



Arizona State Hospital Human Rights Committee Meeting

<b>Thursday, July 21, 2016</b> <b>6:00-8:00PM Meeting</b> <b>AzSH Auditorium</b>	Arizona State Hospital 2500 E. Van Buren St. Phoenix, AZ 85008
<b>Members Present:</b> Jim Gillcoatt; Kim Scherek; Laurie Goldstein; Jill Manahan; Ashley Oddo; Ross Davids; Mary Lou Brncik (via phone); Joe O’Cain (via phone); Sharon Ashcroft (via phone)	
<b>Other Attendees:</b> Dr. Aaron Bowen, CEO, AzSH; Yisel Sanchez, Human Rights Committee Coordinator, AHCCCS; Cara Christ, Director, DHS; Laura Burstein, family member; all CRU patients and staff members (via phone); Pinion Unit (via phone); Sycamore patient (via phone).	
<b>Members Absent:</b> Michael White; Joe Contreras	
<b>Next Meeting:</b>	
<b>Approved:</b>  _____ <b>Sharon Ashcroft, Chairman</b>	



Arizona State Hospital Human Rights Committee Meeting

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Introductions	N/A	N/A	N/A	N/A	N/A
Conflict of Interest	Jill Manahan stated there might be conflict issues with CRU patients during public comments.	N/A	N/A	N/A	N/A
Review of June, 2015 Minutes	Ashley motioned to approve with corrections; Ross seconds; all approve.	Edits to be made on pages 2 and 6.	Yisel Sanchez		
Dr. Bowen Update	<p><u>Outlets for Smart Beds:</u></p> <ul style="list-style-type: none"> <li>• Crothel, (building management), is providing several different options to provide more outlets in the rooms. Right now there are only two outlets in each room and once both beds are hooked up, there won't be another outlet to hook up any other electrical equipment.</li> <li>• The Smart Bed vendor has agreed to extend the pilot program and provide the Hospital with enough Smart Beds to run on the entire</li> </ul>	Have Smart Bed mattresses placed in every bed on a unit and run a new pilot program. This will provide information	Dr. Bowen	N/A	No



Arizona State Hospital Human Rights Committee Meeting

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	<p>Sago unit once all of the outlets have been installed. This should provide the necessary information on whether these beds will be beneficial since the entire unit will be using them as opposed to having one bed in a two bed room.</p> <p><u>Dentures:</u></p> <ul style="list-style-type: none"> <li>• ASH now has a signed contract with MHIS to provide this service and have already sent patients over for dentures.</li> </ul> <p><u>Dorm Closures:</u></p> <ul style="list-style-type: none"> <li>• There hasn't been any progress made on this due to shortage in nursing and security staff.</li> <li>• Held two job fairs and have 62 candidates that they are in the process of hiring to fill</li> </ul>	<p>on whether or not these are effective since the need for opening the doors and checking patients at night not be needed.</p> <p>N/A</p> <p>N/A</p>	<p>N/A</p> <p>N/A</p>	<p>N/A</p> <p>N/A</p>	<p>N/A</p> <p>N/A</p>



Arizona State Hospital Human Rights Committee Meeting

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	<p>these shortages.</p> <ul style="list-style-type: none"> <li>Currently using two 12 hours shifts instead of three 8 hours shifts. This will need to re-address once the hospital is fully staffed using contractors. Once scheduling of shifts has been arranged, then the attention can shift back to the dorms.</li> </ul> <p><u>Solar Panels:</u></p> <ul style="list-style-type: none"> <li>Procurement has looked into this and discovered we have four contracts with four different vendors for solar panels. The team is going through those contracts to figure out what is being offered and the pricing.</li> <li>Dr. Bowen wants shade for the mall and also covering for the staff parking area. He has asked Procurement to put</li> </ul>	<p>If the cost of solar panels exceeds the budget, ASH has until 9/1/16 to request supplemental funding.</p> <p>Laurie Goldstein is getting together all of the requests for supplemental funding for package submission by 9/1/2016.</p>	<p>Laurie Goldstein</p>	<p>9/1/2016</p>	<p>No</p>



