

AHCCCS Central Oversight Committee IOC
Public Meeting Minutes
Wednesday, June 19, 2024

Call to Order

Meeting called to order by Committee Chair Holly Geizsl. The date is June 19, 2024 at 5:20pm. The meeting was held virtually through Google Meet.

Welcome and Introductions

Attendance in Person:

- Holly Geizsl
- Matthew Moody
- Sommer Mutter Walter
- Joel Thompson
- Rachel Streiff

Absent:

- Jack Potts

AHCCCS:

- Fredreaka Graham

Arizona Department of Administration (ADOA): Lawrence Allen (On Leave)

RHBAs:

- Dawn McReynolds with UHC OIFA
- Jo Kautzman with Banner
- Tyson Gillespie with Mercy Care
- Maria Reyes with Blue Cross Blue Shield

Other IOCs:

- None

Public in attendance:

- none

AHCCCS Central (2024-06-19 17:20 GMT-7) - Transcript

Attendees

+1 602-***-**16, Dawn McReynolds UHC OIFA, Fredreaka Graham, holly gieszl, JoAnne Kautzman, Joel Thompson, Matthew Moody, Rachel Streiff, Sommer Walter, Tyson Gillespie, Mercy Care

Transcript

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Fredreaka Graham: You're all set.

Holly gieszl: All So we will.

Holly gieszl: Call to order the meeting of the central Arizona ioc. I'll do a rundown of the members who are present. We have some more Walter's we have Matthew Moody. We have Joel Thompson myself Holly geesel so we have a quorum Dr. Potts is not joining us. I believe Rachel Strife is joining us.

Holly gieszl: On shortly, or she'll be joining a bit late. so we can

Holly gieszl: begin we will ask at the outset for a members to consider whether they have a conflict of interest. on any of the agenda items and if you do, of course either at the front or at the beginning of the meeting or At any time during the meeting that you realize you have one that you pause and comply with our conflict of interest policy. And does anybody by looking at the meeting agenda believe that they have a conflict of interest? I see only head nodding. So we'll proceed and thank you all for being here. We are the first item on the agenda is the call.

+1 602-*-**16:** We talked.

Holly gieszl: Public, is that Rachel who just joined?

+1 602-*-**16:** No, this is Maria Woods. We'll cut some Blue Shield of Arizona about Choice. Hey.

Holly gieszl: hi, right. Hi. Thanks for joining. We are on agenda item number one, which is the call to the public. Do we have any members of the public who would like to address the ioc committee?

Holly gieszl: Not hearing any announcements will proceed. The first item on the agenda is a review of the iades by Dr. Potts is not here. We did have so we'll take up some of the items that we have looked at previously. We did get a response.

holly gieszl: from a manual Campus of care to the letter which was sent out several months ago. The response was circulated to the committee.

Holly gieszl: What gave rise to the committee's letter to a manual Campus of care? Was a site visit there. It's a beautiful facility. I think the site visit went well except during the facility The committee members

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who were on the site who conducted the site visit? We're told by a manual that they do not file iads. Which of course is odd because that is a requirement. We subsequently wrote and it took some time to actually get a response. the response that was received was

holly gieszl: A little vague it described the process of submitting iads. but didn't describe or explain that or whether a manual Campus of care had submitted iads. So we sent a Follow-up letter and I have not seen a response to that Fredreaka. Have you received a response from the provider in response to our letter

Fredreaka Graham: Are you asking did they respond back from the yes,...

Holly gieszl: Yes.

Fredreaka Graham: they did. It was sent out maybe two weeks ago now.

Holly gieszl: All right. I may have missed that. I'm sorry. Can you review for us if you have it handy exactly what they said?

Fredreaka Graham: no, but I can find it and send it back to you. I can't disclose that information because it's not from me. So if any questions come up regarding it, I'm not at Liberty to give any discussion on it. I can find it in my email and forward it back to you though. You look.

Holly gieszl: All let me look. And maybe I have it.

Holly gieszl: Let me go, it must have come. May 24th.

00:05:00

Holly gieszl: Okay, the last response indicated that. It is from access. And it's unsigned. And it says Dear Dr. Potts on March 20th, 2024 access received the central Arizona. I see a request for information entitled Immanuel Campus of care and iades the central Arizona C was kind enough to agree to additional time for access to request this information from our managed care plan. And prepare a response. Thank you again for the additional time to Skilled nursing facilities and a manual Campus of care ICC specifically are acquired are required to file IAD reports.

Holly gieszl: As is required in Access Medicaid medical policy manual a&pm. 960 quality of care concerns and 960 incident accident and death reporting provider serving for-service members must enter these reports into the quality management portal qm providers must submit IAD reports. Regarding members enrolled with a Managed Care Organization MCO to the MCO for follow-up quality of care reporting the iads that have been reported per AMPM policy to the mcos have been uploaded and can be found in the qm portal. So that was on May. 23rd and Fredreaka. Do you know who sent it?

holly gieszl: that from access

Fredreaka Graham: It would come from the legal department.

holly gieszl: because it's So it's hard to know what's going on, I guess We did we have is that the last? communication that we had

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Fredreaka Graham: There was another one that came on the 28th. That Larry should have sent over I believe but I can forward it over to It get that one. I don't know if he sent it on the 28th, but it may have been on the 29th because I sent it late to him on the 28th when I received it.

Holly gieszl: Okay, let me see. I'm looking. so on Sixth. Oh 25 29. Here we go. Great. We requested a clarification.

Holly gieszl: No, what I have on the 29th, what I read is what we received on May 29th. And that's the last that I have.

Holly gieszl: I have nothing after that. Is there something after 5:29?

Holly gieszl: So apparently we are being told that we have to go to the portal. and look for

holly gieszl: iads submitted by Immanuel Campus of care and we'll have to search by that particular.

holly gieszl: entity I am not aware of how we do that. But Jack, I believe Dr. Potts says that he's been trying done that does anybody else have any other members been able to search? in the portal for iad's by the specific provider Immanuel Campus of care.

Matthew Moody: I haven't but let me take a crack in it real quick.

Holly gieszl: I'm sorry.

Joel Thompson: They're both in their traffic.

Holly gieszl: All right, and I do believe Rachel Strife joined Rachel. Are you on Yes,...

Rachel Streiff: I'm here. Can you hear me?

