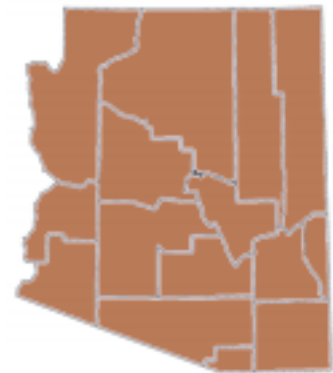


DDD DISTRICT CENTRAL INDEPENDENT OVERSIGHT COMMITTEE

Division of Developmental Disabilities

2020-21 ANNUAL REPORT



Arizona Department of Economic Security



DISTRICT CENTRAL

Membership 2020

Karen Van Epps, Chairperson, Family member, Advocate

Carol McNulty, Vice Chair, Family Member Advocate

Eva Hamant, Parent, Advocate

Mandy Harman, Member

Linda Mecham, Parent/Educator, Advocate

Andrea Potosky, Parent

Debbie Stapley, Parent

Lisa Witt, School Psychologist, Family Member

Eduarta Yates, Parent

Sherry Howard-Wilhelmi, Family Member

Marlene Riggs, DDD Non-voting Member

Heidi Reid-Champigney, Family Member, withdrew from committee

The District Central IOC reviews by law, all incidents of abuse, neglect and human rights violations of the members who reside in Central Phoenix.

The District Central IOC is now overseen by the Department of Administration.

Octavia Lamb is the liaison for the District Central Independent Oversight Committee.

July 2020 through June 2021: The following issues were discussed at the regular last Monday of the month at 10 AM. District Central does not meet in December.

It has been suggested that DDD needs a complex care unit for members who do not fit into the existing programs offered by the Division. If a family member or DD member are experiencing barriers and want to circumvent their services, there needs to be a special unit.

There is concern about the lack of oversight of especially community residential services. Because the State runs very few services, the community is depended on for nearly all programs. United Healthcare has such a system. Some future planning should be employed to address the need and support of these community programs, especially residential. There is a need for appropriate Long Term Care homes for members with behavioral issues.

Electronic Visit Verification (EVV) was introduced. This system is employed for HCBS services for staff to sign in and out electronically.

There is a severe shortage of support coordinators. There is tremendous turnover which is detrimental to the continuity of services. The SC is the only connection to DDD (gatekeeper).

Incident reports are now sent electronically They are read on Google shared drive. The committee still requests more information for each incident report.

An IOC member requested information regarding a pain scale in the Division that may be a reason for behavioral outbursts from non-verbal members. It was discovered that DDD doesn't have this. Our committee is requesting that such a scale be developed to better understand behavioral episodes that may be the pain communication.

Article IX was released in May for comment. The language was written to align with Behavioral Health terminology. The DC IOC firmly rejected the proposed Rule and worked with an Article IX group to remove the behavioral health terminology and return to the original intent of Article IX. This is the "Bill of Rights" for members and is the basis for all protections for members.

There is still concern about the wages of direct care workers. The pay is not commensurate with the work and challenges required of them. Agencies are having a difficult time filling staffing ratios.

Supported Decision-Making (SDM) was once again introduced during the last legislative session. The committee believes that the SDM process is an effort to discourage families from seeking guardianship. Currently a member can invite anyone they want to attend his/her meeting to help in decision making. A law is not necessary.

Respectfully Submitted,

Karen Van Epps, District Central IOC Chairman

The following are issues that have been repeatedly submitted year after year in the District Central Annual Reports. (years 2004-2019)

1. Need for guardianship and public fiduciaries
2. Adult Developmental Homes (ADH) need to be monitored
3. Program Review committees (PRC) need professional members.
4. Need for Behavioral health/DDD programs
5. Client funds, need to monitor funds when handled by DDD. (Can't go over \$2,000)
6. DD members do not belong in nursing homes.
7. Not enough support coordinators
8. Difficulty in hiring and retaining direct care staff
9. Oversight of community programs