

Department of Health Services (DHS)  
Arizona State Hospital Independent Oversight Committee (IOC)  
Public Meeting Minutes  
Thursday, October 19, 2023 – 6:00pm

## Call to Order

Meeting called to order by Committee Chair, Laurie Goldstein. The date is October 19, 2023, at 6:03pm. The meeting was virtual, no physical address.

### *Welcome and Introductions*

- Laurie Goldstein (goldie), (Chair)
- Charles Goldstein, MD
- Alice Klein (1 480-\*\*\*-\*\*\*16)
- Kay Kunes (Person 19)
- Melissa Farling
- Barbara Honiberg (602-\*\*\*-\*\*\*37)

#### Absent:

- Dee Putty

#### Public in Attendance:

- Timothy Briscoe (ASH Forensics Visitation B - ADHS)
- John Wallace (ASH Forensics Visitation B - ADHS)
- Rodney Woodville (ASH Forensics Visitation B - ADHS)

Arizona Department of Administration (ADOA): Larry Allen

AHCCCS: Fredreaka Graham

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

## IOC: DHS/ASH IOC Meeting (2023-10-19 18:03 GMT-7) - Transcript

### Attendees

+1 480-\*\*\*-\*\*16, +1 480-\*\*\*-\*\*82, +1 480-\*\*\*-\*\*87, +1 602-\*\*\*-\*\*31, ASH Forensics Visitation B - ADHS, barbara honiberg, Calvin Flowers, charles Goldstein, Fredreaka Graham, goldie, Lawrence Allen, Lawrence Allen's Presentation, Lisa Wynn, Melissa Farling, Michael Sheldon, Person 17, Person 18, Person 19, Terra Morgan

### Transcript

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**goldie:** Welcome everyone to the Arizona State Hospital Independent Oversight Committee meeting tonight. It is October 19th at 603 and we are going to start the meeting. Do we have any other members other than Chuck, Kay, Melissa, and Lori and Kim told me she was planning to join. Maybe she'll be a little bit late. Dee will join if she's awake, but she's in another country right now. And I'm trying to think if there was a new one else that gave me a heads up. Okay, let's go ahead and get started because we do have a pretty full agenda. So, does anyone have to disclose a conflict of interest? If so, please state, why?

**Person 19:** Hi. This is Kay Kunes. I have a conflict of interest. I have filed a complaint with the IOC and I'll recuse myself by voting on the matter that pertains to me.

**goldie:** Thank you, Kay. ...

**Person 19:** You welcome.

**goldie:** Larry, is that okay? Since it's hard for Kay to Print things out and get them to you via email.

**Lawrence Allen:** Yes, I'll need the form signed. I can work with Terra to get that done. But yes,...

**goldie:** Okay. Thank you.

**Lawrence Allen:** That's fine. Thank you.

**goldie:** Okay, was everyone able to review or listen to the last meeting minutes? We don't have anything formal. Hand taken, but Larry does send them out.

**goldie:** If so, do I have a motion to approve?

**Person 19:** Up first. I'll put all the groups.

**Charles Goldstein:** Motion. Second.

**goldie:** A motion,...

**Barbara honiberg:** Okay, our second.

**goldie:** All in favor.

**goldie:** Okay, so moved next. Do we have any updates from Adoa?

**Lawrence Allen:** Good evening. The only update I have, what was the reminder of the annual report, but I see that's on your agenda. So it sounds like you made a good headway on it and it's done and so that's great. Thank you very much for getting that done and I don't have anything else if there are any questions or anything I can answer or try to answer for the group?

**goldie:** I think that's it. Let me text Alice because she was looking into one of the Chart patient reviews. One Barb was a reviewer Melissa. I wasn't sure if you reviewed the first set of charts, we were reviewing and then the second set, Chuck D and Alice were reviewing the second set.

**Melissa Farling:** So no, I didn't.

**goldie:** Okay, I couldn't remember.

**goldie:** I can text you, the emails. Let me first. Are you joining? I'm trying to see That's one of our reviewers of that one, barb if you want to start with what your thoughts were on the retaliation of the

**Barbara honiberg:** Okay. ...

**goldie:** The patient. Yes.

**barbara honiberg:** The chart was pretty interesting. It took a while to find the diagnosis and the only thing that I found, there were two things one, as an actual diagnosis was ASD, which in reading the chart, which I didn't know at the beginning, it made a lot of sense. He also said, in one of A conversations with staff that he was ddd and I don't know if that was not in the chart confirmed to me. The other thing is in the Nurses mental health notes. There was OCD was listed. But I never saw that. As an actual diagnosis, we did. I had some questions about Basically, we reviewed the chart and it was very interesting what we found, no grievous, it grievances the staff Responded properly to the patient. He was pretty verbally? Abusive to both staff and patience. He got physical a couple of times. He showed a lot of manipulative and defiant behavior, but when he escalated the staff intervened, And handled it properly. And there's nothing in there about grievances. But just, I can tell you a little more about them, but

**goldie:** No, that's what we were looking for was to see if there was any evidence of Retaliation. Or Anything. So, Thank you, Barb. That was great.

**Barbara honiberg:** You're welcome.

**goldie:** Alice for I wasn't sure if you were involved with the first review, it was a larger one. The one that Barb was just discussing. I know you reviewed the second one with you and Chuck. And d.

**barbara honiberg:** Can I make one more comment, just because it was unclear. An actual therapy dog, visits him at some point as well as if he had a therapy dog. That was not there. But he did speak a lot about his dog referencing. Her name and said some very unusual things about the dog. And his relationship with the dog.

**goldie:** Okay, thank you. Did you review that first? Set of information. I know the Alice is on also

**barbara honiberg:** She I know at least reviewed the same one as mine.

**goldie:** Yeah.

**barbara honiberg:** I don't know if you're considering the first one or the second. Okay.

**goldie:** Yes.

**goldie:** so I know she's on but maybe she can't unmute Alice, you want to type anything in the chat or

**goldie:** Okay.

**goldie:** We'll wait to hear if Alice can unmute and talk about that one. For the second chart that we were reviewing, we did get the information. However, it was probably my fault when I wrote the email that even though we talked about in the meeting to get Email communications in regard to the patient, we did not get that. I know that Lisa was trying to help facilitate that but to make it all, proper, I think I'd like to make a motion To.

**goldie:** Get the emails and let's go for a period of five days before five days after so we can see if there's any pattern about the patient. starting 7th to September 17th. But what we have found, I can report what we have found so far. I mean, Chuck you reviewed, so you can report what you found and I can report on what she Sent me an email.

**Charles Goldstein:** There were at least a couple of incidents. Where is the first? Nurse was reporting. That.

**charles Goldstein:** That it seemed to be some antipathy of the nurse reporting towards the patient involved. at least a couple of instances.

**goldie:** So I can.

**Charles Goldstein:** One is what one was by the nurse, I'm trying to recall this because she kind of caught me unaware there for a minute, one was by the nurse and another One about ten days later was actually by a psychologist. If I remember correctly. And they both talk to the impression they had that the patient in question was experiencing increased anxiety. That's what I So let me read what Dee wrote? And again, we'll wait. Here, I'm getting something from Alice.

00:10:00

**goldie:** Okay, so from Dee's notes there are several providers and multiple references throughout the progress notes, that refer to the patient, being involved in advocating for her peers, mirroring previous patient claims. So that was one of the issues that was alleged that they felt that involvement in advocating for their peers was causing the written quality of some of the electronic progress, notes or substandard, They contain typos, grammatical errors, verbage to the wrong SAC statements that are contradicting as well as other references that distort, the true meaning of the writer's intentions.

**Goldie:** Number three, certain providers Service. Charting dates, Align some are written one to two days after the encounter dates, without a late entry notation prompt and factual charging are standards of care. This particular issue, leaves the writer's recollection of those encounters. Details into question number four, one particular BHT consistently charts exaggerated and potentially fraudulent durations of service notes that are confusingly opinionated, and that fact-based, that lean, and the bht's favor.

