

## Call to Order

Meeting called to order by Committee Chair, **Keith Jansen** The date is May 8, 2023, at 1:02 pm.

### Meeting was held virtually via Google Meets

IOC Members:

- Keith Jansen
- Octavia Lamb

Absent Members:

- Mario Gutierrez
- Rachel Kundrat

Public in Attendance: None

Health Plan Liaisons:

- Dawn McReynolds (UnitedHealthcare)
- Vera Kramarchuk (Mercy Care) (480-\*\*\*\_\*\*17)

ADOA: Larry Allen

AHCCCS: Fredreaka Graham

DDD:

- Leah Gibbs (Office of Individual and Family Affairs Administrator)
- Dr. Christine Underwood (Behavioral Health Administrator)
- Joan McQuade (Office of Individual and Family Affairs Project Manager)
- Joseph Tracewell- Joe (District South Quality Improvement Manager)
- Joseph Jensen III JJ (District South Quality Supervisor)
- Andrew Miller (District South Quality)
- Michelle Rademacher (IOC Liaison for DN, DS, & DW)
- Jeffrey Yamamoto (IOC Liaison for DC & DE)



# Updated: DDD District South IOC-Conference Call (2023-05-08 13:02 GMT-7) - Transcript

#### Attendees

+1 480-\*\*\*-\*\*17, Andrew Miller, Christina Underwood, Dawn McReynolds UHC OIFA, Fredreaka Graham, Jeffrey Yamamoto, Joan McQuade, Joseph Jensen III, Joseph Tracewell, Keith Jansen, Lawrence Allen, Leah Gibbs, Michelle Rademacher, Octavia Lamb

#### Transcript

This editable transcript was computer generated and might contain errors. People can also change the text after it was created. The IOC Liaison has edited some of the transcript for accuracy and ease of reading. Any blue italics transcription was missed by the transcriber.

**Michelle Rademacher:** *This meeting is being recorded* And Google is making a transcription of the meeting as well. Okay, Keith you're good to go.

## **Call to Order**

**Keith Jansen:** Okay, this session of the Independent Oversight Committee Is called to order the date is May 8th and the time is 1:02 pm.

## Welcome and Introductions

Keith Jansen: Okay. See, now we do. Introductions will start with Octavia.

Octavia Lamb: Hi. I'm Octavia Lamb, IOC member.

Keith Jansen: Okay. As I don't see any of our other members , I'm Keith Jansen. I'm the District South Independent Oversight Committee chairperson. Dr. Underwood

**Christina Underwood:** Good afternoon, everyone I'm Dr. Christina Underwood. And I am the medical director for the Behavioral Health Administration with DDD.

Keith Jansen: Thank you. Andrew.



Andrew Miller: Hi there. Andrew Miller, Incident Management spells. It's incident management specialist here in District South

Keith Jansen: okay, Miss McReynolds

Dawn McReynolds UHC OIFA: Hi everybody. This is Dawn McReynolds

Keith Jansen: Okay, Miss Graham.

Fredreaka Graham: Hello. This is her.

+1 480-\*\*\*-\*\*17: This is Vera Kramarchuk, Mercy Care Ombudsman.

Keith Jansen: Okay, Jeffrey.

Jeffrey Yamamoto: Jeffrey Yamamoto.

Keith Jansen: Jeffrey.

Jeffrey Yamamoto: Jeffrey Yamamoto the IOC Liaison for Districts Central and District East.

Keith Jansen: Okay, Miss McQuade.

Joan McQuade: Hi I'm Joan McQuade. I'm with the Office of Individual and Family Affairs.

Keith Jansen: Okay. Joseph.

Keith Jansen: Joseph Jensen. Or Jansen. Yeah.

Joseph Jensen III: Oh, JJ. I'm JJ Jansen. I am a supervisor for District South

Keith Jansen: okay, I didn't want to take the liberty of that Joseph Tracewell

Joseph Tracewell: Joe Tracewell District South QA Manager.

Keith Jansen: Larry.

Lawrence Allen: Larry Allen, IOC State Liaison at ADOA.

Keith Jansen: Okay. And Last but not least, Michelle.

Michelle Rademacher: So good afternoon, Michelle Rademacher DDD IOC Liaison for District South, District North and District West.

Keith Jansen: Okay, I just want to make sure I did. I miss anybody. I don't think I did.

Keith Jansen: Did I miss anybody? Okay.



Michelle Rademacher: Uh-huh. Keith?

Keith Jansen: Who did I miss?

Leah Gibbs: Hi Keith. This is Leah Gibbs. The Bureau Chief and Administrator of the Office of Individual and Family Affairs for DDD.

Keith Jansen: Okay, I thought I asked you, sorry. My apologies.

**Fredreaka Graham:** And hi Keith. This is Fredeaka Graham. I think you said Graham earlier and two people were speaking. So just wanted to let you know that I'm here with AHCCCS.

**Keith Jansen:** Okay. Yeah. Sorry my mistake. I'm going to get shot. Okay, just to make it official. Do we have anyone that has to disclose a conflict of interest? If there is with the committee member, please disclose themselves and say, why. I don't officially.

Keith Jansen: Octavia.

#### Octavia Lamb: I don't either.

Lawrence Allen: Okay. Keith.

Keith Jansen: Okay.

Lawrence Allen: This is Larry, there's no need to ask if they don't if there's no conflict. Then

Lawrence Allen: There's no response that's fine. But there's a conflict they'll let you know.

Keith Jansen: Okay, just want to make I was told to ask so.

Keith Jansen: At the beginning of each meeting. Okay, so

Lawrence Allen: No, you did. You did ask but there's no need for everybody to give a response.

## Discussion on Laws Related to Use of Electroconvulsive Therapy, ECT, and People with Developmental Disabilities

**Keith Jansen:** Oh, I'm sorry. Uh, okay, discussion on laws related to the use of electroconvulsive therapy. That would be Leah and Christine.

00:05:00



Leah Gibbs: That is correct. Thank you and good afternoon and thank you for the opportunity. Dr. Underwood is here to support me to answer any questions that the committee members may have regarding the topic that we're going to share. I have a document that I would like to read to you because it has a lot of history and background and what the division is asking of the Independent Oversight committees.

Leah Gibbs: We're here today to discuss a very sensitive topic in the DD and ID community. That topic is electroconvulsive therapy. Historically known as electric shock therapy. Governmental regulatory involvement in the use of ECT has historically been prohibited for various reasons, including patient advocacy, and prior abuse by the medical community of people with developmental disabilities. This is contributed to heavy regulation by state administrative codes and legislation. We're here today to propose consideration of amending an Arizona revised statute and that is statute 36-561.

