

COCHISE COUNTY:
PROPOSAL FOR MENTAL HEALTH
DIVERSION

MENTAL HEALTH DIVERSION COORDINATOR

JOB DESCRIPTION

The job of the Mental Health Diversion Coordinator (“Coordinator”) is to work towards reaching a balance between fiscal responsibility and meeting the needs of defendants with mental health issues. The Coordinator will develop, supervise, maintain, and monitor the Mental Health Diversion Program, by diverting defendants with mental illness who have been charged with low level nonviolent crimes and coordinating mental health treatment for them. The MHD Coordinator will work towards reducing the financial burden from the Courts, Attorney’s Office, Sheriff’s Office, Jail, Defense Attorneys, taxpayers, and other community stakeholders by interrupting the offense cycle by reducing recidivism, as well as by reducing the number of defendants who are ordered into costly Rule 11 restoration competency programs. The priority will be creating an infrastructure that connects defendants with mental health treatment, and services.

MINIMUM QUALIFICATIONS

Preferred Master’s Degree with major course work in Clinical Psychology. A minimum of (3) years of professional experience in a criminal justice setting, and a minimum of one (1) year experience in a mental health setting with specific experience in pre-qualification of services and contact with insurance companies. Some knowledge of HIPAA. Experience working and developing programs for rural communities. Or, an equivalent combination of education and experience that provides the desired knowledge, skills and abilities of this classification. Travel to all courts is required. Must possess and maintain a valid Arizona driver’s license.

SPECIAL REQUIREMENTS: This position requires fingerprint clearance and a detailed criminal background check.

TYPICAL DUTIES: (Illustrative Only)

- be a point of contact and primary liaison with prosecutors, defense attorneys, other Cochise County departments, mental health, and medical providers, and other community stakeholders;
- develop and maintain positive, collaborative relationships with mental health treatment providers, health care providers, shelter providers, and detox centers;
- document and promptly submit program expenditures;
- help plan, schedule, implement/lead activities/events designed to support the Diversion Program;
- knowledge of and the ability to utilize community resources available for diagnosis, treatment, supervision, and support of the defendant;
- maintain knowledge of services available for defendants;
- manage and maintain information regarding referrals in a database, which can be used to track the success of the mental health diversion program, including the number of Rule 11 motions, hearings, psychiatric examinations, restorations to competency and costs that have been avoided due to the program;
- prepare monthly and annual reports and track program statistics for the APAAC;
- provide initial screening and engagement with referred individuals;
- provide outreach and engage with referred individuals to help facilitate defendant engagement with the assigned case manager, and track the success of individual defendants who have been diverted;
- review medical documents;
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KNOWLEDGE, SKILLS & ABILITIES

- ability to find solutions for issues that defendants may have.
- ability to review all defendant’s medical and criminal history;
- ability to make decisions on required non- medical requirements for program success;
- ability to understand what a person needs while they may be in a crisis or in a less than optimum state of health. Being able to find solutions for a myriad of issues;

- must be able to effectively communicate with the defendant, and act as the go-between with them and doctors or other medical staff;
- maintain patience with people who may have trouble communicating or understanding;

GOOD KNOWLEDGE OF:

- legal terminology;
- medical terminology
- HIPAA
- modern office practices and procedures; business English, spelling, punctuation, and grammatical usage;
- possess general knowledge of both the Misdemeanor and Felony process;

GOOD SKILL IN:

- accounting functions;
- data collection;
- establish and maintain an effective working relationship with employees, other agencies and the public;
- operating standard office machines;
- organizing and managing case file;
- plan work and work independently;
- preparing summaries of the case for appropriate parties;
- the use of Word/data processing systems;

ABILITY TO:

- attend necessary staff meetings, program-related meetings, workshops, seminars, training, and conferences;
- communicate effectively both orally and in writing;
- establish and maintain effective working relationships with employees, other agencies, and the public;
- maintain confidentiality;
- plan, organize, develop and deliver training programs;
- travel frequently within the County, and outside of the County, as required

PHYSICAL DEMANDS: The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this classification. While performing the duties of this classification, the employee is regularly required to sit; stand; walk; use hands, or feel objects, tools, or controls; reach with hands and arms and talk and hear. The employee is frequently required to climb or balance and stoop, kneel, crouch, or crawl. The employee must occasionally lift or move up to 50 pounds. Specific vision abilities required by this classification include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

WORK ENVIRONMENT: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this classification. While performing the duties of this classification, the employee regularly works in an office environment with a low noise level. The employee occasionally works in outside weather conditions.

Acronyms that will be found in this proposal:

Acronyms

AA- Alcoholics Anonymous

HIPAA- Health Insurance Portability and Accountability Act.

MHD- Mental Health Diversion

MHDC- Mental Health Diversion Coordinator

NAMI-National Alliance on Mental Illness

RTC- Restoration to Competency

Target Population	Adults with unmet mental health needs, arrested for non-violent criminal offenses.
Program Services	Mental health screening and assessment Mental health treatment Psychiatric treatment
Participant Benefits	Access to treatment Dismissed charges
Community Benefits	Reduction in jail population Incarceration and prosecution cost savings Increased community safety

Overview

Cochise County Mental Health Diversion

The presence of defendants with mental illnesses in the Cochise County criminal justice system imposes substantial costs on the County. To reach a balance between fiscal responsibility protecting the community and meeting the needs of defendants with mental health issues, a Mental Health Diversion Program (“MHD”) should be instituted as a measure to reduce cost. An MHD program will reduce the burden from the Courts, Attorney’s Office, Sheriff’s Office, Jail, Defense Attorneys, taxpayers, and other community stakeholders. Cost reduction will be achieved by avoiding the extremely costly Rule 11 restoration to competency process, which costs \$39,000 per defendant if ordered into Pima County’s Restoration to Competency program and \$23,000 if ordered to the Arizona State Hospital. Cost will be further reduced more quickly by removing defendants from the Jail, which is detrimental to people suffering from mental illness. A further goal is to interrupt the costly recidivism cycle by creating an infrastructure that connects defendants with mental health treatment, services, and monitoring. MHD will concentrate efforts on connecting people with mental health problems to local services providers; individuals who would normally slip through the cracks and go untreated. If people do not receive treatment after an arrest and maintain that treatment, their condition is likely to worsen, increasing the likelihood of re-arrest after their release from jail custody. The six most beneficial byproducts of MHD will be:

- Reduce incarceration, prosecution, defense and court costs
- Treat low level nuisance offenses as mental health cases rather than substantive crimes
- Reduce recidivism
- Increase community safety
- Reduce the jail population
- Reduce the abuse of Rule 11 Competency Evaluations and the consequent restoration to competency costs.

Community safety and reduction in the jail population are positive byproducts of implementing an MHD program. The direct cost savings of implementing this program may be the most beneficial factor. To demonstrate statically, the current financial cost has been included in this proposal.

Statistical Information

The set budget of \$367,000.00 has been amended to \$462,000.00 to cover a projected additional cost of \$92,000.00.

PIMA COUNTY	\$39,000.00	
ASH	\$23,219.00	
ASH	\$23,219.00	
ASH	\$23,219.00	
ASH	\$5,243.00	
ASH	\$23,219.00	
PIMA COUNTY	\$39,000.00	
PIMA COUNTY	\$39,000.00	
ASH	\$23,219.00	
ASH	\$23,219.00	
ASH	\$14,231.00	
ASH	\$23,219.00	
ASH	\$23,219.00	
ASH	\$21,721.00	
ASH	\$8,988.00	
ASH	\$22,470.00	
ASH	\$22,470.00	
ASH	\$22,470.00	
ASH	\$22,470.00	
	\$442,815.00	total

Four of the defendants who are currently patients, would have likely met the criteria to participate in the Mental Health Diversion Program, which would have saved the County \$158,788.00.

Date Range: 07/01/2019-07/31/2019	
ID	Charges
35173	\$23,219.00
35176	\$23,219.00
35177	\$23,219.00
35189	\$5,243.00
	\$74,900.00

Date Range: 08/01/2019-08/31/2019	
ID	Charges
35173	\$23,219.00
35176	\$23,219.00
35177	\$14,231.00
35189	\$23,219.00
	\$83,888.00

Combined Total	\$158,788.00
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Additionally, a cost analysis was conducted from 2011 to 2020. Please see the attached Restoration to Competency.

