



**Division of Developmental Disabilities  
District Central Independent Oversight Committee  
Meeting Minutes  
Monday, March 25, 2019 – 10:00 AM to 1:00 PM**

**Call to Order**

The meeting called to order by Committee Chairperson, **Karen Van Epps** on February 25, 2019 at 10:23 AM. The meeting was located at 4400 N Central Ave, Ste 900, Phoenix, AZ 85012.

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**Welcome and Introductions**

Attendance in Person: **Karen Van Epps, Carol McNulty, Andrea Potosky, Eva Hammant, Heidi Reid-Champigny, Eduarda Yates, and Marlene Riggs** (non-voting member).

Attendance by Phone: **Linda Mecham**

Absent: **Lisa Witt, Linda Mecham, Debbie Stapley, Sherry Howard Wilhelmi and Mandy Harmon.**

Public in Attendance: **Kris Milne**, PhD Candidate.

ADOA: **None**

DDD: **Eric Houghtalin** (IOC Liaison) and **Amber Hampson** (Area Program Manager 7<sup>th</sup> Street Office, Phoenix).

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**ADOA and DDD Updates**

ADOA was not represented at the meeting. **Eric Houghtalin** explained that the DDD was still under the direction of ADOA, but that a lot of the day-to-day issues were being addressed by DDD.

**Eric Houghtalin** explained that the new IOC meeting minutes site was up and being managed by ADOA, but DDD IOC Liaisons have access to it. He also explained that the meeting minutes will go back to written format and will be done retroactively for all past meetings.

**Karen Van Epps** asked if the written format applies to the statewide meetings as well.

**Eric Houghtalin** advised that they did.

**Eric Houghtalin** advised that there would be a new IOC email address that will be accessed by both IOC Liaisons and a new IOC mobile phone for reaching IOC Liaisons on the day of the meetings (while in the field).

**Karen Van Epps** asked if the email and phone number would be shared in the meeting minutes.

**Eric Houghtalin** advised that the information would be available by email to the committee members and publicly in the meeting agendas.

**Karen Van Epps** advised that the QA request for proposal remained unanswered and that **James Maio** is now the Acting Quality Area Manager for District Central.

**Eric Houghtalin** asked if Dr. Green mentioned if the RFP was being paused or still on track.

**Karen Van Epps** advised that either way it wouldn't get done in June.

**Karen Van Epps** requested that **Eric Houghtalin** put Quality Assurance Update on the Statewide agenda.



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**Article 9 Discussion**

**Karen Van Epps** advised that she was invited to a stakeholder meeting and provided notes she took from the meeting. She advised that DDD would not get rid of the Program Review Committee (PRC), but that there would be one physician (Dr. Conklin) that would determine what behavioral medications will need a behavior treatment plan (BTP).

**Carol McNulty** stressed that BTPs should be worded in a way that entry-level employees can understand them.

**Karen Van Epps** expressed her concern that members on psychotropic medications would only have a BTP if they had serious mental illness (SMI). She also expressed concern that this would be done at the expense of members that were not SMI due to a lack of data to check.

**Linda Mecham** raised another concern that if a medication is prescribed for behaviors that there should also be a BTP.

**Karen Van Epps** noted that depression and isolation could be behaviors. She advised that she was not comfortable with one doctor making those decisions and that she would have to speak out about it again.

**Kris Milne** advised that one of the challenges in supporting individuals that have behavior or mental health issues is getting the diagnosis or getting the level of SMI. She advised that in the current system, it was like moving mountains to get SMI. She advised that other factors (medical problems) can cause what might be SMI to be identified as general mental health problem. She continued to advise that if you (the Division) were to pigeon-hole only behavior plans for individuals with SMI, you might as well cut off the majority of DDD folks.

**Karen Van Epps** reiterated her being uncomfortable with Dr. Conklin making the determination what medication will trigger a behavior plan.

**Kris Milne** advised that medications keep changing anyway.

**Karen Van Epps** advised that its giving one person too much power.

**Committee Member** stressed that BTPs were used to help members integrate into society.

**Karen Van Epps** noted that there weren't that many behavior specialists around anyway.

**Kris Milne** advised the committee what was involved in developing a behavior plan.

**Karen Van Epps** asked if this is how they develop a BTP.

**Kris Milne** advised that they will write the plan based on the format outlined in (Program Review Committee) PRC.

**Karen Van Epps** asked who was going to pay for it and how long would it take for referrals to come through.

**Carol McNulty** stressed that she thought the most important part of the BTPs was the antecedents and precursors. She wants to see those areas of the BTP "beefed up."

**Kris Milne** added that the key was consistency across all the folks working with the individual. She added that when there's no plan, each employee does it his/her own way. She noted that the lack of a plan can create a reactionary environment and what the members need is a proactive environment with consistency.



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**Karen Van Epps** added that the planning team will be writing the BTP.

**Eva Hamant** added that the best practice is using person centered planning. She asked if DDD won't use the term person centered planning, how can they come up with best practices for article 9? She added that they (DDD) are not being consistent.

