

**INDEPENDENT OVERSIGHT
ACTION ITEMS**



COMMITTEE MEETING NOTES &

IOC Name: ___ DHS ASH IOC _____ **Meeting Date:** 06/17/2021
Meeting Location: _Conf Call (remote)_ **Meeting Time:** ___ 18:04-19:34pm ___

Members Present: Laurie Goldstein, Kim Scherek, Natalie Trainor, Leon Canty, Ashley Oddo
Members Absent: Melissa Farling, Dee Putty, Barb Honiberg
Other Attendees: Larry Allen, Deborah Geesling, Sommer Walter, Isaac Contreras

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	None	
Review and approve meeting minutes	Approved	Motion, Leon Second, Ashley Roll Call, unanimous
ADOA update	Annual report posted on the website (click publication, annual reports), bylaws discussed Larry will also post guidelines and he is work on revamping the website Annual reports are due in August Larry is working on helping us to get more support/participation from ASH	

<p>Updates from other IOCs</p>	<p>Other IOCs seem to be concerned that our agency (ASH) does not attend our meetings, other IOCs offered to support by writing alters, attending meetings, etc.</p> <p>No updates from Dr. Potts</p>	
<p>ASH Response</p>	<p>ASH described demographics and other circumstances regarding restraints and described daily review system and efforts to reduce restraint and assaults including meeting (July 20th) re: Assault reduction for both instances that start with self-harm or peer conflict</p> <p>ASH responded to numbers regarding restraints and seclusions and again said it will be addressed by the team mentioned above</p> <p>Questions about visits/photos of seclusion room was again denied, there are no other options to view as all areas are in use. Current area is 2 bedrooms, 2 bathrooms, and additional hallway area. ASH asked what the specific concern is, it's concerning that we keep bringing it up. IOC continues to hear complaints (in public comment) that there is not human contact, they eat with hands, they don't get care, there isn't sunlight... IOC continues to be concerned about national standards. IOC will continue to address separation facility/area</p> <p>ASH said that the separation time was not up to 18 months as a treatment plan described. They could move out if they met goals in as little as three months. ASH reports conflict with the patient plan that was provided to the IOC</p> <p>ASH described their maintenance standards, environmental rounds, repair process. Responded to questions about laminate and how they repair items as quick as possible, they reseal in the interim.</p> <p>IOC questioned video clips, part of the video seems to be removed/edited out. Either video did not substantiate what the patient reported. Regardless, IOC was concerned that the video was edited or shortened. ASH staff told IOC they</p>	<p>IOC will obtain national standards and ask ASH to provide evidence that they are meeting the national standards since no visits or photos are being allowed by ASH</p> <p>Motion, Laurie Second, Natalie Roll Call, unanimous</p> <p>IOC wants ASH to clarify if the patients can move out of separation more quickly than the treatment plan describes? Could the treatment plans be more specific? IOC has seen a plan that seems to outline an 18 month stay, which conflicts with ASH reports.</p> <p>Motion, Laurie Second, Natalie Roll Call, unanimous</p> <p>IOC would like to ask ASH to again review the video in it's entirety, starting with the</p>

	<p>did not keep the rest of the video. This is a concern- why was the recording tampered with during a review?</p> <p>ASH described how they address staff viewing restroom and changing areas. ASH maintained that they give patients as much privacy as possible. IOC discussed that all patients need to be out of the dorms at 7:30 and sometimes need to use restroom before meds. IOC discussed that patients don't feel they should be watched before meds. Some patients discussed that they are more closely regulated and supervised due to retaliations.</p> <p>Questions about medical equipment was addressed by ASH, they described the calibrations that are needed must be accurate which is why they can't used other equipment.</p>	<p>patient in the phone booth.</p> <p>Motion, Laurie Second, Ashley Roll Call, unanimous</p>
ASH Admin update	<p>More applications being accepted, providing 90-100 groups per month, also individual services provided, doctors related to assault reduction task force are discussing restriction options, virtual visits also continue</p> <p>Vaccination rates up, direct care vacancies down (still need more staff), Average Daily Capacity (ADC) 212 (many empty beds), SMI transition discussed- new building discussed for SMI housing, staffing discussed, updates on campus from DOC funds</p>	
Overview of incident and accident reports	<p>2021-1614: Patient on patient attack, lip split, tooth cracked, first aid administered and patient sent to ValleyWise. Quick care appreciated.</p> <p>2021-1664: Patient involved in previous incident had a swollen hand, medical was addressed three days later. Delay in care noted.</p> <p>2021-1721: IOC appreciated the clear documentation.</p> <p>2021-1799: Patient ingesting 8 pieces of metal and then needing to visit hospital.</p> <p>2021- 1944: Patient threatening roommate with a shoe, staff immediately offered to move the patient, patient refused to move. IOC</p>	<p>ASH wants to know if patient did not complain until days later, or if it was not noticed?</p> <p>Motion, Laurie Second, Natalie Roll Call, unanimous</p>

