



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, November 22, 2022 – 5:30 PM to 7:30 PM**

**Call to Order**

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

Meeting called to order by **De Freedman**. The date was November 22, 2022, at 5:31 pm. 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 unless noted:

- **Diedra (De) Freedman**
- **Brad Doyle**
- **Bernadine Henderson**
- **Diane Concolino**

Absent:

- **Pat Thundercloud**
- **Shelly Vinsant**
- **Cynthia Macluskie**

Public in Attendance:

- **None**

Arizona Department of Administration (ADOA):

- **Larry Allen**

AHCCCS IOC Liaison

- **Fredreaka Graham**

AHCCCS OIFA Presenters

- **Carol Loiselle, CJ**
- **Paloma Kwiedacz**

Healthcare Plan Liaison

- **Janet Holtz** (Mercy Care) Ombudsman
- **Dawn McReynolds** (United HealthCare) Member Advocate

DDD staff and Guests:

- **Martha Williams-Hayes** (DDD District West Quality Supervisor - incident entry)
- **Diane Kress** (DDD District West Quality Supervisor - investigative)
- **Michelle Rademacher** (DDD IOC Liaison - DW, DS, DN)
- **Joan McQuade** (DDD OIFA Manager - support IOC Liaisons)
- **Jeffrey Yamamoto** (DDD IOC Liaison - DC & DE)



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The Committee, DDD staff and guest, ADOA introduced themselves.

The IOC make up in attendance: **De Freedman** is a former Lawyer and a Chief Compliance Officer as well as a parent of former DD member. **Bernadine Henderson** is a former Special Education School Teacher and a current Foster Parent as well as parent of two DD members. **Cynthia Macluskie** is the President of the Autism Society of Greater Phoenix, parent of DD member and licensed insurance agent.. **Brad Doyle** is a Parent and Advocate; **Shelly Vinsant** is a Parent and Advocate as well as a past administrator of West Valley Autism support group and has a BA in Psychology. All these members have/had children who have/had services with DDD.

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**Call to Public**

**De Freedman** asked the person present to introduce themself.  
No one was present.

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**AHCCCS 988 presentation**

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

**Paloma Kwiedacz** informed the committee about the Arizona Crisis System and 988. The RBHA in the North changed 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 jail and emergency room



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occurrences. With IDD individuals, there are goals to connect individuals with trained specialists. IDD specialized mobile dispatch teams are in place in Arizona. All counselors are required to be trained to provide support to IDD individuals. (slide 6)

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 into 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 computer which is different from the Arizona system. (slide 7)

The role of SAMHSA and AHCCCS was explained where AHCCCS is responsible over the RBHAs. SAMHSA is over the 988 Lifeline to both work together with Solari. It is encouraged that people call the local crisis lines. 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. Privacy concerns are a challenge in using geolocation support for the national crisis line as opposed to 911. Legislation does not currently permit use of geolocation in this system. (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 Service Answering Points will be specific to each region. Public Service Answering Points, PSAPs, receive reporting from the Crisis lines in instances where individuals provide their number and may need follow-up support. There are 81 PSAPs in place in Arizona. AHCCCS & ADOA is continually monitoring the progress. (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)

Questions/Comments from the IOC:

**De Freedman** commented that this is a disincentive to use the 988 service. When is it expected that



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geolocation will come into service? CJ stated currently Arizona and AHCCCS does not have authority or oversight of the 988 network or how they are routing. There are national talks going on with the FCC and several advocacy groups that are looking at different types of georouting that would be consistent with remaining confidential. CJ said she was not sure how long that is going to take to come into reality. Recently, a proposal for cell tower routing could be utilized while still providing privacy. It has not moved to a bill that AHCCCS is aware of. De stated why even advertise 988? CJ stated, we want to support the national movement. It is the first step in building a Crisis system of care. Many states do not have active crisis hotlines.

**Brad Doyl** commented that with the electronic vendor verification that itself, had to jump through numerous hurdles to come up with the appropriate way to turn on the location when a person punches in and out. It had to jump through regulatory hurdles. Because of privacy concerns, it is regulatory. It will take some time, it might take a federal law to pass it through. CJ commented it took over 35 years to get the 911 system in place. AHCCCS is hoping the lessons learned from 911's growth pattern will expedite things in getting people help faster and in a safer manner. The biggest difference is that federally this was not passed state to state.

