Strengthening the Office of Individual and Family Affairs and Creating an Advisory Council
Summit II

March 10-11, 2009

Respectfully Submitted To:

The Arizona Division of Behavioral Health Services

By:

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This technical assistance was provided through cooperation between the Depression Bipolar Support Alliance (DBSA) and the National Association of State Mental Health Program Directors (NASMHPD) Office of Technical Assistance (OTA). Funding for the Project was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) through a grant to the NASMHPD/OTA.

Summary Recommendations from the Technical Assistance Provided to the Arizona Office of Individual and Family Affairs (OIFA) During the Summit II

Many of the recommendations that came out of the Summit I technical assistance provided on November 15-16, 2007 to the Arizona OIFA have been implemented. This is despite that the OIFA is currently down 50 percent in staffing, and is without a Director during a state hiring freeze. One key recommendation not implemented from the first Summit was the development of an OIFA Advisory Council. Therefore, to strengthen the operation and effectiveness of the OIFA, the following is recommended:

- An Advisory Council should be created, and made up of approximately 18 members recommended by a Selection Committee, and submitted for approval to the Acting Deputy Director of the Arizona Division of Behavioral Health Services (DBHS). Once the members are approved, the Acting Deputy Director would send out official invitations to serve on the new OIFA Advisory Council. Because of budget cuts, the Advisory Council could begin by using existing tele-psychiatry technology to save on travel costs. The selected Advisory Council members should all start with an initial one-year term commitment. During the first year, the Advisory Council members should decide how to stagger terms of service, and they should be charged with developing the mission, policies, and values of the Advisory Council.

  Action steps:
  - Revise the draft Advisory Council Member Application to include suggestions and comments developed by the group work on the *afternoon session* of March 11, 2009 (day 2) and recorded below.
  - Create a matrix to use as a selection tool of Advisory Council Members developed by the group work on the *afternoon session* of March 11, 2009 (day 2) and recorded below.
  - Create a summary of the Advisory Council description to go into the Advisory Council Member application.

- It is also recommended that the two current staff members of OIFA become co-interim directors until such time as the hiring freeze is lifted and a competitive hiring process following state guidelines can be initiated to hire an OIFA Director.
- A third recommendation is that clerical support be provided to the two OIFA staff members. If this cannot be provided due to the hiring freeze and budget cuts, the Recovery Centers in Maricopa County could collaborate to make their staff available to assist the OIFA with clerical support when they have large projects, such as conferences.

The group reached a consensus on day two that a Selection Committee would be made up of volunteers among those in attendance. Those individuals include:

Alana Levine – NAMI
Bob Tencer – Carl Hayden Hospital, VA
Marcus Fullen – North Phoenix Visions of Hope
Suzanne Legander – STAR
Mitch Klein – Cheers
Valerie VanAuker – Family Involvement Center
Diane Taylor – Cenpatico

Alex Soto – CPSA
Kevin Ferris – NARBHA

The volunteer members of the Selection Committee would be joined by OIFA staff members Amy Sather and Cynthia Henry.

OIFA Summit II -- Day 1, March 10th

Meeting with DBHS Senior Staff

March 10, 2009 Morning Session

Ms. Henry opened the meeting by welcoming the senior DBHS staff, and introductions were made. The following individuals attended:

Laura Nelson, MD – Acting Deputy Director of DBHS
Mike Fronske – Asst. Deputy Director
Bob Sorce – Asst. Deputy Director
Rodgers Wilson, MD – Acting Chief Medical Officer
Sondra Stauffacher - Div. Chief-QM
Victoria Navarra – Bureau Chief, Compliance
Brian Lensink – Director, Children's System of Care/Network
Wayne Goulet, Ed.D. – Director, Clinical Operations
Paige Finley – Bureau Chief, Psychiatric Rehabilitation
Justin Chase – Manager, Adult Network Operations
Brenda Thomas – Senior Policy Advisor
Amy Sather – OIFA, Special Projects Coordinator
Cynthia Henry – OIFA, Representative
Larry Fricks – Consultant
Peter Ashenden – Consultant

Ms. Sather briefly explained that the objective for the morning's meeting was to review the changes Arizona and OIFA have experienced, as well as OIFA's accomplishments since the Summit I in November 2007.

