2022

2022 ACMI OLMSTEAD PLAN

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Letter from Charles Arnold

All,

It is with a great deal of pleasure, that I now have the opportunity to review the 2022 ACMI Olmstead Plan created by the Association for the Chronically Mentally Ill, and respond to the invitation for comment. It's unfortunate that Arizona has been lax in offering these *Olmstead* reports in the past, but I'm pleased this Plan has come together for 2022. I hope it spurs future community collaboration so the Olmstead Plan is completed each and every year.

I've reviewed the 2022 ACMI Olmstead Plan, and I am pleased that many of the principles set forth in that Plan as goals are consistent with the *Olmstead* decision, as well as the 1989 Arizona Supreme Court decision in the case of *Arnold vs. Sarn*. While the Plan identifies hurdles in the context of the state's ability to provide a consistent unified system of care for those with a serious mental illness, I believe the Plan recognizes the deficits we have faced in Arizona, and creates a viable plan to overcome those deficits.

The Plan points out the deficiency in data provided by the various state agencies addressing the needs of the seriously mentally ill In Arizona. This is a glaring example of the Arizona's failure to have created a unified system of care, as called for in *Arnold vs. Sarn*, and in *Olmstead*, and is a major contributing factor to our failure to have created a "state of the art", unified system of care in Arizona.

That Arizona agencies dealing with the seriously mentally ill were slow to provide transparency, were slow to provide suitable data, and were inconsistent in the notion of creating a unified system, is a manifestation of the very real facts on the ground. Despite years' long efforts, largely because of the inconsistencies inherent in using different private companies as Regional Behavioral Health Authorities, at regular intervals, Arizona has failed to achieve even the most modest of goals set out in the *Olmstead* decision. Indeed, it's time to consolidate authority in a single State Agency.

The Plan concludes that it is necessary and appropriate to "provide treatment in the most integrated setting", which is identified as an underlying principle of the state agencies that address the needs of the seriously mentally ill. These principles, as well, were affirmed in *Arnold vs. Sarn*, and have now comprised a major component of the principles of our proposed system.

Olmstead requires that treatment be provided in the most integrated setting possible. The 2022 ACMI Olmstead Plan affirms the principle, and indicates that such is an underlying principle of AHCCCS, as well as the Division for Persons with Developmental Disabilities. It also must be made an underlying principle of any contract entered into with private parties intended to serve the needs of the seriously mentally ill in Arizona.

The Plan recognizes that Arizona is required to develop a single, unified plan. It would be most appropriate, rather than being required to deal with the various agencies addressing the needs of the seriously mentally ill, to consider creating a separate, single State Department, charged with the responsibilities of carrying out the guiding principles of *Olmstead*, in a manner consistent with the mandates of *Arnold vs. Sarn*.

Those principles must include person-centered treatment and consistent delivery of services, all to be provided in an integrated care setting.

I was pleased to recognize that the goals as set forth in the 2022 ACMI Olmstead Plan are consistent with the principles established in *Arnold vs. Sarn*, emphasizing the critical importance of providing stable and secure housing, appropriate transportation services, and employment opportunities.

These are the critical principles identified in the Arizona Supreme Court 1989 decision, and have formed the foundation for the proposed delivery of services to the seriously mentally ill in Arizona. I'm pleased that the Plan emphasizes the importance of these critical elements of care, and commits the state to move forward toward achieving a unified system of care.

I'll surely look forward to the time when Arizona's vision becomes reality. Families throughout our State will greatly benefit from such a critical change in our State's approach to the delivery of care.

Thank you for the opportunity to respond to 2022 ACMI Olmstead Plan.

Charles Arnold

Message from the Authors: Barriers to Data Collect.

> "One factor has significantly hampered the ability of this Committee to address its charge to assess the impact of its recommendations: a lack of data,"
>
> -Mental Health & Justice System Report.

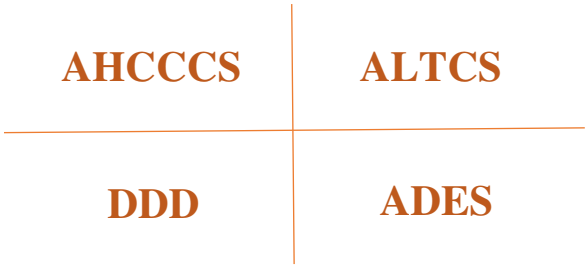
In the drafting of this plan, the paucity and fragmentation of the state's mental health statistics reporting has become abundantly clear. There exists no central depository for information concerning this population. Rather, to examine all the different facets of their interaction with the state, one must journey through the dark corners of every agency website to hopefully find a handful of useful statistics. Where agencies do outline any data at all, it is often in an obscure report. The trouble is, that for all these reports' inaccessibility, many fail to include any information on their methodology - making informed consideration of their findings difficult. Furthermore, the contents of many of these reports, which are nominally the same, change from year to year; thus, long-term comparisons are impossible. Reports, especially those to the legislature, should precisely and concisely describe their statistical methodology and should attempt to remain consistent from year to year. Additionally, agencies should strive, where possible, to make underlying data sets public information to allow for greater independent analysis and research.

Where information was not easily available, many agencies were slow or outright unresponsive to requests for public information. To the credit of some agencies this apathy was not uniform, however, far too often data collection efforts were akin to pounding on a locked door. It is the statutory responsibility of every section of the state government to be transparent and responsive to its citizens. Finally, it should not require the hiring of a consultancy or empaneling of a massive committee to create an accurate picture of every aspect of our state's mental health system. The hope for the next iteration of this state's Olmstead Plan, is that it can serve as a resource for examining the whole of government efforts to serve this population. Good data is essential to any effort at critical self-examination and serves as a common basis of fact, which is less susceptible to the warping of rhetoric or authority. Bad data, however, can obfuscate, misrepresent, or be hidden and is the enabler of bureaucratic entropy and outright malice.

- **Strive** to include **precise descriptions** of **statistical methodology** in reports to aid the interpretation of presented data
- Keep statistical reporting **consistent** over time and when necessary, justify changes in the format that data is presented
- **Consolidate** the data reporting of many agencies into the Olmstead plan so it can serve as the one-stop-shop for information on the state's mental health and disability services.

Preface

Providing treatment in the most integrated setting is an underlying principle of the Arizona Health Care Cost Containment System/Arizona Long Term Care System (AHCCCS/ALTCS), and Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD). As such, many aspects of the State's compliance with the Olmstead Decision are incorporated in the agencies' rules, policies, and practices. However, it is important to note, this document is not a comprehensive statement of every implementation of the community integration requirement of the Americans with Disabilities Act.



Arizona's Olmstead Plan is drafted in the **spirit of continuous improvement.** As a result, there are always opportunities to provide services to the citizens of the State in ways that better serve their needs. The interest of the U.S. Department of Health and Human Services/Centers for Medicare and Medicaid Services (DHHS/CMS) in the Olmstead Decision is relevant because the CMS funds many of the services impacted by the Olmstead Decision. Accordingly, Arizona believes it follows the mandates of the Olmstead Decision. Thus, statements contained in this document are not admissions by any of the Arizona agencies that they are not in compliance with the Americans with Disabilities Act requirements. The direction from the CMS simply provided Arizona with another vehicle for critical self-examination.

Readers should also note that improving community integration is a living process. This document is a snapshot of the current state of the agencies and the challenges they face. It expresses potential solutions based on currently available information and resources. Furthermore, it attempts to plan for improvement in community integration and to assist agencies in establishing their priorities in the context of other critical issues that agencies face. As resources and competing priorities change, so will this plan. Changes may not always be reflected in a revised version of this plan even though the involved agencies intend to review and update this document (with community input) as time and resources permit.

Executive Summary

Background: Why did Arizona prepare a plan?

Because of the Olmstead Decision (Olmstead v L.C., 119 S.Ct.2176(1999), AHCCCS, and ADES/DDD determined that it would be appropriate, and in the consumers' best interest, to convene a public planning process that would review the state's accomplishments. The purpose of this review is to date and identify areas for future endeavors to improve opportunities for consumers to live in the most appropriate and integrated setting possible. The state agencies recognize that this is part of a continuous improvement process in which each agency was already involved prior to the Olmstead Decision and will continue to engage in. The preparation of the plan is also consistent with the Executive Order issued by President George W. Bush on June 18, 2001, in support of the Olmstead Decision.

Process of Plan Development

AHCCCS, ADES/DDD and ADHS/DBHS convened an initial meeting in June 2000, to discuss the Supreme Court decision and subsequent information from the Centers for Medicare and Medicaid Services. In August 2000, the state agencies identified how to encourage consumer involvement in the plan development process. This has included the convening of four regional stakeholder meetings. In September 2000, the state invited representatives from each statewide council to meet and provide recommendations on how to best secure additional consumer participation. In November and December 2000, the state held meetings to present these preliminary plans and receive input. This review occurred in March 2001. During April and May 2001, the state revised the consolidated plan, and posted a copy of the revised plan on the AHCCCS website in early June. Additional stakeholder meetings occurred in late June to receive comments. The final plan was published and posted on the AHCCCS website in August 2001. Yet, few attempts were made in the following years to update and revise the plan.

About the Content

This document is organized to allow consumers, advocates, and providers easy access to specific areas of interest.

Each of the four parts are broken into subsections for easy user navigation.

01

Background and Introduction

Provides general background on the Olmstead Decision and Arizona's philosophical base.

02

Measurable Goals

Incorporates new goals adjusted for today's populations and demographics.

03

Additional Efforts

Includes current obstacles and future recommendations

04

Appendices

Provides the reader with more detail regarding programs, services and settings, acronyms, timeframe, meetings, etc.

Part I: BACKGROUND AND INTRODUCTION

Olmstead Overview

In June 1999, the United States Supreme Court rendered a decision, Olmstead v L.C., 119 Supreme Court 2176 (1999), which provides an important legal framework for the efforts of the federal and state governments to integrate individuals with disabilities into the communities in which they live. The Court's decision issues a challenge to all of us - the public sector, private sector, advocates, and consumers and families - to improve opportunities for individuals with disabilities to access systems of cost-effective, community-based services. Under the Court's decision, States are required to provide community-based services for persons with disabilities who would otherwise be entitled to institutional services when:

(a) The State's treatment professionals reasonably determine that such placement is appropriate;

(b) The affected person agrees with the decision; and

(c) The placement can be reasonably recommended, considering the resources available to the State and the needs of others who are receiving State-supported disability services.

A state may be able to meet its obligation under the Americans with Disabilities Act by demonstrating that it has a comprehensive, effectively working plan for placing qualified persons with disabilities in the most integrated setting appropriate and a waiting list that moves at a reasonable pace not controlled by a state's objective of keeping its institutions fully populated. On June 18, 2001, President George W. Bush issued an Executive Order on Community Based Alternatives for Individuals with Disabilities. This Executive Order reconfirmed the Federal Government's support of the Olmstead Decision. It directed the United States Office of the Attorney General, the Secretaries of Health and Human Services, Education, Labor, and Housing and Urban Development, and the Commissioner of the Social Security Administration to "work cooperatively to ensure that the Olmstead Decision is implemented in a timely manner." These departments are directed to work with the States to "help them assess their compliance with the Olmstead Decision and the ADA in providing services to qualified individuals with disabilities in community-based settings, as long as such services are appropriate to the needs of those individuals."

Arizona's Philosophy

Although the Court did not require states to develop a plan, Arizona believes that this is an opportunity for advocates, agencies, consumers, and community stakeholders to collaborate on a plan that will guide the State toward improving access to home and community-based settings and services. The state agencies that design, fund, and provide services to persons with disabilities – AHCCCS, ADES, and ADHS, have a history of working under the premise that people should live in an appropriate integrated setting in the community.

Apart from the principles established in Olmstead v. L.C., Arizona believes it is a human right to be as integrated into society as possible. Creating services and incentives that allow these people access to community-services and programs helps honor and establish their rights to self-determination.

Olmstead Principles

The principles of the Olmstead Decision, which this plan addresses, are:

Principle 1 - Plan:	Develop and implement a comprehensive, effectively working plan for providing services to eligible individuals with disabilities in more integrated, community-based settings.
Principle 2 - Involvement:	Provide an opportunity for interested persons to be integral participants in plan development and follow-up.
Principle 3 - Assessment:	Take steps to prevent or correct current and future unjustified institutionalization of individuals with disabilities.
Principle - Availability:	Ensure the availability of community-integrated services.
Principle 5 - Choice:	Afford individuals with disabilities and their families the opportunity to make informed choices.
Principle 6 - Infrastructure	Take steps to ensure quality assurance, improvement management and implementation of the plan.

Guiding Principles

Before the Olmstead Decision, Arizona used a set of guiding principles as a reference of conduct for the state programs in charge of planning and delivering these services. AHCCCS, ADES, and ADHS are expected to adhere to the general ideas that these principles impose. Such ideas are:

Person-Centered Care Management – The belief that the consumer is the primary focus and that the consumer, along with family and significant others, as appropriate, is an active participant in planning, delivery, and evaluation of services. Meaning that if a team approach is used, the team should also be "person-centered."

Consistency of Services – Service systems are developed to ensure that consumers can rely on services being provided as agreed to by the consumer and the program representative. The services are timely, consistent, dependable, and appropriate.

Available and Accessible Services – Access to services is maximized when services are developed to meet the consumer's needs. As appropriate, service provider restrictions, limitations or assignment criteria will be clearly identified to the consumer and family and significant others.

Most Integrated Setting – Consumers should be able to reside in the most integrated setting. To that end, consumers can choose to remain in their own home or an alternative residential setting versus entering an institution.

Collaboration with Stakeholders – The appropriate mix of services will continue to change. Resources should be aligned with identified consumer needs and preferences. Efforts are made to include consumers and families or other significant persons, service providers and related community resources, to assess and review the change of the service spectrum. Changes to the service system are planned, implemented, and evaluated for continuous improvement.

Populations and Programs

The long-term care and home and community-based programs in Arizona are the responsibility of three state agencies and are differentiated by population and fund source. The populations and main programs that are addressed in this plan include:

Elderly and persons with a physical disability

Children and adults with developmental disabilities

Children and adults with behavioral health needs

Arizona recognizes that other programs and funds provide additional support to the same populations. These programs are further explained in Appendix A.

Arizona's Olmstead Plan and its Implementation

State agencies in charge of the services outlined in this plan are expected to periodically update and review this document as data changes with population trends and needs. Agencies for the purpose of continually updating and improving these goals should welcome public comment and recommendation. Without proper maintenance, the purposes of this document become obsolete, and the rights of the designated groups of people protected and served by the principles within this plan are violated.

