

# ARIZONA

INDEPENDENT OVERSIGHT  
COMMITTEE

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Department of Health Services (DHS)  
Arizona State Hospital Independent Oversight Committee (IOC)  
Public Meeting Minutes  
Thursday, April 20, 2023 – 6:00pm to 7:30pm

## Call to Order

Meeting called to order by Committee Chair, Laurie Goldstein. The date is April 20, 2023 at 6:00pm. The meeting was held virtually through Google Meets with no physical address.

## Welcome and Introductions

Attendance by Google Meets unless otherwise noted:

- Laurie Goldstein - goldie (Chair)
- Chuck Goldstein
- Dee Putty - 520-\*\*\*-\*\*\*77
- Melissa Farling
- Kim Scherek - 480-\*\*\*-\*\*\*66
- Kay Kunes - Person 13
- Ashley Oddo 602-\*\*\*-\*\*\*18
- Barbara Honiberg 602-\*\*\*-\*\*\*37

Absent:

- Natalie Trainor
- Alyce Klein
- Kim Scherek

AHCCCS: Fredreaka Graham

Arizona Department of Administration (ADOA): Lawrence Allen

ASH Administration: Michael Sheldon, Terra Morgan (602-\*\*\*-\*\*\*40) and Lisa Wynn

## IOC: DHS/ASH IOC Meeting (2023-04-20 18:09 GMT-7) - Transcript

### Attendees

+1 480-\*\*\*-\*\*86, +1 520-\*\*\*-\*\*77, +1 602-\*\*\*-\*\*18, +1 602-\*\*\*-\*\*31, +1 602-\*\*\*-\*\*37, +1 602-\*\*\*-\*\*40, Fredreka Graham, goldie, Lawrence Allen, Lisa Wynn, Melissa Farling, Michael Sheldon, Person 13

### Transcript

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**goldie:** Okay. Welcome everyone to the Arizona State Hospital, Independent Oversight Committee and welcome to does anyone have any disclosure of conflict of interest?

+1 520-\*\*\*-\*\*77: This is Dee and yes I do. .

**goldie:** Okay. Thank you D and your recruit recuse yourself for any discussions where that would come into play. Thank you. Okay. Did everyone have a chance to look at the last meeting minutes?

**goldie:** Okay, can I get a motion?

**Melissa Farling:** one quick comment, I don't know that it matters but this is Melissa. My fault. The phone number attributed to my name isn't correct.

**Melissa Farling:** So I'm not sure if that's recording oddly.

**goldie:** Okay.

**Melissa Farling:** other than that, Yeah.

**Lawrence Allen:** Melissa. This is Larry, I'll take a look at that for you and make sure that the number is correct.

**Melissa Farling:** Okay, other than that, I would make a motion to approve a minute.

**goldie:** Second.

+1 602-\*\*\*-\*\*37: 5, Second.

**goldie:** All in favor. okay, so moved Okay, any updates from ADOA.

**Lawrence Allen:** Good evening, I received the conflict of interest from today Dee before the meeting, so thank you very much.

**Lawrence Allen:** The other item that we're going to be doing regarding the conflict would be the annual conflict of disclosure form. The committee members have to do it yearly. So I will send that out to the group tomorrow for signature. Unfortunately it's not a docusign document. You have to print it and sign it and scan it back to me or take a picture of it and with your phone and send it to me that way. However you want to do it. It's fine. I just need a copy of it. I've gotta keep that on file for the future inspections and future audits.

**Lawrence Allen:** Other than that, that's all I have.

**goldie:** Do we have any updates for any other IOC?

**goldie:** Okay. Hearing none.

**Lawrence Allen:** I don't see any other IOCs on the call

**goldie:** Now the review of any action items with administration attending.

**goldie:** We are resolving our action items during the meeting.

**goldie:** So we don't have anything to follow up on previous discussion,...which was the patient retaliation that we were waiting for Alice to be present and she had to work tonight. So, we'll present that at a time when we know she's going to be at the meeting. Do we have an update on the staff letter, complaints and the follow-up? I know there were some investigations going on regarding these anonymous staff complaints on patient treatment.

**Michael Sheldon:** I don't have any additional follow-up Lori from what was presented. Last time we did have the matter investigated by our HR team, it was also looked at by adult Protective Services state licensing took a look at it and everyone involved found the matter to be unsubstantiated. So at this time we're kind of at a standstill about what the issue is.

**goldie:** Okay. So the named patients that were in there or the descriptions where they asked if any of this was true.

**Michael Sheldon:** Yes Lori. They were all interviewed by the parties that I just mentioned.

**goldie:** Oh, okay.

**goldie:** Well, thank you, thanks for the update.

**Michael Sheldon:** Yep. Not a problem.

**goldie:** Okay. Ash Administration. Do you have any updates for us?

**Michael Sheldon:** If you all have any questions, I'll try my best to answer them but we have potentially identified a new chief medical officer. We are currently in the process of negotiating with the hiring packet, it looks like the individual. If everything goes as planned, we need to go through credentialing and all of those background checks, and everything. But it looks like the individual could start as early as May 30th. It's an individual who currently works out of state and is relocating to Phoenix. So it looks like we lucked out in this situation but I will keep you all posted moving forward on that.

00:05:00

**goldie:** That's great news.

**goldie:** So we can listen to someone else speak, you guys want to report on the virtual visits? I know. Melissa, you and I did some and then I think d and Alice. And someone else did some.

+1 520-\*\*\*-\*\*\*77: But I don't have my notes, so I'm sorry.

+1 602-\*\*\*-\*\*\*37: Oh okay. So the first one was \*\*\*\* on \*\*\*\*\*.

