

National Judicial Task Force to Examine  
State Courts' Response to Mental Illness

# Mental and Behavioral Health Initiatives



## in the Arizona Courts

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<sup>1</sup> [www.ncsc.org/mentalhealth](http://www.ncsc.org/mentalhealth)

## Introduction

The Arizona courts, led by the Arizona Supreme Court and the Administrative Office of the Courts, have initiated a number of programs and reforms across the state to improve court services for people living with mental illness. Consistent with the recommendations of the Conference of Chief Justices and the Conference of State Court Administrators as summarized in Resolution 6-2018, *In Support of Improving the Justice System Response to Mental Illness*, the Arizona courts have established a statewide committee on Mental Health in the Justice System to examine rule and statutory changes, develop partnerships, and conduct needs assessment. The courts have also conducted Sequential Intercept Model mapping workshops in each county and developed mental health training for judges and court staff.

In 2017, Arizona held a leadership conference on mental illness where state and community stakeholders learned about innovative programs and solutions, including the Miami-Dade County model, led by Judge Steven Leifman. In 2018, Arizona established the [Fair Justice Subcommittee on Mental Health and the Criminal Justice System](#). This effort led to a *Guide for Arizona Presiding Judges: Improving the Court's Response for Persons with Mental Illness*,<sup>2</sup> which recommends that judges lead change around mental health issues in their communities. This guide served as the model for a national leading change guide.<sup>3</sup> In 2019, Arizona assembled a multi-disciplinary team to attend the first of five regional educational summits nationally dedicated to improving responses for individuals with mental illness. The western regional summit was the impetus for Arizona to secure technical assistance from the State Justice Institute to support and strategize Arizona's continued efforts forward to better addressing the needs of individuals with mental illness.

This statewide capacity-building process has resulted in a flurry of creative innovations and new opportunities for the courts to improve services for court users who are dealing with mental and behavioral health issues. The goals of this project were to:

- capture all of the new programs and initiatives that have been implemented around the state,
- identify various approaches across counties to help counties learn from each other,
- document which efforts have had the greatest impact, and
- develop recommendations for next steps.

In response to the Arizona Supreme Court's request for assistance, the National Center for State Courts (NCSC), with funding from the State Justice Institute, conducted fifteen focus group conversations, each including representatives from an Arizona county, in order to gather information about mental health initiatives. Focus group participants included judges, court administrators, court staff, probation officers, law enforcement representatives, prosecutors, public defenders, and mental health providers. This report synthesizes the information that NCSC staff gathered from these conversations.

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<sup>2</sup> Report and Recommendations of the Fair Justice Task Force's Subcommittee on Mental Health and the Criminal Justice System, May 2018, <https://www.azcourts.gov/Portals/74/TFFAIR/Subcommittee/FJ-MHCJ/Resources/Report042618TFFAIRMHCJ.pdf>.

<sup>3</sup> Leading Change: Improving the Court and Community's Response to Mental Health and Co-Occurring Disorders, February 2021, [https://www.ncsc.org/\\_data/assets/pdf\\_file/0015/14523/leading-change-guide.pdf](https://www.ncsc.org/_data/assets/pdf_file/0015/14523/leading-change-guide.pdf).

## Priorities Identified by Stakeholders

Between 2016 and 2020, each of the fifteen Arizona counties assembled meetings of court personnel and court stakeholders to examine the range of programming and resources that exist for individuals who are justice-involved and living with mental illness. For five of the counties, these gatherings took the form of a discussion among stakeholders about behavioral health priorities in the county. Ten counties conducted a formal Sequential Intercept Model (SIM) mapping process.

The Sequential Intercept Model is a framework for describing how people with mental and substance use disorders come into contact with, and move through, the criminal justice system.<sup>4</sup> The points of contact along the model are points at which the courts and other community partners can provide services to people with mental illness and intervene in the cycle of their justice system involvement. SIM mapping allows courts and court stakeholders in a community to identify resources and gaps in services at each contact point, in order to develop strategies for improvement.

