

Department of Health Services (DHS)
Arizona State Hospital Independent Oversight Committee (IOC)
Public Meeting Minutes
Thursday, April 18, 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
- Melissa Farling
- Barbara Honiberg
- Janina Rotaru
- Alyce Klein

Absent:

- Kim Scherek
- Dee Putty
- Kay Kunes

Public in Attendance:

- John Wallace
- Jane Jepson
- Sey In

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 (2024-04-18 18:04 GMT-7) - Transcript

Attendees

+1 602-***-**31, Alyce, barbara honiberg, Calvin Flowers, chuck goldstein, Fredreka Graham, Jane Jepson, Janina, Laurie Goldstein, Lawrence Allen, Lawrence Allen's Presentation, Melissa Farling, Michael Sheldon, Michelle Rademacher, Person 18, Sey In, Terra Morgan, Trevor Cooke

Transcript

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Laurie Goldstein: Welcome everyone to the Arizona State Hospital independent oversight committee it is April 18 2024 and it is 6:04pm and of the committee members I have myself, Chuck, Alice, Melissa, Janina and Barb, anyone else? So we've met the Quorum requirements. Now Before we start, does anyone have anything close to any conflict of interest?

Laurie Goldstein: None being heard. Let's call to order any staff updates.

Lawrence Allen: Yes, I got a couple of quick updates for the committee, as you may have noticed the new agenda format that was sent out. It's kind of aligning us more with the boards of commissions throughout the other state agencies. Then the LAW2000 training. Is going to be captured up front when new committee members join the committee. So instead of having to chase everybody down and trying to capture that, we're gonna get it done up front and it's an annual training too as well. So that's really gonna help kind of bring everybody up to speed in regards to the conflict of interest issue that creeps up and pops up throughout the meetings and it just brings everybody up to speed and one message. So I think it's really going to help. That's really it for me. I see Laurie, has your hand raised.

Laurie Goldstein: Yes, so I took the training for this committee and I am Mike.

Lawrence Allen: Okay.

Laurie Goldstein: I know that mandatory training was sent out for the Governor's board. So is that the same training or do I have to take it twice?

Michael Sheldon: No, I think if it's the LAW2000 then it's fine. Laurie. All I need you to do is to send me a copy of the completion certificate and we'll be good to go.

Laurie Goldstein: Okay.

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Lawrence Allen: you can't get that certificate when you log in the TraCorp. And you do a search for law 200 and you can print this certificate off the TraCorp if you have trouble doing that, let me know I can get that to get it done for you.

Laurie Goldstein: Okay.

Laurie Goldstein: Melissa you have your hand up.

Melissa Farling: Yeah, thanks Larry and I might be staring right at it but for the agenda I didn't see the time.

Lawrence Allen: Okay.

Melissa Farling: I may have missed it. I might be looking right, but I just wanted to let you know.

Lawrence Allen: Thank you so much. I'll take a look at that and see if I might have missed the time on it. I'll certainly take a look at it. and for the next meeting I'll highlight it. So everybody will be able to see the call in date and time and all that information.

Michael Sheldon: It says April 18th at 6 o'clock pm. It's in the front of the first paragraph.

Melissa Farling: Sorry,...

Lawrence Allen: Okay.

Melissa Farling: Say I know I was thank you.

Lawrence Allen: Okay.

Lawrence Allen: Any other questions or concerns? I can answer for everybody or anybody?

Laurie Goldstein: Was K able to finish and complete the training. I know Terra called me,...

Michael Sheldon: Yeah.

Laurie Goldstein: but I was in the middle of starting a webinar.

Lawrence Allen: it was

Laurie Goldstein: Okay, great.

Michael Sheldon: Yeah, we took care of it.

Janina: small Is not 200 the training that we all were supposed to complete, Okay.

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Lawrence Allen: Yes, yeah. Yeah, so thanks to Terra for making that happen. I know she was having. To run around and do a lot of special things to make that happen. So thank you for making an effort there Terror.

Terra Morgan: You're welcome. Is she going to keep that password moving forward? Okay, so next year so we don't have to run around.

Lawrence Allen: Yes.

00:05:00

Terra Morgan: She'll just log on through my laptop, okay? No problem.

Lawrence Allen: Okay, That's great.

Terra Morgan: Just give me everything Larry.

Lawrence Allen: Thank you so much.

Terra Morgan: No problem.

Laurie Goldstein: So might you have any well...

Lawrence Allen: Thank you.

Laurie Goldstein: if I follow the gender, sorry any other ioc is on and if so, do they want to give any updates?

Laurie Goldstein: Okay hearing nothing. So I know Larry last night access was giving updates on the central, but my plane was late. So I wasn't able to join Maybe. anything noteworthy

Lawrence Allen: There's a ton of bills out there going through the house now. I guess I couldn't tell you which one would really affect the state hospital. I would have to go back and do that with Frederica probably and peel those apart and look at those and if any of them that would pertain to the hospital. I'll certainly get that out to the committee for discussion. Looks like Frederica wants to Yes, Man.

Fredreaka Graham: Hey Laurie, I just got the final to send out the PowerPoint from yesterday. So if I can send that to you and you can kind of sift through there to see. There's nothing of Merit for you noteworthy. I was planning this in that to all the chairs and it just came out so I can make sure to get that out to you as well.

Laurie Goldstein: Okay, sounds great. And then anything that's relevant to our committee. I'll go ahead and forward to the members.

Laurie Goldstein: Okay review of action items if I'm following the agenda carefully, I think last month we had an emotional Ask about the new admits on the forensic. Are there a lot of people to see where they were coming from? Mike did provide that report in our order to someone that works for Mike and I don't know if I sent that out ahead of time. I don't recall but basically

Laurie Goldstein: What it shows is that? we get less people for Forensic gei admissions or gei seventy five or gei let's see. guilty acceptance insane seventy-five, which I think if I recall correctly means it is a restorative competency is that it might

Michael Sheldon: The jei 75 Laurie is an individual who was found guilty except insane, but the crime did not involve anybody being death or lasting injury to the victim.

Laurie Goldstein: Thank you. And what we want to see is if So it's Miracle is the largest county one would assume that. Proportionally, we'd have the highest percentage of people coming into the forensic field but that's not the case. It's quite a bit less.

Laurie Goldstein: Chuck we raise your hand.

chuck goldstein: Yeah, yes. Micah just wanted it since I've never heard the term je I-75 before. I understand. It sounds like somebody who's convicted of a crime that's not violent, essentially.

Michael Sheldon: It's still violent Dr. Goldstein, but it could be things like property damage. It could be something maybe and quote unquote attempted kidnapping something along those lines where the victim was not physically injured.

chuck goldstein: And how does the state hospital differentiate in its treatment for those people rather than the gei of their sentences?

Michael Sheldon: it's literally a 75-day sentence where we bring them in evaluate them stabilize them and then we'll send them back to the county for further deliberation to see if they want to do anything different have the person put under court order to evaluation for treatment in the community at a lower level of care, but it's a pretty, two and a half month kind of turnaround to move those folks in and then back out to the origin Country.

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chuck goldstein: All right. Do they then exit the criminal justice system at that point or do they remain in it at the discretion of the court or...

Michael Sheldon: My understanding Dr. Goldstein is that they still remain in it at the discretion of the court...

chuck goldstein: How does that work?

Michael Sheldon: because we file a report to the courts giving a status update of the person's situation. So they may proceed through some type of other criminal proceeding. But I'm not a hundred percent sure. We'll get very many of those. So it's kind of a one-off situation, but I can absolutely follow up with everybody on the committee with more details if you like it. Yep, no worries.

chuck goldstein: I appreciate that. Thank you.

Laurie Goldstein: So if you look at the numbers of gei and gei seventy five admissions just from 2019 to present. Coconino has about Ben. Hila county is 3.37 Graham. 2.25 Maricopa. Ten point one Mojave 2.25 Navajo 3.37 Pima. They won 56.18. So a lot of people from Pinal 4.49 Santa Cruz, 1.12 you have a pie 5.62 Yuma 5.62, so Maricopa has the majority of the population in Arizona. I'm only showing ten points. one percent. We have a disproportionate number.

Laurie Goldstein: lack of people going to the state hospital from Maricopa, which is interesting that being said Let me go back up to my agenda. That was a previous in ongoing discussions. I don't know if the committee can remind me if there was anything else. That we were asking for.

