

AHCCCS Central Oversight Committee IOC
Public Meeting Minutes
Wednesday, November 20, 2024

Call to Order

Meeting called to order by Committee Chair Holly Geiszl at 5:24 pm. The meeting was held virtually through Google Meet.

Welcome and Introductions

Attendance:

- Holly Geiszl
- Rachel Streiff
- Joel Thompson
- Sommer Mutter Walter
- Mathew Moody
- Jack Potts

AHCCCS: Fredreka Graham

DDD: Michelle Rademacher

Arizona Department of Administration (ADOA): Lawrence Allen

RHBAs:

- JoAnne Kautzman with Banner Health
- Tyson Gillespie with Mercy Care
- Maria Reyes with BCBS
- Deb Jorgensen with AzCH
- Dawn McReynolds with UHC OIFA

Public in attendance:

- Beth Pera
- Sonia Slomba

AHCCCS Central (2024-11-20 17:24 GMT-7) - Transcript

Attendees

+1 602-***-**31, Beth Pera, Dawn McReynolds UHC OIFA, Deb Jorgensen, AzCH-CCP, Fredreaka Graham, holly gieszl, Jack Potts, JoAnne Kautzman, Joel Thompson, Lawrence Allen, Maria Reyes BCBSAZ Health Choice, Michelle Rademacher, Rachel Streiff, Sommer Walter, sonia slomba, Tyson Gillespie, Mercy Care

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Transcript

holly gieszl: Thank you. So, all right. We have a good crowd tonight. Let's see if we, first of all, have a quorum. It looks like we do. Dr. Potts, Joel Thompson, Rachel Strife, and me. Rachel was joining late, but I see she's here. Thank you for being on time.

Rachel Streiff: I'm here.

holly gieszl: And I know Rachel has some exciting news to report today. We'll come back to that. I hope that Summer will be joining us shortly.

Sommer Walter: I'm here, Holly. Hi.

holly gieszl: Hey, Where are you hiding? There you are. Great. Thank you. Let's begin. We'll call the meeting to order with the quorum having been established. and we have a potential member present and that's Sonia Swamba. Hello, how are you? We've distributed your curriculum vita whatever the term you want to use is and we look forward to you joining us for two more meetings and checking us out. Tell us a little bit about yourself if you could.

sonia slomba: Good evening. Thank you so much for having me. I'm looking forward to having the opportunity to serve and join the group. I moved to Arizona a couple of years ago. I have a son who has schizophrenia and...

holly gieszl: Is your son living in the community now?

sonia slomba: he's been in various hospitals. and I met Rachel and she told me about the opportunities and ways to serve and that's why I submitted my resume.

holly gieszl: Is he in the hospital now? If we can ask ...

sonia slomba: You can, I'm a lucky person. He's doing really really well. He lives at home now. He is doing really well.

ARIZONA

INDEPENDENT OVERSIGHT
COMMITTEE

holly gieszl: We're grateful for that and I know it's due in no small measure to have a dedicated support person and in the form of a mom and so wonderful. I know you bring insight and lived experience and no doubt will complement and widen our expertise on this committee. So I'm just delighted you're here and thank you Miss Strife for recruiting and identifying folks with so much to give to the community. So, we look forward to having you here. We've also had one other resume and Katie Williams is intending to join. She has one more meeting, but there have been lots of transitions in the u city city of Phoenix municipal court and in the mental health court and the homeless court. She has responsibilities in both. and a new person in the PD position that she works with. So, there's been a lot of change. Not to mention, she had her fifth child about a few months ago. So, obviously this is a busy lady. but she is going to be joining us. And we have one other person who is submitting her resume and I'll be so happy because she is a peer and had a remarkable journey and very deep experience in the community adult protective services system, Arizona State Hospital. And so she'll be bringing a great deal and I believe we'll have her resume for consideration at the December meeting. With that, let's see. Is Matt Moody on?

+1 602-*-***31:** Yeah, can you hear me?

Rachel Streiff: He called it.

Jack Potts: He's on.

Rachel Streiff: He is

holly gieszl: Where?

Joel Thompson: He's on via phone.

holly gieszl: Okay. Hi, Matt. All right, great. I wanted to establish that you were here as Okay, so Oh.

Jack Potts: And I have a question. I have my hand up. Miss Gizel, Miss Slumba, is your just welcome and thanks. Is your son smi?

sonia slomba: Yes, he is.

Jack Potts: Okay, because that's important because of the criteria. Thank you.

holly gieszl: So we have community partners. Let's see. There's Could Joe, you want to give us an update?

00:05:00

JoAnne Kautzman: Hi everyone, Joe Kautzman with Banner Health Plan. I have no updates at this time. Thank you, Holly.

holly gieszl: Let's see if I can go down here. Michelle: Great.

Michelle Rademacher: Hi, my name is Michelle Ratimaker. I'm with the Division of Developmental Disabilities. I'm an IOC liaison for DDD's committees. Currently, I did not come prepared with an update tonight, but I'd be happy to take anything back if you have questions or need me to take anything back.

holly gieszl: Thank you for taking time and being here. Your presence is what's important mostly because we never know when we're going to generate other communication that it's good to have you here. Tyson Gillespie, anything from you?

Tyson Gillespie, Mercy Care: Tyson Gillespie from Mercy Care's OEA team. just a couple of things I want to make sure the committee were aware of. Mercy Oifa team is hosting a lunch and learn at the beginning of December and I'll drop information on the chat where one of the peer-run organizations and our justice team are talking about the benefits of peers for forensically involved members. That's at the beginning of December and we also have finalized the dates for our annual connections conference which is targeting members of the reebus system to come and learn and be able to engage around self-care and learn more about evidence-based practices within the central part of the state. Those dates are April, and I get this wrong every single time I say it. So, let me just make sure I'm telling you the right dates. It is April 17th and 18th. And once we have registration and those things up, I will make sure I share it out, Holly, with the committee. if anybody from the IOC would like to attend or if you have individuals, loved ones or folks that you feel would benefit attending. Last year we really did a focus of that it's member driven both days. There are sometimes providers that also attend and we encourage that but really want it to be for members to know about resources and evidence-based practices. And so we're excited. By the time of your next committee meeting I'll be able to share the link for registration. but those dates are We are aware that Friday is Good Friday. so it is a half day that way if folks have obligations that they're able to do in the afternoon. but those are our two updates and I will drop the link for our lunch and learn in the chat. so if anybody wants to attend or wants to send anyone to that, it's open to the community.

holly gieszl: Great. Thank you. I'm on the Mercy Oifa mailing list and I did get that. That's a great mailing list. If members of the committee are not involved, you can just be on that list. They cover timely events. So, you may want to get on there. Rachel, is anybody from Mad Moms if planning to attend that or will you guys cover a lot of these

Rachel Streiff: get the information and get it out because I didn't know about these things. So, it sounds like there's a family one. So, Tyson, there's a family at an OIFA event. Which one are you talking about? Or are you talking about in April? Yeah. Okay.

