



November 1, 2023

The Honorable Warren Petersen
President, Arizona State Senate
1700 West Washington Street
Phoenix, Arizona 85007

The Honorable Ben Toma
Speaker, Arizona House of Representatives
1700 West Washington Street
Phoenix, Arizona 85007

Dear President Petersen and Speaker Toma,

On behalf of the Arizona State Hospital Independent Oversight Committee, please find the 2022-2023 Annual Report that outlines our committee's activities and recommendations. The report was prepared in accordance with the requirements of A.R.S. § 41-3804 (H).

The Arizona State Hospital (ASH) Regrettably, the Independent Oversight Committee (IOC) has seen several former board members resign. We are actively seeking replacements. All of the current members have completed the required training requirements. The Arizona Department of Administration (ADOA) oversees the IOC committee. The Arizona State Hospital (ASH) and The Independent Oversight Committee (IOC) met monthly during this reporting period. The ASH administration began to attend the meetings in October 2022, which made for a significantly better relationship for serving patient's needs at ASH.

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' participation in IOC meetings. SB 1444 also requires attendance by the CEO and CMO at the ASH IOC meetings. SB 1710 failed to pass. It was originally intended to change the Governing board of ASH and to increase the number of available beds for Maricopa County (the most populated county in Arizona).

Arizona Department of Administration

The ADOA continues to provide guidance, which the IOC appreciates. ADOA has provided a valuable service as a non-biased facilitator.



IOC Updates

The State IOCs Chairs meet to discuss common topics. The Chairs strive to attend each other's meetings to act as consultants and provide advice and updates.

ASH administration invited the IOC chair to attend the Governance quarterly board meeting; the Chair was present for most Governance meetings. The Chair has been attending the Governing Board meetings as a public member when given adequate notice before the meeting. The meetings are hard to follow as the accompanying documentation is not provided to the public until after the meeting, leading to the inability to look at the reference documents during the meetings.

Number of Visits

The IOC made several telephonic visits to patients during the year, typically 4-6 a month. IOC members also attend forums on civil and forensic campuses. The ASH forums also allow exposure to many patients (typically over 20) with whom the IOC does not generally interact during in-patient visits. The civil patients have not requested visits at the same rate as the forensic patients. We have discussed setting up an area for a few hours on the civil campus to increase the visibility of the IOC.

Summary of Visit Findings

Findings:

- 1. Patient Requests:** Desire for more shopping options as the lack of buying quality items at reasonable prices continues to be an issue. The Walking Horse catalog is the only available purchasing supplier.
- 2. Complaints:** Allegations of harassment, unclean facilities, and patient care issues. Most were unsubstantiated, but some were verified.
- 3. COVID impact:** Reduced activities and in-person visits due to the pandemic, although some telephonic visits and online forums continued. The patients also voiced concerns about reduced group therapy during and post-COVID. The shutdown of most therapy groups and all outside required outings impacted the forensic-level patient's progression. There was a lack of alternative progress opportunities for forensic patients. Forensic progression is based on successful completion of the current level and involves community outings to progress.
- 4. Therapies:** Patients feel a lack of variety in therapeutic groups and disparities in policies across different units. Major concerns about limited therapy sessions due to COVID. There is an appetite for some substance use cessation groups and more life skills groups such as finance



and healthy cooking. Complaints about too many groups focused on art. The civil patients expressed a desire for more celebrations and dances.

5. **Staffing:** Continuous issues with staffing have hampered patient activities and raised safety concerns. Patients have identified specific staff as antagonistic, and the IOC has witnessed this behavior on video. The IOC has also overheard unprofessional behavior of BHT to a patient while on the phone with the IOC. Concerns over staff not attending to patient needs but in nurses' stations or on cell phones.

6. **Surveillance:** The current video system is outdated, has frequent malfunctions, and does not always provide clear recordings. The tapes are also written over if no grievance has been filed in the period before reuse.

