

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

June 2018

THE STEPPING UP INITIATIVE



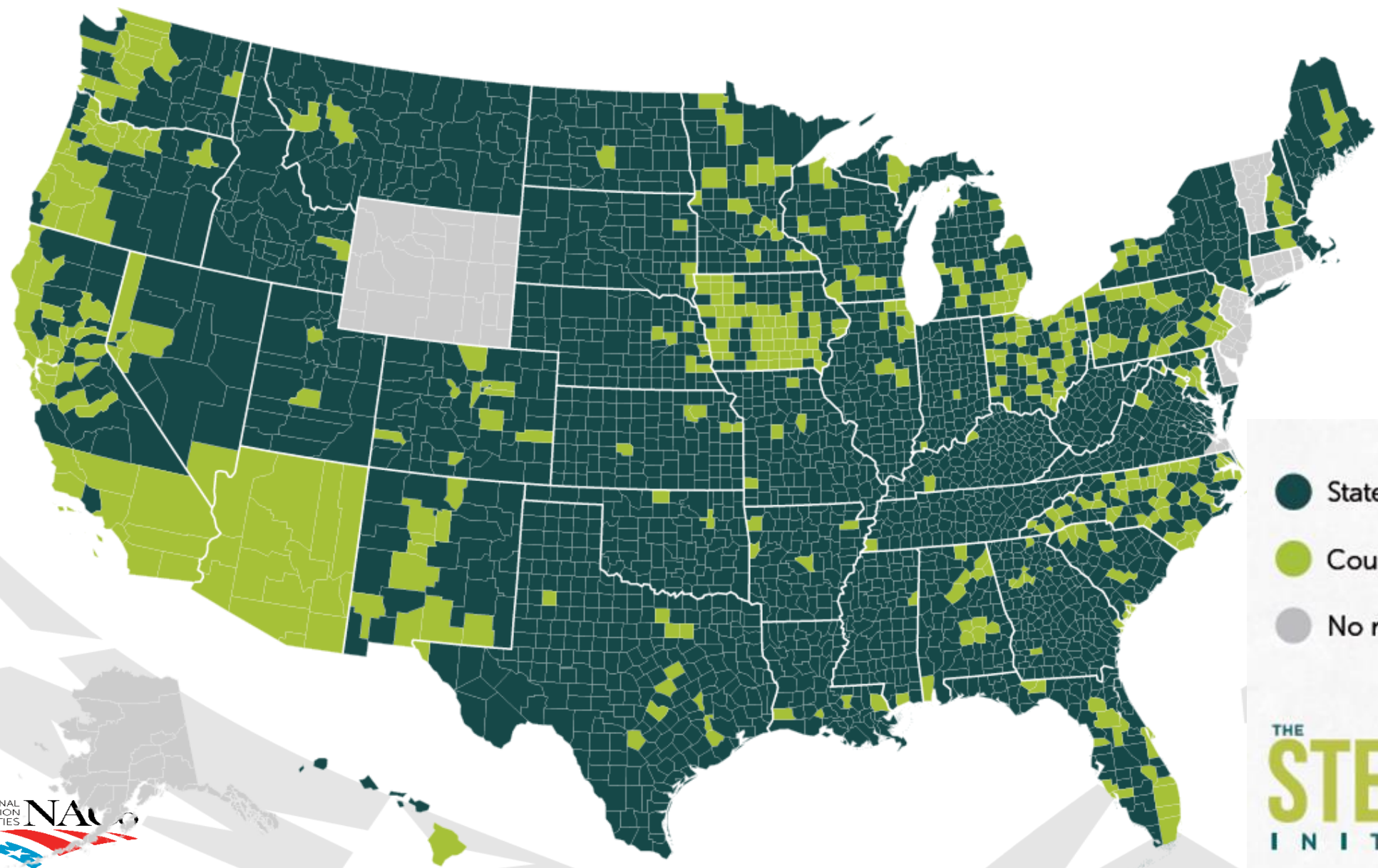
Justice Center
THE COUNCIL OF STATE GOVERNMENTS



#StepUp4MentalHealth
www.StepUpTogether.org



We are Stepping Up!



- States with county resolutions
- Counties with resolutions
- No resolutions



THE
STEPPING UP
INITIATIVE

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?



Stepping Up Framework: Four Key Measures



Reducing the number of people with mental illnesses booked into jail



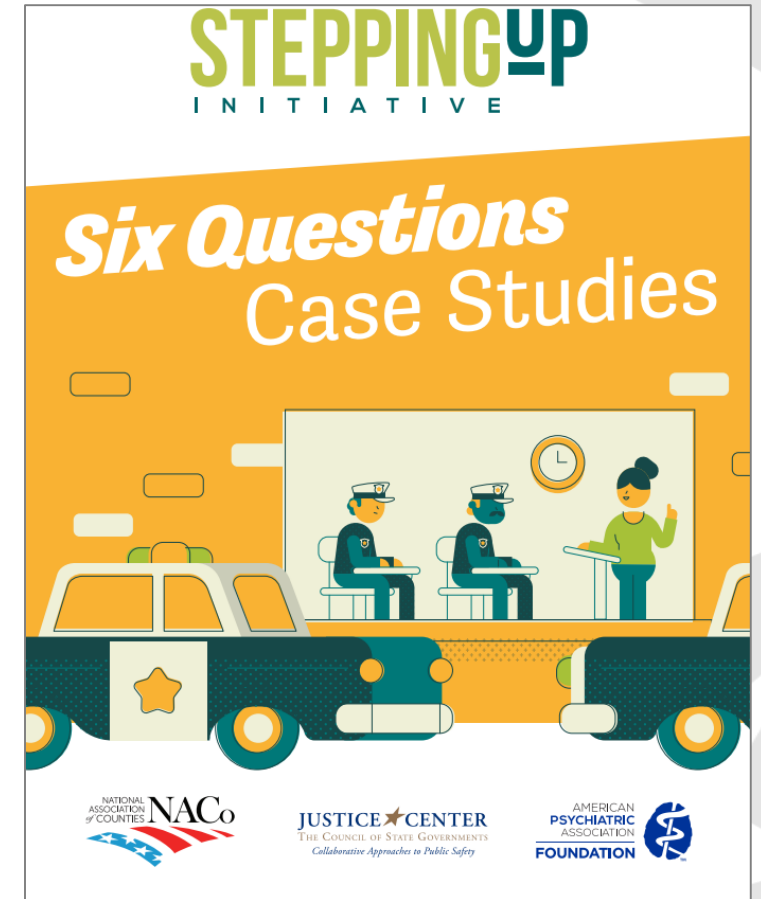
Increasing connections to treatment



Reducing the length of time spent in jail



Reducing recidivism



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



FOR IMMEDIATE RELEASE
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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 Data Collection

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

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 Psychiatric Association Foundation (APA Foundation) to mobilize local leaders to achieve a measurable reduction in the number of people in jails with mental illnesses.


