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

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

WASHINGTON, DC — May 1, 2018 — The Stepping Up initiative launched today to help counties collect accurate, accessible data on the number of jails 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 people in jails 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 Psychiatric Association Foundation (PAF) to mobilize local leaders to achieve a measurable reduction in the number of people in jails who have mental illness.

Since that time, more than 400 counties in 43 states, representing 40 percent of the population, have committed to building local leadership teams. Collecting data on people with mental illness entering their jail system, ensuring that those people receive appropriate services, and developing a comprehensive plan for systems-level change toward the goal of reducing the prevalence of people in jail who have mental illness is expanding in 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 have a complete picture of what is happening in our jails,” said the Ohio Department of Mental Health and Addiction Services and the Justice Center’s Board of Directors. “By committing to collecting and using Stepping Up counties will be able to bring their programs and seek out treatment services, and track their progress towards the goal of mental illness in jail.”

One of the challenges many counties face when ending these data collection efforts is identifying people who have SMI at the point of entry into their local minimum justice system. We bring this information on how only 50 percent of people who are at risk to mental health services, and whether they are in the jail system or in jail for a mental health problem. The initiatives in local jails, focused on system-level change, and collaborative initiatives.

The Next Step: Collecting Data to Drive Change

COUNTY LEADERS ACROSS THE COUNTRY are grappling with a crisis in which many people with mental illness come to jails. In order to work toward reducing the number of people with mental illness who come to jail, the mental health system must act to help them appropriately.

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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
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

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

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

Upcoming Training and Technical Assistance

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
- Law Enforcement

**Post-Booking**
- Jail-based
  - Initial Detention
- Court-based
  - First Court Appearance
  - Jail - Pretrial
- Court-based
  - Dispositional Court
  - Specialty Court
- Jail-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
  - 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
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

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
<table>
<thead>
<tr>
<th>4 Treatment and Services</th>
<th>5 Data and Analysis</th>
<th>6 Comprehensive Training</th>
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<tbody>
<tr>
<td><strong>What it looks like</strong></td>
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<tr>
<td>- <strong>Inventory</strong> of existing services</td>
<td>- <strong>Identify measures</strong> to be tracked</td>
<td>- Data is used to <strong>track collaboration performance</strong></td>
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<tr>
<td>- Programs and services are <strong>operating at scale</strong> to meet the needs of the jurisdiction</td>
<td>- <strong>Process for collecting and reporting data</strong></td>
<td>- Data is used to <strong>refine policies and procedures</strong></td>
</tr>
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<td>- Prioritizing behavioral health resources for the PMHC and making the case for more funding</td>
<td>- <strong>Mechanisms in place for data sharing</strong></td>
<td>- <strong>Shared accountability</strong> between PMHC partners</td>
</tr>
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<td></td>
<td>- Efficient <strong>data management system</strong> is in operation</td>
<td>- <strong>Communicating progress</strong> to external partners and leaders</td>
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<td></td>
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<td>- Using data to <strong>promote additional PMHC capacity and long-term sustainability</strong></td>
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THANK YOU

For more information, please contact:
Nicola Smith-Kea, Project Manager, CSG Justice Center – nsmith-kea@csg.org
Speakers: Pima County, Arizona

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

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

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)

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
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

- Community Safety
- Accountability
- Treatment
- Recovery
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

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
Arizona Behavioral Health System Structure

AZ Medicaid

Regional Behavioral Health Authorities (RBHAs)

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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<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>
</tbody>
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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
Law Enforcement Engagement = Treatment

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.

Cops are super busy and have crimes to fight. Therefore crisis services need to be QUICK & EASY to access.
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**
  - City (Tucson) MH Court
- **2001**
  - CIT Training > program started
- **2002**
  - Mobile Crisis Teams
- **2004**
  - Felony > MH Court
- **2006**
  - County bond passes > to build crisis facility
- **2007**
  - Jail Based > Restoration to Competency
- **2008**
  - CIT Training > program started
- **2011**
  - Jan 8 2011 shooting > at Congress On Your Corner
  - Peers in the Jail
  - Crisis Response Center opens Aug 2011
- **2012**
  - Rural MH Courts
  - Drug Treatment Alternative to Prison
- **2013**
  - Jail Based > Restoration to Competency
  - DTAP Program
- **2014**
  - MacArthur Grant > awarded to Pima County
  - Safety + Justice Challenge
  - Jail + MH Data Exchange
  - JHIDE Analytics
- **2015**
  - 24/7 access to Opiate MAT
  - MHFA training achieved at TPD and PCSO
- **2016**
  - Repeat T36 Utilization (civil commitment/AOT) Data Sharing Task Force
- **2017**
  - Co-responders (cop + clinician)
  - Repeat Jail Detainees Task Force
  - Learning Site designation by DOJ/BJA
  - MHFA Impact Award National Council for BH
- **2018**
  - Rural MH Courts
  - MH First Aid Training for law enforcement begins
  - 24/7 access to Opiate MAT
  - 100% MHFA training achieved at TPD and PCSO
  - 24/7 access to Opiate MAT
  - Learning Site designation by DOJ/BJA
  - MHFA Impact Award National Council for BH
  - Repeat Jail Detainees Task Force

*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
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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