Once the plan is completed, copies will be provided to members of the public and the Statewide Councils. The state agencies will transmit the plan to the Governor and the Arizona State Legislature and post a copy on the AHCCCS website. The ADES and ADHS websites will contain a link to the AHCCCS website to take the consumer directly to the document.

This plan identifies common issues with Arizona's state agencies and their composite programs. In addition, each agency will be responsible for addressing issues specific to them and collaborating on common issues as appropriate. Work plans will be updated by the agencies as needed.

The proper accomplishment of the strategies and goals will take the effective partnering of the agencies, consumers, providers, and, in some cases, the permission of the federal government.

Part II: SPECIFIC AND MEASURABLE GOALS

Transition-

Vision:

To facilitate appropriate transitions from segregated facilities, while guaranteeing the transition does not put someone at heightened risk of re-institutionalization.

Rationale:

It can be burdensome for an individual to transition from a segregated setting to a community-based setting, without proper resources. The absence of such transitional programs inhibits the individual's ability to find appropriate, supported housing, and other essential needs that ensure their quality of life. Consequently, the state is expected to provide adequate services that give the individual the opportunity to pursue their desired standard of living, work environment, and education. In many cases, barriers to transition are a multi-faceted issue for those in the DD and SMI communities.

Strategy, involved agency, current measures & how to identify individuals transitioning:

The Medicaid Home and Community Based Settings (HCBS) waiver service, allows states to develop home and community-based waivers to meet the needs of people looking to transition into more integrated settings. In Arizona, HCBS programs are conducted through an 1115 waiver. Increasing person-centered HCBS services help provide the resources and services needed for a successful transition.

In 2017, Arizona's Systemic Assessment and Transition Plan was approved by the Centers for Medicaid and Medicaid Service. After being updated in 2019 with public comments, the plan contains goals that ensure Arizona's compliance with HCBS settings.

Statistics on HCBS:

HCBS Placement Rates as of June 2018 show that 37,757 individuals were able to receive HCBS services in their own home, 6,647 in an assisted living facility, 3,046 in a group home, and 1,281 in a developmental home. This totaled 48,731 HCBS placement services. Meanwhile, total institutional placement services were 7,571. Of this number,

6,348 were administered in a skilled nursing facility, 120 in ICF or ID, 257 in a behavioral health residential facility, and 846 in other institutional settings.[1]

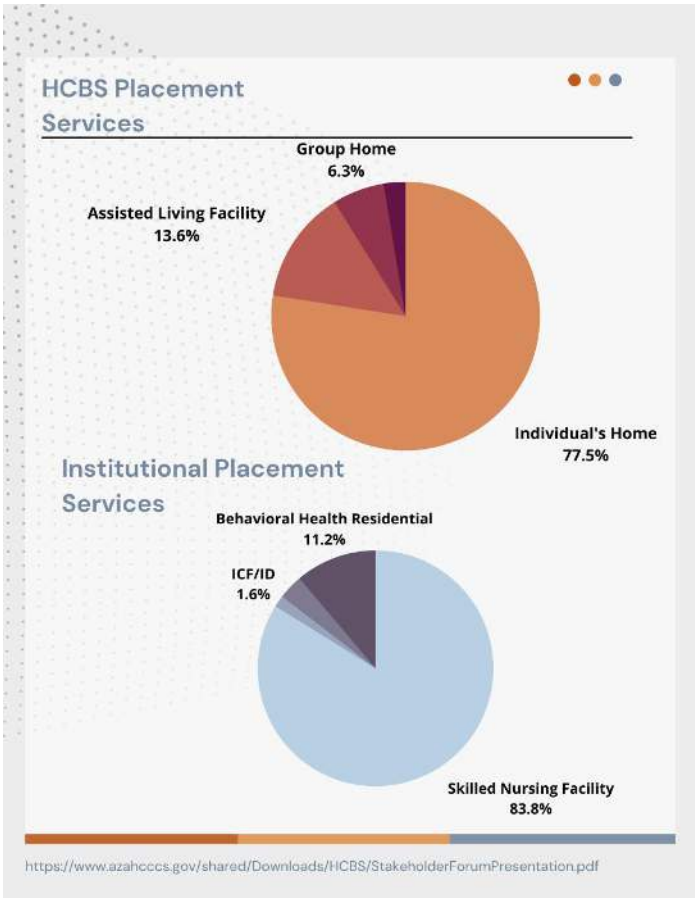
Unknown Statistics:

The following re-institutionalization statistics on the Federal Home and Community Based Rules Arizona's Systemic Assessment and Transition Plan from 2019.

Recent HCBS placement statistics

Other statistics on the current transitional programs Arizona offers

The saturation of information on the availability of transitions



Recommendations:

- **Expansion of Mental Health Court Model**

  In recent years, the criminalization of mental illness stems from a sparsity of available appropriate resources. Thus, a lack of understanding regarding the behaviors of the mentally ill leads to increased encounters with the criminal justice system – resulting in their disproportionate incarceration rates. To prevent the unnecessary, continual imprisonment of those who need psychiatric care, it is recommended that Arizona re-organize the structure of its current Mental Health Court system. By working with interested jurisdictions, the state should develop specialty or community behavioral health court programs designed to meet certain individuals' treatment and service needs. In conjunction with this, the court should create a behavioral health position that coordinates with AHCCCS to meet their specific behavioral health needs. Integrating AHCCCS with the criminal justice system will decrease the incarceration

[1] https://www.azahcccs.gov/shared/Downloads/HCBS/StakeholderForumPresentation.pdf

rate of individuals who would benefit from treatment in a facility rather than jail or imprisonment.[2]

- **Long-Term Care Minimum Data Set**

Per the requirements set by CMS, long-term care facilities are responsible for conducting the Long-Term Care Minimum Data Set, which measures the physical, psychological, and psycho-social functioning of qualifying individuals with Medicare or Medicaid in long-term care facilities. A portion of this test requires the facility to ask the individuals if they would like to learn about the opportunities to leave a nursing home. By regularly conducting this test, the state would guide those who are looking to transition out of a segregated environment. It is uncertain whether long-term care facilities regularly conduct this data set. If not, it is highly recommended that these facilities begin this analysis.

Statistics acquired through this data set, should be published and easily accessible to the public. Facilities that rank low in physical, psychological, and psycho-social categories, are expected to take the necessary actions to resolve these issues and increase the quality of services provided to their clients.

- **Monitoring of Individuals in Segregated Settings and Reduction of Waiting Lists**

The provision of adequate transition resources is necessary to maintain the principles set forth by the Olmstead Decision, which condemns confinement to institutions that severely diminish everyday activity. As a result, Arizona should monitor the number of individuals who have moved from Intermediate Care Facilities for Developmentally Disabled (ICF/DD), Nursing Facility (NF), and other segregated housing. Furthermore, the state should decrease the number of persons under mental health commitment and waiting to be discharged because they no longer require a hospital level of care.

[2] https://acmionline.com/wp-content/uploads/2019/11/MHJS-FINAL-Interim-Report-Sept-2019.pdf

Housing-

Vision:

To make supported and affordable housing accessible in the most integrated setting possible to Arizonans with disabilities or mental disorders.

Rationale:

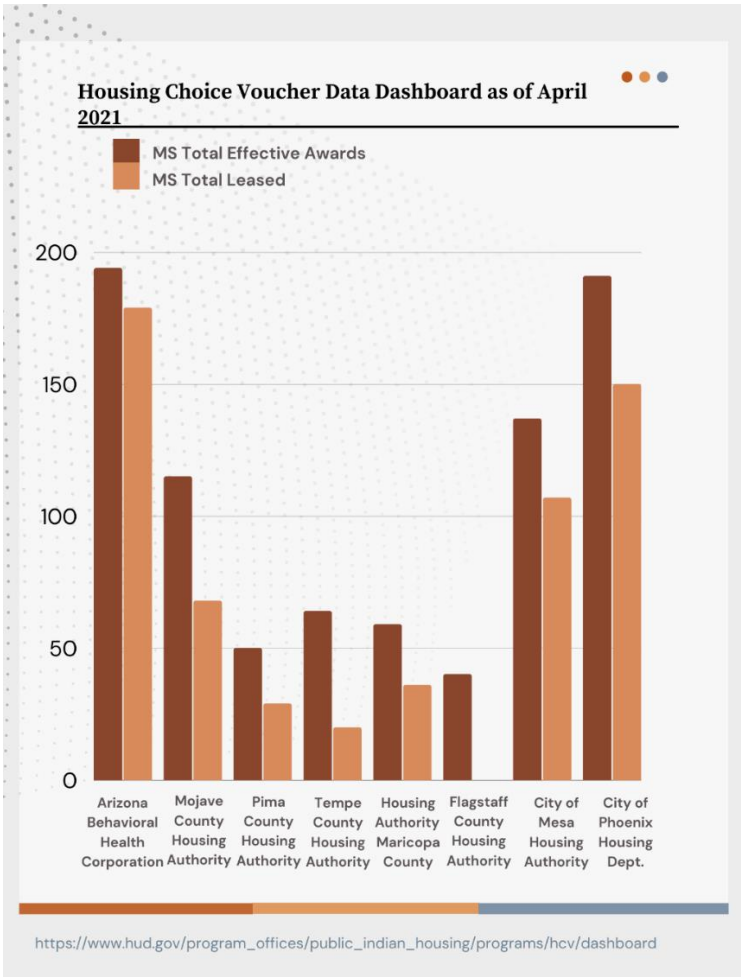
Appropriate and supportive housing options are essential in the transition from segregated to integrated environments. A lack of adequate housing places many individuals at risk for re-institutionalization – especially those with SMI who are released from prison directly into homeless shelters. Consequently, this apparent shortage of housing availability causes many people to cycle through the criminal justice system. By addressing the ever-growing need for supported housing, the state can re-prioritize vulnerable individuals while creating programs that help remedy homelessness.

Strategy, involved agency, current measures & how to identify individuals who need housing:

The Division of Developmental Disabilities and the ADOH, AHCCCS, and HUD have allied to provide qualified persons affordable housing opportunities. Mainstream vouchers provide supported housing opportunities for Title XIX individuals. While, these programs are beneficial for specific populations, their resources are limited. There are only twenty-four public housing authorities in Arizona who are responsible for the housing voucher programs and project-based rental assistance.[3] Clear communication between these authorities is necessary to comprehensively address the supportive housing crisis in Arizona.

The Arizona Behavioral Health Corporation (ABC) administers a portion of the rental assistance and housing programs. Their Continuum of Care Permanent Supportive Housing program is dedicated to providing rental assistance to over 1,600 individuals. For someone to be considered qualified, they must have SMI, be enrolled in RBHA, are Title XIX eligible, and considered homeless under the HUD's definition of homelessness. These programs aim to lower the rates of homelessness among those with SMI who often lack affordable housing opportunities.

[3] https://housing.az.gov/sites/default/files/Affordable-Housing-Search-Binder-6-2021.pdf



Statistics on Mainstream Vouchers:

In 2021, the Mainstream Voucher Program, also known as Section 811, received $3 million in funding to distribute to each of Arizona's Housing Authorities.[4] The City of Phoenix used 72.25% of its awarded vouchers, the City of Mesa used 75.18% and Tempe used 31.25%. Maricopa County had a utilization rate of 59.32%, and Pima County's was 60%. Mohave County Authority utilized 55.65% of their housing vouchers and the Arizona Behavioral Health Corporation had the highest utilization rate at 91.24%. Meanwhile, the Flagstaff Housing Authority utilized 0% of these vouchers. [5]

Statistics on AHCCCS Permanent Supportive Housing:

AHCCCS reports that about 2,800 members with SMI are on the waiting list for permanent supportive housing. The average amount of time it takes for designated SMI to find appropriate housing is four months if they have a case manager's assistance.[6] In a survey conducted by Mercer, 20% of the 106 respondents who did not receive supported housing agreed that they were at risk of losing housing because of financial inability to afford rent or utilities.[7]

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[4] https://housing.az.gov/sites/default/files/documents/files/HUD-811-NOFA-1-15-21.pdf p.1

[5] https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/dashboard slide 7.

[6] https://www.azahcccs.gov/Resources/Downloads/HousingWaiverRequest/AHCCCSHousingHealthOpportunitiesH2OWaiverProposal_FINAL.pdf

[7] https://www.azahcccs.gov/AHCCCS/Downloads/ArnoldVSarn/AnnualReports/2020/QSR%20Report_AHCCCS_FINAL_10_22_2020.pdf slide 42

Statistics on NED Vouchers:

The City of Mesa Housing Authority was awarded 150 Non-Elderly Disabled Vouchers, 119 of which were used to find leases – giving them a 79.33% utilization rate. The Pima County Housing authority awarded 25 Non-Elderly Disabled Vouchers, where 17 were used to find leases – equaling a utilization rate of 68%.

Statistics from Continuum of Care Permanent Supportive Housing:

This housing program provided rental assistance to over 1,600 individuals and families experiencing homelessness.[8]

Statistics from HOM

As of July 21st, HOM reported that there were 4,119 housing placements issued, and a total of 793 unhoused users. Thus, giving the program a 79.32% success rate, with 3,041 move-ins.[9]

Unknown Statistics:

Number of individuals with SMI that have applied to live in integrated housing & the number of applications that are accepted

Comparison of the number of housing programs for those who have SMI vs. those with DD

[8] https://azabc.org/programs/
[9] https://www.hominc.com/move-in-efficiency/

Housing Recommendations:

- **Increase in Public Housing Authority Capacity & Housing Option Availability**

  There should be an improvement in the capacity of public housing authorities to not only connect people with vouchers but also move people into homes. In conversations with some housing authorities, it was clear that landlord intransigence was a significant barrier to finding housing for many in the Mainstream Voucher Program.

  Furthermore, housing programs should increase efforts to offer segregated housing options for those with SMI. Understanding that we do not want to pull ourselves back to a pre-Olmstead reality, it is important nevertheless that segregated housing options would fill a hole in the current continuum of care. It should not be a binary choice between complete institutionalization and complete integration. That reality is what causes such a substantial number of individuals to fall through cracks in mental healthcare and into the criminal justice system. Increasing housing options for those with SMI allows them to stabilize and prevents rising rates of homelessness.
- **Increase in Housing Funding & Statistical Reporting**

  Unfortunately, public housing requires more funding and resources to provide stable homes for everyone that needs one. For the DD and SMI communities, the reality of the long waiting list for appropriate housing is an ongoing diaster. Being homeless is simply not conducive to effective treatment or receipt of services.

