



AHCCCS Office of Human Rights
2023 Annual Report

January 2024



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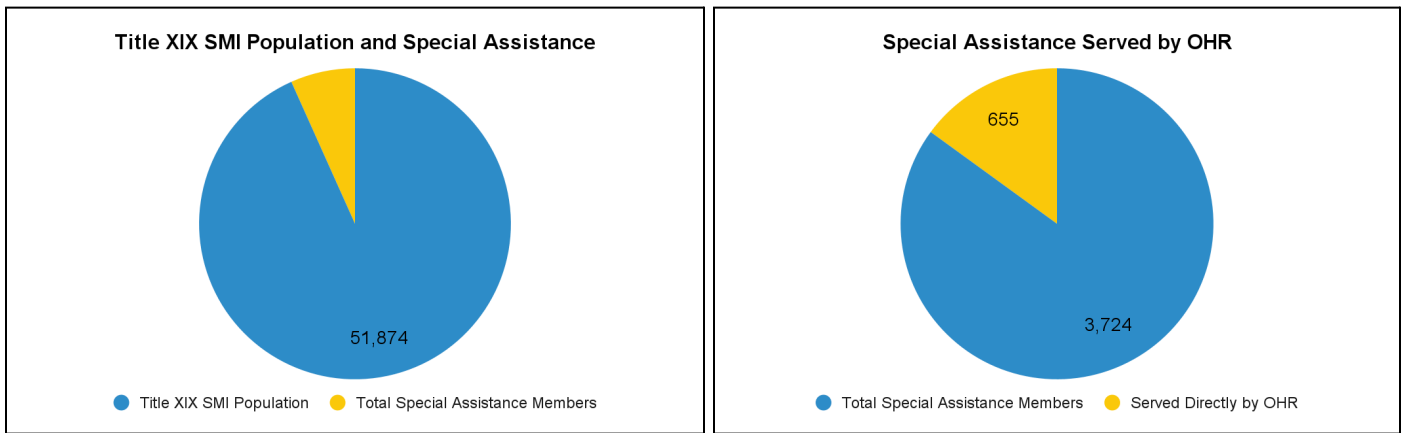
The Office of Human Rights (OHR), within the AHCCCS Division of Community Advocacy and Intergovernmental Relations (DCAIR) and established under Arizona Administrative Code R9-21-104, is responsible for providing assistance to AHCCCS members living with a Serious Mental Illness (SMI). OHR works to promote the rights of members and ensure access to entitled Medicaid services 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, and 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.

SMI Population Statewide Compared to Special Assistance Members

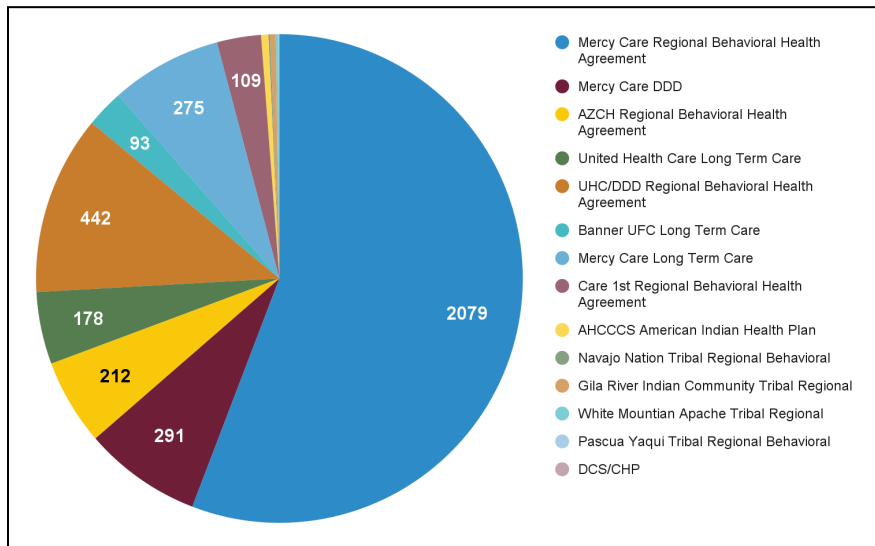
Currently, state-employed advocates are assigned to approximately 18% of the SMI population that meet Special Assistance criteria with the remaining 82% represented by court-appointed guardians or natural supports who also receive ongoing support from OHR, as needed. The OHR advocates work with the members 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.

