



Arizona State Hospital Human Rights Committee

Sharon Ashcroft, Chairperson – Post Office Box 1240 Chandler, AZ 85244

March 16, 2017

Dr. Cara Christ, Director Arizona Department of Health Services 150 North 18th Ave Phoenix, AZ 85007

CC: Governor Doug Ducey, Senator Nancy Barto, Dr. Aaron Bowen, Paul Galdys

RE: Patients residing in the Arizona State Hospital- Annual Report 2017.

The Arizona State Hospital Human Rights Committee was founded according to current Arizona Revised Statutes (ARS) 41-3803 and 41-3804. The HRC reviews reports of data, and visits patients receiving services from the Arizona State Hospital (ASH) for the purpose of making recommendations to ASH Administration or the Arizona Health Cost Containment System Director for systemic change.

In 2016 the ASH HRC added four new members, which increased our insight and diversity: attorney- Ashley Oddo, family member- Joe Contreras, clinical psychology doctoral student- Ross Davids, and patient- Leon Canty. One of our long standing members, Mary Lou Brncik, resigned in November.

I invite you to review the 2016 Annual Report to learn more about how our process of records review, meetings, and site visits work toward protecting patient rights at Arizona State Hospital.

Sincerely,

Sharon E. Ashcroft, Chairperson-Arizona State Hospital Human Rights Committee

MEMBERSHIP:

The ASH HRC met monthly in 2016 on the fourth Thursday of each month at 6 pm for approximately two hours. There were eleven meetings in 2016. The following State employees also attended monthly meetings during the year:

Yisel Sanchez, AHCCCS Human Rights Committee Coordinator

Paul Galdys, Assistant Director, AHCCCS

Dr. Aaron Bowen, Psy D. - C.E.O. Arizona State Hospital

Dr. Dingle, M.S., M.D - C.M.O. Arizona State Hospital

Debra Taylor, MSN - Chief Nursing Officer Arizona State Hospital

Ryan Hoffmeyer, MBA - Chief Operating Officer Arizona State Hospital

Jacqueline Bachelier- Arizona State Hospital Patient Rights Advocate

In addition, the following also attended our monthly meetings:

ASH Forensic Unit past and former patients and staff (telephonically) Sago, Pinon, Sycamore, Cottonwood, Saguaro, Mohave.

ASH Family members- both in person and telephonically

INCIDENT AND ACCIDENT REPORTS/SECLUSION AND RESTRAINT REPORTS

Jim Gillcoatt continued as the HRC member assigned to review Incident and Accident Reports as well as Seclusion and Restraint Reports during 2016. He made suggestions that he felt would help staff include additional meaningful and descriptive detail to reports. Chair, Sharon Ashcroft, reviewed ASH grievance investigation decision letters as well as AHCCCS Office of Administrative Legal Services decision letters regarding allegations of abuse (R9-21-404.A.2). The HRC had questions after reviewing these reports about unnecessary or painful restraints, staff not properly following CIT protocol, and staff intervention leading to physical injury. If, after ASH and/or OALS investigations have found that a grievance is substantiated and a seriously mentally ill patient's rights have been violated, the HRC has the option of requesting further research into events we feel have not received sufficient scrutiny. Or, if there is an instance that a report raises HRC concerns about possible rights violations that have not been formally investigated, the HRC may request Dr. Bowen, and or AHCCCS to conduct an investigation. Upon resolution, ASH and/or AHCCCS have the option of making suggestions for corrective action.

DEATHS:

There were no deaths in 2016.

SITE VISITS:

Site visits were successfully carried out by the HRC on both the Civil and Forensic Campuses to Special Assistance patients, and those that requested an HRC visit. ASH employee, Patient Rights Advocate, Jacqueline Bachelier, was ultimately the person assigned as our liaison to schedule all HRC site visits. She was a tremendous help to the HRC and facilitated our visits professionally and cordially. Noted in our site visits were: patient complaints about a perceived lack of staff, fear for safety, and frustration in privilege level progression. Also, mandatory dorm closures and supposed staff retaliation for filing grievances were noted. There are still complaints about a lack of fresh food, and that dental care is not adequate. In addition, there is no barber. We had many patients state that they disagreed with either the amount or type of medication they were prescribed. Only one patient complained about available religious worship access, and no one we spoke with felt discriminated by their sexual orientation. All patients visited felt they had sufficient opportunities to visit with friends and family. The HRC urges patients with concerns to utilize Ms. Bachelier's aid and file grievances about perceived rights violations. If a grievance was already filed, we await the ASH investigator's decision letter, and then decide if further action on the HRC's part is warranted.

TRAINING:

The HRC did receive technical assistance from AHCCCS regarding confidentiality and conflicts of interest on October 11th, 2016. The committee did not receive any additional training during the year other than the mandatory ethics, confidentiality and public records acknowledgement information that all new members must review and complete.

Laurie Goldstein, ASH HRC member, coordinated with Mental Health America to provide scholarships for six patients and two ASH Staff Members to attend their SEEDS conference on May 20. Attendees learned how to recognize the early signs and symptoms of a mental health condition, develop strategies to advocate for themselves, self-management, how to navigate community resources, including crisis services, and received information on program and services in the community.

Kath Bashor of AHCCCS and Suzanne Legander, C.E.O. of S.T.A.R. (Stand Together and Recover Centers, Inc.) worked along with the ASH HRC to provide thirty hours Peer Support training for fifteen Forensic patients. Eleven patients successfully graduated and are now Certified Peer Support specialists. Ms. Legander has expressed an interest in continuing to work with these graduates to develop skills transitioning them to community employments opportunities.