**goldie:** The intentions toward the patient are in question because of that same BHT. Also, repeatedly tells the patient to contact the IOC, right grievances. Based on previous patterns, most file grievances statistically lead unfavorable outcomes in the form of an I'm substantiated, claim, or retaliation. Fortunately for this patient, the grievance was substantiated but claims of patient retaliation post, grievance submission are historically, true. Number five, the electronic note referencing, the net. The medical cancellation doesn't exist in the files. Therefore whoever was responsible for that occurring, author's name, date time and explanation cannot be verified which is concerning at best.

**goldie:** 6, The piles containing only one electronic note from the RN in question and that note the RN offers no apology or an explanation. No, it does. She accepts responsibility for how her actions have negatively affected the patient Lauren does? However, we direct her away from the discussion to spend a significant amount of time writing condescending and negative notes, for example, staff do not come to work with the goal of targeting patients, mood continues to appear tense in somewhat angry. References to her advocating for other patients, setting patient boundaries. Focusing on their own treatment, taking care of themselves, etc.

**goldie:** Seven the handwritten notes from the patient's idtps, are electronically represented. There's no way of knowing who or what was said in those meetings. nowhere. Is it specifically stated that anyone is trying to slow down the progress? The psychologist actually stated the opposite. However, they were contradicting. Rehab statements regarding barriers to progress that would affect this patient's progress. In conclusion, We don't have enough tangible evidence. I suggest we request a handwritten or electronic records, the emails from ash and from Valley Wise during that time frame,

**goldie:** Okay, and anything, Alice from you.

**goldie:** I don't know if she's having trouble, I'm muting, but she agrees with these assessment priorities. Number five. It is a problem.

**goldie:** Larry is Alice muted and can you unmute her?

**Lawrence Allen:** I'm unable to unmute her. I can only mute.

**goldie:** Is it Star 6?

**Lawrence Allen:** It is Star 6.

**goldie:** Yes.

**goldie:** So Alice, you can try Star 6. To unmute.

00:15:00

**+1 480-\*\*\*-\*\*16:** Can you hear me?

**goldie:** Yes, we can.

**Barbara honiberg:** Yes.

**+1 480-\*\*\*-\*\*16:** Are you guys? Yeah, her issue number five.

**goldie:**

**+1 480-\*\*\*-\*\*16:** I thought it was with the nurse. That was very unprofessional. There was no notation that I could find either about why the visit from for the mammogram was denied.

**goldie:** Up.

**+1 480-\*\*\*-\*\*16:** There is a lot of opinion here and there in the chart, I don't think that patients overstep boundaries as far as being an advocate in any way. I think it's a really good excuse. I should say for her, it's a way of nervousness and aggravation. It's because she feels helpless. The rug was pulled out from under her. And she needed to get this mammogram for fear of some specific health problems. And again, it just

**+1 480-\*\*\*-\*\*16:** It just doesn't jive in the chart and to not even have notation on why the nurse preferred that she go to therapy over going to her medical service. It's not there.

**goldie:** I think that the good news is that It was substantiated and I think things were rectified. We voted to get the electronic correspondence to see if the patient was also getting retaliated against or held back based on advocacy. we think that from our interviews. But the patient, it was the cancellation of an important medical appointment that caused stress not advocating for other people at the hospital. So, I guess we can.

**+1 480-\*\*\*-\*\*16:** Yeah. Sorry that's what I meant. That Aggravation observed was. Yeah not from advocacy of talk as people go on. I'm sorry Lori.

**goldie:** No, that's okay. But anything else you guys that reviewed? It wanna add but we can wait until we see the rest of the medical Electronic records.

# ARIZONA

INDEPENDENT OVERSIGHT  
COMMITTEE

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**charles Goldstein:** Because all of the aforementioned, Comments you, by Melissa by myself. You are making a motion, you're in the middle of making that motion, which has yet to be Second and then passed by this body.

**goldie:** I thought I did my motion that We asked for the Electronic communication regarding the patient from September 7th to September 17. So we have kind of a period of time where we can see what it was before and after the incident there was any retaliation or pressure to not advocate.

**Charles Goldstein:** What particular time period are you asking for this?

**goldie:** I said it 7th through September 17th.

**Charles Goldstein:** And when you say electronic communication, you mean specifically emails.

**goldie:** Yes.

**charles Goldstein:** okay, I second

**goldie:** All in favor.

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

**goldie:** So moved.

**Michael Sheldon:** Okay. Lori.

**Lisa Wynn:** Laurie, this is Lisa.

**Michael Sheldon:** This is Mike really quick. I'm sorry. Lisa to interrupt and I'm not an expert in this, by any means and maybe Larry can jump in but I think that's technically a public information request so I don't know. There's a specific document or process the IOC needs to follow to obtain Electronic email communications.

**goldie:** Okay.

**Michael Sheldon:** I will make sure that we're on that we're just doing this legally.

**goldie:** Okay.

**Charles Goldstein:** Thank you, Mike.

**Lisa Wynn:** Mike and I were just gonna clarify that the reason electronic emails are available as public records is because we are a state-run facility in any other hospital, those would not be discoverable. But in a state facility or a state organization emails are public records. They're not medical records as Mike said, so it is a different process.

**goldie:** Okay, if you can shoot me, the form or tell me where to go to do it, then I can do it.

00:20:00

**goldie:** Okay, thank you.

**Michael Sheldon:** Yeah, absolutely. Either Lisa or myself will make sure that you have the correct method in place to get that information?

**goldie:** I will. Okay, next ASH administration update.

**Michael Sheldon:** Yeah. Hi Lori everybody. IOC committee members. So a couple updates really quickly for the committee's information since the last time we met and I apologize. I was not able to attend the last meeting. I was out of state attending a conference at that time. It's like I could not log in since the last time that we've met. We've had a couple of resignations on our psychiatry team and one on civil one on forensics. And we are actively looking to recruit to fill those positions. I believe they've been posted, but I can't guarantee that a hundred percent. If they haven't been hosted yet, they'll be posted in the next few days. As we go through the Stage, the state's, and recruitment process, funny enough, though. Kind of randomly, we have gotten some interest in working at the state hospital. Dr. Flowers got pinged by an individual on LinkedIn, looking to join our team so I'm very happy to see that. Hopefully, we get some interest in these positions and we're able to fill them before the end of the calendar year. That's definitely my hope when it comes to those two roles. The second one is we did have in the past seven ten days or so approximately. I don't know the right word to use but I'll say speed bump in Programming. We put a quick kind of freeze on some rehab programming so that we could address an issue at the state hospital on the forensic campus. Specifically, we have sense taken care of that specific issue. And forensic programming is back up. And operating as usual, This is not a change to our routine operations or procedures. This was a very specific issue that we wanted to address. And I apologize, I can't go into more details than that, but The forensic hospital is programming. I was on campus today, doing rounds patients were, in their programming, in their sessions. Some people were

**Michael Sheldon:** Playing violins and the gym. So, I'm hoping that we're back up and running a hundred percent where we should be on forensics, which is a little speed bump on the programmatic path and we're good to go.

**goldie:** Thank you.

**Person 19:** I wanted to say that we're not completely a hundred percent, the pole privilege for the patients that have full malls. Haven't been reinstated. So basically a full mall walk which only occurs on Sunday, Monday from 4 to 5 pm has not been reinstated. The peanuts have directed the check to not let it have a formal walk. Will that be fixed in the next few days or before Friday?

**Michael Sheldon:** I was unaware of that Kay. Let me fall out tomorrow with my directive to the nursing leadership and medical leadership was to restore from the hospital operations back to. That's normal. So let me follow up and I'll see what the issue is.

