

2018 SB270

Addresses:

- Access to health care treatment plans (very hard to negotiate; many individuals refuse to acknowledge illness and accept treatment)
- Planning for follow-up services
- Coordinate referrals of high risk individuals

Issues I have seen:

- Given paperwork but no follow-up
- Pushed out the door without a sense of direction
- Lack of family being invited to participate or access to information (HIPA)

George Jr HIGH RISK

- 99th percentile ADHD (Children's Hospital)
- Autistic NVLD (Children's Hospital)
- Schizo-affective Bi-Polar Colorado State Mental Hospital
- Gravely Disabled (Porter and numerous psychologists and psychiatrists)
- Incompetent (Colorado Mental Hospital Dr Mack, All Health Network Dr Fisher and Dr Townsend, 18th Judicial District and Social Security Disability) See Attachment
- M-1 holds (Porter 4+, Littleton Hospital 3, Centennial Peaks 2 extended, Highland Behavioral, Denver, Arapahoe and Douglas County Sheriffs, etc.)
- Assaults (1st, 2nd and 3rd Degree) 3 cases pending of assault on me
- Police contacts since 2007: 50+

The ACT Team visits with him at/outside of his apartment and interacts with him 3-4 days per week. Since this began about 1 month ago I have observed that he:

- Is definitely less of a threat to me and the community and generally less aggressive
- Is more able to focus and stay on task (respond more appropriately)
- Is cleaner
- Is more willing to go to appointments and get his monthly medication shot

Date: April 16, 2018

Honorable Harold Clayburn Hurst
 Arapahoe County Court, Division 24
 7325 S. Potomac Street
 Centennial, CO. 80112

Dear Judge Hurst:

The following is my rationale for initiating this Extension of Short-Term Certification for the respondent: Mr. Ackerman is a 27 year old Caucasian male. Mr. Ackerman has a long history of Psychiatric treatment which has seen him hospitalized multiple times on many occasions, usually for violence against others, especially his father. He has been to CMHI-P for treatment and has been found Incompetent to Proceed.

According to Dr. Fisher, Treating Psychiatrist at All Health Network stated "HSD-Highland's Behavioral.-discharged him on Haldol D 100 mg q month. Long hx of violence, so I asked the security officer to sit in. He was + for Meth. He's assaulted his father and was put in jail for months. Was on Invega Sustenna 156 mg-not effective. Brittany, NP saw him in August and put him on an M-1 and had him seen at Porter Hospital for making threat "that she would leave by ambulance if he did". Was "well-groomed". NOTE: pt is currently ITP and a court has ruled that he is to be restored as an outpatient, clearly an impossible task. The court expects an eval done by next hearing 4/2/18. BUt, is under a TOC. Refused to tell me the day of the week. "it's not relevant...neither do you, actually". Hygiene terrible. Severe TD present Talks to himself-constant gesturing, gesticulating, bizarre facies/grimacing, tongue protrusion. Fierce looks, repeatedly posturing, showing inappropriate laughter. No insight. Responding to internal stimuli. He can give me no helpful information."

To those who interact with him, Mr. Ackerman appears to be in a constant state of psychosis. He continuously talks to himself, gestures to himself, and rambles nonsensically. It is difficult to discern at times how much he comprehends of what is being said to him. He is able to function in the community because of the tremendous amount of work that is put into his care by his family. He is also a client of our ACT (Acute Treatment Team) Team, which sees him in the community between three and four times per week. Without such interventions, there is little doubt that he would be able to have even a modicum of success in the community. It is absolutely essential that the Cetification for Mr. Ackerman continue for the safety of Mr. Ackerman and all those who interact with him. Even with such interventions in place, he still continues to remain a difficult client with whom to treat, and is likely to remain so for the foreseeable future.

As of the writing of this letter to Your Honor's Court, it is my professional opinion that Mr. Ackerman suffers from a major Axis I Psychiatric Disorder, specifically Schizophrenia and as a result of this illness is currently Gravely Disabled and a potential Danger to Others. He was offered Voluntary treatment but declined. As a result, I am petitioning Your Honor's Court for Long-Term Treatment to allow All Health Network personnel to treat Mr. Ackerman while he is resides in the community.

Aaron S. Townsend, Ph.D.
 Clinical Psychologist, Lic. #1940
 All Health Network

Distribution: Original -- Court
 Copies -- File
 Patient's Attorney
 County Attorney
 Patient

George Jr education:

- Montessori (Lone Tree)
- Twain Elementary (LPS would not test fir disabilities/IEP)
- Powell Middle School (suspended numerous times for behavior; did not follow IEP)
- Denver Academy (Summer program – had issues)
- Trail Head Wilderness School (Had trouble handling him)
- Group Therapy Program (Had trouble handling him)
- Logan River (1.5 years – Kaiser Permanente refused to keep him in program)
- Heritage HS (Could not handle him)
- Humanex Academy (Could not handle him)
- Third Way (housed in and out of lockdown units based on safety and behavior, counseling, etc. and put him in their school but did not finish)
- GED (Hired special teacher to help)

George Ackerman Sr

- **Retired Arapahoe Deputy Sheriff
Special Intervention Unit, School Resource Officer, Crisis
Intervention Team**
- **Undergraduate BA Psychology**
- **Shiloh House Advisory Board**
- **Delta Society (AKA Pet Partners: 2 dogs at Shiloh and 3 LPS
Schools)**
- **NAMI**