Holly gieszl: We can't thank you. So Rachel is present as well Rachel. Have you had an opportunity to search in the portal by provider Name by identity? For instance Immanuel Campus of care?

00:10:00

Rachel Streiff: I have not and I saw that list of iads and I've not had time to look at them yet.

Holly gieszl: Okay, so we will add for the next.

Sommer Walter: Holly I've been able to start yes,...

Holly gieszl: You have? What?

Sommer Walter: when you log in it'll say provider and you just type in the provider name and...

Holly gieszl: Good.

Sommer Walter: it should list whether it's Valley wise I've been searched a specific reporter I was looking for someone a specific individual who'd made the report type in their name and the IDS that they

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completed popped in were sorted and clustered together, so it's very easy when you're going whether you're selecting SMI special assistance on the right hand side,...

Holly gieszl: Perfect.

Sommer Walter: there's a column of options and you see where it's like provider and you can type in the name.

Holly gieszl: Okay.

Joel Thompson: So I went back a year and I'm not saying I did it absolutely correctly. So I'm not saying this is conclusive but I went back a year from today and looked for a manual and records were found.

Holly gieszl: So I think this has been a bit frustrating because we are told all the responses that we are getting Are very generic?

Rachel Streiff: Can you go back two years because I think that Immanuel Campus of care was. Before a year ago those were accumulated. It might be older than a year. It's all I'm saying just real quick before you draw a conclusion. Okay.

Joel Thompson: Sure, I'll look right now.

Holly gieszl: I mean, but that's a good point Rachel. I would still expect that most providers in a year would be submitting new additional iads, right?

Joel Thompson: I would assume so.

Rachel Streiff: I got on late and this was I assume for medication errors. That is the inquiry we submitted. Yes.

Holly gieszl: No, we're talking about a manual Campus of care. So, there's something on because we're getting a very very generic response from access that says I'll provide a The bottom line is we go on a site visit a manual Campus of care says they don't submit iads. We ask for access to look into that. We get a generic response back saying all providers submit iads and because they're required to buy the ampm. We go into and tell us how to look in the portal we go in and we're still not seeing.

Holly gieszl: any IAD submitted by a manual Campus of care so unless some magical deity has given a manual Campus of care, dispensation from having to submit IEDs. I'm not sure why they're not.

holly gieszl: and so I guess

Holly gieszl: We need to talk about what to do next Frederica. How do we find out if we can't find iads from a manual Campus of care in the portal? Is there any other way to find them?

Fredreaka Graham: So the information that I found here is that those are listed. So if you guys are in the portal and you go into the provider name that needs to be put in is going to be an internal referral. And because that's how those particular cases from a manual Campus of care came through so they all came through as IRS or internal referral. So if you put that in under the provider then the provider name then it

will pull up not all of those are going to be a manual Campus of care, but I'm trying to see how many there are here.

Fredreaka Graham: There's 11. But some of them are still in the qoc format, so they may not be visible until they're closed out.

Matthew Moody: Frederica I'm looking at search results with Internal referral listed as the providers that I searched it. I'm seeing I went back and looked until 2019 and I find about 9,000 of them. How did you find out those 11 were specifically a manual Campus of care that quickly?

00:15:00

Fredreaka Graham: Because I have the information directly from the provider that they submitted to the quality of care Department.

Matthew Moody: So based because you have access from your job you just know that up your head Okay.

Fredreaka Graham: Correct.

Holly gieszl: So Matthew, are you able when you're looking in the portal to determine if they're or do you see internal referrals?

Matthew Moody: Yeah.

Holly gieszl: Okay, and so, how can you search within internal referrals for? a manual Campus of care

Holly gieszl: Or can you?

Matthew Moody: I don't see a way, that'd be a question for Frederica.

Fredreaka Graham: Like you just stated in Matthew, there's 9,000 something of them so you can obviously search it but it would take you forever to determine which ones are Immanuel Campus of care. I will have to speak back with the quality department and legal to see if I am able to release these report numbers specifically. And if they say yes, then I will forward the information that I'm looking at to my set. My side is different from yours because obviously,...

Holly gieszl: Sure.

Fredreaka Graham: I can see everything on there that you all just don't have the Liberty to see but I can check with them to determine if I can send those over to you guys.

Holly gieszl: Okay, and when thank you for doing that and then if you can't send those over. How does the central Arizona ioc get copies of IEDs? That has been submitted by a manual Campus of care.

Fredreaka Graham: Okay.

Holly gieszl: So we're kind of back to where we were several months ago. And I don't understand what the problem is, but we won't spend any more time on this agenda. There's just something odd. And if there are

9,000 internal referrals and we have to go through 9000. That's not a feasible system for us to Fulfill our statutory duties. At least in my opinion, will anybody have any additional thoughts?

Matthew Moody: What?

Matthew Moody: I do have a question for understand this Fredreaka, so It sounds like from what you're saying. There's a certain class of providers or type providers that. Are internal referrals only in this portal. Can you explain why certain providers are internal referrals and other providers like yes, my clinics directly do their own into the portal.

Fredreaka Graham: No, everyone does their own internal referral. It is just a category and it's listed under provider type just for the search. So it's not specialized where one provider is doing internal referrals versus an internal referral as explained a few meetings ago would come from an agency. Let's say someone came into the hospital and they reported a concern with a member then the hospital had to do an internal referral. So that's where the internal referral comes from. So it's not specialized to one provider.

Holly gieszl: Okay.

Fredreaka Graham: That's why there's so many because all agencies could do an internal referral depending on the situation.

Holly gieszl: Okay.

Matthew Moody: And I understand that you can't give specifics here for drinks. I'm just trying to understand conceptually, so following that logic that means that the only IDs that have come from manual Campus of care have been internal referrals only, is that correct?

Fredreaka Graham: I don't know that to be the truth because I didn't speak directly to the providers that submitted those are just what was sent over to me. So that's a question that I can't answer because I don't know. I don't know.

Holly gieszl: Okay.

Matthew Moody: I'm asking you specifically...

Fredreaka Graham: That's all.

Matthew Moody: what happened this time. I'm asking to make sure I understand the logic like if everyone is filling out every ID they're supposed to be.

Fredreaka Graham: I don't know.

Matthew Moody: And they're only internal referrals here and that would mean that Immanuel Campus of care only had internal. Things like does that logic correct?

Fredreaka Graham: I don't think so, but I don't know. I can't answer that.

holly gieszl:

Matthew Moody: What part of my logic is incorrect?

