

**INDEPENDENT OVERSIGHT  
ACTION ITEMS**



**COMMITTEE MEETING NOTES &**

**IOC Name:** \_\_\_ DHS ASH IOC \_\_\_\_\_ **Meeting Date:** 08/18/2021  
**Meeting Location:** \_Conf Call (remote)\_ **Meeting Time:** \_\_\_ 18:02-19:34pm \_\_\_

<b>Members Present:</b> Laurie Goldstein, Ashley Oddo, Dee Putty, Alyce Klein, Melissa Farling, Leon Canty
<b>Members Absent:</b> Barb Honinberg, Natalie Trainor, Kim Scherek
<b>Other Attendees:</b> Larry Allen, Dr. Potts, Tim Briebiesco, Deborah Beikowski

<b>Agenda Items</b> (Enter the related topic from the IOC's agenda)	<b>General Description of Matters Discussed &amp; Motions Made</b> (Enter the related topic from the IOC's agenda)	<b>Action Item/Assigned To/Due Date</b> (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	
Review and approve meeting minutes	Approved	Motion, Ashley Second, Dee Roll Call, unanimous
ADOA update	Annual report request, Larry needs it in the next few weeks so he can turn it in for approval, Laurie waiting on group approval  Laurie asked about ASH admin participating in the IOC call, Larry described the friction that may be caused by having ASH staff on the call, especially with patients on the call, discussed staffing changes and how IOC may have better participation after the upcoming staff change,	

	<p>the group appreciates that Larry continues to advocate</p> <p>Laurie described the good conversation had recently with ASH where there was positive plans made, IOC continues to strive for more participation and rapport building.</p>	
<p>Updates from other IOCs</p>	<p>Dr. Potts (Central AZ IOC) present on the call, thanked Laurie for attending his meeting, discussed how helpful it is to have the AHCCCS team participate in their IOC meetings, described site visits (cautiously with the Delta Variant), continue to locate unlicensed boarding homes for SMI patients, continues to look for members with expertise, working with Phoenix Fire to locate/help SMI individuals</p> <p>Larry shared the date of the next quarterly meeting is still pending, last one was in early August</p>	
<p>Educational session: Architecture seclusion guidelines (Melissa Farling)</p>	<p>Looking into structural guidelines and rules for incarceration environments and how they should be applied to patient environments, National Architectural Code of Ethics discourages and limits spaces knowing designed for Seclusion, especially those longer than 15 days</p> <p>Current code is for incarcerated persons, and committee is discussing how it could/should be applied to patients in medical settings, and should include transition plans to reintegrate into public settings</p> <p>Best practice for Prisons and Jails don't go directly from seclusion to community, there are steps for optimal transferring.</p> <p>When individuals are put in segregation, they have neurological responses, PTSD, and other psychiatric damage, there are severe concerns with using segregation for punishment- especially when programs claim to be therapeutic</p> <p>Discussion regarding the type of space at ASH that has been described, but not proved (no</p>	

	<p>pictures, IOC can't tour, declined requests for information or floor plans, etc.)</p>	
<p>ASH Admin update and response</p>	<p>ASH could not provide charts in different format, but they did share more information on the patient outliers that may have affected the data that the IOC has reviewed</p> <p>Laurie shared the report of the top assaulters (civil vs forensic) as well as restraints, assaultive behaviors and individuals were the ones who typically ended up in restraint and tool up most of the numbers in the reports, IOC appreciated the new informative data provided by ASH, team noted that there were less problematic individuals than you would expect, this is a positive thing to observe</p> <p>ASH reports that guardians are always invited and their input is appreciated, they describe continued efforts to obtain information from all sources (therapists, doctors, guardians, patient)</p> <p>When there is a court order, treatment and placement decisions are the ultimate decision of the court ordered program, but they are still required to include and inform the guardian</p> <p>ASH CEO and IOC members met to discuss the video discrepancy, ASH discussed that the live video may have been recorded over, or the recording could have been limited due to the capture of the incident- determining the start/end time can be subjective, IOC appreciates the explanation of the programs and how they work and a legitimate explanation of why there may have been a cut, IOC will continue to review and discuss videos, appreciates ASH</p> <p>More discussion about administrative separation, ASH will continue to look into the separation issue as far as human rights are concerned.</p> <p>ASH shared maintenance and inspection reports in regards to wood and tile being peeled and used to self-harm, ASH reported in the governing body meeting they addressed the</p>	<p>ASH IOC will continue to look into the separation issue and human rights</p> <p>Motion, Melissa Second, Dee Roll Call, unanimous</p>