**goldie:** Please don't mention names or units please.

+1 602-\*\*\*-\*\*\*37: Oh, I thought we just couldn't mention last name, so I apologize.

+1 602-\*\*\*-\*\*\*37: The patient wanted more free time, he said that they only get from 11 to 11:45 at the mall. They all need more free time and we talked about covid and the lockdowns, or no mass no procedures, they couldn't even open a door, so they got no fresh air, then \*\*\* comes on the unit and gets them 45 minutes 2 times a day, but they still couldn't narrow out the unit and they're all sharing the same unit. so that they all got more so they were released to go outside for a week and a half, then they all got norovirus and they were back inside. So there's a lot of stress,...not being able to go outside again, this patient is known for needing to be outside. That's part of this treatment and distress amounts a lot. He couldn't sleep for three to four days. Didn't say anything because he was afraid of being punished. And then he wound up ripping off his ankle monitor...because he couldn't stand not going out anymore. The team came in, trying to help and he also said he was taking a med that he hadn't taken for 4 years, but he was but he told Dr. Patel that he hadn't asked for it. He was given a milligram of Ativan that knocked him out for 12 hours, so then that gave them a reset. Okay, so he's basically a holistic person who looks at things that way and he wants to make things environmentally kind of correct with electromagnetic fields.

+1 602-\*\*\*-\*\*\*37: There are stressors there with things in the environment. He said they're all disconnected from each other and that if you don't know the rules, you're being punished and he wants to go over Smi. He wants to protest legally through the courts,...he's on a journey of self improvement.and he does, go get some art and he said, All of us, the parents and the patients want the same thing. Weren't for the patients. For you know what they want? That's what can be done And D commented about. We're

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trying to do something through the legal system and then Dee I'm not sure it has a grievance. Did you tell him to file a grievance or About all the.

+1 520-\*\*\*-\*\*77: Don't think so, yeah. Yeah, I don't think I did that.

+1 602-\*\*\*-\*\*40: Okay.

+1 520-\*\*\*-\*\*77: I don't recall.

+1 602-\*\*\*-\*\*37: Okay. all right, and then don't you tell them that, things wouldn't change until they take things into their own hands as a group, he basically stated that Dr. Woods was being kicked out and that a patient's mom went to the media. He wants to start a gofundme to Allocate funds for the things that they need like, Art art stuff. And you know when you need I think that's it for this patient.

**goldie:** It sounds like a person, who Melissa and I talked to last month that has a lot of Ideas about the environment and...

+1 602-\*\*\*-\*\*40: Community.

**goldie:** also have ideas about wanting to have the door open,...

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

+1 602-\*\*\*-\*\*40: Carefully. All right.

**goldie:** it's a priority. So, you know, I think we tried to follow up or suggest that it may not be legal to have a door propped open in a secure environment. But I think Melissa had some ideas. We're Melissa, and no we were talking about possibly. maybe sharing some ideas of some things that may be easy to do versus, some of these things are structural. Probably not possible in a very existing environment.

**Melissa Farling:** Yeah, that's that's accurate Lori. It's in some ways. It's a little hard for me to assess without having, you know, a current kind of you know the current existing plans

**Melissa Farling:** So we can talk about that more. Maybe there's a way that we can look at that in more detail.

**Michael Sheldon:** Is it okay, if I comment real quick on this? So just for the record we haven't had any kind of covid or norovirus outbreak at the hospital for several months now. And I don't even know if we've had one in this calendar year. And I know just kind of the individual that we're speaking about right now, This person has been moved to a different unit that does have a patio so they do now have access to the outdoor area.

+1 602-\*\*\*-\*\*37: I'm sorry. Just so he does now since he was moved.

**Michael Sheldon:** Either that yeah, that's correct formerly. He was in one of the two units that does not have a patio.

+1 602-\*\*\*-\*\*37: Okay, thank you.

**Michael Sheldon:** You're very welcome.

**+1 602-\*\*\*-\*\*37:** Let's see what we're talking about. The new CEO. He has a couple of projects he wants to talk about one of the first he mentioned was the gym space is not being used. And he would like it to be used.

**+1 602-\*\*\*-\*\*37:** Another one is. The hood and the exhaust fan. Well the hood and the flute are working so they can't be used. The hood because there's no exhaust fan. He wants more action and they want to cook, they want to be able to go in and cook. He wants more action to get more Internet services. And he talked about the fissures and cracks in the gym. They've Covered half of the fissures. But it. Next, he was going back and forth about the gym and then in the course of the North end of the gym, the west facing wall inside. The occupancy is 351 And you watch the northwest. Quadrant of the gym to be used. Um, He was talking to a Phoenix fire. Marshal signed up paying.

**+1 602-\*\*\*-\*\*37:** She's a new CEO. I'm asking that.

**Michael Sheldon:** Oh yeah, that's correct. Shadow replaced me as CEO.

**+1 602-\*\*\*-\*\*37:** Okay, she does not want to expand the gym and said, There's no funds to do that. And they purchased a greenhouse for a while and the hospital refused to put it up. He also wants Misters outside or six patios 4 patios have sales, but he wants misters for six patios and that's all I got on this particular patient.

**Michael Sheldon:** If it's okay, I'll comment on that real quick if you don't mind.

00:15:00

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

**Michael Sheldon:** Okay, so if I forget something feel free to jump in and remind me and I'll try to comment on it. So obviously the issue with the gem is expanding the gym would be a significant capital investment. Seven figures, minimum the budget does not exist for that unfortunately. So there's not much we can do as far as that's concerned. The issue with the stove is not specific to the hood not working the issue. Is that when the hospital was constructed, that room was not built in a way that is up to fire code, to be able to cook with any kind of food items that require grease. So that's why they really can't cook like bacon or any kind of thing like that that would have a potential exposure for a fire. Um we are looking at the potential for retrofitting that room to add the proper fire controls in place so it is up the code. So that they could expand the teaching options. The last thing I heard is that Shanda and I are waiting for our contractor to give us a quote for what that may cost. And then we would put that into this year's capital improvement plan that we had to submit to ADOA every year for building upgrades to our facilities.

