Four Key Measures #1:
Reducing the Number of People with Mental Illnesses Booked into Jails

June 2018
We are Stepping Up!
Stepping Up Framework: Six Questions

1. Is our leadership committed?
2. Do we conduct timely screening and assessments?
3. Do we have baseline data?
4. Do we conduct a comprehensive process analysis and inventory of services?
5. Have we prioritized policy, practice and funding improvements?
6. Do we track progress?

www.StepUpTogether.org/Toolkit
Stepping Up Framework: Four Key Measures

- Reducing the number of people with mental illnesses booked into jail
- Increasing connections to treatment
- Reducing the length of time spent in jail
- Reducing recidivism

www.StepUpTogether.org/Toolkit
Stepping Up 3-Year Anniversary and Push for 2018 Launch of national push for counties to accurately identify and collect data on people with SMI in jails

Stepping Up Initiative Expands Push For Counties to Collect Data on People in Jails Who Have Mental Illness Designates Seven Innovator Counties For Their Expertise in Stepping Up Initiative

WASHINGTON, DC — May 1, 2018 — The Stepping Up Initiative launched today to help counties collect accurate, accessible data on the number of jail inmates who have mental illness. As part of the effort, seven rural and urban counties have been selected as models for their expertise in accurately identifying and collecting data on inmates who have mental illness.

The Stepping Up Initiative was launched in May 2015 by The Council of State Governments (CSG) Justice Center, the National Association of Counties (NACo), and the National Association of Counties (NACo), and the National Association of Counties (NACo). The initiative is designed to help states and local leaders to address the issue of mental illness in jails. Since its launch, more than 450 counties in 45 states, representing 40 percent of the population, have committed to building local leadership teams, identifying inmates with mental illness entering their jail system, and reducing the prevalence of people in jail who have mental illness.

Since that time, more than 450 counties in 45 states, representing 40 percent of the population, have committed to building local leadership teams, identifying inmates with mental illness entering their jail system, and reducing the prevalence of people in jail who have mental illness. By expanding its efforts to provide counties with the tools they need to collect data, which often include limited staff capacity, lack of valid insufficient data-sharing mechanisms.

Collecting accurate data on the number of people with mental illness is critical to a jail's ability to determine what's happening in its jails, said the Ohio Department of Mental Health and Addiction Services and the Justice Center’s Board of Directors. “By committing to collecting and reporting the Stepping Up counties will be able to begin to scale their programs and success stories in treatment and services, and track their progress towards the goal of reducing inmates who have mental illness in jail.”

FOR IMMEDIATE RELEASE: Contact: Allen Houston 5103 Jumper Center National Coordinator 646-356-5809 asciiwyng@jumper.org Fred Wong APA 202-403-3042 202-403-9972 AFR for new mental health facilities for people who have SMI. Counties are encouraged to use the data to create better care and improve outcomes for people who have SMI while promoting public safety that is both effective and fair for all.

In May 2015, the Council of State Governments (CSG) Justice Center, the National Association of Counties (NACo), and the American Psychiatric Association (APA) Foundation partnered to create the Stepping Up Initiative to assist states in developing and implementing strategies to reduce the number of inmates with mental illness in jails. Although counties have made significant progress in addressing this issue, the problem still remains.

One of the challenges many counties face when seeking data is the reluctance to identify that those with SMI, or the point at which someone needs mental health services. By using this information, or the absence of it, the data is not only likely to be used to craft innovative programs to help counties and to identify people who have SMI in jail. The goal is to use county-wide reporting, accessible data on those individuals.

The Next Step: Collecting Data to Drive Change COUNTY REPORTS ACROSS THE COUNTRY

The National Association of Counties (NACo) announces the launch of the Stepping Up Initiative, a national push for counties to accurately identify and collect data on people with SMI in jails. The Initiative is designed to help states and local leaders to address the issue of mental illness in jails. Since its launch, more than 450 counties in 45 states, representing 40 percent of the population, have committed to building local leadership teams, identifying inmates with mental illness entering their jail system, and reducing the prevalence of people in jail who have mental illness.

