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# **A Case Study on the HealthLink Diversion Tool**

## **The Operational Challenges of Implementing Evidence-Based Tools in Policing**

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# Introduction

The national conversation around policing, mental health, and substance use disorders has shifted dramatically since George Floyd's killing in May 2020. Many police departments have started thinking about new ways to address crime's underlying drivers instead of waiting for the next crime to occur. And many are strongly rethinking how they respond to people with mental illness and substance use disorders. This rethinking is also fueled by a growing understanding that behavioral health treatment—including treatment focused on substance use and mental health—could be a more effective, safer, and less costly approach for dealing with a significant portion of the population interacting with the criminal justice system.

In 2017, the Criminal Justice Lab (CJL) at New York University School of Law began a multi-year process of designing, piloting, and validating an evidence-based screening tool that law enforcement could use in the field to identify individuals appropriate for diversion instead of arrest. Starting in 2022, the Indianapolis Metropolitan Police Department (IMPD) began

implementing the tool and made it part of their standard operations. Despite the strong support of political and police leadership, as well as a dedicated community justice center, the results of this implementation were underwhelming and did not benefit the number of people originally anticipated. This case study describes the operational challenges of implementing the tool. Since this tool is not the only police-led diversion effort with uptake challenges, in April 2023, the Center for Effective Public Policy (CEPP), in partnership with CJL, convened a small group of criminal justice leaders to discuss and learn why implementation of new data-oriented tools and other diversion efforts are often not having their intended impact—and to strategize about ways to ensure these initiatives are more effective in the future.

# Background

Each year, millions of people across the country come into contact with the criminal justice system because they struggle with mental illness and substance use disorders.<sup>1</sup> Many of these individuals repeatedly cycle through our jails in large part because they are never provided with services that address their underlying challenges. This is not a surprise: jails and prisons are primarily designed to incarcerate, isolate, and punish; they are not designed to address the underlying drivers of crime.

The lack of essential social services in our incarceration institutions puts enormous strains on the criminal justice system: law enforcement officers repeatedly arrest people who, because they are charged with low-level crimes, are released back into the community quickly; corrections staff grapple with populations whose management requires resources or training they don't have; and all of this is paid for with taxpayer dollars. The toll on communities and families is enormous: neighborhoods and businesses do not see crime decreasing, despite increasing police efforts; families are separated because a loved one is detained or incarcerated; and many people amass lengthy criminal records without ever

receiving access to the behavioral health treatment that might help interrupt a pattern of low-level criminal offenses. Moreover, these burdens are not borne equally: BIPOC communities continue to be arrested at higher rates than white communities and are disproportionately affected by these system shortcomings.

Diversion programs, typically managed by courts and prosecutors' offices, have proliferated in recent decades. These initiatives, which often propose or require various forms of treatment in exchange for more lenient outcomes (such as suspended charges or reduced sentences), are generally offered after someone has been arrested and spent time in jail. But, given the research showing that even short periods of incarceration can be destabilizing and lead to greater system involvement in the future,<sup>2</sup> there is increasing interest in focusing diversion efforts on the earliest point of contact with the criminal justice system—namely, the initial interaction with law enforcement. If a person is more likely to succeed with behavioral health treatment and less likely to succeed if incarcerated, averting their initial entry into the criminal justice system has the greatest potential benefit in terms of reducing future criminal justice involvement.

# The Information Gap

Before the development of the CJL tool, the police—or other first responders—did not have the tools that they needed to successfully identify individuals who suffered from mental health and substance use disorders. Without this information, there was no way for law enforcement officers to reliably and objectively gauge who might be an appropriate candidate for diversion to treatment.

This put enormous pressure on police officers to follow the traditional law enforcement path: identify someone who has broken the law and arrest that person. When an officer deviated from that model, they had to do so based upon their subjective

judgment, assuming much personal responsibility and professional risk if their decision turned out to be wrong. Understandably, many officers were unwilling to assume the responsibility that came with deviating from the traditional arrest model.

CJL's initial understanding of the problem was that law enforcement-led diversion had not yet succeeded nationally because police didn't have objective, reliable, easy-to-administer tools they could use in the field to help them identify which individuals would best profit from treatment, and they did not want to incur personal liability for using their own subjective judgment. So, CJL set out to create such a tool.

