October 21, 2024

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 DHS Arizona State Hospital Independent Oversight Committee, please find the 2023-2024 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).

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

The Arizona State Hospital (ASH) 's Independent Oversight Committee (IOC) has seen several former board members resign. We are actively seeking replacements. All the current members are current with the required training. The Arizona Department of Administration (ADOA) supports the IOC committee. The IOC met every month for the reporting period. ASH administration attends all meetings.

Included and found below are:

1. IOC member names and membership status, including voting and non-voting members
2. Number of IOC meetings conducted
3. Trend data on incident reports
4. Number of site visits conducted as applicable and a summary of findings
5. Exchange of information
6. Number of IOC members who have attended training, including courses taken
7. Requests for information and/or consultant services
8. Policy/program recommendations
9. Objections to specific problems or violations of client's rights
10. Any other relevant activities conducted by the IOC throughout the year. [A.R.S.§41-3804]

Legislative Update

All legislation regarding ASH was not supported by either the legislature or the Governor.

Arizona Department of Administration

ADOA continues to provide guidance, which all the IOC members appreciate.

ADOA has provided a valuable service as a non-biased facilitator.

IOC Updates

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

The ASH IOC chairperson was invited to be a non-voting governance board member, and the chair was present for most governance meetings.

Training

The IOC completed the mandatory training courses:

- Standards of Conduct for Boards and Commissions LAW2000.
- Open Meeting Law

Visits

The IOC made several telephonic visits to patients in the preceding year, typically 4-6 a month. The IOC also visited the forensic campus in person, where we visited with four patients. The civil patients have not requested visits at the same rate as the forensic patients. The IOC has participated in both civil and forensic forums held quarterly, in which patients from each unit are represented.

Summary Findings

We substantiated claims that two employees were very aggressive and acted in a manner that escalated situations. Four committee members viewed the videotapes of the incident. The employee was put on administrative leave while investigating the incident but later returned to work on the unit. The employee involved in the incident was part of the treatment staff, sitting directly next to the patient in a staffing. The two staff had been reported to the IOC previously as intimidating to the patient. During a treatment meeting, while communicating new disciplinary plans, the seating placement resulted in another altercation during the meeting. We felt this could have been avoided by different seating placements or different employees present at the staffing. As reported by other members of the IOC who work in psychiatric facilities, when there is known ongoing conflict between patients and staff, the staff is often removed from that patient's treatment team. We requested ASH's employee disciplinary protocol. We were told there is no specific discipline policy. Michael Sheldon set up the ability for IOC members to log in to the shared drive and review hospital policies after some questions on why they were not available to the public. ASH administration has improved the available information on their dashboard (see screenshots in Appendix A-G)

In another grievance video review, we were unable to substantiate the patient's allegation of abuse and retaliation. In that case, the patient was asked to participate in a room search where they observed items removed from their room. In this instance, the committee felt that the patient was the aggressor, and the staff maintained appropriate de-escalation techniques.

Fire rescue, responding to a call from the hospital, has subsequently refused to come to the premises. Michael Sheldon has contacted Phoenix PD and EMS to ensure they know this is a hospital, not a prison. This has occurred a few times as new individuals join the teams.

The hospital conducted several campuses and coordinated searches of the forensic campuses. Five or six reasons are used to justify a lockdown on the forensic hospital, and one of those reasons is a significant safety and contraband concern. Telephoning other units and outside contacts were not permitted during the search. One call to a person's attorney was allowed. The issue was that some patients had turned up positive for methamphetamine, and security concerns over maintaining a controlled search dictated the phone line be shut down. The main concern centers on alerting the person(s) providing the drugs either from other units or from visitors or potentially staff. It was mentioned that the patients felt they should be able to call the IOC. The administration was reviewing the request.

The hospital expanded telephone hours for the patients after hearing complaints of limited time to contact relatives who live out of state. This was done after the forums brought up the issue with the administration and the IOC.

The legacy video recording system at ASH is still problematic. Due to the old system's limited storage capacity, recordings are often unclear or have been rewritten. We believe that including audio would significantly improve the IOC and the hospital's ability to determine if there was any problematic behavior prior to (or during) incidents. The surveillance system is scheduled to be replaced by 2025. It is believed the civil system will come online before the forensic system.

Summary of Visit Findings

Findings:

1. **Patient Requests:** Desire for more shopping options as Walking Horse, the only approved catalog, is overpriced and poor quality, as reported by numerous patients.

2. **Photocopies:** Patients want the ability to get photocopies and laminated copies. The old policy was one laminated item a month per patient. Patients want the ability to earn more laminated copies based on behavior.

3. **Food choices:** They would like healthier snacks and a rotation of meals. They said the food is good, but they get tired of the same choices. There are also complaints that the vendor sometimes puts the hot food on the cold side and the cold food on the hot side. This results in peanut butter sandwiches instead of the intended entrée.

