

YAVAPAI JUSTICE & MENTAL HEALTH
COALITION

Meeting Minutes

July 9, 2020 – 1:00 p.m.
Microsoft Teams Meeting

Present: *(If you are not shown in the list of attendees, please email Beya)*

Arizona Department of Corrections	Kerry Hyatt
Ariz Dept of Economic Security/RSA	Alycia Botkin
Care 1 st	Vicki Cons
	Mario Morales
	Linda Poller
Catholic Charities	Terri Young
Coalition for Compassion/Justice	Jessi Hans
Cottonwood Magistrate Court	Catherine Kelley, Judge
Cottonwood Police Department	Steve Gesell, Chief
Crisis Response Network	Whitney Hensiak
First Things First	Lynda Bennett
Suicide Prevention Advocate	John Schuderer
Grossman & Grossman	John Grossman
	Davin
Health Choice Arizona	Amy Bacon
	Jermaine Barkley
	Bri Barrios
NAMI Yavapai	Kathy Bashor
Northern Arizona Peer & Fam Coalition	Laurie Verdier
Northern Arizona University	Brad Mattingly
Prescott Police Department	Debora Black, Chief
Prescott Valley Police Department	James Edelstein, Deputy Chief
Private Citizen	Jodi Rooney
	Jeanne Wellins
Pronghorn Psychiatry	Robin Spencer
Southwest Behavioral Health	Bonnie Goosic
Spectrum Healthcare	Shawn Hatch
TerrosHealth	Bryan Gest
U. S. Vets	Carole Benedict
Veteran's Administration	Nancy Devine
	Julie Garver
Vive' Hope Lives	Christopher Gonzalez
West Yavapai Guidance Clinic	Kelly Legler
Yavapai County Adult Probation	John Morris, Chief
	Alex Hope
Yavapai County Attorney's Office	Sheila Polk, County Attorney
	Dennis McGrane, Chief Deputy County Attorney
Yavapai County Board of Supervisors	Jack Fields, Assistant County Administrator
Yavapai County Comm Health Services	Leslie Horton, Director
	Lorena Padilla

Yavapai County Schools
Yavapai County Sheriff's Office

Stan Goligoski, Executive Director
Dwight D'Evelyn, Public Information Officer
Audrey Dorfman, VIP
Nancy Gardner, Program Manager
Kristie Hambrick, Inmate Services
Brian Hunt, Captain
Richard Martin, Captain
Jeff Newnum, Captain
Brian Silvernale, Lieutenant
Beya Thayer, Executive Director

Beya Thayer opened the meeting at 1:05 p.m. and welcomed the attendees. A roll-call was conducted.

Sheriff Mascher was unavailable but appreciates everyone's participation. Ms. Thayer thanked everyone for being willing to continue meetings through Microsoft Teams.

Ms. Thayer opened discussion on the Sequential Intercept Model, originally developed with SAMHSA to help communities understand where people with behavioral health needs intercept with the criminal justice system and where they may be deflected out. How can we make the time in criminal justice system worthwhile and support the needs they have?

There are six intercepts to consider: 1 – when law enforcement gets involved. 2 – when arrested, booked and screened. 3 - when incarcerated and interacting with courts. 4 – upon re-entry and out back into the community. 5 – with community correction partners & probation.

We want to improve mobile crisis response and behavioral health in-place. We need to provide law enforcement with tools to know when someone is in a behavioral health and/or mental health crisis. Jail is not the safest place for someone in crisis. We want to try and connect individuals to providers.

How can we identify and connect a person to services? How can we meet those needs and find a health scenario for them to thrive within?

Intercepts 0 and 1 have overlap. Intercept 2 may have some overlap. When the Coalition was formalized with an Executive Director position and a Board of Directors, we spent time mapping a sequential intercept model for Yavapai County. We identified strengths, gaps and challenges. We developed goals we're working toward. We are enhancing collaboration based on increasing success of Title 36, working with schools, understanding state and local policies and legislation, and creating collaboration and processes to support individuals in need.

In reviewing the first two intercepts, we recognize the COVID-19 situation has put needs in a different lens. We'll have to modify as necessary. Yavapai County has many resources. We need to identify how we can utilize current resources and determine if there are barriers to awareness. What priorities do we have? What do we need to do, to have it work with community-based efforts?

