



Arizona State Hospital Human Rights Committee for the Seriously Mentally Ill

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

April 16, 2018

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

CC: Dana Hearn, Senator Nancy Barto, Governor Doug Ducey

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 ASH HRC reviews reports of data, and visits patients receiving services from the Arizona State Hospital (ASH) for the purpose of making recommendations to ASH or AHCCCS for systemic change.

In 2017 the ASH HRC lost patient member- Jill Manahan. One patient member that was approved by the HRC was not offered membership by the Director. The Director does not discuss his decisions. There were three members whose terms had expired that the committee voted to renew membership. The Director approved their appointment.

I invite you to review the 2017 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 2017 on the fourth Thursday of each month at 6 pm for approximately two hours. There were nine meetings in 2017. The following State employees also attended monthly meetings during the year:

Yisel Sanchez, AHCCCS Human Rights Committee Coordinator- who records minutes and maintains data.

Paul Galdys/Dana Hearn, 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

Forensic Units (telephonically) Sago, Pinon, Sycamore, Cottonwood, Saguaro, Mohave- past and current patients

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 2017. Yisel Sanchez spent a large amount of time helping Jim gain internet access to the AHCCCS site that stores IAD information, so that he no longer had to read through stacks of paper. He made suggestions that he felt would help staff include additional meaningful and descriptive detail to reports- especially regarding patients' readiness to be released from seclusion. Chair, Sharon Ashcroft, reviewed investigation decision letters as well as AHCCCS Office of Administrative Legal Services decision letters regarding allegations of abuse (R9-21-404.A.2). Some of the concerns that the HRC raised to ASH Administration after reviewing these reports included incidents that involved no more college classes or a GED program offered, not enough individualized treatment or vocational training opportunity, the nightly census being too invasive on the Forensic Campus, and a limited amount of therapists and staff in general. If, after ASH and/or OALS investigations have found that a grievance is substantiated and a patient suffering from serious mental illness 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:

The HRC was not informed of any deaths in 2017.

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 perceived lack of staff, lack of individualized and meaningful activities, fear of patient to patient assault, and frustration in privilege level progression. Also, perceived retaliation for filing grievances was noted. There are still complaints about the food not being healthy enough, although there was a menu change and new food service provider this year.

A few patients did not understand their medications or their treatment plans. There were no complaints about discrimination based upon gender, sexual orientation, or the right to worship. The HRC urges patients with concerns to utilize Ms. Bachelier's aid and file grievances about perceived rights violations. There have been several complaints that it takes an extremely long time to obtain a response to a grievance filed. Once a determination is made, the HRC then decides if further action on the patient's behalf is warranted.

ASH HRC members were "shadowed" during a site visit in November by the new Northern AZ HRC Chair, Chris Duarte. He wanted to see how we conducted our visits, and the questions we asked the patients. We look forward to collaborating with Northern Arizona HRC in the future.

TRAINING:

The Human Rights Committee did not receive any additional training in the year 2017.

There was a June statewide meeting held in Casa Grande, hosted by Maricopa County HRC. It was attended by Senator Nancy Barto, who spoke about her vision for HRC's in Arizona and pending legislation. Sergeant Winskey also gave a talk regarding CIT training for police to help prepare them for encounters with community members that suffer with mental illness or psychosis.

Jamie Shapiro, the PSRB Secretary, gave a presentation to the HRC regarding the PSRB and how it functions with ASH Forensic patients. It was very informative, and many questions were answered regarding level progression.

COMMUNITY EDUCATION:

ASH and AHCCCS websites include information regarding the HRC and its meetings.

NAMI members attended 2-3 meetings.

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.

There was a questions raised about re starting the family meeting that used to be held in the Civil Auditorium for those who have loved ones residing at the hospital. It was a chance to meet, ask questions, and discuss topics relating to mental health. Dr. Dingle said that a survey was sent out by the Social Work department at ASH, and there was a very limited response. There was some concern from family members and guardians in relation to receiving the surveys. A family member happened to be attending the HRC meeting when this was discussed, and she had not received the survey. This might be addressed at a later date.

CONCERNS:

The same concern about shade for the Forensic campus lingered throughout 2017.

The Human Rights Committee, based upon last year's concerns regarding vocational training and information about programming available to all ASH patients, started a subcommittee to help educate those patients transitioning out of ASH, along with their parents, family, or guardians, about available programming and resources through AHCCCS. Dana Hearn was instrumental in helping the subcommittee. The subcommittee was headed by former patient Leon Canty. The subcommittee started to development of what would be a presentation that would capture resources, and guide those attending through navigating different websites and services available through AHCCCS. Unfortunately, there is still no funding to help with Forensic patients who will reside long term at ASH with the same opportunities. The peer support training program that was so successfully run by Suzanne Legander of S.T.A.R.S. could not be continued due to lack of funding on Forensic, and a lack of interest on the Civil campus.

Dr. Bowen continued quarterly patient forums on all campuses, giving 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, who fear retaliation by staff should they file a grievance or complaint. They discussed lack of staff and therapists. A few family members were not allowed to be involved in patient staffing. Several patients said they did not feel safe on their units, or that staff was disrespectful. Patients also complained about a lack of meaningful programming, educational and vocational activities. They expressed concerns that ASH and the PSRB can seem prescriptive or punitive, rather than collaborative in their approach to treatment. Patients felt that that approach could potentially limit advancement toward conditional release to the community.

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 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. This only occurs on the Forensic Campus. Dr. Bowen did start a pilot program regarding smart beds for one of the Forensic units to reduce intrusions noted by patients while ensuring safety. However, many patients still complain about the invasiveness of nightly census check. Nonetheless, this is an example of ASH administration making an effort to respond to patient complaints

Patients and staff are still concerned about an RFI that was sent out for leasing ASH property and establishing a Center of Psychiatric Excellence. The CRU patients have not been involved, as was promised last year, in any planning for a CRU "alternative." Dr. Bowen has promised that if the CRU becomes a part of the P3, it will be years before patients would move from the CRU building, but the concept of CRU would continue.

POSITIVES

On a positive note, the internet has become a reality for ASH patients. Dr Bowen informed the HRC that ASH is the first State Hospital in the Western Region to start a computer program.

As a solution to the complaints regarding nightly census, the Sago Unit became fully functional with SMART beds, and data was captured successfully for all information necessary for the census.

Bringing in a new menu and food vendor offered variety and choice for patient dining in relation to complaints on food choices.

ASH finally obtained a barber early in the year.

2017 RECOMMENDATIONS

Increase HRC hospital Site Visits.

Add a Civil HRC member.

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

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