



**Division of Developmental Disabilities (DDD)
District Central Independent Oversight Committee
(IOC) Public Meeting Minutes Summary**

Monday, Nov 28th, 2022 – 10:00 AM to 12:00 PM

Call to Order

Meeting called to order by Committee Chairperson, **Linda Mecham**. The date is Nov 28, 2022, at 10:02AM. **The meeting took place Virtually due to the Public Health Emergency still in place.** Physical location when meetings resume in person may be at 4400 N Central Ave, Ste (to be determined) Phoenix, AZ 85012.

Welcome and Introductions

Attendance Virtually:

- **Linda Mecham**
- **Sherry Wilhelmi**
- **Eva Hamant**
- **Michael Sanderfer**
- **Carolyn Willmer**
- **Lisa Ehlenberger**
- **Eduarda Yates**

Attendance by Phone:

- **Mandy Herman (phone)-15**
- **Debbie Stapley (phone)-22**

Absent:

- **Tina Buettner**
- **Andrea Potosky**
- **Carol McNulty**

Public in Attendance:

- **Olivia Frier (Autism Society of Greater Phoenix)**

Health Plans:

- **Dawn McReynolds (UnitedHealthcare)**
- **Vera Kramarchuk (Mercy Care) on Phone**

ADOA:

- **Larry Allen**

Arizona Health Care Cost Containment System (AHCCCS):

- **C.J. Loiselle, Anne Ngamsombat, Paloma Kwiedacz, Fredreaka Graham,**



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DDD:

- **Leah Gibbs** (DDD OIFA Administrator)
- **Jeffrey Yamamoto** (DDD IOC Liaison)
- **Patricia Sandino** (DDD District Central PRC Chairperson)
- **Alex Tosic** (DDD District Central Quality Improvement)
- **Michelle Rademacher** (DDD IOC Liaison)

Call to Public

Linda Mecham asked for the call to the public. At the time, no public was present.

Olivia Frier from Greater Autism Society, invited by Cynthia Macluskie from District West IOC. Olivia explained the Greater Autism Society provides education, advocacy and social support Provide services for all ages. All of the training offered includes other disabilities apart from Autism.

Presentation from AHCCCS 988 program

The following notes were delivered during the powerpoint presentation which is included below this

Paloma Kwiedacz informed the committee about the Arizona Crisis System and 988. The RBHA in the North changes on October 1st to Care1st. The transition in the North went off without a hitch even at the 12am hour on a Saturday. In the South, Pinal Co. moved into Central. Mercy Care transitioned to Pinal Co. without any issues. (slide 2)

For eligible AHCCCS members the RBHA covers the individual for 24 hours. RBHA is responsible for coordinating the handover. The RBHA system was asked to cover the person for up to 72 hours for individuals that are not covered under AHCCCS. (slide 3)

The new statewide number was created on October 1. This way there is one number across the state. As of November 1st the statewide system has 24 hour texting access. 1-844-534-HOPE There is a plan to include online chat in January. All RBHA crisis numbers will still remain and all will report to Solari. (slide 4)

A historical overview of the Arizona Crisis system was provided to include all the big events and changes. There has been a crisis call system in place since 1970 in Arizona. (slide 5)

Arizona's Crisis Care Continuum is developed to help draw in all the resources to one place and best serve our citizens. This single hub style network works to minimize the decrease in jail and emergency rooms. (slide 6)



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In July 16, 2022, 988 was integrated into the National Suicide Lifeline network. Currently there are over 200 providers enrolled in the national network. The Arizona model and SAMHSA best practices are working to train their providers to respond to all types of crisis situations to reduce individuals going to hospitalization and police involvement. Callers can select to transfer into the veterans system, Spanish speaking system and LGBTQ. The 988 system is answered by a computerized system which is different from the Arizona system. (slide 7)

SAMHSA is responsible for the 988 contract. AHCCCs contracts with the RBHAs. In Arizona Solari and LaFrontera are the contractors. The local crisis calls all go into one system. If the individual is not able to be stabilized over the phone then the provider can dispatch other resources to include 211 for those that need that type of assistance. (slide 8-9)

Arizona has not started marketing 988 yet. The 988 system routes callers based on the area code of their phone number. The lifeline network patterns are working on protocols to help transfer callers to a local center in their area.(slide 10)

Arizona receives about 40 thousand calls a month through the state crisis call centers. As long as the Arizona crisis lines are being used by the residents it will remain in place.(slide 11)

Callers using 988 can expect to be connected to an interactive voice response answering service that will provide options for transferring. (slide 12)

