

Department of Health Services (DHS)
Arizona State Hospital Independent Oversight Committee (IOC)
Public Meeting Minutes
Thursday, March 20, 2025

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
- Alyce Klein
- Janina Rotaru
- Jane Jepson
- Kim Scherek
- Kay Kunes

Absent:

- Barb Honiberg

Public in Attendance: Timothy Briscoe, John Wallace,

Arizona Department of Administration (ADOA): Larry Allen & Sarah Blache

DDD: Michelle Rademacher

AHCCCS: Fredreka Graham

ASH Administration: Michael Sheldon, Dr. Steven Kwoh & Terra Morgan



IOC: DHS/ASH IOC Meeting - 2025/03/20 17:44 MST - Transcript

Attendees

+1 480-***-**66, +1 602-***-**31, +1 928-***-**31, Alyce, Chuck Goldstein, Fredreka Graham, Holly gieszl, Jane Jepson, Janina, Laurie Goldstein, Lawrence Allen, Melissa Farling, Michael Sheldon, Michelle Rademacher, Person 18, Sarah Blache, Steven Kwoh, Terra Morgan

Transcript

Laurie Goldstein: Welcome everyone to the Arizona State Hospital Independent Oversight Committee meeting. It is March 20th, 2025, 6pm, and I have Alyce, Janina, myself, Chuck, Tay, and Kim on the line right now. Barb cannot attend tonight. And with that being said, does anyone have any disclosure of conflict of interest? and here's Jane. Okay. No conflict of interest heard. Did everyone have a chance to review the meeting minutes that Larry sent out? I know they're a little hard to read because AI isn't always perfect with their interpretation of comments and words. Do I have a motion to approve the minutes as presented?

+1 602-*-**31:** Motion to present the minutes as presented. I

Chuck Goldstein: All right.

Janina: Secondly,

Laurie Goldstein: Do I have a second? All in favor?

Melissa Farling: I, thanks Lori.

Laurie Goldstein: I. Anyone opposed? minutes are approved and welcome Melissa as well. Let's see any Yeah.

Melissa Farling: Hi everyone.

Laurie Goldstein: Any update from ADOA?

Laurie Goldstein: You might want to talk about our snazzy new business cards and the trifold pamphlet.

Lawrence Allen: Yes, a refurbishment, I guess that's a word, on the trifold in the business card for you. If you're interested in that, Lori, I'd be happy to have some printed out for you to send that up to you guys. Help with recruitment if you're out and about. Little small business cards. They're generic and it's got the QR reader on it, so it's easy to go right to the application and right to your landing page of the IOC website. So, they're nice. so if you're interested in that, I'd be happy to get you a box of cards and I don't know,...

Laurie Goldstein: That would be great.

Lawrence Allen: 50 trifolds. If you want more than that, let me know. be happy to do that for Yeah, I'll make that happen for you. The other thing was just the annual training through TraCorp. I know that Jania,...

Janina: I know. I know.

Lawrence Allen: I was gonna if you need help on that, let me know. I will certainly send you the instructions for that.

Alyce: I have the instructions. I don't know if you got my email. I can't get into the right track corp site. And then the one does load and the screen is completely empty and it's been that way every time.

Lawrence Allen: Interesting. Alice,...

Alyce: Maybe you have a link.

Lawrence Allen: Are you listed as Alice Miller by chance? Okay. ...

Alyce: I'm Alice Miller I was Alice Klein.

Lawrence Allen: I had you listed as Alice Miller on the file. I wasn't sure, but I will follow back up with TraCorp to have them reissue you the training. And you have the access code on that email that I sent you on the original email. Yeah, I'll be happy to send that back out to you again. same with you, Jenny. and anybody else I think y'all are the last two to get that done.

Janina: No, I'll get it done.

Lawrence Allen: Awesome. I appreciate your help.

+1 602-*-**31:** I just wanted to give a quick thanks to Tara Morgan for helping me get my certifications done this year. She came pretty late this afternoon to help me get that completed. So, thank you, Tara.

Lawrence Allen: Yeah, thank you I know we played phone tag a little bit and...

Lawrence Allen: Then we just conversed on emails so we got that done. So thank you very much.

Terra Morgan: You're welcome.

Lawrence Allen: That is really the only update I had for the committee tonight. Any questions or issues that I can try to answer or get answered for you guys?

00:05:00

Laurie Goldstein: I think it'd be really helpful this week. I think it was this week or maybe last week. I was trying to get some help from a mental health judge to come and give an informational session on GEI pleas and all the statutes and what they don't mean. And since he thought we work for the hospital, I had to clarify that. I had to send him a really long email and I said, "I had to copy all of our IOC and what our statutes are and're over and what we're not over." So, I'm waiting for a response because the first time he asked me to ask Mike Sheldon to have their council do it, which was not appropriate. Yeah.

Lawrence Allen: Let me know if there's anything I can do for you on that end of it. If that doesn't work out, I can try to get somebody from the AG's office to help us there to get that answered.

Laurie Goldstein: Okay. Mhm.

Janina: If you don't mind sending another email with the link because I think my link expired for the training.

Lawrence Allen: I'll make that happen for you.

Janina: Thank you. Awesome.

Lawrence Allen: So, Lori, let me know if that doesn't work out and we do have a conduit to the AG's office that can help us. and she might have some options for us on that.

Laurie Goldstein: I think that would be good. We have had other people offer, but their attorneys and some of the attorneys are in litigation with the hospital. So, I didn't think that was, ...

Lawrence Allen: Yeah, understood.

Laurie Goldstein: I'd rather have it from a judge that is interpreting it over mental health courts and trying to explain exactly what the statutes mean, what they don't mean when they talk about stable remission and what they're looking for from the hospital clinical team. So, we're better educated on that. The only other thing that if do we have any updates on the ombudsman that ADOA hired

Lawrence Allen: I'm not aware of any new updates. I know Sarah's on the call. I don't know if Sarah wants to chime in here, but I know she's been doing a lot of training.

Sarah Blache: Good evening everyone. no we don't have any updates as of right now. We're still waiting for the ISA to get cleared, but I'm still here listening to the minutes and whatnot.

+1 602-*-***31:** I know that there was a judge in Bergen in Pima County that I believe retired or is doing something else and that person might be willing to talk to us because they are no longer part of they were hearing the GEI proceedings and the statutes that govern our stay here at Ash and he might be willing to I don't know if you've tried to reach out to And

Laurie Goldstein: I'm still in talks with Judge Welty, so we'll see how that finalizes. But welcome, Sarah. I hope that we're able to work together if we are looking into something and the hospital is looking into something that you'll be another advocate for the patients so you can look at anything that we may have an opinion on that's different from the hospitals.

Laurie Goldstein: Thanks Mike. You have your hand up.

Michael Sheldon: Yeah.

Michael Sheldon: Hi everybody. Just really quick, Sarah, that's not entirely true. You did go through our training at the hospital earlier this month. So you're semi-onboarded with the facility.

Sarah Blache: Yes, I completely forgot about that. My bad. But I did. Yes.

Laurie Goldstein: Okay, thanks. And Holly, you have your hand up. You're muted. Okay.

holly gieszl: Everybody was probably glad. I just wanted to mention I don't know if in your conversations with Judge Wely he has told you but He is stepping down as the presiding judge and the new presiding judge will be Judge Pamela Gates. I don't know the exact timing of that and I don't know if he's going to keep the ash calendar. I would love for him to, but Judge Gates is wonderful as So, that's just something to keep in the back of your mind. And also if you'd like to have some there are a few prosecutors, county attorneys who have most of the patients at Ash and there are a few defense attorneys who have most of the patients at Ash in terms of their conditional release cases. So we could easily put together and we all get along for the most part. We work very cooperatively.

holly gieszl: So we could put together a panel of attorneys, two or three from each side.

Laurie Goldstein: I think the issue was when I called and left messages with his assistant and...

00:10:00

Laurie Goldstein: He called me back and I was at a busy function at the Biltmore and it was hard to hear even though I kept walking further and further away. I think he was under the impression that we were working for the hospital, so he wanted Aaron Cohen to do it. and I talked to Mike about it, and like he said, that's not appropriate. So then they asked me to put a full information sheet and a letter together about what the OC is. I put links to what the statutes are and who we are and our website and our last two annual reports. So, he has all the information. I'm just waiting for him to get back to me.

holly gieszl: And great, that's a great idea. We can also send an email and say that some of the prosecutors and the defense attorneys and say, "Please do this. We'd love to have it.

