

EXAMINING THE IMPACTS OF ARREST DEFLECTION STRATEGIES ON JAIL REDUCTION EFFORTS

Synthesis Report



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This report was created with support from the John D. and Catherine T. MacArthur Foundation as part of the Safety and Justice Challenge, which seeks to reduce over-incarceration by changing the way America thinks about and uses jails. Core to the Challenge is a competition designed to support efforts to improve local criminal justice systems across the country that are working to safely reduce over-reliance on jails, with a particular focus on addressing disproportionate impact on low-income individuals and communities of color.

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ABOUT JSP

JUSTICE SYSTEM PARTNERS

JSP is a non-profit, multidisciplinary team committed to assisting criminal and juvenile legal systems and community partners with transforming their systems. We help our partners reimagine their work by combining rigorous research, technical assistance, and knowledge of evidence-informed strategies. We infuse creativity, innovation, and passion into our work, taking an integrated approach to system transformation to help our partners operationalize meaningful change.

REPORT PREPARED BY

SHANNON MAGNUSON, PhD, Senior Associate

CHERRELL GREEN, MA, Associate

AMY DEZEMBER, PhD, Research Associate

BRIAN LOVINS, PhD, Principal

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EXECUTIVE SUMMARY

Reducing jail populations and the collateral consequences of the legal system requires jurisdictions to critically examine the practices bringing these populations through the criminal legal system's front door. It requires implementing opportunities to reduce reliance on citation or arrest/booking, especially for populations with SMHD, *while also* providing individuals the help and referrals they need to be well.

Police-led deflection accomplishes both goals.

Deflection allows police discretion to replace arrest with outreach to community-based service providers and eliminates involvement in the legal system altogether. Importantly, as police agencies expand deflection programs to more consistently align with treatment engagement literature and the process of recovery, this will include consistent opportunities for deflection – even to people who were previously deflected. This transforms police contacts and opportunities for arrest into opportunities to broker resources. Understanding how deflection programs work in practice and how police make decisions about who to triage out of the legal system is key to improving and expanding these programs, reducing jail populations, improving access to care, and helping individuals get the help they need.

RESEARCH PROJECT

The goal of this research was to understand how deflection of individuals with SMHD/SUD operates in Pima County, AZ and in Charleston County, SC. Using administrative data from local crisis centers in both sites and semi-structured interviews with police officers responsible for deflection in both sites, the research answers two primary questions:

- (1) How does deflection to a local crisis center impact individuals' subsequent experiences with continued deflection or arrest?
- (2) How do police make decisions about who and when to deflect to community services broadly and to the crisis centers specifically?

KEY PROJECT TAKEAWAYS

Considering the Gatekeeping Role

- »»» Officers in Pima County report an individual's willingness to initiate treatment as the most critical factor when deciding to deflect an individual to a community-based resource. However, when an individual does not wish to initiate treatment, officers then rely on arrest as the response, even when they know jail will not be helpful. This tension demands a critical examination about whether there is a need for officers to respond with any action to deflection-eligible offenses when individuals do not wish to initiate treatment.

- »»» Officers in Charleston County report victim (including business owners) wishes (when applicable) as the most critical factor when deciding to begin the process of deflection. In this way, victims are, in part, driving who is offered deflection. This means disparate deflections may be part police decision-making and part victim decision-making, recasting victims as frontline policy makers. As such, we must critically consider how victims' own perceptions of justice and implicit bias can temper police strategies and must critically examine the role of victims in the deflection initiation process.

- »»» In Pima County, when individuals receive at least two voluntary deflections to the local crisis center, they are more likely to continue agreeing to deflections and going back for an additional visit to the crisis center. When they do, they continue to stay longer at the crisis center each time. This might speak to the process of recovery and reflects the research on treatment initiation and engagement which states individuals need multiple opportunities to engage and then remain engaged. It also highlights the importance of getting individuals to and through the local crisis centers' front door more than once. Securing these subsequent visits requires officers subscribe to deflection as the primary response in the field.

- »»» The ability to deflect the same individual more than once means police hold an incredible amount of decision-making power for triaging people out of the legal system revolving door and into a treatment system revolving door. This is important as we continue to unpack how officers make decisions about who to deflect and under what conditions. The intersection of race, gender, and disability is a critical conversation as we continue to make policies about who is "worthy" of deflection.

