



November 19, 2021

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

Dear President Fann and Speaker Bowers,

On behalf of the Arizona State Hospital Independent Oversight Committee, please find the 2020-21 Annual Report that outlines our committee's activities and recommendations. The report was prepared in accordance with the requirements of A.R.S. § 41-3804(H).

Thank you for your continued support of the committee volunteers that are protecting those with mental illness.

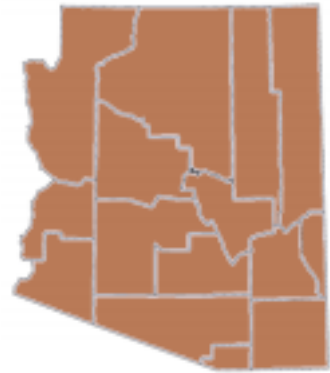
Sincerely,

Laurie Goldstein
Chair

cc: Nancy K. Barto, Senate Health and Human Services Committee Chairman
Jami Snyder, Director of Arizona Health Care Cost Containment System
Mike Faust, Director of Arizona Department of Child Safety
Don Herrington, Interim Director of Arizona Department of Health Services
Michael Wisheart, Director of Arizona Department of Economic Security
Joanne Osborne, House of Representatives Health and Human Services Committee

ARIZONA STATE HOSPITAL INDEPENDENT OVERSIGHT COMMITTEE

2020-21 ANNUAL REPORT



Arizona Department of Health Services



August 22, 2021

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 the Annual Independent Oversight Committee report for 2021. The preparation of this report as per the requirements of A.R.S. § 41-3804(G).

The Arizona State Hospital (A.S.H.) Independent Oversight Committee (I.O.C.) has had several new members and several former board members resignations. ADOA has brought the much-needed organization to the I.O.C. committee. Unfortunately, the relationship between the Independent Oversight Committee and the A.S.H. administration continues to be a minimally collaborative effort, although improvements have been seen this past year. The A.S.H. administration does not attend the meetings, which would make for a significantly better relationship and more profound development of serving the patients' needs at AZ State Hospital. With that being said, special meetings outside the I.O.C. Public meetings with the administration have resulted in successful collaboration.

ADOA continues to provide direction, which all the I.O.C. members appreciate it. ADOA has provided a valuable service as a non-biased facilitator. It continues to provide guidance in any procedural matter. Additionally, we have updated our bylaws this year.

- A.S.H. I.O.C. Bylaws
- The A.S.H. I.O.C. committee had an educational presentation on:
Risk Assessment by Dr. Donna Robinson.

The State I.O.C.s chairs meet to discuss common topics. In addition, the chairs strive to attend each other's meetings to act as consultants and provide advice and updates.

A.S.H. administration extended an invitation to the I.O.C. chair to attend the Governance quarterly board meeting; the Chair was present for the meeting.

The COVID pandemic resulted in I.O.C. restrictions on hospital grounds due to COVID protocols. The hospital was closed to the admission of new patients for a period of time; it has been difficult to determine the exact dates of the closure as there have been conflicting replies from A.S.H. In-person visits to the hospital were not permitted during Covid. However, the I.O.C. continued to hold telephonic visits with the patients.

We began participating in the community forums on each campus in the spring when forums restarted in April 2021. We heard many complaints about the lack of alternative progress opportunities for the forensic patients that were impacted by the shut down of the majority of therapy groups and all outside required outings. We requested that the A.S.H. administration try to develop alternative criteria to demonstrate behavioral progress, but no alternatives have materialized at this time. The A.S.H. forums also allow exposure to many patients that the I.O.C. does not generally interact with in-patient visits.

COVID interrupted the following:

- Patient visits (Governor's executive order interpretation for in-patient hospitals (not specific to level 1)
- In-person I.O.C. visits
- Internet usage
- Group therapy except for music and exercise
- Limited availability of any music & exercise therapy sessions
- Forensic off site visits, which are required for progression

A.S.H. administration has assisted the I.O.C. members with more available patient connections when calling into the units. In addition, we now manage more virtual visits during the weekend since all committee members are volunteers and work full-time during the week.

We changed the bylaws to permit a person to join the Committee after attending one session instead of three sessions. We also amended the bylaws to allow more prolonged terms of service. We are having a challenging time getting new members; it does require a sacrifice of time.

