

OIFA 2.0 Primer

Setting the Stage for the OIFA 2.0 Community Summit

October 2019

OIFA 2.0 Introduction

The Office of Individual and Family Affairs (OIFA) was established at the State level in 2007 with a **mission to ensure that peer and family voices contribute at every level of the system while educating and informing the community.**

Upon OIFA's initial inception, ADHS/DBHS brought together peer and family stakeholders from around the state to participate in a community summit – developing a strategic vision for the OIFA and laying out clear recommendations on how to achieve the mission. The 2007 community summit resulted in the following recommendations:

1. OIFA Administrator must report directly to leadership
2. Establish regular meetings with the community, ADHS Leadership and leadership of the Peer and Family Run Organizations (PFROs)
3. Hold semi-annual conferences for skill building and knowledge exchange
4. Visit each PFRO twice annually
5. Connect with other Governmental Agencies involved in the delivery of behavioral health services
6. Provide oversight and guidance for the training and credentialing of Peer and Recovery Support Specialists
7. Create a Statewide OIFA Advisory Board

The OIFA has used these 7 community-driven recommendations to guide their work over the last 12 years. Since 2007, the Arizona mental health system of care has grown from having a single OIFA at the State level, to reciprocal OIFAs within each of the 7 AHCCCS Complete Care (ACC) health plans (including those health plans that also serve as the Regional Behavioral Health Authority (RBHA)) as well as the Arizona Long Term Care Services (ALTCSS) Division of Developmental Disabilities (DDD) program.

- We meet regularly with AHCCCS Leadership with a clearly established feedback loop for all issue resolution.
- We maintain an Advisory Council comprised of leadership from PFROs, members, family members, and others.
- We house the Foster Care Liaison who connects with other agencies involved in the behavioral health system.
- We have oversight of state policies for Peer Support Services and Credentialed Family Support Services.
- We collaborate with our counterparts at each of the AHCCCS contracted RBHAs, ACC plans, and ALTCSS DDD program.

Today, we find the healthcare delivery system landscape much different than it was in 2007. It is necessary to reevaluate the community recommendations developed in the early years of OIFA and position the Office for success and as a driver in system transformation efforts, especially as we continue to move into a fully integrated and inclusive healthcare system. It is time for **OIFA 2.0** – renewing the vision and completing a strategic plan that aligns with the priorities of our community and the realities of today's system of care. The OIFA 2.0 initiative began with informational interviews with AHCCCS OIFA

Peer and family voices contributing at every level of the system means:

- Individual driven, person-centered service planning
- Individualized definition of successful treatment outcomes
- Peer and family-delivered services
- Peer and family-run organizations
- Peers and family members training providers and engaging in workforce development and community outreach and education efforts
- Peers and family members providing input on policy development and participating in policy implementation efforts
- Peers and family members participating in evaluation efforts for individual programs as well as entire systems - measuring efficacy, identifying gaps, and collaborating for the development of improvement plans and new initiatives that respond to community needs

team members and ACC and RBHA health plans' OIFA leadership. This was followed by a brainstorming and planning session with the OIFA Advisory Council, which is made up of peers and family advocates and advisors. The health plan OIFAs then collaborated to facilitate 8 member and family focus groups across varied geographic service areas, gathering information on how OIFA can improve to better achieve its mission. Additionally, a web-based community survey was distributed to peers, family members, health plan leaders, service providers, and other system of care partners. The purpose of the community survey was to gauge awareness of OIFA, identify key successes, and highlight opportunities for growth moving forward.

The purpose of this document is to prepare all 2019 Community Summit participants by providing a transparent overview of the AHCCCS OIFA efforts, outlining feedback from the OIFA Advisory Council, summarizing feedback from the widely distributed community survey, and outlining findings from the member and family focus groups held across the state.

AHCCCS OIFA Activities & Achievements

Here are a few highlights of the AHCCCS OIFA's 2019 activities, reach, areas of focus, and achievements.

