

Department of Health Services (DHS)
Arizona State Hospital Independent Oversight Committee (IOC)
Public Meeting Minutes
Thursday, August 17, 2023 – 6:00pm

Call to Order

Meeting called to order by Committee Chair, Laurie Goldstein. The date is August 17, 2023, at 6:01pm, the meeting was virtual with no physical address.

Welcome and Introductions

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

Absent:

- Natalie Trainor

Public in Attendance:

- Tim Briscoe
- Rodney Woodville
- Holly Geiszl (602-***-**19)
- Sommer Walter
- Crystal Fox

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 (2023-08-17 18:02 GMT-7) - Transcript

Attendees

+1 480-***-**66, +1 480-***-**82, +1 520-***-**77, +1 602-***-**19, +1 602-***-**28, +1 602-***-**31, +1 602-***-**87, Alyce, barbara honiberg, Calvin Flowers, Chuck Goldstein, crystal Fox, Fredreka Graham, goldie, Lawrence Allen, Lisa Wynn, Melissa Farling, Michael Sheldon, Person 20, Person 21, Sommer Walter

Transcript

This editable transcript was computer generated and might contain errors. People can also change the text after it was created.

goldie: Welcome to the Arizona State Hospital, Independent Oversight Committee and so as far as the committee members, it's myself, Chuck, Melissa, Kay, Alice, Dee and Barb I know Kim also was going to join. So she'll probably be joining shortly. But let's go ahead and begin to respect everyone's time. So Any disclosure of conflict of interest from any of the committee members?

goldie: Off in any discussions. Anything comes up where there is a conflict of interest you have to disclose and then abstain from Discussion and vote in that conversation and send Larry, your Signed Document. last meeting review and approve of the minutes. They were sent out by Larry quite a while ago. Did we have any questions on the Minutes of last month?

goldie: Okay, none being heard. Any update from Adoa.

Lawrence Allen: Lori no updates this month. Any questions for me that I could try to answer for the group?

goldie: I know you sent a new format for our annual report. I have not. At the chance to look at it or study it yet. So,

Lawrence Allen: No problem, please, reach out. If you have any questions or concerns on that, that's basically just kind of the framework that goes into the report. You may or may not have touched on some of those you have and that's okay but please let me know if you have any questions moving forward on it. Again it's not due till November 1st.

goldie: I'm so happy to hear that. next action items. So last month, there were a lot of items that we requested and the hospital has provided all those items. I did just send it out to the committee but to just Over them, briefly. I look like I'm ignoring you. It's looking at my big monitor. So the first item was a contraband and controlled items for civil and forensic and it's pretty thorough.

goldie: It goes through Clothing accessories, personal hygiene, riding crafts, art supplies electronics. I didn't know this was the administration, I didn't know what net meant, but I think it was something about treatment team approval or something.

Michael Sheldon: In This is Mike any T stands for nursing executive team so it's the hospital's nursing leadership team.

goldie: Okay, thank you. a lot of the electronics.

goldie: Certain devices like paper right you either I'm like kindles and other things CDs DVDs those need approval since specific topics maybe not appropriate for some patients I suppose Mike that's the reason.

Michael Sheldon: Yeah, it also comes down to safety. So, for instance, CDs and DVD players, they can be snapped in half and then they're sharp objects then. So we need to make sure that if any patient does have access to those pieces of materials that it's safe that they can be trusted to use them and not make a weapon out of them.

goldie: Okay, thank you for that explanation. Then they have another category which includes lots of various things anywhere from cleaning objects to accused or just a lot of items, but it was a very involved list. Also musical instruments again have to be approved by that net and the patient. The user has to sign an agreement. I'll be permitted to have that item. That was one of The second things we requested real quick.

00:05:00

goldie: Was. Patient property.

goldie: It was provided for both. the units. u Civil and forensic. and then the policy patient property storage and contraband, and It went through. What are the controlled substances and contraband items prohibited? What the in-room storage is. The units towards the long term storage.

goldie: Okay, and Kim is also on And Larry.

goldie: but it was a very Detail list of What is a permitted? And as I read through that, it also said what happens with materials or property that may not be contraband? But may not be permitted for the person and I think some items can be stored other items. can be picked up and taken from the hospital from the Court system, the family were sent to them. I think I read that somewhere.

goldie: One thing that I found interesting because it's come up before property transfers between units. I know that there's been Some allegations in the past. Often when a patient is Sold without a lot of notice. And they don't always have time to get all their things together and move to another unit. Here, it says a

pond transfer. All the patient properties collected and transferred to the receiving unit. The patient property is reviewed by the receiving unit to ensure. There are no contraband items, many controlled items have been approved. After transferring, the patient shall sign a paid patient property received form documents receipt, all of his or her properties items that are permitted at the receiving unit can be stored in long term storage. Request.

goldie: Or request an approval by CEO or designee or disposed of at the patient's requesting expense. So,

goldie: again, I think the patient's perspective was, they don't always have time to Detail everything they have before they're moved. And here it says that. After their move, they're given their things to look over. If I'm understanding correctly.

Person 20: That's true. The only problem is that we have our items in a bunch of different places. Some of our stuff is at the nurses station, like the DVDs, or makeup or things like that. That and then there's other places that they store our musical instruments. So sometimes when we're given such short notice to move, you don't remember all of your property because some of it is considered contraband. So it's different areas. And so what we're asking, the hospital to give us a little bit more heads up, so we can actually get our heads together and get everything that we need before we move.

Michael Sheldon: So hey hey it's Mike so I can definitely see how that is problematic.

Michael Sheldon: And I guess I'll use the word, in many cases, when the hospital elects to move a patient. Our concern about giving so much notice would be how that patient would react. So typically if we move a patient, it's because of some type of behavior, or a conflict between patients on staff. And if we were to give them a say, we're gonna move you in a week, we don't know what that patient would do over the next 4 or 5 days if they would become more aggressive, more assaultive, more violent. So, that's really why we're trying to walk a very fine line there between keeping the facilities safe and the patients and the staff safe and being able to monitor the individuals behavior as opposed to making sure that all the property is lined up and can move in lockstep. But yeah, I can definitely see how that is.

Michael Sheldon: An issue.

Person 20: Yeah, we even have storage and contraband and is that difficult to get to and then we have stuff in the nurses station and then we have definitely just various different areas so it's just difficult the time to get everything together and especially when you're told that you got a couple hours to move it's hard to remember where all of your items are and it's only after we've moved that, we remember and a lot of times it gets lost.

00:10:00

Michael Sheldon: No. Yeah that makes total sense. I can see how that would be a problem. But that's kind of how that works or why that works like that Lori.

goldie: Okay, thank you. Okay, the next

+1 520-***-**77: I'm sorry, I had a comment So I heard Michael Sheldon's saying that in most cases,...

goldie: Okay.

+1 520-*-***77:** this is a behavioral issue but in those that aren't and it does happen and I can about so that probably can as well. there should be the ability for the fact to be more organized and help them retain all of their belonging.

Michael Sheldon: I'm not opposed to that. It's always an individual issue though so I'll take that under advisement.

goldie: Thank...

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

goldie: Okay, the next one was Arizona State Hospital Forensic Campus Patient Musical Instrument User Agreement. So it talks about what they can't have, they have to read over. A list of rules and sign it.

goldie: I didn't see one. Civil. or did I overlook it?

goldie: Does that mean civil does? They're not allowed Musical instruments.

Michael Sheldon: I'm gonna ask Lisa about that one. My recollection Lori is that civil patients are not allowed to have personal instruments like on the unit or on their person.

goldie: Okay, thank you. The next item that was provided was patient property received and it's kind of detailed that patient name unit room. Date how it came. So whether through a visit to mail ups or other, what the property was or is description quantity and whether it's contraband or not, Comments, Signature of who's the visitor? Dropping it off. The staff accepting it and the patient receiving it. So, that's an attachment. And then patient property contraband disposition tracking. So for those items that they're not allowed to have, It looks like. There's a chain of evidence. where they track. where it's going to and from,

goldie: I think we'll have more discussion on that in our review.

goldie: Shortly later and then also a release of information request that's in conjunction with the record review.

goldie: So that's just information on confidentiality of the records that the IOC. Will be reviewing. And Let me think. Those were action items from the last meeting. Were there any others that I forgot about for my committee?

goldie: Okay, follow up on previous or ongoing discussions. We talked about the search policy. While we're at it, we were able to search for a room after we had the request and voted on it. Last meeting. So, We have the search for the review and then we also have the Review of the video. Of allegation of a staff. kind of, Haunting. So, there were several of us that went

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

goldie: Melissa, do you want to report on? what we saw in the? Patient searches of the room. And then maybe Alyce you can report on the staff taunting and remember no disclosure of patient staff names. just, Trying to keep it as vague as possible, but you can say details of what you saw. But

00:15:00

goldie: Not a vigils. Okay.

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

+1 480-*-**82:** Okay Yeah Melissa. Sorry I'm not feeling great. So Culturally, I'm loud enough but for the room, search. I think we watched probably for about 20 or 30 minutes. We watched for a while. We did watch some parts over again but the patient went into the room. There were originally about 5 staff, I think outside the room. And the first thing that happened was that it looked like a patient. Money was brought out and counted in front of them. And, documented in some way, So that was the first thing that happened.

+1 480-*-**82:** More staff. Came to the room. And it looks like there was an inventory process, right? There were lots of items kept coming out of the room and being put onto a car, of course, that was on wheels.

+1 480-*-**82:** Any sort of ask about, okay, it's inventory taken there. and it's our understanding that inventory happens in another location and it might be the nurses station where Photographs are taken. And happens There was a question.

+1 480-*-**82:** On so parents. And in a lot of states, there would be back and forth, a lot of staff could leave and then come back. Right. And then another cart would come.

goldie:

+1 480-*-**82:** At one point, the patient followed The view of the camera. So, presumably to the nurses station. Interesting, where the items are being stored. There was a moment where the patient was like I'm gonna say. Punch the wall, I guess.