KEY PROJECT TAKEAWAYS

Importance of Cycling through the Treatment Revolving Door, Instead of a Legal System Revolving Door

- »»» A parallel treatment revolving door to the legal system revolving door does not suggest failure on individuals to initiate or complete treatment. Rather, the treatment revolving door acknowledges the complexity and nuance of treatment initiation and considers the challenges with treatment engagement. In this way, a parallel treatment revolving door at least provides individuals with severe mental health disorders (SMHD) or substance use disorders (SUD) a “no wrong door” policy. This creates enhanced opportunities for treatment while eliminating the collateral consequences of the legal system and jail for these vulnerable populations.

- »»» Deflection first, arrest rare as both policy and principle connects vulnerable individuals to the services they need while eliminating the collateral consequences of the legal system. It also lessens opportunities for implicit bias, determinations of worthiness, and non-clinical judgments about readiness for change to impact the decision to deflect. When agencies distance themselves from jail and deflect as the primary response, and do so for all individuals, they no longer make access to the treatment revolving door conditional or contingent.

When police departments deflect as the **PRIMARY RESPONSE** to eligible offense types, they no longer make access to the treatment revolving door conditional or contingent.

WHY STUDY POLICE-LED DEFLECTIONS

US jails have recently earned the moniker “the new asylums” for the rising number of individuals with psychiatric needs and substance use disorders confined within them. Some calculations estimate near 20 percent of individuals confined in jails have a severe mental health diagnosis (SMHD) and nearly 65 percent have a substance use disorder (SUD). Research shows individuals with SMHD and SUD receive lower quality of services while in custody, are vulnerable to longer and more frequent jail stays and are more expensive to house in custody. Reducing jail populations requires jurisdictions critically examine the practices bringing these populations through the criminal legal system’s front door.

In response, many jurisdictions have implemented citation-and-release programs which help to reduce jail populations, but still entangle the individual with the legal system when linkage to community-based services is often more appropriate. Jurisdictions also implement diversion programs which offer case dismissals pending completion of a court-appointed treatment program. However, these programs leverage the threat of punishment to elicit compliance. Both strategies reduce the collateral consequences of jail booking and arrest in various ways, but do not eliminate them. For individuals who experience these options, they *still* technically enter the legal system’s front door.

Therefore, truly reducing jail populations while eliminating the collateral consequences of the legal system requires jurisdictions to think **bolder**. It requires opportunities to reduce reliance on citation or arrest, especially for populations with SMHD, *while also* providing individuals the help and referrals they need to be well.

Police-led deflection accomplishes both goals.

Deflection allows police discretion to replace arrest with outreach to community-based service providers. Importantly, deflection eliminates criminal legal system involvement, allowing those who need intervention to avoid the additional weight and collateral consequences of the legal system.

Understanding how these programs work in practice and how police make decisions about who to triage out of the legal system is key to improving and expanding these programs, reducing jail populations, and ensuring individuals get the help they need.

DIFFERENTIATING DEFLECTION FROM DIVERSION

Although both deflection and diversion aim to reduce jail populations and remove collateral consequences of the criminal legal system, they do so with varying degrees of court involvement. Diversion programs include pending criminal charges as the mechanism to elicit treatment initiation and compliance. Although there might not be a formal booking to jail, the individual does technically enter the legal system’s front door. They will receive a dismissal of charges if they complete the program. However, their record will still indicate an arrest – even if only a citation was issued.

In contrast, deflection programs include no criminal legal system involvement beyond the interaction with the police officer in the field. There is no mechanism to elicit treatment initiation or compliance, beyond an individual's own wishes to enter a program. And, if an individual ultimately decides not to participate in the program to which they were referred, there are no legal consequences.

Table 1, *Differentiating Deflection from Diversion*

| Program Components | Deflection | Diversion |
|---|------------|-----------|
| Avoids a formal jail booking | Yes | Sometimes |
| May include a formal arrest citation | No | Yes |
| Arrest on individual’s criminal legal record | No | Yes |
| Pending charges during treatment process | No | Yes |
| Includes warm hand off to a community provider | Yes | Sometimes |
| Requires completion of court ordered programming to drop charges | No | Yes |
| Legal consequences for program non-participation or completion | No | Yes |
| Prior arrest history makes you ineligible for future opportunities with the program | No | Sometimes |

The sites featured in this research, Pima County, AZ and Charleston County, SC, both use police-led deflection strategies. Importantly, these strategies require three co-occurring conditions: (1) an agreement across police agencies and the community responding to some crimes requires a behavioral health approach; (2) this behavioral health approach includes police as resource brokers to community-based services, and; (3) a behavioral health approach is a legitimate strategy to enhance public safety. These are bold changes for some police agencies and a departure from the modern era’s law-enforcement-only role of the police. However, they have the potential to help individuals enter a treatment revolving door while completely avoiding the legal system’s revolving door.

