



**Division of Developmental Disabilities (DDD)
District West Independent Oversight Committee (IOC)
Public Meeting Minutes Summary
Tuesday, May 28, 2024 – 6:00 PM to 8:00 PM**

This meeting is being held virtually.

Meeting called to order by **De Freedman**. The date was May 28, 2024, at 6:03 pm. The address of the meeting was Virtual, no physical address.

Attendance in Person: **None - This meeting was virtual only**

Attendance by Google Meets unless noted:

- **Diedra (De) Freedman**
- **Brad Doyle**
- **Crystal Fox**
- **Cynthia Macluskie**
- **Jaymie Moore**
- **Pam Dewey**

Absent:

- **Pat Thundercloud**

Public in Attendance:

- **Callie Walling**
- **Gina Judy, A Promise to Prevent**

Arizona Department of Administration (ADOA)

- **Larry Allen**

AHCCCS IOC Liaison

- **Fredreaka Graham**

Healthcare Plan Liaison

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

DDD staff and Guests:

- **Leah Gibbs** (DDD Bureau Chief of CARES Administration - Community, Advocacy, Resolution, Engagement, Support)
- **Diane Kress** (DDD District West Quality Manager)
- **Joan McQuade** (DDD Manager, Member Advocate, CARES Administration)
- **Jeffrey Yamamoto** (DDD DCS Outreach Coordinator, CARES Administration)
- **Richard Kautz** (DDD Volunteer Coordinator, CARES Administration)
- **Michaela, “Micky”, Barnhart** (DDD Volunteer Coordinator, CARES Administration)
- **Morgan O’Hara** (DDD Independent Oversight Committee Liaison, CARES Administration)
- **Michelle Rademacher** (DDD Independent Oversight Committee Liaison, CARES Administration)



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District West IOC-Conference Call (2024-05-28 18:02 GMT-7) - Transcript

Attendees

brad doyle, Callie Walling, crystal Fox, cynthia macluskie, Diane Kress, Diedra Freedman, Fredreaka Graham, Gina Judy, Gina Judy's Presentation, Ian Wilson UHC, Jaymie Moore, Jeffrey Yamamoto, Jeffrey Yamamoto's Presentation, Joan McQuade, Lawrence Allen, Leah Gibbs, Michaela Barnhart, Michelle Rademacher, Morgan O'Hara, Pam Dewey, Richard Kautz, Wendy Herring - OIFA Mercy Care

Transcript

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

Michelle Rademacher: This meeting is being recorded. A copy of the audio is saved to the ADOA website and the transcript from the meeting is used for the written meeting minutes.

Diedra Freedman: Okay, Michelle, you are now my favorite DDD employee. You highlighted this for me. Thank you very much.

Michelle Rademacher: I think that was someone before me that did that. It was probably not me, probably.

Diedra Freedman: I don't know. Jeffrey didn't treat us as well as you treat us, so I don't know. Jeffrey knows that wouldn't be District West if I wasn't teasing him.

CALL TO ORDER

Diedra Freedman: Okay this session of the DDD District West independent Oversight Committee is now called order. The date is May 28th, 2024 and the Time by my computer is 6:03.



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DISCLOSURES OF CONFLICTS OF INTEREST

Diedra Freedman: Do we have anyone that has to disclose a conflict of interest? If we have anyone on the committee who has to disclose a conflict of interest, you need to tell us why. Going once, going twice. Okay.

WELCOME AND INTRODUCTIONS

Diedra Freedman: Usually we do introductions before we do the call to the public. So let's go ahead and do our introductions. My name is Diedra Freedman. Until somebody else will step up to the plate, I am the chair for District West IOC. Speaking, which I want everybody to remember, we're supposed to be thinking about a vice chair. So if anybody wants to volunteer themselves, I'm not going to voluntold anybody, but we need somebody. I am the mother of Andy who spent 17 years as a DDD ALTCS member; he passed away three years ago. I'm a retired attorney from New York. So supposedly I'm a legal expert. And in my spare professional time, I am a healthcare compliance consultant. So Brad, you were next you want to go ahead?

Brad doyle: I'm Brad Doyle. My son's at camp. So you guys should really appreciate me giving up an evening to hang out with you guys because he went to camp this morning. I've been advocating since the 90's. My son is thirty seven. He's in the DDD system ALTCS. I'm trying to navigate eating a salad while I do this meeting.

Diedra Freedman: And it is in his professional life, Brad runs the food services department at a local high school where he helps out the students who have... you're holding their finger up Brad am I wrong?

Brad doyle: I run the high school cafeteria at Moon Valley High School, and I do everything I can to take advantage of pre-voc rehab, Voc Rehab. I roll right over the top of everybody that's possible because the cafeteria is a good Central source and There's so many kids in there that I give a work opportunity to that. I can't tell you from the bottom of my heart. My boss came to me and said what are you doing? I said I'm cooking up all this food for a special dinner for all these kids that volunteer in the cafeteria. And she goes how much does it cost? And I stopped worrying about all that, these kids deserve it. They volunteered. They go in there, they clean the tables. They take trash out. They do all this stuff. There's not a kid on campus that would do that, that's not special needs; and I walked up to my principal and I made him go down and thank every single kid in the classroom. I walked up and I said have you gone down there and talked to them yet, and he said I've been kind of busy. I grabbed him. I made my principal go all the way down there with me and thank every single one of these 20 kids for all the hard work they do on the cafeterias and it made all the difference and then I write letters for these kids to give them job opportunities. We have a huge resource, but nobody uses it. Sorry. Sorry De, got me all upset here. You got me fired up.

Diedra Freedman: The other thing you didn't mention is that you make your cafeteria program accessible. So the students who are ordering, despite their needs, can order.



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Brad doyle: Yeah, wouldn't you like to choose your lunch? I can't think of anybody in this world that will rather have somebody choosing their lunch for him. So for me. I like the praise from you De, but for me, It's just common sense. Who the hell wants somebody else choosing their lunch.

00:05:00

Diedra Freedman: Okay, so next on our list. I'm just going down the list. Crystal.

Crystal Fox: Hello, Crystal Fox. I've probably been here about a year. I have a special needs daughter, Tia who may wander out. She's in the back room. That's why I went back there, cocamelon was getting a little loud. So I also am a registered nurse. I work in Behavioral Health. Lately, I have been following some of our DDD members through the criminal justice system. So trying to help parents and three of the last five individuals that have been prosecuted on a felony offenses have both schizophrenia and autism. And I go down to the capital a lot, anything else De. okay.

Diedra Freedman: Right, I think that covers it? Cynthia, you're next on my list here.

Cynthia Macluskie: Cynthia McCluskey, mom to Mark McCluskey who Just graduated with honors, Cum Laude from the Honors College at ASU in Sound Engineering. He was a DDD ALTCS member. And we were told that he would never be mainstreamed and never go to college. So we are a perfect example of what getting good Services can mean. He's no longer on the system. I'm the president of the Autism Society. I serve on a million different committees. My real job is that I'm an insurance broker for Medicare and ACA plans. But mostly I spend my time doing a lot of Medicaid advocacy.

Diedra Freedman: Hey, Jaymie, you're up next on my list.

Jaymie Moore: Hi everybody. I am newer to the board. Maybe just a couple months here. I am the associate director for a group home in the West Valley. I am also adjunct faculty at GCU. My specialty is teaching pre-service teachers all aspects of literacy. I also have a private business. I tutor students from preschool till 12th grade. My specialty is reading and I usually get dyslexic students that have been unable to be taught to read unsuccessfully. And my most recent addition to my roster is a ninth grader that cannot read, has gone all the way up to 9th grade without ninth grade without reading skills. I am usually the last house on the Block as far as reading and I am always successful in that endeavor, which is very exciting. I am also a guardian to a gentleman in DDD who is 30 years old. He is not my son but he is my son if that makes sense.

Diedra Freedman: Thanks, Jaymie Pam.

Diedra Freedman: Hey Pam, you're on mute.

Diedra Freedman: Pam must have stepped away.

Michelle Rademacher: No, she's trying to unmute.

Pam Dewey: Hello.



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Michelle Rademacher: There you go.

Diedra Freedman: Okay.

Pam Dewey: Sorry about that. Yeah, I'm new to this Google meet. So I like everybody's background so I'm gonna have to play around a bit. Anyway, my name is Pam Dewey. I'm a registered nurse, retired from one Health Care system and found Myself going to work for another one recently. Most recently. My experience has been in clinical research, but I have many years of experience in the Neurosciences.

Pam Dewey: I am a grandmother to five-year-old Jackson who is a DDD member and I'm his respite care provider as well. That's it.

Diedra Freedman: Okay, that's all the board members. We have two guests with us. So Michelle, you want to take it from here. Introduce everybody in the order that you prefer to introduce them, please.

Michelle Rademacher: Thank you. Gina, would you start us off pretty please?

Gina Judy: Sure. So I'm going to be speaking in a little bit. I think I might be first up...

Michelle Rademacher: Yes.

Gina Judy: but my name is Gina Judy. My last name is a first name, Judy. and I have been a Chief Operating Officer in that role for my goodness thirty, close to 40 years in a couple of Provider agencies. The most recent one was Easter Seals. So if you're familiar with Easter Seals, I was the leadership there. I no longer work there. When I moved to Scottsdale, I stopped because their home base is Tucson. When I decided to move to Scottsdale, I basically just resigned and flipped over into Consulting for people. So I do consult for providers as As providers that are in the industry as well as

00:10:00

Gina Judy: Other organizations and businesses too. So it's just not IDD Services, it's also Behavioral Health and some other health care organizations as well. And so anyway, I do that and I started this that I'll talk about in a little bit, "A Promise to Prevent," a little nonprofit that has a pretty simple focus that I'll share in a little bit and...so that's kind of what I'm doing and I will let you know when my presentation is done. Please feel free always to get a hold of me. It's really easy to contact me. It's just Gina at GinaJudy.com. And so, please, please feel free always to get a hold of me. If you would like me to present to any team or any group. I would be happy to do that.

Chat Message: Michelle Rademacher: www.ginajudy.com

Michelle Rademacher: Thank you, Gina. Jeffrey, you want to introduce yourself next pretty please.



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Jeffrey Yamamoto: *Hi group. Some of you already know me and some of you don't. I will introduce myself. I am Jeffrey Yamamoto. I work for DDD. I am the DDD/DCS Outreach Coordinator. That title has been changed lately. When I moved into the office, it used to be the DDD/DCS liaison. I work closely with the DCS offices as well as foster care agencies and other provider agencies. My job as a outreach coordinator is to help to present and inform those bodies, agencies a little bit about DDD. I believe that is my presentation today, what was requested. I will go a little more in depth in my presentation. Thank you Michelle.*

Michelle Rademacher: Thank you very much. Leah, would you introduce yourself, please?

Leah Gibbs: Sure, good evening everyone. I'm Leah Gibbs and I'm the Bureau Chief of the CARES Administration for DDD; and Jeffrey forgot to mention he is a member of the CARES Administration, but I'll forgive him for that, as are several other folks on the call tonight.

Michelle Rademacher: Thank you, Diane.

Diane Kress: *Hi good evening. Diane Cress. I am the DDD West Quality Assurance Manager.*

Michelle Rademacher: Thank you, Michaela or Micky

Michaela "Micky" Barnhart: *Hi there. I am Micky Barnhart. I am part of the CARES administration. I work as the Volunteer coordinator. Most of you have probably seen me in your email inbox at some point.*

Michelle Rademacher: and Richard

Richard Kautz: *Good evening everybody. My name is Richard Kautz. I am also with the CARES administration. I am one of two volunteer coordinators. I work alongside of Micky. I am here to give you updates.*

Michelle Rademacher: Thank you. Joan.

Joan McQuade: *Good evening everybody. My name is Joan McQuade. I am a manager with the CARES administration. My team is involved with the liaisons and the redactors to support the IOC making sure they have their liaisons and their incidents to review.*

Michelle Rademacher: Thank you. Morgan.

Morgan O'Hara: Good evening, Morgan O'Hara, DDD IOC liaison for District Central, East, and North... And part of the CARES administration.

Michelle Rademacher: Thank you, Wendy.

00:15:00



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Wendy Herring: I'm Wendy. I kinda wish I was part of the CARES administration, but aren't we all part of CARES, Leah. So I'm with Mercy Care, Office of Individual and Family Affairs. And if you will allow me one minute, to tell Brad that your story warmed my heart because my son volunteered in the cafeteria at Desert Mountain high school. And it was a terrific program. And they were unsung heroes. As a matter of fact, I contacted his teacher and we're partnering for some social activities. And he is 27 and a member of DDD as well. I usually don't go that tangential. Happy day.