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Stepping Up Approach to Identifying People with SMI in Jail

1. Establish a shared definition of SMI for your Stepping Up efforts that is used throughout the local criminal justice and behavioral health systems;

2. Use a validated mental health screening tool on every person booked into the jail, and refer people who screen positive for symptoms of SMI to a follow-up clinical assessment by a licensed mental health professional; and

3. Record clinical assessment results and regularly report on this population to stakeholders.
Stepping Up 3-Year Anniversary and Push for 2018

Launch of national push for counties to accurately identify and collect data on people with SMI in jails

Announcement of inaugural cohort of Stepping Up Innovator Counties

Innovator Counties

Counties are encouraged to gather accurate, accessible data on the prevalence of people in their jails who have serious mental illness (SMI) to help them understand the scale of the problem in their jurisdictions.

Stepping Up is highlighting counties from around the country for their ability to accurately identify people in their jails who have SMI, collect and share data on these individuals to better connect them to treatment and services, and use this information to inform local policies and practices. To gather this data, these Innovator Counties are implementing Stepping Up’s recommended three-step approach:

1. Establish a shared definition of SMI for your Stepping Up efforts that is used throughout local criminal justice and behavioral health systems;
2. Use a validated mental health screening tool on every person booked into the jail and refer people who screen positive for symptoms of SMI to a follow-up clinical assessment by a licensed mental health professional; and
3. Record clinical assessment results and regularly report on this population.

Stepping Up’s first cohort of Innovator Counties

Livestreamed workshop from NACo’s Western Interstate Conference

Upcoming Training and Technical Assistance
Stepping Up Innovator Counties

StepUpTogether.org/Innovator-Counties

Calaveras County, Calif.
Douglas County, Kan.
Pacific County, Wash.
Johnson County, Kan.
Champaign County, Ill.
Franklin County, Ohio
Miami-Dade County, Fla.
Stepping Up 3-Year Anniversary and Push for 2018

Launch of national push for counties to accurately identify and collect data on people with SMI in jails

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National Stepping Up Day of Action

#StepUp4MentalHealth
Stepping Up 3-Year Anniversary and Push for 2018

Stepping Up: Collecting Accurate and Timely Data on People with SMI in Jails

Announcement of inaugural cohort of Stepping Up Innovator Counties

National Stepping Up Day of Action Livestreamed workshop from NACo’s Western Interstate Region Conference

www.StepUpTogether.org/Events
Stepping Up 3-Year Anniversary and Push for 2018

- Monthly webinars and networking calls
- Educational workshops at NACo and partner conferences
- Quarterly calls of smaller networking groups of rural, mid-size and large/urban counties that have passed Stepping Up resolutions
- A project coordinator handbook
- Guidance on measuring the number of people with mental illnesses in jail
- Written and online tools that are companions to the *Six Questions* report that present the latest research and case studies for county officials

www.StepUpTogether.org/Toolkit
Upcoming Activities

NACo Annual Conference: Criminal Justice and Behavioral Health Workshops
July 13-16 in Nashville, Tenn.
Register at: NACo.org/Annual

Webinar:
Stepping Up Four Key Measures #2: Shortening the Length of Stay in Jail for People with Mental Illnesses
August 2, 2pm ET
Register at: StepUpTogether.org/Toolkit
Today’s Webinar

Margie Balfour, MD, PhD
Chief of Quality & Clinical Innovation
Connections Health Solutions
Assistant Professor of Psychiatry, Univ of Arizona

Nicola Smith-Kea, MSc., M.A.
Project Manager – Law Enforcement Portfolio
Behavioral Health Division
Council of State Governments Justice Center

Wendy A. Petersen
Assistant County Administrator
Pima County, Ariz.

