

January 24, 2012

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
BUREAU OF CONSUMER RIGHTS**

**PIMA COUNTY HUMAN RIGHTS COMMITTEE  
ANNUAL REPORT  
JANUARY – DECEMBER 2012**

ARS 41-3803. Human rights committee on the mentally ill

A. The human rights committee on the mentally ill is established in the department of health services to promote the rights of persons who receive behavioral health services pursuant to title 36, chapters 5 and 34.

B. Each region of the state covered by a regional behavioral health authority shall have at least one human rights committee with the authority and responsibilities as prescribed by the department of health services pursuant to rules adopted by the department relating to behavioral health services.

C. The director of the department of health services may establish additional committees to serve persons who receive behavioral health services or to oversee the activities of any service provider.

D. Each committee established pursuant to this section shall consist of at least seven and not more than fifteen members appointed by the director of the department of health services with expertise in at least one of the following areas:

Psychology, Law, Medicine, Education, Special education, Social work.

E. Each human rights committee shall include at least two parents of children who receive behavioral health services pursuant to title 36, chapter 34.

F. Each human rights committee shall include at least two members who are current or former clients of the behavioral health system.

G. Each committee shall be organized pursuant to this section and the requirements of section 41-3804.

**MEMBERSHIP**

The Pima County Human Rights Committee (PCHRC) has eleven members as of the date of this report, decreasing by one over 2011. One member has taken a medical leave of absence. On a sad note a long standing active member, Elizabeth Edwards, unexpectedly passed away. Recruitment of new members continues to be a priority, specifically in the area of Parents or Professionals working with children. Announcements soliciting new members run regularly in numerous community newsletters, online postings and at community meetings.

The membership is diverse with five family members, one consumer, and others representing law, medical, education, health care and advocacy.

The following are members of the PCHRC as of January 31, 2012:

Ken Karrels, Ph.D. /Chairperson	Barbara Carling	Dave J. Ruitenberg
Joe Mucenski/1 <sup>st</sup> Vice Chairperson	John O'Dowd	Eleanor Schorr
Susan L. Hyder/2 <sup>nd</sup> Vice Chairperson	Connie Stevenson	Amy Sherwood
Phyllis Grant	Judy Kowalick	

## **ORGANIZATIONAL STRUCTURE**

The PCHRC met monthly in 2012 on the 4<sup>th</sup> Tuesday of each month for approximately 2 hours. Each member also participates in at least one work group, which addresses more specific issues related to advocacy, rights and protection. The Committee members are very committed to their work and each spends approximately five hours per month in meetings and review of client specific information.

In addition to PCHRC Committee members, the following people attend the monthly general meetings:

- Yisel Sanchez, Arizona Dept. of Health Services Human Rights Committee Coordinator; records minutes, maintains data.
- Noel Gonzalez, Director of Performance Improvement & Quality Management for Community Partnership of Southern Arizona (CPSA).

Other Guests included:

Halsy Taylor; Michelle Michelson, Attorney; Senator Paula Aboud; Bob from Aumega House; Micholas Breitborde, Epicenter; Kathy Tribolet, MiKid;

The office of Human Rights moved to a new location in December. The new address is 400 W. Congress.

## **Work Groups**

Committee members take on one or more additional roles and responsibilities on the following work groups:

Incident/Accident/Death, Seclusion/Restraint, Research Proposal Review, Legislative Update, Media Relations, Liaison with National Alliance on Mental Illness of Southern Arizona, Arizona Center for Disability Law, Site Monitoring, Systemic Advocacy, Review of Policies & Procedures/Operating Guidelines, Record Keeping, Consumer Concerns and Recruitment.

Below is a summary of key work groups, their work, findings and recommendations for 2012:

## **INCIDENT & ACCIDENT**

During 2012 there were 1280 Incident & Accident reports reviewed by the work group. This is a 512 or 37% increase over 2011. There were numerous issues, which required follow-up activity or investigations. Each of these issues was discussed at length by the work group and as appropriate by the general committee.

## **SECLUSION & RESTRAINT**

The Seclusion & Restraint work group reviewed 514 reports during 2012. This is virtually flat with 2011. There were numerous issues, which required follow-up activity and/or investigations. The committee noted in the reports there seemed to be a high number of chemical restraints being used at the Crisis Response Center (CRC). Investigations into this practice are mixed and continue to be reviewed.