Counties that conducted SIM mapping identified a wide variety of priority areas, including the following:

- Increasing the prevalence and availability of behavioral health services in the community
- Improving public communication about available services
- Improving crisis response, law enforcement training, and jail diversion
- Screening for mental health at jail intake
- Establishing or expanding options for pretrial diversion
- Improving processes and procedures for competency assessment, restoration to competency, guardianship, and court-ordered evaluation and treatment
- Creating or expanding mental health courts
- Improving reentry resources, including healthcare navigation, housing, transportation, and employment
- Establishing or improving mental health programs post-conviction or during probation

Furthermore, in some counties, these initial stakeholder gatherings have evolved into regular meetings of task forces, commissions, or stakeholder groups. In these counties, the courts are able to work with their community partners on an ongoing basis to continually evaluate and improve systems and resources for justice-involved individuals living with mental illness.

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<sup>4</sup> See Substance Abuse and Mental Health Services Administration, The Sequential Intercept Model (SIM), <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>.

## Accomplishments

The Arizona courts have made significant progress in addressing the needs of people living with mental illness over the last few years. In our focus group discussions, all fifteen counties identified important improvements and program successes that have occurred since their initial stakeholder meetings or SIM mapping workshops.

### Improved information-sharing and knowledge of available services

In some counties, the process of gathering stakeholders together for a dedicated discussion about mental and behavioral health has resulted in an overall better understanding of what services exist in the county. For example, representatives from Greenlee County said that mapping the existing services has helped court personnel learn what exists in the community, as well as how the services overlap and interact with court processes. In Maricopa County, the SIM mapping process allowed stakeholders to get to know each other and to better understand each other's roles and distinct viewpoints with regard to professional ethics, confidentiality, and other concerns. Several counties also reported that this process led to improved attitudes on the part of court personnel toward people living with mental illness.

In some counties, the SIM mapping process has also led to new networks for ongoing information-sharing. For example, in Apache County, there is better and faster communication with law enforcement now that court personnel know whom to contact for different questions or issues. In Santa Cruz County, the initial SIM mapping meeting evolved into a Behavioral Health Coalition, which allows mental health providers to coordinate with each other and with the court. In Pima County, stakeholders will be meeting soon to establish a system for collaborating across all of the diversion courts; their goal is to re-imagine what partnership might look like across the whole county system.

### Cross-agency coordination

Several counties have established new Behavioral Health Coordinator job positions within the courts, so that one person can serve as the hub between the court, jails, service providers, prosecutors, and other entities. This role sometimes takes different names (e.g., the Vulnerable Adults coordinator in Pinal County, the Mental Health Project Manager in Yavapai County, the Jail Liaison in Santa Cruz County, the Mental Health Strategist in Maricopa County), but the functions of this role typically include:

- Ensuring that different agencies, departments, and providers are communicating efficiently and seamlessly about court users' needs and cases
- Tracking court users across different courts that would otherwise not be coordinating (e.g., criminal court, family court, mental health court)
- Communicating with providers to ensure that court users with mental health needs are accessing all the services available to them
- Making sure that any court orders the individual is subject to from different courts (e.g., attending parenting classes before reunification with children) are consistent with each other and consistent with treatment needs
- Monitoring compliance with court orders
- Representing the interests of courts users with mental health needs in Coalition, Working Group, or Stakeholder meetings attended by the court
- Monitoring and evaluating the overall caseload, effectiveness, and equity of the mental health court program



Some counties also hold coordinated case review meetings in order to ensure that the court, service providers, and other relevant parties are sharing information and working together. In Pinal County, for example, the court holds quarterly meetings with service providers in which the providers report on the progress of their patients. This process helps the court ensure that all patients are being tracked and making appropriate progress. The mental health court judge in Graham County meets monthly with each participant to track the success of treatment plans and connect participants with services. In Yuma County, the court and service providers meet twice per week to review cases and confer on treatment plans. Yavapai County has established a new Rule 11 restoration process in which all restoration cases are heard by one judge. The judge, attorneys, and providers get together weekly for case review meetings. The case review team also coordinates before participants exit the restoration process to ensure that they are set up to receive all the services they need upon release.

## **Crisis response**

Following their initial stakeholder meetings, the courts in some counties have begun to work with law enforcement to improve crisis intervention and reduce the number of people booked into jail for minor transgressions that stem from mental or behavioral health crises. In Apache and Santa Cruz Counties, for example, police officers are now trained in crisis intervention and have access to hotlines they can call to help determine whether individuals should be taken to jail or to a health facility. Gila and Navajo Counties have begun to offer crisis intervention training to law enforcement officers and hope that, eventually, this will be a county-wide training requirement for every officer.