4. **Complaints:** Allegations of harassment and patient care issues. Most were unsubstantiated, but some were verified. Most of the grievances are changed into complaints. The patients feel that the patient advocate has no real authority and reports to the hospital, which they feel is a conflict of interest.

5. **Infection prevention:** The civil patient wanted to be able to use face masks to prevent infections from spreading (i.e., face masks are not permitted on the civil campus, but the forensic campus can use cloth face masks).

6. **Smoking or nicotine:** some new pateints want the ability to smoke or use nicotine patches, gum, or lozenges. No smoking is permitted in any hospital unit. Some patients might be given lozenges if their treatment team thought it was appropriate for a time and there was no choking indication.

7. **Environmental conditions:** Patients complain about the noise levels in the day rooms, which add to stress. Also, the harsh lights and very cold units add to patient discomfort. They would like more natural light and outdoor access. They also wanted bean bags. The traditional ones are not sanitary or safe if the material were to tear. Melissa (IOC member) is an architect. She sent Michael some sample material on bean bag chairs that are anti-ligature and cleanable. They are low-risk, tamper-resistant, and cleanable.

8. **Therapies:** Patients feel a lack of variety in therapeutic groups and disparities in policies across different units. Based on their behaviors, patients want to be able to go on more outings. One limitation is that it takes more staff to safely accompany groups offsite on outings.

9. **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 BHT's unprofessional behavior toward a patient while on the phone with the IOC. Concerns over staff not attending to patient needs, rather keeping to the nurses' stations or spending undue amounts of time on the phone.

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

11. **Permitted Items:** Some concerns about approved clothing and other items. Variations between units exist. The IOC understands that based on the self-harm behaviors in some units, circumstances may dictate permittable items. There were allegations that the patients were being measured for jumpsuits, which caused panic. We found out that ASH was ensuring they had adequate sizes in the store on campus. There was discussion about losing the use of all Bluetooth-enabled speakers or headsets. This stemmed from a patient recording something on the shared patient's computer. It was alleged that the person did this with a USB direct plug-in.

12. **Hygiene:** There is much concern over the current restrictions on hygiene products and recent changes in the appliances that are permitted in the units. Previously, hot irons and blow dryers were permitted;

now, they are contraband and considered a potential weapon. A new policy is that patients can request a second hygiene bin.

13. **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. Some people would like to use a refillable water bottle and keep it with them even in their room. Water bottles that used to be permitted are now identified as contraband because of health concerns that make them difficult to keep clean.

14. **Police involvement after assault:** Sometimes, the victim, either a staff member or another patient, calls the police to file charges. The hospital is not the victim, so it just provides evidence to the police (videotape, reports, interviews). Sometimes, the investigating officer arrests the patient; sometimes, they do not. This is up to the discretion of the police.

15. **Patient room searches** Some complaints surrounding removing items from patients' rooms for either being excessive or contraband. The patients want to ensure that the items are recorded on the inventory list and they can review and sign the list. They also want to be present for the staff search of their rooms, so they can currently stand outside the room during staff searches. Also, there were complaints of loss of hygiene products that they did not list.

16. **Mail room:** Some patients do not have the privilege to leave the unit and do not trust some staff to take their mail to the mail room. Previously, the patients were permitted to give the mail to other patients; however, that policy is not consistent across all units. A patient also refused to use the mail form request, which the hospital states is critical to keeping the hospital secure.

17. **Law Library:** The law library is woefully under-resourced. The patients would appreciate more internet time to access legal books.

18. **Food visits:** Patients want to have more food visits. Post-COVID, most food visits were with the patient eating and family keeping masks on. There is also a request to permit food visits with other non-family patients. Some patients do not have family, or they are not local.

19. **Tablets:** The IOC has offered some information regarding tablet use by DOC inmates. The issue is that DOC inmates have access to credit cards and can rent or buy movies or rentals. This would be a problem as the patients cannot access credit cards.

20. **Lockdowns-** The patients also voiced concerns about the number of lockdowns on the units due to various illnesses. The concern was to have enough outside time.

Concerns:

1. **Staffing:** Staffing shortages are a major problem affecting patient safety and programming. A temporary staffing registry is not always knowledgeable about the patient's history or triggers.

2. **Retaliation Concerns:** Many patients believe there is a risk of retaliation if they file complaints. One patient alleged that staff were indicating that involvement with the IOC could lead to level progression issues. This was resolved by the hospital administration.

3. **Therapy dog visits:** a patient with a service animal was denied visitation with the animal. The animal has since passed away.

4. **Environment:** Loud dayrooms and bright lights have caused discomfort, especially for patients with Autism Spectrum Disorder (ASD).

5. **Medical Attention:** Patients have raised concerns about delays in medical attention and lack of follow-up care. They also complain that follow-up after external appointments or surgeries is not always adhered to, resulting in missed appointments or needed medications. Dr. Flowers gave the directive that patients should receive the medication that the offsite provider recommends. Allegations that medical care was not readily available on nights and weekends. There was hesitancy (by the staff) in calling the medical providers. Dr Flowers educated the units on calling the on-call medical providers and, if they were unresponsive, to escalate to him. Also mentioned is that communication from outside medical providers, scheduling, and test results have not been optimal.

