

March 20, 2014

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

**PIMA COUNTY HUMAN RIGHTS COMMITTEE (PCHRC)
ANNUAL REPORT
JANUARY – DECEMBER 2013**

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 twelve members as of the date of this report. While we had a few departures we were able to replace and maintain the same number of members as 2012. Recruitment of new members continues to be a priority, specifically in the area of Parents or Professionals working

with children. The membership is diverse with five family members, four consumers, and others representing law, medical, education, health care and advocacy.

The following are members of the current PCHRC:

Ken Karrels, Ph.D. /Chairperson	Barbara Carling	Paul Appleby
Joe Mucenski/1 st Vice Chairperson	John O'Dowd	Eleanor Schorr
Susan L. Hyder/2 nd Vice Chairperson	Connie Stevenson	Amy Sherwood
Judy Kowalick	Susan Moreno	Scott Harrington

ORGANIZATIONAL STRUCTURE

The PCHRC met monthly in 2013 on the 4th Tuesday of each month for approximately 2 hours. The following people also attend monthly meetings:

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

Other Guests included:

- Dr. Richard Rhodes, MD, Medical Director Crisis Response Center (CRC) and the Behavioral Health Services University of Arizona Medical Center (South Campus).
- Whitney Gorkie CPSA, PI/QM administration assistant
- Scott Harrington, Phar.D., RPh

Work Groups

Each member also participates in at least one work group, which addresses more specific issues related to advocacy, rights, incident and accident, seclusion and restraint, Legislative, CPSA/Update, Media Relations, National Alliance on Mental Illness Southern Arizona (NAMISA) Liaison, review of research proposals, site reviews, Crisis Intervention Training (CIT), community education 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.

Below is a summary of key work groups:

INCIDENT & ACCIDENT

During 2013 there were 1948 Incident & Accident reports reviewed by the work group. This is a 668 or 52% increase over 2012. This is a concerning trend as 2012 showed an increase of 37% over the prior year.

SECLUSION & RESTRAINT

The Seclusion & Restraint work group reviewed 630 reports during 2013. This reflects an increase of 116 or 23%. There were numerous issues, which required follow-up activity and/or investigations.

DEATHS

- Total deaths in 2013 were 258, up 97 or 60% versus 2012.

The committee's work on death investigation is greatly hampered by lack of response from CPSA and DBHS. There are over 250 pending investigations that have resulted in no response from CPSA. Some of these investigation requests were submitted well over a year ago. The committee has spent countless hours trying to resolve this with CPSA. The committee has been told by CPSA that they are working on other projects preventing them from responding to these critical requests for status updates on these investigations.

Total reports reviewed were 2836, up 769 vs. 2012.

Site Visits

Site visits have been scheduled for the first quarter, 2014 at the following locations:

- Sally Le
- Majestic Manor – 2 locations
- Institute for Guiding Lives
- Paul Appleby (new member) will attend several site visits in a learning capacity.

Community Education

- Daniel R. Moreno Recovery Awards Dinner was held at The Skyline Country Club.
- The Schorr Awards were presented on April 4 at the Arizona State Schools for the Deaf and Blind – Tucson. The Honorable Ron Barber, U.S. House of Representatives for his distinguished Contribution in Furthering Public Understanding of Mental Illness.
- A PCHRC Facebook page is up and running to further improve knowledge and communication among the public and interested parties. Web site address is

Community Education (cont.)

- Mental Health awareness Week Candlelight Service was held in October 2013 to increase awareness in the faith based community. NAMI Southern Arizona arranged the event.
- Media coverage has improved. Arizona Public Media now has a dedicated Mental Health reporter. Their first piece aired featuring an interview with Joe Mucenski, PCHRC member, regarding Crisis Intervention Training (CIT) for law enforcement when confronted with a mentally unstable person.

Training

CPSA began the new Mental Health First Aid Training for the public.

- The program is an eight-hour course teaching people how to help someone. The training helps people to identify, understand and respond to those with signs of mental illnesses or substance abuse disorders. In collaboration with CPSA, Pima Community College is also providing the course at two campuses.
- **OPTIONS**, a suicide education and prevention program is taught by committee member Susan Moreno, Assistant Site Director/MIKIDS/OPTIONS Coordinator.
- **Of concern is the lack of statewide training or meetings for the HRC's in several years by DBHS.**

2013 ACTIVITIES

Activities of the PCHRC in 2013 included the following updates, education, discussions and/or actions:

Improved communication with providers:

La Frontera, represented by Renna Quejada attended the March PCHRC meeting. She also does other work at North West ER and social work at UMC. Renna stated there is currently a staff of 50 at La Frontera. They have 24/7 client services and are staffed at the CRC. Renna plans to attend meetings periodically.

Cope Behavioral Health Services, Inc., represented by Siobhan O'Boyle attended the April PCHRC meeting. COPE is a lifestyle improvement center, serving the community through a series of wellness, health promotion, clinical and community activities to help balance the mind, body and spirit. The staff works assisting members with improving their health status by offering classes and groups aimed at addressing chronic conditions such as obesity, diabetes and cardiovascular concerns. They have many new programs available. Services are open to all enrolled clients and family members over the age of 18. Siobhan plans to attend meetings periodically.

The COPE Mesquite facility has been open for a year and has a medical clinic on site. Most AHCCCS plans are accepted both medical and behavioral. The facility also has a pharmacy. COPE is currently working on opening a medical clinic at a 3rd location. Patient feedback thus far is good; patients particularly liking that there is one medical record.

