



Arizona State Hospital Human Rights Committee Meeting

Thursday April 2, 2015 6:00-9:00PM Meeting AzSH Auditorium	Arizona State Hospital 2500 E. Van Buren St. Phoenix, AZ 85008
Members Present: Sharon Ashcroft; Paula Hughes-Riccio; John Mancini-via telephone; Mary Lou Brncik-via telephone; Kim Scherek-via telephone	
Other Attendees: John Wallace; Donna Mancini; Jackie Parker; Jill Malahan Margery Ault, ADHS; Donna Noriega, AzSH; Yisel Sanchez, ADHS;	
Members Absent: Jim Gillcoatt;	
Next Meeting: Thursday, May 7, 2015	
Approved: _____ Sharon Ashcroft, Chairman	



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Item	Discussion	Follow-Up/Action	Person(s) Responsible for Follow Up	Target Completion Date	Complete Yes/No
Review of Minutes	Review of minutes for March 5 th and subcommittee meeting March 18 th .	<p>Mr. Mancini makes a motion to accept March minutes. Ms. Brncik seconded the motion, all members voted in favor.</p> <p>Mr. Mancini makes a motion to accept March sub-committee meeting minutes. Ms. Riccio seconded the motion, all members voted in favor.</p>			
Conflict of Interest	None reported				
Public Comment	<p>Donna Mancini Expresses concern that some patients are not allowed to shower after a vigorous exercise due to the 9-4 policy.</p> <p>Mr. Mancini shared that Ms. Mancini interested in joining committee.</p>	Ms. Noriega will address question regarding patients not being allowed to shower after exercising.			



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	<p>John Wallace Shared strong feelings that the 50% rules smacks a punitive action against patients for their crimes and mental health care must never be allowed to become punitive in any aspect. Mr. Wallace stated that he was told by hospital staff that dorm closures took place to force slothful patients to engage in programing. He stated this has hurt patients on his unit who were actively engaged in programing because now they are being denied access to showers. Mr. Wallace would like to understand why patients at the hospital are isolated from the community and denied access to any information especially access to law libraries so that they can better understand and research their cases to educate themselves about their</p>				



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	<p>rights.</p> <p>Jill Manahan Comments on the 50% policy stating she has been clinically approved for level privileges but special class denied her due to the length of sentence. Ms. Manahan expresses her disagreement with the decision and sympathizes with other patients because patients as her are doing everything they can and there is clinical appropriateness with teams saying they are ready and then denied due to length of sentence. Ms. Manahan stated she doesn't understand how this is clinically appropriate.</p> <p>Ms. Manahan shares experience with Dr. Bonner where the Dr. stated she would remain at independent mall privilege for 12 more years.</p>				



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	<p>This makes progress difficult and non-therapeutic and discouraging. Ms. Manahan stated that the GPS, ankle monitor issue she has documented scars and abrasions from the monitor. She stated the monitor weighs 11lb and makes it difficult to exercise. This becomes a very serious therapeutic intervention and feels there needs to be clinical appropriateness for the intervention. She stated it's her understating that any intervention to this level needs to be clinical appropriate or enhance patient care.</p> <p>Ms. Manahan commented in regards to the 9-4 policy. Ms. Manahan stated that the policy puts her more at risk to being physically assaulted. She is unable to go into any other room and forced in very confined area. Due to a previous incident she experiences post-traumatic stress</p>				



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	<p>symptoms from being confined in a place where she is supposed to feel safe. Ms. Manahan stated that she doesn't feel safe and affected her more. She stated she hasn't come across any other patients who like and are in favor of the policy. Ms. Manahan is asking for a support system for people who have been physically assaulted at the hospital.</p>				
<p>Annual Summary 2014 Update</p>	<p>Report was reviewed at the subcommittee meeting.</p> <p>Committee discussion regarding minor corrections to the draft copy of the annual report for 2014.</p> <p>Ms. Noriega stated some on the information in the Incident and Accident Reports portion is inaccurate. The incident which the committee is including in the report</p>	<p>Ms. Ashcroft would like to discuss this issue further before any changes are made. Ms. Noriega will resend the redacted</p>			