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Number of SMI Members Who Meet Special Assistance & Number of Special Assistance Members Served by OHR



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



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Special Assistance Population by Health Plan and Type of Advocacy Support

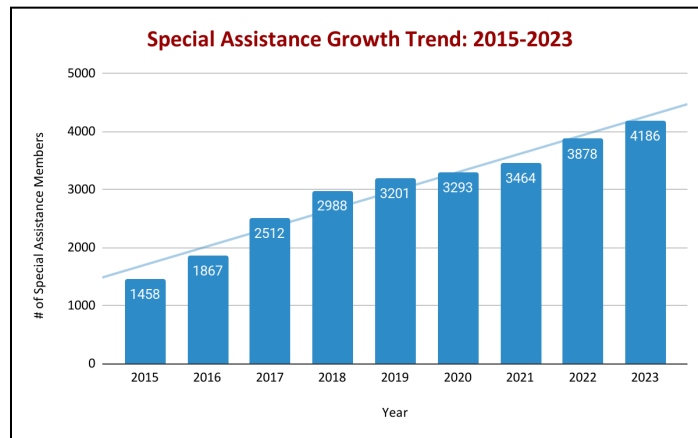
Health Plan	Total Special Assistance	Served by OHR	Served by Natural Support	Served by Guardian
Mercy Care Regional Behavioral Health Agreement	2080	410	367	1303
Mercy Care DDD	291	24	37	230
AZ Complete Health Regional Behavioral Health Agreement	212	66	35	111
United Health Care Long Term Care	178	19	64	95
United Health Care/DDD Regional Behavioral Health Agreement	442	53	35	354
Banner UFC Long Term Care	93	23	15	55
Mercy Care Long Term Care	275	39	64	172
Care 1st Regional Behavioral Health Agreement	109	19	16	74
AHCCCS American Indian Health Plan	18	0	4	14
Tribal Regional Behavioral Health Authority	25	2	2	22
Totals	3724	655	640	2430

Special Assistance Population Served at the Arizona State Hospital (ASH)

The Arizona State Hospital is currently serving 70 Special Assistance clients. Of those patients, four are assigned to an OHR advocate, and the remaining patients are represented by court appointed guardians.

Special Assistance Population Growth from 2015 to 2023

From 2022 to 2023, the number of Special Assistance members in Arizona has increased 8%. Since 2015, the number of Special Assistance members identified in Arizona has increased 187%, from 1,458 to 4,186 members.



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Major Accomplishments in 2023

The OHR continued the mission of providing advocacy to individuals living with a Serious Mental Illness (SMI) designation to help them understand, protect, and exercise their rights, facilitate self-advocacy through education, and obtain access to behavioral health services in the public behavioral health system in Arizona. In addition, OHR streamlined processes and reduced time spent on administrative duties in order to reinvest in educating and supporting the community. Details on major OHR accomplishments can be found below.

Resource Letter

In 2023, 102 members qualified for Special Assistance with family members serving as the guardian, yet OHR was only able to contact 61 of their HCDMs, meaning that approximately 40 percent of HCDMs did not receive valuable resources that could have helped them secure services. This, coupled with community feedback, highlighted the need to analyze and optimize processes to provide targeted education to HCDMs. This lack of access to support and resources negatively impacts individuals living with a Serious Mental Illness (SMI) designation and their families, natural supports, or HCDMs, potentially extending the time it takes to obtain appropriate services in a behavioral health delivery system that can seem overwhelming and burdensome at times.

