ARIZONA
INDEPENDENT OVERSIGHT COMMITTEE

Arizona State Hospital Independent Oversight Committee (IOC)
Public Meeting Minutes
Thursday, December 19 , 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
- Janina Rotaru
- Dee Putty
- Alyce Klein
- Kay Kunes
- Barbara Honiberg
- Jane Jepson
- Melissa Farling

Absent:

- Kim Scherek

Public in Attendance: none

Arizona Department of Administration: Larry Allen

DDD: Morgan O'Hara

AHCCCS: Fredreaka Graham

ASH Administration:  Michael Sheldon, Trevor Cooke

# IOC: DHS/ASH IOC Meeting - 2024/12/19 17:47 MST - Transcript

## Attendees

+1 480-***-**15, +1 480-***-**16, +1 520-***-**77, +1 602-***-**31, +1 602-***-**37, Fredreaka Graham, Jane Jepson, Laurie Goldstein, Lawrence Allen, Melissa Farling, Michael Sheldon, Morgan O'Hara, Person 14, Trevor Cooke

## Transcript

**Laurie Goldstein:** Okay, welcome to the Arizona State Hospital IOC. It is December 19th and it's 6:02pm and we're going to begin the meeting. We want to establish our quorum. I know Chuck and Alice are here. Jane, Janina, Melissa, and Dee. Anyone else? Do you know if the units are going to call in? Because usually Kay is prompt. .

**Trevor Cooke:** I know that Tara went to each of the units to remind them she is now on PTO so hope for annual leave. So they should be joining. Won't be away.

**Person 14:** Yes you have two patients here from Saguaro.

**Laurie Goldstein:** So, let's go ahead and start. Before we begin, does anyone have a disclosure of conflict of interest? And if so, please state why hearing none, let's move on.

**Michael Sheldon:** I'm sorry Lori really quick. The folks on the call from Saguaro, could you please do us a favor and hit star six to mute your phone? We're getting a little bit of an echo from you. And then when you want to talk,…

**Person 14:** Okay. Gotcha.

**Michael Sheldon:** just hit star six again to unmute.

**Laurie Goldstein:** Thank you.

**Laurie Goldstein:** Has everyone had a chance to review the meeting minutes that Larry sent out promptly after our last meeting? And if so, do we have a motion to approve?

**Melissa Farling:** I.

**Laurie Goldstein:** Second. Okay.

**+1 480-***-**15:** All right.

**Jane Jepson:** Hi.

**Laurie Goldstein:** Any objections? No. All in favor? I don't see any other IOC's on.

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

**Laurie Goldstein:** Are there any other OC's other than the hash members? Anyone else on? Okay, I don't hear any. Next was reviewing action items, anything from our ongoing discussions, any updates? Is there any update on the lack of resources to do risk assessments? Any movement there?

**Michael Sheldon:** nothing since the last time the group met. We did give the numbers to the governor's office for consideration to add a few psychologists to our team to accommodate the increased workload. And then I should have texted you about this, ri. I apologize. I did upload the risk assessment checklist to the vote of the last meeting of the IOC. So it is up there for review.

**Laurie Goldstein:** So for the IOC members, I'll send that out to you so you can see what the chest check list entails or if we have time I can bring it up.

**+1 480-***-**16:** Thank I'm sure I'm sorry to interrupt. I know I don't have the little sign that raises my hand. My understanding is there's still a lot of grant money floating around between now and the end of the year, although I know we're coming up on the end of the year for various things. I don't know how to write grants or anything, but has anybody at the hospital looked at a potential grant to even get somebody in for a year to help with the risk assessment load.

**Michael Sheldon:** So we haven't looked at grants for that specific purpose. The issue with those grants, obviously, like you just said, they're one-time funding and they expire at the end of the year. So when we look at things like this,…

**+1 480-***-**16:** Yeah. …

**Michael Sheldon:** We do our best. We really want to just have actual hospital employees and not a third-party independent consultant doing that work. And the reason for that is they may get called to testify. And if they testify after the grant expires, then we have no way of paying for them.

**+1 480-***-**16:** I understand. Okay. Thanks. I said take it.

**Laurie Goldstein:** Sometimes it depends on the grant, but some grants can be multi-year, so that may be a thought, too. Mike, do you have any updates from the ASH administration?

**+1 480-***-**16:** grant writing class. I should learn because there's so much out there that you don't even realize, Okay. Sorry.

00:05:00

**Michael Sheldon:** Nothing since the last time the group met, this is kind of the weird time of the things kind of calm down. But we are just full steam ahead. This is what I like to call tour season at the hospital. so I've been doing probably two or three tours of the hospital a week to interested parties who want to come see the facility and get an idea for what we do and the role that we play in the system of care. and then obviously we're ready for the next legislative cycle to begin in just a few weeks. So just going to kind of relax for a little while and then jump head first into it.

**Laurie Goldstein:** Okay. Thanks. Larry, do you have any updates? Have they hired the Ombudsman from ADOA, sorry.

**Lawrence Allen:** As far as I'm aware, no. I know they're in the process of interviewing and looking at candidates now, but I have not got a final update saying that somebody's been hired. I can certainly follow up with Tim on that to at least have an update before the next meeting. Whether they're hired or whether they're not hired. So, I'll have an update for the committee next meeting.

**Michael Sheldon:** Last I heard Lori, is that ADOA was down to the final two candidates for vetting.

**Laurie Goldstein:** Okay, that sounds promising. I know Alice, you and Barb went and did in person impatient visits. I don't think Barb is on unless she joined after this call started. I can Okay,…

**+1 480-***-**16:** I'm not sure she's on yet. She'll probably be here.

**Laurie Goldstein:** I can go ahead and go over instant access and then maybe by that time she'll be on.

**+1 480-***-**16:** Yeah. Here you go.

**Laurie Goldstein:** Okay, the first one is ash 2024 3612 and it was an assault and with this time I didn't have time to highlight the ones but it seemed like someone  was attacking both peers and staff and redirected. But one of the persons did end up on the floor and did have a hematoma and a laceration and they were sent out to the ER for evaluation for that. I'm trying to see why.

**Laurie Goldstein:** This one the reason why I pulled it was unusual is a patient was attacking a staff member and because of that another patient jumped in to help and then they ended up getting in a fight. But I think I was reading that. I think we've seen this before where patients are told not to jump in even though they have the best intention, but it sometimes ends up with additional injuries. But I think they did it because they were trying to help a staff member out.

**Laurie Goldstein:** I'm up reading really quickly. For this one, was there any staff shortage at the time? Did that contribute to a patient having to jump in?

**Michael Sheldon:** No. I don't believe so. We're staffed appropriately. I think this was just a matter of the patient where they were physically in the building at the time. They were by the telephones when one thing happened.

