

Committee on Mental Health and the Justice System

AGENDA

Monday, November 18, 2019

10:00 a.m. – 3:00 p.m.

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

REGULAR BUSINESS

10:00 a.m.	Welcoming Remarks	Mr. Kent Batty, <i>Chair</i>
10:10 a.m.	Approval of October 28, 2019 Minutes <input type="checkbox"/> Formal Action: Vote to Approve	Kent Batty
10:15 a.m.	Presentation & Discussion: Arizona Peer and Family Coalition	Kathy Bashor Kristina Sabetta
11:45 a.m.	Court Ordered Treatment Data Feedback & Discussion	Megan Woods, AHCCCS All
12:15 p.m.	LUNCH	
12:45 p.m.	Maricopa County Mental Health Task Force	Lee Ann Bohn, Assistant County Manager
1:00 p.m.	Competency Workgroup Report	Dianna Kalandros
1:15 p.m.	News & Updates	Kent Batty
1:45 p.m.	Call to the Public	Kent Batty
1:50 p.m.	Adjourn	Kent Batty

Next Meeting:

2020 Meeting Schedule:

December 16, 2019
10:00 am-3:00 pm
State Courts Building
1501 W. Washington St.
Conference Room 119

January 27	August 24
February 24	September 21
March 23	October 12
April 20	November 16
May 18	December 14
June 29	
July 27	

All times are approximate and subject to change. The committee chair reserves the right to set the order of the agenda. For any item on the agenda, the committee may vote to go into executive session as permitted by Arizona Code of Judicial Administration §1-202. Please contact Stacy Reinstein at (602) 452-3255 with any questions. Any person with a disability may request a reasonable accommodation, such as auxiliary aids or materials in alternative formats, by contacting Angela Pennington at (602) 452-3547. Requests should be made as early as possible to allow time to arrange the accommodation.

Committee on Mental Health and the Justice System | DRAFT Minutes

Monday, October 28, 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, Brad Carlyon, Shelley Curran, Jim Dunn, Hon. Elizabeth Finn, Hon. Michael Hintze, Josephine Jones, Dianna Kalandros, James McDougall, Dr. Carol Olson, Hon. Barbara Spencer, Hon. Christopher Staring, Hon. Fanny Steinlage, Beya Thayer (Proxy for David Rhodes), Paul Thomas, Megan Woods and Susan Podshadley (Proxy for Michal Rudnick)

Telephonic: Amelia Cramer, Natalie Jones, Hon. Cynthia Kuhn

Absent/Excused: Chief Chris Magnus, Kristin McManus, J.J. Rico, Dr. Michael Shafer

Guests/Presenters: Dr. Nicole Taylor and Karen Hellman, Arizona Department of Corrections; Juan Delgado, Glendale Municipal Court; Cathleen Cole, Arizona Foundation for Legal Services

Administrative Office of the Courts (AOC) Staff: Theresa Barrett, Mike Baumstark, Liana Garcia, Don Jacobson, Jerry Landau, Amy Love, Stacy Reinstein

Regular Business

Welcome and Opening Remarks

Mr. Kent Batty (Chair) asked Committee members and guests to briefly introduce themselves.

Approval of Minutes

Members were asked to approve minutes from August 26, 2019, noting they were in the meeting packet and provided electronically in advance of the meeting. A motion to approve the minutes was made by Paul Thomas and seconded by Ron Overholt. Motion was approved unanimously.

Presentation & Discussion: Arizona Department of Corrections (ADC)

Dr. Nicole Taylor, ADC Mental Health Director, and Karen Hellman, ADC Division Director-Inmate Programs and Reentry presented to the Committee.

Dr. Taylor and Ms. Hellman provided current statistical information on the number of inmates and facilities, demographics and population growth. The primary discussion with Committee members was focused on an overview of the mental health system within ADC, and how inmates who are designated with a mental health classification move through the Corrections system.

