



# MEMORANDUM

Date: August 8, 2022

To: The Honorable Chair and Members  
Pima County Board of Supervisors

From: Jan Lester *Jan Lester*  
County Administrator

Re: **Board of Supervisors August 2, 2022 Consent Agenda Item 29**

At its most recent meeting, the Board had questions regarding Consent Agenda Item 29. This was an Intergovernmental Agreement with the City of Tucson (City) to support a Data Analyst position funded by the MacArthur Foundation Safety and Justice Challenge (SJC) grant. This position is primarily responsible for collecting the City data that is part of the larger multi-site evaluation that is being conducted nationally. Supervisor Rex Scott requested additional information regarding the activities of this data position, as well as the City's role and participation in the SJC program.

The attached memorandum from Justice Services Director Kate Vesely provides a more detailed explanation of the role of the grant funded City data analysis position. It also provides a broader context for the ongoing collaborative relationship that the County maintains with the City in the justice services space including more detail on the scope and impact of these efforts.

Our longstanding partnership with the City of Tucson has been critical to advance the interest of the community as it pertains to justice-involved populations. City affiliated law enforcement, as well as the Housing and the Community Safety departments have been important collaborators in this process. This partnership continues to yield valuable data and analysis that justice and community service agencies may use to inform policy discussions and how to support law enforcement and other partners in serving the complex needs of justice-involved populations.

JKL/dym

Attachment

- c: Carmine DeBonis, Jr., Deputy County Administrator
- Francisco García, MD, MPH, Deputy County Administrator and Chief Medical Officer
- Steve Holmes, Deputy County Administrator
- Kate Vesely, Director, Justice Services

AUG0822PM0454PCCLKOFBD



**Date:** August 8, 2022

**TO:** Jan Leshner  
County Administrator

**From:** Kate Vesely  
Director, Justice Services

**RE:** City of Tucson Involvement in the Safety & Justice Challenge

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At the August 2, 2022 Board of Supervisor's meeting, [Agenda Item # 29](#) on the Consent Calendar pertained to the renewal of an Intergovernmental Agreement (IGA) with the City of Tucson (COT) for a Data Analyst position funded by the MacArthur Foundation [Safety and Justice Challenge](#) (SJC) grant. This position has the primary responsibility of collecting COT's data for the research specialists who are conducting an evaluation of all national SJC sites (and grant funding reimburses COT for their costs related to this effort).

Supervisor Steve Christy noted the length of time the position had been vacant, and expressed concerns about whether the position was still needed and re-funding the Data Analyst at COT. Supervisor Rex Scott requested additional information regarding the activities of this data position, as well as the COT's role and participation in our community's SJC program. The purpose of this memorandum is to provide additional information to these questions and concerns.

### Summary

The SJC program's primary objective is to examine and reframe how America uses jail in relation to public safety, with a goal of strategically reducing non-violent, low risk individuals (such as those with substance use and mental health disorders) from jail populations without impacting community safety. Because multiple intercepts of the justice system – from arrest to probation – affect a jail's population, the SJC program was designed to work collaboratively with multiple justice entities across an entire jurisdiction.

In our community, this involves not only County justice entities, but also local limited jurisdictions. The COT, which includes Tucson Police Department (TPD) and Tucson City Court (TCC), has been a critical system partner in these efforts since the beginning of the SJC, especially as Tucson has the largest population within Pima County. TPD arrests represent over half of all bookings into the Pima County Adult Detention Complex (PCADC).

As a condition of the MacArthur Foundation grant funding, the SJC project requires significant data collection to measure the efficacy of efforts with the goal of duplicating successful endeavors in other communities. Because the COT was not receiving grant funds or other general funds in order to support their data reporting obligations, the COT received SJC funding for a position to meet this need.

The individual who had previously occupied the Data Specialist position within the City Manager's Office (but embedded with TPD) left for another position in local government, and the IGA expired before a qualified individual could be hired to fill the vacancy. Despite receiving no grant funding to meet the

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City's data collection obligations, TPD continued to meet their voluntary data reporting requirements despite limited resources. As a new qualified individual has been identified and hired within the City Manager's Office (but now embedded within the COT's Community Safety department), funding the position meets the County's obligation in our arrangement with COT in exchange for their participation in the data collection metrics of the SJC.

### City Involvement in the Safety & Justice Challenge

The original collective of agencies participating in the original SJC application included: Pima County Administration, Pima County Attorney's Office, Pima County Sheriff's Department, Public Defense Services, Pima County Superior Court (to include Adult Probation and Pretrial Services), Pima County Consolidated Justice Court, Tucson Police Department, Tucson City Court, and the City Manager's Office. Aside from indirect costs, nominal supplies, and travel/training, Pima County has redistributed all grant funds to our justice system and community partners to implement multiple strategies crafted by the collective of partner entities.

While our local SJC grant program is, as of July 1, 2022, fiscally and operationally managed within Justice Services, it is collectively "owned" by the above collaboration of justice system partners on both the City and County levels. Since the original application to the MacArthur Foundation, the City has been an important partner to the SJC program. Many of the strategies to reduce the target population (misdemeanors, individuals with substance use and/or mental health concerns) have included a nexus to COT entities (TPD and Tucson City Courts, namely) – specifically in the warrant resolution and law enforcement deflection strategies, as well as participating in the Jail Population Review (JPR) committee.

Generally, SJC partners are required to provide annual data to the MacArthur Foundation; TPD has completed this requirement annually since the start of SJC. Researchers have requested other (optional) data from the COT (i.e. Tucson City Court and City Defender); however, COT had been given an exemption due to limited data department capacity, as well as the Arizona Administrative Office of the Courts (AOC) taking over the bulk of Tucson City Court's data management. It is our hope that this new data position may be able to assist with some of these requests.

Some of the SJC strategies in which COT has played a critical role:

- **Law Enforcement Deflection (Tucson Police Department)**

Tucson Police Department has been a national leader in alternative interventions for individuals with mental health and substance use disorders. Following shortly after the Pima County Sheriff's Department's launch of their Mental Health Support Team (MHST, pronounced "mist") in 2014, TPD then launched a [Substance Use Response Team \(SURT\)](#) in 2018 to create a specialized team of officers – who are paired with treatment providers, included peers who have lived experience with substance use disorders. TPD has received national acknowledgment for their innovation with these teams and efforts to deflect individuals from the justice system to treatment, and recognized as a "[Learning Site](#)" with the Bureau of Justice Assistance (BJA) and Council for State Governments (CSG). Every year, communities

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across the county travel to Tucson to learn more about these teams, and collaborative efforts with the County and treatment systems.

Support to local law enforcement deflection was not among the SJC's initial strategies. However, after TPD pioneered multiple deflection endeavors – and those efforts reflected positively in reducing individuals with substance use and mental health disorders in jail custody – it was decided to add “supporting law enforcement deflection” to the SJC strategies in the 2020 sustainability funding application. The objective of this tactic is to support all local public safety agencies (who use PCADC for pretrial detention) with their goals to implement deflection and/or identify resources that will provide to police officers alternative options to arrest (when police determine appropriate). SJC funding is utilized to provide training to any local police department, who expresses an interest in adding “tools for the toolbox” for officers in the field.

Justice Services has endeavored to support TPD's (and all local law enforcement) deflection programs beyond contributing SJC funding for training and outreach, as those efforts have been aligned with Pima County (improving community safety, reducing taxpayer costs, and improving outcomes associated with justice system involvement). In 2017, Pima County partnered with TPD in a BJA grant program to launch the Unified Medication Assisted Treatment Targeted Engagement Response (U-MATTER) deflection program. The previous data specialist position, funded by SJC and embedded with TPD, created a report documenting estimated cost savings of this program, quantified by hours of officer time saved. A copy of this 2020 report is included as **Attachment 1**.

TPD also partnered with Justice Services (as well as Connections Arizona – the treatment provider for the Crisis Response Center) in another SJC research project just this year. As part of the Safety and Justice Challenge Research Consortium, we collaborated with [Justice System Partners](#) (JSP, a national research subcontractor for the Safety and Justice Challenge) to examine the impacts of arrest diversion/deflection strategies on jail reduction efforts. The goal of this research is to understand how deflection of individuals with substance use and mental health disorders operates within two study sites: Pima County, and Charleston, SC.

Pima County's study focused on mental health deflections to our Crisis Response Center (CRC), which opened in 2011 and provides law enforcement specialized access to emergency psychiatric and substance use services. Specifically, the CRC offers case management, individual and group therapies, peer supports, and medication education and management. The CRC is open 24 hours a day, seven days a week, thus allowing officers a true alternative to jail at any time of time of day or night.

A copy of JSP's report is included as **Attachment 2**. Some of the key takeaways from the study include:

1. When individuals who first receive a voluntary deflection come back to the CRC for a second time, it increases how much intervention (appointments, medication, other treatment) they continue to receive within and across visits. This might speak to their treatment readiness and suggests getting these individuals to- and through CRC's front door twice is important. Securing this second visit requires officers subscribe to deflection as the primary response in the field.

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2. Officers report an individual's willingness to agree to initiate treatment is the most critical factor when making a deflection for an eligible offense. However, even when officers acknowledge the complexities with treatment initiation, some will still initiate an arrest – even when they recognize jail is not helpful. This tension demands a critical examination about the need for any response to arrest-eligible offenses in the absence of willingness to go to treatment.
3. “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.

- **Jail Population Review (JPR) Committee**

This weekly collaborative project includes primary participation from the Pima County Attorney's Office (PCAO) and Public Defender's Office (PDO), though includes representatives from multiple intercepts of the justice system – from law enforcement, to Pretrial Services and Adult Probation. The goal of this work is to identify low risk individuals who were held at Initial Appearance for various reasons (most commonly old warrants), but are likely to be released back to community supervision either before or after sentencing due to low-risk charges. If both PCAO and PDO agree to a detainee's release, additional efforts are made to coordinate housing, connection to treatment, and other resources on release. The goal of this program is to reduce the amount of resources spent on detaining an individual who is likely to be released anyway within a few weeks to months. TPD MHST and Tucson City Public Defender provide insight into individuals eligible for JPR release who may have a history of interactions with the MHST team or who may have an open case with City Court, information which PCAO and PDO attorneys would otherwise not have access to.

- **Warrant Resolution Court**

Data analysis, conducted during the initial 2015 SJC planning phase, revealed that warrants and Failure-to-Appear charges (FTAs) were the largest contributing factors of the jail population and disproportionately impacted people of color. In response, the warrant resolution strategy was formulated with the overarching goal of increasing the accessibility of courts and the feasibility of quashing warrants.

Some of the strategies that were initially employed, and have evolved since, are: enhanced automated reminders of upcoming court dates (via phone calls, texts, and emails) and Warrant Resolution Court at Justice Court and Tucson City Court to provide extended court hours and make court more accessible for individuals with outstanding warrants (weekend court, weeknight court, weekday walk-in courts, joint weekend/evening courts). During the initial application, this strategy was estimated to reduce the average daily jail population by 164 individuals, while simultaneously targeting racial and ethnic disparities present in the system. Due to waning attendance over the years, night and weekend Warrant Resolution Court was discontinued at the end of 2019, though warrant resolution during business hours became a practice adopted by Tucson City Court.

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City of Tucson – Data Specialist Position Activities

SJC funds the Data Analyst position within the City Manager’s Office, in exchange for providing data important in analyzing the efficacy of SJC strategies. Despite the gap in time between when the previous staffer left City service and a new individual could be hired, TPD continued to upload their data reporting. We are grateful to TPD for their investment in research and evaluation, regardless of the staffing challenges they, like many others, have faced during the pandemic.

However, in addition to completing the data reporting requirements for SJC, this position has also provided critical information to the County regarding collaborative efforts (such as the TPD deflection program, referenced above) and data transparency to the community. The previous staffer supported the creation of the [Tucson Police Data Dashboard](#), a public-facing website where anyone can get reports on use of force, reported crimes, arrests, traffic collisions, traffic enforcement, and police activity. This website is currently down due to records migration, but should be operational again shortly.

With the COT’s creation of the new Community Safety department, it was a logical transition to transfer the position previously embedded with TPD to the new department – which works collaboratively not only with MHST and SURT teams of TPD, but other public safety and community service agencies within the City (like Tucson Fire and Housing departments). Working with the Community Safety initiatives will not only support Pima County’s priorities (including jail reduction, increased access to treatment and other services, reducing justice system involvement, and promoting community safety) but also expand our access to research in other areas (such as 911 Communications data).

It is important to note that this short-term grant funding, while also supporting the County’s data collection efforts for the SJC program, is intended to support TPD and COT’s public safety efforts through data-driven decision-making. While the funds have always gone to the City Manager’s office, the position was initially embedded with TPD to assist with their many research and evaluation projects. At TPD’s request, the position was moved to the Community Safety department where it will continue to not only support TPD but also many entities within the public safety and first responder domain.

Justice Service’s partnership with COT – including first responder agencies, housing, and the Community Safety department – supports Pima County’s goals in the SJC. Further, it will provide data analysis that our justice and community service agencies may use to inform decisions regarding resource allocation, program creation or expansion, and other data-driven decision-making metrics.

CC: Francisco García, Deputy County Administrator – County Administration  
Monica Perez, Chief of Staff – County Administration

# ATTACHMENT 1

**Substance Use Deflection Program Evaluation:  
Performance Assessment and Benchmarking for Equity  
Analysis Division, Tucson Police Department**

**ABSTRACT**

Tucson Police Department's Substance Use Deflection (SUD) Program started on July 1, 2018 to improve the department's approach to policing the drug crisis by addressing the root cause of drug-related crime – substance addiction – through creating entry points to treatment. The purpose of this evaluation is to examine data from SUD's initiation (July 1, 2018) through July 31, 2020 in order to assess program performance and examine demographic disparities. SUD performance is evaluated by studying the 803 individuals who participated in the program 891 times over the period. Disparities are examined by benchmarking SUD data to arrests that included only deflection eligible charges. The 2,416 individuals who were arrested a total of 2,822 times for only deflection-eligible charges in the period are used as a reference to look for disparities among SUD participants while controlling for the types of crime committed. Over the 25 months studied, SUD has exceeded participation numbers that have been used to declare other similar programs across the country a success. These high participation numbers are due to the active components of the program where police officers serve as primary outreach workers. Moreover, when compared to the results of other diversion programs across the country, TPD's SUD program appears to be exceptional in offering equitable opportunities to participate. While safety and health outcomes are the priority, estimated cost savings for the City of Tucson due to the program could be conservatively estimated at \$700,000 over the last twenty-five months.

## I. INTRODUCTION

At this point, there is little debate about the impact of the opioid epidemic in the United States. Arizona's opioid-related death rates increased by 15 percent per year from 2015 through 2017 ("2013-2017 Drug Overdose Death Rate Increase", 2020). In response to the rising death toll, Arizona Governor Doug Ducey declared a public health emergency on June 5, 2017 (Arizona Department of Health Services, 2018). Despite Governor Ducey's declaration, there have been over 6,000 suspected opioid deaths and nearly 50,000 suspected opioid overdoses in Arizona since the emergency declaration ("Opioid Epidemic", 2020).

While the entire State of Arizona has been affected by the opioid epidemic over the last decade, Pima County and the City of Tucson have been disproportionately impacted by the crisis. In 2017, Pima County had the highest opioid death rate reported of any county in Arizona (Pima County, 2018). That same year, drug induced death rates were more than twice the mortality rate in central Tucson than for the state of Arizona as a whole (Pima County, 2018).

The crisis reaches across geographic, racial, gender, and socioeconomic boundaries to impact individuals, families, and communities. Communities suffer significant consequences, including, but not limited to, increased costs for providing emergency and medical care, judicial services, and law enforcement. The burden placed on law enforcement is especially costly because substance abuse increases and aggravates existing challenges including motor vehicle crashes, suicide, physical fights, domestic violence, child abuse, and other incidents involving violence (Pima County, 2018).

The magnitude of the opioid epidemic calls for a revolution in how law enforcement agencies combat substance abuse in their communities. Traditionally, police have aimed resources at drug problems through the deterrence/suppression lens, using enforcement and arrest-based strategies that target drug users and distribution networks (Green et al., 2013). However, as opioid-related deaths continue to increase, many law enforcement officials have begun to realize that these traditional responses alone will not solve their drug problem and do not deter recidivism related to substance abuse. Instead, a systemic approach that invites in public health partners to address the root cause of drug-related crimes is more likely to create outcomes that are more favorable and longer-lasting (Collins et al., 2017).

The benefits of pre-booking, police-led diversion programs include reducing the stigma associated with drug addiction, helping more users before they enter the criminal-justice system and face additional barriers, and lowering costs associated with incarceration and probation (Collins et al., 2015). Overall, police deflection programs are built on the understanding that access to treatment and follow-up to treatment is a legitimate approach to public safety.

TPD already contained a specialty unit that proved the benefits of combining public health and law enforcement models to emphasize access to treatment. TPD's Mental Health Support Teams (MHST) is a specialized unit of officers and detectives that proactively and compassionately connect people with mental health needs to services before, during, and after a behavioral health incident. The MHST model was initially implemented by the Pima County Sheriff's Department in response to the January 8 shooting during the Congress-On-Your-Corner event. MHST was then adopted TPD in 2014 and later expanded under Chief Chris Magnus. Since implementation, MHST has improved public safety and decreased the number of incarcerated mentally ill individuals by acting as an entry point into mental health treatment (Balfour et al., 2017). As TPD was looking to address the root cause of drug-related crimes and deaths by helping those with substance use disorder access treatment, MHST provided a proven model and a natural home for the initiative.

TPD's Substance Use Deflection program (SUD) diverts offenders away from traditional criminal justice involvement towards treatment that will break the cycle of criminality and substance addiction. SUD began on July 1, 2018 as a pre-booking law enforcement diversionary program grounded in a public health

approach. The Substance Use Resource Team (SURT) recently branched off from MHST as a specially organized team designed to help people struggling with substance use disorder. SURT leads deflection use and training for TPD while also performing active outreach deflections.

