EXAMINING THE IMPACTS OF ARREST DEFLECTION STRATEGIES ON JAIL REDUCTION EFFORTS

Charleston, SC

SAFETY+JUSTICE CHALLENGE

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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.

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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.

EXECUTIVE SUMMARY

CHARLESTON COUNTY,
SOUTH CAROLIINA

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. Importantly, deflection eliminates involvement in the legal system, allowing those who need more relevant interventions to avoid the additional weight and collateral consequences of arrest. 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 helping individuals get the help they need.

The goal of this research is to understand how deflection of individuals with SMHD operates in Charleston County, SC. Specifically, in June 2017, the county opened the Tri-County Crisis Stabilization Center (TCSC) – a ten-bed, residential care facility for those with urgent psychiatric symptoms, and where individuals can stay up to 14 days. The TCSC serves as a primary resource for officers in the field who engage with residents in crisis and provides an alternative to arrest. The TCSC is open 24/7 allowing officers a true alternative to jail as the primary mechanism for treatment and support for these populations any time of day.

There are two primary research questions driving this work:

(1) **how does deflection to the TCSC impact arrests for individuals with severe mental health diagnoses (SMHD) and jail reduction efforts, and**

(2) **how do police make decisions about who and when to deflect individuals to community services broadly and to the TCSC, specifically?**

DATA OVERVIEW

We use administrative admission data from the TCSC from February 2018 through February 2020 and local arrest data from July 2016 through April 2021 provided by the Charleston County Criminal Justice Coordinating Council (CJCC) to understand how access to the TCSC may impact subsequent arrests. We also rely on interviews with patrol officers across three of the county's police departments to unpack how officers make deflection decisions.

KEY QUANTITATIVE FINDINGS

- There were 105 deflections to the TCSC. These included 94 unique individuals. Each deflection to the TCSC is an opportunity to provide treatment and connect individuals to community resources after discharge. This process creates a parallel revolving treatment door where each deflection to this revolving door is a deflection away from the revolving door of the legal system.

- Of individuals deflected, 75% had a previous case with the county's mental health center prior to transport to the TCSC. Staff across Charleston County's systems (behavioral health and legal system) are interacting with the same people. This means there are potential opportunities to intervene earlier via CMHC to prevent subsequent contacts with police.

- Over half, 59.5%, of individuals deflected had a diagnoses of schizophrenia and other psychotic disorders or depressive disorders.

- 75% of those deflected to the TCSC do not experience a subsequent arrest within the period. This may suggest the TCSC provides the necessary programming, therapy, and brokering to resources upon discharge to help limit on-going crisis and police contact.

- Black men diagnosed with schizophrenia spectrum disorder and other psychotic disorders were more likely than any other group – by race, gender, and diagnoses – to experience a subsequent arrest following deflection to the TCSC. The strength of this effect was stronger than when looking at race and gender, alone.

DATA OVERVIEW

We use data from semi-structured interviews with eight patrol officers from three large police departments in Charleston County: Mount Pleasant Police Department (MPPD), Charleston Police Department (CPD) and Charleston County Sheriff's Office (CCSO). JSP conducted interviews via Zoom and, on average, they lasted one hour. Officers were majority men and veteran staff with experience in various roles and specialty policing units.

KEY QUALTITATIVE FINDINGS

- Officers described victim's wishes as the single most important factor when making a deflection decision. This suggests victims are also frontline policy makers, shaping what deflection can look like in practice.

- Officers describe their ability to coordinate a deflection to an individuals is better when the larger eco-system includes more options. Officers note this requires enhanced collaboration throughout both parallel systems – treatment and legal system.

- Officer participants express a lot of empathy for Mobile Crisis staff and their resource constraints, but articulate concerns about accessing them after traditional work hours when mental health service calls are more frequent.

- Several officer participants comment on the value of a co-responder model, but articulate removing police from social service calls will remain near impossible as long as clinicians only work dayshifts and are concerned about responding to calls for service at night and/or alone.

KEY STUDY

TAKE AWAYS

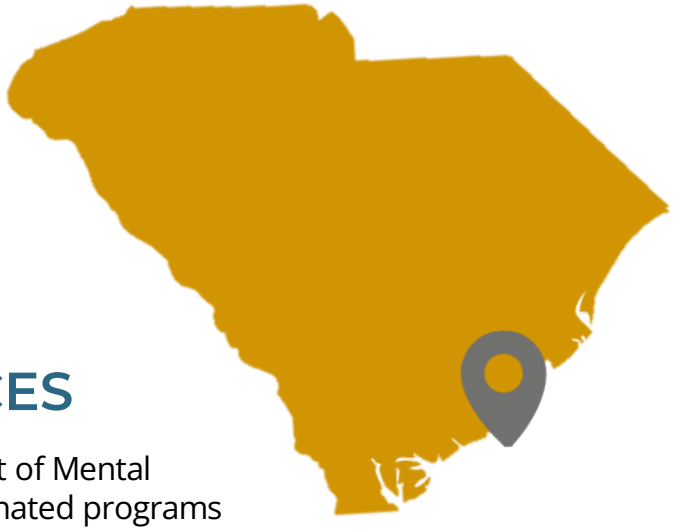
Looking at the interaction between race and gender is not inclusive enough. We must use an intersectional lens and consider disability, too.

When deflecting, police hold an incredible amount of decision-making power for triaging people out of the legal system revolving door and into the treatment open 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.

Officers report victim wishes 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 then critically consider how victims' own perceptions of justice and implicit bias can temper the goals of programs focused on justice and equity.

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 judgements about readiness for change to impact the decision to deflect.

CHARLESTON COUNTY & THE TRI-COUNTY CRISIS STABILIZATION CENTER (TCSC)



CHARLESTON COUNTY SERVICES

The South Carolina Department of Mental Health operates several coordinated programs within Charleston County, South Carolina. 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, 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 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.

