



PIMA COUNTY
JUSTICE SERVICES



Pima County

Transition Center

2025 | Annual Report

Pima County Transition Center

Annual Report 2025

Executive Summary

The Pima County Transition Center, operated by the Department of [Justice Services](#) (DJS), was launched in 2023 to engage individuals leaving jail, police custody, or in need of overall justice system navigation, and has the goals of reducing future justice system involvement, increasing public safety, and promoting access to services that support recovery and positive behavioral change. The facility is located outside the Pima County Adult Detention Complex (PCADC) and operates Monday to Friday, 8 am to midnight. In 2026, the program intends to double the number of Navigators (to eight County and four City employees) to enable program expansion to seven-day-a-week operation.

In the calendar year 2025, the Pima County Transition Center experienced exponential increase in program utilization – **almost 2,500 unique justice-involved individuals were served** in 2025, almost doubling 2024 utilization. Also notable is the increase in engagement with loved ones of a justice-involved person, who sought information on navigating the justice system and support (**more than 100 families assisted in 2025**).

The Transition Center made significant progress in reducing jail rebookings. In 2024, participants had a 10 percent 30-day rebooking rate, compared to 27 percent for the control group. By 2025, this rate dropped to 6 percent, a further 45 percent reduction from the previous year.

Transition Center’s court appearance rate increased from 44 percent in 2024 to 47 percent between January and October 2025 (based on publicly available court records). This shows progress compared to the historical rate of about 30 percent among similar populations facing substance use and homelessness charges. Building on this progress will remain a priority in 2026.

Other significant milestones this year include:

- **Utilization:** Transition Center staff completed over 11,000 points of service (defined by in-person, phone call, email, or other direct communication) throughout 2025. Two months, September and October, saw over 1,000 points of service in each month.
- **Launch of the “Mobile Transition Center”** and collaboration with Tucson Police Department to conduct outreach and enforcement along the Chuck Huckleberry Loop and throughout the community (77 people taken to the Transition Center from the Loop or washes in 2025).
- Implementation of a **participant satisfaction survey**, in which all 177 participants reported either being very satisfied (92 percent) or satisfied (8 percent) with the service they received during their visit. Significantly, one of the next most popular referral sources was word of mouth from past participants.

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A lack of adequate, stable housing continues to be the most significant factor to a participants success. Roughly two-thirds of those *with* housing will appear in court, and the inverse is true for unsheltered: more than two-thirds of those *without* housing will receive a Failure to Appear warrant. While progress was made in 2025 toward expanding emergency shelter options, the need to place justice-system involved persons in stable, long-term housing remains significant.

Other trends or meaningful data insights in 2025 include:

- A marked increase in people with felony charges using the Transition Center: 2025 saw a 40 percent increase in participants with felonies as a leading charge.
- Assistance to **181 individuals in proactively resolving warrants**, in addition to those who were able to self-resolve a warrant via the [Warrant Resolution](#) website.
- An almost **ten-fold increase** in alternative ways to engage with clients: 2,387 individuals received follow up via phone calls and/or text, as opposed to 299 in 2024.

With promising trending and steadily increasing utilization, the Transition Center seeks to address these challenges in 2026:

- Justice Navigators report that one of the biggest challenges with participants is their willingness to receive treatment or ongoing services, after the Transition Center. There is a **15 percent improvement in court appearance for those who consent to court reminder phone calls**. This data cues staff to explore ways to incentivize participants to at least consent to ongoing contact with Justice Navigators, even if the individual is unwilling to explore other treatment or housing options at that time.
- Data collection and outcome analysis specific to services individuals receive *after* the Transition Center, to better identify which services correlate positively to reduced future justice system involvement. Implementing a universal release of information form will aid this endeavor.
- With the expansion to seven-day-a-week operations, the Transition Center will need to identify and secure services available on weekends to maintain its standard of immediate placement.

As the Transition Center enters 2026, the program is well positioned to build on demonstrated success while addressing the barriers that continue to drive justice system involvement. Planned expansion to seven-day operations, enhanced data collection, and targeted participant engagement strategies will further strengthen the ability to intervene at critical moments. This work advances the [Pima Prosperity Initiative](#) and the [Board of Supervisors' One Pima](#) vision (as well as Tucson's [Safe City Initiative](#)) by improving public safety outcomes, increasing system efficiency, and promoting stability through access to housing, treatment, and supportive services. With sustained investment and cross-system collaboration, the Transition Center can continue to reduce rebookings, improve court compliance, and serve as a scalable, evidence-informed model for coordinated justice and community-based response across Pima County.

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Published February 2026
by Department of Justice Services,
Pima County Government

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Overview

About the Department of Justice Services

The Pima County Transition Center is operated by [Department of Justice Services](#) (DJS), which seeks to enhance community safety, reduce the cycle of incarceration, and improve outcomes associated with the justice system. As a government department, it serves as a central hub for justice system planning, innovation, and service coordination, and is both distinct from and complementary to other justice agencies, offering a range of community-serving programs, robust data infrastructure, and public engagement initiatives. It was created to enhance the efficiency and effectiveness of the criminal justice system and coordinate key justice activities across the community, including:

- Oversee strategic planning,
- Guide and promote policy development,
- Allocating resources to support justice initiatives,
- Improve public safety,
- Serve as a central repository for data collection and analysis,
- Monitor trends and capture historical changes for posterity and future analysis,
- Facilitate cross-system problem-solving,
- Actively promote community engagement,
- Provide public education and awareness of justice-system resources, and
- Offer training and education.

The functions of DJS generally fall into three primary categories: Justice-Supportive Programming, Community Engagement, and, lastly, Data Collection, Research, and Policy. Additional programming and department initiatives are available in [Appendix 1](#).

Transition Center

The Pima County Transition Center was launched in 2023 to address a critical gap in the justice and public safety system: what happens when individuals leave custody or encounter law enforcement but lack immediate access to services that could prevent further involvement in the justice system. Designed as a voluntary, no-wrong-door access point, the Transition Center connects justice-involved individuals to housing support, behavioral health and substance use treatment, court navigation, and other critical resources at a pivotal moment. Additional historical information regarding development and Board of Supervisor updates can be found under [Appendix 2](#).

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An individual walking into the Transition Center (or contacting staff via phone or email) can expect the following interventions:

- Offer of comfort items to establish rapport and help to calm the person, such as water, food, and clothing
- Brief assessment of participant's status within the justice system, as well as identification of needs (food, treatment, or shelter)
- Conversation utilizing various techniques (like [Motivational Interviewing](#)) to help the individual walk-through options and create a plan
- Coordination with service providers in the community (shelter, treatment, employment, or other resources) for immediate referral
- Coordination of transport (if needed)
- Peer support, encouragement, promotion of recovery, and provision of hope that the participant can make positive personal change



During these interactions, Justice Navigators collect demographic information, which is used to inform Continuous Quality Improvement (CQI); this data is reviewed monthly with DJS leadership and quarterly with Justice Navigators.

In two years of operation, the Transition Center has experienced exponential growth in utilization, reflecting both rising community needs and increasing reliance on the Center by system partners. Since opening, the Transition Center has served **4,168 unique individuals**, including 2,470 in calendar year 2025 alone. Service touchpoints have increased alongside utilization: as of the end of 2025, the Center has delivered 13,959 total points of service since opening, of which 11,621 occurred in 2025 alone (“points of services” includes both initial engagements and follow-up outreach efforts).

The Prebooking Modular or jail referred the majority of justice-involved individuals who came through the Transition Center in 2025, though 11 percent were referred by other agencies. The top

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five other referral agencies comprising this 11 percent in 2025 were the Pima County Reentry Center, the Tucson City Court Public Defender, word of mouth, Pima County Adult Probation, and Tucson Police Department. New partners emerged in 2025 as well, including Tucson Indian Center, El Rio, Tohono O’odham Workforce Development, and more. In addition, the number of individuals served that were not justice-involved (i.e., family, friends, and case workers of justice-involved individuals) increased by 89 percent from 2024 to 2025. For additional review of data metrics and insights, see [Population Overview, Metrics for Success, & Other Data Insights](#).

This growth has not been incidental. Throughout its operations, DJS staff have intentionally adapted the Transition Center’s services and engagement methodology in response to continuous feedback loops. Operational refinements have been informed by:

- Real-time data on utilization, outcomes, and referral patterns;
- Direct input from participants regarding barriers, needs, and accessibility; and
- Changing community dynamics related to homelessness, substance use, and public safety.

As a result, the Transition Center has remained flexible and responsive rather than static—adjusting staffing patterns, outreach strategies, and service coordination to meet evolving needs. The previous annual report can be found in [Appendix 3](#).

Transition Center Programmatic Updates

Formally, programmatic success at the Transition Center is defined by reductions in rebooking rates and increases in court appearance rates – both of which were observed in 2025. However, progress in the Transition Center program and its participants has been observed in many additional ways –

individuals’ success stories, cost-savings in other areas of the justice system (such as fewer bookings), and increased utilization of other services that promote treatment and recovery. The Transition Center team advises that from their perspective, success is defined by meeting people where they are, recognizing that progress looks different for each individual, and creating an environment where people feel safe enough to engage when they are ready.

Transition Center Growth



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Rebooking and Court Appearance Metrics

The core metrics of success for the Transition Center – a reduction in 30-day rebooking at the jail and an improvement in court appearance rates both show progress over the already promising outcomes observed in 2024.

In 2025, only 6 percent of justice-involved individuals who visited the Transition Center were rebooked within 30 days, compared to 27 percent of individuals in a control group. This represents a significant reduction in short-term rebooking, building on improvements from 2024, when 11 percent of participants were rebooked within 30 days. From 2024 to 2025, the program achieved a 45 percent reduction in 30-day rebooking among Transition Center participants, highlighting the program’s effectiveness in supporting stability and reducing recidivism, as illustrated in the chart below.

Metric	2024	2025	Control Group (2023)
30- Day Rebooking Rate	11%	6%	27%
Change from Prior Year	-	45% reduction	-

The Transition Center’s court support strategies contributed to improved court appearance rates in 2025. Seven percent of justice-involved individuals who visited the Center attended their next court date, a 6 percent increase from 44 percent in 2024. Analysis also found a significant correlation between receiving court reminders and court appearance, with individuals who received reminders more likely to attend their scheduled court dates. Court reminders and proactive support from the Transition Center contributed to higher court attendance, helping participants follow through and remain engaged in the justice process.

For additional information about these and other metrics, see: [Population, Demographics, and Meaningful Takeaways](#).

Any comments or feedback? Additional comments please use back of form.

I would like to say thanks for saving my life you have completely help and saved me



Program-Level Success

At the program level, success is reflected in deeper engagement and stronger continuity over time. Increasingly, staff can reach participants after initial contact, and individuals are better able to articulate what they need and the steps required to move forward. Trust has grown to the point that participants return, sometimes after initial reluctance, when they are ready to seek treatment, resolve a failure-to-appear warrant, or address transportation and court-related barriers. Thirty-two percent of unique individuals served in 2025 had at least one follow-up contact with justice

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navigators, whether to request additional resources, confirm receipt of a court reminder, or update navigators on their progress or well-being.

Data collection expansion in 2025 includes preliminary data on what individuals accomplish on their own after leaving the Transition Center, as reported in follow-up contact with Justice Navigators. Qualitative analysis of follow-up data revealed a few key themes in personal successes that individuals reported:

- Entering substance use and/or mental health treatment voluntarily (on their own),
- Compliance with current treatment programs,
- Securing employment or other forms of income stability (i.e., applying for Social Security benefits),
- Maintaining compliance with court case/Probation conditions,
- Securing shelter/temporary housing and/or connection with permanent housing,
- Improved mood and outlook, including hope for the future, furthering education, and sobriety.

Of all the individuals who had follow-up contact with Justice Navigators, 34 percent reported at least one success at follow-up. The table below shows counts of various self-reported successes:

Individual Success Metrics Reported by TC participants	Count
Completed court case conditions	15
Compliant with court case conditions	83
Enrolled/Entered Substance use and/or mental health services	97
Compliant with Substance use and/or mental health services	60
Completed Substance use and/or mental health services	10
Secured employment	48
Secured temporary housing	65
Secured stable housing	31
Furthering education	9
Sobriety	36
Positive mood/affect	62
Motivation/Hope for the future	31

Compared to a year ago, engagement feels fundamentally different. What once resembled a “check-the-box” process has shifted into more meaningful interaction. Participants arrive with awareness of what the Transition Center offers and confidence that staff will follow through. Expanded communication options—email, phone, and text—have made it easier to stay connected and respond when individuals reach out for help, even after setbacks such as failing to appear at court.

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Partnership and System-Level Success

Beyond individual and programming outcomes, success is increasingly visible at the community and system level. The Transition Center is dedicated to being a “conduit to care” – rather than duplicating services and interventions already done in the community, the Center serves as triage and linkage to those interventions. More partners now turn to the Transition Center as a shared resource, recognizing that supporting individuals is a team effort rather than the responsibility of any single agency. Relationships with referral partners have strengthened over the past year, expanding options for those seeking services.

Transition Center Navigation Support referral request forms (as seen in image) from Community Court, probation, and other agencies have been particularly impactful, streamlining coordination and reinforcing shared accountability. As partnerships have matured, reaching the right points of contact has become easier, and communication between City and County partners has grown more consistent and responsive. At the broader system level, there is growing recognition that the Transition Center is not simply about keeping people from returning to jail, it is also about improving multiple aspects of an individual’s stability and well-being.

Perhaps most critically, success is reflected in a gradual shift away from systematic barriers and toward problem-solving. Advocates across systems are working to remove obstacles, streamline access, and ensure people receive immediate help when they need it—not weeks later. In this environment, the Transition Center serves as both a service hub and a catalyst, aligning people, processes, and partnerships around a shared commitment to timely, human-centered support.



TRANSITION CENTER NAVIGATION SUPPORT REQUEST FORM

Please complete all sections. If N/A, please indicate so.

REFERRAL SOURCE
 Self Agency Agency Name (if not self): _____
 Name of Referring Individual: _____ Date: _____
 Email: _____ Phone: _____

INDIVIDUAL REFERRED INFORMATION
 Full Name: _____ Date of Birth: _____ Case Number(s): _____
 Next Court Date: _____ In-Custody: Yes No

RELEASE INFORMATION (ONLY COMPLETE IF YES TO IN-CUSTODY)
 # of Days in Jail: _____ Release Date: _____ Release Time: _____
 Type of Release: Probation Parole Pretrial Release on Recognizance
 If known, please list any assigned officer: _____

Please select all that apply.

OFFENSE CHARGE
 DV Sexual Felony Misdemeanor Unknown

INSURANCE
 Private AHCCCS AZ Complete Health Banner United
 Unknown None Other: _____

HEALTH HOME
 CODAC La Frontera COPE CMS Unknown
 None Other: _____

SUPPORT REQUESTED
 Housing/Shelter Substance Use Treatment Mental Health Treatment
 Medical/Dental Narcan Transportation
 Court Support Other: _____

NOTES

Please email the completed form to JSTransitionCenter@pima.gov. For immediate assistance, please call 520-724-2463.
 Hours of Operation: Monday through Friday, 8 AM to Midnight
 1204 West Silverlake Road

Revised October 2025

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Individual-Level Success

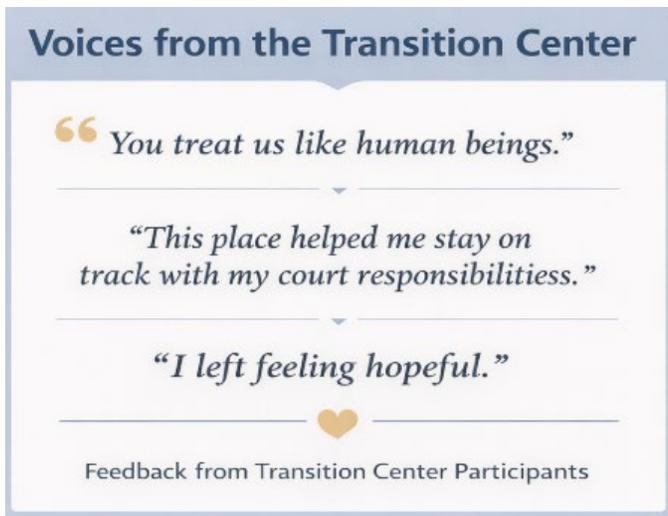
At the individual level, success often begins with connection to networks built upon trust. Staff regularly hear participants say things like, “Last time I was released, I didn’t come through—but this time I stopped because I heard what you do.” This feedback reflects the Transition Center’s increasing reputation as a preferred destination, rather than a mandated one. Because engagement is voluntary and non-pressured, individuals who are not ready to accept help during an initial visit frequently return later when circumstances change, and they are ready to engage.

Success can look as simple—and as meaningful—as a participant smiling, visibly calmer, and leaving with a clear next step. It is felt when stress leaves the room, when someone begins to advocate for themselves, or when they take ownership of their decisions. For some, success is

entering into inpatient treatment. For others, it is securing shelter, receiving hygiene items or a meal, or simply stopping long enough to listen and understand what resources are available.

From this perspective, every interaction matters. If someone leaves with information, a sense of hope, or the knowledge that support exists when they are ready, that interaction is a success. The goal is not to force outcomes, but to set realistic expectations, provide what the individual needs at that moment, and reinforce that Transition Center staff are peers and

partners—not gatekeepers. Ultimately, participants are successful when they leave better equipped to navigate the community, understand their options, and take steps toward stability on their own terms.



Community Information Hub

The Transition Center has emerged as an information hub to connect individuals with resources in our community. Although the primary population served is those with justice involvement, it has expanded beyond its original purpose to include families of those involved in the justice system or currently incarcerated. Families come to the Transition Center to watch initial appearances for their family member or to seek help understanding and navigating the next steps for their loved one. The Justice Navigators this year worked diligently to clarify the complexities of the courts, the bond process, treatment options, resources, release options, housing concerns, and family reunification. In 2025, approximately 100 individuals received information from the Transition Center about the justice system and how to support their loved one, representing a 49 percent increase from 2024. In addition, justice system partners have come to rely on the Transition Center

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for questions or resource assistance for their clients, leading to a robust referral network in 2025. These referrals have primarily been within Pima County but have also expanded to other jurisdictions.

Outreach has grown beyond the operational space in which the Transition Center resides outside of the county jail. Proactive engagement with businesses in the area has deepened community understand and support for the Transition Center and fostered understanding of its limitations as a voluntary program. The Justice Navigators have stated that, in the past, community organizations and businesses were concerned that not enough was being done for those leaving jail. This led to emerging and ongoing efforts to improve public understanding of the many system constraints that the program and the participants encounter, such as insurance enrollment or reenrollment delays for substance treatment or release times that occur outside the Transition Center's operating hours.

System Integration, Partnerships, and Referrals

The Transition Center's ability to connect individuals to appropriate services depends on a strong and continually evolving referral network across shelter, housing, treatment, and supportive services. During 2025, Transition Center staff worked across a wide range of community partners to match individuals with resources that align with their immediate needs, eligibility criteria, and personal circumstances.

The top three categories of referrals in 2025 by Justice Navigators are:

- 1. Substance use and/or mental health services;**
- 2. Shelter and/or housing services; and**
- 3. Peer and community support services.**

The Transition Center works with a broad network of community partners to connect participants to shelter, treatment, and other essential services. The examples below highlight some of these partnerships, though a more comprehensive acknowledgment of all partners and collaborators is provided in Appendix 6.

Mental Health and Substance Use Services Referrals

To support participants with mental health and substance use needs, the Transition Center works with a diverse network of providers to address varying clinical needs, insurance coverage, and service eligibility requirements. El Dorado Springs served as a key partner, placing 19 percent of individuals seeking higher-level care, while Justice Navigators also coordinated services with America's Rehab Campuses (The ARC), Sonora Behavioral Health, CBI Detox, and Amity. By connecting participants to timely and appropriate mental health counseling, outpatient programs,

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detox services, and inpatient care when needed, these coordinated efforts reduced wait times, increased treatment engagement, and helped participants take meaningful steps toward stability and recovery.

Emergency Shelter Partnerships

Emergency shelter access remains a critical need for many individuals served by the Transition Center, and strong partnerships are essential to responding effectively. In 2025, a treatment facility operated by La Frontera played a particularly significant role, accounting for 59 percent of all shelter beds secured through the Transition Center. This partnership provided consistent, reliable access during periods of high demand, helping participants avoid nights without shelter and supporting stability during critical transitions.

Additional placements were secured through the Salvation Army’s Hospitality House, Gospel Rescue Mission, and Wildcat Inn, underscoring the importance of maintaining multiple shelter pathways as availability fluctuates. Together, these partnerships ensured continuity of access, reduced placement delays, and contributed to better overall outcomes for participants.

Responsive, After-Hours, and Specialty Service Access

Justice Navigators consistently identified responsive and flexible referral partners as critical to successful outcomes, particularly during evenings, late-night hours, and for specialty services when standard options are limited. Providers such as Via Maria were noted for timely support and strong follow-through, while HOPE, Inc. was recognized for reliability in ongoing wrap-around peer engagement. Casa de Vida emerged as a particularly valuable resource after business hours, offering consistent availability when many referral options were closed. Partners such as CMS were highlighted for meeting individuals where they are, including conducting intakes at multiple community locations. CBI Detox, CODAC, and The ARC were essential for late-night access, ensuring that individuals could receive immediate mental health and substance use support rather than waiting for standard operating hours.

The Transition Center’s referral network continues to grow through intentional relationship-building efforts by Justice Navigators. Looking ahead, there are opportunities to further expand and diversify



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this network, including increasing engagement with additional shelter providers, resources focused on older adults, businesses, and agencies that have not yet been consistently involved. Continued collaboration, shared problem-solving, and targeted outreach will help ensure that the Transition Center remains adaptable as community needs evolve.

Together, these partnerships and investments position the Transition Center to continue expanding its impact, increasing placement success, and serving as a connector across housing, treatment, and the entire community.

In addition to referral to services, Justice Navigators provide a limited range of direct services to participants during and after their initial visit to the Transition Center.

The top three forms of this type of assistance in 2025 were:

1. **Court case information and support**, such as confirming upcoming court dates, times, and locations, or verifying custody status;
2. **Hygiene and release kits**, which typically include toiletries, socks, first aid supplies, and seasonal assistance; and
3. **Transportation assistance**, including immediate transport by City of Tucson employees embedded within the Transition Center or through the County Accessibility Rideshare Service (CARS), pending funding availability.

***Note:** CARS was designed to provide reliable transportation to court, treatment, or housing to improve court appearance and promote compliance with release conditions. This resource is optimal for after-bus hours (jail releases occur at all hours), further destination transport, or when City staff are assisting with other transports at high-volume times.*

In 2025, Transition Center staff coordinated transportation for 530 individuals, removing critical barriers to accessing services, court hearings, safe and secure shelter, and community resources. Nearly half of all rides (46 percent) were provided by the City of Tucson Justice Navigator, while 38 percent were delivered through the CARS program and an additional 16 percent by alternative means (i.e., Community Service Provider). This coordinated approach supported greater stability and follow-through for participants. Additional analysis is in progress to better understand how this transportation support reduces missed court dates and other negative outcomes.

The success of the Transition Center's transportation and service coordination efforts is made possible through its partnership with the **City of Tucson**, which serves as the program's most critical partner. The City's investment and collaboration are foundational to the Center's operations. It currently funds two dedicated staff positions and provides essential transportation support, enabling the Center to address immediate participant needs while maintaining consistent on-site coordination. Building on this partnership, the City has committed to expanding its support in 2026

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by adding staff to facilitate seven-day-a-week operations, further increasing access and responsiveness.

By embedding City-funded staff and transportation resources within the Transition Center, the partnership leverages public funding to reduce duplication across systems and ensure individuals are connected to appropriate services the first time. Close coordination between Transition Center staff and City teams working in housing, emergency shelter, and public safety improves information sharing, minimizes overlapping outreach and referrals, and allows limited resources to be used more efficiently. This integrated approach strengthens system alignment, reduces barriers to access, and maximizes the impact of local government investment.

Warrant Resolution

The Department of Justice Services' Warrant Resolution Program, in partnership with the [Pima County Superior Court Pretrial Services](#), addresses one of the most common drivers of repeat justice system contact: unresolved warrants. Transition Center staff work directly with individuals to identify any outstanding warrants, explain court status in clear, accessible terms, and educate participants on the specific steps and processes required to achieve compliance with the court. This includes guidance on how and where to appear, what documentation may be required, and how to navigate multiple jurisdictions when applicable.

By providing accurate information, reassurance, and structured navigation—rather than enforcement-driven resolution—the Transition Center helps reduce fear and confusion that often lead to avoidance, failures to appear, and rebooking. This coordinated approach supports court efficiency, improves compliance, and reinforces the Transition Center's role as a trusted intermediary between individuals and the justice system.

“Removing barriers to warrant resolution helps individuals stabilize, reduces unnecessary arrests, and strengthens community trust.” - Second Chance Tucson

In 2025, the Transition Center supported 181 individuals in warrant confirmation and resolution assistance across jurisdictions throughout Pima County and beyond. Individuals accessed services through walk-in support, email and phone assistance, online requests, and direct engagement with field staff. In addition, Pretrial Services estimates that approximately 80 individuals per month are assisted through the Transition Center's "Request a Check" online warrant resolution service.

Mobile Transition Center and Other Public Safety Initiatives

The Transition Center's growth has also been shaped by broader regional strategies, including [Pima County's One Pima Initiative](#) and the [City of Tucson's Safe City](#) initiatives, both of which emphasize coordinated, problem-solving approaches to public safety. In addition, strategies were further

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informed through a Sequential Intercept Mapping (SIM) Workshop facilitated by Policy Research Associates, Inc. (PRA). The workshop brought together local law enforcement, justice system partners, and community-serving organizations to outline the Pima County justice system, available resources, service gaps, and most importantly, areas of opportunity.

Due to the Center's geographic location and the primary population served, the Transition Center is categorized in Intercept 4: Jail Reentry Services. However, utilization and growth opportunities indicated that the Transition Center could better interface with all points of the justice system to improve public safety, from community services to law enforcement and initial detention, through to community corrections and supports. Current operations range from intercept 0 (no justice involvement, in community) to intercept 5 (community corrections and supports) and have assisted with more felony charges. Intercept 5, specifically those re-entering from prison via the Pima Re-Entry Center, and Intercept 1, law enforcement, have increased utilization of the Transition Center. The final map and additional information are available in Appendix 4.

In alignment with the One Pima and Safe City efforts and with community feedback through the SIM Workshop, the Transition Center has expanded beyond its physical location to include mobile outreach and field-based support, complementing on-site services and extending the Center's reach into the community. A critical component of this evolution has been direct collaboration with law enforcement agencies. DJS staff have completed ride-alongs with the Pima County Sheriff's Department, Tucson Police Department, and South Tucson Police Department to better understand frontline operational needs and constraints. These experiences informed a service model that supports officers by providing both a trusted destination for voluntary service engagement and a problem-solving resource that reduces time spent on scene.

Rather than requiring officers to independently identify and coordinate services, the Transition Center allows law enforcement to transport individuals directly to a known, trusted location, where trained staff conduct needs assessments and identify appropriate options. When transportation is not feasible, officers can call or email Transition Center staff to problem-solve virtually, ensuring individuals are still connected to resources without unnecessary escalation.

In mid-2025, the Transition Center became an integral partner in multidisciplinary deployments aimed at increasing public safety by providing alternatives to jail and connecting individuals to a comprehensive range of services. This collaboration promotes reintegration, reduces recidivism, supports successful community restoration, relieves pressure on local law enforcement, and enhances overall public safety.

These operations mark the first-ever field-based collaboration between the Tucson Police Department, Pima County Superior Court – Pretrial Services Division, Tucson City Court, Pima County Justice Services, and community social service agencies. This multi-agency approach

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addresses the needs of justice-involved individuals while ensuring outcomes that benefit both participants and the broader community. Preliminary and partial data show that 77 individuals were engaged and transported to the Transition Center for additional justice navigation. It is anticipated that this number will increase, and accurate data will be available in CY2026. Data collection and sharing protocols are in development.

Through the Mobile Transition Center model, Transition Center Navigators conduct same-day, on-site engagement for all individuals brought to the command post. Using a trauma-informed, client-centered approach, staff screen for behavioral health needs, housing status, employment, substance use, and other factors impacting individual stability. Justice Navigators then connect eligible individuals to immediate services, including:

- Video Alternative to Jail (VATJ) diversion
- Pretrial services
- Behavioral health and substance use treatment providers
- Housing navigation and emergency shelter
- Peer support and follow-up planning

Transition Center staff coordinate closely with other on-site service providers to ensure warm handoffs for longer-term services. Follow-up support and referrals to the Transition Center are provided for individuals who require continued assistance post-deployment.

Through this combination of on-site services, mobile outreach, and virtual problem-solving, the Transition Center has become a core system partner—supporting public safety, reducing repeated justice system contact, and continuously adapting to community needs.

Recent deployment outcomes and media coverage include:

- [*Tucson Police Department deploys multiple units to clean up Northside Loop*](#)
- [*Tucson police arrested 39 during homeless outreach operation*](#)
- [*Pima County overdose deaths drop in 2025, TPD says*](#)

Community Interest and National Visibility

Although small in size, the Transition Center's programmatic reach has been extensive. It has captured a national audience invested in the program's peer-led, justice-specific navigation with increased public safety implications. Due to this interest, the Transition Center has hosted dozens of tours and site visits, increasingly in 2025. Locally, individuals, community organizations, businesses, government officials, fellow County departments, and partners tour the Transition Center to learn about the program and how to become involved. Local and statewide groups include Arizona Complete Health, Amity, Primavera Foundation, El Dorado, City of Tucson, City of South

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Tucson, the Arizona Criminal Justice Commission, Pima County Community and Work Force Development (CWD), Pima County Office of Digital Inclusion, and the Pima County Reentry Coalition. National jurisdictions and agencies have shown interest in our innovative, data-driven model as a template for their communities, including Charleston, South Carolina; Multnomah County, Oregon; Westside Community Services - San Francisco; the National Policing Institute; Federal Government officials; Justice System Partners (JSP), among others.

“Our partnership with the Transition Center staff has been instrumental in supporting individuals as they navigate the critical hours after their release from jail. By greeting clients with food, water, and genuine kindness, the Transition Center creates a supportive environment that eases the stress of reentry. This care extends to the courtroom, where staff provide direct transportation and a “warm handoff” to the City Public Defender’s Care Coordinators. This seamless process ensures individuals make it to their hearings on time, while also helping them reconnect with family and access vital community resources.” - Catalina Navarro, Tucson City Court

Population Overview, Metrics for Success, & Other Data Insights

The following section reviews the demographics of the population served at the Transition Center, program utilization, and outcomes associated with Transition Center metrics. Data for the Transition Center program is collected from multiple sources:

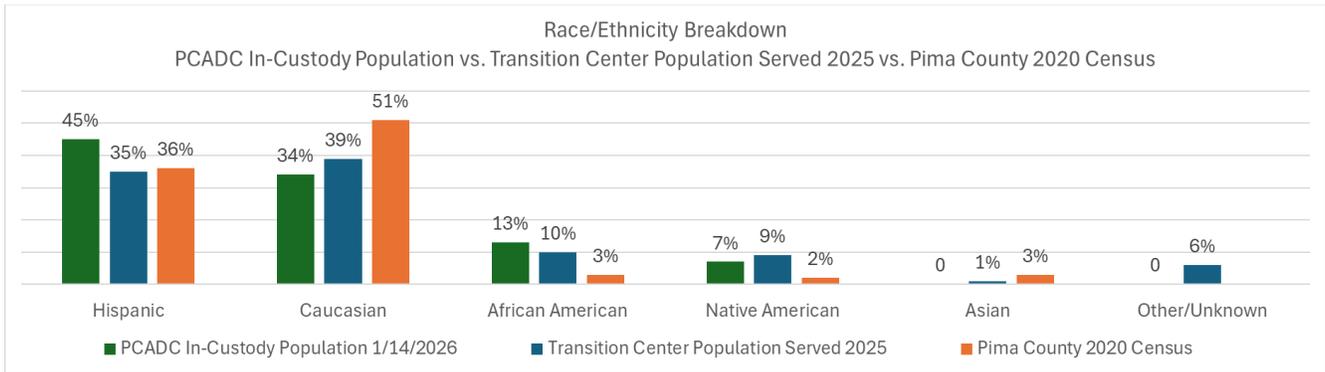
- Transition Center participant data collection forms: self-reported demographic information and justice navigator support given is collected upon participants’ initial visit (demographic information not collected for non-justice-involved population). Data on follow-up justice navigator support is also collected.
- Pima County Adult Detention Complex (PCADC): a limited range of information is shared via a daily feed between the jail’s case management system (Spillman) and authorized Pima County Information Technology and Justice Services staff. Data provided includes booking information such as charges, type (misdemeanor vs. felony), and basic demographics.
- Publicly available court records: DJS conducts a manual search of online court case information for each Transition Center participant to locate court appearance information when available. Not all courts in the jurisdiction have online case information, and other courts may be delayed in posting case updates.
 - Note: this data is increasingly challenging to collect, as each Transition Center participant must be manually researched among all local municipalities court websites, if they exist. The increasing volume of Transition Center utilization has resulted in an unsustainable workload

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Data pertaining to outcomes, such as post-Transition Center participation in services someone was referred to (such as housing or treatment), is not available to DJS at this time.

Metrics and Demographics of the Transition Center Participant

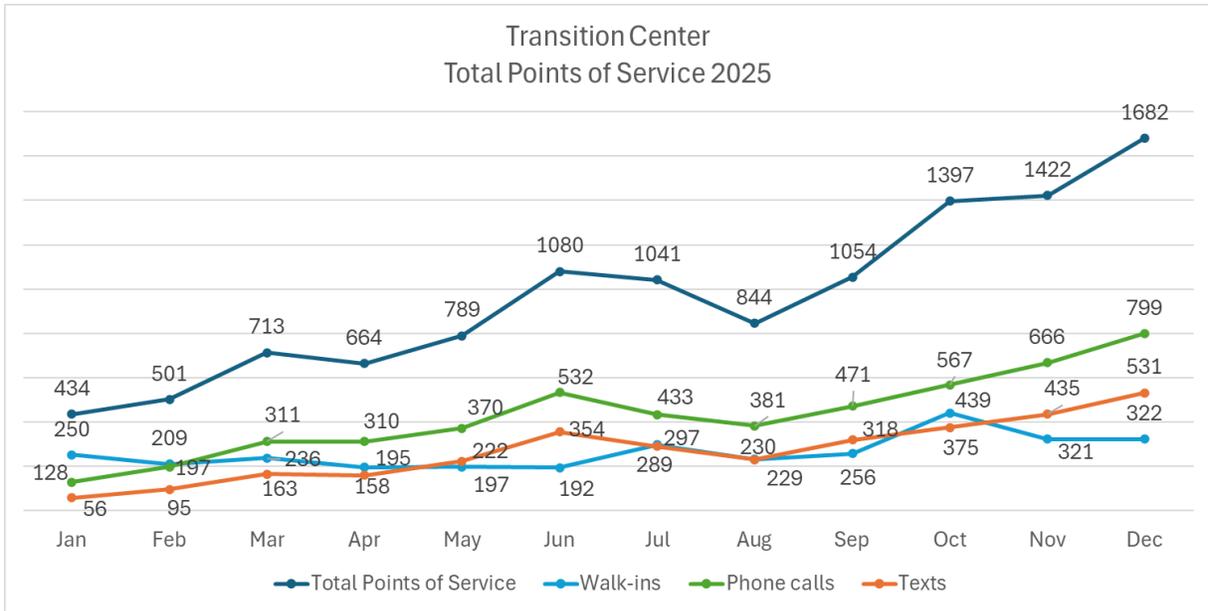
The population served at the Transition Center in 2025 is mainly representative of the justice-involved population overall and those who are incarcerated in Pima County Adult Detention Complex (PCADC); however, data indicate that more can be done to engage with Hispanic and African American populations. Promisingly, there is an overrepresentation of individuals who identify as indigenous/Native American as compared to the jail population (see chart below).



These demographics underscore the Transition Center’s role as a front-line response for individuals disproportionately impacted by repeated justice system contact, housing instability, and unmet behavioral health needs.

Data from 2025 illustrates both the scope of need and the population most frequently served by the Transition Center. The average age of individuals served in 2025 was 39, and the typical individual engaged by the Center can be described as a 39-year-old Hispanic or Caucasian male with misdemeanor charges. During 2025, 69 percent of individuals served self-identified as male, 30 percent as female, and one percent as unknown or other. In addition, 118 veterans and 167 tribal members were served.

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This chart illustrates the steady growth in the Transition Center’s total points of service throughout calendar year 2025.

The Transition Center’s points of service data capture all navigator interactions, including walk-ins, phone calls, text messages, email communication, and mobile services. This metric was introduced in 2025 to better reflect expanded outreach and follow-up efforts. Consistent increases in walk-in utilization, combined with higher levels of follow-up engagement after initial contact, drove a substantial rise in total points of service over the course of the year. The highest amount of utilization occurred in the last quarter of calendar year 2025, indicating a permanent increase in service demand.

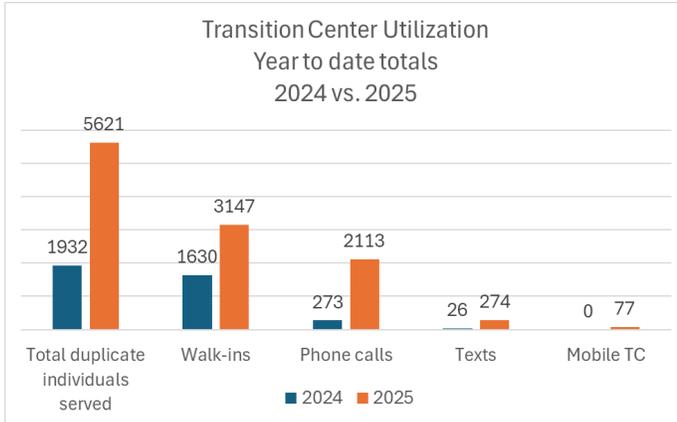
New data metrics introduced in 2025 provide additional insight into the behavioral health needs among the individuals served. Nearly half (49 percent) of participants self-reported a substance use disorder, while 36 percent reported mental health issues. Additionally, 23 percent of individuals indicated that they are currently experiencing both substance use and mental health challenges. These findings underscore the complexity of needs among the Transition Center population and reinforce the importance of integrated service coordination and access to treatment.

2024 to 2025 Annual Comparison

Annual comparison indicates increases in Transition Center use and overall impact, as illustrated in the chats below.

Transition Center utilization increased significantly between the two years, with growth observed across all service types, including walk-in, phone calls, text, and the Mobile Transition Center.

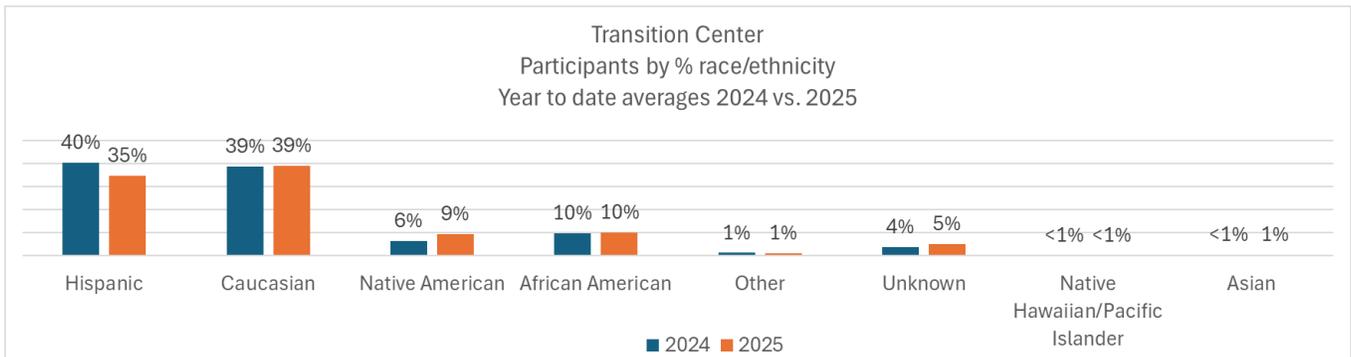
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Overall service volume saw an increase of 3,689 duplicate individuals, representing approximately 191 percent growth, as illustrated in the chart.