7. **Patient room or unit moves:** Patients may be moved without prior notification or cause (they may not be involved in any incident). Sometimes, during the move, their items are lost. The rules on different units are not enforced consistently between units, causing disruptions to a patient's routines. One specific patient is moved every few months, disrupting his treatment team and continuity of care.

8. **Permitted Items:** Some concerns about approved clothing and variations between units exist. The IOC understands that the items may dictate permissible items based on the self-harm behaviors on some units.

9. **Limitations on food or drinks:** There are restrictions on the number of drinks or snacks per day due to some patients buying and exploiting others. They desire better food choices. Some people would like to use a refillable water bottle and keep it with them even in their room.

10. **Housekeeping:** There are allegations of unclean bathrooms and subpar house cleaning. The hospital administration did not feel that was a human rights issue. They reported that the cleaning service is also subcontracted and complies with the Joint Commission standards. However, the Admin Code has specific requirements regarding pest control, spread of infection, etc.

11. **Barber/Stylist:** There have been long waits for haircuts or color treatments. This made several patients feel self-conscious of their appearance.

12. **Copy/notary services:** Several patients had concerns over the lack of support for making copies or having notary services available. Some patients paid a high fee of over \$100 for a private notary to come to the campus, but the guards and or staff would not let them inside even though it had been arranged.

13. **Outside activities:** Patients asked for water outside while outside. They want more outdoor time, but due to staffing issues, this was extremely limited at times. Staffing had a negative impact on the ability of the patients to have an outside patio or mall time. They felt the hospital should encourage fitness, but it is difficult in summer with no water.



14. Individual Treatment Plans: We have had many complaints from people with co-occurring conditions, such as developmental disabilities or autism spectrum disorder, specifically alleging that the co-occurring treatments were not available to the level that the patient required. Individual counseling for those with the stated conditions is minimal. For ASD members, the loud, bright day rooms and the group therapy can be overwhelming.

15. Patient Care/ Staff issues: We received several anonymous complaints via Larry Allen (ADOA liaison) about patient care at the hospital from staff (though the email used could not be traced to an active employee); the letter alleged fear of retaliation. We also received another letter from a guardian alleging harassment by a behavioral health technician while the patient was using the restroom. The allegation was unsubstantiated, but there was a quality reminder to the BHT (behavioral health technician) of appropriate etiquette (the technician kicked the door).

16. Friendships: Some patients state they are not permitted to engage in meaningful friendships. Two patients were married while at ASH and are now closely monitored and have been moved to separate units. They have fewer interactions than prior to marriage.

Concerns:

1. COVID: Reduced outings and food visits have affected patients' well-being.

2. Staffing: A major problem with staffing shortages is affecting patient safety and programming. A temporary staffing registry is not always knowledgeable about the patient's history or triggers. There are also ongoing complaints that not all staff act in a therapeutic and supportive manner. Staffing shortages reduce the amount of outdoor time for those patients with appropriate privilege levels. Staffing shortages on the units have been an ongoing issue for patient safety and the ability to provide patient programming. We understand that the staffing shortages are not limited to ASH, as other hospitals and psychiatric facilities are experiencing staffing shortages.

3. Retaliation Concerns: Many patients believe there is a risk of retaliation if they file complaints. One patient alleged that he had been retaliated against and mocked in the daily meeting by the staff. 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 who reviewed the information found that there was retaliation. The hospital administration does not agree with the Committee's outcome. The grievance was found to be unsubstantiated. The IOC requested a record review. Alyce Klein, a psychiatric nurse on the board, and Ashley Oddo, a lawyer on the IOC, found the records did substantiate retaliation against the patient. The IOC's opinion was not upheld. ASH's own internal investigation upheld the same grievance outcome opinion. A second appeal by Alyce to AHCCCS also yielded no changes, as AHCCCS gave the audit back to the ASH



Grievance team to review the appeal (governing and oversight of any entity, especially a state hospital, by that same entity, is an obvious conflict of interest).

4. Environment: Loud dayrooms and bright lights with fluorescent lighting have caused discomfort, especially for patients with ASD.

