



Lemont High School

800 Porter Street • Lemont, IL 60439

Phone - (630) 257-5838

Fax - (630) 257-7603

Web - www.lhs210.net

Dr. Matt Maxwell, Superintendent

Eric Michaelsen, Principal



Exemplary High Performing School • 2017 National Blue Ribbon Schools Program

Via Email

September 17, 2025

W (AACL)

Michael A. Ayele

P.O.Box 20438

Addis Ababa, Ethiopia

E-mail: waac13@gmail.com ; waac1313@gmail.com ; waac142913@gmail.com

Re: Illinois Freedom of Information Act Request - 5 ILCS 140 / 1

Dear W:

This letter is in response to your Freedom of Information Act (FOIA) request dated September 10, 2025, and received in my office on September 10, 2025.

In your letter you requested the following:

What I am requesting for prompt disclosure are records in your possession detailing your discussions about [1] formally recognizing (i) the month of September as "World Suicide Prevention Month;" (ii) September 10th 2025 as "World Suicide Prevention Day (WSPD);" [2] the Missouri Department of Mental Health (MODMH) as a state government agency, which has in the past formally commemorated World Suicide Prevention Month by proffering the following advice: "When someone you know is in emotional pain, ask them directly, 'Are you thinking of killing yourself?' Research suggests acknowledging suicide may reduce rather than increase suicidal ideation. Asking the question in a direct, unbiased manner communicates that you are open to speaking about suicide in a non-judgmental way and supportive way. Other questions you can ask include, 'How can I help?' and 'What can we do about this?' Asking these questions can open the door to honest communication to learn what next steps need to be taken." [3] Michael A. Ayele (a.k.a) W as a Black Bachelor of Arts (B.A) Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee (listed on Missouri's Accountability Portal) who has witnessed his written content being paradoxically subjected to frenzy before they were very inappropriately filtered and distorted on search engines such as AOL, Bing/MSN, Google and Yahoo following his decision to recognize that (i) the MODMH have previously commemorated World Suicide Prevention Month by proffering the following advice: "When someone you know is in emotional pain, ask them directly, 'Are you thinking of killing yourself?' Research suggests acknowledging suicide may reduce rather than increase suicidal ideation. Asking the question in a direct, unbiased manner communicates that you are open to speaking about suicide in a non-judgmental way and supportive way. Other questions you can ask include, 'How can I help?' and 'What can we do about this?'" (ii) thirty-three percent (33%) of women who are raped contemplate suicide; (iii) thirteen percent (13%) of women who are raped attempt suicide; (iv) that the provisions of the Health Insurance Portability and Accountability Act (HIPAA) enable current and/or former healthcare workers to express written and/or verbal objections to medical treatment they consider to be xenophobic, sexist and/or racist;iv (v) "statutes of limitation for sexual assault need to be crafted in a way that does not cause the covering up company to enjoy the fruits of their cover-up solely because our statutes of limitation permit and thus motivate, such behavior."

Response to request:

In response to request 1 attached are emails. In response to the other requests, the District does not have any records in its possession or control pertaining to the items in your requests.

As Superintendent and one of the FOIA Officers for the District, I am responsible for granting and denying requests for records under the FOIA. The District's responses contained in this letter intend to be fully responsive to your specific request. If I have misinterpreted your request, please clarify your request in writing to me.

If you should have further questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Matt Maxwell". The signature is written in a cursive, flowing style.

Dr. Matt Maxwell
Superintendent
Lemont High School District 210

Michael Ayele

to thamilton@lhs210.net, Matt, me, Michael

Sep 10, 2025, 2:16 AM (7 days ago)

W (AACL)

Date.: September 10th 2025

Michael A. Ayele

P.O.Box 20438

Addis Ababa, Ethiopia

E-mail: waac13@gmail.com ; waac1313@gmail.com ; waac142913@gmail.com

Request for Records

Hello,

This is Michael A. Ayele sending this message though I now go by W and I prefer to be referred to as such. I am writing this letter for the purpose of filing a request for records with your office.^[i] The bases for this records request are [1] the decision of the United States government to formally recognize September 10th as “World Suicide Prevention Day”^[ii] and [2] the advice proffered by the Missouri Department of Mental Health (MODMH) to people who maybe acquainted with individuals contemplating suicide.^[iii]

Please find attached to this email the content of my records request as well as information explaining my request for a fee waiver and expedited processing.^[iv] Thank you.

Be well. Stay well. Take care. Keep yourselves at arms distance.

Michael A. Ayele (a.k.a) W
Anti-Racist Human Rights Activist
Audio-Visual Media Analyst
Anti-Propaganda Journalist

Work Cited

^[i] Please be advised that I have previously disseminated a vast number of documents obtained through records request using the means of various digital publishing platforms. As a representative of the media, I would like to take this opportunity to inform you that the records you disclose to me could be made available to the general public at no financial expense to them. This records request is being filed for non-commercial purposes to inform members of the general public / representatives of the media [who may be interested in the written content of Michael A. Ayele (a.k.a) W – Association for the Advancement of Civil Liberties (AACL)] about the activities, the engagements and the priorities of the U.S government at the local, state and federal level.

^[ii] *On World Suicide Prevention Day, our Nation joins the World Health Organization, the International Association for Suicide Prevention, and countries across the globe in mourning those who have died by suicide. Suicide is a devastating tragedy that leaves loved ones with unanswered questions and families missing a piece of their soul, wishing for more time together. We are still in the early stages of learning about the conditions that can lead to suicide, including job strain or loss; serious illnesses; and financial, criminal, legal, and relationship problems. Acknowledging suicide and the impact it has on our communities is a first step to understanding how it can be prevented more effectively. Suicide accounts for 1 of every 100 deaths globally, and it is the second leading cause of death for Americans between the ages of 10 and 34. (...)*

On this day of commemoration and action, we commit to studying the risk factors associated with suicide and to making

mental health care accessible and affordable. Finally, to those experiencing emotional distress: please know that you are loved, and that you are not alone. There is hope, and there is help, and I encourage you to call or text 9-8-8 to reach the National Suicide & Crisis Lifeline. NOW, THEREFORE, I, JOSEPH R. BIDEN JR., President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim September 10, 2022, as World Suicide Prevention Day. I call upon all Americans, communities, organizations, and all levels of government to join me in creating hope through action and committing to preventing suicide across America. IN WITNESS WHEREOF, I have hereunto set my hand this ninth day of September, in the year of our Lord two thousand twenty-two, and of the Independence of the United States of America the two hundred and forty-seventh. Joseph R. Biden – Kamala Harris White House Administration.

Despite operating facilities like the Sexual Offender Rehabilitation & Treatment Services (SORTS) and having concluded contracts with Missouri Girls Town, the Missouri Department of Mental Health (MODMH) have failed to make clear whether they consider sexual violence as a factor that has the potential to increase the risk of suicide. They have also failed to make clear whether the personal health information (PHI) of a person similarly situated to Catherine Daisy Coleman would reflect that risk. As of this writing, it remains unclear for Michael A. Ayele (a.k.a) W what the obligations of the MODMH pursuant to the Americans with Disabilities Act (ADA) and the Health Insurance Portability & Accountability Act (HIPAA) actually are. The MODMH were extremely vague to requests submitted by Michael A. Ayele (a.k.a) W on the subject of [1] whether they have in the past disclosed the PHI of an individual in circumstances, where discrimination was at play (for the purpose of remedying the discrimination); [2] whether they were in the past required to disclose the PHI of an individual either to the Equal Employment Opportunity Commission (EEOC) and/or the courts (for the purpose of remedying the discrimination).

Michael A. Ayele (a.k.a) W was very much concerned upon learning about the August 04th 2020 suicide of Catherine Daisy Coleman because he was in Calendar Year 2013 a public employee of the MODMH Fulton State Hospital (FSH). As a former employee of the MODMH (FSH), it remains unclear to Michael A. Ayele (a.k.a) W whether or not his former employers (and their contractual partners) acknowledge as a matter of reality the fact that sexual assault is a factor increasing the risk of suicide. It also remains unclear to Michael A. Ayele (a.k.a) W if the PHI of Catherine Daisy Coleman reflected this risk. Via email, the former employers of Michael A. Ayele (a.k.a) W (i.e.: the MODMH) have refused to deny that Catherine Daisy Coleman was a patient of Missouri Girls Town following the January 08th 2012 sexual assault she was a victim of (only confirming that Missouri Girls Town is indeed a contractual partner of the MODMH). The terms and conditions of the contractual agreements concluded between the MODMH and Missouri Girls Town recognize that Missouri Girls Town is a *"time-limited placement resource for children requiring active coordinated and professional intervention in a highly structured environment by virtue of a demonstrated inability to function in any less restrictive setting. Children requiring residential treatment services exhibit a severe mental illness and/or persistent mental disorder as diagnosed according to the DSM-IV. These children may be unable to function consistently in an open, public school setting, may present a chronic runaway risk, and may present a history of showing rage, including physical aggression toward self and others."* On his official WordPress website, Michael A. Ayele (a.k.a) W had created the Health Insurance Portability and Accountability (HIPAA) tag for the first time in reference to the inconsistent legislative actions that were taken following the August 04th 2020 suicide of Catherine Daisy Coleman and the September 12th 2012 suicide of Audrie Taylor Pott. It is the judgment of Michael A. Ayele (a.k.a) W that the provisions of HIPAA enable current/former healthcare workers to express written objections to a specific course of medical treatment a patient is subjected to if the current/former healthcare worker believes the treatment to be discriminatory and/or racist and/or sexist in nature. It is also the judgment of the Michael A. Ayele (a.k.a) W that the inconsistent legislative actions taken (in the State of California and the State of Missouri) following the suicides of Audrie Taylor Pott and Catherine Daisy Coleman merited discussions on the subject of *"sexual assault as a factor increasing the risk of suicide"* (particularly) among current/former healthcare workers.

As a matter of principle, Michael A. Ayele (a.k.a) W unequivocally condemns violence committed against girls and/or women irrespective of their racial backgrounds, their sexual orientations, their national origins, their religious affiliations, their disability status and/or their age group. Michael A. Ayele (a.k.a) W also condemns malicious efforts designed to place girls and/or women in circumstances encouraging the commission of suicide after a documented incident of sexual violence. According to the MODMH: *"When someone you know is in emotional pain, ask them directly: 'are you thinking*

about killing yourself?' Research suggests acknowledging suicide may reduce rather than increase suicidal ideation. Asking the question in a direct, unbiased manner communicates that you are open to speaking about suicide in a non-judgmental and supportive way. Other questions you can ask include, 'How can I help?' and 'what can we do about this?'. Asking these questions can open the door to honest communications to learn what next steps need to be taken. Often, we don't know the challenges others face on a day-to-day basis."

Michael A. Ayele (a.k.a) W is vexed by the very bizarre frenzy that has surrounded his written publications on American government public records related to [1] the highly publicized January 08th 2012 sexual assault Catherine Daisy Coleman was victim of in Nodaway County, Missouri (in the City of Maryville) when she was only fourteen years of age; [2] the attempted suicides of Catherine Daisy Coleman following the sexual assault she was the victim of on (or around) January 08th 2012 in Nodaway County, Missouri (in the City of Maryville); [3] Catherine Daisy Coleman reported stay at Missouri Girls Town following the very publicized sexual assault she was the victim of on (or around) January 08th 2012 in Nodaway County, Missouri (in the City of Maryville); [4] the terms and conditions of the contractual agreements concluded between Missouri Girls Town and the MODMH: the former employers of Michael A. Ayele (a.k.a) W in Calendar Year 2013; [5] the very lenient criminal charges filed by the State of Missouri on behalf of Catherine Daisy Coleman on (or around) January 09th 2014: exactly two years after the sexual assault she was subjected to on (or around) January 08th 2012; [6] the decision of the California government to recognize that (i) *one out of every six American women has been the victim of an attempted or completed rape in their lifetime*; (ii) *only about 300 out of every 1,000 sexual assaults are reported to police*; (iii) *thirty-three percent of women who are raped contemplate suicide*; (iv) *thirteen percent of women who are raped attempt suicide*; (v) *a 2016 analysis of 28 studies of nearly 6,000 women and girls 14 years of age or older who had experienced sexual violence found that 60 percent of survivors did not label their experience as "rape;"* (vi) *women may not define a victimization as a rape or sexual assault for many reasons such as self-blame, embarrassment, not clearly understanding the legal definition of the terms, or not wanting to define someone they know who victimized them as a rapist or because others blame them for their sexual assault*; (vii) *it is self-evident that the unique nature of the emotional and psychological consequences of sexual assault, especially on women, can paradoxically permit wrongdoers to escape civil accountability unless statutes of limitations are crafted to prevent this injustice from occurring*; (viii) *it is self-evident that statutes of limitations for sexual assault need to be crafted in a way that does not cause the covering-up company to enjoy the fruits of their cover-up solely because our statutes of limitations permit, and thus motivate such behavior.*

[\[iv\]](#) In my judgment, the facts presented in my request for a fee waiver and expedited processing will not bolster public confidence in the activities, the engagements and the priorities of internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo because they have previously filtered and distorted Michael A. Ayele (a.k.a) W's correspondence with the United States government on matters pertaining to suicide prevention as well as HIPAA.

Additionally, the facts presented in my request for a fee waiver and expedited processing will not bolster public confidence in the activities, the engagements and the priorities of the United States government particularly on matters pertaining to HIPAA, which enables current / former healthcare workers [1] to express verbal and/or written objections to medical treatment they consider to be xenophobic, sexist and/or racist; [2] to shed light on xenophobic, sexist and/or racist medical practices.

Unfortunately, HIPAA has been consistently mischaracterized in public discourse (and public documents) as a mechanism for shielding abusive or discriminatory healthcare practices from scrutiny. In reality, as the U.S. Department of Health and Human Services (HHS) itself acknowledged in its own published guidance during the early 2010s, HIPAA was never designed to prohibit healthcare workers from expressing written and/or verbal objections to medical treatment that offends their "**conscience**." Indeed, during the early 2010s, HHS had explicitly used the terminology "**conscience**" in this context, thereby very strongly implying that such "**objections**" are particularly valid in circumstances where the medical treatment that is provided to a patient is **xenophobic and/or sexist and/or racist**. In those earlier publicly-accessible documents, (when I was living within the territory of American between January 2010 and July 2016,) HHS had made clear that HIPAA:

1) Does not prohibit healthcare workers from expressing **verbal and/or written objections** to treatment they find offensive to their "**conscience**" particularly if there's xenophobia, sexism and/or racism at play in the healthcare facility.

2) **Does not prohibit** the public and/or the media and/or healthcare workers (whether current or former) from seeking the disclosures of personal health information (PHI) particularly in circumstances where there is credible evidence of **xenophobic, sexist, racist or otherwise discriminatory** medical treatment.

The decision of HHS to remove (from its own website) previously published content offering guidance (to healthcare workers) on matters pertaining to HIPAA is not something that ought to be taken lightly. Rather, it's something that ought to be concerning, and as a former Missouri healthcare worker who's listed on Missouri's Accountability Portal, I am both uncomfortable and uneasy about this.

When a federal agency deletes content that once formed part of its public explanation of a federal statute, it alters the public's ability to understand both the **legislative intent** and the **practical application** of that statute. In the case of HIPAA, the deleted guidance was not a minor detail — it directly addressed a recurring and harmful misinterpretation: the belief that HIPAA is designed to **shield abusive conduct** or **block the exposure of racist, sexist, or xenophobic medical treatment**.

By removing previously published content on HIPAA without public explanation, HHS has in effect:

- 1) **Erased part of the public record** of how the federal government itself has historically interpreted HIPAA's provisions, particularly with respect to whistleblowing and civil rights protections in healthcare.
- 2) **Contributed to ongoing public misunderstanding** by allowing the false narrative to persist that HIPAA prohibits disclosures motivated by conscience, even when such disclosures are aimed at preventing discrimination or harm.
- 3) **Compromised accountability** by depriving healthcare workers, patients, advocates, and the press of clear federal acknowledgment that HIPAA supports — rather than silences — those who speak out against discriminatory care.

The quiet deletion of HHS's early 2010s HIPAA guidance — which affirmed the right of healthcare workers to express "**objections**" to **xenophobic, sexist, racist and otherwise discriminatory treatment that offends their "conscience"** — mirrors and compounds the filtering and distortion of my own government correspondence by internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo. In both cases, the result is the same: **accurate and legally significant information about the scope of HIPAA is erased, altered, or rendered inaccessible to the public**. As a direct consequence of this, false and harmful narratives on matters pertaining to HIPAA and suicide prevention are going unchecked. For instance, HIPAA is not, and was never intended to be a gag order. In other words, the purpose of HIPAA is not and has never been to silence (current/former) healthcare workers from speaking their "**conscience**" if/when they encounter "**objectionable**" medical treatment resulting from **xenophobia, sexism and racism**. Rather, HIPAA was written to protect dignity and trust in healthcare – not to suppress "**objections of conscience**" or to conceal systemic abuse. Regrettably though, the widespread miscasting of HIPAA as a blanket prohibition on speaking out against **xenophobia, sexism and racism** has enabled a culture of fear and silence to become common practice in many "*mental health care*" facilities, and this is leading to very outrageous, shocking and tragic outcomes, some of which have been documented in the 1998 Hartford Courant articles on "*deadly restraint*." Incidentally, the 1998 Hartford Courant articles on "*deadly restraint*" implicitly (but very strongly) refers to HIPAA as well as the content published by the HHS in the 2010s on HIPAA related matters (before it was deleted). Therefore, it is my belief that immediate disclosure of the requested records is necessary to counteract this distortion, to restore the historical record, and to ensure that the public understands what HIPAA is — and what HIPAA is not (particularly given how the 1998 Hartford Courant articles are still publicly accessible even though the HHS guidance on HIPAA is not).

For me, "**Starting the Conversation About Suicide**" (as the United Nations and the International Association for Suicide Prevention ask us to do) begins with "**Starting the Conversation**" about laws like HIPAA, and how they are being misused to enforce silence. Ending that misuse and that silence is a necessary first step to bring about hope and foster trust thereby creating the most ideal conditions to decrease and eradicate instances of suicides around the globe. As previously mentioned, when enacting into law the *Sexual Abuse and Cover Up Accountability Act*, the legislative branch of the California government had recognized that [1] *one out of every six American women has been the victim of an attempted or completed rape in their lifetime*; [2] *only about 300 out of every 1,000 sexual assaults are reported to the police*; [3] *thirty-three percent (33%) of women who are raped contemplate suicide*; [4] *thirteen percent (13%) of women who are raped attempt suicide*; [5] *a 2016 analysis of 28 studies of nearly 6,000 women and girls 14 years of age or older who had experienced sexual violence found that 60 percent of survivors did not label their experience as "rape;"* [6] *women may not define a victimization as a rape or sexual assault for many reasons such as self-blame, embarrassment, not clearly understanding the legal definition of the terms, or not wanting to define someone they know*

who victimized them as a rapist or because others blame them for their sexual assault; [7] it is self-evident that the unique nature of the emotional and psychological consequences of sexual assault, especially on women, can paradoxically permit wrongdoers to escape civil accountability unless statutes of limitations are crafted to prevent this injustice from occurring; [8] it is self-evident that statutes of limitations for sexual assault need to be crafted in a way that does not cause the covering-up company to enjoy the fruits of their cover-up solely because our statutes of limitations permit, and thus motivate such behavior.

In light of the above-mentioned undisputed facts, I think the more appropriate questions to ask about Michael A. Ayele (a.k.a) W correspondence with the Missouri Department of Mental Health (MODMH) on matters pertaining to the Health Insurance Portability and Accountability Act (HIPAA) and Catherine Daisy Coleman are the following ones:

- 1) Have the healthcare service providers Catherine Daisy Coleman dealt with after she was sexually assaulted on (or around) January 08th 2012 formally recognized sexual assault as a factor increasing the risk of suicide?
- 2) Have the healthcare service providers Catherine Daisy Coleman dealt with after she was sexually assaulted on (or around) January 08th 2012 made a note on her personal health information (PHI) formally recognizing that sexual assault is a factor increasing the risk of suicide?
- 3) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why not provide the PHI of Catherine Daisy Coleman to Michael A. Ayele (a.k.a) W: a former Missouri healthcare worker who's listed as such on Missouri's Accountability Portal?
- 4) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why does Michael A. Ayele (a.k.a) W not have access to Catherine Daisy Coleman PHI that relate to her dealings with the Missouri Department of Mental Health (MODMH) as well as Missouri's Girls Town?
- 5) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why not provide to Michael A. Ayele (a.k.a) W the portions of Catherine Daisy Coleman PHI that recognized sexual abuse as a factor increasing the risk of suicide?
- 6) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why not provide to Michael A. Ayele (a.k.a) W the portions of Catherine Daisy Coleman PHI that explicitly referred her to resources and organizations whose mission is to be supportive of sexual abuse victims contemplating suicide?
- 7) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why not provide to Michael A. Ayele (a.k.a) W records attesting to the institutional support Catherine Daisy Coleman received by resources and organizations whose mission is to be supportive of sexual assault/rape victims contemplating suicide?
- 8) Why has the State of Missouri not enacted a *Catherine's Law* similar to *Audrie's Law* for the purpose of formally recognizing sexual abuse as a factor increasing the risk of suicide among girls and women?
- 9) Has the State of Missouri not enacted a *Catherine's Law* similar to *Audrie's Law* because Catherine Daisy Coleman was not on (or around) January 08th 2012 sexually assaulted by a(n) Black / African American man?
- 10) Would the State of Missouri have been properly motivated to enact a *Catherine's Law* similar to *Audrie's Law* if Catherine Daisy Coleman had on (or around) January 08th 2012 been raped by a(n) Black / African American man?

Because the issues raised in this records request pertain to the applicability of HIPAA in suicide prevention, the disclosure of responsive records (that are in your possession) will significantly enhance public understanding of how HIPAA enables current and former healthcare workers to express written and/or verbal "**objections**" to medical treatment that offends their "**conscience**" – particularly when such treatment is the direct result of factors such as **xenophobia, sexism, racism and other forms of discrimination**. Failure to process this request promptly and transparently will further undermine public confidence in any honest "**conversation**" that may be had about the applicability of HIPAA in suicide prevention. Furthermore, failure to process this request promptly and transparently will further undermine public confidence in any constructive "**conversation**" that may be had about HIPAA enabling healthcare workers to express written and/or verbal "**objections**" to medical treatment that offends their "**conscience**" because of factors such as **xenophobia, sexism, racism and other forms of discrimination** in healthcare services. Granting a fee waiver and expedited processing is therefore warranted under the law because the release of these records will directly advance public understanding of HIPAA's true scope and purpose: safeguarding dignity and trust in healthcare.

The public has a compelling interest in this information because:

- 1) HIPAA is regularly invoked — inaccurately — to **silence** healthcare workers or to **block** public access to information about **xenophobic, sexist, racist and otherwise discriminatory** medical practices
- 2) Understanding HIPAA's true scope is **directly tied to patient safety**, particularly for patients vulnerable to racial, gender-based, and xenophobic discrimination in healthcare settings.
- 3) The decision of HHS to delete previously published HIPAA content from their website raises **historical transparency concerns** that require immediate correction.

For these reasons, expedited processing is warranted because:

- 1) This request raises legitimate questions about the **integrity of government communication** on public health law.
- 2) This request raises legitimate questions about the **suppression and distortion** of legally significant information by both government and private actors (including major internet search engines).
- 3) Delay in releasing responsive records would **impair the public's ability** to understand and correct ongoing misrepresentations of federal law that affect the lives and rights of people who have had dealings with the American healthcare industrial complex.

On my end, as a former Missouri healthcare worker who's listed on Missouri's Accountability Portal, I hereby make a commitment to you that if you have responsive records to disclose, I will make your disclosure and our correspondence with one another accessible at no financial expense to those who may be interested in the issues presented in this records request (so long as the content of our correspondence is not being filtered and distorted on search engines such as AOL, Bing/MSN, Google and Yahoo).

Fwd: Seeking 2025-26 Calendar Dates

1 message

Tony Hamilton <thamilton@lhs210.net>
To: Carolyn Stelter <cstelster@lhs210.net>

Tue, Sep 16, 2025 at 2:04 PM

----- Forwarded message -----

From: **Tony Hamilton** <thamilton@lhs210.net>
Date: Thu, Jan 30, 2025 at 10:41 AM
Subject: Seeking 2025-26 Calendar Dates

Greetings folks.

I am beginning to tackle the task of putting together the 2025-26 events calendar. This will be posted on the school's website for parents and others to download, and many of the events will be available on the school website's Events Calendar and Google Calendar.

The framework of the calendar has been set - including holidays, breaks, Blue/Gold days, etc. However, there still is a large amount of work that needs to be completed. A preliminary copy of next year's monthly calendar is attached.

If you are receiving this message, it's because I need your help. I have put together a master list of the items I need to compile for next year's calendar. It would be most helpful if you could review the list below, and respond back to me by **Friday, March 7**, with your proposed (or confirmed) dates/times/location for the events with which your name is associated. I say 'proposed' because, as I compile them, there may be some conflicts that need to be resolved.

If any portion of your event will take place in the PAC, please contact Matt Davis to check on the PAC's availability and to pencil in your date. Doing this in advance of providing me the date(s) should help save some conflict resolution down the line.

Returning the requested information by March 7 will allow ample time to compile the calendar and resolve discrepancies. I understand there may be some events whose details cannot be nailed down by March 7; if that's the case, please let me know.

If you want to get this off your plate and respond before March 7, all the better!

If you have any questions, please let me know. Thanks in advance for your cooperation.

--Tony

Student Services - Denise Dalton

- Back to School Night date (confirm, please)
- Red Ribbon Week dates (confirm, please)
- Suicide Prevention Week dates (confirm, please)
- Date for Senior Awards Night
- Dates of course selection for Classes of 2027, 2028 and 2029
- Dates/times/locations of any Parent Education Series events (or information nights, college financial aid events, social media night, etc.)
- Date for Decision Day
- Any other school-wide assemblies?
- Anything to add?

Assessment - Tina Malak

- Dates/times/location of SAT and ACT Testing (Please designate the ones that are at LHS)
- Confirmation of date/times of fall testing (Oct. 8) and spring testing (Apr. 15), as well as the release times each day
- Confirmation of AP Testing dates
- Anything to add?

Athletics and Activities - Mike Sommerfeld, Deb Finnegan, Matt Doherty

- Date/time/location of Athletic Hall of Fame Induction Ceremony
- Confirmation of dates of Homecoming Assemblies/Homecoming Week
- Date/time/location of Homecoming Dance
- Date/time/location of Prom (date should be Sunday, April 19)
- Dates/locations of SSC Festivals
- Anything to add?