*Tucson Police Department's Substance Use Deflection Program Description*

Police-led diversionary programs can generally be categorized into two different systems based on whether the primary mechanism of the referral process is passive or active. First, passive systems are those in which people who are using drugs initiate treatment services by coming to the police department and asking for assistance. Second, in an active referral system, officers take a more involved role in the identification of those in need within the community and connecting them to treatment.

Results reported from other communities show promising outcomes for both types of systems. Studies examining police departments that have initiated active referral systems where police officers were the primary outreach workers have shown that police departments can serve as a viable treatment access point for persons with a drug issue (Varano et al., 2019). Even in passive systems when users initiate contact with police officers to seek treatment, participants and communities reported a positive shift in how they view the police (Schiff et al., 2017; Varano et al., 2019). Tucson Police Department's SUD program contains both passive and active components based on models used by other departments but forged into a more robust integrated system that is better able to address the public health crisis (Arizona Public Media, 2018; Schmidt, 2018).

TPD officers began deflecting individuals under SUD in July 2018 as a means of diverting people suspected of low-level drug offenses to social and legal services instead of prosecution and incarceration. SUD includes five categories of potential contact and use:

1. Deflection of criminal charges where an officer offers treatment and resources in lieu of criminal charges;
2. Self-referral where an individual comes into a police substation seeking help with substance use disorder treatment and resources;
3. Social-referral where a person contacts a TPD officer in the field seeking help with substance use disorder treatment and resources;
4. Active outreach where a TPD officer and behavioral health peer support co-responder team seek out individuals who suffer from substance use disorder to help connect them with treatment and resources; and
5. Other activities that do not fit in the above criteria but require follow-up and/or documentation related to a person in need of substance use disorder treatment and resources.

During the course of an investigation, or any other daily activity where there is probable cause to make an arrest for a criminal offense, any officer from any division may use their training, experience, and situational awareness to offer treatment in lieu of charging an individual for deflection-eligible offenses. If an officer determines that an individual would benefit from and is ready to participate in a drug treatment program, they may elect to deflect the following eligible felony or misdemeanor offenses:

- Felony Offenses
  - o Personal useable amount of heroin, methamphetamine, cocaine or any combination.
  - o Prescription pills for personal use.
  - o Narcotic paraphernalia to include pipes, foil, syringes, baggies with residue.
  - o Warrants related to personal use narcotic drugs or dangerous drugs (excluding sales).
- Misdemeanor Offenses
  - o Trespassing,
  - o Prostitution,

- Traffic offenses, excluding Driving-Under-the-Influence,
- Shoplifting,
- Theft,
- Disorderly conduct,
- Misdemeanor failure to appear bench warrants that do not include domestic violence or other crimes of violence,
- Tucson City Code / Quality of Life violations with no victim.

Any misdemeanor crime involving a victim must have post-investigation victim approval prior to offering deflection for the crime.<sup>1</sup>

## II. MATERIALS AND METHODS

The present evaluation was conducted with two goals:

1. To examine the performance of SUD in offering treatment opportunities to community members through a lens of programmatic results and demographic representation, and
2. To test the efficacy of the demographics of individuals participating in the program with the closest associated benchmark (arrests under deflection-eligible charges only).

This evaluation includes 803 adults who were either found in violation of deflection-eligible offenses, were offered participation in the deflection program by the arresting officer, and agreed to participate in the program in lieu of arrest or were referred to the program through a self, social, or active outreach contact. These individuals participated a total of 891 times in deflection with some individuals participating multiple times.

SUD data is benchmarked to arrests that include only deflection eligible charges. To identify deflection-eligible arrests, TPD's Analysis Division developed a database query that pulls all TPD arrests that include a deflection eligible offense from July 1, 2018 through July 31, 2020. An arrest may include multiple offenses. If a single offense within an arrest is not eligible for deflection, then the arrest was not deflection eligible. Therefore, the database query then began a series of screening processes that eliminated arrests from the initial query that did not meet all deflection criteria. First, felony arrests with felony charges that were not drug-related were eliminated. Then, drug-related misdemeanors, and domestic violence related charges were screened out. Next, all felony drug charges not related to personal possession or use were eliminated (eliminating sales, cultivation, and production offenses). Then, arrests with other charges that were not deflection eligible were eliminated.

This produces the most accurate reflection of deflection-eligible arrests as possible with TPD's current database. However, some misdemeanor failure to appear bench warrants for crimes of violence and some City Code violations with victims may remain in the final result despite not being deflection eligible. This evaluation includes 2,416 individuals who were arrested a total of 2,822 times for only deflection-eligible charges.

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<sup>1</sup> Appendix 1 and 2 have descriptions of SUD protocol and eligibility criteria.

### III. RESULTS

Since inception, 891 deflections have occurred. The early experience from Tucson indicates that police-led access to treatment appealed to a wide cross section of individuals with substance use disorders and is an effective community-based approach to that engages commonly marginalized groups.

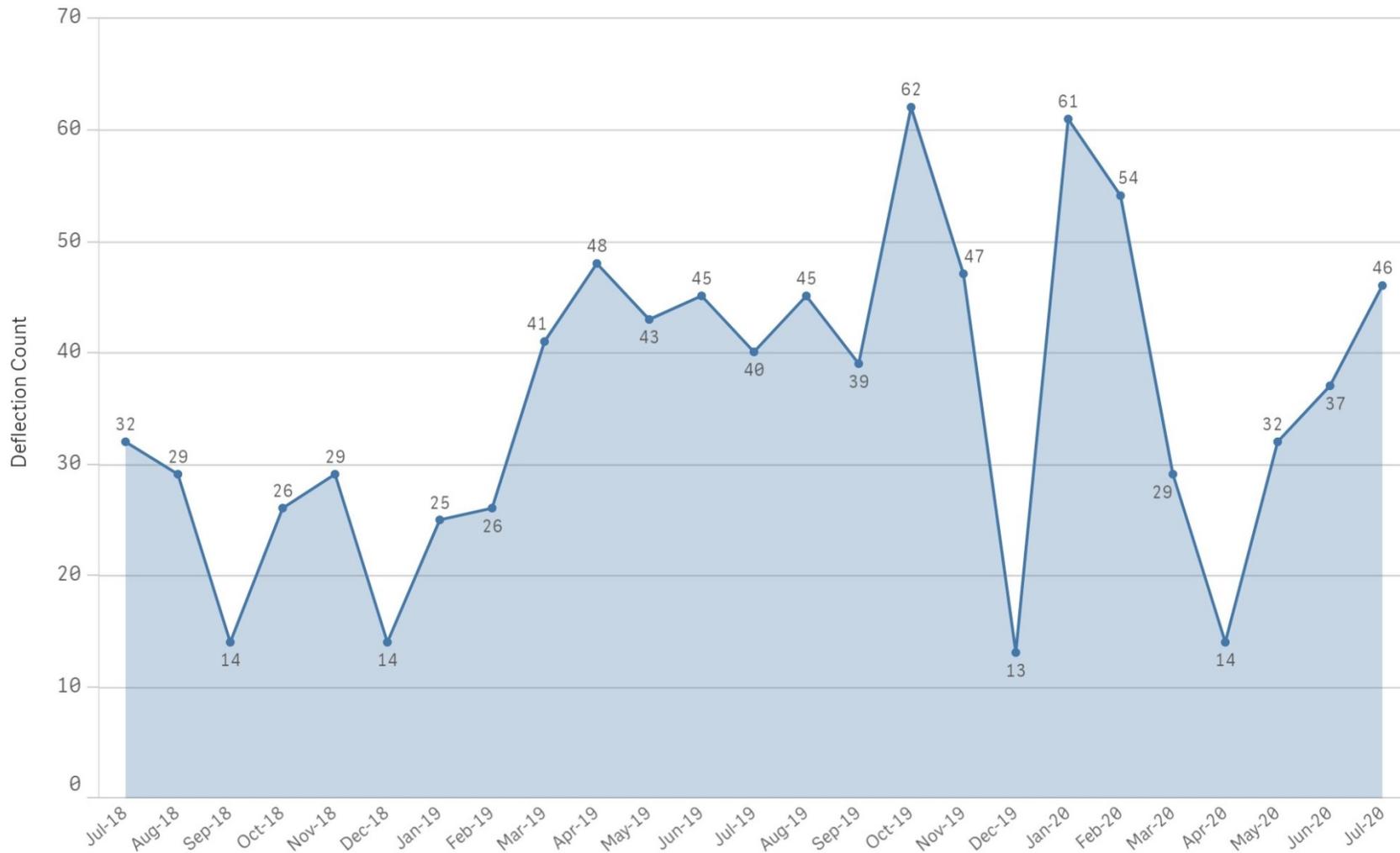
In the six months of 2018 that SUD was running, 142 deflections occurred (an average of 12 per month). In 2019, 474 deflections took place (an average of 39.5 per month). In 2020, through July 31, 2020, 273 deflections occurred (an average of 39 per month). If March and April of 2020 are removed from calculations due to COVID-19 procedures, then the average deflections per month in 2020 increases to 45.8.

In March 2020, TPD announced new operational procedures designed to slow the spread of COVID-19 and protect community members.<sup>2</sup> Officers were asked not to pursue minor violations when possible and only to arrest or cite when an individual's actions threatened public safety. The decisions were made at an individual officer's discretion and were limited to cases where people did not commit a violent crime. The effect on SUD numbers was especially pronounced for April 2020. However, monthly deflection numbers climbed up from this dip and appeared on track to return to the steady, rising trend line generally observed throughout 2019 and the first months of 2020.

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<sup>2</sup> As of July 31, 2020, these procedures remained in place.

Figure 1. Count of Deflections by Month and Year,  
July 1, 2018 - July 31, 2020



To slow the spread of COVID-19, TPD adopted operational health measures that led to dramatic reductions in deflections beginning in March 2020.

*Contact/Outreach Results*

SUD contains both active and passive components. Yet, the active components of the program include the majority of action, with officer-initiated deflection of criminal charges making up 76% of total instances and all officer-initiated contact totaling over 90% of all deflections (807 out of 891 cases).

**Table 1. Count and Percent of (%) of Deflections by Contact/Outreach Category, July 1, 2018 - July 31, 2020**

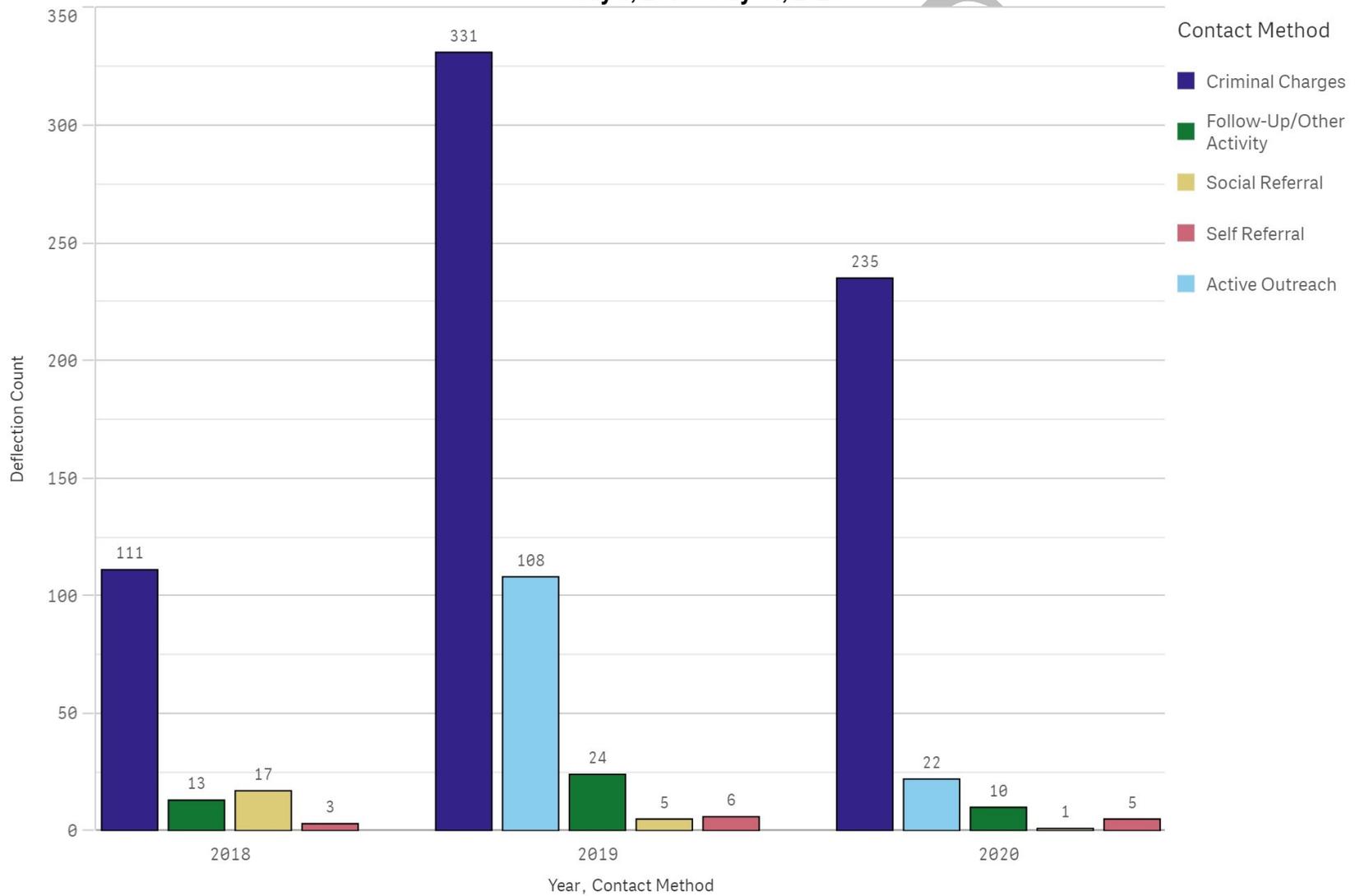
Contact Category	Deflection Count	% of Total
Criminal Charges	677	76.0%
Active Outreach	130	14.6%
Follow-Up/Other Activities	47	5.3%
Social Referral	23	2.6%
Self-Referral	14	1.6%
<b>Total</b>	<b>891</b>	<b>100.0%</b>

TPD began seeing active outreach deflections in February of 2019. Active outreach activities usually occur with TPD officers partnering with a behavioral health peer support outreach specialists to visit individuals after an opioid overdose, if they have fallen out of treatment, or by visiting community areas identified as popular gathering places for people using drugs. The officers and their public health partners help individuals connect or reengage with treatment and distribute naloxone kits. Since active outreach deflections began occurring in February 2019, they have come to account for 18% of all deflections with an average of 7.2 deflections per month.

The peer support outreach specialists are employed by a local treatment provider, CODAC Health, Recovery & Wellness, and made possible by funding from a Substance Abuse and Mental Health Services Administration (SAMHSA) grant. The grant is administered by Pima County's Criminal Justice Reform Unit (CJRU) to grow a collaborative project involving government, law enforcement, treatment providers, and University of Arizona researchers to address the local opioid epidemic.

Despite the drop in deflections in March and April due to Covid-19 concerns, 2020 surpasses 2019 in year-to-date deflections. As of July 31, 2020, there were 273 deflections compared to 268 deflections by this date in 2019. This is due primarily to an increase in the deflection of criminal charges (235 in 2020 compared to 200 in 2019). The other primary deflection categories experienced a decrease in year-to-date numbers.

Figure 2. Count of Deflections by Contact Category by Year,  
July 1, 2018 - July 31, 2020



2018 counts begin with the initiation of the deflection program on July 1, 2018. 2020 counts run through July 31, 2020.

The top five deflected criminal charge categories are listed in Table 2. Drug related felonies accounted for over 88% of all criminal charge deflections. Other charges not listed in the table include disorderly conduct, traffic offenses, and malicious mischief.

**Table 2. Deflection Count and Percent of (%) of Deflections by Criminal Charge Category,  
July 1, 2018 - July 31, 2020**

<b>Criminal Charge Category</b>	<b>Deflection Count</b>	<b>% of Total Criminal Charge Deflections</b>
Drug Paraphernalia	406	60.0%
Drug Possession	194	28.7%
Trespassing	44	6.5%
Misdemeanor Warrant	15	2.2%
Shoplifting	9	1.3%
Other Charges	9	1.3%
<b>Total</b>	<b>677</b>	<b>100.0%</b>

*Demographic Results: Age Groups*

The average age of a deflection participant was 34.8 years old. There were eight 18-year-olds who were the youngest participants and one 80-year-old who was the oldest. Individuals between the ages of 20-39 make up over 70% of all deflections.

**Table 3. Count and Percent of (%) of Deflections by Age Group,  
July 1, 2018 - July 31, 2020**

Age Group	Deflection Count	% of Total
10-19	18	2.0%
20-29	276	31.0%
30-39	359	40.3%
40-49	155	17.4%
50-59	66	7.4%
60-69	16	1.8%
70-79	0	0.0%
80+	1	0.1%
<b>Total</b>	<b>891</b>	<b>100.0%</b>

*Demographic Results: Race/Ethnicity*

The most frequently deflected race/ethnicity groups were White (45.8%) and Hispanic/Latino (32.5%).<sup>3</sup> A sizable number of participants were of unknown/missing race/ethnicity groups and this limits our ability to draw conclusions.

<sup>3</sup> TPD's Analysis Division follows the Office of Management and Budget's Directive NO. 15 for standard classification of data on race and ethnicity. Details on this classification system are available at Appendix 4.

**Table 4. Count and Percent of (%) of Deflections by Race/Ethnicity,  
July 1, 2018 - July 31, 2020**

Race/Ethnicity	Deflection Count	% of Total
White	408	45.8%
Hispanic/Latino	290	32.5%
Unknown/Missing	104	11.7%
Black/African American	54	6.1%
American Indian/Alaska Native	33	3.7%
Asian	2	0.2%
Native Hawaiian/Other Pacific Islander	0	0.0%
<b>Total</b>	<b>891</b>	<b>100.0%</b>

*Demographic Results: Sex*

Males were deflected more often than females (70.9% and 28.3% respectively).

