



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

**Monday, January 22, 2024 – 10:00 AM to 12:00 PM**

Meeting called to order by Committee Chairperson, **Linda Mecham**. The date is January 22, 2024, at 10:03 am . **The meeting took place Virtually due to the desire of the committee to continue to meet only virtually.** No Physical location was requested to meet for this meeting.

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Attendance Virtually:

- **Linda Mecham - Chairperson**
- **Eva Hamant**
- **Lisa Ehlenberger**
- **Carolyn Willmer** - joined after introductions

Attendance by Phone :

- **Debbie Stapley \*\*22**

Absent:

- **Mandy Harman**

Public in Attendance: **None**

Guests:

- **Ann Klein**
- **De Freedman**

Health Plans:

- **Ian Wilson** (United Healthcare)
- **Vera Kramerchuk** (Mercy Care)
- **Tyson Gillespie** (Mercy Care) - joined after introductions

ADOA and AHCCCS:

- **Larry Allen -ADOA**
- **Fredreaka Graham- AHCCCS**

DDD:

- **Leah Gibbs** (DDD Office of Individual and Family Affairs Administrator)
- **James Maio** (DDD District Central Quality Improvement Manager)
- **Patricia Sandino** (DDD Program Review Committee Chairperson)
- **Richard Kautz** (DDD Volunteer Coordinator)
- **Michaela Barnhart “Mickey”** (DDD Volunteer Coordinator)
- **Joan McQuade** (DDD Office Of Individual and Family Affairs - Member Advocate)
- **Michelle Rademacher** (DDD Independent Oversight Committee Liaison)
- **Morgan O’Hara** (DDD Independent Oversight Committee Liaison)



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## **DDD District Central IOC Meeting -Virtual meeting (2024-01-22 10:02 GMT-7) - Transcript**

### **Attendees**

+1 480-\*\*\*-\*\*17, +1 602-\*\*\*-\*\*22, +1 928-\*\*\*-\*\*13, Ann E Klein, Carolyn Willmer, Curiosity Carolyn, Diedra Freedman, Eva Hamant, Fredreaka Graham, Ian Wilson United Healthcare, James Maio, Joan McQuade, Lawrence Allen, Leah Gibbs, Linda Mecham, Lisa Ehlenberger, Michaela Barnhart, Michelle Rademacher, Michelle Rademacher's Presentation, Morgan O'Hara, Patricia Sandino, Richard Kautz, Tyson Gillespie, Mercy Care

### **Transcript**

*This editable transcript was computer generated and might contain errors. People can also change the text after it was created.. [Any blue italics transcription was missed by the transcriber.](#)*

**Michelle Rademacher:** Okay, welcome everybody. I want to notice this meeting is recorded and a Google transcription of the meeting is collected as well. The audio of the recording is posted to the ADOA website. The Google transcription of the meeting is used for written meeting minutes. You're good to go Linda.

### **Call to Order**

**Linda Mecham:** Thank you Michelle. I hereby called to order this regular meeting of the DES DDD District central independent oversight committee. Today's date is January 22nd. 2024. And the time is 10:03. This is a regular meeting of the independent oversight committee. It is being held electronically. It is being recorded as Michelle said and the transcript of that recording will be posted on the ADOA IOC website. In an effort to avoid excess background noise and potential microphone feedback. Please mute your microphone when you're not speaking. The host of the meeting can mute you but then you are able to unmute yourself when you would like to speak. You can mute yourself by clicking on the microphone icon at the bottom left corner of your screen or elsewhere depending on the format.

### **Conflict of Interest Disclosure**

**Linda Mecham:** Additionally. I've been asked to read the following statement. Do we have anyone that has to disclose a conflict of interest? And if there is, the committee member needs to disclose why.



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**Welcome and Introductions**

**Linda Mecham:** Excuse me. All right we will now have introductions of those in the meeting. My name is Linda Mecham. I am currently serving as the chair of this committee. Michelle if you don't mind

**Michelle Rademacher:** certainly Eva

***Eva Hamant: Eva Hamat, IOC member***

**Michelle Rademacher:** Lisa

***Lisa Elhenberger: Lisa Elhenberger, IOC member***

**Michelle Rademacher:** Debbie

**+1 602-\*\*\*-\*\*22:** Yeah, Debbie Stapley IOC Vice chair.

**Michelle Rademacher:** Leah

**Leah Gibbs:** Good morning. I'm Leah Gibbs, administrator of the office of individual and family affairs.

**Michelle Rademacher:** Ann

**Ann E Klein:** My name is Anne Klein and I work for the University of New Hampshire Institute on disability and I'm here on a project with that. We're in Arizona with access.

**Michelle Rademacher:** Thank you, James

**James Maio:** James Mayo quality assurance manager for District central

**Michelle Rademacher:** Patricia

***Patricia Sandino: Patricia Sandino, PRC CHair District Central***

**Michelle Rademacher:** Richard

**Richard Kautz:** Hi, good morning, Richard Kautz with the office of individual and family Affairs volunteer coordinator.

**Michelle Rademacher:** Mickey

**Michaela Barnhart:** Good morning, and Mickey Barnhart also with the office of individual and family Affairs as a volunteer coordinator.

**Michelle Rademacher:** Joan



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**Joan McQuade:** Good morning, Joan McQuade office of individual and family affairs.

**Michelle Rademacher:** Morgan

***Morgan O'Hara:*** *Good morning, Morgan O'Hara DDD IOC Liaison*

**Michelle Rademacher:** Larry

**Lawrence Allen:** Good morning, Larry Allen with Arizona department of administration the IOC state liaison.

**Michelle Rademacher:** Fredreaka

**Fredreaka Graham:** Good morning. This is fredreaka Graham with AHCCCS.

***Michelle Rademacher:*** *Ian*

**Ian Wilson United Healthcare:** Good morning, Ian Wilson United Healthcare Community Plan. I'm a member advocate.

**Michelle Rademacher:** Vera

**+1 480-\*\*\*-\*\*17:** A Vera Khabarchuk Mercy Care

**Michelle Rademacher:** My name is Michelle Rademacher. I'm the DDD IOC liaison, and we also have De.

**Diedra Freedman:** Hi, De Freedman. I'm the *chair for DDD District West IOC, I am here as a member of the public because you have some great presentations today, I'm told.*

**Michelle Rademacher:** Thank you. Did I miss anybody?

**Linda Mecham:** Thank you, Michelle. So we don't have anyone from the public.

**Linda Mecham:** So I don't need to vote a call to the public.

### **Motion and Vote**

**Linda Mecham:** All right, before we get started on our agenda, I have attended district West meetings several times. They have extended to me the courtesy of allowing me to speak during their meeting and during the discussion and I would like to extend that invitation to speak during our meeting she would have that opportunity to do. So. The only thing she could not do is vote. But

**Linda Mecham:** could we have a motion from our committee members to allow De to speak if we're in favor of that



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**Eva Hamant:** Eva makes a motion to allow Deidra Freedman to speak and during our ioc

**Linda Mecham:** Thank you. Do we have a second?

**Lisa Ehlenberger:** Lisa seconds it

**Linda Mecham:** Thank you Lisa Let's have a vote on that Eva.

**Eva Hamant:** Yeah, yes.

**Linda Mecham:** Lisa

***Lisa Ehlenberger:*** yes

**Linda Mecham:** Debbie

**Linda Mecham:** Debbie say yes.

**+1 602-\*\*\*-\*\*22:** Yes.

**Linda Mecham:** Thank you and I say yes, thank you. Okay, De you're on.

**Diedra Freedman:** Thank you.

**Linda Mecham:** You bet, We appreciate you being here as well as everyone else. Thank you so much.

**Ann Klein: AZIDD-MH Community Service System Evaluation**

**Linda Mecham:** So the first thing we're going to do is I'm going to allow Eva to do a little introduction for Anne and explain. She and I have had a meeting with Ann and it's excellent and we've invited her to come today. So go ahead Eva.

**Eva Hamant:** Okay, so as Anne introduced herself. She is a director of outcomes and evaluations for the national Center for start Services who got a grant for AHCCCS and part of that Grant. Its aim is to evaluate what it's in place for people with IDD, mental health and the second aim was to learn how service systems can improve so A lot of you may have received the survey from different groups. And so she's running a survey discussion group and family care interviews. And so I thought maybe disability advocacy. We could give our input as a group since I know a lot of us don't have members in the mental health, but we do deal with mental health issues for people with IDD. Ann you're on

**Ann E Klein:** Thank you so much. So as Eva said the national Center for Start Services out of Institute on disability has a current contract with AHCCCS in Arizona. And what AHCCCS has specifically asked us to do is to look at mental health and crisis services for people with IDD in Arizona. And the reason they've asked



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us to do this is probably kind of familiar to all of you is that folks who have these really complex needs in both systems sometimes struggle, which system do they belong in primarily? Where do they get their primary Services? How are those Services kind of commingled? What the collaboration look like it can be a very complex kind of system. And then the second major reason is that people who have these very complex needs are often the folks in the IDD system. That end up using emergency services. So if you think of the folks that you're advocating for who might be in emergency departments might be struggling to find placement might be in a psychiatric admission or maybe have frequent law enforcement involvement. So kind of the folks where the police sometimes get called. And so what we're doing as Eva said is we are collecting data across the State of Arizona on what's working well in the system for this particular group of folks and where there's gaps in the system where there's things that need to be improved and we're collecting data in a whole bunch of ways. We have a large scale Community survey that really asks about General access to Community Services, IDD Services, mental health services, crisis Services. It's very broad. We're also doing discussion groups with various sorts of Partners in the community, which is what we're doing here today. So we've met with family members with self-advocates with providers both on the mental health and the IDD side with crisis providers.

**00:10:00**

**Ann E Klein:** And we're really interested in hearing from all of you as advocates for folks with IDD. And then the third thing we're doing is a series of family caregiver interviews. And these are with family members specifically about their experiences with the mental health system or the crisis system. So we're kind of in the last phase of data collection. We're wrapping up at the end of this month. And once we're finished we're going to put all of those data together both the quantitative and then we'll code all of this qualitative data, and then we're going to submit a report with recommendations back to AHCCCS. And then sometime in the spring AHCCCS will hold kind of a large scale community meeting where they'll invite all of the stakeholders and the system to kind of come and hear what our findings were and what our recommendations are. So that's kind of what we're doing today. And As Eva said this is not meant to be a presentation. It's really meant to be a discussion. And again, the focus is really on as advocates. Where do you see concerns about people when they need mental health and crisis Services where are things working? So that's kind of where I want to start and I'm not going to take up too much of the meeting because I know you have another presentation and you have your regular meeting, but I'd love to just kind of Jump Right In and kind of get your first kind of thoughts when you kind of hear IDD and crisis. What are some of the things that stand out to you as either really problematic or working really well for this group of folks?

**Ann E Klein:** Go ahead and Eva. It's probably easiest if you just Jump Right In.

**Eva Hamant:** So I guess part of because I read closed IRS on suicides and it just seems like we get an IR that they have the threatened. They will go into Behavioral Health and it just seems to me that for us who advocate for people in DDD system that they fall in the black hole because we do not find out what happened to them in the behavioral health hospital other than the fact that they went in are the fact that they came out. and when they come out sometimes when they go in they don't have their med list with them and when they come out they don't have a med list or they are there on an NPR which has been sort of taken



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care of with them, but sometimes that happens and so I guess. My issue is because the SARS and we're going to bring this up. Is the fact that ASH has to report seclusion and restraints? To the quality management and DDD and we don't know when our members are in Behavioral Healthcare Health hospitals if they report seclusion and restraints to DDD's Quality Management, and one of the other issues is they also don't do article 9 because supposedly DDD does not. pay for people in Behavioral Health hospitals, so we have a lot of issues that Like I told you it seems like they fall in the black hole when they go into the Behavioral Health Hospital.

**Ann E Klein:** So just to make sure that I'm clear, the concern is sort of a lack of the same protections that somebody would have in the IDD system when they're in the behavioral health system.

00:15:00

**Lisa Ehlenberger:** and even communication between health hospitals and say IOCS or DDD or QMI

**Ann E Klein:** Okay.

**Eva Hamant:** This is supposedly. The behavioral health hospitals have QMUs, but their QMUs don't talk to and use even though The DDD policy said that Ash had to report to DDD. So why doesn't the behavior help hospitals have to report to DDD?

**Ann E Klein:** Go ahead Lisa. I saw you had your hand raised.

**Lisa Ehlenberger:** Sure, I think in addition to that it kind of Falls along the same line or maybe separately but I know that with crisis and mental health teams in Criss and mental health and crisis teams. What I see is that they're not all Specialists with individuals with developmental disabilities and oftentimes, they

**Ann E Klein:** Whoops did she freeze or Did I?

**Linda Mecham:** She did. She's in the Bahamas.

**Ann E Klein:** My goodness.

**Ann E Klein:** hopefully go ahead Lisa you froze for a sec.

**Lisa Ehlenberger:** Sometimes go ahead.

**Lisa Ehlenberger:** okay. So I'm stating that the mental health and crisis teams are not all Specialists when it comes to individuals with developmental disabilities and oftentimes communicate inappropriately and question inappropriately with them. I think that's a big concern.

**Ann E Klein:** Okay.

**Lisa Ehlenberger:** De has he her hand up



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**Ann E Klein:** Go ahead. Sorry.

**Diedra Freedman:** Yeah, I want to take Lisa's point. Even further it's not just the initial questioning. It's the actual treatment. Because especially if they have autism. the medications that are being prescribed And the therapy that's being prescribed. May not be the best medication and therapy. for individuals with IDD and That's not just an AHCCCS problem. That's a systemic problem whether you're a Medicaid recipient or you have private insurance. And we understand that that's a national problem, Not just in Arizona. the other thing that I'd like to ask you about I don't If you're aware. But disability rights, Arizona formerly known as the Arizona disability Law Center. Is contracted with DDD? And they are currently providing oversight for 500 DDD members who are high risk because they either have high risk behaviors or they have a dual behavior health IDD diagnosis

**Diedra Freedman:** Are you collaborating at all with them? And will you? Both be looking at your findings to enhance both of your efforts

**Ann E Klein:** So, I would like to speak with somebody from disability rights and I don't think I've spoken with somebody from disability rights in another meeting Forum, but not specifically with their group. So when you say they're providing oversight, what is that look like

**Diedra Freedman:** There's an actual Arizona statute That came into law in 2019. and I think the contract is being run through DES DDD, but I can't tell you exactly. But they are.

**Linda Mecham:** it is De.

**Diedra Freedman:** Somehow they identified 500, approximately. What is it 25% of our members live in group homes So that's about 12,500.