Tyson Gillespie, Mercy Care: So the connections conference is facilitated by OIFA but the lunch and learn in December is an OIA lunch and learn and I'll drop that information in the chat Rachel and...

Rachel Streiff: So, Yeah, I'll still share that with the mom groups.

Tyson Gillespie, Mercy Care: please feel free to share that it's for members and providers. Yep.

holly gieszl: I think it's particularly Rachel, that's a one that you guys are interested in because it is focused on peer involvement in justice teams. But Tyson, is that ACT team only or is it a crisis intervention team?

Tyson Gillespie, Mercy Care: are really really anybody that could benefit from forensic peer support. We do have our justice team from Mercare presenting for a portion of it and then one of our peer runs hope lives that does a lot of embedded court u peers is also presenting

00:10:00

holly gieszl: Tyson, would it be possible to get the two mercy teams, the justice, the forensic team and the embedded court team to tell us a bit, come and talk to the central IOC and share with us what those teams do? just do a presentation.

Tyson Gillespie, Mercy Care: I will talk to our justice administrator and when they're available. And probably the beginning of next year, Holly. I'm not even sure if the committee would be meeting in December, but probably sometime next year.

holly gieszl: Yeah. Next year early. There's no rush. I just know that we do get questions and sometimes complaints about people where it really arises out of a question about a justice issue. And I think that would be good if the committee knew how to look at those things a little better.

Tyson Gillespie, Mercy Care: and would always be happy if there's ever questions or issues that come up that the committee could reach out to me and I'll get our justice folks to help follow up for anything that the committee hears.

holly gieszl: Okay, excellent.

Sommer Walter: It's Sommer. I would think it'd be great if we could have the justice team come and speak because I guarantee probably 90 to 95% of families that have a loved one that end up in jail or even the prison system have no idea that a Mercy Care justice team even exists. and the services that Mercy Care should be providing to their loved one to coordinate an appropriate release plan. Yeah. Yeah.

holly gieszl: I think that's probably right that Sommer. It's very important that thank you for focusing on things I think from the IOC stand point and I don't want to make Dr. Potts seem elderly but you've probably been involved in release planning and SMI issues in the jail longer than any other practicing psychiatrist in Arizona. I think it would be interesting to see from a human rights standpoint, from the IOC's view, what is going on in release planning and IOC issues upon release from the jails? We don't have jurisdiction in the jails but how do we oversee what happens when a release is occurring. So I think that would be interesting to hear about and summer thank you for focusing on that release planning issue really is kind of the heart of the matter, isn't it? interesting.

Sommer Walter: Yeah, big time. It can either be the greatest thing in the world or the most epic failure when you don't have one. And I think it's really important that we let these families know the options that are available to them and what to ask for and maybe even demand because that information isn't always just freely given to families.

holly gieszl: So it's the knowledge and then it's a followup and...

Sommer Walter: And coordinating with the clinics,...

Sommer Walter: ensuring that everyone is talking to each other.

holly gieszl: And it's certainly difficult for someone incarcerated in jail whether they're to manage that.

Sommer Walter: Yeah.

holly gieszl: There's better communication now with tablets and so forth, but the person may not be able without support to do that, particularly if they're having to deal with, are they going out on a bond, are they going out on court order treatment, do they need court order treatment? So all of those are things to think about. And we do have a new sheriff and so there's a new sheriff in town. So maybe we can somehow link some of these activities to this particular sheriff's lack of plans policies or lack thereof on how he's going to handle SMI issues at release. So I think that will be a good topic for us to think about next year. And Tyson, thank you for triggering us and I mean that word in the right way to think about the justice involvement particularly of people coming out of jail. So all right. we will mark that for a followup. Rachel, can you tell us where you've been? Rachel's been in Merlin, as we say in the South, but she's been at the FDA testifying on some remarkable stuff. Tell us what you and Mad Moms have been doing.

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Rachel Streiff: Yeah. Thank there's a sister group a parent group if you will of Arizona Mad Moms called the Angry Moms. and that group has been focused significantly on access to Clozapine which is an anti-schizophrenic that's really important in the treatment of it has two FDA indications one is for treatment resistant schizophrenia and the other is for reducing recurrent suicidal behaviors and it's the only medication that has an FDA indication to prevent suicide in schizophrenia and schizoaffective disorder So, a pretty important medicine. Since it was first released in US markets, it's had a large barrier to obtaining it and so only 5% of people who are indicated for Clozapine or less have access to the drug because not only is there frequent blood testing required as part of the Clozapine product label, a weekly blood test initially and then it becomes less frequent but it's essentially monthly forever. But the FDA had an added layer of really strict bureaucracy where they had implemented a blood for drug program that would ration pills in weekly quantities to patients. A number of us went to have been pressuring the FDA on this issue for years and finally we got a joint committee hearing of the psychopharmacological drugs advisory committee and the drug risk advisory committee. So it's very rare to have two committees of the FDA have a joint hearing. But I think what was unprecedented and has never before happened in history was that individuals themselves with schizophrenia, treatment resistant or suicidal problems that are on Clozapine testified on a national level that was nationally broadcast. Incredibly brave testimony on behalf of those individuals.

