Beyond CIT

Strategies for improving crisis care and public safety via collaborations between law enforcement and behavioral health system partners

Margie Balfour, MD, PhD
ConnectionsAZ
VP for Clinical Innovation & Quality
Assistant Professor of Psychiatry, University of Arizona

Polly Knape, MA, LAC
Cenpatico Integrated Care
Supervisor, First Responder Services

Sgt. Jason Winsky
Tucson Police Department
Mental Health Investigative Support Team
Scenarios to think about

• A man sends an email to a US Congressman about “going Loughner” on a community college campus.
• A man makes threats to shoot people in court.
• A woman refuses to return her laptop to her former employer, and begins legally purchasing assault weapons.
Today’s Agenda

• Introduction to the problem:
  – Intersection of Mental Illness & the Justice System

• Collaborative solutions
  – Law Enforcement Perspective
    • The Tucson MHIST Model
  – Behavioral Health System Perspective
    • Collaboration at the RBHA level: Cenpatico Integrated Care
    • Collaboration at the Provider Level: Connections AZ/Crisis Response Center

• Outcome Data

• Discussion
There are over 2 million bookings of people with serious mental illness into jail each year.¹

### Prevalence of Mental Illness

<table>
<thead>
<tr>
<th></th>
<th>Jail¹</th>
<th>State Prison¹</th>
<th>Juvenile System²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any mental disorder</td>
<td>76%</td>
<td>74%</td>
<td>70%</td>
</tr>
<tr>
<td>Co-occurring substance</td>
<td>49%</td>
<td>42%</td>
<td>60%</td>
</tr>
<tr>
<td>SMI (Jail)³</td>
<td>Men 17.1%</td>
<td>Women 34.3%</td>
<td></td>
</tr>
</tbody>
</table>

---

Nearly half of people with serious mental illness have been arrested at least once\(^1\).

- One quarter of police shootings involve a person with signs of mental illness.\(^2\)
- “Persons with mental illness are
  - more likely…to come into contact with police as suspected offenders,
  - most often for relatively minor offenses
  - and to be re-arrested more frequently.\(^3\)
- “Persons with mental illness suspected of committing offenses
  - are more likely to be arrested,
  - particularly if they live in communities with a limited range of community-based intervention options for individuals experiencing a mental health crisis.\(^3\)

Impact of incarceration\textsuperscript{1,2}

- Jails and prisons lack the policies and trained staff to deal with this population.
- Offenders with mental illness are
  - Incarcerated twice as long
  - Three times more likely to be sexually assaulted while incarcerated
  - More likely to be in solitary confinement which exacerbates psychiatric symptoms
- Adverse effects post-release include
  - Interruption in Medicaid and other benefits
  - Difficulty finding employment
  - More likely to become homeless
  - More likely to be rearrested
- At twice the cost to taxpayers.

MYTH

They’ll get the treatment they need in jail.”

Only one quarter of men and 14% of women receive formal substance abuse treatment while incarcerated.\textsuperscript{3}

---

For review see:
3. Office of National Drug Control Policy
   https://www.whitehouse.gov/ondcp/in-custody-treatment-and-reentry
The Sequential Intercept Model

A Continuum of Solutions: Behavioral Health System

A CONTINUUM OF CRISIS INTERVENTION NEEDS

EARLY INTERVENTION
- Crisis Respite
- Outpatient Provider
- Family & Community Support
- Crisis Telephone Line

RESPONSE
- 23-hour Stabilization
- Mobile Crisis Team
- CIT Partnership
- EMS Partnership
- 24/7 Crisis Walk-in Clinic
- Hospital Emergency Dept.

