



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

**Monday, March 25, 2024 – 10:00 AM to 1:00 PM**

Meeting called to order by Committee Chairperson, **Lisa Ehlenberger**. The date is March 25, 2024, at 10:00 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:

- **Lisa Ehlenberger -Chairperson**
- **Eva Hamant**
- **Carolyn Willmer**
- **Amber Stock**

Attendance by Phone :

- **Mandy Harman**

Absent: None

Public in Attendance: **None**

Guests:

- **Alex Levitan**
- **Megan McCarthy**

Health Plans:

- **Ian Wilson** (United Healthcare)
- **Wendy Herring** (Mercy Care)

ADOA and AHCCCS:

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

DDD:

- **Angela Venne** (DDD Office of Individual and Family Affairs)
  - **Stephanie Schwartz-Jacobs** (Deputy Director of State operator residential services and our Employee Engagement team)
  - **Jezzel Davis** (DDD District Central Quality Improvement)
  - **Patricia Sandino** (DDD Program Review Committee Chairperson)
  - **Christina Hedges** (DDD Office of Individual and Family Affairs - Behavioral Health Advocate)
  - **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 (2024-03-25 10:00 GMT-7) - Transcript**

### **Attendees**

+1 480-\*\*\*-\*\*15, +1 928-\*\*\*-\*\*13, Alex Levitan, Amber Stock, Angela Venne, Christina Hedges, Curiosity Carolyn, Eva Hamant, Ian Wilson UHC, Jezzel Davies, Joan McQuade, Lawrence Allen, Leah Gibbs, Lisa Ehlenberger, Mandy Harman, Megan McCarthy, Michelle Rademacher, Michelle Rademacher's Presentation, Morgan O'Hara, Morgan O'Hara's Presentation, Patricia Sandino, Stefanie Schwartz-Jacobs, Wendy Herring - OIFA 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.](#)*

### **Call to Order**

**Lisa Ehlenberger:** get To my script so *I hear by call to order this regular meeting of the DES DDD* district Central independent oversight committee. Today's date is March 25th. And the time is 10 am This is a regular meeting of the IOC and it's being held electronically. This meeting has been reported 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 mutually microphone when you're not speaking, which I should probably mute and give me one moment. is the dog barking very loud? No, okay, perfect. So the host of the meeting can mute you but then you can 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 Depending on your platform and additionally I've been asked to read the following statement.

### **Conflict of Interest Disclosure**

**Lisa Ehlenberger:** Do we have anyone that has to disclose a conflict of interest and if there is the committee member needs to disclose why?

**Lisa Ehlenberger:** No conflict.

### **Welcome and Introductions**

**Lisa Ehlenberger:** So we will now have introductions of those present in this meeting. Morgan if you can assist it'd be great.



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**Chat Message: Lawrence Allen:** *I need to drop and log back in , audio is bad on my end*

**Morgan O'Hara:** Yeah, would you like to start with committee members? Eva

**Lisa Ehlenberger:** Sure.

**Eva Hamant:** Eva Hammer *IOC member and I have a daughter with the adult an adult is now 40 with IDD.*

**Morgan O'Hara:** Thank you, Mandy. Maybe if you're ready.

**Morgan O'Hara:** Maybe Carolyn.

**Curiosity Carolyn:** This is Carolyn Wilmer member of the IOC and my late sister-in-law. Nicole was a member of DDD.

**Morgan O'Hara:** Thank you, Amber.

**Amber Stock:** Good morning, Amber stock a *member of the IOC as well.* And several students or children on DDD. Glad to be here

**Morgan O'Hara:** Thank and kind of move into some DDD staff. We've got Leah, that's

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

**Morgan O'Hara:** thank you, Christina.

**Christina Hedges:** Hi, good morning. Everyone. I'm Christina Hedges. I am the DDD office of individual and family Affairs Behavioral Health Advocate supervisor.

**Morgan O'Hara:** Thank you. joan

**Joan McQuade:** Good morning, everyone. I'm Joan McQuade and I am with the office of individual and family affairs.

**Morgan O'Hara:** Thank you, Michelle.

**Michelle Rademacher:** Good morning, Michelle Rademacher DDD IOC liaison.

**Morgan O'Hara:** And Jezza.

**Jezza Davies:** Hello, I'm with District central. I am the quality assurance investigation supervisor.

**Morgan O'Hara:** Thank you. Larry



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**Lawrence Allen:** good morning. Larry. Allen was Arizona Department of Administration.

**Morgan O'Hara:** thank you Ian.

**Ian Wilson UHC:** Hello, everybody Ian Wilson United Health Care's community plan.

**Morgan O'Hara:** Thank you, Wendy.

**Wendy Herring - OIFA Mercy Care:** Good morning, Wendy hearing with Mercy Care OFIA.

**Morgan O'Hara:** Thank you, Stefanie.

**Stefanie Schwartz-Jacobs:** Good morning. I'm Stefanie Schwartz Jacobs. I'm one of the *deputy* directors. For DDD supporting State operator residential services and our Employee Engagement team.

**Morgan O'Hara:** Thank you. We have Alex.

**Alex Levitan:** Good morning. I'm Alex Levitan. I'm just a licensed psychologist who works a lot with this population and interested in learning more.

**Morgan O'Hara:** And thank you for joining us and then we have Megan.

**Megan McCarthy:** Hi, I'm Megan McCarthy. I also work with Dr. Levitan and share an interest in working with the population as well.

**Morgan O'Hara:** Thank you so much. All right. Is there anybody I miss?

**Lisa Ehlenberger:** I'll go ahead and introduce myself since I forgot Morgan and...

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**Lisa Ehlenberger:** Lisa ehlenberger IOC chair, and I am co-guardian of an adult with ID a number of DDD and my backgrounds in school psychology and overall advocacy.

**Morgan O'Hara:** So sorry about that. Thank All right, and I'm Morgan O'Hara and I'm the DDD IOC Liasion.

**Lisa Ehlenberger:** Okay, And thank you Alex and Megan for joining and introducing yourselves. So right now I extend a welcome to any member of the public attending this meeting of the DDD District central independent oversight committee. You're invited to make a comment if you wish but your comments will be limited to three minutes and there will not be a discussion following your comments. Thank you in advance for your adherence to this time.

**Call to the Public**

**Lisa Ehlenberger:** Are there any call to the public at this time?



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**Policy Changes**

**Lisa Ehlenberger:** Okay, then we'll go ahead and jump right into the agenda. I know that since we didn't have a regular meeting in February and I know this has been pending on Eva's mind as well as us looking at all the different policies. We'll go ahead and start with the policy changes. I think we did have some information on those policies. Not sure if they were sent to or if they're. would go ahead and start Eva.

**Eva Hamant:** Okay, it turns out. *The final rule is finally being implemented by AHCCCS* which is 10 years in coming. And so DDD had to align their policies with the final rule, which is why we have every one of the policies changed and what you have to do is not only do you look at what policy that's getting changed, but part of the policy is impacted in another one And the last time I brought up was 700 the behavior modification meds about the second generation increasing the weight increasing triglyceriDES blood pressure lowering good cholesterol and increasing fasting glucose and the committee was not real happy with not doing that but it turns out that in policy 54 that is already been an effective. It turns out that among The things in line 21 the group home maintains the following records. And they have the documentation on individual needs and 21 B7 requires medical monitoring of the blood glucose testing and the blood pressure and The LAB Works. So there is no excuse for Our members to go into PRC and not have that information or the fact that they go into their Med review and group home does not take that information. And what I'd like to do is to make a comment into the open policy 700 behavior modification meds that not only do our members should have a yearly wellness check. So when they have the yearly wellness check, they could have The LAB Works. Maybe we need to figure out if they're fasting glucose and their blood pressure is high. How often should they be doing that and this information should be taken to this med review for the psychologist when they are on the second generation meds.

**Lisa Ehlenberger:** So it is your concern that there might be a policy change that will impact the review of those.

**Eva Hamant:** so the biggest so...

**Lisa Ehlenberger:** Medical monitoring

**Eva Hamant:** so what I wanted to do was to put into the policy because it just says that they do it and then 54 they say they're supposed to but nowhere it's sort of like all this stuff is okay, you collect this data, but does that data go to the psychiatrist? And so I guess part of what I want to do is to make sure that if they're on second generation meds. that The results of the glucose the blood pressure and the lab stuff which should be a metabolic screening which would affect the cholesterol and triglyceriDES. So the thing of it can we

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**Eva Hamant:** and we make a comment to include that in the 700 behavior modification meds so that



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**Lisa Ehlenberger:** So basically what I'm hearing you say Eva is that you want to make a comment to see if we can add to the policies 700 to include that the medication monitoring of psychotropic individuals in cycle that takes *psychotropic* medications that this blood work gets reviewed by psychiatrist. And is there any recommendation on how frequently it? Is that what I'm hearing say? Okay, because right now in PRC we just have the reviews right we have medication reviews making sure the medications are consistent on.

**Eva Hamant:** Yes.

**Lisa Ehlenberger:** Both btp and pcsp are Etc. how would we go about adding something like this to policy or recommending something like this to policy and asking the but DDD ADOA world and...

**Eva Hamant:** so We can make a comment in the policy change.

**Lisa Ehlenberger:** a motion

**Eva Hamant:** So that I goes to the med review and then possibly have the psychiatrist make a comment in the med review about why they're going to stay on the second generation meds at even though it impacts their health Yeah.

**Lisa Ehlenberger:** metabolic panel

**Eva Hamant:** So, it's sort of like all this stuff it's carried through and so if you are doing a review and don't have that information, but yet you see they're on that. some place. That information needs to be recorded in there. person-centered plan or...

**Lisa Ehlenberger:** Okay.

**Eva Hamant:** in their behavioral health btp

**Lisa Ehlenberger:** Okay, I know that is there anyone else on committee members that like to speak on behalf of that Amber?

**Amber Stock:** *So I just wanted to share my own personal* Experience. I have two children. That are being serviced at two different agencies. One of the agencies does require the blood work every three months which I mean it's like if we don't go in and do the blood work, then we won't get a refill on his medications and then the other agency. I don't think they've ever asked for me to get my daughter's blood work done. So I'm on board. I think that's a great idea.

**Lisa Ehlenberger:** Okay. anyone else like to add or

**+1 480-\*\*\*-\*\*15:** *This is Mandy. I just wanted to say that what I mean, I know for me I get my labs and every three monthly but PCP. So a lot of members may already beginning it done.*



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**Lisa Ehlenberger:** yeah, I think some members will do but some members it's maybe just an annual and the metabolic panel which looks at the triglyceriDES rather than every three months. So I think it go ahead.

**+1 480-\*\*\*-\*\*15:** *the thing I know it's mine is every three months or so that I knew it. There's good the other member to do the same thing.*

**Lisa Ehlenberger:** yes.

**Amber Stock:** Okay, Lisa. I guess I concern is. with my younger daughter her triglyceriDES have been high and so I guess My worry is they don't do anything about it except continue to work on your diet and all that. This child is very active she dances every single day. She is very healthy. She has Celiac so I mean she is a really good eater. And so my only worry Eva is what do they do with that information for DDD clients that are under the age of 18 because they're not going to do anything about the triglyceriDES. for them

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**Eva Hamant:** It only has to do if they're on a second generation met psychotropic meds.

