



Fair Justice Task Force  
Mental Health and Criminal Justice  
Subcommittee



# Fair Justice Subcommittee on Mental Health and the Criminal Justice System

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Monday, February 12, 2018; 10:00 a.m. – 2:00 p.m.  
 Conference Room 119B  
 State Courts Building, 1501 W. Washington, Phoenix, AZ 85007  
[Subcommittee on Mental Health Home Page](#)

Time*	Agenda Items	Presenter
10:00 a.m.	<b>Welcome</b>	<i>Kent Batty, Chair</i>
10:05 a.m.	<b>Introduction of New Member, John Belatti</b>	<i>Kent Batty</i>
10:15 a.m.	<b>Approval of Minutes from January 18, 2018</b> <input type="checkbox"/> Formal Action/Request	<i>Kent Batty</i>
10:30 a.m.	<b>Review Survey Results and Discuss Next Steps For the Subcommittee</b>	<i>Kent Batty</i>
11:30 a.m.	<b>Presentation of Yavapai County Sheriff's Efforts to Decriminalize Mental Illness</b>	<b>Dave Rhodes, Chief Deputy</b> <i>Yavapai County Sheriff's Office</i>
	***** <b>Lunch (\$5.00)</b> *****	
12:30 p.m.	<b>Status Report of Workgroup on "Guide to the Civil Commitment Process"</b>	<i>Kent Batty</i>
12:45 p.m.	<b>Use of Advance Directives</b>	<i>Kent Batty</i>
1:00 p.m.	<b>Other Issues</b>	<i>Kent Batty</i>
1:15 p.m.	<b>Good of the Order/Call to the Public</b> Adjournment	<i>Kent Batty</i>

## Next Meetings

**March 21, 2018**

Conference Room 101  
 Arizona State Courts Building

**April 10, 2018**

Conference Room TBD  
 Arizona State Courts Building



# Fair Justice Task Force

## Subcommittee on Mental Health and the Criminal Justice System

### **DRAFT MINUTES**

Thursday, January 18, 2018  
Conference Room 329/330  
Arizona State Courts Building  
1501 West Washington Street  
Phoenix, AZ 85007

**Present:** Kent Batty, Chair, Susan Alameda, Mary Lou Brncik, Chris Driscoll (proxy for Nancy Rodriguez), Jim Dunn, Josephine Jones, Kathleen Mayer, Dr. Dawn Noggle, Dr. Carol Olson, Judge Susan Shetter, Commissioner Barbara Spencer, Lisa Surhio, Sabrina Taylor, Paul Thomas, Juli Warzynski

**Appearing Telephonically:** Dr. Tommy Begay, Judge Christopher Staring, Vicki Hill

**Absent/Excused:** Detective Kelsey Commisso, India Davis, Judge Joe Mikitish, Dr. Michael Schafer, Mary Ellen Sheppard, Danna Whiting

**Administrative Office of the Courts (AOC) Staff:** Jennifer Greene, Jodi Jerich, Amy Love, Francy Luna Diaz, Sabrina Nash, Angela Pennington, Summer Stevens

**Guest Speakers:** Ms. Jennifer Carusetta, Health Systems Alliance of Arizona, Judge Jim McDougall (ret.), Frazer, Ryan, Goldberg & Arnold, Dr. Michael Sutter, Community Bridges, Dr. Don Fowls, Mercy Maricopa Integrated Care

### **Welcome, opening remarks, and approval of minutes**

The January 18, 2018 meeting of the Fair Justice Task Force Subcommittee on Mental Health and the Criminal Justice System was called to order at 10:25 a.m. by Kent Batty, chairman. The Chairman thanked the members for their attendance and asked each one to introduce themselves.

The draft minutes of the December 12, 2017 meeting were presented for approval. A motion was made to amend the minutes to reflect Flagstaff Police Department's Sergeant Cory Runge's correct rank.

**Motion:** To approve the October 24, 2017, meeting minutes, as amended. **Action:** Approve. **Moved by:** Judge Shetter. **Seconded by:** Jim Dunn. Motion passed unanimously.

## **Recommendation regarding best practices relating locations for Rule 11 evaluations**

At previous meetings, members discussed how courts can make it easier for defendants to keep their appointments for court-ordered competency evaluations. Ultimately the subcommittee agreed with the recommendation from Mr. Thomas that centralizing evaluations, preferably in the courthouse, was the best approach. Consistent with that view, the members reviewed a proposal to recommend centralization of evaluations as a best practice.

After some discussion, the following language was moved and approved:

*“It is the recommendation of the Subcommittee on Mental Health and the Criminal Justice System that it be a best practice that Rule 11 mental health evaluations and restoration to competency services be offered at locations as convenient as possible for the defendant with attention to the accessibility of those locations to public transportation.”*

**Motion:** To approve the motion as stated above. **Action:** Approve. **Moved by:** Dr. Noggle. **Seconded by:** Jim Dunn. Motion passed unanimously.