## **DEATHS**

Total deaths in 2012 were 161 averaging 13.5 monthly. We have no comparison data from 2011.

Total reports reviewed was 2067.

## **Site Visits**

- The PCHRC met at the Crisis Response Center (CRC) and Behavioral Health Pavilion and toured the new facility. Discussions centered around triage, children and adult services, etc.
- Aumega House, a board and care home has been run by the same care taker (Bob) for 28 years. There are 14 residents ranging in age from late 40's to 60's. The care taker feels strongly about Board and Care homes and stated there is a place for them. He further states boarding homes have no support and if they did he feels they could be doing more. He adds that nutrition is very important and he does all the cooking. Clients receive a list of homes and are then responsible for making calls looking for placements. No complaints from any residents.
- Site visit was conducted at Golden Moments. Members at this home basically take care of themselves. Medications are not monitored nor are they kept in a locked place. The staff does not have key to anyone's unit. Meals are provided. Evacuation routes, emergency numbers, and client's rights were not clearly posted. Laundry is done by a staff member. None of the members in the home expressed concerns with rights being violated. The home has five bedrooms with three residents. The resident network is Codac. There are no home visits from case managers and residents are seen in 2/3 month intervals at Codac facility.

- Site visits were also conducted at:
  - Sally Le
  - Majestic Manor – 2 locations
  - Institute for Guiding Lives

### **Community Relations**

- PCHRC participated in the 2012 National Alliance for Mentally Ill of Southern Arizona (NAMI) Walk, held at the Kino Veterans Memorial Stadium on Saturday, May 2. Information from PCHRC was provided to families and consumers.
- PCHRC members attended the Recovery and Wellness Community Forum, held May 2, 2012.
- Members attended the NAMI-SA Holiday party. A presentation was given by Dr. Francisco Moreno regarding Community and Self Stigma Education.
- PCHRC members attend the NAMI-SA Unmasking Mental Illness event held October 13.
- Peers, family members and advocates involved with SMI persons attended CPSA training on May 23 hosted by the Department of Health Services.
- Members attended the NAMI state convention in Phoenix. Activities of state issues were presented and discussed.

### **2012 ACTIVITIES**

Activities of the PCHRC in 2012 included the following updates, education, discussions and/or actions:

- Summer programs were not set up for kids due to case managers not turning in paperwork or making referrals. The primary facility was Intermountain. PCHRC followed up on this issue.
- Cheryl Koch Martin provided the committee with a presentation and discussion on special assistance.
- SAMHC currently going through changes due to reports that they are not busy at night. The Mac team will still be available around the clock 7 days a week. 4 beds will be going away. The PCHRC requested those beds stay. Cpsa will follow up.
- Mikids reported that the young adult transition program put in place for the network is not working. Young adults (ages 16-23) are falling through the cracks and are ending up in the adult system. PCHRC requested an overview of the children's systems and what the child's option is. CPSA was asked to look into the children, young adult transition into the adult system. The committee is concerned that once a child opts out of children's services they cannot return until forced into receiving adult services. It was reported to

PCHRC that different organizations are involved and not transferable due to liability issues. This will continue to be reviewed.