PREVENTION
- WRAP
- Crisis Planning
- Housing & Employment
- Health Care

POSTVENTION
- Integration/Re-integration into Treatment & Supports
- Peer Support
- Non-hospital detox
- Care Coordination

TRANSITION SUPPORTS
- Critical Time Intervention, Peer Support & Peer Crisis Navigators
A Continuum of Solutions: Law Enforcement

A CONTINUUM OF CRISIS INTERVENTION NEEDS

- EARLY INTERVENTION
- RESPONSE
- PREVENTION
- POSTVENTION

CIT (Memphis Model)
Mental Health Co-Responder (LAPD)

8
A Continuum of Solutions: Law Enforcement – Tucson Model

A CONTINUUM OF CRISIS INTERVENTION NEEDS

- **High Utilizers**
  - High Needs Teams
  - ACT

- **CIT/MHIST Trained Officers**
  - Mental Health
  - Co-Responder Team
  - Crisis Mobile Teams

- **Training**
  - Data Gathering
  - System Partners
  - Information Sharing

- **MHIST Tracking**
  - Behavioral Health Referrals

- **EARLY INTERVENTION**

- **RESPONSE**

- **PREVENTION**

- **POSTVENTION**
A Continuum of Solutions: Tucson Model for Law Enforcement

All officers receive basic mental health training (Example: MHFA)

Some officers receive intermediate training (CIT)

- De-Escalation & Crisis Intervention
- Mental Health Basics & Community Resources

Voluntary Participation

Aptitude for the Population

Specialized Units – Advanced Training

- SWAT Negotiators
- MHIST Teams
Law Enforcement and “Emotionally Disturbed Persons”

Court’s terminology for anyone who has a mental illness or is in some other way inhibited/incapacitated by crisis.
Glenn v. Washington County (2011)

- Hillsboro, Washington County – 2006
- 18 year old Lukus Glenn, a popular high school athlete, was intoxicated and distraught over a recent break-up
- Glenn held a 3 inch pocketknife to his neck and threatened to kill himself
- Mom called 911 believing that “the police would have the expertise and experience to deal with an emotionally distraught teenager.”
- Call was dispatched as an armed domestic violence incident.
- Prior to this event, Glenn had no history of violence or criminal activity
Glenn v. Washington County

- Deputies had independently determined if Glenn moved towards the house they would use deadly force
  - Glenn (taking cover from bean bags) ran from garage towards only exit – the house
  - Because he was headed toward house, where the other family members had been told to go, officers used deadly force
  - Deadly force occurred less than four minutes after the first deputy arrived on scene
- Glenn bled out and died on the family porch within minutes.

Seconds before he was fired upon, Glenn said:

“Why are you yelling?”

“Please tell them to stop screaming at me!”
Glenn v. Washington County

- “We have made it clear that the desire to quickly resolve a potentially dangerous situation is not the type of governmental interest…that justifies the use of force that may cause serious injury (Deorle).”
- “When dealing with EDP’s who are creating a disturbance or resisting arrest, as opposed to a dangerous criminal, officers typically use less forceful tactics.” (notice the change in language)
- “Lukus did not respond positively to the officers’ forceful tactics.” (yelling commands at him)
Lessons learned from Glenn

- The courts expect a differentiated response from law enforcement
- No excuse – train your officers.

The Family hired a Subject Matter Expert, a former Bellevue, WA Chief of Police. His recommended response to situations involving EDPs:

1. Slow it down.
2. Do not increase the subject’s level of anxiety or excitement.
3. Attempt to develop a rapport.
4. Time is on the side of the police.
SO – ON ONE HAND WE HAVE NEW EXPECTATIONS ON USE OF FORCE...
BUT – ON THE OTHER HAND, GROWING PUBLIC SAFETY CONCERNS...

Gabrielle Giffords Shot: Congresswoman Shot In Arizona (LIVE UPDATES)

The Huffington Post/AP | First Posted: 01/08/11 01:14 PM ET | Updated: 05/25/11 07:25 PM ET

React › Important Funny Typical Scary Outrageous Amazing Innovative Finally

Follow › Gabrielle Giffords, House Of Representatives, Arizona Shooting, Gabby Giffords, Gabby Giffords Shooting, Gabby Giffords Shot, Gabrielle Giffords Shooting, Gabrielle Giffords Shot, Gabrielle Giffords Shot At, Giffords, Politics News
Typically Police Have to Balance the two...