TECHNICAL ASSISTANCE

Technical Assistance is the process of providing targeted support and education to organizations with a specific need. OIFA provides technical assistance and educational resources to community agencies, AHCCCS provider agencies, and AHCCCS staff. OIFA Staff have facilitated over 413 presentations and workshops in 2019, such as:

- OIFA provided "Stigma Free" training to AHCCCS staff. OIFA Staff held discussions, provided valuable materials, and engaged Agency staff to bring awareness and work towards ending stigma and discrimination.
- OIFA Bureau Chief, Susan Junk facilitated "*When Worlds Collide*" at the ASU Annual Winter Institute – offering an individual and family member perspective on interactions with first responders.

COMMUNITY EVENTS

OIFA attends community events throughout Arizona to provide educational resources, understand the struggles of diverse communities, and grow awareness of OIFA as a partner for support with individuals and families. AHCCCS OIFA staff have attended and participated in over 670 community events in 2019. A few examples include:

- Department of Child Safety Arizona Families Thrive Conference
- Payson Community of Practice on Transition Conference

COMMUNITY ENGAGEMENT

OIFA has tracked over 4,600 engagement points with community members throughout Arizona in 2019 year to date. OIFA staff members engage with individuals, family members, community stakeholders, and providers. Staff members utilize 1 on 1 meetings, trainings, presentations, and attendance at conferences, Clinic Advisory Council meetings, Member Advisory Council meetings, Family Advisory Council meetings, and the Foster/Adopt Forum to engage with community members.

OIFA is committed to meeting individuals where they are and has invested time in developing digital communication methods in addition to communicating in-person. OIFA staff members have a presence on social media. Staff members join social media special interest groups as another mechanism to hear what is going on in the community and elevate concerns being discussed. OIFA utilizes a monthly newsletter to communicate directly with stakeholders on OIFA activities, initiatives, and barriers to service that have been identified and are being addressed. The newsletter has over 1,800 subscribers. OIFA commits to achieving 641 points of engagement (not including newsletter distribution) every month and regularly surpasses their goal.

ISSUE IDENTIFICATION AND RESOLUTION

OIFA is committed to providing quality care and works with the community to identify systemic barriers to care. OIFA tracks issues heard in the community and brings those issues forward to the *Opportunities & Trends* meeting – an internal meeting at AHCCCS with representatives from all divisions – in order to discuss the issue, identify root causes, and build strategy for solutions. This often results in changes to policies, procedures, public communication, and in some cases, corrective action.

PEER AND FAMILY CAREER ACADEMY

The OIFA works diligently to improve access to quality peer and family support services while raising the visibility of and professional expertise of peer and family support professionals. The Peer and Family Career Academy “inspires Recovery and Wellness through Professional Development and Continuing Education, in order to equip Emerging Leaders and strengthen the Peer and Family Support workforce.” In the past year the academy has trained over 200 students and trainers. The academy has developed several new trainings in the past year and continues to develop and offer advanced training and continuing education opportunities for more peer and family support professionals. Current Courses Include:

- Self-Care for Peer & Family Support Professionals
- Effective Advocacy for Peer & Family Support Professionals
- Forensic Peer & Family Support
- Hope & Healing in the Opioid Use Crisis
- Supervising Peer & Family Support Professionals

OTHER OIFA INITIATIVES

OIFA has experienced many successes in improving access and quality of care in 2019.

- OIFA has continued to grow their list of Empowerment Tools, online educational resources designed to assist with system navigation and promote self-advocacy. They have been adding to a list of over 21 one-pagers that provide quick and simple information on system navigation strategies and member/family rights.
- OIFA successfully completed an internship program and worked with interns to engage and support people of color, military veterans, and LGBTQ community.