**De Freedman** asked if the percentage of DDD members that call into the crisis lines with intervention needing police involvement is available? CJ stated the crisis deliverable was updated and if a person will provide the crisis counselor their name, those with Justice involvement, the report would go to DDD. The daily crisis report and outcomes goes directly to DDD for quicker follow up and coordination of care.

**De Freedman** asked if insurance is reimbursing for any of these services? That way if the insurance was known, then the individual could be tracked. CJ provided information that AHCCCS does pay the RBHAS through our crisis rated money for the crisis call center as well as mobile team and crisis stabilization facilities. CJ stated funding for 988 is through a grant with SAMHSA. SAMHSA provided funding to the local Arizona Lifeline providers to ramp up staffing for the call centers; it is not based on volume. Creating sustainable funding for 988 is being worked on. Persons calling the 988 number are not disclosing their information, 64%. A majority of those that are disclosing, do not have an AHCCCS. They might have a commercial health plan. Private insurance is not covering crisis services.

**De Freedman** commented that justice interventions for DDD ALTCS members who call crisis have the interventions with law enforcement due to the services not being adequate for the DDD member's needs.



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The PowerPoint presentation is displayed below:

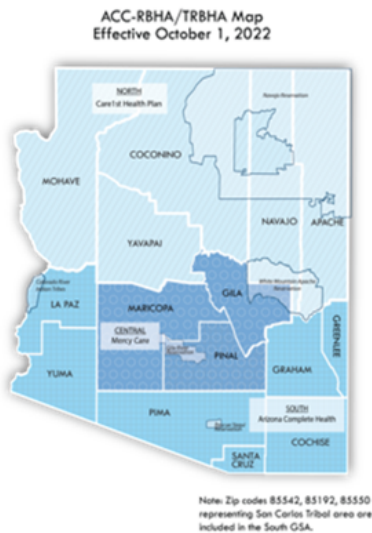
Arizona Crisis System and 988 Updates

Paloma Kwiedacz, Crisis Coordinator  
 Division of Grants Administration, AHCCCS

AHCCCS  
 Arizona Health Care Cost Containment System

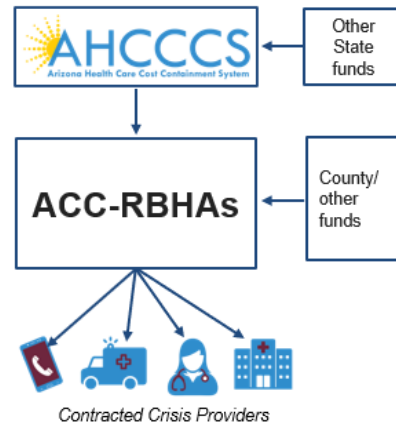
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### AHCCCS Crisis System Responsibility



**RBHA Contractors:**

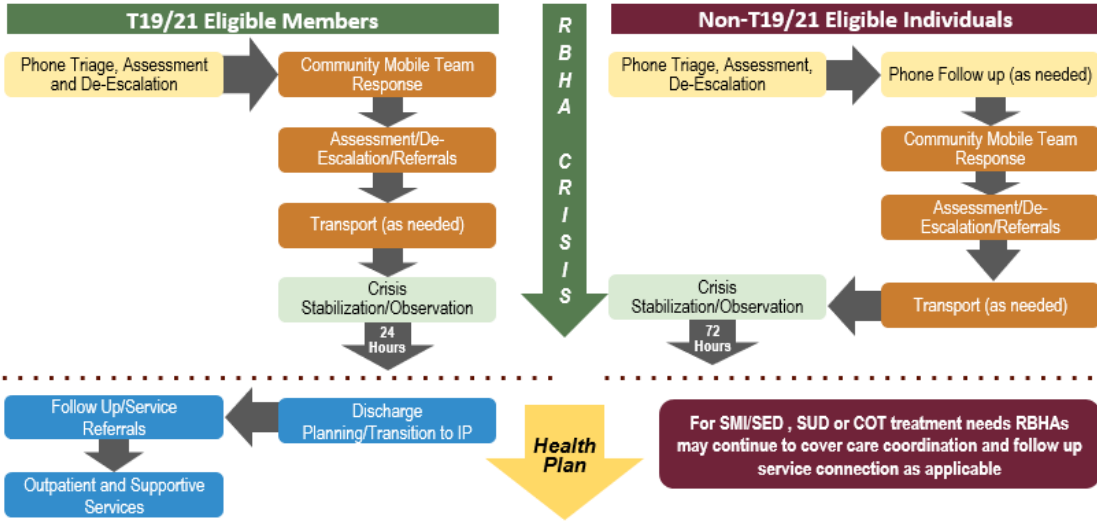
- North (Care1st)
- Central (Mercy Care)
- South (Arizona Complete Health)