**Laurie Goldstein:** And again, it was another assault, but this one without an injury. This one again, they were attempting to view the video and it couldn't because it was not captured. This is the lack of visitation or cameras in the visitation room. have there been any thoughts that maybe that should be an area that is under observation?

00:10:00

**Michael Sheldon:** They've been added to the new system.

**Laurie Goldstein:** Next one is ash 2024 3648. Another assault. And this one again it was a patient assaulting another patient.

**Laurie Goldstein:** Usually I highlight this problem when I'm traveling and it looked like they were trying to deescalate a sign of injury. Trying to see why I pulled this again. This was Wait a second. Was that the same one? Sorry about that. It was posted twice. The next one is ask 20243691. And this one was significant physical changes in a patient.

**Laurie Goldstein:** A patient was I'm trying to see how it won't be disclosed. This patient's assistant has some assisting equipment and the patient apparently took part of the mechanism apart and swallowed screws before the staff could get to the patient.  So then the patient was sent over to Valleywise in the ER and it was reported that even during the shift the patient was threatening Valleywise.

**Laurie Goldstein:** Let's see. And also trying some significant steel self harm while over at Valleywise, but just a question. If someone follows swallows I'm asking Chuck, are screws typically dangerous or does it depend on the kind of screws? Typically, they pass through.

**Laurie Goldstein:** So observation is what's generally done and if it doesn't appear in the patient's stool within a reasonable amount of time that being a few days and you have to re-xray the patient and see whether or not that screw has lodged somewhere in the intestine or the stomach and in that case either an endoscopic scoping and retrieval can be attempted depending on the position and location of the screw or patient  very unlucky. They may need an open laparotomy to retrieve it. That's rare. But I'm wondering if that's what happened.

**Laurie Goldstein:** because I'm not going to read it out loud, but not from the public, I cannot comment except during public forum time.

**Person 14:** May I ask a question?

**Laurie Goldstein:** Patients can't comment…

**Person 14:** No, I'm a patient. Okay.

**Laurie Goldstein:** if they're not on the committee. There's a time at the end of the meeting where you'll be able to speak for a few minutes. Sorry, it violates open meeting law.

**Person 14:** Thank you.

**Laurie Goldstein:** my concern was the patient was still very selfharming even over at Valleywise to the point where the was I don't know if it's typical that the ER communicates while they're still working on a patient while they're still over there unless they're having a lot of difficulty with a patient.

00:15:00

**Michael Sheldon:** It's really dependent on the situation. I think that for forensic patients when we send them over there to actually I'm sorry with both cases they go with our staff in tow so our staff will communicate back to the hospital if there's something going on. Our staff cannot engage in patient care while the individual is over at Valley Wise because Valley Wise's licensed space. So, it'd be legal for us to engage in patient care. This individual in question though, just so the committee knows, this was a new admission to the civil campus who had a history of DTS or danger to self-injurous behavior.

**Michael Sheldon:** And typically when we get folks like this into the hospital, and please don't quote me on this, but it's about a two to three week, kind of, honeymoon period, I guess, where they're trying to get situated with the environment. They do things like this to get attention. It's behavioral. and this individual has been fairly silent for at least two weeks at this point now.

**Michael Sheldon:** So, I think they're stabilizing. but if they do anything like this ever again, we'll obviously rapidly engage to make sure that they're safe.

**Laurie Goldstein:** Okay, thank you.

**Laurie Goldstein:** The next one is Ash 2024 3756 and this one was a patient that appeared to have white substances around their nose. so I think the texts were trying to figure out what was going on and observed another white substance on the patient's sweater and other parts of their body. They thought it potentially could be laundry soap.

**Laurie Goldstein:** but they were saying that there were other concerns about this patient. I think they have to be monitored because of other restrictions they have. But in the notes it also said they have to be monitored continuously because they appear to be eating or taking items to consume and it had occurred then and in the past but it said due to not enough staff it's quite difficult and challenging to be able to monitor for that patient and the patient was refusing to eat.

**Laurie Goldstein:** also which was in conflict with the patient's normal state. In the notes it does say from nursing that the patient is having their whole psychiatric medication regime changed which can lead to an increase in the recent psychotic symptoms as the patient adjusts. But it was a little concerning to say that they felt they didn't have enough staff to correctly monitor the patient.

**Michael Sheldon:** Yeah, and that's obviously an ongoing battle that we have in health care facilities, and I'm not downplaying that comment whatsoever, but in healthcare facilities, especially in facilities such as the state hospital, staff like to have what I refer to as strength in numbers. So you can have 20 staff on the unit with 20 patients and things like this are going to happen and in fact it could actually make the situation much worse because you're putting more bodies into a confined space and then tensions rise. So it's obviously a balancing act that we do.

**Michael Sheldon:** If this individual needed anything like a constant or continuous observation status or a coos one to one, we would have easily put the staff on that unit to monitor this individual to make sure that they were safe at all times.

**+1 480-***-**15:** Can I ask a question? This was a toxology worktop completed on this patient to identify…

**+1 480-***-**15:** what kind of substance that was

00:20:00

**Michael Sheldon:** I can't answer that 100% Janina,…

**Michael Sheldon:** But I do believe that in this case, and Trevor, if you know more about this than I do, I believe it was like laundry powder.

**Trevor Cooke:** Yes, they did do a UDS just to make sure that ruled out anything. but again, he kept coming in and out of that laundry room and so that's what it was assumed to be was the laundry soap.

**+1 480-***-**15:** You can hear someone who wishes that a toxicology workup would be warranted in addition to a UDF.

**Laurie Goldstein:** Yeah. Yeah.

**+1 480-***-**15:** That's just my two

**Laurie Goldstein:** It seems like they are aware that this individual tries to consume items and things. It didn't seem like they thought the way the report was written, it would indicate they thought they found the substance when they found the laundry detergent and they made sure that was taken back to the nurses station. But again, I'm sure if they're changing his meds, they're monitoring his blood levels. I would

**Laurie Goldstein:** Okay, Larry will be back in a moment. The next one is Ash 2024 3781. And this one unfortunately was a fall and the patient was showering and then the patient ended up slipping and falling. and then kind of was laying in a fetal position and really not interacting. Their pain score was low. There was no grimacing or guarding.

**Laurie Goldstein:** So the nurses reported that the person wasn't cooperating even with them trying to examine if they were injured in the fall. And then about 25 minutes later they called and noticed that there was a quarter sign wound that must have happened in the fall and at that time they were trying the best they could with the person not being cooperative but when they took the vitals they were a little bit elevated.

**Laurie Goldstein:** Then they went ahead and the medical provider wanted the person sent to Valley Wise for further evaluation. They called 911 and by this point the patient then was at least responding before they were aware but not responding.  On this one, the employee was notified of an incident for a review. Trying to see why that happened. Sorry about that. I usually highlight the things I'm going to bring up about them as I read them and collect them. Jane, you had your hand up.