Restoration to Competency

County	RTC Provider	Which department in your county manages the budget and service provision of RTC services?	FY 19 Budget RTC? Did you increase that appropriation mid-year? What are you anticipating to budget in FY 20?	Have you seen a marked increase of RTC cases and/or costs in the last year?	Average RTC Case Load
Cocconino	Arizona State Hospital (ASH) and Yavapai County Sheriff (YAV)	Court Administration	FY19 Original Budget \$350,000; 1st Increase \$350,000; 2nd Increase \$285,000 for a FY19 total of \$985,000. FY20 Original Budget is \$415,000	Yes. FY12 ASH & YAV # of Clients was 3; Total FY19 ASH & YAV # of Clients is estimated at 24. FY12 ASH Avg Daily Rate was \$401, FY19 ASH Daily Rate is \$755. FY12 ASH & YAV RTC Expense was \$82,614. FY19 ASH & YAV RTC Expense is estimated at \$985,000	ASH & YAV From FY12 - FY19 the Avg # of Clients in RTC is 10
Mohave	Pima County or if not accepted Arizona State Hospital	County Administration	FY 19 - \$166,506 and FY20 - \$187,000	No	2 - 4
Navajo	Yavapai County Sheriff's Office Detention Services Division	Finance and Court Administration	FY 19 RTC Budget: \$170,000, No increase. Projected Budget for FY 20 is \$135,644 (Navajo County plans to employ our own Clinical Director to accommodate RTC in the Navajo County Jail Facility. Cost reflects \$50,000 for temporary FY 20 RTC services in Yavapai County and Clinical Director salary of \$86,644).	No. 2017 RTC cost = \$158,750 2018 RTC cost = \$153,400 2019 RTC cost = this year we are on-track to spend \$150,000	2017 inmates attending RTC = six (6) 2018 inmates attending RTC = six (6)
Pima	We have our own RTC program, 12 years old in July. I have been involved with this program since inception in 3 different roles (so you know the basis of my knowledge in answering these questions)	Pima County Behavioral Health	Approximately \$750,000 yearly and this includes salary for a staff of 7 + 1 manager. No increases for next FY	We take in cases from other counties, in just our own county we are getting about the same but the process on the court side has slowed in the last 2 years so we have had several defendants needing services at the same time which has led to a waiting list over the last 3 months. We max at 32 defendants in program at one time.	110
Yavapai	Wexford Health Sources, Inc. Wellpath LLC https://wellpathcare.com/	Yavapai County Sheriff's Office	\$400,000	No	44
Yuma	Currently the In-Custody RTC Program is facilitated for the Yuma County Superior Court through the Yuma County Jail District's medical contract as an addendum of service. The medical provider is:	Yuma County Superior Court and Yuma County Financial Services.	These services line items include In-custody, Out-of-Custody, and ASH cost. FY 19 = \$475,000.00; Fixed Cost for In-custody RTC services for FY#19 are: \$455,875.56 DY20 = \$805, 00.00 Anticipate increase for FY20 is related to Consumer Pricing Index not to exceed 5% as stated in the current service contract.	The Program has seen an increase in cases and as such we have seen an increase in costs directly related to the length of stay in the program (Annually Jan-Dec.), however we are seeing those numbers starting to trend down this year. Average Daily RTC Census: 2016 = 8.18 2017 = 9.11 2018 = 10.5 2019 (first 181 days) = 7.78	2016 through 2018 (Annually Jan-Dec.) we average 19.86 admissions per year

Restoration to Competency

County	Actual RTC cases YTD	Average Length of Treatment	How many cases resulted in the court determining that the defendant was incompetent to stand trial and that there is no substantial probability that the defendant will regain competency in FY 2017, FY 2018 and to date in FY 2019?	How many individuals unable to be restored were considered a threat to public safety as defined by A.R.S. 13-4501 in FY 2017, FY 2018 and to date in FY 2019?	If available, how many individuals unable to be restored were back in the justice system within 24 months?
Cococino	ASH & YAV: FY19 # of Clients in RTC is estimated at 24	ASH & YAV: From FY12 - FY19 Avg Length of Stay was 98; FY19 Avg Length of Stay is estimated at 99	Data Not Available	Data Not Available	Data Not Available
Mohave	FY19 - 2 in Pima 2 outpatient counseling; FY20	FY17 - 166 day; FY18 - N/A; FY19 - 188 days	FY17 - N/A; FY18 - 1; FY19 - 4	All - 5 were aggravated assault on healthcare worker of law enforcement, 1 was charged with arson of an occupied structure.	0
Navajo	As of June 2019, four (4) inmates have attended RTC, however, one of those inmates attended for only three (3) days (January 1-3, 2019).	Average length of stay for 2017 through April 2019 is 126 days. NOTE: longest length of stay was 227 days, shortest length of stay was 13 days (inmate was taken to ASH), 13 days, however, was an outlier and if removed from the calculation, the average increases to 137 days.	2017: 2 defendants were found not competent and not restorable. Neither went through Title 36 process. Neither were assigned a Guardian. Both had their charges dismissed without prejudice. 2018: 1 defendant was found not competent and not restorable. No Title 36 process. Charges were dismissed without prejudice. Defendant was ordered to live with family member who already had guardianship. 2019 = Thus far this year: 2 defendants were found not competent and not restorable. Both went through the title 36 process. One was appointed a guardian. One was sent to ASH. Both had their charges dismissed without prejudice.	2017 = 2 2018 = 0 2019 = 1	1
Pima	114	77 days	Ask the court for these numbers. Once we optine, we do not manage statistical analysis past that point.		
Yavapai	27	109 days	2017-10; 2018-5; 2019-2. Unknown.	Not tracked	Data Not Available
Yuma	Since the beginning of the RTC In Custody Program in June 2011 we have had 128 admissions.	The average length of time in the program from admission to final court disposition is 5 months.	Court Ruling of Incompetent (Annual Tracking available): 2017: (19) admissions; (2) Incompetent / Non-restorable 2018: (20) admissions (19) discharged; (1) Incompetent / Non-restorable 2019: (to date) (7) admissions; (3) discharged; (0) Incompetent/ Non-restorable 2017 - 2019 (To Date): (3) entered Title-36 process	Non-Restorable 13-4501: 2017: (2) 2018: (1) 2019 (To Date): (0)	2

Restoration to Competency

County	Where does RTC take place in your county (jail, other county facility, ASH, etc.)?	Are there any additional details on the RTC processes (recent changes, pain points, etc.) you would like to provide?
Coconino	Arizona State Hospital and Yavapai County Sheriff	<p>NOTES:</p> <p>FY2012 - FY2013: State shifts 66% of RTC expense to County FY2014 - Present: State shifts 100% of RTC expense to County</p> <p>FY2012 - FY2014: State shifts 50% of SVP expense to County FY2015 - FY2018: State shifts 31% of SVP expense to County FY2019: State regains 100% of SVP expense</p>
Mohave	Jail - paperwork for acceptance and transport	None
Navajo	<p>All attended RTC while in a jail facility and received no services in the community. Of those defendants that were found not competent and not restorable, one was ordered to ASH.</p> <p>No information was located on those defendants who were restored, tried and convicted.</p>	<p>Our hope is to initiate our own RTC program in our detention facility. When appropriate, and with the help of the local behavioral health treatment provider, we will explore the possibility of providing RTC education while the defendant is furloughed to SMI housing in the community with sustained wrap around services.</p>
Pima	<p>Restoration does not provide psychiatric or mental health care so it does not involve itself in this aspect of discharge planning. These linkages are done by another party in the process. Forensic services cannot ethically also be involved in clinical patient care.</p>	<p>The Cotter v Lwiski case and requirement of Sell Hearings is prolonging the length of stay in the program awaiting hearings/testimony/rulings.</p>
Yavapai	<p>In custody services provided in the county jail.</p>	<p>In-custody RTC Programs have been established out of necessity as rising costs from the AZ State Hospitals were shifted to the counties. Such programs by design were established as a cost containment response versus a program enhancement opportunity and challenges to various stakeholders were not always adequately addressed during the onset. The interests of the majority of stakeholders are often the same, but there are times when they diverge. During these times, RTC process efficiency breaks down, accountability becomes less defined, and defendants spend more time in custody than is necessary.</p> <p>As such, having an experienced and knowledgeable independent court liaison is critical to ensure statutory requirements are met and outcomes are benchmarked through the process.</p> <p>RTC Programs are Court programs and as such the client is the Judge/Court. These are not "Treatment" programs although treatment (usually Court Ordered medication) is part of the program. Judges need validated instruments and easy to understand reports from the RTC program so that they can make informed decisions on their cases.</p> <p>The In-custody RTC Program can benefit from having informed Judges that are supported by subject matter experts (Court Liaisons) and other systems such as a strong Out-patient RTC programs, Mental Health Court, and T-36 systems to ensure the least restrictive environment is maintained and that a continuity of care is achieved.</p>
Yuma	<p>The In-custody program takes place in the Yuma County Detention Center. Prisoners are housed in various units according to their prisoner classification. Legal Education and Psychological testing are conducted individually in the Contact Visitation room. Psychiatrist evaluations are conducted via Tele-med monitor individually in a medical interview room in the medical department. Mock Trials are conducted individually in the Video Courtroom when court is not in session.</p>	<p>The In-custody RTC Program can benefit from having informed Judges that are supported by subject matter experts (Court Liaisons) and other systems such as a strong Out-patient RTC programs, Mental Health Court, and T-36 systems to ensure the least restrictive environment is maintained and that a continuity of care is achieved.</p>