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# Development and Validation of the HealthLink Diversion Tool

While many instruments exist that can diagnose mental illness, substance use disorders, and suicidality in a medical setting, they are far too long and detailed for a police officer to use in the field. Moreover, the vast majority of existing tools require administration by a trained health care professional, which makes them unsuitable for police adoption.

In order to design a tool that could meet the needs of officers in the field, CJL began by convening experts in mental illness, substance use, and suicidality to identify a small set of easy-to-administer questions that, based on previous research, had the potential to identify people with these disorders. Experts developed a 10-question tool, named the HealthLink Diversion Tool (Appendix A), which could be rapidly administered by police officers in the field—the goal being to quickly identify individuals who could benefit from diversion out of the criminal justice system and into behavioral health treatment.

The next step was to test the tool for predictive validity; in other words, did

the 10 questions on the HealthLink tool accurately identify people with significant behavioral health needs? CJL administered the tool to 712 individuals being booked into jail in Indianapolis, Indiana, and McLean County, Illinois. Then, they administered a validated, extensive, and widely accepted diagnostic tool—the Mini International Neuropsychiatric Review (MINI)—to the same 712 people. Critical in this effort was the leadership and staff of Community Solutions, a community development consulting firm based in Indianapolis that partnered with CJL to conduct both the validation and implementation of the tool. With CJL staff located in a different state, it was the close working partnership with Community Solutions and IMPD that made the testing and rollout of the tool possible.

CJL found that the correlations between the MINI and the HealthLink tool were very strong. In other words, the 10 factors on the HealthLink tool gave very similar answers to the more extensive MINI instrument. CJL created three different scales: one for mental illness, one for suicidality, and one for substance use disorders,

with score ranges of 0–6, 0–5, and 0–4 respectively. Each scale is based on a different subset of the 10 questions on the screening tool that is correlated most strongly with the diagnoses on the MINI.

In consultation with CJL’s team of experts, recommended cut-points for each scale—that is, scores above which a person would be eligible for diversion from a behavioral health perspective—were established. Of course, in order to be diverted, people would also have to meet other criteria (such as charge type, arrest history, and officer-observed behavior) established by the local jurisdiction. This portion of the tool testing indicated that, while HealthLink was significantly shorter

than most instruments, taking only minutes to administer, it was still highly accurate.

The scoring cut-off points identified 48% of all people in the pilot study as potentially eligible for diversion. These people were found to be approximately 3.5 times more likely to be suffering from mental illness, suicidality, or substance use disorders, according to the MINI, than people who were not flagged by the HealthLink tool. Given that nearly half of the people screened in the validation study would have been eligible for diversion from a behavioral health standpoint, CJL began to see the tremendous impact this tool, and police-led diversion efforts generally, could have on policing and the entire criminal justice system.

***Forty-eight percent of all people in the pilot study were identified as potentially eligible for diversion. These people were found to be approximately 3.5 times more likely to be suffering from mental illness, suicidality, or substance use disorders.***

# Field Testing of the HealthLink Tool

With the predictive validity of the HealthLink tool now established, the remaining question was whether this tool would actually get uptake in the field for its intended purpose and lead to an increase in diversion at the point of first contact with law enforcement. To test this, CJL partnered with Indianapolis, Indiana. Indianapolis was selected because political and police leadership, along with community partners, had shown great interest in improving their criminal justice system and demonstrated the ability to innovate and execute on promising ideas. Among the jurisdiction's assets were:

- **Political leadership:** The mayor of Indianapolis committed publicly to using the HealthLink tool to increase police-led diversion and equity in policing.
- **Police leadership:** IMPD's police chief and senior management committed to using the tool and to having CJL analyze its internal data to understand where operational inefficiencies existed within their department.

- **A dedicated community justice center:** In many jurisdictions, one obstacle to initiating and expanding diversion programs is a lack of treatment resources—or the fact that those resources are independently administered and geographically dispersed throughout the area. By contrast, in 2020, Indianapolis opened a new Assessment and Intervention Center, a centrally located 60-bed facility open 24 hours a day and 7 days a week with behavioral health clinicians equipped to conduct assessments and connect people with services.