The Committee identified some potential process improvements to explore with ADC, including what information ADC receives regarding an inmate and his/her mental health history from the Court and other entities. Several Committee members noted that they would like to engage with ADC in determining what records the defense community can send (and where to send them to) in order to improve the quality of care for the individual defendants. Dr. Taylor noted that it would

be helpful to have anything that points to acute behavioral health and medical needs, such as the most recent inpatient/hospitalization records, data on patterns of self-harm, and any issues that occurred in the county jail just prior to detaining at ADC.

News & Updates

Mr. Batty let the Committee know that fellow Committee member Michal Rudnick has left her position at AHCCCS. Mr. Batty expressed gratitude for the partnership with AHCCCS and while the AHCCCS Director's office is still in the hiring process to fill a position that will coordinate with the justice system, there is an indication that a new Chief Clinical Officer will be hired and will serve in the liaison role with us and other justice-related initiatives.

Mr. Batty shared some highlights from the Court Leadership Conference that took place recently in Flagstaff. Ms. Rudnick and Chief Deputy David Rhodes participated in the plenary session focused on the SIM and mental health protocols, which was very well received. In addition, Mesa Community Court received the 2019 Strategic Agenda Award in the Limited Jurisdiction Court category for *Promoting Access to Justice* at the Conference.

In other Committee member news, Judge Hintze was invited to a round table on competency practices with other Judges in Denver recently. The Round table was sponsored by the National Center for State Courts, and our participation demonstrated Arizona's continued leadership in this area.

Mr. Batty requested that Committee members inform staff when the Committee's report/recommendations are shared, and any feedback members are hearing, as staff are collecting this information, particularly as the work moves forward into year two.

Mental Health Protocols Update *(taken out of order)*

Don Jacobson, AOC staff, provided an update on the statewide implementation of the mental health protocols, as well as some of the national impact, including the adaptation of Arizona's guidelines for judges in other states and jurisdictions. Mr. Jacobson noted that the 2020 Summit is in the process of being planned for March 2020 and will be an opportunity for jurisdictions to come back together for a shared learning experience. Mr. Jacobson also noted other work being done locally and at the AOC, including development of mental health training for judicial officers and court staff, as well as IT systems development, modeled after Yavapai County's Reach Out Program.

Mr. Batty noted that Lee Ann Bohn from Maricopa County has been invited to share Maricopa County's current work in implementing the mental health protocols, and the Committee will plan to hear from other jurisdictions in the coming months, to include opportunity for the local teams to provide feedback to the Committee on its recommendations and offer suggestions for other process/statute/rule opportunities for improvement.

Civil Commitment Website

Mr. Batty introduced Cathleen Cole from the Arizona Bar Foundation who has been working with staff, Committee members and various external stakeholders to develop a site to explain the civil commitment process in Arizona. The goal of the site is to convey basic information – as simply as

possible – on the involuntary treatment process in Arizona. The website has evolved throughout its development, based on feedback received, and currently includes basic information on:

- What to do in a crisis situation
- Relevant forms provided by AHCCCS
- The process in general that can apply to any county
- A glossary and collection of acronyms

Cathleen Cole presented the website and asked for specific feedback from the Committee. Staff were asked to recirculate the “test” site to Committee members to solicit feedback with a deadline of mid-November. Staff noted that another component of the Committee’s charge in this area is to develop a paper brochure, which will be drafted for Committee review following completion of the site.

Legislation Update

Mr. Batty updated the Committee on the presentations to the Presiding Judges and Arizona Judicial Council on the Interim Report and Recommendations, noting that the Committee’s report was approved, but the legislative proposals require additional information to be collected prior to either group giving final approval to the proposed statutory changes.

Mike Baumstark, AOC Deputy Director and Jerry Landau, AOC Government Affairs, introduced themselves to the Committee. Mr. Baumstark noted that more background and education on the proposals will be helpful, including information on why certain language was chosen, real life examples of how the legislation would impact individuals, providers, the court, and county and state systems, how money flows within each system today, and why it is important to put this legislation forward.

