

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

January 12, 2023

The Honorable Katie Hobbs
Governor, State of Arizona
1700 West Washington Street
Phoenix, Arizona 85007

The Honorable Karen Fann
President, Arizona State Senate
1700 West Washington Street
Phoenix, Arizona 85007

The Honorable Russell Bowers
Speaker, Arizona House of Representatives
1700 West Washington Street
Phoenix, Arizona 85007

Dear President Fann and Speaker Bowers,

On behalf of the DHS Arizona State Hospital Independent Oversight Committee, please find the Annual Report for FY August 1, 2021- July 31, 2022, that outlines our Committee's activities and recommendations. The report was prepared in accordance with the requirements of ARS § 41-3804(H).

The Arizona State Hospital (ASH.) Independent Oversight Committee (IOC) has benefited from the addition of several new members. Additionally, there have been several former board members resignations. The Arizona Department of Administration (ADOA) has brought the much-needed organization to the IOC committee. Unfortunately, the relationship between the IOC and the ASH administration continues to be a minimally collaborative effort, although it has seen improvements this past year. The ASH administration did not attend the meetings, which would make for a significantly better relationship and more profound development of serving the patient's needs at ASH. With that being said, special meetings outside the IOC public meetings with the ASH administration have resulted in successful collaboration.

Legislative Update

A notable piece of legislation, SB1444- State Hospital; Administration; Oversight, sponsored by Senator Karen Fann, passed July 6, 2022, which stipulated that patients cannot be retaliated against for their own or their families' participate in IOC meetings. SB1444 also requires attendance by the CEO and CMO at the ASH IOC meetings. An important update that

technically falls outside of the annual report for this FY but nonetheless should be mentioned is that the ASH administration started attending the IOC meetings in October 2022 virtually.

Arizona Department of Administration

ADOA continues to provide direction, which all the IOC members appreciate. ADOA has provided a valuable service as a non-biased facilitator. It continues to provide guidance in any procedural matter.

IOC Updates

Additionally, the IOC has updated our bylaws this year.

- The ASH IOC Bylaws can be located here (<https://ioc.az.gov/resources/ash-ioc-guidelines>)

The ASH IOC committee had an educational presentation on:

- Architectural seclusion and separation guidelines by committee member Melissa Farling to provide additional education for the IOC and the community. Ms. Farling discussed structural guidelines and rules for incarceration environments and how they should be applied to patient environments. Miss Farling also discussed the National Architectural Code of Ethics, which discourages and limits spaces knowingly designed for seclusion, especially those longer than 15 days. The current code is for incarcerated persons, and the Committee is discussing how it could/should be applied to patients in medical settings. One takeaway for the IOC from Ms. Farling's presentation is that the best practices for Prisons and Jails do not go directly from seclusion to community, rather, there are several steps for optimal and gradual transferring. Another takeaway dealt with the use of segregation for punishment. When individuals are put in segregation, they have neurological responses, PTSD, and other psychiatric damage, leading to severe concerns with using segregation for punishment, especially when programs claim to be therapeutic.

The State IOCs chairs meet to discuss common topics. In addition, the chairs strive to attend each other's meetings to act as consultants and provide advice and updates.

ASH administration extended an invitation to the IOC chair to attend the Governance quarterly board meeting; the Chair was present for most Governance meetings.

The COVID pandemic continues to result in IOC restrictions on hospital grounds due to COVID protocols. Restrictions fluctuated depending on the community spread as determined by the CDC and AZ Dept of Health. In-person visits to the hospital were not permitted this year but IOC continued to hold telephonic visits with the patients.

The IOC requested details on a patient in Administration Separation regarding the size of the seclusion room, the daily living amenities such as eating utensils and a dining area, access to

daylight, access to exercise, access to interactions with other patients, and therapy. After many months of discussions, IOC members were able to visit the space when it was temporarily unoccupied. We requested that the staff prompt the patient for daily outdoor time. The patient has now been discharged from the hospital.

The IOC continues to participate in community forums on each campus. The Civil patient forums had requested better food choices and the desire for more celebrations and dances. The other complaints were related to the units being too cold or noisy. We heard many complaints about the lack of alternative progress opportunities for the forensic patients that were impacted by the shutdown of the majority of therapy groups and all outside required outings. We requested that the ASH administration try to develop alternative criteria to demonstrate behavioral progress, but no alternatives have materialized at this time. The ASH forums also allow exposure to many patients whom the IOC does not generally interact with in-patient visits. The patient's requests at the forums also included the ability to have more choices in shopping and dietary choices. The patients also voiced concerns about reduced group therapy due to COVID.

