



**Division of Developmental Disabilities (DDD)  
District East Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Wednesday, November 8, 2023 – 5:00 PM to 7:00 PM**

**Call to Order**

**This meeting is being held virtually via google meets.**

Meeting called to order by Committee Member, **Teresa Brooks**. The date was November 8, 2023, at 5:03 pm. The address of the meeting was Virtual, no physical address.

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**Welcome and Introductions**

Attendance in Person: **None. This meeting was virtual.**

Attendance by Google Meets unless otherwise noted:

- **Suzanne Hessman, (Chair)**
- **Elizabeth (Beth) Bird - \*\*56 by phone**
- **Kin Counts**
- **Teresa Brooks**
- **Aimee Griffith-Johnson - joined the meeting after introductions**
- **Selina Kataria**

Absent:

- **Rebekah Gigliotti**
- **Sarah McGovern, (Vice-chair)**
- **Yolanda Huynh**
- **Tonia Schultz (non-voting member)**

Public in Attendance: **None**

Arizona Department of Administration (ADOA): **Absent**

Arizona Health Care Cost Containment System (AHCCCS): **Fredreaka Graham**

Healthcare Plan Liaison: **Ian Wilson** (United HealthCare)

DDD staff and guests:

**Katrien Filez**

**Bernice Sanchez** (District East Program Review Committee) - Joined after introductions

**Trudy O'Connor** (District East Quality Improvement Manager)

**Joan McQuade** (Office of Individual and Family Affairs Manager)

**Morgan O'Hara**(IOC Liaison)

**Michelle Rademacher** (IOC Liaison)

**The Committee, DDD, AHCCCS, UHC& Mercy Care Employees** introduced themselves.



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*This editable transcript was computer generated and might contain errors. Liaison has edited some of the transcript for accuracy and ease of reading. Any blue italics transcription was missed by the transcriber.*

## **DDD District East IOC-Conference Call line (2023-11-08 17:03 GMT-7) - Transcript**

### **Attendees**

+1 480-\*\*\*-\*\*56, A J, Berenice Curro Sanchez, Fredreaka Graham, Ian Wilson UHCCP, Joan McQuade, Katrien Filez, Kin Counts, Leah Gibbs, Michelle Rademacher, Morgan O'Hara, Selina Kataria, Suzie Hessman, Teresa Brooks, Trudy O'connor

### **Transcript**

**Michelle Rademacher:** I do like to preference and let everyone present know that this meeting is being recorded and transcribed. The audio is posted to the ADOA website. The Google transcription of the meeting is used for written meeting minutes. Okay, Teresa. You're good to go.

### **Call to Order**

**Teresa Brooks:** Okay, this session of the Independent Oversight Committee for the District East is now called to order. The date is Wednesday, November 8th, 2023. And the time is 5:03 pm.

### **Conflict of Interest Disclosure Statement**

**Teresa Brooks:** First on the, second on the agenda. I guess, would be the conflict of interest disclosure statement. If anyone has to disclose a conflict of interest, please do so now. If there is, the committee member needs to disclose why.

**Teresa Brooks:** Anybody nobody?



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**Welcome and Introductions**

**Teresa Brooks:** Okay, then we will move on. Now, we will do the welcome and the introductions. You want me to start?

**Michelle Rademacher:** That'd be perfect.

**Teresa Brooks:** Okay, I'm Teresa Brooks IOC member.

**Teresa Brooks:** Am I supposed to call on people?

**Michelle Rademacher:** I was going to explain that Suzanne Hessman is here online. She doesn't have a voice. So she's responding through chat with her presence for the committee. And then if you want to call on the rest of the committee members, that'd be awesome.

**Teresa Brooks:** Okay. We have Beth.

**+1 480-\*\*\*-\*\*56:** Elizabeth Bird. Committee Member is present. Thank you.

**Teresa Brooks:** Kin

**Kin Counts:** Good evening, everyone. This is Kin Counts, Committee Member.

**Teresa Brooks:** Selina

**Selina Kataria:** Hi everyone. I am Selina, Committee Member.

**Teresa Brooks:** And did I?

**Michelle Rademacher:** fantastic Yep,...

**Teresa Brooks:** That was it. Okay.

**Michelle Rademacher:** You got them all and Suzie if you would just write. Hello. I'm here in the chat. That would be fantastic.