**Linda Mecham:** right

**Diedra Freedman:** And somehow I do not know the criteria that they used but they boiled that list down to 500 people who are at high risk. because they either have

**00:20:00**

**Diedra Freedman:** an actual dual diagnosis Behavioral Health IDD Or their behaviors are severe enough that they made the list. and over a three-year period they will actually be monitoring. Those 500 people they're going in they're doing. reviews of their pcsp's, the person-centered service plans I assume they're monitoring. the med list I would hope that they're monitoring. the spending plans because all of those individuals are SSI members and as the protection and advocacy agency from

**Linda Mecham:** ALTCS, ALTCS. Yeah De.

**Diedra Freedman:** But as the protection and advocacy Agency for Arizona. They have a contract with the Social Security Administration. So they're supposed to have oversight over rep pays. So I hope when they're





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in there, they're serving multifunction, but I can't guarantee it. but there they are also doing One-to-one interviews with each of those 500 people and their families. And they're doing it over three years. 2023 was the first year.

**Ann E Klein:** Okay.

**Diedra Freedman:** They were supposed to. review 175 of the 500 people

**Diedra Freedman:** And I think they said they did 143 interviews. and then 2024 they're expecting to do 195.

**Ann E Klein:** Wow.

**Diedra Freedman:** And then in 2025 They'll finish up but each year. They're required to write a report. And it's supposed to be presented to the legislature. I assume it'll also be presented to the governor's office. But it's a response to a specific Arizona law. It's not in Arizona legislative study. It's actually in Arizona law. that there

**James Maio:** It's House Bill 2865.

**Ann E Klein:** De. I'm gonna put my email in the chat and if you have a contact at disability rights that you could put me in contact with that would be fantastic. Thanks, dropped my pen.

*Chat Message: Ann E Klein: [ann.klein@unh.edu](mailto:ann.klein@unh.edu)*

**Diedra Freedman:** Sure.

**Ann E Klein:** Somebody that's involved in that process.

**Diedra Freedman:** And also if you'd like Anne. So they're going to be a presentation for the district West IOC. They did the presentation for the Arizona developmental disabilities planning Council on Friday. and John Mayer's Gives us a quarterly report now at our Statewide IOC chair meeting And we had that meeting last Tuesday. And so that's how I heard about the presentation. So I attended on Friday.

**Ann E Klein:** Okay.

**Diedra Freedman:** It'll be the same presentation. That they're going to do for us. So if you want to attend one that's scheduled I can let you know if you'd like to know.

**Ann E Klein:** That would be fantastic. Let me ask a couple of other questions. So in addition yeah, Google.

**Linda Mecham:** And if I may just piggyback off of a couple comments Eva made, so she said NPR. I think you meant PRN meds right Eva. Okay,...

**Ann E Klein:** I figured yeah, I figured that.



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**Linda Mecham:** I wasn't sure so I'm like, is that a radio station or what? No anyway, and the problem with PRN meds is in a DDD residential facility there cannot be PRN meds per article 9 it brings us to the next. Issue, and the reason that we're curious if DDD is paying for these Services is because article 9 does not apply. To the behavioral health hospitals, but if DDD's paying for them should article 9 apply which would and Dean. Do you know article 9 here in Arizona? You're aware it's the rights.

**Ann E Klein:** I'm familiar with it. Yes.

**Linda Mecham:** Okay, that's the other component that we're looking at as well. so Just thought I'd throw that in. Thank you.

**Ann E Klein:** Let me ask. Kind of on the opposite side of the spectrum are you aware of issues of people with IDD not getting behavioral health or Crisis Care that they need. So there's the folks who are getting it and there's not the good collaboration or communication. But are you aware of folks that kind of are not getting that care.

**00:25:00**

**Linda Mecham:** When I do PRC, which is a program Review Committee and behavior treatment plans, I would just like to know Patricia's on so she can if you don't mind Patricia speak up when you have something to offer, but I also wonder if Brent she texted me and said Brent was going to be on Whose Behavioral Health. Is he on yet?

**Linda Mecham:** Apparently Okay.

**Michelle Rademacher:** No, he's not on.

**Linda Mecham:** All that's too bad because he would have been good here, too, but shoot what we saying? yeah PRC so it seems like Sometimes it's not always. They have their quarterly Med reviews, but it's hard to get the paperwork from them and if we don't have current paperwork it's hard for the agencies to do what they're supposed to be doing. So it's not smooth sailing and it's not that they're necessarily having their appointments met but the communication is not always there with the follow-up paperwork necessary paperwork and signatures and that sort of thing that DDD does need to have in order for it to be legit.

**Eva Hamant:** There are some group homes that have not. Sometimes when the DDD member, okay, I can't speak for the non DDD but for the DDD member who have a guardian, sometimes there's an issue between the guardian and the group homes about who's going to take them. To their Med reviews And recently I found a couple IRS where people were running Behavior plans and they haven't and they expired by two to three two and a half years. so somewhere along the disconnect. Maybe I don't know if they don't go to the hospital or they don't get their programs approved by PRC. So where the disconnect is I would not know but I have seen where Behavior plans haven't been. being run that are expired and where Group homes aren't taking people to their psych of appointments and they all the other thing is. That was the latest one where the parent decided that she was in control of all the meds and then the group home because the Guardian



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did not give the meds information to the group home. They were out of compliance with DDD and the monitors. So sometimes it isn't always on the behavior health side. Sometimes it's on the guardian side and sometimes it's on the group home side. with...

**Linda Mecham:** It's Communication across the line.

**Eva Hamant:** I can't believe how many there are IRS. I read where the group home is out of compliance because they don't have enough staff. are the staff left because

**Linda Mecham:** Okay, we're getting off Okay you Eva Okay.

**Eva Hamant:** Yeah.

**Ann E Klein:** So let me ask a kind of and I probably have this in my notes somehow but if somebody is on psychiatric meds, is there oversight of that and who does it?

**Linda Mecham:** Yes, go ahead De. I thought you're gonna say something. that it's the program Review Committee and the independent oversight committee through the use of a behavior treatment plan. And those are held annually and...

**Ann E Klein:** Okay.

**Linda Mecham:** That's what when we say PRC that's programming you committee where IOC sits on as a member of that panel. We review the meds make sure everything is in compliance and generally those plans are approved unless it's something really really egregious but approved with corrections and then the corrections are made within 10 days, but IOC, PRC and Behavioral Health is on PRC as well as provide a Representatives. So yes, there is oversight.

00:30:00

**Eva Hamant:** and the other thing of it is that there's an IR and so maybe for neglect so the QMU goes in and they request all these things and so one of the things they always look at is behave the med logs and so while they don't say it is neglect they can get them for not doing their meds.

**Lisa Ehlenberger:** You mean that an IR will be submitted for missed meds Etc. Is that...

**Eva Hamant:** No, no. Remember James says that they do it.

**Lisa Ehlenberger:** where are you starting?

**Eva Hamant:** So if it's an IR so I have seen in neglect med errors.

**Lisa Ehlenberger:** Correct.



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**Lisa Ehlenberger:** So those Med errors and I think is what Eva's saying also Our way for IOC and DDD to monitor. oversight as well

**Eva Hamant:** No. So what I'm saying is the QMU when they asked so they don't list it under Med reviews because that's Carolyn's thing, but what I'm saying is in another IR when the QMU comes through they always look for the Med log. Making sure it's done. so even though they're looking at something else. They always usually look at if they're on meds. They always look at their behavior. Do they?

**Lisa Ehlenberger:** So it's another oversight is what you're trying to say Eva correct?

**Eva Hamant:** Yeah.

**Ann E Klein:** So one of the things that's come up in a couple of places, is that sometimes somebody who's having an acute crisis somebody in the IDD system who's having an acute crisis has some difficulty accessing hospitalization or crisis supports because there's a sort of idea that maybe it's not a mental health crisis. Maybe it's a behavioral crisis and that, maybe they're not appropriate to be admitted and sometimes that might be true sometimes it's not what I'm wondering. If you have any feedback on that, it just kind of the AHCCCS issue. Will the Behavioral Health crisis system respond. If the person has IDD, will hospitals admit them if it's appropriate.

**Linda Mecham:** I don't know that answer.

**Ann E Klein:** Okay.

**Eva Hamant:** Part of when they have when I read closed IRS, they call crises and so of crises doesn't do so sometimes I mean, the biggest problem comes in is they go to the behavioral health hospital and they're there for maybe Less than 24 hours and then they're back out. and so it's like What happened in the 24 hours that they were?

**Ann E Klein:** Okay.

**Eva Hamant:** Are they in the emergency room where they were admitted? I mean that's where the black hole is that we don't really find out if they really got any kind of treatment other than the fact they are back in the group home. That lack of communication again.

**Ann E Klein:** Okay.

**James Maio:** I also think one of the big concerns when people go into any of the behavioral health centers is that they believe that stabilization means that they've just been over medicated.

**Ann E Klein:** Okay.



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**James Maio:** And as soon as they go back out to a the group home can't maintain those levels of that medicated status. And so the member goes right back into crisis. So we have a lot of people bouncing back and forth multiple times into behavioral health...

**Ann E Klein:** Okay.

**James Maio:** because they're just over medicated. They're not really stabilized. They haven't put them on a regular regiment. They haven't gotten all of the issues worked out before they're back on the street and I think that our vendors are struggling with that because we have members that are going into Behavioral Health four and five times in a row and yet they're still not being stabilized. So that is a huge concern.

**Ann E Klein:** So it's sort of you go in you get your drugs your calm you get released but nothing solved.

**James Maio:** And they use a lot of PRNs in the system, which they cannot do when they go back out into our community because we don't allow our vendors to use any type of PRN psychotropics or behavioral modifying medications. And so they can't just use as needed to, keep people at a stable level and so I think that a lot of our vendors struggle once they get back out they come down off of whatever high level meds that they got in the Behavioral Health Center and they can't do anything. They didn't change their medications. they didn't work out a plan of action to help them, moderate the behavior or help the member, with any other type of support and they're just medicating them and then treating them again and it's frustrating.

00:35:00

**Ann E Klein:** Great. Thank you.

**Diedra Freedman:** Yeah, I think James just hit The nail right on the head the purpose of the DDD system.

**Linda Mecham:** Yeah.

**Diedra Freedman:** is medication As a last resort other therapy in interventions as a first Resort We don't see the cooperation between the two systems. I mean, obviously For some individuals, especially those 500 that I had talked about earlier who are being monitored. Behavior modification is not enough they need. a chemical Intervention, they need medication. In addition Do the behavior plans? and there's a disconnect every individual. Who resides in the DDD group home Is covered by Medicaid in the state of Arizona? Find me one that isn't and I'll be completely shocked. so there they have health insurance. And they're entitled to behavior health coverage plus the State of Arizona has other funding for individuals who are not covered. by Medicaid especially crisis Intervention, so there's no excuse that every one of these individuals shouldn't be getting Behavioral Health Services. And they're not getting them.

**Ann E Klein:** Is that a provider issue? Is it an issue that providers don't want to support people with IDD because they don't think they'll benefit? What do you see as The barriers to people getting because I agree



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with you that people should get Behavioral Health Services. What do you see as the barriers to people getting them?

**Diedra Freedman:** My personal opinion is that it is an overall systemic? problem from the minute that somebody walks To receive the services. But we have providers. the providers I don't know a better word except ignorant. And we also have providers That don't want to know. And it works both ways with the IDD population. You have Health Providers who are ignorant? about the behavioral health needs of individuals with IDD and also the physical health needs of individuals with IDD. you have physical health providers Who are ignorant? about the behavioral health needs of individuals with IDD and I don't like the term Behavioral Health, but I don't have another term so that everybody knows what I'm talking about. And there were also ignorant about the physical health needs I individuals with IDD are a unique subset that they share a lot in common with other subgroups But if we venn diagram it out. There's a lot of stuff that you need to understand about them one of the things. And again, this is from my own personal experience. is the way that they actually metastasize medications? It's different than the way that other individuals metastasize. you need to go low. And you need to start slow. If you can find the proper medication. There's a major barrier. About what is behavior caused by pain? There seems to be ignorance out there that individuals with IDD can experience pain.

**Ann E Klein:** Yeah.

**Diedra Freedman:** And again that comes from my own personal experience. I actually had a neurologist tell me that my son. Couldn't experience pain because he couldn't say my head hurts.

00:40:00

**Ann E Klein:** Yeah.

**Diedra Freedman:** and these are individuals who should know better. but the whole system is biased and I. My son is no longer with us. He died. Three years ago, so I don't know if the system has improved in the last three years, but from what I've observed from the Journey of others. I mean the fact that we still have individuals. With IDD who were held in emergency rooms for 30 days in locked restraints. Is apparent. and again, I understand It's not an exclusive Maricopa County problem. It's not an exclusive Arizona problem. It's a national problem. It's an international problem.

**Lisa Ehlenberger:** And may I chime in a little bit as well? Okay, and...

**Linda Mecham:** yeah, Lisa, but

**Lisa Ehlenberger:** I think this is pretty much. What do you saying? I think as well, but it's really that lack of appropriate trained providers mental health and medical doctors period I mean, I know clinical psychologists that are really well trained with IDD population work with individuals with autism that they provide clinical therapy for those individuals counseling Etc. And their booked they have no time to add more individuals on their caseloads and there are very few far between clinical psychologists and medical doctors and in general



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that really how to interact and work with individuals with developmental disabilities there are individuals that are Specialists that are trained with working with individuals with intellectual disabilities developmental disabilities. That oftentimes also are not well versed on the whole medical part of their needs and physical part of their needs. So it takes some unique specialists to be able to work with our population and there's not enough people in the workforce. Because I've heard an IRS and PRCs individuals they've been pursuing counseling for individuals with that in their behavior plans Etc. And they would really benefit from an appropriate counselor psychologist that knows how to work with grievance issues with an individual with Down syndrome or an intellectual disability or Autism or however, it may be there's just not enough providers. I think that's a huge systematic type of issue as well.

**Linda Mecham:** Before we go on let me just ask first of all, I like to welcome Carolyn. She just joined us. She's on the committee who's the phone that ends in one three 928 and then ends in one three, I don't recognize that.

**Linda Mecham:** You're on mute if you're trying to speak. Go ahead. Ann I'm just trying to know who's in the meeting.

**Ann E Klein:** That was great that give me a chance to write faster.

*Chat Message: Tyson Gillespie, Mercy Care: I wanted to introduce myself. I am Tyson Gillespie, new Office of Individual Affairs Administrator at Mercy Care.*

**Linda Mecham:** You listen, let me just tell you something these notes and I can forward them to you. So you don't have to take notes. I can forward you this whole dialogue if you want. Yeah, so just saying.

**Ann E Klein:** That'd be great. so I want to go back to something De said about people being stuck in emergency rooms. Why are people stuck in emergency rooms in your opinion? What's the issue with having people get out of an emergency room?