In 2022, Indianapolis began piloting the tool in a single district, with the aim of eventually rolling it out to the entire IMPD. But, despite the strengths outlined above, the uptake rate by both individual police officers and by elements of department leadership was extremely low. It was clear that the HealthLink tool could not have its desired impact unless there was a better understanding of what was hampering its adoption and use by front-line officers.

# Lessons from the Law Enforcement Convening at John Jay

CJL ended this field-testing experience with a central question: Why would an evidence-based tool with high predictive validity and the potential to improve the efficiency and effectiveness of policing not get broad uptake? And, more generally, what lessons could be drawn from this experience that would be instructive to law enforcement agencies interested in police-led diversion?

To help consider these questions and suggest answers, CEPP brought together a group of forward-thinking criminal justice leaders from across the country. A one-day convening was held at John Jay College of Criminal Justice on April 17, 2023, to discuss implementation barriers and how to overcome them. It was important to ensure that a wide group of stakeholders who might benefit from the tool were represented at the convening. In addition to law enforcement leaders, attendees included academic researchers, community organizers, public health professionals, and elected officials. This proved to be especially critical as the

discussion included the need for buy-in across government departments in order to achieve successful uptake.

The many illuminating discussions that took place at the convening yielded a list of recommendations and considerations for police departments and other government agencies considering adopting an evidence-based diversion tool or engaging in other diversion efforts.

## Culture Change

The theme of many of the discussions at the convening was the need for culture change; as one attendee noted, “Culture eats strategy for breakfast.” Tools such as the HealthLink tool can be used to help advance cultural change, but they cannot be the entirety of the change. CJL had thought of the implementation of the tool as the goal; however, conversations at the convening revealed that the tool was best understood as a means to an end—to a larger cultural shift in the essential role of the agency or system.

## Incentives

According to the attendees, among the most important methods for effecting culture change in criminal justice agencies is an incentive structure that is aligned with that change. Incentives can come in many different forms—ranging from noting an officer’s performance at roll call to more deeply instituted procedures like providing a feedback loop so officers know the outcomes of their decisions to divert. For instance, officers can be informed whether an individual they referred to a program was connected to services or successfully completed treatment. As convening participants noted, feedback loops that inform officers of the outcomes of their decisions to divert can be very effective at giving them a sense of satisfaction and accomplishment, and the loops support officers’ choices.<sup>3</sup>

Additionally, participants agreed that having supervisors note a positive change in officers’ behavior in front of their peers was beneficial. If officers are scolded for not making enough arrests in a given time period, they also need to know that if they divert people to treatment in lieu of making arrests, they will not be penalized; in fact, they will be praised. This public reinforcement of the directive is important because, until a “new normal” is established regarding the expectations for police officers

performing their daily duties, there will be no meaningful change; the culture and the conduct of officers will remain the same.

## Clear Communications

Another key theme at the convening was the importance of strategic and clear communication. Key lessons included the following:

- Before implementing a tool, communicate to the officers the ways in which an operational change, such as implementing an evidence-based tool, will make officers’ daily duties less taxing and more efficient. This is critical for achieving buy-in before operationalizing the change.
- The practice of storytelling was also highlighted—placing the tool or operational change within the broader mission of the department and priorities of the administration. If the tool is a means of accomplishing a goal, leadership must be able to verbalize and contextualize that goal with details about what it really means for staff in the field and for the outcomes toward which everyone is working. An example is telling a story about how participants in a diversion program have succeeded and highlighting how their success will reduce jail population and repeat arrestees.

- Communicating clearly the priority level of the intended change was also underscored—both by departmental leadership and mayoral leadership. If it is not clear to managers and officers that an operational or cultural change is a leadership priority, it will not be treated as such.

## Clear Directives and Accountability Measures

Another important strategy is establishing a directive—in language that is extremely prescriptive and precise—on when and how to implement a tool, so that there can be accountability when it is not used. Departments should also consider having performance metrics around the use of the tool; these metrics could be incorporated into performance appraisals. If leadership has decided it is beneficial to use a tool, it should not be up to front-line officers' discretion whether or not to use it. This is both a management and accountability measure. An additional management and accountability tool is the use of data analytics so departments can see if they are progressing toward their goal. In order to effectively correct course, departments must see the status of operations in real time.

