

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

Call to Order

Meeting called to order by Committee Chair, Laurie Goldstein. The date is July 20, 2023, at 6:01pm. The address of the meeting was Virtual, no physical address.

Welcome and Introductions

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

- Laurie Goldstein (goldie), (Chair)
- Chuck Goldstein
- Dee Putty (520-***.**77)
- Kay Kunes (Person 20)
- Melissa Farling
- Barbara Honiberg (602-***.**37)
- Alyce Klein (480-***.**16)

Absent:

- Kim Scherek
- Natalie Trainor

Public in Attendance:

- Robert Dunn (ASH Forensics Visitation B - ADHS)
- Mr. Ward (ASH Forensics Visitation B - ADHS)
- Rodney Woodville (ASH Forensics Visitation B - ADHS)
- Tim Briscoe (ASH Forensics Visitation B - ADHS)

Arizona Department of Administration (ADOA): Larry Allen

AHCCCS: Fredreaka Graham

ASH Administration: Michael Sheldon, Dr. Calvin Flowers and Lisa Wynn

IOC: DHS/ASH IOC Meeting (2023-07-20 18:01 GMT-7) - Transcript

Attendees

+1 480-***-**16, +1 480-***-**82, +1 520-***-**77, +1 602-***-**31, +1 602-***-**37, +1 602-***-**40, +1 602-***-**87, ASH Forensics Visitation B - ADHS, Calvin Flowers, Chuck Goldstein, Fredreaka Graham, goldie, goldie's Presentation, Lawrence Allen, Lawrence Allen's Presentation, Lisa Wynn, Melissa Farling, Michael Sheldon, Person 19, Person 20 (Kay)

Transcript

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goldie: Okay, welcome to the Arizona State Hospital. Independent Oversight Committee. It is July 20th, and it's 6:01pm and as we begin, I want to welcome everyone again and ask if anyone has a disclosure of conflict of interest and if so please state it, I know that Larry has sent out the forms to fill out.

goldie: For our last meeting, we didn't have written meeting minutes so I don't think there's anything to review or approve. Any update from ADOA?.

Lawrence Allen: Yes, Good evening. I do have one update for the committee. And it's regarding the executive session and how we approach that. Open Meeting Law lists nine reasons that you can go into executive session. The main thing is for us to know what and how it really affects the committee. Is that the discussion on committee membership and discussion on a IR report that the committee needs to do a deeper dive on and to discuss some identification information on a member. The rules are very stringent on that and this came to light when we had our open meeting law training in June by the Ombudsman. So if you want to go into executive session, it needs to be listed on the agenda before we post the agenda. If we don't have an executive session and the reason why we want to go into the executive session on the agenda, then we cannot go into the executive session we had at the table the discussion for the next meeting or have a special meeting if the matter is urgent to the committee.

goldie: So for example, we wanted to talk as a committee but we really want to respect the privacy of the patients and not give away their personal information. But we think that the discussion would provide so much information that it would reveal their identity. Could we use executive sessions so it would not give away the personal health information.

Lawrence Allen: Yes, absolutely. And That would be one of the reasons why you would want to go into executive session because you don't want to expose that individual's release of PII information to the general public. So, we protect his or her identity so we want to make sure that that's covered but we need to know that up front. So if you're reviewing an IR for and you have questions on it and it looks like a Human rights violation. Then that's something you probably want to go into executive session on to discuss a possible human rights violation.

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goldie: Could we do this proactively if we are meeting with patients or if we get a call? And Ahead of meeting these patients. Want to talk about X but we don't wanna bring it up in the meeting and we go into executive session. So what I say, potential human rights. Violations.

Lawrence Allen: Yeah, we would work together on that to make sure that that's worded correctly for you, and that would be the case that you want to make sure that that particular individual information is protected. It's going to get a little trickier because Google Meet has a breakout room feature, so when we go into the breakout room for Google and it will not allow us to record right now so that technology is not available to us yet unfortunately. So we have to have another Google Meet link. Which is going to be a little tricky. So what will happen as I did put that second link on that email sent out today. So if you don't have it, I can certainly post that link in the chat. And you can click on that link and it'll just open up a new tab on your computer. or if you're on a mobile phone, there is a phone number. You can call in as well. Then after the executive session, we get that recording of that. Then we go back to the original Google Meet links to either vote. If you decided you want to move forward on something, then you would vote or just, To play, just close the Does that make sense? So it's going to be a little clunky, and I apologize about that until we get a better way to do that. I don't know of another way that we tried several different ways. And that's the best way so far.

goldie: Thank you, Larry. Anything else?

Lawrence Allen: Other than that, the fiscal year for the state ended. June 30th. So the new fiscal year started in July. So your year end annual reports are due November 1st and I have it on my list to do tomorrow morning. I got really busy this afternoon but I will send out an email out to All the Chairs listing kind of the framework of it really goes into the year-end report. We can kind of use that as a guide as you complete that If you don't have a subcommittee to work with to get your report completed. I suggest you do one or set one up. I think it's beneficial for you. You shouldn't. It's not fair to you to shoulder all the whole load to make that happen and I'm With him on the administrative side, to help formatting and get it ready to go for it. The chairs themselves will submit the reports like you did last year and I'll help get all that together for you as well.

goldie: Okay, I'm so excited.

Lawrence Allen: Everybody loves hearing that I hate being the bearer of bad news.

goldie: Yeah. Yeah.

Lawrence Allen: Know again, I'm here to help if you need anything for me, let me know. I'll do my best for you. And really that the executive session was the main thing and...

goldie: Okay.

Lawrence Allen: there's a quorum issue as well. so, if you get lower than seven people in a committee, the lowest you can do is four. If you had six people in your committee, you got to have a hundred percent attendance. So you can't go. Five, and then have three, you can't do that. You have to have four. So hopefully, we won't get down to that point. I'm trying to work through some recruiting efforts on my end

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too as well to help boost the committee membership as well for you. So I'm working on some things by trying to get a link in a newsletter but as of yet, I haven't had any luck but I'm trying.

goldie: Okay, thank you Larry and for those that don't know Ashley who we will dearly miss, she got a wonderful opportunity, working for the Department of Corrections and Department of Corrections and Behavioral Health. And because of that, it's a great opportunity for her but then it presented a conflict of interest. So she had to step down. When she was offered the job. She is going to try to recruit some other lawyers that she knows. But anyone out there on a committee or administration is an attorney that have A passion for this. We'd love to have them join.

00:10:00

Lawrence Allen: Yeah, absolutely. I think that the best bang for your buck is to word it to you guys. Actively going out talking to people and seeing people and trying to recruit people that way instead of just getting a cold letter in the mail or whatever. So it does work to have boots on the ground, word of mouth I think that's the best way to recruit. By far.

goldie: Okay, I'm not sure if there's any other IOC members out there from other iocs. But we have a standing agenda item for other IOC members. If they Want to give an update on their IOC.

goldie: Okay, hearing none. and we didn't have any action items. I was wondering, I couldn't remember. Mike, whether I know the telephone delays that were spoken of last time, By. K. And also by our committee members that I myself have had problems at times, getting The operator to answer the phone and it's not always and it's Random and from now on, we promise that we would try to keep a log on what days or what times did it seem to be excessively long. And I know you were following up on that and we have an update from the follow-up.

Michael Sheldon: Yeah. Hi and good evening, everybody. I haven't had any other complaints about that since the last time this group spoke. I know that we met at the end of June, and we did discuss at that point that we were gonna expand the phone hours on July 1st. I haven't heard that that did not happen. I don't know if K has any information on that, but if there are any other specific days and times where you're running into struggles, By all means, let me know.

Person 20: The fun times have expanded. So that's been working fantastically. So we have phones now open from three to 11, which is why I am still having problems with specific operators. I just know them by name now because I recognize their voice and I actually received a letter from one of my friends saying that they had tried calling during the open phone hours and they were unable to get through. And so they decided to write me a letter instead and I think that that's getting frustrating from our end and our friends and families. And when I mean their job is to answer these sounds and certain operators to start doing it.

