

DISTRICT CENTRAL
INDEPENDENT OVERSIGHT COMMITTEE
2018 ANNUAL REPORT
MARICOPA COUNTY

District Central IOC Membership, 2018

Karen Van Epps, Chairperson, Family Member/Advocate

Carol McNulty, Vice-Chair, Family Member/Advocate

Eva Hamant, Parent/Advocate

Mandy Harman, Member

Linda Mecham, Parent/Advocate/Educator

Andrea Potosky, Parent

Debbie Stapley, Parent

Lisa Witt, School Psychologist/Family Member

Eduarta Yates, Parent

Heidi Reid-Champigny, Family Member

Sherry Howard Wilhelmi, Family Member

Marlene Riggs, DDD/Non-voting Member

The District Central IOC (Independent Oversight Committee), formerly known as the Human Rights Committee, reviews, by law, all incidents of abuse, neglect and human rights violations of the members who reside in Central Phoenix. This committee now reports to the Department of Administration. Eric Houghtalin serves as the DDD Liaison for District Central (middle of Maricopa County).

INCIDENT REPORTS

From July 1, 2018 through June 30, 2019, 2,458 Open and 6,747 Closed (total 9,205) incident reports were reviewed. All allegations of abuse and neglect are forwarded to Adult Protective Services (APS). The only incidents that are substantiated by APS are those that APS believes can be successfully prosecuted court cases. Only 2% of incident reports (total—this includes the elderly) are substantiated. The Department of Child Safety is the same. We recommend that DDD have its own investigator and that Quality Improvement (QI) staff be allowed to investigate and ameliorate incidents in a timely fashion. The Committee also recommends that antecedents and precursors be included in the reports. It is important to know what may have caused the incident to occur.

PLANNING DOCUMENT

The new Planning Document (formerly the Cholla Pilot Project) replacing the Individual Service Plan (ISP) has raised concerns:

1. Important information will be lost unless the member has a parent/guardian who will make certain that all important information is included.
2. The “Working With Me” section in the ISP included “Strengths and Weaknesses” from all areas of the member’s life. The former ISP contained more key information and details than the new Planning Document.
3. “What Works” and “What Doesn’t Work” sections need to be bulleted in the new Planning Document, rather than in narrative format
4. A comprehensive history of Medical and Behavioral issues, as well as Social History is needed in the new Planning Document.
5. There is a lack of space for important information. The font reduces print to an unreadable size. We have been told by DDD that there is nothing that can be done to remedy the formatting situation.

ARTICLE IX

The Article IX rewrite is still in progress. The DC IOC has put a sub-committee in place to review the rewrite when it is released. We have recommended that it should be left alone. Article IX is the positive protection for members. Everyone who works with members must pass Article 9 training. Tim Payne completed Article Training for DC Members in May, 2018.

DIRECT CARE PROVIDERS

The Committee has concerns about the wages of direct care providers. A letter (attached) was sent to Patrick Hays at DES, by Jeffrey Yamamoto on behalf of our Committee.

SUPPORT COORDINATION

In February the District Program Manager announced that there is a 30%-40% vacancy in support coordination. Mass-hiring events are being held. The qualifications for a support coordinator are registered nurse, 4-year degree in social work or 2 years' experience in case management (managing files). AHCCCS has always required these credentials. It is only recently being enforced by DDD.

RESTITUTION

The new policy being proposed does not address the mental capacity of the member. Any restitution must be approved by the IOC. The member should appear before the IOC and questioned as to whether he/she is able to understand the value of money and the cost of having to replace the damage. We recommended using a previous Guidelines/Questionnaire, where the ISP Team answered the questions. If all criteria was met, then the IOC would review the application for Restitution.

NURSING HOMES

Nursing homes should only be residences for members with Intellectual Disabilities, for rehabilitation or illness. Long term residence in a nursing home is not appropriate for DDD Members.

