

**INDEPENDENT
MEETING NOTES &**



**OVERSIGHT COMMITTEE
ACTION ITEMS**

IOC Name: ___ DHS ASH IOC ___ **Meeting Date:** __11/19/20
Meeting Location: _Conf Call (remote)_ **Meeting Time:** ___18:02-19:31pm___

Members Present: Laurie Goldstein, Natalie Trainor, Larry Allen, Ashley Oddo, Kim Scherek, ,
 Melissa Farling, Dee Putty

Members Absent: Alyce Klein, Leon Canty, Barbara Honiberg

Other Attendees: Isaac Contreras, Bobby Blancett, Ricky Russell

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, Kim Second, Melissa Roll call, unanimous
Review Action Items and response	<p>Response from ASH about resolution group, ASH asked about human rights concerns, ASH repeated that it was up to the clinical team. Alyce noted that the PSRB requires resolution group sometimes.</p> <p>Response about seclusion events described 2 outliers that needed much more support than others. ASH continues to work with patients. Self-harm does occur, but seems to be decreasing with more therapeutic interventions.</p>	<p>IOC recommends that ASH notify the PSRB that resolution group is not a requirement.</p> <p>Motion, Laurie Second, Natalie Roll call, unanimous</p> <p>IOC wants further</p>

	<p>IOC notes the positive.</p> <p>Response about physical checks describes process and documentation, they are monthly and more if there is a concern.</p> <p>Response about support person- ASH said patients are encouraged to invite/include support person. Support person is only discouraged if they are disruptive.</p> <p>Response about restraint and seclusion reviewed and discussed. IOC discussed that one patient in administration separation mentioned he had not been outside.</p>	<p>clarification on treatment plan meetings, time limits, involvement by support person/legal counsel. Is there sufficient time for team to ask questions and make suggestions?</p> <p>Motion, Dee Second Laurie Roll call, unanimous</p> <p>IOC would like to know how often and under what conditions can patient on administration separation go outside? Under what circumstances might a patient be denied outside time? How many times has the patient in administrative seclusion been outside in the last 30 days?</p> <p>Motion, Dee Second, Melissa Roll call, unanimous</p>
ADOA update	No updates, Larry thanked group for the annual report and submitting it promptly, will be filed at the governor's office soon	
Patient Rights	<p>ASH confirmed that the patient calls are not recorded, despite what patients feel/report.</p> <p>IOC received medical records and will be going to review as possible. Team collaborating for review.</p> <p>IOC received letter from patient about treatment plan that described reasons for seclusion and time periods. Patient in period 1 will stay there for 4 months- all periods state that there is a 4-month minimum to progress to the next level along with other criteria. ASH concerned with the lengthy timeline. months seems like a long time.</p> <p>No update on internet.</p>	<p>IOC wants information on how they develop timeline and write plan for seclusion? Is it arbitrary or if 4 months used for a specific reason? IOC concerned about a human rights violation here- is it least restrictive? Please provide standard guidelines.</p> <p>Motion, Natalie Second, Ashley Roll call, unanimous</p> <p>IOC wondering how long surveillance videos are kept (in case of requested review)</p>

	<p>IOC would like to know the statistics of intake, release, successful program completion, exit on both campuses.</p>	<p>or grievances)? What is the protocol and procedure for video retention?</p> <p>Motion, Laurie Second, Dee Roll call, unanimous</p> <p>IOC would like the statistics of intake, release, successful program completion, exit for both campuses.</p> <p>Motion, Laurie Second, Dee Roll call, unanimous</p>
COVID Status	<p>Numbers rise, ASH continues and extends virtual visits, feels that virtual visits are allowing easier access for family members.</p> <p>Limited admissions due to COVID- this is a concern for IOC. Discussion about modifications other facilities are using (seclusion for COVID, separation for positive cases, additional medical care). Buildings not being fully utilized.</p> <p>Testing on campus continues, 115 people (staff & patients) tested in the recent week for example.</p> <p>ASH looking for alternative pathways for patient progression.</p>	
ASH Admin Update	Rewards for staff- appreciated by the IOC.	
Overview of Incident/Accident Reports	<p>One particular ID displayed many mechanical restraints. ASH reported that the number for this individual decreased. Positive noted.</p> <p>New dashboard give a good overview of seclusions.</p> <p>ASH-2020-3767: assault resulting in law enforcement involvement, staff were attacked, staff reported constant attacks, and staff requested a change in treatment plan. Positive noted.</p>	

	<p>ASH-2020-3829: incident reported but were remediated with verbal reprimand. Positive noted.</p> <p>ASH-2020-3897: patient struggling with hallucination/delusions, fell and hurt himself, was rushed to Valleywise. Positive noted.</p> <p>ASH-2020-3921: bathroom and shower checked for self-harm risk before and after shower use, still patient reported eating 2 1-inch screws. Patient now requires supervision in restroom. Positive noted.</p>	
Virtual Site Visit Report and Patient Letters	<p>Patient visited was on a hunger strike (was on day 6) which was concerning to IOC. Patient thought this was the best way to have a voice or get heard, was having difficulty with coordinating attorney visits. IOC concerned that patient did not know why they were in seclusion- the reasons are not clear. Patient was tied down for a long time. No mattress on the bed, needing to eat with hands, could use a razor but not utensils- this puzzled IOC. IOC wondering if the patient is still on the hunger strike.</p> <p>Another patient stated that the video IOC reviewed was doctored/altered. This patient said that the incident was 15 mins or less.</p>	<p>IOC would like ASH to provide documentation describing the difference between administrative separation and seclusion?</p> <p>Motion, Ashley Second, Melissa Roll call, Unanimous</p> <p>IOC wants to know if this patient's hunger strike is still in effect?</p> <p>Motion, Laurie Second, Ashley Roll call, Unanimous</p> <p>IOC wants to know if a staff member can confirm if the individual taunting the patient in the video (who went into the other room/eating area) is a staff or patient?</p> <p>Motion, Laurie Second, Dee Roll call, unanimous</p>
Public Comment (3-minute limit per person)	<p>Isaac Contreras- made the YouTube videos, was given cell phone by staff member, video shows fire drills and Isaac being left. Isaac described false reports from staff, being denied help, retaliation issues, being tied down for 815 minutes. Described passing out in restraint.</p>	

	<p>Ricky Russell- Reported assault by employee in October 2019. Reported he was victim of assault but he suffered the consequences (jail time, loss of medical care, medication). Has a current grievance for this incident. Another grievance for lack of medication. Reported he ended his hunger strike. Staff call all of his behavior aggressive Feels degraded when forced to eat with hands in bathroom. Wants to know what the hospital will do to remedy situation.</p> <p>Bobby Blancett- Discussed family members on ITDB reviews, but not on other types of meetings (risk assessment, clinical, medical...). Reports no rationale described for support persons not being permitted to attend clinical meetings. Described a new space for civil patients positive for COVID. Staff who have been exposed continue to work- causing a health concern. Reports that doctor on board requires resolution group during board hearings- it's this doctor's opinion/criteria to require resolution group.</p>	
Executive session	None	
Adjournment		<p>Motion, Dee Second, Ashley Roll Call, unanimous</p>