Dr. Nelson began the day by providing an overview of the changes that have taken place in Arizona since the 2007 Summit:

- There is a new Arizona Governor (now in mid-term).
- There are a lot of new legislators.
- A Court Monitor's Report on the Arnold vs. Sarn Lawsuit identified a number of challenges in service delivery in Maricopa County by the new RBHA, Magellan.
- DBHS developed a "vision."
- The Court Monitor's Report and public reaction to it has prompted a call for a legislative task force to be established by the Governor to come up with solutions to "fix" the problems. The Governor decided to hold a round of private meetings first, and the meeting with DBHS was scheduled to be first (scheduled for March 11th).
- The recent media coverage of behavioral health issues in Arizona has been negative.

- DBHS is trying to shift public perception to one which is more positive, and one with celebration of its accomplishments.
- AZ currently is highlighted as the hardest hit in the current national budget crunch.
- AZ has a $1.69 billion shortfall in the state budget, with an estimate of $3 billion predicted for 2010.
- Due to the state's budget shortfall, Arizona could potentially lose much of its state funding for behavioral health services.
- The State is unsure yet how extensively the Federal Stimulus Package will help Arizona.
- DBHS currently is operating at a 29% vacancy rate and is under a hiring freeze.
- A "hot topic" is the debate about whether or not the state should contract with for-profit organizations to run RBHAs.
- The 2009 NAMI State Report Cards just came out, and Arizona improved from a D to a C overall.
- The state's behavioral health advocacy community remains fragmented.

Ms. Henry distributed a written summary of OIFA's *Needs & Projects,* and *Accomplishments* to date. They included significant outcomes of building partnerships with individuals, families, youth, communities, organizations, and key stakeholders to promote recovery, resiliency, and wellness. This same presentation was provided to those attending the second day of the Summit II. The *Needs & Projects* and *Accomplishments* are listed in detail in the addendum at the end of this report.

Ms. Sather reviewed the current OIFA vision and responsibilities. She noted that the accomplishments as stated by Ms. Henry are thus far effectively meeting their vision and responsibilities.

A major part of the morning session was devoted to the two consultants facilitating a group discussion focused on the strengths and barriers to achieving the vision of the OIFA and the Division. Those strengths and barriers noted include:

Strengths that support the vision of the OIFA:

- There is a supportive leadership in the DBHS.
- The philosophy and language of recovery are implemented top-down.
- Some of the state's RBHAs have created Consumer and/or Family Coordinator and Manager positions.
- There are strong family-run organizations (FIC / MIKID).
- Funding supports are provided by DBHS to have consumers and family members serve on committees and to facilitate support and education groups.
- AZ has youth councils / youth involvement.
- Technology savvy youth can assist w/ technology development.
- There is Telemed capability throughout the state.
- The current Governor is supportive of Behavioral Health issues.
- The State Medicaid waiver allows great flexibility.
- DBHS is developing a statewide Family-Driven Care Policy through a Policy Academy award DBHS won.

- DBHS developed Roles of Family Involvement Protocol, which will also support the Family-Driven Care Initiative.
- There are innovative housing options in AZ:
  --"Tenant based bridge" can now be offered until Sect 8 comes through (up to 5 years).
  --This will provide opportunities to gain independent living skills
- Peer support programs are relatively widespread in AZ.
- DBHS has strong connections with RSA.
- Strong working relationships have been developed between T/RBHAs and RSA and DES-CPS.
- Twenty-five percent of people receiving SMI services in the state are employed.
- Boston University trainings have been taken by many staff.
- Peer Support training programs are offered that can lead to employment for adult consumers through RIAz, Triple R, REN, NAZcare, CPSA, Cenpatico, etc.
- OIFA / DBHS is working with the peer training programs to develop curriculum standards for Arizona.
- Medicaid reimbursement is available for peer support services.
- Consumer-Family-Youth participation on boards, committees, and councils has increased throughout the state.
- Magellan and its PNO's are initiating Community Councils at each clinic site that are run by a combination of consumers and staff.
- CPSA developed a web-based recovery education service which addresses the recovery process, individual rights, medication info, etc. Consumers and family members are part of these online education modules.
- The NARBHA Network of Care website provides information to consumers, family members, and the community on areas of interest and community resources.
- DBHS has strengthened documentation requirements.
- Psych Rehab leadership is working w/ medical staff to educate staff about the importance and value of consumer employment.
- The network planning process utilizes peer and family involvement.
- Some consumers are employed in the BH system in positions other than Peer Support, and some consumers are employed outside of the BH system.
- AZ is seen as progressive and a trailblazer in the national behavioral health community.
- OIFA established a statewide listserv as a means to connect communities and get the word out about state, federal, and local community activities and events.