RESEARCH OVERVIEW

The background features a white upper section and a lower section composed of overlapping geometric shapes. A dark orange shape is at the bottom left, a lighter orange shape is at the bottom right, and a yellow shape overlaps the top of the dark orange one.

GOALS & FOCUS OF THE RESEARCH

The goal of this research is to understand how local crisis centers can impact the reduction of jail populations via deflection for individuals with SMHD/SUD. There are two primary questions driving this work:

- (1) How does deflection to a local crisis center impact individuals' subsequent experiences with continued deflection or arrest?
- (2) How do police make decisions about who and when to deflect individuals to community services broadly and to the crisis centers specifically?

We used the following data and outcomes to answer these questions:

| Table 2, Research Data and Outcomes | | |
|--|----------------------------------|---|
| Research Component | Pima County, AZ | Charleston County, SC |
| Local Behavioral Crisis Center | Crisis Response Center (CRC) | Tri-County Crisis Stabilization Center (TCSC) |
| Crisis Center Administrative Data from: | 7/2018 – 3/2020 | 6/2018 – 3/2020 |
| Number of Total Deflections During Study Period | 11,018 | 105 |
| Outcome of Interest | Subsequent Deflection to the CRC | Subsequent Arrest |
| Outcome Administrative Data from: | CRC Administrative Data | Local CJCC Arrest Data |
| Number of Police Departments included in Qualitative Data Collection | 1 | 3 |
| Semi-Structured Interviews with Police Officers | 16 | 8 |
| Average Length of Interview | 56 minutes | 60 minutes |

SITE PROFILES

The background features a white upper section and a lower section composed of overlapping geometric shapes. A dark orange shape is at the bottom left, a lighter orange shape is in the middle right, and a yellow shape is at the bottom right.



PIMA COUNTY, ARIZONA

Traditionally in Pima County, law enforcement agencies and the local criminal legal system have responded to illegal behavior instigated by severe mental health diagnoses and substance use disorders with arrest and jail bookings. However, after a front row seat to both an accelerating opioid epidemic and a mass casualty event by someone who did not receive any follow-up care following visits to local community-based services, Tucson Police Department (TPD) – the county’s largest municipal police department – critically examined their role in the unnecessary entry of individuals with these severe needs into jails, where they are unlikely to receive the necessary care.

In 2011, the county, through Pima County Bond funds, built the Crisis Response Center (CRC) as an alternative to jail, emergency rooms, and hospitals. The CRC operates by a “no wrong door” model and accepts drop offs by any law enforcement in the county. Although TPD and other local law enforcement agencies can deflect to several local community-based services, the CRC is the only service to operate 24/7 and has its own law enforcement entrance to help make the deflection to the CRC as easy as possible for police. Additionally, the CRC has no exclusions for behavioral acuity, level of agitation/violence, intoxication, or need for medical detox. If a patient is medically unstable upon arrival, CRC staff performs an assessment and provides emergency care while a transfer to the Emergency Department is arranged. Once medically stable, the hospital will transfer the individual back to the CRC. This flexibility of acceptance ensures that police, under almost all circumstances, have an alternative to arrest. For this reason, the CRC, rather than other Pima County community-based service providers, was the focus of this research.

Further, TPD trains the entire police force to make deflection decisions based upon eligible offenses; however, three specialty teams handle most deflections to community-providers generally and the CRC, specifically. These three specialty teams include: the Mental Health Support Team (MHST), the Substance Use Resource Team (SURT), and the Homeless Outreach Team (HOT). While each of the units differ in their central behavioral health focus, their combined works helps tackle the root cause of crime and proactively connects people with services prior to a behavioral health crisis via compassionate interactions. The structures, responsibilities, and practices informing each of these specialty units is designed to provide officers the training, knowledge, and experience necessary to de-emphasize arrest/citation, and instead, emphasize more appropriate alternatives.

Officers who work in these units must apply for the specialty assignment and undergo specialized training. Most importantly, these units are not beholden to a dispatch queue. Rather, their primary functions are outreach to the community and, as a result, they have a lot of flexibility within their day to work with individuals and encourage them to accept a deflection or transport to a provider.