Title 36: Other Counties

County	Title-36 Service Provider	Management of budget & Title-36 services	What did you budget in FY 19 for Title-36? Did you increase that appropriation mid-year? Anticipated FY 20 budget?	What is your average annual number of Title-36 cases received each year? If possible, please provide the numbers for both COE & COT.
Coconino	The Guidance Center through a contract with AHCCCS	Public Health Services District	FY19 and FY20 Budget: \$1,350,000. No midyear increases - they are already built into this number.	From FY15 through FY18, the average number of Applications for Admission has been 488. From FY15 through FY18, average COE per fiscal year has been 265. From FY15 to through FY18, average COT per fiscal year has been 6.
Maricopa	Maricopa Integrated Healthcare System (MIHS)	Several County Departments have budgets for this service, the main ones are - The Judicial Branch, Office of Public Advocate, Maricopa County Attorney's Office, Clerk of Court. Although under a different county system, Maricopa Integrated Healthcare Systems supports the services for Title 36 patients..	This total would be a combination of the budgets of all of the agencies mentioned above. The Court budgeted approximately \$600,000 for FY 19. Approximately \$700,000 in additional funding is requested for FY20.	Petitions filed - COE - 7,994, COT 3,319
Mohave	Steward Health Care Network	Indigent Defense Services	In FY19 we budgeted \$1,250,000.00 for Title 36 Services. In FY20, we are anticipating a rate decrease due to changing providers mid fiscal year. The FY20 budgeted expenses are \$1,000,000.00.	Between FY17-FY18, Mohave County averaged 92 COE's per fiscal year. We also averaged 39 COT's for the same period.
Navajo	Changepoint Integrated Health/Changepoint Hospital	County Administration--Finance	Navajo County budgeted \$50,000 for Title 36 expenses. That budget was exceeded. The same amount is budgeted for this fiscal year, but we again, expect to exceed the line item amount.	<p>Year - COE - COT</p> <p>2009 - 26 - 8</p> <p>2010 - 50 - 8</p> <p>2011 - 55 - 10</p> <p>2012 - 40 - 7</p> <p>2013 - 37 - 10</p> <p>2014 - 68 - 23</p> <p>2015 - 57 - 15</p> <p>2016 - 92 - 16</p> <p>2017 - 71 - 6</p> <p>2018 - 79 - 9</p>
Pima	We contract with all the Evaluation Agencies in the County: Banner-South; Palo Verde; and Sonora. Our Crisis Response Center is also an Evaluation Agency but they do not hold patients all the way through Evaluation to Hearing. They do file Petitions for Court Ordered Evaluation.	Behavioral Health	3,000,000	1,812 PCOE per year for the past 5 years. We don't track COT Petitions because we don't pay for those days.
Yavapai	Pronghorn Psychiatry (for profit)	County Administration	\$1,074,000 for FY 19, capitated; \$954,000 for FY 20	Approximately 340
Yuma	Horizon Health and Wellness (HHW)	Yuma County Public Health Services District (YCPHSD)	\$1,600,000 for both FY 2019 and FY 2020, this is an increase from the budgeted amount of \$1,383 in FY 2018	HHW processes approximately 414 COE cases and 100 COT cases on average per year.

County	Does your involuntary bed need regularly exceed availability? If so, by approximately how many beds on average a day?	Is there a Crisis Intervention Team (CIT) established to respond to individuals experiencing a mental health crisis?	When transported by law enforcement does the officer remain with the individual during the pre-emption screening or evaluation process?
Coconino	No	Yes. Terros.	The officer only waits with the customer in the waiting room. Once the person is taken to medical staff, the law enforcement officer leaves.
Maricopa	Yes. There is typically a waiting list that can range anywhere from 30 - 60 people per day.	Yes.	No, the officer does not remain with the individual during the evaluation process.
Mohave	We frequently experience a lack of bed availability. As a rural county, our providers and resources are limited. By contracting with the RBHA in FY18, we are hoping to expand our bed availability by utilizing overflow facilities within the RBHA's network when needed.	Yes, however the service only recently came to Mohave County within the last month.	No.
Navajo	No	Yes	Not typically
Pima		A significant number of our law enforcement partners are CIT trained. Both the City of Tucson Police and the Pima County Sheriff maintain MHST (Mental Health Support Teams) who respond to T36 and substance abuse populations. Our Screening Agency through support from our RBHA have Crisis Mobile Teams that respond either independently to BH crisis or in conjunction with law enforcement.	No. Law enforcement does not transport for screening. In fact, the patients are not transported for screening at all - screenings take place wherever the patient is. In emergency situations law enforcement transports and drops the patient with the CRC which has a turn-around time of 8 minutes.
Yavapai	No	Yes - 2 mobile teams (Terros, Spectrum Health) and a Crisis Stabilization Unit	Only if taken to the emergency room for medical clearance
Yuma	Yes, HHW beds are typically at full capacity on a regular basis. However, the implementation of HHW's Observation (OBS) Unit helps to alleviate any issues with bed availability because they are able to hold clients until bed is available on the SAF Unit. Because of the nature of an acute unit, this wait is typically very short (approx. 24 hours) due to the fact that HHW has discharges patients almost on a daily basis. The SAF unit is typically at 76% capacity and the OBS unit typically at 67.7% capacity. (based on data from 2017-2019). This means that on average there are only 3 SAF beds available on a daily basis and approximately 4-5 OBS Unit beds available on a daily basis. This number may seem sufficient enough to admit new clients, but it is not when you take into account the typical barriers that keep a client from being admitted into the facility. Some of those reasons that include: the acuity of the client, they may need a single room for safety reasons and female/male bed availability (SAF only), other reasons may also include provider shortages.	Yes, it is operated by a different behavioral health agency.	Sometimes

