



**Division of Developmental Disabilities (DDD)  
District East Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Wednesday, May 11<sup>th</sup>, 2022 – 5:00 PM to 7:00 PM**

**Call to Order**

**This meeting is being held virtually due to the Coronavirus (COVID-19) concerns.**

Meeting called to order by Committee Chair, **Suzanne Hessman**. The date was May 11<sup>th</sup>, 2022, at 5:01pm. The address of the meeting was Virtual, no physical address.

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**Welcome and Introductions**

- Attendance in Person: **None This meeting was virtual only due to COVID-19 concerns**
- Attendance by Google Meets: **Susan Kingsbury (by Phone), Suzanne Hessman, Kin Counts, Sarah McGovern, Elizabeth Bird, Yolanda Huynh, Sophie Stevenson, Amanda Godek, Tonia Schultz**
- Absent: **None**
- Public in Attendance: **Teresa Brooks**
- Arizona Department of Administration (ADOA): **Larry Allen**
- Healthcare Plan Liaison (UnitedHealth Care): **Adriana Molina**; (Mercy Care): **Vera Kramarchuk**
- DDD staff and guests: **Jeffrey Yamamoto (DDD IOC Liaison), Fredreaka Graham (AHCCCS liaison), Joan McQuade (DDD OIFA), Trudy O'Connor (DDD Quality manager), Michelle Rademacer (DDD IOC Liaison), Whitney Burdett (DDD PRC Chair)**
- **The Committee, DDD, ADOA, AHCCCS, Mercy Care and UHC Employee** introduced themselves.

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**Call to Public**

**Suzanne Hessman:** Called for public to announce themselves.

**Teresa Brooks** was present. No one else from the public was present.

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**Introduction of Possible New Member**

**Suzanne Hessman** asked **Teresa Brooks** to introduce herself.

**Teresa Brooks** expressed her desire to join the committee. **Teresa Brooks** said she has always had a great desire to serve her community and has done so her entire life. She takes opportunity to service others and advocate for others. Greatest accomplishments are being a mom to four kids, all are adults now, and a grandma. Her youngest child is 23 and he has Down's Syndrome and profound Autism. Advocating for him is her number one priority. These last few years has been difficult navigating the



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transition to adulthood. She states she is no stranger to serving on committees and boards. She worked as an assistant to the Director of Parks and Recreation in Salt Lake City. I was involved in several advisory boards and mayoral committees to church, community, and school organizations. She states she served on many committees in various capacities from being a city member to recording and publishing minutes to leading or creating them. Most recently she graduated from Partners in Leadership Training which afforded her an opportunity to help support and pass legislation that positively affects our Special Needs population. It also led me to serve on a stakeholders committee for QVA network project. I have received so much guidance that I want to give back.

**Susanne Hessman** asked if **Jeffrey Yamamoto** explained the what the IOC does, how our meetings work and the commitment, all of that.

**Teresa Brooks** stated yes.

**Suzanne Hessman** asked **Jeffrey Yamamoto** if **Teresa Brooks** has been through the volunteer services?

**Jeffrey Yamamoto** asked **Teresa Brooks**, did you complete application through DDD system or IOC website?

**Teresa Brooks** stated she did it through the link you sent me.

**Jeffrey Yamamoto** asked **Larry Allen** if he remembers if **Teresa** come through on the IOC link or not.

**Larry Allen** not sure, he stated he will check on it.

**Jeffrey Yamamoto** informed **Suzanne Hessman** that for the most part, yes, the volunteer application has gone through. He believes it was through the DES website.

- A motion and vote followed this discussion. See section below titled: Discussion, Review and Possible Action on Committee Memberships

**Suzanne Hessman** explained to **Teresa Brooks** that **Jeffrey Yamamoto** will need your email address. **Sarah McGovern** will assign incidents to you so you can start working and making comments on incident reports.

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**Discussion on DDD response of question(s)**

**Suzanne Hessman** stated she was assuming **Leah Gibbs** was taking the discussion. **Suzanne Hessman** asked **Jeffrey Yamamoto** if he was? (**Leah Gibbs** was not present.)



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**Jeffrey Yamamoto** stated he was unclear if the committee wanted to have a discussion amongst themselves, or if the committee was looking to have someone go through the responses with them. It was unclear on this section.