Michael Sheldon: Okay, by any chance did your friend, who wrote you a letter, give you a day and time that happened?

Person 20: It was multiple times that she cried calling she starting to keep a log now, too. So I'm keeping a log,...

Michael Sheldon: Okay.

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Person 20: keep keeping a log. We're all just trying to get specific data. I mean, I've been kind of collecting it on my own, but we need to have an actual date, and time. And so we're doing that now.

Michael Sheldon: okay, and next time I see you if you wanna give me this some days and times I'll fall on my side

Person 20: All Okay. Thank you.

goldie: As far as the other follow-up. I'm not sure, I know that you provided information on instant reports last time, or Staffing Incident reports. I wasn't sure if there was another one since we didn't have meeting minutes. So I put this in. Just if the committee members remember,

goldie: Now's the time to bring it up. I couldn't recall.

goldie: Might you have any Administrative update.

Michael Sheldon: At this point, I don't. Lori, Larry kind of took what I was gonna say about the fiscal year, ending and US entering State fiscal Year 24, The budgets have been reloaded and the hospital is kind of off and running just like all the other site agencies right now. So

goldie: Do we have an update on when the surveillance system will get? A finalized, I know that they laid the cable down and The budget was approved, Where do we hang on that.

00:15:00

Michael Sheldon: Yeah, so the best guess I have is that it's gonna be sometime late next calendar year, right now you are correct. They did begin the process of installing all the new fiber optic cables across the hospital. They've spent a good amount of time in the past, several months, really nailing down the final schematics of how the system will be. architecture and what cameras, they're going to purchase servers. They need to buy everything that will make this system.

Michael Sheldon: Work as efficiently as possible, my understanding right now. Lori and community, me. Committee members the delay is the lag lead time on getting the equipment in. So some of the stuff that we need specifically around battery systems, and stuff like that is on a 40 to a 52 week lead time. So if they order it right now, it won't physically be on site and ready to install until next July. That's the biggest hang up right now unfortunately is just the delays that they are experiencing and trying to order the necessary equipment.

goldie: Okay.

Michael Sheldon: The budget did get passed and the project was funded.

goldie: Okay, what about I haven't been to National A while? Have they started construction on Bower Park?

Michael Sheldon: No, they have not. Let's see, this is July 20th About a week ago. I was given the final blueprints to sign off on from ADOA that had been approved by the City of Phoenix. I did a cursory review

of those plans and I had two or three comments specific to how they were gonna handle the fence line for Ash's property. It was nothing significant. It was more of just we had agreed to that.

Michael Sheldon: As part of the project, they would relocate the hospital's 12 or 15 foot perimeter fence to the other side of the facility so that we can maintain a secured perimeter and the plans omitted that part. So I told Adoa to go back, check your notes, put that back in and then they can be off and running. I have heard Lori just and I don't have this officially yet but they're all running into the same problems with their supply orders that the Security system is running into specifically around, a lot of the electronic components for the electrical panels and all the stuff like that. Where some of the stuff it sounds like it's on almost a one-year lead time, so it's unfortunate. It's not going to be up and running anytime soon and I wish I had better news on that project.

goldie: Thank you. So, We can hear from other voices. I think Melinda Melissa and Barb did some patient visits, you guys want to report on that. Chuck, you have your hand raised. Before we have a report.

Chuck Goldstein: Yes. So Michael Sheldon this question is for you. How does the hospital or whatever? The administrative entity that orders equipment, How do they select? Are they tied to a particular equipment distributor because I can only say, it sounds unreasonable to have to wait for a year for parts. Without saying to myself, I'm gonna look at some of the companies. this is it ridiculously long lead time, just a thought

Michael Sheldon: Yeah, so great question, Dr. Goldstein and this is one of the nuances of working under the statewide enterprises that we have to follow procurement code. So basically the way that this works is that we develop a project plan and then we put it out for bid, the engineering companies, the Department of Administration hires what's called essentially a general contractor to oversee the entire project, and then that general contractor, solicits all the equipment but yeah, I know, I absolutely agree with you. I'm very much in alignment with the way that you think. If I can't get something tomorrow, then it's too late. It takes too long. But unfortunately, it's just the way that the State operates. We can't get the perception of giving favorite bids to certain companies whatever it may be but I'm a hundred percent on board with you on this that time is of the essence and we need to move on this stuff but yeah.

00:20:00

Michael Sheldon: Unfortunately, one of the We're kind of hamstrung by procurement code.

goldie: So do they have to be? I know in the corporate world we had to have approved vendors of approved suppliers and they went through kind of a betting process that Larry that's probably Similar. or you have to get an exception, if you stray from the approved vendors,

Lawrence Allen: Mike is exactly right. You got to stick to the procurement procedures and vendors approved by the state.

Chuck Goldstein: Thank you.

goldie: Melissa or Barb do you wanna report on your visits quickly? And then I'll go to a few incident accident reports.

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+1 602-***-**37: I'll start. Okay, it's

+1 602-***-**37: I can't remember. Can I use their names in the meetings?

goldie: No, no.

+1 480-***-**82: Now.

+1 602-***-**37: Six foot thing.

goldie: We try not to use names or even specific units.

+1 602-***-**37: Thank you. That's a good thing I have. All right, there are

+1 602-***-**37: Two men who have Lisa's first call who have a medical issue with spine and other problems. They both have pain management, have medical issues and they were sent by Ash on the same day actually to go to a pain management clinic without the X-rays and MRI that had been done by the nurse at the clinic which Chandler said that they needed.

+1 602-***-**37: They needed some medically necessary treatment.

+1 602-***-**37: but she also didn't get The imaging or the records until asking three times. So they then asked Tonight then the treatment because it's an allopathic facility and Ash won't do that. And one of the patients doesn't want narcotics, wants the treatment and I can name them if you want me For me. So

+1 602-***-**37: given that there are medical necessity, it violates the patient rates if they're not given that treatment on the only thing that one of them got was a pillow

+1 602-***-**37: And being kind of stuff. when our patients buy it, Agreement. And actually, he was Spoken to in a really inappropriate manner by one of the doctors.

+1 602-***-**37: The nurse practitioner.

+1 602-***-**37: She's not a patient nurse practitioner. chain and he's also having difficulty with waiting, that's somebody else. one of the things that had happened. Wound. Was the staff doing a search for one of these patients in the morning, looking for contraband? The patient had a vape in his room, but the staff. Particle, his foam rollers and other things to help them took a towel and threw a towel away and dumped one of his drawers.

+1 602-***-**37: And violated his civil rights. So this patient requested a video of May 21st to see what was going on in the hall at the west and from the West camera which is where they threw a stock. And they also destroyed plants outside. And this is

00:25:00

+1 602-***-**37: Took some of his personal belongings.

+1 602-***-**37: That and the patient asked how a short search should be done obviously, not that way, or he said that they should take an inventory. of what they're doing in front of them,...

+1 480-***-**82: In me.

+1 602-***-**37: and give a reason why he thinks it's Retaliation.

goldie: Hey Barb, one question and I know Mike had to step away but maybe some others on the team can answer. I thought that there was always an inventory list of what Each patient owns and has so couldn't they use that to compare with? I mean, it doesn't sound like they're supposed to have a vape, unless you said cape and I heard babe, but I didn't think maybe she were allowed

+1 602-***-**37: It was fate. my aunt you probably are right but I think you're right on that. but what the patient wants is a list of what they took in front of him and why they took it? Because he didn't get everything back. At least by the time of our call.

Michael Sheldon: so, I'm sorry, I'm back Lori, and you are correct. we do maintain an inventory of the different items that the patients have, and what's called their contraband kind of been wherever stores as that, that's not allowed to be on the unit when we do searches, if we do remove anything from the patient's room, whatever we remove is documented in the incident report when that search took place. And obviously there are certain things that even in this case of this individual, if we remove something, if it's contraband, we're not going to give it back. As contraband for a reason. So that's kind of how that works out.