We were able to view a video of an incident where a patient alleged that he was triggered by staff and then later held and punched by staff. We were unable to substantiate the claim that the staff was holding and hitting the patient. We do have an ongoing disagreement about the video length that was saved. Initially, when a committee member and A.S.H. security viewed it, the video clearly showed the patient in the phone area. A staff person went by, and then the patient jumped up, and the incident ensued. The I.O.C. member that viewed the video is a trained attorney that views videos as part of her normal duties preparing for trial. After much discussion, we requested that three of the committee members return to A.S.H. to review the video to see if

we could clarify the persons in the video and determine who were staff and who were patients. A.S.H. accommodated this second request. The original I.O.C. member (attorney) was part of the second visit. During the second visit, the video started after the patient had gotten up from the phone booth. Therefore, we were unable to view the events leading up to the incident. The A.S.H. administration is adamant that the video has been saved in its entirety, but it does not show the beginning. After meeting with the A.S.H. administration to discuss the video issue, we believe that the video initially reviewed was still on the live system, and the difference relates to the clip that was saved. There is always a decision made as to when to start the video for the purposes of preserving it. This is a determination made by the team. The I.O.C. was not able to substantiate the allegations of staff abuse for this incident. A.S.H. provided the protocol for the retention period. The retention for these videos, along with the investigative file, is seven (7) years from the date of the outcome pursuant to the Arizona State Library, Archives, and Public Records schedule number 'GS 1022', record series number '10184'.

We have suggested that the hospital bring pet therapy back into the campuses and have recommended a company that one of the I.O.C. members had reached out to. The hospital did a follow-up and found that the recommended company was not accredited although willing to come into the hospital. The hospital has since located two other pet therapy companies that have expressed interest. They are working through the process to permit pet therapy companies to come onto campus.

Requested Information

During the past year, we have requested and received numerous policy and procedural information.

- Alternative progression pathways for forensic patients while COVID lockdown protocols impacted typical progression pathways.
- Clarification on resolution group requirements for forensic unit patients.
- Requested all records for a patient that alleged retaliation.
- Clarification about administrative separation vs. seclusion.
- Administrative Separation Policy.
- Seclusion and Restraint Policy.
- Requested access to timely medical care for those in administrative separation.
- Protocol for patients getting medical care- what's the protocol for when patients ask various personnel (techs, doctors, staff) for care? What is the chain of command? Are there restrictions? Where is the follow-up?
- Requested administrative separation environment's description and the seclusion areas' physical requirements - what is the access to daylight, what are the specs, – diagrams and photographs of space, what are the requirements? A.S.H. Administration declined.
- Clarification about the protocol/procedure for guardians or advocates to provide input into treatment plans.
- Clarification about treatment plan communication to patients and guardians and or advocates.
- Causes of lengthy seclusions or restraints.

- A.S.H. Civil campus Mechanical Restraint Incidents (March 2020 through February 2021).
- WPSHA Mechanical Restraint Incidents per 1000 by Hospital FY20 data normalized by patient volume.
- WPSHA Seclusion Incidents by Hospital FY20 data normalized by patient volume.
- Mechanical restraint report % as compared to a similar psychiatric hospital.
- Clarification of unfamiliar terms seen in incident, accident, death reports.
- Policy on retention time of surveillance videos.
- Requested the policy and process of why patients who are committed to the civil hospital are transferred to the forensic hospital.
- After Covid restrictions were lifted- Plans to re-institute:
 - outings
 - in-person family visits
 - group programming
 - internet usage
- Statistics of intake, released, successful program completion, exit for both campuses: civil and forensic.
- Protocol for intervention for a patient undergoing a hunger strike.
- Protocol for tracking sexual assaults on patients.
- Process and protocol of risk assessments for patients. Request for an educational presentation. A.S.H. administration declined, Maricopa I.O.C. made a recommendation, and Dr. Robinson presented.
- Policy on when patients are sent to the hospital, variation seen in IAD reports.
- Policy on inspections of facilities to remove potential hazards.
- Protocol for getting items removed, repaired, or replaced to prevent self-harm behaviors.
- Policy for animal therapy.
- Policy for service dogs.
- Request on follow-up on the animal therapy agency that the I.O.C. reached out to to find a willing provider.
- Request on what special arrangements are made for daily prayer in a clean area.
- Status of hospital capability in regard to -onsite lab, dental clinic, or medical exam room.
- Describe the difference between a physical hold and a mechanical hold.
- List of more acceptable items for patients to order from an approved catalog.
- Sick call procedure for patients.
- Admissions and Discharges by campus (2015-2020).