Laurie Goldstein: Okay hearing nothing. We have an update from the Ash Administration.

Michael Sheldon: Yeah, hi everybody. So this is a perfect segue into my update. I have two things to bring to the committed attention. So the first one is that

Michael Sheldon: two weeks ago approximately the hospital did update its public dashboard to include demographic data for the patients on the forensic and civil hospitals. And one of those data fields is the county of origin so you can if you want to check that out. It's on our public website and it breaks down all the individuals who have been served by both facilities or I'm Sorry by either facility in the current state fiscal year. And then of that population the age race gender primary language Country of origin length of stay it's all there for your review. So It kind of correlates to what Laurie was just going through with the GI 75 placement. I do want to let everybody know that the reason that the

Michael Sheldon: The numbers are gonna be a little bit different than what Laurie just mentioned as far as the county of origin with Maricopa County only having I believe Laurie said 10.11 percent on the dashboard. It's gonna be higher than that because it's everybody who's currently on forensics right now. So that can be anybody who's been here for 15 years on our campus. It's not just that little snapshot point in time, but the debt is up there. It's updated every single day as we get new admissions. Our data will refresh as we discharge people the data refreshes. So it's what we're doing our best to give real time data to the public. So everybody can have a sense of the patient demographics, the Dynamics of the folks that we're treating and the role that we play in the larger care continuum.

Michael Sheldon: Okay, so that's a big one. The second one is that we have a couple new members of our medical staff who are going to be joining us in the next few weeks. They're currently going through the credentialing process. We were onboarding a new family nurse practitioner and that is to make the hold on one second, Terra just gave a chat message.

00:15:00

Michael Sheldon: Okay, so there's Mojave pages on.

Laurie Goldstein: Thank you.

Michael Sheldon: Okay.

Laurie Goldstein: Okay. Thank you.

Michael Sheldon: Thanks Okay, so two new members of the medical staff. One of them is a family nurse practitioner who is stepping in. We had a retirement party a few weeks ago. So that's not a new position but it's a backfill and then we also have a new psychiatric nurse practitioner joining us as well. And I'm hoping that both of those individuals will be up and running and providing Patient Care by the end of this month by the end of April. So that's very exciting for us.

Laurie Goldstein: And I want to remind everyone too. We do have a new one.

Laurie Goldstein: Chief of quality, right that's now on our calls. Trevor cook welcome Trevor

Michael Sheldon: No Tre.

Laurie Goldstein: Okay, anything else might?

Michael Sheldon: I'll talk my head. That's all I can think of right now Laurie. Thanks.

Laurie Goldstein: Why don't we Melissa? Would you like to do the Civil form report? So you guys can hear someone else speak and...

Melissa Farling: Sure.

Laurie Goldstein: I'll go over incident accents after you guys give that and patient visit reports.

Melissa Farling: Yeah, so the Civil Forum was on April 4th. There was a pretty good turnout. I want to say around 14 or 15 patients were there as well as obviously Administration and staff and Trevor was there too. So I got to meet you in person as usual, Terra went over old business and gave status and then we had new business. Right and she also explained how the format is to talk about during all business is to Review what the previous issue? Is it and then talk about outcomes? So the first had to do with covid procedures. Let me see covid procedures.

Melissa Farling: Because I guess they were seeing that others were maybe wearing fat face masks or using sanitizer. And the patients were asking if they could also have access to face masks and sanitizer and it was, obviously, reminded obviously that the hospital takes their safety very seriously.

Melissa Farling: And so they collectively look at the ability of everyone to wear masks. Let's say for you sanitizer and there were some safety concerns with that. She also encouraged that certainly the patients can ask staff, for so to be able to watch their hands and then also just encourage everybody to keep their rooms in their spaces clean.

Melissa Farling: trying to see Terra if she's on the phone or Trevor if you want to jump in and add anything, please please do. The next item was the male policy procedures.

Melissa Farling: And basically depending on the arrival determines when you might receive it. So sometimes it's slower than other times. For example, if the mail comes on a Sunday or on a holiday, it can add an additional day because it's not screened until that one day. Right, so that does add some time.

Melissa Farling: The next issue is when paid when patients refuse medical treatment and so there was a discussion around, a patient can refuse but if a medical doctor says that the patient needs treatment the doctor can I guess administer the treatment.

Melissa Farling: and also work with the guardian and so then it was also recommended. That the patients speak to their treatment team please reach out to Terra if something is hurting them, so that she can help.

Melissa Farling: There was a request to bring Nicorette gum or patches. And the suggestion was to talk with I'm gonna wait Laurie for your hand up.

Laurie Goldstein: Yes, one thing about the guardian and the treatment I think It's interesting because we've run across it in the past where we have a guardian that is adamant that they're Ward or whatever relationship there is to the person their Ward. They want them to have X-Men or different treatments on the clinical team and they go at loggerheads in the guardian. We'll think we're the Guardians we have final say but according to statute if they're psychiatric hospital and I don't know if it's whether the court ordered but

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Laurie Goldstein: doctors in the clinical team have the final say while the patient is in the hospital. I think ideally the clinical teams the docs like to work with the guardians, but if it comes down to a power struggle, I think then the hospital and clinical teams when

Janina: And that is mostly for court order treatment patients. And yeah, I absolutely hear what you're saying Laurie. Yeah. It can be very frustrating.

Michael Sheldon: So obviously and Laurie said it beautifully that we do our best to work with the Guardians and they have opinions as far as what is the best thing for their Ward, but ultimately besides, doing what's best for the patient, which is our number one priority. Our medical staff cannot take someone who may not have a medical background and apply what their recommendations are because ultimately we're liable for the patients being. So no matter how good serving or the guardian may be in their trying to influence the treatment for the individual ultimately. it's our liability for that patient.

Laurie Goldstein: Okay, Melissa.

Melissa Farling: That's okay. The next issue had to deal with smoking right? So there was a request for Nicorette gum or PAC or patches. And so it was recommended that the patient talk with a medical provider. There was one patient who discussed

Melissa Farling: in detail the smoking protocol and I think it was Senora in Tucson. I didn't say it then and I guess I'd want to make sure that this is accurate. I know at least for the Project's ID State facilities because they're public safe facilities codes that don't allow smoking and I don't know if Nora is potentially private. So I don't know if that would be helpful if that's accurate too.

Michael Sheldon: So I can't speak to Sonora obviously Melissa.

Michael Sheldon: But yes, so in 2006 2007 the Arizona voters passed the free Arizona act which essentially outlawed smoking in all public places and that includes Healthcare facilities. So the state hospital is completely a non-smoking campus. to put in context we have some staff obviously who do use tobacco products and they actually need to leave campus to do so not just leave the buildings, but they need to physically be out on 24th Street to have a smoke break. So yeah. No, it's not permissible on the grounds whatsoever.

Melissa Farling: That just might want to be something that's further clarifying if it comes up again.

Michael Sheldon: Yeah, I think that's a good point. I'll Duffer flowers is on we can verify with the social work of the social services department I'm pretty sure that's included in the admission packet that we provide the patients, but we can double check that.

Melissa Farling: Yeah, okay, another one of the issues was the rehab outings with the patients and there was an update that there have been some things to Starbucks gold Park and that there was going to be more that week. I think they mentioned movies on that day that we were having the Forum. And the next item had to do with hair dye and cosmetics. Laurie, go ahead.

Laurie Goldstein: Okay, while you were explaining I looked up Sonoran Behavioral Health in Tucson. And on the things not to bring it specifically says no alcohol containing liquids drugs. Tobacco nicotine products or other smoking materials. No cigarettes. So maybe when they were there, maybe they missed remembering...

Melissa Farling: right

Laurie Goldstein: But they don't allow smoking.

Michael Sheldon: right

Melissa Farling: That makes sense. Thanks, Laurie.

00:25:00

Laurie Goldstein: Okay.

Michael Sheldon: And Melissa, I know some patients went out to go see Ghostbusters on an outing so they like that very much.

Melissa Farling: That's great. That's good. Thanks. So yeah the next item with hair dying cosmetics and

Melissa Farling: There is someone thankfully at the hospital now. They're obviously still backed up right because there's been a need for such a while that they're trying to get to everyone.

Melissa Farling: But they're still not able to basically die here and there is definitely a request that be able to happen.