Laurie Goldstein: Yeah, that'd be great. Okay, so ADOE training, we know we all have to do training. You're going to send out the remaining updated links, updates from other IOCs. Holly, do you have anything from your IOC? Okay.

holly gieszl: We have had a very interesting case presented last night that is going forward on two behavioral health residential facilities that were just I guess in a word awful and had very sick members. Additionally, there is a proposal circulating to revise the portions of the Arizona administrative code that relate to the IOC's. and it would vastly change the membership. it would take away training by the department of administration, which I think would be awful. eliminate C. It's a rule change. ash is not specifically included, but if the rule was changed as to its not explicitly excluded either. So it's a quandary. We're trying to find out who is wanting this. I don't and it's interesting because of course the IOC's exist through statutes. Ash is a specific statute and the others exist in two different statutes. So a rule change that is inconsistent with the statutes would be very perplexing and we'd have to wait then to see the statutes change. So I'm a little concerned about it because I think our IOC's are functioning and are creative and innovative and I hate to see us tinkering with either the rules or the statutes or both because sometimes the enemy of good is better and we could end up with a whole new thing in what might even be an election year, which could be dicey.

Laurie Goldstein: Is it AHCCCS that's changing the rules or...

holly gieszl: No, nobody owns up yet. I have it. I thought did I not copy you on it? That's my bad. I'll send it to you and you can send it out to your committee. I got it through some contacts in Yavapai County. I hadn't even seen it. So we just have to start digging in and trying to find out. Sure.

Laurie Goldstein: Thank you. That's interesting. review of action items. One, again, we're still communicating with the mental health judge, the advocate, Sarah, is on and we're anxious for her to get involved and advocate as well for the patients. And from what I've seen, Larry, it's almost like Sarah's going to work closely with the IOC, but I really would like her to look at those situations that we feel strongly about and we can't come to an agreement on corrective action or we say our opinion, administration says their opinion and then it kind of stops there. It doesn't happen often

Lawrence Allen: Okay, maybe we should set up a call with me, you, and Sarah and even Tim maybe to go through some of those pain points and just kind of break down that silo a little bit and figure out the best way to approach that. So that might be something we want to do.

00:15:00

Laurie Goldstein: Other things we had staffing concerns and that's in regard to patio time. I think in the last month we have heard from patients that at times they're not allowed out on the patio because there needs to be two people out on the patio, two people back in the unit and sometimes that gets in the way. Okay, is that getting better?

+1 602-*-31:** Yes, we've been consistently getting at least three staff now. we've been down to two. patio time is still kind of sporadic, but for the most part it is getting better. I think that they're just having problems with getting staff. What's the word I'm looking for? The texts that are on call or whatever to come in and Concentra to come in on the weekends. And that's primarily the biggest issue for us is the weekend.

Laurie Goldstein: Registry staff. I'm glad that's improving. Mike, is there any hiring campaign to try to hire more permanent staff or are you still constrained by budget or Are you just not getting the applicants?

Michael Sheldon: a little bit of all the above. So, our budget is what it is. but there's also just I don't even know the right word to use right now, so I apologize. The words escaped my mind. just workforce issues. the people don't exist in the numbers to meet the demand for the entire healthcare industry. so we're up against every other hospital in the state or in the region when it comes to trying to get the same talent. But yeah, we're doing what we can as best as we can.

Laurie Goldstein: one thing to think about and I don't know if you target them. I was really surprised when I was in Louisiana at their secure residential and they had maybe 80 people in there. They had a woman's wing and a man's ring wing. And the key he said to hiring people and keeping people is he hired from assisted living. And he said after working in assisted living with older patients with a lot of issues, some had smi, some had dementia, and others they seemed really equipped and nothing kind of threw them off their game. So that was his biggest hiring pool.

Michael Sheldon: Let me talk to HR about that. If they have any ideas. That's a really good idea.

Laurie Goldstein: Okay, Holly you're on mute.

holly gieszl: Thank I'm not going to jump in repeatedly. But of all the needs that my clients have and the things that they ask about, I almost plead for more patio time or more time to go out and walk early in the morning before the groups are out there or in the evening. And what I had a patient in tears because the patient said it's going to be 90 degrees and pretty soon it's going to be 105 and I can't spend another four months here with just sitting in the day room all day. I felt so sorry for this person and it occurred to me maybe you could get psych interns, nursing med students, they're all looking for rotations, particularly the osteopathic students, just somebody who can do something as simple as walk on the mall early morning or evening. I just feel so bad for these patients who just don't get that outdoor time.

+1 602-*-***31:** It's difficult on certain units that don't have patios. We really feel confined to the unit. So, it would be nice if Holly was saying, get some time maybe between 5:00 and 7:00 a.m. or between 3 and 5:00 p.m. where it doesn't interfere with our breakfast or our meals and then just have security out on the mall watching us walk or whatever. That would be really helpful.

Laurie Goldstein: I hope they can consider that. Jane, you have your hand up and then

00:20:00

Jane Jepson: Holly, thank you for sharing that kind of angst. because I know I feel a similar thing if I don't get out this time of year, and get really depressed because I know summer's coming and it's such an important part of mental health. What kinds of certifications would be required? Could NAMI volunteers volunteer for this kind of service?

Laurie Goldstein: I'll let Mike answer, but I doubt that a volunteer organization would be left alone with the patients.

Michael Sheldon: Yeah. Yeah, that's correct. and to answer the other part about students, we are attempting to beef up our rotations at the hospital with more students especially with more nursing students and trying to get some schools on board to place nursing students who are in their final year with us for an extended externship 12 weeks approximately, something like that, so they can get more exposure into inpatient psychiatric care. so that may be an option at some point in the future. I don't have a date on when that will possibly go into place at this point. but we are looking at options outside of just direct employees as well.

Laurie Goldstein: That's great. Jane, you can have another and then Janina

Jane Jepson: Okay, it's a follow-up question. Mike, what kind of certification is required for this level of staff?

Michael Sheldon: So it's not so much the certification Jane, it's more of the training that they receive. So we want to make sure that these individuals are trained and certified in non-violent crisis intervention so that in the worst case scenario if something were to happen where if a patient were to begin to kind of amp up or rile up that they would know how to respond to that case. A potentially worst case scenario would be having to go hands-on with a patient. so that's where this gets sticky. A lot of times schools that don't want their students to do that volunteer as Lori pointed out before that's a huge issue as just from the state's perspective of liability when it comes down to those kinds of things. So it is very much that I don't have an answer to.

Jane Jepson: and a followup to that, are there any type of retired nurses associations or retired physician associations that might be a source of volunteerism for the state hospital.

Michael Sheldon: I don't know about any of those organizations.

Laurie Goldstein: That's a good thought.

Jane Jepson: I'm gonna Google right now while Janita takes

Laurie Goldstein: Okay.

Janina: So Mike I know that you probably explore this option. I know that ASU is always looking for places and maybe establishing some sort of contract with the nursing program would be great. I know that they have a community rotation and a psych rotation. So Ash would qualify for both of those.

Michael Sheldon: Yeah. Jannina, that's so we are basically doing and thinking. So right now the department of health services, not the state hospital but the department of health services is negotiating an agreement with Arizona State as part of our movement to become academically I forget the exact term. I apologize, but it's an academically accredited public health organization. And in doing so, the state hospital is being added into that agreement to allow things like this to happen because ultimately our goal is to become a certified teaching facility and we're going to need a very strong relationship with an academic organization in order to do so we've already begun using ASU for some placement at the state hospital specifically for nurse practitioners and then the next step is to tap into their nursing school and then ultimately look for psychiatric residents in the future once their med school is stood up.

Janina: But I think nursing schools would be the best bet for these kinds of activities that Holly mentioned and some other things. I mean it would be an excellent experience.

Michael Sheldon: Yeah. Westward Ho.

Laurie Goldstein: They do it already. It's probably shocked maybe 8 to 10 years ago when they took over what is it the old west is it Westwood hole with a big antenna on it in downtown Phoenix maybe not with and...

00:25:00

Michael Sheldon: Yeah. Yeah, that's it.

Laurie Goldstein: ASU put in their students along with professors and they're working with people I think homeless people with a lot of medical and psychiatric issues and we've been down there a couple times both on the ASU professor side and then also watching them interact. So they already do that type of work and they change their names of the colleges so often. I think it's now under the Watts which is social work and then they have the nursing but if you need help kind of try to direct to the right group just they have more than that...

Janina: Yeah, because they have three campuses. The Phoenix one east side and west side. and like I said, Yeah.

Laurie Goldstein: but again it's just getting it saying what we need and then they can pull from different college programs and campuses. I think that's good. Hopefully, we can get some relief sooner rather than later because these are long-term plans. And Jame, you have your hand up again.

Jane Jepson: I want to dig a little bit deeper to the qualifications then of someone that would be appropriate to walk with these patients on the weekends for relief. So my concern is when I heard you outline for me what the liability concerns are and concerns about using for example a NAMI volunteer. Young nursing students could also fall into that category, they don't have deescalation training. They don't have the physical ability to tackle someone if that was required. So I guess in absence of any written standard for what is the requirement for this role, how can we appropriately go about targeting an affinity based group to recruit for this activity? And I guess could we get a written standard of what's required?

Michael Sheldon: I mean, it would just be the job description for a behavioral health technician. Everything is in there as far as what they require for training and skill set.

