

Department of Health Services (DHS)
Arizona State Hospital Independent Oversight Committee (IOC)
Public Meeting Minutes
Thursday, August 15, 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
- Kim Scherek
- Alyce Klein
- Kay Kunes
- Janina Rotaru

Absent:

- Jane Jepson
- Dee Putty

Public in Attendance: none

Other IOCs – Lisa Ehlenberger w/ DDD District West

Arizona Department of Administration (ADOA): Larry Allen

DDD: Michelle Rademacher

AHCCCS: Fredreaka Graham

ASH Administration: Michael Sheldon, Trevor Cooke & Terra Morgan

IOC: DHS/ASH IOC Meeting (2024-08-15 18:04 GMT-7) – Transcript

Attendees

+1 480-***-***66, +1 602-***-***31, ASH Forensics Visitation B - ADHS, Charles Goldstein, Fredreka Graham, Janina, Laurie Goldstein, Lawrence Allen, Lisa Ehlenberger, Melissa Farling, Michael Sheldon, Michelle Rademacher, Person 15, Terra Morgan, Trevor Cooke

Transcript

Laurie Goldstein: Okay, welcome everyone to the Arizona State Hospital independent oversight committee meeting. It is August 15th. It's 6:04pm and we're about to begin at this point. We have not met quorum yet. On the call of the committee members we have myself, Charles, Kay and Melissa. We anticipate a few other members to join. I do know that we have two members that said they could not join. So I'm unsure about the remaining three members. I haven't heard from them. So hopefully we make quorum.

Laurie Goldstein: Do we have any disclosure of complex of interest? And if any please take why remember if you have a conflict of interest you have to not only Statewide, but you have to fill out the form and send it into Larry ideally before the meeting. Which it states what your conflict is.

Laurie Goldstein: Okay hearing none. We cannot review and approve last month's meeting minutes. We can move on to update from ADOA.

Lawrence Allen: Good evening, everybody. I really do not have any updates for the committee tonight. I am working on that Google sheet document for you Laurie which will help with your annual report. I should have that finished up by tomorrow and I will get that out for you to review. What's a little bit it kind of sets your templates for your annual reports kind of get you going a little bit and get you started. So I'll get that out to you shortly. But other than that don't have any other updates for the committee.

Laurie Goldstein: Okay.

Lawrence Allen: Are there any questions or concerns that I could try to answer for the group?

Laurie Goldstein: Okay.

Laurie Goldstein: No, I think we're due the report. What is November 1st?

Lawrence Allen: November first,...

Laurie Goldstein: Okay.

Lawrence Allen: Yeah, so we have plenty of time. but be happy to work with you on that and get that started. And also to let you know that we have a chair from DDD Central, Lisa Ehlenberger on the call as well from another ioc. if you don't recognize the name.

Laurie Goldstein: Yeah, welcome Michelle and...

Lisa Ehlenberger: Good evening.

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

Laurie Goldstein: I see Janina joins. So we now have quorum.

Lawrence Allen: Yes, you do have quorum.

Laurie Goldstein: Okay, so with that. to the committee members: Did you have time to review the meeting minutes from last month? Remember? They are the AI meeting minutes Larry has and Larry typically sends it out now. long after the meeting and if you did review it,...

Lawrence Allen: Laurie I did not generate the meeting minutes less from last month and we didn't have a quorum.

Laurie Goldstein: Ah that's right. That's right.

Lawrence Allen: Yeah, so if anybody would like to copy that transcript I can certainly get that out to you guys. But it won't be posted.

Laurie Goldstein: Thank you, because I thought there was something that we would have wanted to vote on but we didn't have a Quorum so we couldn't vote. that Maybe the members will remember that during the meeting. So since we have another ioc chair on Michelle, do you want to give any updates from your ioc?

Michelle Rademacher: Hi, I would like to introduce Lisa lenberg. I am the DDD independent oversight com Liaison Lisa Ehlenberg is the DD District central independent oversight committee chairperson.

Laurie Goldstein: Welcome Lisa.

Lisa Ehlenberger: Thank you for having me and allowing me to sit on your meeting updates for District central ioc under DDD. We are just really pushing towards getting new members. We've lost quite a few in the last three years due to retirement and aging so I think hopefully by the end of this month will be at number 4 this year. So I think that's a good thing.

Laurie Goldstein: Yeah, that's great. Mike, you have your hand up.

Michael Sheldon: Yeah. Hi, Laurie. I'm sorry Michelle. Are you an employee of DDD or are you on the ioc of DVD? I'm trying to understand the relationship there.

Lisa Ehlenberger: Are you asking Lisa or Michelle?

Michael Sheldon: up, Michelle

Michelle Rademacher: I am an employee of the division of Developmental Disabilities. Yes.

00:05:00

Michael Sheldon: Okay. Perfect. Thank you.

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INDEPENDENT OVERSIGHT
COMMITTEE

Laurie Goldstein: I want to congratulate you Lisa on getting new members as It takes a commitment because a lot of people, they're volunteers and it takes commitment and time. We are all looking for new members. We do have two new members. We have Janina who is a psychiatric nurse practitioner. And we're thrilled to have her. We have Alice who is also a psychiatric nurse. Alice isn't on tonight, and we recently have a new member Jane who is not here tonight due to travel. but we're also always looking for new members. review of accidents since we didn't have Quorum. We don't really have any ongoing discussions or action items.

Laurie Goldstein: from last meeting Mike I thought it would be nice. To hear some of the highlights from the governing governance board meeting just if you have anything you'd like to share.

+1 602-*-***31:** It's actually Laurie before I jumped in. We have some ongoing discussions about some things that I guess patients have brought to my attention. Would that be appropriate?

Laurie Goldstein: Okay, was that I know we did have. discussions on the new Contraband and some of the rules and why that came about so there was a yeah,...

+1 602-*-***31:** Yeah.

Laurie Goldstein: There was a lot of concern from the patients That the hospital was taking a lot of things away that they had been allowed. Especially on the forensic units, which I've had more. what privileges but from what I understand and I think Mike from what you Talked about some of these are in violation of CMS regulations. So the hospital has to Follow the CMS regulations or they can lose accreditation. So while they used to be able to have long necklaces and purses That's no longer allowed.

+1 602-*-***31:** Right. So the issues that the patients have right now isn't so much that the Contraband lists would generate .

+1 602-*-***31:** There are things that were taken that weren't on the Contraband list. and that's the part that's concerning some of the charging bricks, the USB plugs into the wall. We're taking and those don't violate anything and they're not on the Contraband list, but because the chords plug into them, they took them anyways, and some of the chords were less than 12 inches and they let us keep the chords that were left in 12 inches to plug into a micro USB for instance, but then took the charging bricks and they basically told me that I had to file agreement and it's not just It's a few other patients that be taken away. Another patient actually came to me and said that They confiscated their cloth mask so when covid breaks down that they had

+1 602-*-***31:** Reusable masks and those were confiscated and those were not on the Contraband list and then a couple others it's minor issues. I guess we used to have inner Office Mail where we could mail other patients letters or clothes or whatnot. and now the hospital stance is that we have to mail it through the USPS the United States Postal Service and initially the hospital was paying for the letters up to five letters per month and now certain staff members are telling the patients that they're not even covering the five dance or something. So, I don't know if you can address some of these issues Mike but those are some of the issues that the patients have brought up to my attention.

Michael Sheldon: no worries Kay, Laurie do you want me to talk about that right now or wait until later or I'm not...

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INDEPENDENT OVERSIGHT
COMMITTEE

Laurie Goldstein: mmm Okay.

Michael Sheldon: where we are on the agenda.

Laurie Goldstein: In one moment. I guess we can address some of this. Kim is saying that she's not being allowed in. the meeting Larry,...

Laurie Goldstein: so if you see

Laurie Goldstein: She's in the waiting room.

Lawrence Allen: Yeah she just popped up.

Laurie Goldstein: Okay. Thanks, Kim for letting us know.

Laurie Goldstein: Okay, I think that Mike this is ongoing discussions and I know we had quite a few about the Contraband and some of the changes and policy changes related to that. So I think this would be a good time if you're comfortable to address Are the charging bricks Contraband as they weren't on the list our cloth mask on the forensic unit. I know in the Civil they were allowed masks. And maybe anything about the inner Office Mail? Any policy changes?

00:10:00

Michael Sheldon: Sure, so. Yeah, So I'll start from the last one and then go backwards. We are requiring patients if they want to send an article from one patient to another patient to go through the USPS. So chaos is correct in that statement. And the reason that we're doing that is to make sure that it will go through our security screening protocols. So that patients are not trying to pass Contra brand from one unit to the other. So Kay is 100% correct, that is the policy moving forward.

+1 602-*-**31:** Okay, and if you have a question I have with that is that I guess in previous time. We were allowed to have five stamps per patient for the patients that are Indigent and they have taken that away. Is that not a true statement or is that a true statement?

