



**Division of Developmental Disabilities (DDD)
District Central Independent Oversight Committee (IOC)
Public Meeting Minutes Summary
Monday, December 27, 2021 – 10:00 AM to 12:00 PM**

Call to Order

Meeting called to order by Committee Chairperson, **Karen Van Epps**. The date is December 27, 2021, at 10:02 am. **The meeting took place Virtually due to COVID-19**. Physical location when meetings resume in person will be at 4400 N Central Ave, Ste (to be determined) Phoenix, AZ 85012.

Welcome and Introductions

Attendance Virtually:

- **Karen Van Epps**
- **Sherry Wilhelmi**
- **Eva Hamant**
- **Linda Mecham**

Attendance by Phone:

- **Carol McNulty**
- **Debbie Stapley**
- **Mandy Herman**

Absent:

- **Lisa Witt**
- **Edurda Yates**
- **Andrea Potosky**

Public in Attendance:

- **None**

Health Plan Liaisons:

- **None**

ADOA:

- **Larry Allen**

DDD:

- **Octavia Lamb (IOC Liaison)**



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Call to Public

There were no members of the public on the call

Response to the Abuse & Neglect Training

Linda Mecham provided a document that she put together with the committee's questions, DDD's response to the questions and the sub-committee's response to DDD's response. The committee discussed the questions and responses and gave their input on each question.

Linda Mecham stated that this Abuse and Neglect training does not protect DDD members or keeps them safe in the way that it is presented. In the member bill of rights, it states in letter (O) they have the right to express human sexuality and receive appropriate training. Appropriate training is individualized training.

Sherry Wilhelmi asked who will be doing the pre-teaching? Because this training is complicated for DDD members who are lower functioning and there needs to be some pre-teaching.

Karen Van Epps stated that the division is paying \$250 to personal to do the training. How do they stop this from happening and direct care staff has to do all the reading and this is clearly unacceptable?

Linda Mecham asked to Larry Can a summary of a document be acceptable in regards to policy to go in for public comment?

Larry Allen stated he was not able to provide an answer but will investigate and provide the committee an answer at a later date.

Key: **Bold/Black: Original IOC questions:**

Blue: Responses from DDD

- Bullet points: IOC responses to DDD answers

The training material for Instructors and Providers was sent out for Public Comment, and per Chapter 64 of the Policies manual, MAY be used to teach the concepts. The training material/curriculum for Members did not go out for Public Comment, and

- **per Chapter 64 of the Policies Manual, states that the material MUST, not MAY, be used. The training material/Curriculum referred to is found on the DDD Website under the heading "Abuse and Neglect".** The Division determined that we would help



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offset costs to deliver abuse prevention training after receiving public feedback about the amount of time and resources that Qualified Vendors would need to expend to implement. For this reason and to ensure that members were offered consistent training, we determined that we would require one training curriculum for all members. Members are NOT required to take the training.

- The question had nothing to do with how providers were being paid to train staff. We understand the premise behind consistency in training content but many members will not understand the content the way it is presented in the MUST use material

• Why did the training material for the Members NOT go out for Public Comment?

○ *Response:* The original posting of Chapter 64 had a summary version of the training- although it's not required that DES DDD get Public feedback for training. The Division needed to get the source documents from Massachusetts and then update them to align with Arizona laws and rules and to brand the DES logo etc. This occurred after the original posting and took some time. We determined that it was in the best interest of the community to make the training available after the formatting was completed. We plan to provide a process to gather additional public feedback once vendors have provided the training for a full year.

- With the importance of this material more than a summary should have gone out. Why would DDD not want feedback on this, what are they hiding. Did anything ever come back from someone with knowledge of law?
- Training (Methodology) vs Curriculum (Content): Training on how the curriculum (Chapter 64) does not need Public Comment. The Curriculum (Chapter 64) needs to go out for Public Comment.
- NON-RESPONSIVE ANSWER: Why did the material for Members NOT go out for Public Comment?