Sergeant Jason Winsky
Tucson Police Department
Mental Health Support Team
Speaker: Nicola Smith-Kea

Nicola Smith-Kea, MSc., M.A.  
Project Manager – Law Enforcement Portfolio  
Behavioral Health Division  
Council of State Governments Justice Center
Stepping Up:
Four Key Measures Webinar Series
Webinar #1: Reducing the Number of People who have Mental Illnesses Booked into Jails

Nicola Smith-Kea, Project Manager, The CSG Justice Center
June 7, 2018
Growing Demands
### Sub-Measures for Key Measure One

**Main measure** = Number of total and unique individuals identified as having a serious mental illness (SMI) booked into jails

<table>
<thead>
<tr>
<th>Additional Sub-Measures</th>
<th>How to Obtain Data</th>
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<tbody>
<tr>
<td>The number of MH calls for service received by 911 dispatch</td>
<td>Request data from 911 dispatch or police departments</td>
</tr>
<tr>
<td>The number of people who screened positive for SMI, according to a validated MH screening tool, conducted when booked into jail</td>
<td>Request data from the jail and/or jail’s mental health provider</td>
</tr>
<tr>
<td>The number of people who were confirmed as having SMI through a clinical assessment at the jail or as a result of data matching with state or local BH systems</td>
<td>Request data from the jail and/or jail’s mental health provider</td>
</tr>
<tr>
<td>A comparison for these sub-measures to the general jail population, including demographic and criminogenic information (i.e. age, gender, race/ethnicity, offense type/level)</td>
<td>Request data from the jail</td>
</tr>
</tbody>
</table>
Overview of Questions to Ask

Do we have effective police-mental health collaborations to divert people w/SMI from arrest and connect them to care?

Do we have crisis mental health services able to respond to calls for service involving people w/SMI?

What percentage of people with SMI are already under community supervision at booking and is there an effective partnership between law enforcement and parole/probation?

To what degree are there a set of high utilizers responsible for large set of jail bookings?
Goal of Diversion

To assist jurisdictions to develop, or modify, a continuum of responses for people who have behavioral health (BH) disorders in the criminal justice system that includes identification of BH issues, alternatives to traditional case processing, avoidance or reduction of jail time, and linkage to comprehensive and appropriate services in the community.
Diversion resources should aim to assist jurisdictions to link individuals in the criminal justice system to essential services that can more appropriately address their BH needs.

What are some strategies for preventing people with BH needs from inappropriately entering the criminal justice system?

**Opportunities for diversion at multiple intercept points**

Ability to divert eligible individuals at different points in the criminal justice system.
System of Diversion

**Pre-Booking**
- Law Enforcement
  - Initial Contact with Law Enforcement
  - Arrest

**Post-Booking**
- Jail-based
  - Initial Detention
- Court-based
  - First Court Appearance
  - Jail - Pretrial
- Pretrial
  - Dispositional Court
  - Specialty Court
- Court-based
  - Jail/Reentry
  - Prison/Reentry
  - Probation
  - Parole

Pre-Booking Diversion

Opportunities for Diversion

- Pre-booking
  - Law Enforcement
    - Specialized Police Responses
      - Police Mental Health Collaboration
        - Crisis Intervention Teams (CIT)
        - Co-Responder Teams
        - Mobile Crisis Teams
        - Case Management Team
      - Police Substance Use Collaboration
        - LEAD
        - PARRI
        - STEER
        - PAD-ACC
    - Civil Citations
Police-Mental Health Collaboration

- Robust partnership between law enforcement officials and behavioral health care providers
- Allows for a more informed and appropriate response to people who have mental illnesses or co-occurring substance use disorders, and other vulnerable populations
- PMHCs allow for a safer encounter, reduce repeat calls for service, minimize the strain on agency resources, and connect people with much needed services

For more information, visit pmhctoolkit.bja.gov
Type of Police-Mental Health Collaboration Models

- Crisis Intervention Teams (CIT)
- Co-Responder Models
- Mobile Crisis Response Teams
- Case Management Teams
- Tailored Approach

*It’s important to note there is no one “right” type!*
Crisis Intervention Training

• CIT is the most commonly used approach by law enforcement agencies.