Discharge Planning

The committee reviewed procedures for discharge planning from the CRC at UAMC Kino Campus and discussed the adequacy of the procedures. Each provider assigns a caseworker to facilitate continuity of care before the patient is discharged from in-patient care. The caseworker contacts patient after discharge to arrange continuity of care through providers. The committee is continuing to monitor the need for additional procedures.

SAMHC and Compass merged at the end of the year. The purpose of the merger was to provide more comprehensive Mental Health services to our consumers. The PCHRC will continue to follow up on the effectiveness of the merger.

Chemical Restraints

The PCHRC noted an increased number of chemical restraints at the CRC, enough to discuss with CRC. They have been tracking and providing data to PCHRC as well as training staff. They shared the training with PCHRC. CRC was very responsive.

The Substance Abuse and Mental Health Services Administration (SAMHSA) gave the PCHRC an excellent presentation on "Promoting Alternatives to Use of Seclusion and Restraints through Trauma Informed Practices". This was a review of the training they provide new staff.

Children's Issue's

The children's side of the Crisis Response Center is being underutilized. CRC needs to promote the youth portion of the center more aggressively. MiKid is working with CRC to set up more of a presence at the center and hope to begin parent support groups on the premises.

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, Inc. In addition adult wait time is averaging 6-8 hours. Susan Moreno, Assistant Site Director/OPTIONS Coordinator of MIKIDS is working with CRC on this issue.

Transitional age (children to adult services) remain a challenge. All providers have a transitional age program, however the services are in-consistent and there is a heavy emphasis on substance abuse treatment.

The Crisis Response Center

Dr. Richard Rhoads, MD, Medical Director of the Crisis Response Center (CRC) provided PCHRC with key data following the facilities' second anniversary.

The Crisis Response Center (cont.)

The CRC encompasses the:

- Crisis Call Center
- Crisis Intervention Clinic (CIC)
- Crisis Stabilization Unit (CSU)
- 15-bed Short-term Inpatient Unit (STIU)

Services at the CRC include:

- Walk-in crisis assessment, observation and stabilization services
- Short-term inpatient services
- 24/7 Crisis phone lines
- Crisis mobile teams
- Crisis transportation
- Response to Police
- Hospital ED Response

During FY 2013 the CRC responded or provided services to the following:

In 2013 total crisis calls to the CRC had increased to 113,894 calls. An average of 9491 calls monthly. This reflects an increase of 2469 monthly calls compared to the first year of operation. The continuous increase in requested services demonstrates the on-going need in the community for the CRC.

Continued Concerns:

- **There is a perception among stakeholders, including consumers that DBHS fails to promote transparency in providing services.**
- **The PCHRC continues to address the issue of DBHS's refusal to follow the ruling by Pima Superior Court Judge Leslie Miller granting the PCHRC the right to receive redacted reports detailing the circumstances in client deaths. The Committee is represented by the law firm of Lewis & Roca in litigation that is pending in the Court of Appeals, PCHRC vs. ADHS.**
- **Of concern is the lack of statewide training or meetings for the HRC's in several years by DBHS.**
- **The committee's work on death investigation is greatly hampered by lack of response from CPSA and DBHS. There are over 250 investigations that have resulted in no response from CPSA. Some of these requests to begin investigations were submitted well over a year ago. The committee has spent countless hours trying to resolve this with CPSA. The committee has been told by CPSA that they are working on other projects preventing them from responding to these critical requests for status updates on these investigations.**

- **Lack of follow up on requests for investigation.**

2014 FOCUS AREAS

Outcomes of the annual meeting:

Top Five Objectives for 2014:

- Improve timeliness of reporting back to PCHRC from CPSA/DBHS.
- Increase site visits of special needs clients wherever they may reside.
- Continue assertive community education outreach.
- Increase awareness and advocacy on behalf of children.
- Improve and increase communication and interaction with Providers

The Committee wishes to thank the staff of the AZ Department of Health, Bureau of Human Rights and the Community Partnership of Southern Arizona for their support.

Respectfully submitted,

Ken Karrels, Ph. D.
Chairperson, PCHRC

Susan L. Hyder
2nd Vice Chair, PCHRC

Cc:

Jan Brewer	Arizona State Governor
Jonathan Rothschild	Mayor, City of Tucson
John S. McCain	U.S. Senator
Jeff Flake	U.S. Senator
Steve Pierce,	President Arizona Senate
Andy Tobin	Speaker of House Arizona
Will Humble	Director Arizona Dept. of Health
Linda Gray	Chair, AZ Senate Health Care & Medical Liability
Neal Cash	President/CEO Community Partnership of Arizona
Clarke Romans	Executive Director NAMISA Pima County

Cory Nelson	Deputy Director ADBHS
Danna Whiting	Behavioral Health Administrator Pima County
Maria Parnham	Editor, The Arizona Daily Star
Mental Health Reporter	Arizona Public Media
Andrea Dalessandro	District 2, Arizona Legislature
Macario Saldate IV	District 3, Arizona Legislature
Sally Ann Gonzales	District 3, Arizona Legislature
Rosanna Gabaldon	District 2, Arizona Legislature
Karen Fann	District 1, Arizona Legislature
Andrea Dalessandro	District 2, Arizona Legislature
Al Melvin	District 26, Arizona Senate
Vic Williams	District 26, Arizona House
Terri Proud	District 26, Arizona House
Paula Aboud	District 28, Arizona Senate
Linda Lopez	District 29, Arizona Senate
Ted Vogt	District 30, Arizona House
Frank Antenori	District 30 Arizona House