Jane Jepson: So it has to be no Okay.

Michael Sheldon: Yeah. We're not just making this up. It's well documented in the records. So, yeah, it's all in there with all and their ongoing training and whatnot. So, they get recertified every year in this as well. So, it's not like a one-off thing. Yes.

Jane Jepson: So, it has to be a behavioral health tech equivalent and...

Laurie Goldstein: And I think they'd have to be part of a group that the state knows is coming in. And we'll get to that later when we get to pet therapy.

Jane Jepson: is covered with liability insurance.

Laurie Goldstein: Yeah. And they're approved. I don't know if they'd have to be approved under, but any Larry, you sent me this. registered to be a state vendor, anyone that's going to do business, even if it's volunteer business, has to be vetted through this process.

Lawrence Allen: Correct. They have to register with the state through our procurement department.

+1 602-*-**31:** I think an easier solution would be if we could get some combination of tech and security guard officers to kind of come up with a number like the 1:5 ratio and get those people out of the mall. I think that we would be able to increase the number of people to watch the patients that want to go outside. I think anyway.

Laurie Goldstein: Okay. Alice, you had your hand up. The insurance was exactly what I was saying. Okay. Was that your comment, Alice, that it was the insurance aspect?

Alyce: Yeah, because one aspect because behavioral health in these settings is so different and it can be tenuous when it comes to using CPI skills and stuff. I would wonder what the insurance companies would require, in order to say, okay, I would cover that incident. What do I mean? That would be a part of it for sure. That's all.

Laurie Goldstein: Yeah, Janina.

00:30:00

Janina: I'm sorry. I didn't mean to have my hands up.

Laurie Goldstein: Okay, that's okay. So, this goes right into pet therapy and we've been talking about that...

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

Laurie Goldstein: since the last dog died, Rosie or can't remember the name, the patient Charlotte. They have not had another dog or another group. There is a proposed dog that's been trained and someone that wants to bring the dog in. I asked Larry and Larry provided the link for them to register to be a state vendor just because a dog has training, has certificates, I can have a dog that's a service dog, doesn't mean I can go to a hospital even if they're allowed to go into other community places or even visit hospice facilities. I think the government agencies require this vetting process for their vendors. So hopefully they'll be able to do that. Holly Yes,...

+1 602-*-**31:** Joseph Caler emailed the registration for the ADOA to be a vendor. Was he given that link? Because I think at this point they've hit a lot of road blocks and I'm not quite sure where they're coming from. so I guess if there is a way to register as a state vendor did Joseph Caler get a copy of that?

Laurie Goldstein: I called Larry about a week ago and asked him to look into it. Larry copied Joseph and he copied me and I forwarded it to the IOC members and I forwarded it to you Kay. So there is a link to do this and Holly

+1 602-*-**31:** Okay. And then I have another question really quickly. If Joseph Council needed this registration, why wasn't he given direction to do so? Because I feel that it shouldn't have escalated to the point of the IOC. I know that Joseph Calard has made numerous attempts through the hospital to get Foxy on the campus and they've responded with almost next to nothing. I've seen some of the responses and it's bothersome to me how some of the staff have reacted to simple question

Laurie Goldstein: Yeah. I don't know whether they didn't know, that's why when I became aware of it, I reached out to Larry and I said, "What's the process?" So, tell them what the process is. They can then follow the process and be told yes, you're approved or no, you're not. But at least they'll get an answer. And if not, this dog, can another dog, another company start pet therapy for the hospital again? Holly, you're on mute.

holly gieszl: The conversation got going quickly. I have to publicly declare a conflict of interest regarding this because one of the patients involved is a client of mine. So consistent with the rules that apply to the IOC, I'm declaring that I have a conflict of interest in discussing pet therapy as it relates to this particular animal. so thank

Laurie Goldstein: Thank you. Larry, does Holly need to send that in writing?

Lawrence Allen: She's fine. She's an ad hoc member of the committee,...

Laurie Goldstein: Okay.

Lawrence Allen: so she stated it for the record. So, I think we're good.

Laurie Goldstein: Okay, thank you. Okay.

+1 602-*-**31:** So let me understand the process just so for my own edification. So they need to register with the ADOA to be an approved vendor. Once that's happened, then who will forward that information over to the Arizona State Hospital?

Michael Sheldon: So I'll answer that Larry.

Lawrence Allen: Okay.

Michael Sheldon: So the way procurement works in the state is in order to work with or for a state agency you have to register as an approved vendor which we're just speaking about right now. After you complete that process you will be notified if you're registered as a vendor, you will be notified if a state agency or a state entity solicits for a service that you are registered and approved to provide. And then in that case when that happens as a vendor you are allowed to respond to that solicitation and enter into contract negotiations with the agency or the entity to determine if you do meet the specs that the agency is trying to accomplish.

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+1 602-*-***31:** But I know that the service that they're providing is for free. It's on a volunteer basis. So, do they still have to go through the approved vendor program? Because that doesn't make a whole lot of sense to me. If you're a vendor, it implies

Michael Sheldon: they still need to in this case or actually in any case and I think it was Lori who said the magic word and that's insurance because we do want to make sure that if something were to happen and not that this ever would but let's say that the dog were to bite a patient they're going to be liable for that. so we want to make sure that all bases are covered. So that's why it's required. Okay.

+1 602-*-***31:** Yeah, I understand that. And so that has to be done through the ADOA. And once it's approved through the ADOA, then Ash can select from that vendor. And if that person winds up being the only vendor available, then will that person or that dog be selected or that I guess it should be a pet partner team.

Michael Sheldon: Yeah, we would not enter into an agreement for a specific animal. It would be with the vendor group. and then we would make a determination if they're able to provide the services that we need.

+1 602-*-***31:** And then I just have a basic question. and I don't really understand why it got to the point of the IOT. I know that this person has emailed I believe the head of rehab and why wasn't this person they didn't get any response. I'm just kind of curious because if there was a method in place, why wasn't that forwarded to Joseph Calert?

Laurie Goldstein: I might be wrong but I think whenever the hospital is in litigation with a patient over that specific topic maybe they don't communicate. I don't know whether that had anything to do with when it was brought up to me, I'm like, are they even able to provide services to any state agency? Are they on the approved list? And that's when I reached out to Larry. So, I don't know if that had anything to do with it.

+1 602-*-**31:** They're not currently in litigation over this matter. This is over a therapy dog. They're in litigation over a service animal, which is a very different thing. A service animal violates the Matias I'm sorry. There's a patient that requires dog assistance such that he needs that dog to reside with him. This is a therapy animal which would service the whole hospital except for the civil campus. It would be for all the forensic patients. So it's not the same thing. So I don't know. I'm still kind of confused as to why there was no response given I guess.

Laurie Goldstein: I don't know. But I don't think we can talk about a specific patient with that specific issue going on. But at least now they have the process. So hopefully they'll be the guy that owns the agency or the company will fill it out and follow the process. Better late than never.

+1 602-*-**31:** As long as that person has received that information, then I'm okay with that. Thank you so much.

Laurie Goldstein: They did. I copied the email that was sent to him from Larry and when I got it then I sent it to the rest of the committee. The next point also Melissa and...

+1 602-*-**31:** great. Thank you so much.

Laurie Goldstein: I visited the forensic campus to look at ways as an architect. Melissa has amazing designs and thoughts on how to design buildings that are more friendly to people potentially on the spectrum or special needs. and she came out to look at some low hanging fruit that could be done at inexpensive costs. So the day that Melissa and I went, we actually visited one of the units and I don't even know which one it was. It's how much I know about the names of the units, but when we were in there and then I'll have Melissa talk to you about design and what her thoughts were. But when I went into the day room, the patio door was open and there was staff situated to watch the dayroom and everyone out on the patio playing. I think they were playing basketball or maybe bad mitten or something. The patients were out there. There were some in the day room and all the lights were off or on low.

00:40:00

Laurie Goldstein: only the emergency lights were on and the day room natural light was coming in. It was a little loud when we got there because someone had the TV blasting, but they saw we were talking and they lowered the TV, but I don't know if that's representative of all the forensic units cuz we only went on that one. I've been to a few others, but that day the door was open and people were coming in and out. Melissa, do you want to give your thoughts about what you saw and things that you think might be possible? And we're not holding you to anything, but just your thoughts about what we saw.

Melissa Farling: Thanks, Yeah, because I'm still in the process of reviewing too, but we are looking at broad categories of right lighting, acoustics, the colors, the materials and the furnishings and the decorations. And then there's more, I'll say, operational or therapeutic things that the hospital would specifically do that address different sensory things, whether or not there were weighted blankets being used or if there were certain sensory objects that could help. and as Lori said, we don't know if that was, unusual day or not. you look for other things such as accessibility, clear light layout, that it's not cluttered. I didn't see any of that, but I received a lot of the plans so that I can look more closely at the type of lighting that's currently being used, very specifically. see if there's anything that we could do there. As Lori said, if there's anything that's sort of easy to do, are there any spaces that we could maybe do some kind of intervention, whether it's putting in another wall or space within the space? And again, I'm just looking at the drawings and seeing if there are any other opportunities now that we've visited the space. Yeah.