Dean's Office - Kathie Vabalaitis

- WILCO start date
- WILCO non-attendance dates

Speech - Phil Lazzari

- Date/time/location of Faculty Idol

Science - Erin Horan

- Date/time of STEM Night

Drama - Paula Troesch and Matt Doherty

- Dates/times of Fall Play and Winter Play

Yearbook - Cara Forde and Megan Ideall

- Dates for ID photos and makeup dates

Music - Dave Nommensen

- Dates/times/locations for Band & Choral Holiday Concerts
- Date/time of Midwest Fest
- Date/time/location of District 113A Step-Up Band Concert
- Date/time/location of Jazz Band Dinner Dance
- Date/time/location of Jazz Bands Concert
- Date/time/location of Mega Band Concert
- Date/time/location of Fall/Spring Choral Concerts
- Date/time/location of Band Awards Concert
- Dates/times for Musical (paid shows only, not rehearsal)

National Honor Society - Marek Dron, Trisha Weber

- Date/time/location of NHS Induction Ceremony

Principal's Office - Eric Michaelsen, Donna Komperda

- Date/time of Curriculum Night (Wednesday, Aug. 20, would be the carryover)
- Date/time of 8th Grade Open House (Wednesday, Nov. 5, would be the carryover)

--

Tony Hamilton

Director of School & Community Relations

Lemont High School | 800 Porter Street • Lemont, IL • 60439

Phone: (630) 243-3280 | Fax: (630) 257-7603 | Email: thamilton@lhs210.net

Facebook: www.facebook.com/LHS210 | Twitter: www.twitter.com/Lemont_HS



Lemont High School

"Exemplary High Performing School"

2017 National Blue Ribbon Schools Program

Fwd: Dates for 2025-2026

1 message

Denise Dalton <ddalton@lhs210.net>
To: Carolyn Stelter <cstelster@lhs210.net>

Wed, Sep 17, 2025 at 9:05 AM

----- Forwarded message -----

From: **Denise Dalton** <ddalton@lhs210.net>
Date: Fri, Feb 21, 2025 at 4:26 PM
Subject: Dates for 2025-2026
To: Eric Michaelsen <emichaelsen@lhs210.net>, Tina Malak <tmalak@lhs210.net>, Tony Hamilton <thamilton@lhs210.net>

August 4 - Counselors Back Full Time
August 7 - Back to School Night (already on calendar)
Sept 8-12 Suicide Prevention Week (already on calendar)
October 8 - College Admissions Night
October 27-31 - Red Ribbon Week
January 13 - 16 - Class of 2027 Course Selection
January 20 -23 - Class of 2028 Course Selection
January 27-30 - Class of 2029 Course Selection
Feb 6 & 7 - Counselors at OQMS (if they can miss the afternoon inservice time on Feb 6)
March 2 - 6 - Respect Week (I think) (and we would like to do an assembly midweek for either a polar plunge or a Faculty/Special Olympics Athlete basketball game)
April 15 - College Admissions Panel (our students presenting)
April 29 (or 22, if needed) - Senior Awards Night
May 4 - 15 - AP Exams (already on the calendar)

Our combined College Fair will PROBABLY be October 16.

Denise Dalton (She/Her)
Student Services Chair

Lemont High School | 800 Porter Street • Lemont, IL • 60439

Phone: (630) 243-3241 | **Fax:** (630) 243-7904 | **E-mail:** ddalton@lhs210.net

Facebook: www.facebook.com/LHS210 |

Twitter: www.twitter.com/WeCounselLemont



Mental Health
FIRST AIDER

Fwd: #SuicidePreventionWeek Activities & More

1 message

Denise Dalton <ddalton@lhs210.net>
To: Carolyn Stelter <cstelter@lhs210.net>

Wed, Sep 17, 2025 at 9:06 AM

----- Forwarded message -----

From: **Beverly Blount** <bblount@lhs210.net>
Date: Tue, Sep 5, 2023 at 12:18 PM
Subject: Fwd: #SuicidePreventionWeek Activities & More
To: Denise Dalton <ddalton@lhs210.net>

In case you want to include on the agenda under Suicide Prevention week resources...

----- Forwarded message -----

From: **Erika's Lighthouse** <katie@erikaslighthouse.org>
Date: Tue, Sep 5, 2023 at 12:02 PM
Subject: #SuicidePreventionWeek Activities & More
To: <bblount@lhs210.net>



It's Suicide Prevention Month

We have an abundance of activities for school-wide awareness! Try the "Green Ribbon Activity" or "You're Not Alone Reminders." You can also start off on the right foot by using our "Follow the Footprints" activity to ensure students know where to find help in your building!

Browse Activities



Travel to Conferences & Get Reimbursed!

Want to present on behalf of Erika's Lighthouse at your state conference? What about receiving some exclusive swag?

Join us as a Professional Community Ambassador!

Learn More



Report Your Numbers Here



- Resource Portal Walkthrough 9/7 @ 10am CDT
- Empowerment Club Information Session 9/12 @ 12:00pm CDT
- Empowerment Club Informational Session 9/12 @ 4pm CDT



Suicide Prevention Month: You Are Not Alone

Read about how you can incorporate our free programs in your classroom and remind your students they are NEVER alone.

Read more

Contact us!

Ilana Sherman Ilana@erikaslighthouse.org

Katie Conklin Katie@erikaslighthouse.org



Erika's Lighthouse, PO Box 616, Winnetka, IL www.ErikasLighthouse.org, 60093 USA,
info@erikaslighthouse.org

[Unsubscribe](#) [Manage preferences](#)

--

Beverly Blount

School Psychologist

Lemont High School | 800 Porter Street • Lemont, IL • 60439

Phone: (630) 243-3228 | **Fax:** (630) 243-7920 | **E-mail:** bblount@lhs210.net

Facebook: www.facebook.com/LHS210



Lemont High School

“Exemplary High Performing School”

2017 National Blue Ribbon Schools Program

Fwd: Budget SPW

1 message

Denise Dalton <ddalton@lhs210.net>
To: Carolyn Stelter <cstelster@lhs210.net>

Wed, Sep 17, 2025 at 9:05 AM

----- Forwarded message -----

From: **Meagan Drummond** <mdrummond@lhs210.net>

Date: Mon, Sep 8, 2025 at 7:49 AM

Subject: Budget SPW

To: Denise Dalton <ddalton@lhs210.net>

Hiya,

Do we have a set "budget" for Suicide Prevention Week? I wanted to order some things on Amazon and I'll get refunded... but wasn't sure how much or how many to order. Any input is great!

We will be in the lunchroom on Wednesday.

--

Meagan Drummond, LCSW*School Social Worker***Lemont High School** | 800 Porter Street • Lemont, IL • 60439**Phone:** (630) 243-3237 | **Fax:** (630) 243-7920 | **E-mail:** mdrummond@lhs210.net**Facebook:** www.facebook.com/LHS210 | **Twitter:** www.twitter.com/MrsDrummond_LHS**LHS Social Work Website:** <https://sites.google.com/lhs210.net/lhssocialworkers/home>**Lemont High School****"Exemplary High Performing School"****2017 National Blue Ribbon Schools Program**

Fwd: World Suicide Prevention Day 9/10

1 message

Denise Dalton <ddalton@lhs210.net>
To: Carolyn Stelter <cstelster@lhs210.net>

Wed, Sep 17, 2025 at 9:04 AM

----- Forwarded message -----

From: **Meagan Drummond** <mdrummond@lhs210.net>
Date: Mon, Sep 8, 2025 at 2:34 PM
Subject: World Suicide Prevention Day 9/10
To: FACSTAFF-GROUP <facstaff@lhs210.net>

Good afternoon all,

As you heard on the announcements this morning, September is National Suicide Prevention Month, and this week, September 8th through September 12th, is National Suicide Prevention Week.

Wednesday, September 10, is World Suicide Prevention Day. Student Services will be in the lunchroom to promote positive mental health with kind messages and collaborative activities.

To support this national initiative, please wear purple, teal, or a shirt with a positive message on Wednesday, September 10.

As always, please reach out to any SST member if you have concerns about student mental health and well-being.

Thank you!

--

Meagan Drummond, LCSW*School Social Worker*

Lemont High School | 800 Porter Street • Lemont, IL • 60439

Phone: (630) 243-3237 | Fax: (630) 243-7920 | E-mail: mdrummond@lhs210.netFacebook: www.facebook.com/LHS210 | Twitter: www.twitter.com/MrsDrummond_LHSLHS Social Work Website: <https://sites.google.com/lhs210.net/lhssocialworkers/home>

Lemont High School
“Exemplary High Performing School”
2017 National Blue Ribbon Schools Program

Fwd: Does this FB post seem okay?

1 message

Denise Dalton <ddalton@lhs210.net>
To: Carolyn Stelter <cstelter@lhs210.net>

Wed, Sep 17, 2025 at 9:04 AM

----- Forwarded message -----

From: **Tony Hamilton** <thamilton@lhs210.net>
Date: Thu, Sep 11, 2025 at 4:51 PM
Subject: Does this FB post seem okay?
To: Denise Dalton <ddalton@lhs210.net>

September is National Suicide Prevention Month, and this week, Lemont High School students, faculty and staff are observing National Suicide Prevention Week. One person can make the difference and prevent a suicide!

On Wednesday, September 10 - which is designated as World Suicide Prevention Day - members of the school's Student Services Team promoted positive mental health with kind messages and collaborative activities during lunch periods.

Lemont High School's website features a page dedicated to suicide prevention resources: <https://www.lhs210.net/student-services/suicide-prevention-resources>

While many resources are available at that page, please consider the following for quick access for assistance:

- * Call or text 988 for the National Suicide & Crisis Lifeline
- * Text HOME to 741741 for the Crisis Text Line
- * Call (844) 472-3345 or Text 72332 for the Safe2Help Illinois Helpline

#WeAreLemont

--
Tony Hamilton
Director of Communications

Lemont High School | 800 Porter Street • Lemont, IL • 60439

Phone: (630) 243-3280 | Fax: (630) 257-7603 | Email: thamilton@lhs210.net

Facebook: www.facebook.com/LHS210 | Twitter: www.twitter.com/Lemont_HS



Lemont High School
"Exemplary High Performing School"
2017 National Blue Ribbon Schools Program

Fwd: Michaelsen Message September 12, 2025

1 message

Denise Dalton <ddalton@lhs210.net>
To: Carolyn Stelter <cstelster@lhs210.net>

Wed, Sep 17, 2025 at 9:05 AM

----- Forwarded message -----

From: **Eric Michaelsen** <emichaelsen@lhs210.net>
Date: Fri, Sep 12, 2025 at 6:58 AM
Subject: Michaelsen Message September 12, 2025
To: FACSTAFF-GROUP <facstaff@lhs210.net>

Michaelsen Message - September 12, 2025

This week, I am going to share some information from author Jon Gordon. He published this on his blog on August 11, 2025. He is a proponent of having the proper mindset. In this blog he shares 8 little things that make a big difference:

1. Take a walk each day
2. Get enough sleep (The Bears and Cubs have made this one tough for me lately)
3. Start your day with gratitude
4. End your day with gratitude
5. Spend time with friends that uplift you
6. Read a book a month
7. Smile more
8. Encourage at least one person a day

I encourage you to remember these things as they can help you have a more positive mindset.

STAFF NEWS

Last Saturday, **Rick Prangen** was recognized for his 34 years coaching boys' soccer at Lemont High School. Thanks to everyone who was able to come out and be a part of the celebration. Thanks to Coach Prangen for all that he has done for LHS! Thank you to **Mark Tomczak** for putting together the event and pulling off the surprise.

The Classroom & Physical Environment Committee (CPEC) does important work for the district, especially as we look to make improvements to the building. Each department is represented, so please speak to any of the members of the committee if you have any questions. Committee members include **Amanda Curry, Angela Duensing, Ann Rodriguez-Baltrum, Brent Gagnon, Brian Storako, Cheryl Roy, Daniel Zmarzlinski, Erin Hitchcock, Erin Horan, John Coneset, Katie Dulle, Ken Parchem, Kimberly McRae, Leslie Locascio, Matt Maxwell, Megan Idell, Meghan Wilcoxon, Meredith Galos, Nick Boesso, Rick Prangen, Ryan Tripp, Tina Malak, and Willie Hayes.**

The T3 Committee met to discuss AI and how it will be used at Lemont High School. Members of this committee include: **Mike Beranek, Scott Collins, Matt Doherty, Marek Dron, Brent Gagnon, Erin**

Hitchcock, Matt Jordan, Tina Malak, Matt Maxwell, Bill Mondrella, Dave Nommensen, Anne Marie O'Dwyer, Lauren Panek, Wesley Rozanski, Brian Storako, and Rob Wostratzky.

Thank you to everyone who helped commemorate Suicide Prevention Week this week, especially **Meagan Drummond, Krissy Bergles, Bev Blount, Trisha Weber, Stephanie Bushnell** and **Jeff Perich**, and everyone who wore t-shirts and promoted positive mental health strategies with our students.

This month is also Deaf Awareness Month. We are lucky to have the DHH program as an important part of our school community here at Lemont.

ACTIVITY NEWS

Over the past two weeks, athletic events have heated up.

Head coach **Willie Hayes** and his football team hosted Libertyville on August 29. Head coach **Bree Grady-Simpson's** cheerleading team, head coach **Julie Rolston's** dance team, and director **Dave Nommensen's** marching band all performed.

On Sunday, September 1, the annual Keepataw Day Parade took place in downtown Lemont. The marching band (**Dave Nommensen**), Leo Club (**Ann Rodriguez-Baltrum**), cheerleading team (**Bree Grady-Simpson**), dance team (**Julie Rolston**) and football team (**Willie Hayes**) all participated.

Head coach **Michael Forsythe's** girls' swimming team defeated Oak Forest and Reavis.

Head coach **Chris Hill's** girls' tennis squad hosted and defeated Shepard and Oak Lawn, and I was able to watch the team defeat Eisenhower.

Head coach **Bill Mondrella's** girls' golf team hosted and defeated Reavis and Evergreen Park, and also hosted Oak Forest.

Head coach **Justin Weidler's** boys' golf team hosted and defeated Eisenhower and T.F. South.

I watched as head coach **Rick Prangen's** team tied visiting Downers Grove North and defeat visiting Shepard.

I was also able to watch head coach **Chris Zogata's** girls' volleyball team defeat Evergreen Park.

CLASSROOM NEWS

I was able to visit a few more classes:

Brittany Zettergren - Integrated Math I Honors - Solving systems by substitution and elimination

Ashley Urbaniak and **Josh Mander** - Integrated Math II Co-Taught - Review

Eve Winiarski - 20th Century History Through Film - Great Depression

Abbey Scupin - Calculus 3 - Coordinate System

John Coneset and **Willie Hayes** - Advanced Athletic Performance - Weight Lifting

Angie Duensing - English Department Meeting

Denise Dalton - Senior Lemont Time Presentation

UPCOMING EVENTS

Sunday, September 14: Athletic Hall of Fame - 12 p.m. - Cog Hill

Monday, September 15: Board of Education Meeting - 6 p.m. (7 p.m. open session)

--

Eric Michaelsen

Principal

Lemont High School | 800 Porter Street • Lemont, IL • 60439

Phone: (630) 243-3225 | Fax: (630) 243-0310 | E-mail: emichaelsen@lhs210.net



Lemont High School

“Exemplary High Performing School”

2017 National Blue Ribbon Schools Program

Freedom of Information Act (FOIA) Request - 5 ILCS 140 / 1

Michael Ayele <waacl13@gmail.com>

Wed, Sep 10, 2025 at 2:15 AM

To: "thamilton@lhs210.net" <thamilton@lhs210.net>, Matt Maxwell <mmaxwell@lhs210.net>, cstelter@lhs210.net

Cc: "Michael Ayele (W)" <waacl13@gmail.com>

W (AACL)
Michael A. Ayele
P.O.Box 20438
Addis Ababa, Ethiopia

Date.: September 10th 2025E-mail: waacl13@gmail.com ; waacl1313@gmail.com ; waacl42913@gmail.comRequest for Records

Hello,

This is Michael A. Ayele sending this message though I now go by W and I prefer to be referred to as such. I am writing this letter for the purpose of filing a request for records with your office. [i]
The bases for this records request are [1] the decision of the United States government to formally recognize September 10th as "*World Suicide Prevention Day*" [ii] and [2] the advice proffered by the Missouri Department of Mental Health (MODMH) to people who maybe acquainted with individuals contemplating suicide. [iii]

Please find attached to this email the content of my records request as well as information explaining my request for a fee waiver and expedited processing. [iv] Thank you.

Be well. Stay well. Take care. Keep yourselves at arms distance.

Michael A. Ayele (a.k.a) W
Anti-Racist Human Rights Activist
Audio-Visual Media Analyst
Anti-Propaganda Journalist

Work Cited

[i] Please be advised that I have previously disseminated a vast number of documents obtained through records request using the means of various digital publishing platforms. As a representative of the media, I would like to take this opportunity to inform you that the records you disclose to me could be made available to the general public at no financial expense to them. This records request is being filed for non-commercial purposes to inform members of the general public / representatives of the media [who may be interested in the written content of Michael A. Ayele (a.k.a) W – Association for the Advancement of Civil Liberties (AACL)] about the activities, the engagements and the priorities of the U.S government at the local, state and federal level.

[ii] *On World Suicide Prevention Day, our Nation joins the World Health Organization, the International Association for Suicide Prevention, and countries across the globe in mourning those who have died by suicide. Suicide is a devastating tragedy that leaves loved ones with unanswered questions and families missing a piece of their soul, wishing for more time together. We are still in the early stages of learning about the conditions that can lead to suicide, including job strain or loss; serious illnesses; and financial, criminal, legal, and relationship problems. Acknowledging suicide and the impact it has on our communities is a first step to understanding how it can be prevented more effectively. Suicide accounts for 1 of every 100 deaths globally, and it is the second leading cause of death for Americans between the ages of 10 and 34. (...)*

On this day of commemoration and action, we commit to studying the risk factors associated with suicide and to making mental health care accessible and affordable. Finally, to those experiencing emotional distress: please know that you are loved, and that you are not alone. There is hope, and there is help, and I encourage you to call or text 9-8-8 to reach the National Suicide & Crisis Lifeline. NOW, THEREFORE, I, JOSEPH R. BIDEN JR., President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim September 10, 2022, as World Suicide Prevention Day. I call upon all Americans, communities, organizations, and all levels of government to join me in creating hope through action and committing to preventing suicide across America. IN WITNESS WHEREOF, I have hereunto set my hand this ninth day of September, in the year of our Lord two thousand twenty-two, and of the Independence of the United States of America the two hundred and forty-seventh. Joseph R. Biden – Kamala Harris White House Administration.

[iii] Despite operating facilities like the Sexual Offender Rehabilitation & Treatment Services (SORTS) and having concluded contracts with Missouri Girls Town, the Missouri Department of Mental Health (MODMH) have failed to make clear whether they consider sexual violence as a factor that has the potential to increase the risk of suicide. They have also failed to make clear whether the personal health information (PHI) of a person similarly situated to Catherine Daisy Coleman would reflect that risk. As of this writing, it remains unclear for Michael A. Ayele (a.k.a) W what the obligations of the MODMH pursuant to the Americans with Disabilities Act (ADA) and the Health Insurance Portability & Accountability Act (HIPAA) actually are. The MODMH were extremely vague to requests submitted by Michael A. Ayele (a.k.a) W on the subject of [1] whether they have in the past disclosed the PHI of an individual in circumstances, where discrimination was at play (for the purpose of remedying the discrimination); [2] whether they were in the past required to disclose the PHI of an individual either to the Equal Employment Opportunity Commission (EEOC) and/or the courts (for the purpose of remedying the discrimination).

Michael A. Ayele (a.k.a) W was very much concerned upon learning about the August 04th 2020 suicide of Catherine Daisy Coleman because he was in Calendar Year 2013 a public employee of the MODMH Fulton State Hospital (FSH). As a former employee of the MODMH (FSH), it remains unclear to Michael A. Ayele (a.k.a) W whether or not his former employers (and their contractual partners) acknowledge as a matter of reality the fact that sexual assault is a factor increasing the risk of suicide. It also remains unclear to Michael A. Ayele (a.k.a) W if the PHI of Catherine Daisy Coleman reflected this risk. Via email, the former employers of Michael A. Ayele (a.k.a) W (i.e.: the

MODMH) have refused to deny that Catherine Daisy Coleman was a patient of Missouri Girls Town following the January 08th 2012 sexual assault she was a victim of (only confirming that Missouri Girls Town is indeed a contractual partner of the MODMH). The terms and conditions of the contractual agreements concluded between the MODMH and Missouri Girls Town recognize that Missouri Girls Town is a *“time-limited placement resource for children requiring active coordinated and professional intervention in a highly structured environment by virtue of a demonstrated inability to function in any less restrictive setting. Children requiring residential treatment services exhibit a severe mental illness and/or persistent mental disorder as diagnosed according to the DSM-IV. These children may be unable to function consistently in an open, public school setting, may present a chronic runaway risk, and may present a history of showing rage, including physical aggression toward self and others.”* On his official WordPress website, Michael A. Ayele (a.k.a) W had created the Health Insurance Portability and Accountability (HIPAA) tag for the first time in reference to the inconsistent legislative actions that were taken following the August 04th 2020 suicide of Catherine Daisy Coleman and the September 12th 2012 suicide of Audrie Taylor Pott. It is the judgment of Michael A. Ayele (a.k.a) W that the provisions of HIPAA enable current/former healthcare workers to express written objections to a specific course of medical treatment a patient is subjected to if the current/former healthcare worker believes the treatment to be discriminatory and/or racist and/or sexist in nature. It is also the judgment of the Michael A. Ayele (a.k.a) W that the inconsistent legislative actions taken (in the State of California and the State of Missouri) following the suicides of Audrie Taylor Pott and Catherine Daisy Coleman merited discussions on the subject of *“sexual assault as a factor increasing the risk of suicide”* (particularly) among current/former healthcare workers.

As a matter of principle, Michael A. Ayele (a.k.a) W unequivocally condemns violence committed against girls and/or women irrespective of their racial backgrounds, their sexual orientations, their national origins, their religious affiliations, their disability status and/or their age group. Michael A. Ayele (a.k.a) W also condemns malicious efforts designed to place girls and/or women in circumstances encouraging the commission of suicide after a documented incident of sexual violence. According to the MODMH: *“When someone you know is in emotional pain, ask them directly: ‘are you thinking about killing yourself?’ Research suggests acknowledging suicide may reduce rather than increase suicidal ideation. Asking the question in a direct, unbiased manner communicates that you are open to speaking about suicide in a non-judgmental and supportive way. Other questions you can ask include, ‘How can I help?’ and ‘what can we do about this?’. Asking these questions can open the door to honest communications to learn what next steps need to be taken. Often, we don’t know the challenges others face on a day-to-day basis.”*

Michael A. Ayele (a.k.a) W is vexed by the very bizarre frenzy that has surrounded his written publications on American government public records related to [1] the highly publicized January 08th 2012 sexual assault Catherine Daisy Coleman was victim of in Nodaway County, Missouri (in the City of Maryville) when she was only fourteen years of age; [2] the attempted suicides of Catherine Daisy Coleman following the sexual assault she was the victim of on (or around) January 08th 2012 in Nodaway County, Missouri (in the City of Maryville); [3] Catherine Daisy Coleman reported stay at Missouri Girls Town following the very publicized sexual assault she was the victim of on (or around) January 08th 2012 in Nodaway County, Missouri (in the City of Maryville); [4] the terms and conditions of the contractual agreements concluded between Missouri Girls Town and the MODMH: the former employers of Michael A. Ayele (a.k.a) W in Calendar Year 2013; [5] the very lenient criminal charges filed by the State of Missouri on behalf of Catherine Daisy Coleman on (or around) January 09th 2014: exactly two years after the sexual assault she was subjected to on (or around) January 08th 2012; [6] the decision of the California government to recognize that (i) *one out of every six American women has been the victim of an attempted or completed rape in their lifetime*; (ii) *only*

about 300 out of every 1,000 sexual assaults are reported to police; (iii) thirty-three percent of women who are raped contemplate suicide; (iv) thirteen percent of women who are raped attempt suicide; (v) a 2016 analysis of 28 studies of nearly 6,000 women and girls 14 years of age or older who had experienced sexual violence found that 60 percent of survivors did not label their experience as “rape;” (vi) women may not define a victimization as a rape or sexual assault for many reasons such as self-blame, embarrassment, not clearly understanding the legal definition of the terms, or not wanting to define someone they know who victimized them as a rapist or because others blame them for their sexual assault; (vii) it is self-evident that the unique nature of the emotional and psychological consequences of sexual assault, especially on women, can paradoxically permit wrongdoers to escape civil accountability unless statutes of limitations are crafted to prevent this injustice from occurring; (viii) it is self-evident that statutes of limitations for sexual assault need to be crafted in a way that does not cause the covering-up company to enjoy the fruits of their cover-up solely because our statutes of limitations permit, and thus motivate such behavior.

[iv]

In my judgment, the facts presented in my request for a fee waiver and expedited processing will not bolster public confidence in the activities, the engagements and the priorities of internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo because they have previously filtered and distorted Michael A. Ayele (a.k.a) W’s correspondence with the United States government on matters pertaining to suicide prevention as well as HIPAA.

Additionally, the facts presented in my request for a fee waiver and expedited processing will not bolster public confidence in the activities, the engagements and the priorities of the United States government particularly on matters pertaining to HIPAA, which enables current / former healthcare workers [1] to express verbal and/or written objections to medical treatment they consider to be xenophobic, sexist and/or racist; [2] to shed light on xenophobic, sexist and/or racist medical practices.

Unfortunately, HIPAA has been consistently mischaracterized in public discourse (and public documents) as a mechanism for shielding abusive or discriminatory healthcare practices from scrutiny. In reality, as the U.S. Department of Health and Human Services (HHS) itself acknowledged in its own published guidance during the early 2010s, HIPAA was never designed to prohibit healthcare workers from expressing written and/or verbal objections to medical treatment that offends their “*conscience*.” Indeed, during the early 2010s, HHS had explicitly used the terminology “*conscience*” in this context, thereby very strongly implying that such “**objections**” are particularly valid in circumstances where the medical treatment that is provided to a patient is **xenophobic and/or sexist and/or racist**. In those earlier publicly-accessible documents, (when I was living within the territory of American between January 2010 and July 2016,) HHS had made clear that HIPAA:

- 1) **Does not prohibit** healthcare workers from expressing **verbal and/or written objections** to treatment they find offensive to their “*conscience*” particularly if there’s xenophobia, sexism and/or racism at play in the healthcare facility.
- 2) **Does not prohibit** the public and/or or the media and/or healthcare workers (whether current or former) from seeking the disclosures of personal health information (PHI) particularly in circumstances where there is credible evidence of **xenophobic, sexist, racist or otherwise discriminatory** medical treatment.

The decision of HHS to remove (from its own website) previously published content offering guidance (to healthcare workers) on matters pertaining to HIPAA is not something that ought to be taken lightly. Rather, it's something that ought to be concerning, and as a former Missouri healthcare worker who's listed on Missouri's Accountability Portal, I am both uncomfortable and uneasy about this.

When a federal agency deletes content that once formed part of its public explanation of a federal statute, it alters the public's ability to understand both the **legislative intent** and the **practical application** of that statute. In the case of HIPAA, the deleted guidance was not a minor detail — it directly addressed a recurring and harmful misinterpretation: the belief that HIPAA is designed to **shield abusive conduct or block the exposure of racist, sexist, or xenophobic medical treatment**.

By removing previously published content on HIPAA without public explanation, HHS has in effect:

- 1) **Erased part of the public record** of how the federal government itself has historically interpreted HIPAA's provisions, particularly with respect to whistleblowing and civil rights protections in healthcare.
- 2) **Contributed to ongoing public misunderstanding** by allowing the false narrative to persist that HIPAA prohibits disclosures motivated by conscience, even when such disclosures are aimed at preventing discrimination or harm.
- 3) **Compromised accountability** by depriving healthcare workers, patients, advocates, and the press of clear federal acknowledgment that HIPAA supports — rather than silences — those who speak out against discriminatory care.

