ARIZONA
INDEPENDENT OVERSIGHT COMMITTEE

Department of Health Services (DHS)
Arizona State Hospital Independent Oversight Committee (IOC)
Public Meeting Minutes
Thursday, March 21, 2024 – 5:00pm

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
- Kay Kunes
- Melissa Farling
- Barbara Honiberg
- Dee Putty
- Janina Rotaru

Absent:

- Kim Scherek
- Alice Klein

Public in Attendance:

- John Wallace

Arizona Department of Administration (ADOA): Larry Allen

AHCCCS: Fredreaka Graham

ASH Administration: Michael Sheldon, Dr. Calvin Flowers, Trevor Cooke & Terra Morgan

IOC: DHS/ASH IOC Meeting (2024-03-21 17:04 GMT-7) - Transcript

Attendees

Calvin Flowers, chuck goldstein, Fredreaka Graham, Janina, Laurie Goldstein, Lawrence Allen, Melissa Farling, Michael Sheldon, Michelle Rademacher, Person 12, Person 13, Terra Morgan, Trevor Cooke

Transcript

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

Laurie Goldstein: Okay, welcome to the Arizona State Hospital ioc meeting on March 21, 2024. It is 504 and so far I See Melissa K Chuck myself and Janina as present. If there are any other ioc members currently, can you state that you're on?

Laurie Goldstein: We'll see if they catch up. Alice will call and I can text her. She's ill right now, but she will join if we need her.

Laurie Goldstein: Okay, let's go ahead and get started. First welcome disclosure of conflict of interest. Does anyone have a conflict of interest in this so please state?

Laurie Goldstein: Okay Did everyone get a chance to review the meeting minutes that were sent out by Larry last month?

Laurie Goldstein: Okay, do we have a motion to approve as is understanding that it's AI generated and there are some errors.

chuck goldstein: motion to approve

Laurie Goldstein: Of a second.

Melissa Farling: second

Laurie Goldstein: Okay all in favor.

Laurie Goldstein: Approved any update from ADOA other than reminder on the mandatory class training.

Lawrence Allen: The only update I had for the committee tonight was the training and Laurie brought up a good point a minute ago regarding the web browser. If you use Google Chrome, you have better success from start to finish. So if you need help with that, drop me an email. I'll be happy to give you a call back or you can email the AZ Learning Center directly that's listed on that email.

Person 12: I'm still having an issue like Terra Morgan who's supposed to help facilitate. My taking of the class has run into some computer issues. So once hopefully she gets that resolved. I'll be able to take that training.

Michael Sheldon: Yeah, we're gonna get you set up. Okay.

Lawrence Allen: That sounds. Thank you for that update.

Laurie Goldstein: And for anyone else that hasn't done it make sure your pop-up blocker is off because it has to open up. The training page and if you get to a point and it seems like it's doing nothing that's typically what it is. And that's free.

Lawrence Allen: Yeah, thank you.

Laurie Goldstein: Okay.

Lawrence Allen: That's the only update I had for the committee with any questions or concerns. Let me know. I'll be happy to help.

Laurie Goldstein: Okay, okay any updates from any other ioc members that happened to be on?

Laurie Goldstein: Okay hearing none. The only action item I could find was that I think Janina or someone mentioned asking if the policies would be loaded up on the site because they're not and often in other agencies the generic. policies are uploaded

Michael Sheldon: Yeah, So Laurie members right now. We are not able to post them publicly. But I do have the ability and I believe Laurie you already have access to it. We are able to essentially create a kind of a generic account where people can log in over the internet and view all of our policies. So in the meantime, I'm happy giving the ioc members access to that account so you can go into our system and look at our existing policies. I still need to work with DLC or talk to the folks at DLC to figure out exactly how they are putting all of their policies online. We have an internal system at the hospital. I apologize. It's not an internal system. It's a contracted company that we work with to manage all of our policies, but that doesn't allow it.

Michael Sheldon: Access to that system. So I have zero problem whatsoever giving members of the access and Laurie you do have that correct as a member of our governing board. Okay. So yeah,…

Michael Sheldon: we can share that if you want to share that with the ioc members you're welcome to and they can get access to it. Otherwise, I can have our team create a secondary login for it as well.

Laurie Goldstein: Okay. Thank you.

Laurie Goldstein: Okay, any other admin update?

00:05:00

Michael Sheldon: Yeah. Thanks Laurie. So the only update that I have and I'll let Dr. Flowers jump in if he has anything else is I would like to introduce Trevor cook to the independent oversight committee Trevor is the hospital's new Chief quality officer. He's been with us for about two and a half weeks. Now at this point he comes to the hospital with a wealth of experience in Behavioral Health Services in Arizona, including working at Aurora and other facilities. So we're very happy to have him on board. He's already coming into the hospital asking all of the right questions and I can tell that Trevor Has a bigger behind him to want to make improvements. So I'm very much looking forward to what he recommends. We are moving forward and changing the Quality program at the state hospital to really improve the care being provided to our patients. I think his Insight working very

Michael Sheldon: Labradil collaboratively with Dr. Flowers and our nursing team is just going to set a new trend and that's really my goal for care for our patients. So I'm looking forward to what they all do moving forward in the future.

Laurie Goldstein: Thank you and Trevor do you pronounce it cook?

Trevor Cooke: Thank you. Yes, good.

Laurie Goldstein: Cook Okay.

Janina: it's not Mikey would be really helpful to have access to the policies…

Laurie Goldstein: Thank you.

Janina: because when we have a patient visits or we have discussions with patients and so forth and then I like to go and look at policies, and see what the process in place and if there is anything that

Janina: was not followed in a particular case, so

Michael Sheldon: Absolutely, Janina. So Laurie can share that user link with the ioc. I will give you a little bit of a warning: be careful what you ask for because we have a ton of policies. So

Janina: I believe you, I have no doubt Mike and I'm not going to look into all of them because that would be insane.

