

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

## Call to Order

Meeting called to order by Committee Chair, Laurie Goldstein. The date is November 16, 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 17)
- Melissa Farling (480-\*\*\*-\*\*82)
- Barbara Honiberg (602-\*\*\*-\*\*37)
- Dee Putty (520-\*\*\*-\*\*77)

#### Absent:

- Kim Scherek
- Natlie Trainor

#### Public in Attendance:

- Brad (Person 16)
- John Wallace (Person 16)
- Veronica (Person 16)
- Sommer Walter

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 (2023-11-16 18:03 GMT-7) - Transcript

### Attendees

+1 480-\*\*\*-\*\*82, +1 520-\*\*\*-\*\*77, +1 602-\*\*\*-\*\*37, +1 602-\*\*\*-\*\*87, Calvin Flowers, charles Goldstein, Fredreaka Graham, Laurie Goldstein, Lawrence Allen, Lawrence Allen's Presentation, Lisa Wynn, Michael Sheldon, Person 15, Person 16, Person 17, Sommer Walter, Terra Morgan

### Transcript

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**Laurie Goldstein:** Thank you. Welcome everyone to the Arizona State Hospital independent oversight committee meeting. It's November 16th. 2023 is now 6:03pm and as other members join. Hopefully I'll see it or they can announce it but we have Quorum so we can go ahead and get started. Thank you everyone before we begin. We have anyone that needs to disclose any conflict of interest for something that's stated on the agenda

**Person 17:** I Hi Laurie, this is Kay Coons. I'm a member of the IOC. I believe that my retaliation claims may be a topic tonight, so I will recuse myself from any voting or any type of discussion on the subject.

**Laurie Goldstein:** Thank you And Larry, is that okay because it's hard for her to get you paper.

**Lawrence Allen:** Yes, actually Terra sent me the form today So we're good. Thank you Terra for doing that.

**Laurie Goldstein:** Okay.

**Terra Morgan:** You're welcome.

**Laurie Goldstein:** Okay, So has everyone had a chance to review the last month's meeting minutes at Larry provided and I sent out and if so, do I have a motion to either edit or approve?

**charles Goldstein:** motion to approve

+1 520-\*\*\*-\*\*77: It's a deal.

**Laurie Goldstein:** Well one of you chose so....

**Laurie Goldstein:** Who wants the motion? Okay.

+1 520-\*\*\*-\*\*77: Either one is fine.

+1 602-\*\*\*-\*\*37: All right, and the other second?

**Charles Goldstein:** I second

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

**Laurie Goldstein:** Okay all in favor. moved. Update from ADOA.

**Lawrence Allen:** A couple comments. Thank you so much for your annual report Laurie as usual, it was spot on and it was a well done report. So, thank you very much. the other comment is the

**Laurie Goldstein:** Thank you.

**Lawrence Allen:** Recruitment for the committee. I have a call week on Monday regarding recruitment, to try to boost our numbers. So I should have an update for you next month in regards to that and what a plan we're gonna put together at ADOA to help with recruitment. I'm open to visiting with Lisa, Terra and Mike about an annual letter or newsletter that goes out. Monthly or biannually or quarterly to have that included in there and that can work with them on the language if they do have something like that. So that's something that's on my plate coming up here next week. So it takes a little while to get everybody together and coordinate schedules, but I should have an answer or a plan for you next month.

**Laurie Goldstein:** Thank you, do we have anyone from any other ioc that would like to give an update?

**Lawrence Allen:** You're welcome.

**Laurie Goldstein:** Okay hearing none will move on. So the next section I do have some members that I expect to call in later. So as far as the requested information we've gotten All the information for the reviews that we're doing and thank you Lisa for helping me. We did a public record request for emails pertaining to a retaliation claim and we did get The email and I did forward it to the three members of the committee that are reviewing it. So if any of the committee members that are reviewing the retaliation claim have any Questions or comments? Remember don't refer to the person.

**Laurie Goldstein:** Any medically identifying information no units, but if you have a question in general or if you have a comment if you've reviewed it did it. Alter or change your opinion from your previous review of information.

**+1 520-\*\*\*-\*\*77:** This is D. I'll go first. It did not change my opinion.

**Laurie Goldstein:** Okay.

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**+1 520-\*\*\*-\*\*77:** I do not feel that that was. 6 or I shouldn't say adequate, but it was not a complete response. I believe there's probably other information that's out there. Besides this, I don't see it in any of the information that we've been given so far. So I feel that we need more information and I'd like to hear what Alice has to say and what? I'm sorry Chuck has to say as well.

**Charles Goldstein:** It's difficult for me to comment. on something that's not being identified if you are referring and who's speaking exactly so Okay.

**Laurie Goldstein:** But that was D.

**Charles Goldstein:** If you're referring to my opinion about retaliation.

**Laurie Goldstein:** And this was a canceled medical appointment.

**Charles Goldstein:** right is My opinion about that has not changed. From the last meeting to this one. I still feel that. There was Possible or even probable retaliation but I am not 100% certain.

**Laurie Goldstein:** okay, so for

**+1 520-\*\*\*-\*\*77:** That's yeah check that was because I feel like the information that we were given was additional information. The email did Finish that process and my opinion doesn't change either. I do feel as though there was retaliation going on in my opinion. However the new p Doesn't complete the picture. I don't believe it.

**Charles Goldstein:** What more would you want exactly? But what more?

**+1 520-\*\*\*-\*\*77:** So I guess I don't understand where the correspondence length went. So I know where it came from and I guess maybe I should have looked to see who it was addressed to but somebody actually canceled the appointment and there's no notation. From Ash or we don't also have the valley wise end of things to see what that conversation was about and how that came about it just kind of the email. in this kind of To why it might be canceled but it doesn't specifically say it should be.

**Laurie Goldstein:** I think to put it in perspective again. The hospital looked into this and agreed that there had been a violation of the patient rights for canceling the appointment without the patient's approval and knowledge that was already so that the ship had sailed. They agree with that. I think what we're trying to determine was that if there was also any retaliation for the participating in the ioc meetings and a possible reference to the ioc participation with the ioc being responsible for noted stress and what we now

**charles Goldstein:** this all occurred because I think I can't remember exactly who it was. But I believe the nurse in charge canceled the meeting of Person...

**Laurie Goldstein:** Yeah.

**Charles Goldstein:** because she felt it was more important. So the patient or clients as you would have to participate in what is not mandatory. meaning but when the nurse felt She should go to...

**Laurie Goldstein:**

**charles Goldstein:** because the quote and she stress that the ioc participation was a bearing on this client. So I believe this Is what I got out of The retaliation we're talking about here. Is that the nurse?

**Charles Goldstein:** Using the Uproar over the canceled meeting to save This patient is very stressed out and shouldn't be a participant in the ioc meeting. And that's the retaliation that we're talking about. So D. Are you talking about more details on that? Is that what you want to corroborate?

**+1 520-\*\*\*-\*\*\*77:** I agree with your assessment and I believe that I stated that in the report that I gave last month. However I was looking for the information that came from the nurse that was involved specifically on how it got canceled and not just the email that we received which was not from the RN, but from the social worker and then I think it continues to go past that. As far as the other information that was located in some of the records that we reviewed, clearly there was a redirection away from Her canceled appointment and it was redirected.

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**+1 520-\*\*\*-\*\*\*77:** For focusing on other patients and other things and so that to me was also another section of the retaliation. I agree there was no reason if it's not a mandatory meeting to be in then it's unfair to hear of and put that position given how concerned she was about it. Who has had her appointment canceled? But I'm also curious to find out what Alice wrote in her report. I'm not trying to get off track. I just felt like there was another piece of the puzzle missing. That's all.

