INDEPENDENT OVERSIGHT COMMITTEE MEETING NOTES & ACTION ITEMS

IOC Name: DHS ASH IOC **Meeting Date:** June 20, 2019
Meeting Location: 1740 W. Adams St. (Board Rm B) Phoenix, AZ 85007 & Conference Call
Meeting Time: 18:00-19:30

Members Present: Ross Davis, Laurie Goldstein, Kathy Bashor MC, Kim Scherek, Lynn Gibson, Rebecca Kasper, Natalie Trainor, and Larry Allen (ADOA)
Members Absent: Ashley Oddo, Alyce Klein
Other Attendees: Erin Juarez

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 noted	
Last Meeting - review and approve minutes	Discussed the responses from ASH	Motion- Ross, Seconded- Natalie, Roll Call- Unanimous
Any update from ADOA	Larry updated the group about the new manual; he will post for review in the next few weeks. The website is undergoing a usability update. They will be offering training and forms. Official business cards for IOC members to use on site visits. The guidelines are undergoing a rewrite and it is likely there will be differences for the DD IOC and BH IOCs. Larry will send out what he has to date for the BH guidelines. He would like a purpose statement from our group. I suggest – the ASH IOC is here to serve the vulnerable populations, to ensure that their human rights are being validated.	
Transition Discharge Planning	Erin Juarez explained the role of the Functional behavior analysts and elements of a successful discharge plan. The aspects of having the	

– Educational discussion – External expert Transition Discharge Planning discussion - All	inpatient teams and outpatient teams coordinating on the discharge plan to ensure a smooth supportive discharge. When discharge planning has activities set up prior to discharge rather than asking for referrals after discharge, the chances of success increase (no returns to the hospital). It would be great if ASH could hire an FBA but may not be able to due to budget constraints.	
Invite ASH Administration to provide ASH discharge planning policy - ASH Administration	No ASH representation at the meeting	
Overview of Incident/Accident Reports -Laurie	We reviewed: ASH-2019-4126 PT was restrained for a total of 174 mins (includes a hold, chemical and seclusion) Seclusion report is not available to see behaviors that warranted the long hold. We reviewed a seclusion report 035166- that had very good notes on why the seclusion was continued and when behaviors were appropriate for discontinuation. ASH-2-19-4015 Pt was DTS and DTO and was ordered to wear a jumpsuit, discussion of whether the jumpsuit is a restraint (straight jacket) or secured on the patient, we will ask for clarification. ASH-2019-3842 was a patient hitting staff, the person was transported to MIHS emergency room and the police were called. Discussion as to why staffs are calling police on pts. Understandable when it is patient on patient. ASH-2019-4015 patient was placed in seclusion for 322 mins.	For ASH Administration- We would like to see the seclusion report for ASH-2019-4126 & ASH-2019-4015 For ASH Administration- We would like a description of the jumpsuit referred to in incident report ASH-2-19-4015 For ASH Administration- We would like to understand the Guidelines for calling police when patient hits staff, should they not be trained and prepared to handle potentially violent patients? For ASH Administration- We discussed possible causes for the continued incidents, can we see the frequency and or diagnosis of the same patient aggression? For ASH Administration- Are staff shortages due to lack of adequate funding thus turnover? Is there enough staff to safety protect the patients and the staff? How can we prevent these trainings? For ASH Administration- Can the IOC help lobby at the legislature for money funding if it would result in better patient care and safer conditions? For ASH Administration- We would also see what diagnosis and severity is suitable for ASH admission and excluding criteria. Motion Natalie, second Kathy, Roll Call-Unanimous
Discussion of Rule 11, ASH & Justice system discussion	Lynn described what she sees as an almost parading and showcasing bringing ASH patient to court in	For ASH Administration- Please explain why the patients are being sent to a court outside of ASH. If this needs to continue in lei of using courts at ASH,

	shackles (hands and feet). It feels like a side show and demeaning to the patients. We feel this is detrimental to the patient treatment. Why are the patients sent to court instead of holding court in ASH court rooms like was done in the past? Isn't this a tremendous expense to pay for transport, BH assistance, and police. There is a concern that the rate of charging patients has increased in the past 10 years. It is thought that if a patient goes to jail, they can lose their bed placement at ASH, is this correct?	can the BHs be trained to be have more respect and empathy for the patients? Why are rule 11 cases increasing? For ASH Administration- Can you verify that if a civil patient goes to jail for an assault at ASH, can they lose their bed? Motion Natalie, second Kim, Roll Call-Unanimous
Invite ASH Administration to provide policy related to charging patients that violate other patients or staff - ASH Administration	No ASH representation at the meeting Discussion on patients that may have co-occurring diagnosis, with co-occurring diagnosis at high rates, does the hospital have the funds to provide treatment? We know that in the past, volunteers have conducted AA/ NA meetings.	Ash administration- Does the hospital treat the co-occurring symptoms when addiction is present? Motion Natalie, second Kathy, Roll Call-Unanimous
Membership - All	No discussion on new recruitments All new member can get their pictures and badges	
Site visit report- Discussion on the follow up suggestion to family visited last month	We will ask Jacqueline if there are any civil patients that want a visit and if so, we will see who is available to visit.	ASH administration- Are there any civil patient requesting a visit or can the IOC visit the day room on one of the civil units?
Public Comment - Call to the Public	None	
Adjournment		Motion Lynn, Seconded- Ross, Roll Call-Unanimous
Executive session		
New business-	Discussion on ASH admission criteria, what populations and why? Which diagnosis are not eligible and why?	