Concerns

A.S.H. administration does not attend the meetings. We have requested that they participate in the discussions, A.S.H. administration has rejected that request. The Chair does call the administration to clarify the Incident and Accident reports with Chief quality officer Lisa Wynn and patient advocate Jacqueline B. before the monthly meetings. Lisa Wynn is responsive to answer queries when she has knowledge of the situation. She is also responsive if a patient visit raises immediate concern and the Chair reaches out to inform the A.S.H. administration of an urgent issue. Many of the newer committee members have had no interaction with the

administration. When we have special meetings with the A.S.H. administration, we are able to work through most topics in contention. We have escalated this request for attendance to Director Tobin through our I.O.C. ADOA liaison, Larry Allen.

We discussed our concerns over Covid related impacts- lack of alternative progression.

We continue to hear about retaliation. This is from many different patients on the forensic side of the hospital. There is a shared belief among civil and forensic hospital patients that the grievance and appeals process is not independent. The majority of grievances are turned into complaints after review by the A.S.H. administration. The I.O.C.'s primary concern is that patients have consistently voiced concerns over retaliation from some staff after filing grievances. There are also ongoing complaints that not all staff act in a therapeutic and supportive manner. We believe it would be beneficial to have a surveillance system with audio and video capabilities to investigate better and substantiate some of the grievances and complaints. The patients also have complained that the Ombudsman is a hospital employee, and they feel she cannot be impartial due to her allegiance to her employer.

The I.O.C. looked into a complaint about a code grey being initiated over a verbal exchange between a patient and a nurse. The patient wanted clean water. He was restrained and then secluded even though he posed no threat. The case is under further review by the hospital.

We have requested records for one patient. Four of our committee members are reviewing the years' worth of material- an executive session to review findings is scheduled for September 2021. The patient is reprimanded for asking for behaviors which he needs to demonstrate or eliminate; he is being told he is trying to control his environment. We feel an understanding of appropriate behavior goals should be abundantly clear to the patient, and frequent feedback should be provided.

The I.O.C. expressed concerns over the safety of some buildings in the civil campus—numerous reports of patients eating laminate from doors, cabinets, or paneling. Also, a patient could remove a tile from the bathroom and use it to harm themselves.

Patients expressed concern over the limited number of items that they can order. The one catalog that they can order from is expensive for the patients. The approved MP3 player has a minimum storage capacity which requires them to remove songs to add more to their playlist, and it is costly. Dr. Bowen has agreed in a community forum to accept a proposal of other items to consider.

We continue to express concern about a patient held in Administrative separation for prolonged periods of time. The first episode lasted for several months (2018-2019) until his attorneys could have him reintegrated into the milieu. The second period began in Early July 2020 and is still ongoing. The major concern is that it is alleged that the patient has to eat with his fingers and has very limited contact with others. He alleges that he does not receive medical attention when requested. During a telephonic visit, a female behavioral technician was overheard denying his request for medical attention as they needed approval from a higher

authority. It is also alleged that the patient's windows are covered, which we find very harmful and punitive. Requests to see the dimensions of the room or photos, as well as a visit to an empty administrative room, have been denied. This is unfortunate as we have an architect who is very familiar with hospital design. The patient has recorded many videos of his living conditions which have been posted on YouTube. The patient claims he gets the smuggled phones from staff, which we believe since no one but employees were permitted on site for about a year. We will have an educational review of new architectural guidelines on areas intended for seclusion. There is abundant research and testimony related to the harmful impact of having someone in separation for extended periods of time is harmful and does not rehabilitate a person and prepare them for release back to the community.

Due to the short time frame between when the Incident, Accident, Death reports are available in the AHCCCS portal and the scheduled meeting, the Chair cannot thoroughly review the records. The A.S.H. administration is working on getting the reports uploaded sooner. At this point, only the chairperson has access to review the reports. The Chair has requested that other members gain access to ensure multiple reviews of the incidents from different perspectives. A.S.H. administration has provided a high-level seclusion dashboard report with the dates and times and seclusion type. This report highlights the events that are outliers and may need to be explored in the detailed report. This overview report has been beneficial. We have requested that we get the information in an Excel format, as do the other I.O.C.s in the state. We also would like to have reports available for up to a year as previously. A.S.H. administration has agreed to provide reports in a different format to assist in analyzing repeated incidents and long seclusions, which typically comprised a few patients with problematic behaviors. Nonetheless, the I.O.C. continues to have concerns about lengthy administrative separation.

We continue to see numerous incidents on the civil campus units. However, there are fewer incidents in the forensic units, most of which seem to be from self-harm or are relatively minor.

