Welcome to the Olmstead Community Forum

- You were automatically muted upon entry. Please keep yourself on mute throughout the meeting to limit feedback.
- Please do not put us on hold.
- To unmute your phone you will need to click on the microphone icon.
- Please use the chat feature for questions or raise your hand.

Thank you.
Follow & Support AHCCCS on Social Media

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How to Navigate This Zoom Webinar

- **Windows**: You can also use the Alt+Y keyboard shortcut to raise or lower your hand.
- **Mac**: You can also use the Option+Y keyboard shortcut to raise or lower your hand.
Arizona Olmstead Plan
Community Stakeholder Meetings

• October 26, 2021: 9:00am-10:30am
• October 28, 2021: 5:00pm-6:30pm
The story of the Olmstead case began with two women, Lois Curtis and Elaine Wilson:

- Both had diagnoses of mental health conditions and intellectual disabilities
- Both voluntarily admitted to the psychiatric unit in the State-run Georgia Regional Hospital.
- Following the women's medical treatment there, mental health professionals stated that each was ready to move to a community-based program.
- Both remained confined in the institution, each for several years after the initial treatment was concluded.
- Both filed suit under the Americans with Disabilities Act (ADA) for release from the hospital.

- States are required to provide community-based services for individuals with disabilities who would otherwise be entitled to institutional services:
  - State’s treatment professionals reasonably determine that such placement is appropriate
  - The affected person is in agreement with the decision, and
  - The placement can be reasonably recommended, taking into account the resources available to the State and the needs of others who are receiving State-supported disabilities services
Arizona’s Approach

• The Court did not require states to develop a plan, but Arizona chose to do so.
• Providing services and treatment in the most integrated settings is an underlying principle the service system.
• The population targeted to benefit from the Olmstead Plan are all individuals who may be at risk of institutionalization, including individuals with behavioral health needs and members of the ALTCS program.
• Arizona’s compliance with the Olmstead Decision has historically been incorporated into rules, policies, and practices.
• Olmstead Decision affords Arizona the opportunity for self-examination and a continuous “living process” of quality improvement.
Arizona’s Approach, Continued

- 2022 Olmstead Plan will address needs that are not already being addressed through a formal initiative or planning effort.
- The Plan will be actionable with specific goals, objectives, metrics, and evaluation methods.
- AHCCCS will post quarterly updates to the Olmstead webpage.
- Reassessment of needs will occur on an ongoing basis complete with a formal annual reassessment with the broader community.
A Recent History of “Olmstead” Activities

• 2015 – Autism Spectrum Disorder (ASD) Advisory Committee
• 2016 – Housing
• 2017 – Employment First Executive Order
• 2018 – Expanding Behavioral Health Diagnosis Codes
• 2019 – Whole Person Care Initiative (WPCI)
• 2020 – Health Equity Committee
• On the horizon...Housing and Health Opportunities (H2O) Waiver Amendment; Closed-Loop Referral System (CLRS); and much more.....

To view the full list of Arizona’s recent Olmstead-related activities, visit https://www.azahcccs.gov/olmstead
Planning Process to Date

• Established an internal workgroup.
• Created an Olmstead webpage on the AHCCCS website with details about Olmstead, previous activities, and planning efforts.
  o Includes links for the Olmstead Survey and to subscribe for Olmstead updates.
• Review of reports from various efforts to improve the service delivery system.
• Recruitment and engagement of members and family members to participate in the planning process.
Olmstead Survey Results
Data pulled on 9/30/2021

**In your opinion, how has the availability and accessibility of community-based services changed since you started providing/receiving services?**

- **42/78 (53%)** – Listed some sort of improvement (from “Improved” to “Greatly Improved”)
- **36/78 (47%)** – Listed some sort of decline (from “Declined” to “Greatly Declined”)
- “Slightly Improved” had the most responses with **24**

<table>
<thead>
<tr>
<th>Number of Respondents</th>
<th>Provider/HP/Gov’t</th>
<th>Member</th>
<th>Family Member</th>
<th>Total</th>
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<tr>
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<td>37</td>
<td>7</td>
<td>34</td>
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Of those listed below, please choose which have had the most positive effect on the availability and accessibility of community-based services?

- 234 responses (each participant listed top 3 responses)
- Top 3:
  - Availability of Telehealth services (virtual services) (32)
  - Peer Support (28)
  - Ability to receive both physical health and mental health services under the same Health Plan (18)
Olmstead Survey Results
Data pulled on 9/30/2021

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Of those listed below, please choose the **biggest challenges** to the availability and accessibility of community-based services

- 234 responses (each participant listed top 3 responses)
- Top 3:
  - Waiting period to receive services (28)
  - Number of available services in the area where you work/live (25)
  - Administrative procedures (paperwork and processes) (25)
In your opinion, are there any specific membership populations or groups that are disproportionately experiencing barriers or challenges to the availability and accessibility of community-based services?

- 276 total responses (check all that apply)
- Most responses – Members with an SMI designation (33)
- 3 tied with the second most responses (29)
  - Members living in rural and frontier areas
  - Members with developmental and intellectual disabilities in the ALTCS DD program
  - Members engaging in behavioral health services that do not have a SMI designation

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Olmstead Survey

- The Olmstead Survey will close on November 5, 2021.
- Please share the survey [Link](#) with your contacts to help solicit more responses, especially from members receiving services.
## Next Steps

*Subject to Change*

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Steps</th>
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<tr>
<td>July 2021</td>
<td>Stakeholder Survey</td>
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| **September – October 2021** | AHCCCS to identify members & family members to assist in advising the Arizona Olmstead Plan. Host 2 community stakeholder meetings to promote awareness of Olmstead planning. Topics may include:  
• Overview of Olmstead  
• Overview of current initiatives and effort that address Olmstead principles  
• Present potential areas of focus of the Olmstead Plan  
• Presenting planning process and timeline, including ways to get involved |
# Next Steps (continued)

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<tr>
<td>November – December 2021</td>
<td>Work on draft of Arizona Olmstead Plan, which will include convening the member &amp; family member advisory group. Obtain input and approval by AHCCCS executive leadership.</td>
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<td>January 2022</td>
<td>Finalize draft and post to AHCCCS webpage for public comment, which includes Tribal Consultation.</td>
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<td>February 2022</td>
<td>Host community forums. Close out public comment period.</td>
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<tr>
<td>March-April 2022</td>
<td>Finalize Arizona Olmstead Plan, which will include convening the member &amp; family member advisory group.</td>
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Preliminary Olmstead Areas of Focus

• Reach-in discharge planning for hospital settings
• Outpatient provider referrals to 3rd party specialty providers
• Gaps for members who need more hands-on services, but don’t meet ALTCS eligibility
• Housing support services for members to be successful in the community
Other Areas of Focus to Consider?