Michael Sheldon: I don't know what that means. Okay. I'm sorry. Can you

+1 602-*-**31:** so in the past Indigent patients were allowed to have five free letters sent out on the hospital The Mailroom would affect a postage stamp up to five letters per month for patients. And so some patients are telling me that that's no longer happening. Are they taking that privilege away or I guess I would like to know the status of that.

Michael Sheldon: So I'm not familiar with that five stamp policy Trevor. Can you make a note of that and see what's going on? Exactly. I want to make sure that if we do it, if we do have some historically in place that we're not circumventing that initial policy and making sure that the hospital is assisting the patients. The same way we have in the past. Thank you. we'll look at that for you. Okay. I didn't know that that existed so I apologize.

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

+1 602-*-***31:** Okay, and then the other two things for the clock maps and the charging bricks and then one other patient had brought up an issue with a bandana being on contrabands. This patient uses them because she has pretty bad allergies to wiper nose a lot and she kind of needs her I guess for bandanas. They're not pink brown. They're not like gang colors or anything like that but she got those complicated. Is there any way you can help with that?

Michael Sheldon: As far as I've been in as I'm sorry, I'm all set bananas. The bandanas are concerned. we can look into that. That was pretty much a blanket across the board, not a permitted issue. But if it's a situation where blowing your nose or allergies or whatever if bananas are necessary, obviously we have kleenex and all the things like that available for the patience to take advantage of and have access to I'll make sure Trevor looks into that specifically. and m You threw four or five things at me?

+1 602-*-***31:** Charge all cloth masks.

Michael Sheldon: What more than once?

+1 602-*-***31:** So patients are really, the reusable mask from the early covid days so that you can watch them and reuse them that were confiscated as well as the USB charging through respect plug into the wall.

Michael Sheldon: Okay.

Michael Sheldon: Okay, so I don't know about the cloth masks. If they're clothes I apologize for the T-shirt material. Those are probably not necessarily anymore because if a patient wants to wear a mask on forensics we can just give them a disposable mask and they can interchange them out. concerns whatsoever as far as the charging bricks though, If the cord was less than a I'm sorry Trevor, is it 12 or 15 inches, it should be fine.

+1 602-*-***31:** It is as well. There's nothing to The Brick themselves. They're just the actual ports that you plug into the wall. And they were dating those.

Michael Sheldon: Are they being charged in the nursing station or in the patient's bedroom? Okay.

+1 602-*-***31:** So previously we were using the USB plug into the wall. And then if our cords were less than 12 inches, we should still be able to but They confiscated the charging mechanism to the court. Do you know what I mean? So they charged bricks so They confiscated the bricks and left up the 12-inch cords, which makes no sense.

00:15:00

Michael Sheldon: I need more details on that Trevor. Do you mind following up with Kay and the forensic patients about that specifically? Okay.

+1 602-*-***31:** But I wouldn't be charging bricks that weren't on the Contraband lists, but the security people felt that they wanted to take them and then just left us the 12 inch democracy USB cords that it was just bizarre.

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

Michael Sheldon: Yeah, it's a moving Target at this point K. We're trying to figure out exactly how to manage this thing. But Trevor and myself will make sure that it's done appropriately. I appreciate you bringing that to my attention though.

+1 602-*-**31:** And then there's one last thing I know that there are some previous discussions that we had about treating certain patients with autism here and that maybe potentially I know that one of the newer ioc members forgot I think it was Michelle that said that she would be able to work with you. Is there any update to that?

Michael Sheldon: So I haven't had any feedback or interaction specific to that issue.

+1 602-*-**31:** Thank you.

Michael Sheldon: Yep.

Laurie Goldstein: Okay with that just for my clarification so Melissa, Was there anything you were going to do? from a design architect perspective ideas for treatment for autism spectrum disorder in a clinical setting Was I know?

Melissa Farling: I don't. Are you asking if I've done that before or are you asking me specifically if?

Laurie Goldstein: I was wondering if that's okay, remembered if I mean?

+1 602-*-**31:** I don't remember. She's the newest person on the AISD board. I believe she had done her dissertation, I guess in the autism spectrum disorder, and she was willing to work with Mike. I believe in coming up with some low cost or no cost way to kind of treat some of the autistic issues.

Laurie Goldstein: That would be Jane then she's not here tonight.

+1 602-*-**31:** Okay, that's funny. Thank you.

Laurie Goldstein: I can follow up with Jane and Jane if Jane wants to have a meeting and discuss some low cost options or just techniques and things to do that could benefit. Mike, would you be willing to have a meeting?

Michael Sheldon: Yeah, Absolutely, Laurie if you want to set someone up let's do it.

Laurie Goldstein: I'm gonna write myself a note so I don't forget.

Laurie Goldstein: Do you have any updates from the governing board meeting?

Michael Sheldon: Not necessarily from the governing board meeting Laurie, the governing board of the state hospital meets every other month on the last Friday of the month and we kind of go through all of our current pressing issues that the governing board should be made aware of. I do have one. Update I guess administratively for the committee if this is the right time for it, though.

Laurie Goldstein: Good, okay.

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INDEPENDENT OVERSIGHT
COMMITTEE

Michael Sheldon: Okay, so I'm very happy to announce to everybody that the hospital has identified its new Chief compliance officer. you may or may not remember that approximately a month ago. Our former Chief compliance officer Margaret McLaughlin resigned to go into the private sector. We have done a fairly extensive recruitment effort and we found an individual to join us. Her name is Katrina. She will be joining us on Monday, August 19th. So 4 days from now she has a ton of experience in Regulatory Affairs.

Michael Sheldon: A State Licensing CMS Joint Commission experience. So she's one of these individuals that myself and the executive team here at the hospital believed can just hit the ground running and we'll make sure that the state hospital remains in compliance with all of the various regulatory entities e So that being said Laurie Madam chair members. I do want to just let everybody know that we are still actively recruiting for the hospital's chief medical officer position. Obviously Dr. Flowers resigned about two and a half or so weeks ago, Dr. Steven Cole has been acting as our current CMO.

00:20:00

Michael Sheldon: And Dr. He's a psychiatrist on our forensic unit. He is still carrying a case load. So if anybody on this phone call or has anybody in mind that you believe would be a good candidate to be the hospital's chief medical officer. I would greatly appreciate it. If you could refer me to them or them to me and we will make contact we haven't had much luck on the recruitment side of the house. We've only had five people Apply for the position and not all of them have even been qualified. So there's very specific rules or

Michael Sheldon: Criteria and state law about who can be the state hospital. They must be more certified psychiatrists or a neuropsychiatrist within the state of Arizona. Unfortunately that's very difficult for us so that being said if anybody knows anybody, please let me know but I'm incredibly happy that we were able to find someone to replace Miss McLaughlin as our chief compliance officer. And that's the only real nature of it. I have at this point today Laurie.

Laurie Goldstein: Good is the CMO position? Is it competitive? Is the salary competitive? With the market right now. In Arizona, do you know if that's going to be an issue?

Michael Sheldon: Madam chair members. I hope that it's close. I've been told that it is fair.

Michael Sheldon: That it may be significantly under the market rate and I'm hoping that we can figure something out to make sure that we find a qualified candidate who can be with us for the long-term because it's very difficult. Obviously as everybody on this call knows, being in a position where we're being asked to expand our clinical programs and make enhancements to the services that we provide to our patients and our residents, but if you have colon over in a position such as the chief medical officer, it can be incredibly difficult to do so.

Laurie Goldstein: Do you think that it would be worthwhile because it's a really important position and one that kind of sets the direction of the organization, but the CMO sets the direction of the care, right and the medical team, so Is it something that should be? Elevated to the governor to say, we're not competitive. Great, if we really want to attract someone and maintain them we may have to have a one-time ongoing bump for that position.

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

Michael Sheldon: A fantastic question Laurie Madam chair members and at this point I simply don't know so Last year, I believe it was maybe two years ago. I apologize about not a hundred percent. Accurate with this the legislature required the pasta law to require the department of administration to essentially do a salary analysis of state employees to find out where we are compared to the general Marketplace and then make recommendations to the legislature and the executive about seller salary discrepancies or salary adjustments. So we may be getting close to that point, Laurie. I believe that report.

Michael Sheldon: Or that overall analysis is due from the Department of administration to the governor's office and the legislature on or around October 1st. Approximately Larry Larry might know more about that than I do, but I think at that point, I'm really hoping that paints a broader picture of kind of where not just the hospital is but where the state is overall compared to our competitors at Banner dignity honor health or whatever those other organizations may be to really put us into a competitive stature so that we can attract and retain a high quality Talent across the board not just at the state hospital but All State agencies

00:25:00

Laurie Goldstein: I hope so because it's difficult competing with the commercial Market if you're not paying the same and It's a job that has a lot of visibility too, right?

Michael Sheldon: Yes, absolutely.

