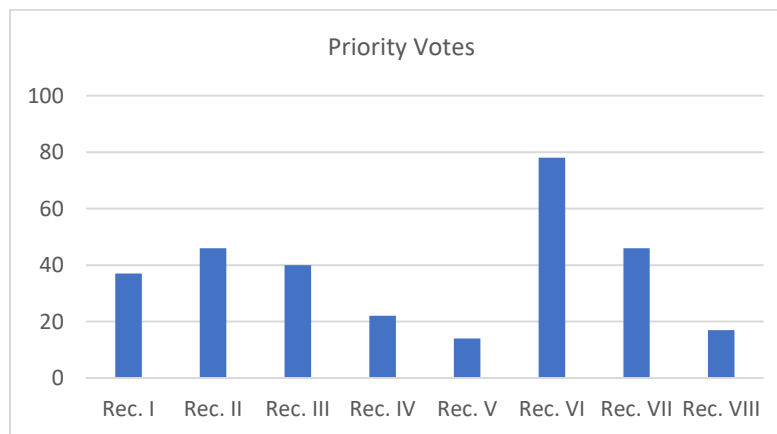# OIFA 2.0 – Community Summit Recommendations
2019

On October 18, 2019, nearly 100 member and family advocates from across the state of Arizona came together to participate in the OIFA 2.0 Community Summit. Facilitated by the Office of Individual & Family Affairs (OIFA) at the Arizona Health Care Cost Containment System (AHCCCS), the Summit was designed to give the stakeholder community to opportunity to explore the history and past success of OIFA, while dialoguing about and setting strategic direction for the future of OIFA. The OIFA 2.0 Community Summit builds upon the groundwork laid in the OIFA Community Summit held in 2007. All dialoguing and planning efforts were rooted in the findings of a recently distributed Community Survey, member and family focus groups held in-person across multiple geographic service areas during the Summer and Fall of 2019, a Statewide OIFA Advisory Council in-person planning session, and input from each of the AHCCCS contracted health plan OIFAs. Survey, focus group, and other planning effort findings can be found described in detail in the *OIFA 2.0 Primer*.

As a result of the OIFA 2.0 Community Summit, participants arrived upon eight key recommendations to guide the work of OIFA. Each of the recommendations includes supporting objectives and tasks. While <u>*all* 8 recommendations and 28 supporting tasks are viewed as paramount to the success of and future growth of OIFA</u>, summit participants voted on which details they felt were most urgent to help all 9 OIFAs prioritize and plan. At a high-level, the eight key recommendations are listed below, with a graph outlining priority level based on summit voting system.

Recommendation I. – Improve OIFA Marketing, Communication & Outreach
Recommendation II. – Improve Member Education & Empowerment
Recommendation III. – Implement Community Education & Stigma Reduction Campaign
Recommendation IV. – Increase Member & Family Engagement in Policy
Recommendation V. – Enhance Program & System Evaluation
Recommendation VI. – Enhance Professional Development in Peer Support
Recommendation VII. – Implement Professional Development in Family Support
Recommendation VIII. – Increase Continuity between AHCCCS OIFA and Health Plan OIFAs

Each of the eight recommendations, along with supporting objectives and tasks, is described in detail below. The OIFA will use these recommendations to guide its work in present day as well as over the next several years. The community has requested to come back together in a similar format within a specified time frame to evaluate progress towards implementing each of the recommendations.