**Suzanne Hessman** stated she thought it was on the agenda that **Leah Gibbs** would go ahead with the explanation. She asked if **Leah Gibbs** was planning on attending the meeting?

**Jeffrey Yamamoto** stated he would send a IM message to see if **Leah Gibbs** would be joining the meeting.

**Suzanne Hessman** directed that the committee would move on and come back with the answers pulled up for a discussion later in the meeting.

- Later in the DDD IOC Liaison, **Jeffrey Yamamoto** stated **Leah Gibbs** is apparently not available, she is not online.

The committee entered into discussion as follows:

**Suzanne Hessman** pulled up the DDD response to IOC questions. She stated that came April 14. The first question was on the high turnover, low quality, Direct Care Worker (DCW) and low pay. Basically, the response was with the rates, which I already knew what those rates were. It says that at \$12.80 per hour that currently absorbs 80% of the ATC rate when factoring payroll and non-billable time, not sure how they calculated this, it is very discouraging, that a DCW is working for \$12 or \$13 dollars per hour and doing that difficult job when they can go flip burgers or chickens.

**Suzanne Hessman** stated the response to our Direct Care Concerns that when an incident report becomes a Quality of Care concern our committee no longer gets any answers regarding the incident and the outcome or final determination and the member, their responsible party/family/guardian is also kept in the dark. We were told there was policy or statute preventing the information from being disclosed. The response back was that we are able to get all that information. Their response was quoted with A.R.S. that doesn't say anything on the Quality-of-Care issues.

**Jeffrey Yamamoto** presented the questions and responses visually on his screen to the committee.

**Joan McQuade** added information about incidents in IMS being every incident is entered. You get to view every incident that has been entered into the IMS system. Is not going to say in the incident or incident notes that this has been determined as a Quality-of-Care Concern. Every incident that is completed is either closed as Substantiated or Unsubstantiated. Whenever there is a substantiation or unsubstantiation, that has nothing to do with whether or not an incident occurred. The role of the quality department is to determine if that has to do with a provider. If we substantiated something, we are stating that the provider was possibly negligent or did not act in a way that they should have and there could be remediation etc. If we unsubstantiated, we are saying the agency did everything they were supposed to do. E.g., Member missing incident where somebody follows them or gets them and brings back home, then that will be unsubstantiated. If the agency didn't follow after the



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member or didn't call the police timely or didn't have eyes on the member, then that would be substantiated. Whatever determination that is made on an incident, whether care concern or not, is going to be listed in the notes in IMS which you are able to review, you can see the notes. If remediation is requested, that will be documented as well. There is nothing in IMS that puts up a red flag that this incident is a care concern. You are able to see all of the information.

**Suzanne Hessman** remembered the meeting discussion from the past, 6 months or more, where members of the committee had specific questions on an incident and were told that it was a quality-of-care concern, and we were not going to be able see any further information or have any questions answered related to that incident. The committee asked later, **Leah Gibbs** said once it becomes a quality-of-care concern, you guys don't have right to that information, it's policy and statute. She never got back to us and that's why we presented this question.

**Joan McQuade** added an incident is going to go into IMS and will be triaged by the nurses statewide and determined if it's a quality-of-care concern.

**Tonia Schultz** reported what information she has pertaining to ATPC incident categorizing as Quality-of-Care (QOC) Concern and investigations as such. She states 99 % of Medication errors, rights violations, neglect abuse, exploitation, anything that is a negative impact become QOC concerns. She explained when an incident turns into a care concern, the agency/vendor gets notice and have to provide a fact finding. We have to provide very specific information about what happened. Then their investigators come out and review that information. She provided information that usually, depending on what is reviewed and identified, they get a CAP (corrective action plan) and request for corrective action to remediate that concern. Usually, it says must do med. administration, must train the house on abuse. That is usually as a result of the CAP. You have that information; they can't provide you with what was found in the actual investigation. If there are specific questions, they won't release anything. For example, ATPC does internal investigation for abuse and neglect, we have to report it to DHS and we can't release that information. They can't release QA investigative information to anyone, not even police. Nothing that is investigated can be released. **Tonia Shultz** stated she has been given the state statutes in the past because she has given to the guardians. She states she will review and provide her information on the statues pertaining to this restriction. She states it is very strict that nothing which is investigated is released.