**Laurie Goldstein:** So I did ask Lisa with this public record request it would be all emails. that met the criteria of regarding the patient and Unless there were text messages and we ask for that but that should be the totality of the emails in regard to this. event for the time period which was a few days before two three weeks after So that's where we're at, but the hospital did agree. With the original grievance at this point based on that. One email I don't think conclusively. South and when you do a public record request it should be all. the record so

**Lisa Wynn:** Laurie just to confirm that is correct. That is the only email and normally our clinicians. What you'll find will be in the progress note which was provided to the ioc and if a clinician has a specific opinion about anything that's an aspect of a patient's care being therapeutic or not. You may well find them sharing that they believe something Israel is not therapeutic, but there's no indication that any patient has ever been prevented from participating in ioc meetings or speaking at ioc meetings.

**Laurie Goldstein:** Thank you. So at this point we have all the information I mean. we can wait for one. Alice is back next month and Allison Chuck and D who reviewed all the records can give a final opinion on that.

**Laurie Goldstein:** That being said, does the Ash Administration want to give an update on anything going on at the hospital?

**Michael Sheldon:** Yeah. Hi, Laurie. Good evening everybody. This is Mike. So just one update since the last time the group met. And that is in late October the hospital's Chief Financial Officer submitted his resignation and he's moved on to a job. I believe in Maricopa County. We're currently actively recruiting to replace him. I believe we have identified the candidate and we are currently working through the negotiation process to make an offer. So hopefully we will have somebody in that position within the next 30 days or so, but given the fact that it's a holiday. I can't guarantee that and administrative wise. That's the only thing I can think of right now to present.

**Laurie Goldstein:** Thank you, and I did want to say that.

**Michael Sheldon:** Yep.

**Laurie Goldstein:** the administration Michael Sheldon in particular and Lisa Wynn have been very responsive when We have contacted them. with patient complaints her family complaints and they have looked into it promptly and

**Laurie Goldstein:** Resolve the issues that were brought up for them. So we're appreciative of that.

**Michael Sheldon:** Thank you, Laurie. I appreciate everything that you do when you're and what your team here does.

**Laurie Goldstein:** Okay next you don't have to listen to me the whole time. Do we want to go? The Forum visit I don't know who was there except I can read a quick one from Alice and then Chuck and I think Barb. Were there also Alice reports one patient discussed they were not that a patient was not getting their medical needs addressed and met which has been a pattern of complaints as of late by several patients.

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**Laurie Goldstein:** The other patients discussed a great importance of Microsoft Word being reinstalled on the computers for patients to have the ability to open previously stored Word documents including those that are legal and legitimate importance to their court cases and 2021. Apparently the computers had been scrubbed to the various serious concerns a new system was installed in place of word and...

+1 602-\*\*\*-\*\*37: course

**Laurie Goldstein:** patients have let tech support and administrators That the new program will not allow word docs to open the requesting word to be reinstalled. I don't think it was 2021. I think it was recently that the computer source scrub because as we recall last month they found Dangerous things stored on there and p\*\*\* and things like that. So they Now have a new protocol.

**Laurie Goldstein:** That it's a general they can't store anything and they no longer have Microsoft Office. Which means you don't get A word excel anything that comes with Microsoft you'll get the generic.

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

**Laurie Goldstein:** word processing program

**Laurie Goldstein:** And that was her report on the Forum. Barb, do you have any other I remember no names just general.

**Person 17:** Laurie I was present at the patient Forum that this K and I would think that the only other thing that I could remember was maybe From having snacks from the vending machine per day before and everything else seems pretty accurate. We were talking about the weekend doctor not being adequate for our needs. I gave my own personal example of the issues. I've had and then we also talked about the word needing Microsoft Word.

**Laurie Goldstein:** Okay. Thanks,...

**Michael Sheldon:** Laurie can I jump in real quick?

**Laurie Goldstein:** Yes.

**Michael Sheldon:** So I have been made aware of the issue with Microsoft Word and I reached out to it to see about the possibility of us reinstalling an older version of Microsoft Office on the patient PCS that the patients have access to the issue is licensing. So the state does not use Microsoft anymore. We've converted everything to Google and since these are state owned computers. We need to make sure that we don't violate the law and install something that we don't officially support. So I have asked it to see what our options are. I did get a correspondence from a patient a couple days ago just indicating how the new system works and the struggles that they're having and I forwarded that over to our folks so they can take a look at it. I think.

**Michael Sheldon:** I do have some level of confidence that we're gonna be able to install an older version of Microsoft Word. I guess it's in the public domain. I don't know exactly what that means as far as the rules are concerned. But hopefully that will take care of that issue that the patients are experiencing and then Dr. Flowers and I have had conversations about the issue with the weekend on call Dr. Making sure that that individual is able to meet the needs of the patients. We do have certain policies or procedures in place making sure that for instance let's say just hypothetically if a patient is sent to Valley wise for some kind of a medical appointment or they get admitted and they come back.

**Laurie Goldstein:** Thank you.

**Charles Goldstein:** I have several items. So soon have been addressed already, but I'll just go through my notes Here.

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**Charles Goldstein:** During the patient Forum old business was addressed that had to do with alternative to Walking Horse as a venue to buy things from Apparently I forget her name Libby Forum. It was said that that was unfortunately going to continue. All right. I shouldn't say on foot. He was going to continue to be just walking horse that people could buy from

**Charles Goldstein:** So I guess in all business items there was more coffee time. but more in different Recreation and

+1 602-\*\*\*-\*\*37: No more business

**charles Goldstein:** work And then that is also all access to the pool, and I'm not sure if that's been addressed or not and the new business there was a Member of the pool will complain. quite long and Heatedly about the fact that he has a lot of children and they don't get to visit him. So he wanted an increase. visitation for people

**charles Goldstein:** a special visit Then there was something that might just be addressed which is that there's a medical doctor on the weekends. I have no idea if this is true. I'm just reading from notes of the patients who Express this. And I thought I got the gist of that was not so much. There was nobody on call but they couldn't get the nurse to actually call them. I've been acquainted with this problem in the past that nurses don't want to call doctors on call so that may be the problem that I wrote and lack of an appropriate doctor as I think Mike was talking about. Let's see. I wanted them all to walk open to Runners. I'm not sure that it isn't but that was a complaint.

**charles Goldstein:** And more time in the formal as a privilege, whatever that means I guess if Behave yourself. You should have more time in full. It was also a complaint on items that are delivered to the patient when they want to send them back. There's no one designated to return items. They want somebody to return the items. We talked about Microsoft being reinstalled. And also increased snacks a day to 4 snacks a day. and that the dryers Are no good. That's about all I have.

**Michael Sheldon:** Okay. Thanks Dr. Goldstein.

**Michael Sheldon:** So as far as you went through a litany right there, so I'm gonna forget a lot of it and I apologize as far as the snacks are concerned. go ahead and tell people that I'm still looking into that. My issue right now is seeing if our vendor can restock the machines more frequently because of the issue that we discussed last time with patients buying a whole lot of stuff and then when unit A raises the machine and then Unit B has nothing left. I need to make sure that obviously all the patients have access to our ability to buy a bag of chips and soda, whatever it may be. So I'm still trying to figure out if the vendor can increase the amount of times they come to the hospital and restock. just so the ioc's aware of the vendor. Is there several times a week restocking these machines so I mean

**Michael Sheldon:** The patients are high volume machines as far as the amount of things that are being bought from them. So I am trying to make that right for the patients. We already discussed the Microsoft Office issue. I'm sorry Dr. Goldstein. Can you give me a couple more things on that list?

+1 602-\*\*\*-\*\*37: The medical staff are on call during nights and weekends. There's nobody in...