988 will never replace 911; it is an option available to individuals. The 988 is another tool in emergencies. The goals are to be what is the least restrictive and least invasive system to keep residents safe. Public Safety Answering Points will be specific to each region (slide 13-14)

ADHS will help marketing 988 into the suicide prevention action within Arizona. A marketing firm has been selected. The public marketing should begin in early 2023. An evaluation period will occur in June of 2023 to determine effectiveness. (slide 15-16)

Resources page was presented to the committee with links. (slide 17-End of Powerpoint presentation)

The PowerPoint presentation is displayed below:




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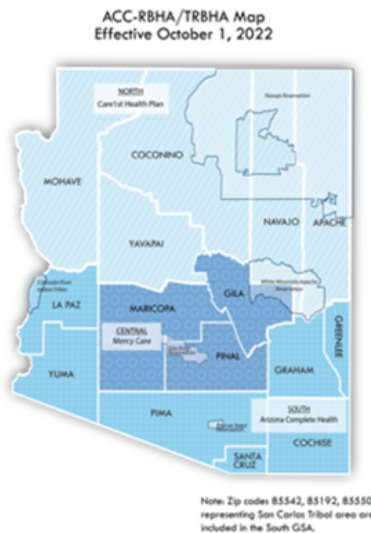
Arizona Crisis System and 988 Updates

Paloma Kwiedacz, Crisis Coordinator
 Division of Grants Administration, AHCCCS



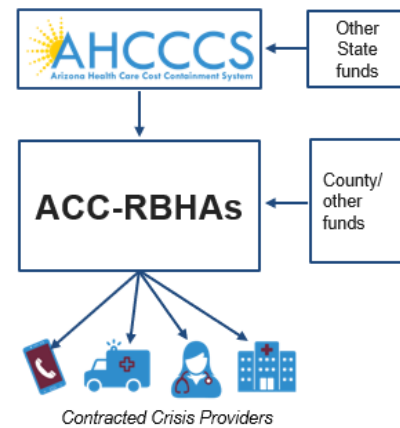
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AHCCCS Crisis System Responsibility



RBHA Contractors:

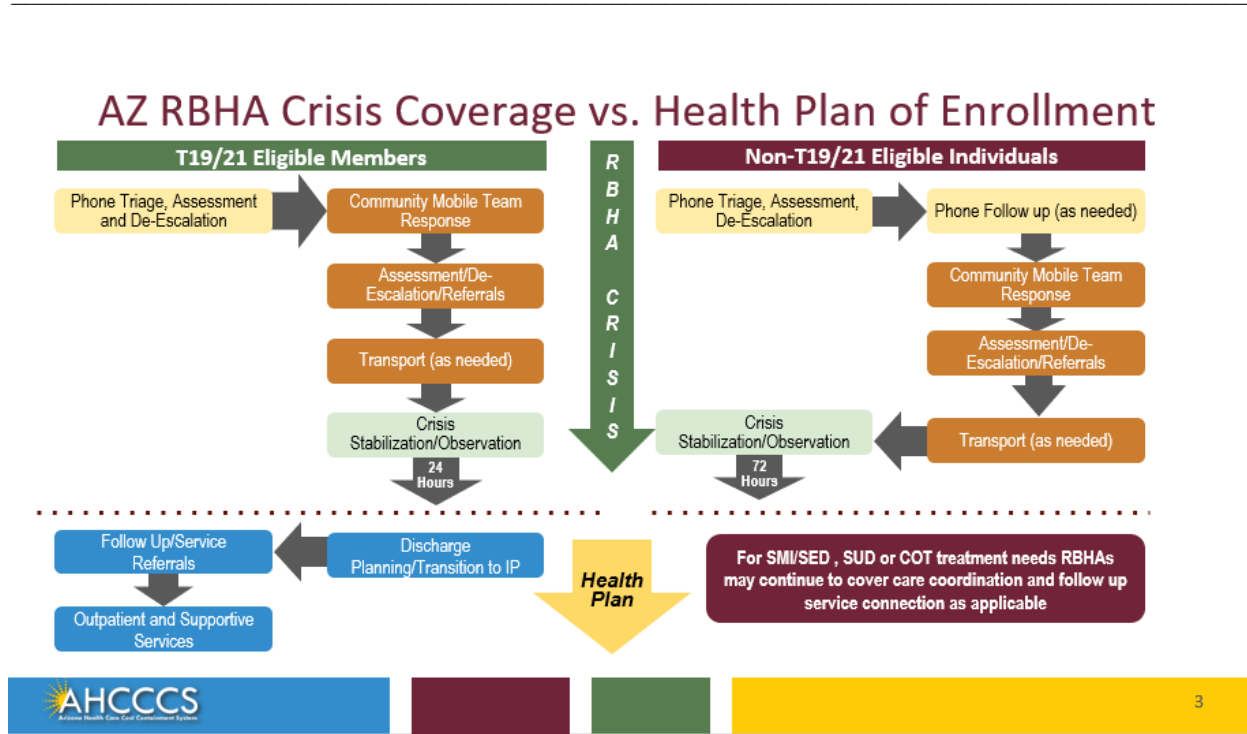
- North (Care1st)
- Central (Mercy Care)
- South (Arizona Complete Health)