Melissa Farling: another aside to that conversation had to do with just Contraband in general and there was a request for the patients to please answer their Guardians to double check in, the Contraband list when sending cosmetics in other things, so there was quite a bit of a discussion around again cosmetics inherited that was the end of the old business and then we got into new business.

barbara honiberg: Melissa, can I ask a question about a hair dye if the patients can't have the hair dye or...

Melissa Farling: Sure.

barbara honiberg: the person who is now doing haircuts Etc. Can't hide people here.

Melissa Farling: So what was explained in the meeting is that? Dying here, it takes a lot longer than let's say just cutting someone's hair right and...

barbara honiberg: right

Melissa Farling: that there's such a backlog. Right that there's just no getting into dying of hair right now...

barbara honiberg: Okay.

Melissa Farling: because The Barbers are trying to get to as many people as they can.

Michael Sheldon: yeah, yeah Barbara we've been trying for quite some time now to establish a contract or...

barbara honiberg: Okay.

Michael Sheldon: an agreement with I believe one of the barber schools in Phoenix where they would bring some students out to be able to help us out a little bit and do more like Salon Styles Cuts does things like that, but we've been really struggling To get that agreement in place. One of the biggest issues that we've been running up against unfortunately and it's not specific to the state hospital at all. But there's very stringent terms that any entity who works with the state government has to abide by and one of them is the insurance policy to make sure if they're employees do something on our property that they can be found liable for it and they have insurance to cover it and allow a lot of these companies they do not want to carry that liability insurance unfortunately, so that's one of the biggest struggles that we're running into.

barbara honiberg: Okay. Thanks.

Michael Sheldon: Yep.

Melissa Farling: Okay, so then going on to new business the first topic was religious beliefs and one of the patients was concerned that they had been assigned to a group. where

Melissa Farling: the way that the patient explained it, they were discussing worshipping idols.

Melissa Farling: the patient didn't want to go to that group because of the discussion around idolatry and this was against their beliefs the patient did say that, they were allowed to have Bibles but also was concerned About a little retaliation where they were told that they can't go on and Outing if they don't participate. In this particular group, it was confirmed that they have the right to religious freedom and we had a discussion about that and Terra was gonna reach out to rehab to talk about that.

Melissa Farling: questions on that

Michael Sheldon: So obviously I was not at that Forum so I can't speak to that specifically. What I will say is that you're totally correct Melissa. The patients can obviously opt out of any group. I

Michael Sheldon: I'm gonna go out on a limb here and say we would never threaten a patient saying you're not gonna go on and out if you don't participate in this religious specific group. I honestly hope that we would never do that. And if we did I'd have a major problem with it. one thing that we are doing and some of that I think is gonna be I hope beneficial to the patients and this committee is under Trevor's leadership what we're gonna be doing moving forward is posting the questions or the comments that were made by patients in every forum and the hospitals response to those questions on the treatment units so that the patience will know last month you ask for this. Here's the hospital's response. 's why we can or cannot do this. Here's how we'll do our best to accommodate it for you. But clearly this thing that you just mentioned right now.

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Michael Sheldon: I'm gonna have a little chat and see exactly what the deal is Trevor.

Trevor Cooke: Yeah, so some clarification on that because Terra did follow up with the patient. The concern was more that there were outings during a group and that he felt that he couldn't go on that outing because it conflicted with his religious beliefs. And so we explained to him that there are a number of outings. Not just that one and that if he chose not to attend that because it conflicted with it. He could certainly go on another one.

Michael Sheldon: That makes more sense. Okay. Thank you.

Melissa Farling: Thanks. Thank you, Trevor.

Terra Morgan: I just want to reiterate that they do a trip planning which is so good for the patients and all the patients get to discuss and throw ideas out. So no Mike it did not happen. His religious beliefs were not trampled over so he has the right to opt out and he feels that a movie is a little bit more secular. So his Christian values and so the rehab ladies went over and explained things to him, but they do a trip Planning Group on each unit and all the patients that are eligible to go on trips. They all participate and throw out ideas of who wants to go where we want to go and how

Michael Sheldon: Okay, that's fantastic. Thank you.

Melissa Farling: the next new item of business had to do with groups and the request to have groups that were going to help more basically with once they get out right and to make them just discharge ready more adult of life Type of Education and Training how to use a cell phone finances grocery shopping job placement education, some of those types of things. I think there was a really good discussion around that topic.

Melissa Farling: how to use a credit card all those kind of things so

Melissa Farling: Hopefully there's some movement on that. I don't know if there's already some of that graining. Yeah.

Trevor Cooke: Yeah, I can jump in with us. And so we did have a conversation with our rehab group. We are thrilled to share that those groups are happening. Now. In addition, We have Copa Behavioral Health who comes in and helps with those things as well. And so we reiterated with the patients that it's really important to attend all the groups that they're able to and they're comfortable with because it's in those groups that they'll learn those things and unfortunately, there are some patients who choose not to go.

Melissa Farling: Thank you. The next item had to do with food requests. There were some specific food requests not just jeans and some Additional food requests and I'm not really sure what the outcome of that's going to be that that topic was brought up.

Melissa Farling: And then finally, I think the last item had to do with getting an ID and Terra talked about helping with that and handling that through the social worker.

Michael Sheldon: And this came up today because we're going through the list of all the questions that you just went through the comments. You went through Melissa and on an annual basis. We do have MBD who comes to the hospital to do Photo IDs for individuals who are on the ACP TC which is the hospital's unit or our separate facility for sexually violent persons and what and we do actually work with the MVD if there's any individuals on civil or forensics that also need an ID. We have them done at that time as well. So we do have that availability.

Laurie Goldstein: So Janina and Alice you want to report your patient visits?

Janina: Sure, yes, so we had a couple of visits. One was related to safety issues.

Janina: staff shortages and so forth and I mean the patient is safe at this time, but that continues to be looked into to ensure patient safety. and a potential to another unit if that's doable or not. But like I said, it's under.

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Janina: I don't want to use the word investigation but it continues to be looked into then. Yes, Laurie.

Laurie Goldstein: I just had a question for Mike since The patient brought up Staffing shortages. How are Staffing Vacancies,...

Michael Sheldon: Sure.

Laurie Goldstein: How are you doing with filling those in nursing?

Michael Sheldon: That's a great question. I think we're actually doing really well and the hospital we are staffed approximately. 90% to our acute needs which in my mind is actually really good. I think most hospitals will be very happy with being staffed and at 90% I think that and Laurie you and I have had this conversation in the past.

Michael Sheldon: there is a staffing level to meet usual and customary operations to keep the hospital functioning. But for folks to say, we're short staffed and that means that as a patient, I can't go on a pop run. that's not necessary for ongoing operations. So in my opinion we're doing really well with Staffing. Our registry use is dropping quite significantly about a year ago. A little bit more than a year ago about a third of our staff on any given time or day were contracted registry staff. That number is now down less than 20% So we're making good improvements there bringing on more full-time employees and the folks that we're bringing on staying with us for a

Michael Sheldon: Longer period of time so I'm very happy with that. Obviously we can make more improvements but it's a much better position than it was 14 18 20 months ago.

Laurie Goldstein: And for the people that are coming in When you're using registry help you tend to get people less familiar faces or what. Is it? A new person every day is

Michael Sheldon: So great question. So the registry staff that we do have working for us. They tend to work a lot of shifts at the hospital. So they may work a full 40 hour work week at the state hospital if not more. And whenever I see them why are you just not applying to come work for us? And there's language in the contract...

Laurie Goldstein:

Michael Sheldon: where They need to do so many hours at the hospital or if they work Less hours. We have to pay the vendor to onboard that person so they typically work with us for a set amount of time. And then if they decide to join us full time, we'll interview them and hire them on the other thing is okay. I lost my train of thought but yeah, they're essentially regulars with us.

Laurie Goldstein: Okay, Alice,...

Janina: that

Laurie Goldstein: You have your hand raised?

Alyce: Yeah, yeah that particular patient with the safety he was talking about the whole Staffing issue and I hope that he's listening because Pretty much you just covered everything that I had said to him. Write down to the fact that if he's getting a regular registry, most likely you guys are gonna ask Kay you want to onboard and stay. So yeah, hopefully he's listening...

Alyce: because I've noticed a significant Improvement in Staffing over the four years or however long I've been on oversight. So I think it's been good.

Michael Sheldon: Love to hear that.