Mr. Ashenden suggested that the OIFA could consider utilizing its listserv to conduct periodic surveys on behavioral health issues, and that *Survey Monkey* is one technology that could be used. He urged the group to capitalize on the use of technology as much as possible to hold down costs associated with travel and staff time away from the office.

Barriers to the vision of the OIFA:

- There is fragmentation of statewide peer-family and advocacy groups, particularly on the adult side. A more united approach would be very helpful.
- Leadership at the RBHA level has room for improvement in terms of the philosophies and implementation of recovery principles; there are even stronger concerns with buy-in of

recovery principles at the provider level, although some providers have embraced them. There are particular concerns with leadership and medical staff grasping the concepts of recovery and resiliency.

- Many small organizations are challenged in getting contracts in place in a timely manner.
- There is a need for stronger business acumen in small agencies.
- Peer-family-run agencies typically rely solely on RBHA funding.
- Lawsuit-related activities can consume time and resources.
- Funding- there are many AZ and Federal budget challenges.
- Systems are driven by encounters. Many peer-family needs are not "encounter-able"
- Self-stigma, plus stigma in the BH system and the community is still very high.
- There is a lack of awareness / understanding re: work incentives. Consumers and family are fearful of losing benefits when becoming employed.
- Lack of an internal dept. awareness / integration of OIFA; silos seem to exist in the departments.
- Need greater balance of peer / family representation on committee boards and councils, including both those employed in the system and those who are not.
- Limited funds for stipends.
- OIFA has no budget or dedicated funding source.
- Too often, peer – family members are not at the table from the very beginning; they are invited after workgroups are formed.
- Too often, peers / family members are not well trained in serving on committees or adequately prepared ahead of time.
- There is a struggle at times with what info / assignments to give peers and family members on workgroups.
- Often the same peer and family voices / presence are the ones heard. There is a need for diversification.
- There is a small OIFA staff, with a 50% vacancy rate at this time.
- Within AZ, there is constant criticism because of budget cuts and other related systemic problems, and yet AZ is viewed nationally as an innovative leader in public mental health.
- There is no OIFA Manager—leads to the perception that the office lacks power.

March 10, 2009 Afternoon

After lunch the two consultants met individually with the OIFA staff to discuss findings from the morning session, to focus on strategies for creating a strong advisory council (also the focus of day 2), and to prepare the agenda and handouts for day 2 of the Summit II.

OIFA Summit II – Day 2, March 11th

Meeting with Community Peers, Family Members

Attendees for both the morning and afternoon sessions:

Marc Fullen – North Phoenix Visions of Hope
Sara Scalzo Kaczmarzyk – AASK, Independent Advocate/CRSS
Diane Taylor -- Cenpatico
Mitch Klein – Cheeers, Inc.
Bob Tencer – Carl Hayden Hospital-VA

Maravin Lopez – Magellan
Jane Kallal – Family Involvement Center
Alex Soto – CPSA
Valerie VanAuker – Family Involvement Center
Trish Bleth – Magellan
Kevin Ferris—NARBHA
Alana Levine – NAMI Arizona
Suzanne Legander – STAR
Greg Dicharry – Magellan
Tom Kelly – Cenpatico
Amy Sather – OIFA
Cynthia Henry – OIFA
Larry Fricks – Consultant, DBSA
Peter Ashenden – Consultant, DBSA

March 11, 2009 Morning Session

Ms. Sather began the day by providing a brief overview of the 2007 Summit I recommendations for OIFA from the TA's report, which were largely based on consumer and family member input. She explained that one of the strongest recommendations from consumers and family members in 2007 was the establishment of an Advisory Council, which had not yet been done. This would be the focus of the day's Summit.

As she did on Day 1 Ms. Henry reviewed highlights of OIFA *Needs & Projects* and *Accomplishments* between the Summit I in November 2007 and this Summit II. These are listed in the addendum at the end of this report.

To demonstrate how an Advisory Council / Board can work, the consultants then broke the attendees into two groups and guided them in a Mock Advisory Board activity. The scenario was:

> *Given the current economic times, DBHS has decided to cut all peer-related services because there is no hard evidence proving that they work. Cutting these services will allow DBHS to comply with the State directive to cut its budget.*

The two mock board groups convened to develop arguments against cutting peer-related services to provide to Ms. Henry and Ms. Sathers. Ms. Henry and Ms. Sathers then presented the Board / community voice to the Director (played by Larry Fricks). This presented all of the participants an opportunity to see how an Advisory Board could function and support the vision of the OIFA.

