

Committee on Mental Health and the Justice System | Minutes

Monday, July 22, 2019

10:00 a.m. – 3:00 p.m.

State Courts Building • 1501 W. Washington St. • Phoenix, Arizona • Conference Room 119 A/B

Present: Kent Batty (Chair), Mary Lou Brncik, Shelley Curran, Brad Carlyon, Jim Dunn, Hon. Elizabeth Finn, Hon. Michael Hintze, Josephine Jones, Natalie Jones, Dianna Kalandros, James McDougall, Kristin McManus, Dr. Carol Olson, Chief Deputy David Rhodes, Michal Rudnick, Dr. Michael Shafer, Hon. Barbara Spencer, Hon. Fanny Steinlage, Paul Thomas

Telephonic: Amelia Cramer, Hon. Cynthia Kuhn, J.J. Rico, Sergeant Jason Winsky (Proxy for Chris Magnus),

Absent/Excused: Ron Overholt, Hon. Christopher Staring

Guests/Presenters: Alex Demyan, AHCCCS

Administrative Office of the Courts (AOC) Staff: Theresa Barrett, Don Jacobson, Amy Love, Stacy Reinstein

Regular Business

Welcome and Opening Remarks

Mr. Kent Batty (Chair) asked Committee members and guests to briefly introduce themselves, noting the Committee would be hearing from Committee member Michal Rudnick from AHCCCS and News and Updates would be moved to later in the agenda.

Approval of Minutes

Members were asked to approve minutes from June 24, 2019, noting they were in the meeting packet and provided electronically in advance of the meeting. No changes to the minutes were noted. Dr. Shafer asked a question regarding the discussion with Don Jacobson around the survey and analysis of current efforts, noting there are graduate students who could assist with potential projects. Mr. Jacobson and Mr. Batty both expressed appreciation and interest in this. Dr. Shafer also suggested that a survey may be useful to collect information on compensation issues that may exist for mental health evaluators. Judge Hintze noted that the AOC would have a list of everyone who has attended the training for the last few years and perhaps could gather pay rates. A motion to approve the minutes was made by Jim Dunn and seconded by Paul Thomas. Motion was approved unanimously.

AHCCCS Overview & Discussion

Mr. Batty re-introduced Ms. Rudnick and the discussion's goal of gaining a deeper understanding of how AHCCCS works and interrelates to the issues the Committee is discussing. Ms. Rudnick laid the foundation that this presentation will be from the lens of what AHCCCS is doing in the criminal justice system and the SIM framework from intercept 0 through 5. Ms. Rudnick shared a video that was developed for AHCCCS members in the community and provides detail in simple

language of the changes made in October 2018 creating the AHCCCS Complete Care (ACC) integration. The video can be found at: <https://youtu.be/NBP7OECtkC0>. Highlights from the presentation, including questions from Committee members, are included below. The PowerPoint can be found on the Committee [website](#).

- Suspending/reinstating enrollment: While not a requirement, the federal government does encourage states to re-instate enrollment post-incarceration, and AHCCCS has been doing this since 2005, including pre-release applications.
 - Recent census showed close to 44,000 individuals in jail or the Arizona Department of Corrections (ADC) were AHCCCS members with the potential to be re-instated upon release. In SFY2018, over 10,000 pre-release applications were submitted.
 - Ms. Rudnick noted that in 90 percent of the cases, an individual is reinstated by the end of the next business day following release. If there is a pattern of that not happening by the end of the day, Ms. Rudnick requested the Committee member reach out to her directly to research and review the situation.
- Reach-In: each health plan can determine who their complex needs populations are and is required to “reach in” to individuals being released from corrections environments with high health risk. The goal is to have this occur 30 days before release; state prisons and the larger counties are meeting that goal. Types of activities happening during the reach-in may include a video or face-to-face visit with a case manager to coordinate care and ensure an appointment is scheduled within 7 days of release.
- Targeted Investments: Based on limited 5 year, \$300m demonstration funds from the federal government, geared toward the provider level and focused on integration of services.
 - Key component is unique needs of those involved in the criminal justice system.
 - Currently: 13 offices co-located with criminal justice (probation and/or parole) and behavioral health and physical health providers. Most facilities also offer human services supports such as employment and food security counseling and housing and peer support.
 - Committee members noted these are needed at the Limited Jurisdiction Court/misdemeanor level where there are more individuals in need, as well as to ensure individuals on felony probation who need mental health services are being served.
- Opioid Use Disorder: AHCCCS is contracted with 43 of 54 licensed opioid treatment programs, including 6 “Centers of Excellence” sites statewide that provide 24/7 crisis stabilization: 3 sites provide stabilization and a warm handoff; 3 sites offer full range of care.
 - Treatment programs are voluntary – there is no way to court order someone in.
 - Committee members noted this should be addressed at the misdemeanor level before it gets to a felony issue and asked how to engage people at the misdemeanor level. This may be an education issue for correctional health services to work with navigators from the health plans and Ms. Curran noted this can be added to the next agenda when the health plans meet with the navigators.
 - Information on accessing and locating treatment can be found [here](#).
- Access to Services: AHCCCS has a goal of 50% of people released from jail or prison to receive a service within 90 days of their release.
 - Lack of consistency from one health plan to another is being addressed by the Health Plan Association, and AHCCCS has asked them to come up with recommendations for addressing those issues and data sharing.