Local treatment providers in Apache and Yuma Counties have established rapid mental health admissions processes for law enforcement; where it used to take three to seven hours to admit someone to a mental health hospital, it can now take as little as 10 minutes. For officers who have to choose between helping someone in crisis be admitted to a mental health facility in 10 minutes or taking 30 minutes to book the individual into jail, this policy makes a dramatic difference in decreasing the number of people who go to jail during a mental health crisis.

The two most populous counties in Arizona, Maricopa and Pima Counties, have Crisis Receiving Centers that provide dedicated direct drop-off by law enforcement of individuals in crisis, thus avoiding taking them to jail; they also provide walk-in services for the community. The three centers in Maricopa and the one center in Pima County work on the “no wrong door” model so that nobody is turned away and provide law enforcement a 10-minute turnaround, so they are back on the street quickly and has resulted in a significant reduction in the number of bookings. The Crisis Receiving Centers provide coverage within a 20-minute drive for 78% of the population in Maricopa County and 66% of the population Pima County; this comprises over 57% of the entire state population.

Finally, some counties have expanded their physical capacity for crisis response. Navajo County, for example, has established two mobile crisis units. La Paz County has established a crisis facility that provides an alternative location for a cooldown period after a crisis, instead of jail. Yuma County has created a 23-hour unit for crisis situations, which gives people some time to stabilize before they are triaged to an appropriate treatment pathway.

## **Mental health screening in jail**

Some counties have created processes for automatic behavioral health screening in jails, so that people booked into jail are more consistently evaluated for behavioral health needs upon intake. For example, the jail intake process in La Paz County now includes an automatic mental health screening; when individuals are flagged with potential mental health needs, they are automatically referred to the County Attorney's office to begin the process of diversion out of jail and into services.

In Santa Cruz County, the new sheriff arranged for mental health screening information from the jail intake process to be sent automatically to the mental health court judge.

Some counties have also placed mental health providers directly in the jails to improve intake screening. For example, in Apache County, a local mental health provider employs a staff member to work within the jail full-time. This arrangement allows the jail to assess mental health upon intake and coordinate with the court about people who have been booked and may have mental health needs. Similar arrangements exist in Coconino, where a long-time member of the sheriff's office has now become a nurse practitioner, in Yuma, where a 2-person provider team is housed in the jail, and in Santa Cruz, where trauma-informed medical staff work in the jail.

## **Diversion and court treatment programs**

In many counties, courts offer diversion programs in which defendants can have their criminal charges dropped if they successfully complete program requirements. What follows is a list of diversion programs across the state. This list is not exhaustive, but includes all of the programs that representatives from each county discussed in the focus groups:

- Cochise County: The Giving Recovery a Chance program (GRACe)<sup>5</sup> is run out of the County Attorney's office. It offers an alternative to prosecution for people living with substance use and mental health problems.
- Coconino County: The Rule 11 group meets bi-weekly to review the cases of people who are in jail. The group determines whether each individual should be diverted to mental health services rather than going through competency evaluation and restoration.
- Pima County: The city of Tucson has a series of dedicated courts that hear misdemeanor cases involving mental health issues. These include the homeless, drug, veteran, and behavioral health courts, as well as the limited-jurisdiction consolidated mental health problem-solving court (CMPS). The Superior Court offers pre-indictment diversion for felony drug cases as part of the Supportive Treatment and Engagement Program (STEPS).<sup>6</sup> It also offers post-indictment diversion in its domestic violence, mental health, and adult probation programs. Finally, the family drug court works with adults who have children and are dealing with addiction.
- Santa Cruz County: The Behavioral Empowerment Court (BEC) is currently being launched as a mental health court with diversion programming. With the support of the County Attorney, the county also established a new drug court with an 8-week diversion program.
- Yavapai County: The new pretrial diversion program for people living with mental illness launched in May 2020. It started with a focus on substance use crimes and is now looking at opening up the program to other types of charges (e.g., domestic violence, other misdemeanors).
- Yuma County: The mental health court was established about eight years ago; it focuses on providing holistic services to restore people to sustainable and healthy living. Participants stay in the program until their needs are met, and they are placed on faster or slower treatment and diversion tracks depending on their individual needs. The program originally required a Serious Mental Illness (SMI) designation, but that requirement has since been lifted to allow more people to participate. A new veteran treatment court was also established about one year ago to address the needs of veterans with mental illness.

