

**MINUTES of the  
Maricopa County  
Commission of Justice System Intervention for the Seriously Mentally III**

**Thursday, June 30, 2005  
ValueOptions Clinic – 8836 N. 23<sup>rd</sup> Avenue**

Commission Members in Attendance: Secretary of State Jan Brewer; Bill Amato; Judge Louraine Arkfeld; Chris Bradley; Shelley Curran; Eric Edwards; Dr. Michael Franczak; Lindy Funkhouser; Chief Deputy David Hendershott (represented by Sheriff Joe Arpaio); Steve Lessard; Judge Barbara Mundell (represented by Karen O'Connor); Jeremy Mussman; Mary Robson; Luis Valdez (represented by Penny Stinson)

Other Persons in Attendance: Wayne Triplett – Advocates for the Disabled; Dr. Robert Jones – Concentra Medical Centers; Athia Hardt, Marcelo Kort – Eli Lilly; Cheryl Koch-Martinez – Arizona Center for Disability Law; Diane Sikosis – Maricopa County Government Relations; Rory Hays – Maricopa County Lobbyist; Kelly Barr – SRP, Citizen's Jail Oversight Committee; Chief Brian Sands, Lt. Mike Winks, Judy Lorch – Maricopa County Sheriff's Office; Shawn Nau – Maricopa County Health Care Mandates; Christy Dye – Arizona Department of Health Services; Jill Kennedy – Correctional Health Services; Alicia M. Brown, Sharon Drosos, Barbara Liewer – Triple R Behavioral Health; Zach Dal Pra – Maricopa County Adult Probation; Fredrica Strumpf, Becky Kirchler – Maricopa County Public Defender; Deanne Poulos – Maricopa County Board of Supervisors Press Secretary; James Candland – Maricopa County Board of Supervisors District 2; Amy Rex - County Manager's Office/Staff to Commission

1. **Call to Order:** Supervisor Mary Rose Wilcox called the meeting to order at 9:35 a.m.; Supervisor Stapley and Supervisor Kunasek were both unable to attend. Supervisor Wilcox extended a personal welcome to Sheriff Joe Arpaio and invited everybody to introduce themselves.
2. **Approval of minutes from May 5, 2005 meeting:** There were no changes or additions noted by the Commission. A motion was moved by Judge Louraine Arkfeld, seconded by Bill Amato, and unanimously passed by the Commission to approve all minutes.
3. **Matrix Program out of UCLA:** Supervisor Wilcox introduced Dr. Michael Shafer from the University of Arizona. Dr. Shafer explained that crystal meth has a powerful impact on the pleasure center of the brain. Although there is not a great deal of research, it appears that meth addicts do not face the same withdrawals and medical complications as addicts to other drugs. However, the psychological problems are severe.

There are no pharmacological agents that have been shown to reduce and counteract the craving for meth. Psychosocial treatments, though, can effectively treat individuals. In the 1980s, UCLA began looking into ways to treat meth addiction and developed the Matrix Program. This is a cognitive-behavioral treatment involving relapse prevention groups, individual sessions, family involvement, 12-step groups, relapse analysis, and urine testing.

The stages of recovery from meth addiction begin with a period of *Withdrawal*, approximately 15 days. Next comes the *Honeymoon* phase, about 30 days. At approximately day 45, addicts hit *The Wall*. This stage lasts through about Day 120 and is the time when reality sets in; the individual's children may with CPS, there may criminal charges to face, and financial difficulties may arise. If a person can maintain through this period, he or she enters an *Adjustment* period, followed by an on-going *Resolution* phase.

The Matrix Model is essentially the best of all programs, written into a manual. An 8-site evaluation of Matrix was recently completed. Some results include: addicts being treated in the Matrix Model stayed in treatment longer with more clean urine tests; participants showed a significant reduction in meth use; at discharge and follow-up points, nearly 2/3 indicated no meth use during the previous 30 days; and there was significant improvement in

employment status, family relationships, legal problems, and psychiatric symptoms. Drug court participation appears to be a very effective component of treatment.

Additionally, outpatient treatment appears effective, when done as three to five clinic visits a week for a minimum of 90 days. Continuing, step-down care and involvement in a 12-step program should continue for another nine months after that time. Other helpful aspects are court sanctioning, small rewards, family involvement, and urine testing at least once a week. The positive successes should be highlighted instead of dwelling on failures. Optimal candidates for outpatient treatment include non-injection users, those without chronic mental illness, those using less often, those under court sanction, those over 21, non-disabled, and those in a stable living condition.