OIFA Advisory Council Brainstorming & Planning Session

In June 2019, the OIFA Advisory Council members engaged in a strategic discussion about OIFA 2.0 – exploring our past accomplishments, opportunities for growth, and recommended areas of focus moving forward. OIFA Advisory Council members broke up into four small groups to discuss the following questions:

1. Most impactful 3 accomplishments of OIFA over past 2 years
2. Top 2 areas you’d like to see OIFA focus its efforts during the next 1-3 years

After discussing questions 1 and 2 as a small group, the council came back together as a larger group to share their responses with the full group. After all responses were shared and captured in writing, each council member submitted two votes for which of the areas listed for future focus they felt were most important. The results of the small group work and final votes are captured below.

MOST IMPACTFUL ACCOMPLISHMENTS OF OIFA OVER THE PAST TWO YEARS

1. Peer and family support roles built into new contracts and integrated model, further validating the roles of peer and family run organizations.
2. Elevation of voice and choice through OIFA program expansion and enhanced level of system accountability. This includes building OIFA into contract requirements for ACC plans.
3. System collaboration to enhance member/family experience.
4. Establishing the specialty provider assessment process – “No wrong door”.
5. Greater access to state level advocacy work, including legislative advocacy.
6. Established credentialing for family support.
7. Successfully elevated OIFA during the transition from the Division of Behavioral Health Services (DBHS) to AHCCCS and during the transition to ACC plans.
8. Peer support standardization and the effective implementation of the Peer and Family Career Academy Trainings.

PRIORITIES/AREAS TO FOCUS OIFA'S EFFORTS DURING THE NEXT ONE TO THREE YEARS

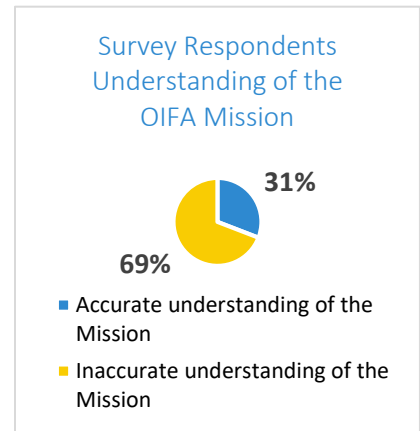
**Priorities are listed in order of importance based on number of votes received during the meeting, beginning with those receiving the most votes. Number of votes is indicated parenthetically after each priority.*

1. Increase activity in policy development and accountability, including establishment of an organized mechanism/process to influence policy. *(19 votes)*
 - a. We need a mechanism to organize and elevate member and family voice with the ability for rapid deployment and action related to policy and legislative advocacy efforts.
 - b. We need an established process for protecting our recovery-oriented system of care and building in accountability. System level advocacy efforts should be focused on creating accountability at both the payor and provider levels for adherence to 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.
 - c. Policy development efforts should also focus on increasing access to peer support and family support services in hospitals, justice system settings, schools, and other non-traditional settings.
 - d. OIFA offices at the state and plan levels should develop close working relationships with their respective legislative liaisons and consider any necessary steps to formalize and systematize such relationships.
2. Initiate multi-pronged professional development initiative for peer and family support workers – including a focus on rates of reimbursement and curriculum disparities. *(16 votes)*
 - a. Analyze and advocate for adjustment of reimbursement rates for peer and family support services to be reflective of training and experience of staff, commensurate with the value and outcome in comparison to other clinical services, and responsive to cost of care (including non-encounterable services).
 - i. Should not have flat rates for advanced skills/education.
 - ii. Establish family support coding to recognize certified family support workers.
 - iii. Consider use of SDOH codes to incentivize focus.
 - b. Consider mechanisms to increase and improve standardization of peer support training, including but not limited to standardized certification testing.
 - c. Implement standards for family support training.
 - d. Adjust policies to reflect new certifications
 - i. Including coding and documentation
 - ii. Including consideration of current family support requirements and distinction between those provider staff with lived experience as family members.
 - e. Identify opportunities to improve the career ladder for peer and family support workers.
3. Leverage being embedded within an integrated setting – identifying opportunities to incorporate member and family perspective into integrated and non-traditional settings. *(12 votes)*
 - a. Offer recovery education for providers traditionally focused on physical health.
 - b. Increase understanding of HIPAA and publish a HIPAA white paper to assist in eliminating barriers to care and family engagement.
4. Develop and implement community education campaign. *(1 vote)*
 - a. Include education on recovery and resiliency to non-traditional system stakeholders
 - b. Include stigma reduction and early engagement information to the community at-large
5. Increase continuity between AHCCCS and health plan OIFA offices *(0 votes)*
 - a. Establish and maintain minimum standards to ensure some level of consistency in operations of OIFA across health plans.
 - b. Develop clear understanding of role delineation between AHCCCS OIFA and health plan OIFAs.
 - c. Utilize OIFA leads at the health plans as the conduit.