Fredreaka Graham: What was that?

Fredreaka Graham: I'm not saying it's incorrect, I'm saying I don't know.

00:20:00

Holly gieszl: So let me see if we can get it this way. Those are great questions there in their helpful to Frederica other than looking through the internal referrals.

holly gieszl: hunting for if we put a manual Campus of care into the provider search bar. if there are any IAD submitted by a manual Campus of care, they would show up there, right?

Fredreaka Graham: Mercy It could show up under any other assigned Reba or Treva.

Holly gieszl: So if I want to search for all of the IAD submitted by Banner I put Banner in that provider search bar and the IAD submitted by Banner will show up, right?

Fredreaka Graham: Yes.

Holly gieszl: Okay, but they won't have a manual.

Fredreaka Graham: Emmanuel There is the meaning they're not the Managed Care Organization. They're a provider. Banner. Mercy Care IDs would show up any manual Campus of care could have an IED under Mercy Care or Banner meaning that they would be responsible to submit to Mercy Banner who would then submit those?

Holly gieszl: So this is helpful for the search function that we are working with when we put in a provider. It met its MCO. It's not the individual. Clinic provider

Fredreaka Graham: Not all the time, but it could be the majority of them though are Banner Mercy Care the provider organizations. Sometimes they slip through the cracks and they're

Holly gieszl: Okay, so if I have a child who's at a birth facility? And it's owned and operated by. my mother's care home. I'm making up a name. And I want to file. an a and my mother's Care Home submits a

Holly gieszl: an IED because let's say my daughter fell and broke her leg in the backyard.

Holly gieszl: And my mother, let's say is a Mercy Care contractor, does that show up as a Mercy Care IAD or my mother IAD?

Holly gieszl: Okay. This is another level that is helpful. Okay, does all the committee members understand kind of get What we've covered here any more questions on this I wanted to start with this one because I thought our other providers who are here and representatives from the various mcos this might be helpful to them and it's a key part of our job, but it's one that we Struggle to I think do in the volume that we would like to do and as effectively as we would like to so I wanted to start with this item. Any other questions Rachel anybody else Sommer?

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Matthew Moody: No, thank you for if I think helping us understand these details helps.

Holly gieszl: Okay, So let's hear from our MCO organizations and the others folks who are here. Hopefully we have some reports or maybe some folks who have potential members from their peers and those offices who will be interested in maybe joining as a member of our ioc who wants to start or I'll pick on somebody.

JoAnne Kautzman: I will Holly this is Joe with Banner.

Holly gieszl: Hi Joe.

JoAnne Kautzman: We have no updates at this time. Sorry about that. Yes. Yes.

Holly gieszl: That's okay that I guess sometimes no news is good news, right? Okay. Dawn

JoAnne Kautzman: That's right.

Dawn McReynolds UHC OIFA: Yes, thanks. olly. I'll go We have been going around the contracted areas that we serve in and we've been working and educating more providers around our credentialed peer support and Family Support Services, but we've also taken a deeper dive in the regulation of those services not only from an MCO point of view, but also from an access point of view. We're also contracted with DDD. So we've taken those steps and I'm happy to say that we've been able to really see some of the gaps that are occurring and been able to educate pretty successfully on that. So that's my report. Thank you.

00:25:00

Holly gieszl: That's so interesting because we all know I think the auditor Generals Report from last year Lindsey Perry who's a wonderful auditor really highlighted some areas, including in the credentialing and continuing education issues for peers. And I think that's a really good thing to hear about. I think the committee will want to hear more and we may want to try to do a meeting just focused on what the peers are doing how they are used how they work in the various parts of the system.

Dawn McReynolds UHC OIFA: Absolutely.

holly gieszl: I've been thinking that would be so that all of the plans can talk about it and help us understand in our site visits for instance and in our IAD reviews if we should be looking for anything in particular and how we can better understand and appreciate and incorporate the work that the peers do in our work is a committee. So we'll talk about that maybe later. I'd like to have maybe the September meeting or so to look at that in Greater depth

Dawn McReynolds UHC OIFA: Absolutely olly. if you obviously work with Frederica, I would be more than happy to partner with any of my collaborators and oifa to present and just as a side note, we've been doing this regulations...

Holly gieszl: Yeah.

Dawn McReynolds UHC OIFA: since I was at the Department of Behavioral Health back in 2012 in Oifa, so we've seen a lot of growth and so certainly support all of the new regulation and awareness that's happening.

Holly gieszl: Great. I remember the first peer Academy...

Dawn McReynolds UHC OIFA: So I'd be excited to partner in a presentation and...

holly gieszl: which Dbhs did and...

Dawn McReynolds UHC OIFA: talk about that.

Holly gieszl: I think I can't remember how I'm blanking on her name. She was so smart. She went to Mercer. I think when dbhs transferred over to access.

Holly gieszl: But that would be good and Dawn I'm gonna follow up with you on that and that would be wonderful. I know Banner was on. Where's Banner?

Tyson Gillespie, Mercy Care: All right, Tyson, Gillespie.

Holly gieszl: I'm sorry Joe Blue Cross.

Holly gieszl: Maybe Blue Cross Blue Shield decided to go to dinner.

Holly gieszl: Anybody else other guests who have a report?

Tyson Gillespie, Mercy Care: Be initially started developing a training on informed care that was for foster adoptive in kinship councils,...

Holly gieszl: yeah. Hi. There you are.

Tyson Gillespie, Mercy Care: but we've decided to open it up to a larger Community forum for anybody. That's a caregiver or wants to know more about informed care. So we will have three trainings coming UPS just did one about a week ago have another one in September, another in November just really give a kind of high level overview of...

holly gieszl: right

Tyson Gillespie, Mercy Care: travel informed care is how if anybody knows anything about the aces studies how adverse child experiences impact physical health and emotional being later in life so I can drop in the chat here just the information on that training that we've just opened it up to a larger group happy to say recently our Workforce Development team partnered with

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Tyson Gillespie, Mercy Care: Access and the Arizona here and Family Care Academy to push out a supervision training for peer and family support specialist. So those folks who are providing supervision to here in family Specialists that allow that to be an online training so easily accessible for supervisors in that space and all so we are currently so recruiting for our member advocacy committee about Holly. I

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definitely heard your interest in recruiting some folks for the ioc and so we will be having our next Mac meeting here about two or three weeks and I'll put that on the agenda to see the advice interested to maybe join the ioc and participate.

