



ARIZONA STATE HOSPITAL INDEPENDENT OVERSIGHT COMMITTEE OPERATING GUIDELINES

PURPOSE OF THE ARIZONA STATE HOSPITAL INDEPENDENT OVERSIGHT COMMITTEE

The name of the committee shall be the "Arizona State Hospital Independent Oversight Committee" and is referred to in the remainder of these operating guidelines as the "IOC." The IOC carries out the duties described in the current Arizona Revised Statutes (ARS) §§41-3803 and 41-3804. The IOC reviews reports/data and visits patients receiving services at the Arizona State Hospital (ASH) for the purpose of making recommendations to ASH or the Arizona Department of Health Services (ADHS) for systemic change.

OPERATING GUIDELINES

IOC Membership Requirements

1. Members of the IOC shall serve seven (7) year terms upon appointment by the ADOA Director, and approval of the IOC by vote. Renewal of terms will be at the recommendation of the IOC and at the discretion of the ADOA Director. The ADOA liaison will notify the ADHS Director, or their designee, regarding new appointments and reappointments.
2. The membership of the committee may comprise a minimum of seven and no more than fifteen members.
3. Members of the IOC shall have expertise in at least one of the following areas: psychology, law, medicine, education, special education, social work or relatives/parents of clients. The IOC may include at least 2 members who are clients or former clients of ASH (ideally).
4. A consultant, employee of the ADHS, RBHA, TRBHA, ASH, or service provider may not be a voting member of the IOC. All individuals who cannot vote will not be counted toward meeting a quorum.
5. Potential members shall attend one IOC meeting prior to a vote of approval and submit a written curriculum vitae and an IOC Nomination Form for IOC review.
6. When there is a vacancy on the IOC, candidates are approved by majority vote of the IOC and referred by the IOC Liaison to the ADOA Director for recommendation of appointment for membership. Members are notified of their appointment by the ADOA Director.
7. Prior to attending the first voting meeting, a newly appointed member shall complete an IOC Confidentiality Agreement, a Member/Family Member Consent and sign a Loyalty Oath.
8. A member may request a leave of absence of no longer than six months, if temporary inability to attend meetings occurs. Approval of the leave of absence must be approved by a majority vote of the IOC. A member on leave of absence is considered a vacancy and is therefore not for purposes of determining the quorum.
9. The removal of a member must be done by a majority approval of the IOC. Members may be removed for misconduct, misusing their authority, failure to disclose a conflict of interest, or for any other cause as determined by the IOC.

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Meeting Related Requirements

1. The Open Meeting Law shall apply to all meetings and sub-committee meetings of the IOC. Meeting notices and agendas will be posted at least 24 hours in advance of any meeting or sub-committee meeting at 1740 W. Adams St. (Board Room B) Phoenix, AZ 85007 or virtually through Google Meets.
2. The IOC meetings shall be managed consistent with the current edition of Robert's Rules of Order, Newly Revised, as applicable.
3. IOC meetings will be held on a Monthly basis.
4. Members shall attend every IOC meeting, either in person, or by phone. Missing three consecutive meetings, without first informing the IOC Chair, may result in an IOC motion for termination of membership.
5. An IOC meeting will only be held if a quorum of voting members is in attendance. A quorum shall be calculated as having a majority of the IOC voting members. For example, if the number of appointed voting members of the IOC is 9, a quorum would be 5. If the number of appointed voting members is 8, a quorum would be 5.
6. Members shall disclose conflicts of interest at the beginning of every IOC meeting, and during the meeting should the discussion reveal a potential conflict of interest. If the IOC determines by a majority vote, or the member asserts, that a conflict of interest exists, the member with the conflict shall not participate in discussion of the issue nor vote on any actions concerning the issue for which the conflict exists. The member will not be counted toward calculating the quorum for an IOC vote on the issue or questions in which the conflict of interest exists.
7. The IOC may go into executive session, when it is properly noticed in the agenda, for one or more of the following reasons: membership discussions, discussions with the IOC's legal counsel or attorney, or discussions or review of records that are legally exempt or protected from public disclosure. Members of the public are not permitted to be present during executive sessions. The IOC shall not make decisions or take action upon what is discussed in executive sessions, but may only do so in a regular session when the public is permitted to be present.
8. Minutes of each IOC meeting will be recorded by the Office of Independent Oversight Liaison who will prepare a draft of the minutes within 3 working days of the meeting. Members of the public may request and obtain a draft copy of the minutes three days after the meeting; however, the minutes are not considered final until the IOC has the opportunity to review, edit and give the final approval by majority vote. Minutes shall not be published as final until the IOC has voted for their approval.

