



DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*



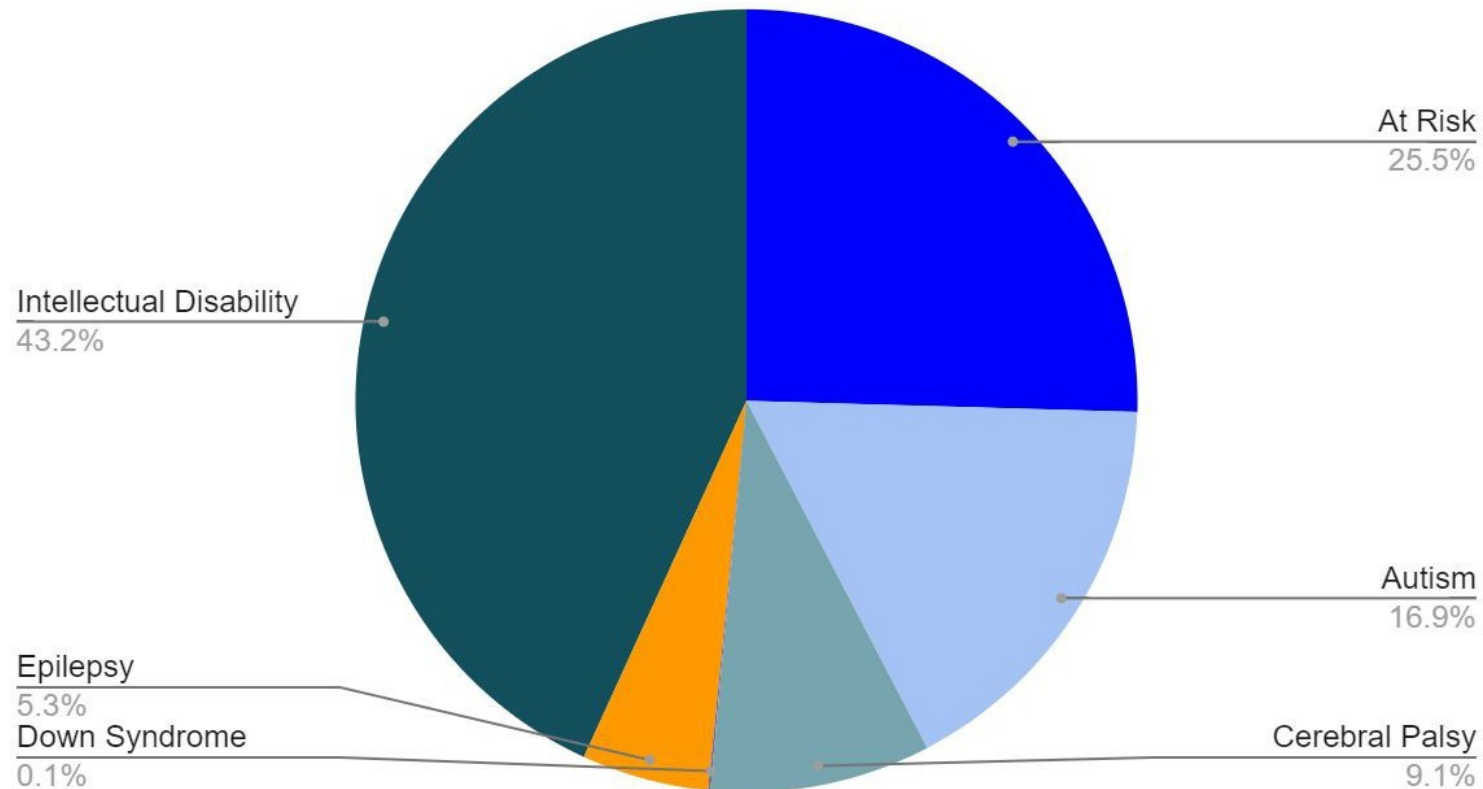
# DDD Behavioral Health Advocate Overview



# DDD Membership: Primary Disability

**Total Tribal Members Currently Served: 2,432**

Membership Served by Diagnosis



*as of: July 31, 2023*

# Behavioral Health Advocacy

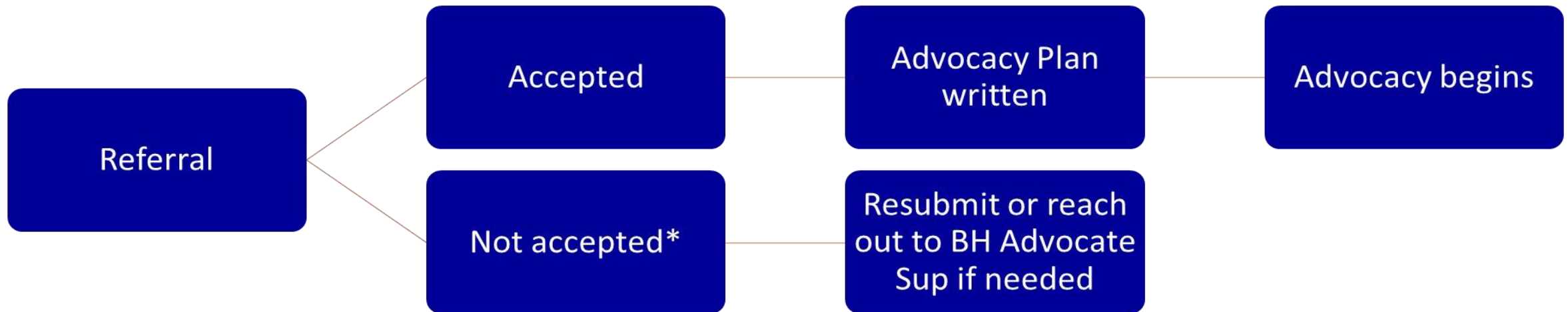


The Behavioral Health Advocates ensure the **member and their family's** voice and choices are being heard and barriers are being resolved so behavioral health needs are met. Advocates work closely with the Support Coordinator and the Planning Team