The chart below demonstrates slight shifts in the race/ethnicity makeup of the population served by the Transition Center between 2024 and 2025. Hispanic and Caucasian individuals continued to make up the majority of the

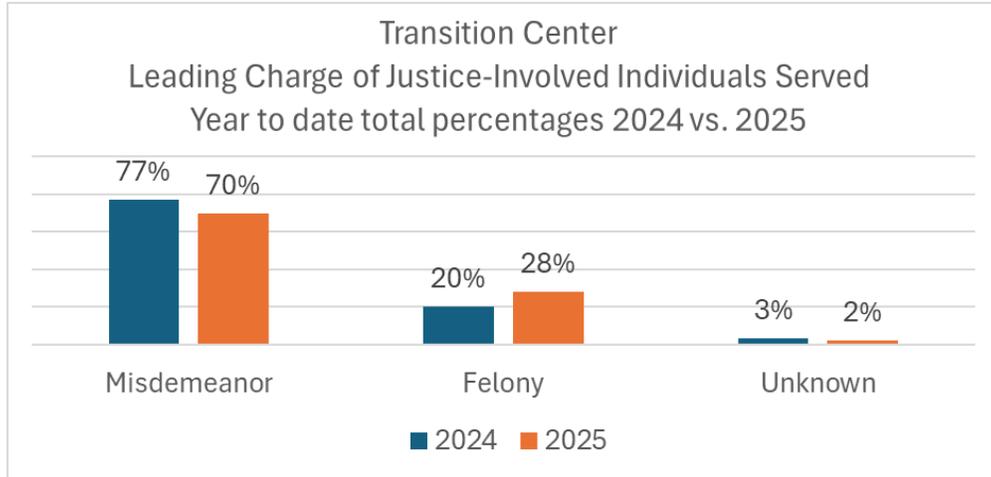
population served, together accounting for roughly 80 percent in both years. Most striking, however, is the substantial increase in service utilization among Native American individuals in 2025. Their share of the population rose by three percentage points, and the number of Native American individuals served nearly tripled, from 89 in 2024 to 262 in 2025, representing a 194 percent increase. The number of registered tribal members served also increased from 124 in 2024 to 167 in 2025 (34 percent). This growth underscores the Transition Center’s expanded reach and deeper engagement with Native American communities.



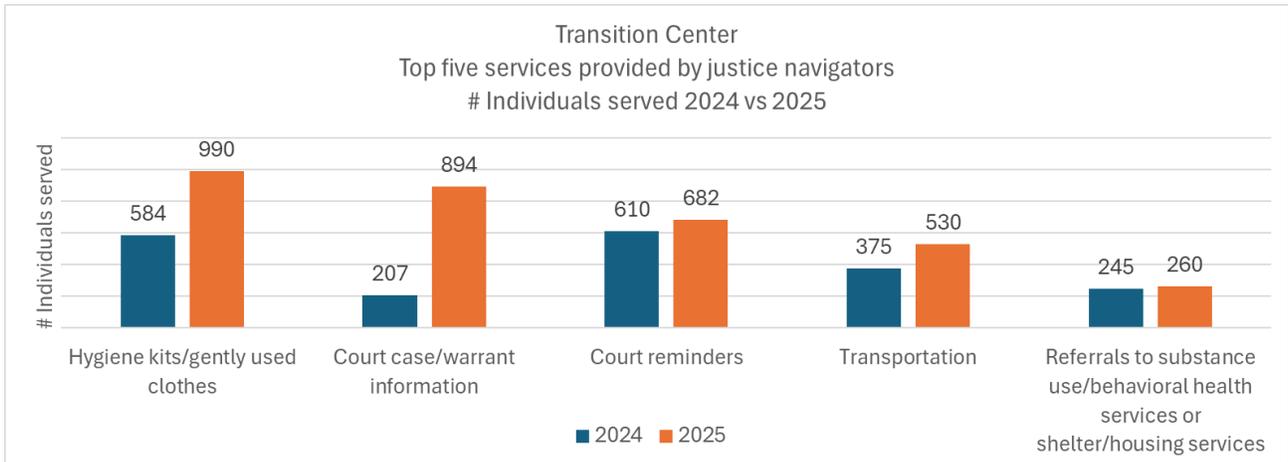
A gradual shift in gender representation is also evident across the two years. In 2025, females comprised four percent more of the individuals served than in 2024. In addition, the number of individuals served that were on probation or parole increased from 222 to 680 from 2024 to 2025, a 206 percent increase.

A subtle but notable shift occurred in the charge profiles of individuals served by the Transition Center in 2025, with a slightly higher proportion of individuals presenting with leading felony charges. Despite this change, individuals with misdemeanor leading charges continued to make up the majority of those served, underscoring the Center’s continued support for individuals across a broad range of justice involvement. The figure below illustrates this distribution.

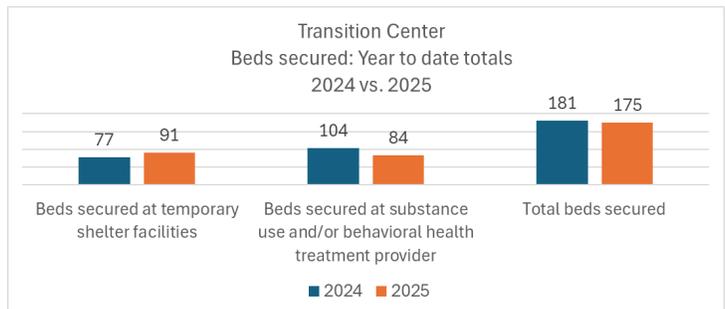
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In 2025, demand for several core Transition Center services increased substantially, signaling growing needs among individuals served. Requests for court case and warrant information increased dramatically, increasing by 332 percent, while distribution of hygiene kits and gently used clothing grew by 69 percent and requests for transportation increased by 41 percent. Requests for court reminders and referrals to substance use or behavioral health services and shelter or housing services also increased by 12 and 6 percent respectively. The figure below compares the top five services provided in 2025 and 2024.



The figure compares the number of beds secured for individuals by Transition Center navigators. While the number of beds secured at substance use and/or behavioral health treatment providers and the overall number of beds secured were both higher in 2024, more temporary shelter beds were secured in 2025.



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Outcomes and Indicators of Impact

Beyond utilization, outcome data demonstrates the Transition Center's effectiveness in supporting public safety and justice system efficiency. For individuals served during January through October 2025 (November and December data not available until court processing progress further in time), the court appearance rate for all individuals with a searchable court date was 47 percent. While a 47 percent appearance rate is a metric the staff seek to improve, it is a significant improvement over Pretrial Services' appearance rate estimates for the target population (charges typically relating to substance use and homelessness) of closer to 30 to 40 percent. Transition Center staff state that the keys to improving the court appearance rate are addressing barriers that often lead to failures to appear, such as a lack of transportation, reminders, or understanding of court obligations.

"The Transition Center has become a critical bridge between the court system and the community. By addressing immediate barriers like transportation and basic access to services, the Transition Center has not only improved court attendance but has also fostered a newfound sense of trust between clients and judges. Their ability to provide alternatives—such as supportive shelter and treatment programs—provides the court with informed options that balance public safety with stability. The Transition Center achieves better outcomes for both the individual and the broader legal community."
- Denise Briseno, Public Defenders Office, Tucson City Court

Rebooking data continue to demonstrate the Transition Center's effectiveness in reducing repeat justice system involvement. In a 2023 control group, 27 percent of individuals booked into the jail were rebooked within 30 days of their initial booking, primarily due to new charges or failure-to-appear warrants; by contrast, individuals who engaged with the Transition Center in 2025 had a 30-day rebooking rate of just 7 percent, representing a 21-percentage-point reduction.

Performance has also improved year over year, with 30-day rebooking rates declining from 11 percent among 2024 participants to 7 percent in 2025, a 36 percent reduction. Collectively, these outcomes underscore the Transition Center's role in interrupting the cycle of short-term rebooking by addressing immediate barriers, such as unmet service needs, unresolved warrants, and challenges with system navigation at a critical point of intervention.

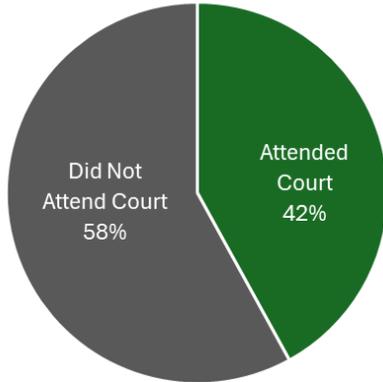
Impact of Support and Individual Characteristics on Outcome Measures

Outcomes data indicate that both the level of support engagement and individual characteristics play a critical role in driving success, with participants who fully utilize peer navigation services demonstrating stronger court attendance and overall outcomes than those who do not.

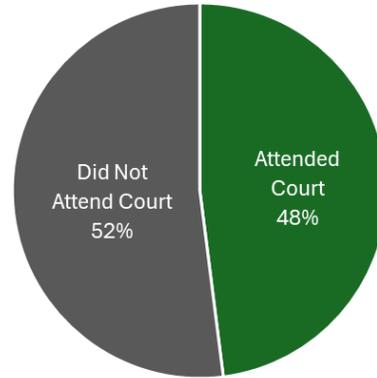
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On average, 67 percent of individuals who visit the Transition Center utilize the full range of peer support services available, including court reminders and referrals to community partners. Individuals who requested full peer navigation support were more likely to attend court than those who did not, as noted in the graphs below.

Transition Center
Court attendance outcomes: Individuals who did NOT receive full peer support

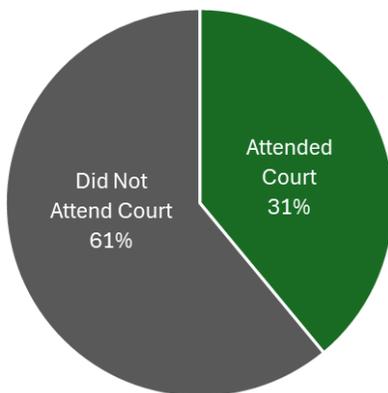


Transition Center
Court attendance outcomes: Individuals who received full peer support

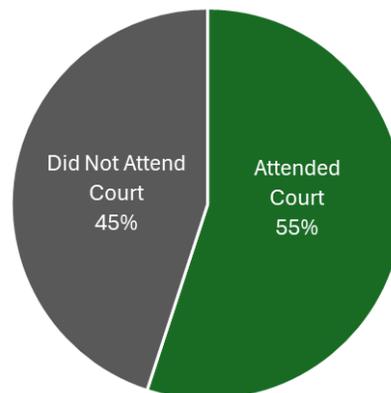


The relationship between court reminders and improved court attendance remained strong in 2025. As shown in the figure below, a greater proportion of individuals who received a court reminder attended court (55 percent) compared to those who did not receive a reminder (39 percent), demonstrating the role of reminders in reducing failures to appear among this population.

Transition Center
Court attendance outcomes: Individuals who did NOT receive court reminder



Transition Center
Court attendance outcomes: Individuals who received court reminder



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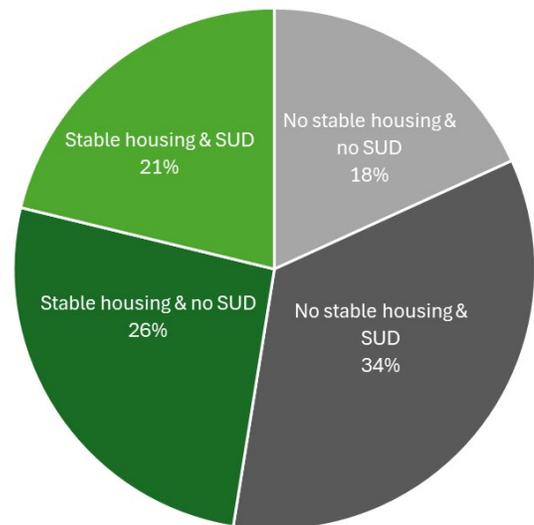
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Housing Status and Substance Use Disorder

Housing instability and substance use disorder are well-documented factors that undermine an individual's ability to consistently attend court, reflecting broader challenges related to life stability. Among individuals served by the Transition Center, 55 percent self-report being unhoused or experiencing unstable housing, underscoring the prevalence of housing insecurity within this population. Additionally, 55 percent report having a substance use disorder, highlighting the significant overlap of behavioral health needs that shape court attendance outcomes and reinforce the importance of coordinated, supportive interventions.

To provide a deeper understanding of these dynamics, the following chart further illustrates the intersection of housing status and reported substance use disorder among individuals served by the Transition Center. The largest share of the population (34 percent) reported both experiencing housing instability and having a substance use disorder, highlighting the compounding challenges faced by many participants. Overall, the population is relatively evenly distributed across the four possible combinations of housing status and substance use disorder; however, the data reveal a meaningful relationship between housing stability and substance use, underscoring how these interconnected factors shape the needs, risks, and outcomes of the individuals served

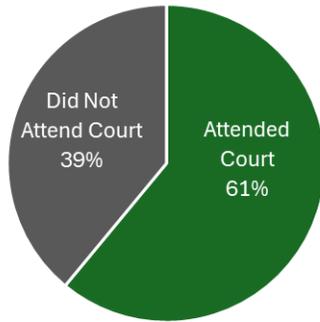
Transition Center
Housing and Substance Use Disorder Status



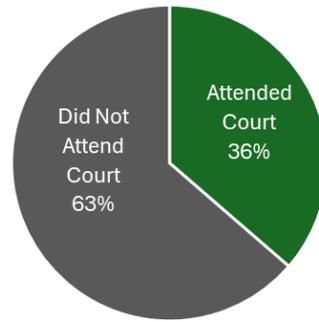
The following analyses and figures will demonstrate that housing status at the time of Transition Center visit has a profound on an individual's outcomes. Among individuals served since opening who reported no stable housing, 63 percent failed to appear for their next court date, while only 39 percent of individuals who reported stable housing failed to appear. The figures below show the profound correlation between housing status and court attendance.

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Transition Center
Court attendance outcomes:
Individuals with stable housing

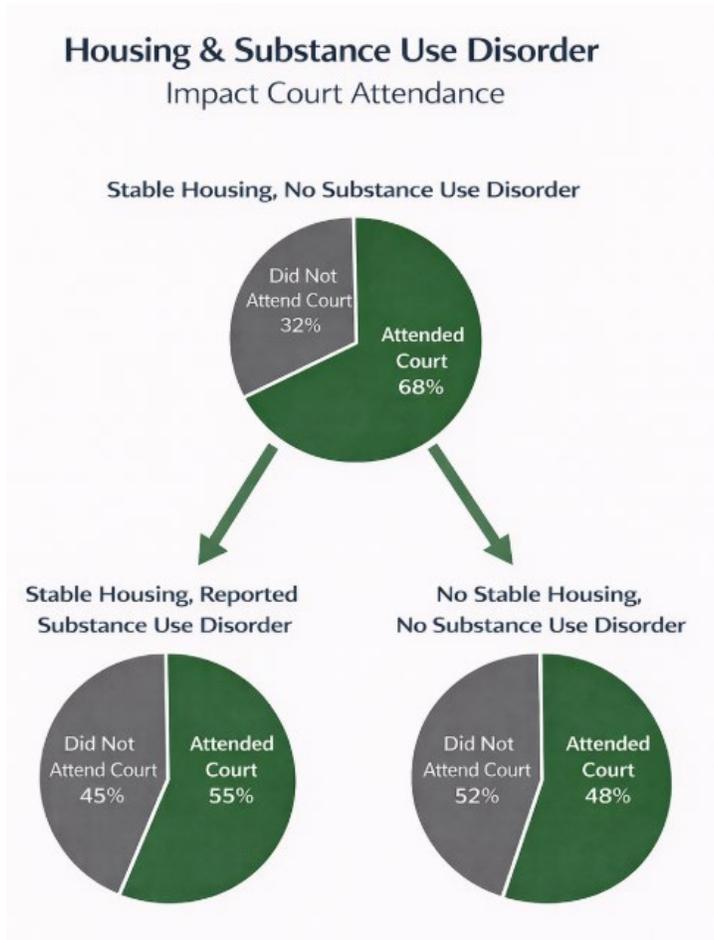


Transition Center
Court attendance outcomes:
Individuals WITHOUT stable housing



When further examining the influence of housing status and substance use disorder on court outcomes, analysis indicates that both factors are significant considerations in service delivery, with housing stability exerting a stronger effect on court attendance than substance use alone. Among individuals with stable housing and no reported substance use disorder, 68 percent attended court.

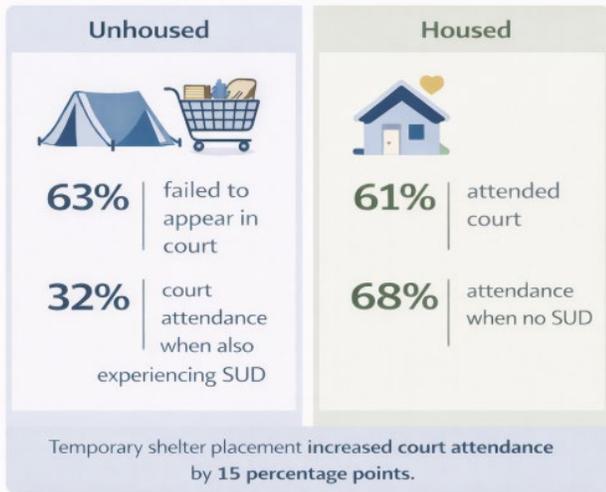
Court attendance declined to 55 percent, a 13 percent decrease, when substance use was reported but housing remained stable. By contrast, when housing was unstable and no substance use disorder was reported, court attendance fell to 48 percent, representing a 20 percent decrease. These findings highlight the outsized role of housing stability in shaping court outcomes and underscore the importance of addressing housing-related barriers alongside supportive services.



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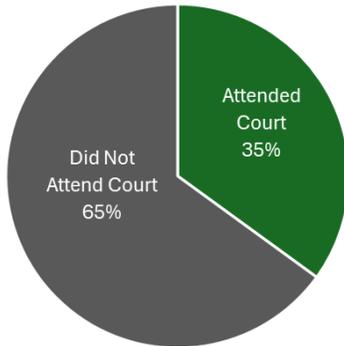
Housing Stability = Better Outcomes



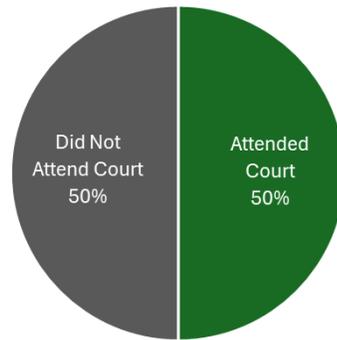
Court attendance is lowest among individuals experiencing both housing instability and a substance use disorder, with only 32 percent attending court, a 36 percent decrease compared to individuals with stable housing and no reported substance use disorder. Against this backdrop, further analysis highlights the measurable impact of the Transition Center’s housing placement efforts on court outcomes. Since opening, Transition Center staff have secured 132 temporary shelter placements for individuals without stable housing. Among those placed into shelter, 50 percent attended their next court appearance, compared to 35 percent of individuals without stable housing who were not

placed, representing a 15 percentage point increase in court attendance. These findings underscore the role of targeted housing interventions in mitigating barriers to court compliance and improving outcomes for the most vulnerable populations served.

Transition Center
Court attendance outcomes: Individuals without stable housing, NOT placed in temporary shelter



Transition Center
Court attendance outcomes: Individuals without stable housing, placed in temporary shelter



The comparison charts demonstrate that Transition Center placement into temporary shelter is associated with higher court attendance among unhoused individuals, reinforcing the role of housing stabilization in improving court compliance.

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Conclusions from the Data

The continued increase in Transition Center points of service in 2025—both year-over-year and throughout the calendar year—demonstrates sustained community demand and reinforces the need for expanded staffing and operational capacity. The population served has shifted modestly across gender, charge type, and supervision status, with a notable increase in female participants and individuals identifying as Native American or registered tribal members. These trends present opportunities to enhance culturally responsive engagement, strengthen collaboration with tribal nations, and ensure access to gender-responsive resources and services.

Demand for support continues to center on court navigation, warrant resolution, transportation, and reminders. The 332 percent increase in requests for court case and warrant information underscores the Transition Center’s role as a trusted information hub for both justice-involved individuals and their families. These requests highlight ongoing communication gaps within the justice system and reflect a clear desire among participants and families to remain compliant with court expectations. Court reminders remain significantly correlated with improved court attendance, particularly for individuals who may lack stable internet access or a fixed address, reinforcing the value of direct, accessible communication.

Housing stability continues to be one of the strongest predictors of court attendance. Individuals without stable housing experience substantially higher rates of failure to appear, while those placed into temporary shelter demonstrate improved outcomes. Although shelter availability fluctuates, practical barriers—including transportation, pet restrictions, and personal property concerns—can discourage placement acceptance. Efforts underway in 2026, including coordination with the SAFR Center, the City of Tucson Personal Property Program, and expanded transportation capacity, are intended to mitigate these barriers and further improve housing placement outcomes. These findings are consistent with national best practices, which identifies housing stability as foundational to both treatment engagement and justice system compliance.

This report reflects current analytical capacity and available outcome data. Rebooking analyses beyond 30 days were limited due to small sample sizes, and longer-term impact measures—such as residential treatment outcomes—require extended follow-up periods. Future analysis will focus on one-year booking outcomes, correlations between specific services and follow-up success, and the measurable impact of transportation and reminder strategies on court compliance. As outlined in the Challenges and Growth section, expanded analytical capacity will support deeper evaluation and more robust outcome measurement in future reporting cycles.

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Participant Satisfaction

Upon completing their visit to the Transition Center, participants are invited to voluntarily and anonymously complete a satisfaction survey, providing feedback on their experience, the support received, their reasons for engaging with the program, and how they learned about

the Center. This feedback is actively used to guide continuous improvements in service delivery and participant experience. Examples of written feedback from a participant, illustrated to the right, highlight the meaningful impact of the Center’s services and underscore the value of incorporating participant perspectives into ongoing program enhancements.

In 2025, a total of 177 individuals completed the anonymous satisfaction survey, with all respondents reporting either being very satisfied (92 percent) or satisfied (8 percent) with the services they received during their visit. The largest share of participants (39 percent) indicated they first learned about the Transition Center through the jail, via staff, inmate tablets, or the video shown at initial booking, while the second-largest group (16 percent) cited word of mouth. These results, along with the written feedback highlighted to the right, demonstrate both the high level of participant satisfaction and the broad reach of the Center’s outreach efforts. For a more comprehensive collection of participant comments, see Appendix 6.

Any comments or feedback?

I love the compassion and care. It was great to feel safe after a difficult situation. Thank you.

Challenges and Growth in 2025

As the Transition Center continues to grow and mature, it operates in a dynamic rather than static service environment. Opportunities for strengthening data, system improvement, and expansion will address current challenges and shape how the program adapts to meet participant needs.

Strengthen Data

The Transition Center’s data and evaluation approach continue to evolve as the program grows. Current practices prioritize participant trust and voluntary engagement, with most information self-reported by individuals seeking services, supplemented by verified justice system data when available. As the program matures, there are opportunities to further strengthen data integration while preserving the relationship-centered model that underpins the Transition Center’s success.

One area of opportunity is expanded analytical capacity. The Department of Justice Services currently supports data collection, quality assurance, analysis, and reporting through a centralized

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data analyst role. As utilization and service complexity increase, additional analytical capacity would allow for more timely reporting, deeper outcome analysis, and expanded quality checks—particularly for labor-intensive processes such as matching participant records with publicly available court information to assess court attendance outcomes and reviewing navigator-entered data for completeness.

There is also an opportunity to align staffing models and data practices further. Justice Navigator positions are intentionally designed as entry-level, service-focused roles to maximize participant engagement. Continued investment in training, workflow refinement, and supportive tools could enhance data entry efficiency without detracting from time spent with participants, particularly during periods of high demand or expanded mobile outreach.

Improvements in case management technology present another area for growth. While the current system supports day-to-day operations, future enhancements could reduce disruptions related to system updates, improve front-end usability, and minimize the need for manual data re-entry—ultimately increasing data reliability and staff efficiency.

As the Transition Center continues to expand mobile and field-based services, there is also an opportunity to refine data parameters that better capture the scope and impact of outreach engagements, recognizing that field-based interactions differ in structure and duration from services provided at the main site.

Recommendations include:

- Expanded data sharing and access across justice partners, which would further strengthen outcome measurement,
- More consistent access to court scheduling, prebooking, and individual-level justice data that would allow staff to verify court dates more efficiently, reduce manual case lookups, and support more robust analysis of court appearance outcomes, and
- Improved visibility into justice court cases that transfer to Superior Court, which could enhance tracking continuity and participant navigation during case transitions.
- Investments in data software to ensure it accurately captures the metrics needed.

Continuous System Improvement

Community resources are a fluid, dynamic environment to navigate at any given time. Programs expand or conclude, agencies adjust capacity or relocate, staffing levels fluctuate, and eligibility or insurance requirements change over time. This ongoing evolution reinforces the importance of the Transition Center's adaptive model, which emphasizes continuous training for staff, external relationship-building, and active resource development. Rather than relying on a static referral list, Justice Navigators routinely update available options to ensure participants are connected to

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resources that reflect current conditions. This adaptability allows the Transition Center to remain responsive and relevant within a changing service landscape – all while maintaining its “one-stop shop” landmark, so participants are not affected by changes in community resources and treatment providers.

As mentioned above, a La Frontera facility became a critical resource in 2025 – providing after-hours care and crisis intervention, when few other services exist after regular work hours, regardless of whether the individual had active Medicaid benefits. Unfortunately, the grant funding that supported this service model has concluded. While La Frontera and Justice Services are exploring other funding opportunities to support after-hours facility admissions, this serves as a prime example of the rapidly changing dynamics among community service providers – who often blend grants, donations, and other investments with Medicaid dollars to provide a wider net of services for those in critical need.

As the Transition Center continues to mature, there are clear opportunities to refine data metrics and strengthen coordination with the courts to further improve participant outcomes—particularly court appearance rates. Early data collection efforts focused on establishing baseline measures and capturing the breadth of services provided. As systems, partnerships, and analytical capacity continue to develop, future metrics can shift toward more outcome-focused and time-bound measures, including clearer differentiation between initial engagement, follow-up support, and resolution milestones such as court compliance or service stabilization.

Improved coordination with the judicial bench and Initial Appearance processes represents another key opportunity. Earlier and more consistent information-sharing around court dates, release conditions, and case status would allow Transition Center staff to provide more targeted navigation and reminders at the most critical decision points. Strengthening these linkages could also reduce confusion for individuals whose cases span multiple courts or jurisdictions, improving clarity and follow-through.

Together, enhanced data metrics and closer alignment with Initial Appearance processes create the potential to further improve court appearance rates. By combining timely, accurate court information with trusted, relationship-based navigation, the Transition Center is well-positioned to address common barriers such as misunderstanding of court obligations, transportation challenges, and fear of noncompliance. Continued collaboration across justice partners will support a more seamless experience for participants while reinforcing public safety and court efficiency.

Opportunities and Expansion in 2026

One of the most significant opportunities ahead involves aligning funding structures with the Transition Center’s operational growth. Opioid settlement funding will allow the DJS to hire additional staff, enabling Transition Center to expand operations to seven days a week (estimated for late spring of 2026)—a critical milestone that significantly increases access and responsiveness to those being released from jail on the weekends, as well as support to families.

Expanded days of operation bring corresponding operational needs, including utilities, supplies, and participant support resources such as light snacks, reentry resource bags, transportation assistance, and other low-cost incentives that reduce barriers to engagement. At the same time, other grant funding that has historically supported operational expenses—most notably the MacArthur Foundation Safety and Justice Challenge—is scheduled to conclude in 2026 and will no longer provide supplemental operational support.

Looking ahead, the Department of Justice Services will continue to pursue additional funding opportunities in 2026, with the goal of building a more diversified funding portfolio. A broader mix of funding sources would help stabilize the program over time, support operational needs alongside staffing, and ensure the Transition Center can continue to meet growing demand without compromising service quality.

Together, these opportunities point toward the next phase of the Transition Center’s development: deeper system integration, enhanced data capacity, continued refinement of measurement tools, and growth to meet community needs. Advancing in these areas will support more comprehensive evaluation, strengthen cross-system coordination, and further demonstrate the Transition Center’s impact on public safety and justice system outcomes.

Appendix 1: About the Department of Justice Services

The Pima County Department of Justice Services (DJS) is a County department reporting to County Administration and the Board of Supervisors. Established in 2022, it is designed to serve as a central connection hub to all elements of the justice system. DJS operates across traditional justice system boundaries, often described as the “Switzerland of the justice system,” allowing it to convene courts, law enforcement, prosecutors, defense, behavioral health providers, and community partners to advance shared outcomes.

DJS’s core mission is to reduce justice system costs, improve public safety, expand access to resources, and improve outcomes for justice-involved individuals, particularly those with behavioral health, substance use, or housing instability needs. The department focuses on three primary functions: programs, policy, and people, ensuring that evidence-based practices are implemented consistently and informed by data, lived experience, and community input.

Since its creation, DJS has played a central role in transforming the justice system in Pima County, including leadership in problem-solving courts, jail population reduction strategies, crisis response and law enforcement training, warrant resolution, and cross-system data sharing. The department has supported nationally recognized initiatives, including Pima County’s designation as a MacArthur Foundation Safety & Justice Challenge site, a Bureau of Justice Assistance learning site, and a leader in mental health and co-occurring disorder court innovation.

A cornerstone of DJS’s current work is the Pima County Transition Center, which the department staffs and oversees. Through Justice Navigators with lived experience, the Transition Center provides immediate, no-wrong-door access to services for individuals leaving custody, supporting court compliance, housing stability, treatment engagement, and reduced re-arrest. The Transition Center exemplifies DJS’s role as a bridge between public safety and community-based solutions, translating policy direction into operational impact.

Current DJS Initiatives, Strategies, and Programming include:

Jail Population Review: The Jail Population Review (JPR) Committee meets weekly to evaluate the charges, criminal records, and socioeconomic status of recent detainees at the Pima County Adult Detention Complex, identifying individuals who pose a low public safety risk for potential pretrial release from jail. A dedicated case manager at Pretrial Services coordinates all JPR releases, facilitating a warm handoff to housing, treatment, and other community services. Individuals receive a bag containing basic necessities, personal hygiene kits, health and safety products, seasonal supplies, and more. Although the bags are intended primarily for JPR releases, they are available to other community members at the Transition Center.

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[Consolidated Warrant Resolution](#): Launched in August 2024, the Warrant Resolution Program offers individuals a noncustodial, accessible pathway to address outstanding warrants—particularly those related to failure to appear or failure to pay. The program is coordinated through the Arizona Superior Court, Pima County Pretrial Services Division, and supported by DJS, with guidance and resources available both in person and online.

[Crisis Response and Intervention Training \(CRIT\)](#): DJS is committed to fostering strong and beneficial relationships between our law enforcement agencies and the communities they serve. To strengthen the mutual trust between law enforcement and Pima County residents, DJS offers the CRIT Program. CRIT provides law enforcement officials with essential skills and knowledge to better manage delicate situations, mental health emergencies, and help our community members access resources rather than resorting to incarceration. Our goal is to ensure law enforcement is fully equipped to address crises respectfully and effectively without sacrificing public safety. CRIT Training offers comprehensive guides, presentations, and ample materials to develop and execute effective de-escalation strategies. By participating in person, receiving detailed instruction, and using interactive scenarios, law enforcement officials can learn essential techniques to further improve community outcomes while reducing incarceration, recidivism, and detention costs.

[Safety and Justice Challenge](#): Launched in 2015, the MacArthur Foundation’s Safety and Justice Challenge (SJC) had the primary goal of helping the United States “rethink jails.” Pima County was one of 10 sites selected for initial implementation. The project grew rapidly, and now there are over 50 sites nationwide. When Pima County’s justice system partners first joined the Safety and Justice Challenge (SJC) in 2015, the average daily population (ADP) at the Pima County Adult Detention Complex (PCADC) exceeded 2,100 detainees and regularly neared its maximum capacity of 2,300. Most individuals in custody were held on non-violent, non-dangerous charges, including possession of illicit substances, misdemeanor offenses, or failure to appear in court. Recognizing the need for systemic change, Pima County launched a coordinated, data-driven effort to safely reduce its jail population and address the underlying causes of incarceration. Over the past decade, this work has evolved into a robust, multi-system collaboration involving the courts, law enforcement, public defense, prosecution, and community-based organizations. Together, these partners implemented a range of impactful strategies, including the expansion of pretrial assessment and supervision, jail population review, pre-arrest deflection, warrant resolution, and improved court accessibility.

[Justice Data Warehouse](#): This is a joint initiative with Pima County’s Information Technology and Analytics & Data Governance Department to develop a centralized data hub intended to streamline the sharing of justice system partner information and data requests.

Pima County Transition Center

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Regional Dashboards: These interactive dashboards reflecting up-to-date local justice system data are developed and hosted in collaboration with Pima County Information Technology and Analytics & Data Governance.

Sequential Intercept Model (SIM) Mapping: These exercises bring together local justice system partners and other community organizations to identify agencies that interact with the justice system, current intercept activities, and gaps in the justice system, as well as continuity of care.

Data Analysis and Evaluation: DJS provides quantitative and qualitative data analysis to justice system partners, Pima County administration, other county departments, and community partners to target program and strategy evaluation. This can take the form of routine reports to meet grant requirements, ad hoc reports upon request, interpretation assistance, and more.

Reentry Simulations: This training provides participants with a hands-on experience of the challenges individuals face upon reentering society after incarceration. Through role-playing exercises, participants navigate real-life barriers such as housing, employment, transportation, and compliance with supervision requirements. The training fosters greater empathy, understanding, and collaboration among justice system professionals, service providers, and community stakeholders.

Guidelines on Getting Out (GOGO): A resource guidebook in the local community for re-entering citizens, available via PDF and online. Updated annually.

County Accessibility Rideshare Services (CARS): CARS is operated to support individuals involved in the justice system. Specifically, it provides rides to court to help ensure reliable transportation for appearances and promote justice system compliance.

Through its convening authority, program leadership, and commitment to continuous improvement, the Department of Justice Services functions as the integrating backbone of Pima County's justice and public safety strategy, ensuring that reforms are coordinated, data-driven, and centered on long-term system outcomes.

Appendix 2: Transition Center Historical Development

The Pima County Transition Center emerged from a multi-year recognition that traditional enforcement-only responses were insufficient to address the intersecting challenges of homelessness, low-level justice involvement, and public safety. In late 2022, Board of Supervisors discussions and County Administrator memoranda highlighted growing concerns from residents and business owners—most notably through Tucson Crime Free Coalition communications—about visible disorder, repeat law enforcement contacts, and the limited effectiveness of arrest and booking for individuals experiencing homelessness, substance use disorders, or behavioral health crises.

These early memoranda (listed below) emphasize that many justice system contacts were driven by unresolved warrants, failures to appear, and unmet social service needs rather than serious criminal behavior. The Board’s direction during this period established a clear policy expectation: solutions must improve public safety while reducing unnecessary jail bookings and addressing root causes of repeated system involvement.

In early 2023, the County began formalizing a shift toward system-level intervention. A series of memoranda titled Update on County Initiatives to Address Homelessness and Public Safety documented the County’s evolving strategy: pairing enforcement with access to services, diversion opportunities, and coordinated justice responses.

By the spring of 2023, Pima County’s strategy united around the concept of a modular service building located near the Pima County Adult Detention Center. Initially framed as infrastructure support, the project quickly evolved into a broader operational model focused on immediate engagement, warm handoffs, and justice navigation. In May 2023, County memoranda formally identified the modular facility as the Pima County Transition Center, marking a decisive shift from concept to implementation.

Construction, staffing, and interdepartmental coordination progressed rapidly, and the County projected an operational opening in June 2023. Subsequent memoranda emphasized that the Transition Center was not a standalone program but part of a broader justice reform ecosystem, closely tied to court processes, pretrial practices, and warrant resolution strategies. The August 18, 2023 memorandum highlights the official launch of the Transition Center modular facility.

By February 2024, the program had already demonstrated early success. Data showed high engagement rates, significant housing and service needs among participants, and early indications of reduced re-arrest rates compared to traditional release pathways.

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In the First-Year Report ([Appendix 3](#)), the County released the Overview of First-Year Achievements and Impact of the Pima County Transition Center. This report validated the model's effectiveness, documenting:

- Strong participant engagement with Justice Navigators.
- Meaningful reductions in short-term re-arrest and rebooking.
- Cost avoidance associated with reduced jail utilization.
- Improved coordination across justice, housing, and treatment systems.

The first-year report confirmed that the Transition Center had moved beyond pilot status and was delivering system-level public safety benefits.

Throughout 2025, communication with the Board of Supervisors reinforced the Transition Center's role as a core component of Pima County's homelessness and public safety strategy. Mid-year updates highlighted sustained outcomes, increased law enforcement utilization of the Center, and deeper integration with warrant resolution and court processes.

The September 24, 2025 memorandum recommending the expansion of Transition Center hours of operation marked a significant policy milestone. Expansion reflected confidence in the model, responding to demonstrated demand and recognizing that timely access—particularly during evenings and weekends—was critical to maximizing public safety and system impact. By the end of 2025, the Transition Center was firmly embedded within the County's justice, housing, and public safety infrastructure, serving as a cornerstone of diversion, reentry support, and coordinated system response.

Chronological record of significant events or memorandum:

- [November 15, 2022](#): Meeting Minutes (Item 34)
 - Board of Supervisors unanimously approved four motions:
 1. Given the prevalence of criminal behavior that causes great hardships for our residents and businesses, the Board of Supervisors states that anyone who violates laws in place to protect public health and safety should be arrested and prosecuted. Anything that prevents the enforcement of our laws should be identified and removed. The Board directs County Administration to work with the County Attorney, Sheriff, Superior Court, and any other involved parties to identify any barriers or impediments to effective enforcement or prosecution and report back to us with plans for addressing them.
 2. The Board directs County Administration to devise a plan for making use of the Mission Annex as a site for the expansion of pre-trial and probation services.

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3. There is a need for comprehensive “wraparound” services that seek to address the root causes of homelessness. The Board directs County Administration to report to us on any current joint efforts being undertaken by County and City of Tucson staff to provide such services, any further opportunities for greater collaboration, and ways that private sector agencies can join in support of these efforts.
4. The Board directs County Administration to fully evaluate and report back to us on any options for reallocating unexpended American Rescue Plan Act funds to pay for any expenses associated with any of the items addressed in this motion.
 - [December 2, 2022](#): Update on the above motions.
 - [December 19, 2022](#): Additional information from Board meeting on December 6, 2022.
 - [January 23, 2023](#): Update to the Board where County Administration proposed use of a modular facility outside of the jail.
 - [February 3, 2023](#): Update on County Initiatives to Address Homelessness and Public Safety
 - [February 17, 2023](#): Update to Board.
 - [April 17, 2023](#): Update to the Board (Housing and Shelter Services)
 - [April 27, 2023](#): Update to the Board including information about the delivery of a modular building, and estimated operational soft launch in June 2023.
 - [May 12, 2023](#): Update to the Board discussing national reentry program models to inform the modular building programmatic design, a warrant resolution strategy, and the Transition Center.
 - [June 2, 2023](#): Update to the Board including status of the modular building construction and operational timelines.
 - [August 18, 2023](#): Update to the Board highlighting the launch of the Transition Center.
 - [February 29, 2024](#): Transition Center’s six-month report to the Board.
 - [May 24, 2024](#): Information about the new Consolidated Warrant Resolution Program, which compliments the Transition Center services.
 - [November 7, 2024](#): First year report on the Transition Center.
 - [March 28, 2025](#): Mid-Year Update to the Board regarding Transition Center operations.
 - [September 24, 2025](#): Discussion of possible expansion of the Transition Center to seven-day-a-week operation.

Appendix 3: Year 1 Transition Center Report



MEMORANDUM

Date: November 7, 2024

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: Jan Leshner 
County Administrator

Re: **Overview of First-Year Achievements and Impact of the Pima County Transition Center**

The Transition Center, established in August 2023, supports individuals recently released from jail by offering housing, treatment, and essential resources through Justice Navigators—staff members with lived experience in the justice system. This program seeks to reduce repeat arrests, improve court attendance, and alleviate pressures on law enforcement and community resources.

Attached is an Annual Report for the Pima County Transition Center highlighting achievements, significant milestones, and impact on local reentry efforts and community safety.

Key Achievements:

- **Client Engagement and Outcomes:** From August 2023 to August 2024, over 1,100 individuals sought assistance, with 99% utilizing at least one service. Rearrests within 30 days of release were reduced to less than 10% among participants, compared to 27% in a control group. This has led to an estimated 158 fewer misdemeanor rebookings each month, saving approximately \$940,000 annually.
- **Increased Service Utilization:** Service demand has grown steadily, peaking in August 2024, with projections indicating the Center may serve between 1,500 and 2,700 individuals next year depending on expanded hours.
- **Expanded Services:** The Center now offers additional support, including family assistance, warrant resolution, help with housing and treatment resources, and non-custodial police drop-offs.
- **Housing and Treatment Success:** Individuals placed in housing and those who maintained contact with Navigators were 68% less likely to be rearrested within 30 days. The Center placed 160 individuals in housing and referred 421 to treatment.

Operational Impact:

- **Cost Savings and Efficiency:** The Transition Center and the Pima County Pretrial Services (PTS) pre-booking program help save officer time and conserve jail space for more serious offenders. Since launching, the pre-booking program reduced the detention rate for misdemeanor offenses from 20% to below 5%.