• Based on the Memphis Model – 10 core elements

• Pre-booking jail diversion program for people in crisis due to a mental illness

• Process of addressing system change for crisis care within a community as a whole through intentional coordination across service providers

• Recommended by CIT International:
  o To be considered CIT trained, one must complete a 40-Hour CIT training curriculum
  o Individuals should volunteer into a CIT program
  o 25% of an agency should be trained

It’s important to note that CIT is MORE than just training.
Co-Responder Team

• Specially trained officer and a mental health crisis worker respond together to mental health calls for service

• Draws upon the combined expertise of the officer and mental health professional

• Team is able to link people with mental illnesses to appropriate services or provide other effective and efficient responses
Mobile Crisis Team

• Mental health professionals respond
  o At the request of officers, to the scene of calls
  o At requests directly from community members or families and friends
• MCTs help to stabilize encounters and assume responsibility for securing mental health services
Case Management

• Officers, often in collaboration with mental health professionals:
  o Carry a caseload of consumers
  o Engage individuals who have repeated interactions with law enforcement
  o Work with consumer to develop solutions specific to the individual’s needs to reduce repeat interactions

• Approach strives to encourage individuals to:
  o Stay connected to mental health services and community resources
  o Adhere to treatment plans and medication regimens
  o Fulfil other responsibilities such as work, school and training
Tailored Approach

Law enforcement agency:

- Intentionally selects various response options to build a comprehensive and robust program

- Begins with the expectation that every patrol officer must be able to respond effectively to mental health calls

- Enhances their patrol force with officers or detectives whose primary responsibilities are to liaise with stakeholders, and to coordinate criminal justice and mental health resources
Creating a Police Mental Health Collaboration Framework

Why a Framework?

Reaching 18,000 Law Enforcement Agencies

- Develop a common Framework for all agencies
- Guide fledgling PMHCs,
- Enhance existing PMHCs

Setting the “Gold Standard”

- Articulate the “gold standard” for PMHCs with key measures of success
- Provide agencies a standard against which they can assess their programs
PMHC Framework Audience

It is being written for **law enforcement executives**, with the expectation that they can manage

↑ up to elected/appointed leaders

↔ horizontally to behavioral health partners

↓ down to program-level staff and all agency personnel
Questions Law Enforcement Leaders Need to Ask

- Is our **leadership** committed to the police-mental health collaboration (PMHC)?
- Are we following clear **protocols** to respond to people who have mental illnesses?
- Are we providing staff with quality mental health and de-escalation **training**?
- Do we have the **resources and service connections** for people who have mental illnesses?
- Do we collect and analyze **data**?
- Do we have a process for reviewing and **improving performance**?
### What it Looks Like

<table>
<thead>
<tr>
<th>1 Leadership Commitment</th>
<th>2 Protocols</th>
<th>3 Comprehensive Training</th>
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<tbody>
<tr>
<td><strong>What it looks like:</strong></td>
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<tr>
<td>- Law enforcement <strong>leadership supports</strong> a PMHC</td>
<td>- <strong>Comprehensive, clearly written</strong> policies and procedures</td>
<td>- Knowledge and skills training for all staff</td>
</tr>
<tr>
<td>- Interagency workgroup</td>
<td>- <strong>Process map</strong></td>
<td>- <strong>Training</strong> instruction and delivery <strong>by qualified practitioners and key stakeholders</strong></td>
</tr>
<tr>
<td>- Funding and resource allocation</td>
<td>- <strong>Information-sharing agreements</strong> in place</td>
<td>- Training <strong>aligned</strong> with staff roles and experiences</td>
</tr>
<tr>
<td>- Ongoing <strong>internal and external recognition</strong> of the initiative</td>
<td>- <strong>Staff awareness</strong> of policies and procedures</td>
<td>- Pre- and post <strong>training evaluation</strong> to determine impact</td>
</tr>
<tr>
<td></td>
<td>- <strong>Communication and performance review</strong> of policies and procedures</td>
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</table>
What it Looks Like (Continued)

4 Treatment and Services
What it looks like
• Inventory of existing services
• Programs and services are operating at scale to meet the needs of the jurisdiction
• Prioritizing behavioral health resources for the PMHC and making the case for more funding