Public Safety
- Danger to Others
- Risk of Violence
- Accountability & Justice
- Danger to Self

Community Service
- Compassion
- Treatment
- Recovery
MHIST (Mental Health Investigative Support Team) seeks to find solutions to both.
MHIST is a Preventative Approach

- Tucson already had one of the oldest and most respected CIT programs in the nation.
- Yet people like Loughner fell through the cracks with tragic results.
- The wave of mass shootings and the increased mental health related calls served as a catalyst for taking a fresh look at law enforcement’s approach to mental illness.
  - CIT provided the tools to help officers respond to a person in behavioral health crisis as in the Glenn case.
  - But perhaps with a different approach we can prevent some crises and related threats to public safety altogether.
A Continuum of Solutions: Tucson Model for Law Enforcement

All officers receive basic mental health training (Example: MHFA)

- De-Escalation & Crisis Intervention
- Mental Health Basics & Community Resources

Some officers receive intermediate training (CIT)

- Voluntary Participation
- Aptitude for the Population

Specialized Units – Advanced Training

- SWAT Negotiators
- MHIST Teams
Purpose of MHIST

MHIST 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.
MHIST 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
MHIST Functions

Support/Transport Officers and Deputies
- Single point of accountability for all Mental Health Court Order Transports
- “Title 36” in Arizona
- Specialized training to avoid going hands-on
- Locate/transport before order expires
- Goal is 100% service rate

Investigative Detectives
- Circumstance code
- Patterns of behavior
- Problem-solving with mental health treatment
- Title 36 petitions

Started in 2013 by Pima County Sheriff’s Office then Tucson Police Department later that year. Each team consists of a sergeant, deputies/officers, and detectives and work collaboratively across agencies.
MH Support/Transport: Out With The Old

Old Way

• Patrol Officers Serving COE Orders
  – Court Ordered Evaluations orders served before expiring = 30%
• Patrol officers would look for the quickest, easiest solution to a situation with a mental health nexus
  – Often resulting in arrest and incarceration

New Way

• Approaching 100% service rate on mental health orders
• Mental health facilities and providers communicating with law enforcement
• One central location for patrol to go to for answers to problems
• Law enforcement talking to law enforcement
• ZERO uses of force serving mental health orders
No reliable data tracking mechanism existed prior to the creation of MHIST in late 2013. Prior to 2014, the service rate is estimated to be around 30%.
MH Investigations: Call Triage

• Calls where there is NOT a threat to public safety (danger to self) are handled as they always have been-referred to the appropriate mental health provider
  – Voluntary committal
  – Involuntary committal
  – Referral to various providers

• Calls for service where there IS a criminal component, AND the person is a threat to others (public safety)
  – Routed to the MHIST Unit for follow up
  – A full criminal/mental health investigation is conducted where appropriate
  – A unique 2-pronged process is initiated
MHIST Investigation

Adjudication or mental health diversion

Presentation to Prosecutors

Start of criminal investigation

Criminal Investigation

Initial Call

Start of the mental health investigation

Mental Health Investigation

Long term care, medication

Presentation to evaluating provider
“Jose”

- Jose is a Marine veteran and a student at Pima Community College
- Jose perceived he was assaulted in the school library (unfounded)
- He began making threats towards PCC personnel
- Outcome
  - Kept out of jail
  - Engaged with treatment
New MHIST Function: Mental Health Prohibited Possessors

• In the wake of several mass casualty shootings in which the suspect suffered from a mental illness, the Arizona State Legislature enacted law that requires DPS to report mental health prohibited possessors to law enforcement (the same as a warrant)
• The purpose of the new law is to
  – separate a person who is potentially in crisis from firearms within their control, and
  – to ensure law enforcement personnel are aware the subject they are interacting with is potentially a prohibited possessor
• Prosecution of the individuals involved is secondary
• This is not a transport order.
• Law enforcement personnel now have access to the database of individuals who are prohibited possessors and can check in the field.
Prohibited Possessor Success Story

- Threats made in Court
- Subject was adjudicated a prohibited possessor
Collaboration with the mental health system is key to success

- But it was challenging at first.
- MHIST had to make a concerted effort to engage and form partnerships with the mental health system.
- Suspicious at first
  - “I’m not going to help you get my patient arrested.”