**Amber Stock:** That both of my children are that's...

**Eva Hamant:** My thing was it.

**Amber Stock:** why I brought it up. Yeah.

**Lisa Ehlenberger:** on second generation

**Eva Hamant:** my thing wasn't to Because your children are under that early childhood development. that medicine stuff and the site cut. So I'm not evaluating the psycho. I'm...

**Lisa Ehlenberger:** psychiatrist

**Eva Hamant:** Psychiatrists so I'm not saying what they should do. I'm just saying we need to follow up just sort of like A recommendation so that we can see the fact that the psychiatrist has that information to make a judgment.

**Lisa Ehlenberger:** a recommendation

**Eva Hamant:** And he has to decide to do that. It's not our place to do that. But I feel it's our place to make sure he has that information on each one of our IDD members.

**Lisa Ehlenberger:** okay, how do we get this into comment? I guess this is where I am. Novice Leah.

**Chat message:** **Leah Gibbs:** [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).



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**Leah Gibbs:** Lisa I put an email address in the chat. It's DDD policy@azDES.gov. And that would be the appropriate place to capture the recommendation and then all of the policies and DDD have different owners. I'm going to use that in quote different subject matter experts Who oversee the content of those policies and the committee would want to capture your recommendation sent the policy in it. They would then work with the folks who are the subject matter experts on that policy to decision about any changes to the policy.

**Lisa Ehlenberger:** excellent Okay, Thank you and Morgan and Michelle, do we need to make a motion or create a subcommittee to develop exactly what we are wording or can we just make a motion that we will send an email? to the Post

**Eva Hamant:** so since I make comments on the DDD site for policies, but I have to put my name on it and so to put IOC's. Name on the policy so I could do it if you wanted to but I would need to have a motion that the IOC agreed to make the comment on the policy.

**Lisa Ehlenberger:** okay, do we have somebody that would make a motion that indicates the IOC agreement for policy 700 commentary related to Second Generation medication

**Amber Stock:** I'll make a motion.

**Lisa Ehlenberger:** So So Amber you'll just have to make a motion that the IOC is in agreement to make a policy comment and send it to DDD.

### **Motion and Vote**

**Amber Stock:** okay, so that I just repeat what you just said or Okay, so I make a motion that the IOC committee agrees to.

**Lisa Ehlenberger:** Correct.

**Amber Stock:** I'm sorry, help me To make a comment on the policy.

**Lisa Ehlenberger:** To make a comment on the policy. regarding second generation medication

**Amber Stock:** Really? Sorry, my dogs are barking.

**Lisa Ehlenberger:** It's okay. We can't hear them regarding second generation medication.

**Amber Stock:** regarding before

**Lisa Ehlenberger:** second generation medication

**Amber Stock:** second generation medication And metabolic panel.





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**Lisa Ehlenberger:** and metabolic panel

**Amber Stock:** Thank you for that support. I appreciate you.

**Lisa Ehlenberger:** did and do we have a second?

**Eva Hamant:** Eva second.

**Lisa Ehlenberger:** Eva second the motion and so we just need all IOC committee members in favor. I

**Eva Hamant:** I

**Curiosity Carolyn:** I

**Lisa Ehlenberger:** I is anyone and is anyone opposed?

**Lisa Ehlenberger:** No opposition. So therefore that motion has been completed. Yeah. Thank you Eva for bringing this up and for being so diligent in regards to it.

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**Eva Hamant:** I have more policies, Okay.

**Lisa Ehlenberger:** okay, what's the next one and

**Eva Hamant:** so one of them is emergency measures and it turns out that under a DDD employees are service providers can do emergency measures. So under C. They said that they can specific one-time use of psychotropic meds and the professional has to order an administrative immediately. My thing is I know they write an if they do an emergency measures they have to do an IR but on the same token because emergency measures in the whatever. I feel like if they have this professional order and administrative immediately. I would like the IOC to be notified. Immediately and not just through the IRs the emergency. And through the IRS sort of like the death.

**Lisa Ehlenberger:** IRS death

**Eva Hamant:** Because I think it's serious because I think what we need to do is to be able to track how many of these.

**Eva Hamant:** *Specific* one-time psychotropic meds are being done on a particular individual.

**Lisa Ehlenberger:** So what I'm hearing you say is for example an individual that is potentially in the midst of I'll just a let's say psychotic episode and let's just say their Crisis team is coming with a paramedics and that paramedic gets permission from the guardian the individual to provide a psychotropic type of tranquilizer that allows them to transport the individual more safely, whatever it might be. So those types of things Eva. And that's just one example.



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**Eva Hamant:** So I guess what I need to do is to look at who the professional is that orders the one time that has to be done immediately. so since I don't know much about people in crises, but I just feel That maybe what we need to do is to make sure that we either QMU tracks it or that we get notified. It's so that we understand that this one individual every other month is getting specific done and...

**Lisa Ehlenberger:** Correct.

**Eva Hamant:** so that's why I'd like to have a motion and make a comment and put it In just like we did with the other one.

**Lisa Ehlenberger:** Okay, and how realistic Forum I've like to just open this up to DDD or Carolyn if you have a question or comment?

**Curiosity Carolyn:** And yeah, because I'm not sure I really understand. what is actually happening? So? So it sounds like this means that. They're somehow getting emergency permission from a doctor to administer a med that has not been previously prescribed to this member.

**Lisa Ehlenberger:** That's what I'm hearing you.

**Curiosity Carolyn:** Okay. Okay.

**Eva Hamant:** I don't know if that's new or whatever. I'm because I just look at the policy and I don't look at the scratch down things and so personally. It reminds me of the stuff at ASH and Remember when they do that stuff at ASH. They have to have a doctor's order and all that stuff. And so what happens is the Doctor Who? No, it doesn't say It says professional and it has

**Lisa Ehlenberger:** Yeah, it could even be a paramedic. I've seen it occur.

**Eva Hamant:** And so it has to be done. And so basically I feel like we just need to track it other than through just the IR process.

**Lisa Ehlenberger:** And can we open a question for? The members on the meeting. Is this something That can be easily or not easily. But is this something that the DDD already does? I mean, I know you measure it through emergency measures and they have an IR. Go ahead Leah for you about to speak.

**Leah Gibbs:** Why I wanted to hear the rest of your question, I went back on me. so is it something easy? Absolutely not. Is it something that it's tracked? Absolutely and I can't speak for the five different quality assurance areas who process those incident reports as to what that would or could look like or even how often it may occur? I know that I'm sure you are aware that there is a process in place anytime emergency measures are used two or more times than a 30-day period that the team gets together that's not going to change in this at all. But I certainly cannot say to you the committee can absolutely make a request. To have immediate notification in the event of these however quality will make that determination as to whether or not they can meet that request. You will get it through incident report review.



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**Leah Gibbs:** Absolutely.

**Lisa Ehlenberger:** Okay, what are your thoughts Eva on this?

**Eva Hamant:** We could write a comment on the policy. We're going to do for the other one and they can pay it to it.

**Lisa Ehlenberger:** Mm- Okay.

**Eva Hamant:** Are they not? and...

**Lisa Ehlenberger:** and what?

**Eva Hamant:** we don't even know if it even put it into the policy. So all we're doing is making a comment making the suggestion and then they have to review it. So when they review...

**Lisa Ehlenberger:** Okay.

**Eva Hamant:** what they will find out if it is even feasible and all that other stuff and if it's feasible, then they'll put it into the policy.

**Lisa Ehlenberger:** Okay, and this is focusing on the one time use of psychotropics without a psychotropic previously.

**Eva Hamant:** It's a one-time and...

**Lisa Ehlenberger:** being prescribed

**Eva Hamant:** that has to be done immediately.

**Leah Gibbs:** Please understand Lisa and...

**Lisa Ehlenberger:** Okay.

**Leah Gibbs:** may not be a medication that the member had had before it's just that we can't do typical prns. As you know was like psychotropic medication.

**Lisa Ehlenberger:** Yes.

**Leah Gibbs:** And so what this policy allows this in an emergency to get a one-time order for the med, but it would not necessarily be something the member doesn't have because it would have to be something that they would have on hand. They can't just order and...



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**Lisa Ehlenberger:** Correct.

**Leah Gibbs:** not have the medication, right?

**Lisa Ehlenberger:** I've seen a team of paramedics come with in a crisis situation and with a guardian parent present and they immediately administered that one time use of psychotropic as a type of tranquilizer to allow that individual to be transported. And I'm assuming that those are accounted for under emergency measures. And if something like that was done two or more times within 30 days the team would meet to review. However, I think the comment of the policy to review how they potentially can Trend or track these one-time uses. so I don't know what the other IOC members think about this, but I don't see a reason not to make a comment in a situation in this particular policy change.

**Eva Hamant:** can we make a motion?

**Lisa Ehlenberger:** Sure.

**Eva Hamant:** Okay, Eva wants to make a motion that the IOC submits a comment on policy 900 emergency measures that when the specific one-time use a psychotropic meds. I have professional ordered and administrative immediately that IOC is notified.

**Lisa Ehlenberger:** Okay, do we have a second of that motion?

**Curiosity Carolyn:** So I have a question.

**Lisa Ehlenberger:** Leah

**Curiosity Carolyn:** Sorry Leah, go ahead.

**Leah Gibbs:** The way you worded the motion Eva IOC is notified through the incident reporting process. So you might want to add to the ending of that motion. About when IOC would be notified?

**Lisa Ehlenberger:** immediately

**Eva Hamant:** Immediately. upon

**Lisa Ehlenberger:** Or within 48 hours.

**Eva Hamant:** okay.

**Lisa Ehlenberger:** Is that fair within 48 hours?

**Eva Hamant:** Okay. Because IRs don't come out that fast.

**Eva Hamant:** All right.



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**Lisa Ehlenberger:** Carolyn

**Curiosity Carolyn:** So I have a question. So if we're notified within 48 hours. what actions are we going to take?

**Curiosity Carolyn:** because we meet monthly so.

**Lisa Ehlenberger:** yeah true. It shouldn't maybe be more than 48 hours or come up with a reasonable time frame? with deaths, How frequently after a death do I think sometimes it could be a week. Sometimes it's

**Eva Hamant:** the biggest problem comes in is the reason...

**Lisa Ehlenberger:** more

**Eva Hamant:** you want to do it is Maybe you could. get Morgan to help us track the fact that I mean the biggest problem is this individual one going to get it every month, because maybe what we could do is to put it in make the Motions so that even though the emergency measures to two or more emergency measures the team have to meet so maybe what we might want to do is if they have this that the team has to meet immediately.

**Lisa Ehlenberger:** and I think isn't that already written basically as I mean...

**Eva Hamant:** Don't know. No.

**Lisa Ehlenberger:** if it Did to two or more emergency measures within 30 days the team must meet.

**Eva Hamant:** Yeah, but because this med is supposed to be specific and rare. That means you should not have to in a month. So what I'm saying is once one is done the team should meet. It's sort of like about a crisis when they come out of Crisis after 72 hours.

**Lisa Ehlenberger:** Sorry.

**Eva Hamant:** The team is supposed to.

**Lisa Ehlenberger:** The team meets. are you saying that even if the psychotropic medication is used one time. That the team should meet is what you're recommending.

