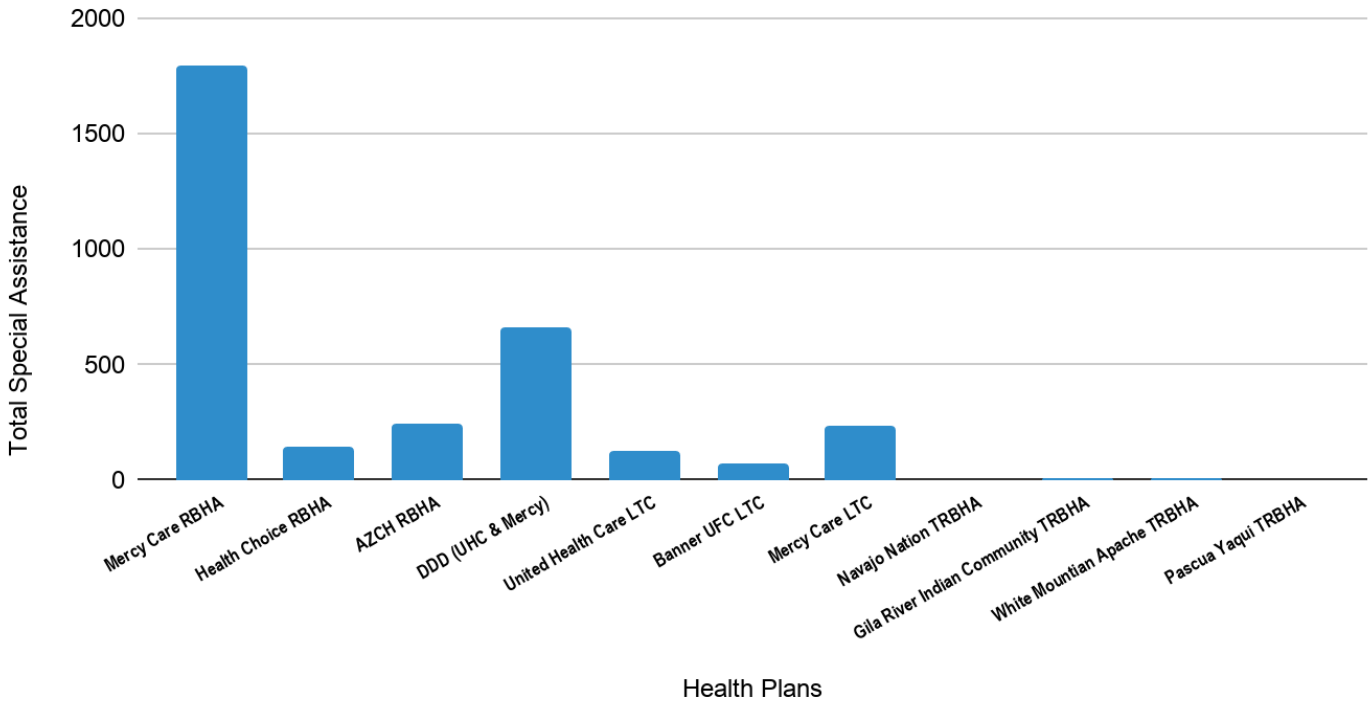
The Office of Human Rights (OHR), within the AHCCCS Division of Community Advocacy and Intergovernmental Relations (DCAIR), established under Arizona Administrative Code R9-21-104 and responsible for providing assistance to AHCCCS members living with Serious Mental Illness (SMI). The OHR works within 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. The OHR currently employs 18 Advocates statewide, 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 2020

On March 17, 2020, the OHR team transitioned from an office-based work environment to a home based work environment in response to the Public Health Emergency (PHE). The OHR team immediately began to work on setting up virtual meetings and electronic filing systems to minimize the impact of this change to the members we represent. The OHR successfully increased contact with members and clinical teams using virtual meetings by 2.8 percent compared to the 2020 year end totals.