POLICE are the **GATEKEEPERS** to the CRIMINAL LEGAL SYSTEM

Or, the clinician can make a recommendation for legal commitment to a mental health facility. 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 the TCSC.

While the use of tele-health and deflections to a Mental Health facility are important contributions to the county, they are both limited in their capacity across the county. For example, only two of the largest four police departments within the county are using the tele-health system and the Mental Health facility is only open during business hours. In contrast, the TCSC is a 24/7 facility and open for police referrals from all local law enforcement agencies. For this reason, this study focuses on the Tri-County Crisis Stabilization Center (TCSC) and its impact on reducing jail populations via deflections.

TRI-COUNTY CRISIS STABILIZATION CENTER (TCSC)

Opened in June 2017, the TCSC is a ten-bed, voluntary adult crisis center embedded within the Charleston Drug and Alcohol Center, and designed to provide immediate treatment options for individuals experiencing psychiatric symptoms or crisis. The TCSC is considered a residential care facility where individuals can stay up to 14 days.

Although there are several Charleston County police departments, four of law enforcement agencies, locally known as "The Big Four," are primarily responsible for deflections and warm hand-offs to the TCSC:

- **Mount Pleasant Police Department (MPPD)**
- **North Charleston Police Department (NCPD)**
- **Charleston Police Department (CPD)**
- **Charleston County Sheriff's Office (CCSO)**

A TCSC intake worker meets with the officer and individual upon arrival. An individual can choose to leave and not initiate treatment with the TCSC. In these cases, officers do not arrest individuals and the individual is free to leave.

If an individual chooses to initiate treatment the officer transports an individual to the TCSC, then the intake worker completes an assessment tool. Admittance requires the individual be medically stable and not require emergent hospital care, and the ability to perform activities of daily living (ADLs). Patients can have co-occurring substance use disorders but cannot be under the influence of substances or in need of medical detox upon arrival.

The staff consists of masters prepared clinicians, bachelor's level clinicians, a nurse on each shift, and a psychiatrist who conducts rounds of the facility each morning and is available by phone 24/7. The treatment services consist of group therapy, individual therapy, nursing services, assessment for medications by a psychiatrist, and psychosocial rehabilitation services.

Residents of the TCSC:

- meet with a benefits specialist (SNAP/WIC),
- receive targeted case management (ID, clothing, bus ticket/train ticket),
- meet with a peer specialist, and
- meet with a disability specialist.

EXAMPLE TCSC SCHEDULE

Time	Activity
0730 – 0930	Breakfast
0830 – 0930	Medical Rounds
0900 – 1200	Group and Individual Therapies
1200 – 1300	Lunch
1300 – 1700	Group and Individual Therapies
1600 – 1700	Free Time
1830 – 1900	Medical Rounds
1800 – 2130	Group Therapies
2300 – 0730	Bedtime

Residents also receive discharge planning which often includes a referral to a community provider. They are also assigned a Charleston-Dorchester Mental Health case manager to follow up on their case after discharged from the TCSC.

RESEARCH QUESTIONS, DATA & APPROACH

RESEARCH QUESTIONS

Two primary research questions drive this work:

(1) how does deflection to the TCSC impact arrests for individuals with severe mental health diagnoses (SMHD) and jail reduction efforts, and

(2) how do police make decisions about who and when to deflect individuals to community services broadly and to the TCSC, specifically?

DATA & APPROACH

To answer the first question, we worked with TCSC to identify all individuals who were deflected to the TCSC between February 2018 and February 2020[1] via law enforcement referrals (N=94). Once we identified all individuals deflected to TCSC via law enforcement, we worked with the Charleston Criminal Justice Coordinating Council (CJCC) to combine this data with the individual's arrest data, as applicable. We asked for all arrest data for individuals from July 2016 through April 31, 2021 .Our key outcome of interest is arrest following deflection from the TCSC.

Once combined, we conducted a series of descriptive statistics (described in findings) to understand the broad demographics of the individuals in our data set. Then, we looked at the intersection of race, gender, and disability via diagnoses to learn more about how this intersection might help contextualize deflection and arrest data.

We conducted an adapted social sequence analysis, an approach to longitudinal data to understand if there are unique patterns or experiences present in our data. This methodology is important to identify emergent experiences and contextualize those experiences with the intersection of race, diagnoses, and gender. This will provide early insight into how various individuals experience both the revolving door of jail and treatment centers, and disparate experiences, if any.

[1]The TCSC closed its doors in March 2020 during COVID and did not reopen until August 2021. During this time, deflection to the TCSC was not possible and police reliance on arrest and jails as the primary mechanisms for treatment continued during this time.

DATA & APPROACH

To answer the second question, we worked with the CJCC to identify a primary contact within each of the four major police departments in Charleston County. This typically included a Deputy Chief or other executive senior command staff within the agency. We met with each of the four major police departments, and three police departments agreed to allow us to recruit patrol staff from their agency for an interview – Mount Pleasant Police Department (MPPD), Charleston Police Department (CPD), and Charleston County Sheriff's Office (CCSO). The limitations of online and distance recruitment from COVID concerns yielded fewer participants than we originally predicted. After nearly a year of continued recruitment, 22 officers indicated interest in the study, and we conducted semi-structured interviews with eight officers. Each interview lasted, on average, one hour and all participants consented to recording.

The interviews consisted of four focal areas:

(1) **deflection decision-making and experiences;**

(2) **how officers decide where to deflect individuals;**

(3) **perceptions of ease of use with community providers and resources used during deflection process, and;**

(4) **perceptions of the role and responsibility of police to broker community resources during crisis.**

Following the interview, we uploaded all transcribed interviews into a qualitative analysis software and used a semi-grounded theory approach. This means, we used each of the four focal areas to guide our initial coding scheme, but then allowed themes to emerge within these areas. We present the most representative quotes with pseudonyms when describing emergent themes.