+1 480-*-**82:** So, it was great. But, the entire, it's also our understanding after that.

+1 480-*-**82:** More meaning it was being searched. So they were searching Other rooms too. But

+1 480-*-**82:** I think that's pretty much the summary of what we saw.

goldie: No, I think what better things that popped in mind. We saw a lot of things coming out like two carts worth. It was some hygiene, just a lot of items we couldn't tell, but two cards worth it was a lot of Material.

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

goldie: And yeah.

+1 480-***-**82: No, you reminded me there were a whole bunch of towels. put on the floor like a pile.

goldie:

+1 480-***-**82: that also came out in addition to all the items that Lawrence referring to

goldie: And I think, Alice mentioned that, as a psych nurse she's used to seeing These types of searches and looking for contraband and we're just doing searches and I think Alyce your comment was that, it wasn't sanitary, taking the towels and throwing them on the grounds. Because you don't know, even if they look like they were clean, what's happened with those? And the other item was that the patient didn't appear to have shoes or socks on the entire time.

Alyce: yeah, that was a concern whenever you take any sort of towels or linens, they need to go directly into a bag and then, because it was a room search, of course, they would go into a single bag so that they could later go through those towels. And then you don't know what's on towels that patients have used and even if they look like they haven't been used, you don't know for sure if they ever have it and they were refolded. so, that's What the I think, ocean or Jayco. that they need to be bagged and not thrown on the floor, especially in the public walkway and then, yes, I saw him without socks on and one thing when I work, I remind patients when they don't have socks on things happen in those public walkways or even in their rooms.

00:20:00

Alyce: And they could get it on their feet. into their skin and track it around. And I'm not saying it's perfect. If they have shoes and stuff, but at least it's not on their skin, if they walk through it.

Alyce: It's just much more sanitary. Especially since in urine, things like hepatitis virus live for 10 days outside the body.

Person 20: Right.

Alyce: And I'm not saying clean up, so don't occur. But, you never know if some things are imperfect, especially when I saw towels being thrown on the floor.

Michael Sheldon: This is Mike. That's a good point Ellis. I'll talk with a team tomorrow morning about when they do room searches. Linens should go automatically into one of our soil linen bags to make sure that it's processed effectively. And then, working, and psych the way that you do. that, we can encourage the patients to wear socks and...

Alyce: Right.

Michael Sheldon: shoes, but ultimately if they say no, there's not a whole lot we can do about it. Just continue to reinforce and educate.

Alyce: Mike. What I do is I just kind of laugh and say, have you seen anybody do anything on the floor? Maybe a little keep here or something? And I just kind of giggle with them and...

Michael Sheldon: but,

Alyce: Then usually they'll put on their socks and shoes.

Michael Sheldon: Yeah.

Person 20: I have a different question. I was wondering where the items removed were actually contraband or things that may potentially pose a danger or were they, cuz I mean, I don't think taking towels, is that okay? I can understand why the room search is necessary to remove contraband items but they shouldn't be removing linens and things like that.

Lisa Wynn: I think the policy speaks to both contraband and...

barbara honiberg: I guess. But

Lisa Wynn: So patients have an understanding of the limit of the clothes linens personal items they can have in their room and when it gets accepted, it becomes an infection control and it's safety and a security risk so that the policy speaks to access as well.

barbara honiberg: And then I believe you said Lisa, that the excess goes somewhere else but you into storage for that person.

goldie: and I think, and what we sent, it shows in the patient storage, they have two and correctly. If I'm wrong you guys have two 18 gallon bins that they can use and that's their storage.

Person 20: That's true. We get to 18 gallon bins that are stored in contraband for us.

goldie: And that you're allowed access to it at least once a week, if it's not in your room.

Person 20: Yes, we are allowed once a week to go to contraband to get and retrieve items that we need out of storage.

goldie: Alice, do you want to talk? The alleged staff taunting. Sorry about that.

Alyce: So honestly, at first glance I thought that that person was patient that was being escalated. And then I realized, no wait a second that's not and somebody said who that person was and he was very aggressive. towards the patient to the point where it took, a couple of the staff on the unit to get him kind of on one side and then the other kind of get him back and then the nurse stepped in the middle.

Alyce: He didn't calm down immediately, either like he continued.

Alyce: It was very distressing to me, because of his anger. Was beyond taunting. it was almost, at that patient.

Alyce: he literally did have to be a touch held on the arm and escalated and walked off of the unit and it took a little bit of time. How many minutes was that Lori? Do you think?

goldie: I think that. we saw once and then we saw the patient,...

Alyce: Yeah, two different things.

00:25:00

goldie: the patient, leave the unit and then To go towards the patient again. And then, I think it was a nurse that put hands on The staff and...

barbara honiberg: Yeah. Yeah.

Alyce: Yeah. Yeah.

goldie: then another staff blocked the door. So the person couldn't get to the patient. But it was disturbing. That was a lead tech. Who?

Alyce: Was disturbing that he was a lead tech.

barbara honiberg: So, it was very disturbing.

Alyce: And the fact is he did not stop going at the patient and then something that I'm sure would be important to Michael. He did this in front of other patients on the unit. So, as we know in this field, that obviously tells other patients, This guy could hurt me. So, I was curious if I could get a compilation of patient grievances On that lead tech and more history because I've seen people where they've started to lose it, a little bit as I get it, patients know where to push our buttons. They get Bor. Or sometimes they just don't like a particular staff member.

Alyce: that it's just something that happens and we just kind of will do a tap out if I see somebody who's Starting to amp a little bit towards a patient, but this was more than that. This guy had to be stopped. I thought. I don't know if I was a patient on that unit watching him, going like that, other patients and having to be stopped and then walked off the unit. I would be intimidated.

Alyce: And then I'd be afraid to file.

goldie: And that's what we heard,...

goldie: We heard that the patients agreed and...

Alyce: Yeah, I'd be afraid.

barbara honiberg: but,

goldie: then pulled it back.

barbara honiberg: But I believe Lisa, you said it was refiled.

Lisa Wynn: What happens is whenever we get a complaint or grievance from any of our patients, we do a video investigation because that matter did not include any assaultive behavior. No code was called. Nobody was put in a physical hold, so no patient. Let's put in a physical hold because it didn't rise that level, our team video reviewed it after we got the complaint from the patient. And so, at that point we've provided a video review. We provide feedback and show that video to leadership on the unit. And speaking in general, in general any time we have any concerns about the way a situation unfolds.

Lisa Wynn: It's elevated both to our whole executing Mike, our human resource nursing leadership, and then the appropriate personnel measures are taken whether it's coaching training, whatever. It may be, then that occurs at that point. So That's the process that occurred in this instance. So, the video was reviewed.

Alyce: How many times Lisa, okay? But...

barbara honiberg: I'm sorry.

Alyce: How many times are they coached to be for them? Let go.

Lisa Wynn: That's going to be based on I couldn't speak to that. I mean Mike might be able to but that's something that leadership is going to look at. And we've got our own progressive discipline policies for the whole state and for the department.

Alyce: All right. Thanks.

Person 20: That's okay, I personally haven't seen a video, but I have a pretty good idea of which tech this is. I think it's a good idea to ask for the grievances filed on this tech, the past history to see if there is an established pattern because from my experience, I believe that there should be some evidence there.

Alyce: Good then. You're right there with me because that's what I was hoping to get.

goldie: so am I hearing that you want to Post a motion.

Person 20: Is I'd like to make a motion to find out what grievances were filed against the staff member. I don't want to mention his name and if we can have that reported to us, that would be great.

barbara honiberg: 5 seconds.

goldie: Over a period of what time over the last year. Okay, okay.

Person 20: Over the last two years.

Alyce: Yeah, I'm on board for those two years. That's what I was thinking.

goldie: Okay, all in favor.

barbara honiberg: I,

Alyce: I,

goldie: Okay.

+1 602-***-***19: I have a question. for Mike.

goldie: Yes.

+1 602-***-***19: Are these criteria that you described actually somebody else? So I'm going to mention which employees are held Accountable to their actions. So they are available to the public for the IOC to review.

00:30:00

Michael Sheldon: As far as So there's a few I apologize, Chuck. I'm gonna have Lisa answer that depth definitively but my understanding is that we have a few policies as far as ethical conduct of employees. That is pretty much. Boilerplate language for all state employees, that essentially, I think address your question. So that would be a policy document that we have on file.

+1 602-***-***19: Okay, so what I asked Michael, was that policy that you have on file? Is it available for review by this committee or is the public domain? Or is it helped privately By Arizona State Hospital.

Michael Sheldon: I mean I think my understanding of the rules are chuck. If the committee asks for a copy of our policy then and the committee approves it or votes on it, then we would divulge that policy to all of you. It's essentially a public document. if you ask for it we would supply it correctly. So am I my way off target on that one.

Lisa Wynn: As best as I know, if any policy as it exists, either a state agency or a hospital policy would be public record. Cars, I can imagine.

+1 602-***-***19: What would be the specific policy that would be engaged in this particular review of this particular employee? What is the name of that Policy?

Lisa Wynn: I'm not sure because there's nobody on this call from Human Resources. So we'll have to find out and I don't know how specific it would be. But if there are any policies around what I'm hearing, Dr. Goldstein is, you're really looking for policies around progressive discipline.

+1 602-***-***19: Yeah, I mean Look at a motion just made and pass that we get the records, I guess it would be of this to take so employee, it would be nice to have the policy by which those Actions taken by the employee which the hospital was reviewing. In its decision to retain that employee or, not routine, an employee. It would be nice if they are able to see, and could also see by what framework or structure you're actually making that decision because we'd like to actually get that policy, those policies as well.

Lisa Wynn: Understood.

goldie: So there's a motion.

+1 602-***-***19: so, their emotions And make the notion in that Arizona State Hospital, my own name and use the time. So the hospital divulges this to this committee. Those policies that are impacting their decision to retain all dismissed this employee based on this action we've been talking about the specific action today, and any others That this employee has demonstrated in the past that is in the records of Arizona State Hospital.

