

This meeting is being held virtually.

Meeting called to order by **De Freedman**. The date was November 28, 2023, at 5:33 pm. The address of the meeting was Virtual, no physical address.

Attendance in Person: None - This meeting was virtual only

Attendance by Google Meets unless noted:

- Diedra (De) Freedman
- Brad Doyle
- Crystal Fox
- Cynthia Macluskie
- **Pat Thundercloud-** by phone **10

Absent:

- Shelly Vinsant
- Jaymie Moore

Public in Attendance:

• None

Arizona Department of Administration (ADOA)

• Larry Allen

AHCCCS IOC Liaison

• Fredreaka Graham

Healthcare Plan Liaison

- Janet Holtz (Mercy Care DDD Member Liaison)
- Cami Parker (Mercy Care OIFA)
- **Dawn McReynolds** (United HealthCare OIFA Administrator)
- Ian Wilson (United HealthCare Member & Veterans Advocate) by phone **75

DDD staff and Guests:

- Leah Gibbs (DDD Administrator of Office of Individual & Family Affairs)
- Christina Hedges (DDD Office of Individual Family Affairs)
- **Diane Kress** (DDD District West Quality Manager)
- Joan McQuade (DDD Office of Individual & Family Affairs)
- Morgan O'Hara (DDD IOC Liaison)
- Michelle Rademacher (DDD IOC Liaison)



District West IOC-Conference Call (2023-11-28 17:32 GMT-7) - Transcript

Attendees

+1 602-***-**10, Brad Doyle, Cami Parker, Christina Hedges, crystal Fox, cynthia macluskie, Dawn McReynolds UHC OIFA's Presentation, Diane Kress, Diedra Freedman, Fredreaka Graham, Ian UHCCP, Janet Holtz, Joan McQuade, K Carbello, Lawrence Allen, Leah Gibbs, Michelle Rademacher, Michelle Rademacher's Presentation, Morgan O'Hara

Transcript

This editable transcript was computer generated and might contain errors. Liaison has edited some of the transcript for accuracy and ease of reading. Any blue italics transcription was missed by the transcriber.

Call to Order

Diedra Freedman: DDD district West independent oversight committee. Today's date is November 28th, 2023. And the time, according to my computer, is 5:33. This is a regular meeting of the IOC. It's being held electronically. The meeting is being recorded and the transcript of that recording will be posted on the ADOA IOC website. In an effort to avoid background noise and potential microphone feedback, please mute your microphone when you're not speaking. You can mute yourself by clicking on the microphone icon at the bottom left corner of your screen or elsewhere depending on the platform. The host of the meeting can mute you but then you can unmute yourself when you would like to speak. So Michelle is the host, so She can mute us and we can unmute ourselves. Additionally, I've been asked to read the following statement.

Conflict of Interest Disclosure Statement

Diedra Freedman: Do we have anyone that has to disclose conflict of interest? If there is, the committee member needs to disclose why.

Welcome and Introductions

Diedra Freedman: And we'll now have introductions of those present at this meeting. I am De Freedman, for the moment I am IOC chair. In my professional life, I am a retired New York attorney who is a Certified Professional Compliance Officer. I'm a healthcare consultant with Honoris group. We do have DDD clients, but none that we're going to be discussing today that I know of...



Diedra Freedman: And I am here because my son, Andy, was a DDD Mercy Care member for 17 of his 19 years. We lost him a few years ago. So if we can go down the list. Brad. If you'd introduce yourself.

Brad Doyle: I'm Brad Doyle. I've been on the committee for quite a while now. I've got a 37 year old son who started in 1989 utilizing DDD Services. I've been advocating. I don't know, forever it seems like. I'm doing all kinds of things. I've helped families fill out guardianship papers. I pretty much done everything that I can and still continue to do it.

Diedra Freedman: Okay, Pat.

+1 602-***-**10: I'm Pat Thundercloud, I have a 43 year old son who has Down syndrome. He has been receiving Services since 1981. And that's all.

Diedra Freedman: Okay, Crystal.

Crystal Fox: Hello, I'm Crystal. I am the parent of a 21 year old daughter who has severe autism as well as other disabilities. So she's been with DDD since she was two, I believe, and then I also have a son that has mental health issues. So he has schizophrenia and I'm a psychiatric nurse. So I'm very familiar with mental health, which is kind of my specialty and I think that that's it for now.

Diedra Freedman: It is Cynthia.

Cynthia macluskie: Hi. Cynthia Macluskie. I've been on for a few years. I'm on a lot of committees between the Healthplans, DDD and AHCCCS. I'm also the president of Autism Society. I have a son who's 25 who was an ALTCS DDD member for several years. And I'm a licensed insurance broker specializing in healthcare. And I'm excited to be here.

Diedra Freedman: Michelle, you want to take it away and finish up the introductions for us, please.

Michelle Rademacher: Sure will. Larry, would you start us off please?

Lawrence Allen: Good evening, Larry Allen with Arizona Department of Administration.

Michelle Rademacher: Thank you. Fredreaka

Fredreaka Graham: Hi, this is Fredreaka Graham with AHCCCS.

Michelle Rademacher: Janet

Janet Holtz: Hi, good evening. Janet Holtz, Mercy Care's DDD liaison.

Michelle Rademacher: Dawn

00:05:00

Dawn McReynolds UHC OIFA: Hi everybody. This is Dawn McReynolds with United Healthcare OIFA.



Michelle Rademacher: lan

lan Wilson: Hi everybody, Ian Wilson here with United Healthcare member advocacy.

Michelle Rademacher: Cami

Cami Parker: Hi Cami Parker with Mercy Care's OIFA office.

Michelle Rademacher: Leah

Leah Gibbs: Good evening everyone. I'm Leah Gibbs, administrator of the Office of Individual and Family

Affairs.

Michelle Rademacher: Christina

Christina Hedges: Hi, everyone. I am Christina Hedges. I am in the DDD office of Individual and Family

Affairs and I supervise Behavioral Health advocates.

Michelle Rademacher: Diane

Diane Kress: Hi, good evening. Diane Kress, District West quality assurance manager.

Michelle Rademacher: Joan

Joan McQuade: Good evening, Joan McQuade, manager, Office of Individual and Family Affairs.

Michelle Rademacher: Morgan

Morgan O'Hara: Hello. I'm a DDD IOC liaison.

Michelle Rademacher: My name is Michelle Rademacher. I'm a DDD IOC liaison as well. Have I missed

anyone?

Michelle Rademacher: Okay. We're good to go De.

Michelle Rademacher: You're on mute.

Call to Public

Diedra Freedman: Sorry about that. At this time, is there anybody from the public who is not invited who would like to make any statements to the committee?



<u>Discussion on The Credentialed Peer and Family Support AHCCCS program</u> to include the Contracted Health Plans & DDD

Diedra Freedman: I'm just pulling up my agenda here. So. All right. We have a discussion today on the credential pier and family support AHCCCS program to include the contracted health plans and DDD. I don't know who's presenting, but who's ever presenting? Please take it away. Thank you.

Leah Gibbs: Hi everybody. So I'm Leah, you all know me and there are several folks who are going to be supporting us in presenting this evening. Dawn, I know that I'm putting you on the spot a little bit. But if you could please make sure that everyone introduces themselves and kicks it off and I will jump back in toward the end of the presentation.

Dawn McReynolds UHC OIFA: Okay, sounds great. So everybody knows me. I'm old hat on this IOC. But for those of you who don't, I'm Dawn McReynolds. I'm the OIFA administrator at United Healthcare and I will jump back over to Cami who can introduce herself. And Michelle, whenever you're ready, if you have the PowerPoint, we could just bring up that first slide.

Presented by:

Office of Individual and Family Affairs







Credentialed Peer and Family Support Services

Cami Parker: Sure, my name is Cami Parker. Again, I'm with the Mercy Care Office of Individual and Family Affairs. I'm up here certified peer and family support, worked in the field for many years and now excited to share information about it. So. I'll pass it to Janet. Are you sharing, Janet, or is Summer going to be sharing? I'm not sure who's



Janet Holtz: I don't think Summer is going to be on today and I was not planning on presenting.

Cami Parker: Okay, then I'll just take over that part. That's fine.

Janet Holtz: Thank you.

Leah Gibbs: and then Christina

Christina Hedges: Hi, I'm Christina Hedges. Like I shared before, I work under Leah in the Division's OIFA office. I supervisor Behavioral Health Advocates. I am a peer and I am a family member. I've got three kiddos, all of whom have been adopted from the foster care system, two of which were in the DDD system and all who received Behavioral Health Services as well. So now, Dawn I think you're kicking us off.

Dawn McReynolds UHC OIFA: I'm sorry. Hold on, my daughter is talking to me. So if you could just hold one second there appears to be a 911 and she uses sign language. So.

Dawn McReynolds UHC OIFA: Okay, thanks. I'm sorry about that. So the very first slide really says it all about OIFA and yeah.

Diedra Freedman: Hey, Dawn at the district West IOC, you never ever ever have to apologize to meet the needs of your family. We appreciate the fact that all of you are meeting with us after hours. So please, if you have to attend to your family, we will wait. It's not a problem.

00:10:00

Dawn McReynolds UHC OIFA: So what I wanted to say about this first slide, is you'll see all of our logos, but one thing that I really want to emphasize before we get into the presentation and Leah, please feel free to jump in if I miss anything Leah, but Leah and I have done this a few times now, so you'll see that not only all of the health plans, the DD health plans, have OIFA's but all of the health plans in Arizona have an OIFA office and the thing that unique about OIFA, no matter where we come from, no matter what our background is. I've been a credential peer and family support myself, but all of us come with lived experience, and most of us have that lived experience in navigating in the mental health system in some way or for our family members. And so I really wanted to start that off because OIFA's different within the health plans. In other areas, competitiveness is sometimes bred just by the nature of the business, but OIFA relies on our collaborative nature and our support of one another. Next slide, please. And OIFA really started back in Arizona in 2007. And what happened was that there was a need to protect individuals who were receiving Mental Health Services. Most of you are probably familiar with the Arnold versus Sarn lawsuit. That really changed kind of the face of our Behavioral Health System in Arizona. And that really started the member or the individual and the family member's voice kind of echoing up through the system. At the time Behavioral Health was still at the Department of Health Services, and that was the Division of Behavioral Health where I worked in OIFA. And we brought together stakeholders and what they said was that we need people who understand where we've been, much like you guys when I hear you sharing your concerns or about incidents and accidents and death reports.



OIFA History



- Arizona's Office of Individual and Family Affairs was established in 2007 during a summit hosted by the Arizona Department of Health Services/Division of Behavioral Health Services
- The OIFA are within each of the AHCCCS Health Plans including the two DDD Health Plans, the ACC Health Plans, DCS-CHP, and ACC-RBHA
- Each OIFA Team Member brings their unique lived experiences to their role as peers and/or family members.

Dawn McReynolds UHC OIFA: You all share that commonality of your lived experience and that's really what formed OIFA and OIFA grew through the process, I believe, of Mercy Care coming online. I think it was. And Janet, you could correct me. I think it was 2014 and when Mercy Care came online, that was really the first jump off from the Department of Behavioral Health into the health plan. I mean Magellan had an OIFA, but it was different. When Mercy Care got the OIFA and I was actually in that office when Mercy Care got that OIFA. They really started forming the OIFA based on the feedback that they gathered through the RFP process and that was feedback from individuals and family members. And from that point, it grew to the DD healthplan to Leah. Thank goodness we have Leah, that we have Christina now. And so, from the DD Health Plan, they contracted with United and Mercy Care. We've created this kind of triangle effect. De, you talked about us from Mercy Care and United but really the wheel and the grease how do you say that the oil that greases the wheel is really, the DD OIFA. We work together. They help us and they support us. So anyway, every team in the health plan looks different, but we all have a common Mission, but we may go about that differently. The reason I wanted to share, next slide please, Michelle. And thank you so much.