**Michael Sheldon:** But again, I don't know how that could be over a hundred thousand dollars at this point. I just don't know the next point about the misters we've had this conversation before, unfortunately, we're not able to install those because having any kind of system that is an aerosol generating system is technically an infection control situation with the Joint Commission. So we could have a potential exposure situation...

**Michael Sheldon:** if we have a missing system installed. So that's why we can't go down that road. The greenhouse. I know there was an issue so the individual you spoke to is partially correct. We're not refusing to set up the greenhouse. However, the issue that we ran into was the cost to run the electrical components and the lines to the greenhouse in order to install the I guess it'd be a swamp cooler to keep the plants cool in the summertime.

**Michael Sheldon:** So that's also something that we're trying to get the quotes for as well. I don't know if just logically or structurally that's going to be possible the way the campus was designed as far as we are able to crunch underground and run those lines. I don't want to, I don't want to run the risk of us potentially hitting some other kind of water line or, you know, whatever like that but that's definitely on our radar. That's been the hindrance though for us doing that specific project. Was there anything else that he said that I missed out on.

**+1 602-\*\*\*-\*\*\*37:** Now. That's, that's pretty much just the stuff in the gym.

**Michael Sheldon:** Yeah, so that was brought up to us several years ago. And we did have to deal with the wave of building inspectors coming in and certifying that the building is structurally sound. And those and those, the cracks are just superficial, it's just concrete settling.

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

**goldie:** Thank you for the feedback.

**Michael Sheldon:** No problem.

**+1 602-\*\*\*-\*\*\*37:** What about? Getting use of the north facing wall in the north, in the north end of the gym. Facing. I guess the West facing wall. Isn't it being used?

**Michael Sheldon:** I guess I will need more details on that. To my knowledge, there's no portion of the gym that cannot be used. I don't know why they want us to do something different to that wall. But the entire gym is open access. They can, they can use any part of the job.

**+1 602-\*\*\*-\*\*\*37:** Okay, he said that the northwest crop. Quadrant couldn't be used. That's what I heard.

**Michael Sheldon:** The Northwest wall, I'll need to look, I'll need to go over there tomorrow and take a look at it. I don't know exactly what the references to

00:20:00

**+1 602-\*\*\*-\*\*\*37:** The patient does have some staffing today and he has been to core orthopedics at Valley Wise, they've recommended Toradol, I believe for shoulder issues and then on April 3rd. Dr. Maria took away his Toradol but Alice said, It can only be taken in small doses and not often. His Epsom salts and her seat have disappeared. I think he's been referred to by Dr. Maria to the pain clinic. He doesn't want to be on opiates anymore. He wants to be on Methadone instead. He complained that when his mother passed away in June of, I think 22 they never offered him grief therapy, even though he asked for it,

**+1 602-\*\*\*-\*\*\*37:** Let's see, \*\*\*\* Who took over the unit said,

**goldie:** All right, let's not bring names up.

**+1 602-\*\*\*-\*\*\*37:** Sorry I forgot someone who took over. The unit said that the patient had asked for fentanyl to kill himself. That he said that's not true. It feels like someone is trying to set him up or tell him he's still waiting for his CPAP after three years and only gets two to three hours of sleep a night. and he asked a question for another patient, who's doing all the things he's supposed to be, but behaviorally and he was told to get a, get a job for sick, six months because he needs money and that was pulled. and he did write a statement about them and the investigator said, distorted what he was writing and he said, Get rid of the recorders, the audio but at a second person who could collaborate what was being said.

**+1 602-\*\*\*-\*\*\*37:** And then he said Yeah, right next. Patient. I actually didn't take a lot of notes because Alice is very familiar with him and they kind of had a back and forth history because it hits a conversation because they had history. What I did get was a copy of what we were going to get, a copy of what he sent or Alice was to get what he said to access. So we could see it. And now it's a quote to them about retaliation. So I am the result. Talk about the retaliation and people, patients, can't connect or contact their lawyers. Without retaliation, there's a human rights violation and that and this is Alice talking that they can't be living like that this way. The patient also submitted a second appeal, so it has a total of three appeals for grievances including another with access and he sent a rebuttal to them. Um, item by item to their response and that's what I have. And Alice has a lot more on him.

**Melissa Farling:** Sure. Yeah sure. So the first patient, As part of an investigation that's ongoing, There's a complaint about some abuse and a technician. And it's, you know, there's some concern because the reporting is supposed to be mandatory and supposed to be reported to adult protection services. The patient was told by the investigator to more or less reduce the list of complaints to like a statement size. They met with the investigator and the patient was told. It's that you're alone with this and nobody's going to help you. And that the patient was paraphrasing what they had heard.

00:25:00

**Melissa Farling:** See the patient talked about the grievance forms being reformatted. And at the top of the page, I guess it says. So it says grievance at the top of the page and then you're supposed to describe it. and it says, I guess it says something. I guess this was negative in some way because it says, since you filed a complaint and so there was I'll go ahead with somebody saying something. There was concern that every patient has the right to voice agreement, then, and the patient was citing a chapter in the



administration code, I said that again. This is what they're saying. They read, if not SMI, cannot file a grievance, but then they said the Federal Federal law states significant and not serious. Seriously mentally ill but significant. So there's some confusion there. I think. I don't know if you have anything to add to that Lori, but I'm gonna go ahead.