**Eva Hamant:** Yeah, how about that? And then that takes us off the hook and that puts the burden back on the team that

**Lisa Ehlenberger:** Yeah, I can see the rationale for that because if an emergency of a psychotropic medication is used as an emergency measure, there's typically going to be some significant difficulties that are occurring within that individual where the team. They want to meet I mean, I think that makes a lot of



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sense. So basically making a comment that indicates that if the one-time use of psychotropic medication is used as an emergency measure that the individuals team meets. immediately

**Eva Hamant:** Within 72 hours, that's what they have to do out of crisis. it's with

**Lisa Ehlenberger:** and this would account for a crisis.

**Eva Hamant:** yeah, so that's how they wrote it for crisis, and so if they're going to go for this most probably they're gonna be in crisis and so

**Lisa Ehlenberger:** what are the teams thoughts on that? Or the committee members and are you in favor of commenting on policy 900 emergency measures that if an individual has the one-time use of psychotropic medication as an emergency measure that the team meet and review. within 72 hours

**Eva Hamant:** I could amend my motion.

**Lisa Ehlenberger:** I know for myself just some of the experiences I've seen when these one-time psychotropic medications have been used as emergency measures whether this individual didn't have a btp because they were living at home or a behavior plan because they lived at home. However, it was And situation where they the whole team needed to meet immediately to discuss next steps.

**Lisa Ehlenberger:** Carolyn did you have a thought or question on that? Okay.

**Curiosity Carolyn:** No, I'm just mulling it over.

**Lisa Ehlenberger:** I think it's justified. it's definitely just another area of oversight. That kind of just says, This is a big deal, and allows for the team to kind of I think it warrants a comment Eva and I'm not sure about other team members, but we can make a motion and see how it goes. You like to make that motion Eva?

00:35:00

### **Motion and Vote**

**Eva Hamant:** Okay, I make a motion that. If specific one-time used a psychotropic meds with a professional order and administrative immediately that the members team meets within 72 hours.

**Lisa Ehlenberger:** And do we want to add something that says as a source of emergency measure?

**Eva Hamant:** it Policy 900 is all emergency measures?

**Lisa Ehlenberger:** at the end

**Lisa Ehlenberger:** Okay, so under policy 900. Okay. Do we have a second?

**Eva Hamant:** To having fun, okay.



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**Curiosity Carolyn:** This is Carolyn I second. That the team meet within 72 hours of emergency psychotropic meds.

**Lisa Ehlenberger:** Okay, all those in favor

**Lisa Ehlenberger:** I

**Curiosity Carolyn:** I

**Eva Hamant:** I

**Lisa Ehlenberger:** any opposed

**Lisa Ehlenberger:** any opposition Okay.

**Eva Hamant:** right

**Lisa Ehlenberger:** No one opposed. So therefore that comment will be Supported by the IOC committee under policy 900 emergency measures. Thank you Eva.

**Eva Hamant:** And I have one more. policy 52 on have Staffing schedule requirements and

**Lisa Ehlenberger:** Okay.

**Eva Hamant:** At the last meeting I brought this up and they were talking about. requirement and it's sort of like all these policies you have to go back and look at them and in 12 40 12 40. it says that habilitation cannot be done in a community residential setting. And I had a hard time finding a definition for community residential setting. But it turns out in policy. 100 everybody should read policy 100 Behavior Support manual. It has everything in it all the guiding principles, Behavior reasons for Behavior how the team should look at meds or Pain, and they said the community residential setting is a group home and ADH and a CDH. when you really look at the group home policy 54 and this is where? the final rule from CMS and AHCCCS is impacting DDD and changing how DDD works because what it means is somebody that lives in a group home cannot have a hab-goal of brushing their teeth.

**Lisa Ehlenberger:** Is this accurate? because I mean

**Eva Hamant:** That's what it says in policy that hab is not allowed in a community.

**Lisa Ehlenberger:** Community residential settings how Leah

**Eva Hamant:** And this is This so, let me tell you. So what happens is in a group home. If you look at the group only requirements, they're supposed to do a daily routine promote Independence autonomy Members Choice and...



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**Lisa Ehlenberger:** Yeah.

**Eva Hamant:** all this other stuff.

**Lisa Ehlenberger:** And they do so, I mean, I do know that individuals in group homes have hab goals, but Leah has her hands up. We'll just pause for a moment Eva. Thank you.

**Leah Gibbs:** I know that it sounds confusing but when it is not about hab goals the service of Developmental home are 24-hour habilitation Services. What they're talking about is We cannot put an hourly habilitation worker into a group home on top of...

**Eva Hamant:** better

**Lisa Ehlenberger:** another

**Leah Gibbs:** what the group home is providing in that service. It's not saying you can't hab goals.

**Lisa Ehlenberger:** And this is going to be a change to policy 52. Or is this all?

**Leah Gibbs:** It's not something we've always been unable to put an hourly Hab worker in a group home on top of the habilitative staff or...

**Lisa Ehlenberger:** Okay.

**Lisa Ehlenberger:** or ADH Okay,...

**00:40:00**

**Lisa Ehlenberger:** and it makes sense because Basically it's maybe a protection of double almost saying that the ADH or the group homes are already receiving funds to provide these Services Why Pay additional individual to go in and do the same services that they're already seeing through those staff members at the home almost like a double.

**Leah Gibbs:** We call it double dipping Lisa just so ...

**Eva Hamant:** Is that why?

**Eva Hamant:** Is that why in 1240 it says that the division I authorized have to Providers and Community residential settings. Is that what they're talking about?

**Leah Gibbs:** That's what they're talking about Eva. We can't put the hourly habilitation worker into the group home or the developmental home.

**Eva Hamant:** okay, so Okay,...





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**Lisa Ehlenberger:** And that makes sense.

**Eva Hamant:** so back to chapter one hundred which I find very interesting in line 29. It says IOC is responsible for the development review approving and implementing Behavior plans for the division members. And when I find very interesting is in the policy for programmer you committee IOC is not mentioned at all. And so I need to understand why in the program Review Committee IOC is not mentioned as somebody that needs to attend and yet in policy 100 under Behavior Support manuals IOC is responsible for implementing Behavior plans for the division members. Can anybody explain that to me?

**Leah Gibbs:** I would recommend Eva that have the committee you make a determination about a recommendation and let it go back to policy. I don't know where you are in 100. Where are you?

**Lisa Ehlenberger:** She said line one line nine. Did you say Eva?

**Eva Hamant:** 29

**Lisa Ehlenberger:** 29

**Eva Hamant:** imagine

**Lisa Ehlenberger:** And I know that PRC on and in the program review committees and the IOC chair actually signed off on every Behavior treatment plan and that's

**Eva Hamant:** I know and that.

**Eva Hamant:** So yeah.

**Lisa Ehlenberger:** I'm wondering if this is something that we might need to as a committee on maybe look into policy 100 or if we could see if we can get somebody to instead of emailing us or everything just that policy 100 related to IOC and program Review Committee slash Behavior treatment plans as well as maybe the definition under the participants of program review committees, and then we can maybe have a discussion at our next IOC meeting. And once we have those areas that policy 100 related to IOC line 29 isolated as well as the program Review Committee members and IOCs involvement Do you think that would be a good place to focus on?

**Eva Hamant:** Okay.

**Eva Hamant:** Okay 4. Policy 400 is the PRC.

**Lisa Ehlenberger:** Only okay and Leah has her hand raised again.

**Leah Gibbs:** Policy 100 is about the policy program Review Committee. I just want to make sure we're talking apples to apples here.



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**Eva Hamant:** So 100 is the application definitions and guiding principles.

**Leah Gibbs:** Okay, so I'm in chapter 100 management of division policies and procedures. which manual are you referring to Eva?

**Eva Hamant:** I don't know. I just copied it. It was on 100 application definitions and guiding principles. And they have all these things and then they talk about the guiding.

**Angela Venne:** Give your supports Leah.

**Eva Hamant:** And it's the one that has it has thinner planning on it.

**Angela Venne:** Behavior Supports

**Lisa Ehlenberger:** They need support.

**Eva Hamant:** positive behavioral supports on it and it has the four reasons why you have behaviors? and then they had this comment before that and 29 number 29 under A guiding principles is IOC.

**Leah Gibbs:** So you're talking about the Behavior Support manual? not policy 100.

**Eva Hamant:** Whatever policy 100 Behavior.

**Leah Gibbs:** Makes it really hard even.

00:45:00

**Eva Hamant:** Hey. Behavioral support manual I have too many things that I copied and whatever it's the Behavior Support manual.

**Angela Venne:** I can't find it there either.

**Lisa Ehlenberger:** Eva but what I'm hearing you say is your concern with it is that IOC is mentioned to help.

**Lisa Ehlenberger:** Be a part of that Behavior Support manual,...

**Lisa Ehlenberger:** however, under program Review Committee were not required any longer to be a part of that or what is your concern in regards to this?

**Eva Hamant:** And I understand I can understand maybe we were reviewing and approving and I didn't understand why we would be implementing Behavior plans.

**Curiosity Carolyn:** They understand.

**Leah Gibbs:** I would agree with that comment Eva.



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**Lisa Ehlenberger:** Correct.

**Leah Gibbs:** You would not be implementing Behavior plans and the language needs to be evaluated.

**Eva Hamant:** So I'll have to find the policy. I have so many things that I've gone through that this morning.

**Lisa Ehlenberger:** So shall we put that on a parking lot Shelf? Eva let's put that behavior Support policies / Behavior. Plan and that implementation would look for that wording again, and then we'll come back around to it either next month. If you aren't able to find it within the next few minutes, does that sound okay?

**Eva Hamant:** Okay. Yeah.

**Lisa Ehlenberger:** Okay.

**Eva Hamant:** then I can't remember chapter 22 just where they're putting a restitution's now back available and it has to be in the members Behavior plan. And I just need everybody that does PRC to maybe read chapter 22 provisions and restrictions and in understanding what has to go into how the restrictions have to be put into the behavior plan. it had

**Lisa Ehlenberger:** And just really understanding restitution and the individuals ability to comprehend from my understanding in that policy. it's written as based upon the individual's ability to comprehend, correct.

**Eva Hamant:** comprehend the behavior they're supposed to be an objective to teach them not to damage it and they can't take more of their money than then they have so it can't make a constitute there has to be like a payment plan

**Lisa Ehlenberger:** Okay. Or some kind of a proportionate.

**Curiosity Carolyn:** so restitutions means financial restitution

**Eva Hamant:** Yes, it can policy and...

**Lisa Ehlenberger:** yes.

**Eva Hamant:** policy 200.

**Curiosity Carolyn:** and so this is financial restitution for property damage or

**Eva Hamant:** Yep.

**Lisa Ehlenberger:** Or yep, or if they maybe smashed somebody's car window. To Breaking another member's television in their room.

**Curiosity Carolyn:** So it's specifically limited to property damage.



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**Eva Hamant:** Nope. whatever

**Lisa Ehlenberger:** No.

**Eva Hamant:** It is okay.

**Curiosity Carolyn:** Okay.

**Eva Hamant:** It results in property damage or property loss needs to be included in the behavior plan.

**Eva Hamant:** So is restitution for behaviors that result in property damage and property loss needs to be included in the behavior plan the restitution furthers a goal identified and is individualized in a members Behavior plan. The member has an understanding of restitution plan and the purpose of restitution. So a member can accept their responsibility and learn. and then it says statute 36-551.01 says fourth additional rights for those with the developmental disabilities, but not limiting to Fair compensation for labor. So anyway, that's what I copied.