+1 602-***-**37: So then we need to follow up. Know that that happened.

+1 480-***-**82: The inventory.

+1 602-***-**37: Yeah, that's the inventory we're taking?

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

Lisa Wynn: And I believe I heard that the patient in this instant had filed a complaint, so that'll be completely reviewed through that process as well.

+1 602-***-**37: And then another thing. Was sad that after the search, the staff made it. Procedures on the unit. More restrictive.

+1 602-***-**37: And I'm not sure in what sense? Melissa did you? I think I might be missing. what? It's just said,...

+1 480-***-**82: Yes. Just can you hear me, okay?

+1 602-***-**37: procedures? Do you have any more detail on that?

+1 602-***-**37: yes,

goldie: Yes.

+1 480-***-**82: Sorry I'm having a call on my phone while I'm on a computer. So I just wanted to check yeah, the patient was just Referring to violating the least restrictive environment. Guidelines in their view.

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+1 480-***-**82: And I think that's what they were referring to?

+1 480-***-**82: That's the only additional note I had on that barb.

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

goldie: What? Okay, one thing Melissa and Barb. I think a lot of people seem to think that olmstead is restrictive but It's least restrictive slash. That is appropriate for the patient and they always forget that portion of it. I think we had a Explanation and speakers on what is Olmsted and what is in Olmstead? But it has to do with that appropriateness, as well as being less restrictive.

Person 20: Hey, this is Kay. I'd like to chime in. I know that when they do room searches and they do find contraband because personal hygiene is also considered tied to contraband. They just throw it on a part. They don't generally itemize it, they just sew it all on a cart and then it's like we have to fork through it and then put it in our appropriate places. So I don't know if there's necessarily going to be a log of things that we're taking or not taken because I haven't seen that done so far in my two years. Stay here.

00:30:00

goldie: Would someone wanna emotion to see if we could get clarification on? What is the intended process and Maybe that can be.

+1 480-***-**82: I think In addition to that, or maybe they have to be two separate motions. But, Barb mentioned following up the chief, we could see the video of the hallway that day. That was within one to two hours of 8. Am on the 21st.

goldie: I think we could have two separate motions For what is the policy? And is it standardized across the units for room searches. What happens to remove items? Is it logging the whole kind of policy that could be one motion and the second If we want to review it then offline we can tell Ash administration the name of the patient, the date and...

goldie: the time and request that we go in and view the video of the hallway because the rooms are never

+1 480-***-**82: Right.

+1 602-***-**37: Point.

goldie: Present video.

+1 602-***-**37: I'll make a motion to request. That's how we see the adapting any time And Melissa is flipping through my pages. You just said what the day and time were

+1 480-***-**82: Yeah, but I apologize. If life shipment said that I think you need to Delineate that we can do that in the executive session, right?

goldie: So we have a motion for the video.

+1 480-***-**82: All second day.

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goldie: We have a second, All in favor.

Chuck Goldstein: All right.

goldie: Okay. Some moved.

goldie: Thank you. Do we have a second motion on the policy and procedures?

+1 480-***-**82: Share a motion. We request to get the information on the policy in the room. 30 and...

goldie: Okay.

+1 480-***-**82: I guess as part of that also I would imagine it would be part of that but how it's communicated also to the patients, I think I want to make sure we understand.

goldie: We have a second.

Chuck Goldstein: Yeah

goldie: So some moved. back to the patient, visitation reports.

+1 602-***-**37: Check your confusion about being able to talk. His last grievance was. May 6.

+1 602-***-**37: And they're for this patient there. Is a particular behavioral tech basically.

+1 602-***-**37: On his case all the time and he's put him in seclusion when he doesn't think that. It's been necessary for the patients in his last group. Grievance, a patient that he's been watching TV with. Comes in and turns the channel. And then when he's walking down the hall Near that patient. He gets on him and he gets violent with the patient. at other times and it's like he's out to get the patient.

+1 602-***-**37: And he's saying it's patient abuse and One. he said that the prohibited sleeps on duty and he doesn't follow procedures. Keep blocked The camera, quote unquote, unintentionally to block, what he was doing men as things that The patient. He's been moved to a different place. Units.

+1 602-***-**37: Without cause and then the tech will come over. another unit and still Get on.

00:35:00

+1 480-***-**82: I mean, I think,

+1 602-***-**37: Go ahead. you can clarify please.

+1 480-***-**82: No no. I mean I think just to summarize. The patient was claiming patient abuse, mistreatment and unprofessional conduct By that tech and also requested.

+1 480-***-**82: That we look at a video.

+1 602-***-**37: To And that basically sums up.

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goldie: so, if there is an AGREEANCE on this from the patient, Maybe We could request it. Seeing that video again, we'd have to say, patient date time. But I heard you b say that the tech was violent towards the patient. was it literal violent in what way with words, with physically violent, emotionally, violent, how

+1 602-*-**37:** The tech has harassed him when The patient has been on a different unit, and the tech comes over there to grant him, But Got on, so it was physically. not more than one time. and I think it is very menacing, which I'm to him, which causes some emotional abuse to buy.

goldie: Okay, so do I hear a motion that you'd like to review? a specific date and time in regard to seeing if the tech is physical. Abusing or Via the video And a public area.

+1 602-*-**37:** I knew what you just said.

goldie: Do we have a second? Okay, all in favor.

+1 480-*-**82:** A second, Melissa.

Chuck Goldstein: All.

Person 20: I,

goldie: okay, so moved

+1 602-*-**37:** Melissa Wanted to be one.

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

goldie: On another unit.

+1 480-*-**82:** this patient. has a primary diagnosis that They're not getting treatment for.

+1 480-*-**82:** they said that there are others also who have the same diagnosis Who aren't able to get treatment for the specific diagnosis.

+1 480-*-**82:** They've also requested a service dog many many times.

+1 480-*-**82:** That's still not being provided.

+1 480-*-**82:** And that I guess the hospital is telling them that it is kind of out of their hands that Rehab has to provide. So they don't feel like they're getting the treatment that is really required.

goldie: A question,...

+1 480-*-**82:** They don't feel like they're showing in,...

goldie: Melissa. So,...

+1 480-*-**82:** I'll go ahead.

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goldie: Just Maybe Dr. Flowers. I mean, you've been to other hospitals. Is it not typical? Because I don't know permit service dogs in

goldie: State Psychiatric Hospital. I'm just trying to look at the landscape.

Calvin Flowers: Yeah, the vast majority of institutions I've worked with do not have service dogs on the unit. What you will see in some tertiary care centers. is some very limited pet therapy on medical surgical floors, but the general

00:40:00

Calvin Flowers: Things that I've seen are service animals or not allowed on inpatient psychiatric service.

+1 602-*-**37:** What about? Having. Service dogs visit.

Michael Sheldon: We do have that sir,...

goldie: Yeah.

Michael Sheldon: I'm sorry. Is that Melissa or...

+1 602-*-**37:** More. Yeah,...

Michael Sheldon: Numbers are getting confusing.

+1 602-*-**37:** I mean, I know we've talked about it before, but on a more regular basis and...

Michael Sheldon: Yeah, so we have one entity that brings in a service dog.

+1 602-*-**37:** to the

Michael Sheldon: I'm not entirely sure of the frequency of their schedule but they have come in in the past and we have notified the patience of its availability. Perhaps we could do something like that more often, I'll need to follow up with rehab about the availability of that specific animal.

Lisa Wynn: yeah, mic if I may have I've spoken with Scott about that and...

Lisa Wynn: two things that our rehab team is really intent on trying to find One is therapy animals to come visit, We had had one came in with a volunteer and the other is barbers. Those are two things that they work really hard to get regular contact with.

Person 20: All right, so that's okay. We do have a service dog that comes and visits us about once every couple of months but not since the heat so they do provide a service dog to us about one. Something like the winner in the spring, it's probably once a month but it obviously kind of goes dark when it's summer time.