Division of Developmental Disabilities (DDD) District West Independent Oversight Committee (IOC) Public Meeting Minutes Summary

Tuesday November 28 2023 - 5:30 PM to 7:30 PM

OIFA Mission

The Office of Individual and Family Affairs (OIFA) promotes recovery, resiliency, and wellness for individuals with mental health and substance use challenges.

We build partnerships with individuals, families of choice, youth, communities, organizations and we collaborate with key leadership and community members in the decision-making process at all levels of the behavioral health system.



00:15:00

Dawn McReynolds UHC OIFA: I wanted to bring the OIFA because a lot of people think the OIFA's like a complaint department, whenever there's an issue, reach out to OIFA. And we do, do that, because we care about our members and our families and we try to resolve everything we can. But we really educate, yeah.

Diedra Freedman: Hey Dawn, and I just want to interrupt you for a minute. At least me, and my partner Ann Monahan and...

Dawn McReynolds UHC OIFA: Of course.

Diedra Freedman: I think, Cynthia Macluskie. I can speak for Cynthia too. We don't view you as the complaint department. What we view you as, is the system's navigation department. Which we've been doing.

Dawn McReynolds UHC OIFA: That's right.

Diedra Freedman: We've been doing that, as I said with Janet Holtz, for the past 20 years whenever there's a Mercy Care issue, whenever anybody falls through the cracks. For the past two decades I've been bringing them to Janet's attention or now if it's a behavioral health issue, to Summers' attention. And I've never had to follow up and I've never heard back from a parent, which means it got taken care of, because I would hear back. We know Customer service is where you file your quality of care complaints and your grievances, but when you want the issue resolved. When you need someone to do system navigation, that's OIFA and the liaisons.



Dawn McReynolds UHC OIFA: I love that. Thank you. And I think I should note that when I'm speaking, I'm speaking in generalities, not necessarily about this IOC, but I will be careful and mindful of how I generalize the perception of OIFA because it's really important that we really are that system Navigator. You're absolutely 100% right. We're also that office that builds and educates and trains on recovery. The word recovery has been used in substance use for since they started in their 12 step meetings, but for us as OIFA, we like to say your Healthcare journey. But really when you see the word recovery, it means to us that recovery means anything to any individual and each individual defines what their growth, what their Journey. Each individual family member defines that. So we really do try to partner with our families and all of our communities and gather that voice. And I think that's one of the reasons that we're on these meetings, is not only to try to report out if we have updates, but we're to really hear all of your voices and take that back to the health plan and say this is what the IOC is discussing and this is what's going on. So it's a real mutual relationship and Leah, I know that you're kind of on mute, but please just come off mute if you want to jump in at any time. I did get a text from Cami that she was having internet issues. So if you guys can let me know if she gets back on, that would be great. And so you could go to the next slide. Thanks, Michelle.

Where OIFA Has Impact



The Office of Individual and Family Affairs (OIFA) in partnership with the community:

- Works to end the stigma
- Advocates for culturally inclusive environments
- Promotes diverse youth, family and individual voices in leadership positions throughout Arizona
- Delivers training, technical assistance and educational materials for individuals and their families
- Ensures peer support and family support services area available statewide
- Monitors contractor performance and measure outcomes
- Supports the foster care/kinship/adoptive family community and individuals with intellectual disabilities

Dawn McReynolds UHC OIFA: So there's a lot of different ways that OIFA works and one of the biggest ways that we work, and I think our actual expertise is in, is really fighting against that stigma, that preconceived idea of who somebody is and what they should be doing or how they should be doing something. And I've faced that in my own personal life and even with my daughter being deaf, from the time that she was a year old. This is way back in the 80s. My daughter's 36. People would stare at her and kind of think she was different. And so now it's kind of cool. Everybody we run into that sees her signing either



already knows sign language or wants to learn it, but it was stigmatized years ago, and I think we all have those stories. But that's really a big fight that we have as OIFA. And the other walk the journey that we're on is Advocates and finding that space between advocating within our health plan, for our members and families, and peer and family members voice and educating within our own health plans, but also within the community.

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Dawn McReynolds UHC OIFA: We do deliver trainings. We deliver technical assistance. We collect data. We validate peer and family support through data that validates the outcomes of peer and family support. We have to monitor all agencies across the entire state that employ peers and family members that are credentialed. So there is a lot of work. We have deliverables to our friends at the DDD health plan and we have deliverables to AHCCCS. And everything is regulated. A little bit later in this presentation, we'll talk about some of the training that individuals who are credentialed as peer and family members have to go through and how we hold those individuals accountable to their service. Next slide.

Overview Of OIFA's Impact



Collaborating and partnering with Health Plan Executive Leadership to ensure peer and family member voice is included in strategic planning and decision making.



We honor the voice and choice of those we serve. OIFA advocates on behalf of members and their families' by providing opportunities for them to share input into system navigation and service design.



Developing and maintaining a strong network of peer and family support providers by creating a solid community of credentialed peer and family support specialists.

Dawn McReynolds UHC OIFA: Leah, should I talk about the OIFA alliance?

Leah Gibbs: I think that would be really nice Dawn.



Dawn McReynolds UHC OIFA: Okay, and so just real quick before I get into the whole overview here of OIFA. What has happened since all of us, there's eight or nine OIFA offices now. There's one in DCS and it's through every type of plan in Arizona. So what AHCCCS OIFA has done, Susan Canard, she has established an alliance between all of the OIFA's and what that has provided us is an ability to be effective in larger initiatives and be able to accomplish more in the goals that we have of training, educating, harnessing our voice of our members and our family members. Really advocating across the entire state. So all of us that you've met tonight if you didn't know, us, the others that you already know, we're all part of that alliance and we all work and co-labor together for a mutual purpose. Are there any questions or comments?

Dawn McReynolds UHC OIFA: Okay, so I've already talked about the collaboration. I've talked a little bit about "Gathering The Voice". I want to talk about how we honor the voice of our families and the individuals that we serve. There are often times within OIFA that we encounter individuals who are not only looking for services but needing extra support and sometimes those individuals hit a brick wall. Whether it be their own barriers in communicating or their family's, they don't know about OIFA or they might not know about services or they may not have a member's handbook and understand their rights. And OIFA, one of our main drivers, is that we listen to understand and then take action. And so, our biggest goal out of everything that I've said tonight, is honoring those that we serve. It doesn't matter to us if they're a family member or an individual. What matters is they've contacted us and they need our support and we're going to honor that and we're going to do anything that we can to take it to the next degree. And I just have a quick example of that and De, It actually involves you. Years and years ago, it was early at Mercy Care. De reached out to OIFA and her concern was, I don't know if I could say it, of an agency that was privately owned even though they were contracted with the health plan. But they were not hearing the struggle of the individuals that they served or the family members and De I'll tell you later who was, not sure, you probably don't remember.

Diedra Freedman: Yeah, no, I don't remember. It's been a while.

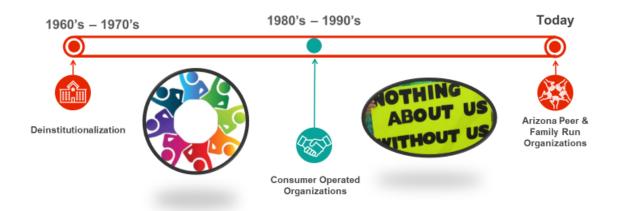
Dawn McReynolds UHC OIFA: okay, and so I met De and another individual at this location and we went into the meeting with the CEO and several of their staff to talk about the fact that we wanted them to have a clinical, or customer whatever they wanted to call it, advisory Council because we had them throughout Arizona and they really pushed back quite a bit. Fast forward six, seven years, whatever it's been. I've heard collaborative information about that same Agency on this IOC.

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Dawn McReynolds UHC OIFA: And I'd like to think that the fact that we had Advocates go in and educate on what family members and individuals with unique challenges were facing in that agency, I'd like to think that that started a dialogue that maybe has grown today and brought some resolution. That's the heart of OIFA. next slide, Michelle.



History of Peer Support



Dawn McReynolds UHC OIFA: So I'm a little nervous as Cami. Are you on the call? Lucky for me, I know peer support. So I tell this a little bit differently, but bear with me I just want to talk about the deinstitutionalization. How do you say it? Leah help me?

Leah Gibbs: deinstitutionalization Yeah.

Dawn McReynolds UHC OIFA: Thank That moved across the country back between the 60s and 70s. Individuals were in these institutions for years and when they closed the institutions for mental illness throughout the country. What we saw was individuals and family members that didn't know what to do. Family members for the first time were in charge of their loved ones' care that had been in some cases, most cases, let's just be honest, over medicated, not taken care of. They were struggling. They were not the same people that went into the institution. Family members didn't know what to do. And so there was a 12 steps substance use group that was around during that time and these individuals and family members began looking at that model in saying yeah, we need to stand up for ourselves. We need to kind of come together and create dialogue and soon as we started approaching the mid 70s to 80s, the individuals who were institutionalized and their family members, they all started kind of coming together. Now, they couldn't pick up everything that the 12 Step groups were doing because it wasn't appropriate for them. But they used that same philosophy of being involved with one another, supporting one another. What I know, I will share with you. You share what you learn with somebody else and it spread throughout the country. Pretty soon these individuals started meeting in libraries and they started forming nonprofits to help one another and be able to advocate for their rights and then it caught fire throughout the nation and it was called, "Nothing



about us Without us" and it meant that individuals who were being discussed at tables about their mental healthcare and their families fought to have a seat at the table and fought for their voices to be heard. And suddenly there was a change in the system. And we've come a long way since then, but there was a change and it was all because family members and individuals banded together and took a stand and said, "I want to know what's happening with my care and I want to have a voice in who's making decisions about my care". And today, because of this whole movement all the way back to the mid-60s, we have our peer runs and our family runs. We have credentialed peer support. We have over 13,000 credentialed peer support Specialists throughout Arizona today.

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Dawn McReynolds UHC OIFA: And we have peer runs and family runs and credentialed family support. We're looking at how can we provide youth with this training and get them employed. So the lived experience component that forms OIFA actually is one of the largest components of peer support or family support work.

Diedra Freedman: Hey Dawn, can I not just interrupt you? One of the things that most people don't realize and I know this from my new professional life. Is that, this is actually a billable service. Health Plans pay for peer support.

Dawn McReynolds UHC OIFA: Yes and family support. We pay for both and so that's a great point and I'll talk a little bit about the disparity between the two because family support came on a little bit later. But yes, peer support has its own dedicated billing code that nobody else and unless the individual goes through that training and receives that credential can bill for it, bill for that. Next slide Michelle. And just help me if I go down bunny trails because that's part of my issue.

Dawn McReynolds UHC OIFA: Okay, so individuals that are peers or family support Specialists. They obviously need to have a life experience. A lot of, I get this question almost all the time. Does it have to be the exact same experience as the individual that they're serving? Absolutely not. The training encompasses a variety of individuals. Matter of fact, in peer support, it's actually expected that you will serve different individuals than your own lived experience. That helps us grow as people. It also helps the individual understand that maybe I don't have the exact same lived experiences but I can help. I can be there for you, and I know how to support you.

Dawn McReynolds UHC OIFA: So a core value of peer support is to meet with individuals and walk through their Healthcare Journey. Again, regardless of diagnosis or special and unique challenges, that's irrelevant for the peer. The peer is dedicated to serve those who come into service. They also, what ends up happening. I don't know if any of you have been in a grocery store and heard somebody talking about a plight that they have and you engage them in conversation and there's comrade there instantly because there's understanding and support. There's compassion that's shared. And that is a huge component of peer support and credentialed family support. I was told this from a mentor that I had years and years ago. She said that nobody cares how much you know until they know how much you care. When we show how much we care, it opens doors even with individuals who are experiencing some very severe challenges.