**Lisa Wynn:** This is Lisa, can I just offer a little bit of information? We have a complete and grievance form that we make available to our patients and they have a box. They can put it in anonymously and we collect those daily. We don't really distinguish between what we don't expect our patients to know legally. What is a complaint or grievance? The biggest difference is there's a further appeal process with a grievance for patients, who are legally designated as seriously mentally ill. But all of our patients can file complaints and some allegations rise to the level of grievance. But the office of complaints, grievance, and appeals, kind of parses that out. It's not up to our patients to make that distinction and they don't have to use the form. They can call the office of complaints grievous and appeals. They can talk to terra or they can just use any piece of paper. We we process all of them the same

**goldie:** Okay.

**Melissa Farling:** Thank you. So this The second half of the discussion with this same patient had to do with sorry challenges though with the patient advocate and this just had to do with making copies and I think the patient felt so I think the patient was you know, maybe this was miscommunication or something, but you know the patient. Had asked for x amount of copies. felt like they didn't get the number, you know, didn't get back what they had asked for and then also

**Melissa Farling:** felt like, you know, They were supposed to meet at a certain time and a patient advocate wasn't necessarily showing up at the time that they thought that they were supposed to be showing up. So they felt challenged there.

**Melissa Farling:** And then a couple of other things had to do with refusal to provide palatable bottled water. Because this patient doesn't drink tap water. And I think that's it for this just to clarify, too. I guess in case anyone didn't know this, this particular patient didn't realize that the IOC is the HR state. So,

**Melissa Farling:** So now they know that. That's all I had on that patient.

**Melissa Farling:** And then the second patient, there was, there is, I would also say some confusion around risk assessments. After 120 days, And that if you're not a risk, right? That you could be released

**Melissa Farling:** And then understanding how that risk is assessed. and making sure that if there is a risk, you know, if some level of risk, like, moderate risk,...

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

**Melissa Farling:** or whatever, is the outcome of the assessment, understanding, exactly what and why those risks are being listed.

**Melissa Farling:** you know, and making sure that the treatment understanding, you know, again, also, who is saying, that the person is a risk, you know, if it's the treatment team or the doctor,

**Melissa Farling:** Also, talking about the housekeeping, hasn't been very good. See.

**Melissa Farling:** oh, there was another time where they were playing. I guess there used to be a time. When more staff was there, I guess that they were able to play poker? But that got shut down and I was wondering. Why? Because that was a good activity. Heard that higher-ups had said that that's just not allowed. But now, there's not too much outside time.

**Melissa Farling:** I think that's all I have.

**Michael Sheldon:** So on that one to the best of my knowledge I know I can speak for myself. I've never said anything about them not being able to play cards or poker on the units. In fact, I've gone on rounds multiple times recently where the patients and the staff were playing cards together so I'm not entirely sure what's going on there but there's been no directive from the administration that that's not permissible.

**Person 13:** Not. So that complaint was actually filed by Mike. This is Kay on sago. What one of my texts um the lead tech would actually take us out one to five from each unit.

**Michael Sheldon:** Oh, okay.

**Person 13:** Every unit got to participate. So we gotta play like kind of a multi-unit. Poker game on Saturdays at 10 am and that got shut down per administration. At least that's my understanding.

**Michael Sheldon:** One of those stops K. I'm this is a person I'm hearing about this. I apologize. One of the times when that takes place.

**Person 13:** um, If it was happening Saturdays at 10 am.

**Michael Sheldon:** Was it recently?

**Person 13:** It wasn't during normal rehab, programming time. It was unit based. Unit, based tech ran basically group kind of and and I would I've heard that a certain a different text opinion filed a complaint and said that, you know, she didn't have the staff to let her unit out. And so it caused some kind of issue. And so, the loss I heard from my tech was that the Upper Administration administration said that they couldn't have this anymore.

**Michael Sheldon:** Okay, well I'll look at it a little bit further. Okay, if I...

**Person 13:** but,

**Michael Sheldon:** If I cannot do my best to swing by tomorrow and catch up with you to get more details.

**Person 13:** Okay, that's fine. Thank you.

**Michael Sheldon:** yep

**goldie:** I think another issue that was raised, I think in the form that I missed that a lot of patients on the forensic unit had communicated that they felt that during their change of plea during their gei change of plea, that a lot of

**goldie:** I thought it was communicated that they thought that they would be able to if they were pretty stable. Come into Ash, spend a short time and then get out. And I clarified with

**goldie:** A judge. anytime there's a change of plea, the judges particularly make a point of saying if any attorney or anyone promises you anything other than this and they read it out, please speak up now.

**goldie:** And you can always request transcripts from your trial. If you think you were promised, something that is not being adhered to is different than your plea. I think since that point, I heard that. The. The issue was in the GEI. GI UTI Statutes title 13 13 92 3993, 399 4 that. Something states that if you're in stable remission, that you can be released from the community. So I think there's some confusion. It would be helpful maybe if we had an educational session. where, We could have the statutes.

**goldie:** Discussed. And, and the differences between the statutes and then the level system that is in place at ash

**Michael Sheldon:** Of Lawrie are you asking to have that take place in this forum or in a different forum? And the reason I say that is I don't believe it's appropriate for the hospital to provide legal guidance to the patients. So that will be my concern there.

**goldie:** Now. I think we could ask, we could probably ask other lawyers to talk about those statutes and what they I just wonder what do they actually say versus?

