

**FY 2006 - 2007**

**COMMUNITY MENTAL HEALTH**

**SERVICES BLOCK GRANT**

**APPLICATION**

**&**

**PLAN OF SERVICES FOR**

**CHILDREN & ADULTS**

**Arizona Department of Health Services**  
**Division of Behavioral Health Services**

**Submitted September 1, 2005**

**EXECUTIVE SUMMARY**  
**ARIZONA COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT**  
**FY 2006 - 2007**

The Arizona Community Mental Health Services Block Grant is the result of and complies with Public Law 102-321. Public Law 102-321 was established to assist States with the implementation or expansion of an organized community-based system of care for adults with a serious mental illness and children with a serious emotional disturbance. The Federal agency that manages the Community Mental Health Services Block Grant is the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. The purpose of the grant is to fund a portion of the States' administrative and treatment costs for mental health services.

While the FY 2006 – 2007 application is based on the existing Block Grant legislation, it also continues the transition toward Performance Partnerships through a stronger and slightly different emphasis on performance indicators. These indicators are incorporated into the Plan's goals and targets in response to the five criteria.

States are required to submit either a one or two year State Plan that meets the five criteria of the grant. The five criteria are for purposes of defining and planning a community based system of mental health care. The Arizona Department of Health Services is submitting a two-year plan that meets the requirements of the five criteria of the grant. The Plan reflects the continual improvements being made by the Arizona Department of Health Services in developing a comprehensive array of community services that are person and family-centered.

In addition to the development of a Plan, the State also maintains the Arizona Behavioral Health Planning Council. Fifty seven percent (57%) of the membership of the Arizona Behavioral Health Planning Council is comprised of adults with a serious mental illness, family members of adults with serious mental illness and family members of children with serious emotional disturbances. An American Indian organization, the Intertribal Council of Arizona, is also represented. The remaining 43% are State agency representatives and providers.

Although the system of publicly funded behavioral health care in Arizona receives a significant amount of its funding from Medicaid, the Community Mental Health Services Block Grant supplements the State (Subvention) funds and allows Arizona to serve more adults with serious mental illness and more children with serious emotional disturbances. The Community Mental Health Services Block Grant has been an important part of the overall funding for services and assists Arizona to carry out its mission of providing quality person and family-centered community based mental health care.

**Changes to the FY 2006-2007 Application:**

In response to the modifications requested by the Center for Mental Health Services during the peer review of Arizona's Block Grant application in October 2004 in Denver, Colorado, the following goals and targets have been added to the Adult and Children's Plans:

Page 54, New Goal and Target re: Reduced Utilization of Psychiatric Inpatient Beds. Goal 4 addresses the percentage of adults with SMI re-admitted to the State Hospital within 30 days.

Page 55, New Goal and Target re: Reduced Utilization of Psychiatric Inpatient Beds. Goal 5 addresses the percentage of adults with SMI re-admitted to the State Hospital within 180 days.

Page 79, New Goal and Target re: Reduced Utilization of Psychiatric Inpatient Beds. Goal 4 addresses the percentage of children with SED re-admitted to the State Hospital within 30 days.

Page 80, New Goal and Target re: Reduced Utilization of Psychiatric Inpatient Beds. Goal 5 addresses the Percentage of children with SED re-admitted to the State Hospital within 180 days.

In addition, the ADHS/DBHS budget is included for FY 2006 and FY 2007, as the Plan is in a two-year cycle.

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**SET ASIDE FOR CHILDREN'S  
MENTAL HEALTH SERVICES REPORT**

**MAINTENANCE OF EFFORT**

**STATE MENTAL HEALTH PLANNING  
COUNCIL REQUIREMENTS**

**Set-Aside for Children=s Mental Health Services**

Data reported by:

State FY \_\_\_\_\_ X \_\_\_\_\_ Federal FY \_\_\_\_\_

State Expenditures for Children’s Mental Health Services

Calculated

FY 1994

\$5,789,298

Actual FY 2003

\$6,710,149

Actual FY 2004

\$6,228,819

Actual FY 2005

\$6,431,306

Estimated FY 2006

\$7,610,216

**Waiver of Children’s Mental Health Services**

Not applicable. No waiver was requested by Arizona.