Rachel Streiff: In addition to that, our own Lisa Castanos testified her son was restored to competency on Clozapine and then the prison didn't carry it. And so instead of getting to a 10-year parole date with options, he will probably be in prison for the rest of his life because of the behaviors associated with not having treatment for his illness. Crystal Fox testified as a nurse for decades over at the state hospital and the use of Clozapine and then of course her family not having access to good medicines specifically for suicidal and aggressive and homicidal symptoms. And of course her family suffered both of those Very powerful testimonies. also Kristen White whose brother died of suicide was there. She testified and Francis Musgrove, another mom, testified from Arizona. And then a really great contribution from Janina Rotaro, who is the nurse practitioner here for COPA. She also testified. It was Jane Jeepson, another Arizona mad mom. She testified as a very powerful nationally broadcasted testimony. And at the end of the testimony, the two committees voted 14 to 1 to end the Clozapine REM as their recommendation to the advisory committee. It was quite a large panel with doctors and researchers and it was a long day. FDA testified, industry experts testified, the REM agency and their affiliates testified, and there were quite a few news releases coming out. This just happened yesterday. But we have great hope that the management of patients will be transitioned from a bureaucratic government agency to the doctors...

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Rachel Streiff: who is treating them which is where the management of patients belongs. So I'm hopeful that that'll happen in the next three to six months but the FDA needs to act based on the advisory committee recommendations. So yes.

holly gieszl: That is wonderful. Thank you. Could I ask you to post if you could get to Larry and Larry can post the YouTube link on the IOC page. I think that's incredibly important and I appreciate you as a member of the IOC that work and also for being able to be on tonight since you just got back and thank you for making that a priority. so I would love to have that and Larry, if you could also maybe send that link to the other OC's including Ash. I just think that's so important for when Arizona is right up there at the DA changing things. That is of real importance to what the IOC exists to deal with, which is oversight of the services that members are getting and the rims were certainly an obstacle to that in some instances I think. So that would be good. On a related note, I've had some inquiries just from various people, moms and some people who contacted me with what I thought was a complaint and turned out really to be very good questions about what a particular diagnosis means. What is the difference between schizophrenia and schizoaffective disorder?

holly gieszl: Can you have schizophrenia and bipolar at the same time? What does that mean? What is bipolar? So, it occurred to me that as this relates, I think, to questions I've had when I go out on a site visit and you see patients with particular diagnoses and I'm not even really sure sometimes what it means. I'm not suggesting that we need to become clinicians. What I'm wondering is Dr. Potts, could you help us out or do you have somebody you'd want to invite to help us out as lay people on the IOC? Probably invite some of the other IOC's to join. How are you diagnosed with the six or seven common psychiatric diseases that lead up to eligibility for SMI designation? Obviously the disease then has to also affect your daily functioning. But what is schizophrenia? What are the signs, the symptoms? What leads a clinician to think about that as the diagnosis? And the same with the other I think there are six or seven major diagnoses. What do you think about that or is that something we're never going to become knowledgeable enough about for it to matter?

Jack Potts: Number one, if you have family, you can always send them to me and I'll talk to them for a few minutes about diagnosis. I do that all the time. Number two, I don't think we should be in the role of talking about those issues. I think that's something that the clinician should and we should do. But number three, I do it always and the nomenclature changes as the moms know, schizophrenia spectrum disorder now. So you can have schizoaffective type. So things change over time and I tell patient families all the time that we don't biopsy the brain anymore at least and that's probably why we don't have the clarity of diagnosis and the more spectrum than they are discreet in other areas are discreet but in some of these is more of a spectrum. So yeah, I can gladly talk to the committee in 10-15 minutes if they wish me to do so. Also, I think Matthew has experience in SMI enrollment and...

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Jack Potts: meeting some of the other functional criteria for SMI status. So that would be a second component because SMI isn't just diagnostically based as my understanding. But if we want to do it in house or if we want to have an annual meeting I'd be glad when we have an annual meeting for the other three that's something that I easily can speak to but again if any of you have family members other people just say hey I'm a little confused I'm not going to argue one way or the other about what medicine the person should be on but there's fairly simple criteria but there's a lot of overlap.

holly gieszl: Okay, great. We will try to figure out a way to schedule something after the first of the year and offer that to all of the other IOC's to join us for 15 or 20 minutes at the beginning of our meeting. I think it would be helpful and thank I encouraged these people to clarify these calls to clarify with their clinical team with the psychiatrist and to make sure that they're getting to see a psychiatrist. That's the problem everybody's seeing nurse practitioners as the provider, which is great, but you would like to think that particularly for the most seriously ill that there is more psychiatric involvement. I'm not seeing it, So, that's something we can also think about. let's focus on did anybody do IAD reviews? Summer's usually our IAD queen. did you have an opportunity to do any

Sommer Walter: Hi, Holly. Yeah, I did, I mean, surprisingly, the ones that I viewed, it seemed to be a little bit of a quiet month, which I'm grateful for. The ID seemed to be pretty reasonable. There was just one that it would be more of like a soft inquiry to make sure that the members' requests and wants and needs are at the very least being considered and looked at in regards to being able to change their housing situation. So, I'm planning on doing an inquiry for that.

holly gieszl: What are the facts?

Sommer Walter: The facts are that her fellow roommates and fellow neighbors are threatening her racial slurs. It just seems to be a very toxic type environment for this member and feels unsafe.

holly gieszl: Toxic slurs. She's in a BHRF or in a group home or...

Sommer Walter: No. She has a housing voucher.

holly gieszl: And does she share a house or is she in her own apartment? What's the setup?

Sommer Walter: It appears and that's one of the things I'm going to ask for more clarification. From reading, it appears as though she's in a shared type of situation, maybe shared room type of deal.

holly gieszl: That's very sad and very frightening because if it escalates somebody's going to get arrested for domestic violence and then ...

Sommer Walter: Correct. Right.

holly gieszl: because it's not based on relationships, it's based on where you live. So, that could be a really well.

Sommer Walter: It just seems she's fearful. Just from just reading the IAD, it just really appears that she's fearful and feels unsafe in her current living situation. There's multiple reports of things that are going on that are concerning.

holly gieszl: Should we do a site visit?