Person 17: just

**Michael Sheldon:** Yeah. yeah,...

+1 602-\*\*\*-\*\*37: how and...

**Michael Sheldon:** Yes,...

+1 602-\*\*\*-\*\*37: People haven't gotten by the prune.

**Michael Sheldon:** So we have medical staff on Call overnight and on the weekends. I can't speak to what Dr. Goldstein referenced about the nursing staff being reluctant to call them. I don't know if that's the case not. But Dr. Flowers, our chief medical officer, is well aware of that issue and we do want to make sure obviously that our patients are taking care of 24/7 365.

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**Person 17:** I know but my unit and meet specifically all the sheets myself as an example. I had no problems with the ash nurse nursing the doctor. They've always called the doctor. The problem is that the on-call doctors are pretty reluctant to do anything. I was having a problem sleeping one night and I asked for Benadryl and the nurse called that dog. If you were to prescribe me Benadryl, I had to stay up until two or three o'clock in the morning because I was unable to sleep because the doctor on call was unwilling to do anything about it. So it's not so much that the ash isn't doing a job. It's the on-call doctor that seems pretty reluctant to do anything for the patient other than to tell us a well,

**Michael Sheldon:** A Dr. Flowers. Do you want to speak on that as far as the doctors?

**Calvin Flowers:** He yeah, thank you. I've individually talked to the Physicians who take calls at the hospital and encourage them to be very active in addressing any issues that arise on the weekends and overnight. Also, we have discussed making sure that any patient who goes out for a procedure in return with the recommendation of medication, whether it's pain medication or otherwise should have that continued. So that is something we're working on. I'm not aware of a reluctance by nursing staff, but I can follow up on that. but again my message to the medical staff is to be very active and address any of the needs of patients that might arise.

**Calvin Flowers:** On the weekend in the evening.

**Person 17:** Thank you Dr. Flowers. That's helpful. Yeah, that's the only issue that I think that we're bringing up with the medical. It's not that athletes' nurses aren't falling out. It's the doctors that they do have on call or are kind of reluctant to do or prescribe any of the medications that we need. One of the things that Dr. Goldstein brought up that I thought was pertinent is like some of us can...

**Michael Sheldon:** Yeah.

**Person 17:** because we have financial means and credit cards to order products from vendors from the outside and sometimes when we need to return stuff, everything is now done on a mobile app, or you have to print a return label and there isn't anybody really that we can go to because the social workers I guess was giving one of the patients here a hard time about printing a return label for her. Is there gonna be a policy put in place for us to be able to do that?

**Michael Sheldon:** Kay, could you give us an example? I don't know if you have one specifically for you personally, but

**Person 17:** Yeah, but if you buy some shoes from Journeys or some clothes from Venus, you can purchase through the catalog. They have a catalog that they mailed to us. And there's the phone number associated with that so we can get close that's in but something doesn't fit. We have no way of returning it because they want to send a return label to us, but there's no way to get it to us other than to send it by email.

**Michael Sheldon:** Yeah, that makes sense. Yeah, let's Lisa, can you make a note of that,...

**Person 17:** All right.

**Person 17:** You get the social worker?

**Michael Sheldon:** please and we'll see if there's a way that we can coordinate. exist social work or...

**Lisa Wynn:** Yes you have.

**Michael Sheldon:** or even sense security bandages our mailroom possibly security to make sure that we can get the Return to Sender label printed and the pages are able to send back anything that doesn't fit like what Kay mentioned

**Person 17:** Yep, that would be great. Thank you.

**Michael Sheldon:** Awesome. Thank you.

**+1 602-\*\*\*-\*\*37:** But I have a couple more things. so the patients, we're not happy that the pullout program was shortened. And again, I'm reading from my notes too. So they're not able to do certain activities. You used to be three to five. They did art activities and the results so a smoothie bar and I know there's a progression to get you to get those privileges. so they want a return they want a list of all the things they did before covid so that they can get them back. Covered this to draw at the time of the Forum. The dryers hadn't been fixed and I believe the Administration had taken care of that. Let's see. Is there any update on the cash card?

**+1 602-\*\*\*-\*\*37:** Cash card it's and I'm not familiar with that. the other thing was

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**+1 602-\*\*\*-\*\*37:** Some of the men with the patients wanted to thank the Administration for what they were.

**+1 602-\*\*\*-\*\*37:** what they were given in the out And that for the hair stylist people who saw the hair stylist were really pleased and what I heard in the meeting is that The Stylist worked well with them and will come back.

**Michael Sheldon:** So before I respond, I apologize who was speaking. Hey, Bob,...

**+1 602-\*\*\*-\*\*37:** I'm sorry Barb.

**Michael Sheldon:** so, I don't know what a cash card is. So maybe somebody else has more Vision about that.

**Michael Sheldon:** I'm glad to hear the patients are happy with a stylist. It's been a very long struggle for us to find somebody to come in and work at the hospital. And I really hope that this individual stays a while and continues to provide great care to our patients Dr. Flowers and I were actually doing rounds today on the Civil Hospital campus and we came across a patient who clearly had just had their hair done and I asked the individual who did your hair and they responded I have no idea but I love it. So that's exactly what we want to hear from our patients being happy with the services that they are receiving. There was one point you brought up. I'm sorry Barb before the hair and the cash card. What was that?

+1 602-\*\*\*-\*\*37: The kingdom I got clip pages.

**Person 17:** Pick up. I know what it was. was the basically full mall has been reduced to an hour.

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

**Person 17:** It used to be an hour and a half and Jill the thing before covid that basically there was a Smoothie Bar you could go on the wheel you could do a bunch of things. And now we're kind of just relegated to sitting and playing card games and stuff in the gym, and she was wondering if we can bring back some of those activities.

**Michael Sheldon:** I had no idea that there was a Smoothie Bar prior to covid. So again, this is years ago. So, okay tell the folks that Dr. Flowers and I will follow up with rehab to see exactly what's going on and see. Maybe the person who was running the Smoothie Bar is no longer with the hospital. I don't know for sure about that, but we'll see what we can do to make a guide to try to get the hospital as much as possible back to the pre-covid operations.

**Lisa Wynn:** thank you and...

+1 602-\*\*\*-\*\*37: Mike if Mike would you be able to get a list of all the activities that were done before covid just that stopped during covid?

**Lisa Wynn:** Mike if I can just

**Michael Sheldon:** I can try to Barb it. It seems like agent history that was four years ago at this point. So I'll need to discuss or Dr. Flowers and I will have this sit down with rehab to get an idea of the

**Michael Sheldon:** the agenda and the operational activities, the schedule to see what the fallouts have been the difference between back, four years ago compared to today and what we can do a little bit differently. I know rehab is a couple areas of the hospital that we've really been having issues with Staffing as far as getting those into those positions filled. So that may be an issue. I can't say exactly what's going on here. But yeah, so Dr. Flowers will meet with our rehab director. We'll figure out exactly what kind of post covid what the change has been to see what we can do to potentially kind of revert back to I guess I'll call the good old days at this point.

**Lisa Wynn:** It might also help the ioc to know just our process for tracking after every Forum.

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

**Lisa Wynn:** So after we have a civil or forensic Forum our Patient Advocate Terra Morgan keeps a complete tracking of all the issues. the issues you guys have been discussing so she follows up with rehab and that information is provided to The exact team hasn't met since our last Forum. but those follow-ups are given to the executive leadership team after every forum and then the week prior to the new Forum with what action items have been So Terra in addition has been working with rehab and collecting information.

