

AHCCCS Central Oversight Committee (IOC)
Public Meeting Minutes
Wednesday, April 19, 2023 – 5:15pm to 7:00pm

Call to Order

Meeting called to order by Co-Committee Chair Holly Geiszl. The date is April 19, 2023 at 5:16pm. The meeting was held virtually through Google Meets and in person at

Welcome and Introductions

Attendance in Person:

- Holly Geiszl, Co-Chair
- Josh N. Mozell
- Jack Potts
- Matthew Moody
- Kathleen Roe
- Joy Green

Absent:

- Marie Raymond
- Geraldine Roll, Esq.

AHCCCS: Fredreaka Graham

DDD: Michelle Rademacher

Arizona Department of Administration (ADOA): Lawrence Allen

RHBAs:

- Dawn McReynolds UHC OFIA
- +1 520-***-***18: Karen Olick from Arizona Complete Health
- +1 623-***-***82: Joe Huntsman with Banner

Public in attendance:

- Liz Agboola
- Shelby Graves
- Rachel Streiff
- Summer Beach (Darren)

(2023-04-19 17:15 GMT-7) - Transcript

Attendees

+1 520-***.**18, +1 520-***.**56, +1 623-***.**82, Darren Beach, Dawn McReynolds UHC OIFA, Fredreka Graham, holly gieszl, Jack Potts, Josh Mozell, Lawrence Allen, Liz Agboola, Michelle Rademacher, Rachel Streiff, Shelby Graves, Shelby Graves's Presentation

Transcript

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holly gieszl: Okay, thank you. So I'm calling This session of the Independent Oversight Committee now called to order. The date is Wednesday, April 19th, 2023 and the time is five, sixteen PM. We will have members of the committee announce themselves for purposes of establishing for the record that a quorum is present. I'll begin, Holly Gieszl co-chair. Josh Mozell co-chair.

holly gieszl: Okay, Kathy Roweister. Dr. Jack Potts member Matthew John Moody, The First LAC. So we are all present to constitute a quorum. We have our agenda that was published timely. Thank you, Larry. We will have several potential new members.

holly gieszl: Visiting with us tonight, it's very exciting. The first potential member who is here is Rachel strife and I think you can see her. Oh, she's not logged on. Okay, that's fine. You can hear my voice. Um and Rachel are the parents of a child with serious mental illness and living with serious mental illness. She's quite an expert in pharmacology for various drugs. She's an active advocate in the community and is a has helped to put together a group of mothers who meet regularly, and provide hands-on assistance in the community to individuals and families and parents who are in crisis, I've been very impressed with their work, most recently in locating, an individual who

Holly gieszl: Was admitted to one of the crisis centers, walked in no clothes and walked out escaped and was missing in Phoenix for over 72 hours and luckily was found in part by the advocacy efforts of the folks that Rachel has convened. There will be, I believe a couple of other folks joining us later as they join virtually, we will Announce them. So, thank you Rachel for being here. I hope you don't decide. After one meeting, not to come back, give us a couple of chances, Thanks for everybody. Um, Josh and I have no update other than the work that we've been doing to recruit new members and we're very pleased, we both know Rachel, we're pleased that she's here.

Holly gieszl: And moving on, I'm very happy. Thanks to Matthew Moody a couple of sessions ago we talked about having Um, Solaris talk to us, explain who they are, tell us what they do. It's a vital role and Matthew organized that. And we're very, very lucky to have Shelby Graves here, who's going to tell us about Solari. And I'm going to move right to that, so everybody can have the benefit of hearing. Oh, Shelby,

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I'm not telling the truth. I see that summer Mother is on high. Summer is another mom of an individual living with serious mental illness. She is his guardian. She's been his guardian most of his life, he's an adult.

Holly gieszl: And her, it's her brother. And her brother has not only serious mental illness but autism and developmental disability challenges of summer, has managed it brilliantly. And she's a very active advocate in the community. And we're very grateful that she's considering her other activities coming on as a member of our IOC and thank you for being here. .

Darren Beach: Thank you, Holly.

Holly gieszl: Okay, Shelby. Now I'm really telling the truth on the floor. Thank you.

Shelby Graves: Thank you, Holly, and thank you all for letting me be here. As mentioned, my name is Shelby Graves. I oversee, I'm the public health and community outreach administrator for Solari. And I've been with the organization for a little over six years. So it's been a while. Love the work that we do. And I'm here just to kind of share a little bit about what we do. And some of those resources that maybe didn't realize we're a part of our organization and or maybe some new resources for folks. So please if you have questions this is a

00:05:00

Shelby Graves: This is an opportunity for you guys to ask questions and, and be a part of, of the conversation. So, if things come up, please interrupt and ask away, that's what I'm here for. So, a little bit of background about Solari. We're celebrating our 15th anniversary this year and previously we were a crisis response network. And then a couple of years ago we rebranded to solari and the reason why we rebranded is we recognize that services that we provide are more than just a crisis line. It's an essential part of our organization, but we have a whole plethora of different services available. And so we came up with the word Solari. The first part of the word is soul which is Spanish to console and then Ari is the first three letters of the state of Arizona. So when you combine it together, it's Laurie. And that's what we're here to do, is we're here to help.

Shelby Graves: Support and console folks through this crisis system and in prevention. So we are a non-profit organization based here in Arizona. Like I said, we've been celebrating our 15th year anniversary and we have two different divisions, we have the Crisis Response network which houses things like the Crisis Line Crn. We also have the peer support warm line and then under the Community Support Network, we have things like 211 information, referral to be connected in some more of those support systems. So again, we've been around for a long time and we're here to be. So we are naturally accredited. We are actually one on the forefront of crisis services throughout the United States. So we're very proud of the work that we do. How many of you guys have heard of 211 or have utilized those services before? A couple of hands. Yeah.

Shelby Graves: Hopefully, hopefully it went well. So here, I'm going to hopefully share the live website for 211 so as

Shelby Graves: You look at the site, I just like to show it just because if you've used it before, it may have been updated. Many of us remember those good old-fashioned books that we used to have resources for,

for services, for recommending for people but now you can have it all listed here on the 211 website. It's 211 arizona.org. You can call 211 24 hours a day. We have folks available to answer the phone in both English and Spanish, and the website again is available obviously 24 hours a day. So up here at the top, you have the English and then you can switch it over and click Spanish. It is 88 accessible. So, if somebody has a specialty device, the website should still work for them as well. So if you switch over to Spanish, if that's more of a preferred means, feel free to do that.

Shelby Graves: Within 2-1-1, there's a whole variety of different services that we can search for there's things like food shelter, utility assistance, rental assistance for veterans. I heard somebody attended the veteran symposium today. So for that population you can also utilize the veterans and military 211 is also statewide. So for many of us we are familiar with those resources, maybe that are local in our area, maybe within a few mile radius. But if we're asked for somebody that maybe lives on the other side of the valley, or More than Arizona or Southern Arizona. Sometimes, we don't have those services as readily available in our pockets. So again, you can search for services. Any of the different 15 counties within Arizona.

Shelby Graves: Um we also have some other support lines like the Covid hotline housing crisis, line transportation, All of these are different resources as it's starting to warm up in the valley, we have heat relief information. So if somebody needs A safe spot to go. Get off your feet. That's all through here as well. So again 211 is updated. Every quarter. So we call all the resources to make sure they're still accepting new people and make sure any of the information hasn't changed as you go through these services. So again, so if you click on food, for example, if I mean emergency food, there's a variety of different opportunities. We'll just say we're in Phoenix.