**Jane Jepson:** Yeah, Lori,…

**Laurie Goldstein:** Yeah. Yeah.

**Jane Jepson:** I have a question. So, was I the patient refusing to cooperate and answer questions or did they not have the capacity at that time because of the injury to answer those questions?

**Trevor Cooke:** Yeah, great question, Jane. He was refusing.

**Jane Jepson:** And how do you make that determination?

**Trevor Cooke:** So, when this individual did not hit their head by any means. and this had been a previous behavioral issue of this patient in the past, where they decided to not respond to questions and…

**Trevor Cooke:** lay in that fetal position. and usually pretty quickly this individual will jump back up and start laughing about it. and so it was not uncommon. Yeah.

## 00:25:00

**Jane Jepson:** and yet a follow-up question…

**Jane Jepson:** if I may. And yet in this case, this person had a quarter size injury that was bleeding. And so I guess it was a mental status exam done to determine mental status after a fall. Would that be the standard of care?

**Trevor Cooke:** So, they did as best of an assessment as they could with the patient who did not want to engage. the quarter size wound was on the lower extremity of their body and…

**Jane Jepson:**

**Trevor Cooke:** so it wouldn't have caused any cognitive issues.

**Laurie Goldstein:** And what it says too in the report was that they had this pattern of refusing to cooperate earlier in the day as well.

**Laurie Goldstein:** And again it was probably not in the visible area and that the patient was in until someone saw that there was some blood. That's when they again I think called the medical RN and they called to check and the PUM and other people. Let's see. Not cooperative and hadn't been cooperative earlier in the day.

**+1 480-***-**15:** Okay.

**+1 480-***-**15:** Got it.

**Laurie Goldstein:** And they were assessing pain scale earlier and then they took vitals. It was just later when the medical provider arrived at the unit. then the patient started to indicate that they were having some pain and at that point the pain scale went from zero out of 10. I mean as they report on that face scale which I have no idea what that is but I'm sure it's a pain measurement scale.

**Laurie Goldstein:** this little series of faces that go from sad to looking happy and pointed that to answer your question Jane I'm not sure whether there was a reading over this and I'm reading over this for the first time but to answer your question I'm not sure that a mini mental exam was actually done here in the emergency room for example just to determine whether somebody has the capacity to understand questions that are being asked of them. We usually ask them where they are. What time is it? Do they know where they are? Do they know who they are? And if they can answer those very simple questions, we assume they have the capacity to make a rational decision.

**Laurie Goldstein:** And that in this case a person then if that had been assessed which I'm kind of certain that they would have at least done that then the person acting bizarrely could be attributed to just his behavior rather than to any kind of insult to the brain due to the fall. That's my understanding here. And I just want to point out that just because I mean I'm arguing against myself here, but just because somebody is not agreeable and doesn't follow orders or won't cooperate earlier in the day doesn't mean that after they suffer a head injury. You should assume this wasn't a head injury, but I thought it was a head injury. No, it was a fall.

**Laurie Goldstein:** It wasn't ahead,…

**Laurie Goldstein:** I think.

**Trevor Cooke:** That's correct.

**Trevor Cooke:** They did not hit their head.

**Laurie Goldstein:** Did not. All then there was really no reason to assume that this person did not have capacity to understand. At least from this incident anyway. Yeah. Okay. So, that was that one. Let me see. Is there anything else? Sorry, Jane.

**Jane Jepson:** So the patient was uncooperative when they fell and they were initially interacting with staff. So would it not be reasonable to presume that a zero on the face scale would just be a sign of uncooperation and not a true measurement of any pain that was being experienced?

**Trevor Cooke:** So, I will do my best to answer that question. But feel free for anybody else to jump in. because this patient refused to answer questions, they were going based off of his presentation in terms of as the IR was saying, was he griming, was he crying, was anything like that to indicate that there might be pain and initially that was not the case. and then later on when they were again continuously reassessing him it was determined that it looked like he was in pain based off of the facial expressions that he

00:30:00

**Jane Jepson:** Okay, thank you.

**Laurie Goldstein:** I think that is it for the reports that I pulled today or not today for this month. Let me see back where we are. So, I'm not sure if Barb, have you joined yet? So, Alice, do you want to report? And I'll give Barb and see if she can join.

**+1 480-***-**16:** I can go over some things, but there's some things that I need to be careful of because I don't want to give away HIPPA. And also Mike, there's some questions that I'd like to construct for you like I had done last month and send you in an email…

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

**+1 480-***-**16:** If that's All That way I can thoughtfully construct them and go through paperwork and make sure it's thorough.

**+1 480-***-**16:** The one thing that I'd like to know I still don't have an answer on is did the autistic patient with whom we've been speaking about did he ever get the noise cancelling headphones?

**+1 480-***-**16:** It was under the ADA. I mean when I had the meeting with this patient that I was told that no the patient did not

**Michael Sheldon:** I think the situation where the individual did have headphones,…

**Michael Sheldon:** But we determined they were contraband because they were metal. and we gave this individual the option to purchase a different brand that was approved. but what I can't say is whether or not that actually happened. Trevor, am I thinking of this other right case? Okay.

**Trevor Cooke:** Yeah, you are. And so, as Mike is saying, we did find noise cancelling headphones through an approved source that would not be contraband presented to this individual a few options.

**Trevor Cooke:** And this individual declined those options.

**+1 480-***-**16:** Okay, thank you.

**+1 480-***-**16:** I appreciate that a lot. So then, yeah. Okay.

**+1 602-***-**31:** haven't received any options to show you.

**Trevor Cooke:** I came in with a kind

**+1 480-***-**16:** And in my notes it says that I still need to get an answer for that patient. Also, I'm sorry about light because a large amount of light

**+1 480-***-**16:** is another problem related to this patient's autism. so a pair of appropriate flu blocker glasses or something the patient said would help a lot. And then there was another concern about taste. and this makes complete sense because they don't have the filtration on the bottles. and I guess it's become very expensive to buy drinks or bottled water or things like that.

**+1 480-***-**16:** There's a problem with the patient feeling comfortable drinking the regular tap water at the hospital due to, like I said, the issues related to his autism, the taste and…

**+1 480-***-**16:** texture of the water as well as the bright lights and sound. Okay.

**Trevor Cooke:** I want to point out that we do have water stations throughout both of our campuses.

00:35:00

**Trevor Cooke:** And those water stations have filtered water in them to use.  It's not regular tap water that we're asking patients to drink.

**+1 480-***-**16:** So, they do have filtration on those. For some reason, I wasn't clear if they did or didn't. All right.