**Lisa Ehlenberger:** And I know that's a Leah has her hand raised.

00:50:00

**Leah Gibbs:** Sorry Lisa. I just want to make sure that the committee understands that what this does is allow for depending on the member their ability to understand and learn from restitution by no means does it mean that every member who is served by DDD restitution would be something as part of their plan. I just want to make sure you understand that.

**Eva Hamant:** And the only reason I brought it up is because I don't read Behavior plans and it's something that I know our last chair really fought against restitution that you could restitution but they have now changed the policy and I just needed the IOC to be aware of that change in the policy. And if you don't understand it, you should read. Policy 200 so that you understand all the requirements needed.

**Chat Message: Michelle Rademacher:** *link to DDD behavioral Supports Manual:*  
<https://des.az.gov/services/disabilities/developmental-disabilities/policies-and-rules/policies>

**Chat Message: Amber Stock:** *Thank you Michelle*

**Lisa Ehlenberger:** Yeah and It's a slightly controversial type of. Thought I mean there is something to be said about some of our members are capable of understanding what they do and are capable of understanding. the concept of restitution And then of course there are many of our members that do not. and it's a matter of making sure that the teams that are involved in these considerations of restitution to really know the individuals and I think that I am hopeful and At the team members do have an understanding of the members that they work with. I'm kind of right on the fence when it comes to that. I can see where restitution would be a viable option for some individuals and then I can see where it would not be with



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others. So, I don't have a stance as to I'm not strongly against the restitution. Nor am I a proponent for those individuals who cannot comprehend Any other Carolyn?

**Curiosity Carolyn:** M. so I have a couple of thoughts on this. I'm kind of coming at it from a different angle. So it sounds to me like the purpose of restitution is. To allow the member to experience what we might call Natural consequences. Of their behavior in that,...

**Lisa Ehlenberger:** I believe so and learning.

**Curiosity Carolyn:** I've damaged your TV. Therefore. I need to replace your TV and I have the mental competency to understand that my actions were wrong. and so I'm going to pay restitution so to me it sounds like it's two parts one is the meant the member behave experiencing natural consequences of their behavior in the way that say you or I might and then the other part of it is the person who was harmed being compensated for damage to their property and it doesn't say exclusively property, but I think that that's how it's going to be implemented. And I have a little bit of a different perspective on this and let me explain I recently read. An essay by a woman who had been a victim of domestic violence. And ultimately what happened in the court system was that her perpetrator was fined for damaging her vehicle? But was not fined for damaging her. And that sends a very powerful message that property matters more than people. and so that to me *concerning* in that restitution may not include restitution for harm specifically to a person and then my other thought on restitution is that to me restitution often starts with simply an apology. and I know that's hard to put into rules, but I'm kind of wondering where that is in here as well.

**Lisa Ehlenberger:** Eva

**Eva Hamant:** this policy is open for another two days. So IOC could make a comment. If Carolyn would like to put results in property damage or property loss or It to a injury to remember.

00:55:00

**Lisa Ehlenberger:** or person

**Eva Hamant:** injury to a person

**Eva Hamant:** Because some people have to go to the hospital...

**Lisa Ehlenberger:** Uh-huh.

**Eva Hamant:** if they in.

**Curiosity Carolyn:** right

**Eva Hamant:** So we could put that in if you'd like to make a motion.

**Curiosity Carolyn:** Yeah, I would have to have somebody help me walk me through that. Okay.



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**Lisa Ehlenberger:** M so you can make a motion and you can make a motion that the IOC committee would like to comment on the policy number. Which Eva will give us 200 regarding restitution chapter 22 I believe. and so that restitution is not only in consideration of property damage, but also person or personal injury.

**Curiosity Carolyn:** Okay, so, this is Eva. Do you want to make the motion or shall I?

**Eva Hamant:** I could make a motion because I haven't so as the behavioral support manual chapter 200 proficient prohibitions and restricted techniques. so we want to add to the line the restitution furthers a goal. The member has an understanding, where is it? here the restitution for behaviors that result in property damage are property loss or injury to an individual is

**Lisa Ehlenberger:** personal or personal injury slash injury to an individual

**Eva Hamant:** at yeah.

**Eva Hamant:** so we're just going to add To that line.

**Lisa Ehlenberger:** so to include

**Eva Hamant:** We're just going to add the Person how we say in that person.

**Lisa Ehlenberger:** I would say two personal and so after it says on property damage. to include? personal injury slash injury to another individual or injury to an individual.

**Lisa Ehlenberger:** Does that sound right Carolyn? personal injury or...

**Curiosity Carolyn:** Yes. Yes.

**Lisa Ehlenberger:** injury to an individual so really would be just the repetition of the restitution policy 200. I believe chapter 22, dot dot dot on property damage to also include an individual

**Curiosity Carolyn:** and shall I second it?

**Curiosity Carolyn:** I see Amber has her hand raised.

**Lisa Ehlenberger:** Amber

**Amber Stock:** All right, I'm gonna play Devil's Advocate a minute. just because I have a son with severe autism DDD and I honestly think that I could request restitution for the abuse that he puts me and my family through on a daily basis. So I love where this is going. So please don't get me wrong, but I would like us to put some boundaries or something specific in place here because I think of him when he's older and he's in that mindset and I know you guys are saying that it would be something discussed with the team for or in the behavior plan, but my mind is kind of spinning right now on how all of that would really look. I love



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Carolyn's idea. I think that they do need to understand. That it's not just property but people I really support that Carolyn and I love that but my brain is spinning a little bit here.

**Eva Hamant:** so the

**Curiosity Carolyn:** yes, and I think it's so important That we recognize that this has to be in such a very limited way because like you said someone with severe autism.

**Amber Stock:** Okay.

**Curiosity Carolyn:** Are if they are not in control of themselves. the way that we are It's so difficult, but for example, I have a cousin who? mentally Has a developmental disability and there were times when she would kind of use that disability to get under doing things or get out of responsibility for things. So I know that does happen and...

**01:00:00**

**Amber Stock:** Absolutely.

**Curiosity Carolyn:** I've also heard that from Professionals in the area of Developmental Disabilities, but at the same time, I don't want people to be helpful for things where they really don't have that level of control awareness.

**Lisa Ehlenberger:** And I think that part of the policy does and va you've read through that policy more recently probably than me at this moment. Does it also indicates that there's a lot of considerations that are a part of that policy. they've done some personal injury towards another individual therefore They will need to pay restitution, correct.

**Eva Hamant:** So the people have to have an understanding of the plan and they have to accept the responsibility and learn and so It can only be done in a behavior plan. so

**Lisa Ehlenberger:** Okay, which also means that if that individual lives in their family home that they wouldn't be required to have a behavior treatment plan per se.

**Amber Stock:** Correct.

**Lisa Ehlenberger:** so I think that there's some boundaries put in place through the policy. Making a comment and for the policy makers to consider adding personal slash injury to another individual. I think just adds another layer that will allow them to see it for how restitution can be considered that it's not always going to be property damage.

**Eva Hamant:** just

**Eva Hamant:** So are we going to have a second and vote on it?



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**Lisa Ehlenberger:** Sure.

**Curiosity Carolyn:** So I guess my question is I think we've got the first part which is making sure that restitution isn't just limited to property damage. But then how do we talk about the second part where I really feel that in order to be required to make restitution, they need to have the level of understanding that makes it appropriate and the level of control over their own behavior that makes it appropriate because without those two things. It's so unfair.

**Lisa Ehlenberger:** and I think that's in *policy* Correct Eva. that's in there.

**Curiosity Carolyn:** And is there any way that when this happens that it would be reported to the IOC. Perhaps under incident reports or something just so that we could kind of keep tabs on it.

**Lisa Ehlenberger:** It would be what but what area I guess it would depend on what the actual situation is, but property damage and personal injury damage would be in IRS. Eva

**Eva Hamant:** So it has to be put in Where is the behavior plan in PRC? And don't IOC see that on PRC.

**Curiosity Carolyn:** Yes, okay. You're right Yeah, so, I'm comfortable with seconding this.

**Lisa Ehlenberger:** Okay, seconding the addition of in the restitution policy 200 chapter 22 that not only does it indicate restitution on property but it also includes personal injuries / injury to an individual. Thank you all those in favor.

**Curiosity Carolyn:** Yes. I

**Eva Hamant:** I

**Lisa Ehlenberger:** anyone opposed

**Lisa Ehlenberger:** Okay, then we'll go ahead and make a comment to that policy. And thank you Eva for helping with those.

**Curiosity Carolyn:** I understand how do we make that comment? So is someone from the committee going to go into the system and you know where these?

**Lisa Ehlenberger:** so that you send recommendations. we

**Eva Hamant:** I could go through and I could do all three of them.

**Lisa Ehlenberger:** Okay, and would it be okay for us to review to look at those or...

**Curiosity Carolyn:** Great.





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**Lisa Ehlenberger:** do we need to create a subcommittee to look at those before emailing them since we've already done the motion. so we don't need. perfect and

**Eva Hamant:** They are the only difference is between me making a comment is the fact that now I can put in that IOC.

01:05:00

**Curiosity Carolyn:** Yes. Yes.

**Lisa Ehlenberger:** IOC

**Chat Message: Leah Gibbs:** *These policies are open until March 29th for public comment*

**Curiosity Carolyn:** Yeah, and just to follow up. I'd really like the comment about the restitution to really explain very clearly that Leah says they're open until March 29th to explain really clearly that. That it's in that by only doing restitution for physical property damage. You send a message that damage to a person is not important and that's why it's important to include both.

**Lisa Ehlenberger:** Mm-hmm Definitely, okay.

**Curiosity Carolyn:** Okay.

### **Monitoring of ICFs**

**Lisa Ehlenberger:** If there's no further questions or discussions on policy changes, we'll move on. That's okay. The monitoring of the icfs. I know this is something that came up and in previous IOC meetings monthly And we did not get from my understanding from the 2018 meeting Eva that there was follow-up from DDD. I believe Frederica followed up with Her supervisors and correct me if I'm wrong, and there was nothing in policy indicating IOCs involvement in monitoring of ICFs. And I know that there was a discussion in the past and I remember being a part of the IOC committee. And we toured the different ICFs on the central Phoenix area / District central. However, I don't remember and I wasn't at that meeting which Eva mentioned where it was discussed, but I think it's kind of just become kind of a mute point. so there is nothing written in policy that indicates the IOC is a participant of assisting and monitoring with that being accurate statement. Leah?

**Leah Gibbs:** I think it'd be best if we could let Stefanie speak to this and...

**Stefanie Schwartz-Jacobs:** Okay.

**Leah Gibbs:** stefanie is in charge of the ICFs.

**Lisa Ehlenberger:** Perfect.



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**Curiosity Carolyn:** Okay.

**Stefanie Schwartz-Jacobs:** So that is accurate. Yes. Thank you.

**Lisa Ehlenberger:** Okay.

**Curiosity Carolyn:** up

**Stefanie Schwartz-Jacobs:** I mean I welcome you to request to visit we can do that anytime. Just let me know I can coordinate that but yes IOC it's not part of any kind of monitoring.

