

Department of Health Services (DHS)  
Arizona State Hospital Independent Oversight Committee (IOC)  
Public Meeting Minutes  
Thursday, March 16, 2023 – 6:00pm to 7:30pm

## Call to Order

Meeting called to order by Committee Chair, Laurie Goldstein. The date is March 16, 2023 at 6:00pm. The meeting was held virtually through Google Meets with no physical address.

## Welcome and Introductions

Attendance in Person: None This meeting was virtual due to Public Health Emergency. Attendance by Google Meets unless otherwise noted:

- Laurie Goldstein - goldie (Chair)
- Chuck Goldstein
- Dee Putty - 520-\*\*\*-\*\*77
- Melissa Farling - 602-\*\*\*-\*\*37
- Kim Scherek - 480-\*\*\*-\*\*66
- Kay Kunes - Person 14

Absent:

- Natalie Trainor
- Alyce Klein
- Barbara Honiberg
- Ashley Oddo

AHCCCS: Fredreaka Graham

Arizona Department of Administration (ADOA): Lawrence Allen

ASH Administration: Michael Sheldon, Katharine Woods, MD and Lisa Wynn

## IOC: DHS/ASH IOC Meeting (2023-03-16 18:00 GMT-7) - Transcript

### Attendees

+1 480-\*\*\*-\*\*66, +1 520-\*\*\*-\*\*77, +1 602-\*\*\*-\*\*37, +1 602-\*\*\*-\*\*87, chuck goldstein, Fredreka Graham, goldie, Kate Woods, Lawrence Allen, Lisa Wynn, Melissa Farling, Michael Sheldon, Person 13, Person 14 (Kay Kunes)

### Transcript

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**goldie:** Welcome everyone to the Arizona State Hospital, Independent Oversight Committee for March 16th. It is now 6 pm and we have met Quorum. We have committee members Chuck, myself, Kim, Melissa and Kay. And I expect another to join shortly. Before we begin, does anyone have a disclosure of conflict of interest and if so please state, why? As we've been negligent and following up with that point?

**goldie:** I'm hearing no conflict of interest. Okay, last meeting review and approve. The meeting minutes. Did everyone have time to read over the meeting minutes that were sent out a few days after a meeting? Thanks to Larry's awesome program.

**goldie:** Was anyone able to read the minutes?

**+1 480-\*\*\*-\*\*66:** They were fine to me.

**goldie:** Okay. So, you deserve a motion.

**Person 14:** All right, I received a copy of the minutes and it was just basically a transcript of everything that we had spoken about in the last meeting.

**goldie:** Okay, so do I have a motion to approve the minutes as presented?

**Melissa Farling:** I'll move to approve the minutes as presented. This is Melissa.

**Chuck goldstein:** I will second.

**goldie:** Okay. Chuck. Okay. All in favor. I, okay, anyone opposed The minutes are approved. Okay. Any update from ADOA.

**Lawrence Allen:** The only update I had for you was the conflict of interest that you just touched on at the beginning of the meeting. I will be circulating a couple forms and I'll need the committee members to sign one as a disclosure consent. All new applicants will fill this form out moving forward. So, we have to backtrack a little bit and get existing members to sign this form as well.

**goldie:** Okay.

**Lawrence Allen:** Then the other piece of that is should there be a conflict to the agenda the committee will need to fill this conflict of interest form out and send that back to you and myself. And I need to keep that on file.

**goldie:** Okay.

**Lawrence Allen:** And at that point, they just need to recuse themselves from discussing and voting on that subject matter.

**goldie:** Okay.

**Lawrence Allen:** So, that was really the only thing we had recently gone through an audit and those are the pieces we were missing. The statutes that govern this are ARS 38-501 to 38-511. The statutes say the committee members are considered public officers. So, they fall within that statute and we have to comply with what the statute says, so. So any questions on that?

**Person 14:** This is Kay, can you deliver one to me?

**Lawrence Allen:** Yes, I'll make sure you'll get a copy of that, okay? And I'll be sending an email.

**Person 14:** Okay, thank you.

**goldie:** Okay. So, for example, if there's a member that has someone a relative in ASH, they would not be able to discuss or vote on that, on anything related to that person. And they'd have to fill out every time that anything was brought up about their relatives.