Recommendation I. – Improve OIFA Marketing, Communication & Outreach
Increasing awareness of OIFA mission and diversifying representation

1. **Identify a Dedicated Workforce to Become Spokespersons/Champions of OIFA (5 votes)**
   a. Identify Peer and Family Support Specialists to represent OIFA at the clinic and/or community level
      i. Assist with engagement and education, access to information in lobbies
   b. Identify a spokesperson within each health plan to align with the Benefits Specialist

      i.   Spokesperson to offer education about OIFA

     ii.   Increase opportunities for OIFA to cross over, collaborate with, and integrate into all departments within a health plan

2. **Develop & Implement Formal Outreach Campaign (24 votes)**
   a. Focus on making OIFA more of a presence everywhere – Identify opportunities to introduce OIFA at varied and diverse audiences and locations within each community
      i. Develop and implement a "Roadshow Campaign" – targeting small demographic, including but not limited to focus on schools and corrections
      ii. Develop target-specific and culturally competent materials and outreach strategies for under-represented populations such as tribal communities
         1. Invite Tribal Liaisons and health plan and provider levels to participate in OIFA efforts and meetings
   b. Plan and facilitate regularly occurring OIFA Open Houses
      i. Offer targeted presentations on what OIFA does and how they can help
   c. Increase visibility at community-based points of care
      i. This may include access to incentives such as refreshments/meal, gift cards, etc. if resources are available
   d. Develop and distribute Public Service Announcements (PSAs) via radio, television, social media, and other avenues
      i. Messaging should target under-represented populations

3. **OIFA Branding – ensuring consistently branded OIFA materials with increased visibility (7 votes)**
   a. Targeted collateral materials must speak to choice/options
   b. Marketing language must reflect concepts of behavioral health and physical health integration, including a focus on the lifecycle of wellness
   c. Develop a distribute *Community Toolbox* of resources to assist members at the point of care
   d. Establish and advertise an OIFA direct phone number and/or email

4. **Provider Manual Language Enhancement – clearly outline opportunities for education and information about OIFA at all points of care (1 vote)**
   a. Include requirements within the Provider Manual to post OIFA information in accessible ways for members and their families of choice

Recommendation II. – Improve Member Education & Empowerment
Empowering members through increased access to self-advocacy and system navigation education

1. **Navigating the System: Increase Education Related to Navigating the AHCCCS System (21 votes)**
   a. OIFA to provide simple tools to deliver information and receive feedback
      i. Must include a focus on raising awareness about how to provide feedback: complaints vs. grievances vs. quality of care concerns
      ii. Must include a feedback loop
      iii. May include the need for physical individuals that "walk with" the member and fulfill the role of system *Navigator*
   b. Create tools and information to help members understand the difference between the various health plans
      i. Targeted OIFA education via video, print, etc.
      ii. Train providers to better understand each health plan and options
   c. Ensure communication across various channels to meet all sub-groups: email, phone, social media, print, website, etc.
   d. Establish regular mechanism for including member feedback on how system navigation education strategies are working and opportunities for improvement – maintaining a continuous feedback loop

2. **System Change: Increase Education and Opportunities for Members and Families to Engage in System Advocacy and System Change Efforts (4 votes)**
   a. Develop infographic roadmap to increase understanding of process flows related to both navigation and advocacy efforts
      i. Include a poster with information on the steps to take to address concerns and issues
   b. Develop guidelines related to wrap-around support

    c. Require all health plans to have community forms and clearly established and communicated mechanisms for seeking community feedback

    d. Develop user-friendly directory of available services and providers – what is available, who is offering it, and where to go for help

        i. Must respond to the issue that Member Handbooks are overwhelming and ineffective in assisting members to understand benefits, access care, and advocate for themselves and others

    e. System change efforts should be tracked with transparent and ongoing feedback to the community

3. **Remove Barriers to Member Empowerment, Access to Services & Self-Advocacy (6 votes)**

    a. Identify mechanisms to assist individuals to learn strategies to reduce fear

        i. Provide tools to help members better communicate their wants and needs to increase confidence and empowerment

    b. Develop targeted tools to build transition-age youth and young adults' ability to advocate as they transition from the children's system to the adult system

        i. Include targeted information for individuals exiting Department of Child Safety (DCS) and/or foster care

    c. Create better user experience on AHCCCS and health plan websites

        i. Must be easier to navigate and easier to understand content copywriting

        ii. Seek dedicated funding from legislature for complete website overhaul – move away from government-style website format, model member focused site