Sherry Wilhelmi restarted the importance of having pre-teaching of this training for this curriculum to be used in a meaningful way for DDD members to understand the information that is presented to them.

Linda Mecham stated that the division said that they wanted to get this training out quickly and that's why they only put out a summary and training does not have to go out for public comment. She Felt that the materials that the member is being trained on needs to go out for public comment.

Karen Van Epps stated that the cost effectiveness is big here because individual needs are not being met and the fact that cost is mentioned is offensive regarding the subject at hand.



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Sherry Wilhelmi stated where did they come up with the community guidelines that would give them the authority to issue this training? It should have gone out for public comment.

Carol McNulty stated the cost effectiveness comes from that they did not create something useful they just used something that Massachusetts had and adapted that as the cost effectiveness.

Eva Hamant asked does the division have to run policy by AHCCCS? Was this even brought to AHCCCS's attention before releasing this training?

Karen Van Epps stated no they do not and the only reason why this training came about is because of the Hacienda incident, and whatever they are trying to do will not help one person as it relates to what happened.

Eva Hamant asked the committee should they write a letter to the governor telling him about this training and how this was implemented into the community and how offensive it is.

Linda Mecham asked Larry can he forward the document that they are discussing to the governor.

Larry Allen stated Yes, he can and asked the committee to put it in a letter format so that it could be easier for the governor to read.

• Why is the curriculum for the Instructors and Providers different from the curriculum for the Members

- *Response:* This member training was one that was recommended by the Sexual Violence & I/DD Collaborative chaired by the ADDPC. Awareness and Action was developed in Massachusetts (MA) by and for self-advocates.
- <https://disabilityinfo.org/records/awareness-and-action-aa/>
- With the importance of this material more than a summary should have gone out. Why would DDD not want feedback on this, what are they hiding. Did anything ever come back from someone with knowledge of law?
- Responsible Person/Family Members should be involved in approving curriculum, ie the need for Public Comment
- There is only 1 member from ADDPC on the committee and he works full time, and does not represent the majority of Members served by DDD. The training is for members that participate in DTAs and live in group homes. The training is not reflective of the member's abilities that participate in the 2 targeted programs/services.
- NON-RESPONSIVE ANSWER: Why is the material different for Providers and Members?

Linda Mecham asked if a DDD member lives at home and only attends a DTA do they have to attend this training? Also, the vendors/providers are given one set of curricula for themselves and the same people who are trained under this curriculum are going to have to teach the members another set of curricula that they themselves have not been trained on. So, if they are going to teach it, they will have to take another training.



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Carol McNulty wanted the committee to be aware that there is nothing wrong with the curriculum for the instructors the problem is the curriculum for the individuals.

Karen Van Epps agreed with Carol and said that this training should only be for direct care workers and providers not for the members.

Linda Mecham stated the way you protect our clients is the adults in the room should be able to identify and recognize abuse and neglect and address the situation appropriately.

• Who will teach the curriculum to the Members in the DTA setting, per Chapter 64, if the Member is dually enrolled in a group home and DTA? Is that instructor qualified to deal with the possible damaging psychological effects this training may have on the Member, based on possible past experiences of abuse or neglect?

○ *Response:* Chapter 64 requires the DTA to offer the training and if the member does not attend a DTA, then the Group Home provider offers the training. Members and guardians decide if they want to take the training or not. The vendor determines who does the training but there is a comprehensive instructor guide and a participant guide posted. We understand that not all training is going to be a fit for all individuals.