COMMUNITY EDUCATION:

ASH and AHCCCS websites include information regarding the HRC and its meetings. Also, the link provides access to HRC meeting minutes.

Christmas cards containing HRC and public information and phone numbers were provided to all patients during 2016 to increase awareness of the HRC and its availability for all to contact regarding patient rights.

Patients and family were encouraged to call into our monthly meetings if they could not attend personally, and speak during the public comment section. Some family members have participated in this manner and multiple units have called into each session to expand patient participation.

ASH HRC hosted a Holiday Party December 20th that allowed the public to participate via food donations and also provide entertainment. The Pualo Polynesian dancers entertained both Civil and Forensic campuses, and have stated they would like to return to ASH to volunteer their services. HRC members and public attendees to the ASH Holiday Party were also privileged to view individual and group performances of patients involved in Rehab Music Programming.

CONCERNS:

A long time concern of the HRC has been the lack of shade on the Forensic Campus. The ASH budget has never received funding to create any shade, although the Forensic Campus provides none when patients are on patios or walking the mall. This problem impacts a patient's right for sufficient access to the outdoors- especially during summer months. The suggestion of solar panels as shade was made by committee member Jim Gillcoatt as a low or no cost alternative to fill this need. ASH Administration was already advancing the effort to move the project forward. The committee is not aware of any set date for this to occur.

Another HRC concern has been the lack of vocational training and information about programs available to ASH patients. The committee is aware of only one individual at ASH who is currently engaged in supported employment services from community based providers contracted with the Regional Behavioral Health Authorities (RBHAs). 2016 Peer Support training provided by S.T.A.R was a great step toward establishing such opportunities for ASH patients. Another such step was ASH introducing computers with internet access, as a pilot program on the Community Reintegration Unit. Our committee has suggested that there be a push by DES, RHBAS, AHCCCS, ASH and outside agencies such as STARs for educating patients about programs currently available to aid in training and employment opportunities both while living at ASH as well as upon transition to the community.

ASH patients expressed concerns to the HRC about communication between staff and administration. Dr. Bowen has instituted quarterly patient forums on all campuses to give patients the opportunity to address this and other issues directly with Administration. However, there were patients who called in to Committee meetings, or that have been visited on their units, that fear retaliation by staff should they file a grievance or speak to Administration regarding issues with staff violating their rights. They

express concerns that ASH can seem prescriptive or punitive, rather than collaborative in their approach to treatment.

ASH CEO, Dr. Bowen, as well as other members of the administration, have addressed many of the patient's and HRC's concerns, directly, in the form of an update at our monthly HRC meeting. Dr. Bowen answers questions that ASH patients, or others attending telephonically, voice directly during the previous month's meeting. This is an outstanding example of ASH Administration making every effort to be transparent and provide meaningful, timely information that impacts the ASH community.

Another issue, based upon patient grievances and information noted in site visits, involved the nightly census. Staff opens each patient door, and shines a flashlight to observe and confirm patient status, in order to comply with CMS guidelines. This can disrupt sleep patterns, or inadvertently cause stress. Dr. Bowen had a very innovative idea that introduced 'Smart Beds.' An outside vendor developed special mattress pads which are directly linked to the unit nurses' station. They remotely transmit the same information that is collected during a census. Therefore, a patient's door need not be opened. This program was rolled out completely on Sago Unit, Forensic Campus. At the end of 2016, a trial period was just being completed where information from physical census and the Smart Bed census were being compared. Should the data be viable, ASH would like to see the mattress pads on all units. ASH would be the first Forensic Hospital in the nation with such an innovative program.

There are still Forensic patient complaints about mandatory dorm closures. Patients are barred from entering their rooms for roughly eight hours a day. The exception is, if a patient is ill, or otherwise requires access, and there is sufficient staff, they could be allowed, *at the discretion of their unit*, back into their room. Patients have complained that when they are restricted to the unit's common area, and it is too hot (or there is lack of staff) to go outside, they feel frustrated, bored, and more likely to have disagreements with staff or other patients. Dr. Bowen informed the HRC that since the existing staff has switched over from forty hour weeks to three twelve hour shifts, that moving forward on modifying dorm closures is not possible at this time.

Lastly, concern was raised by patients and staff regarding an RFI that was sent out for leasing ASH property, and establishing a Center of Psychiatric Excellence. Thirteen CRU patients and a staff member called in to an HRC meeting expressing their anxiety over being displaced from the CRU building, should it be rented out. After the patients and staff expressed their concerns, Dr. Bowen, and DHS Director Dr. Cara Christ (who also attended that HRC meeting), assured them that any move would be in the far future, if at all, and that the "idea" of CRU would continue. Dr. Bowen promised to include staff and patients in changes as they occurred, and in planning possible transition strategies.

2017 RECOMMENDATIONS

Increase HRC hospital Site Visits

Add a Civil HRC member

Expand the Forensic library, to include the AZ Statutes, a binder with all current ASH patient policies, and more literature and current videos.

Training for HRC members fully understand the new ASH grievance and appeal process, and then have forums to help patients understand how they can fully utilize the system to protect their rights.

Educate ASH patients on how to access available Peer Support and Vocational training programs.

Review unit staffing reports.

The Committee would like to thank the staff of the Arizona Department of Health Services and the AHCCCS Office of Human Rights for their support.

Respectfully Submitted-

Sharon E. Ashcroft, Chairperson, ASH HRC