ARIZONA
DEPARTMENT OF ADMINISTRATION
INDEPENDENT OVERSIGHT COMMITTEES

Department of Health Services (DHS)
Arizona State Hospital Independent Oversight Committee (IOC)
Public Meeting Minutes
Thursday, April 17, 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
- Barb Honiberg
- Kay Kunes

Absent:
- Kim Scherek

Public in Attendance: Derrick Barron

Other IOCs: Holly Gieszl, Jack Potts

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

DDD: Michelle Rademacher

AHCCCS: Fredreaka Graham

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

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IOC: DHS/ASH IOC Meeting - 2025/04/17 17:40 MST - Transcript

Attendees

+1 602-***-**31, Alyce, Barbara Honiberg, CHUCK GOLDSTEIN, Fredreaka Graham, holly gieszl, Jack Potts, Jane Jepson, Janina, Laurie Goldstein, Lawrence Allen, Michael Sheldon, Michelle Rademacher, Sarah Blache, Steven Kwoh, Terra Morgan, Trevor Cooke

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Transcript

Laurie Goldstein: Okay, welcome everyone to the Arizona State Hospital Independent Oversight Committee. It is April 17, 2025. It is 6:00 pm and at this point we have made a quorum. We have Alice, Janina, myself, Chuck, Jane, and Kay. And I'm not sure about others, but that makes us meet quorum. So,' before we begin, do we have anyone that has a conflict of interest that they need to disclose? And if so, please state Hearing none, let's move on. So, has the committee been able to review the meeting minutes that Larry sent out? And if so,…

+1 602-*-**31:** Yes. Motion to approve.

Laurie Goldstein: Do we have a motion to approve? Do we have a second?

Janina: Second.

Laurie Goldstein: Anyone opposed? Hearing no one opposed. The minutes are approved as Updates from ADOA.

Lawrence Allen: Hi, this is a quick update. I sent you the trifold brochures and business cards to you. Did you receive those?

Laurie Goldstein: I just got back in the country and I opened our mail today and we received them. So for the committee members, anyone that wants to let me know and I'll meet up with you and give you some brochures so you can ask anyone that you think would be a good candidate to join our committee. It talks about the committee. It has a link to become a member and then we also have cards. Okay.

+1 602-*-**31:** If I can get that would be great, if you want to mail them to me at the hospital. I can talk to you later about it, Lori.

Laurie Goldstein: Also Jane's mic isn't working. Jane had a question about the meeting minutes. pending the problem that we had a mic issue. Jane, can you speak now? I don't see your mic on. Sometimes star six can get it working as well. So Jane, do you want to drop and try again or do you want to type your question in? Was her motion to have the hospital? Yes. we'll give an update on the two motions, but that made it. I don't know.

Laurie Goldstein: Was that reflected, Larry? no. Because that was an executive I'm trying to remember.

Lawrence Allen: No, it was Yes, we received a response back from ASH admin on the motions.

Laurie Goldstein: I know that we had a response, but was it in the minutes? It should have been.

Lawrence Allen: And the question was in the minutes, but the response itself was not.

Laurie Goldstein: Okay,…

Lawrence Allen: That was sent separately. Yes. So, I think it's loaded in the G drive for you guys…

Laurie Goldstein: And I have that response.

CHUCK GOLDSTEIN: I'm sorry.

CHUCK GOLDSTEIN: I'm unable to know what you're talking about because I'm not sure what the issue is because nobody is stating what you're talking about.

Laurie Goldstein: Jane, her mic wasn't working. Her question is, did my motion to have the hospital provide tampons for women get reflected in the minutes? Larry said yes. Now the answers aren't in the minutes because that's just when we talked about it and provided motions. We do have a response from the hospital that was sent to me and I thought I forwarded it to everyone, but we'll discuss it when we do an admin update or hospital update.

Laurie Goldstein: Okay, Jane, is that good?

Lawrence Allen: The brochure and the business cards were really really the only update I had for the committee. I am working on having another one-pager that's a little bit more email friendly that has the QR code and the information on how to apply. So, I'm having that created. I should have that done here in the next week I would imagine maybe sooner. So, as soon as I get that done, I will send that out to the committee. Other than that, I don't have any other updates. Are there any questions for me that I could try to answer for the committee?

00:05:00

Laurie Goldstein: Yeah, thank you. I think the only one if there's any that you could address will be in one of the motions that we asked for the ASH administration update. if there's any more questions on number one, I think as ADOA you could respond but the first motion we asked the hostel how to register a pet partner team as a private person and also a private dog. The response was that all entities that provide services to the state must register as a vendor with the state procurement office as detailed and there was a link with how to do business in the state whether that business is free or for free. Once registered an organization may be notified if any agency in the state is seeking a service that they are qualified to provide.

Laurie Goldstein: The agency may solicit for a specific service in which multiple vendors may respond. There is no guarantee that a vendor will be chosen to partner with an agency. and due to ongoing litigation, the hostel is not able to further comment on specifics surrounding that matter. Also, there was a discussion that if the vendor and the dog did that, would the hospital say they'd use it? That's kind of illegal because that would be like saying I have a friend and you must use them. That's illegal and as a committee and as a person we could not do that and no one on the committee could do that. Anyone that wants to provide that service can follow the procedure and sign up. And just because they sign up, that does not guarantee that they're going to provide a service in any specific state agency. So, we just wanted to be clear on that. And if there's any questions, Larry can feel them.

+1 602-*-**31:** I have a question and I don't know if it's for Larry or if it's for Mike Sheldon, but how does a person who's not a corporation register through the ADOA? Because it looks like through their website you have to be a corporation to actually register. So, how does one volunteer if you're not a corporation?

Laurie Goldstein: That would be for Larry since he works for ADOA.

Lawrence Allen: I don't know the answer to that question to be honest with that's a good question Kay. I don't know. I'm sure there's insurance requirements, level one fingerprint card that they have to pass and there are certain parameters that our procurement department puts on vendors. I would have to send that up directly to my procurement department to answer.

+1 602-*-**31:** Okay. I'd appreciate that. Thank you, Larry.

Laurie Goldstein: Do we have a motion that wants to ask Larry to talk to his procurement department to see if an entity needs to follow the same process?

CHUCK GOLDSTEIN: I don't know. Do we actually need a motion for that and just let it take under replacement or what do you think?

Lawrence Allen: I can just take that question directly to my procurement department. I don't think there's a need for a motion for that.

Janina: I found some information. It says that the person needs to create an account on TraCorp at the State of Arizona learning portal and then to use an access code to create a non-state worker account and then complete the required demographic information and the training required. for no.

Laurie Goldstein: That's for the training or for the vendor. Okay.

Janina: So to register as a volunteer through the Arizona Department of Administration, you can begin by creating an account on tra-corp the state of Arizona learning portal and volunteers need to use an access code AC3DB711 to create a non-state worker account and then complete the required demographic information. and additionally volunteers will receive training opportunities offered through AZGFD staff and specialized classes for volunteers.

00:10:00

Laurie Goldstein: I don't want to confuse a person wanting to go and volunteer anywhere in the state with anyone bringing in animals for any type of pet therapy. I think they may be two different things.

Janina: Yeah. No. Yeah. No. I was just referring to the volunteer. I don't know if therapy works.

Lawrence Allen: Yeah, I will certainly look into that and how it differentiates between a corporation and an individual. I don't know the answer to that specific question, but Jana is right. so there are certain requirements that the individuals need to meet.

Laurie Goldstein: The next motion was to ask the state hospital to start providing tampons for women. The hospital confirmed the vendor is able to supply tampons through their existing contract with the state effective May 1st. Female patients who prefer this as a hygiene product may request approval from their provider and if deemed medically appropriate and safe, the item will be Of note, there have been numerous studies conducted on this issue with specific focus on patient safety. In 2024, the psychiatric association issued a report that concluded if tampons are provided, they are usually to be stored at the nurses station and given with a physician's order due to the potential risk of psychotic, cognitively limited or suicidal patients swallowing a tampon, soaking it in and prohibitive substances or leaving it in vaginally too long leading to risk of toxic shock syndrome. So, yes, they'll provide them. two, you'll have to ask your provider to write an order that you're deemed safe to use them and that you'll have to get them from the nurse, but at least you can get them. So, that's good news.

+1 602-*-**31:** Yeah, that's great. Thank you, Lori.

Laurie Goldstein: Next. So, that was followup on the female hygiene products, the pet therapy, pay payment authorizations for medical providers. We have had ongoing allegations that the hospital was taking a patient's checks anytime there was cash in the bank. This has been ongoing. We finally got to the point where the hospital sent out to us that all patients upon admission are given papers to sign. One of which is that if they have the means and they're not indigent and the hostel pays for medical services and then they get reimbursed by whatever method, insurance, money, benefits, whatever, then that money is to be provided to the hospital. We had the blanket form and then we asked if we could get a copy of the signed form and we made arrangements to have two people visit the hospital. Melissa and Jannina, we inform the hospital and remember it's a three-day procedure to go in person with approvals and make sure we have someone to escort us. The patient that has made allegations refused a visit with the IOC because they had certain beliefs that really didn't have to do with the IOC but they refused a visit. So, we were not able to see the form with their signature and bring it to the person and say, "This is what you signed. Here's your signature." But because we wanted to make sure that the patient had the right to see that they signed these forms, Tara and an investigator took the form, met with the patient, and showed them the form.

Laurie Goldstein: Tera, I'm not sure if you want to report your visit without disclosing anything.

Terra Morgan: And the hospital investigator, we went on to a unit on the forensic campus here at the Arizona State Hospital. We spoke with the patient in private and we also showed the patient documentation with his signature on it. The patient was still unwilling to believe that it was his signature, but it was indeed his signature. but he's okay. I got to see him this week make rounds. I saw him already. But he is under the belief that the hospital is misusing his funds and forging signatures which is not happening because that is unethical and…

00:15:00

Terra Morgan: can go into a whole legal mess. The hospital did not forge the signature was making at the time of his coming a minute to the hospital.

Laurie Goldstein: So Jane, you have your hand raised. Yes.

Jane Jepson: I do. Can you hear me? It's more of a theoretical question. Tara, does he have the ability to withdraw his signature from that agreement?

Terra Morgan: Does he have the ability to withdraw his signature from that agreement?

Jane Jepson: Yes. In other words, his agreement to those terms.

Michael Sheldon: Jane, this is Mike. Hi everybody. I think that the patient does have the ability to withdraw his signature, but the statute gives us the ability to proceed to get reimbursement regardless of the patient's approval.

Jane Jepson: And I'm just curious because I recall from last month we had some discussion about were these checks that were written by the insurance provider for the patient that were in his name? or were these other forms of income that were coming in as part of another veterans benefit? Did we get that resolved?

