Support for Officers

To successfully identify and refer participants to the diversion program, officers need consistent training, support, and encouragement from their law enforcement leadership. Adequate training will increase referrals and reduce the chances of miscommunication about and misrepresentation of program goals and criteria. For example, undertrained officers may consider diversion to be an opportunity to coerce people into treatment. This misunderstanding can, in turn, be communicated to prospective participants during referrals, potentially causing reluctance to enroll in the program among people who are not ready for treatment. Programs should develop talking points or scripts about the program to be communicated at each referral accurately describing the services and benefits that the individual could receive as a participant. Referral cards are also an important resource for officers so they can read off the important points of the program and share the card with potential participants.

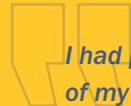
The North Carolina Technical Assistance Center (NC-TAC) offers trainings to officers and agencies that include crisis intervention training (CIT), Diversion/LEAD 101, and trauma-informed approaches, among others. NC-TAC includes former and current officers who can speak from the law enforcement perspective in these trainings. Request free support from NC-TAC using this [online form](#) or by emailing nctac@unc.edu.

In addition to diversion training, successful programs in North Carolina regularly work to increase and maintain officer buy-in and awareness about the diversion program by:

- Providing training about substance use disorders, harm reduction, and your diversion program for every new officer
- Conducting refresher trainings regularly for all officers
- Updating officers on the progress and well-being of the people they referred to the program
- Engaging high-ranked and highly respected officers to promote and champion the program among colleagues
- Promoting one-on-one conversations and mentorship between officers who make diversion referrals and those who do not.

e. Community Outreach and Education

Successful diversion programs promote visibility of their services via media channels and community meetings. To build support and encourage social referrals from a variety of groups, the National LEAD Support Bureau recommends inviting input from and sharing program impacts with business associations, advocacy groups, participants' families and social networks, and people in the community who use drugs. Greater community knowledge and support of the program can improve officer buy-in and potential participants' willingness to accept the program referral when offered.



I had [this attitude] for most of my career...I didn't really understand the nature of the disease...You're a police officer; you handle the problem, you move on to the next call for service. You don't really receive...a lot of understanding of what's going on from a neurological perspective. Now, we're finally getting that..."

– NC Police Officer



Where I was living...it was drugs all around, so when...LEAD stepped up and helped me move into an apartment, that's when I got away from the other drugs so I wouldn't be around it, and it wouldn't be a temptation."

– NC LEAD Participant



Fayetteville Police Try a New Approach to Drug Crimes

WUNC | By Elizabeth Friend
Published May 18, 2016 at 1:23 PM EDT



When Fayetteville launches its [Law Enforcement Assisted Diversion \(LEAD\) program](#) this fall, it will be the first city in the South to try a new approach to policing drug crimes.

The LEAD program keeps low-level repeat offenders out of jail by giving officers discretion to refer them to addiction treatment programs instead.

5. Overseeing and Implementing the Program

Once your policies and procedures are in place, staff are hired and trained, and your community is aware of and bought into the program, service implementation can begin. Implementation involves ongoing referrals to the program, case coordination through staffing meetings, and case management in the field.

a. Staffing Meetings for Case Coordination

Any diversion program should have oversight from a coordination group with representatives from each partner organization on the team. The coordination group will conduct “staffing” meetings on a regular basis determined by the program (e.g., monthly, biweekly, weekly). During staffing meetings, program staff go through a roster of both “active” and “inactive” program participants to discuss current challenges, successes, needs, and new developments since the previous meeting. All participating staff and representatives in the coordination group discuss a plan to meet each participant’s needs and maintain their engagement with the program. The jurisdiction’s crime analyst can bring forward any subsequent charges

participants may have received for discussion. These meetings are generally organized by the program manager, are facilitated by the lead case manager, and include peer support specialists and representatives from the district attorney’s office, law enforcement, treatment centers, LME/MCOs, partner organizations, and any other key players that can support participants.

Staffing meetings are also used to discuss any administrative, funding, operational, or policy and procedural issues as identified by the group.

Active participants are individuals currently engaged with program staff, even if this engagement is sporadic.

Inactive participants are individuals who have stopped engaging with program staff.