**Table 5. Count and Percent of (%) of Deflections by Sex,  
July 1, 2018 - July 31, 2020**

Sex	Deflection Count	% of Total
Male	632	70.9%
Female	252	28.3%
Unknown/Missing	7	0.8%
<b>Total</b>	<b>891</b>	<b>100.0%</b>

*Division/Unit Results*

During the course of an investigation or any other daily activity where there is probable cause to make an arrest for a criminal offense, any officer from any division may use their training, experience, and situational awareness to offer treatment in lieu of charging an individual for deflection-eligible charges only.

The mission of the MHST and its specialized SURT is to lead deflection use and training for Tucson Police Department and, therefore, has a relatively high deflection count for the size of the unit.

Operations Division West has deflected the most participants, making up 27% of all deflections (an average of 9.6 deflections per month), while Operations Division East has deflected the fewest participants at only 9.5% (an average of 3.4 deflections per month).

The 'Other' units included in the count include the Specialized Response Division, DUI Squad, Central Investigations Division, and Emergency Management Section.

**Table 6. Count and Percent of (%) of Deflections by Division/Unit,  
July 1, 2018 - July 31, 2020**

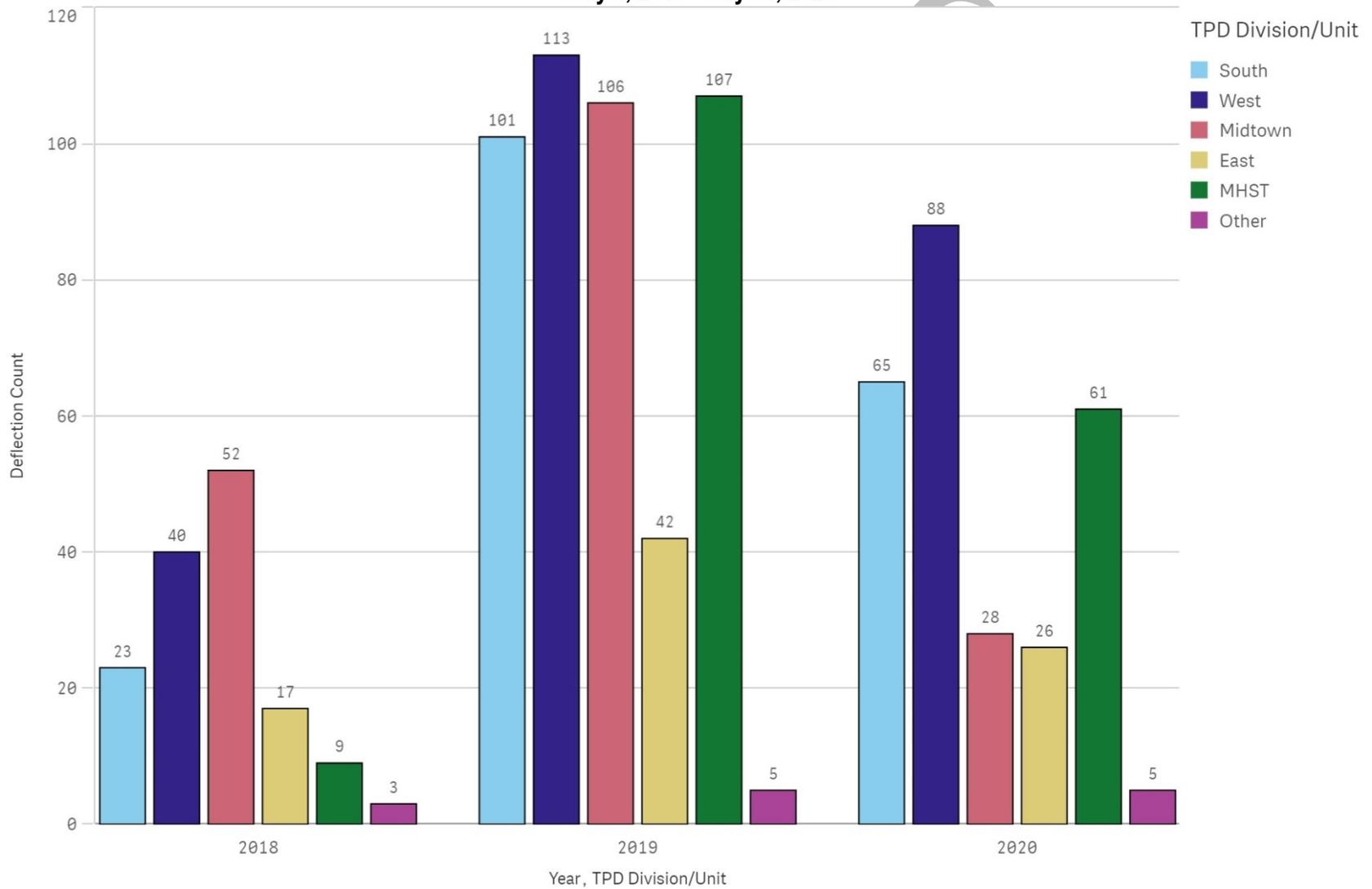
Division/Unit	Deflection Count	% of Total
Operations Division South	189	21.2%
Operations Division West	241	27.0%
Operations Division Midtown	186	20.9%
Operations Division East	85	9.5%
MHST Unit	177	19.9%
Other	13	1.5%
<b>Total</b>	<b>891</b>	<b>100.0%</b>

Operations Division West has deflected 207 criminal charges, accounting for 30.6% of all deflected criminal charges. Operations Division South was second at 177 deflections of criminal charges (26.1%), followed by Operations Division Midtown at 154 (22.6%). Operations Division East deflected far fewer criminal charges at 78 (11.5%). MHST and its SURT, are specialty units which are not focused on patrols, deflected 52 criminal charges (7.8%).

While 2020 has been a unique year due to COVID-19 and associated public health orders, it is still helpful to compare year-to-date numbers. As of July 31, Operations Division South, Operations Division West, and MHST had exceeded year-to-date deflections in 2020 compared to 2019. Operations Division West was 30 deflections ahead of where it was at the same time last year (88 deflections in 2020 compared to 58 in 2019). Operations Division South was 13 deflections ahead (65 deflections in 2020 compared to 52 in 2019), while MHST was 10 deflections ahead (61 deflection in 2020 compared to 51 in 2019). MHST's increase in number may be due to the creation of SURT to specialize in active outreach for SUD. SURT was formed as a squad of seven officers and a supervisor in February 2020.

Operations Division Midtown and Operations Division East were both trailing their deflection count from the same time last year. Operations Division Midtown was 27 deflections behind (28 in 2020 compared to 75 in 2019), while Operations Division East was 4 behind (26 in 2020 compared to 30 in 2019).

Figure 3. Count of Deflections by Division/Unit by Year,  
July 1, 2018 - July 31, 2020



2018 counts begin with the initiation of the deflection program on July 1, 2018. 2020 counts run through July 31, 2020.

*Repeat Participants*

Since the start of SUD, 64 individuals have had multiple deflections. 803 unique individuals have received treatment through the program.

**Table 7. Count and Percent of (%) of Deflections by Repeat Participants,  
July 1, 2018 - July 31, 2020**

Times Deflected	Individual Count	% of Total Individuals	% of Total Deflections
1	739	92.0%	82.9%
2	47	5.9%	10.5%
3	13	1.6%	4.4%
4	3	0.4%	1.3%
7	1	0.1%	0.8%
<b>Total</b>	<b>803</b>	<b>100.0%</b>	<b>100.0%</b>

***Benchmarking SUD to Deflection-Eligible Arrests***

The best benchmarks to test the efficacy of SUD results are comparisons to arrests that include only deflection eligible charges. Deflection-eligible arrest data allows for a direct comparison of who is being offered and choosing to participate in deflection treatment with the constant being types of criminal activities. All individuals arrested under only deflection-eligible charges may have the possibility to participate in deflection.

However, the comparison is not perfect. Every officer must discern whether each individual is suffering from addiction and may benefit from treatment. Then, each individual must agree to participate in deflection. Both of these choice points are shaped not only by the basic question of whether the individual is suffering from substance use disorder but also by the training, experience, and situational awareness of the officer.<sup>4</sup>

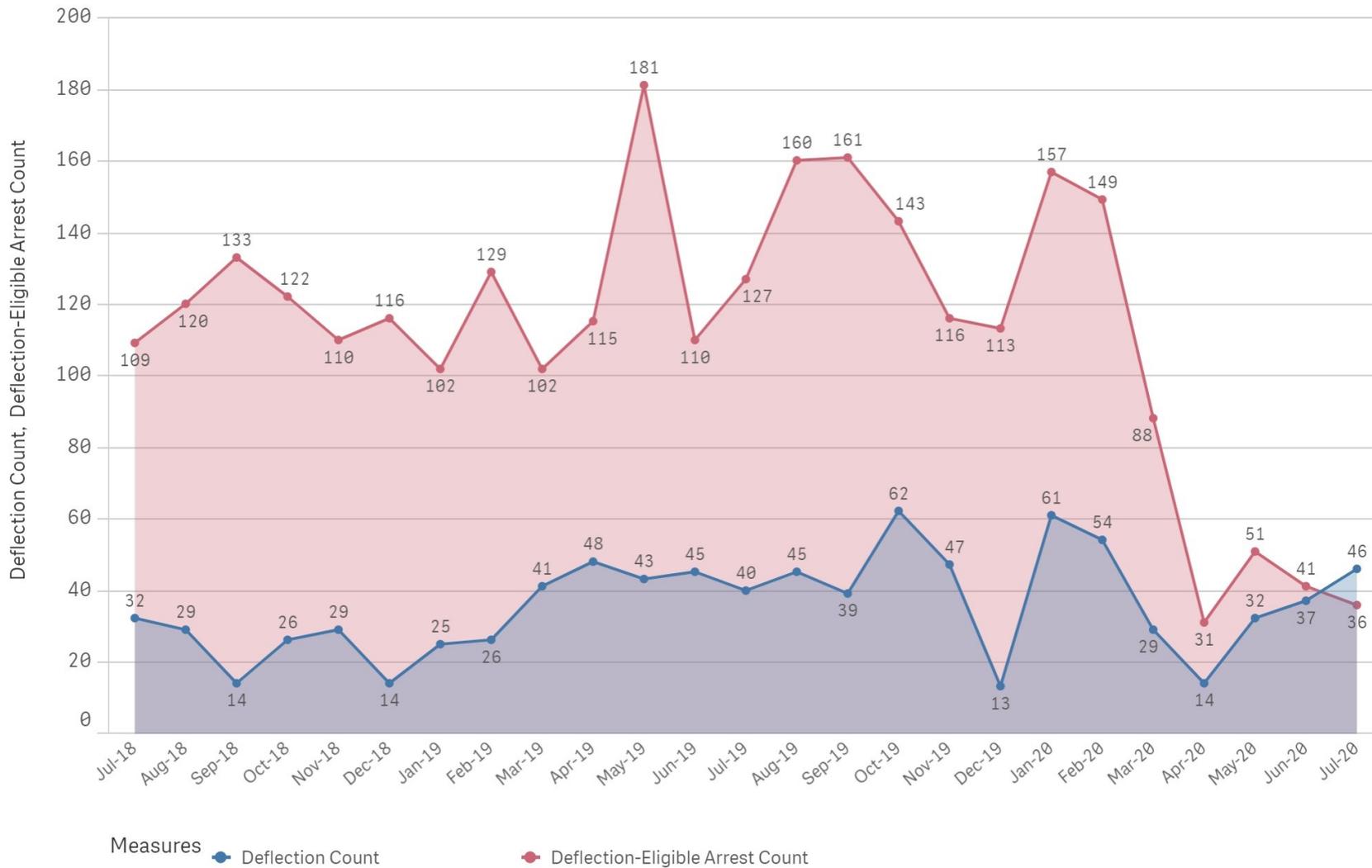
This evaluation includes 2,416 individuals who were arrested a total of 2,822 times for only deflection-eligible charges

In the six months of 2018 that SUD was running, 711 deflection-eligible arrests occurred. In 2019, 1,562 deflection-eligible arrests took place, and through July 31, 2020, 553 similar arrests occurred. Since SUD began, 2,822 deflection-eligible arrests have occurred.

The COVID-19 operational health measures implemented in March 2020, affected deflection-eligible arrests. Similar to SUD, deflection-eligible arrest numbers dropped dramatically. However, unlike deflection numbers, deflection-eligible arrests have stayed at this new low plateau as the COVID-19 operational health measures remain in place. The measures include a directive not to book individuals for only deflection-eligible offenses.

<sup>4</sup> For a full summary of deflection-eligible arrest charges and the process used to identify deflection-eligible arrests see the Appendix 3.

Figure 4. Count of Deflections and Deflection-Eligible Arrests by Month and Year, July 1, 2018 - July 31, 2020



To slow the spread of COVID-19, TPD adopted operational health measures that led to dramatic reductions in deflection-eligible arrests beginning in March 2020.

*Benchmarking Demographic Results: Age Groups*

The average age of an individual arrested under only deflection eligible charges was 31.8 years old. The youngest individuals arrested were 11 years of age, while the oldest was 72 years of age. In comparing deflections to deflection-eligible arrests by age group, we see a significant difference in the number of individuals under the age of 20 and over the age of 50 arrested.

**Table 8. Benchmark Percent of (%) by Age Groups,  
July 1, 2018 - July 31, 2020**

Age Groups	% of Deflections	% of Deflection-Eligible Arrests
10-19	2.0%	8.0%
20-29	30.9%	27.1%
30-39	40.6%	36.9%
40-49	17.3%	16.9%
50-59	7.3%	8.5%
60-69	1.8%	2.4%
70-79	0.0%	0.1%
80+	0.1%	0.0%
Unknown/Missing	0.0%	0.1%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

*Benchmarking Demographic Results: Race/Ethnicity*

An individual arrested for deflection-eligible charges was most likely to be Hispanic/Latino. When comparing the percentage of each respective racial/ethnic group between deflections and arrests, we see White participants may be slightly over-represented in deflection participation while Hispanic/Latino and Black/African American individuals may be under-represented. However, there is a sizable number of individuals entered as "Unknown/Missing" in regard to their race/ethnicity and this may explain some of the variability in representation seen in deflection participation.

**Table 9. Benchmark Percent of (%) by Race/Ethnicity Groups,  
July 1, 2018 – July 31, 2020**

Race/Ethnicity Groups	% of Deflections	% of Deflection-Eligible Arrests
White	45.9%	40.4%
Hispanic/Latino	32.9%	43.9%
Unknown/Missing	11.0%	1.2%
Black/African American	6.2%	11.4%
American Indian/Alaska Native	3.8%	2.7%
Asian	0.2%	0.3%
Native Hawaiian/Other Pacific Islander	0.0%	0.1%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

*Benchmarking Demographic Results: Sex Groups*

When comparing deflection participants to individuals arrested under deflection-eligible charges, we see that while women make up a small minority of deflection participants, they may be slightly over-represented when compared to arrests.

**Table 10. Benchmark Percent of (%) by Sex Groups,  
July 1, 2018 - July 31, 2020**

Sex Groups	% of Deflections	% of Deflection-Eligible Arrests
Female	28.3%	23.9%
Male	70.9%	76.1%
Unknown/Missing	0.8%	0.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

*Benchmarking Division/Unit Results*

MHST and its SURT focuses on leading deflection use and training for TPD. Thus, they do not focus on arresting individuals for deflection-eligible arrests. Table 10 shows the relative percentage of deflections and arrests with the MHST Unit included.

**Table 11. Benchmark Percent of (%) by Division/Unit,  
July 1, 2018 - July 31, 2020**

Division/Unit	% of Deflections	% of Deflection-Eligible Arrests
Operations Division South	21.2%	23.0%
Operations Division West	27.1%	32.3%
Operations Division Midtown	20.9%	22.8%
Operations Division East	9.5%	19.5%
MHST	19.8%	0.0%
Other	1.5%	2.4%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

Since MHST and its SURT focus on utilizing deflections and do not perform arrests for deflection-eligible charges, calculating out the unit gives us a clearer picture of the distribution of deflection-eligible arrests compared to distribution of deflections. Without MHST and the deflections they performed, we see that the divisions were well represented in relative deflection percentages with Operations Divisions South and Midtown slightly over performing and Operations Division East under-performing.

**Table 12. Benchmark Percent of (%) by Division/Unit,  
July 1, 2018 – July 31, 2020**

Division/Unit	% of Deflections	% of Deflection-Eligible Arrests
Operations Division South	26.5%	23.0%
Operations Division West	33.8%	32.3%
Operations Division Midtown	26.0%	22.8%
Operations Division East	11.9%	19.5%
Other	1.8%	2.4%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

*Benchmarking Repeat Participants*

Since July 1, 2018, 2,416 unique individuals have been arrested 2,822 times. In comparing the number of contacts of individuals participating in deflection versus those simply arrested for deflection-eligible offenses, we see that deflection has a better percentage of individuals participating only once.

**Table 13. Benchmark Percent of (%) by Repeat Participants,  
July 1, 2018 - July 31, 2020**

Times Deflected/Arrested	% of Deflected Individuals	% of Deflection-Eligible Arrested Individuals	% of Total Deflections	% of Total Deflection-Eligible Arrests
1	92.0%	86.7%	82.9%	74.2%
2	5.9%	10.7%	10.6%	18.4%
3	1.6%	2.0%	4.4%	5.2%
4	0.4%	0.3%	1.3%	1.1%
5	0.0%	0.3%	0.0%	1.1%
6	0.0%	0.0%	0.0%	0.0%
7	0.1%	0.0%	0.8%	0.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

*Benchmarking Demographic Subgroups*

Often basic demographic categories such as race, sex, and age intersect with one another. It is at this intersection of demographic identities that people from different backgrounds often encounter the world. The lived experiences of a black woman, for example, will be different from those of a white woman or from a black man.

This section attempts to look at a few of these complex, cumulative ways in which the effects of multiple layers of identity combine, overlap, and intersect in the utilization of TPD's SUD program. When we begin digging into overlapping demographic characterizations using programs as small as SUD (891 instances) and deflection-eligible arrests (2,822 instances), we quickly approach numbers so small that they are anecdotes rather than databases. Therefore, this examination will be limited to overlapping demographic characteristics that have at least fifty occurrences since the initiation of SUD on July 1, 2018.