**Maintenance of Effort (MOE)**

MOE information reported by:

State FY \_\_\_\_\_ X \_\_\_\_\_ Federal FY \_\_\_\_\_

State Expenditures for Mental Health Services

Actual FY 2003

\$229,552,092

Actual FY 2004

\$297,494,509

Actual/Estimate FY 2005

\$306,278,680

**MOE Exclusion**

Not applicable. No exclusion was requested by Arizona.

## **STATE MENTAL HEALTH PLANNING COUNCIL REQUIREMENTS**

### **(1) Membership Requirements**

The membership of the Arizona Behavioral Health Planning Council is comprised of thirty (30) Arizona residents who represent the ethnic, cultural, demographic, and geographic diversity of the state.

Public Law 102-321 mandates the inclusion of representatives of: the principal state agencies representing mental health, education, vocational rehabilitation, criminal justice, housing and social services, and the State Medicaid agency, as well as public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services. Membership also mandates the inclusion of adults with serious mental illnesses who are receiving (or have received) mental health services; and the families of such adults or families of children with serious emotional disturbance. A family member is defined as any person who is actively involved with or providing significant support to an adult diagnosed with serious mental illness or child diagnosed with serious emotional disturbance.

With respect to the membership of the Council, the ratio of parents of children with a serious emotional disturbance to other members of the Council must be sufficient to provide adequate representation of such children in the deliberations of the Council. It is also mandated that not more than 50% of the members of the Council are State employees or providers of mental health services.

Fifty seven percent (57%) of the membership of the Arizona Behavioral Health Planning Council are adults with a serious mental illness, family members of adults with serious mental illness and family members of children with serious emotional disturbances. The remaining 43% are State agency representatives and providers.

The Director of each Regional Behavioral Health Authority (RBHA) in the state appoints a representative from its service area who is a consumer, family member or RBHA Board member.

In addition to the foregoing, a resolution was passed by the Council in January 1990 to include providers, consumers and family members representing substance abuse and behavioral health disorders, which are not included within the definition of serious mental illness.

### **(2) State Mental Health Planning Council Membership List and Composition**

Membership composition is identified pages 23 - 25.

**TABLE 1. List of Planning Council Members**

<b>NAME</b>	<b>TYPE OF MEMBERSHIP</b>	<b>AGENCY OR ORGANIZATION REPRESENTED</b>	<b>ADDRESS</b>	<b>PHONE &amp; FAX</b>
Steve Carter	Chair-Substance Abuse Provider	Executive Director NOVA, Inc.	7725 North 43 <sup>rd</sup> Avenue, #522 Phoenix, AZ 85051	623-937-9203 Fax: 623-930-0338
Dan Wynkoop, Ed.D.	Vice-Chair Parent of SED child	Private practice psychologist	3779 Stirrup Drive Kingman, AZ 86401	928-757-2938 No Fax #
Dee Ann Barber	Children's Provider agency	Chief Operating Officer Arizona's Children Association, Inc.	P.O. Box 7277 Tucson, AZ 85725	520-622-7611 Fax: 520-624-7042
John Baird	Consumer	Individual	1036 3 <sup>rd</sup> Avenue San Manuel, AZ 85651	520-385-2667 Fax: same
Steve Bender	Criminal Justice Representative	Arizona Department of Corrections (ADC)	P.O. Box 52109 Phoenix, AZ 85072-2109	602-685-3100 x 2962 Fax: 602-685-3114
Paula McKenna Block	Homeless SMI Advocate	Executive Director Travelers Aid Tucson	40 West Veterans Boulevard, Tucson, AZ 85713	520-622-8900 Fax: 520-622-2965
Eddy D. Broadway	State Behavioral Health Agency	Deputy Director Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS)	150 North 18 <sup>th</sup> Avenue, Ste 200, Phoenix, AZ 85007	602-364-4566 Fax: 602-364-4570
Bob Broman	Consumer	Individual	P.O. Box 936 Phoenix, AZ 85001-0936	602-252-2500 No Fax #
Roberta Brown	State Education agency representative	Arizona Department of Education (ADE)	1535 West Jefferson Street Phoenix, AZ 85007	602-542-3184 Fax:602-542-5404
John Cooper	State Hospital Superintendent	Arizona State Hospital	2500 East Van Buren St Phoenix, AZ 85008	602-220-6000 Fax: 602-220-6292
Patricia Dorgan	Arizona Long Term Care System (ALTCS)	Assistant Director Pima Health System	5055 East Broadway, #A-200 Tucson, AZ 85711	520-512-5586 Fax: 520-745-6386
Vicki Van Dreel	State Housing representative	Arizona Department of Housing (ADOH)	1700 West Washington Phoenix, AZ 85007	602-771-1024 Fax: 602-771-1002
Sam Engram	Parent of SED child	Individual	12841 West Aster Drive El Mirage, AZ 85335	623-875-760 No Fax #
Ann Froio	State Medicaid Agency	AZ Health Care Cost Containment System (AHCCCS)	701 East Jefferson Phoenix, AZ 85034	602-417-4510 Fax: 602-256-6421