**Kin Counts** feels families are owed information on what happened after investigation. The whole investigation process is not being asked for. Whether the issue has been addressed is what she is looking for.

**Trudy O'Connor** shared it part of the improvement process. It is a closed process, in order to assist vendors to improve the way they function. There are a lot of actions that may take place because of an incident. A chain of events occurs, to make things safer, to keep it from happening again these are the recommendations. Those things are closed in the processes to those outside. Those things do not get disclosed for the purpose of improvement. The final results are not kept from IOC.



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**Suzanne Hessman** stated she will go back to the minutes and bring up the specific incident and response so we can follow that full circle and see where the disconnect is.

**Suzanne Hessman** reviewed quest 3. A specific member came to the meeting and complained about not getting requested progress reports from the agency and requesting a new Case Manager. Response is they are not comfortable publicly responding to a specific member issue. Suzanne states they are able to go into executive session so it's not a public response. Unsure why they got that response. I'm not sure who wrote these answers either.

**Suzanne Hessman** reviewed ques 4, lack of agencies willing to take on highly behavioral members. She personally has a daughter that hasn't had a provider since July of last year. She read the response from the Division out loud. **Suzanne Hessman** referred to **Amanda's Godek** plan talking about updating and refining Prevention and Supports training. She asked if the wording is stating that those vendors that have implemented a specific behavioral health training will receive a higher rate of pay? She states, it's not clear, perhaps the link would provide more information.

**Jeffrey Yamamoto** opened the link for review Provider Workforce Dev Plan for the committee to view.

**Suzanne Hessman** read from the DDD "Provider Workforce Development Plans Differential Adjusted Payment Opportunity". **Suzanne Hessman** states this still does not answer my questions. I don't know if that's something **Fredreaka Graham** can get us information on?

**Fredreaka Graham** reports she can provide information on the Workforce plan after she gets the request to the correct person. She asks for exact wording to ensure she is getting what the committee wants to the right person.

**Suzanne Hessman** We would like to understand what the AHCCCS Differential Adjustment Payment is and what is required for it and what that payment amount is? How is that dispersed? E.g., Does that mean if a vendor has a plan and a certain amount of DCW who are trained specifically for behavioral health, and they submit that to AHCCCS and they receive a higher rate of pay? **Suzanne Hessman** will send exactly what she wants answered to either **Fredreaka Graham** or **Jeffrey Yamamoto**.

**Fredreaka Graham** will seek information from the subject matter experts on this topic.

**Suzanne Hessman** asked if the funding goes to DCW's training or behavioral health agencies that are being paid by UHC and Mercy Care? Funding that comes from UHC and Mercy Care would go to behavioral health and not any DCWs. Am I right about that?

**Adriana Molina** reports she can take the question back to her team and get that back to **Suzanne Hessman**. **Jeffrey Yamamoto** stated he will forward the request.

**Suzanne Hessman** asked **Jeffrey Yamamoto** to forward to **Whitney Burdett** a request for information on what revisions were made that improve the fidelity of members' Behavior Plans.



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- Chat Message: “I have to hop off however here is my email address for your question. Please feel free to send any other questions that may arise. Thank you  
**fredreaka.graham@azahcccs.gov**

**Suzanne Hessman** question 5 was read out. DDD response was read out. She states because she has not had a vendor through multiple vendor calls for her daughter, she has gone through the process of becoming a vendor specifically for providing services to her daughter and the whole process is extremely currently disorganized and one hand does not seem to know what the other hand is doing and there are a lot of cumbersome, things have to be in hard copy format and I was questioning that. DDD response was read. **Suzanne Hessman** states she knows DDD Network has gone through an internal reorganization.

**Suzanne Hessman** asked if anyone has any questions or comments?

**Amanda Godek** asked why we review closed cases and not open ones?

**Suzanne Hessman** reports the open ones have very little info and responses are minimal due to the investigative process. Or we are told to wait for the closed response.

**Amanda Godek** states we could potentially have questions that maybe those investigative nurses may not have thought of through those investigations. and when I review those (closed cases) and ask my question, we get a response, and I can tell they are irritated because the cases closed two months ago. It is already done and over with. I have a question that needs to be address and obviously was not addressed to begin with.