**Lisa Ehlenberger:** Okay. and that's something

**Leah Gibbs:** Stefanie might want to clarify what you just said because they're part of a lot of monitoring. Just not IOCe monitor.

**Stefanie Schwartz-Jacobs:** Just not so I can talk about all the monitoring. That ICFs go through. We just finished up one at atpc. So DHS completes annual surveys. Where they go through and request information for the prior year for surveys. They also do a complaint survey and what a complaint means for. from the DHS perspective is report incident reports abuse and neglect that are reported to DHS, we're required to report them within a day. And they come out depending on the investigation that we complete within five days. They come out and do a complaint survey where they'll go through the same information and they determine if they substantiate the claim of abuse and neglect if there are unable to substantiate the claim of abuse or neglect or if they unsubstantiated the claim of abuse or neglect. So we haven't been able to figure out their logic with that but they do that as well. We also have internal monitoring to State operated. We have a quality assurance team. That goes in and does monitoring and DDD's quality team also has a person who does monitoring every six months of the ICFs

**Lisa Ehlenberger:** Thank you for that update, Stefanie.

**Stefanie Schwartz-Jacobs:** sure.

**Mandy Harman:** People are always here looking at stuff. So.

**Stefanie Schwartz-Jacobs:** that's true.

**Lisa Ehlenberger:** All So if there's no more discussion on monitoring of icfs, we'll go ahead and move on.

### **Discussion of Providers as IOC Committee Members**

**Lisa Ehlenberger:** Okay, number eight discussion of providers as IOC committee members. I think I may have added this on one point because at one time. It was discussed a couple of years ago that It was



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mentioned that. for example, I'm a member of IOC and I wanted to do respite for an individual during the Summers and school breaks.

**01:10:00**

**Lisa Ehlenberger:** And I discussed it with somebody in DDD and they said that I couldn't be continued to be like I couldn't do both. However that then I found out was not accurate later. So I just wanted to get clarification. for example, I know of an individual that is interested in becoming an IOC Committee Member and she works for an agency. I believe she's works at it a day program. She's in a DTA type of setting and I just wanted to open it up to ADOA DDD and get a real clear understanding of providers also being IOC committee members And of course if there was a subject that they needed to submit a conflict of interest, of course, that's always available. Anyone have answers to that?

**Leah Gibbs:** Larry are you still on the call?

**Lawrence Allen:** I am Lisa good evening. How are you? And this is Larry at ADOA.

**Lisa Ehlenberger:** Good day. Hi.

**Lawrence Allen:** Yes per statute. It doesn't specifically say for DDD. How many providers can be on the committee but generally the IOCs follow 4138.04 statute where it does say that you can have up to two providers on a committee no more. as voting members now you can have a non-voting member a provider to be on your committee to be like an ad-hoc member and so they can be on your committee, but only two. or allow

**Lisa Ehlenberger:** So does that also include if somebody works for an agency is a better or what they have a career that they're not providers. However, they may be provide respite for a family member

**Lawrence Allen:** It still does not matter only...

**Lisa Ehlenberger:** Okay.

**Lawrence Allen:** if there's a only should if you're talking about a specific and incident report and that particular provider has knowledge of that particular incident, then they would need to recuse himself as having a conflict. But other than that that's Shouldn't be any barriers there for that particular provider.

**Lisa Ehlenberger:** Okay, so it's basically just a general statement indicating that up to two providers can be on a committee.

**Lawrence Allen:** Yes, correct.

**Lisa Ehlenberger:** But it doesn't Define provider.

**Lawrence Allen:** No, it does not. It does not.



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**Lisa Ehlenberger:** Okay. Does anybody have any questions or discussions on that? I think that that answered my question.

**Training for IOC members (Article 9 and Code of conduct)**

**Lisa Ehlenberger:** Okay, then we'll keep going, training for IOC members article 9 and code of conduct ethics, which is a newer training. I think we had brought this up to possibly see if we can get training. I'd like to see an article 9 kind of and I know we have the form article 9 that we can take online and remotely however, I was hoping that we could do some type of either twice yearly or once every six months. I don't think we need it any sooner or any more than that, but just kind of a review of article 9 or any other potential trainings that IOC members may or may not want to be a part of and that's something that I guess would be a request for DDD or ADOA or how we would be able to incorporate that into our meetings but I'm not thinking of a two hour article 9. I was thinking of more just a real briefing of that we can have Addition to once every three years that we're supposed to repeat article 9.

**01:15:00**

**Lisa Ehlenberger:** How could we bring that to our IOC meetings?

**Lisa Ehlenberger:** Leah

**Leah Gibbs:** Lisa we would really need to explore that because article 9 is actually a four-hour training. And I'm not hearing you say you want to be trained. So you want to be trained but not trained and...

**Lisa Ehlenberger:** No, I know it would be in addition to the formal training that we would do on our own.

**Leah Gibbs:** I just

**Lisa Ehlenberger:** So in addition to having a once every six months having Just A Brief Review of Key points of article 9 almost like an IOC Refresher.

**Leah Gibbs:** I don't have a really good answer for that.

**Lisa Ehlenberger:** what about an IOC? This is the other thing was and I'm an article 9 formal for our training that's not just the general where we can maybe as an IOC committee those who haven't taken it recently where we can maybe even Statewide have a couple of options where we can sign up to where it's all IOC committee members.

**Leah Gibbs:** I do believe that that is something we could ask our office of professional development trainers to offer. Absolutely. It would be good for you to ask questions with each other that are unique to...

**Lisa Ehlenberger:** I think that would be great.

**Leah Gibbs:** what you see.



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**Lisa Ehlenberger:** exactly

**Leah Gibbs:** If you want to take it to the committee to vote and...

**Lisa Ehlenberger:** Okay.

**Leah Gibbs:** a request, we can absolutely potentially take that word for you.

**Lisa Ehlenberger:** let's do that. Would that need to be a motion or just a

**Lisa Ehlenberger:** a vote or...

**Leah Gibbs:** probably a motion

### **Motion and Vote**

**Lisa Ehlenberger:** Do we have anybody that would make a motion from that would indicate or motion that DDD look into an article 9 training for IOCene members available to IOC member Statewide?

**Curiosity Carolyn:** This is Carolyn. I make a motion that DDD look into providing a training for IOC member Statewide. So that Title Nine issues specific to the duties of an IOC member be addressed.

**Lisa Ehlenberger:** Article nice great. We have a second.

**Amber Stock:** I second

**Lisa Ehlenberger:** Thank you [Amber](#), All those in favor. I

**Eva Hamant:** Hi.

**Lisa Ehlenberger:** I okay anyone opposed.

**Lisa Ehlenberger:** No one is opposed. Thank you committee members. So we'll move on if there's no other discuss. There no time. Let's see. What about the I'm gonna skip asked questions responses from January motion for right now and move that. I just wanted to

### **Incident Report (Medication Errors)**

**Lisa Ehlenberger:** go to incident reports medication errors. I know. Carolyn has put together quite a bit of information for this I believe. so

**Curiosity Carolyn:** Great, okay. Yes, so as I've been looking at medication errors and struggling to keep up with reviewing medication errors. What I've seen is that the medication errors fall into three of the most common categories which are medication refusals. We see a lot of that medication has run out. So there's a



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gap in dosing and then there's other med errors which are things like skip doses or wrong dose medication given those are much more rare. So my question is for the medication refusals those take a tremendous amount of time and I'm wondering if they should be their own category. And the reason for this is that to me. It's not at all a medication error. It's a member refusing to take their medication and the thing that we don't have the information that we don't have as IOC members is When a member Refuge repeatedly refuses to take your medication or when a member's taking missing their medication is a really serious issue for a medical or behavioral reason and I can't track that as reviewing it because I don't have the member identification number. I just have the IRC. No the incident report number. So that's one question have. The other question and I don't know does anyone want to address that before I go to my next question?

**01:20:00**

**Leah Gibbs:** I really feel like that would need to go to Quality and...

**Curiosity Carolyn:** Okay,...

**Leah Gibbs:** how they handle those. Okay.

**Curiosity Carolyn:** and then my other question is Medication some often I see medication has run out. So they're unable to get good administered dose and that falls into three categories that situation the first one is failure to order the medication in a timely manner and occasionally I even see Medication reports where they say we ordered it the day before and the doctor didn't respond in a timely manner or the pharmacy didn't respond in a timely manner. ordering it the day before it's needed. It's not a timely ordering of medication. And then the other thing that happens is Staff tried to order the refill, but the member needs to see the doctor before the doctor will write a proper refill. And when that happens usually they're able to order the contact the doctor's office. The doctor's office is willing to order, 15 days or something, but he often results in again a gap in medication administration *missed* Doses and then Third situation is where the staff really have done their job, but it's something outside of their control like a medication shortage or issues with the doctor's office where it's not refilled in a timely manner. So my question about this is what is the timeline for ordering medication refills? So, what is the expectation for staff ordering those medication refills? What are the DDD requirements for that tracking who's assigned that responsibility? what does DDD require for having a tracking methodology? And then does DDD document that failure to replace to place timely order so that if an eight one particular agency is having a lot of issues with that that can be addressed with that career agency. And then also, if a member needs what on the bottle it will say, six refills left. And then it will say five refills left and so on. So when it gets to the point that there are zero refills left that's usually an indication that you need to go in to see the doctor to get more of the medication. So my question is how is that being tracked because that should be tracked, by the Care staff so that they know that that client needs doctor's appointment. And they schedule that appointment in plenty of time to avoid running out of medication. And let me add that, when I'm reviewing. The ports it's kind of hard for me to get a sense of. is it a particular agency? Is it a particular client? How often does this happen that kind of thing just because I'm reading the individual reports. So I don't have a sense of this is say an issue and 15% of members is an issue of 5% of members.



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**Lisa Ehlenberger:** because of the redaction, correct Carolyn

**Curiosity Carolyn:** So yeah, so I have no idea. So I can't tell you...

**Lisa Ehlenberger:** It makes it difficult in general.

**Curiosity Carolyn:** I have no way of knowing if it's repeated situation with a member or repeated situation with a particular Care Agency. Yeah.

**Lisa Ehlenberger:** or agency And that's something that's come up just in general since the *redactions* have come into play with IRS. I mean, we used to get an Eva contamin on this and I know Mandy probably seen them before too is we used to get it first names as well as agency names and it was much easier actually just for our own brains to process and file them to so that it was much easier to Monitor and review where it makes it much more difficult when it's a number.

**Curiosity Carolyn:** Yes. Yes, and I worked for 20 years in Head Start where we were responsible for caring for the Children's Health in the classroom that skills I learned and Head Start transfer surprisingly well to DDD issues and one of the things that we did Head Start was every child had an assigned Head Start ID number and so I could share information using that Head Start ID number without violating confidentiality. And that way we would know for sure that we were all talking about the same child without having the fuzziness of

01:25:00

**Lisa Ehlenberger:** Same thing with the schools. Yeah.

**Curiosity Carolyn:** Timothy Z, are there more than one Timothy Z's because there could be so that's...

**Lisa Ehlenberger:** Okay. Michelle

**Curiosity Carolyn:** where I'm coming from.

**Michelle Rademacher:** So I just wanted to bring up something up with the metadata reports that we provide you guys monthly. some of this information is available to you through that metadata report?