Holly gieszl: Excellent. I think that the peer perspective could be very useful when we're going to do site visits. And when we're looking at iads as well, so I'm glad that you guys are thank you for doing that and I'll try to remember I may not but somebody who's really organized the other committee members. maybe we'll follow up with a nudge to keep that on your agenda for your meeting and see if we can get some folks on.

holly gieszl: right

Holly gieszl: That would be good. Okay anybody else with a report?

Sommer Walter: yeah, It's a blessing and a curse to have access to that portal. my gosh to it's pretty devastating,...

Holly gieszl: Okay. ...

Sommer Walter: you and...

Holly gieszl: We will move on now and...

Sommer Walter: it's not just one Clinic over the other it's across the board or...

Holly gieszl: go back and pick up on the agenda summer.

Sommer Walter: hospital or wherever the ID is coming through the couple that really I mean,...

Holly gieszl: I believe you had gone through a number of some reports for this evening. And do you want to run through those and...

Sommer Walter: I wish sometimes they'd be a little bit more clear about the IEDs.

Holly gieszl: Thank you for doing that.

Sommer Walter: There was one specific.

Sommer Walter:

Sommer Walter: Case where a member had it doesn't State where they were specifically were the incident occurred where this individual is on a one-to-one and while on a one-to-one was able to get hold of an electrical cord to strangle themselves and had it around the neck. They were outsourced to the hospital. affiliated with Are we allowed to save a specific clinic or leave that out completely? I don't want to well.

Holly gieszl: We can leave it out for now.

Sommer Walter: Yeah. okay, so their tops to a specific Clinic, was the designation of an SMI and

Sommer Walter: the person. Appears to be a cot person but there is no connection with the clinic and this person it says and ID Clinic is having a hard time connecting with this individual due to homelessness and I'm like, I want to know who's doing amending on the cot orders because this person looks to be frequently amended and when that person is being amended in hospital, where's the clinical team and trying to recommend housing options or are they just not showing up in this person is repeatedly being discharged to the streets and it's a female.

Sommer Walter: So it's just concerning to see things like that where it's not either it's bad record-keeping or that's just the true scope of what's Happening, which I tend to believe just from experience. That's the true scope of what's Happening that this individual is routinely hospitalized. No one's showing up to do coordination of care and they're admitting in the IED that this individual is not getting routine follow-up and hasn't for six to seven months and it's due to homelessness. Okay, but why is that person homeless? I want some clarification as to what type of attempts have been made to house this person or even recommend appropriate placement post hospitalization especially someone...

00:35:00

holly gieszl: right

Sommer Walter: who is trying to actively Take their own life.

Holly gieszl: So when the person was one to one. They weren't homeless.

Sommer Walter: It doesn't clarify. I'm assuming not but it doesn't say where that specific incident occurred. So I want some clarification as to where the incident occurred in regards when the person tried to hang themselves and then ask attempts from the hospital when the person was amended were there attempts on that staff to connect with the clinical team for discharge planning.

Rachel Streiff: Are they a special assistance member?

Sommer Walter: No.

Rachel Streiff: Who's in charge of reviewing people periodically for eligibility for special assistance criteria.

holly gieszl:

Rachel Streiff: Is it the same people reviewing for eligibility for ACT teams?

Holly gieszl: You have to ask. I don't believe there's in the lawyer term. In other words, the agency on its own action goes in and looks for special assistance. It's been a while since I had a special assistance client. My recollection was that. It can be recommended or somebody has to ask for an advocate has to ask to be assessed for special assistance.

Rachel Streiff: And I take it this person doesn't have a guardian.

Sommer Walter: No, not at all.

Rachel Streiff: So this came up today with another member? Who is clearly incapacitated? And needs a guardian and...

Sommer Walter: Yeah.

Rachel Streiff: is it not on the honest of the SMI Clinic? to support a Health professionals report from the provider in charge and...

Sommer Walter: but

Rachel Streiff: ask for a guardian to be appointed either from the family or through Maricopa County Guardianship Services of public fiduciary is that not something that SMI Clinic should be doing and supporting when people are very clearly incapacitated or no?

holly gieszl: I think the question is not going to be framed in should they but in the ampm we got it's a good thing to go back and look at that from my perspective.

Sommer Walter: Yeah.

Holly gieszl: Should we address that and pose that question to access and to Mercy? What are in a more broad frame? What is the duty of the theme or the clinic or...

Sommer Walter: eight

Holly gieszl: Oifa, or I'm maybe not author but who has a duty if anybody? To take the step to either seek a guardianship seek special assistance designation. And I think that's a really important policy question that may come out here.

Rachel Streiff: And I did speak with office of Human Rights today about this. And the information I got was that.

Holly gieszl: Uh-huh.

Rachel Streiff: That it clinics can and When it's something this obvious. intervene with an evaluation and recommendation from the provider for someone to be appointed a guardian and widespread clinics Are not doing this I suspect that and in the case that I was talking in with r today. this person's providers and nurse practitioner and I don't think Super experienced with guardianships in general because a lot of NPS are not And so I'm not convinced that the care of this person is recognized capable of even recognizing. Wow. This person is very much incapacitated should not be making decisions...

Holly gieszl: Yeah.

Rachel Streiff: because it's been very harmful for

holly gieszl: And it sounds like also just do the providers even understand. Those are options. Are they aware that those aren't?

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Rachel Streiff: I suspect not and I suspect there's very little training. I don't suspect I know. So I've heard a lot of these Matt's got his hand up curious...

Holly gieszl: Yeah. Yeah,...

Rachel Streiff: what he had.

Holly gieszl: Those are great points Rachel and I've made notes. I think these are some important issues that really deserve some careful thought by the committee and discussion about how we look at them going forward and thank you Matthew. Sorry.

Matthew Moody: I just wanted to bring Joel and myself into this conversation because we used to be on teams and...

Holly gieszl: Yes.

Matthew Moody: Joel led a team, but I definitely know that there were times, assuming that all case management teams. SMI teams are operating with the best intent. I know that I feel like Joel and I did keep together but

00:40:00

Matthew Moody: I don't even know how I would request guardianship for somebody and I think the primary way that we would have attempted to help somebody in the situation was to keep getting them hospitalized and then potentially go to Ash I don't know that we would have ever gone to the public fiduciary. Otherwise, they even know what they were unless they had a thing in the chart that you have to talk to.