Since that time, more than 430 counties in 43 states, representing 40 percent of the population, have committed to building local leadership teams, identifying people with mental illnesses entering their jail system, ensuring that those people receive services, and developing a comprehensive plan for systems-level change toward the goal of reducing the prevalence of people in jails who have mental illnesses. Stepping Up is expanding its efforts to provide counties with the tools they need to improve data collection, which often include limited staff capacity, lack of valid data, and insufficient data-sharing mechanisms.

"Collecting accurate data on the number of people with mental illnesses entering jails is critical to have a complete picture of what's happening in our jails," said John R. Mink, director of the Ohio Department of Mental Health and Addiction Services and vice chair of the CSG Justice Center's Board of Directors. "By committing to collecting and reviewing data, Stepping Up counties will be able to bring to scale their programs and services, fill gaps in treatment and services, and track their progress towards the goal of reducing the number of people with mental illnesses in jail."



The Next Step: Collecting Data to Drive Change

COUNTY LEADERS ACROSS THE COUNTRY are grappling with a crisis: a large number of people in their jails have serious mental illnesses (SMI). Policy and funding barriers, along with limited opportunities for law enforcement training and arrest alternatives in many communities, have made county and other local leaders the de facto mental health facilities for people who have SMI. Counties recognize the need for systems-level change to help them improve outcomes for people who have SMI while protecting public safety in fiscally responsible and effective ways, but many lack the information they need to understand the scale of need in their own communities.



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 Stepping Up, a national initiative designed to rally local, state, and national leaders to address the crisis of mental illnesses in jails. Since that time, more than 425 counties across 43 states have passed Stepping Up resolutions, committing themselves to reducing the number of people in their jails who have mental illnesses. Although counties have made significant progress on addressing this issue, the problem still remains. This crisis is solvable, but it requires a new approach—one that is data-driven, focused on systems-level change, and collaborative in nature.

One of the challenges many counties face when seeking data-driven solutions to address this issue is identifying people who have SMI at the point of entry into their local criminal justice systems. Having this information not only helps connect people who have SMI to appropriate treatment and services while they are in the jail and when they return to the community, but also to provide data and information that is critical for county leaders to make policy and funding decisions that will meet the needs of their community.

THE NEXT STEP: Stepping Up is calling on counties to establish processes to systematically identify people who have SMI who enter their jails. The goal is to have every county collecting accurate, accessible data on these individuals.

WHAT IT ENTAILS: In order to achieve this goal, it is recommended that counties use the following approach:

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 recognizes that jails are fast-paced environments where many people are released to the community in less than 48 hours, leaving little time to complete the recommended approach. Although counties may find that using the recommended approach is challenging due to limited resources and time constraints, it should be considered as the high bar for having accurate, accessible data on people who have SMI in jails.

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.

THE STEPPING UP INITIATIVE

The Next Step: Collecting Data to Drive Change

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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

The screenshot shows the 'Innovator Counties' page on the Stepping Up Initiative website. The page features a navigation bar with links for 'TOOLKIT', 'NEWS & UPDATES', 'EVENTS', 'THE PROBLEM', 'THE PEOPLE', and 'THE COUNTIES', along with a 'Take Action Now' button. The main content area includes social media icons for Google+, Twitter, and Facebook. The text on the page encourages counties 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. It also mentions that 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.

A yellow callout box on the right side of the page contains the text: 'If your county is doing this three-step approach to have accurate, accessible data on the prevalence of people who have SMI in your jail, email info@stepuptogether.org about becoming an Innovator County.'

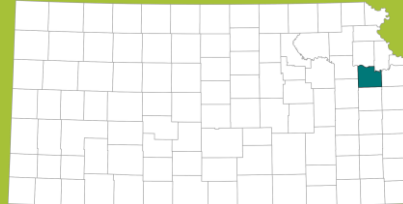
At the bottom of the page, it says 'Stepping Up's first cohort of Innovator Counties'.

Stepping Up Innovator Counties

StepUpTogether.org/Innovator-Counties



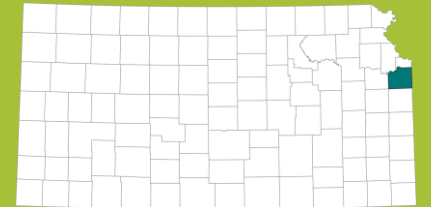
Calaveras County, Calif.



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



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Announcement of inaugural cohort of Stepping Up Innovator Counties



National Stepping Up Day of Action



#StepUp4MentalHealth

Stepping Up 3-Year Anniversary and Push for 2018



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

**Upcoming
Training and
Technical
Assistance**

Upcoming Activities



NACo Annual Conference: Criminal Justice and Behavioral Health Workshops

July 13-16 in Nashville, Tenn.

Register at: [NACo.org/Annual](https://www.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](https://www.stepup.org/Toolkit)

Today's Webinar



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.

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



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
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Justice Center
THE COUNCIL OF STATE GOVERNMENTS



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



READ THE RESEARCH



Apache Junction, Arizona Police Department

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

Additional Sub-Measures	How to Obtain Data
The number of MH calls for service received by 911 dispatch	Request data from 911 dispatch or police departments
The number of people who screened positive for SMI, according to a validated MH screening tool, conducted when booked into jail	Request data from the jail and/or jail's mental health provider
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	Request data from the jail and/or jail's mental health provider
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)	Request data from the jail