Peer Support Services

- Delivered by individuals who have common life experiences with the people they are serving
- A core value of a Peer Supports is to meet with individuals and walk through their healthcare journey with them. Regardless of diagnosis or special unique challenges.
- Provides compassionate listening, hope and helps in goal setting
- We strive to ensure each member's voice is heard and they are an active participant in their treatment planning. This is important even if they do have a legal guardian in place.
- Research shows that peer support is effective in:
 - · Engaging people in mental health and addiction services
 - · Supporting individuals in playing active roles in their treatment
 - · Reducing crisis and emergency room services
 - · Increasing member's overall satisfaction in services



Dawn McReynolds UHC OIFA:. So we strive to ensure that our member's voice is heard. Obviously I spoke to that but I wanted to talk a little bit about credentialed services, peer and family. And I know Christina's going to do more in-depth family support. But really the data, and all of you could go on SAMSA's website. This is an evidence-based practice. So this is. There's a Fidelity that has been established by our federal oversight in how these services are offered and there's a Fidelity in how these Services work. And we have data going all the way back to, I might exaggerate, but I think at least the 80s, maybe even earlier. And so we have the data to show how effective it is. Actually SAMSA says that individuals who are in substance use recovery who have received credentialed peer support services have longer term recovery time and also have

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Dawn McReynolds UHC OIFA: Better outcomes in reengaging with their PCPs and reengaging in their communities and reengaging with family. So they have data to support the effectiveness. Also. One other thing is, peer and credentialed family support and I keep saying the word credentialed because there's a difference between family support and credentialed family support. And a lot of people don't know that. Credentialed family support is training that they have to take for a minimum of 40 hours. Those services are regulated and so it is proven, whether it's a credentialed peer service or credentialed family service. It's proven to reduce crisis and emergency room services. It's proven we have data to show that. So when



individuals are at their wit's end and they don't know who to call, there's nobody better than a credential peer or family support that can connect them instantly to services.

Diedra Freedman: I have a question for you, the AHCCCS scholarships that are currently being made available for Behavioral Health Training through the community colleges. Is peer support credentialing part of that program?

Dawn McReynolds UHC OIFA: No. It's not because it has to be delivered by individuals who have lived experience and are in our current health system and

Diedra Freedman: No, but the training to train those individuals to get them credential.

Dawn McReynolds UHC OIFA: Yeah, that's what I'm talking about. That training has to be delivered by individuals who have actually been trained to deliver that training and there's a whole application and approval process to become a training agency, and so I think Susan Canard is working with the college right now to create, I think, some extension on the training. So I don't want to say it may not happen. But let me go back and get a little more information on your question from Susan. All right.

Diedra Freedman: I do have a follow-up on that though.

Dawn McReynolds UHC OIFA: Yeah, go ahead. Let's do it now.

Diedra Freedman: Leah can jump in. I know from my own experience because I'm a 2004-2005 grad of the Partners, we used to call it, Partners in Policy Making, now they call it, "Partners in Leadership" program. And I have to tell you. And this is my opinion. It's a disappointment to me because it's one of the underutilized resources that we have in the DD community in Arizona and what I'm hoping, now that Leah's the OIFA director, and now that Leah has a new volunteer coordinator, that we're going to tap into that program. At least, that Richard Kautz and I don't know his associate, somebody else was also hired along with Richard to do the job, but we're going to tap into that untapped resource. And we're going to go back, even through the alumni, and see who we can get, not only to volunteer for the IOCs and the PRCs and the DDAC, but also to encourage those people to become certified family support personnel. Since DDD basically finances that program. We start to get a much better return. And I know that there's another program through the behavioral health system. Where for the behavioral health system, they do what the partners program does for the DD community. And I'm wondering if maybe we can get some collaboration between the two programs. So that the partners are learning the behavioral health system better. And the behavioral health, I forget what the program is called and I apologize, but those individuals are learning about the DD system. So as you said before, Dawn, we have to expand. So that you don't have to have the same experience but system navigation is system navigation.

00:40:00

Diedra Freedman: And obviously, you're not in either program unless you have a Caring Heart, so maybe we can start utilizing our systems more or...



Diedra Freedman: our resources more productively

Leah Gibbs: Dawn, if you don't mind I'd like to respond a little bit because De.

Dawn McReynolds UHC OIFA: Of course.

Leah Gibbs: I love when you start bringing something up that I can say to you. I'm on that. I have recently had a conversation with Sherri Wince. I don't know, you may very well know Sherri. And we want to breathe new life into the Partners in Leadership program. And we are going to be doing a new RFP next year for an opportunity to see if we can't find an agency who is ready to bring that new life and energy that the program needs and deserves. And so we are actually in that process of having that discussion and starting to write a new scope of work and getting that published next year.

Diedra Freedman: Hey, I would consider it a personal favor. If you and Sherri would allow me to sit on that committee that's coming up with that RFP.

Leah Gibbs: Let me see what we can do with that De. Okay. I want to be careful...

Diedra Freedman: Or at least it?

Leah Gibbs: because of procurement law here.

Diedra Freedman: Right or at least, look in it's the scope of work that I'm talking about. It's not the other stuff.

Leah Gibbs: I figured it was.

Diedra Freedman: It's the scope of work, even though I can do the other stuff. You don't need me to do the other stuff, but it's the scope of work after having been on the inside and...

Leah Gibbs: Mm-hmm

Diedra Freedman: I know a couple other alum. One of them is an individual who has developmental disabilities herself.

Leah Gibbs: Okay.

Diedra Freedman: So if we could get a group together and we could talk about where we could go with the program. We actually sat down a dozen years ago with the current provider. They asked us for this input. We gave it to them and then they ignored it. So.

Leah Gibbs: Let me take that forward. I don't want to make a promise I can't keep De, but I'll absolutely take it forward and get back to you.

Diedra Freedman: Just want you to know that the resource's there.



Leah Gibbs: I appreciate it.

Diedra Freedman: It's a program I think we're all passionate about.

Leah Gibbs: Absolutely. Sorry Dawn, go ahead.

Dawn McReynolds UHC OIFA: I love it. I also wanted to let you know, De, if you ever run into an individual who has Behavioral Health experience in whatever combination or a family member, United Healthcare OIFA credentials peer and family supports for free. So we will put individuals through that training. Now we normally only offer that for agencies or people who are not on Medicaid because they get charged if they go outside to another agency, but I wanted you to know that we do offer that and will work with Leah. She'll tell me she wants me to do something.

Peer Support Services Oversight

- To comply with Centers for Medicare and Medicaid Services (CMS) requirements for provision of peer support services as specified in the State Medicaid Director Letter.
- AHCCCS AMPM 963 further requires agencies employing Peer Support Specialist to ensure the individual has completed the Peer Support Employment Training at an AHCCCS approved training facility.
- AHCCCS <u>AMPM Policy 963</u> denotes curriculum regulation and Health Plan responsibility.
- The purpose of these requirements are to ensure contracted provider agencies are offering quality Peer Support services that enhance a member's ability to navigate their own health care and wellness journey.
- These requirements are overseen by the Health Plan OIFA.



Dawn McReynolds UHC OIFA: Okay, so I think I'm at the next slide. Yes, so this is where I really wanted to kind of focus on that regulation piece that I was talking about earlier. I think Cami was going to hit on this and Most of you are familiar with the centers of Medicare and Medicaid services, those are individuals or that's our Federal oversight. And I'm sorry. Cami's profusely apologizing that she cannot get her internet back up and running. So I'm extending her apology to this. But anyway, AHCCCS creates policy that governs a lot of the billing codes and the services that are offered and so there is a policy, it's policy 963 that governs the peer support. Hey Michelle, can I share my screen? I just want to show them a couple pieces of this policy really quick because I want to show the different populations. Thank you. Let's see if I can do this real quick.



00:45:00

Dawn McReynolds UHC OIFA: Here we go. It's tricky. Let me know if you can see it.

Dawn McReynolds UHC OIFA: You can see it. Okay, thank you. So we wanted to show you this and I think most of you because you guys are attorneys and all of you can appreciate the palette. I've always had a hard time with policy language, but you'll see all the different health plans and populations that this policy is referring to and I'm just going to move a little bit quickly because I don't want to take up a lot of time. I know Christina's coming in. They have the definition for the ongoing learning for what they call the Peer and Recovery Support Specialists, which is that credentialed individual. This is everything that has to go into a training that's offered. They put in here the overview from CMS, how CMS is dictating the regulations that Arizona agencies must follow to oversee these type of programs and individuals that work in this Arena.

Dawn McReynolds UHC OIFA: You'll also see that there not only has to be a one-time and done philosophy, our credentialed peer and family supports. I have a whole other policy for family support, but I could send them to you, Michelle, if this IOC wants them, but you'll see that the purpose of this training is for employment to Advocate the same thing for individuals who are family members. The purpose is to advocate. So let me get down here. What I really want to show you is there is a competency exam. And that individual must pass with an 80% accuracy or they have to take the whole training again, or maybe it's just not the right time. My daughter took it twice before she became credentialed. They have the regulation of all the evidence that the MCOs where the contractor "shall" all over this policy. And so things we have to submit and track and so forth. They even have the fee-for-service providers and what they have to.

Dawn McReynolds UHC OIFA: Here's what I want to get to, the ongoing and continuing education components. Those are regulated quarterly by us all, the OIFA's and the health plans. They also have to have specific supervision and track that and prove that they're supervised. And then what you're going to see next is the list of everything that must be included in the training and every agency, from our point of view from an OIFA alliance point of view, also has to insert their cultural training information. So whatever the culture of their agency is, we want to see that too. You'll see concepts of Hope and Recovery, varied ways that behavioral health has been viewed. You'll see appreciating diverse paradigms, advocating and system perspective. You'll see stuff like diversity, Equity inclusion, a sense of community, ADA, social determinants of health and so on. So this goes on and on. And on this all has to be part of a training that's offered in Arizona and then it goes into what you have to do to become a training agency. So I really wanted to share that. Thank you, Michelle.

Dawn McReynolds UHC OIFA: And I'm at the end of my portion. I think Christina's up, but Christina, I'm here if you need me just point to me, okay.

Christina Hedges: Thank you. And sorry I had to turn my camera off.

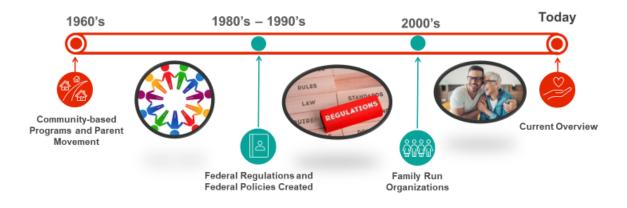
Dawn McReynolds UHC OIFA: You're welcome.



Division of Developmental Disabilities (DDD) District West Independent Oversight Committee (IOC) Public Meeting Minutes Summary

Tuesday November 28 2023 - 5:30 PM to 7:30 PM

History of Family Support



Christina Hedges: My kids are hogging our bandwidth or whatever you call it. So my internet's a little funky right now. So now we're gonna talk about family support. So like Dawn was explaining with peer support, family support kind of originated in the same way. There was a really large grassroots effort in the 1960s that was advocating for the development of Community Based programs and supports to help strengthen family functioning. The parent movement in the disability field was really gaining strength, momentum about the same time and families were really able to start identifying and campaigning for the programs that they felt would support their children within the community as well as within the disability service system. And this was really kind of recognized as the first family support movement.

