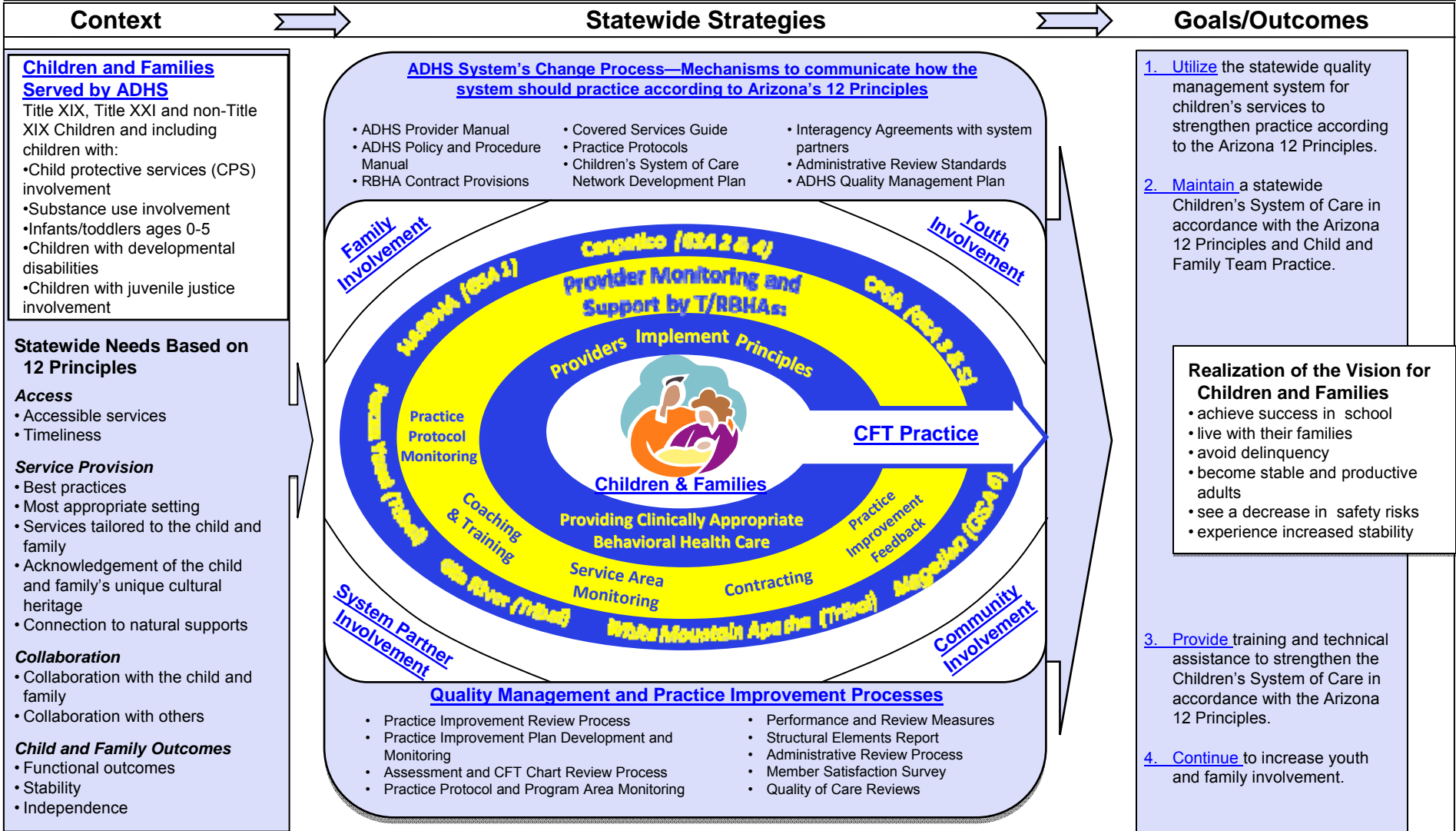


# Arizona's System of Care for Children



**Vision:** In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child's family's cultural heritage.

- Guiding Principles:**
- Collaboration with the child and family
  - Functional outcomes
  - Collaboration with others
  - Accessible services
  - Best practices
  - Most appropriate setting
  - Timeliness
  - Services tailored to the child and family
  - Stability
  - Respect for the child and family's unique cultural heritage
  - Independence
  - Connection to natural supports



# Arizona's System of Care for Children/Adolescents



## Guiding Principles:

Guiding Principles  
Accomplishments

<p>1. Collaboration with the child and family</p>	<p>Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.</p>
<p>2. Functional outcomes</p>	<p>Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.</p>
<p>3. Collaboration with others</p>	<p>When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented. Client centered teams plan and deliver services. Each child's team includes the child and parents and any foster parents, any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, the child's Child Protective Service and/or Division of Developmental Disabilities case worker, and the child's probation officer. The team (a) develops a common assessment of the child's and family's strengths and needs, (b) develops an individualized service plan, (c) monitors implementation of the plan and (d) makes adjustments in the plan if it is not succeeding.</p>
<p>4. Accessible services</p>	<p>Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need. Plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided. Behavioral health services are adapted or created when they are needed but not available.</p>
<p>5. Best practices</p>	<p>Competent individuals who are adequately trained and supervised provide behavioral health services. They are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based "best practice." Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class member's lives, especially class members in foster care. Behavioral Health Services are continuously evaluated and modified if ineffective in achieving desired outcomes.</p>



Additional Guiding Principles



# Arizona's System of Care for Children/Adolescents



## Guiding Principles:

### Guiding Principles Accomplishments

6. Most appropriate setting	Children are provided behavioral health services in their home and community to the extent possible. Behavioral health services are provided in the most integrated setting appropriate to the child's needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child's needs
7. Timeliness	Children identified as needing behavioral health services are assessed and served promptly.
8. Services tailored to the child and family	The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.
9. Stability	Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and criminal justice system. Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.
10. Respect for the child and family's unique cultural heritage	Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family. Services are provided in Spanish to children and parents whose primary language is Spanish.
11. Independence	Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.
12. Connection to natural supports	The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.



# Arizona's System of Care for Children/Adolescents



## Children and Families Served by ADHS

Title XIX	<p>AHCCCS for Families with Children (AFC) provides medical coverage, such as doctor's office visits, hospitalization, prescriptions, lab work, and behavioral health services to families. To qualify, there must be a child in the household under the age of 18 years (or 19 years if a full-time student). The monthly income limit for this program is 100% of the Federal poverty level (FPL) or \$1,767 for a family of four. There is no limit on the resources or property that may be owned.</p> <p>AHCCCS offers several low or no cost medical coverage programs to Arizona families and children. To participate in these programs, all individuals must be U.S. citizens or qualified immigrants <a href="http://www.ahcccs.state.az.us/Services/Programs/AFC.asp">http://www.ahcccs.state.az.us/Services/Programs/AFC.asp</a></p>
Title XXI	<p>The Arizona State Legislature passed legislation in May 1998 implementing the Title XXI Arizona Children's Health Insurance Program (KidsCare). The KidsCare program was approved by the Health Care Financing Administration (HCFA) in September 1998 and became effective November 1, 1998. The program was designed to decrease the number of children in Arizona who are uninsured. Applications are processed by the AHCCCS Administration and are screened for Medicaid eligibility in addition to KidsCare eligibility. The program is for children under the age of 19 with household income under the appropriate limit, and resources are not considered <a href="http://www.ahcccs.state.az.us/Members">http://www.ahcccs.state.az.us/Members</a></p>
Non-Title XIX Children and Youth ages	<p>Non-Title XIX/XXI funds are available but limited and the behavioral health services offered through this fund source are not considered entitlements. As such, each Regional and Tribal Behavioral Health Authority (T/RBHA) must implement priorities for Non-Title XIX/XXI funded service delivery. Non-Title XIX/XXI funds include, but are not limited to:</p> <ul style="list-style-type: none"> <li>•Center for Mental Health Services (CMHS) and Substance Abuse Prevention and Treatment Performance Partnership</li> <li>•(SAPT) block grants;</li> <li>•State appropriations; and</li> <li>•County funds.</li> </ul> <p><a href="http://www.azdhs.gov/bhs/provider/sec3_1.pdf">http://www.azdhs.gov/bhs/provider/sec3_1.pdf</a></p>

## Additional Information

Enrollment Penetration Report	<a href="http://www.azdhs.gov/bhs/enroll_pen.htm">http://www.azdhs.gov/bhs/enroll_pen.htm</a>
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## Child & Family Team Practice:

Child and Family Team Practice is the method used by the Arizona Behavioral Health System to plan and provide services for children and families. It involves nine primary activities including:

1. engaging with the child and family,
2. determining if the child or family has any immediate crises or concerns that need to be addressed and stabilized,
3. getting to know the family and reflecting that knowledge through the development of a Strengths, Needs and Culture Discovery that can be used to guide planning and service delivery,
4. determining, with the family, who could be helpful to have on the Child and Family Team to help the child and family reach their goal(s),
5. developing an individualized service plan to address the needs and utilize the child's and family's strengths while being observant of the family's culture,
6. developing a crisis plan when needed to assist the child and/or family,
7. effectively implementing the service plan in a timely manner,
8. making changes in the service plan or in providers to effectively reach the desired outcomes, and
9. anticipating transitions that may affect the child and family in their progress toward their goals.

It is important that no one element of Child and Family Team Practice be seen as the total practice. It is the combination of all the above activities that make Child and Family Team practice effective.

Teams, in the context of Child and Family Team Practice, are made up of individuals the family believes can help them develop and implement a service plan that will assist the child and family in realizing their vision of the future. The team may be small or large, having as few as two or as many as ten or more members, but the number is not nearly as important as the composition. Regardless of the number, an effective Child and Family Team should be comprised of individuals chosen by the child and family as necessary to help them achieve their vision.

There are many definitions of **team** and some of them include:

"A team is a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they are mutually accountable." (Katzenbach and Smith, 1993)

"A group in which members work together intensively to achieve a common group goal." (Lewis-McClear & Taylor 1998)

Additional Activities



# Arizona's System of Care for Children/Adolescents



Child & Family Team Practice:	
<a href="#">Engagement</a>	<a href="#">Ongoing Crisis Planning</a>
<a href="#">Immediate Crisis Stabilization</a>	<a href="#">Behavioral Health Service Plan -Implementation</a>
<a href="#">Strengths, Needs and Culture Discovery (SNCD)</a>	<a href="#">Tracking and Adapting</a>
<a href="#">CFT Formation/ Coordination of CFT Practice</a>	<a href="#">Transition</a>
<a href="#">Behavioral Health Service Plan – Development</a>	



## Child & Family Team Practice:

<b>Engagement</b>	Engagement is the centerpiece of CFT practice. Engagement begins during the first contact between the child/family and the behavioral health system and continues throughout the family's involvement with the behavioral health system. Engagement is not a one time event. The success of CFT practice depends upon a foundation of trust between the child/family and other team members. CFT practice is a partnership, and engagement is both the beginning and the sustaining characteristic of that partnership. These initial communications with the child and family provide opportunities for the behavioral health service provider to learn and understand the family's concerns. The behavioral health service provider is also expected to introduce the child and family to the behavioral health system and provide them with a clear explanation of CFT practice through <u>conversation</u> and <u>active listening</u> rather than a <u>structured interview</u> .
<b>Immediate Crisis Stabilization</b>	The behavioral health service provider, with the child and family, identifies any risks that require immediate intervention. Examples include immediate safety risks such as suicidal or homicidal behaviors/intentions or the imminent risk of a child's removal from his/her home. For a child or family experiencing a critical crisis situation, immediate stabilization takes precedence over all other assessment and planning activities. When the development of a crisis stabilization plan is indicated, crisis intervention services which work in conjunction with a child/family's strengths are identified and secured. Also additional supports, such as family support, respite, or in-home services that may assist in crisis stabilization must be identified and secured as quickly as possible.