**James Maio:** There's no beds available. we've had numerous occasions...

**Ann E Klein:** Okay.

**James Maio:** where our members are placed in the emergency setting and they don't have room for them. It's also one of the reasons why I think they Street people so quickly is they're trying to make room for new people to come in. Is there's just not enough,...

**Ann E Klein:** so when you

**James Maio:** beds for everyone who needs a service and they can't keep the beds long enough for them to get really good service, right?

**Ann E Klein:** So those are behavioral health beds. Okay.



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**James Maio:** Yes.

**Linda Mecham:** One thing regarding the bill that the De was talking about bill because I helped to put that together the primary purpose of it was to be a step down unit so that when they leave A behavioral health facility. They can go into one of these homes for that transition. That was part of it. I don't know that they're doing that.

**00:45:00**

**Linda Mecham:** but that was part of the purpose of that bill was to provide that. Is that how you understood it De?

**Diedra Freedman:** I think so Linda I'm not really that well versed in that law.

**Linda Mecham:** Yeah.

**Diedra Freedman:** But I mean, obviously that's the goal. that we're hoping for whether We get there or...

**Linda Mecham:** right

**Diedra Freedman:** I don't know because Was step-downs are going to be AHCCCS facilities and not DDD facilities. So I don't know

**Eva Hamant:** So James mentioned about the people going back and forth and I think DDD has a requirement. After they were supposed to have a 72 follow-up after they leave the behavioral health hospital and part of one of the things I always asked us did they have the 72 follow-up did the support coordinator attend and that's sort of another one of those lack of information. And so I can't tell you if they have those 72 hour meetings after they leave or not for the DDD. people

**Ann E Klein:** So I'm short on my time. And I know you have a lot of other meeting stuff. So this has been really really helpful. This is very interesting. I got some good stuff, but let me kind of End by saying if I could give you all as advocates for this population if I could give you a magic wand and you could the you have heard this before you could wave the magic wand and you could make a change in the system for this specific populations. So the folks with IDD who have needs in the Behavioral Health crisis system, what would you do with that magic wand and I'd love to just give everybody who wants to just kind of throw one out. The chance to kind of weigh in on this. So someone start and then just jumps in.

**James Maio:** I'd like to see integrated group home facilities that are both Behavioral Health and IDD. So that the staff are fully trained on both sides. I feel like we have one or the other and we have members that are dual diagnosed and a lot of times their behavioral health diagnosis overwhelms their DDD diagnosis but it's hard to differentiate where the behaviors are coming from or how to support them in the most appropriate way. I think if we had staff who are trained on both sides of that. I think that they would be better served.

**Ann E Klein:** Awesome. Thank you.





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**Linda Mecham:** I would like to see better communication between the two worlds IDD and behavior health and the medical. side of that in particular

**Lisa Ehlenberger:** This is Lisa. I'd like to see mental health and medical practitioners be well versed and trained and understand individuals with developmental disabilities

**Diedra Freedman:** I and...

**Linda Mecham:** Yeah, go ahead.

**Diedra Freedman:** I'd like to go even more basic than that.

**Ann E Klein:** Okay.

**Diedra Freedman:** I'd like to see individuals with intellectual and developmental disabilities. Recognize as human beings with the same rights. and entitlement to respect and kindness simply because they're human beings. And that provided that attitude shift I'd like it to happen to all providers. Who are paid? To care for them Obviously let along the rest of society. But let's talk about people who have a professional responsibility.

**00:50:00**

**Diedra Freedman:** it would be nice for them to recognize All people as people who are entitled to dignity and respect.

**Ann E Klein:** Thank you.

**Eva Hamant:** And I like to see the SARS report from the behavioral health hospitals on our members.

**Linda Mecham:** Carolyn you're on. What you've been in these discussions, do you have anything?

**Carolyn Willmer:** Yeah, I do want to see the medical aspect better handled both in terms of. providers getting over their own Prejudice and biases And ignorance in terms of providing Medical Care to our members. But I would also like to see. In the person-centered care plans, I would like to see. the medical aspect of this address in a stronger way so that for example the leading five causes of death for DDD members. Are rarely addressed in a person-centered care plan and if they are it's very minimal. And I often feel like sometimes there's stuff in there that people don't understand. And so sometimes something that's medical is treated as behavioral and it's something that's medical is maybe causing a behavioral issue and it's not being recognized but I feel like the medical component is definitely weak.

**Linda Mecham:** So anybody else would like to Wave their magic wand here for Ann.



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**Ann E Klein:** Yeah, please jump in if you've been kind of listening and want to add something. I will just lay on the problem of medical access has kind of hung up in a couple of other places as well. so that this is not the first time I've heard this in kind of these groups, so

**Linda Mecham:** Just a piggyback a little bit maybe wind this down a little bit. I'm not trying to summarize your remarks, of course, but just piggybacking off of what D said with regards to the respect. My son passed away just a few months after De's son did and I said the other evening in our meeting. these individuals are smart. they may have a difficulty in expressing it or showing that they understand what you're saying and too often the people that work with them treat them as though they're imbeciles and they're not they need to be They need to be treated as though they would as the way they want to be treated with respect and with kindness with regards figure out how to communicate with them figure out if they're in pain, but the bottom line is these are people with feelings and they need our assistance and that's Our job is to help them. However, but we need to treat them with the respect that everybody deserves to have and not look down at them because they have a disability

**Ann E Klein:** Excuse me Yeah, thank you for that and just I'm very sorry to hear about both of your children.

**Linda Mecham:** Yeah, thank you.

**Ann E Klein:** Okay, I know I am out of time. So I put my email in the chat if anybody kind of thinks of anything that they wish they'd said and didn't or think of something later that you kind of want to add to the conversation. Feel free to shoot me an email. De again, if you can try to get me and talk with somebody from disability rights, that would be great.

00:55:00

**Diedra Freedman:** Ann check your email.

**Ann E Klein:** I can't talk and do anything else at the same time. I can barely read the chats.

**Linda Mecham:** De, I've got her email too. I can send it over to you.

**Ann E Klein:** And then the other thing is if anybody happens to know a family member who might want to share their experiences getting mental Healthcare health or crisis care for their child. Please feel free to share my email with them. We're still looking for two or three families to do the interviews. They take about 20 minutes over the phone. They're completely confidential. We just use all the information and Aggregate and it's really focused. Again. Our focus is specifically on their experiences with the mental Healthcare System. so

**Linda Mecham:** We've got several names for you.

**Lisa Ehlenberger:** And this is a. Yeah, Linda. I'll go ahead and pass it talk to my Aunt Carol. I think she would be a great candidate for the forum and the interview with Ann.



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**Ann E Klein:** Yeah, yeah, definitely. Just shoot me an email. If you need some additional information. I have a sample letter that you can give to families that explains the process have it in both English and Spanish and we can do interviews in either language. We can do interviews in either of them in other languages if we have a little bit of lead time and that's right. And then I know several of you are on the distribution list that I got from AHCCCS at the very beginning of this so you will definitely be informed once the report and the findings are going to be presented.

**Linda Mecham:** Thank you Anne. We appreciate you being here. And if you have any other thoughts or want to reach out to us, please feel free to do so.

**Ann E Klein:** Thank you so much. I really appreciate all your time and your insights today. Have a good week everyone.

### **Membership Recruitment**

**Linda Mecham:** You too. Thank you. Bye. Okay, we are going to skip around on the agenda. We're gonna jump to Richard and his gang so that they can talk to us a little bit about recruitment. since we're in dire need of it with a few resignations happening today, well retirements, right Richard the floor is yours, my friend.

**Richard Kautz:** And thank you all for having Mickey and I at the IOC meeting. So Mickey and I Really trying to get the word out right now. We're working a lot internally with area program managers, District program managers and support trying to get the word out and to get support coordinators to talk to their families to see if any of their families have an interest serving on the IOCS and/or the PRCs so That's what we're working on right now. I know that. We are going to do some Outreach up north. with NAU and that'll probably be happening in the next couple of weeks maybe a week or two depending on the weather. And so, we're gonna be Plastering the postcards Wherever they'll allow us to put them and also to talk with some of the colleges. To try to get people for the IOC's that are studying and in the area of psychology. the medical field, the education field, the social work field. So we definitely are trying to do that up north and we're also going to be providing postcards and trying to really push up North with our tribal liaison. To try to get people way up North To see if there's an interest in also volunteering. You want to add some additional stuff Mickey if you're still on.

**Michaela Barnhart:** Yeah sure, I'm still here. And so yeah, like Richard said we're exploring some different options for recruitment as far as going to college campuses and trying to get people there. I know that different departments have different volunteer boards for opportunities to get involved. So I'm working on getting us listed on those. I'm also creating a slide deck presentation for recruitment purposes. So that way if there's any of these groups that have several people interested we can do a quick presentation about what the volunteer process looks like for us and make it really easy to kind of capture people and bring them in and that being said if any of you guys who are Advocates and out in the community and around these spaces have places where you're like, what I feel like they've got some volunteer material

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**Michaela Barnhart:** Somewhere in this group or that group let us know and we're more than happy to jump on and talk to them or if you think of anything just in your day-to-day and you want to shoot Richard and I have a chat or an email. Our inbox is always open. Yeah, De?

**Diedra Freedman:** Yeah, you're working on those materials. if you could Richard and I have discussed this before. But these ladies and in District central IOC may have some suggestions for Richard up bullet pointing But it's referred to as an elevator speech.

**Michaela Barnhart:** Yeah. Getting our pitch down our 30 second.

**Diedra Freedman:** But I'm not worried about you and Richard's elevator speech. What I'm looking for is an elevator speech for IOC members. to recruit so any advice that you guys would have for us and in I know you're coming to our meeting on Tuesday. and hopefully you are going to a brainstorm with our group so that we can help to develop that. and then if you've got some Social Media shareable stuff I'll shoot it out to the special needs family support groups that I belong to but you have to do me a favor and a PDF does not help me.

**Diedra Freedman:** I don't want to have to convert it. so send me a JPEG or...

**Michaela Barnhart:** you got it

**Diedra Freedman:** Or send me text.

*Chat Message: Michelle Rademacher: Michaela Barnhart [mibarnhart@azdes.gov](mailto:mibarnhart@azdes.gov)*

*Chat Message: Michelle Rademacher: Richard Kautz [rkautz@azdes.gov](mailto:rkautz@azdes.gov)*

**Michaela Barnhart:** Yeah. Absolutely,...

**Linda Mecham:** Will be taste copy paste on the phone, right?

**Michaela Barnhart:** And I'm social media. That's a big thing that I'm working on right now. I'm not sure. I'm actually having a conversation with my supervisor tomorrow about how we go about creating some social media shareables just to make sure that everything government wise, that eyes are dotted and t's crossed all of that. That way we're able to share those out on Your individual social media's especially LinkedIn and professional networking. But then also in these Facebook groups and ways that are catching the eye to get people interested in.

**Diedra Freedman:** The other thing that Richard and I have also discussed. And I'm gonna repeat this. I've said it before and I want everybody to understand. We are asking the two of you to do an almost impossible job. The type of people that we are looking for to participate in the IOC. And there's a list. We're looking for people with expertise in very specific areas. People who normally have those qualifications are very busy people. with very little patients for bureaucracy and...



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**Michaela Barnhart:** exactly

**Diedra Freedman:** fortunately As we all know, these ladies have more patients. then most people that I've had the privilege of meeting in my life. And this is not a slam toward anyone who works at DDD. What it is a very cumbersome and onerous system. to work within And I know I just lost my vice chair a couple months ago. Because after five years she didn't feel she made a difference with her. Time could be used a lot more productively. Although she won't put it in writing. Because her husband works for the system. And he works for DCS. So she certainly doesn't want anything like that in writing.

**01:05:00**

**Diedra Freedman:** And she hasn't vocalized that because again, she's worried about difficulties that may create for her husband. And she's also a foster parent. So she's worried about retaliation even though she won't say whatever. We can do in District West to help you and Richard do your job. Please let us know and That's what our meeting tomorrow evening is going to be all about. It's cooperation and...

**Michaela Barnhart:** excellent

**Diedra Freedman:** collaboration. So Let us know.

**Michaela Barnhart:** perfect too

**Richard Kautz:** it could be and

**Linda Mecham:** But before I turn it over to Larry I have one thing for you guys. We have had several people. Come on. Our committee that really looked like good candidates and their comments were first of all, they didn't realize the amount of time it takes and I think the reason it takes so much time especially for District central is because we are so small right now and we don't have a lot of people to share the workload with but number two what they said was they didn't feel like they knew enough. I mean, we throw acronyms around it's Candy and I remember when I first came on after I mean I didn't know what they were talking about. I mean, I only knew DDD because my son was in it that was it but an HRC because I was going to be joining anyway, so I think it's important to stress to them that your lack of knowledge at this point is not important in spite of I mean and I know De said we need to have professionals or the list is professionally oriented, but even at that they don't understand all the nuances that we do. and just if we can encourage them, you'll come along. Just hang in there with us, raise your hand if you have questions, and if you don't know what an acronym stands for ask.

**Michaela Barnhart:** Yeah.

**Linda Mecham:** And...

**Richard Kautz:** completely



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**Linda Mecham:** write it down. I mean I made a list and then I'm going through it, alphabetical. What's that mean anyway, so I think that's really important because this one in particular who would have been wonderful on the committee was why she didn't want to do it because she's a doctor of education and she felt like have enough information. She was not knowledgeable enough. Anyway Larry?

**Michaela Barnhart:** Yeah, so a question to go off of that real quick. What ways do you think that Richard and...

**Linda Mecham:** Okay.

**Michaela Barnhart:** I would be able to kind of help with that? Sense of insecurity would be like some more regular check-ins with new volunteers, any of that reassurance? Do you have any ideas or thoughts about how we could best support new volunteers?

**Linda Mecham:** I think first of all the introduction to it was you're gonna hear a lot, don't be overwhelmed because you will get into it and they will bring you along. These are good folks whose hearts are dedicated to blessing the lives if you will of the member served and they will work with you and bring you along so don't give up don't lose hope and hang in there. I think

**Lisa Ehlenberger:** Yeah.

**Linda Mecham:** Just that. Tonight I called Larry real quick. He had his hand raised by Larry.

**Richard Kautz:** Sure.

**Michaela Barnhart:** Yeah.

**Linda Mecham:** I think he's an important component in this too because he's the one we go direct to so go ahead Larry and I love Larry by the way. just saying

**Linda Mecham:** Larry

**Linda Mecham:** Larry He stepped away. Lisa, go ahead. You're on mute Lisa.

**Lisa Ehlenberger:** Okay, just real quickly to kind of Follow that up. I know that when I joined it took me. a few years to really understand the acronyms because I came from the field where the acronyms were the same but meant something different so maybe even something like a one single sheet or two page kind of introduction of new acronyms can be overwhelming and then just put a list of only use acronyms like IOC, PRC and then also the main areas like article 9, what does that mean and just kind of like the common areas that we use regularly in the meetings. It would have been super helpful if I had that in advance to be okay, that's what that means. So then it wasn't like listening to a foreign language the first year.

