Case Study for Involuntary Commitment Training

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Background Info:

This 31-yo female was seen at the Wellness Center (WC) beginning in 2005 for substance abuse treatment while on probation. She maintained sobriety from alcohol and drugs and participated in group therapy regularly with occasional manifestations of thought disorder symptoms, such as tangential statements and loose associations. At that time, the symptoms were very mild and mostly imperceptible.

After giving birth to a premature baby with severe medical problems which needed surgery, her thought disorder became more pronounced and her moods began to vacillate more dramatically. CPS became involved and removed the child from her custody. Her mood swings and psychosis were now fully apparent. With some persuasion, she received psychiatric treatment; however, she appears unable to fully accept that she has a chronic mental illness that requires life-long medication to remain stable. Consequently, her compliance with medication appears sporadic. She has never required in-patient hospitalization before the incident today.

Narrative of Advocacy for Client on 8/1/09:

WC therapist asked for help obtaining appropriate care for Client who was reportedly found confused and paranoid in Show Low and taken by the police to the local Emergency Room. The E.R. staff recommends involuntary commitment, but report that the County Attorney's office will not allow involuntary commitment for anyone who resides on a reservation. I agreed to make calls to try to clarify situation and to help get appropriate services for Client.

Spoke to nurse at E.R. who reiterates challenges with the County Attorney's office who reportedly will not support involuntary commitment for any of their patients who reside on the White Mountain or reservations. Nurse adds that this is the first San Carlos Apache to need this service at their facility. She is worried about Client and believes she is too mentally confused and paranoid to be released, but because Client keeps asking to leave they may need to put her on the streets if they cannot get permission to involuntarily commit her as she is refusing voluntary treatment. Asked for and got name and # for County Attorney.

Called the County Attorney's office and asked to speak with the County Attorney. Was told he was out of the office for the week, so I asked to speak to the acting County Attorney. Was transferred to his assistant. After explaining situation to her, she stated she would contact the Assistant County Attorney who works with civil commitment cases for their office AND would try to page the County Attorney as well to have them contact me.

Next, called the Arizona Department of Health Services office and asked to speak to the Department of Behavioral Health Service's Tribal Contract Administrator in the Bureau of Compliance. Explained situation and asked about contacting the Asst Attorney General at Arizona State Hospital who has worked on clarifying the state's involuntary commitment laws for Native Americans and who has offered to help if challenges are encountered. The liaison explained that this person was one of 29

Assistant Attorney Generals laid off by the state due to budget cuts. Instead, she suggested I call the manager of their Office of Human Rights. Called and left a message for her.

Called the WC Program Manager and briefed her on situation and discussed ways to protect our client. She concurs with current steps being taken and with plan to possibly file a complaint with the state if the hospital releases Client to the street while she is floridly psychotic. She asked what meds have been given to Client and I agreed to find out.

Again called E.R. nurse and she referred me to the E.R. physician. He states he has given her no meds today, though he thinks she was given Attivan last night. Suggested he consider giving her a quick acting, short-term Haldol-D IM injection to clear her thinking. He agreed to this if Client will consent and asked what other meds she is supposed to be on. I told him I would find out and call back.

Spoke to the WC primary therapist again and updated her on what is being done with the case and asked about Client's meds. She states she knows what Client was on in San Carlos, but adds that Client was sent to Phoenix Indian Medical Center (PIMC) for a new psychiatric consult in the past few weeks, so her meds may have changed. A Release of Information form was sent to PIMC, but no information was being shared. Therapist reported that she called PIMC to find out what had been done and was told that the treating physician is out for the week. I then called PIMC and spoke to the on-call psychiatrist. After staffing case with him, he shared that Client was prescribed Seroquel 150 mg and Celexa 20 mg at her last visit.

Called Show Low E.R. physician back and shared prescription information, as well as phone calls made to the County Attorney's Office and ADHS. He relayed that he spoke to Client about the Haldol shot and she agreed to it, so it is being prepared for her. He stated she is still very confused and asking for "a patch for her uterus." He will restart her Seroquel and Celexa at this time as well.

Called the tribal liaison at Cenpatico and explained situation. She offered to make calls and to try to reach the tribal liaison at NARBHA, the RBHA for Show Low.