Regardless of the circumstance that leads to an “inactive” status, participants may reengage with the program at any time, at which point their status should be changed back to “active.”



People from different informational silos and different experiences collaborate on this person...this intensive case management, that's the secret sauce. You get everybody around the room...everybody is there, and everybody has got their little piece of information. When you put them all together, you get a fuller picture about what is going on with this person, and maybe we start to understand why they haven't returned text messages in the last two weeks...So, it's just this wealth of information that we can make operational decisions on the basis of, and that really doesn't happen. Cops rarely talk to nurses, rarely talk to mental health providers, rarely talk to EMS folks. We're not talking to each other. This system requires that you see the benefits of it."

– NC Police Officer

b. Field-Based Case Management

For diversion programs, field-based case management delivered by your case management partner is the most effective way to reach participants. Field-based case management includes regular, frequent outreach by the outreach team to participants in the community, meeting them literally where they are to offer support and connections to services. Because participants often lack access to basic resources like reliable transportation or stable housing, they may struggle to engage with traditional, office-based case management that requires travel to a fixed location.



He just recently helped me get into a domestic violence shelter...He's helped me with filling out income-based apartments. He's helped me with getting into my doctor's office I go to now for substance abuse. Therapy, he's helped me get in therapy, just with filling out applications, taking me to interviews, just anything that I need."

– NC LEAD Participant

c. Active vs. Inactive Participants

Successful pre-arrest diversion models like LEAD make services available to participants on an ongoing basis, without a specified end date or “graduation.” To help organize case staffing meetings and review the progress and needs of program participants, a status of “active” or “inactive” is assigned. Status is reviewed and updated as needed during case staffing. “Active” participants are currently engaged with program staff, even if this engagement is sporadic. “Inactive” participants are individuals who have stopped engaging with program staff.

Regardless of the circumstance that leads to an “inactive” status, participants may reengage with the program at any time, at which point their status should be changed back to “active.” Participants may disengage for different reasons, including no longer needing or wanting services, having achieved their goals and doing well, or having moved out of the jurisdiction. A participant may also become inactive when program staff are unable to locate or contact them for a prolonged time. Program staff may also attempt to reach out to inactive participants at their discretion.

d. Handling Subsequent Law Enforcement Interactions

Following referral and enrollment into the diversion program, law enforcement interactions involving a chargeable offense by an active or inactive participant should be handled on a case-by-case basis and consider the participant’s circumstances and situational context. During those interactions, the officer runs the individual’s information and see that the individual is a diversion program participant. The officer would then use their discretion on how to proceed. In cases of a program participant receiving a new charge, both the DA’s office and program staff are alerted by the jurisdiction’s crime analyst and, ideally, arrive at a joint decision about whether to pursue prosecution or drop the new charge. It is important to note that program participation does not constitute a “get out of jail free card” for subsequent criminal charges.



6. Learning from the Field

Scenario 1: Typical Referral During Business Hours

A middle-aged man is detained by an officer during a traffic stop and found to be in possession of 1 gram of cocaine. The detaining officer verifies eligibility criteria for the diversion program via their mobile computer terminal (MCT). The man qualifies, is offered enrollment in the diversion program by the officer, and accepts. The officer fills out the initial screening form and calls peer support staff to assist on scene. Peer support staff responds to the officer's location and engages with the man to discuss next steps and plan for intake. The peer support specialist reaches out to the case manager to schedule and facilitate the intake and escorts the man to the case manager's office for intake and enrollment.

Once enrollment is complete, the officer no longer has responsibility for this case. There is no need to obtain a warrant for the cocaine possession because the individual is now officially a program participant and has completed the intake within the required period. The case manager and peer support collaborate to provide wraparound harm reduction-based services to the new participant.

Scenario 2: Referral in the Middle of the Night

A young woman is detained for loitering for prostitution at 2 A.M. in an area of the city known for sex work. The officer checks their MCT and sees that she meets the criteria for the diversion program. The officer explains the diversion program to the woman, and she accepts the referral. Peer and case management staff are unavailable between 5 P.M. and 8 A.M. The officer completes the screening form and provides the woman with contact information for peer support. The officer then emails or texts the woman's detailed contact information to the outreach team. The following morning, peer support attempts to make contact with the woman via phone or in-person. Once contact is made, they arrange for an intake appointment with case management and provide or facilitate transportation if needed. Once intake is complete and the woman is officially enrolled, the officer no longer has responsibility for the case. If the woman is unable to be reached or chooses not to complete the intake within the allowed timeframe, the officer may choose to obtain a warrant for the original offense.