Michael Sheldon: I don't know 100% of that question. Jane, we can follow up on that one for My understanding, and I could be wrong when I say this, is that these were direct reimbursements from the third party liability agency. In this case, it would be the Veterans Administration. to the individual directly. However, given state statutes, we are responsible for managing the finances and seeking reimbursement for services that we pay for where the patient is then reimbursed. But yeah, Jane, we'll verify that for you and figure that out.

Jane Jepson: Okay. Thank you.

Laurie Goldstein: It's only for people that aren't indigent.

Jane Jepson: And certainly the hospital needs to be compensated for the services that you're delivering. Understood.

Laurie Goldstein: For people that are indigent, the state pays the cost.

Michael Sheldon: Yes.

CHUCK GOLDSTEIN: I just have a little followup question on this. So what we're talking about here is incoming benefits to a patient that come from anywhere but the hospital is attached by the use of statuto authority and patients corporation is really a point. So I was just wondering if this goes any further than that if you just Okay.

Laurie Goldstein: It's hard to hear you, Chuck. You're coming in and out like echoing.

CHUCK GOLDSTEIN: Can you hear me better?

Laurie Goldstein: It may be your speaker.

CHUCK GOLDSTEIN: I don't know why. I've never gone out before, but maybe there's something wrong with the computer.

Laurie Goldstein: But it's choppy. You can maybe try a headset.

CHUCK GOLDSTEIN: The question I have is if you find out that a patient had savings in the bank in the stock market, any kind of access is the hospital by statuto authority able to attach those things and draw them away from the patient? That's a question.

Laurie Goldstein: You might want to get your headset. It was really I think your essence of your question is if they didn't get a check from a third party but they had savings or other assets could the hostel attached to those

Michael Sheldon: So that's a question I don't know the exact answer to. I think the statute does essentially say if an individual has some type of income stream or any type of assets the hospital has the right to seek reimbursement. I don't think it goes into details though Dr. Goldstein about specific asset classifications. But again, that's something that we can follow up in correlation to Jane's question a second ago regarding the specifics around that payment process.

00:20:00

Laurie Goldstein: Okay, thank you. I did go ahead. I think we could make a motion and…

Jane Jepson: should we make a motion? The motion that I'm thinking of is that the committee be provided with the rules and the process and the procedures around how patients funds can be accessed for their bill at ASH. Something along those lines.

Laurie Goldstein: we can see what they can provide.

Jane Jepson: Okay.

Jane Jepson: So I'd like to make that motion. Then I'd like to understand how patients that are not indigent are responsible for their payment and how their funds can be accessed. What written policies and procedures are in place for that contingency.

Laurie Goldstein: Anyone opposed?

Laurie Goldstein: We'll make that motion.

Michael Sheldon: So, Lori, members, we have no problem providing that information to the committee. Lori, you may already have that though. you can access all of our policies. So, if you were to just look for patient reimbursement or things like that, that will give you what you need to know. But, we'll definitely take that back and make sure you all have what you need.

Laurie Goldstein: Thank one thing that we skipped over, do we have any updates from any other IOC's? I kind of blew over that on the agenda. Hearing nothing. ASH administration update

Michael Sheldon: I don't have any major updates right now for the committee. I don't know if this will come up in the future of this meeting. We did finalize the inter agency services agreement or the ISA between the department of health services and ADOA for the Ombudsman position. So that's been finalized and signed off and we are right now working with Tim and Larry and Sarah to make sure that Sarah has all the information that she needs to move forward with this new position. And I want to just give a quick thanks to ADOA to the procurement team at the Department of Health Services and to the committee here, the IOC committee for their patients as we work through the legalities of this situation. And I think that moving forward, we're in a great position where Sarah can have access to the information and be that independent voice that the legislature and the governor's office asked to have present. So I'm looking forward to this.

Laurie Goldstein: Right. Okay.

Sarah Blache: Hi, I also want to piggyback on what Mike said and let you all know that I did also meet with the chief compliance officer and we have already started the onboarding process. So, everything is as he said it is.

Laurie Goldstein: Hopefully we'll see you at the next forums. I know there's one coming up for forensic and one coming up for civil. We do not have a civil and forensic form report this month. I think that was a carryover typo. We did have patient visits with Melissa and Janina. Melissa, like we said, is often a family matter. Jannina, do you want to report on your visits and try not to give the unit or the patient name and try to Okay.

Janina: Absolutely. So on the civil side we met with a patient and the big issue is having options I should say going to different groups or having a little bit more downtime. To have time to process things that they learn in groups and of course having options regarding going to different groups depending on their interest and so forth.

00:25:00

Janina: The other issue was to get out more to go to the gym. Having more time to do sports. Apparently the day room can become very loud. And they would like to have an alternative to spending time in the day room. for example listening to music to potentially have access to readers versus going to the library and getting a book from there. and let's see. So basically that's the idea of having more options. Yes. Yes. Hi.

Michael Sheldon: Hey Janina, it's Mike. Without going into exact details. Do you happen to know this individual that you spoke to, is this a long-term patient or a rather newer admission?

Laurie Goldstein: It was a newer admission.

Michael Sheldon: A newer admission. Thank you. Okay.

Laurie Goldstein: I'm not Okay. I think it's Tara. …

Janina: So basically the patient was focused on efficiency and more freedom. However, a freedom of choice of options like I said but monitored if that makes sense.

Michael Sheldon: Okay.

Laurie Goldstein: It was the same patient that brought up very thoughtful ways to kind of give privileges to patients that follow the rules and not have everyone lose privileges because one patient is doing behaviors that are dangerous to that one patient. So therefore, everyone loses the privilege. So they were trying to come up with a system of identifying which patients were a safety risk, which ones were okay.

Janina: And then he brought up an interesting topic, to discharge some people from there. Basically, people that would qualify for, memory unit or Altex or, that would benefit from other levels of care, if you will, or levels of care. So that's basically and Lori you're right they were trying to come up with a more efficient system to facilitate those options…

Laurie Goldstein: Yeah. if you will. and another issue that was brought up that if somebody is getting a movie from the library then everybody has to watch the same movie. So I mean I'm the messenger here.

Janina: So that's okay.

Laurie Goldstein: Was there any I'm glad we went to civil campus. Was there any other interest of patients that saw you guys there that wanted to talk to you?

Janina: I don't think that we did the right PR, so to speak. So maybe next time we can put a sign or something or I don't know. and I'm sure that the interest is there but the other patients were not sure what we were doing over there. So, yeah.

00:30:00

Laurie Goldstein: Maybe we can work with the hospital to talk about it or encourage him. Plus, years ago, we would spend a lot of time on the civil campus

Janina: And I'm pretty sure that there's interest. But of course they did not know who we were. So yes, Tera. Mhm. Mhm.

Terra Morgan: In my experience working with the civil patients, it's best to come early in the morning. By the time the afternoon is weaning, they're doing for those that do want to participate in rehab, but more likely we open the dorms, their medication, they want to have downtime. The civil hospital has a different patient population and so theirs is a little bit different. So I always try to encourage myself to come in the morning. The morning is a very good time to come with them because by the time the day is beginning to wean, they're weaning. They're weaning off too and they like downtime. For those that are not participating in any type of group, they're in their beds and they are tired. And as for the comment about the movies, some patients go get movies and the staff on the units let the patients all watch each other's movies. So, they try to get a consensus of what each person wants and then settle on the movie. They can't take multiple movies out of the library because we think patients are responsible just like taking books out or if you were in a public library. So the answer to those questions

Janina: right, right. Yes, absolutely. And I definitely would like to have more information on the civil units regarding their programming, their routine and so forth. because that will give me a little bit more perspective on how the civil units are set up.

Laurie Goldstein: Maybe we can try to put a visit at the end of the civil forum, which isn't coming up in May, April or…

Terra Morgan: Yeah. Yes.

Laurie Goldstein: I don't have it on my calendar.

Terra Morgan: It's coming up in May.

Terra Morgan: You're going to have one back to back. One will be civil the first week and then the next week will be the forensic which the times are changed as well as the date the days. We're looking at the 22nd for the civil and we're looking at the 28th for the forensic and they'll be in the morning at 9:00. One is on Wednesday and I believe one is on Thursday.

Janina: What days are we looking at? So maybe I can take some time all right so that is on the forensic side let's see there were some issues brought up that it appears that the mail room opens patient mail.

Janina: the f so I can go over these issues and then we can discuss or however you would like to do this. The phone operator is asking who is calling the patient and that can be a potential HIPAA violation. Okay. Okay.

+1 602-*-**31:** Janina, I actually wound up filing a grievance on that issue and they've resolved it. They're not going to be asking for patient information anymore from the operators. Thank

Michael Sheldon: That was a training issue on our part and we apologize.

Janina: Okay. All right. I'm glad that it was resolved. an issue was brought up for patients to have options to do therapeutic things like for example if somebody wakes up in the middle of the night and they can go back to sleep or to have the option to either use paints waterbased

Janina: the acrylic non-toxic paint in the day room versus the quote unquote staring at the walls. so I think that it would be a good idea to have some sort of therapeutic options for the patients to engage if they do wake up during the night. that painting whatever other therapeutic things patients would like to do. So let's see what else. they would like to Okay.

00:35:00

Janina: So, they would like to have a better approach to groups that are teaching skills that are based on a goal of reintegration in society right after they are being discharged from the hospital. because obviously being impatient for a long time you tend to lose some skills from socializing to technology to whatever life looks like these days. So I think that would be a good idea. Another issue was presented that rules differ from unit to unit. and their request was to have a uniform, another issue not having enough staff on the unit. and kind of piggybacking on that one. Whenever a patient is on insulin the second nurse that witnesses the insulin shot and the quantity etc. runs late which interferes with meals and also with wrong acting insulin. Then some patients would like to have their photos taken retaken so that friends can access their photos and see in real time so to speak how they're aging or how they are doing. Let's see what else. Yes. Uhhuh.

Laurie Goldstein: I think if I'm and maybe things have changed, but it used to be that the hospital had someone that would take photos of the patients and send photos to family members so they could see their family's kids or others. And then this was probably two years ago, maybe longer. I remember working on this with Ashley, but there was a policy change and now the hospital no longer takes photos. Is that still the case or are we back to taking photos?

Michael Sheldon: I'm not 100% sure, Lori. I know I've had multiple requests when patients get visits if the friend or family member, the loved one, can bring in a camera to take a photo with the patient. And I've never denied that request. but I'm not aware that we're taking photos and sending them to the recipient. I don't know,… Trevor, Dr. quo. Are you aware of that at all?