**Lawrence Allen:** Correct.

**Lawrence Allen:** Yes and if there's no conflict and there's no need to fill the form out.

**goldie:** Okay. Well, thank you and the only other thing I had from ADOA is that you did forward me a resume of gentleman that I. I've been on calls. Left, before I have. On his application. His own was his home phone. I did call, I left two messages on his home phone, and then I did email him and this agenda To let him know about the meeting but I have not heard anything.

**Lawrence Allen:** I have not heard anything either. I will be happy to follow back up with him. Send him an email to find out that there's continued interest.

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**goldie:** Okay. Yeah, I just thought it was odd that he asked them to apply and then radio silence but maybe he's out of town or something. I don't know.

**Lawrence Allen:** I agree. I will follow up with him and I'll let you know if I hear anything.

**goldie:** Okay, are there any IOC Chairs on the call?

**Lawrence Allen:** I don't see any other IOC chairs on the call. .

**goldie:** Okay. Thank you and review of any action items. We did.

**goldie:** I think we really didn't have any. Ongoing action items as the administration being on the call, answering everything timely. And I know there was one situation Where people said they weren't able to call in. I know my two followed up on that. And that wasn't the case.

**Michael Sheldon:** A yeah, Lori. That was one of your members that we thought maybe was unable to use the phone system, but that was not the case. So I think we're in good shape.

**goldie:** Okay, thank you. Anything else than any other committee members? Would like to bring it up.

**goldie:** Okay. Next was previous and ongoing discussions. The patient retaliation follow-up. I did get a decision letter today from AHCCCS and the investigation. So help correct me if I'm wrong but it looks to me. Like it was accessed that could not substantiate. The allegation, they reopened it. And they interviewed Alice and they interviewed others. Patients that were in the area at the time.

**Lisa Wynn:** This is Lisa, AHCCCS actually remanded it back to the State hospital. Their request was that we get some additional information and additional clarification. So access. Asked the state hospital to expand and clarify our investigation. So that decision letter now is at the request of AHCCCS that they still have not done a review that was our secondary review that results in that new decision letter.

**goldie:** Okay. And we don't have Alice on tonight. I know she thought about the meeting minutes as well, but the decision was I have a letter here. Give me a second. I have two monitors going and They went through quite a lengthy one. 10 pages of. Investigative notes talking to the ultimate all parties involved. Including the psychologist. Other patients and discussions with. With Alice. and at the end of the day,

**goldie:** their conclusion was based on the aforementioned allegations listed above their findings. There is not a preponderance of evidence to substantiate the grievance, therefore your rights, as an individual, receiving behavioral health services for personal illness, have not been violated and again if they should disagree and they file on appeal with AHCCCS in writing. So again, Alice got this letter and I'm sure the Person discussed in a letter also would have that decision letter.

**Lisa Wynn:** That's correct.

**goldie:** Okay, any other questions? I think that since Alice is here,...

**goldie:** I can put it on for next time. At all.

**goldie:** I'll put it on for next time. If she has a question or if she feels she wants to Ah, appeal, she could do that as well.

**goldie:** Okay, any final follow-up on the staff letter complaints that were sent in anonymously to? Or not really pseudo. Anonymously to Adoa regarding staff and treatment of certain patients.

00:10:00

**goldie:** Yes.

**Lisa Wynn:** I mean, an update from the hospital. Absolutely. So those allegations go to individual investigators within the state hospital and we're just like we did with that first one, that was on one of the civil units. We're talking to all of the staff members, not just the ones, kind of inferred or described that everybody on the unit. That cares, for those patients, we're talking to the patients and also other patients to try to see if we can identify any kind of Pattern or get any kind of indication or evidence. So that again, all three of those alleged anonymous allegations came from the same source.

**Lisa Wynn:** And we don't know the name of the source of course so we can't interview that person unless they're on the unit and being interviewed as part of the entire investigation, but we continue to review those allegations and they go through our quality review Committee for closure.