After evaluating ways to use technology to streamline and accelerate advocacy efforts, OHR added a mandatory email address field in the Quality Management Portal (QMP) to collect HCDM email addresses when a member is assigned Special Assistance advocacy.

OHR created a resource letter in English and Spanish detailing commonly requested resources and online educational materials, and reiterating the discussion points provided to the HCDM during an outreach phone call and SMI rights in policy and code. It points to self-advocacy tools such as the formal grievance and appeal process and includes:

- A detailed explanation of Special Assistance,
- OHR contact information,
- The AHCCCS Medical Policy Manual 320-R for Special Assistance,
- The Arizona Administrative Code (A.C.C) and the role of the designated representative,
- The OHR Advocate of the Day phone number and technical assistance,
- A link to the OHR web page to locate presentations and educational materials on frequently asked questions and processes, and
- A link to the AHCCCS Office of Individual and Family Affairs (OIFA) Empowerment Tools web page with learning materials on navigating the behavioral health delivery system.

Now, OHR can guarantee that 100% HCDMs are sent these valuable resources to help them better advocate on behalf of their loved one.

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OHR Master Slide Deck

OHR provides monthly training sessions to support and educate AHCCCS members, promote resilience, influence positive outcomes, and reduce stigma. With no centralized database of slides, the production time and approval process for each presentation slide deck was cumbersome and took time away from more critical member-facing services.

In June 2023, OHR successfully combined over 600 unduplicated slides into one “master slide deck” library with an interactive table of contents. OHR created a Standard of Work (SOW) to ensure sustainability and demonstrate the appropriate use of the improved process. OHR used the following AMS concepts:

OHR was able to reduce presentation development time from 30 hours per month to seven hours per month, streamlining content creation and eliminating repetitive and unnecessary reviews. It also will serve as a learning tool for current and new staff to build proficiency when educating members or the community. OHR leadership gained 23 hours each month to re-allocate to other mission critical projects, while achieving maximum impact in producing presentations and a reference tool that directly elevates our support and presence in the community. Overall, OHR successfully reduced waste by cutting presentation development time by 77%.

This achievement has provided more time to reinvest in the community and provide support to members, natural supports, and guardians. The reinvested time savings of 23 hours per month have had a direct result to the community and include:

- Consultation with members in the community after each training to provide in-depth consultation for rights
- Expansion of community engagement and presence,
- Tours to facilities to ensure the rights of individuals living with a serious mental illness,
- Providing short-term assistance to the community in navigating the delivery system,
- Strengthening our partnerships with the contractors providing services, and
- Promoting mission critical initiatives such as policy workgroups, Quality Management portal updates, and professional development.

SMI Grievance and Appeal Templates

OHR created grievance and appeal templates that include the applicable codes from the Arizona Administrative to assist the team with filing formal action in a more streamlined manner. This resulted in saving hours of administrative work, supervisor oversight, and approval.

Letter Noting Concern (LNC) Templates

OHR sends a LNC for potential rights violations in order to make stakeholders aware of the need for coordination and identify systemic issues that need improvement. Using data to identify the most common reasons for LNCs, OHR created templates for some of the most common LNC reasons which streamlines the process and allows for quicker responses to individual and systemic concerns. .

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Advocate of the Day (AOD) Statewide Phone Line

OHR operates a statewide Advocate of the Day messaging center available during business hours, and provides technical assistance to all members with a SMI designation. In 2023, OHR provided assistance to **964** callers. Technical assistance includes:

- 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.