Lisa Wynn: Dr. Goldstein I'm sorry. I think I do need clarification. My understanding was you were asking for a hospital? Date or department policies around progressive discipline. Now it sounds like you're asking Are specific human resource records on a specific patient. And I think that would be a different scenario and any investigation that human resource does. I would not believe it would be public records. If it's not a conflict, we can just look to see the number of complaints that have been filed by patients against this particular employee. But his personnel decisions. I do not believe it would be public record, but the policies on how we come to progressive. Discipline decisions I made Mike,...

goldie: Okay.

Lisa Wynn: Do you agree?

Michael Sheldon: Yeah. Lisa, I think we're saying the same thing but in circles. So we should be able to release our approved policy documents around progressive discipline, ethical conduct of state employees and our expectations, they're in. But as far as the personnel file of any employee, that would not be subject to release to the IOC. That's my understanding. I could be totally wrong, but I think that's the way this works.

00:35:00

goldie: okay, so I think it's for the pop the policies then

+1 602-***-***19: Thank you.

+1 602-***-***19: Yes, the emotion was made. I haven't heard a second to a decision by this committee.

Alyce: Okay, so Alice a second.

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

+1 520-***-***77: All second that as well D.

goldie: Okay, all in favor.

+1 602-***-***19: On paper.

goldie: Okay, thank you. Okay, so I think those were the

goldie: our actions, we reviewed that we did just

Person 20: I have a question. So what was that? Outcome of the grievance that was filed by the patient?

goldie: I think. the person talked to Hold on. I'm getting an echo.

Michael Sheldon: Was that withdrawn Lisa or what happened with that one? Do you know...

Person 20: All of this.

Michael Sheldon: What's your head?

Lisa Wynn: The patient withdrew it. And then because we'd already reviewed the video, we were able to provide feedback Training and coaching.

goldie: The patient, I think talk to the committee and I think the patient is fearful.

goldie: of the staff member and that's why, after the committee had a Telephonic, I think it was a telephone. I'm not sure if Melissa and Barb are Alice if you saw the person. In person, but they communicated that they were fearful of this staff and asked if we could review and that's why we voted on it. so, review the video and see if we believe that there was staff taunting,

goldie: So I think it did come from The patient scared to Report. The Attack Because I'm not sure if there's still a lead tech or not but if they're so on the same unit with The patient. We can all see why they could be intimidated.

barbara honiberg: Yes.

Michael Sheldon: It may also be advantageous. and I'm by no means. Am I asking you or suggesting how you move forward? But it may be advantageous for the committee to look at perhaps all the other Complaints that this specific patient had played against to look for patterns because I think this is me, unfortunately, a one-sided conversation. And I think holistically looking at this would paint a better picture of what's going on.

barbara honiberg: I agree.

goldie: Okay.

barbara honiberg: We would like to have access to review.

Person 20: So this is my experience. I don't think that regardless of what the patient was doing. I think that the staff need to have more self-control because I mean, a lot of the patients here are mentally ill and if they're provoking staff like they shouldn't be getting any type of response from that. I don't feel that It lies within the patient's problem. I don't know. That's just my opinion.

goldie: okay, I mean

Alyce: No, I agree. If I had been the charge nurse on the floor, No, I don't tolerate that and I've been a nurse since 1993. I've never seen anything like that. Medical or site.

Alyce: And I work high acuity psych. So just saying,

goldie: Okay, so I think how we can move on we're going to get the review of complaints on this particular staff member. Is there an interest to ask for all the grievances that the patient has filed to see if there is a pattern against other staff? Because we can ask about that because it did look like other staff were trying to protect the patient. When we were reviewing it. But again we could get Information on the patient. As well as information on the staff member.

+1 480-*-**82:** Lawrence when those griefs left.

+1 520-*-**77:** This wouldn't. We also need the hospital side of things.

+1 480-*-**82:** I'm sorry.

+1 520-*-**77:** So what they did with their investigations, specifically, the questions that were asked and how they came to their conclusion. I do continually hear over and over again that because There's a process that is put in place or someone that someone is spoken to, maybe I'm getting this wrong, Then automatically the grievance is denied as unfounded because The hospital fixed it, quote, Unquote.

00:40:00

goldie: I don't know. I mean, that we can look and ask for the outcome. Was, if there's a motion with, we can't see personnel records or human resource records and things like that we can say. Yeah.

+1 520-*-**77:** Yeah, I understand that but when the hospital investigates the grievance there are staff members that Come and interview and do whatever and do the background check and write up a report. I think we should be able to see how they came to that conclusion and be able to understand that has been, taken care of versus just we talked to the person involved or, we did whatever it was and we behind the scenes and so therefore, now it's unfounded because we already dealt with the problem instead of Actually. Validating. These patients have a problem. Am I wrong?

goldie: I think so. I think we can ask, but I do see, as I read through the records, I don't know what happens but I can see when there's a grievance filed or...

barbara honiberg: We'll figure them out later.

goldie: No, an incident rep filed. What happens If they find it? Something wrong An incident report then nursing or quality. I can often see. I can't remember the wording, but there's something to the fact. After reviewing video or recommendations.

goldie: Sent by the quality team by the nursing team. So there is a process that occurs Correct. Lisa, or Mike

Lisa Wynn: Yes that's correct. And we also track the action items. So if there's training on the unit or follow up with a process or a system, there's action items that the review team reviews and...

barbara honiberg: Lift.

Lisa Wynn: and confirms got completed

goldie: Okay.

goldie: So, are we ready to move on?

Person 20: Wanna do a motion to find out what happened during the investigation of that grievance.

goldie: Whether I think is it sufficient to say instead of saying grievance unsubstantiated?

goldie: Can they say? I mean if you guys found something, That you thought needed correction. And so saying there's unsubstantiated, can they say action items recommended training plan, put in place something.

goldie: So that effect, So everyone understands that. The administration is not tolerating. that type of, Deaf alleged aggression against a patient.

+1 520-*-**77:** Yeah, they're invalidating. These patients are concerned when they just substantiate things without any kind of explanation other than the ones that are given and it makes them feel as though they have no. Stay in what happens. it's not right in my opinion and I would like to support some action here that can at least Be more positive.

goldie: .

+1 520-*-**77:** for the execution who are the mentally ill,

goldie: So I'm trying to understand. Whether there's actions that are taken around that the hospital is doing, but if it is unsubstantiated again, is that sending a message to the patients. That it's tolerated. They may not know what's going on behind the scenes with the performance improvement plan or Training. Or.

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

goldie: Probation period, or whatever.

Lisa Wynn: Lori D. I don't believe there has been a decision letter in this case...

Lisa Wynn: because it was withdrawn By the patient. But again that does not mean that we didn't follow up with what our findings were. We did have findings, we do not tolerate. To behavior by our staff ever. So that is always followed up with, and it's followed up quickly with leadership, with human resources with the exact risk team. But in this instance, there is not a decision letter because there was not a formal investigation. Completed.

00:45:00

goldie: but,

+1 520-*-***77:** That's just one of many thoughts Lisa that seems like we hear so often that everything is substantiated and in the patience to feel like nobody cares.

goldie: But we've looked at other videos where patients have said a staff member was trying to hit them or block them or chase them. And the last one and it was Ashley. And I had looked at, we could not substantiate it, we did not see what we saw. A few days ago. So, I think that Yeah. Yeah.

+1 520-*-***77:** I didn't see the video. I'm talking in a global sense. I'm not talking about this, just one specific thing. Problem. I'm talking globally. I didn't mean that to that person. all cases was, like that.

goldie: Okay, I think that again. I'm not sure whether it is the IOC. We have the ability, if we feel that we want to File, a grievance for the patient or this particular incident. We can do that. And that way, we'll have a decision letter on what happened. So that is within The purview of the IOC. So I have a motion to grievance. For this patient. We're doing it, not the patient against the staff, or aggressive, and targeting behavior.

Person 20: I give the motion to file a grievance to look into this matter.

goldie: Okay, do I have a second?

Alyce: 5 Second, this is Alice.

goldie: Okay, all in favor.

+1 602-*-***19:** All available.

goldie: Okay. So,...

+1 602-*-***19:** So we move on now.

goldie: Can we move on now?

goldie: So review search policy. Other actions. The one thing I wanted to bring up was that G provided some information. And I will put it in the chat. Larry of a group.

goldie: A company that has therapy dogs and Our dogs are certified. They're willing to come out even during covid. There's a testimonial from Banner University Medical Center in Phoenix about the therapy dogs. So maybe I know it's a process to get Providers on the approved list, but Here's an opportunity, maybe to get more therapy dogs in there.

goldie: So it's in the chat. If The hospital.

Michael Sheldon: Anybody was anywhere from the hospital on that.

barbara honiberg: I think.

Michael Sheldon: I was in the chat.

goldie: Yeah. Yeah.

+1 520-*-**77:** The alliance of therapy dogs and it's a website of therapy, dogs, calm. And under that they have all kinds of information and under the facility that very specifically states That they are certified dogs and just Under that page, it says there's extensive testing and they have certified therapy dogs. And exactly how they go about all that and they're clean. They're covered by Ed Sheeran and then there's several testimonials and one of them that looks like Banner University Medical Center. So they go into hospitals and provide this service there in Phoenix.

Michael Sheldon: So it's like is it a national organization with a local footprint?

+1 520-*-**77:** I do believe so yeah.

Michael Sheldon: We'll definitely look into that. Thank you very much for giving us this information.

+1 520-*-**77:** You're welcome.

goldie: Okay, next. Ash Administration update.

Michael Sheldon: Yeah. Hi everybody. So the only update that I have from the administration is not specific to Ash. It's a DHS overall Governor Hobbs did formally name Jenny Kunico as the director of a DHS that was a couple of weeks ago.