Committee member Jim McDougall noted that a great deal of the background information is provided in the appendix sections of the Committee’s report, and that the specific definition changes to “mental disorder” were filtered to the Committee from the Fair Justice Task Force which felt that the current definition is not adequate to meet the need in the community, and there is no single state agency that has defined how to interpret the law, or how to resolve discrepancies in its implementation. Therefore, the Committee’s proposal seeks to clarify what an evaluator can screen for when they receive a petition for court ordered evaluation.

Committee members shared other justifications for the proposals, including:

- Maricopa County currently averages about 2,400 individuals with SMI under Court Ordered Treatment (TXIX and Non-TXIX); Statewide number is approximately 3,100.
- Services for the SMI-only (Non-TXIX) population does not include inpatient services, but this could be ordered when consistent with a provider that is willing to pay.
- People who are persistently acutely disabled (PAD) are being left in the community during the time period where they are awaiting evaluation, as they are waiting 1-2 weeks. The Committee’s proposal moves PAD to an emergent standard to get them into evaluation sooner.

- Some smaller counties are spending over \$1million on restoration to competency for individuals with clear mental health needs. These people are waiting in jail for the restoration process to be completed and are not receiving adequate mental health treatment. Many times, after the restoration process is complete, and if they are found not restorable, they are released back into the community.
- The proposal does not force someone into treatment unless they are also evaluated as having a mental disorder. Thus, the changes directly address the frustration of families and providers who continue to encounter people with mental illness and substance use disorders who are not being evaluated or placed into treatment (because of their substance use disorder).

Order of Transfer Protocol

Following the August Committee meeting, the Committee requested the workgroup consider any difference that may arise for jurisdictions outside of Maricopa. The workgroup has attempted to address that by incorporating language in the document provided to the Committee that reads: *When a Superior Court adopts this transfer protocol, they must adapt the protocol to incorporate the common terminology used in their jurisdiction(s) for prosecutor and defense counsel, as well as any other terms that are unique to their jurisdiction(s).*

Today, the workgroup seeks final approval from the Committee. If the Committee approves the protocol, staff will follow up with Maricopa County Superior Court and request for Maricopa-specific implementation information. In addition, the protocol can be presented to Presiding Judges statewide and LJC + Court Administrators. Barring any further changes from that process, the protocol can be memorialized through the official AJC and AOC Executive Office process.

Mr. McDougall asked for a motion to approve the protocol. The motion carried.

Workgroup Report: Competency Practice

Dianna Kalandros asked for a motion to approve the workgroup's proposal to change the requirement for two experts in A.R.S. 13-4505 to "one or more" experts if the most severe charge is a misdemeanor. The motion was seconded by Paul Thomas. The motion carried.

Ms. Kalandros updated the Committee on the workgroup's continuing work on developing best practices for RTC and shared that the workgroup has been vetting its proposal with several individuals and groups within the forensic Psychiatric/Psychology community.

Next Steps: 2020

The Committee addressed an outstanding question in the Enhanced Services Order proposal regarding changing "shall" to "may." Committee members noted that if the high bar is set, the Court should be ordering these services as part of a person's treatment plan. In order for it that to be successful, the AHCCCS-health plan contracts would need to include these specific mandates in order for the providers to provide the service. However, Committee members agreed that making the change to "may" could help achieve more consensus around the proposal than "shall," and there was no opposition to that potential change.

Mr. Batty noted that the proposed 2020 meeting dates were sent to Committee members, and

Committee members were asked to follow-up with staff if there are any major conflicts. Mr. Batty noted that the Committee will organize its year two meeting plan around its charges in the Administrative Order and recommendations from interim report.

Mr. Batty also noted other topics that have been raised for discussion and/or presentation include:

- Arizona Peer and Family Coalition; other peer support/navigator partners such as Family Involvement Center and Community Bridges.
- Partnerships with first responders;
- Court/pre-trial diversion impact;
- AHCCCS and AZ Health Plan Association update on contract changes, COE/COT and the Justice Liaison role.
- University/Court partnership with ASU (competency workgroup)
- Local Protocol team updates.

Good of the Order / Call to the Public

One member of the public asked to address the Committee and noted that she hopes to continue to listen in and be of service.