+1 602-*-**31:** So my understanding is that rehab used to take pictures for us and then we would be able to send them to family members. They no longer do that because they believe that that's a hippo violation. So the workaround the hospital has done for us is that when we get a special visit, they can bring in a camera and take pictures of us or us with them or however we want to take the pictures and then forward that picture that way.

Janina: One other issue that was brought up is socializing. So there's limited time to socialize with peers and so forth besides the groups. and I think actually this makes a good point. particularly if we're looking at reintegration, teaching some social etiquette like I said, social skills or whatever.

00:40:00

Janina: moni monitored socializing if you will so that people can make a smooth transition in society. because if you only socialize during group time that's not really socializing it's basically participating in a group. So, I think that that would be a good idea. and then more information on moving through different stages. I understand that there are different stages and I will try to access the folder which has that information but people would like to have a better understanding of how to move through these stages and what it takes. and let's see. I think this is pretty much it for now. but I mean I have some more questions regarding conditional release and plea deals and so forth. and I know that we're going to have an education session and so about that, but that will be a Janina question or questions. I would like to understand those topics better if you will. But I do think that socializing and having patients learn how life looks like these days because it's way different than even 3 years ago. I think that that would be beneficial. and being an outpatient psychiatric provider, I see that sometimes, that reintegration, if you will, fails some, quite a bit. And I would prefer for that not to be the case.

Laurie Goldstein: One thing,…

Laurie Goldstein: Janina, I think and on the hospital dashboard, I think they provide…

Laurie Goldstein: how many outpatient teams participate in the treatment meetings and ITPS and staffing.

Laurie Goldstein: things as I know even historically a lot of times when people move from the community into the hospital the teams are kind of hands off and…

Janina: Yeah, that's right.

Laurie Goldstein: often don't participate until they're ready to reintegrate

Janina: Right, right, right. And I would like to have a more hands-on sort of approach, if you will. yes, Mike. an issue

Michael Sheldon: Yeah. Hey, I just want to just reinforce what Lori just mentioned and that situation becomes even more of an issue on the forensic campus because forensic patients lose all Medicare and Medicaid eligibility through the state. So the outpatient teams are really not inclined to participate until the individual is nearing sentence expiration or they're proceeding through the levels to the point where we are looking at conditional release. So it can be difficult to get us to have that level of engagement.

Janina: Right. I mean, we can look into this and see what would be that bridge between inpatient and outpatient transition, and what can be done better. I mean, obviously, I don't have the answer right now, and I'm not asking my Mike to have an answer right now. but it's just something that I would like to work with you on more so that we can make patients successful. Yes Alice. Yes.

00:45:00

Janina: Alice, do you have your hands up your Alice? Okay.

Laurie Goldstein: We can.

CHUCK GOLDSTEIN: Lori, can you hear me?

Laurie Goldstein: Yes. Yes.

CHUCK GOLDSTEIN: I have a question on this. I believe it was who mentioned that she thought the taking of photographs was stopped because of a HIPPA concern. But …

+1 602-*-**31:** It's when the staff takes pictures of us and then sends them out to our families on our behalf that it might be a HIPPA issue.

CHUCK GOLDSTEIN: but it isn't. I can definitively tell you that I'm sorry.

Janina: Yes.

Laurie Goldstein: Chuck, you've got to get muted again.

Laurie Goldstein: Yeah. Yeah.

CHUCK GOLDSTEIN: Can you hear me now? Yeah, any piece of medical information can be released if the person who the medical information is about gives permission for that medical information to be dispersed to another person.

+1 602-*-**31:** And the hospital wasn't found having assigned paperwork for that.

CHUCK GOLDSTEIN: That's why we have

+1 602-*-**31:** They were doing that basically kind of as a courtesy to the patient. They didn't go through the legal routes of making sure that it didn't violate HIPPA and…

CHUCK GOLDSTEIN: I don't know.

+1 602-*-**31:** stuff. So they just stopped doing it because they just didn't want to deal with the paperwork aspects of it. I'm assuming

Michael Sheldon: Let me take this back internally.

Michael Sheldon: If there's a demand and a genuine need to do this and we can have all of the appropriate paperwork on file to make sure that we're not violating any kind of confidentiality agreements, I have no problem doing this. I just want to make sure that this is not something where patients are just lining up with the staff asking for photos all the time. If we could come to some kind of agreement where maybe, once a year we'll do something for the patients or something like that, but it can be incredibly burdensome. So, let's figure out how to work this out.

+1 602-*-**31:** It was during Christmas only. I believe in the past Christmas only.

Michael Sheldon: Okay. Yeah.

+1 602-*-**31:** Yeah, there were Christmas photos.

Michael Sheldon: And I think that's someone that I think can be managed. So I'm going to go ahead and…

+1 602-*-**31:** And then really quick while I still have the mic so about the packages I don't understand I guess legally how the mail room can open our packages on our behalf. I mean, I couldn't go to your doorstep and just start opening your mail. And so, I don't know cuz this is our doorstep effectively. how is it that they're able to open our packages legally?

Michael Sheldon: If I'm going to respectfully ask that The IOC allows me to send the written information to Lori and ADOA specific to the hospital's ability to screen patient belongings and properties for safety and security. I don't have that exact regulation off the top of my head. But we'll definitely get that to the OC.I don't need a motion from the group. We'll do that for you.

Laurie Goldstein: Okay,…

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

Laurie Goldstein: I think we're Yeah, yeah.

+1 602-*-**31:** It's just I don't mind that the items are screened once we open the package, but it should be that we get to open our mail. Do you know what I'm saying? And then if they want to look at the contents of what we opened, I think that that's okay. But they're opening our mail at this point.

Michael Sheldon: I'll get you all the definitions.

Janina: May I make a suggestion? so sorry that I'm so focused on reintegration because I'm on the other side of so maybe having some specific groups for example if you have groups on technology or I don't know whatever patients career is based on maybe figurin out a way to help them kind of get up to speed in that area so that they can be successful in obtaining a job when they get discharged.

00:50:00

Michael Sheldon: No, 100% Janita. So, we've had ongoing conversations in this group and then internally at the hospital. The patients are well aware that we are revamping our therapeutic work program. More details on that will be coming out fairly shortly about the approach we're going to take. And then, actually, Janina, if it's okay with you, I'd like to have a side conversation with you about potential opportunities between the hospital and…

Janina: Yes. Yes.

Michael Sheldon: Because I think COPA has some employees I forget the exact term you all use, but it's like some employee supportive services or something like that where you help…

Janina: Yes. Yes.

Michael Sheldon: where you Yes.

Janina: Yes. We do. Yes. Yes.

Michael Sheldon: I think there may be an opportunity for us to partner up and…

Janina: Absolutely. Yep.

Michael Sheldon: kind of solve the issue at least on a minimal level if not more globally. Okay.

Janina: Yeah. I love that idea.

Laurie Goldstein: I think that Yeah.

Laurie Goldstein: And they have a really really really strong lead that's leading that that's in that effort now.

Janina: Absolutely. Yeah.

Laurie Goldstein: He would be awesome to help

Janina: And Mike, even like classes in social etiquette, because being in an institution, for years and years you can interact with your peers and so forth, but interacting in real life is a completely different story. and I think that patients would benefit from that even if it's just basic stuff.

Michael Sheldon: Okay,…

Janina: So yeah Mike I would totally love to have a side conversation with you and let's make things better.

+1 602-*-**31:** Also, okay,…

Michael Sheldon: Let's do it. I'll shoot you an email and I'll CC Lori and we'll set something up.

Janina: Yes.

Laurie Goldstein: Yeah. I think…

+1 602-*-**31:** really quickly though, we do have a social skills group here. It is only by treatment team recommendation and then we have outside societies where we can interact with other units and stuff of that nature. There are varying degrees of etiquette and social interactions that we do get. and there are groups for that

Laurie Goldstein: what would be probably more needed would be if they could look at what's changed since. I mean, if people have been in…

Janina: Exactly.

Laurie Goldstein: if people have been in there 10 years from now,…

Laurie Goldstein: they may not know that a lot of places are cashless. They may not know what to call a Venmo.

Janina: Right. Exactly.

Laurie Goldstein: how to call an Uber. They may not know a lot of things that have changed with society and technology. I think that would be more useful and…

Janina: Correct. Yes.

+1 602-*-**31:** Yeah, that would be a great group.

Laurie Goldstein: Maybe yeah Okay.

+1 602-*-**31:** That would be a great group.

Janina: Yes. that's what I'm talking about, K. because Veo I would never get into a car like that personally but I mean it's a thing so people should be kept up to date with what's going on with the outside world.

Laurie Goldstein: Alice has a question. Her mic isn't working. And to Janina's point, she wants to know if any other states have reintegration models for forensic patients with any known levels of success that we can draw upon.

Janina: I don't have the answer for that,…

Laurie Goldstein: Mhm.

Janina: But I can do the research.

Michael Sheldon: So, in the last meeting that this group had, maybe I'm not sure if it was the March meeting or the February meeting, but we had a conversation about the forensic campus, the resolution group. and someone on this committee, I forget who it was, I asked if that was a commonality u to have happen to take place. We did reach out to our partner state hospitals across the country and many of them did respond back by saying they do offer something similar and it is part of the reintegration process. They may not call it a resolution group, but what they offer does hit the same key topic points and things of emphasis that ours does as well. So I think there is a general commonality across the board, but clearly we'll do what we can to help out and I definitely want recommendations and feedback as best possible and what I'm think since I'm an ACT provider, I think that if we kind of provide some sort of model in the inpatient setting that patients can transition to the active…

00:55:00

Janina: But anyways we'll have that side conversation. I have a lot of ideas so I don't want to take too much time.

Laurie Goldstein: Anything else from the visits before we go on to some incident and accident reports and then we'll start our educational portion.

Janina: No, that's pretty much it.

Laurie Goldstein: So you don't have to look at the side of my head while I'm reading incident and accident reports. I'm going to turn my camera off briefly. So let's start with ash 2025672. This was an incident where a person even though they had a onetoone was still trying to selfharm and the patient grabbed the bottle of hand sanitizer and drank it.

Laurie Goldstein: I think they did call poison control and do what they needed to do and they did talk about the person's treatment and another recent N and C level from I don't know what that means A and C level but that was in the report but they're trying to redirect the patient and the lessons learned was keep tell the staff to not have their small hand sanitizers or any other staff items out of their possession and keep it out of the reach of patient. So this must have been a staff sanitizer that was left unguarded even with a one-on-one to where the patient then swallowed the contents of it.

Laurie Goldstein: So Mike, what does ANC mean?

Steven Kwoh: Hemoglobin A1C is a blood test that measures average blood sugar over the last three months. …

Laurie Goldstein: I thought that's A1C. Is that a NC Apple Nancy Charlie?