6. **Bathtubs:** Baths are no longer an option due to drowning concerns. The Joint Commission and CMS cited the hospital bathtubs as a ligature issue. However, some patients have conditions that make bathing therapeutic. We discussed some technology options for preventing unauthorized use.

7. **Pateints being moved to other units:** Michael Sheldon explained that some patients are forced to move due to patient/patient or patient/staff stress and/or incompatibility. Other times, it is due to new admissions. On the forensic side, the primary intake unit is Saguaro, so if there are several admissions or if a patient has stayed in Saguaro for a lengthy period, they may be moved. Some patients come into the forensic campus for restoration to competency or an RTC rule 11 requirement or are just at ASH Forensic under a guilty acceptance of 75 days. They most likely will not leave Saguaro; they'll just be there for a short time, and then they'll be sent out when their time expires. Also, patients cannot go to CRU (Community Re-entry Unit) unless they have earned the privilege level.

8. **Telephones answered promptly:** There have been complaints that sometimes it takes minutes for the operator to answer the phone lines. The IOC committee has also experienced extended wait times for an operator to answer. Administration was provided dates and times when some of the incidents occurred.

9. **Policy standards:** The patients would like consistency across units so that they do not have to start over when they are moved. This is reported to happen to some patients with new clinical teams.

10. **Patients not getting all required care:** Some patients that are on the ASD (Autism Spectrum Disorder) are not getting appropriate treatment in a manner consistent with treatment for ASD. Also, some geriatric patients suffer from more neuro, cognitive, or neurodevelopmental deficits. They need a Skilled Nursing Facility level of care that the state hospital cannot provide and is not licensed or certified to provide, but there is no other option right now for these individuals in our state. So, Arizona does not have a state-run nursing home. There is ALTCS, but often, people with significant serious mental illness are not easily accepted into the program. Complete neurology assessments are required. The hospital does not have adequate resources to complete these in a timely manner.

The hospital's administration has addressed several issues, but concerns remain unresolved. The IOC continues to monitor and work on these issues for the patient's welfare.

Requested Information

1. **Safety search protocol:** Information on searching patients' rooms and property.

2. **Patient contraband disposition tracking log:** A log detailing collected information and disposition of contraband items.

3. **Patient property received log:** A log detailing collected information on patient-received property items.

4. Patient musical instrument agreement: This is the agreement that a patient must consent to have a musical instrument at the hospital.

5. Community Re-entry Unit (CRU) patient property: A description of permitted items for patients in the CRU.

6. **2023 & updated 2024 Contraband and controlled items for civil and forensic patients:** A detailed list of contraband and controlled items with some items specified for forensic patients.

7. **Patient property, storage, and contraband policy:** The guidelines for managing patient property and storage.

8. **Updated Contraband list for civil, forensic, and CRU pateints.** A detailed list of contraband and controlled items with a table differentiating campus requirements

9. Patient record requests:

- One request for an incident on September 7, 2023, involving a forensic patient.

10. **Definition for dismissal or discipline:** General disciplinary actions. 29R2-5A-802. Procedures for Review by the Director.29R2-5A-803. Employee Request for Review of Disciplinary

11. **Forensic county populations:** GEI and GEI75 forensic admissions data for 2019- 2024.

Recommendations:

Grooming and Self-care:

· Provide haircare services for grooming. The pateints can no longer use hair dye themselves due to the chemical components in the hair dye. Self-care acknowledges the importance of personal expression and autonomy. Hair dyeing can be therapeutic and boost self-esteem. The insurance cost required for all vendors that provide services on state properties is a high barrier for cosmetologists or independent volunteers.

Autism Spectrum Disorder (ASD) Accommodations:

· Participate in information-gathering sessions where experts in Autism Spectrum Disorder (ASD) provide low-cost, simple solutions to help with environmental conditions.

Consistent Policies:

· Provide consistency in rolling out policies across units, understanding that different acuity levels in some units may require further restrictions. Ensure that the patients understand when previously permitted items are no longer allowed due to regulations.

Problem-solving Equipment:

· Disable recording on the shared patients' computers rather than disallow all Bluetooth-enabled earphones or headsets. The collection of pateints headsets with Bluetooth is very disruptive to the pateints therapeutic use of music.

Additional Therapies:

· Provide more robust substance use therapy as many of the patients have a co-occurring diagnosis.

Continue to provide animal therapy visits. 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.

· Continue to expand the group therapies to incorporate more programming outside of arts and crafts. There are ongoing requests for more outside activities. The civil campus would like more celebrations and holiday parties.

Shopping Alternatives:

· Expand purchasing options to include non-Walking Horse vendors. This will reduce the potential burden on family members to provide certain essentials. It also can enhance patient rights, improve their quality of life, and recognize the importance of personal expression.