Adjournment

The meeting was adjourned at 2:55 p.m. by order of the Chair.

**Nothing About Us Without Us:
The Peer and Family Movement**

November 18, 2019

Kathy Bashor and Kristina Sabetta
AZ Peer and Family Coalition KS1

Why do we advocate?



KS3

Finding Hope through giving to others



A Dream Starting: Partnership with the System



Development of OIFA: Carving out our voice

Office of Individual and
Family Affairs

Partnerships with Dept. of Health



The Move to AHCCCS



Connecting the Dots



OIFA Leads/Monitoring Community Participation



Threats to our Movement

Shared Values

The Highlander Statement of Concern and Call to Action March 25, 2000

***We call upon all people committed to human rights to organize and fight against the passage and implementation of legislation making it easier to lock up, shock, and forcibly drug people labeled with psychiatric disorders, legislation that is creating the back-wards of the twenty-first century not just in hospitals, but also in our own homes.

***We call upon all people committed to human rights to work together to build a mental health system that is based upon the principle of self-determination, on a belief in our ability to recover, and on our right to define what recovery is and how best to achieve it.

Shared Values

The Highlander Statement of Concern and Call to Action March 25, 2000

***We call upon people who have used mental health services to heal each other by telling our stories. We call for the creation of literature and other art forms that use our truths to educate, to inform, and to validate our culture and our experience.

***We call upon elected officials, political candidates, and those with power over our lives to recognize and honor the legitimacy of our concerns through their policy statements, legislative proposals, and their actions; and we hereby give notice that we will do whatever it takes to insure that we are heard, that our rights are protected, and that we can live freely and peacefully in our communities.

What is the AZ Peer and Family Coalition?

APFC is dedicated to extending statewide peer and family leadership into all aspects of Arizona's behavioral health care since 2009. The mission of the Arizona Peer & Family Coalition is to advocate for, connect, promote, and develop leadership by peers and family members throughout our state.



Our Impact in 2018-2019

Met with Arizona Legislators and other policy makers.

Educated peers, family members and behavioral health providers.

Participated with many different Coalitions ensuring the voice of mental health.