**Chat Message: Suzie Hessman:** I'm here

**Michelle Rademacher:** I'm going to continue with introductions. We have Leah.

**Leah Gibbs:** Good evening, everyone. I'm Leah Gibbs, administrator of the Office of Individual and Family Affairs.

**Michelle Rademacher:** Thank you. Fredreaka.



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**Fredreaka Graham:** Good evening, everyone. This is Fredereaka Graham with AHCCCS.

**Michelle Rademacher:** Katrien

**Katrien Filez:** Hello, everyone. Good evening. My name is Katrien Filez, PRC administrator with DDD.

**Michelle Rademacher:** Joan

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

**Michelle Rademacher:** Trudy

**Trudy O'connor:** Hi there. I'm Trudy O'Connor with District East, Quality Assurance manager.

**Michelle Rademacher:** Morgan

**Morgan O'Hara:** Hi, I am one of the new DDD's IOC's Liaisons.

**Michelle Rademacher:** Thank you, and my name is Michelle Rademacher. I am the other DDD IOC liaison.

**Michelle Rademacher:** Did we miss anybody?

**Ian Wilson UHCCP:** I think just me. Ian Wilson here with United Healthcare.

**Ian Wilson UHCCP:** I just want to let everybody know, welcome Morgan number one, and then I want to let everybody know Dawn's gonna be off today. She's not feeling well, so I, as her understudy, will be trying to fill in for her. Be patient with me, but I appreciate it. Thanks.

**Michelle Rademacher:** Thank you, Ian. Sorry about that.

### **Call to Public**

**Teresa Brooks:** Okay, next on the agenda is call to the public. Do we have any? We don't have any public members on do we?

**Michelle Rademacher:** I did not see anyone else on the line.

**Teresa Brooks:** Okay, should I just move on then?

**Michelle Rademacher:** Sure.

### **DDD Policy and/or Legislative Issues**

**Teresa Brooks:** Next is the DDD policy legislative issues. And I don't know who's going to address that.



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**Michelle Rademacher:** If the committee members had any policy or legislative items, they wanted to discuss this would be the opportunity.

00:05:00

**Michelle Rademacher:** Okay.

**Teresa Brooks:** We'll move on.

### **DDD Staff update**

**Teresa Brooks:** DDD staff update

**Michelle Rademacher:** Okay, I can help you by calling on DDD staff if that's okay with you. Okay.

**Teresa Brooks:** That would be great. Thank you.

**Michelle Rademacher:** Let's see Katrine, did you happen to have an update?

**Katrien Filez:** An update for District East is to be maybe a repeat from last month already. So we have a complete team in District East and actually across the state. Also District central. So we are super excited. As this has been quite a while, but we have a full force now.

**Michelle Rademacher:** Congratulations.

**Katrien Filez:** Thank you.

**Teresa Brooks:** Is it for that?

**Michelle Rademacher:** I've got a couple others, Joan. She might have an update.

**Teresa Brooks:** Okay.

**Joan McQuade:** One of my best updates has joined the meeting. We now have two IOC Liaisons. Morgan joined the team. We're really glad to have her. She's catching on to everything quite quickly. She used to be a special ed. teacher. So she's very familiar with the population that we serve and we just know she's going to be a wonderful asset to the team. And just one other thing we are short a redactor so we have been a little bit behind with our redactions. So just to let you know we're doing our best to diligently get the information to you as soon as we can. Thanks.

**Michelle Rademacher:** Thank you. Trudy.

**Trudy O'connor:** I can never find the unmute when I need it. So, let's see this month right now. We're onboarding a new fact finder or incident specialist. We actually waited for her for quite a while. She moved here from a different state, but she was previously in Arizona and so she's got some connections. I think she's gonna be a great fit. Let's see. We have implemented our new form requirements for all of our



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vendors. That's been rolling out pretty well, but it's extra challenging to follow up with some of those smaller vendors that may not have all of the details but we're working through those and then this month also we've now said that all of our support coordinators are going to be using the same form. So that should make it easier to answer questions in the portal when we do that move and just get information up front. I think that it'll be very helpful. Let's see. We've assumed a little bit of extra responsibility where we're going out to new qualified vendor candidates, so they're not yet a vendor, just to make sure that they have a few things in place. They're real location ready to start moving along in the process to become a vendor. And then we're doing visits to different vendor agencies to ensure that they're following up with their corrective action plans that they have given us in response to incidents. So we're just checking for compliance to make sure that they follow through which is great, too.