Scenario 3: Handling of New Charges on an Active Participant

A young man is found with drug paraphernalia and does not have proof of being a syringe service program participant. When running the young man's name in the MCT, the officer sees that he is a part of the diversion program. The officer moves forward with charging the participant for possession of drug paraphernalia whether by citation or physical

arrest. At the next case staffing meeting, the jurisdiction's crime analyst brings the charge to the attention of the team. Depending on the circumstances of the participant and their progress in the program, the peer staff and case manager may advocate for the charge to be continued or dismissed by the DA's office. After receiving input from the arresting officer, the DA may choose to continue or dismiss the charge.

Scenario 4: Intake Assessment Not Completed

A middle-aged woman is found to be in possession of 0.5 grams of fentanyl during a regular traffic stop. Thinking the woman may be a good candidate for the diversion program, the officer checks her eligibility in the MCT. The officer describes the diversion program to the woman. She accepts the referral to avoid arrest and connects with peer support staff to discuss the intake process. The woman says that she is not ready to complete the intake process and needs more time. Peer support informs the woman that program policy requires her to complete the intake within two weeks. After the intake window has closed, the woman has still not completed the process and tells peer support staff that she is no longer interested in the program. The referring officer is alerted by program staff and then may choose to obtain a warrant for the original possession offense.

Scenario 5: Social Referral

An officer is made aware of a resident who may be a good fit for the diversion program due to their involvement in frequent low level criminal activity related to their substance use. The officer screens the resident for eligibility and approves them for referral. The police officer tells the outreach team about the resident and their eligibility for the program. The peer outreach worker visits the resident in the field to explain the program and offer enrollment. The individual accepts, and the peer outreach worker completes the screening form and arranges for their intake and enrollment with the case manager. The services offered to them through the program are the same as any other program participant. Since there is no pending arrest associated with the referral, there is no consequence if the individual does not complete the intake after referral.



7. Improving Program Quality and Measuring Success

Evaluation and quality improvement are important components of all successful programs. It is important to regularly evaluate the program to identify ways to improve processes and services over time and to make sure the program is meeting its intended goals. Results can be used to report successes to funders, present impacts to program and community leaders, and support any proposed changes. To guide program development and document your story, plan and budget for the following activities:

a. Decide Which Data to Collect

At a minimum, pre-arrest diversion programs should collect and maintain the following information on all enrolled participants:

- **Demographics** including age, self-identified gender, and self-identified race and ethnicity
- **Detailed contact information** including phone number(s), place(s) of residence, and any other ways to contact and/or locate the participant
- **Program eligibility criteria that were met**
- **Circumstances of their referral:** arrest diversion vs social referral
 - Charge they were diverted from (in the case of arrest diversions)
 - Name of referring officer
- **Active or inactive participant status**
 - Reasons for inactive status, if applicable, e.g., moved out of jurisdiction, deceased, incarcerated, communication lost, stable and with no current program needs
- **Ongoing case notes** on service connections and major milestones (e.g., treatment, housing, food assistance) with key dates
 - Services needed
 - Referrals made
 - Linkages to services completed
 - Major milestones like changes in housing or employment status
- **Dates and descriptions of any new criminal justice involvement**

To better measure the quality and reach of your services and identify strategies to improve policies and operations, **consider collecting the following data as well:**

- Information on **individuals who were referred to the program but declined enrollment:**
 - Collect demographics including age, self-identified gender, and self-identified race and ethnicity to help understand who the program is not reaching.
 - Document reasons why individuals decline or are deemed ineligible for the program.
 - This information can inform collection of feedback on the program from eligible community residents.
- **Time taken for law enforcement officers to make each referral:** This information can be used to assess time savings for officers during arrest referrals.
- **Participant satisfaction data** to understand how participants experience the program and elicit their ideas for improvement.

b. Identify Your Data Sources

Much of the data you decide to collect will be recorded on program forms, including (but not limited to) referral forms, screening forms, intake assessment forms, notes from case staffing meetings, and case files. Each of these is considered a data source.