**Laurie Goldstein:** Okay. Thank you.

**Person 17:** And one last thing I know...

**+1 602-\*\*\*-\*\*37:** blueprint

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**Person 17:** What is that cash part? The cash card is that if you're in the work program here if there's a way to get a Visa card that would be attached to our bank here. But we've already been told that we can't have that just because of the way that our monies are held at Bank of America or whatever. They can individualize a bank debit card for us. So we understand that and we know that we can't have that.

**Laurie Goldstein:** Thank Okay, so I think that covers the Forum. The next thing we had several people Melissa, are you on yet?

**Laurie Goldstein:** But we had several people go to view videos.

**Laurie Goldstein:** And I have Alice's. Yes.

**+1 480-\*\*\*-\*\*82:** Are Laurie can you hear me? Okay, I need to submit it and I'll see if I can go out so it's not so loud.

**Laurie Goldstein:** I can start with Alice's report while you walk outside. So. We went to review a video based on.

**Laurie Goldstein:** on a report over staff and possible aggression Sports a patient or certain patients. So we asked to review an incident. And I think there were four of us that went to review it. Again, I am the Messenger that's reading Alice's notes. And I will try to refer to the people.

**Laurie Goldstein:** and there as person a And person B. So to give it context. We had already reviewed it. a previous video about I'd say two months ago where a person was seen interacting with a patient in what we thought was inappropriate manner. So where did the person who is an employee had to be?

**Laurie Goldstein:** Escalated from other staff and even after the escalation still continued to go. What it looked like on video after the patient until more staff stepped in at that time. I was told that that person was put on admin leave as they looked into it and then The ghost said that was removed from that unit where the Dynamics allegedly had a lot of friction. so the same patient said

**Laurie Goldstein:** Sorry about that. the same patient said that they were again

**Laurie Goldstein:** Aggressively handled by the same staff and they mentioned two person A and person B, so we went into footage of a meeting with the psychiatric and treatment team where the patient was the subject of the meeting obviously for and both person a That was previously involved and another person. B was in the room

**Laurie Goldstein:** So this is from Alice.

**Laurie Goldstein:** The BHT had been in an altercation with the patient a was clearly observed on the video having had to be physically stopped by staff on unit including the nurse from physically physical aggression towards patient that was previously in the video of the treatment team with the same members. patient person A and person B who have been noted to have Altercations aggressively and verbally with the patient when they are together with this patient, we're both sitting proximal. So this patient at the end of table on either side of the patient the treatment team we're sitting at the table on both sides the patient at the very end of the table facing the team as I stated the two A persons with whom serious conflict had transpired on several occasions and either side of him. I observed the video of the team.

**Laurie Goldstein:** Handing the patients and paperwork and the growing upset patient then. started to stand up clearly both Person A and B became aggressive and placed the patient in a hold before any verbal escalation with attempted. They then used CPI whole to take the patient. out of the team meeting room with the known history of the volatility between the patient and Person specifically and then person b as well, when he and person a are together, it's clear that having both of them next to the patient provided the situation in which the patient would be on guard and potentially feel threatened or intimidated patient has been known to Patient a nasty names and verbally know how to push. that person's buttons and get an emotional response from person a

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**Laurie Goldstein:** It was understanding of the ioc that person a was recently placed on leave after observing the video. Evidence of him aggressively arguing with the patient chasing after a patient resulting in no person being held back by staff as stated here. We were told personally that we were provided with retraining. but based on the new video evidence this person a has shown that they continue to be unable to maintain emotional control in the environment where there are mentally ill vulnerable patients in it and their care another video observed on ioc on this day both person B and person a were in the room with this patient only visible through a large window into the room escalating with this patient and putting the patient in the physical hold again as clear that person a is unable to control emotions and use verbal escalation techniques with the patient when the patient verbally pushes his emotional buttons and calls them nasty names. So Melissa, if you're able to speak that's the end of Alice's report on that

+1 480-\*\*\*-\*\*82: Okay, can you hear me? Okay. Okay. Great.

**Laurie Goldstein:** Yes.

+1 480-\*\*\*-\*\*82: I think you and Alex did a great job of describing sort of what we observe. I think I'm not going to repeat all of that. But I do have a few comments at a high level, a little bit. Pirate pointed out a couple of things: one or so there were five months between the two. Video date that we saw right? So if this part wasn't clear they were just a conversation about

+1 480-\*\*\*-\*\*82: Why was the patient necessary? We had heard potentially that they moved to another unit. But then move back to that unit with the same scale, So That was one of the questions that I think we had at the iot. What happened with placing both the staff and the patient back in the unit together?

+1 480-\*\*\*-\*\*82: We asked a few other questions. What is the protocol specifically when?

+1 480-\*\*\*-\*\*82: when a patient was in the room with the treatment team just trying to understand that protocol.

+1 480-\*\*\*-\*\*82: What is discussed where does everyone sit, just How is that set up? There was another question about which Laurie described from Alex the technique to dfcala. when leaving the room that there was a moment in

+1 480-\*\*\*-\*\*82: in the realm with the treatment team If there was potentially other protocol to escalate in a different way.

+1 480-\*\*\*-\*\*82: from what we observed because it looked like

+1 480-\*\*\*-\*\*82: It was a little bit more assertive.

+1 480-\*\*\*-\*\*82: There were questions about whether it's a regular or special meeting with the treatment team that we observe. And I already mentioned, wide lie back to that same unit. When we knew there was a problem and then I think also Laurie I don't remember if you said that you're not but I think the patient was also So doesn't understand why restricted. to the unit

**Laurie Goldstein:** Yes, I think all of that as we saw it and I think before we saw the video when we saw And as an architect, we saw the design of the table the design of the room.

**Laurie Goldstein:** With Everyone being there and the two individuals and the patient where you guys knew ahead of time that you were gonna be delivering news. That was not going to throw the patient. It was more behavior modification plan and bad news. And we were I think Alice as a psych nurse said I know what's gonna happen. Just looking at this before you play the video. this isn't going to go well, and I think you Acknowledge that you can't Old buildings are put a round table in but you could have thought more Who? Would be better. Seating mate or could there have been better placement, or maybe not have them in the room?

00:45:00

+1 480-\*\*\*-\*\*82: Yeah, that's right. Yeah. Thanks for bringing it up.

**Michael Sheldon:** Hey this is Mike. So I don't want to sound like I'm trying to defer anything. I really cannot speak to Personnel issues in a public forum. That's confidential obviously, but what I can say is the individuals are still members of the treatment team and they know the patient better most likely than anybody and how they would react but obviously High Insight Is 2020. We will learn from it and make changes and improvements moving forward, but that's really all I can say, unfortunately and I sincerely apologize for sounding like I'm trying to not Talk about the issue in depth.

**Laurie Goldstein:** And I think the other thing we talked about too that I think there Was a long discussion and we acknowledge that we understand that if you have someone trained and they're a nurse and they're a Phenom or even another trained person that it's really rid of someone that's hard to get staff but we also said that

**Laurie Goldstein:** if you see repeated behavior and lack of emotional control

**Laurie Goldstein:** I don't know and I mean, Chuck's had situations in hospitals where he's had. doctors that are brilliant on paper that sometimes just don't play well with patients and stressful situations or even nurses that You're in a trauma room the patient hits the staff and the staff hits back and they get fired. So I know it's difficult and you can't talk about it here, but we just don't like the dynamic What we've heard? about these two individuals, many other members and Dynamics and we do understand the patient. That we're talking about. does not have perfect behavior and says things that try to provoke and insult but again, it is a psychiatric unit and you can expect that.

