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31 department of corrections and rehabilitation may not spend funds appropriated in the new and vacant FTE pool line item in section 1 of this Act, but may request the office of management and budget to transfer funds from the new and vacant FTE pool line item to the adult services and youth services line items in accordance with the guidelines and

**SECTION 4. APPROPRIATION - DEPARTMENT OF CORRECTIONS AND REHABILITATION - COMMUNITY HEALTH TRUST FUND - DIVERSION AND DEFLECTION CENTER GRANT - ONE-TIME FUNDING - EXEMPTION.** There is appropriated out of any moneys in the community health trust fund in the state treasury, not otherwise appropriated, the sum of \$5,000,000, or so much of the sum as may be necessary, to the department of corrections and rehabilitation for the purpose of providing a grant for the establishment of a diversion and deflection center in the city of Fargo, for the biennium beginning July 1, 2025, and ending June 30, 2027. A grant recipient must provide one dollar of matching funds from nonstate sources for each dollar provided by the department of corrections and rehabilitation. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section. This funding is considered a one-time funding item.

reporting provisions included in House Bill No. 1015, as approved by the sixty-ninth legislative assembly.

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# Deflection Center

## 1. Introduction and Background:

The Deflection Initiative is a proactive community approach to address public health and safety challenges faced in many communities. By incorporating one or more of the six pathways of Deflection, communities can now identify and deflect at-risk populations to treatment and behavioral health services before a crisis, overdose, or new criminal activity. Deflection programs aim to connect individuals to systems of care at the earliest point possible while attempting to provide the necessary resources and skills to improve outcomes and reduce criminal activity.

### **Purpose and Goals:**

The primary purpose of deflection is to use a multi-faceted approach to identify and engage at-risk populations to create awareness and connections to services before a crisis, overdose, or new crime is committed.

1. Reducing Recidivism and Promoting Public Safety: By addressing the underlying factors contributing to substance use and criminal behavior, deflection strives to reduce recidivism rates and enhance public safety. By providing individuals with the necessary resources, support, and skills to overcome their challenges, the initiative aims to break the cycle of addiction and criminal involvement, fostering safer communities for all residents.
2. Advancing Health Equity and Social Justice: Deflection is committed to addressing health disparities and promoting equitable access to care. The initiative recognizes that historically marginalized and underserved populations may face additional barriers to treatment and recovery. By prioritizing equity and social justice, Deflection seeks to ensure that all individuals, regardless of their background, receive fair and equitable access to services and support.
3. Engaging Communities and Stakeholders: Deflection emphasizes the active involvement and collaboration of community stakeholders, including law enforcement agencies, healthcare providers, treatment organizations, community-based service providers, individuals with lived experience, and other key stakeholders. By fostering partnerships and engaging diverse

The entirety of this document was taken from [WDI Essential Elements Final.pdf](#). WDI and Wisconsin have been referred to in these pages as “Deflection” for ease of reading in this context.

# Deflection Center

perspectives, the initiative aims to create tailored, community-driven solutions that effectively address local needs and priorities.

4. Promoting System-Level Change: Deflection seeks to drive broader system-level changes in policies, practices, and resource allocation to sustain and expand Deflection programs. By advocating for evidence-based approaches and fostering collaboration between criminal justice, healthcare, and social service systems, the initiative aims to create a supportive ecosystem that maximizes the potential for positive outcomes.

## Rationale and Expected Outcomes:

The implementation of a Deflection program within the criminal justice system is based on a robust rationale and extensive evidence base. Research has consistently shown that traditional punitive approaches often fail to address the underlying issues that contribute to substance use disorders and criminal behavior. Deflection programs offer a promising alternative by diverting individuals to stabilization services, recovery services, and treatment programs that address the root causes of their involvement in the criminal justice system.

The expected outcomes of Deflection include:

1. Increased Access to Treatment and Recovery Supports: By diverting individuals from the criminal justice system, Deflection aims to connect them with timely and appropriate treatment services. This will reduce barriers to accessing care, promote engagement in evidence-based treatment modalities, and provide the necessary support for sustained recovery.
2. Improved Individual and Community Health: Deflection seeks to improve individual health outcomes by addressing substance use disorders and mental health challenges comprehensively. By providing individuals with the necessary resources and support, the initiative aims to enhance physical and mental well-being, reduce substance-related harm, and improve overall quality of life. This, in turn, contributes to healthier and a more resilient community.
3. Reduction in Recidivism Rates: Through early intervention, targeted diversion, and the provision of effective treatment and support, Deflection

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# Deflection Center

aspires to reduce recidivism rates and prevent individuals from reentering the criminal justice system. By addressing the root causes of criminal behavior and promoting personal growth and recovery, the initiative aims to break the cycle of substance use and criminal involvement.

