



## INDEPENDENT OVERSIGHT COMMITTEE MEETING NOTES & ACTION ITEMS

IOC Name: \_\_\_ DHS ASH IOC \_\_\_ Meeting Date: \_\_\_ 7/16/2020 \_\_\_

Meeting Location: \_\_\_ Conf Call (remote) \_\_\_ Meeting Time: \_\_\_ 18:02-20:29 \_\_\_

**Members Present:** Laurie Goldstein, Dee Putty, Kim Scherek, Leon Canty, Ashley Oddo, Natalie Trainor, Alyce Klein

**Members Absent:** Larry Allen

**Other Attendees:** Holly Gieszl, Timothy Larson, Jimmy McMullen, Andrew Sullen, James Norton, Chris Martell, David McCarthy, Tim Bykowsly, Deborah Bykowsly

<b>Agenda Items</b>	<b>General Description of Matters Discussed &amp; Motions Made</b>	<b>Action Item/Assigned To/Due Date</b>
(Enter the related topic from the IOC's agenda)	(Enter the related topic from the IOC's agenda)	(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	Dee has conflict with one section, she will abstain from participation at that portion of meeting	
Last Meeting - review and approve minutes	Review and approve minutes	Motion, Leon  Second, Dee  Roll call, unanimous
ADOA Update	none	

<p>Review of Action Items</p>	<p>IOC received info on assault (ASH-20201027), asked for video, ASH denied video request. Regulations 41-3803 and 41-3804 clarify IOC's role and IOC believes we can ask to view video when human rights are concerned</p> <p>IOC asked about employee recognition program, ASH reported they have informal praise programs and a committee for employee praise, employee of the month and quarter, Heartbeats recognizes peers, weekly newsletter recognizes employees- IOC appreciates these programs, IOC discussed recommendation to have patient input</p> <p>ASH described de escalation training (CPI) annually, periodically, and ongoing</p> <p>ASH described programming during COVID, offering therapies and vocational training, limitations are statewide, ASH is considering alternative paths and programming continues to help patients progress, IOC discussed possible future concerns, Leon discussed his experience with peer education groups</p>	<p>IOC will appeal ASH's denial of video disclosure and ask that the video be persevered until appeals are exhausted</p> <p>Motion, Laurie</p> <p>Second, Dee</p> <p>Roll call, unanimous</p> <p>Ake a recommendation to ASH that patients have input on employee praise</p> <p>Motion, Leon</p> <p>Second, Alyce</p> <p>Roll call, unanimous</p> <p>IOC would like to recommend that patients run peer groups that can</p>
-------------------------------	---	---

	<p>Taunting during virtual visits addressed, ASH denied video in this instance as well</p>	<p>be considered towards the patient progress</p> <p>Motion, Leon</p> <p>Second, Alyce</p> <p>Roll call, unanimous</p> <p>IOC will appeal ASH's denial of video disclosure and ask that the video be persevered until appeals are exhausted</p> <p>Motion, Laurie</p> <p>Second, Leon</p> <p>Roll call, unanimous</p>
--	--	---

<p>Special Peer Education Session</p>	<p>Leon described experience as certified peer support specialist and coordinator/trainer, manual on peer support information and programs, described goals and research on peer support programs, skills taught/learned in programs and how they may benefit patients at ASH</p> <p>Leon discussed peer support programming possibilities with public including costs of books/manuals, ways to get involved, AHCCCS guidelines</p> <p>Laurie described progress in providing funding for education programming at ASH, project continuing, ASH has not provided information to donators at this time</p>	
---------------------------------------	--	--