**List of Planning Council Members, continued**

<b>NAME</b>	<b>TYPE OF MEMBERSHIP</b>	<b>AGENCY OR ORGANIZATION REPRESENTED</b>	<b>ADDRESS</b>	<b>PHONE &amp; FAX</b>
Dorothy Inglee Gallagher	RBHA representative; Family member	Community Partnership of Southern Arizona (Southern Arizona RBHA)	5416 East 18 <sup>th</sup> Street Tucson, AZ 85711	520-790-7071 No Fax #
Sue Gilbertson	Family member	Individual	3023 East Pershing Phoenix, AZ 85032	602-867-0310 no fax #
Randy Grover	State Social Services agency representative	AZ Department of Economic Security (DES) Administration for Children, Youth & Families (ACYF)	1789 West Jefferson St Phoenix, AZ 85007	602-542-5120 Fax: 602-542-3330
Vicki Johnson	State Advocacy Organization	Mentally Ill Kids in Distress (MIKID)	755 East Willetta #128 Phoenix, AZ 85006	602-253-1240 Fax: 602-253-1250
Bob Lee	RBHARepresentative	Pinal Gila Behavioral Health Association, Inc. (PGBHA) (Central AZ RBHA)	602 5 <sup>th</sup> Avenue San Manuel, AZ 85631	520-385-4807 Fax: 520-385-9535
Shirley Lochner	RBHA Representative and Consumer	Northern AZ Regional Behavioral Health Authority (NARBHA)	4870 Blue Spruce Lane Lakeside, AZ 85929	928-532-3108 Fax: 928-537-9025
Cheryl Koch Martinez	State Protection & Advocacy Organization	Arizona Center for Disability Law	3839 North 3 <sup>rd</sup> Street, #209 Phoenix, AZ 85012	602-274-6287 Fax: 274-6779
Dale Alden Minor	Consumer	Individual	P.O. Box 108 Show Low AZ 85902	928-532-7755 no fax #
Alida Montiel	Family Member; Native American Organization	Inter-Tribal Council of Arizona (ITCA)	2214 North Central Avenue, #100 Phoenix, AZ 85004	602-258-4822 Fax: 602-258-4825
Betty Paddock	Consumer	Individual	P.O. Box 108 Show Low, AZ 85902	928-532-7755 No Fax #
Juan Paz, DSW	Family Member	Individual	2648 East 6 <sup>th</sup> Street Tucson, AZ 85716	520-884-5507 Fax: 520-884-5949
Judy Pickens	RBHA Representative	ValueOptions (Maricopa County RBHA)	921 West University Drive #1229 Mesa, AZ 85201	480-965-7561 Fax: 480-965-0212
Liz Robertson	State Vocational Rehabilitation Agency	AZ Department of Economic Security- Rehabilitation Services	1789 West Jefferson St Site Code 930A Phoenix, AZ 85007	602-542-3332 Fax: 542-3778

**List of Planning Council Members, continued**

<b>NAME</b>	<b>TYPE OF MEMBERSHIP</b>	<b>AGENCY OR ORGANIZATION REPRESENTED</b>	<b>ADDRESS</b>	<b>PHONE &amp; FAX</b>
Marty Scheinkman	Family Member	Individual	2611 East Avenida De Posada Tucson, AZ 85718	520-577-9091 No Fax#
David Simmons	RBHA Representative and Consumer	The EXCEL Group (Yuma & La Paz County RBHA)	520 South 1 <sup>st</sup> Avenue Yuma, AZ 85364	928-782-2602 No Fax #