Shelby Graves: As our location. Well, look up the food pantries. And of course, whatever I'm sharing on my screen is when my Internet goes slow. So give it. There we go. One second. So for example, if you click on a service a nice resource is it gives you all the information. So if there's any specific hours or if somebody needs to provide documentation, say they're applying for utility assistance, they're going to need to show documentation for that. That resource it would all be listed here and you can email

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Shelby Graves: Text or print the service directly from the website. So, if you're utilizing your own personal device, you don't have to text somebody from your phone, you can text them from this website and it goes to their home. So, kind of a nice resource for those of us that are out and about the community and not wanting to provide our personal information to other folks. So again, all of this is available 24 hours a day for, for anyone within The State of Arizona. Again we have folks that are here to help with things like housing or utility assistance, whatever the service is that they're looking for. So I'll ask y'all. What do you think is the most common service that the 211 has or people are requesting through 211?

Holly gieszl: Space. Shelter space.

Shelby Graves: Shelter. Okay.

holly gieszl: Substance abuse services. Presentation.

Shelby Graves: Transportation. You guys. it's...

holly gieszl: What utility assistance.

Shelby Graves: yeah, as I say, it's like, you've read my slide before. So, yes, I'll list it. Here are pretty much all the ones. You just, you just mentioned, a housing and shelter, is the most common followed by utility assistance, health care, food, disaster services, mental health, or substance use treatment, and income assistance as well. So there's a whole variety of different services. Sometimes folks automatically only think about housing or shelter food, but there is a plethora of services out there for folks throughout the state of Arizona.

Shelby Graves: So, another line of business that we have at Solari is the 988 or crisis line. So, as many of you guys are aware of the national suicide Lifeline, went to the three digit dialer a little bit ago. So here's kind of the for those that like the timeline here is the timeline. So the service has been available for for many years, through Solari for Arizonans, but just in July of 2022, we launched the three digit dialer. So instead of having to dial, +1-800-273-8255 to get the national suicide lifeline. You can just dial 98 and get connected to your local provider.

Shelby Graves: So again, the crisis line has been proven to work, its individuals that call in often feel less depressed. Let's suicidal, let's overwhelmed and really more hopeful. And that's what we're really here to do. Is to provide that hope and that resiliency for folks that need the additional help or assistance. Especially at that time. So a few different things to keep in mind when you're calling the national suicide lifeline versus our local crisis response network or solari lifeline, it's your routed by your area code. So if you dial 988, Erotic based on the area code that you're calling in from. So, for example, I still have my same phone number. I had when I was 16 in Oregon, so I would be routed to Oregon and just have to be transferred back to to Arizona when you

Shelby Graves: Call into the 988. There's a few different prompts that they're going to ask for. Like, press one for Veteran, Press 2 for Spanish, and a few things before you're able to talk to a live person. Locally. If you call the statewide crisis line. You're routed directly to Solari and a live person will answer. Within seconds is usually a couple of rings and then somebody is there to talk to you. We can also dispatch mobile teams and crisis teams to different locations throughout the state. If you call the United States, we can still help with that. It's just a little bit of a different process. But either way, no matter which line of business, you call 988, or you call the state-like crisis line, you're routed to our crisis providers that are able to provide the best service available. So we're here to help no matter what, there's no wrong door. We want people to call to ask for help. With whichever is the easiest way for them to do that.

Shelby Graves: Important to kind of recognize that. So some of those reasons somebody might call is probably what many of you guys would expect, maybe they're feeling depressed or anxious about what's going on. Maybe there you need additional assistance with coordinating their care. Their experiencing psychosis relationship or social concerns, maybe they're having thoughts of suicide. We're utilizing substances and wanting to get additional support or treatment or their danger to themselves or others. Really, there's no wrong door. We recognize that a crisis is going to be different for each person. What is a crisis for me? And what's a crisis for you might be different. So no matter what's going on, we all have different experiences. Please call us. We're here to help. We're here to provide that assistance and support. Any questions so far? I know I'm kind of talking a lot. So, I want to make sure you guys don't have any questions.

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Shelby Graves: I'll take the silences. No, and please again, if you have questions, interrupt and ask away. So a common thing that people will ask What happens when I call. It's important to know that we will ask for your name, birthday phone number. The reason we're asking that is just that we want to know what your preferred name is. So we can kind of figure out age, what's going on and phone number, in case we get disconnected. It's important to note that you can remain anonymous. If you don't want to share the information, we just ask for mobile teams, we do need additional. Information. We will ask about someone suicidal. Feelings. Are they thinking of harming themselves? Are they thinking of suicide, we will ask those questions. So if you're uncomfortable or unsure how to ask that, call us, we will help. You can put it on a three-way speaker or call them. However, you want to do that. We're fine answering or asking those questions. We're not afraid. That's our job. We're here to do that.

Shelby Graves: It's also important to recognize that information is private and confidential. So if you share something unless we need to coordinate additional support, everything is confidential. You don't need to share or worry about not having that be. We also can recognize that sometimes especially with this, if somebody is experiencing maybe the early onset of having a hard time, if you're able to call sooner. The better the outcome is for you, your community and your support so recognizing please call us no matter what's going on. And again you can call for somebody if you're concerned as well and I think I saw a question pop up. Sorry, I'm not very familiar with this. Team.

Holly gieszl: Yeah, this is Rachel, I have a question and...

Shelby Graves: Of course.

holly gieszl: it relates to being a third party. The kind of the space that I'm in is frequently helping families where there is a person with psychosis and poor insight, that's not able to help themselves. Can crisis send a team out without the request of a third party? Without the individual voluntary, requesting the help themselves. If that makes any sense right into it, I run into this difficulty where the crate and I haven't had this recently specific situation where the person in crisis is not capable of asking for help.

Shelby Graves: Perfect. So you can hear me now I can now hear you. Sorry I apologize. I don't know what happened. It just went silent for me so here we go. All right, so I think what What Rachel was asking? Sorry, that's what it kind of cut out. Can you call a mobile team for somebody else that's having a hard time or needs additional assistance? And when we're dispatching, mobile time, mobile teams. We can if the situation is applicable or if that's needed. So the majority of the time when people call into the crisis line, we're able to handle the calls over the phone. Now we're only dispatching a small percentage, so it's important just to recognize that if that additional assistance is needed that we can help do that. Now it turns into a little bit harder when it's a youth under the age of 18. So then that you know, we require parent consent and that kind of thing as well. So does that answer your question Rachel I'm sorry. I miss part of it.

Shelby Graves: Hope you're on mute, sorry.

Holly gieszl: Unmute. Okay, so we're all using Holly's audio so that's...

Shelby Graves: Okay, sorry.

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holly gieszl: why you can hear. Yeah, so my question is, Someone else struggling. They're in psychosis. I'm the freaking out family member. This person clearly needs help to go to the hospital. They can't ask for help themselves because they're too sick to realize they need help. I want to get a mobile crisis, team out to help this adult if you will. But I have been encountered in the past where they said, Well that person really needs to Ask for help themselves and want us to come out. And so that's what I'm asking and can the Mobile team come help me with another person who is Not capable because they're too sick. Or what have you to ask for help themselves? That was my question.

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Shelby Graves: Yes, so we can set up mobile teams to provide welfare checks for folks, as needed. Now, it's important to recognize that in Arizona. If somebody doesn't want to get help, we can do a petition that turns into a whole different thing. So we would like the person to have that consent. Yes, I would like additional help or support, but we can't provide that assistance as well if needed. Ideally, you know especially if they're an adult over 18, you know, they have that. Free will to make.

Holly gieszl: So the second, the second part of that is, will you help with the petition?

Shelby Graves: Yes, we can help with that. That whole it's a whole process, so I'm not gonna go into the week that Yes.

Holly gieszl: I'm very familiar with the process. Are you?

Shelby Graves: We can as a mobile team that shows up on scene can help or through the crisis like we can help as well. So there are a variety of different ways that we can go about. Assisting we would like to try all others, you know, solutions before we do a petition, but we definitely can help with that process. Should be

Holly gieszl: There, this is Dr. Potts, a couple questions. And they, I'm a committee member of number one. If a guardian calls on behalf of the ward. And then you show up. and the wards that they want to talk, And the Guardian and say, No we need, I need you to do more evaluation. What is your policy on that? And is it in writing?