Sommer Walter: I mean, I think that would be great. to get eyes because I know, sometimes you never know it's one thing to read it and it's another thing to see it. I guess that's the best way to describe it. But obviously, I want to ensure that the members' complaints are being addressed and I think it's really valid. It's a really good thing to validate their concerns. Correct.

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holly gieszl: And while honoring the confidentiality, So, we'd have to make sure that's done. Dr. Potts, you had a question or a comment.

Jack Potts: A couple of things. Number one, I'm dealing with that in the case in Yavapai County. The issue is however this person has not been on the medications and they're increasingly paranoid and not realistically so one always has to look at that issue from complaints. Number two, if it's a private residence, if it's not a birth, we do not have the authority to go and look at it. So, if it is a birth, that's one thing. If it's maybe in supportive housing, an apartment, that's a different issue. So, I think you're going about it. Some read to say, hey, I would ask had they changed residence because they may be changing residents every five months. So, ...

Sommer Walter: Correct.

Jack Potts: I think those are things to look at and see what they're doing on that to address her concerns. 100% right. But I have seen so much of it also where it's part of the illness. Anyway, good.

Sommer Walter: And that was my inquiry. It's worth the time to inquire about whether it is an illness or...

Jack Potts: Absolutely. Absolutely.

Sommer Walter: is this a true situation a terrible situation for the member

Rachel Streiff: I have a quick question. So, are a lot of the housing vouchers being used in certain apartment complexes maybe that it would be within our scope to just go look at the complexes where folks are living. I mean, are they okay?

Jack Potts: We've done that before, Rachel. We have gone to section 8 or another part. There's some actual buildings that we've been to where almost 90% are that. So, we can go there and look at it and then have people volunteer, etc. But yeah, of course we can.

holly gieszl: And I think we can understand what Dr. Potts is talking about if it's a private residence. Let's say there's a house and they have a room and they have someone living there who's smi and who's placed there either by the clinic or just is there because maybe it's an aunt, maybe its parents. then we don't have jurisdiction. But I got to pull the statute and look at it. I hope we have jurisdiction to go where the community living placement program has placed people. I think sure.

Jack Potts: I don't think so, Holly, but I think it's worth checking. But again, I would have a real problem going into someone's private residence without being invited. I think the state-licensed one is different. A private residence that's a bright line. You look into it now. Yeah.

holly gieszl: It's and I do think we can go to an apartment complex, something like that. We can sort of check it out. I did have another call from a family who had gotten a placement for their son in an apartment complex. It was through the clinic. The apartment complex was brand new, renovated, was in and this is like the third one I've had since summer. I know Rachel's familiar with one of the incidents, but I've had two more. The housing complexes were in areas of town. I drove to both not far from where I sit right now, but in an area of town where I in one instance turned around, and went back it was in no way a safe area. The other one I did drive all the way down, but while in both instances the buildings, one was a small quad quad around a little courtyard, four units or six units around a courtyard. The other was kind of a midrise. And in both instances I am sort of horrified that some vulnerable folks are being in these areas because they are I think at risk of being targeted and it was disturbing. So I had that down as something to talk about as a committee when we go out and we do site visits. How do we record these experiences where we say the place is great? They had programming. The member was happy etc.

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holly gieszl: But the surrounding neighborhood is concerning to us. Is that something we can think about as a human rights issue or do we just say that's out of our scope because it's up to the folks who run the housing programs? Anybody got thoughts?

Jack Potts: That's why our mandate is to have someone from housing on the committee and it would help.

holly gieszl: Okay.

Jack Potts: And I think we can comment on it, but again, boy, it'd be kind of interesting to have them shut down when then you have more homeless people out places. So, the other thing is what protections do they have for their clients in those neighborhoods? that might be a followup to but anyway, there's a good point.

holly gieszl: Okay. Rachel. Yeah.

Rachel Streiff: And I had a question...

Rachel Streiff: because we have someone from the DDDIOC on our call. I mean, there's been kind of an ongoing theme within Arizona Mad Moms about really looking at this parody between other types of disabilities and SMI disabilities. and in particular with supported housing where DD has group homes and they shall provide a residence for individuals that need them. and what's happening with DDD having challenges with having their folks being placed in bad parts of town or in dangerous circumstances?

Rachel Streiff: So, I'm just curious how DDD is experiencing this housing crisis. How is it affecting you guys?

Michelle Rademacher: DDD's administration. We do have a department that is the housing department. Unfortunately, I'm not a representative from that department. My experience in the past when I was a support coordinator DDD helps individuals find accessible housing. and that is open to not just an individual that's eligible for our support and services, but it also includes their family members if they qualify. and there's been several site locations throughout the community here in Maricopa County, but I'm not familiar with the locations to know what the surrounding area is like currently. I could take that back and bring something to you, your committee if you'd like.

Rachel Streiff: It is a valid comparison in my opinion. Question. When you say that with their families, are you saying that a mother who would be a caregiver or something like that also is provided assistance with housing?

Michelle Rademacher: Yeah, it's a little bit like the HUD program. There's financial eligibility requirements and also for our program that we help support our members with housing. It's kind of a day from what I understand. It's a dual application so that their support and their family can also be with them and supported in this environment. Yes.

Jack Potts: But let me clarify Michelle. My understanding too is that a lot of your clients are with Altex. Is that So Altex then also some of the families will pay for six or eight hours respite or care and so that can help do things too which we don't have the opportunity for the SMI. So that makes a difference. And the other thing is they are not permitted to do random visits to the facilities whereas we can but that's why when we go to houses sometimes a dual diagnosis that's why we've in the past given feedback to their IOC's but we have the advantage as Holly was suggesting of seeing some of these places not just driving by where we can get better input but anyway that's just some thoughts for

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Sommer Walter: I will say if we're going to touch that the DDD side, I'm the mother of two autistic children and obviously they will remain in homes with me, but I have helped other families and obviously having a sibling with SMI, I see the complete disparity between they're both, different but not less. The two different populations and the way that I am supported and the way that there is no questioning of my decisions for my children in comparison to my brother is astounding. It is absolutely astounding. They're within the DDD system for vulnerable. I mean, one of my sons is an adult. The other one is about to be an adult where he is there is just like what's best for your kid. We will be supported where it's pretty sad to see the difference that we're willing to population in really bad And I'm going I'm the guardian of my kiddo that's going to be 18 in January.