After a break, the attendees explored what could be done about the 50% reduction in OIFA staff and the fact that the State cannot fill the Director's position at this time. Consensus was reached that Ms. Henry and Ms. Sathers could be elevated to Acting Co-Directors to maintain the integrity of the Office, and to carry out the mission until such time as the State can post and fill the Director's position.

Mr. Ashenden then asked the group to share what outcomes they wanted to see from an OIFA Advisory Council. The responses included:

- Community member votes and seats at the table.
- Opportunities to affect positive change.
- Resources available to the OAC to do the work in the Council's vision.
- The establishment of operating guidelines.
- OIFA should bring proposed projects to the OAC before making decisions.
- Community and DBHS buy-in to the purposes of the OAC.
- The OAC should not be a rubber stamp, but a real working council.
- The OAC should be rich in diversity: cultural, geographic, age, language – including a couple of non-behavioral health community members.
- The OAC should communicate and collaborate with other statewide councils.
- The OAC should be a source of technical assistance for the further development of the OIFA.
- The OAC should work to retain the OIFA and its staff.
- Needs a legislative, financial focus – invite representatives to visit with the Council.
- Review how existing councils are structured "so we don't reinvent the wheel."
- Promote stigma reduction and recovery / resiliency.
- The OAC should have access to electronic data (latest research data, trends, emerging practices and appropriate internal DBHS documents) to enhance informed decision-making.
- There should be transparency.
- The OAC should utilize technology to hold virtual meetings and to communicate – this could be a national pilot and become a model.
- There should be reality checks (who, when, why the Council serves, and if direction is still valid or needs redirection).

Mr. Fricks concluded the morning with a brief presentation to the group on the Peer Support Whole-Health Program that trains Peer Specialists to help people choose a whole health goal, enter that goal into an individual service plan, and then provide peer support to reach the goal. He encouraged the group to promote peer support Whole Health in future peer support service definitions created by the state for Medicaid billing, and other funding sources like system-change grants.

March 11, 2009 Afternoon Session

After lunch the two consultants facilitated the group in a discussion around how the Council should be structured, and how the application process should work. Following are recommendations for the council, which should be incorporated into the *Actions Steps* listed under the *Summary Recommendations* at the beginning of this report. Individuals' own words were maintained as much as possible.

- To ensure true representation, include a mix of non-behavioral health community members, consumers, and family members.
- The Council should have diversity, and will need a toolbox, matrix, and QM data.
- Must have diversity related to age, ethnicity, language, gender, geography, etc.
- Utilize an application process and establish a selection committee of peers and family members to review and select Council members.
- Must include information with the application about:

    - Purpose of the Council.
    - Who we are.
    - What we do.
    - How do we help the community?
    - Time commitment.
    - Term of service.
    - Expectations for Council member involvement.
    - What can we offer / what can you provide?
    - Description of duties/responsibilities.
- Develop a grid or matrix with which to evaluate applications (see Anne Rock for tips – she has done this for the Arizona Behavioral Health Planning Council).
- Can look at T / RBHA committee structure to recruit members.
- Look at developing a network outside of the T / RBHA structure.
- Definitely want different faces at the table – "not the same old folks."
- Select two people from each GSA region – AZ has nine GSA regions (Georgia has 13 regions and selected two people from each region), plus Ms Sather and Ms. Henry.
- How do we disseminate applications and a Council summary sheet to the community?
    - OIFA listserv.
    - DBHS website.
    - RBHA's.
    - TRBHA's.
    - Service Providers.
    - NAMI.
    - MHA.
    - REN, RIAz, Cheeers, NPVOH, NazCare, STAR, etc.
    - Community and Clinical Councils.
- Must be a fair recruitment process that involves all of the statewide community.
- Who determines the selection of the members – suggestions were:
    - Arizona Behavioral Health Council.
    - DBHS executive staff.
    - T / RBHA staff should select 6-8 people in their regions to put forward.
    - Local family and peer committees could nominate people.
    - Establish a selection committee of peers/family members who are in attendance at Summit II.

The group came to consensus around establishing a Selection Committee made up of those in attendance who wanted to volunteer. They include:

Alana Levine – NAMI
Bob Tencer – Carl Hayden Hospital VA
Marcus Fullen – North Phoenix Visions of Hope
Suzanne Legander – STAR
Mitch Klein – Cheeers
Valerie VanAuker – Family Involvement Center
Diane Taylor – Cenpatico
Alex Soto – CPSA
Kevin Ferris – NARBHA

Amy Sather – OIFA
Cynthia Henry – OIFA

The group also decided that the Selection Committee should submit a formal recommendation to the Acting Deputy Director of DBHS to welcome the initial 18 members to the Council.