5. Incidents: Several self-harm incidents have occurred, some leading to death. Official investigations were carried out.

6. Patient-Treatment Collaboration: Concerns about limited input from families or guardians in treatment meetings and lack of transparency.

7. Medical Attention: Patients have raised concerns about delays in medical attention and lack of follow-up care.

8. PSRB to the Superior Court: The transition of the PSRB to the Superior Court also caused some delays when the Chair of the PSRB stepped down, the PSRB did not meet for several months. There were also some initial delays once the Superior Court had jurisdiction and the process changed. Dr. Woods (CMO) spoke about the changes during the IOC meeting.

9. Policy enforcement: Concern about the difference in policy between the units on the forensic campus. The patients who have moved between the units say that the policies are not carried out uniformly, and the psychiatric nurse unit managers (Pnums) have too much authority in determining policy enforcement.

10. Video surveillance equipment: The video recording system at ASH is still problematic, and often, the recordings are either unclear or have been rewritten due to the limited storage capacity of the old system. There are also blind areas on campus and cameras that malfunction. We believe including audio would significantly improve both the IOC and the hospital's ability to determine if there was any problematic behavior prior to and during incidents. The surveillance system is scheduled to be replaced by 2025. It would be beneficial if they could get other bids for hard-to-obtain parts from other vendors.

11. Mail: There were concerns over mail delays, both incoming and outgoing. ASH administration is monitoring the process. The hospital's administration has addressed some of these issues, but several concerns remain unresolved. The IOC continues to monitor and work on these issues for the welfare of the patients.

Requested Information

1. **Library Services:** Information on the availability and access to library services for patients.

2. **Patient Mall Policy:** Guidelines and rules surrounding the patient mall.

3. **Therapeutic Vocational Training:** Consent form details and processes involved.



4. Guardianship:

- The process for appointing a guardian for patients in need.
- Notification period for guardians in case of incidents.

5. Staffing:

- Daily nurse staffing acuity sheets.
- January staffing acuity.
- Required staff numbers for each unit.

6. Communication:

- Patient access to emails.
- Process for appointing a new CEO.
- Policy on the removal of a deceased individual.
- Materials used for informing nursing stations about IOC's duties and rights.

7. Policies & Guidelines:

- AWOL-Code Green guideline.
- Training policy for new nurses and behavioral technicians.
- Policies on patient bank cards and notary services.
- Policy for 1:1 or 2:1 staff allocation for patients prone to self-harm.
- Policy on the administrative separation room dimensions and the state code that ASH adheres to in this context.

8. Materials & Facilities:

- Materials used on civil campus walls are especially concerning because of incidents of patients ingesting wall materials.
- Reasons for the cessation of taking patients' photos for family communication.
- Edovo tablets' decision process for patient use.



9. Treatment Plans:

- Members involved in drafting individual treatment plans.
- Incident policy for documenting various patient interactions, including discussions with legal counsel.

10. Medical Treatment Protocol:

- Process for scheduling and notifying patients about medical appointments.
- Details about on-site podiatry services and appointment adherence.

This comprehensive list details the various information sought over the year to ensure proper oversight and transparency in the hospital's operations.

Concerns and Recommendations:

1. COVID-related Impacts:

- *Concern:* The pandemic led to decreased community outings, family visitations, and diminished food visits.
- *Recommendation:* Implement virtual family visits using technology. Introduce socially distanced outdoor meetings or spaced-out visitation rooms to ensure safety while facilitating interaction. The new CEO has implemented this.

2. Assault Trends:

- *Concern:* Many assaults are perpetrated by a minority of the hospital population.
- The number of assaults on the civil campus continues to be problematic; most are self-harm with other assaults on patients and staff. There are a minority of incidents that require medical attention.
- There are fewer incidents in the forensic units, with several months passing without any forensic incidents. 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. AHCCCS and Adult Protective Services investigated both incidents.
- *Recommendation:* Implement behavior intervention programs and focus on individualized care plans for those who are recurrent perpetrators.
- Review policies of allowable items following the sentinel events.