Sheila Polk discussed the County Attorney's diversion program. This provides an opportunity for the prosecutors to work with individuals arrested and brought into the criminal justice system. Participants can be screened and connected with services. If they successfully complete the

program, their charges are dismissed. The County Attorney's Office entered into a contract with Complete Care Partners on May 1st. The program is managed by a Prosecutor who identifies offenders who are eligible to participate.

Two persons with Complete Care are committed to the program and are in contact daily with the Prosecutor about their clients. There have been eighty-six (86) referrals for Complete Care Partners. Participants must have been arrested due to drug use and are enrolled in the program upon acceptance of an invitation. Of the eighty-six referred, 35 agreed to enroll. Thirty-three lost eligibility due to committing new offenses. Others were unable to be found. Some declined. Eighteen are pending contact. Individuals are screened for all needs; transport, housing, employment, mental health, etc. Reports from prosecutors and care managers are enthusiastic and hopeful. Monthly reports are provided to stakeholders.

Complete Care Partners is a collaboration between West Yavapai Guidance Clinic and Spectrum. Have we identified barriers in connecting individuals to other services outside of behavior health? Shawn Hatch reports that COVID-19 has impacted referrals, causing a decline. They have been re-contacting initial referrals who declined services to see if they want help.

Many individuals are Title 19 eligible, have no insurance or resources. They are helping to connect them to resources and or AHCCCS. There are some service providers interested in entering a MOU; this is an ongoing process for discussion and potential partners.

Kelly Legler stated the program and COVID-19 essentially began at the same time. They continue to serve clients through telehealth. They are adapting to some barriers and limited technology with many patients. They try to ensure regular check-in, whether in person or through telehealth. They have an app called "Complete Care" (made by True Mobile Health) that can be downloaded to a smartphone; there is a barrier if it's a flip phone or they have no phone. Spectrum can share a few scrubbed phones which are only good for using the app. They utilize an evidence-based program call "Courage to Change" in conjunction with a risk/need response assessment. Some patients live out of state and telehealth allows them to continue participation. Some with clients with no access to technology can come to a specific site for connection to telehealth services.

. Brian Silvernale asked about the placement of this program within our SIM. Ms. Polk reports that offenders can be cited and released or booked into jail, but must be low-level drug offenders, which allows for the pre-trial diversion program to fall under intercepts 1 and 2. This is not a court program. The County Attorney sets felony charges aside and leaves them open. They do not move into the court system. If a subject successfully completes the program, charges are dismissed. If they leave or fail the program, then charges are forwarded to the court.

Brad Mattingly asked what the dominant substance of choice is among offenders. Ms. Legler and Ms. Hatch noted that the substance that was involved in the crime is often not the substance of choice. They did not have the data to quote from, but, feel t it may be both methamphetamine and marijuana. All subjects receive individual assessments for all needs.

Ms. Thayer asked if a subject doesn't participate, then do charges go through court system?

Ms. Polk confirmed that yes, charges are out there, but if successful in program completion, they're dismissed. If subjects don't comply while enrolled, charges go forward. If a subject chooses not to participate, charges go to court.

Vicki Cons with Care 1st asked how the outcome of the program is measured? Ms. Polk advised they and Complete Care Partners are capturing data to analyze the success/failure of multiple aspects, including reoffenders, difficulty in enrollment, program completion, etc.

Christopher Gonzales reports they have diversion programs in Phoenix that track defendants who agree to participate by who finishes, charges dismissed, those who fail to adhere to plan, completed community service hours, paid fines, impact of cost and expense. They look at what it would have cost the state in incarceration and consider the money saved by attending programs.

Ms. Thayer stated she was looking forward to an update in October of the pretrial diversion program. The program looks at a person holistically, not just the immediate offense, to determine what things in their world can affect their success.

Ms. Thayer discussed community service providers under Intercept 0, which is needed throughout the entire Intercept model. What services do we have available in the community? The Reach-Out data shows that 14% identify with no safe housing and that people experiencing homelessness recidivate at a higher rate. Reach Out participants also demonstrate about a 25% unemployment rate and 65% report not having a primary health care provider.

