

The Office of Human Rights (OHR), within the AHCCCS Division of Community Advocacy and Intergovernmental Relations (DCAIR), is established under Arizona Administrative Code R9-21-104 and responsible for providing assistance to AHCCCS members living with a Serious Mental Illness (SMI). OHR works within the Medicaid agency to promote the rights of members and ensure access to entitled services under Arizona's Medicaid program and 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. OHR currently employs 16 Advocates statewide, two Lead Advocates, a Data and Policy Manager, a Conflict Advocate, and an Administrator.

### **Major Changes in 2022**

The OHR team has continued to work virtually in 2022 in response to the Public Health Emergency (PHE). OHR has been successful in coordinating video meetings with assigned Special Assistance members. In 2022, OHR successfully participated in 80% of meetings being conducted via video conferencing for members receiving treatment in a licensed facility.

**Production Tracker** - OHR developed a Production Tracker to eliminate redundant administrative tracking of mission-critical data. By consolidating procedures used to track stakeholder engagement, grievance and appeals monitoring, systemic issues, and success stories, OHR saved over 40 hours of administrative work per month. This achievement was acknowledged by the Governor's Office in August 2022 as a major accomplishment to save time and to better serve the community.

**Advocate of the Day (AOD) Statewide Phone Line** - OHR blended the Tucson, Flagstaff, and Phoenix phone lines to implement a statewide Advocate of the Day line. The single statewide phone line is available during business hours, and provides technical assistance available to all members designated with an SMI. In 2022, OHR provided assistance to 1,237 callers. Technical assistance could include:

- Providing education and resources for behavioral health services in Arizona,
- Helping a person understand their rights as an individual living with a SMI,
- Helping an individual to understand their treatment options, and
- Educating about the grievance and/or appeal process.

**Community Training Circuit** - OHR launched a community education series and hosted six community education training sessions in 2022 attended by more than 1500 participants. Topics included:

- Rights for Individuals Living with a Serious Mental Illness,
- Court Ordered Evaluation and Treatment (COE/COT) for Individuals Living with a Serious Mental Illness,
- The Individual Service Plan (ISP) and Why it Matters,
- Inpatient Treatment and Discharge Planning for Individuals with a Serious Mental Illness,
- The Grievance and Appeals Process for Individuals Living with a Serious Mental Illness, and
- The Power of Collaboration and Advocacy for Individuals Living with a Serious Mental Illness.

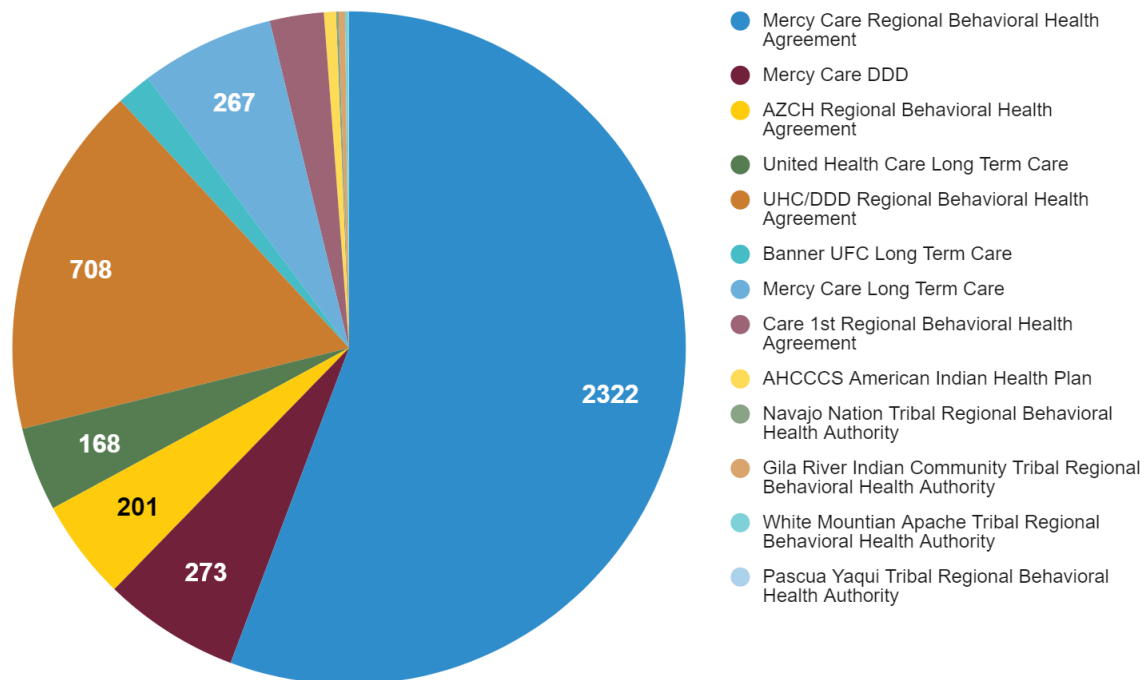
Attendees included members, family members in support of their loved ones, natural supports, justice liaisons, offices of public defenders, Department of Economic Security employees, health plans, guardians, public fiduciary offices, probation officers, direct providers, residential treatment facilities, and others. The sessions helped unite stakeholders