**Person 19:** That would be great. Thank you, Mike.

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



**goldie:** That one question. How do you fill in? I know every hospital uses temps, but you do temps for psychiatrists too.

**Michael Sheldon:** So we have that option Lori,...

**goldie:** Welcome, tenants.

**Michael Sheldon:** We do have contracts with three, maybe four agencies that provide locum, tenants to us in our experience though.

**Michael Sheldon:** There and I'm sorry for saying this but people are temporary locum tenens for a reason. They're not the highest quality and I apologize. That's just been my experience. So obviously our goal is to have full-time employees working for the hospital to provide standardized and consistent care to our patients. We have reached out to those local agencies and asked them to supply us with some potential candidates that we can use as a temporary resource. But in the meantime, we are actively working to bring on full-time employees.

00:25:00

**goldie:** Okay, all? Resignations come with a long lead time or they are pretty abrupt.

**Michael Sheldon:** That I wouldn't say they were abrupt. One of them has already departed and the other one is going to depart within the next ten days or so. So it's more of a kind of moving on slash retirement scenario.

**goldie:** Okay. Thank you. I'll go with an overview of incident accidents. So I don't want to Ahead of you looking at the side of my head. So I'll turn my camera off.

**goldie:** First one was Ash twenty, twenty three thirty seven ninety and it was an incident where and it was an unusual one because it was on the forensic side and typically I don't see instances of that type of behavior, a self-harm typically on forensics. So that was a little surprising, but the person did self-harm

**goldie:** The. Nursing staff seems like she took Control. And Manage the situation appropriately. The person did have laceration. and the state it was stated it was because of a Particular BHT. so, what they did is they reassigned that BHT to another Unit while they were looking into it. So that was Alright, I guess A good. short-term fix. And they also inform the treatment team to update the suicide risk assessment. Because she typically just doesn't see that, I don't see it on the forensic side.

**goldie:** Next one was Ash 2023. 38 or 4, it was a fall. And the patient was waiting at the med widdle and fell because of that. They wanted to send the patient hit their heads so they were going to be sending them to the ER for further evaluation and the CT Based on the doctor and the garden order. They did have to use Tests because the same patient had attempted a wall and a salted staff. Last time they were at Valley Wise, But it went. It seems to be going, okay? But at Valley Wise, Emergency Room, they became very agitated and attempted to Against medical advice. Causing redirection and the patient was very verbally abusive and combative to the staff at Valley Wise. and this was interesting to me. They eventually

discontinued the 4-point. TSD was trains. I'm assuming that means ashes and they placed the patient in their own bed restraints. So I don't know the difference.

**Michael Sheldon:** So Lisa can probably jump in on this one better than I can Lori. So when a patient goes to valley wise for care, the individual is technically under their license. So, I'm assuming based on what you just said, the individual in question was in the hospital's 4 Point restraints. But then Valley wise took control of the situation essentially. Not admitted the patient but cooked over the charge of care. So if they thought that the individual posed a potential threat to safety of their staff, then they would, and by the advice of their licensing rules and put the person in their own following, their own restraint protocols, is that correctly Lisa?

00:30:00

**Lisa Wynn:** Yes, it is. The only thing I would add is if somebody is in the ED and has not been admitted or treated, they may be in t's under the supervision of the hospital before admission.

**goldie:** Okay, that makes sense. Okay, the next one is. Ash 2023, 3865. And this was attempted suicide, and patient was in bathroom with a bed sheet around the neck and the toilet. So,

**goldie:** As I read through, that takes the patient now accepted that they're now on COS L O s one-to-one hr, I'm not sure with Cheryl room and two safety blankets. So, it did say that they did a safety walkthrough.

**goldie:** And identified restrooms and concerns were identified in a work order to be placed to secure and repair loose items and they'll investigate possible changes to security fixes in the restroom must be somehow. They were able to use the toilet in that and that plan, I would think, but I thought everything was anti literature. So it's a little surprising.

**Michael Sheldon:** It's as anti ligature resistant as we can physically make our environment for the Lori HR stands for high risk. So, that's that.

**goldie:** Okay.

**Michael Sheldon:** After that And we did put this individual under I believe they were put under a two to one observation to make sure that they were safe continuously moving forward. So yeah that's what HR stands for.

**goldie:** And then we have another one. Ash 2023, 4, 0, 0 4. And I notice, it's the same patient number and it was another attempted suicide. But this time

**goldie:** They had a one-on-one and a one-on-one that they heard, the patient making a wheezing sound. So they called out to see if they were okay, and didn't Continue making noises so the BHT entered the room. And they found that he was starting to turn colors so they activated a medical alert and began the Heimlich Remover to attempt to clear the patient's airways. The first btbh. She was unsuccessful. Then another BHT to go over that. Bhd was also unsuccessful. And the registry BHT began the Heimlich Remover. All attempts to clear by Heimlich were unsuccessful. The first BHT to physically remove an

obstructing object with their hands by reaching the patient's mouth. Object was removed and found to be a patient sock.

**goldie:** so, immediately after removing the object, the patient's color returned to normal and began to breathe normally Again, because of this. They searched the patient's room for any items that could potentially continue to be used for self harm and their instructors removed any clothes. Accept the jumpsuit.

**goldie:** And when I asked they were trying to ask why, that was ten days later. After the first event.

**Michael Sheldon:** A correct Lawrie Annette. And at that point, this individual was still under close observation, the one-on-one staff and I'm not sure they may have still been on a road, two to one. I can't verify that or not from our memory recollection, but the individual in the room with the unit staff, essentially in the doorway watching them at all times.

**goldie:** Okay. Thank you for that. Let me see.

**barbara honiberg:** Excuse me. Mike, I'm not clear on that. but when the patient stuffs, the sock puts the sock in it in his Mouth down his throat. There was somebody watching from the doorway, the BHT. Or.

**Michael Sheldon:** Yeah, so the way it works Barbara is if someone is on a one-to-one or close observation status over the night period, the staff is sitting in the hallway with the door open watching having line of sight on the individual. In question, I think the folks on this call would be incredibly shocked by how quickly. Somebody can make a suicide attempt just to, take a sock off their foot.

00:35:00

**Michael Sheldon:** may have happened in this situation and try to stick it down their throat. The amount of time it takes is literally seconds in many cases. But yes, that's how we're doing overnight. Close observation,

**Barbara honiberg:** Okay, thank you. Mike.

**Michael Sheldon:** No problem.

**goldie:** The next one is 2023 4017. This was a person that's on co los 101 or danger to other behavior and wanted to go to the restroom asked a one-on-one registry, one-on-one to go. The restroom and the minute that the one-on-one turned, her back on The patient, unprovoked and hit the BHT on the back of her head, knocking her off the floor. A code gray called The BHT was encouraged by the hospital to call her agency and the police which she did both.

**goldie:** Again, I know that we've had other IOC members at Crystal Fox, who worked at the hospital at Ash for 30 years and now works at Cottonwood. I think that's the one and not cotton, whatever the one private Psychiatry hospital is, and she said that their management always encourages them, not to call the police on patients, if they know that they are that. Is a different unit that encourages it. Does everyone encourage it? Do they try not to

**Michael Sheldon:** So it's a very fine line Lori, staff and so my stance as the CEO of the hospital is that of patients and staff. If they believe they are the victim of an assault, they have the absolute right as a victim to call police and file a police report. I will never tell a staff member or a patient not to call Obviously I don't want to see patients being arrested but at the end of the day, these individuals and by individuals, I mean staff and patients, who are victims, they have those rights to call the police, and follow the police report, and me telling them Do not call police. I believe that puts the hospital and the state at a certain level of liability that I do not think is appropriate for us to take on. I hope that makes sense.

**goldie:** Mm- Yeah.

**+1 480-\*\*\*-\*\*16:** That's interesting to know because I've been working for the factory for a half year. And left recently. People were always fearful of getting fired if they called the police.

