

Douglas A. Ducey
Governor



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Chief of Operations
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ARIZONA DEPARTMENT OF ADMINISTRATION

OFFICE OF THE DIRECTOR

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January 6th, 2019

The Honorable Douglas A. Ducey
Governor, State of Arizona
1700 West Washington Street
Phoenix, Arizona 85007

The Honorable Karen Fann
President, Arizona State Senate
1700 West Washington Street
Phoenix, Arizona 85007

The Honorable Russell Bowers
Speaker, Arizona House of Representatives
1700 West Washington Street
Phoenix, Arizona 85007

On behalf of Arizona State Hospital (A.S.H.) Independent Oversight Committee, it is my pleasure to present to you the Annual Independent Oversight Committee report for 2019. The report has been prepared in accordance with the requirements of A.R.S. § 41-3804(G).

The Arizona State Hospital (A.S.H.) Independent Oversight Committee (I.O.C.) has undergone a reorganization. The former Chair has resigned along with several former board members. ADOA has brought much needed organization to the I.O.C. committee. The relationship between the former Human Rights Committee (H.R.C.) and the A.S.H. administration had become strained, and there was little cooperation. The H.R.C. was not permitted on hospital grounds for some time, and meetings were no longer held at Arizona State Hospital. Committee members were accused of being involved with some behaviors of an individual that failed to obey boundaries. Requests for information were previously not requested formally. Under the new ADOA direction, we now ensure majority approval to request any information and use a formal system for such requests. The new Committee has received mandatory training in Open meeting law. This training is valuable for all committee members to undertake before I.O.C. participation. We also emphasized the need to keep relationships with the patients in a purely professional manner.

We do not advocate for any individual patient but advocate for all patients. We adopted a purpose statement for our Committee.

“To provide independent oversight for patients at A.S.H., promoting and protecting their safety, dignity, quality of life, and human rights; with the goal of reintegration back into society.”

The newly formed I.O.C. sent a letter of appreciation to Dr. Dingle for years of service to the patients at Arizona State Hospital to try and repair the fractured relationship.

ADOA has provided a valuable service as a non-biased facilitator. They have offered supportive collateral material:

- Updated brochures
- Operations manual
- Business cards
- Badges with photo identification
- Updated procedural forms
- New website

The A.S.H. I.O.C. committee had a Behavioral Functional Analyst come to the June 2019 A.S.H. I.O.C. meeting to discuss the role of the behavior analyst in treatment planning and successful discharge planning. In that meeting, the A.S.H. I.O.C. learned more about the functional behavior analyst's role along with elements of a successful discharge plan. The aspects of having the inpatient teams and outpatient teams coordinating on the discharge plan to ensure a smooth supportive discharge. We learned that when discharge planning has activities set up before the release, rather than asking for referrals after discharge, the chances of success increase (no returns to the hospital).

It would be of great value if A.S.H. could hire functional behavioral analysts, but it may not be able to due so due to budgetary constraints.

A.S.H. administration provided updated R.O.I. and Guardianship release forms required to visit patients with a guardian.

We requested information on privileges related to mall hours.

We asked for the ability to visit during the weekend since all committee members are volunteers and work fulltime. This request could not be accommodated by A.S.H. administration. The A.S.H. patient advocate has accommodated a visit that ran well over the intended visitation period.

A few meetings were canceled due to quorum issues. We changed the bylaws to permit a person to join the Committee after attending one session instead of three sessions.

We requested policy and guideline for:

- Staff development & training- received
- Forensic levels- received
- Protocol for police being called after an incident has occurred - received
- Clarification on patients taken to jail and re-admittance into A.S.H.- received
- The description of guardian notification upon incidents or medical treatment- partially explained

- Grievance and complaint processes (January 2020 meeting)
- Diagnosis and severity for A.S.H. admission into the Civil campus. -denied
- Better tracking of Incident and Accident reports to seclusion reporting. -accommodated
- Seclusion reports have better documentation of what behaviors the observers see to warrant continued seclusion. Overall the documentation has improved.

We have discussed that we have not seen any deaths listed in the Incident and Accident reports for the past few years. We still have not viewed any to date.