Steven Kwoh: It sounded like A1C. ANC is an absolute neutral count.

Laurie Goldstein: Okay.

Steven Kwoh: And then that's in regards to claustrine use and if it's low then there could be neutropenia and higher infection risk. Yep.

Laurie Goldstein: Okay, thank you.

Laurie Goldstein: Okay, the next one is ASH 2025 0686 and this one a patient was told that they were now ROU restricted to the unit because the patient was refusing medications and staff was trying to get the patient up to take their meds. They were not successful. And then because the patient didn't take their meds and was refusing meds, their food visit got cancelled, which then, obviously the person was not happy about. And the nurse educated the patient that refusing psych meds is against the unit rules. Therefore, the food visit was cancelled due to safety risk of them not being self-medicated.

Laurie Goldstein: So on this was a patient court ordered to take meds but just chose not to therefore had a consequence where the patient was not court ordered to take meds and was able to choose to either take the meds and have their visit or not take their meds and not have their visit because I thought most civil patients were more likely to be court-ordered. Did that make sense? Yeah.

Trevor Cooke: I don't know the specifics on this patient, Lori, so I can definitely look it up and get back to you directly. but it really does vary. Most patients have some type of court order regarding medications which allow us to do a medication treatment plan with them so that if they refuse we can give them other IM medication so they get the medications that they need.But it is a safety risk. and part of treatment is learning how to become medication compliant.

Laurie Goldstein: Okay, thank you.

Laurie Goldstein: Next one's ASH 20250705. The patient was assaulted. and in the notes later from the nursing I just had a question on patient D as in dog as an apple S in Sam as an apple score of two for impulsivity and sensitivity to forced provocation resulting in physical aggression towards others. I hadn't heard So on that kind of score is one good or is 10 good or what is this the DASA score as far?

01:00:00

Michael Sheldon: I'm gonna let Trevor take this.

Laurie Goldstein: Okay.

Michael Sheldon: That is Trevor's baby.

Laurie Goldstein: Okay.

Trevor Cooke: I don't know if it's my baby, but yeah. So, the DASA is an evidence-based screening tool that helps to measure for potential aggressive outbursts. And so the lower you score on this assessment, the less likely you are to be aggressive. It's on a scale of 1 to seven. and so it's relatively low in this

Laurie Goldstein: Thanks, let's see. Next one was ash 20250739. This was an unwitnessed fall. and when the patient fell, they didn't let the nursing know or let staff know at all. when they went to let's see, I think when they told the writer about it, then they called the nurse practitioner. They reported the fall. They did an assessment and then they called the medical provider who also ordered them to be sent for an X-ray. Looking at it, it looked like this patient, I'm not sure if they had been assessed as a high fall risk or not.

Laurie Goldstein: It didn't say that I saw, but it does say that the patient has been observed to have multiple blankets because it's very cold at night, but blankets and multiple blankets are a hazard for tripping in the middle of the night. So, what do you do? I mean, if someone is cold and they need blankets, but blankets are a fall risk, what do they do to keep the patient comfortable but yet safe?

Trevor Cooke: Yeah, it is one of those tricky dilemmas that I think every hospital is constantly trying to figure out how to properly manage. We constantly check our AC to make sure that it's at the right temperature, so it's not too hot or not too cold. At the time of this fall, this patient was not a high fall risk. But we are currently doing a deeper dive investigation into this known as a root cause analysis to see if there's something we could have done potentially to prevent this.

Laurie Goldstein: Okay. The next one, Ash 2025 07711. This one was code white, which means using an object as a potential weapon or the patient struck themselves with a Bible. My only question here is I hope that this doesn't result in no one getting a Bible again with one patient acting out and them having rules. I don't know what you do.

Laurie Goldstein: Maybe get a soft cover. I don't know. But that was a new one.

Trevor Cooke: Yeah, we do not punish the units for one patient's behavior.

Trevor Cooke: So, patients still have access and I'm pretty sure this patient still has access to a Bible as well. but it was removed from this individual. And then the treatment team assessed to determine when it's acceptable for that individual to have it back.

Laurie Goldstein: The next one is ASH 2025 070971.

Laurie Goldstein: This was an AWOL attempt. Basically a person was rooted and would allow someone the patient was unhappy about it. and they were acting out. what happened is, and I'm not sure how this happened because I've been on the units where there are kind of double layers of failure. There's the doors and then there's the secondary doors, but apparently a BHT opened the door to the unit and the patient ran out onto the mall.

Laurie Goldstein: And then the patient ran towards a lobby. and this was civil, so jumping the gates, but They couldn't get into the lobby. They could just get over that first interior fence. Again, the patient was never at risk for leaving the premises. They didn't even get out of the civil lobby. They never got into the civil lobby.

01:05:00

Laurie Goldstein: But for I wondered how when this patient was acting up, how they were out close to the doors that even leave the unit to the mall, unless they were out in that middle area.

Michael Sheldon: So I think…

Michael Sheldon: What happened, Lori, is and Trevor can maybe speak to this better than I can, is that on the exterior not the exterior, but on the primary door entryway into the unit from the hall. That door has an ADA compliant push button that props the door open and I believe the staff used that. So, the door was kind of being propped open electronically and then the individual opened the door to go into the day room of the unit and the patient ran out that way.

Laurie Goldstein: Okay. Luckily they didn't get into the civil lobby.

Michael Sheldon: Yeah. No, they were completely within the secure perimeter at all times.

Laurie Goldstein: Okay, we only have a few more to our honored guests that are now in. We'll make these last ones fast. Ash 205 0992, a patient that was off on a visit at Valleywise for a GI visit after they came back. Then they were reporting pain, but they didn't want to tell anyone or didn't report it to the same GI visit that they were at and then escalated and swallowed batteries. So then at that point I had to end up going back to the hospital back to Valley Wise, which seems so not that logical to me. They were at a GI visit.

Laurie Goldstein: You would think that they would have mentioned it, but they ended up going back. So hopefully they got the batteries out in the GI consult, but yeah, that was a little unusual. And I think this one ash 20251032 there was an issue where a patient ended up causing injuries to staff and at that point the staff I'm trying to read real quick whether it was a registry staff or a regular staff but the staff did call the police.

Laurie Goldstein: The police did come. The patient was escorted to the lobby where the police officers then handcuffed the patient for assaulting a behavioral health tech staff manager and escorted out. I guess from my understanding is usually you send someone or at least you do a handoff so they know about the patient and their meds and everything else. In this one, it seems like the security staff inhibited the nursing staff from gathering the necessary information saying it's my scene. So preventing them from giving information that was unusual. Okay.

Trevor Cooke: It was and it has been addressed but all the patients information was given to PD before they departed and took the patient to the valley wise.

Michael Sheldon: So I want to add to this. This was a situation where we needed to redefine where the clinical team's effort stops and this becomes a law enforcement issue. So, if Phoenix PD is on site to do an investigation or to potentially take an individual into custody, that becomes a law enforcement issue and our clinical team needs to essentially step down and let law enforcement do their job and not inhibit or be a barrier to law enforcement moving forward. And at this point the clinical team was laser focused on making sure that the patient in question was being safe and was safe and being taken care of properly, but that kind of conflicted with law enforcement being able to initiate the arrest and move forward. So, we have spoken to all the individuals involved to make sure that they understand that there's a very fine line right there. So that they are responding correctly and engaging as appropriate with law enforcement so that they can do their job.

01:10:00

Laurie Goldstein: Thanks, Mike.

Laurie Goldstein: The last one was ASH 20251035 and this is damage loss of property to the state and also threatening staff. a patient escaped kicking walls and doors, kicking the med door, and they refusing to speak. but what piques my interest is they walked over to the patio door and kicked the door until it opened and went outside. To me, I thought the doors really shut tight.

Laurie Goldstein: I mean, when I've been in there and heard the door slam in day rooms or other places, they don't close lightly. So, was this a broken door that was able to be kicked open?

Michael Sheldon: I don't believe it was broken. There are different lock sets in the hospital and the door that goes to the patio is not like a deadbolt. So if you were to kick it repeatedly it could retract and allow you to exit.

Laurie Goldstein: committee, any questions on any of the incidents I brought up? Our next section is going to be an educational session. What I want to say loud and clear. So it's not about one person's individual case. We're not diving into one person. We're trying to understand guilt except insane. We're the intersection of law, psychiatry, and public safety. Now, we have the pleasure of Dr. Potts who's a forensic psychiatrist and does a lot of work for our state and many others. Holly Geel, who is a lawyer that specializes in this area of law. Josh could not make it tonight and says he doesn't specialize in forensic law but more in civil law. So with that again this is about general cases.

Laurie Goldstein: It's about who gets a plea, what it means to take a plea, and Holly can talk about the legal side, and Jack can talk about the forensic side, and maybe even what you've seen in your few years of practicing, has it changed? And is it different? Does it matter from the outlying rural counties versus Maricopa? Have you seen changes that are unique to Arizona versus anything you want to throw in there? And again, for the other patients and other members, not one specific case in general. So, I'll open it up. Sure.

Jack Potts: Hello. Do you want me to just give a quick presentation? I'm Dr. Jack Pots. I have been involved in forensic psychiatry. And forensics is simply for I don't want to be presumptuous, but simply the application of medical or scientific knowledge to the resolution of legal conflict. So you can have forensic engineers. So I'm a forensic psychiatrist. I was involved in the committee that wrote this law many years ago. And there were some changes, but the law essentially and this happened nationally was in reaction in part to John Hinckley's attempted assassination. I believe it was Ronald Reagan.

Jack Potts: Up until in most places around that point at least, insanity was not an affirmative defense. If you said you were insane, your lawyer said someone was insane, didn't have the ability to know right from wrong, etc. the state had to prove that you were not insane. So the burden of proof was on the state, the prosecutor. After Henley and other chains other cases essentially changed where it became an affirmative defense where the burden was then on the defendant to prove that she was not in the right state of mind or met the standard for insanity.

Jack Potts: And insanity again it has nothing to do with medical diagnosis in the sense It's a forensic and legal term defined in the law. You do not see it when you look at the DSM5 or4 or any of them. It goes back to English law and law way before that but to Mcnotton was the most common case reference in our common law. Anyway, there was a state senator Patty Noland as my recollection chaired the committee that I happen to be on with the members of the defense and the bar and victims and then they would not accept the not guilty reason of sanity term. So he was guilty except for being insane which was somewhat unique in the country.

