

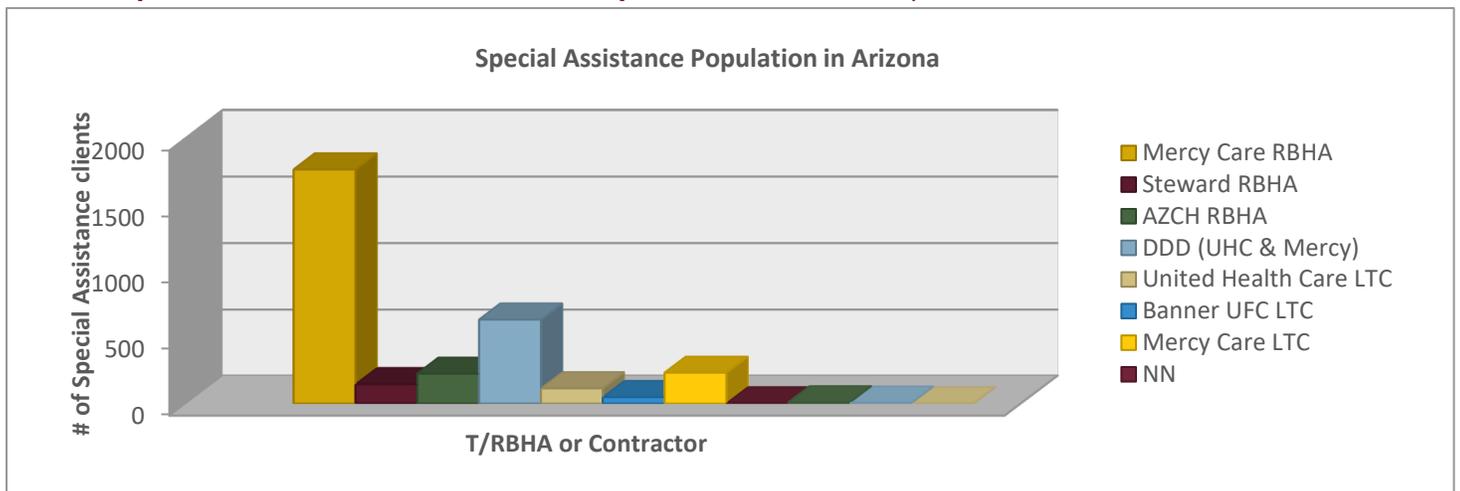
The Office of Human Rights (OHR), within the AHCCCS Division of Community Advocacy and Intergovernmental Relations, is established under Arizona Administrative Code R9-21-104 and responsible for providing assistance to AHCCCS members living with Serious Mental Illness. The OHR works within the Medicaid agency to promote the rights of members and ensure access to entitled services under Arizona’s Medicaid program. The OHR is directly responsible for ensuring that members who are identified as in need of Special Assistance are promptly identified and formally assigned a designated representative to assist them in participating in treatment planning, discharge planning, the SMI appeal, grievance and investigation processes. Statewide, OHR currently employs 19 Advocates, one Lead Advocate for Maricopa County, one Lead Advocate for greater Arizona (GSA 7&8), one data and Policy Manager, one Conflict Advocate, and one Advocacy Administrator (Bureau Chief).

Major Changes in 2019

The OHR maintains documentation of all identified Special Assistance members and distributes a monthly member roster to the state’s four Independent Oversight Committees (IOCs). In 2018, OHR introduced an online Special Assistance notification system within the AHCCCS Quality Management Portal that allows providers and Health Plans to complete mandatory identification and updates to Special Assistance records. In October 2019, the OHR formally introduced the portal and added its use into policy. Historically, this had been a manual process that involved paper forms and electronic spreadsheets that had to be collated to maintain accurate member information. It caused a significant delay in the agency’s ability to provide up to date information to the IOCs, and their access to accurate information during site visits at residential treatment facilities. Today, providers and plans are able to enter updates in real time.