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Christina Hedges: As we move forward we saw different state and federal legislation start to establish policies and initiatives related to family oriented and Community Days programs. And then actually in April of 1991 the Administration for Children and Family was created under a reorganization plan that allowed the US Department of Health and Human Services to merge with the Office of Human Development Services and the Family Support Administration along with the Maternal and Child Health Block Grant program, that is a mouthful. So they kind of remember they reorganized and the Administration for Children and Families was created. And then specifically in Arizona in 2001, we saw the Jason K settlement which established the Arizona principle and the 12 principles for Children's Service delivery and that's kind of where we are now. If you want to go to the next slide.



Division of Developmental Disabilities (DDD) District West Independent Oversight Committee (IOC) Public Meeting Minutes Summary

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Family Support Goals



Connect to other families and resources, increasing the strength and resilience of the family

Support parents as they help their children with special needs achieve their full potential

Improve community capacity to serve families with children who have special needs

Provides individualized, family-driven support that respects family culture, values, and preferences

Christina Hedges: So as I'm sure many of you know on this call, and I know very well firsthand that having a kid or an adult child or a family member with special Health Care needs or special needs, you face challenges that other families might not face. You have stressors that other families don't have. Sometimes you feel socially isolated or there's Financial strain that other families also don't necessarily experience. You may become overwhelmed and find it challenging to navigate the systems and also find people who you connect with. I know that my friends who have kids who are neurotypical don't have to plan out going to dinner three days in advance and making sure that they have all of the things that they need or worrying about the IEP meeting next week and worrying if my son's gonna feel supported in school and what that's gonna lead to at home. So these are things that families experience, that families in our system experience, that other families don't necessarily experience. So Family Support really helps families access a broad array of supports and services and these include accessing formal supports, so maybe helping connect families to respite or Behavioral Health agencies on and also informal supports such as parent connections. And helping to create a community system that really helps promote the wellbeing of Children and Families. We don't often talk about family support for adults, but it is a service that is available as well and family support for adults might look a little bit different than family support for kids. For adults, instead of it being the primary caregiver who is receiving the support. So instead of it being maybe Mom or Dad or Grandpa. It might be the person's roommate or their brother who is living with them and helping take care of them. So Family Support really kind of ebbs and flows based on each family and it's really individualized. Michelle, if you want to go to the next slide, that would be great.



Overview of Family Support

Partnering with the family to provide community-based resources and supportive services that strengthen families who are navigating our Healthcare system.

Research shows that family support is effective in the following areas:

- · Increasing family confidence and competence
- Creating a network of families to provide safety, support and stability
- Enhancing health and development of children and adults within the family



Christina Hedges: So like Dawn was saying there is a difference between family support and credential family support. And like peer support, Credential Family Support is governed by an AHCCCS policy. It is AMPM 964 and we can pull it up and go through it if we want, but I speak a little bit about it anyways. It's laid out really similar to the policy that Dawn shared. And it really lays out how the training that is needed for people to become credentialed. So in order to become credential, you have to go through a formal training program that is approved from one of the AHCCCS, from the OIFA alliance. And it follows along with the policy. Like Dawn was showing. There's a number of core elements in the Family Support policy that are required to be covered in order to be credentialed. So these core elements for family support include, looking at the pertinent history that really led to system transformation, looking at system navigation, specific topics such as Guardianship and court ordered treatment, advocacy, communication techniques, and then there's a few elements that are in there that are really specific to the DDD system such as the DDD eligibility process, any DDD coverage services and really kind of taking a deeper dive into how the DDD health plans work.

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Diedra Freedman: Christina, I have a question for you?

Christina Hedges: Yeah.

Diedra Freedman: Do you know if the new DDD support coordinator training that DDD has told us that they're developing. Do you know if it covers all the topics in the Family Support training program? Or if they plan to include all of the same information?



Christina Hedges: That is a fabulous question. Do you have any idea about that rollout?

Leah Gibbs: I'll check with the development team that is finalizing that curriculum and provide them with a copy of the policy so they can do a side-by-side. I want to say yes, but I don't want to say yes without an absolute check, but I know a great deal of it is.

Diedra Freedman: So Leah, do you think that if this IOC made a motion and a recommendation that they do so, that that would make any difference.

Leah Gibbs: It would formalize a response back to you, and I would never step on that, De, but that I can assure you that I can.

Diedra Freedman: Not worried about you stepping on us, Leah. What I'm wondering about is how can we make your job easier and make them understand?

Leah Gibbs: if you do a formal request that way it puts it under a timeline and it gets a response to you.

Diedra Freedman: We'd like DDD to understand that we just don't sit here and twiddle our thumbs. This stuff is important to us. We want them to be accountable.

Leah Gibbs: I understand.

Diedra Freedman: And we understand and I will put this on the record. That our frustration and accountability. As we said in our annual report that you got a copy of, Leah. Our frustration is not with DDD OIFA or with the health plans that we deal with and the entire staff of all of those organizations. Because, we feel, listen to. We have a great relationship. We collaborate. The problem is unfortunately people who should be listening to you in the health plans, do not and do not implement what's necessary. So We'll follow up.

Christina Hedges: Thank you for that De. So I think this is kind of a good segue as well. DDD in addition to the AHCCCS policies. We have our own policies that kind of govern how Mercy Care and United roll out their family support plan or their family support and peer support. And they are located on our website under our ADSS medical manual, they're ADSS 964 and ADSS 963. We just finished updating them. gosh, I don't know last week or maybe the week before and they went to PRT recently and so they will be coming to you all to review. Within the next few days, I would assume correctly.

Leah Gibbs: Yeah, and they may not know PRT team means Policy Review Team, which is made up of leaders and Executives within the Division. And that's when we do a cursory review of policy before they come out to the IOC who get that additional 30 days before they go for public comment. But both of those are coming your way shortly.

Dawn McReynolds UHC OIFA: And they also De, another interesting point is that DDD regulates us who are regulating all the trained peer and family support. So we submit those deliverables that collect not only the data, but when the individual was trained, where did they graduate, all of those pieces. They regulate that as well. I thought I'd jump in there.



Christina Hedges: No, that's a great point, Dawn. So every quarter, we do get a list from both United and Mercy Care of all of the current peer support Specialists and credential Family Support Specialists. Then we kind of run that in conjunction with pulling data utilization to see how many DDD members are using these services. I somewhere actually have some data to that. I could share, that is kind of interesting, so that we could give you guys the numbers of how many DDD members are actually using these Services each quarter.

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Christina Hedges: But one thing I didn't really touch on that I can touch on really quick is some of what growing evidence suggests, that family support is associated with improving family outcomes. This includes decreased levels of Parental anxiety, Improvement and caregiver self-care, empowerment in communication Styles. We're seeing increase in families' abilities to foster resilience, maintain health and just overall reduce stress of the family. The next thing we're going to talk about was peer and family runs and Cami was gonna touch on those. So Dawn, I don't know if you, Cami was gonna do the next two slides and then I was gonna do the ones after that, if you want to cover those ones, okay?

What are Peer/Family run organizations?

- Consumer Operated Service organization is the formal, federally recognized name for a peer/family run organization
- Research and data shows them to be more effective in helping an individual to achieve better outcomes in their Healthcare journey and develop a sense of belonging within their community
- These organizations are nationally recognized as a SAMHSA evidence-based practice

Can be delivered in several different capacities

- At clinics/providers
- In crisis facilities
- Within the home and community
- Through targeted programs (jails, hospitals, etc.)
- Through consumer operated service organizations





Dawn McReynolds UHC OIFA: Yeah, yeah, absolutely. So next slide Michelle or yeah, thank you. What are peer and family runs? In Arizona, they are agencies that when we were talking about the timeline of how individuals were released from institutions and I talked about right around the 80s or so organizations started to form. These were called Consumer Operated Organizations. And federally they're still really called that, COS, but here in Arizona, we refer to them as peer and family run organizations and it's really a unique organization in Arizona because I think we're only one or two states throughout the nation that have what we call Community Service Agencies and these CSAs. It's a special designation from AHCCCS for an approved agency that fits this criteria and the criteria is for peer runs 51% or more of their board of directors must have lived experience in receiving some sort of behavioral health. Remember, Behavioral Health is that umbrella term for mental health and substance use. It's an integrated system now, so we're talking about the whole gamut of services, but 51% of the board of peer runs must have that type of lived experience and 51% of the board of family runs must be made up of family members with loved ones, whether that be adult, children, nephew, niece, it just really depends on the family Dynamic, but they have to have that lived experience of supporting that individual through the system. They are nationally recognized as evidence based programs.

Dawn McReynolds UHC OIFA: What they really are and how they've really come to form in Arizona, is that they're the heart of our communities. Years and years and years ago our families and our individuals could go to different places and get food boxes and find community and we kind of ebbed away from that true Community sense. These agencies have really stepped into that mold and most of our peer andFamily runs provide food all day long. They have breakfast, lunch and dinner. A lot of them have clothing closets. They have material closets where individuals can go and get cleaning supplies, everything from cleaning supplies to taking care of their animals, leashes and so forth. So they have a ton of Community Based information.

Dawn McReynolds UHC OIFA: And I want to get into the really important stuff. The agencies that are peer-run agencies, they actually work with that individual's Behavioral Health home. That individual holds the ISP or that intake process. Community service agencies are not clinical at all. They are not clinical agencies. They are agencies that are Community Based and so when an individual has a behavioral health home, they are referred to peer and family runs. It's added to their ISP or their treatment plans. Sometimes there are individuals are in crisis facilities and the families don't know what to do and they see a brochure and they engage in a family run and that family run will do the back end work to try to get everything added to the

01:05:00

Dawn McReynolds UHC OIFA: individuals ISP. Another great place where peer run organizations are, we have special training for and there's a word for it, Forensic Peer Support.

Christina Hedges: Forensic.



Dawn McReynolds UHC OIFA: Thank you, Christina and forensic peers are in our jails. They're in the courtroom. So there's supporting family members who are waiting to see what's going to happen, with their loved ones. And so there are a ton of different avenues. We see individuals, peer supports now, especially down south and in emergency rooms where individuals need extra support and the nurses are calling on the peers to come in and talk about navigating a healthcare journey and getting them connected to our peer runs. I think, if there's no questions, is there another slide for this? I'm sorry, I wasn't prepared to.

Christina Hedges: No, that's fine. There isn't. It just talks about how to connect what you covered. So yeah,...

Dawn McReynolds UHC OIFA: Okay.

How to connect

Individuals should ask for Credentialed Peer/Family services when needed. The request will be added to the goals on the behavioral health service plan.

A member or family member can contact the OIFA's within their Health Plan, if there are barriers to getting these services.

Peer and Family Support services can be provided by various agencies such as:

- •Behavioral Health Homes
- •Clinics
- Peer or Family Run Agencies



Christina Hedges: So any individual who is receiving Behavioral Health Services is able to ask their case manager, recovery coach, whatever they're called these days. We know that name changes all the time and we can never keep up with it either. So just ask for the service to be added to their service plan or treatment plan and it gets added. If they're agency has peers support Specialists or family support specialists within the agency, sometimes they will just kind of get it in-house, but then if not, they'll refer out to other agencies. We always try to encourage that they're referring out to peer runs or family runs because that's, like Dawn was saying, there's really something special about those agencies. They really walked the walk. And know how to support families and peers throughout their entire journey. So



Christina Hedges: The next two slides actually just show the peer run organizations and the family run organizations in the state and these in addition to this presentation are on the AHCCCS website on. I don't know if any of you have explored the AHCCCS empowerment tools or the AHCCCS one pagers. They list these all out. And as you can see, it's really cool. They're broken down by what city they are in and there's a few that are kind of across the state. There's some that kind of center in the Phoenix area.

Peer-run Organizations

Recovery Empowerment Network

Phoenix renaz.org 602.248.0368

Helping Ourselves Pursue Enrichment (HOPE), Inc.