We also choose to use pseudonyms for two main reasons. First, it allows us to protect the confidentiality of our participants. Second, the use of pseudonyms, instead of role titles (e.g., patrol officer 1), serves to remind readers these voices are from active staff in the field and are representative of real experiences working with- and caring for these vulnerable populations in the community.

THE USE OF PSEUDONYMS REMINDS READERS THESE VOICES ARE FROM ACTIVE PATROL STAFF AND REPRESENTATIVE OF REAL EXPERIENCES WORKING WITH- AND CARING FOR THESE VULNERABLE POPULATIONS IN THE COMMUNITY.

QUANTITATIVE FINDINGS

STUDY DEMOGRAPHICS

105 DEFLECTIONS

HOW OFTEN DID PEOPLE EXPERIENCE DEFLECTIONS TO THE TCSC BETWEEN JUNE 2018 – MARCH 2020?

Police across Charleston County made 105 deflections to the TCSC between June 2018 and March 2020. Within these 105 deflections, 94 people experienced one deflection to the TCSC, nine people experienced two deflections, and two people experienced three deflections to the TCSC. Combined, the analysis uses a small sample size. However, it is possible police in the field offered any individual, and these individuals specifically, additional deflections to other resources and, therefore, this number might underrepresent the number of unique deflections the group experienced.

Upon arrival, individuals refused to voluntarily enter the program ten times and TCSC staff denied entry 18 times. Unfortunately, the data does not provide insight into why individuals refused or why TCSC staff denied entry. It is possible the latter is related to the strict eligibility requirements TCSC maintains related to intoxication and the inability to offer medical detox. Combined, these present as potentially 28 missed opportunities to intervene.

Across the 105 deflections and opportunities for TCSC entry, 74.3% of these deflections had a previous case with Charleston Mental Health Center (CMHC) prior to their first police-led deflection to the TCSC. This means, staff across systems (behavioral health and legal system) are interacting with the same people and suggests there are potential opportunities to intervene earlier via CMHC to prevent subsequent contacts with police.

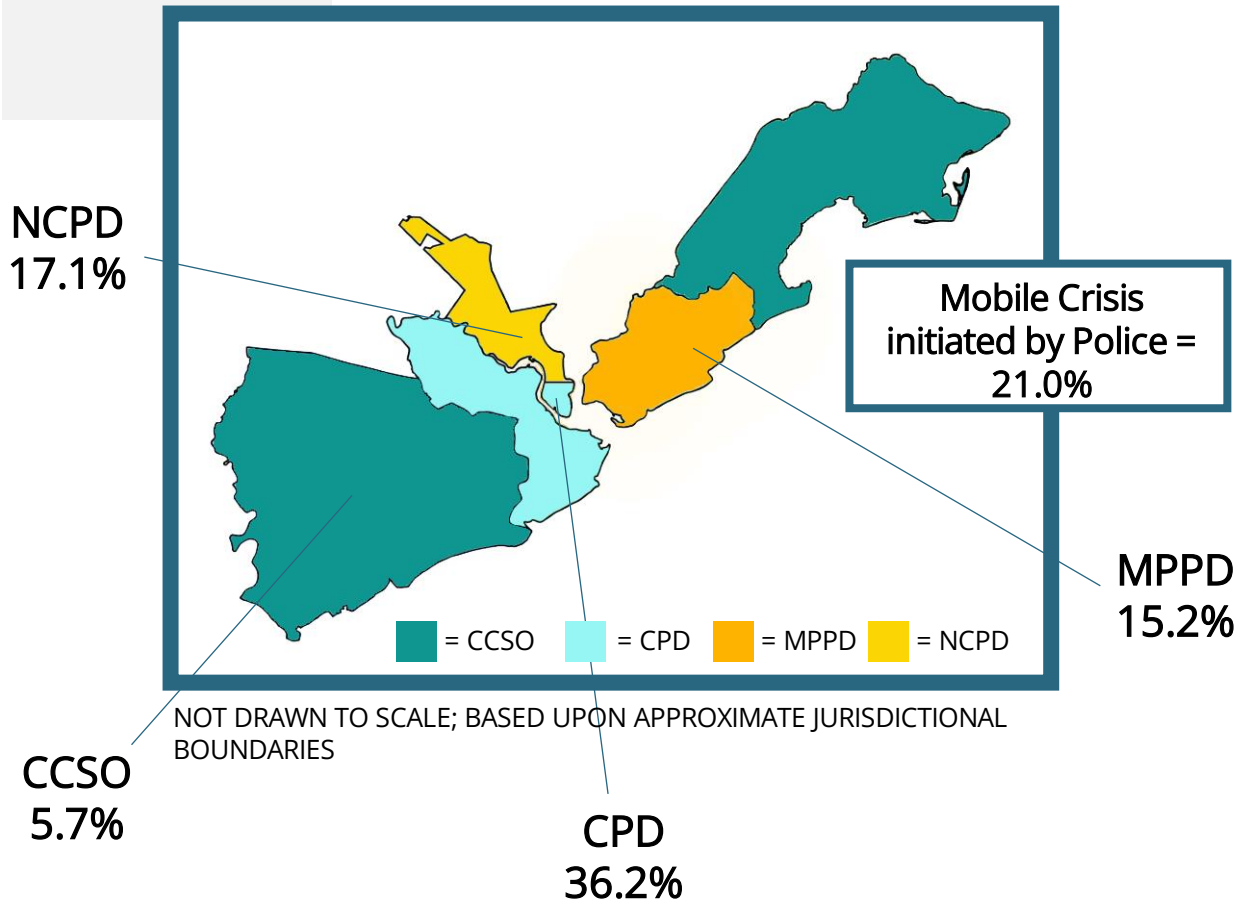
OF INDIVIDUALS DEFLECTED

74%

HAD A PREVIOUS CASE WITH CHARLESTON MENTAL HEALTH CENTER.