County	Actual COE & COT cases year to date?	Have you seen a marked increase of Title-36 cases and/or costs in the last year?	What is the average number of people who don't qualify for COT? If possible provide the reasons the person did not qualify (drug abuse, cognitive impairment, etc.)	How many people had multiple petitions in the last year?
Coconino	For FY19 through March, COEs are 225 and COTs are 3.	Over the past two fiscal years the costs have remained similar, the marked increase was in earlier fiscal years. For example, in FY14 there were 275 applications for admission and in FY18 there were 513. The costs for the most recent years are: FY16 Estimated \$1,350,000, FY18: 1,325,000, FY17 \$1,299,094	Most do not qualify for COT due to insufficient evidence.	35
Maricopa	6,290	Yes	<p>Prehearing: The Petitioner will move to dismiss when one of the statutory required acquaintance witnesses does not appear, or when it is discovered in interviewing the witness, they do not have the requisite information per statute that is needed. This may be because this was not the best witness to subpoena to testify, or can be that the witness is "softening" their testimony because the patient is a family member. It is important to note, that unlike the rest of the court system, the Attorneys are not the ones choosing who is ordered to Court to testify.</p> <p>Common Issues: The patient has been diagnosed by the doctor with alcohol or drug disorder, (or both) and the acquaintance witness is unable to testify as to whether at least a component of the behavior that they witnessed was caused by a of mental disorder. This is more common in cases where the patient has admitted to using drugs or alcohol just prior to the petition for COE and especially where the patient has tested positive for drugs or alcohol upon admission.</p> <p>Another common reason is when the person is determined as voluntary status and released to their community support system. The crisis centers and hospital evaluate and drop the COE's based upon their assessments.</p>	1078
Mohave	Calendar year 2019 has produced 69 COE filings to date. Of those 69, 20 have proceeded to COT.	We have seen an increase in filings, thus producing additional costs. Filings have historically increased when the currently assigned doctor is providing evaluating services on a locum basis. We have attributed the increased filings to this doctor.	I'm uncertain what is being asked by this question, but will attempt to respond. FY17-18 had an average of 328 pre-petition screenings performed. Of that number, 39 made it to COT so the number of residents screened, but are not "qualified" for COT is considerable.	This data is not readily available; however there is a considerably number that are frequently evaluated, but do not reach the COT phase before being voluntarily admitted.
Navajo	COE57 COT13	Yes. We are on pace for 120 COE filings this year, which would be a new record for Navajo County, and also on pace for a record number of COT's. The number of new filings took a sharp uptick in 2016, and have continued since that time.	Counties receive no information on patients received by the screening agency that do not meet Title 36 criteria. Any information we do get is usually anecdotal.	Two
Pima	1698 COE petitions 10/18-4/19 - avg. 243 PCOE/mo.	We have seen an increase (36%) of the PCOE because the CRC is now filing the PCOE within 24 hours. The total number of cases being scheduled for hearing or an order for COT has not changed.	10/18-4/19: 85% of COE dropped prior to court. Of the dropped COEs - 43% dropped because and individual agreed to go voluntary. 57% were dropped for reasons other than voluntary (insufficient acuity level, primary diagnosis rather than mental illness, or allegations not sustained).	16% of people petitioned had more than one COE petition (299 of 1,910).
Yavapai	151 applications	No. Applications holding steady, costs are controlled via capitated contract	Approximately 18% do not have a qualifying mental disorder	Approximately 5%
Yuma	The actual case load year to date from January, 2019 to present is 50 COT and approximately 183 COE cases this year thus far.	Yes, increase in cost and cases. Decrease RBHA funding for local services	<p>The average percentage of people who do not meet criteria for COT is 76%, that is an average of 942 people that did not meet COT criteria from 2016-2018. Please keep in mind that this data only includes COE dismissals and not Applications for Emergency Admissions (AEAs) dismissals.</p> <p>*According to HW medical providers, and records, these are the possible reasons for drop: substance induced symptoms which resolve, patient becomes voluntary for treatment, no clear signs of previous noncompliance, no true imminent danger to self/others." A good estimate is that:</p> <ul style="list-style-type: none"> □40% of those were substance related disorders that cleared fairly quickly □30% were suicidal/self-harm cases that involved a substance or a temporary circumstantial trigger □25% were cases of serious mental illness that improved quickly or didn't quite meet criteria for COT □5% were cases involving medical, dementia, intellectual disability, etc (not great fit for COT) 	40 clients had multiple petitions last year, and increase from 30 clients the previous year

County	If an individual does not qualify for COT due to drug abuse or a cognitive impairment are they referred to other services or community resources?	Do you currently have patients awaiting long-term placement at ASH? If so, how many, where are they currently housed, and what is the average wait time?	Are there any additional details on the COE or COT processes (recent changes, pain points, etc.) you would like to provide?
Coconino	Yes, but there are limited local residential beds.	No	Most petitions are denied due to insufficient evidence. While tending toward individual and public safety could be a possible reason, oftentimes it is due to the poor quality of screening/assessments being performed and/or poor quality of paperwork submitted.
Maricopa	They are typically referred to other services by the Social Worker who works in conjunction with the assigned doctor at the hospital.	Yes. While they wait, these patients are housed at MIHS hospitals. There are currently have 4 patients waiting for beds at ASH this number has just been reduced from 7 because ASH recently had beds open up. Patients have waited as long as a year to go to ASH.	The title 36 process seems ripe for a "therapeutic court". Although all might not qualify, certainly those with strong support systems might be motivated to participate in a voluntary non prosecutorial court program that would encourage and prepare them to continue in treatment without further court intervention.
Mohave	Yes, the screening/evaluating provider is able to refer the patient for services, typically at the same facility.	When Mohave County has needed to refer patients to ASH, which is not often (approximately 1-2 per year), our experience has been that the agency is extremely resistant to accepting new patients and the wait time is extraordinarily long.	Mohave County changed our Title 36 provider mid FY19. As a result, we're hoping to experience changes—both in resources, quality of care, and fiscal impacts—however, the newly contracted provider has been unable to provide current data on some of the requested information in this survey, thus we had to utilize old data that was readily available.
Navajo	In the case of drug abuse, yes, as the screening agency in our county also provides drug abuse treatment services. Individuals with cognitive impairments are more difficult to refer. Sometimes they are referred to the Navajo County Public Fiduciary, but unless they qualify for Arizona Long Term Care (ALTCS), these individuals are difficult to help. The State has been tightening the requirements in their functional assessments which are necessary to qualify for ALTCS so much that it is difficult to place anyone unless they are literally unable to feed themselves or use a toilet. The State needs to adequately fund ALTCS so that needed services can be provided to those individuals who are unable to protect themselves and so that are communities are properly protected.	Not at the current time. However, ASH admissions have been known to take months, and the only place to house them pending ASH admission is the local treatment facility, which is not designed to hold patients for stays longer than thirty (30) days. It is unclear if the cause of this is lack of bed availability at ASH, failures in the RBHA to communicate properly, or the fault of local treatment providers.	Yes. It should not be necessary to ask the courts for a "Change of Venue," every time a Title 36 patient moves from one county to another. Title 36 patients move around the State with some frequency. We have a unified superior court in Arizona, meaning that an Order for Treatment entered in one county should be binding in all fifteen counties. Treatment orders can and should be designed so that any inpatient or outpatient treatment provider in the State can provide services to the patient without the need for a Change of Venue. Court approval for changes in the inpatient or outpatient treatment provider in the patient's case plan should not be required. Further, having the State divided into multiple RBHAs creates further continuity in care problems that are completely unnecessary. When a patient moves from one part of the State to the other, it should not create the continuity in care problems that currently seem to exist.
Pima	Yes	The County doesn't possess this information. The RBHA and treatment providers would but they don't report that information to the County.	Real time data sharing between providers and the CRC and PCADC. No health home designation.
Yavapai	Sometimes. No established practice.	No.	greater emphasis on crisis stabilization and case management is needed
Yuma	Yes	No	Yes, there has been a decrease in funding for the local Observation Unit which strains other parts of the system. The lack of a centralized system (Example: two different agencies provide Crisis Response and manage observation and SAF unit) is less efficient than a coordinated centralized response.

The Objective

To implement a Mental Health Diversion Program that will allow defendants who have a mental health issue an alternative to traditional prosecution. MHD will evolve from the partnership with local law enforcement, behavioral health, probation, and judicial system professionals, to connect defendants with services that will assist defendants regaining control of their lives and reduce or eliminate their contact with the criminal justice. In turn, Cochise County will find a balance between fiscal responsibly while meeting community needs.

The Opportunity

The creation of an MHD program will have several benefits:

- A reduction in costs associated with prosecution
- A safer community
- Mental health treatment for defendants

Timeline for Execution

Key project dates are outlined below. Dates are best-guess estimates and are subject to change until a contract is executed.

Description	Start Date	End Date	Duration
Project Start			
Milestone 1			
Milestone 2			
Phase 1 Complete			
Milestone 3			
Milestone 4			
Phase 2 Complete			
Milestone 5			
Milestone 6			
Project End			

Supplied Material

Documents	Included
Frequently asked questions	Yes
Mental Health Diversion Program Participant Handbook	Yes
Rule 11 Information	Yes
Glossary of frequently USED MHD terms	Yes

Rule 11 Information

Rule 11 Information

Rule 11.2. Motion for an Examination of a Defendant's Competence to Stand Trial
Arizona Revised Statutes Annotated Rules of Criminal Procedure
III. Rights of Parties
Rule 11. Incompetence and Mental Examinations (Refs & Annos)
16A A.R.S. Rules Crim.Proc., Rule 11.2
Rule 11.2. Motion for an Examination of a Defendant's Competence to Stand Trial

Currentness

(a) Motion and Order for Examination.

(1) *Generally.* At any time after an information is filed or an indictment is returned in superior court or a misdemeanor complaint is filed, the court may, on motion or on its own, order a defendant's examination to determine whether the defendant is competent to stand trial.

(2) *Motion to Determine Competence.* The moving party or the court must state facts for the requested mental examination.

(3) *Parties Authorized to Move for Competence Determination.* Any party, including a co-defendant, may move for a competence evaluation.

(4) *Proposed Examiners.* A party's motion may include a list of 3 mental health experts qualified under Rule 11.3 to conduct the examination. Any other party may include such a list in its response to the motion.

(b) Medical and Criminal History Records. No later than 3 days after the appointment of experts, the parties must provide the examining mental health experts with all of the defendant's available medical and criminal history records.