Additional Activities



CFT  
Practice



## Child & Family Team Practice:

### Strengths, Needs, and Culture Discovery

The Strengths, Needs and Culture Discovery (SNCD) provides essential information used to develop a strengths-based, individualized service plan that respects the unique culture of the child and family. It allows the CFT to develop a highly individualized plan which fits with this child and family in a way that encourages their commitment to success. By identifying strengths, assets and sources of natural support, the SNCD can facilitate an expansion of the array and volume of resources available to the CFT beyond formal, categorical services. Strengths, when understood in a functional context, serve as practical resources and service-substitutes in the planning process. Having a written document will reflect back to the child and family their strengths, needs and culture. The SNCD shifts the focus of the CFT to allow team members, including the family, to obtain a balanced perspective of the family's strengths, needs and history of solution finding. This process acknowledges family voice which builds engagement and trust. Family members are central participants in the development of the SNCD.

The elements of the Strengths, Needs and Culture Discovery include:

1. Identification of strengths, assets and resources that can be mobilized to address family needs for support.
2. Exploration and understanding of the unique culture of the family, so the service plan will be a plan the child and family will support and utilize. The family's culture is influenced by family relationships, rituals, social relationships, living environment, work environment, spiritual focus, health, financial situation and other factors.
3. Recording of the child and family's vision of a desired future.
4. Identifying the needs and areas of focus that must be addressed to move toward this desired future.

Additional Activities



CFT  
Practice



## Child & Family Team Practice:

### CFT Formation/ Coordination of FCT Practice

In conjunction with the family, the behavioral health service provider facilitates the identification, engagement and participation of additional family members, close family friends, appropriate clinical expertise, and other potential CFT members including partner agencies such as Child Protective Services (CPS), Division of Developmental Disabilities (DDD), juvenile justice, and education. One of the goals is to strengthen or help to build a natural and community based social support network for the family.

The CFT, led by the behavioral health provider, is also expected to use the CASII to inform case manager assignment for children/adolescents identified as having complex needs. The CASII is not the sole determinant of case management assignment nor is it to be used to determine eligibility for specific levels of care, types of services, or particular service models (see [ADHS /DBHS Provider Manual Section 3.14, Securing Services and Prior Authorization](#)). The CASII recommends the level of intensity while the Child and Family Team identifies the services and supports to best meet the identified needs. Children/adolescents identified at CASII levels 3, 4, 5, and 6 of service intensity, should consider the need for a designated case manager to coordinate services and activities of Child and Family Team practice. Crisis planning is required at these levels of intensity.

The size, scope and intensity of the involvement of CFT members is driven by the needs and desires of the child and family. The CFT *may* consist of only the child, a parent and the identified behavioral health service provider or may involve additional participants if the child and family are involved with other systems, have complex needs, an extensive natural support system, or if they have multiple support providers. When Child Welfare is the identified guardian, inclusion of the child's family members in the CFT is critical especially, but not limited to, when reunification is an identified goal. Members of the CFT may be added or removed as the needs and strengths of the child and family change over time.

Additional Activities



CFT  
Practice



## Child & Family Team Practice:

### Behavioral Health Service Plan – Development

The foundation for plan development begins when the child and family participate in the assessment process ([Provider Manual 3.9, Intake, Assessment, and Service Planning](#)). The Behavioral Health Service Plan ([Provider Manual Form 3.9.1, Part D](#) and [3.9.2, Part C](#)), describes the family's vision for the future (stated in their own language) and identifies the short-term objectives, interventions, supports and services that will address their identified and prioritized needs. The CFT members engage in brainstorming options and identify creative and nontraditional approaches, including formal and natural supports, for meeting the needs of the child and family. During this activity the CFT is to give careful consideration and weight to the child and family's preferences, strengths, culture and the parent's expert knowledge of their own child. Objectives that can be readily accomplished and celebrated within a short timeframe are identified to encourage early success and continued involvement and achievement. For children with standard needs, the service planning process may be less complex and involve only the parent/caregiver, child and their behavioral health provider. However the idea of brainstorming options and being sure to strongly consider the child and parent's preferences, strengths, culture and the parent's expert knowledge of their own child is still applicable.

### Ongoing Crisis Planning

CFT practice includes planning for crisis situations and addressing ongoing safety issues. Crisis planning includes specific objectives and strategies to ensure timely availability of necessary supports and interventions in a crisis situation. Crisis situations refer to situations which pose a significant safety risk to the child, family, or community, including violent behaviors, self-injurious behaviors, running away, setting fires, etc. Crisis plans provide for 24 hour-a-day responsiveness and address the question, "What might go wrong that would divert the CFT from successfully implementing the activities in the Service Plan?" Through using creative thinking the CFT members identify the most likely crisis situations for a particular child and/or family. The CFT members then develop a plan to prevent these potential crisis situations from occurring, as well as an approach for responding most effectively should one of these situations occur. Crisis planning includes recognizing when a situation is escalating and how to best defuse the situation or obtain assistance to prevent further escalation. There is less likelihood that children having standard needs will need a crisis plan but when necessary or desired by the parent/guardian, the planning process should follow the outline described below.

Additional Activities



CFT  
Practice



## Child & Family Team Practice:

### Behavioral Health Service Plan – Implementation

Based upon the recommendations and decisions of the CFT, the behavioral health service provider is responsible for overseeing and facilitating the effective implementation of the Service Plan. Effective implementation includes the provision of covered behavioral health services, and initiating action for those services requiring prior authorization in accordance with ADHS/DBHS' policy ([Provider Manual Section 3.14 Securing Services and Prior Authorization](#)). Services requiring prior authorization include:

1. Level I services (psychiatric acute hospital, sub acute facility, residential treatment center)
2. Level II Residential services
3. Level III Residential services
4. HCTC services
5. Other covered services identified by the T/RBHA with the written approval of the ADHS/DBHS Medical Director

Behavioral health service planning includes tasks or activities assigned to specific CFT members for completion outside of planning meetings. Some assignments may consist of specific activities or ways for interacting with the child to reinforce a particular behavior. CFT members are expected to make reasonable efforts to carry out their assigned responsibilities within the agreed timeframes. In a situation where a particular CFT member fails to complete an assigned task, the behavioral health service provider is responsible for taking two actions. First, to determine if there is a barrier or a change in priorities/needs that is preventing completion. And second, to explore and implement options for resolution with the team, supervisors or other resources. When an activity, support or service cannot be secured in a timely manner, even with such assistance, or the barrier is a system's issue, the behavioral health service provider elevates the issue within the T/RBHA system for additional assistance and resolution. Alternative or interim strategies may be presented to the CFT for consideration.

Additional Activities



CFT  
Practice



## Child & Family Team Practice:

### Tracking and Adapting

Child and Family Teams require ongoing follow-up between meetings. The behavioral health service provider ensures: that engagement continues with the child, family and other team members; services are being implemented and are achieving expected results; and assignments are completed. The frequency of ongoing meetings are scheduled in relation to the child/family's situation, preferences, severity of need, level of progress or barriers to progress, and the plan's target dates.

The Service Plan includes short-term, observable/measurable goals with indicators to objectively track progress made over time.

The CFT is responsible for tracking and monitoring outcomes related to goals/objectives in the Service Plan. A lack of progress and/or incomplete follow-through on assignments can indicate that certain strategies or interventions are not working. The behavioral health service provider facilitates the CFT in refining existing strategies or developing new interventions.

The behavioral health service provider is also responsible for tracking the effectiveness of the crisis planning interventions. After these actions or interventions have been implemented and "tested", the CFT reviews their effectiveness and when indicated incorporates modifications to interventions that did not work. A Team's review of a plan's effectiveness should occur once the crisis situation has stabilized.

Additional Activities



CFT  
Practice



## Child & Family Team Practice:

### Transition

Child and Family Teams develop plans that support the child and family by maintaining positive outcomes throughout periods of transition. Transition planning activities can include some of the following situations:

1. Changes in living environment, relationships and school settings
2. Admission/discharge to and from higher levels of care
3. Shifting from the children's service delivery system into the adult service system
4. Transforming Child and Family Teams into functioning Adult Clinical Teams
5. Successful completion of goals and disenrollment from behavioral health services

Planning for transition when a youth has been receiving long-term or intensive behavioral health services begins at the age of 16 (See [Practice Protocol – Transition to Adulthood](#)). When planning for transition into the adult behavioral health system a request to determine SMI eligibility can occur at age 17 (for eligibility criteria, refer to [Provider Manual Section 3.10, SMI Eligibility Determination](#).) The youth and legal guardian, if involved, may request to retain his/her current Child and Family Team until the youth turns 21. Adult Clinical Team membership may change based on the needs of the youth as she/he matures out of the children's system (See [Technical Assistance Document-Information Sharing with Family Members of Adult Behavioral Health Recipients](#)). If a new provider will be involved with a youth in the adult behavioral health system, key professionals from the adult service system are invited to join the CFT to facilitate a smooth transition and support the continuity of team practice.

Additional Activities



CFT  
Practice



# Arizona's System of Care for Children/Adolescents



## Goals

**Children's System of Care Network Development Plan:** Under the Jason K. (JK) Settlement Agreement the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) and the Arizona Health Care Cost Containment System (AHCCCS) have agreed to prepare an Annual Action Plan that (1) describes progress made during the past year as it relates to each obligation and the 12 Principles laid out in the Settlement Agreement; and (2) sets forth major strategies and activities that will be employed over the coming year to meet the State's obligation under the Settlement Agreement.

<http://www.azdhs.gov/bhs/plan.htm>

<a href="#">Goal 1</a>	Utilize the statewide quality management system for children's services to strengthen practice according to the Arizona 12 Principles.
<a href="#">Goal 2</a>	Maintain a statewide Children's System of Care in accordance with the Arizona 12 Principles and Child and Family Team Practice.
<a href="#">Goal 3</a>	Provide training and technical assistance to strengthen the Children's System of Care in accordance with the Arizona 12 Principles.
<a href="#">Goal 4</a>	Continue to increase youth and family involvement.



# Arizona's System of Care for Children/Adolescents



## Goal 1 –Utilize the statewide quality management system for children’s services to strengthen practice according to the Arizona 12 Principles.

<a href="#">Objective 1.1</a>	Monitors adherence to Child and Family Team practice and the Arizona 12 Principles using an in-depth case review process.
<a href="#">Objective 1.2</a>	Synthesize other available data and information to assess adherence to the Arizona 12 Principles and Child and Family Team practice.
<a href="#">Objective 1.3</a>	Publish and disseminate practice improvement review findings and quality management data to increase transparency.