Arizona State Hospital Human Rights Committee Meeting

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	<p>this at the top of their list.</p> <ul style="list-style-type: none"> <li>• The Forensics Unit was designed and built with the idea of having solar energy installed. Hopefully this can be utilized and will provide energy and shade for that area.</li> </ul> <p><u>Forensic Library:</u></p> <ul style="list-style-type: none"> <li>• Dr. Dingle has tasked rehab area to come up with ideas on how to make it more mobile/accessible.</li> <li>• Currently working on getting the internet up and running on the Forensics Unit and that is taking some of the library space away.</li> </ul>	<p>Rehab area to come up with ideas to make the library more accessible.</p>	<p>Dr. Bowen</p>	<p>N/A</p>	<p>No</p>
<p>Update on CRU</p>	<ul style="list-style-type: none"> <li>• Dr. Bowen asked if anyone had actually read the RFI or gone on the internet to check</li> </ul>	<p>Once information has been gathered, Dr. Bowen and Dr. Christ will review</p>	<p>Dr. Bowen and Dr. Christ</p>	<p>N/A</p>	<p>No</p>



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	<p>out the private-public partnership information.</p> <ul style="list-style-type: none"> <li>• The RFI clearly states that ASH is trying to create a center of psychiatric excellence and requesting information on how to do this. The purpose of the RFI is to have input from the community on how to best use the current resources at ASH.</li> <li>• None of the land or buildings on the hospital campus are leased or under contract.</li> <li>• There are out-patient provider needs such as patients waiting in emergency departments, urgent psychiatric centers that are so full they cannot admit new patients, and having to send children and</li> </ul>	<p>responses.</p> <p>Include the CRU patients with any updates so they feel involved and part of the process. This should prevent future misunderstanding.</p>	<p>Leadership team</p>	<p>N/A</p>	<p>No</p>



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	<p>adolescents out of state because we do not have specialized providers in the state of Arizona.</p> <ul style="list-style-type: none"> <li>• There are 80 beds on the Civil Campus' second floor that are currently not being used. This is 80 psychiatric beds not being utilized and can someone else use these beds? ASH is unable to fill not only the beds but the staffing issues as well.</li> <li>• ASH is on 93 acres of land and a lot of building space that could be used through either public and/or private entities to benefit the patients and public.</li> <li>• Dr. Dingle and Dr. Patel have been tasked with keeping the CRU <i>concept</i> at the hospital. There isn't</li> </ul>				



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	<p>anything in statute or rule that states a CRU type program has to exist however; this administration fully supports the concept of CRU and to help patients integrate back into the community.</p> <ul style="list-style-type: none"> <li>• Looking for a revenue stream and possibly have access to better outside services.</li> <li>• Need to include CRU patients with any updates to prevent future misunderstanding.</li> </ul>				
Update on Peer Support Training – Sharon Ashcroft	Letter was received from Dr. Bowen to the HRC approving peer support training, which will be coming soon. The point person for this project will be Dr. John St. Clair, Director of Psychology.	HRC to reach out to Dr. John St. Clair to lay the ground work and coordinate this project if they haven't heard from him soon. Dr. St. Clair is to coordinate with rehab and Susan Legendre. Dr.	HRC	N/A	No