Michael Sheldon: It's a rabbit hole Yeah Yeah.

Janina: But I'm just looking mostly for the medical, procedure medications, coordination of care Etc. So just those that are pertinent.

Michael Sheldon: Yeah, absolutely. We can get you that access and you can feel free to jump through that.

Janina: Perfect.

Janina: Yeah, because like I said, I think that a reset Going Back to Basics and kind of building from there would be really important. It sounds like you have excellent team members

Janina: Having those policies and procedures in place. They act as a safety net and it will be helpful to have success.

Janina: I don't know how I should call it a revamping of Ash or I don't know something.

Michael Sheldon: Nope. I'm right there with you.

Laurie Goldstein: So next some of the instant accent reports in them will go on to Patient visits. So I'm going to turn my camera off so you're not looking at the side of my head while I'm looking at my other monitor, so I'm still here. So the first one is the instant accents once again, I'll start with the assault perpetrators. And it seems that we have again a handful of people that commit most of the assaults and this one it looks like the top of the Salter perpetrator was half on staff and half on patients and then the next one was about the same.

Laurie Goldstein: It seems like it's dropped from Months ago worked the numbers tended to be higher. So that's promising. The first incident accident report I'll go over was asked 2024-0439 and it was a salt. Let me see.

Laurie Goldstein: And it was an assault patient and what was interesting about this was that the staff was able to redirect and stop the patients from hitting each other. And they were evaluated for abrasions. The treatment team trusts psychologists and was notified about the incident. The medical writer saw one of the patients assess both of them after the incident.

00:10:00

Laurie Goldstein: then they transferred one of the patients from one part of the unit to another. Who separates the patients that seem to have an issue with each other? So that was good because I know you guys always don't have the flexibility to do that. You're limited in the number of movements you can do between the units. So that was something I wanted to say. was a good outcome following what appeared to be Personnel issues between Not to staff two patients.

Laurie Goldstein: The next one was asked 20240615. And this one? A patient was in the day room and walked past a registry staff and that patient was on cos loss with another patient in a day room and one patient punched an unprovoked punch of staff and the face on his jaw. So gray was called. They took, let's see. The patient was redirected, the patient went to seclusion removed, socks, shoes and other things. No counterbound was found. It took a PRN patient verbalized after nursing reviewed it and said with additional information from the patient allegation of Staff assaulting the patient. Then had them put a DNR of the registry staff involved. So to me that means there was some evidence that the registry staff. may have reacted or salted the patient also or responded. So then it was a do not return for that staff. I think that's what I'm understanding.

Michael Sheldon: So yeah, you're right. Laurie DNR does stand for do not return and I'm reading the notes on this one right now to figure out exactly what the situation was. I apologize. I'm not familiar with this incident.

Laurie Goldstein: Okay, because it really didn't say much in the initial description. But in the nursing notes is where I saw that. The next one is Ash 2024. Oh five. Oh four and what this one there were multiple patients that seem to be agitated.

Laurie Goldstein: a particular morning and a lot of people were exchanging words and kind of swinging yelling the staff was able to redirect the patients. So not to antagonize each other and they separated them. But again, they continued to escalate at this point.

Laurie Goldstein: It seems that both parties. were spoken to

Laurie Goldstein: and that episode in the nurses leads the place both parties on our OU Steph will continue to monitor. So my question is they were on the unit when they were escalating. So just saying keep them on the unit was so they could be more closely monitored than if they go to the mall or the cafeteria or anywhere else.

Michael Sheldon: That's accurate Laurie. Yes. And so the RO status is obviously a temporary precaution for us so that the treatment team can reinvestigate the issue and see if we need to do any changes to medication to potentially move a patient from one unit to another and just ensure safety of all parties involved.

Laurie Goldstein: And other than that, we're just nothing else really stood out so I know there were two sets of visits this round Janina and Alice did some so Janina. Do you want to report on your visits remembering not to mention? the patient's name or anything that would identify no kind of medical conditions or any of that. Thank you.

00:15:00

Janina: Just right. So what? I continue to see is

Janina: a medical care or lack thereof in follow up, so that was pretty much the main. theme so it was explained to us that it takes a long time from reporting the medical issue. to actually have an appointment, so it's a long period of time and then the coordination of care again it's problematic between Ash and the agency or the facility. I should say. So That is the main issue from the hospital visits so

Michael Sheldon: All right, Janina. Can I quickly interject? are you speaking specifically to civil or forensic or I think it's okay to at least say the campus that you will bring. forensic, okay.

Janina: stations are something to really look over this process because it's not well here and it's not streamlined at all and that can leave the hospital open to liability and we definitely don't want that. So

Janina: So I think looking at the policies figuring out the expectation so that the patient knows what to expect when they report a medical condition and streamlining the coordination and implementing the treatment plan that was set up by the outside agencies. how that can be implemented in Ash.

Michael Sheldon: Yeah, Dr. Flowers and I are more than welcome to have that conversation.

Calvin Flowers: yeah, I would welcome that and…

Janina: Okay.

Calvin Flowers: We do our best to coordinate whatever physical health care required outside and…

Calvin Flowers: certainly our Primary Care medical staff engage with the treatment team on a daily basis. But yeah,…

Calvin Flowers: I'd be glad to have that conversation and whatever we can do to improve things.

Janina: yes, I mean I'm all about streamlining and sort of standardizing anyway, so that patients know what to expect the providers know what to do and it's like a e uniform process

Michael Sheldon: And I will let you know Janina and folks on the committee that we are. As a state entity, we are limited in the kind of way that we can do this. So, and we have an agreement with Valley wise or what used to be mihs for, physical health services that we're not able to provide but Valley wise also if Deli wise does not have the service that we need then we're limited in our ability to go to an external provider…

Janina: right

Michael Sheldon: because by Statute we're not allowed to pay more than the access rate for services and most providers won't accept the access rate. so we're trying as hard as we can to find the services that we need for our patients,…

Janina: All right.