CHARLESTON COUNTY, SOUTH CAROLINA



The South Carolina Department of Mental Health operates several coordinated programs within Charleston County, SC. These coordinated programs are maintained by the Charleston-Dorchester Mental Health Center and include: mobile crisis and first responder tele-health, the Charleston-Dorchester Mental Health Facility, the Charleston Drug and Alcohol Center, and the Tri-County Crisis Stabilization Center (TCSC). These programs provide important services to the residents of Charleston County and neighboring Dorchester and Berkeley counties.

The Charleston-Dorchester Mental Health Center also works closely with several law enforcement agencies within the counties to connect residents with immediate resources following police contacts. Specifically, officers principally use: (1) tele-health and connection to a Mobile Crisis Clinician; (2) deflection strategies to the Charleston-Dorchester Mental Health Facility, and; (3) deflection to the Tri-County Crisis Stabilization Center (TCSC).

These programs work similarly across all Charleston County police departments: police respond to a call for service or are in the field. Upon arrival to the scene, they learn more about the situation and the context of the person in crisis. When officers perceive citation/arrest and booking is not the appropriate option, they can choose to broker access to services instead of relying on arrest and booking the individual into jail. In this way, these officers are the gatekeepers to the criminal legal system. If they choose an alternative option, they can call the Mobile Crisis Clinician (24/7) to conduct a tele-health assessment while they are in the field with the individual. This assessment can de-escalate the situation and ultimately end the police contact. Or, the clinician can make a recommendation for the individual to voluntarily go to the Tri-County Crisis Stabilization Center (TCSC), and if the individual

agrees then the officer will transport them. Officers can also decide on their own to ask the individual if they want to volunteer for a transport to the Charleston-Dorchester Mental Health Facility or to the TCSC. The Tri-County Crisis Stabilization Center opened in February 2018 and is a ten-bed voluntary adult crisis center embedded within the Charleston Drug and Alcohol Center, and is designed to provide immediate treatment options for individuals experiencing psychiatric symptoms or crisis. It is opened 24/7, can receive police-led deflections throughout the full day, and is the only crisis center in the county. As a result, it is the focus of this research.

These agencies do not use the specialty unit model used by Tucson Police Department. Across the four largest police departments present in Charleston County: North Charleston Police Department (NCPD), Mount Pleasant Police Department (MPPD), Charleston Police Department (CPD), and Charleston County Sheriff's Office (CCSO), all officers can make deflection decisions based upon the behavior – not an eligible offense – of an individual. This also means that incidents that end in deflection either through police-decision making or via Mobile Crisis occur while an officer is beholden to the dispatch queue.

SITE DEFLECTION COMPONENTS

The goal of this research is to understand how local crisis centers can impact the reduction of jail populations via deflection for individuals with SMHD/SUD. Below Table 3 provides an overview of each of the site’s deflection program components.

| Table 3, Comparing Site Deflection Components | | |
|--|---|--|
| Deflection Components | Pima County, AZ | Charleston County, SC |
| Primarily Responsible for Deflections | Mostly Specialty Units and Patrol | All Patrol |
| Deflection Based Upon | Offenses | Behavior |
| Locations Officers can Deflect | Range of Community Service Providers | Local Hospitals |
| In Practice, Officers Make Deflection Decisions. | Individually | Rely on Mobile Crisis ¹ |
| Officers who Lead Deflections Must Respond to Dispatch Queue | No | Yes |
| Officers Received Crisis Intervention Training | Yes | Mostly |
| Deflection Policy Written By | TPD; but replicated by local Sheriff’s Office | Each Department Maintains Their Own Policy |



¹ Personal correspondence with local leaders clarified that while officers perceive they must rely on Mobile Crisis to deflect, police do not need approval or an assessment from Mobile Crisis to make a deflection and can make these decisions on their own.