Both patients and guardians have complained about the treatment meetings and family or support limitations in these meetings—a notable lack of transparency on treatment goals and treatment progress. The I.O.C. has received reports from guardians and advocates that they are not permitted to give input during meetings and then asked to sign off on the treatment plans. A.S.H. administration states that guardians are always invited and included in treatment meetings; they are only discouraged from attending if they are disruptive. There have been reports of excellent treatment surrounding collaboration with family and guardians but this seems to be limited to a few providers.

The I.O.C. continues to hear complaints about the poor treatment of guardians by the hospital staff. In one case, A.S.H. tried to have a guardian removed, and after the guardian prevailed in court and maintained her guardianship rights, the treatment team started sending notices to the guardian.

There have been continued complaints about timely medical attention, with additional complaints about failing to notify the patients about appointments or completing required testing before meetings with specialists.

There have been complaints from some forensic patients about their lack of confidence (knowing where they stand in their treatment) when going before the PSRB.

The I.O.C. continues to hear complaints of patients being observed during toileting without a reasonable medical reason are disturbing. This situation occurs in the morning, as reported in the forensic unit. Patients are required to be out of their room by 7:30 AM and wait in the day room for medications to be distributed. If patients need to use the restroom, they are observed even before distributing medications to the individual requesting permission to use the bathroom. A.S.H. has indicated that this is necessary to ensure the safety of the patients.

Initiatives

We are working on the following initiatives:

- Provide education opportunities for the Committee and public attending the meetings-
 - Dr. Robinson provided the risk assessment process.
 - Dr. Potts has provided historical context on the plea agreement process.
- Look into donating legal books from a local law firm to supplement the few books available to the patients.
- Reopen the dialogue on the education funding I.O.C. found last year. We were able to get a commitment to education funding for patients through philanthropic donations. We were able to secure interest from a local charitable fund. We introduced the administration and representative of the philanthropic fund to work out the logistics of receiving the funds and reporting responsibilities. Unfortunately, the administration temporarily halted the effort due to COVID.
- Prioritize updated training for staff on lowering violence and seclusion and restraint usage.
- We advocate for updated surveillance systems on civil and forensic campuses with better overall site coverage and audio/visual capability.
- We advocated bringing pet therapy back into the hospital.
- We are advocating for tablet implementation and usage on the units. The Edovo tablets could be an asset to the patients. These tablets are completely configurable regarding content or features. Edovo tablets could offer a possible solution to some of the issues referenced in this report:
 - Access to varying levels of educational materials towards G.E.D.'s/Degrees/Certifications
 - Provide a tangible way to track patient progress & reward system
 - Utilizing therapy modules (especially during COVID cutbacks)
 - Reduction of boredom/violence
 - Provide mindfulness-based interventions, including:
 - substance abuse
 - stress and anger management techniques
 - job & re-entry programs

Suggestions

- Clarify to the PSRB that the Resolution group is not a requirement for the progression of forensic levels. This misconception that a resolution group is required may be holding patients back from progress and is a human rights violation. A.S.H. administration declined because - Pursuant to ARS 13.3994, the PSRB maintains the authority of all Forensic patients through the duration of each patient's criminal sentence.
- We requested that the staff approach the patient in administrative separation daily for prompts to go outside rather than relying on the patient asking the staff to go outside.
- A.S.H. administration reinforces safety protocols to all employees.
- Vaccination status should be considered for patients eligible for off-grounds outings.

If you wish to discuss this report's contents, don't hesitate to contact me at 480-363-4887, Laurie Goldstein, Chair.

Sincerely,

Laurie Goldstein
A.S.H. I.O.C. 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. I.O.C. 2021 Committee Membership

	ASH I.O.C. Names	Position	Membershi p Status	Comments
1	Ashley Oddo	Lawyer	Active	
2	Leon Canty	Peer, Former Forensic Patient	Active	
3	Laurie Goldstein	Engineer, Parent of An Adult Behavioral Health	Active- Chair	
4	Kathy Bashor	Peer	Not Active	Resigned on 5/21/2020
5	Kim Schreck	Family Member of Behavioral Health	Active	

6	Alyce Klein	Psychiatric Nurse	Active	
7	Natalie Trainor	Education	Active	
8				
9	Dee Putty	Medical Nurse	Active	
1 0	Joe O'Cain	Forensic Patient member	Not Active	He was told he could no longer participate
1 1	Barbara Honiberg	Public Health, Parent of An Adult Behavioral Health	Active	Effective 9/17/2020
1 2	Melissa Farling	Architect, Family of An Adult Behavioral Health	Active	Effective 9/17/2020