The Honorable Chair and Members, Pima County Board of Supervisors

Re: **Overview of First-Year Achievements and Impact of the Pima County Transition Center**

November 7, 2024

Page 2

- **Community Engagement:** Awareness of the Transition Center has increased through informational campaigns, including jail intake videos, website resources, and partnerships with community agencies and law enforcement.

Future Goals: To build on its successful first year, the Transition Center aims to:

- Expand weekend hours and increase emergency housing options to meet growing needs.
- Enhance data tracking to refine service delivery and understand outcomes more deeply.
- Secure additional funding to further support its expanding role in reentry and community safety.

The Transition Center has significantly reduced repeat offenses and supported successful community reentry, easing pressures on justice and community resources. Continued support and expansion will allow the Center to deepen its impact and foster safer, more stable communities.

JKL/anc

Attachment

c: Carmine DeBonis, Jr., Deputy County Administrator
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer
Steve Holmes, Deputy County Administrator
Kate Vesely, Director, Pima County Justice Services

Pima County Transition Center



First-year report
OCTOBER 2024



PIMA COUNTY
JUSTICE SERVICES



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Summary

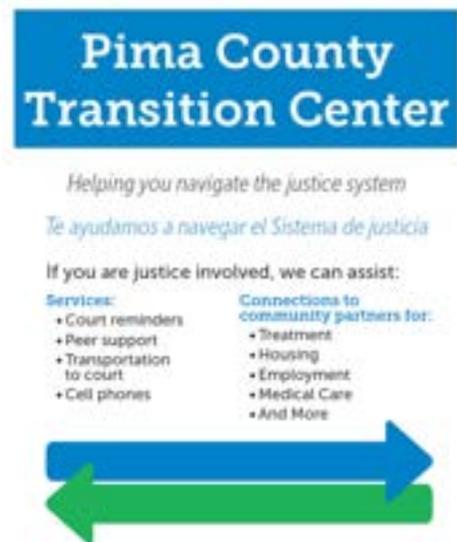
In just one year, the Transition Center has significantly impacted local reentry efforts, reducing rearrests within one month of release and generating numerous success stories. Beyond changing lives, it has also helped alleviate burdens on law enforcement, local businesses, and neighborhoods. Launched in August 2023, the Transition Center connects individuals released from jail to housing, treatment, and other resources through Justice Navigators—staff members with personal experience in the criminal justice system. The program aims to reduce repeat arrests and improve court appearance rates.

Between August 2023 and August 2024, **more than 1,100 individuals sought assistance at the Transition Center, with 99% utilizing at least one service.** Usage has steadily grown, peaking in August 2024. If trends continue, the Center is expected to serve between 1,500 and 2,100 people in its second year with current hours, or 1,900 to 2,700 if expanded to seven days a week.

First-year data shows that over 90% of participants avoided rearrest within 30 days, compared to only 73% in a control group. This translates to an estimated 158 fewer misdemeanor rebookings each month, **saving local governments nearly \$1 million** annually in booking fees. Businesses also benefit from the Center's help in addressing common offenses like shoplifting and trespassing; companies near the jail have reported a reduction in loitering and vandalism.

Analysis shows that housing support and regular check-ins with court reminders are most effective in preventing rearrest. **Individuals placed in housing or shelter who stay in contact with Navigators are 68% less likely to be rearrested within 30 days.** Staff placed 160 individuals in housing and referred 421 to treatment.

Over the past six months, the Center expanded its services to include family support, [warrant resolution](#) (especially in encampments), non-custodial police drop-offs, and assistance for housing, treatment, and other providers with clients' pending cases. In addition to serving individuals exiting custody, the Transition Center now meets an increasing community need for one-stop information and referral for families and communities attempting to navigate the justice system's complexities.



Program Overview

The Pima County Transition Center complements the Pretrial Services (PTS) “pre-booking modular” program, which screens individuals arrested for non-domestic violence misdemeanors. Operated by PTS under Pima County Superior Court supervision and funded by county funds, the program allows some individuals to be released with court-ordered conditions (at times requiring they avoid the arrest location). This process not only conserves officer time (taking 15 minutes compared to hours for full booking) but also preserves jail space for more serious offenders. Releasing individuals before booking also saves jurisdictions the booking fee.

Prior to the PTS pre-booking program, 20% of the Pima County Adult Detention Center’s (PCADC) population was held on misdemeanors. Since the program’s launch, this figure has dropped to less than 5%. Maintaining a manageable jail population through reduced detention of non-violent, low-level offenders is a priority, as it conserves resources and ensures bed availability for individuals who pose a community risk.



Though the Transition Center operated informally for several weeks, it was formally launched on September 7, 2023, as a major initiative within the Department of Justice Services (DJS). Funded by the American Rescue Plan Act (ARPA), the Center’s modular building is located just outside the jail. ARPA funds also covered the hiring of four Justice Navigators—

professionals with justice system experience trained as Recovery Support Specialists or Peer Mentors. A Program Manager with therapeutic training and justice system experience leads the team, and a separate grant funds clinical peer support through HOPE, Inc., for individuals needing immediate clinical connection through December 2024.

Services Overview

The Transition Center is a voluntary service with no court or community supervision role and focuses on proximity and immediacy for intervention. It operates on a peer-to-peer model, meeting individuals “where they are” to establish rapport and trust. Although staff work closely with agencies like PTS and Adult Probation, their independence from law enforcement facilitates access to services and resources.

Navigators engage immediately after release from custody, or as soon as someone enters from the street, and promptly goes to work identifying resources with which to connect individuals in real time. Housing, treatment, vocational, and other services that require setting appointments days, weeks, or months out – while in all likelihood is an excellent resource – are unlikely to yield results for this population (justice-involved, and typically unsheltered and substance-using) as they return to the streets and are lost (until the next arrest) before benefits of these interventions can be realized. As such, the Transition Center focuses on “gap interventions” – immediate services that can stabilize an individual while awaiting connection to and enrollment in these longer-term interventions.

Many patrons come to the Center shortly after release, often under the influence, or following extended stays in jail. While some arrive agitated, most appreciate the trauma-informed, non-judgmental support from trained non-justice professionals. Initial business hours (8 a.m. to midnight, Monday to Friday) require a minimum of two trained staff on-site, focusing on de-escalation and crisis intervention.



Navigators engage each participant (around 99% accept support) using evidence-based methods like Motivational Interviewing to guide them toward services. Some are ready for immediate treatment, housing, or detox, while others seek basic needs like food or clothing.

For those willing to go into housing, Navigators typically locate shelter through a phone tree operation – calling a list of providers to see if they have space available. Many shelters will not accept individuals after a certain time of day, if they are intoxicated, when person has a

pet with them, or if they are trying to shelter together with others (i.e. a partner). Navigators are highly skilled in out of the box problem solving. For example, an older man was willing to go into a housing and vocational program, but the facility did not accept pets. Navigators worked with staff at the [Pima Animal Care Center](#) to identify a foster family; once the gentleman completed his program he was immediately able to obtain employment and housing. His dogs were returned to him and continue to be his primary motivation in remaining out of custody.

Participants may be ready to accept all available services; others are only willing to talk with Navigators and learn more about what resources are available. Navigators follow a harm-reduction, trauma-informed model that is evidence-based and data-informed. When trust is established, these individuals will be more likely to reach out again for help when they are ready – and are more likely to engage in services when the referral comes from a trusted source, like peers with lived experience. While housing and treatment represent the greatest number of referrals, others have been connected with other county programs (like [Pima County One-Stop](#) and [Cycle Breakers](#)) and services throughout the community. Truly, the best asset to the Transition Center operations is the highly skilled and well-informed staff, who have vast knowledge of diverse community interventions and relationships to facilitate rapid engagement with those programs.

Transportation is the most critical service the Transition Center can provide; otherwise, individuals are likely to return to the area where they were arrested (which is also commonly the place where they are camping), walk out into the neighborhood surrounding the jail, or be picked up by their dealer or trafficker. In April 2024, the City of Tucson hired a Justice Navigator to provide essential transportation for individuals. The City is currently recruiting a second position with similar responsibilities. The value of the transportation component cannot be understated; while limited grant funding is available for taxi services, it is often challenging to get a response to the jail vicinity (particularly in the evening hours). City staff transporting participants preserves limited grant funding better utilized for longer transports (which have included Ajo, Nogales, and other areas in the past).

Partnerships and Collaborations

The success of the Transition Center is a result of partnerships with government, justice system agencies, and community service providers, most notably Pretrial Services (a Pima County Superior Court division). Engagement is improved through a warm-handoff of staff operating out of the prebooking modular, encouraging individuals released to take full advantage of the team and services in the Transition Center.

The following script is provided to all individuals released by PTS:

As part of your final clearing of leaving this facility, you will exit the pretrial services modular and proceed through the gated area to the Transition Center (TC). The Transition Center has been created to support individuals like yourself with connection and conversation with navigators who, not too long ago, were in your exact same position. This service is voluntary and in no way impacts your decision for release or the criminal justice process if you accept or decline. These navigators are not law enforcement or therapists but individuals with lived experience who would like to have a conversation with you and offer support and resources to prevent rearrest. They also can help you with reminders and transportation to your next court appearance to prevent a warrant being issued.

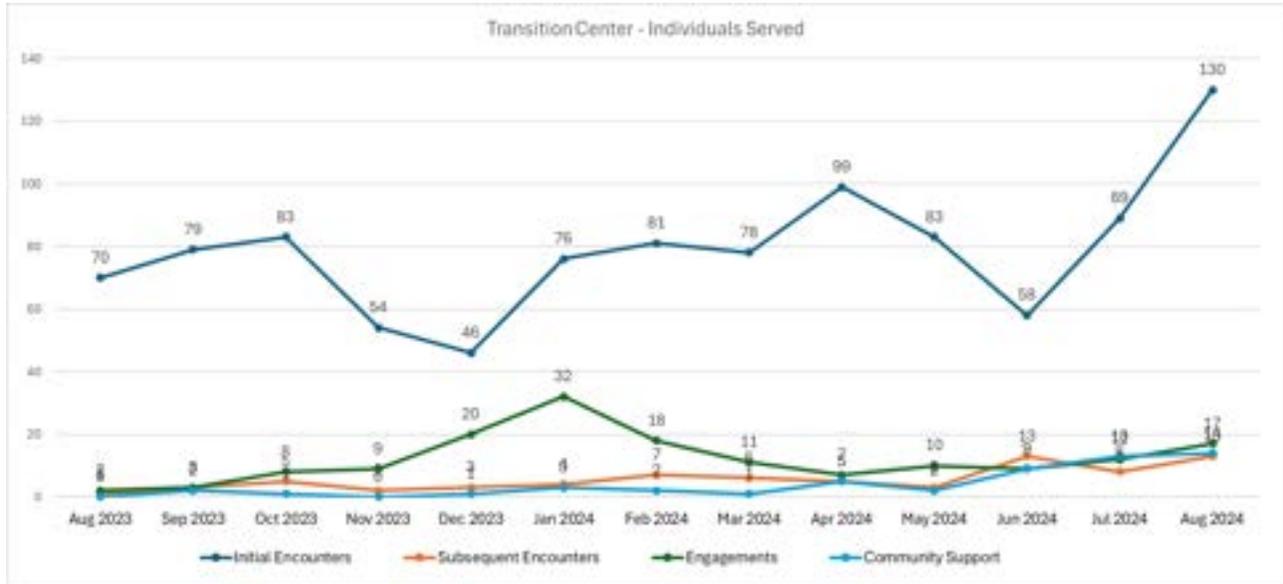
As discussed above, the City of Tucson staff has been a critical addition to transportation and connectivity to city resources (like various housing programs). Beyond practicality, the City's engagement also promotes a shared sense of investment in constituents (which are predominately city residents) – improving their outcomes and increasing community safety.

Another critical partner is [HOPE, Inc.](#) who has provided a peer mentor (also with the ability to transport) in the Transition Center during the day (paid for by grant funding). The Justice Navigators do not, by design, provide any clinical services. However, some participants are in need of (or willing to immediately go to) behavioral health services. HOPE staff can complete intakes or conduct assessments on site, or promptly transport a willing person to their day program or other treatment services.

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First Year Operations

In its first year, the Transition Center had over 1,100 engagements with more than 1,000 individuals. The facility has no limits on the number of people served.



Strategies to raise awareness of the Center included:

- A video played in the jail intake area before Initial Appearance hearings, instructing individuals on accessing the Center (in both [English](#) and [Spanish](#))
- Various informational materials (included in [Appendix 3](#)),
- [A dedicated website](#),
- Trainings and webinars for community agencies, law enforcement, and justice partners, and
- Active engagement with associations and community groups to build trust and visibility.

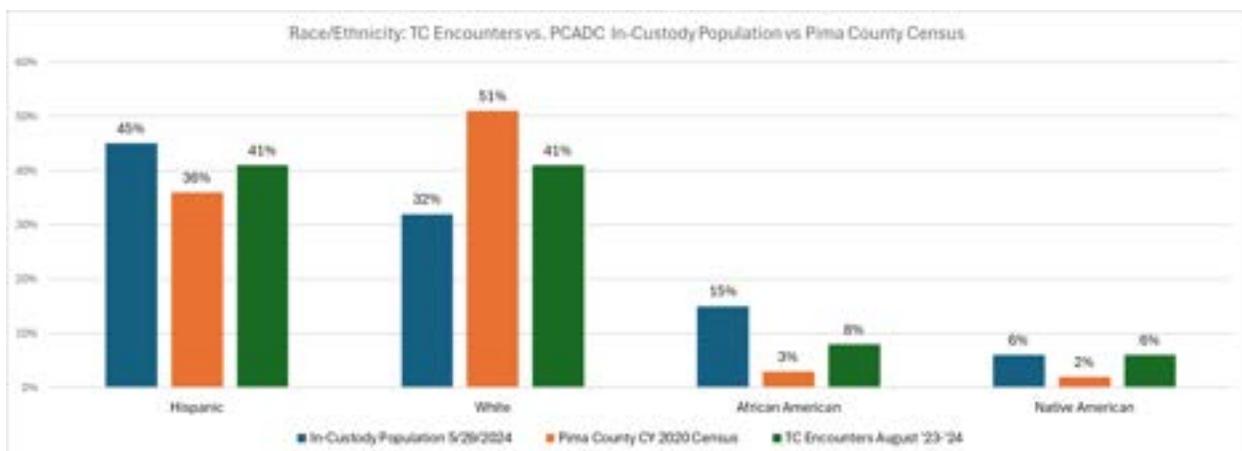
Initially, most referrals came from PTS as individuals were released from the pre-booking modular. With increased capacity and word-of-mouth, traffic also grew from those released from the jail and drop-offs by family, law enforcement, or partner agencies. The chart below highlights the various referral sources over the year.



Data Insights

The Transition Center addresses two main community challenges: frequent misdemeanor arrests related to substance use and homelessness and failures to appear in court, both of which strain police and jail resources. Objectives of the facility are to increase community safety, reduce impacts of crime for business and neighborhoods, and breaking the cycle of incarceration for community members. Metrics of success include reducing rearrest and increasing court appearance.

Participants varied widely in age (from 18 to 80, with an average of 39). The most common charges included shoplifting, disorderly conduct, possession of drug paraphernalia, and failure to appear.



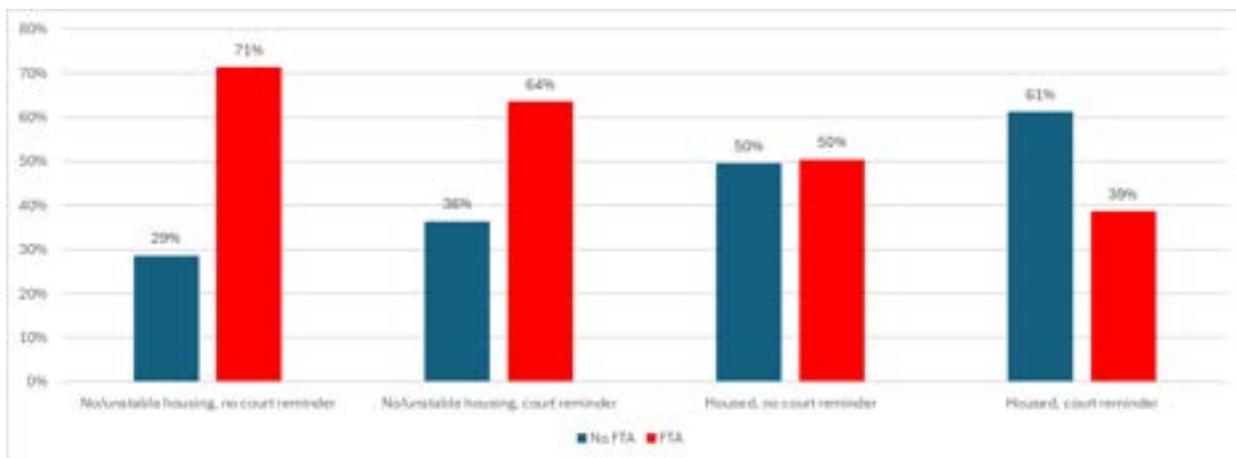
In addition to providing services through the Transition Center, the program also seeks better insight into common attributes, patterns of conduct, and effect levers for behavioral change among its participants. This data can then be applied to improving internal operations (and instilling a commitment to continuous quality improvement) as well as informing other complementary services within government agencies and community providers.

The following series of questions explores evaluative questions and what insights can be gleaned from the data currently collected through the Transition Center or available from other sources (like court websites that display case information to the public).

1. Does housing status affect Failures to Appear (FTA)?

Yes, two-thirds of the population who received an FTA were homeless.

Housing status is critical to court appearance rates. Among those who received an FTA, two-thirds were homeless. Court appearance rates increased to 36% when participants accepted court reminders from Navigators, compared to 29% who declined reminders.



Housing and contact with Justice Navigators reduce the likelihood of rearrest by 68% within 30 days. However, Navigators report that finding housing is challenging, with barriers including full shelters, limited after-hours responses, and certain entry requirements, such as bridge medication from the jail.

- **Insight:** Incentivizing ongoing contact with Navigators (e.g., via the CALL program offering a free phone) and expanding emergency shelter options after 5 p.m. can reduce rebooking rates.

2. Can the negative impacts of being unsheltered at the time of release be mitigated?

Yes. When a person is referred to housing services (i.e. emergency shelter) from the Transition Center, the negative impacts on rebooking (within 30 days of release) and court appearance are lessened. Of the 57 individuals placed in emergency shelters by the Transition Center, only one was rearrested within 30 days of release (98% were not rebooked).

- Insight: Housing is a critical component in improving court appearance – indeed, it is the most reliable predictor of success. When paired with other supports, like court reminders and routine check-ins from Justice Navigators, failures to appear warrants will decrease. Further, even if an individual self-reports they are homeless

Referrals TOTAL	2023 Total	2024 Total	Total to Date
Housing Services	23	59	82
Drug & Alcohol Treatment - Inpatient	23	42	65
HOPE, Inc	32	32	64
Mental Health Care - Inpatient	6	27	33
Mental Health Care - Outpatient	23	5	28
Other	5	19	24
Drug & Alcohol Treatment - Outpatient	12	5	17
Cycle Breakers (Life Skills)	5	10	15
Medical/Dental/Local Health Care	5	10	15
Crisis Mobile Team	2	5	7
Domestic Violence Classes	4	2	6
Domestic Violence Victim Services	2	0	2

Some patrons, while consenting to brief intervention and support in the Transition Center, will ultimately decline to participate in treatment (approximately 10 percent of participants). The most common barriers reported to Navigators are: have pets/no place to take pets, wish to speak with their family/support network first before entering treatment, want to do treatment with significant other, want to “get affairs in order” first, insurance issues/has no insurance, need to retrieve belongs, and an abusive partner is preventing entry to treatment.

3. Does being enrolled in treatment services prior to arrest impact rebooking rates?

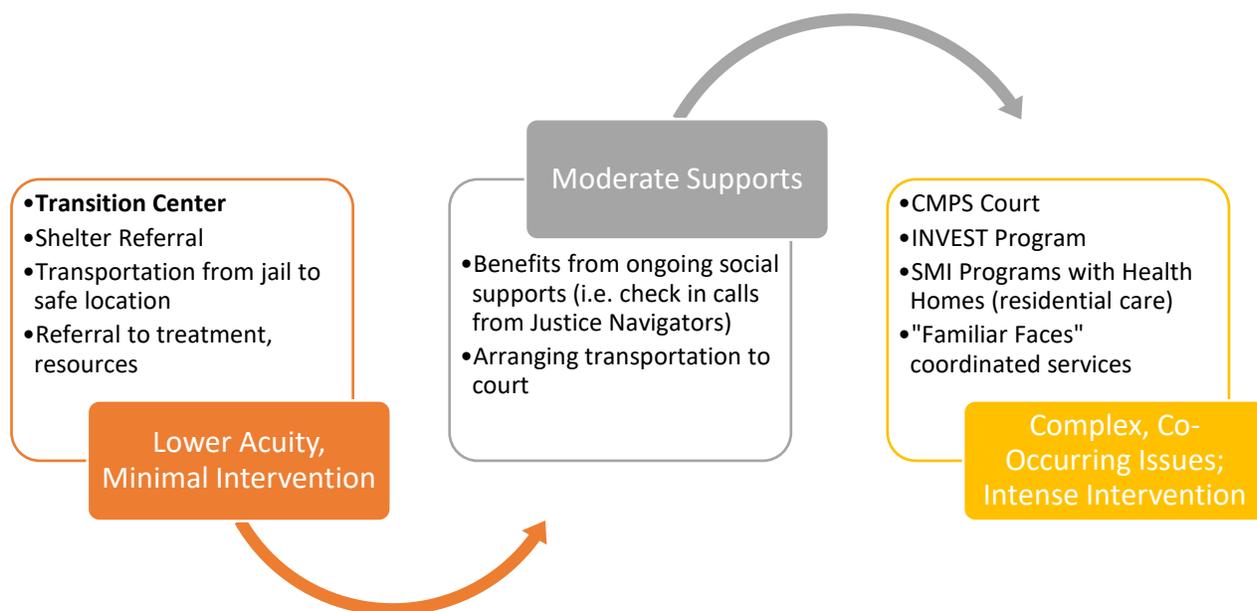
No. Over 50 percent of participants self-reported to Justice Navigators they were enrolled in behavioral health treatment (which includes mental health and/or substance use disorders) before their arrest.

While it is helpful to have an individual already connected to services when developing a reentry plan, the takeaway from this data is that treatment alone is not sufficient to change

behaviors. If a person is struggling with substance use and/or mental health disorders, and behaviors connected to these issues have resulted in justice involvement the best outcomes are yielded from pairing with other supports.

- **Insight:** For best results, a spectrum of interventions with escalating treatment intensity based on individualized needs should be established. Many individuals need only the immediate and short-term assistance provided in person at the Transition Center, paired with ongoing social supports (i.e. periodic check-ins, court reminders, making plans to attend court and assisting with transportation). This is a cost-effective strategy to cast the broadest net possible, assisting a larger volume of people.

For some, this will be sufficient support – however, for others with complex issues such as co-occurring disorders, Serious Mental Illness (SMI), and “familiar faces” (those with frequent low-level arrests, i.e. more than 5 in a year) more intensive interventions, and accountability, may be required. Examples of these interventions may include programs like [INVEST](#) (Department of Detainee and Crisis Systems), the [Consolidated Misdemeanor Problem Solving \(CMPS\)](#) court program (Pima County Attorneys Office), enrollment into a “[Familiar Faces](#)” program, SMI treatment and housing programs through local health homes, and other more intensive interventions. While the cost is higher for these programs, it provides a level of care more commensurate with higher need.



Projected Cost Savings

Booking and housing fee reductions represent the primary source of cost savings, though the overall impact extends across justice resources. Reduced rearrests and FTAs save law enforcement resources, improve court processing, and ease jail capacity.

As the jail charges limited jurisdictions (like the City of Tucson, Town of Marana, and Town of Oro Valley) for misdemeanor bookings, each individual whom PTS releases without going inside the jail saves each community a minimum of the booking fee (as well as however many additional days in custody they would have otherwise saved).

The Transition Center yields additional savings over and above the prebooking modular; its impact is estimated at 158 fewer rearrests per month, which provides a significant reduction in costs for limited jurisdiction courts (with fees set at \$495.94 per booking and \$125.04 per day for FY2025). This estimate was created from the baseline assessment for a control group, that demonstrated 28 percent individuals arrested on non-domestic violence misdemeanors were rebooked into the jail within 30 days of release. Individuals who go through the Transition Center averaged 10 percent or less rebookings per month – a difference of 158 people. This saves cities and towns in Pima County nearly \$80,000 per month (nearly \$1 million per year) in avoided booking fees alone, without factoring in the savings of additional jail bed days. This is over and above the savings generated by the prebooking modular (conservatively estimated at \$1.7 million per year in avoided booking fees, assuming approximately 300 individuals are successfully diverted from booking per month).



Success Stories



For individuals coming through the Transition Center after being released from the Pima County Detention Center, success takes many forms. For some, it may simply mean connecting to resources, having a meal before returning to the community, finding a peer to connect with, receiving court reminder notifications, or experiencing kindness. For others, the Center has brought life-changing transformations.

M.G.'s Journey to Stability and Independence

One participant, M.G., came to the Transition Center after almost a year in custody. Formerly homeless, he was referred to transitional housing and enrolled in the Pima County Superintendent's Office CycleBreakers Program. Through the program, he received vocational training, counseling for substance use, and job assistance. As of this report, M.G. has secured employment, is nearing completion of his GED, and has earned a raise. He has had no new criminal charges, a testament to his steady progress.

M.W.'s Return to Community and Service Engagement

M.W., a U.S. Army veteran, struggled with alcoholism and homelessness before his arrest for DUI. After his release, he connected with Transition Center staff, who helped him navigate the Veterans Administration (VA) system. He is now fully engaged in housing and treatment services through the VA, with no new charges. M.W. credits the Transition Center for helping him access essential VA resources that may have otherwise been out of reach. His story illustrates the Center's critical role in enhancing public safety by connecting individuals to specialized care and support.

L.H.'s Path to Recovery and Justice Compliance

L.H. found immediate support at the Transition Center upon release, despite facing legal challenges and ongoing substance use treatment. Justice Navigators quickly connected her to CODAC for Medication-Assisted Treatment (MAT), counseling, case management, and a recovery coach. Additionally, the Center provided timely transportation, which she credits for helping her stay on track with her recovery and avoid further justice involvement. L.H.'s experience highlights how coordinated resources and support can promote justice compliance and empower individuals to make sustainable life changes.

Recently, a Transition Center participant shared a personal letter about her experience, included in [Appendix 4](#). These stories are only a glimpse into the Transition Center's profound impact on community safety and individual success, capturing just a few instances where Navigators went above and beyond to provide critical support.

Conclusion & Future Expansion

In its first year, the Pima County Transition Center has proven to be a critical force for change in the reentry process, helping hundreds of individuals avoid re-arrest and positively impacting the surrounding community. The center's commitment to providing accessible resources, housing, and peer-led support has eased burdens on local law enforcement and judicial systems and fostered hope and stability for those navigating reentry. As the Transition Center looks to expand its services and address growing needs, securing additional funding and staffing will be vital for its continued success.

Funding

ARPA funding pays for four Justice Navigators, as well as the modular building's monthly lease. The current ARPA funding is set to conclude in June 2025; however, non-encumbering operational expenses must be moved off by December 2024. Therefore, alternative resources will need to be identified to sustain current operations, and expanding staffing to support weekend services remain top priorities for Transition Center strategies. DJS, in collaboration with the Grants Management & Innovation (GMI) department, actively seeks and applies for funding opportunities to minimize the fiscal impact on local resources.

Currently, a grant from the Arizona Department of Housing (ADOH) covers costs for the CALL and CARS programs, which provide free cell phones and taxi services, respectively. This grant, covering up to \$75,000 per year based on vendor expenses, is scheduled to expire in December 2024. Other resources, such as snacks, basic clothing (e.g., socks), resource guides, and other essential items, are primarily funded by the Safety and Justice Challenge (SJC) grant, which will conclude in December 2025.

Other operational expenses such as custodial, utilities, repairs, office supplies, printing, etc. are funded through the DJS general fund budget. While pursuing additional grant funding remains a priority for DJS to ensure program sustainability, developing a diverse funding portfolio is recommended. This could include state appropriations, contributions from local jurisdictions that benefit fiscally from the Transition Center and PTS prebooking modular,

and general funds. Further cost-benefit analysis helps identify other systems that could benefit from these strategies and contribute funding based on their savings.

Housing Needs

The Transition Center’s interventions prioritize proximity and immediacy. Many individuals recently released from police or jail custody are at a vulnerable point—highly at risk of quickly returning to being unhoused and/or substance use, but also more open to receiving support **and** services. Once they leave, it becomes challenging, if not impossible, to secure their participation in follow-up appointments scheduled days or weeks later.

Participants often decline services when scheduled so far out, or they agree initially but fail to follow through. However, with immediate resources available, individuals are not only more likely to connect with long-term services but are also more likely to attend crucial court appearances. As such, emergency shelter continues to be the highest need and most challenging resource – particularly in the evenings. Other resources, like transportation, will be critical to maintain. Gap funding may be required to continue this service while seeking new grant funding after current opportunities conclude.

Finally, continued outreach and engagement with other community resources are paramount to increasing the effectiveness of the Transition Center interventions. As expanded data collection is intended to gain insights into which service referrals are most effective, having a diverse portfolio of partner agencies will play a key role in understanding which interventions are the most effective for generating behavioral change.

Next Steps

Looking ahead, the center aims to improve data tracking to deepen its understanding of outcomes, enhance weekend hours, and collaborate further with community partners. By expanding emergency housing options and tailoring interventions to specific offenses, the center can strengthen its approach to public safety while offering tailored support to individuals. Ultimately, with sustained



commitment and support, the Transition Center will continue to help transform lives, reduce repeat offenses, and build a safer, more compassionate community.

Appendix 1: Additional DATA Charts

The first chart below provides information about the number of male vs female (based on self-reported information) patrons in the Transition Center, followed by a chart comparing Transition Center participant proportionality compared to the overall jail population. From this we discern that women are more likely to utilize the Transition Center resources.

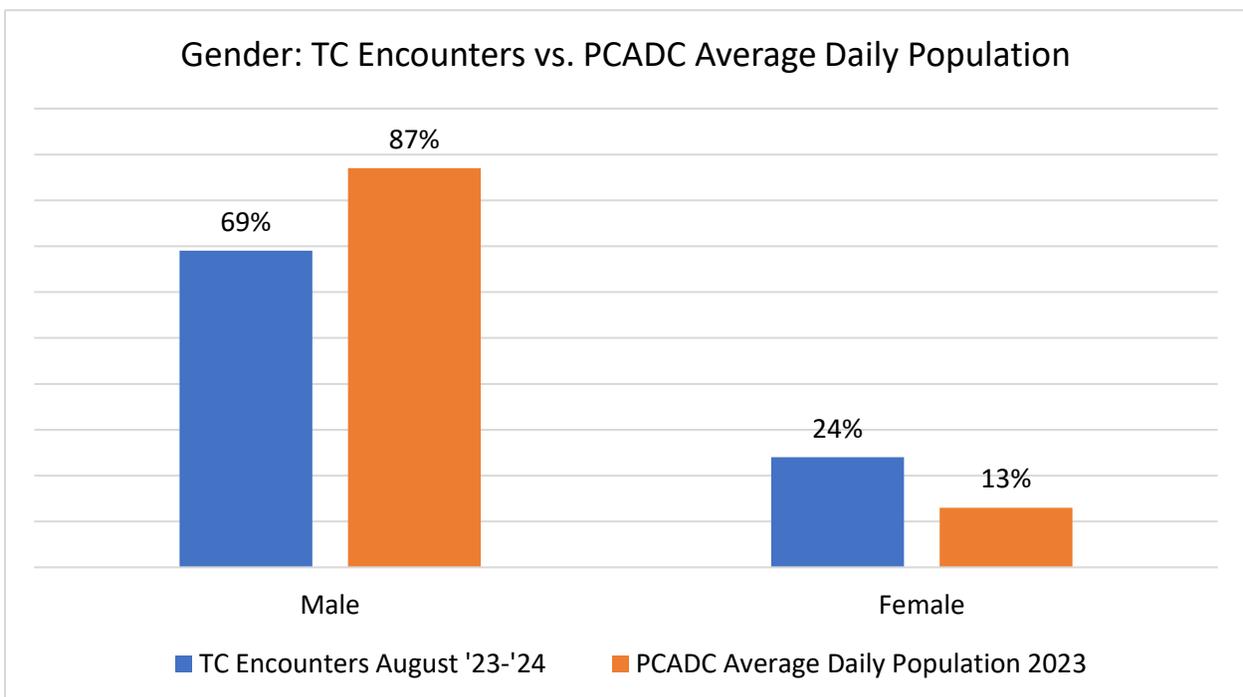
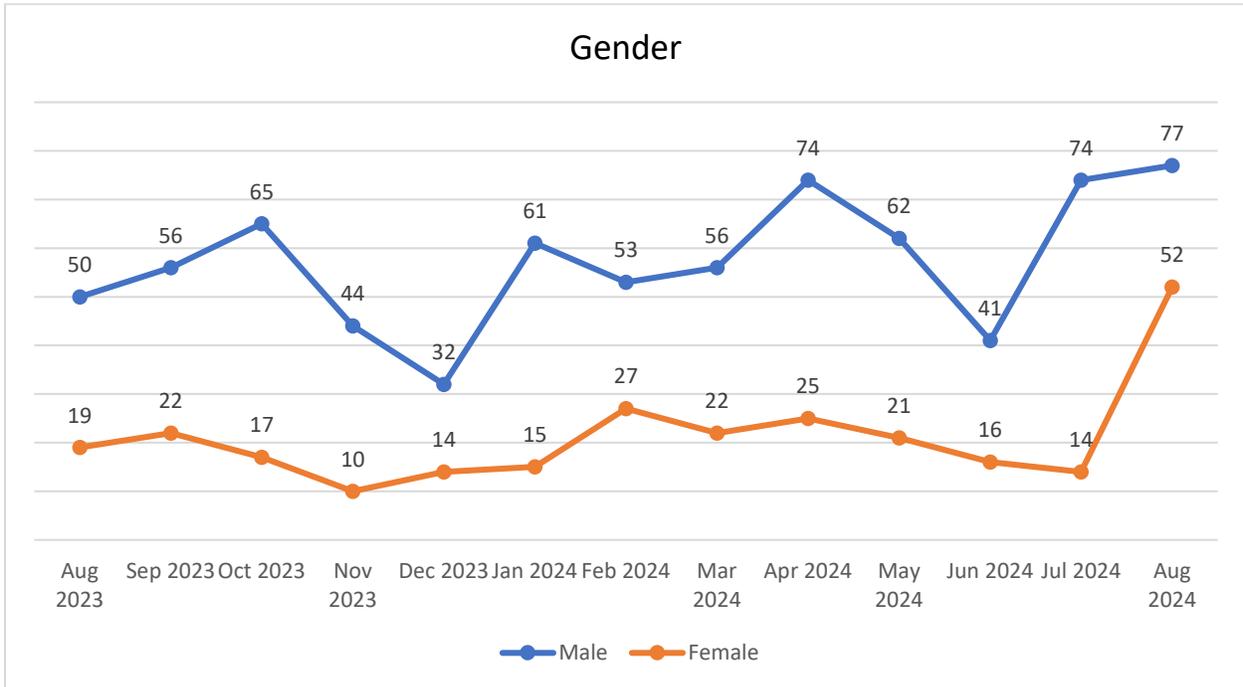
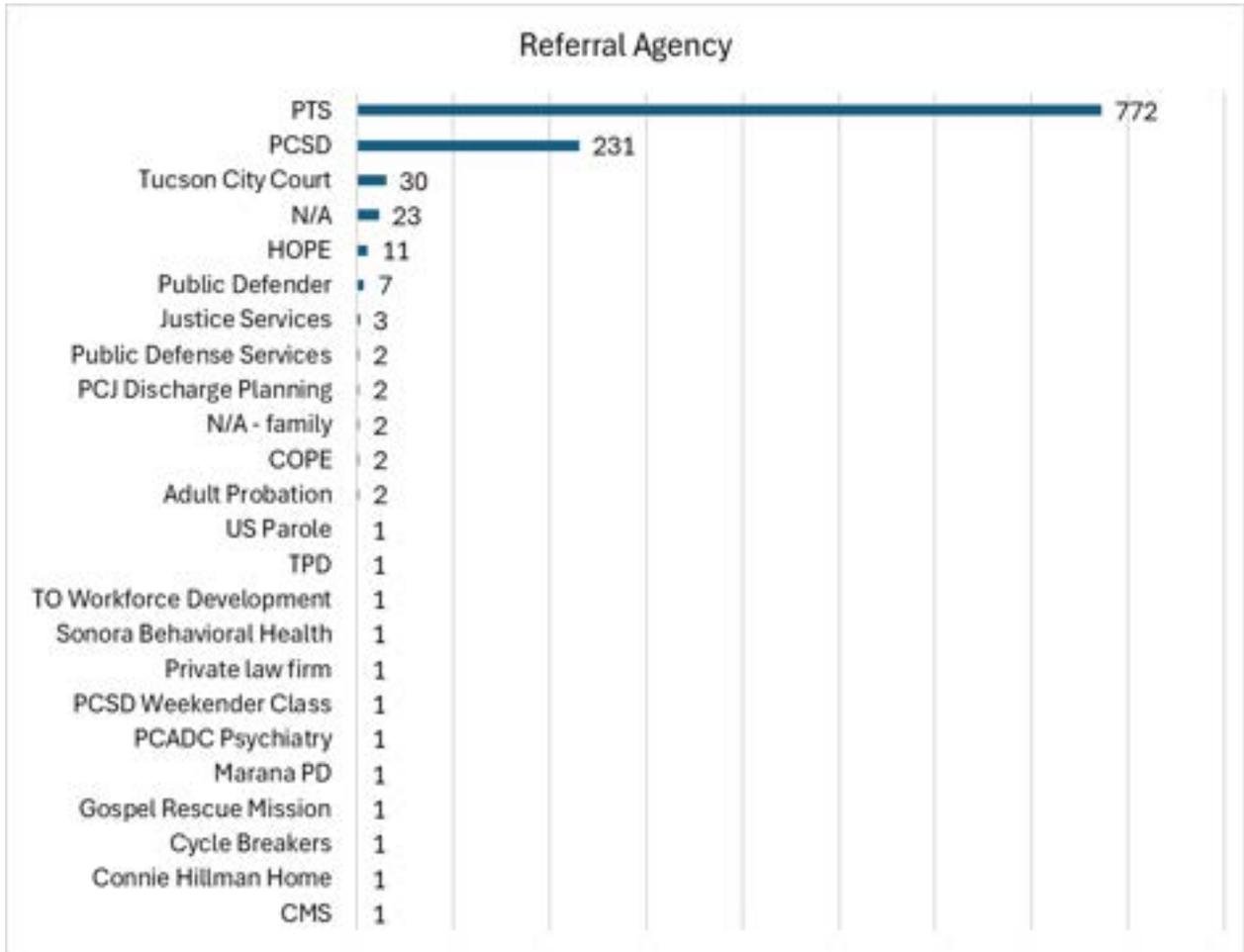


Table below details which service(s) a Transition Center participant has received, from August 2023 through August 2024. Note – aside from the Justice Navigator engagement, no other direct service is provided. All other line items list resources to which a participant was referred.

Resources TOTAL	2023 Total	2024 Total	Total to Date
Transition Center/Justice Navigator Contact Info	260	797	1057
Drug & Alcohol Treatment - Inpatient	46	124	170
Housing Services	25	135	160
Drug & Alcohol Treatment - Outpatient	45	105	150
Mental Health Care - Outpatient	30	71	101
Employment Services	20	60	80
Drug Education	10	60	70
Medication Assisted Treatment (MAT)	14	56	70
Cooling Center Locations	18	45	63
Identification Services	9	42	51
Other	8	41	49
Medical/Dental/Local Health Care Clinic	10	38	48
Low Income Free Phone Program	12	35	47
Mental Health Care - Inpatient	6	39	45
Healthcare Benefits	6	26	32
Domestic Violence Services	11	18	29
Food Resources	1	24	25
Shower Center Locations	8	15	23
Veteran Resources	2	18	20
Bill/Rental Assistance	6	12	18
Legal Aid	1	16	17
Aging & Disability Services	4	11	15
Sun Tran Bus Info	2	12	14
Unemployment Services	5	9	14
Education Services	4	9	13
Law Enforcement Contact Info	0	12	12
DUI Resources	3	7	10
DMV Info	0	9	9
DCS Services	3	5	8
Tribal Info	0	5	5
Probation Info	1	3	4
Crisis Line Info	2	0	2

Table below details which agencies referred an individual to the Transition Center, as well as the number of people referred who did receive services. Persons who were released prior to booking are included in Pretrial Services (PTS) referrals. Detainees who were referred to the Transition Center by jail staff are included in the Pima County Sheriff’s Department (PCSD) referrals.