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Arizona Crisis Hotlines

STATEWIDE: **Call 1-844-534-HOPE (4673), or TEXT 4HOPE (44673)C**

Maricopa, Pinal, Gila Counties

Mercy Care: **1-800-631-1314 or 602-222-9444**

Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma Counties

Arizona Complete Health: **1-866-495-6735**

Apache, Coconino, Mohave, Navajo and Yavapai Counties

Care1st: **1-877-756-4090**

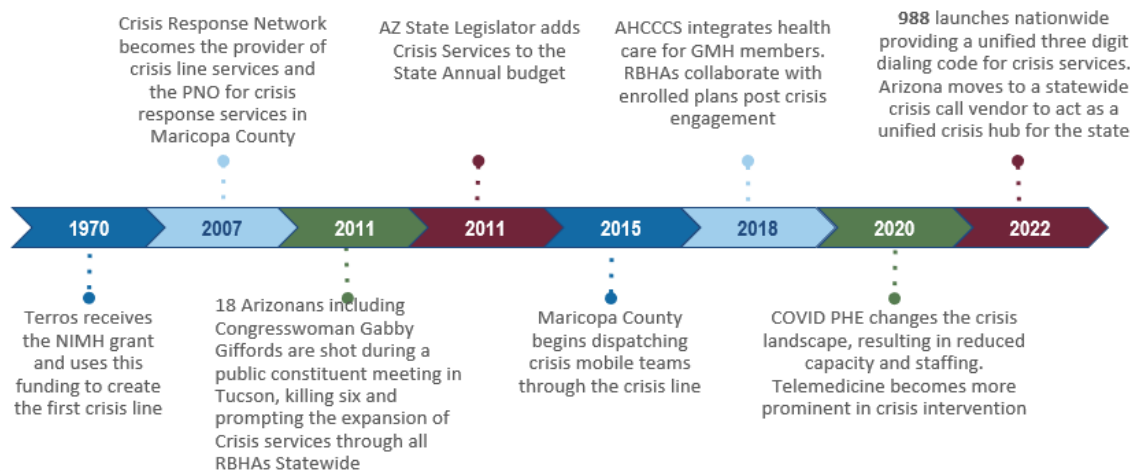
Gila River and Ak-Chin Indian Communities: **1-800-259-3449**

Especially for Teens

Teen Lifeline phone or text: **602-248-TEEN (8336)**



Az Crisis System History

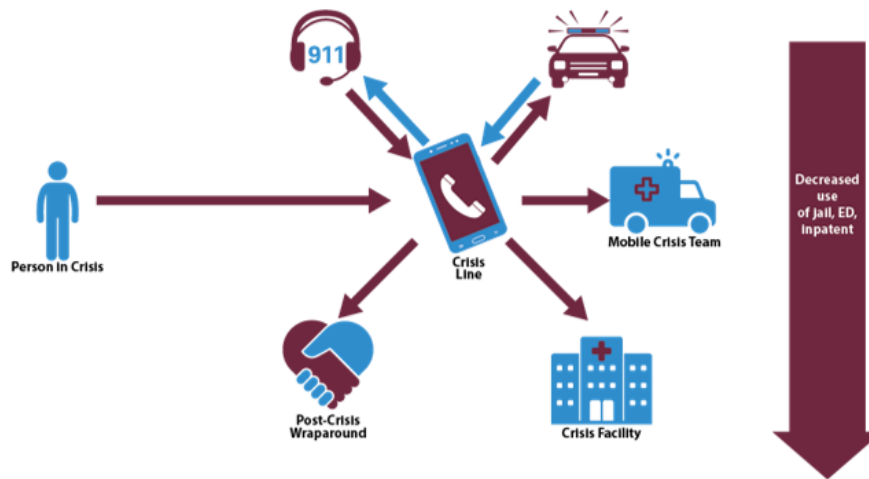




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Arizona's Crisis Care Continuum



What is 988?