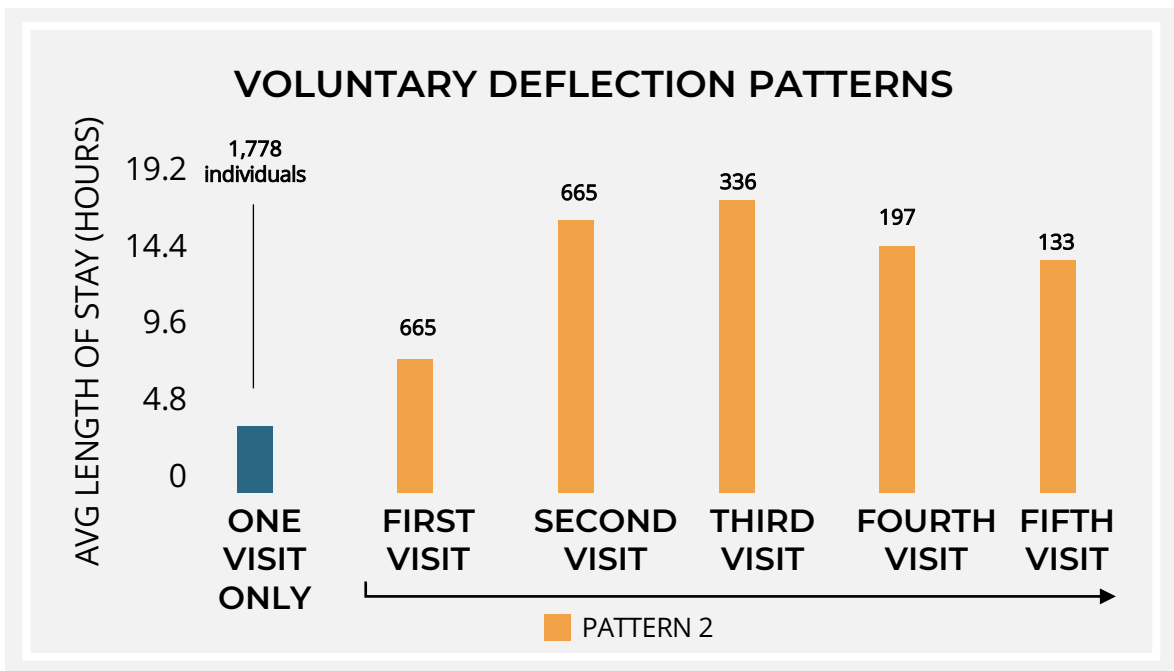
DEFLECTION AS THE PRIMARY RESPONSE

PIMA COUNTY, ARIZONA

Police voluntarily deflected² 4,076 unique people at least once to the CRC between July 2018 and March 2020 in lieu of arrest and a jail booking. Across these individuals there were two unique patterns of arrest and deflection.



The first pattern included individuals who were voluntarily deflected to the CRC but did not receive a subsequent deflection to the CRC. The second pattern included individuals who received a voluntary deflection to the CRC and then received at least one subsequent deflection to the CRC, as shown below.



² Although in Pima County officers can transport an individual to the CRC via an involuntary commitment, these individuals are distinctly different because they were not provided an option by police to engage in treatment. To learn more about individuals who experienced involuntary commitment see the full Pima County findings report.

For those individuals who experienced at least one return voluntary deflection to the CRC, each time they returned to the CRC, they stayed for much longer, reflecting the process of recovery and evidence about treatment initiation and engagement. Specifically, this evidence suggests individuals may need several opportunities for accessing treatment before agreeing to participate. This suggests getting these individuals to- and through CRC's front door is important for how they continue to engage with the provider. Unfortunately, the data included in the Pima County analysis does not include arrest data; therefore, we cannot determine if between deflections individuals experience arrest and how often. However, the data presented here indicates that individuals are continuously engaging with the CRC when it is offered to them and therefore moving through a treatment revolving door.

Specifically, Black individuals with SMHD, individuals with opioid use disorder (OUD) and SMHD, and individuals with SUD/SMHD continue to come back more often and stay longer each time. Continuous deflections for this subgroup might reflect both individuals wishes to initiate treatment *and* the types of people with whom police more often have contact. As such, if police have more contact with these subgroups then these groups are vulnerable for increased jail bookings if officers do not offer deflection. This suggests securing this second visit, and increased program dosage for the individual, requires that officers subscribe to deflection as the primary response in the field.

CHARLESTON COUNTY, ARIZONA

Police deflected 94 people at least once to the TCSC between June 2018 and March 2020 in lieu of arrest and jail booking. Across these individuals there were four unique patterns of arrest and deflection, as shown below.