**Leah Gibbs:** Through legal consultation, it was reported that the original language of the statute passed in 1978. And that this legislation was part of a much larger piece of legislation, regarding individuals with developmental disabilities. The division believes the statute as it reads, is not reflecting current practice and was created to protect vulnerable populations from misuse, overuse or abuse of NON-EVIDENCE-BASED medical practices. The division also believes the current statute does not take into consideration the current clinical indications based on research and best evidence-based practices and is considering proposing to amend the statute and present it to the state legislature for approval.

**Leah Gibbs:** Today, the use of electroconvulsive therapy is permitted in certain circumstances and is a covered service under AHCCCS as well as our subcontracted health plans, United Healthcare Community Plan and Mercy Care plan. The language of the statute, 36, 561 is called Prohibiting Certain Treatments or Drugs; Use of Aversive Stimuli. The content reads, No psychosurgery insulin shock or electric shock treatment, or experimental drugs shall be administered by the department to any client, nor shall the department license, approve, or support any program or service which uses these treatments or drugs.

Leah Gibbs: It also reads, The Department shall adopt rules and regulations specifying the aversive stimuli used for any developmental disabilities program or service provided directly by licensed and supervised by or supported by the department. Copies of such rules and regulations shall be made available to all parents, guardians, applicants and clients participating in placement evaluations. The Department shall provide at least 60 days' notice to all responsible persons prior to implementing any modifications to such rules and regulations. No, aversive stimuli shall be used or permitted by the Department in any such program or service except in accordance with the adopted rules and regulations and the clients individual program plan.

**Leah Gibbs:** Electroconvulsive therapy is a medical treatment completed under anesthesia by a team of trained medical professionals when least extra least restrictive options, such as therapies and



medications have been intolerable or ineffective. It is also used for people who require a rapid response because of the severity of their condition. Electroconvulsive therapy today is much different than it has been in the distant past and is highly regulated and is effective in many psychiatric disorders. For example, People who may be diagnosed with severe depression, especially when accompanied by a detachment from reality psychosis or a desire to commit suicide or refusal to eat.

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**Leah Gibbs:** Another psychiatric disorder is catatonia. A condition in which a person can become increasingly agitated or unresponsive. A third would be treatment resistant Bipolar, depression and mania. And a fourth being schizophrenia. In fact, the first use of ECT in psychiatry was in the treatment of schizophrenia based on clinical observations that persons with epilepsy and schizophrenia often had an improvement in symptoms severity, following a spontaneous seizure.

Leah Gibbs: Treatment guidelines have been developed by the American Psychiatric Association relating to its use and these guidelines are supported by the Joint Commission on Accreditation of Healthcare Organizations, JAYCO. A United States prop, based nonprofit tax exempt organization that accredits US health care organizations and programs. The international branch accredits medical services around the world. So the Division's current position is, despite the potential revision, the Division still maintains its position, which is consistent with Article 9, that electroconvulsive therapy cannot be used as abuse, as an aversive intervention, or as an intent to cause physical or psychological pain or harm to a member, or as a form of punishment because of the consequence of the behavior, which is all currently part of Article 9. DDD would though like to consider the possibility of using electroconvulsive therapy when clinically indicated and least restrictive treatments have been exhausted. Today electroconvulsive therapy is currently a Medicaid covered service that is evidence-based and is no longer performed in the manner in which it was in the past. Currently DDD members face a conflict between this existing law and ECT being an approved therapy option.

Leah Gibbs: What the Division would like is for consideration of the Independent Oversight Committees to allow for the amending of the statute and to allow for certain circumstances in the use of electroconvulsive therapy with specific safeguards. If the committee would be open to that, the Division would like to include Independent Oversight Committee members as well as other stakeholders to develop a process for the use of ECT and the appropriate safeguards when considering using it as a treatment option. That's a lot of information in a background statement, but what Dr Underwood is here to help do, is to answer any questions from the committee members and to make sure that you understand we're sort of in a conflict right now.

**Leah Gibbs:** That AHCCCS administration allows electroconvulsive therapy treatment. The Law 36-561, precludes its use for people with developmental disabilities. And we would like to work together to try to



find a medium that would allow for it under certain circumstances. So I'd like to turn it over to you Keith and the committee for any questions.

Keith Jansen: Okay, I have one. There's one treatment that would technically fall under that heading, that I was, I've actually given this some real thought and I know some people who have had it acupuncture and some of the acupuncturists When they put the needles in, you know, wherever they're going to put them, they use extremely, extremely light. Electrical signals to stimulate muscles. I know some people that have had it done. and after they had it done, they felt so much better. They. You know, because they didn't feel bad, they were able, their behaviors, for lack of a better way to put it, when they got back out. It wasn't like Oh leave me alone, You know, I just I don't want to talk to anybody because the pain was lessened or or gone. That was another way that electric. You know, electroconvulsive therapy...

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**Keith Jansen:** because technically you're doing it on a very, very small scale. But I was thinking about that. Could be another way to use it. And, you know, might and that's, you know, might want to be included in the broader picture. Because I have seen it help people.

Keith Jansen: and there was also another major one I was thinking about for electroconvulsive therapy. And that is when you have to electrocardio stimulate somebody, their behaviors, people's behaviors can get so bad that their blood pressure goes up and you have to use electrocardio stimulation to bring them back to a state of health. And so those are, you know, little tiny ways and a big way that somebody might want to think to put in now before. You know. Okay, let's see. We okayed what was discussed and then they said Well no you can't use that, we'll have to wait another 20 years. Uh, before, you know, we can get to that type of subject. So that's wording or or ideas. That just might want to be included. Somewhere along the line or, you know, especially the Acupuncture with the, with the small electric charge. Because it's, I know people who have had pain in their legs. Just absolute terrible pain. In their legs, neuropathy. They go in and they get that done every so often, you know, sometimes once a month, sometimes less, And when they're done their legs don't hurt, they're active, they're enjoying life. And it's just something to have done every so often. Just like other people get their haircut. And it keeps the pain level down and they've tried drugs. They've tried morphine, they've tried heart, you know, narcotics and stuff. And it doesn't help the neuropathy. But when they get that treatment, That has been extremely beneficial to them.

**Christina Underwood:** Yeah, and Keith, you're right, I mean, acupuncture is used for a variety of different illnesses, depression, anxiety, pain. And that would be inclusive. You know, when we talk about least restrictive treatment, that would be one of those alternatives that you know, when considering a person for ECT it's like you know, what else has the person tried. So certainly it would be important to include just a global statement about, you know, least restrictive alternatives that a member's tried. But again you know that would be language that would be discussed with the whole committee that would be part of that you know, revision of the legislation.

Keith Jansen: Okay. Well,...



**Christina Underwood:** You *bring up* very important points. Those are very important points and it is great to highlight, you know, these important other alternatives of care when it comes to, you know, whether it's depression, whether it's pain or anxiety. Thank you for that.

