

Department of Health Services (DHS)  
Arizona State Hospital Independent Oversight Committee (IOC)  
Public Meeting Minutes  
Thursday, February 22, 2024 – 6:00pm

### Call to Order

Meeting called to order by Committee Chair, Laurie Goldstein. The meeting was virtual, no physical address.

### *Welcome and Introductions*

- Laurie Goldstein (Chair)
- Charles Goldstein, MD
- Alice Klein
- Kay Kunes
- Melissa Farling
- Barbara Honiberg
- Dee Putty
- Janina Rotaru

### Absent:

- Kim Scherek

### Public in Attendance:

- Charles Edmond
- John Wallace
- Timothy B
- Bobby Gene Blansett

### Other IOC Committee Members (Ad Hoc)

- Crystal Fox
- Holly Gieszl

Arizona Department of Administration (ADOA): Larry Allen

AHCCCS: Fredreaka Graham

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

## IOC: DHS/ASH IOC Meeting (2024-02-22 18:02 GMT-7) - Transcript

### Attendees

+1 480-\*\*\*-\*\*16, +1 520-\*\*\*-\*\*77, +1 602-\*\*\*-\*\*31, +1 602-\*\*\*-\*\*87, barbara honiberg, Bobby Gene Blansett, Calvin Flowers, charles Goldstein, Fredreka Graham, holly gieszl, Janina, Laurie Goldstein, Lawrence Allen, Melissa Farling, Michael Sheldon, Person 17, Person 18, Person 19, Terra Morgan

### Transcript

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**Laurie Goldstein:** Okay, welcome everyone to the February 22nd DHS ASH IOC meeting As stated a moment ago. We have Alice Chuck, Laurie, Barb, Melissa and Kay in attendance. I know Dee was planning on attending. And I'm not sure about Kim. So let's go ahead and move forward. Does anyone have any conflict of interest that they have to disclose?

**Laurie Goldstein:** Okay with nothing. Being said, that's d. So we have dinner.

**Charles Goldstein:** No, no.

**Laurie Goldstein:** Okay, so welcome no disclosure of conflict of interest. Did everyone get to see the last meeting minutes that were sent out? I know they're really voluminous now that they're done through AI. And if we wanted to there would be many Corrections because it gets small things wrong. But do I hear a motion to approve the minutes presented?

**barbara honiberg:** I motion to approve

**Laurie Goldstein:** Okay all in favor.

**Janina:** As I can.

**Charles Goldstein:** All right.

**barbara honiberg:** I

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

**Laurie Goldstein:** So, let's have Minotaur approved. I'm not ignoring it, I'm reading my second monitor. Let's see. Do we have anyone else from any other? ioc and attendance

**Laurie Goldstein:** No one. Spoke up at this point so we can ask him again. Later.

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**Laurie Goldstein:** We have an update from ADOA.

**Lawrence Allen:** Good evening . I do have one quick update. You should have received training for me in your inbox.

**Laurie Goldstein:** Okay.

**Lawrence Allen:** Regarding the law 2000.

**Janina:** Yes.

**Lawrence Allen:** Yes, that is going to be an annual training that we're going to be doing for all ioc members for boards and commissions. All ioc members and other Oversight committees within ADOA and it was determined that we needed to up our level of training on and on that specifically the conflict of interest rule. That's not what it's all focused on but that's a good part of it and it'll help build the gaps in for new committee members that are coming in to hear that immediately upon enrollment and so we're gonna have the existing committee members or having to do a little bit of a backtrack and create a trade Corp account.

**Lawrence Allen:** So I apologize about getting that done but moving forward. It's going to be an automated thing where it's gonna email you to remind you that it's gonna be up for your annual training so If you could...

**Person 18:** All right.

**Lawrence Allen:** If anybody needs that again, please let me know. I'll be happy to resend that out to the group or...

**Person 18:** All right.

**Lawrence Allen:** to the individual. we want to Okay.

**Person 18:** This is Kay and I don't have any Internet or email. So how will I proceed?

**Lawrence Allen:** Yeah, that's a good question. Okay, let me work with Terra. I'll drop her a note to see if there's a way that we can get you in front of a computer to take the training.

**Person 18:** All right, okay.

**Michael Sheldon:** Okay, it's Mike. We'll make sure that you're able to get into that room and sit down and log in and everything. Yep,...

**Person 18:** Thank you, Mike.

**Michael Sheldon:** Larry. Can I ask one quick question about that?

**Lawrence Allen:** Thank you, sir. Of course.

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**Michael Sheldon:** And it's not specific to the ioc. I apologize to the members. I know that there have been some issues. We have multiple new members of the hospital's governing body and part of being a governing body or a board member is to take the TraCorp training for cabins reality and all of that stuff. My new members have been getting errors when trying to log in saying that the user profile is not bailed anymore. There's some kind of code that they get. We've reached out to a way to try to remedy that. Are you aware that that's happening by chance?

**Lawrence Allen:** That's the first I've heard of it. I actually got on yesterday to take it again...

**Michael Sheldon:** Okay.

**Lawrence Allen:** because It's been over a year since I took it and I wanted to take it again as a refresher Just to go through the process because if I'm gonna ask you guys to do something. I want to do it too as well. So I want to know what you're encountering and what you're seeing and whatnot. So

00:05:00

**Michael Sheldon:** Okay, originally again to the help desk and we sent them screenshots of what our new board members have been seeing so it's probably just a bug in the system. We'll figure it out.

**Lawrence Allen:** It could be a market if you have any issues on that I am me and then I can work with my group to make sure that that gets addressed immediately.

**Michael Sheldon:** All...

**Janina:** And I will try to complete this training over the weekend and...

**Michael Sheldon:** I appreciate that.

**Janina:** I can keep you posted if there are any issues.

**Lawrence Allen:** Fantastic. Okay. That's great.

**Michael Sheldon:** That's great.

**Lawrence Allen:** So if anybody else needs that email I'll be happy to resend that link out. If you're not sure right now at the moment this always just shoot me an email and I'll be happy to get that out to you. and that

**Laurie Goldstein:** Larry One thing I have not seen and the other thing that's happened and it happened last month and this month which is so odd, but your emails to me are going into my spam and that's unusual because you are in my contacts. So it's the last time when I said aren't you sending the agenda out and...

**Lawrence Allen:** Yeah.

**Laurie Goldstein:** said I looked at my spam and...

**Laurie Goldstein:** I just found this month's agenda a few days ago in my spam as well. So if I don't...

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**Lawrence Allen:** a strange

**Laurie Goldstein:** if I don't respond, it's because I don't typically go look through my spam.

**Janina:** The Laurie. Did you move the email from the spam to the Inbox and still...

**Laurie Goldstein:** yeah, and...

**Janina:** if they're happening?

**Laurie Goldstein:** Yes, and he's part of what usually happens when they're not in your contacts, but he is in my contact.

**Lawrence Allen:** Yes.

**Laurie Goldstein:** So I'm perplexed, but I'll figure it out. But if I don't respond, text me and I'll look.

**Lawrence Allen:** Okay, sometimes if there's updates on Google that's the platform we use with the state, sometimes if they do certain updates maybe I don't know the computer jargon to explain that but All...

**Lawrence Allen:** but if I send you I will resend that to Again Laurie just for Grants. So you'll have that on top of your inbox. hopefully

**Laurie Goldstein:** Top of my spam. No, so Okay.

**Lawrence Allen:** Thank you. All right,...

**Laurie Goldstein:** Thanks. The other thing I wanted to say was Okay.

**Lawrence Allen:** And That's the only update I had for the group.

**Laurie Goldstein:** I did forward you the policy that we asked about. Terrence Skaggs the third State security Would you calm I don't have his email open now, so I don't know his official title quality assurance manager.

**Michael Sheldon:** He's yeah exactly.

**Laurie Goldstein:** Okay, so I did forward the committee members the policy that we had requested on the procedure. I can't remember what we requested. But essentially it's what is the general procedure for handling any staff? Mishaps or misconduct and that was sent to us and I sent it to the committee for a review and I think hey you should have gotten a copy as well.

**Laurie Goldstein:** Okay, does the committee have any concern questions or Any discussion about that?

**Melissa Farling:** Gotta be honest. I don't know if the attachment just didn't come through to me. So I'm gonna have to double check.

**Janina:** As if you can send that email again, that policy would be great. So

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+1 480-\*\*\*-\*\*16: And me too. I was having trouble with it if you could send it again,...

+1 480-\*\*\*-\*\*16: I think this is Alex.

**Laurie Goldstein:** I'll send that again. So if we're not. I think that that was Only requested information that we asked for last month. So does Ash have any administrative updates?

**Michael Sheldon:** Yeah, hi everybody. It's Mike. I got a couple things and updated the group on let me just open up my notes real quick. The first thing is that We have extended an offer of employment to a new Chief quality officer that individual.

**Michael Sheldon:** Was originally supposed to start at the hospital at the end of March. However, I was just informed earlier today that he's able to start on the 4th of March. So that's about a week and a half two weeks away. His name is Trevor cook and he is coming to us from the private sector a lot of really good solid quality management performance Improvement experience was a former director of quality and risk for Aurora Behavioral Health so very much looking forward to having him on board and once he gets started and gets settled in he will be the

00:10:00

**Michael Sheldon:** Main point of contact for any ioc requests for information similar to how Lisa used to act in that role. The other update is I think I mentioned this last time. If not, I apologize. We did hire a new Chief Financial Officer. His name is Jason Laforest. He's been with us for. Probably a couple of months now, but Jason is very skilled in finance. It was real.

**Michael Sheldon:** Grab for us to be able to get him. He was actually working for a DHS several years ago back in 2014-2015 when the division of baber Health Services was transferred over to access and Jason was in finance a DHS and he's actually the person who essentially stood up the state hospitals Financial Charter of accounts. So he's very familiar with everything and the hospital is very glad to have him on board. It's been a fairly seamless transition from our farm, our former CFO to him.

**Michael Sheldon:** The other thing I wanted to let you guys know about is that in the hospital's last governing body meeting which took place about a month or so ago one of the governing body members asked if the hospital did anything to have support groups with family members of our patients. So the family members could meet with our staff in a group kind of session. They would not discuss anything specific to their loved ones, but just more kind of understanding about psychiatric conditions, bipolar disorder, and how to help their loved ones manage their symptoms. The hospital used to do something like that several years ago. I believe prior to me joining the hospital we are looking to restart that sometime in the very near future our social work department.

**Michael Sheldon:** Be leading that charge and they're gonna begin sending out requests to Patient Guardians family members to gauge their interest and what kind of availability they may have to participate in something like that. But I think that would be very very helpful in helping us kind of navigate patient discharges and really help the family members understand kind of what their loved one is going through and how they can be supportive. The last one that I wanted to bring up really quickly is the last time this group met we had a conversation and I believe it was Melissa who was leading the conversation. It was regarding a comment that was made in the past.

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**Michael Sheldon:** At the Civil Forum regarding bean bag chairs. So Melissa, we did look into that. We reached out to those vendors right now. I don't think it's gonna be economically feasible for us to do. So those chairs are about 5,000 pieces. So I want to do some more research to see if we can find someone that's a little bit more feasible for us economically. We also had some concerns about those chairs being potential trip hazards or falling hazards for our patients. So we are still looking at that. I hope we're gonna find something that is a little bit more financially attainable for us, but we have not lost sight of that and that's all only updates that I have right now Laurie.