Laurie Goldstein: Okay with that if there's nothing else that you'd like to update. Let's go to Melissa and chalk for the patient visit report and then we'll go back to me for the. instant accent

charles Goldstein: Okay. Yes.

Laurie Goldstein: Remember, don't try not to identify units. Or patient or okay.

charles Goldstein: Melissa would you? Okay.

Melissa Farling: Sure, I can start and then just jump in Chuck when I'm getting something incorrect or if you want to add so we visited six patients. The other day, so this will take a few months. This will take a little bit but the first patient, okay, there were a few things to review first this patient.

Melissa Farling: Requested and I don't know if it's something we do or if they need to do but requested a scan of medications that they had received. Because they're concerned that they received the wrong meds.

Melissa Farling: Let's see this patient. Also another time was in some pain. felt that they needed to go to the hospital but were not getting taken to the hospital.

Melissa Farling: And to detract himself sort of from that pain started harming themselves some by kind of punching them themselves.

Melissa Farling: Let me say sorry.

charles Goldstein: That was I believe.

Melissa Farling: And then they were put on by you too. Go ahead Chuck. Sorry.

Charles Goldstein: Just saying that with regard to the first. meant something that you mentioned that had to do with Apparently a blood sugar of 38 being noted on August 8th. and the patient Was concerned that he was not taking the problem medication for his diabetes and with respect to the second incident to talk about that occurred on June 14th and apparently he somewhat in verbal problem with whoever was that he was trying to get to have him go to the hospital. Said something about who I have to assault to get to go to the hospital. There were some other problems he complains also Tuan rotates a cuff for That's about it. I have for the first patient Melissa was

Laurie Goldstein: I have a question. So Chuckie mentioned a blood sugar of 38, but for those of us that aren't medical, I'm an engineer. What is blood sugar normal range?

Charles Goldstein: Normal ranges somewhere between 70 and 160 depending on when you've eaten last that would be for an application. So 38 is in a Range where We're Consciousness is just barely able to be maintained. from Patient to Patient depending on the health and how much they're used to having low blood sugars. They might. He is conscious but not making too much sense where they may actually be in a coma at that.

Michael Sheldon: Dr. Goldstein, thank you for bringing that up. I guess my question is how much of that? In your professional opinion it is Dependent and I apologize if this comes off wrong how much of that is actually dependent on the patient being compliant with the medication recommendations from our prescribers.

00:30:00

Charles Goldstein: I would expect. And I don't know the ication. This patient is on whether he's on oral medicine or shots of insulin because that wasn't mentioned by the patient. So I'm not sure about the medication. But a low blood sugar is something that happens from medication somebody who would not be compliant with either taking oral or intramuscular shots of insulin for the condition would have in general high blood sugars and not robots all about. She was usually a diabetic. I usually get too much insulin or too much of it all. Hypoglycemic agent being used whatever tablet that might be.

Michael Sheldon: So if an individual just hypothetically regardless of what our medical professionals were recommending and kind of quote unquote ordering for the individual if they were to say for instance. going to the vending machine and purchasing Say snacks that were in exercise and excessive sugar volume Could that be what we're seeing here?

Charles Goldstein: Just the opposite Okay, so somebody for example...

Michael Sheldon: Okay.

Charles Goldstein: who would not be compliant with their medications, whatever this patient was being given and also Overloaded themselves with sugar you certainly would expect that their s would be high. The only way of diabetics blood sugar can get to 38 assuming that that's a fact. is

Charles Goldstein: I guess it's possible that she was taking his medication as prescribed and just didn't eat anything For a day or so depending on what we call how brittle he is. Which means really how sensitive he is to his insulin now, how much his blood sugar deviates? I would not expect it to go down that low unless he got his regular medication which way I would expect would be insulin and also didn't eat properly then it could go down and

Michael Sheldon: What if the individual in this case refused their insulin Dr. Goldstein?

Charles Goldstein: Then I expect their blood sugar to go up.

Michael Sheldon: But again, I'm not a doctor so I can't speak to this, but I think it's important that we Conversate regarding the nuances around what could not happen? Thank you.

Charles Goldstein: Sure.

Melissa Farling: So I have just a couple of things to add to this patient,...

Laurie Goldstein: Yeah.

Melissa Farling: too. That concerned them sort of hitting themselves to detract from the pain that they were experiencing. The patient also commented that there was a tech that night that did see in here what the patient was doing. When they were hitting themselves, but allegedly I think they didn't really do anything and I don't know if that's something that we could potentially see. in a video since we have the time and the day two more things I think this pa Finders to correctly when they take their meds. They have yogurt. and Apparently a lot of the yogurt was getting thrown away. It had to do with I guess. Most of the food is labeled, for whatever day. That they're supposed to be used and I guess yogurt was getting thrown away. And so the patient had no yogurt to take their medication. and then finally the patient also commented that their roommate Had told that to this patient. That makes sure they don't not to take anything from that patient. Which I guess makes sense, or they would lose levels. Meaning that's unclear. I know that the roommate would lose levels.

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Laurie Goldstein: I don't know if this is part. But I know from my previous experiences at various psychiatric hospitals. Most hospitals have a position that Patients can't share if I bring in food for my loved one that's in a unit. They're not allowed to share because they want to because other people don't have friends or they can't share amongst themselves because that's against rules. So, I don't know if that's part of it. I don't know.

Charles Goldstein: So we can move on to the second patient.

Charles Goldstein: I have a lot of things about single words written down here and A number of complaints, one of them was about guardianship. I'm not sure what that was about Melissa you remember and second vision yeah, I think the patient was told that they were going to Court to get a guardian and then that was followed up right by the discussion. I'm not sure if the two are connected by the discussion regarding a procedure.

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

charles Goldstein: Yes, you're asking me. But I believe the patient was concerned you might have cancer.

charles Goldstein: and the only other thing I have down here is he was complaining about not being able to use computers if you have more on that this

Melissa Farling: Just that I think tell me if I'm wrong talk about that Apparently the patient. it Thought that they were a high risk candidate for this procedure. And was curious if they could do I think a urine test but that they were told no.

Laurie Goldstein: Mike you have your hand tap

Michael Sheldon: Yeah, I'm sorry madam. Chair Melissa Dr. Goldstein. Can you just clarify if this is civil or forensics? I think I got lost there.

Melissa Farling: This is all forensic.

charles Goldstein: all terrain

Michael Sheldon: Okay.

Michael Sheldon: And I sincerely apologize to Melissa. Can you do the 50,000 foot kind of review of what's going on so I can catch up?

Melissa Farling: So as Dr. Goldstein said right that they were trying to get. There was a thought that this patient might have cancer.

Melissa Farling: And I guess it was a physician at Valley wise. Told them that they were a high risk candidate for a low risk procedure. I'm not sure if I'm getting that correct. but Yeah,...

charles Goldstein: Yeah, I think.

Melissa Farling: and that the patient wanted to do this. Alternative I guess a urine test, but they were told no.

Melissa Farling: and was very concerned and really wanted to do the alternative test versus I don't...

charles Goldstein: I think it was a euroscopy.

Melissa Farling: what the procedure is.

Melissa Farling: Okay.

Melissa Farling: I'm sorry. Yeah.

charles Goldstein: And in other words to look inside,...

charles Goldstein: I assume it's because of bladder cancer. At any rate. That's what I got out of that.

charles Goldstein: I don't know. I have the note here not being able to use computers. Do you have anything else on that?

Melissa Farling: Let me look at the next page. No.

Laurie Goldstein: one question or comment I'd have to is that

Laurie Goldstein: I think all patients when they go see their doctor have a voice on saying what they prefer don't prefer, but if I go to a doctor and get an exam and they want to do a test that I don't like I don't know if the other tests that they were asking for a urine tester something would be as sensitive a state of what do you call it shock one there is You have to do medicine at the same. Pace or the same level as a community provides so if the state of typical Medicine would be to do this. another test Would they be liable...

charles Goldstein: mmm

00:40:00

Laurie Goldstein: if they did? A subtest that wasn't really as good or as sensitive.

charles Goldstein: there's in ...

Laurie Goldstein: If that makes sense.

charles Goldstein: I need more facts to answer the question. Okay, so I'm not sure. and we can hypothesize around this but I didn't get it coherent enough. Explanation of exactly what was going on with this patient to know? How to answer that question I think you're asking me. if there was a procedure to test for bladder cancer that was considered to be

charles Goldstein: appropriate and the patient wanted something that was not appropriate or was not as you put it as sensitive to the condition.

charles Goldstein: That might be a reasonable practitioner and say no I won't do that test because it's just not a good enough test, but this is all hypothetical because I just don't know enough. Content from the patient or didn't get enough content to actually answer that.

Laurie Goldstein: Okay. I guess we can move on from that and Melissa, you're gonna see if you had anything about computer usage.

Melissa Farling: I didn't have anything about computers but I had a note about a prompt that they were promised to publish some of their work. So that might have been related. I know that this patient was also.

