

Considerations for Diversion Programs

- Pre-arrest diversion programs can be designed to reduce jail admissions and decrease fatal overdoses.
- Most diversion programs include criminal charges and some form of deferred prosecution in the case of unsuccessful outcomes.
- Diversion programs for people with mental health and substance use needs require the involvement of a service provider.
- Law enforcement officers and EMS can assess eligibility and divert people to appropriate agencies.
- Programs can be based on self-referral, active outreach, overdose reversal initiated, or officer-referral (prevention or intervention).
- The first priority of diversion programs is treatment of substance use disorder and other mental health conditions.

Considerations for MOUD in Jail Settings

- Deaths in custody tend to involve health complications in combination with substance use disorder.
- Delivery of MOUD in jails can help stabilize people through the withdrawal process.
- Initializing MOUD in jails and maintaining existing treatment plans require different levels of resources.
- Providing MOUD immediately prior to release can reduce the likelihood of fatal overdose.
- A jail-based MOUD program requires a licensed physician and adequate correctional staff.

Considerations for Reentry Programs

- Reentry programming should be based on a comprehensive assessment.
- The reentry process should begin at the time of jail admission.
- People who have been incarcerated have an array of social service needs.
- Reentry programs must involve continuity of care.
- Programs should be individually tailored (e.g., abstinence and management).
- Peer support specialists and community health workers are vital elements of reentry programs.
- Community-based services are imperative for the reentry process.