  Housing authorities should report more statistics on the status of their voucher programs. For example, the average wait time on their waiting lists, their voucher awards, the number of people paired with vouchers which have not found a home, and the time between being selected for a voucher and moving into a home, should be reported.
- **Increase Accountability for Proper Allocation of Housing Funds**

  According to A.A.C. § 41-3955.01, the director of the AHCCCS is the administrator of the housing trust fund for those designated SMI. Proper allocation

of these funds must be regulated and held accountable to ensure that those with SMI receive ample opportunity to find supportive, stable housing.

Transportation-

Vision statement:

Affordable and accessible transportation services will be provided to individuals in Arizona with disabilities.

Rationale:

Access to transportation is fundamental to a person's independence and ability to participate in community-based services. By providing consistent and reliable transportation, the state allows individuals to connect and interact with their communities, without relying on peers or charity. Access to transportation must be available throughout the state, as rural areas are often overlooked in the development of ADA-accessible transportation services. When adequate transportation is not provided, individuals with DD or SMI, are not afforded access to education, healthcare, employment opportunities, and other services they are entitled to receive.

Strategy, involved agency, current measures & how to identify individuals need transportation:

The ADA requires that public transportation agencies provide complementary paratransit service to individuals with disabilities that prevent them from using a fixed-route bus or rail. To comply with these regulations, Arizona has paratransit service called Dial-a-Ride, that operates in all areas within three-quarters of a mile of local bus or light rail station routes.

The Federal Transit Administration funds the Section 5311 grant program to provide public transportation in rural areas. Arizona's Department of Transportation (ADOT) oversees the implementation of these funds to provide adequate public transportation services in rural areas. The state will ensure that people with disabilities in rural areas will have access to well-maintained public transportation services.

Many people do not utilize intercity transportation due to a lack of education and knowledge about these services. Often, public transportation goes unused by those who are uncertain how to use it, as these systems can be intimidating and or confusing. To combat this, proper training and education about public transportation are recommeneded to help initiate an increase in usage.

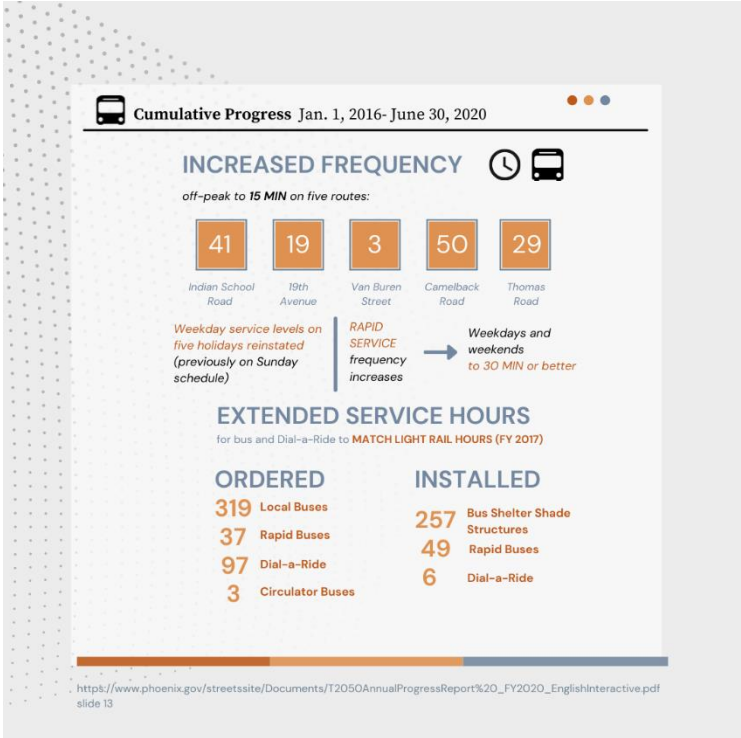
Sidewalk Improvement Statistics:

From 2016-2020, there were 16,616 improved or installed ADA compliant ramps in Phoenix. However, it costs about $2 million a year to maintain the conditions of these ramps to current ADA standards. Additionally, in 2020 the Grand Canalscape project in Tempe was successfully completed and offers a 12-mile fully ADA accessible trail.[10]

Statistics from Dial-A-Ride – Phoenix:

Dial-A-Ride services are available for qualified individuals who may need transportation from one location to another. $248 million in funding was utilized in 2020 to help support Phoenix's operations and system improvements, including Dial-A-Ride. In a 2020 report, the goal for 2021 was to have 25 additional Dial-A-Ride vehicles for the city that match the program's hours to the bus hours.[11]

Statistics from Other Programs:



In April 2021, the Flagstaff Mountain Lift Taxi Program reported giving 463 ride trips in Flagstaff and Coconino County.

Unknown Statistics:

The number of individuals who use Cab Connection, Ridechoice and other services provided for those who need transportation assistance.

The proportion of people who have SMI, who use these services versus those who have DD.

The number of services rural communities have available for vulnerable adults who might need transportation services.

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10 https://www.phoenix.gov/streetssite/Documents/T2050AnnualProgressReport%20_FY2020_EnglishInteractive.pdf

11 https://www.phoenix.gov/streetssite/Documents/T2050AnnualProgressReport%20_FY2020_EnglishInteractive.pdf slide 13

The geographic saturation of rural disability transportation services

Recommendations:

- **Utilization of Teleservices for Mental Health Evaluation**

  Mental health evaluations are fundamental in assessing the level of care a person needs but are not always accessible in person. Without them, many are at risk for re-institutionalization – due to improper assessment and risk for placement in unnecessary institutionalized settings. The utilization of teleservices could increase the evaluations' efficiency and allow for people in rural communities to easily access this service. In this way, those in rural areas would not need transportation for these evaluations. The AOC would be responsible for initiating contracts with specific providers to instigate the use of these services.

- **Increase in Number of Available Paratransit Services in Rural Areas**

  Using the money from the 5311 Rural Public Transportation program, Arizona should continue to increase access for individuals living in rural areas to paratransit services. Doing so allows individuals with DD or SMI to access community-based services and programs they otherwise would not be able to attend. It should be easy to access financial records that demonstrate Arizona's allocation of these funds towards this cause.

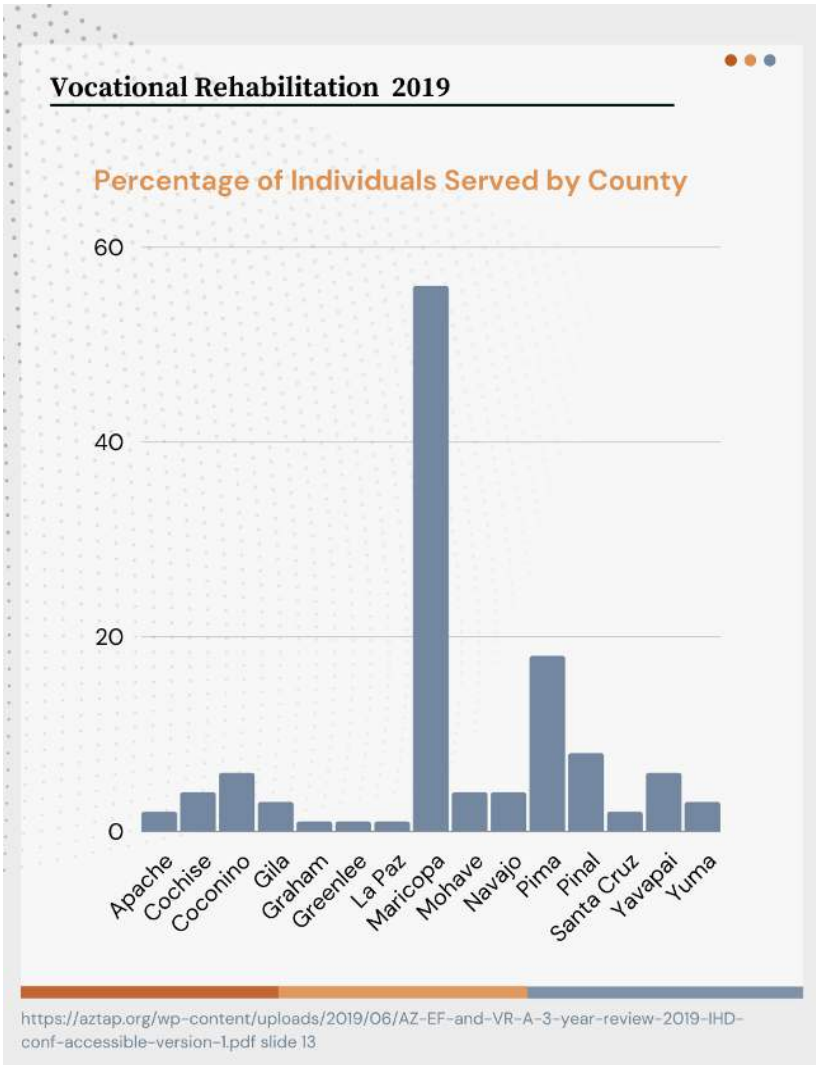
Employment-

Vision statement:

To improve access to employment opportunities and training for people with disabilities in Arizona.

Rationale:

Individuals with DD or SMI, often have less options for employment than those in the general population. However, many of the ideals Olmstead aimed to implement are unachievable without opportunities to work in competitive employment environments. Unfortunately, the employment rate of the non-institutionalized working-age persons with disabilities in Arizona in 2017 was only 36.9%. Meanwhile, the employment rate of working-age persons in the general population that same year, was 77.2%.[12] This low disability employment rate demonstrates that many individuals with disabilities in Arizona do not have equal employment opportunities.



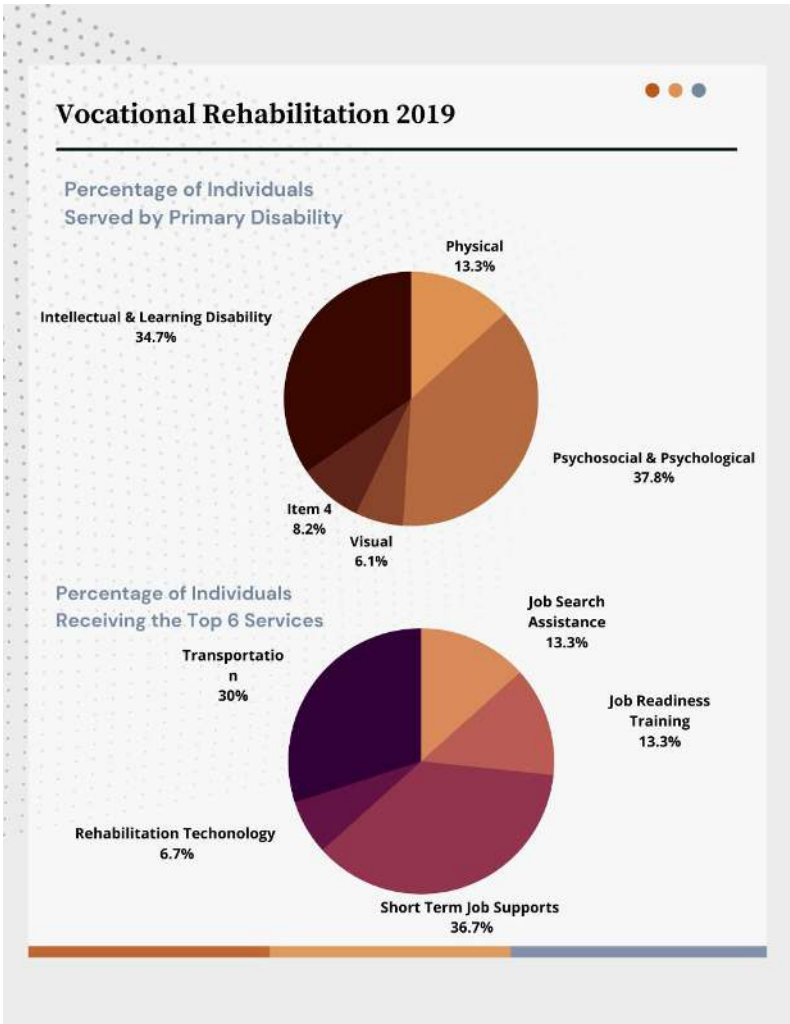
Strategy, involved agency, current measures & how to identify individuals need employment:

Arizona's Department of Economic Security has a few ongoing assistance programs for persons with disabilities seeking employment. The Vocational Rehabilitation program is designed to help disabled individuals achieve the fullest level of economic independency possible. To achieve this, they provide vocational evaluations, job training and searches, transportation, and other services like entrepreneurial activitiesThis program must

[12] https://www.disabilitystatistics.org/StatusReports/2017-PDF/2017-StatusReport_US.pdf

continue to provide these services to individuals who are seeking help in navigating and understanding the job market.

Other job programs include Arizona@Work, which helps connects individuals with disabilities to future employers, and Ticket to Work, which helps those receiving disabilities benefits return to work or find a new job.