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## AZ RBHA Crisis Coverage vs. Health Plan of Enrollment



## 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**

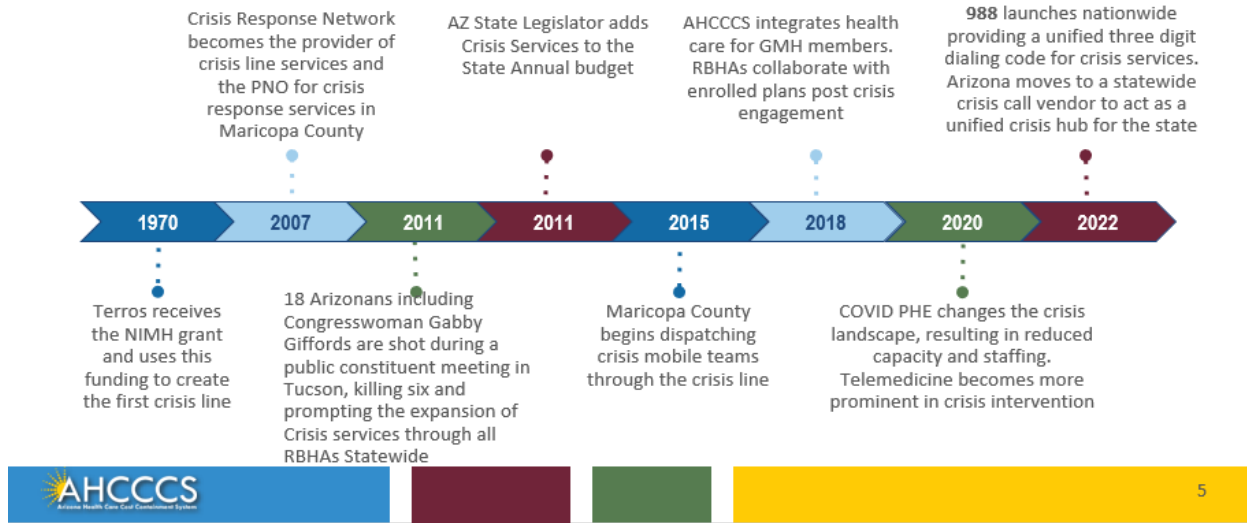
Teen Lifeline phone or text: **602-248-TEEN (8336)**