**Michael Sheldon:** Yeah, they're filtered water fountains. and we're also looking at the possibility of funding permitted to install …

**Michael Sheldon:** bottle filling stations on those units as well. And those are also filtered obviously.

**+1 480-***-**16:** That would be great.

**+1 480-***-**16:** I know we have those in the public school system and they're wonderful and they are filtered and the kids can just go up and refill their bottles throughout the day. that would be great to have for the patient.

**+1 602-***-**31:** I can speak from the patient perspective. I know that the water filtration bottles that they were using were squeezy ones. They weren't hard bottles and the water filling stations would be great, but like I said in the previous meetings,…

**+1 602-***-**31:** We don't have water bottles anymore because they were taken because they were said that they could be contraband. So even if we get those water filling stations, I don't know what we're going to use.  I guess we can use our old Mountain Dew bottles or something, but that I don't know. It seems kind of futile.

**+1 480-***-**16:** So, I'm curious about that.

**+1 480-***-**16:** Why can they have a bottle of soda and yet not a squeegee bottle of a water container with a filter? What's the difference between one's contraband and one isn't?

**+1 480-***-**16:** Does that can we

**Michael Sheldon:** I don't have the answer to that unfortunately.

**Michael Sheldon:** I think it was something to do with some patients having bottles that were hard plastic. even if it's still kind of flexy, it could still be used as a weapon. Others had bottles that were actually metal. Which, clearly, is an issue for us. I think the thought was we'll install these stations and then the patients kind of K just said they could refill a general kind of bottle of water like they would get from a vending machine and use that in rotation.

**+1 480-***-**16:** Crazy that we're stopped. Okay.

**+1 602-***-**31:** Yeah, I can get you the actual name and…

**+1 602-***-**31:** the manufacturer and then you can Google them. But yeah, it was a Brida style filter inside of them. They're called SI shells. and I've seen a couple of patients who had them. They have a small Brita filter in them and then you filter the water through them and it's actually kind of a squeezy kind of bottle to drink from. It was all soft plastic. I've seen them.

**+1 602-***-**31:** I don't know why those were confiscated, but they thought I was security when they did the contraband sweep and just confiscated all the water bottles…

**+1 480-***-**16:** I wanted to try to understand why those were confiscated over like I said bottles that they can get from a vending machine of soda. I'm not trying to be a jerk.

**+1 480-***-**16:** I just want to understand why one would be considered dangerous and other not. It just stinks…

**+1 602-***-**31:** because some were hard, some had metal in them. There was just kind of a myriad of different kinds of water bottles and I think that maybe if we can get the other ones back or at least get them approved or something that would be helpful. I think security just kind of came through and they saw water bottles on the list and just grabbed all the water bottles not understanding which ones were contraband and which ones weren't. Yeah, they're like $40 or…

**+1 480-***-**16:** because I know that those soft filter water bottles can be very pricey. I buy that kind of stuff for when I go camping in case I run out of water on a hike and I know they are not cheap.

**+1 602-***-**31:** something like that.

**+1 480-***-**16:** That makes sense.

**+1 480-***-**16:** All right So then I need u to know can I get in writing Mike what the patient is being offered for noise cancelling headphones. Is it possible?  because under the Americans with Disabilities Act, he really should have something.

00:40:00

**+1 480-***-**16:** And if I can have a copy I can let him know and then there's like no can we do that?

**Laurie Goldstein:** on how they would accommodate someone with autism or on the spectrum in regard to counseling headsets…

**+1 480-***-**16:** Yeah. Yeah,…

**Laurie Goldstein:** but not for one person in particular. I think in general not that for any patient on the spectrum. Yes.

**+1 480-***-**16:**

**+1 480-***-**16:** in general as well as something also for the because obviously light as well as sound can be very very distressful for somebody with autism for any patient.

**+1 602-***-**31:** Okay, I'm

**+1 480-***-**16:** I think that's perfect. That way we can have something. Yeah.

**+1 480-***-**16:** in writing for any patient.

**+1 480-***-**15:** Alice, Alex,…

**+1 480-***-**15:** keep in mind that safety is of utmost importance in the hospital and yes while the ADA accommodations are warranted if those accommodations can potentially violate or endanger somebody Then we can't Yeah.

**+1 480-***-**16:** And that's why he mentioned different kinds in some cases the metal is a danger in other cases Mike you said to Trevor that there were some that were appropriate.

**+1 480-***-**16:** I would,…

**+1 480-***-**15:** So I would go more along the lines that…

**+1 480-***-**16:** …

**+1 480-***-**15:** what Lori was saying regarding a policy and maybe a clarification but versus having Mike being sworn in and all that. I'm just kidding. so I will go more along the policies and figure out how to mediate the ADA and safety

**+1 480-***-**16:** Yeah, because I'm just concerned because this has been going on for so long and if there's any possible way that I can help him so that he can participate more often during the day on the unit with you. His big thing is the sound and the light. being two of his biggest reasons and then he admits to the fact that it also leads to behavior which neurologically I understand that my masters is in exceptional special ed and of course autism was one of the big focuses in my studies and I also work with a lot of autistic students and patients So I understand, but I just feel do one thing that would really be great.

**Michael Sheldon:** I mean, and obviously we'll supply the IOC with whatever we can. I don't know if we're going to have a policy that speaks specifically to…

**+1 480-***-**16:** Yeah. That would be great.

**Michael Sheldon:** what you're referring to. It could be a mixture of our contraband policy and…

**Laurie Goldstein:** Mhm. Okay.

**Michael Sheldon:** then other types of accommodation policies that we may have. So, we'll do our best to get you kind of in the wheelhouse and…

**Michael Sheldon:** Then go from there. Okay. Yeah,…

**+1 480-***-**15:** Yeah, I mean yeah,…

**+1 480-***-**15:** I don't expect for you to have a specific policy for headphones, but that would be more regarding contraband and so forth. So that's reasonable

**+1 480-***-**16:** I'm getting confused. All I'm looking for is what was presented to this patient because if he says he wasn't presented with anything, I would just like to see it and then he can schedule a meeting with me and…

**Michael Sheldon:** we can definitely find we can

**+1 480-***-**16:** I can say, "Hey, these are what I was told you're presented with." And if you weren't, here's what I have from the hospital for you.

**Michael Sheldon:** Yeah, we can do Yeah,…

**+1 480-***-**16:** And then move forward to getting him what he needs. I mean,…

**Michael Sheldon:** We can do some digging on that.

**+1 480-***-**16:** That's all.

**Michael Sheldon:** I'll definitely get with Trevor tomorrow and…

**+1 480-***-**16:** Yeah, perfect.

**Michael Sheldon:** We'll upload something to the folder so you all can see exactly the evidence of what we've done.

00:45:00

**Laurie Goldstein:** And yeah, the other thing that I was going to ask Melissa, I've been through a lot of psych facilities visiting touring, and I've seen lots of patients.