2005
 • The National Suicide Prevention Lifeline launched with the number **1-800-273-8255 (TALK)**



2013
 • Lifeline adds chat service, available at www.suicidepreventionlifeline.org

2020

• [The National Suicide Hotline Designation Act of 2020](#) is signed into law. It requires the FCC to designate 988 as the universal number for a national suicide prevention and mental health crisis hotline

• Text service added to the Lifeline



**24/7
 Crisis Support**

Call or text 988 or chat 988lifeline.org



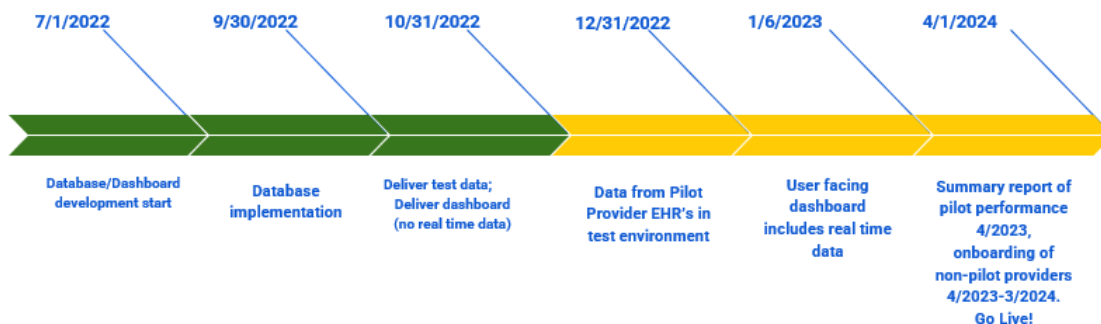
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What is 988?

- 988 is a national dialing code that recognizes and transfers calls into a national routing system operated by SAMHSA/Vibrant.
- Like 1-800-273-Talk, 988 is confidential, free, and available 24/7/365, connecting those experiencing a mental health, substance use, or suicidal crisis with trained crisis counselors.
- Access is available through every landline, cell phone, and voice-over internet device in the United States for calls, texts, and chats.
- Callers can select the option to transfer into the Veterans Crisis system, speak with a Spanish speaking counselor, or connect to a specialized line for LGBTQ+ youth and young adults (those under 25 years of age).
- Translation services are available for over 150 languages.