<p>COVID Status</p>	<p>Patient visits (Dee, Alyce, Laurie) led to questions about COVID protocol, ASH described CDC guidelines, hand sanitizer backed up and ASH prefers hand washing</p> <p>Concerns with not all guidelines being followed, meds given without gloves, masks not worn all the time or correctly, ASH said gloves are not needed for all tasks, different PPE is available</p> <p>Reduced programming due to limited staff movement between groups</p> <p>ASH described COVID units' social distancing, IOC recognized the dining hall is not distanced and is shoulder to shoulder. Each unit is considered a social cohort and treated as such. They are keeping the units separated on all occasions (malls, gym, dining rooms, etc.)</p>	<p>IOC would like to recommend adding reminders for hand sanitizing similar to what St. Luke's is doing</p> <p>Motion, Alyce</p> <p>Second, Dee</p> <p>Roll call, unanimous</p>
---------------------	---	---

<p>Request for Information</p>	<p>IOC asked about treatment plans' standards and guidelines, more transparencies in treatment process (telling patients they're doing great but noting different, patient self-advocacy, more therapeutic approaches to plans, patient participation, the importance of collaboration</p> <p>Patients reports that when they see their charts, charts are inaccurate or untrue, there is not enough transparency between comments and documents, example of sexual abuse in charts that patient denies. Shouldn't there be some supporting documentation rather than an opinion in such extreme allegations (sexual abuse or child abuse), not subjective opinion? IOC committee believes that should be the practice.</p> <p>Internet removed post COVID- Laurie will ask</p>	<p>IOC would like information about how treatment plans are developed (are there standards?) and how to ensure therapeutic and transparent approaches are used as well as patient/family input</p> <p>Motion, Alyce</p> <p>Second, Dee</p> <p>Roll call, unanimous</p> <p>IOC would like to know- why are some patients told they're doing well when notes and charts don't match those comments?</p> <p>Motion, Leon</p> <p>Second, Dee</p> <p>Roll call, unanimous</p> <p>IOC would like to know how patients can correct errors on charts when they are recognized after, is there any way to check for accuracy.</p>
--------------------------------	---	--

			<p>Motion, Natalie</p> <p>Second, Ashley</p> <p>Roll call, unanimous</p>
<p>ASH Update</p>	<p>Admin</p>	<p>Lisa said that they have remedied the issues in recommendation report from Attorney General's report page 17</p>	<p>IOC would like to request what the remedy was for issues mentioned here and it is publicly available?</p> <p>Motion, Laurie</p> <p>Second, Alyce</p> <p>Roll call, unanimous</p>



<p>Overview of Incident/ Accident Reports</p>	<p>Reports were not added over the weekend, Laurie asked CJ about it. Now that there has been a layer removed, we can ask that ASH get the reports up sooner to the portal.</p> <p>Reports only kept on file for 3 months, other IOCs have reports they have up to 12 months plus, the old reporting used to keep the previous files up there. Due to the lag in viewing the incidents and getting information, we think it is prudent to request that the files be kept up longer.</p> <p>ASH20202155: unwitnessed patient fall, patient send to ED, received treatment immediately (civil side)- good response</p> <p>ASH20202234: commotion in the dayroom, patient posturing at staff, shank threat, shank found, patient brought item from offsite</p> <p>ASH20202283: patient was not med compliant, behaviors escalated over time, paperwork filed for involuntary medication after 2 weeks, IOC wondering why it took 2 weeks to file paperwork</p> <p>ASH20202405: assault led to code grey, belt/shoes/pocket content removed, IOC surprised about belt being allowed</p>	<p>IOC would like to request that ASH uploads reports by the 5<sup>th</sup> so the IOC has time to review, and can reports be left up longer</p> <p>Motion, Laurie</p> <p>Second, Leon</p> <p>Roll call, unanimous</p>
---	---	--

	<p>Laurie unable to explore many reports due to time constraints and reports being available late (too close to meeting date and time constraints due to full time employment; she prefers to review during the weekend.</p>	
--	--	--