Michelle Rademacher: You thank you Wendy. And Ian.

Ian Wilson UHC: Can everybody hear me now? There we go. Sorry about that. My microphone does not like Google meet, for some reason. Good evening everyone. Ian Wilson here with United Healthcare, veterans and member advocacy.

Michelle Rademacher: Thank you Ian, and I don't know why Google doesn't like you. That's not fair. Fredreaka.

Ian Wilson UHC: I'll survive.

Fredreaka Graham: Good evening, everyone. This is Fredreaka Graham with AHCCCS. And I'm having problems with my camera. So

Michelle Rademacher: Thank you, Larry.

Lawrence Allen: Good evening, Larry Allen with Arizona Department of Administration.

Michelle Rademacher: Thank you. Callie.

Callie Walling: Hi everyone. I'm Callie Walling. I'm a family support specialist with the Autism Society of Greater Phoenix. And then both of my kiddos are DDD members. They're five and seven. And thanks for letting me soak up some of your knowledge.

Michelle Rademacher: Thanks for coming, Callie. My name is Michelle Rademacher. I'm a DDD Independent Oversight Committee liaison for District West and District South. and I am also a member of the CARES administration. Is there anyone else on the line that I may have accidentally missed? Okay, we're good to go.

PUBLIC COMMENT

Diedra Freedman: Okay, at this time we need to do a Call to the Public. And Callie was the only one on the list who was not invited. That doesn't mean you are not welcome. You are very welcome. You are just not on the agenda. If you would like, you have three minutes to speak on any topic on the agenda if you'd like. It's up to you.

Callie Walling: Nope, I'm just here to listen. Thank you.

Diedra Freedman: Alright Callie thanks for joining us. You are welcome anytime.



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Diedra Freedman: Now we go to our agenda. And our first item on the agenda is "Pledge to Prevent", which should be "Promise to Prevent." And I'm just calling it The Promise. The floor's all yours. For those of us who have not been here for two decades like Leah and myself and Joan. Gina is very well known in the field and very much an expert. I love this program, Gina. So if you could tell us all about it, the floor is all yours.

Pledge to Prevent - Gina Judy

Gina Judy: Thank I'm going to try to share my screen. It might work. Here we go. Okay. There we go. All right. So I'm just gonna Jump Right In. I'm gonna talk about a Promise to Prevent and first of all, thank you so much for letting me join your meeting today. It's my dream to join tons of meetings and tons of groups and introduce this concept. I've been doing this, I guess about a year and a half, maybe even a couple of years. It did start as a Pledge to Prevent but there was a lot of Frontline people that would be a little hesitant about signing a pledge because they thought it meant money. So I changed it over. It now is a Promise to Prevent to really highlight what we're really after. And it's not just for individuals that are working with people with intellectual and developmental disabilities. It really is for anyone in the community, anyone in the field and you're gonna see why soon. So I'm just gonna just jump right into it.



**"Together we can prevent
abuse, neglect, and
exploitation of individuals
with
Intellectual and
Developmental
Disabilities."**

Gina Judy



A PROMISE TO PREVENT, INC.



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00:20:00

Gina Judy: And I'm going to start with some statistics. I won't spend a lot of time on this because I know that I'm talking to the audience that already knows this information, but as we know individuals with intellectual and developmental disabilities are going to be four to ten times more likely to be abused by their peers. We already know that statistics have shown that for actually several decades. We already know that they tend to be abused more frequently. We already know that they are more likely to remain in abusive situations. We know they're afraid that others won't believe them if they report it. We know that a lot of individuals have limited communication abilities or cognitive disabilities or some reason why that reporting in and of itself may be difficult for them.



**PEOPLE WITH I/DD ARE THE VICTIMS OF
ABUSE
AND IT'S RARELY TALKED ABOUT**

Individuals with intellectual and developmental disabilities:

...are 4-10 times more likely to be abused than their peers without disabilities.

... tend to be abused more frequently.

... are more likely to remain in abusive situations.

... are often afraid others will not believe them if they report.

... may have limited communication abilities and/or cognitive disabilities that make reporting difficult.

... are more likely to be abused by a caregiver or someone they know - many are repeatedly abused by the same person.

Gina Judy: And we know that they're more likely to be abused, unfortunately by a caregiver or someone that they know. Many are going to be repeatedly abused by that same person. If those statistics weren't sad enough, I'm gonna jump to one more and then I'm gonna get off statistics because I don't want this to be really depressing even though it is incredibly sad and it's something we have to deal with. **Gina Judy:** Almost all of the abusers in those situations are going to be known and trusted by the victim. It's an epidemic. And it's something we've got to stop. What can we do? We obviously need to work together and the little catchphrase. I like to use is, "We must do what we can when we can."



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SEXUAL ABUSE AGAINST
INDIVIDUALS WITH
INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES

More than 90% of people with intellectual and developmental disabilities will experience sexual abuse in their lifetime!

49% will experience this abuse at least ten times!

97%-99% of abusers are known and trusted by the victim!

49%

of people with intellectual disabilities will experience 10 or more sexual assaults over their lifetime.†

STOP THE
"HIDDEN
EPIDEMIC"

of sexual violence against
people with cognitive disabilities

Gina Judy: What we know is specifically sexual abuse that more than 90% of individuals with intellectual and developmental disabilities are going to experience some sort of sexual abuse in their lifetime. I'm going to go over that again; 90% during their lifetime. Almost half of those individuals are going to experience some sort of abuse at least 10 times. Almost all of the abusers in those situations are going to be known and trusted by the victim. It's an epidemic and it's something we've gotta stop. What can we do? We obviously need to work together and the little catchphrase I like to use is "We must do what we can, when we can" to reduce the risk of victimization of individuals with intellectual and developmental disabilities. Again, "Do what we can when we can." We're not all gonna be in a situation where we're gonna have knowledge of something that could be going on that we should report. We may not all be in that situation, but we're all in a situation to do what we can when we can. Something as simple as maybe I have an agency that contacts me and said, consults with me, hires me as a consultant and says, hey we want you to go visit our group homes unannounced and I walk through and I notice some things in the environment that are just ripe for abuse, you know. It's up to me to do what I can when I can. It's up to me to tell that provider that even though I know nothing maybe is going on that we know of, you got to change that, you gotta make that a private area. You gotta make that a door where they can knock on it, but be before they enter so we can all do something.



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**WE MUST REDUCE THAT
PROBABILITY!**

- We must work together to promote greater understanding.
- We must do what we can when we can to reduce the risk of victimization of individuals with I/DD.

Gina Judy: And as I think I'd mentioned earlier. I was on the governor's task force regarding this issue and there was a lot that came out of that. A lot of it dealt with regulations, training programs and policies and those are all important. They're all really, really great. But one of the things that during my whole time being on that task force that kept kind of eating at me inside was that, you know, wow, we've got to reach people way down in their heart somehow. Somehow we've got to grab on to their heart, grab on to what's really inside of them because what happens, as the research will show us, is that when individuals are in a certain situation,...maybe they're tired. They're overworked. Maybe there's an opportunity that arises that no one else is in the facility, just them in the individual. They're in a situation. We've gotta reach their inside somehow so that they have that little voice that just gives them pause; gives them pause to rethink this through. "A Promise to Prevent" is dedicated to reaching that heart. So just so you understand, that's what I was trying to achieve with this program. It is unprecedented action. There was nothing like this in our state and...by the way not in any other state otherwise, it would have been a lot easier for me to duplicate what another state was doing.



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**A PROMISE TO PREVENT . . .
UNPRECEDENTED ACTION**

**While regulations,
training programs and
policies are critical to
prevent abuse, neglect,
and exploitation . . .**

**A commitment from the
heart is essential!**

**A Promise to Prevent is
dedicated to reaching the
heart of every person in
the community.**

Gina Judy: So a promise to prevent it is different because it focuses on just that promise. It's an opportunity I think for individuals to, not only verbally take a promise, but also sign a promise, not only just to report suspected abuse and neglect. That's what we're after obviously, but also to do what they can when they can. Now here's some research statistics to show you why I began this program. The research will show you that making a promise to take a certain action is 47 to 70% more powerful than not making a promise..

00:25:00

Gina Judy: If you make a promise, even if you do it in your head, to yourself, you're more apt to keep that promise. That percentage then will increase by another nine to fifteen percent if that promise is stated out loud, outloud in front of other people. So why wouldn't we utilize the power of a promise? And that percentage will increase to as much as 90% if someone signs their name to a promise. And we all know what that compares to, even though the divorce rate is high, we know that when we make that promise and we sign that license that we're going into it with the awareness that we want to make this work, right.

Gina Judy: And then there's another bonus on top of that: taking some type of physical action at the time that you make a promise increases the individual's success in keeping their promise even higher. So not only is signing your name and action. But also, when I do this in person, we promote the pinky swear that you kind of did as a kid and the reason that we do that is we just want to do everything we can to make that promise really embedded in that person's heart, right.



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A PROMISE TO PREVENT IS . . .

different than other initiatives because it focuses on a promise . . . It's an opportunity for individuals to sign a promise to report suspected abuse and neglect.



Research shows that promising to take a certain action is 47-70% more powerful than not making a promise.

This percentage increases 9-15% when that promise is stated out loud in front of others.

The percentage of success increases to as much as 90% when someone signs their name to their promise.

And here's a bonus . . . Taking some type of physical action at the time a promise is made further increases an individual's success in keeping their promise.

It's our Pinky Swear . . .
It's our Scouts Honor . . .
It's our Promise. . .

TO DO WHAT WE CAN WHEN WE
CAN TO PREVENT ABUSE, NEGLECT
AND EXPLOITATION OF
INDIVIDUALS



A Promise to Prevent





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Gina Judy: So it's basically ours, as it's our pinky swear, it's our Scouts of Honor, if that's a better way to say it for you. It's our promise again to do what we can when we can to prevent abuse, neglect and exploitation of individuals. Now, I'm going to go right in and I'll only have two more slides left. I wanted to obviously have an opportunity to have all of us together. If you'll take yourself off of mute. I'd love you to read this promise with me. Okay, I'm going to just begin by just starting in and if you guys will join me and it begins with, I understand...

Everyone in the meeting is verbalizing the promise...

A PROMISE TO PREVENT

I understand that there are individuals, like elderly persons and persons with intellectual and developmental disabilities, living in my community that are not always able to protect themselves.

I understand that it takes a commitment from everyone in a community to eliminate abuse, neglect, and exploitation of individuals.

I hereby promise to help prevent abuse, neglect, and exploitation of individuals at risk of victimization.

Name: _____ Date: _____

Gina Judy: Thank you guys for taking that promise. And again if we were doing this live, I would hook my fingers together and say, pinky swear to it to each other. I would ask you to sign your name to it and date it if you wanted to take it with you. I'd let you take it with you. If not, I'd ask you to leave it so I could count it to our numbers. To date, I have over 2,000 individuals that have taken this Promise and that I know of. There's a lot more because there are companies that are doing it upon hiring individuals and I don't always see all those that come through, but that is the promise and so here's my last slide in closing. I wanted to give you the website. It's "A Promise to Prevent" and you can go on the website and someone can sign the promise right there if they want to or they can do it live just like we did it here. And as I mentioned earlier, I want to offer myself to any of you guys and as well as any of the groups that maybe the Division has that you would like to maybe present this or any teams where there is a concern about the high risk that individual has of being abused or neglected or exploited.



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“Together we can eliminate abuse, neglect, and exploitation of individuals with intellectual and developmental disabilities.”

www.apromiseto prevent.com



A Promise to Prevent



THANK YOU FOR THE OPPORTUNITY TO PRESENT
A PROMISE TO PREVENT

GINA JUDY

GINA@GINAJUDY.COM

00:30:00

Gina Judy: Those are perfect teams to take that Promise. And take it maybe to those companies that those individuals are being cared for through those companies and ask that company if they will make those employees take this promise before they work with that individual. There's nothing wrong with this as you can see this promise didn't cost you a penny. So for all the providers out there and all of the home providers that are providing attendant care and respite, Etc. It doesn't cost a thing and it's only a few minutes but making that promise or hope is that if they come into a situation where they're really stressed out or maybe there's an opportunity that maybe they would never hurt or abuse or exploit anybody ever but in this situation, they're just getting a little sloppy maybe right. Our goal is for them to pause before they do anything before they take any other action and stop and remember, wait a minute. I did make that promise, what kind of person am I if I move forward with what I'm thinking about doing, right. That's all we're trying to do is just give them pause.

Gina Judy: Thank you so much. If you want to get a hold of me about anything email wise Gina@GinaJudy.com. Again, pretty easy to remember and again, I'm happy to share this with any group. Just let me know.

Diedra Freedman: Hey, Cynthia.