Later, spoke again to the Cenpatico tribal liaison. She states she spoke to the crisis services coordinator at Cenpatico and they suggest one of the following 3 solutions: (1) have the family get involved and petition the tribal court for an involuntary commitment and then have the family bring her back down to San Carlos, (2) talk to the Gila County Attorney's office and have them communicate with the other County Attorney's office, (3) have WC go up and evaluate her and then work to convince her to go voluntarily to the hospital. Discussed the challenges with each of these suggestions and why they would not work for this particular client. Additionally, pointed out that the Client is still not getting help throughout this process. She stated she would call the tribal liaison for NARBHA and get her involved.

Called the manager at the Office of Human Rights at ADBHS again and left new numbers and ways to reach me as I go into group session and meetings this afternoon. Directed WC receptionist to interrupt my sessions if she calls back.

Received a phone message from the tribal liaison for Navajo County and called her back. Left another message setting up a 2 pm phone conference.

The manager of the ADBHS Office of Human Rights returned call and reports she is not the right person to be addressing this issue and knows little about tribal involuntary commitment issues. She agreed to make calls and to try to find someone who could help.

Received a phone message from the Deputy County Attorney stating he works with Title 36 situations (involuntary commitment) and would be out of the office, but gave his cell number.

Called to check on Client's well-being and spoke again with the Show Low E.R. physician. He states the Haldol-D injection helped tremendously, her thinking is starting to clear some, she has slept, and she agreed to take her oral meds and is also agreeing to voluntary hospitalization. They are working to get a bed for her at Palo Verde Hospital in Tucson.

Spoke with the tribal liaison for NARBHA. She confirmed that the commitment laws from tribal court do not apply in this situation. Rather than looking at residence, one looks at location of psychiatric emergency. Per her understanding, Client should be treated with the standard operating procedure for any AHCCCS-eligible person presenting with a psychiatric crisis at the Show Low E.R. (e.g., call CCC who will do psych eval, file for civil commitment, & arrange in-pt stay).

Returned call to Assistant County Attorney and discussed case with him. He adamantly refused to have his office involved and spoke of me getting an "order to transport" and having Client brought back to San Carlos. Her civil rights as a citizen of Arizona were brought up, as well as her mental health needs, but he stated they would not work with her. He was asked to contact representatives from the state on this, but he stated they had their policy on this. He was urged to attend the up-coming training on understanding and interpreting the law about involuntary commitment from tribal courts, and he stated he would go to this if he was told the date. Additionally, I let him know that if this Client is hurt in any way, I will be filing complaints with the state not only against the hospital who released her while psychotic, but also against his County Attorney's office for failing to appropriately protect her civil rights as a citizen of the state of Arizona.

Called tribal liaison for NARBHA back and explained the position of the County Attorney's office and their refusal to be involved. Also, told her that they are willing to come to the training, but do not know when it will be. She stated she would do outreach with them to get them the training info and would contact the state's primary trainer for this event and explain that the issues raised by this case needs to be addressed.

Called E.R. physician back and explained situation. He was glad to hear that the upcoming training may open up the roadblock the County Attorney's office has created by clarifying this law for them.

Called ADBHS Tribal Contract Administrator back to update her on the situation and to ask her to consider addressing the issues of this case in her upcoming trainings. She asked for a case study and I agreed to prepare it for her. She also suggested having the Tribal Attorney get involved and asking him to contact the County Attorney's office.

Updated primary therapist on status of case and asked her to help with writing intro to case study to be used in state-wide trainings.

Called manager for ADBHS Office of Human Rights back and let her know situation has been resolved with the client agreeing to go to psychiatric hospital voluntarily, but urged that more work be done on this issue as other clients will be facing this same challenge in the future.

Called the WC Program Manager and updated her on the status of the case. Asked for permission to contact tribal attorney and she stated she supported this. Called the Director of Health and Human Services for the tribe and left a message about my plans to contact the tribal attorney and briefly explained the situation.

Called the tribal attorney and was told he would be out of the office until Monday, but would return my call then.

Received a phone message from the Assistant County Attorney. He stated they would accept Client's case and work on her Title 36 commitment. While he stated that the state court says county courts cannot exercise jurisdiction over a tribal member, he states it does not specify if this applies when a tribal member is off reservation. Because of this, he is willing to take on this case and let Client's attorney argue on her behalf if this is to be fought.

Called E.R. physician back to check on Client. He states that 2 psychiatric in-patient hospitals refused to take her because, even though she was willing to go, they state she is not competent to give her consent. Consequently, he was delighted to hear from the Assistant County Attorney with the news that they would work on an involuntary commitment. He states they have called CCC who are on their way to do the psych eval and will work on the actual in-pt psychiatric hospital admission.