Keith Jansen: Okay, I'm just trying to think. The big thought.

**Christina Underwood:** Ahead. Yeah, you're right, because once it's in, you know, legislation you're right. It's hard. Hard to get it changed. That's why we're here now trying to face that challenge right now.

Keith Jansen: You know, in the years I've been doing this and you know, many of you've been doing it much longer, but in the years I've been doing this, So many times they've said, Oh yeah, article 9 is gonna be done in six months. It should be passed. Oops, Sorry. Ran into a problem. We'll try again, we'll try again, and it's because they didn't include the little things. You know, and we're still waiting, Because of that. So I figure if you, you know, you include these things, you know, maybe even mention them by, you know, one or two of them by name. You know, as You...

#### Christina Underwood: Okay. Mm-hmm.

Keith Jansen: as an example. When you're writing up the legislation, ah, we can get that covered. Another question I had and maybe it's me, just not being a lawyer. But if

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Keith Jansen: The wife is the guardian. So you got Dad, you know, maybe they're divorced, but he spends some time with Dad and Dad wants to take him out and have some just, for instance, acupuncture or electric cardio, you know, like, you know, electric stimulation done. He's not getting paid by DDD. So, can he, is he allowed to go out and have that done? Or is it because no, because they are a DDD patient, you cannot have it done. I don't care who you are.

Leah Gibbs: Keith. That's the conflict that we're in right now. And and it wouldn't be about Dad getting it done. It would be about the medical professional who's doing the treatment. And right now, the AHCCCS administration will allow ECT in certain circumstances, which would be inclusive of our DDD members with our DDD subcontracted health plans. But we have a law that says, no, you can't. Right now, we're on a very fine line and we're doing what is in the member's best interest. Wouldn't you say that's the best way to say it, Dr. Underwood? Yeah. but we would much rather have the law in alignment with best practice,...

#### Christina Underwood: Yes. Yeah. It's

**Leah Gibbs:** in alignment, with and have safeguards built in place, to provide some guidance, not only to obviously the medical professionals, but also to the members and families.

Keith Jansen: Yeah, because I was just thinking. You know, I've read reports and stuff. You can't go into detail because of HIPAA. But where one family member would take the client out and get something done



that was just totally wrong, prohibited, but If they don't tell the doctor, if they don't tell who's ever providing the service that this is a member of DDD.

**Keith Jansen:** And that person doesn't speak up for themselves. Well, they say well, you know, They're a human being. They want it done, they get it done. So, you know, you kind of there's, there's some there's got to be like a checks and balance where **y**ou know, if I'm Mom, he goes to visit. Dad said, If you take him anywhere, you have, you know, for any kind of treatment, any kind of things that you know, the law right now says, Isn't legal. You have to let them know once I'm putting them into your care, even though I'm the Guardian, you have to let them know. Because that way, Dad can be held accountable. Because right now you can't hold dad accountable because he's not the Guardian. So you hold the Guardian accountable.

**Leah Gibbs:** Yeah. There's a lot of things that you've that we would have to unwrap about everything you've shared Keith and when it comes to parents who are divorced and they have a minor child between them, we really rely on what that court order is around custody and medical intervention for the member.

Keith Jansen: Yeah. Okay, but you know, it's just something I've seen and...

Leah Gibbs: Oh yeah. Yeah.

Keith Jansen: Not a good sight. Octavia, did you have any comments?

Octavia Lamb: Yes. Is there any data or stats on the death rate, on this type of therapy for it to be prohibited by law?

**Christina Underwood:** Not that I'm aware of. In terms of, you know, I look for specific data for, you know, our population and there isn't and and my guess is partly because again, you know, the indications for ECT are no different for anyone that doesn't have a developmental disability, so knowing reason that you would be using it would be for one of those clinical indications as Leah talked about

**Leah Gibbs:** And you know Octavia just for and I saw you had to drop off a little bit. You know, the law was written back in 1978. And when the law was written, we all recognized that there were a lot of misuses and abuses that were occurring inclusive of ECT as well as other things around over medication and other things when it came to safeguarding people with developmental disabilities and

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Keith Jansen: Also, untrained people doing it.

**Leah Gibbs:** And you're correct Keith. It's certainly is completely changed about how ECT is used and the protections to that member with anesthesia and oversight and best practices. But Octavia I'd like to know if there's any any more about your question that maybe we could help with?

**Octavia Lamb:** The reason why I was asking is because I was trying to figure out why is the the, is there a specific reason why the law is not in line with having this a therapy approved?



Leah Gibbs: Aha. Perfect.

Octavia Lamb: And maybe there was a reason with Death per say...

Leah Gibbs: Yeah. Yeah.

**Octavia Lamb:** It happened and that's why the law is not aligning with it. because I'm all for having this type of therapy if it's gonna help, help a member. But what it, what's the reason why it's not aligning with DDD and the other policies to allow this therapy to be allowed to be available in past for our members.

**Leah Gibbs:** Absolutely. And again, the law was written almost 50 years ago, and the medical practice of the use of electroconvulsive therapy has progressed. I mean, let Dr. Underwood go there, but really made a difference and yet the law never got changed. Dr. Underwood, yeah.

**Christina Underwood:** Yeah, no. Yeah, that's exactly right. And then just, you know, previous research too. It was like that this law came out probably right after the movie, The One Who Flew Over the Cuckoo's Nest. And so, because, as you know, that movie highlighted basically how ECT was used, when you watched it, I mean, it was very, it could be very traumatizing, right. And so the law actually, you know, sure that movie highlighted, you know, again, miss misuse of it. And so there were probably people around saying, Hey, we need to protect our folks, from from this kind of thing. So, but again, since obviously, since that time, I mean, you know, the treatment has been refined, there's been, you know, it's been up to date in terms of evidence and current best practices. So it is no longer. I mean, it's a very safe procedure. Um, you know, that currently occurs under anesthesia in a surgical setting with trained professionals. So it's a lot different than that time.

Leah Gibbs: And so it may have taken 50 years, Octavia but the goal was, is today, to talk about changing the law, creating safeguards, and seeing if we can get IOC support in that process.

#### Octavia Lamb: Makes sense. Thank you.

Keith Jansen: One of the things, Dr. Underwood, that you might do is for statistical purposes. Arizona is number one in the treatment of DDD clients. We're rated number one in the nation. Look at some of the states that are not rated so well and see what their practices are. And you know, you may find that they still allow this or they passed new laws and how they're working or what their stats are. Because if you can look at us, you know, Arizona and say, this is what we want to do, we're taking baby steps. But these guys over here, still haven't changed the law. It's still allowed. And they're not doing real good. So you have not just Arizona data to look at, you can look at other states and say, yeah, look at this they're still allowing it. And basically I remember back in the 70s, it was like, you're a bad boy, wet your fingers, stick it in a socket.