**Suzanne Hessman** states that is something we can discuss as a committee. We have those reports which are redacted and available for us to review.

**Jeffrey Yamamoto** every IR since April 2021 are posted in the committee’s archive. He states **Amanda Godek** can go in and their and look at any archive.

**Amanda Godek** states that she has gone through the archived IRs. She stated that when she goes through them and has a question, when she gets a response back, they state, that is already stated in the IR. Amanda feels that DDD is responding irritated because they have already moved on from the IR and have to look back.

**Suzanne Hessman** reports it is perfectly acceptable to ask questions on what is going on by sending the IR number and what you know with your request.

**Suzanne Hessman** states we can rethink about reviewing open as well as closed.

**Jeffrey Yamamoto** states he will always include the week he is working. He used to provide the IRs on Friday for review over the weekend from just the previous week so the committee is never behind for more than two weeks. He can input open EM IRs.



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**Amanda Godek** spoke about a member she is following which appears to be receiving PRN medications for behaviors and it is disturbing.

**Suzanne Hessman** reports to **Amanda Godek** it is perfectly within your rights to ask specific questions about this individual circumstance, what is now happening currently. You can just send an email to **Jeffrey Yamamoto** with the IR# and what you know and get answers to that. She states we are open to, if there are open IRs, we wish to review, if we want to go back and revisit that to see if that if beneficial that's something we can do again.

**Jeffrey Yamamoto** states he can go ahead and put in open IRs in the folder so **Amanda Godek** can review.

**Kin Counts** reports she asked the question about PRN medication and received response the physician allows that. She states she would like to know what the physician's permission looks like.

**Trudy O'Connor** reports there are some members whose seizures look like a behavior.

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**IR Assignments**

**Sarah McGovern** had a quick reminder about what categories the committee members are assigned. For details, see section below titled: Discussion and Review of Incident Reports (IR) & Behavior Plans (BP)

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**DDD Policy and/or Legislative Issues**

**Suzanne Hessman** asked if anybody had anything to add with different meetings/ committees that you are involved with of which is significant to the committee for discussion. She asked **Kin Counts** if she had anything?

**Kin Counts** added she did attend a meeting this morning. **Zane Garcia Ramadan** was talking about the DCW compensation as a topic, the other one is Article 9, and not on COVID because they did not have quorum. We also discussion on the policies from Chris. There are so many policies coming out as of the last email, 20 or more. Because there is so much to go over, so much content, nobody knows what it is about. For each of us to go through everyone is very time consuming as most of us have work/jobs. We suggest in the future prior to sending policies out to us, they give an introduction so members can go through and see what is relevant. That may help minimize so



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everyone can go and see what is relevant to them. It would save a lot of time. Moving forward they will be giving an introduction of what the update is and the background of the policy.

**Suzanne Hessman** asked if Article 9 was sent out for public comment?

**Kin Counts** stated no, I think it is open to public comment now.

**Jeffrey Yamamoto** clarified, as of yesterday, it has not yet been posted for public comment. He states that receiving the information, he will send out an email to all of the IOC members via email informing that Article 9 is available for public comment. Please do not reply all since all IOC committee members are blind copied on the email.

**Jeffrey Yamamoto**, as clarification reported, Article 9 is a law that needs to be approved and to go through Arizona Secretary of State's office. He provided information that Arizona's Secretary of State office received notice of the new version. They received it about a week and a half ago; and typically, it takes about two weeks to review and post for their site. There is a requirement to post on the site for 30 days. Both DDD and Secretary of State want to synchronize the posting for public comment. He's assuming that the beginning of next week it will post for public comment.

**Suzanne Hessman** asked if anyone present attended the Statewide IOC?

**Sarah McGovern** was present for Statewide. **Sarah McGovern** reported she spoke about emergency measures and what **Amanda Godek** was looking into about 95% of time going straight to basketweave with no in between.