CLIENT FUNDS

Members whose funds exceed \$2,000 are in danger of losing their ALTCS eligibility. When DDD oversees client funds it is important, per DDD policy, for the support coordinator to always alert the team if the member is in danger of exceeding the maximum in a timely fashion. The DDD Residential Billing unit is often incorrect in both under-billing as well as over-billing. This has been an ongoing issue which may negatively impact the member's ALTCS eligibility.

BEHAVIOR TREATMENT PLANS

Program Review Committees review behavior treatment plans for members who are prescribed psychotropic drugs. The PRC includes a chair, providers and IOC member—and should include community members and psychological expertise. Many plans are written by contracted agencies. These outside BTP writers often present without any staff from the agency who know the member and provide the service. It is so important to have people attend who know the person. Support coordinators also attend, but often are not familiar with the member because of staff shortage. An IOC member is allowed to be part of the committee.

Letter sent to Patrick Hays, October 2018:

October 22, 2018

To Whom It May Concern:

The Independent Oversight Committee (formerly known as the Human Rights Committee) currently provides independent oversight to the Division of Developmental Disabilities (DDD) and has for many years. We are charged with the responsibility of protecting the rights of members served through DDD, reviewing all potential right violations, and reviewing all possible abuse, exploitation and neglect incidents. With the passage of Proposition 206 the committee has witnessed several concerns that are affecting the safety and well-being of some of Arizona's most vulnerable individuals. Under Proposition 206, the Fair Wages and Healthy Families Act, Arizona's minimum wage increased to \$10 per hour in 2017 and will increase to \$12 per hour in 2020.

Due to the Arizona minimum wage increase, those who provide services for DDD members are finding it difficult to hire and retain competent employees. Before the wage increase, service providers were able to pay staff with more competitive wages above minimum wage. However, due to the rise in minimum wage and the lack of an equal service rate increase to offset the increased cost, providers are having to hire employees at or less than \$.25/hour above minimum wage. This has prospective employees seeking work elsewhere in other industries, leaving our members in dire need of qualified staff.

Most of the members served by DDD require twenty four hour assistance and supervision related to their health, safety, daily living skills, behavioral health concerns, and in many instances high medical needs. Addressing these needs often require extensive training and several years of experience for hired staff. The working conditions for staff who serve DDD members are often difficult and require critical thinking skills and split-second medical judgments, often in autonomous settings during the evenings and weekends. Staff are responsible for administering numerous medications several times throughout the day to as many as 5-6 residents, with as little as 4 hours of medication training. Staff are frequently punched, kicked, bit, have their hair pulled out and/or glasses broken on a regular basis as evidenced by the more than 18,000 incidents turned into DDD annually from providers throughout the State. These dedicated Staff act as a coach, teacher, rehabilitation counselor, nurse, advocate and mentor to facilitate the development of specific skills and behaviors to promote self-sufficiency, self-determination and independence. Yet they are compensated at less than an inexperienced first-year custodian.

The nature of this work is often complex and combative, leaving prospective and current employees who provide services to our members to seek less stressful employment in fields outside of caregiving. Often times providers of the services are unable to fill positions or will fill the position with unskilled and untrained workers which exacerbate our concerns. Having unskilled staff to care for individuals with a developmental disability can lead to increased incidents of abuse, exploitation, neglect and unnecessary death. These incidents in turn compound when the employee is released from their duties and the member is left without staff to assist them, jeopardizing their health and safety. This affects members in a variety of settings. 87% of the members live in their own homes where attendant care and respite services are provided without additional onsite, supervision and oversight. Losing these service providers would mean a great portion of our members would not be able to remain home in a safe, supervised and clean environment but will be at risk of being institutionalized at a much higher cost and risk to their health.

Thank you for taking our concerns into consideration as you work towards an effective Rate Rebase that will be for the positive benefit of the vulnerable citizens served by DES/DDD.

Sincerely,

The Independent Oversight Committee (HRC) of District Central

Karen Van Epps

Carol McNulty

Eduarda Yates

Andrea Pototsky

Eva Hamant

Linda Mecham

Lisa Witt

Debbie Stapley

Mandy Harmon

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Natasha Artemieva

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