**Table 2. Planning Council Composition by Type of Member**

<b>Type of Membership</b>	<b>Number</b>	<b>Percentage of Total Membership</b>
<b>TOTAL MEMBERSHIP</b>	<b>30</b>	
<b>Consumers/Survivors/Ex-patients (C/S/X)</b>	<b>6</b>	
<b>Family Members of Children with SED</b>	<b>2</b>	
<b>Family Members of Adults with SMI</b>	<b>5</b>	
<b>Vacancies (C/S/X &amp; family members)</b>	<b>1</b>	
<b>Others (not state employees or providers)</b>	<b>3</b>	
<b>TOTAL C/S/X, Family Members &amp; Others</b>	<b>17</b>	<b>57%</b>
<b>State Employees</b>	<b>8</b>	
<b>Providers</b>	<b>5</b>	
<b>Vacancies</b>	<b>0</b>	
<b>TOTAL State Employees &amp; Providers</b>	<b>13</b>	<b>43%</b>

(3) Planning Council Charge, Role and Activities

The first Arizona Mental Health Planning Council was created in 1988 in response to Public Law 99-660. Members were appointed by the Governor to serve a term until September 30, 1990, when P.L. 99-660 expired. No action was taken by the Governor to reappoint or otherwise reconstitute the Council. Recognizing the need for a Planning Council, the Division Director appointed a new Behavioral Health Planning Council, expanding the membership and the role to encompass planning for not only adults with a serious mental illness and seriously emotionally disturbed children, but also for individuals with substance abuse disorders.

Appointments to the Arizona Behavioral Health Planning Council are made in several ways (depending on the membership requirements): for consumers, family members, parents and service providers, the Planning Council's Executive Committee will nominate an individual to join its membership, which will then be brought to the full Council for approval. The Council submits a letter of recommendation to the ADHS/DBHS Deputy Director, who will appoint (or not appoint) the nominee. The Planning Council and its committees search for and nominate appropriate individuals on a regular basis. Regarding the Regional Behavioral Health Authority (RBHA) representatives, the Chief Executive Officer of each RBHA appoints a representative from its service area who is a consumer, family member or Board member. State agency

representatives (e.g., social services, vocational rehabilitation, criminal justice) are appointed by their respective state agencies.

Each Council member serves for three (3) years. The terms served by members are automatically extended until they are reappointed or replaced.

The Council is charged with the mission of:

- Reviewing plans and submitting to the State any recommendations for modification.
- Serving as an advocate for adults with a serious mental illness and children who are seriously emotionally disturbed, including individuals with mental illnesses or emotional problems.
- Monitoring, reviewing, and evaluating, not less than once per year, the allocation and adequacy of mental health services in the State.
- Participating in improving mental health services within the State.

The Arizona Behavioral Health Planning Council meets ten times a year, excluding July and August. The Planning & Evaluation Committee meets during the summer to complete the Mental Health Plan portion of the Block Grant application. Meetings are held in the state capitol (Phoenix) as well as various locations around the state. Meetings held in local communities are done so that the Council may meet with the agencies that provide behavioral health services, as well as the recipients of such services. The Council's standing committees also meet regularly and are used to assist the Council in its responsibilities by reviewing specific issues or concerns and developing recommendations.

The Council is active in reviewing and tracking state and federal legislation relating to mental health services; this work is then turned into the development and dissemination of position papers, providing testimony at legislative hearings, and advocating for the populations it is mandated to serve. The Council is also kept abreast of current issues, programs, upcoming grants, and other topics in the behavioral health field, and acts as an advisory body to the State.

(4) State Mental Health Planning Council Comments and Recommendations

The letter on the following pages from the Arizona Behavioral Health Planning Council to Governor Janet Napolitano details the Council's comments and recommendations.

NEW LETTER WILL GO HERE

PAGE 2 OF NEW LETTER

**SECTION I:  
DESCRIPTION OF STATE SERVICE SYSTEM**

**SECTION II:  
IDENTIFICATION & ANALYSIS OF  
THE SERVICE SYSTEM'S  
STRENGTHS, NEEDS & PRIORITIES**

**FY 2006 – 2007**

## **SECTION I DESCRIPTION OF STATE SERVICE SYSTEM**

### **Overview of the State Mental Health System**

The state agency in Arizona that is responsible for the delivery of public health and mental health services is the Arizona Department of Health Services (ADHS). The Division of Behavioral Health Services (DBHS) is the Division within the Department of Health Services responsible for administering a unified behavioral health service system including substance abuse treatment services, mental health services, prevention services and inpatient psychiatric care through the Arizona State Hospital. ADHS/DBHS is responsible for planning, administering and monitoring a comprehensive system of behavioral health services.