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**Michaela Barnhart:** Absolutely, so I started this position at the very end of November. My experience in my background is in volunteer management, not in government acronyms necessarily. So this has been a completely new world for me. So, I completely understand that the challenges around learning to speak this language and so creating that list and that cheat sheet. Absolutely. I think that's a great idea and in this recruitment presentation that I'm creating I'm working. I have the first few slides of it that I have built out right now. What is DDD? What is a PRC? What is in the ioc? What are these things? What is article 9 with just a very basic kind of beginner's guide to being introduced to those ideas. as they're being recruited.

*Chat Message: Diedra Freedman: I'm a retired attorney with 15+ professional experience plus 15 years personal experience dealing with bureaucracies and I had a steep learning curve.*

**Linda Mecham:** Larry are you on?

**Linda Mecham:** Larry Michelle

**Linda Mecham:** You're on mute Yeah.

**Michelle Rademacher:** So I wanted to thank you guys for the feedback in the discussion today. As I said in the meeting. I'm writing myself a few notes about orientation and introduction of new IOC members. So we do provide a list of commonly used or at least since I've been onboarded as an IOC Liaison we do provide a list of commonly used acronyms but I've just wrote myself a note to make sure that we're as IOC coordinators here liaisons that we're going to be sure to explain some of those commonly used acronyms and go over a few with our new members. as we're onboarding and going through that orientation process, so thank you for this discussion. I like to have some takeaways and that's gonna be my takeaway. Appreciate it.

**Michaela Barnhart:** Michelle, do you mind sending that acronym list over to me? Thank you. I appreciate it.

*Michelle Rademacher: Sure not a problem*

**James Maio:** Mickey. I just sent you two of them as well. I put them in the chat, not in the meeting chat, but in your IM.

**Michaela Barnhart:** Perfect. Thank you so much.

**Richard Kautz:** Thanks James

**Linda Mecham:** Larry

**Linda Mecham:** De go ahead. I'm gonna call him.

**Diedra Freedman:** We've been in the five plus years that I've been on the IOC. We've been talking about IOC training in formal trainings and I know it's your job. Michaela and Richard to recruit and as we've discussed recruiting is worthless without retention. So obviously, you're working with Michelle.



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**Linda Mecham:** and Larry and Larry

**Diedra Freedman:** It was Larry Because Larry got all the IOCs. but if you can help push together a training program everybody talks about how there's no money, but now we would Zoom. So there's no reason. that we can't do online trainings. but if you had That available to you. while you are recruiting You could say, not only are we recruiting but we have a mentoring program. will give you up peer member And in you could help. the IOC chairs and vice chairs to put together a mentorship program. I know. Linda and I've spoken of when Linda first started. in the Great Carolyn Van Epps really handheld Linda And that should be I mean it.

**Linda Mecham:** Until the day she passed away. She handheld me.

**Diedra Freedman:** It would be nice as an IOC chair. to have a tip sheet. check it. We're all busy people. But check in with your people and support your people. Obviously it's tough to build relationships now that everything's online. but we have some if we could work together. I mean, I don't Michaela and Richard.

**01:15:00**

**Diedra Freedman:** I'm not and Richard and I again had this discussion last week. Not saying that you guys are the miracle workers and you have to fix everything. but if we could work if you to develop these tools I don't make your job. A little bit less impossible. I don't want to say it easier. Because It's going to be a very difficult job. No matter how much work you do, and I want everybody to understand that. I'm just excited that your predecessor I see a lot more initiative on your part to reach out to the community and to work with us. So I'm team Richard and Michaela a hundred percent, whatever I can do to help you you let me know.

**Linda Mecham:** Richard even though I'm leaving. I want you to know that I'll be available to help you with that if you need it, because I've been around a little while and Just a little while. But my Carolyn said I are De said I have I was handheld by the best if and we don't know Karen, most of us do anyway, so she would bless her.

**Richard Kautz:** Yeah, thank you Linda and thank you De for those comments and me and Mickey will work because I'm really excited about that notion regarding, getting some type of IOC training program implemented because I think it would be crucial to have once we come up with the format. having somebody from Behavioral Health come and talk to you about, maybe making your job easier when you're reviewing. The documents that you do review and even to take it a step further and kind of do that with PRC as well because I think it's important for both sets and committees to get some type of structure in place. So that people aren't left to kind of model their way to do a lot of ...

**Linda Mecham:** right

**Richard Kautz:** The stuff and feel all alone. And thank you for the support and thank you all for the volunteer work that you do because me and Mickey we know it's a lot and we do appreciate every one of you.

**Linda Mecham:** Thank you, Richard Larry. Is your mic working?





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**Lawrence Allen:** Can you hear me? Hello.

**Linda Mecham:** Yes.

**Michaela Barnhart:** We can hear you and see you.

**Lawrence Allen:** my goodness I had to reboot and change headphones. I don't know what the heck was wrong, but I wanted to piggyback the recruitment talk that we were having I last month. I had a call with Carlos. I'm gonna suffer at this last name, but he's the borders and boards and Boards and commission director. That's it for governor Hobbs and he is going to when they interview candidates for positions for appointees they're going to If that candidate turns out not to be a good fit for that particular submission. They're gonna ask if there is interested for any more volunteer opportunities, and then they're going to try to direct them over to the IOC. So hopefully we'll see an uptick in membership through that. So I'll monitor that and follow back up with him here shortly this month to find out if he's had any luck getting anybody up to us. So

**Linda Mecham:** Excellent. Thank you Larry. That's great De.

**Diedra Freedman:** Yeah and Larry. There was just an article in the media now you see Central about how Carlos's commission and I don't remember his name either. But his commission is having quite the bottleneck. with appointments is that going to affect the IOCs at all or...

**Lawrence Allen:** Yes, I noticed that.

**Diedra Freedman:** once they recruit we're going to be able to go smoothly through the process

**Lawrence Allen:** No.

**Lawrence Allen:** Yes he does have quite a bit of openings. if you looked at his list to things like 15 pages or so opening but no it does not affect us at all. So we're off that map. So yeah.

**01:20:00**

**Linda Mecham:** Okay, anything else Richard or Mickey?

**Richard Kautz:** No, I can't think of anything. We'll be looking forward to working with all the IOCs and We will see you De tomorrow.

**Michaela Barnhart:** Yes.

**Linda Mecham:** Thanks. Thank you for coming.

**Richard Kautz:** Thank you for having us.

**Michaela Barnhart:** Yeah, thank you.



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**ASH Motion/review of response and new questions**

**Linda Mecham:** We appreciate the update. And thank you Larry too for all that you do to help us with this. we're gonna go back up to number six the ASH motion and review. I'll turn this over to who Lisa Ava who wants to handle it. Michelle has the questions just screen share for us.

**Lisa Ehlenberger:** Since it was Eva's baby. I'd like to maybe Eva can present or at least I'm initiate

**Eva Hamant:** I think so we met and we came up with some questions and then we tailored them down and I can't remember who was going to screen share the questions so that we could

**Linda Mecham:** Michelle's going to. Michelle's got it.

**Eva Hamant:** So basically what we were looking at was ASH and their response to our motion that we send over and so Number two on doing with ASH. we wanted to know when you have the SARS with the mechanical chemical restraints, is that the same report that they send over in December by the seventh to the QMU? so

**Lisa Ehlenberger:** yeah, and I think I'm going to chime in a little bit Eva as well. I think it's pretty self-explanatory. I think we did. We just created the list of concerns and then formulated them into a little bit more direct specific questions that we had. No answers to and that we were either unclear about. Or did not have the answer. Does that make sense?

**Linda Mecham:** Can we just read through them and make a motion. I don't think we need to explain because we've had this discussing our meeting and...

**Lisa Ehlenberger:** Yeah.

**Linda Mecham:** Then you took it back to the committee and based on our meetings and based on the questions.

**Lisa Ehlenberger:** So do we just need to read them out loud then? Okay. then

**Linda Mecham:** I think so for the minutes, Is that correct? Michelle or can we just submit it?

**Michelle Rademacher:** So you may not need to if the committee has all. Seen these points and it feels comfortable and discussing and voting really what it comes down to for presenting as if the committee's in agreement. And they have a motion and a vote which provides an agreement to present this forward to ASH.

**Lisa Ehlenberger:** I'm not sure if have all committee members have gone through and read over the questions, okay.

**Linda Mecham:** I don't think Debbie seen it. So I don't think Debbie that has seen it. I don't know if Carolyn saw the final and...



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**Lisa Ehlenberger:** Okay.

**Linda Mecham:** I don't think Mandy did but Mandy's not here. So why don't Read through them for the record and...

**Lisa Ehlenberger:** So I can just read through them.

**Linda Mecham:** Then we can have a motion discussion and a vote.

**Lisa Ehlenberger:** So number one is do UHC and Mercy Care have their own shared QMU for DDD members while in the behavioral health hospitals. If so, are they required to share their information with DDD's Sub question under this is do they share their exclusion and restraint incidents with ddd's QMU per stars DDD policy 962. why not since the DDD policy includes on and do the behavioral health hospitals for UHC and Mercy Care follow Arizona code 921-204

**Lisa Ehlenberger:** Number two earlier Ash report response indicating that an ash monthly report of all seclusion and restate restraint events involving DDD members are sent to DDD's QMU. If this is a separate report not included in IRS the IOC would like a copy included for their review prior to each IOC meeting. Does this monthly report include prior redirection antecedents and precursors as well as other lease restrictive measures used prior to restraint parentheses AZ code 9 - 21 - 204 number three. How does DDD a new track and Trend the SARS quarterly report from DDD members including the members of ASH that is sent to QM/PI committee. And what do they do with those reports the ioc would like a copy of the quarterly reports as well as the QM/PI committees recommendations.

**01:25:00**

**Lisa Ehlenberger:** Number four, what are the protocols for UHC and Mercy Care when the group home or Guardian is not available refuses to pick up a DDD number being released question who is accountable for discharge procedures flash Guardian group home education on discharge instructions question mark number five are the behavioral health hospitals having a 72 hour Post Release meeting question is the support coordinator always invited question number six. Does DDD pay for their members in UHC and Behavioral Health hospitals Do UHC and Mercy Care follow article 9 on DDD members while in the behavioral health hospitals. If so who trains the staff on article 9 and then there was just the Arizona code a 9-21-204. quoted

**Lisa Ehlenberger:** And that's it.

**Linda Mecham:** And then we attached again the codes and that it refers to for their reference.

**Motion and Vote**

**Linda Mecham:** Are there any questions? Do I have a motion?



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**Eva Hamant:** Eva wants to make a motion that we submit these six questions to ADOA to forward them to DDD.

**Linda Mecham:** Do I have a second?

**Lisa Ehlenberger:** Lisa seconds

**Linda Mecham:** Thank you. Do we have any discussion on any of the Any of the questions? Any comments?

**Linda Mecham:** Okay, I'll call for the vote at Lisa Carolyn

**Eva Hamant:** Yes.

**Lisa Ehlenberger:** Yes.

**Carolyn Willmer:** Yes.

**Linda Mecham:** Debbie

**Linda Mecham:** Debbie still on

**Linda Mecham:** Did we lose Debbie somewhere along?

**Linda Mecham:** Yeah, she is. So in that case I vote right Michelle. since we have to have four And I vote Yes.

**Michelle Rademacher:** Yes, correct.

**Linda Mecham:** All right. The motion is passed and that will be submitted to Larry for submission to DDD. as submitted before you guys Does that done? Let's see.

**Eva Hamant:** Very Debbie just came in so she could vote if she wanted to have her vote.

**Linda Mecham:** Counted we already did it. So. Yeah.

**Eva Hamant:** Okay.

### **Electroconvulsive Therapy, ECT**

**Linda Mecham:** All The next item is the ECT. We had this discussion at Statewide regarding ECT. I told Zane that we had made it. known to the legislature as well as language for inclusion into the IOC statute that IOCs have review over ECT because it's not in there if DDD does get that in statute where DDD members are allowed by law to have ECT. We want to have that in our statute so I won't be here to follow up on it and I just want you guys to be aware that that is something that needs to be on your radar. to make sure and I know



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Dee wrote the legislation based on some other stuff and I said check this language and she wrote it and so we both have submitted it so I know she's gonna be on top of it as well. but District

**Diedra Freedman:** Just to clarify. It's not actually the way that I drafted it unless it was changed. It's not the IOC itself That has the review of ECT. It's the program Review Committee, but there must be an IOC representative on the PRC that does the review.

**Linda Mecham:** Correct, Correct, but it has to be in our statute specified and...

01:30:00

**Diedra Freedman:** right

**Linda Mecham:** That's what I am talking about to make sure that I don't care...

**Diedra Freedman:** Yeah.

**Linda Mecham:** what happens with the bill if they get it through great,...

**Diedra Freedman:** right

**Linda Mecham:** But I do care if it's in the 38, whatever it is or 41, whatever it is. What?

**Diedra Freedman:** Right, but that's the review. I don't want them to think that every time somebody needs. ECT there's going to be a vote by a full.

**Linda Mecham:** ECT

**Diedra Freedman:** Independent Review Committee.

**Linda Mecham:** No. right

**Diedra Freedman:** It's going to be the program Review Committee, but it can only be a program Review Committee that has an IOC member in attendance to make sure that those rights are protected.

**Linda Mecham:** Correct.

**Linda Mecham:** And if they not involved in that PRC, they need to get it to the IOC chair one way or another

**Diedra Freedman:** right

**Linda Mecham:** But that's a moot point because as you remember Zane was so eloquent in his statement. Linda IOC does not have that Authority in statute. So it's not a problem.

**Diedra Freedman:** right



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**Linda Mecham:** We're making sure it So can you guys follow up on that make sure that it happens? Okay.

**Eva Hamant:** And we need to be concerned because ASH is not equipped to do with ECT.

**Linda Mecham:** True is anybody really? I mean, I don't know. But All right. That's what I wanted to say about ECT. It was a heads up and let's see. regarding the

**Review of PRC/BTP/PCSP**

**Linda Mecham:** I know I want to talk about PRC. Where is that on here? review of the PRC/BTP. another heads up for you guys. Let's talk a little bit when you do PRC. What we need to be looking for so that we are consistent here. And this can be a discussion. This is what I've been taught to do over the many years Eva you have surely been involved in PRC. So if you have something more to add I would appreciate it and Carolyn and Lisa, oh and De, De wait didn't do it. Sorry. about to look for Okay, so let's just say let's just take it and Patricia if you're on join in. I'm inviting you. But this is what I do when I read it first of all, I look at their diagnosis. De, one thing said you already have a comment.