Take time to consider each of your data sources and answer the following questions. Consider documenting your answers in a data collection plan that addresses the following questions.

- **What information is included in this data source?**
- **Who is responsible for managing program data?**
 - If possible, at least one staff person should manage the responsibilities of a data manager to store and organize data, review sources for accuracy and completeness, and compile information. Additional team members should be identified for back up.
- **How often is data entry updated and completed?**
- **How often is each data source reviewed and compiled?** We recommend compiling the data at least monthly.
- **Where will the data be stored?**
 - Data should be stored securely in locked cabinets or on password protected servers, computers, or files. Only individuals who have signed the confidentiality agreement should have access to the data.

c. Organize Data for Analysis

The data manager should organize the information by participant so that program staff can easily find the information they need. Only individuals who have signed the confidentiality agreement should have access to the files. Data can be collected, organized, and stored in two ways:

i. Electronic Databases (Recommended)

Collecting and storing your data electronically will improve data quality and make analyzing and summarizing data across participants easier. We recommend collecting data into electronic forms or entering them into an electronic database on a regular basis.

When setting up your data entry system, make sure there are clear instructions on how to enter and collect the data. Many electronic data entry programs have features that reduce human error and ensure data collection is complete.

Once your data is stored electronically, you can create a participant database in Microsoft Excel or a similar program. In the participant database worksheet, each participant is represented by one row of the sheet. Each column represents a category of data (e.g., age, race, gender, program status, etc.). Compile the data you want to track in this single sheet. The participant database makes all participant information easily accessible and is an important tool for facilitating case staffing meetings. Reach out to NC-TAC for support with organizing your data electronically (nctac@unc.edu).

Benefits of Electronic Data Management

- Password-protected for privacy
- Programmable features like data requirements for quality
- Easy analysis in spreadsheets

ii. Paper Files

Paper forms may be easier to fill out in the field than electronic sources. If you are using paper forms, each participant will need a separate paper file. Separate paper files make it challenging to summarize information across participants. Both types of data (paper and electronic) may be needed.

d. Analyze Your Data

Simple counts and percentages can be calculated easily in Excel and offer powerful insights on program operations and outcomes. Ideally, a member of your program staff who is comfortable using Excel or a related program should be tasked with calculating your program's measures each month. These measures can be presented at case staffing meetings so the whole team can have a summary of program features, participation, and patterns over time. The team can use that information to collectively identify strategies to improve the program. We recommend regularly tracking the following measures, along with any others that are of interest to your team:

- Number of referrals made to the program compared to number of people who accept the referral and choose to join the program (acceptance rate)
- Summary of reasons eligible individuals decline the program when they are referred

- Number of individuals who are referred and complete the screening form compared to number of individuals who completed intake and enroll (enrollment rate)
- Demographics of individuals referred to the program compared to the demographics of the jurisdiction
- Number of officers in the department/office who have made a referral to the diversion program compared to total officers in the department/office
- Number and types of charges among active program participants

e. Seek Help From Trained Evaluators

There are many virtual resources that can teach you and your team about evaluation. The North Carolina Technical Assistance Center has compiled a list of [generalized evaluation resources](#) and [diversion specific evaluation resources](#) on our website, including data collection templates. If you would like support conducting any activities related to quality improvement or evaluation, please reach out to NC-TAC by visiting [our website](#) or emailing us at nctac@unc.edu.



8. Funding Programs

Many pre-arrest diversion activities can be implemented with little or no additional funding. However, additional funds are helpful to hire a dedicated case manager and/or peer support specialists and to have funds for emergent participant needs (e.g., short-term emergency housing, food, bus passes). Funding needs will vary based on the size and scope of the program. The following funding sources may be available to support programming in your community.

a. Grant Funding

Grants may be available at the national, state, and local levels. Grants can cover many different expenses, including administrative and staffing support like peer support and case management.

The Police Assisted Addiction & Recovery Initiative (PAARI) maintains a [list of national funding opportunities](#).