Janina: That is excellent work Mike and it shows quite some amazing recruiting. So unfortunately a staff shortage impacts So in another visit with a patient that appealed the diagnosis and the treatment plan and was offered the psychological testing and so forth.

00:40:00

Janina: That was completed. The patient is waiting for the results and unfortunately like I said shortages the impact. that department as well, so Mike is making tremendous efforts to look into figuring out how to resolve that Staffing issue in the psychology department and so basically that case is under review and the testing will be expedited in order to come to a positive resolution. Yes, Laurie.

Laurie Goldstein: I think for those that are newer. It's maybe worth mentioning that. prior to What was it a year and a half time kind of? the Probation Review Board,...

Michael Sheldon: Yeah.

Laurie Goldstein: That was a Board that was held at the hospital to review all forensic patients' progress and their Readiness for release to the community. It was all Between the clinical teams and the psrb when there was legislation passed that the psrb was to be sunseted and jurisdiction was going to be given back to the Superior Court.

Laurie Goldstein: There was some additional overhead that went with that which I'm not sure if the hospital was. anticipating So I think that was another.

Janina: Yes. Yes, absolutely. And that testing that has to be completed obviously is very very important and very expensive and having a shortage in that area puts a lot of pressure on the current staff so hopefully things will improve and I have all the confidence that things will improve because just during this short time. I've been part of the ioc. I've seen improvements. So Mike, whatever you're doing you're on the right track and thank you for that. And so but unfortunately we have to have some patience regarding, testing completion and so forth because we want accurate results versus, expedite the results and inaccuracy.

Michael Sheldon: So I really appreciate that complement Janina and for the rest of the members just for the record on psychology. We are not short-staffed. So we are full of staff and psychology, but the problem is we don't have enough psychologists so we could easily use ten. 12 more we just don't have the funding or the positions to hire 10 or 12 more psychologists. That's the situation that we're in right now.

Janina: I see what you're saying. Okay, so then I think that Laurie is going to give you the answer for the solution for that. I can feel it.

Laurie Goldstein: No, my question has been requested. So the legislature in the governor, is that in your budget request that I need x amount of more Staffing or I need X specialty Staffing to Street maybe not autism spectrum and...

Michael Sheldon: Yes, so Exactly.

Laurie Goldstein: every other combination

Michael Sheldon: Thank you Laurie. So yeah, we did include all of that in the report that the hospital published last September the clinical Improvement and Human Resources plan that was required for us to develop and submit to the legislature and the governor's office on September 1st of last year and I believe it said and I know it said because it said that the hospital essentially needs a hundred and Seventeen more. Pull some employees. Including I believe.

Michael Sheldon: Nine or ten more psychologists to fulfill its current statutory obligations. And that was also submitted obviously to the legislatures and the governor's office. The Requests for those positions did not make the final budget proposal to the legislature mainly...

00:45:00

Michael Sheldon: because of the fact that the state overall has such a budget shortage right now that just didn't make the final cut but it has been published.

Janina: Maybe we can present the risks mostly of having that team being overburdened and not being able to fulfill the demands. or the

Janina: the requirements I should say of their scope. within the hospital

Alyce: All right when I read that report, I thought That some of that was discussed when I saw the fact that there were more psychologists needed and some things like that. Maybe I'm mistaken, but I thought that some of the reasoning as to why you guys were short in that department was stated.

Michael Sheldon: I don't know exactly Alison what you're referring to. I know that we did discuss the change in the law that created an additional need for the psychologist to be present to be conducting risk assessments of the forensic patients and...

Alyce: right

Michael Sheldon: the additional workload that has been put on their plates given that legal change. I know we get all the details and...

Alyce: Okay. Then...

Michael Sheldon: in that report.

Alyce: Then that's exactly...

Alyce: What, I'm just not saying it right. Yeah. So Janina, yeah that's already kind of there.

Michael Sheldon: Yeah. Yeah.

Janina: So what I'm thinking is that Mike is maybe the chief compliance officer. together with the risk management Can put together some numbers? regarding the state requirements that you have to meet and how that

Janina: how the department being so small is unable to assist you in meeting the state requirements for Azure in our state hospital if that makes sense.

Michael Sheldon: Yeah, so right now Janina where we are just now beginning to compile our budget requests for the next fiscal year. And I think that's a great idea. The governor's office and the legislature love looking So when we present that we have almost a year and a half worth of data. We can definitely tell them how many risk assessments we're having to do at any given time. Each risk assessment takes about a hundred dollars to complete so it's not a checkbox. It's a very very rigorous analysis of the patience status...

Janina: Right as it should be, yes.

Michael Sheldon: because what when you make sure that we need to make sure the court has all the information that they have to make the correct decision about whether or not a patient should be, progressing through levels, but I think that's a fantastic idea that we can pull that data and make sure that we provide that To the stakeholders, so they know kind of where we are and where we'd like to go.

Janina: right, right because like I said, if the Arizona State Hospital is required to meet a certain standard, if you're not given the Resources how are you going to be able to meet that standard?

Michael Sheldon: Absolutely.

Alyce: So real quick Janina, did you get a copy of that annual report?

Janina: No, no, I would love to see it.

Michael Sheldon: I put a link in the chat.

Alyce: Yeah, Mike.

Alyce: Can you send it?

Michael Sheldon: Yeah, I just put it in the chat for everybody to link to it's in there.

Alyce: perfect, because then Janina you'll see where there's any deficits and then you can come up with your suggestions. They'll be perfect.

Janina: Absolutely. If you don't mind emailing me and Michael because I'm okay.

Laurie Goldstein: Also, I'll send it to you.

Janina: Perfect because Google meet is still kind of new to me. awesome

Michael Sheldon: Worries. And Laurie knows this as well as everybody. I put my absolute heart and soul into that report. So I appreciate any feedback that you provide.

Janina: Absolutely. I have no doubt about it. So yeah, I will be more than happy to take a look at that.

00:50:00

Alyce: Are you guys sorry.

Alyce: Did you want me to speak it all on any other stuff on the patient visits?

Janina: Sure sure, if you have anything to add Alice. Yes, please.

Alyce: There were a couple things again where one of the patients was talking about feeling like he didn't get the medical care that he needs but it sounds like medicine is being addressed with the nurse practitioner and coming on board and stuff. So hopefully some of that And we'll go away and again, I hope he's listening to because that will help answer some of the issues. He's having. Some other problems that were discussed were access to their lawyer to get assistance from their lawyer to understand what resources they can use for the legal process and problems. and this outside I wasn't sure how that works as far as how they're represented and who they can speak to. or find legal information

Laurie Goldstein: I think that. Some of the patients have private Lawyers and it just depends who they pick. I mean, sometimes it happened a couple years ago. That there was a gentleman that had been I don't think he was ever really a lawyer and he was praying on vulnerable populations. And the forensic hospital and...

Alyce: wow.

Laurie Goldstein: I think I sent something to my commercial. I don't think you were in charge at that point, but I Yeah.

Michael Sheldon: I've been remembering hearing about that. I was not CEO at that point though. No.

Laurie Goldstein: But I tried to tell patients when they were talking to me. I had heard because the guy actually sought me out and he called me.

Laurie Goldstein: was on the phone for about an hour or two Chuck's like who is that, rambling and he was taking thousands of dollars of patients money and he wasn't really a lawyer and he was told to stop. I don't know what it's called when he Punished by the courts. So I think that to be really careful if they can't afford it they have public defenders.

Alyce: Hey, I have one for Pinal County that gives me her card that I've met before has come to see patients where I was working. So that's why I wasn't sure.

Alyce: I don't know Mike, I could probably give her a call. And ask her.

Michael Sheldon: Yeah, I don't know and this has come up I think in maybe two or three times in Prior ioc meetings, and I know Laurie and I have had side bars about this one of the unfortunate situations that happens is obviously public defenders offices just like every other public entity is underfunded under resourced but a lot of times what I heard anecdotally is that the public defender Works diligently while wild the case is going through the court proceedings. But then once the person is sent to the state hospital the public defender's office essentially thinks the case is over. So the patient at the state hospital doesn't really get the interaction or the resp.

