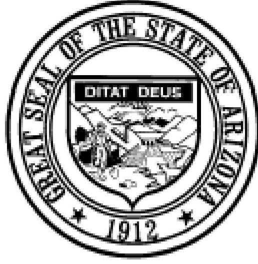
INDEPENDENT OVERSIGHT COMMITTEE MEETING NOTES & ACTION ITEMS



IOC Name: ____ DHS ASH IOC______________________ **Meeting Date:** **__01/21/2021**
Meeting Location: **_Conf Call (remote)__** **Meeting Time:** **___18:03-19:31pm____**

Members Present: Laurie Goldstein, Natalie Trainor, Larry Allen, Ashley Oddo, Kim Scherek, Melissa Farling, Dee Putty, Leon Canty
Members Absent: Alyce Klein,
Other Attendees: Jack Potts, John Wallace, Matthew Sullivan, Bobby Blanchett, Jimmy McMullen

Agenda Items (Enter the related topic from the IOC's agenda)	**General Description of Matters Discussed & Motions Made** (Enter the related topic from the IOC's agenda)	**Action Item/Assigned To/Due Date** (Indicate the specific follow-up task/s or actions that need to be completed; include the name of the member assigned to the item, next steps to be taken, and the anticipated due date)
Welcome - disclosure of conflict of interest	Disclosure of Conflict of Interest	No disclosures reported
Last meeting - review and approve minutes	Review and approve minutes	Motion, Melissa Second, Natalie Roll call, unanimous
Review Action Items and response	Resolution group requirement was said to be difficult for patients to access/participate in. ASH replies that PSRB is not required. Committee has heard that people cannot progress- a violation of human rights. ASH reports that the treatment teams have time to review 15-20 minutes, and clinical report work happens prior. IOC is wondering how team members can ask questions or discuss progress if the report is already written before the meeting.	The IOC committee would like to suggest notification in writing to PSRB that the resolution group is not required. This misconception that a resolution group is required may be holding patients back from progress and is a HR violation.

	IOC would like the team to answer patients' questions during the meeting (How can I progress? What is holding them back? What are the specific behaviors?) The IOC committee has questions about administrative seclusion and access to outside time. ASH reported that patio time is available upon request and there are designated times to go outside (2 30-minute time slots). Question about how long the video surveillance is kept. ASH reported 1-6 months but pulled and kept up to 7 years if involved in an incident. Statistics about Civil and Forensics admissions and discharges provided by ASH. A decrease in forensics admissions and discharges over the last five years- appears to be getting smaller. Civil campus numbers looked consistent. Description of the approval cycle (every 3 months) of administrative separation including clinical review provided by ASH. ASH also provided guidelines of seclusion- a higher level of supervision. Explanation of video reported by ASH. ASH described appropriate staff intervention. Concerns on the patient on patient incident still exist. IOC discussed viewing the video again. Hunger strikes discussed. ASH reported strikes have currently subsided. ASH provides checks on strikes when requested. ASH again confirmed that they absolutely do not record patient phone calls. They log the calls for safety (who used the phone when and whom did they call), but they do not keep audio recordings of patient calls.	Motion, Laurie Second, Leon Roll call, unanimous IOC would like clarification if guardians or support can be involved in pre-meetings to help patients understand. What are the procedures for including support people from the patients' home team/ family? Motion, Ashley Second, Melissa Roll call, unanimous IOC would like to know the administrative seclusion 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? Motion, Melissa Second, Barb Roll call, unanimous IOC would like to review the video discussed again. Three members to review; all will have had both COVID shots. Motion, Ashley Second, Dee Roll call, unanimous IOC suggests that staff prompt patients in administrative separation when outside time is available rather than waiting

		for patients to request it (example: It's 7:45 if you want to go outside come to the door…). Motion, Leon Second, Ashley Roll call, unanimous
ADOA update	Task force on IOC and communication coming to an end, final meeting to come. Committee would like to continue to break down barriers and lean. Looking for growth. The issue about reports being on server for only 90 days, ADOA reports that they cannot stay up longer. Unsure of the issue. IOC can open a ticket to gain access. IOC would like more time to have access to items. ASH IOC Year-end report submitted in November, received by ADOA. ADOA is waiting on other ICs to complete their annual reports.	
Maricopa County IOC Guest	Maricopa would like to be more collaborative with other IOC committees. Maricopa IOC is working on more consistent guidelines. Members report having issues with the portal. COVID has limited site visits. The permanent agenda item to review reports of other members. ASH IOC can listen any time- the third Wednesday of every month at 5:15 to about 7:00. The IOC website lists the agendas of other IOCs as well as virtual joining information.	
COVID Status	ASH reported vaccines available in the upcoming weeks. Patients will need guardian permission. ASH is not admitting patients due to COVID. Discussion of why ASH is not required to still admit and manage cases like other facilities. As of Feb., there will be a new Chief Medical Officer at ASH. There is still no alternative to patient progression when groups are not available.	
ASH Admin Update	See above	