- PCHRC spoke with Cpsa regarding the lack of communication between the Medical and Psychiatric communities. There appears to be concern over risk management. Cpsa believes that once in place the Integrated Health model should help resolve these problems.
- An updated list of current board and care and licensed homes was received from CPSA. This list serves as the foundation for site visits.
- The new Crisis Response Network (CRC) showed a dramatic increase in phone based services. In 2011 over 12 months the center handled an average 7,022 calls per month. In 2012 over the first ten months the average number of calls grew to 10,636 per month.
- A PCHRC member is one of 3 facilitators for trauma on informed care.
- The status of the Committee's effort to require the Department of Health Services (ADHS) to provide information about the deaths of mentally ill persons in Pima County who are enrolled in the mental health system is that the Committee has appealed the trial court's decision denying the Committee relief. The case is now docketed in the Court of Appeals and the Committee filed its opening brief in September, 2012. ADHS filed an Answering Brief this week and the Committee will be filing a Reply Brief within 20 days. Thereafter, the Committee will request that the case be set for oral argument before the court of appeals and oral argument is expected to be set in March, 2013. Based upon its record of issuing timely decisions, the Court of Appeals will probably issue a decision before the end of May, 2013.
- MIKID reported that once children enrolled in the children's system turn 18, the families are having challenges. Sometimes, a case manager will meet with the young person without the parent present and without fully explaining their choices and the consequences of them, and will allow the young adult to opt out of behavioral health. Then when they want to come back a couple of months later, they must enroll in the adult system, which doesn't have the array of supports that the children's system has. Once a child has turned 18, parents or guardians are not being engaged as readily. The required Ansell-Casey assessment is not always being administered appropriately. The questions are not being explained to the youth in a culturally competent way and they are being answered incorrectly which impacts their services in the young adult programs at the CSPs. There have been occasions when a case manager from the children's side has tried to discourage the young person from staying in their system and instead go to the adult system, saying "they have more services". Also, the SMI assessment is not being done in a timely manner, thus delaying those additional services they may qualify for. Some of the psychiatrists that work at the children's providers have also stated that they feel the young adult programs there are inadequate.
- OPTIONS, a suicide education and prevention program is being presented by Susan Moreno, a MIKID employee. The presentation was developed by Susan and Mental Health Association. It has been presented in 6 different school districts in Pima County as well as several private colleges and one of the Pima

Community College campuses. It has been very well received and has had a positive impact on the understanding of mental illness and suicide. So far it has been presented at the high school level and above, with one middle school participating. It is presented to students and staff.

- MIKID also reported that there are concerns about the reactive nature of behavioral health services rather than being proactive and this has been discussed with CPSA.
- The PCHRC information brochure has been updated to make it more inclusive and easier to follow. Copies of the updated version were made available to members at all Behavioral Health facilities, hospitals, etc.
- Report given to Cpsa citing concerns about services being in place in a proactive manner in the children's system.
- Mikids reports that flex funds need to be spent by end of fiscal year. Clients are being called and offered programs or equipment to utilize remaining funds.
- The children's side of the Crisis Response Center is being underutilized. Children are going directly to Sonora Hospital instead. Issues were presented to the CRC Advisory Council. The director took note and investigated.
- Children being taken to CRC are experiencing an average four hour wait prior to triage. Often there is only one person doing intakes. Reported to Dan Haley, CRC Board Member and CEO of HOPE. In addition adult wait time is averaging 6-8 hours.
- Nicholas Breitborde, Ph.D from EPICENTER provided an overview of what the center provides. Excellent information of early psychosis, including demographics and outcomes. EPICENTER provides specialized, phase-specific treatment for persons early in the course of a psychotic illness. This is the only specialized clinic in Arizona.
- Meeting held with Pat Benacheck, Pima County Mental Health to discuss needs for assistance with non-Title XIX patients being discharged from Kino.
- DBHS provided committee with presentation on special assistance.

## **2013 FOCUS AREAS**

Guest speakers included Senator Ron Barber and State Senator Dave Bradley.

Outcomes of the annual meeting led to top focus areas for 2013:

Top Four Objectives for 2013:

- Site Visits
- Community Education-Outreach
- Awareness & Advocacy of Children's Issues
- Provider Interaction with PCHRC

The Committee wishes to thank the staff of the Arizona Department of Health Services, Bureau of Consumer Rights, for their support, which has encouraged the work of the Committee.

Respectfully submitted,

Ken Karrels, Ph D.  
Chairperson, PCHRC

Susan L. Hyder  
2<sup>nd</sup> Vice Chair, PCHRC

Cc:

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Jonathan Rothschild

Arizona Governor  
Mayor, City of Tucson  
Tucson City Council  
Pima County Board of Supervisors

John S. McCain  
John Kyl  
Andy Tobin  
Steve Pierce  
Will Humble  
Nancy Barto  
Dr. Laura Nelson, M.D.  
Neal Cash  
Clark Romans

U.S. Senator  
U.S. Senator  
Speaker of House Arizona  
President Arizona Senate  
Director Arizona Department of Health Services  
Chair, Arizona Senate Health Care & Medical Liability  
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