

THE PROFESSIONAL—SPECIALTY PRACTICE

Flipping the Script on Law Enforcement Encounters

BY PAUL R. PACE



“Deflection helps turn law enforcement encounters into opportunities

There are typically two options for law enforcement when interacting with the public. One is to arrest the person breaking a law. The second is to take no action after investigating the situation. A third option, called deflection, now is being promoted to police and communities. The effort has police working with a coordinated system where a third party provides a handoff, guiding the civilian experiencing mental health or substance misuse concerns to

community-based service providers, thereby helping the person avoid entering the justice system. Deflection helps turn law enforcement encounters into opportunities, says Jac Charlier, executive director for Treatment Alternatives for Safe Communities' Center for Health and Justice. "It gives (law enforcement) the partnerships and relationships they need to work with folks like you, the social workers in the community, for people who

don't belong in the justice system and shouldn't be in the justice system," he said. He noted there are 56 million police encounters across the U.S. each year, and 12 million of those interactions result in moving people in and out of jail. "We've got 44 million encounters that create opportunities to assist," Charlier explained during the NASW Specialty Practice Sections webinar titled "Law Enforcement, Social Work and Deflection."

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"It's about flipping the script on first encounters so it is supportive of people with services," he said. Social workers who volunteer their time with the deflection model can provide clinical interventions or case management services. Social worker Kurt August, program manager for the city of Philadelphia's Police-Assisted Diversion Program, also recognizes the value of police deflection services. "We meet people where they are and match their goals at the time (of

encounters with police)—all the way to getting them their health needs," he said. "There is no cutoff time and it is free of charge." To date, August said the program has made 690 referrals. About 60 percent led to drug or alcohol treatment or shelter placement in real time. And everyone who is referred or diverted is offered same-day support, he said. "We've been able to show people are less likely to re-offend when they are given proactive supports in a meaningful way," August said.

Jac Charlier is the executive director of the Police, Treatment, and Community Collaborative (PTACC). NASW and PTACC are in the final stages of establishing a partnership that will expand the availability of information and training opportunities in the area of deflection to NASW members. Takia Richardson, senior practice associate at NASW, will serve as the NASW liaison to PTACC.

NASW Specialty Practice Sections (SPS) help members stay in-the-know in their specific area of practice and offer individual online communities of committed, like-minded peers. SPS offers more than 45 additional CE opportunities through live practice-specific webinars, newsletters, continuing education and other professional development activities. Learn more at socialworkers.org/Careers/Specialty-Practice-Sections.

Webinar Addresses Gender Assessments, Treatments

Another recent SPS on-demand webinar is "Understanding Evaluation Assessments for Gender Affirming Treatments." It is hosted by social worker C. Nicole VanSant, who has been involved with the LGBTQ community for 18 years. She is a member of the NASW National LGBTQ Issue Committee and has served as interim chairwoman. The webinar examines gender dysphoria, and gives an overview of common gender affirming treatments, as well as components of an evaluation for those treatments. Participants also will gain knowledge of available resources for additional training and support. VanSant notes that 1.4 million adults in the U.S. identify as transgender. This group has high rates

of suicide, and health and medical disparities—and experiences stress, discrimination and stigma. Transgender and gender non-binary individuals often need to get clearance for gender affirming treatments. There is a lack of access, however, because of the shortage of providers who are knowledgeable on the topic of gender diverse health care, VanSant says. "As social workers, as mental health providers, we're involved in all levels of care," she said. "We want to be part of taking down those barriers, not putting up those barriers."