**+1 480-\*\*\*-\*\*16:** Sometimes we'd only have a few women working and have up to 20 patients and absolutely no security at the building. And so if I was reporting off to that short of a staff, I would typically try to remain unless I was too tired. But I try to remain and I would let them know. Look, if they're violent offenders on the unit, you don't really have a choice but to call the police because you don't have a security call. and three or four small women working with 16 to 20 plus patients. Yeah I think it's unfair that some of these institutions have an unwritten policy of not calling the police. Is a complete that sold me before we don't have to go back in and press charges. But sometimes in Texas where we're in danger, the patient might need to be removed for a little while.

**Michael Sheldon:** Yeah, and that's correct. And I'm going to always do what I think is best for the safety and security of the facility. The patients, the staff and any individuals who may be victims. So yeah, it's very strange how that works out. But if the police are called by a victim of an assault, the hospital will absolutely cooperate with law enforcement. In this case, it's typically always Phoenix PD, providing them, whatever evidence that they request to help them with their investigation. And make sure that the victims rights are upheld.

00:40:00

**Person 19:** Mike, I have a quick question.

**+1 480-\*\*\*-\*\*16:** Thanks Mike.

**Person 19:** This is I have a patient that was asking, he felt that excessive force was used to restrain him and he has bruises and I guess something with his rib and he's been asking purity Of the physical evidence and he's been having problems getting security to come down to take those pictures. What's the hospital's policy on that?

**Michael Sheldon:** In this case and this is Kay correct.

**Person 19:** Okay.

**Michael Sheldon:** In this case Kate, I would definitely ask the individual in question to go ahead. The same thing as is he has the absolute right and the absolute right to call the police.

**Person 19:** Right.

**Michael Sheldon:** And let them know that this happened and we will cooperate with them as best as we can.

**Person 19:** Okay, thank you.

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

**goldie:** Okay, the next one is 2023 for all. create this patient was being healthy in the gym, doing laps when

**goldie:** All of a sudden fell and was on the floor and unresponsive, so he ended up going to the hospital and at the time this was written, the patient was still at the hospital, but it looked like It was between Within two minutes. They were stabilized and maybe seizure activity. But hopefully the patient's okay but They react and get them out there in good times, so that's good. This one.

**goldie:** 2023 4090. This was attempted suicide. On the same patient. That attempt a couple times earlier this time, it was different.

**goldie:** This was a part of a paper towel. And so they're one-on-one trying to and that patient was observed as So on one after that incident, again, They have to remove paper towels from close areas from the patient's bathroom and other areas. And it was So again a suicide risk assessment was completed again. Now placing them at higher risk.

**goldie:** and that was about seven days later.

**goldie:** and that's it for, Patient incident accents. As far as. The Perpetrator Chart.

**goldie:** It looks like that one patient was discharged. That had been number one in assault on staff and on other patients, and now it seems like even just most of them only have one. and then, The top one had two assaults on staff and four salts on patients. The next one had two assaults on Education on patients. That's good. One thing.

**goldie:** It was rumored that the hospital is ging. Staff not to write incidents on patient, but I still see. And since I'm patient with patients, was that just an unfounded rumor?

**Michael Sheldon:** Yeah, Lori United. Discussed that briefly? I have no idea where that rumor came from. We're still issuing incident reports. as they come up, staff are more than encouraged. If there's something out of the ordinary, Pay a staff issues. Patient on staff. Please let us know about it. So as far as I'm concerned there has not been Any drop in reporting of these situations, I believe it's actually more of a nuance to what you just alluded to. We've been able to discharge some individuals who have historically been highly assaultive and they're in the community settings right now at a lower level of care after being stabilized at Ash. So that's where we're going right now.

00:45:00

**goldie:** Okay, thank you. So we did have probably about six or seven. Patient visits. Unfortunately, it was Sacchanized so you're gonna have to listen to us again.

**goldie:** so, No.

**barbara honiberg:** But we like listening to the two of you.

**goldie:** I don't like talking the whole time, but The first patient.

**goldie:** They allege that they were threatened by staff. And by patients, they would agree and the investigator came to talk. They claimed that the Pdom on that unit and a tech that we have seen When we saw a video, Is. One of the staff that they're alleging. They also said that they did a room search on their room. and they took books out of Bookshelves, they didn't respect I made the bed, they didn't remake it, so that there was some question on. What's the policy of someone going through your room? Do you have your staff put things back together? Or did you just leave it? And disarray.

**Michael Sheldon:** That's a good question. I don't have the answer for that. Lisa, do you happen to know?

**Lisa Wynn:** No, I know that patients are invited to observe the search, so they're usually there. And my expectation would be that they'd be respectful and not just throw things but I don't know who puts things back. I don't know.

**goldie:** Okay.

**Charles Goldstein:** Who is this patient specific allegation? not so much the allegations already been made, which is that they Basically dumped his room. Looking for whatever it is that they were looking for maybe was just a general search. And then refused to put things back in place and make the bed, which the patient. Alleges. Is an absolute. Violation of Hospital Policy. I have no idea whether that's true or not and from listening Both to you. And Mike doesn't seem to know the answer to that, either. Would be nice to get an answer to that. For this patient.

**Charles Goldstein:** Because if it's not policy, the answer to this patient is no. These people can come in and dump your room and walk out and they don't have any obligation to put anything back where it was but he seems to think that is an obligation, it'd be nice if the IOC could get an answer from them.

**goldie:** hear a motion to get the policy on room search etiquette, after room searches are done,

**Charles Goldstein:** I would like to make it.

**Barbara honiberg:** I know.

**goldie:** Okay, all in favor. I'm okay...

**Charles Goldstein:** All right.

**goldie:** I'll move so Along with that, they said the Perineum broke cables towards things off their wall. When they were threatening them with a grievance, they took everyone's chargers and they did not give a list of property. And in the past things have gotten lost and the P&m won't talk to them. They never are. Had evidence. They met. The clinician thought they came across as aggressive. They also complained about the same. Person. And they said, they refused to give them a snack. And then was told to be quiet. Then later they I think put a snack on a table.

**goldie:** they also claim that the same person is abusing the DD person, but The DD person won't sign a grievance when others write it for them. And the grievance phone number, they're not answering the phone in the conference room. Cannot connect to Mojave, so they have to use a laptop to connect.

**goldie:** Next patient. Was said there was a lot going on, they brought up a grievance about cameras and they had them drawn. The complaint on cameras, the cameras are not working.

**goldie:** Then. they said that the Monday following Columbus Day. The hospital canceled all groups on forensic. And I think that now we have an explanation of that as Mike explained because of the situation, they had a risk assessment and From what Mike said they've reinstated. Groups and access to the best of his knowledge until he looks into the Walmart, the mall walk situation. So part of this was that none of the units were able to mingle, they got privileges taken away.

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**goldie:** And there's Some discussion about not permitting friendships. And getting picked on because of relationships.