**Jeffrey Yamamoto** provided his update to the team at this time below. See also: DDD Staff Updates – **Jeffrey Yamamoto**

**Jeffrey Yamamoto** added information on the 90-day delay for a policy and/or law that's being signed into effect by the governor. It will become effective 90 days after the legislative session ends. He informed the committee on the new bill which gave Down's Syndrome added as a qualifier for DDD. That bill will not come into effect until legislature ends and then for 90 days. There were a couple of bills that were on there. Important to IOC committees is the 30 days advanced notice for the proposals to go to public comment. That does not come to law until 90 days after legislature ends. Unfortunately, Article 9 posting will not fit that because it is already in place now.

**Amanda Godek** reported her letter did not go out due to a technical error on her part. She had to fix her spreadsheets. She is now ready to send out that letter. She found through her stats and working closely with Dave Harvey from Vantage Point Behavioral Resources. **Amanda Godek** states she is getting a lot of his input since he works with behavioral health through DDD. He is giving her tips on how to come up with a course or added resources for DSP and for DDD on CAP or additive curriculum for P&S in regard to retaliation and space. **Amanda Godek** reported she has researched and has a contact with a woman who did a big study on retaliation and revenge and what it does to our brains, for our DSP in situations when it comes to emergency measures. She want to create a course to teach DSP to give themselves that six seconds to respond appropriately in those situations.





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She states it would be beneficial. She wants DDD to review that information and give her agency the thumbs up. Her agency has a couple of leads in the different IOCs so they can gather stats from different areas and come together to recognize and go hands off during these high emotional situations. She states as leads in the state, her agency is looking to either revise prevention and support, replace it with a national curriculum or do an additive course to Prevention and Support to meet behavioral health's qualifications.

**Kin Counts** asked if **Amanda Godek** was referring to as what was discussed in the morning meeting of expanding on positive behavioral support training and expanding on the training?

**Amanda Godek** is not certain if they are. Amanda clarified that Positive Behavior Support is incorporated into the Article 9 training already.

**Kin Counts** commented she was confusing because Raising Special Kids do have the training. She states she was asking them because they were talking about expand and making training longer for the families to utilize at home with their members.

**Trudy O'Connor** shared that the two go hand in hand. Positive behavioral supports is typically used in kinds of programs, like which are used in a behavior plan, to teach new skills.

**Suzanne Hessman** asked **Amanda Godek** one completed, to provide curriculum to the committee.

**Amanda Godek** reports she has an outline. She plans to attach the outline and the stats with the letter so it's number based. She states she was blown away by the research and how much we retaliate without realizing it.

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**DDD Staff Updates**

**Trudy O'Connor** did not have any updates.

**Whitney Burdett** did not have an update.

**Joan McQuade** informed the team a second IOC liaison has joined the team. Joan reports interviews have been completed for another redactor. She in the process of adding one more person to our team. She expects it will take about two weeks.

**Whitney Burdett** asked if the redactor positions was new?

**Joan McQuade** reported we always had the redactors but we used to print out the IRs and give to the IOCs. She states she believes it is much easier for the committee members to view the reports electronically.

**Suzanne Hessman** reports it is very convenient to have the electronic reports.



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**Jeffrey Yamamoto** informed the committee about flexibilities of parents being paid as providers for the minor children are going to be extended to at least Sept. 30. PHE extended until June. Funding for the program through ARPA funds will continue allowing parents to be paid providers and other flexibilities to March of 2024. Most of the flexibilities will continue until 2024. Part of ARPA is being used to fund Direct Care Worker, through DDD and AHCCCS. The provider agencies need to provide 80% to the DCW and their supervisor which is not through pay rate. This will allow for agencies to use as a bonus system, a signing bonus, retention and actually pay for a DCW's daycare so the DCW doesn't have to worry about daycare.

**Kin Counts** commented DDD called that compensation and incentive, but not pay raise. **Kin Counts** reported **Zane Garcia Ramadan** spoke about future pay raise in 2024.

**Jeffrey Yamamoto** reported there was a legislative or policy proposal for higher base rate of Direct Care Workers and if ARPA funds are used for base pay, then the proposal could be declined.

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**ADOA Liaison Update**

**Larry Allen** does not have any updates.

**Suzanne Hessman** asked if new members have badges? Did he get pictures from the new members?

**Larry Allen** reports he pretty much up to date on that. He will send a request for a badge for **Teresa Brooks** when he sends the welcome aboard email. He requested that anyone else that does not have a badge to let him know. It's a pretty easy process.