and community partners in a platform where the member’s voice was heard, problems could be solved, and plans for improvements could be made. OHR promoted the online training on the AHCCCS website, on social media, in direct stakeholder email, and through direct contact with stakeholders. From feedback received in these sessions, OHR will continue to offer monthly training sessions in 2023, expand content on the OHR web page, and develop additional informational materials to share with the community. All of OHR’s training sessions are listed on the [AHCCCS Community Presentations page](#).

**Onboarding Advocate** - OHR implemented an onboarding advocate which streamlined the process of new Special Assistance assignments to OHR. It has allowed OHR to identify systemic issues that we can correct with the health plans via training, grievance and/or appeals. This action provided a platform for OHR to prepare a complete chart, set the expectations, and coordinate needs with the treatment team prior to assigning it to an assigned advocate.

**Lead Advocate for the Central Region** - OHR established a Lead Advocate for the Central region to continue the mission of analyzing and addressing systemic concerns and compliance for the Arizona public behavioral health delivery system. This will provide enhanced oversight into compliance with the Special Assistance provisions and the rights listed in the Arizona Administrative Code for all individuals designated with an SMI.

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



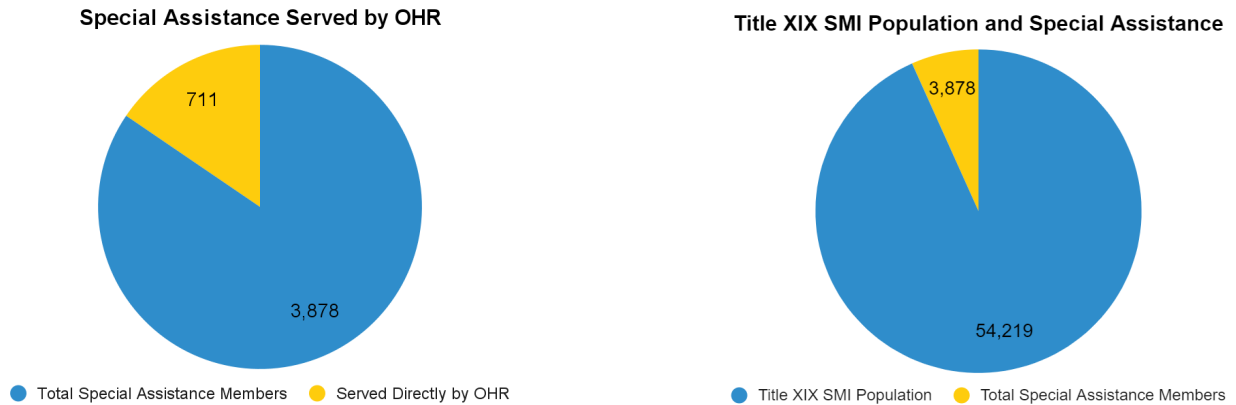
**Special Assistance Population by Health Plan and Type of Advocacy Support:**