- Provide grief counseling for staff and patients following 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.

3. Program Diversity:

- *Concern:* Reduced group therapies primarily focused on art therapy, with requests for more substance use cessation groups, group counseling, and life skills programs.
- *Recommendation:* Diversify the therapy offerings. If necessary, engage with external experts and get patients' feedback on preferred programs.

4. Retaliation and Grievance Handling:

- *Concern:* Allegations of retaliation and impartiality of grievance handling.
- *Recommendation:* Set up an independent review committee for grievances. Have a third-party arbitrator mediate when the IOC finds evidence of retaliation. Implement the surveillance system (with patient consent) to ensure transparency.
- Monitor employees who are often mentioned as aggressive.

5. Treatment Environment:

- *Concern:* Dayrooms are too bright and loud, causing stress. ASD patients find group therapy challenging.
- *Recommendation:* Modify dayrooms to have dimmable lights and soundproofing. Consider individualized therapy for patients with special needs like ASD. Utilize colors on the walls that are known to reduce stress.

6. Treatment Involvement:

- *Concern:* Guardians and families feel excluded from treatment meetings and a general lack of transparency in treatment goals.



7. **Medical**

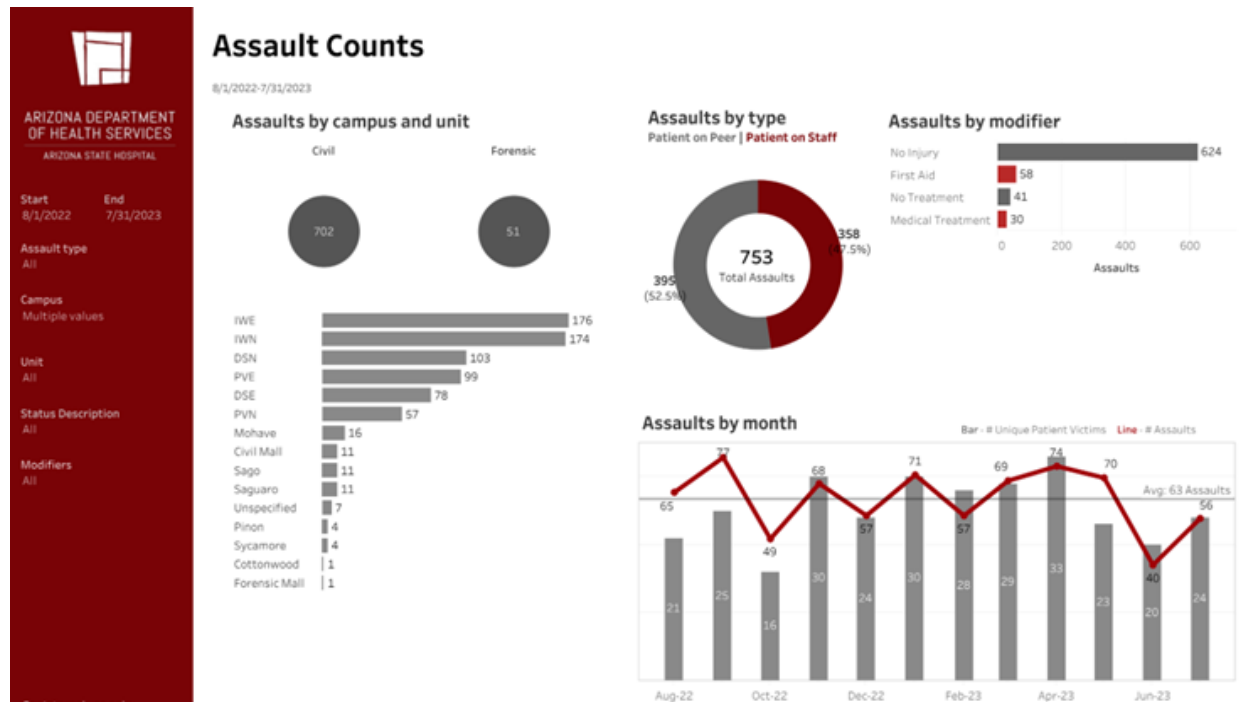
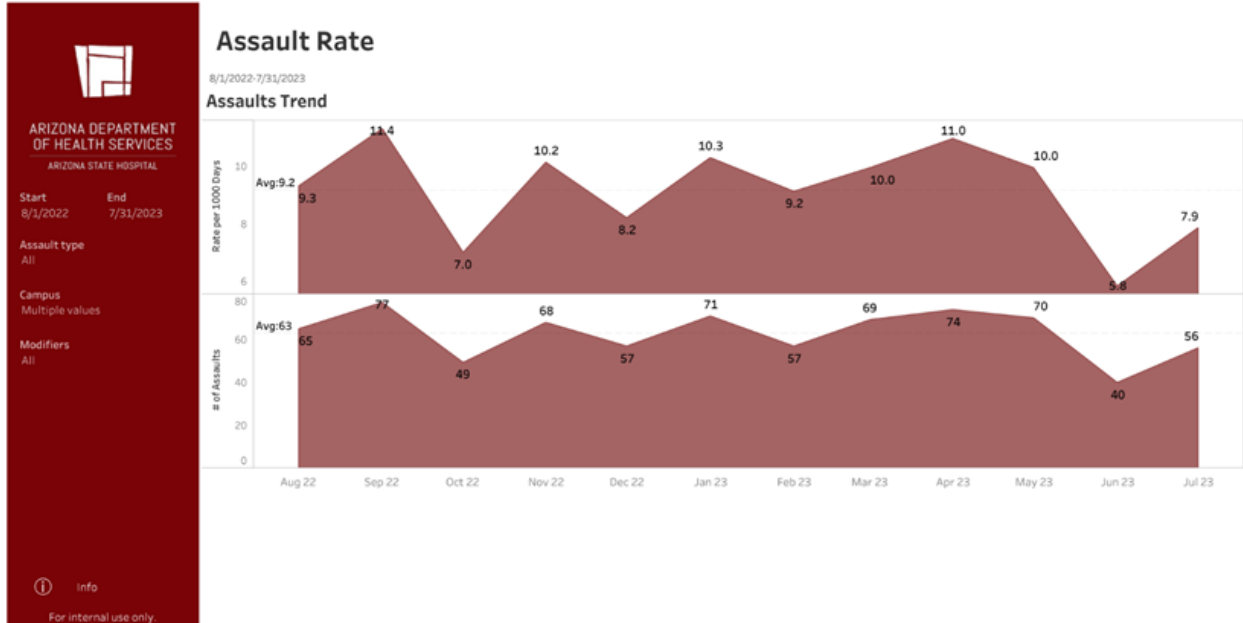
- *Recommendation:* Ensure family therapy sessions are scheduled and emphasize collaborative care. Implement a transparent system where treatment plans and goals are shared with guardians/patients.
- *Concern:* Delays in medical attention, lack of notification about appointments, and issues with specialist referrals.
- *Recommendation:* Implement a transparent scheduling system accessible to patients and guardians. Ensure timely communication regarding appointments and follow-ups.