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Jack Potts: and it was affirmative. Therefore, you had to prove that you met the legal criteria and that's very well defined. You have to have a mental disorder and it can't be secondary. It's just acute intoxication. So, you have to have a disorder not to know the wrongfulness of your behavior. and I can go into some of the technical details regarding the different standards, but I will also let you know that some states do not have insanity as an option. Montana, I still believe, does not have that, and it is not a US constitutional requirement that insanity be allowed as a defense.

Jack Potts: there's other defenses that can as you all know about self-defense is a legal defense to harming someone. There's other legal defenses to involuntary intoxication. Maybe you took some medications or you're poisoned. A lot of different legal defenses. One of the issues we noted there was not a large uptick in insanity equities and insanity equities those who are let's say acquitted even though it's not a correct term by insanity saying that they're insane at time of the offense is very rare and when we first started Maricopa County did the right thing and they refused to accept plea agreements because when we wrote the statute, in full intention was that there would be no plea agreements that everything would be either submitted to the court as a trial or a fact or have a jury trial that you could not do a plea agreement where you just say, just like a guilty plea and plea bargain plea agreement was not permitted. I don't know if that's changed. I think it was in Maricopa, but other counties were doing it willy-nilly, which I believe has contributed to many problems. because the law we wrote said there will be a tri of fact. And I guess there should have been more clarification on that because we thought that you don't want to have a defense attorney saying, " this is an easy way I can get my client to the hospital and to go to prison." and the prosecutor saying, "Yep, I can get them off the streets and that's an easy way of doing it." We didn't want a lot of people going to the state hospital who really didn't need to be there or deserve to be there because of the state of mind. I will be open Miss Goldstein, I will be open to questions, whatever you want, however you want to do. I just want to give people a basic background of my experience going back many decades. and some of the people here don't know that my office for a decade I was the head of forensic services for the superior court here in Maricopa County. And so my office wasn't in fact in the courthouse. So does that give you a little background on where I could go that I could read what the standard is but I think people know it and they don't unless you want me to do so we'll know.

Laurie Goldstein: I think we may have more questions. So what's the intention of someone again you just explained some states have it some states was it the intention of someone typically these are reserved for serious crimes right not misdemeanor or speeding so was it the intention that if someone had some serious charge and they were going to be sentenced 10 years or 20 years in prison was the intention that this person is sick and therefore doesn't need treatment, and should serve that time in a therapeutic setting. And that was kind of the overall plan.

Jack Potts: Yeah. There's two things. It's intended for any offenses, and that's why if it is a non-dangerous offense or non lack of hurting someone in serious threat of physical injury, then there's a separate procedure. So you can have people in for burglaries, other cases where they will be insane. The intent initially was that this is a different class of people who really aren't the same who do crimes or act in passion. They're people who maybe McNotton are deluded and believe they're doing the right thing sometimes.

01:20:00

Jack Potts: And I met many of your patients there who believe that what they were doing at the time was absolutely right and they still may believe that what they were doing was saving society or saving a child or some sort of child abuse ring etc. So society in general said we should not treat these people the same as we treat someone who's going to go and murder someone for profit or gain or drugs. and yes the answer is society said we should place these people where they get treatment because they are different kettle of fish. They're a different breed of cat or using anything you want to say the people who just should be treated differently because they are different just like we treat juveniles differently. We have laws and restrictions. So we say hey we should not put them with the general criminals best people who make mistakes. I mean, my experience in the jail for 15 years was that there are decent people who simply make mistakes and they have to get punished for them if they're bad enough.

+1 602-*-**31:** Was the goal to be sentenced to ash or to be treated, rehabilitated, and reintegrated into society? Because some people are under the belief that we're sentenced to ash for the total duration of our sentence. And I would like some elaboration on that.

Jack Potts: No.

Jack Potts: Clearly the goal was to have people in a treatment program where they could be released to the community and community supervision. And that's written in the statute. It's very clear. but the primary goal even back then was that the safety of the community is paramount, that people not be released and get out and harm and do other things. And you've had some catastrophic problems with that. Just as was mentioned, a couple bad cases make for bad law and people change policies and procedures because they had one bad mistake by someone that shouldn't happen. No, you are and the laws change slowly. The prosecutors essentially had more input and they always do in our state.

Jack Potts: the Arizona Prosecuting Attorney's Advisory Council. They're input into changing the law and they've made a little more of an intent to keep people in the hospital in my opinion. And that means in an institution the goal is number one to treat people in a secure environment because you have some serious victims. So that's the goal. And number two is to release them in the community. And we try to pattern it a little bit on the Oregon statute with the psychiatric security review board. but the reality is people should be released into the community. the state hospital on a number of times I think has done what is absolutely unethical by making policy not individualized treatment which I think the Supreme Court says you have to have in psychiatric facilities and there's case law on that and based on our constitution but what I believe is previously they said you have to serve at least twothirds of your time in the facility before we're going to be considered for release I think that's blatantly unethical. It's for medical clinical people to say that.

Jack Potts: If it's part of the statute, then they have no choice. But it's not part of the statute that says when someone's in stable remission and they're not dangerous, they should be released into the community.

holly gieszl: Lori, I just want to say I have a number of disagreements with Dr. Pots based on what the current law says. I'll hold that. but I just want to make that clear because I don't want the current law since we switched from not guilty by reason of insanity to guilty except insane. The AAPC and none of the prosecutors have ever run a statute to change Arizona's GEI law 13502 1399 13 3994 etc. The only change to the original law came about by Nancy Barto, a public defender and me.

01:25:00

holly gieszl: And that's the only amendment to the statute and we changed it fundamentally. So I want to be clear, Dr. Pototts has given a phenomenally good overview of the evolution of the insanity defense in the United States. Arizona has a very different GEI law and it came about specifically because of abuses except in not guilty by reason of insanity because two very prominent families lost loved ones and very good defense lawyers got the person off entirely and he murdered his wife and he was back on the golf course shortly thereafter. His defense was that she was a Jewish American princess…

Laurie Goldstein: I remember that case.

holly gieszl: who was too demanding and drove him to kill her because she was so materialistic. And so that's how we lost not guilty by reason of insanity and we transitioned to guilty except insane and the current law requiring commitment to the Arizona State Hospital was implemented. So, I want to just put that in because I don't want patients to be confused about what the current statute says and the fact that you currently are committed to the Arizona State Hospital for your presumptive sentence. Now there are some important issues there and I'll come back to that but I just want to cue the patients. Please don't hang up and say okay I have the answer and the prosecutors are the ones that cause the law to be what it is. We have more changes planned in this law and we're going to make it just, more science-based, more evidence-based, and we're going to prelude some of the practices that undermine the current statutory intent.

holly gieszl: I'm going to be quiet.

Jack Potts: The point being you are sentenced to the jurisdiction of the state hospital for the presumptive sentence and the court now has authority over that for the presumptive sentence. The problem is most people could if it's a first offense would have pled to a lesser offense andor got a mitigated sentence. So some people I know have been sentenced to state hospital for seven years when in fact they would have gotten three and a half years probably at the Arizona Department of Corrections. And that's that's an issue. But that's just facts. Just life.

holly gieszl: And I agree with that.And that's because of the defense lawyers who told them erroneously that…

Jack Potts: Yeah. And he can hear

holly gieszl: if you go to the Arizona State Hospital, they'll have to let you out in 120 days if you're in stable remission. I have heard that. I have a list of five clients who have been told that that is absolutely untrue. They mix up somehow they came up with 120 days and some defense lawyers say that. In fact, the statute says you can't have a hearing of any kind for 120 days. And so there are a plethora of urban myths about our GEI statute that simply are untrue. And I'll come back to that.

Jack Potts: Can we take questions? Any more questions for me?

holly gieszl: Yeah. What do you mean to return to the community? When

Jack Potts: Either of us

Barbara Honiberg: Dr. Potts, do you have a percentage of people off by that? I mean, who returned to the community if they've been guilty but insane and it's determined that re And Dr. Potts was saying that they're supposed to be rehabilitated to be able to return to the community. What percentage of people do return? Do you know

01:30:00

Jack Potts: No, the state hospital has that. In fact, the law requires that the state hospital and PSRB or I don't know about PSRB anymore, but that they keep records. Back when they first started their first four or five years, there were probably 30 or 40 people, a large percent that were on community release. Now, that could have been at the hospital at that facility, but it was a fairly good percentage back then from my last records, but I haven't looked at who they were released to the community under community supervision. I don't know what number or what percent or how frequently that happens now. I think there's some problems

holly gieszl: Yeah. it depends on and Barb the number is going to depend on the length of the presumptive sentence. I've had two people leave. they serve their time and they are out. I have others that we're going to get out for other reasons. So yeah, I have a guy who did one term for first-degree murder, one term for aggravated assault, and was restored. Yuma County did an excellent job. He served his commitment sentence and he left. I have another in forensic who served her commitment. She's in a behavioral health residential facility in Maricopa County. She's about to transition. I just talked to her today. She's transitioning. She got good treatment and she's going to another home in another county and she's going to do well. I've had two other patients who serve commitment terms one under two they're both under the prior administration. So plenty of people serve their commitment terms. Whether they got treatment or not is a different issue. and not a pro it's not something I can comment on tonight but any other questions or I want to really make sure that some of the patients understand the

Laurie Goldstein: So one thing I think so some patients think that or they were told now I told you I got different answers from other judges I know that say whenever there's a plea change they painstakingly explain has anyone promised you anything other than what I'm reading to you right now that you are agreeing that guilty acceptance saying that you're going

Laurie Goldstein: this presumptive sentence of 15 years and They say, one's promised me anything." And then they get to Ash and say, " my lawyer said I'm so stable I would be out in 120 days or be out in a year.

holly gieszl: But Lori, that's an accurate answer and it's not an incorrect answer. What? And I believe I did four things last week. There is no painstaking explanation of anything. They ask questions in machine gun fashion. Did anyone promise you anything to get you to take this plea? No. Did anyone threaten you or force you or you to take this plea? No. There is no question, how long did your lawyer take to tell you you would serve? There isn't a question, what have you been told is the length of time that you might spend at ash? That is N vir never. So there is a big difference in saying the question that you ask the answer is very different, that's a different question than…

Laurie Goldstein: promise you anything. Yeah. So…

holly gieszl: what is asked so it's called a plea colloquy I go through those weekly

holly gieszl: All right,…

Laurie Goldstein: What is the option if someone believes that they're at ash and now their jail time doesn't get counted because now they're in a hospital.

01:35:00

holly gieszl: We're talking about back time.