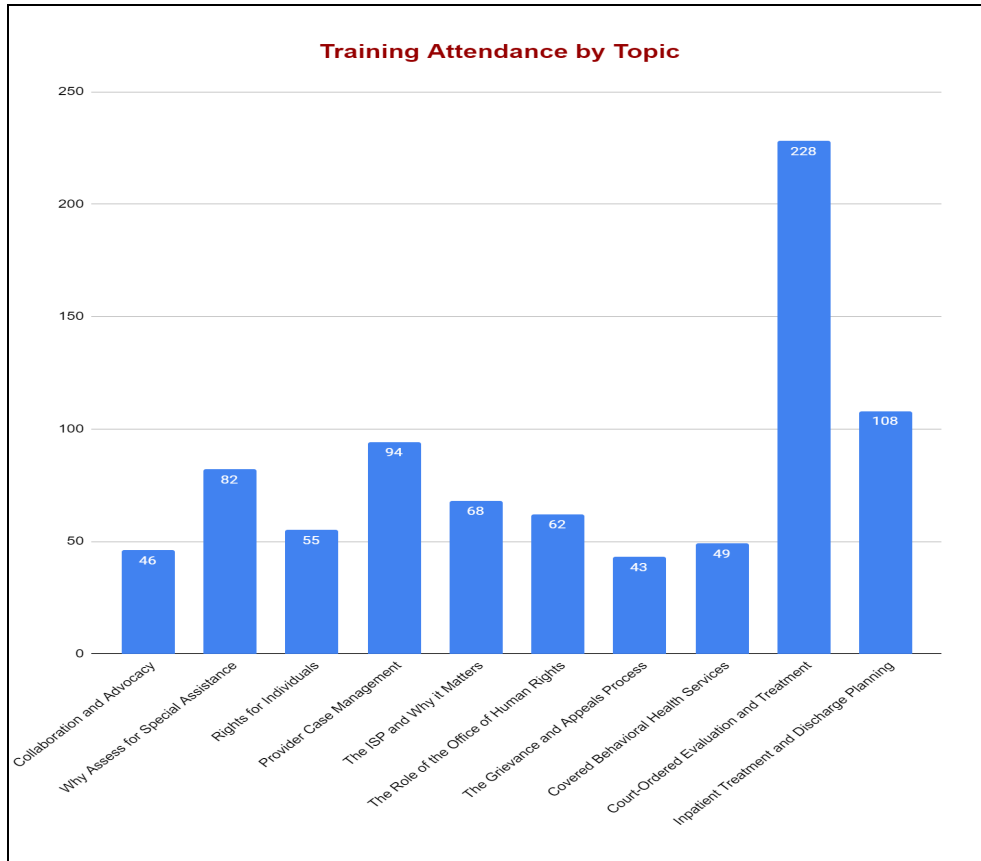
Community Training Circuit

OHR offers regularly-scheduled training opportunities to members, families, natural supports, guardians, and professional stakeholders, which has increased community engagement and increased the number of members who meet special assistance criteria. OHR hosted 10 educational webinars in 2023, providing engagement and education to **835** attendees on the following topics:

- The Power of Collaboration and Advocacy for Individuals with an SMI,
- Why Assess for Special Assistance for Individuals with an SMI,
- Rights for Individuals with an SMI,
- Provider Case Management for Individuals with an SMI,
- The ISP and Why it Matters for Individuals with an SMI,
- The Role of the Office of Human Rights,
- The Grievance and Appeals Process for Individuals with an SMI,
- Covered Behavioral Health Services for Individuals with an SMI,
- Court-Ordered Evaluation and Treatment, and
- Inpatient Treatment and Discharge Planning for Individuals with an SMI.

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 2024, 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](#).