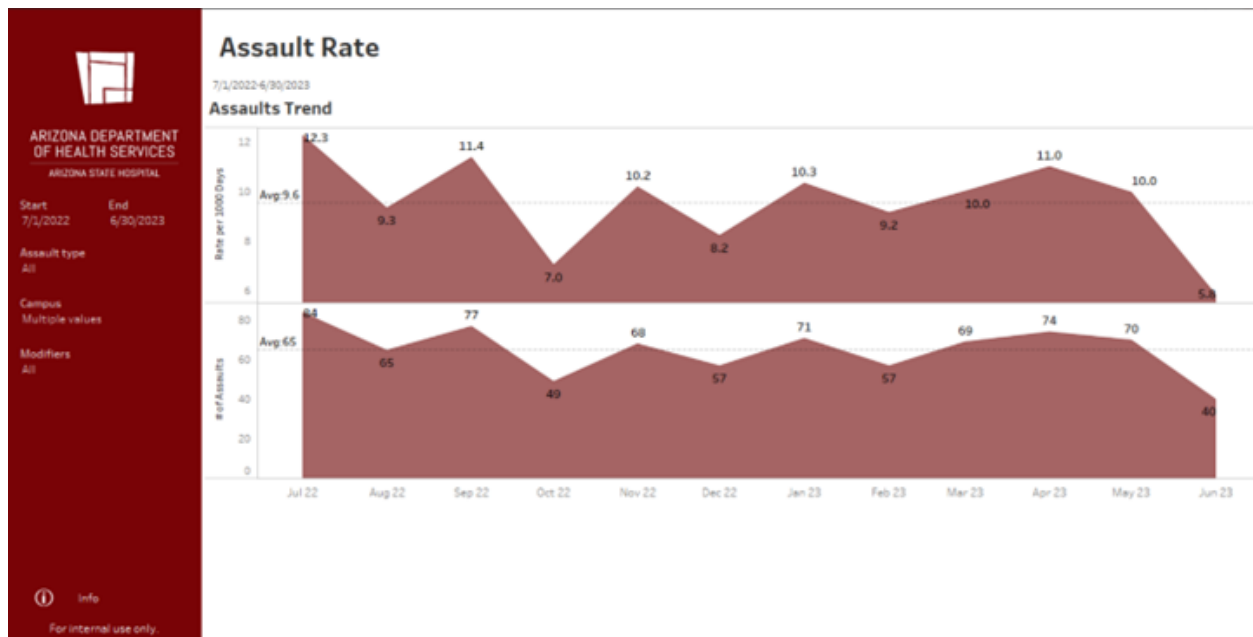
8. **Staffing Shortages:**

- *Concern:* Staffing shortages affecting patient safety and programming. The potential link between short staffing and increased assaults. We requested the staff numbers per shift by unit. The hospital determines staffing needs based on unit acuity.
- *Recommendation:* Initiate recruitment drives, explore partnerships with nursing schools or related programs, and consider using temporary staffing agencies to address immediate needs only for stable patients who do not exhibit problematic behaviors. Patients with complex behaviors are best managed through experienced staff.

Given the numerous issues raised, a systematic and multi-pronged approach is necessary. This might involve revamping current systems, enhancing communication, and ensuring the patient's needs and rights are at the forefront of care. Top of Form

Assault Trends





The majority of the assaults are perpetrated by a small number of the overall population at the hospital. See chart below:

Initiatives

1. Expanding Internet Access for Legal Sites:

Rationale:

- Enhancing patient rights by providing access to legal information.
- Aids patients in understanding their rights, legal proceedings, or researching their conditions.
- Try to see if we can get legal books donated. If that is not possible, then approve other legal information websites.

Implications:

- The addition of other sites will require filtering and monitoring mechanisms to ensure that only approved legal sites are accessible.
- It may improve patient morale, as it provides a sense of empowerment and connection to the outside world.



2. Extending Telephone Privilege Hours:

Rationale:

- Provides patients more flexibility to connect with loved ones, potentially improving mental well-being.
- Can assist in accommodating different time zones for relatives and friends.

Implications:

- Ensures that patients don't feel isolated.
- It could have potential logistical implications, such as ensuring available lines and monitoring calls for safety.

3. Purchasing Non-Contraband Articles from Online Catalogs:

Rationale:

- Increases the range of personal items patients can have, fostering a sense of normalcy.
- Reduces the potential burden on family members to provide certain essentials.

Implications:

- Will necessitate a clear list of permissible items.
- Requires a robust checking system upon delivery to ensure only allowed items enter the facility.
- Permits hair dye for Women.