5 Data and Analysis
What it looks like
• Identify measures to be tracked
• Process for collecting and reporting data
• Mechanisms in place for data sharing
• Efficient data management system is in operation

6 Comprehensive Training
What it looks like
• Data is used to track collaboration performance
• Data is used to refine policies and procedures
• Shared accountability between PMHC partners
• Communicating progress to external partners and leaders
• Using data to promote additional PMHC capacity and long-term sustainability
THANK YOU

For more information, please contact:

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Speakers: Pima County, Arizona

Margie Balfour, MD, PhD  
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Tucson Police Department  
Mental Health Support Team
The Stepping Up Initiative
Four Key Measures Webinar Series
Webinar #1: Reducing the Number of People with Mental Illnesses Booked into Jails
June 7, 2018

Pima County, Arizona
Partnerships

PIMA COUNTY
TUCSON POLICE DEPARTMENT
connections
HEALTH SOLUTIONS
Presenters

Wendy Petersen
- Pima County
  - Assistant County Administrator - Justice & Law

Sgt. Jason Winsky
- Tucson Police Department
  - Mental Health Support Team

Margie Balfour, MD, PhD
- Connections Health Solutions - Chief of Quality & Clinical Innovation
- University of Arizona - Assistant Professor of Psychiatry
Pima County, AZ

Wendy Petersen
Assistant County Administrator
What we’ll be talking about

- Pima County Overview
  - Safety + Justice Challenge
  - Building on momentum
- Mental Health Support Teams (MHST)
- Crisis Response
About Pima County

• 1,022,769 Population
• Approximately 9,200 square miles
• One of the oldest continuously inhabited areas of the United States
• Native Americans have lived in this region from prehistoric times to the present, with the Tohono O’odham reservation the second largest in the nation.

• Two jails with a total capacity of 2377
• Average Daily Population about 1800 - 1850
• 70% - 80% on pretrial status
Safety + Justice Challenge

Community Involvement
- 33-Member Community Collaborative
  - Data/Racial & Ethnic Disparities Workgroup
  - Arrest/Charging Workgroup
  - Case Processing Workgroup
- Leadership Institute
- Qualitative Study

Pretrial Services
- Expanding Pretrial Services screenings to everyone booked at jail
- Implementing specialty pretrial supervision caseload

Addressing and Reducing Failure to Appear Warrants
- Implemented court date text and call reminder system
- Created weeknight and weekend Warrant Resolution Court Events
October 2015 (1931) to April 2018 (1807) comparison: decrease of 6%
Comparison of baseline to April 2018 (1879): decrease of 4%
Building on momentum…

• Creation of the Criminal Justice Reform Unit
• Housing Homeless Pilot Project
• Jail High Utilizer Multi-Disciplinary Task Force
• Working with Public Defender to review drug sentencing charges
• Construction of a Pretrial/Reentry/Bridge Housing Facility
• Creation of a Pre-Arrest Deflection Program
• Centralizing data
Mental Health Support Team

Sgt. Jason Winsky
Supervisor
Tucson Police Department
Our approach in Tucson

Close collaboration between mental health systems and law enforcement

Shared goals:
- Care in the **least-restrictive setting** that can safely meet the person’s needs while balancing the need for public safety
- “No wrong door”
- Law enforcement is a **preferred customer**
- **Data-driven** system design

Work together to align
- Training
- Operational processes
- Performance incentives to facilitate these goals
MHST seeks to find solutions to both
Purpose of MHST

MHST Mission:

- Community Service
- Public Safety
- Risk Management

- Decrease risk to officers and deputies
- Decrease risk to community
- Decrease risk to persons with mental illness
- Decrease waste of taxpayer dollars
- BREAK THE CYCLE

But also...
It’s the right thing to do.
MHST Areas of Intervention

• Many people suffering from mental health issues fall between the cracks of the system
• They always become the burden of law enforcement
MHST is a DEDICATED TEAM...
...comprised of both Officers and Detectives

**Officers = Support/Transport**
- Focuses on safety and service for people already in the civil commitment system
- Centralized tracking and accountability
- Specialized training
- Develop relationships with patients and service providers