## **Update of Rule petition filing**

Ms. Jennifer Greene, AOC Staff Attorney reported that the Dave Byers, as Chairman of the Fair Justice Task Force, filed a petition to amend Rules 11.5 and 11.6 of the Arizona Rules of Criminal Procedure. This rule petition proposes changes recommended by the Subcommittee. Ms. Greene noted that the Court will consider the Petition at its late summer agenda and that the petition is open for public comments until May 21.

## **Presentation on draft legislation to amend statutes related to civil commitment screening and evaluation processes**

The Chair invited Jennifer Carusetta, Executive Director of the Health Systems Alliance of Arizona, Dr. Don Fowls, Chief Medical Officer for Mercy Maricopa Integrated Care, Dr. Michel Sucher, Chief Medical Officer of Community Bridges, and Judge James McDougall (ret.), of Frazer, Ryan, Goldberg and Arnold to address the Subcommittee. These representatives have formed a workgroup to identify statutory changes to the civil commitment process to improve services to those with mental health problems and their families. The workgroup is made up of Maricopa County healthcare providers including hospitals, the Regional Behavioral Health Agency (RBHA), and screening agencies such as Community Bridges.

The guests spoke about their work to change the screening and evaluation processes for persons who may need court-ordered mental health services. Ms. Carusetta stated that it is their goal to make the involuntary commitment process more understandable for patients and their family members while also making the process more efficient and accountable. Dr. Fowls and Dr. Sucher have attended numerous meetings with healthcare personnel to identify how hospitals, screening agencies, and evaluation agencies can work more efficiently and prevent unnecessary delays for person who require mental health screenings and evaluations. They noted that the availability of mental health care resources varies throughout the state. Changes to processes may work for facilities in Maricopa County, but may not be practical for those in other jurisdictions. Accordingly, their group is seeking input from a broad cross-section of stakeholders, particularly those outside Maricopa County, having already met with officials in Pima County.

Next, Judge McDougall discussed the provisions of a bill draft. The proposal eliminates the distinction between emergency and non-emergency petitions for screening by creating a single form. A screening agency must act upon a petition within specified time frames. A screening agency may issue a “Certificate of Hold” that allows it to hold a person for observation for up to 48 hours without a court order. Judge McDougall explained that the “Certificate of Hold” is modeled on a California law that permits a psychiatric facility to hold a person up to 72 hours for observation and screening.

Discussion ensued with several questions about the Certificate of Hold. The members expressed interest in staying informed of the workgroup’s progress and asked that its bill, once finalized, be brought back to the Subcommittee. The members thanked Judge McDougall, Dr. Fowls, Dr. Sucher, and Ms. Carusetta for their efforts to make the process more accountable and efficient.

### ***Legislative Update***

In response to the Subcommittee’s discussion regarding statutory changes to the mental health statutes, Amy Love, AOC Deputy Director of Government Affairs, informed the Subcommittee of proposed legislation that would amend a mental healthcare statute in Title 36. HB 2251 states that if a person is designated as seriously mentally ill (“SMI”) but also has a co-occurring substance abuse disorder, that person may not be denied mental health services for which they are eligible. Ms. Love said the sponsor of the legislation is seeking anecdotal information about persons who are designated as SMI, but who also have co-occurring substance abuse problems and who have been denied mental health care treatment.

## **How data collection may assist the court in identifying ways to effectively administer justice to those with mental illness.**

*Integrated data sharing, the use of advance health care directives, and the development a form to capture information as person moves through the justice and healthcare systems*

In light of other agenda items that needed to be addressed at today's meeting, the Chair asked the members to reserve comment on these items for a future meeting.

### ***Central repository for Rule 11 documents***

On behalf of Don Jacobson, who was unable to attend the meeting, the Chair provided an update on the status of the AOC's efforts to create a central repository for Rule 11 documents. Last year, statutes and court rules were amended to allow limited jurisdiction courts (LJCs) to conduct Rule 11 hearings under specified circumstances rather than transferring these proceedings to superior court. LJCs now need an easy and reliable way to access records from past Rule 11 proceedings. Initial discussions with AOC IT personnel envision a searchable database built in Sharepoint.

Some members expressed concerns that unredacted medical records may be accessible through this new database. Additionally, members opined that it may not be necessary for a central database to provide direct access to all documents from previous Rule 11 hearings. Members suggested that a central database be limited to case history and that it need not provide direct access to documents. If a search revealed that a defendant had been the subject of a previous Rule 11 proceeding in another court, any court could contact that court and obtain the necessary records.