**Michael Sheldon:** Okay.

**goldie:** You know that I'm just asking for clarity.

**Michael Sheldon:** Okay. No, it's a you know, it's a different world that we're operating in now. Post January 1st with the statute change, so I don't know if that would be something exactly who would be able to give that kind of guidance. I think it's still open to interpretation quite honestly, that's such a new process.

00:35:00

**goldie:** well, I just want to ask this far as what, I know from my training for my recent explorations and forensics ecology. I thought and maybe this is a gross generalization that if you were a judge be guilty of accepting the saying. That you had to serve the same length of time. In an inpatient environment that you would have otherwise served in prison. I thought that was a. General Statement. Now, I don't know how. Statutory law has affected that if it has mitigated that some way sitting at, you know, sort of like, if you're

**goldie:** found to be not insane in the inpatient environment that you can be released. Earlier. Do you have any knowledge about that? Because that was my channel idea.

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**Michael Sheldon:** Yeah, Dr. Goldstein I am in agreement with your interpretation in Arizona. The guilty acceptance of statutory language is essentially what's referred to as an affirmative defense. Meaning that in Arizona, you have to plead guilty, acceptance sane, you're affirming that you committed the act, but your mental illness, played an extenuating factor in the crime being committed and along with that plea, you're essentially quote, unquote, sentenced to the state hospital for a length of time, concurrent to what it would be, had you gone to the Department of Corrections, of course. And then that's when the statutes that, um, Lori just reference kind of come into play about, the superior port, the Superior Court, getting involved and doing reviews and having the ability to release a forensic patient from the state hospital.

**Michael Sheldon:** Descends exploration. Because the core determined their under stable remission, they no longer oppose a threat to the community. Of course, these are elected judges. So we're going to see how they kind of interpret the statue and how much risk they wanna take. But that's, but my understanding, I'm in agreement with the way you're interpreting the law. And again, I'm not a lawyer, but that's the way I also read this.

**goldie:** Thank you.

**+1 602-\*\*\*-\*\*18:** This is Ashley and...

**+1 602-\*\*\*-\*\*37:** All right.

**+1 602-\*\*\*-\*\*18:** I'm just gonna time it and agree with both of you having practiced and worked on some Dei cases. That, that is how. I mean, I'm interested to see what this change winds up happening. But yeah, that is what. You know, how it's interpreted and then going back to, you know, how people are advised in court and the training. I mean, I really think there needs to be better training for lawyers on how to advise clients but Lori when you were talking about you know, the court goes through the plea colloquy and they're like, you know, to anyone say Promise you anything different. I mean that standard for any clean not just unique to guilty exception thing please and yeah that does happen and you could get the transcript. But I think there's a real need in the community for lawyers to be better. Trained on how to advise clients. Just not, they're not the most. Frequency.

**+1 602-\*\*\*-\*\*18:** Lisa, Maricopa County.

**Person 13:** So, I think that this is case speaking and I um I can, I can attest to the fact that the attorneys read the law and they say that if you're unstable remission and you're no longer dangerous that you're supposed to be released and that's what the law states and a lot of patients come here taking the plea thinking that they are unstable remission, they aren't dangerous and yet they're still here and and so like I think there's a disconnect between what the hospital's doing what the law states and how the lawyers are interpreting it when, when we do take the plea, so I think that that's what the mix-up is, is that the lawyers read the law, Ash has their way of improvising on the law. And then there's there's just this disconnect

**goldie:** Yes, I think it would be helpful because I mean if the law says you were to serve out your plea as if you want to go to prison and then some of the statutes said unless you really are behaving and you're safe and puzzle the rest of the community. And again that lawyer or judge. So I don't know, I think that my

friend who is a judge said that they really try to make a point of Tell us. Now, if anyone's told you that, you're going to serve any less than Max amount of years. They and that's why you can always get your transcripts. So I don't know. What?

00:40:00

**Person 13:** It's not the sentencing procedure. That's the problem. It's not the transcripts that court. It's the interpretation of the laws when I'm saying. So the law states that if you're a stable remission and you're not dangerous, that you could be released that's in statute 13-3994, I think section B or so and so I think that lawyers wind up you know, reading that. And then they wound up telling the client to take the plea because there's a potential getting out early. And so all of us come in here. I think with that kind of understanding and then that's not implemented here. And so that's where the disconnect is happening. Does that statue exist? The lawyers read it, they interpret it one way, but then when you get here, there's a level system. There's all this other stuff happening that like isn't part of it is now part of law now, but prior to this last update to the law, it wasn't the level system wasn't even mentioned. None of

**Person 13:** Stuff that the hospital was doing was even mentioned in the law. And so there was a disconnect between what your attorney mole at least my attorney, when my attorney read the law and told me that I wasn't because I wasn't stable memory mission actually, even prior to coming to Ash that that because I was unstable remission and that I wasn't dangerous that this would be a good plea for me to take and so in doing. So like you come here and it's a totally different game like you're there's a level system. There's all this other stuff that you have to do and all these other hoops that you have to jump through. That wasn't mentioned to me. You know, I and so I feel that it's nobody's real fault. Other than that, the lawyers are reading what's in the statutes and then relaying that information to the clients and then being a patient here at Ash. Does that make sense?

**goldie:** Yeah, it makes a lot of sense and I'm gonna tell you something, you are faced with exactly the same predicament. Jack Nicholson was faced in One Flew Over Cuckoo's Nest. It's exactly what happened. 60 years ago, nothing has really changed. And there isn't, there is a problem here. And the problem is that most of the people that end up in ash are represented...