Michael Sheldon: But we have a statutory limitation as far as what we can do. So I think we need to have that conversation. Yeah.

Janina: Really? I absolutely understand and looking at the barriers or limitations is important because then We know what's going on and we can put some sort of like I said streamlined process in place, so that everybody knows what's going on and is on the same page.

00:20:00

Michael Sheldon: Right, absolutely.

Laurie Goldstein: Okay, so any other patient? comments or other than kind of more time Medical Care

Person 12: All right. That's all.

Janina: So that was the main thing and then, again about rights and different frustrations with the menus but I wanted to focus on the medical specifically because that was the primary issue and it has to be at some point. There was somebody proposed to have a group meeting where patients can talk to the ioc and express different,

Janina: I don't want to call them frustrations, but the different ways that the quality of Treatment or care or life and Ash can be increased so that's just something food for thought if that will be okay with the leadership.

Laurie Goldstein: They do that. I think it's every quarter there is a forum and if you go to the forensic or the Civil, they have Mumble and then you'll see maybe 20 Patients or 25 patients sit around with their list of what they'd like so we do participate in those the next one I think about I'm out of the country, but I think I took it off my calendar so that my bad. I think it's April. Fourth is it fourth mic? or

Michael Sheldon: I think you're right. Laurie is that it's that Friday, I believe.

Janina: Okay.

Laurie Goldstein: Okay and forensic campus, That time or is it civil this time?

Michael Sheldon: Terra are you on? Is it similar to the forensic sets up next?

Michael Sheldon: I think she just lost connection.

Laurie Goldstein: left Okay.

Michael Sheldon: Okay, I'll follow up. I'm pretty sure that it's a forensics though.

Janina: So I think that we were talking about more of a smaller focused group if you will, I know. I don't know if I should call it the focus group, but a smaller group versus a forum so if I give it some thought Mike and Laurie and maybe that would be helpful.

Michael Sheldon: Yeah, absolutely. I don't want to do anything that could violate open meeting laws or…

Laurie Goldstein: Yeah.

Michael Sheldon: Anything like that. I know you guys can have a quorum…

Janina: right

Michael Sheldon: how that works. Exactly. But if a few ioc members want to have a meeting with patients without anybody from my team or…

Janina: Yeah.

Michael Sheldon: the hospital there. I'm okay,…

Janina: right All right.

Michael Sheldon: Just let me know when and where and you can have the gem or whatever and me.

Janina: Again, we can discuss that option because I don't want to have to create issues or run into certain violations. So, it's just something that was brought up. So

Michael Sheldon: Yeah, okay.

Laurie Goldstein: We used to do that covid a long time ago. Usually it would be two of us. Sometimes three depending on but we had a bigger ioc committee, and we would go to the Civil campus in the conference room, and then people would come One right after another and we'd see a bunch of people during our visit and we've done that in forensic as well Chuck and I did that in forensic a while ago, but it was sequential.

Janina: right

Laurie Goldstein: It wasn't Because again, we don't know if people want to talk about their concerns in front of others also.

Janina: Absolutely and we can figure out the logistics, after that but I think it might be helpful. So

Laurie Goldstein: Other than that, okay that K you had some concerns.

Person 12: I do have a couple of I guess inputs from patients. One of them is actually just concerning the iot time at five o'clock. A lot of the units are serving dinner. And so some people are either gonna have to postpone their dinner until 6:30 until after the meeting. I was wondering if we can push our meeting back to 5:15 so that they get a chance to eat or this the 5tm. Just a one-time only.

00:25:00

Laurie Goldstein: It's a one-time only we're just trying to accommodate.

Person 12: Okay.

Laurie Goldstein: But usually it'll be six o'clock.

Person 12: I'll be Okay, and then the second thing is that one patient in particular went to request a hair dryer in the past. It's been approved but now with the new so I have It's the Contraband policy. It says that the Personal Care item containing he didn't eat elements or now Contraband and so I don't understand so a lot of the females have longer hair and it's freezing on our unit and not being able to blow dry our hair kind of an issue. I was wondering if we can Institute a policy or make an exception like the fingernail clippers where we get it checked out and checked in from the hygiene room. So that way, the female patients or whoever needs a little dryer has access to one.

Michael Sheldon: Okay, this is Mike. So I know that I was not aware of the hair dryers being added to the Contraband list. I know we did Nick's like flat irons because obviously those Can be a very problematic weapon so I can find out…

Person 12: So I Okay,…

Michael Sheldon: What hair dryers for you though.

Person 12: That's fine. This one is a revised one from 1123. It's the Contraband list and it's a personal care item containing heating elements. And so the peanuts are assuming that that means hair dryer.

Michael Sheldon: Okay.

Person 12: So you're saying that you're okay with hair dryers or you need to do this out for Okay.

Michael Sheldon: No, yeah. No, I'm not saying that right now. Let me do some follow-up for you on that one. But I understand where you're going with it.

Person 12: Yeah, and I mean if we've used them in the past without a huge I don't understand why we can't use them with supervision like a nail clippers or the other thing that we have on unit markers that get used with supervision. So I don't mean…

Michael Sheldon: Yeah.

Person 12: If we can make that happen, he's a lot of patience because some people, our unit specifically they go, it's freezing all the time and so to go to bed with your hair just to stop them when it kind of is a real big inconvenience.

Michael Sheldon: So a couple days ago. I was actually on the unit because I was made aware of the temperature issue. Has it improved at all in the past 48 hours or…

Person 12: It's a little bit better.