**Laurie Goldstein:** Okay, one question. I was in the last forensic Forum. There was a woman there. I think her name was Linda and she is relatively new and she was going around. Kind of listening and interviewing staff and she would if I recall correctly. I don't think you were there, but she was talking about trying to understand the culture and change culture.

**Michael Sheldon:** I have no idea who that was. it was a staff member not a patient.

**Laurie Goldstein:** Yes, it was a step Melissa. Do you have better notes than I do? Remember the lady who was sitting a few people to my right?

00:15:00

**Melissa Farling:** Yeah, I do remember and no, in fact, I'm looking for my notes, which might be sorry. I had to rush for a meeting and I just got out of my car. And so those notes might be at the office.

**Laurie Goldstein:** all

**Melissa Farling:** I apologize. I'm looking right now.

**Laurie Goldstein:** Okay. She is.

**Michael Sheldon:** Yeah, I hope that wasn't some random person off the street sitting in our meetings.

**Laurie Goldstein:** Yeah. She is a new hire.

**Michael Sheldon:** But yeah, I'll find out what's going on and I'll get back to you about that.

**Laurie Goldstein:** She may have been. involved in a nursing check to remember she was talking about how they did things Other places that Terra maybe you remember because you were there.

**Terra Morgan:** He said Alinda.

**Laurie Goldstein:** She was a couple. people

**Person 18:** She was their assistant to the chief nursing officer, I believe.

**Laurie Goldstein:** Yeah. Maybe

**Melissa Farling:** Yeah, you're right. Yes. Yeah.

**Terra Morgan:** Her name is Laurie.

**Michael Sheldon:** That's it.

**Laurie Goldstein:** Okay.

**Terra Morgan:** because can I For a...

**Michael Sheldon:** Okay. Yeah,...

**Michael Sheldon:** That's Laurie she yeah.

**Terra Morgan:** I had a thought. I didn't know if you guys are talking about somebody from the Arizona disability rights. I said no I was thinking Laurie.

**Laurie Goldstein:** that's a

**Terra Morgan:** Laurie is Laurie.

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

**Terra Morgan:** She's new. Yes.

**Janina:**

**Michael Sheldon:** Her name is Laurie. That's fine. She's one of the two assistant chief nursing officers. Yeah.

**Janina:** What kind of interviews was she having or what kind of questions was she asking?

**Laurie Goldstein:** She was talking about how for her being new. She was trying to take the approach of going around talking to everyone and she was really trying to. Look at culture if I recall correctly and had more of her.

**Laurie Goldstein:** That was the discussion And you'll hear in the Forum notes that some of the comments Melissa if you don't have it I have notes, but I'd rather hear your voice in mine. But one of the notes was in the past there was a lot more integration between the patients and...

**Melissa Farling:** Mm-hmm

**Laurie Goldstein:** the staff. They would have pot looks together. They would have a Christmas and holidays. They would have a Parties of everyone in the hospital and people did not get into fights about misbehavior, but it was more collaborative between staff and patients. and she said that she Would look into that.

**Janina:** And my only concern with that is a Crossing certain boundaries.

**Janina:** Between staff and patrons, I mean I'm all for collaborative approach, but we also have to maintain some. Boundaries, so maybe some other activities or things can be put in place that can faster that collaborative approach.



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**Michael Sheldon:** You're absolutely right. There's a very fine line that all of us have to walk with yeah.

**Janina:** right

**Laurie Goldstein:** Okay, and anything else Mike that just without her as a new person?

**Michael Sheldon:** No Laurie. That's all that I had today.

**Laurie Goldstein:** Okay, and while we were talking I went ahead and forwarded that culture of safety and employee code of conduct. So the employee for the committee members goes over bullying any kind of bullying director and...

**Janina:** Great.

**Laurie Goldstein:** direct and professional Behavior intimidation workplace violence and the procedure and policies of how to address it.

**Janina:** Got it.

**Laurie Goldstein:** Okay.

**Laurie Goldstein:** So with that. We do have. a Committee Member and I think I told you last month that Natalie has stepped off for a while because of her job demands have made it such that she cannot participate so that was a Community member change Now Melissa, if you found your notes, you can talk about it, or I can go on to instant accidents and if you don't have your notes I can read off my notes as well.

**Laurie Goldstein:** Okay, that sounds like a good idea. The first thing I was going to discuss is that we always look at the assault perpetrators And again, it looks like for the most part. there's Two to three people causing the majority of the assaults. And the majority for two of them seem to be on Oops, I don't have the little code they seem to be red, so I didn't. Copy that, so I'm not sure if that's on staff or on peer.

00:20:00

**Laurie Goldstein:** don't see that but for the rest of them, there's one incident for a lot of people and then there's

**Laurie Goldstein:** Six seven or eight nine for two of the people. so again

**Michael Sheldon:** If it's red Laurie, I believe that's on staff.

**Laurie Goldstein:** Okay, so most of them are on staff instead of patients, but there are some on patients.

**Laurie Goldstein:** So we can go ahead and

**Laurie Goldstein:** So the incident that I pulled up this time.

**charles Goldstein:** Alexa turn on master bedroom lights Press the bedroom lights.

**Janina:** you want to

**Laurie Goldstein:** solution You're on you need to ute. okay, so now Okay, so

**Janina:** Let's start speaking.

**Laurie Goldstein:** So all of our office bedroom lights are on now so Ash 2024 0 0 4 0 It was Self-inflicted injury and the thing which is not unusual as the person was hitting their head on the bedroom wall.

**Laurie Goldstein:** they contained that and called the nurse and they were calling the doctor for the next steps.

**Laurie Goldstein:** And they helped the person in a wheelchair into seclusion. And then the next thing they were advised that the doctor ordered the patient to go to the emergency room.

**Laurie Goldstein:** Over there so they called ix And what was unusual as Phoenix fire came. But as has happened in the past, they refused to come on premise. They said they weren't going to do that. So they wouldn't come on to the campus. So someone had to call. they said we don't go into prisons and the writer said this isn't a prison. This is a hospital. And they said it's the same if we don't go to the middle hospitals. So then the writer turned to the captain. that other patients were all as secure as they could and they could take them to the nurses station if it would make them feel better about it, but then they ended up having to Call the chief and security to update them and then the chief called the paramedics.

**Laurie Goldstein:** And said that they requested to speak to the fire Captain after two after all that then they I think agreed to go in but this seems like it's happened before. and I'm not sure if it's turnover

**Michael Sheldon:** I think that it is Laurie the last time that we discussed this they rotate Crews and we've had a lot of Outreach with Penix with Phoenix PD with EMS. I've given them their captains a tour of the hospital so that they can see firsthand what it's like how our environment is set up when we say

**Michael Sheldon:** That it's safe for them to come onto the units. That means that we have cleared the units of all other patients and they can safely proceed physically into the environment with no concerns. it's a matter of I think and this is someone that I would hope that ultimately, Advocates the ioc, can help with is just this stigma of the state hospital. We're not a prison...

**Janina:**

**Michael Sheldon:** But when people drive up they see the 12 foot walls, it's very concerning and it doesn't help honestly that we have three prisons on our campus that Corrections runs. So they kind of put us all into one bucket as a quote unquote prison, and that's for this from the truth, unfortunately.

**Janina:** So Mike, that is absolutely unacceptable from the emergency responders to have that attitude. So if you need any assistance in explaining to them or reassuring them not to mention that this is absolutely unacceptable on their behalf not to refuse the emergency care.

**+1 480-\*\*\*-\*\*16:** Yeah. Alice on board, too

00:25:00

**Janina:** So, please let me know. I would be more than the happy to assist because this is absolutely egregious

**Michael Sheldon:** Yeah, I appreciate that. and...

**+1 480-\*\*\*-\*\*16:** The Allen's real quick.

**Michael Sheldon:** we have

**+1 480-\*\*\*-\*\*16:** It's a degree. Just absolutely everything. She just said, so maybe she and I can go some way with Mike. Sorry.

**Michael Sheldon:** No, yeah, we'll take all the help we can get. We do have a very collaborative relationship with them and thankfully. These are more kind of one-off occurrences than they used to be a few years ago. It used to be a little bit more rampant. And I think we're trying to bridge that Gap with fire and EMS and MPD. So they get a better understanding of our facility and what we can and can't do this could have been really bad right? I mean this was someone doing self-harm right now,...

**Janina:** right

**Michael Sheldon:** what would happen if it was a cardiac event, that's...

**Janina:** All right, exactly. So like you,...

**Michael Sheldon:** what my fear is.

**Janina:** probably not as I'm pretty assertive. so I said, I would be more than happy to assist with this because it's just outrageous and unacceptable.

**Michael Sheldon:** Thank you very much.

**Laurie Goldstein:** Okay.

**Michael Sheldon:** I appreciate that. And I'll do my very best to engage with you and the rest of the ioc...

**Janina:** Okay.

**Michael Sheldon:** if I feel that we've hit that roadblock and we can't move any further. But yeah.

**Laurie Goldstein:** Okay. what?

**+1 480-\*\*\*-\*\*16:** Give me Mike. What about Crash carts? Do you guys have people who?

**Michael Sheldon:** Yes. we

**+1 480-\*\*\*-\*\*16:** Yeah, I would imagine you usually have shift checks with the crash carts and all that are down all units.

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**Michael Sheldon:** Yes, we have crackers available on every single unit and in every single quote unquote patient care area. So there' in rehab there's one wherever a patient may be that would have an event that requires a crash car. And those are checked continuously by our medical materials manager to make sure they're fully stocked at all times.

**+1 480-\*\*\*-\*\*16:** Good.

**Laurie Goldstein:** Okay one quick question. What?

**+1 480-\*\*\*-\*\*16:** Just I say this once because they had a crash cart and at CVI. Thanks.

**Laurie Goldstein:** Which are the units we're familiar with, the ones that aren't so is it the sex offender unit and Alhambra? And which other one did Doc Run?

**Michael Sheldon:** So the hospital runs the sex offender unit. That's ACP TC.

**Laurie Goldstein:** Okay.

**Michael Sheldon:** The Department of Corrections runs the Alhambra building or Alhambra, it runs the flamingo building and Flamingo and Alhambra are right next to each other and they're essentially, maybe 50 feet from the forensic campus and then doc also runs the Aspen building which is on the west side of the campus. We're at a long 24th Street just north of Bauer Park.

**Laurie Goldstein:** Thank Okay, the next one I looked at that was a little bit interesting was asked 20240066 and on that one. It was a patient that assaulted another one patient who had no injuries the other patient had an abrasion.

**Janina:** All right.

**Laurie Goldstein:** on their nose But they had swelling and moderate amount of bleeding and they applied pressure and did all that. They didn't assess. This happened at 751-0751 and then

**Laurie Goldstein:** It looked like it was 11:09. They were going to be transferred to Valley wise her medical provider was that just due to? the nose not coming down and continuing to bleed because it wasn't really specific

**Michael Sheldon:** I'm sorry. I was on mute. I'm going over that right now. Laurie looks like that was. More of a precaution on the medical staff just to make extra sure that the individual in question was okay. Sometimes they deny pain or they say my pain is zero to ten.