WHICH AGENCIES DEFLECT MOST OFTEN TO THE TCSC?

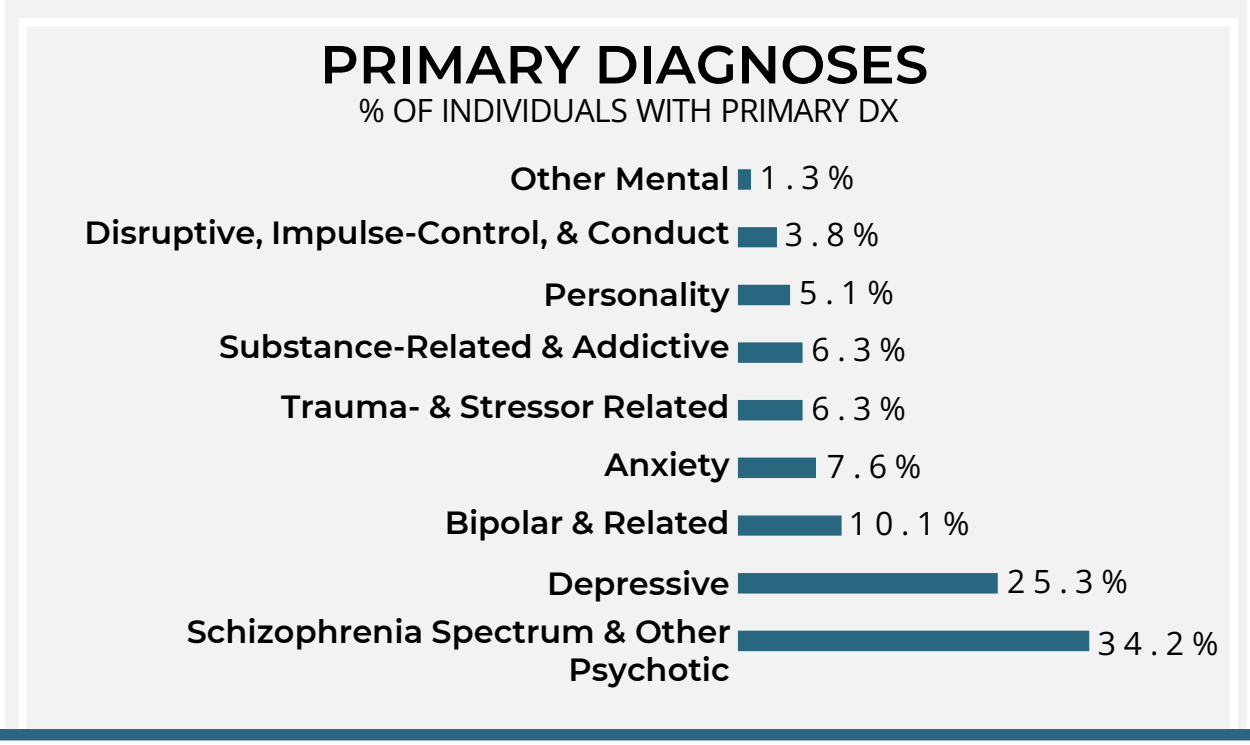
105
DEFLECTIONS



Across deflections, Charleston Police Department (CPD) made 36.2% of all deflections. As the leading TCSC deflection agency, this might result from jurisdictional boundaries which include the city center and other tightly dense areas. Further, TCSC is physically located within their policing jurisdiction potentially increasing officer reliance on the resource because of its proximity. Additionally, Mobile Crisis transports initiated from a police call represent 21% of all deflections to the TCSC. Then, North Charleston Police Department (NCPD) made 17.1% of all deflections, followed by Mount Pleasant Police Department (MPPD) which made 15.2% of all deflections. Lastly, Charleston County Sheriff's Office made only 5.7% of TCSC deflection, although this might reflect policing areas with less population density.

WHO IS DEFLECTED TO THE TCSC?

The Charleston Mental Health Center and the TCSC's data management system work in tandem with each other. Therefore, even when TCSC denies entry to individuals or they refuse to enter, the TCSC can connect the individual's working diagnoses with the deflection event if they have a previously open case with the Charleston Mental Health Center. Across the individuals deflected, there was known diagnoses information for 79 individuals and 57% of individuals have more than one diagnoses, ranging from one to five primary diagnoses ($\bar{X}$=2). Overly half of all primary diagnoses included schizophrenia spectrum and other psychotic disorders, 34.2%, and depressive disorders, 25.3%.