**goldie:** also talked about And we've heard this before A lot of the patients and they're on the forensic side. Seems to have some insight and they do see when they're working their programs and they get frustrated when they seem to be punished for people that are acting out and having Bad behavior. And they want to know. Why can't you just Punish the individuals and not punish the whole unit? One certain individual is Acting out and not working their program. They wanna know. Why can't you just rou the people? I guess that's a restricted unit, I think another as a person that had a medical Condition that's been ongoing for a long time and this condition periodically acts up and it's very painful and it requires a medical intervention. With a procedure and this happens periodically? So the person Went to the valley Wise had the procedure, which is known to be very painful. And when they were the discharge sheet from the procedure from the surgeon. It's kind of the same because this procedure is known to be very, very painful. Chuck can talk a little bit about

**charles Goldstein:** Which is If you want, they can jump in here since

**goldie:** That we just don't want to identify the patient. Or yeah.

**Charles Goldstein:** They want. But I can identify the condition and at least a medical procedure for it, and the complications. Known to happen or expected to happen and did happen to this particular patient. So, this is a patient who has really renal stones. never Lisa's in medical terminology and she has had repeated bouts, which is not unusual for Essentially kidney stones and past kidney stones. In the past. There are various ways of treating. The problem of renal colic. but in this particular instance, she was subjected to a Medical procedure, called methyl tripsy. Now lithotripsy is a procedure by which sonic waves are applied to the body. It is painful and usually the patient as in this case is, Either under general sedation or under light sedation conscious solution to not experience the pain but what lithotripsy does just. So you all have an idea. It breaks up stones in the kidneys, this doesn't make the stones disappear, it just breaks them into smaller fragments then passable. A real colic was an extremely painful condition and has nothing to do with the actual stone passing from the kidney, down the urethra, and out into the bladder, and has to do with a degree of obstruction of the flow of urine. And as the stone passes down here to that obstruction intimately gets worse and better as the flow of urine is allowed to go down the urea and then as stone moves into a different position, it blocks the flow of urine causing the pain all over again to give you some idea of how much pain can be experienced in medical literature. The Bad renal colic is about equivalent to the pain of having a baby. So it's very painful when there's a real significant obstruction. For this reason patients are given one significant pain medication to follow up down the tipsy as they pass these fragments and also a prescription for lomax. In this particular case, which relaxes the smooth muscle, the urethra and makes the stone pass easier. In this particular case, this woman was given those prescriptions.

**charles Goldstein:** This person was given prescriptions by the surgeon or whoever was doing the procedure. And for those significant pain medication and flomax. but for reasons, Which she alleged has something to do with the doctor at the hospital. And I'm thinking that only Tylenol was good enough for her did not get those medications. And so she went through a week of severe intermittent, renal colic pain as these fragments passed in one particular. Portion again all lives by the patient, there reasons, she was not given pain medicine because the hospital was out of the pain medicine. all of these things that I just described to you the hospital being out of pain medication,

**Charles Goldstein:** doctor at the hospital sings that she could do well enough with just Tylenol or really honors problems.

**goldie:** I think that the doctor at Ash refused to write the order. Originally, the patient kept asking nursing and complaining and was really very weak. Then they finally got the sum and then they ran out of the pain medication, but it was probably Ten days. And the patient did not feel well and could not think well or would have written up a grievance and we said we should write a grievance because Again. Medical procedure should be.

**goldie:** I think if you have a procedure, it should be followed.

**charles Goldstein:** With this was a particularly egregious. and as a member of An independent committee. I really like some answers as to why this patient did not get pain medication.



**+1 480-\*\*\*-\*\*\*16:** As an RN. I would like some answers also. Because I would have been blowing up the doctor's phone but I mean I understand of course there's only so much you can do but It's cruel.

**goldie:** So hopefully the patient has a grievance. So that can come to the surface, I think Mike, you saw the patient and thought they looked that well and then I think they told you something.

**Michael Sheldon:** Yeah, I didn't use that word Lori, I said that. The individual looks like they're tired. when I had an interaction with them and...

**goldie:** Okay.

**Michael Sheldon:** I did speak with Dr. Flowers about this earlier today, and he's looking into it and I can't obviously go into the details with the committee about the exact circumstances behind everything, but I wanted to say, we do have concerns about potential diversion.

**goldie:** Okay.

**Calvin Flowers:** And this is Dr. Flowers, I agree. No patient should be allowed to suffer in pain and we are looking at this particular case. And Trying to make sure that that is not a situation that occurs in the future.

**goldie:** Thank you.

**+1 480-\*\*\*-\*\*\*16:** Thank you, Dr. Flowers

**goldie:** Okay, The next patient we visited with wasn't feeling well due to Old injuries and arthritis, and the big. Issue that they have is that they're really not. Allegedly drug-seeking. They really would like hydrotherapy where they can use warm and cold waters. and use that over the joints, that gives them a lot of Relief. And they're not understanding why on this particular unit. They won't give them access to the bath area, where they can do that contrast bathing where they can have a cup and pull water over there. The staff refuse And refuse to let the patient use the bathtub.

01:00:00

**goldie:** but they instead, Give him Oxycontin. So, the patient's very frustrated.

**Lisa Wynn:** This is Lisa. You had made us aware and I thank you for that matter last week and as soon as we have the name of the patient and the unit Terra and the quality team can follow up.

**goldie:** Okay, I will. Yeah.

**goldie:** Okay, I will send that to you tomorrow. We also wanted to talk to a patient on Sybil and we were going to visit Melissa, and I was going to visit the patient after the civil form, and then, I could not go. And, we needed two members, so Melissa couldn't visit the patient either, so we tried to visit the patient over the telephone. We did have some trouble because

**goldie:** The nursing staff did not know who the IOC was, what we did, where we're from, and why we're calling patients. So once I asked then her supervisor found an email and I thought that they had posted The IOC and information about us and all the nursing stations. So we would not have to do this, but One thing that Lisa said also is that if we know ahead of time and we let them know then they'll let the units know what's happened over the last month, we've had a big list of patients and a lot of people are busy and traveling so I haven't really had it. So that's why I felt compelled to just sit down and do it and

**goldie:** I had Chuck do it with me, so that's why we were out of town and we had a couple hours. So I went ahead and we did it. But in the future, we'll try to do that. Another patient. Said, they've been not feeling well, because they have acid reflux and the patients have a long history of having acid reflux, and taking medication for it and taking mylanta. And they really say, Happens. Sometimes I wonder if she drinks too much. fluids or every once in a while, but This is kind of known One time she was showering and the patient threw up in the shower and tried to clean it up. Couldn't get it all down the drain but held the housekeeper and the housekeeper then told the staff. Actually throwing up and doing it purposely.

**goldie:** and she said the person said, it only happens when they drink too much coffee, but now, they think the patient is trying to throw The meds. And now, the patient feels that they're being punished. And they have to sit out, 45 minutes. every time they take their meds, which is three times a day,

**goldie:** But she feels bad about that because she's never been non-compliant. She wants to take her meds, she's always taking her meds and the patients are starting to feel she's unsure. Why would this housekeeper say that? About her and the patients, a short-termer. But she really really felt unhappy, and the person's never filed a grievous so that was concerning

**goldie:** And let's say We tried to talk to someone cru, they weren't there we did talk to Another patient today.

**goldie:** That really seemed a lot more positive than we've seen the patient in the past couple years. The patient said that right now. They're a big concern if they had An issue with a female staff member. so the patient asks, if they could have a male staff, as a Doctor. And now they

01:05:00

**goldie:** He feels that Fields are being retaliated against by some female staff, who filed the grievance. And I think you talked to Mike as Mike was walking through the Doing rounds and like you told the patient, they should have a resolution in a few days.

**goldie:** And then the patient also said that There was some discussion of the adcl they were talking about. the same staff Lisa in the video and that staff was aggressive.

**goldie:** A nurse who reported that a staff person got intimidated by the Peenum. They saw them crying in the nurses station. And now who was that nurse was good wet. And now it works at the VA, which is Unfortunate. The other allegation is that Medical treatment and coordination. Often tends to be problematic for people that have certain conditions such as diabetes. It's important. As you guys know that they see their

**goldie:** Endocrinologists, their dentist? Who's the foot doctor? people who take care of Podiatrists.

**Barbara honiberg:** Podiatrist.

**goldie:** Yeah, and they said that often. They can go a year and a half without an appointment or treatment, and that's hard for people with certain medical conditions.

**goldie:** they do have and this is alleged again that Ash Dental Clinic person.

**goldie:** It allegedly doesn't have the best hygiene habits so that the patient didn't want to see the Person because they've said that they've dropped equipment. Picked it back up with their hands, things like that.