- BE A FIT FOR ALL INDIVIDUALS. In the response to the first question the reply was “we determined that we would require one training curriculum for all members. Confusion: If DDD determined, with the support of ONE person from a disability advocacy organization, no matter how little he had in common with those for the whom the training is being provided, why is it appropriate to only offer 1 training instead of meeting the needs of the specific members abilities?
- “Not all training is going to be a fit for all individuals.” One size does not fit all in the DDD world. This seems to be an admission that the curriculum needs to be individualized per the member who participates.
- See Member Bill of Rights, Letter O: “Right to express human sexuality and receive appropriate training;”
- NON-RESPONSIVE ANSWER: How will one know if psychological damage is or has been done? Professionals trained in the DDD population and psychiatry need to be involved.

Linda Mecham stated that’s part of the division’s methodology here, they are missing words they are combining training and curriculum. Training is methodology. The curriculum is what needed to go out for public comment, nowhere in policy you will see methodology you will only see the content or the rules of the subject and does not know what the division’s agenda is. Training is different than curriculum.

• If the Member is a visual learner, rather than an auditory learner, could the slides present an impression that is not intended? For example, is biting one’s arm acceptable behavior? Is putting one’s hand on (especially) the private, personal areas



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of another's body acceptable behavior? If the member is not able to express what the slides are conveying to him/her, how can the Instructor correct that misconception?

- *Response* Members and guardians decide if they want to take the training or not. We plan to provide a process to gather additional public feedback once vendors have provided the training for a full year.
- Feedback after 1 year is not acceptable: Results in possible traumatization of members for a year then collect the data on the traumatization?
- The Responsible Person/Guardian needs to view the training material before the member participates in it. The only way to view the curriculum is on the website. The website is not user friendly, even for us that know how to access it. Does this mean that the is the Member is his own guardian that he will have to review the material before determining if it is appropriate for him, in order to participate in the course?
- What does the questionnaire for feedback include? Parents? Vendors? Members?
- **NON-RESPONSIVE ANSWER:** *Could the slides present an impression that is not intended? For example, is biting one's arm acceptable behavior? Is putting one's hand on (especially) the private, personal areas of another's body acceptable behavior? If the member is not able to express what the slides are conveying to him/her, how can the Instructor correct that misconception?*

Sherry Wilhelmi stated that her daughter looked at the members training curriculum and that DDD members would not understand what is being presented to them such as red-light green-light. That members that attend her DTA do not have that level of understanding. Again, where is the pre-teaching?

Eva Hamant asked if group homes have problems with masturbation, where is it appropriate and how can someone else teach it. Does the member understand the difference between when they masturbate and when a staff member shows them what masturbation looks like based on a picture? How will they correct that misconception?

• What is the Opt-in/Opt-out process for Members?

- *Response:* The vendor offers the training and documents which members it was offered to. Members and guardians decide if they want to take the training or not.
- There is no required documentation for the member if he opted in or out. Can Providers put the names of all members on an Excel sheet, make a random announcement, and that is sufficient?
- DDD should provide a standardized form for Members to opt-in/Opt-out. We have seen 4 different permission forms from 4 different providers. Each is different, each protects the Member and/or the Provider in different ways. One gave very detailed account of content,



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one merely mentioned the location on the DDD website, with the other two somewhere in between.

• If a Responsible Person (IE Guardian) is involved, does that person have prior knowledge from DDD that this curriculum is being taught to the Member for whom they are responsible? Vague question....

○ *Response:* Yes. Members and guardians decide if they want to take the training or not.

- HOW IS DDD INFORMING THE RESPONSIBLE PERSON ABOUT THE TRAINING AND THE CONTENT? This SHOULD BE DOEN THROUGH BLASTS, SNAIL MAIL AND BY THE DDD SCS AT EACH ISP MEETING. This is a DDD requirement. DDD should be the responsible for sharing the information with the Responsible Person/Guardian.
- There cannot be in “Informed Consent” (per Article 9) without knowing what the curriculum is.
- NON-RESPONSIVE ANSWER: How can there be Prior knowledge? Did not go out for Public Comment and yet it is in Policy.

• What is that process of informing a Responsible Person, since what is being taught to the Member did not go out for Public Comment?