Michael Sheldon: Is it still?

Person 12: It's less breathing. I mean, it's still pretty cold, but it's less freezing.

Michael Sheldon: Okay, thanks case. So for the ioc's information,…

Person 12: it's

Michael Sheldon: We found out that we had a bad temperature sensor on that unit that was given us a false reading. So our computer program thought the unit was operating at a higher temperature than it actually was. I don't know if the sensor's been fixed yet or replaced, but we are working on fixing that unit issue.

Person 12: That's great. But also just going to bed with her hair went and…

Michael Sheldon: Yeah. Yeah,...

Person 12: stuff. It's time. Okay. Thank you.

Michael Sheldon: nope. Nope, totally. Thanks.

Laurie Goldstein: Okay, so what was that?

Person 12: That's all I have from the patient side.

Laurie Goldstein: Okay, so we had a couple patient visits also one was talking about in general. It was a particular patient, but in general this has been reiterated. Before, sometimes patients are transferred for no fault of their own to a different unit and it's frustrating for them because then they have to really start all over with a new team and this has been reported as problematic in the past because one position would say they're ready for a new level. they're stable and they're recovering. everything and then they go to a new unit and the Phenom or the team has all new rules different than the one they just left so

Laurie Goldstein: They feel really That it really puts them at a disadvantage. Because they feel that if you are doing well in one unit and the hospital needs to move you for their own. reasons that there should be some level of consistency and some level of Chuck and talk when one doctor when they're trading off to another their patient that they still have They don't say We're gonna start over they may read look one will tell them here's what I've done. Here's what I'm thinking. Here's what I've ruled out and...

Janina: So basically coordination of care between the two providers so that they can take the unit that they transfer to continue the treatment plan, correct.

Laurie Goldstein: Another yeah.

00:30:00

Laurie Goldstein: Brett and also that there aren't drastic rules between the units that it seems so that that was one patient's

Laurie Goldstein: Report and another, just Stark differences in treatment and team approach between units and another patient reported having to be moved because a whole bunch of new patients were coming in. and then just had a curiosity.

Laurie Goldstein: I know that you're set up to receive certain patients and certain units. And when that happens you may have to bump someone else.

Laurie Goldstein: So, I don't know if you can address what you guys are trying to do to make sure that patients are impacted terribly but by movements.

Michael Sheldon: And I'll let Dr. Flowers also jump in as well. So you are correct in that we have had a fairly rapid influx of forensic and missions so far and they kind of come in spurts where we just get notified by the court. we're sending this person to you. They're gonna be there on X day. Our primary intake unit in the forensic hospital is the Saguaro unit. That's essentially where people go in for their initial evaluation and assessment and then depending on the team's analysis or evaluation of the individual for safety reasons. They may actually stay in the Saguaro units based on their legal status. So for instance that they come into us on a restoration that competency or an RTC rule 11 requirements or if they are just there under a guilty acceptance saying 75 days or a 75. They most likely will not leave Saguaro, they'll just be there for a short time and then they'll get sent out when they're time quote expires or the court process we engage in for that individual for the other plane or the typical gei patients. They'll come into Saguaro to get

Michael Sheldon: evaluation and then after a set of time they'll be sent to a different unit based on the way that individual presents and who we think they can safely interact with so the forensic hospital has a hundred and forty three beds right now. I believe the census is 120 121 and then we have four individuals who are currently in route for admission, which would put us at about 125 126 a ballpark, but I want to make sure everybody understands that. So 126 out of 143 that sounds like we have, almost 20 open beds. But 14 of those beds approximately are on the Cru.

Michael Sheldon: And I cannot move people to the CR U unless they have the Privileges level three level four five and six and the superior court has checked off that they're okay to go to the gru. So realistically across six units. We have 10 open beds right now. So we're essentially treating close to Max Capacity in the forensic hospital. And right now we are a hundred percent full of civil. So it is becoming very difficult for us to move folks around to maintain safety, but I do understand and agree a hundred percent with Laurie regardless of the fact that there needs to be consistency. Care and transition from one unit to another on Saguaro is our intake unit.

Michael Sheldon: they're looking at individuals from a different perspective than maybe another unit that is gonna have that individual for a long-term time frame to work their program for treatment progression and reintegration but Dr. Flowers and I have spoken about this in the past week Laurie when you bought it to my attention and he and I are in full agreement that We need to do a better job of consistency and that handoff to make sure that there are not these kind of significant Ebbs and flows to the patients progression. So Dr. Flowers, anything that I missed.

Calvin Flowers: You covered it and second that I agree. There should be as much consistency across treatment teams as possible that would include everything from medications to behavior plans and other aspects of treatment as it relates to treatment goals. So maybe we need to double our efforts and

00:35:00

Calvin Flowers: that all of the treatment teams understand that there should be an organized clinical handoff from one team to another but I certainly support the idea that there should be consistencies and not large changes in treatment from one unit to another I know probably all of us have experienced the frustration of meeting a new doctor and having medications changed and everything else. so I certainly support the idea that there should be as much consistency there as possible.

Michael Sheldon: And when someone moves units that it's not the perspective should not be that treatment restarts. It should be very fluid. handoff.

Laurie Goldstein: So with all these new patients coming in forensic gei or rule 11 or gei 75 Are they coming in from all parts of the state? Because we've also heard. that people feel like Maricopa doesn't get their fair share of ability to go to a hospital instead of going to jail or prison and I know it has nothing to do with Arnold V sarn because that's not even involved. It's really up to the County prosecutor, right?