The OHR, with assistance from other AHCCCS divisions, designed and implemented the Seclusion and Restraint online reporting application within the existing AHCCCS Quality Management Portal. This allows health plans to enter reports directly into the portal and make them available for the Independent Oversight Committees (IOCs) and the OHR review within three days of the health plan's review and closure (approximately eight days from the occurrence). Previously, reports were submitted in bulk the following month resulting in up to a 56 day delay in oversight review from the date of occurrence.

Number of Special Assistance Members Served by AHCCCS Contractors/TRBHA's:



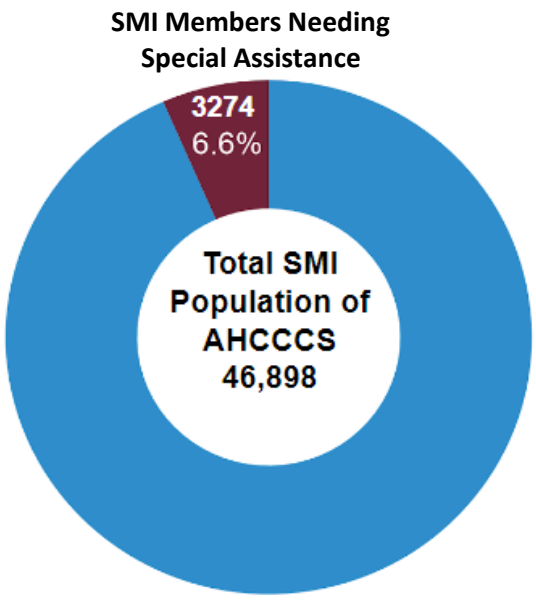
Special Assistance Population by Health Plan and Type of Advocacy Support:

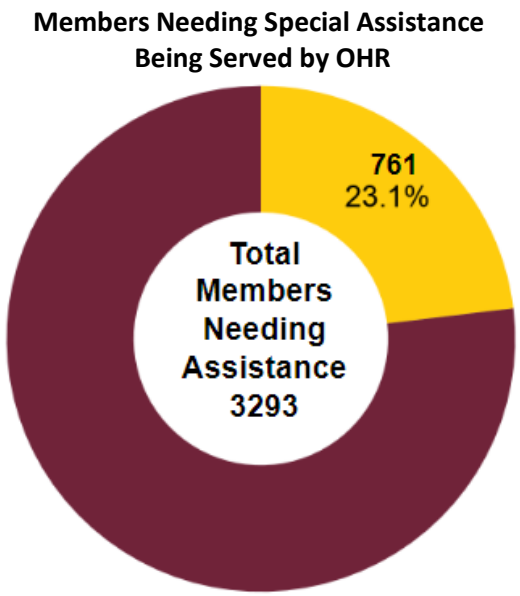
Contractor	Total Special Assistance	# with OHR	# with Otherral Supports	# with Guardians
Mercy Care RBHA	1793	496	273	1024
Steward RBHA	149	36	17	96
AZCH RBHA	244	77	43	124
Division on Developmental Disabilities (UHC & Mercy)	665	80	63	522
UHC-LTC	122	23	37	62
Banner (UFC) LTC	68	20	8	40
Mercy Care LTC	231	49	48	134
Navajo Nation - TRBHA	3	0	1	2
Gila River Indian Community - TRBHA	10	3	2	5
White Mountain Apache TRBHA	7	0	0	7
Pascua Yaqui - TRBHA	1	0	1	0
Total Statewide	3293	784	493	2016

Special Assistance Population served at the Arizona State Hospital (ASH):

The Arizona State Hospital is currently serving 86 Special Assistance clients. Of those patients, three are assigned to an OHR advocate, and the remaining patients are represented by court appointed guardians.