**Laurie Goldstein:** People have to be able to have emotional regulation and not feed into chaos.

**Michael Sheldon:** right Laurie, and I think the last thing that I'll say is that these are employees that are buried by the book and they hold the unit to the rules and a lot of times like you mentioned patients are gonna do what they can to press their buttons to figure out what A noise them the most and they patient and when I say them mean patience They are going to try to do what they can to kind of skirt the policies and these are individuals the employees that are very by the book. So I think there's an inherent conflict there between the personality types. But yeah, I'm on board with what you just said.

**Laurie Goldstein:** Anything else by anyone that reviewed the videos with us? It was Alice Melissa shocking myself.

**Charles Goldstein:** That could go over everything that's been said because how am I just repeating myself? I came out of that. viewing with two questions for the administration: How did these two individuals the patient and the tech? We don't. Get along to the point where the tech has been physical. Assaulted or tried to be physically so assaulted in the past.

**Charles Goldstein:** End up back on the same unit again. I'm hearing two different things, one from I think it was Melissa who said that the patient was moved back to Award with a tech was and the other thing that I understood was that the tech was moved off the unit that the patient was on. The course of the first incident he was assigned to another Ward, but he later ended up back on the same. Unit with a patient was and I had the question at the time. How did that happen? I had yet to hear an answer who made the decision to put these two people back on the same unit with their history. The second thing I have which everybody has been.

00:50:00

**Charles Goldstein:** kind of I believe tiptoeing around I asked is directly of the administration which is If you have employees whether they be texts or any other people. can understand and work with potentially psychotic, but certainly psychiatric patients are not going to Say the right things.

**Charles Goldstein:** It is incumbent on them to behave in a way that is professional. this gentleman. Tech Already had been physical. assertive or Sultan to this patient That was recognized by the hospital. He was given some sort of leave and then came back to the hospital and in five months later repeats the same sort of assertive if not assaulted Behavior to it towards this patient just in my own recognizance as a physician cannot understand why he is still employed by the hospital, but that is a question for the administration because I can't see. Why are you keeping somebody like this around?

**Laurie Goldstein:** One thing to correct what we saw was that he wasn't assaulted in this last meeting. What happened was as a patient got So in displeasure and his new plan.

**Laurie Goldstein:** moving the paperwork Yeah, he was up and posturing and before he did anything physical he was probably saying nasty things. That's one person put hands on and once hands on went that's when things escalated more.

**Charles Goldstein:** So that's what I'm calling assault. You're just describing it in a different way.

**Laurie Goldstein:** Okay.

**Laurie Goldstein:** Okay, as an ioc we are not your HR department telling you the higher on fire.

**Charles Goldstein:** I am not asking you in a public Fortune to answer these questions, but the questions have to be put out there so that they can be resolved at some time. That's

**Person 17:** I have one comment so I've lived on these units and we've had difficult patients and there've been patients that have gotten in my face and said things that are unpleasant stuff, but I don't get the option of reacting. You know what? I mean? And so if we can hold it together with patients. I don't understand how the staff can't hold it together.

**Laurie Goldstein:** Point noted Okay.

**Laurie Goldstein:** At this point we can go over. And set an accent report.

**Laurie Goldstein:** So I'm gonna be reading from another screen so you don't see the side of my head. So I dropped my camera for a bit. So the first one I had that stood out for me was Ash 2023 4 1 9 5 And it was a salt. And again for those it was a code Gray. There was a question. I think a month or two ago that instructed by the Administration I'm still seeing assault staff. In the salts and in this particular one. it was refusing redirection threatening other patients

**Laurie Goldstein:** and at the time

00:55:00

**Laurie Goldstein:** it was hard the patient hit the other patient. In fact, what the clothes piston wanted to call the police didn't feel safe being around but did not want to speak with APS so what do you do? When a patient says I don't feel safe, but also doesn't want to report it and doesn't want to report a Adult Protective Services I think in the notes it says that the guardian. Was notified by the social worker. But the guardian had requested that Pete Adult Protective Services. Has not requested that they reported at the time of the review.

**Michael Sheldon:** So in a case like that Laurie if a patient states that they do not feel safe around somebody else. We will do our absolute best to move the patient who wants one of those individuals to either a different side of the unit. This case specifically, I pulled it up as a civil issue. So we'll do our best to try to move the patient to another side of the unit where they're not interacting with the individual that they're fearful of on a kind of day in day out basis. But as we've discussed many times in this form, it's very difficult for us to do that. Because if we move patient Aid to another unit. We need to move somebody else into that area and that may cause another stream of issues. You are correct in any situation like this. We will notify the guardian and the guardian asks us to contact the adult.

**Michael Sheldon:** Protective Services we will do so on the patients and the Guardians behalf, but we are very kind of limited in our ability to Rearrange the patient Dynamic I guess in a situation like this. And of course, social workers meet with them to make sure that what else can we do to help Feel Calm more safe. more secure in your environment

**Laurie Goldstein:** And you're a lead into the very next one is Ash 2023 4196 where two patients were having an altercation with each other and one patient Was moved to another room but still remains on that. Unit because neither a patient can be removed can be moved to the other side without greater rest of themselves or others. on the other side of that unit without where they have significant history with other patients, so since They haven't had any issues or words since the incident. They're just on high alert with the nursing staff. They're making sure that they're checking that the patients are.

**Laurie Goldstein:** Taking the lab support that they're taking their meds and the patients are remaining restricted on the unit. until her team decided for closer monitoring and observation. So again since you don't have infinite combinations Of units it was a very thing that you talked about.

**Michael Sheldon:** Right, and I don't want to speak out of turn here Laurie, but I'm fairly certain that at least one. If not, both of those individuals in that incident report have been taken off of the remain on unit list and they are potentially on a one to five privilege level able to use the mall and the unit at this point.

**Laurie Goldstein:** Okay, the next one so we can move on ash 2023 4 3 2 2 it was a fall and the fall patient fell and when the patient stood up then they took a few steps and fell again and then The writer of the incident report observed that the patient was having involuntary jerky movements, they checked respiration and vitals they did call.

**Laurie Goldstein:** The psychiatrist and the psychiatrist did tell the nurse to send the patient to Valley wise and they did send the patient my question there when they talked. To the emergency Department for Change and mental state atypical seizures. Myeloma old colonists likely toxic state for further evaluation and treatment. So does that mean when I read likely toxic State and excuse me for my lack of knowledge? Are they talking about? That they ingested something toxic or that. After a seizure, it was in a toxic state.

01:00:00

**Michael Sheldon:** Laurie before I answer, can you repeat that IR number? I apologize.

**Laurie Goldstein:** It's 2023 4 3 2 2.

**Michael Sheldon:** 4322 okay. Let me really quickly pull that up and...

**Laurie Goldstein:** Okay.

**Michael Sheldon:** see exactly what's going on.

**Lisa Wynn:** And one week.

**Calvin Flowers:** Yeah.

**Lisa Wynn:** Mike's looking that up. I would just share that the primary place where we maintain medical records is in the patient's medical records. So we would have our records and Labs as well as access to any notes from Valley wise's Medical Records. So anything that's in the incident report, might reflect something but that's where we would look for the clinical information and Dr. Flowers might. Have some thoughts too. Michael met up.

**Calvin Flowers:** Yeah, I was gonna say the toxic level reference there. It really depends on what time the blood was drawn in the emergency department many of these medications have a very narrow therapeutic window and that therapeutic window in their blood system is based on their blood being drawn the following morning with which is what we call a trough level and if the blood is drawn early, for example a few hours after they've dose their medication it certainly could look like it's at a toxic level but again, that's

**Calvin Flowers:** something that could be referenced as a high medication level when in fact, it may just not be drawn at the particular time that the reference range is based on but it still could lead to some individual being unstable in their gate.