Health Plan	Total Special Assistance	Served by OHR	Served by Natural Support	Served by Guardian
Mercy Care Regional Behavioral Health Agreement	2317	468	367	1482
Mercy Care DDD	273	27	29	217
AZ Complete Health Regional Behavioral Health Agreement	25	10	3	12
United Health Care Long Term Care	199	64	37	98
United Health Care/DDD Regional Behavioral Health Agreement	167	22	56	89
Banner UFC Long Term Care	429	53	34	331
Mercy Care Long Term Care	72	17	6	44
Care 1st Regional Behavioral Health Agreement	108	17	17	75
AHCCCS American Indian Health Plan	268	40	61	167
Navajo Nation Tribal Regional Behavioral Health Authority	5	0	1	5
Gila River Indian Community Tribal Regional Behavioral Health Authority	13	3	1	8
White Mountain Apache Tribal Regional Behavioral Health Authority	0	0	0	0
Pascua Yaqui Tribal Regional Behavioral Health Authority	1	0	1	0
<b>Totals</b>	<b>3878</b>	<b>711</b>	<b>610</b>	<b>2517</b>

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

The Arizona State Hospital is currently serving 77 Special Assistance clients. Of those patients, three are assigned to an OHR advocate, and the remaining patients are represented by court appointed guardians.

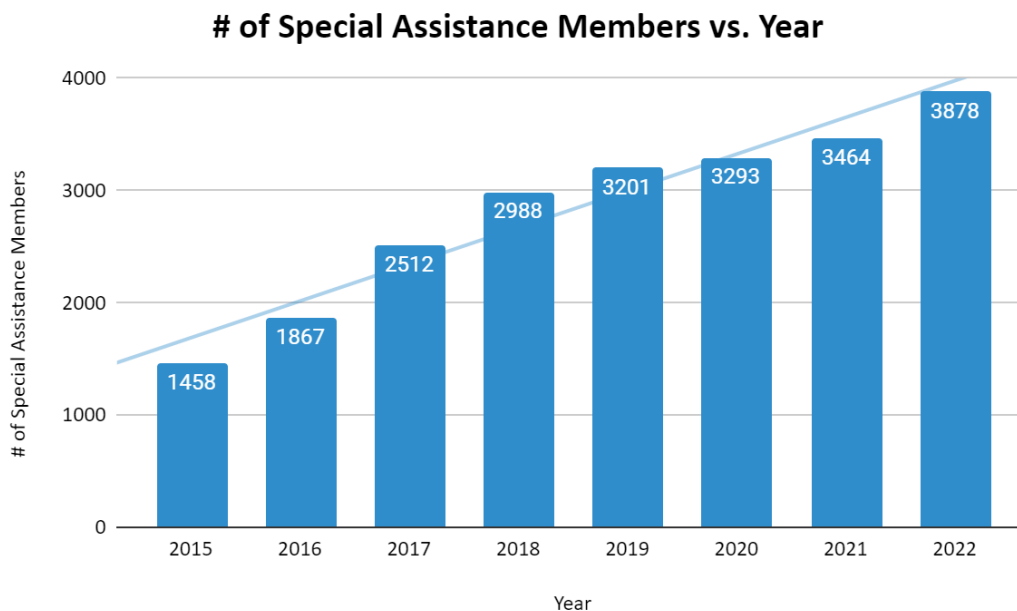
**SMI Population Statewide Compared to Special Assistance members:**



Currently, state-employed advocates are assigned to approximately 18% of the SMI population through the Special Assistance identification and assignment process. An additional 82% 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 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. Additionally, OHR is available to provide technical assistance to all members living with an SMI in Arizona, as resources are available.