4. **Cost Savings and Efficient Resource Allocation:** By diverting individuals to treatment services rather than pursuing costly criminal justice processes, Deflection aims to generate cost savings for the state. These savings can be reinvested in expanding and enhancing treatment options, community-based support, and other resources necessary for the sustainability of the initiative.
5. **Strengthened Collaborations and Community Engagement:** Deflection seeks to foster collaborations among criminal justice entities, healthcare systems, social service agencies, community-based organizations, and individuals with lived experience. By working together, sharing resources, and leveraging collective expertise, the initiative aims to build a robust and interconnected system of care that effectively supports individuals in need and contributes to safer and healthier communities.

## 2. Deflection Program Types and Pathways

### Program Types

Deflection pathways are organized into two program types, Targeted Outreach and Participant Recovery and Engagement Programs (PREP).

#### 1. Targeted Outreach

Programs are designed to identify at-risk populations and attempt to motivate them to engage in behavioral health services. Behavior health services are person-centered and individualized and should assist the individual with achieving their self-selected goals. Services offered include counseling, medication management, crisis intervention, peer support, residential services, vocational support, and case management. Targeted outreach attempts to improve desired outcomes while building trust and relationships with law enforcement, emergency medical services, and recovery and treatment services. Once the individual decides to engage with Deflection specialists, they would transition to the PREP program type.

#### 2. Participant Recovery and Engagement Program (PREP)

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# Deflection Center

Programs are designed to support the individuals who voluntarily engage with Deflection program staff. Deflection Program staff assist in creating SMART (Specific, Measurable, Attainable, Reasonable, and Time-Bound) goals that are person-centered and individualized while assisting the individual with achieving their self-selected goals. The focus of the goals should be to assist the individual in stabilizing in the community while attempting to address the underlying areas of need that have caused the individual to become at risk of overdose, crisis, or criminal justice involved. This program should continue to support the services offered during Targeted Outreach. The emphasis of this program type is to continue to support the individual with a focus on engagement and retention without judgment or bias.

## Deflection Pathways

Self-referral, Officer Intervention, and First Responder and Officer Referral pathways fall under the PREP program type, and Naloxone Plus, First Responder and Officer Referral, and Active Outreach fall under the Targeted Outreach program type. The six pathways and targeted populations are described below.

1. Self-Referral: An Individual voluntarily initiates contact with a first responder agency or Deflection program for a referral to services. If the contact is initiated with a law enforcement agency, the individual engages without fear of arrest. The Self-Referral pathway targets individuals with a substance use disorder.
2. Officer Intervention (only applicable to law enforcement): During routine activities such as patrol or response to a service call during which charges otherwise would be filed, law enforcement provides a referral to treatment, services, or a case manager, or issues a non-criminal citation to report to a program. Charges are held in abeyance until treatment and/or a social service plan is completed. The Officer Intervention pathway targets individuals in crisis or with non-crisis MHE and/ or SUD, or in situations involving homelessness, theft, or prostitution.
3. First Responder and Officer Referral: As a preventative approach, during routine activities such as patrol or response to a service call, a first responder engages individuals and provides a referral to treatment, services, or a case manager. (Note: if law enforcement is the first responder, no charges are filed or arrest made) The target population is individuals in crisis or with non-crisis Mental Health Disorder

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# Deflection Center

(MHD) and/or substance use disorder (SUD), or in situations involving homelessness, theft, or prostitution.

4. Active Outreach: A first responder intentionally identifies or seeks out individuals with SUD to refer them to a social service program or treatment and services; outreach is often done by a team consisting of a behavioral health professional and/or peer with lived experience. The target population is individuals in crisis or with non-crisis MHD and/or SUD or who are homeless.
5. Naloxone Plus: A first responder and program partner (often a behavioral health professional or peer with lived experience) conduct outreach specifically to individuals who have recently experienced an opioid overdose to assist with engaging them in treatment and provide linkages to treatment and social services. The target population of this pathway is individuals with opioid use disorder (OUD) or someone subject to an accidental nonfatal overdose.
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, etc.), and/or other credible messengers-individuals with lived experience-sometimes in partnerships with medical professionals, engages individuals to help de-escalate crises, mediate low-level conflicts, or address quality of life issues by providing a referral to treatment, services, or to a case manager. The target population of this pathway is individuals in crisis or with non-crisis MHD and/or SUD, or in situations involving homelessness or low-level conflicts

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