Melissa Farling: had some concern about whether or not the ioc was doing enough.

Melissa Farling: That was another comment that was made.

charles Goldstein: Okay.

Laurie Goldstein: We are doing everything. Consistent with our salaries. That's a good job.

Melissa Farling: Yeah, yeah.

charles Goldstein: So let's move to the third patient. So I have that here. This patient wants to file suits against the hospital for sexual assault. You cannot have his religious possessions for example necklaces and rings.

charles Goldstein: He has not received a list of what was taken from him during a Contraband search. And he's been restricted to the unit for the last month.

charles Goldstein: Anything to add lia? patient three

Melissa Farling: I think you said they did not receive the list of their items that they took right.

charles Goldstein: That's right.

Melissa Farling: I think also concerned. about the jewelry

Melissa Farling: Let me see cannot have. I didn't think that anything that they had that Rings was included in Contraband. So I guess earrings and Rings were also taken. There was also concern about the jumpsuit but we talked about that's not about. The sort of running myth about that. Everyone's going to have to wear jumpsuits.

Laurie Goldstein: Yeah, that wasn't true.

Melissa Farling: right

charles Goldstein: All right, our Rings are considered. Contraband items

Michael Sheldon: I'm going to I can't say yes or under that I'm not Dr. Goldstein. Trevor is on the phone or sorry on the line. I believe that rings are technically Contraband if they have some type of a diamond or a sharp edge that could be used in the event of an assault for example like a diamond stud if the individual you were to have a ring on and punch another patient or a staff member. I believe that would be considered contraband Trevor to put you on the spot. Is that accurate? or Terra if you're on

Trevor Cooke: Yeah, I am actually playing the policy to refresh myself. I know there was conversation around. some of those smaller pieces of jewelry due to the choking risk and Hazard associated with it. I don't recall if it was a ring. So if you guys can I will come back to you after I pull up the policy to confirm.

Laurie Goldstein: Okay, thanks. I was thinking that it was going to be dependent. It depends based on is a person in a unit or do they self harm by eating things and I know You have patients that do do that that does that so I don't think they would be able to have rings right, but I don't know if that would make the whole unit not able to have rings or if you have any. Guidance, but we'll find out.

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+1 602-***-***31: All right.

Michael Sheldon: Right, right Laurie. So I just want to say really quickly and this is something historically that has got the hospital into trouble as far as the Non-conformity of the policy so we have established a different set of criteria between the Civil Hospital. Has one level of criteria the forensic hospital has a higher level of freedoms or privileges and then the top tier would be the forensics Community or integration unit reintegration or the CR U.

Michael Sheldon: What I can tell you though is that we're not delineating between at the forensic level so that if an individual regardless of our unit or what unit they're on. There is no kind of quote unquote treatment team exemption where in the past our policy was here's the Contraband list, but the treatment team can override that.

Michael Sheldon: That standard or that minimum requirement. It's across the board at this point because of the fact that kind of like you were alluding to Laurie a one patient may have access to a ring or a piece of jewelry or something else. There's nothing that can prevent that patient regardless of how safe or stable that individual may be. There's nothing preventing them from giving it to another patient who may be more problematic or maybe more prone to being aggressive or assaultive. So just kind of blank it across the board. We Maintain the safety of the hospital. That's where we are right now Madam chair.

Laurie Goldstein: Terra has her hand up.

Terra Morgan: Good evening, everyone. I just want to say that at this time and based on what Mike just stated about the Rings at this time brings our considerations on the Contraband list, but as Mike just stated to you guys earlier about 30 minutes ago. He's gonna get with Trevor and Trevor's gonna get with me and I'm gonna get with security and we're gonna have a clear understanding but Mike just articulated. What would be the Direction moving forward? So when patients ask me for certain things if it meets the Contraband list, they will not be receiving them. So we're asking patients now can they begin to say where they would like their items sent to?

Laurie Goldstein: Okay.

Trevor Cooke: Yeah, thank you And for the delay. I want to interrupt but I did just confirm with the policy and rings are considered contraband and to speak to what Terra and Mike just echoed. We don't do one thing for one patient and not for the other and that's because there's not A good way to monitor that so if a patient who is out of choking risk takes that jewelry that might have been left behind or might not be worn at that time and swallows it there's a risk there. And so

charles Goldstein: Thank you, And this patient also mentioned that he hasn't gotten a list of what was taken. And all the patient given lists of what is taken from he's got a regular thing.

Terra Morgan: Good evening, Dr. Goldstein. How are you doing this evening?

charles Goldstein: Good to hear from you.

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charles Goldstein: So that this is something to be expected. I just wanted to know that. I think we can move on to the next patient Melissa. What do you

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

Michael Sheldon: Before but I'm sorry before we do Melissa daughter Goldstein Madam chair.

Melissa Farling: Yeah.

Michael Sheldon: I just want to make sure that everyone on this phone call understands that this is not a kind of by A one-time exercise so we will be going through the hospital both the forensic and civil side over the next. several months to make sure that we've captured everything that has been considered contraband and we are taking it away.

Michael Sheldon: Obviously, we're not gonna be a hundred percent accurate with the first sweep. It's gonna take us time to get this under control. So I would not be surprised at all. If the independent oversight committee begins or continuously receives questions and complaints from patients about this situation. It's a matter of us kind of getting the hospital into compliance.

charles Goldstein: Thank you, Appreciate so moving on to the 4th patient

Melissa Farling: Okay.

Melissa Farling: Yeah, so I can jump in. And yeah,...

charles Goldstein: Graham

Melissa Farling: So this patient is very concerned about it. I think their belts are being taken away.

Melissa Farling: Belt and drawstrings, I guess, they're having a tough time holding up their pants while they're running because water bottles are not allowed.

Melissa Farling: So, that's definitely an issue and...

charles Goldstein: Yes.

Melissa Farling: And there's some confusion. Why are they? My sheets for instance allowed. if you can sort of do the same things with sheets that you could potentially do with the belt.

charles Goldstein: Yeah.

Melissa Farling: That they would like to learn some more skills. They thought that they had more rights and programs before. there was a comment that there are not enough toothbrushes.

charles Goldstein: All right. Yes.

Melissa Farling: So that's something that would be good to understand. The patient was coding the ACC the code And commenting that they're not allowed to have peer support and that they really need that peer support. That patients are being punished for touching each other.

charles Goldstein: each other

charles Goldstein: Yeah.

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

Melissa Farling: And this was brought up before I think I came And then they're not allowed that house male, or they cannot share.

Charles Goldstein: and the only thing I have to add to that is there's just a general comment about and it's not directed. I believe that any particular person but that it was a comment that they're just mean and angry now. I'm not sure it had applied to every person this patient comes in contact with but that was sort of a general comment. And that's it. You mentioned everything that I have so unless there's some input questions from the board or from administration at being you Michael and you care we can move on to the next station.

Laurie Goldstein: I have a question. I know it's typical in psychiatric settings. So not allow belts and that allows shoe strings or any of that. I'm just wondering since Do they have any? Mechanisms for helping people hold their pants up. I mean you can't give them kind of big. safety pins Right, so I'm wondering are there. I think they used to use those ties, right?

+1 602-*-**31:** Here so Laurie, they have something called belt bro or something like that where it's a velcro strip that will help tie two of your belt loops together. That's under 12 inches. The hospital's not paying for them, but they're available on Amazon.

00:55:00

Michael Sheldon: And I'll thank you we're actually ordering those belt loops that you mentioned K and we're trying to get them in stock. So the patients can use them. So I don't want to say they're in route to deliver to the hospital, but we are very well aware of that situation and we have Trevor have we ordered them or are they being? Sourced right now. I'm

Michael Sheldon: Yeah.

Charles Goldstein: That's Good to hear.

Michael Sheldon: And again I'm sorry. We need to figure out a way like Melissa Dr. Goldstein when you go through the list of the patient statements. That we do one to one at a time because I'm not tracking everything and I want to respond appropriately and...

Melissa Farling: got

Michael Sheldon: not to put you on the spot, but can you do me a favor and just please kind of go one at a time? I'll do my best to help you out.

Melissa Farling: So the next one had to do with Wanting to learn skills and that they had more programs before.

Michael Sheldon: So we are attempting to and Melissa just to be clear we're talking about forensics or is this civil?

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

Michael Sheldon: Are both So yeah, we are attempting to figure it out. Over the next I would say probably approximately 12 months. We're trying to figure out a way to significantly reformat the treatment program for both the forensic and the Civil Hospital to make sure that the individuals who are Admitted to our facility are provided with adequate and applicable treatment options to meet their needs and to make sure that they will be successful post discharge that will and should. Include things like educational opportunities, different types of Rehabilitation rap classes Financial how to manage your finances your bank accounts and whatnot. We're trying to figure out the best way to do this. It's been a struggle for us Melissa, Dr. Goldstein and Madam chair because we don't have the resources at our disposal to be able to just kind of bring in these external entities to provide the necessary level of education and resources to our patients.