We need to update the services listed in the SIM to include additional service providers such as domestic violence help.. Domestic violence increased with lock downs and isolation. The safety net for renters is expiring at the end of July. Many landlords can't pay their mortgage because their tenants can't pay.

Accessing the crisis line is important throughout the SIM. The Crisis Line phone number is available to everyone. It doesn't matter where you live or what insurance you do or don't have. Whitney Hensiak explained that when someone calls, 24/7, community stabilization is the key goal. 70% are finalized on the phone. 30% are sent to a mobile crisis team with licensed personnel for continued care. There is a warm line available from 10am-10pm. People can also call 211 Arizona, which is also 24/7. COVID-19 has created a blanket declaration from FEMA for crisis counseling. Resilient Arizona.org can also assist people for free through crisis counseling and has a connected line for veterans with additional resources.

Ms. Thayer had a question about the Crisis Response Network hotline. She has been made aware that some crisis calls are not being connected to mobile services after hours.

Bri Barrios advised calls to Spectrum are forwarded to the Crisis Response Network afterhours. If someone isn't homicidal or suicidal, the crisis line will assess, but necessarily dispatch a mobile team.. . If law enforcement asks for a mobile team, they should dispatch immediately. If an individual calls, they may or may not respond, depending on the safety and risk assessment. Please communicate with Bri Barrios with Health Choice AZ if delay in necessary services is a problem.

Bryan Gest noted that resources in Intercept 0 and 1 have increased over the past 5 years. A suggestion is to look at: How can we get a person routed to crisis services if they call 911 without involving police? How can we divert from law enforcement involvement to crisis care?

Jessi Hans recognized the same gap in services, with persons who are not a danger to self or others, but need some form of assistance, such as transportation to a behavioral health service, which means there could be some people not trained in de-escalation transporting. Debora Black

reports the CSU may have the ability to do some transport. Chief Black appreciates the conversation of diverting crisis calls to appropriate behavioral health and wants to explore other options, creating policy and training around these issues.

Ms. Thayer asked what the Crisis Stabilization Unit, Emergency Department and Mobile Crisis Units look like with COVID-19? Are people responding? Going to homes? Ms. Barrios reports they are still in operation. Mobile Units have PPE's for response. There are additional questions for the caller. Once arrived, they are screening onsite to ensure safety. The volume on the crisis hotline showed a slight decline in March/April for mobile response. Numbers have since increased.

Bryan Gest reports that COVID-19 hasn't affected response to their mobile team. It is unknown if phone calls have reflected not wanting mobile team to come because of COVID-19. They encourage contacts to wear masks, but all responding personnel are masked. There has been difficulty finding psychiatric inpatient placement for COVID-19 positive persons.

Christopher Gonzales commented regarding Intercept 0, he recommends supporting general care or Mental Health First Aid providers with crisis calls for resources. This may result in referral to backed peer support or forensic care providers. This helps avoid criminal generating behaviors due to lack of treatment, thus avoiding recidivism and relapse.

Ms. Legler reports they do have peer support transportation. To and from CSU and outpatient services (YRMC to CSU, office to CSU or to Windhaven or home) YRMC and WYGC are anticipating an increase in need in the next two weeks due to COVID-19 exposure during the rodeo. Some YRMC patients may be cared for in WYGC CSU to allow for YRMC COVID-19 overflow. All crisis assessments are continuing. Care is being coordinated with services via telehealth and home visits. They have PPE's for protection of staff and clients.

Ms. Thayer reports the Pre-Arrest Diversion Database in several dispatch centers is being utilized by law enforcement to indicate where they responded when a person was routed to behavioral health services, whether a crisis line number, reference sheet, Title 36, taken to CSU – any form of behavioral health intervention. The data goes into the Reach-Out database, across jurisdictions. Some agencies use this very well. Often, law enforcement officers forget to go back to the dispatcher to close out this type of call. If multiple law enforcement agencies pick up a person and takes to the CSU daily, the data can help determine what else could be done to assist a frequent flier. We're trying to support law enforcement by deflecting someone into care and not into jail.