Matthew Moody: And I don't know. I mean this is such a complicated topic. I don't know if I would necessarily personally want case managers or people that aren't licensed making decisions for my family members or community members, I don't know if a petition and Order evaluation. That's one thing that they can easier bar to follow but I think it's good to ask the question and see if there is someone in the system that is to be doing this.

holly gieszl: right

Matthew Moody: I just don't know Rachel you're aware with all on what people need is gonna be typically much better than your average case manager that has a case of a hundred at this point.

Rachel Streiff: And I guess I'm not suggesting that it's even the case manager. And when I had the discussion with office human rights today, they implied that it's really the whole clinical team, especially the prescriber and provider because they are the ones that fill out the health professionals report for the Guardianship and

holly gieszl: right

Matthew Moody: Yeah, I just don't see a lot of doctors sitting down and saying this person needs Guardianship and understanding what a pubfid is and why is this? I don't know like Joel, you and Rachel. I

don't disagree with you. I think that the doctor should be aware that the clinical team should be aware of this? I just don't know what we are. What's the capability?

Rachel Streiff: The case I saw today should either be at Ash or have a guardian and if we don't have access to the Arizona State Hospital. then We should be doing the next best thing in the community which for this person They're so incapacitated. They need a guardian.

Sommer Walter: The problem is that a lot of people don't even know how to submit an application . A lot of the clinical staff are not trained to the extent of what an application should look like and send someone to ask. It's not just a one two three pager in an example of my brother Darren his was 25 pages long, you have to give an extensive because it's so hard to get in cash. But then you really have to prove that significant level of care of need and so not only do our clinics not know how to submit applications to Ash or what that even looks like because they've never probably worked on one before because they're just like, nobody have accessibility to Ash all so the guardianship issue and these providers in my experience most of them have been unwilling to even entertain the idea of filling out a health professionals report for

Sommer Walter: the sickest individuals that we see in these incident reports

Holly gieszl: Mm- So I think we've got two things here you've identified an incident report somewhere that we need to follow up on is everybody in agreement on that to find out what's up with this particular member.

Matthew Moody: Yeah, I think it's worth it. But do we ask for their SMI chart or do we just ask the auditing crew that did this to go do more investigation and tell us if there has been an Outreach and so forth. How is it?

Holly gieszl: I think we should follow up with a letter that asks Sommer's questions and she's looked at and I would sort of defer to Summer to ask the questions that it raised for you. as you were looking through and...

Sommer Walter: Yeah.

holly gieszl: then it

Sommer Walter: It was really unclear the report seemed kind of Jumpy, didn't have a defined kind of clinical looking order where this person was on this one and this one and this one and it didn't give a timeline of things. So it was a little bit jumpy so clarification really what's going on with this individual but it just seems like there's a lot of repeated hospitalizations yet. The clinic isn't connecting but this person's homeless, and I'm just like what's going on here, Where's the failure happening?

holly gieszl: so it's care coordination if care court it's care coordination, and it's Safety because of the homelessness issue and...

Sommer Walter: Yeah.

holly gieszl: risk obviously and cot reps in so it really comes down to the care coordination across the Continuum. So that's complicated so summer if you would Be responsible for asking the questions in a

letter that you would like and then any of us can help on that then the next thing that Rachel you raised in Matthew raised is I think this relates to an important. Topic for us to consider: where is the responsibility?

00:45:00

holly gieszl: for stepping in when a member is doing what is doing is that this much risk is having just much disruption and their care and their safety and all the social determinants of Health seem to be sort of going sideways here whose responsibility is it and think those are two really I think this case has A lot of sides to it to look at so I'm glad you identified it some that's great. I'm going to make that as a follow-up item. for discussion

Holly gieszl: This raises an issue. I think I am frustrated with my inability to figure out how to enable us to cover more ground and do more with these iads and the process that we have. We were using subcommittees and so forth. But in theory this should go to Dr. Potts. to review and then send a letter. in follow-up and then have it come back to Dr. Potts and then come to the committee that's takes two or three months. I'm looking for ideas. And if we have to change our policies there are policies we can change them, right?

Holly gieszl: I'm looking for ideas on how we could streamline this we can talk about it. What I'd really like to do is maybe have a little informal meeting or talk to each of you. How do we put the IAD reviews on a faster track so we can cover more every month and get a turnaround really quickly.

Holly gieszl: I'd like to have a way for instance. It's summer can through access the minute. She sees this send it over and ask for clarification on the other hand and then come back to the committee. On the other hand, do we prefer having to come here have the whole committee talk about it and then go back.

Rachel Streiff: What does the other iocs do I know that ddiocs are very on top of things like this and they have a really good system in place.

Holly gieszl: I don't know I of Ash is different because they have a captive population, so maybe we can find that out and Tyson. You have your hand up Mercy.

Tyson Gillespie, Mercy Care: Up, Holly. I am just going to speak as a former ioc member in the southern region on the access ioc.

Holly gieszl: Yeah.

Tyson Gillespie, Mercy Care: I was part of the group that did the reviews and...

Holly gieszl: Uh-huh.

Tyson Gillespie, Mercy Care: I was able to put the inquiries through the portal and submit them directly. And I know that Frederica would then do follow-up. So I did the review of there was a question. I would submit them and then I will report back as a Committee Member to that committee on any inquiries that I submitted.

Holly gieszl: I love it. So you would pull thank you so much Tyson. Why aren't you on our committee? You should quit Mercy Care and come and be a role member here. You don't need to work somewhere like

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that. You should do this full-time. I think that's a great idea if we could have the person who fought when you find an IAD. That you want to ask questions about you put the questions in Tyson could even help us with show us how he did it or do a little Consulting here on. and that would enable us to come back with at least some additional. contacts so that we have more information to act on

Holly gieszl: Frederica has her hand up.

Fredreaka Graham: Thanks olly real quick. Does everyone know the process of how to do that? Because it is in the portal you have to be able to access the portal to be able to do so those that are in the portal. Do you guys know how to do that? Yeah, So yeah, that's basically what you do if it's an IED that you're reviewing and you have follow-up questions on it. You can select it right then and there put in whatever questions you have. There's some drop-down and then there's a section that you can enter in whatever you'd like and then those come directly to me. from

00:50:00

Holly gieszl: Excellent Okay, so I think that's very cool. What are the other members think that we could maybe get Frederica? Could we ask you to work with small groups or one or two people to pursue that so we could actually get the feedback before the next monthly meeting is that Could you do that?