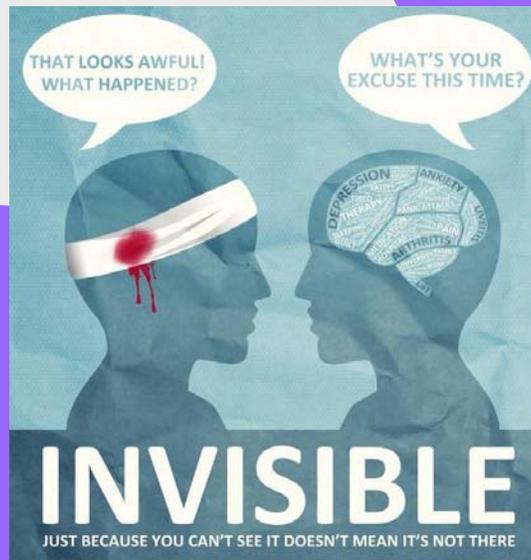
Barriers to Treatment

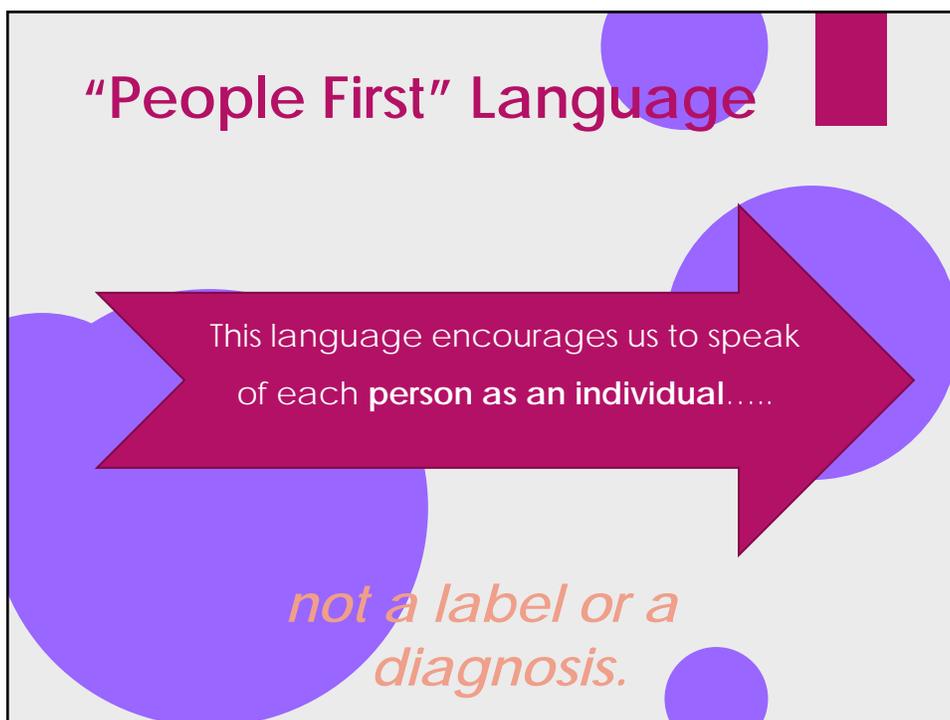
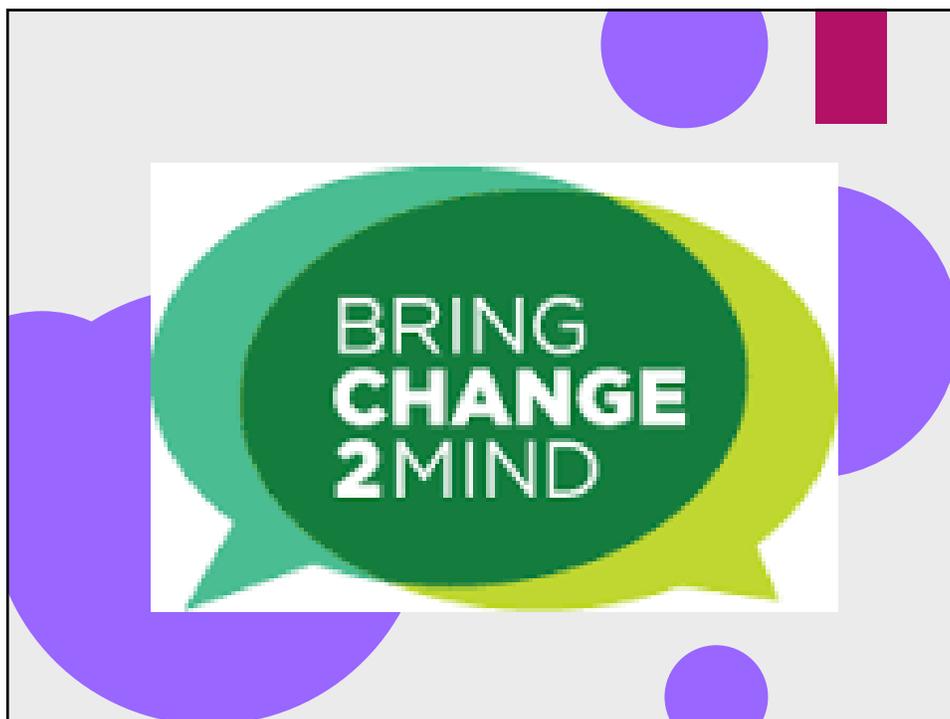
STIGMA

- ▶ How is it portrayed by media?
- ▶ How do we portray it?
- ▶ Prevents people from trusting the system
- ▶ Prevents people from:
 - ▶ Housing, jobs, employment, help seeking

ACCESS

- ▶ Less access to care; long waits
- ▶ Poorer quality of care; changing providers
- ▶ Symptoms described as physical





Recovery and Resilience



What is Recovery?