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

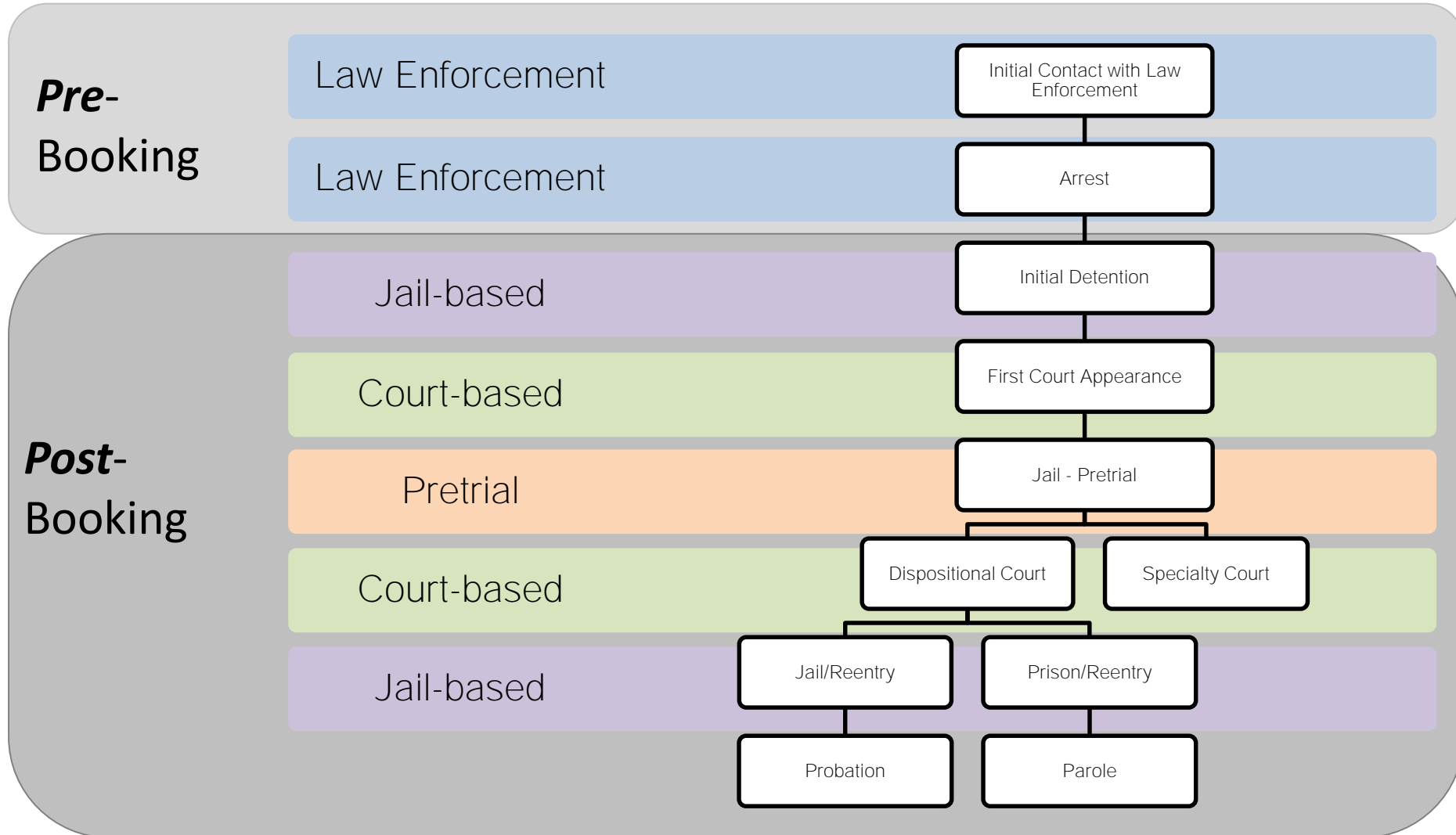
Diversion resources should aim to assist jurisdictions to link individuals in the criminal justice system to essential services that can more appropriately address their BH needs

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

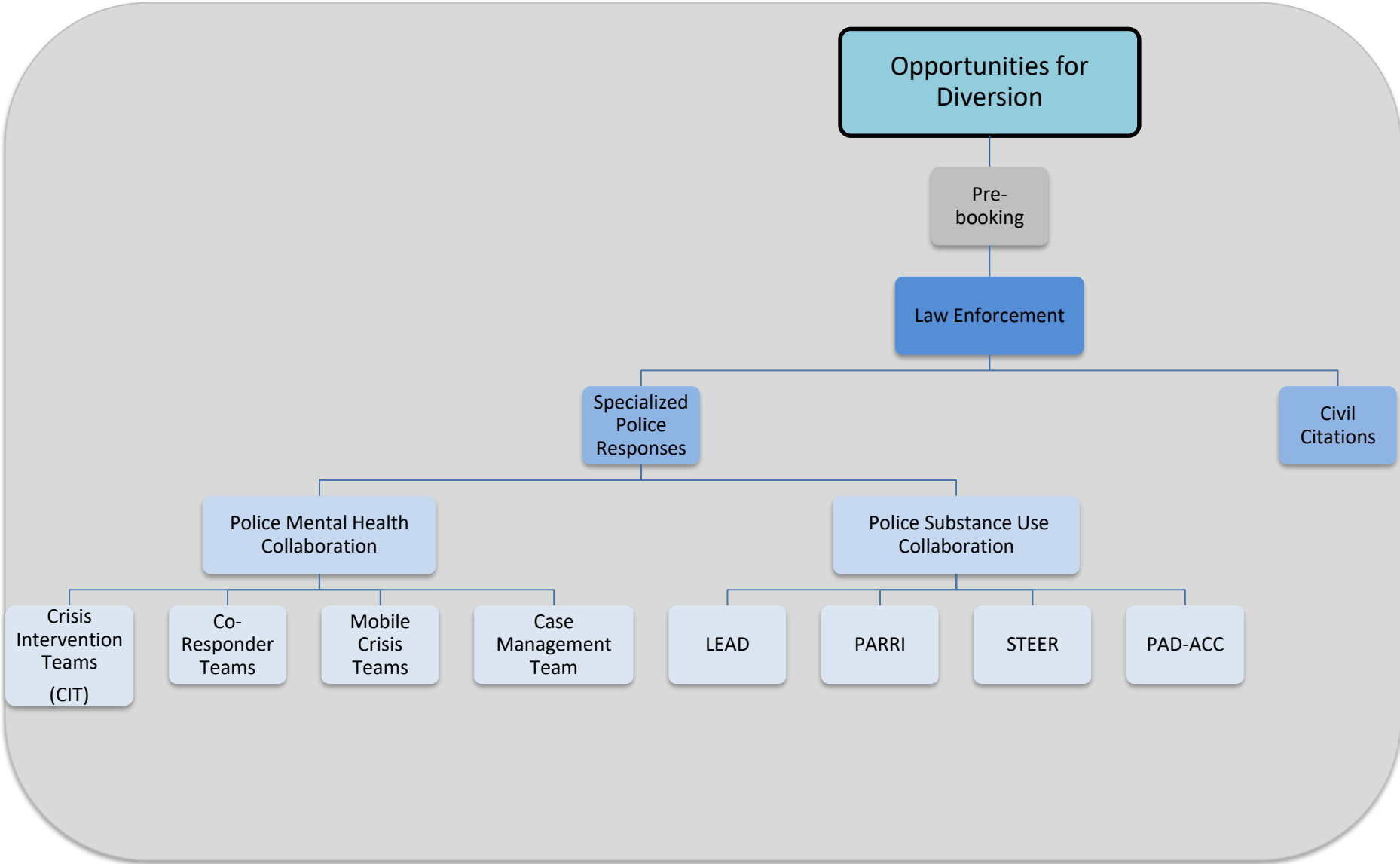
Opportunities for diversion at multiple intercept points

Ability to divert eligible individuals at different points in the criminal justice system