**Laurie Goldstein:** I don't think I've ever seen ones with glasses on that were shaded or anything. So, I don't know. Melissa, are you aware as an architect? I know you guys do lighting that's kinder and softer and more in tune with not the bright fluorescence, but do they have approved glasses?

**+1 480-***-**16:** Mhm.

**Laurie Goldstein:** And I mean, I would think too in a hospital, you'd want to be able to see the person's eyes to see how they're responding, too. So, I'm just wondering

**+1 480-***-**16:** So there's blue blockers there.

**+1 480-***-**16:** There are glasses and I've seen students with them. Also, when I'm in a classroom where a lot of the kids are autistic, I do have specific lights that I use and I turn off the fluorescent lights when they're in the classroom and it's a huge help. But yeah, you can still see eyes, their pupils, everything. It's usually a spectrum like a blue blocker, lighter shade.

**Melissa Farling:** Lori, I'm not sure I'm understanding. Are you talking about the actual glasses an individual wears or you're talking about windows,…

**+1 480-***-**16:** Yep. Yeah.

**Melissa Farling:** right? mitigate.

**Laurie Goldstein:** glasses that help individuals. Yeah. Okay.

**Melissa Farling:** Yeah. I'm not. but it makes sense that there is. So that's No, I'm not.

**+1 480-***-**16:** Yeah. If you want to,…

**Melissa Farling:** I can follow up though.

**+1 480-***-**16:** I can probably even ask at the school district level what they use for some of the kids because I've seen it. And like I said, as far as lights go and when I'm in a classroom and I have any number of autistic kids, the students are very understanding. We turn off the fluorescent light and then we use different lighting.

**+1 480-***-**16:** It's just softer lighting. And it's funny because all the students across the board prefer it. But as far as on the unit, obviously you can't do that. so there are glasses that these kinds of students or patients or persons in general can wear. And you can see their pupils and everything. They're not wearing regular dark sunglasses. It just helps with some of that. It's like blue blocker I think is what it's called. I can find out it's with the rise in autism. I think that those patients and students kind of have become dear to my heart. So next thing I think we finished with that.

**+1 480-***-**16:** one of the concerns noted by a lot of the patients and Kay can speak to this is reintegration obviously is hugely important for so part of the reintegration skills program has to do with work and excuse me, work and then their ability to go on specific outings. And to my understanding, unfortunately, because of funding cuts to the hospital, patients aren't getting the same number of hours of work, thus not as much money.

**+1 480-***-**16:** And the only reintegration offering on the outside that doesn't cost,…

**+1 480-***-**16:** Okay, correct me if I'm wrong, is it the library?

**+1 602-***-**31:** Yes. the library and…

**+1 602-***-**31:** Then I believe there's some hiking activities but not everybody can participate in those. So I think the major concern with the patients is that getting cut to one and a half hours at minimum wage per week amounts to roughly about $22 and that's $88 a month. And that's tough for people especially on CRU that have to have cell phones, have to pay for their own personal hygiene, go on their outings as well as I mean it's really difficult I think. And for the Cottonwood unit, we don't have as many outings. But it's still difficult to manage $88 a month. And I don't know.

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**+1 602-***-**31:** I mean, going to the library is a form of community reintegration, but I thought the goal was to go to malls and go to restaurants and do things that you normally would do on the outs to kind of reintegrate us with, talking to hostesses, waitresses, cashiers, and things of that nature. And so, it's really difficult, I think, on $88 to do that. It's just…

**Michael Sheldon:** So, I want to say a couple of things really quickly. One, I was not aware that the outings had been limited to just the library and that they were not going to things like the mall or Right.

**+1 602-***-**31:** How are we on $88? I guess that is the question. You've seen employees just going to 25 bucks.

**Michael Sheldon:** So, yeah. Right. Just so everybody understands…

**+1 602-***-**31:** I made it.

**Michael Sheldon:** how this works is that we have at the hospital what is referred to as a therapeutic work program. and the patients will engage in certain activities. and if they do so the hospital is required by law to pay the patient. So the minimum wage is going to increase by law in a couple of weeks here. We did an analysis and we found that there were about 90 patients on the forensic campus alone that were engaged in the therapeutic programming work program getting on average about three hours approximately per week. So you all can do the math.

**Michael Sheldon:** I'm not going to go into it for what that's costing, but that's coming right out of the hospital's operating fund. which we need to also spend on, salaries for employees, supplies for the units, everything else, so, I made a call about a week and a half, two weeks ago to pull that program in, and reduce the amount of hours, like Kay said, to one and a half per week per patient.

**Michael Sheldon:** I'm also going to have Trevor and his team in early January have some very thoughtful and quite frankly curt conversations with the patients about that program.

**+1 480-***-**16:** All right.

**Michael Sheldon:** So the forensic hospital has 125 patients on it approximately. I don't believe that 90 should be in the therapeutic work program. I think that it should be more selective to those individual patients who are actively engaging in treatments. They're medication compliant. They are trying to progress and move themselves forward. so once it really should be like work. If you have a job you should not be assaulting other patients. You should not be aggressive towards our staff.

**Michael Sheldon:** You should not be physically assaultive towards employees.

**+1 480-***-**16:** arrested. Okay.

**Michael Sheldon:** If you do that in the real world, you get fired. That's exactly it. So I really want to make sure that we're targeting that program correctly for the patients who have shown that they are truly committed to the hospital and moving through this system. so the way I envision it the therapeutic work program once we have these conversations with the patients and we have a better sense of how this thing should work I believe that the number of hours will increase but the number of patients in that program will decrease I don't have more details than that right now but that's the approach that I've asked the team to take so that we can be more conscious of the resources that we are utilizing.

**+1 602-***-**31:** That's our only complaint.

**Michael Sheldon:** Yeah. and that's a great point, Kay. If you think about it, if a patient has privileges for outings, then they should be in the therapeutic work program getting a few hours of work per week, right? Yeah.

**+1 602-***-**31:** Right. And I think in general, the way that the work program works here is that if you've gotten into fights or if you've caused problems with staff, they generally pull you from the work program. You're not available to work.

## 00:55:00

**+1 602-***-**31:** It's normally on the treatment team to suggest to rehab who is ready to be part of the work program.

**+1 602-***-**31:** Do you see what I'm saying? So It's a treatment team decision and it's not based on anybody in rehab. The treatment team makes the referral and the treatment team is ultimately the one that is assuring that they are medication compliant and that they aren't getting into fights. They are doing…

**Michael Sheldon:** Yeah. and…

**Michael Sheldon:** I want to emphasize the work part of it and…

**+1 602-***-**31:** what they're supposed to be doing and then they make the recommendation to rehab. That's currently what's in place.