Michael Sheldon: The hospital has not been given the necessary resources that it needs in my personal opinion to make sure that we can provide all of these things to our patients so they can be successful but myself the department of health services. We are all trying to figure out the best way to make this possible whether that is from the legislature, the Governor's Office Independent third party organizations, non-governmental organizations, that could come in and potentially help us out a little bit. but the entire state is just at a point of trying to figure out how we can move forward as best as possible given the resources that we all have available.

Laurie Goldstein: So Mike thanks for that and one thing that is. I think it's problematic and you may want to work on the people that want to come in and volunteer if you Asked someone if they wanted to go and volunteer and get haircuts or do whatever to bring their pets? There they need to be on the approved list and they need to have a big Insurance writer to go in there which prevents lots of people that may go in and say I know a lot about teaching x-class which would be helpful, but I'm just going in as an individual that is a corporation. I don't want to spend \$5,000 on an insurance policy writer. That the state requires to go in there. So maybe we could get somewhere by discussing that.

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Michael Sheldon: I think you're right a hundred percent Laurie Madam chair. This is one of the major obstacles that we face as being the state hospital or a state Enterprise that other for-profit or nonprofit hospitals really don't have to deal with, of just the regulation and the requirements of working with a state entity. so I definitely think I don't want to say that there's ways around it, but there's definitely ways for us to make this work. So

Michael Sheldon: If the committee knows of individuals that would be interested in working with the state hospital. I would absolutely love to reach out to those individuals or be in contact with them to see how we can utilize their services to help our individuals who are on our forensic or civil campuses. I can't break the law.

Laurie Goldstein: understandable I hate breaking the laws also so I can relate.

Michael Sheldon: That's kind of the bar that I'm trying to make sure that we don't violate.

Melissa Farling: The next issue I think Mike had was the toothbrushes.

Michael Sheldon: yeah, Melissa we have a And I think Trevor knows more about this than I do. I'm sure he does but we have toothbrushes on order that will be delivered at some time in the future. However, I believe they're backward. And in the meantime, we're going to allow the patients to use their current toothbrushes until we get the stock in Trevor's that is accurate or did I make that up?

Trevor Cooke: No, you're So right now we have plenty of the full-size toothbrushes, which we are looking to move to the safety toothbrushes, which is recommended. And so until those safety toothbrushes come in the full size toothbrushes are available and the patients are welcome to ask anybody on the unit to get another one if they need one. And to follow back up on the belt buddies if that's what they're called. I just confirmed with our CNO that they are on the unit and patients have started using them. And so okay if you want to pass that along to the patients that are available on every unit and they're welcome to grab some from staff.

Melissa Farling: Thank you. And then the last two items I think from this patient were regarding peer support.

Melissa Farling: and the patients touching.

Trevor Cooke: So to jump in on the peer support again, we would love to have peer support organizations come into the hospital again. It goes back to having a contract with us having the right insurance which is difficult to have and then in addition to contacting it I think I need more information. I mean, we don't prohibit high fives or handshakes, but if we're talking about inappropriate touch, yes, that is not permitted.

Melissa Farling: Yeah, I mean that's a fair question. I don't remember if they said that the touching wasn't inappropriate, but I don't know the definition I don't know. There was more specificity than that.

Charles Goldstein: It was my impression that I guess it's up to the Particular patient when he considers appropriate or appropriate but I get the impression he was talking about. As far as he was concerned he or she I should say is concerned with appropriate touching. Was not being allowed whatever that would be. Please I'm not sure and I imagine in my own mind it means. Maybe going up to somebody and putting an arm around the shoulder or something like that or a handshake. but that's Unbiased about what's appropriate and what's not appropriate so I'm not sure what the patient meant, but I definitely meant I definitely got the sense. He was talking about just appropriate touching not being allowed.

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Michael Sheldon: Sorry, a hundred percent subjective Dr. Goldstein. I think we can all agree that appropriate touching versus inappropriate touching is based I had the eye of the beholder as far as the peer support services when I can say is that we have a number of patients again, these are forensic patients on the hospital's Community regeneration unit or the CR U that are actively involved with peer support organizations, whether it's star or cheers that they go to those organizations on a weekly basis, they interact with their staff. They're providing, quote unquote peer support to wonder who other individuals who are in the mental health or psychiatric

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

Michael Sheldon: care Continuum, so I honestly believe That's a huge benefit to the system overall that we're able to interact with those organizations and show individuals who are working in or just kind of getting their feet wet in the beaver health system that this is something that they can achieve someone they can be proud of and really gives them a sense of community and involvement that they can move forward with.

Laurie Goldstein: So they're able to do that.

Michael Sheldon: Absolutely. Yes, and those are the folks right now Madam chair member those individuals and I could be wrong when I say this but my understanding is those are the individuals right now who are on our community we're integration unit are going to those peer run organizations and interacting on a weekly or daily basis with individuals who are just I kind of getting their feet wet and the person the Psychiatric Services System.

Laurie Goldstein: Okay.

Melissa Farling: Thank you.

charles Goldstein: Thank you, move on to the fifth patient now.

charles Goldstein: This patient was concerned about Melissa. You have to refresh the money I had something to do with. work and independent contractor versus employee status you remember that?

Melissa Farling: Yeah. Yeah, I think the question was. And this was a fairly quick conversation to this was the only question that this patient had regarding the work program. They said they're not employees, but they have to do drug rehab.

charles Goldstein: right

Melissa Farling: And I guess this patient in early 2024. Had asked to restart. The work program they had sort of taken a break. It was something that was just a self-awareness that they had that they needed to take a break, but then wanted to come back.

charles Goldstein: right

Melissa Farling: and I think they also weren't getting as much they had to start out slow.

charles Goldstein: yeah, they had to start out at a lower salary when they came back as lower compensation and I think the patient was angry about the fact that he had enough self-awareness to know that he needed a drug program and felt like he was doing the right thing there and identifying that problem and then when he went back there was held against them and he was restarted whatever work he was doing and a lower rung but is that about it? Lucifer yeah

01:10:00

Melissa Farling: Yeah, yeah. Yes.

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

Michael Sheldon: Was this brought up in a forum or a one-on-one or because I'm not familiar at all with this situation. Okay.

Melissa Farling: It was one-on-one. I mean it was, just not in a forum. It was on a patient call.

Michael Sheldon: Okay.

Michael Sheldon: Yeah, I don't know enough about the situation to be able to speak on this, perhaps Melissa or Dr. Goldstein. If you have more information, you can provide it to either myself or Trevor. We could look into it, but I'm not 100% familiar.

+1 602-*-***31:** I think I can elaborate a little bit more on this situation. So basically if you are having a break or something's going on with you and you want to step away from the work program. You can get up to three hours of work at minimum wage. And so a lot of times if you take a break or you feel the need to step away. They search you back. It's one hour a week. And so that's one of the issues. The other issue is that they do require us to do certain groups in order for us to work and I don't know if there's any legal ramifications to that because I don't know if they can require us to go to groups in order for us to work because we're kind of considered 1099 employees. So I think those are the two major issues that patient with talking about

charles Goldstein: Yes, that's exactly...

Melissa Farling: Okay.

charles Goldstein: exactly why I can't.

Michael Sheldon: Okay, and Thank you. This is the first I'm hearing about Trevor. Do you mind kind of making a footnote and putting this on your radar to figure out kind of what's going on and seeing what we can do? I want to make sure that we're being as Fair as possible to everyone involved.

Laurie Goldstein: Okay. Thank you.

charles Goldstein: And that was the only comment on that fifth patient on the 6th patient.

charles Goldstein: I think chiefly concerned with Things that were smaller than 12 inches being taken away from bandanas, for example

charles Goldstein: Had some rings taken away from this.

Melissa Farling: yeah wedding rings, I think so that was and...

charles Goldstein: Yes, that's right.

Melissa Farling: and not itemized. I'm interrupting you.

charles Goldstein: That's And apparently this patient has talked to you. Personally about this problem. That you might know. Who were we talking about?

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INDEPENDENT OVERSIGHT
COMMITTEE

Michael Sheldon: Yeah, I do Dr. Goldstein and my understanding was updated earlier today about the situation. Is that the individual? And again, this is what was related to me. The individual was notified that we do the items in inventory. They have been notified that we have them in our possession. And if this individual would like to have them sent out to somebody else. We will accommodate that at our own expense.

Michael Sheldon: And I think that's about as much as I can say to the situation.

Trevor Cooke: An itemized list was provided by Terra if I'm not mistaken.

Charles Goldstein: This person did say that they did get an itemized list. What was taken? But She did not get her stuff back, which is what her complaint is. So

Trevor Cooke: Yeah, right. The things that were taken were on the Contraband list and so once they were removed patients have 30 days to let us know where they would like us to ship those out to and the hospital will melt them out at our expenses. Mike said earlier.