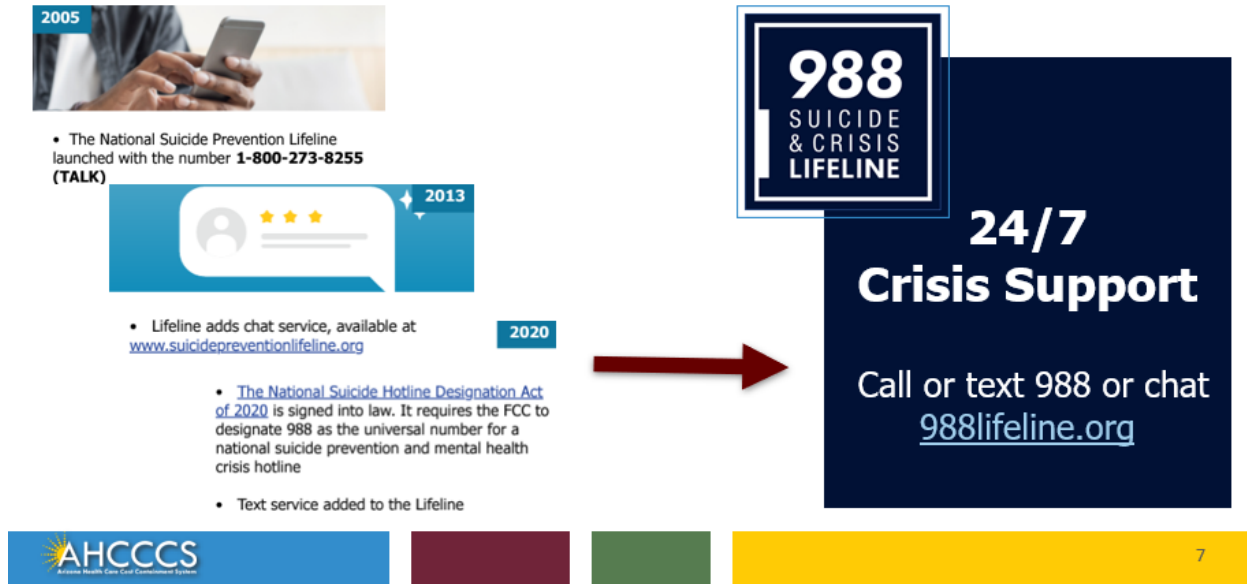


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## Az Crisis System History



## What is 988?





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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.

## Effective October 1, 2022







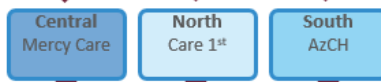
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## 988 & AZ Local Crisis Lines

- 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.



**844-534-HOPE (4673) / text 4HOPE** << Single statewide crisis line

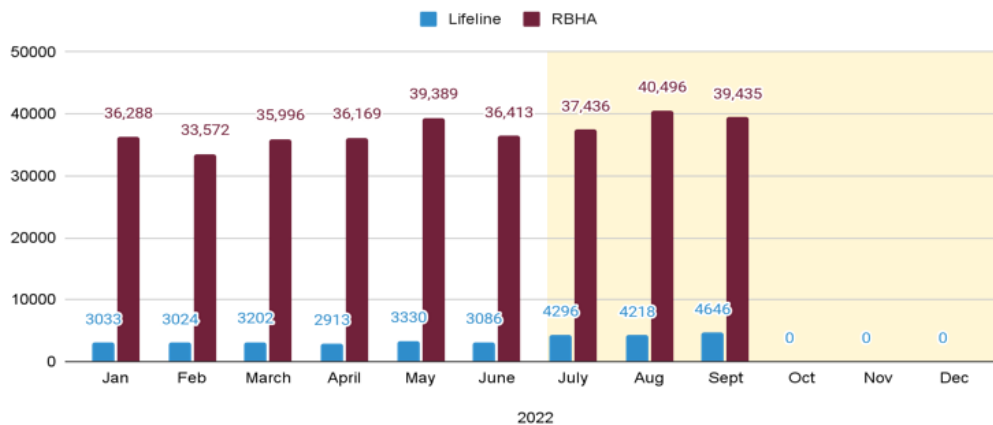
602-222-9444    877-756-4090    520-622-6000 << Old numbers still work



Coordination of care protocols between Solari and LaFrontera

<< Solari coordinates mobile crisis and other local crisis resources across all of AZ

## 2022 Lifeline Center Calls vs. RBHA Call Center Calls





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## 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.

## 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



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## 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.

## 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.

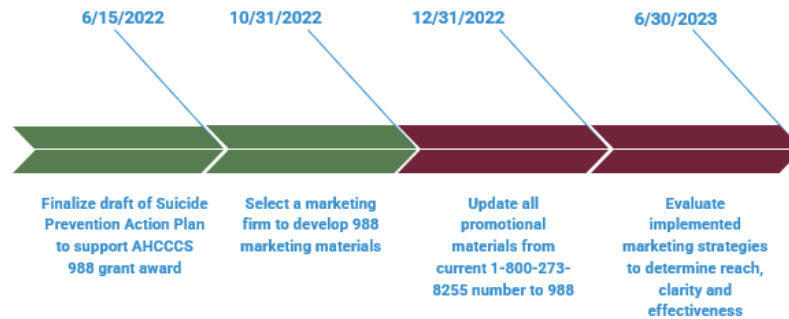
Planning priorities:

- 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.