Tucson, Yuma, Apache Junction, Sierra Vista, Douglas, Safford, Nogales hopearizona.org hopearizona.org 520.770.1197

Center for Health and Recovery (Formerly CHEEERS)

Phoenix azchr.org 602.246.7601

Stand Together and Recover (STAR) Centers Avondale, Phoenix, Mesa thestarcenters.org

602.231.0071

Northern Arizona Consumers Advancing Recovery by

Empowerment (NAZCARE) Prescott, avantrecovery.com Benson, Globe, Show Low, Bullhead 415.652.1594 City, Kingman, Eagar, Parker, Yuma, Casa Grande, Apache Junction,

Cottonwood nazcare.org 928.442.9205

Hope Lives/Vive La Esperanza

Phoenix, Flagstaff vivehopelives.org

1.855.747.6522

Avant Recovery

Tucson

Coyote TaskForce - Our Place Clubhouse/Café 54 and

Truck 54 Tucson ourplaceclubhouse.org 520.884.5553

Transitional Living Center Recovery (TLCR)

Yuma, Casa Grande tlcrecoveryaz.com 928.261.8668

Christina Hedges: So those are the peer runs and then on the next slide is all of the family run organizations, and I think it would be really helpful if we attach the one pagers for this.



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Family Run Organizations

Caring Connections for Special Needs (Benson, Sierra Vista, Payson, Douglas, Safford, and Tucson) www.ccsneeds.com 520-686-9436

Family Involvement Center (FIC) (Phoenix, Prescott, Flagstaff, and Tucson) www.familyinvolvementcenter.org 602-288-0155

Mentally III Kids In Distress (MIKID) (Phoenix, Tucson, Yuma, Casa Grande, Kingman, Nogales) www.mikid.org
602-253-1240

Raising Special Kids (Statewide) raisingspecialkids.org 800-237-3007

Reach Family Services/Alcanza Servicios de Familila (Phoenix) www.reachfs.org 602-512-9000

Christina Hedges: As some of the unique things that peer runs and family runs can give you that one-on-one peer support, those meals that people might not know when they're next hot meal is coming. So Dawn was saying a lot of these family run and peer runs have meals three times a day. There's employment supports. There's advocacy resources, volunteer opportunities, pretty much anything you can think of. Chances are a peer run and a family around has it. There's some really cool different groups as well. I'm supporting a member now who goes to one of our peer runs a few times a week and she does their gardening group and there are arts and crafts groups and she loves getting the food there. It's easy for her. It's a One-Stop shop where you can kind of get everything she needs for the day.



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Resources

- Peer Support
- Family Support
- Credentialed Family Support Partner
- · Member Voice/Choice "This is my life"
 - https://ability360.org/this-is-my-life/



Leah Gibbs: We're gonna make sure you all get a copy of the presentation from today, but what these are links to resources for you. So when you hit control and on the link, that first one, peer support is to the AHCCCS web page that explains peer support and has information regarding the service. And the link below that for family support is going to take you to what Christina was just referencing. She called them OIFA empowerment tools. DDD does something similar that we're calling our quick reference guides, but these are single one or two page documents designed to be in pretty plain language to help people understand the intent of the service and to understand how it works. Credentialed Family Support is also a link to the one pager that explains Family Support Services.

Peer Support

Family Support

Credentialed Family Support Partner

Member Voice/Choice "This is my life"

Chat Message: Christina Hedges:

https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/OIFA/Tools.html



01:10:00

Leah Gibbs: And under that is information regarding "This is my life program". And it's funny that you mentioned the Partners and Leadership, De, because in so many ways when we look at our big picture and we look at the growth journey of people that we support and family members who are navigating these systems that "This is my life program" is available to any DDD member. It does not matter if they're state funded only, if they are what we call targeted support coordination only, or long-term care eligible. It does not matter. If that individual is 16 years of age or older.

Leah Gibbs: This is a free program. We have two vendors that provide the service through the state. One is through Ability 360 that's located here in Phoenix. And the other is Direct Centers for Independence, which is an independent living center located in the Southern Arizona area. And they provide training to DDD members around self-advocacy and self-determination.

Leah Gibbs: So the goal is to lay that foundation for folks to learn to have their voice and to learn to recognize how to use their voice and to be able to potentially graduate from that Foundation right into Partners in Leadership and from there to join us in our journey as we want to do systems change and Improvement, but I want you to all know that this is something that is available. It is supported through Joan McQuade is our manager in our OIFA department who oversees those contracts and we encourage folks to take advantage and if you know a member who might really benefit from having permission to have a voice because so often so many people with developmental disabilities are so used to mom and dad being their voice but as they grow we need to teach these skills and as I said for 16 and above, they are offering them in person, but they're also offering them virtually. So it is available to anyone's Statewide. So I just wanted to make you aware of that program and if you want to know more.

Diedra Freedman: Leah. Actually, I should ask Joan how many people are currently participating in that member Voice Choice Program? Do we know?

Joan McQuade: It's going to vary. Some folks are in the program for a while. I get reports from each of those agencies every month letting me know how many people they've worked with that month. Some folks may be there and then take a month off. But there's several different skills that they work on. And they have a pretest and a posttest as far as what the person's ability was in certain categories and then what it was after they were in that training. So I don't have an exact number for you. Some people might go back and get refreshers. It's not a, I sign up and I do this for two months.

Diedra Freedman: All right, I don't need an exact number. I'm just wondering whether or not this is a severely underutilized service.

Joan McQuade: I'm gonna say it is.

Leah Gibbs: I am too. I mean to tell you that.

Joan McQuade: Because unless it's a hundred percent of the folks that need it, to me, it's being underutilized. There are a lot of young adults that could really benefit from the program.



Leah Gibbs: We advertise it through our electronic newsletter. We bring it up during our Public Town Hall events. We do Outreach with our support coordination teams to make them aware so they can share that with families. But any recommendation that the committee has about additional ways to get word out about the program, we'll be more than happy to do and consider, but it is something that we've always felt that there's room for growth.

Joan McQuade: Right and the agencies also reach out and do trainings with support coordination as well to give them a good idea of what the program entails so that when they're talking to their members, they're not just going to say, we have this program you might like. They'll be able to really give them a good Idea of what it entails, plus it helps them get a better idea of who to be referring, what members they have that would benefit.

01:15:00

Leah Gibbs: Hi Crystal.

Crystal Fox: Hi, my only thought that might be helpful is at some points. We've talked about maybe the case managers during periods of transition and our 16-18 years old when they're transitioning into adulthood and stuff that maybe it could be that the case managers bring it up to everybody at that time. Maybe at 16 years old, at 18 years old whatever's appropriate for each member. Maybe even again at 21 those, three times.

Leah Gibbs: And actually then beyond that Crystal to be honest with you,...

Crystal Fox: Yeah.

Leah Gibbs: And actually beyond that. People are ready for this at different points in their life. But yes, what we really focus on is making sure our support coordination team is aware of it and can bring it up and share it. We're counting on it. I always dreamed that families read the electronic newsletter that we share with him, but we introduce it there and we will continue to do that.

Crystal Fox: I don't even think it's a bad idea to, I mean, I like it that it's for the members like the choice and stuff. But I'm even thinking as a parent. It might be nice to be reminded that Tia has choices and I mean just I mean it might be nice to even so she can't speak for herself. She's nonverbal. It might be nice to even have some education on how to best let her have her choices.

Leah Gibbs: So I'm with you there, Crystal. I can tell you that we're encouraging rolling out a curriculum for families that would be no cost for families around positive behavior support. A lot of that foundation is for families to recognize the need to build capacity for the member that they support in self-determination, self-advocacy and voice and choice is part of that. Thank you. Hey, how are you Cynthia? It's been a while.

Cynthia macluskie: Hi. Yeah, I'm busy. And so I'm not clear, but this new old phrase, positive Behavioral Support. Correct me if I'm wrong, but didn't Dan Davidson do all this and didn't we just 25 years ago? And so why are we doing it again?

Leah Gibbs: Because we have a whole generation of people who have not been exposed to it.



Leah Gibbs: And there have been a lot of improvements and best practices around teaching and implementing positive behavior support and we have a team of folks who have been looking nationally around best practices and updating curriculum and making it available and it's going to not only talk about the basic techniques around positive behavior support but it's going to talk about fundamentals of behavior. It's going to talk about approaching behavior from a trauma informed lens. It's gonna lay some foundation work around self-determination and self-advocacy and it's going to also then build that capacity around ways to support people, look at environments and provide what is and was part of that positive behavior support. Yes, Mam.

Diedra Freedman: Hey, is it going to remove the endorsement of negative behavior support?

Leah Gibbs: Yes.

Diedra Freedman: Thank you.

Leah Gibbs: It's really yes. It's out.

Cynthia macluskie: But is the quality because Diane Davidson? the quality of I

Leah Gibbs: Cynthia, we have, pardon me, the workgroup. It has Dan's curriculum. We reached out to Dan. He was not interested, at this point in his life, jumping back in to support us in it. However, we have its blessing and we brought information from the trauma informed care portion that United Healthcare, Dawn, shared with us through training that was recently provided for families. We've brought in information from other nationally recognized curriculums that other states use and we've kind of done a hodge-podge. We have done stakeholder reading meetings. We've done mock trainings with family members as well as with our own direct support professional staff within our DDD State operated programs. We are using that feedback and we're finalizing that curriculum. It's kind of part of my update, what's going to give you all a little bit later.

01:20:00

Leah Gibbs: It overlaps into Crystal's comment about trying to provide families with some basic foundational information, not intended to say this is ABA by any means. It's intended to be what it is, positive behavior support and...

Cynthia macluskie: But into my question.

Leah Gibbs: help with that Foundation. We've

Cynthia macluskie: So my worry is it seems like everybody is obsessed with ABA right now. And it's highly controversial.

Leah Gibbs: You're not going to get any disagreement for me.



Cynthia macluskie: Who are not okay with the level of obsessiveness, it seems, that the system has. And so my concern around the Positive Behavior Support, which is why I was asking, is making sure that we're looking at relationship-based stuff and...

Leah Gibbs: Yep.

Cynthia macluskie: We're not. Because it seemed to me like you guys are doing a conference. And isn't DDD.

Leah Gibbs: But when I can give my updates, after we get out of this, I will address it and hopefully answer your questions, Okay.

Cynthia macluskie: Okay. That's

Leah Gibbs: But I've got to see where to point any questions about the credential peer and family support?

Diedra Freedman: Does anybody else have any questions? Does anybody have any motion?

Cynthia macluskie: I don't. What this, like is there a list of people that are available?

Leah Gibbs: May I ask what you mean available for what?

Cynthia macluskie: if I wanted one of those people, as a member. I guess I'm just trying to like, is there a list of people that are already trained and available?

Leah Gibbs: Absolutely. So as we mentioned that if someone would be interested in being connected to credentialed peer support or to family support through that planning process with Behavioral Health, through that planning process. They would ask for the service and support and that team would connect them to the appropriate resource. And we, in the presentation, were available to you. Those peer run and family run organizations, but family support and peer support services are also provided through some of those not all but some of those behavioral health homes.

Dawn McReynolds UHC OIFA: And this is Dawn and...

Cynthia macluskie: Okay. Thank you.

Dawn McReynolds UHC OIFA: Cynthia, I know you're super busy. But I've been plugging for you to come on over and get credentialed Family Support training.

Cynthia macluskie: I might do that as soon as AEP is over.



Motion and Vote

Diedra Freedman: So does anybody have any motions to make the one that I put in the chat?

Chat Message: Diedra Freedman: When this presentation does anyone want to make a motion recommending that the new/revised DDD Support Coordinator Training curriculum contain all the elements/subject manner required for Peer and Family Support Credentialing Training as required by AHCCCS AMPM Policy 963 and 964. We'll need a motion, a 2nd and a vote.

