



Arizona State Hospital Human Rights Committee Meeting

Thursday February 18, 2016 6:00-9:00PM Meeting AzSH Auditorium	Arizona State Hospital 2500 E. Van Buren St. Phoenix, AZ 85008
Members Present: Sharon Ashcroft- via telephone; Mary Lou Brncik; Joe O’Cain; Jill Manahan; Laurie Goldstein- via telephone; Michael White	
Other Attendees: Paul Galdys, ADHS/AHCCCS; Aaron Bowen, AzSH; Ryan Hoffmeyer; Tiffany Williams; Yisel Sanchez, ADHS; Gavin McFarland- via telephone; Steve Dingle; Connie Belden; Levada Coker; Debra Taylor; Kathy Bashor; Joe Contreras	
Members Absent: Jim Gilcoatt; Kim Scherek;	
Next Meeting: Thursday, April 20	
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 January meeting minutes	Review of minutes for January meeting.	Laurie Goldstein makes a motion to accept minutes as presented. Jill Manahan seconds the motion, all members vote in favor.			
Conflict of Interest	None reported				
Public Comment	<p>Gavin McFarlan</p> <ul style="list-style-type: none"> • Transportation van missing seat • Add seat to allow additional people to be transported <p>Bradley</p> <ul style="list-style-type: none"> • Good dynamics on Sycamore • Patient issues held on individual basis per administration • Medical records (i.e., who can access, is it dependent on 				



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	<p>privileges)</p> <ul style="list-style-type: none"> • Beautician – male/female and diverse for all types of hair. <p>John Paul</p> <ul style="list-style-type: none"> • 4ys at ASH • Multiple doctors • Meds modifies by each Dr. • Would like to have same Dr. and continuity of care <p>Rodney</p> <ul style="list-style-type: none"> • Food committee –only one person to notify all patient • Rotating volunteer reps • Provide patients with food ingredients/content • Prefers no starch in food • Sandwich meats • Metallic taste in water 				



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Dr. Bowen Updates	<p>Patient Forum-Forensic system forum held within the last month. Forum held quarterly. Patients ask about allowing more than two participants from each unit. Hospital sees no issue with additional participants. Lots of patients engaged at the last meeting. Patient well prepared.</p> <p>Hair Dye- Ammonia based hair dye, part of hospital at one point. Dr. Dingle working with hospital staff to find a middle ground. Patients ask that information be disseminated throughout hospital. There is a salon on the hospital grounds but no staff to work. Hospital not opposed to having volunteers come in and dye patients hair. Dr. Dingle will email staff in regards to providing hair dye service. Dr. Bowen is open to having volunteers names sent to</p>				



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	<p>Ryan Hoffmeyer and working with him to make something happen.</p> <p>Bed Monitors- Vendor has gone through procurement. Waiting on clarification, once received a PO will be issued. Process could commence in a month.</p> <p>Mail- Changes made, mail picked up by one of two individuals, to eliminate extra steps. Committee suggests a written process by provided to all patients throughout the hospital. Hospital working on a system and its implementation.</p> <p>PA's- no additional information on more PA's.</p> <p>Internet- process moving along. IT, social work, rehab will all be meeting to go over policies and</p>				



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	<p>procedures. Equipment donated by AHCCCS. Cox contracted completed. IT working on monitoring process and possibility to expand.</p> <p>Pilot will commence in CRU for a month, should begin in a couple of weeks. Thereafter it will roll out in forensic and ACPTC.</p> <p>SKYPE also on the list, looking at capabilities.</p> <p>Patio Shade- project dependent on budget. Project on top of things to do. Hospital can take monetary donations.</p> <p>Q- If material was donated could the Hospital install?</p> <p>A- Monetary donations are more realistic.</p>				
SCC and Legality	Special Classification Committee, internal Arizona State hospital				



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	<p>committee. Main responsibility is to ensure the Hospital is not functioning illegally. Internal clinical process, advise CEO if Hospital will take official position before the PSRB. Committee doesn't provide report to PSRB, information is internal. Clinical process not required that patient attends, attendance is optional, and not attending does not affect levels or advancement. Not place or process for advocate discussion amongst clinical professional.</p> <p>Q- Can advocate be present? A- It could be problematic. Q- Can this be reconsidered? Committee just wanted to understand the process and limitations.</p>				
Decision letter Update	Letter sent out on February 3, 2016 to Patient. Copy will be delivered to				



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Visitations-Laurie overview	Civil Side Visit on Feb. 8 th <ul style="list-style-type: none"> • 2 out of 3 clients available • Clients asked about meds and or the purpose • Clients asked about treatment plans • Clients asked about staffing plans • Release plans unclear to clients • 1 client refuses to participate in extra activities • 1 client alleges disrespect-staff antagonistic, taunting • Guardians not involved • Money access • Client needs clear understanding of grievance process 	Sharon Ashcroft will draft a letter regarding money issues suggesting that Dr. Bowen follow up with DC for patient names.			
Annual Report	Committee provided draft copy of report. Committee will review report and provide feedback to				



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New Business/ Future Agenda items	Mail 9-11/1-3 Library Grievance Process Overview at Hospital- Sharon may wait since policy will change 7/2016 Peer Support HRC Expectations/Trainings				
Meeting Adjourn	Joe O’Cain makes a motion to adjourn the meeting. Jill Manahan seconds the motion, all members vote in favor.				