**Laurie Goldstein:** Yeah.

**Michael Sheldon:** But we need to be extra sure that they did not sustain any kind of injury regardless of It kind of how they verbalize to us. I believe that was just a precautionary measure by our staff.

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

**Janina:** And so a quick question. Mike is in these kinds of situations. Is that utilizing their own transportation?

**Michael Sheldon:** I believe in that case. Yes, we did send the person out with our own transport team with our behavioral health technicians. I am also in tow. It was an actual emergency. We dialed 911 and had Ambulance transport the individual.

00:30:00

**Janina:** And fingers crossed they would not refuse to enter the building.

**Michael Sheldon:** We would do what we got to do to get that person where they need to be.

**Laurie Goldstein:** Okay, the next one is asked 2024 0127. This was an unwitnessed fall. A patient came out of their room out of the hallway and they had blood running down their head and eyes and clothing. And they were confused and unable.

**Laurie Goldstein:** The behavioral Tech couldn't understand the speech. So the nurse arrived at the unit. vitals were taken And one of the docs ordered to send the patient to the hospital so they did send the patient to the hospital. and after that was done, they did a post fall assessment. And reviewed everything for someone like that.

**Laurie Goldstein:** What do you do when they go to bed at night? They had these kinds of incidents.

**Michael Sheldon:** I think that's the million dollar question Laurie and...

**Laurie Goldstein:** Yeah.

**Michael Sheldon:** I'll go ahead and let Dr. Flowers jump in as well. Someone who is a Potential fall risk obviously our staff are not able to predict the future. So unless someone is showing symptoms of a potential of having an issue with falling or mobility issues. Our staff can't ily assess the person and assign them to a one-on-one or put one or close observation to make sure that they don't fall just as if

**Michael Sheldon:** Like someone, the way that our patients are from a psychosis perspective. They can be completely stable for hours, days, weeks or months and at some point just have a quote unquote relapse and become aggressive. It's very unpredictable. and so, that being said it's a matter of us being very mindful of behavioral patterns. when they're walking do they have a hesitated gate? Is that something that we should be mindful of a lot of times the folks that we have on?

**Michael Sheldon:** A full risk or high fall risk precautions it's pretty obvious that an individual has some concerns. They use a wheelchair or a walker to ambulate but we do have kind of these one-off conditions where someone may seem totally fine and then just randomly then they have a fall and it's very unfortunate. We can't predict it's going to happen. We can just observe and who is best who prepares? I don't know if there are any other flowers or anything else that you think we can add to that.

**Calvin Flowers:** No, I think you covered it my and...

**barbara honiberg:** I'm sorry.

**Janina:** I

**Calvin Flowers:** and the other issue is, oftentimes patients can have seizure disorders that can be part of the clinical picture with.

**Calvin Flowers:** Medication adjustments sometimes medications can affect blood pressure and if we're trying to get adequate symptom reduction in an urgent way, sometimes that can affect the vital signs. And certainly we know that at least the blood pressure medicines have their most pronounced effect when people stand up and they get these sort of orthostatic changes. So I clarified it adequately. I think we use our best clinical judgment when we see multiple things going on and we'll either order, a line of sight or a one to one or close observation or something but there's a whole variety of clinical variables that would go into that.

**Calvin Flowers:** the decision

**Janina:** Dr. Flowers, I don't mean to interrupt you. but I'm a huge fan of the preventative approach. So if we know that somebody has a seizure disorder or medication adjustment can potentially increase risk for Falls and stuff and so forth can what is the protocol or what is the procedure to implement a fall risk assessment?

00:35:00

**Calvin Flowers:** Yeah, yeah, I agree with you the best approach is obviously the preventive approach and so if we were being more aggressive with medication adjustments we would be checking vital signs or...

**Calvin Flowers:** blood pressure in orthostatic changes certainly...

**Calvin Flowers:** if somebody has a seizure disorder we would want to make sure that their medications are in a therapy window to reduce the likelihood of those seizures...

**Calvin Flowers:** but as we all know even with perfect compliance individuals with seizure disorders,...

**Janina:** right

**Calvin Flowers:** Occasionally have those so I think again it's a complex set of variables and we use our best clinical judgment to decide whether somebody needs a line of sight one-to-one.

**Janina:** Right and I do understand that, ordering a line of sight or one-to-one for everybody but potentially a forest is unreasonable. However, I strongly encourage you to implement a walrus assessment more frequently if you will because that is also a way to protect the hospital from liability. unnecessary related

**Michael Sheldon:** Right, so that's a great point.

**Calvin Flowers:** All right. Yeah.

**barbara honiberg:** I have a question, so

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**Michael Sheldon:** That one second Barb.

**Michael Sheldon:** I'm sorry. I wanted to say that. So one thing that we're paying that we have one of our key metrics that we're paying attention to is the number of quote unquote unwitnessed Falls that we're having with the goal to obviously get that down to zero the thought if we're having individuals having unwitnessed Falls, then they better be on a one-to-one or they better honor some kind of observation level so that at a minimum that fall is witnessed and hopefully our staff can interject and assist the patient so they do not become harmed by it.

**Janina:** right

**Michael Sheldon:** So yeah, that is something that we are tracking very closely.

**barbara honiberg:** Okay, so a couple of questions. Tell me again when this all occurred. What time was?

**Laurie Goldstein:** I don't think this one didn't say.

**barbara honiberg:** was

**Laurie Goldstein:** No, it didn't say I see one Terra looking at it but I don't have a timestamp on when it occurred. It was 20 24 0 2 9 4

**Michael Sheldon:** Let me pull that up real quick. I'll see if I can say zero two nine four.

**Laurie Goldstein:** Yes. ...

**barbara honiberg:**

**Laurie Goldstein:** no, no. No, that's It was 0 1 2 7 and that the fall was at 21 47 so it was at night.

**barbara honiberg:** Okay, so if The patient hadn't come out of the room. Aren't there every 15 minutes? the patients are check

**Janina:** 50 minutes X

**Michael Sheldon:** It would depend on their observation status. my understanding is just looking at this individual which is essentially routine observation. So at night it would have been a q30 check. So every 30 minutes this individual would have been assessed.

**Janina:** so if a search patient

**barbara honiberg:** I know That some of the psych hospitals do 15 minute checks.

**Janina:** 15

**Michael Sheldon:** So we do order q15s for certain individuals that we have concerns about but if you're under a quote like routine observation, it's q30 at the State Hospital.

**barbara honiberg:** Thank you.

**Janina:** And again that can be modified depending on the patient's needs right?

**Michael Sheldon:** Absolutely. I mean we can go anywhere from q30s to two to one status where we have two staff with an arms reach of the person so it's based on their clinical need at all times.

**Janina:** Okay.

**Laurie Goldstein:** And now one thing to think about too. It's a balance because we used to get a lot of complaints from the patients that the room checks were. We're waking patients up when they would come in and they'd have flashlights or sometimes just opening the door or hearing. People talking in the hall. So then again, it disrupted sleep. So there were a lot of complaints on room checks.

**Michael Sheldon:** Yeah, you can't win for trying,...

**barbara honiberg:** understanding

**Michael Sheldon:** .

**Janina:** We choose life right and being. So as uncomfortable as those flashlights are Safety First it's

**+1 480-\*\*\*-\*\*16:** Multiple people and places where I've worked that were not using the flashlight and making sure the person was breathing and the next morning. They were deceased. I come on shift.

00:40:00

**Janina:** right, that's

**+1 480-\*\*\*-\*\*16:** I'd say insecure maybe three times and that has been in a current when we get started at 7 am so Nope that a no go you have to have the Flash.

**Michael Sheldon:** Yep.

**Janina:** I have a quick question. And I apologize if it sounds ignorant. Does the hospital offer bed rails anything?

**Michael Sheldon:** So great question Janina, so that's a very touchy subject in hospitals because technically a bed rail is a restraint. So if we do have the need to do so we are essentially documenting it as an ongoing restraint for the patient, which is limiting their Mobility. So yes, we do have that option. We have some patients who have medical beds and because of the fact that of their more comorbid physical elements, but yeah, we try to do our best not to put somebody in that situation. Let's say absolutely need to because we will be effectively restraining their movement.

**Janina:** so am I hearing a double standard regarding psychiatric facilities versus medical facilities specifically in regards to the bed rails

**Michael Sheldon:** I can't speak to the acute physical side of the house Dr. Flowers.

**Janina:** I know.



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**Michael Sheldon:** Do you have any experience with that? Is that not an issue on the physical medical side?

**Calvin Flowers:** him, right you would not run into that problem on the physical health on a typical Med surge for Obviously bed rails are not an issue and not considering the rest.

**Janina:** So maybe we can look into that and not to be considered a form of restraint because it's ridiculous. I mean it can provide some sort of safety. so

**Michael Sheldon:** Janina if you can flip that coin for me, I would love it because that's not just Arizona. That is a federal CMS Joint Commission standard.

**Janina:** Where is there...

**Michael Sheldon:** Go for it.

**Laurie Goldstein:** But you can yeah.

**Janina:** where there's a willow? There's a way you know what that's saying,...

**barbara honiberg:** I think

**Janina:** but I'm not gonna promise but

**barbara honiberg:** I think there's other things that we need to focus on a change in the federal law.

**Laurie Goldstein:** More yeah.

**charles Goldstein:** that's a very

**barbara honiberg:** I'm a very good point and... it would. helpful, but somebody falling out of bed, but I think we need to work on things closer to hand.

**barbara honiberg:**

**Janina:** Right, right.

**Calvin Flowers:** Yeah, the way this is often handled in many hospitals is they develop Med psych units, which are these sort of hybrid units that are licensed as medical floors,...

**Janina:** mmm

**Calvin Flowers:** but end up working with a lot of the behavioral issues that have

**Janina:** the rest

**Janina:** Okay, then.

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**Laurie Goldstein:** Yeah, and that's what they did in hospitals I mean every time you go in the ER you're putting a little crib.

**Janina:** us

**Laurie Goldstein:** Within a minute they walk out of the room.

**charles Goldstein:** This isn't it. I don't know if we should spend more time on this point,...

**Laurie Goldstein:** I know.

**charles Goldstein:** But they're very interesting things that are new to me.

**Janina:** right

**charles Goldstein:** So the federal government is essentially saying if you're an insane person that rails are a restriction, but if you're just a regular patient They're not.

**Michael Sheldon:** I believe it's based on your primary admission status, Dr. Goldstein. So if you're admitted primarily for a mental illness or a psychiatric condition, then you are kind of on one side. If you're admitted for a primary acute physical condition different sort of rules apply to you because we're licensed as a psychiatric hospital and recognized as such by The Joint Commission and CMS that site applies to us, unfortunately.

**charles Goldstein:** I'm just not sure what the distinction is, what the reasoning behind the distinction is, the same thing that she needs and I won't beat it to death...