Laurie Goldstein: What if Yeah. Yeah.

holly gieszl: Right, here's the answer to that. I've had three phone calls today, not all my patients. Here is the answer. You are sentenced to the commit to the presumptive sentence. You're committed to Ash under the jurisdiction of the superior court for the presumptive length of your sentence. That's like the mid-range. Your sentence can vary from super mitigated to super aggravated. So it might be 5 to 12 years. The midpoint might be eight. So presumptive, you'd be sentenced to that a judge if the judge chooses at the time of the sentence and give you back time credit. So I have a couple of clients whose judges said the presumptive sentence is let's say for example five years. You were in jail for two to two years. I'm going to give you credit for two years and your commitment to Ash is three years.

holly gieszl: If the judge does not do that, then the statute gives you and that's not in the statute, but it's in the judicial discretion of a court when sentencing someone. I have never seen it happen in Maricopa County. I have seen it happen in out counties. If the judge does not do that, and every defense lawyer ought to be asking that they get time knocked off the presumptive sentence, then the only option that you have is that if you go, and we got this specifically in the current statute through amendment, if you go to ash

holly gieszl: Ash and Ash determine that you're no longer benefiting from treatment, you're in stable remission, but you remain dangerous, they can ask the court to send you to prison for the balance of your commitment. I've had one of these cases in the past year or so. In that case, we had that happen not too infrequently under the PSRB. Thank blessed mother, re And we said, wait a minute, if somebody had gone to prison originally, they would have gotten their back time.

holly gieszl: So it doesn't make sense that now they're going to prison for the balance of their commitment that they don't get back time. So if you've been at Ash and Ash succeeds in asking the same superior court that sentenced you to send you to prison because they can't help you anymore and you remain dangerous, then you get credit for your back time. and so there I can argue both sides of that case. Do I think it's in the public's interest that somebody who's set in jail with no treatment for a year or two years, three years, goes to ash and is committed for say five or six, doesn't get effective treatment there, and then is sent to prison with credit for time served.

holly gieszl: All we're doing is letting somebody get out early with no treatment anywhere. But my job is not when I'm representing an individual client, public policy is not my job. The client is my job. But if I'm drafting legislation and if I can, we're talking a group of us about going back and making some additional changes. But that's the only way you get credit for time served is either you ask the judge when you are sentenced to reduce the presumptive sentence to the amount of time you served in jail.

holly gieszl: And sometimes particularly in our current community-based behavioral health system we all know that you may have incomplete non-compliant non-adherent medication and medication history. you're in a psychotic break. You are insane at the time which is to say under 13502. you have a mental disorder or mental illness of such magnitude that you don't know what you're doing is wrong. You think you're slaying a dragon, you don't know that the dragon is your mother.

01:40:00

holly gieszl: So in that circumstance, it makes you get sentenced for that presumptive length of time. And hopefully while you're in jail, you get put back on your medication. And if you refuse, you get a good lawyer who will go in and get you court-ordered on medication. And if necessary, if you are a danger to yourself or to others, they get a court order and they transfer you from jail to Valleywise. If you're in Maricopa County or to Banner University, if you're in Puma or to somewhere in other counties, if you're out county, you're Basically, out county equals out of luck. and you get treatment.

holly gieszl: And we do that routinely and we do it successfully until we got one guy tra trans transferred recently and he hopped fence and escaped from valleywise which is now given the judges in Maricopa County a sour taste in their mouth a bit understandably nobody wants to be the judge who released somebody who hopped the fence at valleywise and then disappeared for two months. So that.

Laurie Goldstein: So Holly on that point I think that last year it seemed like a group of patients that got out, some of which failed for various reasons drug use not due to mental illness again. I don't know if all of them I'm just in general. So when that happens and they get back the judges now seem and…

Laurie Goldstein: The superior courts aren't believing the risk assessments and they want a lot more which makes sense because public safety it's their duty to ensure the public so now the patients are upset because they're more hesitant. And I said, "But that's the way it works." the right

holly gieszl: 100%. 100%. yeah. Yeah. Absolutely. 100%. If I could say to my clients individually and to their parents, their guardians, their brothers, their sisters, their aunties, their uncles, you do yourself and no, but you don't do your loved ones any favor in hiring a lawyer and paying them $100,000 to push and get you out in half the time that a carefully conducted procedure initially determine that you should be committed. We have known since at least 19 I don't know, Jack, when was Olmstead? I can't remember. 90 something the most. You can't hold somebody without treatment in a locked setting just because they're mentally ill or disabled. And since then, the Ninth Circuit has nothing to do with Arnold vs Sarn. Since then, the Ninth Circuit has said you can't hold somebody in an emergency room in a psychiatric state without treating them. So, you can hold them for a week or so as long as you're treating them, but you can't hold them forever without treating them.

Laurie Goldstein: Does how doll count? That's my favorite.

holly gieszl: Sure it's a treat. does it treat, but you can't keep somebody on hold for months and expect them to get any better. I mean, unless that's what they need. And Dr. Pots can address that matter. I've seen lots of people in jail who got nothing but haldal and they were certainly a heck of a lot better off than when they were on the street on meth not medicated with haldal. So that's a clinical question.

+1 602-*-**31:** I have a question for you, And this is where a lot of the patients I guess are kind of upset when they take their plea because under 13-3994 section B number three it says if the court finds that the person still has a mental disease or defect or that mental disease or defect is in stable remission but the person is no longer dangerous the court shall order the person's conditional release, the person that remains under the court's jurisdiction because we've been sentenced not to ask per se but to the jurisdiction of the superior court and…

holly gieszl: Yes. Yeah.

01:45:00

holly gieszl: You're not sentenced to Ash.

+1 602-*-**31:** conditional release and…

holly gieszl: You're committed.

+1 602-*-**31:** yes and then a conditional it says release from a secure mental health facility under written specified conditions and that's ARS 13-3991 and I think a lot of us take these please because the presumptive winds up being a lot longer than what we would have had had we gone to prison. So, we're effectively getting punished longer for being mentally ill at the time of our crimes…

holly gieszl: Yeah.

+1 602-*-**31:** because we're sitting here at ASH thinking that we're going to get conditionally released…

holly gieszl: And here's Yeah. Yes.

+1 602-*-**31:** because a lot of us have met the criteria of being unstable and if not some of us are in full remission and not dangerous and we're still sitting here for years. it's not just willy-nilly one or six months or a year or even two years. I mean, some of us are going on, a half a decade to a decade of just patiently waiting. A lot of us are first-time offenders, working professionals, like how do you and the thing that's hard and if I can make a suggestion to you if you are changing the laws is that there needs to be a time frame in which some of this stuff gets executed because a lot of us wind up sentencing out before we actually ever get conditional conditionally.

holly gieszl: You're 100% correct. The greatest failure in our GEI system is the lack of resources at ASH to hire competent enough professionals to provide treatment to meet the statutory objectives. Is that the basis for a lawsuit? Probably. But ASH can't print money. And Lord knows as anybody I mean Michael Sheldon and I know each other I'm not saying that gratuitously. But Mike Sheldon he doesn't have a debit The Arizona legislature and this governor and the Democratic party in particular have abandoned the patients at ash. The department of health services has not once in the past 10 years asked for sufficient funding for ash to do its job as it is envisioned under the statutes. And that is the defining difference between Arizona's GEI statute, Oregon, and Connecticut, which each have PSRBs, and have budgets for their PSRBs that are in the millions of dollars, millions. The reason that we wanted to put it under the superior court is that the one thing you can count on with a judge is that if you make your case clearly and convincingly, which is the evidentiary standard, the judge can and in my opinion most of them will order the hospital to do something. The biggest problem that the hospital has is the inadequate number of psychologists to do risk assessments. To have to wait 6 months on a five-year sentence commitment to get a risk assessment is ridiculous.

Jack Potts: Let me Holly, can I ask you about this?

holly gieszl: But you have to have money.

Jack Potts: Holly, couple things. Number one, can't the judge order the state hostel to provide a report within 45 days.

holly gieszl: I think it's 30 days. Yes. But nobody's I've never had the reason to ask for that and…

Jack Potts: Okay.

holly gieszl: I'm not aware of what Tammy Ray may have,…

+1 602-*-**31:** That's a disaster.

Jack Potts: But okay.

holly gieszl: But yeah, they can. Your lawyer's got to ask for it.

Jack Potts: And so they've got to let me just finish please my questions. Number one, so they can do that and that no matter what, Ash would have to comply with that by law. Secondly, if you look at the statute, a risk assessment isn't mandatory. It says if clinically indicated in the statute.

holly gieszl: Yes. You just got to have a lawyer…

Jack Potts: So, it's kind of an interesting issue. I just had someone from Puma County asking who does risk assessments up here. But that's another interesting issue. It should not be medical…

holly gieszl: who gets a psychiatrist that will say it's clinically indicated.

Jack Potts: but if it's not clinically indicated they have to do a mental health report. I believe the court can order a mental health report.

holly gieszl: Yes, if I ask. And I can tell you I'm correct.

Jack Potts: But can I finish please I'm asking a question. If the court orders a mental health report in 45 days it does not have to include a risk assessment. Is that accurate?

holly gieszl: But you're not giving a risk assessment.

Jack Potts: Unless it's been done before,…

holly gieszl: And the only clinically accepted way as Dr. Potts that somebody can say to a reasonable degree of psychiatric probability whether somebody is safe is through a risk assessment.

01:50:00

Jack Potts: But let there's a question I'll go back to about how many people get released.

Jack Potts: In the first seven years there were 110 GEI people.

holly gieszl: Mhm. Right. Yeah.

Jack Potts: Of that 41 were nonviolent. At that I just help someone who had a question earlier just give and then as of June decades ago 24 of the 131 were released to the community. It's a large percentage. And 74 people out of that in the first seven and a half years had their sentence expired. So

holly gieszl: Most people who are released into the community are not under the jurisdiction of the superior court or the OPSRB. I have never known anyone to be released other than the expiration of their commitment. I have never. It is always you who serves your full commitment.

Laurie Goldstein: No, they just recently had about six or eight last year, but of those a bunch and you can look at the numbers of discharges and admissions, but that a lot of them failed and came back or failed and went other places.

holly gieszl: Okay. Exactly.

+1 602-*-**31:** They were on level five and six. They were still not really

holly gieszl: Yeah, Lori, there is a difference. We've got to understand this. You can be conditionally released on phase 1, 2, 3, etc. levels 1 2 3 4 5 six. You can be living it in the community full-time with your family alone or under your clinic, but you are still under the jurisdiction of the superior court for the complete length of your commitment. So, if you've got a 25-year commitment, it's going to be 25 years. If you've got a four-year commitment, it's going to be four.

holly gieszl: I got maybe one or two people within four years. I've never had anybody who did not commit a violent crime go to ash and those are misdemeanors and other things who were people who were maybe both not competent, not restorable and insane at the time of the offense for which the GEI evaluation was done. Don't get that much in Maricopa. So it's very important 13394 at SE you are going to remain in conditional release in the community…

holly gieszl: unless the court orders otherwise or you serve the full term of your commitment.