SMI Population Statewide compared to Special Assistance members:

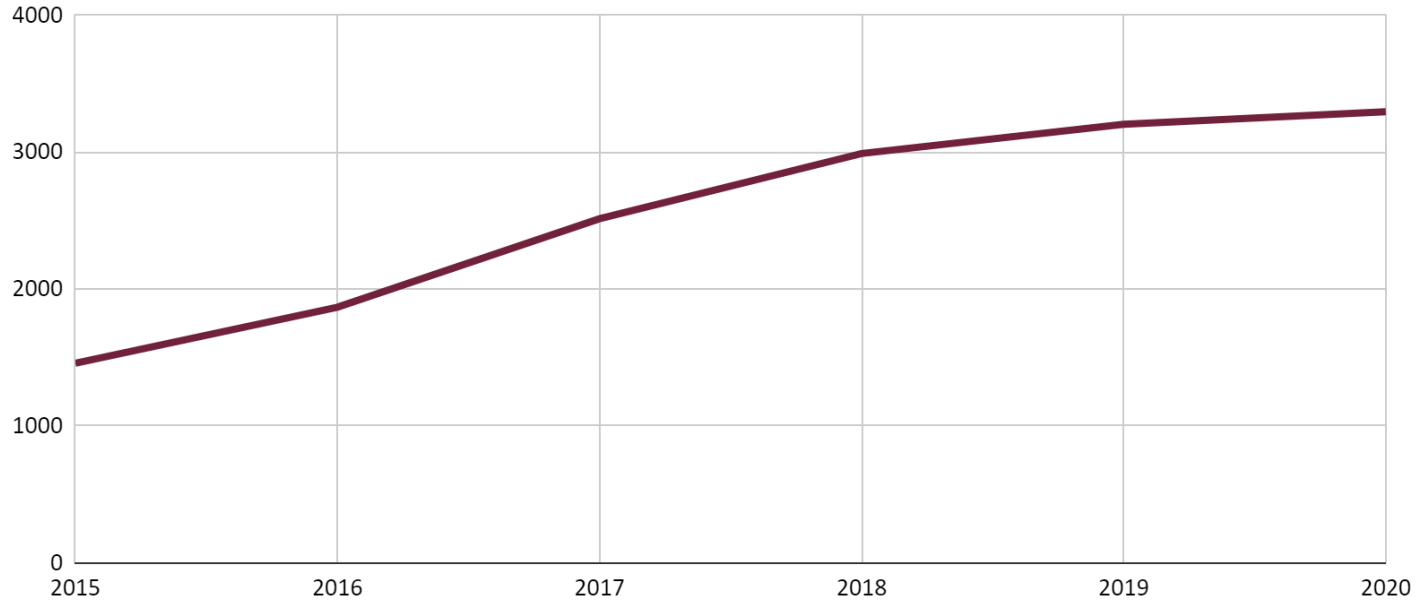




The OHR is available to provide technical assistance to all members living with a SMI in Arizona. Currently, state-employed advocates are assigned to approximately two percent of the SMI population through the Special Assistance identification and assignment process. An additional five percent are represented by court appointed guardians or natural supports who also receive ongoing support from the OHR, as needed. The OHR advocates work with the members and their families to promote self-advocacy and behavioral health system navigation 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 from 2015 to 2020:

Since 2015, the number of Special Assistance members identified in Arizona has grown from 1,430 to 3,293.



OHR Graduations and Transitions to Natural Supports January 2020 Through December 2020

When the member is able to self-advocate, they graduate from the Special Assistance program that the OHR refers to as "graduations" or successful Part C's (closures). In 2020, the OHR celebrated 127 successful graduations (an average of 10 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. The 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 2020, the OHR celebrated 100 updated Part B's (averaging 8 per month).

OHR Field Encounters Accumulated from January 2020 Through December 2020

Field encounters can include: a home visit to a Special Assistance member; a visit to a hospital; a staffing for a Special Assistance member; a meeting with behavioral health contracted providers; coordination with other providers; 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 16,821 total encounters in 2020.