Fredreaka Graham: You mean show you how to do it or...

Holly gieszl: Yes.

Fredreaka Graham: Yeah, I can show whoever needs help. I can just send me and calendar invite or email and I'll set up some time to Walk you guys through the process of how to do that.

Holly gieszl: Okay, maybe we could get a couple of us on so we're not dominating your calendar and then Tyson. Thank you so much. That's really a great idea. How did we not know that? that's

Fredreaka Graham: I will say that Dr. Potts does it all the time? So he also would be a good resource because we get most of the inquiries from Dr. Potts directly.

Holly gieszl: And he sends the inquiries. I thought we had to bring it back to the committee. and my

Fredreaka Graham: It's direct from the qm portal. So yeah,...

Holly gieszl: Okay, perfect.

Fredreaka Graham: everyone has access to do that directly from the community.

Rachel Streiff: and the training covered that I think Yeah.

Holly gieszl: And I am guilty as charged because I missed that and that's my bad. All right, so that's then we'll try to do that was as we go forward. We'll follow up but questions in and then we can bring it with more information. Okay, some are anymore.

Sommer Walter: other one that really hit me was a member who was assigned to a clinic, SMI designation obviously hadn't been

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Sommer Walter: seen for quite some time was shifted to navigations status. it's not clear if the individual was homeless or the reason for probably could be homelessness or overall lack of Engagement, ended up in a regular hospital and wanting to clarify if the hospital itself tried to connect with this individual's clinical team because it appears as if this individual is asking for how and doesn't say that there was any type of connect made with the clinic and they were discharged and final report was that

Sommer Walter: this person died on the streets. and of an overdose and

Sommer Walter: is horribly sad to think that if someone This took the time to connect or if they did connect and the clinic wasn't responsive and this individual, seeing the medical examiner of report of where this individual was found. it's pretty heartbreaking that just a simple inquiry could have saved this person's life or even if the hospital staff would have recommended hey, would you like to be transferred to such and such inpatient rehab facility or something like that? it just seems and only because I've seen it a thousand times with records of my brothers where it's just like Here's some low level anti-anxiety Med. Have fun on the street. Good luck to you.

Sommer Walter: And it's just seems a Common Thread and unless it's an unnecessary death. So it's that one I'd like to get some more inquiries to was there any attempt to connect with this individual's clinical team to engage with the clinical team, but it just appears like you look medically fine your heart looks fine. your lungs look fine. Here's some hydroxyzine. Goodbye. And then they die.

Holly gieszl: Who submitted the IAD?

Sommer Walter: I

Sommer Walter: I'm not sure it's just something I saved in my phone. I'd have to go back on my laptop because I have tons of IEDs downloaded and specifically tell you who said who submitted it. I think it probably had to either come from access their Mercy Care because it talks about Basically just shows a death, probably from access. Usually when you see the whole headliner page on it is directly says, sometimes you'll see more care. Sometimes you'll see access, but I'm not sure I'll have to look.

00:55:00

Rachel Streiff: and if they're SMI designated there should be a whole itdp process happening with the clinic and...

Sommer Walter: Right. Yeah.

Rachel Streiff: the hospital and With a follow-up appointment scheduled within seven days blah blah. so all of that should be Available...

Sommer Walter: And that Yeah,...

Rachel Streiff: if it happened.

Sommer Walter: It wasn't based on them.

Rachel Streiff: That didn't happen. Okay.

Holly gieszl: I'm not sure and this is a question. I know that because went the access portal and rather and Mercy's portal here went live so that all the SMI providers can look back in probably. I don't remember Winnie. 21

Holly gieszl: And you could verify who's currently enrolled with what provider Etc. It was a key feature in the Curtis Bagley criminal case. But is it available to non-behavioral health providers? I mean if somebody walks into dignity or walks into Saint Joe's or they walk into Banner Desert. And they is there a way for Banner Desert to query?

Sommer Walter: It says in the incident report the clinic that this person was affiliated with it says in the report and I want to know what attempt was made to connect with that clinic if any and so a lot of these IEDs they do label the clinic and everything but it's not super specific...

Holly gieszl: But okay.

Sommer Walter: but in my experience I have found again with my brother when they

Sommer Walter: Hit in a hospital the clinical staff or the clinical team or the clinic and of itself. Whoever they're assigned to gets a hit gets a notification that they're member is in the hospital. I mean and I guess it just depends if the clinic is paying attention to those or not. I mean, I've been lucky that when that's happened with my brother that oftentimes they know before I do, that he is in a hospital and I get a call like hey, why is he at St. Joe's and I'm like, I don't know you tell me so I guess it just depends on the clinic and if they're actually paying attention to the notifications that their member whether on and I guess the question too would be like if this individual is on active status navigation status, do they still get the notification that their member is in the hospital?

Holly gieszl: Tyson has a question. How are you asking about primary care providers or emergencies? Yes. I am

Tyson Gillespie, Mercy Care: I will look that up and I don't want to get too nuancy in this summer, but There is the health information exchange, which is now managed by contexture which some of those electronic notifications if hospitals and other facilities are participating providers that they would then do electronic notification of admission or visit. And not doing all the nuances in a specific case. It's hard to say. Were they all participating but those notices do get set for those type of facility visits or patient stays?

Holly gieszl: Good. I think everybody knows what the health information exchange is generally sort of broadly...

Sommer Walter: Yeah.

holly gieszl: but I think it would be good for the committee to understand how that hie does impact The generate what happens when iads are generated at a facility in the community. Does that make sense? I mean, how does the hie facilitate promote the ability to catch people when they've landed in an emergency room, or they've come out of a homeless situation or now in a place and who are the participating providers and if

Sommer Walter: I guess I just like to see the breakdown, where the breakdown occurred where the failure the communication and trying to at the very least engage with this member and I mean, maybe they did and the ID just wasn't. As detailed enough and maybe once I submit the inquiry we might get that but in my experience. Almost always. There's just a lack of really wanting to try and that's not just in my personal experience, but seeing others and trying to help others navigate, gosh my loved ones here. They want to throw them out on the street. tell them this, and so it's especially when it results in a death unnecessary.