Judge McDougall suggested that it would be useful if the database also included information about past Title 36 orders for involuntary court-ordered treatment (COT) because it is possible that a person who has been ordered into COT might also have contact with the criminal justice system. A central repository for COT orders would allow law enforcement and the courts to know that the person has previously been ordered into treatment and should be receiving mental health care services. With this information, and if appropriate, courts could divert people in these situations from the criminal justice system to mental healthcare treatment.

## **Transferring cases from LJCs to Superior Court**

John Bellati, Mesa City Prosecutor, addressed the Subcommittee and spoke about how Rule 11 cases previously transferred from the Mesa Municipal Court to the Superior Court in Maricopa County. Mr. Bellati said that before Mesa's participation in the Rule 11 pilot program, all of Mesa's Rule 11 cases were transferred to superior court. He said this practice resulted in several

negative consequences. First, the transfer confused the defendants because they often did not appreciate the jurisdictional differences between the city court and superior court and did not understand why their case had to be moved to a different courthouse. Second, there was a time delay when a case file was transferred to Maricopa County Superior Court. Third, transferring the case required the defendant to travel from Mesa to Phoenix. Due to the distance between Mesa and Phoenix and the reliance on public transportation by many defendants, their failure to appear rate was high. Fourth, the superior court ordered competency evaluations at medical offices far from Mesa, making it difficult for defendants to get to their court-ordered appointments. Fifth, city prosecutors had to travel to superior court for city-originated Rule 11 hearings. Prosecutors could spend an entire morning or afternoon in superior court for a single case. In summary, transferring Rule 11 cases to superior court resulted in delays, high failure to appear rates, and inefficient use of a prosecutor's time.

Mr. Bellati reported that Mesa's participation in the Rule 11 pilot project has yielded numerous benefits. Mesa court personnel worked with the prosecutor's office and the public defender to streamline the Rule 11 process. The court made space available at the courthouse where doctors could conduct competency evaluations. Mr. Bellati reported that it was efficient for doctors who could schedule several evaluations on a single day. This also was a convenience to the defendants who were familiar with the courthouse and knew how to get there. Holding evaluations at the courthouse significantly reduced the failure to appear rate. Second, the parties began stipulating to a single evaluation with the understanding that any party could ask for a second evaluation. Third, there was a commitment to expedite reports to the court. The case manager gave the report to defense counsel who redacted it and distributed it to the parties before the hearing. Mr. Bellati said getting reports well before the hearing was a tremendous change in the process. Usually, when Rule 11 hearings were conducted in superior court, he would receive the report just before the start of the hearing. The changes made by Mesa resulted in faster resolution of Rule 11 cases. Mr. Bellati concluded that allowing Mesa to conduct Rule 11 hearings yielded many benefits to the defendant and resulted in a more efficient administration of justice.

## **Providing information to the public about the civil commitment process**

The Chair asked the members about their interest in developing a document that would provide information to a defendant's family, friends, and the public on the Title 36 civil commitment process. At past meetings, the Subcommittee heard from several individuals who had family members with mental health issues express their frustration about how difficult it was to navigate through the various court processes. After some discussion, the members agreed to form a workgroup to work with staff to develop an informational document and present it to the Subcommittee at a later date.

## **Discussion of the long-term vision for the work of the Subcommittee**

This is a subcommittee of the Fair Justice Task Force (Task Force). The Task Force was established by Administrative Order No. 2016-16 and extended by Administrative Orders Nos. 2016-128 and 2017-120. The Task Force is set to terminate on June 30, 2018. The Task Force created this Subcommittee to address how the courts can better dispense justice to those persons who have mental health issues. Members stated that this is a complex issue that cannot be resolved in a few meetings. There are no easy solutions or quick fixes. Members opined that long term solutions are best developed thoughtfully over time.

Members discussed the development of a survey to identify their top priorities. The Chair directed staff to develop a survey and distribute it to the members.

## **Call to the public**

No members of the public addressed the Subcommittee in response to a call to the public.