# BH Advocate Roles/Responsibilities

- Develop the Advocacy Plan with the member and/or family
- Educate the member and responsible person on Peer Run Organizations and Family Run Organizations
- Build relationships and knowledge of community resources
- Record Advocate's efforts and communications in the member's record
- Maintain effective communication with member, their family, and the Support Coordinator
- Discuss with member and family when goals have been met and notify team members when advocacy services will end

# The Process



Referrals are sent to [oifabhadvocate@azdes.gov](mailto:oifabhadvocate@azdes.gov)

**\*If a referral is not accepted for advocacy, we will still offer resources**

# BH Advocacy Referral - DDD 2093A

DDD-2093A FORFF (3-21)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Developmental Disabilities

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## DDD BEHAVIORAL HEALTH ADVOCATE REFERRAL

### INSTRUCTIONS

To refer a member to DDD's Behavioral Health Advocacy program, complete all applicable sections of this referral form and email it to the BH Advocate Email Box: [OIFABHAdvocate@azdes.gov](mailto:OIFABHAdvocate@azdes.gov). Identify the subject line as: BH Advocate Referral for (Member's Initials). (Refer to the DDD Behavioral Health Advocacy procedure for more details.)

### SECTION I. MEMBER INFORMATION

Member Name (Last, First, M.I.): \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Area Code and Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Time to Contact: \_\_\_\_\_

Member Health Plan: \_\_\_\_\_

Responsible Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Area Code and Phone No.: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ Preferred Time to Contact: \_\_\_\_\_

Does member have a: ☐ Public Fiduciary ☐ Court-Appointed Guardian  
☐ Behavioral Health Human Rights Advocate assigned by the Special Assistance Program

If yes, Name: \_\_\_\_\_ Area Code and Phone No.: \_\_\_\_\_

Support Coordinator Name: \_\_\_\_\_ District: \_\_\_\_\_

Email Address: \_\_\_\_\_ Area Code and Phone No.: \_\_\_\_\_

Support Coordinator's Supervisor Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Area Code and Phone No.: \_\_\_\_\_

Behavioral Health Complex Care Specialist Name, If assigned: \_\_\_\_\_

Email Address: \_\_\_\_\_ Area Code and Phone No.: \_\_\_\_\_

Behavioral Health Agency, If assigned: \_\_\_\_\_

Behavioral Health Agency Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Area Code and Phone No.: \_\_\_\_\_

Has the member or responsible person agreed to accept the assistance of an Advocate? ☐ Yes ☐ No

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### SECTION II. REASON FOR REFERRAL

Check all applicable concern factors. In the Reason for Referral text box provide sufficient details needed to understand all of the concern factors checked. Also, include information regarding the barriers to resolve the issue(s) and actions taken, such as contacts made with DDD function areas, the Health Plan, and providers to resolve the issue(s).

- ☐ Feels her/his voice is not being heard or her/his choice is not being respected regarding their behavioral health service needs.
- ☐ Feels she/he is not actively involved in the service planning process.
- ☐ Has limitations in the ability to communicate her/his behavioral health needs.
- ☐ Is unable or does not know how to advocate for her/himself and would benefit from advocacy services.
- ☐ May need assistance in navigating the behavioral health or other service systems of care.
- ☐ May need assistance in understanding the behavioral health grievance process.
- ☐ Other: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_



# BH Advocacy Plan - DDD 2092A

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## DDD BEHAVIORAL HEALTH ADVOCACY PLAN

### INSTRUCTIONS

The DDD Behavioral Health (BH) Advocate will develop the Advocacy Plan with the member or responsible person. The completed Advocacy Plan will be emailed to the member's Support Coordinator so she/he will be able to attach the plan to the member's Planning Document.

### SECTION I. MEMBER INFORMATION

Member Name (Last, First, M.I.): \_\_\_\_\_ AHCCCS ID: \_\_\_\_\_ Member's Date of Birth: \_\_\_\_\_

Support Coordinator: \_\_\_\_\_ Behavioral Health Advocate Name: \_\_\_\_\_

BH Advocate Assignment Start Date: \_\_\_\_\_ BH Advocate Assignment End Date: \_\_\_\_\_

BH Advocate Projected End Date: \_\_\_\_\_

### SECTION II. BEHAVIORAL HEALTH ADVOCACY GOALS AND ACTION PLAN

Behavioral Health Advocacy Goal(s):

See page 2 for EOE/ADA disclosures

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No.	Action to be Taken	Person Responsible	Due Date (Target)	Completed? (Yes or No)	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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- The plan is emailed to Support Coordinator and member/responsible party
- Focus progress note is done to outline that the advocacy plan was developed and sent out

# Quick Comparison

## BH Advocates

- Assist **member and/or responsible person** in navigating BH system
- Provide support directly to member and/or family
- Ensure member and/or responsible person are actively involved in decision making
- Assist member and/or responsible person in understanding grievance process
- Team members have lived experience navigating the BH system of care.
- Part of the Office of Individual and Family Affairs

## Both

- Attend CFTs, ARTs, staffings
- Assist in removing barriers within BH system
- Provide information around BH topics such as services, placements, discharge planning to aide in decision making

## Complex Care Specialist

- Assist **Support Coordinator** in navigating BH system
- Assistance with gathering behavioral health clinical documentation to support the team making informed clinical decisions
- Ability to escalate cases for second opinions, appeals, peer to peer consults
- Part of the Behavioral Health Administration



# Questions



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