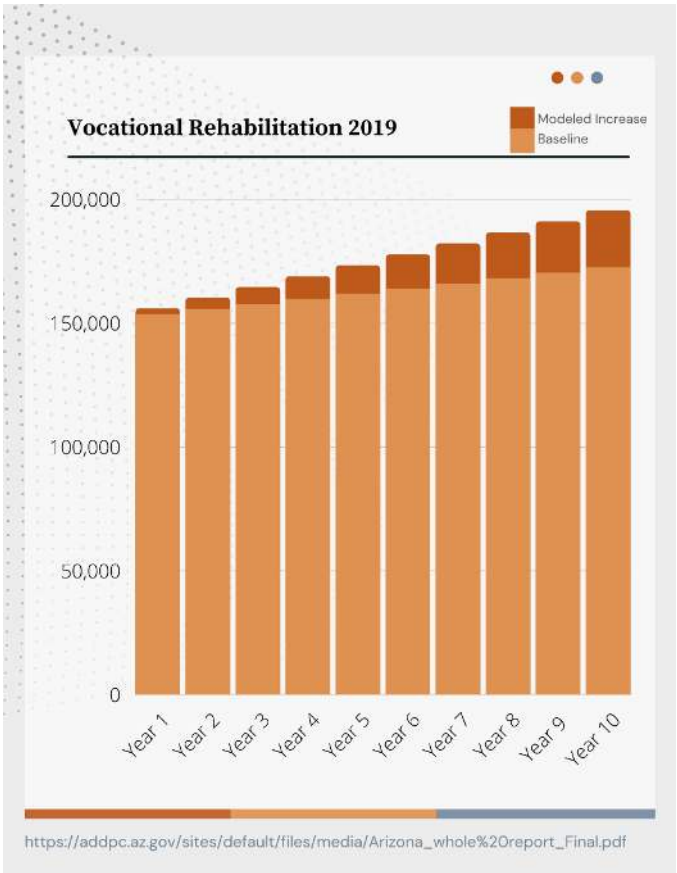
Statistics for Vocational Rehabilitation:

According to a report from the DES, the Vocational Rehabilitation program waitlisted 1,594 individuals, assisted 1,872 individuals find a job placement and had a total of 1,572 successful closures in 2018. From the application submission to the determination of eligibility to participate in the program, the average wait time was 37.5 days. Meanwhile, the wait time between eligibility determination and the completion of the individual plan for employment was 73.4 days. The average amount of time spent in the program through its entirety was 897 days.[13] In 2019, the Vocational Rehabilitation program reported serving approximately 20,000 individuals and helped 1,600 achieve employment outcomes. The average hourly

[13] https://aztap.org/wp-content/uploads/2019/06/AZ-EF-and-VR-A-3-year-review-2019-IHD-conf-accessible-version-1.pdf slide 13

wage for those who achieved an employment outcome was $13.74 and the average work week was 30 hours.[14]

In 2020, more than 182 clients obtained employment from the services provided by the Vocational Rehabilitation program. In addition to this, the program provides services for an average of 12,874 clients a month.[15]



Labor Force Statistics:

In 2017, the total number of Social Security income recipients with disabilities was 103,405 and of those, 4,559 were working.[16]

As of June 30, 2019, 811 individuals with schizophrenia and other related disorders employed, 2,356 were unemployed and 14,435 were not in the labor force. Additionally, 4,723 individuals with bipolar or mood distress disorders were employed, 7,338 were unemployed, and 61,248 were not in the labor force.[17]

Statistics from AHCCCS:

In response to a survey conducted by Mercer, 53% of 135 respondents said they had been informed about job-related services such as resume writing, interview, job group or vocational rehabilitation. Additionally, 49% of 134 respondents said they were aware of

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[14] VR-1006A VR Infographic (002).pd

[15] https://des.az.gov/sites/default/files/Our-New-DES-Overview.pdf slide 35

[16] https://addpc.az.gov/sites/default/files/media/Arizona_whole%20report_Final.pdf p. 10

[17] https://www.samhsa.gov/data/sites/default/files/reports/rpt27931/Arizona%202019%20URS%20Output%20Tables/Arizona%202019%20URS%20Output%20Tables.pdf pg. 37

programs for people receiving SSI and or SSDI benefits that help protect them from losing their financial and medical benefits if they start working.[18]

Unknown Statistics:

The number of individuals with SMI who are not in the labor force but want to work.

The number of individuals with DD who are not in the labor force but want to work.

Recommendations:

- **Creation of More Job Programs for those with SMI**

  Overwhelmingly, the number of available employment programs for those with DD far exceeds that available for people with SMI. In light of new legislation that offers tax incentives for companies that hire people with mental illness, the state should re-focus efforts on creating programs that help these individuals with training and job seeking. A considerable proportion of those with SMI are not currently in the labor force. The creation of more job programs could lessen this number and help more people achieve higher levels of economic dependence. In many ways, the failure of the state to provide employment training and opportunities limits the availability of community services to those who are most vulnerable.

- **Integration of Job Programs with Behavioral Health Services for the Mentally Ill**

  To maximize the efficiency of job programs for those with SMI, it is recommended that Arizona invest in integrating behavioral health services with these employment opportunities. Such practice would heighten the efficiency of supported employment programs by allowing those with SMI to get the proper training and services they need to enter the work environment successfully.[19]

- **Local Metrics on Employment for Individuals with DD or SMI**

  Most data regarding labor force statistics for those with SMI comes from the federal government. It is highly recommended that the state begins measuring and releasing similar metrics to allow the public to view the current employment and unemployment rates for those with DD or SMI in Arizona.

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[18] https://www.azahcccs.gov/AHCCCS/Downloads/ArnoldVSarn/AnnualReports/2020/QSR%20Report_AHCCCS_FINAL_10_22_2020.pdf page 44

[19] https://www.samhsa.gov/sites/default/files/olmstead-policy-academy.pdf p. 7

Healthcare & Wellness-

Vision statement:

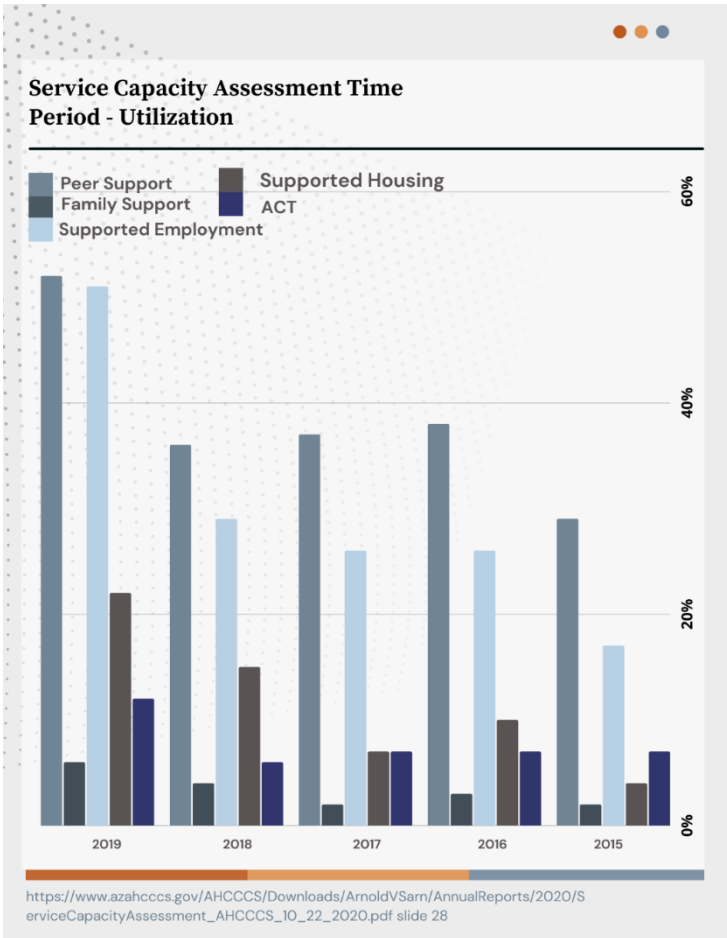
To provide access to affordable healthcare to individuals who have DD or SMI, icnreasing the quality of life and promoting the ability to live a healthy life.

Rationale:

Persons with disabilities need access to healthcare that those in the general population do not usually require. Their unique medical needs must be treated by qualified medical professionals who have experience working with these disabilities.

Without proper medical attention, their illness can go undiagnosed and untreated, which will lead to a higher probability of institutionalization for an unnecessary and preventable reason.

Strategy, involved agency, current measures & how to identify individuals need healthcare:



AHCCCS oversees the payment of medical expenses for qualifying people with disabilities. Those who are eligible are not required to pay monthly premiums and are entitled to receive access to healthcare from providers who accept Medicaid. However, it can be a competitive program that is difficult for those with disabilities to gain access to. The state will review and certify that the requirements accurately reflect those with disabilities who need health insurance.

The MHBG is a grant from SAMHSA that provides the state with funds to administer mental health treatment services. The funds provided by this grant are used to provide community mental

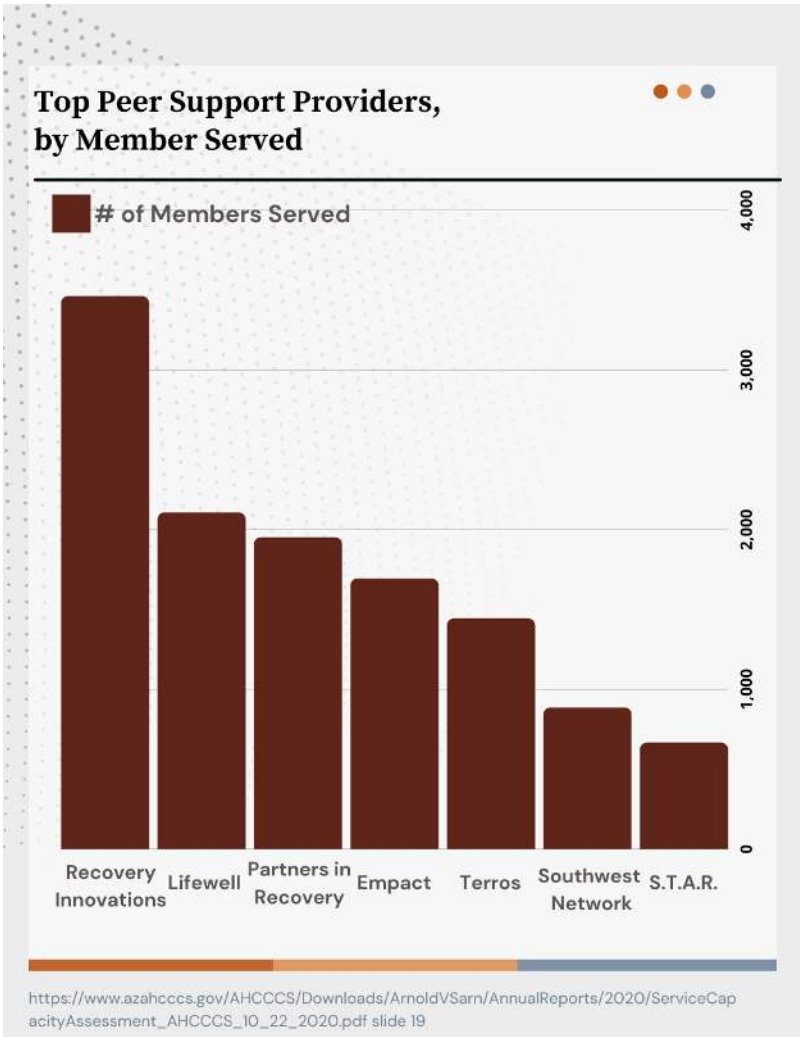
health services such as screening, outpatient treatment, emergency mental health services, and day treatment programs. The state is responsible for correctly distributing these funds to successfully promote and implement these services for the populations with SMI and children with SED.

Statistics from AHCCCS:

As of May 2021, 49,244 individuals who have SMI applied for and received AHCCCS health insurance. AHCCCS estimates that 60,522 adults in Arizona who SMI.[20]

Reports also show that as of June 2021, there were 6,226 persons with SMI enrolled in the Health Choice Arizona SMI Health Plan, 14,273 who are enrolled in the Arizona Complete Health Care Plan, and 26,380 who are enrolled in the Mercy Care Plan for those with SMI.[21]

AHCCCS likewise reports that as of May 2021, of the 45,485 applications 23,408 were approved.[22]



Those who are designated SMI also receive services from the Regional Behavioral Health Authorities. North GSA covered 6,215 members designated SMI, Central GSA covered 25,874, and South GSA covered 14,176.[23]

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[20] https://www.azahcccs.gov/shared/Downloads/MonthlyReports/BehavioralHealthEnrolledAndServicedReports/FY2021/May2021.pdf

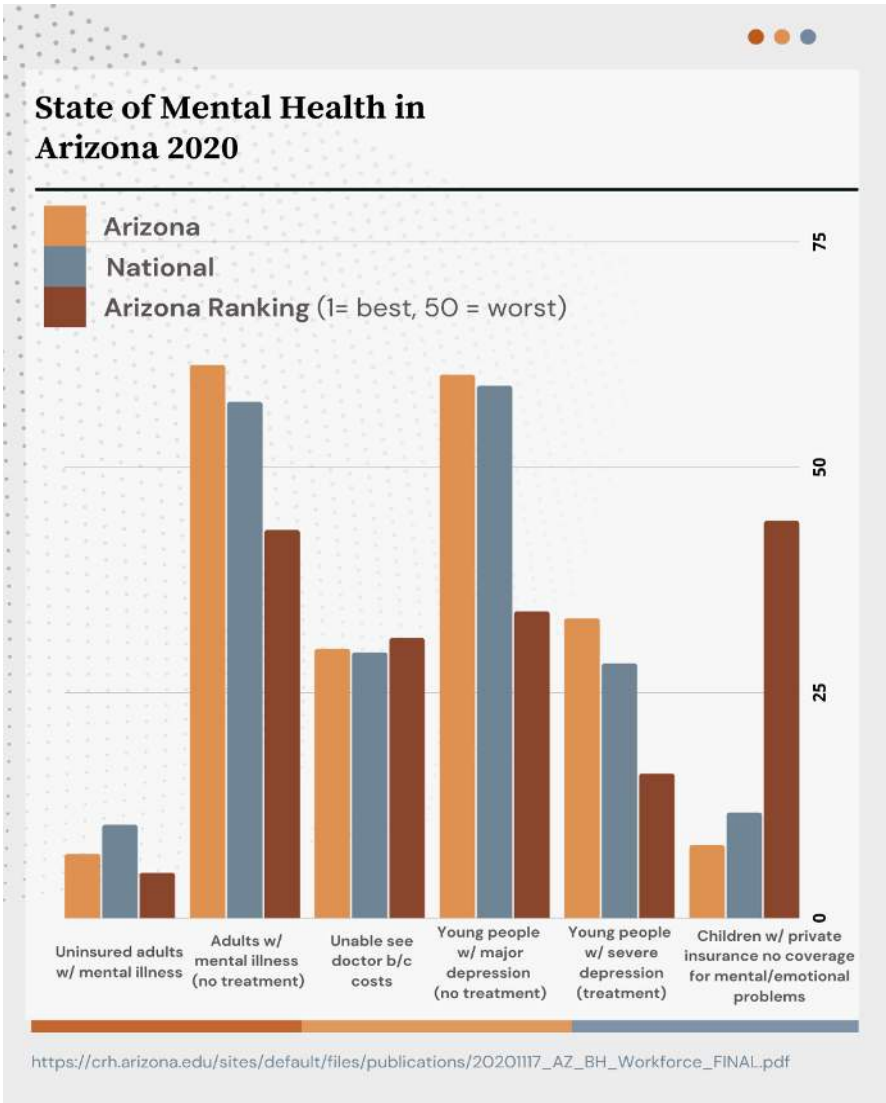
[21] https://www.azahcccs.gov/PlansProviders/Downloads/Enrol1st.pdf

[22] https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2021/June/InitialApplications.pdf

[23] https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/behavioralhealth.html

Statistics from SAMHSA:

According to a report by SAMHSA, the state hospital had 68 adult admissions, and the median length of stay discharged adult patients was 81 days. In the same year, 217 clients were served in the state hospital.[24]



Stats from Behavioral Health Services:

Per the results of a report by The University of Arizona College of Public Health – Center for Rural Health, a mere 14.86% of Arizona's mentally ill population received mental health services in 2020. Additionally, 7.1% of Arizonans with a mental illness are uninsured.[25]

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24 https://www.samhsa.gov/data/sites/default/files/reports/rpt27931/Arizona%202019%20URS%20Output%20Tables/Arizona%202019%20URS%20Output%20Tables.pdf

25 20 https://crh.arizona.edu/sites/default/files/publications/20201117_AZ_BH_Workforce_FINAL.pdf

Statistics on Deaf and Deaf-Blind Services:

The Commission for the Deaf and Hard of Hearing offers services and programs tailored to meet the needs of those who are deaf. It reaches over 6 million Arizonans annually.[26] In the first year of their Hearing Healthcare Program expansion, they were able to screen 150 people for affordable hearing aids. Additionally, 318 telecommunication devices were distributed by the Telecommunications Equipment Distribution Program. Of those 318 devices, there were 95 demonstrations made to explain how to use those devices effectively. Deafblind services also had eight workers from their support service dedicated to providing 288 hours of services to 35 individuals in 2019. The expansion of these services and the resources needed to provide them would greatly serve the community. [27]

[26] https://www.acdhh.org/about-the-commission/
[27] https://www.acdhh.org/media/1680/2019-fiscal-yr-annual-report.pdf

Unknown Statistics:

The number of people who are on a waiting list at each level on the continuum of care.