Michael Sheldon: So Director, Cunico had been serving in the interim slash acting position since December of 2020 to. So she has vast experience in operations at Health Services, Human Resources. IT licensing Public health services. and like I said, she's been acting in that role for almost eight months now, so very happy to have her in that position officially and I'm as soon as things kind of like, so down a little bit and she can come up for breath. I want to get her out at the hospital sometime the next month or so to join me on rounds across the campus to meet patients and staff.

00:50:00

goldie: That sounds great.

barbara honiberg: That's Wonderful idea.

goldie: So, I don't have to talk right now. Would you like to?

goldie: Everyone that went to the forum to report what they saw at the forums. Recently.

barbara honiberg: I grabbed me.

Person 20: Sorry, I didn't bring my notes with me. I believe was it Melissa? We present

barbara honiberg: I was there.

Person 20: Did you bring up?

+1 480-*-**82:** Barbara and I were there.

Alyce: yeah, I was there, while I was at civil for

Person 20: Okay.

barbara honiberg: Hang on. I'm looking. Okay.

barbara honiberg: The past complaints were updated.

barbara honiberg: The ladies want to get their hair styled and Someone in transport does So when she is able to do it. So she'll do it and then one of the patients said that They got to see a therapy dog.

barbara honiberg: But just passing by and then what they want.

barbara honiberg: So Trash cans. I believe it will be emptied more often.

barbara honiberg: They want more voices to be heard. they bending choices they wanted more healthy things which have been put in. And there was a complaint about the machine ripping them off.

barbara honiberg: so, someone else wanted protein drinks, muscle things like naked or Muscle or whatever that one is.

barbara honiberg: They want to have for one week at a time x-boxes other that are on the unit. Rehab wants appropriate activities for them, they keep doing the same thing. And the basketballs are flat. So the patients were told to let rehab know that they're flat. The issue of smoking came up and no one can smoke ash on the grounds or anywhere.

barbara honiberg: An ironwood. They would like to have a barber again. And after that I didn't totally shave. They want shavers so they can help others shape.

barbara honiberg: I think what it says, some I'm not sure.

barbara honiberg: Okay, and then they want the gardening back because that's Helpful, not only therapeutically. But in terms of Allergies. Because it's hypoallergenic.

barbara honiberg: there's been a threat of a person walking someone To the CT orderly, and they want more.

barbara honiberg: Representation, and that Be to be treated courteously.

00:55:00

barbara honiberg: I don't because yeah, the shavers aren't good, shaving cream would help.

goldie: Was this on the civil, or forensic or...

barbara honiberg: The civil side. Yeah.

goldie: both marks?

barbara honiberg: it was expressed that they want to do their own laundry because clothes seem to get mismatched or go missing or they get other people's laundry and so they want to fold. They want to wash. And fold and put away themselves.

barbara honiberg: and then put it in proper storage and sometimes Patients, clothes aren't labeled. so,

barbara honiberg: Other people get their clothes?

barbara honiberg: there also was A question about when I want to know. When patients are arguing when it's time to give meds, why can't they get the morning meds ready the night before? so that it will help get things going. and the response to that was that

barbara honiberg: It's a safety issue and the meds all need to be scanned to be given and a check for that. It's the right time. So all that can't be done the night before.

barbara honiberg: They're hygiene boxes staff. Don't put things. Back the right way wait staff doesn't do that but things fall out and some of their hygiene products are missing.

barbara honiberg: And so, the hygiene boxes need to have labels.

barbara honiberg: they need to talk to the lead tech about what's going on. They complain about staff. but, other places. They have been held. and that's all I have.

Person 20: I went and grabbed my notes, I have the notes for the forensic form, if you guys would like to hear that,

Michael Sheldon: Can I really quickly comment on the civil forum first though? I'm sorry for interrupting Barbara, you just gave us a Two people to appoint lists. So I had a few things to talk about. I don't have answers to everything that they said, so I'll do my best to respond. So, his and everyone on this call is aware of this. We've historically had issues with maintaining a barber on contract or on staff at the hospital. The demand for Barbara Services does not warrant a 40-hour position. So we get somebody who's considered pool or part-time and they come in for a few months. And then they find a new job and then they're gone. That's all to find. Somebody who wants to do Barbara services in this type of environment. So it's very much hit or...

barbara honiberg: miss

Michael Sheldon: I would actually very much appreciate it if anybody on this call, or on the committee had any references or any contacts that we could potentially reach out to maybe a Barbara school or a cosmetology school of that. We could have a contract that would send folks out to the campus to do this work for us, And then they would receive credit or something along those lines towards their barber or cosmetology degree.

Michael Sheldon: I'll be honest folks, we are struggling in this area and...

goldie: Don't have.

Michael Sheldon: I'm not sure what avenues that we can explore that we haven't already tried to. Before I can tell you that we did change the job description for the barber to be a barber slash cosmetologist. So I think that may open up the candidate pool potentially, to get us more people applying for it. But if any of you have any ideas, by all means you reach out to us. Let us know because we definitely want to make sure that we're taking care of our patients as best we can Lori you. What do you think?

01:00:00

goldie: I was just thinking, I mean, we can ask around and see who, we know, but it also makes people wonder a lot of times. Get in trouble. I'm not talking about felonies or anything like that, but they have to do community service if they're drunk driving or whatever. It would be nice. If anyone that has the skills, could do their community service cutting hair at Ash, but I don't even know how to Find out or how do you register as? Acceptable community service venue. You'd have to get through clearance right and...

Michael Sheldon: Create a Correct.

goldie: make sure that they're okay.

Michael Sheldon: I think that the biggest hiccup right now, is that by statute, anybody who provides services on our campus, must have a level one fingerprint clearance card so they have an active felony or something on file, then DPs would reject them and they would not be a viable candidate even under a community service perspective. So yeah,...

goldie: I was thinking of misdemeanors,...

Michael Sheldon: Our hands are Okay.

goldie: I didn't think felony, so

Michael Sheldon: Yeah, yeah. But yeah, I'm sure there's definite ways that we can look at this. That we just have not

Michael Sheldon: Peer picked into yet. So if anybody has any ideas, I would definitely entertain them. The other thing. Yeah.

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

+1 520-***-**77: My Sheldon Steve so if they're monetary I know you could use contracts in the past so I'm assuming they're monetary reimbursement for somebody coming in to do that. I mean I may know somebody that lives in the area who might be interested but obviously she would have to be reimbursed for her time and...

Michael Sheldon: Yeah. Yet, you know my ID definitely.

+1 520-***-**77: financially so I just

Michael Sheldon: So I'm sorry. And that was I apologize. Correct. Okay.

+1 520-***-**77: Yeah, it is. Yeah.

Michael Sheldon: Yeah. So in the past we've had contracts out there and I believe we have reimbursed on a per capita per haircut and that will be for a contractor, but then if they do a lot to join us as an employee, it would be an hourly reimbursement rate.

+1 520-***-**77: And somehow you could maybe quietly because I would ask it right here, right now. let us know exactly what the monetary reimbursement would be with. The pay would be, so I have somebody who was even interested, I could kind of give them a range of what maybe they could expect.

Michael Sheldon: Yeah, I think what I'll do to make sure that the hospital maintains complete transparency publicly. I will just tell the operations team at the hospital to repost the public bid and that will have all of the dollar figures in there and...

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

Michael Sheldon: I apologize D. As long as this individual is licensed and has their own company / insurance. They can bid and they can tell us what rate they want to charge us.

+1 520-***-**77: Okay, absolutely. Thank you.

Michael Sheldon: All I'll see about getting that lined up in the next couple of weeks. It should not be that big of a deal because it's already been posted. Once we can just refresh it.

Michael Sheldon: The other thing Barbara that I wanted to speak on really quickly is the patient comments about video games on the unit. So Civilis is set up quite a bit differently than the forensic hospital, whereas the forensic hospital and cake speak to this. There's kind of separate rooms off of the day room that have a TV set up with a PlayStation and so on and so on and so forth, where the patients can I believe they pick a time slot that they want and they can go in there and play video games or whatever it is civil does not have that. Unfortunately it's essentially one big room with dorms off the side. So it's not really configured to do exactly what they want to do. What we're doing instead Barbara and committee members is we have purchased

Michael Sheldon: And we are in the process right now. This has been a long process, and has taken too long as far as I'm concerned. But we are actually setting up.

Michael Sheldon: What we're kind of calling a video arcade. It's gonna be in the gym for the civil patients. We've installed 65 inch televisions. They're already mounted onto the walls. We're right now. In the process of getting playstations that will be also put in there. So that when we have free gym, time when we have opportunities for rehab, the patients can go there, they can play PlayStation, They can play video games independently, or against one another, but I recognize that as a problem, a long time ago, I've been trying to address it. I love playing video games. That's kind of how I read my own stress, so I wanted to do that for the patients as well. So that is in the works and Barbara my hope is that is up and running By the next time, this committee meets

01:05:00

barbara honiberg: But thank you, Mike. Any other questions for me?

goldie: That's great.

goldie: I had a question. You said that? Patients were complaining about staff but then said it's been way worse than Ash in other places.

barbara honiberg: Yeah, yeah. No no. So I'm sorry about all other Behavioral health facilities than ash.

goldie: Okay.

Alyce: Yeah, I could believe that.

Person 20: Okay, if you guys are ready, I can go over what happened at the forensics form.

goldie: Okay.

Person 20: Okay, so some of the top we talked about was Walking Horse, Some of the patients here have jobs, but have nobody on the outside to actually order them items to be sent in and specifically, there's two patients on Faygo that don't have family, that can order them items and so they were hoping that they could open up walking horse to include the makeup and personal hygiene. We didn't get a response on that. We also ask for more food visits, we currently have four We're asking for six to eight per year. Other patients had complained about phone calls, the operator not picking up, but we've already kind of talked about that. One of the patients actually brought up the fact that our grievances are unsubstantiated in it and it actually feels like they don't really go anywhere. It's d I think. What thing that the patients actually feel that

Person 20: They feel invalidated because they're saying that they're grievance was invalidated and it doesn't feel very good. The patients are also asking on the forensic side to have more exercise groups. The exercise groups are actually filling up at capacity and we have a bunch of people still wanting to exercise. And considering that the forensic patients are pretty chronically overweight, especially with the site meds and stuff. It seems like that should be something that the hospital should be providing. If people want to exercise, there should be outlets for that.