Crisis Bed Registry Development Timeline

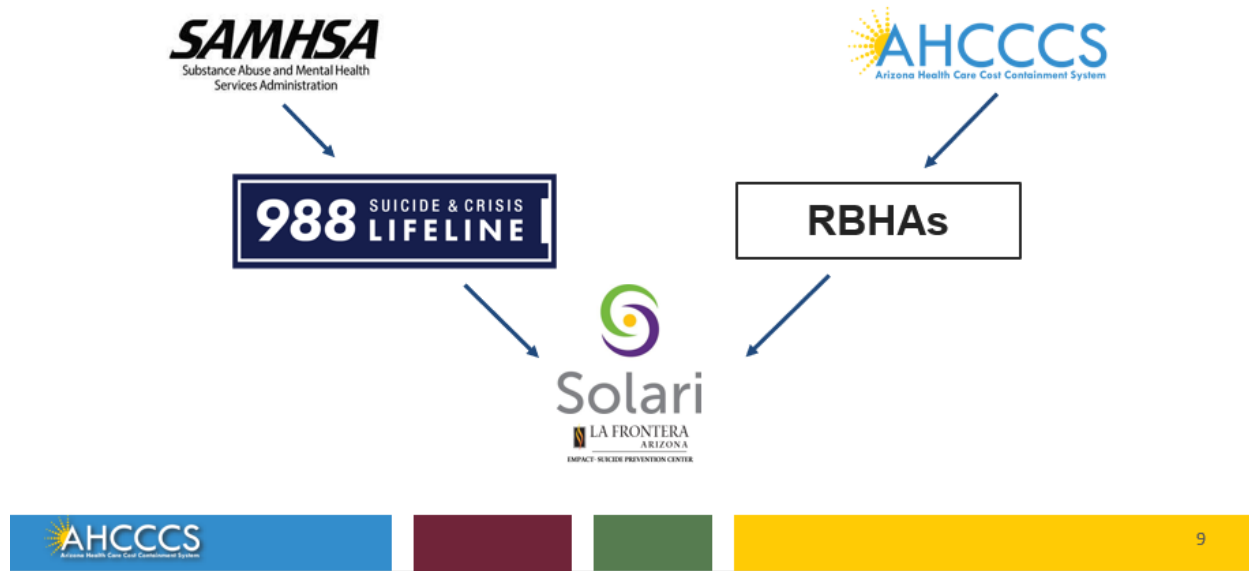




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Effective October 1, 2022

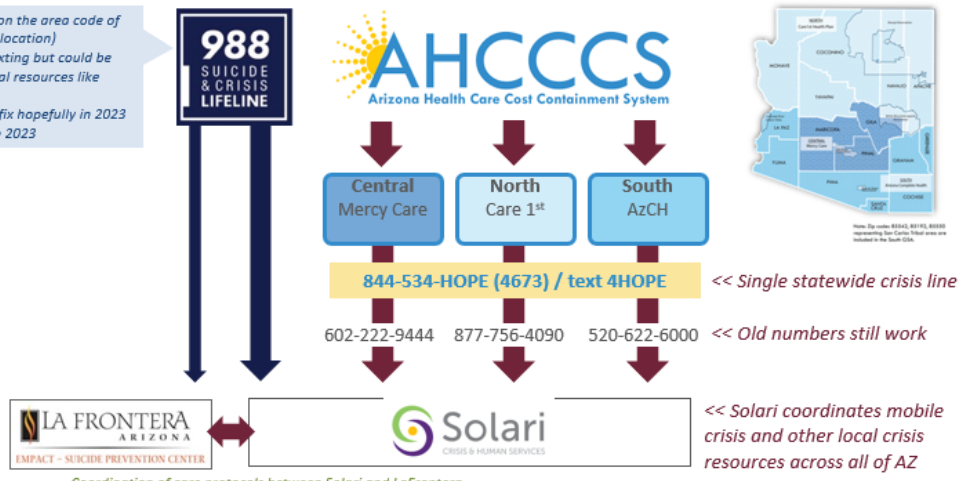


988 & AZ Local Crisis Lines

- 988 calls are currently routed based on the area code of the caller's phone (not their physical location)
- 988 is great for people who prefer texting but could be problematic for people who need local resources like mobile crisis or appt scheduling
- The FCC is working on a geolocation fix hopefully in 2023
- 988 marketing in AZ - Beginning Jan 2023

The new 988 Suicide & Crisis Lifeline is available 24/7 across the US via phone, text, and chat (988lifeline.org) and will connect you to a trained crisis counselor.

However, you may not get a local 988 center that can connect to local resources like mobile crisis, especially if you're calling from a cell phone with a non-Arizona area code. For now, we recommend calling your local crisis line directly if you need local resources.

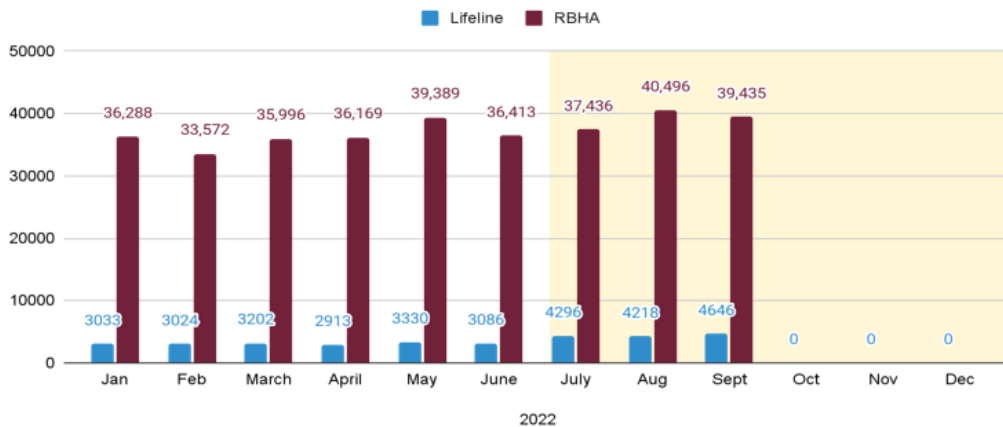




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2022 Lifeline Center Calls vs. RBHA Call Center Calls



What Callers can expect when dialing 988

- Callers will be connected to an Interactive Voice Response (IVR) answering service that will provide options for transferring to the VA line, a Spanish line, or the LGBTQ+ specialized line.
- If the caller does not select one of these options (greeting takes roughly 45-60 seconds) the call will be routed to a Lifeline call center designated to respond to the callers area code.
 - a. This means that if an AZ resident has an out of state area code the call will be transferred to the state associated with the area code and not an AZ center.
- Regardless of area code, all callers will be connected to trained crisis counselors.





