

ILLINOIS STATE POLICE DIRECTIVE

OPS-092, DEFLECTION INITIATIVES

RESCINDS: OPS-092, 2025-010, revised 03-24-2025	REVISED: 09-02-2025 2025-022
RELATED DOCUMENTS: ENF-019, ENF-020, ENF-052, 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 Program – a program in which a peace officer, member of a law enforcement agency, or other first responder facilitates contact between an individual and a Deflection Specialist. Facilitation includes an initial assessment of eligibility through the utilization of defined criteria and adherence to the established communication protocols agreed to by the law enforcement agency or other first responder entity and the Deflection Specialist for the purpose of providing community-based services to those persons in lieu of arrest or further justice system involvement.
- II.B. Deflection Services – treatment, housing, case management, and other identified services provided to a participant.
- II.C. Deflection Specialist – a person contracted to coordinate and oversee Deflection Services. This position is funded by the Department of Human Services (DHS) and employed by TASC.
- II.D. 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., and the “Juvenile Court Act of 1987” (hereinafter referred to as “the Act”), acting in the best interest of the juveniles and the community.
- II.E. 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.F. 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.G. Participant – an individual engaged in a Deflection Program. Deflection participants are typically identified and referred by law enforcement officers or other first responders in situations where (1) an individual meets the defined criteria for eligibility and the officer or first responder determines that based upon the circumstances, referral to a Deflection Program is more appropriate than an arrest; or (2) an individual that meets the defined criteria for eligibility is arrested, but the officer or first responder determines that a post-arrest referral to a Deflection Program is appropriate under the circumstances. (Refer to ISP Directive ENF-052, “Clear and Present Danger Reporting.”)
- II.H. 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 persons encountered during any type of police contact or enforcement action, who based upon established criteria, are eligible and appropriate based upon the circumstances for referral to a Deflection Specialist.

(Refer to ISP Directive ENF-052, "Clear and Present Danger Reporting.") The purpose of deflecting collateral persons includes:

- III.A.1. Preventing repeated law enforcement contacts
 - III.A.2. Addressing substance use and/or mental health concerns for community improvement
 - III.A.3. Providing alternatives 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 a Deflection Specialist to facilitate engagement with 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 through on scene engagement identifies an individual who is eligible for a Deflection Program and makes a Deflection Referral to provide treatment and/or other services.
- 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, through on scene engagement, identifies an individual for a Deflection Program and makes a Deflection Referral to provide treatment and/or other services or issues (noncriminal) citations to report to a Deflection 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: Participation in a Deflection Program is voluntary. 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 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 by first determining if the individual qualifies for deflection intervention and then determining whether deflection or arrest 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 through the procedures established by the appropriate site. 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 other 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, including Group A Inspectors, shall document their incident disposition as a Criminal Deflection in the appropriate report writing system.
- 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.

| Indicates new or revised items.

-End of Directive-