

# DDD DISTRICT CENTRAL INDEPENDENT OVERSIGHT COMMITTEE

Division of Developmental Disabilities

## 2020 ANNUAL REPORT



Arizona Department of Economic Security

# **DISTRICT CENTRAL INDEPENDENT OVERSIGHT COMMITTEE**

## **2020 ANNUAL REPORT** **DISTRICT CENTRAL** Independent Oversight Committee Membership 2020

Karen Van Epps, Chairperson, Family Member/Advocate

Carol McNulty, Vice-Chair, Family Member/Advocate

Eve 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

Heidi-Reid-Champigny, Family Member

Sherry Howard Wilhelmi, Family Member

Marlene Riggs, DDD Non-voting Member

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 Independent Oversight Committee is now within the Department of Administration.

Jeffrey Yomamoto is the liaison for District Central Independent Oversight Committee.

District Central Independent Oversight Committee met through February 2020, until the Coronavirus prevented in-person meetings. Consequently, March and April meetings were cancelled. Prior to the pandemic, the committee and the District Central Quality Assurance department had an excellent working relationship. Currently, receiving incident reports and reviewing them has been sporadic. Incident reports are redacted, which is a slow and difficult process. Consequently, the Incident Reports have been delayed and are difficult for the Committee to obtain. The Committee is responsible for reviewing incidents of abuse, neglect and human rights violations. Our concerns for and resolution of the IR's become a problem when the incident reports are not received within an appropriate and efficient time-frame. The District IOC is proposing that the redactions for incident reports and Behavior Plans (which are also reviewed by the IOC) are not necessary. Because it is very time consuming to follow the redaction procedures, Members are not being protected from abuse, neglect and human rights violations. This will take legislative review and action.

From July 2019 through June 2020 a total of 9,331 Incident Reports received by the District Central QA. 1,437 were classified "open cases" and 7,894 were "closed" Incident Reports. The District Central IOC did not receive for review all of the 9,331 Incident Reports because those categorized as Abuse and Neglect are sent to APS for review. After the APS investigation, the case comes back to DDD QA either "substantiated" or "unsubstantiated and closed". At that point, because the case is closed, the IOC has no input on the incident. Because incidents of "abuse and neglect" must be referred to Adult Protective Services (APS) for investigation, many months may pass before resolution of abuse and

neglect are reported to the committee. Only 2% of all APS incidents, not just limited to DDD, are substantiated. For an Incident Report to be substantiated, APS must meet a legal standard which can be upheld in court. There needs to be an intermediate level of substantiation, which will validate that the incident occurred, but does not necessarily meet the legal requirements in order to be upheld in a Court. As it is currently, if it does not meet the legal standard, the Incident Report is unsubstantiated and the case is closed without validating that the incident did indeed occur. The District Central IOC recommends that legislation be proposed which would allow DDD to examine the events that fall under the abuse and neglect categories, as has been done in previous years under previous administrations. This will take legislative review and action. During the year, the ADOA developed an IOC manual.

Members who have challenging behaviors, disabilities, and are difficult to serve, have had to go without necessary services. Members who do not fit into an existing program remain unserved or underserved. A major stumbling block is

Article 21. Agencies do not have to accept members when vendor calls are sent

out. Often, the newest and least experienced agencies are accepting the most difficult and challenging cases. These agencies are often not aware or prepared to serve the difficult cases, but see accepting these cases as a way to enter into the DDD residential services. There needs to be a unit for complex cases, such as has been developed by the insurance company, United Health Care.

Competitive employment is being prioritized nationally with the goal of eliminating sub-minimum wage pay. Vocational Rehabilitation is responsible for transitioning students from school to work. For the members who do not qualify for Voc Rehab, there is a real concern for members who attend Group Supported Employment but cannot compete with minimum wage jobs. The GSE programs need to remain in place.

One of the responsibilities of the IOC is monitoring and oversight. Our committee believes that the once-a-year monitoring, which is the current practice, is not adequate enough to provide oversight for the community programs. Because approximately 90% of the DDD Members served reside in their own homes, there should be an ambitious and continuous way to regularly oversee the remaining 10% who live in residential homes supported and paid for by DDD.

Supported Decision-Making (SDM) was introduced last legislative session. SDM is a process that allows members with disabilities to make their own decisions with the assistance of supporters (the Team) when requested. The committee believes that the SDM process is an effort to discourage families from seeking guardianship when their son or daughter becomes a legal adult at age 18. Guardianship is decided by the courts and will not take away the independence of members who are able to make their own decisions. A law is not needed for this. Currently, members can invite anyone they wish to help in decision making. Guardianship is a protection for incapacitated adults. While this bill has not passed the legislative process due to COVID shut-downs, it is still before the legislature and needs to be monitored for both individual protections and liability concerns.

### **ON-GOING ISSUES:**

Nursing homes are not appropriate for long term DDD Members because the Nursing Homes are regulated under the Dept of Health Services, not DDD. The Members do not receive DDD programming while in nursing homes. They are only appropriate for rehabilitation or illness.

Article IX rewrite still has not been completed. Our committee does not believe a “rewrite” is necessary.

There is still concern about the wages of direct care providers. Their pay is not commensurate with the work and challenges required of them. We still continue to have concern regarding the turn-over of DDD Support Coordinators, which contributes to the continuity of services and understanding of the needs of each Member. In addition, the only connection the Member and/or the Member’s family have to DDD is the Support Coordinator, who lacks any authority for approvals/authorizations, when the Support Coordinator is the primary connection (gate-keeper) to the “System.”

Families cannot connect with each other because of the lack of advocacy organizations. Also, DDD uses HIPAA as an excuse to not divulge information, even though families not only want it, but have given approval for the information to be shared. This is especially true in Group Homes.

The IOC has experienced fewer members in attendance (because not all members have access to or understanding of the virtual communication practices) which results in lack of quorum and therefore cancellation of our meetings. We also have a lack of information because of social isolation/COVID restrictions. The autonomy and the survivability of the IOCs are grave concerns.

Respectfully Submitted,

*Karen VanEpps*

Karen VanEpps  
District Central Independent Oversight Committee Chairperson