# Arizona's System of Care for Children/Adolescents



**Goal 1 –Utilize the statewide quality management system for children’s services to strengthen practice according to the Arizona 12 Principles.**

**Objective 1.1 –Monitors adherence to Child and Family Team practice and the Arizona 12 Principles using an in-depth case review process.**

Task 1.1.1	Monitor review process for children with complex needs <input type="checkbox"/> Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) staff to attend 5% of total reviews <input type="checkbox"/> ADHS/DBHS staff to audit 5% of completed practice review tools
Task 1.1.2	Monitor the review process for children with standard needs <input type="checkbox"/> ADHS/DBHS staff to audit 5% of completed standard needs interview tools
Task 1.1.3	Participate in all provider feedback sessions and provide technical assistance (TA) to practice improvement planning efforts.
Task 1.1.4	Manage deliverables from practice review contractor.
Task 1.1.5	Monitor the sampling methodology for review process.
Task 1.1.6	Ensure the Practice Review Statewide Steering Committee and Local Task Forces maintain 25% family member participation.
Task 1.1.7	Participate in Tribal/Regional Behavioral Health Authorities (T/RBHA) Practice Review Task Forces to provide technical assistance on practice improvement planning efforts.

Additional Objective 1.1



Goals

Goal 1



# Arizona's System of Care for Children/Adolescents



**Goal 1** –Utilize the statewide quality management system for children’s services to strengthen practice according to the Arizona 12 Principles.

**Objective 1.1** –Monitors adherence to Child and Family Team practice and the Arizona 12 Principles using an in-depth case review process.

Task 1.1.8	Provide the Statewide Family Committee with practice review results for recommendations to the Children’s QM Committee.
Task 1.1.9	Monitor the development of T/RBHA practice improvement plans.
Task 1.1.10	Monitor the development of T/RBHA practice improvement plans.
Task 1.1.11	Monitor the implementation of T/RBHA practice improvement plans.



# Arizona's System of Care for Children/Adolescents



**Goal 1 –Utilize the statewide quality management system for children’s services to strengthen practice according to the Arizona 12 Principles.**

**Objective 1.2 –Synthesize other available data and information to assess adherence to the Arizona 12 Principles and Child and Family Team practice.**

Task 1.2.1	Evaluate T/RBHA performance on Children’s System performance measures and functional outcomes.
Task 1.2.2	Review all children’s system performance measures in Children’s QM Committee.
Task 1.2.3	Review children’s system utilization measures in Utilization Management Committee.
Task 1.2.4	Monitor Out of Home utilization and length of stay through the Children’s QM and Utilization Management Committees.
Task 1.2.5	Provide the Statewide Family Committee with Quality Management reports and other system information for review and feedback.
Task 1.2.6	Review and utilize recommendations from the Statewide Family Committee in the Children’s QM Committee.
Task 1.2.7	Utilize family participation in the development of the annual Quality Management Plan.
Task 1.2.8	Review and approve T/RBHA Quality Management and Utilization Management Plans to ensure incorporation of: <ul style="list-style-type: none"> <li><input type="checkbox"/> practice improvement measures,</li> <li><input type="checkbox"/> practice protocol monitoring,</li> <li><input type="checkbox"/> service area monitoring, and;</li> <li><input type="checkbox"/> other required children’s system performance measures.</li> </ul>



# Arizona's System of Care for Children/Adolescents



**Goal 1** –Utilize the statewide quality management system for children’s services to strengthen practice according to the Arizona 12 Principles.

**Objective 1.3** –Publish and disseminate practice improvement review findings and quality management data to increase transparency.

Task 1.3.1	Post findings of practice improvement process and other quality management data to the ADHS/DBHS website.
Task 1.3.2	Develop minimum standards for T/RBHAs to publish and disseminate provider specific quality management and improvement information.
Task 1.3.3	Monitor the T/RBHA’s publishing and dissemination efforts, according to ADHS/DBHS developed minimum standards.



# Arizona's System of Care for Children/Adolescents



## Goal 2 –Maintain a statewide Children’s System of Care in accordance with the Arizona 12 Principles and Child and Family Team Practice.

<a href="#">Objective 2.1</a>	Maintain a children’s system of care planning and development process that: analyzes and monitors the network; manages network changes; and assures adequacy of the system for children and families.
<a href="#">Objective 2.2</a>	Monitor case manager expansion for children with complex behavioral health needs.
<a href="#">Objective 2.3</a>	Monitor the capacity and quality of Support and Rehabilitation Services – Generalist Type.
<a href="#">Objective 2.4</a>	Continue to increase capacity and quality of behavioral health services for children birth to five years of age.
<a href="#">Objective 2.5</a>	Monitor the quality and capacity of Substance Abuse Services for adolescents.
<a href="#">Objective 2.6</a>	Monitor implementation of the Child and Adolescent Service Intensity Instrument (CASII).
<a href="#">Objective 2.7</a>	Monitor for sufficient collaboration for children who have multi-agency, multi-system involvement.



# Arizona's System of Care for Children/Adolescents



**Goal 2 –Maintain a statewide Children’s System of Care in accordance with the Arizona 12 Principles and Child and Family Team Practice.**

**Objective 2.1 –Maintain a children’s system of care planning and development process that: analyzes and monitors the network; manages network changes; and assures adequacy of the system for children and families.**

Task 2.1.1	Finalize and approve T/RBHA FY2010 Children’s System of Care Plans.
Task 2.1.2	Review quarterly progress on ADHS/DBHS and T/RBHA Children’s System of Care Plans.
Task 2.1.3	Monitor prescriber capacity to address network needs.
Task 2.1.4	Monitor and oversee network components through site visits.
Task 2.1.5	Monitor material changes in the size, scope, or configuration of the network to minimize the impact to service delivery, availability or capacity within the provider network.
Task 2.1.6	Provide data for FY2011 network analysis including, appointment standards data, complaint resolution, grievance and appeal data, eligibility data, penetration rates, member satisfaction survey results, demographic data, and geographic access data.
Task 2.1.7	Obtain input on the status of the network from family members, stakeholders, and providers, as part of the Annual Network Analysis.

[Additional Objective 2.1](#)



Goals

Goal 2



# Arizona's System of Care for Children/Adolescents



**Goal 2 –Maintain a statewide Children’s System of Care in accordance with the Arizona 12 Principles and Child and Family Team Practice.**

**Objective 2.1 –Maintain a children’s system of care planning and development process that: analyzes and monitors the network; manages network changes; and assures adequacy of the system for children and families.**

Task 2.1.8	Develop and prepare an analysis of the network to identify areas of improvement for FY2011.
Task 2.1.9	Develop and prepare an analysis of the network to identify areas of improvement for FY2011.



# Arizona's System of Care for Children/Adolescents



**Goal 2 –Maintain a statewide Children’s System of Care in accordance with the Arizona 12 Principles and Child and Family Team Practice.**

**Objective 2.2 –Monitor case manager expansion for children with complex behavioral health needs.**

Task 2.2.1	Review bi-monthly T/RBHA Case Manager Inventories to monitor capacity.
Task 2.2.2	Prepare encounter reports for review of case management utilization (Report- Encounter Value, Units by Category, JK Title XIX).
Task 2.2.3	Monitor utilization trends for Case Management, Covered Services billing code T1016.
Task 2.2.4	Monitor case manager ratios and organizational structures and identify opportunities for technical assistance through site visits.



# Arizona's System of Care for Children/Adolescents



**Goal 2 –Maintain a statewide Children’s System of Care in accordance with the Arizona 12 Principles and Child and Family Team Practice.**

**Objective 2.3 –Monitor the capacity and quality of Support and Rehabilitation Services – Generalist Type.**

Task 2.3.1	Define and implement billing code modifier, “SE”, to identify utilization of Support and Rehabilitation Services-Generalist Type services.
Task 2.3.2	Prepare a report to assess Support and Rehabilitation Services – Generalist Type utilization.
Task 2.3.3	Monitor new encounter code modifier to ensure implementation by providers.
Task 2.3.4	Develop and prepare encounter reports for review of all Support and Rehabilitation services utilization, including Generalist Type providers. (Report- Encounter Value, Units by Category, JK Title XIX).
Task 2.3.5	Monitor utilization trends for all Support and Rehabilitation services.
Task 2.3.6	Monitor T/RBHA Support and Rehabilitation Services-Generalist Type providers, for agreed upon staffing levels.
Task 2.3.7	Develop strategies to utilize savings from Out of Home reductions to expand Support and Rehabilitation services.

Additional Objective 2.3



Goals

Goal 2



# Arizona's System of Care for Children/Adolescents



**Goal 2 –Maintain a statewide Children’s System of Care in accordance with the Arizona 12 Principles and Child and Family Team Practice.**

**Objective 2.3 – Expand capacity in Substance Abuse Services and incorporate goals into the System of Care development planning process.**

Task 2.3.8	Conduct quarterly Statewide MMWIA Steering Committee meetings to monitor capacity and quality of direct support services.
Task 2.3.9	Participate in T/RBHA Support and Rehabilitation Services-Generalist Type regional design teams.
Task 2.3.10	Ensure the MMWIA Statewide Steering Committee and Local Task Forces maintain 25% family member participation, to guide expansion of support and rehabilitation services.
Task 2.3.11	Work with consultant to identify standards of practice for Support and Rehabilitation Services.
Task 2.3.12	Utilize standards of practice to design a review tool(s) to be used to carry out an assessment of current practice and identify systemic needs relating to Support and Rehabilitation Services across the state.
Task 2.3.13	Work with consultant to conduct reviews of T/RBHA Support and Rehabilitation Services-Generalist Type providers.
Task 2.3.14	Review and analyze results obtained by consultant after applying the tool(s) statewide.



# Arizona's System of Care for Children/Adolescents



**Goal 2 –Maintain a statewide Children’s System of Care in accordance with the Arizona 12 Principles and Child and Family Team Practice.**

**Objective 2.4 –Continue to increase capacity and quality of behavioral health services for children birth to five years of age.**

Task 2.4.1	Review and analyze results obtained by consultant after applying the tool(s) statewide.
Task 2.4.2	Review and approve T/RBHA birth-5 behavioral health assessment training curriculum.
Task 2.4.3	Develop expectations around specialty clinician network capacity for birth-5.
Task 2.4.4	Monitor T/RBHA workforce development activities related to Level 3 Endorsement for assessors.



# Arizona's System of Care for Children/Adolescents



**Goal 2 –Maintain a statewide Children’s System of Care in accordance with the Arizona 12 Principles and Child and Family Team Practice.**

**Objective 2.5 –Monitor the quality and capacity of Substance Abuse Services for adolescents.**

Task 2.5.1	Define and implement a billing code modifier, “HF”, to identify utilization of Substance Abuse treatment services.
Task 2.5.2	Prepare a report to assess substance abuse treatment utilization.
Task 2.5.3	Monitor new encounter code modifier to ensure implementation by providers.
Task 2.5.4	Provide training on substance abuse treatment practice protocol to T/RBHA and provider staff.
Task 2.5.5	Ensure that T/RBHAs monitor substance abuse treatment practice protocol by reviewing each substance abuse agency with the ADHS/DBHS developed tool once during the year.
Task 2.5.6	Review and aggregate completed T/RBHA reviews.
Task 2.5.7	Support implementation of substance abuse evidence based practices, including Adolescent Community Reinforcement Approach (ACRA), 7 Challenges, Motivational Interviewing, and Matrix, through State Infrastructure Grant (SIG) and other T/RBHA initiatives.
Task 2.5.8	Monitor T/RBHA Substance Abuse Prevention and Treatment (SAPT) Grant funded new initiatives for adolescent substance abuse treatment projects (serving Non-TXIX/XXI).