ADHS/DBHS also partners with other State agencies (Departments of Economic Security, Juvenile and Adult Corrections, Education, Administrative Office of the Courts, and the Arizona Health Care Cost Containment System (AHCCCS), the State Medicaid agency, to provide a comprehensive array of publicly funded services to children and adults. This partnership is particularly evident in the Children's Executive Committee; its function is to provide leadership, guidance and consultation across and throughout formal child-serving systems regarding practice, policy, capacity and related aspects of Arizona's children's system reform.

The current fiscal basis for funding the system of services includes monies appropriated by the Arizona Legislature, as well as federal Title XIX and Title XXI dollars for behavioral health services to eligible populations. Title XIX and Title XXI provide funding for covered services to eligible persons and is passed through the state's Medicaid agency, AHCCCS, to ADHS/DBHS in a capitated system. Arizona also receives the federal substance abuse and mental health block grants to provide community treatment and prevention.

With the State's unprecedented growth in population in the last decade, and a voter approved proposition in 2001 to increase the income eligibility requirement for state Medicaid from 33% to 100% of the Federal Poverty Level, health access in Arizona has significantly improved. The Arizona behavioral health system surpassed its 100,000 mark of enrolled behavioral health recipients in 2002 and the increase in enrollment continues. Seventy five percent (75%) received Medicaid funded services and 25% received services that are funded either by State appropriation for mental health and substance abuse services or by federal block grant dollars.

Behavioral health services have been delivered through community based contractors for a number of years. State statutes authorize ADHS/DBHS to contract with Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) to administer behavioral health services. The RBHAs, which are private, nonprofit and for profit organizations, operate much like health maintenance organizations. The TRBHAs are American Indian Tribes that choose to operate as a RBHA and coordinate services for members of their respective Tribes. The two Tribes that have opted to operate as TRBHAs are the Pascua Yaqui Tribe and the Gila River Indian Community. The Navajo Nation previously contracted with the State to operate as a TRBHA, but recently renegotiated its Intergovernmental Agreement (IGA) and now operates as a case management provider.

The future behavioral health system is envisioned to be person/family-centered and recovery oriented, that is accessible in both urban and rural areas of the state. In order to accomplish this, ADHS/DBHS undertook a system of changes to increase efforts to support this type of service delivery model by:

- Increasing provider flexibility to better meet individual/family needs;
- Eliminating barriers to services;
- Recognizing and including support services provided by non-licensed individuals and agencies;
- Streamlining service codes;
- Maximizing and increasing the services provided in the Title XIX/XXI waiver package;
- Supporting recovery methods for persons with a serious mental illness.

ADHS/DBHS will continue to develop a person/family supportive and recovery oriented system of care for people in need of publicly funded behavioral health treatment.

## Summary of Areas Identified in Previous Year's State Plan

### Issues Requiring Particular Attention in FY 2005 Plan:

- Limited funding for Housing: Analysis of housing options continues at ADHS/DBHS. As with other states, Arizona continues to assist people who have a serious mental illness in obtaining affordable housing. The Arizona Department of Housing (ADOH) continues to dedicate staff in developing affordable housing programs for people with disabilities, and ADHS/DBHS continues to participate in the statewide planning process for affordable housing.

#### FY 2006 Plan Update:

In FY 2004, ADHS/DBHS developed a strategic plan for housing in Maricopa County for individuals with SMI. The plan identified a variety of initiatives that are used to expand both federal and State funded housing. ADHS/DBHS is working in partnership with the Maricopa Association of Governments (MAG), Arizona Coalition to End Homelessness (ACEH), ValueOptions (Maricopa County RBHA), and the State Planning to Address Homelessness (SPAH) workgroup. SPAH is comprised of several state agencies that have a role in housing; the Governor's Office organized the workgroup in order to increase their collaborative efforts. ADHS/DBHS allocated \$2.8 million in FY 2005.

The Arizona Department of Housing (ADOH) received notice in January 2005 that it was awarded the Continuum of Care grant from the 2004 HUD SuperNOFA. ADOH requested funding for 19 projects, including rural counties of Arizona. Eighteen of the projects sponsored by ADOH consist of renewals, and more specifically, 9 of these projects are permanent supported housing for persons with SMI or co-occurring substance abuse disorders in rural Arizona.