Rationale:

- Acknowledges the importance of personal expression and autonomy.
- Hair dyeing can be therapeutic and boost self-esteem.

Implications:

- Previous denials under the old administration might have had reasons that should be revisited.

- Safety measures will be needed to ensure that only safe, non-toxic products are used.

These initiatives suggest a move towards enhancing patient rights, improving their quality of life, and recognizing the importance of personal expression. They point to a potential shift in administrative perspectives, aiming to humanize and individualize patient care while balancing safety and logistical concerns. Evaluating each initiative's feasibility, potential risks, and benefits will be crucial before full implementation.

Suggestions

1. Clarification on Resolution Group:

Suggestion:

- To clarify to the PSRB (Psychiatric Security Review Board) that participation in the Resolution group is not mandatory for forensic patients to progress in their levels.

Implication:

- If it is indeed a misconception, rectifying this could significantly impact forensic patients' progression and recovery journey.
- Not rectifying such misconceptions can be viewed as a violation of human rights, as patients might be held back from progression based on unfounded requirements.

Counterpoint by ASH:

- The ASH administration cited ARS 13.3994, suggesting that the PSRB maintains authority over Forensic patients throughout their criminal sentence. This might be their basis for not intervening in the matter.

2. Permit Purchasing from Other Online Catalogs:

Suggestion:

- Expand the list of online platforms where patients can purchase non-contraband items.

Implication:

- Would provide patients with more options and flexibility.
- A broader list would necessitate a robust system for monitoring and ensuring that only permissible items are ordered and received.

3. Outings for Civil Patients:

Suggestion:

- Allow civil patients to have outings with approved individuals, similar to the privilege given to forensic patients once they reach specific milestones or levels.

Implication:

- Such outings can help in rehabilitation, making patients feel more integrated into society and less isolated.
- Safety and security protocols would need to be in place, ensuring that such outings are beneficial and risk-free.

These suggestions point towards a more inclusive and rights-oriented approach for forensic and civil patients. They emphasize the importance of treating patients with dignity, providing them with more opportunities for rehabilitation, and ensuring that any restrictions placed upon them are necessary and based on factual requirements. However, the balance between patients' rights and safety for the individual and the community will be pivotal in the decision-making process. The current administration, with Michael Sheldon and Dr Fowler, is more responsive to patient requests and collaborative than the previous administration.

ASH IOC 2022-2023 Committee Membership- Voting Members

	ASH I.O.C. Names	Position	Membership Status	Comments
1	Ashley Oddo	Lawyer	Active	Resigned in 6/22/2023 due to new position in DOC
2	Laurie Goldstein	Engineer, Parent of An Adult Behavioral Health	Active- Chair	
3	Charles Goldstein	Physician and Parent of An Adult Behavioral Health	Active	

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4	Kim Schreck	Family Member of Behavioral Health	Active	
5	Alyce Klein	Psychiatric Nurse	Active	
6	Natalie Trainor	Education	Active- on leave	
7	Dee Putty	Medical Nurse	Active	
8	Barbara Honiberg	Public Health, Parent of An Adult Behavioral Health	Active	Effective 9/17/2020
9	Melissa Farling	Architect, Family of An Adult Behavioral Health	Active	Effective 9/17/2020
10	Kay Kunes	Peer, Forensic Patient	Active	Effective 12/15/2022

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, please contact me at 480-363-4887.

Sincerely,

Laurie Goldstein
Chair

cc: Thomas "T.J." Shope, Senate Health and Human Services Committee
 Carmen Heredia, Executive Deputy Director of Arizona Health Care Cost Containment System
 Elizabeth Alvarado-Thornson, Executive Deputy Director of Arizona Department of Administration
 David Lujan, Cabinet Executive Officer (CEO) of the Arizona Department of Child Safety
 Jennie Cunico, Cabinet Executive Officer of Arizona Department of Health Services
 Angie Rodgers, Executive Deputy Director of Arizona Department of Economic Security
 Steve Montenegro, House of Representatives Health & Human Service Committee