**goldie:** Any questions from the committee regarding Okay.

**goldie:** Okay, hearing none. ASH Administration update.

**Michael Sheldon:** Hi Lori. I don't have anything specific to discuss. I'm happy to answer any questions that you all may have. But I know, Dr. Woods wanted to speak real quick

**goldie:** Okay.

**Kate Woods:** Just wanted to let everyone know that Monday is my last day of CM all of the state hospital here in Arizona. I've taken an advancement position in another state continuing to work towards the betterment of care of the communities that we serve.

**goldie:** Thank you for that Dr. Woods

**Michael Sheldon:** Lori. I apologize. I do have one update. The committee members.

**Michael Sheldon:** Title. So I apologize. It's a human resources and clinical development plan. I believe that's what I call them. I may have that backwards that the hospital is developing pursuant to a A bill that was passed last year. So we have an online survey available. The link is available on the hospital's website and then it was also included in the email that you should have received. If you did not receive that, please feel free to let me know and I will get it over. I did speak to Larry about it to make sure that he emails that to everybody. And I also asked him to send that to all the other iocs across the state so that everybody has access to that link.

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**Michael Sheldon:** The survey will remain open until 5 o'clock pm on April 28th. And at that time, we'll begin, consolidating all of the input and using that to fill in the narrative for the plan that we are developing.

**goldie:** Thank you. I did take the survey.

**Michael Sheldon:** Yep. Okay, good.

**Chuck goldstein:** If I might ask, Is an item on the agenda.

**chuck goldstein:** somewhat ambiguous and the sequencing, some clarifications just transition to superior court, presentation court level status updates, you

**goldie:** Oh, that wasn't that wasn't this week. I mean, that's not. That was another Yeah.

**Chuck goldstein:** Okay.

**goldie:** Well, we could ask. How's that going?

**goldie:** Thus far, I know your hospital is now party to it. They just apply information,...

**Kate Woods:** The hospital's role is going smoothly.

**goldie:** Thank you. Okay, before I forget about this, the forms that are coming up,...

**goldie:** the civil form is April 14th at 10 am and the Civil Gym. That one I'll be in town. I'll attend. The forensic form is May 12th at 1 pm in the gym and I am going to my niece's graduation out of state. So I flew out that morning so I cannot attend that one.

00:15:00

**Melissa Farling:** Lori. Could you repeat the date for the forensic? I'm sorry.

**goldie:** May 12th at 1pm.

**Person 13:** Here.

**goldie:** So, if any members can join,...

**Person 13:** You.

**goldie:** that would be great.

**Person 14:** Okay, I'll be there.

**goldie:** Oh great. Okay, let's go on.

**goldie:** I do see Dee that you have joined.

**goldie:** You seem to be muted? Yes.

**Person 13:** Hear me. Yes, we had an opinion here. I'm Charles Edwards with Van Platinum and Van Platinum. I have a friend here.

**goldie:** When we go into public comment, you'll be able to talk. But at this point, you're not able to talk

**goldie:** Okay, so you may want to mute so you don't echo and then thank you. Thank you. Okay, let's go over.

**goldie:** So it's just not me speaking. Melissa, would you like to go over some virtual visits? I know Melissa Chuck. And I visited with Four people. We tried another person but they were out two times. We tried them.

**Melissa Farling:** You. Sure, you hear me, okay? Okay,...

**goldie:** Yes.

**Melissa Farling:** great. Okay, so yeah. So the first

**Melissa Farling:** The first patient was concerned. That there was a very large, there was a fight on the unit that they were on. And then they were. Moved to another unit. and, Was. Are a unit restricted to the unit. and had some concern about that as well as not being able to have

**Melissa Farling:** not being able to have like their MP3 player. And I guess some other things. I'm not sure about video and TV maybe and we just stuck to the room.

**Melissa Farling:** Or restricted. I should say to the room. there was also some concern about

**Melissa Farling:** Oh yes, there was an investigation. There was an alleged assault. By staff on this person and there were some logistical challenges. I'm going to say I know that like this patient, there were questions about proof of identity. There were just a lot of logistics to get the investigation to happen.

**Melissa Farling:** And so I know that that was an issue. let's say, and I think that, I think that they were going to fill out a Fill out a notice of claim and some other things. But not sure if that's gone forward or been resolved, I know that we asked if there was potentially a patient advocate that could help, Right, because the hospital typically helps to facilitate. Facilitate that process? so,

**Melissa Farling:** You know, hopefully that happened and Also, this patient, you know, this patient also said that they had tried to talk to administration but administration wasn't getting back again. This is just coming from the patient. Others, the good thing was other staff have tried to help, so that's a good thing.