COVID interrupted the following:

- Hairstylists and barbers' services
- In-person I.O.C. visits
- Internet usage
- Group therapy, except for music and exercise
- Limited availability of any music & exercise therapy sessions
- Forensic off site visits, which are required for forensic patient progression
- In-person family visits for the patients. ASH administration implemented virtual visits for patients with family members and approved others.

The video recording system at ASH however is still problematic, and often the recordings are either unclear or some have been re-written due to the limited storage capacity with the old system. We believe the inclusion of audio would significantly improve both the IOC and the hospital's ability to determine if there was any problematic behavior prior to incidents.

The hospital responded to our request to have the incident and accident report available for a more extended time; the reports are now available for more than one year.

The IOC has suggested that the hospital bring pet therapy back into the campuses and has recommended a company to which one of the IOC members had reached out. The hospital followed up and found a pet therapy volunteer group that agreed to come into the hospital. The hospital has implemented pet therapy on campus, but the patients would like to see more frequent visits.

Requested Information

During the past year, we have requested and received policy and procedural information on numerous occasions as it relates to:

- Escape/AWOL Emergency code guidelines.
- Daily nursing acuity staffing.
- Alternative progression pathways for forensic patients while COVID lockdown protocols impacted typical progression pathways.
- Requested all the maintenance procedures for physical environment issues (this has contributed to self-harm behaviors).
- Requested all preventative maintenance procedures. Policy on inspections of facilities to remove potential hazards.
- Clarification about administrative separation vs. seclusion.
- Administrative Separation Policy.
- Seclusion and Restraint Policy.
- Requested access to timely medical care for those in administrative separation.
- Requested the policy on when guardians are notified about their ward's medication changes (both emergent and nonemergent).
- Requested the ASH patient billing for patients (civil and forensic).
- Earlier invitation to the Governance board meeting notices.
- A.S.H. Civil campus Mechanical Restraint Incidents (March 2020 through February 2021).
- Clarification of unfamiliar terms seen in an incident, accident, and death report.
- Policy on the retention time of surveillance videos.
- Requested the policy and process of why patients who are committed to the civil hospital are transferred to the forensic hospital.
- After Covid restrictions were lifted- Plans to re-institute:
 - Outings,
 - In-person family visits,
 - Food visits,
 - Group programming,
 - Internet usage.
- Requested information regarding a potential HIPAA violation
- Statistics of intake, release, successful program completion, and exit for both campuses: civil and forensic.
- Admissions and Discharges by campus (2015-2021).

Concerns

We discussed our concerns over Covid related impacts- lack of alternative progression.

Staffing shortages on the units have been an ongoing issue for patient safety and the ability to provide patient programming. The staffing shortages are not limited to ASH, as other hospitals and psychiatric facilities are experiencing staffing shortages. We asked for information related to units with high assaults and any correlation to short staffing. Many voiced concerns about reduced groups and the inability to get off the unit due to staffing shortages. The Governor

assisted with pay incentives and a student payback program for employees in behavioral health fields (up to \$75K over three years).

We continue to hear about retaliation. This is from many different patients on the forensic side of the hospital. There is a shared belief among civil and forensic hospital patients that the grievance and appeals process is not independent. The majority of grievances are turned into complaints after review by the ASH administration. The IOC's primary concern is that patients have consistently voiced concerns over retaliation from some staff after filing grievances. There are also ongoing complaints that not all staff act in a therapeutic and supportive manner. The passage of SB1444 was a step in the right direction; however, the IOC strongly believes it would be beneficial to have a surveillance system with audio and video capabilities to investigate better and substantiate some of the grievances and complaints. The patients also have complained that the Ombudsman is a hospital employee, and they feel she cannot be impartial due to her allegiance to her employer. Note that a new Ombudsman began last quarter, 2022; however, they still report to the hospital administration.

We have requested records for one patient. Four of our committee members reviewed the years' worth of material- an executive session to review findings took place in September 2021. The patient is reprimanded for asking for behaviors he needs to demonstrate or eliminate; he is being told he is trying to control his environment. We feel an understanding of appropriate behavior goals should be abundantly clear to the patient, and frequent feedback should be provided. The IOC members that reviewed the information found that there was retaliation. The hospital administration does not agree with the Committee's outcome. Further discussions are ongoing.