Initiatives

The hospital is going to survey the patients' families to gauge their interest in family learning forums. The hospital used to hold these groups from 2013 to 2016. The groups focus on topics related to behavioral health (e.g., psychiatric conditions, managing symptoms, psychiatric medications, diet, etc.).

Investigate permitting patients to use tablets for education and leisure activities outside their programming hours.

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.

Assault Trends

QAPI Highlights

QAPI Highlights

High Risk Events	FY 2024	FY 2023	Comparison
Assaults	631	857	26.37% ↓
Falls	162	242	33.06% ↓
S&R	1178	1555	24.24% ↓
Self Injuries	153	286	46.5% ↓
Medication Variances	265	691	61.65% ↓

ARIZONA
INDEPENDENT OVERSIGHT
COMMITTEE

ARIZONA DEPARTMENT OF HEALTH SERVICES
ARIZONA STATE HOSPITAL

Start 7/1/2023 End 6/30/2024

Campus Multiple values

Unit All

S&R Type All

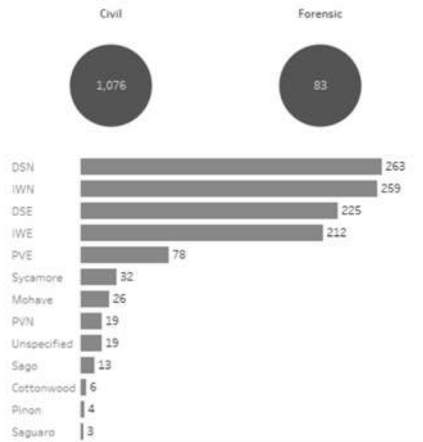
Info

For internal use only.

Seclusions & Restraints

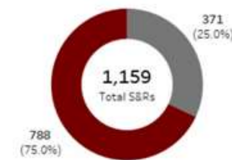
7/1/2023-6/30/2024

S & Rs by Campus and Unit



S & Rs by Type

Seclusion | Restraints



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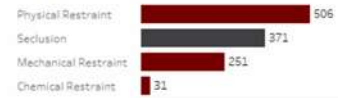


S & R by month

ARIZONA DEPARTMENT OF HEALTH SERVICES
ARIZONA STATE HOSPITAL

Start End

Fall type All

Campus Multiple values

Unit All

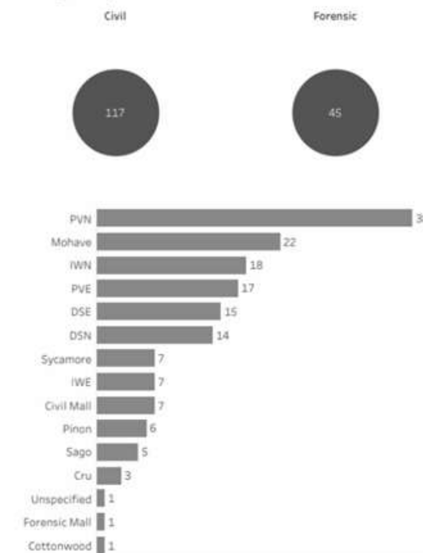
Modifiers All

For internal use only.

Fall Counts

7/1/2023 - 6/30/2024

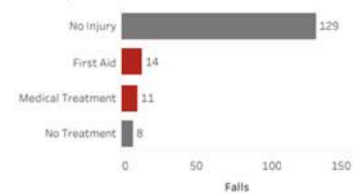
Falls by campus and unit



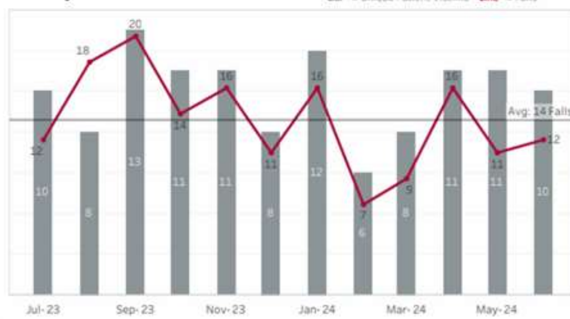
Falls by type

Unwitnessed | Witnessed

Falls by modifier



Falls by month



Most of the assaults are perpetrated by a small number of the overall population at the hospital.

ASH IOC 2022-2023 Committee Membership- Voting Members

	ASH I.O.C. Names	Position	Membership Status	Comments
1	Ashley Oddo	Lawyer	Inactive	Resigned on 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	
4	Kim Schereck	Family Member of Behavioral Health	Active	
5	Alyce Klein	Psychiatric Nurse	Active	
6	Natalie Trainor	Education	Inactive	Resigned effective September 2023
7	Dee Putty	Medical Nurse, Parent of An Adult Behavioral Health	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

11	Janina Rotaru	Psychiatric Nurse Practitioner	Active	Effective 12/21/2023
12	Jane Jepson	Family Member of Behavioral Health	Active	Effective 4/20/2024

On the Horizon

Because of funding shortages and recent budget reductions, recruiting and retaining a new Chief Medical Officer and other essential staff positions will be challenging.