# Arizona's System of Care for Children/Adolescents



**Goal 2 –Maintain a statewide Children’s System of Care in accordance with the Arizona 12 Principles and Child and Family Team Practice.**

**Objective 2.6 –Monitor implementation of the Child and Adolescent Service Intensity Instrument (CASII).**

Task 2.6.1	Monitor fidelity of CASII trainings at the T/RBHA level.
Task 2.6.2	Monitor fidelity to CASII tool implementation
Task 2.6.3	Continue to produce the CASII Utilization of Kids Enrolled at Least 55 Days Report.
Task 2.6.4	Review qualitative and quantitative CASII statewide data with feedback to T/RBHAs.
Task 2.6.5	Provide training and technical assistance on CASII implementation with fidelity.



# Arizona's System of Care for Children/Adolescents



**Goal 2 –Maintain a statewide Children’s System of Care in accordance with the Arizona 12 Principles and Child and Family Team Practice.**

**Objective 2.7 –Monitor for sufficient collaboration for children who have multi-agency, multi-system involvement.**

Task 2.7.1	Continue Arizona Children’s Executive Committee (ACEC) meetings.
Task 2.7.2	Continue to meet with MOU signatory agency representatives to resolve collaboration barriers.
Task 2.7.3	ACEC subcommittees will meet to address assigned tasks from the ACEC.
Task 2.7.4	Review and approve T/RBHA interagency collaboration protocols with Arizona Department of Corrections (ADJC), Administrative Office of the Court/Juvenile Probation (AOC), Division of Developmental Disabilities (DDD), and Division of Children, Youth and Families/Child Protective Services (DCYF).
Task 2.7.5	Develop curriculum targeted at educating the behavioral health system about educational processes and the role of educators on CFTs.



# Arizona's System of Care for Children/Adolescents



## Goal 3 –Provide training and technical assistance to strengthen the Children’s System of Care in accordance with the Arizona 12 Principles.

<a href="#"><u>Objective 3.1</u></a>	Provide training, technical assistance and monitoring of selected ADHS/DBHS practice protocols.
<a href="#"><u>Objective 3.2</u></a>	Provide training and technical assistance on the implementation of the revised intake, assessment, and service planning process.
<a href="#"><u>Objective 3.3</u></a>	Provide technical assistance to expand the use of Functional Behavioral Assessment/Analysis and Positive Behavioral Support strategies using existing training modules and covered behavioral health services.
<a href="#"><u>Objective 3.4</u></a>	Provide technical assistance to expand the use of Functional Behavioral Assessment/Analysis and Positive Behavioral Support strategies using existing training modules and covered behavioral health services.



# Arizona's System of Care for Children/Adolescents



**Goal 3 – Provide training and technical assistance to strengthen the Children’s System of Care in accordance with the Arizona 12 Principles.**

**Objective 3.1 – Provide training, technical assistance and monitoring of selected ADHS/DBHS practice protocols.**

Task 3.1.1	Develop tools for T/RBHAs to monitor practice protocols with required elements, including: <ul style="list-style-type: none"><li><input type="checkbox"/> Child and Family Team Practice/Child and Adolescent Service Intensity Instrument</li><li><input type="checkbox"/> Substance Abuse Treatment in Children</li><li><input type="checkbox"/> Psychotropic Medication Use in Children, Birth to Five</li><li><input type="checkbox"/> Out of Home Services/Home Care Training to Home Care Client Services for Children</li><li><input type="checkbox"/> Intake, Assessment and Service Planning</li></ul>
Task 3.1.2	Participate in a sample of T/RBHA practice protocol and service area monitoring activities.
Task 3.1.3	Provide training and technical assistance as needed for practice protocols with required elements.
Task 3.1.4	Continue to host tri-annual statewide CFT Coaches meetings to discuss and share training and mentoring approaches and provide technical assistance as identified by coaches and ADHS/DBHS staff.



# Arizona's System of Care for Children/Adolescents



**Goal 3 – Provide training and technical assistance to strengthen the Children’s System of Care in accordance with the Arizona 12 Principles.**

**Objective 3.2** –Provide training and technical assistance on the implementation of the revised intake, assessment, and service planning process.

Task 3.2.1	Provide training to T/RBHA and provider staff regarding changes to the assessment and service planning processes.
Task 3.2.2	Provide technical assistance and training as needed to T/RBHA to support the implementation of the revised processes.
Task 3.2.3	Review and approve T/RBHA Intake, Assessment, and Service Planning Training Curriculum.
Task 3.2.4	Monitor assessment and service plan quarterly results conducted by QM and determine when technical assistance may be needed.



# Arizona's System of Care for Children/Adolescents



**Goal 3 –Provide training and technical assistance to strengthen the Children’s System of Care in accordance with the Arizona 12 Principles.**

**Objective 3.3 –Provide technical assistance to expand the use of Functional Behavioral Assessment/Analysis and Positive Behavioral Support strategies using existing training modules and covered behavioral health services.**

Task 3.3.1	Continue to promote the use of Module 3 of the “Meet Me Where I Am” Campaign to train direct support providers, case managers and other clinical staff.
Task 3.3.2	Monitor T/RBHAs to ensure sustainability of the Functional Behavioral Analysis and Positive Behavior Support initiatives started with the SIG grants.
Task 3.3.3	Work with the T/RBHA children’s directors to identify additional initiatives to strengthen and expand the use of Functional Behavioral Analysis and Positive Behavioral Supports.



# Arizona's System of Care for Children/Adolescents



**Goal 3 – Provide training and technical assistance to strengthen the Children’s System of Care in accordance with the Arizona 12 Principles.**

**Objective 3.4 – Monitor services for young adults 18 to 21 years of age in accordance with the Arizona 12 Principles.**

Task 3.4.1	Provide technical assistance based on T/RBHA requests and/or ADHS/DBHS QM data indicating a technical assistance or training need.
Task 3.4.2	Monitor adherence to the RBHA Transition Plans.
Task 3.4.3	Continue to host tri-annual statewide transition meetings share training materials, discuss transition issues and provide technical assistance.
Task 3.4.4	Participate in Transition Age Youth (TAY) Policy Academy.
Task 3.4.5	Participate as a Core Member of the Arizona Transition Leadership Team (ATLT) led by the Arizona Department of Education.



# Arizona's System of Care for Children/Adolescents



## Goal 4 – Continue to increase youth and family involvement.

<a href="#">Objective 4.1</a>	Expand and monitor the utilization of family involvement in advising/planning roles and as part of the behavioral health system workforce.
<a href="#">Objective 4.2</a>	Expand and monitor the utilization of youth involvement in advising/planning roles.



# Arizona's System of Care for Children/Adolescents



## Goal 4 – Continue to increase youth and family involvement.

**Objective 4.1** – Expand and monitor the utilization of family involvement in advising/planning roles and as part of the behavioral health system workforce.

Task 4.1.1	Work with the Statewide Family Committee to recommend strategies to strengthen the role of family support in the behavioral health system, including how family support can be included in service planning.
Task 4.1.2	Work with the Statewide Family Committee to develop a recommended process, where every family member entering the behavioral health system will be given information about how to access family-run organizations.
Task 4.1.3	As led by the Family-Driven Care Policy Academy Delegation, complete the four-pronged approach for incorporating family member and family-run organization involvement expectations into T/RBHA contracts, provider manual, ADHS/DBHS policy manual, and guidance protocol. Input will be solicited from the Statewide Family Committee.
Task 4.1.4	Conduct an inventory, in order to develop baseline data of existing family and youth roles, employment, and involvement at the State, T/RBHA, and provider levels, including peer to consumer ratios.
Task 4.1.5	Develop a process for monitoring the implementation of the family involvement expectations of ADHS/DBHS.
Task 4.1.6	Develop a curriculum and provide training to family members, youth, State, T/RBHA and provider staff regarding family-professional partnerships.
Task 4.1.7	Develop training and guidelines for coaching and mentoring of family members and youth who serve on state committees, council and boards.

### Additional Objective 4.1



Goals

Goal 4



# Arizona's System of Care for Children/Adolescents



**Goal 4 – Continue to increase youth and family involvement.**

**Objective 4.1** – Expand and monitor the utilization of family involvement in advising/planning roles and as part of the behavioral health system workforce.

Task 4.1.8	Increase the number of family participants by maintaining a statewide e-list of family members, youth, stakeholders and professional staff and provide regular communication on opportunities to serve within the behavioral health system.
Task 4.1.9	Develop and maintain database of family and youth members of State level committees, councils and boards.



# Arizona's System of Care for Children/Adolescents



**Goal 4 – Continue to increase youth and family involvement.**

**Objective 4.2 –Expand and monitor the utilization of youth involvement in advising/planning roles**

Task 4.2.1	Work with the Statewide Family Committee and Youth Coordinators to develop meaningful ways for youth to become involved in the Children's System of Care.
Task 4.2.2	Ensure the T/RBHAs develop and/or maintain youth involvement and advisory activities in their Children's System of Care Plans.



## ADHS System's Change Process—Mechanisms to communicate how the system should practice according to Arizona's 12 Principles

<p>ADHS Provider Manual</p>	<p>ADHS/DBHS has developed the statewide Provider Manual to articulate the requirements of the Arizona public behavioral health system. The ADHS/DBHS Provider Manual contains requirements applicable to direct providers of Arizona's publicly funded behavioral health services. Each Tribal and Regional Behavioral Health Authority (T/RBHA) adds geographic specific area information and creates a T/RBHA specific version of the document. <a href="http://www.azdhs.gov/bhs/provider/provider_main.htm">http://www.azdhs.gov/bhs/provider/provider_main.htm</a></p>
<p>ADHS Policy and Procedure Manual</p>	<p>ADHS/DBHS has developed policies and procedures designed to communicate behavioral health system requirements to Tribal and Regional Behavioral Health Authorities (T/RBHAs) and T/RBHA subcontracted providers. <a href="http://www.azdhs.gov/bhs/policy.htm">http://www.azdhs.gov/bhs/policy.htm</a></p>
<p>T/RBHA contract provisions</p>	<p>ADHS/DBHS, either directly or through subcontractors, shall be responsible for the provision of all medically necessary covered behavioral health services to AHCCCS Title XIX, Title XXI and SSDI-TMC acute care members in accordance with applicable federal, state and local laws, rules, regulations and policies, including services described in the contract and those incorporated by reference throughout the contract and AHCCCS policies referenced in the contract. <a href="http://www.azdhs.gov/bhs/contracts/contracts.htm">http://www.azdhs.gov/bhs/contracts/contracts.htm</a></p>
<p>Covered Services Guide</p>	<p>The Arizona Department of Health Services – Division of Behavioral Health Services (ADHS/DBHS) has developed a comprehensive array of covered behavioral health services that will assist, support and encourage each eligible person to achieve and maintain the highest possible level of health and self-sufficiency. <a href="http://www.azdhs.gov/bhs/covserv.htm">http://www.azdhs.gov/bhs/covserv.htm</a></p>
<p>Practice Protocols</p>	<p>Under the direction of the Medical Director and Assistant Medical Director, the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) has researched and published several best practices documents (also referred to as clinical guidance documents) to assist behavioral health providers in Arizona's public behavioral health system. These documents are known as Clinical and Recovery Practice Protocols. <a href="http://www.azdhs.gov/bhs/guidance/guidance.htm">http://www.azdhs.gov/bhs/guidance/guidance.htm</a></p>