- Implementation of the Twelve (12) Principles: On June 26, 2001, a U.S. District Court in Tucson, Arizona, accepted a settlement agreement in the case of *J.K. vs. Eden et. al.* which commits ADHS and AHCCCS to a set of 12 principles to direct care and support for over 17,000 Title XIX eligible children and their families.

#### FY 2006 Plan Update:

ADHS/DBHS and AHCCCS submitted the first Annual Action Plan to Plaintiffs' Counsel under the Jason K. Settlement Agreement in November 2001. The Plan is now in its fourth year of implementation. Several obligations outlined in the settlement agreement have been met, and those that remain are being substantially addressed. The fourth Annual Action Plan reviews these accomplishments and presents both continuing and new strategies and action steps. The Plan will continue to direct efforts to ensure that care provided to Arizona children reflect and maintain ADHS/DBHS' obligation to the Arizona Vision and its 12 Principles.

- Limited funding to serve people who are not Title XIX or Title XXI eligible: Effective March 1, 2001, AHCCCS and ADHS/DBHS implemented Proposition 204, which changed Arizona's Title XIX eligibility to 100% of the federal poverty level. Effective October 3, 2001, certain services that were previously not covered under Title XIX or Title XXI are now covered. Both of these developments allowed more people who are not eligible for Title XIX or Title XXI to receive services. While it does not solve the

issue entirely and there will continue to be people who do not have health insurance coverage in Arizona, it does make significant progress toward providing health insurance coverage.

FY 2006 Plan Update:

Arizona's "Covered Services Project" continues. ADHS/DBHS requires the RBHAs to maximize their efforts in ensuring that all Title XIX/XXI individuals are enrolled in AHCCCS. This is tracked through a variety of methods and is a RBHA contract requirement.

Arizona has experienced unprecedented growth in population in the last decade; a voter-approved proposition in 2001 increased the income eligibility requirement for state Medicaid to 100% of the Federal Poverty Level and improved access to health care. The Arizona behavioral health system surpassed its 100,000 mark of enrolled behavioral health recipients in 2002 and the increase in enrollment continues.

- Insurance Parity: Although this bill has been introduced in the last few legislative sessions, it has not been successful. However, efforts continue to make this a reality for the general population.

FY 2006 Plan Update:

As of 1999, the Federal Government and 25 States have passed some form of insurance parity. Bills have been introduced in Congress to expand parity at the federal level. In the past two legislative sessions, the Arizona Legislature has introduced parity bills that did not pass. Advocates continue their work in getting an insurance parity bill passed. The "Partners for Parity" is a coalition of more than 100 organizations that are committed to making mental health parity a reality in Arizona. Members of the Arizona Behavioral Health Planning Council participate in Partners for Parity.

**Significant Achievements in FY 2005:**

- Co-Occurring Disorders: ADHS/DBHS continues its efforts to integrate the substance abuse and the mental health fields to treat individuals with co-occurring disorders effectively. A Practice Improvement Protocol (PIP) for co-occurring psychiatric and substance abuse disorders was developed in 2002. In FY 2004, a PIP was also developed for substance abuse treatment for children and includes co-occurring disorders. PIPs are described in detail in this section.
- ADHS/DBHS Provider Manual: ADHS/DBHS developed a Provider Manual as part of the larger reorganization of all documents that articulate the requirements of the behavioral health system. The ADHS/DBHS Provider Manual contains requirements applicable to direct providers of Arizona publicly funded behavioral health services. The Manual became operational January 1, 2004.
- Improving the Clinical Assessment Process: ADHS/DBHS streamlined and standardized the clinical assessment tool used to evaluate persons seeking behavioral health services in Arizona. A workgroup comprised of stakeholders and Division staff was formed to examine the clinical assessment requirements of AHCCCS, ADHS/DBHS, the RBHAs,

ADHS-Behavioral Health Licensure, Seriously Mentally Ill Rules and internal policies and procedures. A standardized assessment tool was developed through the workgroup process and consists of three components: 1) Behavioral Health and Medical Questionnaire; 2) Core Assessment, and 3) Addenda. ADHS/DBHS staff trained RBHAs and providers on the new process, and the assessment tool was implemented statewide on January 1, 2004. 2,500 staff have been trained as of September 1, 2004.