Michael Sheldon: Yeah, that's correct, Laurie. So the rule 11 process which is if you're not familiar with that that's the restoration to competency program the majority of restoration services in Arizona actually take place in county jails. So the counties have in-house psychiatry in the jails, if anybody specifically primarily in Pima and Maricopa County, they have more resources. So they are typically able to provide restoration services in the jail systems; any RTC cases at the hospital typically are from the outline counties where they don't have Psychiatry services. So Coconino, you have a pie they will send us some folks for restoration services gei 75 and geis the full geis.

Michael Sheldon: It's a mixed bag. I believe about 45% of the patients that we get gei or GI 75 are from Pima County and then maybe half of that and please don't call me on this. We can always pull the numbers if we need to be from Maricopa, and then the rest of the outlying counties make up the mix, but the plurality of our forensic patients are out of Pima County.

Laurie Goldstein: So could we request seeing that breakdown? All for the years from different countries if we made a formal request.

Michael Sheldon: Are you mainly concerned with the gei population?

Laurie Goldstein: the forensic population to make sure that people that live in Maricopa aren't given the ability to be treated in the therapeutic Hospital rather than jail and prison that they're not good at being given that opportunity.

Person 12: That good. I think Mike is trying to say that the ash Hospital doesn't have any jurisdiction. It's up to the prosecutor to decide who comes here.

Laurie Goldstein: We know that I just want to see the numbers.

Michael Sheldon: Yeah, if the committee makes a motion, we can supply those high level numbers without any kind of patient IDs or identifiers associated with it.

Laurie Goldstein: Yeah.

Michael Sheldon: I believe that we probably right now have maybe the past five years available. Anything prior to 2019 it's not in our new system so we would have to dig that up but 2019 through potentially Today or last week. We should be able to break it out by county and let you all know the kind of volume that we are seeing.

Janina: Yeah, I agree with Laurie because yes, ideally Psychiatric Services should be available in jails and restoration Etc. However, the reality is different. so I totally support that motion that Laurie was talking about.

00:40:00

Laurie Goldstein: okay, all in favor for committee members say I

Michael Sheldon: Okay, so we will run the numbers and…

Laurie Goldstein: Then thank you.

Michael Sheldon: We will upload the file to the ioc folder for you Laurie to jump into and I just want to say I really appreciate the comment that you just made and I want to emphasize that to the committee that this is outside of the hospital's control.

Laurie Goldstein: We understand that.

Michael Sheldon: Okay.

chuck goldstein: One it's not.

Michael Sheldon: Thank you.

Laurie Goldstein: Okay, the other issue that we had and I don't hold me on the date, but I'm sure some. Patients can tell us. So there was a safety situation on all forensic campuses that lasted 28 hours and basically To the outside making phone calls or unit to Unit were suspended due to safety concerns of an incident. Occurring on the forensic campus the only calls that were permitted. We were told if one call was legal some patients wanted to call the ioc and it was not permitted. I do.

Laurie Goldstein: Understand after discussing this was Administration. And since it's an ongoing active investigation, I don't know whether they can say anything but How could I put this?

Laurie Goldstein: They had to make sure they controlled communication. between units and from outside because they didn't know where the source of the safety Incident and violations were occurring and until they could clear that. Everyone was on lockdown. So I mean if you want to comment, just yeah.

Michael Sheldon: I think that was great Laurie. So we do have a

Michael Sheldon: And Janina this will be one of the things that the team will have access to with that link. We've a very kind of specific protocol that we follow for a forensic lockdown. There's five or six reasons that are used to justify a lockdown on the forensic hospital and one of those reasons is a significant safety and Contraband concern. So, we follow that policy that protocol we did not restrict. We allowed patients to still have one phone call per day to their lawyer or their legal consultant, but we did put a restriction on any other phone calls to and from units or to the outside or outside simply because of the fact that we did not know exactly what the source was. We wanted to make sure that if

Michael Sheldon: A patient could not call the outside and say, stop doing this, they're on to us anything like that and Laurie. You're a hundred percent. Correct? This is still an ongoing investigation that we are working with law enforcement around so I really can't talk more than just that but I do apologize to everybody who was involved or not who was involved but people who were kind of caught up as we were moving forward with that process.

Laurie Goldstein: So some people that weren't responsible were impacted the same with the people that were her responsible and…

Michael Sheldon: Correct.

Laurie Goldstein: they could decipher who the only question is.

Michael Sheldon: Yeah.

Laurie Goldstein: They wanted to make sure in the future that they could call the ioc because we definitely are not the source of what was going on.

Michael Sheldon: Yeah, and I think that's a great point. I will bring that back to our policy team to see if we are gonna go footnote to change that to allow the individuals to call the ioc during those situations. Fortunately. These situations are few and far in between so, hopefully this is not a situation that we run up to anytime soon again.

Laurie Goldstein: Okay, Chuck. You have your hand raised for a while. Sorry about that.

chuck goldstein: Thank you madam. Chairperson. My God just wants to clarify something you said earlier, which is that the civil side is a hundred percent occupied and I just wanted to make sure that I believe you have 117 beds on the Civil side. All of those beds are occupied correctly.

00:45:00

Michael Sheldon: So Dr. Goldstein, fantastic question you are correct. We have a hundred and Seventeen beds on the Civil campus. One of those beds though, Dr. Goldstein, is a medical observation bed that we do not admit patients to; it would be one bed. If we had a current patient who had a significant medical issue that we needed to isolate and put one under observation. We would put them in so from a psychiatric perspective, we have 116 beds that we can emit patients to one bed. That's kind of hanging out there for medical observation. But yes, 116 beds are currently occupied. No, I apologize. That's incorrect Dr. Flowers. We did a discharge today, yesterday

Calvin Flowers: We had a discharge yesterday.

Michael Sheldon: Okay, we had a discharge yesterday and we are already identifying the person who's going to come in and take that bed. So I apologize. We are at 99.5% occupancy with that free bed about to be occupied again.

chuck goldstein: There have been some questions in the past from various people. about

chuck goldstein: Some of those are perhaps even to 15 or 20 of the beds being occupied by people that might be housed in other places because they're not restorable at all. There's no chance that the services of Ash are going to make them better. Is that still a realistic View?