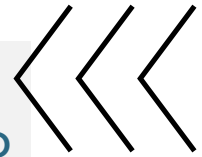
| | | | | | |
|--------------------------|-----------------|-----|------|-----|----------------|
| PATTERN 1: (N=75) | NO ARREST PRIOR | >>> | TCSC | >>> | NO ARREST POST |
| PATTERN 2: (N=2) | ARREST PRIOR | >>> | TCSC | >>> | NO ARREST POST |
| PATTERN 3: (N=9) | NO ARREST PRIOR | >>> | TCSC | >>> | ARREST POST |
| PATTERN 4: (N=12) | ARREST PRIOR | >>> | TCSC | >>> | ARREST POST |

The first pattern or experience included individuals who had no previous experience with arrest (either via custodial or written arrest) either before or after their deflection to the TCSC (74% of individuals' experiences). Importantly, this was the overwhelming experience for individuals in the data. The second pattern included individuals who had experience with arrest (either via custodial or written arrest) prior to their deflection but did not experience an arrest following their deflection to the TCSC (2% of individuals' experience). Combined, 76% of individuals in the data did not experience a subsequent arrest following the deflection to the TCSC. The third pattern included individuals who did not have experience with arrest (either via custodial or written arrest) prior to their deflection but did experience at least one arrest following their deflection to the TCSC (9.6% of individuals' experiences). The last pattern included individuals who had previous experience with arrest (either via custodial or written arrest) both prior *and* after their deflection to the TCSC (12.8% of individuals' experiences). Combined, 22.4% of individuals experienced a subsequent arrest following the deflection to the TCSC.

Nine people experienced two deflections to the TCSC and two individuals experienced three deflections to the TCSC. For these nine individuals, these additional deflections occurred between arrests. For example, an individual would receive a deflection to the TCSC and then their next event would yield an arrest, then their next police contact would yield another deflection, then their next police contact would yield another deflection. Although these types of patterns did not emerge often in the sample because the overall sample size was small, they nonetheless suggest the presence of potentially two revolving doors for these individuals: (1) a legal system revolving door and (2) a treatment system revolving door.

When considering the intersection of race, gender, and diagnosis, Black men diagnosed with schizophrenia spectrum disorder and other psychotic disorders were more likely than any other group - by race, gender, or diagnoses - to experience an arrest following a deflection to the TCSC. The strength of this effect was stronger than when looking at race and gender alone. This suggests that looking at the interaction between race and gender is not inclusive enough to understand who is experiencing dual-systems and who is experiencing one system more than the other. Although a limitation of this data is the inability to compare this group of individuals who received a deflection to the TCSC with a similarly situated group who did not receive deflections to draw casual conclusions. However, what is clear in the Charleston County data is two findings: (1) individuals are experiencing dual systems - although one includes more collateral consequences and (2) some individuals informed by the intersection of race, gender, and diagnoses experience one system more than the other.

RECOMMENDATION: DEFLECTION AS THE PRIMARY RESPONSE IN THE FIELD



Both counties' deflection program considers many criminal offenses as symptomatic of serious, underlying concerns, including mental health and substance use disorder. The spirit of these programs recognizes that behavioral health is deeply connected to public safety and a legitimate approach to public safety is treatment not incarceration. However, the combined data of Charleston County and Pima County indicate dual-revolving doors and, at least some, reliance on arrest in the process.

In Charleston County, some individuals experience the legal-system revolving door more than others. This specifically included Black men diagnosed with schizophrenia spectrum disorder and other psychotic disorders. Although the data cannot unpack how these individuals presented in the field, stereotypes of Black people – Black men specifically – have rendered their behavior as pathological, deviant, or criminal. These perceptions of Black men, exacerbated by psychological and behavioral manifestations of their mental health diagnosis further compound the ways Black men are treated in the field and the potential resources they are offered. However, under a model that deflects under almost all circumstances may substantially reduce how often individuals experience the collateral consequences of jail that may exacerbate their symptomology while helping them access the help they need. Importantly, as agencies determine the circumstances/offenses for deflection, they must consider how racism or ablism may persist in these decisions and how it reinforces current notions about who deserves help, services, and mercy.

Interestingly, in Pima County, when Black individuals with SMHD, individuals with OUD/SMHD, and individuals SUD/SMHD received subsequent deflections to the CRC they remained engaged longer each time. This suggests continuously offering individuals a treatment revolving door will provide increased program dosage to individuals within visits and over time.

To note, the presence of a treatment revolving door does not imply any failure on the part of the individual in a program. A treatment revolving door is a positive parallel system to the legal system's revolving door. Treatment initiation and engagement is complex and there are both systematic and individual pressures that individuals experience that make initiation or continuously engagement with treatment complex and challenging (described below). More importantly, understanding the presence and pervasiveness of a treatment revolving door centers the behavioral health approach and evidence. **Therefore, deflection must not only be the primary response in the field but previous deflections should not make individuals ineligible for future deflections.** This is central to both the Charleston and Pima County models and must accompany any deflection model.