Potential sources of state funding include the [Department of Health and Human Services](#) or the [Department of Public Safety](#). Contact the [North Carolina Technical Assistance Center](#) for support identifying state or local funding opportunities.

You may also find private foundations that invest in local or regional programs.

b. Public Funding

Some LEAD programs receive public funding by being fully or partially written into law enforcement department budgets. Costs to law enforcement are generally minimal and usually entail coverage for staffing meetings and trainings.

c. Opioid Settlements Funding

National settlements and bankruptcy resolutions with opioid-related companies are bringing over \$1.6 billion to North Carolina. [The North Carolina Memorandum of Agreement \(NC MOA\)](#) between the State and local governments directs how opioid settlement funds are distributed, used, and reported in the state. In NC, 85% of funds will be distributed directly to eligible local governments: all 100 counties plus 17 municipalities.

The NC MOA contains a list of high-impact opioid abatement strategies (known as Exhibit A) that a local government can choose to fund at any time. Exhibit A, Strategy 10 is “criminal justice diversion programs.” Because all spending of opioid settlements funds must be pre-authorized by the governing board, requests or applications for funding must occur at the local level. Within the parameters of the NC MOA, each local government manages their allocation process differently. You can learn more about the opioid settlements and what your county or municipality is funding at the [Community Opioid Resource Engine \(CORE-NC\)](#) website.

If opioid settlement funds are used, there are specific annual reporting requirements. The impact and financial information reported is made publicly available on the CORE-NC website to create transparency around how funds are spent. There are many helpful resources to prepare programs for the reporting process.

9. Key Takeaways

Embrace a compassionate approach.

- Develop flexible eligibility criteria so that as many people as possible can benefit from the program.
- Meet people where they are by providing the support that they want and voluntarily accept.
- The road to recovery is different for everyone. The first step or destination may not be abstinence from substance use or enrollment in treatment.

Create a process that works for your community.

- Know what will work and be accepted by your community and be willing to reevaluate that regularly.
- Use a quality improvement approach with the goal of providing better services and reaching everyone who needs and wants support.
- Commit to ongoing training and professional development so everyone stays engaged.

Foster and maintain collaborative relationships.

- Create diverse case management and outreach teams staffed by peer support and supportive partners.
- Build and foster support from diversion program champions in your community to sustain the program when there are changes in leadership or staffing.



I would rather have somebody using clean needles...using condoms, and being safe, than all of those things not occurring because they don't feel like they have that kind of support. My goal, whenever we have somebody who comes in for syringe exchange, is to start that conversation to build rapport. Hopefully, at some point, they'll say, 'You know what? I actually [feel] like coming for treatment now.' It may not happen that first day, and that's okay. It may come six months down the road. But during that time period, maybe they don't ever get HIV or hep C, and they don't overdose."

– NC LEAD Program Partner

10. Frequently Asked Questions (FAQs)

1. How does a pre-arrest diversion program improve public safety?

Pre-arrest diversion programs help individuals address the challenges in their lives that may lead to criminal behavior. Individuals may commit low-level, non-violent crimes to survive in cycles of chaotic drug use and withdrawal. Diversion programs give them the opportunity to engage with social services instead and find the support they need to stabilize their lives. Studies have shown a 50% reduction in new arrests after enrollment in LEAD programs. Diversion programs save law enforcement officers time and allows them to focus on more urgent public safety issues and violence.

2. Are pre-arrest diversion programs expensive?

Diversion programs are relatively inexpensive and cost-saving. Salaries and local travel for peer support and case management staff are the largest budget items. These positions may be housed within the law enforcement agency and/or a partner organization. Costs could be funded by grants, the county or city budget, or opioid settlement funds. Costs to the law enforcement agency are generally low and usually include the officer or staff time spent in staffing meetings and trainings. Diversion programs also save money because they save officers time through reduced future arrests and reduce the number of individuals in the detention center or court system or under community supervision.