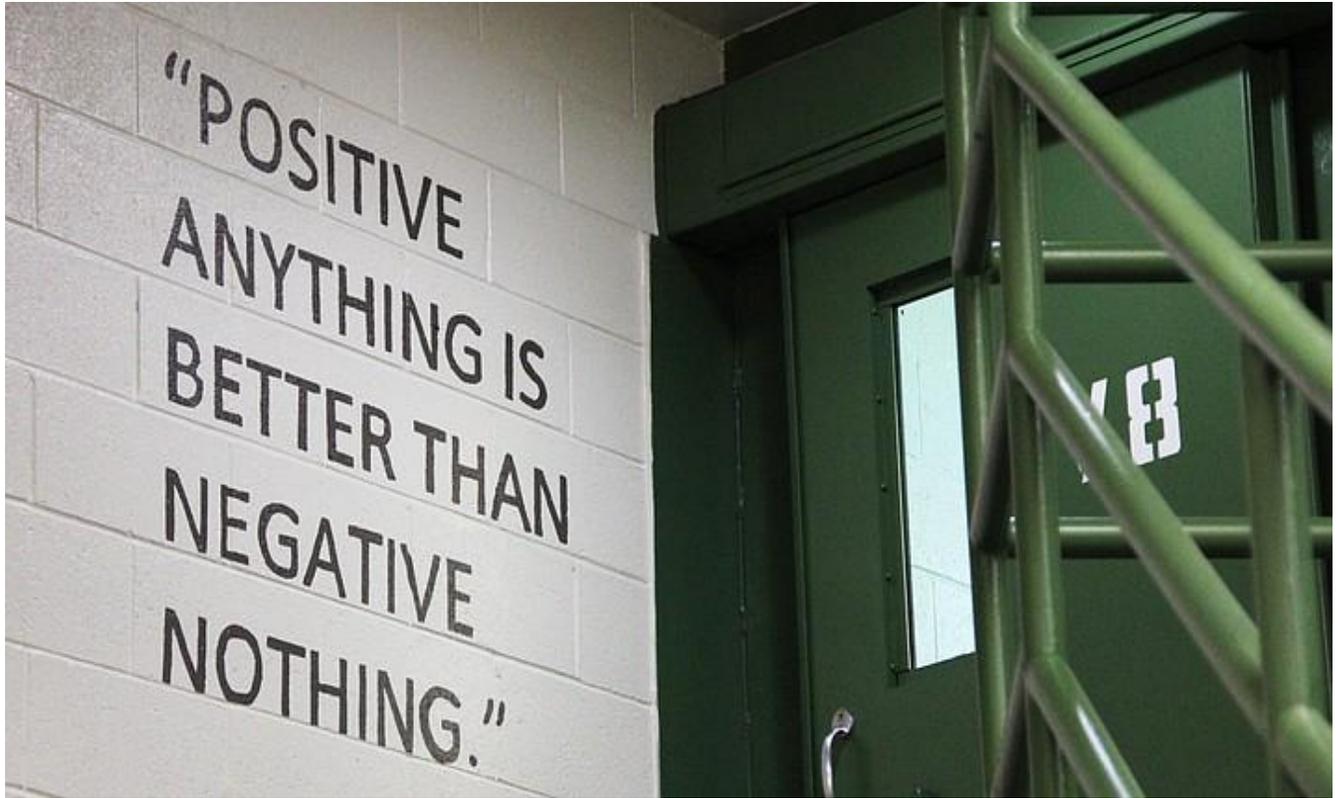
## **Adjournment**

The Chairman announced future meeting dates of March 21, 2018 and April 10, 2018.

The meeting adjourned at approximately 1:50 p.m.

## Yavapai County is decriminalizing mental illness

**Sheriff: 'This is the right thing to do for Yavapai County and our communities.'**



An encouraging quote painted on the wall inside Yavapai County jail's mental health unit. (Max Efrein/Courier)



By [Max Efrein](#)

- Originally Published: February 6, 2018 6:05 a.m.

Wherever he went, Yavapai County Sheriff Scott Mascher kept hearing the same question again and again from concerned citizens: what does one do if an individual with an apparent mental-health issue is being disorderly, trespassing or doing something else that could be considered illegal?

Just a few years ago, there was nothing to do but call local law enforcement. When police would arrive, their training was limited on how to handle someone with a mental health issue, so the situation often resulted in an arrest.

John Napper, formerly a Yavapai County public defender and now a judge, remembers those days well.

“We would get police report after police report after police report, where officers would show up on the scene; they’d be dealing with someone who – if you don’t have specific training for – is unmanageable, and then they end up in a scuffle,” Napper said. “The poor guy ends up getting charged for assaulting a police officer.”

Nor were Mascher and his colleagues at the Yavapai County Jail blind to this problem. The recidivism rate for those with mental health issues was very high – in some cases as high as 80 percent, Mascher estimated.

“We all started to notice, we see these same inmates coming back over and over and over, many times on low level misdemeanors and low-level felonies,” said Jeff Newnum, assistant captain with the Yavapai County Sheriff’s Office. He commands YCSO’s Detention Services Division.

While the issue seemed apparent, what to do about it was not. So the YCSO began having discussions with local leaders in the criminal justice system and the behavioral health industry. As a result, it became clear that there were no pre-arrest diversion strategies for those suffering with mental health crises, and significant efforts and partnerships would have to be made to establish such programs.

“It’s a change in how we do business,” Mascher said.

The pilot for the new program began in Verde Valley about three years ago and by now is used throughout the county, he said.

Some of the major developments over those three years include the following:

Law enforcement officers throughout Yavapai County now receive crisis-intervention training from mental-health treatment providers, so the officers are better equipped to handle a mental-health-related incident.