The quiet deletion of HHS's early 2010s HIPAA guidance — which affirmed the right of healthcare workers to express "**objections**" to **xenophobic, sexist, racist and otherwise discriminatory treatment that offends their "conscience"** — mirrors and compounds the filtering and distortion of my own government correspondence by internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo. In both cases, the result is the same: **accurate and legally significant information about the scope of HIPAA is erased, altered, or rendered inaccessible to the public**. As a direct consequence of this, false and harmful narratives on matters pertaining to HIPAA and suicide prevention are going unchecked. For instance, HIPAA is not, and was never intended to be a gag order. In other words, the purpose of HIPAA is not and has never been to silence (current/former) healthcare workers from speaking their "**conscience**" if/when they encounter "**objectionable**" medical treatment resulting from **xenophobia, sexism and racism**. Rather, HIPAA was written to protect dignity and trust in healthcare — not to suppress "**objections of conscience**" or to conceal systemic abuse. Regrettably though, the widespread miscasting of HIPAA as a blanket prohibition on speaking out against **xenophobia, sexism and racism** has enabled a culture of fear and silence to become common practice in many "**mental health care**" facilities, and this is leading to very outrageous, shocking and tragic outcomes, some of which have been documented in the 1998 Hartford Courant articles on "**deadly restraint**." Incidentally, the 1998 Hartford Courant articles on "**deadly restraint**" implicitly (but very strongly) refers to HIPAA as well as the content published by the HHS in the 2010s on HIPAA related matters (before it was deleted). Therefore, it is my belief that immediate disclosure of the requested records is necessary to counteract this distortion, to restore the historical record, and to ensure that the public understands what HIPAA is — and what HIPAA is not (particularly given how the 1998 Hartford Courant articles are still publicly accessible even though the HHS guidance on HIPAA is not).

For me, "**Starting the Conversation About Suicide**" (as the United Nations and the International Association for Suicide Prevention ask us to do) begins with "**Starting the Conversation**" about laws like HIPAA, and how they are being misused to enforce silence. Ending that misuse and that silence is a necessary first step to bring about hope and foster trust thereby creating the most ideal conditions to decrease and eradicate instances of suicides around the globe. As previously mentioned, when enacting into law the *Sexual Abuse and Cover Up Accountability Act*, the legislative branch of the

California government had recognized that [1] *one out of every six American women has been the victim of an attempted or completed rape in their lifetime*; [2] *only about 300 out of every 1,000 sexual assaults are reported to the police*; [3] *thirty-three percent (33%) of women who are raped contemplate suicide*; [4] *thirteen percent (13%) of women who are raped attempt suicide*; [5] *a 2016 analysis of 28 studies of nearly 6,000 women and girls 14 years of age or older who had experienced sexual violence found that 60 percent of survivors did not label their experience as "rape;"* [6] *women may not define a victimization as a rape or sexual assault for many reasons such as self-blame, embarrassment, not clearly understanding the legal definition of the terms, or not wanting to define someone they know who victimized them as a rapist or because others blame them for their sexual assault*; [7] *it is self-evident that the unique nature of the emotional and psychological consequences of sexual assault, especially on women, can paradoxically permit wrongdoers to escape civil accountability unless statutes of limitations are crafted to prevent this injustice from occurring*; [8] *it is self-evident that statutes of limitations for sexual assault need to be crafted in a way that does not cause the covering-up company to enjoy the fruits of their cover-up solely because our statutes of limitations permit, and thus motivate such behavior.*

In light of the above-mentioned undisputed facts, I think the more appropriate questions to ask about Michael A. Ayele (a.k.a) W correspondence with the Missouri Department of Mental Health (MODMH) on matters pertaining to the Health Insurance Portability and Accountability Act (HIPAA) and Catherine Daisy Coleman are the following ones:

- 1) Have the healthcare service providers Catherine Daisy Coleman dealt with after she was sexually assaulted on (or around) January 08th 2012 formally recognized sexual assault as a factor increasing the risk of suicide?
- 2) Have the healthcare service providers Catherine Daisy Coleman dealt with after she was sexually assaulted on (or around) January 08th 2012 made a note on her personal health information (PHI) formally recognizing that sexual assault is a factor increasing the risk of suicide?
- 3) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why not provide the PHI of Catherine Daisy Coleman to Michael A. Ayele (a.k.a) W: a former Missouri healthcare worker who's listed as such on Missouri's Accountability Portal?
- 4) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why does Michael A. Ayele (a.k.a) W not have access to Catherine Daisy Coleman PHI that relate to her dealings with the Missouri Department of Mental Health (MODMH) as well as Missouri's Girls Town?
- 5) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why not provide to Michael A. Ayele (a.k.a) W the portions of Catherine Daisy Coleman PHI that recognized sexual abuse as a factor increasing the risk of suicide?
- 6) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why not provide to Michael A. Ayele (a.k.a) W the portions of Catherine Daisy Coleman PHI that explicitly referred her to resources and organizations whose mission is to be supportive of sexual abuse victims contemplating suicide?
- 7) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why not provide to Michael A. Ayele (a.k.a) W records attesting to the institutional support Catherine Daisy Coleman received by resources and organizations whose mission is to be supportive of sexual assault/rape victims contemplating suicide?
- 8) Why has the State of Missouri not enacted a *Catherine's Law* similar to *Audrie's Law* for the purpose of formally recognizing sexual abuse as a factor increasing the risk of suicide

among girls and women?

9) Has the State of Missouri not enacted a *Catherine's Law* similar to *Audrie's Law* because Catherine Daisy Coleman was not on (or around) January 08th 2012 sexually assaulted by a(n) Black / African American man?

10) Would the State of Missouri have been properly motivated to enact a *Catherine's Law* similar to *Audrie's Law* if Catherine Daisy Coleman had on (or around) January 08th 2012 been raped by a(n) Black / African American man?

Because the issues raised in this records request pertain to the applicability of HIPAA in suicide prevention, the disclosure of responsive records (that are in your possession) will significantly enhance public understanding of how HIPAA enables current and former healthcare workers to express written and/or verbal "*objections*" to medical treatment that offends their "*conscience*" — particularly when such treatment is the direct result of factors such as **xenophobia, sexism, racism and other forms of discrimination**. Failure to process this request promptly and transparently will further undermine public confidence in any honest "*conversation*" that may be had about the applicability of HIPAA in suicide prevention. Furthermore, failure to process this request promptly and transparently will further undermine public confidence in any constructive "*conversation*" that may be had about HIPAA enabling healthcare workers to express written and/or verbal "*objections*" to medical treatment that offends their "*conscience*" because of factors such as **xenophobia, sexism, racism and other forms of discrimination** in healthcare services. Granting a fee waiver and expedited processing is therefore warranted under the law because the release of these records will directly advance public understanding of HIPAA's true scope and purpose: safeguarding dignity and trust in healthcare.

The public has a compelling interest in this information because:

- 1) HIPAA is regularly invoked — inaccurately — to **silence** healthcare workers or to **block** public access to information about **xenophobic, sexist, racist and otherwise discriminatory** medical practices
- 2) Understanding HIPAA's true scope is **directly tied to patient safety**, particularly for patients vulnerable to racial, gender-based, and xenophobic discrimination in healthcare settings.
- 3) The decision of HHS to delete previously published HIPAA content from their website raises **historical transparency concerns** that require immediate correction.

For these reasons, expedited processing is warranted because:

- 1) This request raises legitimate questions about the **integrity of government communication** on public health law.
- 2) This request raises legitimate questions about the **suppression and distortion** of legally significant information by both government and private actors (including major internet search engines).
- 3) Delay in releasing responsive records would **impair the public's ability** to understand and correct ongoing misrepresentations of federal law that affect the lives and rights of people who have had dealings with the American healthcare industrial complex.

On my end, as a former Missouri healthcare worker who's listed on Missouri's Accountability Portal, I hereby make a commitment to you that if you have responsive records to disclose, I will make your disclosure and our correspondence with one another accessible at no financial expense to those who may be interested in the issues presented in this records request (so long as the content of our correspondence is not being filtered and distorted on search engines such as AOL, Bing/MSN, Google and Yahoo).

2 attachments

 **W (AACL) Revised Sept 10th 2025 Records Request on World Suicide Prevention Month.pdf**
2735K

 **World Suicide Prevention Month in MODMH.pdf**
1962K

W (AACL) Date.: September 10th 2025
Michael A. Ayele
P.O.Box 20438
Addis Ababa, Ethiopia
E-mail: waac113@gmail.com ; waac11313@gmail.com ; waac142913@gmail.com

Request for Records

Hello,

This is Michael A. Ayele sending this message though I now go by W and I prefer to be referred to as such. I am writing this letter for the purpose of filing a request for records with your office.ⁱ The bases for this records request are [1] the decision of the United States government to formally recognize September 10th as “*World Suicide Prevention Day*”ⁱⁱ and [2] the advice proffered by the Missouri Department of Mental Health (MODMH) to people who maybe acquainted with individuals contemplating suicide.ⁱⁱⁱ

I) Requested Records

What I am requesting for prompt disclosure are records in your possession detailing your discussions about [1] formally recognizing (i) the month of September as “*World Suicide Prevention Month*,” (ii) September 10th 2025 as “*World Suicide Prevention Day (WSPD)*,” [2] the Missouri Department of Mental Health (MODMH) as a state government agency, which has in the past formally commemorated World Suicide Prevention Month by proffering the following advice: “*When someone you know is in emotional pain, ask them directly, ‘Are you thinking of killing yourself?’ Research suggests acknowledging suicide may reduce rather than increase suicidal ideation. Asking the question in a direct, unbiased manner communicates that you are open to speaking about suicide in a non-judgmental way and supportive way. Other questions you can ask include, ‘How can I help?’ and ‘What can we do about this?’ Asking these questions can open the door to honest communication to learn what next steps need to be taken.*” [3] Michael A. Ayele (a.k.a) W as a Black Bachelor of Arts (B.A) Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee (listed on Missouri’s Accountability Portal) who has witnessed his written content being paradoxically subjected to frenzy before they were very inappropriately filtered and distorted on search engines such as AOL, Bing/MSN, Google and Yahoo following his decision to recognize that (i) the MODMH have previously commemorated World Suicide Prevention Month by proffering the following advice: “*When someone you know is in emotional pain, ask them directly, ‘Are you thinking of killing yourself?’ Research suggests acknowledging suicide may reduce rather than increase suicidal ideation. Asking the question in a direct, unbiased manner communicates that you are open to speaking about suicide in a non-judgmental way and supportive way. Other questions you can ask include, ‘How can I help?’ and ‘What can we do about this?’*” (ii) thirty-

three percent (33%) of women who are raped contemplate suicide; (iii) thirteen percent (13%) of women who are raped attempt suicide; (iv) that the provisions of the Health Insurance Portability and Accountability Act (HIPAA) enable current and/or former healthcare workers to express written and/or verbal objections to medical treatment they consider to be xenophobic, sexist and/or racist;^{iv} (v) *“statutes of limitation for sexual assault need to be crafted in a way that does not cause the covering up company to enjoy the fruits of their cover-up solely because our statutes of limitation permit and thus motivate, such behavior.”*

II) Request for a Fee Waiver and Expedited Processing

The requested records do/will demonstrate that [1] the United States federal government has under the Joseph R. Biden – Kamala Harris White House administration commemorated September 10th 2022 as *“World Suicide Prevention Day (WSPD);”* [2] the official theme for WSPD 2025 is *“Changing the Narrative on Suicide”* with a specific **focus on “#Start the Conversation;”**^v [3] the Missouri Department of Mental Health (MODMH) is a state government agency, which has in the past formally commemorated World Suicide Prevention Month by proffering the following advice: *“When someone you know is in emotional pain, ask them directly, ‘Are you thinking of killing yourself?’ Research suggests acknowledging suicide may reduce rather than increase suicidal ideation. Asking the question in a direct, unbiased manner communicates that you are open to speaking about suicide in a non-judgmental way and supportive way. Other questions you can ask include, ‘How can I help?’ and ‘What can we do about this?’ Asking these questions can open the door to honest communication to learn what next steps need to be taken.”* [4] Michael A. Ayele (a.k.a) W is a Black Bachelor of Arts (B.A) Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee (listed on Missouri’s Accountability Portal) who has witnessed many of his written content being paradoxically subjected to frenzy before they were very inappropriately filtered and distorted on search engines such as AOL, Bing/MSN and Yahoo following his decision to recognize that (i) the MODMH have previously commemorated World Suicide Prevention Month by proffering the following advice: *“When someone you know is in emotional pain, ask them directly, ‘Are you thinking of killing yourself?’ Research suggests acknowledging suicide may reduce rather than increase suicidal ideation. Asking the question in a direct, unbiased manner communicates that you are open to speaking about suicide in a non-judgmental way and supportive way. Other questions you can ask include, ‘How can I help?’ and ‘What can we do about this?’”* (ii) thirty-three percent (33%) of women who are raped contemplate suicide; (iii) thirteen percent (13%) of women who are raped attempt suicide; (iv) the provisions of the Health Insurance Portability and Accountability Act (HIPAA) enable current and/or former healthcare workers to express written and/or verbal objections to medical treatment they consider to be xenophobic, sexist and/or racist; (v) *“statutes of limitation for sexual assault need to be crafted in a way that does not cause the covering up company to enjoy the fruits of their cover-up solely because our statutes of limitation permit and thus motivate, such behavior.”*

In my judgment, the facts presented in my request for a fee waiver and expedited processing will not bolster public confidence in the activities, the engagements and the priorities of internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo because they have previously filtered and distorted Michael A. Ayele (a.k.a) W's correspondence with the United States government on matters pertaining to suicide prevention as well as HIPAA.^{vi}

Additionally, the facts presented in my request for a fee waiver and expedited processing will not bolster public confidence in the activities, the engagements and the priorities of the United States government particularly on matters pertaining to HIPAA, which enables current / former healthcare workers [1] to express verbal and/or written objections to medical treatment they consider to be xenophobic, sexist and/or racist; [2] to shed light on xenophobic, sexist and/or racist medical practices.^{vii}

Unfortunately, HIPAA has been consistently mischaracterized in public discourse (and public documents) as a mechanism for shielding abusive or discriminatory healthcare practices from scrutiny. In reality, as the U.S. Department of Health and Human Services (HHS) itself acknowledged in its own published guidance during the early 2010s, HIPAA was never designed to prohibit healthcare workers from expressing written and/or verbal objections to medical treatment that offends their "*conscience*." Indeed, during the early 2010s, HHS had explicitly used the terminology "*conscience*" in this context, thereby very strongly implying that such "**objections**" are particularly valid in circumstances where the medical treatment that is provided to a patient is **xenophobic and/or sexist and/or racist**. In those earlier publicly-accessible documents, (when I was living within the territory of American between January 2010 and July 2016,) HHS had made clear that HIPAA:

1. **Does not prohibit** healthcare workers from expressing **verbal and/or written objections** to treatment they find offensive to their "*conscience*" particularly if there's xenophobia, sexism and/or racism at play in the healthcare facility.
2. **Does not prohibit** the public and/or the media and/or healthcare workers (whether current or former) from seeking the disclosures of personal health information (PHI) particularly in circumstances where there is credible evidence of **xenophobic, sexist, racist or otherwise discriminatory** medical treatment.

The decision of HHS to remove (from its own website) previously published content offering guidance (to healthcare workers) on matters pertaining to HIPAA is not something that ought to be taken lightly. Rather, it's something that ought to be concerning, and as a former Missouri healthcare worker who's listed on Missouri's Accountability Portal, I am both uncomfortable and uneasy about this.

When a federal agency deletes content that once formed part of its public explanation of a federal statute, it alters the public's ability to understand both the **legislative intent** and the **practical application** of that statute. In the case of HIPAA, the deleted guidance was not a minor detail — it directly addressed a recurring and harmful misinterpretation: the belief that HIPAA is designed to **shield abusive conduct** or **block the exposure of racist, sexist, or xenophobic medical treatment**.

By removing previously published content on HIPAA without public explanation, HHS has in effect:

1. **Erased part of the public record** of how the federal government itself has historically interpreted HIPAA's provisions, particularly with respect to whistleblowing and civil rights protections in healthcare.
2. **Contributed to ongoing public misunderstanding** by allowing the false narrative to persist that HIPAA prohibits disclosures motivated by conscience, even when such disclosures are aimed at preventing discrimination or harm.
3. **Compromised accountability** by depriving healthcare workers, patients, advocates, and the press of clear federal acknowledgment that HIPAA supports — rather than silences — those who speak out against discriminatory care.

The quiet deletion of HHS's early 2010s HIPAA guidance — which affirmed the right of healthcare workers to express "*objections*" to **xenophobic, sexist, racist and otherwise discriminatory treatment that offends their "conscience"** — mirrors and compounds the filtering and distortion of my own government correspondence by internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo. In both cases, the result is the same: **accurate and legally significant information about the scope of HIPAA is erased, altered, or rendered inaccessible to the public.** As a direct consequence of this, false and harmful narratives on matters pertaining to HIPAA and suicide prevention are going unchecked. For instance, HIPAA is not, and was never intended to be a gag order. In other words, the purpose of HIPAA is not and has never been to silence (current/former) healthcare workers from speaking their "*conscience*" if/when they encounter "*objectionable*" medical treatment resulting from **xenophobia, sexism and racism.** Rather, HIPAA was written to protect dignity and trust in healthcare — not to suppress "*objections of conscience*" or to conceal systemic abuse. Regrettably though, the widespread miscasting of HIPAA as a blanket prohibition on speaking out against **xenophobia, sexism and racism** has enabled a culture of fear and silence to become common practice in many "*mental health care*" facilities, and this is leading to very outrageous, shocking and tragic outcomes, some of which have been documented in the 1998 Hartford Courant articles on "*deadly restraint.*" Incidentally, the 1998 Hartford Courant articles on "*deadly restraint*" implicitly (but very strongly) refers to HIPAA as well as the content published by the HHS in the 2010s on HIPAA related matters (before it was deleted). Therefore, it is my belief that immediate disclosure of the requested records is necessary to counteract this distortion, to restore the historical record, and to ensure that the public understands what HIPAA is — and what HIPAA is not (particularly given how the 1998 Hartford Courant articles are still publicly accessible even though the HHS guidance on HIPAA is not).

For me, "*Starting the Conversation About Suicide*" (as the United Nations and the International Association for Suicide Prevention ask us to do) begins with "*Starting the Conversation*" about laws like HIPAA, and how they are being misused to enforce silence. Ending that misuse and

that silence is a necessary first step to bring about hope and foster trust thereby creating the most ideal conditions to decrease and eradicate instances of suicides around the globe.

The core issues presented in this records request are as follows. 1) Has your local/state government ever held conversations about formally recognizing September 10th 2025 as World Suicide Prevention Day (WSPD)? If yes, will you promptly disclose those records? 2) Has your local/state government agency held conversations about the theme for WSPD 2025? If yes, will you promptly disclose those records? 3) Have you had conversations about the Missouri Department of Mental of Mental Health (MODMH) as a state government agency, which has in the past formally commemorated World Suicide Prevention Month by proffering the following advice: *“When someone you know is in emotional pain, ask them directly, ‘Are you thinking of killing yourself?’ Research suggests acknowledging suicide may reduce rather than increase suicidal ideation. Asking the question in a direct, unbiased manner communicates that you are open to speaking about suicide in a non-judgmental way and supportive way. Other questions you can ask include, ‘How can I help?’ and ‘What can we do about this?’ Asking these questions can open the door to honest communication to learn what next steps need to be taken?”* If yes, will you promptly disclose those records? 4) Have you had conversations about Michael A. Ayele (a.k.a) W as a Black Bachelor of Arts (B.A) Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee (listed on Missouri’s Accountability Portal) who has witnessed his written content being paradoxically subjected to frenzy before they were very inappropriately filtered and distorted on search engines such as AOL, Bing/MSN, Google and Yahoo following his decision to recognize that the MODMH have previously commemorated World Suicide Prevention Month by proffering the following advice: *“When someone you know is in emotional pain, ask them directly, ‘Are you thinking of killing yourself?’ Research suggests acknowledging suicide may reduce rather than increase suicidal ideation. Asking the question in a direct, unbiased manner communicates that you are open to speaking about suicide in a non-judgmental way and supportive way. Other questions you can ask include, ‘How can I help?’ and ‘What can we do about this?’”* If yes, will you promptly disclose those records? 5) Have you had conversations about Michael A. Ayele (a.k.a) W as a Black B.A Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee who has relied on the legislative text of California’s Sexual Abuse and Cover Up Accountability Act for the purpose of asserting that thirty-three percent (33%) of women who are raped contemplate suicide? If yes, will you promptly disclose those records? 6) Have you had conversations about Michael A. Ayele (a.k.a) W as a Black B.A Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee who has relied on the legislative text of California’s Sexual Abuse and Cover Up Accountability Act for the purpose of asserting that thirteen percent (13%) of women who are raped attempt suicide? If yes, will you promptly disclose those records? 7) Have you had conversations about Michael A. Ayele (a.k.a) W as a Black B.A Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee (listed on Missouri’s Accountability Portal) who has witnessed his written content being paradoxically subjected to frenzy before they were very inappropriately filtered and distorted on search engines such as

AOL, Bing/MSN, Google and Yahoo following his decision to recognize that 33% of women who are raped contemplate suicide? If yes, will you promptly disclose those records? 8) Have you had conversations about Michael A. Ayele (a.k.a) W as a Black B.A Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee (listed on Missouri's Accountability Portal) who has witnessed his written content being paradoxically subjected to frenzy before they were very inappropriately filtered and distorted on search engines such as AOL, Bing/MSN, Google and Yahoo following his decision to recognize that 13% of women who are raped attempt suicide? If yes, will you promptly disclose those records? 9) Have you had conversations about the Hartford Courant October 12th 1998 article entitled "*Why They Die: Little Training, Few Standards, Poor Staffing Put Lives At Risk?*" If yes, will you promptly disclose those records? 10) Have you had conversations about the Hartford Courant as news media outlet, which has in its October 12th 1998 article on "*deadly restraint*" very strongly implied that the provisions of the Health Insurance Portability and Accountability Act (HIPAA) demand that healthcare workers be thoughtful, considerate and compassionate in the performance of their job duties? If yes, will you promptly disclose those records? 11) Have you had conversations about the Hartford Courant as news media outlet, which has in its October 12th 1998 article on "*deadly restraint*" very strongly implied that the provisions of the HIPAA don't enable healthcare workers to act like "*cowboys?*" If yes, will you promptly disclose those records? 12) Have you had conversations about the Hartford Courant as news media outlet, which has in its October 12th 1998 article on "*deadly restraint*" very strongly implied that healthcare workers should very seriously consider leaving their profession to do other jobs if they are acting like "*cowboys?*" If yes, will you promptly disclose those records? 13) Have you had conversations about the Hartford Courant October 13th 1998 article entitled "*Patients Suffer in a System Without Oversight?*" If yes, will you promptly disclose those records? 14) Have you had conversations about the Hartford Courant as a news media outlet, which has in its October 13th 1998 article on "*deadly restraint*" very strongly implied that the provisions of HIPAA require healthcare workers "*to watch their conscience?*" If yes, will you promptly disclose those records? 15) Have you had conversations about Michael A. Ayele (a.k.a) W as a Black B.A Degree graduate of Westminster College (Fulton, Missouri) and a former healthcare employee who agrees with the October 13th 1998 assessment of the Hartford Courant, which very strongly implied that the provisions HIPAA requires healthcare workers "*to watch their conscience?*" If yes, will you promptly disclose those records? 16) Have you had conversations about Michael A. Ayele (a.k.a) W as a Black B.A Degree graduate of Westminster College (Fulton, Missouri) and a former healthcare employee who agrees with the October 13th 1998 assessment of the Hartford Courant, which very strongly implied that the provisions HIPAA requires healthcare workers to be thoughtful, considerate and compassionate instead of acting like "*cowboys?*" If yes, will you promptly disclose those records? 17) Have you had conversations about Michael A. Ayele (a.k.a) W as a Black B.A Degree graduate of Westminster College (Fulton, Missouri) and a former healthcare employee who agrees with the October 13th 1998 assessment of the Hartford Courant, which very strongly implied that healthcare workers acting like "*cowboys*" should go into a different line of profession where the skills of "*cowboys*" are requested? If yes, will you promptly disclose those records? 18) Have you had conversations

about Michael A. Ayele (a.k.a) W as a Black B.A Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee (listed on Missouri's Accountability Portal) who has witnessed his written content being paradoxically subjected to frenzy before they were very inappropriately filtered and distorted on search engines such as AOL, Bing/MSN, Google and Yahoo following his decision to recognize that the provisions of HIPAA enables current/former healthcare workers to express verbal and/or written objections to medical treatment they consider to be xenophobic, sexist and/or racist? If yes, will you promptly disclose those records? 19) Have you had conversations about Michael A. Ayele (a.k.a) W as a Black B.A Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee (listed on Missouri's Accountability Portal) who has witnessed his written content being paradoxically subjected to frenzy before they were very inappropriately filtered and distorted on search engines such as AOL, Bing/MSN, Google and Yahoo following his decision to recognize that the provisions of HIPAA enables current / former healthcare workers to shed light on xenophobic, sexist and/or racist medical practices? If yes, will you promptly disclose those records?

Because the issues raised in this records request pertain to the applicability of HIPAA in suicide prevention, the disclosure of responsive records (that are in your possession) will significantly enhance public understanding of how HIPAA enables current and former healthcare workers to express written and/or verbal "**objections**" to medical treatment that offends their "**conscience**" – particularly when such treatment is the direct result of factors such as **xenophobia, sexism, racism and other forms of discrimination**. Failure to process this request promptly and transparently will further undermine public confidence in any honest "**conversation**" that may be had about the applicability of HIPAA in suicide prevention. Furthermore, failure to process this request promptly and transparently will further undermine public confidence in any constructive "**conversation**" that may be had about HIPAA enabling healthcare workers to express written and/or verbal "**objections**" to medical treatment that offends their "**conscience**" because of factors such as **xenophobia, sexism, racism and other forms of discrimination** in healthcare services.^{viii} Granting a fee waiver and expedited processing is therefore warranted under the law because the release of these records will directly advance public understanding of HIPAA's true scope and purpose: safeguarding dignity and trust in healthcare. ^{ix}

The public has a compelling interest in this information because:

- 1) HIPAA is regularly invoked — inaccurately — to **silence** healthcare workers or to **block** public access to information about **xenophobic, sexist, racist and otherwise discriminatory** medical practices
- 2) Understanding HIPAA's true scope is **directly tied to patient safety**, particularly for patients vulnerable to racial, gender-based, and xenophobic discrimination in healthcare settings.
- 3) The decision of HHS to delete previously published HIPAA content from their website raises **historical transparency concerns** that require immediate correction.

For these reasons, expedited processing is warranted because:

- 1) This request raises legitimate questions about the **integrity of government communication** on public health law.
- 2) This request raises legitimate questions about the **suppression and distortion of legally significant information** by both government and private actors (including major internet search engines).
- 3) Delay in releasing responsive records would **impair the public's ability** to understand and correct ongoing misrepresentations of federal law that affect the lives and rights of people who have had dealings with the American healthcare industrial complex.

On my end, as a former Missouri healthcare worker who's listed on Missouri's Accountability Portal, I hereby make a commitment to you that if you have responsive records to disclose, I will make your disclosure and our correspondence with one another accessible at no financial expense to those who may be interested in the issues presented in this records request (so long as the content of our correspondence is not being filtered and distorted on search engines such as AOL, Bing/MSN, Google and Yahoo).^x

Under penalty of perjury, I hereby declare all the statements I have made to be true and accurate to the best of my knowledge.

Be well. Stay well. Take care. Keep yourselves at arms distance.

Michael A. Ayele (a.k.a) W
Anti-Racist Human Rights Activist
Audio-Visual Media Analyst
Anti-Propaganda Journalist

Work Cited

ⁱ Please be advised that I have previously disseminated a vast number of documents obtained through records request using the means of various digital publishing platforms. As a representative of the media, I would like to take this opportunity to inform you that the records you disclose to me could be made available to the general public at no financial expense to them. This records request is being filed for non-commercial purposes to inform members of the general public / representatives of the media [who may be interested in the written content of Michael A. Ayele (a.k.a) W – Association for the Advancement of Civil Liberties (AACL)] about the activities, the engagements and the priorities of the U.S government at the local, state and federal level.