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## 988 ADHS Advertising Timeline



## 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](https://azhealth.gov/suicide)
- Arizona Department Of Administration 911 Program: <https://az911.gov/about/current-training-opportunities/9-8-8>



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**Presentation and Discussion on AZ Crisis Response for IDD  
population**

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

**Jon Meyers** shared information about a document published by the Arizona Developmental Disabilities Planning Council earlier this year, related to the urgent need for improvement in the care and response to individuals with intellectual and developmental disabilities as part of the crisis system in Arizona. He shared the report was published in Jan 2022 which was a partnership with multiple agencies, ADDPC, ACDL, Autism society of Greater Phoenix and a large number of individuals, members, caregivers, providers and professionals in various specialties. Jon stated the report was distributed to a wide array of individuals to include policy makers and the public at large. The DDAC held a statewide press conference in order to bring attention to the media, to extend the information around the state to help get attention to the report finding, and start some conversations in the policy community on what needs to be done to improve the response for individuals with DDD.

Jon stated the report details four key things. One is that the system is nowhere near the level of accountability and transparency that is adequate. There is too much opacity on how services are rendered and how things are followed up and how providers are held accountable to making sure that the individuals who require crisis supports are provided with the supports immediately and over the longer term. Communication between various involved parties in the crisis system is not where it needs to be, per the report, per Jon. Miscommunication, misinformation and misunderstanding is occurring with too little oversight to ensure parties are communicated with and acting as they should, in the best interest of individuals served. The justice and law enforcement system is not well designed to support individuals with IDD in crisis. Serving individuals in crisis needs more resources, more training, greater capacity to do the job well and are asking for those resources.

In the area of accountability, Jon stated that all of the players are not being held accountable. There is not clear communication or understanding. All of the parties involved, the RBHAs, the crisis care providers, healthplans, the Managed Care Organizations including the Division staff, there is too little accountability for their actions and their follow up. Arizona needs tremendously more transparency in how systems are supposed to operate and how they are actually operating. There is too much self monitoring and not enough third party monitoring. The standards of care are misunderstood or misapplied. They are not taking into account the unique attributes of individuals with IDD, the unique communication challenges, cognitive challenges, behavioral challenges they may face.

In addition, in the area of monitoring communication protocols, the report found that from performing interviews in putting together their report, there are a variety of contractual obligations that are not



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being met and are not being required. In some cases individuals that represent the system are doing their best in trying to communicate but meet barriers. Part of it is in the information being distributed is inconsistent. Another part is that there are not enough individuals dedicated to this work to ensure the individuals that need supports and services get it over the long term. It is true that caregivers/family members/ guardians don't understand what resources are available or how to access them and spend hours of time trying to know/find the support. As a result the situation is worsened or individuals go without the care they need for an amount of time.

The report, per Jone, identified there is a problem with the availability of information for the advocacy community and for other responders in being the Inability to pull apart the data to identify how many individuals with IDD need or rely on the system. Most of the current data is anecdotal and not empirical due to the mechanism not there for analyzing the data.

Law enforcement and the justice system, through justice liaisons, works with the managed care organizations, but, per the report, there is a disagreement about what those justice liaisons are supposed to do. The health plans and DDD differ in the interpretation of the justice liaison's role. A commonality needs to be developed in what the justice liaisons are supposed to do.

Jon mentioned that CIT law enforcement training for law enforcement agencies is needed. Currently it is not known how many there are. Jon said they know more is needed because too often law enforcement is the first on scene in a crisis event. Law enforcement is not well trained to work with individuals with IDD going through crises whose behaviors or cognitive challenges cause a barrier in being compliant. Jon said, we need more CIT trained law enforcement officers, we need to make sure that law enforcement is only the first responder on the scene when there is imminent danger only. In other cases we need other trained behavioral health professionals as crisis professionals to de-escalate. Jon stated the report found It is absolutely important to identify individuals with IDD who are incarcerated. He said right now there is a requirement that individuals with SMI be identified. There is no system in place currently to identify or track the IDD individuals in jail/prison. They are at increased risk for harm within the jail systems. Every person needs to be screened for an IDD diagnosis when they are brought into the jail system for their service needs and protections.

