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# Arizona's HB 2310: Mental Health Courts and Statewide Standards

## *Executive Summary*

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The National Center for State Courts (NCSC) prepared this report for the Arizona Supreme Court, Administrative Office of the Courts (AOC) pursuant to the Arizona HB 2310. Following approval by the AOC and the Arizona Judicial Council (AJC), this report will be presented to the Arizona Legislature and Governor.

In early 2014, the NCSC facilitated two working group meetings to develop mental health court (MHC) standards. To inform these recommendations and the development of the standards, the NCSC also collected information from the state's MHCs via interviews with team members and participants, observations of MHC dockets and pre-docket team meetings, tours of treatment facilities, an on-line survey, reviews of written court documents, and if available, reviews of participant and program data.

The accompanying report is divided into four main sections, starting with an overview of the current practices in the state's MHCs, followed by proposed statewide standards, a third section summarizing the findings, and a fourth section with recommendations for overcoming barriers for optimal operations. Contained within the Appendix of this report are individual profiles of each of the MHCs in Arizona.

## **Overview of Arizona MHCs**

The term *mental health court* (MHC) is applied broadly to both courts with specialized dockets for defendants who have serious mental illnesses as well as to specialized probation caseloads (SPCs) for seriously mentally ill (SMI) probationers that work in conjunction with a court.

In Arizona, MHCs emerged to address a wide array of interrelated criminal justice and mental health issues, including:

- Improved linkages with treatment services;
- Improved public safety through reduced recidivism and compliance with conditions of probation;
- More cost-effective utilization of resources through reductions in use of jail, hospitalization, and failure to appear rates;
- Improved mental health and stability for participants; and
- Improved processes by providing timely and effective responses to mental health needs.

Each MHC program in Arizona works within the constraints and opportunities of the larger criminal justice and behavioral health systems. The MHCs rely on prosecutors (pre-adjudication) or probation officers (post-adjudication) to determine the legal eligibility criteria for program



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admission. The MHCs also rely on an external agency to serve as the gatekeeper of clinical eligibility for admission. Unfortunately, the SMI designation process by which clinical eligibility is established is not well understood by many of the MHCs' team members. As a result, some MHC teams view the SMI designation process as unreliable and have sought ways to serve defendants perceived to have fallen through the administrative cracks.

## **Standards**

In developing statewide standards specific to MHCs, Arizona is among the leaders in the nation. As of this report, only three states currently have MHC standards (Georgia, Wisconsin, New York); development is underway in a handful of other states.

NCSC prepared an initial draft of proposed MHC standards for the Arizona Administrative Office of the Courts. The initial draft was shared with the MHC Standards Working Group of 26 stakeholders who work with MHCs statewide for review prior to meetings convened in January and February 2014. The discussions and insights provided by the Working Group in these meetings were the driving force behind a revised draft of the proposed standards. In April of 2014, the Chief Justice issued an administrative order to establish a Mental Health Court Advisory Committee. This Committee met four times between June and September of 2014 to review the proposed Working Group draft standards and make recommendations to the AOC on a final set of standards.

The final set of proposed standards, presented in a separate document, apply to general and limited jurisdiction courts (municipal, justice, and superior courts) in the state and include programs that employ diversionary and non-diversionary models. These proposed standards include procedures to establish and implement efficient, effective MHCs that are accountable to the public, judiciary, and the legislature. Most importantly, they are designed to facilitate communication between the interconnected criminal justice and behavioral health systems by establishing common expectations and guidance for mutually beneficial outcomes. At the same time, they are structured to encourage court leaders and collaborative agencies to proactively define the terms by which accountability and other performance measurements preserve independence.

An underlying theme throughout this report is the recognition that statewide standards must be inclusive of the vast differences in MHC models operating across the state and be mindful of the constraints by the systems within which they operate. Approval bodies of these proposed standards should avoid standardization, while enhancing accountability.

## **Findings and Recommendations**

Arizona MHCs exhibited clear strengths. The MHC teams were dedicated, innovative, and collaborative. Collaborating treatment agencies brought expertise to the team-based decision-making process in the MHCs. The teams were inclusive, incorporating law enforcement, peer support, and housing specialists. In the MHCs serving urban areas, a wide array of programs were offered to address individualized needs.

Arizona MHCs also faced several challenges. MHCs collected minimum data, which prevented teams from directly assessing whether their program addressed its intended purpose or served a defined target population. Training was limited across all teams. Finally, some MHCs did not operate with full support from all representatives, which threatened continuity in operations.

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In response to the challenges, the NCSC recommends the following. Arizona MHCs should:

- Prioritize continuity and sustainability through standards on data collection and implementation of a data infrastructure;
- Revisit the court's purpose;
- Due to resource constraints, consider who is best served with a team-based approach as compared to a more traditional approach without regular judicial supervision;
- Formalize commitment from key stakeholder agencies or offices and secure dedicated team members with clearly defined roles; and
- Seek appropriate training for MHC team members, including judges.

Arizona MHCs represent a vast array of models at all stages of adjudication and must work within the constraints of the criminal justice and behavioral health systems to effectively serve defendants with mental illnesses. To ensure continuity of operations, all MHCs would benefit from data to assess efficiency and adequately evaluate effectiveness. This report should be used as a blueprint to capitalize on the synergy of the current evaluation efforts and standard development efforts for implementing evidence-based standards. Implementing standards and performance measures will ensure that MHCs can operate efficiently, effectively serve defendants and the public, and hold defendants accountable to protect its community.