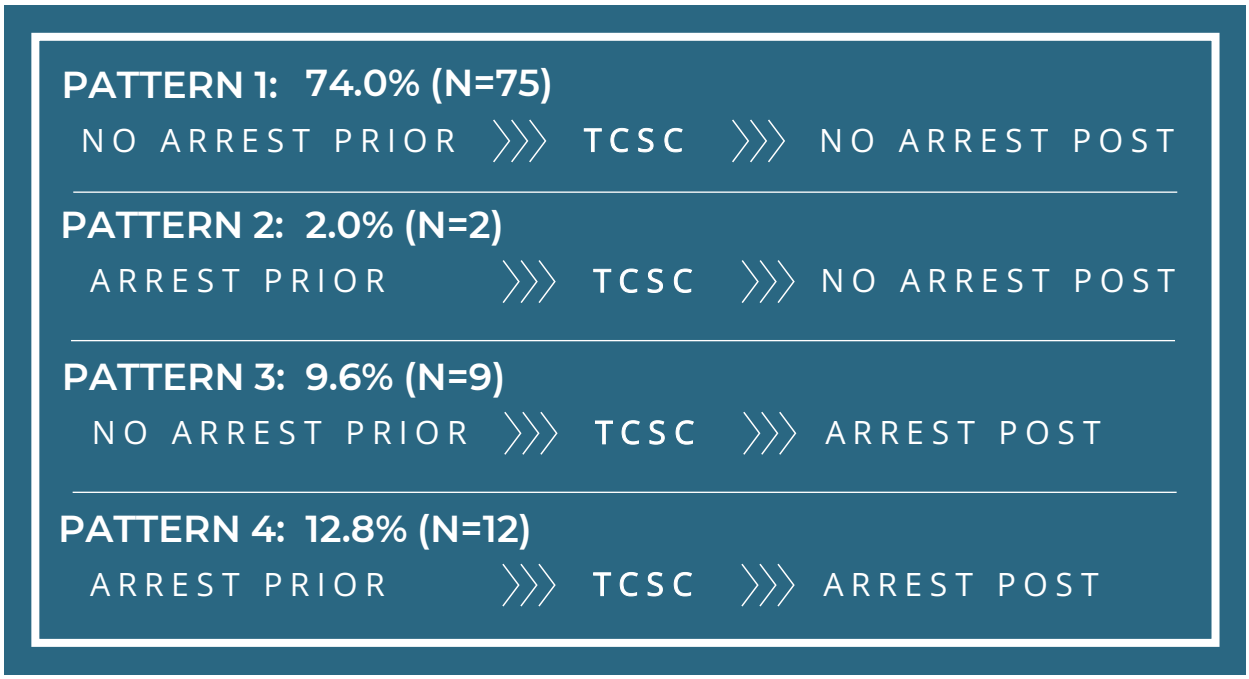


29.0% BLACK MEN	**22.0%** WHITE MEN	**1.1%** MULTI-RACIAL MEN
18.0% BLACK WOMEN	**28.0%** WHITE WOMEN	**1.1%** MUTLI-RACIAL WOMEN

TCSC asks participants to self-identify their gender and race. Of the 94 individuals in the sample, 46.7% identified as a woman and 53.0% identified as a man. There were no individuals who identify as transgender or outside of the gender binary (i.e., non-binary or gender non-conforming). Half of individuals identify as white, 50.6%, nearly half identify as Black, 47.2%, and 2.2% of individuals identify as multi-racial.

RESULTS

WHAT ARE THE PRIMARY EXPERIENCES OF INDIVIDUALS WHO ARE DEFLECTED? AND HOW DOES DEFLECTION TO THE TCSC IMPACT SUBSEQUENT ARREST?



Police deflected 94 people, at least once, to the TCSC between February 2018 and February 2020. Across these individuals, there were four unique patterns of arrest and deflection, as shown above. The first pattern 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.

HOW DOES THE INTERSECTIONALITY OF RACE, GENDER, AND DIAGNOSES INTERPLAY WITH THE EMERGENT ARREST & DEFLECTION PATTERNS?

PATTERN 1: NO ARREST ››› TCSC ››› NO ARREST POST
N=66

22.7% ●	22.3%	1.5%
BLACK MEN	WHITE MEN	MULTI-RACIAL MEN
24.0% ●	27.3%	1.5%
BLACK WOMEN	WHITE WOMEN	MUTLI-RACIAL WOMEN

PATTERN 2: ARREST ››› TCSC ››› NO ARREST POST
N=2

0.0%	0.0%	0.0%
BLACK MEN	WHITE MEN	MULTI-RACIAL MEN
0.0%	100.0%	0.0%
BLACK WOMEN	WHITE WOMEN	MUTLI-RACIAL WOMEN

PATTERN 3: NO ARREST ››› TCSC ››› ARREST POST
N=9

55.6% ●	11.1%	0.0%
BLACK MEN	WHITE MEN	MULTI-RACIAL MEN
0%	33.3% ●	0.0%
BLACK WOMEN	WHITE WOMEN	MUTLI-RACIAL WOMEN

PATTERN 4: ARREST ››› TCSC ››› ARREST POST
N=12

50.0% ●	33.3% ●	0.0%
BLACK MEN	WHITE MEN	MULTI-RACIAL MEN
0%	0.0%	0.0%
BLACK WOMEN	WHITE WOMEN	MUTLI-RACIAL WOMEN

● DISPROPORTIONATELY POSITIVE

● DISPROPORTIONATELY NEGATIVE

Overall, 76% of the those who received a deflection to the TCSC did not experience a subsequent arrest within the period. This suggests TCSC may provide the necessary programming, therapy, and brokering to resources upon discharge to protect residents from on-going crisis and police contact. However, findings suggest differential patterns based upon on the intersection of race, gender, and diagnoses. For example, Black women diagnosed with schizophrenia spectrum and other psychotic disorders were disproportionately more likely than all other people – given race, gender, and diagnoses – to discharge from the TCSC without a subsequent arrest.

This *positive disproportionality* is an important concept as researchers and policy makers continue to discuss "disproportionate" outcomes for individuals. This suggests researchers must take additional strides to contextualize the outcome and provide nuance about how disproportionality may operate positively in some processes. In this example, Black women with a severe psychotic disorder – an extremely vulnerable population by race, gender, and diagnoses – are experiencing something positive compared to the wider representation of Black women in this data. Unfortunately, these differences were not statistically significant, and likely the result of the small sample size. Future research must continue to evaluate these intersectional differences to learn the protective, and most importantly, *culturally responsive*, factors potentially at play for Black women with severe mental health disorders.

Further, 22.4% of individuals experienced at least one arrest following a deflection to the TCSC. Under further inspection, Black men were disproportionately more likely (50% in the arrest group compared to their 29% representation in the wider sample) to experience an arrest following deflection to the TCSC (X^2 (1) = 7.358, p <.01; φ = .286, p <.01). Although the chi-square analysis showed a moderately strong effect size, this approach did not consider how *diagnoses* may impact arrest.