Jack Potts: Let me note do I was ask you some are you a guardian of either your brother or your children title 14 guardian.

Sommer Walter: We actually have our guardianship hearing this Tuesday coming up. But I am the guardian of my 20-year-old and my brother. But even before my children, my one son became an adult, they recognize this person is so vulnerable. And I've seen other families that do not have guardianship of their severely disabled child that is within the Alt system and the parents of the loved one that is primarily caring for them. Their opinions and their thoughts are always considered and always taken into account because for whatever reason they are very focused on not allowing that young adult to suffer.

Jack Potts: Yeah, that you're right. DDD because of the nature of the beast and almost by definition the person is incapacitated and unable to make responsible decisions. I think in my experience I do a lot of these they have better transition programs they have more effective programming and we're not seeing that and I think that's something the IOC needs to be looking at more carefully is what the fiction of the births programs and the de facto lack of programming but I think the other answer to that is guardianship can make a difference but I spoke to someone today who's a guardian had no clue that they were supposed to be told their ward was in the hospital had no clue

Jack Potts: clue that they were supposed to be told that they wanted to change medications had no clue that they were not the person responsible for this SMA individual for them getting the housing that the agency was. So again, part of that is you're an educated mother who's grown and had children all your life but some of the SMI folks don't turn mentally ill until 18 and they don't have the experience of the system. But you're right, the system does not nurture education and learning as the DDD programs often do.

holly gieszl: I think this is such an important topic. and there is, I believe, likely to be legislation next year to try and improve parity of services among those who are qualified for under current criteria and which excludes qualification for Altex benefits. if you are qualified solely by virtue of a diagnosis with a designation as SMI and I always knew that there was this problem. I mean at an intellectual level. But when I talked particularly to Summer and then to another parent who had a son with SMI and has a daughter with autism and some other issues, the difference in the services that are available for Summer's children versus her brother and the other mother's daughter versus son. It is a totally different universe. It's Venus and Mars, and I don't understand why other than maybe legislative budget priorities. I don't know why.

00:45:00

holly gieszl: But I think there will be legislation discussed next year if not introduced to try and bring some parity there. It will be interesting to see and some of you are familiar with the housing setups for the DD population. I'm sure I'm not. But can somebody share what we see at births? Are they similar to group homes where individuals living with SMI are placed? is there a great difference?

Sommer Walter: God, no. There's a huge difference even down to just first appearance walking through the door of a DDD Altex home versus a BHRF. It is just a completely different culture. Just simply walking through the door, you can just tell, like I said, just walking through the door that the DD home is so much better. Staff are a lot more qualified, it appears. There's really an emphasis on that the individual if it's autism or whatever the qualifying condition for the DD home may be that they are supported at least in my experience I know that there can be different experiences for others but just when I've accompanied some parents when looking for placement for their children within the DD system and that they have options and that there's no pressure to accept a first placement that you walk into. It's taking your time. We want you to find the best fit for your loved one. So, the transition is wonderful compared to the transition with individuals like my brother where this is where you're going to go and you're going to like it. You get a lot of push back on not accepting whatever you're given.

Jack Potts: Can I make a point of order? Holly, you were going to have Miss Radacher maybe bring her housing person to a meeting. Maybe we can put this on the agenda because it's a long discussion that isn't on the agenda and I think warrants that and about are there differences what are they and what all text offers etc. Does that make sense?

holly gieszl: Okay. It does. And I brought it up because of the questions about the quality of housing and so forth from the contacts that I've had and I think that it's a good example for us to understand what do you expect to see as a matter of rights for DD in DD houses versus what we expect to see as a matter of right in the SMI houses.

Jack Potts: And part of that though is DD by definition is a neurodevelopmental possibly lifelong long-term care system. So they don't look at moving people out after 30 days etc etc. So we need to look at some of those issues unless we want to start characterizing SMI as never getting better.

holly gieszl: Yeah, I agree. And I'm certainly not going to say that. That's why I ask about the diagnosis. Is schizophrenia a chronic disease? Is it curable?

Jack Potts: No, it's a chronic disease. The amount of cures or remissions are minuscule and by definition and even back 150 years ago is preox and early dementia. So yes, it is a chronic brain disease which is a hell deteriorating downhill course but as Rachel very well points out there's some medicines that can stop some of that decline and can level people out etc but they still need to be on those medicines probably for the lifetime. So yeah it is and why should it be treated differently than Altex treats than other ones? Those are good questions. but yeah, it

holly gieszl: Okay, great. All right. So, I'm trying to get these clusters of focus and to help inform our analysis of not only our site visits but also our IADS. So, Summer, in followup, you're going to be reaching out to find out with the person you spoke with about her living situation and her vulnerability, where it is, is it something we can visit, and then we'll go from there. Correct. All right.

00:50:00

holly gieszl: And we will continue a focused discussion on why Altex and Smi housing options and residential treatment options are seemingly so different. that may not be how we ultimately frame it, but that's how we'll leave it for we owe the state an annual report and I want to run through and ask people if you can I have a skeleton draft the annual reports from the IOC's vary from the ash report which is lengthier and full of their visit to patients on campus, their phone interviews, their reviews of incident report of videos of incidents and so forth. They have a population of roughly 250-300 people. So they don't have a database that they comb through. They don't pick sites to visit. It's one place. So the other IOC's have different approaches. I have a skeleton, but what I really need is some reflection or some recommendations on next year. Obviously we need to increase our number and thoroughness of site visits and be more focused on what we are looking at. And tell me those of you who've been on the committee and done some site visits, Rachel, for instance, do you think we know what we're looking for? Do we know what we're looking at? How can we improve that? Mhm.

Rachel Streiff: I think that has evolved a lot. I think as the year went on especially some of the last site visits that I think you and Dr. Potts has gone on where we need to start asking the question about open BHRF beds. Are people leaving prematurely? If so, and this was I think a really important discussion that we had and are they being amended? if they absconded as they should be or if they're on court order treatment especially and some of the more depth questions that came to light over the course of the year I think should continue to be a big part of site visits I like looking at the programming and making sure it's appropriate and so forth but I think I'm concerned that we're placing very high acuity folks in BHRFs and that we should be looking at how is that being responded to right and how I mean I believe it was your last site visit had all these open beds meanwhile 4,800 people are on a supported housing wait list...

holly gieszl: What's the response when they don't just choose to stay?