**Special Assistance Population Growth from 2015 to 2022:**

Since 2015, the number of Special Assistance members identified in Arizona has grown from 1,458 to 3,878. This is to date a total increase of 166% since 2015 and a 12% increase since 2021.



### **OHR Graduations and Transitions to Natural Supports January 2022 Through December 2022**

When the member is able to self-advocate, they are assessed to see if they still meet criteria for Special Assistance. When a member no longer meets criteria, OHR refers to these successful Part C's (closures). In 2022, OHR celebrated 142 successful Part Cs which is an average of 12 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 OHR as needed. In 2022, OHR celebrated 62 updated Part B's (averaging 5 per month).

### **OHR Field Encounters Accumulated from January 2022 Through December 2022**

Field encounters can include: a visit to support 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; intakes and/or transfer meetings with Special Assistance members; meeting for temporary short term technical assistance (for members designated with an SMI that do not meet criteria for Special Assistance); and trainings conducted or received directly related to behavioral health. OHR tracked 15,046 total encounters in 2022.

### **OHR Additional Tracking from January 2022 Through December 2022**

The OHR tracks inpatient and jail encounters separately by region:

- In Maricopa County: 490 contacts with members who were in an inpatient setting; 9 contacts with members who were in a jail setting.
- In Northern Arizona: 53 contacts with members who were in an inpatient setting; 2 contacts with members who were in a jail setting.
- In Southern Arizona: 267 contacts with members who were in an inpatient setting; 1 contacts with members who were in a jail setting.

Additional statewide tracking:

- OHR participated in 231 hospital discharges.
- OHR participated in 13 jail discharges.
- OHR was able to assist 103 members to avoid homelessness.
- OHR was able to assist 93 members transition to a lower level of care, promoting the least restrictive environment.

### **Educational Sessions/Training/Support Provided by OHR Between January 2022 and December 2022**

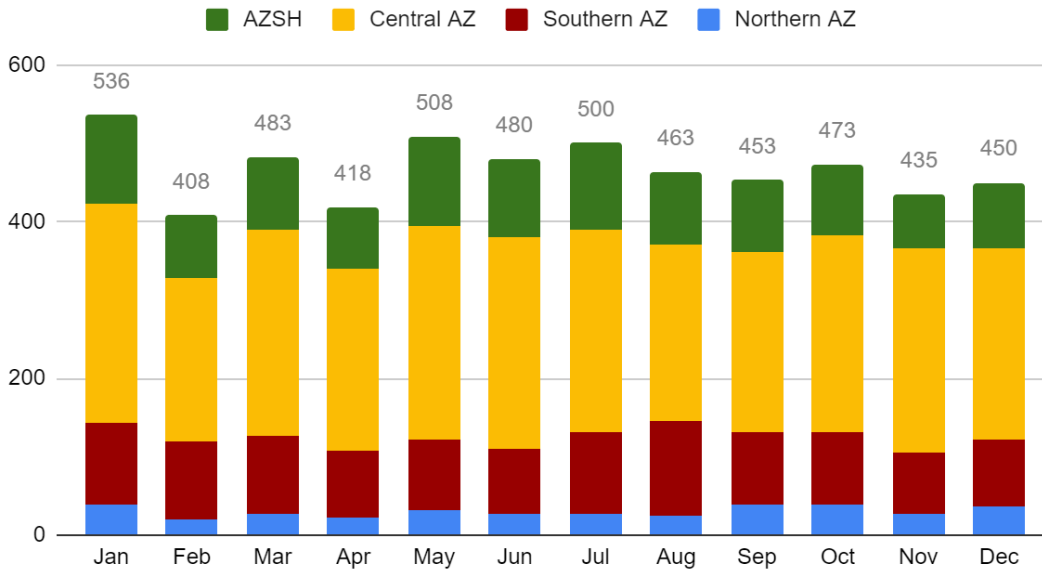
The OHR Data and Policy Manager provides Special Assistance requirements training to professional stakeholders ranging from provider sites, seven health plans, and behavioral health inpatient facilities using a virtual platform. OHR provided Special Assistance training to three provider sites in 2022 which resulted in 136 professional stakeholders receiving Special Assistance training in 2022. These trainings are above and beyond the training circuit for topics important to the community as referenced above. Special Assistance training includes detailed instruction on how and when clinicians are required to assess for Special Assistance, requirements for notification to 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 support Special Assistance members experiencing crisis.