Additional Processes



# Arizona's System of Care for Children/Adolescents



## ADHS System's Change Process—Mechanisms to communicate how the system should practice according to Arizona's 12 Principles

<p>Children's SOC Network Development Plan</p>	<p>Under the Jason K. (JK) Settlement Agreement the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) and the Arizona Health Care Cost Containment System (AHCCCS) have agreed to prepare an Annual Action Plan that (1) describes progress made during the past year (e.g., 7/1/08 to 06/30/09) as it relates to each obligation and the 12 Principles laid out in the Settlement Agreement; and (2) sets forth major strategies and activities that will be employed over the coming year to meet the State's obligation under the Settlement Agreement.  <a href="http://www.azdhs.gov/bhs/plan.htm">http://www.azdhs.gov/bhs/plan.htm</a></p>
<p>Interagency agreements with system partners</p>	<p>ADHS/DBHS has developed interagency agreements with the Arizona Department of Economic Security/Division of Developmental Disabilities, Arizona Administrative Office of the Courts, Arizona Department of Corrections, and the Arizona Department of Housing. The interagency agreements are for the purpose of ensuring coordinated efforts, for children and their families between the various state agencies.  <a href="http://www.azdhs.gov/bhs/interagcyagrmts.htm">http://www.azdhs.gov/bhs/interagcyagrmts.htm</a></p>
<p>Administrative review standards</p>	<p>The purpose of the administrative review is to evaluate T/RBHA clinical, quality management, administrative, and financial performance as required by AHCCCS; assess additional areas of contractual performance; assess RBHA compliance with the BBA; validate T/RBHA strengths; establish baseline for system improvement; and identify training and technical assistance needs. The following areas are reviewed: Clinical Services, Cultural Competence, Grievance and Appeals, Financial Management, Financial Operations, Member Information, Network Services, Program Integrity, Provider Selection, Quality Management, Utilization Management. <a href="http://www.azdhs.gov/bhs/contracts/contracts.htm">http://www.azdhs.gov/bhs/contracts/contracts.htm</a></p>
<p>Quality Management Plan standards</p>	<p>The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) Quality Management and Utilization Management Plan is designed to be a comprehensive document that incorporates and supports principles and strategic goals as they relate to the unique needs of the individuals served by the behavioral health delivery system.  <a href="http://www.azdhs.gov/bhs/qm_plan.htm">http://www.azdhs.gov/bhs/qm_plan.htm</a></p>



## Quality Management and Practice Improvement Processes

<p>Practice Improvement Review Process</p>	<p>According to the Jason K Settlement Agreement, Defendants shall change their quality management and improvement system so that it measures whether services to class members are consistent with and designed to achieve the Principles. The measurement process will include as an integral component, an in depth case review of a sample of individual children's cases that includes interviews of relevant individuals in the child's life. In changing their quality management and improvement system, Defendants will use lessons from the training program (see Section VI.A. above) and the 300 Kids Project (see Section VI.G. above). If Defendants choose to retain one or more consultants to help them design the measurement process, Defendants shall first notify Plaintiffs' counsel of the identity of the proposed consultant(s) and shall give serious consideration to Plaintiffs' counsel's input, if any, regarding the competency and qualifications of the proposed consultant(s). <a href="http://www.azdhs.gov/bhs/jk.htm">http://www.azdhs.gov/bhs/jk.htm</a></p>
<p>Practice Improvement Plan Development and Monitoring</p>	<p>The RBHAs monitor their providers on an ongoing basis utilizing a number of tools and data. If it is found that a provider agency is not practicing within the parameters established by ADHS/DBHS a practice improvement plan is developed to focus on coaching and training.</p>
<p>Assessment and CFT Chart Review Process</p>	<p>Office of Monitoring &amp; Oversight completes a quarterly provider on-site review to assess the quality of services delivered and to perform data validation activities related to performance measures. ADHS/DBHS establishes a minimum compliance/performance threshold for each standard and Contractors are required to develop performance improvement activities when their performance is rated below the established minimum threshold. Chart review findings and corrective action plans for each Contractor are reviewed in the Quality Management Committee to ensure performance improves and compliance is achieved. The universal chart review tool is found in Plan Attachment 8, Audit Tools. In addition, ad hoc reviews are conducted when needed. <a href="http://www.azdhs.gov/bhs/qm_plan.htm">http://www.azdhs.gov/bhs/qm_plan.htm</a></p> <p>For further details, see the Covered Services guide at <a href="http://www.azdhs.gov/bhs/covserv.htm">http://www.azdhs.gov/bhs/covserv.htm</a></p>

Additional Processes



## Quality Management and Practice Improvement Processes

### Practice Protocol and Program Area Monitoring

ADHS/DBHS assures that clinical guidance documents (Practice Protocols), including national accepted evidence-based Practice Guidelines are developed and disseminated for use by Contractors in providing care. Practice Protocols are reviewed yearly to determine adherence to national best practices, and are modified and/or updated as necessary.

ADHS/DBHS develops Practice Protocols as needed per Policy MI 5.1, *Division Document Development, Maintenance and Dissemination*. These documents are used to direct practice across the state, educate recipients and providers, provide the basis for utilization management decisions, and enhance service delivery. Practice Protocols with required implementation elements are incorporated by reference into RBHA contracts All practice protocols are available on the ADHS/DBHS website and to potential recipients upon request.

#### **PRACTICE PROTOCOLS**

Contractors are required to monitor the implementation of practice protocols and particularly protocols that contain required elements, which include but are not limited to:

- Child and Family Team Practice
- Out of Home Services
- Psychiatric Best Practice Guidelines for Children Birth to Five Years of Age
- Substance Abuse Treatment in Children, Adolescents & Young Adults

[More](#)

Additional Processes



## Quality Management and Practice Improvement Processes

### Practice Protocol and Program Area Monitoring (cont'd)

#### **PROGRAM AREAS**

Periodically ADHS/DBHS develops a program area that needs specific development to assure that the System of Care Network includes all of the services that are needed to provide comprehensive and up to date behavioral health services. These program areas must be monitored by the Contractor to assure that they meet the guidelines and expectations of ADHS/DBHS. These program areas include but are not limited to:

- Support and Rehabilitation Generalist Services
- Case Manager Expansion
- Substance Abuse Services
- Planning for, transitioning to, and receiving individualized services in the Adult System (Focused on those individuals 17 ½ to 21)

Note: Some Practice Protocols and Program Areas overlap and the monitoring of the Protocol and Program Area Requirements should be done at the same time.

#### **MONITORING EXPECTATIONS/GUIDELINES**

It is the expectation of ADHS/DBHS that contractors utilize and implement the following guidelines in their monitoring approach.

- Regular periodic reviews (approximately every 6 months) by staff of the Contractor with family recipient participation when possible.
- Data used as evidence of implementation must be observable and verifiable.
- Programs and providers must be monitored on site and not rely solely on self report or record reviews processes.
- DBHS must be able to accompany the Contractor staff in doing the monitoring review periodically as the means by which DBHS will monitor the Contractor to avoid duplication.
- The Contractor shall talk with both management and line staff as part of the monitoring process.
- Reports of the monitoring visit must be developed and maintained for use in providing feedback and for DBHS periodic review.
- Improvement expectations must be provided to address any areas where a protocol is not being followed and enforcement actions (including sanctions) must be implemented when necessary.

Additional Processes



## Quality Management and Practice Improvement Processes

<p>Performance Measures</p>	<p>The Children's Quarterly Performance Improvement Report presents an analysis of RBHA specific and statewide performance on the following AHCCCS performance measures:</p> <ul style="list-style-type: none"> <li>▪Appropriateness of Services</li> <li>▪Sufficiency of Assessments</li> <li>▪Coordination of Care</li> <li>▪Access to Care</li> </ul> <p>In addition, analysis of Child and Family Team practice reviews and functional outcomes are presented.</p> <p>Data is compared to existing data sources for identification of systemic areas for improvement and include member complaints, Quality of Care issues, Grievance and Appeals data and RBHA specific corrective actions. <a href="http://www.azdhs.gov/bhs/quarterlyrpt.htm">http://www.azdhs.gov/bhs/quarterlyrpt.htm</a></p>
<p>Structural Elements Report</p>	<p>The Structural Elements are a series of quality management reports that are utilized to measure growth within the children's behavioral health system. The reports cover a 12 month period in quarterly time intervals, to compare change over time. The structural elements data is collected from the T/RBHAs monthly and the reports are created and published quarterly; in January, April, July, and October. The structural elements information is displayed by T/RBHA and on a statewide basis including all T/RBHAs. <a href="http://www.azdhs.gov/bhs/measures/jkmeasures.htm">http://www.azdhs.gov/bhs/measures/jkmeasures.htm</a></p>
<p>Administrative Review Process</p>	<p>Staff from all functional areas within ADHS/DBHS completes an annual on-site review to assess Contractor compliance with contractual requirements and standards and to perform data validation activities related to performance measures. ADHS/DBHS establishes a minimum compliance/performance threshold for each standard and Contractors are required to develop performance improvement activities when their performance is rated below the established minimum threshold. Administrative review findings and corrective action plans for each Contractor are reviewed through the Contractor Compliance Teams to ensure performance improves and compliance is achieved. <a href="http://www.azdhs.gov/bhs/qm_plan.htm">http://www.azdhs.gov/bhs/qm_plan.htm</a></p>

Additional Processes



# Arizona's System of Care for Children/Adolescents



## Quality Management and Practice Improvement Processes

Member Satisfaction Survey	<p>The statewide consumer survey was conducted April through May 2007 jointly by the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), Tribal/Regional Behavioral Health Authorities (T/RBHAs) and their contracted service providers. Two distinct surveys are administered based on the Substance Abuse and Mental Health Services Administration's Mental Health Statistics Improvement Program (MHSIP) consumer surveys:</p> <ul style="list-style-type: none"><li>The Adult Consumer Survey</li><li>The Youth Services Survey for Families (YSS-F).</li></ul> <p><a href="http://www.azdhs.gov/bhs/annualrpt.htm">http://www.azdhs.gov/bhs/annualrpt.htm</a></p>
Quality of Care Reviews	<p>The DBHS Office of Medical Management receives, and is responsible for ensuring timely and appropriate resolution of, potential Quality of Care (QOC) issues involving Tribal or Regional Behavioral Health Authority (T/RBHA) consumers. These QOC issues can be received from behavioral health recipients, their families, providers, AHCCCS, the ADHS/DBHS Director, the Governor's Office, and other agencies. The DBHS (OMM) is staffed with individuals who have the necessary clinical, administrative, and quality assurance knowledge and expertise to facilitate the investigation, evaluation, analysis, resolution, closure, and trending of QOC issues and work in concert with the DBHS Medical Director to address QOC concerns.</p> <p><a href="http://www.azdhs.gov/bhs/qm_plan.htm">http://www.azdhs.gov/bhs/qm_plan.htm</a></p>

Additional Processes



## Success Stories

Cenpatico	A young man was expelled from school for behaving inappropriately. His CFT has been built up to help he and his family navigate through the school system requirements. Services have been put into place to help him learn to better manage his behavior by teaching him techniques to reduce his anger outbursts and inappropriate behaviors. The young man has successfully been able to decrease his inappropriate behaviors and has shown an increase in respect for those around him. A recent meeting with school district officials demonstrated the new skills he has acquired. He was able to answer questions appropriately and respectfully. In addition, he wrote a letter to the school district superintendent explaining his desire to return to school.
CPSA	A young man initially entered the system due to legal involvement and abandonment issues by his family, he was close to being sent to detention. The CFT persuaded the judge to give him another chance in the community at a foster home placement. He was able to see that he needed more intensive structure in his life in order to succeed, and asked to participate in the Barber education program at Canyon State. The youth has now received his Barber's license, is excelling at school and has completed probation requirements. He will be returning to his hometown very soon, moving towards independent living with support from the Young Adult Team, has plans to graduate from high school within the next year, attend college and find a job.