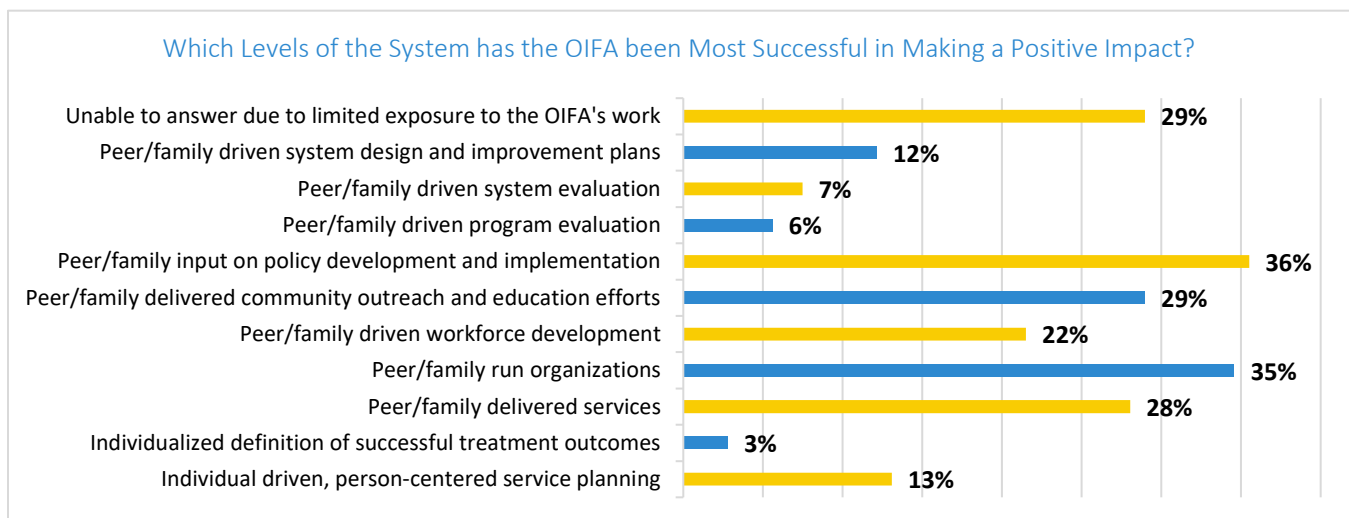
Community Survey

To ensure multiple opportunities for feedback and input in the OIFA 2.0 initiative, OIFA AHCCCS released a web-based community survey over the summer of 2019. The survey was distributed and promoted to AHCCCS members, family members, health plan administrators, health care providers, and other community partners. Over 175 individuals responded to the survey. Respondents represented members and families, providers, health plan leaders, and non-traditional system partners.

In answer to questions about the OIFA’s mission, responses indicate an opportunity to improve marketing, communication and outreach related to the OIFA mission, with 69% of respondents unable to demonstrate clear understanding of the OIFA mission. Further supporting the need for increased outreach and communication, 29% of respondents were unable to answer questions related to the OIFA’s top achievements due to limited exposure to the OIFA’s work.