+1 520-*-**77:** But I worked very hard on this for quite some time and what some of the feedback I preferred is that the dogs do arrive but they don't stay very long. So a lot of patients are feeling they don't get the time with the animals. That would be beneficial. I'm happy to work on this a little bit more for you

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guys. If you would like me to, I have multiple contacts that I have worked with, have been emailing back and forth and spoken to you on the phone for several years.

Michael Sheldon: No. Yeah, I think, as a state entity, we always struggle making connections like that. So if somebody who may be interested, by all means, if you want to kind of coordinate that through Lori and then to Lisa, we can look into it. Can I clarify real quick? Are we referring to service, dogs versus therapy dogs, because there is a distinct difference between the two.

+1 480-***-**82: So yeah. Thanks.

Person 20: Yeah, that's my correction. It's a therapy dog.

Michael Sheldon: Okay, okay.

goldie: Yeah.

+1 480-***-**82: and it says that,

+1 520-***-**77: I believe their therapy, dog. so, yeah, I mean, a lady who's up in the Cottonwood area Comes down from time to time and she has some connections in Tucson. I haven't reached out to them in quite some time, but I'm happy to do that because Covid really made that almost impossible. come to visit. They weren't able to get around as much as some of them were really located near there, but I have quite a number of emails, back and forth. I will revisit that.

Michael Sheldon: Yeah, that'd be absolutely fantastic. and I would also like to make sure that if we're going to kind of go down this road that we're extending that opportunity also to our civil patients, as well as the forensic patients, I don't want to seem like we're trying to as quickly.

+1 520-***-**77: Absolutely.

Michael Sheldon: So, no, I think we're in good shape. Let's see what we can do.

+1 480-***-**82: just a clarification...

+1 520-***-**77: Yeah, I even Allison...

+1 480-***-**82: because this

+1 520-***-**77: If anybody was concerned about their safety and I received this flat out, no on that one. but let me understand what the restrictions would be. I mean, we need to have something maybe written in writing about what the restrictions would be for the animals. Because it seems like then, somebody was a available to come and this was a long time ago, but then, it kind of shut down based off of ABC and D. So, if we have some guidelines, which we could work in, and that would be really helpful, so that we aren't trying to go one direction and then get caught up cut off in another direction.

Michael Sheldon: I think that's very,...

goldie: So they may, yeah.

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Michael Sheldon: We can work something out. I think the best way to do this would be...

+1 520-***-***77: Okay, thank you.

Michael Sheldon: I said, if you want to touch base with Lori and Lisa, and then, even if the individual that you're Referring to D would like to contact the hospital, we can try to coordinate just so they understand our environment. and the last thing I want to do is have these individuals kind of come out,...

+1 520-***-***77: Okay. That.

Michael Sheldon: come down here,...

Michael Sheldon: we like all

+1 520-***-***77: Be. But

+1 480-***-***82: so, yeah,...

+1 602-***-***37: Someone else would.

goldie: yes, take

+1 480-***-***82: I wanted to just Clarify or close this out. So this patient right says that they're under Order for animal assisted therapy. And they said that they keep refusing their treatment plan because they keep getting a boilerplate treatment plan. And it doesn't say what the court order says, it's supposed to be provided.

00:45:00

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

+1 520-***-***77: Sounds like we just need some very specific guidelines. We know what to work in and what is allowed? Who is the contact person at the hospital? I know, I can always contact Lori if I need to, but I don't know who to contact with the hospital to make that happen so that I can provide that information for

Lisa Wynn: You can certainly contact me and I can coordinate with Scott from rehab. ATD Organisms.

+1 520-***-***77: And who is that speaking?

Lisa Wynn: This is Lisa Wynn. I'm atd is the group we use throughout 2022.

+1 520-***-***77: Thank you.

Lisa Wynn: And I think it stands for American or Arizona therapy dogs, but they were certified in licensing. We went through the whole vending process and the organization was called ATB

+1 520-***-***77: Okay.

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goldie: Okay. Thank you.

+1 602-*-**37:** And That patient doesn't get it. Any services for him. Primary diagnosis. Which is presentation, and...

+1 480-*-**82:** Right.

+1 602-*-**37:** And he's all complained about the level of not being posted and there's no services for him for AFD and he can't do groups because of annoying. So basically he's not getting treatment.

goldie: Yeah, we may want to just ask for the policy. It's a behavioral Hospital. So what is the policy on? DD, or AST.

goldie: How do you provide therapy if those things become primary versus behavioral health? I think on civil matters it probably is a little clearer but on forensic maybe if there's a mandated time or I don't know what the appropriate term is, if the plea deal was to a certain amount of time. I don't know, on the civil side of your Health. Diagnosis is stable. And I'm just asking because I don't know. So maybe Flowers. I mean, if you're behavioral health wise but you're not in DD or not in ASD. Would you get released and just go into a disability that primarily treats that other disability or I don't know.

Michael Sheldon: On the forensic side or on the civil side Lori.

goldie: That's why I think it's gonna be different, right?

Michael Sheldon: So on the forensic side, they're there under the title 13, Criminal Court order. So they were literally sentenced to the state hospital so we could not transfer them to another facility on the civil side. It's a little bit different. Obviously, we need to make sure that under the title 36 Court Order, the least restrictive environment comes into play. And we need to make sure that we meet their medical and clinical needs. If we have individuals on the civil side that are becoming where we've stabilized their psychiatric condition as in doing, so if they're Neurocognitive disorder is the predominant.

Michael Sheldon: Behavior. Then we need to start looking at transferring them into another facility, whether that be like a skilled nursing facility or something specific that can meet their health or their predominant disorder. Behavioral needs in order to properly care for them.

goldie: Okay, so for those that are

+1 520-*-**77:** I have a question. I'm sorry to be again, but I hear that. Somebody who is requesting. The visit and I'm not sure, exactly, who that was was being held back from doing that because of behavioral issues because I could be wrong. but it seems to me somebody's having behavioral issues and something like a therapy dog or a service dog coming in. Would assist in them, becoming more stable than it seems to me, that would be something that should be offered in lieu of Some behavioral issues but I'm not sure I heard that right.

00:50:00

goldie: Yeah, I was just going to ask. Is there any budget allocated or requested for these specialties?
Other

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goldie: Specialties. Is that in the budget? Is that we can have providers come in, if they're not full-time, but come in and provide those services and maybe even Train the trainer and say Here's what we find works best. For this, even to try to help.

Michael Sheldon: Are you speaking specifically to therapy animals or Okay.

goldie: No, I'm saying in general. if someone is on the Asperger autism spectrum or DD, and there are clinicians that are trained to provide therapy. Is there To bring those specialists for the service patients that are committed either on civil or Our sentenced on forensic, those types of services. This is a request. Is it a wish? Is it happening? Yeah.

Michael Sheldon: Gotcha.

Michael Sheldon: Yeah, so you may remember Lori and committee members that back in over a year or so ago. The Senate passed Senate Bill 1444 and part of that bill was a requirement of the hospital to develop. I'm gonna get this wrong. I apologize. A clinical improvement and human resource plan. I believe that's what it was called. Where it is specifically asked to identify needs for the facility that report is due to be published to the legislature in the Governor's office on September 1st. my team and I have been writing that and there are requests in that document specific to, this very need kind of the unmet need that, we realize that our patients have some needs for services that right now, the hospital is currently not able to provide

Michael Sheldon: In volume. To their needs. So we are asking for some support

goldie: That's good.

Lisa Wynn: If I may just add Where we're working closely with ha Right now to look at our rehab programming, and we have two different committees that work with our psychology team and our social work team along with our clinical team. We have a tremendous number of services.

Lisa Wynn: On the forensic side that is not always utilized by patients. There are patients and the rehab team estimates, maybe 60% of our patients that just do not actively participate in the programming that is available and that includes, programming groups, psychology programming. So that one of our challenges is just motivating a percentage of our forensic patients to actively engage in the treatment that is available. In addition to the tremendous work, Mike has been doing to identify, analyze and kind of quantify the additional services that would benefit those patients who are really seeking recovery based services.