(c) Preliminary Examination. A court may order the defendant to undergo a preliminary examination to assist the court in determining if reasonable grounds exist to order the defendant's further examination.

(d) Jurisdiction.

(1) *Superior Court.* The superior court has exclusive jurisdiction over all competence hearings except as provided in (d)(2). If a limited jurisdiction court determines that reasonable grounds exist for further competence hearings, it must immediately transfer the matter to the superior court for the appointment of mental health experts.

(2) *Limited Jurisdiction Court.* If the matter of a defendant's competence arises in a misdemeanor case in a limited jurisdiction court, a limited jurisdiction court judge may hear the matter if the presiding superior court judge has issued an administrative order authorizing the limited jurisdiction court to do so.

(e) If Defendant Is Competent. If any court determines that a defendant is either competent or restored to competence, regular proceedings must proceed without delay.

(f) Dismissal of Misdemeanor Charges. If the court finds that a person has been previously adjudicated incompetent to stand trial under this rule, the court may hold a hearing to dismiss any misdemeanor charge against the incompetent person under A.R.S. § 13-4504.

Credits

Added Aug. 31, 2017, effective Jan. 1, 2018. Current with amendments received through 08/15/19

Frequently asked Questions

Frequently Asked Questions

Who is eligible for Mental Health Diversion?

A.R.S. § 11-362(A) sets forth the following guidelines for the conduct of any deferred prosecution program as defined in A.R.S. § 11-361 (“Program”) within the State of Arizona. (Those two statutes are attached). A defendant’s eligibility depends on the case type, facts of the case, defendant’s criminal history. The defendant must demonstrate a pre-existing mental health diagnosis or provide proof of a new diagnosis within 30 days of entering the program. The MHD Coordinator will review all cases for appropriateness; the assigned prosecutor has final discretion to accept or deny a defendant into the program. This program is for non-violent offenders. Defendants who have been charged or convicted of a violent crime, will not be accepted into the program.

How does the Mental Health Diversion Program process work?

After an eligible defendant is charged with a criminal offense, they will be given an opportunity to enter into a plea agreement requiring participation in the Mental Health Diversion Program. Through the Mental Health Diversion Program they will receive treatment and will avoid a conviction. Once the defendant successfully completes all terms of the program and plea agreement, the case will be dismissed. If a defendant fails to comply with the program, he or she will be sentenced according to the terms of the plea agreement.

How do I apply for Mental Health Diversion?

Defendants cannot “apply” for the Mental Health Diversion Program. Instead, a prosecutor may make a referral at the request of a defense attorney. The MHD Coordinator will review each case and consider, among other things, the charges involved, the circumstances surrounding the incident and the defendant’s prior criminal history to determine if a case is appropriate for the Mental Health Diversion Program. The recommendation of the MHD Coordinator will be forwarded to the prosecutor for final approval.

What charges are eligible for Mental Health Diversion?

Non-violent and nuisance crimes may be considered for participation in the Mental Health Diversion program. Violent crimes are not eligible for the Mental Health Diversion program. Eligibility for MHDP is not guaranteed and is determined on a case-by-case basis at the discretion of the prosecutor.

How much does the Mental Health Diversion program cost?

The cost is \$70.00 a month as established by the Board of Supervisors. Requirements are determined based on the charges filed, circumstances of the case and the defendant’s prior criminal background.

Monitoring Mental Health Diversion Compliance-

During Mental Health Diversion, each behavioral health provider monthly compliance reports to the MHD Coordinator. If the defendant experiences a relapse, reviews and recommendations will be made on a case by case evaluation with the guide lines set forth by Arizona Prosecuting Attorneys' Advisory Council: APAAC.

Program Handbook

MENTAL HEALTH DIVERSION PROGRAM PARTICIPANT HANDBOOK

Introduction

This handbook has been designed to explain the expectations and structure of the program. It is meant to answer any questions you might have and provide information about general information. The mission of the Mental Health Diversion Program is to provide an alternative to incarceration or conviction for defendants who have mental health issues, and to assist in achieving mental stability and non-criminal behavior.

Program Structure

As a participant, you will be expected to comply with directives from your mental health provider, comply with the tasks identified on your individualized treatment plan, and follow the instructions given by the Mental Health Diversion Coordinator. The individualized treatment plan will be created by the Mental Health Care Provider during your initial evaluation and will include different goals and objectives that you will be required to complete during treatment. Your treatment plan may change during the program in order to address your needs and provide resources as needed. Some examples of objectives identified on the treatment plan may include:

- 1) The Defendant will take all mental health medications as prescribed by their psychiatrist or primary care physician.
- 2) The Defendant will attend at least 6 individual counseling sessions with an approved vendor.
- 3) The Defendant will maintain sobriety from all illegal substances and submit negative drug tests throughout the duration of the program.

The Mental Health Diversion Coordinator will monitor your progress while you are in the program and you will be required to attend monthly office visits. You will also be required to call in and let the MHDC know how you are doing.

Program duration:

Health Diversion Program may last between three months and two years. The time period in the program will be determined by your needs and your progress throughout treatment. You may be required to enter a guilty plea prior to being admitted into the program. Once you complete the program successfully, your case(s) will be dismissed. If you do not complete the program successfully, your case(s) will be remanded to the court of origin.

Program Agreement:

- Acknowledge that failure to comply with any term of this agreement will cause the State to withdraw from the plea and proceed with the prosecution of this offense.
- Admit to the offense that you are charged with and agree that this admission may be used against you in court as allowed by law.
- Be truthful
- Consent to the release of health and mental health information as permitted under Arizona law
- Cooperate with mental health treatment and/or counseling as recommended.
- Do not commit any new criminal offenses while in the program
- Do not consume alcohol or any illegal drugs.
- Keep all medical appointments and appointments with the MHD Coordinator
- Keep the MHD Coordinator informed of your current address, telephone number and email address.
- Take all mental health medications as prescribed by your prescribing physician.

Phase System:

The Cochise County Mental Health Diversion Program has a phase system that consists of four different phases, each of which may take up to four months (or longer) to complete.

Phase One: Establish Services

– Establish or continue treatment with a recognized mental health provider. Examples: SEABHS, La Frontera, CPIH, etc. Demonstrate program compliance for 1 to 3 months to promote mood stability. Demonstrate compliance with the program agreement. Establish an individualized treatment plan. Participate in treatment as outlined on the treatment plan. Maintain sobriety from all illegal drugs and alcohol for at least 2 months.

Phase Two: Program Maintenance

Demonstrate program compliance for 3 to 6 months to promote mood stability. Continued compliance with the program agreement. Participate in treatment as outlined on the treatment plan. Maintain sobriety from all illegal drugs and alcohol for at least 3 months.

Phase Three: Continued Maintenance

Demonstrate program compliance for at least 6 months to promote mood stability. Continued compliance with the program agreement. Complete treatment goals on the treatment plan. Maintain sobriety from all illegal drugs and alcohol for at least 4 months. Complete a Transition to Discharge Plan.

Phase Four: Step-Down Phase

Demonstrate program compliance for at least 6 months to promote mood stability. Completed all treatment goals on the treatment plan. Complete a Transition to Discharge Plan. Maintain sobriety from all illegal drugs and alcohol for at least 4 months.

Graduation Requirements

- Actively engaged with community resources, such as, NAMI, AA, etc.
- All restitution fees paid in full.
- A clear demonstration that you have been fully engaged in your treatment and completed all program requirements.
- Employed or (unemployed and adequately supported by other means), such as retirement, disability, and family/spousal support. or measurable effort to obtain
- High School Diploma or GED (or measurable effort to obtain)
- Pay Program fee in full
- Completed Transition to Discharge Plan.

Contact Information Mental Health Diversion Program

Mental Health Diversion Coordinator:

Direct Extension: 520-432-8738 – Please leave your name, and a contact number where you can be reached.

Address: 150 Quality Hill Rd, 2nd Floor
P.O. Drawer CA
Bisbee, AZ 85603

Glossary of Frequently used MHD Terms

GLOSSARY OF FREQUENTLY USED MHD TERMS

Assertive Community Treatment

A multi-disciplinary clinical team approach of providing 24-hour intensive community services in the individual's natural setting that help individuals with serious mental illness live in the community.

Clinical Psychologist

A clinical psychologist is a professional with a doctoral degree in psychology who specializes in therapy.

Community Mental Health Team

This is a team of mental health workers who work together in a community setting. They often include Psychiatrists, Community Psychiatric Nurses, Occupational Therapists, Social Workers, Care workers, Psychologists.