- Second Chance Re-Entry Centers: Located at 3 facilities of ADC – Lewis/Eagle Point, Perryville – Piestewa, Tucson – Manzanita.
 - Total of 1,243 placements (as of December 2018).
 - Focus on employment;
 - Discussion around efforts to work to resolve outstanding fees/fines for individuals hoping to achieve successful re-entry.
 - An example was given from Pima County as well as the Homeless Court in Maricopa County that represents 24/25 cities and 25/26 Justice Courts across all of Maricopa County with several hundred thousand dollars in fees waived per year to help people overcome barriers and be successful.
 - A consideration was requested for misdemeanor courts to be involved prior to release, so that a misdemeanor court can help to resolve some of the fines/fees that may prevent successful re-entry.
 - Concern was expressed regarding the communication system amongst the courts being built on relationships, and not a protocol or process, in order to help individuals, achieve success. A suggestion was made to explore development of a consolidated court or process and a statute/rule to create a coordinated approach for pre-release jurisdiction by jurisdiction. It was pointed out that Pima County already has in the works a cross-jurisdictional program among the LJs.

Workgroup Report: Competency Practice

Dianna Kalandros, Competency Practice Workgroup Chair, asked the Committee for consent for final approval on the templates designed for mental health experts' use in Rule 11 hearings. These templates will be included in the packets for the upcoming Legal Competency and Restoration Conference/AOC training as "sample" templates. Committee member Mr. McDougall also requested not to lose the Title 36-Title 13-Title 14 connection, and staff assured this would be included in the Committee's interim report/recommendations.

Ms. Kalandros noted other workgroup items will include discussion around a recommendation for use of one expert versus the current two experts currently in statute for misdemeanor competency evaluations. Ms. Kalandros noted the workgroup has done a 50-state review.

Mr. Batty noted that the team has followed up with the Executive Office around the recommendations for a consolidated mental health database/repository and will need to follow up with the AOC IT Division, and possibly come up with a non-traditional IT solution due to the current priorities of the IT Division projects. Mr. Thomas noted that the workgroup attempted to mitigate the concerns of a heavy workload of IT by structuring the "repository" in a way that it is just basic information – leaving the door open to other solutions to get this accomplished either through AOC IT or through courts pooling resources, as this population is particularly needy and a high priority for our Courts.

Stacy Reinstein, AOC staff, asked the Committee for feedback on a request from ASU to survey judges and attorneys on competency practices. Support was expressed.

Recent News & Updates

Mr. Batty noted a recent contact via Committee member MaryLou Brncik to potentially engage Gina Godbehere in a presentation to the Committee. Ms. Godbehere is a prosecutor with MCAO and co-founder of *Speak Up, Stand Up, Save a Life* – program to prevent teen suicide. This connection was noted as a potential benefit to the Committee should it be asked to do more work in the juvenile mental health arena.

Mr. Batty noted the recent Supreme Court *Malone* opinion that will be discussed by the separate workgroup looking at *mens rea* and the dissenting opinion by Chief Justice Bales.

Interim Report Review

Mr. Batty provided an overview of the Committee's draft interim report which was received by all Committee members in the meeting packet. The Committee focused on a review of the findings and recommendations.

The Committee engaged in discussion around the recommendation for creation of a statewide behavioral health agency with oversight over the whole mental health system and services. It was noted that while AHCCCS provides the services as the payment agency for indigent members, it cannot be solely responsible for the interest and care of the overall mental health of Arizona, including prevention, quality of care, and variations in service access. Committee members noted that because there was no *Arnold v. Sarn* level of oversight after the 2008 recession, there is no independent entity or court oversight looking at the system as it did before. Mr. Batty committed to reworking the recommendation to include language suggested by Committee member Jim Dunn regarding the Committee needing to define system oversight and regulation. Mr. Dunn also noted that the Committee may wish to consider inviting DHS to the table as a participant.

Committee members were asked to submit suggested edits/comments to staff prior to the next meeting for final approval.

Preview: Next Meeting

Mr. Batty noted the next meeting on August 26, 2019 will include final discussion on the interim report before it is presented to the standing committees and AJC in October. A suggestion was made to meet with others and ensure that all Committee members and partners are engaged in discussions about the report and recommendations, as there is a lot of interest being expressed from other policy makers to improve the mental health system, and the Committee's work can be elevated as an example or road map for where to start.

Mr. Batty noted that Dr. Balfour would be joining us to discuss the Crisis Recovery Center and work that is taking place with Connections Health Services.

Good of the Order / Call to the Public

No members of the public asked to speak.

Adjournment

The meeting was adjourned at 2:25 p.m. by order of the Chair.