DEFLECTION FOR ALL

PIMA COUNTY, ARIZONA

While officers in Pima County note the importance of offering deflection in lieu of arrest/citation and their inclination to offer it, they detail many factors influencing this decision, including: the underlying incident or situation, cooperation from individuals, victims' wishes, and type of offense. However, across interviews with officers, the most important factor considered by officers is the person's wish to initiate treatment. When an individual does not wish to initiate treatment, officers recognize that the other response to the offense is arrest – even when they recognize jail is not helpful.

Interestingly, many officers also reported that an individual's current situation at the point of contact is often not by choice, but then these officers offer that they believe individuals do have some agency to change their situation. In this way, an individual's ability to want to change their situation in the moment of the police contact influences an officers' decisions to deflect them and connect with them access to services. However, evidence about the process of recovery suggests there is more to treatment initiation than simply willingness or willpower. While officers acknowledge that for some individuals treatment initiation is complicated, they appeared to attribute these challenges only to individuals with substance use disorders and those who are homeless instead of recognizing that challenges exist for all people.

For example, concerns about initiating treatment may include concerns about paying for treatment, income loss from missed work while in treatment, and concerns about missing family obligation while in treatment. One officer mentioned that for a few women he interacts with they are hesitant to engage in treatment and services because of previous victimization while attending services/programming. While this officer connected an individual's previous experience with treatment to future hesitation, the officer only made this connection for victimization.

The intersection of race, gender, and disability also contextualizes treatment initiation and engagement. Experiences *with* racism, cis-sexism, heteronormativity and homophobia, ablism and stigma while engaged in previous treatment programs might also explain an individual not wishing to engage with the treatment options offered by an officer at the point of contact. This is likely a new but important nuance when officers make bounded determinations about an individual's willpower or willingness to go to treatment. Therefore, there is a critical need for agencies to reconsider how willingness to initiate treatment is considered as part of triaging individuals through one of the two parallel revolving doors.

CHARLESTON COUNTY, SOUTH CAROLINA

As part of the deflection process in Charleston County, many officers explained that they consider several factors when making a deflection or arrest decision, including an individuals' likelihood of harm to others and themselves and cooperation from individuals. However, across interviews with officers, participants most frequently cited victims' (including businesses) wishes about the situation as the most important factor when deciding between deflection and arrest.



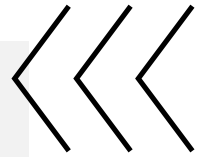
Really the issue comes down to: Is there a victim? Or, not? One of the more common things that comes up are disturbances and somebody's drunk and yelling in the street versus somebody fighting and beating someone up. Does that person want to prosecute? And, if they do, then we're most likely going to transport them to jail. If the victim doesn't want to prosecute it basically comes down to the fact that we can't make an arrest, or an arrest isn't appropriate because their behavior is about being in a mental health crisis.



In this way, deflection or arrest decisions in the field may be part police decision-making and part victim decision-making. As a result, this cast victims as de facto frontline implementors of deflection policies. Specifically, if victims decide, when deflection is possible or to request an arrest, then they have the power to temper the goals (increase access to treatment and care) and effects of deflection strategies. This is not to suggest that victims should not be included in the decision-making process; however, if officers in practice rely on victims to determine the result of these deflection-eligible situations, then their role in deflection strategies must be critically considered. Importantly, their role must be critically examined in the decision-making process when you consider the potential opportunities of implicit or explicit bias and discrimination this deference might invite into the process.

Although we cannot combine the TCSC administrative data with the officer interview data to triangulate findings; it is important to note that the individuals who received subsequent arrests more often than any combination of people by race, gender, and diagnoses, were Black men with schizophrenia spectrum disorder and other psychotic disorders. These individuals may be vulnerable to bias and discrimination in the field, especially by lay citizens who may not understand or have clinical understanding of the presentation of symptomatology. Therefore, there is a critical need for agencies to reconsider how victims are involved in specific situations where there is a behavioral health component to the incident.