Michael Sheldon: Chance that they should be getting I guess from the public defender's office. And again, I don't run public defenders. I have no idea how that works. Exactly but that's kind of feedback that I've been getting that the person's at the state hospital. The case is closed. We're not getting involved anymore. And I think with this change with the psrb going away and the Superior Courts getting involved in having the jurisdiction. I think That may be an opportunity of improvement that we need to make the hospital obviously cannot do anything to defend the individuals of the patient's legally. We are now a plaintiff to the case, but I think there is a disconnect there that I'm not sure exactly how to bridge.

Alyce: Yeah, if the disconnect for him, I think was understanding. The legal process related to his case a little better, and he also wanted to understand more about how he moves through the different levels in the system. But psrb addresses that with the patient's right?

00:55:00

Michael Sheldon: On the psrb is defunct it's gone.

Laurie Goldstein:

Michael Sheldon: So if yeah,...

Alyce: It is all gone now, okay.

Michael Sheldon: Yeah, it was sunseted on December 31st of 2022. So it's Yeah,...

Alyce: My gosh, and I've been on for four years. I'm embarrassed. Sorry.

Michael Sheldon: yeah spring on about a year and a half now but in a specific question, and also I apologize this is this a forensic case or a civil?

Alyce: I believe forensic right Janina.

Janina: Yes, yes. Yes, so

Michael Sheldon: Yeah, so obviously, social work and work with that individual of as far as the level progression criteria, and then we can do whatever we need to do to get that person what they need to know.

Janina: Is there a liaison or with the public defender the department and I'm sorry for my ignorance. I'm calling it the public defender Department because I don't think that the hospital should get involved with any legal issues. except what is within the hospital scope, so

Michael Sheldon: There's I don't know if I would use the word liaison Janina. The hospital is represented by the State's Attorney General's office that speaks for us on any kind of court hearing...

Janina: Okay.

Michael Sheldon: But basically honestly give the quick kind of 20 30 second overview of how this works.

Janina: Yeah.

Michael Sheldon: So for forensics we have an internal committee called special class committee or SCC where we internally review how our patients are doing and determine whether or not the patient can be recommended for a progression to a higher level of less restrictive or more options to them when we make that recommendation...

Janina: right

Michael Sheldon: if the option is for A conditional release to either the hospital meaning the person would go through the community. We're an integration unit on our campus or to the community. The superior court has to weigh in so we submit the reports...

Janina: All right. Got it.

Michael Sheldon: If we decide yes, this individual is treatment compliant medication or compliant. We think the risk is low. They will notify that patient's lawyer of our decision, give that individual the lawyer our report and say if you want to proceed go ahead and file it with the court and the lawyer needs to take that next action and file with a superior court In the process to have the case reviewed and the patient move forward.

Janina: Yeah, no, that makes sense. Thank you.

Laurie Goldstein: Okay, anything else Alice or Janina?

Alyce: You okay? Sorry.

Janina: Nothing for me Alice. Go ahead.

Alyce: I would just say again just some of the consistency that like I said that we were hearing was related to medical issues. So hopefully some of these patients can be reassured that you guys have the new staff coming on. I don't know. How do you alert the units at all about that kind of thing? Because I know it's something that would probably give them a lot of relief to know their new medical practitioners coming

Michael Sheldon: I don't think Alice will make a formal announcement but Word of Mouth travels incredibly fast as I'm sure you can guess but the individuals once the onboarding process has been completed. They'll do a formal handoff and the patients will be informed that they have a new primary care provider or a new psychiatric provider.

Alyce: That's great.

Laurie Goldstein: Okay, anything else?

Laurie Goldstein: Okay, so some other things we're moving on to overview of incidents in accents. I put myself but I didn't see any notes from any patient visits. I'm trying to remember, kind of blurs of the last time we did have

Laurie Goldstein: I think we did have a patient call. and the patient was concerned because they were concerned with

Laurie Goldstein: preventing a

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Laurie Goldstein: What can I say Not having proper medication following the procedure that the person was used to enduring. Because they've had a condition over many years that requires a medical procedure which is known to be painful and They were getting initial feedback from their.

Laurie Goldstein: From their primary provider that there may be an issue with medication that was needed. when we had the call it seemed urgent because the

Laurie Goldstein: Procedure was the next day. So I think I called Mike and I think Mike you and Dr. Flowers went to look into that and I haven't followed up with you, but hopefully that didn't happen again.

Michael Sheldon: Thanks Laurie. Yeah, Dr. Flowers and I did touch base on this and I believe Dr. Flowers jumped in if you're able. The direction that we gave was whatever the prescribing doctor at the medical facility dictated as necessary that our providers need to follow suit.

Calvin Flowers: We had made it very clear to the physical health providers that whatever procedure was done and the provider who did that whatever their recommendation was in terms of pain management should be carried through back to the hospital and I think that message has gotten out repeatedly to the medical providers.

Michael Sheldon: Is actually kind of and I don't want to downplay this at all Laurie committee members, but this is something and I think maybe Janina can even chime in on this one a little bit. We always have discussions about care continuity, the importance of it and how critical it is to make sure that the patient would save as they kind of transition through various levels of care. We weren't into that situation. Ourselves at the hospital when we discharge a patient who we've had for numerous years and have stabilized on medications when we discharge them the outpatient providers change their medications and then they become surprised when the person decompensates. It's like what do you expect that's going to happen.

Janina: right

Michael Sheldon: We had them stable and then you decided to change their medication regimen. It's an ongoing battle, unfortunately.

Janina: That's very true. That is very unfortunate. Yes, you are. Absolutely, right?

Laurie Goldstein: Yeah, I think.

Janina: So hopefully that can be prevented.

Laurie Goldstein: I think that what you can do if you've been down that. Path before what we did when our son was finally stabilized at Arizona State Hospital there for a year and a half. He was really stable and really good and what we put in the discharge plan with the outpatient team that they could not change med I said as Guardians this is what we're saying and they kept them on the meds. I mean, they don't always want to because it's more Med management.

Janina: But Laurie that should not be the case because I mean what is the rationality to start changing the medication regimen that got them stable in the first place unless there's a severe adverse reaction or something. That is very concerning.

Laurie Goldstein: No.

Laurie Goldstein: Can't so I can tell you we've been down this road. So often that in the last net since our son stabilized at Ash and...

Janina: Yeah, I know.

Laurie Goldstein: has been great, but

Janina: I believe you and I've seen it and I do not condone that practice at all because it's Why mess was something that works, right?

chuck goldstein: Okay, so this is very very simple to understand actually Jimmy.

Laurie Goldstein: okay.

Janina: right

chuck goldstein: If and...

chuck goldstein: In most cases, it goes something like this. Everybody knows long-acting injectables are the superior way to deliver antipsychotic medicine for quite a few patients.

Janina: absolutely 100% Yes.

chuck goldstein: So if you're in an institution, for example out Arizona state hospital and they have you on a long acting Jeff and then this charge. Whoever you know, the provider is going to want to switch that patient to the much much cheaper oral form of that antipsychotic medication and that happens. All the time as a matter of fact access is now going through. a particular

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chuck goldstein: Perturbation of their policy which I hope everybody is aware of and we'll do whatever they can to nullify and that is to say that you have to fail and a good number anywhere between four and six different medications before psychiatrist that you're taking care of gets to put you on the particular medication that he wants to was that trying to save money. This is something that's fairly new.

chuck goldstein: came about as I understand it and...

Janina:

chuck goldstein: I don't understand too much but it is policy changed in the pharmaceutical part of access during last summer and I'm particularly upset about this and...

Janina: I am

chuck goldstein: You all should be too because there is no better way to get rid of somebody's progress than to take him off a long acting injectable and put them back on all medication.

Janina: I agree with your honor present and just let me know what I can do to fight that because I'm a huge believer in long-acting injections, there's a steady state in the system. it has a

Janina: neuro cognitive. Adaptive flowers I'm blanking out. It's basically helping the brain regenerate and so forth, and it's a preventative approach to the company's severity company episode of the compensation because

chuck goldstein: Yes, that is true you Janine everything you're saying is true, but really what this comes down to is compliance by the patient. and as we know so many patients want to drop off their medication or hide it or cheek it or spit it out or throw it up. and that's the major advantage in my mind. my own opinion of long-acting injectables. not that they're inherently better because actually they're just usually oil-based suspensions of the same medication

Alyce: It's definitely all about the compliance because I would say 25% of the crisis patients that I've taken care of over the past several years because I go to all of the facilities for where I was working. In Three Counties. I would say about 25% it was because their lais started getting denied. And a lot of them are on the street and they would say they don't have access to get their pills. And I have thought with access to get them their lais.