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Cynthia Macluskie: First of all, thank you. I love this idea and it's something that I know in several committees I'm on we are talking about often. In fact today at a committee we talked about this. My biggest concern around this issue is actually DDD and law enforcement. So I feel like law enforcement. And if you read the incident reports, DDD, ABS government agencies, do not believe that people with IDD can report actual abuse, take it seriously or do anything about it and a lot of abuse is found unfounded. Not because it wasn't founded but because the systems are so discriminatory towards our population. It is disgusting and I'm sure you find it disgusting as well. And I'm wondering if you're getting any traction with any of the government agencies because they truly are the biggest part of this problem. And could be the biggest solution.

Gina Judy: DDD has been very supportive. I think I presented, Leah's on the phone and I know I've present this to a couple of town halls and they're you guys that are from the Division you're in a position to maybe recommend having this promise roll out bigger and I would love to do whatever I can or talk to whoever we would need to roll it up bigger. Even if it's a best practice that we roll out and encourage providers to make every employee. I just feel like every single person before they are working with an individual should have to take this promise. There's one company that is really dedicated to it and that works with me and they make their potential employees while they're waiting on their job interview to sit there, read The Pledge and sign it before their job interview. Now that speaks volumes. If you're applying for a job and before they will even talk to you. You get something that says hey, wait a minute, you've got to make a promise and we're looking. It really tells that applicant, this company is going to be on the watch. Guess what if that's an applicant that is prone to be, it's someone that would exploit someone, Guess what, they're not showing up for that next thing. They're not coming to the first training, right. they're gonna say, hey, I'll go to another company. it really sends a huge message and this is just the promise but even with companies and again with teams, we can do it and with the Division and with law enforcement, there are other things that are simple that don't cost a dime but it does require a commitment to do something. There are other things that individuals can do and providers can do and the Division can do. Like I said, simply roll it out to everybody, all providers is a best practice. Heck I love someday for there to be some extra funding out there to where you would tell providers, "Hey get all your employees to sign the promise and to listen maybe to a presentation and we'll throw out some extra incentive money for you" or something, some sort of incentive to make them do it. and

00:35:00

Gina Judy: I know it's not really safe. But people are getting trained already and people understand for the most part, especially when they go through the training. They understand it. something happens though between that moment and months later, maybe a year later when they're in that situation there.



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Gina Judy: They've got to listen to their heart right at some point that got to listen to what's inside. And if this isn't a cure all by any means but if it's one step towards that I'm with you. I feel like we should do something. If you guys have any local police departments or firefighters or any group that you'd like to hook me up with or whatever; Church groups are another one that are really good because what I found with church groups is that they're pretty good about rolling it out to people that they know, which is great. Maybe they'll work at the electric company and they may already have really cool things that they want to do. And again. This one doesn't require everybody to volunteer around a certain day to do something. This is literally you guys have all experienced it. It's a 10 to 15 minute moment and just the promise itself, but it can go deeper than that because like I said, We can do A much deeper dive if people want is to, but we don't want to alienate everybody, if we can just get people to just at least do the promise and get the conversation going.

Cynthia Macluskie: What is DDD doing to promote this to their law enforcement agencies? Because doesn't DDD have a program now to be really connecting to every police department; and is this something that DDD is trying to advocate for our members to be taking?

Gina Judy: I really can't answer that. Leah has her hand up. It looks like.

Leah Gibbs: So Cynthia, we have a new position that has been hired for DDD. That is an Outreach position targeting crisis responders and First Responders in working with people with IDD. It is too new for me to tell you exactly what it's going to look like because we just hired her two months ago maybe, but right now we're doing some research and doing some background and we'll connect with AHCCCS and other groups as we look at developing training curriculum. Is that what you're asking about?

Cynthia Macluskie: Yeah, I'm excited to hear that. I think what I would love to see coming from DDD, is some education to law enforcement so they stopped discriminating against our population. I know a DDD member who would be "high functioning", very verbal, reported being raped and they wouldn't even investigate because he had IDD and they didn't think that his reporting could be taken seriously and if he hadn't been a child of a wealthy upper class Parent with connections Statewide to politicians, his case never would have gotten to court and he never would have had the justice that he deserved and I just worry about so many of our members being discriminated against by our own government by our own police force and detective. So anything that DDD can do I think is just very important.

Leah Gibbs: Sure.

Cynthia Macluskie: I mean, I love your promise, but if people are reporting and nothing's happening, we have a problem.

Leah Gibbs: I understand it really.



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Gina Judy: That's why I wanted to mention that even though the promise starts the calmer conversation and usually it's pretty welcomed in those situations. It opens up an opportunity for some groups for us to talk more about that. And in that particular group, if I was asked to go, I would present the promise but I would use that as an opportunity to give them statistics as to how many of those reports because, those statistics are out there, how many of those reports that they get that they look the other way are probably real. And also to give them tools that are easy, tools that they're like out of their Niche and so what you want to do in those situations is help them become more comfortable. That it's okay. Hey calling and advocate, here's some numbers. Call us. We'll kind of help you walk through stuff. And you know the law enforcement angle of it. We know the developmental disability side of it and can give you the information and how they maybe communicate and how maybe to look into things. That's another thing. Sometimes they don't know how to look into things. You...

00:40:00

Gina Judy: they don't know what they can and can't do in a group home, without a warrant. There's a lot you can do actually, but they just don't know.

Motion and Vote

Diedra Freedman: The one thing that we can do as the DDD District West IOC. But I can't do it as a chair because I'm not allowed to make motions and I'm not allowed to Second them. But one of the other members could make a motion that DDD District West IOC recommends that DDD requests that all DDD members, their families, all individuals who are employed by a DDD quality vendor agency, and all individuals with a relationship with DDD and its members and employees, sign the Promise to Prevent. So do I have a motion?

Brad doyle: Did you make it a little longer?

Diedra Freedman: Are you making a motion, Brad?

Cynthia macluskie: Brad is making it and I'm seconding and...

Diedra Freedman: Okay, so I need a vote.

Cynthia Macluskie: We're talking a new language.

Diedra Freedman: Do we have any negatives? As long as everybody says, "aye or yes", then I don't have to do an individual voice vote and it passes unanimously. So everybody, say yes. And yes, motion carries unanimously. Gina.

All members present verbalize "yes" at the same time.

Cynthia macluskie: Yes.



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Diedra Freedman: The motion passes unanimously. Gina, We will send that to the powers that be at DDD. I don't know. I don't know how much they listen to us. But we're more than happy to do that.

Gina Judy: Thank you so much. Thank you so much. It keeps the conversation going. And I know Leah's on our side on this so I know she's going to help promote it. Thank you guys so much for letting me join. I really have appreciated the time today.

Diedra Freedman: You're welcome. Hey Crystal.

Crystal Fox: Yeah, just a quick question speaking to the neglect. When somebody ends up in the criminal justice system, ends up in jail, does DDD follow them or does the case manager still visit or?

Leah Gibbs: Crystal, I can tell you that we do have Justice Liaisons who support the team and provide information to the Detention Facility. But if a member is incarcerated, then they're going to be put on a hold status for us because it has to do with those legal things between the funding from AHCCCS and the funding from the states and supporting people who are incarcerated and AHCCCS goes on hold and we go on hold until they're gonna be discharged. Now, that does not mean though.

Cynthia macluskie: That's what DDD targeted while they're incarcerated because they're losing the ALTCS part of it. Does that mean they're just DDD targeted?

Leah Gibbs: No, it means that their case is on, it's an on hold status. That's a temporary hold status and that's what AHCCCS does as well. however As you were talking earlier,...

Crystal Fox: Same as they do it. I

Leah Gibbs: There are some members who, in providing information through their lawyers and through the facility, that that person should very well go through the process to determine whether or not their Rule 11. And not competent and therefore be able to be released. And so we're not attorneys. We don't stand in front of judges and say this is what needs to happen, but we can connect people and share information. We're kinda in an interesting spot,...

Crystal Fox: I don't know.

Crystal Fox: Yeah, just so you.

Leah Gibbs: but we

Crystal Fox: Just so it's really disgusting what's going on right now.

Leah Gibbs: and I don't, obviously this is not the arena, but if there are members that you are aware of and...

Crystal Fox: I know.



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Leah Gibbs: families who are struggling and we can at least make sure that we're aware of them. We kind of count on knowing who is incarcerated. We get reports, but they're not always 100%. And we rely on families to let us know, support coordinators to let us know. Even the detention facilities we have those relationships with, they'll contact us and go, "Is this one of your members by any chance?" because there's some doubt there and so we're constantly trying to build those relationships.

00:45:00

Cynthia Macluskie: Leah, is it the same for a member that's in ASH. Are they also on hold because they're in the state hospital?

Leah Gibbs: No, no they're DD members.

Leah Gibbs: They're still a member. They're not incarcerated there. Yeah, sure.

Cynthia Macluskie: Or based on. okay. I just want to make sure I just wanted. Thank you.

Leah Gibbs: That's different. You're welcome.

Diedra Freedman: So if anybody doesn't have any further questions, Gina, thank you very much. It's a great presentation. I'll send the motion on to the powers that be. What they do with our advice and our recommendation from there, I can't promise anything but really the problem. If you need us to all count. So that you can report that on your numbers, we just go to the website.

Gina Judy: Yes, you can go to the website. It doesn't really tabulate the numbers very well. Because most of the things are live. And so I just take notes and I also have cards for people. What you will notice on the website is the pledge is there, not all the links at the top are there because it's in the middle of being switched over to me being able to put the numbers in.

Diedra Freedman: Okay. so if you just take a screenshot of everybody who was present here. Everybody took the pledge so you can add us. Yeah. right Thank you.

Gina Judy: I took down everybody's name. And don't hesitate to call or text me if I can ever be of any help. Thanks again.

DDD DCS Liaison Presentation - Jeffrey Yamamoto

Diedra Freedman: Our next presentation, I give him a lot of crap and it's because he deserted us to take this very needed job. And I know he's doing an amazing job. And I don't want to make him feel any better, but Michelle really is taking great care of us. Those of you who were not on District West IOC in May of 2023, don't know but we had a DDD member who was placed in a DCS group home who eloped from the group home, Ended up dead on the reservation and DDD was never informed of it until the body was identified four and a half months later in May.



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Diedra Freedman: So DDD renewed their efforts to hire somebody and they hired Jeffrey Yamamoto for the job. So he's the DDD DCS Outreach Coordinator now. And I purposely waited, rather than jumping on him when he took the job in July, and asking him to present to us in August. I waited until he had an opportunity to build those very valuable relationships because Jeffrey's walking a very fine line and we know of Jeffrey's talents so we know if anybody can do the job, it's. So, Jeffrey, if you would please do your presentation for us. I appreciate it. Thank you.

Jeffrey Yamamoto: Thank you. So one of the things I wanted to just find out from you a De and committee is, Like I said, my job right now is to help communicate and provide information to those agencies, including DCS, about DDD, the applications process as well as some information about DDD; basically getting what DDD is out to the community. So, I don't know if you wanted that type of a presentation. If you want me to shorten that to just some things that are more pertinent because I know that I think I heard every single member on this committee does have somebody that they know that is in DDD service right now or has been. So the DDD process of how to apply and all that is something that is not necessarily needed for this group. So I didn't know exactly what you wanted to do, but I'm available to go through my usual presentation with that. I can do an abridge presentation for this group. It's up to you.

00:50:00

Diedra Freedman: Your abridged presentation would be good. What we're really interested in, Jeffrey, is how you're Building Bridges with DCS. I want everybody to understand that you don't have a big stick. You can't make DCS do anything. So I want you to tell us the last nine months, How you've been building those bridges and we know. We all know Bern Henderson who was a member and she just resigned in the past few months, but for those who don't know, her husband, Billy, is your counterpart on the DCS side.

Jeffrey Yamamoto: Correct.

Diedra Freedman: And I know, Because I keep in touch with Bern, and I know you have a great relationship with Billy and you two have tried very hard to make sure what happened in January never happens again. I don't want anybody to think that if you were in this job that you could have prevented that DDD member from eloping or you could have prevented the death. But what I'm hoping with your building the relationships and their very fragile. Is that DDD will get kindly notification. So if there was anything that could have been done by DDD you would have the opportunity to do it rather than getting notified four and a half months after the elopement in the death. So if you could just talk about what you've been doing, that would be great.