Cynthia macluskie: De, I can't see it but I support whatever motion you just said. can I

Diedra Freedman: The motion is a motion recommending that the new/revised DDD support coordinator training curriculum contain all the elements / subject matter that should be matters instead of matter required for peer and family support credentialing training as required by AHCCCS AMPM policy 963 and 964. So are you making that motion?

Cynthia macluskie: I am making that motion. Thank you.

Diedra Freedman: Do we have a second? Now we have to call for a vote.

Brad Doyle: I'll second it.

Diedra Freedman: All in favor. Let's start with you Brad.

Brad Doyle: I

cynthia macluskie: I

Diedra Freedman: Cynthia says I. Pat

Diedra Freedman: Pat

Diedra Freedman: Did we lose Pat?

Michelle Rademacher: Yes, unfortunately, I don't see Pat on the line anymore.

Diedra Freedman: Crystal

Crystal Fox: Yes.

Diedra Freedman: Can we go with 3-0 because we have a quorum or do I need to vote?

Diedra Freedman: Michelle. Larry?

Lawrence Allen: You need at least four votes.



Diedra Freedman: All right as the chair can I vote? Okay, and...

Lawrence Allen: Yes.

Diedra Freedman: I vote yay. So the motion passes. DDD district West IOC is recommending that the new revised DDD support coordinator training curriculum contain all the elements / subject matter required for peer and family support credentialing and training as required by AHCCCS AMPM policy 963 and 964.

01:25:00

Diedra Freedman: So I will send that out. And we'll see what response that we get back from DDD.

<u>Discussion and Review of Incident Reports and Behavior Plans</u>

Diedra Freedman: Before we go into updates. I'm going to skip around because I want to talk about Incident reports and behavior plans. I want to follow-up on the response that we got back from DDD regarding our recommendation that Program Review Committee, when IOC members participate in the program Review Committee, that IOC members and other members of the PRC are actually given complete documents, specifically including is it Safeguards and behavior Spending plans that were specifically missing but complete documents. We got a wonderful answer back from DDD saying that that's supposed to be happening. But Crystal, you want to tell us what's going on over at PRC.

Crystal Fox: Today we did five reviews and none of them had the safeguards. So as for IOC, it's difficult to do patients rights without that page because that says basically and all the, in the residents, if they have locks on their doors, if they have privacy, if they're able to get in and out 24 hours a day, if they have access to outside alone time. That's all on that page. And when you're trying to do member restrictions, unless they're embedded somewhere hidden in the plan, those are really the only ones I can catch without that page unless I would go through and ask every single one of those questions. So it's hard for me. I can kind of get away with the spending plan a little bit. It's a little bit easier, but it should be in there. But those are the two that are constantly missing. Today, there was not a single safeguards page. So out of all five of them, so we were zero for five today.

Diedra Freedman: Hey Leah.

Leah Gibbs: I can share with you as part of Mary's response that

Leah Gibbs: Okay, bear with me, when the person-centered service plan, the planning document is an AHCCCS document that all the health plans need to use. The rights, health and safeguards and the spending plan are supplemental documents that are DDD documents. And in the investigative process that I know they were doing around this, those documents are.



Leah Gibbs: I'm not going to tell you, because I'm not gonna say 100% of the time that they're being completed, but they are part of the packet. Then the packet that is sent to the qualified vendor who submits the behavior plan and attaches it to the person-centered service plan and part of that breakdown that we identified was that in the checklist of documents that they include, they needed to add that not only the plan but those attachments and...

Crystal Fox: right

Leah Gibbs: The vendors need to be including that. Now they also said, in the response and De, I know I would like to leave this to you, but we have committed that we're doing Outreach to the qualified vendor Community to remind them of that requirement.

Leah Gibbs: Our PRC Chairs are aware, but it's going to take a little bit of time to get to that compliance level and we were very grateful to the committee for moving that forward because it helped us find a gap that we're going to get addressed.

Crystal Fox: Perfect answer. Thank you. I worked for the state for a long time.

Leah Gibbs: It's not really the perfect answer could be, it's fixed, but we're getting up there. Crystal.

Crystal Fox: I worked for the state for 30 years. So the fact that you guys looked at it and found the problem. That's a big deal and I appreciate that. The only other thing we came up with and I'm actually kind of looking for information on this. We had two of our members that I was concerned about, one a little bit less. But both of them are in that 18-19 year old range. And so they didn't get guardianship. One of them was sent in for Guardianship and he was denied. And he was denied and the person who knew that he was denied and why was actually United Healthcare which I thought was interesting. But he was denied because they felt that all of his needs were being met through DDD, that he didn't require a guardian.

01:30:00

Leah Gibbs: If it's a denial like that, it potentially was through the public fiduciary, not a family member who applied to be Guardian. I would never know specifically about...

Crystal Fox: It was public.

Leah Gibbs: what you're talking about. But when I hear that, that is not an uncommon response from the county and they have a finite number of public fiduciaries available. That doesn't mean that the member wouldn't benefit from a guardian. I'm just sharing with you that I've heard that before.

Crystal Fox: The fact. So now, if I'm very concerned about this member because he's got one, two, three, four, five, six, seven, eight diagnoses, including already has had interaction with the police. So and they're behavioral health diagnosis as well as DDD diagnosis if I was concerned about the member and I think this might be a question for Dawn or somebody. Could he get a Advocate or somebody if he can't because I'm thinking okay if they're gonna trust the group home to be his guardians or DDD to be his Guardian. And educating him on what he can sign and what he can't sign then, who's watching out for him?



Leah Gibbs: Crystal if you don't mind, Dawn, I'll start and then you can take it from here...

Crystal Fox: All right.

Leah Gibbs: If that member has a serious mental illness designation. And that's an if statement. There is the office of Human Rights within AHCCCS that can provide that. But they are limited to people who have an SMI designation.

Crystal Fox: He is SMI.

Leah Gibbs: And Dawn, anything you'd want to add to that?

Dawn McReynolds UHC OIFA: No, that's exactly where I was going to go. If he was determined SMI, then the office of Human Rights, they have special Advocates. We can connect too, Crystal. If you want to just send me a quick email or attach Leah to so she's in the loop and we can connect you to that office and...

Crystal Fox: Okay.

Dawn McReynolds UHC OIFA: There's a whole process and they will Advocate and ensure that there's ART meetings going on. They'll make sure that there are supportive support as far as documentation and stuff like that. He can also have a care manager...

Crystal Fox: Okay.

Dawn McReynolds UHC OIFA: If he has United Healthcare we can also have a care manager assigned just to help with the coordination of OHR and...

Crystal Fox: He does.

Dawn McReynolds UHC OIFA: that stuff, too.

Crystal Fox: Yeah, he is United and yeah, the other high risk is that he's got uncontrolled type 1 diabetes. With what the United person told me, if he ends up in a diabetic coma, then we might do something or if he ends up, because he's also suicidal, if he ends up harming himself. And then they said the real way he's gonna get guardianship is if he keeps going AWOL because he's got AWOL on this thing. So I'm like, okay, you're just hoping a lot of unsafe.

Dawn McReynolds UHC OIFA: Let's get an email to Leah and we'll get things going.

Crystal Fox: Okay.

Diedra Freedman: Just to remind everybody on the IOC. The protocol that we recommend is if it involves the DDD member, whether you're doing it as an IOC member, or you're doing it in the rest of your life, we always cc Leah, just to keep her in the loop if nothing else so that we could



Dawn McReynolds UHC OIFA: We actually do, with Michelle too, right De?

Diedra Freedman: If it's not IOC business, we don't need to include Michelle. Only on it's IOC business.

Crystal Fox: Okay, so I actually held off on his disposition for the PRC. Should I write something up that I brought this person up in IOC and that I was going to refer them out, is that I do that.

Diedra Freedman: It's up to you if you want to put that in your notes, But just as a...

01:35:00

Crystal Fox: Okay.

Diedra Freedman: Of course, whenever you're advocating in the community, if it involves a DDD member, we always include Leah. And Leah understands. It doesn't mean that we expect Leah to do something. It's just that Leah needs to be informed of what's going on when it involves DDD members and people who fall through the cracks and need system navigation so that she can bring it up in her leadership meeting. So if we need her to specifically step in.

Crystal Fox: Okay.

Diedra Freedman: Because the health plans aren't doing what the health plans are supposed to do, which is I said has never happened in two decades. But if that ever happens, then just put a line in there for Leah to say and Leah, we need you to jump into this one because somehow they're falling through the cracks. Is it correctly?

Crystal Fox: Yeah. Yeah. No, sometimes when I see some of these people, I just feel like there's something missing that they should have more services or somebody looking out and if he's not going to have a guardian maybe an advocate or just some extra eyes on him might be in case it changes because he probably will need a guardian eventually. so Okay.

DDD Staff updates

Diedra Freedman: Is there anything else from the incident report Behavior plan subject matter? We ready to go on to policy notification review and discussion? Do we have any? I don't have any. And Leah, it will. Actually, Michelle DDD staff updates, but you always start with Leah, so.

Leah Gibbs: Okay, I'm pulling up my notes. So Cynthia, be ready for your questions and I'll help in any way I can. So I just want to remind the committee that DDD has three overarching priorities that we are pursuing at this time that are specific around strengthening Behavioral Health Services for people who have intellectual and developmental disabilities. The second being the role of the qualified vendor in renewing new contracts, requests for qualified vendor. And the third around the National Committee of Quality Assurance Accreditation. So around strengthening Behavioral Health Services, we have three major areas right now, and the first is that in the DDD system and our collaboration with our DDD health plans. We recognize that



over the past few years, DDD members have and continue to experience challenges in accessing high quality Behavioral Health Services. We've heard from the behavioral health provider community that they don't necessarily feel equipped to meet the needs of people with intellectual and developmental disabilities and they feel that they have a knowledge gap. In trying to bridge that gap, what we are doing is providing training and education to the Behavioral Health Community in best practices in supporting people with individual and developmental disabilities. As I mentioned, we're working collaboratively with our DDD Health Plans who contract with the behavioral providers that provide the support to our program. We are developing a training and an incentive program. We are aware that there are approximately 30,000 behavioral health professionals employed in the behavioral health agencies throughout the state of Arizona and that the training platform that those agencies use is through Relias. In our investigation and work that we've been doing on this project, we identified that Relias has over 860 specific courses available that are online training courses for the Behavioral Health Community. However, only four of them addressed anything related to supporting people with intellectual and developmental disabilities.

Leah Gibbs: So what the Division has done is collaborated with AHCCCS, Relias and our health plans. We have been able to add an additional 100 plus courses to that Relias library that are very specific around supporting people with intellectual and developmental disabilities. And of those courses, we've identified 12 specific course topics that we believe make a really good foundational education to the Behavioral Health Community in supporting people with IDD.

01:40:00

Leah Gibbs: And we have identified and developed a virtual instructor led training course for the Behavioral Health Community around the DDD health plans and DDD on how we collaborate and how we work together for supporting people with complex Behavioral Health needs. Those trainings. Yes, ma'am.

Diedra Freedman: Does this mean that the four that already exists are part of the 12 or we're now going to have 16?

Leah Gibbs: The four that existed were evaluated and we really sort of felt like, De, they didn't do that foundational high level that we really felt that providers needed. And we pulled the 12 from the library of the hundred new ones. We found, when we did an investigation about...

Diedra Freedman: Okay.

Leah Gibbs: how many agencies were actually being trained, to any of those for I don't remember how horrible the numbers were, but I can assure you they were incredibly low.

Diedra Freedman: So we're going to have 12 now.