OHR Additional Tracking from January 2020 Through December 2020

The OHR tracks inpatient and jail encounters separately by region, as requested by the Independent Oversight Committees.

- In Maricopa County: 391 contacts with members who were in an inpatient setting; 7 contacts with members who were in a jail setting.
- In Northern Arizona: 8 contacts with members who were in an inpatient setting; 0 contacts with members who were in a jail setting.
- In Southern Arizona: 161 contacts with members who were in an inpatient setting; 0 contacts with members who were in a jail setting.

Additional statewide tracking:

- OHR participated in 401 hospital discharges.
- OHR participated in 23 jail discharges.
- OHR was able to assist 168 members to avoid homelessness.
- OHR was able to assist 197 members transition to a lower level of care, promoting the least restrictive environment.

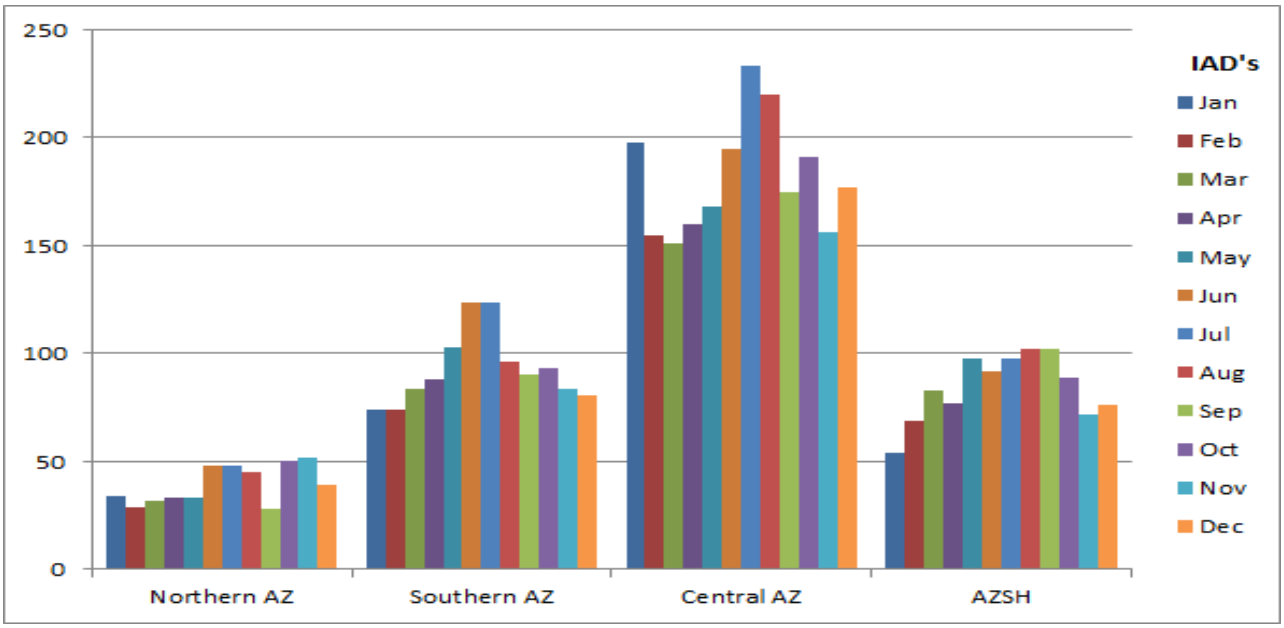
Educational Sessions/Training Provided by OHR Between January 2020 and December 2020