System of Diversion



Pre-Booking Diversion

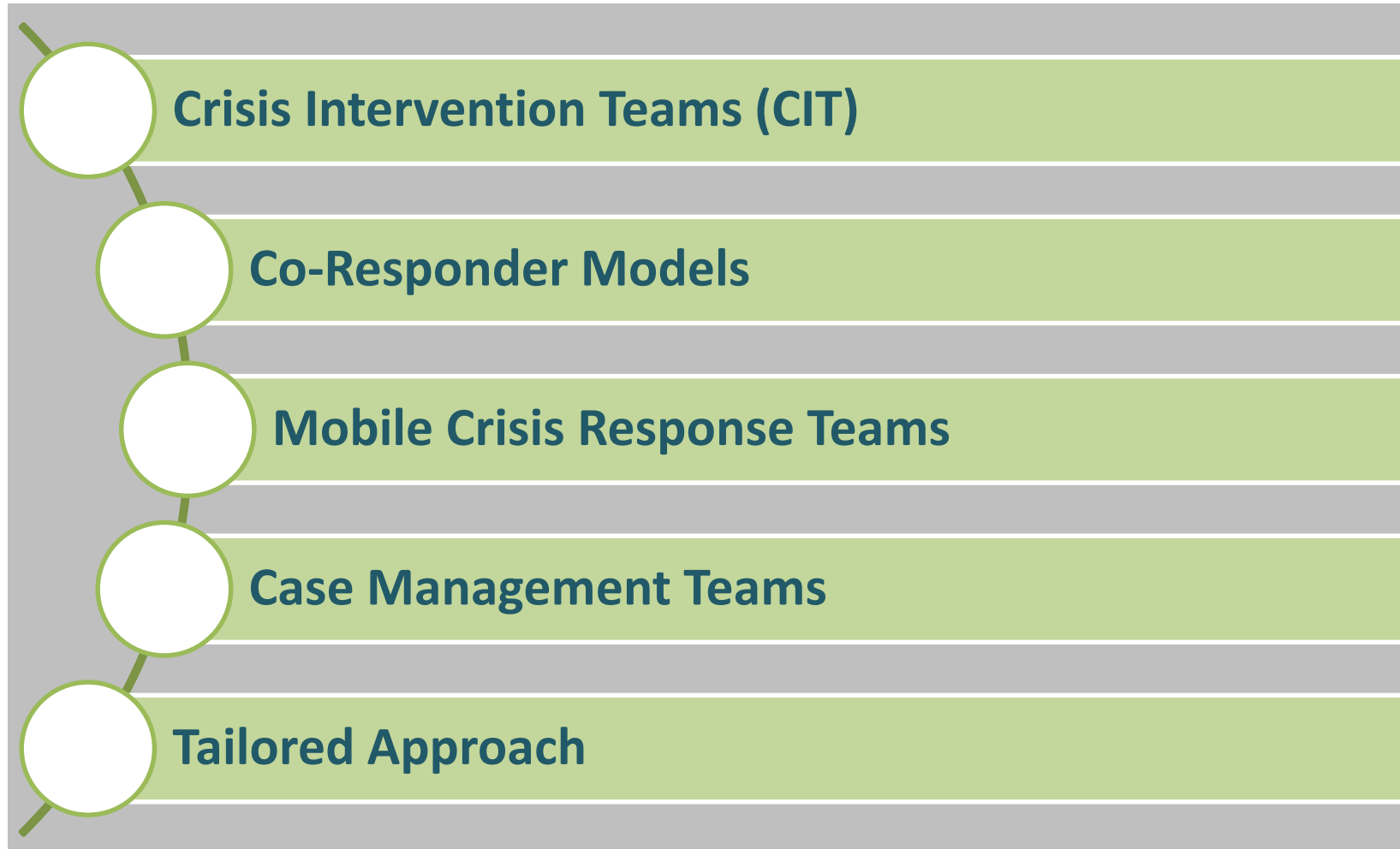


Police-Mental Health Collaboration

- 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



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:
 - To be considered CIT trained, one must complete a 40-Hour CIT training curriculum
 - Individuals should volunteer into a CIT program
 - 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
 - At the request of officers, to the scene of calls
 - 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:
 - Carry a caseload of consumers
 - Engage individuals who have repeated interactions with law enforcement
 - Work with consumer to develop solutions specific to the individual's needs to reduce repeat interactions
- Approach strives to encourage individuals to:
 - Stay connected to mental health services and community resources
 - Adhere to treatment plans and medication regimens
 - 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



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

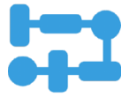
↓ down to program-level staff and all agency personnel



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

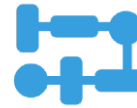
1 Leadership Commitment



What it looks like:

- Law enforcement **leadership supports** a PMHC
- **Interagency workgroup**
- **Funding and resource allocation**
- Ongoing **internal and external recognition** of the initiative

2 Protocols



What it looks like:

- **Comprehensive, clearly written** policies and procedures
- **Process map**
- **Information-sharing agreements** in place
- **Staff awareness** of policies and procedures
- **Communication and performance review** of policies and procedures

3 Comprehensive Training



What it looks like:

- **Knowledge and skills training** for all staff
- **Training** instruction and delivery **by qualified practitioners and key stakeholders**
- Training **aligned** with staff roles and experiences
- Pre- and post **training evaluation** to determine impact

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:

Nicola Smith-Kea, Project Manager, CSG Justice Center – nsmith-kea@csg.org

THE
STEPPINGUP
I N I T I A T I V E

Speakers: Pima County, Arizona



Wendy A. Petersen
Assistant County Administrator – Justice & Law
Pima County, Ariz.