In answer to Judge Jones' question regarding research on those with co-occurring disorders, Dr. Shafer indicated that there has not been a lot of research in this area. The first two weeks of recovery should not be a treatment time; instead, it is a stabilizing time. This does make it hard to determine what actions are the result of mental illness versus what actions are the result of drug use. Jail or prison can provide this stabilizing time.

Judge Arkfeld inquired about any residual effects seen after treatment. Dr. Shafer answered that research is incomplete on this issue. General indications are that cognitive and functional abilities will return although there is no consensus on how quickly this will happen. Also, there is no comprehensive research on the long-term effects for children in a meth environment.

Secretary Brewer asked about any research on meth use with SMI populations. Dr. Shafer said that this area is also lacking definitive research. Common sense seems to indicate that meth use would increase chances of hallucinations.

Steve Lessard asked how an officer is supposed to distinguish between SMI versus meth behaviors. Dr. Shafer indicated there is really no need for an officer to determine what is causing the action; the behavior simply needs to be addressed.

Secretary Brewer asked if SMI populations may use meth to self-medicate. Both Dr. Shafer and Dr. Franczak answered that research seems to debunk this theory. Secretary Brewer also asked if meth is being used more than marijuana now. Dr. Shafer said that marijuana is still the drug of choice. The caution is that a relapse from meth can often involve marijuana or alcohol so a commitment to abstinence is very challenging.

4. **Overview of ValueOptions:** Supervisor Wilcox invited Shelley Curran to give an overview of the Mental Health Jail Diversion Team. Ms. Curran gave a brief overview of the current Regional Behavioral Health Authority (RHBA) structure and some changes that have occurred since ValueOptions was awarded the contract in 1999. For example, in 1999 there were over 32,000 active enrolled customers, 14,000 service calls a month, and 11,500 SMI customers. 1999 saw a \$26 million pharmacy budget and a \$50 million SMI services budget. To date in 2005, there are over 58,000 active enrolled customers, 33,500 service calls a month, and 19,000 SMI customers. The FY05 budget for pharmacy is \$77 million, while the SMI services budget is \$120 million.

Ms. Curran explained the SMI Eligibility Determination, as defined from policy. The person must be 18 years of age or older with a mental disorder as defined by statute and impaired emotional or behavioral functioning. The person cannot remain in the community without treatment, must have a severe and persistent mental disability, and must have long-term limitation of daily functioning. The statutory definition of a mental disorder is found in A.R.S. § 36-501 – “A substantial disorder of the person’s emotional processes, thought, cognition or memory.” Ms. Curran reviewed the various ways to receive an SMI evaluation, through contacting ValueOptions or a referral.

Ms. Curran briefly discussed what has been shown to work in treating individuals with SMI. The first program is Crisis Intervention Training; a short video, taped by Channel 12, was shown to illustrate how this is done.

ValueOptions has trained over 500 officers in Crisis Intervention Training. The second success is mental health jail diversion. This program began in 1996 and has a data link with the jails. It helps coordinate services and shows a high volume of diversions to treatment. The team is in the jails seven days a week, working out of 4<sup>th</sup> Avenue Jail. Another successful program is the specialized forensic case management. This also began in 1996 and is modeled on the Threshold Program in Cook County, Illinois. Another program, Mental Health Court, provides two court liaisons.

Ms. Curran quickly reviewed housing options available to those with SMI. She offered a breakdown of where SMI consumers are living and discussed the next steps. These include a formalized pre-booking jail diversion, use of psychiatric recovery centers (PRCs), expansion of post-booking jail diversion, expansion of Mental Health Courts, and utilization of the Matrix Program.

Following several comments regarding the PRCs, it was suggested that a working group be established to report back to the Commission regarding any updates. Rory Hayes indicated to Ms. Curran that the Commission should be an advocate for improvements; she encouraged Ms. Curran to let the group know what resources are needed so the group can be supportive. Penny Stinson commented that an individual being booked under numerous charges can face many challenges in ensuring a continuity of treatment and medication; therefore, the issue of low-level felonies needs to be explored. Ms. Curran agreed, saying that currently felony diversion is not occurring. Following a question from Secretary Brewer, Jill Kennedy indicated that if there are concerns regarding a person in jail who may not be receiving his/her medications, the clinical liaison can be reached at 602-876-7110.

5. **SB 1013, Restoration to Competency:** Supervisor Wilcox briefly introduced this topic. Sheriff Arpaio asked to speak before he had to leave. He indicated that he supports this Commission but offered a caution that people still need to go to jail. Yesterday, the County broke a record with 10,029 in the jails. He encouraged the Commission to use common sense when implementing diversion programs. Secretary Brewer asked how many people were housed in the psychiatric unit; Chief Brian Sands answered approximately 280.