+1 602-*-***31:** I have some insight into that because I've lived in at least three of the units and the reverberation is pretty loud. It's from the concrete walls and things and then the TVs are pretty loud and then I think with the units being so full because when I first got here there were about 13 to 14 patients per unit and we're almost at capacity at 20 patients per unit. So I think it's the combination of just being a completely full unit as well as the concrete walls and the blaring TV that never shuts off. I can understand how that could be difficult for somebody with autism to struggle. The only suggestion that I can make I've taken a little bit of acoustical physics is that if they can put some kind of rugs or carpeting on the walls to kind of lower the reverberation off the concrete walls that would help absorb some of the sound energy. I don't know. Other than turning down the TV, but with 20 people on the units now, it's very difficult with a bunch of mini conversations going on. It's where well people try to listen to the TV, so they crank up the TV volume and then on certain units there's no patio, so there's not even a way to dissipate some of the sound, out the door. so it's just difficult other than putting up rugs or some kind of carpeting on the wall. I really don't know how. you can also get baffles but they're kind of more expensive that could baffle out some of the sounds. They're triangular shaped cones that they use in sonic chambers that help as well, but I would think that the patients might pick at those. I'm not sure. It's kind of a foam material. but I don't even know within the hospital budget to do something like this, but that would help.

Laurie Goldstein: She was looking at that.

Melissa Farling: That's super helpful. Yeah, that's super helpful. Okay. And there are less expensive ways to do that, too, with things like felt. Actually, because the ceiling heights are the way that they are, they're so high. There are opportunities there. So, I appreciate that feedback.

Laurie Goldstein: Melissa was looking up because you can hang kind of sound baffling things, but you have to hang them to where they don't interfere with the sprinkler system and they can't interfere with line of sight or any of these things. So, that's why she has the drawings and she'll be able to come up. The other thing is if you have things on the wall, it's hard to clean and keep sanitary if they're foamy or some material.

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Laurie Goldstein: So that's why Melissa's perfect.

+1 602-*-***31:** In absence of doing that, I think that noise cancelling headphones would be appropriate. I took a look at the walking horse ones and those are basically all audio headphones and I don't think that that's quite the level of cancellation that's probably needed, but I'm not an autism spectrum disorder expert. I have no idea. But I know that that's what's been requested.

Laurie Goldstein: We're anxious to see what Melissa's recommendations are. Holly

holly gieszl: Thank you Melissa. That's wonderful. And thank you all for everybody for looking at this and for Michael Sheldon, Mike, thank you for letting them explore this. It is important. I think the thing that I heard the most was that I was on several units today and what I didn't realize on Cottonwood for instance is that there is no quiet room. There isn't a room that you can go to one, two, three, a small number of patients. And if you don't want to watch TV and you don't want to be in the den of noise in the day room, and that's a cool place in terms of people being able to talk and sit. There were patients doing crafts today. But there wasn't a quiet room there. And I thought all the units had a quiet room, but I was wrong. So, I think that not just for patients with a spectrum disorder or neurocognitive issues. I can't imagine not being able to get in and sometimes the dorms are closed so the patients can't go to their rooms as I understand it. So I can't imagine being in the day room with the TV on with patients doing their thing, and nowhere to go except there and no quiet room. So hopefully if we could just get a quiet room that would be I think huge.

Laurie Goldstein: Yeah. I wonder again, we're looking for things that don't require money allocation in construction because we don't know if it would be approved. But whatever Melissa recommend recommends and if one unit doesn't have a quiet space I don't know how easy and Melissa maybe they can identify the building if you can see would that be even possible again I don't know one thing we also talked about when we were in there and as she's designing and remodeling other places the sounds of the doors, they're heavy and they hearing that. But again, they have to have the heavy doors that do lock. And I think Melissa also mentioned some buildings have that air that comes on and it's very noisy. We didn't experience that the day we were there, so I'm not sure if that's also part of the noise pollution. I know all hospitals are noisy, but when you live there, it's even worse, as far as not being able to escape. So, we are excited.

+1 602-*-***31:** Yeah, I have another question. I would like to go back to pet therapy. I was wondering if I know Stara and her handler and I don't know. I can't remember her name came to the hospital as a pet partner team and not part of a company. Would it be easier for Joseph Cowart to register with Ash as a volunteer with Foxy as opposed to being part of a company? if he did that on his personal accord at the pet partner

Michael Sheldon: I'm not able to respond to

Laurie Goldstein: Let's see if they get through the approved vendor list.

+1 602-*-31:** I believe that Joseph Toucher is not interested in doing that because he is not representing a business. He's responding as a pet partner team much like Stara and her handler. So can you tell me how they need to register in that light?

Michael Sheldon: At this point, I'm not going to speak on this subject any longer.

00:50:00

Laurie Goldstein: I mean, we can ask Larry, but I think in the situation with the patient and the dog and the person and the hospital being in I thought they were in potential litigation. I think it's limited if he can respond. I just gave the avenue that Larry gave me for the person to register if he wants to bring the dog in and have pet therapy for all the patients that want it.

+1 602-*-31:** Mike, I don't mean to be rude, but under ARS 41-383 section subsection K, you're supposed to answer.

Michael Sheldon: No, I

+1 602-*-31:** It says the superintendent and the chief medical officer or the designate shall give a report to and respond to questions from the independent oversight committee members. That's in ARS41-383 subsection K.

Laurie Goldstein: Mike, If you want to respond later after the meeting, I don't know whether you have to talk to your team or whatever, then I can send it out to the OC.

+1 602-*-31:** So, do we need to do a motion to tell us how to register a pet partner team?

Laurie Goldstein: I would think so.

+1 602-*-31:** I would like to put a motion in to ask Ash how to register a pet partner team as a private person and I guess a private dog, I don't know. how to register with ask to do such

Laurie Goldstein: Do we have a second? All in favor?

Jane Jepson: I'll second that motion.

Jane Jepson: I.

+1 602-*-31:** I

Laurie Goldstein: I. Anyone opposed? The motion passes. Will send to Ash admin for update.

Michael Sheldon: I don't think I have anything to update the group on. The last time we met, I mentioned that we did officially name Dr. Quo as our CMO and that was the biggest thing that's happened recently for us admin wise.

Laurie Goldstein: With that, So he will leave his psychiatry position open. Are you hiring more psychiatrists or are you going to hire nurse practitioners or are you hiring psychologists? How many psychiatrists will we have?

Michael Sheldon: So right now we do have that position that Dr. Quote just vacated. His psychiatrist position is posted for recruitment. So it is our intention to find another psychiatrist to add to the mix. Dr. Quo will still carry a minimal case load to assist the rest of the providers with the workload. and we are also looking to bring on a part-time pool psychiatrist that will help with some coverage as well. So, we're trying to do what we can with what we have available right now.

Jane Jepson: Okay.

Laurie Goldstein: Okay. So will the forensic patients also have a psychiatrist or...

Laurie Goldstein: will they only be treated with nurse practitioners?

Michael Sheldon: No, so when we make this move there will be three psychiatrists on forensics and one one or at least two but maybe three nurse practitioners and then as well as our psychology complement available too. And in a couple forensic units, the psychologists are actually the treatment team leaders.

Laurie Goldstein: Okay. Thank you Jane, do you have a question? You may want to ute. Thank you. I did visit the patient forums, one on civil and then Chuck and Kay were on forensic. We'll go to that first and then we'll go to incident and accident reports.

Laurie Goldstein: So I'll report on civil since I was the only one from the IOC there for civil the old business again and they had a pretty good turnout of patients. They want to have purchasing available on the units instead of having to go off the mall or to the cafe. So, they were talking about wanting more food choices at the cafe. They want more purchase options for merchandise and they're questioning why some items on Walking Horse are not permitted. So, I think sometimes they're confused. If it's in the catalog, why can't they have it? It's on the catalog, but it's still contraband. They want more downtime in their room.

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Laurie Goldstein: They said there was not enough time to integrate and reflect on all the groups and therapy they're getting. and a particular patient said they really want more downtime to process. The hospital wants the patients active in treatment during the day so they don't want them in the room. But that was a comment. The concerning thing to me and Tara was there as was other administration. One patient was talking about the bullying and being afraid and can't say no and they were buying protection. It broke my heart. The person was breaking down and I was asking have you reported this and he didn't. So, he didn't tell the nurse, he didn't tell the team. and we talked about, you're in the hospital, you're surrounded by a team. This is a perfect place to be taught how to learn to set boundaries and learn how to be protected. I know after that, when asked, "Why aren't you telling anyone?" was afraid of retaliation from the bullying the patient. The patient was too afraid to tell the staff. The staff was unaware of the situation. The person was very scared. and we emphasized that you have to report these things. After the fact I followed up and I know that they did move the person to another unit and we just have to emphasize and Tara I hope you can help that when patients feel unsafe they do need to say something and if someone's taking their money this is the same patient that makes sense now in hindsight that wanted to not go on the mall or go to the cafe to buy food because then they were being kind of pressured to giving their money away, and they wanted instead to have it brought to the unit in their room. Of course, they don't want to leave food in the room. So, it just spirals out of control, but hopefully the patient will find peace now. And I hope the texts and nursing staff can look out for this. Tara, you have your hand raised.