Shelby Graves: So that would be up to the mobile team. So an important thing to note, when they show up, they're not part of Solari. So our mobile teams are dispatched. We're contracted with other providers throughout the valley. So they're gonna have different processes and requirements. For each organization, we are more like air traffic control. So the crank

Holly gieszl: And you, so they don't contract with you, they contract with the RBHA then, right?

Shelby Graves: But yes, yes, providers through our behavioral health system throughout the state of Arizona. So yeah. Yes

Holly gieszl: Okay, then the second question is you note that information provided is private and confidential and you're the 911 essentially or 988 or 211 dispatcher. How many times do you call the backup team and or is that something that the crisis team does on their own?

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Shelby Graves: So we would actually help with that and actually in just a few slides. I'm gonna have statistics for those that like to see how often we call first responders and, or How? How often do we contract with them and how often do they bring in? They call us to send out mobile teams to the location. So if you give me one second Sir, I will show you that data sometimes that kind of helps and we'll talk through that in just a moment.

Shelby Graves: So again, just going back to the expectations. Um it's important just to recognize again. We're going to ask for names and information. Regarding, if we get disconnected we will ask about their suicidal. Ideations will also ask some follow-up questions. Like How long have you been feeling like this? Have you talked to somebody else before that kind of gives us a good baseline of what's going on for an individual and maybe we're not the first time they've talked to somebody. Maybe we can help coordinate that care as well. So, again, um, just kind of overviewing the process here. So, the individual calls 980 or the state, like crisis line, if needed, we can dispatch mobile teams, again, that's a small percentage of our calls, the majority of the time, we're able to handle the call over the phone and if needed a mobile crisis team, can take somebody to a crisis facility and they can get that post crisis follow-up services as well.

Shelby Graves: Again, we can help provide those additional help and support as needed but it's important just to recognize we are more like the air traffic control. So we recognize where the calls are coming from and dispatch those mobile teams, they're not employed through Solari, so this slide just kind of shows. The 988 versus our statewide crisis.

Shelby Graves: Center. So the green numbers are the lifeline and the purple numbers show our statewide crisis line so you can recognize, we've been providing these services for the last few years. We have seen an increase since 980 took over versus the 1-800 number. But just recognize our state by crisis facilities, we are talking about 40,000 calls a month to services. So, this is the slide that I was talking about earlier. So we have a community dashboard that is external facing. It's on our solari website and it's updated like, within seconds. Um, I took the screenshot earlier today, just so it recognizes current information. So you can see here that we take about

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Shelby Graves: 38 to 40,000 calls a month within the last 30 days. We answer about 99.3. So that's one of the top numbers for the United States within nine seconds and we're able to stabilize over the phone 88% of the calls. So, the mobile team is actually a small number of calls, but down here at the bottom, you can see the mobile team dispatch. So again, we're dispatching. Around four to five thousand mobile teams as needed. And then the bottom right, The shows a law enforcement collaboration. So within the last 30, 30 days law enforcement has contacted us requesting mobile teams or additional assistance over 2,500 times and we dispatch law enforcement to scenes, only 1,000 Over 1,117 times. So the reason why we would dispatch A

Shelby Graves: Law enforcement to a scene is. If there's a weapon. If there is a medical emergency, we can recognize mobile teams, and have a lower or longer response time than police, right? We all recognize they can get there within moments. So it's important to recognize that or if there is a weapon, we're gonna need the scenes a For mobile teams to get there. We are working with Matthew as part of this, with different cities, law enforcement to provide a crisis. Crisis specialist in 911 dispatching. So we can help. Take those calls that are behavioral health calls away from 911 and we can send mobile teams for those

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locations versus sending police. We recognize they have a different role, they're there to protect and keep people safe. We're here to provide behavioral health support and assistance. So, again,

Shelby Graves: We contact law enforcement as needed. It's a really low number, but we recognize that they contact us quite often, maybe that additional help or support. For the community.

Holly gieszl: If you miss Graves this. Dr. Potts again. It looks like 20% of your calls.

Shelby Graves: Yeah.

Holly gieszl: You dispatch law enforcement or ask them to respond as well. Once you have the number 1,000 here, just for law enforcement, and the total number of calls is 5000. I'm going to us and haven't dispatched mobile teams for the police. Okay, how many times? How many times I was Lawrence. Called by you. Said. so,

Shelby Graves: That would be. 30 days only 1,000 times out of four, almost 40,000 calls. Did we contact the police? And that was because of a medical

Holly gieszl: Strictly, I'm sorry. It dispatches and doesn't say and then you have a mobile team, dispatch volume by month. so, he helped me with that. I see those two graves next to each other. Both in purple, you dispatch novelty 5,000 times a month. And law enforcement has to accompany or precede them a thousand times a month.

Holly gieszl: The community.

Shelby Graves: Yeah. Yes. Or we will dispatch for law enforcement, that, that could be in. Collaboration. So we are setting out mobile teams and first responders to a scene, if there's that additional help or support,

Holly gieszl: So, 20% of the time. It's 1%.

Shelby Graves: Or total mobile teams.

Holly gieszl: Right, not for the police.

Shelby Graves: Yes. Not.

Holly gieszl: Okay? So you break it down from law enforcement to other agencies such as ambulance and fire because law enforcement can always be problematic. When they get involved, it's enough specifically CIT trained. Etc, That's a question. I have you break it down. So what type of well, it says, Law enforcement fire is not Lawrence. I'm confused. And yeah, you know, Shelby, is it okay if I jump in here? Yeah. Okay,...

Shelby Graves: Go ahead and think that.

Holly gieszl: So there's a couple different stats. They're getting mixed up here. We dispatched mobile teams on all calls, fixing 20% of the time. That's his mobile team for people calling the community. Like five thousand-ish times per month. They're transferring us while everyone is transferring us phone calls.

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We take those calls over and the police and fire and everyone walk away from it. The 1200 you're seeing in the bottom. Right is how many times first responders request mobile teams for us. Don't get me hammered on the specific language here. I believe that the fire department is exploited from that.

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Holly gieszl: The fire department and ambulances don't really respond to crisis situations. They respond to medical situations. So it's worth calling and they need help. If they're not having an immediate medical issue, like, they're cutting their bleeding. They've overdosed on medications and will not dissolutely fire the fire department. We have to dispatch first like law enforcement like police because of the response time and because fire just doesn't do that type of work. Now some departments fire departments have specialized crisis mobile teams, that's completely separate from this whole system.

Holly gieszl: Well, doesn't run independently and they decided they want to do those exceptional crises Mesa Scottsdale Lawrence's does work with the Reba and that specialized teams through the relay. So, I'll be with this number here. It says 5,000 teen dispatch volumes by month. That's all right. 5,000 per month that one month, Yeah. Okay. Law enforcement collaboration, 1,000? Dispatch law enforcement program. That's out of that 5,000. Yes, that's 20% Oh, 20. Yeah, sorry that you're saying 20% off. Yes. Yeah, the dispatches are a company by Lawrence. Yeah. Okay, one. and that does not include fly like you, you said it's a medical emergency, there's no reason to dispatch Least. They're not medical emergency responders.

Holly gieszl: Ambience of fire is a medical emergency, so I was confused when we said, That's what you do. So What can understand that but a medical emergency for You just call law enforcement. Well, so now we're in the weeds here but 911 is the access point for all first responders. And if we call 911, okay, yeah. So they have to send police and fire a lot of time. Especially Yeah. Let me see if I can clarify that from a couple of cases in Arizona. Fire follows the police. So, the police, whenever there's a 911 call and there's generally The police will go and go to the location and fire stages.