**Michael Sheldon:** Maybe I don't want to say deemphasize but not lean so heavily on the therapeutic part of it. I really do believe that,...

**Person 14:** It's amazing. Yeah.

**Michael Sheldon:** you and your colleagues, if at some point you're going to discharge and you're going to go out into the real world. and the real world will not tolerate people who act a fool. so that's kind of more of the emphasis that I want to put on this, but this is really a moving target at this point. but u just know this is not an indefinite forever kind of thing right here.

**+1 602-***-**31:** Right. Okay.

**Michael Sheldon:** We're looking at the program holistically and how to reformat it to better serve you as patients and still be respectful of our limited resources. Yeah.

**+1 602-***-**31:** Yeah, I know. And we as patients have come up with some ideas to help offset some of the costs and we can have those discussions later.

**Michael Sheldon:** Yeah. No,...

**Person 14:** I...

**Person 14:** if I can comment on that also and...

**+1 602-***-**31:** But I just wanted to address the complaints and...

**Person 14:** I'm not saying that 100% of it comes

**+1 602-***-**31:** why people are struggling.

**Michael Sheldon:** no, no, no.

**Laurie Goldstein:** If you're a patient, you talk at this point. K can talk because she's part of the OC. Sorry.

**+1 480-***-**16:** when they have a job. They can't physically get violent verbally. They shouldn't have to, unlike a violent patient on a unit be held back in a going after another patient, go after people within their care just, that's something else that we need to address,...

**Laurie Goldstein:** No, I mean again I think that

**+1 480-***-**16:** but I think we should address it in executive meetings. So, you guys can kick me off if you want, but I don't want to end up getting another target on my back or for saying something. I'm not getting another phone call from somebody threatening me. not going to happen. I would rather talk about this video that we watched and I can't say this publicly because I will not be threatened again. I know, they shouldn't be telling. Yeah, exactly.

**Laurie Goldstein:** So that's just wrong.

**+1 480-***-**16:** So, somebody else is going to need to do it, but I think that it should be addressed. So s***.

**Laurie Goldstein:** And I was just going to say too that even outside in the supported work programs, even if you have an SMI diagnosis and you're in a supportive work program, if you're having symptoms of your mental illness and you need to leave work, that's kind of understood. or if you need help communicating challenges that you're having or in the work that's understood but you cannot just say I want to leave now I'm tired or I'm bored or this or that or even that comes to an end.

**Laurie Goldstein:** So I do think that there has to be some realistic expectations when people are planning and prepping for the real world and for work.

**+1 480-***-**15:** So Lori, I agree with you and what I heard and then now this is my opinion. So if somebody is eligible for a work program, they should not have DTO or DTS behavior whatsoever and the risk of them having such thoughts or actions and etc should be extremely low or just no risk for that because otherwise

01:00:00

**+1 480-***-**15:** guys we're setting them up I mean not we but they're set up for failure right because in the real world there are rules regulations vital norms etc etc that people have to follow whether you have a mental illness or not and if they want to be part of a meaningful employment program or whatever they need to be safe and give reassurance that the people around them are safe. Does that make sense?

**Laurie Goldstein:** relationship and agreement with certain behavioral health providers with the understanding that their staff and…

**Laurie Goldstein:** their clients are going to be safe, So, if you allow someone that's not going to follow the rules or be safe, that jeopardizes the whole program for everyone.

**+1 480-***-**15:** right and it puts the other participants in the program…

**Laurie Goldstein:** Yeah. Agree.

**+1 480-***-**15:** which it's not fair and it violates their rights. So yeah.

**Laurie Goldstein:** We agree. So, Alice, I know Barb, were you able to unmute? Larry, you're I'm not the moderator I don't know if you're allowed or you have the authority to unmute anyone. I know in other meetings I can't unmute.

**Laurie Goldstein:** I can mute people but I can't unmute.

**Lawrence Allen:** That's correct.

**Lawrence Allen:** I have the same thing as well. I can't unmute people. Star 6 (*6) will unmute…

**Laurie Goldstein:** So Barb try star six.

**Lawrence Allen:** if she's still on the call.

**+1 602-***-**37:** I did. Can you hear me now?

**Laurie Goldstein:** We can hear you.

**+1 602-***-**37:** Yeah, I tried.

**Laurie Goldstein:** Okay.

**+1 602-***-**37:** Good. Thank you. Do you want me to go on with the patient visits…

**Laurie Goldstein:** Yeah.

**+1 602-***-**37:** because I know it.

**Laurie Goldstein:** You and Alice just choose.

**+1 602-***-**37:** As Alice had said, we will bring some of this up in the executive session, but we have to wait to get that on the agenda…

**+1 480-***-**16:** Thank you, Dave.

**+1 602-***-**37:** because there's too many identifiable things that we could say that would easily identify a patient.  And we don't want them to protect their privacy. But there's a couple of things that were kind of throughout, maybe not every single one that we saw but a number of the patients questioned if ash is supposed to be to emulate the outside society why is it that they're treated better?

**+1 602-***-**37:** it's less restrictive and they're treated better when they're in jail. so that they'd actually rather be in jail because so many things are so much better. and yes, the headphone incident we've already talked about. and the other thing about keeping going to executive sessions is so there won't be retaliation. Again, it's a walking horse which seems to come up at almost all the time in terms of patients wanting to have some of their pro other company available.

**+1 602-***-**37:** and from being in all the meetings before I don't think that's going to happen. and just one of the things about as Alice said there are definitely sensory sorry I'm getting horse again. sensory issues involved with people on the spectrum and light and noise are two of the biggest ones. Another one is tags on clothing or seams on socks. So, you need to meet the patient where they are.

01:05:00

**+1 602-***-**37:** Then there's just some patients who didn't understand why some things they got nailed on some things what they did wasn't that they got doxed dinged for. though. I know what it was. When they go they have more privileges at doc and…

**+1 602-***-**37:** they get time served whereas they don't give them any credit for the time served.

**Laurie Goldstein:** One thing Barb I can say is that typically I mean…

**Laurie Goldstein:** If someone is at Ash and they've had a plea agreement that they go to Ash it's a different environment than jail and prison. I do know of recent cases where people that we all know, attorneys that had been contacted after the fact and patients that are very smi and you guys know some of them as well that weren't as fortunate to go to ash and went to jail or prison and some of them died and others are really even the attorneys are  saying I'm like, why are they going to prison if this happened?" it was their lawyer that they maintained that didn't ask for a plea. So, again, the assertion that things are always better in prison. I'm hearing from attorneys that don't always think that.

**Laurie Goldstein:** and even our old IOC member Ashley Odo who's now general counsel and associate deputy attorney over our prison systems. I don't know if they try to do the best they can in prisons. I don't think it's as therapeutic as a hospital.