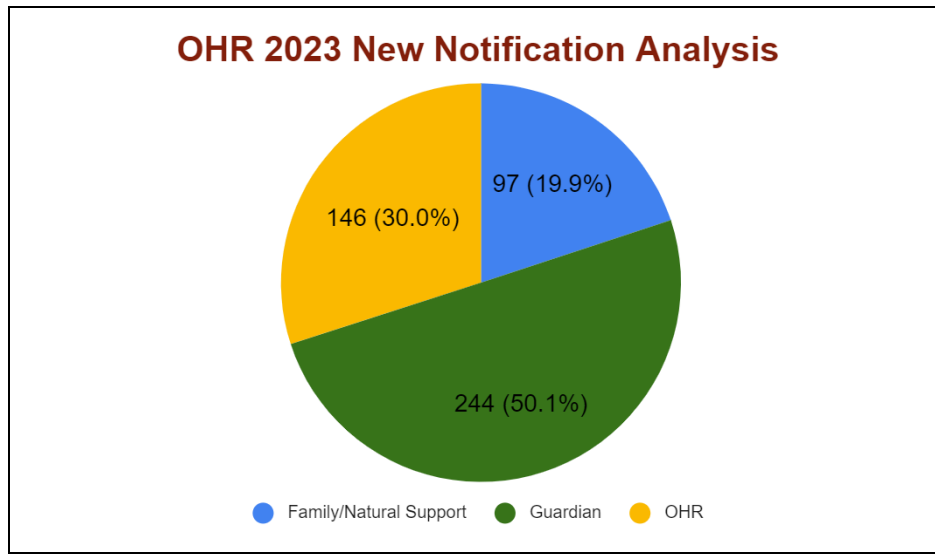
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New Notifications for Special Assistance Members

AHCCCS requires all members with a SMI designation to be assessed for Special Assistance criteria in accordance with the Arizona Administrative Code which establishes requirements for identification, notification, documentation, and reporting for members determined to have a Serious Mental Illness (SMI) (hereafter, members) who meet criteria. Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers are required to submit a notification to AHCCCS/DCAIR, OHR by completing the Part A section of the Special Assistance notification within five business days of identifying a member who is in need of Special Assistance.

In 2023, OHR processed **487** new notifications for members who meet criteria for Special Assistance. The person meeting the needs varied. OHR processed **244** notifications for members with guardians, **87** with a family member or natural support and **146** of the notifications were assigned to an OHR advocate.



OHR Graduations and Transitions to Natural Supports In 2023

When the member is able to self-advocate, they are assessed to see if they still meet Special Assistance criteria. When a member no longer meets criteria, OHR refers to these as successful Part C's (closures). In 2023, OHR celebrated **115** successful Part Cs, an average of nine 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 2023, OHR celebrated **67** updated Part B's (averaging five per month).

OHR Field Encounters in 2023

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 **16,833** total encounters in 2023.

OHR Additional Tracking in 2023

The OHR tracks inpatient and jail encounters separately by region:

- In Maricopa County: **500** contacts with members who were in an inpatient setting; **14** contacts with members who were in a jail setting.
- In Northern Arizona: **31** contacts with members who were in an inpatient setting; **2** contacts with members who were in a jail setting.

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- In Southern Arizona: **186** 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 **196** hospital discharges.
- OHR participated in **9** jail discharges.
- OHR was able to assist **59** members to avoid homelessness.
- OHR was able to assist **67** members transition to a lower level of care, promoting the least restrictive environment.