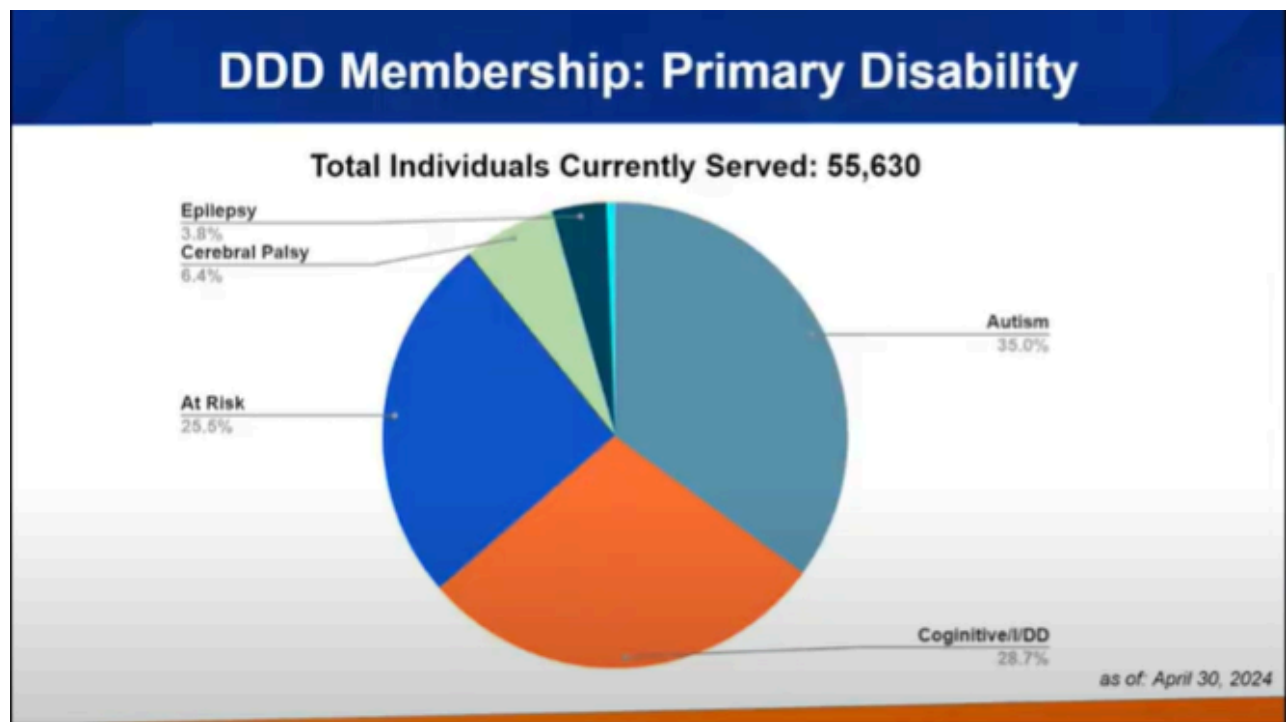
Jeffrey Yamamoto: So let me, I'm going to throw a couple slides up real quick. It's a 30 minute presentation that I do to all the DCS offices, Foster care agencies and third parties that I've been making presentations to. Since I've been gone from the IOCs, I've done over 100 presentations and meetings with different stakeholders. So let me go ahead and bring up this real quick.



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Jeffrey Yamamoto: All right, so we know that this is all about the Division of Developmental Disabilities. And let me go ahead and give you one quick pack of my background. And that is, I've been with DDD and the Office of Individual and Family Affairs. And now the CARES Administration over six years now. Before that, for two years, I was with The Department of Child Safety as an ongoing case manager. Prior to that, I was a foster parent for a couple years and actually also have a son who had received DDD services in the past.

Jeffrey Yamamoto: So that's a little bit of my background. Understand that anybody in the Office of Individual and Family Affairs under the CARES Administration are the ones that do have hopefully all those lived experiences that they can draw upon. So I do have the DCS background. I do have the DDD background at least for recently with the OIFA and then both the foster parent and family member that has received services through DDD. So just going to go ahead and click through. One of the things I want to let you guys know is this slide here. So this was as of April 30th. So fairly recent, it's about a month old. We are now serving 55,300 or 630 members for DDD.



Jeffrey Yamamoto: Of which autism is the largest proportion of that. Cognitive intellectual disability second. At risk, is that group that may qualify, usually through the AzEIP program, that may qualify at risk with having one of those five or are developmentally delayed within more than 50% of their peer group. De.

Diedra Freedman: Yeah, Jeffrey. Do you know when DDD is going to start adding Down syndrome to these charts?



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Jeffrey Yamamoto: It is. You haven't let me finish. So cerebral palsy is at 6%. Epilepsy is at the smallest percentage besides Down syndrome.

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Diedra Freedman: Okay.

Jeffrey Yamamoto: So Down Syndrome was added as a primary disability in the fall of 2022. And there are currently .6% of the members listed as Down syndrome since they started recording in January of 2023. You may say Down Syndrome has been around for a lot longer where I know that people have been having Services through DDD, but what happens is many of those that are with Down Syndrome also have a cognitive and intellectual disability. So anything prior to January was put under the cognitive and IDD category as far as the numbers.

Jeffrey Yamamoto: I don't have a breakdown of those that would still qualify and would qualify specifically under the Down Syndrome because they're all locked within the cognitive and IDD group. so they haven't broken that out for any reason. but we've only got 0.6% and I don't remember exactly roughly how many that is. Last time I remember it, I believe it was the low 100 range. Crystal

Crystal Fox: Yeah, what are some of the things that are in that At Risk? I've never

Jeffrey Yamamoto: Let me backup then. So you've heard of the AzEIP program, that's zero to three right, birth to 36 months. In the At Risk program if you think of an infant or toddler that is under the age of three that is not meeting the developmental Milestones, You can go ahead and Do that with. You know what? I don't have that slide. I am so used to

Crystal Fox: Didn't you automatically qualify for, get services if you weighed like a pound or something or was significantly underweight, is that the At Risk?

Jeffrey Yamamoto: No, that would be under the physical. We're looking here under more of the developmental from the cognitive side of it. So here's, from children, birth until six years old, eligibility is determined by one of the three areas. So here's where you can be in the At Risk category. They have one of the five qualifying diagnoses. That can give them the eligibility straightforward for DDD. But for At Risk, there's a strong demonstrated potential that the child has or will have one of the five qualifying diagnoses without early intervention services. okay, so if we're leading into one of those areas. Remember that just because somebody has Down syndrome does not make it that they are DDD qualified. They have to also have three of seven functional limitations to go along with that. That's the reason why not every Downs person has DDD as a benefit or is eligible for DDD. The third qualifier is they have demonstrated a significant developmental delay, meaning that 50% or more of their delay for their age group and has impacts in at least one of the following areas including physical, cognitive, communication, social, emotional and self-help. So De, you have you hand up.



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DDD Program Eligibility - Children Under 6

For children from birth until six (6) years old. Their eligibility is determined by one of these 3 areas:

1. They have one of the five (5) qualifying diagnoses
2. There is a strong demonstrated potential that the child has or will have one of the five (5) qualifying diagnoses without early intervention services
3. They have demonstrated a significant developmental delay in one (1) or more areas of development:



- Physical
- Cognitive
- Communication
- Social Emotional
- Self-Help

Once a child turns six (6) years old, one of the five (5) qualifying diagnosis is required for continued or initial enrollment in DDD

Diedra Freedman: Yeah, I just want to remind everybody, one of the reasons that DDD does a redetermination at age six is because we have that At Risk category. It's no longer a qualifying category after six years of age, but I just want everybody to remember that our system here in a lot of ways is a more generous system than other states that we have that At Risk category 0 to 6 because we value early intervention, so

Jeffrey Yamamoto: I mean my son was diagnosed at the age of two. He later on, much you heard before, he actually finished College. He graduated and is now working from the state of Alaska. So he graduated ASU with a degree in criminal justice and is working as a law clerk up in Alaska right now. so

01:00:00

Jeffrey Yamamoto: If you wanted some of that information that De you just gave is in this presentation. So maybe I will just go through each of the slides and if there's something that you want to hit on, we can stop on it or something that may be important for anybody on the committee or the group. Yep, go ahead.

Diedra Freedman: Can you do it in 10 minutes?

Jeffrey Yamamoto: Let me go ahead and get to the one slide. I absolutely have to go over.



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DDD Community, Advocacy, Resolution, Engagement, Supports - CARES Administration

- Customer Service Center/Provider Relations
- Advocacy/Behavioral Health Advocacy-OIFA
- Community Engagement Team
- Tribal Liaison- OIFA
- Benefits Coordination
- Affordable Housing Program
- Dept.of Child Safety/Foster Care Liaison-OIFA
- Justice Reach-In Care Coordination
- Independent Oversight Committee Liaison-OIFA
- DDD Volunteer Coordination
- Communications/Public Information Officer
- Bachelors or Masters of Social Work Internship Paid Program



Jeffrey Yamamoto: All right. So, I am part of the DDD CARES Administration. This is for Mrs. Gibbs. The CARES Administration, which nobody has explained yet, is actually an acronym for the Community, Advocacy, Resolution, Engagement, Supports Administration.

Jeffrey Yamamoto: So this was a group that had different names throughout the course of history. It was part of the Customer Service group. It was the HERO Group which is the Housing, Engagement, Resources and Opportunities group, came over to OIFA which is the Office of Individual and Family Affairs, which all MCOs under AHCCCS has to have an OIFA as Mercy Care will attest to; as well as we are now under the umbrella of the CARES Administration. With this slide, this will show you who's underneath the CARES Administration, which includes the customer service center, customer engagement team, benefits coordination, affordable housing. But within the CARES Administration, we still have an OIFA. Which is that Office of Individual and Family Affairs and within that OIFA, we do have the advocacy for general advocacy. We do have Behavioral Health Advocates. The tribal liaison has a dotted line. The Department Child Safety and Foster Care Liaison, myself. The IOC's, Independent Oversight Committee, Liaisons are underneath that OIFA banner. So it has quite a bit of History to it. So I just want to make sure that I explain that to everybody and make sure that Mrs. Gibbs understands that I did not say that because it was part of my presentation. So, all right, so



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Jeffrey Yamamoto: So that's why I did not mention it at the beginning. All right. So let's go back to more of your specifics that you were asking for. So I do have a relationship with Billy Henderson. He is my counterpart within DCS, the Department of Child Safety. He used to work for DDD. So he's very familiar with DDD. He was part of the AzEIP program and that early intervention. He was a manager or supervisor with AzEIP. And so we have a lot of cross communications between each other. I usually call him at least a few times every week concerning questions that the DDD support coordination, supervisors, APMs, anybody else that has questions about DCS. I get those typically via email and then I will relay that almost directly verbatim to Billy so that there is no misunderstanding of what words were being used. I have had talks with different ELTs for the executive leadership teams for DDD, including Dr. Dekker and Nicolette Fidel. Nicolette is working and she asked me to help on a program right now of making sure that some of our reporting of our cross joint members is getting to. That each one of us knows who our cross members are as well as getting that information to Mercy Care and that group. Other questions that you have here De?

01:05:00

Diedra Freedman: no, I just. Jeffrey, we wanted to know the progress that was being made, given what happened in January and in May. We know that you're building relationships. We know that Rome wasn't built in the day. You're doing it Brick by Brick. People come, people go.

Jeffrey Yamamoto: Yeah.

Diedra Freedman: I don't want to put you on the spot, but I want the DDD district West IOC to know that DDD heard us.

Jeffrey Yamamoto: Yeah.

Diedra Freedman: Because you were with us back then and you know how concerned that we were. And they're trying to address the problem and you're our man there trying to address the problem. So it's a work in progress.

Jeffrey Yamamoto: It is working progress. I can tell you that at every level including, like I said those members in ELT, the executive leadership, including Leah also. She's part of that group too. That do hear what's going on and you have concerns that sometimes the communication breakdown is happening. So we're trying to get that a little bit better. Each one of us has our own counterparts. And so we're trying to make sure that nothing slips through the cracks. The unfortunate thing is that if the, we'll go base level, at the field level, that the DCS Specialists needs to inform the support coordinator of DDD of things that may be happening; if they're missing, if something is changed within the program for themselves, whatever the situation is, that we are informed. But DCS is the first lead in all of the case management concerning our members. Because they are the legal guardian. So they're the ones that have that legal responsibility to make sure that everything is sent to us, we cannot just grab it ourselves. We have no ability. We don't have that ability to just go into their system and see what's going on. But relationships are being built. Like I said, talk to Billy every week concerning all and any of the inquiries that have hit our desks either his desk or...



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Jeffrey Yamamoto: my desk and then we communicate what's going on with those. That's at that field level. Cynthia.

Cynthia macluskie: I have a question. I've heard from families that certain DDD support coordinators and other employees are reporting families to DCS, kind of as a retribution for a bad relationship. And I'm wondering, is there any tracking of that kind of data by DDD and DCS?

