More Than Emergency Response:
The Tucson Model's Preventative Approach to Crisis and Public Safety

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Scenarios to think about

• Police arrive at a call for public disturbance outside of a motel. One of the participants is intoxicated and says they are having thoughts of suicide.

• Police arrive at a woman’s home for to take her to the hospital on an involuntary commitment order. When police arrive, she is inside and refuses to come out.

• A store manager calls the police repeatedly to complain about a homeless person acting bizarrely and bothering customers.

• A man sends an email to a US Congressman about “going Loughner” on a college campus.
Audience poll

• Who is here?
• Do you have:
  – CIT training
  – Mental Health First Aid Training
  – Mental Health Teams
  – Crisis hotline
  – Crisis mobile teams
  – Co-responders
  – Crisis receiving facility
Agenda for today

1. Overview of the Problem
2. The Tucson Model: A Unique System Spanning Collaboration
   - Sgt. Jason Winsky
     Tucson Police Dept. MHST Team
3. Being a Good Partner to Law Enforcement
   - RBHA Perspective:
     Polly Knape
     Cenpatico Integrated Care
   - Provider Perspective
     Margie Balfour, MD, PhD
     Connections Health Solutions
4. Panel discussion and Q&A
When mental health and criminal justice collide…

It can get ugly.
“I’m having chest pain.”

“...I’m suicidal.”
Officer-involved shootings

Washington Post Nationwide Database of Police Fatalities

People in the throes of a MENTAL OR EMOTIONAL CRISIS made up one-quarter of those killed. Many such deaths may be preventable, police and mental-health experts said.

See The Post’s takeaways

Related story Distraught people, deadly results: Officers often lack the training to approach the mentally unstable, experts say

“36% of officer-involved shootings in this sample were found to be suicide by cop.”
The path to jail

- Officers want the person to get treatment
- But they don’t know where else to take them except the ED
- Where they have to wait.
- Cops are busy and have crimes to fight.
- So they take the person to jail instead.

- There are over 2 million jail bookings of people with serious mental illness (SMI) each year.\(^1\)
- Nearly half of people with SMI have been arrested at least once.\(^2\)

<table>
<thead>
<tr>
<th>Prevalence of Mental Illness</th>
<th>Jail</th>
<th>US Adults(^5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMI(^3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Men</td>
<td>17.1%</td>
<td>4%</td>
</tr>
<tr>
<td>-Women</td>
<td>34.3%</td>
<td></td>
</tr>
<tr>
<td>Any mental disorder(^4)</td>
<td>76%</td>
<td>18%</td>
</tr>
<tr>
<td>+ Co-occurring substance use(^4)</td>
<td>49%</td>
<td>3.3%(^6)</td>
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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:
The Sequential Intercept Model

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
A Continuum of Solutions: Law Enforcement

A CONTINUUM OF CRISIS INTERVENTION NEEDS

- EARLY INTERVENTION
- RESPONSE
- PREVENTION
- POSTVENTION

CIT (Memphis Model)
Mental Health Co-Responder Team
Mental Health Co-Responder Teams
The Tucson Mental Health Support Team Model

A preventative approach to crisis and public safety

Sgt. Jason Winsky
Supervisor
Mental Health Support Team (MHST)
Tucson Police Department
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
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

Follow: Gabrielle Giffords, House Of Representatives, Arizona Shooting, Gabby Giffords, Gabby Giffords Shooting, Gabrielle Giffords Shot, Gabrielle Giffords Shot At, Giffords, Politics News
MHST (Mental Health Support Team) seeks to find solutions to both Community Safety, Accountability, Treatment, and Recovery.
MHST 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.
Tucson Training Model

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

Some officers receive intermediate training (CIT)

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

Specialized Units – Advanced Training
- Voluntary Participation
- Aptitude for the Population
- SWAT Negotiators
- MHST Teams

- Regional Training Center of Excellence serving all of Southern Arizona
- Most content delivered by mental health professionals
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: A New Approach
MHST Functions

Support/Transport

- Officers
- Focuses on patients already in the civil commitment system
- Centralized tracking and specialized training

Investigative

- Detectives
- Prevent people falling through the cracks
- Recognizing patterns and connecting people to services
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
Civil Commitment Pickup Orders 2014-2016

Total Orders 926
Success Rate 93%
Uses of Force 0

In 2016, the success rate was 98%.
SWAT Calls for Suicidal Barricade

Number of incidents:
- 2013: 18
- 2014: 2
- 2015: 4
- 2016: 1

Percent of all SWAT calls:
- 2013: 50%
- 2014: 10%
- 2015: 20%
- 2016: 10%
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 MHST Unit for follow up
  – A full criminal/mental health investigation is conducted where appropriate
  – A unique 2-pronged process is initiated
MHST Investigation