**Diedra Freedman:** Yeah, Linda. Linda I'm wondering as your legacy.

**Linda Mecham:** Yes.

**Diedra Freedman:** If you wouldn't. Give us a written list. So that it would be part of the training program.

**Lisa Ehlenberger:** That would be great.

**Diedra Freedman:** That we were just talking about when we were talking with Mickey and Richard.

**Linda Mecham:** We'll talk about Refer to the minutes of no I'm kidding.

**Diedra Freedman:** because it would be done by an expert. I don't know of anybody who has more PRC experience Linda. then you do and I mentioned before we started this call. I have breakfast every morning with one of my IOC members who is the one from our IOC committee? Who does PRC? And she was very disappointed. Because she told me Linda knows everything about PRC and I reassured her that you would be available for consultation and guidance. If Lisa's can call in from the Bahamas you can call in from wherever. so we're not losing your expertise.

**Linda Mecham:** Lisa yeah.

**Lisa Ehlenberger:** and Linda I'd be willing to do the writing for you and you could be on the phone and you just tell me and I'll transcribe and then I'll send it to you and you can just edit it to make it be a reflection of exactly what you're thinking. How about that?

**Linda Mecham:** You guys are the best Patricia you got to be in on this too. Okay, because you and I know you and I were hand in hand after the PRC.



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**Patricia Sandino:** Yeah.

**Linda Mecham:** We are texting during the PRC So Patricia I'm her wingman. I don't know which but Patricia's the best. Can I just say, I mean you guys it's an honor to work with her. going through a behavior plan. This is what I do. So I look to see how old he is. Is this plan going to be age appropriate for him? Is he old? Is he young is he, just

**01:35:00**

**Linda Mecham:** In high school bear, just whatever the ages is the age-appropriate and then I look to see who the guardians are if he has Guardians rep payees. Is that around in generally? You can't find it just off the top because the support coordinator does not fill out one of the important Pages which is the member profile information page that's Roman numeral number one and on there. It's got the legal guardian. It's got the healthcare decision maker. It's got rep payee contact all of that and that's generally left blank. So that's something when you're going through it that you need to point out needs to be filled out. But generally when you read through the dialogue you sometimes will see who The Rep payee is and if it's DDD For me, I mean, there's no excuse if they're over the limit or near the limit or whatever because DDD has policy and they need to be following that policy. Okay, and then I look to see what the adaptive equipment is. And then I thumb through over to the PCSP to see what adaptive equipment they have listed and compare to see if it's the same and if it's not the same then I Do comparing and contrasting and what needs to be included. Is this still current or sometimes they'll say the member needs a helmet and we're working on getting that so my question is as a rights. interest What's the status of the helmet or what's the status of getting his glasses? And here's another thing. Sometimes they have glasses or they have hearing aids and yet on the medical check. They don't have checked on the box that they get hearing tests or eye exams on an annual basis or they have diabetes and they're not getting their blood checked on a quarterly basis, things like that look for Those kinds of things. And then I read the history. Where they are now, and then the social history. And generally the BTP has a great history. And 99.9% of the time the history is missing in the PCSP and the PCSP is very specific on what they want. They want to know about the birth. They want to know about development. They want to know the education. They want to know previous living situations. I've even had. Support coordinators tell me I've never read that section Linda. Thank you for pointing that out. It's Roman numeral two bold underlined. How can you miss that? But instead what they have in that section are the meeting notes for the last three years. So, I mean, that's great to get the meeting notes. You can read through those and see what they've discussed and what's going on get the updates. However, it's not history and history for me and I'm sure for you is important because we can kind of see maybe he's been abused as a child. That's why we've got some of the behaviors that we have going on because of his abuse or there's lots of reasons why some of these behaviors are occurring because of past history. Okay, so then I look at the behavior plan I look at what the goal is or what's it called Patricia the behavior the..

**Patricia:** *The teaching objective*

**Linda Mecham:** Yes, what are they trying to do? And then I read through the methodologies and just make sure that the strategies that they're using are not violating his rights for example in when we did. What was it



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last week or the week before? It actually said force him to do. What part of force is allowed in article 9 so it's important that you read through those strategies and methodologies and I know Lisa you've got the background in this and that's your thing. But what we really need to make sure as IOC members is that we are watching for rights violations in those methodologies and will they be able to be successful at them, Carolyn?

**01:40:00**

**Linda Mecham:** Oh De had a question. I'm sorry. Go ahead De.

**Diedra Freedman:** Linda, can you please share with them. what you shared with us last week at the Statewide meeting? What is the number one thing?

**Linda Mecham:** Which part?

**Diedra Freedman:** What's the number one thing that you do?

**Diedra Freedman:** Or do you want me to tell? I want it on the record. Linda's number one mission Excuse me. Once involves anything regarding the DDD member. especially the Program Review Committee. Is that Linda looks at each of these individuals as a mother? Whether they have their own mother or not. She treats every individual as if they were Mark, Becky or Brent, her own children, and that's the standard that she brings to the table and that she expects everybody else to bring To the table that these individuals be treated with that dignity and respect. And that Mother's eye in that mother's heart. And I think that's the most important thing as IOC members whether we're mothers or not. Or were brothers or were sisters. or fathers or friends we are connected to these individuals. We are Representatives. Of their families, their friends and our community and that's the most important thing that we bring to the table as IOC members we start from there and everything else flows.

**Lisa:** *Absolutely, I'm taking notes*

**Linda Mecham:** Thanks De. Got me emotional here. so anyway after that I look next in the BTP are the meds. And so then I flip over to the PCSP to check and I also look for the doctor's notes in there. Is that The doctor's notes medical order? What is it called? Yeah, the med review. Thank you and see she knows all the right words. But I just look and okay, and I write down the pages so that when there's discussion I can refer to those pages, but I checked to make sure that all three pages are consistent in the meds the doses the times and very frequently they're not consistent and that's another violation. I mean what if somebody picks up the doctor's notes and starts reading the doctors notes and gives the meds the way Are giving them and the DTA reads them the way the PCSP says it's different than that and the group homes doing something else the poor kids suffering. We got to have to have consistency here. And then let's see what's up. and also if there are rights restrictions, they would be listed in the the behavior plan but there's also section X or 10 in the PCSP. And that's where those rights restrictions also need to be listed in the PCSP. And the big thing here the big key takeaway is the PCSP is the contract with AHCCCS the BTP is an addendum to the PCSP. And we have to remember that and when the PCSP is not complete. and even signed with dates. it's a not valid





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document. Do you want to Step in here and say your little thing about licensing. I love these comments on this. It's scary actually.

**Diedra Freedman:** Anybody this is why I refuse to sit on the PRC because I'm retired. I still have my law license in the state of New York. So if you have a professional license and you're not following your professional code of ethics that go with your license. Anybody can file a grievance against you with your licensing board? And I'm not willing to put my professional license even though it's in retirement. on the line Unfortunately, because the system.

**01:45:00**

**Diedra Freedman:** Doesn't seem to understand and all the individuals within the system. Don't seem to understand. how important medical records in the consistency of medical records are and anyone who works within the system whether you're paid or you're a volunteer. You're required to follow the professional ethics of your profession. So If you have a medical license. And you're in charge of oversight for your employee of DDD. if they're similar to the lawsuit we had a few years ago with Hacienda you could end up before. Your licensing Review Committee and you could lose your license. So I'm not willing to do that. Unfortunately, not everybody understands that their licenses on the line every time. so

**Linda Mecham:** So just a little heads up on that. and then after that's the end of the BTP. Then I get into the PCSP. And like I said, I look at the section. Number one, which is the... I've done this so much. I'm going off the top of my head. but section number one is the member responsible person contact information. Generally that's left blank. It needs to be completed and then comes the History Section and then the daily living and living the living environment that sort of thing just read through that make sure it's current up to date most often these PCSPs are not With I mean he's living in a group when in fact is in an ADH now, so just look at that. The next really big thing is are the HAB goals and I don't know if you guys remember but back in on the ISP the HAB goals and were filled out there was the goal and then the methods were written and then who will do that who's going to help do that? And those generally always are left blank and we had a supervisor from DDD One of our PRCs and I said is that supposed to be left blank? And she explained those sections. what will be done section or what needs to be done. Refers to the barriers that might prevent the individual from being successful at the goal. and how we're going to get rid of those barriers and what we're going to do to help him get those done.

**Linda Mecham:** So basically it's a strategies and methodologies number two. Who's going to be the one to do the strategies, who's going to be the one that will remove those barriers. This is the big thing. I always end this section with per DDD This should not be left blank. and then I said in current you have to always, be positive at the end of these things. So you have to say you can get this probably from the DTA or the group home or that wrote the goals because they have to have the steps. So just say give us the goals. So that and then we talked about the restrictions.

**Linda Mecham:** In these you must always have a spending plan because whether the parents are the rep payees or not. I explain to the parents. This is why we have to have this included because I would not want



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to give Mark's finances out. But if he was living in a DTA or an ADH, I would have to do that because it's DDD funded residential facility. So that spending plan must always be included and all the sections must be complete. the assets filled out. What's the bottom line? And if you're curious DDD does have a policy regarding that they have opened up thanks to us. They have opened up. I believe it is thanks to us because we're making a stink about it about that the support coordinator has access to the DDD or to the when they are The Rep payee that they can take a look at the members account. So every quarter when they go in for that 90-day meeting the support coordinator should have the balance of what's in there and Leah, you can correct me if I'm wrong. But I know that I'm pretty sure there's a policy regarding the

**01:50:00**

**Linda Mecham:** is it at \$1000 the support coordinator notifies the team and at \$1500 there must be a spin down started. I think that's the way I read that.

**Leah Gibbs:** I need to go in and double check it but there is a policy when we are representative payee.

**Linda Mecham:** Right, right, and I think it's the 1,000 they need to notify the team that they're at a thousand dollars and start to plan a spin down and when they're at 1500 there must be a spin down going in. And the reason that I say that is I did a PRC probably about a month ago. I think it was Patricia where the individual had lost. His Altec services and DDD was The Rep payee. So, there's just no excuse for that. and then they're also must be. A safeguards in there and then the final thing I look at is the signatures and oftentimes it will say members are unable to sign.

**Linda Mecham:** I'm sorry you said on page one and page 32 that this guy has a guardian. So the member is not the responsible party. There must be a signature. there's two signatures required informed consent. And I forget what the other one and dates. Otherwise, it's not valid. De

**Diedra Freedman:** Linda back to the example with the spending plan and the individual losing their AHCCCS eligibility...

**Linda Mecham:** ALTECs. Yeah.

**Diedra Freedman:** You're ALTECs eligibility. Would you please just share with them? How far over the \$2,000 the assets were that?

**Linda Mecham:** Was it 29,000?

**Diedra Freedman:** I thought you had said 19, but either one is extremely egregious.

**Linda Mecham:** I don't remember. Once I get it resolved I move on and he did get a services back. Thank you ah appreciate That was great. anytime for the committee now,...

**Leah Gibbs:** anytime Linda



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**Linda Mecham:** I'm kidding. Okay, Patricia, do you have anything to add to what I have said?

**Patricia Sandino:** No, Linda, I think you covered it as you can as there's always different situations that you and I discussed when we read a plan, but I think you've covered most of the general things that they can look for. And I'm available if anyone needs any help.

**Linda Mecham:** Right, Patricia is wonderful. and also if you don't mind. I mean Patricia, you can correct me if I'm wrong, but I always send Patricia my notes. So that it's not so hard because we've only got 30 minutes and we kind of rushed through everything. It's hard for her to get everything written down. So I type everything up as I'm going through it and then after the meeting I just forwarded on to her so that she has my comments and can make sure that she got them. Is that correct? Do you still want that Patricia?

**Patricia Sandino:** Yes, please there would be appreciated.

**Linda Mecham:** James?

**James Maio:** *I would just share that as a time saver if you put all of the notes together about changes or problems that you identify with the PCSP and gives those to Patricia. Because those all go up to the support coordinator. Whereas the people who are presenting the plans are generally the provider. And so leave your questions for the actual plan itself so you can spend as much of that 30 minutes as possible walking through the plan. I mean the actual behavior plan itself.* That would be my suggestion because support coordination. We can give a list of Corrections and have them correct them and send them back to you guys. But you have the vendors on site giving you the presentation almost, all the time and then any questions you might have about the validity or the effectiveness of the plan or the data that they're presenting you have them right there for those 30 minutes so spend as much of the 30 minutes on that as you can.

**Patricia Sandino:** That's I think exactly what we're doing James right Linda.

**James Maio:** Yeah. Yeah,...

**Linda Mecham:** Yeah.

**James Maio:** I just think that that is the best use of the time. With my experience and I've had quite a bit of it with PRC so

**01:55:00**

**Linda Mecham:** We do have an issue, we do have an issue because we oftentimes do not have support coordination in the meeting. So that's

**James Maio:** Yeah, that's why I said, but if you Patricia can always send those to the SC and their supervisor and the district managers to get those corrected but you actually have the vendors there during those 30 minutes and to ask those questions face to face on the plan itself. And that's the part that they're responsible for. So.



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**Patricia Sandino:** Yeah, in my disposition sheets, I have a section where it's SC's Corrections. And so they're very familiar that they're usually at the bottom of the disposition and we don't normally request for the next 90-day review to be fixed if some of them do send them a little earlier, but I think we're following the suggestion at this time, and I appreciate that.

**Linda Mecham:** The other thing too James is that the providers are having to and are having a difficult time getting the current PCSP in a timely manner because Patricia will say the PCSP is expired. We just had one last month and then the provider will say we've been requesting it and what they're doing now, too. I have noticed that they are including the emails that they have requested that PCSP from the support coordinator. So just a little bug

**James Mario:** *But Patricia can forward those to the district manager to resolve that's a support coordinator issue that needs to be addressed immediately right*

**Linda Mecham:** She's taking care of it. She does don't you Patricia. I know you do that. So I'm just telling you...

**Patricia Sandino:** Yes, I do.

**Linda Mecham:** since you brought it up with some of the issues are that we face with regards to that, and I know you're hearing this to Leah, but

**Linda Mecham:** And you've heard it before in our Statewide. It's not like Leah doesn't know right.

**Linda Mecham:** Okay any questions on the behavior plan Lisa or Carolyn or Eva? Do you have any comments? Okay.

**Carolyn Willmer:** I want to make concerns about the PRC's to be honest, often the attitude of the team that we're talking to and we're not there to tear anybody down. We're there to provide constructive criticism. it's not fun to hear criticism, but it is something that anyone who's a professional should be prepared to listen to so often there's time spent time wasted during these very short meetings on pushback by the team and arguing from the team and sometimes it's so egregious that and in 2 cases I made complaints. About the behavior of two people other times. it's not so severe but it's still a waste of time and I really wish that. The teams that we talked to could see that where some outside eyeballs which are always helpful in looking at something like this who want what's best for the member and who also, want to make things not only great for the member, but great for the staff caring for that member. and...