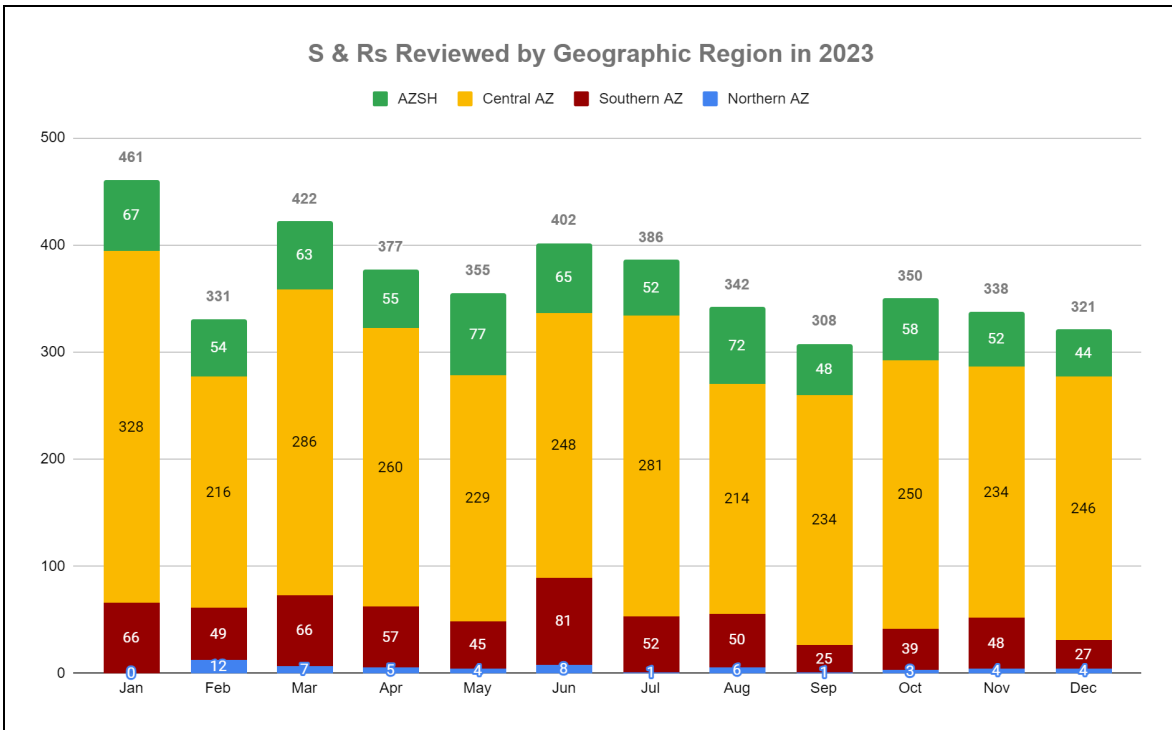
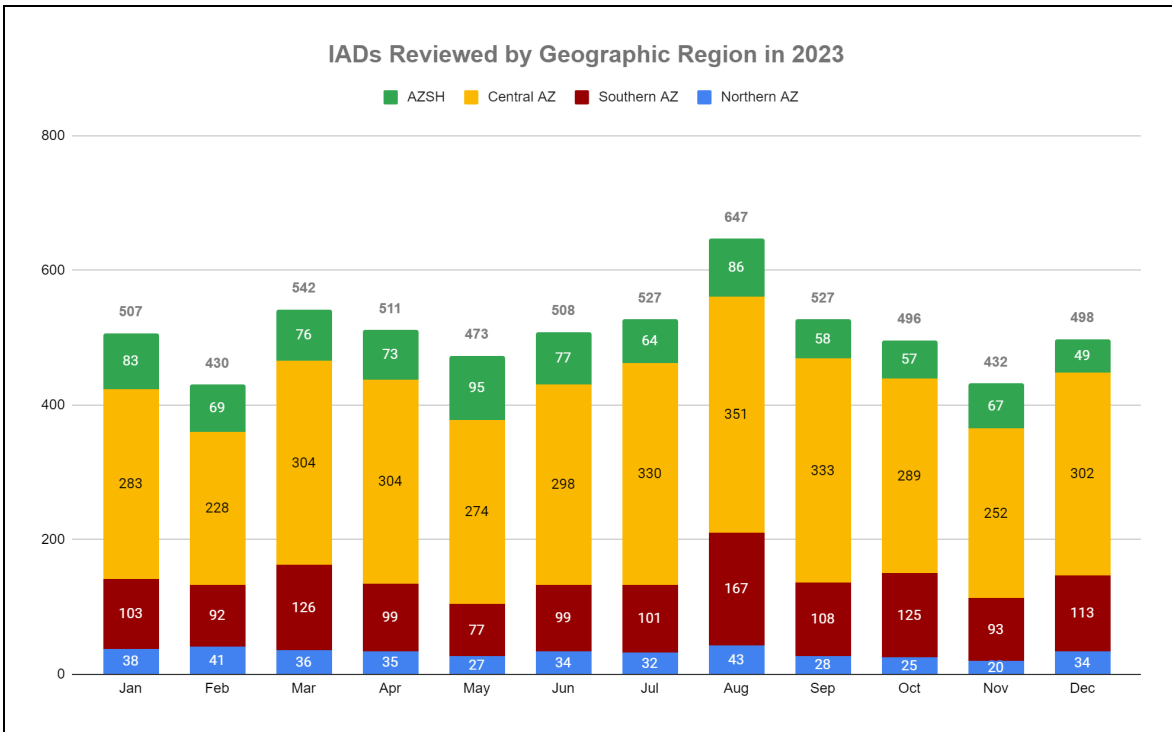
Educational Sessions/Training/Support Provided by OHR In 2023