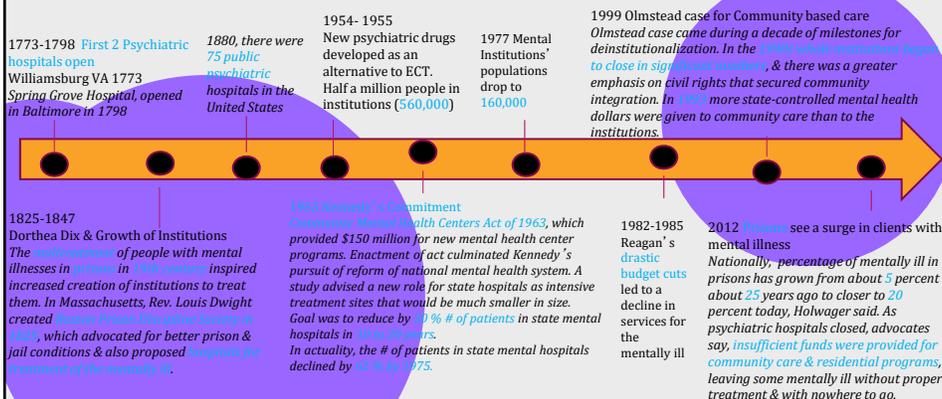
- ▶ Process of change through which individuals:
- ▶ Improve their health and wellness
- ▶ Live a self-directed life
- ▶ Strive to achieve their full potential

What is Resilience?

- ▶ Ability to adapt to life tasks in the face of social disadvantage or highly adverse conditions, including mental illness and substance abuse.

KS4

Mental Health Movement

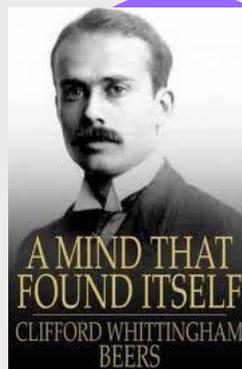


<http://www.tiki-toki.com/timeline/entry/37146/A-History-of-Mental-Institutions-in-the-United-States/#vars!date=1871-10-30,1844:191>

Peer and Family Movement

Early 19th Century

- ▶ Clifford Beers writes "A Mind That Found Itself". As founder of National Mental Health Association (now Mental Health America), he spoke out about abuses in asylums and lack of effective treatment



1940-1950

- ▶ People begin to form coalitions
- ▶ National Institute of Mental Health created in 1949

Peer and Family Movement

1950-1970

- ▶ Antipsychotic drugs developed
- ▶ Social programs such as SSI and SSDI begin
- ▶ De-institutionalization

1960-1990

- ▶ Disability rights gain traction nationwide



Peer and Family Movement



1990-2000

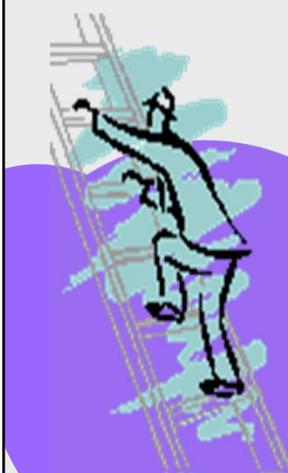
- ▶ Creation of Substance Abuse and Mental Health Services Administration (SAMHSA). With this comes funding for Consumer Technical Assistance Centers (TACs)
- ▶ In 2001, a settlement is reached in JK vs. Gerard. The AZ Vision and 12 Principles are established.

Today!



- ▶ Peer and Family Support is offered in many states.
- ▶ Arizona is one of the few states that covers Peer Support, Family Support and Youth Mentors as a Medicaid benefit.
- ▶ Advocacy groups and coalitions exist to advocate for the needs of peers.
- ▶ We still have a ways to go, the rest is up to us!

Ladders of Involvement



- Step 9: Peer/Family members initiated & directed
- Step 8: Peer/Family members initiated, shared decisions with staff
- Step 7: Peer/Family members & staff-initiated & directed
- Step 6: Staff initiated, share decisions with Peer/Family members
- Step 5: Consulted & informed
- Step 4: Assigned & informed
- Step 3: Tokenism
- Step 2: Decoration
- Step 1: Manipulated

Adapted from Hart's Ladder from "Youth Participation in Planning", 1996.