- Adjudication or mental health diversion
- Presentation to Prosecutors
- Start of criminal investigation
- Initial Call

- Long term care, medication
- Presentation to evaluating provider
- Start of the mental health investigation
- Mental Health Investigation

Criminal Investigation
Collaboration with the mental health system is key to success

• But it was challenging at first.
• MHST 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.”
  – COMBATIVE PATIENTS

<table>
<thead>
<tr>
<th>Words</th>
<th>Actions</th>
</tr>
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<tbody>
<tr>
<td>• We’re sorry that we have been missing before now.</td>
<td>• Showing up</td>
</tr>
<tr>
<td>• We want to be helpful.</td>
<td>• Developing a dedicated team to devote attention</td>
</tr>
<tr>
<td>• We want to share data with you, not receive it.</td>
<td>and resources to this population</td>
</tr>
<tr>
<td></td>
<td>• Investment in training</td>
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</table>
Tucson Training Model: CIT vs. MHFA

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

MHST Teams
WHO is trained?

CIT training is voluntary by design.

- Hostage Negotiators: 100%
- SWAT: 100%
- First Responders and 911 call takers: 78%
- Field Services Bureau: 57%
Regional Training Center of Excellence

• Provides training to a dozen local and federal agencies across Southern Arizona

• Helping other departments set up mental health teams

• Most content delivered by mental health system partners
MORE OUTCOME DATA
Tucson Police Department
Mental Health Transports
By Year

Year

Number of Mental Health Transports
0 1,000 2,000 3,000 4,000 5,000 6,000

1,735 1,774 1,820 1,946 2,298 2,354 2,330 2,334 2,479 2,823 3,230 3,697 4,184 4,127 4,093 4,048 4,971
Lessons Learned

• A mental health team should be comprised of Officers, Detectives, and Sergeants
• **Dedicated**, not designated
• Partnership and engagement with local community mental health professionals
• Access to crisis services (crisis centers, psychiatric urgent care, walk-in clinics, etc.) as an alternative to incarceration.
• Partnership with organizations
  – National Alliance on Mental Illness
  – Crisis Intervention Training International
• A **transformational shift**: in policy, in practice, in thinking about responding to persons in crisis

• Saving **time**

• Saving **resources** – proactive versus reactive

• Engaging with the community **before** there’s a crisis
Being a good partner to law enforcement

RBHA Perspective:

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

Provider Perspective:

Margie Balfour, MD, PhD
Connections Health Solutions
VP for Clinical Innovation & Quality
Chief Clinical Officer, Crisis Response Ctr
Asst Prof of Psychiatry, Univ of Arizona
Overview of the Arizona Behavioral Health System

AHCCCS: Arizona Health Care Cost Containment System (Arizona Medicaid)

Regional Behavioral Health Authorities (RBHAs)
Cenpatico Integrated Care

Providers
RBHA Perspective

It’s for perspective. Don’t disturb me. I am seeing the problem from different point of view.

why are you standing on the chair?
Collaboration at the RBHA Level

• Centralized planning function
• Centralized point of accountability
  – Performance metrics and payment systems that promote desired outcomes
• Ability to provide coverage for all individuals in crisis regardless of insurance status
• Crisis Team includes liaisons for various stakeholders: law enforcement, fire, DCS, Hospital/EDs, etc.
• Create an effective crisis system to support community need
• Increase access to the full continuum of crisis services
• Increase rates of community stabilization
• Decrease interactions between persons in mental health crisis with
  - Law Enforcement
  - The criminal justice system
  - Emergency Departments
We better call a CMT

This is taking too long. He just needs to go to the CRC

30-60 Min

Assessment and Treatment Plan

Person transported to CRC
Optimal Distribution of Resources

• One team, one response, zero wait time for clinical assistance, team decision making process

• Patrol time saved

• Less hospitalizations

• Less incarcerations

• Provider accountability – better service to member
Sequential Intercept Model
**Initiatives at every intercept**

**Zero to One**
Community Services and Law Enforcement

- ✔ 911- direct transfer to crisis line
- ✔ Crisis Line
- ✔ Crisis Mobile Teams
- ✔ Co-responder Program
- ✔ Engagement Specialist
- ✔ Crisis Response Center
- ✔ Detoxification facility