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911 and 988 Complementary Systems

911

- Calls answered by operators
- Operator collects information
- Uses information to dispatch fire, police, or EMS
- Can collaborate with crisis call centers (including 988) when behavioral health concerns are identified.

988

- Calls answered by trained crisis counselors
- Counselor supports caller, deescalates situation and connects caller to community resources for ongoing support
- Ideally, able to dispatch mobile crisis teams when higher level of care is clinically appropriate

988 and 911 in AZ

- 988 and 911 call centers have been working with our RBHAs for several years to develop partnerships and protocols.
- ADOA 911 Administration has developed Policy Templates and tools for Public Safety Answering Points (PSAPs).
- Arizona has 81 PSAPs located throughout the State. Each PSAP is responsible for developing and following policies and protocols.
- Connection to 988 (and our local crisis system) is a fourth tool for 911 dispatchers and protocols need to be established to promote consistency in triage and coordination with each PSAP.
- AHCCCS and ADOA have partnered on developing a PSAP tracker to monitor the progress of policy development and 988 collaboration.
- The 988 Advisory Committee will continue to monitor the collaboration progress of PSAPs and our crisis call centers.



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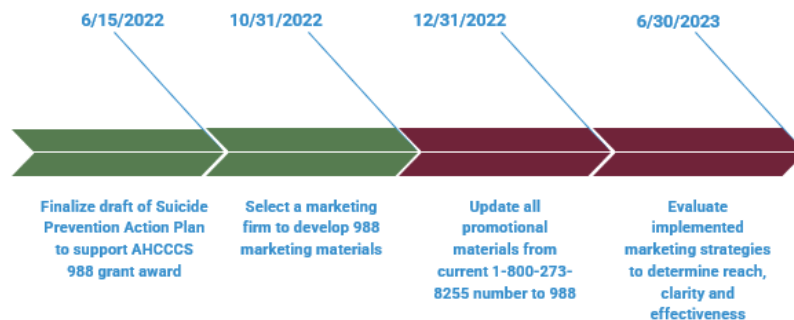
Arizona 988 Marketing ADHS/AHCCCS

The Federal Government is not providing block funding to advertise the new 988 number at this time. ADHS will seek to fill this gap by using existing suicide prevention funding to mount a statewide, multi-modal advertising campaign. The 988 national crisis line rollout will be the most significant initiative for the ADHS 2022- 2023 Arizona Suicide Prevention Action Plan.

Planning priorities:

- Increasing awareness of the new, dial-anywhere number will allow an Arizonan in crisis to connect to help no matter where they are.
- Creating messaging and coordinating for an exhaustive awareness campaign.

988 ADHS Advertising Timeline





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Resources

- AHCCCS Crisis Services Website:
[azahcccs.gov/BehavioralHealth/crisis.html](https://www.azahcccs.gov/BehavioralHealth/crisis.html)
- AHCCCS Crisis Services FAQs:
<https://www.azahcccs.gov/BehavioralHealth/CrisisFAQ.html>
- 988 Fact Sheet: <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>
- Arizona Suicide Prevention website: azhealth.gov/suicide
- Arizona Department Of Administration 911 Program:
<https://az911.gov/about/current-training-opportunities/9-8-8>



Medication issues and refills at DTA and GH (Carolyn)

Carolyn Wilmer stated she reviews medication incident reports and has questions. Carolyn stated that she does not have anything to add today.

Education of Pain Issues (Sherry)

Sherry Wilhelmi stated she is recovering from a major medical event currently. No update on pain education.

Article 9 (Linda)

Linda Mecham stated she spoke with Senator Bartow who lost her AZ Senate seat. She was connected with another individual in the Senate who Linda has reached out to. Linda sent an email to the



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Governor's Regulatory Review Committee, GRRC, regarding the current draft of Article 9. She also encouraged her committee to log onto the open meeting. **Eva Hamant** asked for the link for logging into the GRRC meeting. Linda will send the committee the GRRC meeting link.