PATTERN 3 & 4: TCSC ⟩⟩⟩ ARREST POST

BLACK MEN DIAGNOSED WITH SCHIZOPHRENIA SPECTRUM DISORDER & OTHER PSYCHOTIC DISORDERS WERE MORE LIKELY THAN ANY OTHER GROUP – BY RACE, GENDER, AND DIAGNOSES – TO EXPERIENCE AN ARREST FOLLOWING DEFLECTION TO THE TCSC.

When considering diagnoses, Black men diagnosed with schizophrenia spectrum disorder and other psychotic disorders were more likely than any other group – by race, gender, and diagnoses – to experience an arrest following a deflection to the TCSC (X^2 (1) = 10.511, p <.001; φ = .350, p <.001), and the strength of this effect was stronger than when looking at race and gender, alone. This suggests that looking at interaction between race and gender is not inclusive enough and we must consider disability via diagnoses, too.

However, a limitation of this research is its inability to compare this group of individuals who received a deflection to the TCSC with a similarly situated group who did not to understand the larger program effects. As a result, we are unable to determine if reduction of re-arrests for subgroups is casually related to the TCSC, specifically.

INHERENTLY IN POLICE-LED DEFLECTION, POLICE HOLD AN INCREDIBLE AMOUNT OF DECISION-MAKING POWER TO TRIAGE PEOPLE OUT OF THE LEGAL SYSTEM REVOLVING DOOR AND TOWARDS THE TREATMENT OPEN 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.

QUALITATIVE FINDINGS

INTERVIEW RECRUITMENT & SAMPLE

We worked with local police command staff and deflection program champions in Charleston County to recruit patrol officers for semi-structured interviews. This included scheduling meetings with leadership staff to explain the goals of the project, intention of the interviews, and how we plan to use the data. We authored several one-page briefs for command staff to email to staff to prime them for our research solicitation. We also provided our IRB approval letter to allay concerns about confidentiality and ethical use of data. Once we had approval from local staff to begin, we emailed over 50 officers from a list of people provided to us by our local liaisons who may be interested in taking part and/or who work in special teams who *do* deflections in the field. In the initial recruitment email to potential participants, we provided a broad overview and attached the one-page documents. We also provided a Survey Monkey link to formally "sign up" for the research. The lead researcher on the project then reached out to coordinate a meeting time and sent a calendar invitation with an embedded private-Zoom link for the interview. We agreed to conduct interviews when they were most convenient for officers and least likely to disrupt shift work.

Following the interview, the lead researcher sent a follow-up thank you email acknowledging the officer for sharing their time. This email also included the Survey Monkey study registration link to allow officers to forward the email to other staff, if they felt inclined. In this way, our approach to recruitment took both a targeted approach via the initial email list and a snowball sampling strategy.

Officer participants represented three of the four major police departments, including: Mount Pleasant Police Department (MPPD), Charleston Police Department, and Charleston County Sheriff's Office.

n=3 MPPD

n=3 CPD

n=2 CCSO

On average, police participants worked in law enforcement 17.2 years, with their respective police departments 14 years, and 75% of participants were men. Over half, 62%, of participants reported they previously worked in other capacities such as: school resource officers, field training officers, and within specialty teams (e.g. SWAT, Crisis Negotiation).

We present the most representative quotes with pseudonyms when describing emergent themes.

RESULTS

HOW DO OFFICERS MAKE DECISIONS IN THE FIELD TO DEFLECT? WHAT FACTORS DO THEY CONSIDER IN THESE DECISIONS?

HARM TO OTHERS, AND TO SELF

As part of the deflection process in Charleston County, many officers explain they begin the process by initiating a call to the Mobile Crisis Unit. For an individual to receive an involuntary committal to a local hospital, officers explain they need an evaluation from Mobile Crisis. As a result, officers state they consider the elements necessary to secure a committal when initially considering deflection as an option. These elements typically include an individual behaving in a way that is a danger to themselves or to others. Interestingly, while these factors might reflect reasons to *arrest,* officers clarified these *are the reasons* deflection is a more appropriate option, as described by Officer Walters below:

> The evaluator for mobile crisis hosted a training class which our entire department attended, and they explained what they're looking for and had us practice scenarios about those things. They gave us a how-to speak with people in crisis. So, when I'm dealing with them, I'm thinking about these factors prior to calling Mobile to have someone assessed. But, if someone's in crisis, the best thing is to get them an evaluation instead of throwing them in the back and heading cross-town.

To note, officers do not need to call Mobile Crisis to voluntarily deflect someone to the TCSC – officers can make that decision on their own. However, many officers said they prefer to consult with Mobile Crisis before making any deflection decision.

LIABILITY & INDIVIDUAL SAFETY

Officers also describe the lack of seriousness of offenses as a reason to use an alternative-to-arrest. Across Charleston County police departments, there are policies designating many misdemeanors and qualifying felonies as appropriate for citation-and-release. One officer states these other policies signal these offenses as not as serious and appropriate to potentially not arrest at all. However, another participant, Officer Florio, describes how he often wants to deflect for what he perceives as non-serious crimes such as drunkenness, but ultimately chooses to arrest, especially when there is lack of cooperation from the individual.

> Just this past week, we dealt with a female who was highly intoxicated. She couldn't tell me where she lived and couldn't give me a number for anyone to give her a ride home. And, my hands were tied. I had nothing else to do with her and so I had to arrest her. We had to take her to the hospital [as part of new procedures] and she got medically cleared there for jail. She doesn't need to go to jail. She needs some IV fluids and sober up. We wrote her a ticket for public intoxication and if someone had been able to come pick her up, I would have handled it that way. But you know, my hands are tied. I felt like I was walking fine line of being liable. I can't turn her loose as drunk as she was and she walk into the street get hit by a car, or God forbid somebody do something inappropriate to her or assault her, that's on me. Then my Sergeant comes to me, 'Well, why didn't you do enough to find her some place where this wouldn't happen to her?' I was a supervisor prior, so I know liability – agency liability and for myself.