*Benchmarking Demographic Results: Race/Ethnicity and Sex, Female Participants*

There have been 252 occurrences of a woman participating in SUD. Only White and Hispanic/Latino race/ethnicity groups had more than fifty female participants. When comparing the percentage of each respective race/ethnicity and sex groups between deflections and arrests, we see a gap of about five percentage points between both White and Hispanic/Latino female deflection participation and deflection-eligible arrest rates. However, this gap could be bridged if the relatively high number of unknown/missing race/ethnicity SUD participants was equitably divided among all the race/ethnicity groups.

**Table 14. Benchmark Percent of (%) by Race/Ethnicity and Female Sex,  
July 1, 2018 - July 31, 2020**

Female and Race/Ethnicity Group	Deflection Count	% of Deflected Individuals	Deflection-Eligible Arrest Count	% of Deflection-Eligible Arrested Individuals
White	113	44.8%	339	50.2%
Hispanic/Latino	83	32.9%	254	37.6%
<b>Total Female Participants</b>	<b>252</b>	<b>77.7%</b>	<b>675</b>	<b>87.8%</b>

*Benchmarking Demographic Results: Race/Ethnicity and Sex, Male Participants*

There have been 632 occurrences of a man participating in SUD. Again, only White and Hispanic/Latino race/ethnicity groups had more than fifty male participants. When comparing the percentage of each respective race/ethnicity and sex groups between deflections and arrests, we see a potential over-representation of white men participating in SUD and a potential under-representation of Hispanic/Latino men.

**Table 15. Benchmark Percent of (%) by Race/Ethnicity and Male Sex,  
July 1, 2018 - July 31, 2020**

Male and Race/Ethnicity Group	Deflection Count	% of Deflected Individuals	Deflection-Eligible Arrest Count	% of Deflection-Eligible Arrested Individuals
White	293	46.4%	800	37.2%
Hispanic/Latino	203	32.1%	984	45.8%
<b>Total Male Participants</b>	<b>632</b>	<b>78.5%</b>	<b>2148</b>	<b>83.0%</b>

*Benchmarking Demographic Results: Age Group and Sex, Female Participants*

Of the 252 occurrences of a woman participating in SUD, only the age groups of 20-29 and 30-39 years of age had over fifty participants. We can see a consistent percentage of participants between deflections and deflection-eligible arrests.

**Table 16. Benchmark Percent of (%) by Age Group and Female Sex,  
July 1, 2018 - July 31, 2020**

Female and Race/Ethnicity Group	Deflection Count	% of Deflected Individuals	Deflection-Eligible Arrest Count	% of Deflection-Eligible Arrested Individuals
20-29	78	31.0%	205	30.4%
30-39	104	41.3%	273	40.4%
<b>Total Female Participants</b>	<b>252</b>	<b>72.3%</b>	<b>675</b>	<b>70.8%</b>

*Benchmarking Demographic Results: Age Group and Sex Male Participants*

Of the 632 occurrences of a man participating in SUD, four age groups had over fifty participants. We see a slight over-representation in younger age groups for SUD participation.

**Table 17. Benchmark Percent of (%) by Age Group and Male Sex,  
July 1, 2018 - July 31, 2020**

Male and Race/Ethnicity Group	Deflection Count	% of Deflected Individuals	Deflection-Eligible Arrest Count	% of Deflection-Eligible Arrested Individuals
20-29	197	31.2%	560	26.1%
30-39	250	39.6%	767	35.7%
40-49	114	18.0%	363	16.9%
50-59	51	8.1%	208	9.7%
<b>Total Male Participants</b>	<b>632</b>	<b>96.8%</b>	<b>2148</b>	<b>88.4%</b>

#### IV. DISCUSSION

##### *Estimating Cost Savings*

TPD's SUD program was launched in an ultimate effort to save lives resulting from opioid overdose. It is designed to help any person who is ready to seek treatment for opioid addiction connect to treatment providers and other needed resources.

The pursuit of better public safety outcomes through SUD also results in cost savings in the form of TPD officer time and avoided days in jail. Officer and jail time withstanding, there are a plethora of other costs to society and benefits to individuals from treating substance abuse, but those calculations get much more complex and will not be addressed in this paper.

The University of Arizona's Southwest Institute for Research on Women (SIROW) calculated that deflections took 48.66 minutes on average to complete with the most common duration (the mode) being 30 minutes (Deflection Refresher Training, 2020). Arrests or citations took 76.96 minutes on average to complete with the most common duration being 60 minutes (Deflection Refresher Training, 2020). Using these numbers, we can estimate that the 677 deflections of criminal charges saved patrol officers 21190.1 minutes or 353.17 hours. The mid-range hourly pay for a TPD officer is \$26.69. Therefore, we can estimate that deflections have saved TPD about \$9,426.10 in hourly salary over the last twenty-five months. If we calculate in the overhead rate for sworn personnel (96.8%), the cost plus overhead savings increases to \$18,550.57 in hourly pay.

Jail costs are a major expense to the City of Tucson. The City's tentative annual budget for fiscal year 2020-21 includes a proposed \$6.4 million for the jail board (City of Tucson, 2020). While the local criminal justice system has worked over the years to control and reduce jail costs, the Pima County Adult Detention Center continues to increase the per booking cost and per day inmate cost annually. Therefore, the most effective way for the City of Tucson to maintain or even reduce jail associated costs is for fewer people to be booked and held in jail.

Pima County’s CJRU estimates that for every TPD deflection approximately ten jail bed days are saved. In addition to the average daily cost per jail inmate savings, the extra costs associated with processing an inmate into jail are saved. Actual jail costs from Pima County in 2017 included \$279 to process an inmate into jail and an average of \$85 daily cost per jail inmate after the first day (Pima County & Safety+Justice Challenge, n.d.)

Two calculations are given in Table 13 to estimate the cost savings associated with jail expenses. The first estimate includes only deflections associated with criminal charges for a total of 677 deflections. This number excludes active outreach, social referrals, self-referrals, and other activities. The second calculation includes all deflections under the assumption that if an activity such as a self-referral did not occur, then the cycle of addiction may likely lead that individual to perform a criminal act associated with substance use disorder.

**Table 18. Estimated Jail Cost Savings from Substance Use Deflection,  
July 1, 2018 - July 31, 2020**

	Deflection Count	Processing and 1st Day Costs	Average Daily Cost for Subsequent Days	Total Estimated Savings
<b>Estimated Savings</b>		<b>\$279</b>	<b>\$85 * 9 Days</b>	
SUD - Criminal Charges	677	\$ 188,883	\$ 517,905	<b>\$ 706,788</b>
SUD - Total	891	\$ 248,589	\$ 681,615	<b>\$ 930,204</b>

Therefore, we can conservatively estimate the cost savings of SUD as \$724,338.57 over the first twenty-five months of implementation.

*Repeat Participants*

There is a relationship among housing, employment, and recidivism. The Law Enforcement Assisted Diversion Seattle evaluation found that longer periods of housing and employment resulted in lower rates of recidivism (Collins et al., 2017). This reduction in recidivism was attributed to the harm reduction focus of the program, including increased case management contact (Collins et al., 2017).

In comparison to deflection-eligible arrests, SUD appears to have low repeat participant numbers. A more detailed examination in this area may be beneficial. Examining the recidivism of individuals participating in programs such as Housing First, those who received direct transportation to treatment, and controlling for their previous rate of law enforcement encounters and type of offenses may yield actionable insights.

*Demographics of Participants*

Diversion programs tend to be comprised of a different demographic than the more formal criminal justice system. This might be due to program goals or discretionary activity of program actors. For example, young females tend to be overrepresented in diversion program referrals (London, 2003). While females roughly account for 22% of all arrestees they range from 65-94% of diversion programs, depending on the goal and eligibility criteria of the program (London, 2003).

Officers may also have the same expectations of young adults, as clients of diversion programs tend to be younger than the general criminal justice population (Schlesinger, 2013). In fact, Schlesinger’s

(2013) study showed that defendants under the age of 24 were between 52-59% more likely to be diverted, respectively, compared to other age groups (Schlesinger, 2013).

Racial/ethnic minorities were also overrepresented in diversion programs (Dembo et. al., 2005; Collins et al., 2016; 2017; London, 2003). However, this depended on the offense type and the diversion type. For drug offenders, when controlling for criminal history, Black/African American and Hispanic/Latino individuals were diverted 43% and 34% less often, respectively, than White defendants (Schlesinger, 2013). Officer discretion may play a role here, as well as the type of offenses, criminal history, and accessibility of the diversion program.

In the case of SUD, we may see some over-representation in certain demographic groups, particularly women, white men, and younger age groups. However, the numbers are small enough that they may fall within the margin of error or be explained by the relatively larger "Unknown/Missing" category numbers.

In evaluating SUD, it is important to not only benchmark it against internal numbers, but also to compare it to other deflection programs across the country. When compared to the results of other diversion programs, TPD's SUD program appears to be exemplary in offering equitable opportunities to participate to all individuals who have committed deflection-eligible offenses. However, this study does not address community-wide demographic benchmarks which could be used to examine deflection-eligible arrest demographic equities

## V. CONCLUSION.

Over the past twenty-five months, TPD's Substance Use Deflection program has exceeded participation numbers that have been used to declare other similar programs across the country a success (Collins et al., 2017; Varano & Makhoulta, 2019). These high participation numbers are due to the active components of the program where police officer serve as primary outreach workers.

TPD's divisions appeared to have utilized the program at relatively equitable rates when compared to their deflection-eligible arrest distributions with Operations Division East slightly under-performing. Looking at each division's use over time, deflected offenses, and the demographics of individuals deflected may yield actionable information.

There may be reason to examine potential over-representation in certain demographic groups in SUD participation. However, encouraging officers to strive for complete data entry may be the first step. Initial results suggest SUD to be exceptional in offering the opportunity to seek treatment to all individuals who have committed deflection-eligible offenses.

SUD appears to have low repeat participant numbers when compared to similar arrests. If true, this could suggest meaningful public safety and public health outcome, as well as, cost savings resulting from the program. A more detailed examination in this area would be beneficial.

While safety and health outcomes are the priority of SUD, estimated cost savings for the City of Tucson due to the program could be conservatively estimated at over \$700,000 for the last twenty-five months. If repeat participant numbers hold up to additional research, the cost savings from reduced recidivism could be significantly higher.

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## APPENDICES

### Appendix 1. Deflection Protocol

During the course of an investigation or any other daily activity, if an officer has probable cause to make an arrest for a criminal offense and, based on training, experience, and situational awareness they determine that an individual would benefit from and is ready to participate in a drug treatment program, they may elect to facilitate such treatment in lieu of criminally charging the individual. The decision to arrest or deflect is made at the discretion of the officer based on their training, experience, and understanding of the current situation. Officers may confer with their supervisor and/or commander when making these decisions but are not required to do so. The deflection protocol is as follows:

1. The officer completes their criminal investigation. If there is probable cause for an arrest for any deflection eligible criminal offense, the officer must decide to consider SUD as an alternative to making the arrest.
2. The officer consults the list of eligible offenses and determines if all the crime(s) for which they have probable cause are eligible. If not, the officer makes the arrest and cite and release or book the individual as appropriate.
3. The officer conducts a record check, then consult the ineligibility criteria to determine if the individual is still eligible for deflection. If the individual is not eligible, the officer makes the arrest and cite and release or book the individual as appropriate.
4. If a misdemeanor crime involves a victim, the victim must give a post-investigation approval prior to offering deflection for the crime.
5. The officer attempts to determine if the individual would benefit from and is ready to participate in a drug treatment program. If the individual refuses treatment or services, an arrest and cite and release or book, as appropriate, is made.
6. The individual is offered SUD. If they want to participate, the officer can transport the individual directly to treatment or call for a transport from a treatment provider outreach team.
  - If an individual is transported for treatment, the officer calls ahead to provide an intake specialist with the individuals name and date of birth, an overview of the officer's contact with the individual, and information on any barriers, motivations, or special requests the individual has.
7. If the individual does want to seek treatment but does not want immediate transport (i.e., the individual has large amounts of personal property to secure), other treatment resources may be provided. These other resources are primarily treatment provider business cards with explanation about where the facility is located, what services they offer, and a verbal commitment from the individual that they will follow-up.
8. The officer completes an e-citation for SUD in which they list the criminal charges the individual would have been arrested for had they been arrested and add notes documenting the contact and any extenuating circumstances.
9. The officer places evidence and contraband as found property to ensure it is appropriately destroyed.
10. The officer completes a deflection survey.

## Appendix 2. Deflection Eligibility

During the course of an investigation or any other daily activity, if an officer determines that an individual would benefit from and is ready to participate in a drug treatment program, they may elect to facilitate such treatment in lieu of criminally charging the individual. The decision to arrest or deflect is made at the discretion of the officer based on their training, experience, and understanding of the current situation. Officers may confer with their supervisor and/or commander when making these decisions but are not required to do so. Some general guidance is provided below to aid officers in making this determination:

### Eligible offenses:

#### Felonies

- Personal useable amount of heroin, methamphetamine, cocaine or any combination.
  - The key is to determine the amount is for personal use.
- Prescription pills that are for personal use.
- Narcotic paraphernalia to include pipes, foil, syringes, baggies with residue.
- Warrants for UPND, UPDD or UPNDP (excluding UPND/UPDD sales)

#### Misdemeanors

Any misdemeanor crimes involving a victim must have post-investigation victim approval prior to offering Deflection for the crime. The victim will be provided and/or given an explanation of the victim disclaimer which explains the Deflection procedure and the outcomes associated with deflecting the misdemeanor crime.

- Trespassing
- Prostitution
- Traffic offenses, excluding DUI
- Shoplifting
- Theft
- Disorderly conduct
- Misdemeanor failure to appear bench warrants that do not include domestic violence or crime of violence
- Tucson City Code / Quality of Life violations with no victim

### Ineligible Criteria:

- 17 years old or younger
- Felony warrants involving a violent offense
- DUI offenses
- Domestic violence offenses and warrants
- Involved in a crime of violence at time of contact
- Involved in the exploitation/victimization of minors, elderly, or vulnerable adults
- Involved in sex trafficking
- Marijuana or marijuana paraphernalia only
  - If the marijuana is used for self-medicating due to SUD then can be deflected.

### **Appendix 3. Determining Deflection-Eligible Arrests**

To identify deflection-eligible arrests, TPD's Analysis Division designed a SQL query to gradually sift the arrest database until as fine of a result as possible is reached.

First, all arrests that include a deflection-eligible statutes are pulled<sup>5</sup>.

Second, drug-related misdemeanors and non-drug felonies are screened out along with any arrests that include a domestic violence related charge.

Third, all felony drug arrests that contain charges not related to possession or use are eliminated, removing arrests with drug sales and cultivation/production charges.

Fourth, arrests with additional attached charges that are not deflection eligible are eliminated. This provides a list of deflection-eligible arrests as refined as possible. However, some misdemeanor failure to appear bench warrants for crimes of violence and some Tucson City Code quality of life violations with victims may remain in the final result despite not being deflection eligible.

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<sup>5</sup> See Appendix 2 for an overview of deflection-eligible statutes.

#### **Appendix 4. Officer of Management and Budget (OMB) DIRECTIVE NO. 15**

Standards for the Classification of Federal Data on Race and Ethnicity  
(as adopted on September 30, 2016)

Directive provides standard classifications for record keeping, collection, and presentation of data on race and ethnicity in Federal program administrative reporting and statistical activities. These classifications should not be interpreted as being scientific or anthropological in nature, nor should they be viewed as determinants of eligibility for participation in any Federal program. They have been developed in response to needs expressed by both the executive branch and the Congress to provide for the collection and use of compatible, nonduplicated, exchangeable racial and ethnic data by Federal agencies.

### **1. Categories and Definitions**

The minimum categories for data on race and ethnicity for Federal statistics program administrative reporting, and civil rights compliance reporting are defined as follows:

- a. American Indian or Alaskan Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- b. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- c. Black or African American. A person having origins in any of the black racial groups of Africa.
- d. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
- e. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- f. White. A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

### **2. Data Format**

The combined format may be used, if necessary, for observer-collected data on race and ethnicity. If a combined format is used, there are six minimum categories:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

# ATTACHMENT 2

# EXAMINING THE IMPACTS OF ARREST DEFLECTION STRATEGIES ON JAIL REDUCTION EFFORTS

*Pima County, AZ*



Supported by the John D. and Catherine T. MacArthur Foundation





Supported by the John D. and Catherine T. MacArthur Foundation



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.

[www.SafetyandJusticeChallenge.org](http://www.SafetyandJusticeChallenge.org).

# 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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2022

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# WHY STUDY POLICE-LED DEFLECTIONS

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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 that nearly 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 implemented 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

PIMA COUNTY,  
ARIZONA

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 and SUD, *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. Importantly, continued deflection for the same individual to resources is a positive outcome because it ensures the individual is consistently receiving treatment services instead of jail time. Further, consistent deflection to these services reflects the process of recovery which suggests individuals require many opportunities to initiate and engage fully in treatment. 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/SUD operates in Pima County, AZ. In 2011, the county opened the Crisis Response Center (CRC), providing police access to emergency psychiatric and substance use services. Specifically, the CRC offers case management, individual and group therapies, peer supports, and medication education and management. The CRC 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. As such this work focuses on the CRC and its impact on reducing the jail population via police-led deflection. There are two primary research questions driving this work:

- (1) how does deflection to the CRC predict continued access to the CRC and exit from the criminal legal system, impacting jail reduction efforts, and
- (2) how do police make decisions about who and when to deflect individuals to community services broadly and to the CRC, specifically?

## DATA OVERVIEW

We use administrative admission data from the CRC from February 2018 through February 2020 provided by the Tucson Police Department (TPD) to understand differences the experiences of those who were deflected and how often they experienced the CRC.