Appendix 2: Transition Center – Standard Operating Procedures

DRAFT Pending Approval – Version 073024

Purpose:

The purpose of this Standard Operating Procedure (SOP) is to illustrate the policies and procedures to be followed by Pima County Staff (“Department of Justice Services” “Pima County Health Department”), Partnering Agencies, and Other Government Entities while engaging individuals at the Pretrial Services (PTS) Annex, Transition Center (TC) or Pima County Adult Detention Center (PCADC). Staff will perform individual engagement to reduce the Jail population with the intention of avoiding recidivism by collaborating with individuals at preliminary Justice System engagement points, Pretrial, Pre and Post Initial Appearance, and after release from jail, with peer support connection and referral to supportive services.

Scope:

The Pima County Department of Justice Services has established a Transition Center outside the Pima County Adult Detention Center (PCADC) containment fencing, alongside the Pretrial Services (PTS) Annex/Modular. With the intent to support individuals who have been detained and transported to PCADC and released to transition back into the community, these individuals will fall into three different categories of engagement throughout each phase of implementation. The transition from one phase to another is not automatic but initiated when collaboration and consensus is agreed upon by all collaborating community partners and logistical measures implemented.

Program:

The Transition Center was designed to provide a comfortable and informal setting where individuals released from custody at various levels would receive supportive engagement in a safe and calming atmosphere. Navigational support provided by the staff is trauma-informed and is destigmatizing.

Navigational support is provided by a Justice Navigator (JN). The role of the Justice Navigator is to provide referrals and support services to individuals released from law enforcement/jail custody. Responsibilities involve individual engagement and referrals to community-based services (i.e., housing, mental and substance treatment, and other supportive services).

The levels of engagement will be:

No navigational support: The individual declines interaction with staff, is unable to carry on a coherent conversation to support the development of a Transition Plan, or cannot have any meaningful interaction with a Justice Navigator for any reason.

Minimal Navigation Support: The individual engages with a Justice Navigator, but the individual declines all solutions of services and resources provided. (Individual openly engages with navigator and declines all offered services and resources due to already having services, not being ready for services, having a solid support system, or any other reason.) and/ or requests/accepts 1-2 Resources/ Referrals, or forms of Navigator Solutions to barriers. (Individual accepts Navigator support via requests, resources, or referrals of no more than two, in any combination)

Full Navigation support: Individual engages with a Justice Navigator, and cooperates with Navigators accepting at least 3, in any combination of, Resources, Referrals, or Navigator Assistance to support success.

Support will include but not be limited to:

- Follow-up engagement (to promote hope, connection, increase appearance at next court date/ comply with court requirements) i.e. text reminders & Phone calls.
- Minor Crisis support
- Safety Planning
- Connections and support from Peer Navigators
- Warm hand off to referrals initiated by Justice Navigator
- Referrals to community resources (emergency housing, healthcare, food, and mental health services).
- Light refreshments
- Cellphone programs
- Charging stations
- Transportation

Documentation and records: (Reconnect Guide attachment under development)

DJS has completed the procurement process with Reconnect Inc. for case management and coordination of care documentation and use. Reconnect specializes in Technology solutions for courts and treatment programs utilizing a Reconnect manger platform that is capable of influencing client's success via Communication (messaging, video chat, & forms), Support (Calendar & reminders, Benchmarks and action plans, & client-scheduled events and

forms) and Accountability (location monitoring, curfew & spot location checks, & test randomization). These applications will be downloadable into excel spreadsheets for data tracking and analysis. *(Note accountability geo-tagging functions not being considered at this time)*

Navigators will utilize Reconnect to record engagement information electronically. Although initial information gathering will be entered on an Initial Contact Sheet and continued with additional Transition plan forms. All forms will be entered into Reconnect into the individual's file. Hard copies of forms will be stored and secured in the Program Managers office for 120 days post initial documentation date and then shredded.

Justice Navigator (JN) Engagement standards:

JN will engage individuals and interview utilizing motivational interview techniques, which include implementing peer navigation skills to identify barriers to the individuals' personal success with navigating the community and living skills prior to returning to the scheduled court date.

Once barriers have been identified, JN will offer solutions to these barriers, utilizing Transition Center Resources and confirm individuals' acceptance for referral to services. If an individual refuses referrals, they will be encouraged to accept resource contacts, location, and admission requirements verbally, in writing or via publication to take and have at their disposal for a later date.

If an individual refuses resources, the individual will be asked if the JN has authorization to contact them at a later date/time, to check in and see if they need assistance and/or to remind them of their upcoming court date.

All interviews and discussions will be documented in the Reconnect database and on the Transition Center Engagement Log.

****Note: All efforts will be attempted to identify a way to support and follow up with the individual between release and court date to support success, reduce recidivism and Failures to Appear (FTA)****

Transition Support Process & Plan

Coordination:

1. Law Enforcement Agency (LEA) enters Pre-Trial Services (PTS) intake module with the individual in custody.
2. PTS Officer will screen individuals for release eligibility.
 - a. Not eligible for release, booked into jail based on charge and interview information.
 - i. Officer will take individual into jail booking area and book individual into the Adult Detention Center.
 - b. Eligible for release, release on own recognizance (ROR) with follow up court date.
 - i. At conclusion of interview, PTS staff will inform individual of the final step of clearing the Transition Center. Utilizing the “Clearing the Transition Center After Pretrial Services” script. PTS will read the script to the individual to ensure they understand the final step and hand the sheet to them to bring to the TC for signature along with their conditions of release.
 - ii. At the TC, Justice Navigators will let individuals into TC request the script for signature and the conditions of release sheet to gather basic demographic info. Explaining the JSN role and how they are here to help with referrals to services, support or resources if needed.

Justice Navigators Engagement: The JN level of engagement and support is based on Navigators interview and individuals choice/ desire and need.

At the conclusion of PTS screening a PTS agent will go over the TC clearing script. Sharing the final steps of clearing Transition Center Supportive Services before leaving PCADC premises by speaking with TC JN by sharing a copy of individuals charge sheet & TC Clearing Script with TC contact info. PTS staff will ensure the individual understands that clearing the Transition Center is the final step in exiting the property, and that participation in TC services is completely voluntary. Prior to individual exiting PTS modular, PTS staff will notify Justices Services via Transition Center Phone (520) 724-2463 of individual completing PTS screening and confirmation of individuals briefing on final steps of navigating through the transition center for voluntary supportive/engagement and that individual is leaving PTS in route to TC.

TC Staff will meet the individual in the connecting walkway between PTS and TC prior to reaching the exit gate and welcome them into the Transition Center (TC). Upon entering TC, navigator will introduce themselves to individual and ask to see their charge sheet, follow up court date and TC clearing Script. Based on individuals desire for support, Navigator will explain different levels of engagement and ask individual which they would prefer and follow levels of engagement protocols.

1. **No Navigational support:** The individual declines interaction with staff or is unable to carry on a coherent conversation to support the development of a Transition Plan or is unable to have any meaningful interaction with Navigators for any reason.

a. Navigator will thank the individual for coming, offer snacks or water, give business card, and advise them of the TC days and hours of operation and to reach out if they need assistance later time.

Note. Information from the Charge Sheet will be used to complete the initial contact sheet. All information is entered on a Demographic Sheet, Reconnect and TC Engagement Spreadsheet.

2. **Minimal Navigational support:** Individual engages with Navigators and/ or requests/accepts Navigators support and solutions to barriers via requests, resources, or referrals of no more than two, in any combination. Individual engages with Navigators but individual declines all solutions of services and resources provided. (Individual openly engages with navigator and declines all offered services and resources, due to already having services, not ready for services, has a solid support system, or any other reason.) and/ or requests/accepts 1-2 Resources/ Referrals, or forms of Navigator Solutions to barriers. (Individual accepts Navigator support via requests, resources, or referrals of no more than two, in any combination)

a. Navigator will complete the initial demographic sheet and necessary portions of the referral section for coordinating resources/ agencies. Release of Information (ROI's) for resources will be completed as needed. At the completion of the navigation session, the individual will leave with contact information for the Navigator, TC, and verbal permission for a navigator to follow up with the individual at a later date.

3. **Full Navigational support:** The Individual engages with Navigators, and cooperates with Navigators accepting at least 3, in any combination of, Resources, Referrals, or Navigator Assistance to support success.

a. JN will complete the demographic sheet, Reconnect, and all needed referral or grant documentation. Identifying barriers voiced and agreed

upon by individuals and JN. JN will reach out to selected agencies/ referrals to solicit services on behalf of the individual while ensuring necessary agency ROI's are signed and coordination of warm handoff into services whenever possible. The navigation plan will also include follow-up and supportive measures via phone or other forms of outreach and contact.

Supportive Categories/ Tools:

If an individual desires/requests any level of engagement/ support, JN will interview the individual and annotate on the Transition Center Demo Sheet (TCDS). Notes will be transcribed into Reconnect to include any Releases of information (ROI) for desired navigator assistance, agency collaboration, referrals, and supportive coordination for a client (Support tools and expectations for participation in the Transition Center Support Program will be offered at the initial meeting).

These resources/referrals/supportive tools may include, but are not limited to:

RESOURCES (as seen on Demo Sheet) solutions discussed and offered to individual to support success.

RESOURCES PROVIDED* – (N/A)

TC/NAVIGATOR CONTACT INFO	COOLING CENTERS	HOUSING SERVICES	BILL/RENTAL ASSISTANCE	DCS SERVICES
UNEMPLOYMENT BENEFITS/DES	HEALTHCARE BENEFITS	EDUCATION SERVICES	IDENTIFICATION	AGING & DISABILITY SERVICES
MEDICAL/DENTAL/LOCAL HEALTH CARE CLINIC	DRUG & ALCOHOL TREATMENT-OUTPATIENT	DRUG & ALCOHOL TREATMENT-INPATIENT	MEDICATION ASSISTED TREATMENT (MAT)	DOMESTIC VIOLENCE
EMPLOYMENT ASSISTANCE	MENTAL HEALTH CARE-OUTPATIENT	MENTAL HEALTH CARE-INPATIENT	VETERAN RESOURCES	OTHER (explain):

REFERRALS (as seen on Demo Sheet) appointments, referral to services, or coordination of care for individual success.

REFERRALS PROVIDED* – (N/A)

MEDICAL/DENTAL /LOCAL HEALTH CARE CLINIC	DRUG & ALCOHOL TREATMENT-OUTPATIENT	DRUG & ALCOHOL TREATMENT-INPATIENT	MENTAL HEALTH CARE-OUTPATIENT	MENTAL HEALTH CARE-INPATIENT	HOUSING (W/O COORDINATED ENTRY)
HOPE	EDUCATION SERVICES	OTHER (explain):	AGENCY(S) REFERRED TO:		

NAVIGATOR ASSISTANCE PROVIDED (as seen on Demo Sheet) Support, training, encouragement, research on behalf of individual to promote success.

NAVIGATOR ASSISTANCE PROVIDED* – (N/A)

PEER NAV SERVICES	HOUSING COORDINATED ENTRY	COURT APPT CALL/TEXT REMINDER	CALL PHONE	NARCAN DISTRIBUTED	TRANSPORTATION VIA CARS / HOPE / COT
HYGIENE KIT	COURT OR CASE INFORMATION /SUPPORT	HMIS CHECK	CLOTHING SOCKS/SHOES	DRUG EDUCATION	OTHER TRANSPORTATION COORDINATION
FIRST AID	CALL TO CRISIS MOBILE TEAM	CALL TO EMS SERVICES	FOLLOW-UP CALLS WEEKLY / BIWEEKLY	OTHER (explain):	

The focus of the interview is to support an individual as they transition out of custody, integrate safely and successfully to the community, navigate daily tasks and responsibilities, and return to the next court appearance with no added charges, escalation of barriers and/or crisis.

Transition Support (TS)

ALL TS will focus on immediate needs and coordinating referrals to services or resources within the TC community partner’s network. Always concluding with warm handoffs to referrals whenever possible.

TC staff will take interview information and develop a Transition Support Plan (TSP) for member documentation.

- Verbal agreement for interview.
- Follow-up contact for court date reminder (when agreed)
- Immediate crisis or clinical support if needed.
- Resources given/ implemented.
- Prioritized barriers to success or needs.
- Coordinating support needed and referrals made.
- Follow-up engagement/ outreach scheduled.
- Download and set up in Reconnect phone app.
- TSP will be completed within 72 hours of initial interaction (based upon priority level).

Documentation:

Details: After receiving a call from the PTS modular that an individual is concluding the PTS interview and about to leave the PTS modular, enroute to the Transition Center (TC); a Justice Navigator will visually confirm the individual leaving the PTS Modular via the electronic gate exiting PTS, by observing through a TC window or via the TC security camera monitors. JN will exit the TC and **engage** the individual prior to reaching the exit gate connecting PTS & the TC.

The navigator will welcome the individual to the TC, introduce him or herself, and ask to see the PTS paperwork and script. During this time the Navigator will explain the purpose of the TC is to support the individual transitioning from custody back into society with any support and referrals to resources needed to make this transition as successful as possible. During this conversation, the Navigator will collect demographic data to complete the TC demographic form.

If the individual **declines** any further **Peer Navigation Services (PNS)** they will be given the TC phone number in case, they change their mind and then escorted to the exit of the TC.

If the individual accepts **Peer Navigation Services (PNS)** the Navigator will continue to **interview** the individual to **identify all barriers** in need of support and offer solutions of **Referrals** to agencies and **resources** for support to include enrollment in **transportation** or **cell phone** programs if the individual qualifies.

During the entire process, the TC Navigator will document on a TC Demographic (demo) sheet, **demographic information, engagement notes** and **referrals/ solutions** to identified barriers. TC Navigator will ensure there are no blank spaces on the TC demo sheet. If the individual refuses to answer, declines Peer Support or the question doesn't apply. That line/question on demo sheet will not be left blank but filled with **N/A** or **declined**.

At the conclusion of the Peer Supportive Session. Navigator will transpose notes from the **Demographical (Demo) Sheet** to **Reconnect, TC engagement Log**, and other corresponding forms/ spreadsheets in conjunction with referrals/ resources given (i.e., **CALLS phone distribution list, calls survey, CARS tracking Sheet**, etc.)

NOTE: The navigator will utilize reminders in Outlook, TC engagement log, and other sources to ensure follow-up calls and court date reminders are completed per the Transition Plan.

If the individual participates in full engagement services and receives a CALLS phone or has own cell phone. Navigator will upload and set up the Reconnect app on the individual's phone.

Follow-up and Reminders:

TC Team will coordinate regular support and contact with individuals; individual support or community agency supporting individuals, a minimum of once weekly (up and until 30 days after the next scheduled court date). To promote connection, support, accountability, proactive planning, problem-solving and negate failures to appear.

Demographic Sheet Outcome Definitions: Based on navigator notes and what was completed during engagement. Each navigator will be expected to document the outcomes of each Peer Navigation Service encounter using abbreviations. Below are the abbreviations.

- **RES:** Resources, if an individual was given handouts, numbers, or verbal information on a resource or agency. including resources that may not be on our demo form and did not decline them.
- **REF:** Referral, if an outside agency is called or contacted by/ on behalf/ or with the individual for support, shelter, appointment, intake, etc.
- **PNS:** Peer Navigation Support; If Navigator engages with individual and asks questions to gather information or to build a connection.
- **TC#:** Transition Center Number, If TC number is given out for follow-up.
- **NAV#:** Navigator Number; if Navigator gives out number for follow up.
- **CARS:** CARS AA taxi grant; If individual utilizes CARS grant program
- **CALLS:** Calls telephone grant program if individual is enrolled in Calls cell phone program.
- **CR:** Court Reminder Call; if individual asks for a court reminder call.
- **TRNSP:** Transportation; Coordinated transportation for individual not including Hope, COT transport or CARS program.
- **HOPE REF:** (Hope Referral) Any activities conducted with or by HOPE Navigator please indicate HOPE and action.
- **COC:** (Coordination of Care) Coordinating care, appointments, or intakes for individuals.

Transition Center Engagement Checklist

To ensure quality control and help navigate documentation and accountability of supportive services for all Transition Center Clients. The TC Engagement Checklist has been created and will be filled out accordingly for each client documentation process and attached as a cover sheet for each individual packet. Below is an example of the form.

Client Name:	JN Initials:	Date
Engagement Check List	Date Completed	Not Applicable
Initial Encounter or Subsequent Encounter		
Demo Sheet		
Reconnect		
Engagement Log		
Copy of Release Conditions		
Added to Calendar		
Misc.		
CARS Ride		
Confirmation/ Number		
CARS Tracking Sheet (1 per ride)		
CARS Tracking Sheet Post-Ride Outcome		
CALLS Phone		
Name & Phone # Written on Agreement		
Activate Now		
Activation Success Sheet		
Pre-Survey		
Phone Tracking Sheet		
New Engagement/ Care Coordination or New Community Support (Circle the Appropriate One)		
Engagement Sheet		
Reconnect		
Individual		
Family		
Community Support Engagement Log		
Copies of Documents if Applicable		

Transition Center Demo Form v4 9.6.2023 Protocol

Before beginning to collect an individual's demographic data, notify the individual of the following:

- I am a peer navigator and would like to take a moment to ask you some questions and gather some information to see how we can help you navigate being released from custody. Please understand this is all voluntary and at any time you can stop this conversation or not answer any questions that make you uncomfortable.

- The information collected will not be shared without your permission and kept confidential and secure, only being used to help coordinate services for you.
- The information will NOT be shared with anyone outside of Justice Services, including law enforcement. Reiterate that you are not law enforcement in any way.

Please try to fill in the form completely – if no answer was provided to a question, circle/underline/checkmark the “N/A” option that is either near the field name or in the list of possible answers. All fields marked with an asterisk (*) need to be collected to the best of your ability. Please ensure that any circles/underlines/checkmarks are clearly defined.

TC Demo forms do not need to be completed for individuals who do not or decline to speak with Navigators, even if they were released through the Prebooking Modular.

Instructions for specific fields

- Declined: circle yes if Navigators contacted the individual and attempted to engage to identify barriers, but the individual declined any services, even as minimal as Navigator contact information
- Name: Full name to include individual's middle name and ask if they ever used a hyphenated last name
- Referral source: PBM = Prebooking Modular, IA = Released at Initial Appearance, Jail Release = referred from jail coordination staff, Walk-in = walk in from the street
- Unstable Housing or Homeless: if yes, circle which is applicable UNSTABLE HOUSING or HOMELESS to describe their situation.
- Resources Provided: Fill out this section if you provided written or verbal information about resources for the individual.
- Referrals Provided: Fill out this section if you referred an individual to a specific agency, set up an intake, or coordinated a walk-in.
- Clothing/Socks/Shoes in Navigator Assistance Provided section: Please indicate which specific item you gave the individual.
- Court or Case Information/Support in Navigator Assistance Provided section: Mark if you look up other court case information or call to support an individual's entry into a specialty court, etc.

Engagement Type (For Supervisor Review Only):

No navigational support: No navigational support: The individual declines interaction with staff or is unable to carry on a coherent conversation to support the development of a Transition Plan or is unable to have any meaningful interaction with Navigators for any reason.

Minimal navigation support: Individual engages with Navigators but individual declines all solutions of services and resources provided. . (Individual openly engages with navigator and declines all offered services and resources, due to already having services, not ready for services, has a solid support system, or any other reason.) and/ or requests/accepts 1-2 Resources/ Referrals, or forms of Navigator Solutions to barriers. (Individual accepts Navigator support via requests, resources, or referrals of no more than two, in any combination)

Full Navigation support: Individual engages with Navigators, and cooperates with Navigators accepting at least 3, in any combination of, Resources, Referrals, or Navigator Assistance to support success.

RECONNECT ACTIVATION/ DEACTIVATION ELIGIBILITY STANDARDS

Individuals utilizing the transition center supports will need to be added to Transition Center electronic records/ case management via “ReConnect.” This document will outline the reasons for and standards for activation and deactivation in Reconnect.

Activation: (individuals must meet all three criteria)

Individuals seeking support from the TC during their initial encounter who:

1. Have follow up court dates/ legal requirements.
2. Who accept follow up calls/ court reminders and/ or JN check ins.
3. Who has or is issued a cell phone for contact.

Will be entered into Reconnect as “Active” allowing supportive messaging and push notifications.

Individuals seeking support from the TC during a Subsequent encounter who:

1. Have follow up court dates/ legal requirements.
2. Who accepts follow up calls/ court reminders and or JN check ins.
3. Who has or is issued a cell phone for contact.

Activation limits:

Individuals who are active in Reconnect will remain active for no longer than 30 days past the last scheduled court date or completion of Pretrial Services Supervision.

NOTE: if the individual has subsequent encounters resulting in several court/ legal requirements. Then the individual may remain in Active status up to and no longer than 30 days post last court date or Pretrial Services involvement.

Deactivation:

Individuals who have reached their timeline of 30 days post Court/ legal requirements will be deactivated and left in Reconnect for data, outreach or subsequent encounters.

Individuals who request to be deactivated or removed from the Follow up/ Court reminder list will have it explained to them by TC staff or delegate.

- A. If issued a phone, follow up/ Court reminders is a requirement of receiving a phone.
- B. If they choose to still be removed from push notifications/ follow up/ court reminders. Do not expect any further support concerning phone IT/ data or plan guidelines. The phone is solely their responsibility.
- C. The TC is still hear for additional support if needed, on and up to 30 days after last scheduled court date.

Staff Responsibilities:

TC staff are responsible for follow up/ check in calls weekly for all individuals encountered who agree to follow up/ check ins/ court reminder calls. During these weekly engagements staff will identify the date of last court date and calculate 30-day cut off for all outreach engagement efforts. Upon reaching the deadline and executing final outreach engagement. Staff will annotate in appropriate areas “final outreach/ engagement and deactivation in Reconnect”. Followed by deactivation in Reconnect.

NOTE: all other individuals who transition through the TC, but do not meet all three criteria for Activation will be kept on an inactive status in Reconnect.

Transition Center Opening and Closing

The following is the designated opening and closing procedures for the Pima County Transition Center (TC). All Pima County personnel opening or closing the TC will follow these procedures.

Opening:

When opening the TC for the shift or after closing for a designated reason listed under closing. The staff will:

Entering the TC: Enter the TC from the west door with the ramp. Entering personal assigned alarm code will enter their assigned code on the alarm keypad to disengage the alarm.

Note. Entering the TC from any other door when the security alarm is armed will cause the alarm to immediately sound. Only the west door has a delay to allow for the alarm code to be rendered before the alarm sounds.

Pre Trial-Services (PTS) shoot gate: after entering the TC and disarming the alarm system, staff will proceed out the east TC door to PTS shoot and position the gate facing north and south un-obstructing access to east door TC steps, promoting flow of individuals exiting PTS via shoot to enter TC.

Closing:

Normal closing procedures for the end of the day.

Pre Trial-Services (PTS) shoot gate: before arming the alarm system for closer of the TC. Staff will proceed out the east TC door to PTS shoot and position the gate facing east and west obstructing access to east door TC steps, promoting the flow of individuals exiting PTS via shoot, to the parking lot and street.

Exiting the TC for the day: Staff will ensure all exterior doors and windows are closed and secured, and all nonessential electronics are turned off (essential electronics consist of, a security system, cameras, outside lights, and phones). Close all the blinds. Turn off all inside lights, except lights needed to see while arming the alarm.

Arm alarm using individually assigned passcode, turn off lights, and exit building.

Temporary Closure: if the TC needs to close temporarily for training, transportation, or any other reason for less than two hours. Notify the PTS Modular @ 520-351-4748 and follow normal closing procedures except arming the TC alarm system.

Early Closure: If for any reason the TC needs to close early for the day. Follow normal closing procedures and notify PTS Modular via 520-351-4748.

If the alarm is tripped

Accidental Alarm: Reset the alarm and with the assigned code and contact the Program Supervisor via work and if no answer personal cell to inform alarm was accidentally tripped by staff. The program Manager or Department Director will be notified by the security monitoring company/ Facilities management.

Actual Alarm: The program Manager or Department Director will be notified by security monitoring company/ Facilities management. County policy/ protocol will be followed, and incoming staff may be notified of situation or adaptations to work shift due to severity of damage of facility.

Pima County Transition Center Entry Codes, and Alarm Codes Policy

TO BE COMPLETED AND SIGNED BY TRANSITION CENTER STAFF & EMPLOYEES

Staff/ Employee Name: _____

Employee ID: _____

Transition Center (TC) Cypher Codes and Alarm Codes are provided to employees and/or agency staff as a courtesy of working with in the Transition Center and must be surrendered upon an staff/ employee’s termination or instruction from TC Program Manager or Justice Services Leadership.

The protection and security of the TC and all information & property contained within, is of vital importance to the TC, TC staff and its clients. Violations of the security procedures or protocols implemented by the TC may subject you to local, state, or federal government detainment and/or prosecution.

It is both a condition of your employment/ housing with or at the Transition Center and your responsibility to understand and adhere to all TC protocols and procedures:

Cypher or Alarm Codes

- Never give your Cypher or Entry Code to anyone including other Transition Center personnel
- Protect Your Cypher or Alarm Code from discovery by any person.
- **If for any reason your Cypher or Alarm Code is compromised or discovered by anyone, it is your responsibility to notify the TC program manager or Justice Services Leadership immediately, so that the code(s) can be reset and a new code(s) issued.**

Any Transition Center staff/ employee and/or Agency who intentionally provides a cypher entry or alarm code to an individual not staffing or employed by the Transition Center will face disciplinary actions, up to dismissal from staffing or employment and possible criminal prosecution.

I have read the above “Entry Codes, Alarm Codes Policy” and agree to adhere to its requirements

**Employee’s
Signature** _____

Date: _____

Supervisor's
Signature _____

Date: _____

PC TRANSITION CENTER JUSTICE NAVIGATORS ON BOARDING AND TRAINING

New hire training will be conducted and completed within the first 90 days of employment to include all County on boarding, IT and HR requirements. Each area of training will be completed by the Transition Center Program Manager, Pima county department heads or their assigned delegate.

TRANSITION CENTER DOCUMENTATION TRAINING. (Prior to new staff being able to support and document clients on their own the following will be conducted and evaluated in the first 21 days of hire.)

Transition Center expectations and SOP review. Date: _____. Staff: _____

Demographical sheets training and utilization. Date: _____. Staff: _____

Demographic Spreadsheet Training and Utilization. Date: _____. Staff: _____

CARS Qualification and documentation training. Date: _____. Staff: _____

CALLS Qualification and documentation training. Date: _____. Staff: _____

Reconnect authorization & training. Date: _____. Staff: _____

TEAMS authorization & training. Date: _____. Staff: _____

HEA + training and authorization. Date _____. Staff _____

NAVIGATOR CERTIFICATIONS AND TRAININGS (All certification training or verification of training will occur prior to completion of probationary period of 90 days.)

DATE COMPLETED. _____

AZ PEER AND FAMILY CAREER CENTER:

HOPE & HEALING IN THE OPIOID USE CRISIS FOR PEER AND FAMILY SUPPORT PROFESSIONALS

Opioid use is at an epidemic level, and who better to answer the call of hope and support than peer and family support professionals. Opioid use has a deep and unique place in history, where it has been both romanticized and demonized. Today, we know that meaningful lives are devastated and even lost daily. This course provides an in-depth knowledge of how to support people who are living with opioid use dependency or disorder.

AT THE END OF THIS 8-HOUR COURSE, YOU WILL BE ABLE TO:

- Understand the why's and how's of the opioid epidemic.
- Differentiate the ways the brain responds to opioid use compared to other substances.
- Use high-end cultural competencies to build rapport with people who have opioid dependence.
- Utilize the principles of trauma-informed care to support people who feel trapped by their opioid use.
- Explain the principles of harm-reduction and appreciate the role that medication can play in a comprehensive approach to treatment
- Identify signs of a potential opioid overdose and how to administer naloxone.

DATE COMPLETED. _____

MOTIVATIONAL INTERVIEWING Together we will learn how MI can be used at each stage of change, from pre-contemplation and contemplation, to preparation, action and maintenance. You will learn how to apply the method of MI with your own clients, by harnessing their own internal motivations to change. Motivational Interviewing is an evidence-based practice which is essential for peer and family support specialists.

- Learn an effective alternative to trying to convince clients to change
- Help your clients find their own motivations for positive change
- Understand how MI complements other evidence-based treatment methods
- Learn how to use MI at every stage of change
- Understand addiction treatment as an ongoing “primary care” process, not a discrete event

DATE COMPLETED. _____

BREAKING DOWN THE BARRIERS – FORENSICS PEER SUPPORT

People who have experienced justice involvement and incarceration face unique hardships and challenges in society. Research shows that the level of support an individual receives directly influences how a person navigates their path to community integration. In this immersive course, family support professionals will gain invaluable knowledge and develop critical intervention skills to support individuals re-entering the community after incarceration.

AT THE END OF THIS 8-HOUR COURSE, YOU WILL BE ABLE TO:

- Reduce recidivism by facilitating successful reentry of the individuals served.
- Outline the inner workings of the criminal justice system.
- Evaluate the effectiveness of interventions at various points of contact.
- Analyze the unique challenges and opportunities of reentry.
- Explain the relationship between trauma-informed care and justice involvement.
- Formulate how to support individuals as they navigate reentry.

DATE Completed: _____

ETHICS AND BOUNDARIES Ethics and boundaries are essential protection for ourselves and the individuals we serve. Together we will navigate some professional ethics and boundaries to clarify what can feel gray.

- Develop an understanding of essential ethics and boundaries
- Explore how to engage in ethical behaviors and practices
- Understand how to set appropriate boundaries with members while maintaining a positive relationship
- Reducing countertransference
- Recognizing need for effective warm hand offs.

NOTE: This record of training will be maintained by the new onboarding staff and reviewed weekly with their supervisor until completed. Upon completion a signed copy will be afforded new hire staff and original with all supporting certificates will be maintained electronically by supervisor.

Staff & Date of Completion: _____

Supervisor & Date of Completion: _____

Pima County Transition Center Court Support Services

For individuals processed through the Transition Center (TC) who have been cited and must present for follow up court proceedings, additional information can be found by accessing the Arizona Supreme Court Public Access Case Lookup at: [Public Access Case Lookup \(az.gov\) http://apps.supremecourt.az.gov/publicaccess/](http://apps.supremecourt.az.gov/publicaccess/)

For lower-level courts, below you will find direct contact information for each location.

If necessary, Justice Navigators (JN) may have to contact these smaller Courts once individuals transition through the TC to identify if a Court date has been scheduled. Data entry can be even slower for these smaller courts. Otherwise, there may be situations where individuals receive their date through regular postal service which often arrives just days before their expected appearance.

Oro Valley Court:

They mail out a copy of the citation/complaint, with court date, usually within 24 hours of their arrest, if the individual is released. They will contact the Jail if they are in custody for their court hearing. Some court dates change but they do not believe that happens often. They only have the court calendar and do not have access for us to look up case information by name. Go to Orovalleyaz.gov, go to Government, go to Department, go to Town Court, go to Court Calendar/Schedule.

520-229-4780

Marana Court:

They mail out a copy of the citation/complaint, with court date, usually within 24-48 hours of their arrest, if the individual is released. They will contact the Jail if they are in custody for their court hearing. They stated that no one should be released from PTS without a court date. They only have the capability of looking at the weekly court calendar. Go to [MUNICIPAL COURT — Town of Marana \(maranaaz.gov\)](http://MUNICIPAL COURT — Town of Marana (maranaaz.gov)), go to Departments, Municipal Court, Calendar, click on date and you will only be able to see the calendar.

520-382-2700

Ajo Court:

They mail out a copy of the citation/complaint, with court date, usually within 24 hours of their arrest, if the individual is released. They will contact the Jail if they are in custody for their court hearing. Some court dates change but they do not believe that happens often. They have no access to reviewing court case information and only have the calendar. If the defendant lives in Ajo, they will send out a Constable to serve them with a summons to appear. They will send out a text to remind individuals of their court date if they have a number listed.

520-387-7684

Sahuarita Court:

They mail out a copy of the citation/complaint, with court date, usually within 24 hours of their arrest, if the individual is released. They will contact the Jail if they are in custody for their court hearing. Some court dates change but they do not believe that happens often. They have no access to reviewing court case information and only have the calendar. They do also text, or email the court date, if they are provided with this contact information. No court reminders available.

520-344-7150

South Tucson Court:

They do not mail out any type of documents for follow up, as most of their individuals have General Delivery addresses and mail is returned. Individuals are held responsible and expected to attend all hearings based on their release documentation or to contact the court directly. Most often, they are not provided with a phone number or an email address. What do they do if the individual misses their court date? They will issue up to 2 OSC prior to issuing a warrant. If you follow their case search tab, it will take you to the Public Access website, which does not provide much case information.

520-392-2424

Green Valley Court:

They mail out a copy of the citation/complaint, with court date, usually within 24-48 hours of their arrest if the individual is released. They will contact the Jail if they are in custody for their court hearing. Some court dates change but they do not believe that happens often. They receive a substantial amount of undeliverable mail and stated that they go off of the mailing address provided upon their arrest. If you follow their case search tab, it will take you to the Public Access website, which does not provide much case information.

520-222-0200

TRANSITION CENTER AFTER PRETRIAL SERVICES:

Once an individual has been detained, brought through the Pretrial Services (PTS) Modeler and identified as a candidate to be released on their own recognizance (ROR) with a court date. PTS staff are to read the below paragraph to the individual explaining their next steps, clearing the TC and hand the sheet to the individual to sign, indicating they understand what was explained to them and their final step of clearing the TC prior to exiting the property.

CLEARING THE TRANSITION CENTER AFTER PRETRIAL SERVICES

As part of your final clearing of leaving this facility, you will exit the pretrial services modular and proceed through the gated area to the Transition Center (TC). The Transition Center has been created to support individuals like yourself with connection and conversation with navigators who not too long ago were in your exact same position. This service is voluntary and in no way impacts your decision for release or the criminal justice process if you accept or decline. These navigators are not law enforcement or therapists, but individuals with lived experience that would like to have a conversation with you and offer support and resources to prevent rearrest They also can help you with reminders and transportation to your next court appearance to prevent a warrant being issued. Please take your conditions of release order and this sheet and proceed to the Transition Center. Once you speak to a Navigator and give them a copy of your conditions of release order you are free to leave.

Date: _____ Navigator: _____ TC phone # 520-724-2463

Appendix 3: Promotional Materials

Tent Cards

Mon-Fri 8am-5pm | 8 am - Midnight (weekends)
 520-724-2463 | J5TransitionCenter@pima.gov
 1204 W. Silverlake Road
 Centro de Transición del Condado Pima
Pima County Transition Center
 JUSTICE SERVICES
PIMA COUNTY



Pima County Transition Center
Helping you navigate the justice system
Te ayudamos a navegar el Sistema de Justicia

If you are justice involved, we can assist:

- | | |
|--|--|
| Services: <ul style="list-style-type: none"> • Court reminders • Peer support • Transportation to court • Cell phones | Connections to community partners for: <ul style="list-style-type: none"> • Treatment • Housing • Employment • Medical Care • And More |
|--|--|



Si estás involucrado con la ley y necesitas ayuda, ofrecemos:

- | | |
|---|--|
| Servicios: <ul style="list-style-type: none"> • Avisos de la corte • Apoyo • Transportación a la corte • Teléfonos celulares | Conexiones a: <ul style="list-style-type: none"> • Tratamiento • Vivienda • Empleo • Atención médica • Y más |
|---|--|

Envelope available at the “Release Door”

Property of • Propiedad de

Directions to The Pima County Transition Center
 located outside the Pima County Adult Detention Center
Direcciones al Centro de Transición del Condado Pima
 ubicado afuera del Centro de Detención de Adultos del Condado Pima



Pima County Transition Center

Leave better than you came!

Stop by the Pima County Transition Center and let our Justice Services Navigators help you on the next steps of your journey. Our navigators are trained to help you overcome obstacles to your successful transition back to the community.

Justice Services Navigators are not associated with corrections, law enforcement or the legal systems. They are peers who have made this journey themselves and are here to help others along the way.

Let them help connect you with the support and community resources you need after your release, if you have not been set up with a discharge plan.

Resources they can help you connect to:

- | | | |
|-------------------|----------------------|------------------|
| • Housing | • Medical care | • Transportation |
| • Food | • Peer support | • Cell phone |
| • Court reminders | • Employment support | and more! |

¡Logra tu mejor versión!

Visita el Centro de Transición del Condado Pima y deja que nuestro personal de Servicios de Justicia te ayude a lograr tus objetivos. Nuestro personal está capacitado para ayudarte a superar los obstáculos que se atraviesan en tu transición de vuelta a la comunidad.

Nuestro personal de Servicios de Justicia no está relacionado con Departamento de Correcciones, Departamento de Policía, o el sistema legal. Son compañeros que han pasado por lo mismo que tú y están aquí para ayudar a los demás.

Deja que te conecten con la ayuda y apoyos comunitarios que necesitas luego de recuperar tu libertad, si es que no se ha creado un plan para ti.

Te pueden ayudar a recibir recursos como:

- | | | |
|-----------------------------|-------------------------------|--------------------|
| • Vivienda | • Atención médica | • Transportación |
| • Alimentos | • Apoyo de compañeros | • Teléfono celular |
| • Recordatorios de la corte | • Apoyo para conseguir empleo | • y mucho más |



Pima County Transition Center
 1204 W. Silverlake Road
 520-724-2463
 pima.gov/3085/Transition-Center



Transition Center Brochure



Navigators lead the way

The Justice Services navigators at the Transition Center are trained to help individuals successfully transition out of custody. Justice Services navigators are not associated with corrections, law enforcement or the legal system. They are peers who at one time made this journey themselves and are committed to helping others along the way. Navigators provide encouragement, support and follow-up to ensure individuals meet court requirements or expectations by connecting them to resources such as housing, food, treatment, medical care, transportation, mental health services, and employment and job training.

Nosotros te enseñamos el camino

Los empleados del Centro de Transición están capacitados para ayudar a personas a tener una transición exitosa de la cárcel a la libertad. Nuestros empleados no están asociados con las guardias, fuerzas del orden, o el sistema legal, son personas como tú que alguna vez pasaron por lo mismo que tú y están comprometidos a ayudar a quienes pueden. Te brindamos apoyo y seguimiento para asegurarnos de que cumplan con sus obligaciones de presentarse en corte al convertirse con recursos como vivienda, comida, tratamiento, atención médica, transporte, servicios de salud mental, empleo, y capacitación laboral.



Pima County Transition Center
1204 W Silverlake Road
520-724-2443
Transitioncenter@pima.gov
Monday-Friday, 8 a.m. -midnight
De lunes a viernes de 8 a.m. a medianoche

SCAN ME / ESCANÉAME



<https://www.pima.gov/3065/Transition-Center>

PIMA COUNTY TRANSITION CENTER

Helping you navigate the justice system



Te ayudamos a navegar el sistema de justicia



Who we are

The Pima County Transition Center, launched in the summer of 2023, is a collaboration between Pima County and the City of Tucson, connecting individuals with justice involvement with social service agencies, providing justice navigation and additional resources, to reduce justice system involvement and increase judicial compliance.

The Transition Center increases compliance with release conditions to decrease re-arrest and recidivism. It also assists community members with justice navigation, education and connections to judicial systems and community resources.

The Transition Center, located next door to the Pima County Adult Detention Center for convenience and accessibility, specializes in individuals with repeat misdemeanor charges, substance use disorders and co-occurring mental health issues, especially Pima County's underserved BIPOC community.

“ The second I came in here, they just welcomed me and showed me a lot of support. There's no bad energy here. You don't feel pitied and nobody wants to lead you down the wrong road... This place will help give you the correct guidance to be independent and successful in life.

”

- Transition Center client, October 2023

“ Al venir aquí, me dieron lo bienvenida y me dieron mucho apoyo. No hay mala vibra aquí. No sienten piedad, y nadie te quiere llevar por el camino equivocado... Este lugar te ayudará a ser independiente y tener éxito en la vida.

”

Cliente del Centro de Transición, octubre, 2023

¿Quiénes somos?

El Centro de Transición del Condado Pima, fundado en el verano del 2023, es una colaboración entre el Condado Pima y la Ciudad de Tucson, conecta a personas involucradas con la ley con agencias de servicios sociales, brindando ayuda para navegar el sistema de justicia y recursos adicionales para reducir el número de reincidencias en problemas legales y aumentar el cumplimiento judicial.

El Centro de Transición aumenta el cumplimiento con las condiciones de libertad para reducir las probabilidades de volver a ser arrestado y ser encarcelado de nuevo. También ayuda a la comunidad a navegar el sistema judicial, ofrecer educación y conexiones en el sistema judicial y a recursos comunitarios.

El Centro de Transición, ubicado a lado del Centro de Detención del Condado Pima para su conveniencia y accesibilidad, se especializa en personas con cargos menores repetidos, trastornos de uso de sustancias, y problemas mentales concurrentes, especialmente en la comunidad hispana y el color del Condado Pima.