	<p>revolving standards of maintenance, they continue to address maintenance issues at the best of their ability</p> <p>ASH shared the billing and the rates that are up on the website describing per diem- IOC appreciates the information</p> <p>The following per diem items for Patient Maintenance at the Arizona State Hospital are in effect as of January 1, 2021.</p> <p>Daily Rate</p> <table data-bbox="451 730 1027 972"> <tr> <td>Specialty Rehabilitation</td> <td>\$1,027.00</td> </tr> <tr> <td>Psychosocial Rehabilitation</td> <td>\$978.00</td> </tr> <tr> <td>Forensic Restoration to Competency</td> <td>\$822.00</td> </tr> <tr> <td>Forensic Rehabilitation</td> <td>\$810.00</td> </tr> </table>	Specialty Rehabilitation	\$1,027.00	Psychosocial Rehabilitation	\$978.00	Forensic Restoration to Competency	\$822.00	Forensic Rehabilitation	\$810.00	<p>ASH IOC would like to know what each code on the billing rates means. Who does it include? What services are provided for each code or level?</p> <p>Motion, Leon Second, Laurie Roll Call, unanimous</p>
Specialty Rehabilitation	\$1,027.00									
Psychosocial Rehabilitation	\$978.00									
Forensic Restoration to Competency	\$822.00									
Forensic Rehabilitation	\$810.00									
<p>Overview of incident and accident reports</p>	<p>ASH 2021-2760: Patient broke faceplate off outlet and tried to play with outlet. IOC curious about how outlets and faceplates are used and secured.</p> <p>ASH 2021-2776: Patient pulling off floor trim (numerous times now) leading to escalating behaviors.</p> <p>ASH 2021-2822: Accusation of inappropriate touching in the day room. Incident not captured on camera, could not be verified. ASH recognized that the camera/video system needs to be updated. In a day room they should be able to observe incidents.</p> <p>ASH 2021-2903: Code grey called over a physical incident, one patient used a piece of tile to cut someone, led to treatment at ValleyWise. More issues with the tile. Concern for the IOP.</p>	<p>Can ASH explain how a patient might get a face plate off of an electrical outlet?</p> <p>Motion, Ashley Second, Leon Roll Call, unanimous</p> <p>Is there work order for the floor trim, and is ASH working on getting this fixed?</p> <p>Motion, Dee Second, Ashley Roll Call, unanimous</p> <p>Why did the camera fail in ASH 2021-2822? Was it a camera issue? Was someone/something in the way?</p> <p>Motion, Alyce Second, Melissa</p>								

		<p>Roll Call, unanimous</p> <p>Was the tile in ASH 2021-2903 address via a work order?</p> <p>Motion, Melissa Second, Alyce Roll Call, unanimous</p>
Virtual site visit report	<p>More complaints/issues with guardians having a say or being able to participate in team meetings and progress planning</p> <p>Central AZ IOC had questions about Informed Consent for medication changes, not ensuring guardians were given informed consent on medication changes is a violation and should be addressed</p> <p>Individual who was leaving ASH had an interest in the IOC, was eager to hear about video recording and the accountability acts, will try to participate in the IOC in the future</p> <p>2<sup>nd</sup> visit patient was done, talked about potential retaliation, mom called a legal advisor, described being badgered by an ASH official about not following his program, did not seem therapeutic, person was not this patient's doctor, staff did not help with evidence or explaining the issue or working the machine, threatened to take item, patient felt that personal information (prescriptions) was shared in the dayroom public area, guardian was advocating that this was inappropriate, was this intimidation? Was it retaliation? Patient described inappropriate comments made by the medical person, IOC described the privacy violation</p>	<p>Are guardians informed on medication changes?</p> <p>Motion, Natalie Second, Laurie Roll call, unanimous</p> <p>IOC would like to see the video tape of the incident of the conversation in the day room?</p> <p>Motion, Ashley Second, Dee Roll Call, unanimous</p>
Governing Board Updates	Food visits and outings cancelled due to COVID, IOC asked about other options for patients to	

	<p>progress if outings are cancelled, ASH said they are discussing it, Med bar scanning initiative described to improve quality, New iPads for staff being piloted, WiFi updated on campus, Moving from ValleyWise to Sanora Quest, Dentist coming in 3x per week, working on oral surgeon, Pediatricist scheduled, 100+ session a month of group therapy plus many individual sessions, Progress on building demolishing and campus updates described, More bids on surveillance system</p> <p>Looked into Pet Partners, they are not accredited and can't be used, did find other companies that they can use, ASH continues to work on getting dog therapy visits- IOC super please and appreciative of this</p> <p>Virtual visits seem to be a benefit and ASH is considering continuing them to increase family participation</p>	
New Business		
Member recruitment	Member search continues	
Public Comment (3-minute limit per person)/Call to the Public	<p>Tim Bribiesco- concerns about replacing in-person video visits, said things have been going better, still trying to get staff help get numbers from machine, described doctor/psychiatrist playing games with him, being accused of not taking insulin and this is holding back his progression, described pouring water on doctor's head- said he knew it was wrong, feels that when he asks for help he does not get good help, gets hindered instead (was asked to stop at 3 mins, continued), described how water was kept from him</p> <p>Deborah Beikowski- described the doctor recommendations of changing patient to a pump, pump was denied, doctor stated he would use it as a weapon.</p>	
Adjournment	Patient units reporting that they are not made aware of IOC meetings	Motion, Ashley Second, Dee Roll Call, unanimous
Executive Session	None	