Here, Officer Florio must reconcile his desire to deflect while also consider her safety. Officers describe that many of their calls most-opportune for deflection occur in the late or in the middle-of-the-night and make reaching loved ones more challenging. Balancing fear of personal liability and concern of an individual's safety, officers describe relying on arrest late at night when a person does not have the resources to leave the situation safely.

MOST IMPORTANTLY, VICTIMS

Across interviews, participant's most frequently cited victim's wishes *and* described it often as a the most important feature. Interestingly, most officers described this factor as matter-of-fact, like Officer Nielsen below,

> 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.

HOW DO OFFICERS MAKE DECISIONS ABOUT THE PROGRAMS TO USE, AND UNDER WHAT CONDITIONS DO THEY CHOOSE THE TCSC?

Officers described a menu of resources for a wide range of circumstances, but largely rely on their own police department's strategies and programs for their starting place. For example, Charleston Police Department recently implemented "field contact cards" that allow officers to write a narrative about a person they encountered while in the field that they are concerned about. These cards are submitted to the embedded clinician who then conducts outreach with these community members. An officer describes newly relying on this program to help residents get the help they need instead of making an arrest for small offenses like loitering or trespassing. In another example, Mount Pleasant Police Department recently began training some of their own police to serve as community paramedics to reduce reliance on EMS and Fire, and to respond to emergent calls more efficiently.

When officers need to make a warm-hand off to a community resource, they describe choosing services that most often have bed space, including staff they know will "take the needs of the person into consideration," or have a positive community reputation.

Officers explain that while they can refer someone to TCSC on their own, they typically rely on Mobile Crisis to make that determination. This reliance on Mobile Crisis might then result is an over-reliance of Mobile Crisis for decisions police can make on their own. Further, officers explain they like to use deflections to hospitals in specific ways. Officer Barz describes why he does not prefer to refer to hospitals and when he uses the TCSC,

> So, formally, yes, if someone needs to go to the hospital, then you can take them there, but informally, we don't like to use that as the primary option because once they're there they can leave quickly. Then, they walk outside, and then we have to start the process over again. With Mobile, if they do an involuntary commitment, they're on hold for three days and it solves the problem longer. But Mobile decides where they are going. That's typically about bed space. However, they can encourage a voluntary referral to TCSC and then we transport.

WHAT ABOUT CURRENT DEFLECTION PROCESSES DO OFFICERS PERCEIVE AS WORKING WELL AND NEEDS IMPROVEMENT?

Officer participants describe several important features of the deflection process and what they think is working well. We've organized these descriptions into: perceptions of material resources, policy resources, and people and community resources.

Material Resources

Overwhelming, staff discuss the newest roll out of iPads connected to Mobile Crisis. In the field, when an officer believes an evaluation by mobile crisis is appropriate, they can use the iPad to contact Mobile Crisis and do a tele-health assessment. Previously, officers had to wait for Mobile Crisis to arrive on scene or wait for the designed tele-health car which carried specific equipment. Now, officers describe the additional iPads as a "game changer" for conducting assessments, signing documents quickly, and sending documents to the courts for additional signatures. Some officers note the new iPad roll-out is limited by the four iPads purchased but many express optimism the department will continue these purchases.

Policy Resources

Staff note a couple of agency policy changes that have made the deflection process easier and more efficient to use. Specifically, officers across two departments note changes to policy that allow them to physically transport an individual to the TCSC or hospital instead of waiting on the Charleston County Sheriff Office's transport team. Officers note how this policy change improves both efficiency and care, as described below by Officers Sans and Meyer,

> Transports have been an obstacle because you know, we're sitting out on the side of the road, with an ambulance who can't take an involuntary transport and we couldn't take an involuntary transport because we didn't have that written into our procedures. So , now we're just kind of waiting, waiting, waiting. At some point, if someone wanders off or whatever from waiting that's a problem. So you're stuck for 40 minutes. The new policy let's us make those transports now and that helps us keep things moving.

> You've probably already got them calm, and you've already probably got a pretty good relationship going with him because you're having to stand there with them the whole time waiting for transport. Why not just be like, "Hey, I'm going to take you and we can talk about what it's going to look like." We stopped using the county's transports because it just doesn't make sense to have the person waiting that long following a crisis. And, it gets officers back on the street quicker.

Community and People Resources

Staff describe that with more police notaries in the field and additional liaisons with the probate court, they can use deflection efficiently. Officers also describe their good relationships with counselors at Charleston-Dorchester Mental Health and how these relationships matter for programs working well. One officer notes his trust in a local hospital because of their embedded psychiatry specialty and believes they are more equipped to help these individuals instead of relying on police to monitor situations *within* hospital settings. Lastly, and most often when reflecting on what's working well about deflection practices, officers applaud the work of Mobile Crisis. All officer participants comment on how their ability to connect community members to crisis resources is a direct result of the round-the-clock work of Mobile Crisis, and this work only expands what else they can do. Officer Menns elaborates on this point,

> We're starting to see that with all these programs it's opening the doors for having an open line of communication with more people. Like, Mobile crisis is under the umbrella of the Charleston-Dorchester Mental Health work, which means working with Mobile gives us more access and relationships with the county mental health services.

At times though, officers struggle with the staff and infrastructure of Mobile Crisis. Many officers note they are incredibly understaffed and can only handle one or two calls at a time. At night, when crisis calls are more common, officers describe how there can be a queue line for Mobile Crisis and how staff impacts deflections. Officer Jopps explains,

> Mobile has a few staff members, I learned there's only like five people working there. I feel real bad for them. So I try and make sure to call when I know I need an evaluation, and not just to *see* if I need an evaluation which I know will slow them down. They seem really understaffed. I know they trust us to call them when there is a true need for an evaluation. But, we would easily increase our use of Mobile 100% if they were able to take more calls. We'd call in the people "on the fence" more often.