**Person 13:** but,

**goldie:** but public defenders, but defend this heaven enormous casebook and they're very, very much. um, they wanna optimize to tell their Patients or their clients. I should say, I'm a doctor on patients, but clients take the plea because it's easier for them to do that and they don't tell the clients the consequences of everything that you just mentioned, this is going on. For as long as I remember. And I remember back in the 1960s, it was a very sad situation but lawyers, don't we're not getting paid very much to take care of the public. Take care of clients as public defenders, want to get a case held over. When they tell people who take these, they please, and they don't tell them that they're not going to get it. But they may, they may think that also my other the judge also said, People tend to remember the highlights and the possibilities, not the whole.

**goldie:** Prescription of what was communicated? That's the same. Many aspects of life,...

**Person 13:** Yeah, I know that...

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**goldie:** right? You what I know now, like I would have, I would have, I would have advised myself differently, but I mean, it's too late now, but it would be good if we could educate the lawyers, you know, to let them know that the hospital doesn't. I mean, it's not that they're not following the law but they have their own way of assessing dangerousness and it goes through the level system and it goes through all these other things that aren't even mentioned. And so that's the difficulty, is that, you know, I I think that what you're, what was explained to me versus what you wound up getting we're like, totally two different things and I don't know if there's any real way to fix it. It's just, it's just how it is.

**Michael Sheldon:** So I I can tell I'm sorry to interrupt, I can tell everybody that as part of this transition process with the Psrb going away. As of January 1st, the hospital did have several meetings with the court system,...

00:45:00

**Person 13:** It is.

**Michael Sheldon:** with the superior courts, with some individuals in the various public defenders,...

**Person 13:** Up.

**Michael Sheldon:** they were able to call in as well. And we did go into detail about how the hospital structures. It's progressive level system, so that has been communicated by. I'm sure in, you know, in the public defender's office. Same as in any industry, there's consistent turnover. So, I don't know exactly if that's being communicated structurally in those offices but we have tried to communicate the way the hospital operates to those parties. So they understand kind of how we function

**Person 13:** And I think that there's just so few GEI cases per year, like, I think we get about six new patients per year that the lawyers just can't keep up with what's going on with the hospital versus just the criminal law and the prison system. And I, I think it's just, it's just this big mist communication and I and I don't think that education will even help just because they're so few of us that get gei per year that

**Person 13:** Do you see what I'm saying? Like you just aren't advised correctly because the lawyers go to the law books and they read what the law says. And then there's the hospital implementation of what the law is saying. And so there's just this disconnect and a lot of people and it's not just me that fills this way. There's other patients here that you know, we're told similar things and they wind up serving a majority of their sentence before they even get to leave here. And that's not what was communicated, you know, during the time because I want to take a much longer sentence. Just to come here thinking that I was going to be, you know, serving most of my time on an outpatient basis and that wound up not being the case at all.

**goldie:** Okay, well, hopefully, I mean if we can get any more clarity on this. I mean Ashley as you've said, you've done a lot of these plea agreements and

**goldie:** I would, I would hope that most attorneys. Seeing that. There's a behavior. Health element or trying to. Lead their clients to a better place. Therapeutic outcome than to go to prison, which could be far worse and

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**goldie:** Be dangerous in a lot of ways. A lot of situations.

**+1 602-\*\*\*-\*\*18:** Now what I agree a lot with K is that they're just going frequently. I mean in my Five and a half years at the public Defender's office. Maybe I saw one, you know, in the trial, the GI trial I worked on before that was not even a private attorney. And so they're really infrequent. I'm really glad to hear that. There's more training. And, you know, I think when I was practicing, it was kind of like even being on this committee was like a little bit of a mystery knowing kind of what actually happened, but it's really good to hear like that year, that that's there's been some like open lines of communication with some of those offices and I have no doubt that these office here is passing that on to their attorneys. So, I still think the training would be really helpful or even like a one-pager to like, then here is kind of a breakdown of what's going on.

**goldie:** Yeah.

**+1 602-\*\*\*-\*\*18:** But yeah, the turnovers are high too. So all these points are really valid and if there's anything that we can do as a committee, I'm happy to help.

**goldie:** Thank you, Ashley. Okay, any more for the visits?

**+1 602-\*\*\*-\*\*37:** I don't have anything.

**goldie:** Okay, thanks Barb. Okay, so there's just a few accidents and incidents that caught my attention. One was Ash. Twenty twenty three. Oh nine, two nine. And what that one. A patient.

**goldie:** Wasn't feeling well. so I think that, you know, they were in their room, Apparently from the report. According to the patient's roommate, the patient fell during the night and I think the roommate asked, Are they? Okay? And they said, they're okay. But they were on the floor for a while. Which was concerning. But when they had checked, So when someone didn't assess, they said that they did vitals. They also said the pupils were constricted by laterally equally, which is concerning and the patient. had fallen and I think had a laceration, but I think it wasn't documented.

00:50:00

**goldie:** No one thought until morning so it was a couple hours so that was a little bit concerning when it was discovered. The patient was sent to Valley Wise, but my question was in previous iOS team meetings, patients had complained about that. Nurses come in all the intakes to check to see if people are sleeping with flashlights and sometimes talking and making noise. But in this situation, the patient seems to be. You know, on the floor for a couple hours. Before.

**goldie:** It was discovered that the patient really needed to be seen. That was concerning.

**goldie:** So is there a policy still to check on patients through the night or did that change at some point?

**Lisa Wynn:** Lori. We do have a census every 30 minutes patients are checked on and we verify through video review that those occurred and we interviewed the people that conducted those videos. So if the patient was on the floor, there does not seem to be a way that it could have been the case for more than 25 or 30 minutes. He was immediately assisted. So yeah, that's something we are reviewing but we do have a 30-minute census check and we did confirm that it occurred.