+1 520-*-**77:** And why do you think that happens Lisa?

Lisa Wynn: Why do I think that there are patients who aren't engaged?

+1 520-*-**77:** Correct.

Lisa Wynn: I hate to speculate, but as I'm talking to patients, the ones who are actively engaged, are the patients that we don't see incident reports about, or we don't really. I mean, that the treatment teams and the rehab teams and the staff, you have really positive collaborative, supportive relationships with them. I

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can't speak to why somebody on a forensic unit would just choose to do anything other than be actively engaged in the treatment that would get them moving forward. So I just can't answer that I can just say, that's certainly, what I observe and that's what our treatment teams have indicated.

+1 480-***-**82: All right, I wonder about this particular patient.

+1 520-***-**77: Okay, thank you.

+1 480-***-**82: It's only one person, right? But they were also saying to your point Lisa that which I appreciate But that like a group room being in a group for example, is very tough for them as an environment, right?

00:55:00

+1 480-***-**82: To sort of be in and receive treatment. Yeah, okay, great. Okay.

+1 480-***-**82: Okay, thanks.

goldie: Is that it for the Visits.

+1 480-***-**82: I think that's it but I just wanted to go back to the first two. that Barb reported on because I don't know if we need a motion for this, but one of those two patients asked That we review their records and that they would sign a release for us and I don't know if that needs to be a motion. So

goldie: I think we should have a motion, we'll have to make sure they get An Executive session You can tell the committee...

+1 480-***-**82: Okay.

goldie: who the patient is and the unit. And so...

+1 480-***-**82: Right.

goldie: if you want to make a motion, go ahead and make a motion.

+1 480-***-**82: Okay, yeah, I'll make a motion that we review the patient's records.

Person 20: I second.

+1 602-***-**37: All right, second.

goldie: All in favor.

Chuck Goldstein: Okay.

+1 480-***-**82: I,

goldie: So moved and just clarification, is it the same type of review that was done? Last time, it was nursing notes and incident reports and Everything.

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+1 480-***-**82: It's definitely incident reports.

+1 480-***-**82: I don't know, we might have to discuss the extent of that. I'll tell you someone stands

goldie: Okay, thank you. So, before we go to incidents and accents, I was notified that the Civil Forum is scheduled for Friday, the 28th and eight days. Nine am in the civil auditorium, what we discussed and I think it would be a wonderful idea though. At this point, I can't make it because I have commitments out of town. If we have at least two members that could attend.

+1 602-***-**37: Clarity.

goldie: That they could stay after and patients would now on a civil side, if they wanted to stay after and talk to the committee years ago. We were. On-site a lot more and when we're on site, civilians would see us there and then they would want to talk to us. So I think it's an opportunity.

goldie: If any committee members will be in town if they go to that, that's one and two. If we can't do that, should we have A virtual laptop and participate via laptop in the meeting and then maybe talk to them after it's not ideal. But since it's a few days from now, I can't make it there.

Lisa Wynn: Lori one thought that it hurts...

+1 520-***-**77: I'm sorry. Laura. What was the date again? Please.

Lisa Wynn: Because we just recently scheduled the civil form if you would and we had our goal is to do one about every quarter. We would certainly be able to talk about pushing it back and scheduling it later, if that would make it possible for many members to come,

goldie: We have most of the committee on.

+1 520-***-**77: I'm sorry. This week. What's the date again?

goldie: Where the civil form. It's February 28th Friday at not

+1 602-***-**37: Right to our Try. Why?

+1 520-***-**77: February.

goldie: July 28th. Yeah. and...

+1 520-***-**77: July. Okay.

Lisa Wynn: A week from tomorrow.

goldie: it'll be enough in the auditorium 9 am and the forensic form is scheduled for a Friday August 4th at 1 pm in forensic gym

+1 520-***-**77: Okay, I might be able to make You say the 28th. Even though I live in Tucson,...

goldie: Yes.

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+1 520-***-**77: I might be able to do that. I had a busy week that week, but it's possible. I have to visit that though and figure it out.

goldie: That'd be great, T.

+1 602-***-**37: Are.

goldie: Okay.

01:00:00

Lisa Wynn: That's for sure.

goldie: that

+1 520-***-**77: I would think that the in person would be that

Lisa Wynn: Yeah and as I said the other alternative is we could reschedule it if it would be a time when we could have more community members in person You can do that too.

+1 520-***-**77: Happy to Make it up there.

goldie: Barbie was breaking up. I'm hoping you said,...

goldie: you could come.

+1 602-***-**37: I'm pretty sure I can come. Yeah.

goldie: So then we'd have two committee members. I would be great. I know it's Dee's birthday and there's no place that she'd rather be. So let me start with these instant accents. So, the first one is asked in 2023. 24:30 and it is self harm, and with this particular patient, they're wearing protective helmets and mitts. and a jumpsuit to protect from self-harm. And the patients on a one-to-one but as a patient was showering. The clerk inadvertently put it down there, the hygiene bucket and the patient swallowed something out of it and had to go to the hospital. But this same patient appears many times this month and swallows all kinds of things. But as I read through a series of them and you'll see other numbers, It almost appears that the patient likes going to the ER, because they request going to the ER, so I don't know what I mean. One. They have the helmet on the mitts on the jumpsuit. and it seems like after reading through several reports, a minute, any of that's taken off Some self-harming behaviors happen. in an effort to get to, the ER later on, you'll hear one where they're at the ER

goldie: They have self-harm where they have to call a code at the ER and Bring insecurity. So it's a confusing behavior. That, I'm not sure.

Michael Sheldon: so, Yeah, and members you may remember it was either in the June meeting or the May meeting that I spoke about one of our patients, who does this behavior with the specific intent of being sent across the street, to the emergency room and our concerns with the emergency room, folks at Valley Wise that enable that behavior as far as kind of giving him given this individual high fives when they show

up. It's a constant battle that we're working on with this. But this is very much a learned behavior that the individual has set in place to get what they want. And ultimately they want to go to the emergency room.

goldie: It seems frequent. So that was on June 5th on the 6th, they had returned from Valley Wise Hospital and stated that they wanted to return to the ED and had Behaviors again, trying to get back to the ED. It doesn't seem like that and that was Report Ash, 2023-24, 59. And I didn't even put all of them. On here, but there were several others. I don't know if they have it, but one of them were A patient over there. And had behaviors when they were told they were going back to the hospital. That ended up in a code ray. And security being involved. Know that, that's just unusual. And I'm not sure what to do next, which is that I had questions about it that were unusual. It's Ash 2023-24 41, and it was sexual interaction, patients evolved. But as I read through this, It appears that the writer of the incident At the direction of an ash EMT. Emergency Medical Tech, maybe. I don't know called Phoenix Police to report a sexual assault. and then they refer

01:05:00

goldie: whether IR 23-24 33 as 23 - 2438, both of those aren't in the reports I could see. So I couldn't review those but They requested that. They come out and it appears between them. Two different parts of a unit. Some not sure if it was consensual, but then it's a reportable offense and I don't know This is a question conjecture is sexual intimacy, not On. The civil side or the forensic side or if it is when but the officers did come out. So my questions is that permissible or not and they said it wasn't a follow-up, it wasn't a sexual assault. It was consensual

goldie: that's one and two, the instant reports that they refer to are not in the report package, I was given

Michael Sheldon: Lisa were those other two reports combined into the one that lawyer was given

Lisa Wynn: You mean the police reports?

goldie: No, what in here it says. if you look at the description, It says, the writer at the discretion of Ash EMT call Phoenix Police to report a sexual assault later. It says it wasn't an assault. It was not an assault, but it was referenced and it was between two patients. And their referencing instant report numbers.

goldie: So, it's an incident report, Ash 23-24, 33 and asked 23-2438 So I was going to go back and...

Lisa Wynn: I think I probably can...

goldie: read those.