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	<p>did not take place per Ms. Noriega would like that correct in the report. Committee discussion follows. Ms. Brncik suggests discussing at the next subcommittee meeting.</p>	<p>report to Ms. Sanchez for Ms. Ashcroft's review.</p>			
<p>50% policy and ankle monitors</p>	<p>Ms. Noriega shares that the 50% guideline was developed by having input from many people with regards to the safety and security of the community as well as the patients at the hospital. It was put into place as a way for the special class committee and the psychiatric services review board to have a barometer of when patients might be approaching readiness to leave the hospital. Ms. Noriega stated it's not a hard and fast rule it's not adhered to strictly there are many patients that are release and or are at various levels and they are under the 50% of their sentence. Ms. Ashcroft asks how the 50%</p>	<p>Committee is asking that the hospital provide them with financials.</p> <p>Committee will revisit this item at next month's meeting.</p>			



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	<p>policy is decided upon.</p> <p>Ms. Noriega stated that the clinical team meets with patient and observe their progress and treatment. They look to see if the patient is going to groups, what they are doing at rehab, and evaluate the patient and determine at the clinical team level whether or not to recommend the patient for a level change.</p> <p>Policy states that the patient needs to be at 50% of their sentence before they are eligible for level one. Once the team makes the decision based on the clinical input from the team they would recommend to the special class committee whether or not the patient is ready for a particular level. Special class committee evaluates the request and if they agree then the recommendation would go back to</p>				



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	<p>the team that they agreed. If they disagreed with the teams recommendation then they would share this with the team and the recommendation of the special class and team would go to psychiatric services review board, and the PSRB can make a determination separate and apart from the clinical team or the special class committee. Regardless every patient has the ability to bring their case to PSRB and request the level they want regardless of what the team or SCC says.</p> <p>Ms. Ashcroft asks why it's necessary to have the 50% guideline. Ms. Noriega explains this is basically a guideline that was put into place because of individuals that needed to make sure the community was safe and that due the severity of some of the crimes that</p>				



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	<p>were committed by some of the patients at the hospital patients were receiving adequate treatment and being released after 6 months.</p> <p>Ms. Ashcroft asks what community input means.</p> <p>Ms. Noriega stated that due to incidents that took place in the past, they were reviewed and recommendations were made that the hospital not move so fast when identifying someone that could be on a level. Guideline was then established to help teams for assistance when determining when someone was ready.</p> <p>Mr. Mancini asks about ACPTC.</p> <p>Ms. Noriega responds.</p> <p>Ms. Ashcroft asks if the 50% will ever go away.</p> <p>Ms. Noriega stated it more than likely will not go away because there needs to be a way that the</p>				



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	<p>PSRB understands the level system. This is driven by psychiatric services review board and they need a way to determine level systems for patients.</p> <p>Ms. Brncik curious about the recommendations made and asks who would get the credit for the recommendations that created the policy.</p> <p>Policy was drafted in 2012 and Ms. Noriega stated she was not the drafter. Doesn't have the all the documentation as to who provided the input.</p> <p>Committee asks why Ms. Noriega's name is included in the policy being she did draft it.</p> <p>Ms. Noriega shared that the original policy in place was originally drafted in June 2012 and the original</p>	<p>Ms. Brncik asks if this is information that could be found and shared with the committee. Ms. Noriega will look into this.</p> <p>Ms. Brncik asks if the ambition to recover from the patients has diminished since policy has been in place.</p>			



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	<p>name was Forensic patient privileges. This date was renewal date. Unsure if there was a policy in place prior to this date.</p> <p>The ankle monitors were in place before this particular policy. Ms. Noriega will check for sure.</p> <p>Ms. Ashcroft asks if a patient has no level assigned to then then why they have to wear the monitor. Ms. Noriega stated that if they have to and from privileges then this is when the ankle monitor gets applied. Even though it is a forensic hospital it is not a maximum security facility that is secure from every single aspect. There are ways that someone could potentially leave the facility. To ensure public safety when someone is on to and from or they are independent they would</p>	<p>Committee would like to see the previous policy. Ms. Noriega stated that this request could be made through Ms. Sanchez. Committee agrees to make a formal request.</p>			



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	<p>wear an ankle monitor. If patient is not at any level and not at to and from and still at 1-5 or restricted to the unit they wouldn't be required to wear and ankle monitor. Mr. Mancini asks if people who are part of the work program have to wear ankle monitor to get paid. Ms. Noriega stated this isn't something she is familiar with. Further discussion from Mr. Mancini, Ms. Noriega offers to look into this.</p> <p>Mr. Mancini stated that maintaining monitor is costly for the hospital and would like to see the financials.</p>	<p>Committee will make a formal request for financial for ankle monitors.</p> <p>Ms. Ashcroft will put these items for further discussion on next</p>			