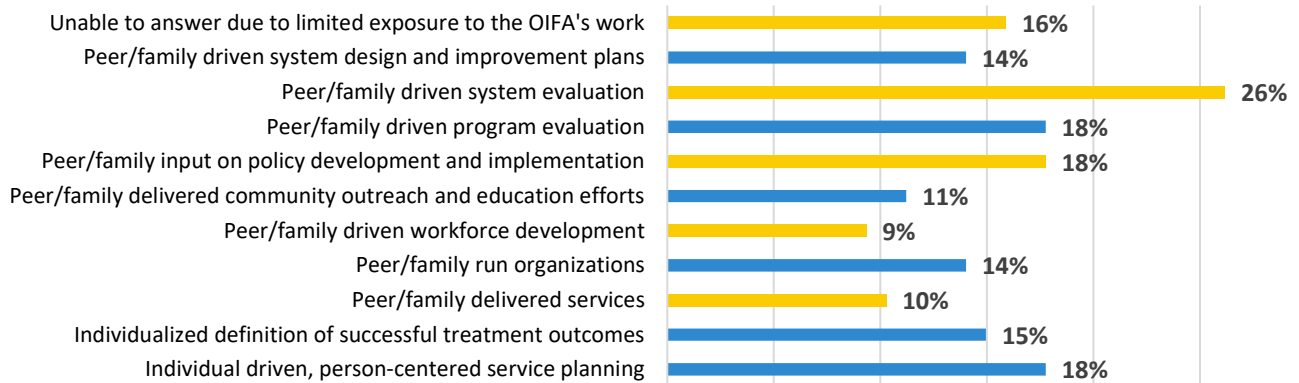


Of those who were able to answer the question about which levels of the system OIFA has been most successful in making a positive impact, the top three answers were: 1) Peer and family input on policy development and implementation, 2) Peer and family run organizations, and 3) Peer and family delivered community outreach and education efforts.



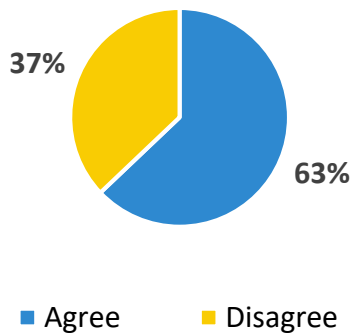
When asked about which levels of the system the OIFA has been least successful in making a positive impact, the top answer across all respondent types was *peer and family driven system evaluation*. Which aligns with OIFA Advisory Council comments related to the need for an increased role in system accountability.

Which Levels of the System has the OIFA been Least Successful in Making a Positive Impact?

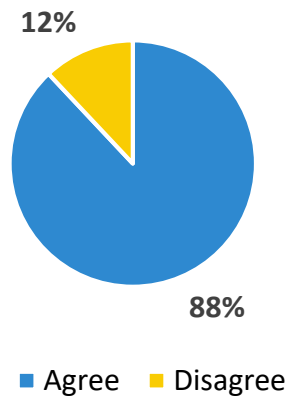


Overall, a wide majority of respondents feel that the OIFA is easy to reach, listens to member and family concerns, and responds in a timely manner. The majority of respondents also agreed that there is a clear structure within AHCCCS for elevating member and family concerns, addressing those concerns, and communicating back to the community regarding solutions. They also agreed that the OIFA involves members and family members in developing and implementing solutions at the AHCCCS level.

There is a Clear Structure within AHCCCS for Elevating Member and Family Concerns, Addressing those Concerns, and Communicating back to the Community Regarding Solutions



The OIFA is Easy to Reach and they Respond to Concerns and Ideas Quickly



OVERVIEW OF SURVEY RESPONSES BY RESPONDENT TYPE

Member and Family Respondents

- 51% of member and family respondents have heard of OIFA, and of these members, 56% know how to access the OIFA within their health plan or at AHCCCS.
- 52% were unable to answer a question about the OIFA's top achievements due to limited exposure to the work of the OIFA, indicating a need for a more robust communication plan with members and families. Of those respondents who were able to answer the question, they reported the OIFA's most successful impacts being in the following categories: including peers' and family members' input on policy development and implementation,

utilizing peers and family members in provider training, and making sure individuals can receive services from someone with a shared experience.