**Detectives = Investigation**
- Focuses on public safety and preventing people from falling through the cracks
- Investigate “nuisance calls” that otherwise wouldn’t be investigated
- Recognize patterns and connect people to service before the situation escalates to a crisis
MHST Officers: A New Approach

MHST officers wear plainclothes because it both decreases the anxiety of the person receiving services and also has an effect on the officer’s attitude.
Each SWAT call = $15,000!
MHST Detectives: Investigations

Case Triage:

- Cases reviewed based on circumstance code or referral
  - 4000+ cases per year

NOT a threat to public safety (danger to self)

- Referred to mental health provider

Threat to public safety and/or criminal component

- Routed to MHST for follow up
- A full criminal/mental health investigation is conducted if needed
Crisis Response

Margie Balfour, MD, PhD
Chief of Quality & Clinical Innovation
Connections Health Solutions
Assistant Professor of Psychiatry
University of Arizona College of Medicine
Arizona Behavioral Health System Structure

AZ Medicaid

Regional Behavioral Health Authorities (RBHAs)

Starting October 1, 2018

Other state funds

Counties

Hospitals, Crisis Facilities, Clinics, etc.
What this means for the many moving parts of the crisis system

- Centralized planning
- Centralized accountability
- Alignment of clinical & financial goals

Performance metrics and payment systems that promote desired outcomes

<table>
<thead>
<tr>
<th>Decrease</th>
<th>Increase</th>
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<tbody>
<tr>
<td>ED &amp; hospital use</td>
<td>Community stabilization</td>
</tr>
<tr>
<td>Justice involvement</td>
<td>Engagement in care</td>
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Example of strategic service design

State says: Reduce criminal justice costs for people with SMI.

AHCCCS contracts with Medicaid MCOs/RBHAs and includes deliverables targeted at reducing criminal justice involvement.

RBHA (which is at risk) uses contract requirements/VBP to incentivize subcontracted providers to implement services and processes targeted at reducing justice involvement.

Targeted Processes:
- **Law Enforcement as a “preferred customer”**

(CRISIS LINE)
- Some 911 calls are warm-transferred to the crisis line
- Dedicated LE number goes directly to a supervisor

(MOBILE TEAMS)
- 30 minute response time for LE calls (vs. 60 min routine)
- Some teams assigned as co-responders (cop + clinician)

Targeted Programs & Services
- Forensic ACT
- MRT

“Reach in” - plans must work with members prior to release to set up benefits and an outpatient care plan
## Centralized Crisis Line + Mobile Teams

<table>
<thead>
<tr>
<th>County</th>
<th>Mobile Teams</th>
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<tbody>
<tr>
<td>Pima</td>
<td>9 full</td>
</tr>
<tr>
<td></td>
<td>3 co-responder</td>
</tr>
<tr>
<td>Pinal</td>
<td>7 full + 1 on call</td>
</tr>
<tr>
<td></td>
<td>1 co-responder</td>
</tr>
<tr>
<td>Cochise</td>
<td>5 full + 4 on-call</td>
</tr>
<tr>
<td>Graham/Greenlee</td>
<td>3 full + 3 on-call</td>
</tr>
<tr>
<td>Yuma</td>
<td>3 full</td>
</tr>
<tr>
<td>Santa Cruz</td>
<td>1 full + 1 on-call</td>
</tr>
<tr>
<td>La Paz</td>
<td>1 full</td>
</tr>
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Covering 38,542 sq. miles in 8 southern Arizona counties = 3 Marylands

1,796 CMT activations per month

33.5 min response time

18% law enforcement initiated

76.1% stabilized in the community
The Crisis Response Center

- Built with Pima County bond funds in 2011 to provide an alternative to jail, ED, hospitals
  - 12,000 adults + 2,400 youth each year
- Law enforcement receiving center with NO WRONG DOOR
  (no exclusions for acuity, agitation, intoxication, payer, etc.)
- 24/7 urgent care, 23-hour observation, and short-term inpatient
- 24/7 staffing with MDs, Nurses, Peers, Social Work
- Space for co-located community clinic staff
- Adjacent to
  - Crisis call center
  - Inpatient psych hospital for Court Ordered Evaluations
  - Mental health court
  - Emergency Department (ED)
Law Enforcement is a “Preferred Customer”

Gated Sally Port
Crisis Response Center
Tucson AZ
It takes 20 min to book someone into jail, so we must get the cops back on the street even FASTER.