Terra Morgan: So, I wanted just to let you know after we left that meeting the patient form we sat down with both patients and I actually went to the bank to see the patient that was being accused. We were able to decipher what was going on as well as both pass at their care the patient who had made those statements had been doing trade with a couple of his peers. He also at that same time was having some problems with his delusion. So, we were able to get a lot of those things solved. But to piggyback off of something Mike said, he is recruiting and fortunately right now something good did happen on that unit. Mike was able to recruit a staff member from the registry and that staff member from the registry within 90 days, less than 90 days, he's now in the lead and he's watching all those patients on that unit. and he's doing due diligence with them. And so, that was very good. He was able to for 4 days watch what was going on, the patterns that were stated, and then he was able to call me. And so we got this resolved and we're trying to make sure the patient understands not to share because we don't want the patients to feel taken advantage of if it comes a day where they don't have the money to pay back what they loan. So I just wanted to let us take it very seriously. Soon as we left the meeting that day before going to the forensic patient form, we was able to resolve this

Laurie Goldstein: Yeah. I'm glad because it was hard for me that you're in that room. Holly

holly gieszl: I just wanted to say thank you first of all and second, I have clients in prison who feel safe if they think they can trust the staff because their only buffer from other patients who exploit or abuse or assault are the staff. And so the way you get patients to report is to instill that their reports are taken safe seriously and they be. So the fact that this happened as quickly as it did and the other patient was moved will send a very powerful message.

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holly gieszl: and until the same thing happens and is ignored. So, it's a constant battle to protect the most vulnerable, whether it's folks in prison, fish as they're called, or whether it's a hospital or the workplace. Thank you for doing that.

Laurie Goldstein: I think it's one thing it's pretty easy to identify the ones that are more victims and the ones that aren't going to fight. So I think if the patients can see it, the staff should be able to see it, too. Yeah. They talked about wanting to have everything brought to them and I think this is all to avoid their peers seeing them have money and they were told that there is no food in the room because it's problematic. The patients also, and this is consistent with both a civil and forensic, they added something unusual, but they don't want to be penalized for someone, that is if one person on the unit misbehaves, then they all lose a privilege, and they really don't want that. Even on the civil side, they say they want individualized treatment plans. They do not want to be held back for some of the people that do not behave. They want a fairer system. They want a system to identify the patients that are selfharmers. And they came up with a green band or green whatever is No self harm. You can trust them with a pen. Yellow equals caution. Shouldn't be trusted.

holly gieszl: Clever. Yeah.

Laurie Goldstein: And red is Watch them. this way they could gain some privileges. They could develop a better system for full grounds for even staff that's watching them that may not be familiar or register staff. I thought it was quite creative. Yeah. And they said almost a trustee status. This patient behaves following their treatment. We know this patient behaves and let it be known. So that was unusual. They wanted real pens and they talked about medications. Another patient is causing drowsiness and problems with their GI tract and sleep apnea. Tara told them to talk to your treatment teams if you feel like you're too drowsy and they can look. Then another patient, that is I think a new patient was just telling the other patients ash is better than Desert Vista or the Sonor and hospitals because I think they had been frequent flyers over there. and then other patients again I'm trying to take notes from everyone. another unit they talked about the presence of helicopters all the time and at first I thought they meant helicopters with desert vesta with a helicopter pad right behind a maricopa county right behind them but then it went into they also have presidents seen on the unit so I'm not sure if that was real or a delusion they also want a mixer program and they want peer support programs started. And another thing that I thought was really insightful of some new patients coming and some patients that have been there a while, they wanted to set up a patient arrival pier to help a new patient during the arrival and transition period. that tries to show them the lay of the land. And of course, they'd want that patient to be someone that's on a good behavior or trustee status. and the last one was evidence of miracles and we had a patient read us two poems. So that was a civil form but it was pretty well attended and a lot of information. so I don't have to listen to myself. Can you report on the forensic forum?

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+1 602-*-***31:** I have the notes here. So the first thing that we talked about was some of the old business and some of it was the patient pay work program. People who work on Mondays fall on holidays with no pay and medical appointments have no risk assessments. This is some of the stuff. This is the old business risk assessment started December 2nd. they're back online. The hospital exercise equipment is broken. I don't think that there's still a date to fix any of that. The water stations were not available at the mall, but they are now, so that's fine. And then they wanted visits with more than two people, and that was denied. Let's see. policy books. so the new business is that the policy books are now available on the unit and books at the nurses station. Another unit asked about the work hours again and they said that they're working on it to try and revamp the program. They are expecting that the work hours come back on potentially July 1st. Educational access and vocational training was another concern that my patient brought up. me the Windows media player is offline on one specific unit. I think they're off on all the units. The other thing is the blanketed policies on the virtual visits people so the blanketed policy was that a staff member must be in the room when a virtual visit is occurring. And so, patients were kind of upset because, I believe it was only one patient that violated the rules to the virtual visits, but then, all of us got a blanketed policy. Let's see. another unit asks that we do, pop on rotation because sometimes, the last unit to go on pop, gets the least amount of selection. they also wanted to know about flexi pens like...

Laurie Goldstein: I think with the work...

+1 602-*-***31:** if I think this one was that the flexi pen quality was low. you can't actually write them especially with the black ink. Another unit said that the paper towels and toilet paper rolls have been thrown out after about a half a roll. Let's see. And I think that's about everything that I have written down. Do you have anything else written down, Lori?

Laurie Goldstein: what happened is with the budget cuts, they had x amount of money to spend. And this makes sense, but I didn't know that the patients aren't told if they have a medical appointment until before the appointment for safety concerns if they're going off the campus. So what we came up with during the meeting is that the scheduler who's scheduling the appointments could have a list of everyone's work times so they could know not to schedule them during the time they're working because if they miss that work then they can't work the rest of the week. So hopefully that's happening. They're going to give the work schedule to try to avoid conflicts. And I think about the flex pens.

+1 602-*-***31:** I don't believe that that's happening. We can ask Mike though. Mike, do you know who schedules our medical appointments and stuff given notice of our work schedules?

Michael Sheldon: I do not know the answer to that question. Give me 24 hours. I'll figure out if they've been given that

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

Laurie Goldstein: They said that in their experience, the ones that you're ordering right now aren't as good as the ones they used to have and that the blue ink lasts longer than the black ink. So, if you're going to order flex pens, order blue ink. Let's see. The others that they talked about were that the trash cans also should be cleaned because the trash cans are gross. The hallway lights are constantly on. But then I had a note, the halls are dark. So I don't understand what that note meant. Maybe okay.

+1 602-*-***31:** I remember what happened with that one. I think that when the surveillance cameras were put in on a specific unit that wound up making all of the emergency lights even off. So they had to hall lights all the way on full blast. So I think that they fixed that, but I'm not sure.

01:10:00

Laurie Goldstein: And the other thing Tara will see about the new work program again should be restored July 1st. There was a comment that they can't order religious items which is unusual. And then they would like to see the grievance investigation roadmap. They just want to see what's the life and the day of a grievance. When do you investigate it? How does it become a complaint? How is it closed? They just want to see the whole road map. So hopefully they'll get that.

Michael Sheldon: That should be on the units posted.

Laurie Goldstein: They also said Yeah.

Michael Sheldon: I don't know. We made something like that for every unit. It's been posted for at least a few months at this point.

Laurie Goldstein: This was just maybe what two weeks ago. It was February 21st because I know it was my birthday so I spent hours at Ash.

Laurie Goldstein: So, they also need women's hygiene products. I didn't think that was and I'm not sure if you know what specific issue they're facing. Okay.

+1 602-*-***31:** So, I don't know what the issue is. So, the hospital provides pads for women but not and so if you want tampons, you have to purchase them yourself.

Chuck Goldstein: Why would that be Kay or Michael? why would the hospital not provide...

Michael Sheldon: I don't know. It could be for safety concerns.

Chuck Goldstein: if it was a safety concern then they wouldn't let them buy him personal?

Michael Sheldon: They wouldn't let them do what?

Chuck Goldstein: They wouldn't let them buy it. Kay is saying that she can buy tampons out of her own money.

Michael Sheldon: It's probably just that our state approved vendor does not offer them as part of the agreement.