The OHR Data and Policy Manager provides Special Assistance requirements training to professional stakeholders from provider sites, seven health plans, and behavioral health inpatient facilities. OHR provided Special Assistance training to nine provider sites in 2023, resulting in **509** professional stakeholders receiving Special Assistance training. These trainings are in addition to 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. In 2023, OHR reviewed **6,098** IADs and **4,393** S&Rs.

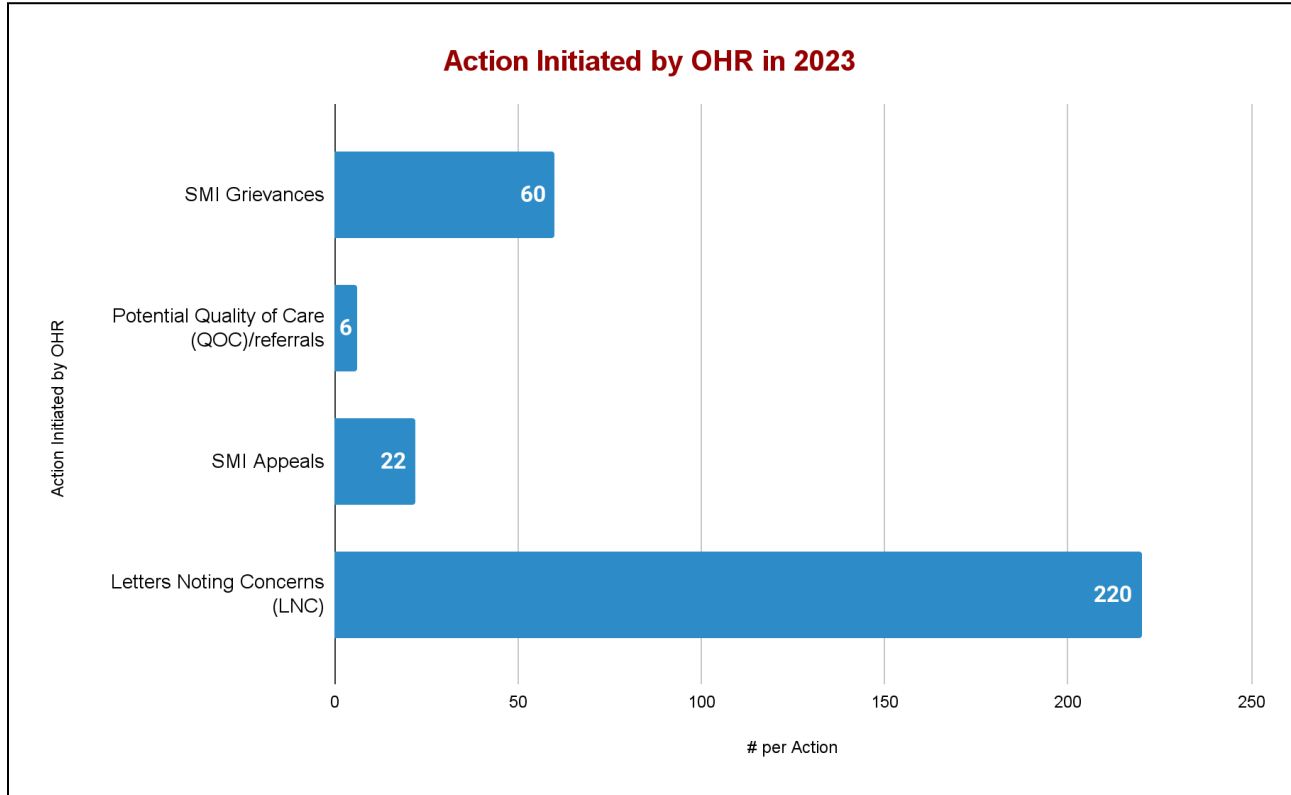
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Formal Actions by OHR