With the change of Forensic Patient Oversight to the Superior Courts, a shift in how risk assessments are done has occurred. The courts require more extensive background information and risk assessment reports for Forensic patients trying to attain their levels. The current psychology staff does not have the bandwidth (resources) to complete the necessary paperwork at the current demand level. Failing to fill the required staff positions may result in an inability to give patients the right to seek advanced levels or conditional release, even if the clinical team agrees.

In addition, the hospital lacks the specialized skill sets for providing adequate therapy to people with co-occurring conditions such as Substance Use Disorder or Autism Spectrum Disorder. This results in sometimes ineffective treatment plans while patients are at ASH.

The lack of step-down units on the civil campus makes discharge back into the community more challenging. The average length of stay is 1,091 days on the civil campus, with a mode of 971 days. The availability of community re-entry units on the ASH grounds would help to gradually re-introduce the patients to the community while providing secure structured supervision. Community providers would have a higher level of comfort knowing that these individuals were successful in performing independent external activities before they were released. Civil patients cannot be admitted back into the hospital upon failure in the community. They would need to start all over again, which can take months (or even years) before they could be re-admitted to ASH. Unfortunately, if they live in Maricopa County, the wait for a civil bed may be a year or more due to the artificial bed availability limit (a consequence of the landmark *Arnold v. Sarn* lawsuit) of 55 persons imposed on people living in Maricopa County.

Thank you for supporting the IOC committee volunteers in protecting those in need.

If you wish to discuss this report's contents, please contact me at 480-363-4887.

