

ILLINOIS STATE POLICE DIRECTIVE OPS-092, DEFLECTION INITIATIVES

RESCINDS: OPS-092, 2023-167, revised 08-17-2023	REVISED: 03-24-2025 2025-010
RELATED DOCUMENTS: ENF-019, ENF-020, OPS-043, OPS-044, OPS-045	RELATED CALEA STANDARDS (6th Edition): 1.1.3, 1.2.6, 1.2.7, 44.2.1, 44.2.4

I. POLICY

The Illinois State Police (ISP) Division of Patrol (DOP) and Division of Criminal Investigation (DCI), in partnership with the Metropolitan Enforcement Groups (MEGs) and Multi-Jurisdictional Task Force organizations participating in the Deflection programs funded by the Illinois Department of Human Services (IDHS), will follow Treatment Alternatives for Safer Communities (TASC) Center for Health and Justice's Solution Action Plans (SAPs) developed for their units in their respective jurisdictions to ensure effective use of available resources.

II. DEFINITIONS

- II.A. Deflection – a program in which a peace officer or member of a law enforcement agency or other first responder facilitates contact between an individual and a licensed substance use treatment provider or clinician for assessment and coordination of treatment planning, including co-responder approaches that incorporate behavioral health, peer, or social work professionals with law enforcement or other first responders at the scene. This facilitation includes defined criteria for eligibility and communication protocols agreed to by the law enforcement agency or other first responder entity and the licensed treatment provider for the purpose of providing substance use treatment to those persons in lieu of arrest or further justice system involvement.
- II.B. Deflection Specialist – a person contracted to coordinate and oversee Deflection services assisting persons in gaining access to needed social, educational, medical, substance use and mental health treatment, and other services. This position is funded by the Department of Human Services (DHS) and employed by TASC.
- II.C. Juvenile – any person under 18 years of age. The ISP will comply with juvenile laws as provided in 705 ILCS 405/1-1 et. seq., the "Juvenile Court Act of 1987" (hereinafter referred to as "the Act"), acting in the best interest of the juveniles and the community.
- II.D. Metropolitan Enforcement Group (MEG) – a combination of units of local government established under 30 ILCS 715/Intergovernmental Drug Laws Enforcement Act, to enforce the drug laws of the State of Illinois.
- II.E. Multi-jurisdictional Task Force – a cooperative investigative/enforcement undertaking directed toward suppression of selected criminal activities and supported by a formal intergovernmental agreement between the Department and municipal/county law enforcement agencies.
- II.F. Participant – an individual engaged in a deflection initiative connected to community-based treatment and services in lieu of arrest or further justice system involvement. Deflection participants are typically identified and referred by law enforcement officers or other first responders in situations where an arrest is not necessary and they meet the defined criteria for eligibility.
- II.G. Treatment Alternatives for Safer Communities (TASC) – an organization that specializes in collaborating with Deflection Specialists, treatment professionals, health insurance navigators, and client advocates to serve communities through justice programs, youth and family programs, treatment and recovery support, and screening and assessment services.

III. PROCEDURES

- III.A. The role of the ISP DOP, DCI, MEGs, and Multi-Jurisdiction Task Forces is to identify any collateral persons associated with an investigation that would be eligible for deflection to a Deflection Specialist. The purpose of deflecting collateral persons includes:
 - III.A.1. Prevent repeated law enforcement contacts

III.A.2. Addressing substance use for community improvement

III.A.3. More choices for law enforcement to improve the quality of life of Illinois citizens

III.B. The six pathways to deflection are as follows:

III.B.1. Self-Referral: An individual voluntarily initiates contact with a first responder agency (law enforcement, fire services, or EMS) for treatment referral. If the contact is initiated with a law enforcement agency, the individual makes the contact without fear of arrest.

III.B.2. Active Outreach: A first responder intentionally identifies or seeks out individuals with a substance use disorder (SUD) to refer them to, or engage them in, treatment or services; outreach is often conducted by a multidisciplinary team that can include a behavioral health specialist and/or a peer with lived experience.

