

OIFA 2.0

Member Voice & Choice in a changing healthcare landscape

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Collaborative Conversation Agenda

- Mission Overview
- OIFA 1.0: Understanding the history & purpose
- Changing Landscape: OIFA 2.0
- OIFA Differentiators
- Future Forward focus
- Q & A

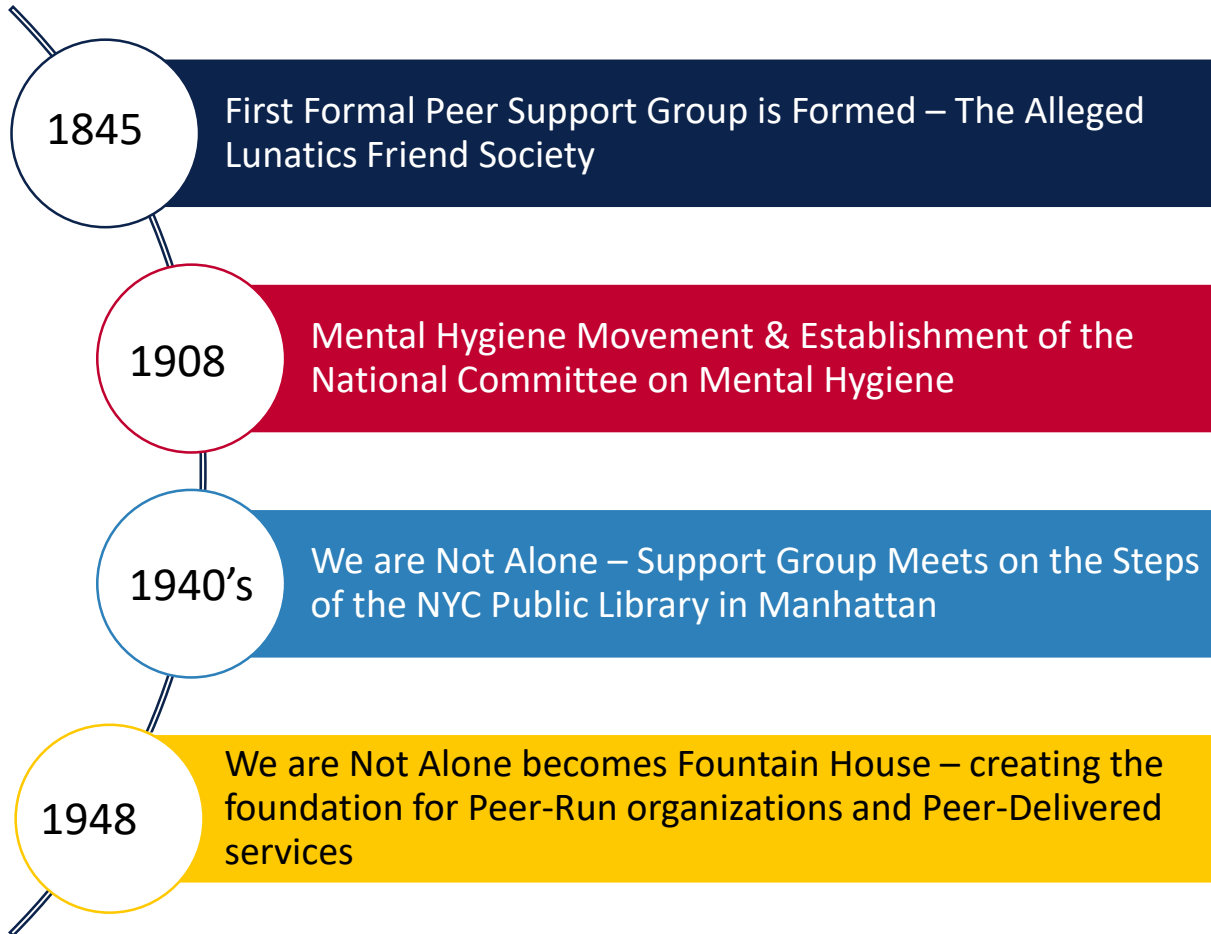
Statewide OIFA Mission

To ensure peer and family voice contribute at every level of the system while educating and informing the community.