Appendix 4: Thank you letter from Transition Center participant

To TC staff this to inform you that your program has been the light I needed to follow your staff here are beyond verry experience I feel soo comfortable -- in speaking verry & trusting under cover angels its my verry first time in accepting this type of help and the way they came at me and gave me hope to overcome my struggle I swear I got this beautiful feeling like I got a set of new friends I could rely trust if you could run my name you will see someone like me needing this type of support I appreciate you guys verry much and thank you with all my heart 😊 and a verry good thank you to Tammany I had the best talk ^{with} her... Great advice thank you # [REDACTED] -

Sincerely
a big - #/I fan Natlia [REDACTED]

Appendix 5: About the Department of Justice Services

The Department of Justice Services (DJS) represents the Pima County government’s investment in criminal justice system improvements and works to implement or support the Board of Supervisors (BOS) objectives, policies, and systemic changes. DJS’s mission is to improve outcomes associated with the justice system, and objectives include:

- Decrease utilization of local taxpayer-funded resources,
- Increase community safety,
- Reduce repeat justice system involvement and the cycle of incarceration,
- Collect data and conduct analysis system-wide,
- Provide BOS, County leadership, and justice system partners with policy, national standards, local data, and recommendations for justice policy

The function of the department is both distinct from and complementary to other justice agencies. The justice system is purposefully designed as an adversarial process, which protects the “checks and balances” nature of law. This approach is based on the idea that the best way to discover the truth and achieve justice is through a structured competition between opposing sides. However, this can make it challenging for some areas of the system to collaborate, build consensus, coordinate resources, build programs that promote recovery, and/or generate resources and tools for those working in the justice system.

Many governments across the country have created departments to enhance the efficiency and effectiveness of the criminal justice system and coordinate key justice activities across the community¹, including:

- Oversee strategic planning,
- Guide and promote policy development,
- Advocating for and allocating resources to support justice initiatives,
- Serve as a central repository for data collection and analysis,
- Monitor trends and capture historical change for posterity and future analysis,
- Facilitate cross-system problem-solving,
- Actively promote community engagement,
- Provide public education and awareness of justice-system resources, and
- Offer training and education.

¹ One example site is the [Harris County Office of Safety & Justice](#) (OSJ), which acts as a resource for all Houston-area justice-involved agencies (both among the city and county). The OSJ is a department within the county structure (and a fellow SJC site), and seeks to facilitate meaningful improvements in the Harris County justice systems that ensure equity, safety, transparency, the use of best practices, and accountability. Visit their website to view their criminal justice system dashboards, which include jail population and use of bail.

The priorities of the department are reflective of the priorities of the BOS and County leadership. Since 2016, County priorities have centered around safely and strategically reducing non-violent, low-risk individuals from the Pima County jail, eliminating racial and ethnic disparities throughout the justice system, promoting treatment and other community services in conjunction with legal proceedings, facilitating court appearances to reduce failure-to-appear warrants, serving as a conduit to housing for unsheltered individuals with justice involvement, and coordinating activities among justice system partners to reduce duplication and achieve economy of scale. However, DJS endeavors to serve as a centralized hub to provide the above services for Pima County.

The functions of DJS generally fall into three primary categories:

1. **Justice-supportive programs:** DJS, working with county leadership and justice partners to identify priorities, implements a variety of programming that will generally serve a broad community of individuals (as opposed to one court or agency). These programs may be permanent installations or time-bound based on ongoing need and resource availability. A majority of DJS's programs are grant-funded or utilize existing resources with no additional costs (like Consolidated Warrant Resolution and Jail Population Review). A listing of DJS's programs can be found below.
2. **Data collection, research, and evaluation:** Develop and implement the justice data warehouse in partnership with Pima County IT; create dashboards for both internal and external use²; analyze justice-related metrics throughout the system to inform policy decisions, staff utilization, and performance-based program contracts; and provide reports and analysis to county leadership, elected officials, and justice system partners. DJS hosted [a Sequential Intercept Mapping \(SIM\) workshop](#) in 2021.
3. **Community education and engagement:** DJS plays a crucial role in the community at large by fostering transparency, building trust, and promoting collaborative efforts between criminal justice agencies and the public. By actively involving community members and community organizations in discussions, the criminal justice system can more effectively address local concerns and provide support where it is needed. DJS is also invested in community education of the local justice system, and building awareness of resources available at each intercept so that individuals and their loved ones may proactively engage services.

² One community's example of a justice dashboard is [Dane County's Community Justice Council](#) (also a SJC site). The public can access information for both misdemeanor and felony courts of jurisdiction, as well as analysis of cash bail, corrections and jail admissions, arrest trends, and calls for service (throughout the community).

History

DJS began in 2016 as the Criminal Justice Reform Unit (CJRU), a division within County Administration, with the objective to improve outcomes and lower costs in the justice system. The creation of the unit was largely related to Pima County receiving grant funding from the MacArthur Foundation, to continue the community's participation in the MacArthur Foundation's Safety & Justice Challenge (SJC) program. As the County's strategies regarding justice have expanded beyond the SJC, it has become evident that a permanent investment in justice system improvement, as well as coordination and support, would benefit community safety and taxpayer resources.

The unit was also designed to be an "incubator" for innovation and program development. In 2019, CJRU expanded to include other projects, such as Pima County Housing First (PCHF) and the U-MATTER deflection program (in partnership with the Tucson Police Department).

From 2016, CJRU oversaw the grant funding and collaborations for the SJC project, which resulted in over a dozen new programs, policies, procedures, training, and data collection and analysis. Some highlights of the SJC program include:

- Implementation of universal screening and enhanced supervision programs within Pretrial Services (PTS),
- Launch of the prebooking booking modular initiative, in which individuals with (non-domestic violence) misdemeanor charges are screened and potentially released with court-ordered release conditions – resulting in an 80 percent reduction of non-violent offenders from the jail population³,
- Adult Probation Modifications to Petitions to Revoke and Other Processes (Adult Probation),
- Law Enforcement Deflection (Tucson Police Department),
- Supportive Treatment and Engagements Program (STEPS) Court (Superior Court, Pima County Attorney's Office, and Public Defense Services),
- Jail Population Review (JPR) Committee (Justice Services, Pretrial Services, Pima County Attorney's Office, Public Defenders Office),
- Night and weekend Warrant Resolution events (combined effort of multiple County and City justice agencies),
- Community Engagement (Justice Services, multiple community partners), and
- Initiation of a local [Habilitation Empowerment Accountability Therapy](#) (HEAT) program, a culturally proficient groups-based service designed to incorporate African-American cultural heritage into the intervention.

³ Before use of the prebooking modular was mandated via an Administrative Order from the Pima County Superior Court Chief Presiding Judge, the overall jail population comprised 20% misdemeanor-only charges. Once law enforcement was required to screen individuals with (non-domestic violence) misdemeanors at the modular before being permitted to book the person into the jail, the misdemeanor population in the jail, has averaged 5%.

CJRU was converted to a county department in July 2021, with the objective of sustaining the county's investment in justice system improvement long after the completion of the Safety and Justice Challenge.

Current DJS Programs

- [Transition Center](#): Pima County Transition Center launched in July 2023 and is located outside the jail next to the Pretrial Services prebooking modular. Justice Navigators (currently four County personnel, and one City staffer) and a dedicated clinical liaison (grant-funded), (who all peers with lived experience in the justice system) act as a conduit to existing services within our community and engage with individuals immediately upon release from custody. Navigators specialize in “real-time” assistance, connecting participants to shelter, treatment (including crisis and detox referrals), services, and other resources. Individuals can receive assistance with transportation to court, a phone, necessities like clothing and toiletries, connection to other County programs (like [the Community and Workforce Develop One-Stop](#) or [County Superintendent Cycle-Breakers](#) programs), and many other resources.
- [Consolidated Warrant Resolution](#) program: While warrant resolution programs for specific courts have been in place for some time, there has never been a consolidated warrant resolution program – meaning “one-stop shopping” to receive information and assistance, regardless of jurisdiction. DJS and PTS have worked to develop a virtual resource to improve community education about proactively quashing warrants, as well as a process for individuals to check if they have a warrant (and where) with PTS, all before they are arrested.
- County-wide Accessibility Linkage Lines (CALL) program: This program provides access to free phones and service to individuals involved in the criminal justice system. The objective is to reduce Failure to Appear (FTA) in court, increase individual communication with their assigned Justice System Agency, and increase compliance.
- County-wide Accessibility Rideshare Service (CARS) program: Provides free taxi services to individuals on community supervision and/or involved with the justice system and experiencing houselessness, with the objective to reduce Failure to Appear (FTA) at court and issuing of warrants that lead to individuals re-arrest and increase individuals' attendance with their assigned Justice System Agency and increase compliance.
- [Jail Population Review](#) (JPR): The Jail Population Review (JPR) Committee, now in its sixth year of operation, meets weekly to evaluate the charges, criminal records, and socio-economic status of recent detainees at the Pima County Adult Detention Complex. The JPR committee identifies individuals who pose a low public safety risk for potential pretrial release from jail. A dedicated case manager at PTS coordinates all JPR releases, facilitating a warm hand-off to housing, treatment, and other services in the community.
- [Crisis Intervention Team \(CIT\) Training](#): Southern Arizona Crisis Intervention Team (CIT) training was initiated in 2002 as a 40-hour CIT training to better equip law enforcement to de-escalate situations, address mental health crises, and connect community members to

resources rather than incarceration. The program is administered by DJS, and is a collaboration with the Tucson Police Department, the Pima County Sheriff's Department, Connections Health Solutions, and the Pima County Attorney's Office.

- [Pima County Housing First](#) (PCHF): Pima County launched the [award-winning](#) PCHF program to target unsheltered justice-involved individuals with co-occurring mental health and substance use disorders. The overall goals are to reduce the utilization of medical care, chronic homelessness, and justice involvement.
- Release Bags program: Contain essential items such as toiletries, first aid kits, and blankets, and are given to those transitioning from jail custody to housing with limited resources.
- Jail data analysis and evaluation: Analyze findings of the jail population and bookings (from data provided by PCSD). Provides routine reports to meet grant requirements, and ad hoc reports from BOS, other county departments, justice system leadership, and community partners (on approval from the Sheriff).
- [Guidelines on Getting Out](#) (GOGO): Resources guidebook in the local community for re-entering citizens, available via PDF and online. Updated annually.

Partnership or Support to Other Programs

- [Tucson Police Department \(TPD\)](#) and Pima County Sheriff's Department (PCSD) Mental Health Support Teams (MHST)
- City of Tucson and Pima County efforts to address street-living homelessness. DJS staff provide direct outreach to individuals in encampments, offering justice services like warrant resolution and assistance getting to court. DJS worked with the Public Defenders office to create a "[Know Your Rights](#)" website. A small card with QR code links to this, the warrant resolution site, and the Transition Center are passed out, along with other resources (like the GOGO guide).
- [TPD Substance-Use Deflection](#)/Community Outreach and Resource Engagement (CORE): funding a peer for support to the CORE team, via grant funding.
- Pretrial Services (PTS) Prebooking Modular
- [YWCA Teen Court program](#)
- [YWCA Racial Justice Center](#)
- [Green Vally Justice Court – DUI Court](#)

Community Engagement Strategies

- RE-Root Project: A supplemental project through the MacArthur SJC grant, the Race Equity Cohort (REC) initiative pairs SJC sites with community partner organizations. This initiative seeks to systematically address and repair racial and ethnic disparities in the justice system. DJS's community partner for this project is [YWCA of Southern Arizona](#).
- Community Collaborative, Listening Sessions, and Action Summits: From 2018 to 2020, DJS has facilitated the Community Collaborative, a regular meeting of justice professionals, community members, system-involved individuals, and others. Initially the Collaborative was launched as a formal body (with an application process and elected membership) that reviewed the SJC strategies and provided input into priorities and guided reform processes. After an intermission during the pandemic, the Collaborative relaunched in 2021 as an informal quarterly convening with the objective of allowing community members to self-organize justice-related advocacy with the support of DJS staff. This informal convening evolved in 2023 to make way for a REC grant deliverable. Utilizing the model created by [Everyday Democracy](#) (a technical assistance provider to the SJC grant), a series of listening sessions occurred as part of their "[Dialogue for Change](#)" program. Beginning in late 2023 and continuing into 2024, DJS has partnered with [Pillars and Bridges](#), a local non-profit dedicated to improving relationships between the community and justice systems, to complete the final stages of the Dialogue for Change program through a series of Action Summits (planning sessions designed to help community build consensus on justice reform priorities). It is anticipated in the future that, if the Community Collaborative does return it will be refocused on the priorities established through the Action Summits.

Programs or Services in Development

- Justice system navigation website & sequential intercept map: a centralized website for community use, that will help any community member understand where they or their loved one is in the justice system proceedings, where to receive help and resources, and assist these individuals with connecting to services (including DJS programs like the Transition Center). DJS plans to routinely update the local SIM, to guide community needs.
- Justice Data Warehouse: the data warehouse has been created in partnership with Pima County IT, and is currently populated with jail data with planned expansion to other justice system partners. The objective of this warehouse will be to conduct large-scale and cross-system aggregated analysis
- Regional justice data dashboards, spanning across multiple justice systems.

Appendix 4: Sequential Intercept Mapping Final Report (2025)

Sequential Intercept Model Mapping Report for Pima County, AZ

Prepared by: Policy Research, Inc.

Regina M. Huerter, M.A.

Christy Giallella, Ph.D.

May 20-21, 2025

Troy, NY



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SEQUENTIAL INTERCEPT MODEL MAPPING REPORT FOR PIMA COUNTY, ARIZONA

Final Report

May 2025

Regina M. Huerter, M.A.

Christy Giallella, Ph.D.

Policy Research, Inc.

MacArthur Foundation, SJC



Supported by the John D. and Catherine T.
MacArthur Foundation

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ACKNOWLEDGMENTS

This report was prepared by Regina Huerter, M.A., and Christy Giallella, Ph.D., of Policy Research, Inc. The workshop is a collaborative effort between the Pima County Justice Services and the Pima County Health Department. Policy Research thanks Pima County Justice Services (PCJS) for hosting the workshop, and the organizing staff, including the SIM Planning Committee and especially Jacqueline Ortiz, Kate Vesley, and Brian Eller for coordination and planning efforts. Policy Research also wants to thank Chief Chad Kasmar, Deputy County Administrator Steve Holmes, Assistant City Manager Liz Morales, Justice Services Director Kate Vesley, and Pima County Health Director Dr. Theresa Cullen, for their opening remarks. Support for the workshop was provided to Pima County, AZ, from the John D. and Catherine T. MacArthur Foundation through the Safety and Justice Challenge.

RECOMMENDED CITATION

Policy Research. (2025). *Sequential intercept model mapping report for Pima County, AZ*. Troy, NY: Policy Research, Inc.

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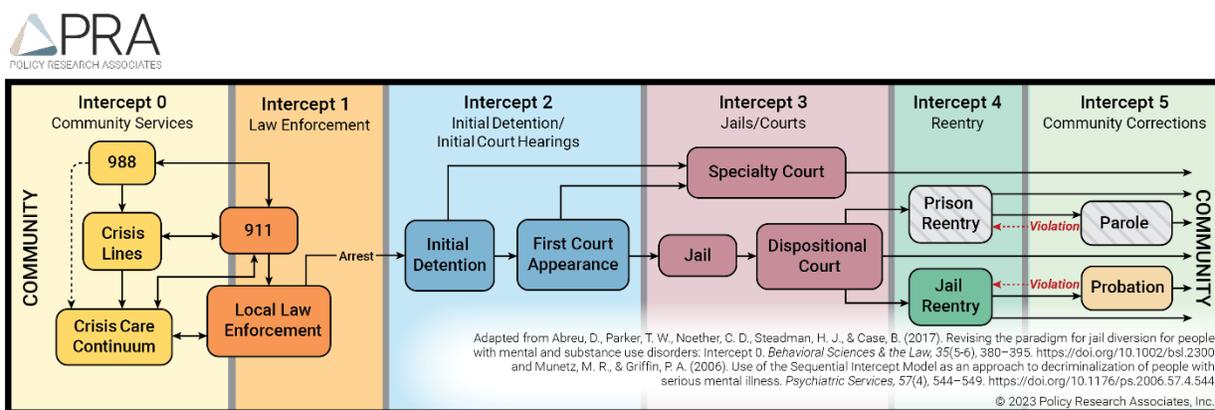
BACKGROUND

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,¹ has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

A Sequential Intercept Model mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

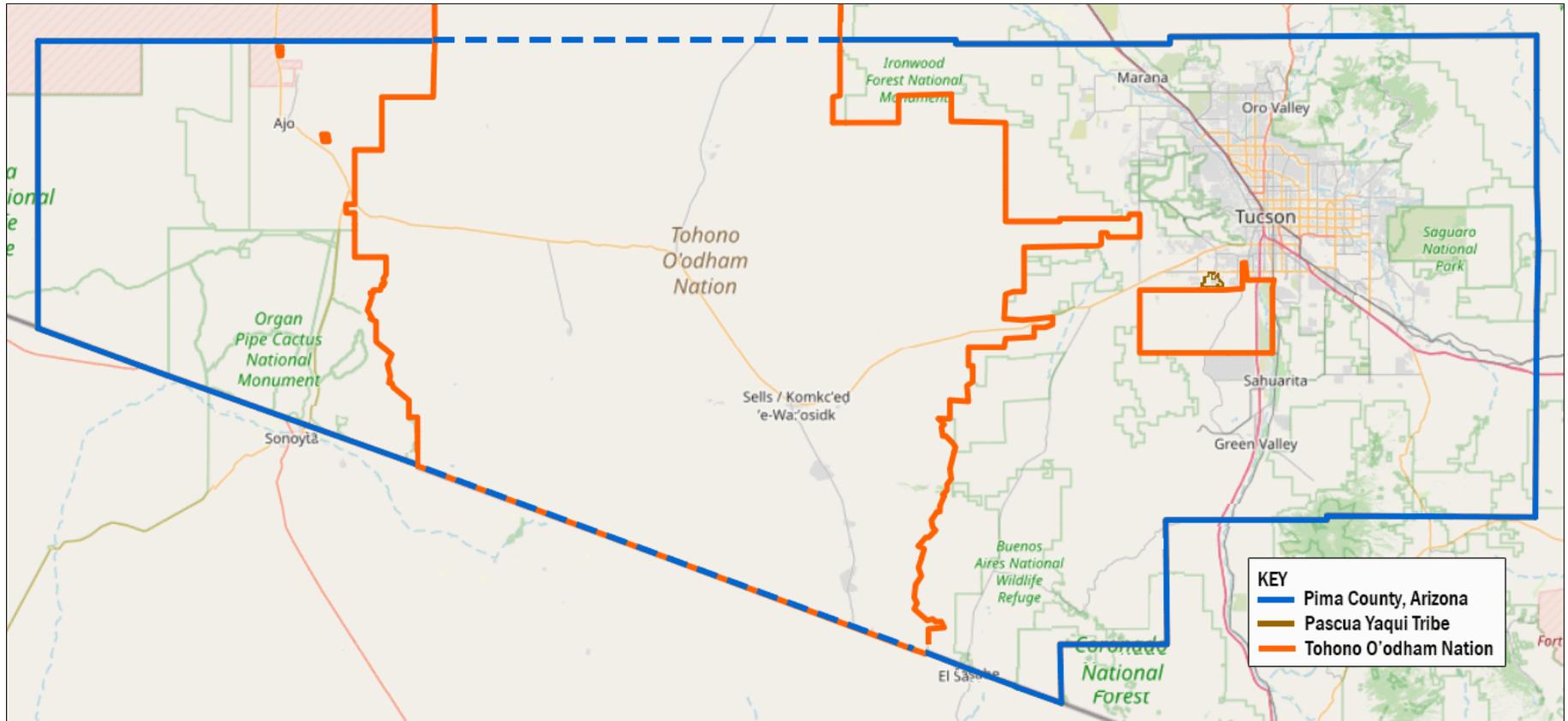
The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.



¹ Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.

SNAPSHOT: PIMA COUNTY, ARIZONA



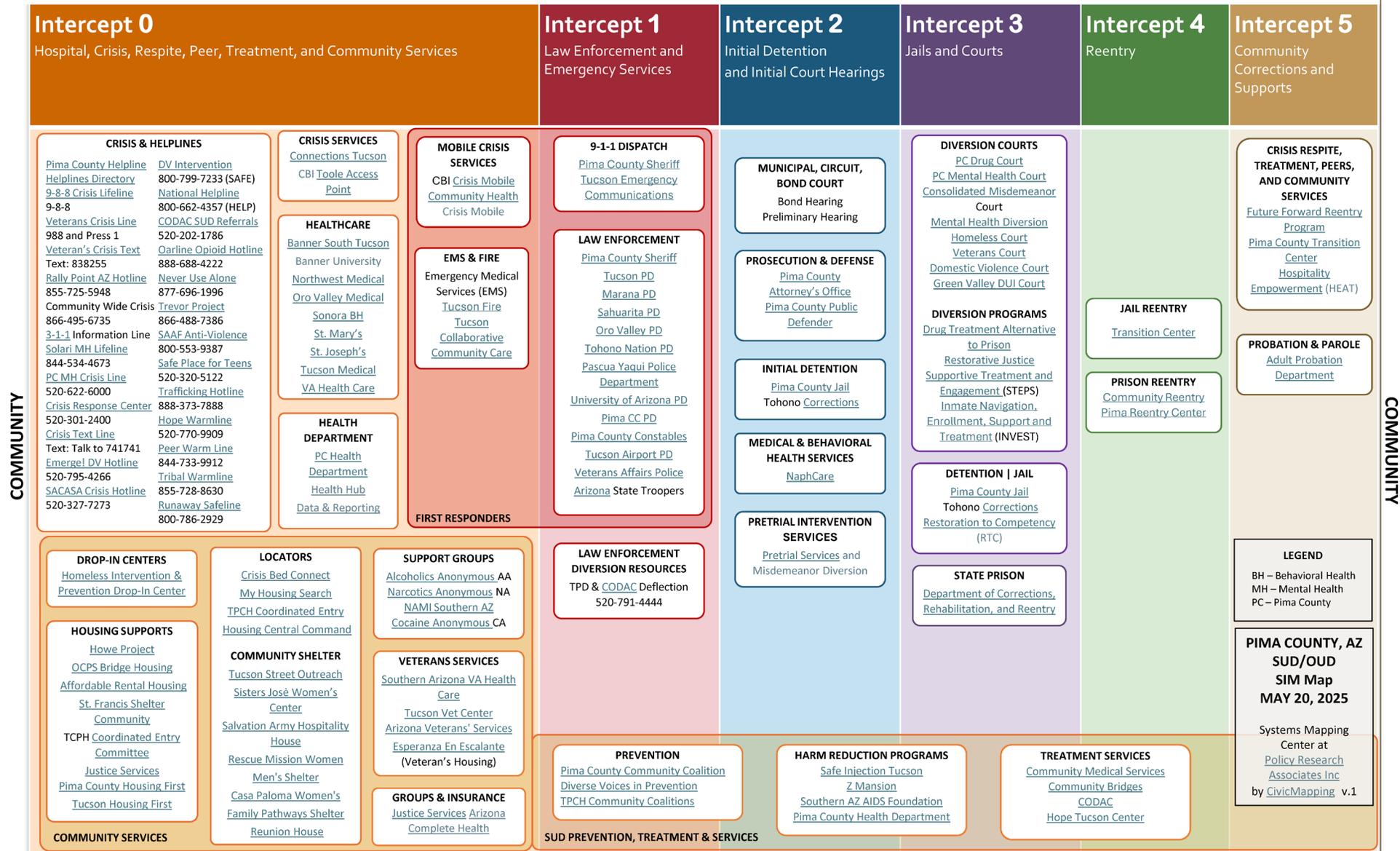
Source: Open Street Map | Pima County, Arizona | Tohono O'odham Nation | Pascua Yaqui Tribe

Area	Population	Area	Population	Area	Population
City of Tucson	543,242	Oro Valley	47,879	Pascua Yaqui Tribe	3,466
Marana	54,895	Tohono O'odham Nation*	6,417	Unincorporated County	356,181
Sahuarita	35,337	South Tucson	4,613	Total Pima County	1,052,030

Pima Association of Governments 2021 U.S. Census Estimates *Residents within Pima County

SEQUENTIAL INTERCEPT MODEL MAP FOR PIMA COUNTY, ARIZONA

An interactive clickable map is provided within the PDF version of the final report.

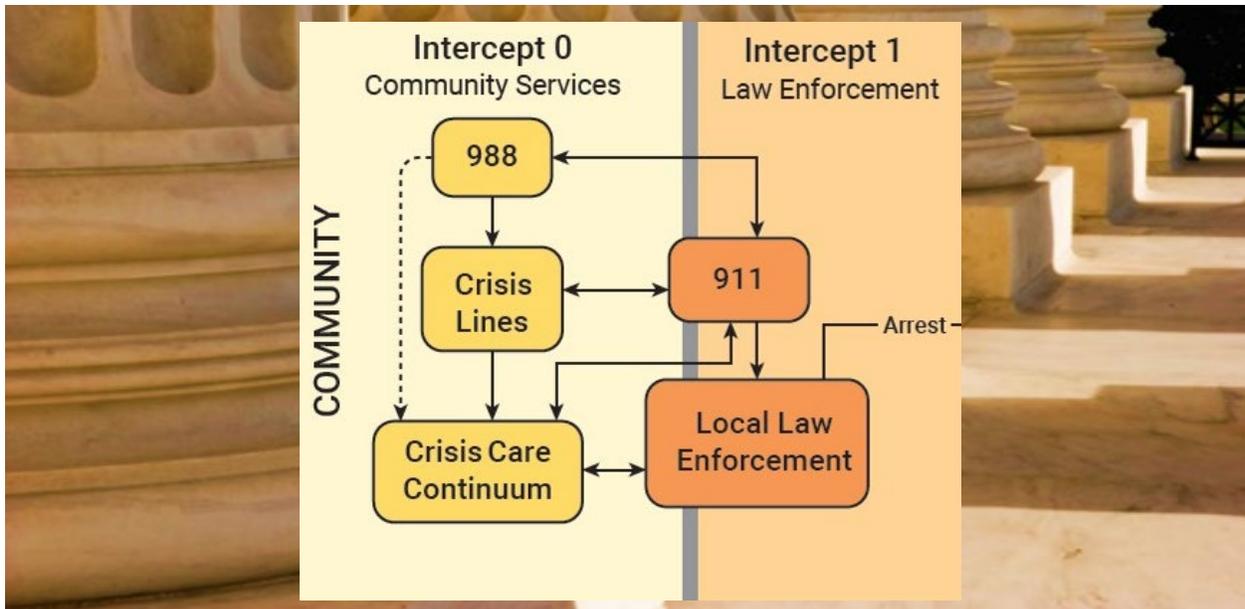




OPPORTUNITIES AND GAPS AT EACH INTERCEPT

The centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify opportunities and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the opportunities and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing opportunities.

Note: the resources included in this report and map are reflective of the conversation and participants present during the Sequential Intercept Model (SIM) Mapping Workshop and may not be exhaustive of all relevant resources, programs, or organizations present in the mapped community.



INTERCEPT 0: COMMUNITY SERVICES; AND INTERCEPT 1: LAW ENFORCEMENT

OPPORTUNITIES

Crisis Call Lines

9-8-8 Suicide & Crisis Lifeline

Call or text: 988 **Chat:** [Chat](#) **Visit:** [Website](#)

9-8-8 provides an option for people to seek help, information, and connections to resources for themselves or others experiencing a behavioral health crisis. Most calls do not necessitate law enforcement involvement.

Veterans Crisis Line

Call: 988 and Press 1 **Visit:** [Website](#)

The national 24/7 Veterans' crisis line serves any Veteran, service member, and loved ones.

Veteran's Crisis Text Line

Call: 800-273-8255 (TALK) **Text:** 838255 **Visit:** [Website](#)

24/7 National helpline by phone or SMS-text for any veteran, without needing to be enrolled in VA benefits or health care systems.

Rally Point Arizona Hotline

Call: 855-725-5948 (855-Rally4U) **Visit:** [Website](#)

A hotline for Veterans experiencing a behavioral health crisis or challenge. Get help from another Veteran.

Community Wide Crisis Line (MH)

Call: 866-495-6735 **TDD/TTY:** 877-613-2076

A 24/7 helpline for people in behavioral health crisis to talk with a counselor. Provided by Arizona Complete Health.

Pima Helpline**Visit:** [Website](#)

A directory of 24/7 hotlines and inventory of Behavioral Health service providers arranged by topic and demographic group provided by Pima County.

3-1-1**Call:** 311 **Visit:** [Website](#)

3-1-1 offers a comprehensive directory of area organizations, programs, services, and resources.

Solari Mental Health Lifeline**Call:** 844-534-4673 **Chat:** [Chat](#) **Visit:** [Website](#)**Text:** 4HOPE to 44673 **TTY/TDD:** 711

A statewide crisis peer support warmline for anyone experiencing a behavioral health crisis.

Pima County Mental Health Crisis Line**Call:** 520-622-6000 **Visit:** [Website](#)

Pima County's primary help line for anyone experiencing a behavioral health crisis and seeking help, information, and referrals to services.

Crisis Response Center**Call:** 520-301-2400 **Visit:** [Website](#)

A 24/7 Connections Tucson hotline for information and referrals to behavioral health crisis care and treatment.

Crisis Text Line**Text:** Talk to 741741 **Visit:** [Website](#)

Anyone in crisis can connect virtually and receive 24/7 crisis support from a trained crisis counselor. [View metrics](#) from over 11 million conversations since 8/2013 and learn more about who, what, and when people connect for help.

Tohono O'odham Nation Crisis Line**Call:** 844-423-8759 **Visit:** [Website](#)

This Arizona Complete Health exclusive crisis line is available 24/7 to Nation members.

Emerge! Hotline (Domestic Violence)**Call:** 520-795-4266 **Visit:** [Website](#)

For people experiencing domestic violence, seeking help, crisis intervention, safety planning, and emergency shelter. Phone line 24/7 and multi-lingual.

SACASA Crisis Hotline (Sexual Assault)**Call:** 520-327-7273 **Visit:** [Website](#)

Crisis services, advocacy, support, therapy, and education for people who survived or were impacted by sexual assault, rape, and harassment. Southern Arizona Center Against Sexual Assault (SACASA).

National Domestic Violence (DV) Intervention Services**Call:** 918-743-5763 **Chat:** [Chat](#) **Visit:** [Web](#)**Toll-Free:** 800-799-7233 (SAFE) **SMS:** Text 'Start' to 88788

The Hotline provides Domestic Violence (DV) intervention and support services by phone, chat, or SMS text messaging. The services is provided by the National Domestic Violence Hotline.

National Helpline**Call:** 800-662-4357 (HELP) (4357) **Visit:** [Website](#)

Also known as the Treatment Referral Routing Service (TRRS), this National Helpline is a confidential, 24/7 information service, in English and Spanish, for individuals and family members facing mental, substance use, or co-occurring disorders. Their [Find a Treatment Facility](#) tool provides referrals to local treatment facilities, support groups, and community-based organizations.

CODAC Substance Use Disorder Referrals	Call: 520-202-1786 Visit: Website
For people seeking alcohol and other drug treatment and services.	
Orline Arizona DHS Opioid Information hotline	Call: 888-688-4222 Visit: Website
A confidential hotline for opioid-related information, resources, and referrals.	
Never Use Alone National OD Prevention	Call: 877-696-1996 Visit: Website
Volunteers take a person's address, and if they are unresponsive after taking drugs, EMS is notified.	
Trevor Project	Call: 866-488-7386 Visit: Website
24/7 Crisis Phone and Chat for LGBTQ+ and L young people.	
SAAF Anti-Violence Project Crisis Line	Call: 800-553-9387 Visit: Website
HIV/AIDS and LGBTQ+ care, support, outreach, and education.	
Safe Place for Teens	Call: 520-320-5122 Visit: Website
Support and services for Tucson's youth between 12 and 17 years old who are experiencing homelessness.	
Human Trafficking Hotline	Call: 888-373-7888 Visit: Website
A hotline for victims of human trafficking.	
Hope Warmline and Peer Recovery	Call: 520-770-9909 Visit: Website
A confidential non-emergency warmline of Peer Support operators with lived experience in behavioral health challenges. Available 8:00 a.m. to 10:00 p.m. 7 days a week. Holidays close at 6:00 p.m.	
Peer Warm Line	Call: 844-733-9912 Visit: Website
Support and help from trained staff members with lived experience facing mental health challenges.	
Tribal Warmline	Call: 855-728-8630 Visit: Website
A confidential warmline by Tribal Support Partners for tribe members needing support and referrals.	
National Runaway Safeline	Call or Text: 800-786-2929 Chat: Chat Visit: Website
A 24/7 crisis services center and safeline for runaways.	

Crisis Call Lines (Continued)

- The local [3-1-1 Service Request Portal](#) provided by the City of Tucson's Public Safety Communications Department (PCSD), can be used to learn about area agencies and organizations, their programs, services, and resources.
- A QR code was created to direct people to a central source of web and phone links to various agencies, services, and resources within the justice system.

9-8-8 Crisis Lifeline

- When calling 9-8-8, the call is transferred to the local call center of the caller's phone area code. If that center cannot respond, the national 9-8-8 Lifeline center will respond. Lifeline is available

in over 250 languages. People who text 9-8-8 are connected to a group of Lifeline call centers and will receive help from a counselor. Others who chat with Lifeline are first offered a survey to help acquaint the counselor, and the counselor will respond and chat as soon as they are available.

- Relatively few 9-8-8 calls are transferred to the 9-1-1 system, typically only those involving an imminent risk to an individual's life.
- For LGBTQ+ and individuals under 25 years old, specialized counselors are available to talk or connect by text and chat from 12:00 p.m. to 3:00 a.m. MST.
- For LGBTQIA+ individuals, text 'START' to 678678 to get connected to [Trevor Project](#). To talk to a person at Trevor Project, call 1-866-488-7386. As an alternative, you can also chat with a provider.
- CBI conducts 24/7 follow-up calls to people who have contacted 9-8-8 and will provide additional help and information as requested.

9-1-1 Dispatch

- Two primary Public Safety Answering Points (PSAPs) serve county residents:
 - Pima County Sheriff’s Department (PCSD) answers and responds to 9-1-1 calls from their jurisdiction, including the unincorporated county areas and jurisdictions under contract. They dispatch law enforcement, fire, and emergency medical services (EMS).
 - The City of Tucson [Public Safety Communications Center](#) (PSCC) manages the 9-1-1 Emergency Communications Center (ECC), providing emergency law enforcement, fire, and EMS dispatch services for the Tucson and South Tucson Police and Fire Departments and eight (8) additional area fire departments.
 - A [Licensed Professional Counselor](#) (LPC) behavioral health provider is embedded within the ECC to provide emotional and other support to dispatchers and staff, as well as to offer individualized clinical services, crisis intervention, and critical incident debriefings.

Healthcare and Health Insurance

Table 1: Area Hospitals and Behavioral Health Services

Hospital / Provider	Emergency Department	Adult Psychiatric Inpatient	Parent
Banner University Hospital South Tucson	Yes	Yes	Banner Health
Banner University Medical Center	Yes	Yes	
Northwest Medical Center	Yes	-	Northwest Healthcare
Oro Valley Medical Center	Yes	Yes	
Sonora Behavioral Health	-	Yes	
St. Mary’s Hospital	Yes	-	Carondelet Health Network
St. Joseph’s Hospital	Yes	-	
Tucson Medical Center	Yes	-	TMC Health

- **Indian Health Services (IHS)** has four healthcare facilities located within Pima County that provide medical and behavioral health services for Tohono Nation and Pascua Yaqui Tribe members.
 - The Tohono O’odham Nation Healthcare **Sells Indian Hospital**, is a 14-bed hospital in located in the Sells District of the Tohono O’odham Nation. The hospital includes an emergency room, an inpatient unit, an EMS service, and provides a wide range of clinical services. Three other facilities include a dental clinic and two (2) health centers.
- The **Tucson Indian Center Health Services Department**, located in Tucson, provides primary care and behavioral health therapy services virtually by video or phone on weekdays and occasional weekends.
- **El Rio Health** has 16 clinic locations in Tucson. El Rio offers a wide range of healthcare services, including primary and specialty care. 10 locations provide whole-person integrated care, including behavioral health services. Ten percent of Tucson residents and members of the Pascua Yaqui Tribe receive their healthcare services from El Rio Health.

Law Enforcement and First Responders

- Multiple law enforcement agencies serve Pima County residents, including:

Table 2: Pima County Law Enforcement agencies

Law Enforcement Agencies of Pima County	
Pima County Sheriff’s Department	University of Arizona PD
Tucson Police Department	Pima Community College Police Department
Marana Police Department	Pima County Constables
Sahuarita Police Department	Tucson Airport Police Department
Oro Valley Police Department	
South Tucson Police Department	Veterans Affairs Police
Tohono O’odham Nation Police Department	Arizona Department of Public Safety - State Troopers
Pascua Yaqui Police Department	

- The Pima County Sheriff’s Department (PCSD) provides law enforcement patrol and 9-1-1 response services for areas outside the cities of Tucson, Marana, Sahuarita, Oro Valley, South Tucson, as well as the reservations, university, college, and airport, each of which has a police department. The PCSD also provides court public safety services under contract with the City of Tucson.
 - In 2024, the PCSD was staffed with 1,442 full-time employees, including 539 commissioned sheriff’s deputies, 482 corrections officers, and 421 support staff, as well as 138 volunteers.
- The Tucson Police Department (TPD) provides law enforcement services for the city.
 - The Tucson Police Department (TPD) **Mental Health Support Team (MHST)** provides behavioral health crisis intervention and response services on calls dispatched by 9-1-1 or requested from officers in the field.

- 9-1-1 will transfer calls to the CRC call center when a law enforcement response is needed, and the CRC call center will transfer calls to 9-1-1 when law enforcement is necessary.
- The MHST team, including officers, arrives in an MHST-branded shirt or polo, and not in full uniform.
 - TPD contracts clinical MHST team members from CBI.
- TPD MHST follows up with people they contacted on calls for services when they were experiencing a behavioral health crisis. Follow-ups are primarily conducted weekdays during business hours, but occasionally on weekends for higher-level crisis incidents.
- TPD 2024 MHST metrics include:

Table 3: Mental Health Support Team Metrics

Number	MHST Metric
444	Mental Health Orders served
489	Mental Health Orders attempted
144	9-1-1 calls handled for Patrol
81	Community transports completed for Patrol
592	Detective cases assigned
1,200+	Total encounters
0	Total Use of Force

- The MHST unit provides TPD officers and staff with Crisis Intervention Team (CIT) training, including the 40-hour certification course and a 10-hour advanced CIT skills training course.
 - The TPD Community Outreach Resource Engagement (CORE) unit is a specialized unit dedicated to supporting individuals experiencing homelessness. The team connects with individuals, offering encouragement and support, as well as information about local programs, services, and resources.
 - CORE collaborates with the behavioral health treatment and services provider [CODAC Health, Recovery & Wellness \(CODAC\)](#).
- The Centers for Medicare & Medicaid Services (CMS) are collaborating with TPD to develop their overdose response program further.

Crisis Services

- The Connections Health Solutions [Connections Tucson](#) is a 24/7 crisis response center (CRC) and offers psychiatric evaluation, 23-hour crisis stabilization, therapy, emergency medications, and referrals to area programs, services, and resources.
 - Although individuals needing services may walk in, they are typically transported to the CRC by law enforcement, who can drop the individual off without needing to stay for extended periods, as would be required in a hospital setting.

- The CRC provides behavioral health assessment and evaluation, crisis stabilization, and outpatient services, including therapy, medication management, and referrals to local programs, services, and other resources.
- Connections youth center serves youth under 18 years old who are experiencing a behavioral health crisis.
- The CBI crisis care center, [Toole Access Point \(TAP\)](#), provides crisis stabilization services for individuals 18 years and older who are experiencing a behavioral health crisis.
 - Many individuals visit the CC unit frequently, several times a day for some.
 - TAP submits petitions for the involuntary commitment of these individuals.
 - The police are transporting these individuals from the CBI to a hospital for evaluation.
 - The ideal discharge from the TAP occurs when an individual has a safe place to go, participates in follow-up care provided by CBI, and connects with their natural supports, such as family and friends.
 - CBI will work with health plans to discuss how they can identify the high-utilizer population and explore strategies to address their care needs.
- Two community mobile crisis team services provide support with and without law enforcement engagement:
 - [Community Bridges \(CBI\) Crisis Mobile Teams \(CMT\)](#)
 - The CMT call center is co-located within the Crisis Response Center (CRC).
 - TPD contracts with CBI, which provides clinical staff who respond alongside officers.
 - CBI CMT units are dispatched independently by CBI to respond to calls for service involving a behavioral health crisis component.
 - When law enforcement is dispatched independently and the officers determine that the individual does not require their assistance, but is presenting a behavioral health crisis, they will request a CMT response.
 - The CMT also conducts 24/7 follow-up calls to individuals who have been served by 9-8-8 to encourage, as well as provide additional information about local programs, services, and resources.
 - The [Community Health Associates Tucson – East location](#) offers Crisis Mobile Team services.
- A [Tucson Collaborative Community Care \(T3C\)](#) and [Tucson Fire](#) team focuses on individuals referred exclusively from TFD field crews and from case managers of people being discharged from Tucson Medical Center (TMC).
 - The team consists of a medical professional and clinician who also address people who have been identified as high utilizers of the health and criminal justice systems.
 - The team conducts follow-up contact with the individual to obtain an update on their situation, provide encouragement, and offer additional information and referrals to local resources. Follow-ups are primarily conducted on weekdays during business hours, but occasionally on weekends for higher-level crisis incidents.
- Tucson’s [Community Safety, Health, and Wellness Program \(CSHW\)](#) is a civilian response to non-emergency, low-acuity 9-1-1 calls, typically when individuals with complex behavioral health challenges who are experiencing homelessness are in need.