**goldie:** Okay.

**goldie:** Well, thank you. That was

**goldie:** it's a review of this case.

**goldie:** I thought there was an interesting comment made by. The nurse I believe, who was the patient's pupils, was very constricted. And specifically one millimeter bilaterally. Equal. It's interesting. It's an interesting observation by the nurse because if that is actually true, there is something more that should be considered here. There are very few things that actually can cause a patient to have very constricted pupils and she's making a specific comment here that they will one millimeter which is extremely extremely constricted. The only thing that really in this setting would do, that would be

**goldie:** That the patient had taken some form of opiate. That's the only thing I can think of, nothing is mentioned about his medications here. So I'm not exactly sure what he was on but if he was not on opiate medication I would be looking into whether there's a possibility that the reason this patient fell and had cognitive difficulties urinated on himself and all this fits into a picture of somebody with an opiate overdose. And that needs further looking into because there's just almost nothing that would cause pupils to be constricted to one millimeter like this. Yeah, if again, if that's what they were that's what was reported.

**goldie:** Let me see if there's any other ones. The only other one that stuck out to me was Ash 2023 one, zero zero one and this one was A patient that was needed. transporting for an appointment, but the patient has mobility issues and the mobility issues when they went to look for the patients wheelchair, the patients wheelchair had not transferred what the patient to a new unit so Instead of using a wheelchair other. Mechanisms were used which resulted in a fall. but, You, that was concerning. The good thing. The positive note is that it was reviewed.

**goldie:** The upside is that everyone's being trained again and proper. Transport. Not using certain things because it can pose a risk. Well, that was good. A good outcome of. What happened?

**Lisa Wynn:** That was reviewed by our risk management team the following morning, and the unit manager trained her staff and all of the staff and our false committees looked at that as well. So that we can get information out hospital wide. Just reminding people. That to use medical equipment appropriately and not, you know, not use something for a, for a purpose for which it wasn't designed.

00:55:00

**goldie:** Thanks Lisa. Another one was Ash 2023 1150. This one concerned again a significant physical change in a patient and appropriately. 911 was called and the emergency medical service arrived, but then they refused to enter the facility. So it took eight minutes.

**goldie:** Before they could. you know, convince the EMTs that they could enter the unit. So I know reading in this it appears that there was a follow-up. Talking to the fire captain, to let them know that they fall under the same Department of Health and that it's not the Department of Corrections and that they have to come in. They should come in. They can't refuse to come in to provide medical care when they're called. But that was frustrating to read. I'm sure it will be frustrating for you guys too.



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**Michael Sheldon:** Yeah, Lori, thank you that again that kind of goes into the whole conversation. We had a few minutes ago with the public defenders, a Phoenix fire. Phoenix PD does also have turnover as well. So they get new individuals, put onto that, that department or into that station. And when they get a call, they come out and they immediately assume that we are a prison and their rules for going to a prison. As they do, not go on to a unit. They make the correctional officers transport the inmate to the area where the ambulance awaits them. And we have to kind of continuously message and build rapport with the individuals to remind them that we are not a prison. We are a basic life services hospital. So if we call you, we absolutely need you to come on to the unit and

**Michael Sheldon:** We would not let you on a unit, unless we believe it's safe for you to go on to that unit.

**goldie:** Yeah, so that was it for things that stuck out for me. See.

**goldie:** So other than that, our legislative update for the one Bill said sp1710, that is still working its way through It passed unanimously through house and Senate it will. Still will have to wait and see whether the governor will approve it. It's two parts. One is governance of having a different governance for the state hospital. Under a different entity other than the one that licensed it up under the Department of Health. And the second portion is lifting the 55 bed person limit for people from Maricopa.

**goldie:** Only on the civil side, only to the amount of funded beds. This doesn't mean opening up more beds. It doesn't mean opening up the second floor. This means using the beds that are already funded. For people in Maricopa. If there are beds available, we'll see if that one passes or not. It's moving through.

**goldie:** And anything else, any other business before we go to public comment?

**Michael Sheldon:** Yeah, really quick. Lori just for the groups. Information. We have seen some movement on forensic, patients progressing. So we did it under the new superior Court structure. So we did recently and by that, I mean, in the last seven, 10 days transfer, a patient onto the cru. So the court is beginning to kind of make those movements happen. I wanna say we have, please don't quote me on this but I believe we have about maybe 4 or 5 additional patients who have already been cleared for the CR u, as far as the hospital acknowledging, they're ready to go and they're just waiting for their hearing to get transferred over there. So, it looks like things are starting to kind of loosen up a little bit, and hopefully, we start to see some upward progress for these individuals.

01:00:00

**goldie:** That's good to hear. And I know we're a little slow going when it first transferred.

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

**goldie:** As far as. The private. The attorneys filing to have motions and and change. Anything else from the committee?

**goldie:** Okay, hearing none, we can go ahead and go into public. Forum. Public comment. So a call to the public will pursue people for three minutes.