Continue



## Success Stories

CPSA	A child and his siblings were removed from their home and placed in an out of home setting. A CFT was formed and was able to work with the child's before/after school program, CPS and an Home Care Training to the Home Care Client (HCTC) service provider to keep him stable within the home. Services were put into place to help the child improve behaviors and social skills to maintain in current school and before/after school program. The CFT worked with school staff to develop and implement a behavior support plan. Services were also provided to teach coping and intervention skills for him and to teach the HCTC provider to use to prevent escalation of disruptive behaviors.
Magellan	A young boy was referred, by his CFT, to a support and rehabilitation agency because he needed help learning to control his anger and how to interact with his peers. His recent behaviors were significant enough that at intake he was at risk of losing his current placement. The support and rehabilitation agency actively collaborated with the rest of the CFT team. As a result of support from the support and rehabilitation agency's services and those of the CFT Team, the child was able to successfully move from the shelter to a therapeutic foster placement and be reunited with siblings. At graduation from services, the child had met all of his goals.
Magellan	A young man's CFT referred him to behavioral health services due to a long history of assault behavior. The child has been in many in Out of Home placements. Child Protective Services (CPS) placed him in a Therapeutic Group Home with CPS funding. The direct support staff worked with Mom while he was in placement to help her prepare for his return home. Upon his return home the behavior coaches worked with the entire family and the child. Since he has return home there have been no incidents of aggressive or violent behaviors and explosive episodes have diminished. The family has improved their communication skills and that is helping to prevent conflicts. Mom feels more secure in her new parenting techniques. The family is doing wonderful! Quotes from Mom, "We love the behavior coaches!" "We feel like they are part of our family." "They have helped our son to improve his behaviors; they really care about our son."



## Success Stories

NARBHA

A child's CFT referred him for services through a support and rehabilitation agency due to a recent move out of his adoptive home and to help prevent future moves. The services were developed to help him focus on improving social skills, developing age appropriate activities, developing self-control and learning how to have positive interactions with others. The child has made improvements including increased frequency of playing appropriately with siblings, requesting participation in games, less severe and shorter outbursts especially when in group activities, being able to participate in regular dining and conversation with family and completion of homework with little redirection needed. The child's hygiene skills have also improved. The child's previous behaviors have ceased and he appears to be maximizing benefit from the services.

NARBHA

A child's CFT referred him for support in an attempt to keep him with his family and avoid out of home placement due to ongoing contact with the Sheriff's Department as a result of being a danger to himself and others. Services were created for him to focus on personal care, life skills, social skills, and peer and family relationships in order to support this young man in remaining in the community. Supports have been utilized to provide this young man an opportunity to participate in family activities and community events which he was not able to do previously due to aggressive behaviors and safety concerns. This young man has also been able to attend social functions, trips to the community pool and barbeques at friend's homes. In addition, this young man has been able to improve his ability to read social cues, appropriate tone when speaking and recognize personal boundaries.



Success  
Stories



## Family Involvement

### Office of Individual and Family Affairs: within ADHS/DBHS

The Office focuses on building partnerships with individuals, families, youth, communities, organizations and key stakeholders to promote recovery, resiliency and wellness. Activities of the office are conducted in collaboration with these partners, and include the following:

Developing and enhancing a variety of statewide initiatives to increase adult, youth and family voice and participation at all levels.

- Advocating for the development of environments that are supportive and welcoming to individuals, youth and families.
- Working with individuals, families and youth to identify concerns and remove barriers to inclusion and resolving issues impacting statewide behavioral health service delivery.
- Establishing structure and mechanisms necessary to increase the youth, adult and family voice in areas of leadership and service delivery throughout Arizona.
- Developing training, technical assistance and related instructional materials for persons served through the behavioral health system and their families in such areas as leadership and advocacy skills, program development, resource identification and coordination.
- Ensuring parent and peer support programs (self-help initiatives) are available to all persons receiving services and their families through T/RBHAs in Arizona.
- Establishing mechanisms, standards, and activities to monitor contractor and T/RBHA compliance.

[Plan Objective](#)



## Family Involvement

### Family Involvement Center (FIC)

The Family Involvement Center is a not-for-profit family-directed organization that was founded in 2001. The majority of our employees and Board of Directors have personal life experience raising children with emotional, behavioral, and/or mental health challenges.

[www.familyinvolvementcenter.org](http://www.familyinvolvementcenter.org)

**Mission** - Our mission is to assist and support families/caregivers, and help policy makers, agencies and providers transform systems, to ensure that children and youth with an emotional, behavioral, or mental health disorder succeed in school, live with their families, avoid delinquency, and become productive adults and youth.

### Mentally Ill Kids in Distress (MIKID)

MIKID's history stemmed from one individual's overwhelming concern for the lack of services provided for children in the mental health field and the many serious issues that were not being properly addressed.

MIKID was incorporated in Arizona in 1991. From 1990 until 1996, MIKID was a board-operated organization with an Office Manager and/or a Program Director on staff full time or part time as funds would allow. With continued growth, MIKID hired its first Executive Director in 1996. Governor Fife Symington signed a proclamation declaring March 11, 1997 as "MIKID Day" in recognition of its 10th birthday.

<http://www.mikid.org/>

**Mission** - To provide support and assistance to families in Arizona with behaviorally challenged children and young adults.



Family  
Involvement



# Arizona's System of Care for Children/Adolescents



## System Partner Involvement

### The Arizona Children's Executive Committee (ACEC)

The Arizona Children's Executive Committee (ACEC) was formed in 2002 in response to the Jason K. Settlement Agreement. The committee brings together multiple state agencies, government entities, community advocacy organizations, and parents of children/youth with behavioral health needs to collectively ensure that behavioral health services are being provided to children and families according to the Arizona Vision and 12 Principles ACEC strives to create and implement a successful system of behavioral health care in Arizona by serving as a state-level link for local, county, tribal and regional teams. ACEC representatives work together to support the development and strengthening of local systems of care. To ensure the voice of the committee is heard at multiple levels, ACEC representatives are asked to share committee recommendations and updates with the senior leadership at each of their respective agencies.

<http://www.azdhs.gov/bhs/ACEC.htm>



## System Partner Involvement

<p>Office of Individual and Family Affairs: within ADHS/DBHS</p>	<p>The Office focuses on building partnerships with individuals, families, youth, communities, organizations and key stakeholders to promote recovery, resiliency and wellness. Activities of the office are conducted in collaboration with these partners, and include the following:</p> <p>Developing and enhancing a variety of statewide initiatives to increase adult, youth and family voice and participation at all levels.</p> <ul style="list-style-type: none"><li>•Advocating for the development of environments that are supportive and welcoming to individuals, youth and families.</li><li>•Working with individuals, families and youth to identify concerns and remove barriers to inclusion and resolving issues impacting statewide behavioral health service delivery.</li><li>•Establishing structure and mechanisms necessary to increase the youth, adult and family voice in areas of leadership and service delivery throughout Arizona.</li><li>•Developing training, technical assistance and related instructional materials for persons served through the behavioral health system and their families in such areas as leadership and advocacy skills, program development, resource identification and coordination.</li><li>•Ensuring parent and peer support programs (self-help initiatives) are available to all persons receiving services and their families through T/RBHAs in Arizona.</li><li>•Establishing mechanisms, standards, and activities to monitor contractor and T/RBHA compliance.</li></ul>
<p>System Partners</p>	<p>Arizona Department of Economic Security/Division of Developmental Disabilities: <a href="https://www.azdes.gov/ddd/">https://www.azdes.gov/ddd/</a></p> <p>Arizona Administrative Office of the Courts: <a href="http://www.supreme.state.az.us/nav2/aoc.htm">http://www.supreme.state.az.us/nav2/aoc.htm</a></p> <p>Arizona Department of Corrections: <a href="http://www.adc.state.az.us/">http://www.adc.state.az.us/</a></p> <p>Arizona Department of Housing: <a href="http://www.housingaz.com/">http://www.housingaz.com/</a></p>



## Community Involvement

### Office of Individual and Family Affairs: within ADHS/DBHS

The Office focuses on building partnerships with individuals, families, youth, communities, organizations and key stakeholders to promote recovery, resiliency and wellness. Activities of the office are conducted in collaboration with these partners, and include the following:

Developing and enhancing a variety of statewide initiatives to increase adult, youth and family voice and participation at all levels.

- Advocating for the development of environments that are supportive and welcoming to individuals, youth and families.
- Working with individuals, families and youth to identify concerns and remove barriers to inclusion and resolving issues impacting statewide behavioral health service delivery.
- Establishing structure and mechanisms necessary to increase the youth, adult and family voice in areas of leadership and service delivery throughout Arizona.
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- Establishing mechanisms, standards, and activities to monitor contractor and T/RBHA compliance.



## Youth Involvement

### Office of Individual and Family Affairs: within ADHS/DBHS

The Office focuses on building partnerships with individuals, families, youth, communities, organizations and key stakeholders to promote recovery, resiliency and wellness. Activities of the office are conducted in collaboration with these partners, and include the following:

Developing and enhancing a variety of statewide initiatives to increase adult, youth and family voice and participation at all levels.

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- Working with individuals, families and youth to identify concerns and remove barriers to inclusion and resolving issues impacting statewide behavioral health service delivery.
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- Ensuring parent and peer support programs (self-help initiatives) are available to all persons receiving services and their families through T/RBHAs in Arizona.
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# Arizona's System of Care for Children/Adolescents



## Youth Involvement

CPSA	<p>Welcome to YES, an initiative designed to help young people in elementary, middle, and high school better connect with their schools (and families) by building on their strengths and partnerships with adults to create healthier conditions in their school communities. Connectedness to school increases academic achievement and acts as a buffer against a myriad of negative outcomes such as academic failure; alcohol, tobacco, and other drug use; violence; teen pregnancy; suicide; depression; and delinquency.</p> <p><a href="http://www.arizonayes.com/">http://www.arizonayes.com/</a></p>
Magellan	<p>Magellan of Arizona is dedicated to improving the lives of youth who have experience living with mental illness and/or substance abuse.</p> <p><a href="http://www.magellanofaz.com/mypage-en/get-involved/youth-involvement.aspx">http://www.magellanofaz.com/mypage-en/get-involved/youth-involvement.aspx</a></p>
Family Involvement Center	<p><b>Mission</b> - Through friendship we will find strength to overcome adversity, hope for a better future, advocate for ourselves and others, power to push forward and education to make it happen.</p> <p><a href="http://familyinvolvementcenter.org/index.php?option=com_content&amp;task=blogcategory&amp;id=27&amp;Itemid=193">http://familyinvolvementcenter.org/index.php?option=com_content&amp;task=blogcategory&amp;id=27&amp;Itemid=193</a></p>
MIKID – Youth Council	<p>The Youth Advisory Council is a team of youth ages 13-21, who provide a valuable youth perspective to the community. The council will provide service projects and education. The council is a positive force for change.</p> <p><a href="http://www.mikid.org/support_groups/support_groups.htm">http://www.mikid.org/support_groups/support_groups.htm</a></p>



## Provider Monitoring and Support by T/RBHA

ADHS/DBHS requires its Contractors to conduct on-site provider monitoring no less than twice annually, for all subcontractor(s)/provider(s), and more frequently for providers who demonstrate poor performance. The Contractor must include a detailed provider-monitoring plan in their Annual Quality Management Plan, indicating the frequency and schedule of provider monitoring activities. Contractors are required to develop a mechanism for a focused visit to provider sites as a result of concerns identified. As part of its provider monitoring, Contractor(s) are required to implement processes for verifying the accuracy and timeliness of reported data; screen the data for completeness, logic, and consistency, and collect service information in standardized data quality formats as part of their provider monitoring programs.