Jack Potts: Let me suggest I'm going to ask the committee now. I'm available on the 24th and 25th. Anyone want to go on a site visit?

holly gieszl: the 24th and...

holly gieszl: 25th of November.

Jack Potts: Yeah. Anyone want to go on a site visit?

holly gieszl: I'll have to look.

holly gieszl: I think

Jack Potts: Let me suggest, all of the members are obligated to go on a site visit. We haven't had them. People aren't going. and I think Holly, your point was well made. What questions? We won't know what questions to ask until we go and see what questions need to be asked. We cannot formulate the questions, I believe, before we have our feet on the ground because it's just all meta stuff.

00:55:00

Jack Potts: Then I think there's some we can look at kernel and stuff like that but yes I think that's important thing I'm available 24th I'll go with anyone we'll go anywhere in the valley we can find places to go there are myriad places and I've got names I keep telling people tell me one I'll go with you but we have to step up and do it and I think your point was well made on the report so I think we need to have someone saying what visits we did make and if you want I can write that do you have last year's report I didn't see I never saw a copy of last year's report and...

holly gieszl: We didn't do it last year, Dr. Pots.

Jack Potts: I didn't know that. Then I'm willing to do a section on the IADS and Rachel and Summer can let me know about that. I'm willing to do a section on site visits.

holly gieszl: Okay, good.

Jack Potts: Okay, period. Put me down there. I don't know...

holly gieszl: I cut you off.

Jack Potts: what your skeleton looks like. I'm sorry, but I'm willing to do that. I didn't see the skeleton, but I hope I'm not being presumptive and saying that those two areas need to be covered in the annual report. So the report it's through,...

holly gieszl: No, that we should cover that as well as other activities. And I'm looking at next year and what pardon it's Dr. Pots I've been letting me just do this and we'll do it as a confessional. We have some good Catholics so we'll do a confessional and then everybody can invoke the blessed mother and do forgiveness. we did not do one this year and we are a month tardy this year last year and we're a month tardy this year. That is on me. I'm happy to email Senator President Peterson or the speaker of the house and say it's on me. and I just want to get it done and bring some focus because I don't think it's going to work for a member or two members to spontaneously say hey I can go next Saturday or I can go tomorrow. That's not working. So, I'm looking for another way and...

Jack Potts: We did that before.

holly gieszl: I'll talk to some folks on the committee. Maybe we assign months, maybe we tried different ways in the past, but one of the features of this committee now is that in the past we had folks who were retired and who had a lot of availability. Rachel works full-time. I work full-time. Summer works more than full-time. Joel works full-time. We're all working. That is a demographic shift in the committee.

Jack Potts: unexpected difference because we did schedule Fridays a third Friday or fourth first Friday of the month was previously scheduled and Matt can attest to that and I think Joel that we said we will do that and Josh said he would do that too that didn't work when it was scheduled people wouldn't go I'm often because I'm off Monday because I don't know what else works. But I'm going to suggest maybe we can get a report out before January one. And I think to miss two years in a row looks bad so I think we should get one done.

holly gieszl: I think we can get it out.

Jack Potts: I'm willing to work on it and get something to you or the committee and it's up to you.

holly gieszl: I think we can get it out next and vote on it in December. It doesn't have to be lengthy. We don't have the volume that Ash has for instance because it's a different population. so it looks bad not to have done it last year. and I don't want to do it again this year. so we'll hopefully do that. And if you'll get me a quick write up, bullet points, I will incorporate it and then circulate it and we can have it for review at our December meeting. Does that make sense to the rest of the committee?

+1 602-*.**31:** Yes.

holly gieszl: Sommer, Matt, Joel?

Sommer Walter: Yes.

Joel Thompson: Yeah, that makes sense to me.

holly gieszl: And Rachel, you were nodding your head, so I took it as Okay. What are your ideas? How do we increase participation? How do you guys want to do site visits? Do we want to end IADS? Do we want to set a target number of site visits? and Dr. Potts is asking, do we want to go this Sunday or Monday? my answer is I can't. but others.

01:00:00

holly gieszl: So, what's the best way to do this? Do you want to have a buddy? Everybody has a buddy and you schedule your site visits and you commit to do one a month.

Jack Potts: Can't hear you.

Rachel Streiff: My bad. I was muted. Yeah, we had some subcommittees and then, I think that I didn't have to step out of one of them because of time constraints with other priorities. We had subcommittees but they didn't quite solidify.

Jack Potts: It didn't work.

Rachel Streiff: Yeah. We do need more people.

holly gieszl: Josh wanted to do Fridays but that didn't work. So, I really think we've got to reflect on, as I said earlier, as members on how we want to accomplish site visits and the IAD reports yep.

Jack Potts: Let's talk about site visits now. You've got on, I agree. What does Joel want to do? What does Matt Wand do? Summer and Rachel, how do you want to do the site visits? Let's talk about it now. It's on the agenda. Let's not put it off another bloody month and then we'll have two visits a year. That's just my thought. And if we can't do it, then we need to, metal. That's not the issue. None. I'll bet that those who are here haven't gone on visits. Having five more is going to just say, " gee, I didn't have to go. Someone else went." We have to go individually. We have to make that commitment.

holly gieszl: Yeah.

Rachel Streiff: I can't go Sunday, Monday, but All right,...

Jack Potts: Pick a day.

Rachel Streiff: Let me pick a day.

Jack Potts: Joel, what do you want to do? How do you want to have site visits?

Joel Thompson: Yeah, it's a fair question.

Jack Potts: Your obligation should go on site visits.

Joel Thompson: I don't have a good answer because I do work full-time and then I have kid obligations on the weekends typically. So, it does make it hard for me to find time to be able to go out and do those. But I understand the concern.

Jack Potts: But yeah and that's part of the thing and you can have some time off sometimes or I work a lot.