Linda Mecham commented that the current draft of Article 9 relates to behavioral health. The elimination of the word “prohibited” was addressed under restricted techniques by DDD per the IOC request, due to the addition of a legal term, “Shall Not”. Applicability of Article 9, in terms of institutional settings, ICF and SNF are included. Linda spoke of the requirements of what shall be included in PRC per the current draft of Article 9. Linda stated that is a “shall” currently, not a “may”. She asked is that correct? **Patricia Sandino** stated she would have to look that up.

Linda Mecham brought up psychotropic medications per Article 9’s draft proposal. “In meeting the goals of the planning document”, how does it relate to Article 9? Linda asked if there is no goal in the planning document, does that mean an individual doesn’t take the medication or is required to have the goal in the planning document?

The Division shall provide the following monitoring in addition to, ensure side effects are screened as needed, documented in the member’s case record, how often is monitoring occurring? **Leah Gibbs** added that the Division’s medical providers monitor the member for side effects every quarter. **Patricia Sandino** added that every 90 days during med. review this should be discussed. PRC receives a change of medications and determines if the medication is too high or too low. If PRC sees an issue, it is sent to DDD Behavioral Health Administration, including Dr. Arnold. It was clarified the PRC receives a notice of change in medication anytime a member’s psychotropic medication is changed.

Debbie Stapley asked about the IOC renewal of Article 9 training. It was shared that an email was distributed by **Jeffrey Yamamoto** per IOC Article 9 training. He stated the new Article 9 training might be as long as six months to be updated per the new Article 9. Jeffrey will send the email link for IOC to access training again.

A couple of the IOC members asked for a copy of the proposed Article 9 draft. Linda will send it out with the link to GRCC.

Investigation of Deaths (Linda)

Linda Mecham commented on receipt of DDD death notifications. Linda stated she is not sure what to do with the notifications. Linda stated she conferred with DDD District West IOC. Linda shared the DDD DW IOC questions sent to DDD regarding a member’s death. Linda asked her committee what can we do with this information? Linda provided historical information per the past DC IOC chairperson per a family requesting an autopsy per an unexpected member’s death. **Leah Gibbs** explained per the medical examiner’s authority, there may not be much more DDD can do.



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The following is a DDD District West IOC question discussed in the meeting, followed by the DDD response.

1. Can a DDD Incident Report be closed before an autopsy report and/or a police report are completed; especially when the incident involves the unexpected death of a DDD Member? What is the procedure?

The Division's investigative process is a stand-alone process which can be conducted concurrently to a regulatory agency investigation (law enforcement, APS/DCS, etc.). The Division's investigative process reviews whether the qualified vendor followed the standard of care outlined in policy, procedure, or regulatory requirement. The Division does not make determinations as to whether there are legal or criminal liabilities. As part of the investigative process, the Division may request an autopsy or police report, but a final determination can be made without these documents. What is the procedure? Please refer to Division Operations Manual Chapter 6002F – Investigative Process, Division Operations Manual Chapter 6002M – Mortality Review Process and Division Medical Manual 960 – Quality of Care Concerns. These are attached for your reference.

Linda stated information received from DDD included the 5 Fatal Conditions considered preventable causes of death in people with intellectual and developmental disabilities are Aspiration, Bowel Obstruction, Gastroesophageal reflux, Dehydration, and Seizures.

Linda stated if a family did not want an autopsy on an unexpected death, the medical examiner needs to sign off on the death certificate for the family to move forward. The providers who oversee and treat an individual medically need to have seen the member in the past six months for a death certificate sign off without an autopsy.

Eva Hamant suggested the DC IOC chairperson ask the committee to read the Incident reports per the member death notifications. She states reading the active open IR is most beneficial. The closed report is meaningless to the committee. **Carolyn Wilmer** stated that we know nationally there are issues with autopsies not being done. She stated with the vulnerable individuals in DDD, maybe more needs to be done per the issue. **Linda Mecham** suggested talking to Dr. Decker, forming a subcommittee (including District West), or other actions. Carolyn suggested asking the Arizona Medical Review Board. The committee agreed to research the topic more and revisit the conversation.

Jeffrey Yamamoto added the IOC can review the information received on the notification, then request the IOC liaison email the redacted incident report, if desired to be reviewed.

Vote on canceling the Dec 2022 meeting (IOC)

Linda Mecham asked for a motion to cancel the December 2022 meeting.

- **Sherry Wilhelmi** motioned to cancel the December 2022 meeting.
- **Carolyn Wilmer** seconded the motion



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- **All the members present** (see Welcome and Introductions for attending members) **voted “aye” and there were no “nay” votes**
- **Motion passed and there will be no December 2022 meeting.**

DDD Staff updates, Health Plans and ADOA

Leah Gibbs stated that she did not have many updates. She stated the IOC has been invited via email to attend a forum on the recommended changes to the DDD member planning document. December 13 is the date for the forums, with one in the morning and one in the evening.