A.S.H. administration does not attend the meetings. We have requested that they attend, that request was denied. The Acting Chair does call the administration to clarify the Incident and Accident reports with Chief quality officer Lisa Wynn of patient advocate Jacqueline B before the monthly meetings. Due to the short time frame between when the Accident and Incident reports are available in the AHCCCS portal and the scheduled meeting, this is not always possible. The A.S.H. administration is working on getting the reports uploaded sooner. At this point, only the acting chairperson has access to review the reports. The Chair has requested that other members gain access to ensure there are multiple reviews of the incidents from different perspectives.

Our primary concern is that patients have consistently voiced concerns over retaliation from some staff after they file grievances. There is also an ongoing complaint that not all staff act in a therapeutic and supportive manner with the patients. We believe it would be beneficial to have a surveillance system that has both audio and video capability to help better investigate and/or substantiate some of the grievances and complaints.

We continue to see significant incidents on the civil campus units. There are fewer incidents on the forensic units.

We received very few civil requests for visits during 2019. We began visiting patients on the forensic side after July 2019.

We are working on the following initiatives:

- Getting education funding for patients through philanthropic donations.
- We are asking peer-run organizations if they can provide training on campus.
- Trying to assist in getting more funding for staff to help reduce the number of current staffing vacancies as we feel it hinders patient treatment. We also think that staff shortages create tension when staff shortages prevent therapeutic activities happening on time and/or visits to the patios or mall.
- Prioritize updated training for staff on lowering violence and seclusion and restraint usage.
- Advocating for updated surveillance systems on civil and forensic campuses with better overall site coverage and audio/visual capability.

Suggestions

- Because we are a volunteer organization, administrative support is critical to our sustainability.
- We think it would be advisable to have a legal department that could help the I.O.C.s whenever a legal opinion is required.

- We also would like to request the ability to visit patients on the weekends, and this would increase the number of volunteer committee members that could go on visits.
- We think it is incredibly beneficial to maintain a consistent staff I.O.C. liaison and think changes in agency oversight would be disruptive.
- Improved communication with A.S.H. administration. It is challenging to collaborate with an agency that does not attend the meetings.
- Replacing antiquated surveillance systems would help both staff and patients act more professionally and help investigations.
- Bring in professional training on de-escalation techniques from well-known agencies using evidence-based practices.
- Re-evaluate punishment on units when one or two bad actors impact privileges for the entire group. Group punishment, when only one bad actor has bad behavior, reduces motivation for the patients that are actively participating in their treatment.

Please contact me at 480-363-4887, Laurie Goldstein, Acting Chair, if you wish to discuss the contents of this report.

Sincerely,

Laurie Goldstein
A.S.H. I.O.C. Acting Chair

cc:

Carolyn Allen, Senate Health and Human Services Committee Chair
House of Representatives Health Committee
Matt Gress, Director, OSPB
Richard Stavneak, Director, JLBC Staff

A.S.H. 2019 Committee Membership

	ASH IOC Names	Position	Membership Status	Comments
1	Sharon Ashcroft	Chair	Not Active	Resigned on 9/18/2018
2	Ashley Oddo	Lawyer	Active	
3	Jim Gillcoatt	Psychiatric Nurse	Not Active	Resigned on 4/18/2019
4	Ross Davids	Psychology student	Not Active	Resigned on 10/14/2019
5	Leon Canty	Peer, Former Forensic Patient	Active	
6	Laurie Goldstein	Engineer, Parent of An Adult	Active-Acting	

		Behavioral Health	Chair	
7	Kathy Bashor	Peer	Active	
8	Kim Schereck	Family Member of Behavioral Health	Active	
9	Lynn Gibson	Law and advocate	Not Active	Resigned on 11/21/1019
10	Alyce Klein	Psychiatric Nurse	Active	
11	Natalie Trainor	Education	Active	
12	Rebecca Kasper	Psychologist	Active	
13	Dee Putty	Medical Nurse	Active	
14	Joe O'Cain	Forensic Patient member	Not Active	Was told he could no longer participate