Jeffrey Yamamoto: So you're saying that DDD is reporting to DCS or DCS is reporting to DDD about...

Cynthia macluskie: DDD employees are reporting to DCS and I'm wondering if there's any tracking of data of DDD employees reporting to DCS. And I'm especially concerned with the paid parent provider program that we might see this more often. And so I'm just wondering is DCS or DDD tracking any of this data to see if we're going to see increases or see if we have specific support coordinators that might not be...

Jeffrey Yamamoto: So Cynthia, I have not been privy or exposed or been told that they're anything along those cases. All right, so hard for me to be able to say we're going to track something that hasn't been reported.

01:10:00

Cynthia Macluskie: How would we report that?

Jeffrey Yamamoto: Within. That would go up to, if I needed to go up the line that would go to my supervisor. Which should then go up to the manager. And eventually hit on Leah's desk. And she smiled on that one.

Cynthia Macluskie: I think it's something that does need to be looked at. I am hearing from families and ... And I'm going to just say if I hear from families, then I get the impression that it's starting to be a trend. because I shouldn't see numerous families having the same complaint. So who would be the person that we would ask for this kind of reporting? And if it's not currently being tracked, is there a way for us to request that it be tracked?

Jeffrey Yamamoto: I'm going to default to Leah's hand being just raised in just the right time.

Leah Gibbs: First I want to say that, as you know Cynthia, anytime something crosses your desk that you have a concern about that is person specific, you know how to get a hold of me. And we can explore and we can look into but I need you to understand that every DDD employee is a mandated reporter. And anytime there is any suspected abuse, neglect or exploitation. We don't get to investigate.

Leah Gibbs: We don't get to make that determination. We are mandated to report. And I would never say that a family may believe it's retaliation because they very well may, but we would need to look into that. We know there is not a tracking mechanism that a DDD support coordinator puts their name on a list that they contacted CPS as a mandated reporter. No, but if there is an incident...

Cynthia Macluskie: but



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Leah Gibbs: if there is an incident that DDD is reporting to DCS, there's generally an incident report related to that.

Cynthia Macluskie: And do we get access to those incident reports? Where do those incident reports go?

Leah Gibbs: You'll see all of the incident reports as part of the IOC members.

Diedra Freedman: From district West.

Leah Gibbs: Right.

Cynthia Macluskie: So any member, I just want. And first of all, I do know you guys are mandatory reporters.

Leah Gibbs: I know you do.

Cynthia Macluskie: And I think that that's very important and I'm not being accusatory to all of DDD, but we know there's always some bad apples...

Leah Gibbs: I understand

Cynthia Macluskie: In every organization and if I could, I'm not always at liberty to reach out to you because I don't have permission, so I wish.

Leah Gibbs: And I appreciate that. Thank you. That will put us in a difficult spot. But please know that if somebody wants us to look into that they feel they're being retaliated against. If we can get the information, then we can look into it.

Cynthia Macluskie: Okay, and then every time a report is made to DCS that's a DDD member, that incident report goes to an IOC, is that correct?

Leah Gibbs: Every incident report that is filed in every District. Joan's team, that is their full-time job is to redact those and get them out to the IOC membership and every incident report does get redacted and does get sent to the IOCs. *And we get over 3,000 incidents a month. Some months close to 5,000 statewide.*

Cynthia Macluskie: And do you track and trend what those are?

Leah Gibbs: The quality assurance department does tracking and trending. They also identify when an incident elevates to what we call a Quality of Care Concern. But those are the ones that kinda are in that protected process of a Quality of Care Concern but that's not just DDD that's as every MCOs. However, they all start as an incident report. And I know Joan wants to add something to that as well and De does.



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Diedra Freedman: Yeah, I just want to remind everybody that if individuals are worried about retaliation and they're not comfortable filing a quality of care complaint with the DDD customer service department and I should say written because all quality of care reports should always be filed written. You can file one online with AHCCCS. *And if they're worried about retaliation, then they should state that in their quality of care complaint. We've all been in the position where we were worried about retaliation and it's a difficult decision to make because of the consequences that no matter how diligent the DDD staff is, retaliation, it happens overtly and unfortunately it happens coherently so it's a decision that we need to make. But there are official avenues and those official avenues should be used.*

01:15:00

Joan McQuade: what I was gonna say, Cynthia, I was chatting away till you started talking, De. I didn't realize I was on mute. Don't mind me. And it's Monday on Tuesday for all of us over here. What I wanted to tell you Cynthia is if an incident involves abuse, neglect, exploitation and it's of a minor and an incident report is filed, one of the first things that quality will do and I'm talking for you, Diane, but I'm talking for Quality as a whole Statewide. One of the first things that's going to be asked is was there a DCS report filed? And that will be documented on the incident.

Joan McQuade: The second thing is sometimes if DCS receives a report and it's involving one of our members. Then they notify us. So an incident might start and you may notice it more with APS but as reported by APS or as reported by DCS, and then they'll State the situation. Once the DCS report is put through, DDD may look at some things, if there's things that we also want to look at and investigate. But DCS, APS and DDD all run concurrent investigations. And APS and DCS are not required to contact DDD and say in regard to this incident, We found X, Y or Z. We'll do, if we're doing our own investigation, We'll have our investigatory information in our incident reporting. But they're not responsible for telling DDD what the outcome of their Reporting was. Sometimes something could get reported and if it doesn't involve, For DCS, let's say somebody complains about somebody that works in a group home, the group home has the option of pulling that person from working with vulnerable adults until they get the say so that they're clear to go back to work. That DCS isn't going to investigate that because that person can be kept in a safe environment. If it has to do with someone living in the home, those are the things that DCS will investigate.

Joan McQuade: With APS, they will go in and investigate those because sometimes they'll say this does not meet our, What's the word I want to use?

Diane Kress: criteria

Joan McQuade: Thank you, Diane, our criteria for an investigation. But if we're notified that a DCS report was made, DDD does do their own investigations, but we're not going to know what and we're not going to know who reported it because those reports are considered confidential. Nobody's going to be told who made the report right, Diane?

Diane Kress: Yes, that's correct.

Joan McQuade: Yeah, all of that is considered confidential.



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Cynthia Macluskie: So, let me just have a follow-up. Sorry Crystal, then you can go. So I thought I heard you say that if a support coordinator files a DCS or it's APS concern or complaint, then there's an incident report and there's documentation that it was a DDD employee.

Joan McQuade: There's going to be a report filed and DCS may be notified whether or not...

01:20:00

Cynthia Macluskie: But you prove as a support coordinator, like you will be able to track that data correct or not?

Joan McQuade: I don't believe that data can be tracked.

Cynthia Macluskie: So they're completing an incident report, DDD knows that their support coordinator is completing an incident report. They can't track that data.

Leah Gibbs: They're indicating that DCS was notified. It could have been notified by a provider. It could have been notified by somebody else involved in the incident. Somebody else who was involved. It could be a support coordinator, but it could be a variety of sources.

Joan McQuade: right

Cynthia macluskie: Okay, so no one's tracking if it's a DDD support coordinator versus anybody else.

Leah Gibbs: *As I said, I don't believe we have any mechanisms to do that.*

Cynthia Macluskie: I just want to clarify. Thank you very much for a lot of...

Jeffrey Yamamoto: Crystal you had a question.

Crystal Fox: Yeah, I was just gonna say if there's a family member who is struggling with that, Cynthia. One of the people I called was when I was going through my divorce was an ombudsman. Thank you. and for some reason I had really good luck with that. I was gonna file complaints and do all sorts of stuff and it was similar, DCS, Department of Child Safety was involved and my ex-husband was filing all sorts of stuff and I never ended up having to file anything with DDD because that Ombudsman just kind of took care of it. so

Cynthia Macluskie: Yeah, I heard that's a great resource and I have given that resource out to a couple families. So thank you for that. I'm just curious if anybody was tracking that data, which I

Crystal Fox: Yeah. and I don't think it's uncommon as what People think because I think anytime there's family Dynamics. I've heard over and over again that DDD often gets in the middle of it. And so does DCS and Yeah it really impedes upon caring for your DDD member. That's for sure.



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Cynthia Macluskie: Well, that wastes resources. And like I said, it's not just DDD support coordinators doing this. Like you said, family members. There's a variety of people who can misuse the system. I guess. I was just hoping that we are sort of tracking DDD employees to make sure we don't have a couple bad apples that use that as a way to control the families that they're serving.

Crystal Fox: No, but there should be. Again, It wouldn't be a bad idea to have a DDD education because if you have any parent that has a personality disorder or wants to cause problems for the other person, it happens a lot. It's very easy to influence the DDD, they didn't. My ex husband at that time didn't even have custody of Tia and I was in turmoil for a long time over that.

Diedra Freedman: Okay, so what we can do for, we have our August agenda set, but if you guys want education in September about how DDD deals with situations where there is, I'm trying to think of the word, conflict within the family where DDD gets drawn in and how DDD trains its support coordinators and employees. And other employees to deal with that, we can request that.

Cynthia Macluskie: Can I add to that De.

Diedra Freedman: Sure.

Cynthia macluskie: I heard Dr. Dekker talk at the DDD Governance Committee that he reviews every ER visit and every death that happens and I have a lot of questions about how he does that. What happens when he does that. And so I would love it. Maybe I don't know if we can combine the two or they need to be separate. something but...

Diedra Freedman: We can ask any presentation that you guys want. I keep telling you this is not the De Freedman show. Any presentation that the committee wants we can request, can't guarantee that individuals are going to accept the invitation and educate us, but we can request the presentation.

Cynthia Macluskie: I would love to see, personally because you know how I'm obsessed right now about deaths of DDD members. And when I say that, I'm not alleging any abuse or neglect. I'm just saying deaths that are unexplained probably because of medical conditions, but...

01:25:00

Diedra Freedman: Email me a list and CC Michelle. And we'll put together the September agenda.

Cynthia Macluskie: yes.Sounds good.

Diedra Freedman: as I said,...



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Diedra Freedman: We're gonna talk about the COMIT program in August, the entire meeting. We're not doing any other presentations, we're just doing the COMIT program in August. So do we have more questions for Jeffrey or can we let him?

Cynthia Macluskie: Thank you Jeffrey. Sorry, I knew you weren't expecting that question from me. And you Leah, just had to follow up.

Diedra Freedman: Jeffrey knows us enough to expect the unexpected when he comes to visit us.

Cynthia Macluskie: And I just wanted Jeffrey, your son and my son have interacted and there's so few of us that have the older kids and so I'm so grateful for that experience anyways. It's been a blessing to know your family and see how well your son and stuff.

Diedra Freedman: Jeffrey thank you very much. We appreciate when you come visit us and you can't come visit us without me giving you a hard time because one of my favorites. so

DDD Volunteer Coordinator Update

Diedra Freedman: Thanks, Jeffrey. Next up on our agenda is the DDD volunteer coordinator update. So Richard and Micky want to take it away?

Michaela Barnhart: Absolutely. Thank you for having us on the call. And so Richard and I feel like a lot of this Crew has already heard our spiel. So we're gonna go over some bullet points of recruitment efforts that we have been making, a few bullet points of how you guys can help and then we can have time for open discussion about any questions that you might have about recruitment. So thank you all for your patience for recruiting Richard and I have been in these rules for about six to eight months. So we really appreciate your patience as we've been getting onboarded and building these connections takes time. We're planting a lot of seeds right now, and we're looking forward to harvesting a good crop of volunteers.

Michaela Barnhart: Shout out to the CARES Administration. This is also one of my bullet points I bring it up, is and with the reorganization volunteer coordinators we are now under the Community Engagement team. So that means we work very closely with our community engagement counterparts. And so we help them going out into communities into the community covering events, all of that fun stuff and they also get to know a lot about us and our programs and the needs of our volunteers so they're able to be Good advocates for the volunteers as well. At these events we're able to connect not only with individuals who want to volunteer, but we've had some success connecting with other people who are tabling to build those. Yeah.

Diedra Freedman: Hey Micky, you gave us this presentation a couple months ago. We were the first ones...

Michaela Barnhart: Yes, yes.



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Diedra Freedman: If you could just tell us regarding District West. You've got two individuals who are interested. Who, unfortunately, neither one of us is joining us today. Hopefully they'll join us in August, but tell us what you're doing to encourage more people to join District West and tell us how you're following up with those two members who are in the process so that they end up committing rather than dropping off. Although as we all know we don't want people who sign up and then get overwhelmed by the commitment. So if you could describe a little bit of that for us, we would appreciate it. Thanks.