- Members and Family identify that OIFA can improve in including peers and family members in evaluating the entire healthcare system and using their ideas from that evaluation to improve the system.
- 66% of Members and Families do not know who to tell when they have an idea or concern about the healthcare system, further indication of the need for a more robust communication plan targeted to members and families.
- Meanwhile, 80% of individuals who know how to reach the OIFA say that the OIFA is easy to reach and responds quickly to concerns. Of those who reach out to the OIFA, 73% say the OIFA listens to their ideas and includes them in conversations, but 40% say the OIFA rarely reports back to them about their concerns or ideas.
- Overwhelmingly, respondents feel that OIFA could do better with more advertising and outreach. Individuals are interested in OIFA but want OIFA specific brochures, OIFA specific websites, and want to utilize technology to engage more individuals.
- Some respondents are interested in clear definitions of OIFA's services and in receiving legal support around issues of abuse and violence in care providing organizations.

Health Plan Respondents

- The majority of Health Plan Administrators *informally* interface with their OIFA at least 2 or more times per month, with many (33%) interfacing 3 or more times per week. Additionally, the majority *formally* interface with their OIFA at least 2 or more times per month, with many (25%) interfacing formally 3 or more times per week.
- Health Plan Administrators identify Peer and Family Delivered Services, peer and family delivered community outreach and education efforts, and peer and family run organizations as the most successful aspects of their internal OIFAs.
- Conversely, they identify the least successful aspects of their internal OIFAs as individualized definition of successful treatment outcomes, peer/family input on policy development and implementation, peer/family driven program evaluation, and peer/family driven system evaluation.
- When it comes to the statewide AHCCCS OIFA, respondents felt that peer/family delivered services, community outreach and education efforts, and input on policy development and implementation were the most successful aspects.
- Health Plan Administrators identified individualized definitions of successful treatment outcomes and peer/family driven system and program evaluation as areas for statewide OIFA improvement.
- Most administrators (58%) feel that AHCCCS has only somewhat communicated the mission of OIFA to individuals.
- 82% of respondents agree that there is a clear structure within their health plan for elevating member and family concerns, addressing those concerns, and communicating back to the community regarding solutions.
- 64% of Administrators only slightly agree or disagree that when system concerns are identified, members and family members are involved in developing and implementing the solutions within their health plan.
- Most Administrators are interested in seeing OIFA advocate for more family service access and increased member and family involvement at all levels.

Providers

- 56% of providers interface with OIFA informally 1 time per quarter or less.
- Providers identified 5 areas (with fairly even distribution) in which OIFA has made the biggest impact:
 - Peer/family delivered services (28%)
 - Peer/family run organizations (40%)
 - Peer/family driven workforce development (28%)
 - Peer/family delivered community outreach and education efforts (28%)
 - Peer/family input on policy development and implementation (36%)

- Much like health plan administrators and members and families, providers have also identified Peer/Family driven system evaluation as an area for the OIFA’s improvement.
- 88% of providers believe the AHCCCS OIFA is accessible to them as a provider and to those receiving services within their agency.
- 72% of providers feel that they can connect individuals receiving services at their agency to an OIFA representative.
- 68% of providers feel that when system concerns are identified, members and family members are involved in developing and implementing the solutions at the AHCCCS level.

Healthcare System Partners

- 80% of partners interface with the OIFA (either at the health plan and/or AHCCCS level) at least once a month with 40% interfacing more than once a week.
- System partners believe the areas where OIFA is most successful are in ensuring individualized, person-centered service planning; peer/family run organizations; and peer/family delivered community outreach and education.
- System partners say OIFA can improve with peer/family input on policy development and implementation and peer/family driven program evaluation.
- 100% of system partners identify the AHCCCS OIFA as accessible for themselves as healthcare system partners *and* accessible for the individuals with whom they work, serve, and represent. Additionally, 100% of system partners say that they know where to connect individuals if they have a concern or an idea about the health care delivery system.
- 40% of system partners do not think there is a clear structure within AHCCCS for elevating concerns, addressing those concerns, and communicating back to health plans and the community regarding solutions.
- 40% of system partners do not believe members and families are involved in developing and implementing solutions at the AHCCCS level.
- System partners agree that OIFA needs to increase their communication, community outreach, and involvement of peer and family voice when it comes to implementation and development of new policies.