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

**charles Goldstein:** because you just repeating ourselves.

**Michael Sheldon:** right

**Laurie Goldstein:** So let's move on to the next one twenty twenty four zero two nine four the interesting thing about this. It was an unusually interesting event and a person was acting up. When they got down to it, they did a debrief and the writer spoke to the patient. regarding their behavior with another peer they said It was about them it looks like from the notes they were. fearful about what's coming next because they were leaving the hospital going to a group home and that was causing such anxiety that then they became aggressive. Fearful of it's apparently they must have been in here for a while and now they're fearful that they are being discharged. So then they were acting up which is

00:45:00

**Laurie Goldstein:** probably not that unusual almost a self-sabotage,

**Michael Sheldon:** It's incredibly unfortunate. I hope everyone on this call understands how hard all of our staff work to try to help these individuals progress and then discharge but I can also understand it and people roll their eyes when I say this especially for our civil patients in many cases, the state hospital is the safest place they've ever been in their life and they've been with us in many times in many cases for

several years. So for us to essentially tell them you've done a great job. we're so proud of you and you're ready for the next step that can induce major anxiety for our individuals. And in some cases they will be prone to self sabotage because they believe that that will keep them safe in the future. So we need to do a better job of working with the Outpatient Treatment teams with health.

**Michael Sheldon:** plans with the discharge placement facilities so that the folks who are with us right now understand that It's just the next step in their treatment. And yeah, I definitely would like any advice or assistance from the ioc or any Advocates that could help us along those lines because ultimately, our goal as a hospital is to Treat stabilize and successfully discharge for reintegration and we can't do that. Successfully and optimally if we run into those kinds of self-induced barriers, unfortunately.

**Laurie Goldstein:** One thing I can think of because I know some were there and he was there. A little over a year on the Civil campus and at that time they didn't even let Chuck and they would let him come out with us. It was only with staff when he went to appointments and doctors appointments. It was much more rigid than forensic. and when he came out After that short period everything was overwhelming at him.

**Michael Sheldon:** Yes.

**Laurie Goldstein:** So it was too much stimulation with anyone even so one thing I think may help and you can

**Laurie Goldstein:** If you are open or not would be to help tell stories from people that were in the hospital and how even though they were scared. They managed your transition and they haven't been back in a hospital setting. You...

**Michael Sheldon:** Yeah.

**Laurie Goldstein:** That could give them some I was scared too. I didn't want to go, everything was overwhelming. And then I got to a point where now that's okay.

**Michael Sheldon:** Yeah, I think that's a fantastic idea. So one thing that I really want to do, I don't think we can do it just yet just because of the operations but I know Laurie members you're familiar with. There's a bill being proposed in the legislature about the state hospital creating a step down regeneration facility for the Civil patients. My goal is that the program would be essentially what you just said Laurie. It's rigorous integration.

**Laurie Goldstein:** am

**Michael Sheldon:** It has peer support. It has former state hospital patients that have successfully discharged and gone back out into society to help with that discharge anxiety that our current patients have yeah.

**Laurie Goldstein:** Yeah.

**Michael Sheldon:** That's the gold standard really

**Janina:** right that's what

**Laurie Goldstein:** And So it's not a reach because that's what they used to do at the state hospital. There used to be Cottages. Yeah.

**Janina:** That's what I was thinking you to simulate, the outside in some sort of way and...

**Michael Sheldon:** Yeah.

**Janina:** and that will be in a controlled environment, however, they will have that experience when they go out of the hospital. They don't freak out.

**Michael Sheldon:** Exactly. Yeah,...

**Laurie Goldstein:** Yeah.

**Michael Sheldon:** And that would be the goal that when they get they hit a certain point. They're essentially spending more time out of the hospital. Then at the hospital, they come to us for dinner and...

**Laurie Goldstein:** yeah.

**Michael Sheldon:** asleep and then the next day they're out and about in society again becoming more familiar because I said before a lot of our patients they're with us for years. Obviously. I mean, could anybody on this call? Imagine if you were to say hospital for five years just look back how much has the world changed since 2017 and you just walk out into that world? excellent credit scary exactly

00:50:00

**Janina:** It is very scary. It's very scary.

**Laurie Goldstein:** So it's like CR you yeah.

+1 480-\*\*\*-\*\*16: All right Gary right now.

**Michael Sheldon:** Or for civil. Yes.

**Laurie Goldstein:** Yeah, but they used to have that years ago.

+1 480-\*\*\*-\*\*16: the things that changed

**Michael Sheldon:** We had Cottages or something like that.

**Laurie Goldstein:** They had cottages on the Arizona State Hospital and the patients were in the Civil units. They would step down and then if they didn't do well they'd step back up. But with laws and everything else. It's only a one-way door, right? So

**Michael Sheldon:** Yes, exactly and that's the point of having that separate reintegration unit where the folks that we've determined are ready for that next step. They can go there and if they decompensate we can quickly pull them back over to the Civil campus where we can ensure that they're safe and maintain

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stabilization, fortunately. This is a huge impetus for Dr. Flowers. So in California he Worked at a facility very similar to this that was a kind of transitional facility for patients like that. So I'm really hoping that his expertise can help us along those Rock though that road and that we can get backing from the legislature from the governor's office from the community to support our Endeavor and move forward with that.

**Laurie Goldstein:** Okay, that's So the next one was 202403 to one and this one was unfortunate patient was apparently agitated and as one of your psychiatrist exited a conference room in the

**Laurie Goldstein:** That's a joining or a part of the units the doctor was attacked multiple times in the face and shoulders rendering them having to go get

**Laurie Goldstein:** medical treatment so that's unfortunate and I mean I don't know how you predict.

**Laurie Goldstein:** Predict that someone is going to escalate like that. That's just unfortunate. since we don't know the patient's names. It's hard to tell whether this is true or not. Patient is known to be very aggressive towards staff. I don't know.

**Michael Sheldon:** The individual in this case is not and this is a TalkBack Dr. Flowers. And the rest of the leadership team. The hospital has been having multiple other individuals. This is someone who kind of quote unquote goes quiet for quite an extended period of time and then we'll Spike. So like you said Laurie, it is very difficult to kind of foresee these things happening.

**Janina:** Okay.

**Laurie Goldstein:** Do you tend to have the psychiatrists come back or do they want to leave after being assaulted like this?

**Michael Sheldon:** It can be both sometimes the psychiatrist is just understand and unfortunately that it's part of the job and that sounds very callous of me to say but this is an acute psych facility the individuals that we treat are some of the sickest individuals in the state of Arizona, but there are some cases where psychiatrists they're human beings. So they do ask for a break. Can I move to another unit, just to kind of get my feet underneath me again and then reestablish the Rapport and move forward. And we do...

**Janina:** But Quick question.

**Michael Sheldon:** what we got to do to help them.

**Janina:** So where exactly was he attacked?

**Michael Sheldon:** This was in the unit outside of a conference room. on the unit

**Janina:** Okay. Okay, is there a way to

**Janina:** To make certain areas less accessible to the patients.

**Michael Sheldon:** No Janina, and I know there's been talks in this meeting about the layout of the facility. In my mind the state hospital and the campus are absolutely beautiful. I get comments all the time. It looks like a community college campus.

**Michael Sheldon:** But I will say from my experience working in Behavioral Health and Psychiatry. The Civil treatment units have the absolute worst physical layout possible.

**Janina:**

00:55:00

**Michael Sheldon:** So it was not designed to treat long-term inpatient psych patients. Basically, what happened is somebody took the layout for a med search facility that may treat psychiatric patients and...

**Janina:** Got it.

**Michael Sheldon:** put at the state hospital. so, one thing in the facilities that I worked at in the past when I worked in designing other facilities the

**Michael Sheldon:** Standard I gave to the architect was as somebody with no clinical background whatsoever, which is that I should be able to walk from point A to point Z and never cross paths with a patient that's not possible on our civil campus, unfortunately.

**Janina:** One of these days I will visit. the hospital I

**Michael Sheldon:** Yeah. Yeah, let me know.

**Laurie Goldstein:** Okay, the next one. I'm trying to see what this was.

**Laurie Goldstein:** This one again. It was 2024 or 3 9 4 and it was an assault. It seems like it wasn't predicted because the person wasn't on-one or anything else.

**Laurie Goldstein:** But what was interesting is the person?

**Laurie Goldstein:** Okay, the person attempted to Assault Tech. so they're putting a hold and first person was not able to make contact Cole gray was called and as the staff member had that person in a hold one of the other patients on the unit assaulted the patient that was In the hold because they were defending the staff and they even said I'm gonna help because you guys can't punch back. I mean it's nice that they're protective of the staff and...

**barbara honiberg:** Wow.

**Laurie Goldstein:** Then it says in here we talk to the patients about please don't get involved and it's not your place to Be monitoring and correcting other patients, but that was unusual.

**Laurie Goldstein:** We don't see that all the time.

**Laurie Goldstein:** And I think the last one was 2024 old 432. And this one was a fall that it was witnessed.

**Laurie Goldstein:** they were in a bathroom, but they were being accompanied on that sure why or whatever but they dropped something. And they wanted toilet paper and they wanted to pick it up. The staff that was with them. Was trying to tell the patient that's okay. We'll get it and they Will attempt to get the paper that they dropped. So they kind of sense the patient wouldn't stop; they positioned their body

close and mimic the behavior. So to make sure that they could provide some assistance and structure but the patient Lost their balance, fell and hit his head on the toilet. Which ended up getting a laceration and a lot of bleeding?

**Laurie Goldstein:** And then had reports of nausea and dizziness and altered sense of Consciousness. So then they sent the patient after calling the doc to have a CAT scan, but

**Michael Sheldon:** Right, and this is just a perfect kind of segue back to the first IR this individual. Is on a one-to-one because of a fall risk. So even though we had a staff member right there assisting the individual it still happened. So yeah.

**Laurie Goldstein:** And the staff since they were in the bathroom they were saying don't pick it up. And then when they wouldn't they kind of mimic the behavior to try to offer some support and that didn't and they were supported and fell back all the sudden that was unfortunate.

**Michael Sheldon:** Correct.

**Laurie Goldstein:** So we're done with the ones that were noteworthy. Remember there are always assaults at various levels of law times Many with no medical attention needed.

**Laurie Goldstein:** Melissa, did you find your notes?

**Melissa Farling:** I did, they were right...

**Laurie Goldstein:** All good.

**Melissa Farling:** where they were looking at the wrong date. So, yeah,...

01:00:00

**Laurie Goldstein:** Not good.

**Melissa Farling:** thank you before I go on to that though I did just want to go to the bean bag chairs for one second just to clarify for Michael one make sure that you have that you understood the information you received because there were five different bean bag chairs that ranged in price from \$930 to 44 4500. You're right some of them are very expensive. so I just wanted to make sure that that was clear.

**Michael Sheldon:** So that's Melissa. Thank you because the only numbers I was given by the vendors were around 4,000-5,000 numbers. So if there are cheaper options, I will have our chief operating officer reach out again to those vendors to make sure that they're giving us every potential option that is on the contract.

**Melissa Farling:** Yeah, because what I'm looking at was copied on some of those quotes. So I'm looking at one of them. I can forward it to you. So I hope that you're seeing the same thing. But anyway,...

**Michael Sheldon:** Okay.

**Melissa Farling:** yeah. Thanks.

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**Janina:** So regarding the chairs probably they have to meet certain criteria so that they don't become a medium for a petri dish.