Recommendations:

- **Increase 55-bed Limit**

  The Arizona State Hospital needs to increase its 55-bed limit for civil commitments in Maricopa County. Due to this cap, many individuals with SMI are trapped on lower levels of the continuum of care that are inadequately staffed, resourced, and trained to manage these patients for prolonged periods of time. Originally intended to ensure that people with SMI received services in the least restrictive environment, Arnold v. Sarn has artificially limited necessary institutional treatment at ASH, our only long-term state funded psychiatric institution, rather than letting medical necessity dictate the placement of those with SMI. By failing to provide appropriate levels of care, these individuals are at significantly heightened risk of increased rates of institutionalization as their illness worsens due to a lack of initial appropriate treatment.

- **Decrease Number of Adults in Arizona Without Insurance**

  The current eligibility requirements for Medicaid in Arizona discriminate against those who are not are not poor enough to qualify. In many instances, persons with SMI do not qualify for Medicaid, but cannot afford private insurance. As a result, many people are left without the ability to access and pay for the necessary treatment, medications, or housing.

- **Increase in Availability of Behavioral Health Homes**

  Behavioral health homes are another component of the healthcare that individuals with SMI should be receiving. The number of people waiting for supported housing should decrease as availability increases, due to the re-allocation of resources that allows these homes to function at maximum capacity.

Preventing Abuse and Neglect-

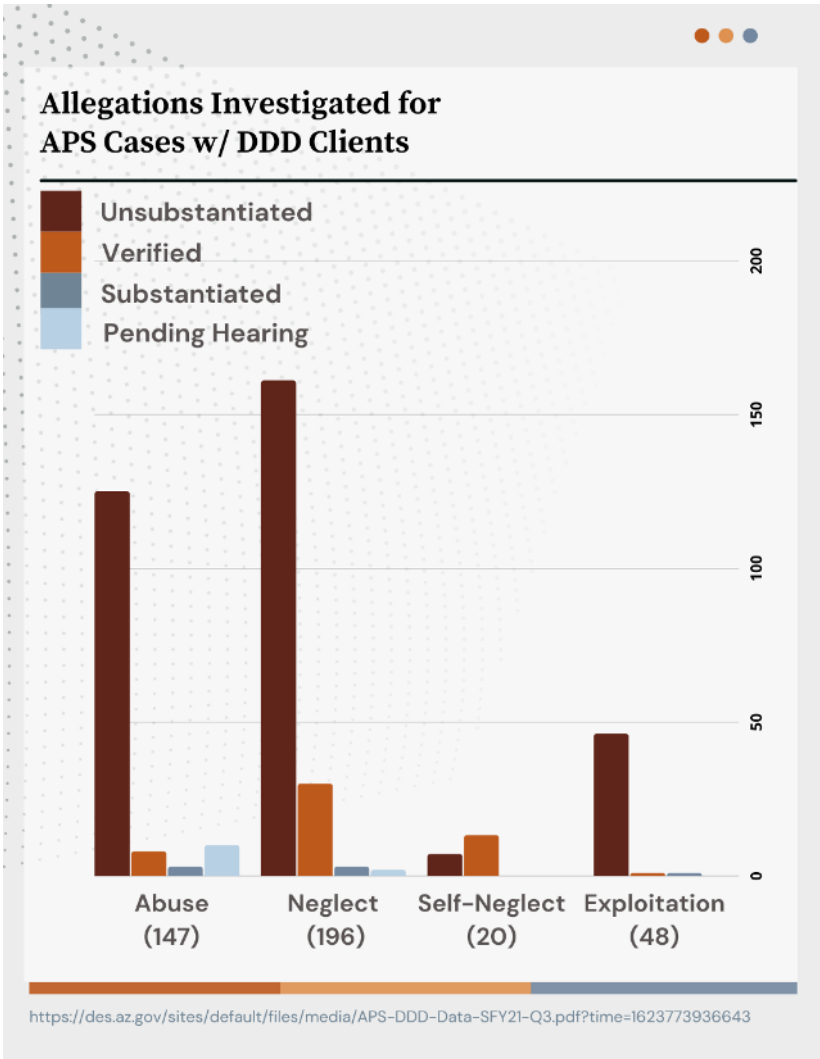
Vision statement:

Prevent individuals with DD or SMI from situations of abuse, or neglect that can occur at any level of care.

Rationale:

Individuals with disabilities are at a higher risk for mistreatment, abuse or neglect by caregivers, healthcare providers, and other groups of people. Additionally, most cases of abuse or maltreatment go unnoticed because victims can be unwilling to report it. When individuals are subjected to short-term or long-term abuse, their quality of life decreases significantly.

Such abuse or neglect can lead to a reduced desire to participate in community activities and put individuals who have SMI at risk for institutionalization. Unfortunately, this can occur at any level of care, and so every service must be held accountable for professional training and disciplining their workforces.

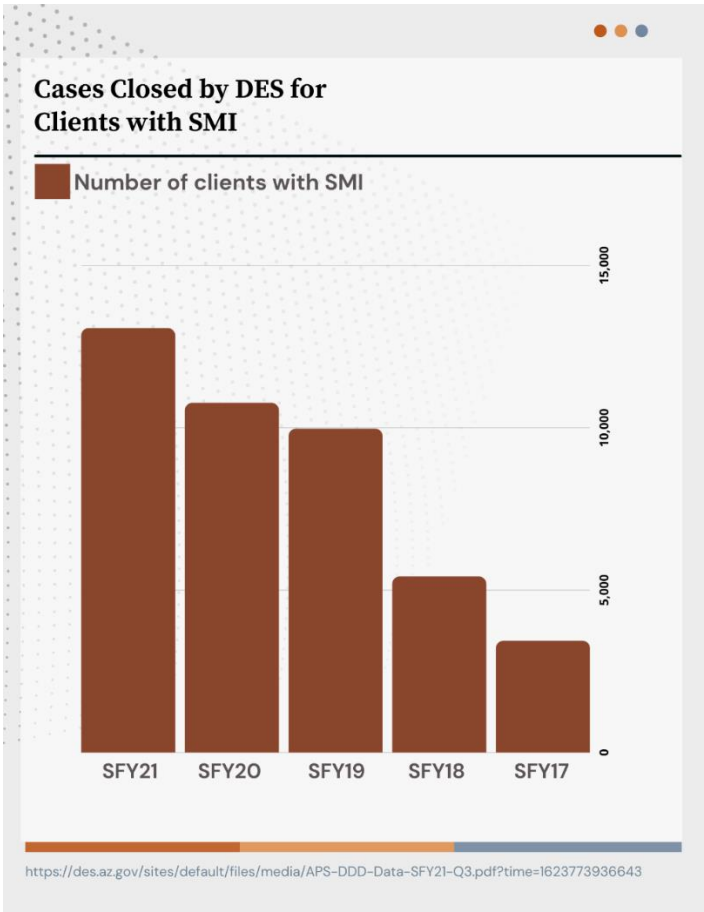


Strategy, involved agency, current measures & how to identify individuals at risk of abuse or neglect:

The state utilizes a multi-step approach that addresses the root of the issue and possible measures to prevent it.

The Arizona Department of Economic Security has a page on its website dedicated to addressing adult abuse,

neglect, or exploitation. It gives details on how to recognize abuse, neglect, or exploitation, and how to file a report. The department is expected to create informational advertisements about this webpage, so caregivers, service workers, target individuals, and the public will know what signs to look for and how to file a report. Vulnerable adults protected by this program include persons with disabilities and the mentally ill.



In addition to this, the state also takes careful steps to prevent abuse before it happens. Care and service providers need to be professionally trained on the appropriate care methods for the individuals in these groups. Furthermore, caregivers and service providers should be evaluated annually to ensure they adhere to proper protocol and procedures. By making this evaluation mandatory, workers are held to a level of accountability that helps prevent possible cases of abuse, mistreatment, exploitation, or negligence.

Statistics from Adult Protective Services:

Adult Protective Services is responsible for investigating neglect, abuse, and exploitations complaints. For 2018, they reported 58 open cases for reports of allegations from people with intellectual disabilities living in an Immediate Care Facility. Another 876 cases were opened from allegations made from those living in a DDD Group Home for Adults with six or fewer residents and 212 cases were opened as a response to charges from individuals who lived in a DDD Adult Development Home with up to 3 adults living there. There were an additional 209 cases from the accusations made by people at the Arizona State Hospital. Finally, the agency opened 692 cases from reports made by people who are homeless.[28]

From January to March 2021, they investigated 411 allegations made by clients who have DD. Of these allegations, the agency was able to close 348 cases. The number of

[28] APS SFY 2018 Statistics https://des.az.gov/services/basic-needs/adult-protective-services-aps/aps-documents

complaints made from clients who have DD comprised a small portion of total complaints – as the total number of closed cases at that time was 4,406.[29,30]

Recent research reveals an increase in the number of cases closed for those with a SMI over the last few years.

Unknown Statistics:

The percent of residential, group homes, and day programs with state contracts who prominently post signage on reporting abuse and neglect.

The percent of state contracts related to the care of individuals with disabilities that require a check of the APS registry before someone is hired.

Recommendations:

- **Update Adult Abuse Database**

  The Adult Abuse database should be updated to conform with modern standards of accessibility and usability. Its current configuration makes any systemic analysis of the database unduly burdensome. Straightforward access to this type of data is imperative to determine what levels of care need more oversight and what demographic of individuals are being most taken advantage of. Without harsh accountability, abusers have no incentive to adhere to current statutes regarding the protection of vulnerable adults.

- **Permanent IOC Executive Director Position**

  It is also highly recommended that an executive director position be created to oversee the Independent Oversight Committees. By having a permanent position intended to follow up with the committees, the state can increase the committees' overall level of effectiveness. Other responsibilities of this position would include coordinating and scheduling of committee meetings, and submitting committee recommendations. Moreover, this director would be expected to serve as a liaison between the committees, courts, and mental health service providers.

[30] https://des.az.gov/sites/default/files/media/APS-DDD-Data-SFY21-Q3.pdf?time=1623773936643

Education-

Vision statement:

To increase access to competitive and rigorous educational opportunities for students with disabilities.

Rationale:

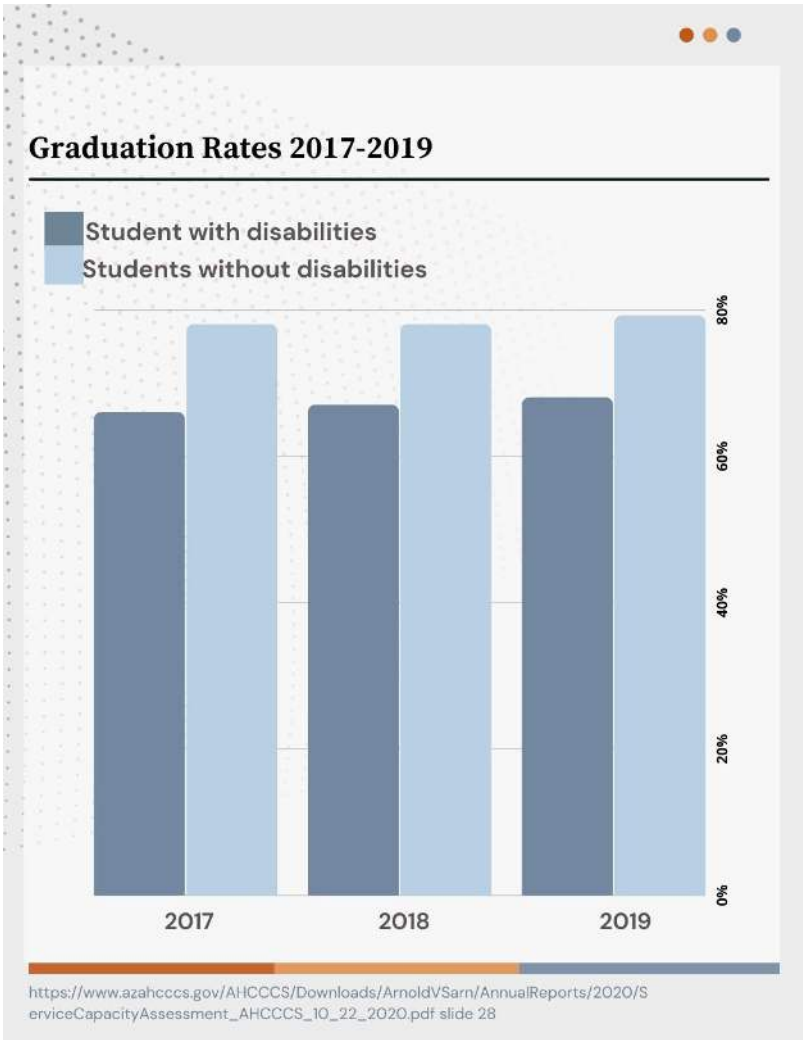
Students with disabilities deserve the opportunity to a receive high-quality education that prepares them to meet graduation requirements and enter the workforce post-graduation. Proper access to education is integral in helping people become contributing members of society. Failure to offer this opportunity, prevents people with DD or SMI from participating in integrated community-based services that people in the general population are privy to.