○ *Response:* The staff (Recognizing and Reporting Abuse, Neglect and Exploitation of Vulnerable Populations and member (Arizona Awareness & Action - Recognizing, Reporting and Responding to Abuse, Neglect and Exploitation) training curriculum are posted to the DES DDD website.

○ <https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/current/training>

- NON-RESPONSIVE ANSWER: How can there be Prior knowledge? Did not go out for Public Comment and yet it is in Policy.
- HOW IS DDD INFORMING THE RESPONSIBLE PERSON ABOUT THE TRAINING AND THE CONTENT? This should be done through blasts, snail mail, and by the DDD Support Coordinators at each Planning Document/Personal Centered Plan Meeting. This is a DDD requirement. DDD should be responsible for sharing the information with the Responsible Person/Guardian.

Sherry Wilhelmi stated that there is little to no internet in south Phoenix and not everyone can go on a website to read more information. The division is not taking in account cultural diversity.

Eva Hamant stated that the division should have included this curriculum in their newsletters



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• If the Member is responsible for himself, what is the process for him/her to opt in or out without actually viewing the material before it is presented?

○ *Response:* Qualified vendors should share information about what the training covers. Members and guardians decide if they want to take the training or not. They do not need to opt out.

- NON-RESPONSIVE ANSWER:
Since, PER ARTICLE 9, written consent is required. In order to obtain written consent, all relevant information would need to be provided, which in this case is the training. In order to get consent from a member who is his own responsible person, PER Article 9, the Member would need to see the training. Circular logic but that is what would need to be done to comply.
- Regarding the last sentence, “They do not need to opt out”: Would a provider need to really do anything besides provide a list of members to DDD as verification that the class was offered, since they do not need to know who opts out?
- There cannot be “Informed Consent” (per Article 9) without knowing what the curriculum is.
- DDD should provide a standardized form for Members to opt-in/Opt-out. District Central IOC has seen 4 different permission forms from 4 different Providers. Each is different, each protects the Member and/or the Provider in different ways. One gave very detailed account of content, one merely mentioned the location on the DDD website, with the other two somewhere in between. DDD should be responsible enough to provide protection from all liability for everyone involved, including the Member.

Eva Hamant stated that her concern is individuals who are their own responsible person. How can the group home make an appropriate decision on behalf of members?

Sherry Wilhelmi stated that where govern Ducey is coming from is 74% of persons with development disabilities are neglected or abused or assaulted sometime in their lives and when he heard the statistics on this issue, he was not happy. He had no idea that what happened at Hacienda happens every day. His reaction was we need to do something about this and fix this and what the division did was pull this training out of Massachusetts and implemented it without having a good handle on what it is they know and DDD members are not able to give informed consent because of where they are in their cognition.

• With the inclusion of over 100 slides, the time it would take to review the material is too long for most Members. What is the plan to divide this up?

○ *Response:* Vendors are to offer and provide this during routine service delivery (for example as part of the structured day programming) so they can offer the training in multiple sessions to fit member needs.



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- In a normal slide presentation, with discussion, the time allotment is about 1-2 minutes per slide. Knowing the training would need to typically be broken into 30-45 minutes per training, with the possibility of covering one slide every 4-5 minutes, this course could possible take: (session @ ½ hour @ 5 min slide= 6 slides per session = Seventeen 30 minute sessions. Finish up the course, if divided equally, at the end of the year...just in time to begin again. Why must this be taught annually? Is this annual renewal required for the Providers as well?
- Trauma from past incidents could result in behaviors and/or chaos in the middle of the presentation. Needs to be individualized, per Members Bill of Rights, letter O. “Right to express human sexuality and receive appropriate training;”
- NON-ANSWER: DDD is leaving this up to the Provider/Vendor. Again, needs to be individualized.

Linda Mecham stated the reason why she asked this question is because the division knows what they want to accomplish per each area, should DDD be providing a segmented plan?