Laurie Goldstein: One thing since whether it was the court or the PSRB, they rely on treatment teams for their evaluation. And to me again having seen many people in psychiatric hospitals and seeing many people as they first present they may be in that honeymoon phase they may be acting psychotically they may be better because they've been in jail a while and we have some clinicians on here. Do we really think that when someone gets to a new facility, they're settling in, they're learning the ropes, that you get a clear picture and assessment within 45 days of someone getting somewhere?

holly gieszl: No, that's not a risk assessment, Lori. That's a mental health report. That's really almost like a checkup visit. And I have had a p a client who had a mental health report in 45 days by a physician who said there are no active symptoms of mental illness. This patient was doing extremely well in the community. This patient self-surrendered. This patient did that.

Laurie Goldstein: No, I mean a clinical.

holly gieszl: And the physician told me, "Frankly, this may be the first patient that I've had who is out of here on one risk assessment, stable on medication, a etc. That is rare, but it does happen. But it's important. The 30-day or 45day report is not a risk assessment. It is a report to the court to say the patient was admitted. Here's what the patient's treatment plan is. I always ask the treatment team to provide that as an exhibit because they will have at least their initial individualized treatment plan. The hospital is really good in my experience about getting that ITTP done, the initial one, whether it's detailed or not or whether it's truly individualized.

01:55:00

holly gieszl: We can argue about it, but they get it done. I've never had them not do it and that's their job and they do it. What happens later is again in my opinion because of lack of resources and culture, but money changes culture really fast. If you get eight board certified forensic psychiatrists in there, you get psychiatric therapists, you do deep dives into trauma, you do deep dives into family of origin issues, you will have different results, but you're going to have to spend $100 million. You're going to have to fund at the level that other top-notch state psychiatric hospitals fund. And that's what I want.

Laurie Goldstein: And our state wants to cut.

Laurie Goldstein: So yeah.

holly gieszl: I don't know. Our state and the feds, although the feds aren't …

Laurie Goldstein: Yeah.

holly gieszl: But I am as frustrated as my clients, more so because they have one lawsuit. I have 21 clients or something. So when I wake up at 2 o'clock in the morning, it's to think 21 times about people that I can't get out and some of whom ought to be out and some of whom shouldn't be out. but we need the biggest thing that we could do to improve and speed up the timeliness and the thoroughness and the equity and fairness of what goes on for the patients at ASH is more resources and leadership to use those resources to fund it. That's what we need.

Laurie Goldstein: We saw the report two years ago asking for drug specialists and trauma special informed care and they got zipped. zero. So again, people have to advocate down with our legislators. In our state, public safety is seen as number one. I think that is right. Yeah.

holly gieszl: Yeah. and in psychiatry in the behavioral health field, community-based treatment is seen as number 1.5 or 2.0. And I've never had a client who came to ash who wasn't in our community-based treatment and that treatment system failed them. They should not have escalated to the point and then ineffective treatment when you're released.

holly gieszl: I mean, when you're arrested and you're not diverted and not referred to really notch community treatments, that's why we're near capacity at Ash. It's not Ash's failure. So, right. Unacceptable.

+1 602-*-**31:** I guess from a patient perspective, it's just very frustrating to be on a wait list for upwards of almost a July of last year when I know we're not supposed to talk about statistics, but I Okay.

Laurie Goldstein: No, you can talk about it. We can talk in general but not in specific.

+1 602-*-**31:** So, I can speak to numerous patients having to wait almost nine months to a year to get a risk assessment and it's very frustrating. Yes, I think so too. and then that's just to get assigned a person and at that point then the risk assessment proceeds and that can take upwards from three to six more months. So, I mean,…

holly gieszl: I agree and…

+1 602-*-**31:** it's very very slow moving and by the time that a lot of people in here have 10ear sentences and things and they wind up sentencing out trying to get through the system because the system is just so bogged

holly gieszl: I think that I will go one step further because I've now been representing people interacting with people for years. I believe that being in any locked facility without conditional release in the community on a supervised basis is harmful to the patient. I have seen my patients regress. I have seen them become sicker. And it is because they are not having the positive reinforcement and the therapeutic interventions that build on each other to improve and get to stable remission and no longer dangerous. Drugs alone aren't going to do it. There may be 90% dependent on your view on the primary use of primary psychopharmacology as a treatment mode and I favor that but it isn't enough alone and so I totally agree start to finish turnaround you ought to be able to get a risk assessment and in a private institution and in some state institutions you could get it. You ought to start to finish data requests till completion and report to your treatment team and evaluation by whatever depending on your hospital the equivalent of the SEC should be no longer than 90 to 120 days start to finish.

02:00:00

Laurie Goldstein: But that is someone that has a fully functioning staff. I think some of the risk assessments since they didn't have enough psychology and psychologists were done by interns and they were then not accepted and I think that some of the superior court Yeah. Yeah.

holly gieszl: I've only known that it's only in Maricopa County. I've never been out of the country. It's only one prosecutor. And the one in which I had it, they had no expert. And we said, "Where's your expert to say that that's not standard of care?" and they essentially capitulated. But get the only way to build to the kind of trajectory that we all want, a therapeutic trajectory to get you out of confinement, like Olmstead said, we can't just confine you in a restrictive setting. when there's a less restrictive clinically appropriate setting. The only way to do that is with residents and fellows and more psychologists. That's what happens. The fastest best trajectory ever that I know of is in Connecticut. It is staffed by Yale New Haven Medical School residents, attendings, and I use them as experts from time to time. but that's what you've got to do. You've got to have more bodies and you've got to have psychiatrists who have the credentials, if you will, to stand up and say, "I want this done and I want it done now, and here is my order. Carry it out." I'm sure Dr. Goldstein if he's on the phone has done that in the emergency room when he's got patients back backed up and he can't get an MRI absolutely 100%.

Laurie Goldstein: You can only do that when you have staff and a full function you have enough staff. Again it comes down to money. So you come.

holly gieszl: And my question for everybody, when we hear from the peers and we hear from the governing body and we hear from the Arizona disability law center, they all say, " we need community-based care. We need that." Here's my question. Where is your bill to fund that? Where's the law that you drafted and asked the Arizona legislature to pass to fund that kind of community-based system?

holly gieszl: I have not seen one bill in 30 years from all the people who talk about community-based care to give Ash the money that it needs to implement an inpatient psychiatric model that is consistent with instead and Arnold vs. Sarn. Where's the law? Where's your draft? Sure.

Laurie Goldstein: What do patients do again, I think that systems rely on clinical teams to make assessments. So this is what we have in Arizona at this time. We are funded to the level that our state wants to fund and that's the same with our universities and our state long-term psychiatric hospitals.

Laurie Goldstein: Yeah. Yeah.

holly gieszl: our roads, our schools, everything. The answer is you have to get your defense lawyer to get a private risk assessment and not from somebody who's just going to tell you what you want them to tell you because ash will find the time to pick apart a bogus risk assessment. And if you're in Maricopa County, the prosecutors will. So get the defense lawyers need to get the risk assessments. And I've got some that are on that we've got to start pushing on more. Nobody does everything as fast and thorough as they want to. But the only way to help the patients, and this is going to sound odd, the patients can help Ash and the patients lawyers can help Ash by getting really good risk assessments and push pushing for those levels.

02:05:00

holly gieszl: And I've been, frankly, pretty impressed with the SEC of late. and we've had a patient ask to change the plan to add, I mean, they've been responsive. They've looked at things carefully. and from what I can tell, Dr. Quo has emerged, stepped into a position, and is leading. I thoroughly enjoyed having him as the psychiatrist for my clients. He was thoughtful, he listened. He had a good balance between the psychopharmacology as the primary treatment at Ash and other issues. So, I think that the patients as part of recovery, as part of your therapy is to become your best self- advocate.

Laurie Goldstein: Okay. Some people

holly gieszl: And I take calls all the time on myself from every one of my clients. Make your lawyer do the same thing.

+1 602-*-**31:** I think that's also where as patients we're running into issues because the laws are there to protect us but a lot of us have public defenders and they don't want to either read the laws because there's just such a few the population here is maybe 120 and the public defenders that we get generally aren't experts in mental health either. And so it's hard to get them to do an independent risk assessment or they'll argue and say that it's stronger if it comes from ash and so it's just a really difficult I guess thing to navigate and had I known and I think a lot of us feel this way too is that we could have taken much lesser sentences if we would have just went to prison and we're almost punished for being mentally ill at the time…

holly gieszl: Yes, it is. Yeah, I agree.

Laurie Goldstein: But we hear a lot of horror stories also from families. I mean, look at Crystal. Jail and jails and prisons aren't a good time and perfect treatment either. So, I think that to compare and wish for going to prison or jail, I don't know.

holly gieszl: Yeah,…

Laurie Goldstein: Grass is not always greener.

+1 602-*-**31:** If you would have known that we would have served the majority of our sentence. Here or the duration of the presumption that it would have been good to know that at the time that we're making the decision. I don't know if I would have chosen prison, but I know that that would have been a much lesser sentence for me because it was my first offense and things of that nature.

holly gieszl: Right. And with a first offense, no criminal history, Death. If there's a murder involved, you got to put that in another whole bucket. We won't deal with that right now. if you've got a serious injury anything that causes bleeding or bruising or requires medical attention etc I think it is likely that many people who came to ash with the expectation that they would be out certainly in 120 days nobody that's not going to happen it's not possible the only way can get out is with a risk assessment and an order from the court just like it was similar to PSRB. so I think you would have done less quote unquote time. Now I think you wouldn't have gotten treatment in DOC and you probably wouldn't even have gotten medication. It's gotten better in the last two years. so I think that's also something that maybe mitigates the injustice but it doesn't address your concern. There is another issue and is that if you got your back time and if you leave Ash and you go to prison because Ash says that you're still dangerous if you have served your presumptive sentence. then you walk in and you walk out of DOC and…

Laurie Goldstein: But I think also the last thing. Yeah.

holly gieszl: that is a strategy that may be appropriate in some cases. Do I think that that's the best? Do I want to advocate for somebody to leave ash and go to prison? Do I think that's a great idea? Not off the top of my head.

02:10:00

holly gieszl: However, I have talked to individuals before and after commitment where I can see that if they're going to sit and do the full presumptive sentence with no credit for back time unless they go to Ash, then going to Ash may be the best answer. And I would certainly advocate for that. I'd file the petition. Hi. Sure.

Janina: Holly. …

Janina: This is Janina. Can I make a few comments here? so as an out and…

holly gieszl: Correct, Correct me, Janine. No,…

Janina: I'm not here to correct anything. I'm here to just share my experience.

holly gieszl: please do.

