



Arizona Health Care Cost Containment System
Attn: Director Tom Betlach
801 E. Jefferson St.
Phoenix, Arizona 85034

February 22, 2018

Dear Mr. Betlach,

Pursuant to A.R.S. § 41-3804(G), we send this 2017 Annual Report of the Maricopa County Human Rights Committee (MCHRC or Committee). The Annual Report covers the Committee's work over the past year and provides an overview of our continued contribution towards promoting the care of the people in Maricopa County who have been diagnosed as having a serious mental illness.

To review the mandates outlined in A.R.S. § 41-3804 E, 1, 2, 3:

E. Each Committee shall provide independent oversight to:

1. Ensure the rights of clients are protected.
2. Review incidents of possible abuse, neglect or denial of a client's rights.
3. Make recommendations to the appropriate department director and the legislature regarding laws, rules, policies, procedures and practices to ensure the protection of the rights of clients receiving behavioral health and developmental disability services.

Within its jurisdiction, each human rights Committee shall, for a client who needs special assistance, and may, for other clients and enrolled children:

1. Make regular site visits to residential environments;
2. Meet with the client, including a client who needs special assistance, in residential environments to determine satisfaction of the clients with the residential environments;
3. Inspect client records, including client records for clients who need special assistance, except as prohibited by federal or state law and a client's right to privacy.

Sincerely,

Scott Gormley – Chair - MCHRC

CC: Maricopa Human Rights Committee
Senator Nancy Barto
Speaker House - Javan "J.D." Mesnard / Senate - Steven B. Yarbrough



Annual Report for 2017

The following provides an overview of the work completed by the MCHRC in 2017.

Our Mission:

The Human Rights Committees (HRCs) were created by the Arizona Legislature to assist the Arizona Department of Health Services and the Regional Behavioral Health Authorities (RBHA) in promoting the rights of children and adults who receive publicly funded behavioral health services.

Our Responsibilities:

The Maricopa County Human Rights Committee (MCHRC) provides independent oversight and review of the following:

1. Allegations of illegal, dangerous, or inhumane treatment of clients and enrolled children
2. Reports filed with the Committee under Arizona Administrative Code R9-21-203 and R9-21-204 concerning the use of seclusion, restraint, abuse, neglect, exploitation, mistreatment, accidents, or injuries;
3. Reports filed with the Committee under Arizona Administrative Code R9-21-203 and R9-21-204 to clients identified under R9-21-301 as in need of special assistance;
4. Violations of rights of clients and enrolled children and conditions requiring investigation under Article 4, Title 9 Chapter 21.
5. Research the field of mental health according to A.R.S. § 41-3804; and
6. Any other issue affecting the human rights of clients and enrolled children. Arizona Administrative Code R9-21-105.

Membership on the MCHRC:

Filling vacancies on the MCHRC is a consistent challenge and is a priority for 2018. In 2017, the Committee lost three members but gained four new members. Current Maricopa County Human Rights Committee members are:

Jim Dunn, MEd (Advocacy)

Holly Gieszl, Esq. (Law)

Joy Green, (Family Member)

Scott Gormley, (Family Member)

Debra Lou Jorgensen, (Behavioral Health)

Lisa St. George, (Master of Social Work, former recipient of SMI services, parent and care giver)

Dr. Jack Potts, (Medical/Psychiatry)

Josh Mozelle, Esq. (Law)

Jim Ward, (Behavioral Health)



Statewide HRC Meeting

A statewide HRC meeting was held in Casa Grande at Horizon Health and Wellness and occurred on June 24, 2017. Members from Pima County, ASH and Northern Arizona were present and, the MCHRC had good representation at the meeting as well.

Workgroups

This year the MCHRC developed one new workgroup. This workgroup is as follows:

- Membership and Recruiting

The Membership and Recruiting workgroup has increased membership to the minimum number allowed by statute. Work will continue to broaden membership to ensure that all of the statutory requirements are met in terms of the make-up of Committee members according to R9-21-105 B. To ensure that all requirements of composition are met the Committee must be at least 9 individuals with expertise in the following:

- 2 members clients or former clients
- 2 members relatives of clients
- 2 members shall be parent of enrolled children
- 3 members shall have expertise in psychology, law, medicine, education, special education, social work, behavioral health services

Membership with the MCHRC met with challenges in 2017 and the Committee is dedicated to working collaboratively with AHCCCS to ensure that the above membership requirements are met, that all individuals are invested in the MCHRC work, and are willing to dedicate time needed to be a responsible member of the Committee.