## KEY QUANTITATIVE FINDINGS

- 》》》 Police in Pima County deflected 6,545 unique individuals over 11,018 deflections.
- 》》》 All individuals deflected to the CRC had a DSM Axis-I diagnoses, or a severe mental health diagnoses and 46% also had a co-occurring substance use disorder, aligning with previous research about the prevalence of the nexus of these conditions.
- 》》》 During their first visit to the CRC, 58.8% of individuals, on average, stay just under a half day (.41).
- 》》》 When individuals who first receive a voluntary deflection come back for a second time, they stay for much longer the second time and are more likely to continuing coming back via deflection. This might speak to their treatment readiness, the process of recovery, and suggests getting these individuals to- and through CRC's front door at least twice is important.
- 》》》 For Black individuals with SMHD, individuals with OUD/SMHD, and individuals with SUD/SMHD, if they were voluntarily deflected to the CRC a second time, they stayed longer on the second trip and continued to subsequently come back and stay longer during those trips. For these specific subgroups, ensuring they are deflected a second time is important for how much programming dosage they continue to receive within and across visits.

## DATA OVERVIEW

We use data from semi-structured interviews with 16 patrol officers from the Tucson Police Department (TPD). These officers work in both specialty units and in traditional patrol functions. JSP conducted interviews via Zoom and, on average, they lasted 56 minutes. Officers were majority men, had at least five years experience with TPD, and primarily worked the day shift (0700 – 1700).

## KEY QUALITATIVE FINDINGS

Officers note the core of taking a behavioral health approach via deflection strategies is the ability to consistently deflect individuals regardless of their experiences with previous deflections.

Officers from specialty teams highlight the flexibility of their time as a central feature of their work because they are not responsible to the 911-dispatch queue. This allows them the flexibility and freedom to spend additional time building rapport with people in crisis and in need of services.

Officers describe five factors they consider when making a deflection decision: (1) underlying offense or situation; (2) the presence of drugs; (3) if there is a victim or complainant; (4) if any offenses include domestic violence; and (5) cooperation and willingness to engage in treatment. Officers state an individual's willingness to engage in treatment is the most salient factor they consider when the situation is deflection-eligible.

Officers describe the tension between an individual not wishing to visit the CRC and the negative impacts of an arrest, and express concern about how best to navigate these situations.

Officers describe four factors they consider when deciding *where* to deflect the individual: (1) the location of the provider compared to their current location; (2) the time the provider typically takes for an intake (and ultimately the time it will take to return in the field); (3) the rules and eligibility requirements of the provider; and (4) their relationships with the provider. Officers explain their personal relationships with providers matter the most to effectively broker the resource and successfully secure a warm hand-off/transport to the provider.

Staff passionately discuss the importance of deflection for their community members, *and* describe the emotional challenges of working with these individuals.

# KEY STUDY TAKE AWAYS

Officers report an individual's willingness to initiate treatment is the most critical factor when deciding to deflect. However, when an individual does not wish to initiate treatment, officers recognize the alternative response is to arrest – even when they recognize jail is not helpful. This tension demands a critical examination about the need for *any* response to deflection-eligible offenses when individuals do not wish to initiate treatment.

When individuals who first received a voluntary deflection to the CRC come back, they stay longer each time (programming dosage). This might speak to the process of recovery and the importance of getting individuals to- and through the CRC's front door twice is important. Securing these subsequent visits requires officers subscribe to deflection as the *primary* response in the field.

*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.

**PIMA COUNTY & THE CRISIS  
RESPONSE CENTER (CRC)**

## PIMA COUNTY & SERVICES



Located in the south-central region of the state and the northern range of the Sonoran Desert, Pima County includes mountain ranges, cactus forests, river valleys, and several desert washes. It is one of the oldest continuously inhabited areas of the United States and is situated on the traditional lands of the Akimel O’otham and Tohono O’odham people. It is designated as the Tucson, AZ Metropolitan Statistical Area where the majority of the one-million residents live. According to the latest census information, Pima County is 76% white, 3.7% Black, 3.9% American Indian/Alaskan Native, 2.8% Asian, .2% Native Hawaiian and Other Pacific Islander, and 5.7% bi/multi-racial. Across these races, over one third of residents, 37.8%, identify as Hispanic or Latino. Given the traditional lands on which Pima County is situated and concerns about census exclusion and underreporting for Native Americans living on reservations, these numbers should be taken with caution.

Over the last 10 years, Pima County has had a front row seat to several sentinel events, including an accelerating opioid epidemic resulting in annual record-breaking overdoses and a mass casualty event resulting in the deaths of six residents and injuries to 13 residents including US Representative Gabrielle Giffords at the hands of a man with signs of deteriorating mental health.

Traditionally, law enforcement agencies and local criminal legal systems have responded to illegal behaviors instigated by severe mental health diagnoses and substance use disorders with arrest and jail bookings. However, after these events and growing public concern by Pima County residents, Tucson Police Department (TPD), the county’s largest municipal police department with 850 sworn officers and 400 civilian personnel, critically examined their role in the unnecessary entry of individuals with severe needs into jails where they are unlikely to receive mental health care.

In a 2020 interview with *The Philadelphia Citizen*, TPD Chief Magnus reflects on TPD’s historic arrest-only practices for these residents,

>>>

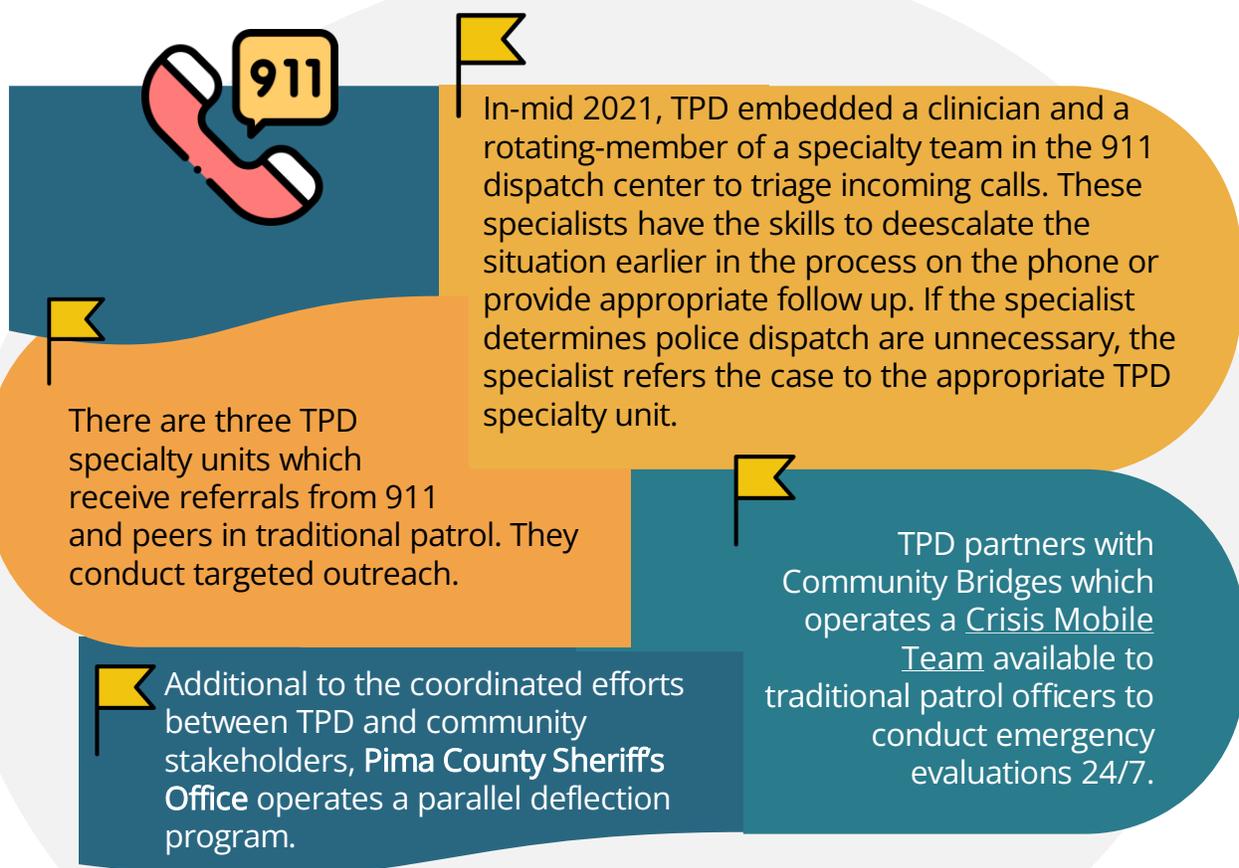
We’re really trying to develop the resources and do some cultural change around the idea that arresting people or chasing them down is a measure of success and should be celebrated. We’ve moved away from that.

<<<

## THE LARGER TPD SUPPORT SERVICES ECOSYSTEM

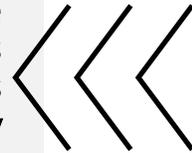
In 2011, TPD began an evolution of changing how they do business particularly to reduce the jail population. The goal of these changes included improving access to behavioral health services as early and as often as possible instead of relying on arrest and jail as the primary treatment provider. As such, TPD recast police professionals as resource brokers who prioritize treatment and intervention as the outcome of compassionate interactions over arrest and incarceration.

Reshaping the role of the police included implementing several strategies throughout their agency to work in a coordinated effort to deflect individuals from the legal system and connect individuals with the resources they need as early as possible. The figure below details some of those supports additional to the deflection strategy.



# THE CRISIS RESPONSE CENTER (CRC)

The CRC was built with Pima County Bond funds as an alternative to jail, emergency rooms, and hospitals in 2011. It is part of the Banner-University of Arizona Medical Center South Campus and is managed by Connections Health Solutions. The facility also houses the crisis line and is connected via a breezeway to an emergency department, inpatient psychiatric hospital, and mental health court. Services are funded by the Regional Behavioral Health Authority via a combination of Medicaid and other state and federal funds.



The CRC operates by a “no wrong door” policy backed by a “figure out how to say yes instead of looking for reasons to say no” approach<sup>1</sup>. They accept drops offs by any law enforcement agency in the county. Of the ten law enforcement agencies, two are primarily responsible for 85% of all drop offs to the CRC:



**Tucson Police Department (TPD)**



**Pima County Sheriff’s Office (PCSO)**

The remaining eight agencies represent town, tribal, and collegiate police including:



**Marana PD, Oro Valley PD, Sahuarita PD, South Tucson PD, University of Arizona PD, Pima County Community College PD, Tohono O’odham PD, and Pasqua Yaqui PD.**

The CRC maintains its own law enforcement entrance to help make the deflection to the CRC as easy as possible for police. Once they arrive, the CRC intake worker meets the officer and the individual at a secure entrance for a warm handoff. At this point, if an individual does not have a legal commitment to the CRC, they can choose to leave and not initiate treatment with the CRC. In these cases, officers do not arrest.

Importantly, as a matter of local practice, once the officer makes the decision to deflect an individual anywhere, including the CRC, they do not arrest regardless if the individual initiates treatment.

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<sup>1</sup>From personal correspondence with the director of the CRC on October 21, 2020.

## CRC ELIGIBILITY

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 transfer to the Emergency Department is arranged. Once medically stable, the individual is transferred back to the CRC. This flexibility of acceptance ensures that police, under almost all circumstances, have an alternative to arrest.

## CRC PROGRAMMATIC COMPONENTS

If an individual chooses to initiate treatment or the officer transports an individual with a legal commitment, then the intake worker begins the psychosocial assessment which includes the Columbia Suicide Severity Rating Scale. Individuals admitted to the 23-hour observation unit receive a nursing assessment and psychiatric evaluation by a Behavioral Health Medical Provider (e.g., psychiatrist, nurse practitioner, physician assistant). Typically, the nursing assessment occurs upon admission to the 23-hour observation unit and the psychiatric evaluation occurs as soon as possible. For adults, the median “door-to-doctor” time is 90-120 minutes. For youth arriving in the evening to the CRC, the psychiatric evaluation typically occurs the next morning. There is also a short-term inpatient unit which has a length of stay of two to five days.

Following all assessments, individuals receive a menu of services, including:

- Medication education and management
- Limited case management (ID, clothing etc.)
- Benefits counseling (SNAP/WIC)
- Individual substance use therapy
- Buprenorphine inductions (if appropriate)
- Pet Therapy
- Group substance use therapy
- Group peer support therapy
- Individual peer support therapy
- Limited family therapy and education, and
- Discharge Planning

**RESEARCH QUESTIONS,  
DATA & APPROACH**

The bottom of the page features two overlapping geometric shapes. The lower-left portion is a solid, vibrant orange. The upper-right portion is a lighter, golden-yellow color, overlapping the orange shape. The shapes are defined by diagonal lines, creating a modern, abstract design.

# RESEARCH QUESTIONS

This study focuses on the Crisis Response Center and its impact on reducing the jail population via police-led deflections. Two primary research questions drive this work:

- (1) how does deflection to the CRC predict continued access to the CRC and exit from the criminal legal system, impacting jail reduction efforts, and
- (2) how do police make decisions about who and when to deflect individuals to community services broadly and to the CRC, specifically?



## DATA & APPROACH

To answer the first question, we worked with the CRC to identify all individuals who were deflected to the CRC *for the first time by police* between July 2018 and February 2020 (N=6,545). These police deflections included either voluntary referral or an involuntary commitment. Individuals who receive a police referral via an involuntary commitment are typically transported to the CRC by TPD's specialty Mental Health Support Team (MHST). This team's role is to serve Orders for Evaluation resulting from an Application for Involuntary Evaluation, or locally called "petitions for evaluation." However, the administrative data does not parse out the origin of the involuntary commitment. We maintained these involuntary commitments within the data, knowing some are from the court and not a "true deflection" because they still suggest an incident occurred triggering a court and, thus police response.

The CRC's "no wrong door" policy and dedicated physical entrance for local law enforcement makes it as easy as possible for police to triage individuals out of the legal system revolving door and *into* a treatment revolving door via the CRC. To note, continuous deflection of the same person to the CRC is a positive outcome for the individual. Importantly, it ensures they continue to receive access to treatment services instead of jail, and reflects the process of recovery which suggests individuals may require several attempts at initiating treatment before committing and engaging with a program. As a result, our key outcome of interest is subsequent deflections to the CRC.

We conducted a series of descriptive statistics (described in findings) to understand the broad demographics of the individuals in our data set. We then conducted a time series analysis to understand individuals' experiences with deflection over time, and how that might differ when considering the intersection of race and diagnoses.



## DATA & APPROACH

To answer the second question, we worked with the lead Sergeant of the Mental Health Support Team (MHST) to recruit officers from both patrol and TPD's specialty units – those primarily tasked with a wide range of behavioral health responsibilities, including deflection. Following targeted email recruitment, 22 officers indicated interest in the study, and we conducted semi-structured interviews with 16 officers. Each interview lasted, on average, 56 minutes 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 chose 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 frontline staff 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

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.

# STUDY DEMOGRAPHICS



**11,018**  
DEFLECTIONS

HOW OFTEN DID PEOPLE  
EXPERIENCE DEFLECTIONS TO THE  
CRC BETWEEN JULY 2018 - MARCH  
2020?

Police across Pima County made 11,018 deflections for 6,545 individuals to the CRC between July 2018 and March 2020. Based upon qualitative findings (described in the subsequent sections), officers use other community-based

Services additional to the CRC and, thus, this number might underrepresent the true total of unique deflections experienced by the CRC group and the wider community. Community members received deflection to the CRC via two primary statuses: voluntary status and involuntary status. Voluntary status includes individuals who willingly accepted an officer's offer for transport to the CRC following a police contact. Involuntary status reflects cases where there is a petition for evaluation ordered by the court or emergency evaluation typically initiated through the partnership between TPD and Community Bridges' Crisis Mobile Team.

Across first referrals, 67% included an involuntary transfer by police. However, over one-third (37%) of deflections included a voluntary transfer. This included 4,076 unique individuals who received treatment services instead of a jail booking.

## WHO IS DEFLECTED TO THE CRC?

Two-thirds (68%) of individuals deflected were white, 8% were Black, 4% were Native American, 3% were Latinx, 2% were bi-racial, less than 1% were Asian, and 12.5% identified as another race. Although this demographic roughly reflects Pima County's larger demographic profile, there are significantly fewer deflections for Latinx

people than represented in the county (37.8%). This might reflect the CRC's practice of capturing "Latinx" as a race instead of an ethnicity. Specifically, this number looks higher if we reported ethnicity demographics instead of race. Continued work is critically necessary to understand if this underrepresentation is a function of how Latinx is captured, if this is a cultural reflection of how the Latinx community navigates crisis, and/or a result of potentially disparate deflections by police.

**4,076** <<<

UNIQUE INDIVIDUALS  
AGREED TO  
VOLUNTARY REFERRAL

**&** WHO RECEIVED  
TREATMENT

SERVICES INSTEAD OF  
A JAIL BOOKING.

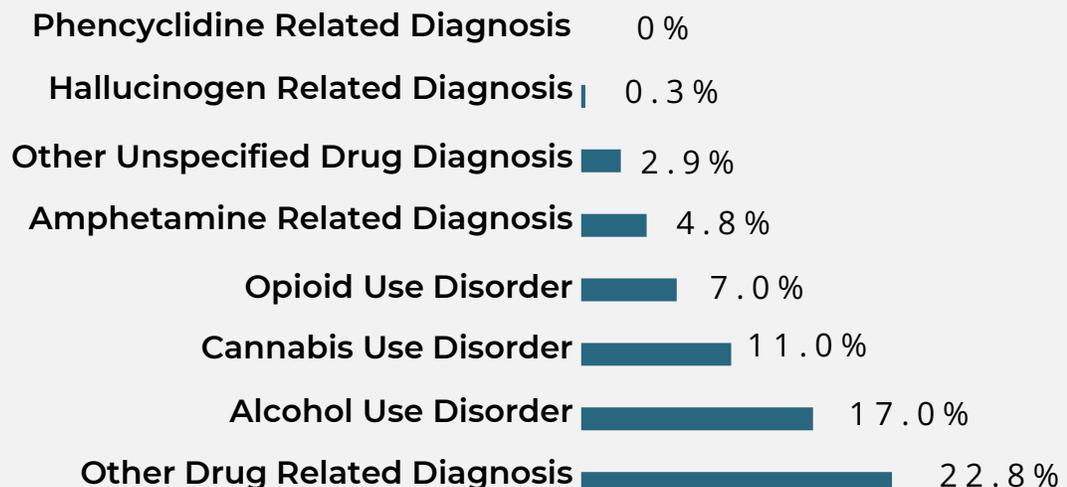
Individuals deflected to the CRC varied widely in age, from 5 to 89 years old. The representation by youth in this data is likely a result of the CRC as a primary resource for juvenile observation. Youth (individuals 17 and under) represent 18.5% of deflected individuals. However, on average, individuals were 33.8 years old. When coming into the CRC for the first time, over three-fourths of individuals (77%) reported living in their own apartment or home, 18% reported experiencing homelessness, 4% reported living in foster or group homes, and 1% reported living with family, in assisted living, in shelters, or in hotels/motels.