Larry Allen stated the Open Meeting Law training has been moved to January. He will let the committee know when a date has been scheduled. Everyone is invited to attend. Larry suggested that the chairs and vice chairs attend.

Dawn McReynolds (United Healthcare) stated he had no updates. **Linda Mecham** asked about the card program presentation. Dawn stated that once ready, she would coordinate through the DDD IOC Liaisons for a joint presentation to all of the IOCs.

Vera Kramarchuk (Mercy Care) stated that she had no updates.

Patricia Sandino stated she is covering District East. District Central PRC volunteer calendar is complete. All December meetings have coverage.

Alex Tosic stated that he had nothing for the public session.

Roundtable Reports from Members for next meeting

Sherry Wilhelmi left the meeting early and had not update prior to leaving

Carolyn Willmer had nothing to add.

Carol McNulty was not present.

Lisa Elhenberger stated a colleague who is a potential recruit will be joining the next meeting.

Linda Mecham did not have a comment.

Eva Hamant stated she read policy on Support Coordinators who are payees for members. Inputting the budget plan (spending plan) in the planning document has been added if the member has DDD



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client funds involvement. The support coordinator can approve purchases on a spending plan for less than \$499 without supervisor involvement. Eva also spoke of her identification of issues with members and PRN medications per Crisis involvement.

Mandy Herman left the meeting early.

Debbie Stapley no issues, other than the UHC health foods card not working.

Eduarda Yates shared that KJAZ and Amy Silverman who has Downs Syndrome daughter. Per Carol, Amy will be on the local show which comes on at 9 o'clock on 91.5fm. DDD sex education may be on the agenda.

Michael Sandofer had nothing to share.

Motion to go to Executive Session

Linda Mecham asked for a motion to go into Executive Session to discuss Eva Hamant IR questions.

- **Eva Hamant** motioned to go into Executive Session to discuss Eva Hamant IR questions.
- **Carolyn Willmer** seconded the motion
- **All the members present** (see Welcome and Introductions for attending members) **voted “aye” and there were no “nay” votes**

The IOC voted to go into executive session at **12:26 PM**.

Discussion and Review of Incident Reports and Behavioral Plans

For Sept IRs, the Committee members have been given August, Sept, October incident reports in the Shared Drive. This included open and closed reports.

August

Type	Open	Closed
Accidental Injury	0	136
Consumer missing	4	8



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Deaths	0	5
Emergency Measures	0	17
Human Rights	16	13
Legal	0	15
Medication Errors	5	44
Neglect	5	34
Other Abuse	11	33
Other-Behavior	1	237
Other -Injury unknown	2	98
Physical Abuse	7	13
Property Damage	0	4
Suicide	0	7
TOTALS	51	664

September

Type	Open	Closed
Accidental Injury	0	128
Consumer missing	0	6
Deaths	0	3
Emergency Measures	0	13
Human Rights	1	11
Legal	0	0
Medication Errors	2	47
Neglect	14	16
Other Abuse	11	22
Other-Behavior	0	188
Other -Injury unknown	0	96
Physical Abuse	3	15
Property Damage	0	1
Suicide	0	5
TOTALS	31	551

October

Type	Open	Closed
Accidental Injury	2	92
Consumer missing	1	7
Deaths	1	2
Emergency Measures	1	13
Human Rights	4	3
Legal	0	2



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Medication Errors	3	37
Neglect	16	18
Other Abuse	9	18
Other-Behavior	0	191
Other -Injury unknown	0	79
Physical Abuse	5	8
Property Damage	1	1
Suicide	0	7
TOTALS	43	478

The desired IRs will be divided by the chair and equally distributed amongst the members.

Questions for QIM: Members of the committee will send the incident reports questions to the DDD Liaisons **Jeffrey Yamamoto and Michelle Rademacher** to be forwarded to Quality for responses.

Motioned to Adjourned the Executive Session & Public Meeting

Eva Hamant motion to adjourn the executive session and public meeting

Debbie Stapley seconded.

Vote was taken by attending members (See attendance)

There were all “Aye” with no “Nays” to this motion to adjourn the meetings.

Adjournment

Meeting adjourned at 12:45 PM

The next District Central IOC meeting will be held on January 23rd, 2022, at 10:00am in the same virtual format.