• Have you considered that doing this in the DTA setting could provide an atmosphere of exclusion if the Member opts out of this Instruction?

- *Response:* Members choose activities in Day Services that they want to do. This means often groups of members getting day services participate in different activities. This follows the same principle.
- But, if it is a responsible person, other than the member that is choosing for the Member to participate in the training, that takes away the Member choosing what they want to do at the DTA! SO yes, it is exclusionary. (If a Member’s friends are all in the media room watching slides, and he is not allowed, per Guardian, then yes, he will feel excluded. Lack of understanding; his group is participating in something he cannot participate in.) DTA Calendar is very structured: 1-2 items in the AM; 1-2 items in the PM, depending on Staffing, space, etc.

• Since this is to be reviewed annually, per chapter 64, does the Opt-in, Opt-out take place every year? Because of the sensitive nature of the curriculum, should that document be included in the Planning Document/Person Centered Plan?

- *Response:* Annually, members and guardians decide if they want to take the training or not. Qualified vendors are required to maintain documentation of the offer. It's not currently required to be documented in the PCSP.
- Because of the possibility of being exclusionary, this should be listed in the rights section of the Planning Document/Person Centered Plan. Additionally, in the acknowledgement section of the Planning Document/Person Centered Plan, acknowledgement from the Responsible Person/Guardian/Member that the DDD SC informed the responsible person of the training and the content to qualify for “informed consent”, per Article 9.



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- Why should this be presented every year? Is that the requirement for the Providers/Staff?

Linda Mecham stated that Article 9 and CPR must be taken every 3 years and prevention and supports is taken every two years.

Karen Van Epps asked if this is important then why is this not a part of every PCSP every 90 days? and the support coordinator needs to explain it all.

Linda Mecham stated now that that all the questions have been discussed where should the committee go from there?

Larry Allen explained to the committee the next steps to take to elevate their concerns about DDD's responses.

Linda Mecham expressed the importance of finding out if a summary version of a document could be submitted as public comment because if it is in policy then the committee's concerns will be at a standstill.

Eva Hamant asked if the committee had to put in a motion to have Larry investigate policy about submitting a summary for public comment?

Larry Allen responded with, yes.

Linda Mecham- requested to motion to have Larry Allen check into legal to see if a summary version of a document is sufficient to pass for public comment rather than an entire document.

Sherry Wilhelmi- Seconded the motion

All present members agreed by "aye" and no "nays"

Karen Van Epps asked who will be setting up a call with the director of DDD? The IOC Liaison or ADOA and does a motion need to be put in place?

Larry Allen responded that he could contact the Assistant Director of DDD to set up the call, but the committee will need to put in a motion for the committee to move forward with their request.

Debbie Stapley- requested to motion to have Larry Allen set up a call with the Assistant Director of DDD to appeal DDD's response to their Abuse and Neglect training questions.

Sherry Wilhelmi- Seconded the motion

All present members agreed by "aye" and no "nays"



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Discussion and Review of Incident Reports and Behavioral Plans

For November IRs, the Committee members have been given 582 for November incident reports in the Shared Drive. This included 15 for open and 567 closed reports.

Type	Open	Closed
Accidental Injury	2	120
Deaths	0	6
Emergency Measures	0	25
Human Rights	1	2
Legal	0	7
Medication Errors	1	43
Missing	1	8
Neglect	3	34
Other Abuse	3	23
Other-Behavior	0	195
Other -Injury unknown	1	76
Physical Abuse	2	12
Property Damage	1	3
Suicide	0	13
TOTALS	15	567

The desired IRs will be divided by the chair and equally distributed amongst the members.

Number of Questions for QIM: **23**. members of the committee will send the incident reports questions to the DDD Liaison **Octavia Lamb**.

Adjournment

The meeting was adjourned by Karen Van Epps. The public meeting ended at 11:47 am.

The next District Central IOC meeting will be held on January 24, 2022, at 10:00 am.



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