The MCHRC has worked diligently to recruit new members. However, this year's membership has not gone without challenges. The Committee will continue its dedication to work collaboratively with AHCCCS to ensure membership requirements are met and members are competently performing the duties of the MCHRC.

AHCCCS reported that they were unable to locate appointment letters to the Committee for three long-standing members. Rather than "grandfathering" in these longstanding members, AHCCCS requested the members in question resubmit applications to the MCHRC. The MCHRC decided that the best course of action would be to continue to perform its duties as set forth in the Operational Guidelines with all members retaining active status. AHCCCS cooperated with this decision by the MCHRC and recognized the three members in question as active MCHRC members in a subsequent letter from the Director.



To ensure that the level of work the Committee is responsible for carrying out can be properly supported, it is vital that the Committee has a large enough number of members to accomplish their responsibilities. One aspect of ensuring that membership is increased and sustained is professional and respectful behavior of members. It is also important that the Committee be working and visible in the community. It is important that a visible and engaged Committee emerges so that the recommendations and observations delivered from the MCHRC are respected. The visibility demonstrates that the Committee is focused on the duties and responsibilities it is charged with carrying out.

IAD Reports

The National Association of State Mental Health Program Directors (NASMHPD) published a report in October 2006 highlighting individuals with Serious Mental Illness served by the public health system in Arizona die approximately 32 years earlier than the general population in the United States (25 years on average elsewhere). According to the Centers for Disease Control and Prevention (<https://www.cdc.gov/nchs/nvss/deaths.htm>), Life Expectancy in the U.S. is 78.8 years for 2015, which means just 46.8 years for individuals with serious mental illness in Arizona if we continued this trend.

The Maricopa County Human Rights Committee reviewed 30 Incident, Accident and Death Reports filed electronically for one month. Included in those 30 reports were 12 indicating an individual with mental illness under Committee purview experienced what was classified as an "Unexpected Death." These individuals ranged in age from a 13-year-old, to a 74-year-old, and included a 38-year-old, a 47-year-old, a 31-year-old, a 51-year-old, a 60-year-old, a 59-year-old; a 73-year-old, a 63-year-old, a 45-year-old, and a 68-year-old.

The Committee is seeking additional information on the 13-year-old, the 38-year-old, the 31-year-old, and the 45-year-old.

Extrapolating this data for the month reveals an average age of death for these 12 individuals at 51.8, which is 27 years earlier than the 2015 National Life Expectancy average of 78.8 years. While still unacceptable, this random review of electronically reported Deaths does highlight **a Five-Year Improvement in Life Expectancy** compared to the October 2006 NASMHPD Report and reflects our State's determination to implement an Integrated Care Approach to treating all those with mental illness in the public system appears to be making a difference.

Since the NASMHPD Study specified "individuals with serious mental illness," our numbers changed to seven individuals aged 47M, 38M, 31M, 74M, 63F, 45F, and 60M with an average age of death of 51.1.



Additionally, the Committee discussed the seven reported “Safety Risk/Unauthorized Absence/Eloperments” reported during the month seeking additional information/background on established notification/alert protocols that include contacting the Clinical Supervisor, Police Dept., Surveillance Officer, Parole Officer, Case Manager, Non-ER Police, and the like. We understand some of the individuals served warrant specific oversight and supervision but questioned whether automatic escalation protocols may too quickly bring unnecessary law enforcement response.

Operational Guidelines

The Operational Guidelines workgroup has accepted the Operational Guidelines as reviewed and updated by the Operational Guidelines Committee. The entire MCHRC reviewed the Operational Guidelines and voted to accept. The updated Operational Guidelines will guide the work of the Committee and be forwarded to the Director for approval. In addition to Operational Guidelines, the Committee is developing policies and procedures to guide participation requirements, behavior expectations of Committee members, and other procedural guidelines that will assist the Committee in effective management of the Committee, its duties and responsibilities.