III.B.3. Naloxone Plus: A first responder and program partner (often a clinician or peer with lived experience) conducts outreach specifically to individuals who have experienced a recent overdose to engage them in and provide linkages to treatment.

III.B.4. Officer/First Responder Prevention: During routine activities such as patrol or response to a service call, a first responder conducts engagement and provides treatment referrals.

NOTE: If law enforcement is the first responder, no charges are filed or arrests are made.

III.B.5. Officer Intervention (only applicable for law enforcement): During routine activities such as patrol or response to a service call, law enforcement engages and provides treatment referrals or issues (noncriminal) citations to report to a program. Charges are held in abeyance until treatment and/or a social service plan is successfully completed.

III.B.6. Community Response: In response to a call for service, a team comprising of community-based behavioral health professionals (e.g., crisis workers, clinicians, peer specialists) and/ or other credible messengers (individuals with lived experience), sometimes in partnership with medical professionals, engages individuals to help de-escalate crises, mediate low-level conflicts, or address quality-of-life issues by providing referrals to treatment, services, or case managers.

III.C. Officers shall identify individuals for deflection based upon the following criteria:

III.C.1. No charges present: Individuals with no charges present who may benefit from treatment or services.

III.C.2. Behavioral health concerns: Individuals exhibiting signs of mental health disorders or substance use who are not a danger to themselves or others.

III.C.3. Voluntary participation: Deflection is an entirely voluntary process. Individuals must express willingness to participate in the program and engage with service providers.

III.C.4. Other factors: Individuals experiencing homelessness, poverty, or other social determinants of health that could benefit from assistance.

III.D. Deflection process:

III.D.1. Identification: Upon encountering an individual who meets the eligibility criteria, officers should engage the individual in a conversation about available support services. Officers should provide immediate medical treatment or request EMS, as appropriate.

III.D.2. Eligibility Determination: Officers will use discretion and consider eligibility criteria to determine if the individual qualifies for deflection intervention or if criminal charging is the most appropriate course of action.

- III.D.3. Referral: If the individual is willing to participate in the deflection program, officers will refer them to the Deflection Specialists. Officers should contact the deflection specialist team of the potential deflection case by the preferred method. Preferred methods of contacting a Deflection Specialist are established by each individual site.
- III.D.4. Transport (if applicable): Officers may offer to transport the individual to a treatment facility, shelter, or another safe location to initiate the deflection process.
- III.D.5. Documentation: Officers shall document all interactions with individuals referred to deflection programs, including the individual's consent, reason for deflection, and referral information. DOP and DCI personnel shall document their incident disposition as a Criminal Deflection in TraCS, or the approved MEG report writing program, for all classes initiated by their unit.
- III.D.6. Evidence Handling: Upon the disposition of a Criminal Deflection, DOP and DCI personnel shall follow appropriate evidence handling procedures for any evidentiary items seized during the incident. Division of Forensic Services (DFS) personnel shall be responsible for evidence disposal from any case resulting from a Criminal Deflection initiated by their respective units.
- III.E. The MEG Director, Task Force Commander, work unit Commander, or their designee, will be responsible for following up with TASC/Deflection Specialist to assess the number of deflection referrals and success of the deflection program.
 - III.E.1. The MEG Director, Task Force Commander, work unit Commander, or their designee, shall evaluate a Deflection referral with the assigned Deflection Specialist within 90 days of the date of referral (at least once per quarter) to determine the success of referral for all cases resulting from a Criminal Deflection initiated by their unit.
 - III.E.2. The MEG Director, Task Force Commander, work unit Commander, or their designee, will be responsible for submitting unsuccessful adult Criminal Deflection cases to a prosecuting attorney as appropriate, and disposing case evidence from any case resulting from a Criminal Deflection initiated by their unit.
 - III.E.3. For statistical reporting purposes, DOP and DCI Criminal Deflections will be counted by the MEG or Task Force that approved the deflection.

| Indicates new or revised items.

-End of Directive-