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



Sergeant Jason Winsky
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



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

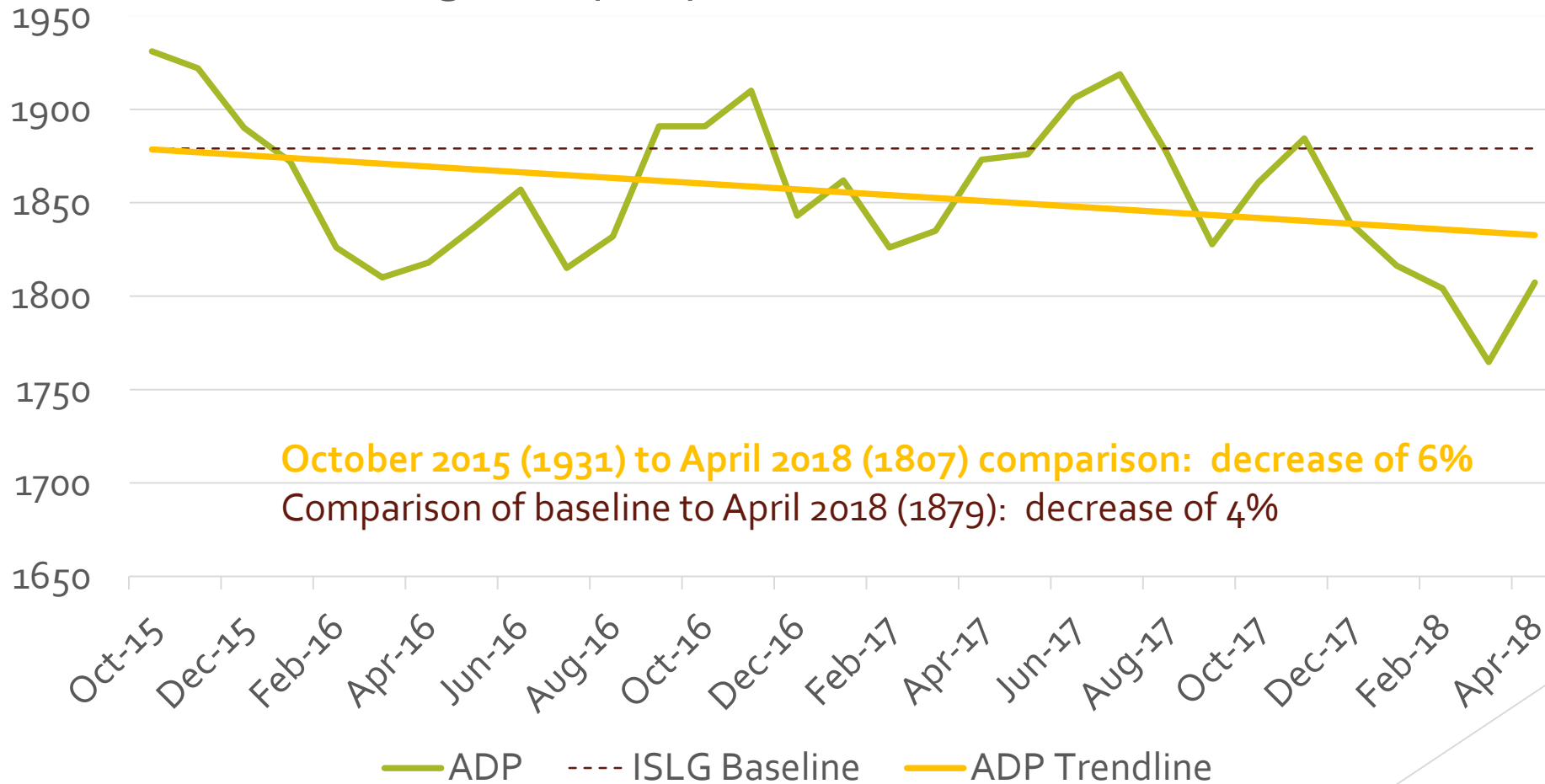
- Expanding Pretrial Services screenings to everyone booked at jail
- Implementing specialty pretrial supervision caseload

Addressing and Reducing Failure to Appear Warrants

- Implemented court date text and call reminder system
- Created weeknight and weekend Warrant Resolution Court Events

Pima County Jail Data

Average Daily Population (ADP)



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:

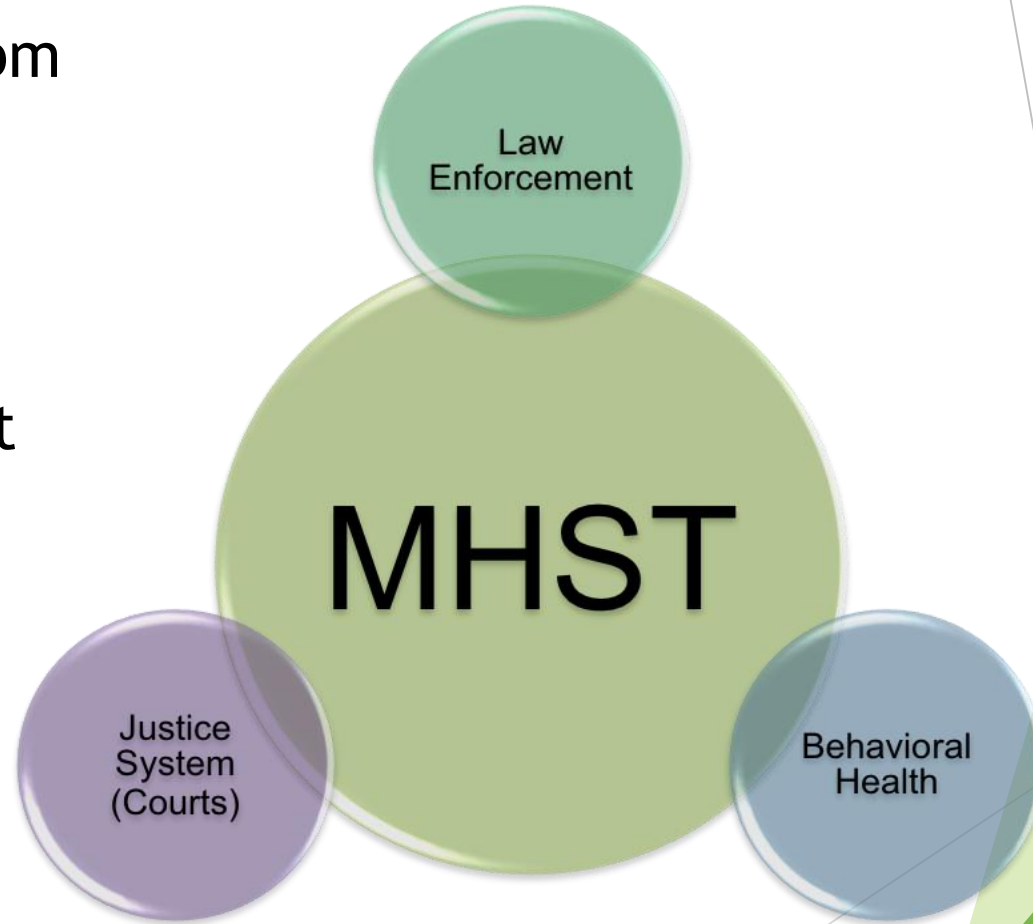
- | | | |
|---------------------|-----------------|-------------------|
| • Community Service | • Public Safety | • Risk Management |
|---------------------|-----------------|-------------------|
- Decrease risk to officers and deputies
 - Decrease risk to community
 - Decrease risk to persons with mental 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