+1 602-*-***31:** You can purchase but they're not provided through the hospital. The hospital provide

Chuck Goldstein: I would suggest you find another vendor. That's pretty egregious as far as I'm concerned. And I'm not even a woman.

Laurie Goldstein: The other thing that was suggested, one of the patients asked if they could get a handheld vacuum because they think that the vacuums and the mops are not getting between the mats in the gym and they think there's a lot of dirt and sweat and germs accumulated and they'd like a little handheld so they could clean better. So that's a request. So Jane

Jane Jepson: I think I'd like to make a motion that we ask the state hospital to start providing tampons for women patients.

Chuck Goldstein: I will second that motion.

Laurie Goldstein: All in favor?

Janina: I

Laurie Goldstein: I. All So, That's all I had for the civil and the forensic. And let me see. I pulled the assault perpetrators. And again, we have one patient, they have eight assaults. The next one has three, three, and then it drops down to a couple with three or two and then one. So again, a couple of patients that are contributing to most of the assaults.

Laurie Goldstein: I did notice that the assault report or the number of incidents in general seem to be down. And I'm not sure if that's a result of there's a team that's working on reducing assaults, reducing aggression.

Laurie Goldstein: So maybe that's what's contributing to it. Let's see now. Looking, I can't tell.

holly gieszl: Lori, was that on civil or forensics that one person is causing the assaults or can you Got it.

01:15:00

Laurie Goldstein: I just have a number. I would assume it was civil, but I could be wrong. I don't know. Typically, we get more civil incident reports. Let me look to see what I pulled. The first one is ASH 2025 0485 and this was self-inflicted injury and the patient was expressing suicidal ideation and they wanted a one tone and they were verbalizing that they didn't want a code. But then the behaviors escalated and they began slamming doors, swallowing things, and wrapping cords of headphones around the person's neck and then requiring a razor and mildly and they didn't get the razor. I think that was a bite leaving no mark. But they were then put on LOS 101 for safety and remain on units and they educated the person on orders and parameters and they verbalized that they understood if they had a radio and headphones. If they have selfharming behaviors, would the headsets have a cord or would they be forced to do wireless or can they do wireless in the hospital?

Michael Sheldon: I do not believe they can do wireless but I could be wrong about that. And if this individual was exhibiting selfharming behavior then we most likely would take away the headphones...

Michael Sheldon: if they were wired as a safety precaution. Unless this person is on a one tone in that case we would be more confident that they could have it and our staff would be able to intervene quickly.

Laurie Goldstein: Okay. The next one was ash 202539. And this one was something significant. This seems like it happened off site because an officer received a call for an LPN from a Sandbridge post acute regarding a patient becoming aggressive toward the nurse and punching the nurse and a CNA trying to help and they were also assaulted. I think From what I can read, it looks like it was an ASH patient at a subacute for a medical condition. because then the person was trying to remove a feeding tube and causing lots of havoc at that unit. Throwing themselves to the floor, striking the bed frame, trying to break a GPS cord. I would assume a GPS cord would mean like an ankle monitor, but I'm not sure. that's used to charge the device.

Michael Sheldon: Yeah, I believe that's correct.

Laurie Goldstein: And the nurse the from that unit Sambridge Postacute was concerned that the behaviors are DTO DTS but again reminded that anytime assaults they reminded them that they can call the police if they want to call the police and follow the protocol but I'm I'm unsure why they were calling Ash for help because typically don't they get a sheet that says here's this person's behaviors, Here's this person's conditions. So, I would think they should have known that.

Michael Sheldon: Yeah. And if the person is over in their facility, then they need to follow their own policies.

Laurie Goldstein: Yeah. And yeah,...

Michael Sheldon: Yeah. Really quick, Lori, can you give me the IR number in that one again, please? Okay.

Laurie Goldstein: It was ASH 202539. And in the supervisor review, they concurred with Mardo's recommendation that they should follow their normal procedure and handle situations or incidents like this that involve patients and that reside off-site due to medical conditions. The concern should be handled by the staff at the offsite. I just wanted to make sure that they're provided enough information to know if the patient tends to be tts GTO. And if they are, would they put them in those restraint things, the TD? I don't know what they're called, but

01:20:00

Michael Sheldon: the transport, the TSDs. I just pulled up this IR and this is actually an individual at a nursing facility right now. So that's why nursing homes have different rules. I'm not 100% familiar with all of them, but I know they have many different rules when it comes to restraining patients and whatnot that they have to follow. So that could have been also the issue at play.

Laurie Goldstein: So, it's an ASH patient that had a medical problem, procedure, surgery that had to go to a step down. I just thought it was unusual for them calling Ash to write an incident.

Michael Sheldon: Yeah.

Laurie Goldstein: Okay, this one is ash 2025052 and the patient fell after coming out of the shower and the patient stayed on the floor with eyes closed. They did vitals at 8:23. A code cart was present. The patient was responding to verbal commands but eyes remained closed. They notified and the ambulance arrived and the patient was taken to Valley Wise for evaluation with the TSDs and they were accompanied by security MBHT. you would think that if they were lying with their eyes off, they would be pretty unlikely to, but again, you guys know better and know the patient's history. I was surprised that they had the TSDs on when what looked like they were in a compromised state. Let's see.

+1 602-*-***31:** Really quick, Lori, before you go to the next incident and accident report, I do need to go back to followup or previous ongoing discussions for patients. Is that okay to do right now or do you want to finish the IRS and accident reports?

Laurie Goldstein: I could use a break from me, so go ahead.

+1 602-*-***31:** Mike, really quick, there was a patient that was getting reimbursement checks and Ash was cashing them. I did get the paperwork from you that showed that upon intake there's paperwork that said that if we get any reimbursement checks from insurance that Ash has the right to them. Was there any way possible to get that sent over to that patient so that patient understands what's going on? Great. Okay.

Michael Sheldon: My understanding was that we did give the social work team to sit down with the patient and tell them explain everything that was going on and show them the documentation.

+1 602-*-**31:** Yeah, that patient I don't know. Maybe he's not coherent enough to understand it, so he's still complaining. So, okay, that's good to know. All right. Thank you.

Michael Sheldon: You're welcome.

Chuck Goldstein: Mike, I have a question. So, is it only insurance money that the hospital can pick up to defray the costs of the patient or is it any kind of support they get for example from social security or VA benefits or is it only insurance like medical?

Michael Sheldon: This one was specific to veterans benefits.

Laurie Goldstein: Okay, thank you.

Chuck Goldstein: It was Okay.

Michael Sheldon: Veterans commercial insurance would not cover

holly gieszl: So I have a question: Was this veterans benefits that the patient earned because of a disability covered as a veteran prior to admission to the reason I ask is I do a little bit of pro bono work over at the VA. I'm not aware that any health insurance available to veterans like Tri West for instance pays for any hospital stay that's court ordered. I'm not sure what the benefits or the exact line item was. Miss Gizel. I just know it was a veteran. I don't know if it's a pension or whatever. I don't know exactly how that works, but that's what I was told by the team that it's a veterans some kind

01:25:00

+1 602-*-**31:** So, my understanding is that Ash came out of pocket for some hospital visits that were outside of Ash and the veterans office had reimbursed basically that person for those visits when Ash actually paid for them. And so I believe that when he cash those checks, Ash was taking them because it was intended to go back to Ash because Ash was the one that actually came out of pocket. I just wanted to make sure that he was aware that he had signed that agreement upon intake.

holly gieszl: That makes sense because fortunately Tri West and some of the VA benefits will cover subsp specialty or specialty care even if you are in a hospital. I mean there's some litigation going on. There's a big VA veterans law firm out of Florida that does very good work in this area. So that makes perfect sense. Thank you Mike for clarifying. Great.

+1 602-*-**31:** You're welcome.

Michael Sheldon: Thank you K for knowing the background on that.

Laurie Goldstein: Yeah, thanks. Thank you.

+1 602-*-31:** I've been working with that patient for quite some time now. So, I just wanted to make sure that that patient understood what was actually happening.

Laurie Goldstein: We visited with him on numerous occasions and I had asked if they could really kind of make it very evident and maybe have a poster so it could remind the patient if they forget why the hustle's cashing some checks that they can be prompted to remember why would be helpful cuz I think the patient gets traumatized believing that people are taking their money and that's sad. So Jane you have a question or your hand up or a comment.

Jane Jepson: I'm going to withdraw my question with the clarification that we just received on the benefits.

Laurie Goldstein: Okay. So, we do have a few more. I'll go back to Ash 202595. This was an unusual self-afflicted injury, but a very unusual one. I can't really explain too much without identifying how bizarre it was, but the patient used a nail clipper to really cause some self harm in situations like this. Now that they have displayed self-harm behaviors, will they now be able to have self clippers, nail clippers or anything like that that could potentially be used to self harm again? Or what do you do in this situation? If this was a patient that never did self harm in unusual ways, they do need to clip their toenails. I mean,

Michael Sheldon: Yeah. So, obviously, we're going to take it's a very fluid situation. We're going to take it day by day. So, originally, we put the individual on a heightened level of observation to make sure that we could ensure their safety. and then, ultimately we will ease this individual back into the lower level of restrictions so that they can use nail clippers. We may make it where they can only use them under the sight of our staff for a certain amount of time before we begin to get more comfortable with this individual. But yeah, so eventually they will be able to earn those privileges back as long as we don't have concerns about their well-being.