**Curiosity Carolyn:** Yep. Yeah.

**Michelle Rademacher:** And I don't so you've noticed that on the one I'm looking at right now that says incidents per member by office provider and...

**Curiosity Carolyn:** Yeah.



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**Michelle Rademacher:** type does give you the first name of the member and then it gives you the number of total incidents. there's one member that's identified six medication errors. That would be their incident count. From this and...

**Curiosity Carolyn:** right

**Michelle Rademacher:** then there's the other form is the six-month provider incident type so that list the provider and then also has the medication error category on there. So there is data just a reminder that there is some of that data provided to the committee.

**Curiosity Carolyn:** Thank right Yeah, and I don't know I have trouble I guess I need to look at that again because I'm having trouble kind of connecting that cognitively to the incident reports that I'm looking at. And then of course the other thing is that when I'm looking at a specific member and it says yeah, they have six medication errors. I have no way of knowing if that's six refusals or if it's six Medication errors or even if it's totally out of everyone's control there's a shortage of that medication situation.

**Michelle Rademacher:** And so that is something that I haven't seen where we have the data just pull that specifically it'll pull the medication error data, but not the breakdown of the refusals at this point. I don't know if we have the capability to narrow that down further for you.

**Lisa Ehlenberger:** And would that be something that is there anybody on the call from quality or would we need to wait for James [Maio to come back?](#)

**Michelle Rademacher:** jessel's on the call from quality. But I'm not sure what you're asking for all being able to pull the specific member refusals.

**Lisa Ehlenberger:** I think. I think that [one of the things that Carolyn is](#) stating is if it's possible to separate [med](#) refusal from medication errors General. is that correct Carolyn?

**Curiosity Carolyn:** Yes, because as an IOC member reviewing that I don't feel like I have anything positive to add to that. I have no way of knowing when the medication reviews is a really serious issue or when it's repeated issue sometimes I will be looking at things and I'm like is this the same member with the repeated refusals because it seems like but there's no way for me to really know because they're all separate incident reports.

**Lisa Ehlenberger:** So what I'm hearing you say is that you're wondering if it's possible for the area for medication errors to be where they just run out skip doses or wrong, Doses and then have another separate category for medication refusals.

**Curiosity Carolyn:** Yes, because I have nothing positive to add. I mean, to me. It feels like the busy work that we used to assign staff in the summer when we were concerned certain stuff in the summer when we were concerned that they wouldn't be doing anything constructive with their time and it's not a good use of my





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time to review med Errors, I can't be looking in them and going gee, this member has 10 medication refusals in a month. what is the Care Facility going to be doing about that?

**Lisa Ehlenberger:** And then of course that would be when we would bring it up in executive session and can go into more detail about that which we will be going shortly.

**Curiosity Carolyn:** Right, right. But I have no way of identifying that individual member as a repeated.

**Lisa Ehlenberger:** so is that Mm- so

**Curiosity Carolyn:** There's no member ID number attached.

**Lisa Ehlenberger:** Okay, Eva has her hand up. even

**Eva Hamant:** Okay, so Jezza's. you already get those so what you need to do is when I sit there and see the same one. I look at the name. Sometimes you get the date of birth and the support coordinator because there was one where I had two of them and I thought my gosh, and it turns out they were two separate people because I had two different support coordinators, but when I have multiple in neglect or sometimes physical abuse, I'd sit there.

**01:30:00**

**Eva Hamant:** They show up when I read a bunch of them, so I write down the IR numbers. So if you see if you're reading them all at one time, you see 10 IRS on the same individual with the same birthday with the same support coordinator. I sit there under the little comment section. I write every one of those things and I said, okay and I say, then what you can do is okay support coordinator you need you the question because you have to have a question or otherwise they ignore you. It has the team met to look at so-and-so's refusal for meds. Okay, and then they have the fact Now you're jumping on I'm sorry, Leah, you're making the support coordinator call get the team together supposedly and they have to look at the issue on why are they refusing those meds? You know what? I mean and let me tell you if you start doing that. It will clear up your problem. Because this is the way you sort my right because then you don't have to come and have the meeting and have James looks up all those things and stuff. Then it gives some time to go inspect all that stuff.

**Lisa Ehlenberger:** But I'm hearing Carolyn say that she wants to see if there's a way to separate Is that even an option [Jezza](#)?

**Curiosity Carolyn:** So there's two things. Yeah one is separating out the medication refusals. And the second is I should not be having to play detective to figure out if it's the same member. I have never worked for an organization where There isn't an identifying member. There was an identifying number attached to that person. you go to hospital, you go to a lab you're in Head Starts. There's always an identifying number to make sure that we're not having to play detective. This is a volunteer position and I want to make good use



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of my time because I have finite time left on this planet and I'm really really aware of that right now. And so I don't want to be having to play detective to say, This is the same person or it isn't the same person.

**Lisa Ehlenberger:** and maybe that is something that we can delve into a little bit more or maybe DDD or ADOA might have some suggestions on coming up with member specific numbers so I think that would go ahead.

**Curiosity Carolyn:** I think they already exist. They're just not used.

**Lisa Ehlenberger:** Okay. Okay, Michelle.

**Michelle Rademacher:** So a member has a DDD number which is an assist number. A member has an AHCCCS number that's their number when they receive Services through AHCCCS. Those numbers are redacted from the incident reports because they're identifiers for individuals. So we don't share those with you currently. there is a meeting that's happening on with the public information officer and we can ask about through her because we're trying to follow. What we've been mandated to do with providing incidents and redacting personal information and This is good timing. we can ask her about this issue and see what she has to say and report back to you.

**Lisa Ehlenberger:** That would be great. Do we need to make a motion for that?

**Curiosity Carolyn:** Great.

**Michelle Rademacher:** for us to ask No,...

**Lisa Ehlenberger:** Yes.

**Michelle Rademacher:** the meetings already happening so we can ask.

**Lisa Ehlenberger:** Okay, that would be great.

**Curiosity Carolyn:** and I would Sorry,...

**Lisa Ehlenberger:** I think go ahead Carolyn.

**Curiosity Carolyn:** so I would still like to see the medication refusal separated out because honestly, if there's been 10 medication refusals and that's something that DDD Can deal with I'm not sure what I bring to the table. With that there are so many of them and...

**Lisa Ehlenberger:** Okay, and I think jezzel.

**Curiosity Carolyn:** it's so time-consuming just to review them and say no comment.

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**Lisa Ehlenberger:** *Well let's see if Jezzel has a comment on that. Do you think it's possible* for us to get that separated.

**Jezzel Davies:** Hello, thank I would have to follow up on that. I'll have to talk with *James* He's on vacation. He left the beginning of March and he will return to 28th so I can certainly discuss it with him and let him know your concerns. That's

**Committee Roundtable Item for Next Meeting**

**Lisa Ehlenberger:** And then what we could do is since the next thing is the committee Roundtable item for next meeting Carolyn. I'm gonna put that down Med refusal separated from Med errors as an agenda item, and...

**Curiosity Carolyn:** And...

**Lisa Ehlenberger:** then that way it'll

**Curiosity Carolyn:** then we could also put down the ID numbers.

**Lisa Ehlenberger:** yes the identification. and then put identification follow up. from public information officer Or public information office, correct? Public info officer.Okay and then we'll have follow-up on both of those and just for the sake of time. I know we only have a little bit of time left and I'd like to really get through them the other areas.

**Lisa Ehlenberger:** Staff shortages and day programs. That was something that I can tag on to next month and it just a concern that I know that there's a lot of Staff shortages in day programs. I know the group supported employment. It seems to be getting a lot of emphasis. And with that being said, I'd like to bring that up again next month. So, maybe just table that and put that in the parking lot until next month.

**ASH questions and Responses from January Motion**

**Lisa Ehlenberger:** How about ask questions and responses from January motion. I know this was emotion that we Had sent off in end of January.

**Lisa Ehlenberger:** Did we get the responses from?

**Lisa Ehlenberger:** Where the responses from those questions sent to us?

**Morgan O'Hara:** I believe they were. I can present them now as well, or I can email them out or however you would like to proceed.

**Lisa Ehlenberger:** And let's just go ahead and present them now. That would be great. if we can look at your screen.



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**Morgan O'Hara:** Yes.

**Morgan O'Hara:** I'm just trying to find the right screen here.

**Lisa Ehlenberger:** No worries.

**Morgan O'Hara:** And can you see it. Is it too small?

**Lisa Ehlenberger:** Are we able to see it on everybody able to see it? I think it looks good.

**Curiosity Carolyn:** Yep, I can see it.

**Mandy Harman:** I can.

**Amber Stock:** Yeah.

**Lisa Ehlenberger:** but

**Lisa Ehlenberger:** and Morgan oops is it possible for you to email them to us as well? so that we Sure,...

**Morgan O'Hara:** Absolutely, you want me to do that, right now?

**Lisa Ehlenberger:** *sure* that would be great.

**Lisa Ehlenberger:** second place

**Eva Hamant:** So seclusion and restraints, so

**Eva Hamant:** This doesn't go down So in this first question,...

**Lisa Ehlenberger:** so that's the

**Eva Hamant:** it says that they submit their SARS. to quality of management. So SARS for Amber is seclusion and restraint. So if they have to do that, why wouldn't they not have to follow article 9?

**01:40:00**

**Eva Hamant:** And maybe that's the question. If they have to report the SARS to the division.

**Mandy Harman:** Are you talking about the hospitals or ASH?

**Eva Hamant:** this was the question for the Mercy Care and United Health Care, and I think they had to do. So we were talking about Health hospitals. So if the behavioral health hospitals have to report Their *SARS* to the division. Why would they not have to do article 9?



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**Mandy Harman:** Because there are Hospital. *and they're not required and they are not contracted with DDD* specifically their contracted with the help

**Eva Hamant:** I know but what I'm saying if the divisions subcontractor are required to do the SARS why I mean the question to me is if they have to report this good exclusion and restraints, you know what I mean? And the biggest problem with the restraints have to do with article 9. So if they have to report them, how do we know they fight? How can we find out from the report that they sent to? QMU how maybe the next question that we need to ask is if they have to report the seclusion and restraints maybe the question is then does QMU look and find out if they violated article 9 when they did the SARS? That's the question we want to know about in everybody keeps saying they're not contracted. They're independent. They have their own QMU, but if they have to report the SARS to the division, then it seems to me we ought to be able to find out. when they did the SARS if they violated the divisions article 9 that's the question that I would like to ask. Okay.

**Lisa Ehlenberger:** So is the question that you want to know if they violated article 9.

**Eva Hamant:** when they did the SARS because this up they said they have to report the SARS to the division. So the question the division needs to ask is did they violate our article 9 when they did the SARS?

**Amber Stock:** They're not trained in article 9 though,...

**Lisa Ehlenberger:** Okay.

**Amber Stock:** so. I don't.

**Lisa Ehlenberger:** I think they have to be trained in article 9, correct. I think that was one of the questions.

**Eva Hamant:** We have to go down further.

**Eva Hamant:** the next one

**Eva Hamant:** So, I guess this is another one of these fuzzy little things the SARS report from Ash. Those are those Mechanical restraints and chemical restraints is and then the problem with the incidents. Are there all lumped into the IRs together.