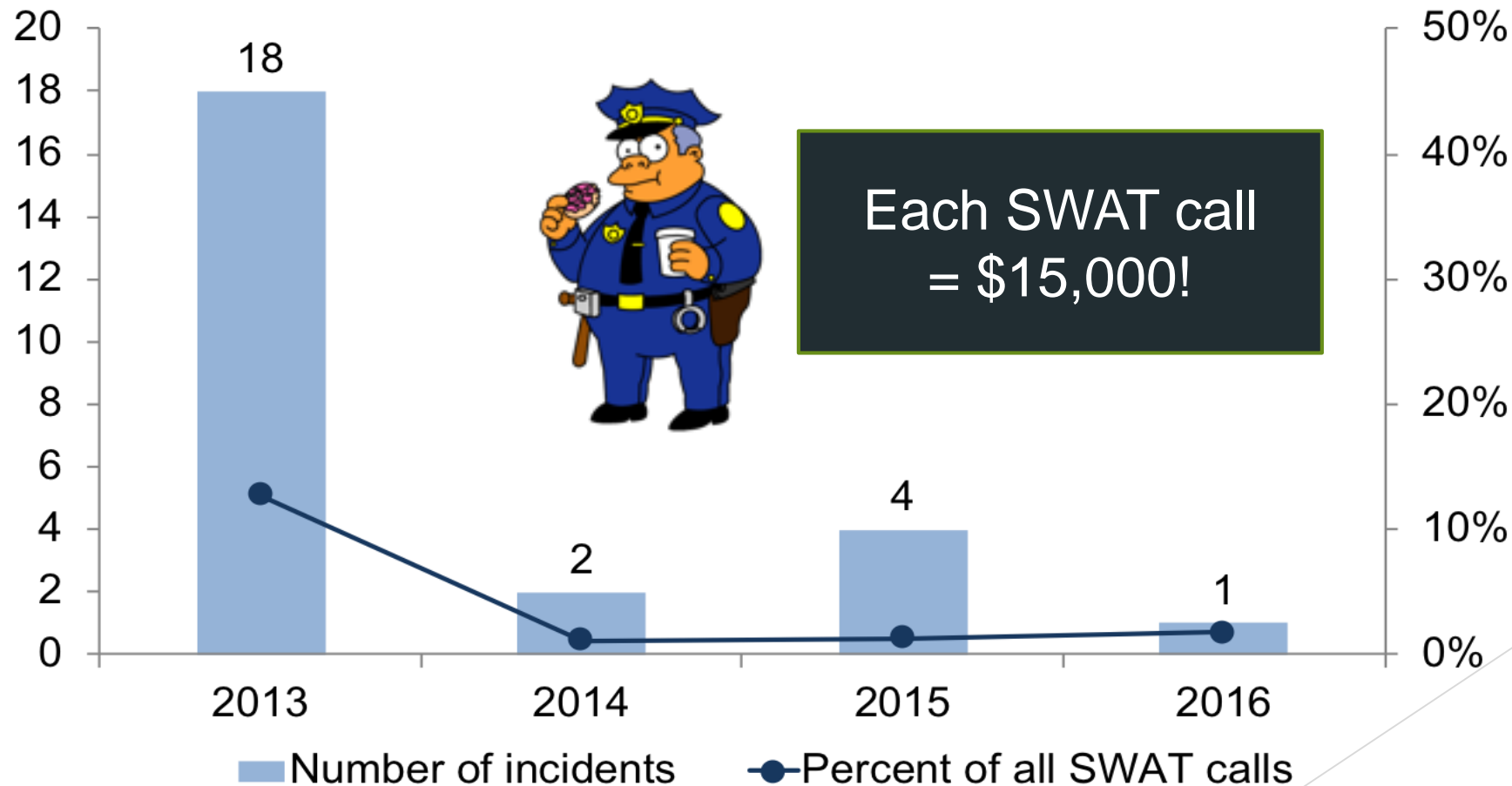
MHST Officers: A New Approach



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.

Tucson Police Department

Tucson Police Dept. SWAT calls for Suicidal Barricade



MHST Detectives: Investigations

Case Triage:

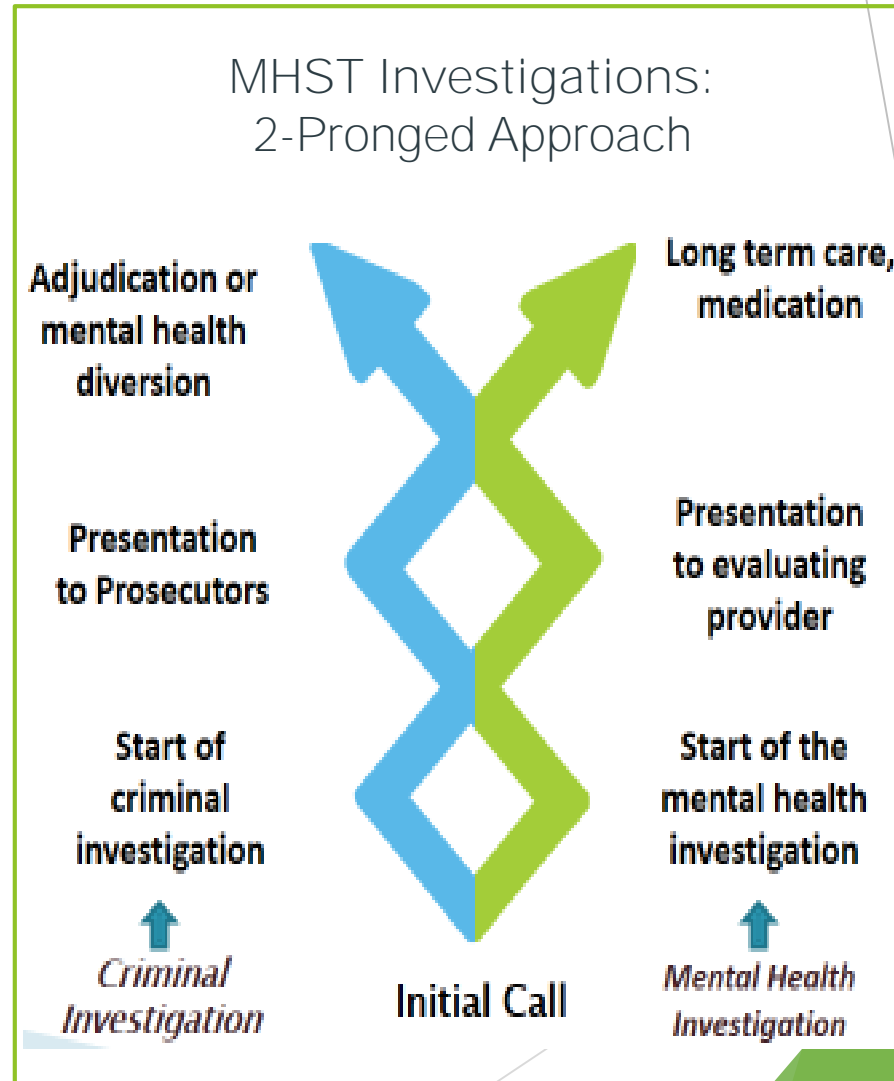
- Cases reviewed based on circumstance code or referral
- 4000+ cases per year

NOT a threat to public safety (danger to self)

