

# **Interim Report and Recommendations**

**Committee on Mental Health and the Justice System**



**Presentation and Discussion with Arizona Justice of the Peace Association  
September 4, 2019**

**Kent Batty, Committee Chair**



## COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

- Committee created as a result of the work and recommendations of the Fair Justice Task Force and Subcommittee on Mental Health and the Criminal Justice System.
  - Workgroups and Committee priorities focused on specific charges in Administrative Order 2018-71.
  - Gathering input and stakeholder feedback, including formal process through AJC Standing Committees throughout September 2019.
  - Interim Report to AJC due in October 2019; Final Report October 2020.
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# EVOLUTION OF OUR WORK

**Task Force on  
Fair Justice  
for All**

**Subcommittee  
on Mental  
Health & the  
Criminal  
Justice System**

**Committee on  
Mental  
Health & the  
Justice  
System**

**Workgroups**

**SMEs**

# COMMITTEE CHARGE

Administrative Order 2018-71

*Develop and recommend comprehensive, evidence-based best practices and cross-agency protocols to improve the administration of civil and criminal justice for persons with mental illness.*

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# COMMITTEE SCOPE

## Administrative Order 2018-71

- Work with stakeholders to effectively address the justice system's response to people in need of behavioral health services.
  - Share model protocols with judges, court personnel, mental health professionals, and justice system stakeholders.
  - Review Arizona's mental health court and other standards for data analysis and improved communications.
  - Review and recommend changes in court rules and state statutes to improve court processes.
  - Identify opportunities to educate the public on court processes involving individuals involved in the justice system who have behavioral health treatment needs.
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## COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

Kent Batty, Chair

Mary Lou Brncik, David's Hope

Brad Carlyon, Navajo County Attorney's Office

Amelia Cramer, Pima County Attorney's Office

Shelley Curran LPC, Mercy Maricopa Integrated Care

Jim Dunn, National Alliance on Mental Illness – Arizona

Honorable Elizabeth R. Finn, Glendale Municipal Court

Honorable Michael Hintze, Phoenix Municipal Court

Josephine Jones, Maricopa County Attorney's Office

Natalie Jones, Maricopa County Public Defender's Office

Dianna Kalandros, Superior Court in Pinal County

Honorable Cynthia Kuhn, Pima County Superior Court

Chief Chris Magnus, Tucson Police Department

Jim McDougall, Frazer Ryan Goldberg & Arnold LLP

Kristin McManus, Yuma County Legal Defender's Office

Dr. Carol Olson, Maricopa Integrated Health System

Ron Overholt, Pima County Superior Court

Chief Deputy David Rhodes, Yavapai County Sheriff's Office

Jose de Jesus V. Rico, Arizona Center for Disability Law

Michal Rudnick, Arizona Health Care Cost Containment System

Dr. Michael Shafer, ASU College of Public Service & Community Solutions School of Social Work

Honorable Barbara Spencer, Superior Court in Maricopa County

Honorable Christopher Staring, Court of Appeals, Division II

Honorable Fanny Steinlage, Coconino County Superior Court

Paul Thomas, Mesa Municipal Court

## What We Know

- Approximately **1 in 10** local law enforcement calls involve mental health situations.
  - **26 percent** of Arizona's Department of Corrections inmates require ongoing mental health services.
  - Nearly **80 percent** of Arizona's prisoners have a moderate to intense need for substance abuse treatment.
  - Less than one-quarter of people in need of substance use treatment get evidence-based treatment inside jail.
  - The rate of people with SMI is **4-6x** higher in jail than in the general population.
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# INTERIM REPORT AND RECOMMENDATIONS

## Executive Summary

Overview of the research and recommendations to more effectively address how the justice system responds to people with mental health conditions in need of behavioral health services

## Introduction

Committee charge and meeting highlights

## Findings

Five key findings for improving the administration of justice for people with mental health conditions

## Recommendations

Focus on early intervention, diversion, access to services and justice, cost shift opportunities and system accountability

## Conclusion and Next Steps

Continuing work to analyze and propose solutions that will achieve significant, meaningful change for people with behavioral health needs

## Appendix

Committee membership and detailed proposals



## FINDINGS

**We need to identify mental health conditions earlier**

**We need to expand the availability and use of diversion options**

**We need more and better treatment options, including a post-incarceration continuum of care**

**Families and communities need a better array of behavioral health services to increase access to care**

**We must address the unique needs and challenges of rural communities**

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## COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

The Committee's Recommendations emphasize the Judiciary's leadership role in driving change.