Counselors

- Counselors work in various settings such as the independent or voluntary sector, GPs' surgeries and hospitals.
- Counselors offer counselling to those in need. Counseling aims to identify the problems a person is facing in any sphere of life and to help them discover effective ways of dealing with these. Simply talking through a problem with somebody neutral can often help a person to see a way forward.
- Counseling can be carried out informally by GPs, psychiatrists, nurses or in a more formal manner by counsellors. CPNs often carry out counselling in general surgeries.
- Counselors have people referred to them by GPs, social workers, CPNs and, in many circumstances, patient wishes, etc.

General Practitioners (GPs)

Doctors who are specially trained to work in a community setting, seeing any patients for any problems they have. They often work in a group, sharing resources. Access is usually available to any person who requests a consultation. Most health problems are dealt with solely by GPs and their staff, although they can refer on to specialist services.

HIPAA (Health Insurance Portability and Accountability Act of 1996)

United States legislation that provides data privacy and security provisions for safeguarding medical information. The law has emerged into greater prominence in recent years with the proliferation of health data breaches caused by cyberattacks and ransomware attacks on health insurers and providers.

Mental Health

A state of emotional well-being in which an individual can use his or her thinking and feeling abilities, live with others, and meet the ordinary demands of everyday life.

Mental Health Diversion (MHD)

is a form of diversion offered to individuals who have a diagnosed mental disorder? MHD focuses on treatment and is usually only available for individuals charged with less serious offenses. At times extenuating circumstances or unique circumstances permit other more serious offenses entry into the program.

Mental Illness / Ill health

A state where the persons mental health is disrupted so that their thinking, emotions or behavior are

affected to an extent that it influences their daily life. It does not necessarily mean that they have a diagnosable psychiatric disorder or need any form of medical treatment.

Mental Well-being

A good or satisfactory condition of thinking, feeling and living; a state characterized by health, happiness, and prosperity. It is a broader term than mental health, and includes the wider aspects of a person's life, not just how they feel.

Practitioner

A person who practices a profession or art, anyone licensed to provide healthcare services.

Primary Care

Community services which provide open access to patients. They include general practitioners, pharmacists, dentists, nurses and many others.

Recovery

This may not mean cure but does include not only a significant reduction in symptoms but also an improvement in the ability of the individual to lead a normal life including work, home life and leisure. Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

Restoration to Competency

Competency restoration is the process used when an individual charged with a crime is found by a court to be incompetent to stand trial, typically due to an active mental illness or an intellectual disability. A criminal defendant must be restored to competency before the legal process can continue.

Service Provider

A person or an organization that provides a service to a member of the public. This can be an NHS body, a small local group or a national voluntary sector organization.

This process will involve the use of forms, some of which will need to be created as needed.

The following forms may be used or modified to meet the needs of the programs. Additionally, other forms may be incorporated as needed.

ARIZONA HIPAA MEDICAL RELEASE FORM

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

I authorize _____ to disclose the following information
(Name of clinic, individual, etc.)

from the health records of:

Name (Please print first/last name)		_____/_____/_____ Date of Birth (MM/DD/YY)
(_____) _____ Phone Number		
Street Address		
City / State / Zip		E-mail Address

I authorize the following persons (or class of persons) to receive my Protected Health Information (PHI):

Name (Please print)	
Address	
City / State / Zip	(_____) _____ Phone Number
E-mail Address	

Please continue to page 2.

Form B: HIPAA Privacy Program
HIPAA Authorization

INFORMATION TO BE RELEASED (check as applicable):

- Allergy Records Consultations Developmental/Behavioral Discharge Summary
- Drug/Alcohol Treatment Genetic Testing HIV/AIDS History & Physical
- Hospital Records & Reports Immunizations Surgical Reports Laboratory Reports
- Prescriptions Psychiatric Sexual Assault Sexually Transmitted Disease
- Treatment or Tests X-Ray Reports Other Communicable Disease
- Other (Specify):

- OR -

- ENTIRE RECORD excluding the following (CIRCLE as applicable):

Sexually Transmitted Disease HIV/AIDS Other Communicable Diseases Genetic Testing

Developmental/Behavioral Health Care/Psychiatric Care Treatment of Alcohol and/or Drug Abuse

Information about Child Abuse/Neglect

FOR THE FOLLOWING DATE(S) OF SERVICE:

From (MM/DD/YYYY): ____ / ____ / ____ To (MM/DD/YYYY): ____ / ____ / ____

PURPOSE FOR DISCLOSURE (Check applicable categories):

- Treatment Research Medical Hardship Waivers Legal Investigation or Action
- Insurance Eligibility/Benefits Other (Specify):

Please continue to page 3.

**Form B: HIPAA Privacy Program
HIPAA Authorization**

I understand information in my health record may include information relating to Sexually Transmitted Disease, Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) and other communicable diseases, genetic testing, Developmental/Behavioral Health/Psychiatric Care, and treatment of alcohol and/or drug abuse. My signature authorizes such release as indicated above.

I understand that the information disclosed by this authorization may be subject to redisclosure by the recipient and no longer protected by the Health Insurance Portability and Accountability Act of 1996 or other applicable federal and state law. However, redisclosure by school officials may be subject to student education records privacy laws.

I understand that if I agree to sign this authorization, I may keep a signed copy of the form. I understand that I am under no obligation to sign this form and that the person(s) and/or organization(s) listed above who I am authorizing to use and/or disclose my information may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization. However, if my treatment is related to my participation in a research study, I understand that I may be refused treatment if I do not sign this Authorization.

I have read and understood the terms of this Authorization and I have had a chance to ask questions about the use or disclosure of my health information. I authorize the named entity above (page 1) to use or disclose my health information in the manner described above.

SIGNATURE: _____ DATE: _____

Description of Authority to sign if personal/legal representative:

IDENTITY OF REQUESTOR VERIFIED VIA: Photo ID Matching signature Other: _____

In the matter of, _____, Cochise County Adult Diversion Program case # _____

ADULT DIVERSION PROGRAM OBLIGATIONS

The following is a list of obligations that you must understand before you can make an application for the Cochise County Attorney’s Adult Diversion Program. These conditions will also apply if you are accepted into the Program.

1. _____ Involvement in the Program is voluntary. I may withdraw from consideration or participation in the Program at any time and understand that I will then return to Court for this offense.
2. _____ Truthfulness is important in determining acceptance into the Program. All information given in the application and during the interview will be reviewed and verified. Any intentional falsifications or omissions may result in rejection or revocation. It should also be understood that during diversion consideration and/or participation there is no confidentiality of information.
3. _____ Upon **acceptance** into the Program, I will have to make a Statement of Facts in writing and/or on tape, admitting the offense. Should I not, for any reason, satisfactorily complete the Program, or should prosecution be resumed against me, **THE STATE INTENDS TO USE THE STATEMENT AGAINST ME IN ALL FUTURE COURT PROCEEDINGS.**
4. _____ Should I be **rejected** from the Program, information I may have given or the fact that I applied would not be used against me by the prosecutor in the case but may be used for impeachment purposes if I tell a different story in court.
5. _____ I must not leave the State without first receiving consent from this office and from the court through my attorney.
6. _____ I must not knowingly associate with persons who violate the law, and I must not violate the law again or I may be prosecuted for both the new offense and for this offense.
7. _____ I must cooperate with and report to this office as requested. I must meet all of the conditions of my individual program, and I must also cooperate with any agency to which I am referred.
8. _____ I understand that failure to fulfill any of these obligations may be considered sufficient cause for my rejection or revocation by the Cochise County Attorney’s Adult Diversion Program, and that I may then go to court for this offense.

Signature of Applicant: _____ Date: _____

STATE OF ARIZONA)
)ss.
County of Cochise)

SUBSCRIBED and Sworn to before me by _____ on this _____ day
of _____, 2019.

NOTARY PUBLIC

CHILDREN: Indicate the relationship to you (you and your spouse's children, your Children from a previous marriage, your spouse's children from a previous marriage, foster children.)

Full Name	Sex	Age	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY HISTORY:

Father _____ Age _____ Place of Birth _____
 Address _____ Occupation _____
 Street City State

Mother _____ Age _____ Place of Birth _____
 Address _____ Occupation _____
 Street City State

Stepparent _____ Age _____ Place of Birth _____
 Address _____ Occupation _____
 Street City State

BROTHERS / SISTERS:

NAME	M/F	AGE	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your current relationship with: (Circle one answer)

Father:	Good	Adequate	Indifferent	Bad	None
Mother:	Good	Adequate	Indifferent	Bad	None
Brother/s:	Good	Adequate	Indifferent	Bad	None
Sister/s:	Good	Adequate	Indifferent	Bad	None

Are your parents aware of your present offense? Yes _____ No _____

EDUCATION:

Do you have a high school education? Yes _____ No _____ GED _____

Circle highest grade completed:

Less than: 8th 9 10 11 12 College: 1 2 3 4+

List any high school, colleges, business schools, trade schools attended starting with the most recent one.