In October 2019, the Division of Developmental Disabilities (DDD) introduced integrated physical and behavioral health plans for enrolled members. Historically, members with an SMI determination received behavioral health services through the RBHA and physical health services from a separate health care plan. DDD maintains most of the long term care services and both physical and behavioral health care needs are provided through their subcontractors, UnitedHealthcare and Mercy Care. For the purpose of this report, enrollment counts between DDD American Indian Health Program (AIHP), Mercy Care, and United DDD members are not separated.

Number Special Assistance members served by AHCCCS Contractors/TRBHA's:



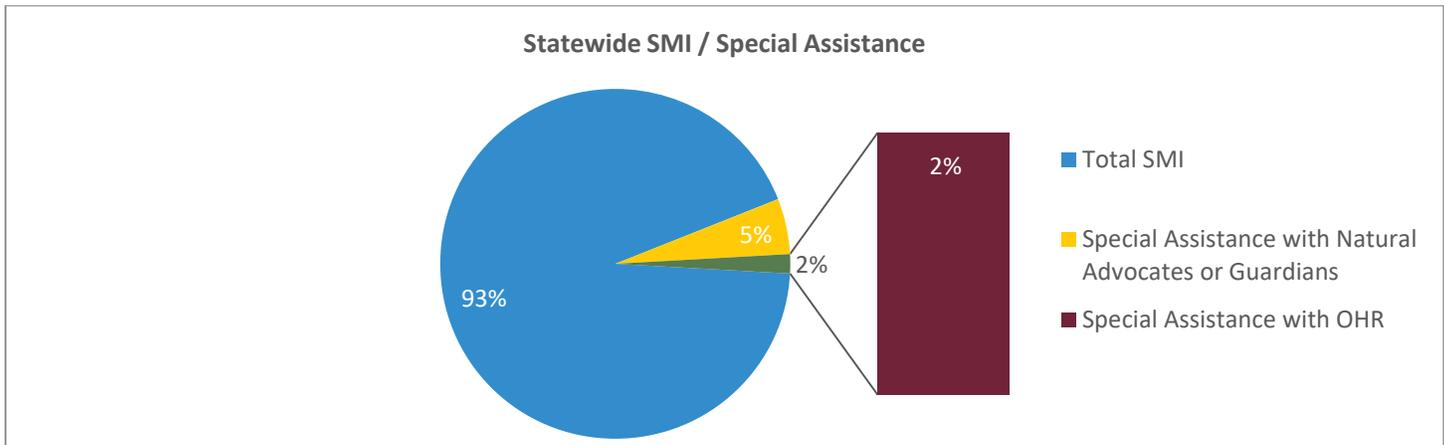
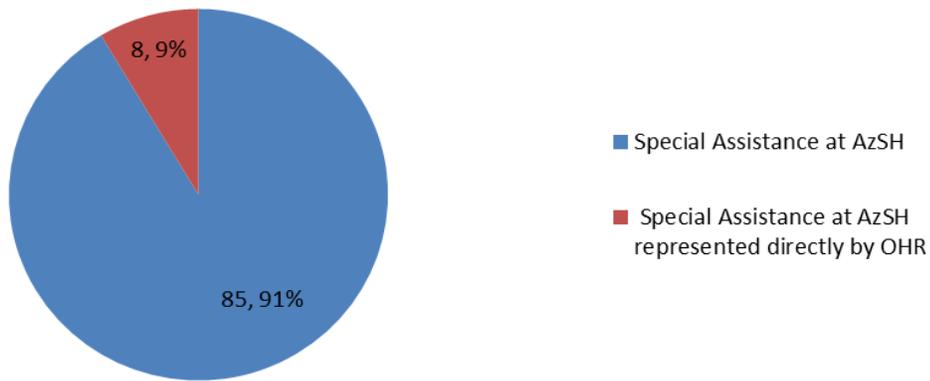
Special Assistance population by Contractor:

| Contractor | Total Special Assistance | # W/OHR | # W/ Other | #W/Guardians |
|------------------------|--------------------------|------------|------------|--------------|
| Mercy Care RBHA | 1766 | 529 | 278 | 959 |
| Steward RBHA | 147 | 38 | 16 | 93 |
| AZCH RBHA | 227 | 65 | 45 | 117 |
| DDD (UHC & Mercy) | 637 | 75 | 61 | 501 |
| UHC-LTC | 116 | 21 | 35 | 60 |
| Banner (UFC) LTC | 49 | 22 | 5 | 22 |
| Mercy Care LTC | 234 | 53 | 49 | 132 |
| NN - TRBHA | 2 | 0 | 0 | 2 |
| GRIC- TRBHA | 9 | 3 | 3 | 3 |
| WMAT- TRBHA | 7 | 0 | 0 | 7 |
| PY- TRBHA | 1 | 0 | 1 | 0 |
| Total Statewide | 3195 | 806 | 493 | 1896 |

Special Assistance Served at the Arizona State Hospital:

The Arizona State Hospital is currently serving 85 Special Assistance clients. Of those patients, 8 are assigned to an OHR advocate, and the remaining patients are represented by court appointed guardians.

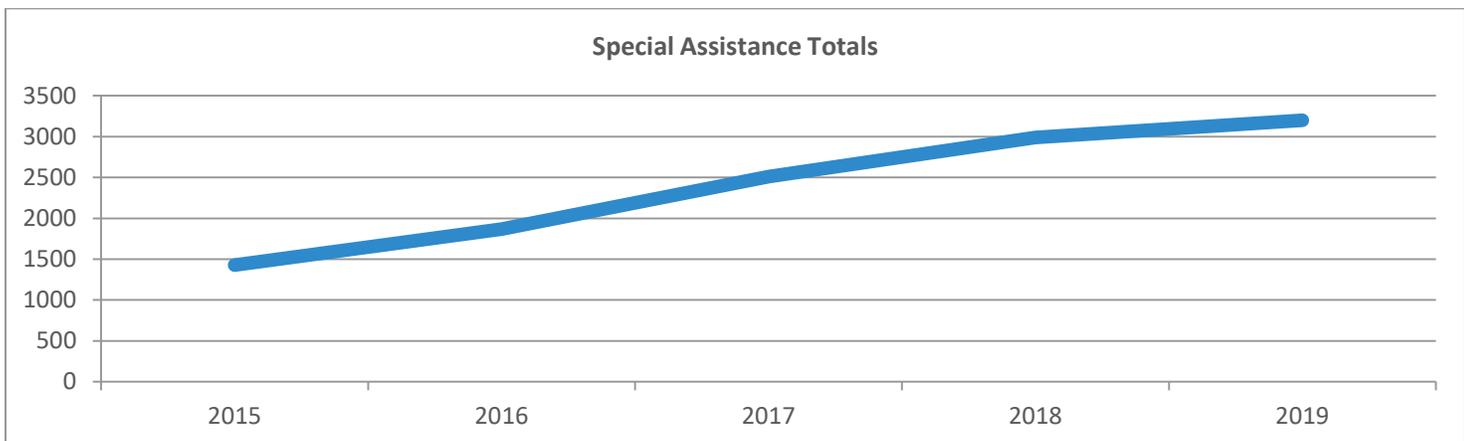
| | |
|--------------------------------------------------------------------------------------|----|
| Special Assistance members served at AzSH | 85 |
| Of the Special Assistance members at AzSH, how many are represented directly by OHR? | 8 |



OHR is available to provide technical assistance to all SMI members in Arizona. Currently, state-employed advocates are assigned to approximately 2 percent of the SMI population through the Special Assistance identification and assignment process. An additional 5 percent are represented by court appointed guardians or natural supports who also receive ongoing support from OHR as needed. The OHR advocates work with the members and families to promote self-advocacy and behavioral health education. The advocate’s goal is to empower the member and/or the member’s natural support to navigate the behavioral health system independently.

Special Assistance Population Growth

Since 2015, the number of Special Assistance members identified in Arizona has grown from 1430 to 3201.