Laurie Goldstein: And the last one is ash 2025 0637. And this one was unusual because I know it's part of the program. So it's always we've heard from patients before that to progress they need to go through a resolution group and some patients either were psychotic during the time and really don't remember but have to try to remember so they can progress. This one said that the patient was now rehabbing anxiety after having to go through a resolution group because of that then was having self harm thoughts. and they did something really awful again to themselves. so I mean I know you're not a psychiatrist, but how do you balance that if you see someone that's so emotionally triggered that they do something that's really quite bizarre?

01:30:00

Laurie Goldstein: And how do you make them go back and continue to visit that incident or is it one and done and now they can move on

Michael Sheldon: I mean, I think I can't really speak to our clinical programs to that degree. You said, a psychiatrist or a psychologist. But I know that in a situation like this, obviously, we're going to work with the patient so we don't want to force this on them. We want to make sure that they're easing into their recovery and that they understand that there's a purpose for what we're trying to accomplish to help them progress. We want them to be comfortable. Obviously, like I said, we're not going to try to force anything on these individuals. and really kind of meet them where they are. So if they're the fact that this individual was in resolution group or getting ready to begin resolution group shows that she is moving on the correct path. and just making sure that the patient knows that when they're ready to resume that path we'll be right there to do our best to get them on board as well. But that may be a question that you may want to direct towards Dr. Quo. he could edit it better than I

Steven Kwoh: Yeah, I just wanted to add exactly what Mike was saying, but that we do pre-screen folks that go and so not everybody that applies or is referred to the resolution group are enrolled just for that purpose. But you do get some folks with kind of unrealized kind of trauma that kind of bubbles up and sometimes they do have to take a pause or they are removed from the resolution group. Not saying that they can't go back in the future. but it also gives us a chance to see how and this is some of the benefits of a resolution group to see who might be ready for those more advanced levels that are traumatizing things out in the world. whether it be going to a certain neighborhood that triggers their PTSD or they see something on TV or an ad they wouldn't necessarily see in the hospital. so it's good to see who would be ready and it's good information for further assessments such as risk assessments such as what's brought up in the special class committee. and it's good for the courts to know these types of things, especially if not getting into too much detail, but let's just say they had mood instability, that led to similar behaviors that led to their index crime, for instance. But yeah, just to add that, but it is an ongoing issue that we want to help that patient

Laurie Goldstein: I know they offer treatment on the outside. Do they ever do that therapy? And I can't remember what it is. It has something to do with your eyes, but it's trying to remove the trauma from the emotion from the trauma.

Steven Kwoh: Yeah, emr.

Alyce: It's called EMDR.

Steven Kwoh: Yeah, we don't do that here. But that could be something we explore in the future. I don't think we have anybody that's certified in that, but yeah, that might be something to explore.

holly gieszl: I have a question.

holly gieszl: Dr. Quo and congratulations on your new position and thank you for serving. is the resolution group or that concept used generally in other forensic hospitals as a condition of progress toward conditional release.

Steven Kwoh: That's a good question. I can reach out to Whip Shaw and other hospitals. Maybe Mike knows more about that in particular. I don't know the particulars of other programs, but it was envisioned as being consistent with kind of community standards.

holly gieszl: My informal information and I've just talked to other places where we get experts in criminal cases. Nobody heard of it. They ask if it was experimental. I'm not qualified to second guess that. but I've yet to find another hospital that has it in the conditional release program as a requirement for getting to SEC.

01:35:00

+1 602-*-**31:** Holly, I have a question for you. Are the courts requiring this? Okay.

holly gieszl: No, they don't mandate any clinical provision. But even if the courts did for some reason require something , if I didn't have experts from top rated psychiatric facilities that said to a reasonable degree of psychiatric probability this was a standard of care and was helpful I would oppose the court. I'd file a lawsuit to have it removed if the court were required. So, that's just my question. Thank you. It's a good question, Kay.

Laurie Goldstein: Okay. Go ahead, Janine.

Janina: So going back to people being triggered and having to reexperience PTSD symptoms and so forth. I do strongly believe that EMDR should be included since it's the gold standard for treating PTSD. because if they're triggered in the resolution group or wherever then obviously there's going to be a potential barrier to successful transition to community and if not treated appropriately it can develop into complex PTSD with psychotic features etc etc. So I do believe that that should be included in treatment.

Laurie Goldstein: Okay. Thank you. I looked at some of the decision letters. There was one surrounding a grievance that showed they wanted more therapeutic groups on their ID ITDP and social groups. And during the investigation, it was found that the person had the opportunity to attend the therapeutic social groups once a week and had chosen not for the period of three weeks. On one day they were unable to escort the patient off the unit but they were able to utilize a patio so it was not substantiated. Another one was a grievance because they did not want to take an increased level of medicine. In conclusion, their rights were not being violated according to the administrative code. that was based on that investigation. Another one was about the searches that were conducted they felt that it was not fair based on the investigation the security team is respond they thought that the search was because the BHT doesn't like them and the grievance was they thought it was retribution or punishment and what the investigation found is that the security departments responsible for the searches not the BHTs and their assumption that the BH2 was responsible was not substantiated. It came from the security team. So let's see another one was about complaining about medical testing. They felt that they didn't feel that their appointments were relevant to their advancement and privileges and it was an infringement on rights. It was found that the patient had been refusing No evidence to support the claim that they were not moving up in levels. if they refuse medical appointments. They have a right to refuse medical appointments, but they did not deny their SMI rights in relation to this issue. So, it was unsubstantiated. And that was all of those. So, with that,...

01:40:00

holly gieszl: bad analogy.

Laurie Goldstein: Do the committee members have anything else to discuss except pet therapy? I think we've beaten a dead horse. Do we have anything else the committee would like to bring up before we go to public comment?

Janina: Quick question. What is that group? Whatever. ID.

Laurie Goldstein: an individual treatment plan.

Janina: Okay.

Laurie Goldstein: The patient had claimed that in their plan they were supposed to attend X amount of support groups and therapy groups and that they were being denied. And in the investigation, they reviewed the videotapes and the patient had chosen not to. Does anyone else from the committee have anything else they'd like to bring up? We do have patients that want visits. Some of them are forensic and some are civilian, so we can set up some times to visit. Mike.

Michael Sheldon: Yeah. Hey, thanks, Really quick, and I may have missed this earlier. If I did, I apologize. Is the IOC still thinking about setting up a scheduled time not every week, but on a routine basis just to have a little booth or something that we can assist getting patients over to you?

Laurie Goldstein: I would like to do that in civil if I could get someone that would like to. I mean let us know the civil patients typically want to visit when I'm there, right? So I think if we set up a booth, they would come and talk to us. So we have to come up with a time where two or more people could come. And I see Alice can

Michael Sheldon: Yeah, I said before, just let us know and we're happy to set up a table for you and have a space set up as long as and this is always the difficult part is having a routine rotation, right, of making sure because if you tell the patients, we're going to be there every Monday at 10:00 a.m. for an hour and then as soon as you don't show up on a Monday at 10:00 a.m. then we got to you build a trust again and everything. So I want to make sure that we do this right.

Laurie Goldstein: Okay,...

Laurie Goldstein: So, we will get with the group and see when we can go. I know Alice is back and is happy to go. I think when we last talked, we said not to go in the morning with breakfast and meds and everything else. I think we talked about maybe early afternoon.

Michael Sheldon: Yeah, that would be absolutely fine. We could do something where I mean it's going to be very hot very soon before any of us want it to be. So you could do something...

Michael Sheldon: where on the civil campus we have a set aside chapel with seats in it that you could use for that. and then obviously we have the visitation rooms on the units that you could use as well. So, whatever works, we'll do our best to accommodate.

Laurie Goldstein: Okay, we'll get together and then send you a time. with this group. I don't know if we can say every x day in a month, but I think we could probably say we'll try to get there maybe every 3 weeks would be nice.

Michael Sheldon: Yeah, whatever works. Or we can try to figure out maybe doing an hour either before or after the forum. That way it's kind of set already in the schedule. But like I said, Lori, however you all want to play it, we'll make it work.

Laurie Goldstein: Okay, thank you.

Laurie Goldstein: Okay, with that if we're done with business, we can go to a public forum. And remember for a public forum when the patients are talking and I know you'll ask or pose questions, we can't respond. So, we're not trying to be rude or dismissive, but So if we hear something and you do want a visit, we'll come back. Remember, this isn't a treatment. So we don't want details of your treatment, but if you have overall concerns, safety, if you're not able to exercise your right of religion or form friendships or things like that, we'd like to hear about it.