All 6,545 individuals deflected to the CRC had at least one primary Axis-I diagnosis. These diagnoses include: disruptive, impulse-control and conduct disorders, personality disorders, trauma- and stressor related disorders, anxiety disorders, bipolar and related disorders, depressive disorders, schizophrenia spectrum and other psychotic disorders, intellectual and emotional disabilities, and substance-related and addictive disorders.

Importantly, nearly half of individuals (46%) were diagnosed with a co-occurring substance use disorder, aligning with previous research about the common nexus between these two conditions.

## PRIMARY SUBSTANCE USE DISORDER

% OF INDIVIDUALS WITH SUBSTANCE AS PRIMARY DRUG FOR SUD



NOTE: ALL INDIVIDUALS REPRESENTED HERE HAVE AN AXIS-1 DIAGNOSES, OR A SEVERE MENTAL HEALTH DIAGNOSES

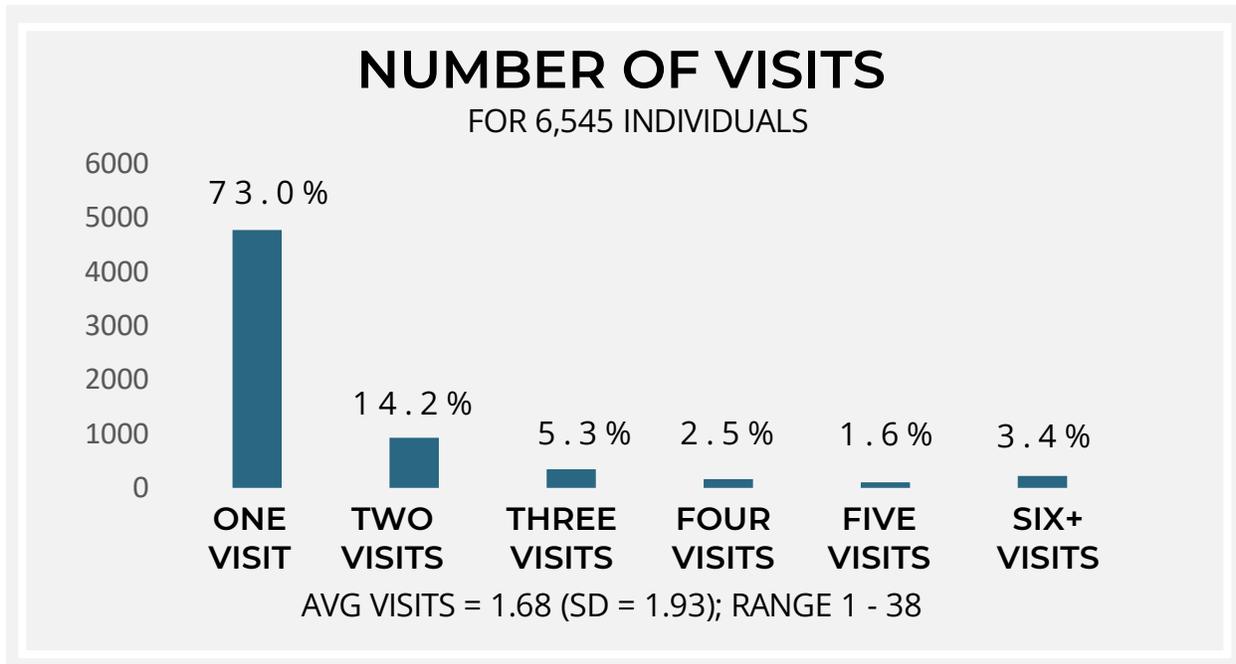
The data here states alcohol use disorder is the most significant substance related disorder among individuals who are deflected. However, alcohol use disorder did not significantly predict subsequent deflections to the CRC.

Interestingly, individuals with opioid use disorder account for only 7% of individuals deflected. Although we did not hypothesize a percent of representation, news and other reports we collected about the site indicate an accelerating opioid epidemic. However, it is possible those with opioid use disorders are deflected to community providers with a focus on substances and opioids, instead of crisis.

## RESULTS

### HOW OFTEN WERE THE SAME PEOPLE DEFLECTED TO THE CRC? AND, HOW LONG DID THEY STAY?

Across the 6,545 individuals deflected to the CRC, 4,778 or 73% were deflected only once, either via voluntary or involuntary status, but individuals ranged between this singular visit and 38 visits.



SIGNIFICANTLY LIKELY TO COME BACK AT LEAST ONCE  
INDIVIDUALS

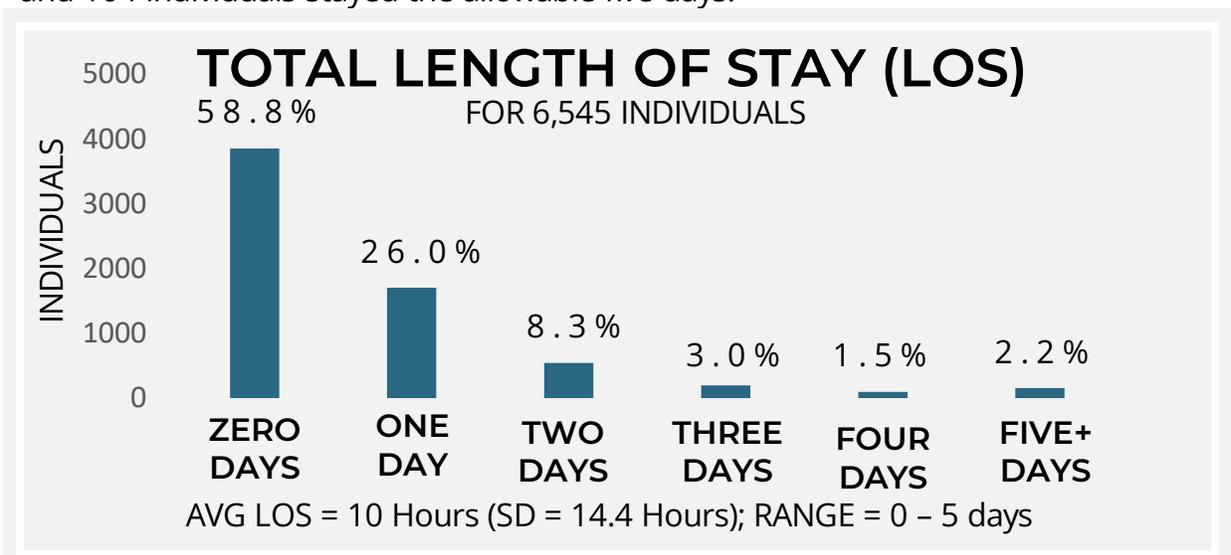
BLACK INDIVIDUALS\*      LIVING IN OTHERS' SPACES\*      INDIVIDUALS WITH SUD\*      INDIVIDUALS WITH OUD\*

\* & severe mental health diagnoses

Black individuals with SMHD were significantly more likely to come back at least once compared to all other racial groups, even though they only represent 8% of the data ( $\chi^2(2) = 40.471, p <.001; \phi = .024, p <.01$ ). This effect was very weak and should be interpreted with caution, but this may be a function of disproportionate police contact Black individuals experience in the community. Nonetheless, their continued return to the CRC means they are moving through a revolving door of treatment instead of the legal system’s revolving door. Individuals with opioid use disorder (OUD) were also significantly more likely to come back to the CRC via deflection compared to individuals without OUD ( $\chi^2(2) = 22.203, p <.001; \phi = .212, p <.01$ ). A TPD specialty team designated to do substance use related outreach and follow-up with non-fatal overdose cases might explain, in part, continued police contacts and deflections. Lastly, individuals living in other’s spaces compared to those living alone (e.g., family, group/foster homes, assisted/living) were significantly more likely to have at least two visits ( $\chi^2(2) = 93.286, p <.001; \phi = .431, p <.01$ ). This effect was very strong and might indicate the ability of others to intervene and call police for assistance during crisis.

During their first visit to the CRC, 58.8% of individuals, on average, stay just under a half day or ten hours. For adults, the time from “door-to-doctor” is 90 to 120 minutes. This half day might reflect individuals receiving an assessment, then discussing with the Behavioral Health Medical Provider the need for their continued stay within the unit and discharging from the unit same day. Unfortunately, our data does not include time stamps to understand if same-day discharge occurred after the 90-to-120-minute range. Future research should consider why individuals leave “early,” and if there is an hour-mark tipping point that encourages continued stay.

The length of stay ranged from zero to five days. Five days reflects the full length of stay for short-term inpatient care before an individual is automatically discharged, and 104 individuals stayed the allowable five days.



## WHAT ARE THE EXPERIENCES OF INDIVIDUALS WITH AT LEAST ONE DEFLECTION TO THE CRC?

### EXPERIENCE 1: 45.8% (N=3,000)

INVOLUNTARY >>> CRC >>> NO SUBSEQUENT

### EXPERIENCE 2: 27.2% (N=1,778)

VOLUNTARY >>> CRC >>> NO SUBSEQUENT

### EXPERIENCE 3: 16.8% (N = 1,102)

INVOLUNTARY >>> CRC >>> SUBSEQUENT CRC

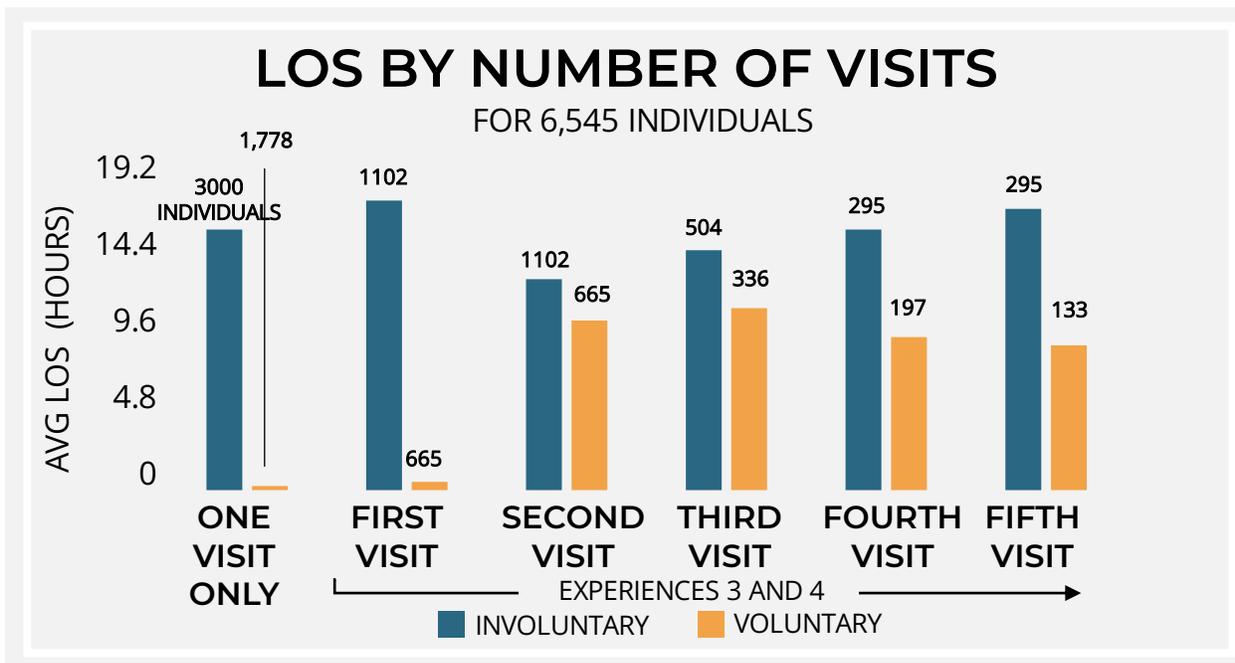
### EXPERIENCE 4: 10.2% (N=665):

VOLUNTARY >>> CRC >>> SUBSEQUENT CRC

Across the individuals deflected to the CRC, there were four distinct experiences reflecting how the individual was initially referred to the CRC and whether they subsequently returned to the CRC. The first experience included individuals who were involuntarily referred to the CRC for their first visit and did not return (45.8% of individuals' experiences). The second experience includes individuals deflected by police in the field to the CRC but did not return (27.2% of individuals' experiences). Combined, 73% of individuals did not experience a subsequent visit to the CRC via police. How optimistic we can be about these findings is unclear – one visit may be enough to connect these individuals with the resources they need, particularly for individuals who experienced an involuntary referral. However, as we describe later, police consider an individual's wishes to initiate treatment as a primary factor when deflecting. Therefore, "one-timers" may be ready for treatment at the point of the deflection opportunity.

The third experience involves individuals who were initially involuntarily referred to the CRC and had subsequent visits that were either voluntary or involuntary (16.8% of individuals' experiences). Finally, the fourth experience involved individuals who were initially voluntarily referred to the CRC and had subsequent visits that were either voluntarily or involuntarily (10.2% of individuals' experiences). Combined, 27% of individuals had multiple visits to the CRC and represent a subset of individuals that are experiencing the treatment revolving door. However, this data does not include arrests as part of understanding an individual's full experience with both the legal system and treatment revolving door. It is possible between deflections to the CRC (or other providers) an individual is arrested. Unfortunately, the data presented here cannot tease this out, but future research should consider how individuals simultaneously experience both revolving doors.

Involvement with the revolving door of treatment is positive because it eliminates the jail experience while providing an individual with increased opportunities for treatment initiation and engagement. Importantly, treatment research suggests individuals may need several opportunities for access to treatment before agreeing to initiate treatment. Further, this research suggests once initiated, individuals may need several more opportunities to remain engaged. To be clear, this does not suggest individuals have failed treatment when they do initiate or do not remain engaged. There are several reasons an individual may choose to leave any program early such as finances/insurance, need to return to work/family life, and discriminatory or culturally non-responsive experiences with the treatment, itself.

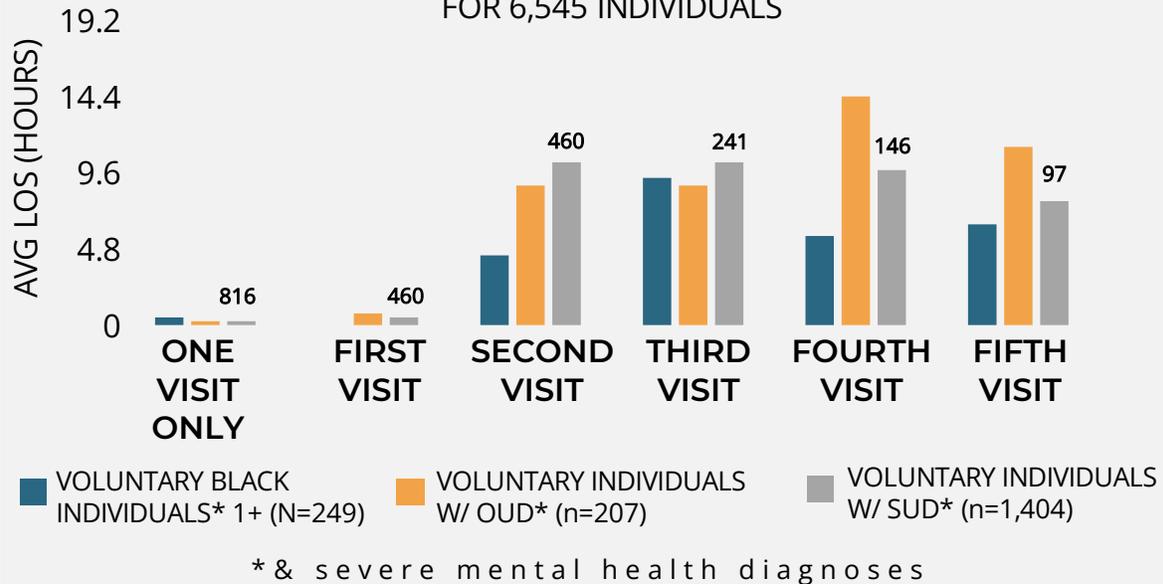


For individuals initially referred to the CRC involuntarily and only had one visit, they stay substantially longer than those individuals who came to the CRC by a voluntary police deflection. This is also true for individuals who are involuntarily referred to the CRC and come back multiple times. In other words, those who are likely actively in crisis and require an involuntary transfer are getting more treatment in a singular visits and over time. Simply, those with an involuntary transport benefit the most by simply showing up.

Within individuals who are initially deflected by voluntary transport and do not return, 2,414 are discharged on the same day. However, when individuals who first receive a voluntary transport then receive a subsequent deflection back to the CRC, they stay for much longer each new time. This suggests getting these individuals to-and through CRC's front door is important for how they continue to engage with the provider.

## LOS BY NUMBER OF VISITS BY VOLUNTARY

FOR 6,545 INDIVIDUALS



We continued to dig deeper into voluntary deflections to understand who has access to the CRC when it ultimately up to police. By understanding the demographic profile of individuals who return to the CRC, we can understand who has access to the revolving door of treatment, but importantly who does not. Therefore, we looked at the intersection of race, disability and co-occurring substance use disorder. For Black individuals with SMHD, individuals with OUD/SMHD, and individuals with SUD/SMHD, if they were voluntarily deflected to the CRC a second time, they continued to come back and stay longer each time.

Continuous deflections for this subgroup might reflect both individuals' wishes to initiate treatment *and* the types of people police more often have contact. As such, if police have more contact with these sub-groups, then these groups are equally vulnerable for increased jail bookings if officers do not offer deflection. This suggests securing this second visit requires that officers subscribe to deflection as the *primary* response in the field.