**Lisa Ehlenberger:** This is Lisa.

**Carolyn Willmer:** when we're not seeing that way

**Lisa Ehlenberger:** I'm wondering Carolyn and forgive me if I'm out of line here. But I wonder if there's a way to just preface the beginning of each PRC with a simple statement that saying and Patricia. I know you've



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done it before and some ways and I know there's another person who sits on PRC who prefaces all of her questions with a sandwich of positive and then goes into the criticism and then ends with positive of course, but maybe there's a simple statement that PRC just the beginning introduction, in incorporate something just a reminder that we're all here to help this individual and provide, I don't know. You know what? I mean, though, right?

**Carolyn Willmer:** Yeah, I think that's a great idea. But I also think that this needs to be something that is discussed with these teams by their supervisors. So that the supervisor can help put them in the appropriate mindset for these meetings. And so this would be something that's part of their training and it should be something that's part of their ongoing training and it should be something that is periodically briefly Revisited during team meetings.

**02:00:00**

**Carolyn Willmer:** With their staff so that when they meet with us, they have more of that mindset.

**Linda Mecham:** And I don't know about because that's not in our will house to whether we can direct that to happen or...

**Carolyn Willmer:** right

**Linda Mecham:** However, like Lisa said and like I say and do. we do need to preface our remarks with we're not a member of the team. We don't know this individual like you, however reading this plan. I have some questions regarding "da da da.." something like that where you're giving them the benefit of the doubt and...

**Carolyn Willmer:** Yeah.

**Linda Mecham:** and putting a little bit of on everybody. Basically, please explain to me why this is happening but you're saying it in such a way that you're admitting, I'm not a team member here. I'm not a member of the team. I don't know this individual like you guys do but just reading this outside perspective. I just have a few questions and maybe We preface it like that. It might not be taken negatively.

**Carolyn Willmer:** That's a great suggestion Linda.

**Linda Mecham:** Do you thinking yeah, that's positive Linda here always do. Anyway, any other questions regarding the BTP and the PRC process? Patricia love you to pieces, I do. If you have any questions, I'm here. Okay. Okay,...

**Patricia Sandino:** Thanks Linda. I appreciate it

*Chat Message: Michelle Rademacher: Executive session link for IOC members*  
<https://meet.google.com/iwo-tdwx-wmj?authuser=0>



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**Incident Reports (IR) General Issues**

**Linda Mecham:** Leah, Do you want to do Statewide or do you want to do it with your remarks when we get to that or we're winding down here?

**Leah Gibbs:** But I thought you'd want to cover the other agenda items. I have Zane's updates. Okay?

**Linda Mecham:** Okay, perfect. Yep. That's good. Let's see. Let's jump to incident reports, anything in general that doesn't require the executive session. Eva this is your baby.

**Linda Mecham:** Anything in general? Worth saying?

**Eva Hamant:** I was just really unhappy about one of the individuals that died.

**Linda Mecham:** That exactly I've got one too that I'm unhappy about but

**Eva Hamant:** so, yeah, so

**Linda Mecham:** But that's executive right? individual?

**Eva Hamant:** yeah, so I have been making my comments and

**Linda Mecham:** How are your answers are you getting good answers back?

**Eva Hamant:** I was really happy with the ones that I got. the last time And so I did mention that.

**Linda Mecham:** Good.

**Eva Hamant:** and so

**Linda Mecham:** James kudos to your team

**James Maio:** Yeah, I guess the training has helped. I did see an improvement in the documented notes for each of those cases. So I do appreciate that my team stepped up to do that.

**Linda Mecham:** Let them know we've noticed okay.

**James Maio:** I will. Thank you.

**Linda Mecham:** Thank you. nothing else on those of a general nature.

**Eva Hamant:** most of mine are member specific



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**Committee Round Table/ Items for Next Meeting**

**Linda Mecham:** All right. Let's talk about items for next meeting

**Linda Mecham:** Anybody have any thoughts for the items for the next meeting?

**Linda Mecham:** Be thinking about it you guys.

**Linda Mecham:** Let's see.

**Updates from DDD, ADOA, UHC, Mercy Care, and PRC**

**Linda Mecham:** Next let's go to the updates and then we'll do elections, how's that?.

**Linda Mecham:** Michelle Eva are you talking?

**Eva Hamant:** Oh I'm sorry

**Linda Mecham:** Michelle, do you want to introduce the updates for everybody?

**Michelle Rademacher:** Sure, I'll take care of that. Got it.

**Linda Mecham:** Thank you.

**Michelle Rademacher:** Joan, did you have an update by any chance?

**Joan McQuade:** I do. Hi, everybody. We have broken down the districts for the Liaisons. So Michelle will be working with and I have to write it down so I don't get it sideways. Michelle is going to continue covering Statewide. and she will also be working with District South and District West and Morgan will be working with District Central, District East, and District North

**02:05:00**

**Joan McQuade:** So just to let everybody know who will be covering what so District Central can begin. communicating with Morgan she's a very bright lady. I mean she's got a background in special education. She was a teacher for 10 years. So she a big, She's got a passion for our members. And obviously Michelle and Morgan support each other. So they'll both be attending. all of the IOC meetings just like Michelle and Jeffrey used to And unless I have an unforeseen circumstance. I'm here as well every month. So for all of the IOCs. Linda you're on mute.

**Linda Mecham:** Thank you, Joan and Michelle we will. Miss your leadership, but it's been fun, and we look forward to working with Morgan. Thank you.



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**Michelle Rademacher:** Thank you, and I have enjoyed working with your committee as well. I'm not going anywhere. So I'll still be present and able to assist where you guys need me. James, do you have an update by any chance?

**James Maio:** Not really at this time. QMU we are going to be initiating some vendor training to support them and using our new reporting form. We hope that that will improve the quality of the incident reports that we're receiving from vendors. We're going to be talking to them about how to include all the details of what they did, with regards to team follow up and things like that so that it reduces the number of questions that we're having to ask and go back to them for also, I think many of you guys know I've been working with the group on a internal Improvement project with regards to behavior plans and we actually got our first data back for them using Focus to track whether or not members need Behavior plans on whether they have a current behavior plan. So we'll be reviewing that data this week. though, we're very excited about that. And that way we'll be able to pull monthly reports on who has a plan and who needs a plan and whose plans are expiring and should hopefully help us to try to reduce the amount of behavior plans that are missing or expired. That's it.

**Linda Mecham:** That's excellent.

**Michelle Rademacher:** Patricia did you have an update?

**Patricia Sandino:** I don't have any updates, but I do want to ask the committee. We are getting Ready for the February sessions. So I do need some volunteers. So I think I did share the flyer that went out for February. So you're interested in if you have the opportunity to join us, please send in your dates if it's possible. That is all I have

**Linda Mecham:** Thank you, Patricia.

**Michelle Rademacher:** Okay Leah, Saved The Best For Last

**Leah Gibbs:** I don't know about best But thank you, Michelle. But good afternoon. Everyone during this Statewide IOC and I don't have the entire agenda in front of me Linda. So forgive me, but I wanted to share with the committee Zanes updates that he wanted folks to be aware of. I've been reporting back for a while to the committee about the activities. The division is doing to try to work toward improving the experience and the quality of Behavioral Health Services that are available to DDD members. A couple of those initiatives continue to be moving along and they're actually very active and I wanted to give you updates on those. The initiative that we call dual diagnosis it is for DDD members who have a health diagnosis with complex needs. The division has continued to move forward in providing education and support to the behavioral health agencies that provide care to DDD members. The goal has been to increase the capacity of the behavioral health providers to better understand working with people with IDD. The division did expand the training curriculum that is available on Relias, which is the training platform that the behavioral health providers throughout the State of Arizona uses to train their direct support staff as well as their professional staff. It's their learning management system.





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**02:10:00**

**Leah Gibbs:** We were able to purchase a specific catalog of classes that are available in supporting people with intellectual and developmental disabilities. We've added over 100 courses to that Library. That is available for all of those agencies to access now. In the work that we're doing to roll out a financial incentive to the behavioral health agencies throughout the state to incentivize them having their staff specific classes we developed and identified 12 courses that are available through that Relias library that if a vendor can get their staff, 10% of their Staff to complete those 12 courses then that vendor agency will have a financial incentive through the division. We know that from the time we started tracking. We've had 1200 behavioral health professionals. Take at least one of the courses and over 6,000 of the courses have been completed since we implemented the project. We continue to encourage and work with our DDD health plans to encourage the vendor Community to take advantage of those opportunities and to get those staff trained this committee is also rolling out two in person conferences next year. this year now, I apologize one around May in Tucson one around September in Phoenix. They are bringing in local as well as National experts to help provide breakout sessions and training to behavioral health professionals and are working to have those conference hours count toward continuing education credit to encourage people to come. We know it's not the answer, but we know we're trying to Move toward where we need to raise the minimum raise the platform and continue to improve opportunities for Quality Service. The other rollout that has started is the training on positive behavior support. The division has completed its curriculum through input from lots of other states and agencies and DDD staff and external stakeholders. We've created a survey for people who take the training to help give us feedback so that we can analyze the quality. We've also implemented a pre and post assessment so we can get a baseline of knowledge of direct support professionals who will be taking the class and then the knowledge base hopefully demonstrating an increase after they've taken the class.

**Leah Gibbs:** We are also working with go ahead Linda. You're on mute my friend.

**Linda Mecham:** What is I know that you said it was for positive behavior support PBS, but what is that that's not the one that we brought up a couple years ago. With whatever happened with that. I know that's not what you're talking about. But whatever happened with that is it did just go by the wayside. I hope it don't know. The sex ed basically Okay,...

**Leah Gibbs:** I have to play Linda, that's a whole different ball game. Okay, okay.

**Linda Mecham:** the positive behavior support is the one that I worked with you on. first

**Leah Gibbs:** Positive Behavior Support is the one that we've been yes, and we did a national search at an Arizona search and...

**Linda Mecham:** Yeah, right.

**Leah Gibbs:** found an existing curriculum and found that we had kind of set a rubric of what we wanted to see addressed in the curriculum and it wasn't really in any one curriculum. So we developed our own



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training. I don't have it in front of me, but I know that it talks about history. It talks about understanding Behavior. It talks about trauma informed support for helping people.

**Linda Mecham:** right

**Leah Gibbs:** It talks about the ACES, The assessment for childhood trauma and how that impacts people's ability to learn and their behavior. It talks about strategies around supporting people for positive behavioral outcomes. It is a full eight hours long.

**Linda Mecham:** Excellent

**Leah Gibbs:** A very full day for people who are trying to fit it in a day.

**02:15:00**

**Leah Gibbs:** And our other scoring mechanism that we're using is we have identified some and continue to identify vendors who would work with us that when you review Behavior plans for folks that program Review Committee you get a report on each individual member and the number of Target behaviors, meaning the behavior. We're trying to teach another way for the number of Target behaviors that occur over the period of a year. And what we're doing is working with agencies who are sharing with us their data through program Review Committee that we are tap we're tracking for all of the members that are supported by agency, the current count of Target behaviors and then six months later after people have been trained to compare the amount of Target behaviors because we expect to see that number to go down because we are implementing strategies to help staff have a better relationship and...

**Linda Mecham:** You hope so, right.

**Leah Gibbs:** better outcomes. We know it's never gonna completely go.

**Leah Gibbs:** But that's the hope is where we're going with this to demonstrate its success. We have started rolling out the train the trainer so qualified vendors who are going to offer this training to their direct support professionals, their training staff are required to come in and do a two-day training with the division and to be able to demonstrate competence on the training material before we are issuing them the the trainer guide, the assessments so that we're running it very much like we do article 9 in order to build consistency around who's delivering that training. So we've rolling out the train the trainers. We set an announcement right before Christmas not the best timing in the world to let vendors know the train the trainer was starting in January, but within two business days, we had over 135 vendors respond and sign up which is really exciting and over the last two weeks. We've now had almost 300 qualified vendors sign up to get their trainers trained in this curriculum with the ultimate goal as they will then go back. Once we know that they know what they're doing and train the direct support professionals and hopefully we will get lots and lots and lots of folks trained. We've also worked with raising special kids and they have trainers who will be providing that training to family members caregivers interested parties of the independent oversight committees are welcome to take the training from them to be able to see its content. And they are finalizing



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their announcements about their schedule that they're going to roll out the training. and for every direct support professional that is employed by DDD directly to support To support members in our state operated group homes, Intermediate Care Facilities. It is mandated that all of those staff take the training and we have a rollout plan that is supported through our state up program. I saw De and okay and Linda, go ahead.

**Linda Mecham:** Is this the one that we looked at maybe August or September where it had the negative? Right, right,...

**Leah Gibbs:** That's been removed. Yes, yes.

*Chat Message: Diedra Freedman: Thank you for your hospitality. I have another meeting. Linda thank you again and always for your mentoring and partnership! I look forward to establishing the same relationship with your successor. All the best my friend!*

**Linda Mecham:** But more as a we don't okay you guys this is excellent what she's talking about because I don't know if I saw the final but I saw what they were and it's excellent. It was very good. Thank you.

**Leah Gibbs:** Thank you Linda. I'm excited to roll it out. I'm excited to get feedback and I'm even more excited to see the quality of life for DDD members and relationships between families and their family members and direct support professionals and the members they support improve as a result of all of this. So that's where we're at on that. Zane also shared with the group that the legislative session is now back in session. That the division continues to watch and monitor any proposed legislation that would have an impact on the DDD program. And as always anything that is passed and signed by the governor that is going into law. The division will absolutely work toward implementing and complying with any new requirements just to keep you informed. We know that this year they're continues to be legislation proposed to add spinal bifida as a qualifying diagnosis to be eligible for the Division of Developmental Disabilities as well as adding Prater Wilson to be in amongst itself the qualifying diagnosis. We know that some of past committee but we don't know that they're going to be passed or placed in the law, but it's something that we are monitoring and watching

**Linda Mecham:** Leah do they still have to meet the cognitive? criteria

**02:20:00**

**Leah Gibbs:** what they would have to meet Linda if Prater willing syndrome or spinal bifida become qualifying diagnoses what they have to meet is have that diagnosis and they need to have three of the seven functional limitations. But it doesn't have to have a corresponding intellectual disability.

**Leah Gibbs:** Does that help?

**Linda Mecham:** Yeah. Thank you.

**Leah Gibbs:** You're welcome. Anybody have any questions for me?



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**Leah Gibbs:** I encourage anyone interested. Please take advantage of the training and watch for announcements around that. So, thank you.

**Linda Mecham:** Thank you, Leah.

**Linda Mecham:** Thank you. Michelle

**Linda Mecham:** We got the health plans.

**Michelle Rademacher:** Yeah. Yes, we have Ian present from United Healthcare

**Ian Wilson United Healthcare:** Yeah, thanks Yeah, I'm Ian Wilson here from United Healthcare Community Plan again. Just a member advocate here. No updates from United Healthcare, but I will be happy to take any questions.