Janina:

Alyce: It's very hard.

Janina: I agree and sometimes you have to throw, keywords. as negative outcome liability Etc,...

Alyce: Yes.

Janina: But I fight that because it's the right thing to do for the patient, so if the insurance is denying the medication...

Laurie Goldstein: Yeah.

Janina: then they are going to assume liability for whatever happens to the patient.

Alyce: That would be a really good thing to bring up maybe with the legislature...

Laurie Goldstein: only

Alyce: because it costs the state a lot more to continue to have patients going in and out of the system.

Janina: Absolutely. Absolutely.

Alyce: And so that's where I would come in and say hey if this patient doesn't get their Lai, they're gonna be here for another two, three, however long weeks. So do you want to pay for that or do you want to do a thousand dollars?

Janina: alright, correct,...

Laurie Goldstein: Actually do yeah,...

Janina: because

Laurie Goldstein: I'll send you guys the links where you can put your public comments.

Janina: Please do it because if you think about it one or two days of inpatient treatment is equal to a long acting injection. So if a patient stays in the hospital for I don't know a month, two months, whatever. How many long acting injections? Can that cover?

chuck goldstein: Yes, ...

Laurie Goldstein: I think

chuck goldstein: I just want to say one more thing on this because it's just inherently obvious that this is a systemic failure. And the reason that this is a systemic failure is that patient decisions instead of being taken care of by medical people are being taken care of by bureaucrats who have a very short Sided view of the future which is basically maintaining himself in the positions that they are and...

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Laurie Goldstein: So the position yeah.

chuck goldstein: they are not looking unfortunately for Alice at the long term gain to the system.

Laurie Goldstein: All right.

chuck goldstein: They're looking at the short-term benefits of themselves.

Alyce: Sorry, I didn't mean to have my hand up. Exactly and that was basically the argument that I would make with access when I would call the nurse practitioner. I would just go ahead and make the phone calls too because the patient like I said would be sitting there and getting worse

Janina: And Dr. Goldstein here. Absolutely, right and one way I've learned to get around that is numbers and standard of care and...

Laurie Goldstein: but

Janina: if there's data and how long acting injections present hospitalizations

Laurie Goldstein: I have a paper on it so I can send you a Blog about it years ago.

Janina: Please do. Okay.

Laurie Goldstein: But one thing I think it's not just long-acting injectables the other Thing I see. Is that if you have someone with a disorder that's more complicated or requiring more medications that have to be taken more than once a day or all meds and long acting injectable, It's Not Unusual especially if it's gets all effective or something like that and I said psychotic isn't gonna do a little by itself. a lot of times though patient providers even the ACT teams do not want to do medops once or twice a day. So they'll Right away try to drop the oral meds to reduce the amount of medops. That they have to do and if you get on clozapine with all the other meds that are required each.

Janina: right

Laurie Goldstein: Just more medops and more issues and more people that don't want that to happen.

Janina: So obviously that requires some education.

Janina: regarding liability that the provider is putting themselves if they do things like that. So I hear exactly what you're saying Laurie. And I'm not perfect as a provider.

Laurie Goldstein: Okay.

Janina: Okay, I'm just saying no.

Michael Sheldon: Yes, you are. You're fine.

Janina: I just think the best I can ...

Laurie Goldstein: Yeah.

Janina: I call myself a helicopter provider, but So whatever I can do to help, please let me know.

Michael Sheldon: So before we cancel we do not cancel, but we move on to the next topic I think. Everything that we're saying right now is incredibly important to the overall structure of how patients move throughout the system of care. And cost is obviously, unfortunately, one of the primary drivers of what we're trying to accomplish to make our patients' lives better and help them. We're great into society. We have patience right now where the state is paying five six seven thousand dollars per month per pa on their medication. So for us to expect that when that person discharges to an outpatient facility that outpatient provider is going to want to pick up that Tab and continue that medication regimen. Let's not fool ourselves. I mean that they are profitable entities who are trying to contain their own costs just like every other facility in the state of Arizona.

Janina: Yeah.

Michael Sheldon: So we need to do a better job in this

Janina: Then they need to get a degree in business and do that rs do harm to patients in the name of the cost.

Michael Sheldon: a hundred percent agree

Laurie Goldstein: So the next thing I was gonna talk about was I went over a decision letter. So these are letters when someone files a grievance and of the letters that were issued this month.

Laurie Goldstein: Who were not substantiated which meant that the grievance or grievance or complaint that the patient filed was not substantiated by the investigators one was substantiated and resolved. So they had come to an agreement and things worked out and there were 19. That was withdrawn which means that patient filed them and when the investigator went to talk to them they said I don't want to pursue this anymore. Some of the kinds of letters would be like I'm not getting X and I deserve Acts or I can't use the phone during this period of time or my

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Laurie Goldstein: someone stole my headphones and what happens is they find they're in the nurses station things like this. So that's some of the letters I was reading, why the high number of withdrawals is also not all of them, but some of them seem to me to be time related to a couple of them. I saw the grievance happen in February and it was resolved, in this time frame so it could be that at the time the patient filed that they're really upset. But by the time the investigation goes on they've calmed down and that's no longer a fight. They want to have or they've resolved the issue.

Laurie Goldstein: Any questions on those?

Laurie Goldstein: Okay, the next thing I want to talk about and I'm sure my camera is off. So I'm looking at my big monitor so I can look at some of the reports. What I was looking at is the assault perpetrators. and Typically most of the salts on either staff or other patients are committed by a few people. What I'm noticing now, my conductor flowers and Trevor is that we have one patient. That's just a very high incidence of assaults 14 I don't know why I can't see if it's on staff run. I think it's on. They had 14

incidents this month on other patients and five on staff. That's one person with 19 assaults and then the next one. Committing the most was only two assaults. I'm saying relative only two result salts on patients in two on staff. And then from there down you go down to the two and one. So that's a big Improvement. In what we used to see and I know that there were some discharges. Of some patients that tended to have difficult behaviors and they really didn't belong in Ash any longer because their primary problems were not psychiatric me longer.

Michael Sheldon: Yeah, and I don't know I can't think about my head. I

Michael Sheldon: Think I have a sense of the individual you're referring to who is that highly that the higher assaultive individual Laurie and I think Dr flowers and I have had discussions of all this individual. This is another one of those folks who we have concerns about potential issues with dementia that we are pursuing all text evaluations on and hopefully obviously, we're not a dementia facility or a memory care facility that this individual most likely should be transferred to a Skilled Nursing Facility with folks who have the expertise and the qualifications and the certifications to address their physiological needs beyond what we are capable or able to provide

Laurie Goldstein: Then thank you.

Laurie Goldstein: So let's go on to a few of the incidents in Access. I pulled out as you guys know anyone in the community that would like to review the incident in accent reports. They're usually put on the portal one to two weeks before the meeting and then you can review it. Of course, make sure you keep Information confidential. I pulled out a few and I'll start with some of those and reasons why I pulled them out. So the first one is Ash 2024. Dash zero eight thirty and it involved injuries to Patient staff or visitors, patient threatening staff and then inclusion of restraint and the patient wanted to all parents.

Laurie Goldstein: parents didn't answer which initiated the patient becoming angry and starting to decompensate and In the midst of this then they started charging towards Swing and attempting to hit the staff that said no contact was made. The patient was placed in a physical hole to transfer to the restraint chair. But down in the nursing note video was reviewed no quality of care down in the nursing notes. They listed all the BHT staff involved in the code. 1 2 3 4 5 6 RN and several five bhts

01:20:00

Laurie Goldstein: and even though It said below this one bh2 minor injury sustained security added pictures with picks to be added and then there were no recommendations, but they offered an employee assistance program line to the patient. So when I read this I'm assuming and this is an assumption that made me clarify that even though the patient was decompensating and then charging towards staff. Missed that maybe during putting the patient in the physical world or the transfer to the restraint chair or the transfer to seclusion. That's one that the injury happened.

Michael Sheldon: Yeah, Laurie. you're totally correct. We do utilize the facility we have. Mechanical restraint chairs and at the time when we're trying to put patients into that chair to insure their safety and the safety and the safety of our employees things can happen. So the patient may not have directly Struck one of our employees, but there may have been an adverse contact during the restraint episode that resulted in the issue that you're presenting.