**Keith Jansen:** And it was, it was just about that bad. And there's, there are some states that their laws have not caught up at all with the, with the system. And so you can always use their data. And their practices. And you say, see, they still let them use it and they're rated number 49 in the country.

**Christina Underwood:** Yeah, and again, I mean you could bring up great points. I have looked at what different states do and again because there's no national law per say on ECT that each state is left to basically devise their own legislation. So every state have different legislation. They are allowing it for the most part, but they may have age limits. They may have, you know, again different protocol regarding consents. So again, those are where the differences vary in those particular areas. And again, you know, when, you know, from when we come together those are the kinds of things that would we would be looking at. And and then also, you know, using, you know, other states that have already done this process. And taking that into consideration.

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Keith Jansen: And looking at their data. So you have data to present.

Christina Underwood: Yeah, I haven't, you know, again, I'll look again but so far, I haven't seen any published data, but I will definitely keep keep looking.

Keith Jansen: And sure it's in some kind of medical journals. You know, if it's medical practice it's I'm sure. college students doctoral candidates and stuff like that, have done studies on it and had data, you know, written of papers

**Christina Underwood:** yeah, I did not specific to our population but yeah maybe in yeah ECT again in terms of in terms of improvement, generally you're looking at probably like in terms of 85% improvement in terms of effectiveness Regarding ECT.

Keith Jansen: Yep. Okay. But yeah, I'm a physicist, PhD in physics. So I like numbers data. Not, well, you know, it we think it'll be a good idea.

Christina Underwood: Yeah, that's understandable.

**Keith Jansen:** And I think if you can and not just me because yes, I realize I'm part of the process, but if you can show legislators, you know, here's the numbers, here's the data to prove. You know. Why this is going to work or, you know, how it's worked for other states or whatever. And the federal government does have policy on this because they have prisoners in federal penitentiaries and that have behavioral problems. so, they have Policy on, you know, how far they can go, what they can do. So there is a federal policy.

Christina Underwood: Well thank you for that information.



Leah Gibbs: Keith, it's Leah at this point.

Keith Jansen: Yeah.

**Leah Gibbs:** Does your committee feel that you have enough information that you might be interested in joining us in creating guidelines and potentially changing the law or does the committee need more time?

Keith Jansen: I feel I got enough information. I understand what you're talking about getting the two like this. Instead of fighting each other. They'll, okay work. You're doing it. We're backing you up.

Keith Jansen: So yes, I feel, I have enough Octavia.

Octavia Lamb: I agree with you Keith I, I feel that there's enough information to move forward especially with that like Leah said the law being so outdated and being able to provide this as an eligible service and doing new data and statistics to see this actual therapy is gonna be more successful now in the future. So I agree with that.

Keith Jansen: Also, another reason that I would present to you that it hasn't been. The law hasn't been changed. Your legislators aren't 70, and 80 years old, the state legislators. So they don't have a concept of what it was like back then. So they're saying, well why does it mean to be changed? So here, give me your finger, let me put it in the socket. No, you get a real good idea, a real fast, why it needs to be changed, why they need to be in line. So we can help these patients to a point but no more than beyond that point. And, you know, if you get 30 year old legislators they're going, it was like my great-grandfather's time. You know, so that they have no concept. So we have to be able to give them some kind of concept. So then we're working like this, it floats smooth, instead of fighting rocks and currents.

Christina Underwood: Yeah, and we just want our members to have the opportunity to have the same services available to them as just and...

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Keith Jansen: And quality of life.

**Christina Underwood:** quality of life. Exactly. And so if this is something that can improve their quality of life, then that's something that we definitely want eligible for them.

Keith Jansen: I agree. so,

Leah Gibbs: Thank you very much for giving us the opportunity to present and we appreciate the support.

Christina Underwood: Yes, we do.

Keith Jansen: You are welcome. Sorry if I open my mouth too much.



**Christina Underwood:** No, we appreciate that, the comments and yeah and all that you highlighted. That's greatly appreciated. Thank you.

Keith Jansen: No problem. So that's all you have to say on that subject.

Christina Underwood: Yes, it is.

## Discussion of the State Volunteer Luncheon from 4/18/23

Keith Jansen: Okay. Discussion on the State Volunteers luncheon.

**Keith Jansen:** I was hoping Mario and our vice chair, and our newest member, Rachel, would be here. The intent was to try to stir up interest for the next one. So if they hear, you know, Octavia's and mine opinion because we were there. They said Yeah. Next year you know, I might want to go to that. But seeing how they're not here. That's I'm guessing a moot point unless there's something you want to say, Octavia.

Octavia Lamb: I want to say that luncheon was very nicely done and and very well organized, so and I'm sorry, I can't think of her name, but the volunteer coordinator did an excellent job, and also, congratulations, Keith on the award. And I I hope there is another luncheon in the future.

**Keith Jansen:** Yeah, I truly appreciated it. A couple of bugs to be worked out. But, you know, that's, you know, first time out, you can't be perfect. But the more volunteers we have go, the more and more ideas we'll have to make it even better. And the more and more volunteers we'll get. so, Yeah, it was appreciated, it was very nice visual and tangible way of thanking the volunteers. And it was much appreciated, we've come a long way in just a couple of years. And any progress is good progress.

Keith Jansen: Okay. You know.

## Update from the April IOC Statewide Chairs meeting

Keith Jansen: Updates from the April Statewide Chairs Meeting. Octavia, were you in that?

Keith Jansen: Octavia.

Keith Jansen: You're on mute.

Keith Jansen: Go ahead and speak.

Octavia Lamb: I was not.

Keith Jansen: Okay. Yeah. Yeah. I can hear you now. Can you hear me?

Octavia Lamb: Hello. Hello, can you hear me?

Keith Jansen: Yes.



Keith Jansen: Okay. Uh,

Octavia Lamb: Okay, I was saying. Yeah, can you hear me? I was saying I was, did not attend that meeting.

Keith Jansen: Rachel, do you have the minutes?

**Michelle Rademacher:** Yes, Keith. I do have the minutes open in case you, we needed to provide some more information on this meeting. Is that what you're looking for? Oh, okay.

Keith Jansen: Yes.

**Michelle Rademacher:** So the statewide, that was the quarterly statewide meeting for the IOC chairs, it has been extended to be open to any IOC members that would like to participate. When you participate, in the chairs meeting, it's you, participate as an IOC member as a guest. The next IOC meeting has been, the statewide chairs meeting, has been changed to be an evening meeting, so that there can be more attendance due to, no barriers, and, and work schedule, during the day, since it was previously held during the day. I'm scrolling right now to find the next meeting date.