**Laurie Goldstein:** Thank you Dr. Flowers. I can go on to the next one Ash 2023 4 3 4 2 this one was unusual because a patient was being restrained in the mechanical restraint chair and before shift change the person started spitting at staff and not redirecting. So an RN entered to do an assessment when the patient sat on the neck and chest area. And laughed about it after being spoken to throughout the day. So the RN files a police report against the patient for this action and two Phoenix police officers come pick the patient up in handcuffs and take them off to jail. So I mean to me again, I know it's not in.

**Laurie Goldstein:** administrative control but for someone spitting versus when you have staff that have been hit and punched The police even if they call the police, they don't take one way. But in this case for spitting they send two officers and take the person to jail seems like an overreaction to me.

**Michael Sheldon:** So Laurie members, I think we had the discussion either in October or the September meeting. We have no control over law enforcement's reaction. And the sense of the hospital is that I'm not going to stop one of my employees or another patient who is the victim of an assault from calling police and failing to report as a victim of an assault, but you're totally correct Laurie. It's very hit and miss the way the police will respond in these situations.

**Laurie Goldstein:** The other one is asked 2023 4410. This is the instant regard. Regarding the video that we reviewed in the conference room with person a and person B and here it has. voice words of bad language

**Laurie Goldstein:** So this is just the instance so we did get the instant report. For that just letting everyone know. you say

01:05:00

**Laurie Goldstein:** I have nothing else.

**Laurie Goldstein:** One that asked 2023 4489 where there was. a staff member

**Laurie Goldstein:** doing some routine work on the unit and a patient attempting to assault a staff member had come to block it up to two. The Patient continued to try to grab the radio from the patient and attack all the code gray they managed to Help the patient on the floor without entering and harm but the original staff was punched multiple times in the jaw in the ear and they managed to let go of the patient.

**Laurie Goldstein:** Just going through that. It was a very aggressive assault on staff and the patient wasn't redirecting. They were head-butting and kicking at staff and lots of stuff in the notes. It said a reviewed personal administrative investigation was initiated. so

**Laurie Goldstein:** Does that mean to me that an Administrative investigation was going on to me. That seems like it was this Behavior staff issue, but reading the incident reports. It seems like the staff was doing our mundane job. and the day room And a patient attacked them.

**Michael Sheldon:** Yeah, so on this one Laurie you're correct and your interpretation we did review Lisa and her team are reviewing the videos of all assaults whether staff on I apologize patience staff or patient on patient to make sure that proper techniques were used in this specific case. We were concerned that proper NBCI techniques were not used so we did initiate the Personnel investigation to move forward through that route.

**Laurie Goldstein:** Okay. Thank you. And it's

**Laurie Goldstein:** Okay, thank you. Any more information on the original one. You were gonna look up because that's all the ones I have to report on.

**Michael Sheldon:** I don't have anything else

**Laurie Goldstein:** Okay, okay. so before we go

**Laurie Goldstein:** Public comment. Is there anything else that I've forgotten to bring up that spin on our agenda?

+1 520-\*\*\*-\*\*77: No, Laurie, but it's these and I think it's really quick. I'm sorry.

**Laurie Goldstein:** Yes.

+1 520-\*\*\*-\*\*77: I want to apologize for the whole discussion regarding the retaliation because I missed the last meeting. So I don't know what was number one there and number two. I actually think there might be a different solution to the Google issue for them being able to and I just Want to know where I could send it?

+1 520-\*\*\*-\*\*77: Because you were talking about using an older version of Word to allow the patients to have some way to do documents and...

**Laurie Goldstein:** Do you?

**+1 520-\*\*\*-\*\*77:** Then save them and there's evidently. Do that line it's the ox but I just wanted to defend the information somewhere to somebody who would be able to assess that and see if that's a reasonable thing. Just For the heck of it.

**Michael Sheldon:** Is that I'm sorry to interrupt? Is it that D go ahead and...

**Laurie Goldstein:** Yes.

**+1 520-\*\*\*-\*\*77:** Yes.

**Michael Sheldon:** send that to you. If you have Lisa's email address going to send it directly to her and we'll get it to it and...

**+1 520-\*\*\*-\*\*77:** Yes.

**Michael Sheldon:** Then we can go from there.

**+1 520-\*\*\*-\*\*77:** Yeah, it sounds good. And I've been looking at it while we were talking and I'm really happy. to connect that Which may be a problem. They're done because when you're on the air. that we don't have And you can work from there. So I work. I just thought it was kind of an inch option Maybe.

**01:10:00**

**Michael Sheldon:** Yeah, as long as it doesn't require a significant investment from the hospital or live internet access. It may be an option for us.

**Laurie Goldstein:** Okay, that sounds great.

**+1 520-\*\*\*-\*\*77:** Wrote that direction and...

**Laurie Goldstein:** What? and...

**+1 520-\*\*\*-\*\*77:** see what's sick.

**Laurie Goldstein:** One thing I thought about when you were discussing this: We all have worked on platforms that are the hot thing of the moment. I think, Offices here to stay but lots of companies and groups are going to Google Docs and Google sheets and everything else. Another thought is You can also have the Department migrate. the documents from word over to Google Docs so migrations are

**Laurie Goldstein:** tasks that often

**Laurie Goldstein:** companies and groups have to go through to make sure things are still accessible so you may want to Just have them migrate the documents into a Google doc which they would then have access to.

**Michael Sheldon:** That's a great Point Laurie. I don't know what we'll do with that since The Google Docs platform is specific to an online minor understanding is an online only platform and...

**Laurie Goldstein:** all

**Michael Sheldon:** These PCS do not have internet access. So that will probably hamper our ability to do that.

**Laurie Goldstein:** okay.

**Laurie Goldstein:** So I forgot that you're locked down.

**+1 520-\*\*\*-\*\*\*77:** This terrible thing I'm looking at actually says that they could set it up initially so that they could set up the Google Docs then one done. You can do that offline. So I said again, I don't know if that's possible. But I just thought it was interesting because I didn't realize you could do this and the airplane without internet access and maybe both handsome so into I think.

**Michael Sheldon:** Yeah.

**+1 520-\*\*\*-\*\*\*77:** start starting

**Laurie Goldstein:** Okay. Thank you.

**+1 520-\*\*\*-\*\*\*77:** I really appreciate you.

**Laurie Goldstein:** anything else before we go to public comment and that We self to make sure we go to Quorum before we go into executive session. So I know that.

**Laurie Goldstein:** I'm on Kazan Dizon checksum Barbie's still there.

**+1 602-\*\*\*-\*\*\*37:** Can you hear me? Okay, sorry.

**Laurie Goldstein:** Okay Barb's still there.

**+1 602-\*\*\*-\*\*\*37:** I had better alert earlier that there was one other item. that I wanted to bring up that had come out of the Forum and...

**Laurie Goldstein:** Okay.

**+1 602-\*\*\*-\*\*\*37:** A patient had indicated that there was another patient who was restricted. On the unit, I believe neither patient knew why. and the patient asked that this be reported to the ioc and at some point I guess you'll not hear but at some point I can give you the name or whoever gets it.

**Laurie Goldstein:** Okay, and I'm glad you remind me because I have By this time of the night. My brain is like a little white mouse. I forgot that we did personal patient visits and they forgot to report on that. I do think that I would hope would be my hope and I'm an optimist that when a patient is restricted to unit and they say they don't understand that The nursing staff for their team why am I restricted and they would provide context and behaviors and what they have to do to get off being restricted to unit.

**Michael Sheldon:** Laurie this is Mike. Yeah, that is my understanding. The treatment team should be meeting with the individual to tell them exactly what the situation is and what our concerns are about their recent or past behavior. And what we need to see from that individual to know that we believe that they can safely be released from the return. remain on unit status and we're with the rest of the patient population whether that may be on a one to five status or a full Mall privilege status. Yes.

