

Arizona Mental Health and Criminal Justice Coalition (AMH&CJC)
September 5, 2014 Meeting Minute
Community Bridges- 2770 E. Van Buran
Phoenix, AZ 85008
9-11am

Agenda Item	Discussion	Action Items & Person Responsible
Welcome and Introductions	<p>There were 15 participants present. Mary Lou reviewed the goals of the Coalition which to reduce the number of individuals with mental health, substance abuse and cognitive disorders involved in the criminal justice system. She also discussed how the Coalition’s approach is not adversarial as we work collaboratively to identify system issues and problem-solve solutions.</p> <p>Mary Lou shared her personal story and why she started David’s Hope. David’s Hope may be undergoing a name change to the Arizona Mental Health and Criminal Justice Coalition. There has been much confusion and people didn’t realize both were the same organization. The Board is finalizing the mission. Organizations will be able to endorse the mission in writing and will be included on the website.</p> <p>November 6 will be the first formal fundraiser – Decisions in Law Enforcement Awards Banquet – tickets can be purchased t crisisheroawards.eventbrite.com Please submit nominations for any law enforcement official who would a good candidate for receiving the “ Crisis Response Officer of Distinction” award.</p>	N/A

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<p>Dr. Robert Williamson-ConnectionsAZ</p>	<p>Dr. Robert Williamson was recruited to fix the psychiatric care centers and change the culture. Connections AZ provides acute crisis services in Maricopa County and Tucson. He was drawn into this field as he saw people’s rights being violated by both behavioral health and criminal justice systems. Arizona has the most heavily funded crisis system and serves more individuals than anywhere in the United States. Approximately 850 police encounters each month brought to the UPC with ½ being transferred from a medical facility and other ½ from the community. In 2007, there used to be only about 10 people per month brought to the UPC and now 200. The majority of officers are very compassionate and caring. Not sure why police are responsible for transporting when they have secure ambulances.</p> <p>Crisis will not respond if the person is not willing to engage or willing to accept/cooperate with the crisis response treatment. There have been situations when crisis workers have been injured.</p> <p>The frequent use of the petitioning process creates a very coercive system and COT is run through police versus case managers coming to the person’s home to engage and assist. Police are being called to transport to UPC to force people to take their medications. COT is over used in Arizona.</p> <p>“Psychiatric Boarding” holding in emergency centers waiting for an inpatient bed. Desert Vista is the only facility in Maricopa with 150-160 beds that can take COT ordered patients for a length of time. They are keeping 90% for a minimum of 10 days. In most other places they utilize the voluntary process more. Other hospitals will not accept individuals on COT. Patients are also sitting in hospitals waiting for a place to live. If there were more hospitals accepting court ordered patients this would bring improvement.</p> <p>The juvenile system also has problem accessing inpatient beds.</p> <p>Mercy Maricopa started a 360 crisis workgroup. With MHIH, emergency rooms, CRN, MMIC no longer has an ombudsman the MMIC Office of Individual and Family Affairs .</p> <p>not well advertised. AZ crisis system is one of the most funded in the US (750million for crisis services).</p>	<p>Tucson sends out crisis team with sheriffs and police officers. Tucson crisis providers train 911 and police dispatchers operators and coordinate on calls. Need to training 911 operators.</p> <p>A recommendation was to talk to MAG about training dispatch across the 27 cities.</p> <p>Shelley will send out the MMIC 360 crisis workgroup report and individuals involved.</p>
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	<p>What can we do to help?</p> <ul style="list-style-type: none"> • Only well trained officers who have received CIT should go out on the pickup orders. Often times rookie officers are sent out as the current culture and higher level officers “don’t want to deal with it”. • Hospital transports should not be done by the police and the code needs to change. Police transport for involuntary to the UPC or Desert Vista. However the transfer from the UPC to Desert Vista is not done by police. • Mental Health First Aide as an options- in law enforcement CIT is seen as the interventions- 2nd best training- need discussion • Retired officers being utilized to do pick ups is being suggested by some. <p>Mesa started a preventative action line “PAL” to prevent crisis and assist callers. Unfortunately the program was discontinued in less than one month. Professionals in the fire department running the lines versus peers such as who run the the warm line. The fire department had set up a team that had crisis workers ride along.</p> <p>Three levels of care- at ConnectionsAZ in Phoenix 903 N 2nd St. Phoenix 7am to 7pm 1,000 people per month walk in clinic with 2 providers 1,000 visits per month – involuntary 850 32 recliners in observation room 16 inpatient beds</p> <p>Facility was not built to handle the number of clients being seen. Overcrowded in the observation room and most are taken against their will. Need to have a second facility but haven’t gotten funding. Goal is to get up and running next year.</p>	<p style="text-align: center;">Shelley volunteered to research the transportation requirement</p> <p style="text-align: center;">Need data from Crisis Response Network on how many of the calls they get are referred to PD. Police response vs crisis response- look at November to have crisis response network present and invited sheriff’s and ADHS</p>
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Natalie Summit	<p>“Law enforcement, courts, behavioral health and family all trying to blend together” the cultures are different and decision makers are not at the table. SWAT Team and tactical teams are not sent unless there is a crisis situation. There are about 360 calls diverted a month by the Scottsdale Crisis Team that are embedded in the Police Department. Huge funding issues exist as the crisis position costs about \$100,000 (staff salary, benefits, She is currently training officers on petition process and they have developed an auto fill applications for 2nd part of petition.</p>	
	<p>Updates on the round table – three round table 1) Decisions in Law Enforcement 2) Housing 3) Crisis Part II – 85 people CIT training new graduate for Tucson police cadets (voluntary not forced) provided a training on the Scottsdale- CIT system (will be posted on the website).</p>	
Comments	<p>Dennis Dye with DOC- visit the prison to monitor behavioral health care and go over the services for mental health (e.g. are people being referred to psychiatrist? Getting medications?) Issue of petitioning individuals in prison- people not told that they are being petitioned as staff are fearful. Prison sends everyone goes to Al Hembra - Prison can force medicate when needed although unclear how often it is used. If an individual has a chronic illness they are getting assistance on AHCCCS.</p> <p>The link and flagging of individuals on AHCCCS who are SMI as they are not showing correctly. Specialized parole caseloads for individual with SMI. DBHS doesn’t have correct information on who is SMI and therefore the prison is not getting correct information. With only two people there is still a resource issue.</p>	<p>Dr. Dye to follow with Dr. Talyor to see if the meeting occurred and will also check into AHCCCS issue.</p>
	<p>Children’s system has similar issues as adults. It was mentioned that in Tucson many youths get “paper tickets” for verbal fights and other issues that shouldn’t be handled through the criminal justice system.</p>	

Thank you to our hosts Community Bridges

Please attend our next meeting on November 12, 3-4:30pm, at La Comunidad