**Melissa Farling:** Let's see. There was also some concern about this patient's medical appointments. Keep getting pushed.

**Melissa Farling:** They needed, I think, in this case, A hearing aid and it was pushed for like a year and a half. and there were some other, there was other medical attention that was required to So, there was, there was concern about that. At the, at the end of the discussion, you know, also kind of said, for the most part things were going kind of okay, but again, the restricting to the unit was an issue. and,

**Melissa Farling:** The big, the two big issues, really were the trying to resolve this proof of identity, and then the medical care. And the proof of identity again, was linked to the investigation.

**goldie:** I think it was that they wanted to get hold of adult protective services and they needed help. To get back with the investigator, and when they call adult protective services, they have no way to validate. They are who they say they are. So that's why they needed some assistance. I did reach out to the hospital. So I did communicate this on.

00:20:00

**goldie:** this issue with an Assault by alleged assault, by staff member, and being investigative. I have protective services and am not able to coordinate the medical care as well.

**Melissa Farling:** Okay good.

**Melissa Farling:** Okay. Yeah, the second patient was, you know we asked how they were doing, having ups and downs, they were thankful for kind of helping with some things with access so that that was good. See, there were some issues with See if I get this right, Lori. But in unconditional release, and, There was jurisdiction that was out of place like our local county still in Arizona.

**Melissa Farling:** And it seemed like there were some again, logistic there were, there were some problems with communication. I think between the treatment team, the county and the hospital.

**Melissa Farling:** And that this individual should have had. Should have, let me see if I can go to that. Just one second, The individual had asked for an interim release.

+1 480-\*\*\*-\*\*66: If?

**Melissa Farling:** From level one to level two or three and because there's no psrb, right?

**goldie:** Yes.

**Melissa Farling:** That action wasn't kind of moving. Action wasn't being taken, things weren't moving along, there was potentially some again alleged retaliation because there were some claims to help push some of this along.

**Michael Sheldon:** The Melissa. Is this an issue?

**Melissa Farling:** Yeah. Yeah.

**Michael Sheldon:** I don't detail obviously, but does this sound like the individuals? Lawyer is not filing with the core. Is that what's going on?



**Melissa Farling:** So now, it seemed like They had filed with the court and I think that the court actually said that they had no jurisdiction. I'm just,

**Kate Woods:** If it was filed before January 1st, the court would not have had jurisdiction because the Psrb still held jurisdiction despite having no quorum.

**goldie:** I think that was the situation.

**goldie:** And I think the,

**Kate Woods:** And the hospital has absolutely no ability or control over any event.

**goldie:** I think another aspect of the complaint is that the clinical team had and treatment team had given this person has I call it psychiatrist and team every indication that they were supportive. Of that. And then when it ended up coming down to it, then they said no they weren't supportive any longer.

**Kate Woods:** I'm not aware of any. requests that were Drastically different out of or out of the SEC approval compared...

**Melissa Farling:** Yeah.

**Kate Woods:** how they came in.

**Melissa Farling:** So a team so I have in my notes too. That the patient did also follow the appeals court since the PSA SRB is now not existing. An existence. So I'm not sure what. I mean, I'm just reporting. But what that what happened in, you know, interim.

**goldie:** Oh, I think the interim, no one, no one's. Levels got heard, I believe, right? Because there was no authority. To and correct me if I'm wrong. Dr. Woods or Michael or Lisa? No one had the authority since the Psra. Was still the entity in charge, but they could not meet quorum.