To achieve this, students with disabilities should be afforded the chance to receive an education with students without disabilities, or the choice to receive an education in the least restrictive setting possible. This type of education should not cap out at a high-school level. Collegiate-level education also needs to be provided in the most integrated setting possible.

Strategy, involved agency, current measures & how to identify individuals at risk of abuse or neglect:

The Arizona Department of Education has a sub-branch called Exceptional Student Services (ESS). Their purpose is to oversee public education agencies and create and maintain special education programs, policies, and procedures. The Individuals with Disabilities Education Act mandates certain regulations for such programs and is federally mandated to all states. ESS ensures compliance with this function and free appropriate education for those individuals with disabilities. The ESS approves 80 Ed-P Programs. By continuing to maintain and perfect these programs, the enrollment rate of persons with disabilities can increase.

The Arizona Department of Education is also responsible for certifying that public schools adhere to special education services required by state and federal laws. There



have been instances where public school state that there is a cap on the number of students with disabilities that can enroll. However, the Arizona Department of Education has no such guidelines. Therefore, it needs to oversee the disciplining of schools that are refusing to service certain individuals with disabilities.

High-School Graduation Rates

In 2018, the high-school graduation rate for a student with disabilities was 67%, while the graduation rate for a student without disabilities was more than 10% higher, at 78%. This rate is consistent with the statistics from the year before, where 66% of students with disabilities graduated in 2017, versus the 78% of students without disabilities who graduated.[31] The 4-year high-school graduation rate for those with disabilities in 2019, was 68%, which is lower than the overall graduation rate of 79.2%.[32] The 5-year graduation rate in 2019 for those with disabilities is also lower than the overall graduation rate, 76.2% versus 82.55%, respectively.[33]

Unknown Statistics:

The percent of individuals who are SMI that graduate high-school and college.

[31] https://datacenter.kidscount.org/data/tables/7773-four-year-graduation-rates-for-students-with-disabilities?loc=4&loct=2#detailed/2/any/false/37,871,870,573,869,36,868,867,133,38/3667,3678/14993,14994
[32] https://www.azed.gov/sites/default/files/2020/09/20194YearGradRateFinal.xls
[33] https://www.azed.gov/sites/default/files/2020/09/20195YearGradRateFinal.xls

Recommendations:

- **Increased Education Efforts on Inclusion of Students with Disabilities**

The Arizona Department of Education should increase its efforts to educate families, students, and schools on the required inclusion of students with disabilities in public schools. It cannot allow certain schools to deny students with disabilities access because of an imaginary "cap" that has been cited as a justification for discriminatory behavior.

- **Release Statistics on College Graduation Rates**

While there are metrics on high-school graduation rates, the Board of Regents is expected to release equally substantial data regarding college admission, drop-out and graduation rates for students with DD and or SMI. The current lack of high education programs for individuals in these groups denies them access to community-based services that allow for the achievement of eventual economic independence.

- **Development of More Collegiate Programs for those with Disabilities**

More efforts need to be directed into collegiate level programs for persons with disabilities to increase their graduation rates. While these programs exist, the drop-out rate for persons with disabilities is higher than the general population. Improvements in these programs can help reduce this gap.

PART III: Additional Recommendations

Progress Report & Revision

When a new plan is published, the clock begins ticking on its obsolescence. Populations and services are not static, and a plan is only useful so long as it depicts the world as it is. One plan every 20 years is simply insufficient. The best practice would be to update and revise the plan with appropriate modifications every other year. In this way, an annual report would include a compilation of advisory committee input, stakeholder interviews, individual goal analysis, and the state's progress towards these goals.

Furthermore, it would hold the service providers outlined in this plan accountable for accomplishing their goals. This leads to who should be responsible for plan development and finalization. Given the plan's self-evaluative nature, involvement and leadership of state agencies are necessary and important. However, AHCCCS's sole stewardship of the current revision is worrying. The next plan should serve as an opportunity to take a clear-eyed assessment of the current government efforts towards the disability community, and what is should not be is a pat on the back.

DD and SMI Parity

The plaintiffs in Olmstead, L.C., and E.W., were mentally disabled women; L. C. had been diagnosed with schizophrenia, and E. W. with a personality disorder. This bears mentioning, as research has shown a worrying pattern of ignorance towards the centrality of both the DD and SMI communities to the Olmstead Decision. Overlooking the distinction between the needs of those who with SMI versus individuals with DD is a motif among existing state Olmstead Plans, including Arizona's. However, their dichotomy of needs justifies separate approaches to treatment, care and housing that are not being met at the appropriate levels. Moreover, it is not uncommon for those with SMI or DD to be housed in the same group homes, though many places are ill-equipped to serve both populations effectively.

To combat the discrimination of populations with SMI in Olmstead Plans, it is recommended that Arizona revise and update its current plan to reflect the best interests of these individuals. Focusing its efforts solely on the populations with DD diminishes the impact and intent of the Olmstead Decision while failing to provide for a group of vulnerable individuals who are entitled to the rights outlined in this case.

PART IV: APPENDICES

Appendix A: Programs and Descriptions

If text appears in this format, it contains a hyperlink

Programs for Transition

Arizona's Medicaid Program

Arizona contracts with a Medicaid Agency called Arizona Health Care Cost Containment System (AHCCCS). AHCCCS oversees the provision of health services for individuals and families who qualify for Medicaid based on their income level. This $14 billion program utilizes an integrated care model that contracts with private health care providers to offer its members physical and behavioral health services.

- HCBS Waivers:

  As a part of its transition program, HCBS waivers are distributed to different agencies to help qualifying members find services that help facilitate their transitions into more community-based settings.

- Arizona Systemic Assessment Transition Plan

  AHCCCS initiated the Arizona Systemic Assessment and Transition Plan, which outlines goals until March 2022. All HCBS residential and non-residential settings are expected to reach compliance within that 5-year goal and continuously develop processes to monitor such efforts.

Programs for Housing

Arizona Department of Housing

The Department of Housing oversees the preserving and investing in affordable housing for the people of Arizona. It manages funding through profit and non-profit developers, organizations, state, county, and city entities. These programs apply to the department for funding based on certain criteria.

- Section 811/Mainstream Voucher

  The Department of Housing and Urban Development has a program called Section 811, which creates Affordable Housing Opportunities for qualifying members. Grants from the Section 811 Project Rental Assistance provide funding that allows

for rental assistance. This assistance is for those who are eligible for DDD and Arizona Long Term Care Services, are between the ages of 18 and 61, have a current individual Support Plan, and meet the financial eligibility and Housing and Urban Development requirements. Monthly rent is 30% of the household's combined income and a monetary deposit in addition to the first month's rent payment is required.

Programs for Transportation

Arizona Department of Economic Security

The Arizona Department of Economic Security oversees the strengthening of individuals and families, increasement of self-sufficiency, and the development of community capacity. Those who qualify for DES services can expect social services, temporary assistance, and other services such as connecting with future job opportunities.

- Division of Developmental Disabilities

  Transportation is one of the many free services that the Division of Developmental Disabilities offers for those who qualify. The division partners with AHCCCS to help members find transportation to their providers. Those who live in Maricopa or Pima Counties are eligible for non-emergency medical transportation to and from pharmacies within 15 miles of the pick-up location one-way. However, trips compounding to specialty pharmacies, or pharmacies over 15 miles away are not covered unless the individual's health plan gives prior authorization. In the case of a trip to a pharmacy in an MSIC or HIS/638 facility, the trip length can exceed 15 miles one-way without prior authorization of the health plan.

  Those who do not live in these counties can contact their Support Coordinator to see what transportation can be arranged. The Division of Developmental Disabilities covers the cost of non-emergency transportation in some instances when the transportation is provided to and from the nearest AHCCCS registered provider.

- Valley Metro Paratransit

  ADA Paratransit can come in the form of shared-rides, door-to-door, or curb-to-curb transportation for those who cannot use fixed-route buses or trains. Any public transit agency that provides a fixed-route bus or rail service must offer this service.

Phoenix's Public Transportation Department manages the provision of public transportation options for Phoenix residents, equipped to accommodate those with special needs. One component of this program is **Dial-A-Ride**, which is a ride-sharing service that allows those with disabilities to have transportation throughout the city.

Dial-a-Ride can also be used in East Valley, Glendale, Northwest Valley, Peoria, and other regions.

Transportation for Employment is another program that is offered to Phoenix residents with disabilities who need to travel between home and work. Participating cab companies allow for vouchers to pay up for 75% of each one-way trip.

- Flagstaff Paratransit

  Hozhoni Foundation offers transportation for clients to and from their facilities. In addition, they have rides for family visits and medical appointments for eligible individuals with developmental disabilities. As of 2020, the service owned and operated four vehicles.

  Mountain Lift is a curb-to-curb paratransit service for persons with disabilities who need a ride within ¾ of a mile of the Mountain Line route.

  The Guidance Center provides transportation for clients who need a ride to their doctor's appointments. When possible, it utilizes publicly operated services such as taxis or bus lines. Those who have SMI are considered eligible for the use of this service.

- Tucson Paratransit

  Tucson has a paratransit agency for qualifying individuals with disabilities called **Sun Tran.** This service has over 2,200 bus stops, more than 600 employees and more than 253 buses.[34]

[34] https://www.suntran.com/wp-content/uploads/2021/07/702.00-Fact-Sheet-Trivia-1.pdf

- Scottsdale Paratransit

  Cab Connection is a program funded by the City of Scottsdale that provides public transportation for those with disabilities who are certified through the Valley Metro Mobility Center or are 65 and older. This program gives vouchers that pay for 80% of a one-way trip, up to a maximum of $10. The service user must cover the remaining total.

- Additional City Paratransit

  Ridechoice is an additional paratransit service available to those in Avondale, Gilbert, Goodyear, Mesa, Scottsdale, Tolleson, Unincorporated Maricopa County, who have disabilities or are age 65 and older. This transportation method is ADA certified and allows for up to 20 trips per month, with each trip costing $3 for any ride up to 8 miles. Any trip longer than this is an additional $2 per mile. There are no additional charges for those who need wheelchair-accessible services.

  Dial-a-Ride and other paratransit services are available in Chandler, Gilbert, Mesa, Glendale, El Mirage, Surprise, Youngtown, Sun City West, Peoria, Avondale, Goodyear, Litchfield, Park, and Tolleson.

- Rural Paratransit

  The 5311 Rural Paratransit Program aims to enhance access to health care, shopping, education, employment, public services, and recreation through effective transit services to rural areas. Participating cities are Benson, Bisbee, Coolidge, Cottonwood, Douglas, Kingman, Maricopa, Show Low, Page and Miami.

Programs for Employment

Division of Developmental Disabilities

The Division of Developmental Disabilities uses a network of public employment offices to provide job search assistance, referrals, and re-employment services. It works with the ADES to ensure those with disabilities have equal opportunity for job options that best fit the individual and their desired workplace.

- DES Vocational Rehabilitation

  This program is part of the **Department of Economic Security's Rehabilitation Services Administration** that helps individuals with disabilities enter the job market by providing training, placement, transportation or self-employment and entrepreneurial activities.

- Swift Resources of Arizona

  This is a project of the **Building Community Health in Arizona: Statewide Implementation of Integrated Services**, supported by a grant from the Maternal and Child Health Bureau that was awarded to the Southwest Institute for Families. Its purpose is to connect community and statewide resources to those who are interested.

Programs for Healthcare and Wellness

Arizona Health Care Cost Containment System

The Arizona Health Care Cost Containment System is the State's Medicaid program that uses an integrated managed care model to contract health plans with physical and behavioral health care services for those who qualify.

- AHCCCS Health Plans
  These **health plans** are based on geographical location and individual needs. Available plans include:
  - American Indian Health Program
  - Arizona Complete-Health Complete Care Plan (formerly Health Net Access)
  - Banner-University Family Care
  - Care1st Health Plan
  - Molina Complete Care
  - Mercy Care
  - Health Choice Arizona
  - United Healthcare Community Plan

- Division of Developmental Disabilities Health Plans

  Through a contract with AHCCCS, the **Division of Developmental Disabilities** offers additional healthcare coverage to eligible members who are part of ALTCS. This includes behavioral health services such as behavior management, behavioral health case management services, health nursing services, and emergency behavioral healthcare. Other services are emergency and non-emergency transportation, evaluations, and assessments, and inpatient hospital and non-hospital services. Individual, group, and family therapy and counseling are also provided. Those eligible can also receive laboratory and radiology services for psychotropic medication regulation and diagnoses, opioid agonist treatment, psycho-social rehabilitation, and psychotropic medication adjustment and monitoring. Respite care, rural substance abuse transitional agency services and screening may also be provided.

  Members of ALTCS might also have access to adaptive aids, assistive technology, home-health aides, home modifications, or home nursing. They also might be entitled to dental services, durable medical equipment, podiatry, respiratory therapy, or occupational, physical, and speech therapies.

- Regional Behavioral Health Authorities

  In addition to the health plan provided through AHCCCS, certain members are provided behavioral and integrated physical health services through contractors called **Regional Behavioral Health Authorities**. Such services are available for those who are designated SMI, in the custody of the Department of Child Safety and enrolled in the Department of Child Safety/Comprehensive Medical and Dental Program or are members of ALTCS.

Commission for the Deaf and Hard of Hearing

The purpose of the Arizona Commission for the Deaf and Hard of Hearing is to provide, "communication access, support services, and community empowerment throughout Arizona." This commission partners with public and private sectors to enhance accessibility to a variety of services for the deaf and hard of hearing. As a result, it is dedicated to providing communication access and support services, free equipment distribution through AzTEDP, and resources for self-advocacy and community empowerment. Additionally, it provides education, information, licensed ASL

interpreters, Arizona Relay Service, and over 2,000 trained public safety and healthcare professionals.

- Autism Spectrum Committee

  The **Autism Spectrum Committee** is comprised of stakeholders who provide recommendations on the treatment of autism spectrum disorder. These recommendations include increasing access for members to programs that allow them to become more independent in the community.

- Deaf Services

  Deaf Services include self-advocacy trainings, emergency evaluation drills and exercises, domestic violence training, mental health training, and healthcare provider and public safety curriculum trainings.

- Hard of Hearing Services

  Services provided to the **hard of hearing** are free training and presentations regarding hearing loss, communication skills, assistive technology, and self-advocacy. Moreover, they provide emergency preparedness, information on behavioral aspects of hearing loss, sensitivity training and employment assistance.

- DeafBlind Services

  Finally, their **deafblind services** include information, resources, empowerment, advocacy, outreach, and education.