Lisa Wynn: if it was 2433 and 38 if they're not included as reviews, they probably didn't rise to the level because the report that runs for this group are those that are coded to be any of the ants, So obviously the IOC doesn't see

Lisa Wynn: Probably 60% of the incident report were somebody forgets, its badge or somebody breaking something So it might have been that it didn't rise to the level but we contacted the police as a precautionary measure so they could confirm.

+1 602-***-**37: Purpose.

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Lisa Wynn: We work with our social work team and we notified the Joint Commission just to confirm that it was not an essential event. So I had a conference call with a member of the Joint Commission, Patient Safety Staff to confirm that it was consensual sex between two civil patients, their individual treatment teams worked with them and I can definitely look for those in Sarah ports. But I think the reason you don't have them is because they didn't elevate to a reportable incident.

goldie: Okay, the other question is, if they're civil. Do they have guardians or they don't have guardians? And if they have guardians where the Guardians notified and asked if That was okay with them as well. But I don't see anything about a guardian here.

Lisa Wynn: Guardians are always notified when there's a fall, a seclusion or a restraint and assault. The Guardians would have been notified. I'm gonna look up those other two reports for you.

goldie: Okay. Next one. Again, I don't wanna not. Look at you because I have a dual monitor. So turn up the camera. And Andy, I'm trying to rush through this so you can enjoy your birthday. So let's get on to the next one. This one was Ash one.

+1 520-*-**77:** There's nobody here. I'm telling you. It's okay. Don't worry.

goldie: We're here for you. Let's go.

+1 520-*-**77:** No, I know my husband is second surgery and I'm just here by myself, so it's fine.

Michael Sheldon: This is this party.

goldie: Okay, okay. Yes. IR 2023, 24, 58 and this one. It was a Self-harming Reporting to the RN. I just swallowed quarters. I want to go to the ER,

goldie: So, when they did that, Let's say.

goldie: they weren't going to send the person to the ER, so then what the patient did Because the patient wanted to go there. Then they gulped down the contents of a cool disposable hot pack. So I think that must be what the food items are, so they called poison control to advise what they should do.

01:10:00

goldie: And when they found out that in addition to the cool pack, they had also swallowed orders then they suggested that the person should go to the emergency room. So the RN called the on-call. and then they sent the patient to the ER, but, My question. What is again? I know, it's tricky. What is immediate? Go to the hospital items versus what aren't? I know, batteries can be really bad. I didn't know quarters were as bad. Maybe it's quarters with a disposable hot pack, but is there a policy on this that must always be seen? Or not.

Michael Sheldon: That's a great question Laurie. I'm not sure there's a policy. Lisa can do some research on that for you, but it's gonna be at the discretion of the provider as far as the potential risk to the patient. You're absolutely right in most cases coins or quarters are uncomfortable but they will pass batteries. Even in most cases not all batteries are an issue. As far as from a health perspective,...

+1 602-***-***37: but,

Michael Sheldon: It's the lithium ion batteries that are those flat batteries that go and watch or what I'm talking about that pose the most risk, but it really is to the discretion of the provider out of an abundance of caution, whether or not, we would send somebody out to make sure that they're. And when I say, send somebody, I mean to make sure that they're safe.

Chuck Goldstein: I'd like to say In my experiences, emergency physician. It's not so much the content of the battery with the charge. so, for All the years that I was an emergency physician, batteries were a problem. especially those batteries that were button batteries. the kind that go into hearing aids, or into watches because the positive and negative sides are so close to each other. It doesn't take much transmission through moist skin.

Chuck Goldstein: A SELFIE is a stomach to transmit the charge and cause a burn. So it's not actually what the battery is made of. The more important thing is house, really how small the battery is because the charge can get from one pole to the other pole easily, whereas with a larger battery, it would take transmission through the flesh of a longer distance. So it makes some relatively safer. as you say Michael and as you say, this is something that should be entirely left up to the discretion of the provider in each individual case. That's a great point. Dr. Goldstein and I didn't think about the positive poll proximity. I always assume that it was an issue with the lithium-ion contents but that makes perfect sense.

Chuck Goldstein: Thank you.

goldie: The next one which was a little unusual was Ash 2023-25 84 and this one was a wall attempt but on this one. It was in the morning and it was activated at CHC so I'm not sure what CHC means but I think looking at this, it appears like it was off campus somewhere.

Michael Sheldon: CHC is the acronym for the Community Health Clinic. That's the Value Wise Clinic.

goldie: Okay. And The patient tried to run away from staff during the appointment. And The security at Valley Wise arrived and applied their restraints on the patient because the patient became combative. And then they escorted the ash vehicle to transport to bring them back and take their restraints off. And then discuss with the provider and I think because of this, the patients are going to be transported off site in Tsts, in order to prevent further incidents. But my question was, what is CHC?

01:15:00

Michael Sheldon: Yeah.

goldie: This one was asked 2023-26-22. And in this case, A patient.

goldie: Was escalating. And ended up. Assaulting a nurse and the patient. Has a one-to-one and was one to one. And was accepting. a medication but then

goldie: But then, They?

goldie: Acted out and did some things to the nurse. A cold gray was called, and the patient was placed in restraints and seclusion, but then later, They were notified. By hospital security that Phoenix police. Was.

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They Came in and they were going to take the patient. Phoenix PD for the assault. so, They took the patient away and the patient's mother, who is also? The Guardian called.

goldie: No, I mean this was pretty quick, all this is in 20-30 minutes and then they informed the Guardian, the patient was assaulted by a staff and the patient was on their way to the Phoenix police. What? My question is, is that I see and you see a lot of assaults and some of them Have been. requiring medical Intervention, this one doesn't say that. It required medical attention or if it was that bad, but who determines that. for this patient they hit a nurse. Now they're going to jail versus someone else. Where they've Hurt or attacked her bloody. Things. And they don't seem to go to jail. They just write an instant report, they may come and interview, they may come and get videos.

Michael Sheldon: A great question Lori Committee members. So essentially it's up to the discretion of the law enforcement officer, who arrives on scene. So we provide them with video evidence. If the incident happened in a video in an area covered with video and then it's really at the discretion of the law enforcement official whether or not, they believe, the individual should be taken into custody and brought off site to The city jail or county jail for moving forward. Obviously as healthcare employees we definitely wanna make sure that our employees know that they have the right to contact law enforcement. If they feel that they're the victim of a crime and assault in this case, we will provide law enforcement, whatever evidence. We have to assist them in their investigation. And then ultimately, if the county attorney elects to press charges, we will supply. Whatever evidence we can to proceed with the core process or the legal proceedings, but it's not the state hospital's call whether or not someone is arrested or not.

goldie: Yeah, I was just sometimes you see really bad injuries And they don't get taken away.

Michael Sheldon: Yeah, exactly. Yeah.

goldie: Okay, the final one is asked 2023-27-25 and this one it was someone that we'd heard about earlier and they were Again, trying to get back to the hospital. And they. Took out the Wii control batteries and swallowed them. And I think then they report it so they can go to the hospital. When they reported it this time, they reported it to one of the providers. And the provider. Didn't feel the need to send the person to the emergency as they thought they would pass. The battery out of their GI system.

01:20:00

goldie: and then, It seems like later this is Then at about 2100. The patient was complaining of abdominal pain, And then the Provider was contacted again, and then sent to the patient. The hospital for chest and abdominal pain. So, again, this was kind of related to my earlier question of, Is there a policy one? Do they go But this seemed to be they didn't think they needed to go but when the patient started having symptoms, then they sent based on what you just said, And what Chuck said it's up to the discretion of the provider,

Michael Sheldon: Correct. Yeah.

goldie: Okay, so any questions on any of those that are reported?

goldie: Okay, and the other one was the assault perpetrator and Provider.

goldie: I was gonna just show quickly, so this shows that again. And this is all kind of decoded so you can't tell which patient it is. But you can tell by looking at this patient 91 Which isn't their real. Number had 41 Assaults on staff on peers, high level. So you can see the red number is patient on staff. The gray number is patient on peers.

goldie: so, hopefully, there's specific behavioral plans trying to and somehow mitigate these persistent behaviors.