De Freedman asked if Jon's group knows how many individuals with IDD are incarcerated? Jon stated it is not known. The DDD justice liaison can only report on the members enrolled in DDD.

Jon stated that the problem with data collection and relying on the data is in unknowing what is accurate.

De Freedman shared the vast majority of individuals with IDD in Arizona are not enrolled in DDD.

Jon stated training and better training is needed to ensure individuals are safe and receive the services they need. Support coordinators and provider staff are insufficiently trained on behavioral health services and supports. He said families need training on how to access the supports that are available to



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them. He stated in reality, government systems are complex. A way to educate families is needed immediately. Families should not have to go through days of online searches to find help. Jon reported that guidance for providers in identifying the signs and symptoms of mental health issues in individuals with IDD is needed. He said, in too many instances, it is assumed individuals are acting a certain way due to their other diagnoses/disabilities. Arizona has a critical shortfall of trained professionals who can work with individuals with IDD. It is necessary to attract and train professionals in Arizona.

The report found that most facilities that provide crisis and mental health resources and their staff do not have the resources to work with individuals with IDD.

Better understanding, better services and resources for non-verbal individuals using alternative and augmentative communication are needed. Individuals who use aac devices are losing their voice in a crisis situation which is a rights violation.

De Freedman asked if Jon knows of any peer support crisis specialist where the individual has IDD? Jon did not know. There may be something localized nationally but not across the nation.

Jon stated another area of guidance needed for providers/specialists is better training to help understand when a behavioral health challenge is being experienced in recognizing it early on prior to the escalation of the issue to the level of true crises.

A way to address staff turnover rates that contribute to the instability of a member is needed to provide consistency to members for their support, per Jon.

Training for families and managing expectations is needed. Helping families and individuals with IDD be advocates is needed. Requiring that crisis line phone number be placed on all health plan cards should be a standard. Medical professionals need more training to work with individuals with IDD.

Questions:

**Bernadine Henderson** commented and asked what is happening beyond the recommendations? Jon stated that between January and now, some improvements have been made. CJ, the AHCCCS crew, are making strides in working toward the IDD population getting incorporated into the way the crisis response system rolls out. DDD has established a training program for providers and families that will be rolling out in the future, positive intervention training, better behavioral health training for providers and support coordinators on the IDD population. Jon stated there is tremendous work needed within the systemic system.

**Brad Doyle** commented that we need to get the community ready for all the IDD people.

**De Freedman** stated Mercy Care is the RBHA for DDD District West. De asked if anything could be shared on what the RBHA is doing to make sure the system is improved? Jon added that a core group was formed and is meeting with the various health plans. The group is trying to communicate with all the entities involved in the 988 rollout to make sure IDD individuals are included in the process. The



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group is trying to formulate what their approach needs to be. Tackling the issue of law enforcement involvement in crisis response may need to be the first approach. Jon is not certain that the professionals needed have been assembled. De asked **Janet Holtz** for information about the providers that Mercy Care brought onboard. Janet stated that Mind24 has a couple of locations in the east valley but she doesn't know much more. De asked if those services are available to everyone because Mercy care is the RBHA for crisis care in Maricopa Co? Janet assumed it was due to the RBHA being contracted for all lines of business. United HealthCare was asked if Mind 24 is in network? They are in process. De acknowledged that the health plans are aware and working on the issue. DDD has committed and is planning on using the ARPA money to work on the issue.

Arizona's Crisis response report link was provided in the chat:

<https://addpc.az.gov/sites/default/files/Crisis%20Response%20IDD%20Final%20Report%20for%20Public%20Dissemination.pdf>

**The PowerPoint presentation is displayed below:**



## **Arizona's Crisis Response & People Who Have Intellectual/Developmental Disabilities (ID/DD)**

Jon Meyers, Executive Director  
Arizona Developmental Disabilities Planning Council