RECOMMENDATION: DEFLECTION FOR ALL, IF AT ALL



Officers in both counties considered many of the same factors when deciding between deflection and arrest. Importantly, in both counties, even when officers recognized arresting the individual would not help them, they still choose to do it when a victim requested it or when they did not wish to go to the treatment services offered. This is an important tension for police and suggests an important micro-interaction for police as educators. Specifically, in these situations, police can educate victims about the symptomology of the individual and the goals of the police department to consider this symptomology when making decisions. Further, when engaging with individuals, officers can spend more time unpacking treatment concerns with a wider breadth of understanding about initiation complexities. Combined, these micro-interactions make police frontline educations and how well they “convince” parties impacts which revolving door an individual continues to experience.

However, a police department approach that necessitates deflection for all individuals under all eligible circumstances, alleviates the pressures of police to navigate their own and others implicit bias. Further, when all individuals under all eligible circumstances can enter the treatment revolving-door, officers no longer have to make determinations of deflection worthiness nor do they have to make non-clinical judgments about readiness for change. Lastly, it substantially reduces opportunities for disparate outcomes across the intersection of race, gender, and disability.

To note, a “Deflection for All” model does not mandate individuals enter treatment regardless of a desire to go. Instead, it makes the primary response deflection, instead of deflection being contingent or conditional. However, a “Deflection for All” model does not address responses for individuals who do not wish to go to treatment even if it is the default response to their behavior in the community. This presents an opportunity for police agencies to go bolder and critically examine a fundamental assumption about interactions in the field – the need for *some* response.

Police agencies must critically examine a **fundamental assumption** about interactions in the field – **the need for *some* response.**

In both Charleston and Pima Counties, if an individual agrees to treatment, receives a transport to the local crisis center, and then at the entrance of the crisis center decides *not to enter*, there is no legal consequence – an individual is not arrested for refusing to initiate treatment. If this is the case following a transport to the center, why not before? What specifically about a police transport makes the situation ultimately different? More to the point, a deflection-eligible situation or offense as determined by an agency inherently means that the agency has agreed to not arrest an individual. Why then is an arrest necessary when the agency has already determined it is not?

The data presented here provides an opportunity for agencies to critically examine inconsistency in policies that may result in disparate outcomes for individuals and further push some individuals into the legal system revolving door instead of opening access to the treatment revolving door.

A deflection-eligible offense, as determined by the agency, inherently means the agency has agreed to not arrest an individual.

Why then is an arrest necessary, absent a deflection, when the agency has already determined it is not?



ENHANCING EQUITY

While the words equity and equality are often used interchangeably these words are distinct and are worth clarification as the implementation of one versus the other can lead to differential outcomes for marginalized populations. Equality provides the same to all. Equity recognizes that we do not all start from the same place and we must make adjustments to account for these imbalances. Interestingly, the recommendations: (1) deflection as the primary response and (2) deflection for all, if at all, may, on the surface, look like a call for equal treatment. However, in-practice, these recommendations center the concept of equity.

Specifically, Black, Brown, and Indigenous individuals, individuals with severe mental health diagnoses, and individuals with substance use disorders experience disproportionate police contact. When police agencies rely on deflection as the primary response, they are providing individuals with access to treatment and services that they might not otherwise have received. In this way, police contact serves to create equity by leveraging the contact as an opportunity to broker resources and receive direct access to the help they need.

Further, “Deflection for All, if at all” also appears to center equality over equity. However, in practice, some individuals disproportionately experience an arrest when they do not wish to accept a deflection. These populations may disproportionately decline treatment because of past experiences with victimization, racism, cis-sexism, homophobia, and ablism by organizations and systems and in treatment. Critically examining the necessity of any response, absent a deflection, for offenses and situations that agencies already believe arrest is unnecessary prevents these groups from entering the legal system when they are choosing to avoid continued traumatization. In this way, a “Deflection for All, if at all” approach recognizes that individuals who choose not to access help to avoid continued traumatization should not then receive legal system involvement as a consequence for this choice. The approach enhances equity by understanding how inequity has manifested for individuals in the past and actively removes opportunities that would otherwise worsen those inequities.

When police agencies implement these two approaches they are dismantling core practices that contribute to the legal system’s revolving door and begin to repair harms to marginalized groups that have been disproportionately impacted. And, when police agencies do this for all individuals, then they no longer make access to the treatment revolving door conditional or contingent. It lessens opportunities for implicit bias, determinations of worthiness and mercy, and non-clinical judgments about readiness for change to impact the help someone can receive, and ultimately enhancing equity in the process.

In this way, a (1) deflection as the first response and (2) deflection for all, if at all, recasts police as important and critical gatekeepers to treatment services. It also elevates police agencies as perhaps the single most important legal system actor for creating spaces to increase equity earlier in the process.

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