The treatment providers, including Spectrum Healthcare in Cottonwood and Terros Health in Prescott Valley, launched 24/7 mobile crisis-response programs, so that community members and law enforcement agencies have resources to turn to when professional assistance is needed to manage a mental health emergency.

Additionally, West Yavapai Guidance Clinic opened a crisis stabilization unit (CSU) in Prescott Valley in June 2017 to offer 24/7 crisis intervention for those experiencing a mental-health or substance-use crisis.

The Yavapai County Jail also created a mental-health unit to more responsibly house and care for the mentally ill who are arrested and willing to participate in treatment while incarcerated. Grant money has made it possible to pay treatment providers to come into the jail and assess inmates' needs for mental-health treatment and develop treatment plans for them.

By all accounts, the results of these initiatives to avoid criminalization of those with mental-health conditions have been positive.

For example, from the time Spectrum Health launched its mobile crisis response program on Feb. 1, 2016, through Nov. 30, 2017, the program responded to 560 calls from law enforcement. Of those responses, only seven resulted in arrests, according to police reports. The rest of the incidents were either stabilized at the scene or the mentally ill subjects were diverted to medical care, such as the emergency room.

Similarly, West Yavapai Guidance Clinic's crisis stabilization unit has served many who may not have otherwise received this kind of help. From the opening of the CSU in June 2017 through Jan. 17 of this year, 1476 people came to the CSU of their own volition, the CSU's records show. And in the last six months of 2017, from June through December, law enforcement dropped off 172 people at the CSU.

According to David Rhodes, chief deputy for YCSO, these collaborative programs -- aimed at providing mental-health treatment and diverting the mentally ill from arrest — have led to a dramatic reduction in recidivism among that population at the Yavapai County Jail.

“Today we have a recidivism of 19 percent to 26 percent – right in there – for a population that was probably 60 to 80 percent,” Rhodes said.

As Mascher notes, the reduction in recidivism also saves the taxpayer, when people who are mentally ill receive the treatment they need, rather than being dragged through the criminal justice system (involving costly jail time, court appearances, and judges and attorneys, too) or regularly sent to the emergency room unnecessarily, at a cost of \$5,000 to \$10,000 per visit.

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

The YCSO is also seeking funding from the state to expand a program that would help county inmates post-arrest, as they reenter the community after completion of their jail sentences. The proposed program could also be replicated throughout Arizona.

For more on how the program would work and how funding for it could be used — if approved by the Arizona legislature — see the accompanying article, Sheriff's office expanding post-arrest diversion model.

Follow Max Efrein on Twitter @mefrein, email him at [mefrein@prescottaz.com](mailto:mefrein@prescottaz.com) or call him at 928-445-3333 ext. 1105.



OFFICE OF THE ARIZONA ATTORNEY GENERAL  
Mark Brnovich



STATE OF ARIZONA  
DURABLE MENTAL HEALTH CARE POWER OF ATTORNEY  
Instructions and Form

**GENERAL INSTRUCTIONS:** Use this Durable Mental Health Care Power of Attorney form if you want to appoint a person to make future mental health care decisions for you if you become incapable of making those decisions for yourself. The decision about whether you are incapable can only be made by a specialist in neurology or an Arizona licensed psychiatrist or psychologist who will evaluate whether you can give informed consent. Be sure you understand the importance of this document. Talk to your family members, friends, and others you trust about your choices. Also, it is a good idea to talk with professionals such as your doctor, clergyperson, and a lawyer before you sign this form. If you decide this is the form you want to use, complete the form. Do not sign this form until your witness or a Notary Public is present to witness the signing. There are more instructions about signing this form on page 3.

**1. Information about me:** (I am called the "Principal")

My Name: \_\_\_\_\_  
My Address: \_\_\_\_\_  
\_\_\_\_\_

My Age: \_\_\_\_\_  
My Date of Birth: \_\_\_\_\_  
My Telephone: \_\_\_\_\_

**2. Selection of my health care representative and alternate:** (Also called an "agent" or "surrogate")

I choose the following person to act as my representative to make mental health care decisions for me:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

I choose the following person to act as an alternate representative to make mental health care decisions for me if my first representative is unavailable, unwilling, or unable to make decisions for me:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**3. Mental health treatments that I AUTHORIZE if I am unable to make decisions for myself:**

Here are the mental health treatments I authorize my mental health care representative to make on my behalf if I become incapable of making my own mental health care decisions due to mental or physical illness, injury, disability, or incapacity. If my wishes are not clear from this Durable Mental Health Care Power of Attorney or are not otherwise known to my representative, my representative will, in good faith, act in accordance with my best interests. This appointment is effective unless and until it is revoked by me or by an order of a court. My representative is authorized to do the following which I have initialed or marked:

**DURABLE MENTAL HEALTH CARE POWER OF ATTORNEY (Cont'd)**

- A. About my records:** To receive information regarding mental health treatment that is proposed for me and to receive, review, and consent to disclosure of any of my medical records related to that treatment.
- B. About medications:** To consent to the administration of any medications recommended by my treating physician.
- C. About a structured treatment setting:** To admit me to a structured treatment setting with 24hour-a-day supervision and an intensive treatment program licensed by the Department of Health Services, which is called an inpatient psychiatric facility.
- D. Other:**

**4. Durable Mental health treatments that I expressly DO NOT AUTHORIZE if I am unable to make decisions for myself:** (Explain or write in "None") \_\_\_\_\_

**5. Revocability of this Durable Mental Health Care Power of Attorney:** This mental health care power of attorney or any portion of it may not be revoked and any designated agent may not be disqualified by me during times that I am found to be unable to give informed consent. However, at all other times I retain the right to revoke all or any portion of this mental health care power of attorney or to disqualify any agent designated by me in this document.

**6. Additional information** about my mental health care treatment needs (consider including mental or physical health history, dietary requirements, religious concerns, people to notify and any other matters that you feel are important): \_\_\_\_\_

**HIPAA WAIVER OF CONFIDENTIALITY FOR MY AGENT/REPRESENTATIVE**

\_\_\_\_ (Initial) I intend for my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

**SIGNATURE OR VERIFICATION**

**A. I am signing this Durable Mental Health Care Power of Attorney as follows:**

My Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DURABLE MENTAL HEALTH CARE POWER OF ATTORNEY (Last Page)**

**B. I am physically unable to sign this document, so a witness is verifying my desires as follows:**

**Witness Verification:** I believe that this Durable Mental Health Care Power of Attorney accurately expresses the wishes communicated to me by the Principal of this document. He/she intends to adopt this Durable Mental Health Care Power of Attorney at this time. He/she is physically unable to sign or mark this document at this time. I verify that he/she directly indicated to me that the Durable Mental Health Care Power of Attorney expresses his/her wishes and that he/she intends to adopt the Durable Mental Health Care Power of Attorney at this time.

Witness Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF WITNESS OR NOTARY PUBLIC**

**NOTE:** At least one adult witness OR a Notary Public must witness the signing of this document and then sign it. The witness or Notary Public CANNOT be anyone who is: (a) under the age of 18; (b) related to you by blood, adoption, or marriage; (c) entitled to any part of your estate; (d) appointed as your representative; or (e) involved in providing your health care at the time this document is signed.

**A. Witness:** I affirm that I personally know the person signing this Durable Mental Health Care Power of Attorney and that I witnessed the person sign or acknowledge the person's signature on this document in my presence. I further affirm that he/she appears to be of sound mind and not under duress, fraud, or undue influence. He/she is not related to me by blood, marriage, or adoption and is not a person for whom I directly provide care in a professional capacity. I have not been appointed to make medical decisions on his/her behalf.

Witness Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. Notary Public:** (NOTE: If a witness signs your form, you DO NOT need a notary to sign)

STATE OF ARIZONA ) ss  
COUNTY OF \_\_\_\_\_)

The undersigned, being a Notary Public certified in Arizona, declares that the person making this Durable Mental Health Care Power of Attorney has dated and signed or marked it in my presence and appears to me to be of sound mind and free from duress. I further declare I am not related to the person signing above, by blood, marriage or adoption, or a person designated to make medical decisions on his/her behalf. I am not directly involved in providing care as a professional to the person signing. I am not entitled to any part of his/her estate under a will now existing or by operation of law. In the event the person acknowledging this Durable Mental Health Care Power of Attorney is physically unable to sign or mark this document, I verify that he/she directly indicated to me that the Durable Mental Health Care Power of Attorney expresses his/her wishes and that he/she intends to adopt the Durable Mental Health Care Power of Attorney at this time

WITNESS MY HAND AND SEAL this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_

**OPTIONAL: REPRESENTATIVE'S ACCEPTANCE OF APPOINTMENT**

I accept this appointment and agree to serve as agent to make mental health treatment decisions for the Principal. I understand that I must act consistently with the wishes of the person I represent as expressed in this Durable Mental Health Care Power of Attorney or, if not expressed, as otherwise known by me. If I do not know the Principal's wishes, I have a duty to act in what I, in good faith, believe to be that person's best interests. I understand that this document gives me the authority to make decisions about mental health treatment only while that person has been determined to be incapacitated which means under Arizona law that a specialist in neurology or a licensed psychiatrist or psychologist has the opinion that the Principal is unable to give informed consent.

Representative Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Arizona Health Care Directives Registry  
ARIZONA SECRETARY OF STATE**

1700 W. Washington Street, 7th Floor, Phoenix, AZ 85007-2888  
(602) 542-6187  
(800) 458-5842 (within Arizona)  
Website: www.azsos.gov

FOR OFFICE USE ONLY - REV. 06/22/16

**REGISTRATION AGREEMENT**

**About this agreement:**

This agreement shall be used for the registration of a Health Care Directive in the State of Arizona under the authority of A.R.S. § 36-3291 - 3297

This form/agreement must be written legibly or computer generated. For your convenience, this form has been designed to be filled out and printed online at the website referenced above.