ⁱⁱ *On World Suicide Prevention Day, our Nation joins the World Health Organization, the International Association for Suicide Prevention, and countries across the globe in mourning those who have died by suicide. Suicide is a devastating tragedy that leaves loved ones with unanswered questions and families missing a piece of their soul, wishing for more time together. We are still in the early stages of learning about the conditions that can lead to suicide, including job strain or loss; serious illnesses; and financial, criminal, legal, and relationship problems. Acknowledging suicide and the impact it has on our communities is a first step to understanding how it can be prevented more effectively. Suicide accounts for 1 of every 100 deaths globally, and it is the second leading cause of death for Americans between the ages of 10 and 34. (...)*

On this day of commemoration and action, we commit to studying the risk factors associated with suicide and to making mental health care accessible and affordable. Finally, to those experiencing emotional distress: please know that you are loved, and that you are not alone. There is hope, and there is help, and I encourage you to call or text 9-8-8 to reach the National Suicide & Crisis Lifeline. NOW, THEREFORE, I, JOSEPH R. BIDEN JR., President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim September 10, 2022, as World Suicide Prevention Day. I call upon all Americans, communities, organizations, and all levels of government to join me in creating hope through action and committing to preventing suicide across America. IN WITNESS WHEREOF, I have hereunto set my hand this ninth day of September, in the year of our Lord two thousand twenty-two, and of the Independence of the United States of America the two hundred and forty-seventh. Joseph R. Biden – Kamala Harris White House Administration.

ⁱⁱⁱ Despite operating facilities like the Sexual Offender Rehabilitation & Treatment Services (SORTS) and having concluded contracts with Missouri Girls Town, the Missouri Department of Mental Health (MODMH) have failed to make clear whether they consider sexual violence as a factor that has the potential to increase the risk of suicide. They have also failed to make clear whether the personal health information (PHI) of a person similarly situated to Catherine Daisy

Coleman would reflect that risk. As of this writing, it remains unclear for Michael A. Ayele (a.k.a) W what the obligations of the MODMH pursuant to the Americans with Disabilities Act (ADA) and the Health Insurance Portability & Accountability Act (HIPAA) actually are. The MODMH were extremely vague to requests submitted by Michael A. Ayele (a.k.a) W on the subject of [1] whether they have in the past disclosed the PHI of an individual in circumstances, where discrimination was at play (for the purpose of remedying the discrimination); [2] whether they were in the past required to disclose the PHI of an individual either to the Equal Employment Opportunity Commission (EEOC) and/or the courts (for the purpose of remedying the discrimination).

Michael A. Ayele (a.k.a) W was very much concerned upon learning about the August 04th 2020 suicide of Catherine Daisy Coleman because he was in Calendar Year 2013 a public employee of the MODMH Fulton State Hospital (FSH). As a former employee of the MODMH (FSH), it remains unclear to Michael A. Ayele (a.k.a) W whether or not his former employers (and their contractual partners) acknowledge as a matter of reality the fact that sexual assault is a factor increasing the risk of suicide. It also remains unclear to Michael A. Ayele (a.k.a) W if the PHI of Catherine Daisy Coleman reflected this risk. Via email, the former employers of Michael A. Ayele (a.k.a) W (i.e.: the MODMH) have refused to deny that Catherine Daisy Coleman was a patient of Missouri Girls Town following the January 08th 2012 sexual assault she was a victim of (only confirming that Missouri Girls Town is indeed a contractual partner of the MODMH). The terms and conditions of the contractual agreements concluded between the MODMH and Missouri Girls Town recognize that Missouri Girls Town is a *“time-limited placement resource for children requiring active coordinated and professional intervention in a highly structured environment by virtue of a demonstrated inability to function in any less restrictive setting. Children requiring residential treatment services exhibit a severe mental illness and/or persistent mental disorder as diagnosed according to the DSM-IV. These children may be unable to function consistently in an open, public school setting, may present a chronic runaway risk, and may present a history of showing rage, including physical aggression toward self and others.”* On his official WordPress website, Michael A. Ayele (a.k.a) W had created the Health Insurance Portability and Accountability (HIPAA) tag for the first time in reference to the inconsistent legislative actions that were taken following the August 04th 2020 suicide of Catherine Daisy Coleman and the September 12th 2012 suicide of Audrie Taylor Pott. It is the judgment of Michael A. Ayele (a.k.a) W that the provisions of HIPAA enable current/former healthcare workers to express written objections to a specific course of medical treatment a patient is subjected to if the current/former healthcare worker believes the treatment to be discriminatory and/or racist and/or sexist in nature. It is also the judgment of the Michael A. Ayele (a.k.a) W that the inconsistent legislative actions taken (in the State of California and the State of Missouri) following the suicides of Audrie Taylor Pott and Catherine Daisy Coleman merited discussions on the subject of *“sexual assault as a factor increasing the risk of suicide”* (particularly) among current/former healthcare workers.

As a matter of principle, Michael A. Ayele (a.k.a) W unequivocally condemns violence committed against girls and/or women irrespective of their racial backgrounds, their sexual orientations, their national origins, their religious affiliations, their disability status and/or their age group. Michael A. Ayele (a.k.a) W also condemns malicious efforts designed to place girls and/or women in circumstances encouraging the commission of suicide after a documented

incident of sexual violence. According to the MODMH: *"When someone you know is in emotional pain, ask them directly: 'are you thinking about killing yourself?' Research suggests acknowledging suicide may reduce rather than increase suicidal ideation. Asking the question in a direct, unbiased manner communicates that you are open to speaking about suicide in a non-judgmental and supportive way. Other questions you can ask include, 'How can I help?' and 'what can we do about this?'. Asking these questions can open the door to honest communications to learn what next steps need to be taken. Often, we don't know the challenges others face on a day-to-day basis."*

Michael A. Ayele (a.k.a) W is vexed by the very bizarre frenzy that has surrounded his written publications on American government public records related to [1] the highly publicized January 08th 2012 sexual assault Catherine Daisy Coleman was victim of in Nodaway County, Missouri (in the City of Maryville) when she was only fourteen years of age; [2] the attempted suicides of Catherine Daisy Coleman following the sexual assault she was the victim of on (or around) January 08th 2012 in Nodaway County, Missouri (in the City of Maryville); [3] Catherine Daisy Coleman reported stay at Missouri Girls Town following the very publicized sexual assault she was the victim of on (or around) January 08th 2012 in Nodaway County, Missouri (in the City of Maryville); [4] the terms and conditions of the contractual agreements concluded between Missouri Girls Town and the MODMH: the former employers of Michael A. Ayele (a.k.a) W in Calendar Year 2013; [5] the very lenient criminal charges filed by the State of Missouri on behalf of Catherine Daisy Coleman on (or around) January 09th 2014: exactly two years after the sexual assault she was subjected to on (or around) January 08th 2012; [6] the decision of the California government to recognize that (i) *one out of every six American women has been the victim of an attempted or completed rape in their lifetime*; (ii) *only about 300 out of every 1,000 sexual assaults are reported to police*; (iii) *thirty-three percent of women who are raped contemplate suicide*; (iv) *thirteen percent of women who are raped attempt suicide*; (v) *a 2016 analysis of 28 studies of nearly 6,000 women and girls 14 years of age or older who had experienced sexual violence found that 60 percent of survivors did not label their experience as "rape;"* (vi) *women may not define a victimization as a rape or sexual assault for many reasons such as self-blame, embarrassment, not clearly understanding the legal definition of the terms, or not wanting to define someone they know who victimized them as a rapist or because others blame them for their sexual assault*; (vii) *it is self-evident that the unique nature of the emotional and psychological consequences of sexual assault, especially on women, can paradoxically permit wrongdoers to escape civil accountability unless statutes of limitations are crafted to prevent this injustice from occurring*; (viii) *it is self-evident that statutes of limitations for sexual assault need to be crafted in a way that does not cause the covering-up company to enjoy the fruits of their cover-up solely because our statutes of limitations permit, and thus motivate such behavior.*

iv April 23rd 2025 Email Sent By Michael A. Ayele (a.k.a) W to ORCID

Hello,

This is Michael A. Ayele sending this message though I now go by W. I am writing this letter
MICHAEL A. AYELE (A.K.A) W – ASSOCIATION FOR THE ADVANCEMENT OF CIVIL LIBERTIES (AACL)

to ORCID because it has recently come to my attention that my ORCID account is being filtered and distorted on the Bing/MSN Internet Search Engine (ISE).

Indeed, I do regret to inform you that my ORCID account has been filtered and distorted in a manner, which suggests that I'm currently employed for the Missouri Department of Mental Health (MODMH) and that I have never published any journal articles about the applicability of the Health Insurance Portability and Accountability Act (HIPAA) in cases of suicides after a documented incident of sexual assault.

However, both these things that have been said about me and, which are currently appearing on the Bing/MSN Internet Search Engine are not true. In other words, I'm a former employee of the MODMH who has published journal articles about the applicability of HIPAA in cases of suicides after a documented incident of sexual assault after I learned about the August 04th 2020 suicide of Catherine Daisy Coleman. I have also published a journal article about Jessica Alba 2023 public admission that she was previously referred to as "*delusional*" and "*paranoid*."

My interpretation of HIPAA when I was employed for the MODMH was that it enables healthcare employees to express written objections to medical treatment that can be objectively considered as "*racist*," and/or "*sexist*." Even though I no longer work for the MODMH, I still maintain that HIPAA enables current and/or former healthcare workers to express written objections to medical treatment that can be objectively considered as "*racist*" and/or "*sexist*." In the journal articles I have published, which I have then gone on to add to my ORCID account, I have said this.

The questions I was hoping ORCID would address are as follows.

1) Is there anything ORCID can do to prevent the Bing/MSN ISE from spreading falsehoods about me? As previously noted, I'm not currently employed for the MODMH and yet, the Bing/MSN ISE is saying this about me. Furthermore, I have published journal articles about HIPAA as a former Missouri healthcare employee, and I have added those journal articles to my ORCID account, and yet, the Bing/MSN ISE is saying that I have never published journal articles related to HIPAA.

2) According to a December 27th 2023 complaint filed by the New York Times, "*ChatGPT defines a 'hallucination' as the 'phenomenon of a machine, such as a chatbot, generating seemingly realistic sensory experiences that do not correspond to any real-world input.' Instead of saying, 'I don't know,' Microsoft and OpenAI GPT models will confidently provide information that is, at best, not quite accurate, and, at worst, demonstrably (but not recognizably) false. And human reviewers find it very difficult to distinguish 'hallucinations' from truthful output. These 'hallucinations' mislead users as to the source of the information they are obtaining, leading them to incorrectly believe that the information provided has been vetted and published by the NYT. Users who ask a search engine what the NYT has written on a subject should be provided with neither an unauthorized copy nor an inaccurate forgery of a NYT article, but a link to the article itself.*" Given the statements made by the NYT, is there anything you can do to prevent what has happened to articles published by the NYT and those published by me from happening again particularly if they have been added to ORCID?

I look forward to your response on these important matters.

Michael A. Ayele (a.k.a) W
Anti-Racist Human Rights Activist
Audio-Visual Media Analyst
Anti-Propaganda Journalist

Email Sent by ORCID to Michael A. Ayele (a.k.a) W on (or around) April 29th 2025

Hi Michael

We don't have any control over what is displayed on the search engines such as Bing. Assuming all the information within your ORCID record is correct my advice would be to raise a concern with Microsoft directly via <https://www.microsoft.com/en-us/concern/bing>

We try to make people aware of how ORCID can be used as a "Trust marker" for scientific research which you can read more of here <https://info.orcid.org/interpreting-the-trustworthiness-of-an-orcid-record/> however as mentioned we have no control over the way search engines display the information they have indexed from ORCID.

Thanks

Kind regards,

Matt Stockman
Support Manager
<https://orcid.org/0000-0001-8622-8273>

^v Changing the narrative on suicide aims to inspire individuals, communities, organizations, and governments to engage in open and honest discussions about suicide and suicidal behavior. By initiating these vital conversations, we can break down barriers, raise awareness, and create better cultures of understanding and support.

Changing the narrative requires systemic change. It means advocating for multisectoral policies

that prioritize mental health, increase access to care, and provide support for those in need. It means investing in research to better understand the complexities of suicide and develop evidence-based interventions.

Changing the narrative means fostering empathy and compassion for those who are struggling. It means understanding that suicidal thoughts and feelings are a sign of immense pain and – distress but talking about suicidal thoughts does not increase their presence or occurrence. It means listening without judgment, offering support, and guiding individuals towards help.

We acknowledge that an increased focus on the issue of suicide can be overwhelming for those with a lived or living experience of suicide. It's crucial to recognize that World Suicide Prevention Day is a day dedicated to raising awareness, fostering change and providing a supportive sense of community and understanding for those with lived or living experience.

World Suicide Prevention Day. International Association for Suicide Prevention.:

<https://www.iasp.info/wspd/theme/>

^{vi} Given the decision of internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo to routinely filter and distort Michael A. Ayele (a.k.a) W's correspondence with agencies of the United States government, Michael A. Ayele (a.k.a) W would like to take this opportunity to affirm that he has not signed any binding agreement that subjects his correspondence with the United States government to evaluation, examination and unsolicited comments on the AOL and Bing/MSN, Google and Yahoo ISE. Indeed, Michael A. Ayele (a.k.a) W has never agreed to take on the role of the "Student" for his published works while the AOL, Bing/MSN, Google and Yahoo ISE took on the role of "Professor." Likewise, Michael A. Ayele (a.k.a) W has never agreed to take on the role of "Plaintiff" and/or "Defendant" for his published works while the AOL, Bing/MSN, Google and Yahoo ISE took on the role of "Judge, Jury and Executioner." More importantly, Michael A. Ayele (a.k.a) W had started to publish some of his correspondence with agents of the United States government on matters pertaining to suicide prevention and HIPAA because of a commitment he had made that he would disseminate any and all responsive U.S government records within their possession to members of the general public and representatives of the media at no financial expense to them. To the best of his ability, Michael A. Ayele (a.k.a) W has fulfilled this commitment by disseminating (at no financial expense to representatives of the media and members of the general public) the most pertinent records in his possession on matters pertaining to suicide prevention and HIPAA.

^{vii} *She was a 15-year-old patient, alone in a new and frightening place, clutching a comforting picture from home.*

He was a 200-pound mental health aide bent on enforcing the rules, and the rules said no pictures. She defied him; the dispute escalated. And for that, Edith Campos died. She was crushed faced down on the floor in a "therapeutic hold" applied by a man twice her size. (...)

MICHAEL A. AYELE (A.K.A) W – ASSOCIATION FOR THE ADVANCEMENT OF CIVIL LIBERTIES (AACL)

"I can't understand why patients don't die more often with all the things that happen on a daily basis," said Wesley B. Crenshaw, a psychologist who has conducted one of the few national surveys on restraint use. "You have people who are 'cowboying' it," Crenshaw said, "people who really want to get in there and show they're the boss." Why They Die: Little Training, Few Standards, Poor Staffing Put Lives At Risk. Hartford Courant.: <https://www.charlydmiller.com/LIB05/1998hartfordcourant12.html>

Had Gloria Huntley been able to move, had she not been bound to her bed with leather straps for days on end, perhaps she would have tried to draw the attention of the inspectors who were conducting a three-day tour of Central State Hospital.

Has she been able to move, had she not been pinned down by the wrists and ankles, she might have help a sign, as she had done before when a visitor came through Ward 7. Her handwritten plea was simple: "Pray for me. I'm dying." But the inspection team from the nation's leading accreditation agency never noticed Gloria Huntley before leaving the Petersburg, Virginia psychiatric hospital.

The three inspectors from the Joint Commission on the Accreditation of Healthcare Organization issued Central State a glowing report card – 92 out of 100 points. They also bestowed the commission's highest ranking for patients' rights and care when they concluded their review on June 28th 1996.

The next day, Gloria Huntley died. She was 31.

Her heart, fatally weakened by the constant use of restraints, had inflamed to 1 ½ time its normal size. In her last two months, she'd been restrained 558 hours – the equivalent of 23 full days.

Nine months later, the Joint Commission gave Central State an even better score in a follow-up review – even though Huntley's treatment would ultimately be labelled "inhumane" by the State of Virginia and condemned by the U.S Justice Department.

"How could JCAHO give Central State the highest rating in human rights when they were killing people?" asked Val Marsh, director of the Virginia Alliance for the Mentally Ill.

The way the country's health care system works, how could it not?

The Courant's nationwide investigation of restraint-related deaths underscores just how faulty – how rife with conflicts of interest, how self-protective, how ultimately ineffective – the system of industry oversight and government regulation really is.

The health care industry is left to police itself, but often doesn't.

Time and again, the Courant found, when it come to the quality and safety of patient care, the interests of the industry far outweigh the public interest. (...)

The chain of agencies, boards and advocates that is supposed to provide oversight – the kind of oversight that might have prevented Huntley’s death and hundreds like it – often breaks down in multiple places.

But the heavy reliance on the Joint Commission – an industry group that acts as the nation’s de facto regulator – lies at the core of the problem. (...)

The federal government relies on the private nonprofit agency’s seal of approval for a psychiatric hospital’s acceptance into Medicare and Medicaid programs. (...) But the Joint Commission doesn’t answer to Congress or the public. It answers to the healthcare industry.

The Joint Commission was founded in 1951 by hospital and medical organizations, whose members still dominate the commission’s board of directors. The commission is funded by the same hospitals it inspects.

How tough are its inspections?

Of the more than 5,000 general and psychiatric hospitals that the Joint Commission inspected between 1995 and 1997, none lost its accreditation as a result of the agency’s regular inspections.

None.

When extraordinary circumstances arise – a questionable death, for instance – the Joint Commission may conduct additional inspections. Even then, less than 1 percent of facilities lost accreditation.

Central State was not among them. (...)

Joint Commission officials are the first to say they are not regulators. Participation is voluntary, and 83 percent of hospitals inspected were found to have shortcomings that needed to be addressed. (...)

When it comes to mental retardation facilities, inspection is left largely to the states.

But their records is not much better.

The Government Accountability Office, the investigative arm of Congress, has found that state regulators are loath to punish state-run facilities.

In a study of mental retardation centers, the GAO found “instances in which state surveyors were pressured by officials in their own and in other state agencies to overlook problems or downplay the seriousness of deficient care in large state institutions.”

When state regulators do show up, their inspections are scheduled with such predictability that

facilities can beef up staff, improve serves and even apply fresh coats of paint. Often, only the new paint remains after the inspectors leave. (...)

At Central State, the warning signs should have been apparent. But Joint Commission inspectors review just a sampling of patient records – a sampling that may not include problem cases like Gloria Huntley’s.

Anyone who did look at Huntley’s records would have known her health was failing – and that heavy use of restraints was a primary reason.

Two years before Huntley’s death, a doctor warned officials at Central State that she would die if they didn’t change her restraint plan.

“Staff members should watch their conscience, and those in charge must always remember that following physical struggle and emotional strain, the patient may die in restraints,” stated the ominously titled “duty to warn” letter.

Even if the Joint Commission inspectors had missed Huntley in particular, there were other cases at Central State that should have raised red flags. One patient was restrained for 1,727 (one thousand seven hundred and twenty seven) hours over an eight-month period, yet another for 720 hours over a four-month period, according to a U.S Justice Department report.

So, in many respects, the investigation into Huntley’s death is most remarkable in that it happened at all. When she died on June 29th 1996, the police were never called.

It took a hospital employee’s anonymous call to a citizens watchdog group, days after Huntley’s death, to tip off the outside world that she died while being restrained – and not in her sleep as hospital officials told family members.

The Courant’s investigation found at least six cases in which facilities, wary of lawsuits and negative publicity, tried to cover up or obscure the circumstances of a restrain-related death. (...)

Desperate for help, Gloria Huntley turned to one (...) organization in her last months of life.

Not only was her complaint not investigated, but three weeks after her death, Huntley was sent a letter saying the advocacy agency was dropping her case because it hadn’t heard from her in 90 days.

The letter end: “It was a pleasure working with you to resolve your complaint. I wish you the best of luck in your future endeavors.” Patients Suffer in a System Without Oversight. Hartford Courant.: <https://www.charlydmiller.com/LIB05/1998hartfordcourant13.html>

^{viii} As previously mentioned, when enacting into law the *Sexual Abuse and Cover Up Accountability Act*, the legislative branch of the California government had recognized that [1] *one out of every six American women has been the victim of an attempted or completed rape in their lifetime*; [2] *only about 300 out of every 1,000 sexual assaults are reported to the police*; [3] *thirty-three percent (33%) of women who are raped contemplate suicide*; [4] *thirteen percent (13%) of women who are raped attempt suicide*; [5] *a 2016 analysis of 28 studies of nearly 6,000 women and girls 14 years of age or older who had experienced sexual violence found that 60 percent of survivors did not label their experience as “rape;”* [6] *women may not define a victimization as a rape or sexual assault for many reasons such as self-blame, embarrassment, not clearly understanding the legal definition of the terms, or not wanting to define someone they know who victimized them as a rapist or because others blame them for their sexual assault*; [7] *it is self-evident that the unique nature of the emotional and psychological consequences of sexual assault, especially on women, can paradoxically permit wrongdoers to escape civil accountability unless statutes of limitations are crafted to prevent this injustice from occurring*; [8] *it is self-evident that statutes of limitations for sexual assault need to be crafted in a way that does not cause the covering-up company to enjoy the fruits of their cover-up solely because our statutes of limitations permit, and thus motivate such behavior.*

In light of the above-mentioned undisputed facts, I think the more appropriate questions to ask about Michael A. Ayele (a.k.a) W correspondence with the Missouri Department of Mental Health (MODMH) on matters pertaining to the Health Insurance Portability and Accountability Act (HIPAA) and Catherine Daisy Coleman are the following ones:

- 1) Have the healthcare service providers Catherine Daisy Coleman dealt with after she was sexually assaulted on (or around) January 08th 2012 formally recognized sexual assault as a factor increasing the risk of suicide?
- 2) Have the healthcare service providers Catherine Daisy Coleman dealt with after she was sexually assaulted on (or around) January 08th 2012 made a note on her personal health information (PHI) formally recognizing that sexual assault is a factor increasing the risk of suicide?
- 3) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why not provide the PHI of Catherine Daisy Coleman to Michael A. Ayele (a.k.a) W: a former Missouri healthcare worker who's listed as such on Missouri's Accountability Portal?
- 4) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why does Michael A. Ayele (a.k.a) W not have access to Catherine Daisy Coleman PHI that relate to her dealings with the Missouri Department of Mental Health (MODMH) as well as Missouri's Girls Town?
- 5) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why not

- provide to Michael A. Ayele (a.k.a) W the portions of Catherine Daisy Coleman PHI that recognized sexual abuse as a factor increasing the risk of suicide?
- 6) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why not provide to Michael A. Ayele (a.k.a) W the portions of Catherine Daisy Coleman PHI that explicitly referred her to resources and organizations whose mission is to be supportive of sexual abuse victims contemplating suicide?
 - 7) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08th 2012, why not provide to Michael A. Ayele (a.k.a) W records attesting to the institutional support Catherine Daisy Coleman received by resources and organizations whose mission is to be supportive of sexual assault/rape victims contemplating suicide?
 - 8) Why has the State of Missouri not enacted a *Catherine's Law* similar to *Audrie's Law* for the purpose of formally recognizing sexual abuse as a factor increasing the risk of suicide among girls and women?
 - 9) Has the State of Missouri not enacted a *Catherine's Law* similar to *Audrie's Law* because Catherine Daisy Coleman was not on (or around) January 08th 2012 sexually assaulted by a(n) Black / African American man?
 - 10) Would the State of Missouri have been properly motivated to enact a *Catherine's Law* similar to *Audrie's Law* if Catherine Daisy Coleman had on (or around) January 08th 2012 been raped by a(n) Black / African American man?

^{ix} This records request should be expedited because it puts into question the government's integrity about the way that people are treated in the U.S.A on account of their gender, their racial backgrounds, their national origins and their disability status. My request for a fee waiver should be granted because [1] I have identified operations and activities of the federal government in concert with U.S local/state government as well as inter-governmental organizations such as the United Nations (U.N); [2] the issues presented are meaningfully informative about government operations or activities in order to be '*likely to contribute*' to and increase public understanding of those operations or activities; [3] this records request is being filed for non-commercial purposes and any records you disclose to me could be made available to the general public at no financial expense to them.

^x Michael Ayele (a.k.a) W is responsible for the publications of the Association for the Advancement of Civil Liberties (AACL): a non-profit organization primarily engaged in the dissemination of public records.