## Cooperation and Coordination with Other Agencies

Cooperation and coordination with other government agencies, especially mayors' and prosecutors' offices, was identified as a key strategy for the implementation of policies that require culture change. Part of the necessary coordination is around aligning and communicating, but the other part of the coordination is more logistical. For example, if a prosecutor's office implements a policy of declining to prosecute certain low-level offenses, a person arrested on those charges may be less likely to attend a treatment program in lieu of custodial arrest. If various agencies are not coordinated with and cooperating on the strategy to increase diversion by police—and discussing how this practice will affect and be affected by other offices—the strategy will inevitably fail. In addition, participants discussed the importance of integrating public health agencies and community-based organizations in an implementation strategy.

# Looking Forward

At the end of the convening, CJL and CEPP asked what would be most useful to law enforcement leaders who are considering changes such as the adoption of evidence-based tools. There was unanimous agreement that case studies geared toward practitioners would be hugely helpful. There are plenty of resources explaining what works in the diversion field, and there are many academic papers publishing the results of such programs.<sup>4</sup> Far less prevalent are case studies distributed to managers and practitioners, not only in law enforcement but across government agencies and community-based organizations, that both lift up success stories and highlight the operational challenges and considerations to take into account when adopting new tools or implementing new policies. All agreed that it is important for law enforcement leaders to read about roadblocks to implementation so they know that, when they stumble upon them, it does not mean that they are not succeeding; it is simply a part of the process that successful leaders have also encountered.

Many law enforcement participants at the convening noted their own struggles with recruiting new officers

in the wake of the reimagining police movement, and many highlighted the need for novel practices and technology to attract a new generation to the profession. Undoubtedly, policing has suffered setbacks to recruitment in the past few years, and in order to retain and attract new officers, it was noted that culture change would be required to elevate alternatives to traditional policies, practices, values, and operational structures. Novel, evidence-based tools that improve outcomes and reduce disparities not only help departments achieve their goals but can also be an excellent source for driving recruitment.

One attendee at the convening described this moment as “the ever-changing environment that is policing in America today.” It is important to do everything possible to prepare agency managers and law enforcement leaders to be successful in change management, and thus far there is far too little support for the development of these skills and strategies. It is hoped that this case study will be the first of many more steps taken to bolster law enforcement leaders so they may continue to innovate and adopt new practices in ways that will meaningfully improve American policing.

# Appendix A

## NYU Criminal Justice Lab HealthLink Screening Tool

*Introductory Statement: I want to make sure you're ok, so I'm going to ask you some questions about your health. This will make it easier for me to help you.*

1. Have you **ever** gone to the hospital because of mental health?
2. Where did you sleep last night?
  - a. Permanent housing (e.g., your own home/apt)
  - b. Temporary housing (e.g., couch surfing, motel)
  - c. Homeless shelter or supportive housing
  - d. Street/car/park/campsite
  - e. Other
  - f. Did not answer

*State the following: Now I would like to ask you about experiences that some people have.*

3. Do depressed or hopeless feeling affect your ability to function day to day?
4. Do anxious or scared feelings affect your ability to function day to day?
5. Do you have nightmares or flashbacks about something that happened to you or somebody else?
6. Have you wished you were dead or wished you could go to sleep and not wake up?
7. Have you had any thoughts of killing yourself?
8. Has anyone said that you have a problem with drugs, alcohol, or prescription medication in the past year?
9. Has using drugs, alcohol, or prescription medication caused problems for you in the past year?
10. Have you ever overdosed?

## Notes

1. <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>;  
<https://www.gao.gov/assets/gao-18-182.pdf>
2. <https://www.arnoldventures.org/stories/the-longer-you-spend-in-pretrial-detention-the-poorer-outcomes-you-have>
3. <https://leb.fbi.gov/articles/focus/focus-on-training-corrective-feedback-in-police-work>
4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7553283/> is one example of such publications.

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