Michaela Barnhart: Yes, so we've recently created a volunteer recruitment tracker and if you know anything about me, I love a good spreadsheet. So with this tracker we're as soon as we hear from a volunteer. We throw them in the spreadsheet and then we have multiple Milestones that we like to hit with our volunteers such as the date that they've expressed interest, how they've expressed that interest, kind of how they were recruited with us when they've applied, when their background check was cleared, when we've reached out to them. We also have a column for the last time we've heard from them, that way we're able to keep track of

01:30:00

Michaela Barnhart: their most recent engagement with us so we can continue to follow up but not completely overwhelm them with a million emails at first and then when working very closely with Larry at ADOA who's been sending us over applications. We've been working with Michelle and Morgan to get connected with those volunteers as soon as our applications are sent through and I know we've seen a few coming through recently.

Richard Kautz: We think quite a few applications that have been sent by Larry. So thank you Larry for those applications. We are on the phone, when we don't hear in a couple of weeks from somebody that has expressed interest, making I will give them a call, try to outreach those folks, just try to keep them engaged.

Richard Kautz: And when we're out at community events. We've got a really cute, "I want to volunteer" card where we actually make them write their information for us so that we have that information and they can't get away with just kind of they're interested but not really. So when we get their information we kind of put them on the spot but in a nice way, so we try to engage with them and we give them a lot of information as to what the committee's do, both the IOCs and the PRCs so we do have that information readily available when they fill out those "I want to volunteer" little cards. And so, we're hitting the pavement.

Diedra Freedman: Since Richard since the last time you were here, can you just give us an idea how many events that you've attended besides the Luncheon that you put on that was great.

Richard Kautz: Yeah, and thank you for all of you that attended the luncheon. So I want to say since I guess the last time we met we've probably been to six or seven events. I would say some more fruitful than others. I did do an event two weeks ago over here in Peoria. I talked to, I believe it was three people that expressed interest in the West Valley and so, we're trying to get our little hooks on whatever we can. I know that when I go out.



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Richard Kautz: Even and I think I brought that stuff at the luncheon, but even when I go to the grocery store, I always carry my volunteer cards with me. And when I see somebody and we start talking. I'm always passing out those volunteer cards. So yeah, we've done about six or seven events.

Michaela Barnhart: Yep, and we actually have another one coming up on Thursday.

Richard Kautz: Yes.

Diedra Freedman: Great. Thank you very much.

Michaela Barnhart: And then we do have a couple of ways that you guys can help us recruit because you guys are out in the community so much and in different places than where we are. You're our best advocates for being kind of the face of IOC. So we've created an external newsletter blurb, short and sweet, it gets our information out there. We've already put it in some external newsletters as a source of recruitment. So if you know of any newsletters where we can get a little plug a little ad in we've got that ready to go. So we'd love to get in contact with those. Social media, we have seen some direct recruitment happen from people commenting on other people's social media posts, and that's how they found out about us. *If you feel so comfortable and so called to post on your social media. I know the DDD DES page posts frequently about Volunteer information for the PRC and IOC. I have taken those posts and copied and pasted them on my LinkedIn and shared them on those networks. If you are someone who is socially engaged in that way. Or if you are a part of Facebook groups that are appropriate to share this information that is also a great avenue. You are also able to share why you volunteer and your personal testimony to help inspire others to join the team.*

Quarterly Statewide Chairs Meeting Update

Discussion on August DW IOC Meeting Topics (COMIT Annual Report)

01:35:00

Diedra Freedman: Does anybody have any questions? Otherwise, we'll move on to the next topic. The next topic was a quarterly Statewide chairs meeting. I'm going to combine that with topic number six, discussion on our August meeting. I attended the Statewide chairs meeting. There was a presentation. I don't remember Gail's last name. But as we all know, DDD has a group home monitoring program. And there is now, since that Statewide meeting, COMIT has actually released their annual report. They call it COMIT. That's what they call the monitoring program.

Diedra Freedman: So we're extending an invitation to the COMIT program to present that annual report to us at the next meeting. I don't know if they'll take us up on our invitation but Cynthia sits on a group for Behavioral Health, a crisis group and they've looked at the report. So if worse comes to worst we'll have Cynthia walk us through the report. There are a lot of questions on the report. I was going to send you the report today.



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Diedra Freedman: But I was afraid it would get lost in your email. So I'll go ahead. I'll send it to you tomorrow because it'll be fresh in your mind and then I'll send it to you again in August. So basically that was the whole Statewide meeting. And as we found out from Diane at our last meeting, DDD is sending information to COMIT and I was wondering how we could get a hold of that data. I found out from some questions that Cynthia asks, The data that they're sending are the overall incident reports. They're just breaking them down into three categories. So we're already getting that information in our metadata. so we don't necessarily need more metadata. So does anybody have any questions on that?

Election for District West IOC Vice Chairperson

Diedra Freedman: Okay, we can move on. We need to elect a vice chair. Is anybody prepared at this time to nominate someone else or to nominate themselves?

Cynthia Macluskie: What is included in the vice chair, De?

Diedra Freedman: If I'm not available, you have to run the meeting.

Motion and Vote

Cynthia Macluskie: I'll nominate myself. Can I do that?

Diedra Freedman: Sure. Or I know Crystal will nominate you.

Crystal Fox: I'll second that nomination. Let's have a vote.

Diedra Freedman: Okay, do we have any negative votes? Okay, so I don't have to individually poll you on a voice vote. We can do a general vote. All in favor say "I"

All members present verbalize "yes" at the same time.

Diedra Freedman: that so

Cynthia Macluskie: I don't think I can vote for myself so I won't or...

Diedra Freedman: it's

Cynthia Macluskie: if I can I vote I

Diedra Freedman: Michelle, how many of us do we have on here?

Michelle Rademacher: There are six. Yes.

Diedra Freedman: Are there six of us on here? Okay, then Cynthia. I'm supposed to abstain because I'm the chair. You can abstain if you want because it's yourself, but we have four votes to carry it. Welcome Cynthia, you are now the vice chair. so



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brad doyle: Cynthia

Diedra Freedman: Couldn't happen to a nicer person.

DDD and AHCCCS Policy Notification Review and Discussion

Diedra Freedman: So next on our list. Does anybody have any Policy Discussion that they want to have regarding DDD policy, anything that we haven't discussed.

01:40:00

Crystal Fox: I had one of them that came through was the EVV and it looked like they had down, made it where you have two options. Is that just when your computer's not working or something?

Diedra Freedman: I don't know. Does anybody from DDD staff want to catch us up?

Leah Gibbs: Crystal's your question about using the electronic versus a paper timesheet. Is that your question?

Crystal Fox: yeah, yeah, it came out in one of the policies that

Leah Gibbs: Yeah, it is a policy update but it's the same as it was when we rolled out the EVV system that there are certain criteria for an exception for paper time sheet,...

Crystal Fox: okay.

Leah Gibbs: but it is the electronic process.

Crystal Fox: Okay, nothing's really changed. Okay. and...

Leah Gibbs: No. Mm- It just got formalized

Crystal Fox: then another thing that came out that had to do with Peer Supports. Do you know what I'm talking about? What's up with?

Leah Gibbs: You're talking about nine six nine or nine six four or nine six three or four. We have a whole bunch of them right now,...

Crystal Fox: Yeah. Do they always have peer support?

Leah Gibbs: But what's the question about peer support?

Leah Gibbs: Peer support has been a Behavioral Health Service in the system for a very very long time.

Crystal Fox: Sir, what's going on there?



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Leah Gibbs: One of the functions that we're working really really hard in our Office of Individual and Family Affairs, along with the work that the Division is doing to teach some best practices and build capacity in the behavioral health agencies around the state, is to have peer support available more for DDD members. It's one of those things that I think as a committee, as we talk that people have to develop a comfort and ability to work with people with IDD and sometimes there's some concerns insecurities in connecting DDD members with peers and we are working very, very hard to expand the availability of peer support to DDD members when it's appropriate. Same thing for family support, Crystal, same thing.

Crystal Fox: Do they have to go through the training? Do they have to go through?

Leah Gibbs: Anyone who is a peer has to be trained and credentialed, not the DDD member,...

Crystal Fox: time everything

Leah Gibbs: but the person who's the peer.

crystal Fox: but they have to go through all the same DDD trainings of article 9 and...

Leah Gibbs: It's not a DDD credentialing. It's a peer support credentialing through the behavioral health agency.

Crystal Fox: Yeah, I don't like that. I don't really like that.

Leah Gibbs: I'm sorry. But it is an AHCCCS Behavioral Health Service and Medicaid funds it through Behavioral Health as peer support and the AHCCCS policies and DDD policies align with what the requirements are to credential someone to be a peer.

Crystal Fox: Yeah.

Diedra Freedman: So Leah, can you tell us off the top of your head and I'm not holding you to this.

Leah Gibbs: Thank you. Okay.

Diedra Freedman: But if you can tell us currently the agency's providing that AHCCCS reimbursed service for DDD members? I would appreciate it. I know Raising Special Kids does for families.

Leah Gibbs: They do for family support. STARS does a great deal of peer support for our DDD membership. Hope in Tucson does peer support. It's very hard off the very top of my head. One of the works, processes that we do in my area is we run a quarterly report of financial encounters with both Health Plans, Mercy Care and United Healthcare, that we are looking for encountered paid for peer support. And in that quarterly report, we're identifying who are the agencies that are providing it and how many DDD members are receiving the service and the benefit of, Pardon me, that service and we are tracking because we want to be able to see that through our Outreach and...



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Leah Gibbs: education. We're seeing an increase in the availability of peer support to DDD members.

De Freedman: And their families.

Leah Gibbs: And then same thing for family support. However, Family Support, as a service, is not mandated to be credentialed to encounter for it. So there are credentialed who are trained Family Support Specialists, and there are agencies that are billing Family Support legitimately, but it's not delivered by a credentialed family support whereas peer support is always delivered by credentialed peer.

Cynthia Macluskie: I just wanted to ask, the paid parent provider program is supposed to go to 40 hours a week for the member.

01:45:00

Cynthia Macluskie: When is that actually taking effect?

Leah Gibbs: Cynthia there's not a date yet. AHCCCS has just identified a work group that's made up of community members and some people from DDD and the EPD, elderly and physically disabled Health Plans who are all working collaboratively to come up with the tools, the assessments, the guidelines, the definitions and that process of how it's going to step down to that 40-hour maximum, and there are no dates associated with that at this time.

Diedra Freedman: Hey they

Cynthia macluskie: I would like to read this issue of concern with DDD and AHCCCS. Which is I know that. I know that many families. Sorry. who are leaving full-time employment in pursuit of this and I feel like there are some misunderstandings that's going to have long-term implications.

Leah Gibbs: No doubt in my mind. You are exactly correct.

Cynthia Macluskie: I'm very concerned about it. So the sooner you'll nail that down, the better because there's a lot of miss...

Leah Gibbs: Yeah.

Leah Gibbs: I know no I hear you a hundred percent and...and DDD has always been very transparent that it's going to end up at a 40-hour maximum per member for those parents. However, DDDs not setting that date. It's going to be that work group with AHCCCS' Direction. But as soon as we have information, we are going to be getting it out because you are right. There are people who put themselves in a position that they are now dependent on this as their income, not necessarily remembering that eventually they're going to be cut to 40 hours.

Diedra Freedman: Hey Leah.

Cynthia macluskie: Or not believing that it will happen.



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Cynthia Macluskie: Because many members in the community are stating, It's not the rule now. And we don't know if it will be a rule.

Diedra Freedman: AHCCCS said at last week's ALTCS Advisory Committee meeting that October 1st was the day.

Leah Gibbs: I had not heard that so thank you De that had not gotten to me. I would love that and...and so Cynthia you're hearing from De something I did not know.

Diedra Freedman: I can send the slide deck to everybody.

Leah Gibbs: I would love that.

Diedra Freedman: Yes, I did.

Diedra Freedman: Crystal then Brad,...

Diedra Freedman: or was it Brad then Crystal?

Diedra Freedman: one of you, than the other

Leah Gibbs: Right, I hear you.

crystal Fox: Brad was first

brad doyle: Is this for the parents of children under the age of 18 because

Leah Gibbs: It does not have the same Authority for the adults. If you're supporting an adult who's over 18. It's based on that assessed need. There is not a maximum amount of hours associated with that.

Brad Doyle: Right, it's 16 hours a day. And then also if you're a spouse that provides care, they're under the same restriction, which is 40 hours.

Leah Gibbs: That is true. A spouse providing care to their spouse is 40-hour maximum.

Brad Doyle: So they're looking at putting into place which pretty much was in place forever for me. Anyways, as far as back as I can remember when it was a pilot program back in the early 2000s, the 40 hours for a family member they have now put it to people the children that are very seriously disabled under the age of 18. They're gonna put a maximum of 40 doesn't matter if both parents are providing, whatever it might be. Is that pretty much what we're heading, correct?