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<sup>5</sup> <https://www.cochise.az.gov/196/Alternative-to-Prosecution-Programs>

<sup>6</sup> <https://www.sc.pima.gov/news/superior-court-launches-steps-pre-indictment-diversion-program/>



Several counties have also established dedicated mental health or behavioral health dockets. Dedicated courts or dockets help to ensure that the personnel who are managing the court cases of people with mental and/or behavioral health needs are knowledgeable about those needs, can provide appropriate case management, and can connect them to services. Coconino County, for example, shifted the way cases are assigned to judges in Superior Court, so that all cases related to mental health are now seen by one judge. Additionally, the following counties discussed the launch of a new mental health court:

- **Graham County:** The mental health court, which launched in August 2019, includes a community wellness program and a veterans' services program. It uses a fluid on-ramp/off-ramp approach, so individuals can enter and exit the program as needed to address their treatment needs. The drug court works with people who have substance use disorders or co-occurring disorders.
- **Mohave County:** The new mental health court launched recently and held its first hearings in July 2021.
- **Gila County:** The opioid court, which launched about two years ago, provides medical treatment to defendants using a clinical model, rather than a criminal justice model. The judge's role is to oversee the criminal case, but treatment decisions are made by medical providers.
- **Maricopa County:** The probate and mental health court has seen significant growth over the past few years. The court is now working toward the development of a trauma-informed court initiative.

### **Co-located court and treatment services**

Some counties have explored different options for the co-location of court and treatment services to improve access. In some cases, this means bringing providers into court spaces. For example, in Pima County, the court provides office and storage space for mental health providers and public defenders within the courthouse building. In Navajo County, behavioral health providers are in the building where Probation is housed every day to discuss cases with probation officers. The county is also planning to hire new behavioral health staff to work in-house in Probation. Santa Cruz County has behavioral health providers accompany defendants to court to support them through the pre-trial process.

In other cases, courts have worked to bring court services to the places where individuals receive treatment. Maricopa County has built three courtrooms inside mental health facilities where patients are housed, and a fourth inpatient courtroom is being built soon. Yavapai County is building a new facility next to the jail, which will be the new co-location for the jail, courts, and mental health providers. This new facility will allow providers to assess, triage, and treat those who are in jail in a confidential, clinically appropriate setting, without having to transport defendants off of the jail premises. It will also make it easier to coordinate data and information about individuals' treatment needs and status across departments and agencies. Finally, Yuma County is working on a feasibility study to explore opening a mental health hospital in partnership with the court. The court would be co-located with treatment providers in this new facility, and it would handle restoration to competency, mandated evaluation and treatment, veterans' treatment court, and inpatient and outpatient clinics.

### **Improved technology and infrastructure**

Several counties have invested in new technology and infrastructure to improve the administration of justice and treatment. Apache County, for example, installed a new videoconferencing system in the

jail for the purposes of competency evaluation and treatment. Navajo County purchased video equipment so that attorneys could meet with their clients virtually in the jail.

As described above, Maricopa County is building a new mental health courtroom that will be located in an inpatient facility. Because the court is able to start fresh with the design of this new courtroom, it is examining to what extent it should be designed differently from the existing inpatient courtrooms. The court is considering how trauma-informed practice and new technology needs might inform the design of the new space.

## **Transportation**

Some counties have found ways to provide more transportation options to justice-involved individuals who need access to behavioral health treatment. For example, the sheriff in Navajo County donated a vehicle so that the local treatment provider can transport Title 36 patients between the hospital and the psychiatric unit. The outpatient treatment provider in Apache County now provides transportation for people who need to attend treatment for substance use disorders. Once the new co-located jail, court, and treatment facility is built in Yavapai County, jail staff will be able to drive people from the jail to their post-release services.

## **Increased services**

Some counties have increased the number of behavioral health services that are available locally. This is not an easy task for the courts to achieve, because it often involves recruiting private businesses that provide mental health services to open facilities within the county. Nevertheless, La Paz, Greenlee, Coconino, Navajo, and Maricopa Counties have all seen new providers open facilities in their counties in recent years. This has led to improved care and decreased wait times for people needing crisis intervention or treatment.