Lastly the group discussed some administrative details that will be needed to provide the Council with some initial organization and guidelines. These included:

- Each member's ongoing term of service:
  - Start with an initial one-year term commitment.
  - The Council Members will decide during that first year what the term of service will be (staggered terms of 2 and 3 years, etc.).
- Policy – Mission – Values – Principles
  - These should be determined by the initial Council members during their first year of service.

Action necessary to begin the process of creating the council:

- Revise the draft Council Member Application to include the suggestions and comments of the group.
- Create a matrix to use as a selection tool.
- Create a summary of the role of the Advisory Council to put in applications.

Mr. Fullen suggested that "The Recovery Centers in Maricopa County could collaborate to make our staff available to assist OIFA when they have large projects, such as this Summit, conferences and the like to prepare for. Our staff can help with things like copying, setup, breakdown, and collating packets. It wouldn't be all the time and we can take turns. They have been very supportive of us and this would be a way for us to give back, especially since they are down 50% in staffing."

This concluded the two-day Technical Assistance for Summit II. As was the case in Summit I, the level of input and support provided by the Arizona Division of Behavioral Health Services - especially by OIFA staff - was exceptional. The two consultants would like to express their deep appreciation for the commitment of those individuals to system transformation.

ADDENDUM

Following is the detail of reports given by OIFA staff on both days of the Summit II:

OIFA Proposed NEEDS & PROJECTS as of March 2009

Administration:

- OIFA staff should attend Senior Leadership Team meetings.
- DBHS should establish dedicated funding for the Office.
- OIFA / DBHS should establish a mechanism whereby refreshments can be served for community outreach meetings and meetings of two + hours duration.
- There should be assigned clerical / administrative support.
- An Advisory Board needs to be established – to meet quarterly.

Community Outreach:

- The OIFA should develop an informative monthly or bimonthly e-newsletter on recovery and system transformation activities.
- The OIFA should host quarterly community town-hall meetings – regionally.
- The OIFA should host legislative open house / town hall meetings (one annually in August).
- The OIFA could coordinate regional mini-conferences for peers, family members and providers, or an annual statewide conference (i.e. for skill-building and by bringing in National TA presenters).
- The OIFA should collaborate with peer and family-run organizations to develop and deliver orientation training modules for youth, family members, and consumers who desire to serve on committees, councils, and boards, as well as with providers on how to welcome and work with youth, family, and consumers on these same issues.
- The OIFA should team with RBHAs, PNOs, and family-run organizations to deliver initial Family-Driven Care trainings statewide.
- There should be an OIFA website or, at minimum, a web link on the DBHS website.
- The OIFA should develop an online statewide calendar of events for consumers / family members.
- There should be collaboration with the DBHS Communications Manager to develop informational fliers / trifolds for consumers, youth, and family (recovery, transition to adult system, family involvement / support, committee / council / board involvement, housing, peer and family-drive care, Whole Health).
- The OIFA should partner with OCSHCN and RSK to develop and deliver a behavioral health module, and to host families for their Pediatric Residency Program.
- There should be a presentation of the OIFA to all Human Rights Committees in the state.

DBHS Internal Outreach

- The DBHS should develop close working relationships with:
  - Adult SOC Dept.
  - Children's SOC Dept.
  - Cultural Diversity Representative.
  - Interagency Department.
  - Office of Human Rights.
- The DBHS should develop and deliver overview presentations for new hire orientations.

Technical Assistance

- The OIFA should meet bimonthly with RBHA and PNO Family Coordinators / Managers.
- The OIFA should meet bimonthly with RBHA and PNO Peer Coordinators / Manager.
- The OIFA should meet bimonthly with statewide Peer and Family-run organizations.
- The OIFA should meet quarterly with community advocate / support organizations.

OIFA ACCOMPLISHMENTS as of November 2007 – March 2009

Administration

- The first Summit was held in November 2007.
- The Director's was position established.
- The Director now reports directly to the Acting Deputy Director of DBHS
- Staffing:
  - The Director resigned in July 2008.
  - One representative resigned.
  - Neither position has been filled.
  - The remaining staff directly report officially to the Acting Deputy Director of DBHS.
  - The remaining staff indirectly report to the Bureau Chief of Psychiatric Rehabilitation.
- There are three OIFA Representatives hired.
- A Vision Statement is developed.
- Responsibilities of the Office are established.
- A statewide 800 phone number is established.
- The OIFA is beginning to collect data to evaluate and monitor youth, family, and consumer employment and involvement at all system levels statewide.
- The Summit II was held March 2009.