**goldie:** They also. Again, we're talking about. A particular staff that when people make grievances, they'll move that I think the person is paying them. And they'll move them to another unit and then they move them back and there have been problems with one particular patient. And that recently, this last week, it was either Monday or Tuesday and a conference room. on a forensic unit around 11 or 12 and they thought that the IOC should request seeing a video about that so that was and then the final one with a couple other patients said that again pull them all hadn't been restored. The other thing is Apparently allegedly. Some patients seem to have been looking at porn. On the computers and storing it on the desktop, they all used to have their own accounts. So, It was interesting why it couldn't just limit the accounts or those people that don't obey the rules. Instead, they said the computers were reformatted and everyone's being pinned penalized now, the computers, it can open a PDF, so the adobe that's on there doesn't work. It doesn't have words or any programs on it. They are not allowed to download anything so They can't do homework. It's not printing. So That was. Concerning that. And for some patients, if they're in a resolution group, they have homework. And a lot of them like to type it out and print. So now they are all using one computer, that's really locked down. And doesn't have supportive software instead of just having it identify the people that did it and remove their privileges for a while until they can follow the rules.

01:10:00

**goldie:** So Is it purposeful that they've removed and reformatted the computers and everyone has to Now, going as one user.

**Michael Sheldon:** Yeah Lori is Mike as purposeful. So we had a lot of concerns with patients. This is, Keep in mind folks that we are talking about state property. So, these are state-owned computers that patients were using, not just for pornography, but for also, multiple cases of, installing malicious software onto our PCs software that overrode our security, protocols, and allowed the patient to install their own operating system. So yes,...

**goldie:**

**Michael Sheldon:** We did essentially lock those computers down so that the patients can still use them, but they are not able to save anything. At all to the computer itself, they must have their own personal USB drive, which the patients are allowed to have for saving their files and whatnot, I will say, for the committee's minutes, I was not aware of the issue with the PDFs so I will look

**Michael Sheldon:** That tomorrow with the RIT team, as well as the Microsoft Word issue, the state, overall as a whole, does not use Microsoft products. So we have migrated to the Google Suite for all state services. do not use Microsoft Word, access Excel, PowerPoint, things like that anymore. My understanding was that they install. Essentially what's referred to as a freeware software platform for doing document editing, taking notes, things along those lines. But I will follow up on the PDF and the Microsoft Word conversion issue I don't know about that within the next day or so,

**Person 19:** Okay, thank you, Mike. Patients are having problems because they have legal documents that are in DOC format or some of the administrative code is in PDF and so they're not able to since we don't have a law library. they're only way of looking up laws with two pdfs and things of that nature. So if we can get that result that would be great. There's one other thing, I guess Vlt is some kind of video player. And rep files and do those types of things. And that's how far is missing. And I don't know if that's coming back or not, but it's basically like a media player.

**Michael Sheldon:** Okay, let me look into that one as Okay. So I have Microsoft for PDF and...

**Person 19:** A player.

**Michael Sheldon:** Vlc Media Player system. Yep.

**Person 19:** Yeah. All right.

**Charles Goldstein:** But I have a question. Do you know the identity of people who I just say. Now, using computers, who the people are That are doing.

**Michael Sheldon:** We have a suspicion. Dr. Goldstein the issue that we run into is individuals logging in under somebody else's account. It's very difficult for us to control that unfortunately. So that's why we went the route of essentially locking down the computers and the patients have their own USB storage files to store their own material onto.

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

**goldie:** Okay. Another.

**goldie:** Some patients are now saying You're back to two snacks today and two sodas. Now they have increased it. And we understand, I think from a previous meeting that you're trying to prevent people from buying A bunch of stuff and then. Extorting higher prices for snacks. And that's what was happening. Patients were buying out all of the acts from the snack machines. But with only having access twice a day in the evening when patients are hungry that the issues get worse, now that they're down to two snacks a day. That the patients that. Don't use their snacks, then they have snacks and they end up selling snacks.

A higher rate. So they're wondering if they could Get it increased because I thought you guys were trying to do it for snacks a day.

01:15:00

**Michael Sheldon:** I don't remember having that conversation about 4 snacks a day pay. As that is, is that still an issue or is this an old complaint or...

**Person 19:** All right, it's still ongoing.

**Michael Sheldon:** grievance? That is still kind of

**Person 19:** So I believe that we can have two items out of the snack vending machine and I was wondering if we can increase that back to four. I know that sometimes too can be a little far and that is actually kind of driving the price up entirely because some people are willing to forego those snacks or sell them later in the evening because we're only allowed snacks and things of that nature. So, I was wondering if you can increase that back up to four, No, it's not per day per day. Yes.

**Michael Sheldon:** Is that two snacks per? Session. So, To Hooper Day. Okay, let me find out what's going on. I definitely don't want the patients,...

**Person 19:** Okay. Right.

**Michael Sheldon:** hoarding the machines and then selling to other patients at a higher rate.

**Person 19:** That's probably.

**Michael Sheldon:** But yeah, let me find out what's going on.

**Person 19:** Okay, thank you. Mike.

**goldie:** Okay, we're so the next is, let's see. Swarm visits. So Melissa you were at the civil forum.

**Melissa Farling:** Yeah. Yeah,...

**goldie:** You want to report? Yeah I get to not talk.

**Melissa Farling:** So it seemed like a pretty good turnout there was. I don't know around 16 to 20 people there. The first part of the forum was updating status from. I presume the previous form So the first update was that a barber slash stylist had been hired and that they're at the hospital and I think at the time they were doing some training, so that was good.

**Melissa Farling:** there was a question, I guess about and having an advocate for the court, and it was explained that one option as you like, your attorney, as your representative and advocate, but that also, you can ask someone to pretend with you, for example, family member

**Melissa Farling:** there was a question about if your court ordered, how

**Melissa Farling:** If currently ordered, I wasn't a hundred percent clear on this Lisa, I don't know but if court ordered Is there any way to have perhaps a different judge and there was some conversation about potentially? I think the treatment team Decides about the court order, not the judge.

**Melissa Farling:** I don't know if you remembered that part of the discussion. But I think that was just a clarification.

**Lisa Wynn:** Yeah, I'm gonna try to pull up the tracker from that and...

**Melissa Farling:** Okay.

**Lisa Wynn:** see if it says anything more.

**Melissa Farling:** another patient just made a comment about, Dealing with negative feelings. and

**Melissa Farling:** There were some conversations that the text on the unit can help with and then there were some other sort of positive encouragement from some of the other patients during that conversation. I guess in the past when there had been code grays, some of the patients had felt unsafe at that moment because I think there could be a lot of people and a lot of commotion.

**Melissa Farling:** and so, Terra was explaining for instance, that the techs are trying to escalate more. and they're doing drills and training and I think administration was going to go back to the patients for some more ideas too on how to maybe make that not Feel like that.

**Melissa Farling:** The next update had to do with the patient hygiene boxes.

**Melissa Farling:** I guess in the past, people had some missing stuff but the question was asked, if that was getting better and most of the patients said Yes and then there was some more reinforcement about if family sends you anything please make sure they put your name on it, if something send to you directly from family, let's say from Amazon to ask the social worker so they can put your name on it. So, there was some more, just reinforcement about that. I'm gonna go on to the new items next. But Lisa, I don't know if you found anything.

**Melissa Farling:** If not, I'll just keep going.

**Lisa Wynn:** Yeah. Hi Melissa. I'm looking at the notes that were primarily talking about appointed attorneys. I didn't see anything in our follow-up about the judges obviously appointed outside of our scope, but it was talking about advocacy and how the court appointed attorney is the primary legal representative and then patients can ask anybody else to attend with them as well. That's that with the stand of our notes.

01:20:00

**Melissa Farling:** Okay, so for the new items, there was a request because a lot of people go to the library, especially at certain point parts of the day if they could get some additional furniture, like, bean bag, chairs, and some music to relax too while in there, there was some discussion about snacks, could the hospital, get some more healthy snacks such as unshelled, sunflower seeds, and sugar-free snacks. more options on snacks every day because I guess, the same snacks maybe every day.