**Marlene Riggs** advised that is the expectation of all her residents that they engage in active treatment. This includes community outings as well. She said that hopefully that is something that Support Coordinators are looking for when they review with their team. Asking questions such as tell me about what you've been doing, what do you normally do, etc. She advised that they do have some families that will call them if they notice that their member is not going on outings.

**Eva Hamant** advised that the ISP (Individual Service Plan) doesn't talk about going into the community.

**Karen Van Epps** added that's the new Planning Document (being phased in to replace the ISP in 2018/2019).

**Eva Hamant** advised that if the ISP doesn't say go in the community, that they don't. She asked if day programs (DTA or Day Treatment Adult) take members into the community.

**Karen Van Epps** advised that they do.

**Eva Hamant** said that going into the community needs to be in the ISP and that this was best practices.

**Marlene Riggs** said that she would mention this discussion with her supervisors.

**Linda Mecham** advised that they get a calendar for her son's DTA that includes 2-3 times a week into the community. She said that she believed that most DTAs bring the members out into the community. She asked the other committee members if they did.

**Marlene Riggs** confirmed that it was part of the contract with DDD to bring members into the community.

**Amber Hampson** also advised that the members go into the community to work on social skills, money management, etc. She added that it was an expectation that DTA, group homes, etc. would be working on getting the members integrated into the community. She added that the outings might not always be something recreational but may be somewhere that will be more appropriate to work on skill training (e.g., shopping, social skills, etc.).

**Linda Mecham** advised that he son has hab. goals (HAH – Habilitation) and that one was all about going out into the community and increasing his integration into the community. One of his goals is that he will go to a restaurant, act appropriately, and order from a menu. She said that she and her son would go to Denny's once a week because it wasn't too crowded, and they were a little more forgiving of loud noises. The waitress got to know her son and was able to help when she was told what they were doing (HAH outcomes). She noted that she got the same waitress for about six months. The family went to a different restaurant (Fajita's) for a family gathering. She said that her son looked the menu, pointed at what he wanted, and ordered (including a root beer). She said that he finished his drink quite quickly. She said that when he was done with his drink that he raised his hand and said, "Excuse me please. More beer." She joked that a good little Mormon boy that he was didn't drink beer. She pointed out that the even members living at home can take part in HAH if the parents or guardians want to have more integration into the community. It can be done through the HAH goals. She advised that her son has a behavior plan (not a PRC approved plan, but one that could pass as one).

**Carol McNulty** advised that she paid a behaviorist to develop a plan for her daughter while in the DTA.



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**Committee Member** agreed that the plan should be unique to each member as needed based on their wants/needs.

**Karen Van Epps** advised that the stakeholders don't want to talk to her, and that the idea was to get rid of PRC. She asked that **Eric Houghtalin** place article 9 on the Statewide agenda.

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**Restitution Policy Update and Discussion**

**Karen Van Epps** asked about restitution policy. She asked **Eric Houghtalin** to pull up an email that was sent by her this week about the restitution policy. He advised that there was a technical glitch that might prevent him from pulling it up.

**Linda Mecham** found and read a handout emailed by **Karen Van Epps** to the committee. It was noted that the new proposal doesn't address the mental capacity of the member.

**Karen Van Epps** noted that the idea was that within the annual meeting (ISP or Planning Document) that they could discuss taking member funds if it didn't hurt them too much (fiscally).

**Linda Mecham** advised that she like the policy where members had to answer yes to two questions in order to qualify to have to pay back.

**Karen Van Epps** advised that the member had to appear before the Human Rights Committee (HRC - now called IOC or Independent Oversight Committee) to be questioned to see if they knew what they were doing.

**Linda Mecham** advised that any restitution had to be approved by them (the IOC).

**Committee Member** advised that she thought the key was whether the individual understood the value of money and the cost and how it impacted because of the potential for abuse or exploitation. If the person doesn't understand money or the value of things, then a provider could easily say that they broke the TV (as an example) and then they could just take it (the cost of the TV) from them.

**Karen Van Epps** advised that's why the IOC wants to meet the member and talk to them to see how much they understand.

**Committee Member** advised that it becomes a part of the behavior plan process.

**Linda Mecham** told a story about her son wandering off while on an outing with his DTA. She advised that her son started hitting a truck belonging to someone in the community. The provider wanted Linda to replace a window that her son broke as a result. She noted that she called and brought it before the HRC, and they told her that it was a human rights violation. She advised that Dr. Latham set up a policy of no restitution at all. She advised that a process should be set up and the IOC should be a part of that process.

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*(Committee returned to the topic later in the meeting)*

**Linda Mecham** returned to the topic reading the proposal for restitution by DDD to the committee.

**Karen Van Epps** asked to have the reading sent to the committee by email.

**Linda Mecham** advised that she would send it to **Eric Houghtalin**.



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Eric Houghtalin sent it out to the committee before the end of the meeting.

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**Incident Report Update and Discussion**

**James Maio** advised the committee that they were still processing cases and hiring 10 Registered Nurses to go out as investigators for the Quality Assurance (QA).