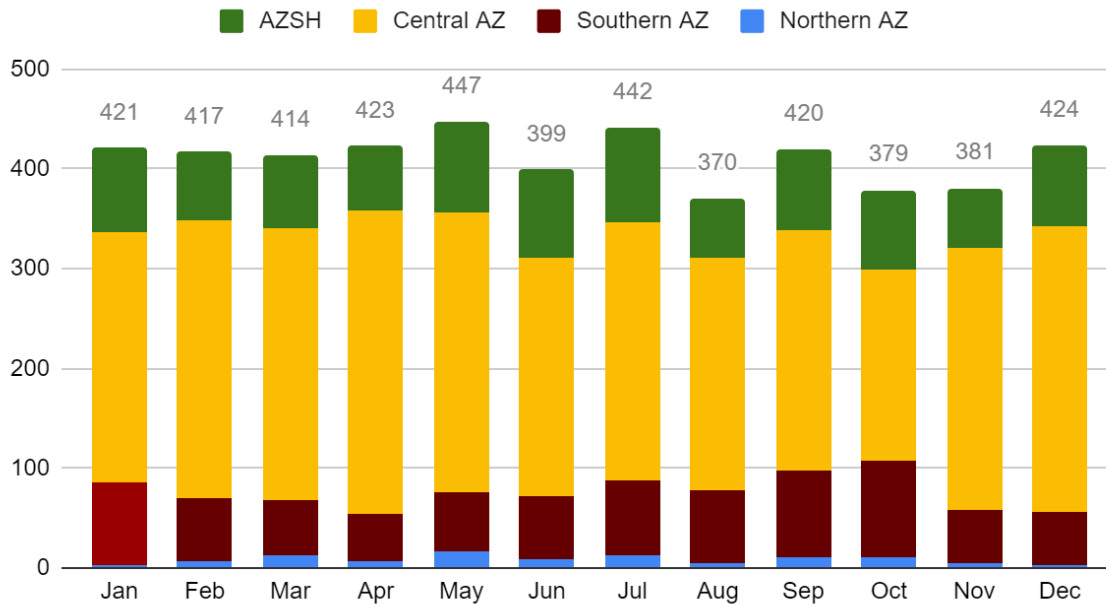
**Oversight for Seclusion and Restraint (S&R) and Incident/Accident/Death (IAD) Reporting**

OHR reviews monthly Seclusion and Restraint and Incident/Accident Death Reports to identify trends in systemic issues and any individualized concerns. 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. From January 2022 to December 2022, OHR reviewed 5,607 IADs and 3,935 S&Rs.

**2022 IADs Reviewed by Geographic Region**



## 2022 SARs Reviewed by Geographic Region



### Formal Actions by OHR

In 2022, OHR engaged in the initiation, support and resolution in 292 formal grievance or appeal actions and issued 72 Letters Noting Concern (LNC) in the efforts of serving the SMI population. As a result of the support and education the OHR provided, none of the OHR initiated formal actions resulted in a state fair hearing.