**Melissa Farling:** Another patient just sort of mentioned about the turnover of staff. And, recommended maybe bonuses or raises. Let's say.

**Melissa Farling:** Then there was another question about Getting an MP3 player on one of the units. Because I think there wasn't one for some reason.

**Melissa Farling:** But today, a request to get more laminations. If I heard that correctly from you Lisa I'm not sure what's getting laminated but it sounded I thought the response was a couple times a month that was gonna happen.

**Lisa Wynn:** I'm sorry. Can you repeat that? Melissa

**Melissa Farling:** Yeah. Laminations are people getting things? Laminated

**Melissa Farling:** Cards or something? I don't know. I didn't understand that comment.

**Lisa Wynn:** Sorry I was having technical difficulties.

**Michael Sheldon:** I,

**Lisa Wynn:** Yeah, I could follow up with Terra

**Melissa Farling:** Okay, I'm almost done. There's just a couple more things. Another patient commented that they used to get photocopies from the nurses station. I think it was one photocopy a day.

**Melissa Farling:** And then, I guess sometimes it's hard, on weekends and holidays, the librarians, not there to be able to get a copy. So, there was just a request for more access to be able to get a copy when needed and a photocopy when needed. And then, Another request for a battery operated TV. If it was approved by the treatment team,

**Melissa Farling:** And then there was one patient that came up to me afterwards. I'm not sure if there's going to be follow-up, but had questions about alternatives to the court appointed attorney. Because They weren't really happy with them, not knowing their story, right? It was at the last minute that the court appointed an attorney.

**Melissa Farling:** Public Defender came and talked and talked to them.

**Melissa Farling:** And that's all I had.

**goldie:** But one thing you said, asking for a battery powered TV,...

**Melissa Farling:**

**goldie:** That I Seems unusual, but I'm on the I don't know if all civil. Campuses. Have people that may self-harm by swallowing batteries and stuff. So how would that work?

**Michael Sheldon:** So we would not permit patients on the units to have their own personal televisions regardless. If they were battery powered, I'm not even aware of a battery-powered television period but we would not permit that

**goldie:** Okay, thank you.

**Melissa Farling:** Perhaps at the next meeting that will get clarified. Because at the end of this meeting, it seemed like that might be a potential. So I think that probably needs to just get clarified.

**Michael Sheldon:** We'll make sure that gets clarified.

**goldie:** Okay, so One thing that we can check again, is there anyone from any other IOC, the DD, the North, the South or the Central IOC? And if so, would they like to give an update? I kind of skipped over that in our agenda.

01:25:00

**Lawrence Allen:** Lori. I don't see anybody on the call.

**goldie:** Okay, thank you. So, at this point, from the committee. Do we have anything or commit administration that we failed to cover that you can recall before we go to public comment and then executive session and then back to Regular session.

**goldie:** The hearing, nothing. Do we want to go to public comment and again for public comment to remember when you're making your comment. Try not to identify a particular staff. Or talk about Details of Treatment. You can talk about general things or if you have a grievance or Tendencies and then just for the sake of time, we'll put people on for three minutes. So I'll set a timer for when we Remember after that we will go to executive session and K. We will give you that. A number to call in. Or link, if you happen to be a computer before it starts. So,

**Person 19:** I'll leave the phone number.

**goldie:** Okay, so let's go ahead and start. Do we have anyone from the public that would like to make public comments?

**Person 19:** Rodney Woodville on Sago.

**goldie:** Okay.



**Person 19:** Okay, yeah, just hear me out on this and I'm gonna read part of this article, but I came and read that the computers are on sale. They didn't set up an individual user account at their time, a local user account. But did it install printer drivers and the PDF file could not be opened without administrator permission, they didn't install Microsoft Office word and the libreoffice, which is the pre-wire can be used to write the word documents. This has caused the lane of progress of several patients who are in the profitable class action, which is restricting. The pages legal rights to do, process of the law and he In this due process or restrictions is considered victim tampering and witness tampering. The victim is being cathered with our responsibility to report. This is a legal authority under civil law, right?

**Person 19:** All actions weren't neglect to prevent, which is also punishable on adjudicable, Margaret McLaughlin was made aware of the printer driver and work by pet board today staff, but shortly thereafter. Another patient who was a writer and he does poetry as such a smash, the printer and computer.

**Person 19:** And I wanna say something about them hacking the computers. They didn't use a malicious program. What they did was all it had to do was lockout BIOS and give permission to certain executable programs. Like PDF. What they did was, they jacked with the power while the Duders were firing up and used F9 or something to access the BIOS. And reset, what they did was they reached that window through the computer. They didn't use a malicious program. they just hammer and nine eleven, and all the power and Go to BIOS program which is a read that word to reinstall windows. So computers have it all so how they did that, I'm just letting you know what they did through the computers. all I can't do.

**Person 19:** Lock out my house and they can't do this to the computers. Thank you.

**goldie:** Thank you. anyone else?

**goldie:** Someone has a raised hand, go ahead. As you.

**ASH Forensics Visitation B - ADHS:** Yes, Goldie. This is Robert Dunn from Mohavie. Is there any way that we can set up a person visit? So I can talk to you and whomever else on the IOC about a new therapeutic progression plan that I was given with no extra pages that is two pages long. And the major thing that I get out of it is I could say almost any word in a loud voice and I get put on ro you for two weeks at a time in restricted, from everything.

01:30:00

**ASH Forensics Visitation B - ADHS:** And that's all, I mean. they can't answer you. Thank you. All right,...

**goldie:** Thank you.

**ASH Forensics Visitation B - ADHS:** this is Timothy Briscoe.

**Person 17:** Right. I'm sorry.

**ASH Forensics Visitation B - ADHS:** Go ahead.

**Person 17:** My name is. John Wallace. In sycamore. Can you hear?

**goldie:** Okay, John And Tim will go,...

**Person 17:** Okay, yeah. Sorry. Right.

**goldie:** We'll go to you next time, okay?

**Person 17:** I'm sorry. Let me see. We got a lot of coverage since I only have three minutes and I'm not a lawyer or a computer expert. I'm just gonna see how the computer's working was misused. The hospital made it difficult for us to do anything with the computers.

**Person 17:** Furthermore, I'm the guy. Who asked you to visit me? And you called me on a day room phone at the worst time of the day for me. It is not private. Anybody could have heard me talking to you and a lot of the criminals here. And the patients, they can be very abusive. The retaliations I've suffered are. Inhuman, let's put it that way. Anyway, the Substance Abuse and Mental Health Services Administration defines a normal environment as therapeutic. The living spaces are supposed to be the most integrated connected to the community and normal environment possible. To deprive me of anything because some other mental patient did something wrong with it. Violates my liberty interests. I'm not allowed to have a normal heat again to somebody else. Stab someone one years ago. I've never attacked another human being in my life. My arthritis makes it difficult to write. Also, I have been Ro you many times. And have only one theme that doctors order. There's a lot more to that issue, but the staff do not have the authority to restrict anyone's movement, except in an emergency. Known aspects of mental health care are allowed to be punitive. As For more than 10 years of patients. Call the police at all. The VLC app was provided by a patient. It allowed us to view movies and other unusually formatted videos and music that the installed media player couldn't read. Also, I was finally sent to a pain management specialist. And 2020. That doctor's recommendations were never followed. He became so. Frustrated at being ignored in his recommendations mismanaged that he won't answer any email from this. One last thing. Since I came here. I've been dealing with this osteoarthritis and all the injuries for decades. I was originally diagnosed in the 1980. I had this disease under control. When I got to this hospital. Through food and hydrotherapy, I was allowed. To use the tub room. The doctor arranged my medication. So I get a double dose of the oxycodone as early as four o'clock in the morning, then I go to the tub room and do the hydrotherapy and yoga that helped keep my joints mobile. Now my joints are locking up very quickly because I can't stand the pain of doing physical therapy without the double dose of oxycodone. I still get it in the morning and I am allowed To shower at five in a shower that has handrails. And only one spigot way up. Above. Yeah, it's useless and dangerous for me to use that shadow. And I started doing that other room, hydrotherapy in 2014 and no one has ever checked on me while I was in that room. Even now I'm allowed to use it at 6:00 in the morning and it still helps but I can't do much of the yoga stupid people.