**01:45:00**

**Lisa Ehlenberger:** I'm wondering Eva. I'm wondering if we get this in framing we have all of these responses and all this information here. I'm wondering if it would benefit us a little bit more. I don't know if we want to do another subcommittee or if we just all take the time between now and the next meeting and really look at these questions and answers. and then at the next meeting

**Lisa Ehlenberger:** the formulate additional questions that we may have based upon this follow-up or would you prefer to move forward into them right now?



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**Amber Stock:** I'd like to speak. I feel like I would really like the opportunity to review this entire Q&A. Before I can make an appropriate response.

**Lisa Ehlenberger:** I'm second-hand on my end as well, even though I was on the subcommittee that helped develop with Eva's significant help. I more thoughtful time So I know this is kind of your baby when it came to these questions and whatnot. But are you okay with us? I'm putting this on the next agenda. And so that we all have a chance to really delve into these questions and answers.

**Eva Hamant:** Yes, because already I found one of them where they made that comment. That they don't have a 72 post-releas restrict.

**Lisa Ehlenberger:** Okay. exactly

**Eva Hamant:** and I need to tell you this I have a

**Eva Hamant:** A policy where they have to have that meeting.

**Mandy Harman:** we just got that sent to us, correct?

**Lisa Ehlenberger:** We did so I recommend that we all take a look at these questions and answers very carefully and come back to our next meeting in April with some potential questions and discussions for it. Okay?

**Lisa Ehlenberger:** back to the agenda. Let's see. I know that we're kind of getting close to time I did have we have a Roundtable discussion kind of leading into what we potential agenda items for next month and I think we've already kind of covered some of those.

**Chat Message: Morgan O'Hara: DC Executive Session**

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*Time zone: America/Phoenix*

*Google Meet joining info*

*Video call link: <https://meet.google.com/iwo-tdwx-wmj>*

*Or dial: (US) +1 413-779-5169 PIN: 923 087 305#*

*More phone numbers: <https://tel.meet/iwo-tdwx-wmj?pin=5411001589110>*

**Chat Message: Morgan O'Hara: <https://meet.google.com/iwo-tdwx-wmj>**

**Chat Message: Amber Stock: <https://meet.google.com/iwo-tdwx-wmj?authuser=1>**

**Executive Session**



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**Motion and Vote**

**Lisa Ehlenberger:** And I know that I'd like to take some time to go into executive session or we have a few items to discuss

**Lisa Ehlenberger:** can I have somebody make a motion to go into executive and what we'll do is in the chat, I believe there should be a link correct Morgan.

**Morgan O'Hara:** Yes, I just put the whole information but I'm gonna put just the link in there, too.

**Lisa Ehlenberger:** So if you go to incall messages, we should be able to go so it just needs somebody to make a motion to go into executive session.

**Curiosity Carolyn:** This is Carolyn. I make a motion to go into executive session.

**Amber Stock:** I second

**Lisa Ehlenberger:** That was Amber that second I believe. Okay, we'll go into executive session.

**Michelle Rademacher:** So before you go in this executive session,...

**Lisa Ehlenberger:** See you there.

**Michelle Rademacher:** *So before you go into executive session* will you let us know exactly who you would like to come into executive session to provide any guidance or support we don't have James today? So Jezza can likely give you some feedback or you looking for her to come to this meeting?

**Lisa Ehlenberger:** I think that would be great.

**Michelle Rademacher:** And Anybody else? The liaisons will come with you for sure.

**Lisa Ehlenberger:** I think that that should suffice.

**01:50:00**

**Michelle Rademacher:** Alrighty.

**Lisa Ehlenberger:** And then when we come back we could do updates and...

**Michelle Rademacher:** Okay.

**Lisa Ehlenberger:** apologize for we'll have to put those updates on the top of the agenda next time. Okay. See you in executive session.



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**Michelle Rademacher:** So everybody mute yourself when you go into executive pretty please. from this meeting

**Lisa Ehlenberger:** Does anyone having difficulty going in?

**Amber Stock:** It took a second Lisa, but then I was let in.

**Lisa Ehlenberger:** You were able okay, and we'll try again. Thanks.

**Lisa Ehlenberger:** Okay, if anyone's still in regular if I could get a link sent to me. for some reason I'm not able to get to Executive session

**Morgan O'Hara:** Would you like me to text it to you? Oh.

**Lisa Ehlenberger:** Yes, that would be great. Thank you so much. It won't even let me touch it.

02:30:00

**Updates from DDD Staff**

**Lisa Ehlenberger:** Okay, so we're back in the regular session a couple of things and I apologize. Thank you everyone for being patient with this little bit lengthy or meeting if we can go to the updates. of Anybody from DDD Etc have updates?

**Morgan O'Hara:** I can give a little bit of an update. I think most of everyone else left. But I have a little bit of what we were kind of giving your data and how many incident reports that you guys have received. So for February, there was 716 incident reports in the shared drive. So this included 55 open and 661 clothes. There was 35 questions that were submitted. And then you guys also did receive an answer as In February from questions that you guys had in January. So you guys should have also received that email. So I have this nagging flies around me today. we also have our volunteer appreciation luncheon coming up on April am at the DESert Willow conference. So we hope to see you all there. There's also a Statewide chairs meeting scheduled at the end of April. So if you would like to be to join just go ahead and reach out and we can send the link. There's also the public town hall meeting. The next one is going to be April 4th from six to eight pm Leah's identified. The speakers that are attending for April are the parents as paid caregivers waiver. And then in May is going to be the Arizona Center for disability law and voters Rights Voting people for people with disabilities.

02:35:00

**Lisa Ehlenberger:** And for those townships, is that something that I don't know if other IOC committee members wouldn't mind getting an invite to those I know for me, just having an invite we'll just kind of keep them on my radar and then that way I can join as I'm able. What other committee members be in just an invite to the general Town?





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**Morgan O'Hara:** Okay.

**Lisa Ehlenberger:** Yes, Michelle.

**Michelle Rademacher:** So that's an open public forum that DDD holds every month and it's done on the first Thursday of every month.

**Lisa Ehlenberger:** Is it at a particular time?

**Michelle Rademacher:** yes, when I look at the website it is done from one second six to eight pm

**Lisa Ehlenberger:** And does it have the same link like we do each month?

**Michelle Rademacher:** That I'm not certain Let me check and see if I can identify that I'll just do a quick. Copy and paste so about sending a specific invite DDD doesn't send out specific invites for this.

**Lisa Ehlenberger:** Got it.

**Michelle Rademacher:** Okay, so that let me check though and see if it's the same every month. I can look at that real quick.

**Lisa Ehlenberger:** Would it be possible if Morgan can just send us a link to the first one that's coming up or the next up and coming one? Thank you.

**Michelle Rademacher:** the April

**Morgan O'Hara:** Yeah.

**Lisa Ehlenberger:** Appreciate that.

**Lisa Ehlenberger:** Okay.

**Morgan O'Hara:** Yeah, that was all of my updates I have as well.

**Lisa Ehlenberger:** I know others left. I'm so sorry. We definitely will have to put that up at the top of the agenda. If at all possible the updates from those that attend, what about since we're on and we have all of our IOC committee members.

**Discussion of change of day and time of District Central**

**Lisa Ehlenberger:** What about a discussion of change of day and Of the District central meeting. I know that. And we'd been I mean what are individuals thoughts of changing our meeting date to Friday mornings?

**Lisa Ehlenberger:** Yes, Carolyn.



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**Lisa Ehlenberger:** You're muted.

**Curiosity Carolyn:** Sorry, sorry.

**Morgan O'Hara:** but

**Lisa Ehlenberger:** It's You like Friday mornings? Mandy

**Curiosity Carolyn:** Yes, that's a thumbs up for me. That would work.

**Mandy Harman:** What time are we thinking because the earlier it is the harder it is for me to be ready on time. So I have to consider that as well.

**Lisa Ehlenberger:** Okay.

**Mandy Harman:** So Friday is fine. it's a fine day unless I have an appointment or...

**Lisa Ehlenberger:** right

**Mandy Harman:** something which sometimes those come up and...

**Lisa Ehlenberger:** Of course.

**Mandy Harman:** because I share personal information with you, why those take precedents over other things? but

**Lisa Ehlenberger:** Of course. Like a 10 AM Friday morning.

**Mandy Harman:** yeah 10 Works, cuz I know you had mentioned 9:30 to me on a text or an email and I was like that's gonna push it a little bit.

**Lisa Ehlenberger:** a little early Yeah, that was the special meeting. We did at 9:30 last couple Fridays ago and...

**Mandy Harman:** Yeah. Yeah.

**Lisa Ehlenberger:** But I was thinking I mean what are others thought about a 10 AM Friday is that an easier time to put into the fourth Friday of every month?

**Curiosity Carolyn:** Yep.

**Amber Stock:** I'm open.

**Lisa Ehlenberger:** 10 AM for Friday every month. I heard some feedback from other individuals that were interested in joining the committee and they mentioned that Mondays are sometimes tough, especially when



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people work the Mondays are kind of a heavy work day. Whereas Friday, sometimes they're a little bit more flexible. So I just thought we can maybe make a change. *Eva* What are your thoughts on that?

**Eva Hamant:** It's okay with me Friday.

**Lisa Ehlenberger:** Friday 10 am so is this something that we can just make a motion and to change our guest Giselle

**Jezzel Davies:** Hi, I don't usually attend these so I'm just looking at James calendar and it looks like on Fridays. He's got a daily huddle touch point at 9:30. So I'm not sure how he would feel but definitely let him know. He's got it every Friday.

**Lisa Ehlenberger:** A daily what?

**Chat Message: Michelle Rademacher: DDD Monthly town hall Virtual Meeting Information: (first Thursday of the month)**

**Join ZoomGov Meeting:**<https://azdes.zoomgov.com/j/1612474781>

**Meeting ID:** 161 247 4781

**Join by phone:** 1-669-254-5252 US

**Meeting ID:** 161 247 4781

**02:40:00**

**Jezzel Davies:** He's got wait is another days as well. Hold on. Let me check. I'm just looking at his Friday calendars. It looks like he Usually has a 9:30 daily huddle touch Point meeting at 9:30.

**Lisa Ehlenberger:** Okay. So at 10 might be okay for him, especially if we run a couple hours because we want to do 10 to 12. We try to keep the meeting within two hours this month...

**Jezzel Davies:** Okay, I'm not sure...

**Lisa Ehlenberger:** because we've

**Jezzel Davies:** how long the touch Point meetings are for. my counterpart is covering those meetings right now while James is gone, but I guess my only concern would be if it runs over then. I don't know if that's going to be an issue for you guys.

**Lisa Ehlenberger:** I think that having James even just a towards the for the last hour of the meeting and executive is always important for James to be there because he has so much information on IR feedback Etc.

**Jezzel Davies:** Right East district manager.



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**Jezzel Davies:** Yeah, okay.

**Lisa Ehlenberger:** Yeah, so...

**Lisa Ehlenberger:** what are your thoughts Mandy?

**Mandy Harman:** and I know way back when they used to not come in till the end of the meetings anyway,...

**Lisa Ehlenberger:** That's right. when we were in person

**Mandy Harman:** so Yeah, they never came in at the beginning of the meetings. they always came in right executive after lunch. So maybe if it doesn't work for him right away, maybe he can just hop on when he's available at that point.