The recent publications/written content of the AACL encompass a wide range of intertwined issues, which include but are not limited to [1] the life and death of Jeanne Ann Clery
MICHAEL A. AYELE (A.K.A) W – ASSOCIATION FOR THE ADVANCEMENT OF CIVIL LIBERTIES (AACL)

(November 23rd 1966 – April 05th 1986); [2] the decision of Westminster College (Fulton, Missouri) to extend an invitation to then-Federal Bureau of Investigation (FBI) Director William Webster on August 29th 1986, approximately 5 (five) months after the April 05th 1986 rape and murder of Jeanne Ann Clery; [3] the decision of the Federal Bureau of Investigation (FBI) to initiate contact with the Central Intelligence Agency (CIA) on June 11th 1992 about the April 05th 1986 rape and murder of Jeanne Ann Clery; [4] the circumstances leading up to the enactment of the Jeanne Clery Act on (or around) November 08th 1990; [5] Title IX of the Education Amendments Act of 1972; [6] American post-secondary academic education on affirmative and effective consent in healthy sexual relationships; [7] sexual abuse as a factor increasing the risk of suicide among girls/women; [8] California’s Sexual Abuse and Cover Up Accountability Act; [9] the September 12th 2012 suicide of Audrie Taylor Pott; [10] the August 04th 2020 suicide of Catherine Daisy Coleman; [11] the January 30th 2022 suicide of former Miss United States of America (U.S.A) Cheslie Corrinne Kryst; [12] the commemoration of September 10th as *World Suicide Prevention Day* (WSPD) by the United States government; [13] the commemoration of the month of May as *Mental Health Awareness Month*; [14] the commemoration of the month of April as *Sexual Assault Awareness Month*; [15] the commemoration of the month of March as *Women’s History Month*; [16] the commemoration of the month of February as *Black History Month*; [17] the forcible administration of psychotropic drugs in mental asylums and elsewhere; [18] the impact of wiretap on mental health; [19] the defamation and wiretap of Jean Seberg; [20] Kristen Stewart portrayal of Jean Seberg in the 2019 biopic entitled “*Seberg*;” [21] the induction of Josephine Baker in France’s Pantheon; [22] the defamation complaint filed by Eva Lopez against the New York Police Department (NYPD); [23] the bogus mental illness of “*schizophrenia*” being extensively linked with Black/African American people after the total and complete discredit of the “*drapetomania*” diagnosis; [24] the Health Insurance Portability and Accountability Act (HIPAA) and its applicability in cases of suicides after a documented incident of sexual violence as well as other incidents of racism and/or sexism; [25] the Americans with Disabilities Act (ADA); [26] Section 504 of the 1973 Rehabilitations Act; [27] the Prison Rape Elimination Act (PREA); [28] the prison rape culture within the Missouri Department of Correction (MODOC); [29] the prison rape culture at the Federal Correctional Institution (FCI), located in Dublin, California; [30] the Sixth (6th) Amendment Rights implications of filing a charge of employment discrimination pursuant to Title VII of the 1964 and 1991 Civil Rights Act; [31] the Second (2nd) Amendment Rights implications of filing a charge of employment discrimination pursuant to Title VII of the 1964 and 1991 Civil Rights Act; [32] the decision of Tara Cable not to file a charge of employment discrimination pursuant to the provisions Title VII of the 1964 and 1991 Civil Rights Act against the Village of Suffern, New York; [33] the August 03rd 2021 report published by the New York Attorney General (NYAG) Letitia James, which made several explicit references to Title VII of the 1964 and 1991 Civil Rights Act in relations to Alyssa McGrath, Ana Liss, Charlotte Bennett, Lindsey Boylan and other women employed by the New York State government; [34] the Equal Pay Complaint filed by the United States Women’s National Soccer Team (USWNT) in Calendar Year 2016; [35] Eliza Dushku forced arbitration after experiencing sexual harassment at the workplace; [36] the November 29th 2021 employment related murder of Delfina Pan in Miami Beach, Florida;

[37] the June 11th 2022 employment related murder of Riley Whitelaw in the State of Colorado; [38] the decision of Teresa Williams to file a charge of employment discrimination pursuant to Title VII of the 1964 and 1991 Civil Rights Act; [39] the decision of the University of Missouri to formally and publicly admit on (or around) October 05th 2015 that they “*need help changing*” the racist culture within their university’s system; [40] the decision of Greenfield High School (located Greenfield, Missouri) to terminate the employment English teacher Kim Morrison (sometime in mid-March 2022) for teaching the book entitled “*Dear Martin*,” [41] the decision of Greenfield High School (located Greenfield, Missouri) to terminate the employment of English teacher Kim Morrison without taking into account the formal and public October 05th 2015 statement of the University of Missouri, wherein they admitted that they “*needed help changing*” the racist culture of their university system; [42] California’s Fast Food Accountability Standards & Recovery Act (a.k.a) FAST Recovery Act; [43] the working conditions of tipped workers in the accommodation and food services (AFS) sector; [44] the police harassment of Amelia Powell for wearing bikinis in the City of Everett, Washington; [45] the Creating a Respectful and Open World for Natural Hair (CROWN) Act; [46] the double standards in the United States of America (U.S.A) criminal justice system; [47] the race factor in wrongful convictions issued by the judicial branch of the U.S government (the courts); [48] the June 02nd 2016 decision of the California court that handed Brock Turner a 90 (ninety) day prison sentence for the January 18th 2015 rape of Chanel Miller on the campus of Stanford University; [49] the formal/informal ties between Chanel Miller and the San Francisco Public Library (SFPL); [50] the September 06th 2022 interview of Jennifer Lawrence with Vogue Magazine (in part) on the subject of sex-offender Harvey Weinstein; [51] the #MeToo movement; [52] the Genetics Information Nondiscrimination Act (GINA); [53] the urgent need to abolish the death penalty particularly in light of the October 05th 2021 state sponsored execution of Ernest Lee Johnson in Missouri; [54] the likely impact of the Emmett Till Antilynching Act in decreasing and eliminating hate crimes in the future; [55] the use of “*cancel culture*” for the purpose of exacerbating racism in polite company and on social networks such as Twitter; [56] cybersecurity at Michigan State University (MSU) after their extensive links with the child-pornography of sex-offender Lawrence Gerard Nassar; [57] the August 31st 1994 child-marriage license of Aaliyah Dana Haughton in the State of Illinois; [58] the “*influx of child-brides*” from Afghanistan to the United States of America (U.S.A) following the U.S military withdrawal from Afganistan on August 30th 2021; [59] the definition in use by the United Nations International Children Emergency Fund (UNICEF) for what constitutes “*child-marriage*,” [60] the folly of the eugenics movement; [61] the terrible decision of the United States Supreme Court to overturn the landmark 1973 ruling of *Roe v Wade* (particularly in light of the publicized murders of Alexandria Kostial and Jennifer Rothwell); [62] the urgent need to restore abortion rights in the U.S.A for the purpose of not exacerbating the public health crisis created as a direct consequence of *Roe v Wade* being overturned; [63] previously “*Missing*” Alexis Tiara Murphy; [64] the systemic misogyny and sexism fueling the U.S.A gun violence public health epidemic; [65] the systemic discrimination and racism fueling the U.S.A gun violence public health epidemic; [66] the entitlement of the “*involuntary celibate*” community in America; [67] the March 15th 2022 report of the Department of Homeland

Security (DHS) United States Secret Service (USSS) that went on to summarize the life of racist and sexist Scott Paul Beierle; [68] the applicability of the Family Educational Rights and Privacy Act (FERPA) in cases involving gun violence on (or near) the campuses of American colleges and universities; [69] the anti-feminist rhetoric, which has in the 21st Century been vocalized through the traditional wife (“*trad-wife*”) movement; [70] the employment related mass-shooting at Santa Clara Valley Transportation Authority (VTA) on May 26th 2021; [71] the May 24th 2022 mass-shooting at Robb Elementary School in Uvalde, Texas; [72] the January 14th 2013 recommendations of the National Council on Disability (NCD) on gun violence following the December 14th 2012 mass-shooting at Sandy Hook Elementary School, located in the State of Connecticut; [73] income inequality among Bachelor Degree graduates on the basis of race; [74] the U.S.A conflicting domestic/foreign policy on marijuana; [75] Brittney Griner’s incarceration in Russia; [76] the U.S.A counterproductive and unconditional support to the State of Israel; [77] the U.S.A foreign policy towards disability; [78] the perturbing conservatorship of Britney Spears; [79] the vital records of Jessica Alba given her May 16th 2023 public admission that she was previously referred to as “*delusional*” and “*paranoid*,” [80] the American Psychological Association (APA) October 29th 2021 apology for promoting racial discrimination and pseudoscience in healthcare services; [81] the xenophobia on WordPress, which has in the past been linked with the name, the image, the likeness and the correspondence of Michael A. Ayele (a.k.a) W; [82] the September 07th 2022 report of the University of California, Los Angeles (UCLA), which has gone on to interpret the letter and spirit of the 1986 Immigration Reform and Control Act (IRCA); [83] Michael A. Ayele (a.k.a) W strategy for combating the fraudulent “*white replacement theory*” with the Smithsonian National Museum of the American Indian (NMAI); [84] the decision of Emma Roberts to condemn America’s culture of anonymous Internet trolling on (or around) July 05th 2024; [85] the freshman undergraduate retention rate at Sarah Lawrence College (located in Bronxville, New York); [86] the freshman undergraduate retention rate among American colleges/universities; [87] the December 27th 2023 complaint filed by the New York Times against Microsoft and Open Artificial Intelligence (AI); [88] Scarlett Johansson May 20th 2024 statement on *Res Ipsa Loquitur*...

EXHIBIT 1.



Archive

<https://archive.org> > details > web-unsolicited-and...

About the “Web” Unsolicited and Incorrect Filtering of Michael A.

WEB Feb 22, 2024 · As a matter of principle, Michael A. Ayele (a.k.a) W unequivocally condemns violence committed against women irrespective of their racial backgrounds, their sexual ...

Tags:

The Association

Anatolia College



Huff.

As a matter of principle, Michael A...

<https://www.huffpost.com> > author

Michael W - HuffPost

WEB Oct 10, 2016 · Michael Ayele (a.k.a) W is an independent journalist and a human rights activist. He is the founding member of the Association for the Advancement of Civil Liberties...

EXHIBIT 2.

ay about
en?

Did AACL file a criminal charge against Catherine Daisy Coleman?

: AACL

Violence
irrespective
their sexual
origins, th...
Following the submission of Sunshine
requests about the August 04 th 2020
suicide of Catherine Daisy Coleman,
the Association for the Advancement ...

(a.k.a) W
ress.com

About: Michael A. Ayele (a.k.a) W
michaelayeleacl.wordpress.com

Feedback

EXHIBIT 3.

SelectedWorks
<https://works.bepress.com/michael-ayele>

SelectedWorks - Michael A. Ayele (a.k.a) W

Michael A. Ayele is the founder of the Association for the Advancement of Civil Liberties (AACL), a non-profit organization that publishes public records on various issues. The web page lists the publications of AACL, but none of them is related to HIPAA or health information privacy.

Michael A. Ayele is the founde...



Michael A. Ayele (a.k.a) W - AnyFlip

Michael Ayele (a.k.a) W is a former employee of the Missouri Department of Mental Health who has written about the applicability of HIPAA in cases of suicides after a documented incident of sexual a...

American History After 1998 on the Forcible Administration of ...

Michael A. Ayele (a.k.a) W is a former employee of the Missouri Department of Mental Health who published a collection of



michael ayele hipaa

About the Missouri Government Response to Incest - #Fulton ... archive.org/details/michael-ayele-about-incest-in...

Jan 28, 2005 · Michael Ayele (a.k.a) W is a former employee of the Fulton State Hospital (FSH): a state government agency, which is a component of the MODMH. He was in Calendar Year 2013 briefed about several aspects of the facility (operated by the FSH) known as the Sexual Offender Rehabilitation & Treatment Services (SORTS).

SelectedWorks - Michael A. Ayele (a.k.a) W works.bepress.com/michael-ayele

Michael A. Ayele is the founder of the Association for the Advancement of Civil Liberties (AACL), a non-profit organization that publishes public records on various issues. The web page lists the publications of AACL, but none of them is related to HIPAA or health information privacy.

Tags: Michael Sexual assault

SelectedWorks
https://works.bepress.com/michael-ayele/download

[PDF] From the SelectedWorks of Michael A. Ayele (a.k.a) W
Apr 13, 2024 · Redistribution of Michael Ayele (a.k.a) W Written Publications Contextualizing the Circumstances That Led Up to the Enactment of Audrie's Law On (Or Around) September ...

Tags: Michael Sexual assault

Association for the Advancement of Civil Liberties (AACL)
https://michaelayeleaac.l.wordpress.com/...

About the Unauthorized Redistribution of Michael Ayele (a.k.a) W ...
Apr 11, 2024 · About the Unauthorized Redistribution of Michael Ayele (a.k.a) W Written Publications Contextualizing the Circumstances That Led Up to the Enactment of Audrie's Law ...

AnyFlip
https://anyflip.com/olnam/azvd/hasir

EXHIBIT 4.

AOL Michael Ayele

About the July 20th 2019 Murder of Alexandria Kostial ... archive.org/details/abortion-rights-in-america...

Jun 2, 2023 · **Michael Ayele** (a.k.a) W is a human rights activist and journalist who writes for the Association for the Advancement of Civil Liberties (AACL). He argues that overturning Roe v Wade will lead to a public health crisis and cites the case of Alexandria Kostial, who was murdered in 2019.

Michael A. Ayele (a.k.a) W (0000-0002-5780-6457)
orcid.org/0000-0002-5780-6457

Michael A. Ayele is a forensic rehab specialist and the author of publications by the Association for the Advancement of Civil Liberties (AACL). His publications cover topics such as sexual violence, mental health, civil rights, and employment discrimination.

Ayele (a.k.a) W Written Publications on the Applicability of HIPAA in Cases of Suicides After a ... michael ayele jou

Tags: Michael Sexual assault

ORCID <https://orcid.org>

Michael A. Ayele (a.k.a) W (0000-0002-5780-6457)

About the Unauthorized Redistribution of Michael Ayele (a.k.a) W Written Publications Contextualizing the 2016 Netflix Documentary Entitled: "Audrie and Daisy" - # Applicability of ...

Tags: Michael Sexual assault

SelectedWorks <https://works.bepress.com/michael-ayele/download>

[PDF] From the SelectedWorks of Michael A. Ayele (a.k.a) W

Apr 13, 2024 · Redistribution of Michael Ayele (a.k.a) W Written Publications Contextualizing the Circumstances That Led Up to the Enactment of Audrie's Law On (Or Around) September ...

Tags: Michael Sexual assault

Association for the Advancement of Civil Liberties (AACL)



Michael Ayele <waac13@gmail.com>

[ORCID] How would you rate the support you received?

Support <support@orcid.org>
Reply-To: Support <support@orcid.org>
To: Waac13 <waac13@gmail.com>

Wed, Apr 30, 2025 at 3:01 PM

##- Please type your reply above this line -##

We'd love to hear about your recent experience with ORCID Support. Please select one of the options below to submit your rating:

How would you rate the support you received?

Good, I'm satisfied

Bad, I'm unsatisfied

Thank you for your help.

Here's a reminder of what this request ([#609344](#)) was about:



ORCID Support (ORCID Support)

Apr 29, 2025, 07:27 EDT

Hi Michael

We don't have any control over what is displayed on the search engines such as Bing. Assuming all the information within your ORCID record is correct my advice would be to raise a concern with Microsoft directly via <https://www.microsoft.com/en-us/concern/bing>

We try to make people aware of how ORCID can be used as a "Trust marker" for scientific research which you can read more of here <https://info.orcid.org/interpreting-the-trustworthiness-of-an-orcid-record/> however as mentioned we have no control over the way search engines display the information they have indexed from ORCID.

Thanks

Kind regards,

Matt Stockman
Support Manager

<https://orcid.org/0000-0001-8622-8273>



WaacI13

Apr 23, 2025, 22:33 EDT

Hello,

This is Michael A. Ayele sending this message though I now go by W. I am writing this letter to ORCID because it has recently come to my attention that my ORCID account is being filtered and distorted on the Bing/MSN Internet Search Engine (ISE).

Indeed, I do regret to inform you that my ORCID account has been filtered and distorted in a manner, which suggests that I'm currently employed for the Missouri Department of Mental Health (MODMH) and that I have never published any journal articles about the applicability of the Health Insurance Portability and Accountability Act (HIPAA) in cases of suicides after a documented incident of sexual assault.

However, both these things that have been said about me and, which are currently appearing on the Bing/MSN Internet Search Engine are not true. In other words, I'm a former employee of the MODMH who has published journal articles about the applicability of HIPAA in cases of suicides after a documented incident of sexual assault after I learned about the August 04th 2020 suicide of Catherine Daisy Coleman. I have also published a journal article about Jessica Alba 2023 public admission that she was previously referred to as "*delusional*" and "*paranoid*."

My interpretation of HIPAA when I was employed for the MODMH was that it enables healthcare employees to express written objections to medical treatment that can be objectively considered as "*racist*," and/or "*sexist*." Even though I no longer work for the MODMH, I still maintain that HIPAA enables current and/or former healthcare workers to express written objections to medical treatment that can be objectively considered as "*racist*" and/or "*sexist*." In the journal articles I have published, which I have then gone on to add to my ORCID account, I have said this.

The questions I was hoping ORCID would address are as follows.

- 1) Is there anything ORCID can do to prevent the Bing/MSN ISE from spreading falsehoods about me? As previously noted, I'm not currently employed for the MODMH and yet, the Bing/MSN ISE is saying this about me. Furthermore, I have published journal articles about HIPAA as a former Missouri healthcare employee, and I have added those journal articles to my ORCID account, and yet, the Bing/MSN ISE is saying that I have never published journal articles related to HIPAA.
- 2) According to a December 27th 2023 complaint filed by the New York Times, "ChatGPT defines a 'hallucination' as the 'phenomenon of a machine, such as a chatbot, generating seemingly realistic sensory experiences that do not correspond to any real-world input.' Instead of saying, 'I don't know,' Microsoft and OpenAI GPT models will confidently provide information that is, at best, not quite accurate, and, at worst, demonstrably (but not recognizably) false. And human reviewers find it very difficult to distinguish 'hallucinations' from truthful output. These 'hallucinations' mislead users as to the source of the information they are obtaining, leading them to incorrectly believe that the information provided has been vetted and published by the NYT. Users who ask a search engine what the NYT has written on a subject should be provided with neither an unauthorized copy nor an inaccurate forgery of a NYT article, but a link to the article itself." Given the statements made by the NYT, is there anything you can do to prevent what has happened to articles published by the NYT and those published by me from happening again particularly if they have been added to ORCID?

I look forward to your response on these important matters.

Michael A. Ayele (a.k.a) W
Anti-Racist Human Rights Activist
Audio-Visual Media Analyst
Anti-Propaganda Journalist

Attachment(s)
[Screenshot \(307\).png](#)
[Screenshot \(332\).png](#)

This email is a service from ORCID Support. Delivered by Zendesk

[MK1Y22-YN6K2]

EXHIBIT 5.

<https://zenodo.org/records/10064210>



The Zenodo record with identifier 10064210 is a dataset uploaded on August 6, 2025. It is associated with TABLE 2 from the publication titled "Morphological phylogeny and revision of Sycophila and Ficomila (Hymenoptera: Chalcidoidea, Eurytomidae) associated with Afrotropical fig trees (Moraceae, Ficus)". The creators of this publication are Lotfalizadeh, Hossein, Delvare, Gérard, and Cruaud, Astrid. [↗](#)

This record is part of Dockstore. There is at least one other version of this record. As of August 6, 2025, it has 34 views and 8 downloads. The dataset itself is open access. [↗](#)

AI responses may include mistakes. [Learn more](#)



↪ What does Dockstore mean in this context?


↪ What does the dataset in TABLE 2 represent?

↪ Tell me more about the associated publication

 1 site

Zenodo

Aug 6, 2025 — Uploaded on August 6, 2025. Part of Dockstore. 1 more...

 Zenodo [⋮](#)



Ask anything





Journal Open

Published November 1, 2023 | Version v1

American History After 1998 on the Forcible Administration of Psychotropic Drugs - #Michael A. Ayele (a.k.a) W Decision to File a Habeas Corpus Complaint After January 10th 2016 - #Health Insurance Portability and Accountability Act (HIPAA)

Michael A. Ayele (a.k.a) W (Editor)

According to the National Council on Disability (NCD), "involuntary treatment is extremely rare outside the psychiatric system, allowable only in such cases as unconsciousness or the inability to communicate. People with psychiatric disabilities, on the other hand, even when they vigorously protest treatments they do not want, are routinely subjected to them anyway, on the justification that they 'lack insight' or are unable to recognize their need for treatment because of their 'mental illness.' In practice, 'lack of insight' becomes disagreement with the treating professional, and people who disagree are labeled 'noncompliant' or 'uncooperative with treatment.' After years of contact with a system that routinely does not recognize their preferences or desires, many people with

30 VIEWS 14 DOWNLOADS Show more details

Versions

Version v1	Nov 1, 2023
10.5281/zenodo.10064210	

Cite all versions? You can cite all versions by using the DOI 10.5281/zenodo.10064209. This DOI represents all versions, and will always resolve to the latest one. Read more.



American History After 1998 on the Forcible Administration of Psychotropic Drugs - #Michael Ayele (a.k.a) W Decision to File a Habeas Corpus Complaint After January 10th 2016 - #Health Insurance Portability and Accountability Act (HIPAA)

Michael A. Ayele (a.k.a) W (Rights holder)

According to the National Council on Disability (NCD), "involuntary treatment is extremely rare outside the psychiatric system, allowable only in such cases as unconsciousness or the inability to communicate. People with psychiatric disabilities, on the other hand, even when they vigorously protest treatments they do not want, are routinely subjected to them anyway, on the justification that they 'lack insight' or are unable to recognize their need for treatment because of their 'mental illness.' In practice, 'lack of insight' becomes disagreement with the treating professional, and people who disagree are labeled 'noncompliant' or 'uncooperative with treatment.' After years of contact with a system that routinely does not recognize their preferences and needs, many people with psychiatric disabilities become resigned to their fate and cease to protest openly. Although this is described in the psychiatric literature as 'compliance,' it is actually a learned helplessness (also known as 'internalized oppression') that is incompatible with hope and with the possibility of recovery. Traditionally, involuntary commitment has involved the loss of liberty and confinement in a facility. However, more recently the concept of involuntary outpatient commitment (IOC) has become more widespread. IOC laws have been passed in nearly two-thirds of the states, and similar legislation has been introduced in Congress. IOC involves court-ordered treatment (almost always medication) for people who do not meet the standards for inpatient commitment (physical dangerousness to self or others). With more states enacting IOC laws, more people with psychiatric disabilities are being forced to take medications and treatments that can be painful and debilitating. At the same time, the desire of many people labeled with psychiatric disabilities for voluntary services that affect their real-life needs (such as housing, job training, and social support) seldom receive adequate funding. One of the consequences of IOC laws is that they often take money from voluntary programs that promote independence and redirect it toward ever more restrictive and punitive programs."

NCD have also previously noted that "anyone with a psychiatric disability, in fact anyone deemed by a mental health professional or police officer with little or no training to have such a disability, can be legally deprived of their freedom simply with an order from a judge, law officer, or medical professional. The due process procedures to challenge those decisions, and the courts and agencies that are supposed to protect and defend the legal rights of people affected by such orders, are often inadequate, ineffective, underfunded, inaccessible, or disregarded. Even when people are entitled to hearings, these are usually brief, and representation by counsel is often inadequate or nonexistent. (...) Neither law enforcement agencies nor the judicial or correctional systems have programs and policies in place to address the particular needs of people labeled with psychiatric disabilities while at the same time ensuring that they receive equal justice under law. When they are the victims of crime, testimony revealed that people labeled with psychiatric disabilities cannot rely on law enforcement agencies to protect them. The judicial system also fails them. Studies have found that rates of incarceration for people labeled with psychiatric disabilities are almost double the comparable rates in the general population. While it is often assumed that people labeled with psychiatric disabilities are in prison because they are particularly violent and dangerous, in fact, large numbers of prisoners with psychiatric disabilities are in prison for crimes that would not normally result in incarceration for nondisabled people. Inmates with psychiatric disabilities serve longer sentences than other prisoners and are less likely to receive voluntary treatment for their disabilities. Treatment in penal settings almost always consists of drugs, most often without any meaningful informed consent. In fact, imprisonment actually exacerbate the symptoms of people labeled with psychiatric disabilities. (...) The Police Executive Research Forum (PERF), a national organization composed of chief executives of municipal, county, and state law enforcement agencies, offers a training curriculum and model policy that addresses police response to people labeled with psychiatric disabilities. PERF's training guide, *Police Response to People with Mental Illness*, also covers the ADA and community policing approaches, including the voluntary and involuntary commitment process, de-escalation, and interviewing people with mental illness. However, as is typical of such training procedures, these materials were developed without input from people labeled with psychiatric disabilities. The training guide notes, 'It is not the role of the police officer to make the determination that a person should be committed.' Testimony revealed, however, that police do not always adhere to this policy."

Well. Take care. Keep yourselves at arms distance.

Michael A. Ayele (a.k.a) W – Association for the Advancement of Civil Liberties (AACL)
-Racist Human Rights Activist
-Liar-Visual Media Analyst
-Propaganda Journalist

Notes (English)

According to a National Council on Disability (NCD) January 20th 2000 report, [1] "the manner in which American society treats people with psychiatric disabilities constitutes a national emergency and a national disgrace;" [2] "the use of involuntary treatments such as forced drugging and inpatient and outpatients commitment laws should be viewed as inherently suspect and as incompatible with the principles of self-determination;" [3] "aversive treatments that involve the infliction of pain or the restriction of movement for purposes of changing behavior should be banned."

Michael A. Ayele (a.k.a) W takes full-responsibility for this publication on the subject of American History After 1998 with regards to The Forcible Administration of Psychotropic Drugs. Michael A. Ayele (a.k.a) W is a former employee of the Missouri Department of Mental Health (MODMH) Fulton State Hospital (FSH). He is also an alumnus of Westminster College located in Fulton, Missouri. He graduated with a Bachelor of Arts (B.A) Degree from Westminster College on Saturday, December 31st 2016. As a former employee of the MODMH (FSH), Michael A. Ayele (a.k.a) W has on (or around) September 12th 2021 expressed in writing grave concerns about the

create circumstances ripe for abuse, which could adversely impact people with disabilities (PWD). As a matter of principle, Michael A. Ayele (a.k.a) W unequivocally condemns discrimination on the bases of gender, racial background, national origin, sexual orientation, religious affiliation and/or disability status.

Be well. Take care. Keep yourselves at arms distance.

Michael A. Ayele (a.k.a) W – Association for the Advancement of Civil Liberties (AACL)
Anti-Racist Human Rights Activist
Audio-Visual Media Analyst
Anti-Propaganda Journalist

es

merican History on Forcible Administration of Psychotropic Drugs - Michael Ayele Habeas Corpus Index.pdf

1 of 79

Automatic Zoom



**STOP THE FORCIBLE
ADMINISTRATION OF
PSYCHOTROPIC DRUGS.**

NO MEANS NO.
BE WELL. TAKE CARE. KEEP YOURSELVES AT ARMS DISTANCE.
MICHAEL A. AYELE (a.k.a) W
ASSOCIATION FOR THE ADVANCEMENT OF CIVIL LIBERTIES (AACL)



National Council on Disability

An independent federal agency making recommendations to the President and Congress to enhance the quality of life for all Americans with disabilities and their families.

January 28, 2022

les (984.7 kB)

merican History on Forcible Administration of Psychotropic Drugs - Michael Ayele Habeas Corpus Index.pdf

d5 c:749efe2d46028d78naf24acae5c0b

84.7 kB

Citations ?

How only:

Search for citation ...

Search

Literature (0) Dataset (0) Software (0) Unknown (0) Citations To This Version

10 citations found

30
VIEWES

14
DOWNLOADS

Show more details

versions

version v1
10.5281/zenodo.10064210

Nov 1, 202

Cite all versions? You can cite all versions by using the DOI 10.5281/zenodo.10064209. This DOI represents all versions, and will always resolve to the latest one. Read more.

External resources

Indexed in



Communities

Association for the Advancement of Civil Liberties (AACL)

Keywords and subjects

- # National Council on Disability (NCD) Freedom of Information Act (FOIA) Request Case No.: 2022 – 01
- # National Council on Disability January 20th 2000 Report in Perspective and Context by Michael A. Ayele (a.k.a) W – From Privileges to Rights: People Labeled with Psychiatric Disabilities Speak for Themselves
- # Hartford Courant Investigative Report Between October 11th 1998 and October 15th 1998 in Perspective and Context by Michael A. Ayele (a.k.a) W
- # Michael A. Ayele (a.k.a) W Takes Full Responsibility for His Publication on American History After 1998 on the Forcible Administration of Psychotropic Drugs
- # Department of Health and Human Services (HHS) Definition for What Constitutes "Drug Facilitated Sexual Assault" in Perspective and Context by Michael A. Ayele (a.k.a) W
- # National Council on Disability Statement on January 20th 2000: "The Manner in Which American Society Treats People With Psychiatric Disabilities Constitutes a National Emergency and a National Disgrace."
- # National Council on Disability Statement on January 20th 2000: "The Use of Involuntary Treatments Such as Forced Drugging and Inpatient and Outpatient Commitment Laws Should Be Viewed as Inherently Suspect and as Incompatible With the Principles of Self-Determination."
- # National Council on Disability Statement on January 20th 2000: "Aversive Treatments That Involve the Infliction of Pain or the Restriction of Movement for Purposes of Changing Behavior Should Be Banned."
- # Health Insurance Portability and Accountability Act (HIPAA) # Michael A. Ayele (a.k.a) W Habeas Corpus # Association for the Advancement of Civil Liberties (AACL)
- # Missouri Department of Mental Health (MODMH) Operating Regulation Number 4.140 in Perspective and Context by Michael A. Ayele (a.k.a) W
- # Missouri Department of Mental Health (MODMH) Operating Regulation Number 4.152 in Perspective and Context by Michael A. Ayele (a.k.a) W
- # Missouri Department of Mental Health (MODMH) Fulton State Hospital (FSH) Policy PC.03.01 in Perspective and Context by Michael A. Ayele (a.k.a) W

Details

DOI

DOI 10.5281/zenodo.10064210

Resource type

Journal

Publisher

Zenodo

Languages

English

Rights

License

Copyright Notice for Michael A. Ayele (a.k.a) W Journal Article American History After 1998 on the Forcible Administration of Psychotropic Drugs

Copyrights

This journal article details Michael A. Ayele (a.k.a) W correspondence with National Council on Disability (NCD) about their January 20th 2000 report entitled "From Privileges to Rights: People With So-Called Psychiatric Disabilities Speak For Themselves." This journal article "American History After 1998 on the Forcible Administration of Psychotropic Drugs" is the sole and exclusive intellectual property of Michael A. Ayele (a.k.a) W. This work shall not be used for commercial purposes. This work shall not be reused in any derivative form without the prior written and explicit consent of the copyright owner: Michael A. Ayele (a.k.a) W. This work shall not be altered, transformed, or built upon without the prior written and explicit permission of the copyright owner: Michael A. Ayele (a.k.a) W. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written and explicit permission of the copyright owner: Michael A. Ayele (a.k.a) W. Unauthorized reproduction, distribution, or creation of derivative works, including but not limited to, the use of the content for training artificial intelligence (AI) or machine learning models, or for automated summarization or data scraping, is strictly prohibited without the explicit written permission of the copyright owner: Michael A. Ayele (a.k.a) W. As the copyright owner for the journal article with the Digital Object Identifier (DOI): 10.5281/zenodo/10064210, Michael A. Ayele (a.k.a) W explicitly prohibits, and reserves all rights against, any use of the work, or any part thereof, for the purpose of training, developing, or enhancing AI or machine learning (ML) models, large language model (LLM) systems, or algorithms. This prohibition includes without limitation, any form of automated scraping, crawling, extraction, reproduction, or summarization of the Work for such AI/ML purposes, whether commercial or non-commercial, without a separate, express written license from Michael A. Ayele (a.k.a) W. You may request permission to use this journal article. However, you have got to provide a detailed explanation for how you plan to use this journal article in order to have your request taken seriously by Michael A. Ayele (a.k.a) W. Requests seeking permission to use this journal article for whatever intended purposes are not guaranteed approval. For licensing, broadcasting, or educational use inquiries, you may contact the copyright owner: Michael A. Ayele (a.k.a) W.