Keith Jansen: 5:30. It'll start at 5:30 to 7:30 pm.

#### 00:40:00

Michelle Rademacher: There you go. Yes, and that was July, correct. Yes.

Keith Jansen: Uh yeah I can't remember the date.

**Michelle Rademacher:** July 18th at 5:30 pm will be the next IOC statewide DDD IOC statewide chairs meeting, July 18th at 5:30,

**Michelle Rademacher:** Discussions were around the agenda topics like Article 9 Right now DDD is on a holding pattern for Article 9, but when Article 9 comes back to the revision process, UM, Assistant Director Zane Garcia Ramadan did state that IOC would be involved in that process to from from the very beginning for that planning and and update and changes to Article 9. Another concern or issue that was brought up by IOCs that was discussed, was the accuracy of DDD records being the Person-centered service plan and the behavior treatment plans. So information is being collected currently to be sent back to those teams. It would be the, the support coordination team and PRC team for discussion and review on accuracy and records. And then, there was also, Sure.

Keith Jansen: Can I interrupt you for a second? Octavia, just so, you know, I had to fill out a bunch of paperwork myself, talking about accuracy and records.



**Keith Jansen:** Because when I, I joined, I filled out a Piece of paperwork. That said, Yeah, I'm a member and I will Follow this. you know, set of rules and somehow that got lost and so did numerous other pieces of paperwork. So they had me refill them out, they sent them to me on the Internet and I had to refill them out. So, you might want to check and make sure. All your paperwork is up to date. All your training is up to date and you know, they know it, they have copies of it. Because stuff I had filled out and sent in copies. When Jeffrey was coming down to Sierra Vista. In person, they lost it's gone. So I had to redo it. Just thought I'd bring that up.

**Octavia Lamb:** Okay, thank you. I haven't heard anything or received any emails about my paperwork except the confidentiality paperwork from Larry. But other than that, I haven't received anything about my paperwork.

Keith Jansen: Okay. I just thought I'd bring it up.

Keith Jansen: Go ahead Michelle, sorry.

**Michelle Rademacher:** Oh okay. Um, that was the main context of the IOC discussions. There was another IOC discussion on the residential billing issues for DDD members that live in a residential setting and how those residential bills are dispersed in a and the, the format in which the bills are received or confusing to the payees for those bills. So that is right now going through a process. They looked at individuals who have, within IOC, that we're having issues and they did have a discussion on that and the, update the improvements to that process will be rolled out in the future. Right now they're still ironing out that whole issue of the residential billing and the concerns there for the confusion and what the balance due is or isn't. That was the, the key points that I had made from the discussions that were brought by the IOC's. We had an update from the assistant director and Leah also, when she does her updates, typically provides us a good overview of that as well. Do you want me to go through those each individually? Or, I have a feeling that we have an update that's coming that's gonna explain a lot of that information. I don't want to take away from. Okay.

Keith Jansen: We can wait for the update that's coming, that will explain a lot of the issues.

#### Michelle Rademacher: Okay.

**Keith Jansen:** If Rachel was here, we might go into a little more in depth because she's brand new, But she's not here. So I don't see a need to do that Octavia's pretty well read into the system.

Keith Jansen: Okay. Then we go to ...



## DDD Staff updates

00:45:00 Keith Jansen: The DDD staff updates.

Michelle Rademacher: Perfect segue.

Keith Jansen: Michelle, you want to?

**Michelle Rademacher:** Okay, want me to okay, Leah. Since we were right on the verge of your update. Do you mind presenting an update at this time?

Leah Gibbs: I'm happy to. Thank you, Michelle. And thank you, Keith. And as you are aware, the first of April is when the division implemented required in-person meetings again for person-centered service plans for members. Our initial feedback from our staff have been, they have been really happy to be out to see people in person again. They feel that there's a much better connection in person than just what you view on a virtual meeting screen. We will continue though to to collect feedback and information from members and families on how that's going, but it seems to be going fairly well.

Leah Gibbs: We wanted to also give you an update on what we call our current to future initiatives. For the Division. We started working heavily on these around the beginning of the pandemic. In 2020, with a goal of the Division, being able to address and clear Notices to Cure from the AHCCCS administration on work that we do. And we have successfully closed four out of five of those notices to cure. And the last one we have made the written request for consideration. And we're waiting to hear back on that one. What that does is to allow the division to start focusing much stronger on forward-thinking initiatives and ways to improve our systems for folks. We have four different projects related to the American Rescue Plan Act ARPA, and one of those is developing and adopting positive behavior support training curriculum that would be made available to direct care workers as well as to interested caregivers and family members for members that work group has been reviewing curriculum to make a recommendation to the Division. Our goal is to have that finalized by July and we're almost there. We have a work group that is working on developing some training for behavioral health providers for members, who are dually diagnosed with an intellectual disability, as well as the behavioral health diagnosis. The purpose of that training is to strengthen the behavior health providers ability to work with members who have intellectual and developmental disabilities and create some more comfort there. So that our members get the same benefits as others do for behavioral health services.

**Leah Gibbs:** Another ARPA project we're doing is looking at creating and expanding, what we call, enhanced behavioral group homes for members who have very complex needs, who need a residential support service that would meet that those needs based on enhanced training of staff, and what the environment would be set up inside those homes to be able to be successful in supporting those members.



Leah Gibbs: We're also looking at some, some ways to enhance our systems and improving our case management system, the software and the system that is utilized so that our support coordinators can be more efficient and timely and have information at the fingertips that they need. We have a system that we all get by with, and it does okay, but we feel that there's a lot of room that we can improve that and make it much more user-friendly. Yes, Keith

Keith Jansen: Sorry, what I was going to say with the, the possibility of having heightened level of critical care.

#### Leah Gibbs: Yes.

**Keith Jansen:** I had a thought on that because I read the idea and what you might have that would go along with ARPA is you have level one direct care workers and level two direct care workers. Just to differentiate them and level one is like, you know, your ordinary everyday residential house and level two workers are more trained, they're more highly trained. They've got maybe you know, another certificate or two from the state. And then, they can work the higher level houses that have, you know, more need. So you could say, are, you know, you're a level one or you're a Level Two worker.

#### 00:50:18

Keith Jansen: Like I said, you get the certs to go with it and that way when you need them, you can look down the list and say, We got X amount of level two workers, we need more. We got to train some more level two workers.

Leah Gibbs: Absolutely, absolutely. Right.

Keith Jansen: or something like that, just you know, A nice easy title, you know, your level one, or your level two.