4. **Self-Advocacy: Increasing Self-Advocacy Education and Opportunities (15 votes)**

    a. All 9 OIFAs to collaborate on the development of a tool to strengthen self-advocacy

        i. Ensure member, family and stakeholder involvement

        ii. Include classes and in-person trainings, webinars, one-pagers, infographics, short educational videos, and provider training

        iii. Consistently communicate existing advocacy training opportunities, resources, and curricula

    b. Develop new education opportunities for peers teaching peers to build confidence

    c. Produce all materials using lay person language (6th – 7th grade reading level)

Recommendation III. – Implement Community Education & Stigma Reduction Campaign

Deploying tactics for increasing broad community understanding of recovery & resiliency while decreasing the stigma associated with mental health needs

1. **Community Trainings & Educational Activities (8 votes)**

    a. Provider Education

        i. Educate providers on the population served – include active trainings, not just web-based modules

        ii. Targeted training to improve initial engagement is needed

        iii. Increase use of face-to-face training

        iv. Make web-based trainings interactive, including use of Zoom

        v. Increase focus on self-care, including the importance of self-care for providers

        vi. Include incentives, accountability, and focus on proficiency

        vii. Include special training for Peer and Family Run Organizations – focus on advocacy, social justice, and community building

    b. Define stigma-free organizations

        i. OIFA to provide a stamp of approval / OIFA recognized designation as a "safe-place" or "stigma-free no judgement zone"

    c. Offer a deep dive into cross cultural views and systematic oppression

    d. Leverage Mental Health First Aid

    e. Increase training on dialogue facilitation and increase participatory dialogues taking place across the state on mental health and how to help

2. **Establish & Build Upon Existing Partnerships (12 votes)**
   a. Build partnerships with youth and families to influence education and outreach strategies
   b. Build upon partnerships with justice system, schools (teachers, administrators, and students), tribal communities, and other groups to develop targeted outreach strategies
      i. Identify champions in each arena
   c. Collaborate with the Governor's Office on Youth, Faith & Family
   d. Leverage state led efforts on prevention, including formal partnerships with other state departments/offices
   e. Work collaboratively with providers, community organizations, health plans, and AHCCCS to promote and facilitate stigma reduction and educational activities where people are within their communities
      i. People are in schools, churches, doctors' offices, etc.

3. **Conduct Outreach & Engagement (13 votes)**
   a. Stigma reduction strategies must address cultural bias, increase shared experience, and make behavioral health a human experience while normalizing the conversation
      i. Ensure equal focus on general mental health/substance use and serious mental illness
      ii. Include focus on HOPE – recovery happens
      iii. Must define stigma
      iv. Must involve members and families in the development of strategies (including youth) – valuing lived experience
   b. Develop targeted stigma reduction strategies for rural Arizona, acknowledging the unique culture of small communities
   c. Integrate stigma reduction strategies with harm reduction strategies such as medication assisted treatment (MAT) and syringe exchanges
   d. Establish strategies to remove the stigma associated with crisis and hospitalization
      i. Help the community understand that it may take a lot of support for some people to reach recovery
      ii. Avoid stigmatizing language and attitudes towards those who are associated with the highest costs and highest utilization, repeat hospitalizations, etc.
   e. Establish a handbook for positive language and approaches in behavioral health
      i. Use terms such as *Healthy* and *Growing*

4. **Increase Awareness through Events (7 votes)**
   a. Develop and implement fun mental health promotion events
      i. Cross-health plan collaborative events
      ii. Rotating locations and road show
      iii. Include access to resources and information
   b. Invite members and families to events and forums with providers
      i. Offer food
      ii. Hold at accessible locations

Recommendation IV. – Increase Member & Family Engagement in Policy
Member & family voice influencing, developing, and implementing policy