Person 20: Other patients are asking for access to water. There is currently not a drinking fountain on the outside because of the pigeon problem that we were having, but they were asking if we could have water coolers out there, at mall, walk or run group, just because it's hard to go back to the unit to get water to come back out, and do all that stuff, because we have to go through three doors. So they're asking for water out during the exercise groups. Another patient had.

Person 20: Had cal sensitivity The hydrogen peroxide but they used it as a disinfectant and passed out a pamphlet to all the Ash administration to let them aware of what. OSHA standards were another patient asked about hair dye but seeing that we don't have a barber or a cosmetologist, I'm guessing that that's probably out the door. And then the last thing that they discussed is a lot of times we feel that as patient we get blank, She did policy like one or two patients will act up and then we get this blanket policy that covers everybody, and we're wondering why that is, and why it doesn't go into an individual treatment plan as opposed to a blanket. It's all of these and we came up with a couple of examples but

Person 20: But that's kind of frustrating And so, that was basically the patient form on the forensic side.

+1 480-*-**82:** Okay, I had a good Melissa, I had a few more things. To add if that's okay.

+1 480-*-**82:** I think I just walked

goldie: No, go ahead. Melissa. I was on mute.

+1 480-*-**82:** There we go. So okay, I do think about the walking horse. I had written down that one of the staff said that they would look into that right now. The accounts aren't set up to order non-electric items. So, I'm hoping that they're really doing that.

Person 20: Okay, I'm changing the walking Horse here on the unit, they're stopping it now. So what they have to do is they have to file a B1 which is effectively the hospital writing a check on their behalf out of their account and they're stopping the patients from being able to actually create that B1. So they can't issue the check to the walking horse so they can actually order the walking horse, that's not the issue. The hospital is putting up a block so that the patient can't use their own money to purchase the items from one.

01:10:00

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

+1 602-*-**19:** I have a question. Jake, can you hear me? you mentioned In your list of things. When the form of patients, object to the fact that when one or two of them does something wrong, it results in an overall general policy rather than something that Contains them individually, like changing their individual plan and...

Person 20: Plan.

+1 602-*-**19:** You said you had examples, And can you provide the committee here with an example of two of what you're talking about?

Person 20: So I don't know if this is true but basically we've heard that patients hoard and so they can't cut down on the number of snacks or drinks that we get per her pop run. So now we're limited to two snacks where before it wasn't quite unlimited. I think it was formed but they scaled that back. I've heard either due to patient hoarding or patients gaining weight. And so instead of actually adjusting each individual patient, they just do blanket policy. So that was one of the things that some of the patients did that their snacks on popper and have been cut in half and it felt like a blanket policy as opposed to addressing individual issues.

Person 20: Somebody else had mentioned Boots but I think after talking to staff about it that the boots have been taken off. Not as well as a blanket, it's all of the because some of the patients have kicked back with their boots and obviously that hurt and at the safety concern but in a sense it is a blanket policy instead of addressing the few individuals that are abusing, Our leeway into getting boots are not boots. Some of us just have food and that's just how it is and it's fine but they do make blanket policies like that. So instead of addressing the few that are causing the problem, they come up with blanket policies and so some of the patients are getting kind of frustrated because the ratchet only kind of turns one way in here.

Michael Sheldon: Ladies and gentlemen. Dr. Goldstein we actually discussed the snack issue in the last meeting and Kaze, right? It was an issue with patients,...

Michael Sheldon: just going in and raiding the snack machines and then there would not be any snacks available when the next unit or the subsequent units would go to the machine, to buy chips or whatever it was. And then we will also have patients who like Kay said, I think she's correct and using the word. But realistically what they were doing was buying a bunch of snacks and then trying to sell them to other patients and have their own little private Circle K set up. So we wanted to mitigate that's the impetus behind that.

+1 602-***-***19: Thank you.

Person 20: It would be a little bit more helpful...

+1 602-***-***19: Thank you.

Person 20: if we could actually address the few because everybody's not running a store here. I mean there's a few patients that wind up ruining it for everybody. And instead of putting these blanket policies on everybody, it would be nice if in their treatment plan. they are limited to buying only two snacks, or they have repercussions if they want to find an excess at the vending machine. So they can't go on popcorn for the rest of the week. I mean, there needs to be some checks and balances with the individuals that are causing the problems, not this blanket policy and it's just frustrating. So a lot of us are following the rules. I mean the majority of us are following the rules and it's just frustrating to have our liberties kind of taken from us to an extent. So just a few, bad apples.

+1 602-***-***19: Sounds reasonable.

Michael Sheldon: I Won't. Yeah, I'm not gonna disagree with that statement. Okay, I think by and large, the majority of patients are trying to follow the rules. They're talking with their treatment teams, they're engaging with providers, but there's a handful of folks that are incredibly problematic. And that's where, unfortunately, we need to focus the most of our attention to get that taken care of. Let me see what I can do.

Person 20: things like,

goldie: Thank you.

Lisa Wynn: ...

+1 480-*-**82:** I still have a couple more things.

Lisa Wynn: Okay. Am I sorry,...

+1 480-*-**82:** I'll go ahead, sorry, no,...

01:15:00

Lisa Wynn: just a quick KD.

+1 480-*-**82:** no, go ahead.

Lisa Wynn: Do you think a limit of 4 for everyone would be reasonable because the initial thought was that two vending machines, snacks per day was pretty reasonable. Do you think 4 would be reasonable if we did put a limit on it?

Lisa Wynn: I thought it seemed reasonable.

Person 20: But that's 4 was what we had before. So it was supposed to be a Force Act,...

Lisa Wynn: Okay, thanks.

Person 20: totals 4, and as many as you want, but there are patients that are doing stores, and there's patients that are hoarding and those types of patients and...

Lisa Wynn: Okay.

Person 20: that the issue mostly lies with the blanket policy,

Michael Sheldon: Kay was it 4 per day or four per pop run? Because I know you guys go on more than one

Person 20: It was the fourth match per day and unlimited sodas. Yeah.

Michael Sheldon: Okay, thank you.

goldie: Thank you Melissa, you had something.

+1 480-*-**82:** It's a competition. Two more things. You can correct or clarify me. Hopefully, I'm not repeating something that I already reported on. There was a concern that there's one operator that's not picking up the call. That's its operators. Either out on the wall or doing things. non-entering the calls and I guess there's been a lot of Consistent. Sort of issues with that. One of the suggestions, what to try to write down, when that was happening. And the patient said, it's kind of difficult because they don't have easy access to writing instruments.

+1 480-*-**82:** so, I think that though I want to say that the staff, Was going to continue to monitor.

+1 480-*-**82:** That situation, there's another comment about the extended phone time is helping so referring back to that action taking place. There was a request for an increase in the number of coffee times. Could there be one more time for decaf.

+1 480-*-**82:** And then there's two more things asking about more books and perhaps the more like New York Times bestsellers. And then also getting a mirror in the gym recognizing that that's going to have to be secured. And then that's all I had for that.

Michael Sheldon: Are you okay, if I were trying to respond to some of those?

goldie: Yeah, please do.

Michael Sheldon: Okay, so I did the list Melissa and Kay presented to me afterwards. I did, approve, the mirror for the gem, I say, go ahead and go ahead and do that. So we'll try to get that ordered for everybody as far as the water. I agreed. I said yes. Rehab should have a cooler out there so that patients who are on outside walks or what not can refill, their water bottles, or their thermoses that they have. So we will make sure that moving forward, we do have a cooler of ice water available for the patients to use as far as exercise groups. I absolutely agree that if those are filling up then That means that they are in high demand and we should look at expanding them if possible. one that will obviously bet be based on staffing availability and then also looking at what are the most popular groups that we should be enhancing or offering more often than we currently do? And that's a project that Lisa's been working on with rehab for several months. As far as looking at their rehab programs that we offer, what needs to be potentially expanded is our high engagement activity items for patients from the rehab perspective so that we can get the most utility out of the programs that we're offering on campus. So, I completely agree with the exercise. If we can do that, we will go ahead and do that moving forward. And then the other thing that I wanted to comment on really quickly, was the food visits that I responded to. my personal responses that I have no problem with having more food visits whether that goes to six or

Michael Sheldon: Eight or whatever it may be. I would definitely want to talk to the social work team and the security team because they manage What I will not support at this point. Though is a situation where an individual brings in an individual visitor from the outside brings in food and there's multiple patients. Who are not associated with that visitor eating. We're not trying to set up like a buffet here, for the patients. So it can be a one-on-one session, and then we'll look at how to potentially expand that past four. But as the CEO, I have no problem with having more than four, but I don't want to get out of hand. So that's all I have right now.

01:20:00

Person 20: Okay.

Person 20: I appreciate all that and then hit the one last thing with the walking horse thing. I just know that there's a couple of patients here that just don't have any means. And if you look at the Walking Horse catalog the prices are pretty ridiculous. most people wouldn't want to order hygiene and stuff for them but they have really no other choice and so I don't know if you reconsider that. The patients that Hack ordered from Walking Horse have ordered personal hygiene products. I know that they've done it in the order that the hospital requires, they get a property request form, they submit that the team finds off on it and then they will call walking or some places order and then you have to be one and then send the checks. Walking Horse, that's how they've done it, they haven't ordered anything, that they're not supposed to order and even if they did it wouldn't be approved on the property request form So there's already a safety or a check in place for them to not order a TV or something out of the catalog because it's wouldn't be approved on the property request form.

Person 20: Again with, Do you know...

Michael Sheldon: Let's talk about.

Person 20: What am I saying?

Michael Sheldon: Yeah, So if I heard your right k Are the hygiene items. So a problem because it sounds like you said that was being approved.