## **Improved transitions upon release**

Several counties have re-evaluated the process of releasing individuals with mental health needs from jail, with an increased focus on connecting people to the services they need and preventing disruptions in treatment. For example, representatives from Apache County shared that it used to be the case that individuals lost state healthcare coverage while they were incarcerated. This led to lapses in coverage when people were released, during which time they frequently stopped taking their medication. Due to a change in the policy, health coverage is now temporarily paused during incarceration and automatically reinstated upon release. In Navajo County, a private non-profit operates a Reentry Project that provides resources to people who are released from jail or prison; these resources include employment, housing, help with insurance coverage, and transportation.

Some counties offer “in-reach” services at the jail or prison, in which individuals are screened before release for any re-entry needs. For example, the probation department in Gila County goes into the prison to help individuals transition to the re-entry process and ensure that housing and healthcare services are set up and ready upon release. Yavapai County screens every person released from jail to connect them to whatever services they need, including transitional housing, behavioral health treatment, veterans’ affairs services, and counseling. Santa Cruz County has applied for a grant to fund a new jail liaison staff position, which will communicate between the jail, county attorney, court, and treatment providers to ensure a smooth reentry process upon release.

Some counties have their own facilities for reentry assistance. In Yuma County, the probation department is co-located with a mental health clinic. People go to this facility immediately upon release from jail and have access to a psychiatric nurse, pharmacy, and other resources. Pima

County's STEPs program pays for 3 beds each day so that everyone who's released from jail has access to transitional housing, a peer support specialist, and transportation. When Yavapai's new co-located jail, court, and treatment facility is built, staff there will provide post-release triage and help connect people directly to the reentry services they need.

## Public communication

Finally, some counties have focused on improving the way that they communicate about behavioral health services with the public. Yuma County, for example, has placed mental health resources in its law library. Maricopa County has posted a new resource on its webpage with information about court-ordered evaluation and treatment.<sup>7</sup> These resources are designed to help members of the public know what their options are if they or their loved ones are experiencing mental or behavioral health issues.

## Conclusions

Each of the fifteen counties in Arizona has made significant progress in addressing the needs of people who are involved in the legal system and living with mental illness. The focus group conversations revealed that there are dedicated personnel in every county who are working hard to improve these systems.

It is also clear that the SIM Mapping process has made a big difference across the state. As a result of these gatherings, court personnel and stakeholders in every county have made strides toward better understanding the needs of court users with mental illness, identifying existing resources, and addressing unmet needs.

Finally, a consistent theme that emerged from the focus groups was that most of the activity that has been undertaken so far has been siloed within counties. Many court staff and stakeholders feel that they would benefit from gathering with those from other counties to share experiences, ideas, insights, and resources.

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<sup>7</sup> <https://superiorcourt.maricopa.gov/probate-and-mental-health-department/mental-health-frequently-asked-questions/>

## **Mechanisms for Sharing Data**

A key component of the progress each county has achieved in addressing unmet mental health needs has been the development of new mechanisms for sharing case information and data among court personnel, justice partners, and stakeholders.

In some counties, a single staff member or a small group of people have become the informal hub for sharing and coordinating case information. Representatives from Apache, Cochise, and Greenlee Counties all shared that they have arrangements like this, and all felt that this “hub” model allowed for smooth and efficient coordination across all the parties that need to be involved in a particular case. Representatives from Coconino County mentioned that it would be helpful to have a staff member in a coordinator role to help serve this function.

In some counties, it has become routine practice for the sheriff’s office to reach out to courts and prosecutors when someone who has gone through jail intake might be eligible for a mental health court or diversion program. This proactive communication on the part of the jail is important for individuals to be connected to services quickly. In La Paz County, for example, the sheriff’s office notifies the prosecutor and the bond judge right away if there’s someone in jail who may need assistance with mental or behavioral health. The local provider in the county also checks daily booking information against their own medical records, so they can flag if one of their patients is in jail. By the time arraignment occurs, the jail, probation department, pre-trial services, county attorney, and judge are all aware that the individual may have mental health needs that should be addressed. Similar arrangements exist in Mohave County, where the jail’s release coordinators help identify good candidates for diversion, and in Santa Cruz County, where the sheriff has arranged for jail intake information to be sent to the mental health court judge automatically.