WE MUST CHALLENGE OURSELVES TO CONSIDER DEFLECTION AS THE PRIMARY RESPONSE BY POLICE IN THE FIELD.

## QUALITATIVE FINDINGS

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## INTERVIEW RECRUITMENT & SAMPLE



We met with executive command staff at TPD to introduce the goals of the project, intention of the interviews, and how we plan to use the data. Once command staff agreed staff could participate, they connected us with the supervising Sergeant of one of the specialty teams. We provided the Sergeant a pre-authored email with an embedded Survey Monkey link for research participation. This strategy allowed a local representative to introduce the project to staff, while maintaining the confidentiality of participants. As officers signed up for the interview via the link, 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 to attend while working around police 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 convenience sample approach via the Sergeant's initial email list and a snowball sampling strategy.

In total, 22 officers expressed interest in the research, and we conducted semi-structured interviews with 16 officers. Although patrol officers were included in the recruitment strategy, 87.5% of the officers represented one of three specialty units:

**MENTAL HEALTH SUPPORT TEAM (MHST)**  
**SUBSTANCE USE RESOURCE TEAM (SURT)**  
**HOMELESS OUTREACH TEAM (HOT)**

On average, police participants had at least five years experience with TPD, primarily worked the day shift (0700 – 1700), and 75% of participants were men. We present the most representative quotes with pseudonyms when describing emergent themes.

## ITERATING ON THE FLY

Prior to conducting the interviews, we had nearly no knowledge of the differences of the specialty teams, their primary functions, and how their roles relate to deflection practices more broadly. Initially, we intended to simply talk with officers about deflection decisions. However, we quickly realized their unique roles within TPD contextualized *why* they valued and prioritized deflection day-to-day and why they had so many experiences with deflection. As such, we decided to amend the semi-structure interview protocol and added three additional focal areas about:

- (1) the unit and its function;
- (2) training and preparedness for the unit, and;
- (3) how the unit primarily receives referrals.

We present these additional focal areas first to help contextualize the responses to the remaining focal areas from the original interview protocol.

## RESULTS

### WHAT IS THE CENTRAL FUNCTION OF THE TEAM AND HOW DOES THE TEAM APPROACH THEIR WORK?

TPD prioritizes compassionate interactions between police and the community. To this end, the responsibilities, structures, and practices informing each of the specialty units are designed to provide officers the training, knowledge, and experience necessary to de-emphasize arrest/citation and, instead, emphasize more appropriate alternatives. While each of the units differ in their central behavioral health focus, their combined work helps tackle root-causes of crime and proactively connect people with services prior to a behavioral health crisis.

### THE MENTAL HEALTH SUPPORT TEAM (MHST)

MHST is outfitted with a sergeant, two detectives, and five officers. The team is primarily tasked with locating individuals serving petitions for evaluation. As a separate unit, officers are not beholden to the 911-dispatch queue. As a result, they can execute the petition for evaluation without worry of needing to leave the interaction for an in-coming call-for-service. This flexibility allows officers the time they need to serve the petition, prepare the individual to leave their homes/belongings, and de-escalate any resistance to the petition.

Although they have the power to force an individual into their car for a transport, their unit policy is to rely on non-violent communication to convince a person to the transport. Then, they transport the individual to the provider as described in

the petition; this is usually a local hospital or the CRC. In this way, the structure of the unit deemphasizes traditional police performance metrics of “clearing cases” and emphasizes compassionate interactions between police and the community members they serve.

### **THE SUBSTANCE USE RESOURCE TEAM (SURT)**

SURT is outfitted with a sergeant and six officers. The team primarily conducts active outreach in the community, along with two peer support specialists (PSS) from [CODAC](#), a community provider. Together, they form a cooperative co-response model, working together to engage individuals suffering from substance use disorder (SUD). These co-responders travel to tunnels, desert washes, and other known areas for drug use. At the point of contact, the CODAC-PSS, who has lived experience with the criminal legal system and SUD, talks with residents about initiating treatment and provides information about CODAC and other services. If an individual agrees to initiate treatment, the officer will transport the individual to the community provider.

SURT officers are also assigned non-fatal opioid overdose cases for follow-up. When SURT conducts follow-up on these cases, they provide the person Naloxone, along with providing resource and treatment options. In 2020, SURT provided over 500 Naloxone kits into the community.

Combined, this co-responder model combines the unique experience of peer support specialists with law enforcement personnel to provide referrals, intervention, and/or placement in treatment facilities for individuals needing medication for opioid use disorder (MOUD).

### **THE HOMELESS OUTREACH TEAM (HOT)**

HOT is the most recently formed of the specialty units and is outfitted with a sergeant and two officers. They approach their work with the understanding that homelessness is often a symptom of SUD and SMHD and not a crime. The team partners with a housing navigator from a local community provider to conduct targeted outreach to individuals or targeted outreach to larger encampments to connect individuals with the housing voucher program. This outreach includes the [VI-SPDAT](#) assessment which determines a person’s level of vulnerability and need. Higher scores on the assessment can place someone higher on the voucher list and expedites their housing placement. HOT also works to locate individuals when they are selected for the housing voucher.

At times, large encampments must be moved from private areas or as the result of community complaints. In these cases, the team follows the county protocols to work with waste management to clean the area and work with encampment residents to find- and transport them to an appropriate relocation area. During these moves, officers will also conduct a VI-SPDAT assessment.

## HOW DO THE TEAMS RECEIVE REFERRALS AND WORK?

By the nature of their units' charge and daily responsibilities, MHST, SURT, and HOT principally lead the agency in deflections in lieu of arrest. There are four primary pathways in which these teams engage with citizens; although, **not all interactions and pathways for deflection involve probable cause for arrest.**



### CALL FOR SERVICE

First, a specialty unit officer might engage with a citizen in more traditional scenarios including dispatched by 911, called as back-up to a call-for-service, or through an officer-initiated stop. These engagements are the most likely to have probable cause for arrest and present more opportunities for deflection in lieu of arrest.



### SELF REFERRAL

Police also engage with citizens through self referrals, where an individual comes to the police station seeking help or through a social referral when a person contacts the specialty unit directly seeking help for a person. The HOT specifically advertises the team's referral email on the local news for citizens to report encampments directly to them instead of using emergency services to report the issue. These pathways present less opportunities for deflection in lieu of arrest as the individuals in need are typically not involved in criminal behavior but are opportunities TPD can connect residents with resources and treatment.



### SOCIAL REFERRAL



### ACTIVE OUTREACH

Lastly, each of the units conducts their own outreach to connect residents with services. In these interactions, particularly for SURT and HOT, there are opportunities to deflect in lieu of arrest.

## WHAT TRAINING IS RECEIVED, HOW PREPARED DO OFFICERS FEEL TO DO THIS WORK, AND WHAT HELPS THEM DO THIS WORK?

### *RECRUITMENT*

As a designated specialty team, placement on the unit requires an administrative screening process. This process requires a prospective officer to submit a memorandum of interest to the unit's leadership detailing their law enforcement experience and interest in the unit. Based upon these submissions, leadership selects individuals to participate in an oral board where they are asked more specific follow up questions about their interest in the unit and how they would approach the work. From these conversations, leadership selects the top candidates for placement on the unit. Often there are limited positions and those selected are placed on a waiting list.

Many officers working in these units report they feel the behavioral health approach comes naturally to them or makes intuitive sense. This recruitment and application process then potentially funnels like-minded officers into the units who are uniquely prepared to take on the work.

### *TRAINING & PREPAREDNESS*

Police must make several critical decisions about people throughout a single shift. Often, officers make decisions with limited information presented on scene and bounded by few trainings discussing behavioral health. For those who ultimately work on TPD's specialty teams, their trainings are far more exhaustive than their traditional patrol peers. The trainings offered aim to reduce the stigma associated with mental health, substance use disorder, and homelessness; increase awareness of presentation of symptomology in the field, and; build understanding that access to treatment is a legitimate approach to public safety.

Some officers come into the unit as members of other teams: Hostage Negotiation Team or Special Weapons and Tactics (SWAT). Officers with dual membership discuss the transferability of these teams' skills to the behavioral health work of their specialty team.

For most officers they receive additional trainings once working in the unit. These additional trainings include:

- Mental Health First Aid (MHFA),
- De-escalation Training,
- Active Listening Training,
- Motivational Interviewing,
- Adverse Childhood Experiences (ACEs) training, and
- Trauma-Informed care Training.

For some officers, trainings helped them understand the context for these behaviors and helped build empathy for the citizens they serve. Officers also discuss how these training helped them understand the nexus of mental health and substance use, symptomatic behaviors that can present in the field, and how best to create compassionate interactions with individuals in crisis. Officer Dez describes the training most impactful to him,



One thing that helped me wrap my head around substance use was the ACEs training. It helped me understand how to deal with some of these people and say, "You're not okay and you're not thinking straight, but I understand how you got here." You have to think to yourself, what did this person go through in their childhood? What made them get to the point they're at now? What kind of trauma did they live through for them to make these choices? So, that helped me a lot to understand them.



### **SKILLS & APPROACH**

When asked about the types of skills necessary to do this work well, participants described only soft skills, including the most discussed skill of *patience*. Many officers noted these skills are the same skills needed working patrol, but the contexts and situations mean they lean on these skills more often than their patrol peers, as noted by officer Henry,



Having patience helps in patrol, but you just have to have a uniquely higher bandwidth for patience in this setting.



Additional to patience, officers describe the need for *communication skills*, *active listening skills*, *kindheartedness*, *understanding*, and the *ability to connect with people* or *relate*. Throughout the discussions about skills, many officers began highlighting the priority of compassionate interactions as described by officer Hodge,



The people we come across don't think we get it. You don't want to say the wrong thing and then they get agitated. Really, it's about being compassionate and understanding. Your job is to let them believe that you totally understand where they're coming from. You don't demean them because they're homeless or they're in the situation that they're in. You have to show compassion, talk and show them that you care - just relate.



The ability to show compassion and relate to individuals was a central theme when discussing successful officers and the unit's approach to the work. Many emphasized not using stigmatizing language, softening their demeanor in the interaction, and showing empathy. In this way, the trainings offered to build these skills are evidenced in how much officers prioritize these skills, as described by Officer Renolds,



Oh, you need compassion. If you don't have compassion for people, I really would see this work being tough because a lot of these people have been through an insane amount of trauma. They didn't decide one day to wake up and do drugs and be homeless. It's about having compassion for people and real empathy.



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

### *OFFERING DEFLECTION*

All officers note the opportunity for deflection is only contingent upon the offense and is not constrained by previous offerings for deflection. Officer Grove offers important insight about the need to offer on-going deflection opportunities,



It doesn't matter if I've offered it to him before, I can offer it again. That's important because we've learned it takes something like upwards of 14 tries before someone agrees *and* commits to getting clean. I know I'll see him again next week, and I'll offer it again.



In the spirit of TPD's behavioral health approach, the unit officers and the policy acknowledge the recurring nature of the issues they are trying to reduce. In fact, many of the SURT officers specifically describe many experiences deflecting the same people and even note they expect to offer many opportunities of deflection to the same people. Officer Mead details this expectation,



It's a cycle because if they're using drugs, they either got addicted because of a legitimate prescription or self-medicating for some underlying issues. So, continuing to arrest them every time I see them and put them in the criminal justice system isn't solving the problem. It's only making it hard for them, especially if they also have mental health issues. It is really hard navigating the mental health system while you're also navigating the criminal justice system. And, if you're homeless on top of that. For them, their biggest concern is where am I going to lay my head or how am I going to get something to eat. Or, maybe it's how am I going to get enough drugs to keep from being sick. They aren't concerned about court dates. They're just concerned about living in the moment. So, I'd rather just continue to bring them to the places that can help them fix those underlying problems.



## *DECISION MAKING*

While officers note the importance of offering deflection in lieu of arrest and their inclination to offer it, they detail many factors that weigh into this decision.



Officers describe first considering the underlying incident or situation that brought the person to the attention of police. One officer notes that he considers heavily if someone has called on their behalf not to report an offense but because the referrer believes the person needs help.



Officers across the units describe their outreach work often brings them into situations where drug paraphernalia or substances are present. They note they are more than likely to offer deflection in these situations, but the cooperation of the person directly informs if they offer deflection in lieu of arrest.



In cases of trespassing or "unwanted persons," they are most likely to ask the person to leave the situation. However, if a person repeatedly returns to the location some officers comment that arrest is the primary course of action particularly if a property owner or manager is interested in pressing charges.



Officers note that deflection is not available for domestic violence offenses, but comment that they do consider if there is a victim or if someone was hurt when deciding.



The most important factor considered by officers is the person's willingness to agree to treatment.

Officer Walzdorf explains how he engages with residents and the compassionate interaction he will have with them to understand their willingness to go to treatment. However, when an individual is unwilling, he will resort to arrest. In this way, he understands the situation does *not* need arrest, but may do it anyway.



If someone has drug paraphernalia or possession, I always just have a conversation with them to find out what's going on. I ask how long they've been using, if they've tried to get clean before, and if they're interested in trying again. If they showed interest in it then, offer it. If they show no interest in it, then sometimes an arrest is the choice because if they aren't interested in it, then I'm going to take them to a center and leave them there, and they won't go in. But, for me, I like to build that dialogue to get an understanding of what they want.



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

### ***NEGOTIATING INITIATION***

Once the officer makes the decision to deflect, they work with the individual to determine the most appropriate community provider for them.

Officers discuss that the decision to offer deflection in lieu of arrest happens rather quickly in the interaction. If the primary concern presents as a mental health issue, officers say they will likely offer and transport the person to the CRC. If the primary concern presents as substance use, officers note they will typically transport the individual to their partner agency CODAC or another community provider, Community Bridges. However, officers express that some people are hesitant to agree to deflection because of their experiences with these providers. Officer James describes how he navigates this situation,



We do have some choices. Sometimes, they've expressed some concerns about certain places based upon an individual experience. It's important we develop rapport and some trust to help them share these experiences with us so we can consider other options.



Officers comment that people often show hesitancy to accept the treatment option – even when they know it is in lieu of arrest – for a litany of reasons. Officers note that there is concern about previous experiences with victimization at the provider, leaving their property or animals particularly if they are homeless, the inability to smoke cigarettes or impending withdrawal symptoms, shame from previous experiences of treatment engagement, and concerns about fees and insurance. Officer Molina talks about his process for navigating insurance concerns,



Once they agree, we'll call around. They can talk to the provider and ask them specifically what insurance they carry and if they will accept theirs or learn about how it works if they don't accept insurance. There are a variety of agencies, and if the person is willing to wait, we can call them all.



A handful of officers comment that the fear of not knowing what to expect or the anxiety about the rules also complicates an individual's willingness to accept the deflection and transport. Although officers do not contextualize this with examples, many of the community members they are engaging with in the field have severe mental health diagnoses, intellectual disabilities, and other concerns that may create anxiety about change or new situations. Officer Renolds details how his training helped him prepare for this concern,



We've networked with some of the providers extensively. So, we're comfortable with how they operate. And, we can talk to people and put them at ease about what to expect. We've gone through tours, spoken to staff, personally know the staff, and spoken with hundreds of people who have gone through the program. We have a good sense of what it's going to look like for them. Then, it makes it easy for us to say, "Look, here's the deal. This is a voluntary transport. We're willing to take you. You're not in trouble. This is not a criminal investigation – you're not going to be labeled in a report by police or considered a suspect. It's to get you help. Here are some of the things you can expect there.' And, I think that helps.



Many officer participants note that while not formalized in policy, agency deflection practice states that once an officer makes the decision to deflect, arrest or citation is no longer an option, regardless of the individual's treatment initiation. Therefore, even if the individual agrees to transport, arrives to the provider, and expresses the same concerns they just worked through in the field, the person can leave the provider without any legal consequence. Two officers explicitly noted that while they do not tell people they can leave after the transport without legal system involvement, some residents know from previous experience. However, both comment that that while they believe it happens that people use the transport to avoid arrest, it is not a pressing concern.

For MHST officers who primarily serve petitions for evaluation from the court, transport is not voluntary. An individual must comply with the court order. However, the unit's approach to serving the court order prioritizes negotiation over use of force. MHST officers detail many of the same concerns of other officers negotiating deflection. Officer Henry notes how he helps people navigate the mandatory court order to allay their concerns,



I tell people I'm not going to lie or play games, and I will tell them exactly what has to happen and why, and we can work through it. They could be leaving their residence for multiple days. I let them smoke cigarettes, change their clothes, feed their cat. We've dropped off kids at a friend's house, found a dog sitter, changed someone's car tires. They all have different concerns they need alleviated before they say, "Okay, let's do this." And, in our unit, we have the freedom and time to stay for hours and hours to do what needs to be done to get them where they need to go without escalating the situation.



### ***NEGOTIATING PLACEMENT***

For MHST officers who are serving petitions for evaluations, they note the provider is typically named in the petition. However, when the petition for evaluation does not name a specific provider, they rely on the CRC or two primary hospitals in the area. However, when they or their specialty unit peers have the option to determine a location on their own, they describe various considerations in this decision.

### **LOCATION MATTERS**

One officer notes that for individuals who are homeless, they are sometimes less likely to agree to transport to a provider because it is too far away from their camp. In these situations, they try to find a provider who is close by or personally arrange to pick the individual up once they have completed their appointment and bring them back to where they shelter.

Officer Dez comments that for those in crisis, going to the closest provider or hospital is important,



If you're dealing with someone in crisis, you don't want to drive an extra 20 minutes. So, where we might go might be a matter of which provider or hospital is closest.



## TIME MATTERS

Nearly all interview participants state the structure of the unit and its separation from the 911 dispatch queue allows them the time they need to work with individuals in the field. Despite feeling as though they have more time with residents in the field, they state the length of time it takes the provider to enroll the individual matters as describe by Officer Munez,



At some of these providers, it is super easy for law enforcement to bring people there. It's very quick and they have very specific protocols for us that allow for minimal time at the provider and so we can get back in the field.