**Michelle Rademacher:** Thank you. Okay Leah, I saved you for last as you usually have the biggest update. No offense.

**Leah Gibbs:** None taken. *I want to encourage the committee members, though, that if you have questions or things that you would like to know more about let me know and I'd be happy to do that. I've been sharing over the last few months several of the activities that the Division is moving toward in improving the experience that our members receive in working with the behavioral health agencies throughout the state and in receiving Behavioral Health Services.*

00:10:08

**Leah Gibbs:** We have started implementing the trainings that are occurring for the behavioral health agencies. A combination of computer-based trainings for their professional staff as well as a virtually instructed training that has done with our OIFA staff in partnership with our Behavioral Health Administration staff and that's to help the behavioral health agency staff understand DDD in Arizona, understand what our rules are that we have to comply with around eligibility and our process of collaborating together for the benefit of the members that we support. Those trainings have kicked off. We've done three of them so far, from what I understand, with an average of about 50 participants in each one, which is outstanding. The Division has put together an update with the Relias, which is the training platform that the behavioral health agencies use for their computer-based trainings, that added around a hundred new courses specifically around supporting people with intellectual and developmental disabilities. And of those courses, we identified 12 of them that, if the agencies would get their Direct Care staff to complete those computer-based trainings as well as attend one of these virtual instructor-led trainings about DDD in Arizona and the behavioral health agencies, than the Division is able to do a financial incentive to their provider agency as part of all of this process. Work is still happening to plan two conferences for behavioral health professionals, one in the Tucson area and one in the Phoenix area for next year. So those are moving along. We are going to be able to offer continuing education credit to the professionals who attend those courses, which is an incentive for them to come with obviously the outcome being to improve the quality of life for our members and the comfort of Behavioral Health Providers in supporting DDD members. The other initiative that I've talked about is the proposal around developing Positive Behavior Support training that is going to be mandated for all of the direct support professionals that work for our state operated programs. So those are our DDD State operated group



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homes and Intermediate Care Facilities. It is being made available to the qualified vendor Network through a train the trainer process that the agencies training staff would attend a training and then we would release the curriculum along with the presenters guide and the participants guide and the activities so that they can go back and train their staff. For each qualified vendor agency that trains a staff person, that agency is going to get a financial incentive from the Division in hopes that that will encourage the agency to free up their staff to attend the training and get the benefit of the training.

**Leah Gibbs:** Raising special kids is on contract with the Division and they are going to be making that train of the training available to family caregivers and interested members of the IOC that may not be family members that would like to have the exposure of the Positive Behavior Support training, then Raising Special Kids is going to provide that training at no cost. They are going to be making it available at a variety of times and evenings, weekends and during the day in hopes to accommodate people as best that we can to roll that out. The goal with the Positive Behavior Support training is to increase the skill set of the direct support professionals as well as the family caregivers to improve relationships, to better understand environments and what we can do to be setting up for success for members, to teach member's new ways to express maybe their frustration or what is happening through a behavior that is interfering with their quality of life, to learn a new way so that maybe everybody will have a better quality of life. We have completed an initial work group training with some of our Direct Care staff that work for the state and some of what we call master trainers. Those are trainers that are within the qualified vendor community who have a lead process with the Division on our Article 9 training as well as our Prevention and Support training and those folks are taking these workshops with us and getting trained on the curriculum.

**00:15:00**

**Leah Gibbs:** We are, today and tomorrow, providing the training to some families that were identified through Raising Special Kids and additional stakeholders who wanted to see it before it's absolutely finalized to get their feedback about content. The feedback from today has been very, very positive about the content of the training. So it'll be early 2024 that we'll start rolling it out to the train the trainers and then start getting communication out to the family members who are interested in taking that training.

**Leah Gibbs:** We continue to be working toward the modifications that we want to do around our policies as well as processes within the Division to comply with the elements and standards to become accredited in the National Committee of quality assurance for case management. That work continues and you continue to see updated policies on a regular basis as we're making those changes as part of the review available to the IOC 30 days before they go out for public comment.

**Leah Gibbs:** The Division is also continuing to work with our qualified vendor Network that we are updating our qualified vendor agreement contract for the first time in several years and we have been doing training and Outreach to the vendors to apply for this new contract that went into effect the beginning of September and the new contract will actually go into effect on March of 2024. This gives the vendors between September and March to complete those applications and the documents that we need in order to ensure that there are no hiccups in service delivery for members through this transition from one contract to the next.



