

Central Arizona
Independent Oversight Committee
on the
Mentally Ill

January 15, 2020

The Honorable Douglas A. Ducey
Governor, State of Arizona

The Honorable Karen Fann
President, Arizona State Senate

The Honorable Rusty Bowers
Speaker, Arizona House of Representatives

Dear Governor Ducey, President Fann and Speaker Bowers,

Pursuant to A.R.S. § 41-3804(G), we attach this combined 2018/2019 Annual Report of the Central Arizona Independent Oversight Committee (IOC or Committee); previously the Maricopa County Human Rights Committee for the Mentally Ill. The Annual Report covers the Committee's work over the past two years and provides an overview of our continued contribution towards promoting the care and insuring the rights of those in Central Arizona (primarily Maricopa County) who have been designated as having a Serious Mental Illness.

The Independent Oversight Committees (IOCs) 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.

To that end this **all volunteer** committee has met a minimum of 20 times in the last two years not including special meetings, training sessions, or site visits (4 meetings/year are mandated). The last year has seen a much needed improvement in morale of the IOC. This positive change was caused by statutory revisions (introduced by then Senator Barto and virtually unanimously supported by the legislature) wherein the ADOA (personnel such as Christopher Klemenich, Mike Beller, Larry Allen, and Victoria Peralta) took on the role of liaison to the agencies to which we provide oversight. The relationships that previously appeared to be adversarial are slowly becoming collegial.

As members of the IOC we remain available for questions and as a resource to the State.

Sincerely,

Jack Potts, M.D.

For the Committee -Jack Potts, MD, Chair
(IOC@AZDOA.GOV) (602-885-1225)

CC:

Sen. Kate Brophy McGee, Health and Human Services Committee Chair
Rep. Nancy Barto, Health and Human Services Committee Chair
Director Jami Snyder - AHCCCS
Director Andy Tobin – ADOA

Central Arizona Independent Oversight Committee on the Mentally Ill Annual Report

2018/2019 ANNUAL REPORT

Introduction

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

- 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.

2018 was clearly a very tumultuous year for the Committee in part because of what was perceived as an adversarial relationship by AHCCCS. The difficulty of providing "oversight" for an agency to which one reports was problematic, to say the least. However, those difficulties were set on the path to resolution primarily through the efforts of Representative Nancy Barto with the support of colleagues including Sen. Kate Brophy McGee and departmental representatives from the executive branch. To that end the Arizona Department of Administration rather than the Department of Health or AHCCCS was made the responsible coordinating agency for the Mental Health IOCs.

As of the date of this report a "manual" proposed by ADOA apparently with input provided by various agencies has not been adopted. Uniform feedback was provided by the three Mental Health IOCs regarding the proposed manual. Even though ADOA has been quite responsive with providing support and liaison staff a collaborative/joint meeting regarding the manual has yet to be scheduled.

Membership: (per ARS 41-3803D)

There continues to be issues finding volunteers desirous of making the time commitment who also have identified expertise that meets the preferred membership requirements. Some changes in our membership have occurred; primarily in 2018. The current membership has been relatively stable for 2019. No significant changes are anticipated as we go forward to increase our membership. We continue to seek public safety and criminal justice representation. Throughout the years there have been discussions and requests for clarification regarding voting and nonvoting status; this continues to be an issue for discussion. ADOA has proven responsive in reviewing membership applications and the ADOA Director has been timely in the appointment of members when approved by the Committee.

Current Members

Jack Potts, MD (Medicine, Psychology)- Chair
Marie Raymond (Family Member – Parent, Education) – Vice Chair
Jim Ward (Mental Health) - Secretary
Jim Dunn, MEd (Mental Health)
Matthew Moody (Mental Health, Social Work)
Holly Gieszl, Esq. (Law, Mental Health)
Joy Green, (Family Member-Parent)
Josh Mozell, Esq. (Law, Mental Health)
Kathie Roe (Family Member – Parent, Special Education)

Central Arizona Independent Oversight Committee on the Mentally Ill Annual Report

(Previous 2018/2019 members: Scott Gormley, Lisa St. George, Deborah Jorgensen)

IAD Reports

The National Association of State Mental Health Program Directors (NASMHPD) published a report noting that 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, which means just 46.8 years for individuals with serious mental illness. Because of the serious effects of mental illness on the individual (and ultimately society) an integral part of the Committee is to review the Incident, Accident and Death (IAD) reports submitted to the state by the various “provider” agencies.