**Melissa Farling:** Janine, these are behavioral health appropriate specifically bean bag chairs.

**Janina:** Got Okay.

**Michael Sheldon:** Yeah, Melissa.

**barbara honiberg:** So that they're having enough.

**Michael Sheldon:** Tell me what you please.

**barbara honiberg:** That they're having enough. Can't be thrown at someone. It's not.

**Janina:** All yeah, and the people are falling so maybe They will be bad for.

**Melissa Farling:** Yeah, the tripping Hazard is a whole different thing. But yeah,...

**Michael Sheldon:** reality

**Melissa Farling:** That's right.

**Michael Sheldon:** But Barb, I think that that was one of the issues as well and I'm sorry to interrupt Melissa that I think that some of them weren't waiting so they could have been thrown across the room, but we'll verify all that.

**barbara honiberg:** Thank you, Mike.

**Melissa Farling:** Yeah, So the forensic patient Forum. Let's see Laurie Chuck. Okay, and I attended also there was an attorney from a disability who was also an attendance there. The meeting started out with celebrations of success, which was nice. There was a patient there who had completed school. So then there was a review of past issues. and the first item was The request to have I think greater than three special food visits. And it looks like that was increased to eight per year.

**Melissa Farling:** and Laurie or I think is on the call to just please 4K correct me if I miss speak.

**Melissa Farling:** Let's see. There was a request for access to medical providers on evenings and weekends

**Melissa Farling:** I guess to be and maybe the response was to be seen within 24 hours. Let me see. Sorry. I'm trying to

**Melissa Farling:** and then if I guess the patient is supposed to tell the charge nurse if they're not. Comfortable and...

**Laurie Goldstein:** Yeah. Yeah.

**Melissa Farling:** the charge nurse would then communicate to Dr. Flowers?



**Laurie Goldstein:** Yeah, or if the doctor Won't come in. Within 24 hours, Dr. Flowers said he would come in. But again,...

**Melissa Farling:** mmm

**Laurie Goldstein:** They can't do anything. If the charge nurse doesn't call or the nurse doesn't call.

**Janina:** Please help me understand this so there is no medical coverage over the weekend or What is the protocol?

**barbara honiberg:** I have my notes from the patient for the forensic forum. where this topic came off and what I have is that is medical call during nights and they're on the weekend, but they couldn't give this particular patient medical meds and

**barbara honiberg:** there was the concern about who would come from where or was anyone in-house.

**Laurie Goldstein:** The other issue was I think there was a hesitation by a neuro also to call the doctor that was on call because we've had a couple of variations of this and I think Dr. Flowers addressed it.

**Calvin Flowers:** That's correct. I think the

**Janina:** so Sorry to interrupt but I just wanted to make sure that this is streamlined because it's not a new issue and continues to be an issue.

01:05:00

**Calvin Flowers:** No, I think what we had.

**Calvin Flowers:** Decided that there is an on-call physician that is a psychiatrist that's available throughout the evening. If it's a complex medical issue or physical health issue. We do have our medical Physicians available by phone call as well. If there's a concern over for example a pain medication that the psychiatrist is uncomfortable with that would go on to the medical provider and if there was still some concern about that the issue would be elevated to my level and I would intervene and we would make sure that the patient got the appropriate medication but the main ideas that there is a psychiatrist on call throughout the evening and on the weekend and there is a medical provider that

**Calvin Flowers:** provide consultation with the psychiatrist and then I'm available throughout the evening and weekend as well.

**Janina:** And I appreciate Dr. Flowers, but you're just one person. So, if everybody reaches out to you for all the issues then so

**Calvin Flowers:** yeah, fortunately, it doesn't happen very often and

**Janina:** That's good.

**Calvin Flowers:** And we've had medical staff meetings where it's been discussed that if an individual comes back from an appointment with the medication that's recommended based on whatever procedure they had done. The directive is that the patient should get the proper medication that was recommended

if the on-call provider is concerned because maybe it's a narcotic pain medication. They can reach out to the medical provider and if they're still confusion or concern about what to do then I would be called and that's rare our medical providers and our on-call psychiatrists work in a very collaborative way and I think on some of these as was mentioned that the issue was actually that the nurse didn't initiate the contact with the on-call.

**Calvin Flowers:** all psychiatrist

**Janina:** So was that hesitance from the nurse addressed? Is there some sort of a refresher on how to Reach out to you.

**Calvin Flowers:** Yeah, I mean that's been addressed with nursing staff as well as the medical staff to encourage communication between the on-call provider and the nursing staff throughout the night and on the weekends.

**Laurie Goldstein:** Thank you. Melissa, do you want to go? Back, okay.

**Melissa Farling:** Yeah. Yeah, So there was a request for more internet access.

**Melissa Farling:** I guess there had been issues in the past where maybe the passwords had been shared. That's a problem.

**Melissa Farling:** The patients need to obviously flow roles. And if something happens, they should let someone know and Laurie brought it up, Is it possible to use a similar system in a library where the password shuts down after a specified amount of time, right and then everything's kind of wipes clean.

**Melissa Farling:** There was a request for a full mall that was available. similar to pre-covid and I think there's been an expansion of rehab groups. and I think the gym and fitness areas are going to be open or open more

**Melissa Farling:** There was a request for more incentives for patients and the comment was that that's in the hands of the individual treatment teams. And there was also a request for an increase in snacks and pop. and I don't know if this was an increase or if it's staying but there's four total.

**Michael Sheldon:** Hey, are you still? I'm sorry, it's Okay, so it was two before so it's for now or is that still an issue?

**Melissa Farling:** Okay.

**Person 18:** No, it's two snacks, two sodas and nothing's changed.

01:10:00

**Michael Sheldon:** Okay, and the patients wanted to be doubled?

**Person 18:** Yeah before they changed I guess the number was for snacks and unlimited sodas.

**Michael Sheldon:** Okay, let me see what's going on.

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**Janina:** hopefully in non-caffeinated and without sugar

**Michael Sheldon:** No. No Janina. It always serves as Monster energy drinks.

**Janina:** My God.

**Michael Sheldon:** Patients are they? 24/7 I'm kidding.

**Person 18:** right

**Laurie Goldstein:** No, I think what happened? I think they made it less because they were having that oarding an extortion issue.

**Melissa Farling:** right

**Laurie Goldstein:** Right was we're patients that were on the earlier Mall runs.

**Michael Sheldon:** Yeah.

**Laurie Goldstein:** We're using their money and buying all the snacks and then selling them at much higher prices

**Michael Sheldon:** They were scalping potato chips, basically.

**Janina:** That means that they're bored.

**Melissa Farling:**

**Laurie Goldstein:** Yeah.

**Janina:** So we need to increase more activities.

**Melissa Farling:** So I think That was all of the past issues. And then we went on to new business. There was a lot of discussion around requests for walk-in tubs. And the walk-in-time tubs were specifically requested by individuals who had to be lifted into the tub or if somebody had a walker or if someone had sensory issues.

**Melissa Farling:** That there is no restricted access. Some people have to be supervised for safety.

**Melissa Farling:** I guess in the past there used to be a cabinet over the tub controls which is an issue.

**Melissa Farling:** And that those areas should be monitored frequently and...

**Laurie Goldstein:** Yeah,...

**Melissa Farling:** I'll go ahead. Uh-huh.

**Laurie Goldstein:** Melissa. I think that one of the big things was that for Recently and I think the chief of nursing talked about it as bs. And people in water could be a drowning issue. They cut off all the water to

the tubs. So no one can take tubs anymore shut bass anymore. So then some of the patients were saying they wouldn't be opposed to signing off on having someone in the room...

**Melissa Farling:** All right.

**Laurie Goldstein:** if that's what it took so they could have a bath instead of Just showers too. So there's that then we got into that big discussion. What are some of the ideas To allow water to run but also have sensors.

**charles Goldstein:** I Remember correctly I had an idea.

**Melissa Farling:** Right, so yeah.

**Laurie Goldstein:** a whole discussion

**charles Goldstein:** which was I think the idea of In the past was to put as I think you mentioned Melissa a sort of a box over the controls that was lockable over the faucets. And then somebody was concerned about gold growing in those boxes. And I thought it was simple non-tech. Solution to this would be to take the faucets off of the little stems. Okay, so you can't actually turn the water on and off and whoever was taking the person into the bath without the forces. They slip them back on the stems and are able to turn the water on me. That was just a night.

**Michael Sheldon:** so This is something and this was years ago so when I first joined the hospital back in 2017. We were cited by the joint commission for the tubs on the forensic hospital being ligature points. That's obviously been The Joint Commission and CMS is a huge push over the past X number of years.

**Michael Sheldon:** But back when I first started Dr. Goldstein, we actually had lockboxes over the controls for the tubs and The Joint Commission cited us for that saying those are literature points. You can't have that so it's like no matter what we do. We're going to work either going to get cited or we're going to upset patients. It's very difficult for us to kind of thread that needle we also have

**Michael Sheldon:** A handful of patients who, obviously would just prefer to take a bath and they want to just sit in the tub for an hour and decompress and our staff have to have eyes on them the entire time that they're in there. So we're trying to find a balance here. I know it's not the greatest option that we've gone with right now, but, hoping that maybe in the future we can make a change, but we're not a day unfortunately.

01:15:00

**Janina:** So Mike, what is the Joint Commission recommending for this

**Michael Sheldon:** so the Joint Commission stands is the hospital and not just the state hospital, but any behavioral health and patient facility any inpatient psych Hospital needs to do whatever it

**Michael Sheldon:** Whatever it can to be the term. They use knowledge. Janina is as ligature resistant as possible. I think they've understood that you're never going to have a 100% ligature free environment, but everything needs to be addressed and in one way or another mitigated so that the hospital is doing

whatever it can from either a physical standpoint an observational standpoint to make sure that there is as close to zero risk that a patient will self harm specific from literature or...

**Janina:** right

**Michael Sheldon:** in this case, drowning or something along those lines.

**Janina:** Right, so it sounds to me like that. The verbiage that during commission is used is vague enough to cite whatever and whenever they want to. I mean,

**Melissa Farling:** As aside from that, I mean the drowning is a different thing right that requires somebody monitoring, but There is anti-ligature. faucets similar Yeah,...

**Michael Sheldon:** We have those Melissa we have those. Yeah. Yeah,...

**Melissa Farling:** yeah similar to sinks right and then it would probably change...

**Michael Sheldon:** We have.

**Melissa Farling:** What you have there to also do There's remote controls essentially not electronic remote. I mean the controls are literally.

**Melissa Farling:** Not at the tops, So that staff can control temperature. so these are different expenses and...

**Michael Sheldon:** Okay.

**Melissa Farling:** they're different sort of designs, but

**Janina:** or the staff that is monitoring the patient, during that time can Make sure that there is no risk.

**Laurie Goldstein:** So we'll see what happens with that. Holly has her hand up. Holly. You have a question. comment

**holly gieszl:** There we go. Hi, and...

**Melissa Farling:** There you go.

**holly gieszl:** I'm the caretaker of the central Arizona ioc. So thank you for letting me speak. I happen to have just today been at two. assisted living very nice facilities with lots of dementia units. Some of the patients had both SMI and dementia and they all had baths. I asked about this issue when I was there and they do bathtubs and they have a combination of what you guys have described. The low-tech solution is a bathtub with the faucets. On the opposite side of the tub from the spout. And a plumber just fixed that that's the Dr. Goldstein solution and they had the faucets.

