

Categorization of Recommendations

Education and Training

2. Develop a framework for educating judges and court staff from initial orientation throughout the career span, in the areas of understanding trauma, behavioral health, crisis response, de-escalation techniques, and in existing judicial oversight mechanisms for people with mental health conditions.
20. Improve the uniform quality of mental health evaluators in Title 36 processes, in restoration to competency processes, and in Serious Mental Illness determinations. Mechanisms include up-to-date training in best practices; standardized reporting formats; clear expectations; and periodic, regular evaluations
26. Pursue and implement curriculum changes identified by the Committee in advance of the next Legal Competency and Restoration Conference, in partnership with a team of subject matter experts, including the university partnership.

Case Processing and Management

3. Superior Court Presiding Judges should consider the creation of a Mental Health Division of the Superior Court. If not possible, the Presiding Judge should consider authorizing judicial officers to hear all mental health related matters involving a specific individual.
5. Support the creation of justice system/behavioral health position(s) in each county for the Superior Court, and in Limited Jurisdiction Courts that serve a high volume of people living with mental illness, to ensure continuity of care for individuals involved in Rule 11, Title 36 and Title 14 processes. This includes elevating, requiring and funding a dedicated clinical liaison (see [A.R.S. §13-4501](#)) to ensure oversight and coordination of services and support with AHCCCS and providers.
6. Fully explore the use of peer navigators in court, often funded through AHCCCS and ACC/RBHA Health Plans.
8. Continue to support specialty courts and collaborative groups that have been working together through resources provided by Arizona's Mental Health and Justice System Summits. Jurisdictions creating new specialty or treatment courts are encouraged to set a well-defined target population; identified goals and outcomes; and tracking measures.
13. Encourage counties to mandate that SMI evaluations and determinations be made concurrently with the court ordered evaluation process, in accordance

with AHCCCS policy. This can be accomplished by including a specific order that the SMI evaluation and determination be made. Education is required to ensure judicial officers are aware of this process.

18. Implement [Best Practices in Restoration to Competency](#) as previously approved and promulgated by this committee.
19. Utilize tele-health for mental health evaluations and restoration to competency processes, provided practices noted by the Committee are in place. The AOC should pursue a statewide contract for providers to deliver specific teleservices.
21. Direct local jurisdictions to evaluate the current pay rates of the mental health experts' contracts, and where needed, to increase them.
23. Adopt protocols in Superior Courts with a corresponding LJC handling competency proceedings to provide an efficient mechanism to move a misdemeanor defendant between criminal and civil court in a timely fashion when the originating case is at the LJC level.
24. Encourage the development of court-based models that provide immediate access to mental health and human services for misdemeanor defendants, including substance use treatment, employment and housing.
28. Develop a framework for children, similar to [Stepping Up](#), utilizing the concept of the Sequential Intercept Model through a child-focused lens that emphasizes prevention and early involvement in behavioral health services for children and families.

Committees

4. Convene a Task Force to create a set of Mental Health Rules for purposes of improving consistency, clarity and coordination among courts that oversee matters involving individuals and families living with mental illness.
30. Create a standing Committee of the Arizona Judicial Council focused on mental health issues across the civil treatment and criminal justice systems.

Statute and Rule Updates

10. Amend the four-decades' old definition of *mental disorder* in A.R.S. §36-501 by convening a multi-disciplinary team to ensure that persons who are living with a mental disorder co-occurring with dementia, traumatic brain injury or intellectual disability can get needed treatment while ensuring individuals' rights are protected, and that people are not subjected to inappropriate, prolonged and unnecessary inpatient treatment.

11. Advocate for statutory change to strengthen judicial oversight of court ordered services for individuals identified as not having received consistent, sustained or proper treatment for their mental illness and who continue to cycle in and out of the criminal justice, probate, and civil mental health systems.
12. Introduce legislation to amend the definition of persistent or acute disability (PAD) in A.R.S. §36-501 to recognize that causing harm to self or others is one of the possible consequences of not getting treatment for a severe mental disorder that substantially impairs judgment, reason, behavior or capacity to recognize reality .
17. Revisit proposals introduced in the 54th Legislature, Second Regular Legislative Session (2020) that were put on hold due to the COVID-19 health crisis related to changes within the Title 36 system and the justice system overall. Utilize the Committee's research, findings and recommendations as potential avenues for further refinement and improvement, while ensuring that any changes to the Title 36 system protect individuals' rights and prevent inappropriate, prolonged and unnecessary inpatient treatment.
22. Support legislation introduced that will improve the implementation of A.R.S. §13-4503 (E) and Rule 11.2 for cases involving misdemeanor defendants in limited jurisdiction court competency proceedings.
27. Encourage advocates to pose the issue of allowing evidence of a mental disorder as an affirmative defense to a defendant's *mens rea* with the legislature.

Collaboration and Information Sharing

1. Evaluate the impact of jurisdictions' implementation of the Sequential Intercept Model and utilize data to make recommendations on how policies, practices and funding can be improved and redirected to areas identified as high need.
7. Implement a cross-disciplinary data repository or locator for courts to access when an individual living with mental health conditions is in multiple courts
9. Partner with the National Center for State Courts to update the Mental Health Court Standards and data collection requirements and to develop an evaluation framework. Communicate the necessary guidelines and components for developing such courts or coalitions.
14. Encourage the review and revision of AHCCCS' schedule of qualifying diagnoses to ensure that it includes the mental disorders which cause significant functional impairment and which are thought to be treatable with psychiatric treatment.
15. Require all persons who conduct SMI evaluations and determinations to receive the most up-to-date education about the process, procedures and protocols

developed to make accurate and timely SMI determinations. AHCCCS should be responsible for providing this education on a regular basis.

16. Look for ways for AHCCCS and the Courts to improve for the public the quality of and access to the justice and public and private health care information made available to Crisis Response Network for purposes of making an SMI determination.
25. Confer with university partners about establishing a program and research project among social work, counseling, psychology and criminal justice professionals to: develop future forensic psychological scientists (through a university program); an evidence-based certification process for psychologists that will enhance standards of practice and quality control in forensic mental health services; and a training center to disseminate scientific and evidence-based information relevant to professional judgments in forensic mental health, forensic science, and the law.
29. Establish a statewide coordinating body with representation from all three branches of government, the community, and people with lived experiences, to focus on improving the delivery of mental health services, data collection and analysis.