**Fees:** None

**Processing time-frame:** three weeks

**How to complete this form:**

- Read this agreement carefully, and fill in all blank spaces
- Attach a copy of your witnessed or notarized Health Care Directive to this Agreement
- DO NOT send your original Health Care Directive Form
- Sign and date this Agreement
- Return by mail to:  
Arizona Secretary of State  
1700 W. Washington Street, 7th Fl., Phoenix, AZ 85007  
Return in person: Tucson: 400 W. Congress, Ste. 141  
Phoenix: 1700 W. Washington, Ste. 220

Last Name		First Name		Middle Name	
Address					
City		State		Zip	
Phone		Birth Date (month/day/year)		Last 4 digits of Social Security Number	
Printed name as you want it listed on your membership card					
<b>Address to return documents and wallet card (IF DIFFERENT FROM ADDRESS ABOVE)</b>					
Name					
Address					
City		State		Zip	
I want to:					
<input type="checkbox"/> Store a health care directive(s) in the Registry					
<input type="checkbox"/> Replace a health care directive(s) now in the Registry with a new one					
<input type="checkbox"/> Add an additional document to my currently stored directive(s)					
<input type="checkbox"/> Remove my health care directive(s) from the Registry					
<input type="checkbox"/> Request a replacement wallet card (no change to health care directive(s) in Registry)					
<input type="checkbox"/> Change Registration Agreement information (such as new a address)					

**You must complete and sign the Agreement on Page 2 of this form.**



AD0001



**Arizona Health Care Directives Registry**  
**ARIZONA SECRETARY OF STATE**

1700 W. Washington Street, 7th Floor, Phoenix, AZ 85007-2888  
(602) 542-6187  
(800) 458-5842 (within Arizona)  
Website: [www.azsos.gov](http://www.azsos.gov)

FOR OFFICE USE ONLY - REV. 09/28/09

**REGISTRATION AGREEMENT**

I am providing this personal information, along with a copy of my advance directive, with the understanding that this information will be stored in the Arizona Health Care Directive Registry. I certify that the advance directive that accompanies this Agreement is my currently effective advance directive, and was duly executed, witnessed and acknowledged in accordance with the laws of the State of Arizona.

I understand this authorization is voluntary. This authorization to store my advance directive in the Arizona Health Care Directives Registry will remain in force until revoked by me. I understand that I may revoke this authorization at any time by giving written notice of my revocation to the Contact Office listed below. I understand that revocation of this authorization will NOT affect any action you took in reliance on this authorization before you received my written notice of revocation.

**Contact Office:** Office of the Arizona Secretary of State  
**Telephone:** 602-542-6187    **E-mail:** [AD@azsos.gov](mailto:AD@azsos.gov)  
**Address:** 1700 W. Washington Street, 7th Floor, Phoenix, AZ, 85007

Your registration form will be processed within three (3) weeks. You will receive further information in the mail. In order to complete the registration of your health care directive(s) you are required to reply to the letter that you will receive.

For further assistance please contact the Arizona Secretary of State at (602) 542-6187 or visit us online at: [www.azsos.gov](http://www.azsos.gov)

Signature of person completing this agreement	Date
Printed Name	



AD0002

REFERENCE TITLE: Reyna Estrada; mental health; support

State of Arizona  
House of Representatives  
Fifty-third Legislature  
Second Regular Session  
2018

# HCR 2034

Introduced by  
Representative Carter

A CONCURRENT RESOLUTION

SUPPORTING GREATER MENTAL HEALTH RESOURCES IN ARIZONA AND HONORING THE  
LIFE OF REYNA ISABEL ESTRADA.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1           Whereas, families of persons with mental illness are usually the  
2 first to recognize that their loved ones need help dealing with the  
3 symptoms of their illness; and

4           Whereas, mental illness can be successfully managed with long-term  
5 compliance with treatment in the form of proper medications and  
6 appropriate therapy; and

7           Whereas, adults with mental illness, although often functioning  
8 under a worldview distorted by delusions, can be very intelligent and  
9 articulate, and are sometimes very capable of fooling or manipulating  
10 others who do not know them well; and

11           Whereas, adults with mental illness are often impaired by  
12 "anosognosia," which prevents them from understanding their illness and  
13 need for treatment; and

14           Whereas, families of an adult with a mental illness often find it  
15 difficult, if not impossible, to convince their loved ones to seek and  
16 stay in treatment and often must resort to seeking involuntary treatment  
17 provided by the state to get the treatment needed; and