Cops are super busy and have crimes to fight. Therefore crisis services need to be QUICK & EASY to access.

Most LE drops are VOLUNTARY, meaning that the officers are engaging people into treatment.
Crisis Stabilization Aims for the Least-Restrictive Disposition Possible

- CRC Dropped Civil Commitment Applications
- Emergency Applications
- Dropped within 24 hours

70% Voluntary Conversion Rate
Discharge or voluntary inpatient admission

65% Community Disposition Rate
Discharge to community instead of hospital admit
Evolution of Mental Health Justice Collaboration in Pima County

It took a LONG time and LOTS of collaboration to get where we are today!

- **2000**: CIT Training > program started
- **2001**: < City (Tucson) MH Court
- **2002**: < Mobile Crisis Teams
- **2004**: Felony > MH Court
- **2006**: County bond passes > to build crisis facility
- **2007**: 2000
- **2011**: Jan 8 2011 shooting > at Congress On Your Corner
  - < Peers in the Jail
  - < Crisis Response Center
    - opens Aug 2011
- **2014**: MacArthur Grant > awarded to Pima County
- **2015**: < Co-responders (cop + clinician)
  - < Repeat T36 Utilization (civil commitment/AOT)
  - Data Sharing Task Force
  - < 24/7 access to Opiate MAT
  - < 100% MHFA training achieved at TPD and PCSO
- **2016**: < Learning Site designation by DOJ/BJA
  - < MHFA Impact Award
    - National Council for BH
  - < Repeat Jail Detainees Task Force
- **2018**: Jail Based > Restoration to Competency
I don't often post about my job, but I can't resist sharing this story. Yesterday, my team received a judge's order to transport a 67-year-old woman to a local mental health facility. We discovered that the woman was living in her car (which doesn't run) in a church parking lot for the last ten years. Every day, she works in the church garden and is generally self-sufficient. When we met with her, my team was somewhat confused as to why this woman needed to be transported to a mental hospital, but with a judge's order, our hands were tied.

When we told the woman she had to go with us, she became very upset. Pointing to her car, she told us "my whole life is in that car." She just wouldn't leave her car, and we didn't blame her. We knew that she would likely stay in the hospital overnight, leaving her car vulnerable. After trying many other options, suddenly I realized: let's just bring her car with her to the hospital. Easier said than done, since the car didn't run and she had no money for a tow.

With a few phone calls, the Tucson community I love so much rallied to support this woman. Andrew Cooper and Shaun McClusky pointed me to Barnett's towing, who referred me to Gavin Mehrhoff, owner and operator of East Side towing. I talked to Gavin, and he quickly agreed, at NO cost, to tow the woman's car to the hospital, and when she's done there, tow it back to the church.

But the kindness didn't stop there. Working with the always awesome Doctor Margaret Balfour and the folks at ConnectionsAZ was amazing, not only did their hospital security team agree to watch the woman's car, they even promised to help find a room at the hospital where she could SEE her car.

When the woman saw what we had done, the relief in her face was obvious and she agreed to go with us to the hospital. I want to thank my team, especially Darrell Hussman and Todd for being so patient and compassionate, Margaret Balfour who runs the best crisis center in the country, and Gavin at East Side towing for making a small but critical difference in this woman's life. I love my job!
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Questions
Polling Questions
Upcoming Activities

NACo Annual Conference: Criminal Justice and Behavioral Health Workshops
July 13-16 in Nashville, Tenn.
Register at: NACo.org/Annual

Webinar: Stepping Up Four Key Measures #2: Shortening the Length of Stay in Jail for People with Mental Illnesses
August 2, 2pm ET
Register at: StepUpTogether.org/Toolkit
Contact Stepping Up

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