**holly gieszl:** Are you attached at the time the patient? Resident uses the tub. There's also the remote control and remote control showers, which Melissa just described. And then there was essentially a lower tub than we normally would see which is very shallow and by putting that load off the floor and having

supervision you dramatically reduce the ligature risk, but because the faucets are very low And it becomes.

**holly gieszl:** From a leverage standpoint almost impossible to hang yourself. So there are lots of these Solutions and I was impressed that when I saw them I happened to just ask because I have clients at the hospital at Ash who are very disappointed and very sad that they've lost their tub baths. I'm a shower girl myself, but I appreciate that for many patients the ability to take a warm bath or a cool bath or whatever is soothing is relaxing. It's so I wanted to pass that on and I hope you guys can find a solution. Thank you.

01:20:00

**Laurie Goldstein:** Thanks, Melissa

**Melissa Farling:** Sure the next item for new business. There was a request or question: is there a way to have multiple patients at a food visit because some of the patients? Might not have family friends to be able to come for a food visit which I thought was thoughtful and then is it also possible to schedule your own food visit to enjoy outside food.

**Melissa Farling:** And then there was a comment about let me say there used to be an improved list of people who would take people on visits. and one of the patients made a comment that they had been there since I think 2005. And they used to be able.

**Melissa Farling:** They used to be able so there would be staff and this goes back to an earlier discussion staff and patients were able to be together to play chess or have potlucks. And then the nurse that we were all talking about earlier made that comment about wanting to engage more perhaps work together. Look at changing culture. and there was a comment too that the first ...

**holly gieszl:** Thanks.

**Melissa Farling:** Go ahead.

**Melissa Farling:** With somebody's name, that first Christmas at forensic was the best ever. there were a hundred patients at a talent show and...

**Laurie Goldstein:** No.

**Melissa Farling:** other activities.

**Melissa Farling:** There was a discussion then about Being able to have tablets.

**Melissa Farling:** on the unit and I think it has been working on that was the response.

**Michael Sheldon:** So we've been looking into that for a while now, Melissa and members.

**Michael Sheldon:** That there are three or four companies that we are aware of that are under contract with the state of Arizona to provide tablets. I believe they work with the Department of Corrections. They may work with the Pima County Sheriff's Office. We've reached out to all of them. And every one of them has told us that they cannot meet our requirements for security or HIPAA compliance and they are opting

to not work with us. So where we are right now is that we are in an enviable position where we need to basically put out our own solicitation to find a company that is not currently working under contract with the state that is willing to do something like a tablet solution in a psychiatric hospital facility. One of the biggest sticking points is that

**Michael Sheldon:** Excuse me. Is that the

**Michael Sheldon:** The way this works from a reimbursement standpoint. Is that for instance the DLC Pima County? Whatever may be the company furnishes all of the equipment, the tablets themselves, the wireless access points, all of the infrastructure the company's supplies essentially free of charge to the institution with the understanding that they're gonna get their money back in subscription costs from the end users. So for instance doc inmates will pay money to rent movies from the company. They'll pay money to download music from the company. They'll play music. I'm sorry, they won't play music. They'll pay money per minute to make video phone calls with someone on the outside by that tablet and these companies have essentially said that because of the number of patients that we have they

**Michael Sheldon:** Don't believe that they'll be able to. make a profit or that they would lose money in that kind of business arrangement with the state hospital. So this by no means is a dead issue at this point. I do want to keep pursuing this but I'm kind of stuck in the water right now with the way that it's Set up from a business standpoint, unfortunately.

**Laurie Goldstein:** Even if we said How would it happen? I mean, it's the same issue with? Patients that don't have family said can we order out in order pizza or Pizza Hut they don't have a credit card or...

01:25:00

**Michael Sheldon:** Correct. exactly

**Laurie Goldstein:** a cell phone. Some people do have a credit card, but how would most patients pay for subscriptions? Without any yeah, yeah.

**Michael Sheldon:** That's a great Point Laurie. And again, I can't speak to how it works on the correctional side of the house. But my understanding is that individuals would have friends or family members that would essentially deposit money into account that in that case the inmate would then be able to tap into to use to pay for whatever it is a movie music is all that good stuff.

**Laurie Goldstein:** Holly

**holly gieszl:** Hi, I can give you some information about how it works in the correctional side because we've got about 28 or nine clients who are currently incarcerated in four counties, including Maricopa, but others and throughout the Arizona Department of Corrections, so some inmates some patients have money on their books and others there's a different rate charged for phone calls. There's movies. There are emails which you don't pay for unless you are the person sending the email that you're the person who is funding the account. They have a very important security feature because obviously

**holly gieszl:** You don't want inmates to be able to send emails to people on the outside and say hey email me. So it has to work the reverse before an inmate can send an email. A person on the outside must send

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that register to be approved to use the Tablet and then you send the inmate an email and the inmate may accept an email back.

**holly gieszl:** So it is quite secure. There's no internet access obviously, so it's in any closed or institutionalized population. They're always issues of equity because some people there have more money than others but it generally has worked well and it has been in the correctional field and if you talk to folks who look at inmate unrest inmate violence staff on staff and on inmate assaults. The tablets are believed to have a therapeutic effect in the inmate population. And I suspect they would have in the ash population as well. Additionally, you can lose your privileges for tablet you get a disciplinary write up. If you take pictures of your anatomy, which you can take pictures on with if you have and send it out to people you will lose your

**holly gieszl:** Privileges and you can lose them for months on end. We have clients who've had less privileges than they have had. Privileges and they've been trying this for 4 or 5 years. Some people never learned from inmates or patients, but they weren't quite well.

**holly gieszl:** I appreciate the challenge that the CEO just described because you have a small population particularly in the forensic hospital you're talking about 100 patients whereas in Doc you're talking about thousands. Hopefully we could find a way to work that because at least with some of my clients there. I think the tablets would be extremely therapeutic for them for some probably not but that would be a part for the clinical team to address and it would be a possible way to offer incentive. So I wanted to share that and thank you and I appreciate the dilemma that you have as a CEO. It's hard to do a lot of creative fun things with a hundred people. You just can't scale it up.

**Michael Sheldon:** No, thanks. I appreciate that. And I also believe in just this research I've seen in the talks I've had with Dr. Flowers therapeutic benefit that the tablets can provide I've seen examples that they have prepackaged educational programs for inmates or patients to take advantage of so, it'd be great if we could figure out a way to make that work at the state hospital.

**holly gieszl:** right

**Michael Sheldon:** I don't know and I don't know of anybody on this call I don't know of any. Psychiatric hospital that has deployed these in the country. So if anybody has any contacts or any place that they think that I should look into please let me know and I'll see what I can do to replicate at Ash.

01:30:00

**holly gieszl:** Absolutely, we've got good contacts at 4 State hospitals, Tennessee, Connecticut Washington State and Kentucky I'll make some calls and I'll send it through Laurie to give

**Laurie Goldstein:** No, okay. Thank you.

**Michael Sheldon:** excellent fantastic

**Laurie Goldstein:** Good, don't you guys have?

+1 520-\*\*\*-\*\*\*77: Mr. Sheldon D. And I speak for a...



**Laurie Goldstein:** Go ahead.

**+1 520-\*\*\*-\*\*\*77:** so Mike Sheldon were one of these companies the egobo that I had worked quite a bit on trying to bring attention to the services that they provided because they not only have everything that you guys were just talking about but they also have educational information access to classes things that they can actually do other than some of the other activities at the hospital to maybe fern some progress and I know that somehow those talk got stalled and I haven't heard about it since do not really sure where that ended up.

**Michael Sheldon:** I'm not entirely sure what companies that we have been interacting with the company names Escape me. I guess the platform that they use for some reason the word that the JPL sticks out to me as the operating system that one of the companies was offering or as a potential option that they offer to correctional facilities. And that one was one that did have educational courses. And I think maybe courses is the wrong word to use. It's more like a YouTube channel or things like that that do education for individuals.

**+1 520-\*\*\*-\*\*\*77:** Yeah, this one had something different, but would it be okay if I went back and found the information and sent it to you?

**Michael Sheldon:** Yeah, absolutely. I can't make any promises.

**+1 520-\*\*\*-\*\*\*77:** All right. Sure.

**Michael Sheldon:** Like I said, we're gonna have to go out on our own to make this happen. But whatever information I can get my hands on would be beneficial.

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

**+1 520-\*\*\*-\*\*\*77:** Yeah, I'll send it to you because it was also very inexpensive. It was a dollar per day or something like that for tablets. It really wasn't a lot of money, but let me send that over to you all and the question, okay.

**Michael Sheldon:** Perfect. Thank you.

**Laurie Goldstein:** Thank you. so Melissa

**Melissa Farling:** Yeah, So next item. There was a question about why hygiene has to be locked up and not in the room. Is it just not supposed to be stored in the room as opposed to a lock? And I think the staff was saying you can ask any time and there was discussion. A razors clutter allergies stamp was also reinforcing I believe to make sure to label everything really well.

**Melissa Farling:** I'm not sure if

**holly gieszl:** hon

**Melissa Farling:** If that answered the question. For the group that was an item that came up.

**Laurie Goldstein:** I think it was a no you can't store it in your room, but you have access at all times. Yeah.

**Melissa Farling:** Thanks Laurie. Then there was a

**Melissa Farling:** A comment about Thrive versus Blue Bunny Ice Cream.

**Melissa Farling:** I guess they're not comparable. I guess So I think the request was to go back to the Blue Bunny. Comments about the cookies are smaller. if the meals are not correct.

**Melissa Farling:** There was no one to tell, especially on weekends. So that was a problem and then people would end up getting peanut butter And then there were some comments too that some of the frozen hot meals. Sometimes The meals were still frozen on the inside. And there was a request from staff to.

**Melissa Farling:** to make sure to either file an incident report or I think where to look Terror now.

**Laurie Goldstein:** Yeah, I think it was at Morrison food. vendor that They have not. One-off time but sometimes especially on the weekends. They put the hot food in the cold and the cold and the hot and then they end up with meals. They can't eat because they are potentially dangerous. So that's when they end up with peanut butter sandwiches and the staff. I think they were saying that you have to write instant reports because then they get right with them. To try to rectify the situation, but if they just go on giving people sandwiches, they don't know.

01:35:00

**Michael Sheldon:** That's totally correct. This is the first I've heard about this happening and in months at this point, so yeah, I will definitely look into it. See what's going on. But I need to know obviously days and times that this happens so that we can figure out who's the staff who was working in the kitchen at that point in time and given the education that they need the new system that we bought for forensics for food, not preparation. But I guess it's the final kind of cooking part of the burlage units there. I mean they're pretty straightforward, one side is blue and one is red. So hot and cold that anybody should be able to understand I don't put a salad on the hot side or the vice versa, but I'll look into that for you.

**Melissa Farling:** And then just additionally there was just the overall request, can the menu be updated for some new items and the response was yes, they were gonna find out when the next meeting with Morrison was so That could be addressed.

**Laurie Goldstein:** And the other thing was there were a lot of positives and Kay was there too but there were a lot of positive comments about the food being actually good and they liked that they liked the meals but you don't like to eat the same meal all the time. So They want to introduce a few meals. So they're not quite so bored. with the food in general

**Michael Sheldon:** Okay, are they still doing those meetings still where I'm not sure if you go to those meetings, but they're supposed to be doing. I forget what they were called, but Morrison would meet with the patients to discuss food options and menu alternatives for upcoming changes. Has that been happening?