Member & Family In-Person Focus Groups

To complement and further expand upon the information gathering efforts via the Community Survey, OIFA health plan leaders worked collaboratively to facilitate a total of 8 in-person focus groups across varied geographic service areas, with participation from nearly 155 members and/or family members. OIFA leaders met members and families at behavioral health and integrated provider sites to seek their opinions about ways that OIFA can improve to fully achieve its mission.

SUMMARY OF FOCUS GROUP FINDINGS

Overall, three main themes emerged. First, **members and their families want and need education** about the healthcare system: both about self-advocacy and systems-change advocacy specifically, but also about how the AHCCCS system works more generally. This includes the need for more information and clarity about the mission of OIFA and how the AHCCCS OIFA and 8 health plan OIFAs align. Many focus group participants were unaware of OIFA or its mission. Commonly, members did not know which plan they were enrolled in, wanted more information about what is covered, and conveyed that knowing how to find and connect with providers (e.g. usable provider handbooks) would greatly improve their ability to engage in their own treatment. It was noted that the Member Handbooks are not user-friendly and don’t provide the help people are looking for in figuring out how to navigate the system, fully understand their benefits, achieve clarity about the difference between Medicare and Medicaid, and understand how to elevate issues and concerns. Additionally, members suggested the development of a web-based tool to help them understand the difference between the various AHCCCS-contracted health plans, in order to make an informed choice about which health plan is right for them. Some focus group participants spoke about the need to “learn a new language” in order to understand the health care delivery system and to begin engaging in advocacy efforts. They suggested offering a more diverse array of mechanisms for

individuals to get involved and share their voices, beyond formal committee work; outlining that formal committees and large forums are not always the best fit for everyone.

Second, **members and their families want and need improved communication** across the healthcare system. Whether it was getting general information about benefits or system changes, finding opportunities to provide feedback, or waiting for responses or follow up to questions asked, communication with members was a strong theme across the groups. Many indicated that even when concerns are voiced and elevated, any solutions or outcomes are rarely communicated back to the individual. Common frustrations were expressed regarding contacting health plan customer service / member service departments and being given the run-around, put through a tedious automated system with a series of confusing questions, being told to call different numbers/departments, and not being provided with requested information.

Finally, **members and their families want and need to be met where they are in their communities**, especially regarding the presence of OIFA. Groups consistently discussed the importance of face to face communication and education. While they recommended increasing use of digital platforms, a major gap was identified in that OIFA does not maintain a strong physical presence in doctors' offices, clinics, hospitals, and community spaces where members live. Knowing that a person is available to help with education or navigation could make a huge difference in how members are engaged in their own or their loved one's care.

Focus group participants commonly saw an opportunity for OIFA to act as advocates for escalation of issues and complaints, providers of member education about their healthcare, and face to face allies in the community. Participants consistently built on the idea of OIFA as an education provider – offering general and specific information about the healthcare delivery system, from benefits, PCP identification and assignments, and finding specialists, to understanding and advocating for one's rights, grievances and appeals, and court-ordered treatment. Participants seek training on self-advocacy, grievance procedures, and issue escalation. Importantly, participants want face to face contact with OIFA in clinics and doctors' offices.

Closing

In summary, the OIFA has grown tremendously since 2007 and positively impacted our recovery-oriented system of care in pursuit of its mission to **ensure that peer and family voices contribute at every level of the system while educating and informing the community**. As we stand together as a community of individuals with lived experiences, we look towards the future of healthcare and work collaboratively and strategically to maximize the impact of the OIFA moving forward in this new landscape. We share the information included in this report to lay the groundwork for our 2019 Community Summit and to help guide strategic discussions and planning efforts.