**Laurie Goldstein:** Okay. good.

01:15:00

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

**Laurie Goldstein:** Okay, thank you. Chuck and I actually did all went old school and actually went in and did patient visits and it really was a wonderful to do again and check being a

**Laurie Goldstein:** An older doctor likes to see and touch patients he didn't touch patients, but he does like to be in person. So it was rewarding for him to go in and to see the patients as it was for me. So the patient one we met had complaints about some of the staff, the same ones that we reported.

**Laurie Goldstein:** That they've heard a lot about that. They talked about the problems. with the computer systems now after Some bad behavior by a few patients that used to all have logins and IDs the complaint is which patients were not behaving they used to log in. Why are we now all with one? I think Mike explained last time that this is kind of the new procedure so that they can be able to use them but not store them. They need to have a USB drive to store their own documents.

**Laurie Goldstein:** As you've heard they're working on getting software like Microsoft. Words so they can open all Information but It was a major concern and complaint about the computers and the files this patient also really would like to request A pull pin as they have never been violent. according to them and that they have

**Laurie Goldstein:** medical conditions that make it difficult for them to grasp the small Flex pens, and they really would like to have a Full size pen they also would like to request. A special diet again so control pain that's associated with that medical condition. and in the past it used to be permitted and now for Whatever reason that same diet that they were given is no longer available. they also talked about and unexplained rash that may need attention and I think

**Laurie Goldstein:** I think Chuck as a doctor said that rash may be related to other said medical conditions. So hopefully they can get seen. That was one. Patient 2

# ARIZONA

INDEPENDENT OVERSIGHT  
COMMITTEE

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**Laurie Goldstein:** Felt that. They were getting retaliated against already by signing up to see the ioc. That day they talked about the staff. Attacking them again. That was the patient that was seen in the video.

**Laurie Goldstein:** patient said that they had a food visit scheduled and it was canceled And no one explained why?

**Laurie Goldstein:** Ongoing complaints about P names and other staff in their unit. Alleged bad treatment towards other patients in the unit that are DD.

**Laurie Goldstein:** talk to you have any other comments without revealing too much information about patients

**Laurie Goldstein:** So at this point I don't know.

**Laurie Goldstein:** But I think that We also were scheduled to. visit One or two other patients that day but the patient. did not

**Laurie Goldstein:** Come in and talk to us at that point. I think that.

**Laurie Goldstein:** one of them I think he also. Lisa did see three. I'm trying to find my notebook, but I try and

**Lisa Wynn:** I think you were scheduled to see three and saw two of the three.

**Laurie Goldstein:** M1 so yeah, one of them wasn't able and we've had several requests for ioc visits since then, but I've been traveling I just got back so if any ioc wants to go Back and do a person visit those take a little bit more coordination. but again We do have a few patients that would like to have visits. and they can say if it's preferably in person or if not At least you could do virtual and do a Google Meet and if not that then telephone.

01:20:00

+1 520-\*\*\*-\*\*\*77: Laurie, that's a fee. I can go almost any Monday for sure and frequently I can do Friday. So I would love to come that works for anybody just to throw that out there. Thank you.

**Laurie Goldstein:** Okay, I could.

+1 602-\*\*\*-\*\*\*37: can do Monday Barn

# ARIZONA

INDEPENDENT OVERSIGHT  
COMMITTEE

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**Laurie Goldstein:** That'd be great. So I have to look at my notes to see who wants a visit but maybe we can schedule an upcoming Monday and do some visits. We also would love to go back and see some civil patients. We're trying to visit one civil patient. That I requested it but when we called to do a visit the patient did not want to come to the phone. So I think that possibly a physical visit may be easier for this patient. So they have requested through the guardian that they do want to visit. So if we go on site for forensic, I hope we can go over to civil and I'm not saying set up a table like a vendor but maybe set up a table like a vendor in the mall for a period of time and see if patients just want to talk to us because in the old days it used to be we were on the Civil campus a lot. and for some whatever reason we haven't been

**Michael Sheldon:** Laurie from my side the emotion would absolutely support that. I can't say that we would set up a table in the mall. But we definitely have a presentation room off the Civil Lobby that if the IOC wants to set some kind of dedicated day of day and time time of day of the week that the Civil patients will know that someone from your team would be available. We can definitely communicate with them and make sure that they want to meet with you and your team. We can bring them and escort them to that room so they can meet with you and all you are in your folks in privacy and then bring them right back. I can't emphasize that enough how much I think it's important that the IOC interacts with our civil patients.

**Laurie Goldstein:** No, and I think Melissa and I went to the Civil last month. She found it very enlightening and very helpful and the Civil patients were trying to help each other navigate and a lot of their issues were similar issues on wanting better choices, better food that are activities like that.

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

**Laurie Goldstein:** So I would support that as well. We'll try to coordinate and see what Monday we can get in there. But a truck before we move on to a public comment. Do you have any other from the physical meeting when we went and saw the patients without revealing identity or medical condition. unit

**Charles Goldstein:** no, no, I have no further comments.

**Laurie Goldstein:** Okay with that being said, I think we're going to go. Public comment then after that we'll go to Executive session. Then we'll come back to the public forum if we have anything to vote on. And just to be respectful for time.

**Person 16:** right All right.

**Laurie Goldstein:** We'll try to put a timer of three minutes. And when we remember just as a rule setting we're not allowed to answer people.

**Person 16:** Okay.

**Laurie Goldstein:** Nor is anyone from the hospital. So if you bring up an issue. we cannot comment on it we can just so thank you for your comment.

**Person 16:** All This is a Brad from Sycamore. We just had A few patients here who were curious about getting the media player restored back to the computers so that they can watch DVDs on the computer. They feel the coping skills that they're not able to utilize and I'd like to see that change. The other thing was that. What they're I guess. was somebody thought someone else is and when I say someone on this unit, so someone else's from another unit Point she and apparently

01:25:00

**Person 16:** That other person from a different unit has been getting points for wrap up and community meetings and those points have been taken away from us for some reason. I understood it to be like an inventory issue. the people are possibly getting too many points and buying too many. things from The Point store

**Person 16:** I'm not sure about the cake but that was the concern if they're still doing the wrap up and community meeting point being awarded to patients on other units. We'd like That restored to us as well. And that's all I have.

**Laurie Goldstein:** Thank you.

**Person 16:** I'm John Wallace on Sycamore. Remember me?

**Laurie Goldstein:** Mm- Yes, John.

**Person 16:** And I know My time is limited. So I'm just gonna be as quick as I can. My accents to the tub room. And in the early morning is still denied to me. In fact, it's been set back even further. I can't get in until the day shift comes on around 6:30 in the morning. You need activities and groups for me to start. Doesn't leave me much time to do physical therapy. The meds are wearing off. And I wind up in terrible pain. Also the issue of converting documents to Libra. I don't like Windows that much and my Windows documents have been converted to Libra. The few I've had the issue with seem to be complex formatting and unusual. Text Those don't translate well from word to Libra it is free open source. I recommend it. And thank you for using it. anyway there was also my access To both rehab and developing skills relevant to my vocation are still denied. The race is done. Sycamore is still. All right, present. I'd like to remind everyone that we all are. Have a negative bias toward anyone labeling the mental patients. I beg you all just To work with the patients and find a way to overcome this automatic misperception And work toward a positive solution of changing the culture here at the ants.

**Person 16:** Furthermore. I have a personal bank account. Why can't the bank here at Arizona State Hospital transfer funds to patients personal bank accounts? be electronic transfers And we could use our personal debit cards which work everywhere on all the vending machines at the cafe Stop & Shop.