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Leah Gibbs: Brad, let me clarify something. The actual member may have an assessed need of more than 40 hours. The support coordinator would assess that member's medical need at a level. A parent to be the paid provider would have a maximum of 40 hours. And the rest of those hours would have to be provided by someone other than the parent and that is combined between Mom and Dad; that 40 hours, it's not 40 hours for Mom and 40 hours for Dad.

Brad Doyle: My only concern is, and it was a huge concern until they got CMS to agree to the 40 hours being allowed to the parents. Is, I just lost a provider and I am struggling to find a new provider and if October is the cutoff, I'm going to be in this huge pool of people. And I can remember in the 90s and having respite hours allotted to me and there were no providers. I had all those hours and were never able to utilize them.

Leah Gibbs: Mm-hmm

Leah Gibbs: No provider, I remember.

01:50:00

Diedra Freedman: Brad, you're not going to be in the pool because your child is over 18 years of age this only Yeah,...

Brad Doyle: I'm going to be in a pool of trying to find a provider.

Leah Gibbs: Yet that's still a competition for a provider.

Diedra Freedman: you're always in that pool.

Leah Gibbs: I understand.

Brad Doyle: Unless Leah wants to quit what she's doing right now because I'd give her the job in a second.

Diedra Freedman: Yeah, don't think so. I think Leah's got her hands full at home. So

Leah Gibbs: There's only 24 hours in a day.

Leah Gibbs: No, thank you. And I will follow up on that, De internally...

Diedra Freedman: I'll send you the slide deck Leah.

Leah Gibbs: because Yeah, that would be so helpful.

Diedra Freedman: Crystal

Crystal Fox: do you

Leah Gibbs: Crystal, did I answer your question about Peer Support? I think I did, right and okay.



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Crystal Fox: yeah. So about how many, do you have? Can we get for the next meeting, the percentage of DDD members that are getting peer support?

Diedra Freedman: Yeah, I'm gonna send everybody this.

Leah Gibbs: It would not be a percentage. First, could I clarify. it's not a percentage because not all DDD members received Behavioral Health Services and not all DDD members are assessed for needing peer support. What and I want to be able to take the information and I'm probably going to have to filter it to how many members from District West are receiving. I would have to do more work on that.

Crystal Fox: Okay.

Leah Gibbs: You can certainly request it.

Crystal Fox: Is it just SMI members that get peer support?

Leah Gibbs: No, no General mental health, substance use or people with serious mental illness designation would all potentially be eligible. It would be a matter of that team around that person making that assessment as a medical need

Crystal Fox: So they're getting paid to be a peer support for our members through a agency. But they're the only people that don't have to go through the DDD training.

Leah Gibbs: It's a Behavioral Health Service. I want to be careful about how I'm saying all of this. It is a Behavioral Health Service. They're part of that, Outlined in the policy that came out recently, are all of the different criteria of what is included in that curriculum.

Crystal Fox: Okay.

Leah Gibbs: And it's much broader than what a DDD employee has as minimum training.

Cynthia Macluskie: Also if I'm correct Leah, it's not Necessarily really a DDD service, It says it's a service that you get through the behavioral health part of your MCO plan.

Leah Gibbs: And with the DDD long-term care members, it's the DDD health plan because we have that contract with Mercy Care and United Healthcare.

Cynthia Macluskie: But it's United or Mercy Care delivering the peer support, correct?

Leah Gibbs: That's right, through their contracted Behavioral Health agencies and the peer run organizations. But we call it a DD service because it is for a DD member.

Cynthia macluskie: Yeah, but coming from the health plan.

Leah Gibbs: Yes, it is coming through the health plans.



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Crystal Fox: So none of the behavioral health. So if somebody's dual diagnosed with DDD and SMI, any Behavioral Health Services, they get through their SMI Clinic, they don't have to go through the DDD training.

Cynthia Macluskie: Well, they get. So Leah you can jump in but I just want to say. I want to be clear. There are services that provides through DDD that's speech, OT, PT 21, under that's HAB, Respite, think Home and Community; and then DDD contracts out to Mercy Care and United Healthcare, medical and behavioral. And it's integrated now, so behavioral and medical come from the health plan that you're assigned to or you chose. And the criteria for those providers is governed by the health plan and not DDD. So it's a little bit different. Leah, Did I screw that up?

Leah Gibbs: You are a hundred percent correct. In addition to that. There is criteria specific in policy about what are the minimum training requirements to certify a peer support. And so I'm not sure...

Crystal Fox: yeah, where I'm going...

Leah Gibbs: where you're, but yes.

Crystal Fox: Where I'm going is the peer supports we're finding aren't being trained and there's actually a bill that went through that's being signed by the governor that's gonna force and make more training. So I'm a little bit concerned...

01:55:00

Leah Gibbs: Okay.

Crystal Fox: because of the double whammy with being DDD and SMI and The interaction with the criminal justice system basically related to the SMI part of medications being changed, peer supports, different things that

Cynthia macluskie: Just remember DDD can be SMI or non-SMI behavioral Health. So I can be a DDD member getting Behavioral Health Services through the health plan and not be duly diagnosed with SMI. So

Crystal Fox: right, right

Cynthia Macluskie: I mean it is a little bit Complicated especially when you look at the networks because United or Mercy Care Behavioral Health has a qualified Network, DDD has their own qualified Network. Sometimes families are trying to get all services from one facility let's say and they're not all in the same network. So I mean it is very complicated to navigate that whole thing.

Crystal Fox: yeah, I'm just trying to be protective of our

Leah Gibbs: And I want you to know Crystal that anything that goes into law about an expansion around the curriculum for credentialed peer support will be reflected once it's signed into law through that process of AHCCCS updating its policies that outline the criteria for that education and that would then be reflected in our policies and it would then roll down to the health plans who would roll that out to those agencies and...



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Crystal Fox: and again

Leah Gibbs: and just last year, 963 which is the policy that the outlines credentialed peer support, had several new updates from AHCCCS of new training requirements that have been rolled out to our health plans and every one of those peer support agencies were required this year to resubmit their curriculum to AHCCCS in what's called "The OIFA Alliance". Who does a review to ensure that the curriculum is in fact reflecting those mandates. Now you're sharing that new ones are coming and that's great. And when that happens it will go through the same process.

Crystal Fox: I'm wondering why we're figuring out the curriculum, there's a group of stakeholders that we're getting together with to figure out the curriculum. I'm wondering if we don't want to add article 9 and some of the ones we think are important.

Leah Gibbs: Those would be. You have to keep in mind that article 9 is only for DDD members and peer support is for anyone who has a behavioral health, General mental health, Serious mental illness or substance use disorder and article 9 is specific for DDD.

Cynthia Macluskie: And Article 9 does apply to some of the providers doing peer support. It doesn't to everybody like...

Crystal Fox: I know.

Cynthia Macluskie: if you're in a hospital, Article 9 does not apply, period end of story; even though we all think it should, DDD doesn't have the power to make a hospital file, follow Article 9, but some of the providers who are providing peer support are Article 9 trained.

Diedra Freedman: Just to give you guys a quick update at the Statewide meeting. And Leah, please jump in here. Although we're running really late, DDD did talk about the 12 new courses that they added to the online courses available to all AHCCCS Behavioral Health Providers that are specifically designed for working with IDD members. Even though DDD has no power to make anybody take those courses, they have actually had a surprising number, I think that's my personal opinion, a surprising number of providers actually take advantage of those courses and I'm sure when Leah gives her update, She's going to talk to us about the PBS program and what kind of results that she's had from there.

DDD Staff updates

Diedra Freedman: So if you guys are ready, unfortunately, you got indulge me, we're gonna be over but this is really important stuff. I want to hear the DDD staff update, then we'll do the ADOA update, then we'll do the health plans and then Michelle will do her thing and number 13 and 14 at this point we don't have anything but we do have to do a motion not to meet in June and July if that's what you guys want and to meet in August. So hey, Michelle, take it away with the updates, please.

02:00:00

Michelle Rademacher: Okeydoke. So Diane did you happen to have an update today?



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Diane Kress: Actually, I do not. At this time we are full staff. We are in the mode of Summer. It is hit so I know we've got some summer programs that have started and school is out and adjourned. So we're going to see quite a few there. As far as I don't know, Are you going to mention, I think there was a question that was asked regarding with regards to the number of deaths that we've had so far this year. I did pull just the timeline that we had from this year to May 2nd. We've had 27 deaths so far DDD members. Compared to last year, that timeline, there was 34. The Division does review all reported incidents of member's deaths as well as the Division Operation Policy Manual of 6002, the mortality review process will provide additional information on our process. It is reviewed by our quality management. They are notified of the incident which also our chief medical officer reviews as well. Yes, Cynthia.

Cynthia Macluskie: Thank you for bringing up. I know we're going over but I have to ask. My concern is that I know several people in their 20s that have passed away recently. And their deaths were categorized as accidental deaths. Even though there was no autopsy done. And to me in my mind, it's miscategorized because we have no idea how they really died. One of the individuals drowned in a bathtub, but he took a bath every night for 20 years on his own and he had had some medication changes and I feel like there might be some medical issues affecting. Those with Developmental Disabilities that are being missed. And aren't being and we're not doing a thorough enough job of screening for it. And then they pass away of it. And then we're not even tracking. So Dekker mentioned that he reviews them and there's a Review Committee. And I know that the IOC is supposed to be notified of deaths in our district. but

Diedra Freedman: You're gonna get those reports as the new Vice chair. I get them, you're going to get them.

Cynthia Macluskie: fantastic

Cynthia Macluskie: I guess I'm wondering who's tracking and trending that data? And just does quality go over that. Is Dekker the only one, only his committee? And then what does he do without information? Are we actually using that information to make sure. and I'm not even alleging that there's miss, that there's like abuse or neglect. But there might be undiagnosed medical issues. Are we using that data at all to track and Trend to make sure that we are actually providing the appropriate care for our members?

Diane Kress: A good question. That's something I'm not able to answer for you. I do know that they do discuss, on a monthly basis. There is a committee. so Again, I know that our Quality management unit is notified of the deaths. We do also notify the IOC as well. So that data is used. At this point I can't share anything more in detail with that.

Cynthia Macluskie: no, I know it's like a weird Nuanced question, but I had to ask. Anyways, I want people to start thinking about this a little bit differently, I guess.

Diane Kress: That's a good question. It really is. Is there anything else? I won't steal Michelle's thunder as far as how many IRs that we've done so far this month. I know the month is almost ending. So we're very happy with that. But I'm sure it's in high volume and I apologize, I've kind of been losing my voice. So I don't have anything else at this time. Is there any other questions?



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02:05:00

Diane Kress: Alright. Thank you.

Michelle Rademacher: Thank you, Diane. Joan, did you have an update?

Joan McQuade: We are still working with the backlog, getting our incidents redacted. We have been slowly but surely diligently chipping away at it. Because our CARES Administration cares, we are going to be getting some additional assistance from some other members in our department. And we hope to get it cleared up as soon as we can. But you will still be getting your batches every week like you have been and trust me. You wouldn't, if we got caught up tomorrow, you would be overwhelmed with a lot more incidents, But we are getting there.

Diedra Freedman: You just so that everybody in the committee knows, one of the other hats that Joan wears is as the DDD Olmsted plan. I don't know Guru or whatever her title is.

Joan McQuade: You're not Guru. I'm just the person...

Diedra Freedman: What?

Joan McQuade: who provides information and updates.

Diedra Freedman: Anyway, at the governance meeting, Joan provided the AHCCCS numbers and we're gonna work on seeing if we can get the DDD numbers and specifically the District West numbers. Because I think that the Olmsted plan is one of the best things to ever happen for the IDD community and DDD members; and I think it's a real opportunity for us to help along the process of making sure that our members live fully integrated lives of the best possible quality. So we're not going to put her on the hot seat today, but In the future, quarterly; and she can share the AHCCCS website with her. So next time we'll have her just give us a quick introduction of that AHCCCS website and then we'll work on seeing how we can get the DDD numbers and specifically the District West numbers teased out for us on a quarterly basis. So Michelle, who's next?

Leah Gibbs: As De mentioned I have some data for you about some of the successes that the Division's experiencing. I've shared with the committee in the past that we have been rolling out training and support with our DDD health plans to those Behavioral Health agencies in supporting people with intellectual developmental disabilities. We implemented a 12 course Library curriculum that we are incentivizing financially, those Behavioral Health agencies to get their staff to take all 12 of those courses. They are online through Relias, which is the training platform that those agencies use, and one of those courses is a virtual instructor-led course that is taught by our physicians and staff who are behavioral health administration here in DDD and co- taught with members of our CARES Administration to help better educate the providers on DDD, how we collaborate with our health plans how we collaborate together for the benefit of our members. Some of the data that we have; there have been 73 individual agencies that have taken advantage of enrolling at least one staff into those training curriculum. There have been 2,837 individuals who have completed at least one of those 12 courses. There have been 19,266 courses completed between all those folks and 1,536 people have taken that instructor-led course that's co-trained with the CARES Administration and Behavioral Health Administration.