On a monthly basis members of the Committee take responsibility for reviewing the reports which are now available for review on a secure website. AHCCCS personnel provided very valuable and appreciated training on the use of the website. The ease of using the website and the ability to request information in a timely fashion via the electronic format has dramatically improved the Committee’s efficiency. Over 500 IAD reports have been reviewed or screened by the Committee over the last two years.

As an example: during one month the IOC reviewed 30 Incident, Accident and Death Reports filed electronically. Included in those 30 reports were 12 indicating an individual experienced what was classified as an “Unexpected Death.” These individuals were 13, 31, 38, 45, 47, 51, 59, 60, 63, 68, 73, and 74 years of age. The Committee sought additional information on a number of the deaths in order to ascertain whether or not there was evidence of neglect or a pattern of irresponsibility.

However, there continues to be resistance on the part of some agencies to provide more detailed information on the SMI individual identified in the IAD report even though all committee members have signed Confidentiality Agreements. ADOA has been attempting to assist in this regard. However, an independent AG opinion may be necessary as opinions from the agencies involved are obviously potentially self-serving.

Site Visits

An essential component of the IOC is to talk to SMI individuals and review conditions at facilities where they reside. The Committee’s responsibility is obviously not to infringe on the work of other agencies such as licensing, zoning, etc. It is to review often less tangible issues such as cleanliness, housing arrangements, quality of communications, quality-of-life issues, and the like. Often we look at issues such as presence of garbage, adequate lighting, access to telephones, and general cleanliness (e.g., urine smell, cleanliness of bathrooms, etc.). To this end Committee members make site visits to randomly selected facilities where individuals within the behavioral health system of care reside. The site visits are unannounced to ensure that program managers do not prepare, and everything is as it would be every day of the year. Committee members have randomly visited over two dozen different programs and residential facilities over the last two years.

Over the last year there has been an improvement in accuracy of the Special Assistance list which we rely upon in visiting the different sites. Previously, a large percentage of individuals that were listed as residing at a certain locale had not been living there for many months. More recently the error rate has

Central Arizona Independent Oversight Committee on the Mentally Ill Annual Report

dropped significantly. Data on the Excel spreadsheet seems to have improved but recent changes have caused a problem with the Committee. We were previously able to sort by Zip Code which was helpful in choosing sites to visit but this is currently not an available option (this concern has been relayed to AHCCCS).

Visits were also made to two of the Psychiatric Urgent Care facilities where patients are brought when in crisis or for evaluation prior to civil commitment. Members have also visited various clinics. We have visited many Behavioral Residential Treatment Facilities as well as a number of "half way houses." In the last year there appears to be more awareness of our Committee leading to less resistance during our visits. In a majority of the visits we have made there have been no significant problems noted. For the most part residents have been satisfied with their housing environment. There have been few complaints regarding food. In most cases there are well placed bulletin boards with postings outlining rules of the residence, resident responsibilities, meeting schedules, etc. In addition the majority of house managers report that contact and monthly staffings with clinical and case-management staff works well for them and ultimately their residents. There has also been a vast improvement in timeliness and availability of transport services for SMI individuals in need.

But, for example, there are a couple of problems that we have noted in more than one location:

1. inappropriately limited access to telephones
2. lack of individual locked units/boxes for the resident's personal property
3. inadequate storage for clothing (no dressers no closets, etc.)

When appropriate these concerns are related directly to the house manager, housing agency, or AHCCCS. We have only revisited programs on a couple of occasions. We are developing a tool to help prompt us when a follow-up visit is appropriate. We have also created a worksheet to help us standardize our site visits and interviews with clients. There, however, is still some agency resistance to IOC members being able to talk directly with clients!