Leah Gibbs: Right. And thank you for that and I can tell you that the work group who's working on that project is absolutely tuned in for the enhanced training, for folks to be able to have a better relationship and supporting people with real complex needs. But thank you very much for that recommendation. The other component that the Division is doing with the American Rescue Plan Act funds, last year when we got the funds, we did a great deal of getting those funds into the hands of the qualified vendor network to help them to be able to hire and retain direct care workers. And there is another incentive of payments that is going out to those qualified vendors for that same purpose to be able to build that capacity and to hire and retain direct care workers.

**Leah Gibbs:** Also, the Division has completed the well, we continue to work with our provider community and implementing our new project around how our qualified vendors are billing. That they are following the standards through the Centers for Medicare and Medicaid Services. And you've been following the HIPAA, TCS and HICK-PICK codes and doing billing. We've transitioned to that new system. We were very recently released from our notice to Cure from AHCCCS with the work that we're doing. It's not done in that. Our vendors are still adjusting to the new system in billing. And we're still kind of addressing little



minor tweaks that may come up in that process. But it is moving along really nicely. We have also implemented what we're calling hard edits, the edits around billing that when qualified vendors are billing, a service that requires electronic visit verification to occur, that those verification statuses are in alignment so that those claims are getting paid. We, the vendors, have been actually using those systems for a couple of years. But now the hard edits are in place and we are supporting vendors as well as families that might be struggling. Most of them are doing very, very well with the implementation of electronic visit verification, but we're here to support just in case.

Leah Gibbs: As you are aware, the legislation is in session. The Division is watching certain pieces of legislation to just get a handle on it. We know that there are a couple of pieces of legislation that were asking to expand the gualifying diagnoses for the Division of Developmental Disabilities. You may remember last year that Down syndrome was added as a fifth qualifying diagnosis. This year, there's proposed legislation to add spina bifida as a fifth qualifying to our sixth and Prader-Willi syndrome as potentially a seventh. We'll wait and see what happens through the end of the legislative session. If they are signed into law, the Division will go through the steps that we did when we added Down syndrome and educate out and update legislation and rules around our qualifying diagnosis. Even if these pieces of legislation do pass, people who are going to be determined eligible, will still need to have the three out of the seven significant functional limitations. In addition to the diagnosis just like it is for the other qualifying diagnoses today. We're also watching House Bill 2166 last, I heard I believe it was signed by Governor Hobbs in that it does require a new level of behavioral support group home licensure with the Department of Health Services and what that means for us is that we'll be working with the Department of Health Services who will be writing rules to support this new piece of legislation and we will work as it as it dovetails with our enhanced behavioral group homes that we're working on already. Um, we know that. Let's see.

**Leah Gibbs:** We're implementing some legislation that was actually passed last session. It was House. Bill 2865, that requires the Arizona Center for Disability Law to work with DDD as an independent group home monitoring program that is specific for reviewing homes that support people with complex needs. It also requires an annual report from the Division to the legislature regarding incidents that occur in group homes. We have officially started kicking off this new working relationship with Arizona Center for Disability Law. At this point, the criteria of who is part of this oversight and investigative process is defined with within the legislation

#### 00:55:45

**Leah Gibbs:** Based on that definition, there are approximately 500 group homes that the division supports that have at least one member who meets that criteria of complex needs. So there's a lot of work occurring here behind the scenes and it is just starting to roll out. Um, I've also reported back to the committees that the Division has been working very, very hard over the last nine months to fill vacant positions with a big focus around support coordination positions. We are happy to announce that we have successfully filled a net of over a hundred new support coordinators, again in the last nine month period.



**Leah Gibbs:** That has been incredibly exciting. It's allowed for some caseloads to get balanced back out. We are supporting and onboarding those new staff with mentors, as well as training and support. Our goal was much more than just hiring people is to give them the foundation and to retain them in the positions. And so far, we're doing pretty well. The Division continues though to look at ways to, in to add more support coordinators to get people interested in coming on board and joining us with our mission. And it has been pretty successful overall. So, those are my updates unless you have any questions.

#### Keith Jansen: Yeah.

Leah Gibbs: Go ahead.

**Keith Jansen:** From what I've seen, you know, and I'm not at your level but like the support coordinators. In my opinion, what the state needs to do. What it's done in the past is, you lose x amount of support coordinators, you train new people to take their place. What they need to do is like what the military would do. You got so many E8 enlisted, you know, Master Sergeants. Okay, so when an E9 goes, the sergeant major goes. He's trained, that Master Sergeant's trained so he can jump up and all he has to get is get cleared and he can step into a sergeant major shoes. What you need to do is get more of those lower level people ready to jump in as soon as there's an empty support coordinator spot.

**Keith Jansen:** You got somebody because like, what I've seen with the PRC chairs. We didn't have a PRC chair for. Four months, five months. And there was nobody in the wings, nobody that was, You know, they it was like they had not even sent out a survey to say, Hey, if you're interested in this, let us know and, you know, we can get you partially trained. And then when the opening comes, we'll finish up your training. Because that's why it took so long to get a PRC chair for South District. We just got one just started taking over meetings last week. And instead of waiting until there's that need, have people ready. And partially trained from other positions to jump in there. And that way you won't have to go, "Oh my God, we lost 50 people. How are we going to take care of that?" We're gonna go, "Oh, we're gonna take these 50 people that are almost there and put them up. "And so you

**Leah Gibbs:** We appreciate that. Keith we kind of refer to that internally as building our bench, so that we've got folks and and we are trying it's a. It was been a very difficult time nationally about getting folks, but we are moving in the right direction and we're grateful to do that. Thank you.

Keith Jansen: Yeah, sorry, it's just observations.

Leah Gibbs: Sure.

Keith Jansen: Another thing that someone needs to think about is getting an IOC members.



### 01:00:00

Keith Jansen: My opinion and many others. We got IOC members that are getting extremely old and they're gonna, we just had two drop out, another one passed away in one district. We need them all over the place. And yes, I truly appreciate the professional help we're getting but, we don't have but maybe just barely over half of the IOCs we need. And I had been discussing with Rachel yeah I'm going to use your name, you know to see if maybe I was nuts or whatever that somebody in the state, maybe in your position or higher. Or Larry could authorize the printing of like just for instance, a hundred business cards. for a person, let's say once you've been here a year in IOC, been here a year. We give you a hundred business cards. It has a state seal on it. It has a DES seal on it. It's got your name, phone number, and email. Because that way, I have given my, my name and number out to people. And what happens is, next time I see them, they go, "Oh yeah, Could I get your name and phone number?" Now you already had it but when they get that, you know, you right down your name and phone number. They put it in their pocket, and they get home. And they go, who was this for? So if we had that the cards, number one, that's got like a state seal on it, DES, you know, on it, then when they get that card home, they're going to remember who in their community gave it to them, what it's about, you know, basically and how to get in touch with them, several different ways to get in touch with them. And you know, be like, you know do you want these business cards or not? If you don't, you know, you don't. But, they would be a longer lasting idea and rather than like, I had state postcards that I handed out. From what I've observed, people in your community, if you talk to them and then they want further information, the first person they want to talk to is you. They don't want to talk to somebody at the state. They want to talk to you. What do you? Okay, give me some more details. Talk to me, you know, maybe we get together for lunch and you talk to me or whatever. But, you know, they want that human face, that contact that knows because hey, I've been doing this for years. Trust me when they say, two to four hours a month. They mean two to four hours a month. They don't mean 20 to 50. I mean, you can do that many. Then you gotta be crazy like me. But, you know, two to four hours. And I've been in volunteer organizations and you say, you know, two hours a month or an hour a month. Yeah, sure, right. But so, if we had something like that, It's official. And it's got your, not your address, you know, because you don't want to come, people banging at your door. But different ways to contact you and your name and, you know, your Independent Oversight Committee. And I think that would help because you hand those out rather than give your name and phone number and they don't go home and go, "What was this for?" I know it's a big expense. There's like 47 of us in the state. so,