Holly gieszl: More remotely. And then, more remotely, I mean, 50 yards, 100 yards down the block, and then they will come. I think this is a really interesting point, because I think a lot of municipalities are Trying different approaches here and we will make an effort for the future.

holly gieszl: Meeting to have some law enforcement people come and talk about how fire follows police and has that been modified recently in the past few years, The last in-depth discussion I had was probably with the Chandler Mesa Scottsdale Tempe Gilbert and they may have modified it and, you know, so let's get that in as something to clarify. So good. Thank you. And thanks for those clarifications and Dr. Potts through your questions. Another question relating to this and this came up over the weekend, there was an approved edition or a person who was missing

Holly gieszl: The crate we called crisis when that person was located and Wanted crisis to take that person in but that does not happen. It had to be police and that is a situation that's a little bit difficult. We wanted a crisis mobile unit to do this test but it wasn't allowed to be done by anyone other than police. And so that was an Indication for prices to call the police and police had to handle it. Now, they did a good job.

Holly gieszl: So nothing against that but this was a security where police were called. It couldn't be handled by a crisis. So great. Thank you. Yeah. Joy Greene is here and she has a question for the police

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always notified or are the train and city. Not always, not all. So Shelby, when you call the police, when you call 911 do you ask for a CIT trained unit or how does that go?

Shelby Graves: If they're available, we will request it but not all, you know, CIT is they elect to be a part of this? This is not a requirement for their job. They are choosing to go through this extensive training Solari does help and Matthew is part of that as well with training the CIT officer. So they know what to do, how to approach. I personally helped with that as well so we will request them if applicable and usually when we're calling them or and or you know dispatching them to scenes, they're recognizing that, we're the behavioral health agency, calling that as well. So the approach will be different. But again, not every city throughout the state of Arizona has CIT officers. We are blessed, you know, within Maricopa County to have many but again outliers. We know crisis services here in the State of Arizona. So to say smaller Have that.

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Holly gieszl: You thank you. But let me ask you, that is a part of your policy when you're calling you. Your opera is called 911 to say we were requesting. Cit if available

Shelby Graves: Yes please. Yeah, ask that if you know that it's a behavioral health call and that you want a behavioral health

Holly gieszl: What behavioral health calls are coming to you?

Shelby Graves: Not if you call, if you're dialing 911, then.

holly gieszl: No, if you're calling no you misunderstood This. I'm saying,...

Shelby Graves: Sorry.

holly gieszl: won't you get the call to your crisis line and you say we need Another responder are your operators trained to say we would like a CIT response if available.

Shelby Graves: Yes.

Holly gieszl: Okay, thank you. Thank you.

Shelby Graves: I think Darren has a question. Sorry, this is a new platform for me,...

Holly gieszl: Yeah.

Shelby Graves: so I apologize if

Darren Beach: Oh sorry, I don't know why. My brother's name is showing up as me, my question kind of piggybacking off of Rachel. Um, you know, when a person is in crisis, they have a guardian that also has mental health authority to place them in a hospital, but they can't safely transport them themselves. You know? Because maybe they're psychotic, you know, there may be a little bit. Aggressive is it's even though the Guardian says like he needs to go, I have that authority. Here you can still deny how to help to transport that psychotic, you know, sick individual that needs impatient care.

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Shelby Graves: Matt. Do you know? I don't know the answer to that.

Holly gieszl: Let me give you the answer. and I'll tell you, because I deal with this, with Josh and others and we deal with it. If the only way to get someone against the will to get in the car, I eat, not kidnap them, which is what you're doing. If they don't want to go, those who are title 26 Even with guardianship. I'm not kidding. No, I know it's not but if you force someone into a car crisis, you shouldn't do it. And my understanding when I talk to you, there is no mechanism for the police nor should the police be doing it because they don't have a judicial order back up. That's been the issue for a long time and he had a court order.

Holly gieszl: To transport So if you can control them. But if I was a crisis worker and the person didn't want to get in my car, I'd have a difficult time to solve it in the permanent car, So that's the one problem with mental health power is now made. Now Josh Mills. Now, how power is better than I do? But that's certainly, was brought up with law enforcement years ago on the title 14.

holly gieszl: yeah, I agree the authority of a guardian would extend to To take a control taking contest, custody of that person and transporting them to wherever. But it doesn't mean, you could stop somebody in the street and say, Hey, I've guardianship, take my kid to the hospital and in essence, that's what Solaris is, their community service. It doesn't mean that the Guardian has any authority or jurisdiction over them. And that's, that's the problem, really, it should be.

holly gieszl: Police or fire, but they absolutely will not do it without a specific presentation within the order from this period report. So it is a big issue and it makes the mental health authority with the guardianship almost worthless. So, let me ask, Let me give it as an example. Let's say my I have a family member, my son who's an adult son and who's an adult, and that person has become psychotic diagnosed with this. Let's say, bipolar disorders, psychotic not taking medicines. Becoming more and more disoriented. I call a crisis crisis, I call Solari you, send out a crisis. The crisis team gets there, And my son throws a chair. Across the room and hits me.

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Holly gieszl: Hopefully somebody's going to call the police. But if nobody calls the police.

Holly gieszl: Can celery at that point. Do anything other than continue to help the crisis team, do anything other than continue to talk and try to get the person to go with them. Can they do anything? They would go and file a petition, they don't have authority to pick somebody up. And the reason that police have authority in the process is there is an older assignment judge, right? A pickup order that gives the police the order to go up after a petition as far and application is filed a person's given some due process, Okay. You can't just say solari is totally inappropriate. Got it to pick somebody up. If they see behavior, they should go in position. All right, so they should petition. Okay, now you call the police. I have lots of points. The police will see doing something.

holly gieszl: Inappropriate whether it's setting fires in a trash can or urinating in public on a sidewalk and they'll engage with the individual. And they'll determine that that, they believe they're mentally ill and that they're either. Gravely, disabled, because of the way they're looking or that they're a danger to themselves or to others. One person was swinging a belt in this, in the running, down the middle of the street so they picked him up. And they took him to the crisis and they took him to UPC. So why can't you call the police?

Have the police pick the person up at their house when they throw the chair across or you tell them you threw the chair at me across the room and they take them to UPC and petition. You could a necessity eventually

Holly gieszl: Changed it. I mean he has always studied and has been police seeing that behavior can pick up on the spot without the pickup order and take you pizza, got it RRC? Yeah, it's changed a few years ago, to include the police, who can show up on a scene. Take those, the testimony or the word of somebody who saw the behavior god and then pick up and do the same thing, okay, without a petition, but they would then go and file and file or they may take the jail. That's you, Mom, that's right. What are the answers to that? If you can Joel them by saying, Come in my car, We're gonna go Jack in the box and you go to the emergency room. And then once they're on the grounds are in the emergency room, then you have the authorities say they can't leave.

Holly gieszl: Right? Yeah, I think it's a really interesting discussion. We're going to move on through the agenda, but I think sometimes the police serve a very important purpose, in picking up people who are going to become more dangerous than they already are and so we, but we can talk about that later. So Shelby continued, thanks.

Shelby Graves: Of course, yes. So just a few differences like local help lines. That just be aware of. There is the teen lifeline and that's for youth, it's staffed by youth, um, and they're available from three to nine. It's important to recognize. If a call is a higher acuity or they need additional support or assistance, those calls are routed to slurry. So we will handle those if needed but for teens having the ability to talk to another teen kind of reduces that stigma and that barrier. We also have a peer support Warmline that is staffed by peer support specialists. So, if somebody is just having a hard time, we need somebody to talk to you. We've all had those moments in life. We just need somebody to listen. We know the rest. We know what we need to do, but we just want somebody to be that year. The warm line is wonderful, you can call and talk for 15 minutes every hour.