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Other IOC Guidelines

1. Sub-committees may be appointed by the IOC Chair. The IOC, by majority vote, shall develop general guidelines for the sub-committee's scope and actions, as well as goals and objectives, subject to the review and approval of ADOA and ADHS and may assign them as necessary.
2. IOC members are not eligible to receive compensation, but are eligible for reimbursement for ADOA approved expenses.
3. The IOC may vote to request a consultant or consultants to advise it on specific issues. The consultant(s) may be temporary or standing. The consultant may not be an AHCCCS health plan employee, Arizona State Hospital employee, ADHS employee, or an employee of a contracted service provider. If the consultant requires compensation, a letter composed by the IOC Chair will be sent through the liaison to the ADOA Director requesting the appointment of the consultant, the specific issue(s) to be addressed by that consultant, and the cost associated with their services.
4. The operating guidelines can be amended at any regular IOC meeting by a majority vote, providing the amendment has been submitted to the members in written form. The IOC Liaison will provide the proposed revisions to the ADOA Director for approval. The operating guideline changes will not become effective until the ADOA Director reviews and approves the modifications.

IOC Oversight and Review

1. The IOC shall, at each meeting, review reports from AHCCCS/ASH received since the previous meeting, including: Incident Reports, Seclusion & Restraint Documentation, Death reports, and Complaints, Grievances, and Appeals concerning incidents of possible abuse, neglect or denial of rights of Patients of ASH, or allegations of mistreatment concerning the Patients. The IOC will also review any other issues placed on the agenda.
2. A member(s) of the IOC will be appointed by a majority vote of the IOC, and will be responsible for reviewing and tracking incident reports consistent with an IOC approved method of reviewing and tracking said reports
3. The IOC shall determine by a majority vote, based upon the review of reports, if any abuse or neglect is suspected, or if there is sufficient reason to further determine if there has been any violation of rights contained in AAC R9-21-201 et. seq. for persons enrolled as Seriously Mentally Ill, or possible violation of any patient rights contained in ADHS licensing rules under AAC, Title 9, Chapter 10 for persons residing in the Arizona State Hospital
4. Upon a majority vote that there is reason to suspect a right or rights have been violated, or that a specific problem exists, and further action may be indicated for ASH, the IOC shall submit a letter which specifies the report number, the nature of the incident, and the suspected rights violation(s) to the Arizona State Hospital via the IOC Liaison and/or the ADHS Director or designee. If the IOC determines no further action is needed, a violation will be documented in the minutes for that meeting. The IOC may ask for additional information, investigation or corrective action on the outcome of any incident that indicates the likelihood

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5. If the incident involves an allegation of physical or sexual abuse, or the death of a patient of the hospital, the IOC can request an investigation of that incident by AHCCCS. The IOC may request the medical records of ASH Patients pursuant to ARS §41-3804(I) should the IOC have reason to believe the incident was a violation of the patient's rights and the records are necessary for official IOC purposes. The medical records must be kept confidential and cannot be shared with anyone outside of the voting members of the IOC or other IOC advisors.
6. If allegations of rights violations come to the IOC through other sources, the IOC may either consider the information presented, and follow the guidelines as specified above, or refer the person who is the source of the information to the ADHS/ASH IOC liaison and ADOA. Office of Grievance and Appeals, the ADHS Office of Independent Oversight or ADHS Customer Service.