Citation

Michael A. Ayele (a.k.a) W. (2023). American History After 1998 on the Forcible Administration of Psychotropic Drugs - #Michael A. Ayele (a.k.a) W Decision to File a Habeas Corpus Complaint After January 10th 2016 - #Health Insurance Portability and Accountability Act (HIPAA). Zenodo. <https://doi.org/10.5281/zenodo.10064210>

Style APA

Export

JSON

Export

Technical metadata

Created November 1, 2023

Modified August 7, 2025

Jump up

Get

Blog

Help

Developers

Contribute

Forums

Get

Blog

FAQ

REST API

GitHub

Get

Docs

OAI-PMH

Donate

SEPTEMBER 2022

SUICIDE PREVENTION MONTH



*Suicide Prevention Day
is September 10th*

IT'S A TIME TO REMEMBER
THOSE AFFECTED BY SUICIDE,
TO RAISE AWARENESS, AND
TO FOCUS EFFORTS ON
DIRECTING SUPPORT TO
THOSE WHO NEED IT MOST.

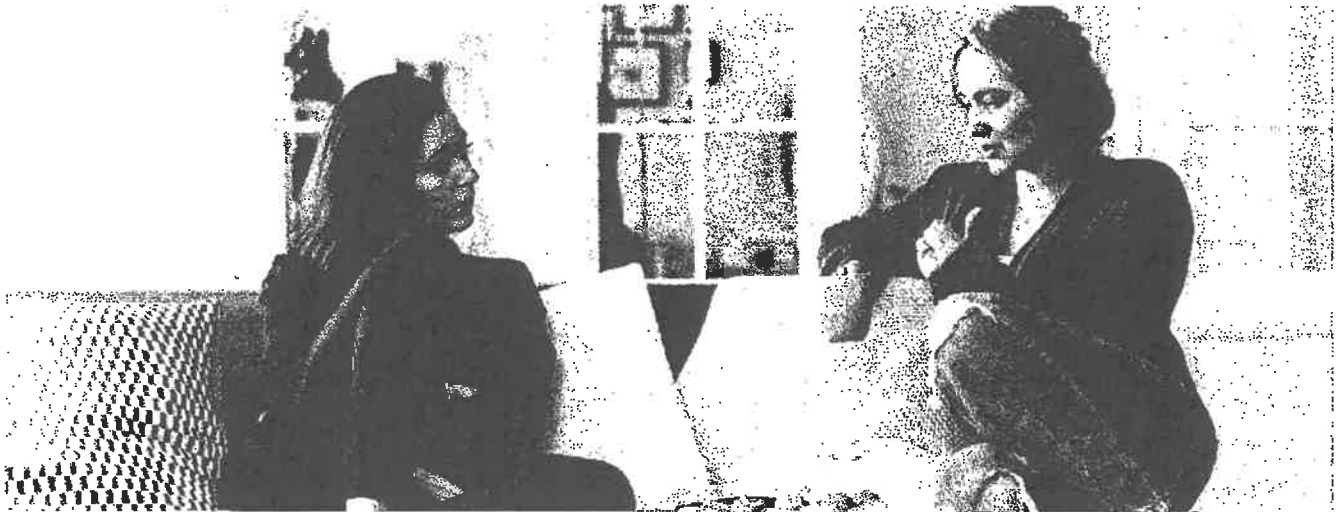
WE CAN ALL HELP PREVENT SUICIDE.

September marks Suicide Prevention Month, an annual observance dedicated to increasing awareness of and action around suicide prevention.

While suicide prevention is important to address year-round, this month provides a dedicated time to come together with collective passion and strength around a difficult topic. We can all benefit from honest conversations about mental health conditions and suicide, because just one conversation can change a life.

Join us by participating in the awareness activities planned for September (see attached calendar).

DEPARTMENT OF MENTAL HEALTH



DON'T BE AFRAID TO ASK THE TOUGH QUESTION.

When someone you know is in emotional pain, ask them directly,

"Are you thinking about killing yourself?"

Research suggests acknowledging suicide may reduce rather than increase suicidal ideation. Asking the question in a direct, unbiased manner communicates that you are open to speaking about suicide in a non-judgmental and supportive way.

Other questions you can ask include, "How can I help?" and "What can we do about this?". Asking these questions can open the door to honest communication to learn what next steps need to be taken.

Often, we don't know the challenges others face on a day-to-day basis. The past year and a half have proven to be an unquestionably challenging time. Make the most of this month by reaching out to those who may be struggling.

*"I'm here to talk, I'm
here to listen, I am
here for you and
with you"*

DEPARTMENT OF MENTAL HEALTH



Michael Ayele <waacl13@gmail.com>

Missouri Sunshine Request --> Dispute Resolution Services Requested

Gordon, Janet <Janet.Gordon@dmh.mo.gov>
To: Michael Ayele <waacl13@gmail.com>

Wed, Jan 31, 2024 at 10:50 PM

W,

This email is in response to your Missouri Open Meetings and Records ("Sunshine Law") request dated January 26, 2024. The Sunshine Law, RSMo § 610.023.3, requires the Department to respond within three business days. This letter serves as the required response. A search of sunshine law requests from January 1, 2020, to the present, shows that you are the only requestor of records pertaining to Catherine Daisy Coleman; thus, all responses were emailed to you. For #7, any records that might exist pertaining to access to any consumer's PHI are confidential and closed in accordance with Section 610.021(14) and 630.140, RSMo.

Sincerely,

Janet Gordon

Records Custodian

Missouri Department of Mental Health

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain confidential and privileged information for the use of the designated recipients named above. The designated recipients are prohibited from redisclosing this information to any other party without authorization and are required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited by federal and state law. If you have received this communication in error, please notify me immediately by telephone at 573-751-4122, and destroy all copies of this communication and any attachments.

From: Michael Ayele <waacl13@gmail.com>
Sent: Friday, January 26, 2024 2:16 AM
To: Gordon, Janet <Janet.Gordon@dmh.mo.gov>

Subject: Missouri Sunshine Request --> Dispute Resolution Services Requested

W (AACL) Date.: January 26th 2024
Michael A. Ayele
P.O.Box 20438
Addis Ababa, Ethiopia
E-mail: waacl13@gmail.com ; waacl1313@gmail.com ; waacl42913@gmail.com

[Missouri Sunshine Request --> Dispute Resolution Services Requested](#)

Hello,

I am writing this letter in response to your correspondence from January 25th 2024, which I've been thinking about. Please be advised that I continue to have several concerns with the way you have gone on to process my Missouri Sunshine request.

As you are aware, California Assembly Bill No.: 2777 also known as California's Sexual Abuse and Cover Up Accountability

Act was enacted into law on September 19th 2022 with the blessing and approval of the California Governor as well as the California Secretary of State.

When enacting into law California Assembly No.: 2777, the California government had decided to recognize that "*a 2016 analysis of 28 studies of nearly 6,000 women and girls 14 years of age or older who had experienced sexual violence found that 60 percent of survivors did not label their experience as 'rape.'*"

Given the above statement made by the California government, I was curious to know if Sunshine request(s) were submitted to the Missouri Department of Mental Health (MODMH) about the sexual assault Catherine Daisy Coleman was victim of on (or around) January 08th 2012 when she was 14 (fourteen) years of age (on January 08th 2012). I was also curious to know if Sunshine request(s) were submitted to the MODMH about the 2016 Netflix documentary entitled "*Audrie and Daisy.*" Furthermore, I was also curious to know if Sunshine request(s) were submitted to the MODMH about the August 04th 2020 suicide of Catherine Daisy Coleman.

For the purpose of bolstering public confidence in the activities, the engagements and the priorities of the MODMH, I hope you will perform a more thorough search for responsive records detailing [1] the Sunshine request(s) submitted to the MODMH about the January 08th 2012 sexual assault of Catherine Daisy Coleman; [2] the response(s) provided by the MODMH to such request(s); [3] the Sunshine request(s) submitted to the MODMH about the 2016 Netflix documentary entitled "*Audrie and Daisy;*" [4] the response(s) provided by the MODMH to such request(s); [5] the Sunshine request(s) submitted to the MODMH about the August 04th 2020 suicide of Catherine Daisy Coleman; [6] the response(s) provided by the MODMH to such request(s); [7] the access granted by Missouri Girls Town to the Missouri Department of Mental Health (MODMH) in terms of reviewing the personal health information (PHI) of one of their current and/or former patients/clients.

I hope you reconsider your response. Be well. Take care. Keep yourselves at arms distance.

Michael A. Ayele (a.k.a) W
Anti-Racist Human Rights Activist
Audio-Visual Media Analyst
Anti-Propaganda Journalist

Assembly Bill No. 2777

CHAPTER 442

An act to amend Section 340.16 of the Code of Civil Procedure, relating to civil actions.

[Approved by Governor September 19, 2022. Filed with Secretary of State September 19, 2022.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2777, Wicks. Sexual assault: statute of limitations.

Existing law sets the time for commencement of any civil action for recovery of damages suffered as a result of sexual assault, as defined, as the later of within 10 years from the date of the last act, attempted act, or assault with the intent to commit an act of sexual assault against the plaintiff or within 3 years from the date the plaintiff discovers or reasonably should have discovered that an injury or illness resulted from those acts. Under existing law, this provision applies to any action that is commenced on or after January 1, 2019.

This bill would, until December 31, 2026, revive claims seeking to recover damages suffered as a result of a sexual assault that occurred on or after January 1, 2009, that would otherwise be barred solely because the statute of limitations has or had expired. The bill would additionally revive claims seeking to recover damages suffered as a result of a sexual assault that occurred on or after the plaintiff's 18th birthday when one or more entities are legally responsible for damages and the entity or their agents engaged in a cover up, as defined, and any related claims, that would otherwise be barred prior to January 1, 2023, solely because the applicable statute of limitations has or had expired, and would authorize a cause of action to proceed if already pending in court on the effective date of the bill or, if not filed by the effective date of the bill, to be commenced between January 1, 2023, and December 31, 2023. The bill would not revive claims that have been litigated to finality before January 1, 2023, and claims that have been compromised by written settlement agreements entered into before January 1, 2023. The bill would specify the required allegations to state a claim subject to revival under these provisions.

The people of the State of California do enact as follows:

SECTION 1. This act shall be known and may be cited as the Sexual Abuse and Cover Up Accountability Act.

Sexual Abuse and Cover Up Accountability Act

SEC. 2. The Legislature finds and declares as follows:

(a) Every 68 seconds, an American is sexually assaulted.

(b) One out of every six American women has been the victim of an attempted or completed rape in their lifetime.

(c) According to the Rape, Abuse and Incest National Network, only about 300 out of every 1,000 sexual assaults are reported to police. That means more than two out of three go unreported.

(d) Thirty-three percent of women who are raped contemplate suicide; 13 percent attempt it.

(e) A 2016 analysis of 28 studies of nearly 6,000 women and girls 14 years of age or older who had experienced sexual violence found that 60 percent of survivors did not label their experience as “rape.”

(f) Women may not define a victimization as a rape or sexual assault for many reasons such as self-blame, embarrassment, not clearly understanding the legal definition of the terms, or not wanting to define someone they know who victimized them as a rapist or because others blame them for their sexual assault.

(g) When the perpetrator is someone a victim trusts, it can take years for the victim even to identify what happened to them as a sexual assault.

(h) For these reasons, it is self-evident that the unique nature of the emotional and psychological consequences of sexual assault, especially on women, can paradoxically permit wrongdoers to escape civil accountability unless statutes of limitation are crafted to prevent this injustice from occurring.

(i) Moreover, when these data are combined with widespread news reports of major companies being accused of covering up sexual assaults by their employees it is self-evident that statutes of limitation for sexual assault need to be crafted in a way that does not cause the covering-up company to enjoy the fruits of their cover-up solely because our statutes of limitation permit, and thus motivate, such behavior.

SEC. 3. Section 340.16 of the Code of Civil Procedure is amended to read:

340.16. (a) In any civil action for recovery of damages suffered as a result of sexual assault, where the assault occurred on or after the plaintiff's 18th birthday, the time for commencement of the action shall be the later of the following:

(1) Within 10 years from the date of the last act, attempted act, or assault with the intent to commit an act, of sexual assault against the plaintiff.

(2) Within three years from the date the plaintiff discovers or reasonably should have discovered that an injury or illness resulted from an act, attempted act, or assault with the intent to commit an act, of sexual assault against the plaintiff.

(b) (1) As used in this section, “sexual assault” means any of the crimes described in Section 243.4, 261, 264.1, 286, 287, or 289, or former Sections

262 and 288a, of the Penal Code, assault with the intent to commit any of those crimes, or an attempt to commit any of those crimes.

(2) For the purpose of this section, it is not necessary that a criminal prosecution or other proceeding have been brought as a result of the sexual assault or, if a criminal prosecution or other proceeding was brought, that the prosecution or proceeding resulted in a conviction or adjudication. This subdivision does not limit the availability of causes of action permitted under subdivision (a), including causes of action against persons or entities other than the alleged person who committed the crime.

(3) This section applies to any action described in subdivision (a) that is based upon conduct that occurred on or after January 1, 2009, and is commenced on or after January 1, 2019, that would have been barred solely because the applicable statute of limitations has or had expired. Such claims are hereby revived and may be commenced until December 31, 2026. This subdivision does not revive any of the following claims:

(A) A claim that has been litigated to finality in a court of competent jurisdiction before January 1, 2023.

(B) A claim that has been compromised by a written settlement agreement between the parties entered into before January 1, 2023.

(c) (1) Notwithstanding any other law, any claim seeking to recover more than two hundred fifty thousand dollars (\$250,000) in damages arising out of a sexual assault or other inappropriate contact, communication, or activity of a sexual nature by a physician occurring at a student health center between January 1, 1988, and January 1, 2017, that would otherwise be barred before January 1, 2020, solely because the applicable statute of limitations has or had expired, is hereby revived and, a cause of action may proceed if already pending in court on October 2, 2019, or, if not filed by that date, may be commenced between January 1, 2020, and December 31, 2020.

(2) This subdivision does not revive any of the following claims:

(A) A claim that has been litigated to finality in a court of competent jurisdiction before January 1, 2020.

(B) A claim that has been compromised by a written settlement agreement between the parties entered into before January 1, 2020.

(C) A claim brought against a public entity.

(3) An attorney representing a claimant seeking to recover under this subdivision shall file a declaration with the court under penalty of perjury stating that the attorney has reviewed the facts of the case and consulted with a mental health practitioner, and that the attorney has concluded on the basis of this review and consultation that it is the attorney's good faith belief that the claim value is more than two hundred fifty thousand dollars (\$250,000). The declaration shall be filed upon filing the complaint, or for those claims already pending, by December 1, 2019.

(d) (1) Notwithstanding any other law, any claim seeking to recover damages arising out of a sexual assault or other inappropriate contact, communication, or activity of a sexual nature by a physician while employed by a medical clinic owned and operated by the University of California,

Los Angeles, or a physician who held active privileges at a hospital owned and operated by the University of California, Los Angeles, at the time that the sexual assault or other inappropriate contact, communication, or activity of a sexual nature occurred, between January 1, 1983, and January 1, 2019, that would otherwise be barred before January 1, 2021, solely because the applicable statute of limitations has or had expired, is hereby revived, and a cause of action may proceed if already pending in court on January 1, 2021, or, if not filed by that date, may be commenced between January 1, 2021, and December 31, 2021.

(2) This subdivision does not revive either of the following claims:

(A) A claim that has been litigated to finality in a court of competent jurisdiction before January 1, 2021.

(B) A claim that has been compromised by a written settlement agreement between the parties entered into before January 1, 2021.

(e) (1) Notwithstanding any other law, any claim seeking to recover damages suffered as a result of a sexual assault that occurred on or after the plaintiff's 18th birthday that would otherwise be barred before January 1, 2023, solely because the applicable statute of limitations has or had expired, is hereby revived, and a cause of action may proceed if already pending in court on January 1, 2023, or, if not filed by that date, may be commenced between January 1, 2023, and December 31, 2023.

(2) This subdivision revives claims brought by a plaintiff who alleges all of the following:

(A) The plaintiff was sexually assaulted.

(B) One or more entities are legally responsible for damages arising out of the sexual assault.

(C) The entity or entities, including, but not limited to, their officers, directors, representatives, employees, or agents, engaged in a cover up or attempted a cover up of a previous instance or allegations of sexual assault by an alleged perpetrator of such abuse.

(3) Failure to allege a cover up as required by subparagraph (C) of paragraph (2) as to one entity does not affect revival of the plaintiff's claim or claims against any other entity.

(4) For purposes of this subdivision:

(A) "Cover up" means a concerted effort to hide evidence relating to a sexual assault that incentivizes individuals to remain silent or prevents information relating to a sexual assault from becoming public or being disclosed to the plaintiff, including, but not limited to, the use of nondisclosure agreements or confidentiality agreements.

(B) "Entity" means a sole proprietorship, partnership, limited liability company, corporation, association, or other legal entity.

(C) "Legally responsible" means that the entity or entities are liable under any theory of liability established by statute or common law, including, but not limited to, negligence, intentional torts, and vicarious liability.

(5) This subdivision revives any related claims, including, but not limited to, wrongful termination and sexual harassment, arising out of the sexual assault that is the basis for a claim pursuant to this subdivision.

(6) This subdivision does not revive either of the following claims:

(A) A claim that has been litigated to finality in a court of competent jurisdiction before January 1, 2023.

(B) A claim that has been compromised by a written settlement agreement between the parties entered into before January 1, 2023.

(7) This subdivision shall not be construed to alter the otherwise applicable burden of proof, as defined in Section 115 of the Evidence Code, that a plaintiff has in a civil action subject to this section.

(8) Nothing in this subdivision precludes a plaintiff from bringing an action for sexual assault pursuant to subdivisions (a) and (b).

SEC. 4. The provisions of this act are severable. If any provision of this act or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

IN THE CIRCUIT COURT OF NODAWAY COUNTY, MISSOURI
ASSOCIATE DIVISION

FILED

STATE OF MISSOURI,)
)
Plaintiff,)
)
vs.)
)
MATTHEW BRADLEY BARNETT)
)
)
)
)
)
)
Defendant.)

JAN 09 2014

CIRCUIT COURT
NODAWAY COUNTY, MO

Case No. WND- CR 00011

MISDEMEANOR INFORMATION

COUNT I

ENDANGERING THE WELFARE OF A CHILD IN THE SECOND DEGREE

Charge Code: 2605099.0

NCIC Code: 3899

The Special Prosecuting Attorney of the County of Nodaway, State of Missouri, upon information and belief, charges that the defendant, in violation of Section 568.050, RSMo, committed the class A misdemeanor of endangering the welfare of a child in the second degree, punishable upon conviction under Sections 558.011 and 560.016, RSMo, in that on or about January 8, 2012, in the County of Nodaway, State of Missouri, the defendant acted with criminal negligence in a manner that created a substantial risk to the life, body and health of D.C., a child less than seventeen years old, by providing D.C. with alcohol until she was substantially intoxicated and impaired, and then leaving D.C. outside of her home in below freezing temperatures when D.C. was incapable of protecting or caring for herself.

Range of punishment for a class A misdemeanor: imprisonment in the county jail for a term not to exceed one year; and/or a fine not to exceed one thousand dollars.

The facts that form the basis for this information and belief are contained in the attached statement of facts, made a part hereof and submitted as a basis upon which this court may find the existence of probable cause.

Wherefore the Special Prosecuting Attorney prays that a summons be issued as provided by law.

Jean Peters Baker

Jean Peters Baker
Special Prosecuting Attorney
County of Nodaway
State of Missouri

WITNESSES:

D.C., a minor child

P.P., a minor child

Melinda Coleman

David S. Glidden, Deputy Sheriff, Nodaway County

Roger Phillips, Missouri State Highway Patrol

ORDER OF PROBATION

State v. Matthew Barnett

Case Number 14ND-CR00011

Disposition guilty plea as charged (4 mo

Probation Term 2 years

**SES)
Supervision**

- Not violate any state or federal criminal law nor any penal ordinance of any county or municipality
- Standard conditions of Northwest Court Services Private Probation Services Probation and Parole St. Joseph Safety Council
- Northland Dependency Services Midwest ADP Court
- Provide proof of enrollment with probation officer to the Court by _____ [(660) 582-2531]
- Notify Court of change of residency within forty-eight (48) hours

FILED

JAN 09 2014

Special Conditions

Checks

- a. Not pass any insufficient funds, closed account or other bad check
- b. Not have a checking account or write any check
- c. Pay restitution on ALL outstanding checks, including service charges through the Court directly to victim/merchant
- d. Pay State bad check fee to Court of _____ (This is NOT the restitution owed to the victim/merchant.)
- e. Complete a check management program by _____ [(660) 582-8804 Maryville; (816) 233-3330 St. Joseph]

**CIRCUIT COURT
MORRIS COUNTY, MO**

Alcohol/Drugs

- f. Not possess or consume any alcoholic beverages _____
- g. Not be in any place of business whose principal occupation is the sale or dispensing of alcoholic beverages _____
- h. Successfully complete SATOP or comparable program by _____
John Sutherland Counseling: 582-1143 (Maryville); 816-233-5343 (St. Joseph); Family Guidance: 582-3139 (Maryville); 816-364-6720 (St. Joseph); St. Joseph Safety Council: 816-233-3330
- i. Successfully complete a substance abuse evaluation/in-patient/out-patient treatment program approved by probation officer by 2-9-14 and follow all aftercare/directives
- j. Not operate a motor vehicle unless lawfully licensed
- k. Not operate any motor vehicle unless equipped with a functioning, certified ignition interlock device
- l. Maintain SCRAM alcohol detection device _____ and abide by all terms and conditions thereof. Provide proof of enrollment in the SCRAM system to probation officer by _____ [(816) 390-3373]
- m. Attend _____ AA/NA meetings per week and provide proof to probation officer
- n. Complete Midwest Victim Impact Program by _____ [(816) 640-5883 or (866) 686-8681]
- o. Comply with all sanctions regarding loss of driver's license/privilege

Public Service Work

- p. Complete _____ hours of public service work and provide written proof to the Court and Probation Officer by _____

Jail

- q. Serve _____ days in jail as shock time at defendant's cost, to be served _____

Costs

- r. Pay all fines, court costs, CVCF, jail costs, restitution and public defender fees by 1-16-2014 \$116.50

- s. Pay all fines, court costs, CVCF, jail costs, restitution and public defender fees through the Court at the rate of _____

commencing on _____ and the _____ day of each month thereafter until satisfied.

- t. REAPPEAR BEFORE THE COURT ON _____ to establish payment plan

Other Special Conditions

- u. Abide by the special conditions of probation as listed in the sentencing advisory report: _____

- v. See attached Special Conditions

- w. _____

- x. _____

- y. All restitution to bear interest of nine percent (9%) per annum from _____ until satisfied.

Defendant _____
1-9-14
Date

IT IS SO ORDERED THIS DATE.
[Signature]
Judge

State of Missouri vs. Matthew Barnett

Case No. 14ND-CR 0001

Attachment to Order of Probation

Special Conditions of Probation – Paragraph v

1. **No Alcohol**
Defendant shall not possess, consume or be present within the immediate proximity of any liquor, alcohol or beer of whatsoever kind or nature. Nor shall the defendant enter into an establishment where the principal nature of business for that establishment is the sale of liquor, alcohol or beer.
2. **No Contact**
Defendant shall also have no direct, indirect, third party or other contact of whatsoever kind or nature with the victim or her immediate family.
3. **Community Service**
Defendant shall perform 100 hours of free work for a public or charitable purpose at the direction of an authorized community agency and shall provide confirmation of the completion of community service from the agency to his/her probation officer/the prosecutor on or before December 31, 2014.
4. **Restitution**
Defendant shall pay restitution to D.C. for counseling services as determined by the Probation Officer with input from the Jackson County Prosecutor's Office in an amount not to exceed \$1,800.00 (and interest on said amount at the rate of 9% per annum), payable at a rate of \$150.00 per month by money order or law firm check payable to "the Jackson County Prosecuting Attorney" on or before the 1st day of the month beginning on February 1, 2014.
5. **Drug Testing**
Defendant shall consent to blood, breath or urine tests as requested by his/her probation officer or any other law enforcement officer and shall consent to the results of those tests being admitted into evidence at court in any proceeding.
6. **Substance Abuse Counseling**
Defendant shall obtain a substance abuse evaluation as directed by the Court or his/her probation officer and follow any and all recommendations made by the counselor. The defendant is further ordered to release any records in the possession of his/her counselor upon request to the Court, the Prosecuting Attorney and his probation officer.
7. **Acknowledgement**
Defendant shall acknowledge wrong-doing to the victim via a verbal apology delivered through the Jackson County Prosecutor or her designee. As part of the plea disposition, defendant will acknowledge wrong-doing prior to the plea. State will advise on the record "acknowledgement of receipt of apology from the defendant to the victim for the conduct he engaged in on January 8, 2012."

So Ordered on: 14ND-CR00011 ST V MATTHEW B BARNETT

1-9-14
Date

[Handwritten Signature]
Judge


I certify that the above is a true copy of the original Judgment and Sentence of the court in the above cause, as it appears on record in my office.

(Seal of Circuit Court)

Issued on:

Date

Clerk

	STATE OF MISSOURI Department of Mental Health CONTRACT AMENDMENT		Issue Date June 22, 2007	Effective Date July 1, 2007	Division CPS
			Contract Description SCL Services		Resp FAC 001
Contract Number CP SER01974406486 4900		State Vendor Number 44064864900	Amendment Description Revised Attachment A Home Type: T and TA		
CONTRACTOR INFORMATION: MISSOURI GIRLS TOWN FOUNDATION INC PO BOX 59 KINGDOM CITY, MO 65262					
<p>The above referenced contract between MISSOURI GIRLS TOWN FOUNDATION INC and the Department of Mental Health is hereby amended as follows:</p> <ol style="list-style-type: none"> Attachment A, Residential Services Definition & Requirements, for Supported Community Living residential home Type T and TA is replaced by the attached. This amendment shall be effective July 1, 2007. All other terms and conditions shall remain unchanged. 					
<p><i>This is an amendment to your awarded contractual agreement. Please sign, date and return to:</i></p>					
BY FAX TO: 573-526-3685		or by mail to:		Department of Mental Health Office of Administration – Contracts Unit PO BOX 687 Jefferson City, MO 65102	
In witness thereof, the parties below hereby execute this agreement.					
Authorized Signature for the Contractor: <i>Kathleen A. Becker</i>			Authorized Signature for the Department of Mental Health: <i>Patty Henry</i>		
PRINTED NAME: <i>KATHLEEN A. BECKER</i>			TITLE: Deputy Director, Administration		
TITLE: <i>Executive Director</i>		DATE: <i>11/16/07</i>	DATE: <i>11/19/07</i>		

Home Type: T and TA

Residential Service Description: CPS Residential Treatment Services (Children)

Section A

This is a time-limited placement resource for children requiring active coordinated and professional intervention in a highly structured environment by virtue of a demonstrated inability to function in any less restrictive setting. Children requiring residential treatment services exhibit a severe mental illness and/or persistent mental disorder as diagnosed according to the DSM-IV. These children may be unable to function consistently in an open, public school setting, may present a chronic runaway risk, and may present a history of showing rage, including physical aggression toward self and others.