Michael Sheldon: So absolutely Lawrie there are. And do you mind putting that back up for one quick? Second, I want to point something out to the folks...

goldie: Sure.

Michael Sheldon: who can see the

Michael Sheldon: Of the video feed. You'll notice, ladies and gentlemen, that there is a vertical grade dotted line, and shaded to the left. So that gray line is in statistics as it was referred to, as the upper control limit or the UCL. That essentially means that anything to the right of that limit is in the 96% tile, meaning that it's an anomaly. that is where those are I guess to use a common term, your frequent flyers, or your high. Flyers. So, those are the patients that the clinical team is definitely focused on. They are the ones that were discussing constantly. What can we do to reduce this aggressive behavior? They're the ones that we are focusing on, to make sure that we're trying to get their assaulted behavior under control. So yeah, thank you Lori.

goldie: so, on those top outliers, do they primarily have a secondary diagnosis of either a personality disorder as autism, spectrum disorder, or DD, that contributes to that. Is there something different about the ones that seem to always be on top? Then the other.

Michael Sheldon: Potentially So I'm gonna go out on a limb here and I probably won't surprise anybody when I say this, but I'm fairly competent. Is that all these individuals who are in the outlier, category are gonna be our civil patients as far as having a secondary diagnosis of autism, or Asperger, or anything along those lines. I don't have that data in front of me, but just anecdotally, I'm gonna say no. more predominantly some of their secondary diagnosis would be neurocognitive disorder dementia. Some kind of neural developmental disorder, whether that be a traumatic brain injury, something along those lines that is becoming kind of the dominant factor in influence, then influencing their behavioral patterns. But yeah, you're absolutely right in line with that one lorry.

goldie: so, do you think that I know they're finding lots of benefit nowadays from the new levels that ECT and also, It's neural magnetic massage, where they massage just Yeah.

Michael Sheldon: Tms.

goldie: Are you guys looking and...

Chuck Goldstein: Are. Present.

goldie: considering any of that for People with these persistent behaviors.

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Chuck Goldstein: I think it was

01:25:00

Michael Sheldon: It's like you and I are sharing a brain here Yeah so that we are also going to be referencing that in that plan that we're writing for Senate, Bill 1444 as far as procedures right now that the hospital is not equipped to operate, but we do believe would benefit our patient population.

goldie: That's because I don't have it month over month but I wonder if these are the same. high outliers are if they show up every month,

Michael Sheldon: Yeah, and the data that you presented was actually as of June of 2022 through present. So this is not a one month snapshot of somebody having whatever was 41, assaults whatnot. This is more than a year's worth of information that was being shown in that graph.

goldie: Okay. Any questions from the committee?

+1 602-***-**37: Presents.

goldie: So we could have a call for public comment. If there's nothing else for the committee in them will adjourn to executive session. Which is a different link.

goldie: Do we have anyone from the public that would like to speak and if so state your name and then if you want your name in the record and...

Person 19: US. Are you?

Person 20: Yeah. Better here.

goldie: We'll give you three minutes each.

Person 19: You hear me? This is Mr. Ward on Pinion. Can you hear me? Okay.

goldie: Yes.

Person 19: I just want to make a quick comment here that I noticed. Obviously you guys have a Lot to deal with. that's from what I've heard through this whole thing at the lot. but I did want to just mention that there's a lot of grievances written out here on the forensic side, some are Monday. Some are just all unreasonable things like that but occasionally there are real grievances that are written and the result always comes back. Favoring the hospital and all as far as I haven't heard, anybody tell me. otherwise and what I've only wanted written running. Grievance, my entire stay here and my entire time that I've ever been at this hospital, even on the wick.

Person 19: The simple thing is I'm going to leave that water under the bridge but the pin of I believe they have their own meetings and all that, but they seem to be different. terms with things that they'll all take coming in and all, but I hate to use the term, that things like the fox watching the end now. But yeah, that's what I've experienced in a few people have told me about the grievances, if you would like an example, I'll

give you an example, but that they are reasonable and then it comes back to the hospital's fender And then the resolved and on the favor of the patient.

Person 19: Can you hear me?

goldie: Yes, we're not allowed to respond...

goldie: But we can hear you.

Person 19: That's all I have to think about.

goldie: Thank you, Ward.

Person 20: Okay, we got Rodney Woodville on a Sega union. Just hi.

goldie: Hi Rodney.

Person 20: One thing I wanna bring up basically, is we seem to have a recurring problem. They put a temporary restrictive band on the Clorox, healthcare hydrogen peroxide, where they just come around a place, spray that everywhere. It has the ocean exposure, a limit of one part, a million you're supposed to use a respirator and all this stuff. They have another disinfectant spray. It's called a virus, it's only a amonium. Fluoride, and it's not as hazardous. And it's fine. It doesn't affect people, but the thing about this is my treatment team.

01:30:00

Person 20: Kind of asked me if I like germaphobe or what a germaphobia. and I said no. And they sort of mentioned the chemicals, I said, Yes. But I have a chemical sensitivity and I get choked up by A Clorox, healthcare Peroxide, is really not supposed to be sprayed where people can breathe it. and then all of a sudden after talking about this, now the texts are bringing out, it's just direct retaliationally, they're bringing out This peroxide spray help here and there's fraying it everywhere. No, here's the thing about one of the texts that was spraying that effectively everywhere. Now, she has a chronic cough and I'm not sure if I have put together a letter to send a Clorox about maybe a future, a class action law, because people getting damaged by this because the hospital didn't tell this spraying of this stuff, which have MSDS one part per million exposure limit for workers, praying that stuff. That's basically it all. I do want to say there's a couple things with the Stephanie Hines reporter for the Arizona reporter, the three pages with the front page on the Independent oversight.

Person 20: Senator David Bowen was pro-war for it, so you might want to write to your senator about that. David is going. And Steve Montenegro was opposed to us reporters. Stephanie Hines. She left her a number in the paper. It's 602. 4 4. A 3 6 9 and people want to contact her and give her information.

goldie: Thank you.

ASH Forensics Visitation B - ADHS: Yes, this is Robert Dunn on Mojave. Earlier, you were talking about.

ASH Forensics Visitation B - ADHS: The instance with the Tech 4. The date of occurrence was 5, 6, 23, time of occurrence was 1445. And the location of occurrence was on a unit. In the day room. Due to the

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investigation by the hospital, they cited with the hospital saying that the tech 4 Pretty much did no harm. even though he was yelling at me to effing move, Several times. and then, Coming into the day room. So everybody could hear it, including patients and staff running after me, saying he was gonna break my effing neck and get me in, I better be afraid of him.

ASH Forensics Visitation B - ADHS: It took staff twice to intercept him and keep him away from me. Before they told him to go to the nurses station. I also escalated this to access and Reported back to the hospital and the investigator said that I could not escalate to access unless I refiled a grievance. I'm in the process of doing that, with the Arizona administrative codes and I laws and SMI laws codes.

ASH Forensics Visitation B - ADHS: I know that it would be a lot easier to have help with this seems, I'm not a legal expert in any of this. I've asked.

ASH Forensics Visitation B - ADHS: The Pinum of Mojave to help with the lawyer and he said that the hospital is not liable for a lawyer to help me. And they didn't do a proper investigation. No questioning of patients or staff.

ASH Forensics Visitation B - ADHS: so, I mean I leave it up to you guys and hopefully the ACDL to do it properly. Investigation into this and hopefully get something resolved. So I'm not always have to look over my shoulders to be attacked or anything by this tech. Other than that, please have a safe weekend. Thank you.

01:35:00

goldie: Thank you.

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

ASH Forensics Visitation B - ADHS: Hi. This is Tim Briscoe on Mojave. I hi.

goldie: Hi.