Sincerely,

Laurie Goldstein

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

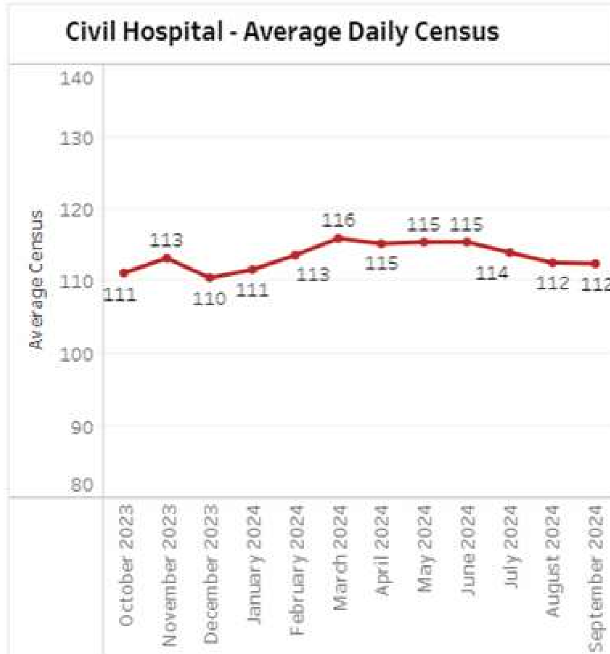
Appendix A

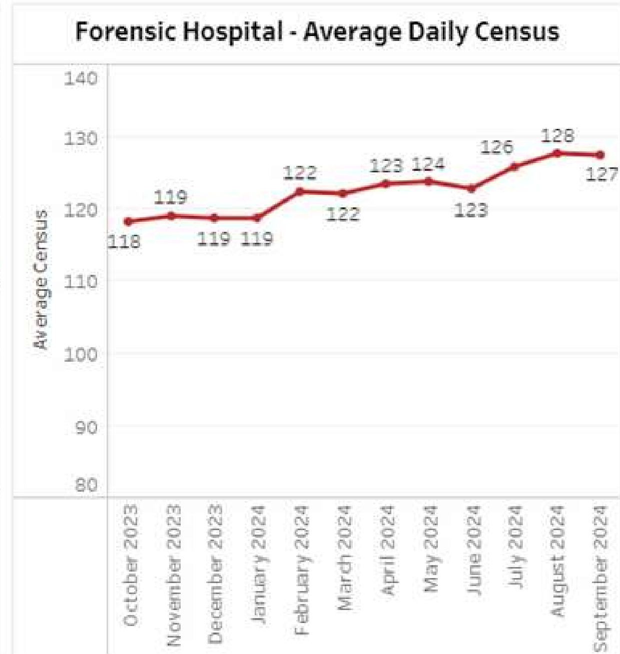
ARIZONA
INDEPENDENT OVERSIGHT COMMITTEE

Hospital Census

Last updated 10/5/2024 8:00 AM

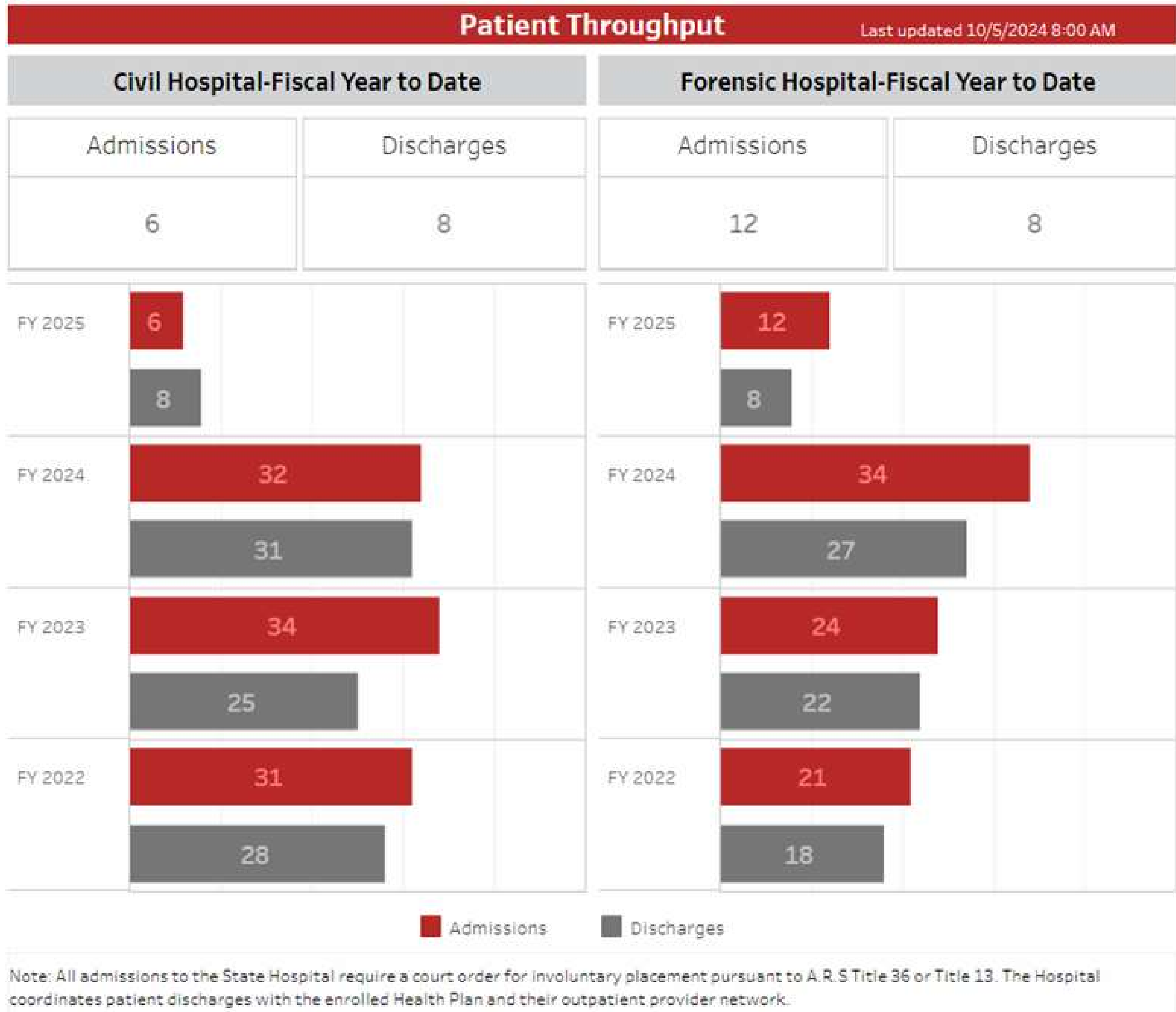
Civil Hospital		Forensic Hospital	
Admitted Patients	Bed Utilization	Admitted Patients	Bed Utilization
113/117	96.6%	126/143	88.1%





Note: All admissions to the State Hospital require a court order for involuntary placement pursuant to A.R.S Title 36 or Title 13.
Data is presented according to the state fiscal year, which begins July 1st, and ends June 30th.
"Admitted Patients" information does not include individuals approved for admission and awaiting transfer to the State Hospital.

Appendix B



Appendix C

ARIZONA
INDEPENDENT OVERSIGHT COMMITTEE

Discharge Statistics

Last updated 10/5/2024 8:00 AM

Civil Hospital Discharges-Fiscal Year to Date

Total Civil Discharges	Avg Length of Stay (in days)	Median Length of Stay (in days)
8	1,091	971

Forensic Hospital Discharges-Fiscal Year to Date

Total Forensic Discharges	Avg Length of Stay (in days)	Median Length of Stay (in days)
8	397	66

Note: All admissions to the State Hospital require a court order for involuntary placement pursuant to A.R.S Title 36 or Title 13. The Hospital coordinates patient discharges with the enrolled Health Plan and their outpatient provider network.
Data is presented according to the state fiscal year, which begins July 1st, and ends June 30th.