Michael Sheldon: I don't know the exact number Dr. Goldstein members, but I think my staff and I are never going to give up trying to help somebody but there are individuals that I think Dr. Flowers could speak to who are No longer, so their behavioral patterns are no longer symptomatic of a psychiatric element. They're more neural cognitive or neurodevelopmental where the individual needs all texts. They need a Skilled Nursing Facility level of care that the state hospital is not able to provide and not really licensed or certified to provide but there is no other option right now for these individuals in the state. So Arizona does not have a state-run nursing home. If we did that would be the area that they would most likely be most

Michael Sheldon: Applicable to be admitted but that's not an option. So, We're working with the health plans to try to make sure these individuals get the level of care that they need but there's really no other safe place to put them at this point. I don't know Dr. Flowers. I don't know if I would go as high as 20 but there's definitely a few on civil that I think could be put into a different kind of care like a sniff or something like that that would free up those beds.

Janina: or I like memory care or…

Calvin Flowers: I agree. Right, right.

Janina: something like

Michael Sheldon: Yes, yes,…

chuck goldstein: Michael. To your point here that there's no State on facility. That does not abrogate the ability of the state to contract with a private facility for these individual valency why that can't be an option.

Michael Sheldon: No, it absolutely is Dr. Goldstein, but by no means am I trying to pass the buck and that's not the state Hospital's obligation. So the state hospital, We are one building in a multi-billion Dollar Care Continuum, but the health plans don't have the available Network to put those individuals in then our hands are kind of tied. So that's kind of where we're running up against rock in a hard place situation here.

Janina: Even with patients that have Altex.

Michael Sheldon: Fantastic questions, na. Yes, having all texts does not guarantee that there is an available bed for that individual to go to we're working closely with our colleagues at access because we do have concerns about the Altex process specifically with the evaluation process for All Techs and all text requiring a neurologist to diagnose dementia real estate anybody any physician can diagnose dementia.

Janina: Right, Yes.

Michael Sheldon: So as long as they're certified and credential to do so, I think the alt text requirement for neurologists to sign off that the person meets all text click on certification or all text eligibility is a hindrance to helping some of our folks get into the right location.

Janina: Right, Yes. Yes, I agree with you a hundred percent because I run into this issue with my own patients that need all things. So maybe having a closer contact with the value-wise neurology.

00:50:00

Janina: to have that sign off to place them in an appropriate facility because realistically, you're not a memory, you guys don't have a memory care. unit

Michael Sheldon: That's yep, correct, Dr. Flowers. Could you jump in real quick you mentioned and I really appreciate that Janina. So we had this conversation probably in the past 48 Hours Dr. Flowers, and I did. So obviously we have a contract with Valley wise to do neurology assessments. Is that correct Vector flowers, but we still have difficulty getting good appointments.

Calvin Flowers: Right and the challenge I think is that oftentimes will have patience go to see the neurologist and their first impression of the patient is that this is a psychiatric patient with a behavioral problem. And that's the primary issue and less so the memory issue or dementia and I think the important thing to keep in mind here is the comorbid nature of these illnesses and…

Janina: Correct.

Calvin Flowers: people have bipolar disorder or schizophrenia that does not exclude them from future development of a dementing illness.

Janina: right

Calvin Flowers: And…

Janina: right

Calvin Flowers: unfortunately the way our Healthcare System is designed. If you go to a neurologist and the most prominent thing they see is somebody who's paranoid or

Calvin Flowers: Hallucinating or…

Janina: right

Calvin Flowers: having a mood disorder. They look at that and say it's a psychiatric patient and it's less likely that they focus on dementia. And so that's a big Challenge and…

Janina: Yeah.

Calvin Flowers: I think Mike makes an excellent point that dementia is a diagnosis that can be made by a primary care provider by a psychiatrist by a new nurse practitioner by many different providers and…

Janina: right

Calvin Flowers: notion that it can only be done by a neurologist in my mind is more of just a hurdle than

Janina: Yes, it is. And I absolutely hear what you're saying, Dr. Flowers, because whenever I send my patients for example to the emergency room and so forth, they get discharged, with the diagnosis of schizophrenia or whatever. and I send them there for medical reasons. So, I think maybe doing doctor docs with a neurologist and a specific specifics, Imaging because that is part of the Diagnostic idea.

Calvin Flowers: but I agree.

Janina: I think that would be yeah.

Calvin Flowers: But what I think I would like to push for is in that percentage of individuals. I think our Primary Care team in collaboration with our Psychiatry staff certainly can order the neuroimaging, do the workup and make a definitive diagnosis of dementia without having a neurologist involved.

Janina: Right, right because the Imaging part is what? The neurologist is supposed to be doing it. So hopefully that will be accepted by Altex.

Laurie Goldstein: Another thing I was going to tell you guys. At the banner Alzheimer and dementia Center. I was there on another. Things I'm involved with and doctor. I'm gonna mess this up with the doctor Gopal law Krishna. They have both neurologists and psychiatrists there and we were talking about dementia and Alzheimer's and what they know. They are certain. Genes, but there are also certain environmental issues.

Laurie Goldstein: Diseases and what was interesting as we were talking? He said one of the risk factors is having schizophrenia is a higher Association for developing dementia and Alzheimer's and my question to him is it because of untreated is it because of the social aspect? Is it because of the medications? So I have him doing a webinar for me on July 2nd, I'll send you guys links to it because I said I'm interested in. Yes, it is. But Which part of that is causing the higher risk? So we'll see what he comes up with.