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**Leah Gibbs:** At this point, we also continue and it is so wonderful with positive numbers and hiring new support coordinators working for the state. We have hired, since this and initiative of pushing for hires, approximately a hundred and fifty new support coordinators throughout the state. They are going through an onboarding process that includes some targeted training and some mentoring by support coordinators. We continue to show a 97% retention rate of the new staff that we're hiring. So we're very excited about that.

**Leah Gibbs:** And then my last update, unless you have questions, is we continue to be producing what we're calling quick reference guides that are posted to our DDD webpage under the tab for members and family information. And those quick reference guides are basic high level answers to questions that folks may have that have been brought to our attention around topics. There are approximately 10 of them right now that are going to be posting, hopefully before the end of the month. We have five of them coming forward that are around eligibility, one specific for families who have infants birth to three years of age and that eligibility process, one for families who are supporting people between age three and age six and that eligibility and one for eligibility 6 through adult. There is a separate one explaining how to fill out the application because sometimes people get a little lost in our application and what we need. So there's information about that and there's a final one around eligibility coming that is about we do a redetermination to ensure that members continue to meet the eligibility criteria for DDD when that member is at age 6 and again when that member is at age 18, and so it's general information about what that process looks like. So all five of those are coming down the pike. We have three of them that are coming around employment, one explaining our relationship between DDD and Vocational Rehabilitation and how we support members who are interested to be successfully employed and how we continue to support those members once they are successfully employed and no longer receiving services from Voc Rehab and what services and supports the Division can offer to keep that member successful. We have one that talks about what it means to be an employment first state. So that one is coming. And the last one is an overview of each of the employment services that the Division offers within our qualified vendor Network.

**00:20:00**

**Leah Gibbs:** There's one coming that is an explanation about what a support coordinator's role and responsibilities are as well as what that hierarchy is that if families are unable to reach their support coordinator, who do they reach out to next and what does that look like. And the last one that is almost ready to publish is what should someone do in the event of an emergency and that guide talks about obviously calling 911 for an immediate life threatening emergency, calling 988 for a Behavioral Health crisis call. It talks about the different 24-hour nurse hotlines for the different Health Plans, whether that member is DDD long-term care and has Mercy Care or United Healthcare or if that member is supported through our tribal health program. It also talks about our 24-hour after-hours calls that can accept emergency calls and how those contacts work. So all of those are coming and I am really excited that we're almost there to get those all posted. And I think I've covered them, Michelle. Anybody have any questions for me about anything I can help with?





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Trudy O'connor: Gotta love a Leah update.

Leah Gibbs: Thank you Trudy.

Michelle Rademacher: And Bernice, I saw that you had joined a little bit after the introductions. Did you have an update?

Berenice Curro Sanchez: Hi, good afternoon. Sorry for the delay. No, not much other than I like to say Keith has been supporting us for now, quite a few months and he's doing a great job. So thank you so very much for allowing this to happen.

Michelle Rademacher: Thank you Berenice.

Michelle Rademacher: So I think I got everybody for DDD staff updates. Did I miss anybody?

Michelle Rademacher: Okay.

Teresa Brooks: Alright Okay.

### **Arizona Dept. of Administration (ADOA) Liaison Updates**

Michelle Rademacher: So Larry's not here for the Arizona Department of Administration updates. He's on annual leave so we can skip over that part.

Teresa Brooks: For the liaison updates?

Michelle Rademacher: That would be next.

### **Health Plans Liaisons Updates**

Teresa Brooks: Okay. Sorry, I misunderstood. Next then is liaison's updates.

Michelle Rademacher: And Ian, it's just you present for the health plans today.

Ian Wilson UHCCP: Okay. yeah, Dawn just had one note that she'd like me to pass out and I'm sure it's something that everyone's kind of already aware of. She's been working with Mercy Care and DDD to finalize their peer and family support presentation. Again, I think that's been a topic of conversation for the last few sessions. But that is they're currently now just getting dates together as to when they're gonna present and that's all she had for me to put out. So unless there's questions, may not have any answers, but I'm happy to field.

Michelle Rademacher: Thank you Ian.

Teresa Brooks: Okay. So he just did the health plan update, right.



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Michelle Rademacher: Yes.

**DDD IOC Liaison Update**

Teresa Brooks: So now it's the DDD IOC liaison update.