*“Court leaders can and must...address the impact of the broken mental health system on the nation's courts – especially in partnership with behavioral health systems.”*

– Conference for State Court Administrators

# COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

## Early Intervention and Diversion

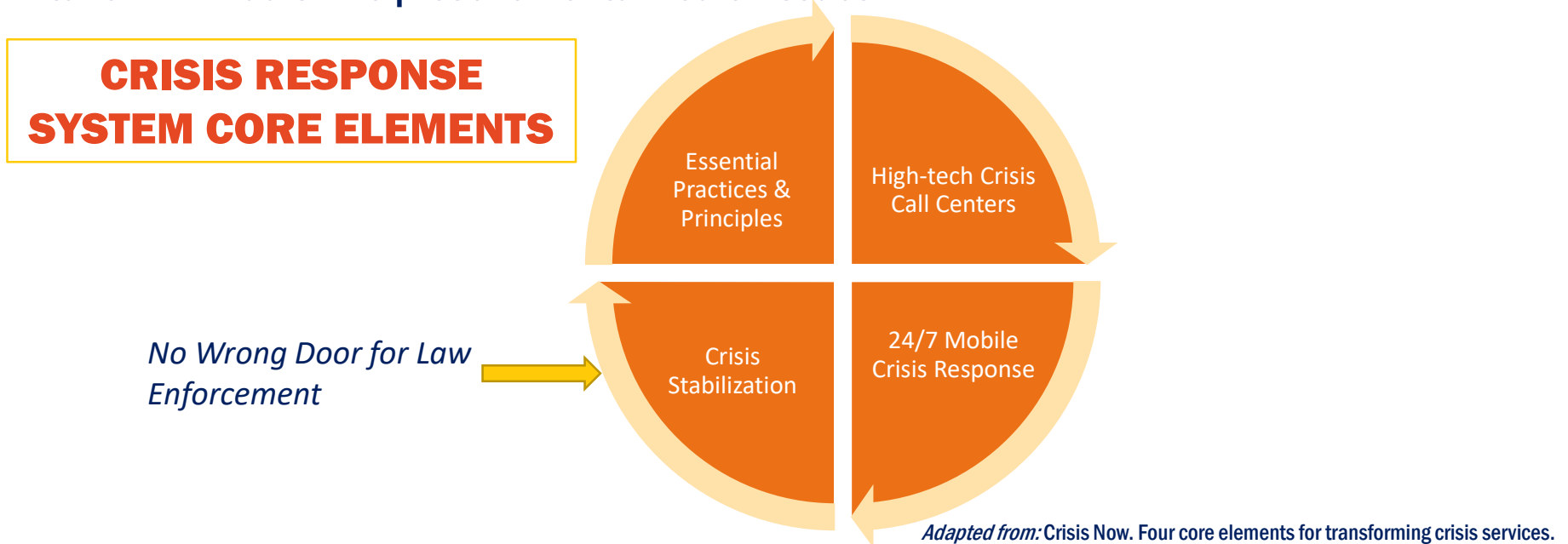
- Enhance coordination of services and supports with AHCCCS and providers for justice-involved individuals with behavioral health needs.
- Develop court leadership driven partnerships with community stakeholders to explore models that offer immediate crisis response assessment and screening, peer support, navigators, and transportation to treatment.

*“This is the right thing to do for Yavapai County and our communities. You shouldn’t be a criminal for having a serious mental health issue.”*  
– Sherriff Mascher

# COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

## Early Intervention and Diversion

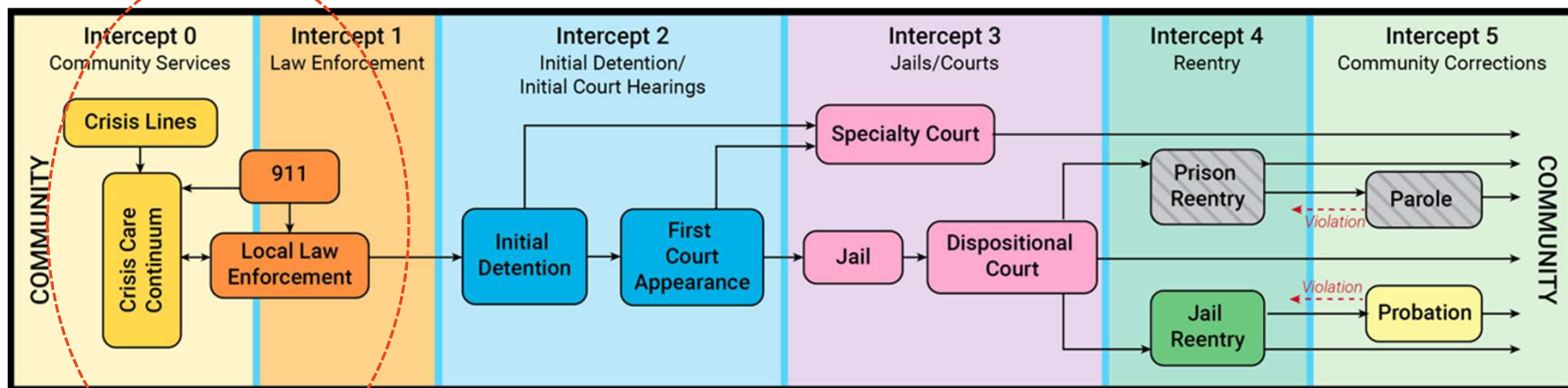
- Expand crisis services statewide, particularly in rural areas and for youth, including community-based, mobile crisis teams and drop-in alternative centers for law enforcement to take individuals who present mental health issues.



# COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

## Early Intervention, Diversion AND Court Improvement

- Implement the Sequential Intercept Model (SIM), creating a community-based collaborative support system that allows a person to be rerouted into treatment.