Person 20: It was approved and then because I had mentioned during one of the meetings that my unit was allowed to do it because another unit wasn't, they came down unilaterally and said that nobody could hoard order personal hygiene products anymore from Walking Horse.

Michael Sheldon: Okay. Yeah,...

Person 20: Okay. All...

Michael Sheldon: Okay. Thank you.

Person 20: Okay, thank you.

goldie: So a couple things. One of the hygiene products. If we could get a list, I think it can't have alcohol as the number one ingredient and things, but if we could get a list of What are the hygiene products? Maybe we'll have donations for those patients. That doesn't have anyone and they wouldn't have to order.

Person 20: I think that they need it on such a regular basis and they're working and they have the money. It's just that the hospital won't issue. The check to Walking Horse to pay for it. Do you see what I'm saying? Just yeah.

goldie: Okay.

Michael Sheldon: Yeah, I'll look into this Lori and...

Person 20: Okay, thank you.

Michael Sheldon: figure out what's going on and...

goldie: Okay.

Michael Sheldon: because it sounds like it's a lot on one unit and not the other, but we'll verify that, we'll make sure that it's across the board. Acceptable.

goldie: Okay.

Person 20: Okay, thank you.

goldie: And the other thing with food visits, I know, even in other psych hospitals, There is no sharing of food. It's hard when you have one family that visits very often and brings food and then you have some patients that don't have anyone. The patient themselves wants to share with their friends or It's really hard, it's something that happens in all the psych hospitals. I have visited.

Michael Sheldon: Yeah, it's difficult to manage.

goldie: So, I see the challenge. Okay, so I think we're done there. Anything else Melissa?

+1 480-*-**82:** We did have a visit after the forensic forum,...

goldie: Okay.

+1 480-*-**82:** I don't know if we

goldie: So go ahead and do the visit because we had less incidents this month. I mean almost half from what I could tell page length. So we don't have a lot of that. So go ahead with the patient visit

+1 480-*-**82:** Okay and Barbara's with me here. try me and...

barbara honiberg: Yeah.

+1 480-*-**82:** Barbara if you want. So this is a non-contact visitation, so everybody knows and

+1 480-*-**82:** I'm just gonna obviously either alleged in front of everything, but I'm not going to say that every time

+1 480-*-**82:** so, the patient was very concerned . There was an incident where a staff member said the word attacked by a staff member.

+1 480-*-**82:** The staff member was yelling at them, telling them to get out of the hallway.

+1 480-***-**82: Jenna Tried to provoke them. It sounded like

01:25:00

+1 480-***-**82: A patient tried to go back to their room, but the staff person kept sort of daring him.

+1 480-***-**82: And I Would do this off camera. Is what I would think that.

+1 480-***-**82: They said they were tackled and ed. In the rib cage, but there were no bruises. There were then two other staff. People came to the room. She had something.

+1 480-***-**82: that were derogatory and then

+1 480-***-**82: Did some other thing go ahead?

barbara honiberg: I was but ultimately He was suicidal, so there were two on one. With him because of all what happened?

+1 480-***-**82: And then Put them into seclusion.

barbara honiberg: Melissa, go ahead and order. Yeah.

barbara honiberg: And it sounded like initially he was okay. And in terms of, my Off the cuff. Thinking about the risk of suicide for him. And then he said,

barbara honiberg: But I would still do it or it's still going on and it's still right up there. Something for me to do.

+1 480-***-**82: Yeah, they can't dance. why aren't the staff people trying to escalate shirts but again the patient was saying felt like it was Issues kept getting escalated by that staff.

+1 480-***-**82: so that

+1 480-***-**82: That, as Barb said, the two on one that said that they couldn't act as legal documents. They had electronics and stored them so they couldn't play their guitar. I was very concerned about this one, camp protein coming back that weekend.

+1 480-***-**82: And asked to extend a follow-up and look at some and can't reports and security footage, and their treatment plan. I will say to you that he was obviously Medicaid and I will say he said that he was very medicated and kept apologizing,

barbara honiberg: Yeah.

+1 480-***-**82: For maybe not being clear.

barbara honiberg: I thought he was clear in what he was saying to us, but definitely the way he looked and his speech. Indicated that he was overmedicated.

barbara honiberg: In my non-clinical.

goldie: Started. I think that Melissa Had reached out because there was such a concern. And I reached out to the administration and I was told that. I was very happy that they were looking into it and the person was put on administrative leave. The allegation. So I was relieved that it was occurring.

barbara honiberg: So, that's good.

goldie: I don't know the outcome, but I was relieved that they put someone that was ally. A patient. was put on leave while they did an investigation, which is what

goldie: all organizations, do typically,

goldie: Anything else from the virtue from the visit? This was a physical visit After the Forum.

barbara honiberg: Yes. Yeah.

+1 480-*-**82:** Yeah, this was in person. but non-contact. Yeah.

goldie: Okay, anything else?

barbara honiberg: I think that's it on this patient at the end from the visit with him.

goldie: Okay,

+1 602-*-**28:** I think as a member of Central Arizona, if I can speak correctly, Okay, I want to thank you for looking into this,...

goldie: Yes. Correct.

01:30:00

+1 602-*-**28:** You and I had some text exchanges on it.

+1 602-*-**28:** And it's a situation that you just described as one with which I am familiar.

+1 602-*-**28:** I'm glad that, apparently, the hospital took the steps to remove the staff from the unit I want to say. That. I see a lot of patients, a lot of prisoners. a lot of jail Buchaney. Who has?

+1 602-*-**28:** Had some more situations and who is traumatized? are and who are afraid for their lies and their well-being, because of the situation of being, In a locked unit. With three people.

+1 602-*-**28:** Demeaning you and treating you this way? Just one of the worst instances in 20 plus years of practicing law that I've heard about. and I'm really glad that this apparently so far has had the response that it has had, because it may be the best example of how And proper human resources. can deflect subsequent action that Is not any based on best interest. But I want to emphasize that this theory of Very serious. Thank you.

goldie: Thank you. anything else Melissa or Barb from the visit?

+1 480-*-**82:** No, I don't have any more.

goldie: Okay, one thing looking over the incident, even the assault perpetrators. It seemed like there were significantly less. I mean, still you have

goldie: You have one patient that was responsible for 11. incidents mostly on other peers, but a few Less than a quarter of them on staff. Then the next highest patient had 4 incidents three on staff one on. And then from that point forward, it's like 3 4 2 1, but it seems like there's been a reduction. Of assaults, Mike from what I can. See, especially the assault perpetrators.

Michael Sheldon: Yeah, hi Lori. you're correct.

Michael Sheldon: I'm not sure exactly. What date span you're looking at right now but June of 2023 and July of twenty twenty. Twenty three have been two of our lowest assault event months in at least 12 to 24 months. So we're very happy to see those numbers going down and I think you said it perfectly that even when we do see assaults happening, it's a very small number of patients, who are the aggressors, and these incidents and having Dr. Flowers are no CMO on hand. He is looking very closely at these patients who are on our top aggressor list to talk to the treatment team figure out what we can do differently as far as medications or changes to any kind of a

Michael Sheldon: A piece session that they're experiencing or going through to really bring that down. And I think there's one thing that we are seeing as Dr. Flowers is conversing with the treatment team and this is something that I think this entire committee is probably aware of, but if not, I think it's important that everybody knows that there are

Michael Sheldon: I'll say a handful of patients, but probably more than a handful of individuals that we've identified, that truly should not be at the state hospital. These are individuals with severe Neuro developmental disorders, who really should be in a skirt in a skilled nursing facility Somewhere. their psychiatric diagnosis is being addressed by medication but there are secondary and tertiary diagnosis being, whether it's a ddid TBI, whatever maybe that's becoming prevalent, and that is really predicating their behavior. Unfortunately, the state does not have a state-run nursing home or an environment that these individuals should go to really address that need. So they're housed on our civil campus and the civil campus forensic hospital, These are site specific facilities. So,

01:35:00

Michael Sheldon: A lot of these times, you get these individuals who are aggressive and assaultive. It's symptomatic of dementia or some other kind of secondary diagnosis other than psychiatric. That is something that we really are trying to work with access and the health plans about getting these individuals to the correct level of care. So that they can get the treatment that they truly need and deserve and are entitled to based on their eligibility and their enrollment. But unfortunately right now they're at the state hospital. we're going to manage them as best as we can.

+1 602-***-***19: Be focused in the classroom. I took it up as a question mark.

goldie: Yes.

Michael Sheldon: Sure.

barbara honiberg: On.

+1 602-***-***19: So in total, I believe I may be off a little bit. You have on several sites about a hundred and fifteen beds, or so that about right?

Michael Sheldon: Yeah, it's 117. Dr. Goldstein

+1 602-***-***19: After all, of those civil beds, how many are occupied by the kind of people that could be Full frampton so To them a more apprehensive like you're describing.

Michael Sheldon: That's a,...

goldie: Appropriate.

Michael Sheldon: That's a fantastic question. Dr. Goldstein depending on the scope and the breath of the other facility I would say, genuinely

Michael Sheldon: Probably close to 30 would be individuals that could potentially go to another kind of facility. Whether that be a skirt, a skilled nursing facility, a sniff, or a facility specifically designed for individuals with ddid as the prevalent diagnosis.

+1 602-***-***19: One.

Michael Sheldon: And then potentially, there's probably about 15 on forensics. That would all meet that criteria. Unfortunately, because of the whole court order process, these individuals are essentially sent to the state hospital.

+1 602-***-***19: Right.

Michael Sheldon: So, our hands are tied when it comes to moving them to a different kind of facility. But realistically, we can only provide the services that we're allowed to provide by license and by our clinical and our staff expertise when our patients kind of age into that area where they're becoming more elderly, they're, unfortunately, dementia, In we're just not equipped, whether it's staff wise or from a functional environmental standpoint to deal with those individuals. So, we really do need access and altex to step in and help us out to get those individuals into a facility. that Is designed and intended to meet their needs.