Michelle Rademacher: Okay, and I just have a short update. I did want to let the committee know that your newest member, Selina, has received access to the DDD IOC shared Drive. She received one-on-one training with me for an overview of the incident reports and how to send a question or comment. So she's ready for assignment of any type of incident category you wish to assign to her. I also had a question about incidents and incidents which are provided to the committee. Currently, we provide all of our incidents to the committee for review, but it was expressed to me, in my training, that you want. You didn't want all of them in the folder, some go directly to Archive. So right now here's what I do, as I was trained to understand that all the committee only wants the following type of incidents in current folders and that is open incidents: emergency measures; closed incidents: emergency measures, physical abuse, other abuse, death, suicide, neglect, human rights violations and then the following go into archive folders, which are accidental injury client missing, legal, Med errors, other Behavior, other injury and property damage.

00:25:00

Michelle Rademacher: So if you want to think about that and let me know, none of the archived incidents are deleted. They're available anytime for your review. You can do a search to look for specific incidents in the archive. But if you want to think about this and let me know or if you want to vote on it, then the next meeting where you'd have more members present, that's fine as well.

Michelle Rademacher: Suzie. Did I say lethal Med errors? I hope not but I could have, legal and Med errors. I'm sorry. Hopefully we don't have any lethal med errors. My apology there, but just wondering if I should keep that protocol the way it is or if you wanted to make any changes to that protocol and if you want to discuss that or add a whole agenda item discussion for it. That's fine. We do. When we can also, table it for a later time and you can send me something and writing as well. That's it for my agenda for my updates.

**Discussion, Review, and possible action on Committee Memberships**

Teresa Brooks: Thank you. Next is the discussion review and possible action on committee memberships.

Michelle Rademacher: So there are no new applications at this time.



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**Michelle Rademacher:** We do have two new volunteer coordinators with the Division that we're newly hired so you may see some changes in the future, but there was a big influx of notices that were sent out from Mercy Care, from United Healthcare and DDD soliciting membership for the Committees. So as soon as I receive something, I forwarded on to the chairpersons for review and invite them to the meeting. But nobody today.

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

**Teresa Brooks:** Okay, thank you. That's interesting. I'm glad we have two new ones. That's great. Next is discussion and review of incident reports and behavior plans.

**Teresa Brooks:** Kin, go ahead.

**Kin Counts:** First of all is the incident reports, so Trudy, I just wonder when we do the review of the reports, whoever they redact them, can they have names like stuff a staff say because a lot of times they leave blanks, where the names are concerned. There are blanks and if there's more than one staff, it's very hard to imagine who is the one doing it, or who is the one who is not doing it? Because they leave a blank and also it's very hard to imagine which one. So if they could kind of give them a name, staff A, staff B, some of them they do, but there's something I'm missing.

**Kin Counts:** I know you can't real name, but at least we know that when it reaches us, the IRS, they're all being redacted. So we may not know what you already know. You'll know who staff is but when it comes to us, we don't know. It is just based on what we have read, we read in the report. Yeah, so sometimes the blanks are up to my imaginations. I don't know who is it talking about now, is it A or B or who? Yeah, so it's the only thing I have with the incident reports. Yeah. And Joan has a raise her hand.

**Joan McQuade:** As far as I'm aware. We have to pull out the names of all the staff and everybody. As you said, that's all those blanks are where we've had to pull things out to redact. So I'm not sure if Trudy's folks can put identifiers in the description as to who people are. Because if they're not clarifying that in the description, then they wouldn't know who that person is. Because it may not even say...

**00:30:00**

**Kin Counts:** right

**Joan McQuade:** Because if it says staff, Maria, our redactors are going to pull out the Maria, but it would still say staff. If it just says Maria when Trudy's team is entering those incidents, they're not going to know who Maria is either. As far as whether she's a staff or what. I mean, it might make a little more sense in context and I understand exactly what you're saying, Kin, that it can be very confusing, all of those names pulled out, but we're required to remove all of those so I'm not sure if there's any way to make it easier for your folks.

**Teresa Brooks:** Trudy, go ahead.



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**Trudy O'connor:** Yeah, we'd have to look at how they are redacted, but I'm not sure how we can. At this point, we're not making any modifications at all. As far as my team, we copy exactly what we receive and paste it into our system and so we're not editing in any way at all. But I'm not sure because everybody writes so differently how to make that more clear.