Charles Goldstein: Thanks Trevor. Appreciate that.

Melissa Farling: What question I'm sorry. What do I want to say when I've spoken to this patient? I may be misremembering but they didn't necessarily have someone to send. items to

Trevor Cooke: Yeah, great question. So I will have to get with Mike on that when he returns and we can look into it as of right now this dance is that within 30 days they let us know who to ship it out to if they would like to have those items donated like to have those items destroyed.

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Melissa Farling: Okay.

Laurie Goldstein: would they be able to Have them held for their discharge in their. I don't know if you have a second bin where you hold people's things.

Trevor Cooke: We have the biggest problem that we ran into is the storage of where we could store those things. I think we will have this conversation. I think last month when it came to hygiene buckets and...

Laurie Goldstein: mmm

Trevor Cooke: how many hygiene buckets can each patient have it comes down to a storage problem, but I definitely took note of this and I will take it up with the executive team and see what we can do for individuals who may not have somebody within the community to send it out to

Laurie Goldstein: Yeah, and...

+1 602-***-**31: Do you?

Laurie Goldstein: The hygiene is stuff that they can access, this is stuff that they can't access but they still want. upon their release

Laurie Goldstein: So it'd be slightly different. It would be stuffed at the hospital stores for them.

Trevor Cooke: Yes, it did again. It just comes down to where we can score those items. So I'll take it back to the team. Absolutely.

+1 602-*-**31:** Okay, and then I have a question. Do you know when you're gonna start the process of going patient by patient in order to shift these items back to family members because I haven't heard anything in the search that happened about two or three weeks ago.

Trevor Cooke: If I'm not mistaken, care, I believe that security is going to be starting that early next week, but I will get confirmation as well and we'll get that back to you.

+1 602-*-**31:** All right, great. Thank you.

Trevor Cooke: Absolutely.

Laurie Goldstein: Okay, does that wrap up the patient visits?

charles Goldstein: Networks

Melissa Farling: And now I had a few more things. Also and...

Laurie Goldstein: Okay.

Melissa Farling: this relates back to what you already sort of addressed Mike, but I know that this patient also.

Melissa Farling: said that They were told that.

Melissa Farling: What patients could keep or not was going to be per treatment team approval?

Michael Sheldon: Yeah, and thanks Melissa. I want to just Clarify for everyone on this call and all the patients that there is no exception. period or treating approval

Michael Sheldon: so this is what God is in trouble in the past that the hospital had a very specific list of what is okay and what is not okay with a footnote saying but the treatment team can override that decision that is no longer applicable and like I said before that's what got us into trouble where certain patients could have X and other patients cannot have that because the Truman team said, yes, this person can have that. No, we are trying to do our very best to across the board say this is what is allowable.

Michael Sheldon: Everything else is not allowable on the campus regardless of what the patients statuses because of the fact that even though we might have the most, stable patient period that somebody else may take their belongings or something like that and then put themselves at risk. So yes, I apologize if that's been confusing. We're trying to figure out the best way to do this, but there's no more kind of treatment team exemption for a quote unquote contraband.

Melissa Farling: Yeah, thanks. Thanks Mike. That's clear for sure.

Michael Sheldon: Yep, perfect.

Melissa Farling: I think the last comment that I had noted had to do with.

Michael Sheldon: Thank you.

Melissa Farling: I guess the other patients had received cords for electronics. But this patient in their roommate had not known our conversation was August 9th. I don't know if something could have changed since then.

Michael Sheldon: Can you go in more detail Melissa? I'm not following.

Melissa Farling: It said that others received chords for their Electronics like to plug into the wall.

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+1 602-*-***31:** I know what's going on with that. So basically some of us have so by the time security had reached my unit. They had a pretty good idea of what they were doing and they basically stuck all charging cords that were Laura longer than 12 inches in the nurses stations for us to check out or for us to charge us a notification. But the earlier unit they were kind of unsure included their items that stuff and wherever all of our stuff is right now. And so some people have received some of their cords back to charge the devices While others haven't and it's been kind of like a mismatch Of policy or what's going on? And so I know that particular person needed her charging cords back so she can charge her devices and she hasn't received those back yet.

Michael Sheldon: I obviously gave the fact that we can't really discuss patient specific issues on this phone call. I will try to follow up as possible with the folks just so everyone on this call is aware of the folks on Not all of the folks on Cottonwood, but the majority of them as well as the individuals on the community we're integration or the CR U those individuals have GPS ankle.

Michael Sheldon: Ankle monitors and they are allowed to have the cords to make sure that they can keep those GPS ankle monitors charged at all times because obviously, there they have the Privileges they're allowed to go out on outings and whatnot. So if there is something else going on I will definitely figure out how to best streamline that and make it uniform across the hospital and this may be a situation where I come and find you to figure out exactly what is going on to make sure that we are doing this appropriately.

+1 602-*-***31:** Okay, it's just so some of us have MP3 players or Amber next or...

Michael Sheldon: Yep.

+1 602-*-***31:** whatnot. And so some of the chords took all of the cord and so I might be at the beginning. If you put the cords in the nurses station on this patient specific unit. They put it in with all the Contraband items that we're gonna get shipped out. And so this person just wanted that stuff back into the nurses station. That's all.

Michael Sheldon: Yeah, I think it's probably best that I come and sit down with you to figure out what's going on. Perfect.

+1 602-*-***31:** Okay, sounds good.

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

Laurie Goldstein: Thank you. so quickly going over the assault and perpetrators we had again, it seems like assaults and are down in general, but we had one person that seems to be a

Laurie Goldstein: I assaulted a perpetrator at Sixteen for the month. The next one is 4 3 2 and then it's down to one. So it seems like most of the patients that used to have. I think those numbers seem to be going down, which is a good Trend to have. The other thing I don't think None of the ioc was able to go to the Civil Forum, which I typically try to get to where I was out of town. I know the forensic form is coming up and I'll send out a reminder. Hopefully I can get to that. My other thing before we go on to the instant accent reports.

Trevor Cooke: Sorry, Laurie. I just wanted to say that the forensic Forum already happened.

Laurie Goldstein: okay.

Trevor Cooke: Yeah.

Laurie Goldstein: So we missed that one, too. Sorry.

+1 602-*-***31:** I attended the forensic form if you guys want a quick three rundown of what happened.

Laurie Goldstein: Okay, that'd be good. Give us highlights.

+1 602-*-***31:** Okay, let's see.

+1 602-*-***31:** We were bringing up the fact that the charging bricks in the cords less than 12 inches were confiscated during that search. I brought up the issue of the nursing interns. Sometimes I feel that the nurses kind of scared us from the nurses bubble. And they read our charts and they're not part of our dream and team and some of the other patients feel this way. We didn't consent to this and so we don't understand how that's happening. We're wondering if we have in-person visits with other patients or even virtual visits because our pool all

01:25:00

+1 602-*-***31:** Has been taken away from us and then animals. So those were the new topics of conversation that I think that they're gonna promise the answers to the old business as they were asking us the full Mall started at the gym on Sunday and Monday. They said that that's supposed to be happening. They don't know why it's not happening. So they're looking into the food quality. Basically, what's your name? Reyna Reyna was coming to visit us to talk about the food quality and what we can do in terms of what?

+1 602-*-***31:** In terms of food sizing and portions and things of that nature and then the other old business topic was that the chaplain that we have is just here that's all we have. And so that was basically everything that happened in the patient form.

Laurie Goldstein: Thanks now Mike.

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

Michael Sheldon: Yeah, hi madam chair members. So we do have another chaplain who's about to start with the hospital. I believe their start date is on Monday. So that will be helpful in doing non-denominational services for our patients on all of our campuses. m sorry. I know you had a huge list. One of the first or second things you mentioned I wanted to speak to but I forgot what it was already. Do you have that available?

+1 602-*-***31:** I do. So the second thing I was talking about was the nursing interns that came and...

Michael Sheldon: That's it.

+1 602-*-***31:** make Jarred us like blue animals sometimes and the nurse bubbles and they read our charts and then it's just really awkward and I feel that they're not part of our treatment team and...

Michael Sheldon: Okay.

+1 602-*-***31:** all of the patients haven't signed any consent agreements. So I was wondering what was going on with that.

Michael Sheldon: Yeah, no worries. I'll talk with my staff about a better way to integrate that so everyone is aware. We have nursing interns on the campus pretty much in a Perpetual rotation. We have a goal at the state hospital really not just for nursing period but we do have a goal within five years. June of 2029 that the state hospital will be certified as a teaching Facility by the Centers for Medicare and Medicaid services. That means we're gonna have a bunch of a bunch of nursing at current externships on rotation of the hospital. We're going to have a number of Psychiatry residents at the state hospital. We're going to have just a Litany of Social Work interns Rehabilitation rehab staff interns cycling through the facility over the next X number of years and then moving forward towards my goal. That I've expressed to the director of health services and to the governor's office. Is that the state hospital?