In 2023, OHR engaged in the initiation, support and resolution in **60** formal grievance or appeal actions and issued **220** 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 resulting in a state fair hearing.



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. Attended routine meetings with executive management to examine opportunities and trends in the behavioral health system.
3. Continuous outreach and training to the community and professional stakeholders.
4. Facilitated Special Assistance training and shared knowledge of the SMI system of care to other internal departments.
5. Facilitated routine meetings with each contracted health plan to discuss barriers to service deliveries and compliance with AHCCCS.
6. Attended regular AHCCCS Policy Committee meetings throughout the year.

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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:

Case Manager and OHR Help Member Find Path To Healing

A case manager contacted the OHR Lead Advocate to discuss an urgent, complex, and heartbreaking situation at a health home located in a rural area. A member was discharged from a behavioral health residential facility (BHRF) to a home he shared with his mother and brother. On that same day, tragedy struck when his mother and brother were killed in a car accident. Grieving and alone in a condemned RV with no mobile phone, heat, water, utilities, or food, his case manager checked on his well-being multiple times a day, bringing supplies while she fervently explored all options and support. She called the public fiduciary who referred her to the OHR. The OHR mobilized and rallied the care team to focus on immediate needs. An Adult Recovery Team (ART) meeting convened the next day with an OHR Advocate who traveled three hours to be there. Through a needs assessment, the member admitted that he had only the blankets from the case manager for warmth, and the most important document, his birth certificate. Given the emergent need, he was transported to temporary hotel lodging while stakeholders continued their efforts. By 4:23 p.m. the following day, the member was approved and enroute to a BHRF. While embracing him with compassionate care and acquainting him with programming, staff ensured he was able to attend his family's funerals. When he returned, staff enveloped him in support and described him as a "model member, determined, motivated and genuine" and ready for his next step as he begins to rebuild his life. This member's resiliency, paired with the strength and unity of all the stakeholders, offered a lifeline of hope in the aftermath of a tragedy. Today he is thriving and ready to step down from the BHRF to a lower level of care. At his last ART meeting, the member expressed his resiliency by saying, "Better days are ahead."

OHR Helps Member Recover from Gang Affiliation, Substance Use

An AHCCCS member who was receiving inpatient treatment and was ready for discharge was assessed as meeting Special Assistance criteria, assigned an OHR Advocate, and identified for screening at a treatment facility. Throughout the interview, the screener spoke abruptly, in an unsupportive tone, and spoke over the member many times. The screener questioned the validity of the member's self-reported history, capabilities, and overall answers. This was very upsetting to the member but the Advocate assured him that he has the right to receive services with dignity and respect and that his voice and choice matters. OHR explained that he can exercise his rights which included filing a grievance and elaborated on what a grievance is, the process, timelines, and the potential impact it can have on improving all member experiences. The member understood, and agreed that he would like to proceed with a formal grievance. The Advocate and member collaborated on the details of the grievance document. As a result, the health plan agreed that the individuals involved would receive training and education on treating all members professionally, without prejudice, and with dignity. When the Advocate shared this update with the member over a virtual meeting, she highlighted the tremendous courage and strength he displayed throughout the grievance process. Very humbly, with his head down, the member said, "Thanks miss, for lookin' out for me."

Brenda Morris
Advocacy Administrator, AHCCCS
Division of Community Advocacy and Intergovernmental Relations (DCAIR)