Contractors for residential treatment services shall develop programs that address the psychosocial and medical needs of children while moving them into less restrictive levels of care within the contractor's program system. The Contractor shall have the capability of maintaining a secure environment to minimize the potential for elopement and manage potential rage and physical aggression. The secure setting may be achieved through a combination of staffing patterns, architectural design of the facility, electronic monitoring of the facility and its exits, or other means necessary to ensure safety. Contractors shall limit their intake to children who are appropriate for their program and shall provide less restrictive placement venues within their agencies when clinically indicated by improvement in the child's behavior and/or condition. The overall outcome of the services shall be the child's reintegration with a family and/or community.

No child shall enter residential treatment without the DMH Administrative Agent convening a child and family community-based team review, which includes the child's parent(s), to explore community-based options other than residential care. Overall planning for discharge shall begin upon the child's admission to the Contractor's program, with monthly evaluations to determine the current need for residential treatment services. No child will remain in residential treatment beyond six (6) months without the Identified Administrative Agent convening a child and family community-based team review of the child's placement to plan for a transition from residential care to less restrictive placement settings.

The Division is seeking increased opportunities for the involvement of the child's family in the treatment and care of the child while in residential treatment. Provisions of this contract attachment require Contractors to interact with the child's family to facilitate their regular contact with the child, routinely provide the family with information on the child's progress, and to the extent possible, provide family therapy.

Section B

1. The contractor shall specifically identify the site or sites at which services will be provided. If the contractor offers services at more than a single, physical site, the contractor shall provide all contracted services at any and all sites unless otherwise indicated.
2. The contractor shall accept referrals on a statewide basis, unless otherwise indicated by the DMH Regional Supported Living office. Such exceptions will generally be designed to obtain residential treatment for a specific youth.
3. The contractor agrees that referrals and authorizations for Residential Treatment Services shall be received in behalf of, or by, the DMH Administrative Agent, hereinafter called the referring party, who shall have the final authority for:
 - a. Determining if a child should be referred to a specific Contractor;
 - b. Authorizing the placement of a child at a specific Contractor's facility; and
 - c. Determining when the child placement in residential care shall be terminated.

4. The contractor shall provide a written response to the referring party for each child referred for admission. The written response shall be submitted within seven (7) days of the receipt of the referral. The contractor shall provide the referring party, at a minimum, with the following:
 - a. Yes, the child is potentially appropriate for placement, with a recommended time frame for admission; or
 - b. No, the child is not appropriate for admission, with the reason(s) specified; or
 - c. If the contractor believes the child to be appropriate for admission but an opening is not available, the contractor shall confirm the child's addition to the contractor's waiting list and specify when an opening for admission is expected.
5. The contractor shall maintain written intake and admissions policies that shall identify services and programs offered and limit admissions to children for whom the agency's services are appropriate, with consideration being given to a child's physical, psychological and emotional needs, social development, interests, and past educational history.
6. The contractor understands and agrees that consistent denial of admission by the contractor for children referred by the referring party(ies), and assessed to have needs consistent with the treatment offered by the contractor, may result in termination of the contract or reduction in referrals to the contractor.
7. The contractor understands and agrees that consistent requests for emergency removal of children, who have been assessed to have needs consistent with the treatment offered by the contractor and admitted to their program, may result in termination of the contract or reduction in referrals to the contractor.
8. The contractor shall provide the referring party with written confirmation of the child's admission date once said date has been established. A contractor affording services at more than a single, physical site shall specify, with the confirmation, the site of the child's placement to include the name of the building and address. (A contiguous "campus" or "ranch" shall be considered a single, physical site.)
9. The contractor shall be responsible for ensuring compliance with Missouri statutes pertaining to children's education and shall not admit a child unless an educational program appropriate to the child's needs can be obtained.
10. The Contractor shall interact with the child's family and involve them in the child's placement and program activities while the child is in residential placement, unless directed otherwise by the referring party. The Contractor shall:
 - a. Facilitate scheduled weekly telephone or mail contact between the child and family;
 - b. Update the parents about the child's progress on an ongoing basis and provide them with copies of the evaluation reports;
 - c. Facilitate frequent family meetings, visits, other experiences at the residential agency or in family home on evenings and weekends, according to the written treatment plan;
 - d. Maintain contact with parents around non-problem issues and invite them to attend functions regarding their child, such as treatment team meetings, and teacher/parent conferences at schools;
 - e. Provide parents with consultation on crisis management, conflict resolution, administration of corrective and disciplinary actions, in-home treatment regimen, and refer parents to parent support/education groups; and
 - f. Assist and maintain the child's relationship with the child's extended family members, based upon consultation with the child's parents and referring party.
11. Whenever possible, the contractor shall, prior to admission, arrange for one (1) or more pre-placement visits by the child, the child's parent(s), and referring party.
12. The contractor shall, following consultation with the Division and agreement by both parties, administer specific instruments or produce specific information to document youth behavior and functioning, and the effectiveness of the contractor's program.
13. The contractor shall complete a written admission assessment before a child is accepted for care, or within five (5) days of the admission. (Sources of the admission assessment information may include the referring party, child, and his/her parents.) The admission assessment for each child shall identify child and family strengths, indicate that the placement meets the child's needs and best interests, and include specific information on:
 - a. The circumstances which led to the child's referral;
 - b. The immediate and long-range goals of placement;

- c. The child's family and his/her relationship with the parents, siblings, and extended family members;
 - d. The child's relationships with other adults and children;
 - e. The child's behavior, including appropriate and maladaptive behavior;
 - f. The child's medical history, including any current medical problems;
 - g. The child's developmental history and current level of functioning;
 - h. The child's school history including current educational level, special achievements, and any school problems;
 - i. The history of any other placements outside the home, including the reasons for placement;
 - j. An evaluation of the child's special needs and strengths in the following areas: physical, familial, educational, social, and psychological;
 - k. The parent's or legal guardian's expectations for placement, family involvement, and the duration of the child's stay in care; and
 - l. The child's understanding of the placement.
14. The contractor shall, at or before admission, provide the child with information about the residential agency and include information on:
- a. Rules regarding visits, mail, gifts, and telephone calls;
 - b. Discipline policies;
 - c. Policies regarding religious training; and
 - d. Rules regarding recreational activities.
15. The contractor shall develop a written master treatment plan that is documented in the child's record within fifteen (15) days of admission for each child admitted. The plan must be based on the admission assessment, observations of the child's adjustment into care, consultation with the parent(s), referring party, professional staff, and other staff who have significant contact with the child. The written master treatment plan shall identify and include:
- a. The child's needs in addition to basic needs for food, shelter, clothing, routine care, and supervision;
 - b. Specific strategies and their frequencies to meet the child's needs, including instructions to staff;
 - c. Specific strategies and frequencies for family involvement, including a defined plan for visitation and engaging the family in services for the child;
 - d. Specific strategies to meet the recreational and developmental needs of the child;
 - e. The estimated length of stay;
 - f. Behaviorally-specific and time-limited goals and preliminary plans for discharge, including plans for reintegration into the family and community; and
 - g. The date and signature of the treatment team and a signed and dated attendance sheet of all other participants.
16. The contractor shall provide a copy or summary of the treatment plan to the child, the child's parent(s), legal custodian, and referring party. If the plan is not shared with the child, the child's record must reflect justification for this decision.
17. In addition to other provisions of this contract, the contractor's program services shall include, but shall not necessarily be limited to, the following:
- 17.1. Physical Maintenance Services: The contractor shall ensure that each child receives food, clothing, personal incidentals, school supplies, and transportation which are directly related to the contractor's provision of services.
 - 17.2. Case Management: The contractor shall provide those activities, specified in the written treatment plan, which are aimed at linking the child to necessary medical, mental health, educational, vocational, social

and support services -- coordinated between the Contractor and referring party -- enabling the child to progress toward an appropriate, yet least restrictive placement.

- 17.3. Continuum of Structured Child Care Services: The contractor shall acknowledge and enhance the professional role of child care personnel and adhere to child-personnel ratios specified in licensing requirements, dependent on the immediate needs of the child and dictated by the child's treatment plan.
- 17.4. Psychiatric Services: The contractor shall provide for the supervision and review of the child's individual treatment and any medications by a psychiatrist. The psychiatrist's face-to-face contact with the child shall be at least thirty (30) minutes in length, and at a minimum, once per month, or more frequently if indicated by the written treatment plan.
- a. Personnel providing psychiatric supervision, review, and/or treatment services must possess a valid license to practice medicine in the state of Missouri and must have completed a medical residency in psychiatry.
- 17.5. Clinical Services: The contractor shall provide at least four (4) hours per week of clinical services to each child, of which no more than two (2) hours per week shall consist of group therapy. Clinical services provided by the contractor shall address the issues included within the written treatment plan. Clinical services are defined as planned psychosocial interventions that will lead to increased individual and family self-sufficiency and empowerment, and will support the child's transition from the placement into the(a) family or community. Clinical services shall be offered to the child's family and shall begin at placement. The family's participation or reasons for non-participation shall be documented in the child's record. Clinical services shall include, but are not limited to: individual, family, or group therapy provided in conjunction with other expressive, experiential, and adjunct activities.
- a. Individual Therapy: Individual Therapy must consist of a goal oriented process in which the child interacts on a face-to-face basis with the contractor's personnel, in accordance with the written treatment plan, to resolve problematic behaviors and reduce barriers to effective functioning.
 - b. Family Therapy: Family Therapy shall consist of face-to-face counseling and/or education for two or more members of the child's available family designed to address family needs and resolve the family's difficulties as they relate to the child's condition.
 - c. Group Therapy: Group Therapy must consist of a group oriented process delivered to groups of more than one but not more than twelve (12) children. This service shall be directly related to the attainment of objectives as defined/specified in the written treatment plan.
 - d. Staff Qualifications: Subject to section 36 of this Scope of Work, personnel providing Individual, Group, or Family Therapy shall possess at least:
 - 1) A master's degree in social work, psychology, counseling, or other closely related clinical field from an accredited college; or
 - 2) A bachelor's degree in social work, psychology, counseling, or closely related clinical field from an accredited college, if he/she is under the direct supervision of a person with a master's degree in social work, psychology, recreation and expressive therapies, counseling, or closely related clinical field.
- 17.6. Continuum of Educational Services: The contractor shall ensure school attendance, or appropriate alternative educational programming by virtue of offering, or through the capability of providing, on-grounds schooling or supplemental assistance to the local public school. Children shall not be admitted to the contractor's program unless an educational program appropriate to the child's needs can be obtained. The Contractor shall acknowledge Public Law 94-142, the overall responsibility of the local school district and the Department of Elementary and Secondary Education (DESE), and the individual needs of the child as dictated by the written treatment plan.
- a. Personnel providing classroom education must possess a valid certificate to teach, issued by the State of Missouri, and be supervised by personnel holding valid certification appropriate to the age range and special education needs of the child (i.e. Behaviorally Disordered K-12, or Learning Disability K-12, etc.).
- 17.7. Transportation: The contractor shall provide transportation as indicated by the individual needs of the child, for example, but not limited to: medical and dental appointments; educational or training programs;

counseling and family therapy; in-home visitation when the parents lack transportation; and transportation resulting from emergency or unplanned discharges.

17.8 **Health Care Services:** The contractor's health care program shall include admission examinations, subsequent examinations, nursing care, first-aid procedures, dispensing of medicine, basic remedial treatment, and the training and implementation of the use of the Universal Health Care Precautions and the other basic principles of communicable disease prevention. The agency shall make provisions for the services of a licensed physician to be responsible for medical care, including on-site and office visits.

- a. The contractor, at admission, shall obtain written authorization for each child from the parent(s), guardian or legal custodian for emergency medical care, necessary immunizations, and care.
- b. The contractor shall ensure that a complete physical examination by a licensed physician, or certified nurse practitioner, or a registered nurse who is under the supervision of a licensed physician shall be given to each child within thirty (30) days prior to admission, or within two (2) weeks after admission. The findings of the examination shall be recorded in the child's record. Children shall receive medical examinations on at least an annual basis thereafter, or in accordance to the periodicity of the Missouri Medicaid Healthy Children and Youth Schedule for Physical and Developmental Examinations.
 - 1) If a child shows overt signs of highly infectious disease or other evidence of ill health, the Contractor shall make arrangements for an immediate examination by a licensed physician.
- c. The contractor shall ensure that any child who has not received primary immunizations prior to admission shall be immunized according to the Department of Health's current guidelines and that a current immunization history shall be maintained for each child. Booster shots shall be administered to children as needed and at time intervals recommended by the agency physician or by the Department of Health's current guidelines.
- d. The contractor shall ensure that each child receives an annual eye examination, or as needed, and corrective treatment shall be provided as prescribed.
- e. The contractor shall ensure that each child receives a dental examination within three (3) months of admission, or within one year from their previous examination, with an annual dental examination thereafter. An immediate dental examination is required if a child experiences dental pain or disease.
- f. Upon discharge, a copy or summary of the child's health and dental records shall be provided to the child's parent(s), guardian or legal custodian.

17.9 **Recreation Services:** The contractor shall involve children in a variety of age and developmentally appropriate on-site and community activities individually, and in groups, which meet the range of needs specified in their service plan.


- a. The contractor shall schedule for a recreational program of both general and physically challenging activities which promote health and physical development in accordance with the individual interests, ages, and needs of the children. This program shall include procedures by which a child's involvement and progress shall be regularly reported.
- b. The contractor shall provide indoor and outdoor recreational facilities for quiet and active play.
- c. The contractor shall ensure that each child will have some time to be alone if s/he wishes and places where the child reasonably will be undisturbed, while under the overall supervision of staff.
- d. The contractor's recreational and leisure-time activities shall be included as a planned part of family interventions, provided these activities do not interfere with the safety or security of the child, family, or facility.

18. The contractor shall evaluate the progress of a child and his/her family at least every thirty (30) days and the written treatment plan shall be modified when appropriate. The child's parent(s) and referring party shall be invited to the evaluation meeting. Evaluations shall be made by professional staff, including the psychiatrist, in consultation with other staff who have significant contact with the child, the parent(s), and the referring party. The evaluation of the written master treatment plan must include:

- a. The number of hours and type of clinical services provided to the child since the initial admission assessment or previous evaluation/review of the master treatment plan;
- b. An evaluation of progress toward meeting the child's needs;

- c. An evaluation of progress toward family reunification;
 - d. Any needs identified since the plan was developed or last reviewed and strategies to meet the needs, including instructions to staff;
 - e. An update of the estimated length of stay and discharge plans, if changed;
 - f. The date and signature of the treatment team coordinator and a signed and dated attendance sheet of all others, including the psychiatrist and parent(s), who participated in the review which is documented in the child's record.
19. The contractor shall provide reports of the written master treatment plan evaluations in summarized form to the child, parent(s), legal custodian, and referring party document that each was sent a copy within the child's record.
 20. The contractor, upon written notice to the referring party, shall have the right to discontinue treatment if the child has achieved the objective of his or her treatment plan or if the needs of the child can no longer be met by the contractor. The contractor shall provide a written explanation specifying why the child's needs cannot be met within the contractor's program.
 21. Except in emergency discharge situations (see paragraph 28 below), the contractor shall give at least thirty (30) days written notice to the parent(s), legal custodian, and referring party, before discharging a child from care. The written notice relating to this planned discharge shall include an evaluation progress report with an aftercare plan.
 22. The contractor shall involve the child, the child's parent(s), legal custodian, contractor's staff, and referring party, in the planning of a non-emergency discharge. The contractor and the referring party shall jointly participate in determining when a child's treatment shall be terminated by the contractor. In the event of any disagreement, the referring party shall have final authority regarding the termination of the treatment authorization, unless otherwise directed by the Area Director for Children and Youth Services.
 23. The contractor shall complete a written discharge summary within seven (7) days of discharge when a child in care is discharged by plan. When a child is discharged on an emergency or unplanned basis, the written discharge summary shall be completed within three (3) working days of discharge. This discharge summary shall be included in the child's case record with copies distributed to the child's parent(s), legal custodian, and referring party. The written discharge summary shall include:
 - a. The name, address, telephone number, and relationship of the person(s) or agency to whom the child is discharged;
 - b. A summary of services provided during care;
 - c. A summary of growth and accomplishments during care;
 - d. Reason for discharge, including copies of any incident reports that led to an emergency or unplanned discharge; and
 - e. An identified aftercare plan which shall include cooperative efforts with the parent(s) or legal guardian, and referring party, to support the child's transition from residential placement into the family or community.
 24. The Division may not initiate the final payment to the contractor until receipt of the written discharge summary by the parties specified in paragraph 23.
 25. The Division may withhold payment for services for a child should the contractor fail to submit the required copies of the written treatment plan and updates, evaluation reports, and discharge summary, and at the prescribed intervals of these reports.
 26. The contractor shall inform the referring party and child's parent(s), in advance and in writing, of any planned move of an authorized child from the site of original placement to a subsequent site operated by the contractor. Said notice shall specify the reason for the move and shall specifically identify the new placement location, including building name and address.
 27. The contractor shall not place an authorized child outside of the contractor's facility without the prior approval of the referring party and legal custodian. In the event of an emergency discharge, the provisions of paragraph 28 shall apply.

28. The contractor may discontinue treatment without prior written notification in the event of an "emergency." For this purpose an "emergency" shall be when a child continues to present behaviors which physically endanger him or herself and/or others. If a child is to be removed from the contractor's facility under such "emergency" or unplanned circumstances, the contractor shall immediately notify the referring party, child's parent(s) and legal custodian of the reasons for the emergency discharge. Notification shall be made immediately by phone with immediate follow-up by fax describing the circumstances surrounding the emergency, unplanned discharge, the child's current location, condition, and the contractor's plan regarding the child's return to the contractor's facility or recommendation for other placement resources.
 - 28.1 In the event of an unplanned "emergency" discharge, the contractor shall be responsible for transporting the child from his/her agency, if requested by the referring party, to the location identified by the referring party.
 - 28.2 Except in medical emergencies, the contractor shall place no child in a psychiatric hospital without notifying the referring party, child's parents and child's legal custodian.
29. The contractor shall notify the referring party and the Regional Supported Community Living Office in writing, thirty (30) days in advance, of any program or personnel changes which will directly affect service delivery under the terms of the contract.
30. The contractor shall utilize any and all private or public funds received with regard to services provided under this contract, to reduce the contracted price charged to the Department. Such receipts shall be deducted from the amount billed for the child in the month in which such funds are received.
 - 30.1 Reimbursements received from Missouri Medicaid do not have to be used to reduce the cost of care to the Department.
31. The contractor, in planning for and delivering treatment services, shall make provision for the treatment needs of all ethnic groups.
32. The contractor shall report to the Child Abuse/Neglect Hotline (1-800-392-3738) any suspected instances of child abuse or neglect pursuant to state law (Section 210.115 RSMo.). Failure to comply with this paragraph and Department of Mental Health Licensing Rules may be cause for suspension or immediate termination of the contract.
33. The contractor shall immediately report all serious incidents involving a Department client to the child's parent(s), legal custodian, and referring party. Such report shall be made by phone with immediate follow-up by fax. The contractor's own form may be used. Serious incidents include, but are not limited to: elopement, serious injury, death, homicide, suicide, abuse/neglect, harm or threat of harm to self or others, rape and sexual assault.
34. The contractor agrees that the Department shall have the right to conduct performance and/or financial audits of the contractor's program operated under this contract.
35. The contractor does hereby agree at all times hereafter to indemnify and save harmless the Department against any and all liability, loss, damages, costs, or expenses which the contractor may hereinafter sustain, incur, or be required to pay by reason of any property loss or damage sustained and suffered because of the intentional or negligent acts of the child(ren) placed into the contractor's facility.
36. In the event the contractor, or personnel employed by the contractor, is engaged in a profession or practice which is regulated by the laws of the State of Missouri, or any other state in which the contractor's business is located; the contractor, or personnel employed by the contractor, shall possess and maintain any license or certification required by such laws while performing services under the contract.
37. The referring party shall authorize residential treatment services for the first six months within the Contractor's system at a rate not exceeding \$113.77 per day.
38. In the event a placement exceeds six months, the referring party reserves the right to negotiate a longer-term placement at a lower cost within the Contractor's system.

	STATE OF MISSOURI Department of Mental Health CONTRACT AMENDMENT	Issue Date August 10, 2007	Effective Date July 1, 2007	Division CPS
		Contract Description SUPPORTED COMMUNITY LIVING (SCL) SERVICES		
Contract Number CPBER019744064084900	State Vendor Number 44084864900	Amendment Description Notice of Provider Rate Increase		

CONTRACTOR INFORMATION:

MISSOURI GIRLS TOWN FOUNDATION INC
 PO BOX 59
 KINGDOM CITY, MO 65262

The above referenced contract between MISSOURI GIRLS TOWN FOUNDATION INC and the Department of Mental Health is hereby amended as follows:

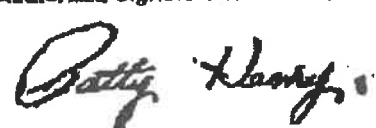

- In accordance with the provider rate increase appropriated by the Missouri General Assembly, the contract rates are replaced by the rates listed below:

<u>SITE IDENTIFIER</u>	<u>HOME TYPE</u>	<u>DESCRIPTION</u>	<u>RATE</u>
MISSOURI GIRLS TOWN FOUNDATION INC	T	CPS RESIDENTIAL TREATMENT SERVICES (CHILDREN)	\$ 136.20

- This amendment shall be effective July 1, 2007. All other terms and conditions shall remain unchanged.

This is an amendment to your awarded contractual agreement. Please print a copy for your files.

In witness thereof, the parties below hereby execute this agreement.

Authorized Signature for the Contractor: <i>The signature of the contractor is not required on this document.</i>		Authorized Signature for the Department of Mental Health: 	
PRINTED NAME: 		TITLE: Deputy Director, Administration	
TITLE: Executive Director	DATE: 9/11/07	DATE: August 10, 2007	

Home Type: T

Residential Service Description: CPS Residential Treatment Services (Children)

Section A

This is a time-limited placement resource for children requiring active coordinated and professional intervention in a highly structured environment by virtue of a demonstrated inability to function in any less restrictive setting. Children requiring residential treatment services exhibit a severe mental illness and/or persistent mental disorder as diagnosed according to the DSM-IV. These children may be unable to function consistently in an open, public school setting, may present a chronic runaway risk, and may present a history of showing rage, including physical aggression toward self and others.

Contractors for residential treatment services shall develop programs that address the psychosocial and medical needs of children while moving them into less restrictive levels of care within the contractor's program system. The Contractor shall have the capability of maintaining a secure environment to minimize the potential for elopement and manage potential rage and physical aggression. The secure setting may be achieved through a combination of staffing patterns, architectural design of the facility, electronic monitoring of the facility and its exits, or other means necessary to ensure safety. Contractors shall limit their intake to children who are appropriate for their program and shall provide less restrictive placement venues within their agencies when clinically indicated by improvement in the child's behavior and/or condition. The overall outcome of the services shall be the child's reintegration with a family and/or community.

No child shall enter residential treatment without the DMH Administrative Agent convening a child and family community-based team review, which includes the child's parent(s), to explore community-based options other than residential care. Overall planning for discharge shall begin upon the child's admission to the Contractor's program, with monthly evaluations to determine the current need for residential treatment services. No child will remain in residential treatment beyond six (6) months without the identified Administrative Agent convening a child and family community-based team review of the child's placement to plan for a transition from residential care to less restrictive placement settings.

The Division is seeking increased opportunities for the involvement of the child's family in the treatment and care of the child while in residential treatment. Provisions of this contract attachment require Contractors to interact with the child's family to facilitate their regular contact with the child, routinely provide the family with information on the child's progress, and to the extent possible, provide family therapy.