Shelby Graves: Again that's available 24 hours a day as well 211. We've talked about the crisis line. Again we've talked about you can also text Hope to for Hope or Just text for hope. If you would like to text instead of calling the crisis line, that's a great service for those of us that are textures versus callers. It's a great resource as well. So again there are a variety of different lines 211 again, if somebody needs that utility assistance food box, shelter transportation, that kind of thing called 211 call the crisis line or 988. If they're you know having suicidal thoughts experiencing substance use or mental health challenges, please call us for that and again 911 call 911 if somebody is at an immediate risk if there is a danger to that person. So recognizing there are different lanes for that.

Shelby Graves: Here's a quote from somebody that called into the crisis line, the specialist helped me reflect and think through my experience. I've never called the crisis line before and I'm so, so glad I did, I woke up feeling, hope I'm. Now I am able to listen and speak positive messages to myself. So really, that's what we're here to do is to provide that help and hope for individuals. Um, A couple of differences. Different lines of business that you might not be aware of. We have eligibility and care services or ECs, and they do the SMI determinations for the state of Arizona. So that's also part of Solari. It's a different branch of our organization. As we've talked about, we dispatch mobile teams, we are not the mobile teams on

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Shelby Graves: The boots on the ground that are not us. We are the air traffic control dispatching side of things. We also, How is the Arizona Homeless Management Information System. So for individuals experiencing homelessness, we house that database for first responders, we have the police and fire support line. So for the police it's bulletproof and for the fire department it is inspiring so they can call and get that additional help or support for themselves. Calling a different number then crisis line that they call on a professional capacity. We also have been connected. That's part of our Our organization and being connected is for veterans service members and their families. So if somebody needs that wrap around service or...

Holly gieszl: Ation.

Shelby Graves: support and they are veterans, it doesn't matter. Discharge status, anybody can call or there's family or supports and get that additional assistance, some of the things they do or

Shelby Graves: I've heard stories of a veteran, received an apartment, but didn't have things to put in it, so they were able to coordinate with other nonprofits to get You know, account for the things that he needed for his home. And then, another story was a veteran needed specialty shoes to start a construction job, but couldn't afford them because they were in between jobs and they were able to find an organization to donate those for, for that veteran. So, really, we're here to help with that. I've talked about the estimated process here in Arizona, where the third party makes the determination. So we Will work.

Shelby Graves: We so the provider will submit the application to us and we determine whether or not they meet the criteria. So we are not the person filling out the paperwork, but we are the person picking the determination. So we have the psychologists that provide that and it's the same throughout the state of Arizona. So whether you live in Greenlee County or Maricopa County, everyone's evaluated the same throughout the state. And that is my presentation. So there's my contact information again, I'm Shelby Graves and my email is listed there. So if you have any questions please feel free to reach out.

Holly gieszl: Shelby. This is Kathy Rowe, is there a way that we can have a copy of this PowerPoint? Thank you,...

Shelby Graves: Sure, I would be happy to send it over.

Holly gieszl: great, and Miss Strife has another question. So thank you Shelby and I had more, I had more than one call one with crisis over the last week. Some of them were very helpful.

Holly gieszl: There is a situation where we have a lot of individuals that are on cot and they are assigned to SMI clinics. And in the past, I've had my own child in this situation. On CFT, find it at my clinic, they are closed, as my clinics are closed on evenings and weekends. And we are told that if our loved one deteriorates or has a problem that crisis is the extension of the SMI clinic, after hours, and on weekends. And so, that is the role that crisis is playing. That is pretty much really important for our families like mine. This way, I've got to get on cot, so One challenge we had over the last week was that this individual needed to be amended to the hospital. And the crisis could not be facilitated.

holly gieszl: they said, if you had a copy of the cot order, You would be able to do this but you're gonna they would come pick up but you're gonna have to fill out a petition for that cops and and you know crisis wouldn't do it they wanted the family to do it. Now, it appears when I call a crisis that if I have an SMI designated person assigned to an SMI clinic crisis, I have all the information on that patient. I can just give them the name and date of birth and they have that information.

Holly gieszl: Why don't they have access to the fact that they're on CFT? Why don't they have the cot order right in front of them so that they can recognize this is different. Here's a cot person. We need to get them, you know, evaluated and brought in. So that's been a challenge for us. You know, Why does a person who's entitled to this kind of support have to go through the same boots? As we people off the street and they're already declared by a judge to be a danger to self? Others, persistently disabled, shouldn't be this part. To get them back in the hospital after hours.

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Holly gieszl: The reason is Shelby, I don't know if you have, I can respond from you. From a step.

Shelby Graves: Go ahead of.

Holly gieszl: The reason is in the statutes, there are certain people that can file moments, they'll work inside the clinics. And so, and weekends.

Shelby Graves: That.

Holly gieszl: But that amendment and motion to amend the treatment was rejected by the judge because the wrong person is five. And so, that's why. That's okay. That's something that should be. That that we need to go to the legislature about. Yeah. And unless we all, there's always someone who's a medical director of an agent 24/7. There should be just like the judges on call 247, who do these things. So it would be easy to say, someone must be available would be the 27th to do such And it's easier fixed. And then you said, you know, but yeah, it's the clinics.

Liz Agboola: yes, this

holly gieszl: They also that's, that's true. So that's

Liz Agboola: Hey, Holly. Holly, this is Liz Agboola. Um, every clinic,...

Holly gieszl: Oh, hi Liz.

Liz Agboola: Hey, Holly every clinic should have a 24-hour line. And so even if they don't answer, One has to call them back, and in this form, they should be able to send it to them. We've had those issues in the past and we've never had a challenge with the after hours line calling us back with the information that we needed to petition somebody.

Holly gieszl: Interesting. I think we've got this. Well, first of all, Shelby, it's been wonderful. I've, I mean, I've got notes and notes. You're pretty. I'm, we're gonna make sure that your presentation goes to the IOC. Website part of the Access IOC pages and your slides. And we'll talk a little later but this meeting will be Google transcribed. So there will actually be a hard copy available which I think is going to be invaluable

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because these are complex subjects so I'm really excited about that. And we are gonna have to follow up a list for this committee to talk about including legislation and other things. And let me say in response to Liz's comment.

Holly gieszl: It's different when someone who runs a provider like Liz calls and when a family member calls, Ah, and okay, this the responsiveness from that 24-hour from the On Call medical group, there it is night and day. There will not be a call back to somebody...

Liz Agboola: Okay.

Holly gieszl: who runs a provider, there will be. And so, what I see should you call different agencies and...

Liz Agboola: Okay.

holly gieszl: say, he was your 24-hour person that can call on the weekend to file. And that's, that's the role. Yeah. See, that's something. We should be excellent. I love that. And also that there should be a petition. But I would say we should be emotional to have access like All right we'll do that. Well let's talk about it. Would you like to make a motion? I don't know specifically what emotions make but like how should we say that you know?

Holly gieszl: Are you talking about having the Those who run this, my providers meet with us and developers, a solution to the gap.

Holly gieszl: On the access will be. a good addition, but I think so, I would motion to

Holly gieszl: To. they're not a word up, that's the motion to Request presentation, from The SMI health homes, CEOs of the SMI help homes. On availability. Of their medical directors on the weekends. What do you say? And I'm sorry for interacting with English. But like what did we do when they needed the emergency meetings? Let me ask for a second, is there a second to that motion? I said. All right, so the second thing member was Matthew, Josh made the motion and there discussion. Now, let's have a discussion. Thank you.

holly gieszl: Um, when someone with SMI clinics, they didn't have the emergency appointments available, we got them to put a block, you know, I mean like you made them put a block as almost every day or that there's an emergency and some of the mister appointment, they could go get scheduled, wouldn't we call it? Then? What was the mechanism? We used to enforce that.