**Carol McNulty** said that the summaries (in incident reports) were too summed up.

**Eva Hamant** asked about precursors.

**James Maio** advised that they (IRs) should have precursors. He said that, in general, that doesn't usually happen.

**Karen Van Epps** reviewed an IR (without detail) and read, "verify what happened. Determine whether staff provided supervision supports per the ISP. See if certification is current. Determine if there are concerns which may include environmental issues and if corrective action plan will be required."

**James Maio** stated that was the standard scope for QA. It's just to give the Investigator a starting point to reach out to the vendor and start their process.

**Karen Van Epps** asked what I.S. stood for on the IRs.

**James Maio** advised that was Incident Specialist (Investigator). He also noted that QA cannot substantiate abuse, neglect, or exploitation allegation without a third party such as DCS (Department of Child Safety), APS (Adult Protective Services), or the police. He also noted that people in potential danger are seen the same day by QA Investigators.

**Eric Houghtalin** advised the committee to be careful to protect information as they are still in the public meeting.

**James Maio** advised that members that run away cannot be chased and must be reported to the police if they remain gone for more than 30 minutes. He also notes that member cannot be stopped or tackled to keep members from running without a BTP.

**Karen Van Epps** asked about members with 1:1 staffing ratio.

**James Maio** advised that the staff can follow, redirect, or try to step in the way of a member leaving, but cannot stop the member from running away. He added that the police are powerless and that they are upset because they can't pick them up without cause of some sort. He also noted that DES Director Trailer is also working on housing alternatives that might be more appropriate for those members.

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**Quality Assurance Status Update and Discussion**

**James Maio** advised that there is no direction regarding the status of the QA department of DDD. He also noted that they are hiring Registered Nurses to act as Investigators for not only medical issues, but also regular incidents as well.

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**Abuse and Neglect Committee Report (Karen Van Epps)**

**Karen Van Epps** advised that she was invited to take part in a committee assigned by **Governor Doug Ducey's** office. She advised that the committee divided up into four or five groups. She advised that she was on the group assigned to incident reporting with **DES Director Michael Trailer**. She advised the discussion about APS was largely about how it wasn't working for them. She advised that she has another meeting coming up (she believed that it was on the 4<sup>th</sup> of April).

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**Hacienda Status Update and Discussion**

**Karen Van Epps** advised that **Perry Petrilli** is the Acting CEO of Hacienda at this time. She expressed her support of **Petrilli** and offered some background about his work history. She advised that there is also a new Head of Security hired, but that they are still using off-duty police to secure the facility currently.

**Heidi Reid-Champigny** was asked by a committee member how she felt about the changes. She replied that a recent issue with her home has kept her unable to follow the events but did note that there was a shooting outside of the facility (March 11, 2019). She advised that it was one of the staff's ex-spouses that was involved.

**Heidi Reid-Champigny** also expressed her support for **Petrilli** as the acting CEO.

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**Call to the Public**

**Kris Milne** thanked the committee for letting her participate in the meeting.

**Committee Member** asked how **Kris Milne** came to find the committee.

**Karen Van Epps** answered that she met **Kris Milne** at a PRC meeting.

The committee members encouraged her to apply for membership. **Eric Houghtalin** was asked, by the committee, to email **Kris Milne** the application link for the IOC. The email was sent before the end of the meeting.

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**Committee Member Report**

No members reported.

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**Discussion, Review, & Possible Action on Committee Membership**

The committee has been made aware of the current candidate for committee membership.

The committee opted not to vote on the potential member as she was not present and failed to come to the meeting and the agreed upon PRC meeting.



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**Eric Houghtalin** advised that he would reach out to the potential member to determine her level of interest in the committee.

*(Public session ended at 12:13 pm)*

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*(Executive session began at 12:50 pm)*

**Incident Reports and Behavior Plans**

The incident reports included 1,109 closed and 114 open for a total of 1,223 total reports for the March meeting.

<b>Type</b>	<b>Open</b>	<b>Closed</b>
Accidental Injury	<b>10</b>	<b>230</b>
Deaths	<b>1</b>	<b>7</b>
Emergency Measures	<b>1</b>	<b>44</b>
Human Rights	<b>2</b>	<b>3</b>
Legal	<b>8</b>	<b>9</b>
Medication Errors	<b>2</b>	<b>127</b>
Missing	<b>25</b>	<b>35</b>
Neglect – Potential & Imminent	<b>25</b>	<b>22</b>
Other Abuse – Sexual, Verbal, and Emotional	<b>6</b>	<b>9</b>
Other	<b>12</b>	<b>589</b>
Physical Abuse	<b>14</b>	<b>12</b>
Property Damage	<b>3</b>	<b>3</b>
Suicide	<b>5</b>	<b>19</b>
<b>TOTALS</b>	<b>114</b>	<b>1,109</b>

IRs were equally divided among the members in attendance as they chose to take them. There was some discussion of incident reports among member and DDD staff in the executive session.

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**Adjournment**

**Karen Van Epps** adjourned the meeting at 1:55 PM.

The next District Central IOC meeting will be held on March 25, 2019 at 10:00 AM