Some counties engage in information sharing through regular case review meetings with judges, attorneys, probation, and behavioral health providers. In Pinal County, for example, court personnel and service providers hold quarterly case review meetings to discuss the services that individuals have received. These review meetings help to ensure that providers are accountable to the court and that patients who are receiving services are making progress. Representatives of Pinal County mentioned, however, that it would be helpful to have ongoing daily communication between the jail, courts, and providers, in addition to these quarterly case reviews. The approach described above would help the courts identify people who might need services earlier and prevent future justice involvement. In Graham County, the probation officer, behavioral health provider, defense attorney, and judge meet with clients weekly for group case review sessions. Yuma County has a similar arrangement, in which the court and service providers meet twice per week to review cases. Navajo County has Memoranda of Understanding (MOUs) in place so that county staff can contact providers directly, with patient consent, to receive the treatment information they need.

Finally, some counties have established more formal systems or processes for information-sharing among justice partners and the courts. In Yavapai County, for example, the jail maintains a database of all information related to behavioral health during the period of detention or incarceration. With the consent of each individual, information in the database can be accessed directly by behavioral health providers. Although this database exists separately from the court’s case management system, release coordinators from the jail can enter notes in the system about what happens in court, so providers have access to relevant information about each individual’s legal case. Additionally, law enforcement agencies have access to a limited version of the case information, so if they encounter an individual who has been entered into the system in the past, they know that the individual may have behavioral health needs and can respond accordingly. In Pima County, the court

has built its own case management system (DIMS) for cases involving mental health, which exists separately from the court's broader case management system. DIMS was built by a contractor specifically for Pima County and contains tailored data fields that fit the needs of the mental health court. The system allows providers to enter treatment information directly into the same system where court personnel are entering case information. Individuals provide consent for the data to be shared automatically across the courts, providers, county attorney, jail, and other relevant entities. Depending on the role of the person who is accessing the system, the person's abilities might be limited (e.g., read only, add information, edit information, delete information). Thus, the DIMS system allows for immediate and automatic sharing of information, while also protecting data quality, privacy, and patient consent.

## Remaining Challenges

In addition to the significant developments and accomplishments that each county shared with us, we also heard about some of the challenges that exist and remaining gaps to be addressed. Chief Justice Brutinel recently said that “the situation in Arizona is improving, but it is a work in progress.”<sup>8</sup> Arizona has been and continues to be a leader in the nation through its ongoing commitment to improving court and community services to individuals with serious mental illness. The following section identifies the remaining challenges for counties in Arizona and lays the groundwork for next steps.

### Infrastructure and economic conditions

A variety of societal and economic factors exist that create special challenges for courts that are working to address mental and behavioral health needs in the community.

#### Insufficient services and facilities

Most counties told us that shortages in mental and behavioral health services and facilities make it difficult to help individuals access treatment. Some of the smaller counties lack specific types of services (for example, outpatient juvenile drug treatment or Level 2 inpatient care) and need to send people to other areas of the state for these needs. Some counties described a need for crisis stabilization facilities, so that people in crisis have a more appropriate option than the emergency room or jail. In some counties, the requirements for accessing certain services, such as medication distribution, are rigid, and those whose needs don't rise to the level of a particular diagnosis can fall through the cracks in the system. Some counties described an overall shortage of services due to providers being unwilling or unable to open facilities nearby. Finally, several counties said that a constantly changing landscape of providers that open for short periods of time and then close again makes it difficult to coordinate among different providers and the court.

#### Housing

Nearly every county mentioned housing shortages as a major barrier to helping people with mental illness achieve stability in their lives. Specifically, there is a need in most counties for homeless shelters, crisis centers, low-income housing, supportive housing with access to assistance and services, short-term and transitional housing, housing that accepts sex offenders, and sober housing. In some areas, affordable housing services are available for people with formal SMI diagnoses, but many of those who need these services don't have health problems that rise to the level of a diagnosis. In Navajo County, a behavioral health provider has resorted to renting houses itself and sub-leasing to patients. In Pima County, as mentioned above, the court itself pays for 3 beds in transitional housing each day.