Leah Gibbs: We're gonna have 12 that are part of this incentive program that we're offering the behavioral health providers. So if their staff complete this 12, they attend our virtual instructor-led training. We're actually adding a financial incentive to those agencies for their encounters for services for our members. And one of the things that Christina mentioned is that she and I do a quarterly evaluation of the use of



Behavioral Health and Family Support Services for our DDD members and our Behavioral Health encounters with our health plans to try to see what we can do about making sure that these services are more readily available, that providers feel more confident to be able to provide those supports. I know you have questions and I'm gonna ask what they are and let you know if I'm going to address them as I move on or answer. I'm go ahead, Crystal. You're first.

Crystal Fox: I just had a quick question, since I'm constantly trying to teach people how to be more calm and stuff with people with intellectual disabilities, because again, I work in the field. So I work at a hospital. And I've always used in the thing that seems to work the best when I'm trying to educate people is if I tell them okay, if they've got a moderate disability, they're probably going to get to be about the age of 10 or 12, think of your 10 year old or think of your 12 year old or think of your five year old. If you're talking about, more disabled, think of your three year old and when you're educating them, educate at a level that's more like that age level.

Crystal Fox: And people seem to respond, then they kind of lower their expectations and try to teach them, repeat themselves more often and stuff. But, and I know the clients when I try to take care of them at Copper Springs and stuff. It's just the staff really don't understand how to talk to people and stuff and how to relate in a different way, so

Leah Gibbs: Right. Right and our goal here is to help build that foundation and that skill set, Crystal, through the variety of avenues. But yes, thank you. Cynthia

Cynthia macluskie: I appreciate you guys' effort. I'm just curious. When we're picking stuff to be training them. How do we know about the quality that's being selected? So who did the selecting and how do we know the quality is actually there?

Leah Gibbs: I can tell you that the selection of those was done through the committee of people who have been rolling out this project that's made up of our own behavioral health professionals, from the health plans. I am. I know Christina is on that committee that it was done through an analysis of the training. Most of these are computer-based training so it's consistently trained. It's not like we give somebody a curriculum and trust them to train it and the curriculum that we're, virtually instructor-led, is only being trained by our behavioral health professional staff as well as our OIFA staff. And we collaborate in delivering that training through the instructor lab. At this point there have been almost 230 behavioral health professionals who have taken it. We just started rolling it out and we're finding that there is an interest and we're getting really positive feedback. I want to be so optimistic that this is going to take off and make an impact that we are hoping to see and we really believe that the financial incentive is an incentive that is going to help those agencies to get those staff trained and provide it. We know it's going to take time, but we are running those trainings and we are starting to get data about the number of participants. We are getting monthly reports from Relias themselves about how many people are taking and completing those CBTs so that we've got the data.

01:45:00

Cynthia macluskie: Can I get a list of the classes that are being offered?



Leah Gibbs: I have it, but I don't have it at my fingertips.

Cynthia macluskie: I would love to. and then I love, I mean,...

Christina Hedges: like Leah

Cynthia macluskie: I'm not trying to be critical. I just want to make sure that if we're actually going to do the

training, it's indeed like evidence-based valuable training, totally needed

Leah Gibbs: Absolutely.

Cynthia macluskie: Do you anticipate that this is a jumping off point to people?

Leah Gibbs: Absolutely.

Cynthia macluskie: To do more modalities for our population, not just ABA and what about rolling this out? Because my belief is that if we had better Medical for our complex individuals, we would not have the usage of Crisis that we do. And as much as I think our Behavioral Health people need to be trained. It seems like the physical health people are even farther behind, if that's possible.

Leah Gibbs: I can tell you that right now, this project is one of our ARPA, American Rescue Plan Act, financial projects. So it kind of has to be contained for that, but it doesn't mean that as we demonstrate the benefit that the Division is going to be able to collaborate with the health plans and expand. Dawn, please go ahead.

Dawn McReynolds: I just want to give you feedback because we had a peer run that wanted to expand their knowledge with DD members, that were beginning to attend, and they have taken some of that training. It has been amazing. They have educated me. They have learned a lot. I'm going to send you some of that CEOs feedback. It is already making a difference.

Chat Message: Christina Hedges:

https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/dual-diagnosis-training

Leah Gibbs: Thank you, Dawn. Christina put a link in the chat that is to our public web page about this project specifically and Cynthia it outlines those 12 required course topics and then our virtual instructor led topic. Now that's the front end of it.

Cynthia macluskie: Thank you.



Leah Gibbs: In addition, when you said DDD is going to do a conference, let me explain that. Also, as part of the training for the behavioral health professionals in the state, the Division is in the process of planning two conferences, one that will be in person in Tucson, one that will be in person in Phoenix for next year, 2024. Tentatively, one in May and one in September of next year. We are working with the appropriate entities in order to provide continuing education credits to those professionals that attend the conference. And we are going to have presentations and workshops from local and National experts around supporting people with intellectual and developmental disabilities and addressing Behavioral Health needs. So when you asked, is there a conference, that might be what this is. Go ahead, Cynthia.

Cynthia macluskie: I think it is and I'm busy. So I have to be honest. I'm not paying as close of attention as I normally do, but what has been said to me by some families is that it felt extremely ABA heavy. And I'm thinking this is what they're talking about.

Leah Gibbs: Families. This is not for family member, Cynthia.

Cynthia macluskie: No, I know that they felt like the providers that were attending that it was more for ABA minded people and...

Chat Message: Christina Hedges: There was a peer run that had the DDD overview in person for over 80 staff!

01:50:00

Cynthia macluskie: less about relationship-based. It didn't look like it was as inviting to people who were relationship-based professionals versus ABA professionals. I can't say either way. I'm just telling you feedback.

Leah Gibbs: Appreciate your sharing that as Christina just put in the chat. We've had over 80 staff from one of the peer run organizations take it and that's not ABA based, but it's something I will make a point of sharing with the team that is providing that to make sure because their intent is not to strengthen per se ABA. As it is to strengthen the ability of the behavioral health professionals to feel more comfortable and confident in relationship-based support for people with intellectual and developmental disabilities, but I will absolutely share that information with them.

Cynthia macluskie: And not really, just feedback.

Leah Gibbs: Okay, so that's the second one around the strengthening around Behavioral Health is the work that we are doing around the positive behavior support training that I touched on when we were talking about the credentialed peer and family support and we did a national and state of Arizona outreach search for curriculum that we reviewed and felt that there were really good components in different pieces of curriculum, but we felt like we needed to kind of do the best of from those in order to identify what we want to utilize here in Arizona. The Positive Behavior Support training will be available for no fee, no charge to any interested family member or caregiver as well as interested IOC members and stakeholders in the



Leah Gibbs: community. We're not going to eliminate it because somebody may not have an active family member in DDD. It will be delivered through Raising Special Kids, through our contract with them. It's going to have six different sections or modules within it. It will be available evenings, weekends, during the day. It will be broken down into smaller pieces that can allow family members to be able to maybe do one or two modules and then come back and do more later so that there will be flexibility to meet the needs of those folks. We are also mandating the training for every direct support professional that works in our DDD State operated programs.

Leah Gibbs: And we are offering a financial incentive to the qualified vendor community that we are going to incentivize the qualified vendors to bring in their training staff to do train-the-trainer with us, similar to how we roll out article 9 and prevention and support training and then they will get a financial incentive from DDD for each direct support professional who completes the training. Go ahead De.

Diedra Freedman: Yeah. in the new qva for March.

Leah Gibbs: mm

Diedra Freedman: It specifically requires that every direct care worker receive six hours of continuing

education per year. Will this count toward that continuing?

Leah Gibbs: It absolutely would count toward that, yes.

Diedra Freedman: And in the big word is free.

Leah Gibbs: It is certainly, no fee for the direct support professionals. Right and...

Diedra Freedman: Okay.

Leah Gibbs: We have this financial incentive with those ARPA funds through the end of September of 2024.

Diedra Freedman: So not only doesn't it cost the agency to provide training for its employees. But if those employees finish the training, then there's a financial incentive for the agency, that's correct.

Leah Gibbs: Absolutely. That is absolutely.

Diedra Freedman: Put that on the record, Leah.

Leah Gibbs: Absolutely. We've been working really hard with Patrick in our business operations around those incentives. And then just to let you know we have a whole team of people who are developing a data analytics component to the positive behavioral support training to be able to get some qualitative and quantitative data to demonstrate the value of this and potentially making it something that we are going to make available beyond our end of our ARPA funding and be part of how we do business in supporting people moving forward. We're doing that through pre and post tests as well as through those surveys that people who've completed the training about the benefits and what they felt that they received in value and doing six months follow-up surveys for people who've completed the training to see if those are still



01:55:00

Leah Gibbs: Skills that they are using, if it's meaningful, if it's helped improve those relationships. We haven't figured out yet completely how but we also want to be able to survey our member community to see if they feel they've had improved relationships with the providers who Provide support to them. We're working toward that. When it comes to other data, we are working with qualified vendors our DDD State operated program about vendors who are already tracking and Crystal knows all about this around Target behaviors as part of that behavior planning process to recognize what are those interfering behaviors that we are tracking for those members and we want to do an analysis of the total number of Target behaviors pre, positive Behavior Support training and the number that are occurring post Positive Behavior Support training and that should give us some of that quantitative data that we want to be able to use to demonstrate the value of this training. So we're working toward all of that. You can tell I'm very passionate about this one. And, Christina is leading the project and I am sponsoring the project for the Division. And then the third area about strengthening Behavior Support has to do with those special behavioral supported group homes that we continue to want to develop and grow for members who have very complex co-occurring IDD diagnoses and Behavioral Health diagnosis. We have identified a qualified vendor who is opening another new home, but we also recognize that our current qualified vendor community doesn't have the, I want to be careful about how I say it. Meet the stringent requirements around providing this service. And so we've done some requests for information out nationally to see if there might be a vendor that has that experience who would enter into a specialty contract with the Division to expand the service and then eventually expand it into the qualified vendor network, but we recognize that we're not quite getting the level of response and that we want for it. And so we're doing some additional work to build the capacity to make that service work. Yes.

Diedra Freedman: Leah, have you thought about working with the two DDD Integrated Health plans and asking them whether or not that might be an appropriate way to use some of their community investment responsibilities?

Leah Gibbs: I know that there is ongoing dialogue with both health plans around this service. And I don't know. I'm not part of those dialogues to know if they're looking at the community investment funds or not but I know that they are trying to build capacity within their Network as well.

Leah Gibbs: The second,...

Leah Gibbs: I'm sorry. Go ahead Crystal.

Crystal Fox: I'm sorry. So this one we're also working in the behavioral health field and it's not just DDD that's struggling with this high level of care. Even without DDD, behavioral health doesn't have this high level of care either out there. So the struggles, it's real, not just with the DDD and really SMI, but also with the just really SMI as well and actually the governor, we need to get with it again a little political plug here. They've disapproved a lot of things in the legislation that had money going to these severe cases that the money went away and so as a whole Community, I think we need to keep trying to plug away at that. It's a big gap in service in the mental health and then especially with DDD.



Leah Gibbs: Thank you Crystal. You're correct. We, Zane Garcia Ramadan, attends the National Association for State Directors of Developmental Disability Services and ASDDDS conferences that have directors from States all over the United States in attendance. And these are very common Nationwide. But we're trying very hard to get in front of it as best we can. The request for qualified vendor application and I know that De certainly is aware of the work that we're doing around that but it has been over 10 years since we have done any updates to our qualified vendor agreement, which is our contract with the qualified vendor community.