	<p>appreciated</p> <p>IOC viewed restraint numbers. One patient in restraint for 176, 118, 209, 109, 167... minutes. IOC noted that occasionally the same patients will have minutes over and over which impacts the average numbers. Small number of patients need high restraint minutes.</p>	
Virtual site visit report	<p>One patient assaulted by nurse, it's under investigation, nurse was moved off unit. Incident included chemical restraint and seclusion. ASH is investigating. IOC concerned that incident started because patient wanted water and water was denied. When denied patient was then threatened by nurse that they would "call a code" when nurse did not like patient's feedback.</p> <p>One patient brought up their therapy animal, would like animal therapy back. IOC discussed attempts to involve animal therapy.</p> <p>In person visits have resumed. This patient had visit denied because service dogs are not allowed on the grounds. He specifically did say he did not want dogs in the unit, just wanted to visit, would stay in visiting area. Was concerned that visit was cancelled abruptly rather than just denying the dog? Or allow visit only in visitor area?</p> <p>One patient needs a mat to pray. Was told he cannot pray in the hallway and needed to pray in the kitchen. Patient said the kitchen was dirty and his practices require a clean space. He said meds were changed due to this. Another person wanted to pray as well and they report being retaliated against. Patient working with lawyer to find praying space.</p> <p>Patient with many grievances (15 a day sometimes) was moved units. Patient happy with move, likes new unit. Patient seemed to have renewed hope on the new unit. Seems like a winning solution.</p> <p>One patient leaving soon would like to join the IOC when they exit. In approx. two months. IOC</p>	<p>IOC wants to know specifically why the code was called and why was a chemical restraint used when patient was not a physical threat?</p> <p>Motion, Ashely Second, Laurie Roll call, unanimous</p> <p>IOC wants a follow-up about the animal therapy information provided by Laurie. Will ASH implement?</p> <p>Motion, Laurie Second, Natalie Roll call, unanimous</p> <p>IOC wants to know why the dog could not visit? Why could they not work with him on the visit?</p> <p>Motion, Ashely Second, Leon Roll call, unanimous</p> <p>IOC asking why person requesting prayer area cannot use another space? Library? Chapel? And was the second patient restricted due to wanting to pray?</p> <p>Motion, Natalie Second, Laurie</p>

	<p>happy to see progression.</p> <p>Discussion on how long it takes for IOC to get through on the phone for patient visits. Staff appears to not be trained to support these calls- are sometimes denied or disconnected, takes a long time to get patient on line.</p> <p>Patient asking about law library. IOC working on collecting donations of law books. Laurie will reach out to ASH to see if this is possible.</p>	Roll call, unanimous
ASH legislative bill	No progress at this time	
New Business	No new business	
Member recruitment	Member search continues	
Public Comment (3-minute limit per person)/Call to the Public	<p>Sommer Walter- her brother, Darren, is new at ASH (March 17th), rough time so far, at first staff said he was doing well but now not well, moved units, had to bring advocate and attorney to meeting, meeting was only 15 minutes, brother was expressing self and was disrespected and dismissed by psychologist. They will be meeting again. Sommer wants a change of provider due to treatment and a possible conflict of interest. Darren liked it there at first, but now is struggling, wants out, hates it there.</p> <p>Deborah Geesling- supported Sommer (mentioned above) was at this meeting and also felt that the treatment team addressed patients' feelings poorly, patient described not being able to attend AA, couldn't get other groups/treatments he mentioned. All concerns seemed to be dismissed. Guardian was not asked to give input more than once, when she said she disagreed the told her to contact ASH admin. Sommer was told that even though she was a guardian they were not required to include her.</p> <p>Isaac Contreras- Jeff Reid wrote notes to Dr. Bowen about him. Patient reported being retaliated against by not letting him go outside and taking away other privileges. Has been there 11 months. Reports his area being 9x10 feet, no window, very small. Asking how a nurse has so much influence to put him in isolation?</p>	

	<p>Feels as though ASH is not up front because they are hiding things. Said he's recorded things staff has denies. Said he would like sound on video recordings so others could hear how patients are treated. Retaliation is a concern and moving staff to new units doesn't necessarily solve the problem. He has not seen the sun go down, getting depressed. During patio time he is provoked.</p>	
Adjournment		<p>Motion, Natalie Second, Laurie Roll Call, unanimous</p>
Executive Session		