**+1 480-***-**15:** This is Jannina. so I do coordinate care with the jail system quite often and the care in the doc and jail is poor at best. They're not getting medications. They're not getting treatment. They're mis I mean they're not getting anything. So that statement is really a little bit of sensitive.

**+1 480-***-**15:** Okay.

**+1 602-***-**31:** Can I jump in really quick?

**+1 602-***-**31:** I know that the back time issue is something that's clearly written in the law. The law says that we do not get the back back time if we do take a GEI plea to Ash. So unless they are willing to transfer to the department of corrections in which they can get their back time, that's the only way that they can actually get their back time.

**+1 602-***-**37:** And the other thing that sometimes comes up is na Some of the patients want healthier snacks and one of the patients expressed that he was hungry all the time because he moves around a lot, exercises and stuff.  and he can't get anything. I asked him if he talked to the RD he had told him that the budget was cut and I don't believe I can understand that the patient is hungry.

**+1 602-***-**37:** However, on the exterior, he looks fit. He doesn't look gaunt. He doesn't look like he's not weighing what he should be or having trouble getting around. but I can understand the hunger

01:10:00

**+1 480-***-**16:** Yeah. It's got to be very frustrating. I felt that from him too, Barb. And the fact being that, when you look at things like essentially he compared it to commissary, if he was in jail or prison, apparently it's more expensive at the state hospital and the other thing is these guys should be able to access more quality food. And I am very happy about some of the coming changes across the nation. every time I travel in Europe or other countries, I feel comfy within a week. I didn't realize it until about five years ago. It's because there's so much toxicity in these processed foods we eat here. Mental health and physical health are tied together. So, healthier options.

**+1 602-***-**37:** definitely tied to mental health. And the fact is that when you're in an institutional setting,…

**+1 480-***-**16:** Yeah. Mhm.

**+1 602-***-**37:** Many of the times because of budgetary issues, healthier food can't be provided. So it's like the ultra-processed foods that are put in the machines are available to buy and…

**+1 480-***-**16:** Yeah. Yeah.

**+1 480-***-**16:** And hot dogs are fed to them at night.

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

**+1 602-***-**37:** All right.

**+1 480-***-**16:** And yet, you know what? It's like some of these long acting injections are $30,000. That's not just even though diet alone could be very helpful,…

**Laurie Goldstein:** I think Yeah,…

**+1 480-***-**16:** you know what I mean?

**+1 602-***-**37:** There's research out that people…

**+1 480-***-**16:** And I just found Yeah,…

**Laurie Goldstein:** I think Mike had his hands up.

**+1 602-***-**37:** Those who have bipolar disorder can do well. Their symptoms are improved being on the keto diet, but the keto diet is not necessarily Yeah.

**+1 480-***-**16:** Yes, I've read that.

**+1 602-***-**37:** It's not necessarily the easiest for people to be on long term. Yeah.

**+1 480-***-**15:** This is Jina. if you don't mind, Alice and Bar and everybody from IC, can we maybe take this offline and…

**Laurie Goldstein:** Yeah. Yeah.

**+1 480-***-**15:** have a course of a message to the leadership at ASH because I think we're digressing.

**+1 480-***-**16:** Yeah, I already mentioned that. We should definitely take some of this to the executive committee. I agree,…

**Laurie Goldstein:** Okay. Yeah.

**+1 480-***-**16:** Yeah. Okay.

**Laurie Goldstein:** Mike has his hand up. Mike.

**Michael Sheldon:** Thanks Laurie. Members, I want to just make it very clear that the hospital has not cut food services to any patient due to funding at all. That would be the last thing we would ever do.

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

**Michael Sheldon:** So if you're being told we cut the food services to the patients, that is absolutely 100% false.

**Laurie Goldstein:** it wasn't you but some of your staff were in the meetings as well when patients in the forums and I've been on both civil and forensic when they've asked for healthier forums I do think that it was on civil and it was explained that when the vendors put in healthier options the vendors that are contracted don't like it when the healthier options don't sell and when they don't sell people say they want to be

**Laurie Goldstein:** healthier and eat healthier, but their behavior and practices, if they don't buy those healthier snacks and they go after the other snacks, then the vendors stop stocking them or stock them at a much lower rate.

**Laurie Goldstein:** So, it's kind of this self-fulfilling prophecy. People will say, "I want to eat healthier." But then they go to the machine and they choose junk. Right. Yeah.

**Michael Sheldon:** That's 100% true. It's all supply and demand. The food that gets put in those machines,…

**+1 480-***-**16:** Right. Of course.

**Michael Sheldon:**

**Michael Sheldon:** It does spoil eventually. So the vendors are operating at a loss to put that into the machines unfortunately.

**+1 480-***-**16:** But my question was a little bit further and I had to do it. does walking horse offer food because one of the patients concerns was that they weren't able to buy some of the food from walking horse and I wasn't sure if they offered healthy options

01:15:00

**Michael Sheldon:** Walkinhorse does offer food. However, my understanding is that we do not allow patients to purchase food from Walking Horse.

**+1 602-***-**37:** Excuse me.

**Michael Sheldon:** Specifically because I cannot have patients hoarding food in their rooms. And essentially what will happen and I can promise you it will happen because it's happened before is that patients will buy things and…

**+1 480-***-**16:** Okay. Then I see what's going on.

**Michael Sheldon:** then sell them to other patients and kind of exploit their colleagues. and then I can't have patients running a store out of their bedroom.

**+1 480-***-**16:** Okay. That's when I kind of needed a full picture.

**+1 480-***-**15:** Was that already?

**+1 602-***-**37:** Yeah, I agree.

**Laurie Goldstein:** Any other major concerns?

**+1 480-***-**16:** I appreciate the full picture.

**Laurie Goldstein:** I was just saying any other major concerns from the patient visits,…

**Laurie Goldstein:** any topics that can be brought up here rather than executive session.

**+1 602-***-**37:** Sorry. …

**+1 602-***-**37:** I think we've already pretty much said what we can say here. Do you agree, Alice? No,…

**Laurie Goldstein:** Okay, thank you guys.

**+1 480-***-**16:** Goodbye.

**Laurie Goldstein:** Were you able to go over to the civil side and set up a table?

**+1 602-***-**37:** the patient names that we had were all from forensic

**Laurie Goldstein:** Anytime you want to go, I think even though the civil patients don't tend to sign up like they had years ago, I know when we're there in the forums, then they want to talk.

**Laurie Goldstein:** So we were thinking that next time people had time to go visit the hospital, if you go visit forensics, if you want to set take an hour and maybe set up in the library or somewhere on the civil side patients, you get a perspective of the civil campus patients wants and desires as well.

**+1 480-***-**16:** I'm substitute teaching and substitute nursing in the districts right now and joining the kids. So, my schedule's super flexible. If anybody's got time, I'm glad to do it again on Monday.