**Michael Sheldon:** That's accurate Lori.

**Lisa Wynn:** Lawrence. The only other update I can offer is that after you and I spoke Tara spoke to two forensic patients. Just to ensure that they knew that they could always call her and that she would always support them. And she did assist one of them in contacting both their lawyer and their county. But yeah, the challenge remains with the court system and the process for conditional release being outside of the hospital's control, but Tara is continuing to work with Dr. Woods' team and our legal team to make sure she just provides information. She, of course, doesn't provide legal support in any way, shape or form, but she does help connect our patients to the proper resources. When she's asked to

00:25:00

**Michael Sheldon:** And we have made sure that the various county public defenders information is posted on the units. So the patients have access to that if and when they need to reach out,

**goldie:** That's good. Thank you.

**Melissa Farling:** All right, thanks. Okay, the next patient. so, they were concerned that Because of a medical well because of an injury, I guess. They were having difficulty, I say sort of taking care of themselves, you know? Just Normal sort of hygiene things. And it was being treated in some ways. But surgery was being refused because of other medical conditions.

**Melissa Farling:** So, they were concerned about that.

**Melissa Farling:** there was some other other concern that

**Melissa Farling:** That. I guess that hot that no, sort of hygiene items or even like, condiment packets, could be in a room and, perhaps that led to That finding those in a room, perhaps led to no monthly special meals. That instant you know that there was an incident report that was written.

**Melissa Farling:** And trying to understand that. Even if the packets are like closed packets.

**Melissa Farling:** Also, I guess it took almost a year here. It says, 364 days to get medical attention in another way. To see a podiatrist this individual really needs to see a podiatrist Um, and Also, we had a discussion about some other types of counseling the individual might need because of some personal things that have happened recently.

**Melissa Farling:** I don't know if I should get any more specific than that Lori.

**goldie:** Mmm. No, I think that I did have a conversation on things that needed attention. The ones that wanted or said that, they were having ongoing issues getting medical appointments. I did communicate. To the hospital. Which patients were looking for? What type of appointment and To look into why they were so delayed.

**Kate Woods:** and not to speak to any particular, patient case, but we often have patients who will refuse to see refuse to go at the time of an appointment or will want to see one particular doctor when

**goldie:** Okay, thank you. That makes sense.

**Melissa Farling:** Thank you. And then the last patient was this individual . The first thing I talked about because obviously we were talking on the phone was that it's much easier to have these discussions. When we can at least see each other, whether that's in person or perhaps we can even set up some kind of like Google needs or something like this right where we could. If we had our cameras to see each other Even if it's virtual. So that was one recommendation or and and

**Melissa Farling:** And request. Yeah.

**goldie:** Okay.

**Melissa Farling:** That's great. Okay, as an individual I was also very concerned about the physical environment.

**Melissa Farling:** You know, the aspects that sort of control the day, you know, talk a lot about the The light. He's the, They use the terms pollution, but I'll just say like what, you know, the qualities of light and noise in the air with a lot of people around, it can definitely be like an echo chamber. It's not a lot of opportunity for resting.

00:30:00

**Melissa Farling:** You know, can the design help to solve some of these problems there were some concerns about, you know, being outside enough and having access to outside enough You know what sort of asking to like what are the best practices? How do you get the least restrictive environment? And I definitely had a feeling that that environment wasn't, you know, as supportive and rehabilitative as it could be, that environment. Should not add stressors, right? But it should remove them again. This is just These were concerns that they were. That they were conveying to us.

**goldie:** I think they also emphasized the amount of patio time and I'm not sure about this. Patient, whether their unit has a patio or...

**Melissa Farling:** Mm-hmm.

**goldie:** No. Because I know some of the units and crack me if I'm wrong but I think it's a unit where the patients maybe. at a higher level, and they may be wearing monitoring Basically, they get more time out anyway. I'm not sure.

**Michael Sheldon:** Yeah, no, you're you're correct Lori of this. Sounds like a forensic campus situation and the unit that you're referring to does have no patio, but it has the Individuals who do have for the most part, the individuals on that unit have the rights and privileges to go on outings.

**Melissa Farling:** And that was all I had.

**goldie:** That's, I think they had a lot of questions that they know Melissa's an architect on. Just design questions.

**goldie:** They wanted to know why the fire door couldn't be left open. So that's it. Outside. Air could get in. I said, I don't know, a specter, but I don't know if you're allowed to Appleton fire doors, a piece of purpose of a fire door. I think But yeah.

**Michael Sheldon:** That's correct.

**goldie:** I mean, a lot of questions about the environment and what could be modified or not,

**goldie:** so, they'd love to hear more and whenever you have time Melissa, if you want to Give a little presentation on. Colors design sound. Natural stuff in a. Built environment. It'd be great to learn.