### Provider Profiling

ADHS/DBHS requires its Contractors to complete 'Provider Profiles' at a minimum of quarterly, for all providers in their contracted network. Minimum provider profiling data elements are referenced in Plan Attachment 6, Provider Profiles, and include utilization management, cost effectiveness review, meeting access standards, patient satisfaction, outcomes assessment, population health, etc. This information must be used by Contractors to improve outcomes, make their practices more efficient, and for ongoing quality improvement. Contractor(s) must develop a 'Provider Profile' for each of its sites and subcontractors and take immediate action to address deficiencies and improve provider performance when problems or areas in need of improvement are identified. The performance improvement plans must include action(s) to be taken which may include education; follow-up monitoring/evaluation of improvement; sanctions, and/or terminating affiliation with the provider. The Contractor(s) must provide technical assistance as needed, as well as tracking and monitoring subcontractor(s) improvement activities. The information from this process must be utilized in the next monitoring cycle. The purpose of the provider monitoring process is to monitor and evaluate the service delivery system to promote improvement in the quality of care provided to Behavioral Health Recipients.

### Prevention Providers

Contractors are required to assess the quality of each prevention program in its network annually. This evaluation must include an analysis of process and outcome data and on site visit(s). Contractors may choose not to conduct the onsite visit, and instead gather information through interviews with program staff. Contractors must provide written feedback to prevention programs at least once annually, which notes program successes and provides recommendations for improvement.  
[http://www.azdhs.gov/bhs/qm\\_plan.htm](http://www.azdhs.gov/bhs/qm_plan.htm)



## Practice Protocol Monitoring

ADHS/DBHS develops Practice Protocols as needed per Policy MI 5.1, Division Document Development, Maintenance and Dissemination. These documents are used to direct practice across the state, educate recipients and providers, provide the basis for utilization management decisions, and enhance service delivery. Practice Protocols with required implementation elements are incorporated by reference into applicable sections of the ADHS/DBHS Provider Manual. All practice protocols are available on the ADHS/DBHS website and to potential recipients upon request.

<http://www.azdhs.gov/bhs/guidance/guidance.htm>

### Practice Protocols

Contractors are required to monitor the implementation of practice protocols and particularly protocols that contain required elements, which include but are not limited to

Child and Family Team Practice

Out of Home Services

Psychiatric Best Practice Guidelines for Children Birth to Five Years of Age

Substance Abuse Treatment in Children, Adolescents & Young Adults

[http://www.azdhs.gov/bhs/qm\\_plan.htm](http://www.azdhs.gov/bhs/qm_plan.htm)



## Service Area Monitoring

<b>Program Areas</b>	<p>Periodically ADHS/DBHS develops a program area that needs specific development to assure that the System of Care Network includes all of the services that are needed to provide comprehensive and up to date behavioral health services. These program areas must be monitored by the Contractor to assure that they meet the guidelines and expectations of ADHS/DBHS. These program areas include but are not limited to:</p> <ul style="list-style-type: none"><li>•Support and Rehabilitation Generalist Services</li><li>•Case Manager Expansion</li><li>•Substance Abuse Services</li><li>•Planning for, transitioning to, and receiving individualized services in the Adult System (Focused on those individuals 17 ½ to 21)</li></ul> <p><b>Note:</b> Some Practice Protocols and Program Areas overlap and the monitoring of the Protocol and Program Area Requirements should be done at the same time.</p>
<b>Monitoring Expectations/ Guidelines</b>	<p>It is the expectation of ADHS/DBHS that contractors utilize and implement the following guidelines in their monitoring approach.</p> <ul style="list-style-type: none"><li>•Regular periodic reviews (approximately every 6 months) by staff of the Contractor with family recipient participation when possible.</li><li>•Data used as evidence of implementation must be observable and verifiable.</li><li>•Programs and providers must be monitored on site and not rely solely on self report or record reviews processes.</li><li>•DBHS must be able to accompany the Contractor staff in doing the monitoring review periodically as the means by which DBHS will monitor the Contractor to avoid duplication.</li><li>•The Contractor shall talk with both management and line staff as part of the monitoring process.</li><li>•Reports of the monitoring visit must be developed and maintained for use in providing feedback and for DBHS periodic review.</li><li>•Improvement expectations must be provided to address any areas where a protocol is not being followed and enforcement actions (including sanctions) must be implemented when necessary.</li></ul> <p><a href="http://www.azdhs.gov/bhs/qm_plan.htm">http://www.azdhs.gov/bhs/qm_plan.htm</a></p>



## Coaching and Training

According to the Jason K Settlement Agreement the Defendants will take the following specific actions (a) develop and implement a statewide training program, as described in paragraphs 32-39 below:

Paragraph 32	Defendants shall develop and implement a statewide training program focusing on collaboration, assessment, service planning and implementation, and on maximizing the use of monies for Title XIX services in the context of managed care.
Paragraph 33	Defendants shall identify persons to be trained and a training schedule. Initial priority shall be given to the training of people designated to “train the trainers” and to agencies and personnel involved in planning or delivery of behavioral health services for the 300 Kids Project and other multi-agency children.
Paragraph 34	ADHS/DBHS will designate up to \$2 million to be allocated over a three-year period as necessary to design and implement the statewide training program. 35. The training program will be designed to provide front-line staff and supervisors sufficient knowledge and skills to enable them to plan and provide services consistent with the Principles.
Paragraph 36	The training program will have an on-the-job “hands-on” component for front-line staff and supervisors, in addition to a classroom component. In the on-the-job component, trainers will coach and mentor front-line staff and supervisors in effective techniques and approaches
Paragraph 37	Defendants will develop and implement a pilot training program for the 300 Kids Project. Using lessons learned from the pilot program and other information, Defendants will develop and implement a comprehensive training plan.



## Coaching and Training

### Paragraph 38

The comprehensive training plan will include the following:

A. Learning opportunities that teach, at a minimum:

1. A family-centered and strengths-based approach;
2. Comprehensive, unified assessment that involves the family;
3. Single, unified service planning and implementation including the involvement of parents as partners;
4. Facilitation of child-centered team meetings including team-building and involvement of parents as partners;
5. How to access and use wraparound supports.

B. Tools to evaluate the ongoing effectiveness of the training program and enhance areas demonstrating need for improvement.

C. A methodology for measuring core competencies for front-line staff.

### Paragraph 39

The behavioral health system will have qualified trainers in sufficient numbers to train front-line staff and supervisors.

<http://www.azdhs.gov/bhs/jk.htm>



# Arizona's System of Care for Children/Adolescents



## Training by RBHA

NARBHA	Our goal is to provide relevant and up-to-date training opportunities to assist all individuals in reaching their career objectives and requirements. Furthermore, we hope to support one's passion for learning and exploring new concepts and ideas. <a href="http://www.narbha.org/get-involved/training/">http://www.narbha.org/get-involved/training/</a>
Magellan	Service recipients, family members and other interested people in the community now have access to a variety of health and wellness trainings. Learn at your own pace. It's a no-pressure way to begin making improvements in your life! <a href="https://magellan.learn.com/learncenter.asp?id=178411">https://magellan.learn.com/learncenter.asp?id=178411</a>
Cenpatico	Welcome to the Cenpatico Behavioral Health of Arizona's Training and Technical Assistance Page. There are several avenues that you can take to obtain training and technical assistance. <a href="https://www.cenpaticoaz.com/portal/public/cbh_az/kcxml/04_Sj9SPykssy0xPLMnMz0vM0Y_QjzKLd4o3NbYASYGZRt76kWhiJmFuWMRcEWJBqXn63vq-Hvm5qfoB-gW5oaER5Y6KAKmFR0o!!delta/base64xml/L3dJdyEvd0ZNQUFzQUMvNEIVRS82X0JfNTNR">https://www.cenpaticoaz.com/portal/public/cbh_az/kcxml/04_Sj9SPykssy0xPLMnMz0vM0Y_QjzKLd4o3NbYASYGZRt76kWhiJmFuWMRcEWJBqXn63vq-Hvm5qfoB-gW5oaER5Y6KAKmFR0o!!delta/base64xml/L3dJdyEvd0ZNQUFzQUMvNEIVRS82X0JfNTNR</a>
CPSA	CPSA is proud to offer training to behavioral health staff, members, families and to the community. Training sessions listed in the Community Training Calendar are free and open to the general public unless otherwise indicated. <a href="http://w3.cpsa-rbha.org/static/index.cfm?contentID=6">http://w3.cpsa-rbha.org/static/index.cfm?contentID=6</a>



# Arizona's System of Care for Children/Adolescents



Contracting	
Contracting	<ul style="list-style-type: none"><li>• <a href="#">ADHS/AHCCCS</a></li><li>• <a href="#">Magellan of Arizona</a></li><li>• <a href="#">NARBHA</a></li><li>• <a href="#">Cenpatico</a></li><li>• <a href="#">CPSA</a></li></ul>
Tribal Intergovernmental Agreements	<ul style="list-style-type: none"><li>• <a href="#">Gila River</a></li><li>• <a href="#">Navajo Nation</a></li><li>• <a href="#">Pascua Yaqui</a></li><li>• <a href="#">White Mountain Apache Tribe</a></li></ul>
Practice Improvement Feedback	Information will be added to this link once the process is finalized



# Arizona's System of Care for Children/Adolescents



## Providing Clinically Appropriate Behavioral Health Services

Covered Services Guide	<ul style="list-style-type: none"><li>• <a href="#">Treatment Services</a></li><li>• <a href="#">Rehabilitation Services</a></li><li>• <a href="#">Medical Services</a></li><li>• <a href="#">Support Services</a></li><li>• <a href="#">Crisis Intervention Services</a></li><li>• <a href="#">Inpatient Services</a></li><li>• <a href="#">Residential Services</a></li><li>• <a href="#">Behavioral Health Day Programs</a></li><li>• <a href="#">Prevention Services</a></li></ul>
Specific Initiatives	<ul style="list-style-type: none"><li>• <a href="#">Expansion of Support and Rehabilitation Services – Generalist Type</a></li><li>• <a href="#">Expansion of Case Managers</a></li><li>• Expansion of Substance Abuse Services</li></ul>