**Leah Gibbs:** Well I don't know the answer Keith but I think it's something that we should definitely go back and talk about and I'll ask Michelle to make sure we keep it on the agenda and I'll escalate that to try to get some information, okay? Thank you.

**Keith Jansen:** Okay. You know, you don't want to do the ones that have been here, you know, they just started. If they only been here two months because they might take off the next day. But if you've been here a year, you're pretty steady in the system if you know what I mean.

Leah Gibbs: Thank you.

Keith Jansen: Larry, do you have any comments on that?



Lawrence Allen: Okay. Um, yes, actually, we do have business cards. We created those back several years ago for the committee, but it was a generic card. So basically had your, the cadence of your meeting and I think it had, I forget the email address, it's been a while since I looked at those but I can certainly work with Michelle and and Jeffrey and Leah to, for to put our eyeballs on that again, to take a look at it.

#### 01:05:00

Lawrence Allen: if there's interest from the committee, then we can move forward with those.

Keith Jansen: I've talked to my vice chair and I know he's interested in something like that.

Keith Jansen: Octavia, would you be interested in having something like that?

Lawrence Allen: Okay.

Octavia Lamb: To be honest with you, I don't know.

Keith Jansen: Okay. but, we're the three that's been on over a year in our in our District. So, You know,...

Lawrence Allen: Yeah. Yeah.

Keith Jansen: It was an idea. Like I said, if you have the state symbol DES on there and then, you know, IOC and stuff like that. Yeah, that, I think that would help. And you know, the volunteers themselves, they put enough hours in so that pays for, you know, would more than pay for the cards. I don't think they should have to bear the price of going out and buying a set of cards and printing everything up. You know,...

#### Lawrence Allen: Correct.

Keith Jansen: That come from you, or Michelle, or somebody, you know, and you call us, you say. "Hey, do you want a hundred cards? Just let me know. Okay."

Lawrence Allen: Okay, sounds good.

Keith Jansen: But every, you know, everybody would have DES, Arizona State, and, you...

#### Lawrence Allen: Okay.

Keith Jansen: the state seal. People see that and they think, okay, this is not some fly by night. This is somebody who knows what they're doing. The state has said. Yeah, they're with us.

#### Lawrence Allen: Yeah.

**Keith Jansen:** Okay. Just an idea to help IOC recruit and I'm thinking for other districts too, not just South District. I know I can only speak for South District, but, you know, with the other districts, their numbers are going down also. So it can't hurt. And that I tried the flyers. I gave out, I gave away hundreds and



hundreds of those. And it didn't seem to do any good because it was like that. That's a person at the state, their name. I have no idea, you know, nothing about, can't talk to. You know. Like they can somebody in their own community. And that community face and plus just for instance, if my neighbor I recruited them. They know they can come over and talk to me, ask me the question. Where if they ask and this is not meant to be an insult, ask Larry, ask Leah, ask Michelle, I don't want to ask a question. It sounds too stupid. Where they know they can come ask me. And it's not going to sound stupid because I'm the one that recruited them.

Lawrence Allen: Right.

Keith Jansen: and, you know, there's it becomes tighter knit also

Lawrence Allen: I agree. I agree. I'll get that over to you so you can take a look at it.

Keith Jansen: Mmm. Okay. Thank you very much.

## Updates from Integrated Health Plans

Keith Jansen: The, you know, integrate updates from the integrated health plans.

Dawn McReynolds UHC OIFA: *Hi Keith. This is Dawn McReynolds with United Healthcare OIFA. Today, I* do not have an update. Thank you.

Keith Jansen: No problem.

Keith Jansen: So far as I know, you're our only health plan person. So today, If I'm I could be incorrect, but

Lawrence Allen: Keith.

Michelle Rademacher: We have Vera from Mercy Care.

+1 480-\*\*\*-\*\*17: Yeah, this is Vera from Mercy Care. No updates from me.

Keith Jansen: Okay. I'm sorry ma'am. I just saw 17.

Lawrence Allen: I just I was just hey,...

## **Updates from Arizona Department of Administration**

Keith Jansen: I didn't Have a name. My mistake.

Lawrence Allen: Keith. This is Larry Again,...

Keith Jansen: Yes, sir.



Lawrence Allen: I had one other update for the group. We have an open meeting law training, scheduled on June 7th. At 10 am. So that's anybody on the call needs an invite to that training. Please let me know or Michelle know and we'll get you that invite.

### 01:10:00

Keith Jansen: Yeah, I already sent back a reply. I don't know if you got it said, Yes, I'm gonna be there.

Lawrence Allen: I did. Okay, thank you.

Keith Jansen: So, my calendar. Did you hear that, Octavia?

#### Octavia Lamb: I did thank you.

**Keith Jansen:** I have let my vice chair know. You might want to talk to Michelle and get his Text or, you know, his email and send him an invite. He was Interested. He doesn't know if he'll be able to make it. But he's interested. Because I, when I talk to him it was like, you know, if I'm not available, you know, you're gonna have to take over. So to help to know these things.

Lawrence Allen: It certainly helps, no doubt.

**Keith Jansen:** So you might want to send them an invite and you can get the information from Michelle. I don't have it right in front of me, I'm sorry.

Lawrence Allen: Okay, no problem.

Keith Jansen: Are there any other Arizona Department of Administration updates that I missed?

**Lawrence Allen:** Um, I think that's it, I'm still working on. Still need a couple forms from your committee regarding the conflict of interest disclosure statement form. I received yours and Mario's still missing Octavia and Rachel's. So if they could get me their form and as soon as possible, that would be fantastic.

Keith Jansen: So they've been sent the printout. Okay, Octavia,...

Lawrence Allen: They have.