01:00:00

Holly gieszl: Yeah.

Holly gieszl: Yeah and a gic. took utter tragedy. Okay, and next one summer any others, I think you had several.

Sommer Walter: Yeah. Those are the ones that were probably ones the most pressing that I wanted to bring before you guys today. I mean, they're all pretty heartbreaking but Some of them are more just routine, the same ones you see over and over again, which is concerning and of itself, but those were the big one.

Rachel Streiff: Here somewhere when you say the same things over and over again can you just list a couple of trends when they...

Sommer Walter: Repeated hospitalizations.

Rachel Streiff: what you seeing?

Sommer Walter: Repeating failure to Put people in an appropriate setting, setting assaults just an increase of hospitalizations seeing the state.

Rachel Streiff: Is there ever an indication that an assessment for eligibility for an act team was done?

Sommer Walter: No, we suggested there's never ever any of that or special Assistance or anything. It's like that revolving door.

Rachel Streiff: Yeah.

Sommer Walter: Just treat Street repeat Street, just over and over and over again. There's never in what I read any true meaningful recommendation to create a more positive outcome from the person's experience.

Rachel Streiff: And the last several it's either the quality service review or service capacity assessments done by Moser have no case managers surveyed, no criteria for ACT team and no case managers have had ever participated in an evaluation for eligibility toward an act team. This is a big gap in the system act teams there's not enough of them. They're understaffed. There's up to 50% vacancies in nursing staff on act teams. The quality reviews themselves are inadequate. It doesn't help to just look at who's receiving act. You have to look at everybody and find out who's not receiving act that type of assessment is never ever done.

Rachel Streiff: And I'm encountering people out in Mad mom world. That I'm shocked have never been assessed for act or were promised act upon discharge never got it. And need that level of care and aren't getting it and so if we're not going to hospitalize someone for more than two weeks ever and if we don't have a state hospital that's accessible to people that need it. Then why aren't we providing act services to those that need it and there seems to be a significant lack of training and awareness the last time I was on a staffing with someone who clearly needs an act team.

Rachel Streiff: The case manager flat out said yeah, you'll never get an acting well, according to the National criteria. There are classic case for that. So no one even bothered to put in a referral or an assessment or anything to come back and say no you're rejected for an act team. Here's why it's just not even being utilized in the way that act should be utilized my observation.

Holly gieszl: I think that's a really important. Point Rachel and I think that our looking at these iads Demonstrates that now we're looking at a population where an IAD has been generated. So you would expect to find more of this sort of disruption. so it's a little bit of a statistical anomaly but I think that's important and I'm gonna put down the future of Acts in Arizona is something that we can think about as the themes that we're looking at sort of dawn. Yes.

Dawn McReynolds UHC OIFA: Hi, thanks, I'm hey Rachel, it's Dawn. Hope you're doing well. I wanted to tell you I'm not sure if you've seen it yet, but palette AMPM 9:30 on the access website is open for public comment, and it talks about the evidence-based practices at Sam so uses and...

01:05:00

holly gieszl:

Dawn McReynolds UHC OIFA: for different domains, and one of them is the act team and...

Rachel Streiff: Okay.

Dawn McReynolds UHC OIFA: they're making recommendations for different regulations. So I thought that might be helpful to you in this conversation.

Rachel Streiff: Can you Dawn you've got my email? Can you forward that to me? I get some of those and...

Dawn McReynolds UHC OIFA: Yeah.

Rachel Streiff: I don't know which ones I should take time to go look at and comment on and Honestly have time...

Dawn McReynolds UHC OIFA: absolutely, just Yeah,...

Rachel Streiff: But I love that you brought this up.

Holly gieszl: Yeah.

Tyson Gillespie, Mercy Care: but

Dawn McReynolds UHC OIFA: just for everybody else. It's Am Pm 930.

Rachel Streiff: Okay.

holly gieszl: 9:30 I think that we ought to have a look at that and as a committee, maybe we can draft some short comments just based on it certainly not, broad statistical survey, but our observations from the iads and our site visits on The four domains that samsa has because that's great. That's so helpful Dawn. Thank you very much.

Tyson Gillespie, Mercy Care: so just throw out there that 9:30 also,...

Sommer Walter: Because I think Holly.

Tyson Gillespie, Mercy Care: you could give feedback on the pier and family other evidence-based practices included so here and...

Holly gieszl: Uh-huh.

Tyson Gillespie, Mercy Care: family permanent supported housing and supported employment are all included. And so if there's feedback you have on any of those based practices as well.

Rachel Streiff: Can the feedback be wellful shortage of permanent supported housing?

Holly gieszl: Yeah.

Sommer Walter: Yeah.

Tyson Gillespie, Mercy Care: I'm not from access Rachel.

holly gieszl: can

Tyson Gillespie, Mercy Care: I think you probably put whatever you want in your

Holly gieszl: Haha, it's interesting too these topics are of course among the four. Legs of the stool in the Arnold V sarn settlement and so it's which was based off of earlier. Santa the settlement not the original lawsuit the settlement. that this is important. I think we ought to look at how we can get.

holly gieszl: an ioc opinion on some of this or comments on some of it and we can do that quickly. We can do it a little subcommittee meeting. We just announce it as a public meeting and we meet and we do it on a zoom and we leave the zoom with our comments. Shouldn't take less than an hour to do all four is that something you guys would like to do Rachel. I think it's what we ought to be doing and to have a voice and try to do that and Dawn. Yes.

Dawn McReynolds UHC OIFA: I apologize. I'm timing and...

Holly gieszl: No. No talk more talk more.

Dawn McReynolds UHC OIFA: so much but I just wanted you to know Holly that the references of the evidence-based programs reference Samson's. Tools toolkits that they created on their websites and

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Rachel I'll put all the links in that email that I send out to you, but I wanted you to know Holly that those tools for the majority of them. You probably are already aware. We're created around 2010 2012.

Holly gieszl: Yeah. exactly

Dawn McReynolds UHC OIFA: So they're a little outdated but I wanted you to have that information as well.

Holly gieszl: No, yeah, that's great and the settlement was 2014 and it built on the Arnold lease on settlement, definitely built on the samsa things. I love the same set toolkits. I use them in all my litigation both the civil and the criminal because they give guides as to what are the best practices?

+1 602-*-**16:** Rachel or...

Holly gieszl: So we can go in and...