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		month's agenda.			
9-4 Policy	<p>Committee shares that there are numerous patients calling concerned.</p> <p>Ms. Noriega shared that the feedback to the hospital is that the patients like the new process. There has always been active treatment at the hospital between the hours of 9:00AM and 3:30-4:00PM. Always been considered active treatment polices. Some of the units never enforced the active treatment time. Once of the actual goals at the hospital is to help people to advance in their levels and to be discharged. The hospital has been determining that there are certain groups that need to occur during the day and that patients need to be engaged in active treatment in order to progress. The hospital in a short time has seen</p>				



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	<p>that on the civil side have increased significantly. This is not the case on the Forensic side because patients are here for longer length of time and the PSRB controls who comes and goes from the hospital. Hospital didn't this this would be an issue. The committee would encourage patient to be in treatment as a way to progress and leave the Hospital. Ms. Noriega stated this is a change and it may be difficult for some people, more specifically those who didn't want to participate and stay in the rooms. Hospital decided to develop the groups which took 3-6 months with staff members. Ms. Noriega came out because of issues and concerns they received and the Department of Licensing that there was no violation according to any standards and that actually they would probably violate the</p>				



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	<p>hospital had it not been providing groups. They took some of the groups and thought they were excellent examples of what should be happening at the hospital and closed out all complaints as not sustained. Units were visited and patients were talked to and looked at everything the hospital was doing, reviewed groups, sat in some groups and again based on this nothing was substantiated. Hospital believes it is working.</p> <p>Ms. Ashcroft stated the majority of the complaints she's received not about the programing but those have participated all along and met and exceed treatment goals. Patients feel they are being forced to sit dayroom and not have access to some of their coping plan such as having access to their rooms. Patients not</p>				



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	<p>complaining about the programing but losing their freedom to have some alone time.</p> <p>Ms. Noriega stated the dorms are opened right before lunch and after lunch for rest time it's not just a 9-4 blanket. 9-12 with breaks every 45 minutes, patients get to do some relaxation in the day room. Teams have looked in to other ways patients can cope rather than going into their rooms, trying to replicate what's going to be expected of folks in the community. Thus far feedback is positive on civil and forensic sides of the hospital.</p> <p>Mr. Mancini discusses computer classes as a program offered to patients.</p> <p>Mr. Mancini asks about patient newspaper and why it went away.</p>	<p>Ms. Noriega will look into this.</p> <p>Ms. Noriega unaware of the reason why the paper stopped. She will look</p>			



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	<p>Ms. Ashcroft asks about what is currently being offered and if a list can be shared with the committee.</p>	<p>into restarting.</p> <p>Ms. Noriega will provide an update or list on the group offerings.</p>			
PSRB Education	<p>PSRB plays such a critical role in patient treatment and recovery committee feels it's crucial they understand it. Committee discusses attending a PSRB hearing.</p> <p>Next PSRB hearing is usually on the last Friday of the month.</p> <p>The meeting in April is scheduled for April 24th, at 1:00PM in the PSRB room at the Forensic Hospital and is open to the public.</p>	<p>Committee asking for better understanding of PSRB process.</p> <p>Ms. Ault suggested that the committee send request on the education piece to have someone come present on PSRB.</p>			
Governing Board/ASH	<p>Ms. Ashcroft asks if the HRC can give the update at the governing board meetings. Ms. Ashcroft sent an email requesting permission to</p>				



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	present.				
ASH Meetings at CRU, Civil, Forensic	<p>Ms. Ashcroft would like to host meetings on different units throughout the hospital; Civil, CRU, and Forensic.</p> <p>Ms. Noriega stated that in the past meetings have typically stayed on the civil side for security reasons. Ms. Noriega added that the majority of Special Assistance population is on the civil side.</p> <p>Ms. Ashcroft asks to have meetings change at least 1 of every 3 months. Ms. Noriega will look into the possibility of this taking place.</p>				
Statewide Meeting	<p>Committee updated on the meeting date and place.</p> <p>Committees are currently working with Senator Barto to confirm a date.</p>				



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	<p>Mileage and meals will be reimbursed by the department. Email confirming approval was sent earlier this week.</p>				
<p>Future Business Items</p>	<p>Annual Report 9-4 Policy Update (groups/progress) Follow-up on public comments 50% Policy Ankle monitor update on requests</p>				
<p>Meeting Adjourned</p>	<p>Meeting was adjourned at 7:15 PM. Ms. Riccio makes a motion to adjourn meeting. Mr. Mancini seconds, all members vote in favor.</p> <p>Next meeting: May 7, 2015 6:00pm-8:30 pm</p>				