+1 602-***-***19: Interesting. Graham.

goldie: And Altex. I was just gonna say that all texts often will run if they see serious mental illness,

goldie: If it's not from Parkinson's, yeah.

+1 602-***-***19: Even in conjunction with.

Michael Sheldon: Yeah, and you're told you're exactly right Lori and Dr. Goldstein that we do, our social work team of the state hospital. We're constantly interacting with the altex staff about coming out, doing evaluations of our patients, to get them all text approved and you're absolutely right that it's been my experience that the alt text reviewers will say, the person's acting like that because of their psychosis or they're sociatric diagnosis. no this is clearly

+1 602-***-***19: With you.

Michael Sheldon: An issue with dementia. So we're always having those conversations and trying to get them approved for the benefit package that they should be accessing so that they can be transferred to another facility that can meet their needs. And in some cases, unfortunately, even skilled nursing facilities will say, We're not going to take that individual because they are, aggressive or whatever, logy with the criminology they use. But realistically, unfortunately individuals who do have dementia, In some cases are prone to being the behavior is not essentially, baseline stable. So, we're always trying to fight these and I shouldn't use the word fight, but we are trying to negotiate these circumstances for every individual admitted to our campus.

01:40:00

goldie: Thank you.

+1 602-***-***28: I'm really glad to hear this commentary. It's refreshing because it's very different from what we heard from prior administration for at least. Three years. And certainly back to the beginning of the Legislative Council on Psychiatric Capacity, which is now going into its second or third year. The issue of Patients, Who have as fundamental a primary or a predominant diagnosis, IDD. Autism or other cognitive problems. Problems. Secondary to traumatic, brain injury or

+1 602-***-***28: But mainly, that's been a topic for three to four years. It's been actively talked about. There's testimony on the record. We've actively tried with clients, Josh, Motel, and I have been talking about this for several years. so, the fact that the hospital is actively engaging and talking with a representative from all texts is

+1 602-***-***28: I'm grinning ear to ear. I'm so happy to hear that. If I made the issue is not dealing with workers from Altex. This needs to be at the highest level. Because in addition to those patients, I'm familiar with one patient whose wheelchair is bound in One arm. And no business being in the state hospital. So this has been a topic of conversation and I am so glad that we have a new stream of thought and a new approach. The problem solving. We have heard for several years by talking with staff and physicians, and other patients, That 25 to 30 percent of the total population at the state hospital should be elsewhere.

+1 602-*-**28:** And that would obviously make available lots of bids for patients who need to be there and cannot be. So I'm really glad to hear that. There is also a state statute, which says that if the state hostile can't provide the services that are needed. They shall refer the patient somewhere else. And I'll be happy to give the committee that statute. So I think that in terms of human rights violations, I know the Arizona Center for Disability is interested in this we're having a follow-up conversation because of the number of autistic patients who are without an Autism Management Plan. And our suffering. so, I'm really enthusiastic to hear this new approach and I think the IOC in terms of true, human rights issues

+1 602-*-**28:** This is a lot more. It's very important. And I commend you guys for having this discussion and please be assured that the lawyers involved with this population, both the FMI and the depopulation are completely committed to helping to find a solution. Sooner rather than later.

Michael Sheldon: So thank you Mesquizo, All I appreciate your comments. What I'll add is that the mentality that I've had since taking over as CEO has been very specific to medical necessity for treatment. so almost adopting a commercial based level of care at the state hospital where if an individual does not meet the need the clinical necessity for long term, impatiens care. If they can be cared for someplace else and we should do what we can to get them where they belong and where they can be effectively taken care of and have their needs met So that's been my approach. And we're trying to get that solidified.

+1 602-*-**28:** I think that I appreciate that and...

goldie: Thank you.

+1 602-*-**28:** hope that you'll reach out to everybody. You can who may have the ability to inclination and the heart. To help you accomplish that. and I think this is a time to pull together as colleagues with a shared interest in these patients,...

Michael Sheldon: Yeah.

+1 602-*-**28:** so that we can boost

+1 602-*-**28:** boost the likelihood of success in September of 2023. Not 24, 25. Let's make this happen. That will do more for the being of the patients of ash who need to be there in the patient who need to be somewhere else. And I'm all in

01:45:00

Michael Sheldon: I sincerely,...

barbara honiberg:

Michael Sheldon: appreciate that.

+1 602-*-**28:** Thanks, I appreciate you.

goldie: Thank you. Okay.

barbara honiberg: So Mike, have you included the memory impaired facilities and In your search, as opposed to just sniffs.

Michael Sheldon: Yeah, yeah. So we're trying whatever we can Barbara to find the right locations for our folks. Whether it's like I said, neurocognitive memory disorder issues, dementia issues. It's trying to find the best fit for the patient to meet their immediate needs where they currently are. And there is lacking capacity at all levels of care, unfortunately, and that's not an Arizona issue. That's a national issue that we're all trying to navigate. There are people who need to get into the state hospital because they have a psychiatric condition that we can assist and stabilize them with. But in order to do so, we have folks in the state hospital right now that realistically should be in a different facility someplace, getting the care that they need. So the term I like to use and I don't know if it's very common is systemic, directional patient, throughput. So, in order for the state hospital,

Michael Sheldon: To really function successfully. We need to be able to admit and discharge patients based on their clinical needs. And in order to do that, the system must have these throughput channels established so that we can send patients back down to a lower level of care, or to a different facility to meet their needs. And then take people into the state hospital based on their immediate need. And obviously, the court orders dictation that we do. So,

Michael Sheldon: The system is congested across the board. And, the state hospital we are one facility of hundreds of entities, providing care in Arizona, and we can only do so much based on our resources and based on why we exist. We need everybody else to also be in line to meet our goals to be successful. But yeah, you're told you're actually correct. We're looking at every avenue to get these folks to where they need to be.

barbara honiberg: Thank you.

goldie: Okay, so let's quickly move on. I pulled just two and so reports one was asked 2023-28 44. It was unusual and interesting. And it evolved around a BHT. That put on an All-Star wrestling video in the day room. because the patient requested it, but one video started because wrestling is Kind of aggressive.

goldie: Some patients get agitated and begin to act out as one will, Trying to be the character in the movie.

goldie: After that they stopped showing that. The question I had was that It was reviewed and there were no recommendations. I mean this to me All-Star wrestling should not be. Putting it in a day room would be a good blanket policy.

goldie: because I don't see any instance that aggression like that wouldn't invite more aggression. aggressive behavior.

Michael Sheldon: Who is? I agree. Let me look into that one a little bit more. We try to make sure to accommodate the patients if they want to watch stuff on TV but, specifically, In situations like this. There are certain things where we should just mix. And if something is called all-star wrestling,...

goldie: Yeah. Yeah.

Michael Sheldon: I mean It should be pretty clear. What is this? So let me follow up on that one.

goldie: Thank And the other one was asked 2023-3015 it was A staff member approaching a patient and it seemed like aggressive interaction between the two.

goldie: And it looked like the staff was prompting like he wants to fight. So basically a staff member had an abrasion

01:50:00

goldie: But, what was interesting is in the nursing notes that The staff member was an agency person. And they were immediately flagged as a do not return to Ash after that, and they were placed on suspension as a review, the incident. So

goldie: There wasn't a lot of detail in the report, but again, I was encouraged to see that. If a staff is acting in the way, that's not possibly escalating that there was action taken to.

goldie: To mitigate that situation.

Michael Sheldon: Yes.

goldie: That's all I had in an instant. And like I said, there were Many fewer than typical which to me is a good sign. And I hope it is an indication of Dr. Flowers Influence and Mike Sheldon's Influence of Culture and leadership. So,

goldie: with that being said,

goldie: We can now go to public comment, but we've run so long. I am going to enforce a three-minute rule for anyone that has comments and I'm sorry. But You have to understand that it's not us, but staff who have been working probably since 5:30 or 6:00 in the morning. And we want to be respectful of their time. So is there anyone from the public that would like to make a statement? Please keep it to three minutes or less.

Person 20: Here. Hello, yes. I'm Rodney on sego unit Rodney. Woodville.

goldie: Do you want your name in the minutes? Okay.

Person 20: Yeah. Yeah, I just want to make a comment about how I gave him a printout, on the Clorox. Hiking healthcare hiking peroxide along with the information with Ms-dn material thing. Yeah she and what I'm stating are not potions. Eight dollars, Arizona department. Occupation is helping administration stand Calvin's administration so that that was out of their church addiction.

Person 20: and she told me that if a Dodge doesn't do what they're supposed to do, then I was to inform them. Here's the thing about that health care is that it says to that, it may be a respiratory hurts. and if somebody has a respiratory tract here, irritation is supposed to get them out to fresh air and also they're supposed to have adequate ventilation when to use this stuff. And there's not really adequate ventilation. There's Circulatory here in the hospital. also with the same graham hydroxide the white, they wiped their services that would be tables that we eat on. And the MSDS, she said that there needs to be water where services may come in contact with food. A lot of patients, pick up food off the table, need it, but when they use those wipes, they wipe down tables and they don't want to rent. that's what I'm saying that I think that they're always a compliant, but that's not also compliant also, but exposure limit to the hypoxides one part of a million, if you can smell it, it's already 40 parts per million because they're working with chemical industry So what I've done is I compiled about a documents that putting the letter. I got mad that it was not in our jurisdiction and I'm sending an email along with my complaint about it to OSHA. So just ahead. Also, I watch patients, there are no eye wash stations. So one in the bedroom is not relieving. That's what keeps you breaking a lot and matter fact, one of the locks and the other room, they were having trouble getting into it. It has to be readily accessible and that's not readily possible. So, that's all the property to go to the same thing. They did with the health care chlorine spray, they had to get rid of it because they were not. So finally, if I watched nations up on the wall, the patient would grip them down. And anyhow,...

01:55:00

goldie:

Person 20: thank you. That's about all for that.

goldie: Thank you.

goldie: So we have any other public comments.

+1 602-*-**31:** All right. Hi, this is timber Briscoe on Mojave.

goldie: Hi, Tim. Do you want your name in the minutes?