Rachel Streiff: Yeah. Jack. Is there a certain day and time day of the week and time of day we decided was best for site visits I meant in terms of a day and...

Jack Potts: I prefer to do them and I'm not head of the oversight committee anymore but I prefer to do them sort of more impulsive but that's when people retired could do that and say hey how's it look but we chose Josh and Holly and I think Matt even said let's do Fridays at such and such that didn't work then for a number of months so I'm willing to do it someone says hey look I found I'm free this morning or we could even go like Veterans Day we have holidays one night

Rachel Streiff: of the week that's good to visit for the site.

Jack Potts: And any day is good.

Rachel Streiff: Any day is good afternoon, morning, evening.

Jack Potts: But in my experience it really doesn't matter. Sometimes in the old days the patients would be gone. But sometimes the weekend is not as much but I think it really doesn't matter. We can go in the evening. We can go from 4 to 7. One or two visits. It doesn't take more than two hours to do that.

Rachel Streiff: Okay. Yes. Right.

Jack Potts: We have the right to do that and so it's good to go when everyone's sitting there bored watching TV or getting the meals so there is that and it's not a big commitment and doing two or three a year is what each of us should do not one a month so it's like this ain't no bloody commitment anyway I'm wondering what summer thinks or Matt

holly gieszl: Beth Pera has joined us. Hi, Beth. I'm good. We have an application for membership from Beth and we're looking forward to seeing you at a couple more meetings. We like to have three meetings. and at the next meeting, I'd like you to tell folks about yourself and yeah,...

holly gieszl: And in the meantime, listen in and see if you like what we do.

Beth Pera: I'm thankful to be here and...

Beth Pera: I'm willing to help in any way. So, yeah,...

holly gieszl: Good. Thank you.

Beth Pera: thank you for the warm welcome.

holly gieszl: Thank you for joining us.

Beth Pera: Appreciate it. Yeah, of course.

holly gieszl: Matt, thoughts? Anybody have additional thoughts? Do you want to reflect on this? And let's come back in December with a commitment as to how each of us are going to address site visits. Dr. Pototts makes a good point. We should commit to doing some and right now because of some uncertainty in cases I can't in advance but spontaneity is a good thing because sometimes you find yourself you thought something was going to happen in the afternoon and it doesn't.

01:05:00

holly gieszl: So, maybe we can do that. right.

Jack Potts: Yeah, that's a good point. We could have more than one model, It doesn't have to be, some fit for some. And that's an excellent point, and if we reach out and say, "Hey, I'm free next week or tomorrow, Wednesday, when around." If we are, fine. If not, but at least we're trying, and keeping it as a priority.

Jack Potts: That's all they're so valuable. What? Beth,...

Rachel Streiff: Maybe every agenda should have an item of choice for two days.

Rachel Streiff: Maybe a standard agenda item should be to select two days for site visits in the next month until the next meeting.

holly gieszl: That's okay.

Rachel Streiff: And so then we could go right now and decide two days when we would do site visits and...

Rachel Streiff: We could all put it in our Yeah.

Beth Pera: Yeah, I think we should do that. Take two days.

Jack Potts: I'm sorry. Beth, I'm sorry. You're not allowed to participate unless you're a member in the discussion.

Beth Pera: That's okay.

Jack Potts: I'm sorry.

Jack Potts: That's just the law. Yeah, basically.

holly gieszl: We'll talk among ourselves after the meeting.

Rachel Streiff: when there's an option for an open public comment, then we'll reach out to the members of the public, try and make it clear when you're on the committee after three meetings and we vote you in, then you can share in the committee discussions. So, I was looking at the weekend of the 30th.

Beth Pera: Okay.

Beth Pera: I apologize.

holly gieszl: That's okay. You are forgiven too.

Beth Pera: Thank you.

holly gieszl: if anybody wants to look now in December we can do that and try to pick some days. Okay.

Rachel Streiff: after Thanksgiving if people are in town. I could do that weekend after Thanksgiving the 30th the 1st.

Jack Potts: I'll do the 30th or 1st with You pick what you want.

Rachel Streiff: Okay. Yeah,...

Jack Potts: Unless you and I are in touch on that if other people want to join us just you want to pick.

holly gieszl: And who's doing that?

holly gieszl: Rachel and Rachel. Okay.

Rachel Streiff: me and Jack will do a site visit on the 30th or 1st.

Jack Potts: Yeah. Anyone else interested?

holly gieszl: That weekend didn't work for me because I have an out-of-state family for the first time in a long time. but maybe Summer and I can get coordinated and do one. Let's see if we can in December as well and then maybe Hey Matt, maybe you and Joel could do a visit in December? Is that possible? Or you want to do January?

holly gieszl: All Great. That's a good suggestion, Rachel. ...

+1 602-*-***31:** I'll coordinate with Joel. We'll find a time

holly gieszl: So we've got ironed out. and Summer's done a great job on IADS. and, I think we all need to be sure that we continue to do that. And I think that the more we can do the better obviously, but we're picking up some good IAD information.

Sommer Walter: I think the IEDs are really important. Holly, if you see one that is especially alarming and then you look at that member's history, you click that little link there and you can see if that person is having repeated IADS. That can be a really good indicator of maybe there is some type of lapse of appropriate care and maybe a little bit more attention needs to be paid to that specific member and inquiries about why do we keep seeing IADS that could be an indicator of a failure of an appropriate treatment.

01:10:00

holly gieszl: Yeah, I have another question on that. Let's see who's still Larry, you're on. I don't know. Did Fredreaka hop off? I can't. She did say she had no report from AHCCCS. Hi. My question is there a way on the reports from the portal to track by address? I haven't tried to do that and the member number is redacted so we can't check by member number. Frederick says no address tracking. Okay, so here's my question. Summer makes a really good point. The IOC at Ash can ask for every incident and accident report, every IAD on a particular patient. They can ask for every IAD that involves a particular unit which would mean 20 patients or 24 patients.

holly gieszl: So if ASH IOC can get every IAD for a unit, that's an address. Why can't we get IADS by address?