**Melissa Farling:** Sure.

**Michael Sheldon:** Um, actually Lori. If you don't mind Melissa, if you have not yet done so, that would be good feedback for us to get in that survey that I mentioned earlier.

**Melissa Farling:** Okay, great. Yeah, I just pulled up the link.

**Michael Sheldon:** Okay, perfect.

**goldie:** Okay, now we're to the point, we're gonna go over Some instant an accident, reports the assault, perpetrators generally a number of assaults whether it's on a staff run peer. Pretend to be.

**goldie:** conducted, or A few individuals contribute to the majority of the instance. And The salt perpetrator chart showed that again.

**goldie:** Um, let's go on to the first one and it's ash 2023, old 470 and it was a patient threatening other patients. And there was some contact, which I found interesting. And this was during the Quality Management Review, the video was reviewed and it said information sent to appropriate personnel for further review. So to me, that tells me that maybe there's a teachable moment or finding something that could be done differently. With the staff or what the environment. so, I took that as a positive note that

**goldie:** That was flagged for further evaluation.

**goldie:** Now, this next one was on grounds of law enforcement and...

**+1 602-\*\*\*-\*\*\*37:** You.

**goldie:** it was Ash, twenty, twenty three. Oh five, two two, and It talks about an officer coming on unit to an interview, a patient and they were gonna file. The salt charges against a staff member on this particular unit. but looking at, Looking at the report it seems like it's not that typical.

00:35:00

**+1 602-\*\*\*-\*\*\*37:** If?

**goldie:** What? When I think of staff assault this, there was a basketball game going on with patients. On the patio there was some kind of collision between patients as they were walking by a staff member. Which resulted in? Some. Minor redness. But it looks like there was no further action. Take it even by the police, and they did see the incident on video. The video worked But that was unusual. Kind of out of the blue. The next one is ash 2023 or 5 7 5. And this one was a significant physical change.

**goldie:** A patient was eating red vines and they were choking becoming non-responsive and staff intervened and they were able to Pull out three long. you know, red vines and prevent the person from choking which,

**goldie:** And they took away the remainder, but I'm not sure what you guys do. If someone has an instant like this, can they not get long? Red vines? Again, will they get like me the short little Red licorice that are in bite size or something instead of yeah.

**goldie:** Yeah.

**Michael Sheldon:** K and buying whatever they want and you know um But in this case specifically we did reach out to the vendor who does the vending machines and asked them to remove this specific product from the machines moving forward because of the potential choking hazard that they do present. I don't know if they had an alternative to present at the time, but I can follow up with our chief operating officer to find out if they're, if they were able to or if they are able to put in those little bite-sized ones that you recommended.

**goldie:** Yeah.

**Lisa Wynn:** Lori. I can also share that the quality team has been working with all the disciplines, and we're just finishing, a proactive risk assessment on choking is, We've had some instances both on the civil and the forensic side of choking. So we're looking at what risks we can remove and what we can do on the front end with the way patients are evaluated with the way specialized orders are written and monitored and ensured they get to the unit. So we've done some pretty comprehensive work and found some good action steps. We can take just from a preventive standpoint with choking in general.

**goldie:** That sounds good. I mean, It's always good to have that information beforehand. Choke all the time in or out of the hospital.

**goldie:** Any new business. I mean, I was hoping that we would be able to talk about our new person that wanted to Participate in the IOC, but I'm not sure if they're on. Or not, we'll know in public comment.

**goldie:** Committee members any other new business. I know D is on, but she said she's unable to unmute and she has called in

**Melissa Farling:** Yeah, I didn't know if she could. I just texted her if she could. Put anything in the chat if that would be helpful for her. Yeah.

**goldie:** Yeah.

**Lawrence Allen:** Dee if you can hear me, she can try doing Star 6 on her phone and that will unmute you.

**Person 14:** Hi. This is Kay, I have a couple of patients that have reached out to me that I would like to go in an executive session so that we can just discuss if you need phone calls.