November 22, 2022

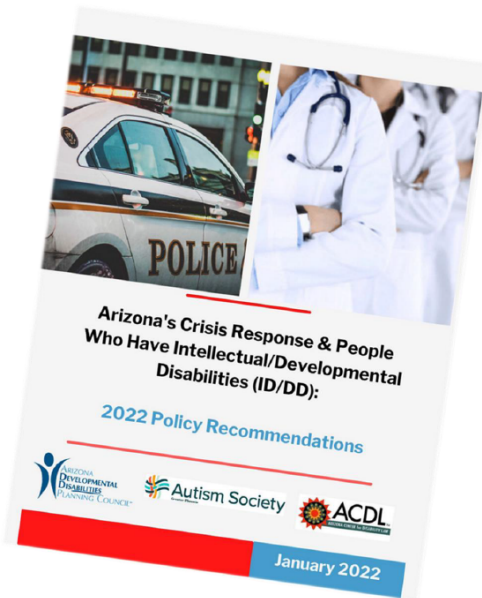




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## 2022 Policy Recommendations

- Report issued January 2022
- Collaboration between multiple advocacy organizations
- Distributed to policymakers, legislators, community at large
- Followed by statewide press conference



## 2022 Policy Recommendations

- Key themes:
  - System accountability & transparency are insufficient
  - Communication protocols not adequately adhered to & not well monitored
  - Involvement of Justice & Law Enforcement systems must be improved for greater effectiveness & safety
  - Virtually all players within system need more/better training, guidance & resources



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## 2022 Policy Recommendations: Accountability

- Increased accountability of:
  - T/RBHAs
  - Crisis service providers
  - Health plans
  - DDD staff
- Improved follow-up to ensure services are provided
- Greater transparency regarding service provision
  - Decrease self-monitoring of performance
  - Establish more third-party performance review
- Ambiguous/misapplied standards of care

## 2022 Policy Recommendations: Monitoring of Communication Protocols

- System & contractual requirements not being followed
- Communication between various players weak or insufficient
  - Health plan & DDD personnel notification about crisis incidents
  - Families' knowledge of options & resources
  - Tracking of Members & disaggregation by diagnosis



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## 2022 Policy Recommendations: Involvement of Justice & Law Enforcement Systems

- Standardization of Justice Liaison processes
  - Common understanding of role across all systems
  - Facilitate better & more effective interactions
  - 24/7 response
- Track & report number of CIT-trained officers in all LEOs statewide
- Revisit/revise legislation pertaining to apprehension & transportation
  - Clarify roles & responsibilities vis-à-vis other responders
  - Increase support for Mobile Crisis Teams
  - Focus on de-escalation, not just compliance

## 2022 Policy Recommendations: Involvement of Justice & Law Enforcement Systems

- Require identification of ID/DD individuals detained in jails & prisons
  - Recognize vulnerabilities – protect from harm
  - Emulate existing protocols for individuals with SMI



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## **2022 Policy Recommendations: Training of SCs & Health Plan Staff – System Navigation**

- Support Coordinators inadequately trained/insufficiently knowledgeable about BH services & supports
- Too many layers – recognition, approval, referral
- Families & Members unaware of how to access help & from whom
  - SCs not directing to health plans
  - Health plans not proactively reaching out

## **2022 Policy Recommendations: Guidance for Providers/Vendors on BH Needs of Members**

- “Overshadowing” far too common
- More & better clinical resources with knowledge of ID/DD needed
  - Peer Support specialists with lived experience
  - Therapists/counselors trained in ID/DD
  - Inpatient facilities that can serve ID/DD
  - Vastly improved support for nonverbal & AAC-using Members



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## **2022 Policy Recommendations: Guidance for Providers/Vendors on BH Needs of Members**

- Better training for provider staff to understand BH prevalence
  - Failure to recognize
  - Inability to respond appropriately
- Providers asking for additional training resources – beyond development of behavior plans
- Staff turnover rates contribute substantially to systemic challenges
  - Support Coordinators
  - Provider staff

## **2022 Policy Recommendations: Training for Families & Members on Crisis/BH System Navigation**

- All parties must contribute to public's improved understanding
  - Navigation
  - Expectations (timeline, response, services/supports)
  - Advocacy
- Health plan cards should require Crisis Line phone number



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## 2022 Policy Recommendations: Training for Families & Members on Crisis/BH System Navigation