+1 602-*-**31:** Most definitely. on the day, you spoke about a patient and the Tech 4 on this day at the crash.

+1 602-*-**31:** About the clash. Investigators never came to any of the person's peers to talk. And Ash closed the case. He sent it to AHCCCS.

+1 602-*-**31:** they denied it. So it's the fox watching the hen house. Still This tech has pushed me out of the way after we argued and told me to move quite a while ago. I never filed a grievance because of retaliation gear from The penome the same tech 4 along with their little cliché if you're not in there, click. Now they try to run out the unit in the path. I've written multiple grievances on tech before about his behavior. He continues to try and provoke me and a few of my other peers every day in different ways to send us off. On this day of the incident, there was other tech for who restrained this thing. Other take for the winning question, never reported this to our

+1 602-*-***31:** Never reported only the RN who also intervened. And now she's no longer here because she was bullied and intimidated by the Peenum on A sec. 4 only messes with about 4 or 5 of us. Mainly one of those peers is very badly Developmentally disabled, he's constantly being bullied by the tech board. There's no treatment for him here. He's been here over 15 years. He's only getting worse about the guy with the search. They took his bar Mitzvah picture. I don't see how that's excess or contraband and could hurt anybody. A picture.

+1 602-*-***31:** OSHA and Jayco alert the hospital before they come. So then ask it or stuff in order and clean up and make everybody say a high and tight. But after that they did. We just lack the way. It was Same old, they needed to have surprise inspections not be told two weeks ahead of time.

+1 602-*-***31:** We're told to plead our own peers and turn on them and punish them in case So there is no blanket rule, infectious control issues. They say that we can't have hygiene in our room. What do you clean your body with? Yes, for the seven toilets in our unit, do not have seats on them so you have to sit on the bowl itself. I don't feel that's very sanitary and water gets all of your behind and you get all wet. The trash cans need to be cleaned out more with sanitizer because they just changed the bag. They never wash them out. Sometimes the washing machine smells like a human sewer. It needs to have some real bleach chord down in it, so sterilize it properly.

+1 602-*-***31:** Our law library consists of two books. There's multiple staff here that I talked to. In the seven years I've been here they have had felonies Been to prison One of these contracted staff had even tried to pick a fight with three of us and Security had to escort him off. So the parking lot and then he tore off in his car. So our patient is a civil who's on the side here and...

goldie:

+1 602-*-***31:** he's been in the same seclusion room and tethers for over eight years.

+1 602-*-***31:** Walking Horse,...

goldie: Hey,...

+1 602-*-***31:** You can't buy clothes out of there or certain headphones. Yeah.

goldie: Tim. You're working overtime. But thank you,...

02:00:00

+1 602-*-***31:** Okay. Yeah.

goldie: I hope you're doing well.

+1 602-*-***31:** Could you guys please a visit me and also the guy who had the search done would like to see you and the guy who had the incident with the tech 4

goldie: Okay. Thank you.

+1 602-***-***31: Thank you.

goldie: Do we have anyone else?

+1 602-***-***28: Hi Laurie.

goldie: Hi Holly.

+1 602-***-***28: Hi, I just wanted to wait until the public session to discuss this. I have been So grateful to the treatment teams for clients who are on a couple of units, including cottonwood, but also who were waiting for the court system to get into session and start hearing cases after we had no psrb for a year and then the psrb was the banded for almost a year. I want to complement the treatment teams. What I've seen happening in the past few months, is.

+1 602-***-***28: Treatment teams who are doing their very best to move people along as fast as it's safe, putting public safety and patient safety, of course, first. But trying to be much more creative and much more individualized in their approach than they ever could be recipients or b. Who would only hear patients on a regular schedule. Judge wealthy has been And I've won some and lost some with Judge wealthy. So he certainly doesn't rubber stamp what anybody asks him to do. He was a formidable US attorney and is the presiding judge in Superior Court, Maricopa County, and he's a terrific lawyer and that's all that we wanted. I have yet to leave one of his proceedings and not feel like Chuck. And other physicians on here, we'll

+1 602-***-***28: Finally we have a situation where we can leave and even though we didn't get the best outcome that we thought we needed, we had no doubt that the patient wasn't working up. The labs were there. The X-rays were there. The diagnostics were there. Everybody did their best, so we just didn't get the best outcome that we wanted, but we have no doubt that the system had integrity and thoroughness. And that,

+1 602-***-***28: It was followed by science that came to bear. So I want the administrators and CEO Sheldon in particular, to Your clinical folks respond in a way that I hoped would happen, and I'm so glad that. Now, we have the judicial system involved that the teams are behaving professionally, and they're really individualizing the approach to try to move forward, folks in their levels, and their phases, and looking at ways to do that. And

+1 602-***-***28: It's just been so rewarding to have months of this now after years of feeling like we were truly in a kangaroo court, and it's no longer that way. So I wanted to commend your treatment teams. All of them, Dr. Holmes, all of the physicians, but the psychologist updated with assessment very quickly. In order to get the court insists on. Something that's very current as they should. And so these teams have updated with assessments and written mental health reports, they've turned things around in a month. I know it hasn't been easy, but they've done it. And perhaps most importantly at least my clients have said to me Gosh these guys are really working hard to get this stuff done and get it to the court and it's so refreshing and it's wonderful. So thank you. I wanted to

+1 602-*-**28:** You and I hope you'll pass it on down through the CMO and others because it's been terrific. Thank you.

goldie: Thank you, do we have anyone else from the public that would like to speak? We have new people joining What is your impression, your thoughts. other folks have joined.

crystal Fox: All right, Crystal Fox. and I worked at the state hospital for

crystal Fox: 2017. Me...

02:05:00

Person 21: All right.

crystal Fox: how after all these years it's almost any problems with contraband and all the same stuff. So it was a lot free And again, I do have to do that. I love hospitals. It was my favorite place to work. so,

goldie: And Crystal before you continue, can I have the units do Star? Six, so we don't get echo and then you can take it off if you want to speak.

crystal Fox: So the only kind of comments I had and I also work at an IOC and I'm with DDD and I 100% agree with Mr. Sheldon about that the DDD members and I went over to Desert Sage and started working that unit just because of the DDD members that they should not be there. it's not helpful to them or to anyone.

crystal Fox: But the only comment really that I had was a couple of things. I really didn't think it would be a good idea to count patient complaints, like you were talking at the very beginning about that one staff member that you wanted to investigate.

crystal Fox: But I don't think it's a good idea. We kind of did that before. I can't remember if it was adult protective services or Somebody didn't like it that we were monitoring other patient complaints. They thought it was against their rights and...

Person 21: All right.

crystal Fox: that it might not provide a fair evaluation of the patient complaint.

crystal Fox: The other one was. In the past. We didn't really move. And again this kind of bothered me a little bit that if there's a patient having a problem with a staff or a staff, having a problem with the patient,

crystal Fox: That in the past. It was the staff that had to move, not the patient and A Laura Lori kind of answered my question because we did a lot of administrative leaves in the past. I never got to go on one, but a lot of the people I knew did. And I was glad to hear that. They still do administrative leave when they're investigating, but even after they did administrative leave a lot of the time, the staff would go to another unit. If there was a problem with that patient because there's so many areas that staff can go to and very few that the patients can go to and like they were saying with I don't care. How many times do you try to move a patient? You never get out. They never got all their belongings. It was always a mess. Trying to move people from where they had lived for a long time.

crystal Fox: But again, that was just a few little things. Again, I think.

crystal Fox: Again, I felt bad for the people who can't get their loved ones. I never heard of that, we used to have a bank. The B1 used to be easy. So I don't know. To me again, I'm in IOC as well. So it seems like a patient's right issue if they can't get their money, the way, if it's their money, they need they should be able to get it. Then I guess I was wondering. Is there any reason that you can't get more vending machines? I mean you're making money on them.

crystal Fox: Is there anybody there?

goldie: So crystal during a public forum, we're not allowed to respond.

crystal Fox:

goldie: So we can take the input. One way we can discuss it later but that's why. Sorry.

crystal Fox: Okay, yeah, I was just curious about that because again, it's a money maker. So get more vending machines than they can spend their money on. So, that was it. I appreciate it. I love the state hospital like I said, I know it's a challenge for the staff.

crystal Fox: Hang in there, that's it.

goldie: Thank you, Crystal. Anyone else from the public?

+1 602-*-**31:** The system One last thing. Mike Sheldon said They moved patients because of the behavior or conflict with other peers. That's not true. There are about 4 or 5 of us that are on the Secret Shuffle program. And we were moved every six months. I got a new team every three months. I still get a new provider every three months so there's no continuity of care with my providers. That I have the same psychiatrist for about six months now, but who knows when that's gonna stop. Thank you.

02:10:00

goldie: Thank We have anyone else that would like to speak?

goldie: Thank you guys. I think we'll call to adjourn. It's been a very productive meeting and I thank all of you for volunteering your time.

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

goldie: Motion to Adjourn.

+1 602-***-***19: Motion to Of a second.

goldie: So, I have a second.

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

goldie: All in favor.

+1 602-***-***19: All in favor. All right.

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

goldie: So, we are adjourned.

+1 602-***-***19: Thank...

goldie: Thank you guys, be safe. Stay cool and...

Alyce: Thank you.

+1 602-***-***19: Big pool and...

goldie: out of the hurricane.

+1 602-***-***19: out of converting.

goldie: Who would think that Arizona?

+1 480-***-***82: Thank you.

goldie: Would have a hurricane.

+1 602-***-***19: Would have a hurricane.

goldie: It's crazy.

Alyce: Wait, what did I miss Lori? Do I need to take a look at the news? It is.

goldie: Yes, it's hitting us in San Diego first, but there is a hurricane that's going to hit First California, then Arizona. so, Sunday. Yeah.

goldie: Yeah. Yeah. Okay. Take care guys. Talk to you soon. Bye.

Alyce: Bye.

Meeting ended after 02:11:47 🤝