Even in situations where housing may be available, court-involved people with mental health needs are sometimes not housing-ready. They may lack the documentation they need, or the housing may consist of a shelter-like environment that exacerbates previous trauma. In some cases, the individual is in the midst of a substance use disorder and isn't ready to comply with sober housing requirements. Representatives from one county said that some judges don't understand these dynamics and become frustrated when an individual can't successfully find and stay in housing.

Finally, some counties face housing shortages that affect the availability of mental health services. When mental health providers can't afford to rent or buy homes in the county, or the housing market

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<sup>8</sup> [https://www.ncsc.org/data/assets/pdf\\_file/0023/69215/Brutinel\\_Interview.pdf](https://www.ncsc.org/data/assets/pdf_file/0023/69215/Brutinel_Interview.pdf)



is simply too sparse to attract them, providers choose not to open new locations in counties that need more services. This has made it difficult for several counties to recruit more services and reduce wait times for evaluation and treatment.

### **Transportation**

Despite some of the increases in transportation services discussed above, many counties still face shortages in transportation that impact people's ability to access treatment. Counties with rural areas, in particular, lack public transportation options and rideshare markets. In counties where there are shortages of service providers, this also means that people have to travel long distances, often out of the county, to get to treatment. This travel time makes it difficult for people who don't own their own vehicles, and in a crisis, can mean that people have more time to decompensate before being treated.

### **Employment opportunities**

Several counties described a shortage of employment opportunities for people living with mental illness. In some cases, there aren't enough employment opportunities that accommodate the needs of people with mental illness or provide them with needed supports. In some cases, there aren't enough employment opportunities for people who have a criminal history.

### **Challenges in the courts**

In addition to the external challenges that courts face, each of the counties also identified areas for growth and improvement within the court system.

### **Funding**

Nearly all counties discussed a need for more funding for mental health programming. Participants told us that they would use the funds to hire more court staff, hire more probation officers, hire dedicated data analyst staff, contract with peer support specialists, build data systems, build new facilities, and institutionalize programming so that it survives after key personnel retire.

Some counties also need funds to establish new mental health courts and diversion programs in areas where they don't yet exist. For example, representatives from La Paz County would like to set up a dedicated mental health court with diversion pathways. Under the current system, the prosecutor can dismiss charges when it would be in the interests of justice but does not have the power to provide the individual with the services needed to prevent future justice-involvement. This creates a revolving door situation in which some of the same people repeatedly return to the system, because their underlying needs are not being met. Coconino County is hoping to establish a pre-adjudication program as well, in part because the county spends significant funding restoring people to competence so that they can be prosecuted for minor crimes. Diverting these individuals to a mental health program would allow them to get back on their feet in a sustainable way and would likely save the county money.

### **Coordination**

Several counties discussed a need for more coordination among courts and other agencies. In some cases, they said that they would benefit from a dedicated mental health coordinator staff role. This staff person would liaise between the courts, jail, probation, providers, data analysts, and others. A few counties also described a need for more coordination among the cities within a county, or between the City and Superior Courts.

Some counties said that they'd like to see more coordination across counties or at a state-wide level. Because counties are left to organize their own mental health court systems on a county-by-county

basis, some of the smaller counties lack the funding to provide every service that's needed, and residents are underserved. Some counties also mentioned situations in which an individual is deemed not restorable in one county, but that designation is not known or recognized elsewhere. In this situation, other counties can end up prosecuting the individual for crimes despite the non-competent status or spending significant amounts of money to determine (once again) that the individual is not restorable.

### **Education and leadership**

The participants we spoke to described a variety of experiences with regard to the level of enthusiasm for mental health programming. In some counties, there is clear consensus among stakeholders that mental and behavioral health programming should be a priority. In some counties, however, those who are most closely involved in mental health initiatives sense a lack of engagement or enthusiasm from other stakeholders. Representatives of some counties said that they needed a judge or court administrator to serve as a champion of mental health and a convener in the community. In other counties, the need for greater engagement was seen as being outside the courts, either among mental health providers, county attorneys, or law enforcement. Participants generally agreed that more education about mental health issues across the state would be beneficial.

### **Data and program evaluation**

Several counties described a need for either more data capacity or more assistance with program evaluation. Some of the need stems from a lack of funding to support data infrastructure and staff with data expertise, as discussed above. But some counties also told us that it's difficult to define success in a mental health court. In contrast with drug court, where successful outcomes are relatively concrete and similar across individuals (e.g., number of sober days, lack of re-arrests), the definitions of success for people with different mental illnesses and different life circumstances can vary widely. There was broad agreement among participants that the courts would benefit from more guidance in program evaluation and clearer benchmarks.