02:00:00

Leah Gibbs: And we had contracted back in actually 2019. It has taken us this long to get to the point that we could publish this document but we contracted with some consultants who helped us look at best practices nationally and to conduct stakeholder forums about the contracting process and ways that we could make some improvements. We've made some changes to some service specifications. In the new contract, we're introducing a new service that's called "Pathways to Employment". That is to try to strengthen the employment readiness service to help members who are interested in employment to get to a point that we can certainly do a referral with Vocational Rehabilitation and collaborate and find employment for folks. What that is doing is combining some of the best work around our current Transition to Employment services along with Career Preparation and Readiness service into one service. And that is something that is rolling out. We are expanding, retraining requirements for direct support professionals to require abuse neglect and exploitation training, to require training around HIPAA laws as well as confidentiality so that we are trying to improve quality across the board. We have required some specific education and real life experience for key positions within qualified vendor agencies. We've Incorporated the centers for Medicare and Medicaid services home and community-based service rules into that contract as well as the federal requirement around electronic visit verification requirements.

Leah Gibbs: We are supporting our qualified vendor Network by offering technical assistance sessions that they can jump onto. We have a dedicated web page with a lot of resources and videos to help the vendor community on completing this new application and getting those in. At this point, our plan is to implement the new contract in March of 2024. So that is also continuing to be rolled out.

Diedra Freedman: Leah, Can I just say from a standpoint of a consultant who works with agencies who are completing the qva, for the most part, the contract specialists have been very good. Unfortunately, there was one actor who's partnership and helpfulness does not meet the other individuals that we've dealt with and we brought that to the attention of management, but the other people that we've dealt with, I just want it on the record.

Leah Gibbs: Good.

Diedra Freedman: They're getting feedback, once a contract specialist has been assigned. They're not only getting feedback, but they're getting productive, helpful feedback. And they're getting assistance. So they're not walking the line alone. It really is a partnership. So.



Leah Gibbs: Thank you. That's really really good to hear and we are trying desperately to support the qualified vendor community to be successful in this transition so that there's no interruption of service through the transition and we really appreciate that. Thank you. The work that we're doing around meeting the National Committee Quality Assurance Accreditation for long-term services and supports continues. And again, it's a lot of what you're seeing from us as policy updates is building in more information and transparency into policies. As we learn from those standards of getting this accreditation that we want to be sure that we are meeting those standards and we continue to improve our quality so that our members and family members can feel that difference.

02:05:00

Leah Gibbs: So those are really my updates unless anybody has any other questions.

Diedra Freedman: mmm

Leah Gibbs: We're busy.

Updates from Arizona Department of Administration

Diedra Freedman: Hey Larry, if you got an update for us.

Diedra Freedman: Do we have a Larry or is he left?

Lawrence Allen: You have a Larry. I had this on mute and couldn't find my mouse. The only update I have for the committee is not really an update. It's just to comment. I just wanted to thank the committee's work on your annual report. It is very much appreciated. It was filed timely and completely. So thank you so much for that. It makes a big difference. So, thank you. I don't have any other updates. Is there any questions I might be able to answer for you?

Diedra Freedman: Yeah, I, both Brad and...

Lawrence Allen: or try to answer

Diedra Freedman: Pat jumped off, but I think we mentioned it at our last meeting. But we're not meeting for December as is our custom. So can I get away with that without a motion, a second and...

Lawrence Allen: Okay.

Diedra Freedman: a vote?

Lawrence Allen: Yeah, I think that should be fine.

Diedra Freedman: Otherwise, we're just waiting for the trainings and the...



Diedra Freedman: the manual that you're working so hard to put together for us. We know those are coming and that's not a slam. We know it's very complicated. So

Lawrence Allen: Yeah, it's in the works. So hopefully, should be done soon.

Updates from Integrated Health Plans & AHCCCS

Diedra Freedman: Health plans and any updates?

Janet Holtz: Hi De, it's Janet. Just real quick. I just wanted to remind everybody that Mercy Care did an update to our website. It went live on November 8th. So take a peek at it. It's pretty nice. And then for any of you guys at

Diedra Freedman: Janet, I heard a rumor you've got a patient portal on there.

Janet Holtz: That's a great question. We had one before on the old website. So I'm not really sure why we wouldn't on this one. I'll have to look. I'm actually still learning my way around the website, so I haven't looked at that section yet.

Diedra Freedman: Hopefully it'll be utilized. The commercial health plans are utilizing their portals for members.

Janet Holtz: Yeah, that's what I'm hopeful too. Because that would be nice. I know I use my own personal one for Aetna. It makes life a lot easier. So it'd be nice that our members were able to use our Mercy Care portal yet. There is a member portal right here on the website.

Diedra Freedman: And Dawn, do you guys have one on the community plan website?

Dawn McReynolds UHC OIFA: Yes, we have a place where members can sign in.

Diedra Freedman: is it utilized to its fullest potential or always room for improvement?

Dawn McReynolds UHC OIFA: Yeah. I mean, there's always room for improvement, navigating websites, but we do a lot of education on how to reach that and one of the biggest points that we see is individuals, don't know or realize that the entire member handbook is on that portal for them which I always talk about please download for all the lines of business, the member handbook, because that's got all the Community Resources and everything in it. So, I think that part might be underutilized but we're working on it.

Janet Holtz: And just add too, De, nothing changed, but we do have an app for Mercy Care. So there's a lot of the similar information that they can log into on the desktop versus the app. So viewing the ID card and all that type of miscellaneous stuff. They can look and review that stuff on the app.

Diedra Freedman: I know we talked about DDD support coordinator training.



Diedra Freedman: Of course, I would be overjoyed if when the DDD support coordinator sat down with a family, they actually showed them that app and showed them how to navigate the app for the appropriate Health Plan. I mean I'd like to see them actually bring up the DDD website and show people how to navigate the DDD website so that they know that everything that they need, especially the health plan information page, so that members and families are aware of those resources. I think in online support groups, I think I cite the DDD web page, especially the health plan information with the liaison's, more than anybody else in the state of Arizona. It's a great resource and I hear positive feedback from families that say that they've contacted the liaison.

02:10:00

Diedra Freedman: I've never heard anybody say to me I contacted the liaison and it was a waste of my time.

Janet Holtz: I'm glad to hear that. I try to answer the questions as best as possible. And I know Summer does as well. And the other thing too I just want to let you guys know in case you guys are ever going to visit the office. I know a lot of times we don't do anything in person anymore. But for any of you that may be coming to the Mercy Care building. We are moving, effective December 31st. So just across the street nothing, it's not a new location, or a totally different part of town, which is across the street. I can add the address and the chat as well for any time you guys ever decide to come into the building for whatever meeting that you may be invited to. I just want to share those two updates.

Chat Message: Janet Holtz: Mercy Care new address effective Dec 31st. 4750 S. 44th Place, Suite 150 Phoenix, AZ 85040

Diedra Freedman: Hey Dawn, any update?

Dawn McReynolds UHC OIFA: Yeah, it's funny. I wanted to talk about the My UHC app and I don't know who you were asking about the app of My internet's foggy, but we had a presentation on our Members Advocacy Council because we had some of our Mac members ask about it and we have that dedicated app. And so what they're using it for is to see covered, their benefits, they're connecting with help and stuff like that. So let me know if you guys want more information and...

Diedra Freedman: Do either of ...

Dawn McReynolds UHC OIFA: we can get it.

Diedra Freedman: Can you actually file a quality of care complaint / grievance on the app?

Dawn McReynolds UHC OIFA: I don't know but I'll find out for sure.

Diedra Freedman: could you go back to your Leadership team and...

Dawn McReynolds UHC OIFA: That's a great question.

Diedra Freedman: ask them if that could be added.



Dawn McReynolds UHC OIFA: Yeah, I mean I'll ask for sure.

Diedra Freedman: And last time I checked with Mercy Care, you actually had to snail mail a Quality Care Complaint grievance. So an electronic way to file one would be wonderful.

Janet Holtz: I will mention that to the people in charge of the app.

Diedra Freedman: Anything else Dawn?

Dawn McReynolds UHC OIFA: What did you think of the presentation?

Diedra Freedman: I thought the presentation was amazing, and I'm waiting for my copy. I never heard of. I never heard of the program that Joan is heading, the Member Voice / Choice program. And I think it's a great program. But I also like the fact that we're looking to make members and families more aware of the peer and family supports. And hopefully if we can get more of them involved, they can have a greater voice in changing the system. I think I made it really clear as I said before, not just me, but the district West IOC. We made it very clear that we have a good relationship with the health plans because of you ladies who attend our meetings and with the DDD OIFA.

Diedra Freedman: Are. I don't know what do you guys call a unit or a department? Whatever the OIFA. That's not our issue that when we bring issues up to you ladies that they're brought to your leadership teams. The problem is getting them implemented and it's not your job to do the implementation. We understand that's out of your circle of influence. You don't have that Authority. But we appreciate the relationship that we have with you in all the resources that you bring to the table. And we know all the behind the scenes intervention that you do to make sure that our members get the services that they need, even if...

02:15:00

Diedra Freedman: As I've been saying for two decades. It's automatic. I mean as I said Janet Holtz has been doing it for two decades. So we know it gets done. And we appreciate it. Thank you.

Adjournment

Diedra Freedman: We don't have any. New committee members so we can knock that off. Does anybody have a reason to go into executive session to talk about confidential incident reports or Behavior plans?

Diedra Freedman: Then, at that point it is 7:48. I apologize for being over the two hours. But I think that the information that we had today was extremely, extremely important and valuable. And I really appreciate that you brought it to us. In our January meeting, Richard Kautz has agreed to speak with us about what we can do for a recruitment plan so that we can get 15 members. I would also like to talk about, and I'd like to institute it as an, I'd like to talk about the DDD Family Support report, the annual report that comes out that they're required by the legislature to do and also the AHCCCS report that they're required to do. We do those in January. I can provide those to the Committee Members so that you can look at them at Advance. I won't send them till January because if I send them now they're going to get lost. But if we could have somebody



from DDD and somebody from AHCCCS available to talk about, just so that we get an annual overview. This is what we've done. I find those reports very, very useful including the fact that in the AHCCCS report, It shows that there's 744 DDD members that we don't know where they are. So obviously the question is, do we have an unsheltered issue among DDD members that none of us are aware of? Or what else is going on? So that's where we're at. And what are we meeting? What's the date, Michelle? January? What?

Michelle Rademacher: The date is January 23rd.

Diedra Freedman: Okay, so, January 23rd. Same time, same Channel. Hey Leah, what's up?

Leah Gibbs: I just want to let you know that the annual, Family Support annual report is developed out of OIFA.

Diedra Freedman: I might not be surprised. Can I just say that most useful, productive stuff that I deal with comes out of OIFA.

Leah Gibbs: We spend a lot of time on that report.

Diedra Freedman: So it's being read. As a matter of fact, for our clients that were assisting with their QVA applications, we sent them a copy of that report so that they could all develop their business plans so that they would know where there are gaps in service.

Leah Gibbs: What a great idea.

Diedra Freedman: This is why people need to hire me. I'm good at what I do. Thank you very much. Everybody. Have a good evening. And have a great Christmas or Hanukkah or whatever you celebrate and we'll see you on January 23rd.

Chat Message: Ian UHCCP: Thanks everyone! Happy Holidays!

Meeting ended after 02:19:42





For all of October 2023 IRs, the Committee members have been given a total of 597 incident reports in the Shared Drive. This included 69 open and 528 for closed reports.

Туре	Open	Closed
Accidental Injury	1	51
Consumer missing	0	6
Deaths	3	1
Emergency Measures	3	8
Human Rights	4	13
Legal	2	4
Medication Errors	3	41
Neglect	36	75
Other Abuse	5	4
Other Behavior	3	208
Other Injury Unknown	0	102
Physical Abuse	9	13
Property Damage	0	2
Suicide	0	0
TOTALS	69	528

The IRs will be reviewed by the committee members.

Number of Questions for Quality Improvement Manager, QIM: 0

Members of the committee will comment on incident reports directly and the liaison will send them to QIM.

All PRC meetings are being attended by Crystal Fox.

Number of Behavior Plans turned in by IOC Members: unknown

The Program Review Committee (PRC): unknown