## RULES & ELIGIBILITY

At times, officers also described how the eligibility requirements or rules of the provider itself might play into if they connect the individual with the services. One officer comments that some of the providers, particularly those that offer housing, have strict eligibility requirements that often make individuals unwilling to go or ineligible. One officer comments that requirements related to current intoxication make individuals they meet in the field ineligible and another officer comments that the no-pet policy can get in the way of where someone will want to go. Another officer comments that many of the people they meet in the field have previous experiences with providers in the community, and, as a result, they know what will be required of them if they go. Officer Hodge explains,



Sometimes the provider won't fit for that person. Like, they've been before and they know they will have to do chores and they don't want to do chores. Or, they know there's a curfew, or they don't like the food. Or, there's just something they don't like about it. So, sometimes it's not that we can't find them a place, it's that they don't like the conditions or the rules that the provider will make them follow. So, we'll have to call around or convince them it's still the right fit.



## RELATIONSHIPS MATTER THE MOST

Overwhelmingly, officers describe their personal relationships with the providers as the primary reason they rely on the service. Some describe the provider's willingness to work through eligibility requirements, to answer or return phone calls quickly, and a general responsiveness to law enforcement concerns. Officer Beard describes her relationship with a member of a community provider specifically,



There's one gentleman I work with who is phenomenal. He answers my call whenever I call him. We text, he responds. He acts. I see him just about every day and he's willing to bend over backwards to get people help even if it's not into his facility.



Although a few officers comment about their relationship with one or two specific people at a provider they prefer, others comment on how some providers are more amenable to law enforcement, generally. Officer Fowler explains why he likes the CRC so much,



They have a specific protocol for law enforcement. They are also very good about adapting and changing. If they are presented with reasonable law enforcement concerns, like, 'Hey this isn't working for us. We've run into this problem several times and it's creating legal and logistical nightmares.' But they get on it right away to make sure it's fixed and make sure we come back and use them.



As described previously in this report, the CRC is committed to making their center as easy as possible to use for police – with the slogans “no wrong door” and “figure out a way to say yes instead of looking for reasons to say no.” This is largely evidenced by the overwhelming number of deflections made to the center by police. However, Officer's Fowler commentary also reflects on this relationship and the willingness of the provider to adjust protocols/processes on their end to accommodate police. In this way, the willingness to adapt to each might be the core component to securing a treatment revolving door in a community.

## HOW DOES THIS UNIQUE WORK IMPACT OFFICERS?

Throughout the interviews, officers stress the importance of finding people the help they need and their willingness to work with people multiple times and try multiple pathways and providers. At times though, officers describe how the work impacts them personally. Officer Walters describes the impact of working with the same person and how he tries to manage it,



I worked with a young female earlier today. She was mixed up with smoking fentanyl. I've taken her to CODAC twice before. Today, is the third time I found her on the streets. I tried another place in town. I told asked her, 'Do you have a place to stay? We have the detox center I can take you to.' I tried to gauge her to try something else. I know she's probably going to get sick tonight and I tried to convince her that it'll at least give her a place to sleep instead of on the street for the night and maybe she'll like it. I try and see everyone as a human being, I try not to become numb to it all because that's when they know I'm not being real or being genuine, and they can sense that. This is why we have deflection, we're trying to change things up to have a positive domino effect.



Officer Waltzdorf discusses her repeat interactions with someone, their unique needs, and the personal impacts of working with this population,



There's this woman I work with often who is in a wheelchair. I talked to her one day and was trying to get her into help and she's like, 'No, No, No, I don't want to go right now, how about tomorrow?' I say, 'Okay, I'll come back tomorrow and personally pick you up at whatever time you like.' I came back the next day and couldn't find her. I searched all over the neighborhood and nope, no sign of her anywhere. I had given her my card and she never called them. Then, later in the day I see her in an intersection panhandling. Her being in a wheelchair makes her a prime candidate for housing and I explained that to her. I tried to tell her that she won't have to climb in and out of her wheelchair in the desert with rocks and everything else. She still chose her tent. That's the hard part of all of this, seeing folks just flat out not want help.



Throughout the interviews, officers describe trying to work through the barriers of an individual's willingness to accept help. A few officers describe this conversation as more emotionally challenging when they are interacting with an individual on referral compared to those who are negotiating deflection in lieu of arrest. Officer Molina describes how he approaches these situations and its impact on him.



You have to give this job your all every day. You see your own child in a person when you're working with a young person. Or, even if they're older, you see yourself. You know, a lot of us could have down a really bad road if they would have taken the same steps as this person did. I remember that, but it's all mentally draining.

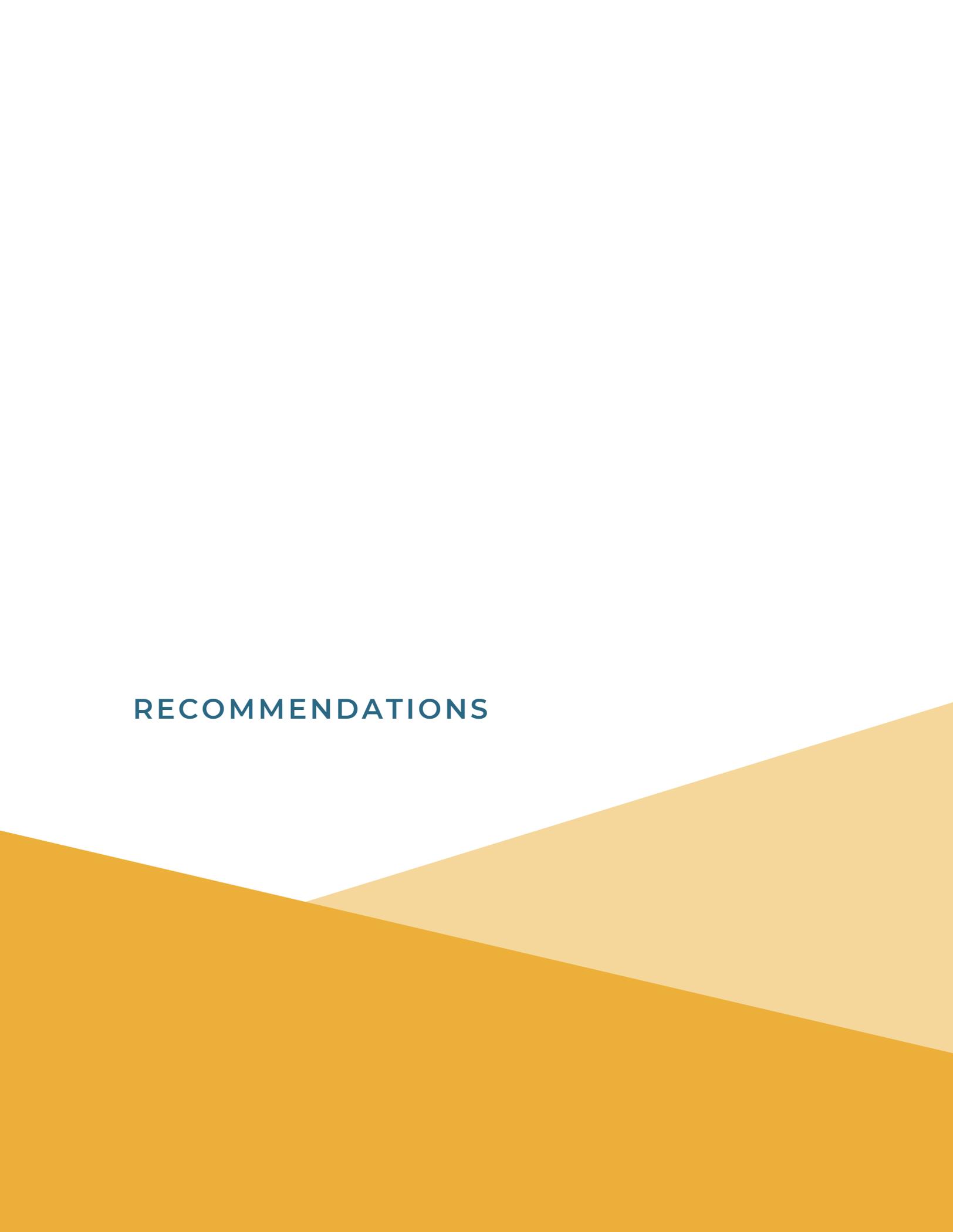


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COMBINED, THESE OFFICERS DESCRIBE HOW THE WORK ITSELF CAN DESENSITIZE THEM TO SITUATIONS, FRUSTRATE THEM WHEN THEY PERCEIVE THEY CAN HELP PEOPLE IN VULNERABLE SITUATIONS, AND PRESENT AS TOUGH EMOTIONAL LABOR.

DESPITE THESE IMPACTS, OFFICERS REPEATEDLY DISCUSS THE IMPORTANCE OF THEIR WORK TO TACKLING ROOT CAUSES OF BEHAVIOR, AND A BEHAVIORAL HEALTH APPROACH AS A LEGITIMATE STRATEGY FOR PUBLIC SAFETY.

## RECOMMENDATIONS

The page features a decorative background consisting of several overlapping, semi-transparent geometric shapes in shades of orange and yellow. These shapes are positioned primarily in the lower half of the page, creating a modern, abstract design.

## POLICY & PRACTICE RECOMMENDATIONS

### THE MORE THE MERRIER

The data show when individuals who first receive a voluntary transport then receive a subsequent deflection back to the CRC, they stay for much longer each new time. This was especially true for Black individuals with SMHD, individuals with OUD/SMHD, and individuals with SUD/SMHD. Although this might be reflective of their treatment readiness, it nonetheless suggests that ensuring they are deflected a second time is important for how much program dosage they continue to receive within and across visits. Getting these individuals to- and through CRC's front door is important for how they continue to engage with the provider.

Therefore, the more often officers can deflect the same individuals to the CRC, the more likely they are to receive *more* treatment each time. At times, officers reported getting frustrated when individuals they previously deflected did not want or were not willing to go back the second time. In some cases, individuals admitted to arresting these individuals.



**Recommendation: On-going strategies and tools which acknowledge, support and heal staff frustration for familiar faces and provide education about the process of recovery to ensure officers are willing to continue to offer deflections each time.**

### UNPACKING TREATMENT INITIATION

Throughout the interviews, officers discussed the importance of a new approach to tackling the issues of mental health crisis, substance use disorder, and homelessness. Many officers spoke at length about why the traditional arrest and release exacerbates these issues and invites additional barriers for individuals. Central to this approach is empathy, patience, and a deep understanding that individuals do not arrive to these situations by choice and both previous experiences and system failures have contributed to the problem. However, when making decisions about offering deflection in lieu of arrest, officers offer that a person's willingness to accept help is heavily considered in their decision-making.

Many officers state an individual's situation is not by choice but offer that they believe individuals do have some agency to change their situation. In this way, officers' decisions to deflect and work with individuals in the field is influenced by an individual's ability to lean into their perceived agency. However, evidence about the process of recovery suggests there is more to treatment initiation than simply willingness or willpower, and there are a host of other concerns. Interestingly, officers do acknowledge treatment initiation is complicated and nuanced but mostly for those individuals with a substance use disorder and who are homeless.

However, treatment initiation is a concern for many individuals and includes considers about paying for treatment, income loss from missed work while attending treatment, and concerns about missing family obligations while in treatment. Further, wishing to engage in treatment is also contextualized *by* the intersection of disability, race, gender, and the interplay of these factors. This is a very important, but likely a new nuance for officers. Experiences *with* racism, cis-sexism, ablism and stigma while engaged in previous treatment programs might explain an individual not wishing to engage with the treatment options offered by TPD at the point of contact. Therefore, officers may overestimate how easy it is for individuals to harness their agency and agree to a treatment transport. When officer make these overestimations, it may end in frustration for some officers and a decision to arrest for others.



**Recommendation: On-going training and learning sessions that continue to unpack the nuance of barriers to treatment initiation *and* experiences with treatment. This might increase officer's willingness to offer deflection in lieu of arrest and provide new ways of working with individuals about their hesitation.**

## DEFLECTION FIRST, ARREST RARE.

TPD's deflection program considers many criminal offenses as symptomatic of serious, underlying concerns, including mental health, substance use disorder, and homelessness. The spirit of the program recognizes that behavioral health is deeply connected to public safety and a legitimate approach to public safety is treatment not incarceration. By the admission of officers across interviews, they are apt to offer deflection for an eligible offense and do so quickly, but a person's willingness to accept help impacts their decision-making. At the same time, officers recognize that arrest and jail stays can make an individual's situation worse than doing nothing at all. TPD could consider a more aggressive approach to deflection.



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

# MEASURES, DATA & ANALYSIS RECOMMENDATIONS

## CURRENT MEASURES

Tucson Police Department is committed to implementing evidence-informed practices and making data-driven decisions. As part of this commitment, the department measures their work and tracks their progress often.



Importantly, they measure the number of deflections completed through a standard report writing process.



They measure the “contact category” or how officers meet individuals in the field and how often each of these categories receive deflections.



They measure the deflection count by criminal charge category, age group, race/ethnicity, sex, and division/unit



They measure the number of unique individuals who receive deflections and the number of repeat participants and their frequency of participation.



Most importantly, they conduct gap analyses to understand the number of deflection-eligible offenses compared to actual deflections and analyze the gap along all the subgroup analysis listed above.



Lastly, with the help of Southwest Institute for Research on Women (SIROW) at the University of Arizona, they measured the length of time to complete a deflection and an arrest to understand both the hours saved by the program and the overhead for sworn personnel saved by the program.

## FUTURE MEASURES

TPD's informal practices and institutionalized training all prioritize contacts with residents as "compassionate interactions." Across interviews, officers describe compassionate interactions as showing empathy, understanding, and kindness.



Recommendation: TPD could consider measuring this via participant surveys collected at the point of initiation with the provider. Survey questions could ask participants specifically about the empathy and kindness shown by the officer, as well as how much the officer understood their needs and discussed their options. This data would take a large step toward unpacking the *quality* of the deflection in addition to the understanding they currently have about the quantity of deflections. Given the unit's extensive relationships with several providers, it seems reasonable providers could collect this information anonymously and provide the raw, de-identified data to TPD for analysis.

The goal of TPD's program is to interrupt the cycle of many of the underlying causes of criminal behavior through *access* to effective treatment options. However, officers recognize that one-time access to services is typically not enough for an individual to initiate treatment. And, they recognize that even a few days in treatment can be positive progress toward continuous treatment engagement.



Recommendation: TPD could consider measuring the number of treatment enrollments. Given their strong partnerships with providers, this metric would simply involve the provider sharing the number of intakes completed. Additionally, providers could share the number of days someone remained in treatment for each intake that results from police-led deflection, and how these number of days change over time. In this way, TPD is measuring their impact to access and engagement in a consistent manner with the treatment evidence suggesting multiple enrollments in programming is typically required to initiate long-term engagement and recovery.

## FUTURE RESEARCH RECOMMENDATIONS

Based upon these findings there are several exciting areas for knowledge growth and understanding specifically for Pima County, the CRC, and broadly for deflection programs.

 **POLICE AGENCIES & TPD:** According to the latest census data, 37.8% identify as Hispanic or Latino; however, only 4% of individuals deflected to the CRC are Latinx/Hispanic. This might reflect CRC measuring Latinx/Hispanic as a race and not ethnicity – previous identity research suggests nuance about why this distinction matters. Although we report Hispanic/Latinx as race, when considering the ethnicity variable in our data, we find similar proportions. Our data does not include the wider population of deflections to understand if the Latinx/Hispanic community is experiencing significantly less deflections broadly or relative to the other People of Color. This is an important next step both for local law enforcement and race/ethnicity/identity research. If there are disparate outcomes for deflection of this population, local law enforcement agencies must prioritize understanding why and developing culturally sensitive and responsive strategies to reduce and eliminate these disparities.

 **DEFLECTION CENTERS & CRC:** During the initial visit to the CRC, 58.8% of individuals, on average, stay just under half a day (.41). Unfortunately, our data does not include time stamps to understand if same-day discharge occurred after the 90 to 120 minute “door-to-doctor” range which might contextualize why individuals leave the same day. Future deflection center or CRC research should measure the process down to the hour, or even less, to understand when during the treatment intake process individuals leave *and why*. This will help inform strategies about where and how best to intervene to encourage and support treatment initiation/engagement.

 **BROAD DEFLECTION:** Critical across the qualitative data was the concept of readiness or willingness to engage in treatment as a potential factor for deflection decisions themselves. Researchers should consider how this is a moderating variable for deflections. Additionally, future research should begin to dig into an individual’s willingness and concern *at the point of police contact*. This iteration must consider how the intersection of race, gender, diagnoses, and disability matter for the system barriers that impact someone’s willingness to initiate treatment at the point of contact (e.g. insurance). It must also consider how an individual’s experiences with racism, cis-sexism, and ablism *during previous* treatment matter for willingness to initiate treatment at the point of police contact.

# POLICE-LED DEFLECTION in PIMA COUNTY

## AN ORIGIN STORY

START

On **January 8, 2011**, Jared Loughner opened fire in a crowded grocery store parking lot, leaving six individuals dead and 13 individuals injured, including his intended target US Representative Gabrielle Giffords. An investigation into the mass casualty event revealed Loughner had signs of a severe mental health diagnoses. However, he never received a formal evaluation despite encounters with campus police where he went to community college and local law enforcement. This event changed the trajectory of the Tucson Police Department (TPD) and the impetus for a decade of police led deflection and its evolution within TPD.

2011

The Crisis Response Center (CRC) opens, providing police 24/7 access to emergency psychiatric and substance use services.

2017

Pima County launches United Medication Assisted Treatment Targeted Engagement Response, or U-MATTER, with 4 officers conducting opioid-related outreach.

2013

TPD establishes the Mental Health Support Team (MHST) to serve petitions from the court and conduct outreach prior to a behavioral health crisis; Mental Health First Aid (MHFA) training begins for TPD.

2018

TPD implements deflection for eligible offenses and the U-MATTER team expands into its own team, the Substance Use Resource Team (SURT). SURT partners with peer supports from CODAC, a community provider, and continues outreach as part the team's charge.

2020

The Homeless Outreach Team (HOT) is established, treating homelessness as a symptom, not a crime, of the intersection of SMHD and SUD. They conduct outreach and deflect when appropriate.

# JSP

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