<p>Virtual Site Visit Report</p>	<p>IOC reported that IOC committee was denied virtual visit and had to call more than once to get operator to understand visit process; operator thought IOC visitation was limited to patient phone times. Once phone times were open, the lines were busy, so I called the nurses station. Nursing staff also had a difficult time processing call, (techs did not understand what the IOC does and if they had permission to talk to patients, had to wait to find a nursing supervisor. Getting through to patients was time consuming and took away from patient visit time.</p> <p>CRIPA (Civil Liberties of Incarcerated Person's Act) discussed and patient that reviewed it point out similarities of allegations also present in ASH. Concern over loss of internet after COVID, resolution group for level progression too difficult and not clearly defined</p> <p>Retaliation issue brought up again, unwarranted notes in file, unable to get medical attention when needed (all repeated complaints from 2+ individuals)</p> <p>One specific PA does not respond when medical attention requested (even in the unit), when patients have legitimate medical concerns, they are called non-compliant or trying to control the environment.</p>	<p>IOC would like to ask for policy on seeking and getting medical attention? Some served quickly and others not so quickly</p> <p>Motion, Alyce</p> <p>Second, Laurie</p> <p>Roll call, unanimous</p> <p>IOC would like to see the standards for forensic patient progression and learn more about the resolution group policies?</p> <p>Motion, Alyce</p> <p>Second, Dee</p> <p>Roll call, unanimous</p>
----------------------------------	--	--

	<p>Another patient who asked for a visit was moved to COVID unit and was not able to use the phone, lead tech denied visit on more than one occasion, patient concerned about progression during COVID, patient feels they are unable to question treatment plans</p> <p>COVID patient reports injury that was not addressed, documentation forged according to patient</p> <p>IOC recognizes that patients are hesitant to talk freely due to retaliation concerns</p>	
Membership	none	

Public Comment

Timothy Larson: there is not technology (internet/classes/resources) available to patients to support exit and aftercare, not enough to do on downtime, would like more internet access

Jimmy McMullen: described restrictions that are more strict than other units such as food outside only, no food on unit, water bottles not allowed, wants more equal rules with other units

Andrew Sullen: patients are not provided enough rehabilitation stimulation, wants more treatment access (besides medications), patients are held longer than needed, not able to use service animal at ASH, feels these are violations of the Americans with Disabilities Act, noted specific statutes being violated

Timothy Bykowsly: discussed being denied videos of incidents where he felt assaulted, lack of visitation, PPE not used by staff, internet not available, staff moving units too frequently during COVID, visits are cut too short

Chris Martell: missed last month's meeting due to COVID, received a decision letter and feels it's a lie and too much info was left out, he is still waiting on his MRI and did not get PT which led to blood clots, he will file a lawsuit when he is able to,

working with the DOJ, wants to talk to the IOC

James Norton: has been requesting treatment for 3+ years, doctors mandating voluntary treatments, reported violations related to SMI, wants to talk to IOC

Anonymous: staff gets de-escalation training annually, psych and nursing do not run groups, patients wanting to lead groups are denied due to lack of credentials, reports areas are not being cleaned between units causing cross-contamination with COVID, patients discouraged from asking about their documentation, is not allowed to be involved in writing treatment plan and ideas are denied, wellness checks are only required annually

David McCarthy: wants access to getting state ID and other documentation for successful exit, was denied

Deborah Bykowsly: Constantly hearing about repetitive abuse with no results

Holly Gieszl: has worked in forensic hospital, has witnessed experiences mentioned in tonight's meetings, has seen retaliation against patients, family members, etc. Attorneys hear complaints about staff's non-responsiveness to complaints from patients and guardians

	<p>and retaliation against patients and guardians after complaints.</p> <p>In a systemic fashion, feels that IOC is limited by going through Jackie who may not be neutral and non-biased. Patients are afraid to speak openly in front of the ombudsman during IOC visits because she is a hospital employee who understandably had to protect her job. There is an appearance of conflict, if not an actual conflict. I would like to see the IOC to have unmonitored access to patient visits, discussed how medical records must be accurate and notes in files should have accountability (staff name or source) by writer.</p>	
Executive session	None	
Adjournment		<p>Motion, Ashley</p> <p>Second, Alyce</p> <p>Roll Call, unanimous</p>