- Referred to mental health provider

Threat to public safety and/or criminal component

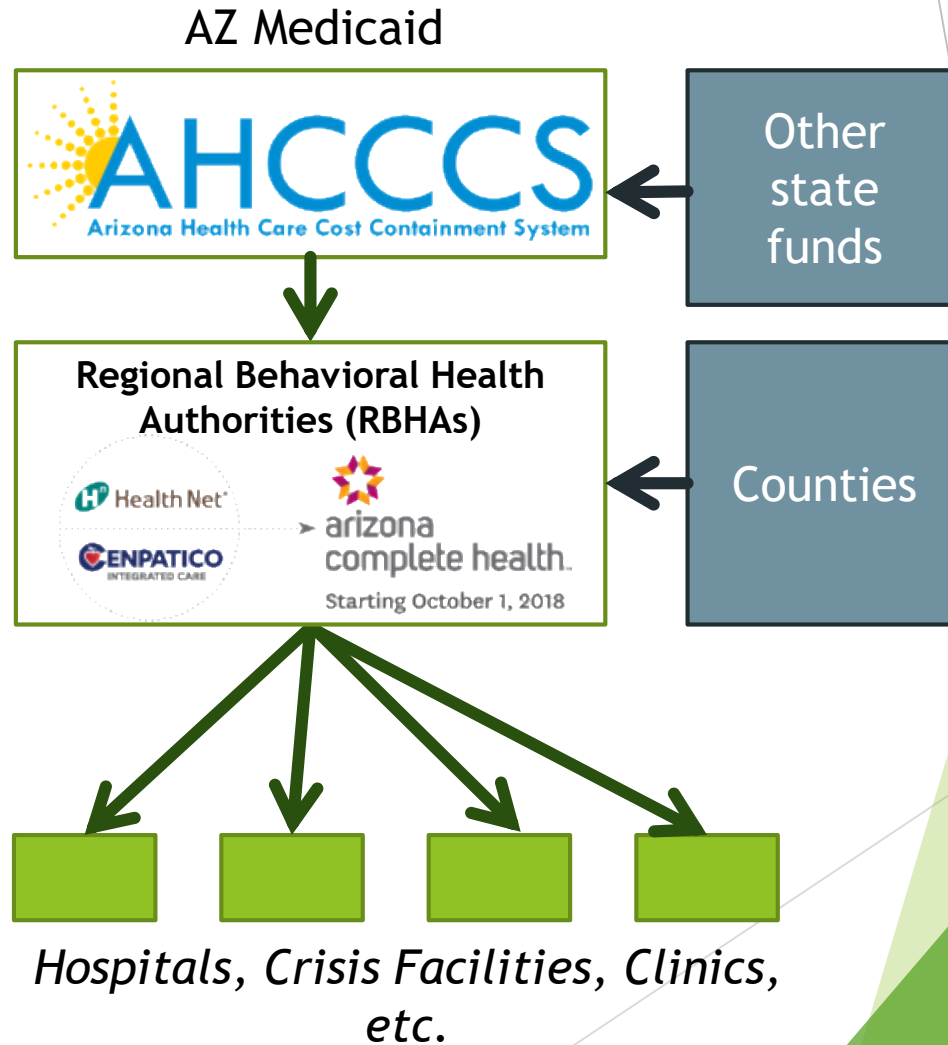
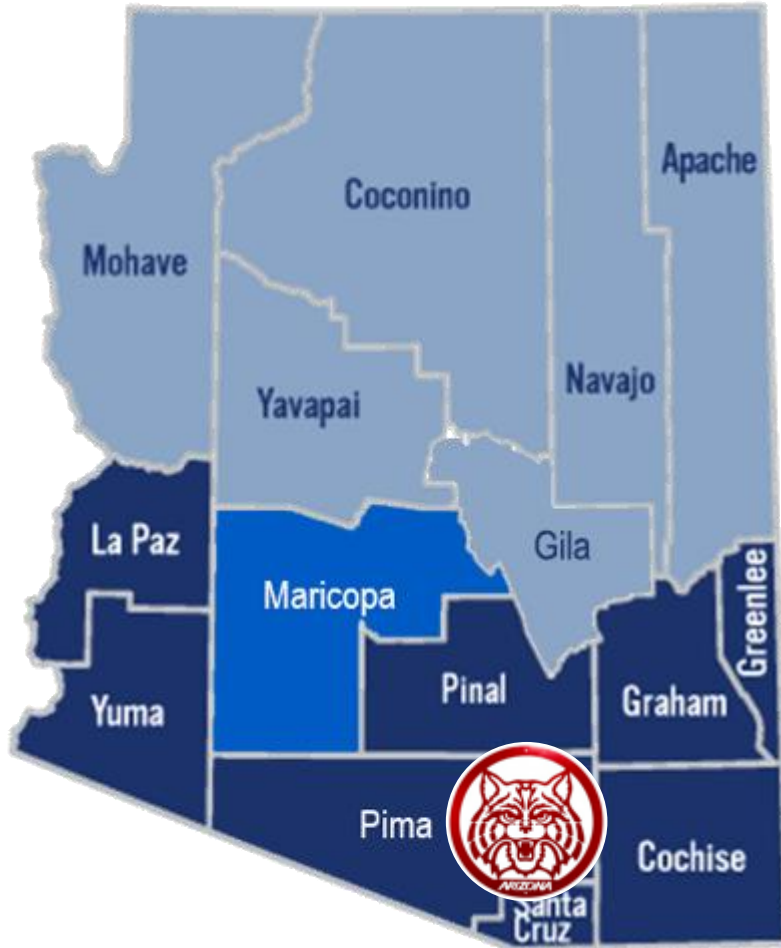
- Routed to MHST for follow up
- A full criminal/mental health investigation is conducted if needed



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



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

Decrease

- ED & hospital use
- Justice involvement

Increase

- Community stabilization
- Engagement in care



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

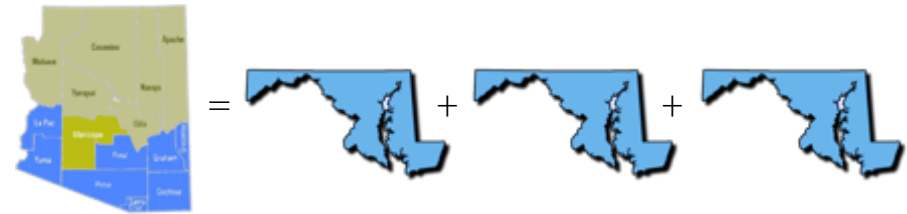
“Reach in” - plans must work with members prior to release to set up benefits and an outpatient care plan



Centralized Crisis Line + Mobile Teams

County	Mobile Teams
Pima	9 full 3 co-responder
Pinal	7 full + 1 on call 1 co-responder
Cochise	5 full + 4 on-call
Graham/Greenlee	3 full + 3 on-call
Yuma	3 full
Santa Cruz	1 full + 1 on-call
La Paz	1 full

Covering 38,542 sq. miles in
8 southern Arizona counties
= 3 Marylands



1,796
CMT activations
per month

18%
law enforcement
initiated

33.5 min
response time

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)



Crisis Response Center in Tucson, AZ
ConnectionsAZ/Banner University Medical Center

Law Enforcement is a “Preferred Customer”