**Michael Sheldon:** Did K drop off?

**Laurie Goldstein:** No, I can't tell because it's just a unit number.

**Person 18:** All...

**Michael Sheldon:** Okay. ...

**Person 18:** There was a question.

**Michael Sheldon:** So in the past Morrison did I forget I guess it was like a food committee meeting where they would meet with the patients to discuss the menu options and things like that. Has that been happening? Are you aware of that?

**Person 18:** Yeah, they meet quarterly but I don't think that they're asking for any new meals under consideration. They just come and they ask us some questions, but they generally just tell us that they can't change much because of dietary reasons.

**Person 18:** Thank you.

**Laurie Goldstein:** Okay the next thing so it's up to you guys we had. a couple patient visits I think and then Chuck and I had one on

**Laurie Goldstein:** Sunday and I think Janina and Alice tried to do three The week before but they were having some challenges. challenges Talking to some of the patients.

**Janina:** right

**Laurie Goldstein:** So Janina or Alice remember when you don't report your unit or Identity or...

**Janina:** right,

**Laurie Goldstein:** even sex of the unit not the unit sex of the person or

**+1 480-\*\*\*-\*\*16:** right Janina can you take it...

**Janina:** and guys

**Laurie Goldstein:** or any details

**+1 480-\*\*\*-\*\*16:** because my notes are actually missing.

**Janina:** I'm sure So we had some difficulties reaching patients. and we managed to talk to one patient and one issue that was brought up is to have some clarity regarding the progression through all the different levels. and access to technology news or anything that might be of interest for the patient and I think that that would be

**01:40:00**

**Janina:** Actually an important point when we are talking about reintegration. So if somebody has a career that requires them to be up to date with developments in that area it would make the transition into the community successful because they will have the knowledge. base due to reentering the career sort of speak successfully.

**Janina:** so those were the main points

**Janina:** and Laurie or track if you would like to discuss the visit that we had Sunday.

**Laurie Goldstein:** Other one, okay.

**Laurie Goldstein:** Okay, so the other patient she tried to visit one declined to Take the call at the time. They were still in bed.

**Janina:** But Yes. Correct.

**Laurie Goldstein:** And another one was off unit and another one. they couldn't identify the patients and...

**Janina:** Yes, that is correct.

**Laurie Goldstein:** yeah so that we had Several set up and unfortunately several of them didn't occur, but we'll try again.

**Janina:** Yes, so...

**Laurie Goldstein:** But yeah.

**Janina:** since we have clarification on the patient that requested a visit we can definitely attempt to complete that one.

**Laurie Goldstein:** Okay, so we had one following this past Sunday and the patient was concerned because they had a medical.

**charles Goldstein:** I had

**Laurie Goldstein:** Concerned they had a medical concern and they wanted to get an appointment to address that medical concern. They did get an appointment and then it was canceled and then they finally got the appointment at which point they took let's say samples to determine whether there was a need to be concerned or not and The issue was that the transport team.

**Laurie Goldstein:** The facility The Specialist asks the patient. And the transport team where should we send the results and they all kind of looked at each other? we don't know so they finally gave the name of the transport scheduler. and they gave that name to the

**Janina:** Do the provider? Yeah.

**Laurie Goldstein:** This is to the provider and they must have also given A relative because what happened is The patient did not get any feedback on what the results of the tests were And...

**Janina:** Food, right?

**Laurie Goldstein:** Then they got a message through their family. maybe a week or two later that they were supposed to get in touch with them urgently and it was somewhat urgent so the patient called the provider And they said that ...

**Janina:** right

**Laurie Goldstein:** We have your scheduled for surgery on this date and then the patient was concerned because they didn't know. What this was about was what it entailed and they were a little I think concerned so they asked if they could have a consultation prior to the surgery on that same day. And the provider said yes, you can and then next thing the patient knew they were approached by a medical and NP. and a tech and the tech was supportive the NP reportedly was rating the person because they said that you cannot call a provider yourself and

**Laurie Goldstein:** you cannot do this and as a result you added extra appointment time. We've canceled the appointment and the person was just clearly upset because they don't have a guardian. They don't feel that. The appointment should be canceled without consultation. They felt that the provider wanted to talk to them. They did nothing wrong. So they're upset.

**Janina:** So there were a few issues , first of all the timeliness of getting the appointment. So from my understanding it took more than six months to get this appointment and there's a significant family history of this kind of illness. So yeah, which can result in. more I mean death is not treated promptly and then there was the lack of

01:45:00

**Janina:** Coordination of care that was not streamlined at all. So the information the contact was the scheduler and obviously that is a out of the scheduled scope of practice to receive those results so the patient was berated and fell to the demand and so forth by the medical provider

**Janina:** for reaching out to the hospital and at that time of the appointment with a medical provider, Anyways or she was not informed about the results and the appointment for the procedure was canceled on.

**Janina:** Based on Transportation conflict. So at the time of our visit with a patient, there was no appointment scheduled, no follow-up. So several concerns regarding this situation. So again, sorry Dr. Flowers, the medical portion has to be streamlined. So if we can help in any way that will be tremendous because we definitely don't want any negative outcomes.

**Calvin Flowers:** I agree and I agree that there are several issues on this particular case that are concerning and as far as I'm concerned the patient has the right to contact a provider if there's a concern about a medical issue and as a matter of fact The provider for the hospital was counseled on this issue yesterday by me in person.

**Janina:** Thank you.

**Laurie Goldstein:** And they did remake the follow-up surgery and appointment with a consultation for even further or closer than the original surgery date. So we were pleased with that and that's because Chuck and I contacted Mike and I'm sorry we contacted you on a holiday presence day, but I did want to

**Janina:** specific

**Laurie Goldstein:** The concern and he and Dr. Flowers did Rectify it? quickly So we're happy.

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**Janina:** I really appreciate the responsiveness of that particular case and if I may suggest it's understandable that sometimes a short staff shortage or Etc can be barriers in coordination of care. However, maybe the patient can take a folder or something with a printout with clear contact information and directions on how the outside provider can coordinate the care with the hospital with Ash. I think

**Michael Sheldon:** yeah,

**Laurie Goldstein:** And I think Mike about that, but that's what typically happens.

**Michael Sheldon:** Yeah, we do send the patients out with what we call a face sheet, which basically gives the patient's demographic information points of contacts for the hospital. in this case. My understanding is the individual gave a different phone number to the provider. So that kind of caused a little bit of other confusion and one other. I'm gonna be very careful. I don't want to get into anything too specific.

**Janina:** we need

**Michael Sheldon:** But this was a situation that was kind of outside of our norm and that this was a facility that we don't typically use for care. So there was a little bit of confusion there about how to interact with an individual admitted to the state hospital and how to coordinate that care but we have obviously reached out to that clinic. They know how to send information to us so that we can collaborate make sure that the doctor doc takes place and...

**Janina:** right

**Michael Sheldon:** that the patient is brought up to date with one of whatever the concern may be.

**Janina:** right

**Janina:** Right, and another option would be because we don't want to put a lot on the doctors or providers or we don't want to fill their plate. The nursing staff can also reach out to the facility and get the updates and follow-ups and...

01:50:00

**Michael Sheldon:** Correct. Yep.

**Janina:** so forth

**Laurie Goldstein:** Okay, Holly.

+1 520-\*\*\*-\*\*77: Hi, this is D again.

**Laurie Goldstein:** You have a question. sorry.

+1 520-\*\*\*-\*\*77: It seems to me that everybody has a patient portal these days and...

**Laurie Goldstein:** Go ahead Dave and then Holly.

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**+1 520-\*\*\*-\*\*\*77:** I know that the patients don't have access to the internet, but maybe somebody could be a designated medical liaison or something like that because I always used to help my son. With those both sides of issues, I could go into the patient portal. I did let him know when his appointments were the lawyer yada results whatever and obviously not everybody has that so maybe there's some way that someone could facilitate them being able to access their medical information so that they can be informed and...

**Janina:** truck

**+1 520-\*\*\*-\*\*\*77:** be included in their own care.

**Janina:** All right.

**Laurie Goldstein:** great idea

**Laurie Goldstein:** So Holly has her hand up Bobby ever your hand up, but you can talk in a public forum because only people on the committee or other ioc committees or Ash Administration can talk during regular. But we'll talk to you in a bit shortly. so Holly

**Laurie Goldstein:** Here I mute.

**Holly gieszl:** Thanks, Laurie. I think Dee made a great point about the practicality of patient portals that they are the standard of practice in medical care today.

**Laurie Goldstein:** Okay.

**holly gieszl:** So I think that's a great point. I'm kind of sad that I listened to the story and

**holly gieszl:** Because I'm not sure I heard a couple of things that I just want to share. in an institutionalized population particularly one where you have Exist where you have mental illness issues and physical illness issues. We can never blame the patient any more than we can ever blame the victim of a crime. So to say that the patient should do this or should have done that or gave the wrong phone number or something. I think that's something we need to really reflect on from the perspective of meeting our patients and clients where they are.

**holly gieszl:** Sending A HIPAA compliant information release sending that information under those circumstances to a transport team member is a violation and it needs to be reported. third

**holly gieszl:** The Arizona medical board has disciplined a physician at the Arizona State hospital or issued a lot of concern based on a patient complaint when a patient complained when the physician conducted himself in an inappropriate way and clinically unacceptable way. any nurse whether it's in A biltmore cardiology office or the Arizona State Hospital who punishes the patient for trying to get information about the patient's being and surgery needs by canceling a surgery appointment. Should not work at the State Hospital. In my opinion, that is sadistic.

**holly gieszl:** At a level that suggests some significant impairment and significant understanding of the role of a provider and in particular a nurse the state hospital has some of the best nurses I have ever

encountered. that some of them are superb. This nurse should not be there. And this will not be the last patient that this nurse Harms. or

**holly gieszl:** comes close to harming So I would ask that there be more counseling I would suggest it's not my place to ask. I'll enter The sad story. I had a client who came from me to the hospital from out of state to the Arizona Department of Corrections and very quickly.

**holly gieszl:** The provider who did this intake screening at Alhambra decided that he wasn't really sure about the patient's diabetic status. a patient had been

**holly gieszl:** on an implantable pump He had the pump removed. He discontinued insulin. And 90 days after that patient was there he was completely blind and stroked.

01:55:00

**holly gieszl:** That is not what we want to have happened because a provider is so insensitive to a patient. Who is institutionalized in a hundred percent dependent on that provider for access to everything in the outside world? I hope we don't have to repeat it at Ash.

**Janina:** I have a quick comment. So you probably will hear me say a lot about streamlining, the processes and so forth. So ultimately we would like for Arizona State Hospital to have at least the amount of liability possible. So since the patients are under the care of Arizona State Hospital the coordination of care with the outside agencies or providers is crucial and in an ideal world. It would be beautiful to have portals for every single patient. However, the reality is different. So, a process has to be in place that coordination of care happens.