Section B

1. The contractor shall specifically identify the site or sites at which services will be provided. If the contractor offers services at more than a single, physical site, the contractor shall provide all contracted services at any and all sites unless otherwise indicated.
2. The contractor shall accept referrals on a statewide basis, unless otherwise indicated by the DMH Regional Supported Living office. Such exceptions will generally be designed to obtain residential treatment for a specific youth.
3. The contractor agrees that referrals and authorizations for Residential Treatment Services shall be received in behalf of, or by, the DMH Administrative Agent, hereinafter called the referring party, who shall have the final authority for:
 - a. Determining if a child should be referred to a specific Contractor;
 - b. Authorizing the placement of a child at a specific Contractor's facility; and
 - c. Determining when the child placement in residential care shall be terminated.
4. The contractor shall provide a written response to the referring party for each child referred for admission. The written response shall be submitted within seven (7) days of the receipt of the referral. The contractor shall provide the referring party, at a minimum, with the following:
 - a. Yes, the child is potentially appropriate for placement, with a recommended time frame for admission; or
 - b. No, the child is not appropriate for admission, with the reason(s) specified; or

- c. If the contractor believes the child to be appropriate for admission but an opening is not available, the contractor shall confirm the child's addition to the contractor's waiting list and specify when an opening for admission is expected.
5. The contractor shall maintain written intake and admissions policies that shall identify services and programs offered and limit admissions to children for whom the agency's services are appropriate, with consideration being given to a child's physical, psychological and emotional needs, social development, interests, and past educational history.
6. The contractor understands and agrees that consistent denial of admission by the contractor for children referred by the referring party(ies), and assessed to have needs consistent with the treatment offered by the contractor, may result in termination of the contract or reduction in referrals to the contractor.
7. The contractor understands and agrees that consistent requests for emergency removal of children, who have been assessed to have needs consistent with the treatment offered by the contractor and admitted to their program, may result in termination of the contract or reduction in referrals to the contractor.
8. The contractor shall provide the referring party with written confirmation of the child's admission date once said date has been established. A contractor affording services at more than a single, physical site shall specify, with the confirmation, the site of the child's placement to include the name of the building and address. (A contiguous "campus" or "ranch" shall be considered a single, physical site.)
9. The contractor shall be responsible for ensuring compliance with Missouri statutes pertaining to children's education and shall not admit a child unless an educational program appropriate to the child's needs can be obtained.
10. The Contractor shall interact with the child's family and involve them in the child's placement and program activities while the child is in residential placement, unless directed otherwise by the referring party. The Contractor shall:
 - a. Facilitate scheduled weekly telephone or mail contact between the child and family;
 - b. Update the parents about the child's progress on an ongoing basis and provide them with copies of the evaluation reports;
 - c. Facilitate frequent family meetings, visits, other experiences at the residential agency or in family home on evenings and weekends, according to the written treatment plan;
 - d. Maintain contact with parents around non-problem issues and invite them to attend functions regarding their child, such as treatment team meetings, and teacher/parent conferences at schools;
 - e. Provide parents with consultation on crisis management, conflict resolution, administration of corrective and disciplinary actions, in-home treatment regimen, and refer parents to parent support/education groups; and
 - f. Assist and maintain the child's relationship with the child's extended family members, based upon consultation with the child's parents and referring party.
11. Whenever possible, the contractor shall, prior to admission, arrange for one (1) or more pre-placement visits by the child, the child's parent(s), and referring party.
12. The contractor shall, following consultation with the Division and agreement by both parties, administer specific instruments or produce specific information to document youth behavior and functioning, and the effectiveness of the contractor's program.
13. The contractor shall complete a written admission assessment before a child is accepted for care, or within five (5) days of the admission. (Sources of the admission assessment information may include the referring party, child, and his/her parents.) The admission assessment for each child shall identify child and family strengths, indicate that the placement meets the child's needs and best interests, and include specific information on:
 - a. The circumstances which led to the child's referral;
 - b. The immediate and long-range goals of placement;
 - c. The child's family and his/her relationship with the parents, siblings, and extended family members;
 - d. The child's relationships with other adults and children;
 - e. The child's behavior, including appropriate and maladaptive behavior;
 - f. The child's medical history, including any current medical problems;
 - g. The child's developmental history and current level of functioning;

- h. The child's school history including current educational level, special achievements, and any school problems;
 - i. The history of any other placements outside the home, including the reasons for placement;
 - j. An evaluation of the child's special needs and strengths in the following areas: physical, familial, educational, social, and psychological;
 - k. The parent's or legal guardian's expectations for placement, family involvement, and the duration of the child's stay in care; and
 - l. The child's understanding of the placement.
14. The contractor shall, at or before admission, provide the child with information about the residential agency and include information on:
- a. Rules regarding visits, mail, gifts, and telephone calls;
 - b. Discipline policies;
 - c. Policies regarding religious training; and
 - d. Rules regarding recreational activities.
15. The contractor shall develop a written master treatment plan that is documented in the child's record within fifteen (15) days of admission for each child admitted. The plan must be based on the admission assessment, observations of the child's adjustment into care, consultation with the parent(s), referring party, professional staff, and other staff who have significant contact with the child. (Where applicable the Family Support Team) The written master treatment plan shall identify and include:
- a. The child's needs in addition to basic needs for food, shelter, clothing, routine care, and supervision;
 - b. Specific strategies and their frequencies to meet the child's needs, including instructions to staff;
 - c. Specific strategies and frequencies for family involvement, including a defined plan for visitation and engaging the family in services for the child;
 - d. Specific strategies to meet the recreational and developmental needs of the child;
 - e. The estimated length of stay;
 - f. Behaviorally-specific and time-limited goals and preliminary plans for discharge, including plans for reintegration into the family and community; and
 - g. The date and signature of the treatment team and a signed and dated attendance sheet of all other participants.
16. The contractor shall provide a copy or summary of the treatment plan to the child, the child's parent(s), legal custodian, and referring party. If the plan is not shared with the child, the child's record must reflect justification for this decision.
17. In addition to other provisions of this contract, the contractor's program services shall include, but shall not necessarily be limited to, the following:
- 17.1. Physical Maintenance Services: The contractor shall ensure that each child receives food, clothing, personal incidentals, school supplies, and transportation which are directly related to the contractor's provision of services.
 - 17.2. Case Management: The contractor shall provide those activities, specified in the written treatment plan, which are aimed at linking the child to necessary medical, mental health, educational, vocational, social and support services -- coordinated between the Contractor and referring party -- enabling the child to progress toward an appropriate, yet least restrictive placement.
 - 17.3. Continuum of Structured Child Care Services: The contractor shall acknowledge and enhance the professional role of child care personnel and adhere to child-personnel ratios specified in licensing requirements, dependent on the immediate needs of the child and dictated by the child's treatment plan.
 - 17.4. Psychiatric Services: The contractor shall provide for the supervision and review of the child's individual treatment and any medications by a nurse practitioner, pediatrician, or psychiatrist upon admission. If utilization of a nurse practitioner or pediatrician, the psychiatrist shall have a face-to-face with the child at least 10 days of admission; 30 days prior to discharge; within 7 days following a psychiatric hospitalization or psychiatric-related ER visit; otherwise a paper review will be required quarterly. The psychiatrist, nurse practitioner, or pediatrician shall have face-to-face contact with the child as indicated by the treatment team developed treatment plan. When psychotropic medications are involved in the treatment of a youth,

the psychiatrist, nurse practitioner, or pediatrician shall be included in the development of the treatment plan. A treatment plan developed and driven by the parent/guardian, youth, and the family support team (to include the referring agency) shall be the guide to service delivery.

- 17.4.1 Personnel providing psychiatric supervision, review, and/or treatment services must:
- a. possess a valid license to practice medicine in the state of Missouri and must have completed a medical residency in psychiatry; or
 - b. be a Nurse Practitioner licensed to practice in the state of Missouri and under the supervision of a Missouri licensed child psychiatrist; or
 - c. be a Pediatrician working in consultation with a child psychiatrist licensed to practice in the state of Missouri. Documentation of the consulting child psychiatrist shall be available for review.
- 17.5 **Clinical Services:** The contractor shall provide clinical services weekly as determined by the individualized strength-based treatment plan. Specific objectives and goals shall be stated on the individualized treatment plan which shall be monitored quarterly. Where indicated, Evidenced Based Practices (EBP) or Best Practice/Promising Practices shall be utilized in the provision of weekly clinical services. Clinical services are defined as planned psychosocial interventions that will lead to increased individual and family self-sufficiency and empowerment, and will support the child's transition from the placement into the family or community. Clinical services shall be offered to the child's family and shall begin at placement. The family's participation or reasons for non-participation shall be documented in the child's record and reported to the placing Administrative Agent designated Case Manager. Clinical services shall include, but are not limited to: individual, family, or group therapy provided in conjunction with other expressive, experiential, and adjunct activities. (Possible EBP, Best Practice, Promising Practice): Multi-Systemic Therapy, Family Psycho-Educational Therapy, Functional Family Therapy, Dialectical Behavior Therapy, Cognitive Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy, Assertive Training, Problem Solving Skills, i.e.) Training documentation must be available in personnel record when applying EBP or other stated therapies.
- 17.5.1 Subject to section 36, personnel providing Individual, Group, or Family Therapy shall possess at least a master's degree in social work, psychology, or counseling from an accredited college, and preferably be licensed.
- 17.5.2 Psycho-educational, recreational, socio-educational groups may be provided by an individual with:
- a. a Master's degree in social work, psychology, or counseling from an accredited college, or
 - b. a bachelor's degree in social work, psychology, counseling, or closely related clinical field from an accredited college, under the direct supervision of a person with a master's degree. This individual may not provide psychotherapy, family psychotherapy or group psychotherapy.
- 17.5.3 **Individual Therapy:** Individual Therapy must consist of a goal oriented process in which the child interacts on a face-to-face basis with the contractor's personnel, in accordance with the written treatment plan, to resolve problematic behaviors and reduce barriers to effective functioning.
- 17.5.4 **Family Therapy:** Family Therapy shall consist of face-to-face counseling and/or education for two or more members of the child's available family designed to address family needs and resolve the family's difficulties as they relate to the child's condition.
- 17.5.5 **Group Therapy:** Group Therapy must consist of a group oriented process delivered to groups of more than one but not more than twelve (12) children. This service shall be directly related to the attainment of objectives as defined/specified in the written treatment plan.
- 17.6. **Continuum of Educational Services:** The contractor shall ensure school attendance, or appropriate alternative educational programming by virtue of offering, or through the capability of providing, on-grounds schooling or supplemental assistance to the local public school. Children shall not be admitted to the contractor's program unless an educational program appropriate to the child's needs can be obtained. The Contractor shall acknowledge Public Law 94-142, the overall responsibility of the local school district

and the Department of Elementary and Secondary Education (DESE), and the individual needs of the child as dictated by the written treatment plan.

- a. Personnel providing classroom education must possess a valid certificate to teach, issued by the State of Missouri, and be supervised by personnel holding valid certification appropriate to the age range and special education needs of the child (i.e. Behaviorally Disordered K-12, or Learning Disability K-12, etc.).

17.7 **Transportation:** The contractor shall provide transportation as indicated by the individual needs of the child, for example, but not limited to: medical and dental appointments; educational or training programs; counseling and family therapy; in-home visitation when the parents lack transportation; and transportation resulting from emergency or unplanned discharges.

17.8 **Health Care Services:** The contractor's health care program shall include admission examinations, subsequent examinations, nursing care, first-aid procedures, dispensing of medicine, basic remedial treatment, and the training and implementation of the use of the Standard Precautions and the other basic principles of communicable disease prevention. The agency shall make provisions for the services of a licensed physician to be responsible for medical care, including on-site and office visits.

- a. The contractor, at admission, shall obtain written authorization for each child from the parent(s), guardian or legal custodian for emergency medical care, necessary immunizations, and care.
- b. The contractor shall ensure that a complete physical examination by a licensed physician, or certified nurse practitioner, or a registered nurse who is under the supervision of a licensed physician shall be given to each child within thirty (30) days prior to admission, or within two (2) weeks after admission. The findings of the examination shall be recorded in the child's record. Children shall receive medical examinations on at least an annual basis thereafter, or in accordance to the periodicity of the Missouri Medicaid Healthy Children and Youth Schedule for Physical and Developmental Examinations.
 - 1) If a child shows overt signs of highly infectious disease or other evidence of ill health, the Contractor shall make arrangements for an immediate examination by a licensed physician or nurse practitioner.
- c. The contractor shall ensure that any child who has not received primary immunizations prior to admission shall be immunized according to the Department of Health's current guidelines and that a current immunization history shall be maintained for each child. Booster shots shall be administered to children as needed and at time intervals recommended by the agency physician or by the Department of Health's current guidelines.
- d. The contractor shall ensure that each child receives an annual eye examination, or as needed, and corrective treatment shall be provided as prescribed.
- e. The contractor shall ensure that each child receives a dental examination within three (3) months of admission, or within one year from their previous examination, with an annual dental examination thereafter. An immediate dental examination is required if a child experiences dental pain or disease.
- f. Upon discharge, a copy or summary of the child's health and dental records shall be provided to the child's parent(s), guardian or legal custodian.

17.9 **Recreation Services:** The contractor shall involve children in a variety of age and developmentally appropriate on-site and community activities individually, and in groups, which meet the range of needs specified in their service plan.

- a. The contractor shall schedule for a recreational program of both general and physically challenging activities which promote health and physical development in accordance with the individual interests, ages, and needs of the children. This program shall include procedures by which a child's involvement and progress shall be regularly reported.
- b. The contractor shall provide indoor and outdoor recreational facilities for quiet and active play.
- c. The contractor shall ensure that each child will have some time to be alone if s/he wishes and places where the child reasonably will be undisturbed, while under the overall supervision of staff.
- d. The contractor's recreational and leisure-time activities shall be included as a planned part of family interventions, provided these activities do not interfere with the safety or security of the child, family, or facility.

18. The contractor shall evaluate the progress of a child and his/her family at least every thirty (30) days and the written treatment plan shall be modified when appropriate. The child's parent(s) and referring party shall be invited to the evaluation meeting. Evaluations shall be made by professional staff, including the psychiatrist, in consultation with other staff who have significant contact with the child, the parent(s), and the referring party. The evaluation of the written master treatment plan must include:
 - a. The number of hours and type of clinical services provided to the child since the initial admission assessment or previous evaluation/review of the master treatment plan;
 - b. An evaluation of progress toward meeting the child's needs;
 - c. An evaluation of progress toward family reunification;
 - d. Any needs identified since the plan was developed or last reviewed and strategies to meet the needs, including instructions to staff;
 - e. An update of the estimated length of stay and discharge plans, if changed;
 - f. The date and signature of the treatment team coordinator and a signed and dated attendance sheet of all others, including the psychiatrist and parent(s), who participated in the review which is documented in the child's record.
19. The contractor shall provide reports of the written master treatment plan evaluations in summarized form to the child, parent(s), legal custodian, and referring party document that each was sent a copy within the child's record.
20. The contractor, upon written notice to the referring party, shall have the right to discontinue treatment if the child has achieved the objective of his or her treatment plan or if the needs of the child can no longer be met by the contractor. The contractor shall provide a written explanation specifying why the child's needs cannot be met within the contractor's program.
21. Except in emergency discharge situations (see paragraph 28 below), the contractor shall give at least thirty (30) days written notice to the parent(s), legal custodian, and referring party, before discharging a child from care. The written notice relating to this planned discharge shall include an evaluation progress report with an aftercare plan.
22. The contractor shall involve the child, the child's parent(s), legal custodian, contractor's staff, and referring party, in the planning of a non-emergency discharge. The contractor and the referring party shall jointly participate in determining when a child's treatment shall be terminated by the contractor. In the event of any disagreement, the referring party shall have final authority regarding the termination of the treatment authorization, unless otherwise directed by the Area Director for Children and Youth Services.
23. The contractor shall complete a written discharge summary within seven (7) days of discharge when a child in care is discharged by plan. When a child is discharged on an emergency or unplanned basis, the written discharge summary shall be completed within three (3) working days of discharge. This discharge summary shall be included in the child's case record with copies distributed to the child's parent(s), legal custodian, and referring party. The written discharge summary shall include:
 - a. The name, address, telephone number, and relationship of the person(s) or agency to whom the child is discharged;
 - b. A summary of services provided during care;
 - c. A summary of growth and accomplishments during care;
 - d. Reason for discharge, including copies of any incident reports that led to an emergency or unplanned discharge; and
 - e. An identified aftercare plan which shall include cooperative efforts with the parent(s) or legal guardian, and referring party, to support the child's transition from residential placement into the family or community.
24. The Division may not initiate the final payment to the contractor until receipt of the written discharge summary by the parties specified in paragraph 23.
25. The Division may withhold payment for services for a child should the contractor fail to submit the required copies of the written treatment plan and updates, evaluation reports, and discharge summary, and at the prescribed intervals of these reports.
26. The contractor shall inform the referring party and child's parent(s), in advance and in writing, of any planned move of an authorized child from the site of original placement to a subsequent site operated by the

- contractor. Said notice shall specify the reason for the move and shall specifically identify the new placement location, including building name and address.
27. The contractor shall not place an authorized child outside of the contractor's facility without the prior approval of the referring party and legal custodian. In the event of an emergency discharge, the provisions of paragraph 28 shall apply.
 28. The contractor may discontinue treatment without prior written notification in the event of an "emergency." For this purpose an "emergency" shall be when a child continues to present behaviors which physically endanger him or herself and/or others. If a child is to be removed from the contractor's facility under such "emergency" or unplanned circumstances, the contractor shall immediately notify the referring party, child's parent(s) and legal custodian of the reasons for the emergency discharge. Notification shall be made immediately by phone with immediate follow-up by fax describing the circumstances surrounding the emergency, unplanned discharge, the child's current location, condition, and the contractor's plan regarding the child's return to the contractor's facility or recommendation for other placement resources.
 - 28.1 In the event of an unplanned "emergency" discharge, the contractor shall be responsible for transporting the child from his/her agency, if requested by the referring party, to the location identified by the referring party.
 - 28.2 Except in medical emergencies, the contractor shall place no child in a psychiatric hospital without notifying the referring party, child's parents and child's legal custodian.
 29. The contractor shall notify the referring party and the Regional Supported Community Living Office in writing, thirty (30) days in advance, of any program or personnel changes which will directly affect service delivery under the terms of the contract.
 30. The contractor shall utilize any and all private or public funds received with regard to services provided under this contract, to reduce the contracted price charged to the Department. Such receipts shall be deducted from the amount billed for the child in the month in which such funds are received.
 - 30.1 Reimbursements received from Missouri Medicaid do not have to be used to reduce the cost of care to the Department.
 31. The contractor, in planning for and delivering treatment services, shall make provision for the treatment needs of all ethnic groups.
 32. The contractor shall report to the Child Abuse/Neglect Hotline (1-800-392-3738) any suspected instances of child abuse or neglect pursuant to state law (Section 210.115 RSMo.). Failure to comply with this paragraph and Department of Mental Health Licensing Rules may be cause for suspension or immediate termination of the contract.
 33. The contractor shall immediately report all serious incidents involving a Department client to the child's parent(s), legal custodian, and referring party. Such report shall be made by phone with immediate follow-up by fax. The contractor's own form may be used. Serious incidents include, but are not limited to: elopement, serious injury, death, homicide, suicide, abuse/neglect, harm or threat of harm to self or others, rape and sexual assault.
 34. The contractor agrees that the Department shall have the right to conduct performance and/or financial audits of the contractor's program operated under this contract.
 35. The contractor does hereby agree at all times hereafter to indemnify and save harmless the Department against any and all liability, loss, damages, costs, or expenses which the contractor may hereinafter sustain, incur, or be required to pay by reason of any property loss or damage sustained and suffered because of the intentional or negligent acts of the child(ren) placed into the contractor's facility.
 36. In the event the contractor, or personnel employed by the contractor, is engaged in a profession or practice which is regulated by the laws of the State of Missouri, or any other state in which the contractor's business is located; the contractor, or personnel employed by the contractor, shall possess and maintain any license or certification required by such laws while performing services under the contract.
 37. The referring party shall authorize residential treatment services for the first six months within the Contractor's system at a rate not exceeding \$133.28 per day.
 38. In the event a placement exceeds six months, the referring party reserves the right to negotiate a longer-term placement at a lower cost within the Contractor's system.

AFFILIATION AGREEMENT

Fulton State Hospital

AND

Westminster College

THIS AFFILIATION AGREEMENT (hereinafter "Agreement") is entered into as of the 1st day of *January, 2020*, by and between FULTON STATE HOSPITAL, a psychiatric rehabilitation facility located at 600 E. Fifth Street, Fulton, MO, owned and operated by the Missouri Department of Mental Health ("DMH") (hereinafter "Facility"), and Westminster College, Fulton, MO, 65251.

WHEREAS, the University maintains a program in Psychology and wishes to offer its students clinical education experiences in this discipline, and

WHEREAS, the Facility operates a facility offering opportunities for clinical educational experience in a variety of disciplines, including medicine, nursing, pharmacy, psychology, social work and rehabilitation services, and

WHEREAS, the Facility wishes to establish a clinical education program and to obtain the educational and practical benefits derived from creating such a program, and

WHEREAS, the clinical opportunities offered by the Facility satisfies the requirements set forth by the University to establish a clinical education program.

NOW, THEREFORE, in consideration of the above recitals and the mutual promises contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

I. General Understanding

- A. Students assigned to the Facility for clinical experience are not and shall not be considered employees of the Facility.
- B. The University and the Facility are independent entities and neither shall have, nor exercise, any control over the means, manner or method by which the other performs its obligations under this Agreement. Nothing in this Agreement is intended or shall be construed to create an agency relationship, employment relationship or joint venture between the parties. Furthermore, neither party intends for this Agreement to alter in any way their respective rights or their legal obligations to one another, the students assigned to the Facility or to any third party.
- C. Students and faculty from the University shall adhere to all of the Facility's rules, regulations, policies and procedures when engaged in program related activities either at or away from the Facility.
- D. Each party shall only be responsible for its own costs and expenditures associated with participating in this Agreement.

- E. Neither party, while carrying out its duties pursuant to this Agreement, shall discriminate against any individual on the basis of race, religion, sex, creed, national origin or physical/mental disability unrelated to that individual's ability to perform his or her duties under this Agreement.
- F. Each party shall comply with all federal, state, Department of Mental Health and municipal laws rules and regulations applicable to the performance of this Agreement.

II. Obligations of University

The University shall:

- A. Use its best efforts to see that students selected for participation in the clinical experience are well qualified for such participation and that they have met the standard admission requirements and performance requirements for continued study.
- B. Advise students of their responsibilities regarding participation in the clinical educational process, including following standards of professional conduct as well as rules and standards set by the Facility and the University.
- C. Provide the Facility with the names of the students who will be participating in the clinical program at least thirty (30) days prior to the beginning of their clinical work.
- D. Provide the Facility with the overall objectives of the University's programs as well as the specific educational objectives and documents related to the clinical program. Such information includes current course outlines, course schedules, clinical performance and evaluation materials and program policies.
- E. Obtain for each student (or require them to obtain for themselves) professional liability and malpractice insurance in the amount of \$1,000,000 per incident and \$2,000,000 in the aggregate. Additionally, University maintains general liability insurance coverage in the amount of \$1,000,000.00 per occurrence, and \$2,000,000.00 in the aggregate. Proof of such insurance shall be provided to the Facility before any student is allowed to begin his or her clinical experience at the Facility.
- F. Designate a member of its faculty to coordinate this program with a designated member of the Facility's staff.
- G. Reimburse the Facility for any loss, damage, or breakage of the Facility's equipment caused by student or faculty use or misuse of said equipment.
- H. Advise students of their duty to maintain the confidentiality of information regarding the Facility and/or its clients as required by federal or state law.

III. Obligations of Facility

The Facility Shall:

- A. Maintain total responsibility for all care given to its clients and patients. Students shall not provide clinical services to any client or patient unless supervised by a member of the Facility's staff who is registered, licensed or certified in a discipline who can supervise the student in their field of study.
- B. Require that all students complete a criminal background screen at the direction and expense of the Facility. Included in the screen will be a review of the Missouri Highway Patrol, FBI Fingerprint, Missouri Department of Mental Health Disqualification Registry, Department of Health & Senior Services Disqualification List (EDL), Division of Family Services (DFS) and the Office of Inspector General (OIG). In the event adverse information is obtained from these checks, the Facility Chief Operating Officer will make the determination whether the student should be disqualified. All students entering the program will also have an eleven panel urine drug screen performed (prior to beginning the first experimental education course) at a laboratory designated by the Facility.
- C. Have the authority, in its sole discretion, to immediately remove any student from the program. Such removal will only be taken for good cause, including failure to comply with the Facility's rules, regulations or professional standards.
- D. Have the authority to approve the participation of the University's faculty member chosen to engage in clinical teaching at the Facility.
- E. Provide to the University's faculty and students a complete orientation covering the rules, regulations, policies and procedures of the Facility and the Department of Mental Health.
- F. Provide all equipment, facilities, supplies and services that students enrolled in the program require in order to meet the agreed upon clinical education objectives.
- G. Arrange for parking, medical library and cafeteria availability for university faculty and students. Any fees or expenses associated with such services shall be paid for by the individual using them.
- H. Require all students to sign a patient confidentiality statement which shall be maintained in the University's student files.
- I. Designate a staff member who will serve as the clinical supervisor of the program and who will coordinate this program with the University's designated faculty member.
- J. Arrange immediate emergency medical and psychiatric care for students or faculty members in the event of an injury or illness. All costs of such care and the costs of any follow up care or hospitalization shall be the responsibility of the individual receiving the care.
- K. Whenever appropriate, provide opportunities for students to observe other Facility departments.
- L. The designated Facility staff assigned to the students will insure that students assigned to them will attend situational awareness training. Students that are here for less than one (1) month or will be working with clients less than 50% of their time are exempt from this requirement.

IV. Mutual Obligations

- A. The clinical experiences provided to the University's students will be of such content and cover such periods of time (including beginning and end dates) as may be mutually agreed upon by the University and the Facility.
- B. The number of students designated for participation in the program shall be mutually determined by agreement of the parties and will only be altered by mutual agreement.
- C. Both the Facility and the University shall work together to create an agreed upon list of educational objectives for the program developed under this Agreement.
- D. The parties acknowledge that many student educational records are protected by the Family Educational Rights and Privacy Act (FERPA) and that the permission of students must be obtained before student data can be released to anyone.
- E. Both the Facility and the University shall make sure that students are aware of the Occupational Safety and Health Administration (OSHA) policy on Hepatitis B vaccination.
- F. The Facility requires that each student has been tested for tuberculosis and has had a negative reading within the past year or being assigned to the facility. The Facility will provide tuberculosis testing to students if students have not already undergone such testing within the past year. Students are required to have written documentation of tuberculosis testing prior to being allowed to begin his or her clinical experience at the Facility.
- G. The Facility requires that students must provide proof that each has received an annual influenza vaccination. The Facility will provide such influenza vaccination to the student if the student has not had a current annual influenza vaccination. Documentation of such vaccination is required prior to any student being allowed to begin his or her clinical experience at the Facility. Exceptions may be granted only based on medical or religious criteria. If a medical or religious exception is granted, the student will sign either electronically or by written documentation attesting that he/she will wear a mask at all times while in any DMH facility patient care or clinical care area during the influenza season.
- H. Each party to this Agreement shall provide the other party with timely written notice of any claims arising under this Agreement, and the opportunity to participate in the defense of such claims.

V. Indemnification

- A. Neither the Missouri Department of Mental Health, nor its facilities, nor its employees, purchase liability insurance. Instead, all entities are protected by R.S.Mo. §105.711 through 105.726 hereinafter referred to as the State Legal Expense Fund. This fund is available for the payment of any claim or any amount required by any final judgment rendered by a court of competent jurisdiction for claims based on DMH employees' conduct arising out of acts performed in connection with their official duties on behalf of the DMH.
- B. The University understands and agrees that the Facility is a State of Missouri entity and, as required by state law, cannot save, hold harmless, indemnify, or defend the University or its

employees under this Agreement. Any such provision purporting to impose such responsibilities on the Department or any of its facilities is null, void, and of no force or effect.

- C. In the event of any claim arising out of this Agreement, no provision of this Agreement shall be construed, expressly or implied, as a waiver by the State of Missouri or any of its entities of any privileges or immunities, including without limitation, its right of sovereign immunity. In addition, any requirement in the Agreement that DMH or facility waives any right or forebears any action shall be void and unenforceable.
- D. All claims against the Facility or any of its employees which are based upon the employees' conduct arising out of acts performed in connection with their official duties shall be processed according to the laws of the State of Missouri, specifically §§105.711 - 105.726, RSMo, herein referred to as the State Legal Defense Fund.
- E. The Facility will not be held liable for any indirect, special or punitive damages arising out of this Agreement.
- F. Any attempt by the University to limit its liability to the Facility or any other third party for the negligence or willful misconduct of the University and/or its faculty, students, employees and agents shall be null, void, and no force or effect.

VI. Miscellaneous

- A. Neither party to this Agreement shall have the right to assign or transfer its rights and obligations to any third party without prior approval of the other party.
- B. This Agreement may be revised or modified only by mutual agreement and written amendment signed by both parties
- C. If any term or provision of this Agreement is held to be invalid for any reason, the invalidity of that section shall not affect the validity of any other section of the Agreement. The remainder of the provisions of this Agreement shall remain in full force and effect and shall in no way be affected, impaired or invalidated.
- D. This Agreement shall be governed by and construed in accordance with the laws of the state of Missouri.
- E. The Facility shall not be responsible for the loss of or damage to property of the students or faculty which was brought to or left at the Facility.
- F. This Agreement may be modified, amended, altered or changed only upon the prior written approval of both parties to the Agreement.

VII. Term

- A. The parties acknowledge and accept that neither the Missouri Department of Mental Health nor its Facilities enter into agreements lasting more than one year. Thus, the term of this agreement shall be one year. Thereafter, upon the expiration of one one-year contract, the next one-year

contract will automatically begin, unless: (a) the State of Missouri legislature specifically disallows DMH from renewing this Affiliation Agreement; (b) the State of Missouri removes contractual authority from DMH; or (c) either party terminates this Agreement by providing the other party with at least sixty (60) days written notice of its intent to terminate this Agreement, which notice shall state the effective date of termination.

- B. Either party shall have the option to cancel this Agreement by giving the other party ninety (90) days written notice of its intent to cancel. Whenever possible, if the Agreement is canceled pursuant to this section (and this section only), any student participating in the program at the time of such termination may continue in the program until the end of that current semester. The parties' rights and obligations regarding such students will be governed by the last Agreement in place at the time of the termination.
- D. Either party shall have the right to immediately terminate this Agreement in the event the other party commits a material breach of its obligations under this Agreement and does not remedy the breach within ten (10) days of receiving written notice of the breach.

VIII. Notices

- A. Any notices required by this Agreement shall be in writing and delivered via certified mail to the persons listed below.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals the day and year first written below.

FACILITY:

BY



Chief Operating Officer

11/7/19
Date

UNIVERSITY:

BY Olly Coats

Course Coordinator

9-23-19

Date

BY _____

Clinical Coordinator

Date