

Final-2/24/09

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

**PIMA COUNTY HUMAN RIGHTS COMMITTEE
ANNUAL REPORT
JANUARY – DECEMBER 2008**

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

The Pima County Human Rights Committee (PCHRC) is dedicated to promoting and protecting the rights of persons with serious mental illness who receive mental health services, pursuant to Title 36, Chapter 5, front the Arizona Department of Health Services and to do all things which may be required of the PCHRC pursuant to and defined by Title 41, Chapter 35, Article I, of the Arizona Revised Statutes; Arizona Administrative Code, Title 9, Chapter 21, Rules 105 and 106; policies of the Arizona Department of Health Services; and/or court order as each may be applicable and as each may be amended from time to time.

The PCHRC provides, within Pima County, specific and independent oversight and review of the following:

- A. Allegations of illegal, dangerous or inhumane treatment of clients and enrolled children.
- B. Reports filed with the State Human Rights Committee concerning the use of restraint, seclusion, neglect, exploitation, mistreatment, accidents, injuries, deaths and failure to treat.
- C. Provision of services to clients identified as needing special services.
- D. Violations of rights of clients and enrolled children and conditions requiring investigations, which may include inspections of client records and/or site visits.
- E. Any other issues affecting the human rights of clients and enrolled children.
- F. Research involving clients and enrolled children within the Pima County mental health services region.

MEMBERSHIP

The Committee has thirteen members on December 31, 2008 increasing from ten in 2007. 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, two consumers, and others representing law, medical, education, health care and advocacy.

The following are members of the PCHRC as of December 31, 2008:

Ken Karrels, Ph.D. /Chairperson	Dave J. Ruitenber	Barbara A. Rhodes
Joe Mucenski/1 st Vice Chairperson	Charlie Arbaugh	
Susan L. Hyder/2 nd Vice Chairperson	Judy Kowalick	
Eleanor Schorr	Elizabeth Edwards	
John O'Dowd	Mary Wetzel, Ph.D.	
Karol Basel	Barbara Carling	

ORGANIZATIONAL STRUCTURE

The PCHRC met monthly in 2008 on the 4th Tuesday of each month for approximately 2 hours. Each member also participates in at least one sub committee, 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, ADHS HR Committee Coordinator; records minutes and maintains data.
- Noel Gonzalez, Director of Performance Improvement & Quality Management for CPSA.
- Susan Hodges, CPSA Legal Counsel for CPSA
- Michelle Michelson, Arizona Center for Disability Law
- Mary Pizzirusso, ADHS-OHR

During 2008, the PCHRC had several guests who provided updates and discussion on various issues. Guests included Margery Sheridan, ADHS BCR Chief of Consumer Rights; Eddie Broadway, Deputy Director ADHS; Neal Cash, President/CEO CPSA; Dr. Laura Nelson, Deputy Director ADHS; and W. Mark Clark, President and CEO of Codac Behavioral Services.

SUB-COMMITTEES

Committee members take on one or more additional roles and responsibilities on the following sub-committees:

Incident/Accident, Seclusion/Restraint, Research Proposal Review, Legislative Update, Media Relations, Liaison with local NAMI affiliate, 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 sub-committees, their work, findings and recommendations for 2008:

INCIDENT & ACCIDENT

During 2008 there were 870 Incident & Accident reports reviewed by the sub-committee. This is an increase of 21% or 151 reports as compared to 2007. There were numerous issues, which required follow-up activity or investigations. Each of these issues was discussed at length by the sub-committee and as appropriate by the general committee.

SECLUSION & RESTRAINT

The Seclusion & Restraint sub-committee reviewed 385 reports during 2008. This is an increase of 11% or 37 reports over 2007. There were numerous issues, which required follow-up activity and/or investigations.

SITE VISITS

In 2008 the PCHRC did not conduct site visits. This remains a key priority for 2009.

Community Relations

Development of Committee members included presentations and/or discussions with:

Eddie Broadway, Deputy Director ADHS; Neal Cash, President/CEO CPSA; Dr. Laura Nelson, Director of the Arizona Department of Health Services/BHS; and W. Mark Clark, President and CEO of Codac Behavioral Services.

2009 FOCUS AREAS

The PCHRC 12th Annual Planning meeting was held January 24, 2009. Outcomes of that meeting provided direction for the Committee as follows:

1. A Systemic Advocacy Committee has been formed to determine and act on methods the PCHRC will take to reach out to Elected Officials, Behavioral Health Services, Consumers, the media, and community advocate groups.

In addition, PCHRC will explore the viability of publishing a newsletter and hold Public Forums to improve visibility in the community.

2. Mortality & Morbidity Reports – PCHRC to continue working to improve systemic issues and improved transparency
3. Review rational for the 21% increase in Incident and accident reports in 2009 vs 2008.
4. Crisis services will be monitored to assure consumers and family members are receiving timely and appropriate responses
5. A Discharge Planning sub-committee has been assigned to review and work with hospital and behavioral health organizations to assure appropriate discharge planning and follow up plans are implemented.
6. Crisis Intervention Training – increase training throughout the County.
7. Site Visits – Site reviewed committee has been established in order to resume oversight of residential placements, i.e., room and board.

ACTIVITIES

Activities of the PCHRC in 2008 included the following discussions and/or actions:

1. PCHRC lost the services of an ADBHS liaison, no replacement has been provided. Yisel Sanchez ADHS Administrative Assistant has been doing a great job covering these needs as much as possible for PCHRC.
2. Requested that all investigations not accepted by DBHS be forwarded to RBHA and not returned to the HRC.
3. M&M reports: current turnaround time for death reports is average 90 days. Request made to DBHS that M&M reports be reviewed before committee requests an investigation.
4. Form used by HRC to request an investigation revised to assure committee member requesting the investigation receives the decision directly.
5. Palo Verde Hospital: Investigation of abuse of patient restraints resulted in improved communications between the Department of Hospital Licensing and AZDH/BHS.
6. Crisis Services were redistributed from SAMHC to the Behavioral Health Providers in February 2008. PCHRC has concerns about after hour services and real time communication between the provider networks crisis staff and SAMHC when a mobile crisis team is

ACTIVITIES (cont.)

7. Reviewed discharge-planning procedures as client's transition from hospital to appropriate housing and post discharge services.
8. PCHRC held one monthly meeting at CODAC administrative facilities.
9. PCHRC had representation at the Recovery Expo at Reid Park on September 29, 2008.
10. Ongoing issues with reports, missing paper work, duplicate numbers added to different cases; reports are not collated by number and cannot be reviewed without incident report. Dr. Nelson, ADHS, recommended procedures.
11. Committee requested that age and/or birthdates be in the report.
12. Advocated for and reviewed systemic issues regarding client residing in unlicensed Room & Board.
13. County Attorney contacted for explanation of decision not to prosecute on case #5305 due to lack of perceived lack of credibility due to mental illness of complaining victim.
14. Executive Director of Cope was notified of complaints regarding Cope psychiatrist who was discussing religious orientation with clients.
15. Open Report list reduced by 39 reports as of October. Thirteen pending and 21 reports resubmitted due to CPSA not receiving them. Request as to why CPSA has so many open 2007 reports and cause of delay.
16. Committee completed a review of case #3218 triple fatalities and sent letter to Dr. Nelson recommending additional corrective action to close gap in services needed by SMIs discharged from inpatient treatment and lack of CIT involvement.
17. Letter submitted to U of AZ Police Chief recommending CIT training for its dept. members.

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
2nd Vice Chair, PCHRC