Jack Potts: I believe we can, Holly. If you look on the drop-down list, you can then search by provider where the ID is. It will give you a list of the IEDs from that provider. It may be if one provider has 10 homes. Fredreaka can correct me on this, but there's one provider with 10 homes. You don't know that, but you can look at the provider dropdown and it will tell you and so that's the meaning, sometimes don't put the address in the because of protected PPI. That's why the address is often redacted, which bothers some, but we can still sometimes figure out what the place is. But you can do it by provider.

holly gieszl: You can sort by provider. My question is very specific. If the ASH IOC can ask for IADS on a particular patient, why can't we? If the ASH I can ask for, they know the address, they're all at ash, but if they can ask for the IADS from a particular union, Segoe, Pinion, Mojave, why can't we? So, that's my question. And I guess I'd like it if the answer is because you're not Ash, I just want to know because Summer makes a really good point. We look at IADS, but how many IDs would we have to look at out of all that exist before we could spot a trend in a particular provider or a particular location or for a particular patient? The answer is probably N minus 10. So I'm just trying to see we need as a committee the ability to look for trends and to look for hot spots. The ASH IOC gets to look at video of incidents. Many houses have video in their homes. We know that because we've seen it in criminal cases. So my question is, and it's a question for na for next year. I'd like to include it in the annual report. We need the ability in my opinion all the IOC's do the community ones to look by IAD for trends that are much more specific than the current drop down lets us do. We are also in my opinion the most affected because if you are the IOC in northern Arizona and you hear that there's a problem at a group home in Paige Springs, it's not hard to figure that out. If you're in southern Arizona and you hear that there is a problem in Safford, it's not hard to figure out what group home to go and site visit. I think our effectiveness is inherently undermined. I don't want to confuse what you are saying. Could you be okay? Yeah, I can tell you right now and it'll be in the minutes and I'll cut and paste it into a request.

01:15:00

holly gieszl: We would like to be able to search for IADS by location, specific address in the portal. And we would like to be able to search by specific address. That'll give the best thing for now. If you guys want to be able to search, think about what and maybe it's a question of doing more site visits, but what else do you want to be able to search by?

holly gieszl: Anything, Rachel? Does anybody have anything to add?

Jack Potts: Yeah, I'd like to know how many people are doing IAD eval how many people have done IAD on the committee in the last month reviews So...

holly gieszl: But I didn't get them from the portal. I looked at six IADs that came to me directly, not by random selection. So, I won't include those in our site visits, but it...

Jack Potts: who I mean I'm asking about familiarity with the portal because right now I can drop down and find the provider and it lists all the IEDs from that one provider which is often one address on there. I did that just two minutes ago. you list every so we have a function almost identical to that. So I don't know if we still have subcommittees. Maybe that subcommittee but I was a chair of the IAD subcommittee. I think we should disband the theory of subcommittees because it's not working and we're not having that reporting. It's not going through the subcommittee chairs anymore. So, as of now, you take me off of being a chair because those things should come to me as a chair is what we discussed previously with Matt and you and Josh and then looking at it and presenting it. but if I think we have that, we may not need that function. We just need to be familiar with working with that portal before we ask for things that may in fact be there. That's my concern. And I don't know if you can search by the name of the provider.

holly gieszl: Here's an example. you and I went to a facility and we saw what we saw. if I wanted to look at what we saw that day was unusual or we didn't look at any IADs when we were there. If I wanted to go back and search by that address, I can't search by that address.

Jack Potts: Yes, you can.

holly gieszl: But the provider was La Fonta.

Jack Potts: No, I think they have it specifically from that site.

Jack Potts: It's specifically from the site where the IAD was. I'm 99% sure of that.

Jack Potts: I think we could table this and come back and discuss this at a future meeting because all of us go on the site the portal and get familiar with it and see what it does and doesn't do

holly gieszl: And one of the things that made me ask. Two of the IADs that I got were from the facility that we visited and they were horrible where some people walked out in the middle of the night, one was on Coot OT and just walked away. Nobody was notified. Nothing happened. and this is not I'd like to be able to search by address. So, we'll table it and then look. I also just was surprised in comparing the ASH annual report and their access to data and our access to data. It's just very different. They have a public meeting where patients can come and voice complaints. We have a bigger challenge to identify people in the community living in births no matter how much they might have to say and contribute to get them access. So I'm sharing what I was impressed with when I looked at the IOC annual report and the robustness of the information that they have immediate access to. So that was the impetus for my question. Okay. anything else? We can do public comment now.

01:20:00

holly gieszl: Beth, would you like to comment on anything?

Rachel Streiff: I think you're muted, Beth.

Beth Pera: No, I'm trying, I'm learning the roles and everything. I'm just glad to be here and I would love the opportunity to go on a site visit. I've had some issues in the past as we all have with the birth my son did. So, I am not afraid to say what needs to be said in a kind and respectful way. So, I'm just glad to be considered as a part of this team. So, I just want to learn more about it and exactly what it is we're looking for. Thank you for this opportunity.

holly gieszl: Last item before we adjourn future members of the committee, we need to do some recruiting, get it up to a larger number, hopefully double digits. Among our priorities are criminal justice, law enforcement, housing, and peers.

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holly gieszl: We have, as I said, one peer coming on. special ed. I talked earlier today with Matt about a former criminal justice person. We can also have providers. They may or may not be voting in a voting role, but I think some providers could be happy, could be very useful. and by providers COPA Southwest whatever. I have one person who is potentially interested and will think about her and I do have a social worker with the city of Phoenix who's interested and that would be good. But we really have law enforcement, housing, peers, criminal justice, all those and the best way to find a member is through a member. because we all have different spheres and different communities that we operate in. So please help out. Anything else? No. Okay. Thank you all and we will be adjourned. be sure to look and look in your emails for a draft of the annual report and we'll anticipate voting on that at our December meeting or we may circulate it in advance and ask for your corrections which is and then we'll have a final and then vote on the final. That's probably the easiest way to do it.

Rachel Streiff: I second.

holly gieszl: But I don't want to try to edit it by committee. Right. Okay.

Jack Potts: Thank you for I move we adjourn.

holly gieszl: Any second? Thank We are adjourned. Thanks, Larry. Bye. Thank you, Fredreaka.

01:25:00

Meeting ended after 01:28:22 🙌