**Person 16:** Let's Thank you for the hair stylist.

**Person 16:** and right now the unit protocols were changed. Because some of us were asking to be able to use it at unreserved times on the computers or TVs. Our access continues to be three hours a day, and even on other units where restrictions are Nation Communications with our family and other support entertainment information education all So limited that the environment at Arizona State Hospital has become oppressive. And that might be sourced for the increase in the assault of behaviors.

**01:30:00**

**Person 16:** Times that told me if you don't like it file a complaint we want you to file complaints. That's not correct. A complaint agreement that's supposed to be a last resort. We are an extended family of staff and patients. We need to respect each other. And work together. More next month. Thank you. right

**Laurie Goldstein:** Thank you, John.

**Person 17:** Hi, I'm Veronica from Saco. Okay, I'm around Woodville.

**Laurie Goldstein:** Hello.

**Laurie Goldstein:** Okay.

**Person 17:** Okay, I don't mind being on the public records comment or whatever. Okay. I'm gonna give us a shout out to thank CEO Mike Sheldon for looking into getting us Microsoft 2017. I just had somebody look it up. I guess it was misinformation about the word seven being public domain Microsoft that and all there is no Word office. It's actually public domain yet pay for now. If you all do pay to get the 2017 Pro presentation of distribute Network. I believe that they can

**Person 17:** I'm not sure but without using the network and possibly downloaded to put on pin drive and distribute to the computers. I don't know if it works like that or maybe they get a gift and they get to exist. They can distribute it and don't have to be activated. They can get it and load on to all the computers because the disk drive doesn't work on computers and doesn't have to be activated. We always used it not to activate all you just click out a little box of and to register whatever just click that all and if whatever. Continue buttoning it when we go anywhere because it tries to go online and There's no online access on the computer. So it's just common.

**Person 17:** It just works. Thank you very much for looking into that. I just want to really say that the US or have upheld the right to do process as a constitutional guarantee. The case law is Lewis versus case 518 there's other numbers you all look up. But also that's a pretty core and described the right to do profit every Citizens First member right petition the government

**Person 17:** So all I want to say is I think Mike understands the paperwork I gave you that we were in the process to plant actions and others and access to the courts that the US courts was uphold this and high regards because it's our First Amendment right to freedom of present And there's chasing laws the back. It's all up to now. it would just be in the best interest of a hop little to expedite getting of 17 so that est wouldn't have to claim that we were obstructed aboard denied our access to the craft. That's all, thank you very much. Keep a good work and Godspeed and

Person 17: and I have a Happy Thanksgiving Happy Holidays, and that's all. Thanks so much.

Laurie Goldstein: Thank you.

Laurie Goldstein: We have any other public comment.

Laurie Goldstein: Any other members of the public that would like to give comments?

01:35:00

Person 16: And this is John Wallace, please come and see me again. And let's try to work through Positive Solutions for some of the problems. We have here.

Laurie Goldstein: Thank you, John.

Laurie Goldstein: Okay, anyone else from the public that would like to give a public comment?

Laurie Goldstein: So for those members Barb, I know your internet is out. So I'm not sure if you have so Larry just wrote in. Let me read it out to you so you can call in. the executive session number Barb is 661

Laurie Goldstein: 527

+1 602-\*\*\*-\*\*37: Easy, yeah.

Laurie Goldstein: 2 0 6 5

Laurie Goldstein: and the pin number and Cage you have this also I forgot. Is 430.

Laurie Goldstein: So the pin is 430. 8 5 4 4 8 2 pound

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

Laurie Goldstein: So both of you have it and...

Person 17: Yes.

Laurie Goldstein: with that. We can. Okay.

+1 520-\*\*\*-\*\*77: I wasn't ready for that. So because I didn't have that either. I'm so sorry. I would be looking for a piece of paper as you started.

Laurie Goldstein: Okay.

+1 520-\*\*\*-\*\*77: And then I just Didn't have one.

Person 17: better

+1 520-\*\*\*-\*\*77: So hang on just a second. I apologize.

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INDEPENDENT OVERSIGHT  
COMMITTEE

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Laurie Goldstein: No worries.

+1 520-\*\*\*-\*\*\*77: He said sorry Laurie. I just thought it was in one of the emails,...

Lisa Wynn: Many thank you.

+1 520-\*\*\*-\*\*\*77: But it wasn't Go ahead so you session again?

Laurie Goldstein: It's 661

Laurie Goldstein: 527 Who's 2 0 6 5?

Laurie Goldstein: pin number 430 8 5 4

Laurie Goldstein: 482 pound

+1 520-\*\*\*-\*\*\*77: Okay, that's a Singleton or is that just for tonight?

Laurie Goldstein: Larry is that a consistent executive session number?

Lawrence Allen: No, that's a new number. I generate. it's not static like the normal.

+1 520-\*\*\*-\*\*\*77: so that's

Laurie Goldstein: You have to have Yeah,...

+1 520-\*\*\*-\*\*\*77: Okay, I am so sorry.

Laurie Goldstein: super secure. We don't want just anyone in so I understand okay.

+1 520-\*\*\*-\*\*\*77: Yeah. I got it. I just wanted to make sure that I understood what was going on. I was like wait a second. Okay. Talk to you in a minute.

Lawrence Allen: No problem.

Laurie Goldstein: Okay, so Hopefully for those that are not joining us. Thank you for hanging in there and...

Person 17: All right.

Laurie Goldstein: If you want a physical meeting, we'll try to come in on a Monday.

Person 17: he

Laurie Goldstein: Let us know that you want a meeting.

Laurie Goldstein: Thanks Fredrika. We'll see you shortly and an executive session.

01:55:00

+1 602-\*\*\*-\*\*\*37: Anybody there?

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

Lawrence Allen: Let's think we're just missing Laurie.

Charles Goldstein: Where do you get on?

Lawrence Allen: he

+1 520-\*\*\*-\*\*\*77: I am so sorry.

02:00:00

+1 520-\*\*\*-\*\*\*77: I'm working out of my phone so I had to go back and look at the presents. So I apologize

Laurie Goldstein: Sorry about that. I clicked an old link. I was waiting to be let in. my bad but I

Lawrence Allen: No problem, there were lots of links out there.

Charles Goldstein: That you usually...

Laurie Goldstein: Yeah. I need food. So.

+1 520-\*\*\*-\*\*\*77: likely experience

Charles Goldstein: what I do.

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

Laurie Goldstein: I need and...

+1 520-\*\*\*-\*\*\*77: all of them Why?

Laurie Goldstein: these I need food and wine and watering but

Charles Goldstein: So we have any further business Laur?

+1 602-\*\*\*-\*\*\*37: the essentials in life

Laurie Goldstein: Okay,...

charles Goldstein: we haven't You have any further?

Laurie Goldstein: So I don't think We don't have any voting. So we just have to call for a motion to adjourn.

Person 15: I give up.

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COMMITTEE

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+1 602-\*\*\*-\*\*37: It's good my motion. We adjourned it's Barb.

Laurie Goldstein: Okay, so I have a second.

Charles Goldstein: Yes second.

Laurie Goldstein: Okay all in favor. Okay.

+1 520-\*\*\*-\*\*77: thank you Laurie for 5

Charles Goldstein: Thank you.

+1 520-\*\*\*-\*\*77: Thank you guys all of you.

Laurie Goldstein: Thanks. Thank you.

Lawrence Allen: Thank you. Everybody. Have a great day. Thanksgiving and

Person 15: But Thanksgiving.

+1 602-\*\*\*-\*\*37: Property back to you next month. Bye.

Laurie Goldstein: You too. Okay. Bye guys.

Lawrence Allen: All right.

Meeting ended after 02:01:31 🤝