**Kin Counts:** Maybe Maria, staff M and...

**Trudy O'connor:** I think so.

**Kin Counts:** And if the other stuff is, Ms. Jones or we can say staff J. So we kind of understand always staff and whoever is doing it. It doesn't matter who it is. I mean, we don't care, Mario or what Mary or whatever but it was the different

**Trudy O'connor:** Yeah.

**Kin Counts:** Who did what? Yeah. Yeah.

**Trudy O'connor:** Yes, I know exactly what you mean. I can't tell you how many times I've been confused by them reading IRS, especially because they're so different. Maybe that's something there's a way around so we can have a redaction of all but the first letter of their name or something. I don't know just an idea, but I'd be willing to look at those and see if we can't do anything to help.

**Kin Counts:** Thank you.

**Trudy O'connor:** I think it definitely though, Kin, if you have a question about a specific IR we can always respond to a question, too.

**Teresa Brooks:** Okay, AJ has his hand or her I don't know. What a AJ, I assumed AJ has a hand raised. So go ahead.

**A J:** Sorry, I don't know, it's Amy Griffith Johnson here. I don't know, I came into the call while I was in the car. So it might still leave different initials than what my computer does. I apologize. I was just gonna reiterate also kind of what Kin is saying. It makes more sense. I hold a very high security clearance with the federal government. And even though we have to redact a lot of things and we have to be very careful with PII. We can certainly still use initials too. So I like the idea of, for me, when I'm dealing with beneficiaries. I can go in and make my edits, so I could do beneficiary one Benny to Benny three whatnot. But in this case, if you can't edit, it makes a lot of sense to do staff M for Maria, and just if you can't make any edits then just keep their staff and then just that first initial will not, we won't know if it's a Marcos, a Maria or Mary Jane. So I think if you could make that happen, that would be amazing.



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Trudy O'connor: *I think that's part of how things are redacted. I'm not sure of the software, how that would function for the software.* As far as any kind of adaptation or editing that my team would do, that isn't something that we can, we're not able to make any modifications from the way an incident is written when we receive it, into our system. But possibly the redaction is something that could be modified a little bit? I don't know and I'm open to problem solving.

Chat Message: Suzie Hessman: Thank you, Trudy

00:35:00

**Kin Counts:** Are we just the names? I mean, you can leave everything there just as long as we can differentiate. I think that's the thing. I mean, everything can be as it is. Yeah. So my next question is for the behavior treatment team. So I went to this training and we were talking about this crisis emergency plan. I was told it was an option. I mean to me whenever there's a behavior, I think we should have that in place, the emergency crisis plan. Because it is somebody who read it who's new and if something were to happen, they should know what to do from the plan because it is why, in the first place there's a behavior treatment plan in place, because it's a behavior and any behavior you can go into high level intensity or things like that, but then I was told that it is an option. Remember we used to do the plan and we say that okay, this is missing, this is missing, why? because it was an option and then they are required to add in, so it becomes very confusing. Is it an option or is it a requirement? As far though, a plan to be approved, I need to have this in on it. But then I learned in my training it was an option. So, I wonder if it could be clear that maybe we should edit as a necessity rather than an option for everybody. I mean, I don't know, write extra. There's a lot to write already. So I mean the option, I wouldn't want to write. And we need it before we review plans. It's missing. And we need that. So I just confused, it's like why is that an option?

**Berenice Curro Sanchez:** Thank Kin, and you know what, I am very, very blessed to see that Katrien's here with us. So I believe that she can help us clarify. She's my supervisor, Katrien.

**Katrien Filez:** So I'm confused. Also from what I'm hearing from you an emergency crisis plan should be in place, especially within the behavior plan, if there is any dangerous challenging behaviors, It should be part of the plan for staff or any reader of the plan to know what the steps are if the person is in crisis.

**Kin Counts:** Exactly, that's why I thought when I was in it. I thought so I brought it up. I say, why isn't it inevitable we have that in a behavioral treatment plan? And this, we should have that, and I was told by the instructor that it is an option. It is not necessary.