SCHOOL NAME	ADDRESS	DATES ATTENDED/DIPLOMA
-------------	---------	------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSING:

With whom are you living at the present time? _____

Alone with parents spouse friend (name) _____

Amount of rent/mortgage \$ _____

How long have you resided at the present address? _____

How long have you resided in Cochise County? _____

How many places have you lived in the past year? _____

EMPLOYMENT HISTORY: (Circle One)

Employed

Unemployed

Occupation _____

Are you satisfied with your present employment?

Yes ___

No ___

Starting with your present employment, list your employment for the last two years. If unemployed, start with your most recent employment.

Employer

Address

Type of work

From - To

FIXED INCOME AND EXPENSES:

Net Monthly Income
After Deductions

Fixed Monthly Expenses

Yours \$ _____

Mortgage or Rent \$ _____

Spouse \$ _____

Utilities (average) \$ _____

Child Support \$ _____

Car Payment \$ _____

Interest / Dividends \$ _____

Insurance \$ _____

Other \$ _____

Other \$ _____

PREVIOUS INVOLVEMENT WITH LAW ENFORCEMENT:

Have you ever been arrested before as an adult?

Yes ___

No ___

If so, charge/s: _____

Where? _____ Date: _____

Disposition _____

Do you have any outstanding traffic tickets?

Yes ___

No ___

If so, citation/s: _____

Where? _____ Date: _____

ADULT DIVERSION PROGRAM – VOLUNTARY DIVERSION AGREEMENT

APPLICANT:

APPLICANT’S ATTORNEY:

ADULT DIVERSION:

On this date the above named person having made an application for the status of Diversion Participant, and having been recommended for that status by the Adult Diversion Program, and the County Attorney believing that this person is not likely again to engage in an offensive or criminal course of conduct and that the public good does not require that this person be prosecuted at this time.

THEREFORE, the County Attorney accepts the said person’s application and agrees that he/she be placed on Voluntary Diversion Participation Status under the supervision of the above named department/program, and on the conditions set forth below.

IT IS FURTHER AGREED by the County Attorney that said person, during the diversion participation period herein fixed, shall abide by the following conditions, which conditions he/she has voluntarily agreed to as attested by his signature below.

I, _____, hereby voluntarily agree to abide by the following conditions of Diversion Participation for a period of _____ months from and after the date approved herein by the County Attorney.

- 1) To make a truthful report to the Diversion Director, and make a written statement regarding my culpability in the Diversion offense, and I understand that this Statement of Facts can be used against me in any Court proceeding if I should not satisfactorily complete the program, for any reason.

- 2) To participate in _____ hours of community restitution/service as directed and to hold harmless the County of Cochise, a body politic of the State of Arizona, its board members, officers, employees, agents and other officials and any employer to whom I am assigned to perform any work, or any employee or agent thereof, from all, damages, losses, expenses, or claims for bodily injury, sickness, disease, death, personal injury or property damage sustained by me and arising out of, resulting from the performance or furnishing of work or services under this Agreement.

- 3) To attend counseling sessions and/or complete an educational program that will be administered independently of the Adult Diversion Program, as directed. I understand the type of counseling and/or classes to be completed are at the sole discretion of the Adult Diversion Program, and that non-attendance or failure to complete the counseling/classes will be good cause to terminate me from the Adult Diversion Program. Furthermore, I understand that attending counseling and/or classes will be done at my own expense and that the Adult Diversion Program will not assist me with any resulting fees, transportation or any other costs arising from my attendance.

- 4) To be subjected to random testing, at the sole discretion of the Adult Diversion Program. I understand that the Adult Diversion Program may require that I provide a sample of my urine or bodily fluid for evaluation by an independent agency, and that I will be responsible for any fees, transportation and other expenses related to this testing. The tests may be required more than once, and must be completed within 24 hours of the request. I understand that failure to be tested within 24 hours of the request and/or failing the said test will result in my termination from the Adult Diversion Program.

- 5) To remain fully employed while in the Adult Diversion Program. I understand that it is my responsibility to be a productive citizen by maintaining full time employment (40 hrs/wk) or its equivalent (as determined by the Adult Diversion Program), and that my failure to do so will result in my termination from the Adult Diversion Program.

- 6) To pay all Adult Diversion fees in full prior to my successful release from the program, and to pay all restitution as directed prior to my successful release from the program. I understand that failure to pay will result in my termination from the Adult Diversion Program.

- 7) To abide by all other terms and/or conditions required of me by the Adult Diversion Program, including but not limited to law abiding behavior and the reporting of any law enforcement contact. I understand that entry into the program is an opportunity that represents my chance to correct my mistake and take full responsibility for my prior illegal behavior/s.

I have read the foregoing diversion participation agreement and acknowledge receipt of a copy thereof. I have discussed with my attorney all of the ramifications associated with participation in this program, including waivers of applicable constitutional rights, and I understand that my agreement to abide by the above conditions of diversion participation is voluntarily made on my part. I fully understand that should I fail to abide by all of the above conditions I shall, thereby, have voluntarily terminated my status as a Diversion Participant.

Signature of Applicant: _____

Date: _____

Applicant's Attorney: _____

Date: _____

Adult Diversion: _____

Date: _____

Cochise County Superior Court

Cochise County JP Court(s)

THE STATE OF ARIZONA,

Plaintiff,

vs.

Defendant.

Case No.

MENTAL HEALTH COURT

DEFERRED PROSECUTION

AGREEMENT

The State of Arizona, by and through its attorney undersigned, and the defendant, by and through his / her attorney undersigned, hereby agree to the following:

ELIGIBILITY

The defendant has undergone an assessment by a mental health treatment provider and is recommended for the mental health court deferred prosecution program. The crime(s) for which the defendant stands charged does not involve the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument. The defendant fully understands what participation in the mental health court deferred prosecution program involves.

CHARGES

Prosecution of the defendant for the following charge(s) shall be deferred:

1 **VICTIM NOTIFICATION**

2 If required, victim notification has been made, and the victim(s), if any, have had an opportunity
3 to confer with the prosecutor regarding this case.
4

5 **TERM**

6 The term of deferral shall commence on the date this agreement is signed by a judge, and shall
7 continue for _____ months. The term may be extended as set forth in the paragraph below
8 titled *Sanctions*.
9

10 **TREATMENT PROVIDER**

11 The defendant's treatment provider is: _____

12 Their address and telephone number are: _____

13 The defendant's Case Manager is: _____

14 The Case Manager's telephone number is: _____

15 **DEFERRED PROSECUTION PROGRAM REQUIREMENTS**

16
17 The defendant understands and agrees to satisfy all of the following requirements during the term
18 of deferral:
19

- 20
- 21 1. Enroll, re-enroll or continue in behavioral / mental health treatment as prescribed by
22 the treatment provider or case manager.
 - 23 2. Cooperate and follow all requirements set forth in the treatment plan including
24
 - 25 • Drug and alcohol testing, if applicable
 - Take prescribed medication as directed

- 1 • Keep all appointments
- 2 3. Do not consume any alcoholic beverage, illegal drug or non-prescribed prescription
- 3 drug.
- 4 4. Appear at all scheduled court proceedings.
- 5 5. Immediately advise the Court of any change in telephone number or address.
- 6 6. Violate no laws (civil traffic laws excepted).
- 7 7. Comply with all conditions of release as ordered by the Court.
- 8 8. Pay all fines, fees and restitution as ordered.
- 9 9. Other: _____

11

12 **SANCTIONS**

13 Failure to comply with any of the requirements of this agreement may result in the imposition of

14 sanctions, including, but not limited to the following:

- 15 • Increase in the length of the term of deferral not to exceed one year.
- 16 • An arrest warrant for failure to appear for any court appearance
- 17 • Jail time when picked up on a warrant for failure to appear for court
- 18 • Expulsion from the Deferred Prosecution Program and resumption of prosecution

19

20 **CONSENT TO DISCLOSURE OF CONFIDENTIAL INFORMATION**

21 The defendant consents to communication by and between any treatment provider, the

22 defendant's case manager, Cochise County Attorney's Office the defendant's attorney's office.