00:55:00

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Michael Sheldon: Laurie would you be willing to also share with us that link? I would love to have my providers jumping on that as well. Okay.

Laurie Goldstein: Sure, it probably won't come out till June because I usually don't send them out. Too long because people forget but as soon as I do I'll put a note to send it to…

Michael Sheldon: right

Laurie Goldstein: But I think it'll be interesting. understand

Michael Sheldon: Thank you very much.

Janina: That would be excellent actually.

Michael Sheldon: Dr. Goldstein did I answer your question

Laurie Goldstein: Okay, missing in action. We'll see the next thing I was going to do was reading decision letters. There were a bunch of decision letters 7 had unsubstantiated grievances or complaints that were investigated twelve patients changed their minds on pursuing agreements or complaints when the investor Gator interviewed them and they withdrew the complaint and I didn't see any that were substantiated. So that was just something else that was in our shared Drive. and with that I think we've done patient visits.

Laurie Goldstein: The other thing I was going to mention is that we do have a person who is interested in joining the ioc. Jane Jepsen, and she's very excited, but she ended up having a conflict and couldn't join tonight. So we will not be having an executive session. Other than that anything else from the team members before we go ahead and go to public comment.

Melissa Farling: I just wanted to confirm the time for April 4. All right. I had in my notes. That was actually the Civil forum. I know Mike.

Laurie Goldstein: All good.

Melissa Farling: I think he said forensic, but just want to know the time.

Laurie Goldstein: Terra are you back on?

Melissa Farling: We can follow up later…

Michael Sheldon: What will follow…

Melissa Farling: if we knew.

Michael Sheldon: what gets you guys exactly what it is? You may be right? I'm fairly certain. You're probably right Melissa that it is a civil Forum this time.

Laurie Goldstein: Okay, and the other thing I want to mention thanks to Melissa's help. She was able to help get a bean bag chair. passes the clean cleanliness test and free test over to the hospital for evaluation. So that was nice.

Michael Sheldon: I didn't follow that Melissa did that.

Melissa Farling: I delivered it yesterday morning.

Michael Sheldon: Excellent. I'm gonna head over to the warehouse and check it out tomorrow. Fantastic. I really appreciate that.

Melissa Farling: Great.

Terra Morgan: Excuse Sorry guys, my thing was going in and out. But yes, the Civil patient won't be a Thursday that's gonna be on the fourth and it'll be early in the morning at 9 am so if anyone needs a link to come in or want to come To and haven't been Just send it through Laurie and Laura give it to me and then I'll meet you in the Civil lobby, but I'm having technical difficulties tonight. Sorry.

Janina: can that be joined via Zoom no

Terra Morgan: No, we normally do civil and forensic. We let everyone come in so they can see the patients and see the facility and hear the conversation.

Janina: Okay.

Terra Morgan: And then we also allow for the ioc to make They can come in and visit the patients via telephone telephonic art can come actually on the campus and meet with the patients. And they arrange that through my office.

Laurie Goldstein: You…

Janina: Perfect.

Laurie Goldstein: I know Terra previously it was limited during the week and I know some of our committee members, lots of them work full-time jobs, but we couldn't do weekends. Is that still the case?

Terra Morgan: I normally don't work on weekends. I don't work weekends to be honest. I don't do certain Sunday, but I'll speak to my manager that he'll speak to Mike, about that, but I don't do so as always Monday through Thursday our money through Friday and I try to work with you guys schedule because I understand you have your own lives your own jobs, but I always try to facilitate them. And especially there was a comment that came made that was so true. When I have to do it around What patients are doing because as you know, this is a therapeutic hospital and we're trying to get them therapy and then they have meal times and they have recreational time. So I try to work that and coincide with you guys schedule but ask for the weekend. That is something I need to speak with my manager TC and…

01:00:00

Janina: Yes,…

Terra Morgan: then speak with Mike Sheldon about I can't just come on.

Michael Sheldon: And…

Janina: please do please do.

Michael Sheldon: And you just so every knows I'll approve it. So if we need to set some amount of Saturday or…

Janina: Okay, excellent.

Michael Sheldon: A Sunday and Terra, you need to flex some time just figure out the schedule and the logistics and let me know and I'll sign off on it. There's no worries there.

Janina: Excellent. Thank you for opening more days for me.

Terra Morgan: Thank you.

Laurie Goldstein: things

Michael Sheldon: Okay.

Laurie Goldstein: Thanks, and I think too it would be a win because then we're not interfering with their treatment. This is usually less on the weekend.

Terra Morgan: That's good. Just the last two things because I have to get off to the lady.

Laurie Goldstein: Okay.

Terra Morgan: I don't want to mispronounce your name. Is it Jana or Janina? I'm sorry Janina.

Janina: Janina Janina

Terra Morgan: Nice to meet you and last but at least Lawrence I'm gonna get with you because we're nearing the Finish Line to get Kate the testing but we're not there yet. Okay. I need to speak to my manager TC and that he needs to speak to Mike about something and then I'll get back with you probably before the close of business on Monday. If that's okay.

Lawrence Allen: Okay. Thank you

Janina: perfection

Terra Morgan: No problem,...

Terra Morgan: and you guys all have a nice week, but I have to get off. No, thank you.

Michael Sheldon: Thanks, Sarah.

Laurie Goldstein: Thank you, Terra.

Laurie Goldstein: Okay, anything else before we go to public comment? I do know that we have one request for a telephonic visit and we will do that. I don't know if there's any other carryover Janina if any of the patients that were on the list that

Janina: Yes, there are some carryovers and I can let you know

Janina: once the weekends open up that would increase the

Laurie Goldstein: Okay, with that and we go to public comment now.

Person 13: This is John Wallace on Sycamore. I'll be breathing.

Laurie Goldstein: Hi, John.