18           Whereas, families of an adult with mental illness who has become  
19 incapacitated by the illness to the point that the person cannot make  
20 reasonable decisions can apply for and obtain a court order appointing a  
21 family member or someone else as guardian to make treatment decisions for  
22 the adult with mental illness; and

23           Whereas, guardianship is typically not discussed with families by  
24 those in the mental health system from whom they seek help, and the  
25 expense and trauma associated with obtaining a court-appointed guardian is  
26 not something that many families are able to bear; and

27           Whereas, the State of Arizona has a publicly funded, statutorily  
28 authorized mental health system that allows the state to force persons to  
29 get needed treatment who are mentally ill and who are either a danger to  
30 self or others as the result of the mental illness or who, without  
31 treatment, will likely become dangerous or more seriously mentally ill,  
32 and who are unwilling or unable to voluntarily accept treatment. However,  
33 the system with which families and patients are forced to deal in order to  
34 get needed treatment is confusing and unnecessarily complex, is not always  
35 responsive to the needs of the mentally ill person and is sometimes  
36 resistant to listening to or helping those who know the person best; and

37           Whereas, a growing number of families in Arizona can attest to the  
38 mental health system's lack of responsiveness when they seek treatment for  
39 an adult family member with mental illness. Often the situation is not  
40 perceived to be an emergency if no harm has yet occurred or been seriously  
41 threatened, or if forms were not filled out properly and the intake  
42 persons are not willing to talk with the family members to get more  
43 information to clarify the situation or to assist the family member with  
44 finding help elsewhere in the community; and

1           Whereas, even when the system appears to be initially willing to  
2 help, the person for whom treatment is sought is too often provided only  
3 brief treatment in the form of counseling and a prescription for  
4 medication without any follow-up to determine whether the person has been  
5 compliant with the treatment prescribed and whether there has been any  
6 significant change in symptoms or behaviors; and

7           Whereas, the State of Arizona is mandated to provide a system to  
8 screen and evaluate those in need of court-ordered mental health treatment  
9 and to provide a community-based residential treatment system with a wide  
10 range of treatment alternatives to institutionalization, including an  
11 effective case management system. However, the evaluation agencies in the  
12 largest county in Arizona, with the largest number of people at risk, do  
13 not have sufficient capacity to efficiently perform evaluations. There  
14 are not sufficient resources in the community to meet the needs of  
15 mentally ill persons, requiring them to stay in inpatient settings that  
16 are not appropriate for their treatment. Further, appropriate case  
17 management designed to effectively monitor and ensure patient compliance  
18 with mandated treatment is available to only a select few; and

19           Whereas, far too many preventable tragedies have resulted from the  
20 present state of Arizona's mental health system, including the tragic  
21 death of Reyna Isabel Estrada on July 14, 2017 at the hands of her older  
22 brother, who suffered from an untreated mental illness; and

23           Whereas, known for her passion for sports, her long, dark braided  
24 hair and her contagious laughter and smile, Reyna packed a great deal of  
25 life into her fifteen years. She dreamed of becoming an anesthesiologist.  
26 Whether participating in a beauty pageant, camping in the forest, playing  
27 in the snow, enjoying recreational activities in the desert, vacationing  
28 in Hawaii, Mexico, California or Las Vegas, attending a game of her  
29 beloved Redskins and Red Sox, swimming with giant turtles in the ocean, or  
30 amusing her family with stories, Reyna lived her life to the fullest and  
31 impressed others around her with her intelligence, kindness and humor.  
32 She will be greatly missed by all who knew her; and

33           Whereas, Reyna Estrada's premature and senseless death is a tragic  
34 reminder of the horrific and life-altering consequences that can result  
35 from ignoring the symptoms of mental illness in our communities.

36 Therefore

37 Be it resolved by the House of Representatives of the State of Arizona,  
38 the Senate concurring:

39           1. That the Members of the Legislature recognize that the publicly  
40 funded mental health system in this state exists to benefit not only the  
41 patient but to protect the public by providing needed mental health  
42 treatment to those who cannot or will not voluntarily accept treatment.

1           2. That the Members of the Legislature recognize that families of a  
2 person with mental illness have the right to be treated with respect and  
3 compassion when seeking the appropriate care and treatment for their  
4 family member.

5           3. That the Members of the Legislature recognize that the mental  
6 health system is confusing and complex for persons who seek help for a  
7 family member who has, or appears to have, a mental illness, and that  
8 families have the right to receive help navigating the system and  
9 information about what the system can and cannot do and what other  
10 resources or support services are available in the community to help them  
11 and their family member.

12          4. That the Members of the Legislature recognize that it is their  
13 responsibility to ensure that the mental health system in Arizona works to  
14 benefit the patients and to protect the public, including ensuring that  
15 the system is adequately funded to deal with the growing number of  
16 untreated mentally ill persons in this state and that those agencies  
17 accountable for the public funding provided to run the system use the  
18 monies appropriately.