- The team provides information, referrals, and connections to area programs, services, and resources.
- CHSW acts as an umbrella and coordinates multiple problem-solving city teams, each described in more detail throughout this report, including:
 - The [Housing First](#) program is described in more detail below;
 - The TPD MHST;
 - The TPD Community Outreach and Resource Engagement (CORE) unit focused on serving people experiencing homelessness; and,
 - [Tucson Collaborative Community Care \(T3\)](#).

Peer Supports

- Peer support was highlighted during the workshop as a strength of the county. Participants highlighted the openness of criminal justice and behavioral health agencies to the value of lived experience, highlighting how many agencies hire peer support staff.
- Peer navigators are embedded in Pretrial Services and supervision. Several agencies enlist peer navigators in community settings where interactions with previously incarcerated individuals occur.

Involuntary Holds

- The TPD MHST is responsible for serving involuntary treatment orders.
- [Court-ordered evaluation \(COE\) and court-ordered treatment \(COT\)](#) are how the courts can compel individuals to undergo substance use disorder (SUD) and mental health evaluation and treatment services. These processes are governed by Arizona’s [A.R.S. §36 – Mental Health Services](#) (Title 36) involuntary hold statute, which is used to address individuals who present a danger to themselves or others and are unwilling or incapable of providing consent to receive behavioral health services.

Veteran Services

- The [Southern Arizona VA Health Care Services \(SAVAHCS\)](#) provides medical services and community support programs for area Veterans, as well as to their families and dependents.
- The [Arizona Department of Veterans' Services \(ADVS\)](#)
- The [Tucson Vet Center](#) offers counseling services to Veterans, service members, and their family members.

Substance Use Prevention, Harm Reduction, and Legislation

Prevention:

- Community prevention coalitions throughout Tucson
 - [Pima County Community Coalition](#) is a subcommittee of the Community Prevention Coalition of Pima County. The coalition created the [Teen Well-Being](#) resource campaign.
 - [Diverse Voices in Prevention](#) advocates for access to youth mental health services.
 - [TPCH Community Coalitions](#) are open forums for stakeholders to share information and resources. Users are invited to join and must register with the Basecamp platform to participate. Coalitions include:

- Homeless Youth Coalition (online only), a coalition of service providers, youth, and community stakeholders.
- Built for Zero Coalition, a coalition of homelessness service providers.
- Community Outreach / Housing Navigator Coalition, a coalition of outreach, day center, and congregate meal providers.

Harm reduction

- [The Church of Safe Injection Tucson \(CoSIT\)](#) will deliver harm reduction supplies, e.g., syringes, alcohol pads, NARCAN, and/or Fentanyl test strips. Anyone can message CoSIT on [Facebook](#) or [Instagram](#), and they will deliver harm reduction supplies. CoSIT provides a map of [Free Nasal Narcan/Naloxone and Fentanyl Test Kits](#) at participating Tucson sites.
- [Z Mansion](#) offers wound-care and nursing support to individuals experiencing homelessness. Z Mansion also provides hundreds of meals daily, as well as distributing donated food, clothing, blankets, pet supplies, and more.
- [The Southern Arizona AIDS Foundation \(SAAF\)](#) provides a syringe access program, HIV/AIDS education and services, the Anti-Violence Project, and other programs to support the community.
- [Pima County Health Department \(PCHD\)](#), the county health authority, provides harm reduction supplies at no charge, including:
 - Narcan (Naloxone) nasal injectors,
 - Fentanyl and Xylazine test strips,
 - Syringe-needle exchange,
 - Connections with numerous partnering agencies to help spread the program’s availability and increase connection to care.
 - PCHD also contracts out services to provide MAT services, as well as transportation services.

Substance Use Services (Overdose Response, Fatality Review), Interventions, Withdrawal Management, and Treatment

- [Community Medical Services \(CMS\)](#) is a substance use disorder (SUD) treatment center with five locations in Tucson. They provide assessments, individual and group counseling, medications, and specialized programs, including Pregnancy & Women’s Health Treatment, Peer Support, and Correctional Treatment.
 - CMS provides treatment services through referrals, by appointment, or on a walk-in basis.
 - CMS assesses individuals for suitability for medication-assisted treatment (MAT) and, if appropriate, initiates them on a MAT protocol.
 - Individuals on a methadone protocol can receive their doses on weekdays. Under new policies, doctors can start treating individuals with higher doses of methadone, including providing the individual with some doses they can take home.
- CBI provides comprehensive psychiatric and inpatient substance use disorder (SUD) treatment services, including sobering and detoxification (detox) services, MAT services, counseling, and nursing care. They also provide case management and utilize peers for support.

- CBI has a capacity of serving 40 individuals, including 28 individuals in their short-term residential facility, and 16 in their inpatient treatment facility.
- CBI has an open-door policy, accepting new clients at any time, 24/7, at no cost.
- Once the individual has completed detox, they can be admitted into inpatient treatment services, or they can wait to be placed in a residential treatment program.
- If the individual believes CBI is not a good fit, CBI will help them connect with an alternative treatment center in the area.
- CBI provides outpatient follow-up services after they have completed residential treatment. These include attending group therapy sessions focused on outpatient treatment, intensive outpatient treatment, anger management, and medication.
- CODAC provides outpatient behavioral health treatment services through a range of programs, including an intensive outpatient treatment program (IOP), individual and group therapy, case management and peer support, classes, and employment preparation services.
 - CODAC also offers the Connie Hillman Family Foundation House for Women, a sober transitional living residence for women and their children.
 - The program consists of 15 furnished apartments and amenities and is staffed year-round.
 - The program includes IOP, daily Peer Support specialist engagement, recovery and life-skills training, MAT, and multiple additional programming elements.
 - The CODAC Adult Transitional Living program offers adults transitional housing with limited supervision, providing daily living assistance from CODAC staff.
- **Hope Tucson Center** will assess individuals to determine the appropriateness of methadone, Suboxone, or Vivitrol. They will refer individuals to CBI for detox, if needed.
- **Arizona Complete Health (ACH)** is the regional behavioral health authority serving Pima County. ACH serves county residents through:
 - **Medicare Advantage**, employer-based coverage, the federal healthcare **Marketplace**, and the **Arizona Health Care Cost Containment System (AHCCCS)**, Arizona's Medicaid agency, which offers healthcare programs to serve Arizona residents.
 - ACH focuses on serving people who are underinsured or uninsured.
 - ACH collects and shares information with relevant agencies to support continuity of care
 - ACH receives feeds from the PCJ, which indicate individuals who have been booked and released. They report back to NaphCare, the contracted PCJ healthcare provider, to alert them to individuals who have a serious mental illness (SMI) and the names of the individual's previous healthcare providers.
 - ACH also shares data with the Pima County Adult Probation department to identify which parole officer holds the individual's case and to determine the individual's risk level. ACH also reviews their claims reports and can share with Probation any providers that served the individual.
 - Individuals in the PCJ or who are under Probation supervision are typically insured through ACH.
 - ACH expressed interest in using a common data-sharing platform because they receive inquiries every day about an individual's status or history.
 - ACH has a team that identifies and reviews individuals who are high utilizers.
 - ACH also has data on people facing involuntary commitment.

- Pima County, by statute, is a mandatory payor for court-ordered mental health evaluations and treatment, as well as for post-commitment care.
- ACH has hospital data indicating the number of people held under Title 36, if they meet the criteria for holding, and the reason for their release from the hold.
- ACH reported that Title 36 petitions are being used frequently and are increasing in number on a month-to-month basis.

Housing, Recovery Housing, and Homeless Services

- The website, [Crisis Bed Connect](#), provides real-time bed availability metrics to stakeholders in Pima County who seek to place individuals experiencing homelessness in accommodating shelter facilities. Shelter facilities manually update their open-bed inventory.
- The website [My Housing Search – Arizona](#) helps identify available affordable housing properties within Pima County.
- [TPCH Coordinated Entry for Homeless Services](#) manages the [Vulnerability Index Service Prioritization Tool \(VISPDAT\)](#) intake system that they and other service providers use to facilitate onboarding people experiencing or threatened with imminent homelessness into the coordinated care system.
 - VISPDAT analyzes information about the individual’s case, helps prioritize cases, and suggests potential matches with relevant programs, services, and resources. The higher an individual's score on VISPDAT, the greater the potential for matches.
 - VISPDAT prioritizes matching services for candidates who have been previously identified and are waiting for openings, and provides resources for individuals requesting services at present, as available.
 - TPCH is currently updating the coordinated entry system process and toolkit, including VISPDAT.
 - The five (5) TPCH Coordinated Entry Access Points include:
 - [Interfaith Community Services](#)
 - [La Frontera RAPP Day Center](#)
 - [Our Family Services](#)
 - [Primavera Foundation Homelessness Interventions & Prevention Drop-In Center](#)
 - [Salvation Army - Tucson](#)
- There have been cases where individuals who have been matched with a housing opportunity, and a voucher for placement in hand, have declined to participate, in part because they believe it is safer and easier for them to live ‘off the grid’ instead.
 - The group expressed interest in exploring options for this population, including contemporary models such as tiny homes or semi-permanent micro-housing units, as well as safe spaces, e.g., a dedicated plot or area, such as a parking lot, for people to set up camp or park their vehicles.
- CBI Community Integration Teams provide street outreach every day of the week to people experiencing homelessness.
 - The team is currently equipped with two (2) staff members.
 - The team has a grant-funded program that provides resources to visit encampments and offer outreach services, which has recently been limited to once a month.

- The City of Tucson’s [Housing First Program](#) offers a [Street Outreach Team](#) that visits individuals experiencing homelessness to provide encouragement and information about local programs, services, and resources. Due to the challenges posed by recent funding cuts, the team focuses on connecting individuals with shelter placement, as it has been difficult to identify affordable housing opportunities.
- [Old Pueblo Community Services \(OPCS\)](#) offers a range of programs catering to the homeless community. OPCS expects individuals to become and remain engaged in their recovery path rather than simply matching people to programs and resources. Their programs include:
 - An Outreach Team to connect people needing housing with housing opportunities that they cannot provide.
 - A low-barrier shelter, described in more detail below, and an interim short-term bridge housing program for people with SMI.
 - Reentry Recovery Communities offer structured housing for individuals requiring moderate to intensive support and intensive outpatient treatment (IOT) services.
 - A supportive housing program, including Tucson House, as well as other sites across the city, for people experiencing chronic homelessness and in need of support with their housing and health.
 - A homeless work program, employing and paying individuals daily.
 - The Veteran Recovery Communities, providing OPCS and Southern Arizona VA housing and treatment services
 - OPCS offers a [Housing First Academy](#) online curriculum and training platform to help inform stakeholders about the Housing First model used in Tucson.
 - OPCS partners with the SAVAHCS and [Esperanza En Escalante](#) to provide transitional and supportive housing to Veterans.
- The [Howe Project](#) is a transitional housing opportunity with a capacity of 27 residents. The program provides employment preparation and skills training, job search, clothing assistance, and transportation to and from interviews.
 - The project includes a transportation service for residents to attend court hearings and healthcare appointments and helps residents connect to transit options.
- The Southern Arizona VA Health Care Services (SAVAHCS) has a significantly resourced homeless program. They currently contract with community-based organizations, including OPCS and [Esperanza En Escalante](#), to provide housing.
 - The SAVAHCS has approximately 1,000 batch vouchers to assist veterans with housing costs in Tucson, but they are currently at capacity and do not have any available.
 - The VA Hospital Homeless Program provides shelter for Veterans and requires a DD214-Military Record form before acceptance.
- Low-barrier shelters, which typically do not have restrictions such as sobriety, substance use, pets, or partners, provide residents with a safe place to sleep, and for respite during the day, including:
 - The OPCS [Low Barrier Bridge Housing](#) program for people experiencing homelessness and their families. The program offers semi-private rooms with a kitchen and refrigerator, a safe place to secure their possessions, and a laundry facility.
 - OPCS also offers a Level-2 Medical Respite program for people with a chronic, non-acute medical condition.

- The [Salvation Army Hospitality House](#) provides a 104-bed shelter for men and women.
 - The 21-day emergency shelter includes 24/7 access, safe storage, and a range of human services.
 - The four (4) month transitional program is available to help transition back into stable housing.
- The [Sisters José Women's Center](#) provides a 24/7 accessible, safe overnight shelter area and safe storage space, as well as a day center for any woman in need. The center provides case managers for women to help them navigate resources, as well as meals six days a week, laundry and showers, a clothing closet, and a Safe Spaces for their pets.
 - The Impact Project program serves women facing more significant challenges with longer-term shelter stay and additional services.
 - The Sister Jose's Afternoon Cooling/Warming Center is a weather-respite space open to all women.
- Other area shelters, include:
 - The [Gospel Rescue Mission Women and Children's Shelter](#) provides women with children a safe place to sleep.
 - Primavera provides multiple programs and properties to serve people experiencing homelessness or at risk of homelessness, including:
 - Primavera [Homeless Intervention & Prevention Drop-In Center](#) provides a range of services including transportation, rent and utility assistance, rapid rehousing, short- to medium-term shelter placement, case management, a range of education and life-skills training, and other programs, and connections to local programs, services, and resources.
 - The walk-in center is open Mondays, Wednesdays, and Fridays between 9:00 a.m. and 12:00 p.m.
 - Primavera [Men's Shelter](#) provides 7- to 90-day stays for men 18 years and older. Participants must remain substance-free and willing to participate in case management services.
 - The Primavera [Casa Paloma Women's Shelter and Hospitality Center](#) provides short-term housing for women experiencing crisis, and medium-term transitional housing services for women working towards their independence.
 - Primavera's [Project Action for Veterans](#) provides housing support and temporary financial support to Veterans and their families. The Veteran can be homeless, facing homelessness or eviction, moving from transitional housing, or being released from a hospital or jail. A range of support services, including benefits enrollment, job skills training, healthcare, life skills training, legal assistance, and more, are provided. Some temporary financial assistance is available for moving, rental, and utility costs.
 - Primavera [Family Pathways Shelter Program](#) is a family-scattered-site shelter and housing placement program. Families receive case management and work on progressive goals. Placement is in rental units throughout Tucson. Families can take over their existing residence lease or transition out into other housing independently.

- Our Family Services [Reunion House & Safe Space](#) provides youth ages 12 to 17 with a supportive housing program with 24/7 staff. The program provides transportation to school and appointments, meals, educational support, family support, and connections to local programs, services, and resources.

Table 4: Pima County Shelter Network Directory

Shelter Name	Eligible	Category	Requirements
Low Barrier Bridge Housing Tucson House 520-546-0122	Individuals, Families	Low-barrier. Scattered sites, semi-private rooms & kitchen. Storage.	Housing First model (no SUD or mental health restrictions). VISPDAT assessment.
Salvation Army Hospitality House 520-795-9671	Men, Women	Low-barrier, 24/7. Family Vouchers. 21-day emergency 120-day transitional.	
Sisters José Women's Center 520-909-3905	Women	Low-barrier. Short- to long-term 24/7 shelter. Pet area.	
Primavera Men's Shelter 520-623-4300	Men 18+	Short-term (7-90 day) shelter & services.	SUD-free, case management. Call 8:00 a.m. sharp for an available bed. No sex offenders.
Primavera Casa Paloma Women's Shelter and Hospitality Center 520-623-5111	Women	Shelter, Short- & Medium-term housing	Contact or visit the Prevention Center to learn about eligibility requirements.
Primavera Family Pathways Shelter Program 520-623-5111	Families, Children	Scattered-site family shelter & rental units.	Case management, progressive goals, lease takeover or transition out.
Our Family Services Reunion House and Safe Place 520-320-5122 Text 'Safe' and your location to 44357	Youth 12-17 years old	24/7 Supportive Housing.	VI-SPDAT assessment
Our Family Services For Young Adults 520-323-1708 x103	Young Adults 18-24 years.	Diversion funds. Help finding shelter & housing.	VI-SPDAT assessment, HMIS consent.
Our Family Services For Families 520-323-1708 x103	Singles, Couples, Families	Emergency shelter & Rapid Rehousing.	VI-SPDAT assessment, HMIS consent. Use the Diversion Screening Tool . W/ or w/o kids.
Gospel Rescue Mission Women and Children's Shelter 520-740-1501	Women, Children	Full-service shelter & human services.	Sober, no drug use. Must be ambulatory. Intake weekdays 8:00 a.m. sharp.

- **St. Francis Shelter Community** is a permanent-resident facility housing several residents. St. Francis also provides:
 - A community food pantry.
 - The mobile Wellness on Wheels program for behavioral health assessments, SUD treatment, and medical care.
 - A Shower Truck Wednesday’s program with the Tucson Housing First program.
 - A Transitional Housing for Men program.
 - A seasonal, as space is available, Winter Shelter program.
- Primavera’s **Affordable Rental Housing** program includes seven (7) properties with reduced rent, a range of amenities, all in a drug-free environment.
- Pima County Health Department subcontracts employment preparation services for people experiencing homelessness, including:
 - Hope Pre-employment support,
 - The **CODAC Employment Services** program serves people in their SUD treatment program with employment preparation skills training and services.
 - The **Sullivan Jackson Employment Center** Integrated Individual Service Strategy program includes a case plan and an employability development plan. The center first provides shelter to program participants and addresses their basic needs before focusing on their career preparation. Participants continue the connection through a one-year aftercare program to support their employment and independent living.
- The **Pima County Transition Center (PCTC)**, operated by Justice Services, serves individuals reentering the community from the PCJ.
 - Program participants have been identified with trauma from their incarceration and emergency shelter experiences and typically desire not to return to institutionalization or lose their connections to their community and relationships.
 - There is an Interest in exploring small community models and how they might be blended into the center’s model. The suggestion of moving encampments together as a community may not be a good fit for all individuals, as evidenced by some people asking to move away from the community.
 - There is also concern that in encampments and on the street, individuals experiencing homelessness are incredibly vulnerable, are experiencing trauma, and are being taken advantage of by their peers.
 - The challenge has been to meet people where they are, help them find safety and community, and strike a balance between the individual’s needs and the system’s needs and resources.
- **Justice Services** offers the Pima County Housing First (PCHF) Project program for individuals involved with the justice system.
- The City of Tucson’s **Encampment Protocol Hub**, managed by TPCH, provides a one-stop site for encampment-related policies and practices, as well as links to programs, services, and resources.
 - The Encampment Protocol Tiers are the protocol followed by assessors, who are peers with lived experience in homelessness, to identify, verify, and prioritize clean-ups of encampments. The tiers include:

- The HCC program focuses on individuals living in encampments and aims to help them transition into stable housing. TPCCH partners with area agencies and providers to focus needed services on the individual, while simultaneously working to place them in rapid re-housing sites or provide vouchers for private residence rentals.
- The HCC effort involves establishing five teams: Field/Outreach, Data, Unit Acquisition, Placement/Navigation, and Stabilization, to support a "warm handoff" from encampment to housing.
- Prior housing efforts have revealed:
 - 47% of people that were encountered accepted services.
 - 73% of the individuals housed exited the program because they did not want to continue receiving case management services.
 - Approximately 10% of individuals remain in services, potentially suggesting low utilization/effectiveness rates.
- Some shelters do not have day center capabilities and require individuals to leave early in the morning, which interferes with the opportunity to work with the population
- The workshop group discussed other ideas on how to address their homelessness challenge, including:
 - Developing a homeless response team that provides transportation to programs, services, the courts, or medical attention.
 - Developing a youth mentorship program helping those with behavioral health issues navigate their next steps until they have become stable in their housing, education and skills training, and employment.
 - Engaging community-based deflection services such as those provided by the [Hard Hitters for the Kingdom](#) programs.
- Improving the effectiveness of homeless outreach teams has been made possible by including treatment providers' staff to support them.

Cross-system Planning and Coordination

- The Jail Population Review (JPR) Committee, includes representatives from area agencies and organizations that review data-driven recommendations for individual cases and any policy changes with a goal to reduce the TCJ population.
- The TPCCH [Coordinated Entry Committee](#) focuses on providing informed contributions to the Continuum of Care Board relating to the TPCCH Coordinated Entry System.

Collection and Sharing of Data

- CBI receives daily emails from area hospitals with the number of available beds in their facilities.
- To help Pima County and behavioral health stakeholder agencies create more awareness about their facilities, programs, services, and resources, the suggestion was made to:
 - Collect information about these agencies and resources.
 - Host a website with a single landing page containing all the necessary information.
 - Utilize QR codes to help consumers connect to the page quickly via their smartphones, tablets, and computers.
 - Identify the means to allow the same information exchange for callers from landline or traditional mobile phones.

- Justice Services manages the guidebook and resource directory [Crisis Response & Intervention Community Resources](#), for anyone helping others, experiencing, or threatened with homelessness.
 - DJS updates the guidebook annually, available in PDF format and electronically.
 - TPCCH produces a one-pager foldable version for convenience.
 - TPCCH originally created the Guidelines on Getting Out guidebook and maintained it through 2023.
- The Tucson Encampment Protocol Hub's [Explore Encampment Data](#) section provides a collection of datasets, visualizations, and reports that reflect the city's current state of homelessness.
- The Solari Crisis and Human Services [Crisis Response Network Performance Dashboard](#) provides insight about their crisis, peer support warmline.
- The Pima Community College offers a comprehensive [Mental Health Guide](#) directory of behavioral health resources in Pima County.

GAPS

Crisis Call Lines

- There is a significant number of crisis lines, help lines, warm lines, and information lines, some from government agencies, some from advocacy organizations, and some from corporate behavioral health service providers. How could these call lines be streamlined to create efficiencies and increase consumer awareness?
- To improve referrals and utilization rates, it is necessary to measure referral uptake, such as when an individual is referred by one organization to another and whether the client subsequently utilizes the resource. However, we do not have the means to track these activities across agencies. For example:
 - Simply counting the number of calls to an organization does not accurately measure the referrals that an individual utilizes.
 - Within a given period of time, 7,000 people reach out for a housing vulnerability assessment. From that group, 14% are referred, and one-half of these are housed.
 - Without more detailed metrics, funders and providers are limited in their ability to make informed decisions when addressing issues and improving effectiveness in placements.
 - These metrics can also have unintended consequences, and in this case, people learning that 93% of individuals were not placed may dissuade them from reaching out for help.

9-8-8 Crisis Lifeline

- When CBI is preparing to make follow-up calls for people served by 9-8-8, they often do not have the individual's contact information.

Healthcare and Health Insurance

- Access to services is often dependent on health insurance coverage.

Law Enforcement and First Responders

- TPD is experiencing high vacancies of patrol officers, resulting in increased response times.
 - Tucson Police Department patrol response time is lengthy
 - When a Title 36 petition is filed, officers may not be able to respond in the evening hours or until the next day. Other times, it may take between 7 and 10 days to respond.
- There is interest in expanding CIT and Crisis Response and Intervention Training (CRIT) refresher courses, and to begin mandating that they be taken.

Crisis Services

- Although the Crisis Mobile Team (CMT) is operational 24/7, it can take a considerable amount of time for the team to respond to someone in crisis, which can limit the number of calls that be served.
- Increased training for CMTs on how to explain the purpose and use of the Psychiatric Advance Directive (PAD) and Title 36 petition is needed.
- Many programs were started and initially operated with grant funding. To sustain successful programs, they should be funded through the General Fund.
 - TPD estimates that 30 MHST teams are needed to provide 24/7 coverage. At present, they have one (1) team.
 - Additional funding mechanisms should be considered to sustain programs.
 - E.g., Denver uses a sales tax to fund their [Support Team Assisted Response \(STAR\)](#) program, a co-responder unit with 24 full-time teams.
- Is the academy version of Mental Health First Aid (MHFA) training still being offered, and is it robust?
- The lack of timely information on available spaces at behavioral health service provider facilities and housing programs makes it challenging to serve people in a coordinated entry process when one must first make several phone calls to find openings.
- There is little to no care coordination for people with Level 1 offenses, who may have drug complications, and those who are frequent utilizers, and who are being released quickly from the TCJ.
- Level 1 transfer for medical clearance/medical treatment, resulting in an against-medical-advice (AMA) discharge due to a lack of communication regarding pending evaluations.
- There is a lack of long-term 90-day-plus secured court-ordered beds for detox services.
- For juveniles with autism or behavioral issues who have been violent, there is a lack of secure placement programs, facilities, and resources to address their challenges. Facilities that serve these clients often experience difficulty adhering to treatment protocols and struggle to work with DCS while the patient is in their custody.
- There is a lack of sufficient Alzheimer's and dementia patient services.
- Mental Health Only (MHO) evaluations, used to evaluate a person's emotional state and cognitive functioning, are being dropped due to a diagnosis being established (e.g., Substance Use Disorder, Intoxication) without evaluating the underlying concerns for their mental health challenges.
 - The same applies to most traumatic brain injury (TBI) cases for which MHOs are done.
 - Mental health only (MHO) evaluations are being sent late, not at all, or are being lost at the [Pima County Attorney's Office \(PCAO\)](#).

- All general delivery MHOs are sent to Tucson.
- Some Pima County Adult Detention Complex (PCADC) MHO orders are going to TPD for service.
- Wrap-around services, especially Assertive Community Treatment (ACT) teams, are not appropriate for patients who are SMI on court-ordered treatment (COT) and require additional intellectual/developmental disabilities (I/DD) long-term services.
- ACT teams are unable to enter group homes to provide case management services due to Arizona Health Care Cost Containment System (AHCCCS) policies.

Involuntary Holds

- Emergency petitions for individuals in the TCJ are not being served in a timely manner and are expiring.
- Emergency petitions at non-evaluating hospitals are expiring before the individual's release, due to a lack of beds at the evaluating facility.
- TPD is utilizing the Title 36 petition for involuntary commitment to ensure the individual's safety. Still, the petition is deemed unsubstantiated due to substance use or sub-acute needs.
 - When petitions are dropped multiple times, the TPD eventually takes the individual to the TCJ.
- The workshop group discussed challenges related to individuals unable to adhere to their treatment programs, potentially leading to further decompensation, and the cost benefits of utilizing the Title 36 process instead.
- TPD is challenged with the cycle of transporting individuals under the influence to a facility for a Title 36 evaluation, and because they cannot be evaluated until they are sober, they are released. The family then files a new petition because they believe the individual still presents a danger to themselves or others and continues the cycle.
 - The county has access to data reporting the reason the petition is dropped since they are the payor for Title 36 cases. The county could address cost concerns by analyzing the data to learn about expired or dropped petitions and the number of people who are taken to the TCJ instead.

Community Resources, Supports, and Services

- There is a need for more transportation options for people who are justice-involved and need or receive behavioral health services.
- The need for improving the education system for our youth, including parental involvement, and providing accurate and honest information about drug use.
- There is a need for community centers or clubhouses where individuals in recovery can gather, meet, and support one another on their recovery journey.
- There is a need to make available common spaces (e.g., swimming pools) to provide additional resources to the recovery community for recreation and prosocial activity.
- There is a need to focus on Social Determinants of Health (SDOH) when working with clients to identify their challenges and serve them with the most appropriate resources.

Substance Use Service Continuum (Harm Reduction, Overdose Response, Fatality Review), Interventions, Withdrawal Management, and Treatment

- Treatment services are typically widely available weekdays but not on weekends.
- There is interest in developing a ‘detox and evaluate/treat’ model that aims to move beyond a reactive approach that rejects individuals with substance use, mental health, and homelessness challenges, e.g., when the individual fails a drug-test and is ineligible for further evaluation and instead provides a supportive and comprehensive system of care that promotes recovery and well-being.
 - There is no known data analysis being conducted on this cohort.
 - If the individual comes to CBI, the data is entered into HMIS or the NextGen Healthcare electronic health record.
 - When considering the location of non-fatal overdose occurrences, reviewing HMIS, jail, NextGen, and hospital discharge data would be useful, but they are not currently integrated.
- When individuals are treated for overdoses in a hospital setting, there is no standardized follow-up or harm reduction efforts initiated to suggest and support treatment alternatives. Treatment varies on a provider to provider basis.
- There are limited mid-tier services, for example, somewhere for an individual to go who presents as unstable but their presentation is sub-acute and they are not an imminent danger to themselves or others.
- There is a lack of system-wide accountability, including among agencies and providers, when it comes to improving the care delivery system. How do we address who ‘owns’ the variety of problems, and what steps could be taken to develop an accountability framework?
- There is a need for treatment services without stigmas when entering into the care system.
- The initial Methadone dosage is insufficient for people with SUD.
- There is a need for a sobering center where people can safely withdrawal, and where anyone can drop the individual off 24/7.
- MAT medication doses are not equivalent to the doses being administered by the TCJ medical team.

Housing, Recovery Housing, and Homeless Services

- Funding cut for homeless outreach, reduction in services
- We need new strategies for the unhoused population; there are a lot of political pressures, and we have tried many approaches, but it’s not working well or meeting their needs.
- When an unhoused individual accepts help, there is lack of clarity on which provider has an available space and if there is available transportation, case workers must start a time-consuming ‘telephone game’ to get the individual placed into housing.
- Challenges relating to the emergency shelter network in Pima County include:
 - When people connect with outreach services, placed in a shelter, and subsequently kicked out, even though a Release of Information (ROI) is in place to share information, the initial referring outreach agency is not systematically alerted, so they cannot intervene and reconnect the individual with programs, services, and housing.
 - Need pathways to keep people together and move them as a unit, keep the community together. Many shelters that are deemed ‘low-barrier’ in fact:

- Do not allow residents who are under the influence.
 - Do not allow pets,
 - Do not allow spouses or partners
 - There is no safety net for reuse.
 - Shelter time restrictions are prohibitive, e.g., one must arrive by 5:00 p.m. or not be eligible for entry and serve people when they are ready. (no wrong hour)
 - Need places to go without time restraints (24/7).
 - Beds are hard to find; you have to arrive at a time when they might also need to be in court or undergoing treatment.
 - If you get released from jail after business hours, it's almost impossible to find anything.
 - Impact of trauma - people with trauma from incarceration or other situations, you might only be safe with the community you make from your homeless encampment.
 - Everyone's recovery is different; make space for different journeys.
 - Trauma prevents them from wanting to go to a shelter, removes them from their community, and safety.
 - A different view regarding the need to relocate people from an unsafe community requires having another community to replace it.
- Challenges relating to housing programs and services in Pima County include:
 - The issue of providing safe and affordable housing to people most in need is a big frustration overall.
 - The system is confusing - there are different programs for Continuum of Care (COC) funding, rapid rehousing, and vouchers/Section 8. This is exacerbated by the fact that waiting lists for subsidized housing often require people to wait for years before being placed.
 - When candidates are matched with a funded housing opportunity, they must first undergo a background check, demonstrate willingness to participate, provide identification, and overcome other documentation barriers.
 - Once they've met initial placement criteria, been screened, and been informed of the program's requirements, many people elect not to participate because they don't want to follow the program's perceived overly restrictive application and residency parameters. These include elements such as zero-tolerance policies for substance use, the requirement to undergo a background check, restrictive pet rules, or limits on who else may live with the individual.
 - An observation was made that the continuum of care system strips people of their security in partners, pets, and community, such as an encampment, to get them into housing. This forces them to choose between abandoning their existing safety and comfort levels, all in the hope of starting a new life on their own.
 - Another challenge is that, when someone is finally ready to accept services and embark on a path of recovery, if housing is unavailable, the potential for them to lose interest in seeking help and treatment is high.
 - A system of rapid housing placement, available on demand, using the same no wrong-door model we use for treatment services.

- Many current programs restrict their housing assistance to individuals who meet multiple requirements. However, people seeking help may initially focus on housing without addressing other issues, such as behavioral health challenges.
- When youth in the juvenile justice system turn 18 years old, they are discharged from their program and, for those who don't have housing established, they are transported to area shelters.
- Providers have experienced difficulty locating individuals over time once they are placed into programs.
- Although there is no identifiable capacity or known space for a tiny home model program, Tucson leadership is exploring options.
- Transportation services are needed, especially for people experiencing homelessness, to enable them to attend and participate in their care delivery between multiple agencies and providers.

Tribal-Related Elements

- Pima County has unique cultural considerations, including:
 - The tribal reservations are equivalent to one-third of the county's geographic space and approximately 1% of its population.
 - Nations and tribes face complex cultural challenges internally, in addition to those from the greater external community.
 - There has been a tradition of poor communication and coordination with other governments.
- The Tribal Nations have experienced significant challenges with alcohol abuse and addiction as well as Fetal Alcohol Syndrome.

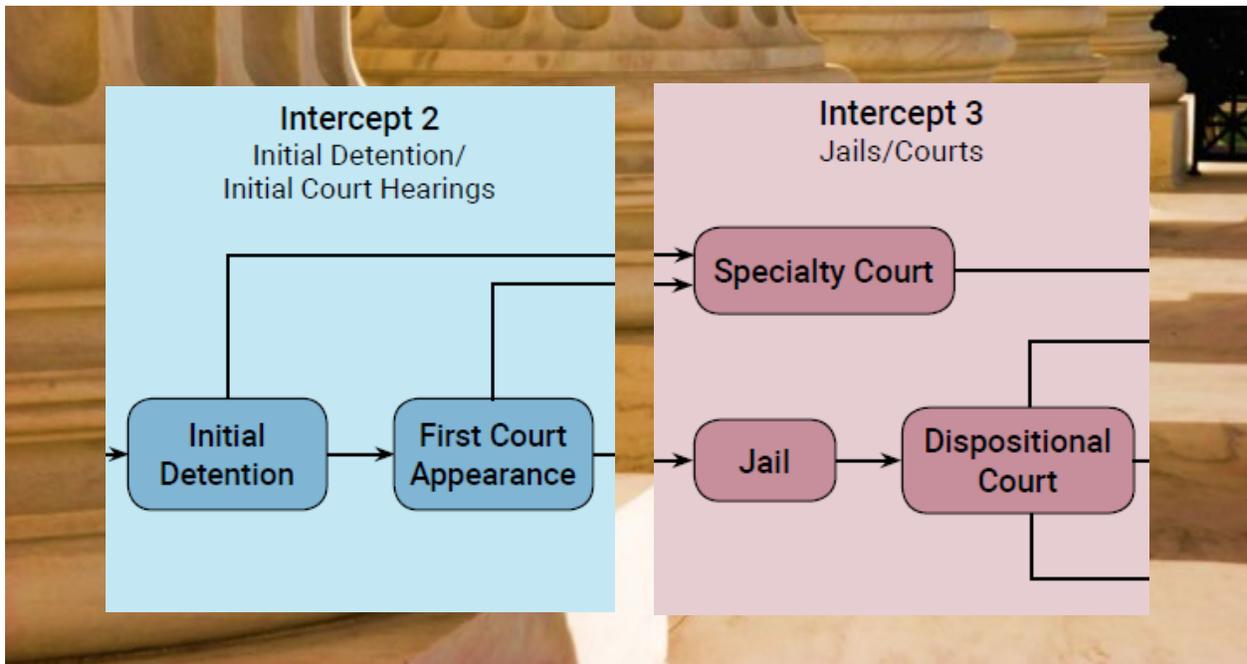
Cross-system Planning and Coordination

- There is no current intergovernmental agreement or Memorandum of Understanding (MOU) that facilitates collaboration among the Nation, tribes, and the county to address behavioral health challenges collectively.
 - County services are not provided on Native reservations.
 - A persistent stigma on the reservations is mistrusting outsiders, and they see the county's inability to stem the same behavioral health challenges itself.
 - The Nation is working to be more involved in serving its members' behavioral health and criminal-legal system challenges and is seeking to work with Pima County.
 - It was estimated that 10% of people returning to jail are Native Americans.
- There is a challenge when law enforcement transports people to a program facility, they may decide to walk out moments later.
- Agencies compete for funding independently, making it challenging for them to collaborate and work together.
- There is a need for data in support of strengths-based referrals, including those accepted, people served, and those with improved outcomes.
- It was unknown to the group of the agency, organization, or group responsible for collecting jail-related, hospital discharge, and other key data. The questions are, who collects, stores, and publishes the data, ensuring the consumer's data is protected?

- It wasn't clear to the group where people should go when they are beginning to seek help, but may not be ready to go all-in. The only option mentioned was the CRC. And how do we help these people make decisions to pursue recovery more earnestly?
- There is a need for legislators to introduce legislation that would Reform the Title 36 process.
- There was interest in developing the ability to utilize the pay-for-success model where counties can financially reward service providers for meeting expectations, compelling providers to improve their systems and programming to ensure continued funding.
- There is a need for specialized, multi-jurisdictional, and culturally competent care teams to address the complex needs and challenges of the tribes within the context of the county's behavioral health and criminal-legal ecosystems. These teams should collaboratively organize and deliver specialized care and services through various levels and layers of service.
- There is a need for a peer-supported youth mentorship program to encourage youth on their life path.
- An observation was made for the need to sort the population by needs and services, and to use that data in county behavioral health and criminal-legal system evaluation and planning processes.
- In the state of Arizona, when someone is sentenced to a jail term, their AHCCCS benefits are suspended.

Collection and Sharing of Data

- TPD shared that, although many agencies are good about coordinating with law enforcement and sharing information, they often don't receive the information due to HIPAA limitations. An observation was made that this, however, depends on who answers the phone, potentially indicating a need for consistency.
 - Although police provide information to providers, the agencies cannot share it back with them. For example, police contact a provider to confirm the individual is in the facility. Still, the facility cannot confirm or deny their presence, even though the police say, 'I know they are there, I brought them.'
- There is a need to expand training on federal and state policies that govern client health and justice records and data sharing, including policy requirements, data use agreements (DUAs), and allowable safety exceptions. What policy and system updates are needed to streamline data sharing in compliance with HIPAA and 42 CFR Part 2, and other regulations?
- Need for an automatic way to update bed counts in the website [Crisis Bed Connect](#) ensure more timely placement of individuals?



INTERCEPT 2: INITIAL DETENTION & COURT HEARINGS; AND INTERCEPT 3: JAILS/COURTS

OPPORTUNITIES

Jail Structure and Personnel

- The Pima County Sheriff's Department (PCSD) manages the Pima County Adult Detention Complex (PCADC) with a capacity of 2,030 individuals, and the Ajo District Jail (ADJ) with a capacity of 50 individuals, which are collectively identified in this report as the Pima County Jail (PCJ).
 - The PCJ is a National Commission on Correctional Health Care (NCCHC) accredited institution.
 - In 2024, the PCJ average daily population was 1,645 individuals.
- The PCSD contracts a national corrections healthcare provider, NaphCare, to provide medical and behavioral health screening and services, as well as discharge planning services.
- The PCADC has a separate 15-bed pod for people with mental health challenges, and two (2) beds for people needing to detox.
- The Tohono O'odham Nation Corrections Center serves as a jail facility for Nation members convicted of tribal crimes.

Jail Health Services

- The PCSD coordinates well with NaphCare if they reach out from MHST to Tammy, make sure they've been evaluated, and get treatment.

- Approximately 40% of the PCJ population are participating in a MAT protocol and receiving medications.
 - For people experiencing opioid withdrawal, NaphCare initiates a course of Buprenorphine. NaphCare physicians then prescribe and manage MAT medications utilizing their formulary.
 - Very few, in the single digits, of eligible candidates for a MAT protocol refuse planning and services.
 - If individuals in the PCJ are using drugs, they are transferred to a detox pod, assessed, and placed on a MAT protocol when appropriate.
 - The PCJ will remove individuals from the MAT protocol if they are found to be ‘cheeking’ (not swallowing) their medications, or pretending to consume them, typically to later use or sell them.
- PCSD will serve Title 36 orders for individuals in the PCJ. When the individual is released the PCSD transports them to the evaluating agency.
- A special populations clinical navigator monitors individuals in COT during their initial week, typically within four (4) days, in the PCJ. After verifying established prescriptions from community pharmacies, the goal is to ensure the individual is back on their course of medications within 24 to 72 hours thereafter.