Another example of the impact of the Committee is exemplified by Ms. Joy Green who is a parent of an SMI individual. She noticed that clinic "Walk-In" hours were not openly posted necessitating patients being turned away or having to wait for inordinate periods of time before they could be seen. This issue was addressed after the IOC, through ADOA, brought it to the attention of AHCCCS and Mercy Care.

Training and Education

All Committee members are volunteers. Except for a couple of nonvoting members who are full-time employees of various mental health programs there is a steep and continuous learning curve. Thankfully, ADOA has worked closely with the IOC in obtaining training and education primarily from AHCCCS. The Committee has had special sessions on use of the IAD database as well as on how to access the State and Medicaid FTP server. We have all participated in mandatory open government training sessions. There have also been monthly meetings of the chairs of the three IOC's. These meetings have been coordinated by ADOA with participation by other agency experts.

Further specific training/education sessions are being considered for the Central IOC as well as being looked at on a statewide basis. We anticipate more training to help us understand the different types of housing, rights of 'consumers,' evolving roles of 'provider' agencies, etc. So far, the involved agencies have been more than willing to assist. Again, ADOA personnel have been instrumental as liaisons.

Central Arizona Independent Oversight Committee on the Mentally Ill Annual Report

Meetings

The Committee regularly meets on the third Wednesday of the month at 5:15 p.m. Since ADOA has been involved we have met at 1740 West Adams St. One public meeting was held at the Burton Barr Library. Because of the logistical support of ADOA and the website they established agendas have been posted and minutes have been uploaded on a timely basis. Representatives from the different providers regularly attend and offer updates and act as a resource. However, because of the fast changes in the mental health provider scene the Committee often does not know what questions to ask of them. This is an area that will be explored in upcoming meetings and through training.

We are actively looking for another more publicly accessible location to hold our meetings. Our goal is to increase the attendance and participation of the public during our meetings as it has fallen off since we started meeting in the more isolated location. On only a couple of occasions in the last two years has the Committee had to adjourn for lack of a quorum only to reconvene a week later. Hopefully, in the future this issue will be resolved by increased membership.

Upcoming Concerns

There are a number of concerns and issues that the Committee will be addressing over the next few months. Foremost among them will be resolution of the differences over the proposed “manual.” The Central IOC as well as the Northern and Southern IOCs are in full agreement that the relationship with ADOA has been working quite well and should continue without significant change. We desire that they continue to act as a liaison between the Independent Oversight Committees and respective agencies.

Among other issues that our Committee will address are concerns over the clinics and “providers” NOT coordinating with the Title 14 guardians of SMI/Special Assistance patients. We also continue to be concerned over patients being discharged from Level I secure facilities to inappropriate less restrictive settings such as homeless shelters, the streets, etc. Furthermore, we are attempting to review why those who should be receiving treatment do not and how that leads to incarceration which is a greater cost to the community and is harmful to the individual.

Suggestions

Because we are a volunteer organization, administrative support is critical to our functioning on a productive level. ADOA has provided a level of support not realized since DBHS was removed as our primary supportive agency.

The Central Arizona IOC looks forward to working with the other oversight committees in developing tools and expertise for helping to improve the care and success of those with serious mental illnesses. We strongly request – consistent with our IOC colleagues:

- Continued and consistent staff liaison support from ADOA
- Involvement in development of manuals, policies, and issues that directly deal with SMI individuals
- Continued timely responsiveness to the requests, questions and needs of the committee
- The ability to work proactively and collaboratively with appropriate agencies rather than be placed in a reactive role

Central Arizona Independent Oversight Committee on the Mentally Ill Annual Report

- Funding for logistical and minimal secretarial support to assist and improve our ability to be productive and of benefit to those whom we are appointed to help

The Central Arizona IOC is committed to building public participation and is dedicated to supporting our community members. Without the legislative and executive branch commitment to the SMI and to their rights, the work of the Committee will always be suboptimal. Community advocates, like the Center for Disability Law and community-based organizations, service providers, our state legislators and senators, first responders, Governor Ducey, AHCCCS, ADOA, and the families, supporters, friends and loved ones are vital to creating a welcoming and supportive community for those afflicted with mental illness. The Central Arizona IOC works for the individuals, children and families served by the behavioral health system. We are dedicated to them.

Respectfully Submitted
January 15, 2020