+1 602-*-**16:** anything.

holly gieszl: and discuss issues and cases in that sort of Good, so I'm gonna make that as a follow-up. Does anybody know how long the comments are open? And please don't say midnight tonight.

Tyson Gillespie, Mercy Care: I just looked it up and I'll drop the page in the chat and looks like the last thing for comment was actually June 17th.

Holly gieszl: We missed that.

Rachel Streiff: never

Holly gieszl: Okay,...

Dawn McReynolds UHC OIFA: I'm so sorry.

Holly gieszl: This is good to know and that's all right. We can still think about it right and we can hopefully look. We'll get something from samsa.

Holly gieszl: On these things and then we will become insulator. And so that's great. And I really appreciate you guys sharing all that because you live and breathe it every day and some of us live and breathe it parts of every day, but certainly not to the extent that you're the pro. So I really appreciate that. any more who else looked at iads anybody?

01:10:00

Sommer Walter: I think Holly too, one of my other concerns with reading some of the iads is that I don't know...

Holly gieszl: Uh-huh.

Sommer Walter: if it's

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Sommer Walter: I don't want to say laziness but maybe laziness maybe due to lack of knowledge. when some of these ideas the individuals are ending up in the ERS and say this and the reason why I'm gonna ask for clarification in regards and mice might seem just pointless but the reason why I want to know about if the hospital staff made in an attempt to connect with this person's clinical team and say the clinical team was unresponsive, then was there then the secondary question would be like did the hospital staff make a report to APS because that is neglect. And that is they misdemeanor when it comes to the SMI and after two misdemeanors at them becomes a felony and I'm like, so we're gonna neglect and continue to do this to this population a level of accountability needs to occur in proper protocols need to take place in regards to the just

holly gieszl: Sommer I think that that's

holly gieszl: those are really

Sommer Walter: Care across the board neglect of this population...

Holly gieszl: Yeah and...

Sommer Walter: because our loved ones are held accountable by incarceration and...

Holly gieszl: Take care of yourself. Don't read them so much particularly with what you deal with don't.

Sommer Walter: these clinics just like no,...

Sommer Walter: we just bait and...

Holly gieszl: Read too many of those things.

Sommer Walter: feel like engaging with us, but ...

Sommer Walter: the person needs engagement or needs a guardian or needs something like that.

Holly gieszl: I think this has been a good discussion.

Holly gieszl: I appreciate it.

Sommer Walter: So that's...

Holly gieszl: I think Rachel, your comments on the ACT teams,...

Sommer Walter: why some of the questions that I put in the inquiries and...

Holly gieszl: And I want us to we can all go back and...

Sommer Walter: people are like, that's kind of so minut...

Holly gieszl: look at the best evidence.

Sommer Walter: But it's the minut things that kind of make sense and asking these questions like...

Holly gieszl: Comments and...

Sommer Walter: why wasn't a forward made to this or...

holly gieszl: all that and all of this will help us do better work going forward anything else that you guys have that you would like to talk about or...

Sommer Walter: why was then, the next step taken to protect this population.

Holly gieszl: bring up.

Holly gieszl: This evening.

Sommer Walter: But there's a whole special unit for SMI at APS.

Holly gieszl: No, good.

Sommer Walter: And then if APS isn't doing their job,...

Holly gieszl: I want to thank all of our guests for reporting and...

Sommer Walter: Then there can be in I mean, I'm happy to have conversations with APS,...

Holly gieszl: participating. you...

Sommer Walter: But ...

Holly gieszl: Joe Don Tyson, it would be fantastic...

Sommer Walter: it's a blessing and...

holly gieszl: if you guys were able to participate as much as you did and...

Sommer Walter: a curse to read these IEDs,

Holly gieszl: more because you can really help us do this kind of work. I know we all want to do and...

Sommer Walter: Yeah, no.

Holly gieszl: It's always a process where evolving we do. We've got finally and...

Sommer Walter: Yeah.

Holly gieszl: So I want to thank you guys for coming and helping us. You really gave us resources that we need and that's deeply appreciated. We have a potential new member. Which Rachel had? I believe she is she a mad mom.

Rachel Streiff: Who is this?

Holly gieszl: You circulated a resume I think for You did not.

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Rachel Streiff: I did not circulate a resume.

Holly gieszl: I thought it came from you. Maybe see I'm doing to me things at once.

Holly gieszl: The application is from Sharon. para, p e r a

Rachel Streiff: Yeah. She goes by Beth. Yeah. No,...

holly gieszl: Beth I see that

Rachel Streiff: I do know she is one of the moms. She would be great for this. So I didn't recommend her...

Holly gieszl: Okay, so we got the resume and...

Rachel Streiff: But I do.

holly gieszl: I'm going to

Holly gieszl: She has a 3.6 GPA in sight major out of ASU. So she's way too smart for us.

Rachel Streiff: Had any idea yeah.

Holly gieszl: She's way too smart. So we will invite her next time and I think that would be terrific. I'd love to get more moms and more. obviously get participation from Members enrolled members, whether certified peers or not, certainly more certified peers if we can get them and then also I'm talking to a couple of other folks, one provider in the community who's in Scottsdale and extremely knowledgeable. So I'm really trying to get us up. To the focusing on the statutory categories for membership.

01:15:00

Holly gieszl: And so I would ask everybody, Fredreka Tyson Don Joe all of you. Just keep your eyes and ears open for people that you would like to see. if not from your organizations or from others that you interact with to join us and help work on this. I like the fact that we're volunteers. It's truly a sort of Citizen government where we can go out and try to help. Our government agencies do what be supportive of them and colleagues with them and Frederica, thank you as always for your help on anything else that we need to talk about. There goes Fredreka's I'll have to see I have one thing. I want to show you. Wait a second.

Holly gieszl: I don't know if you can see it. There's baby Layla.

Rachel Streiff:

Holly gieszl: So we'll send you away with happy thoughts. She's nine weeks old now, and...

Rachel Streiff: that's

Holly gieszl: she is a happy baby. So anyway done with my bragging. Thank you.

Holly gieszl: Thanks everybody. and read don't thank.

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Rachel Streiff: Thanks, Holly.

Fredreaka Graham: Thank you. Thanks. Holly.

JoAnne Kautzman: Thanks, Holly.

Fredreaka Graham: Good evening.

Meeting ended after 01:17:22 🙌