Appendix D

ARIZONA
INDEPENDENT OVERSIGHT COMMITTEE

Pending Civil Discharges

Last updated 10/5/2024 8:00 AM

Civil Hospital				
Health Plan	Total Discharge-Ready Patients	Avg. Days Pending Discharge	Avg. Length of Stay	Maricopa Cap
AZ Complete Health	2	40 days	3.10 years	No
DDD-LTC	1	81 days	12.61 years	Yes
Mercy Care	1	25 days	1.39 years	No
Mercy Care	1	4 days	227 days	Yes

Appendix E

ARIZONA
INDEPENDENT OVERSIGHT
COMMITTEE

Civil Discharge Coordination Activities

Last updated 10/5/2024 8:00 AM

Inpatient Treatment and Discharge Planning Meetings (ITDP) - Fiscal Year to Date
(07/01/2024 to 10/05/2024)

Health Plan	ITDP Meetings Held FYTD	ITDP Meetings Attended by Health Plan Liaison	ITDP Meetings Attended by Outpatient Team	ITDP Meetings Attended by Patient's Guardian
Arizona Complete Health	99	100.0%	82.1%	81.5%
Care 1st	14	100.0%	92.9%	54.5%
Mercy Care	130	91.4%	71.7%	85.1%

Note: This table includes only initial and/or scheduled ITDP meetings. Participation rates in this table exclude meetings in which the party's attendance was either optional or non-applicable (for example, in cases where the patient has no assigned guardian).