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Leah Gibbs: There have been 746 individual people who have successfully completed all 12 of the courses and they are recognized as DDD champions for the behavioral health arm of services. The Division did just conclude on May 9th and 10th our first of two conferences. This one was in Tucson. We're calling it "Bridging the Gap" and it's again another platform to bring together behavioral health professionals to learn more about DDD and working with our population and best practices. There were 260 people in attendance for it.

02:10:00

Leah Gibbs: They had 15 separate presentations, 12 of those presentation's provided continuing education credit for the professionals that attended. There were 14 different exhibitors who had tables with information and resources and the feedback from those conferences was very very positive. The committee is working on planning its next conference September 5th through seventh in Phoenix. There will be much of the same curriculum and same breakout sessions, but they're adding a third day on the seventh of September that is very much geared toward the medical professionals as well as the BCBA's and their roles and expanding their knowledge base. So that's where we are with that project with our project with DDD.
Cynthia

Cynthia Macluskie: Are you allowing vendors to have tables or no?

Leah Gibbs: I am not doing that conference. And so I'm sorry, I know that Mercy Care and United Healthcare had tables at that conference, but I don't know.

Cynthia Macluskie: Okay, thanks.

Leah Gibbs: Dr. Arnold is pretty much overseeing that. Do you have her email contact information? Okay.

Cynthia Macluskie: Yeah, I do thank you. And then just I'm sorry to just ask one other question since you guys had a parent caregiver conference last year.

Leah Gibbs: Self care for caregivers. It's one of my updates that's coming your way. If you'll give me a second.

Cynthia Macluskie: Okay. wait and always.

Leah Gibbs: Okay Positive Behavior Support. So that is the curriculum that the Division worked with internal and external stakeholders. We started training the trainers in mid January of this year and we have trained 498 certified trainers to deliver that training out to direct support professionals. There have been 78 individual qualified vendor agencies who have applied for and received some of that Financial incentive for training their direct support Professionals in the course.

Leah Gibbs: Over 1700 individual direct support professionals have been trained. I don't have the exact number tonight and I tried to get into the spreadsheet and I'm sorry I couldn't open it, but I can tell you that the family members and caregivers that we are providing the training at no charge to; Raising Special Kids has trained 79 families and caregivers. And they're doing it once a month for those trainings.



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Leah Gibbs: Every single person who is completing the training, we are collecting a pre-assessment and a post assessment to kind of measure knowledge increase from taking the training. We are also collecting a survey from them to be able to capture if they feel that the training was giving them some of the tools that they need, if it was beneficial, just some of that feedback on the training itself. We used a likert scale for the survey results. We had questions that are scored from one to five, one being you're very dissatisfied and five being very satisfied and our overall training score from the likert we've received so far as 4.61 out of five. That it's telling us that there is a lot of very, very positive feedback from people and very much appreciated the content of the training and felt that it's helpful and beneficial.

Leah Gibbs: I can tell you that we continue to provide train-the-trainer opportunities. We're doing one in and we've completed the one in May. We're doing one in June and one in July. The qualified vendor Community has until September 30th to complete the training for direct support professionals to be able to submit to the Division for that Financial incentive.

Leah Gibbs: Our goal is in collecting the pre and post assessment and the survey and we're doing a three-month follow-up assessment that we're sending out to people three months after they completed the training to measure their knowledge retention of what they've learned and we're hoping to use all of that in creating Positive Behavior Support as an ongoing option available to the qualified vendor Network and for members and families. Raising Special Kids will absolutely be continuing it. It's not going to end at the end of September 30th. It's going to continue but we want to be able to grow it, expand it, improve it; but we're definitely making Headway faster than I thought we would because trainers were just barely starting to get trained in January. They're just starting to roll out their training in March and we've already hit 1700 individual people. So we're moving in the right direction and very excited about it.

02:15:00

Leah Gibbs: Third, the Division is in fact rolling out two self care conferences for caregivers this year. We are just barely starting all of that process. We are going to conduct one in Tucson on October the 3rd. And it will be a Casino Del Sol in Tucson. We will also be conducting one October the 16th here in Phoenix at Desert Willow Conference Center. As we did last year. It will be intended for families and caregivers. Our goal is to help caregivers Network and connect to other people with shared experience and maybe make some new connections and relationships. It's to provide education. Our goal is to have about 30 exhibitors at each of the events for the purpose of I'm sorry.

Cynthia Macluskie: I'm sending you an email tomorrow just to make sure.

Leah Gibbs: Okay, I will look forward to it. And then we are still nailing down some of those presenters and topics. We're bringing in folks from Tucson that very much know that Tucson area.

Leah Gibbs: what did you just ask me in the

Diedra Freedman: I asked if your conference at the casino is going to include comp to play.



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Leah Gibbs: Yeah, you have no idea how much I don't even want to have that conversation. Casinos and I have a really hard relationship. It's way too overstimulating for me. And so we're inviting in some speakers that are from that Tucson area to help those families connect to those professionals down there who are gonna be great resources and I can tell you that our keynote speaker for both has already been identified. And it's going to be Jana Merrill, with Raising Special Kids, who is going to be keynote for both of those around families and recognizing that you're not alone. So we're very excited to roll that out again this year and expand it. Go ahead.

Cynthia Macluskie: Is there a way to submit to be a presenter?

Leah Gibbs: You send me an email Cynthia and explain to me what you want to do and we'll make it happen. And that we do not have a fee for someone to be an exhibitor.

Cynthia Macluskie: Okay, awesome. Thank you.

Leah Gibbs: But we do ask that any exhibitor donate a self care item that we can then do a drawing for families who are in attendance. So it can be a basket, a gift card, whatever; a self care something.

Cynthia Macluskie: awesome

Leah Gibbs: Now I'm done unless anybody has any other questions for me. Okay.

Cynthia Macluskie: I'm not gonna actually ask, look at me.

Updates from Integrated Health Plans & AHCCCS

Diedra Freedman: Can we let. Ian has been waiting patiently and so has Fredreaka. Can we let them go next and then Larry will close us up before you, Michelle. You'll actually do the closing.

Diedra Freedman: Hey Ian.

Ian Wilson: I don't have any updates from United Healthcare but I'd be happy to take any questions.

Diedra Freedman: Okay.

Diedra Freedman: Fredreaka

Fredreaka Graham: Same for me. I don't have any updates but I'd be happy to take any questions.

Updates from Arizona Department of Administration

Diedra Freedman: Okay, Larry.

Diedra Freedman: Is Larry with us or did he leave us?



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Larry Allen: Sorry I was double muted. No updates from ADOA this evening.

Diedra Freedman: Okay you're working on my question, about the Statewide meeting So, me Larry. I just want to follow all the rules. This open meeting stuff is complicated.

Larry Allen: Yes. Understood. We're working on it.

Motion and Vote

Diedra Freedman: All I'm gonna interrupt you before Michelle does a wrap up. I need a motion regarding not meeting in June in July and then resuming our meeting in August as has been our tradition. Does anybody want to do that or do you want to meet in June and July?

02:20:00

Brad Doyle: I motion that we do not have a meeting in June or July and meet back up again in August.

Crystal Fox: I'll second that.

Diedra Freedman: Do I have anybody opposed?

Cynthia Macluskie: Nope.

Diedra Freedman: Okay, then we can do a voice vote. All those in favor say "I".

All members present verbalize "yes" at the same time.

Crystal Fox: I

Diedra Freedman: Motion passes unanimously, so we will see you back here, Michelle, what's the date in August?

Pam Dewey: August 27. On the agenda. Yeah.

Michelle Rademacher: Thank Perfect. it is on the agenda. Yes.

Updates from DDD IOC liaison

Diedra Freedman: And before we go anywhere, Michelle is going to do her update, wrap up and then we'll get out of here.



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Michelle Rademacher: Just a real short one. On May 8th, Pam, your newly elected member received her onboarding and has been reviewing incident reports on behalf of the committee. If anybody ever wants to receive a refresher training on that, just let me know. Send an email or send me a text or something. I'd be more than happy to meet with you. It's just a quick virtual meeting to go over reviewing incident reports. And then on the numbers for this month for your metrics a total of nine hundred and six redacted incident reports will be provided. They were provided through April 30th. We are now moving into providing the May ones starting this week. There was 850 clothes reports and 49 open reports. And really everything else is my standard information about the town hall that DDD has monthly, the first Thursday of every month. And the next one is June 6. And then if any of the committee members have a meeting agenda item or an idea that something they want presented at a meeting send an email to myself with De included and we'll work on getting that in for your meetings. There's several things on the list proposed for the next meetings. We've already got August presentation that we're working on for the COMIT report. There's a few things that are kind of standing, kind of waiting in the background like a presentation from DD Justice Reach-In Liaison, as well as there had been some expressed interest for Anne Klein and a discussion on the START program. As well as I made note in the past of your interest in having Christina Hedges, the DDD Behavioral Health Advocate back.

Diedra Freedman: Is there Anything we missed, does anybody want to talk about any incidents or behavior plans or are we ready to say good night?

Discussion and Review of Incident Reports and Behavior Plans

Crystal Fox: I didn't want to. I don't have any Behavior plans or anything and I know it's late so I could do this later. But I kind of wanted to warn. Remember I had talked. I wanted to mention. I'd like to get big information on DDD and SMI, and how many are incarcerated. And then over the last five years as well as by county. And I don't know if DDD can get that.

Diedra Freedman: Okay, so Crystal, you, me and Cynthia will form a sub committee. Do we have to have a motion and...

Crystal Fox: Okay.

Diedra Freedman: a vote on that?

Lawrence Allen: No, you don't have to.

Diedra Freedman: And we'll have that prepared for the next. Okay.

Crystal Fox: Yeah, I didn't want to hold up this meeting. And so



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Diedra Freedman: We can't have more than three because if we have four we have quorum. Then we have to deal with open meetings. So three of us because we all seem to be interested in that. We'll come up with a list of questions.

Crystal Fox: Yeah, it's true. I mean I want to give a heads up. It's really for data collection. We're gonna take on the prisons next year and I just don't want to. I don't. Being there's so many DDD members right now that I'm following in the criminal justice system. If this is an issue, that's getting worse. I don't want to miss it. So

Diedra Freedman: right

02:25:00

Diedra Freedman: Yeah, no, we can ask away and we have some data experts. Some people who are really good looking at metadata, Pam. I'm looking at you.

Diedra Freedman: And hopefully we'll have somebody else who will be joining us. Who is a nutritionist, who expressed interest in joining us. So hopefully we'll have some really good number crunchers who know quality.

Crystal Fox: Yeah. yeah, my groups of concern are incarcerated and homeless. so Those are my two groups of concern.

Diedra Freedman: So we can do that since now I know that we don't have to have a motion and a second and a vote in order to form subcommittees. As long as there's less than four of us, we can form all the subcommittees we want.

ADJOURNMENT

Diedra Freedman: So, does anybody have anything else? Okay, so 8:28 on May 28th, 2024. I will adjourn the meeting. We will see you back in August. Everybody has my contact information if you have any concerns. You Can Talk Amongst yourselves, just make sure that if you have ongoing conversations there can't be more than three of you included in the ongoing conversation otherwise, we violate open meeting law. So with that...

Cynthia macluskie: Have a good summer.

Diedra Freedman: Have an amazing summer. We'll see in August. Bye.

Brad Doyle: Have a good summer.

Crystal Fox: Good night.

Pam Dewey: Good night.

Meeting ended after 02:27:05 🙌



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For all of April 2024 IRs, the Committee members have been given a total of **906** incident reports in the Shared Drive. This included **49** open and **857** for closed reports.

Type	Open	Closed
Accidental Injury	1	95
Consumer missing	1	4
Deaths	3	9
Emergency Measures	0	8
Human Rights	5	12
Legal	1	2
Medication Errors	3	49
Neglect	23	48
Other Abuse	3	7
Other Behavior	2	407
Other Injury Unknown	0	199
Physical Abuse	7	16
Property Damage	0	1
Suicide	0	0
TOTALS	49	857

The IRs will be reviewed by the committee members.

Number of Questions for Quality Improvement Manager, QIM: **0**

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

All PRC meetings are being attended by Crystal Fox.

Number of Behavior Plans turned in by IOC Members: unknown

The Program Review Committee (PRC): unknown