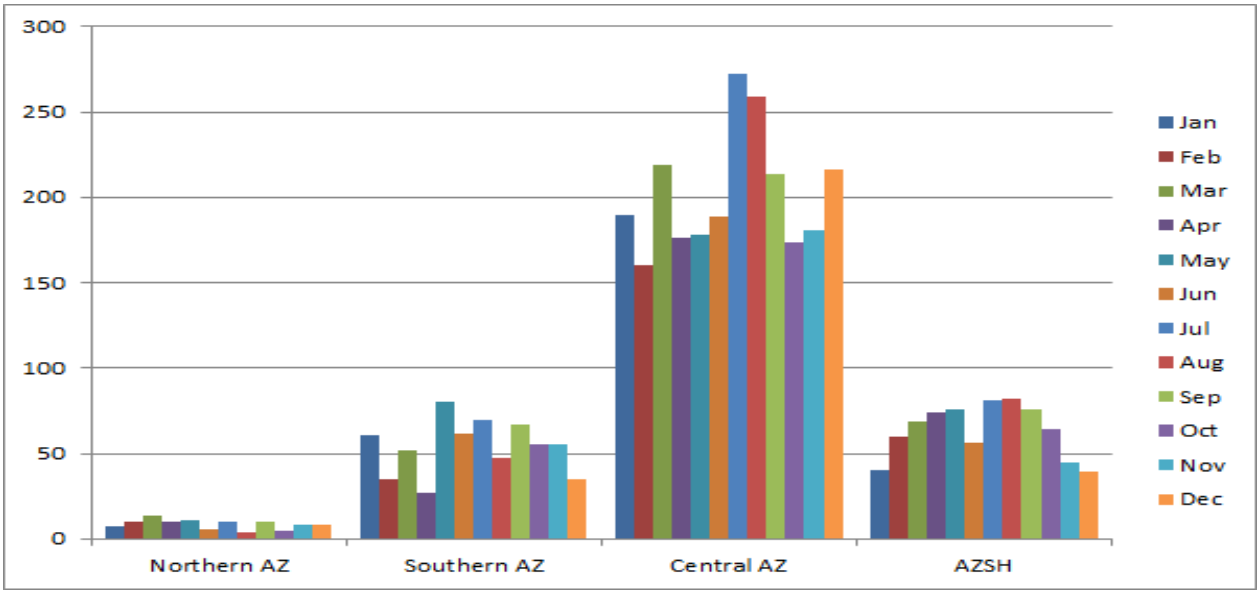
The OHR Data and Policy Manager, along with the Lead Advocate for Maricopa County provided Special Assistance training to 14 provider sites, one health plan, and one behavioral health inpatient facility using a virtual platform. Special Assistance training includes detailed training on how and when clinicians are required to assess for Special Assistance, requirements for notification to the OHR, and requirements for updating member demographics on a regular basis in accordance with the AHCCCS Medical Policy Manual chapter 320-R (azahcccs.gov). The training also includes an overview of how to use the OHR portal function to locate contact information for designated representatives and guardians. This is especially helpful for inpatient units and crisis stabilization teams that encounter Special Assistance members experiencing crisis.

The Community Affairs Liaison and Advocacy Administrator provided five virtual training sessions to the Independent Oversight Committees in partnership with the Arizona Department of Administration. These training opportunities included an overview of the AHCCCS service delivery system, access to an online platform for IOC report review, system functionality, and health plan and AHCCCS supports available to the committees.

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. The 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. **From** January 2020 to December 2020, the OHR reviewed 4,777 IAD's and 3,939 S&R's.





Formal Follow Up Processes

In 2020, the OHR focused on proactive provider and community education and collaboration. As a result of the support and education the OHR provided, none of the OHR initiated formal actions resulted in a state fair hearing.