**Two**
Initial Appearance

- ✔ Data sharing with Initial appearance Judges
- ✔ Pima County Judges are notified if a person is eligible with Cenpatico
- ✔ Jail liaisons
- ✔ MacArthur Grant in Pima
Initiatives at every intercept

Three
Jail / Detention
✓ Jail Liaisons
✓ Community Re-entry (CRE) Referrals
✓ Collaboration with detention staff

Four
Re-entry
✓ Member engagement while detained
✓ Co-location of Jail Liaisons
✓ Provider tasks
  ✓ Assessments
  ✓ Interim treatment plans
  ✓ Release plan
  ✓ SMI packets
  ✓ Post release appointments
  ✓ Jail/detention staff collaboration
Cross County Development & Expansion

CIT
(Crisis Intervention Team)

MHFA
(Mental Health First Aid)

Co-Responder
(Clinicians in Cop Cars)

Treat and Refer
(first stop is the right stop)
Collaboration at the Facility Level:
The Crisis Response Center

Margie Balfour, MD, PhD
VP for Clinical Innovation & Quality, ConnectionsAZ
Chief Clinical Officer, Crisis Response Center
Assistant Professor of Psychiatry, University of Arizona
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
- 24/7 urgent care, 23 hour observation, and short-term inpatient
- Space for community clinic staff
- Adjacent to
  - Crisis call center
  - Mental health court
  - Inpatient psych hospital for COE
  - Emergency Department (ED)
- Managed by Connections since 2014
- Licensed by Banner since 2015
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\(^2\)
  – Reduces ED boarding\(^3,4\)
  – Reduces hospitalization\(^3,4\)

CIT Recommendations for Mental Health Receiving Facilities\(^1\)

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
“It’s easier to get into heaven than a psychiatric facility.”
Low clinical barriers to access

• “No wrong door”
• We do our best to take everyone:
  – No such thing as “too agitated”
  – Can be highly intoxicated
  – Can be voluntary or involuntary
• Fewer medical exclusionary criteria than many inpatient psych hospitals
• Law enforcement is never turned away

Otherwise, where would these patients go?
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.
Law Enforcement is a “Preferred Customer”

Gated Sally Port
Crisis Response Center, Tucson AZ
Easy access for law enforcement

Crisis Response Center
Tucson AZ
23-Hour Observation Unit

- Staffed 24/7 with MDs, NPs, PAs
- Medical necessity criteria similar to that of inpatient psych (danger to self/other, etc.)
- Diversion from inpatient:
  - 60-70% discharged to the community the following day
  - Early intervention
    - Median door to doc time is ~90 min
  - Interdisciplinary team
    - Including peers with lived experience
  - Aggressive discharge planning
  - Collaboration and coordination with community & family partners
  - Assumption that the crisis can be resolved

“I came in 100% sure I was going to kill myself, but now (after group) I’m hopeful that it will change. Thank you, RSS members.”
What should we be striving towards?

Values-Based Outcomes and Services

- Start by defining core values
- A Critical-to-Quality (CTQ) tree can be used to translate values into desired outcomes
- Then create processes that are designed to achieve these outcomes

Excellence in Crisis Services

- Timely
- Safe
- Accessible
- Least Restrictive
- Effective
- Consumer and Family Centered
- Partnership

Outcomes: Police Turnaround Time

Half of our patients arrive via law enforcement. They are an important customer and quick turnaround time is critical to providing a viable alternative to jail.

(Our Phoenix facility achieves similar results with twice the volume.)
Outcomes: Urgent Care Clinic

Patients are able to walk in and quickly get their needs met without going to an ED (med refills, connection to services, etc.)
Early assessment and treatment is critical to avoiding hospitalization and preventing adverse outcomes such as restraints and assaults.
Outcomes: Community Dispositions

Only a fraction of the observation patients are admitted to an inpatient unit. Instead, they can be discharged (diverted) to less-restrictive community-based care. In an ED, many more would board waiting for beds.
The best measure of effective collaboration
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!
One Mind Campaign

International Association of Chiefs of Police

One Mind Campaign

• collaboration with behavioral health providers
• a policy for interacting with persons in crisis
• 100 percent of personnel trained in Mental Health First Aid
• at least 20 percent of personnel trained in the Memphis Model Crisis Intervention Team Training

http://www.iacp.org/onemindcampaign
Stepping Up Initiative

What You Can Do

Stepping Up asks communities to come together to develop an action plan that can be used to achieve measurable impact in local criminal justice systems of all sizes across the country. Learn More »
Partnering along the Sequential Intercept Model

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.
Questions?

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