Community Outreach

- A statewide listserv was developed to communicate information and events.
- OIFA representatives made introductory visits to half + of the CSAs / Peer-Run Centers / Family-Run Centers in the state.
- The OIFA is developing a list of statewide consumer and family support programs.
- The OIFA established working relationships with two of the State's six RBHA's (Magellan & NARBHA)
- Working relationships are established with five peer-run (Cheeers, REN, NPVOH, RIAz, STAR) and two family-run (FIC, MIKID) organizations – all are based in Maricopa County, but two serve statewide.
- Working relationships are established with two statewide community advocacy / support organizations (NAMI and MHA).
- A statewide Youth Council was created and facilitated.
- Coordinate(d) Events:
  - Statewide Youth Conference, Tucson (2008).
  - Statewide Youth Councils – MHAC Youth Leadership Conference (2009).
  - Statewide *Let's Talk* community forums (2008-09).
- Serve(d) on Event Planning Committees:
  - Arizona Youth Substance Use Conference (2008).

    - Magellan MYFest Community Event (2008-09).
    - MHAC Visions of Change Conference (2008).
    - MHA Seeds Conference (2009).
    - National Peer Specialists Training Conference (2009).
    - NIMH/SAMHSA Western Regional Conference (2008).
    - QNet (Gay Pride Network) Conference (2009).
- Presentations:
    - Three breakout Sessions at the DOE Statewide Youth Transition Conference (2008).
    - Overview of progress of Arizona Stigma Reduction Initiative & Committee (AFBH-2009).
    - FSP Graduation Address – RIAz (2008).
    - Overview of OIFA at Cenpatico FSP Training – Globe (2008).
    - Overview of OIFA to *Dine for Our Children* (Window Rock, 2008).
- Exhibited at Art of Recovery Conference, MHAC Family Day – Mental Health Week, Carl Hayden VA Community Resource Fair, and Paradise Valley School District Transition Night.

DBHS Internal Outreach

- Reviewed and provided feedback on consumer and family related practice protocols and RFPs.
- Facilitated Peer Specialists Training Standards Work Group with Bureau of Psychiatric Rehabilitation (2009).
- Facilitated *The Mental Health Game* as a training / awareness tool. Currently coordinating a work group to update it to include recovery principles, and then it will be introduced to small groups.
- Three Brown Bag presentations (A Mental Health Challenge: Stigma, Mental Health, & Recovery, Creating A Mental Health Friendly Workplace).
- Coordination of DHS participation in the 2009 NAMI Walk.

DBHS Internal Committees / Groups

- Adult SOC Committee.
- Best Practices Committee.
- Children's Leadership Committee.
- Children's SOC Committee.
- Clinical Council.
- Grants Committee.
- Housing Committee.
- Policy Committee.
- QM Adult.
- QM Children's.
- QM Magellan (Arnold v Sarn).
- TRIP Adult.
- Unannounced Magellan Clinical Site Visit.

OIFA Representation on Community Committees / Groups

- AZ Behavioral Health Planning Council – Children's Subcommittee.

- AZ Behavioral Health Planning Council – Consumer Subcommittee.
- AZ Children's Executive Committee – Family Subcommittee.
- Coordination of the Arizona Stigma Reduction Committee.
- Lead for Arizona Family-Driven Care Initiative & Work Group.
- Magellan Consumer SOC Community Meeting.
- Magellan Family Partnership Council.
- Magellan MYLife Youth Council.
- Magellan Youth Transition-to-Adult Work Group.
- Mental Health Awareness Coalition-Maricopa County.
- NARBHA Communities of Wellness Peer / Family Committee.
- OCSHCN Family-Centered Cultural Competency.
- QNetwork (Gay Pride Network).
- Statewide QM Family Committee.
- Statewide Transition-to-Adult Committee.

Technical Assistance Provided

- Cenpatico Parker Community Advisory Council (Red Ribbon Week).
- Cenpatico Globe Peer & Family Advisory Council (increasing membership / marketing).
- NAZcare-AzPire (Flagstaff) – five meetings related to increasing membership, building partnership with Flagstaff Family Partnership group, and identifying collaborative community events.
- Workshop for Maricopa County CSAs and recovery centers on funding diversification and marketing.
- Carl Hayden VA Recovery Specialist related to community resources and family-peer support.