Gated Sally Port
Crisis Response Center
Tucson AZ

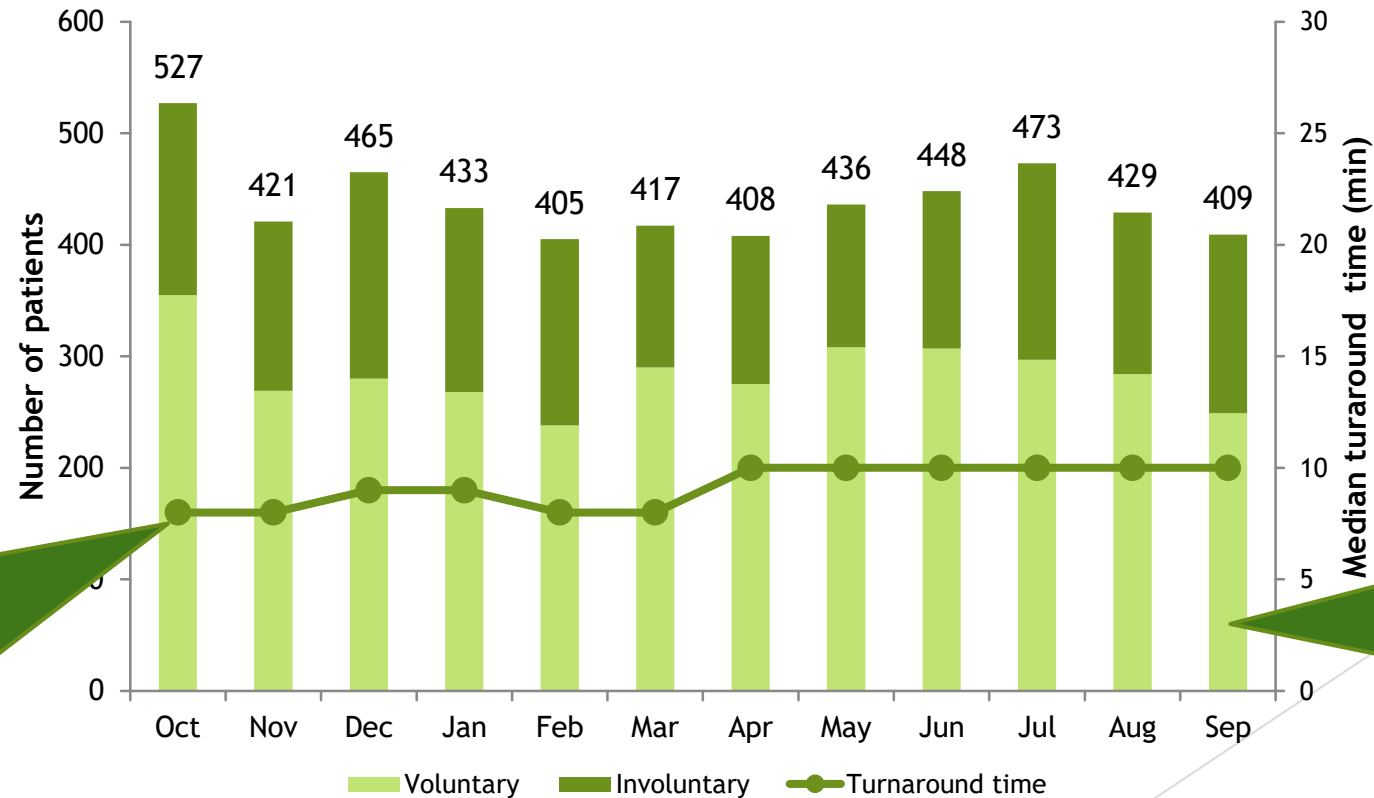


Law Enforcement Engagement = Treatment



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

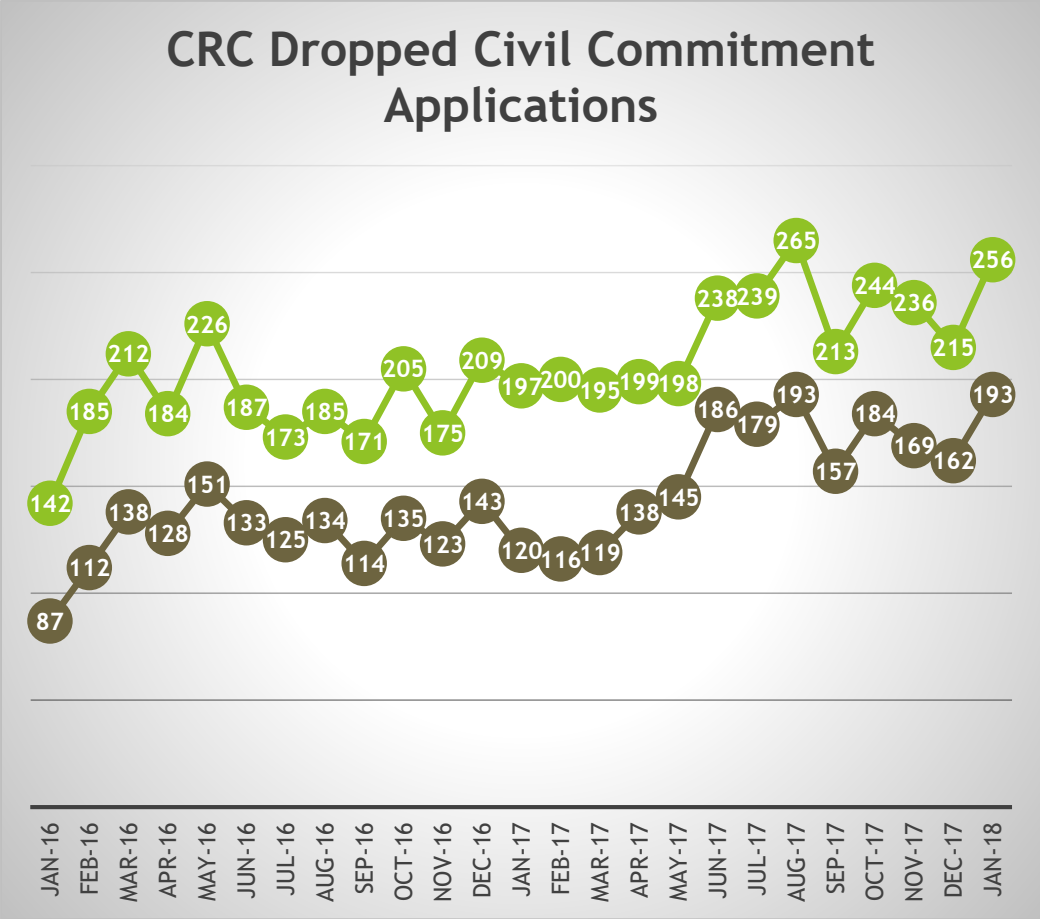
Crisis Response Center Law Enforcement Drops (Adults)



It takes 20 min to book someone into jail, so we must get the cops back on the street even **FASTER.**

Most LE drops are **VOLUNTARY**, meaning that the officers are engaging people into treatment.

Crisis Stabilization Aims for the Least-Restrictive Disposition Possible



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!





Jason Winsky added 2 new photos — with **Corey Doggett** and 4 others.

21 mins ·

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



Questions?

Polling 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](https://www.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](https://www.stepup.org/Toolkit)

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