Attributes of Meaningful Involvement

ACCESS

VOICE

OWNERSHIP

Attributes of Meaningful Involvement

ACCESS

Individuals have access to the decision-making process -- they “have a seat at the table when the real work of planning takes place.”

Adapted from: Miles, P. and Franz, J. Access, Voice and Ownership: Examining Service Effectiveness from the Family's Perspective. www.Paperboat.com.1994

Attributes of Meaningful Involvement

VOICE

Individuals have an opportunity to present their perspectives and to be heard during the planning process—have an active voice in developing service plans.



Adapted from: Miles, P. and Franz, J. Access, Voice and Ownership: Examining Service Effectiveness from the Family's Perspective. www.Paperboat.com. 1994

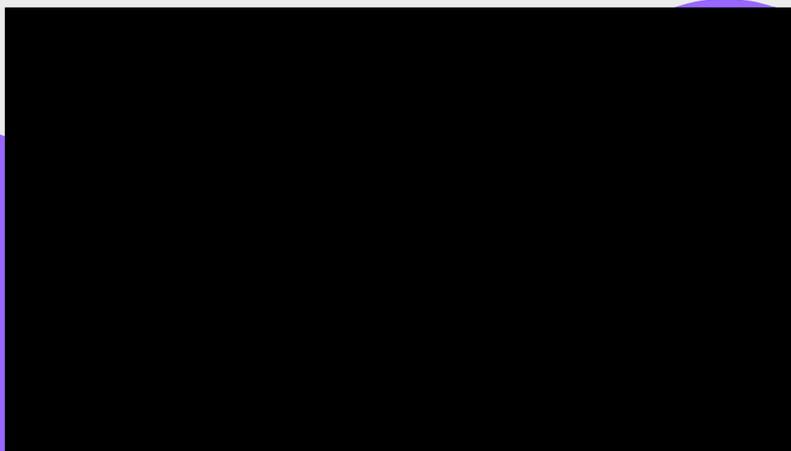
Attributes of Meaningful Involvement

OWNERSHIP

Individuals feel a thorough sense of commitment to the plan of care, identify with it and believe it to be worthwhile.

Adapted from: Miles, P. and Franz, J. Access, Voice and Ownership: Examining Service Effectiveness from the Family's Perspective. www.Paperboat.com.1994

What is a Peer Specialist?



IMPACT OF PEERS ON THE SYSTEM

A number of studies have found that peer support...

- Improves mental health outcomes and **quality of life**
- Increases **self-management** attitudes, skills and behaviors
- Is effective in **engaging people into care, reducing the use of emergency rooms and hospitals, and reducing substance use**
- Increases consumer **satisfaction**
- Promotes a renewed sense of **hope** for the possibility of **recovery**, while also offering unique and valuable competitive **employment** options for mental health consumers
- Saves money

<https://www.ncmhr.org/downloads/References-on-why-peer-support-works-4.16.2014.pdf>

ROLES OF PEERS IN THE SYSTEM

Peer and Family Support Specialists – jails, clinics, etc

Peer Run Recovery Centers

Coalition and Committee Members

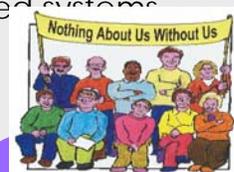
Advocates

Leaders

State Departments such as the Office of Individual and Family Affairs

Nothing About Us, Without Us (really)!

- ▶ Research shows we typically UNDERESTIMATE patients' desire to become active partners in their care! (*Chinman et al, 1999*)
- ▶ And... that patient involvement often has the single-most critical impact on recovery-oriented systems transformation



In other words...

"You keep talking about getting me in the drivers seat of my treatment and my life... when half the time I am not even in the damn car!"

Person in Recovery as Quoted in CT DMHAS
Recovery Practice Guidelines, 2005

Policy Priorities

- Secure housing
- Mental health definition
- Role of peers in criminal justice system



Questions?