When the member is able to self-advocate, they graduate from the Special Assistance program and OHR calls these “graduations” or successful Part C’s (closures). In 2019 OHR celebrated 158 successful graduations (an average of 13 per month).

When a member’s family or natural support becomes familiar with services and processes available within the behavioral health system they often assume the role of designated representative for the member, OHR calls this transition a successful Updated Part B. These members remain active on the Special Assistance list and the guardian or natural support is provided technical assistance from the OHR as needed. In 2019 OHR celebrated 83 updated Part B’s (averaging 7 per month).

OHR Field Encounters accumulated from January 2019 through December 2019

Field Encounters can include: a home visit to a Special Assistance member; a visit to a hospital; a staffing for Special Assistance member; a meeting with behavioral health contracted providers; coordination with other providers (such as DDD); grievance and appeal matters (investigations, interviews, informal conferences, hearings); discharge planning staffings; ISP (Individual Service Plan) meetings; ART (Adult Recovery Team) meetings; jail visits; meetings with Special Assistance members in the community; Special Assistance walk-in members; intakes and/or transfer meetings with Special Assistance members; meeting for temporary short term technical assistance (for non-SMI members who do not require Special Assistance); and trainings conducted or received directly related to behavioral health. The OHR tracked 15,633 total encounters in 2019, up from 14,983 in 2018.

The OHR tracks inpatient and jail encounters separately by region. Below are accumulated numbers from January 2019 through December 2019:

- a. In Maricopa County: 961 contacts with members who were in an inpatient setting; 36 contacts with members who were in a jail setting.
- b. In Northern Arizona: 27 contacts with members who were in an inpatient setting; 5 contacts with members who were in a jail setting.
- c. In Southern Arizona: 249 contacts with members who were in an inpatient setting; 3 contacts with members who were in a jail setting.

2. Additional ongoing tracking:

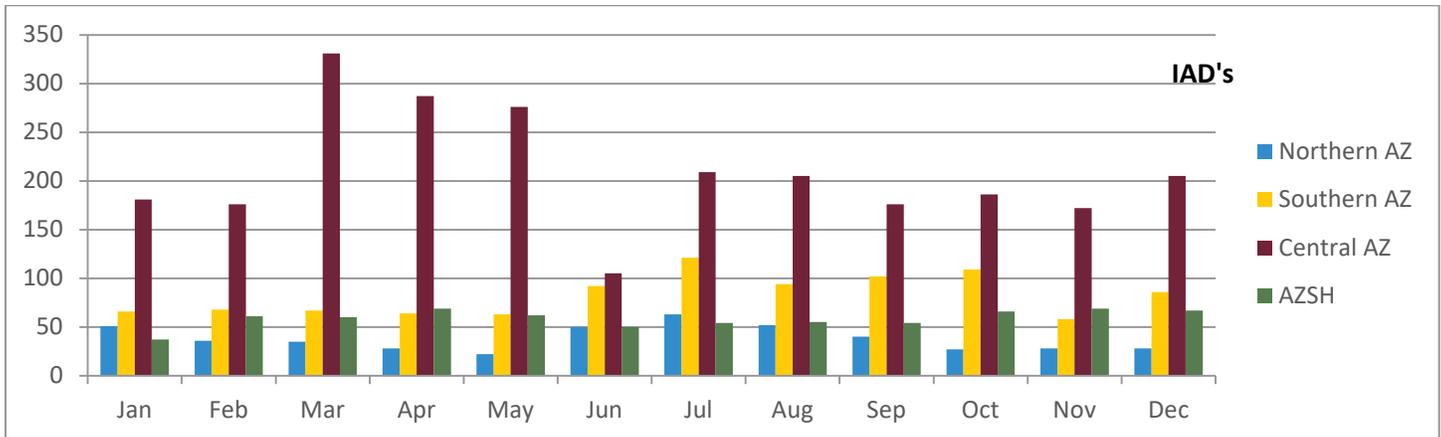
- a. OHR participated in 488 hospital discharges.
- b. OHR participated in 47 jail discharges wherein our advocacy role was crucial statewide.
- c. OHR was able to assist 110 members to avoid homelessness.
- d. OHR was able to assist 197 members transition to a lower level of care, promoting the least restrictive environment.