<table>
<thead>
<tr>
<th>Words</th>
<th>Actions</th>
</tr>
</thead>
</table>
| We’re sorry that we have been missing before now.  
We want to be helpful.  
We want to share data with you, not receive it. | Showing up  
Developing a dedicated team to devote attention and resources to this population  
Investment in training |
With CIT/MHIST and collaboration with the mental health/crisis system:

A Best Case Scenario

• Officer is able to de-escalate the situation
• Person is taken to crisis center and/or referred to community treatment
  – “Breaking the Cycle” – avoid future interactions
  – Positive Community Policing
• Financial Savings
  – Officer time
  – Jail Days
  – Criminal Case Proceedings
• Avoid going “hands on”
  – Decreased risk/liability
  – Improved safety

But if the outcome is bad anyway…

Officer should be able to say:

“I am knowledgeable of and considered use of de-escalation techniques and community resources.

“I still could not have handled the situation any other way.”
Collaboration at the RBHA Level

Cenpatico Integrated Care
Partnership with Banner/UA Health Plan
A Continuum of Solutions: Behavioral Health System

A CONTINUUM OF CRISIS INTERVENTION NEEDS

EARLY INTERVENTION

RESPONSE

PREVENTION

POSTVENTION

Crisis Respite
Outpatient Provider
Family & Community Support
Crisis Telephone Line

23-hour Stabilization
Mobile Crisis Team
CIT Partnership
EMS Partnership
24/7 Crisis Walk-in Clinic
Hospital Emergency Dept.

WRAP
Crisis Planning
Housing & Employment
Health Care

Integration/Re-integration into Treatment & Supports
Peer Support
Non-hospital detox
Care Coordination

TRANSITION SUPPORTS
Critical Time Intervention, Peer Support & Peer Crisis Navigators
Crisis Services
Covered Population

First Responders are the First Priority

All individuals are eligible to receive crisis services regardless of insurance status
Cenpatico Crisis Department

• 7 Person Team
  – Director of Crisis
  – Supervisor of First Responder Services
  – 2 First Responder Liaisons
  – Rapid Response DCS specialist/ CMT Oversight /Hospital Liaison
  – Crisis system Coordinator
  – Emergency Management Specialist

• The Team Works Closely with First Responders and System Partners to
  – Identify and Modify Systemic Inefficiencies
  – Create new systemic processes
  – Identify Crisis System Gaps
  – Provide training to the community, law enforcement and providers.
  – Spread efficient systems to neighboring counties
  – Explore processes and programs for collaboration and future systemic improvement.
The Crisis System Goal

• Increase:
  – Appropriate use of the crisis System
  – Assure services are available when needed

• Decrease:
  – Unnecessary detentions
  – Unnecessary use of hospital emergency departments
  – Unnecessary Involuntary psychiatric commitments under Title 36
  – Unnecessary psychiatric inpatient hospitalization
  – Revolving door usage of CRC (23 hour community stabilization unit) and calls to Law Enforcement
Crisis Services available in Pima County

- Crisis Response Center (CRC)
- NurseWise Crisis Line
- Crisis Mobile Teams (MAC team)
- Substance Use Disorder Stabilization Centers
  - Pasadera Detox
  - Community Bridges (Coming Fall 2016)
- Brief Intervention Programs
- Second Responder Services
- Peer support Services
- Transportation
NurseWise Crisis Line

- Resolution of crisis Via Phone
- Dispatch of Crisis Mobile Teams
- Coordination of Urgent Appointments
- Follow up welfare checks
- Coordination of Behavioral Health Inpatient Placement
- Coordination of Rapid Response
- Coordination of Urgent Engagement Services.
- Partner with 911 dispatch to determine the protocols and timeline for implementation of a “CMT-only” response to 911 calls
Crisis Mobile Teams

• 11 teams in Pima County
• 30 minute responses time goals to Law Enforcement
• 1hr response time to the community
• Distribution of Teams through out Pima County and addition of GPS Optimized Dispatching system
  – City of South Tucson
  – Oro Valley
  – Central Tucson
  – West Side
• CMT services
  – Onsite resolution
  – Crisis planning
  – Placement services
  – Facilitation of Involuntary Evaluation services
Substance Use Disorder Stabilization Centers

• Desert Hope
  – 23 hour observation, that can transition into medical detoxification as needed.
• Community Bridges Access Point/ Transition Point (Fall 2016)
  – Police drop off for substance abuse and crisis services
  – “No wrong door”
  – 24 hour observation with transition to up to 5 day intervention if needed.
  – CBI will provide transportation to and from the facility
What is measured and tracked