OIFA 1.0: Contributing at Every Level

- Individual driven, person-centered service planning
- Individualized definition of successful treatment outcomes
- Peer/family-delivered services
- Peer/family driven workforce development & community outreach/education efforts
- Peer/family input on policy development & implementation
- Peer/family driven program and system evaluation
- Peer/family driven system design, transformational initiatives & improvement plans

A Look-Back in Time



Planting the Seeds for Radical Transformation

1963

Community Mental Health Construction Act is Signed into Law – authorizing federal grants for the construction of public or nonprofit community mental health centers

1970's

Consumer Survivor / Ex-patient Movement – principles of Civil Rights movement are applied; political paradigm developed out of societal discrimination, disenfranchisement, and dissatisfaction with medical model services; social justice through advocacy becomes the focus

1977

Community Support Program (CSP) is established to improve services for “adult psychiatric patients whose disabilities are severe and persistent but for whom long-term skilled or semi-skilled nursing care is inappropriate”

Peer-Run Programming Takes Center Stage

1984

Consumer-Run Demonstration Begins Operating in San Francisco Bay Area

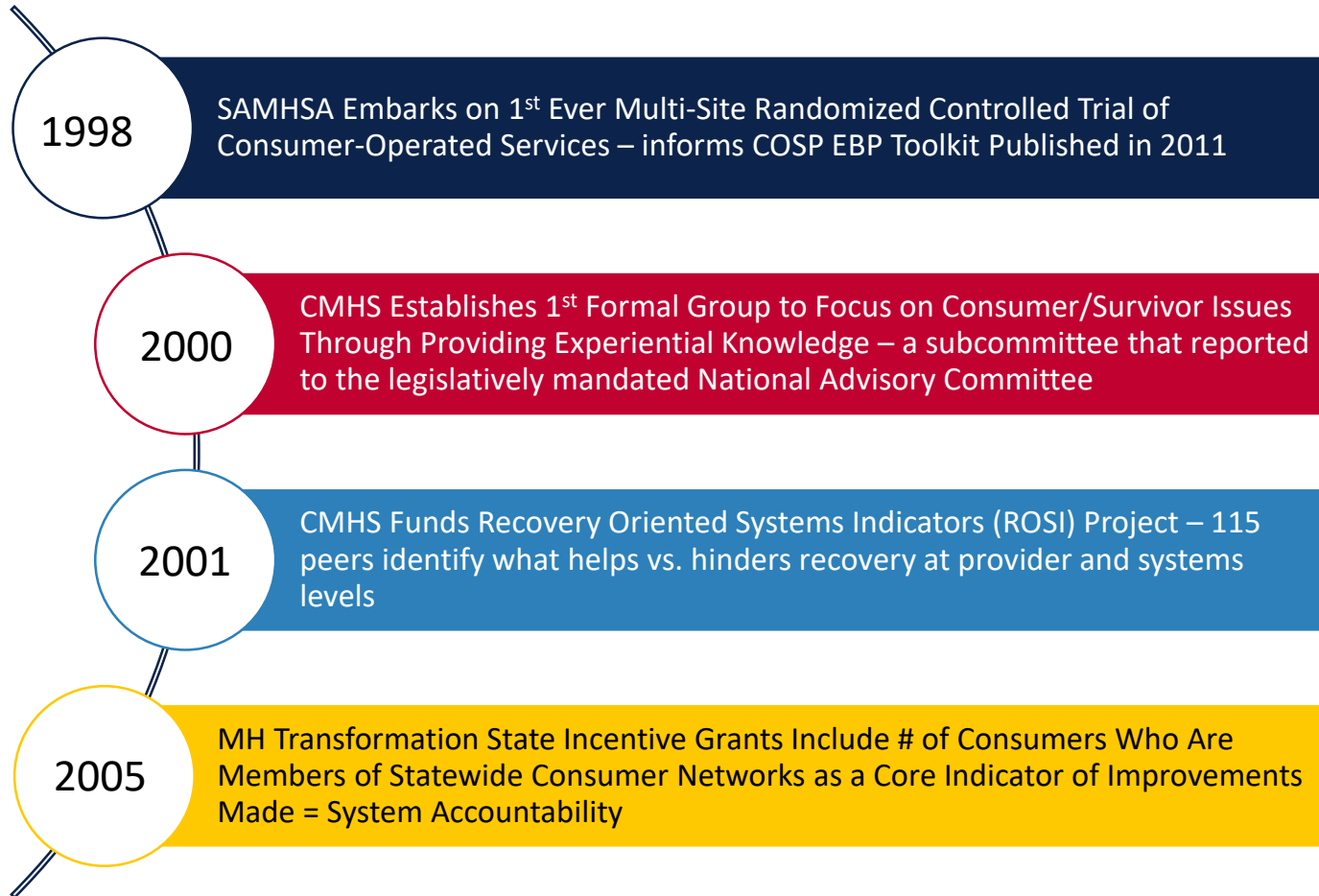
1986

CSP Awards 3-yr Grants to States for Demonstration Projects Addressing Homelessness & Services for Adults – some states fund peer-run programs or establish peer-support roles (including AZ); MH Planning Act Requires Peer Involvement for All State MH Plans

1992

CSP Has Awarded \$5 Million to Consumer-Operated Demonstration Projects – includes drop-in centers, business enterprises, Offices of Consumer Affairs, peer support groups, homeless outreach, & public education; CSP Shifts to Focus on Peer/Family Involvement in System Evaluation & Improvement Strategies; Legislation Mandates Use of MH Planning Councils that Include Peers/Family to Receive CMHS Block Grant

Focus on Evaluation



A New Day: Organizing & Training

2006

CMHS Sponsors 1st Leadership Institute with Peers & Non-Peer Leaders Learning Side-by-Side; National Coalition of MH Consumer/Survivor Orgs is Established – organizing, training, information dissemination, feedback, policy advisement, & advocacy

2007

AZ Establishes Office of Individual & Family Affairs within ADHS/DBHS

2010

43 State Mental Health Departments Have Offices of Individual & Family Affairs (e.g. “Consumer Affairs”)

AZ OIFA – The Early Years

Peer & Family Summit (held 11/2007)

Priorities for OIFA Director:

- Report directly to the Deputy Director of ADHS/DBHS
- Hold regular meetings with PFROs Leaders & members receiving mental health services
- Assist in building skills and knowledge to PFROS and Members
- Visit each PFROs twice annually
- Communicate with other Government Agencies
- Oversight of education, training and skill building for P/RSS
- Create Statewide OIFA Advisory Board

OIFA: Today at AHCCCS

- Member of Leadership Team
- Statewide OIFA Advisory Council
- Engage with peers, family members and other stakeholders
- Connect with Peer and Family Run Organizations
- Meet with other State Agencies
- Policy on training, credentialing and supervision of peer and family supports
- OIFA Teams at RBHA and ACC Health Plans

Day in the life of OIFA at a Health Plan

- Leveraging our lived experience to inform health plan processes = enhancing member-centric care practices
- Focus on member/family & community training & education
- Creation of self advocacy champions
- Cultivating & fostering educated, informed & empowered individuals
- Creating formal feedback/communication loops
 - Committee & Advisory Council engagements
 - New Member Orientations & Collaborative Community Conversations
 - Community & Provider Engagements

Differentiators



Changing healthcare landscape: OIFA 2.0:

- Diversifying the Voice at the Table – peer & family voice includes non-BH members
- Expanding the definition of Peer & Family in an integrated care landscape
- Expanding Peer & Family Supportive Services within integrated care settings

Program Expansion

- From 3 OIFA Offices to 7 within ACC plans

Geographic Service Area (GSA)

•**North** (Apache, Coconino, Mohave, Navajo & Yavapai)

•**Central**

(Maricopa, Gila, Pinal, excluding ZIP codes 85542, 85192, and 85550)

•**South**

(Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, Yuma & Zip codes 85542, 85192, and 85550)

Available Health Plans

- Care1st Health Plan
- Steward Health Choice Arizona (formerly Health Choice AZ)
- American Indian Health Program
- Arizona Complete Health - Complete Care Plan (formerly Health Net Access)
- Banner-University Family Care
- Care1st Health Plan
- Magellan Complete Care
- Mercy Care
- Steward Health Choice Arizona (formerly Health Choice AZ)
- UnitedHealthcare Community Plan
- American Indian Health Program
- Banner-University Family Care
- Arizona Complete Health - Complete Care Plan (formerly Health Net Access)
- UnitedHealthcare Community Plan (Pima County Only)
- American Indian Health Program

AHCCCS

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Are we on the right track?

Thank You!

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