1. **Policy Input (4 votes)**
   a. Share AHCCCS proposed policy information within Clinic Advisory Councils and Member Advisory Councils to educate and gather input
      i. Input to be provided to AHCCCS by AHCCCS OIFA
      ii. Track and hold health plans accountable for ensuring the existence of required Clinic Advisory Councils within all provider Health Home locations
   b. Include information on AHCCCS policy changes in OIFA newsletter with link to public comment
   c. Create opportunity for Peer and Family Run Organization to submit summary of key feedback and issues related to policies that may potentially be revised or modified
      i. This opportunity should occur prior to AHCCCS drafting proposed revisions
   d. Expand AHCCCS policies related to peer and family support to reflect the current landscape

2. **Policy Advocacy (11 votes)**
   a. OIFA to promote voter registration and education
      i. Dispel stigma related to who can vote (e.g. most individuals with a felony *can* vote)
   b. Health Plan OIFAs partner with PAFCO and other community advocacy leaders on legislative issues
      i. Work with PAFCO to sign members up to vote and to provide education about public policies and legislation in a way that members can understand the issues that they are voting on or speaking out about.
   c. AHCCCS and health plan legislative liaisons and lobbyists to share information on upcoming legislation with OIFA in order to push information out to members and their families in an easily understood manner
   d. Health plan OIFA to provide policy education to members and families, collect community feedback, and submit public comment on behalf of the community
      i. Consider how historical trauma and systematic oppression impact both policy and member/family engagement in policy advocacy
      ii. Make efforts to reach all populations and consider advocacy efforts related to recovery more broadly: including people who use drugs and a focus on social determinants
   e. OIFA to share metrics on what is and isn't working, in order to advocate for needed policy changes
   f. Standardize grievance and appeals and complaint handling process across AHCCCS and health plans for streamlined issue tracking and trending to inform policy decisions
      i. Increase transparency and availability of this information to members and families
      ii. Use information as a tool for best practices and greater outcomes

3. **Policy Outreach (7 votes)**
   a. Use the OIFA Newsletter as a mechanism for outreach
   b. Use social media to meet communities where they are
   c. Leverage technology to broadcast policy and other information to improve outreach to the community
   d. Partner with schools and other community groups

Recommendation V. – Enhance Program & System Evaluation

Increasing accountability & involving members and families in evaluating what's working and what's not working

1. **Increase provider and health plan accountability (13 votes)**
   a. Advocate for the establishment of a System Ombudsman at the state level
   b. Increase the number of independent member and family representatives on AHCCCS internal committees
      i. Develop and implement strategies to decrease feelings of intimidation often associated with committee work
   c. OIFA to develop outline and map of the various groups with oversight functions within the state
      i. Include explanation of how OIFA may interface with these groups, opportunities for members/families to engage with each group, etc.
   d. Increase transparency by improving access to data
      i. Identify mechanisms for evaluating how data aligns with what is being experienced at the community level
      ii. Ensure that data is provided both aggregated as well as broken out by GSA, tribal community, and rural community
   e. Refocus on the Arizona Vision and 12 Principles in the children's system of care and the 9 Guiding Principles for Recovery Oriented Services and Systems in the adult system of care.
      i. Identify mechanism for holding health plans and providers accountable for upholding these principles
         1. Accountability must involve measurable outcomes
   f. Establish mechanism for providers to report feedback to plans and AHCCCS

2. **OIFA to increase opportunities for members and families to evaluate efficacy of programs and systems (0 votes)**
   a. Determine WHAT to measure, WHEN to measure (frequency), HOW to measure (tool), and by WHOM (independent 3rd party)
   b. Implement design across all treatment environments
   c. Fully integrate all 9 OIFAs into quality measurements in a transparent and public manner

3. **OIFA to take steps to ensure members are provided the opportunity to create individual definitions of treatment outcomes/success (1 vote)**
    a. Identify measures to track increased community re-integration, improved quality of life across all 8 dimensions of wellness, Maslow's Hierarchy of Need, etc.
    b. Enable use of scales (not all or nothing) which show incremental improvements and progression

Recommendation VI. – Enhance Professional Development in Peer Support
Initiate a multi-pronged professional development initiative for peer support workers