**goldie:** So, do we have it? Hello.

**Person 13:** On the sago unit. Right. Yes.

**goldie:** Do you want your name in the minutes?

**Person 13:** Please public and minutes. Yes.

**Person 13:** Okay. Here's what I have.

**Person 13:** I have put in like, at least two complaints, and, and calling them on the timeline and their, their taste time, their their camera time. It seems to be six minutes fast. Now, I have a number here. The national standards and technology time. It is the atomic clock. It is the time in all times is based on and like, within two seconds of satellite time and what they, the hospital goes by. What's supposed to be called two times? That might not be the right word but it's a system called true time. And here's the number for the Miss National Institute Standard test all the time. It is 3 0 2 4, 9 9 7 1 1 1 synchronized like my watches and besides that, I have a letter here that I'm going to be sending to Senate and Congress congressional leaders. The Secretary of State Access and let me just read it real quick. Your chairman the board access and all other officers directors, also to address the Secretary of State members of the Senate congressional leaders. There's within the confines of the Arizona, State Hospital and aversion to the statement and law, which states makes no new law, which is written into superseding law, which is providing for all law. That keeps the federal state. Local administrative, coding congruity and adversely opposed conflicting rules. the Office of Complaints grievances appeals, ASH OCGA has misconstrued as if it means only fmi patients, have the right to file a grievance. This practice, also discriminates against persons with a lesser degree of mental illness

**Person 13:** It is in violation of the United States Code Federal law. It is in violation of the Code of Federal Regulations, Federal Law, These laws, 42 USD 1080, 41, 1, AI, and 42. CFR Section. 482.13 a 2 are all inclusive in SIT stating equal protection for each payment. And the patients, The law is not exclusive period. It does not discriminate against the lesser degree or grant more rights to the significant mental illness. And doesn't even mention the words of fear of mental illness as used in a title line, Chapter 21, which isn't a lot. We're only the SMI patients to file a grievance. And please Read 4 to USC Chapter 7, Chapter 2 10 8 41 as previously stated entitled 5, on a Metal Health System Act, 42 USD 9501 as sequential.

**Person 13:** Each day should review and revise if necessary its laws to ensure that mental health patients receive the protection and service. They require it. And that in making such review and revisions states take into account recommendations of the President's Commission on Mental Health and the following one. L the right to assert grievances, with respect to infringement of a right described in this section, including the right half that's grievances considered in a fair timely manner. An impartial grievous procedure provided for by the program work facility In conclusion, Ash has multiple times discriminated against mentally ill patients, who are vulnerable adults and falsified, multiple states, documentation to the extent of records of the Executive Board meeting of the governing body minutes charting complaints.

01:05:00

**Person 13:** Which was submitted stately as a grievance, but the AD acknowledgment letter states that it was submitted as a complaint. It is a criminal offense, if also 5 records pertaining to health care, documentation, period.

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**goldie:** Thank you, Rodney.

**goldie:** Do we have anyone else from the public that would like to make a comment?

**+1 602-\*\*\*-\*\*31:** Yes, this is Tim. From.

**goldie:** Hi, Tim, would you like your name in the records?

**+1 602-\*\*\*-\*\*31:** Yeah, Tim from Mojave.

**+1 602-\*\*\*-\*\*31:** You guys were talking about grievances. They're just a dog and pony show. Even if access does find in your favor. Ash doesn't follow what they have to say and their orders, they just do what they want and they don't listen to what Access says and they just carry on doing. However, they've been doing business as usual. You do have to put in the form, you can't call it any more because terrible won't let you. I tried to call one in, and she told me I had to fill out the form. So that's a lie. Um, Tara has lied to me.

**goldie:** You know, hey Tim, let's not come. Let's not name people one game.

**+1 602-\*\*\*-\*\*31:** That. That's a grievance and appeals to The patient. The advocate then lied to me about the police.

**+1 602-\*\*\*-\*\*31:** Coming and following up on a report I made. When I called the police officer at the precinct, I found out that the report was never filed. So, how is he calling her to follow up on the report? Um, sleeping, or you said, when the people get checked on at night, well, People on overnight shifts, have a hard time. Staying awake. I've written probably 20-25 grievances when I was on sycamore about staff sleeping, then I got moved.

**+1 602-\*\*\*-\*\*31:** And it happens on pinion. And now last night I knocked on the window, kind of hard because I needed some meds and it startled the heck out of the nurse because she was dead asleep. So Bowen, Mr. Bowen, Aaron Bowen. He's gone now, but he always told me, well, tell me, put in the grievance and put in what camera, what time, what day, and who I did that multiple times, and he could always, he would always come back. Say, Well, I couldn't see, well, Okay.

**+1 602-\*\*\*-\*\*31:** Following the law. You guys were talking about the falling law of retaliation here. Falling along with the

**+1 602-\*\*\*-\*\*31:** The pleas and stuff you come here and then some of the workers come here and they still think they're working for Doc and dish out their own justice to you as a field that they should and how they should straight retaliation. So you're dealing with being punished by the state by being taken away from your family and the community and your friends. And then you have these disgruntled workers that come here and Dish out their own justice and about the wheelchair being forgotten.

**+1 602-\*\*\*-\*\*31:** With that patient today's 420, you know what I would do UA every staff member that came in tomorrow or give Randoms you're gonna find a lot of them had THC in their system or even worse things because they're working under the influence. Trust me, I know. Because I talk to him. um, So there, there you go. So this is a little bit...

**goldie:** Thanks.

**+1 602-\*\*\*-\*\*31:** if you scratch off the surface, it's a pretty bad scab. Thank you.

01:10:00

**goldie:** Thanks Tim. Do we have any other members of the public?

**goldie:** Anyone else?

**goldie:** And I don't think we have a request for executive sessions, so, if no one else comes forward, we can adjourn.

**goldie:** So motion to adjourn.

**+1 602-\*\*\*-\*\*37:** I Motion to adjourn.

**goldie:** Sparked. We have a second.

**Person 13:** Our second.

**goldie:** Okay. That's okay.

**Person 13:** Yes. The problem.

**goldie:** Thank you guys for all your hard work, and if you have want any meetings now that we're adjourned, make sure that you

**Michael Sheldon:** Thanks, have a great night.

**Melissa Farling:** Thank you. Good night.

**Lisa Wynn:** Good night.

**Lawrence Allen:** Goodnight everybody.

Meeting ended after 01:12:09 🙌