Educational Sessions/Training Provided by OHR between January 2019 and December 2019

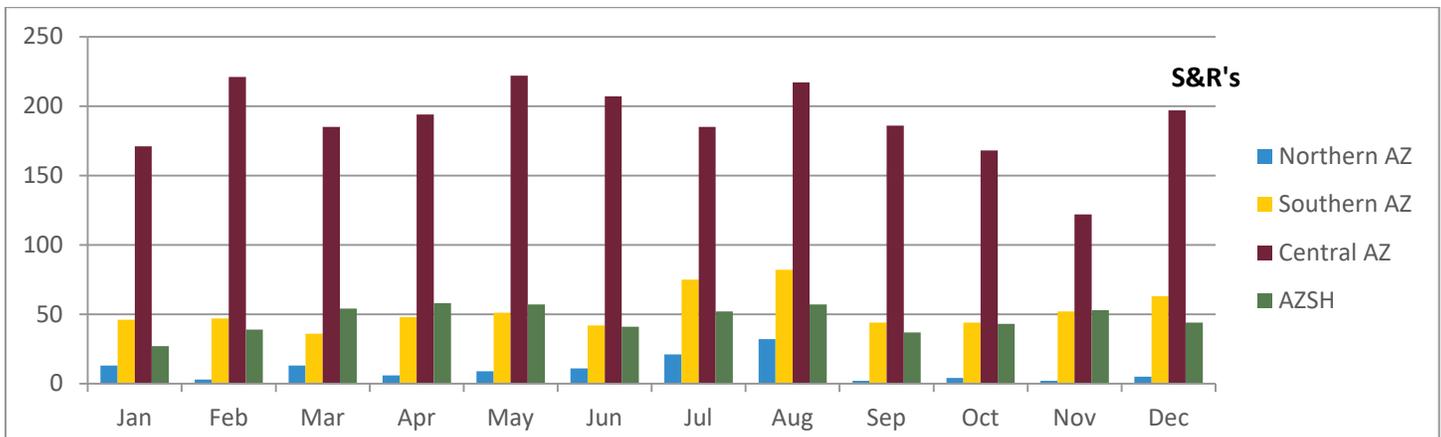
OHR provided Special Assistance training to 14 Provider sites, five health plans, and two Behavioral Health Inpatient Facilities. Special Assistance training includes detailed training on how and when clinicians are required to assess for Special Assistance, requirements for notification to the OHR, and requirements for updating member demographics on a regular basis. The training also includes an overview of how to use the OHR portal function to locate contact information for designated representatives and guardians, especially helpful for inpatient units and crisis stabilization teams that encounter members experiencing crisis.

Oversight for Seclusion and Restraint (S&R) and Incident/Accident/Death (IAD) Reporting

The OHR reviews monthly Seclusion and Restraint and Incident/Accident Death reports to identify trends in systemic issues and any individualized concerns. The OHR addresses any identified concerns in ways that include, but are not limited to, referring concerns to the QOC process, letters to providers, grievances, and complaints. OHR accepts and rejects the submissions of these reports based on the service provider’s ability to adhere to requirements delineated in both Arizona Administrative Code and Policy. January 2019 through December 2019, OHR reviewed 4,596 IAD’s and 3,588 S&R’s.



| IAD | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Total Mth | 335 | 341 | 493 | 448 | 423 | 297 | 447 | 406 | 372 | 388 | 327 | 386 | 4663 |



| S&R | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Total Mth | 257 | 310 | 288 | 306 | 339 | 301 | 333 | 388 | 269 | 259 | 229 | 309 | 3588 |

Formal Follow Up Processes (Verify QOC count before publishing)