Action Initiated by OHR	Total 2022
SMI Grievances	212
Potential Quality of Care (QOC)/referrals	5
SMI Appeals	80
Letters Noting Concerns (LNC)	72

### OHR Contributions to AHCCCS

1. Continuous analysis and upgrades to the AHCCCS Quality Management (QM) Portal housing all information for Special Assistance members in accordance with the Arizona Administrative Code.
2. Collaborated with other AHCCCS divisions to incorporate the Division of Developmental Disabilities (DDD) and Comprehensive Health Plan (CHP) as authorized users of the QM portal to ensure their oversight and compliance of their subcontractors.
3. Attended routine meetings with executive management to examine opportunities and trends in the behavioral health system.
4. Continuous outreach and training to the community and professional stakeholders.
5. Facilitated Special Assistance training during AHCCCS Community Forums and shared knowledge of the SMI system of care to other internal departments.

6. Facilitated routine meetings with each contracted health plan to discuss barriers to service deliveries and compliance with AHCCCS.
7. Attended regular AHCCCS Policy Committee meetings throughout the year.
8. OHR increased educational opportunities through the new training circuit.
9. OHR contributed to the Governor's engagement goal by producing 15,046 total encounters in 2022.

### **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 OHR makes on AHCCCS members' lives. Here are a couple of OHR's favorites:

OHR provided advocacy for a member who lives independently and has a small, close knit family unit. During routine adult recovery meetings, the member shared their desire to socialize, but found it difficult to befriend people or leave the house. With fervor and the support of the team and advocate, the member was able to accomplish the first step, which was adding community integration and socialization as a goal to her person-centered service plan. The member progressed and took additional steps towards her goals by identifying a day program that suited her needs. Today, the member attends her preferred day program five days a week, engages in church services with a neighbor, and seeks out community events. The member requested and will receive assistance to strengthen her reading and comprehension skills to improve her participation in community groups, cooking and computer classes, and will begin training as a peer support specialist. The newfound confidence has expanded the member's vision for what is possible. With a bright future ahead and a personal connection to the community, the member has added a family member to her adult recovery team as the Special Assistance advocate.

Three years ago, a clinical team and advocate helped a member carefully plan a move to a new city while ensuring the member was secure and informed.. The member's comfort and service continuity during this transfer was important to his clinical and advocacy teams. To ease his anxiety that something would go amiss, when the member arrived in his new city he went straight to his health home to complete an intake with his current OHR advocate, new OHR advocate, OHR leadership, and new clinical team. With guidance and education from his advocate, the member began to enlist preventative measures to meet his needs and help achieve his goals, learning how to successfully navigate and engage with his behavioral health services. Due to the pandemic, the member and advocate changed from meeting in-person to video conferencing, something new for the member. They continued to discuss policy, his rights as an individual living with a Serious Mental Illness, discussion points for his next ART, and debriefing after ART meetings.. The member learned to trust and collaborate with his new team and advocate. It was not long before he took charge of his ART meetings and behavioral health needs. His hard work and stability was soon challenged when a close family member experienced poor medical health, but the member quickly reached out to his team for help. The team and advocate quickly arranged an ART meeting to discuss his needs and assist the member. and The member currently lives independently, and has the ability to seek services and advocate for himself. Although the member no longer meets the criteria to need Special Assistance, the member knows he can still access the help he needs.

OHR represented a member who was injured in a motor vehicle accident. The member was hospitalized and subsequently entered physical rehabilitation. While the member was recovering, they received a notification indicating the possibility of losing their housing voucher. Upon discharge, the member experienced anxiety and major stressors around housing, social security, and insurance. The member began identifying that the stress was too much and OHR was able to assist in attaining regular therapy sessions. As the surrounding issues started getting resolved, the member was



able to maintain her long-standing residency and with the help of therapy, the member was able to thrive again. During a subsequent service planning meeting, the member stated interest in considering vocational rehab. OHR supported the member in inquiring about the possibility of having a peer support specialist aid in continuing to socialize. After additional conversation, the member articulated interest in becoming a Peer and Recovery Support Specialist (PRSS), so that they could use their own experience to help others in similar situations. The clinical team submitted all the necessary referrals so that the member may continue to enjoy life, help others, and reach their resiliency goals.

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