**+1 602-***-**37:** That sounds good.

**+1 602-***-**37:** As would I. All right, I'm burning.

**+1 480-***-**15:** I can join you,…

**+1 480-***-**15:** Alice, on a Monday is mine so I can join you.

**+1 480-***-**16:** That would …

**Laurie Goldstein:** Okay,…

**+1 480-***-**16:** That'd be cool.

**+1 480-***-**15:** Okay, sounds like a plan.

**Laurie Goldstein:** guys. Let's see. We have a couple things. One, I think Larry, they would like to talk about some of the issues in the executive session. We go to the public executive session, then back to the public meeting to adjourn.

**Laurie Goldstein:** I don't know if we had planned on it. So I don't know if we have the executive session link. We did.

**Lawrence Allen:** We don't have it on the agenda.

**Laurie Goldstein:** Okay. We can do that.

**+1 480-***-**16:** Thank you.

**Lawrence Allen:** It would have to be tabled for next month.

**Laurie Goldstein:** And the other thing is I did send you guys the list that IOC it's a risk assessment readiness checklist.

**+1 602-***-**37:** Thank you.

**Laurie Goldstein:** So in your inboxes it has all of the items that are required before someone is going to get a request for a risk assessment. So let's see 24 items that need to be I think probably positive before they can go forward for an assessment.

**Laurie Goldstein:** One thing, Mike, are those shared with the patients?

**Laurie Goldstein:** Do they know what they have to commit or what they have to show and demonstrate

**Michael Sheldon:** So, I think that policy was just approved in the past seven or…

**Michael Sheldon:** 10 days. I don't believe we have shared that with them yet. I could be wrong. but if we haven't, and I'm probably safe to say that we have not. So we'll figure out a way to do that. I don't know if we'll post it on the unit or just hand out a couple copies to every unit so they all have it. There's nothing on that list that is groundbreaking that makes you panic. It's basically the stuff that we've already discussed. Does the individual take their medications? Have they had any instances of abusive assaultive behavior?

01:20:00

**+1 480-***-**16:** Mhm.

**Michael Sheldon:** do they understand the symptoms of their mental illness, things like that. So, we have no problem sharing it. I made it very clear that the patients need to know what we're going to be assessing them against before we dedicate our resources for a risk assessment because ultimately what's going to happen is if we move forward with a risk assessment and the patient's lawyer files a petition to go to court to have their privileges adjusted.

**Michael Sheldon:** the judge is going to look at the risk assessment she is going to say, wait. This person is not taking their medications. Why would you even bother recommending them for privileges?" So, it's just a checklist to make sure that we don't expend resources unnecessarily and then bog down the court with improper recommendations for progression.

**Laurie Goldstein:** That's

**Michael Sheldon:** But yeah, absolutely, we'll share it with the patients. probably get it out tomorrow. as far as I'm concerned,...

**+1 602-***-**31:** Adding these extra steps will add to the risk assessment process.

**Michael Sheldon:** I don't think it's going to add that long. I know there's already numerous assessments in the process right now that psychology is digging into. What I kind of foresee happening is that there will be an initial bottleneck as the treatment teams are going through the checklist just to verify that the individual or the patient in question has met these standards before they move forward. And then once that's taken care of, it'll be just smooth sailing through the process. And they have started risk assessments again. I don't know if we had that conversation. They restarted on December 2nd.

**Laurie Goldstein:** Okay.

**+1 602-***-**31:** out by email and obviously I don't have email. So, if I can get a copy from Tara, that would be great.

**Michael Sheldon:** Yeah, we'll get it distributed out for you all.

**Laurie Goldstein:** Yeah. The only ones I reviewed were just quickly. What if the person was in a psychotic state and can't remember their offense? Because there are some questions, some of them make perfect sense: are they compliant, are they taking their medication, are they assaultive, do they have a positive UDS? but some of them are related to their acts and their offense.

**Laurie Goldstein:** If they don't remember their offense, one of them has an applicable. If they can't remember their offense because they were psychotic, but they are compliant now, do they have to say yes or they can't move on?

**Michael Sheldon:** No, no.

**Michael Sheldon:** And I think that's very important is that you must get 100% on this checklist. but this is the basic standard that we're asking the treatment teams to assess before they ask psychology to dedicate 100 plus hours to do a risk assessment. So the answer to that question is no. You do not need to score 100% on that risk assessment. The way it works folks is that the treatment team completes this screening activity. and then they will send it to our CMO and then to me for final approval. And once No, I think I said that right. It's a brand new process.

**Michael Sheldon:** I'm sorry. It goes to the SEC, the special classification committee on forensics. they'll review it. and then they will approve it or deny it based on the findings. They'll send it to me and then I will be the one who says yes, you can proceed with the risk assessment. so it's not like I said 100% you must check every single box. but because of the fact that our psychology team is small and we have such a heavy workload right now that I want to make sure that they're not going to expend a ton of resources on a risk assessment for an individual who most likely is going to get denied by the courts.

## 01:25:00

**+1 602-***-**31:** And the courts are requesting medical reports, not full-blown risk assessments. They like risk assessments it says in there, but it's not required. Is there a reason why the hospital's doing more than they need to, legally, I guess? Okay.

**Michael Sheldon:** information that would be in a risk assessment. so that's the route we've been going down or the road we've been going down. That's my understanding as well.

**Laurie Goldstein:** that were released conditionally that fail and come back or are out in the community and commit further offenses. Do we have any other business before we go to  Happy holidays? Okay, so we are now in a public forum. So anyone in a public forum, you can say whether you want your name in the minutes or not. And remember that we're not allowed to engage or interact.

**Laurie Goldstein:** So if you're asking questions, we cannot respond. We'll try to keep it to 3 minutes a person. And remember, don't talk about your specific treatment but general issues that you're seeing or human rights concerns that have. Do we have anyone that would like to talk to the IOC?

**Person 14:** No, not on our end. Thank you.

**Laurie Goldstein:** Any other public comment?

**Laurie Goldstein:** Okay, hearing none. Do I have a motion to adjourn and we'll try to coordinate another patient visit on site on a Monday? Motion to adjourn.

**+1 480-***-**15:** I second that.

**Laurie Goldstein:** All in favor? Hi. Okay, everyone have a wonderful holiday and…

**Melissa Farling:** Hi. You're always well.

**+1 602-***-**37:** Okay,

**Laurie Goldstein:** hopefully we'll see each other soon.

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

**Melissa Farling:** Take care everyone.  Happy

**Lawrence Allen:** Happy holidays, guys.

**Laurie Goldstein:** Take care.

**+1 602-***-**31:** Happy holidays.

**Laurie Goldstein:** Happy holidays.

**+1 480-***-**15:** Okay, thanks. Bye.

Meeting ended after 01:28:52 👏

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