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		Dingle should be informed of the current status.			
Public Comment	<p>Tyler (patient #1 at CRU):</p> <ul style="list-style-type: none"> <li>• Read his letter voicing his concerns of possibly having to be transferred back to Forensics.</li> </ul> <p>Patient #2, (anonymous at CRU):</p> <ul style="list-style-type: none"> <li>• Read her letter voicing concerns about having to possibly be moved back to Forensics.</li> </ul> <p>Patient #3, (anonymous at CRU):</p> <ul style="list-style-type: none"> <li>• Read his letter voicing concerns about the loss of CRU and the privileges.</li> </ul> <p>Patient #4 (anonymous at CRU):</p> <ul style="list-style-type: none"> <li>• Read his letter voicing concerns about possibly having to be moved back to Forensics.</li> </ul> <p>Patient #5 (anonymous at CRU):</p>	Need to share the meeting minutes with the Pinon and Sycamore groups who came in late via telephone. Some of the issues they were concerned about were addressed earlier in the meeting.	Yisel Sanchez	N/A	No



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	<ul style="list-style-type: none"> <li>• Read his letter voicing concerns about possibly having to be moved back to Forensics and loss of CRU.</li> </ul> <p>Patient #6 (anonymous at CRU):</p> <ul style="list-style-type: none"> <li>• Read her letter regarding her fears and concerns about the possibility of having to be moved back to Forensics.</li> </ul> <p>Cynthia Hernandez (patient #7 at CRU):</p> <ul style="list-style-type: none"> <li>• Read her letter regarding her fears and concerns about the possibility of having to be moved back to Forensics. Has worked 6 ½ years to get to CRU.</li> </ul> <p>Patient #8 (anonymous at CRU):</p> <ul style="list-style-type: none"> <li>• Read letter regarding CRU and his concerns about the possibility of having to be moved back to Forensics.</li> </ul> <p>Peter R. Sherman (patient #9 at</p>				



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	<p>CRU):</p> <ul style="list-style-type: none"> <li>• Read his letter regarding CRU and being upset about the possibility of losing privileges and being moved to Forensics.</li> </ul> <p>Patient #10 (anonymous– Pinon Unit):</p> <ul style="list-style-type: none"> <li>• Patient was truly upset about the conditions of her unit and want to know what the criteria is for being moved to CRU since some people have met their levels but can't seem to get over to CRU.</li> </ul> <p>James Marshall Long (patient #11 – Pinion Unit)</p> <ul style="list-style-type: none"> <li>• Can understand how the CRU can be used as a community resource but what about the rest of the hospital? Would like to see some information regarding</li> </ul>				



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	<p>decisions being made since the patients want to keep CRU.</p> <p>Amado Salas (patient #12 – Sycamore Unit)</p> <ul style="list-style-type: none"> <li>• Concern about CRU closing and patients who have met their levels and have privileges mixing with patients who do not.</li> <li>• Need to get the HRC contact information out to everyone.</li> </ul> <p>CRU staff member:</p> <ul style="list-style-type: none"> <li>• Has been at CRU for 18 years and wants to continue seeing patients reach their potential.</li> <li>• CRU is more of a family unit and everyone helps each other.</li> </ul> <p>Eunice Garcia (patient #13 at CRU):</p> <ul style="list-style-type: none"> <li>• Voiced her concerns about having to leave the safety of</li> </ul>				



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	<p>CRU and be moved to another unit.</p> <p>Laura Burstein:</p> <ul style="list-style-type: none"> <li>• Expressed her concern with the potential violence on Forensics.</li> <li>• Staff member stated that he would not allow his wife to work on the Forensics unit due to the violence.</li> <li>• Has more of a prison mentality which is not conducive to therapeutic healing.</li> <li>• The food being provided is not healthy. It contains high carb and fat which is not healthy for patients.</li> <li>• She brought in gifts for her son which were approved and she was allowed to bring in. Shortly afterward two people came by and took</li> </ul>				



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	those away stating they were “not allowed”. Also not allowed are essential oils such as fish oil for the patients.				
New Business	<ul style="list-style-type: none"> <li>• Membership.</li> <li>• Status of Michael White.</li> </ul>	Items to address at the next meeting.			
Meeting Adjourn	Jill requested motion to adjourn; Joe seconded; all in favor. Adjourned to meet in Executive Session.	N/A	N/A	N/A	N/A