Booking, Screening and Assessment

- At the time of booking, minimal behavioral health screens are administered, followed by a health screen, including:
 - An initial mental health screen, followed by a [Columbia Suicide Severity Rating Scale \(C-SSRS\)](#) assessment to identify potential risk of suicidal behavior, is conducted.
 - Individuals are then screened by a nurse to ensure they are medically cleared. Those needing medical care before being housed are transported by the PCSD to a local hospital or medical facility for evaluation and clearance.
 - NaphCare adheres to national medical standards, including identifying health issues such as sexually transmitted infections, as well as providing immunizations and other necessary services.
 - Additional screening and an opportunity to engage with MHP is provided at a later time.
 - Screening for ‘run of the mill’ depression and anxiety is conducted within 14 days, and sooner for more acute cases.
- People under arrest are:
 - Housed in a pre-booking exterior modular unit for misdemeanor cases;
 - Booked and housed in the PCADC jail for misdemeanor domestic violence and felony cases; and/or,
 - Are issued a citation and released, with or without release conditions, for those eligible for pretrial release when they promise to appear at future court hearings.
 - If the individual rejects the release conditions, they are booked into the PCJ.
- [Mental Health Video Review Hearings](#) are held twice a week as part of a process to identify individuals booked into the jail who have been previously connected to the behavioral health system and reconnect with their provider.

- Others not matched but presenting behavioral health challenges are evaluated, and some require Title 36 petitions to be initiated.
- A primary goal of this initiative is to inform the courts of the person's condition, potential outcome if they were released, and recommendations to order the individual to reconnect with their behavioral health services provider. This process includes, in part:
 - Each morning, the [Community Partnership for Systemic Alternatives \(CPSA\)](#) receives an updated list of people booked into the PCJ during the previous 24 hours. CPSA compares that list to their lists of known individuals who have received behavioral health services from local providers. When matches are identified:
 - The individual is set up for a Mental Health Video Review Hearing, held by the Mental Health Division of the Tucson City Court, each Tuesday and Thursday at 11:00 a.m.
 - Any matched providers are notified that the individual is in the PCJ.
 - The individual receives a consultation with a court-appointed attorney and a visit from the local treatment agency's Jail Liaison.
- CPSA is the Regional Behavioral Health Agency (RHBA) for Pima County and was contracted by the State of Arizona to coordinate and manage publicly funded behavioral health services in Pima County.

Initial Hearing

- [Pima County Attorney's Office \(PCAO\)](#) prosecutes criminal cases on behalf of the county.
- The [Pima County Public Defender's Office \(PD\)](#) provides criminal defense services for people who are indigent or otherwise unable to pay for private attorney services.
- Initial Appearance hearings are held twice a day virtually between 9:00 a.m. and 7:00 p.m.
 - The Consolidated Court hears initial appearance hearings for the entire county, hearing misdemeanor cases first, followed by felony cases.

Pre-trial Services

- The [Pretrial Services \(PTS\)](#) office supports the criminal courts by providing risk assessments, monitoring and supervision, and case management services throughout the initial appearance and sentencing process.
 - The [Assessment Office](#), located within the PCADC, conducts a Pretrial Safety Assessment (PSA) screening for the courts before the individual's initial appearance. The courts use this information to:
 - Release the person on their own recognizance,
 - Impose a cash bail and any special conditions recommended by the PTS, or
 - Remand the individual to the PCJ until their next hearing.
 - Individuals released are assigned a Pretrial Services Officer who monitors their compliance with the release conditions and refers them to local programs, services, and resources as needed.

- Before the individual's sentencing, PTS submits a behavioral assessment report based on observations during the pretrial process. The court typically uses this report to inform its sentencing decisions, which may include:
 - Straight probation supervision without further incarceration, or
 - A period of incarceration followed by probation supervision.

Problem-Solving Courts

- Pima County offers a range of specialty courts, also known as problem-solving or diversion courts and programs, for individuals involved in the criminal legal system who have underlying behavioral health needs, including mental health, substance use disorder, or co-occurring conditions.
 - These courts typically provide an alternative to traditional prosecution and sentencing by offering access to treatment, supervision, and supportive services, either in lieu of incarceration or in combination with a reduced sentence.
 - Each court is overseen by a judge, who is often specially trained in behavioral health-informed jurisprudence, and is staffed by a collaborative, multidisciplinary team typically consisting of:
 - A judge,
 - Court personnel,
 - The PCAO prosecutor,
 - The PD or private defense attorney,
 - Behavioral health provider staff,
 - Law enforcement,
 - And other community stakeholders.
 - To participate and successfully graduate the specialty courts, participants typically must:
 - Appear regularly in court for progress reviews,
 - Engage in behavioral health or substance use treatment services,
 - Remain abstinent from drugs and alcohol and submit to random testing, and
 - Avoid new arrests or violations.
 - The courts use a combination of accountability and incentives, typically including:
 - Judicial recognition, encouragement, and support,
 - Referrals to additional services, if necessary, such as housing, skills training, or employment,
 - Incentives such as gift cards or certificates, often donated by local businesses,
 - The courts may use sanctions or graduated consequences when individuals fail to meet their commitments. For the most serious cases, the individual may be expelled from the program and sentenced, which may include a period of incarceration.
 - These courts are grounded in the belief that behavioral health recovery and public safety are mutually compatible goals, and that effective treatment and accountability can reduce recidivism and improve long-term outcomes for participants and the broader community.
 - Successful graduates of these court programs may have their charges fully dismissed, potentially including the sealing or expunging of the charges.

Table 5: Superior Court Specialty and Family Courts

Pima County Superior Courts	Specialty Court and Program Description
Pima County Drug Court	Felony substance-use cases, intensive treatment, and judicial supervision.
Pima County Mental Health Court	Felony cases, serious mental health challenges, probation-like supervision, and treatment.
Pima County Family Court	Juvenile delinquency and behavioral health challenges, diversion, and problem-solving in the family context.
Pima County Juvenile Court	Rehabilitation and behavioral intervention-based specialty programs and diversion programs for juveniles.

- The Pima County Drug Court is a post-conviction involuntary specialty court providing residents with probation-eligible criminal convictions with an opportunity to seek treatment for their SUD.
 - The Drug Court is a collaborative effort among:
 - Arizona Superior Court in Pima County
 - Arizona Superior Court Pretrial Services
 - Pima County Adult Probation Department
 - Pima County Attorney’s Office
 - Pima County Public Defender’s Office
 - Pima County Sheriff’s Department
 - Tucson Police Department
 - The individual is sentenced into the program at the time of original sentencing.
 - Participants are required to pay fees, costs, and any other financial obligations.
 - The PCDC is an 18-month program that, once completed successfully, any remaining probation term is ceased, and some individuals have their charges reduced.
- The **Mental Health Court (MHC)** is a post-adjudication model for people with a mental health disorder who have been found guilty of felony charges, and begins upon being sentenced to a period of probation.
 - The MHC maintains a caseload of approximately 100 participants.
 - The multidisciplinary team includes representatives from:
 - CODAC Behavioral Health Service
 - COPE Behavioral Health Services
 - Arizona Complete Health
 - Marana Health Center
 - Community Health Associates
 - La Frontera Behavioral Health Services
 - Pima County Superior Court
 - Pima County Adult Detention Center
 - Pima County Adult Probation Department
 - Pima County Attorney’s Office
 - Pima County Behavioral Health
 - Pima County Legal Defender’s Office
 - Pima County Public Defender’s Office

- Eligible participants to the MHC include individuals who receive, or are willing to receive, services from COPE, CODAC, or La Frontera.
- Candidates cannot have SUD challenges that significantly eclipse their mental health challenges.
- Candidates with serious violence-related felonies are ineligible for the MHC.
- Participants are required to pay fees, costs, and any other financial obligations.
- Other Pima County courts include:
 - The [Pima County Family Court](#) serves families experiencing juvenile delinquency and behavioral health challenges, focusing on diversion and problem-solving in the family context.
 - The [Pima County Juvenile Court](#) offers rehabilitation and behavioral intervention-based specialty programs and diversion programs for juveniles.

Table 6: Other Superior Court Diversion Courts and Programs

Superior Diversion Courts & Programs	Specialty Court and Program Description
Consolidated Misdemeanor Problem-Solving (CMPS) Court	Treatment-focused diversion for substance users with misdemeanor offenses.
Drug Treatment Alternative to Prison (DTAP)	Misdemeanor diversion and treatment for SUD offenders.
Supportive Treatment and Engagement Program (STEPS)	Structured treatment supervision for people with behavioral health needs, overlapping with other specialty courts.
Restorative Justice Adult Program (RJP)	Post-conviction victim-centric and collaborative diversion program.

- The [Consolidated Misdemeanor Problem-Solving \(CMPS\) Court](#), pronounced ‘compass’, is a misdemeanor pre- or post-conviction court-supervision program for people experiencing a co-occurring mental health and SUD condition, while also having one or more open cases in the courts.
 - CMPS focuses on high-risk of recidivism, and high-need individuals with significant behavioral health challenges that were identified through screening and assessment tools.
 - Get a list of high needs individuals – coordinate with the transition center when someone is being released to pick them up on release
 - CBI is contracted with the court to provide court CM, screenings, supervision
 - Address sobriety, housing, and income
 - Address criminogenic risk factors
- The [Drug Treatment Alternative to Prison \(DTAP\)](#) is an enhanced felony drug court for people who would otherwise be bound to serve a prison sentence.
 - DTAP is for people with severe SUD who were convicted of non-violent, non-dangerous felonies.
 - The DTAP requires the individual to actively participate in an intensive outpatient treatment program supervised by probation.

- The program also includes regular drug testing, clinical coordination between the court and treatment service providers, wrap-around services, job- and vocational skills training, and assistance with securing employment.
- The [Supportive Treatment and Engagement Program \(STEPS\)](#) is a pre-indictment, or before being formally charged, diversion program for people with an SUD.
 - STEPS candidates agree to actively engage in SUD treatment for a minimum period of 30 days, and upon graduation, their charges are dismissed.
 - Participants who fail to complete the program may have their charges revived and subsequently prosecuted.
- Pima County also offers a [Restorative Justice Adult Program \(RJP\)](#), which provides an opportunity for felony crime victims to dialogue with the individual causing the harm, share their experiences, understand their motives, and hold them accountable.
 - RJP offers the individual facing charges an opportunity to understand the impact of their actions, to share their regret, and to make amends.
 - The roots of the program are ancient and described in the PCAO’s Restorative Justice Program page as: *“Restorative Justice takes its root from centuries of indigenous cultural traditions and peace-making practices, and remains indebted to the Native people of North America and New Zealand.”*
 - The [Restorative Justice Dashboard](#) provides a collection of information and resources to support RJP facilitators and participants.

Table 7: City of Tucson’s Consolidated Justice Courts

Tucson’s Consolidated Justice Courts	Specialty Court and Program Description
Mental Health Diversion Court	Pre-plea diversion for city-level misdemeanor cases.
Homeless Court	Address misdemeanor charges with service, treatment, and housing support.
Veterans Court	Customized interventions under judicial oversight.
Domestic Violence Court	Combining offender accountability, education, and treatment.
Community Court	Community-driven solutions for quality of life misdemeanors.

- Tucson’s Consolidated [Problem-Solving Courts](#) include:
 - The Mental Health Diversion Court provides people with serious mental illness, SUD, or co-occurring conditions an opportunity to receive treatment and services instead of a jail sentence.
 - The Pima County Homeless Court is for people who are experiencing homelessness and residing in a homeless shelter, or who have been receiving related services for six (6) or more months. Referrals to the Homeless Court must come from the manager of the organization serving the individual, utilizing their [Agency Request Form](#).
 - The Pima County Veterans Treatment Court offers Veterans an opportunity to receive help from VA services in the form of treatment as an alternative to incarceration.
 - The Pima County Domestic Violence Court focuses on addressing the harms caused to victims by domestic partners.

Table 8: City of Green Valley Justice Court

Green Valley Justice Courts	Specialty Court and Program Description
Green Valley DUI Treatment Court	First-time DUI offenders, treatment and services, payment, and random testing. Modified DUI charge to lower offense.

- The city of Green Valley’s [DUI Treatment Court](#) is a diversion program for first-time DUI offenders 18 years and older.
 - The minimum program participation length is six (6) months.
 - The program comprises five phases, each with graduated levels of court appearances, education and classes, treatment and therapy, and participation in a 12-step program. Participants are required to submit to random alcohol and other drug testing, and must cover all program costs as a condition of completion.
 - Ineligible candidates include, in part:
 - Individuals with pending felony charges or violations of formal supervision
 - Currently on other supervision besides conditional probation.
 - A history of convictions for illicit drug use, violence, protective order violations, and convicted sex offenders.
 - Graduates of the court receive a reduced sentence from misdemeanor DUI to a separate driving offense.
- The Justice Services [County Accessibility Rideshare Service \(CARS\)](#) Project provides rides to court to ensure timely court appearances.
- [Hospitality Empowerment Accountability Treatment \(HEAT\)](#) is a trauma-informed program for African American and Black men who are justice-involved.
 - Heat was designed to support men through the diversion and specialty court program and other justice programs.

Data Collection and Sharing

- A survey was conducted, reporting single-digit refusal rates for MAT treatment services. The group is interested in reviewing the survey results to gain a deeper understanding of individuals who decline services in PCJ.
 - A workshop participant reflected from their experience, so few refuse because most people in the PCJ do not want to withdrawal while they are in the jail. In comparison, while in the community, refusal rates are much higher because they are actively using.
- A randomized controlled study of the PCJ, the Inmate Navigation, Enrollment, Support, and Treatment (INVEST) Program, is administered by the Pima County Behavioral Health, and initially grant-funded through the Department of Justice in 2019.
 - INVEST focused on assisting individuals in the PCADC with co-occurring conditions and posed a moderate to maximum criminogenic risk.
 - The initial [INVEST Program Evaluation Baseline Description of Study Groups](#) was published in August 2023.
 - The [INVEST Independent Final Evaluation](#), which presents data from the initial study through 2024, was reported to the Pima County Board of Supervisors in April 2025

GAPS

Jail Health Services

- Jail staff shared concerns from their perspective that, although they receive thousands of requests for behavioral health services and pass those on to the designated community provider, the provider does not visit the clients or take any action to respond to the inquiries.
 - Providers in the group shared their inability to enter the facility as a primary barrier to visiting incarcerated clients that would enhance continuity of care
 - Another factor was discussed in that providers cannot yet bill Medicaid while the individual is in custody.
- To identify potential gaps between the jail healthcare system and the Tohono O’odham Nation healthcare services, the group discussed holding a meeting identify any gaps as well as opportunities to share information between NaphCare and Indian Health Services (IHS).
- It would be easier if AHCCCS didn’t cut off Medicaid funding for people in the PCJ, which stymies efforts to conduct reentry planning, including helping the individual obtain their government ID cards, complete applications to enroll in benefits, connect them with a care provider they can immediately report to for care once they are released, and prepare a reentry packet to help them hit the ground running.
 - Even if someone has a bed waiting for them, however, there are other challenges with Medicaid enrollment, or the bed itself cannot be held for extended periods.
- Individuals have reported quitting their treatment programs as a result of their bad experiences.

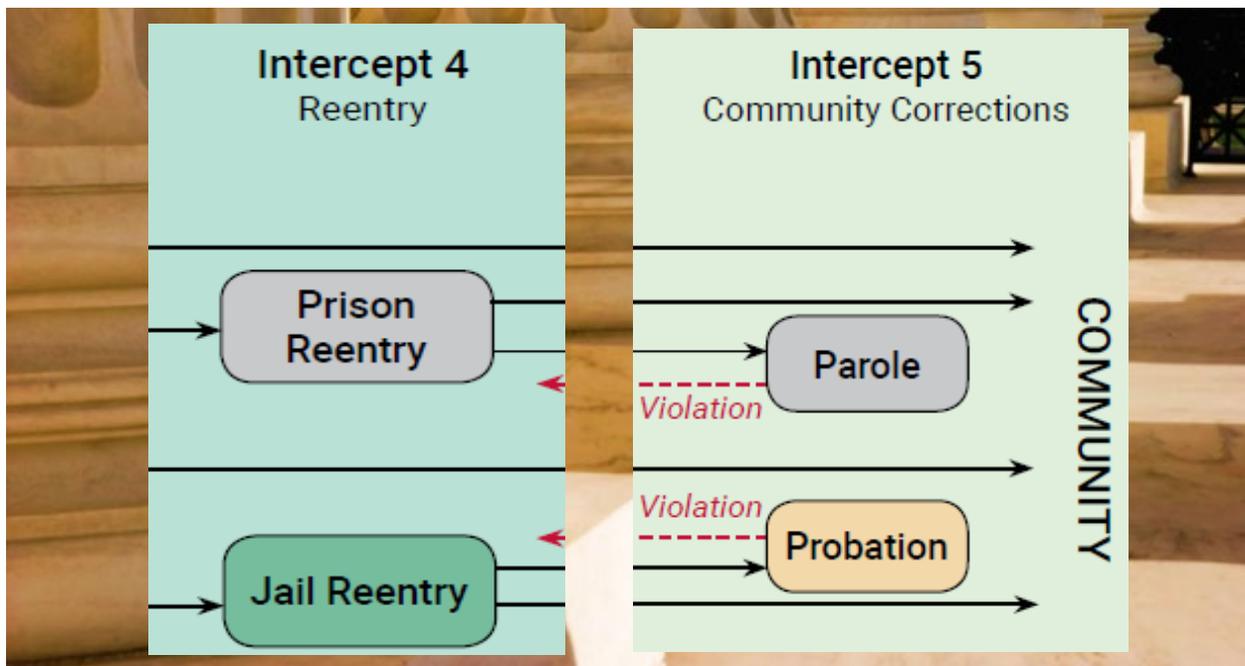
Booking, Screening and Assessment

- The TPD follows a protocol to determine if they can transport individuals to the CRC instead of the jail or emergency room.
- There were questions at the workshop about the screens and assessments administered at the time of booking.
 - For those booked and released within 12 hours, it was unknown whether any screens and assessments were administered.
 - For substance use screens, do we rely on the individuals’ self-report, or is a drug test performed?
 - What is the process for determining whether an individual should be routed to the detox unit? And what is the detox protocol?
 - What is the process to determine who should be inducted into a MAT protocol?
 - What are the processes and screening tools used for initial, secondary, and other assessments to determine an individual’s mental health and SUD challenges?
 - Is everyone screened for mental health, SUD, and suicidality, or do they have to request or be referred for screening?
 - Who performs the screenings and who receives the results, at what point in time?
 - How is ‘eligibility’ defined, and at what point in time do they enter into the protocol?

Data Collection and Sharing

- It would be helpful to share the results of the INVEST project so it can be replicated and/or expanded as appropriate.

- The study only involved a small subset of the jail population, and not all individuals have access to the range of services provided through the program.
- Findings could be used to develop or enhance programs for the whole population of incarcerated individuals with substance use needs.
- The attorney with the STEPs court says he coordinates with NaphCare every day; it would be helpful if they had access to court records, as he has to coordinate screenings with them.



INTERCEPT 4: REENTRY; AND INTERCEPT 5: COMMUNITY CORRECTIONS

OPPORTUNITIES

Jail Services

- The PCTC is open until midnight and would like to help support NaphCare in coordinating releases.
- The PCHD can help address the need to supply MAT-related and other prescriptions to people at the time of their release.
 - The PCHD Medication for Opioid Use Disorder (MOUD) program and on-call pharmacy are ready to deliver medications at whatever location the individual resides.
 - PCHD can also provide transportation for the individual to their MAT appointments.
 - This opportunity helps fill the gap for individuals who are released in the evenings or weekends, or if their initial appointments with their prescribing physician aren't scheduled within the first week.
- Jail [Reach In](#) reentry preparation services are provided to people reentering the community from the PCJ by Hope Arizona (Hope). The program includes:
 - Providing reentry preparation services for individuals identified by Banner Health or ACH, up to 30 days before the individual's release date.
 - Hope's objective is to provide the individual with peer support, advocacy, follow-up with the court, and other services once they are released.
 - Hope accommodates individuals with up to a seven (7) day window from their release date to onboard into a community behavioral health provider.

Jail Reentry

- At the time of release, a seven (7) day supply of non-MAT medications is provided to the individual to bridge them until they can connect with their prescribing doctor.
- The PCJ provides NARCAN, fentanyl strips, and condoms near the door where individuals exit.
- Referrals are made for community treatment by NaphCare staff
 - Participants highlighted lack of awareness of reentry process in both directions – community agencies are not aware of what occurs behind the walls and jail/NaphCare staff are unaware of whether individuals connect with services after release.
- The Justice Services PCTC is open weekdays from 8:00 a.m. to midnight and follows the no wrong door model, accepting anyone who walks through their doors.
 - PCTC onboards people released from the PCJ, others released by PTS before booking, and walk-ins.
- In the INVEST model, individuals are transported from the jail to CMS for MAT services.
- The OCPH Outreach Team visits the PCJ to identify clients who require housing support and provides them with information and resources.

Probation

- The Pima County [Adult Probation Department](#) (Probation) provides supervisory services for the courts.
- Probation staff were not in attendance at the workshop.

Community Reentry

- There are strong relationships between the PCTC and PTS in support of connecting individuals to treatment and services.
- The PCTC Navigators meet with people, identify their needs, and walk alongside them as they connect to their service providers.
- PCAO partners with boarding homes, halfway houses, and sober living residences with intensive outpatient treatment services to provide transitional housing options, either following residential treatment, during outpatient care, or after release from jail, often in combination with intensive outpatient services.
- Probation has a list of probation-approved homes, including ones for sex offenders under supervision as well as boarding homes for unsupervised high-need individuals with lower functioning levels.
- [La Frontera Center](#) staff can visit individuals in the PCJ preparing for release and introduce their residential and inpatient programs offered throughout 10 locations within Tucson.

Prison Reentry

- OCPH visits state prisons to identify individuals in the release process needing housing support and offers them information and resources.

GAPS

Jail Reentry

- People being released from the PCJ unexpectedly need help with transportation, and others need short term support after being released without medical, housing, or programs and services bridge connections.
- The PCTC is interested in opening its doors on weekends to receive referrals and walk-ins.
- Individuals on a MAT protocol are not provided with a prescription nor any doses of MOUD upon release, which creates unnecessary risks.
- It has been a challenge for providers to have an available bed for people exiting the PCJ when a precise date and time of their release is unknown.

Community Reentry

- There is a need to support Second Chance employers who are providing employment opportunities to individuals exiting the PCJ and prison.

Prison Reentry

- There is a need to develop a program/process for supporting individuals reentering the community from state prison.



PRIORITIES FOR CHANGE

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant has three votes. The voting took place on May 20th, 2025. The top four priorities are highlighted in **bold** text.

Priority	Votes	Description
1	35	Develop a centralized location to access resources, probation, and housing into a one-stop shop.
2	31	Better data integration and the establishment of data sharing agreements.
3	22	Strengthen jail reentry connections, continuity of care, and warm handoffs from jail into the community, as well as continuous medication-assisted treatment (MAT) disbursement at the time of release.
4	20	Improve warm hand-offs and transitions across agencies and settings.
5	15	Improve access to housing for justice-involved individuals. A continuum with off-ramps, program development, shelter policies, and outreach.
6	11	Coordination and consolidation of misdemeanor information for pretrial services. Develop a consolidated court calendar.
7	5	Employment resources for the SUD and criminal justice populations.
7	5	Implement systems-wide stigma assessment. Address stigma among SUD and criminal-justice populations.
8	3	Expand the restorative justice program to the pre-charge stage.
8	3	Map out resources, eligibility, and program requirements from Intercept 0.
8	3	Develop prison reentry.
8	3	Strategize on bus-related issues (e.g., free bus, drug use, violence)
9	2	Increase connections with natural supports and integrate family into the recovery process.
10	1	Treatment and resources for stimulant use disorders.
10	1	Transportation services and programs that also support deflection.
11	0	Performance-based contracting for providers.

ACTION PLANS

Priority Area #1

Develop a centralized location to access resources, probation, and housing into a one-stop shop.

Objective	Action Step	Who	When
<ul style="list-style-type: none"> • Converting the Mission Annex into a one-stop shop for justice-involved individuals • Incorporate housing, treatment, and justice services. • Identify and develop metrics of success. • Alleviate the burden on services and shelters. • Make this space and ask the community how to utilize the Mission Annex. • Mission Annex: <ul style="list-style-type: none"> ○ 4 quadrants, ○ APO, PTS, community providers, ○ Back 2 quadrants as congregate shelter. • Measures of success: <ul style="list-style-type: none"> ○ On path toward stabilization, prob. Sobriety, consistent treatment, and court appearances, ○ Ex: Court Ordered Treatment (COT), Community Court, ○ Housing retention, rebooking rates compliance. • Success: <ul style="list-style-type: none"> ○ Providers will measure success differently, ○ People/Individuals coming back, ○ How many warrants quashed, deflections, ○ Career ladder. 	<ul style="list-style-type: none"> • Renovate Mission Annex and install community art, murals, color to remove institutional/clinical look and look 'homey'. Sunlight, open doors, no uniforms, no security, and a drawing wall. • Create a stigma-free environment, celebrate successes. • Market accessibility to clothes, phones, services, and supplies to encourage retention. • Warm hand-offs, law enforcement drop-offs, and referrals. • Deflection point. • Community support to city and county leadership. • Marketing: <ul style="list-style-type: none"> ○ Risk-tolerant and stigma-free environment, ○ Contingency management, ○ Dynamic leadership roles for individuals, ○ Commissary, ○ Clothes, phones, hygiene 	<ul style="list-style-type: none"> • APO, PTS, Community providers • Everyone!!! • Staffed primarily by peers and lived-experienced at every level. • No uniforms. • 24/7 services. • Detox: <ul style="list-style-type: none"> ○ MAT 24/7, ○ Transition to CODAC, ○ Kevin Curiel with Via Maria • Peer Respite Location: <ul style="list-style-type: none"> ○ No security, staff highly trained in security e.g., CRC, ○ Peer/Lived Experienced at every level, ○ People who can handle people. • Food: <ul style="list-style-type: none"> ○ Food bank, ○ Culinary skill building, camp wellness. 	<ul style="list-style-type: none"> • Funding secured and identified by end of Fiscal Year (June 31st) • Building and services opening by October 2025. • Renovate back of Mission Annex by early 2026. • Funding: <ul style="list-style-type: none"> ○ Need community advocacy to COT and BOS, ○ NAMI. • Cons: <ul style="list-style-type: none"> ○ Pushback from BOS on location. ○ Law enforcement drop-off vs. walk-in. ○ Law enforcement referral. ○ Community provider drop-offs. ○ Insurance ○ Computer lab, ○ Primary care and dental care, • LMS can bill out intake:

- Quash warrants with APO Clear My Warrant.
- Another building for transitional housing.
- Hold space for experts and incorporate into model.
- Criminal justice involved space.
- Law enforcement drop-offs, e.g., sallyport.
- Old women’s unit converted to detox, MAT
- Secure outside with fence.
- Tiny homes, camps.

- products, supplies, and shoes,
 - Pace animals, own place with a dog; animal foster care
 - Barrio program.
- Warm hand-off:
 - 24/7 Phonenumber,
 - CMS 24/7 services,
 - CODAC 34/7, but doctors on-call.
- Plea of staying at Mission Annex vs. Jail:
 - Forced choice,
 - Behavioral Economics
 - Video court and Community Court @ Mission Annex.
- Retention
- Recognize and celebrating people and successes.
 - Pet related area, dog yard.
- Court order to stay at Mission:
 - Judge: ‘Approved residence’ or warrant for arrest, need permission from PTS.

- Skills:
 - Resume building,
 - Mindfulness.
- Personal Property:
 - Program at Mission Annex, hand-off from law enforcement.
- Court approved community service work for construction labor.
- Sam volunteered.

- Peer Support 000 (out of office)
- Satellite,
- Telemedicine,
- El Rio.

Priority Area #2: Better data integration and the establishment of data sharing agreements.

Objective	Action Step	Who	When
<ol style="list-style-type: none"> 1. A standard county / city Data Use Agreement. 2. Community dashboard with just-in-time data. 3. Consolidated court calendar. 	<p>Notes:</p> <ul style="list-style-type: none"> ▪ Determine systems and data variables. ▪ Emerging Data Governance Committee led by Jaiver Baca. ▪ Multi-sector cohort on data sharing. <p>Action Steps:</p> <ul style="list-style-type: none"> ▪ Health and Health discussion, ▪ Justice and Justice discussion, ▪ Health and Justice discussion. 	<p>Health and Human Services - HMIS</p>	
	<ul style="list-style-type: none"> ▪ Continue this conversation and determine who needs to be at the table. ▪ Determine meeting frequency and leading organization. 	<p>Eli Chan to schedule first kick-off meeting.</p>	<p>By Friday May 23.</p>

Priority Area #3: Strengthen jail reentry connections, continuity of care, and warm handoffs from jail into the community, as well as continuous medication-assisted treatment (MAT) disbursement.

Objective	Action Step	Who	When
<ul style="list-style-type: none"> Start of Re-entry... Upon booking... 	Identify systems partners (insurances, health homes, AZCH, United, Banner, La Frontera, Hope, CODAC, COPE, CBI, CPIH, Marana.	<ul style="list-style-type: none"> Discharge planning: Leann Twetty (collaborate with, identify needs, and treatment plan). Lead Discharge Planner: Amanda Bryant 	Booking, release, aftercare.
Implementation of Discharge Plan.	<ul style="list-style-type: none"> Person / Health Home / Supportive agency / Natural supports. MAT services upon release! Unbroken jail-release chain (for weekend dosing) for continued MAT services. Speak to Health Department for bridge dosing. 3-day weekend bridge. 	<ul style="list-style-type: none"> Hospital Liaison Community Organization Defense Attorney Katie: Confirm weekend dosing. 	Pending release (real time)
Number of agency staff on site at jail with security clearance.	<ul style="list-style-type: none"> Jail clearance. Agency – identify more staff. Report to jail staff reason for meeting. Deliverable (complete). Relationship development. 	Jail clearance: Brett Morrison	Fluid
Quick release!	Identify release to Transition Center for assistance with release.	<ul style="list-style-type: none"> Amanda Bryant Leann Twetty Doyle 	Fluid 4-6 months
Standardized transition form.	Kiosk – Identification needed for release.	Release of information – Defense Attorney.	

Group Members: Anthony Delatore, Jeremy Lopez, Andrea Santamarina, and Leann Twetty.

Priority Area #4: Improve access to housing for justice-involved individuals. A continuum with off-ramps, program development, shelter policies, and outreach.

Objective	Action Step	Who	When
Increasing transitional housing.	Diversify advocacy and fundraising for housing type.	Non-profits TPCH	TBD
Local housing system mapping.	Bringing partners together.	TPCH	6-12 months
Shared Housing.	Piloting a shared housing program locally.	Housing service providers	TBD
Shelter Coordination.	TCPH network Executive Coalition consensus (ROI, data intake).	TPCH Executive Coalition	12 months
	Shelter assessment and inventory.		3-6 months
Housing 'ER'			Depends on one-stop justice center.

During the SIM process, participants were invited to submit notes regarding housing needs in the community. Those notes are provided here, and were provided to Priority Area #4 Action Planning work group.

- Sobering Center for MOUD initiation with transition to housing.
- 24/7 transportation (non-law enforcement transport).
- Essential transportation services.
- 24/7 shelter with pets and able to use.
- Housing with pets and marijuana friendly.
- Tiny home communities.
- Small encampments with services.
- Bathrooms and showers in encampments.
- None of these programs are open 24/7:
 - The Wildcat (COT)
 - OPCS
 - Amphi
 - CBI - Toole
 - Safe Haven
 - Casa de Respiro
- Community Bridges (CBI) bed availability.
 - Crisis (aka Access Point) = 40
 - Transition Point residential = 28
 - Inpatient psychology and detox = 16



RECOMMENDATIONS

- 1. At all stages of the Sequential Intercept Model, gather data to document the processing of people with mental health and substance use disorders through the criminal legal system locally.**

Improving cross-system data collection and integration is key to identifying high-user populations, justifying expansion of programs, and measuring program outcomes and success. Creating a data match with information from local/state resources from time of arrest to pre-trial can enhance diversion opportunities before and during the arraignment process.

It is important for each organization to define terms initially, so there is a common definition developed of what populations/issues communities/organizations are trying to understand. Learn from each system how that data point is collected, coded and stored. Seek common identifiers to match populations.

Data collection does not have to be overly complicated. For example, some 911 dispatchers spend an inordinate amount of time on comfort and support calls. Collecting information on the number of calls, identifying the callers and working to link the callers to services has been a successful strategy in other communities to reduce repeated calls. In addition, establishing protocols to develop a “warm handoff” or direct transfers to crisis lines can also result in directing calls to the most appropriate agency and result in improved service engagement.

Dashboard indicators can be developed on the prevalence, demographics, and case characteristics of adults with mental and substance use disorders who are being arrested, passing through the courts, booked into the jail, sentenced to prison, placed on probation, etc.

A dashboard can also be developed to monitor wait times in hospitals for people in mental health crises and transfer times from the emergency department to inpatient units or other services to determine whether procedures can be implemented to improve such responses. These dashboard indicators can be employed by a county planning and monitoring council to better identify opportunities for programming and to determine where existing initiatives require adjustments.

Consider joining the Arnold Foundation and National Association of Counties (NACo) [Data-Driven Justice Initiative \(DDJ\)](#). The publication “[Data-Driven Justice Playbook: How to Develop a System of Diversion](#)” provides guidance on development of data driven strategies and use of data to develop programs and improve outcomes.

See also the *Information Sharing/Data Analysis and Matching* publications in the Resources section.

2. Increase cross-system understanding of HIPAA, 42 CFR Part 2, and HMIS for mental health, substance use, and homelessness information sharing.

Educate stakeholders on information and data sharing between protected entities, between protected and non-protected entities, and between non-protected entities.

Information sources include the following:

- Health Insurance Portability and Accountability Act (HIPAA)
 - [HIPAA.com](#)
 - [Dispelling the Myths of Information Sharing Between the Mental Health and Criminal Justice Systems \(Petrila, 2007\)](#)
- 42 CFR Part 2
 - [Confidentiality of Substance Use Disorder Patient Records](#)
 - [SAMHSA's Substance Abuse Confidentiality Regulations Fact Sheets](#)
- Homeless Management Information System (HMIS)
 - [HUD Exchange's HMIS Guide and Tools](#)
 - [The McKinney-Vento Homeless Assistance Act](#)

See also the *Information Sharing/Data Analysis and Matching* publications in the Resources below.

3. Improve health care outcomes and reduce recidivism for people with mental and substance use disorders through increased jail services and a jail reentry program.

Communities can improve public safety and public health outcomes by providing robust transition planning services, particularly to those with mental and substance use disorders. At a minimum, transition planning services should be offered to the sentenced population prior to release from the jail. Transition planning services can be provided by dedicated jail staff or by community-based providers who reach into the jail (or ideally by both). The [Transition from Jail to Community \(TJC\) Initiative](#), developed by the Urban Institute and National Institute of Corrections, provides a clear structure for transition planning as well as an [online learning toolkit](#). Also refer to the [Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison \(Blandford and Osher, 2013\)](#) and the [Implementation Guide \(SAMHSA, 2017\)](#).

Reentering individuals with should ideally be released with four weeks of medications, a prescription for refill of psychotropic medications, and an appointment with a prescriber. Reentry from jail is an opportune time to connect people with substance use disorders to community-based services.

A critical element of transition planning is improving access to Medicaid and Social Security benefits for persons released from jail and prison. Medicaid suspension or cancellation while individuals are incarcerated is a barrier to recovery. The Affordable Care Act has expanded access to Medicaid, yet communities across the country have lagged in enrolling justice-involved individuals in Medicaid. In April 2023, the [Centers for Medicare and Medicaid Services \(CMS\) released groundbreaking new reentry guidance](#), offering states a roadmap for using Medicaid to strengthen health care at reentry and improve people's health and wellbeing as they leave prison and jail. Using Medicaid coverage to improve continuity of health care between carceral and community settings can help ensure that people have the resources they need to return to their communities healthy and whole. Additional strategies include providing jail-based or diversion health personnel with access to the local Medicaid database to promptly identify enrollees and insure continuation of coverage. Social Security Disability (SSD) and Social Security Supplemental Income (SSI) provide medical benefits and income which can improve

access to housing and other services. [Social Security Outreach Access and Recovery](#) training (SOAR) can also improve successful enrollments and reduce approval times from months to as soon as 60 days.

It is also important to expand, coordinate, and connect reentry services to community supervision. Explore developing a Reentry Council or integrating current efforts into the work of existing workgroups. Related issues to address can include fair housing, “ban the box,” and educating employers about hiring individuals with criminal history backgrounds.

Communities may explore national models of faith-based involvement and the use of formerly incarcerated persons as mentors in reentry services. Two programs recommended for further exploration are [Mission Behind Bars and Beyond](#) and the [Offender Alumni Association](#) of Birmingham, Alabama.

Jails and prisons are increasingly utilizing Medication-Assisted Treatment (MAT) at the point of reentry. See the [Medication-Assisted Treatment](#) section of the Resources. Review current Medication-Assisted Treatment (MAT) processes in the community and jail for a continuum of options. Communities should ensure support, especially peer support, to help persons maintain MAT and their recovery. Consider a collective impact process to bring together harm reduction, prevention, treatment, and enforcement strategies.

See also *Reentry* in the Resources section later in this report.

4. Target strategies/interventions to address the arrest, incarceration, and re-arrest cycles of homeless individuals and other individuals that return to the health care and/or criminal legal system repeatedly.

In general, there are four categories of criteria used to identify people with frequent jail contact: 1) the specific type of jail and other criminal legal system contacts counted; 2) the number of contacts considered frequent; 3) the window of time in which repeat contact occurs; and 4) inclusion of contact with other systems such as homeless servicers, ER/hospital care, and first response. The Center for Supportive Housing FUSE Resource Center describes [supportive housing initiatives](#) for people who have frequent contact with jails, hospitals, health care, emergency shelters or other public systems.

Communities across the country have developed strategies to concentrate resources on this population. Strategies involve a developing a coordinating committee composed of mid- level managers of provider agencies, direct service individuals, and criminal legal personnel who can identify and mobilize resources to engage individuals in a timely way and at periods of high need (e.g., an ER visit, police contact, or arrest). Often the individuals identified with frequent jail or service contact have priority for intensive services including Assertive Community Treatment (ACT), case management and housing. These initiatives commonly report reductions in ER use, inpatient stays, police contacts, and homelessness.

Once a coordinating team has been established and definitions of people with frequent jail contact are identified, it is important to examine, update, and analyze for the purpose of documenting the costs associated with not meeting the accurate needs of this population to the entire system of care. Communities can use this information to justify and substantiate local funding needs for the crisis system of care. Sites might consider a “crisis care safety tax” to help underwrite the staffing and development needs for mobile co-responder crisis services in community.

[Camden New Jersey](#) has developed a promising collaboration of health care, social service, and law enforcement services to address their “complex care” populations that have frequent contact with their hospitals and sometimes police. They have been showing success in reducing repeated contact and improving health.

See also the *Crisis Care, Crisis Response, and Law Enforcement* publications in the Resources below.

5. Maximize and leverage housing options across a continuum of resources, including options for individuals with a history of criminal legal system involvement.

Communities around the country have begun to develop more formal approaches to housing development, including use of the Housing First model. The [Housing First Model](#) is an approach that is effective with individuals with histories of criminal legal involvement and behavioral health disorders. The [100,000 Home Initiative](#) identifies key steps for communities to take to expand housing options for persons with mental illness.

A strong housing continuum includes emergency shelters, landlord support and intervention, rapid rehousing, Permanent Supportive Housing (with or without Housing First but including supportive services such as case management, treatment, employment, etc.), Supportive Housing (partial rent subsidies), transitional housing, affordable rental housing, and home ownership. In addition, consider how dependent care, institutional care, home-based services such as FACT, FUSE and ACT, halfway houses, and respite care can support specific populations needs.

Many cities and counties have moved to a "coordinated entry" housing approach where housing resources are prioritized for families, and those who meet HUD requirements, score high on coordinated entry "vulnerability" screens, or meet Veteran housing requirements. While coordinated entry is an important process to manage scarce resources, coordinated entry can leave the greatest percentage of the unhoused, or under-housed population with limited or no housing resources.

While housing can be a challenging gap, a good place to start is maximizing and leveraging existing housing resources and policy.

1. Learn about your county HUD Continuum of Care (CoC). Larger, more populated counties often have their own designated CoC while rural and less populated areas may be part of a regional CoC or part of a Balance of State Continuum of Care (BOSCOC).
 - a. Locally, partner with a Local Coalition to End Homelessness (LCEH) which could be under a local housing authority, human service department or other department; many more rural communities may not have a LCEH.
 - b. Explore housing challenges, options for housing and barriers to housing for justice involved individuals, and coordination, access, and availability of cross-discipline needs (such as primary care, employment, behavioral health) for justice-involved individuals. Perhaps hold a Criminal Justice Housing Summit, series of meetings or establish a cross-system committee.
2. Explore how justice-involved individuals' housing needs can be addressed in specific strategies and across systems.
 - a. Collaborate with local businesses to invest in rehabbing abandoned buildings, build housing, and inventory existing *criminal legal-friendly housing resources*. In particular, inquire about and ensure access and consideration for the unique needs of justice-involved individuals living with mental health and substance use disorders. Are there large employers in your area who could partner with you in developing housing and workforce opportunities? Likewise explore foundation grants or business grants to support housing or services.
 - b. Address shelter and landlord housing criteria that limit or exclude individuals with criminal legal system histories, or with mental health or substance use issues. Work collaboratively to improve access and physical state of the accommodations to promote safety and stabilization.
3. Blend and braid public and private funds, including Medicaid-funded waivers as appropriate, and crisis and

case management services to support the mental, physical and substance use disorder treatment needs of individuals in “room and board” situations, shelters, and other non-supported housing options.