Programs for Preventing Abuse and Neglect

Arizona Department of Child Safety

The purpose of the Arizona Department of Child Safety is to prevent, partner and protect the well-being of children. There are behavioral inpatient youth facilities within the state that need to be held accountable as they oversee the psychiatric treatment of minors.

- Office of Prevention

  As part of the Arizona Department of Child Safety, the **Office of Prevention** hosts programs like the **Regional Child Abuse Prevention Councils**. These councils rely on volunteers who educate the public on child abuse, neglect, and prevention. The continual promotion of this information is integral in maintaining an accountable system. Education provided by these councils helps prevent the potential abuse or neglect that a child in an inpatient care facility may experience.

Arizona Department of Economic Security Division of Aging and Adult Services

The Arizona Department of Economic Security Division of Aging and Adult Services is a subdivision of DES created to aid and support to vulnerable adults. All their policies must adhere to state, federal, and contractual requirements.

- Adult Protective Services

  Adult Protective Services is a program of this division that is responsible for conducting investigations of abuse, exploitation, and neglect allegations of vulnerable adults. Included in the vulnerable adult's category are those designated SMI or individuals who have DD.

  A.R.S. 46-454 (A-D) requires that medical personnel such as," a physician, physician assistant, registered nurse practitioner, licensed practical or registered nurse, certified nursing assistant, emergency medical technician, home health provider, hospital intern or resident, surgeon, dentist, psychiatrist, psychologist, pharmacist, speech, physical or occupational therapist, long-term care provider, social worker, peace officer, medical examiner, guardian, conservator, fire protection personnel, developmental disabilities provider, employee of the Department of Economic Security or other person who has responsibility for the care of a vulnerable adult" report or cause reports if they suspect or are aware of abuse, neglect of exploitation.

  "Financial personnel including an attorney, accountant, trustee, guardian, conservator or other person who has responsibility for preparing the tax records of a vulnerable adult or a person who has responsibility for any other action concerning the use or preservation of the vulnerable adult's property" are additionally required to make such reports.

Arizona Department of Administration

Arizona's Department of Administration supports the operations of the state government. Its purpose is to assist state agencies with the achievement of their specific mission by providing enterprise support services. As one of its functions, the Arizona Department of Administration oversees various independent oversight committees dedicated to improving the outcomes for the members of their composite programs.

- DDD Independent Oversight Committee

  The **DDD Independent Oversight Committees** oversee locations in Central, Eastern, Northern, Western and Southern parts of Arizona. Each of these committees ensures that the rights of those with developmental disabilities are upheld by their service providers.

- DHS Arizona State Hospital Independent Oversight Committee

  The **DHS Arizona State Hospital Independent Oversight Committees on Behavioral Health** submit objections to problems or violations of client rights, provide an annual report, and exist to keep the State Hospital accountable for the treatment of its patients.

- AHCCCS Independent Oversight Committees

  AHCCCS Independent Oversight Committees on Behavioral Health in Central, Northern and Southern Arizona oversee the proper development and implementation of human rights through AHCCCS' contract with RHBA's and their providers.

Programs for Education

Arizona State Schools for the Deaf and Blind

The Arizona State Schools for the Deaf and Blind coordinate the provision of education for children who are hard of hearing, deaf, or have vision loss. They work closely with families, school districts, and other agencies to allow these children access to services that will enable them to have a successful future. Over 2,000 children from infancy to 12th grade have been serviced by the coordination of services and schools through this board. There are two schools for the deaf, one school for the blind and regional partners who provide special services to students in local schools.

- ASDB Tucson Campus

  This campus features a day program with 68 acres of landscaped grounds with accommodations for students who are deaf or blind. It offers ASL community classes, audiology, counseling, and occupational or physical therapyy from pre-school to high school.

- Phoenix Day School for the Deaf

  The Phoenix School for the Deaf provides education and support services to students from pre-school to high school with counseling, communication instruction, vocational training, career counseling and transitional planning.

Department of Education

Arizona's Department of Education oversees the Arizona k-12 public education system. Each of its four-state offices work serves the students, families, educators, and various school communities within the state.

- Exceptional Student Services

  Exceptional Student Services manages the public education agencies in Arizona with special education programs. While certifying that these programs follow the Individuals with Disabilities Education ACT, it also provides learning opportunities, assistance to schools, and supports the family needs of students with disabilities.

Appendix B: Timeframe Arizona's Olmstead Plan Development

2001 First Draft Arizona Olmstead Plan

2003 Revised Draft Arizona Olmstead Plan

2014 Attempt to Revise

May – July 2021 Updated Draft of Arizona Olmstead Plan

August 2021 Stakeholder Input on Updated Draft

Appendix C: Upcoming Meeting Dates: TBD

It is advised that Arizona include a section with upcoming meeting dates in its next revision of the Olmstead Plan. While this is not mandatory, other states have included similar appendices to hold their state agencies accountable. For example, Nebraska's 2019 Olmstead Plan proposes an advisory committee meeting almost every other month.[35] Ultimately, it is the responsibility of the individual agencies to determine the frequency of these meetings and the requirements for attendance.

Appendix D: Acronyms and Key Definitions

ABC: Arizona Behavioral Health Corporation

ADES: Arizona Department of Economic Security

ADHS: Arizona Department of Health Services

ADOC: Arizona Department of Corrections

ADOT: Arizona Department of Transportation

AEIP: Arizona Early Intervention Program

AHCCCS: Arizona Healthcare Cost Containment System

ALTCS: Arizona Long Term Care System

APS: Adult Protective Services

ASH: Arizona State Hospital

CMS: Centers for Medicare and Medicaid Services

DBHS: Division of Behavioral Health Services under ADHS

DD: Developmentally Disabled

DDD: Division of Developmental Disabilities

DHHS: Department of Health and Human Services

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35 https://dhhs.ne.gov/Olmstead/Nebraska%20Olmstead%20Plan%20FINAL%20for%20Submission%20to%20Legislature.pdf

GMH: General Mental Health

GSA: Geographic Service Area

HCBS: Home and Community Based Settings

HUD: Department of Housing and Urban Development

ICF/DD: Intermediate Care Facility for Developmentally Disabled

IHS: Indian Health Service

IOC: Independent Oversight Committee

MHBG: Mental Health Block Grant

NF: Nursing Facility

NED: Non-Elderly Disabled

RBHA: Regional Behavioral Health Authority

SAMHSA: Substance Abuse and Mental Health Services

SMI: Severe Mental Illness

Appendix E: Persons and Organizations to Participate in Arizona's Olmstead Planning Process

Association for the Chronically Mentally Ill

National Alliance on Mental Illness Arizona

Arizona Health Care Cost Containment System

Department of Economic Security

Arizona Behavioral Health Corporation

Appendix F: Unknown Statistics

1. Updated Statistics from the Federal Home and Community Based Rules Arizona's Systemic Assessment and Transition Plan
2. Recent HCBS placement statistics
3. Statistics on the current transitional programs Arizona offers (effectiveness rates, the number of people these programs help, what kinds of services are offered, what proportion of each service is utilized, etc.)
4. Saturation of information on the availability of transitions
5. Number of individuals with SMI that have applied to live in integrated housing & the number of applicants that are accepted
6. Comparison of the number of supported housing programs for those with SMI vs. those with DD
7. The proportion of people who have SMI who have access to health services vs those with DD
8. The number of services rural communities have available for vulnerable adults who need transportation services
9. The geographic saturation of rural disability transportation services
10. The number of individuals with SMI who are not in the labor force but want to work
11. The number of individuals with DD who are not in the labor force but want to work
12. The number of people who are on waiting lists at each level on the continuum of care
13. The percent of residential, group homes, and day programs with state contracts that prominently post signage on how to report abuse and neglect
14. The percent of state contracts related to the care of individuals with disabilities that require a check of the APS registry before someone is hired
15. The percent of individuals who have SMI that graduate high school
16. The percent of individuals who have SMI that graduate college

Appendix G: Resources for Consumers

The Elderly

- Arizona Health Care Cost Containment System/Arizona Long- Term Care System Administration (AHCCCS/ALTCS); 602-417-4000; www.azahcccs.gov/
- Arizona Department of Economic Security/Aging and Adult Administration; 1-602-542-4446; https://des.az.gov/
- State Health Insurance Assistance Program; www.shiptacenter.org/
- Area Agency on Aging - Region I – Maricopa; 602-264-4357; www.aaaphx.org/
- Area Agency on Aging - Region II - Pima Council on Aging; 520-790-7262; www.pcoa.org/
- Area Agency on Aging - Region III – Northern Arizona Council of Governments; 877-521-3500; nacog.org/departments/AAA/page/senior_services.html
- Area Agency on Aging – Region IV – Western Arizona Council of Governments; 602-264-4357; www.wacog.com/home-community-based-senior-services/
- Area Agency on Aging – Region V – Pinal/Gila Council for Senior Citizens; 520-836-2758; www.pgcsc.org/
- Area Agency on Aging – Region VI – Southeastern Arizona Government Organization; 520-432-5301; www.seago.org/
- Area Agency on Aging – Region VII – Navajo Area Agency on Aging; 928-871-6869; www.daltcs.navajo-nsn.gov/
- Area Agency on Aging – Region VIII – Intertribal Council of Arizona; 1-800-552-9257; itcaonline.com/programs/aging/

Persons with a Developmental Disability

- Arizona Department of Economic Security/Division of Developmental Disabilities; 602-246-0546; www.des.az.gov/services/disabilities/developmental-disabilities

- Arizona Department of Economic Security/Rehabilitation Services Administration; www.des.az.gov/services/employment/arizona-rehabilitation-services

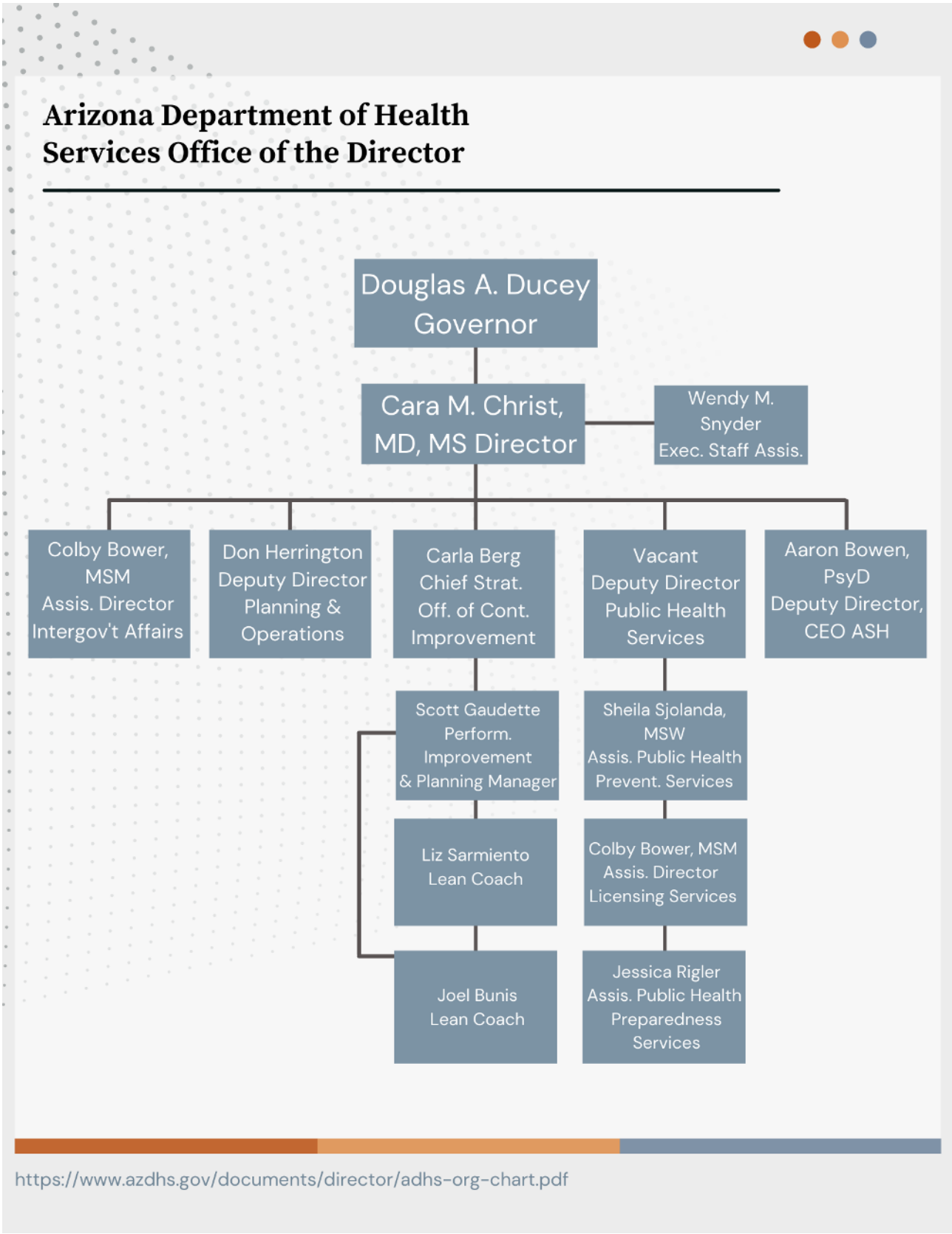
Persons with a Physical Disability

- Arizona Health Care Cost Containment System/Arizona Long Term Care System Administration (AHCCCS/ALTCS); www.azahcccs.gov
- Arizona Department of Economic Security/Rehabilitation Services Administration; www.des.az.gov/services/employment/arizona-rehabilitation-services
- HOM; https://www.hominc.com/