Laurie Goldstein: I figured the next one is Ash 2024 0834 and this is unusual. you don't see many over the course of a year or two, but there was an AWOL attempt by a patient and it was

Laurie Goldstein: Late afternoon, a patient was witnessed climbing a fence and almost made it to the top for the nurse registry behavioral Tech. They were verbally redirected and They responded and climbed down, but then they started charging towards the death. A code gray patient was Brought to the seclusion room.

Laurie Goldstein: They did Contraband and found they did accept.

Laurie Goldstein: The medication in patients just that I just wanted to escape. And the patient has no Insight, but the nice thoughts of hurting themselves or...

Michael Sheldon: So on this one's Laurie.

Laurie Goldstein: others. it's a

Michael Sheldon: I just want to make it clear to you to the committee that as far as climbing the fence the individual made it up maybe.

Michael Sheldon: Six approximately up our chain link fence anything above maybe eight feet is quote unquote No climb and the fences 13 feet high. So he really didn't have any chance of Escape. He would have been able to get up maybe 10 to 12 inches higher and then his fingers would not have been able to have a footing to be able to get any kind of grip so this IR is not written maybe effectively or accurately as possible and Trevor's working with the team to be more accurate in their IR writing but there was no possible Avenue of a wall or an escape at this point.

Laurie Goldstein: So I've been on the campus and this one was not on the forensic side. I'll just say that and I have never been out. I've been on the forensic team. In the Civil campus was the patient so I don't know if it was this in a unit. In the patio or was this in the mall because I can't imagine because I've been there so I can't see where they would be climbing.

01:25:00

Michael Sheldon: Was that this was the unit patio? even and...

Laurie Goldstein: I've never seen those.

Michael Sheldon: just for the Committees understanding even moonshot if this individual was for some situation able to get over the fence line, they're still within our security perimeter because we have a secondary concrete block wall with razor wire that they would not be able to get over without severely injuring themselves before our staff were able to intervene. So I'm not concerned about this situation, at all.

Laurie Goldstein: You guys use technology such as cameras that would notify pagers that someone is in this. Red Zone and...

Michael Sheldon: on civil no Laurie the forensic hospital and...

Laurie Goldstein: they shouldn't be there.

Michael Sheldon: the acptc are sexual offenders unit does have sensors that will be turned that will alert if individual is in an area where they should not be their microwave sensors or if the fence is touched it'll send off alerts that somebody may be trying to get out of our secured perimeter but on no Because civil has the secondary block wall behind it and the patients on civil are always under some level of high-end observation by our staff.

Laurie Goldstein: In the last one I pull.

Michael Sheldon: There are cameras all their Laurie. they just don't send out alerts exactly right.

Laurie Goldstein: trigger

Laurie Goldstein: Okay. So here's another one asked 20240908 and this one. was

Laurie Goldstein: That a patient wanted. additional snacks and the patient

Laurie Goldstein: I think for me that it's blacked out that's harder to understand but I think the patient. received some stacks and then they wanted to snap more snacks, but they didn't take any or get any. I'm not sure, I guess they must have gotten the snacks and they went to eat the snacks.

Michael Sheldon: shoot.

Laurie Goldstein: and someone came over and then someone started to hit the patient and it happened very quickly. And someone was bleeding and someone had blood on them, so It wasn't very descriptive. But what I noted is that parents scags and the quality management team initiated an event review at the request of ermt to review the process involved during the incident. I'm not sure who Mt is

Michael Sheldon: Sorry Laurie ermt.

Michael Sheldon: That's the acronym for the executive risk management team. that includes myself and essentially the entire EMT or the executive team. We meet every single day to look over all of the reports that have been submitted in the past 24 hours or past business day since we met last and that team will initiate event reviews quality of care cocs when we see in an IR come through that we have concerns about, what happened here. We need more information. Can we do follow-up things like that? So that's essentially the executive team which includes myself Dr. Flowers Trevor. All of the cease Suite if you will.

Laurie Goldstein: Okay any questions from the aim on any of the reports? or any questions

Laurie Goldstein: Okay, is there any other business or I need discussions that you'd like to talk about before we go to public comment? And then after public comment, we'll go to Executive session to discuss a new member who's been patiently on the whole time Jane Jepson and we do very excited to have her

Laurie Goldstein: as part of our team, but we will go to Executive session and discuss and then we'll end executive session and we'll come back to the public meeting to do the vote and then adjourn. So that's just kind of the Run of the show. I level. so anything that you'd like to talk about that I may have skipped over forgotten or

01:30:00

Laurie Goldstein: Any information that you'd like to request based on any of the discussion tonight?

Janina: I just need to get us to make sure that I can locate that portal to review those. incidents and so forth

Laurie Goldstein: Okay, so Trevor does Janina have to do anything different or do have her email address? Do you just have to add her to the shared Drive?

Michael Sheldon: Yeah, we can totally do that. That's actually a great Point Laurie and I believe you may have more new members than just Janina. So as folks join the ioc just send either Trevor or either email address. We'll get them added and they can access the information.

Laurie Goldstein: Okay, I'll send you a quick note with everyone's email. So anything else before we go to the public and...

Michael Sheldon: Perfect.

Laurie Goldstein: remember just so everyone knows the rules of public meetings during public comment the administration nor any of the community members can respond. If a person is expressing an opinion or asking a question, we're not being rude. You just cannot talk and have a dialogue during public discussion. Is that crack Larry?

Laurie Goldstein: Larry should still be here. Okay.

Lawrence Allen: That it's correct.

Lawrence Allen: Can you hear me? Yeah, you're good.

Laurie Goldstein: yes. Okay, so if no one else has anything to say what we'll try to do since we're gonna have a public executive committee and come back to the main meeting you leave before we stop this meeting Larry. Do you want to put it in the chat live? Session link for the members or have you sent an email or do you want to do both?

Lawrence Allen: I could do both but I can certainly put in the chat right now.

Laurie Goldstein: Okay.

Laurie Goldstein: So for all of you that are committee members. You may want to grab that at the end of public comment. We'll leave this meeting. And then we will join the executive session meeting. We'll have our discussion and then we'll come back to the public meeting originally to vote.

Laurie Goldstein: So I'll be looking at the chat to make sure we get the meeting with that. Let's try to keep our public comments to three minutes each and I'll put a little timer on. so do we have anyone from the public that would like to

Laurie Goldstein: To speak and if so, let us know you don't have to. Give us your name. You can remain anonymous if you'd like, or you can state your name. And again, this isn't about your private treatment, but you can talk about General issues.

Laurie Goldstein: Do we have anyone from the units on?

+1 602-*-***31:** Hi, this is Timber Briscoe from Mojave. How are you doing? No, you can't respond.

Laurie Goldstein: Good.

+1 602-*-***31:** But you guys were talking about Guardians we're trying to advise how they would better care for their Ward. The patient knows our body way better than anyone else. Some patients have been dealing with these issues for multiple years, even decades when I am the doctor on the streets, the one that's eight choose. quite a bit at the time still don't follow the recommendations that were given. and failed to

+1 602-*-***31:** And we're not rookies at this. Like I said, we've been doing this for many years. And the doctors here tried to tell you something that isn't true about the treatment plan. Let's say I've heard this before. I don't want to give you another MRI because that will give you too much radiation exposure. If any tiny amount of radiation of MRI is not done with our radiation the groups that they have here are very pointless like Movie music studio open art guitar skills Spanish talks book Game Club games group running cardio group. What are those gonna do to help me?

01:35:00

+1 602-*-***31:** I become an independent productive member of society and to succeed. When I get out there are types of life skills taught here.

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INDEPENDENT OVERSIGHT
COMMITTEE

+1 602-*-**31:** and the Copa is only for Maricopa County patients only if you're not from Maricopa County you can't be in Copa. We had nine searches in 30 days. This is very stressful and I'm quite a few of us due to Pat s e that have been diagnosed with PTSD also with CEOs or cos or Police Department these type of people and they're carrying.