1. **Enhance and Improve Professional Peer Support Training and Certification (33 votes)**
    a. Establish and promote ongoing education programs
        i. Address issues of affordability for peer support workers who are paying for ongoing training out of pocket
    b. Increase opportunities for peer support workers to complete specialty courses such as housing and forensics
    c. Establish a supervisor training for supervisors of Peer Support Specialists, including identifying mechanisms to promote and encourage completion of training
    d. Establish and communicate a clear peer role definition
    e. Expand Peer Support Employment Training requirements to include a standardized curriculum and/or standardized test used across all training and certification agencies
        i. This must include a full integration of a harm reduction approach, to meet individuals with general mental health and substance use disorders where they are
        ii. Standardization of the trainings will allow more visibility to the role, leading to Department of Labor recognition and more competitive wages
        iii. Consider the establishment of a Governing Board to oversee standardization and certification processes
        iv. Organize information for all peer training standards, including an accessible webpage and information dissemination strategy
    f. Require employers of peer support workers to create and implement workforce development opportunities
    g. Establish recognition of peer support certification within Relias and other web-based learning management systems

2. **Promote the Development of a Career Ladder for Peer Support Workers (45 votes)**
    a. Advocate for billing rate differentials based on level of certification and advance training
        i. This may include establishing different levels within the peer support certification, such as Peer Support Specialists Level I and Peer Support Specialist Level II
            1. Explore education requirements for advance level certification
        ii. Level of certification and years of experience should be associated with a higher wage
        iii. Tie evidence of peer support reducing the need for higher level and cost of care to justify increased rates
    b. Explore the capacity for peer workers in non-traditional settings to bill for services
        i. This must include advocacy for opening up peer support codes to a wider array of provider types and reflecting changes in the AHCCCS published rates and Allowable Procedures Codes Matrix
            1. Set local standards for flexibility to include non-traditional modifiers
    c. Peer support should offer the opportunity to be a career position in its own right, with a ladder that includes supervision, program development, and leadership
    d. Explore peer practitioner job titles to better reflect level, job duties, employment in non-traditional settings, etc.
    e. Work with Department of Labor to establish career recognition for peer support workers (similar to the approach taken by Community Health Worker advocates)

Recommendation VII. – Implement Professional Development in Family Support
Initiate a multi-pronged professional development initiative for family support workers

1. **Increase Accessibility of Family Support Services (24 votes)**
    a. Work with AHCCCS contracted health plans to collaboratively develop a solution to address referral barriers

          i. This must include enhancing the ability for a family member to make a self-referral
   b. Advocate for the addition of Family Support Partners at all health home locations, emergency departments, and crisis settings
   c. Increase access to Family Support Partners within non-traditional settings and develop partnerships with such settings, which may include locations and groups such as: after-school care, child care, probation, jail, prison, children's sports programs, clubs, coaches, WIC, faith-based settings, pediatric primary care, girl scouts and boy scouts, food banks, shelters, schools, community resource centers, family drug court, assisted living facilities, senior centers, pharmacies, Area Agencies on Aging, Northern Arizona Coalition of Governments, other coalitions, grocery stores, transitional housing, and more

2. **Continuing Education for Family Support Providers (0 votes)**
   a. Must go beyond web-based training modules, to include in-person training and hands-on development opportunities
   b. Explore partnership with universities or community colleges, including potential to earn college credits for family support coursework
   c. Continue building upon the AZ Peer & Family Career Academy, including an increased focus on family support training

3. **Increase Funding Directed Towards Family Support Services (15 votes)**
   a. Advocate for the allocation of administrative dollars to Peer and Family Run Organizations for marketing and training
   b. Require family support workers to obtain credentials
   c. Establish rate differentials based on credential and advance level training