Appendix F

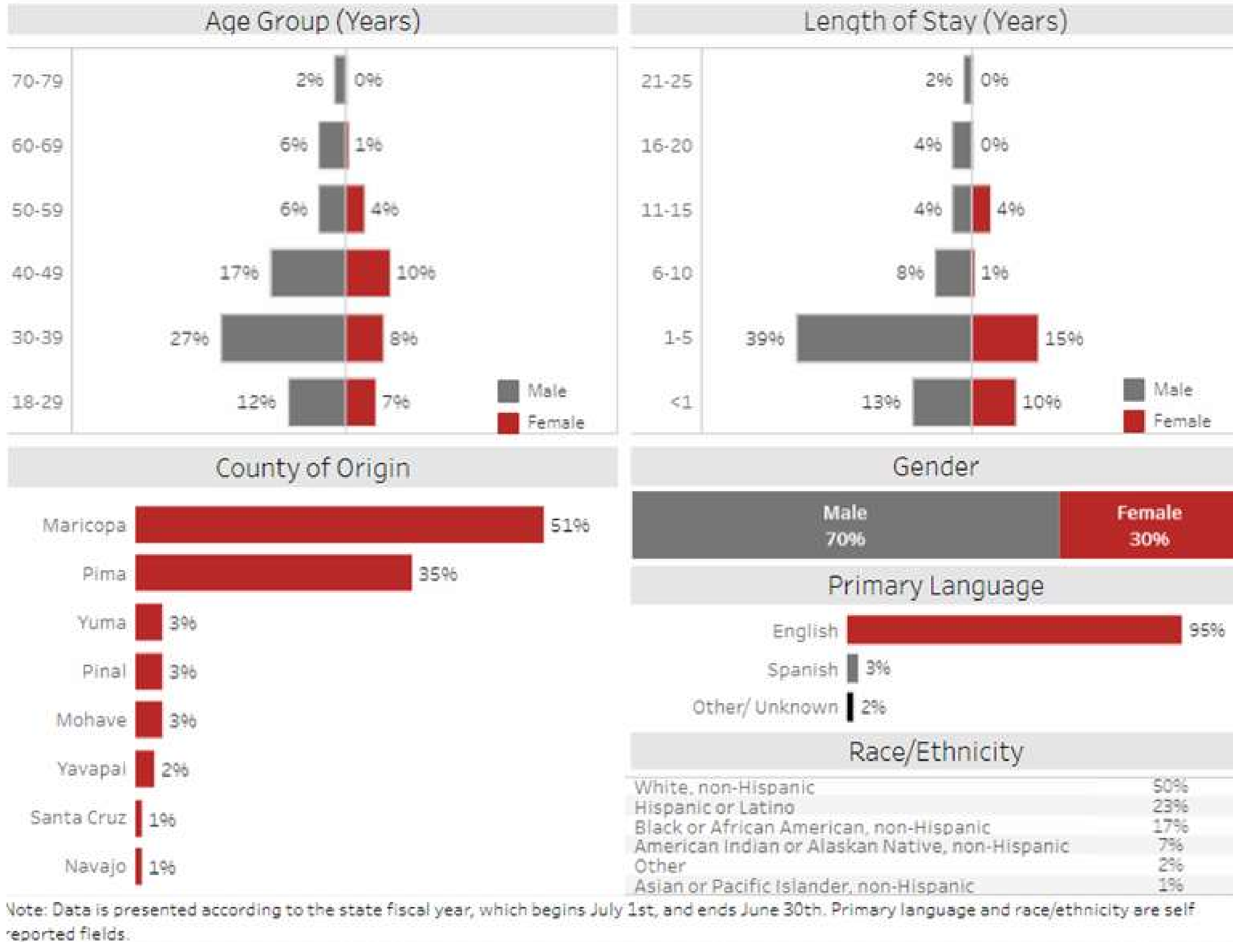
ARIZONA

INDEPENDENT OVERSIGHT COMMITTEE

Civil Demographics

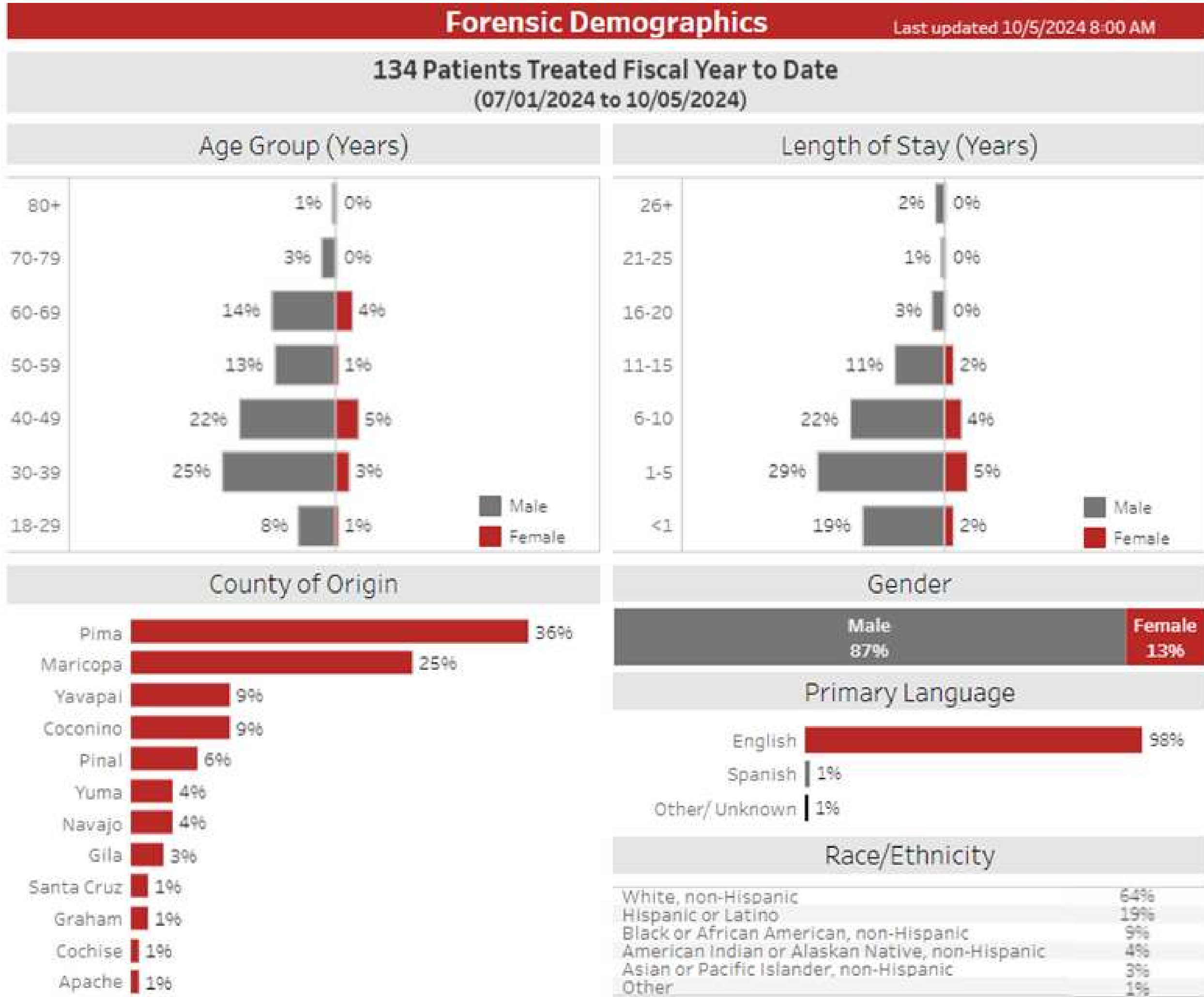
Last updated 10/5/2024 8:00 AM

121 Patients Treated Fiscal Year to Date
(07/01/2024 to 10/05/2024)



Appendix G

ARIZONA
INDEPENDENT OVERSIGHT COMMITTEE



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

TO:

Warren Petersen wpetersen@azleg.gov

Ben Toma btoma@azleg.gov

CC:

Elizabeth Thorsonelizabeth.thorson@azdoa.gov

Carmen Herediacarmen.heredia@azahcccs.gov

tshope@azleg.govtshope@azleg.gov

David Lujandavid.lujan@azdcs.gov

Angie Rodgersangierodgers@azdes.gov

smontenegro@azleg.govsmontenegro@azleg.gov

Jennifer Cunicojennifer.cunico@azdhs.gov