+1 602-*-**31:** Are a part of our room and very disrespectfully throwing our clothes on the floors stepping on them dumping things out going through each and every one of my photos viewing my entire life from the outside very rudely. Obituaries on the floor face down got stepped on. I was very hot on the budget. The ash talks about how they can't afford to buy us larger folks. There's about four five of us extra large men on Mojave and they can't buy us these shirts that are like spandex or polyester so they breed so we don't sweat so bad. They can't afford to buy us any because they're broke they said so this is also cutting into

+1 602-*-**31:** What type of food they went to is a different matter, the amount of food and Ash is this becoming more of a prison type environment? We can't do this. We can't have that all of the sudden and can't have very much outside time due to not enough staff keep taking more things away not replacing any of them with anything. Like I said, the group skips the life skills and groups that we need. They're taught C cooking budgeting and how to do business, all that's taught in prison. We would like a notary.

+1 602-*-**31:** That doesn't charge us here at the hospital when you guys could become a notary and we should have one because the one that we have access to charges 50 bucks a page and we don't have money like that. We would informate access to information. a phone book or one four one one to get the addresses and phone numbers of lawyers businesses companies organizations stuff like that. Let us help ourselves. Or some basic accommodations like that. A Civilian patient is still on my side, which is the forensic side tethered hands and feet and confined to a seclusion room for more than nine years.

+1 602-*-**31:** That's what they did with Mr. Contreras. They started in seclusion. They let this man out every day if he chooses to...

+1 602-*-**31:** but his inclusion room is not supposed to be a bedroom. and a quote Aaron Bowen a few years ago said that forensic and civil patients are never to be housed together. This is a civil patient you talk about medical care. I had nothing done with my private area. It's been five years as of February.

Laurie Goldstein: I have to drop it's about five six minutes,...

+1 602-*-**31:** Okay, okay part.

Laurie Goldstein: But Thanks, Tim.

+1 602-*-**31:** Here read the book,...

Laurie Goldstein: We have anyone else.

+1 602-*-***31:** please Aiden down. There's nobody else there. That's why I keep going. Yeah, this is Robert Dunn on Mojave. Let's see. For this man here. He finally got to see a urologist every surgery on May 1st about surgery about surgery, for the profit industry I recall about the tablets and how the vendor stated we wanted to make enough money. And that's why we don't and can't help Ash you are for profit here. I feel it sounds like A tech board refuses to do anything for me or any other person on this unit logs in the laptops for visits and then sometimes logs into his personal email. To set the visit to us because he can't figure out how to set up the visit with the hospital of emails.

01:40:00

+1 602-*-***31:** Also, sometimes he plays on his phone on the floor or inside the bubble for hours and sits on the computer for hours. It won't let us out to do anything when requested. Let's see. I've asked for an entire Grievances and complaints and I are reports and to be unreacted and then they always come redacted. I've been trying to work with the patient advocate to get phone numbers and addresses and which ones I get they're not exactly what I'm looking for or asking for.

+1 602-*-***31:** We are told that we cannot keep notes next in the fridge after snack time, but for diabetic and for people that take meds at night time our snacks are given away. So then we have nothing to take in the middle of the night with our meds if my friend here is his blood sugar drops below and it just the other day to 67, which is the lowest that he's ever been that I know of the hospital pretty much did nothing to help him out. other patients had to help him with snacks and juice and dinner time to bring that blood sugar back up.

+1 602-*-***31:** Let's see, we would also love to call and let Steph know they're calling at a certain date time prior to meeting to talk to you guys. They never tell and when they do, it's always five to 30 minutes after you call. Which doesn't help us in any way get a hold of you because we're not giving your phone number or any way to contact you by email or anything else. I was told by Terra yesterday that the information that I did request and get from her you have to do it online. We however do not have the ability to get online to send requests and file grievances without an email address and some place for that to be sent back to which requires an email address.

+1 602-*-***31:** So hopefully something will come of this. I know that I'm unable to go to the patient from this coming month. I'll probably be rou because of my plan that's been set up with the administration and the treatment team. I've told my dream team that this plan is not helping me out. Is that actually making me regress? So thank you for taking the time to listen to me and...

Laurie Goldstein: Okay.

+1 602-*-***31:** Have a great evening and a great day.

Laurie Goldstein: Thank you, Robert. We have anyone else from the public that would like to make a public comment.

+1 602-*-**31:** Actually forgot this term, one last thing. I asked for my entire complete grievance and complaint report list back in early June of 23 and the patient advocate just came to have me sign a release for them about two ago. June of 23 that's two months away from being a year. Thank you very much. And we would like you to call Mojave and speak to Bernstein, Mr. Barbisco and Mr. Dunn. Please call a day ahead at least and let them know you are calling at a certain time or day so then we can be ready because they don't give us any heads up. Thanks. You have a good weekend.

Laurie Goldstein: Thank you. We have someone else we haven't heard from.

Person 18: yeah, this is Mr. Charles and Mark on a 10 year unit. I'm in the training unit and I'm a creative executive director with Dan Bronx and Van Brant. Would like to thank you all for the mirrors that were put in the weight room. We need one more wardrobe here in the aerobic room. We appreciate your considering this also to have a happy spring Secondly our new chat with Mr. Green is not working as much time as our excellent first Jeff on Eric. I invite Lindsey Aaron to be here today on the phone. I also spoke to Chaplin Harris.

01:45:00

Person 18: We'd like your input on this. We're trying to verify if he's getting paid the family's shaft on Harris. and the next issue is a real gymnasium. We cannot play basketball in this small Recreation Center. We can't play volleyball. We can't play Ultimate Frisbee. We don't have a stage for performances and presentations. Yes, we're requesting that this legitimate real gymnasium be due south of building A's and Building 9 approximately 2/5 of an acre is available.

Person 18: Everybody likes you to help us with that. You're welcome. One of my numbers is nine two, eight three five one seven six seven nine Mr. Charles Edmark or 9 7 0 3 0 5 5 0 5 5. That's our Rocky Mountain number. Please don't leave message voicemail on both of those. And we're also working on a Fourth of July dance. Please feel free to contact me and others about this. We haven't had a dance in three years or so. It's great for morale. Thank you so much. Have an excellent evening.

Laurie Goldstein: Thank Do we have anyone else? We haven't heard from?

Laurie Goldstein: Okay, Kay are you on tonight? You've been very quiet.

Laurie Goldstein: I'm not sure if you have he was on that.

+1 602-*-**31:** This is Tim. The male podiatrist has quit. We've heard I have been canceled seven times in a row. so I don't know what they can do, but please get somebody to take care of our feet. I'm diabetic. I haven't grown toenails, and I would hate to lose a foot because of this. Thank you.

Laurie Goldstein: Okay, anyone else?

Laurie Goldstein: Okay without hearing that everyone on the committee? Have the link or the phone number for the executive session?

Laurie Goldstein: Does anyone need me to read out the phone number?

Laurie Goldstein: Okay, so Do I hear a motion to adjourn to the executive session for consideration of the newborn baby?

chuck goldstein: consideration of a newborn menu prove to adjourn

Melissa Farling: second

Laurie Goldstein: All in favor I'll see you in another meeting.

chuck goldstein: On Flavor. All right. I'll see you in another.

barbara honiberg: I

Lawrence Allen: The link is open and ready.

Laurie Goldstein: Okay. Thanks.

Laurie Goldstein: Thank you.

01:50:00

chuck goldstein: It's just me and Okay, so I was looking back for Jane's.

01:55:00

Laurie Goldstein: We just had an executive meeting now.

Janina: in

Laurie Goldstein: We're back. In our public forum, we'd like to have a vote to Change Epsom on the ioc committee. So do I have a motion?

barbara honiberg: I mostly accept Jane Jepson football all ioc.

Alyce: I second the motion.

chuck goldstein: A second. That's all.

Laurie Goldstein: Okay, Alyce's second all in favor. I

Janina: Yeah.

chuck goldstein: Okay. accepting

Laurie Goldstein: Okay, so unanimously we've accepted Jane. With that being sent do I have a motion to adjourn?

Janina: All right.

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INDEPENDENT OVERSIGHT
COMMITTEE

chuck goldstein: motion to adjourn

barbara honiberg: But I'm second.

Alyce: Thanks guys.

Melissa Farling:

Laurie Goldstein: Okay. Thank you.

Alyce: That was a good meeting.

barbara honiberg: Think yeah.

Laurie Goldstein: Thank you.

Melissa Farling: And everybody take care.

barbara honiberg: you all Good night. Bye-bye.

Janina: Thank you. Bye. Bye.

Laurie Goldstein: Stay tuned by.

Meeting ended after 01:59:48 🙌