**goldie:** Okay.

**goldie:** Any other new business? D, Were you able to try the pound sex?

**+1 602-\*\*\*-\*\*37:** It looks like she texts she still can't get on.

00:40:00

**goldie:** Well, welcome Barb.

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+1 602-\*\*\*-\*\*\*37: Thank...

+1 520-\*\*\*-\*\*\*77: Can you hear me?

goldie: No.

+1 602-\*\*\*-\*\*\*37: Yeah. Oh She?

+1 520-\*\*\*-\*\*\*77: Oh, there I am. Can you guys hear me?

goldie: Yes.

+1 602-\*\*\*-\*\*\*37: Oh, yes, yes.

+1 520-\*\*\*-\*\*\*77: I've been from the inside, I tried the entire meeting and I even called back in and like that's the first time, so yeah, I don't even know what to say now. Sorry guys, I was trying to but I couldn't.

goldie: Okay. Anything else, any new business, any comments before we go to public comment and then executive session?

goldie: Okay, with no other new business, I can open it up for public comment and just for time, shake anyone that can Speak. Let us know if you want. Your name recorded in the minutes otherwise we'll redact out and we'll put a timer for three minutes to give each person time.

goldie: So who would like to speak?

Person 14: Okay, yes, you got Rodney W. Rodney Woodville from Segoo, I'd like my name and in the public comments. Okay. I just have a couple issues.

goldie: Okay.

Person 14: one thing I just want to mention is a federal law states that we're supposed to have a HRC and they abolished a HRC sometime back could this committee checked into that and see if we have a human Rights Committee other than that,

Person 14: I've been suffering from just. A harassment from one particular staff member and I put in multiple. Here.

goldie: One. Okay, one. As far as comments, try to make it general and not specific.

Person 14: That I didn't, I'm not named one particular staff.

goldie: You're specific, okay.

**Person 14:** harassment and it's basically about food issue units, it's about eating, consuming foods or disposing of foods within a certain time limit. Now this staff calls me out on let's say like it's lunchtime five minutes after 12. She's saying "You have to eat that now or you have to eat that and a half an hour" and the unit guidelines state specific times that lenses from 12 to 12:30 years and 55 5:30. And that this food is to be disposed of half hour after these meal times and

**Person 14:** And they won't stick to that. And when I brought that box, she kept asking me about that and saying You got even now you got either the 20 minutes. When it's only 5 after 12 or 5 after 5. And so I complained to the Pnss here, the nurse and the nurse and the cyberologist and a social worker. Sat me in here, we talked with the staff and I was basically threatened with Well we're gonna stick if we're gonna stick to policy then we're gonna be posing the dorms it. So they basically threaten me with retaliation and refuse to respect my needs or preferences which is federal law, if they have to respect my knees and preferences. Anyway, thank you. That's all.

**goldie:** Thank you.

**goldie:** Do we have any other public members that would like to speak?

**goldie:** Trying to give everyone enough time to get off of mute if you're muted.

**Person 14:** that shelf, Hey, I'm Michelle Halstead And my issue is. The phone time.

**Person 14:** not just myself but other patients as well have Family members or friends that they can only talk to at a certain time of day. And we have, and They can't, they can't reach their family members friends before.

**Person 14:** Weekend. So we, you know, the performance time me off one is three o'clock.

**Person 14:** That creates quite a problem for being able to raise people with these numbers. If we could do away with that gap that Would be greatly appreciated. Thank you.

00:45:00

**goldie:** Okay.

**goldie:** Do we have any others? I would like to speak.

**goldie:** Okay, giving you a moment to try to unmute if you're muted.

**goldie:** okay, before we adjourn to executive session, anything else from committee members,

**goldie:** And do I have a motion to adjourn to executive session?

**Chuck goldstein:** Motion to Adjourn to Executive Session.

**goldie:** So, I have a second.

# ARIZONA

INDEPENDENT OVERSIGHT  
COMMITTEE

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+1 602-\*\*\*-\*\*37: A second. Second.

goldie: Okay, all in favor.

Chuck goldstein: All right.

goldie: And I want to post. okay, so we will now

goldie: Everyone can drop off. Thank you guys. Thanks to the administration and patients for calling in.

Michael Sheldon: Thanks Lori.

Lisa Wynn: Thank you, good night

Michael Sheldon: Everybody have a great night.

goldie: You too