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## COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

### Early Intervention, Diversion AND Court Improvement

- Comprehensive training for judges and court staff in the areas of mental health law, and behavioral health and crisis response, including Mental Health First Aid.
- Problem-solving courts: focus on appropriate intervention and enhanced treatment for people with behavioral health needs, in partnership with community stakeholders.

*The response to social circumstances, such as homelessness, mental health issues, unemployment and chemical dependency requires an extensive collaborative effort, suited to the defendant's needs and oversight of the court.*

– Mesa Community Court

# COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

## SPOTLIGHT: How it's working in Arizona

### Yavapai County Reach Out: Jail-Based Diversion

*In its first year of operations, Yavapai County saw a 10 percent drop in the jail population, compared to the year prior.*

### Pima County Crisis Response Center: No Wrong Door for Law Enforcement

*Over 6,000 police mental health drop-offs in 2018 compared to <4,000 in 2016. Increase in police mental health transports, including more voluntary drop-offs = more people diverted to treatment instead of jail.*

### Mesa Community Court: Helping Repeat Offenders Break the Cycle of Arrests, Convictions, and Incarceration

*In its first 8 months in operation, 260 people were diverted from conventional court to community court.*

### Pima County Crisis Response Center: Decrease in Civil Commitment

*70% of individuals on an involuntary hold are able to be discharged to the community or choose a voluntary inpatient treatment option.*

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# COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

## SPOTLIGHT: How it's working in Arizona

### [AHCCCS Targeted Investments Justice clinics](#)

In one stop, individuals can fulfill probation/parole requirements and seek health care and other services, including housing, employment and treatment for substance use disorders.

Learn more at [www.azahcccs.gov/PlansProviders/TargetedInvestments/](http://www.azahcccs.gov/PlansProviders/TargetedInvestments/)

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# COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

## Access to Services and Fair Justice

- Develop the concept of a tiered approach to the “Mental Health Court” designation, which includes providing support for jurisdictions along a continuum.
- Telehealth infrastructure: for courts and other justice system partners to increase access to services for people who have contact with the criminal justice system.

*Arizona must address the unique needs and challenges its rural communities face in providing services and treatment for those with mental health conditions who come into contact with the justice system.*

– Committee on Mental Health and the Justice System

# COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

## Access to Services and Fair Justice

- Address the lack of housing and behavioral health treatment space statewide by increasing the number of inpatient, secure beds; community-based, secure residential placements; and community-based supportive housing.
  - Expand the use of peer supports and navigators within the crisis response delivery system and throughout an individual's involvement with the justice system.
  - Encourage the development or expansion of processes to connect people with mental health services when they are released from jail.
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# COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

## Access to Services and Fair Justice

- Continue to make improvements for cases involving misdemeanor defendants in limited jurisdiction court competency proceedings.
  - Standardize templates for the Guidelines and Forms used by Mental Health Evaluators in Rule 11 Competency Proceedings, and embed them in the *Legal Competency & Restoration Conference* – the AOC training required by statute and rule.
  - Explore the development of a university-court partnership to provide continuous training and best practices in competency evaluation and methodology for mental health evaluators, judges and other practitioners.
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# COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

## Legislation, Policy and Procedure

- Improve communication and coordination among the courts handling Title 13, Title 36 and Title 14 proceedings through Statute and Rule change.
  - Amend the definition of “mental disorder” in A.R.S. §36-501(25) to include:
    - Neurological and psychiatric disorders;
    - Substance use disorders which co-occur with mental health conditions; and
    - Mental conditions resulting from injury, disease, and cognitive disabilities.
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# COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

## Legislation, Policy and Procedure

- Create an “enhanced services” order to allow judges to mandate services for certain individuals (A.R.S. §36-540)
  - Clarify definition of persistent or acute disability (PAD) to include a substantial probability of causing harm to others as a possible consequence of the condition not being treated (A.R.S. §36-501)
  - Amend emergency hospitalization standard to include PAD and Gravely Disabled (A.R.S. §§36-524, 36-526)
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# COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

## Data Resources & Analysis

- Create a mechanism for judges and attorneys involved in Rule 11, Title 36 or Title 14 proceedings to access basic information on a defendant's involvement in other mental health proceedings.
  - Study the impact of the Sequential Intercept Model as well as the impact of chronic, repeat offenders, particularly as it relates to community-based techniques, recidivism, and a reduction in costs to the judicial system.
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## COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

All too often, the condition of mentally ill individuals seriously deteriorates in custody. They are then released to the streets with little or no discharge planning. No one links them to needed treatment, housing and other services. And no one checks to make sure they take advantage of these services. Unsurprisingly, many mentally ill defendants find themselves back before the courts in short order, repeating the same process.

*Everyone loses in this scenario.*

Defendants with mental illness fail to receive the help they need. The justice system fails to deploy resources either efficiently or effectively. And the community at large fails to address a serious public safety problem.

- Rethinking the Revolving Door: Center for Court Innovation



# COMMITTEE ON MENTAL HEALTH AND THE JUSTICE SYSTEM

## THANK YOU

Comments/Questions:

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