Like other officer participants, Officer Jopps offers empathy to mobile crisis and their staff. However, she discusses how she considers *their* workload in navigating her own and specifies that she alludes to using Mobile Crisis when a community member might more clearly fit the evaluation and commitment criteria. However, she notes how these staffing concerns also temper the number of times she will connect individuals to Mobile Crisis, especially in cases where the need is not as obvious. As mentioned earlier, officers can make deflection decisions to the TCSC without approval from Mobile Crisis. This suggests a need for additional clarity for officers about when they can make decisions and possibly a need to increase their confidence about making these decisions without the help of a clinician. In this way, Officer Jopps describes additional opportunities to use deflection and reduce reliance on arrest, but where these opportunities are limited by a perceived external resource constraint and not about an officer's willingness to deflect.

Lastly, officers comment on how the shift infrastructure of Mobile Crisis compounds the staffing issue. In particular, all staff note most calls where someone is in crisis begin to happen in the early evening, late at night or in the middle-of-the-night. They offer empathy that these times are beyond the typical 9-5 work shift but unpack why that structure directly impacts how well they can ultimately use deflection programs where Mobile Crisis serves as a middle-man. Officer Praz explains,

> It's not rare that most of these things are happening in the middle of the night. However, that's not during [Mobile's] real working hours. Or, I call them close to the end of their day and they maybe don't want to come out and or they kind of blow it off because they have dinner plans or other things going on in life and I get that. But, it's not past five and someone needs help and now I need to call the on-call person. Or, it's the middle of the night and the on-call person is sleeping and I realize I'm waking them up. And, I realize that maybe in the dead of sleep at 3am they don't want to do an evaluation. But, if they keep working 9-5 and we keep getting calls 5-9, it's not gonna get easier.

RECOMMENDATIONS

POLICY & PRACTICE RECOMMENDATIONS

EARLIER OPPORTUNITIES TO INTERVENE

Of those deflected to TCSC, 75% had a previous case (either open or closed with Charleston-Dorchester Mental Health Center). This suggests there might be more opportunities *earlier* in someone's journey at Charleston-Dorchester to offer even more responsive services to prevent future police contact. However, this would require understanding how individuals deflected to TCSC compare to their larger population. Fortunately, the TCSC is embedded within the larger network of Charleston County services and works closely with those at the Mental Health center to continue to explore these ideas.

Recommendation: Identify how individuals deflected to TCSC by police are different than the wider population of cases managed by Charleston-Dorchester mental health. Use those differences to develop targeted and responsive support to temper continued police contact.

IMPROVING HOW WE TALK TO VICTIMS ABOUT AGENCY GOALS FOR THE COMMUNITY

According to officer participant's, how victims want to proceed about a situation or "case" is the primary factor for making an arrest or not. This means, victim decision-making can temper agency goals about deflection. Therefore, for cases involving a victim, officers may need additional language tools and talking points to educate victims about larger department goals, deflection goals, and how they connect to victims. Additional training to help officers respect victims' wishes without compromising new agency program goals is imperative to uphold community justice *and* equity and access to services.

Recommendation: Provide officers the language tools and talking points to educate victims about larger agency goals for the community and their role in achieving those goals.

CONSIDERING THE INTERSECTIONALITY OF RACE, GENDER, AND DISABILITY FOR DECISION-MAKING

Schizophrenia spectrum disorder and other psychotic disorders is a diagnoses where the primary symptom is psychosis which involves hallucinations and delusions. When thinking about how this diagnoses plays out in the community, we can see individuals experiencing things that are not real or based in reality. This can be scary or concerning for community members who encounter these individuals. At times, these symptoms might result in low-level misdemeanant behavior, and sometimes aggression towards others.

Our data suggest Black men diagnosed with this disorder were more likely to experience a subsequent arrest following deflection than any other group – by race, gender, and diagnoses. While our data cannot unpack those deflection decisions, we believe their diagnoses and how they likely present in the field cannot be divorced from their race and gender. 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. Consequently, we suggest the need to critically examine how the intersection of race, gender, and diagnoses plays out in the field for both police and victims' decision-making.

Recommendation: Critically examine how the intersection of race, gender, and diagnoses play out in the field for both police and victims' decision-making.

MEASURES, DATA & ANALYSIS RECOMMENDATIONS

IMPROVING HOW WE MAKE COMPARISONS BETWEEN INDIVIDUALS ARREST AND DEFLECTED

Currently, it is very challenging to understand true differences in deflection decision making based upon current available arrest data. This data typically provides arrest and not context. Therefore, research that intends to match deflection groups and arrest groups to understand differences can only match on demographic and offense characteristics, and not about the extent to which someone was in crisis in the field. As agencies continue to examine what variables and factors are correlated with their deflection programs (versus arrest) and what disparate outcomes exist, if any, then they need more robust tracking measures for individuals who are ultimately arrested.

Recommendation: Create easy fields in arrest paperwork for officers to "mark" if they perceived an individual was in crisis or if there was a mental health concern in the field.

IMPROVING HOW WE USE SUBGROUP ANALYSES IN DISPARITY ANALYSIS

Disparate deflection decisions might be as much a reflection of police decision making as victims' decision making. As we continue to unpack disparate deflections at the case level, we must then incorporate an additional analysis for which cases include a victim. This will begin to unpack how, and which disparate outcomes are reflection of police decision-making and reflection of victim decision-making at the point of arrest.

Recommendation: Incorporate additional outcome subgroup stratification of cases with a victim to understand how the separation of police decision-making and victim decision-making.

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