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**Health Plans Liaisons Updates**

**United Healthcare Community Plan (UHCCP) Adriana Molina** had no updates for today's meeting.

**Mercy Care- Vera Kramarchuk** she reports the State to Statewide Crisis phone vendor has been selected to operate the State of Arizona's 24-hour Crisis phone line. Solari is the vendor that has been selected. Mercy Care had a training for Support Coordinators on review of Mercy Care as service refresher.

**Suzanne Hessman** asked if the single vendor change will affect how Crisis is operating? How are they working with 911 and police, what does the workflow look like due to families calling 911 instead of crisis?

**Vera Kramarchuk** stated she will ask internally and find out.

**Sophie Stevenson** input the crisis link <https://crisis.solari-inc.org/> she also reported she could ask if crisis can present at the meeting. **Sophie Stevenson** stated she could reach out to find out if they



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would be willing to provide an overview to the committee. **Sophie Stevenson and Jeffrey Yamamoto** will discuss how to arrange and coordinate with the vendor Solari.

**DDD Liaison Update**

**Jeffrey Yamamoto** informed the IOC about uploading IRs for review. He apologized because he thought IRs were uploaded and they were not. He will be uploading IRs tomorrow, all three weeks. **Michelle Rademacher** started last Monday, it's been 8 days.

**Discussion, Review and Possible Action on Committee Memberships**

**Suzanne Hessman** asked for a motion to vote to have **Teresa Brooks** voted in a new full voting member of the District East IOC.

- **Suzanne Hessman** motioned to vote in **Teresa Brooks** to be a member of the District East IOC.
- **Sarah McGovern** seconded the motion.
- A vote was taken and all present (see Welcome and Introductions attendance) voted “Aye”, there were no “Nay” votes. Motion was passed and **Teresa Brooks** is now a member of the District East IOC.

**Discussion and Review of Incident Reports (IR) & Behavior Plans (BP)**

**Sarah McGovern** states this is only a reminder. Obviously, there might be changes with **Teresa Brooks** coming on. She reported **Jeffrey Yamamoto** informed her that there was something that didn't get uploaded. She stated if you feel like you didn't get any emails about IRs to go and check the actual site to make sure.

**CLOSED Categories:**

*Death/ Suicide- Suzanne*

*Other Abuse/Neglect (1wk)- Sarah*

*Emergency Measures- Amanda*

*Physical Abuse - Yolanda*

*Human Rights/Neglect (2wk.) Kin*

*Neglect (4wk)- Beth*

*Neglect (3wk)- Beth*

*DA/All IRs - Sophie*

*PRC only – Suzan Kingsbury*

*None currently- Tonia*



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For **Feb IRs**, the Committee members have been loaded in the shared drive **1209** incident reports. This included **49** open and **1160** closed reports. ATPC had **67** totals with **4** open and **63** closed.

| <b>Type</b>                           | <b>Open</b> | <b>Closed</b> |
|---------------------------------------|-------------|---------------|
| Accidental Injury                     | 4           | 69            |
| Consumer Missing                      | 5           | 12            |
| Deaths                                | 2           | 4             |
| Emergency Measures                    | 1           | 1             |
| Human Rights                          | 4           | 6             |
| Legal                                 | 0           | 0             |
| Medication Errors                     | 0           | 36            |
| Neglect                               | 12          | 39            |
| Other Abuse                           | 4           | 3             |
| Other Behavior                        | 1           | 193           |
| Other Hospitalization, Unknown injury | 14          | 787           |
| Physical Abuse                        | 2           | 8             |
| Property Damage                       | 0           | 1             |
| Suicide                               | 0           | 1             |
| <b>TOTALS</b>                         | <b>49</b>   | <b>1160</b>   |

**The desired IRs will be divided among the members.**

Number of Questions for QIM: members of the committee will comment on incident reports directly and the liaison will send to QIM.

Number of Behavior Plans turned in by IOC Members: 0

The Program Review Committee (PRC) is being attended to by Susan Kingsbury and Kin Counts.

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### **Adjournment**

**Suzanne Hessman** adjourned the meeting at 6:46 pm. The next District East IOC meeting will be held on Wednesday June 15th, 2022, at 5:00 pm. Will be virtual meeting should COVID-19 concerns still be in effect.