- Number and identity of persons who utilizing crisis services frequently
- Appropriate preventative community-based wrap around support from providers to reduce future reliance on crisis services
- Number of persons successfully maintained in the community, placed in detention centers, hospital emergency departments, Title 36 and other facilities
- Community Stabilization Rates
What we hope this means for the community

• Increase in the health and wellness of the Community
• Increase availability of services to assist in stabilization
• Increase ongoing support of members in the community with mental health concerns
• Decrease interactions between persons in mental health crisis with
  – Law Enforcement
  – The criminal justice system
  – Emergency Departments
Collaboration at the Provider Level: The Crisis Response Center

• Built with county bond funds in 2011 to serve the community
  – 12,000 adults + 2,400 youth each year
• Alternative to jail, ED, hospitals
• Serves as the law enforcement receiving center
• Co-located crisis call center
• Space for community clinic staff and other partners
• Adjacent to
  – Mental health court
  – Inpatient psych hospital providing the bulk of the court-ordered evaluations
  – Emergency Department (ED)
The Crisis Response Center
“We address any behavioral health need at any time.”

• Referrals from:
  – Law enforcement
  – Crisis Mobile Teams
  – Walk-ins
  – Transfers from EDs
  – Foster Care

• Studies show this model:
  – Critical for pre-arrest diversion
  – Reduces ED boarding
  – Reduces hospitalization

CIT Recommendations for Mental Health Receiving Facilities

1. Single Source of Entry
2. On Demand Access 24/7
3. No Clinical Barriers to Care
4. Minimal Law Enforcement Turnaround Time
5. Access to Wide Range of Disposition Options
6. Community Interface: Feedback and Problem Solving Capacity

1. Dupont R et al. (2007). Crisis Intervention Team Core Elements. The University of Memphis School of Urban Affairs and Public Policy
Low clinical barriers to access

- No wrong door
- No behavioral health exclusion criteria
- We do our best to take everyone:
  - No one is too agitated
  - Can be highly intoxicated
  - Voluntary or involuntary
- Fewer medical exclusionary criteria than many inpatient psych hospitals
- No refusal policy for law enforcement
## CRC Services and Stats

### What we do

- **Provide a safe and welcoming environment**: alternative to jail or the ED
- **Triage and assessment**: to determine needs and risk of DTS/DTO
- **Stabilize the crisis**: crisis intervention, medications, peer groups, family engagement
- **Connect to community resources**: coordinate with clinics, other facilities, RBHA

<table>
<thead>
<tr>
<th>Adults</th>
<th>Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 800-1000 visits per month</td>
<td></td>
</tr>
<tr>
<td>• 40-50% via law enforcement</td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td></td>
</tr>
<tr>
<td>• Crisis Intervention Clinic: urgent care</td>
<td></td>
</tr>
<tr>
<td>• Crisis Stabilization Unit: 23 hr obs</td>
<td></td>
</tr>
<tr>
<td>• Short-Term Inpatient Unit: 3-5 days</td>
<td></td>
</tr>
<tr>
<td>• 150-250 visits per month</td>
<td></td>
</tr>
<tr>
<td>• 30-40% via law enforcement</td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td></td>
</tr>
<tr>
<td>• Crisis Intervention Clinic: urgent care</td>
<td></td>
</tr>
<tr>
<td>• Crisis Stabilization Unit: 23 hr obs</td>
<td></td>
</tr>
</tbody>
</table>
The CRC provides safe environment where people can be under **continuous observation** and **lack the means** to hurt themselves or others, while being as comfortable and welcoming as possible.

Crisis Response Center, Tucson AZ
23-Hour Observation

- Staffed 24/7 with MD, NP, PAs
- Medical necessity criteria similar to that of inpatient psych
- Diversion from inpatient:
  - 60% discharged to the community the following day
  - Early intervention (median door to doc time < 90 min)
  - Interdisciplinary team
  - Aggressive discharge planning
  - Collaboration with community & family partners
  - Assumption that the crisis can be resolved
Gated Sally Port for Law Enforcement Drop-offs