**Linda Mecham:** I don't think we do at this time. Thanks Ian, I hope the meeting's been beneficial for you.

**Ian Wilson United Healthcare:** Thank you Linda. *It always is, there is always something new and it's great for me especially being new at UnitedHealthCare to get a good perspective on the community we support. So I really do appreciate it.*

**Linda Mecham:** Thank you. Go ahead Michelle.

**Michelle Rademacher:** And we also have Vera from Mercy Care.

**+1 480-\*\*\*-\*\*17:** Hi, and no updates from Mercy Care.

**Linda Mecham:** Thank you Vera Hope you enjoyed the meeting so far.

**Linda Mecham:** Go ahead, Michelle. Sorry.

**Michelle Rademacher:** I'm not sure. I know Larry provided some input earlier. I didn't know if Larry had anything else. He wanted to provide to the committee.

**Lawrence Allen:** No at this point that was my only update for a group. My only comment would be Linda. Thank you so much for everything. You're a beautiful person inside now. And I'm going to miss my favorite chair. Don't tell De that

**Linda Mecham:** Yeah, you wait to say that when she gets off, right?

**Linda Mecham:** But it is on the record now,...

**Lawrence Allen:** so It is a public record.

**Linda Mecham:** I'll miss you guys, too.



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**Lawrence Allen:** You are correct. But if you ever need anything from me, please reach out.

**Linda Mecham:** I appreciate that. Thank you Larry. You've been a great help to me,...

**Lawrence Allen:** Absolutely.

**Linda Mecham:** too. Michelle Making me blush. At least you're not making me cry like the other night, right?

**Lawrence Allen:** right.

**Michelle Rademacher:** For us, okay.

**Linda Mecham:** Okay about Frederica.

**Fredreaka Graham:** Hello, Linda. I don't have any updates from AHCCCS but like Larry just said you are for DDD my favorite chair. So we are gonna miss you. and I think I put those same sentiments in the little card thing we did for congratulations on your retirement, and I hope you enjoy travel.

**Linda Mecham:** We got to get retirement taken care of first. I'll just tell you guys this was a total surprise. I mean we knew it was coming, but I said no was coming that day, I think he comes in and goes I retired. you've discussed this. I mean one anyway, he saw the directions of the company and talked to my supervisor and I got a couple months PTO and so here we are like we gotta get Medicare Dennis. We got about your pension? What about you and...

**Fredreaka Graham:** All these things right.

**Fredreaka Graham:** Congratulations anyways.

**Linda Mecham:** It was crazy.

**Linda Mecham:** I appreciate that. Thank One thing I do have a question for you. And I thought about this in the night. I thought about our October meeting because we didn't meet November or December.

**Linda Mecham:** We were in a Statewide and I'll write this out and whoever's chair. I hope you follow up on this and maybe you can help her. But in our Statewide we were talking about oversight and the IOCs at one point, District central. had oversight over the ICFs and the reason that we did and in fact with that oversight and it was a request for AHCCCS because they needed to dot an I and cross a t and with that request. We also got a non-voting member on our committee Marlene Riggs? Who worked at the ICF? So she became a member of our committee? So it was someone from the ICF needed to be on the IOC?

02:25:00



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**Linda Mecham:** Here we go with those acronyms again, right ladies. And the IOC would go visit the ICFs quarterly and that was to have eyes and ears for AHCCCS. And maybe I think Jamie Snyder the one who AHCCCS, Lisa you were on board. Do you have something bad to say?

**Lisa Ehlenberger:** And I don't know if this is when I remember going to the ICS just to be familiar with them. We believe we went to two in Phoenix and I can't remember exactly but I do remember this coming up a couple of years ago where the IOC used to visit quarterly, but I thought that somebody confirmed that it was actually through the ARC of Arizona. No it was. please

**Linda Mecham:** No. No, It was an AHCCCS requirement and I didn't call Carol and Karen's not here. So,

**Linda Mecham:** No, it was AHCCCS and if you want, I'll write that out and send it to you for your so you can do some research on it. But the only reason that DDD I think would and it's not giving us permission to go in and I don't know the right words, but for us to have an oversight over a home like that would have to be something big like AHCCCS not the ARC don't you think just nod your head? Yeah.

**Leah Gibbs:** Linda, I think we need to go back and review some things but I first want you to know that the member the DDD representative that joined the IOC that represented the DDD State operated Intermediate Care Facilities was the supervisor over the QIDPs which are the qualified intellectual disability professionals who were the case workers for people who reside in an ICF? And I'm no longer really connected to that group right now.

**Linda Mecham:** Yeah.

**Leah Gibbs:** But I do know that it was important to the division to make sure that those District central ICFs were tied to the IOC. I don't personally remember it being a mandate from AHCCCS and I don't know what's happened with I don't know if maybe she retired and maybe there's new leadership but it's something that has a committee you can certainly ask us to look into and see about getting a representative because you do see incident reports related to those

**Linda Mecham:** Yeah, we do and...

**Leah Gibbs:** okay, okay.

**Linda Mecham:** and deaths but Right,...

**Leah Gibbs:** All of the reports. Yes.

**Linda Mecham:** I shouldn't say The thing is that particular individual and I already said her name. But she moved out of the ICFs. In my understanding she got transferred because the criteria for that position changed that they had to have nursing Credentials so my understanding at the time was that it was AHCCCS requirement. Maybe it was part of the notice to cure because it was that long ago. I don't know but maybe



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Fredreaka can do some research for us on that and if you want, like I said Fredreaka after this meeting, I promise I'll type it out and get it to you. Like I said, I would three months ago, so

**Fredreaka Graham:** If you could just because that's before my time. So, I wouldn't know...

**Linda Mecham:** Absolutely.

**Fredreaka Graham:** where to begin with even explaining the ask. So if you could get that in writing and sent it over, then I can get that to the correct people on this side. So you guys could.

**Linda Mecham:** You know what? Excuse me, but De also knows how to reach out to Jamie and

**Fredreaka Graham:** Jamie Snyder.

**Linda Mecham:** Schneider yeah,...

**Fredreaka Graham:** She's not here anymore. Okay.

**Linda Mecham:** I know she's not but De knows how to reach her. I've got her contact. So maybe we can reach out to her too and...

**Fredreaka Graham:** Okay.

**Linda Mecham:** if she remembers that particular situation. We're all kind of vague on it. I know that but that just came up in a Statewide as far as and I made the comment, I'll see an oversight over the ICFs and I'm like, I don't know what the rule was. I just know we did it. So they tell us to go and we do whatever. So I will get that to you this afternoon. Okay? I'm in the meantime,...

**02:30:00**

**Fredreaka Graham:** Okay. Okay. Sounds great.

**Linda Mecham:** I'll do my research and we can maybe communicate keeping the loop whoever the new chair is, okay. Okay.

**Fredreaka Graham:** It sounds good. Thank you.

**Linda Mecham:** Am I still okay to do that everybody if I'm not a member?

**Linda Mecham:** I'm not getting any personal information. Just following up, All We did anything else Fredereaka from you. Thank you for always being here.

**Fredreaka Graham:** No, that was it. Thank you.

**Linda Mecham:** And I like that I'm your favorite.



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**Linda Mecham:** go ahead Michelle. They're all just saying that because I'm leaving you guys know that right.

**Fredreaka Graham:** That's really true for me anyways.

**Linda Mecham:** Go ahead Michelle, sorry.

**Michelle Rademacher:** I believe that's all of the updates. wait. I have a little update. I'm sorry. So we'd want to start as Liaisons. We want to start providing you with some of your own data. We always put it in the meeting minutes, but we thought we're gonna go ahead and provide it in the meeting themselves as well. So for December the incident reports that were provided to the committee members on loaded to the shared Drive was a total of 593 incident reports in December. 58 were open and 508 were closed incident reports. And then also for the month of December we sent 21 questions to the district quality unit for follow-up on those incident reports that were reviewed. We also want to let you know that the committee know that additionally our unit is working on a backlog of incidents that have yet to be provided to the IOC from 2023. There are some incidents from October that are yet to be provided they're currently in the redaction phase and we will get those out to you. Hopefully by the end of this month. We should have that completed. Let's see for the next DDD IOC Statewide chairs that meeting is scheduled for April 25th. It is a 5:30 pm meeting and if you would like an invitation to that meeting to go on your calendar, let me know and I'll go ahead and get that sent out to you. That's pretty much it for our update for today.

**Michelle Rademacher:** Oop you're on mute.

**+1 928-\*\*\*-\*\*\*13:** Can you hear me?

**Linda Mecham:** Mr. Delgado, we've already had call to the public. I'm sorry, but you're not recognized. Thank you.

**+1 928-\*\*\*-\*\*\*13:** Wait a minute. Wait a minute one day. I come out in the beginning or at the end. I'm tired. I didn't hear that, right?

**Linda Mecham:** It comes at the beginning Michelle you need please mute him. Thank you.

**+1 928-\*\*\*-\*\*\*13:** Wait a minute, I'm going to do that that make a comment though.

**Linda Mecham:** No. We already had call to the public and you were not on at that time. We're in the middle of a meeting. We're almost through and if you would like to make comments in our meeting, they come right at the beginning of the meeting and you are limited to three minutes. I'm sorry, but we're following the open meeting law, and those are the protocols put in by the open meeting law. We're checked by the auditor general and if we don't follow them we get dinged, so I'm sorry, but you are not recognized. Thank you.

**Linda Mecham:** It's let's see, all with regards to

**Committee Elections**





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**Linda Mecham:** Shoot I forgot Okay, never mind. Let's go to the elections.

**Linda Mecham:** We need nominees as you all know, I'm retiring do we have nominations? Can I make a nomination Larry? as the chair. Am I allowed to or not?

**Lawrence Allen:** I don't see why not.

**Linda Mecham:** I would like to nominate Lisa for the chair.

**Linda Mecham:** Do I have a second on that?

**Carolyn Willmer:** This is Carolyn I second that

**Linda Mecham:** Is there a discussion? Lisa you're on mute. If you want to say something, You're on mute. your on mute

**Lisa Ehlenberger:** I was just wondering if I had to say just kidding. I

**Linda Mecham:** No. No, you don't.

**Linda Mecham:** We will vote then you really won't have a say no. Go ahead. What do you want to say?

**02:35:00**

**Lisa Ehlenberger:** No, that's it. it was a joke.

**Linda Mecham:** I'm here for you if you get it, so let's vote if there's no discussion on Lisa. Let's have a vote Carolyn.

**Carolyn Willmer:** I

**Linda Mecham:** Eva

**Eva Hamant:** I

**Linda Mecham:** Debbie

**Linda Mecham:** Debbie on mute

**Linda Mecham:** she is Debbie Young mute. Lisa you can vote for yourself.

**Lisa Ehlenberger:** Did you say I can? Okay, I will do my best.

**Linda Mecham:** Debbie Debbie

**Linda Mecham:** She has trouble with that phone. we've got four that's good, right?



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**Linda Mecham:** Larry Michelle, we're good, right? Okay.

**Linda Mecham:** All right, Lisa. Congratulations, you are our new chair.

**Linda Mecham:** Do you want me to finish up the meeting or do you want to take over?

**Lisa Ehlenberger:** I'd like you to finish up the meeting so that I know you.

**Linda Mecham:** We need a vice chair. Does anyone want to...Eva?

**Linda Mecham:** Yeah, you're on mute Eva.

**Eva Hamant:** Yeah, I do not want to be Vice chair. I went looking through my minutes and I have something for Fredreaka about that issue. I found it in the minutes and the year.

**Linda Mecham:** So tell us come wait. For can we finish up the elections? And then do you mind Fredreaka if we go back to that in a sec? Okay.

**Fredreaka Graham:** No, it's fine.

**Lisa Ehlenberger:** And I think Carolyn has her hand up as well.

**Linda Mecham:** Carolyn

**Linda Mecham:** Carolyn you're a mute.

**Carolyn Willmer:** Sorry, that was a mistake. I don't actually have my hand up.

**Linda Mecham:** What is the vote or The mute?

**Linda Mecham:** you don't have All Do we have a nominee for vice chair?

**Linda Mecham:** Lisa do you have anybody you like to work with?

**Lisa Ehlenberger:** I mean, I think Eva has so much information and I think I can but if she doesn't want to do it, we then

**Linda Mecham:** You can still collaborate without the title right Eva. So your husband will be satisfied.

**Eva Hamant:** I thought maybe we could make Mandy the vice chair

**Linda Mecham:** Mandy is not here.

**Eva Hamant:** She's not here to accept that.



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**Eva Hamant:** I'm sorry, but my husband said no. No, so I don't want Anything to do with the title? I will be a community because his retired and I want you to know my husband retired and we are traveling and so

**Eva Hamant:** It's like do I want to be another Edwardo? To be out of...

**Linda Mecham:** Eduardo I don't get it

**Eva Hamant:** Eduardo she was on till she was 80. Yeah. I mean,...

**Eva Hamant:** Is that something that you?

**Linda Mecham:** As long as you have Becky,...

**Lisa Ehlenberger:** Okay.

**Linda Mecham:** yes. Yes. You have to be a Rebecca...

**Eva Hamant:** so it's like

**Linda Mecham:** If nobody else, okay?

**Eva Hamant:** But there's no way I have anything to do. I will be a Committee Member. I will read closed IRS. I said, 500 closed IRs

**Lisa Ehlenberger:** And you can email about all of your questions before the meetings and I can help narrow them down. And get on the agendas and...

**Eva Hamant:** Okay.

**Lisa Ehlenberger:** different things like that.

**Linda Mecham:** Because the committee is so small Lisa. How do you feel about Just being a chair and work, ...

**Lisa Ehlenberger:** okay with

**Linda Mecham:** Larry and Michelle, we all kind of work together anyway. And the committee is small and Carolyn's getting ready to head to England and our condolences Carolyn again for your mom. she's trying to make the funeral arrangements for her mother

**Lisa Ehlenberger:** I mean if I'm committed to being chair then I'm committed to actually being a part in participating every month and doing what I need to do and attending the Statewide and developing relationships with the other members. We don't know very well and I haven't been a part of the DDD Employees Etc James I know in person so I mean, he's the only one that I've ever met in person aside from



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maybe Leah time, but I will do what I can and I'll do the best that I am able to okay, it's gonna be a learning curve for me, but I know that I have Linda and I have my Aunt Carol too, just for how to even do a motion, and then of...