Michael Sheldon: Excuse me. The state hospital will be one of the most competitive facilities in the state. If not the country for people who are trying to get their experience and their feet on the ground in dealing with individuals who have significant acute psychiatric diagnoses.

Michael Sheldon: I think that realistically whether it's a psychiatrist a physician a social worker a rehabilitation specialist a nurse or even a behavioral health technician and a person could come to the state hospital and be with us for three four, six months or a year and they would be able to get more experience or enough experience to less them an entire lifetime or an entire career. So k I This is the future and I don't know how better to kind of relate that but we are going you're gonna see more of these individuals or...

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+1 602-*-***31:** But what?

Michael Sheldon: running around trying to help you guys out.

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

+1 602-*-***31:** I'm saying I'm all for education but like me personally I get embarrassed being here and I don't like that they read my charts and that they are coming up, not just me a bunch of patients feel this way that we're embarrassed to be here. It's tough on us. It's even harder when people are reading our charts and they kind of walk us through the nurses bubble and it's just you feel kind of like a zoo animal and I just don't understand how that doesn't violate HIPAA because I didn't consent to being part of this program. Although I think where you're going with it, I personally don't feel comfortable with it.

Michael Sheldon: Hey. You're not a zoo animal. The patients are not zoo animals. Yeah,...

+1 602-*-***31:** how we feel though, when they

Michael Sheldon: no I can kind of see that I think that we probably need to do a better job of integrating that into your treatment because at the end of the day, the only reason the state hospital exists is to take care of our patients that includes you and the other folks who are admitted and I don't want you to feel like we are or that you are again zoo animals, I'm very unfortunate way to kind of portray that and even though you say you did not agree to doing this.

Michael Sheldon: It's the bottom line. Is that the individuals who are on the Civil campus?

Michael Sheldon: were sent under a title 36 agreement or civil services. The individuals on the forensic campuses are under a title 13 GI or RTC plea agreement for treatment and that treatment and care encompasses whatever the hospital and the state is able to provide. So we need to figure out a way to work this out as a collective and to make sure that all of you feel that your rights are being respect respected in a way that pushes the system forward because at the end of the day, the only reason that we're here is to do whatever is best for the end of individuals who are sent to us and Kay ladies and gentlemen patients.

Michael Sheldon: May be listening. I want you all to be successful once you leave this hospital and I'm struggling to be in a position to make you feel like you're going to do so without putting necessary resources behind you and the education system the University's that's realistically the best option that we have at this point to help you all out. But by no means hey, do I want you to feel like you're a zebra in the zoo where people are walking by pointing at Saying, look at her whatever and if that's how you feel, I sincerely apologize. That's not what we're trying to get at.

Laurie Goldstein: How much so Mike I think.

+1 602-*-***31:** Don't see and I know the intent is to educate the nurses to actually, have them understand charting and then interact with the patients but what I'm saying, is that even content to it and it just feels really awkward for not just me, but for a lot of other patients we kind of feel like freak shows at times and it's embarrassing to be here and it's just hard I guess psychologically to sit there and know that they're reading our chart and then looking at it to the window and a lot of patients including myself feel that it would be nice if it was just left to our treatment team and our providers to know what's happened and to talk to us on that level, but when we have this constant influence of different students starting and doing these things, it's just that you start to kind of feel like a zoo animal.

01:35:00

Michael Sheldon: Yeah, and...

Laurie Goldstein: Okay, yeah.

Michael Sheldon: That I don't want all.

Laurie Goldstein: yeah, so I can just put the perspective of and Chuck can every institution that is a teaching institution or a hospital they have People rotating through whether they're new nurses or new psychology who are working for the PhDs or new Docs that go through this process I empathize because I understand that my son was there. He also felt because I think he had interactions with some of the Chinese and they would say to him. Why are you here and he would like my gosh, but again, I think in the bigger picture it helped him.

Laurie Goldstein: Have to look at Why didn't I take my meds? What am I doing? It's not the intention of causing someone to shame her and I can tell From our family's experience you may run into those people. Once you are out in the community. You may be working and...

+1 602-*-***31:** low pressure at I think Okay violation I did I just don't know I mean different patients feel differently.

Laurie Goldstein: wait on these. Yeah.

+1 602-*-***31:** Some patients are totally complete. Okay with it. Some patients don't want just their spread, some patients don't want anything to do with it. There's different levels of consent and I kind of just wonder if there's a way that we can kind of mediate so that the people who don't mind are talking and interacting and having their charged bread where people who do mind don't can opt out or something. Do you know what I mean?

Laurie Goldstein: Yeah, I don't know if that's a feasible solution if you were Any teaching hospital for any specialty? I don't know if they would say you can't go into this room and learn. I just don't know. I mean check me know may know but I don't know if that's feasible. I think maybe they can be coached on. Possibly how not to be so obvious and staring at people and be more subtle in there. Learning and taking it to where it doesn't feel as invasive.

Michael Sheldon: yeah, yeah and I can't speak that unfortunately, I don't know Dr. Goldstein.

Laurie Goldstein: Yeah.

Michael Sheldon: Trevor just raised his hand. So possibly he has some feedback. But yeah.

Laurie Goldstein: Okay, Trevor.

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INDEPENDENT OVERSIGHT
COMMITTEE

Trevor Cooke: Yeah, I just wanted to say and all look more into this as well about wanting to emphasize that the criteria for our nursing students is when they're reviewing a chart. They're looking at nursing care plans to learn how to develop those. They're not looking through the entire chart. They're not looking at the admission information. They're not looking at legal documents. They're looking at the medical care plans so that they can learn how to write them. And so I hope that might provide a little Comfort they don't have the ability to go through and scour the chart and look at every little Nitty Gritty detail. It's very restrictive in terms of what they're looking at as part of the curriculum within the hospital.

Michael Sheldon: And ultimately we're trying to get these people. comfortable with psychiatric nursing, and I think Dr. Goldstein Laurie you can speak this probably as well as I can but very few people.

Michael Sheldon: Who go into nursing school actually want to be psychiatric nurses, I think less and maybe 5% so to have these individuals at our facility and have them interact with our patients and working with our staff is incredibly important to developing the workforce. But it's Hit and Miss Kay. I don't want you to feel like you're a zoo animal and I know you are using that term, kind of interchangeably, but that really hurts me to hear that a patient would feel that way. So I want to figure out how I can fix that.

Laurie Goldstein: Yes, ...

+1 602-*-**31:** and think you might

Laurie Goldstein: it's good to know that they don't have full access to everything. So they're looking at segmented inflammation. which

01:40:00

+1 602-*-**31:** That's true. But I talked to the patients and some of the patients don't want any parts of their charts written or read and they don't understand how that could be possible because with a medical Roi release of information the only way that people can read medical records that are not part of their treatment team. And so we're just kind of concerned both on the legal aspects as well as privacy aspects, but we just don't know where the lines are and some patients are fine with it. it's just the level of consent I guess.

Laurie Goldstein: maybe we can look into that and see but I think that again and institutions if they're teaching institutions

Laurie Goldstein: The intent is to teach. I don't know if it is. Anything other than that Trevor?

Trevor Cooke: Yeah, hopefully shed some light on. Your question K is so as a hospital all of the organizations that we do work with they sign what's called a business associate agreement which covers that HIPAA Privacy Law, which is a way in which outside individuals who are coming in can kind of have more access to some of those hippo things without an actual client signature that's how it's not a HIPAA breach and that's how Healthcare organizations operate is through what's called a business associate agreement and they have to go through training and they have to sign out a stations in a contract when it comes to protecting the privacy and Healthcare information of anybody in which they might have access to.

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COMMITTEE

Laurie Goldstein: Thanks for the clarification. So one thing I wanted to mention is September, the next meeting.

Laurie Goldstein: and Chuck have a conflict. And we can do one of two things the committee can move forward and someone else can share for that meeting on the 19th. or we can cancel or I can accommodate if we do it from five to 6:30, but we have to be somewhere at seven. And it's not flexible. So I'm open, you guys can continue. I can even do my instant accidents and send over information if you want to have the meeting open, but what are your thoughts?

+1 602-*-**31:** So you're proposing that we go September 19th from five 6:30?

Laurie Goldstein: If you want. Us here,...

+1 602-*-**31:** Yeah. that's

Laurie Goldstein: I mean you can have the meeting at the regular time and that's fine.

+1 602-*-**31:** I think that we barely can make it with you and Dr. Goldstein showing up. I think that five to six thirty works for me. I don't know about the other ioc members.

Laurie Goldstein: Okay.

Michael Sheldon: And I'm not a Madam chair, but I think that I will most likely not be in town during that time. So potentially maybe and again I can't dictate how this group moves but potentially skipping the September meeting and going to October maybe best for everyone.