Person 13: Hey I missed you guys Monday. And the other attempt to do a visit your car broke down, and I know you guys are busy and I want to take a moment to thank all of you. For your efforts on behalf of the people at Arizona State top Hospital, this is a real piano worm here.

Person 13: I hear you talking about consistency and I'm afraid there's some bad eggs patients and staff that are making this very difficult. There is a culture here. That is passed on from older staff to newer staff. And we need to address that as a community. The only way I think the recovery model can be made more effective. Is that rather than insistence? That had to the concept of the cluster of care, which is a very efficient way to do some things but it is perverted into a means of deprivation and retaliation against people that

Person 13: need more than others. I've been accused of complaining that they have to do more for me than for anybody else. And the only thing is that I'm an active person.

Person 13: My sleep is disrupted by pain. So besides my personal issues I would like to suggest. That we look at actually treating everyone as an individual. Whenever it's possible. the laws and stats. He's required my living space to be as normal as possible and frankly the staff do not allow us. To have anything normal here.

Person 13: The Sycamore unit is depriving everyone of access to computers and video games. Because they don't want to do anything at nine. Now there was a time not long ago when the pain would drive me from my bed, and I'd be allowed to take a shower two in the morning and play video games until I get the meds again. And then I'd work on the computer. If no one else was using it if I wasn't disturbing anybody. but when the pain began to get worse I couldn't interact with people anymore instead of telling me. Hey Josh, how can we help? What can we do? the retaliations became very

01:05:00

Person 13: real and hostility is a factor every day in my life. I am constantly insulted and treated like a dysfunctional child, and I'm not the only one that suffers. This is a kind of abuse. I'm begging you all to let me help. I don't want to sue anybody here for anybody in trouble. The staff need more education. We need to be treated as grown ups mostly. The Sycamore unit Finance sheet that we use to manage our resources as hours and hours that are left blank. No one's allowed to use it. I've been harping on it and I'm hoping you all can come to terms.

Person 13: That not everybody works in years. Fit to work here. furthermore I suggest Audio recordings to go with the videos now. I've been keeping Of incidents that you can see the misconduct on the video the night before last I blacked out. Just as they started giving out meds and snacks. I came to and I was the last person to get my meds I get much later than everybody else. the tech. He told me that he'd given out my snack and that I didn't have a snack. And what was my snack? I didn't know.

Person 13: And was making fun of me. insulting my intelligence. I became so angry that I just walked away from the man. And you can see that on the video the day before yesterday. That was the 22nd. or the 18th.

Person 13: Later that night. I went to the tech War And he told me my staff had been thrown out. So I never got any food with my meds the next morning because all my meds are supposed to be taken with food. I was passing blood in my urine.

Person 13: That's been going on for a couple months. I don't feel good. My health and safety are in some danger. I keep lagging out. I don't know. I'm unconscious until I wake up. So I'll have to give up my career as a race partner.

Person 13: I think audio recordings. and perhaps a designated Advocate stationed on each unit at all times day and night. Might be an answer. to protect staff and patients and an unbiased witness let's say to help protect people from each other. I don't know how we can do that.

Person 13: Because one person can't be everywhere at once except we do have the video cameras. installing audio would work All I think I'm close to my time limit. Thank you everyone for your time. And

your effort please maybe we could set up a video visit and let me fax you some of the things I have. It's a presentation. So you all can understand what my case illuminates here. This little isn't treating people the way we're supposed to be treated. the courts didn't obey the law and tastes. And I'm not sure what to do about it.

01:10:00

Person 13: I'm not a lawyer. I'm not a doctor. I do know that I have never been mentally ill.

Person 13: That psychiatrist lied to the court when they both the court.

Laurie Goldstein: So John can I?

Person 13: and…

Laurie Goldstein: Can we wrap that up now and…

Laurie Goldstein: we will have someone come visit or…

Person 13: if yeah,…

Laurie Goldstein: do a video call but again when we can't treat individual cases. Yeah.

Person 13: And If the thing is my case it illustrates a lot of what's wrong here. I need to get you some documents that there are two values to send through the mail.

Person 13: I know I'm not paranoid. I wouldn't if you pick them up. I'll let you have even the originals if you need them. Okay.

Person 13: Good night.

Janina: first of all I command you for

Laurie Goldstein: Then thank wait wait, we can't really interact with our answer we can yeah, okay.

Janina: up got

Person 13: I understand. Most denied everyone and thank you. factors

Laurie Goldstein: Thank you.

Laurie Goldstein: We have anyone else that would like to chat.

Laurie Goldstein: Anyone else from the public that would like to make public comments about General conditions not their personal treatment.

Person 13: Again John Wallace, the temperatures on the units do vary quite a bit. Sometimes it's cold. Sometimes it's hot and I don't understand that. I learned something about climate control. This place is equipped with state-of-the-art equipment. The temperature should be very much at all.

Person 13: Perhaps there's a loose nut on the controls. and anyway

Person 13: Thank you for the bean bag thing. I know a lot of my tears are looking forward to maybe getting those.

Person 13: I'm done.

Laurie Goldstein: Okay, do we have anyone else from the public that would like to make a comment?

Laurie Goldstein: Okay, hearing nothing or no one else that wants to speak. But I have a motion to adjourn.

chuck goldstein: so motion to adjourn

Laurie Goldstein: Do you have a second?

Janina: a second

Laurie Goldstein: all in favor

Laurie Goldstein: Thank you everyone. Thanks for your flexibility. We will see you next month at 6 pm and remember in the meantime. If you want to visit, ask to pay to call and…

Laurie Goldstein: Let us know and we'll try to. Get that set up. Thank you very much. Have a great weekend.

Person 12: Thank you.

Melissa Farling: Thank you. Good night.

Janina: Thank you.

chuck goldstein: Good night.

Meeting ended after 01:13:34 👏