Site Visits

The MCHRC site visits occurred regularly during 2017. Eighteen (18) site visits occurred in 2017. Dr. Jack Potts continued to lead the Committee’s site visits to randomly selected facilities where individuals within the Behavioral Health system of care reside. The site visits are unannounced to ensure that the residences do not prepare, and everything is as it would be every day of the year. There were concerns a few locations as noted here:

A site visit occurred in April 2017: Two MCHRC members made a site visit in April that was a “very positive experience” and that the site even employed an LPN five days per week to provide medication. A follow-up letter was to be written by Joy.

Sites visits occurred in May 2017: Four members of the MCHRC visited 6 locations. The first location, visited by two of the four visitors found the location appearing very clean and reported that the long-term residents seemed happy. The visit was unannounced and upon arrival the pair found an employee mopping the floor and the cook working and happy to be there. The site manager was not on site-but overall it was a good experience.

No one answered at the second location. This location was two apartments. The third and fourth locations visited were on the same street. The group split into two groups and one pair went to a location where there appeared to be no staff on site. When they knocked on the door the person who

answered said they were just visiting, they left and spoke to someone else and then came back and said they were the site manager. The door had additional locks on it and a sign from the organization that said, "Unauthorized visitors will be reported to the police." There may be trouble with traffic at that site. The pair then visited a second individual and they confirmed issues with unauthorized visitors, drug traffic, and violent outbursts by other residents. The individual they spoke to was unhappy living there and he would not let HRC members come into his apartment.

The second pair of MCHRC members visited another site and they were told that the individuals they wanted to talk with no longer lived at that address and had not lived there for "some time."

Site visits occurred in July 2017: Two members of the MCHRC visited two locations. No one was home at either location. However, at one location the door was open. Concerned about the unlocked door they entered to do a welfare check. Everything looked fine.

Site visits occurred in August 2017: Four sites visited. At two of the sites the doors were unlocked although no one was present including a manager. At another two sites, one was safe but had no structured programs for the residents, but a resident commented how happy they were to be there. At the final site, receiving medication was reported as a problem. It was not on time. There were delays in transportation, case managers changed often without any communication with site personnel, case managers attend staff meetings by phone.

Site visits occurred in October 2017: Two site visits were carried out by three MCHRC members. No one at home for one locations. The member that was at home at the second location identified that each member had an individual room and that they felt included. The location had a urine smell, torn and ripped sofa.

Site visits occurred in December 2017: Three sites were visited. The first visit found the residents to be individual apartments with very well-kept surroundings, activities for the day posted. The individual identified was not in the apartment identified on the list but had moved to another apartment in the same complex 3 months prior. The group split, and the location one team visited was found to be appropriate but the individual was no longer residing there. The location the other team visited was clean, but the furniture was torn and worn. One individual identified he was doing fine but wanted to live in a faith-based environment. The other individual was working in the yard and did not want to meet with the HRC.

The MCHRC will continue its unannounced visits to residences where people receiving services under title 36, Chapter 5 of the Arizona Revised Statutes, individuals deemed to be in need of special assistance, people who are seriously mentally ill and enrolled children as defined by AHCCCS. The visit days will vary to allow all members of the MCHRC to participate and support the focus on the full home and community wellness of the individuals served.



Legislative Support

The Maricopa County Human Rights Committee wishes to thank Arizona State Senator Nancy Barto for her continued dedication to the work of the Committee. Her support and leadership have been invaluable to this Committee. Senator Barto has participated in our State-wide Annual meetings, facilitated meetings at the Senate Conference room to ensure stake-holder involvement and occasionally attended the Committee's monthly meetings to offer support and valuable insight. In addition, Senator Barto has consistently reminded the Committee of our important over-sight work and how being an independent Committee is vital to providing the Legislature with valuable feedback.

Finally, the MCHRC is committed to building public participation with and commitment to the Committee. The individuals that this HRC is dedicated to supporting are our community members. Without our community's commitment to them and to their rights, the work of the MCHRC will never be fully complete. Support from community advocates like Center for Disability Law and community-based organizations, service providers, our state legislators and senators, first responders, Governor Ducey, AHCCCS, and the families, supporters, friends and loved ones these individuals is vital to creating a welcoming and supportive community. The MCHRC works for the individuals, children and families served by the behavioral health system and we are dedicated to them.