3. How can I assure my community that a pre-arrest diversion program is worth the investment?

Many community members and decision makers (like elected officials) have common goals like improving public safety and health and saving money. Pre-arrest diversion programs can help communities meet these goals. When presenting the program to your community, consider which goals will resonate most with them and refer to the talking points in the [Getting Partners on Board](#) section of this document to make the case for your program. In addition, it is best if the messenger is as relatable as possible to the intended audience. For example, law enforcement officers may be more apt to listen to or trust fellow law enforcement officers from other jurisdictions that have worked on similar programs. People with lived experience with drug use or arrest may be more open to engaging with peers or case managers who can speak to how the program has helped others like them. By regularly sharing successes and accepting social referrals, you are more likely to maintain community buy-in and sustain continued investments in the program.

4. How long do people participate in the program? When do participants “graduate”?

Participants do not graduate from the program and can be in the program for as long as they want and need services. Even after some stability and wellness are achieved, an individual may return to use or experience a major stressor (e.g., loss of a loved one, housing, or job). Such events could result in a chaotic cycle or additional hardships. In pre-arrest diversion programs, participants can return to the program and receive support from the team.

When participants are in a period where they do not want or need services, they are placed on an “inactive” list and have minimal engagement with the program. The “inactive” participant can contact the program team and re-engage with services anytime.

5. How do we know the program is working?

There are many measures you can use to determine program success. Consider which measures are most important to your program team, your community, and your participants. Pre-arrest diversion programs have been shown to reduce arrests and reduce the number of individuals in the detention center while boosting officer morale. The number and types of connections to care and participants’ self-reported wellbeing are important measures of program impact and participant success. A strong evaluation plan should include measures that are most important to your participants and local community. See the [**Improving Program Quality & Measuring Success**](#) section of this document for more ideas about how to measure program successes.

6. Could we threaten charges to make sure participants go to treatment and/or follow the directions of the case manager?

Threatening charges is coercive and not appropriate for pre-arrest diversion programs. Research shows that mandatory or forced participation in treatment or recovery programs is associated with negative treatment outcomes. Voluntary engagement in services is proven to be much more effective. Pre-arrest diversion programs are not abstinence-based and continued drug use does not result in removal from the program. The evaluation of NC LEAD programs found that people who entered the program via social referral (that is, without any coercion or threat of arrest) were better engaged with the program than people who had arrest diversions.

7. Should we collect urine drug screens from our participants?

No. Urine drug screening and other types of drug testing are not appropriate in diversion programs. Pre-arrest diversion programs like LEAD and others aim to meet their participants “where they are,” which means understanding that while participants want help, support, and services, and have goals for improving their lives, they may not stop using all drugs. Using drugs or positive drug screens should not be reasons to dismiss someone from the program when the goal is to keep participants engaged in services.

Appendix: Websites Referenced in the Handbook

North Carolina Technical Assistance Center: go.unc.edu/nctac

Form to Request Support from NC-TAC: <https://ops.redcap.unc.edu/surveys/?s=A7LCN4PTA83KH3LE>

Sample Policies and Forms: <https://www.med.unc.edu/fammed/nctac/diversion-handbook-templates-and-forms>

NC Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Use Services: <https://www.ncdhhs.gov/divisions/mhddsus>

NC Formerly Incarcerated Transition Program: <https://www.med.unc.edu/fammed/service-to-the-community/clinical-care/formerly-incarcerated-transition-program>

North Carolina Harm Reduction Coalition: <https://www.nchrc.org>

NC Association of County Commissioners: <https://www.ncacc.org>

Wilson Center for Science and Justice at Duke Law: <https://wcsj.law.duke.edu>

NC LEAD Evaluation: <https://wcsj.law.duke.edu/projects/expanding-pre-arrest-diversion>

LEAD Support Bureau: <https://www.leadbureau.org>

LEAD Support Bureau Toolkit: <http://leadbureau.org/toolkit>

Police Assisted Addiction & Recovery Initiative Funding Opportunities: <https://paariusa.org/funding-opportunities>

Department of Health and Human Services Grant Opportunities: <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/mental-health-developmental-disabilities-and-substance-use-services-grant-opportunities>

Department of Public Safety Funding Opportunities: <https://www.ncdps.gov/dps-services/grants>

The North Carolina Memorandum of Agreement (NC MOA): <https://nc opioidsettlement.org/about/#quicklinks>

CORE-NC (NC Opioid Settlements): nc opioidsettlement.org