**Janina:** with no exceptions so That's my two cents into this.

**Laurie Goldstein:** And from what I understood during our call that the transport sheet that says this person is At the Arizona State hospital that was understood. There was just more confusion. Where do I call on the results who I call kind of those kinds of

**Laurie Goldstein:** questions

**Janina:** Right and Mike I understand the face feed. Yes, and sometimes the face sheet can be confusing for an outside provider that is not familiar with that. So maybe simplified a form with the, clear contact information providers Etc. That would be a much more efficient and successful in coordinating that care

**Michael Sheldon:** I appreciate all these comments and I want to make it very clear to everybody on the phone call that I was undernosed in no way whatsoever. And is the hospital blaming the patient for what happened this was on us and this was on sorry, not the external provider. So I apologize if it came off that I was pointing my finger at the patient in this situation.

**Laurie Goldstein:** Thanks, So let's before we go on, is there any other business that I've failed to bring up before we go to public comment or anything else from the committee or Ash Administration or Larry? You've been quiet, anyone?



**Laurie Goldstein:** I know we love spending time together but it is eight. So if there's nothing more of business we can go on to public comment because of the long. Nature of the meeting. Let's try to restrict it to three minutes a person

**Person 17:** Hello.

**Laurie Goldstein:** Hello.

**Person 17:** This is that on Wallace. I'm a patient in the forensic Hospital I've been listening to.

**Person 17:** I'm gonna say this one more time, then I'll leave you guys alone about it. Your staff are poorly trained or The Living Spaces at the forensic and Civil Hospital are supposed to be the most integrated, most normal setting possible. There's nothing normal about me being subjected to the images. I'm being denied access to entertainment and computers for my work. I found out yesterday that those sites are scientists. Treatment Team Heads issued an order limiting King my access to anything.

**Person 17:** They're not allowed to take the test and nurses cannot restrict the patient's movement in any way. You guys mentioned that even a bed rail is considered restraint. What about someone telling me I have to leave the room even though there's no one else wanting to use it? there is. meals and food guys, That's right back and forth and up and down.

02:00:00

**Person 17:** Thank goodness from God's talents. We need more nuts in our diet. My hair is growing back. I feel better. My gums don't bleed anymore. So Morrisons is trying to go in the right direction. There are some of us here. Who has special dietary needs? For 20 years. I managed my arthritis whatever this other condition is with food when I came here. And what they called fibromyalgia syndrome? Was nearly undetectable.

**Person 17:** And now I can barely move. My bones are breaking for no reason. There's something going on and routinely I am retaliated against by doctors, psychiatrists, medical providers and unit staff and nurses from asking you for now. I need access not to the internet all the time. I just need access to my computer and my modeling software to do my work and sustainable infrastructures and publish it. And by the way, I'd like to volunteer to help you all. Build a better more sustainable Ash. It can be done. It will be expensive in the short term.

**Person 17:** but this facility Could become an asset to the community. Our lawmakers are very well informed about the needs of patients in the recovery model program and they built the law so that we can achieve recovery and maintain it.

**Person 17:** And help me here people.

**Person 17:** There was one other thing.

**Person 17:** all there needs to be better training you are short staffed, but the staff you do have too many of them. Play with yourself and sit together and talk together and yet be angry. when we asked him for services

**Person 17:** I'm going to send you a date, time and staff and show you how I was denied access to my two brothers. All right. Now they're in a campaign of trying to provoke me. I think the staff who mistakenly pick a more unit will not let me into the computers or the television and video games in our man cave until exactly the time I find out for And I am constantly harassed if I'm a minute late coming out. There are laws against this for a very good reason to treat an adult. a dysfunctional child. Is not just cruel, it's criminal and it's not just a crime against me and other patients at this hospital. It's a crime against humanity. Wait, I'm trying to help. My count now is 42 innocent people needlessly disease. because of the culture I've been different at the Arizona State Hospital. Thank you. Good night.

**Laurie Goldstein:** Okay, do we have anyone else in the public?

**Person 19:** the opinion unit to England

**Laurie Goldstein:** Hello.

**Person 19:** Actually, yes, my name is Charles or Edmore Karma fa Esquire. I'm with a van Pratt & Van platinum.org North America. We'd like to start off by thanking the iocs who were supporting the mirrors, the mirrors in our weight room and a little bit of room. I'm hoping for a possible expansion of the gymnasium. We have a surveyor. Look at the maps and say that there's two fifths of an acre new south of building number a so we could have a legitimate High School guides or universities I basketball gym. with the stage retractable bleachers

02:05:00

**Person 19:** Right now it's not large enough to play basketball So we appreciate all your assistance on this. to my phone numbers once told three and good for Canada a 5 3 4 5 3 5 4 and my Arizona number is 9 2 8 3 5 1 7 6 7 9 call anytime. So we're calling the expanded gymnasium and would love everybody's input. And one quick aside Mr. Sheldon, it's a dime Standing the field Drunk On Wheels. No longer boulage. I believe berlage has been gone for two years now.

**Person 19:** And I barely address Mr. Charles R Edmark comma fa 501 North 24th Street, Phoenix, Arizona 85008 Appreciate their time everyone continues exactly love phone calls and letters. Thank you again.

**Laurie Goldstein:** Thank you.

**Person 19:** together

**Laurie Goldstein:** We have anyone else from the public.

+1 602-\*\*\*-\*\*31: Hi, this is Timothy Brabisco on Mojave. How are you doing?

Laurie Goldstein: Hi, Tim.

**+1 602-\*\*\*-\*\*31:** The first thing I'm going to start off by saying can somebody turn up their phones. I'm getting Echo. I asked for a copy of all my grievances. Appeals extensions and acceptance letters, decisions and mergers of Athens. June of 2023 I asked Terra Morgan. I think her name is from the patient advocate to talk to Mr. Skaggs. She said she did every time I saw her even though I think David actually wrote to investigators. I made a complaint now, this is February 22nd. I haven't received one of those things.

**+1 602-\*\*\*-\*\*31:** Why is it starting from June? 43 till now and I still haven't got anything. I was told they were redacting. I'm the author. So why do they need to be redacted? Number 5 was the pain clinic in Chandler requested a newer MRI. My shoulder Ash sent me back to the pain clinic two times.

**+1 602-\*\*\*-\*\*31:** Two different times with two thirds of the information MRI of my spine EMG's my legs. I think this was to prevent me from continuing to go to the appointments. It worked. I said the heck I'm not going because they're never gonna do the Mr. On my shoulder. I asked five or six times. They've refused why use one from 2021 or 2022 number six we had a search February 2nd, I believe or beginning part of February which

**+1 602-\*\*\*-\*\*31:** I was told to go in and this was dinner time or maybe it was like I thought of his lunch. I was told to enter the cafeteria eating dining area and I told them no I wasn't going to because we were eating and I used a walker in the past. I was told to do this by the penome, Mr. Br. Right. The fire marshal has told them that I am a fire hazard being in the dining room eating because I blocked off one edge of the room in between the door and the table, so I'm not supposed to be in. I was told to go in there or there was gonna be an issue.

**+1 602-\*\*\*-\*\*31:** So one time there was a code gray because of this with the penome 27th members came down and said they're watching me finish breakfast. I'm going on with the searches.

02:10:00

**+1 602-\*\*\*-\*\*31:** They're supposed to be done by security. I believe we've had three searches within 45 days in 20 days. The searches are very stressful and nerve-racking and you have to read and put your back room together for an hour or so. We had one today to search for our stress and this is supposed to be a therapeutic environment. Why do we need two searches a month? That's a little ridiculous. All they ever find is condiments and hygiene, which the hygiene issue is. Why can't we have it in our room? It cleans you, doesn't it?

**+1 602-\*\*\*-\*\*31:** I was made aware of a dental appointment in December of 23 the appointment was at Valley wise the appointment is July 31st of 24. Why is it so far out? I'm having an issue with my tooth. The Site doctors are on call doctors on the weekends. They're only psych doctors with no medical background. I don't think they ever call a medical provider.

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**+1 602-\*\*\*-\*\*31:** Hesitant to call that on call doctor and I don't know why I have to get on him a couple times and said this was very important the on call Dr. Refused to give me a urine sample after I've had a UTI for a month. Pain Management Isn't working very well, ask for some more and I was not touching it told other payments weren't available due to licensing issues and all this is false.

**+1 602-\*\*\*-\*\*31:** All right. We need more social interaction groups with our peers like chess club cars and games groups. Not mainly programs where there are mandatory for our idtp joint commission came around. They had them take everyone's ported alarm clocks and said it was a ligature issue why they become a literature issue after seven years of having the alarm clock.

**+1 602-\*\*\*-\*\*31:** All the burlage things food fertilizing is the cold side is blue with a snowflake. The hot side is red with heat waves. How can you mistake this when you're putting the tray in the food committee comes around quarterly like a Kay said we've asked for coleslaw and some baked beans instead of baked beans are really not refractive baked beans rather than black beans constantly or refried beans. We're told no, it has too much saturated fat. all we were requesting was a couple times a month not excessively.

**+1 602-\*\*\*-\*\*31:** Also when the appointments are made it takes extremely long time and sometimes they cancel your appointment after waiting months without a reason or explanation rescheduled for a month out later again, last thing is when the ioc is going to call a patient for a visit. Could you guys please inform the 24 hours prior to the visit so patients can be available not off the unit or sleeping or not have their notes ready. So you guys aren't wasting your time. I thank you very much. I would like to hear from you guys sometime in March before the next ioc meeting a few things. Thank you very much and have a wonderful night.

**Laurie Goldstein:** Thank We have anyone else that would like to speak from the public.

**Laurie Goldstein:** Okay with no one speaking up. Do I hear a motion to adjourn?

**Person 18:** motion

**Laurie Goldstein:** Hear a second.

**Janina:** I

**Laurie Goldstein:** all in favor

**barbara honiberg:** I

**Laurie Goldstein:** Thank you, and thank you for all participating.

**02:15:00**

**Laurie Goldstein:** Meeting is over and we Try to have patient visits again again, I usually will contact the hospital and say we're visiting these patients on these units. So we do try to give heads up. Sometimes it's within 24 hours, but we'll try to do a little bit further ahead. So maybe it coordinate better and also in addition sometimes the phones aren't answered quickly, which also adds to the

**Laurie Goldstein:** Length of scientific patients. Sometimes it's good. Sometimes it isn't.

**+1 602-\*\*\*-\*\*31:** The hospital never let us know that you guys are calling...

**Laurie Goldstein:** but then

**+1 602-\*\*\*-\*\*31:** until 5 minutes prior.

**Laurie Goldstein:** Sorry, we'll try to word the meetings over so I can talk back, but we will try to do a better job and...

**+1 602-\*\*\*-\*\*31:** thank

**Laurie Goldstein:** Let them know a few days ahead.

**+1 602-\*\*\*-\*\*31:** Yeah, I know.

**Janina:** Yeah, definitely do better.

**+1 602-\*\*\*-\*\*31:** I know it's not on you guys and that the problem is Thank you.

**Laurie Goldstein:** It could be because we often don't say until it's a day before so it could be us.

**Janina:** But we will definitely do better.

**+1 602-\*\*\*-\*\*31:** Thank you because they only tell us 5 minutes ahead of time. Thank you.

**Laurie Goldstein:** Okay.

**+1 480-\*\*\*-\*\*16:** Yeah, since I'm going is an issue.

**Janina:** they're

**+1 480-\*\*\*-\*\*16:** I'm glad you said that because I was wondering

**Laurie Goldstein:** Thank you guys. Bye.

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

**Person 19:** Good night.

Meeting ended after 02:16:35 🙌