Janina: So as an act provider, I would like to say that I fight for my patients to not be in the justice system period…

holly gieszl: Yes. Yes.

Janina: where there is jail, prison and…

holly gieszl: Yeah. Yes. right?

Janina: So forth. The care in the prison system is absolutely egregious. Patients do not get medications. So yes it can be frustrating waiting at ash and so forth but at least people get treatment because psychosis can cause brain damage long term. And Dr. Potts, you can correct me here. and the longer a person is psychotic the lower the chance of being restored to some sort of stability. So we have to, so please understand that I fight with all I have for my patients to not go to jail in prison.

holly gieszl: Yes

Janina: And Holly you can attest to that. I have patients in prison that are on court order treatment, that are not getting the injections, they're not getting oral medications, they're not getting anything. I had to go to the jail to petition patients to get them out of there and get them treatment. And the coordination between outpatient and jail is absolutely ludicrous. It's poor at best. So yes, it is frustrating to be in ash. However, brain damage is prevented and function level is not going to decrease. There's and I don't know. I would recommend watching Lockdown or…

holly gieszl: Yeah. Yeah. Right.

Janina: whatever that show is called.

Janina: I mean it's horrible.

+1 602-*-**31:** So, I understand that it's horrible,…

Janina: It's horrible. and…

+1 602-*-**31:** but I'm just saying that there's a huge difference. I mean, we're talking like a third of my sentence would have been put in time. So, it's pretty substantial.

Janina: Yes, right?

+1 602-*-**31:** I mean, to have a thing over your head for three times longer than you would have served, it's Yeah.

Janina: And it's understandable. So, I guess the legislation has to be Yeah.

+1 602-*-**31:** So that's the other thing, Holly. If you can advocate for us by providing us with new laws, instead of having the presumptive be the sentencing structure, could the judge actually, tune that to each individual circumstance. So then that way, we're not having to do this presumptive sentence and all of these things like that, we can be treated as an individual on an individual basis.

holly gieszl: Yes. It's a good point.

Laurie Goldstein: Yeah. But again,

+1 602-*-**31:** I think that that would be really helpful for us. The second thing I would like to ask…

holly gieszl: Good point. Going forward.

+1 602-*-**31:** And then the second thing that I would like to advocate for is maybe get more funding to get these risk assessments moving. I know that it's hard to not talk in specific but I know that a lot of people had issues with their attorneys even getting in contact with them. I'm sure you've heard this whole thing because a lot of them don't even know that they have GEI patients and so it would be good if we can have a subsection of the total defense attorneys be treated or be trained in the GEI statutes. So then that way they're aware of what the laws are and what statutes that they can use because a lot of times I'm even educating my attorney as to what laws are there.

holly gieszl: Yeah. …

02:15:00

Janina: Yeah. So decision funding is definitely very very important…

holly gieszl: I think Yeah, I have a good point.

Janina: because I mean there's only so much Ash can do with what they get. And I will stop

holly gieszl: I think let me address the issue.

Laurie Goldstein: Okay. Let's go.

holly gieszl: There is a new Supreme Court committee that Josh Mozell was on and there are lots of prosecutors and some defense attorneys, but Josh and I have actually talked and we're sort of tentatively trying to put together something to go we're going to go around to every presiding judge in Arizona to the counties and talk about GEI defense. There are some excellent public defenders. There's not a better GEI defense lawyer than Tammy Ray. I would say in any state in the country. and it was a highlight of my professional career, no exaggeration, to work with her and Dr. Donna Robinson along with Nancy Barto on the bill and ACMI supported the bill. Lori is vice president of ACMI. Chuck Goldstein is treasurer. Barb is on the board. ACMI was a major reason that statute in the background got passed.

Janina: And can I piggy back on that? So there is so much advocacy for ash to get the funding that they need. You cannot even imagine. So I cannot go into much more details but there's tremendous advocacy in that area.

holly gieszl: We need to be sure.

Laurie Goldstein: Yeah.

holly gieszl: Yeah, we need to be sure that we are emphasizing some fidelity measures, if you will. I hear concerns about public defenders. My experience is obviously more limited than all the patients at Ash, but I think that is an excellent suggestion, Kay. And I want to sit down with Josh and Judge McDougall, a retired judge who's also on the ACME board. This is not an ad for ACMI .This is our space and we're a little crazy about our advocacy. We're doing this at 8 on a Thursday night, right? So we are kind of everywhere because that's what we made a commitment to do for our kids, our families. I think we need to look at this and we need to find a collegial way to elevate Arizona's public, how do we elevate this so that the public defenders working at Ash are the best of the best and That's my takeaway from this meeting and you've said it so you really have I'm sorry I should be saying it's initial K not K

Laurie Goldstein: Okay. Yeah.

holly gieszl: The last thing I want to say is this,…

Janina: You have support. So people are working on this and it takes a long time, but we're trying. Everybody's playing.

holly gieszl: And this is going to sound a little touchyfey, but I really believe in cultures of care. and I believe that a lot can be done at Ash through changing the culture of care to infuse a more therapeutic approach in the day today living there. I've been in lots of other mental health institutions and I've seen the ugly, public and private. I have never seen more polite, careful, gracious staff than I did at Johns Hopkins in the locked psychiatric ward with very thick patients. And I've seen the opposite at other private hospitals there. I think if I were going to change one thing at Ash in terms of the quality of the patients lives which Kay has been talking about.

02:20:00

holly gieszl: It can't feel like prison and you can't punish schizophrenia out of somebody restricting someone who's at ash with a very serious mental illness there by order of a court because of a crime when they were so sick they didn't know what they were doing was wrong. If you restrict that patient to the unit because they spit on the floor or they're rude to staff or they throw water or something like that and that denies them, deprives them of going to treatment groups, going outside. What have you accomplished? You have taken No,…

Laurie Goldstein: That was under a different administration,…

Laurie Goldstein: So, yeah.

holly gieszl: no. I have patients restricted. I have clients restricted to the unit right now for bad manners for behavior that is completely reflective of what every client I have in a jail in a clinic in my office has done and I really want to pass a statute that a patient cannot be ordered anywhere at ash that deprives them of meaningful treatment. That makes no sense. We might as well call it jail because it just doesn't make sense. And that doesn't take money. It takes a culture.

Janina: And that's why Lori and Mike and myself will meet and discuss different ways and different venues or programming that will enhance the therapeutic pro programming.

holly gieszl: Yeah. You can't punish bipolar out of somebody. You can't punish schizophrenia. You just can't do that. and to your point, Janina, every day that somebody who's psychotic and on medication to control that psychosis, medication is most important, but therapy is important, too. They can be on the same medication and…

Janina: I agree 100%.

Laurie Goldstein: Okay.

holly gieszl: be in a jail cell,…

Janina: Yes. Yeah.

holly gieszl: But I don't believe you can get treatment in jail.

Laurie Goldstein: So, let's move on to the last questions.

Janina: But let's not advocate for jail or prison. Let's think positive here.

Laurie Goldstein: Yeah. Yeah. So any questions…

holly gieszl: All for that.

Laurie Goldstein: because this wasn't intended to be a bashing of treatment at Ash. This is not Hopkins and not someone that's got large money and endowments and lots of doctors and money and interns.

holly gieszl: Not saying that cultural politeness doesn't cost a dollar. It costs somebody knowing that if they treat patients like scum, they're going to pay the consequences. That's all I'm saying.

Laurie Goldstein: I know.

holly gieszl: Doesn't cost a dollar.

Laurie Goldstein: I know. But when our son was there, I've seen really caring patients from anyone from the janitors to the security guards to everyone trying to help.

holly gieszl: Of course.

Laurie Goldstein: And that he wasn't on forensic and…

holly gieszl: Right.

Laurie Goldstein: he wasn't there long. But again, I think that it's a hard job. As I read through the incident and accident reports, I see you have a lot of patients that do act out that are very sick, that have impulse control. It's not an easy job to do and they are on a shoe string budget and they have any final questions because we still have to go to Any questions for Dr. Potts or for Holly before we go to public comment?

Jack Potts: Thank you Miss Goldstein for permitting me to join your group and that I respect what you're doing and I respect the patients there. Thank you.

Laurie Goldstein: Thanks, Dr. Pots.

holly gieszl: Ditto… what Dr. Potts said.

Laurie Goldstein: Thank you.

+1 602-*-**31:** Thank you and Dr. Potts for showing up tonight. That's very helpful. Thank you.

Laurie Goldstein: So, I think we're going to move to public comment. And since we're running so late, we're going to be strict on 3 minutes each. So, we're not here till 9. So, does anyone from the public want to make a comment? going once.

02:25:00

+1 602-*-**31:** This is Mark from Mojave. I have a question about possibly having somebody come in because I've already spoken with my attorney about it, but he's telling me that I need to reach out to the team here, the staff or somebody who can help me get the correct answer. I am trying to find out about funding for my invention and I just would like to know exactly how to go about doing so.

Laurie Goldstein: Okay, we're not allowed to answer questions,…

+1 602-*-**31:** So, I'm not having somebody try to answer the question right now,…

Laurie Goldstein: But we can hear them. Okay.

+1 602-*-**31:** but if possible, somebody taking notes.

Laurie Goldstein: Okay.

+1 602-*-**31:** My FAA number is 37473. I'm hoping that somebody can just look on my credentials to see that I'm telling you, hey, I have ideas that can actually help this hospital as well as myself, but due to my issues here, my patent attorney feels that it is a conflict of interest for him to work directly with me, and I've been working with him long before my incarceration. It's just a lack of funding. Same issue as the hospital. Lack of funding that made it where I couldn't have my ideas be in his realm of investigating if there is anything similar around the world, cuz that's what he's saying. He has to check everything from around the world. And obviously I didn't have the funding for that. But again, I have ideas for myself as well as for the hospital to make it so everybody can get ahead. I'm hoping that someone's taking notes. Again, this is Derrick Baron at Mojave.

Laurie Goldstein: Okay, thank you.

Laurie Goldstein: Do we have anyone else?

Laurie Goldstein: Do we have anyone else that wants to make public comment? with no one stepping up, thank you everyone. Do we have a motion to adjourn?

Laurie Goldstein: Do we have a second?

Jane Jepson: Thank you.

Barbara Honiberg: I second. Barb seconds.

Laurie Goldstein: Anyone against adjournment? We'll officially adjourn. Thank you guys. See you May 15th.

Lawrence Allen: Thank you everybody.

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

Laurie Goldstein: Thank you.

Barbara Honiberg: Thank you. Bye.

Laurie Goldstein: Bye. Bye.

Meeting ended after 02:29:08 👏