Holly gieszl: It was a couple years ago. Remember we just requested We said there's a deficit here. Let me ask. I don't particularly need to come and tell me what boy was a note to us for children. So that we could if we have questions in the classroom, but I'd rather see what the policies are for drinking phone calls rather than ways. To CDL on the person's time because and again, in

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Holly gieszl: I'd like to know that getting them to take, take note of the fact that the IOC is, is looking at these things, noticing the problems and asking them Change. Having a CEO here to talk about something that goes back to their agency and check the policy like to see the policies first. So we're not asking about writing policies. I want to know before so I can ask you why we have people saying They call, Don't you get

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that information first So then we can have a problem. Say It's not working this very CEOs. I mean I think that the policy manual probably has that but yeah, there is no number for families to talk.

Holly gieszl: All SMI families are told to call the crisis line after hours. That's all good saying. I'd like to be. I'd like before we invite them. I'd like to know what course I want to ask. That's all you so amend that. I was presenting to get documents regarding what the policies are. The committee and then, we can take it from there so that I can ask spark questions. Okay? Would you accept the amendment? No.

Holly gieszl: Are you going to get policies? All right, so we'll have the policies. and in advance of the ME, in advance of the meeting, or the discussion with the CEOs, UM, can't Discussions;? Presentation. Okay, so we have a motion from Dr. We have a motion from Josh seconded by Matthew.

Shelby Graves: Look.

holly gieszl: I'm going to call for we've had discussion and there was a proposed amendment, which Josh did not,

holly gieszl: except so, I will then ask for the vote all in favor of Josh's motion as stated say, I I all opposed.

Holly gieszl: The eyes have it, the motion passes. We will put that on a follow-up agenda. It may not be next month, but it will be soon. Okay, thank you very much again, Shelby, I really appreciate it and we will move on through the agenda now.

Shelby Graves: Well, I thank you all. I will hop off. We, I appreciate it again. Anything I can do, please. Let me know y'all have a Well,...

Holly gieszl: That may be a dangerous offer.

Shelby Graves: you know within my scope, anything I can do then my scope of work. There you go.

Holly gieszl: Okay, thank you. I'm sure we will ask you back later.

Lawrence Allen: Thank you Shelby.

Holly gieszl: Okay, moving through the agenda. Now we have updates from community partners. I'm sure we have provider representatives. Who is present? Does anyone have an update? Please raise your hand or speak up.

+1 623-*-***82:** Hi Holly, this is Joe with Banner. I have no updates at this time.

Holly gieszl: Hi. Okay,...

Holly gieszl: Thank you.

+1 623-*-***82:** Thank you.

Holly gieszl: Thank you. Next,

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+1 520-*-***18:** And this is Karen Olick from Arizona Complete Health. I know that I believe Fredreka attached. Our one pager we, we were asked to provide a summary of our contact information, as well as our role with regard, to the IOC and and OIFA and

Holly gieszl: And thank you very much for mentioning that and it will go on. My intent is to have it put on the website. I want our place in that website to have as much information as possible and that was very helpful. Other updates there from providers

Holly gieszl: Don't believe we have any. Okay, moving on updates from community organizations. I don't believe we have anybody from NAMI on the line. But Matt, do you have anything from MHA Matt's the Chairman of the Board of MHA? Yes. So we actually have our Annual Seat Conference, April 27th. So next Thursday, we're going to an ASU SkySong facility and throw it at the Sky Song Center so we're really excited about that. Our team this year is beyond the basic community connections for mental health, in Arizona, it is virtual and in person so it is a hybrid. So people want to apply or watch from home, they can and we have a lot of really cool presentations. So I would encourage you guys to help America, or Mha Arizona. Look at it. It's Thursday 4:27. Yeah. Next Thursday. Okay. And is What's the cost to get in? Do we have costly hard questions? I think it's around 50 Bucks. Okay, Perfect. Thank you.

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Holly gieszl: That sounds wonderful. Maybe somebody from the IOC can try to go? Well, you'll be there. I will be so good, so great. Um, if there is collateral material that's provided powerpoints etc that are available. Yeah. Words are perfect. And if there's anything that you would like to do for us to summarize high points highlights, then we'll be happy to take something that you do and put it trying to put it on our website so that we can promote what and they chase doing. Okay, updates from Ash or the Southern and northern iocs. I can't tell. Who's on is anybody from our Colleague organizations.

Holly gieszl: Doesn't sound like it. Okay, Josh Legislative update. The only. Bill Super relevant. What we do is ask 1710 You want me to go through a summary of that please? but, Sp1710 is a combination of. A couple of bills that we've been pushing for a couple of years. One is to.

Holly gieszl: Are you all familiar with it? There are around 55 bed caps at the state hospital. Okay, so that cap is out of date, nobody supports it but it is and it really harms people in the community because people that need that state hospital just can't get them. So, the first part of the bill is changing that 55 bed cap. To. Admissions based upon clinical need and not your geography. So, if you need to say hospital in the numerical county of the state, hospitals up to 55 that cap, you can be admitted. Well, that's one part of it. Then the state hospital is. It just doesn't do very well. And we want to improve it. And so there's a second half of the bill. Is it the Governance Committee? A separate governance community. That's that's not part of the state hospital and

Holly gieszl: So through that, we're hoping for some autonomy oversight. And that the foxes and guarding the hen house, for lack of a better term. So that's what's happening now. So, that flew through the flu through the Senate through the house. Now, it's really part of a budget negotiation.

holly gieszl: Holly and I met with the governor's top legislative person well last week last week last week and you know where there's some kinks that we're trying to work out some improvements that we want to make so Holland are gonna work on the language to do that and then we're going to return that to Return

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that to the governor's office and hopefully they will sign it because that's the last hurdle is getting the governor sign up. And so that's where we're at with that. We think it's a fast improvement to access to care that the continuum of care within us with the mistake as a vital component of it.

Holly gieszl: But we also need to improve the place. It's just been on fire for years hoping they changed what legislation doing it. Exactly. You said You're gonna make recommendations but change and give it to the governor. I'm confused. Yeah because what all that's it's a community the whole is looking at it now, okay? It's really Yeah I think it's waiting on the community the whole. Yeah, so I mean it's my question is Oh you April is the month of strike. Everything's After you can't do anything anymore, it's all stuff. Well, I believe it strikes everything. I was told by the Federal credit lobby that it is great. You're not gonna do that. Well, we shall see, but they were the questions. How do you change the governor's up? The government can't make changes of circulation for the budget process? Okay, so they commend it in committee now, okay, so so that's what we're I think there's a lot of

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Holly gieszl: I think lobbying is sometimes like a great example of urban myths. And if you talk to governors and you talk to folks, they will all tell you. There's nothing that can't be done. It's just a matter of how much commitment there is to do it, and how much political will there is to do it. So, Hopefully, we'll have this is the second year that the bill has gotten to this point. Essentially, to this point. It's been nearly unanimous. Yes, this year, it's been Nearly unanimous. They're both chambers. Right. But there's a hold up with people that are aligned with one representative and his little group among the governor's office, but they seem to be aligned on what they want to change, right? So, Allen is going to work on it and I think it's really important.