Supervisor Wilcox asked Lindy Funkhouser to discuss SB 1013. Mr. Funkhouser explained that the court charges the Restoration to Competency (RTC) Program to determine if people can understand the charges against them and participate in their own defense. The County previously did RTC in the jails. As the result of funding issues, the Program moved to the State, using the Arizona State Hospital (ASH). Due to a limited number of beds (60), it became evident in 2003 that other action had to be taken so people were not remaining in jail for long periods simply waiting for a bed at ASH. Several County agencies worked together to provide restoration services in the jail, with a goal of 78 days to restoration.

Mr. Funkhouser reviewed a recent NACo award given to the RTC Program and explained how the program is based on Managing for Results principles to show results.

Mr. Funkhouser offered to walk interested parties through the RTC Program in more detail. He passed out a sign-up sheet for those who were interested in participating. In answer to questions, Mr. Funkhouser said over 400 restorations have occurred since the program began in August 2003. In answer to Secretary Brewer's question about what happens if someone is not restorable, Mr. Funkhouser answered that the RTC Program reports back to the court and the court then decides what is appropriate. Often, the person is sent to Desert Vista for further evaluation, then to ASH or the community with supervision. Judge Jones clarified that the numbers of people considered not restorable are very small.

6. **Sub-Commission Reports:**

- A. Title XIX eligibility for the incarcerated – Rory Hays indicated a group met on June 7, 2005 with representatives from Arizona Health Care Cost Containment System (AHCCCS) and learned that AHCCCS can simply suspend, instead of terminate, benefits. This is currently being done in the juvenile

system. She learned that AHCCCS is not receiving information on incarcerated individuals who, due to their incarceration, are not eligible for AHCCCS benefits. As a result, taxpayers are paying twice, once to AHCCCS and once to the jail system. This issue needs to be discussed in further detail. Ms. Hayes offered ideas on what other tasks need to be accomplished (such as obtaining an address for those released from jail) and asked that interested members talk to Ms. Rex about becoming part of a workgroup.

- B. Ability of Alpha Program to take SMI inmates – Ms. Curran explained that Dr. Shafer is going to help develop the curriculum for the Alpha II Program but schedules have conflicted to this point. This workgroup is also looking into pre-booking diversion alternatives. However, there will be a hiatus over the summer, while the group waits to meet with a group of local law enforcement officials who will not convene again until September. Ms. Hayes asked that a clearer definition of Alpha II versus the pre-booking alternatives be offered at the next meeting. Ms. Stinson offered that the post-booking but pre-adjudication population also uses a lot of resources and suggested that ideas be explored regarding this group. Mr. Lessard again reminded members that this group is designed to be a diversionary group so they need to be very careful that any implemented program does not mistakenly encourage the court to increase jail time and jail population just so people can receive services offered in the jail. Mary Robson seconded Mr. Lessard's comments. Dr. Jones also agreed, but indicated there is a definite need to take care of the people in the jail system because they will be released to the community.

7. **Information exchange with ValueOptions:** Due to the short time, Supervisor Wilcox asked the consideration of Judge Jones and Shawn Nau to move this item to the next agenda so that the Commission could briefly hear from Chris Bradley regarding Alpha and Alpha II budgets.
8. **FY06 budget for Alpha and Alpha II:** Chris Bradley indicated that the Alpha Program lost Federal funding, which was picked up by Maricopa County. Expenditure authority for Alpha II has been set aside while final details are worked out. Mr. Bradley thanked the Sheriff's Office for providing information on the two programs and indicated he looked forward to working with them in the coming months to finalize funding for Alpha II.
9. **Additional SMI Issues for Discussion:** This item was not directly addressed due to the length of the meeting.
10. **Next meeting:** Supervisor Wilcox announced the next meeting is tentatively scheduled for Wednesday, August 31 from 1:30 p.m. to 3:30 p.m. at the Board of Supervisors Conference Room on the 10<sup>th</sup> Floor of 301 W. Jefferson. Mary Robson added that this would be a presentation by those with mental illness, entitled "In Our Own Voice."
11. **Call to Public – Commission Member Comments:** No public members or commission members wished to speak.
12. **Adjourn:** The meeting was adjourned at 11:35 a.m.

*Presented to the Commission by Staff:*

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Amy A. Rex, Justice System Coordinator

*Approved by the Commission:*

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Supervisor Don Stapley, Commission Chair