01:45:00

Laurie Goldstein: So, do we have anyone from the public that would like to speak?

Person 18: This is Sago.

Laurie Goldstein: Sego, do you want to go first?

Person 18: I just want to mention the best therapy. I've seen this work in the federal system to great effectiveness. So, if they could find a way to do it, I'm sure we can. Heads go ahead.

Laurie Goldstein: I think you can go ahead.

Person 18: Let's go.

+1 602-*-**31:** I have a complaint about my checks being taken away from social security retirement and disability and retirement. And I overheard Alice tell me I had to talk to you tonight because she said there you're supposed to give me a copy of the action where I signed this paperwork that you would have it. I haven't signed anything in this hospital and you haven't signed it. You're sitting there sending the copy of your session where I signed my insurance money over to you and sent it to Alice and Lauri and you prove this. I haven't signed anything in this hospital. How do you figure I'm signing my money over to you? What have you done? You took five checks from me worth \$2,000. I called up the bank and said, "We're going to put it where we want it." And you committed fraud five times. That's penitentiary time in the United States. You hear me, Mike or not? They can hear you. They can't respond to everything. Send me a copy of it and get it over with. This is Dor Bar from Mojave. I would like to know if we can get a print out on all of the stipulations for our levels. What's the actual criteria that we need to actually follow in order to get the levels because I don't want to be sitting here wasting my time thinking that I'm doing something when I really am not because I'm going through these groups but is it helping me? So I just want the criteria to be an actual print out so I know how I'm supposed to be at an absolute level. Thanks for your time.

Laurie Goldstein: Thank you.

+1 602-*-**31:** That's my Thank you. K. Talk to them. Make sure they give me a copy of what I signed. The reason I've been waiting for two weeks for it is because it's never been a copy. There is no sign.

+1 602-*-**31:** I got the copy.

Laurie Goldstein: Do we have any other patients that would like to speak or...

Laurie Goldstein: Anyone else from the public?

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

Person 18: Yeah, this is Tim Brisco on Sago. Okay. Okay. Hi. It was said that the hospital vendor does not provide tampons for the females. They provide condoms here. which kind of surprised me. Yes. Very funny. We do get 55 minutes outside a day. That's not enough out on the mall. Because when we see each other, we're in groups. There's no talking and hanging out really except for the games group and a lot of these groups I wouldn't consider treatment like relaxation and things just petty little groups that aren't teaching me anything about myself. I've done that on my own and they consider this treatment. I was sent here by Arizona state courts to do time. As far as I and the thing you guys were talking about missing medical appointments, I believe that's a requirement even though state law states that I'm allowed that I have the right to refuse medical services if I choose. One of the requirements to keep employment here at Ash or the patients is to attend all medical groups.

01:50:00

Person 18: So, I don't know. That's breaking the law right there because you're coercing me to either go to my medical group appointment or I can't have my job. Let's see. I would probably say that the tech who was being retaliatory called security and told them to initiate a search. So, it looks like it wasn't them. How do you build new buildings here at Ash when you can't provide hot sauce to people on their trays without a doctor's order, which I don't see how a doctor's going to say it's necessary for you to have hot sauce. The ventilation here, you guys are talking about echoing and stuff and putting things up dampers to kill this noise and how hard it would be to clean around them. All they do is wipe off the outside of the vent. The inside has never been cleaned. I guarantee you this by all the people that have sinus issues on Sego closer to Van Beern. and they're just all the time. Dust blows out of them onto your floor. That's why they say they need to clean your room. You say a lead tech hasn't been here 90 days and he's a lead tech now. How are they supposed to know their job and teach their other peers how to do their job if they don't even know it themselves? when you request records or copies of your grievances, appeals, extensions, IRS over 40 pages now, it costs you \$15. I asked for a copy of these prior to the new rule change and after the fact I was told that they came back and told me that, you have to pay \$15." When I had asked them earlier that day if I could have them, then they said, " a new rule is in effect. so I have to pay \$15." I really don't have any. Medical problems here are a big issue. They're talking about I can't remember what they're talking about but a lot of people's medical problems have blind eyes turned towards them. Somebody just died here of cancer. He kept complaining. Hey, I have stomach problems. He had pancreatic cancer stage four when they finally found out because they did nothing. As if they do other things. Nothing for other patients if you know who I'm talking about. and hiring people from assisted living. that would be better. because it seems like all they're hiring people is from DOC. They're trying to turn this place into a prison. They're not trying. The staff stays up, talks late at night, and that's going with the dampers. and the doors constantly. That's about it. Thank you for listening to me. and I would like it if you guys could visit me. I'm doing very well, though. and I was just listening to some of your things that you're bringing up and wanted to touch on them. But I'm doing great and so could you see me though? I appreciate that. Thank you.

Laurie Goldstein: Thank you.

Laurie Goldstein: Do we have anyone else? With no one being heard, do we have a motion to adjourn?

Laurie Goldstein: Do we have another patient? Mhm.

+1 602-*-**31:** This is Mojave again.

+1 602-*-**31:** Sorry, I'm gonna back off of what Tim was saying about the noise from the staff. There are certain staff here, certain shifts that are up and on average between 2 and 4 in the morning they are allowed and they wake me up and I haven't seen me as it is. So that's the issue that we need to address and...

01:55:00

Laurie Goldstein: Thank you.

+1 602-*-**31:** they all need to know that for all the units because not just on this unit that I've had an issue with. Thank you.

Person 18: This Tim one last time please. They're talking about the resolution group and the process that's necessary for progression. There's a lot of people that deal with a lot of PTSD from their index offense that has nothing to do with their daily life. This was a hiccup or whatever you want to call it. And there's no getting better or recovery from mental illness. It's just you are in therapy or you're not getting better as you're stabilized. That's all it is. And unless I had a lot of PTSD and I wouldn't want to revisit that and go through all the stuff and the people's crimes. Yes, they were psychotic at the time. That's why it's called GEI guilt. 99% of us were insane at the time of our crime. Otherwise, we wouldn't be here. All these groups of drug addiction and all this that's a stigma. I've seen commercials on TV where it says this mental illness can't wait. What does it have to do with drugs? I don't know. But, these rehab groups, I just feel like I'm talking and nobody's let me know sometimes. But, thank you.

Laurie Goldstein: Anyone else that we haven't heard from? With that, we'll try to get over it and visit. Do we have a motion to adjourn?

+1 602-*-**31:** going to an executive session or we just adjourning. IOC membership discussion and a letter received through the ADOA. Are we just adjourning my copy of the agenda that says that there's a confidential incident report discussion

Laurie Goldstein: We didn't have anything for the executive session. If we have something we want to talk about in executive session, we have to let it be known so we can put it on the agenda.

Laurie Goldstein: Okay. Sorry about that. I was going off my notes of what I did. So, let me look. Larry, can you put the executive session link into the chat because I don't have that open.

+1 602-*-**31:** I'll need the phone number and the pen.

Laurie Goldstein: I'm looking. Okay.

Lawrence Allen: So the executive session link that's a standing item. So if you don't have anything to discuss, we don't have to go into it. So that's up to you to decide. But I will pull the contact information and put that in the chat.

Laurie Goldstein: We don't have any new members. I did have a discussion with Leon Cany and he called me from back east and he is interested in rejoining. So, I did tell him he'd have to reapply. But Larry, I don't know if you've gotten his application yet or not, but Leon he always gave a good perspective of someone that was in there and worked the program, got out, is doing well. Okay.

Lawrence Allen: I have not

Chuck Goldstein: I just wanted a little clarification from you. Because we just read off a number of things that were supposed to be discussed in executive session, but looking at the agenda, as Lori pointed out, that would have to be on the agenda. I'm looking at the agenda, I see nothing about going into executive session. So, I'm a little def.

Person 18: It's section E on the second page.

02:00:00

Laurie Goldstein: Does anyone have anything? because we did talk about some of the content of the issues of the letters we received and we did not have anyone for anyone that's any applications

+1 602-*-**31:** Yes, we just have a motion for adjournment and so I motion to adjourn.

Chuck Goldstein: One second.

Laurie Goldstein: All in favor?

Chuck Goldstein: I.

Jane Jepson: I.

Laurie Goldstein: Anyone opposed?

Alyce: Bye.

Laurie Goldstein: Okay. We will see you guys later. I will contact you to see when we can set up visits for the patients both on the civil and on the forensic visits.

Chuck Goldstein: Thank you

+1 602-*-**31:** Lori, I have a list for the forensic patients. So, I'll contact you.

Laurie Goldstein: Thank you guys. And thanks for how hard you guys work.

Lawrence Allen: Thank you everybody.

+1 602-*-**31:** Thanks I have a list for the forensic patients. So, I'll contact you. Right. Bye bye.

Laurie Goldstein: Thank you. Thanks. Thank you.

Meeting ended after 02:01:28 🙌

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