Keith Jansen: Did you hear that?

Octavia Lamb: I did. I'm gonna try sending it out again today? I don't know what's going on because I've sent it to you twice and it's come back in error.

Octavia Lamb: So I'm gonna try it again.

Lawrence Allen: Yeah. Okay, no problem. The one I received your email but it didn't have the attachment.



**Octavia Lamb:** Right. And when I looked on my end it shows the attachment so I don't know why on your end, it's not. So when I tried to send you it again, when I got that email I was getting that it wasn't going through for some reason. So I'm gonna try on a different computer and...

Lawrence Allen: Okay.

Octavia Lamb: hopefully get that to you by today.

Lawrence Allen: All right.

Keith Jansen: Don't feel bad Octavia.

Lawrence Allen: Thank you. Thank you so much.

Keith Jansen: I had that same problem. So I just took it to the volunteer luncheon. And I gave it to Michelle and she made sure that Larry got it. But when I,...

Octavia Lamb: I wish I would have thought of that one.

Keith Jansen: When I Yeah, when I tried to send it electronically, it just kept bouncing it back. So I just took all the paperwork to the luncheon. And I said, "Oh, we got everybody here we need here."

Lawrence Allen: Cool.

Keith Jansen: And so everybody got the paperwork. They needed from me.

Keith Jansen: I'll check with Mario and see if You know, if he's having the same problem, If he is.

Lawrence Allen: But I believe I've received Mario's,...

Keith Jansen: No, you got Mario's.

Lawrence Allen: yeah. Yeah,...

Keith Jansen: That's right.

Lawrence Allen: I'm good there. So That's all I have Keith.

Keith Jansen: Okay, so all we need is Octavia in Rachel.

**Keith Jansen:** Octavia, do you have an address for Larry where you could just print it off and send it in if nothing else?

Octavia Lamb: I don't believe I do.



Octavia Lamb: Would you prefer it that way Larry? Or I'm going to continue to try to send it to you electronically, though.

Lawrence Allen: Oh yeah, just try to send electronically if unable to get through, just shoot me another email saying I can't get it to go through, and I will send you my signature line on. My email has my address on it and then you can feel free to just send to that address. And they'll get that over to me.

Octavia Lamb: Okay, sounds good. Sounds good,...

Lawrence Allen: Thank you.

Keith Jansen: Just trying to think of a backup.

Octavia Lamb: no problem.

Keith Jansen: Right now we're having trouble contacting Rachel but she's having, You know, everybody has issues, their own issues.

Lawrence Allen: Oh no, no problem.

**Keith Jansen:** We will try to take care of that. I will give her the information that if she tries to send it and can't and just email you and get the address.

## Updates from DDD IOC liaison

Keith Jansen: Okay. We did the Integrated Health Plans updates from DDD IOC liaison. And I'm gonna do ladies first, Michelle.

**Michelle Rademacher:** Hi. I just had one, one quick update and that was just to inform you about the next DDD public town hall. They are held the first Thursday of every month. So last week we just had the, the May Town Hall. The next one will be Thursday. June 1st from six to eight.

#### 01:15:00

Michelle Rademacher: Just that's, that's the only update I have at this time.

Keith Jansen: Could you please make sure to send me an invite to that one please.

**Michelle Rademacher:** I can send you the link to the meeting. I am not the owner of the invitation but I can send you a link so that you can join that meeting. That's not a problem.

Keith Jansen: Okay, Jeffrey. Do you have any updates?

Jeffrey Yamamoto: I do not.

Keith Jansen: Okay, just wanted to give you a shot just in case.



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

Keith Jansen: Discussion Review and Possible Action on Committee Membership. I don't have any right now. Octavia.

Octavia Lamb: None for me, neither.

Keith Jansen: Okay, had to ask.

## **Discussion and Review of Incident Reports and Behavior Plans**

Keith Jansen: Octavia, do you have any incident reports that we'd have to go into closed session for?

#### Octavia Lamb: No.

**Keith Jansen:** Neither do I and just to make a statement. So all the nice folks from the state get to hear this. We are 100% caught up on IRs. We don't have any in our mailbox. They're all done, finished, archived and every one of them had eyeballs on them. We tend to keep up pretty much every week, sometimes, maybe a week and a half. But, life happens. At least we're not getting too far behind. Usually get them and Michelle gets them within two to three days. You get them all back. Okay.

## **Adjournment**

**Keith Jansen:** See how it's just Octavia and, I Octavia. Would you like to make a motion for closing the meeting?

Octavia Lamb: I motion that we adjourn the IOC meeting at 2:19 pm.

Keith Jansen: I'm going to second that. Okay. Seeing how it's just you and me?

Keith Jansen: Octavia, how do you vote?

Octavia Lamb: Aye.

**Keith Jansen:** All right, I say yes. So as of 2:19 on the 8th of May unless somebody has some last minute business. I'm gonna give you, chance one. Chance to chance three. Hearing no other business. This meeting is adjourned. Thank you very much everybody for coming.

Octavia Lamb: Thank you.

Dawn McReynolds UHC OIFA: Thank you, everybody.

Keith Jansen: And listening and giving us information.



Meeting ended after 01:18:20 👋

### The next regularly scheduled District South IOC meeting is on June 12, 2023 at 1pm.

For all of **March** 2023 IRs, the Committee members have been given **660** incident reports in the Shared Drive. This included **67** open and **593** for closed reports.

Туре	Open	Closed
Accidental Injury	12	122
Consumer missing	4	12
Deaths	5	10
Emergency Measures	0	0
Human Rights	3	8
Legal	0	10
Medication Errors	11	61
Neglect	22	38
Other Abuse	2	12
Other-Behavior	5	178
Other -Injury unknown	3	131
Physical Abuse	0	11
Property Damage	0	0
Suicide	0	0
TOTALS	67	593

Number of Questions for Quality Improvement Manager -<u>16 total</u> : members of the committee will send the incident reports questions to the DDD Liaisons **Jeffrey Yamamoto and Michelle Rademacher.** 

For all of **April** 2023 IRs, the Committee members have been given **623** incident reports in the Shared Drive. This included **48** open and **575** for closed reports.

Туре	Open	Closed
Accidental Injury	6	132
Consumer missing	1	20
Deaths	2	4
Emergency Measures	1	0
Human Rights	6	7
Legal	0	6



Medication Errors	7	63
Neglect	19	38
Other Abuse	2	12
Other-Behavior	0	162
Other -Injury unknown	2	124
Physical Abuse	2	7
Property Damage	0	0
Suicide	0	0
TOTALS	48	575

Number of Questions for Quality Improvement Manager -<u>37 total</u> : members of the committee will send the incident reports questions to the DDD Liaisons Jeffrey Yamamoto and Michelle Rademacher.