Site Visits to Patients of Arizona State Hospital

1. Members of the IOC will be appointed by a majority vote of the IOC, and will be responsible for conducting site visits to Patients of ASH.
2. The appointed IOC members will visit all units serving Patients of ASH who are Seriously Mentally Ill at least annually.
3. Site visits will be jointly conducted by two IOC members. If two IOC members are not available due to an emergency (non-scheduled) circumstance, a single IOC member may conduct the visit with a member of another agency who has legal authority to visit with the patient.
4. IOC members shall not participate in an on-site visit on a unit where a family member resides.
5. The IOC will contact the ASH representative at least one week prior to the visit and identify the patient to be visited. ASH will provide an IOC approved letter and ASH consent form for the patient or guardian consent for the visit.
6. If consent for a visit is provided to ASH obtained, ASH will give the IOC chair available times for visits, based upon the discretion of the unit, so that there are no disruptions to normal routine, or violations of privacy for those not being visited. Those from the IOC visiting will honor a patient's right to privacy and right to decline or terminate an interview.
7. During each visit, the IOC members will provide information about availability of assistance through the IOC, the Center for Disability Law, and the Office of Independent Oversight. A flyer, approved by the IOC and OHR, and ASH, containing this, and other information on other available resources, may be left with the patient as well. The IOC members will discuss the patient's satisfaction with the services they receive, and offer to discuss any individual issues.
8. If the patient raises a client rights issue that requires a review of medical records, the IOC members must obtain an authorization for the release of information signed by the patient or legal representative, authorizing the IOC to see the patient's records.
9. The IOC members that conduct a site visit will report back to the IOC at the next scheduled meeting. Any issues identified during the visit, such as alleged abuse, neglect, or any other rights violations, will be presented to the Arizona State Hospital, and/or the ADHS Director or designee, in writing, via the IOC Liaison, after a majority vote. At all times, the IOC will comply with State law and Federal regulations that protect the confidentiality of a patient's protected health information. Information relating to a specific member may only be discussed in executive sessions. Member voting on follow-up actions in a regular session must be done in a fashion that does not identify a particular patient.

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Patient Forums

1. The IOC may request the Arizona State Hospital to conduct patient forums, in order to distribute information to a larger number of patients regarding the IOC and client rights. The IOC may request that a Notice about the forum will be posted in all units, and in common areas, so that patients who are able to attend may do so. IOC members who conduct the forums must not disrupt the normal flow of unit routine, and must obtain the approval of ASH one month prior to the date of the event.
2. The IOC may conduct a site visit for patients who do not have the ability to attend the forum, have given a written request to their social worker, and have a patient/guardian signed consent for the visit. The IOC will accept such information from ASH and will then schedule a meeting with the patient in their unit, during a time that is non-disruptive to the unit's schedule.
3. The results of interaction with patients either at a forum, or individual basis, will be presented at the next IOC meeting. Any issues identified during the forum relating to client rights will be discussed, and any alleged abuse, neglect, or any other rights violations, will be presented to the Arizona State Hospital, and/or the ADHS Director or designee, in writing, via the IOC Liaison, after a majority vote. At all times, the IOC will comply with State law and Federal regulations that protect the confidentiality of a patient's protected health information. Information relating to a specific member may only be discussed in executive sessions. Member voting on follow-up actions in a regular session must be done in a fashion that does not identify a particular patient.

These guidelines are based on the requirements found in:

- a. ARS §36-509 Confidential Records
- b. ARS §38-431 et seq. Open Meeting Law
- c. ARS §§41-3803 & 41-3804 Independent Oversight Committee Duties
- d. AAC R9-21-105 et seq. Independent Oversight Committees
- e. AAC R9-21-204, Restraint and Seclusion
- f. AAC R9-21-203, Protection from Abuse, Neglect, Exploitation, and Mistreatment
- g. ADHS/ASH Policy 1702 Reporting and Monitoring the Use of Seclusion and Restraint
- h. 9 AAC 21, Article 4, Appeals, Grievances and Requests for Investigation for Persons with Serious Mental Illness