**Katrien Filez:** Can I ask what type of training that was?

**Kin Counts:** Behavioral treatment plan. The behavior treatment plan, how to write a behavior treatment plan.

**Katrien Filez:** through DDD?

**Kin Counts:** Yes.



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**Katrien Filez:** Okay, I will reach out to that unit and double check. But I can tell you that PRC will want a crisis plan. Maybe not for a person who shows minor, minimal behaviors, but as soon as dangerous behaviors, challenging behaviors are listed in the behavior plan, whether they are listed as a Target Behavior, Sometimes some of these challenging behaviors are moved into a different section of the behavior plan, which we call the other interfering behaviors. These are behaviors that are rarely occurring. They are no longer a current Target. We still ask to have that crisis plan added in the behavior plan just in case these behaviors would re-occur. We want to make sure that caregivers staff know what the steps are.

**Kin Counts:** Exactly. Yeah, that's how I feel. Yeah. Thank you.

**Katrien Filez:** Thank you for bringing that to my attention.

**Teresa Brooks:** Leah did you still have something to say?

**Leah Gibbs:** I agree with everything that Katrien was saying but I don't want to lose sight of the fact that there are some folks, as you started out saying Katrien, that they have Behavior plans due to the requirement of being on a psychotropic medication. However, they're interfering behaviors may not be to the level of displaying dangerous, violent behavior. And that would be times that a crisis plan may be optional. I think that it may be a matter of clarifying what was said and how it was said wouldn't you agree with that, Katrien?

**00:40:00**

**Katrien Filez:** You were talking about the crisis plan part of the Behavior plan, not of the Behavior plan itself. Right. Are we talking about the same thing here?

**Kin Counts:** Yeah about in a part of the behavioral treatment plan. You have to write and this part where there's the emergency crisis plan action. Yeah.

**Katrien Filez:** Good. Okay. Yes. Does that help earlier? Or am I confusing you?

**Leah Gibbs:** No, I'm gonna answer that by saying I think that following up with OPD and the training would be worthwhile...

**Katrien Filez:** Okay. Yes.

**Leah Gibbs:** because when somebody makes a statement, this is every paper must have a crisis plan when, That's the difference,...

**Katrien Filez:** That's different, Okay. Thank you.

**Leah Gibbs:** right? Okay.

**Teresa Brooks:** Okay, any other comments? Good. That's all we have for today then. So I need a motion to adjourn the meeting.



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**Motion and Vote**

Chat Message: Suzie Hessman: I make a motion

A J: I motion

Teresa Brooks: Okay, I think. you need to say , your name, motion that you adjourn the meeting.

A J: I, Amy Griffith Johnson, motion to adjourn this meeting. I apologize.

Teresa Brooks: Thank you, And then do we have a second?

Kin Counts: I, Kin count, second.

Teresa Brooks: I guess that's it. Michelle. Where'd you go, Michelle?

Michelle Rademacher: Yes, 5:45 motion to adjourn. Thank you for attending everyone tonight's meeting. We appreciate it.

Teresa Brooks: Thank you.

Selina Kataria: Thank you, everyone.

Chat Message: Suzie Hessman: Thank you Teresa

Meeting ended after 00:43:10 🙌

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**Information on the IR reviews**

**CLOSED Categories:**

*Death/ Suicide- Suzanne*

*Emergency Measures- Aimee*

*Medication Errors- Kin*

*DA/All IRs - Beth*

*PRC – Rebekah*

*Human Rights/Other Abuse - Teresa*

*Physical Abuse - Kin/Yolanda*

*Neglect - Sarah*

*Accidental Injury - Rebekah*

*None currently- Tonia*



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For **October IRs**, the Committee members have been loaded in the shared drive **554** incident reports. This included **78** open and **457** closed reports. ATPC had **19** totals with **0** open and **19** closed.

Type	Open	Closed
Accidental Injury	0	56
Consumer Missing	2	8
Deaths	1	3
Emergency Measures	0	17
Human Rights	8	10
Legal	1	0
Medication Errors	6	37
Neglect	39	57
Other Abuse	4	19
Other Behavior	2	148
Other Hospitalization, Unknown injury	4	76
Physical Abuse	11	21
Property Damage	0	0
Suicide	0	5
<b>TOTALS</b>	<b>78</b>	<b>457</b>

Number of Questions for Quality Assurance Manager: **30**

Members of the committee will comment on incident reports directly and the liaison will send them to the Quality Improvement Manager.

The Program Review Committee (PRC) is being attended to by **Keith Jansen**. Reviewed by **Rebekah Gigiotti**.

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**Adjournment**

**Teresa Brooks** adjourned the meeting at 5:45pm. The next District East IOC meeting will be held on Wednesday December 13, 2023, at 5:00 pm. The meeting will be a virtual meeting.