



Arizona State Hospital Human Rights Committee Meeting

January 18, 2018 6:00-9:00PM Meeting AzSH Administration Building	Arizona State Hospital 2500 E. Van Buren St. Phoenix, AZ 85008
Members Present: Joe O’Cain; Leon Canty; Joe Contreras, Sharon Ashcroft, Chair; Ross Davids (phone); , Jim Gillcoatt, Laurie Goldstein	
Other Attendees: Dana Hearn, A.D./AHCCCS; Yisel Sanchez, Human Rights Committee Coordinator/AHCCCS; Anna Branson – ACDL, Sue Gilbertson, Victoria Ames	
Members Absent: Kim Scherek, Ashley Oddo	
Next Meeting: January 18 2018	
Approved: _____ Sharon Ashcroft, Chairman	



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Item	Discussion	Follow-Up/Action	Person(s) Responsible for Follow Up	Target Completion Date
Welcome and Introductions	<ul style="list-style-type: none"> • Sharon Ashcroft calls meeting to order at 6:00pm. 	NA	NA	NA
Disclosure of Conflict of Interest	<ul style="list-style-type: none"> • Chair asks for disclosure of conflict of interest. 	None noted		
Review December Meeting Minutes	<ul style="list-style-type: none"> • Sharon Communicated what Jim had previously shared w/her (pg3) • take them on passes (pg5) • Per Deb Jorgensen of Hope Lives/leave to do this (pg6) 	Laurie makes a motion to approve with change. Jim seconds, all member vote in favor.	NA	
Victoria Ames- HIPAA Presentation	<ul style="list-style-type: none"> • HIPAA Presentation Victoria Ames. Chair noted public can interact/respond with Ms. Ames. • Presentation did not need to be captured for meeting minutes. • AHCCCS made statement about privacy/confidentiality and the HRC parameters that can be found within the ARS and the AAC in addition to the 	Victoria Ames will email Power point presentation to Yisel for distribution to the committee.		



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	<p>confidentiality agreement they signed with respect to their role on the HRC.</p>			
<p>Incident/Accident Reports – Jim Gillcoatt</p>	<ul style="list-style-type: none"> • Jim shared report on IAD for previous month. • Jim reported that he is seeing problems in documentation for why a patient does not meet the criteria for release (should use detailed, clinical wording.) • Jim stated that patients need to understand and explain to staff what behaviors are acceptable on the unit. • If patient is not DTO or DTS should not be in restraints or seclusion. • Jim shared that in a specific report patient was clam and willing to take prn, but instead of being released was held for another hour, resulting in patient acting out and 	<p>Jim will put concerns together in written form and attach reports that illustrate problems he has found in reporting. He will draft communication to chair, and the an inquiry will be submitted to Dr Bowen (within next two weeks)</p>	<p>Jim</p>	<p>1-22-18</p>



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	<p>mechanical restraints.</p> <ul style="list-style-type: none"> • Laurie suggested asking for an investigation into this patient’s treatment. • Jim noted he has concerns with several patients. • Sharon suggested he gather specific examples and bring to the attention of Dr Bowen at a future HRC or in a letter to Dr Bowen • Under debriefing section- all that were involved in the incident should be involved so as to help identify strategies and processes to help the patient avoid recurrence of negative behavior • Jim notes that the patient has the sole responsibility of identifying why a negative behavior happened and how their behavior should change without staff direction and input. • Concern with a statement on IAD 			



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	<p>that says staff needs to be more “firm.”</p> <ul style="list-style-type: none"> • Jim notes there are some positive reporting, in which staff spent time with the patient to talk about triggers and calming strategies- this is a good example of how to handle incidents. • Another positive outcome would be that the patient’s psychiatrist could review the patients’ meds and treatment plan. • Jim is concerned about lack of training for staff on how to make reports more complete and descriptive. • Laurie wants to know if there are any patterns – such as units where there are more incidents, or if there are specific staff involved in a larger majority of the reports. (staff and units are redacted) • Jim had previously requested some 			



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	<p>specific IAD's since there are gaps in the information he has. He agreed to send a request for the missing documentation to Yisel via email by 1/20/18.</p>			
<p>Sub-committee Leon Canty/Hope Lives</p>	<ul style="list-style-type: none"> • Leon introduced guest Robert Rodriguez from Hope Lives. • Prior Hope Lives outings were done as a courtesy. They now need to be paid for. • Deb Jorgensen from Hope Lives had stated she knew of a way to get AHCCCS funding for Forensic patients to be able to participate. • Sharon stated that right now, if a Forensic patient has levels, but no approved others, there is no way for them to progress in the level system because they need to complete a specific number of outings. Hope 	<p>Sharon suggested Deb Jorgensen share information about AHCCCS funding with the HRC</p>	<p>Leon</p>	



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	<p>Lives had filled that need previously.</p> <ul style="list-style-type: none"> • Laurie notes that patients should not have unattainable goals in order to progress through the level system. • Leon discussed the Forensic level system and outings-system is flawed as it stands if you have no family or friends to be approved others to take you on passes. • Feedback from Joe on AHCCCS training from Dana. • A patient had discussed with Joe that he was worried about what programming would be available to him because he is non SMI. • Dana stated that the training covers both SMI and non SMI resources. • Dana provided comprehensive statewide list for PRFO to Leon • Reviewed non-AHCCCS affiliated resources are not listed within the 			



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	DHCAA AHCCCS training. <ul style="list-style-type: none"> • Tabled until next meeting • 			
Anna Branson-ACDL	<ul style="list-style-type: none"> • Legal Guardian discussion (reviewed written policy) • Anna presented and read from the ASH legal guardian policy, noting that a guardian has the right to review ASH treatment policies, which are provided initially, but need to be requested every time thereafter. All guardians are supposed to be informed of changes regarding their wards. • A legal guardian has the right to participate meaningfully in treatment, receive information and request change from the treating physician. • A patient can withdraw consent after granting it. 			



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Public Comment	<p>Aaron Wallace- no one debriefed him after his assault</p> <p>John Wallace- levels were reinstated but he is still scheduled for PSRB 1/26- no one will explain why.</p> <p>Layne- He has a Native American flute that is therapeutic. Staff will not allow him to have it. Sharon suggested he file a grievance or speak with Jacquelyn about it.</p> <p>Scott Peterson- he was attacked by another patient. No staff intervened He called Jacquelyn and did file a grievance. He is being moved to a different unit, but has not had a transfer staffing yet. Sharon stated if he wants to talk about assault further HRC can meet with him.</p>			



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	<p>Unannounced name- Says that he cannot sleep because staff open and shut metal doors loudly during census. He has brought this issue to his treatment team. He wears a sleep mask and earplugs to help.</p> <p>He noted that he needs more fresh air and sunshine with vitamin D- just like a plant does. He stated that his patio time conflicts with groups, which he is encouraged to attend. He says that people in prison get more patio time than ASH patients.</p> <p>Jill is concerned about lack of transparency between ASH staff and patients. She wanted to know if a community member called in to say they did not want any communication with a patient, what does administration and staff do if that person does not have an release of information, (ROI)?</p>			



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	<p>Timothy Briebriesco has concerns about HIPAA violations and has sent complaints to government organizations and his guardian. He shared that he saw Anna from ACDL and Jacquelyn today. He complained that grievances are not resolved in a timely manner. Sharon notes she intends to follow up on grievance timelines. Timothy also states that he is forced to wear TSDs and that he is a fall risk.</p> <p>Sharon calls for motion to adjourn meeting. Laurie motioned to adjourn and Joe seconded at 8:37 p.m.</p>			