Laurie Goldstein: Here, okay all send and contact each of the members and then send you guys an update, but we're running long. So let me get to the instant accidents. I didn't have any that I pulled

Laurie Goldstein: I pulled one that was interesting

Laurie Goldstein: but before that one we had one Ash twenty twenty four two four five two, and it was a fall unwitnessed and

Laurie Goldstein: apparently this person was not a Let's see fall risk previously identified the problem currently being addressed on the person's ittp so they were identified previously, but they still fell and now they're going to do a medication review for effects that may contribute to a fall and again, they were trying to review the video, but it was not possible because it was in a bathroom and no cameras around bathrooms are bedrooms. My only question there is: If they were previously identified, do you ever do anything in the interim saying? We're concerned. Can we Implement certain things? Protocols until we follow up on the medication review to prevent a fall.

01:45:00

Laurie Goldstein: During that period where they're trying to identify as someone is going to be a fall risk moving forward and maybe needing a walker or an assist or something.

Laurie Goldstein: Thank you. The next one which is Ash 2024 to 650 was unusual and I have to State this for the committee and the public. It is unusual to have a wall and this one was unusual and unfortunate in my opinion that a patient that was on the CR U was out with staff. at a museum and they want a wall which is unfortunate because It's unfortunate for the patient. Whoever that may be because I believe that they probably will lose levels, but it's unfortunate for the staff that was involved in my question on this is they immediately. had everyone looking for the patient and at the time of the report it said that they

Laurie Goldstein: Hadn't found the person and they went back to. Ash my question, did they find the person? Eventually they gathered the person.

Michael Sheldon: Yeah, so Madam chair members just to clarify. This was not an individual on the community reintegration unit. This was actually a civil patient. We have located the patient. The individual is back admitted to the Civil campus. They were out of I don't want to say out of sight but they were out of our context for approximately 24 hours and then they were located and admitted to a Banner Facility Who then notified us that they had located the individual and once they were stabilized we brought them back to the state hospital.

Laurie Goldstein: I probably read that because when I read Community reintegration outing I assumed it was a CR U. So Okay.

Laurie Goldstein: And it's unusual. I've never seen a patient go missing from an outing.

Laurie Goldstein: and that is it for our and sent an accent report, so Next we can let that we can. Go to public comment, and I think since we're running so long we will try to keep it to three minutes. And remember in public comment. I just want to tell people that. Aren't familiar with the committee nor the staff nor the hospital can respond to the comments so We can discuss it at a later date, but we cannot respond. So with that.

01:50:00

Laurie Goldstein: Let's go to public comment.

ASH Forensics Visitation B - ADHS: Hi, this is Timber Brisco on Sycamore.

ASH Forensics Visitation B - ADHS: There's a lot of stuff I have the right but there's a billing to access by a medical staff that is not being given. it's false billing their defrosting the State of Arizona with what key was saying, my legal case was sealed by the courts. How can the RN students access them? They shouldn't have access to my case. If you want to let them learn my medical stuff. And you make them a separate chart that they can read from not the one with our legal papers or prime all that in there and

ASH Forensics Visitation B - ADHS: some of the staff are very antagonistic, provoking verbal abuse. I saw this and yesterday was an IR obviously there's a code and I just heard from my room. We were told to go back to our rooms. All I heard was the staff antagonizing this person who has autism and as a staff member. I think it was yesterday. Hey, can you grab me some water? They looked right at me and just turned around and went and sat down and I said it to a different sampling. That's all I'm sorry for. I didn't hear And I do say please every time. I don't have a family. So I would really like it if there could be a joint

food visit, add one more security or the staff from that unit and the staff of my unit watch because I don't have family. A friend of mine came and saw me, but they drove from Tucson. That means that they have to sit there for an extra hour to see me after they see them.

ASH Forensics Visitation B - ADHS: I don't know if you said rings are a Contraband in the state and federal prison system. You are allowed to have a wedding ring. They can't take it away and even in county jails, if you're married and you can prove it you are allowed to have a wedding ring toothbrushes. They were all taken. So with this large toothbrush. I don't know where you're coming up with that because it's not here. What are the mic cameras gonna be turned on and when we're gonna be ready for use because that would catch a lot of these staff.

ASH Forensics Visitation B - ADHS: sleeping and just some of that antagonistic abusive kind of sending things that they say to us when

ASH Forensics Visitation B - ADHS: I am nothing but I would say cordial and try to get along. I'm trying to change my ways and I'm just disrespecting pictures that are not being taken anymore by staff at rehab. why this is I don't know. They want to say HIPAA I'll sign ahead before because I don't have people come and take pictures of me to send people. I do know how to say you were talking about inappropriate touching and dancing between males and females. We're not allowed to slow dance. They had to keep approximately a foot to a foot and a half in between them when they were dancing. and there's a couple that is married here they get in trouble for touching. So like you said, I have the beholder that's where it should be and I would like the ioc to contact me. I'm always sick all the time. Please allow staff to have 24 hours notice so that I am ready because it's just thank you. I appreciate it.

Laurie Goldstein: Thank you.

ASH Forensics Visitation B - ADHS: listen, John Wallace. Were you on top? I just wanna real quick after it's fun to follow up to see if there's any of the feedback on getting done. They can't answer me. okay. Yeah, I'm sorry. All right. Just want to check it out. Maybe get a response back later on debit cards when those are possible. They can set up a working bank account.

01:55:00

ASH Forensics Visitation B - ADHS: S. All right. My name is John Wallace. You can use my name in the public record. I hope to publish.

ASH Forensics Visitation B - ADHS: Dr. What is it good When I talk you on the whole thing Goldstein of when I talk to you and Melissa on the phone, I was in a lot of pain. and today, I was served with a petition for court ordered treatment that hearing is on the 19th or 20 I read it carefully. It appoints the public Advocate's office to my case, but there's no contact information.

ASH Forensics Visitation B - ADHS: I am not a lawyer. I am in no way a doctor. He taught himself to be an architect. I specialize in sustainable infrastructure.

ASH Forensics Visitation B - ADHS: I was helping the rehabs staff liaison on this unit. He's a nice guy. Mr. Sheldon we came up with a design for a hydrotherapy and fitness center. I hope you'll take a look at it.

ASH Forensics Visitation B - ADHS: But I report my symptoms and I'm labeled as an advocate. For our rights in accordance with the federal statutes. And I'm able to compete in desperation. I stopped taking the harmful medications and began insisting that I could be given the only treatment that has ever worked. for my arthritis life problems It's a meal plan designed by a rheumatologist. It's Dr. Recommended. I've been refused for 20 years now. I can barely walk. I'm having to take narcotics. something I have

ASH Forensics Visitation B - ADHS: worked and advocated for my whole life to help people avoid our eyes. I manage this disease. since 1988 with food Now I'm not saying it works for everybody. But I denied even the possibility that it might be helpful and To resort to treatment that has caused the disease to get worse faster. The discoloration in my legs and swelling began in 2010 And I've been given Motrin. Since then and no alternative even when I asked.

ASH Forensics Visitation B - ADHS: And that drug is noted for causing congestive heart failure and other cardiovascular problems you get worse. My diabetes means that I have to use insulin occasionally now. Was not a problem in my life until I came to this facility. And was forced to abide by the nutritionist guy. When I was not forced I lost weight. I began to recover. so better

ASH Forensics Visitation B - ADHS: I can barely move. And it's gonna get worse. Yes, I'm the man that was told. I'm a high risk candidate. For the arthross would be of my bladder and possibly the bladder surgery in one of the states and I will suffer. Horrible consequences for parents denied pelvic infection are all kinds of health problems and I would accept the procedure if they would do the urine test that would determine that cancer cells are present. in my urinary tract And I've been refused that reasonable request. And now I'm going to be appointed. a guardian people if you don't help me I will stand before our creator knowing I've done like that. Help us here. I'm done. for now

02:00:00

ASH Forensics Visitation B - ADHS: The tenth came again,...

ASH Forensics Visitation B - ADHS: and I'm sorry, I would really like the incident on.

ASH Forensics Visitation B - ADHS: Fire, I mean July June 15th. And looked at and the video from the day room pointing towards the hallway underneath the teeth are above TV or underneath TV. When the staff member sat there and walked past me. I said As I'm sitting there bleeding from the forehead. After breaking my index finger knuckle punching myself in the face trying to divert the pain. Thank you.

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

Laurie Goldstein: Yes.

Laurie Goldstein: I couldn't tell whether we had someone else from a unit that we haven't heard from a unit. That had additional comments.

Laurie Goldstein: Okay without any comment. Do I have a motion to adjourn?

+1 602-***-**31: motion to adjourn

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Laurie Goldstein: Okay.

ASH Forensics Visitation B - ADHS: Thank you very much and have a good one. Bye-bye. Take it easy.

Laurie Goldstein: Thank you guys, good seeing you on video.

Lisa Ehlenberger: Thank you.

Laurie Goldstein: Take Care, thank you.

Melissa Farling: Thank you. Goodnight everybody.

Meeting ended after 02:02:28 🤝

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