Crisis Response Center, Tucson AZ
Easy access for law enforcement

Crisis Response Center
Tucson AZ
Law enforcement utilization and turnaround time

CRC Adult Law Enforcement Drops

- Involuntary
- Voluntary
- 2015 Total
- 2016 Total
- Time

<table>
<thead>
<tr>
<th>Month</th>
<th>2015 Total</th>
<th>2016 Total</th>
<th>Involuntary</th>
<th>Voluntary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>369</td>
<td>365</td>
<td>240</td>
<td>129</td>
</tr>
<tr>
<td>Feb</td>
<td>404</td>
<td>378</td>
<td>240</td>
<td>129</td>
</tr>
<tr>
<td>Mar</td>
<td>457</td>
<td>404</td>
<td>225</td>
<td>129</td>
</tr>
<tr>
<td>Apr</td>
<td>378</td>
<td>404</td>
<td>225</td>
<td>129</td>
</tr>
<tr>
<td>May</td>
<td>457</td>
<td>404</td>
<td>225</td>
<td>129</td>
</tr>
<tr>
<td>Jun</td>
<td>369</td>
<td>365</td>
<td>240</td>
<td>129</td>
</tr>
<tr>
<td>Jul</td>
<td>404</td>
<td>378</td>
<td>240</td>
<td>129</td>
</tr>
<tr>
<td>Aug</td>
<td>457</td>
<td>404</td>
<td>225</td>
<td>129</td>
</tr>
<tr>
<td>Sep</td>
<td>378</td>
<td>404</td>
<td>225</td>
<td>129</td>
</tr>
<tr>
<td>Oct</td>
<td>457</td>
<td>404</td>
<td>225</td>
<td>129</td>
</tr>
<tr>
<td>Nov</td>
<td>369</td>
<td>365</td>
<td>240</td>
<td>129</td>
</tr>
<tr>
<td>Dec</td>
<td>404</td>
<td>378</td>
<td>240</td>
<td>129</td>
</tr>
</tbody>
</table>

Median turnaround time (min)

0 5 10 15 20 25 30
0 5 10 15 20 25 30
Law enforcement utilization and turnaround time

CRC Youth Law Enforcement Drops - Total

<table>
<thead>
<tr>
<th>Month</th>
<th>2016 Total</th>
<th>2015 Total</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>65</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Feb</td>
<td>62</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Mar</td>
<td>72</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Apr</td>
<td>95</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>May</td>
<td>73</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Jun</td>
<td>65</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Jul</td>
<td>62</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Aug</td>
<td>73</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Sep</td>
<td>58</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Oct</td>
<td>40</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Nov</td>
<td>30</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Dec</td>
<td>20</td>
<td>20</td>
<td>10</td>
</tr>
</tbody>
</table>
Success story

• “Pam” had been recently fired from her job and acting bizarrely.
• Purchasing firearms and making statements that she believed her co-workers had conspired to get her fired (not a crime).
• MHIST worked with the mobile team to safely facilitate her transport to the CRC.
  – MHIST provided background info from their investigation.
  – She was paranoid due to new onset bipolar disorder
  – And had been planning a mass shooting at her former workplace.
  – Admitted for COE

A mass casualty was averted without the need for criminal proceedings, and she is prohibited from possessing firearms per ARS 13-3101(A)(7).
MORE OUTCOME DATA
Mental Health Incidents, Transports & Other Related CFS by Month-Year

10-31 CFS3
CKWLF / SUICIDAL CFS4
MH INCIDENTS2

Linear (10-31 CFS3)
Expon. (CKWLF / SUICIDAL CFS4)
Linear (MH INCIDENTS2)
TPD SWAT Calls for Suicidal Barricade

- **Number of Incidents**
- **Percent of SWAT calls**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Incidents</th>
<th>Percent of SWAT calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>20</td>
<td>16%</td>
</tr>
<tr>
<td>2014</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>2015</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>2016</td>
<td>2</td>
<td>2% (partial)</td>
</tr>
</tbody>
</table>
Questions?

Margie Balfour  Margie.Balfour@ConnAZ.com
Polly Knape    Pknape@cenpatico.com
Jason Winsky  Jason.Winsky@tucsonaz.gov
Download:    http://tinyurl.com/BeyondCIT2016

A guide for clinicians on partnering with the criminal justice system, justice-involved individuals and their families along the different stages of the Sequential Intercept Model

http://amzn.to/29NdeuV

Dr. Balfour is a co-author but receives no financial compensation.