Ms. Thayer asked what emergency housing looks like with COVID-19? Ms. Hans reports a rollercoaster of need. Numbers are down with an increase in unemployment funds and stimulus, averaging 10 temporary residents per day. Many are staying in hotels. They are anticipating more homeless with decreased unemployment funds, loss of rent protections and vanishing supports at the end of July. They are the only shelter in Yavapai county taking non-veteran, new admissions.

Jeff Newnum stated that regarding transitional housing, the Reach-Out and release coordinators feel COVID-19 has affected the ability to obtain housing. Providers want negative COVID-19 tests before admission. Partners have refused acceptance of released inmates. It's a huge hurdle with connection to the jail. Few are accommodating.

Ms. Thayer asked if general law enforcement can access emergency housing? James Edelstein reported there is no emergency or transitional housing, nor transportation, in Prescott Valley. Most of those in need are homeless men who don't wish to temporarily house in Prescott because they have no transportation back to jobs in Prescott Valley. Captain Newnum reports the same problem throughout the County among Sheriff's patrol deputies. Chief Gesell reports the same problems in Cottonwood.

Audrey Dorfman reports the shelter in Cottonwood lacks housing and transport but has been providing food and hygiene. No money is available for housing.

Julie Garver reports they have lots of money for vets who need temporary housing, usually in a hotel. Health care is being done by phone and telehealth. The Domiciliary is accepting veterans. They must have a negative COVID-19 test. If positive, they are quarantined at a hotel until negative. The Domiciliary will start accepting veterans released from jail. Please reach out to Outreach Coordinator Justice Price for assistance; his cell phone is 928-379-1763

Yavapai Regional Transport has received three-year grant funding to expand their transportation. They're hoping for community match to allow ongoing service.

Yavapai Stronger Together is under the coalition with multiple partners. The goal is to get information out far and wide that there is help available and that it's ok to ask for help. They have improved the resource page on the coalition website, provided the hotline at the county health department with resources, included the NAZCARE warm line with hours and the behavioral health crisis line. They have received financial support to get information out to the public. Flyers will be in ValPak coupon mailers for four months, containing an image with logo and help available. The Daily Courier has electronic ads for July, September and November. They will also run in the Smart Shopper booklet. There will be a public service announcement running on two radio stations. They are trying to stagger information across the county for an extended period. Yavapai College is allowing use of the marquee. We hope to inundate the community and encourage people to ask for help.

Kelly Legler reports that their Action Advisory group for suicide prevention met for a planning session. The goal was to rebuild the suicide coalition. There are key points to hit and committees to develop, such as outreach, training and advocacy. They want to define next steps. They have identified key members to launch. They are ensuring meetings are being attended and they're working with community partners to ensure businesses and agencies have policy in place for suicide prevention. The first Suicide Prevention Coalition meeting August 18th 3-5pm. Data models predict an increase in anxiety in July/August, suicides July through February, depression July through November, domestic violence between December and February. They continue to see an increase in all stressors. People aren't reaching out for help. Everybody's crisis looks different. It is important to reduce the stigma. Please contact Ms. Legler for additional Suicide Prevention Coalition information

Leslie Horton— Arizona has been identified as a COVID-19 hotspot worldwide. There has been an influx of Mexican and South American cases affecting the increase in Arizona. Northern Arizona has leveled off. Yavapai County has seen an increase in cases, but not as badly as the rest of the state. Thumb Butte Medical was testing 350 per day, but they weren't entering into the state system. 3-5 people out of 100 are testing positive. Nearly every workforce has COVID-19 affecting their business. People don't know how to deal with the problem and are experiencing

much anxiety. Still need to remind people to wear masks and social distance. Encourage community leaders to remind teams to be vigilant to mitigate spread. Ask people to stay home if sick – send home anyone who comes in sick. Help with housing if needed, wash your hands, remind people to physically distance and stay home more often. Our death rate is 4.73 per hundred-thousand people. There are more deaths due to overdoses and suicide, whether COVID-19 related or not. Please focus on mental health and substance use in community made worse by pandemic and all issues around it. Continue to protect those most vulnerable.

Please reach out to Beya with thoughts and ideas about how to best change and improve the SIM model. She will send a link to a survey for information needed by Coalition members for grant reporting. There is a calendar on the coalition website for posting events from providers; she can also post on Facebook. Please forward any information you'd like to share.

Meeting adjourned at 3:03 p.m.