Holly gieszl: I think that this legislation, one of the reasons it's been successful this year is obviously lobbying, very focused lobbying by people. Josh has spent an enormous amount of time down there doing a lot of education. The other thing is: Is that at some point when a place is on fire?

holly gieszl: You see the fire, you don't just see the smoke and the last year to two years have been devastating in terms of the problems at our state hospital and it this isn't the time or the place, but I think that that is something that has come about in the past couple of years and now legislators who, only sort of knew a little bit about, maybe there was an issue there have had constituents calling and they've had, they've seen newscasts they've seen news articles and so it's become a part of daily life to understand that we need to fix. Our state hospital. So and a lot of kudos, a lot of deep thanks to Josh for the amount of time that he has spent down there. Doing things. If

Holly gieszl: In secure BHRFs. Oh yes, which is the step between the hospital and 24 hours residential. So people go into BHRFs, typically just if they're really sick, they just leave the side clearly that sits here. Go through jails. Interactional police fire and prices, it just keeps getting those. So we created that super four years ago. There's 43.5 million dollars allocated to build them. But Medicaid has not got the RFP out. so, Now, because There's so much concern about it even on ticks that back the only groups in the past few years that's scared about mental health stuff. I've been the Republicans

Holly gieszl: And we take a bill to go, it was always a party line. Republicans, will look for it Democrifcence and we have Republican governmental excitement fund. Now Democrats are stepping up

and really firestone down on things? What the hell's going on? Why isn't this out? And so we're moving that along and there's two populations here, one from Criminal, Code Title 14, one from the Civil Code and so the Title 36 RFP is going out. And there was a longer timeline on Title 13 that was trying to show him. It looks like agreement, really short not up and large part because Nancy Bartow despite not being elected. Is still fighting her butt up for all these causes and shaking violent pages. So, um, that's another big part of our continuum of care for the population. We always

Holly gieszl: That I think makes a huge difference in the system. Great. Um all right, moving on. We have another prospective member who joined us much earlier. I didn't want to interrupt the presentation and that is Lizzakula, who is the CEO? Of Trinity Health Care which runs a number of different kinds of facilities. And it was an apropos segue because Liz has been extremely active in the policy arena and down at the legislature working on, trying to get secure births through and getting and helping beat the drums and and build the momentum for that. So thank you for coming Liz and we'll talk more. The next item on the agenda is an accident.

Holly gieszl: S&r site visits. We don't have anything to report there. We're going to be rejuvenating our efforts. Oh, Okay, you did an ID review. Yes. Oh okay good didn't Larry, can we talk about it if it wasn't listed businesses ID? Yes, it is. I, No, I'm asking Larry. We put on the Site Visits Committee. Can we, we have two bullets there. So my question is, since we gave the specifics, How can the IOC Assure completion? And then how can the iocs you're completely site visits? Larry is our agenda to permit a report on an incident accident report.

01:10:00

Lawrence Allen: No, it's bullet pointed there. You shouldn't have an issue with discussing that.

Holly gieszl: Okay, perfect, great. Okay, Dr. Potts has a report on an ina. And we had already and we previously really that the IAD reportedly standing met part of. Okay yeah we didn't you? Absolutely. I am trying to follow what has been reminders to me about open meeting laws and the specificity of agenda. So give us your report. Oh yeah.

Holly gieszl: Everybody agrees. We'd like your report. And then I wouldn't have ever been sorry. So a couple of things I have. I saw a couple of nights when the past 20 rounds of quality of care. It's different from the seclusion and the strings and other things. It's not a sense of a study of what was the complaint about the quality of care?

Holly gieszl: And this is a case you look at the highlights but this is a case where the Guardian had their child who was a cop and there was also a guardian. They were told. They were complaining to the Guardian. The school thought that they were not getting the services for their child. such as drug treatment. And they were told, unless he'd volunteer for drug treatment, they can't do anything about that. In, you can see, I've highlighted what this is. This is the report. That comes out of an investigation by AHCCCS of someone complaining. What are the problems? So I guess scan that look at it. I'm sorry. I didn't send you an email beforehand. I should have cut and pasted it, maybe.

Holly gieszl: But I don't know how, I don't know if I can do that. If I'm going to discuss this, I'm going to discuss it by email, right? Holly You can circulate it on email. Absolutely those guys. Okay, so next, I'll try

to cut and paste. So once you pass on the question I have, is you so Holly, you're not interested. No I'm looking at something just second and then I'll look at

Holly gieszl: The next page is also this one.

Holly gieszl: While we're on this, I can ask Fredreaka. What's happening? Because special assistance still is the category, by which one can sort? And you brought that up a year ago and said they were going to look at Reinstating that special assistant.

Holly gieszl: Hear me.

Fredreaka Graham: What's your question Dr. Potts?

Holly gieszl: It was a year ago, we talked about special assistants not being able to sort by special assistance. Category, even though it's listed. As a sort of a category on the drop-down list.

Fredreaka Graham: Right. I didn't hear your question,...

Holly gieszl: so, He wants them.

Fredreaka Graham: I'm sorry. It's hard to hear you.

Holly gieszl: Dr. Potts would like to be able to sort by special assistance as a category. So how do we do that? And this is a drop-down option but there's nothing that's not populated at. All right. And says the statue that we had a review, specialist assistance, specifically So,...

Fredreaka Graham: Right. Those are the reports that you guys get through the FTP server.

Holly gieszl: What happened?

Fredreaka Graham: Those are all specific for the special assistance reports. So as you know I don't know who all goes into the FTP to review the special assistance reports but that's where all of those members go. So if you remember, it was a situation where when CJ had came, I don't know it's been probably two years now and advise, that, that would be taken off because of the issue of how the providers were putting, the information in that, it wasn't accurate, need of all of the special assistance reports. So that is something that will need to be configured with the IT team to determine if it's something that they'll be able to do. We have

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Fredreaka Graham: Tried to figure out a workaround for it but I'll be honest with you that the ISD team is not as fast as I would like them to be and they do things on a priority basis. So because the special assistance reports are given directly from myself to the FTP server. That is the workaround at this point until they're able to reconfigure if they can reconfigure the QM portal for that review.

Holly gieszl: Okay, they used to be, we used to be able to look by special assistance because you can search NON-VITAL-19 by children and adolescents. You know, and other categories and special systems. So

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Fredreaka Graham: That's correct. And again, when CJ had had the meeting with you all and discussed that, that would be taken off because of the way that that information was being put in, it's by the user. So, it wasn't an actual read of the actual report. In other words, it was human error. That was pulling the special assistance people out of that report. So when CJ had come to you all and advised that she was going to be reconfiguring that report to that, it would be a more accurate read. When someone was trying to pull, we all actually agreed that it would be okay for her to do so. And then that was when the FTP server reports were still in process. So again I upload those every single month on the FTP server. So if there's ever a question as always, you guys can send that directly to me and I can do the research on it,...

Holly gieszl: Yeah, I'm sorry.

Fredreaka Graham: you don't

Holly gieszl: No, the FTP service. Totally different and she never did, we never, and I clearly remember this CJ was very good, but it was the special assistance drop down for IADs at that category search. Disappeared at one point and I brought that up noting that there were only four million six month periods in saying, why? And he was going to try and see why. And it was because I think it...

Fredreaka Graham: Yeah.

Holly gieszl: because The clinics, the RBHAs weren't doing what they should do to label them as special assistance and...

Fredreaka Graham: Exactly.

Holly gieszl: decide not to. So was the probability of not an accurate, special assistance but none of us ever unclear on this agreed that we should not have that as a drop down.

holly gieszl: and what the FDP is different,...

Fredreaka Graham: Okay.

holly gieszl: the file transfer protocol that we get on a different website is not the Portal that I'm talking about. So I guess that issue is still unresolved and it was a year ago that we brought that issue about this special assistant, drop down not being available, right?

Fredreaka Graham: It has been resolved; the initial response that is. Holly, what I can do is I can get the documentation that I sent to Dr. Potts. When he was the chair in regards to this so that you guys can have a clearer picture of what was resolved and the communication on that. I'll go ahead and send that back to you Holly's and to you Josh, since you guys are the new chairs and I can include that as well. Dr. Potts, so that you guys can see the last location on

Holly gieszl: Yeah, I remember that. I remember you doing that but still didn't resolve it so Can we talk about this case? So let me get closure on this issue so Fredreaka. Thank you if you would do that and Larry let's have a special topic next time on the agenda to follow up on the Continued, unavailability of data for us to identify specialists members and and do iron. A and site visit site visits on those members.

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I also have a question: then Fredreaka, you get the special assistance data and you personally upload it to the FTP server, right? Okay.

Fredreaka Graham: Correct.

Holly gieszl: So, how about if we have you?