Due to the short time frame between when the Incident, Accident, and Death reports are available in the AHCCCS portal and the scheduled meeting, the Chair cannot thoroughly review the records. The ASH administration is working on getting the reports uploaded sooner. At this point, only the chairperson has access to review the reports. The Chair has requested that other members gain access to ensure multiple reviews of the incidents from different perspectives. ASH administration has provided a high-level seclusion dashboard report with the dates and times and seclusion type. This report highlights the events that are outliers and may need to be explored in the detailed report. This overview report has been beneficial. We have requested that we get the information in an Excel format, as do the other IOCs in the state. We also would like to have reports available for up to a year, as previously. ASH administration has agreed to provide reports in a different format to assist in analyzing repeated incidents and long seclusions, which typically comprised a few patients with problematic behaviors. Nonetheless, the IOC continues to have concerns about lengthy administrative separation.

We continue to see numerous incidents on the civil campus units. However, there are fewer incidents in the forensic units, most of which seem to be from self-harm or are relatively minor.

Notably, there were two sentinel events, one on the forensic campus and one on the civil campus resulting in death. One event was an apparent self-harm stabbing, and one was a self-harm choking. AHCCS and Adult Protective Services investigated both incidents. There was a review of allowable items following the stabbing event.

The IOC asked about grief counseling for staff, and patients post traumatic events. The hospital offered grief and trauma-focused counseling formally and informally to the staff. For patients, the programming was altered to facilitate grief support in addition to individual counseling sessions.

Both patients and guardians have complained about the treatment meetings and family or support limitations in these meetings—a notable lack of transparency on treatment goals and treatment progress. The IOC has received reports from guardians and advocates that they are not permitted to give input during meetings and are then asked to sign off on the treatment plans. ASH administration states that guardians are always invited and included in treatment meetings; they are only discouraged from attending if they are disruptive. There have been reports of excellent treatment surrounding collaboration with family and guardians, but this seems to be limited to a few providers.

The IOC continues to hear complaints about the poor treatment of guardians by the hospital staff regarding the treatment meetings.

There have been continued complaints about timely medical attention, with additional complaints about failing to notify the patients about appointments or completing required testing before meetings with specialists.

Initiatives

We are working on the following initiatives:

- Provide education opportunities for the Committee and public attending the meetings-
 - Architectural seclusion and separation guidelines.
- Consider expanding internet access for legal sites available to the patients.
- We advocated (and will continue to do so) for updated surveillance systems on civil and forensic campuses with better overall site coverage and audio/visual capability.
- We advocated bringing pet therapy back into the hospital.

Suggestions

- Clarify to the PSRB that the Resolution group is not a requirement for the progression of forensic levels. This misconception that a resolution group is required may be holding patients back from progress and is a human rights violation. ASH administration declined

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- because - Pursuant to ARS 13.3994, the PSRB maintains the authority of all Forensic patients through the duration of each patient's criminal sentence.
- ASH administration reinforces safety protocols to all employees.

Thank you for your continued support of the committee volunteers that are protecting those in need.

If you wish to discuss this report's contents, don't hesitate to contact me at 480-363-4887, Laurie Goldstein, Chair.

Sincerely,

Laurie Goldstein
A.S.H. I.O.C. Chair

cc:

Carolyn Allen, Senate Health and Human Services Committee Chair
House of Representatives Health Committee
Matt Gress, Director, OSPB
Richard Stavneak, Director, JLBC Staff

ASH IOC 2021 Committee Membership

	ASH I.O.C. Names	Position	Membershi p Status	Comments
1	Ashley Oddo	Lawyer	Active	
2	Leon Canty	Peer, Former Forensic Patient	Not Active	Resigned on 5/21/2020
3	Laurie Goldstein	Engineer, Parent of An Adult Behavioral Health	Active-Chair	
4	Kathy Bashor	Peer	Not Active	Resigned on 5/21/2020
5	Kim Schereck	Family Member of Behavioral Health	Active	
6	Alyce Klein	Psychiatric Nurse	Active	

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7	Natalie Trainor	Education	Active	
8	Rebecca Kasper	Psychologist	Not Active	Resigned on 2/17/2020
9	Dee Putty	Medical Nurse	Active	
10	Joe O'Cain	Forensic Patient member	Not Active	He was told he could no longer participate
11	Barbara Honiberg	Public Health, Parent of An Adult Behavioral Health	Active	Effective 9/17/2020
12	Melissa Farling	Architect, Family of An Adult Behavioral Health	Active	Effective 9/17/2020
13	Kay Kunes	Peer, Forensic ⁸ Patient	Active	Effective 12/15/2022