4. Explore and be creative with how Landlord Incentive Programs are being utilized to support housing for justice involved individuals. Develop or utilize landlord liaison and navigation programs to increase the likelihood that landlords will accept individuals with justice system involvement and who have higher needs.

Table 9: Housing Interventions

Prevention	Short-Term	Specialized	Long-Term
Rapid Rehousing resources	Hotels/lodging that accept justice-involved individuals	Board-and-Care Group Homes Congregant Care State Medicaid Home and Community-Based Waivers	Permanent Supportive Housing, Housing First
Landlord liaisons, support, and intervention services	Emergency shelters	Nursing care facilities Skilled nursing services	Affordable rentals
Home-based services	Supported housing (partial rent subsidies)	Operated by Treatment/Service Providers: Developmental Disability, Mental Health, Substance Use Treatment, probation, “halfway houses” Young adults and Teen Parents	Long-term institutional care
Emergency Hotel Vouchers	Bridge/transitional housing	(Forensic) Assertive Community Treatment (FACT)	Veterans-Specific Housing
Temporary Alternatives: Tiny Homes, Safe Parking Lots Organized Camping	Respite Care (Medical)	Housing Opportunities for Persons with AIDS (HOPWA)*	Housing Authority Units
	Hostels	Recovery and Sobriety	Affordable Homeownership
Rent Controlled Housing		Shared Living Arrangements (e.g., Sex Offenders)	

Document: Type/program, who manages units, on-site services, funding sources, location, # of units/capacity, access (referral sources), application process, availability, turn-over rate, safety, and suitability for occupation

Target Population: Eligibility criteria, exclusions, and “family unit”- individual, couples, children, pets, and “friends,” cultural responsiveness

Laws, Policies, Practices: Review and address laws, policies, and practices such as applications with criminal legal inquiries. Impact and process of Coordinated Entry including assessment tool (usually the VI-SPDAT)

Also see the housing sections in the two Resources sections below for additional housing resources.



RESOURCES: SUBSTANCE USE-SPECIFIC

Anti-Stigma Substance Use Language

- [Words Matter - Terms to Use and Avoid When Talking About Addiction](#), National Institute on Drug Abuse (NIDA).
- [Overcoming Stigma, Ending Discrimination Resource Guide](#). SAMHSA.
- [Addiction Language Guide](#). Shatterproof.

Acquired Brain Injury

- [Achieving Healing through Education, Accountability, and Determination](#). A psycho-educational curriculum for traumatic brain injury. (A.H.E.A.D.)
 - [National Association of State Head Injury Administrators \(NASHIA\)](#)
 - [Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs](#). National Association of State Head Injury Administrators (NASHIA).
 - [Supporting Materials, including Screening Tools and Sample Consent Forms](#).
- [United States Brain Injury Alliance](#). (USBIA).
- [A Treatment Court Toolkit for Supporting Individuals with Acquired Brain Injury](#). (All Rise and NASHIA)

ASAM Criteria

- [The ASAM/AAAP Clinical Practice Guideline on the Management of Stimulant Use Disorder \(Draft\)](#). American Society of Addiction Medicine (ASAM).
- [The ASAM: National Practice Guideline for the Treatment of Opioid Use Disorder](#). American Society of Addiction Medicine. 2020 Focused Update. American Society of Addiction Medicine (ASAM).

Civil Commitment for SUD

- [States with Involuntary Commitment Laws for Addiction Treatment](#). (2018). National Center for State Courts (NCSC).

Cognitive Behavioral Therapy

- [Cognitive-Behavioral Therapy for Substance Use Disorders](#), (2010). McHugh, Hearon, & Otto. HHS Author Manuscripts.

Collective Impact

- [Other Models for Promoting Community Health and Development | Section 5. Collective Impact | Examples](#). Center for Community Health and Development at the University of Kansas.

Contingency Management

- [Contingency Management. Incentives for Sobriety_\(1999\)](#). Higgins & Petry.

CMS 1115 Reentry Demonstration Waiver

- [Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated](#). (2023). Department of Health & Human Services (HHS).

Courts

- [Treatment Court Locators](#). National Treatment Court Resource Center.
- [Survey of DWI Courts_ \(2015\)](#). National Highway Traffic Safety Administration (NHTSA).
- [The 10 Essential Elements of Opioid Treatment Courts](#). (2019). Center for Court Innovation.
- [San Diego Serial Inebriate Program](#). San Diego Serial Inebriate Program (S.I.P.).

Drug Diversion Inside Correctional Facilities

- [Medication-assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion](#). SAMHSA.

Prescription Drug Monitoring Program (PDMP)

- [Prescription Drug Monitoring Programs \(PDMPs\) | Drug Overdose](#). U.S. Centers for Disease Control and Prevention (CDC).

Drug Categories and Classifications

- [Commonly Used Drugs Charts](#). National Institute on Drug Abuse (NIDA).
- [U.S. Controlled Drug Classifications](#). Recovery Research Institute (RRI).
- [7 Drug Categories](#). International Association of Chiefs of Police (IACP).
- [The Controlled Substances Act](#). U.S. DOJ Drug Enforcement Administration (DEA).
- [What is methamphetamine?](#) National Institute on Drug Abuse (NIDA).
- [Fentanyl Facts](#). U.S. Centers for Disease Control and Prevention (CDC).
- [The Growing Threat of Xylazine and Its Mixture with Illicit Drugs](#). DEA Joint Intelligence Report. (2022). U.S. DOJ Drug Enforcement Administration (DEA).

Funding Resources

- [Maximizing the 21st Century Cures Act through the Sequential Intercept Model](#). (2017). Policy Research Associates, Inc. (PRA).
- [Funding & Awards](#). Bureau of Justice Assistance (BJA).
- [Grants | SAMHSA](#). Substance Abuse and Mental Health Services Administration (SAMHSA).
- [State Opioid Response \(SOR\) Grants | SAMHSA](#).
- [State Targeted Response to the Opioid Crisis Grants | SAMHSA](#).
- [Substance Abuse and Mental Health Block Grants | SAMHSA](#) (Note that SUBG and Mental Health Block Grant (MHBG) funds can be used for jail-based services).
- [National Opioids Settlement](#).
- [2024 Roadmap for Opioid Settlement Funds - VOCAL-US](#)
- [FY 2023 Comprehensive Opioid, Stimulant, and Substance Use Site-based Program](#). Bureau of Justice Assistance.
 - [COSSUP Resource Center](#).

Harm Reduction

- [Harm Reduction training/Harm Reduction Specialists. International Certification & Reciprocity Consortium.](#)
- [Harm Reduction and Overdose Prevention - 50 State Survey of Harm Reduction Laws. The Network for Public Health Law.](#)
- [Information about Naloxone and Nalmefene. U.S. Food and Drug Administration \(FDA\).](#)
- [FDA Approves First Over-the-Counter Naloxone Nasal Spray. U.S. Food and Drug Administration \(FDA\).](#)
- [Testing Strips:](#)
 - [Enhancing Harm Reduction Services in Health Departments. Fentanyl Test Strips and Other Drug Checking Equipment. The National Council.](#)
 - [Xylazine Test Strips for Drug Checking. \(2023\). Jones & Bailey. National Center for Biotechnology Information \(NCBI\).](#)
 - [Fentanyl Facts: Fentanyl Test Strips. CDC.](#)
 - [Xylazine Test Strips. SAMHSA.](#)

Hep C and SUD Medication

- [Letter on State Medicaid Coverage for People with HCV and SUD. \(2024\). Hep C and SUD access to HCV medications called “direct-acting antivirals \(DAAs\). U.S. Department of Justice, Civil Rights Division.](#)

Housing and Recovery Residences

- [Fact Sheet on Naloxone \(Narcan\) for CoC, ESG, YHDP and HOPWA Grantees. \(2023\). US Department of Housing and Urban Development \(HUD\).](#)
- [Oxford House.](#)
- [Recovery Residences:](#)
 - [Best Practices for Recovery Housing. SAMHSA.](#)
 - [Recovery Housing: Best Practices and Suggested Minimum Guidelines. National Alliance for Recovery Residences \(NARR\). 2019.](#)

Hub & Spoke Care Delivery Model

- [Hub and Spoke Model\]. Rural Health Information Hub.](#)

Information Sharing and Privacy: HIPAA and 42 CFR, Part 2

- [Substance Use Confidentiality Regulations. SAMHSA.](#)
- [HIPAA Privacy Rule and Sharing Information Related to Mental Health. U.S. Department of Health and Human Services.](#)
- [FAQs: Applying the Substance Abuse Confidentiality Regulations to Health Information Exchange. Legal Action Center.](#)
- [Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws. CSG Justice Center.](#)
- [Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions. National Association of Counties.](#)
- [Fact Sheet 42 CFR Part 2 Final Rule.](#)
- [Confidentiality of Substance Use Disorder Patient Records. U.S. Department of Health and Human Services.](#)

Integrated Care: CCBHC, FQHCs, Rural Health Clinics, and Street Medicine Institute

- [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria](#). (2023). SAMHSA.
- [Federally Qualified Health Center \(FQHC\)](#). Medicine Learning Network.
- [Rural Health Clinics \(RHCs\) Overview](#). Rural Health Information Hub.
- [Street Medicine Institute \(SMI\)](#).

Integrated Dual Diagnosis Treatment (IDDT)

- [Efficacy of Integrated Dual Disorder Treatment for Dual Disorder Patients: A Systematic Literature Review](#). (2018). Neven, Kool, Bonebakker, & Mulder. Tijdschr Psychiatri.
- [Effectiveness of Integrated Dual Diagnosis Treatment \(IDDT\) in severe mental illness outpatients with a co-occurring substance use disorder](#). (2018). Kikkert, Goudriaan, de Waal, Peen, & Dekker. Journal of Substance Abuse Treatment.
- [Peers and Co-Occurring Research-Supported Interventions](#). (2017). Harrison, Cousins, Spybrook, & Curtis. Journal of Evidence-Based Social Work.

Jail and Correctional Settings

- [Managing Substance Withdrawal in Jails: A Legal Brief](#). Bureau of Justice Assistance.
- [Screening for Substance Use Disorders in Jails](#). Bureau of Justice Assistance.
- [Guidelines for Managing Substance Withdrawal in Jails](#). Bureau of Justice Assistance.

Law Enforcement Deflection and Diversion

- [Police, Treatment, and Community Collaborative \(P-TACC\)](#) is a national collaboration between agencies focused on pre-arrest diversion programs and initiatives.
- [The Police Assisted Addiction and Recovery Initiative \(PAARI\)](#) is a national program emphasizing non-arrest diversions into treatment and recovery programs.
 - [PAARI Angel Programs](#)
- [Quick Response Teams \(QRT\)](#) are pre-arrest deflection programs involving interdisciplinary overdose follow-up and engagement with survivors to link to treatment following overdose.
- [Law Enforcement Assisted Diversion \(LEAD\)](#).

Law Enforcement Drug Interdiction and Detection

- [High Intensity Drug Trafficking Areas \(HIDTA\)](#). Office of National Drug Control Policy.
- [Organized Crime Drug Enforcement Task Forces \(OCDETF\)](#). U.S. Department of Justice.
- [Drug Recognition Experts \(DREs\)](#). International Association of Chiefs of Police.

Medications for Opioid Use Disorder (MOUD) in Corrections

- [Medication-assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion](#). SAMHSA.
- [Jail-Based Medication-Assisted Treatment. Promising Practices, Guidelines, and Resources for the Field](#). National Commission on Correctional Healthcare (NCCHC).
- [Clinical Opiate Withdrawal Scale \(COWS\)](#). National Institute of Health (NIH). 2003.
- [The Opioid Crisis and the ADA](#). US Department of Justice, Civil Rights Division.
- [Medication-Assisted Treatment \(MAT In The Criminal Justice System: Brief Guidance To The States\)](#). SAMHSA.
- [Medications for Opioid Use Disorder](#). SAMHSA.
- [Medication-Assisted Treatment Program. Buprenorphine and Suboxone](#). IT MATTTRs.
- [FDA Approves New Buprenorphine Treatment Option for Opioid Use Disorder](#). (2023). U.S. Food and Drug Administration (FDA).

- Patient Information for SUBLOCADE® (buprenorphine extended-release) injection, for subcutaneous use (CIII). Indivior.
- About Opioid Use During Pregnancy. Centers for Disease Control and Prevention. CDC.

Mobile Health Units

- Mobile Medication Units Help Fill Gaps in Opioid Use Disorder Treatment. The Pew Charitable Trusts.
- Mobile Methadone Unit. SAMHSA.

Overdose Fatality Review

- Overdose Fatality Review: A Practitioner’s Guide to Implementation. COSSAP.

Peer Supports and Services

- Peer Supports in Recovery Housing and Coordination Across the Substance Use Disorder Care Continuum. Recovery Housing Program Peer Support Quick Guide. HUD Community Planning and Development.
- How Can a Peer Specialist Support My Recovery From Problematic Substance Use? SAMHSA.

Prevention

- Prenatal Opioid and Substance Exposure. National Center on Birth Defects and Developmental Disabilities (NCBDDD).
- The Institute of Medicine's Continuum of Care. SAMHSA.
- National Institute of Health:
 - Preventing Drug Misuse and Addiction: The Best Strategy | National Institute on Drug Abuse (NIDA). NIH
 - Preventing Drug Use Among Children and Adolescents -- A Research-Based Guide for Parents, Educators, and Community Leaders. NIH.
- National Drug Control Strategy 2022. White House.
- Principles of Substance Abuse Prevention. U. S. DOJ Office of Justice Programs (OJP).
 - Preventing Drug Misuse and Addiction: The Best Strategy. National Institute on Drug Abuse (NIDA).
 - Substance Use Disorder Prevention Models. Rural Health Information.
 - National Drug Use Survey: 2022 National Survey on Drug Use and Health (NSDUH) Releases. SAMHSA.
- SAMHSA Center for Substance Abuse Prevention (CSAP):
 - Center for Substance Use Prevention. SAMHSA.
 - Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG). SAMHSA.

Program Examples

- San Diego Serial Inebriate Program. San Diego Serial Inebriate Program (S.I.P.)
- Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Federal grant launches innovative Massachusetts Trial Court program for court users and loved ones impacted by substance use. Project NORTH (Massachusetts). National Center for State Courts (NCSC).
- At a Glance – Specialized Programs in Community Corrections. Alternatives to Jail: Colorado IRT and STIRT.

Recovery

- [About Recovery](#) | National Institute on Drug Abuse (NIDA).
- [Faces and Voices of Recovery \(FAVOR\)](#) is the SUD counterpart to NAMI. Often local chapters provide Peer Support Specialist Training, Recovery Oriented System of Care (ROSC) training, WRAP trainings, advocacy, support meetings, harm reduction efforts and distribution, and language of recovery.
- [Recovery-Oriented System of Care \(ROSC\) Guide.](#) (2010). SAMHSA.
- Find Recovery Resources: SAMHSA
 - [Recovery and Recovery Support.](#) SAMHSA.
 - [SAMHSA's Working Definition of Recovery.](#) SAMHSA.
- [Wellness Recovery Action Plans \(WRAP\).](#)

SAMHSA TIP Series: SUD

- [SAMHSA Substance Use Disorder TIP Series: Search SAMHSA Publications.](#) SAMHSA Publications and Digital Products.

Screening and Assessment

- [Screening and Assessment of Co-Occurring Disorders in the Justice System.](#) SAMHSA.
- [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\).](#) SAMHSA.
- Commonly Used Tools:
 - [TCU Drug Screen 5.](#) Institute of Behavioral Research.
 - [Simple Screening Instrument for Substance Abuse.](#) PsyPack.
 - [The Alcohol, Smoking and Substance Involvement Screening Test \(ASSIST\).](#) World Health Organization.
 - [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\).](#) SAMHSA.
- Dr. Springer's validated Rapid Opioid Use Disorder Assessment (ROUDA) and Rapid Stimulant Use Disorder Assessment (RSUDA) diagnostic tools. (*Di Paola A, Farabee D, & Springer SA. (2023). Validation of Two Diagnostic Assessments for Opioid and Stimulant Use Disorder for Use by Non-Clinicians. Psychiatric Research and Clinical Practice, 5(3), 78-83.*)
 - The ROUDA and RSUDA are both copyrighted by Sandra A. Springer, MD, and Intellectual Property of Yale University. If you are interested in using the tools, please connect to [the link below](#) and enter your information in the form.
- At pre-trial, the Risk and Needs Triage (RANT) may be used to understand drug use and property crimes. Also see [RANT: An evidence-based supervision and clinical services recommendation solution.](#)

State Opioid Treatment Authority (SOTA)

- [State Opioid Treatment Authorities.](#) SAMHSA.

Substance Use Data, Response, and Trend Resources

- [Overdose Detection Mapping Application Program.](#) Office of National Drug Control Policy.
- [High Intensity Drug Trafficking Areas \(HIDTA\) ODMAP \(Overdose Map\).](#)
- [Critical Incident Management System \(CIMS\).](#)
- [FY 2023 Comprehensive Opioid, Stimulant, and Substance Use Site-based Program.](#) U.S. DOJ Bureau of Justice Assistance (BJA).

Support Act

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Surgeon General's Report

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- [Detoxification and Substance Abuse Treatment](#). Treatment Improvement Protocol (TIP) Series, No. 4 SAMHSA Tip 45. SAMHSA.
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Competence Evaluation and Restoration

- [Policy Research Associates](#). [Competence to Stand Trial](#) Microsite.
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Jail Inmate Information/Services

- NAMI California. Arrested Guides and Medication Forms.
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- Local Program Examples:
 - People USA. [Rose Houses](#) are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
 - Mental Health Association of Nebraska. [Keya House](#) is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
 - Mental Health Association of Nebraska. [Honu Home](#) is a peer-operated respite for individuals coming out of prison or on parole or state probation.

- MHA NE/Lincoln Police Department REAL Referral Program. The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.

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- Substance Abuse and Mental Health Services Administration. (2015). *Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System*.
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Racial Equity and Disparities

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- Vera Institute of Justice. (2015). *A Prosecutor's Guide for Advancing Racial Equity*.

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- Substance Abuse and Mental Health Services Administration. (2017). [Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison.](#)
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- Substance Abuse and Mental Health Services Administration. (2019). [Screening and Assessment of Co-occurring Disorders in the Justice System.](#)
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Sequential Intercept Model

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SSI/SSDI Insurance Programs

- Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states but also provides a monthly income sufficient to access housing programs.
- Dennis, D., Ware, D., and Steadman, H.J. (2014). [Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. *Psychiatric Services*, 65, 1081-1083.](#)

Telehealth

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Transition-Aged Youth

- National Institute of Justice. (2016). [Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults.](#)

- Harvard Kennedy School Malcolm Weiner Center for Social Policy. (2016). [Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21.](#)
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- University of Massachusetts Medical School. [Transitions to Adulthood Center for Research.](#)

Trauma and Trauma-Informed Care

- SAMHSA. (2014). [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.](#)
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- National Resource Center on Justice-Involved Women. (2015). [Jail Tip Sheets on Justice-Involved Women.](#)
- Bureau of Justice Assistance. [VALOR Officer Safety and Wellness Program.](#)

Veterans

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- Justice for Vets. (2017). [Ten Key Components of Veterans Treatment Courts.](#)

Updated 8/2025

APPENDIX

Appendix A **Participant List** – Sequential Intercept Model (SIM) Mapping Workshop

Appendix B **Agendas** – Sequential Intercept Model (SIM) Mapping Workshop

Appendix C **Responses** – Community Self-Assessment Survey

APPENDIX A: SIM WORKSHOP AGENDAS



Sequential Intercept Model Mapping Workshop

AGENDA

Pima County, AZ

May 20, 2025

- | | |
|------------------------|--|
| 8:30 – 9:00am | Registration and Networking |
| 9:00 – 9:30am | Welcome and Opening Remarks <ul style="list-style-type: none">■ Welcome■ Overview of the Workshop■ Workshop Focus, Goals, and Tasks■ Introductions |
| 9:30 – 10:30am | The Sequential Intercept Model (SIM) Presentation <ul style="list-style-type: none">■ The Basis of Cross-Systems Mapping■ Six Key Points for Interception |
| 10:30 – 10:45am | Break |
| 10:45 – 12:00pm | Cross-Systems Mapping <ul style="list-style-type: none">■ Creating a Local Map■ Examining the Gaps and Opportunities |
| 12:00 – 1:00pm | Lunch |
| 1:00 – 2:45pm | Cross-Systems Mapping – Continued <ul style="list-style-type: none">■ Creating a Local Map■ Examining the Gaps and Opportunities |
| 2:45 – 3:00pm | Break |
| 3:00 – 3:30pm | Identification of Priorities for Change |
| 3:30 – 4:00pm | Voting Exercise |
| 4:00 – 4:30pm | Setting the Stage for Day 2 |
| 4:30pm | Adjourn |



Sequential Intercept Model Mapping Workshop

AGENDA

Pima County, AZ

May 21, 2025

- | | |
|------------------------|---|
| 8:30 – 9:00am | Welcome and Recap from Day 1 |
| 9:00 – 9:30am | Discussion of Top Ranked Priorities for Change |
| 9:30 – 10:30am | Strategic Action Planning |
| 10:30 – 10:45am | Break |
| 10:45 – 12:00pm | Strategic Action Planning – Continued |
| 12:00 – 12:30pm | Wrap Up and Next Steps |
| 12:30pm | Adjourn |

APPENDIX B: SIM WORKSHOP PARTICIPANT LIST

The participant roster includes each individual's role and agency or organization. Also displayed is the proportion of participants who expressed interest in one or more of the Intercepts.

0: Community Services (25%)

2: Initial Detention & Court Hearings (12%)

4: Reentry (19%)

1: Law Enforcement (19%)

3: Jails/Courts (15%)

5: Community Corrections (11%)

Name	Job Title	Agency	Intercepts
James Allertin	Detective	Tucson Airport Authority Police Department	1
Dane Binder	Director of Government Affairs	Community Misdemeanor Problem Inc	0
Ann Bowerman	Chief Counsel	Pima County Mental Health Defender	2
Victor Bowleg	Dr. Laura Banks Reed Center for Gender & Racial Equity Program Manager	YWCA of Southern Arizona	0,4
Dean Brault	Director	Pima County Public Defense Services	2
Denise Briseno	Care Coordinator	City of Tucson Public Defender	2,3
Amanda Bryant	Release Planner Supervisor	NaphCare / PCADC	5,4,3,2,1,0
Jaime Burnett	Public Health Analyst	CDC Foundation	1,0
Eli Chan	Detective	Tucson Police Department MHST	0,1
Chris Chavez	Regional Manager of Community Programs	HOPE Inc	0,2,3,4
Theresa Cullen	Director	Pima County Health Department	0,5
Kyleen Taylor D'Imperio	Enrollment and Care Coordinator	Amity Circle Tree Ranch	0,1,2,3,4,5
Jenifer Darland	Director	Pima County	0,1,4,5
Anthony Delatorre	Clinical Supervisor	La Frontera	4,0,3
David Delawder	Executive Director	National Alliance on Mental Illness of Southern Arizona	0
John Delgadillo	Justice Liaison	Arizona Complete Health	2,3,4,5
Crystal Donalson	CMT Program Manager	Community Bridges Inc	0,1
Taimar Escamilla	Case Manager	Goodwill of Southern Arizona	4
Erin Gibson	Sergeant	Pima County Sheriff's Department	1
Benjamin Griem	Attorney	Pima County Legal Defender	3,2,4
Emily Heintz-Clark	TPD MHST Officer	Tucson Police Department MHST	0,1
Lee Hopkins	Resource Manager	City of Tucson	0
Caroline Isaacs	Executive Director	Just Communities Arizona	0,4
Keith Jeffery II	INVEST Re-entry Ops Manager	Pima County Detainee & Crisis Systems	3,4,2
Donna Jordan	Director of Clinical Regional Operations	Community Bridges, Inc	0,1
Michele Keller	Opioid Prevention & Recovery Coordinator	City of Tucson	0,1,4,5

Name	Job Title	Agency	Intercepts
Sara Lomayesva	Data Management Coordinator	Pima County Justice Services	0,1,2,3,4,5
Michelle Moore	Assistant Director, Pretrial Services	Pretrial Services, Arizona Superior Court in Pima County	2,3,5
Fred Nelson	Executive Director	Inside Out Network	4,5
Evette Ortega	Specialty Case Manager	CBI	3,4,5
Jacqueline Ortiz	Administrative and Project Specialist	Pima County Justice Services	4,5,3,0,1,2
Joshua Parrish	Lead Police Officer	Tucson Police Department Core	0,1
Matt Pate	Deputy Director	Detainee & Crisis Systems	3,4
Mickey Petersen	Assistant Chief	Tucson Police Department	1,0
Adrian Pommier	Legal Processing Clerk	Mental Health Defenders	3
Nora Powers	Correctional Health Liaison	Community Medical Services	0,1,2,3,4,5
Mayra Ramos	Deputy Director	Pima Justice Services	4,1,0
Jennifer Ratliff	Peer Support Specialist BHPP	Partners Inc.	0
Christopher Staring	Chief Judge, Arizona Court of Appeals, Division 2	Fennemore	3
Zachary Stout	Education Programming Supervisor	Pima County Behavioral Health	
Kevin The	Detective	Tucson Police Department MHST	0,1
Mari Vasquez	Senior Advisor	Pima County	0
Kate Vesely	Director	Justice Services	0,1,2,3,4,5
Selso Villegas	Water Resources Director	Tohono O'odham Nation	4,
Desiree Voshefsky	Community Impact Manager	Community Medical Services	0,1,2,3,4,5
Gerald Williams	Rapid Re-Housing Supervisor	CBI	4,5,1,0
Hailey Wingert	Co-Responder Case Manager	CRC/Tucson Police Department MHST	0,1
Jason Winsky	Sergeant	Tucson Police Department MHST	0,1

APPENDIX C: RESULTS – COMMUNITY SELF-ASSESSMENT

SIM Workshop Participants by Role and Level of Agreement

Where on the Sequential Intercept Model is your role most related?

SIM Role	Responses	
Intercept 0: Community Services	33%	18
Intercept 1: Law Enforcement	11%	6
Intercept 2: Initial Detention/Initial Court Hearings	9%	5
Intercept 3: Jails/Courts	19%	10
Intercept 4: Reentry	17%	9
Intercept 5: Community Corrections	2%	1
Other	9%	5
	Total	100% 54

Please indicate your level of agreement with the following statements about your community. Answered 50

Key Theme: Collaboration	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
	There is cross-system recognition that many adults involved with the criminal justice system are experiencing mental disorders and substance use disorders.	2%	1	2%	1	4%	2	32%	16	58%	29	2%
There is cross-system recognition that all systems are responsible for responding to these adults with mental and substance use disorders.	8%	4	12%	6	18%	9	26%	13	34%	17	2%	1
The criminal justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system.	10%	5	12%	6	14%	7	50%	25	12%	6	2%	1
Family members of people with mental disorders or substance use disorders are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	10%	5	34%	17	32%	16	16%	8	2%	1	6%	3
People with lived experience of mental disorders, substance use disorders, and the justice system are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	6%	3	18%	9	10%	5	50%	25	14%	7	2%	1
Stakeholders have established a shared mission and goals to facilitate collaboration in criminal justice and behavioral health.	4%	2	16%	8	12%	6	44%	22	16%	8	8%	4
Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities, challenges, and oversight of existing initiatives.	2%	1	12%	6	16%	8	52%	26	12%	6	6%	3
Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental disorders or substance use disorders.	0%	-	20%	10	22%	11	44%	22	10%	5	4%	2
Based on research evidence and guidance on best practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to justice-involved adults with mental disorders and substance use disorders.	4%	2	18%	9	26%	13	42%	21	8%	4	2%	1
In the justice system, criminal justice and behavioral health agencies share resources and staff to support initiatives focused on adults with mental disorders or substance use disorders.	10%	5	8%	4	24%	12	44%	22	12%	6	2%	1
Criminal justice and behavioral health agencies share data on a routine basis for program planning, program evaluation, and performance measurement.	10%	5	24%	12	32%	16	26%	13	2%	1	6%	3
Criminal justice and behavioral health agencies engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates.	8%	4	18%	9	18%	9	44%	22	10%	5	2%	1

Please indicate your level of agreement with the following statements about your community. Answered 50

Key Theme: Identification	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
Adults in contact with the criminal justice system are screened for mental disorders by standardized instruments with demonstrated reliability and validity.	6%	3	22%	11	10%	5	38%	19	6%	3	18%	9
Adults in contact with the criminal justice system are screened for substance use disorders by standardized instruments with demonstrated reliability and validity.	6%	3	12%	6	18%	9	34%	17	8%	4	22%	11
Adults in contact with the criminal justice system are screened for violence and trauma-related symptoms by standardized instruments with demonstrated reliability and validity.	6%	3	34%	17	20%	10	20%	10	4%	2	16%	8
Adults in contact with the criminal justice system are screened for suicide risk by standardized instruments with demonstrated reliability and validity.	2%	1	14%	7	26%	13	34%	17	6%	3	18%	9
There are procedures to access crisis behavioral health services for adults in contact with the criminal justice system.	0%	-	4%	2	18%	9	56%	28	12%	6	10%	5
Mental health assessments are conducted routinely whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	2%	1	4%	2	22%	11	34%	17	8%	4	30%	15
Substance use assessments are conducted regularly whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	4%	2	10%	5	22%	11	30%	15	10%	5	24%	12
Risk assessments are performed in conjunction with screening and assessments to inform treatment and programming recommendations that balance public safety and behavioral health treatment needs.	0%	-	12%	6	18%	9	46%	23	6%	3	18%	9
Information obtained through screening and assessments is never used in a manner that jeopardizes an individual's legal interests.	4%	2	10%	5	20%	10	24%	12	24%	12	18%	9
Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.	2%	1	18%	9	32%	16	14%	7	2%	1	32%	16
Regular data-matching between criminal justice agencies and behavioral health identifies active and former consumers who have entered the criminal justice system.	4%	2	26%	13	24%	12	24%	12	2%	1	20%	10

Please indicate your level of agreement with the following statements about your community. Answered 48

Key Theme: Strategies	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
Justice-involved people with mental and substance use disorders have access to comprehensive community-based services.	6%	3	15%	7	23%	11	48%	23	6%	3	2%	1
There are adequate crisis services to meet the needs of people experiencing mental health crises.	15%	7	38%	18	10%	5	25%	12	8%	4	4%	2
Emergency communications call-takers and dispatchers can effectively identify and communicate details about crisis calls to law enforcement and other first responders.	6%	3	4%	2	31%	15	35%	17	6%	3	17%	8
Law enforcement and other first responders are trained to respond to adults experiencing mental health crises effectively.	4%	2	13%	6	23%	11	40%	19	10%	5	10%	5
Pre-trial strategies are in place to reduce detention of low-risk defendants and failure to appear rates for people with mental and substance use disorders.	2%	1	8%	4	15%	7	65%	31	0%	-	10%	5
Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental disorders and substance use disorders.	4%	2	13%	6	25%	12	29%	14	6%	3	23%	11
Treatment courts are aligned with best-practice standards and serve high-risk/high-need individuals.	4%	2	6%	3	10%	5	52%	25	13%	6	15%	7
Jail-based programming and health care meet the complex needs of individuals with mental disorders and substance use disorders, including behavioral health care and chronic health conditions (e.g., diabetes, HIV/AIDS).	15%	7	13%	6	38%	18	23%	11	0%	-	13%	6
Jail transition planning is provided to inmates with mental disorders to improve post-release recidivism and health care outcomes.	6%	3	19%	9	25%	12	33%	16	2%	1	15%	7
Psychotropic medication or prescriptions are provided to inmates with mental disorders to bridge the gaps from the day of jail release to their first appointment with a community-based prescriber.	4%	2	13%	6	17%	8	42%	20	4%	2	21%	10
Medication-assisted treatment is provided to inmates with substance use disorders to reduce relapse episodes and risk for opioid overdoses following release from incarceration.	2%	1	6%	3	25%	12	42%	20	10%	5	15%	7
Community supervision agencies (probation and parole) field specialized caseloads for individuals with mental disorders to improve public safety outcomes, including reduced rates of technical violations.	2%	1	2%	1	25%	12	46%	22	4%	2	21%	10
Strategies to intervene with justice-involved adults with mental disorders and substance use disorders are evaluated regularly to determine whether they are achieving the intended outcomes.	4%	2	15%	7	23%	11	29%	14	2%	1	27%	13
Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems	4%	2	17%	8	25%	12	19%	9	0%	-	35%	17

Please indicate your level of agreement with the following statements about your community. Answered 48

Key Theme: Services	STRONGLY DISAGREE		DISAGREE		NEITHER AGREE OR DISAGREE		AGREE		STRONGLY AGREE		DON'T KNOW	
	%	#	%	#	%	#	%	#	%	#	%	#
Adults with mental disorders and substance use disorders in contact with the criminal justice system have access to a continuum of comprehensive and effective community-based behavioral health care services.	4%	2	25%	12	10%	5	54%	26	2%	1	4%	2
Regardless of the setting, all behavioral health services provided to justice-involved adults are evidence-based practices. Evidence-based practices are manual-based interventions with positive outcomes based on repeated rigorous evaluation studies.	4%	2	17%	8	27%	13	31%	15	6%	3	15%	7
Behavioral health service providers understand how to put the risk-need-responsivity framework into practice with justice-involved adults with mental disorders or substance use disorders.	6%	3	15%	7	29%	14	35%	17	2%	1	13%	6
Justice-involved adults are fully engaged with behavioral health providers to develop their treatment plans.	8%	4	38%	18	33%	16	17%	8	0%	-	4%	2
Access to housing, peer, employment, transportation, family, and other recovery supports for justice-involved adults with mental and substance use disorders are significant priorities for behavioral health providers.	6%	3	21%	10	29%	14	25%	12	15%	7	4%	2
Justice-involved adults with mental disorders or substance use disorders receive legal forms of identification and benefits assistance (e.g., Medicaid/Medicare and Social Security disability benefits).	4%	2	23%	11	31%	15	25%	12	2%	1	15%	7
The services and programs provided to justice-involved adults by the behavioral health and criminal justice systems are culturally sensitive and designed to meet the needs of people of color.	4%	2	25%	12	25%	12	25%	12	2%	1	19%	9
There are gender-specific services and programs for women with mental disorders and substance use disorders involved with the criminal justice system.	2%	1	8%	4	29%	14	40%	19	4%	2	17%	8
Behavioral health providers, criminal justice agencies, and community providers share information on individuals with mental disorders or substance use disorders to the extent permitted by law to assist the effective delivery of services and programs.	4%	2	13%	6	8%	4	54%	26	6%	3	15%	7



Supported by the John D. and Catherine T.
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Appendix 5: Transition Center Participant Satisfaction Survey – Notable Comments and Letters received (2025)

Quotes from Transition Center Participants. All comments are provided anonymously and are from 2025:

“I would like to say thanks for saving my life, you have complete help and saved me 😊”

“Everyone was very helpful and made me feel welcome and that someone cares!! Thank You.”

“I appreciate you guys so much, That you treat us like human beings.”

“Amazingly supportive and kind. They were NOT dismissive! NOT annoyed! *Very welcoming
* Very accommodating & taking initiative to offer services unknown to me until they told me!”

“Wonderful place for transitioning back into society. Right out of the gate was able to help with the resources needed to transition back into society. Provided me with information on phone, housing, and even gave me a ride to my transitional housing. Would 10/10 recommend stopping by for information & help. Thank you.”

“I am very satisfied with the help I received today. I feel so blessed and thankful that this help was available to me. Thank you so much for helping me to get home and stay on track with my court responsibilities. Thank you so much and God Bless you.”

“I love the compassion and care. It was great to feel safe after a difficult situation. Thank you.”

“This place is good for Tucson and very helpful. I left here feeling good about myself and went to go to a safe place.”

“I appreciate the resources on sober living and rehab. You have been extremely Helpful!!”

“Since coming to the transition center I am 95 days clean and looking for employment. The Transition Center is a very supportive program with helpful resources to help you navigate your life for the better.”

A Card received at the Transition Center from a mother of an individual who was incarcerated.

“Thank you both for your warm welcome and all your helpful information! I really appreciate it and wanted to send you this note. Take Care, Debbie C.”

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Any comments or feedback?

□ 77+

Wonderful place for transitioning back into society. Right out of the gate was able to help the resources needed to transition back into society. Provided me with information on phone, housing, and even gave me a ride to my transitional housing. Would 10/10 recommend stopping by for information + help. Thank you -

Any comments or feedback?

I appreciate the resources on sober living and rehab.
you have been extremely helpful!

Any comments or feedback?

This place is good for Tucson and Vary Helped
I left here filling good about my self and what to go to a safe place

Any comments or feedback? Additional comments please use back of form.

I would like to say thanks for saving my life you have completely help and saved me



Thank you both for your warm welcome and all the helpful information!
I really appreciate it and wanted to send you this note!
Take care,

Any comments or feedback?

Amazingly supportive and kind,
They were NOT dismissive! NOT annoyed!
* Very welcoming
* Very accommodating & taking initiative to offer services unknown to me until they told me!

Any comments or feedback?

Everyone was very helpful and made me feel welcome and that someone cares!!
Thank You.

Any comments or feedback?

I am very satisfied with the help I received today. I feel so blessed and thankful that this help was available to me. Thank you so much for helping me to get home and stay on track with my court responsibilities. Thank you so much and God bless you all.

Any comments or feedback?

Since coming to the transition center I am 95 days clean and looking for employment. The transition center is a very supportive program with helpful resources to help you navigate your life for the better.

Appendix 6: Acknowledging Our Partners and Collaborators

The Transition Center team and Department of Justice Services gratefully acknowledge the many government and services agencies that have made the Transition Center a success and improve the lives of program participants. These services improve community safety, help reduce the cycle of incarceration, and promote recovery.

- Adult Probation, Arizona Superior Court
 - <https://www.sc.pima.gov/>
- America's Rehab Campuses
 - <https://www.addictioncenter.com/rehabs/arizona/tucson/americas-rehab-campuses/>
- Casa De Vida
 - <https://lafronteraaz.org/>
- City of Tucson Care Coordinators
 - <https://www.tucsonaz.gov/Departments/Tucson-City-Court/Public-Defender>
- CODAC Health, Recovery & Wellness, Inc.
 - <https://www.codac.org/>
- Community Bridges Inc.
 - <https://communitybridgesinc.org/>
- Community Medical Services
 - <https://communitymedicalservices.org/>
- COPE Community Services, Inc.
 - <https://copecommunityservices.org>
- DKA Jobs
 - <https://www.dkajobs.com/>
- El Dorado Springs Behavioral Health
 - <https://www.eldoradospringsbh.com/>
- Homeless ID Project
 - <https://www.homelessidproject.org/>
- HOPE Incorporated
 - <https://hopearizona.org/>
- La Frontera Center
 - <https://lafronteracenter.org/>
- NaphCare
 - <https://www.naphcare.com/>
- Palo Verde Behavioral Health
 - <https://paloverdebh.com/>

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- Pima County Sheriff's - Pima County Adult Detention Center – Property & Records
 - <https://pimasheriff.org/jail-info/pima-county-jail>
- Pima County Community & Workforce Development
 - <https://www.pima.gov/804/Community-Workforce-Development>
- One-Stop Future-Forward Reentry Program: Empowering Your Future
 - <https://www.pima.gov/3309/Future-Forward-Reentry-Program>
- Pima County Resource Navigators
 - <https://www.pima.gov/3127/Resource-Navigators>
- Arizona Superior Court Pre-Trial Services
 - <https://www.sc.pima.gov/?tabid=82>
- Sobering Alternative to Recovery Center-SAFR
 - <https://communitybridgesinc.org/safrcenter/>
- Salvation Army Tucson Hospitality House
 - <https://www.salvationarmytucson.org/hospitality-house-shelter>
- Sonora Behavioral Health Hospital
 - <https://www.sonorabehavioral.com/>
- South Tucson City Court
 - <https://www.southtucsonaz.gov/citycourt>
- Pima County Specialty Courts
 - <https://www.sc.pima.gov/judges-courts/drug-court/>
- Sullivan Jackson Employment Center
 - <https://centerofopportunity.org/partnering-organizations/sullivan-jackson-employment-center/>
- Pima County Superior Court Public Defenders
 - <https://www.pima.gov/272/Public-Defender>
- Tucson Police Department
 - <https://www.tucsonaz.gov/Departments/Police>
- United States Probation and Pretrial Services
 - <https://www.azp.uscourts.gov/offices/tucson-supervision>
- Veteran Affairs Southern Arizona Health Care
 - <https://www.va.gov/southern-arizona-health-care/>
- Villa Maria
 - <https://villamariarecovery.com/>



PIMA COUNTY
JUSTICE SERVICES



PIMA COUNTY

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