- Require expanded training in ID/DD for healthcare students & professionals in variety of disciplines
  - Medical reason often underlies behaviors contributing to crisis
  - Too few medical professionals appropriately trained to understand or serve this community

## 2022 Policy Recommendations

### Summary of Recommendations

1. Require stronger accountability of crisis service providers
2. Monitor communication protocols
3. Training, resources, and potential legislative changes are needed for law enforcement
4. DDD Support Coordinators and health plans require additional training on behavioral health needs of ID/DD members
5. DDD-contracted providers & vendors require additional guidance on behavioral health needs of ID/DD members
6. Families and people with ID/DD need education on navigating the crisis/behavioral health system
7. Improve training on ID/DD for medical students, family practice residents, and general physicians



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# Questions?

Jon Meyers

Arizona Developmental Disabilities Planning Council

[jmeyers@azdes.gov](mailto:jmeyers@azdes.gov) / (602) 542-8977

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## DDD Staff Updates

**Joan McQuade** (DDD OIFA Manager - supports IOC Liaisons) shared two contract redactor positions are filled. One has already started, one will start a week from Tuesday. Backlog of redactions will be caught up soon. De Freedman asked when DDD will start using the AHCCCS portal? Joan did not have the information. Diane Kress has not received much communication and not anything official on it being pushed to the field.

**Diane Kress** (DDD District West Quality Supervisor - investigative) shared Delorah Grant is no longer with DDD. Position posted. Diane is covering the position. Two Incident specialist investigator positions are open.

**Jeffrey Yamamoto** (DDD IOC Liaison DE & DC) had no update for the committee.

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## ADOA Update

**Larry Allen** informed the committee the open meeting law training has been pushed to January.

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## Health Plans (HP) updates

**Janet Holtz (Mercy Care) Ombudsman** reported no update.

**Dawn McReynolds (United HealthCare) Member Advocate** stated she did not have an update.

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**DDD IOC Liaison Updates**

**Michelle Rademacher** informed the committee the response to the questions posed to DDD was provided on November 16 via email. Michelle provided an update as follows: The Office of Individual and Family Affairs (OIFA) continues to host town hall meetings for members, families and providers. There will not be a town hall meeting in December 2022. The next Town Hall meeting will be held Thursday, January 5, 2023, from 6:00 p.m. to 8:00 p.m.

The OIFA team reviewed and updated the "EARLY NOTIFICATION - POLICIES / PUBLIC COMMENT" distribution list effective 10/21/22, just making sure the IOCs all receive the DDD email notifications on policies that come out almost every month. This is in response to the additional 30 day review period for the IOCs.

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

**Bernadine Henderson** asked about the member who was present in September. There was no update to provide.

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**Discussion and Review of Incidents Reports and Behavior Plans**

**Bernadine Henderson** encourages all committee members to look at some of the behavior plans and incident reports. Diane Concolino has started to look at the Irs.

For all of **September** IRs, the Committee members have been given **706** for September incident reports in the Shared Drive. This included **65** open and **641** for closed reports.

Type	Open	Closed
Accidental Injury	1	101
Consumer missing	1	7
Deaths	3	4
Emergency Measures	1	14
Human Rights	8	5
Legal	0	2
Medication Errors	6	36
Neglect	30	26
Other Abuse	3	7





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Other-Behavior	2	296
Other -Injury unknown	4	131
Physical Abuse	6	6
Property Damage	0	4
Suicide	0	2
<b>TOTALS</b>	<b>65</b>	<b>641</b>

The IRs will be reviewed by the committee members.

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

All PRC meetings are being attended by Bernadine Henderson and Pat Thundercloud. Number of Behavior Plans turned in by IOC Members: 0  
The Program Review Committee (PRC): None.

- **Motion about next month's meeting since it falls on Christmas week was asked from De.**
- **Bernadine Henderson motioned that the committee does not meet in December and returns in January.**
- **Brad seconded the motion.**
- **All the members present (see Welcome and Introductions for attending members) voted "aye" and there were no "nay" votes**

### **Adjournment**

**De Freedman** adjourned the public meeting at 7:00 pm on November 22, 2022.

The next District West IOC meeting will be held on Tuesday January 24 , 2022, at 5:30 pm. This will be a virtual meeting.