### **Racial equity in mental health programming**

One major area for improvement is the need to examine racial equity in mental health programming across the state. Most counties told us that they do not collect race and ethnicity data for participants in their programs and that they do not see racial disparities as a potential concern.

A few counties said that they don't see racial disparities as a large concern, but they do have some data that they could analyze if needed. Yuma County recently acquired a new case management system for the mental health court, and it will track race and other demographic information for program participants. Yavapai County's jail release program has some race data that could be used to examine disparities or disproportionality. Only one county, Pima, told us that its programs (STEPS and the juvenile court) conduct systematic analyses of racial equity.

This is an area where education and technical assistance resources are badly needed. As mental and behavioral health programs and interventions grow and expand across the state, it will become increasingly important for the courts and their justice partners to ensure that these resources are equally accessible and equally effective across racial groups. Historical and systemic inequities in society have led to racial disparities in all aspects of health. Mental health court participants who are Black, indigenous, Latine, or members of other historically marginalized groups may be living with more pre-existing and co-occurring conditions, have histories of racialized trauma, or need particular resources and supports in order to succeed.

## **The effects of the COVID-19 pandemic on mental and behavioral health initiatives**

Counties reported a variety of experiences with adapting their programming to pandemic conditions. In some counties, the introduction or expansion of remote services improved their ability to reach people with behavioral health needs. Remote court proceedings meant that it was easier for people in detention to attend court without needing transportation, and it was easier for providers to attend court for the cases of their patients and clients. The expansion of telemedicine also made it easier for individuals in these counties to access treatment without needing transportation and without the fear of stigma from being seen entering a mental health facility. Probation officers in these counties said that it was easier for clients to report in and stay in touch with their caseworkers.

Representatives of these counties generally expressed hope that remote court proceedings and remote treatment options will continue to be available post-pandemic.

Representatives from some counties, in contrast, felt that pandemic conditions were predominantly harmful for their program participants. In these counties, remote treatment was viewed as less effective than in-person treatment, and they saw increases in failure rates and overdoses. These counties also saw pre-existing challenges, such as housing and transportation shortages, become worse during the pandemic. Probation officers in these counties had a harder time keeping in touch with their clients. Finally, these counties experienced longer wait times for treatment, longer lengths of stay in jail, and delays in case processing.

Going forward, the task for the courts will be to identify when remote court proceedings and remote treatment options are beneficial for participants in mental health courts and when they are not. It may be that certain types of proceedings and treatments are amenable to a remote format and others are not. It may also be that some program participants are more likely to succeed using remote tools than others. There may also be geographic differences to consider; Apache, La Paz, Greenlee, Coconino, Mohave, and Navajo Counties all discussed the widespread lack of reliable internet in their regions as a significant barrier for their residents.

## **Conclusions and Recommendations**

Representatives from Arizona's fifteen counties revealed substantial progress in meeting the needs of people with mental illness over a short period of time. Arizona can serve as an example to other states regarding the amount of progress that can be achieved when dedicated court staff and stakeholders gather to address the problem. The process of SIM mapping, in particular, served as an important catalyst to jumpstart these innovations in many counties, but sustained efforts will be critical to their success.

Arizona courts will continue to grapple with economic and infrastructural conditions across the state that are outside of their control. Courts will benefit from working together across county lines to share insights, ideas, and resources. Some priorities for the near future also include establishing housing options for this population, formalizing the liaison role across agencies and community partners, building the data capacity to examine mental and behavioral health programming for racial equity, and developing long-term plans for remote and in-person services. The courts should continue to maintain strong collaborations with the state's Medicaid agency, AHCCCS, in order to ensure that justice-involved people with mental and behavioral health needs have meaningful access to the treatments they need. The courts should also continue to focus on the implementation of the 988 Emergency Response phone number, which was discussed at the recent Mental Health Summit in October 2021. Finally, much of the success of programming so far has been due to the dedication and leadership of individuals in each county. Dedicated funding for staff and infrastructure across the state will help to ensure that these programs are successful and sustainable over the long term.