Office of Human Rights (OHR)
Mission Statement
Providing advocacy to individuals determined to have a Serious Mental Illness (SMI) to help them understand, protect and exercise their rights, facilitate self-advocacy through education and obtain access to behavioral health services in the publicly funded behavioral health system in Arizona.
OFFICE OF HUMAN RIGHTS

Training Topics

- What is OHR?
- Whom do we serve?
- What assistance do we provide?
- How does a person receive OHR assistance?
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What Is OHR?

- OHR is the State Advocacy Office Established by the Arizona Administrative Code (A.A.C.), R9-21-104
- Part of the AHCCCS/Division of Health Care Advocacy and Advancement (DHCAA) along with
  + Office of Individual and Family Affairs (OIFA)
  + Human Rights Committee Coordinator
  + Foster Care (Advisory Committee)
  + State Medicaid (Advisory Committee)
  + Arizona Long Term Care Services (Advisory Committee)
- Each Area Reports to the Assistant Director for DHCAA
Despite this, OHR has latitude to take independent advocacy action and advocacy position on issues making OHR able to:
- advocate for client needs in individual cases
- advocate within AHCCCS as well as in the community

The A.A.C (or “SMI Rules”) requires the following:
- At least one advocate per every 2500 persons in the SMI system
- One advocate assigned to the Arizona State Hospital
What Is OHR? (cont.)

OHR serves the entire state through three offices:

- **Phoenix**
  - Staff cover Maricopa County, Pinal/Gila, Gila River Indian Community, as well as Arizona State Hospital (ASH)
  - 11 Advocates, 1 Advocate II, 1 Special Assistance Field Coordinator, 1 Lead Advocate & the Bureau Chief

- **Tucson**
  - Staff cover Pima, Cochise, Graham, Greenlee, Santa Cruz, La Paz & Yuma Counties & Pascua Yaqui Tribe
  - 3 Advocates, 1 Advocate II, & 1 Lead Advocate

- **Flagstaff**
  - Staff cover Apache, Coconino, Mohave, Navajo, Yavapai Counties & White Mountain Apache Tribe & Navajo Nation
  - 1 Advocate, and 1 Advocate II
Whom Do We Serve?

- Primarily, adults determined to have a Serious Mental Illness (SMI) and designated as Special Assistance in the public behavioral health system.

- Other individuals with a SMI with specific issues and stakeholders – in limited ways & topics.
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What Assistance Do We Provide?

- OHR provides *free of charge* – assistance to individuals with a SMI *and* identified as in need of Special Assistance *and* assigned to OHR advocate:
  - preparation for and assistance at Individual Service Plan (ISP) meetings, and when inpatient, Inpatient Treatment & Discharge Plan (ITDP) meetings
  - as well as follow-up on implementation of services – which can include informal intervention, or use of appeal and/or grievance processes
  - on-going client involvement to support informed choice, protection of rights and development of self-advocacy, to the greatest extent possible

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What Assistance Do We Provide? (cont.)

Special Assistance is

- The support provided to a person determined to have a Serious Mental Illness who is unable to articulate treatment preferences and/or participate effectively in the development of the Individual Service Plan (ISP), Inpatient Treatment and Discharge Plan (ITDP), grievance and/or appeal processes due to cognitive or intellectual impairment and/or medical condition.

- intended to enhance individual’s ability to participate and protect his/her rights, as well as the individual’s recovery and team cooperation and coordination

- a unique clinical determination with specific criteria
  - When person identified meets criteria, OHR designates someone to provide (guardian, family member/loved one and/or OHR advocate) and
  - T/RBHA, contractors and providers are required to include person providing Special Assistance in various parts of individual’s treatment
What Assistance Do We Provide?

- OHR provides *free of charge* - information & referral and educational resources to individuals with a SMI and also stakeholders.
- OHR provides *free of charge* – assistance to individuals with a SMI for a specific issue, primarily
  - Education to support and encourage self-advocacy: through brochures & guides and live educational workshops in the community
  - Guidance (technical assistance) to file a complaint, grievance (involving rights violations) or appeal (involving access to covered services) and to self-advocate
  - Resources permitting, assistance with discharge planning from psychiatric inpatient facility
What Assistance Do We Provide? (cont.)

In addition to the above, OHR performs other functions, some of which are oversight-related:

- Maintaining a list of all individuals enrolled as SMI determined to be in need of Special Assistance, tracking the provision of assistance in the identified areas and providing an advocate to represent individuals, as needed.
- Identifying, tracking, and addressing systemic issues.
- Review of Incident/Accident and Seclusion & Restraint reports to identify and address rights violations and systemic issues.
- Providing input from advocacy perspective within AHCCCS.
- Coordination with other behavioral/mental health advocacy agencies.
DID YOU KNOW?

- An advocate is one who “pleads the cause of another.” *Webster’s Dictionary*.
- With respect to OHR, this means that the advocate speaks on the client’s behalf to promote the client’s interests on a specific issue.
- The Arizona Administrative Code (A.A.C.) requires Tribal & Regional Behavioral Health Authorities (T/RBHAs), contractors and subcontracted providers to:
  + cooperate with OHR;
  + provide access to sites, clients present, and opportunity to meet in private;
  + provide access to records and other information, including access to staff.
The OHR advocate interacts in a number of ways, such as:

- participates – on the client’s behalf and as a member of the team in formal client meetings (service planning, discharge planning, monthly staffings, residential staffings, etc.)
- meets informally with clients and involved guardians or family members (when applicable) to learn client preferences and needs and to observe how services are being implemented
- communicates regularly with the team (primarily case manager)/service providers – in person, by phone or secure email - with a focus on ensuring implementation of services
- at times, communicates with provider supervisors as well as T/RBHA or contractor staff
- assists clients in resolving issues informally (provider level) or more formally (complaints, grievances or appeals)
What OHR Does Not Do

- OHR is **not** a law firm, so its staff **cannot** give legal advice nor represent individuals as an attorney/law firm does.
- OHR **cannot** secure services/entitlements outside of the public behavioral health system – the case manager/clinical team usually have the responsibility to facilitate this.
- OHR **cannot** provide clinical services: case management, crisis, therapy, medications, etc.
- OHR provides information & referral and educational resources to family members and other interested parties, but provides other assistance and direct representation **only** to the individual determined to be SMI and/or the guardian, if any.
How Does A Person Receive OHR Assistance?

- The majority of OHR clients are individuals with a SMI who have also been identified as being in need of Special Assistance by their provider.
  - Whether someone meets criteria is a clinical decision
  - Whether someone who meets criteria is assigned an advocate is a decision made by OHR administration
- Individuals call OHR at any of the three offices to speak with an advocate.
- Individuals approach an advocate while at a site to attend a meeting or on outreach at an inpatient facility, or in the community for an educational workshop.
- Individuals’ case managers, social workers or other provider staff proactively connect them to OHR.
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