**Jezzel Davies:** Okay I note it for him.

**Lisa Ehlenberger:** I

**Jezzel Davies:** Just so he's aware that you want to make that team.

**Mandy Harman:** Yeah.

**Jezzel Davies:** Just wanted to put that out there because I was looking at his calendar.

**Mandy Harman:** Okay, yeah.

**Jezzel Davies:** But alright. Thank you.

**Lisa Ehlenberger:** Okay, so that would basically put us at the next meeting if we make this motion, which we'll have to make the motion and somebody else is supposed to make it not That's what I hear. So if somebody would like to make a motion to change our monthly IOC District central meetings.

### **Motion and Vote**

**Curiosity Carolyn:** This is Carolyn. I make a motion to change your monthly IOC meetings.

**Lisa Ehlenberger:** Friday the fourth Friday at 10:00 am

**Curiosity Carolyn:** to the fourth Friday at 10 am and hopefully James can attend.

**Lisa Ehlenberger:** Okay, do I get a second?

**Mandy Harman:** I'll second up for you.

**Lisa Ehlenberger:** And Mandy seconds awesome. all those in favor



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**Mandy Harman:** I

**Eva Hamant:** I

**Amber Stock:** I

**Lisa Ehlenberger:** Okay, and anyone opposed? No one is opposed. So we got the IOC meetings. monthly meetings will be Fridays at 11:00 or excuse me 10 am. On the net means the next one will be on the 26th of April and also remember that at any time if we need to make a special meeting. If something comes up, that's urgent that we want to address prior to April 26th. We can always propose a special meeting and I think that that was something that I wasn't super aware of but I'm very thankful for knowing about that special if something significant comes up in between. Mandy

**Mandy Harman:** Can we have our liaison send out the updated invite. So it goes on my calendar correctly because changing it for me would be a pain in the butt and it's easier if we just have the updated. Thank you.

**Morgan O'Hara:** Absolutely.

### **Incident Reports**

**Lisa Ehlenberger:** And then we said that we were going to go over real quickly before we adjourn we'll go over some of those IRS. I don't have everybody's but I do have undermined so far. I have emergency measures other Behavior other other abuse and then I read deaths. We have human rights accidental injury neglect and suicide so the ones that aren't assigned right now are human rights accidental injury client missing neglect and suicide and then of course Eva likes to read all of the closed ones, which she's a lifesaver with that.

**Mandy Harman:** So, I believe if I remember correctly I had neglect. If I remember...

**Lisa Ehlenberger:** Okay.

**Mandy Harman:** if I remember correctly, so that's fine.

**Lisa Ehlenberger:** Okay, we'll keep you with neglect and then I'll continue with as many as I can.

**Lisa Ehlenberger:** Okay, awesome.

**Eva Hamant:** I don't read all the IRS. I sent you a list of those that I don't read.

**Lisa Ehlenberger:** closed Correct. okay.

**Lisa Ehlenberger:** We are all volunteers and we're all doing our best.

**Curiosity Carolyn:** .Yup



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**Mandy Harman:** I mean, I'll do what I can when I can my life's crazy right now, so

**Lisa Ehlenberger:** Of course. so with that being said, is there any other discussion that's on the agenda here That I've missed. That we didn't address to move forward into April.

02:45:00

**Updates from ADOA**

**Eva Hamant:** Is there anything for Larry for updates?

**Lisa Ehlenberger:** Larry do you have any updates? from Larry Eva's that we were asking

**Eva Hamant:** Yeah, I was wondering how many people didn't do.

**Lawrence Allen:** I'm sorry. Can you hear me now? I'm sorry.

**Eva Hamant:** There yeah.

**Lawrence Allen:** I was double muted. I do not have any update specifically for the committee today. I believe everybody in the committee has taken the law 2000 training. So thank you very much Amber. I believe I was not present on your last meeting when you were voted on. So congratulations and welcome aboard. I know you our HR department was working with you on the onboarding process. any issues with that?

**Lisa Ehlenberger:** Not yet.

**Lawrence Allen:** at all but

**Amber Stock:** No, and I have a training on Wednesday.

**Lawrence Allen:** Fantastic. Okay, you're the first one to go through this. So I'm kind of interested to see how it all works out. So you're kind of the guinea pig but

**Lisa Ehlenberger:** And then I've requested to be a part of all new member onboarding trainings.

**Lawrence Allen:** better Yeah, that's fantastic. And I do think that the LAW 2000, boards and commission and training on the conflict of interest. I think it's beneficial and I think it will help alleviate some of the questions that might come up. It's always feel free to ask a question if you don't know. Or if you're not sure of we do understand that we're in it's not expected that the ins and outs of all the statutes and inside and now that's not realistic. So we're here to help and

**Lisa Ehlenberger:** Except Eva.



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**Lawrence Allen:** yeah even Eva's the expert. she's the OG of the committee. So we're basically here just to provide the bumpers on the Bowling right? So just kind of keep everything kind of going like it needs to go and so we're here to help. So just let me know if you have any questions or concerns. Michelle did you have a question?

**Amber Stock:** Thank you very much.

**Michelle Rademacher:** I just a comment the training I know that Morgan and...

**Lawrence Allen:** Okay.

**Michelle Rademacher:** are meeting with Amber and with Lisa and Carolyn or at least Maybe Carolyn. I know Lisa's provide an overview of the access to the shared drive and give Amber Her overview of DDD incident reports that high level overview as well. Was there other training that you had Amber or...

**Lawrence Allen:** Right over time

**Michelle Rademacher:** is that the training that you're speaking of?

**Amber Stock:** That's the one.

**Michelle Rademacher:** Okay. So that one-on-one training with the liaison so we can help her with the access to the drive and familiarize what DDD incident reports look like what each section is is showing you and that kind of high level over level overview of that.

**Lisa Ehlenberger:** Okay.

**Lawrence Allen:** Yeah, and I'll also be scheduling an open meeting while training here in the next couple months. So it's another Avenue to get more information and on the IOC website just FYI for the committee if you go to the IOC website. And there's the actual training that we did last year as posted there. I believe it's posted under. Resources if you hover your mouse over resources and you go down the training it's posted there as well. And along with the audio training. There's a slideshow that goes with that. Feel free to play around on there. It's Snoop around that website as much as you can.

**Lisa Ehlenberger:** Okay.

**Lawrence Allen:** And it's a good way to learn. But said if you have any questions concerns, I'm always available. Just let me know.

**Lisa Ehlenberger:** awesome Thank you.

**Mandy Harman:** Larry? Do we have to retake that class once we took it or?

**Lawrence Allen:** the law 2000 class



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**Mandy Harman:** No, the open meeting law stuff.

**Lawrence Allen:** No, you do It's not a requirement. It's more of if you're interested and you want to learn more it's there for you.

**02:50:00**

**Mandy Harman:** Okay.

**Lawrence Allen:** So It's always good to get a refresher. Especially the chairs.

**Mandy Harman:** right

**Lawrence Allen:** I would suggest the chairs at least kind of do a refresher training because there's just a lot of in and outs of the open meeting all that we got to buy by and...

**Lisa Ehlenberger:** And Robert's Rule and...

**Lawrence Allen:** follow all that. Yeah. so

**Lisa Ehlenberger:** all of that correct. I just got about two big stacks of 30 plus years of paperwork from my Aunt Carolyn McNulty. So

**Lawrence Allen:** Okay.

**Lisa Ehlenberger:** and some great and Robert's Rules books and stuff like that. So I have some bedside reading.

**Lawrence Allen:** just yeah, it's not very exciting reading unfortunately, but

**Lisa Ehlenberger:** I apologize 50 years of History.

**Lawrence Allen:** I didn't realize Carolyn was your aunt. That's awesome.

**Lisa Ehlenberger:** Yes, yes. Yeah.

**Lawrence Allen:** awesome like I said if you guys need anything for me, I'm always available. So let me know.

**Lisa Ehlenberger:** Thank you so much. Okay, and...

**Lawrence Allen:** course

**Lisa Ehlenberger:** do we need to make a motion to end, correct? Does what somebody liked it make a motion to?

**Eva Hamant:** So we do have Alex... who is Alex, isn't he for the United?





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*Chat Message: Alex Levitan: One moment. Unplugged my camera.*

**Lisa Ehlenberger:** Alex's,... he's not from United Health. He is Alex if you'd like to introduce yourself again. He's Alex is a clinical psychologist that he and Megan work together. And she's also another clinical psychologist and they're interested in the committee and possibly just one moment. He said he unplugged his camera. Possibly interested in exploring...

**Eva Hamant:** Okay.

**Lisa Ehlenberger:** what we do and possibly joining in the future.

**Eva Hamant:** Okay, I think I had it in the wrong spot.

**Alex Levitan:** Yeah, I'm a clinical psychologist here in Arizona. So I do some work with AHCCCS with this population and just interested in kind of learning more seeing what I can do to help.

**Lisa Ehlenberger:** awesome Thank you for joining us. and...

**Curiosity Carolyn:** Yes.

**Lisa Ehlenberger:** Megan are feel free to join us anytime. Or once you guys decide or see if you guys are interested in we'd love to have you.

**Alex Levitan:** Sounds good. Thank you.

**Lisa Ehlenberger:** Okay. Thank you.

## **Adjournment**

## **Motion and Vote**

**Lisa Ehlenberger:** Can we get a motion to end our IOC monthly meeting?

**Curiosity Carolyn:** This is Carolyn. I make a motion to end a monthly meeting.

**Lawrence Allen:** Yeah.

**Eva Hamant:** And Eva's second.

**Lisa Ehlenberger:** and all those in favor

**Lisa Ehlenberger:** anyone opposed Thank you guys all for being here. It was wonderful to see all your faces. Have a great day.



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Amber Stock: *Bye*, everyone.

Lisa Ehlenberger: Bye. Thank you. Bye.

Megan McCarthy: Thank you. Bye.

Lawrence Allen: everybody

Meeting ended after 02:53:16 🙌

**The committee elected to go into executive session at 11:50 am.**

**The committee returned from executive session at 12:32 pm.**



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For February IRs, the Committee members have been given a total of **716** incident reports in the Shared Drive. This included open **55** and closed **661** reports.

<b>Type</b>	<b>Open</b>	<b>Closed</b>
Accidental Injury	<b>3</b>	<b>115</b>
Consumer missing	<b>10</b>	<b>17</b>
Deaths	<b>6</b>	<b>6</b>
Emergency Measures	<b>0</b>	<b>27</b>
Human Rights	<b>2</b>	<b>6</b>
Legal	<b>1</b>	<b>2</b>
Medication Errors	<b>0</b>	<b>41</b>
Neglect	<b>12</b>	<b>40</b>
Other Abuse	<b>13</b>	<b>46</b>
Other-Behavior	<b>0</b>	<b>225</b>
Other -Injury unknown	<b>2</b>	<b>121</b>
Physical Abuse	<b>6</b>	<b>7</b>
Property Damage	<b>0</b>	<b>3</b>
Suicide	<b>0</b>	<b>5</b>
<b>TOTALS</b>	<b>55</b>	<b>661</b>

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

**35-** Questions for Quality Assurance Management: Members of the committee will send the incident reports questions to the DDD Liaison: **Morgan O’Hara** to be forwarded to Quality for responses.

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**Adjournment**

**Meeting adjourned at 12:53 PM**

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