**Person 17:** But no one checks on me. They open the door, they let me in, sometimes, they'll knock on the door to be sensitive. but they're not keeping an eye on me. And I am at health risk. I'm 66, I'm really overweight. Not because I eat too much but because I am being physically neglected. I can't walk because the bone broke in my left foot in 2020. No one did anything about it. All right. Please, I invite you all to come and visit me. if you call me, make it a legal call in this conference room where it's private and b, there's something more than a 10 inch wide iron bench, Thank you.

**goldie:** Thanks. If I can get someone to come, then we can do a couple visits in person. Hopefully.

**+1 480-\*\*\*-\*\*16:** I'll be able to, at different times. So just let me know.

**goldie:** Okay.

**+1 480-\*\*\*-\*\*16:** I'd love to do that. Incident. Welcome.

**goldie:** Thanks Alice.

**goldie:** Tim.

**ASH Forensics Visitation B - ADHS:** Yes, thank you. And I believe that the patient that was here before me on Mojave would like you to come see him. all right,...

**goldie:** Okay.

**ASH Forensics Visitation B - ADHS:** here I go now, we are allowed 30 minutes outside at 4 Mall Friday through Monday. This is meeting the minimum federal requirement of being outside time. We're all out on the patio, but how are we supposed to acclimate back to society? if there's no socialization going on more than a half an hour,

**ASH Forensics Visitation B - ADHS:** Hold that's through Thursday over in the gym. When we go out now we don't go out with any other units. through Monday, we get a half an hour outside by ourselves. How am I gonna socialize proactively with the same 19 people? I'm on the unit all day to ask for a copy of all my grievances, extensions, decisions, and appeals three months ago from patient advocate Terra from TC Skaggs to take care of it. I was told at first, it'll take a little bit. Now, he has redacted all of it and it's going to take some more time. I don't know when it's gonna get to me and I don't know why it's being redacted because I'm the author of those.

**ASH Forensics Visitation B - ADHS:** So also if hygiene or a mayonnaise packet or a hot sauce packet is found in your room during a room search which we have monthly, we lose our special replacement meal. Which is called special for a reason. And this is only a hobby and sycamore And why has to be such a strict rule? I don't know, I think it's because the Peenum Media Player does not work or the program is named and they are on the computer now. So we can't play music except through I think it's called Groove Music or Something Law. The library consists of two books which we're allowed at the library, two times a week for an hour at a time.

**ASH Forensics Visitation B - ADHS:** And if there's more than so many people, you cannot come until the other people leave. It's about ten people in there at the most, which federal law requires us to have access to the legal library. Anytime More and X are a lot more than just two books. We're supposed to have Lexisnexis computer service to look up new case law stuff like that. We haven't had a Stop and Shop quite some time.

01:40:00

**ASH Forensics Visitation B - ADHS:** If you and you guys were talking about saying things of your feelings as doctors and stuff our staff, and whenever you tell staff or doctors about your negative feelings, they're used against you and so you must be careful about what you say to them. Otherwise, it's gonna go in a year's chart notes and say that you're not being Positive. I guess the Empire County Deputy Kenny Collage is giving most of her cases to another attorney in the office. Watch for your letter in the mail if you're out of Yavapai County. Lastly, the patient that had the kidney stones. Obviously, the on-call doctor was lying because

**ASH Forensics Visitation B - ADHS:** I myself am in chronic pain due to gunshot wounds and laminectomy. I take ms. Content and oxycodone daily multiple times a day. I don't understand how Ash was out of pain meds. So the Docker was obviously lying, or just didn't want to do anything. I've had to ask them to the doctor on the weekend. And they refuse because they don't want to disturb them. I said That's why they're called on call. It's for an emergency and I was just shoved aside, but thank you. And if you guys come, I like to see you too. I appreciate everything you do. And thank you.

**goldie:** Thanks Tim. Do we have anyone else?

**goldie:** Okay, so if we don't we're gonna go to executive sessions. So Kay, do you have a pencil?

**Person 19:** Before you get it, okay I'm writing.

**goldie:** Larry put it 470. 273.

**Person 19:** 470. 273.

**goldie:** 87. 88.

**Person 19:** 8 7 8 8 4 7 0 2 7 3 8. 7 8 8.

**goldie:** And the pin number is 559. Four, four, two.

**Person 19:** Okay, why is two pounds?

**goldie:** Five, one, two pound, five, one, two pound.

**Person 19:** So it's five. Five, nine. Four, four, two, five, one two pounds. Here. Okay.

**goldie:** And for those that want to join Google Meets, I pasted the Google meats went in.

**Person 19:** Okay, I've been called.

**goldie:** Okay,

**goldie:** Yeah, so wait, first, we have to adjourn the public session and...

**Person 19:** Okay, okay.

**goldie:** go to executive and then come back. Some more motions to adjourn public.

**Charles Goldstein:** Second.

**goldie:** All in favor.

**Person 19:** Whatever.

**goldie:** Adjourned. Thank you, Dr. Flowers for staying late and...

**Person 19:** Purpose of. Presents. Thank you.

**goldie:** Lisa and everyone and Frederica.

**Calvin Flowers:** Thank you. Good night.

**goldie:** Good night.

**Person 19:** Good night.

02:35:00

**Charles Goldstein:** I'm joining. I'm on.

**Person 18:** Thanks Larry.

**Charles Goldstein:** And this is Goldstein.

**Person 18:** Hi, it's Kay.

**Charles Goldstein:** Okay.

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

**Charles Goldstein:** Or we'll be on in a sec.

**Person 18:** Presentation.

+1 480-\*\*\*-\*\*87: Okay, so let's call the meeting to order.

**Lawrence Allen:** Okay, there she is. Okay.

+1 480-\*\*\*-\*\*87: Okay, so let's call the meeting back to order. And we've come back from the executive session and we do have a motion to review the videos. Or earlier this week.

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+1 480-\*\*\*-\*\*87: It was either Monday or Tuesday in the conference room of Mojave. We'd like to review that video at around 11:00 or noon. I can give more details with who the person is that we are looking at or the persons when we talked to as administration which one two, we also like to view video of another Kingdom, allegedly.

+1 480-\*\*\*-\*\*87: Going after and yelling at a person with God out in the yard or the mall. Told that we'd like to look at it. And we'd also like to have Larry review the original video that Melissa and Alice, and I viewed about a month and a half ago. So that's my motion to have a second.

Charles Goldstein: I second the motion.

+1 480-\*\*\*-\*\*87: All in favor.

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

Person 18: I,

charles Goldstein: i

+1 480-\*\*\*-\*\*87: Okay, so moved is there anything else we'd like to motion for?

Person 18: Adjournment.

+1 480-\*\*\*-\*\*87: okay, okay, I second that

Lawrence Allen: Just a reminder to send an email to me and to Michael so we can get that scheduled.

+1 480-\*\*\*-\*\*87: Okay, I will.

+1 480-\*\*\*-\*\*87: I will thank you guys.

Lawrence Allen: Okay, thank you.

Person 18: All...

+1 480-\*\*\*-\*\*87: It's been a long one.

+1 480-\*\*\*-\*\*87: Thank you. Have a good night. Okay.

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

Person 18: Good night.

+1 480-\*\*\*-\*\*16: Good night, everyone.

Barbara honiberg: Thanks. Bye.

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Meeting ended after 02:39:15 🙌