ASH Forensics Visitation B - ADHS: I told my guardian in the last treatment team meeting. I had on Wednesday, that I would like the roi's. And now, the Guardian basically told me, I'll see if all, I'll send them out and sign them. so it's really up to her and we don't have a good relationship.

ASH Forensics Visitation B - ADHS: Still on the Shuffle program with a provider. It's really not good for people to keep getting a new doctor every three months. When they don't even come, hardly, they change my access one to access after 33 years. From, was it a day? Schizo affective to antisocial personality disorder. And they don't even have PTSD there, which I suffered real bad from every now, I was like I shot and stuff. Mike Sheldon just said that the staff keeps giving the guy high. Five, the hospital people give the guy high fives when he comes over. why not?

ASH Forensics Visitation B - ADHS: The staff here, give the guy high fives for doing good. It's called the Behavioral Modification Program, Look It Up and the Ashes Policy. An MRI and EMG were ordered in May from the pain clinic. No appointment was ever rescheduled. The MRI was just Ordered today and this was done in. May it be ordered today, I had the EMG appointment for my leg. They canceled it and that was

last Friday. I haven't seen a Chronologist or optometrist or dentists for over a year and a half. I'm diabetic. So I need to get an eye exam every year. Our unit has other rules then.

ASH Forensics Visitation B - ADHS: The other units and they're more restrictive. I don't understand how to be a housekeeper. Last night can become a BHT the next day when they show up, it happens all the time.

ASH Forensics Visitation B - ADHS: SMI rights are not being followed and this has been talked about for quite a while administration. They said they didn't know anything about the phone time being extended. That's how well the administration is informed by the lower total poll here. Let's see. I'm always the villain. I have a friend, whose mom, son and brother came to visit me. Give me a food visit somehow, I'm pressuring him again. To have his family, come and visit me and give me hugs and I write them letters but I'm the villain because I'm always pressuring somebody that never stops. This has been going on for almost 5 to 7 years.

ASH Forensics Visitation B - ADHS: They question other people about my mom and I extorting people God rest, her soul, but I don't see how Tim is always the bad guy. Thank you.

goldie: Thanks Tim. Do we have anyone else?

Person 19: All this is Mr. Ward one more time. Are you gonna go yet? Okay, there's another gentleman that's gonna speak, but I just wanted to let you know that I do my therapy. I am really Mom pursuing my treatment and all these things.

Person 19: I'm very active in all that and I have no complaints of being here. Unfortunately, the life sentence but I'm doing well. And I just wanted to reiterate and say that there should be something taking a look at that. And I know there's a lot going on obviously but they should take a look at all the complaints and all and then take a

01:40:00

Person 19: Take into account, how many of them are favored by the hospital as compared to how many of them are resolved and then a patient gets their thing. But now I'm gonna go ahead and pass it on to the next manager. Yeah, I'm Charles Edward. With.

goldie: Okay.

Person 19: Them Eyes, North America. we have a request and...

goldie: Hello.

Person 19: that is for Mrs. Water Mistfers. Are all the patios here forensic. And maybe two or more for the small tables that we do when we go to a cafe.

Person 19: Also, I mentioned expanding Building 8 to give us a legitimate gymnasium. The IOC heavily comments on that. We cannot play a real basketball game in this current small one. Another issue is Debit card, swipe for going to different groups.

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Person 19: We don't like having to cherry or paper around a passport, we shouldn't be able to just get the provider of the group card and they scan it and that's that forever for recognition. And also we like to request the return of our HQ laptop in this new hospital. We ever use it. The 6 units had a HP laptop. I can't write a confidential private letter to my doctors. Anybody can come in and see what I'm writing.

Person 19: And wrapping up here. We'd like a second mirror for the largest of the two weight rooms. We successfully admitted that two years ago, we're doing a straw poll where everyone would like to have the second year played.

Person 19: Graphing it up here.

Person 19: I appreciate your time. Thank you so much.

goldie: Thank you.

Person 19: To push investment.

ASH Forensics Visitation B - ADHS: This is timber Briscoe. Again, when they did that unit search on Sunday morning, where the Vape was found in a patient's room when they confiscated some of his stuff, which I saw was a whole cart hole, they even took his personal towel, which other people are allowed to have their personal towel. And they took a picture of him at his bar mitzvah, which is I don't see how a picture of somebody at their bar mitzvah could hurt anybody and become contraband. and I said something about my axis being changed after 33 years. They only see me 3 to 4 times for 15 minutes because I was on the shuffle for every three months. I was getting a new psychologist.

ASH Forensics Visitation B - ADHS: Three to four times, they see me for 15 minutes and they changed access to, I already told you but you heard And when they do investigations They are supposed to come and record the conversation. What? They've got a way around and found a loophole to bring another investigator with them, so they can correspond on what was said and then they make up their own story because you said something else, Where is it on recording? You can't have it because they don't take it. Terence Skaggs had a bunch of brand new audio recorders for the staff to use during their investigation, they used to use them. Now, they don't

goldie: Okay, thank you. Tim

ASH Forensics Visitation B - ADHS: And Lisa Wynn said, the Guardians are always informed on everything when something happens. That is false as heck because when I quit eating for a week, And quit taking my meds for a week. When my mom was still alive. And she was my guardian, Nobody ever told her, except for me, I'm diabetic, I need to eat, but I quit for a week and they never called my guardian. They weren't too worried.

01:45:00

goldie: Okay. Thanks Tim.

ASH Forensics Visitation B - ADHS: Thank you.

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goldie: Do we have anyone that we haven't heard from, or if not, we'll go to an executive session which remembers a whole different link. And Larry is at the same phone number for Kay.

Lawrence Allen: Yes, it would... it's in the chat.

goldie: It's a different phone. Number case, you may want to write it down.

Person 20: I don't have access to a pen, all the facts to skip I guess. Next time I'll bring a pen to the meeting.

goldie: Is there someone that can get you a pin?

Person 20: Yeah, if you guys don't mind waiting, let me go get one.

goldie: Okay.

+1 520-*-***77:** Yeah. Lawrence can you also give me that too? That whatever that is.

goldie: Okay. Yeah.

+1 520-*-***77:** This is Dee.

goldie: It's 507-591-1048. And the pin. Is 7, 487. 484#.

+1 520-*-***77:** Okay, thank you.

ASH Forensics Visitation B - ADHS: Happy Birthday Dee

+1 602-*-***37:** Have a good evening.

+1 520-*-***77:** Thank you guys and

Lisa Wynn: Good night, everybody. Thank you.

goldie: Okay, I'll wait.

Calvin Flowers: Good night.

+1 520-*-***77:** Tonight. We're gonna wait for Kenny.

goldie: Okay.

goldie: We'll see that.

Person 19: But thank you.

goldie: Yeah, I'm gonna wait for K to give her the number.

Person 20: I have a pen.

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Lawrence Allen: While we're waiting on K,...

goldie: Okay. All,...

Lawrence Allen: Can we get a motion to go into executive session?

goldie: That's right. I'm motion to go into executive session so I have a second

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

+1 520-*-***77:** that's,

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

+1 480-*-***16:** Dallas.

Person 20: I'm

goldie: Thanks So here is Yes.

Person 20: Lawrence. can I get the phone number?

goldie: Yes, it's one. 507. 591.

Person 20: Practice.

Person 20: Resistance.

goldie: 1 0, 4, 8.

goldie: And the pin number. Is 7, 487. 4 8, 4#

Person 20: I'll see you guys in a second. Thank you.

goldie: See you in a second.

Lawrence Allen: I'll transfer over there and open it up for an executive session.

goldie: The ASH Independent Oversight Committee has returned to the public meeting and we have finished our executive session and we want a motion to adjourn the meeting.

Chuck Goldstein: .Motion to adjourn.

goldie: All in favor?

+1 520-*-***77:** I,

+1 602-*-***37:** I

+1 480-*-***16:** I

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Person 20: I

goldie: We are adjourned, thank you everyone.

Meeting ended after 02:05:27 🤝