4. **Increase Awareness of Family Support Services through Marketing & Education (7 votes)**
   a. OIFA and health plans to distribute family support information and resources at pediatric primary care offices, Department of Child Safety, and schools
   b. OIFA to develop a 1-pager outlining the value of Family Support Services
      i. Utilize key words
      ii. Families know they are overwhelmed, but are not clear on what Family Support Services are and how they can help – collateral material must address this
   c. Increase education related to how families can navigate the system and access support for themselves
   d. Develop marketing strategies to promote the value of Family Support Services to the general public and within specific communities
      i. This should include a website that is easy to navigate for people with diverse reading abilities and assistive technology such as a voice to text icon
      ii. This should include targeted print advertising

5. **Collaboration: ensure family members are involved in developing and implementing all strategies (7 votes)**
   a. Include Family Run Organizations in early planning phases for all related initiatives
   b. Include family members in decision making related to these initiatives
   c. Work with stakeholders to make necessary policy changes in response to family support initiatives outlined in this section

Recommendation VIII. – Increase Continuity between AHCCCS OIFA and Health Plan OIFAs
Consistent standards and practices upheld across all 9 OIFAs

1. **Contracts & Policy – balancing fluidity vs. explicit requirements (5 votes)**
   a. It is important for AHCCCS contract language to allow for fluidity and flexibility as to how each OIFA operates. However, contract language could be expanded to include more specificity in order to strengthen OIFA operations across the system. One mechanism for this is to develop a "10 Principles of OIFA" document to be incorporated into the AM/PM.

      i.   This would include the 10 principles of how the work of a health plan OIFA should be integrated into other key departments within a health plan, such as Grievance and Appeals, Member Services, Communications, etc.

b. While organizational structures may vary across organizations, specific required roles within OIFA should be built into contract language
      i.   Administrator, Adult Advocate, and Child Advocate should all be contractually required FTE within the OIFA team
      ii. Other roles that touch OIFA should be explicitly noted, although they may not be part of the OIFA team

c. AHCCCS OIFA should outline processes that each health plan OIFA must follow to leverage information being gathered by other departments within a health plan to understand the needs of members from differing aspects

d. Establish an AHCCCS policy (not contract language) related to the necessary approach for each OIFA to work collaboratively to enhance member advocacy
      i.   Ensure fluidity in approach
      ii. Engage in ongoing discussions with health plans related to new initiatives so that member advocacy collaborative strategies can be tested to see what works

e. Other departments within a given health plan should be at the table during OIFA meetings to hear the issues and make decisions to remedy issues and implement improvements

2. Education & Collaboration – health plan, provider, and member (8 votes)

a. AHCCCS should publish specifications related to health plan OIFA outreach activities
      i.   This should include provider outreach beyond P/FRO outreach
      ii. Use consistent talking points across all health plans for outreach efforts
           1.   Train Peer and Family Run Organizations and member advisory council leads so that they can also offer these talking points to the communities they touch – further increasing awareness of and access to each OIFA
           2.   Ensure other departments within each health plan are "OIFA Informed", becoming both champions and portals while enhancing the member and family focus
      iii. All OIFAs should collaboratively host quarterly meetings/retreats with P/FRO leadership, to alleviate the need for a single P/FRO to need to meet with 7-9 different OIFAs within a single quarter

b. AHCCCS OIFA to engage in regular activities designed to promote health plan executive leadership support of the role of their internal OIFA while increasing understanding of the OIFA mission
      i.   This should also include the "do's and don'ts" of an OIFA – calling out activities that do not align with the OIFA purpose and mission vs. those activities that help to promote the mission
      ii. Such educational outreach activities should also include a focus on ensuring that each OIFA does not become siloed and isolated within its respective organization

3. Data Standardization – standards for tracking issues and responding to feedback (4 votes)

a. Utilization of a tracking tool may make it easier for each OIFA to capture necessary details to fully understand an issue and the related factors
      i.   Template for questions to ask to get to the root cause of system issues – dates, information needed, who was contacted, etc.

b. Establish a uniform mechanism for tracking and analyzing quality and utilization data across plans
      i.   Build this into touch base meetings
      ii. Focus on themes, not health plans