**02:40:00**

**Linda Mecham:** You can go on the internet to see...

**Lisa Ehlenberger:** I know we'll have And Morgan I'm guessing taking Michelle's Place,...

**Linda Mecham:** to do that.

**Lisa Ehlenberger:** So maybe I can meet with Morgan on a separate meeting time to kind of go over the flow of how the IOC meetings will. unveil or be managed from here on

**Linda Mecham:** And Lisa like you said I'm not going anywhere for a while. We've got a lot of loose ends to tie up and so I'm here. I can certainly let you know how I did things you can pick and choose what you want to do. But like getting the agenda items, requesting from the committee getting it to Michelle Ccing everything to Larry because he's our to guy and he has been a lifesaver for me. Thank you Larry. I mean and I truly do mean that he's been my shoulder. I've commiserated. He cheered me on it's just I'm sorry,...

**Lisa Ehlenberger:** Yeah.

**Linda Mecham:** I am gonna miss Okay, I really am.

**Lisa Ehlenberger:** Who knows back a few months after you realize that wow, I'm doing things I think but what I would love to have if it's at all possible, and I know if this is the appropriate time I place but everybody in this meeting here that is associated with DDD. I would love to have a one-on-one maybe Zoom meeting with you to really get to understand what your role is and further understand how you support the IOC and in what areas because there's so many of you and I mean, I know some generally but I don't know that the details that I need to be as if and to be able to do my best. So maybe an email out to you all and come up with just a 15 minute Zoom or Google meet where I'm in the next two weeks. We one-on-one that really appreciative of me or if I would be very appreciative of it.

**Lisa Ehlenberger:** And Linda you'll be back every once in a while.

**Linda Mecham:** Hello Goodbye, no, no, I will I'm here. I only want success for you guys. So, we've all had too much invested in this and continue to have with our hearts for the members. And so, any question you have any help you need I will be there and De also wrote in the chat that she will become your new BFF when you get back up into town the three of us can go to lunch. You're gonna love her. Perfect.

**Lisa Ehlenberger:** I'll be back in two weeks. for a little bit

**Linda Mecham:** You will even take a little drive to Tucson. Who knows?



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**Lisa Ehlenberger:** I'll be in Phoenix, too.

**Linda Mecham:** There you go. All right. Do we need to go into? yeah Eva.

**Eva Hamant:** Yeah, don't forget me.

**Linda Mecham:** That's right This right on stem from Fredreaka and...

**Eva Hamant:** Yes.

**Linda Mecham:** I mean, she's like the guru, she's better than a tape recorder. So go for Eva.

**Eva Hamant:** Yes, so February the 26th of 2018 Leah Gibbs came to our committee. I knew she was in charge.

**Linda Mecham:** Leah, you're on.

**Eva Hamant:** This is what my note says CMS was unhappy with Coolidge and the governor government board oversight client protection. After IRS, three was active treatments ICF across the state 10 facilities and then the required category requirement for HRC was annual training for article 9 parent guardian of someone in ICF, which was Eduardo, Staff ATPC non-voting, which was Marlene and tour ICF. And we actually voted on that with Heidi made the motion Carolyn seconded and we supported Leah's three parts was approved.

**02:45:00**

**Linda Mecham:** Look at Leah's face. how you

**Eva Hamant:** Remember that I remember her coming.

**Leah Gibbs:** I'm sorry I have to apologize Lord knows I'm getting old.

**Linda Mecham:** Leah it's okay. None of us remembered that and it's just so funny to see your face like Right now don't you were just a messenger that's all.

**Leah Gibbs:** I'm just going to remember it all and I don't.

**Linda Mecham:** You were the messenger. That's all so

**Eva Hamant:** It says here you had a new position as community outreach.

**Leah Gibbs:** That would be a true statement at that time in 2018.

**Eva Hamant:** And that's how you got stuck with us and doing that.



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**Leah Gibbs:** Don't say stuck. I don't ever feel stuck.

**Eva Hamant:** All right.

**Linda Mecham:** We love you Leah.

**Eva Hamant:** I'm sorry. But somewhere along the line. There are minutes in the archives some place that will record it in that meeting. That's

**Linda Mecham:** So Fredreaka, it came from CMS, which is Altec AHCCCS right? I mean, how do we follow up on that? Is that still something we need to do or Eva send me those notes, okay. Wait,...

**Fredreaka Graham:** in this is

**Linda Mecham:** Lisa. Do you want me to do this or do you want to? I'm sorry. I'm acting like I'm here now.

**Lisa Ehlenberger:** Say what it is that you want.

**Linda Mecham:** Do you want me to do this? Do you want to do it?

**Linda Mecham:** Forward it on to Frederica. How about welcome?

**Lisa Ehlenberger:** But Why don't you send it to me and Linda and then I'll forward it on to Fredreaka

**Linda Mecham:** There you go. Perfect.

**Linda Mecham:** You're on mute Eva.

**Eva Hamant:** These were just hand written notes.

**Linda Mecham:** We'll type them Take a picture. Send it to us. We'll type them up.

**Eva Hamant:** Okay.

**Linda Mecham:** Scan them in.

**Lisa Ehlenberger:** And then take a picture and send it to me via and I'll type up the notes if I can read them and then call you if I have questions.

**Linda Mecham:** Because Lisa you were on so you remember all this Leah?

**Lisa Ehlenberger:** That's when I was working the time so I may not have been there during that meeting.

**Linda Mecham:** go ahead Leah



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**Leah Gibbs:** I just want to ask if you could please also copy them through Morgan or Michelle so they can get to me and give us an opportunity to go back through our old meeting minutes to see if we can't locate the minutes from that meeting.

**Linda Mecham:** Your on mute Eva

**Eva Hamant:** So I have who was there? and Lisa was

**Linda Mecham:** That doesn't matter. We just need to know.

**Eva Hamant:** But Lisa was not on that's why she doesn't remember it.

**Linda Mecham:** Okay.

**Linda Mecham:** All right.

**Eva Hamant:** so Linda you were there and

**Linda Mecham:** Yeah I remember it, I just didn't remember the details because I didn't have to so that was Karen's job Okay, so Fredreaka, we're good. Right Leah. We're all good. we'll figure out what we're talking about. and then Lisa can get that to you guys. Okay. Okay.

**Fredreaka Graham:** Sounds good. Thanks.

**Linda Mecham:** And Lisa's gonna become your new favorite chair.

**Fredreaka Graham:** Great.

**Linda Mecham:** All Do we need to go into executive? We've got about nine minutes ladies, so it's got to be quick.

**Linda Mecham:** Eva you're unmute.

**Eva Hamant:** The thing is I asked the question. So I don't know if James wants to answer those questions that I put them in the comments section. And so

**James Maio:** I did get them Eva but I've been out sick since Thursday before last so I just got back. I have not had a chance to get them answered yet.

**Eva Hamant:** Okay.

**Linda Mecham:** why don't you become a chance to get them answered if that's appropriate and then go into if it's not then do further discussion. What do you think?



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**Eva Hamant:** Yeah, that's okay. I mean, right now they've been doing pretty good. I did have one where we had an IR when he was in an inpatient facility, and I don't know how that was going to work out. And I don't think I even had written what that was. Anyway I just did my comments. So I did have that one about the death. Are we going to talk about the death?

*Chat Message: Michelle Rademacher: Executive session link for IOC members  
<https://meet.google.com/iwo-tdwx-wmj?authuser=0>*

**Executive Session: Confidential Incident Report Discussions**

**Motion and Vote**

**Linda Mecham:** Okay their motion to go into executively. I need a motion quickly.

02:50:00

**Eva Hamant:** I make a motion we go into executive.

**Linda Mecham:** Second,

**Lisa Ehlenberger:** I second

**Linda Mecham:** I would like to thank everybody from the bottom of my heart from being here for the help that you have been to me as we have. Traveled this long road together. I love each and every one of you. You've been great. I've loved working with you and I will miss you and I'm an email away. You all have it. The same has been since email started. So. Take care. I love you all. It's been great. Thanks.

**Joan McQuade:** Thanks, Linda.

**Linda Mecham:** Thank you for the committee Michelle put the link in there. so let's

**Michelle Rademacher:** The link is in the chat. It's a live link if you click on it, it should take you right to it. Just make sure you please, please, please mute yourself in this meeting before you go to executive.

**Linda Mecham:** Okay.

**Linda Mecham:** You can mute everybody right Michelle. So we're all muted then. Okay.

**Michelle Rademacher:** Yeah, I'll look at that and You okay?

**Michelle Rademacher:** Yes, yes.

**The committee elected to go into executive session at 12:55 pm.**

**The committee returned from executive session at 1:11 pm.**





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**03:05:00**

**James Maio:** And we're back and we have to unmute again.

**Linda Mecham:** There we go. Debbie is Debbie here yet. she has to hang up. And call him.

**James Maio:** We're gonna miss you so much Linda.

**Linda Mecham:** Carolyn,

**Linda Mecham:** Pardon me. We can all go to lunch now. We don't have to have a meeting.

**James Maio:** We're gonna miss you so much.

**James Maio:** I know that we have to David David actually reach out to me in wanted me to make sure to say that we should need to get lunch.

**Linda Mecham:** I can come in to Phoenix. I'm free.

**James Maio:** I'm gonna have you give me a few days because I'm still recovering for I was very sick this last I was sick for 10 days. crazy

**Linda Mecham:** I wish I would have known I would have sent you some cough syrup.

**James Maio:** I've had plenty of that. That's all of that I've been in a days for the last 10 days.

**Linda Mecham:** I was drinking that stuff care would just say. Linda just go get Jagermeister White. I tried that didn't work the Robitussin nighttime works the best.

**Linda Mecham:** Okay, we have Lisa. Okay, we've got everybody Debbie. You've got the floor.

**+1 602-\*\*\*-\*\*22:** Linda told me I had to do this. I wanted to just fade away. I joined this was human rights to me and 2015 to join and be it's get rid of Linda and learn about the DDD world. I've learned to appreciate all of you members. Love you, appreciate your service. But my life has gone to the point with my daughter's cancer and my husband just had another knee replacement. My life is so hectic right now that I am decided as long as Linda was retiring. I will retire with her. So goodbye, everyone.

**03:10:00**

**James Maio:** I mean, it's been such a pleasure having you on the committee and...

**+1 602-\*\*\*-\*\*22:** Okay. Thank you.

**James Maio:** we're gonna miss you so much, too.



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**Michelle Rademacher:** I was wondering why we were voting for a vice chair and it's your meeting. So I didn't say anything. I'm so sorry Debbie. We're gonna miss you.

+1 602-\*\*\*-\*\*22: Okay. Thank you.

+1 602-\*\*\*-\*\*22: Thank you for saying that.

**Lawrence Allen:** Thank you for everything Debbie.

**Linda Mecham:** She hadn't made it official.

+1 602-\*\*\*-\*\*22: I kept hoping that the older I got the less complicated my life would get but it that got worse.

**Michelle Rademacher:** mmm

**Curiosity Carolyn:** Yes, we're going to miss you Debbie.

+1 602-\*\*\*-\*\*22: And seeing everyone on Thursday. I told I think da. But I'll miss you and good luck in the future.

**Linda Mecham:** Debbie and...

+1 602-\*\*\*-\*\*22: something like that,...

**Linda Mecham:** are going to go for celebratory Blizzard's next.

**Linda Mecham:** She just lives down the street and worked so We are awesome.

**James Maio:** Once we don't keep meeting at funerals we need to stop doing that.

**Linda Mecham:** That's a good idea. We'll meet at What's the restaurant down there?

**Linda Mecham:** We used to go to the Mexican food. Remember when we met at the 4,000 building we'd go across the street and have lunch and we didn't have open meeting law and we didn't have Larry and Michelle telling us we could or couldn't we talked.

**James Maio:** Because they close then they used to be the place. He used to go with Garcia's...

**Linda Mecham:** Yeah.

**James Maio:** but they closed an apartment building across the street.

**Linda Mecham:** I thought it was Macos



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+1 602-\*\*\*-\*\*22: Where you're seeing everything Macos Yeah,...

**Linda Mecham:** That's where Back in the day when we didn't have bosses and...

+1 602-\*\*\*-\*\*22: it was Michaela. and then

**Linda Mecham:** We didn't have rules and we are meetings went till four.

+1 602-\*\*\*-\*\*22: and then we were

**Linda Mecham:** We will BFFs remember?

+1 602-\*\*\*-\*\*22: Then we were told we couldn't have meeting we were told we couldn't have made in for a while and...

**Linda Mecham:** Yeah.

**James Maio:** curiosity

+1 602-\*\*\*-\*\*22: We met Some said a couple of Chinese food restaurants.

**Linda Mecham:** Yeah, we always went to lunch and We just went to lunch at our meetings. Maybe he's not going to tell us we're gonna meet.

+1 602-\*\*\*-\*\*22: Correct.

**Linda Mecham:** So it's been a fun ride you guys.

+1 602-\*\*\*-\*\*22: Love you all, miss you.

**Linda Mecham:** We will miss you and it's been fun. And we're a text message away. Love you all it's been a pleasure and honor and keep up the good work.

**Eva Hamant:** Have fun.

**James Maio:** they

+1 602-\*\*\*-\*\*22: Yes, I agree with all of.

## **Adjournment**

**Linda Mecham:** This meeting is adjourned.

**Lisa Ehlenberger:** I'll talk Linda.



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Linda Mecham: Yeah, okay.

Lisa Ehlenberger: Thank you.

Eva Hamant: All the way up.

Linda Mecham: No, Do we Michelle? Larry said we don't have to vote to adjourn the meeting.

James Maio: He just left. Hi, everyone.

Linda Mecham: Bye.

Meeting ended after 03:13:25 🙌

**The committee elected to go into executive session at 12:55 pm.**

**The committee returned from executive session at 1:11 pm.**

For December IRs, the Committee members have been given a total of **593** incident reports in the Shared Drive. This included open **58** and closed **508** reports.

| Type                  | Open      | Closed     |
|-----------------------|-----------|------------|
| Accidental Injury     | 2         | 89         |
| Consumer missing      | 5         | 7          |
| Deaths                | 2         | 3          |
| Emergency Measures    | 3         | 13         |
| Human Rights          | 3         | 7          |
| Legal                 | 1         | 3          |
| Medication Errors     | 0         | 33         |
| Neglect               | 13        | 42         |
| Other Abuse           | 24        | 20         |
| Other-Behavior        | 0         | 186        |
| Other -Injury unknown | 3         | 95         |
| Physical Abuse        | 3         | 6          |
| Property Damage       | 0         | 2          |
| Suicide               | 0         | 2          |
| <b>TOTALS</b>         | <b>58</b> | <b>508</b> |



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

**24-** Questions for Quality Assurance Management: Members of the committee will send the incident reports questions to the DDD Liaison: **Michelle Rademacher** to be forwarded to Quality for responses.

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**Adjournment**

**Meeting adjourned at 1:15 PM**

The next District Central IOC meeting will be held on February 26, 2024, at 10:00am in the same virtual format.