In 2018 and 2019, OHR focused proactive provider and community education. As a result of the support and education OHR provided, requests for problem resolution through formal processes like the SMI appeal or grievance process dropped dramatically. A year-over-year comparison in OHR formal actions utilized follows:

| | | |
|------------------------|-------------|-------------|
| <i>SMI/QM Process:</i> | 2018 | 2019 |
| <i>SMI Grievances</i> | 36 | 16 |

| | | |
|--------------------------------------------------|----|----|
| <i>Potential Quality of Care (QOC)/referrals</i> | 18 | 13 |
| <i>SMI Appeals</i> | 49 | 17 |
| <i>Letters Noting Concerns (LNC)</i> | 31 | 37 |

Contributions to AHCCCS

1. OHR, with assistance from other AHCCCS divisions, designed and implemented the OHR online application within the existing AHCCCS Quality Management Portal to track Special Assistance and allow service providers to enter new notifications and update data electronically.
2. OHR attended a meeting with executive management to examine opportunities and trends in the behavioral health system.
3. OHR attended internal meetings regarding the current COE/COT process in Arizona.
4. OHR attended regular AHCCCS Policy Committee meetings throughout the year.
5. OHR participated in policy workgroups including: AMPM 320-R Special Assistance, 320-V - Behavioral Health Residential Facilities, ACOM 405 Cultural Competency, AMPM 310B Title XIX-XXI Behavioral Health Service Benefit, AMPM 310- BB Transportation and AMPM 320-U COE/COT and many others to ensure all client rights are addressed and protected.

OHR Advocacy Success Stories

Each week, the OHR Advocates share their members’ success stories during team huddle meetings and, over the course of the year, have accumulated hundreds of examples of the impact that OHR makes on AHCCCS members’ lives. Here are a few of our favorites::

1. A member served by OHR was identified as meeting special assistance criteria while inpatient after an episode of self-harming behaviors that required an extended period of time for stabilization. Initially, the member was not able to engage in appropriate discharge planning, nor make appropriate decisions due to severe and persistent symptoms. After much time and continued support from the advocate and clinical team, the member was able to consider all of their discharge options and services. The member then engaged in treatment and transitioned to an independent living situation after residing with family members. The member has since graduated from special assistance.
2. An OHR Advocate provided technical assistance to a member whose designated representatives (parents) were advocating for services not requested by the member. The member, clinical team, and family reported being at odds regarding behavioral health residential facility (BHRF) discharge planning and reported difficulty collaborating. The OHR advocate successfully educated the member and family regarding service options. What initially began as a combative and unproductive situation was resolved through communication, education, and persistence. The advocate helped the member express his/her wishes which were subsequently supported by the team, BHRF staff and family members.
3. After more than 6 years receiving Special Assistance advocacy, this member was able to graduate, with a voice and a passion for encouraging others in their own recovery journey. He had worked diligently on his recovery, attending and participating in his ART meetings and services, and had not been hospitalized for psychiatric stabilization in over a year. Over time, he began to understand his needs and participate in discussion at his ART meetings. He was no longer watching his recovery happen--he was leading the way. Independent of his ART team, he enrolled in and now volunteers almost daily at a

community resource center which provides support for adults in mental health recovery and serious mental illness that empowers members to achieve their personal goals be it leadership skills, job skills, self-advocacy skills, financial management, and/or culinary skills at their café, amongst others. He is now a model to his peers, encouraging a new GED program at the facility and on track to becoming employed there. In a recent facility newsletter he offered the following advice to those newly diagnosed with a mental illness, *“Don’t worry, it gets better. They give you a lot of fun things to do. There are a lot of recovery programs that help you succeed. And the doctors are very nice. You are just as important as everyone else, and don’t worry, you’d always have help. You can make a lot of friends too. Life’s not over.”*

- a. This member is the embodiment of recovery, illustrating that with determination and faith, each person has the power to positively change their life and influence their community.

CJ Loiselle
Advocacy Administrator, AHCCCS
Division of Advocacy and Intergovernmental Relations (DCAIR)