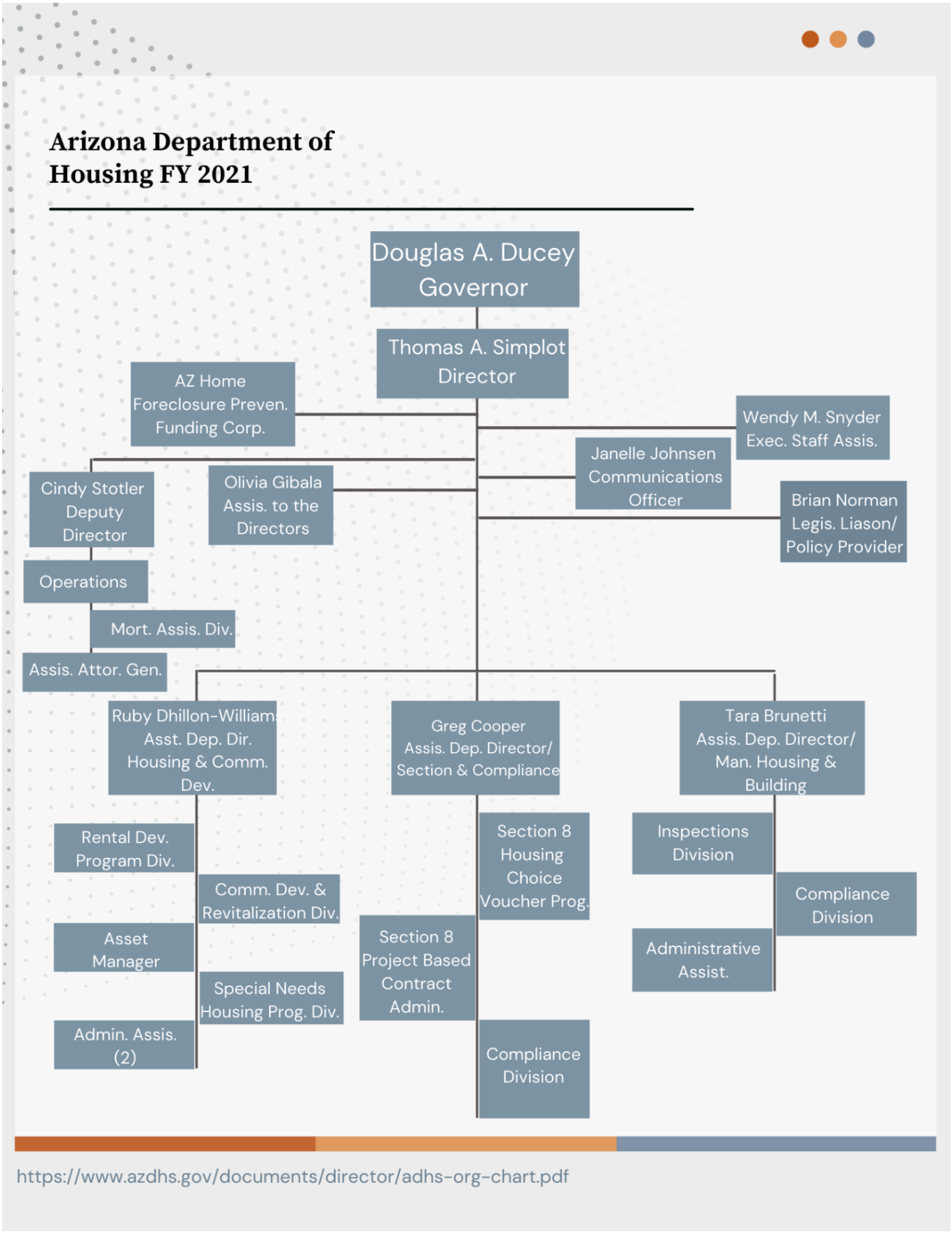
Persons with Behavioral Health Needs

- Arizona Department of Economic Security/Rehabilitation Services Administration; www.des.az.gov/services/employment/arizona-rehabilitation-services
- Association for the Chronically Mentally Ill (ACMI); 623-738-5219; www.acmionline.com
- Mental Health America; www.mhanational.org/
- MIKID Mentally Ill Kids in Distress; 602-253-1240; www.mikid.org

Appendix H: Major Organizational Charts

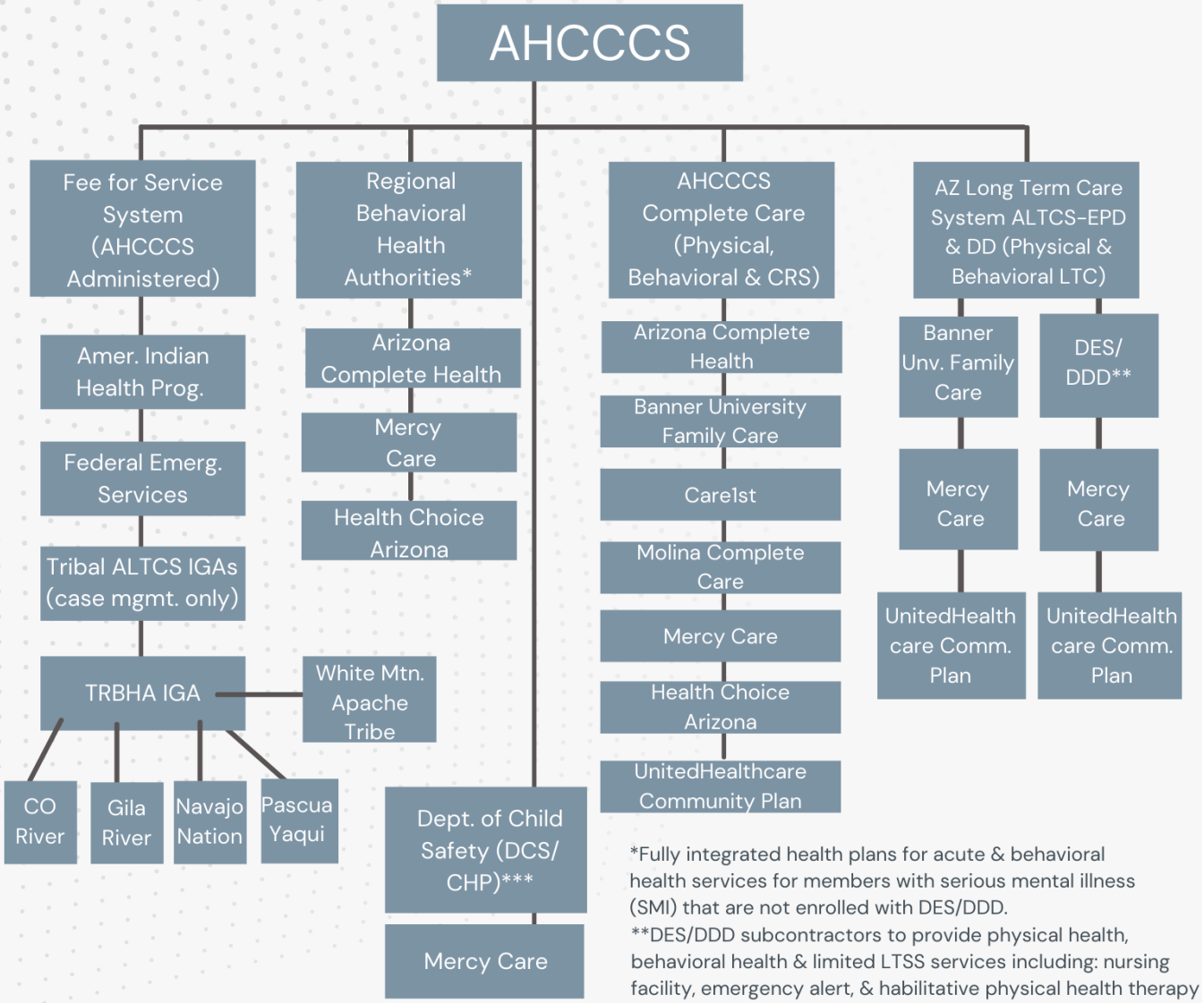


https://www.azdhs.gov/documents/director/adhs-org-chart.pdf



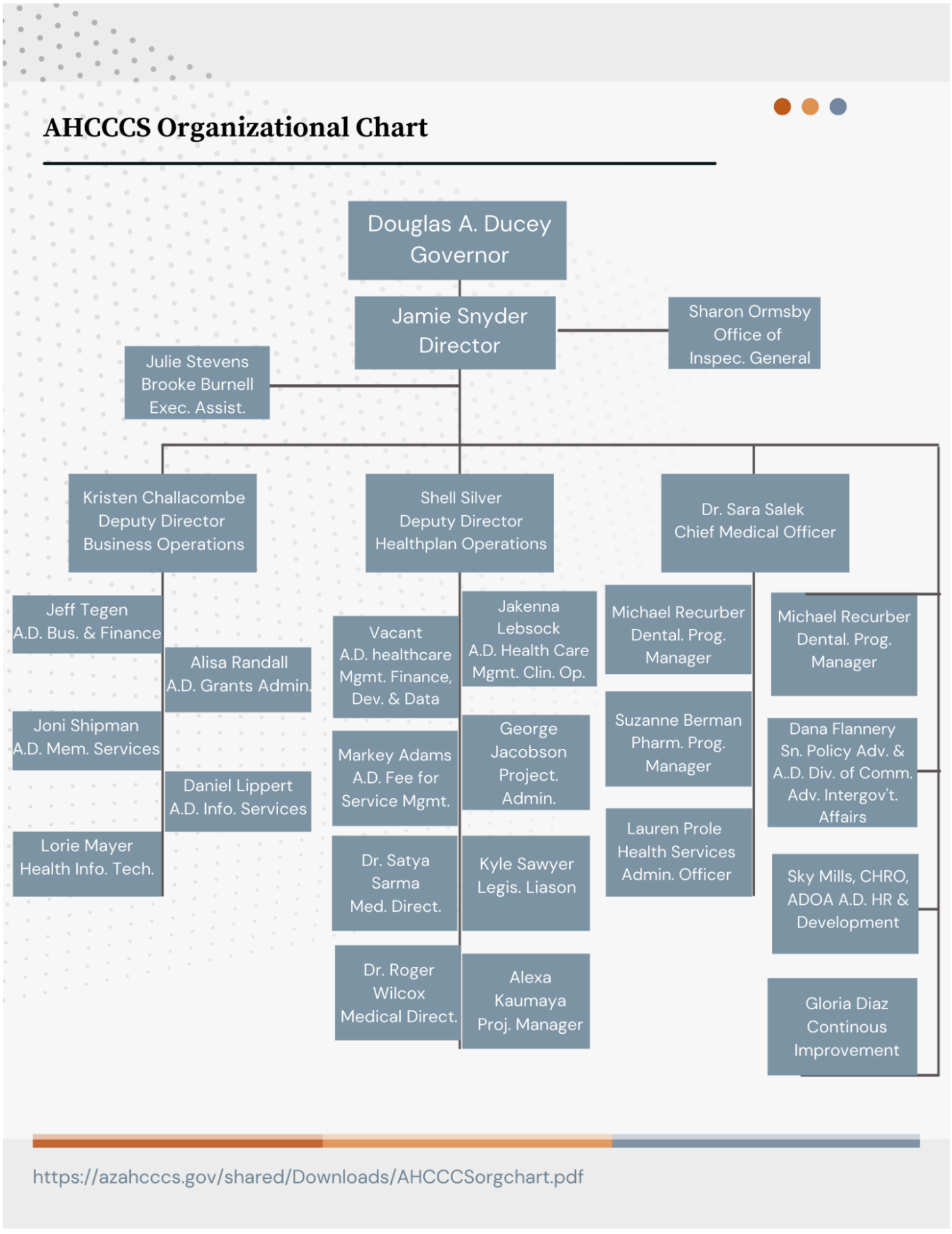
https://www.azdhs.gov/documents/director/adhs-org-chart.pdf

AHCCCS Care Delivery System
Effective July 1, 2021



*Fully integrated health plans for acute & behavioral health services for members with serious mental illness (SMI) that are not enrolled with DES/DDD.
**DES/DDD subcontractors to provide physical health, behavioral health & limited LTSS services including: nursing facility, emergency alert, & habilitative physical health therapy for members age 21 and over. DES/DDD to provide all other LTSS as well as a fee-for-services AIHP program for American Indian members.
***DCS/Comprehensive Health Plan statewide subcontractor to provide physical and behavioral health services.

https://www.azahcccs.gov/shared/Downloads/DeliverySystem.pdf



https://azahcccs.gov/shared/Downloads/AHCCCSorgchart.pdf

Appendix I: Requested Information from AHCCCS

Complaints in Access to Services Categories by Area and Eligibility (Separate chart/year for 2016-2021)

	Greater Arizona		Maricopa County		Statewide	
Access to Services Complain Subcat.	TXIX	NTXIX	TXIX	NTXIX	TXIX	NTXIX
NO PROVIDER TO MEET NEEDS						
WAIT LIST						
TIMELINES						
OFFICE/APPT. WAIT TIME						
EOC PROCESS						
AUTHORIZATION PROCESS						
ACCESS TO SERVICES TOTAL						

Utilization and Expenditures for AHCCCS-eligible HCB In Maricopa County by Service Type (Separate chart/year for 2016-2021)

SMI Profile	Maricopa County						
	TXIX HCB						
	# Receive Services	Total Expend.	Annual/ Capita	% of Pop.	Rate/ 1,000	Monthly/ Capita	% of Expend.
SUPPORT SERVICES							
CASE MGMT.							
FAMILY SUPPORT							
PEER SUPPORT							
PERSONAL ASSIST.							
RESPITE CARE							
INPATIENT SERVICE							
REHAB. SERVICES							
SUPP. EMPLOY.							
HEALTH PROMO.							
LIVING SKILLS							
RESIDENT. SERVICES							
PHARMACY							
TREAT. SERVICES							
CRISIS SERVICES							
MED. SERVICES							
TOTAL							

HCBS Placement Rates (Separate Charts/year for 2016-2021)

Setting	Number of Members	Percentage of Members
OWN HOME		
ASSIS. LIVING FAC.		
ASSIS. LIVING HOME		
ASSIS. LIVING PROCESS		
ADULT FOSTER CARE		
ACCESS TO SERVICES TOTAL		
GROUP HOME		
DEVELOPMENTAL HOME		
CHILD DEVELOP. HOME		
ADULT DEVELOP. HOME		
TOTAL HCBS PLACEMENTS		
SKILLED NURSING FACILITY		
OTHER		
INTERMED. CARE FAC. FOR PEOPLE W/ INTELLECTUAL DISABILITIES		
BEHAV. HEALTH RES. FAC.		
TOTAL INSTIT. PLACEMENT		
TOTAL		

Title XIX SMI Avg. Length of Stay and Re-admission Rates (Chart/year for 2016-2021)

	Q1		Q2		Q3	
Title XIX SMI	ALOS	Readmit. Rate	ALOS	Readmit. Rate	ALOS	Readmit Rate
LEVEL 1						
LEVEL 1 SUB-ACUTE						
BH RESIDENTIAL FACILITY						

Non-Title XIX Avg. Length of Stay and Re-admission Rates (Chart/year for 2016-2021)

	Q1		Q2		Q3	
Title XIX SMI	ALOS	Readmit. Rate	ALOS	Readmit. Rate	ALOS	Readmit Rate
LEVEL 1						
LEVEL 1 SUB-ACUTE						
BH RESIDENTIAL FACILITY						