## Providing Clinically Appropriate Behavioral Health Services: Covered Services Guide

Treatment Services	<ul style="list-style-type: none"><li>• Behavioral Health Counseling and Therapy</li><li>• Assessment, Evaluation and Screening Services</li><li>• Other Professional</li></ul>
Rehabilitation Services	<ul style="list-style-type: none"><li>• Skills Training and Development and Psychosocial Rehabilitation Living Skills Training</li><li>• Cognitive Rehabilitation</li><li>• Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)</li><li>• Psycho-educational Services and Ongoing Support to Maintain Employment</li></ul>
Medical Services	<ul style="list-style-type: none"><li>• Medication Services</li><li>• Laboratory, Radiology and Medical Imaging</li><li>• Medical Management</li><li>• Electro-Convulsive Therapy</li></ul>



Services &  
Initiatives



# Arizona's System of Care for Children/Adolescents



## Providing Clinically Appropriate Behavioral Health Services: Covered Services Guide

Support Services	<ul style="list-style-type: none"><li>• Case Management</li><li>• Personal Care Services</li><li>• Home Care Training Family (Family Support)</li><li>• Self-Help/Peer Services (Peer Support)</li><li>• Home Care Training to Home Care Client</li><li>• Unskilled Respite Care</li><li>• Supported Housing</li><li>• Sign Language or Oral Interpretive Services</li><li>• Non-Medically Necessary Covered Services</li><li>• Transportation</li></ul>
Crisis Intervention Services	<ul style="list-style-type: none"><li>• Crisis Intervention Services (Mobile)</li><li>• Crisis Intervention Services (Stabilization)</li><li>• Crisis Intervention (Telephone)</li></ul>
Inpatient Services	<ul style="list-style-type: none"><li>• Hospital</li><li>• Sub-acute Facility</li><li>• Residential Treatment Center</li></ul>
Residential Services	<ul style="list-style-type: none"><li>• Behavioral Health Short-Term Residential (Level II), Without Room and Board</li><li>• Behavioral Health Long-Term Residential (Non-medical, Non-acute) Without Room and Board (Level III)</li><li>• Mental Health Services NOS (Room and Board)</li></ul>





## Providing Clinically Appropriate Behavioral Health Services: Covered Services Guide

Behavioral Health Day Programs	<ul style="list-style-type: none"><li>• Supervised Behavioral Health Treatment and Day Programs</li><li>• Therapeutic Behavioral Health Services and Day Programs</li><li>• Community Psychiatric Supportive Treatment and Medical Day Programs</li></ul>
Prevention Services	<ul style="list-style-type: none"><li>• Promoting the health of persons, families, and communities through education, engagement, service provision, and outreach.</li></ul>



## Providing Clinically Appropriate Behavioral Health Services: Specific Initiatives

<p>Expansion of Support and Rehabilitation Services – Generalist Type</p>	<p>The expansion is a multi-year effort to expand the quantity and quality of support and rehabilitation services available to Children and Family's for the express purpose of helping children live successfully in their communities. The focus is on providing high-quality services that achieve desired outcomes for the child and family. The most challenging and complex individuals were to be targeted for services. In FY 2008 there was a capitation rate increase to aid in the development of demonstration sites that focused on providing support and rehabilitation services. In FY 2009 there was an additional rate increase to aid in the expansion of those services.</p>
<p>Expansion of Case Managers</p>	<p>ADHS created the Case Management initiative to ensure that children with high needs receive services in a timely and coordinated manner. The initiative requires that all children with high needs have a case manager at a 1:15 ratio. This allows the case manager to have the time and availability to coordinate services between all Child and Family Team members.</p>



## Providing Clinically Appropriate Behavioral Health Services: Specific Initiatives

### Expansion of Substance Abuse Services

According to the results from the SAMHSA funded 2006 National Survey on Drug Use and Health:

- In 2006, an estimated 20.4 million Americans aged 12 or older were current (past month) illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview. This estimate represents 8.3 percent of the population aged 12 years old or older.
- The overall rate of current illicit drug use among persons aged 12 or older in 2006 (8.3 percent) was similar to the rate in 2005 (8.1 percent) and has remained stable since 2002 (8.3 percent).
- In 2006, about 10.8 million persons aged 12 to 20 (28.3 percent of this age group) reported drinking alcohol in the past month. Approximately 7.2 million (19.0 percent) were binge drinkers, and 2.4 million (6.2 percent) were heavy drinkers. These figures have remained essentially the same since the 2002 survey.

With these statistics in mind, the following efforts have been made to develop a clearer understanding of current substance abuse treatment services and the improvement needs for those services.

ADHS/DBHS developed a substance abuse inventory in 2008 to establish a baseline on the number of providers who are providing: general outpatient services, intensive outpatient services, and residential services. Based on the information gathered during the FY08 inventory expansion goals were included in the FY09 Children's System of Care Plans for each of the T/RBHAs. The inventory will be completed again in FY09 and further expansion will be included in the FY10 Children's System of Care Plan. An evaluation tool has been developed to review the substance abuse programs listed in the inventory.

Continue



Services &  
Initiatives



## Providing Clinically Appropriate Behavioral Health Services: Specific Initiatives

### Expansion of Substance Abuse Services

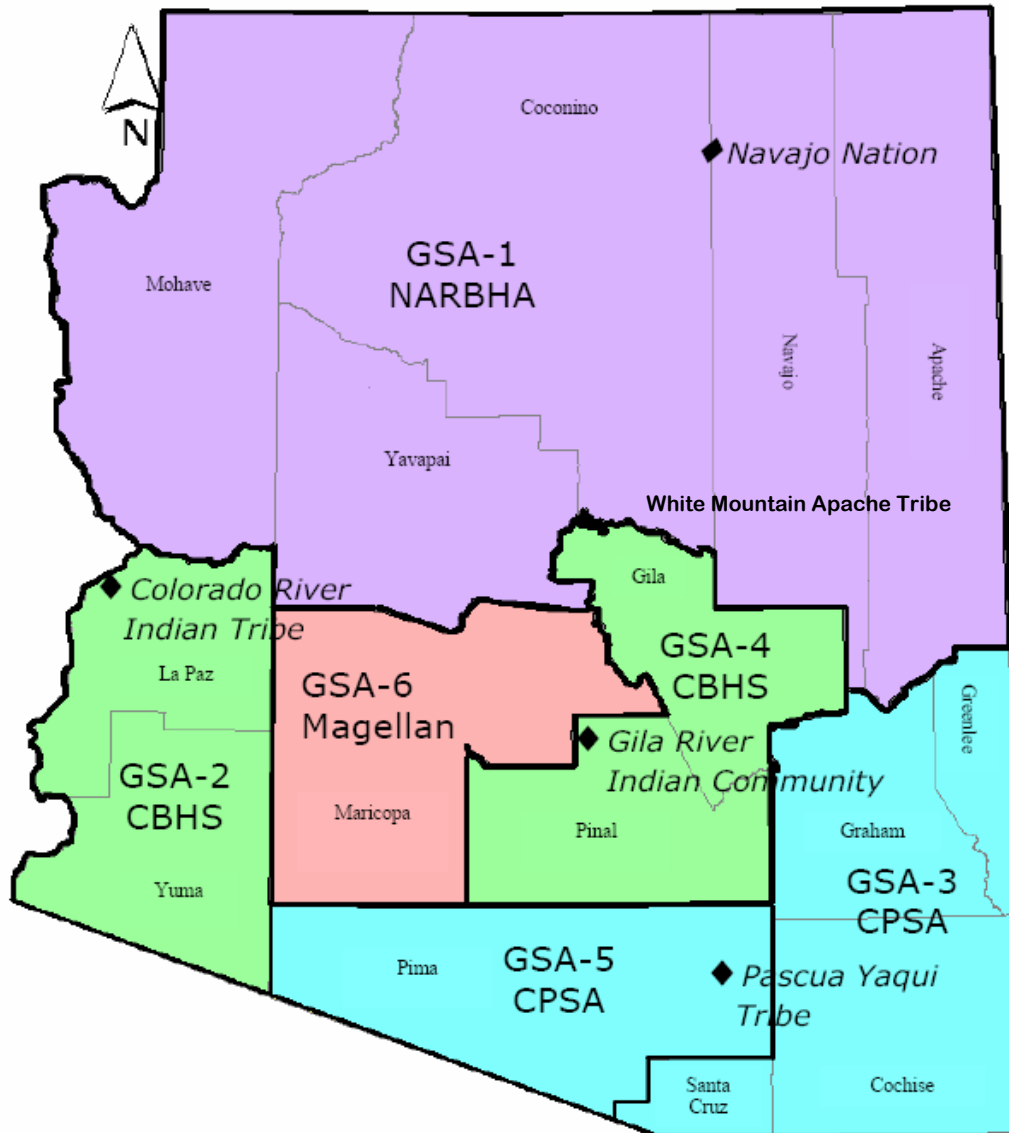
ADHS/DBHS has created the Adolescent Substance Abuse Treatment Program Effectiveness Evaluation to conduct a system-wide evaluation of Arizona's adolescent substance abuse treatment programs. The purpose of this evaluation is to formally identify how adolescent substance abuse programs in Arizona measure up to the following elements of a clinically sound program:

1. Comprehensive Screening and Assessment – This element determines if the programs conducts comprehensive assessments that include psychiatric, psychological, medical concerns, learning disabilities, family functioning, and other aspects of the adolescent's life.
2. Comprehensive, Integrated Treatment Approach - This element determines if the program services address all aspects of an adolescent's life (medical, psychiatric, family, and environmental), rather than concentrating solely on curtailing substance abuse.
3. Family Involvement in Treatment - This element determines if engagement has been occurring; engagement of the adolescent and parents/caregiver as well as maintaining close links with the adolescent's family, home, school, and if necessary, the juvenile justice system.
4. Developmentally Appropriate Program - This element determines if the substance abuse program is specifically designed for adolescents rather than merely modified adult programs.
5. Gender and Cultural Competence - This element determines if the program addresses the distinct needs of adolescent boys and girls as well as cultural differences among minorities.
6. Engaging and Retaining Teens in Treatment - This element determines if the program builds a climate of trust between the adolescent and the therapist.
7. Continuing Care - This element determines if the programs includes relapse prevention training, continuing care plans, referrals to community resources, and follow-up.
8. Treatment Outcomes - This element determines if rigorous evaluation is occurring in order to measure success, target resources, and improve treatment services.
9. Qualified Staff - This element determines if the staff are trained in adolescent development, co-occurring mental disorders, substance abuse, and addiction.

The information gathered from this evaluation will be used to systematically develop recommendations and goals which will be integrated into the network development planning process. The results will be shared with the provider and the RBHA and it is expected that both entities will use the findings for ongoing practice improvement.



# Arizona's System of Care for Children/Adolescents



## T/RBHA Websites

- GSA-1 [NARBHA](#)
- GSA-2 & 4 [Cenpatico](#)
- GSA-3& 5 [CPSA](#)
- GSA 6 [Magellan](#)
- [White Mountain Apache](#)
- [Gila River Indian Community](#)
- [Pascua Yaqui Tribe](#)

**NARBHA-1** = Northern Arizona Behavioral Health Authority  
**CBHS-2 & CBHS-4** = Cenpatico Behavioral Health Services  
**CPSA-3 & CPSA-5** = Community Partnership of Southern Arizona  
**Magellan-6** = Magellan