SMI/QM Process:	2020
SMI Grievances	19
Potential Quality of Care (QOC)/referrals	5
SMI Appeals	26
Letters Noting Concerns (LNC)	70

OHR Contributions to AHCCCS

1. Assistance from other AHCCCS divisions, designed and implemented the seclusion and restraint (SaR) online application within the existing AHCCCS Quality Management Portal.
2. Attended routine meetings with executive management to examine opportunities and trends in the behavioral health system.
3. Attended internal meetings regarding the current Court Ordered Evaluation and Court Ordered Treatment (COE/COT) process in Arizona.
4. Attended regular AHCCCS Policy Committee meetings throughout the year.
5. 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. Over the course of the year, we have accumulated hundreds of examples of the impact that the OHR makes on AHCCCS members' lives. Here are a few of our favorites:

1. When the OHR advocate was initially introduced to this member, the member was very shy and isolative. Overtime, with the advocate's support, this member has found his voice! Now, he actively participates in his staffings to establish goals that are meaningful to him. Previously, he had very low energy and would fall asleep during groups. The OHR advocate consistently encouraged him to speak up about his health and how he was feeling, especially during visits with his primary care physician. When the member was able to voice his concerns about his health, it led to a sleep study that uncovered a significant breathing problem. With the appropriate medical treatment and monitoring, he is more rested and has improved both his energy level and self-esteem. The change in his physical health led the member to feel strong enough to request assistance from his team in preparing him to live independently. Although he continues to reside in a treatment facility today, he and his team are working at strengthening his daily living skills to prepare for this transition to independent living. As his insight and symptom control have improved, so has his relationship with his mother and sister. The member has a much brighter outlook on his future.

2. A member supported by the OHR experienced numerous hospitalizations, homelessness, and legal trouble. During his most recent inpatient stay, his OHR advocate explained the member's history to a new case manager and inpatient team. The advocate was able to illustrate why past discharge plans were unsuccessful for this member. The public health emergency caused barriers with the previous teams. They were not able to ensure the member had access to his money and important personal items that ultimately resulted in him leaving several placements. The outpatient clinical team worked diligently with the inpatient discharge team and receiving outpatient behavioral health residential facility (BHRF) to ensure an appropriate and successful discharge plan that included the member's basic needs and wants prior to admission. This member has been engaged in services with the BHRF for over 45 days and is celebrating his longest period of stability in over a year.

3. After significant hard work in his recovery, a member successfully discharged from a behavioral health residential facility (BHRF) to live independently in a family home. This member was living in his family home when he was first introduced to his OHR advocate. There were several psychiatric inpatient admissions that caused setbacks in his recovery and impacted his relationships with his family. With the support and education

of the OHR advocate, the member agreed to participate in a BHRF program upon discharge, as recommended by his inpatient and outpatient clinical teams. It did not take this member long to settle into the program and began to flourish. At his monthly adult recovery team (ART) meetings, the BHRF staff and member reported setting and achieving many important goals. Through participation in the discharge planning process, he included his family in practical discussions about his needs. This created a cushion of natural support for the member. Eventually, he agreed to extensive outpatient support upon return to the community. His discharge from the BHRF went smoothly and his outpatient team reports that he's been successfully adjusting back into his family's home.

4. The effects of quarantine due to COVID-19 restrictions created the need for new and innovative ways to connect with our members. Prior to any safety measures in place, a Special Assistance member's 90-day Division of Developmental Disabilities review was scheduled as an in-person meeting. The member invited a natural support to attend, whom she does not regularly involve in her life. Due to the COVID-19 restrictions, the in-person meeting was changed to a video chat via Google Meet and all planned participants received an updated invite to attend by phone and/or video chat feature. On the day of the meeting, the natural support appeared by phone and had technical difficulty with the video chat link. The member could be seen by video chat lowering her head and looking down in disappointment. The OHR advocate proposed that the meeting be rescheduled to the following day so the member would be able to see her natural support. The member's body language perked up and she, and all parties, agreed. The following day, the natural support was able to attend by video chat. The member was visibly pleased, smiling, making eye contact, asking and answering questions, and sharing what her days have been like since they last saw each other in-person. The meeting was not a routine meeting, it was the facilitation of a familial connection that had been delayed due to health restrictions. When we scheduled the next 90-day DDD review, the member invited her natural support again and asked that we all meet in-person or by video chat.

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