Holly gieszl: Give us. That data. In a secure manner. So that

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Fredreaka Graham: You guys, it's in the FTP server and you all have access to that.

Holly gieszl: Okay, but That's, that's going to be too. All right, then we'll have to deal with it that way. We can't, but we can't on that server. We can't sort it and use it the same way we do the other portal information, right? Okay.

Fredreaka Graham: Yes, you can.

Holly gieszl: All right, fine. Thank you very much for that. So now, we'll go back to the case that Dr. Potts has reviewed. I thought this was interesting, Josh, and you've talked about this, I'm wondering. What are your thoughts on this? It's a case where someone is the mother guardian. Was complaining about no services and their statement. Frankly, the members of Mother were educated that the only treatment that could be offered to me was that the member was going to take an apartment. What do you think? Anyone.

Holly gieszl: So legally, that's incorrect, it doesn't matter where you look, whether it's the provider manual, it's the Arizona administrative code. It's the, it's the access manual. all of that stated that every service, Can be consented to buy these patients themselves or it already. And if you look at individual levels of care and minister that it's whether it's an acting or a birth or a hospital Or a consenting the things like Ect. The Guardian has the authority. And so, there's this, this urban legend that has really interested all the time being codified into the law of provision of behavioral health services that the Guardians can't consent to.

Holly gieszl: How do we go about it? Changing that we fight every day all the time with these providers on this very issue and there doesn't seem to be much progress. Because what happens is, you educate one clinical team like, Okay? And then in six months, every person on that clinical team is gone and there's no agency for education and so I don't know. Holy night, typically then we're like, Well, what? Lawsuit? County file? It's just not practical here. I think if the IOC is going to take something on again, it's

Holly gieszl: Let's call in the RBHA. Who is who's provider manual? Those through general consent, informed consent. And within both it says Member or Guardian. Why is this being applied throughout the system? I think we have, we have to start with access. I'm wondering if you would want me to write a letter of inquiry on this one, say like an investigation reopen. Because inconsistent with the policies and procedures driving those issues and I see yes but I want you to know. Okay yeah you all you got faster tonight. I have enough for Mercy care. Can't talk. Okay. Um,

Holly gieszl: I'm wondering if that might not be the most efficient route here, if we can just get the Reba here to say exactly how to do it. And then they come up with a plan to say, we're gonna have all of our clinics, go to all the sites where they explain this and all the clinical drives like they do, email blast and

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remind everyone that this is the policy for the handbook and for law. Should use this as an example, then because this is the reason, but reviewed this, right? They gave this answer saying, There's no fault here, so something's wrong with RBHA. So, yeah, I think, could we have a motion for that effect?

holly gieszl: You're gonna be good at least learnings I would like to make a motion that we ask the Central Arizona, Reba to provide insight on to how guardianship should be administered for SMI clients and GMH clients and that they put in some education or all mental health providers. That this is something guardianship can do like consent to treatment and modify that one more policy are one only say, one of the focus on specific issues and say like to leave, respond to the investigation and explain why this seems to be invited and see this a policy. They don't know what this is. So what do they need to tell you?

Holly gieszl: But we can show us examples where they themselves are. My concern is, if we do that and they're gonna end up in an investigation, take a couple months to come back and do this when we do that. Whereas, if we just make a motion right now and vote on it and we're gonna for the next meeting. Yeah. Okay.

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Holly gieszl: So, the motion has been made and seconded. Any more discussion? I think we can give Dr. Potts a good idea. We can share that with them as the source of our future issues if you want. So, there's

Holly gieszl: Because I think this is despite what Daniel says. They're going to stay well, you know the member This is a voice and choice system, I wonder at least consent. Despite all the policy losses, Jack's idea of "What were you thinking, You're sending out a lot. I was seeing you one more request to respond to this and to address that issue, ready because I haven't come here blah blah blah as well things, right? I don't want that, I just want them to say We're educating all of our providers within the next month and they will hear this policy really, or they refuse to do that. And then we go. Okay. And then we and then we take it to the next step. This

Holly gieszl: I think again this has been going on for years until they come and tell us what I don't like, they don't need to come here. They just need to tell us these are to come but he is it to come for the other thing. Do you do that too? I I don't know why you want to come here. I'd like it for someone in person. I think having someone in person to come with this Particular case. And then if they say Let them tell us no we don't require the guardian and we can have an educational session and in a conversation explaining that it's contrary to law and we want them to do site. System-wide, what did you call? All sites sign in. Yeah, all site training in that and abide by the law and if

Holly gieszl: For whatever reason they say, no we're not going to do that. Then we have In our meeting in formal minutes, in a formal setting where we've had a discussion we've educated everybody about what the legal system requires and we have there either agreement or disagreement to inform their members

their clinics that they need to follow the law. but definitely, I've been reaching in it, but that So I think is that what you intended do you want to? I just want them to say that they're going to do it and then they go train your name or refuse. Sure. Okay so I think everybody understands the motion? Okay, we

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Holly gieszl: Just yeah, that's another question but maybe all these drug programs even sign people into things like that. That's the other side of it. Regarding authority. We'll go through the presentation, but will the drug be accepted by a drug treatment center? Oh, you might. Yeah, but I work out deals with them. So like I have to know the ownership where I have to be litigated, an extra one out of the reasons. Yes. So well they are but

Holly gieszl: That's it. Takes two to tango. So guardians are willing to sign them in. Can you find a placement where I don't have to take an involuntary person? Who's going to be disruptive now as a female you not going to groups? The other patients are like he doesn't have to go to groups, so they don't want those patients and so that's but that's a separate issue about finding placements that are willing to accept. If we get, we need to take care of this and the Guardian consent to treatment issues. Maybe it was such a big deal. So I think that the threshold issue is the one that Dr. Potts has brought to the committees, which thank you so much for identifying that that's a Goldman of potential problems. Yeah it's really good. We've got actually now okay study that we can deal with Matt's made the motion we've discussed it we have a second all in favor say I I

Holly gieszl: Passed unanimously. Thank you. We have training in the council. Consultative requests on the Open Meeting Law, the QM Portal training, Robert Rules of Order. I think we need it now. I think immediately, my understanding is to focus on the portal training. I'm not currently on it. I can't sign in because I haven't kept my password current and Matt has indicated an interest in working in that killer area, which would be fabulous. I think what I would like to do is work with Yes. Um, and Kathy. So I think what I would like to do is work with Larry to get some

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holly gieszl: A system in place for QM training on an individual or group basis. We'll just figure it out logistically. What makes the most sense? And then we'll do it. We will plan an open meeting about the law education session, which I think will be very helpful. Hopefully, we can get that done. Maybe summer, if not sooner, the QM, the portal training is the most important. And then the same thing with Robert's Rules of Order, we can provide a simplified version of Robert's rules. Nobody really uses the full Robert's rules anymore, but there are some excellent simplified ones. I have a version, I have a front and back laminated sheet. That's actually pretty good, which we can provide

Holly gieszl: So, and I'm very happy. We had three new members here tonight. New members here tonight. Thank you very much. And with that, we had planned, may, I have a motion for a quick executive session Someone.

Holly gieszl: All in favor. We will adjourn into the Executive committee. We are, we do not vote in the Executive Committee, but we will adjourn to the executive committee now, and members of the public need to leave. And I'm reading the script, taking all personal items with you.

Dawn McReynolds UHC OIFA: Is Dawn from United Healthcare. I'm signing off.

Holly gieszl: Thank you. Oh, and thanks for staying so long, we look forward to having you all back and having some more exciting presentations.

Dawn McReynolds UHC OIFA: Thank you.

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Liz Agboola: Holly do I hop off.

Lawrence Allen: Yes. Thank you, Liz.

Liz Agboola: Okay, perfect, thank you.

Lawrence Allen: I'm gonna stop the recording and the committee will be going into executive session.