Overview of Incident/Accident Reports	Dashboard with seclusion numbers indicated long seclusions and restraints: 135 min physical restraint, 105 min mechanical, 165 min seclusion, for example. Most incidents were involving the same few individuals. Mechanical restraints were mostly used to prevent self-harm and used for safety. The team discussed the length of programming and length of stay. The team discussed risk assessment and risk of recidivism. 2020-4388: Patient became aggressive with staff, lead to seclusion. The treatment team review was held the following day. IOC appreciates the review was held even if the patient does not participate. 2020-4415: Patient spit on another, both had been COVID positive. Doctor alerted, and treatment/wash administered. 2020-4527: Patient-reported swallowing batteries. Staff monitored the patient but did not send the patient to the ER. IOC had a concern about the lack of medical involvement. Discussion about how some patients go to the hospital for swallowing items and some do not. The report indicated that batteries were not found. 2020-4600: Patient visited dental onsite, ingested clips from the dental bib. The patient was sent to ER. 2020-4607: Patient ate Flexi pen. The patient was sent to ER. 2020-4629: Patient ingesting wood chips from a shelf. The patient was sent to ER. 2020-4641: Another patient swallowing wood chips. The patient was sent to hospital for 3+ days.	IOC would like to know the process of a risk assessment at ASH. What are the procedures? Does a particular group/entity perform them? Are there forms? The IOC would like to have a 30-minute educational session at our next IOC meeting. Can the hospital accommodate the request? Motion, Leon Second, Laurie Roll call, unanimous Question about why one individual was not sent to the hospital (for the battery ingestion) but others were sent for other items (spoon, woodchip, bookmark…) all civil side- would like ASH clarification- why would battery ingestion not warrant a hospital visit? Does the hospital still have a functioning clinic and lab with x-ray onsite? Motion, Laurie Second, Leon Roll call, unanimous

	2020-4666: Peer on peer attack led to cut above eye end other injuries. The patient was sent to ER. Leon mentioned that the hospital previously had a clinic, lab and dental onsite, do they still have that capability? Discussion regarding how many fights and aggressions there are. IOC discussed that tablets could not be used (or other activities) to aid in combating boredom. There is a need.	
Patient Visit	The patient visited described concerns in the progression of the program. Wanted examples of specific behaviors that were preventing progression. Concerns that guardian was not involved in the discussion. The patient felt that when he/she advocated for self, staff or psychiatrist told the patient they were not stable. This made the patient reluctant to advocate. The patient felt that when discussing the program and inquiring about progression, the team tells him, "you're trying to control your environment." The patient felt that he might never progress. Delay in going to the PSRB was blamed on the patient. The patient stated new mail policy implemented might not be consistent or clear leading to confusion and inability to follow guidelines. IOC discussed how rapid changes in policy might be difficult for patients to keep up with or understand.	
Public Comment (3-minute limit per person)	Dr. Potts: Committee can have consultants who are non-members visit. With 90 day reports, IOC can make a formal request that reports stay posted for six months. IOC can request a visit, pictures, drawings of isolation rooms. Previously 40% of presumptive sentence must be served before consideration of exit- may have doubled exit rater. This is not law but was implemented by PSRB. Recommended reading Asylums (book) by Goffman, Irving. Psychologists or interns may demonstrate risk assessments, which include response to medications, rating scales, checklists…ASH does use various rating sheets,	

	and it would be a good idea to discuss assessments with the psychiatrists. John Wallace- Appreciates the interesting meeting. He was convinced to sign a plea agreement partially due to rehabilitation, substance abuse, and vocation possibilities. Music privileges are given and taken away repeatedly. Many punishments were implemented. He wants treatment for extensive pain. Diseases have progressed due to lack of treatment. Requesting a diet recommended by a rheumatologist. Matthew Sullivan- Has made progress in making positive changes in the hospital. Then was moved to another unit per psychiatrist. He was moved away from peers who were fighting for patient's civil rights. He disagrees with this decision. Bobby Blancett- Numbers about admissions and exits are not correct. Some civil patients are being housed on the forensic side, which impacts numbers. Lack of admissions are due to lack of space and that no one is released. Very few people leave ASH each year. Sentence length and time to release are conflicting and different for each patient. X-ray machines on campus have never been used. There are 2 types of risk assessments. Jimmy McMullen-On current unit 4 mos., has had to adapt with no other choice. Different circumstances are respected differently per policy. Civil rights are often violated. Certain patients and their outbursts lead to discipline for all. One example was water fountain use being discontinued due to one individual's behaviors. He wants better ways of doing things on the Mojave unit.	
Executive session	We adjourned the public meeting to go into an executive session—a discussion of records review.	The IOC wants to get a copy of all the patient's grievances whose records we are reviewing. The IOC also would like further notes & records on the patient

		from November to the present. Motion, Natalie Second, Ashley Roll Call, unanimous Dee abstained from the vote- conflict of interest.
Adjournment		Motion, Dee Second, Ashley Roll Call, unanimous