23 The purpose of this consent is to inform the parties of the defendant's attendance and progress in

24 treatment. The extent of the information to be disclosed is the defendant's diagnosis,

25 information about the defendant's attendance or lack of attendance at treatment sessions, the

1 defendant's cooperation with the treatment program, prognosis and future treatment plans. The
2 disclosed information will only be used as it relates to the defendant's participation in the mental
3 health court deferred prosecution program for Cochise County Attorney's Office. This consent
4 will remain in effect and cannot be revoked until there has been a formal and effective
5 termination of deferral or other proceeding under which the defendant was mandated into
6 treatment. Any disclosure made is bound by federal law and regulations governing
7 confidentiality of alcohol and drug abuse patient records (42 U.S.C. § 290dd-2; 42 C.F.R. Part 2)
8 and recipients of this information may re-disclose it only in connection with their official duties.
9

10 **RESTITUTION**

11 The defendant shall pay restitution not to exceed \$ _____. The details of
12 restitution are included in the *Restitution Worksheet* submitted to the Court under separate cover.
13

14 **DEFERRED PROSECUTION PROGRAM FEE**

15 The defendant shall pay a deferred prosecution program fee in the amount of \$ _____.
16

17 **OTHER FEES**

18 The defendant shall pay any fees required by the treatment provider for the implementation of
19 services. The costs of the services are subject to review by the Judge at the request of the
20 defendant.
21

22 **WAIVER OF SPEEDY TRIAL**

23 The defendant understands that by entering into this agreement s/he waives (gives up) all rights
24 to a speedy trial and the time limits that pertain during the term of this deferred prosecution
25 agreement.

1
2 **DISMISSAL OF CHARGE(S)**

3 The parties agree that the state will move to dismiss the charge(s) with prejudice if the defendant
4 satisfies the terms and conditions of this agreement. The defendant agrees that his / her failure to
5 perform any of the terms or conditions of this agreement could result in the state revoking this
6 agreement, not dismissing the charge(s) and resuming prosecution.
7
8

9 _____
Date

Defendant

10
11 _____
Date

Defendant's Attorney

12
13 _____
Date

Prosecuting Attorney

14
15 IT IS HEREBY ORDERED that this Agreement be accepted.
16
17

18 _____
Date

Magistrate

STATE OF ARIZONA vs. _____ Defendant	Plaintiff	Docket Number(s) _____ _____ _____	PRETRIAL MOTION FILED IN OPEN COURT DATE: _____
---	-----------	---	--

<input type="checkbox"/> DMTC	<input type="checkbox"/> SMTC	<input type="checkbox"/> NO OBJECTION	<input type="checkbox"/> OBJECTION
CONTINUANCE IS REQUESTED FOR THE FOLLOWING REASON(S):			
<input type="checkbox"/> TO MEET WITH ATTORNEY <input type="checkbox"/> WITNESS INTERVIEWS <input type="checkbox"/> COMPLETE /REVIEW DISCLOSURE <input type="checkbox"/> APPOINT ATTY ___SSJ___IJ <input type="checkbox"/> RETAIN ATTY <input type="checkbox"/> NTR (After / Before _____) OTHER _____	<input type="checkbox"/> FURTHER INVESTIGATION <input type="checkbox"/> PLEA NEGOTIATIONS <input type="checkbox"/> TO NOTIFY VICTIM(S) <input type="checkbox"/> MISDEMEANOR COMPROMISE <input type="checkbox"/> REASSIGN TO _____ <input type="checkbox"/> DEFENDANT WAIVES TIME		

NEXT COURT DATE SUGGESTION:

OTHER MOTION: _____

DEFENDANT IS **PRESENT** **NOT PRESENT**

REQUEST TO WAIVE DEF'S PRESENCE (GOOD CONTACT AVOWED)

DEF. REQUESTS OSC IN LIEU OF WARRANT

STATE REQUESTS WARRANT

VICTIM (IF APPLICABLE) IS **PRESENT** **NOT PRESENT**

WHAT AGENCY IS DEFENDANT WITH? _____

ASSIGNED ATTORNEY: _____ **SCHEDULED TIME:** _____

PD/Attorney: _____

Next Court Date: _____

**RELEASE OF INFORMATION AND REQUEST TO ENTER THE PROSECUTOR'S MENTAL HEALTH DIVERSION PROGRAM
and/or to enter in Mental Health Court**

FROM: _____ DOB: 01/13/1993 PHONE: _____

DOCKET #: _____

ADDRESS: _____

I, _____ would like to be considered for the Mental Health Diversion Program.
Defendant's signature

My program is: (circle one) GMH SMI SA PRIVATE _____

My behavior health agency is: LFC COPE CODAC HOPE Other _____

My Doctor/Case Manager/Counselor's name is: _____ Fax #: _____

Professional's address: _____ Phone #: _____

I understand and agree to each of the following conditions: Please initial each number.

1. _____ Enroll/re-enroll/continue behavior/mental health treatment as prescribed by the above agency or case manager.
2. _____ Violate no laws.
3. _____ Remain alcohol and drug free.
4. _____ Cooperate and follow all requirements set forth in my treatment plan, including, if applicable, drug and alcohol testing and comply with all conditions of my release. The monitoring/supervision will last a minimum of six months.
5. _____ Attend and complete any additional diversion program requirements such as community service, education/counseling programs and pay all fines, restitution, etc.
6. _____ Failure to comply with court orders or mental health treatment may result in prosecution, and failure to appear in court will result in a warrant for arrest.
7. _____ Compliance with the above requirements will result in a recommendation to the Court that the charges be dismissed.
8. _____ I hereby consent to communication between the above mental health/alcohol/drug treatment program/agency/counselor and Tucson City Court, the Prosecutor's Office, the Public Defender's Office and the Regional Behavioral Health Authority for Southern Arizona (RBHASA).

I understand that the purpose of giving my consent is to inform the criminal justice agency(ies) listed above of my attendance and progress in treatment. The extent of the information to be disclosed is my diagnosis, information about my attendance or failure to attend treatment sessions, my cooperation with the treatment program, prognosis, and future treatment plans.

I also understand that disclosed information will only be used in the determination and participation in the Tucson City Court-Mental Health Court and the Prosecutor's Mental Health Diversion Program.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of diversion, probation, or other proceeding under which I was mandated into treatment.

I also understand that any disclosure made is bound by the federal law and regulations governing confidentiality of Alcohol and Drug Abuse Patient Records (42 U.S.C. § 290dd-2; 42 C.F.R. Part 2) and that recipients of this information may re-disclose it only in connection with their official duties.

Signature of Applicant or Defendant

Date

Signature of Witness

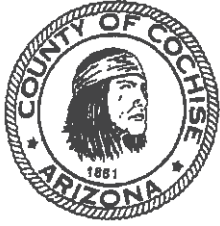
Date

Original to RBHASA Copies to Defendant, Prosecutor, PD

ATTENDANCE SHEET

NAME _____

NO.	DATE	NAME/TYPE OF GROUP	SIGNATURE OF COORDINATOR OR SPONSOR FOR VERIFICATION OF ATTENDANCE
1			
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OFFICE OF THE
COCHISE COUNTY ATTORNEY
ADULT DIVERSION PROGRAM
P.O. Drawer CA
Bisbee, Arizona 85603

BRIAN M. McINTYRE
COCHISE COUNTY ATTORNEY
Telephone No.: (520) 432-8700
Fax No.: (520) 432-8778

COCHISE COUNTY ADULT DIVERSION PROGRAM
REPORT FORM

MAIL/DELIVER AS DIRECTED
(Failure to report can result in revocation from the program)

Name: _____ Email: _____

Address _____ / _____
(Street/P.O. Box) (City) (State) (Zip) (Phone)

1. I live: Alone/ With Parents/ Spouse/ Friend (Name) _____
(Circle One)
2. Means of transportation: (Circle One) Car/ Bus/ Motor Cycle/ Bicycle/
Other _____
3. I am reporting for the month of _____
4. I am/am not employed. Place: _____
5. Type of work I am doing: _____
6. Earnings: \$ _____ per: Hour/ Week/ Month (Circle One)

Have you been arrested during the past month? _____

Have you had any problems or difficulties during the past month? _____
(Yes/No)

If the answer is "Yes" describe details on reversed side.

Are you enclosing a payment on restitution and/or supervision fee? _____
(Payment must be made payable to "Adult Diversion Program"
by **Money Order ONLY** no checks or cash accepted.) (Yes/No)

If not, why not? _____
(If not, please include an explanation on the back of this form detailing how when you intend to become current.)

Signature _____

Date _____