- Clinical Guidance Documents: Under the direction of the ADHS/DBHS Medical Director and Assistant Medical Director, the Division researched and published several Clinical Guidance Documents to assist behavioral health providers in Arizona's public behavioral health system. These documents are known as Clinical Practice Guidelines, Practice Improvement Protocols (PIPs), and Technical Assistance Documents (TADs). Clinical Practice Guidelines are existing national standards (e.g. APA). PIPs outline philosophical approaches and standards that promote specific practices and the efficient and effective delivery of behavioral health services. TADs provide guidance for implementing covered behavioral health services and other ADHS/DBHS recommended protocols.
- Grants: ADHS/DBHS was awarded the SAMHSA Child and Adolescent State Infrastructure grant in FY 2005. The grant award was \$750,000 for five years. The grant provides funds to increase the State's capacity of mental health and substance abuse services to children and adolescents, expand early intervention services to the 0-5 child population, youth in transition, and enhanced coordination with families.

ADHS/DBHS was awarded the Data Infrastructure Grant II, submitted June 2004. ADHS/DBHS will use grant funding to improve the existing capacity of mental health and substance abuse systems to support programs and services. Consistent with the President's New Freedom Commission recommendations, Arizona in its strategic plan, underscores the use of technology to increase access and better understanding of the mental health and substance abuse systems. This will be actualized through web-based dissemination of timely, accurate, complete, and relevant information.

ADHS/DBHS was awarded the SAMHSA State Adolescent Substance Abuse Treatment Coordination grant, which was submitted February 2005. Arizona's plans are to create a sustainable system of care that effectively breaks the cycle of addiction in Arizona's families through early identification, intervention and treatment for substance use disorders among youth and young adults. Arizona's Youth Substance Abuse Treatment Coordination project will establish a single locus of responsibility within the state for expanding access and the quality and delivery of substance abuse services for the state's high-risk population of young people age 12-24 years old and their family members. The project will capitalize on unique and innovative system and practice reforms currently underway in Arizona to expand early identification and access to services, establish a broad continuum of age, culture and disability appropriate services and supports and to improve the quality and effectiveness of treatment for young people in the state.

ADHS/DBHS also submitted a proposal for the following grant:

SAMHSA Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention, submitted May 2005. If awarded, a partnership will be developed between five organizations: ADHS/DBHS, Gila River Indian Community (GRIC), Community Partnership of Southern Arizona (CPSA), Central Arizona College (CAC), and the Arizona Suicide Prevention Coalition (ASPC). The project involves implementation of the state plan strategy for reduction of suicides in Arizona, and targets one urban and one rural county in Arizona: Pima and Pinal Counties, two areas of the state with high rates of attempted and completed suicides as well as high risk factors for suicide. The Gila Indian River Community is located within Pinal County and was selected because the majority of Pinal County suicides were on the reservation.

- Children's Behavioral Health Reform: ADHS/DBHS continues to implement the Title XIX Children's Behavioral Health Action Plan. The Plan is a result of the settlement agreement in the case of *J.K. v Eden*. The Plan consists of 12 principles to direct care and support for Title XIX eligible children and their families. Incorporating family and parental involvement in the planning and evaluation of the system reform is a major component in the development of a coordinated system of care for children and their families. ADHS/DBHS and the other State child serving agencies remain committed to the continued implementation of the children's behavioral health system reform.
- Expanding and Enhancing the Statewide Network of Providers: ADHS/DBHS continues to examine on a regular basis the current statewide network of providers, identify and address existing gaps in the network, as well as partner with other agencies and organizations to improve the quality and competency of providers. ADHS/DBHS develops the Annual Provider Network Sufficiency Plan and Evaluation. Division staff meet on a regular basis with T/RBHA staff to assess progress in network development. A logic model was developed to determine the adequacy of the network.
- Arnold v. Sarn Exit Stipulation: In 1981 a class action suit was filed on behalf of persons diagnosed as SMI in Maricopa County, alleging the State and Maricopa County did not fund a comprehensive mental health system as required by statute. In 1986, the trial court entered judgement holding that the State had violated its statutory duty, which the Supreme Court affirmed in 1989. Criteria to exit the lawsuit was identified in 1996, and a supplemental agreement to the exit stipulation was negotiated in 1998. The State's compliance is monitored by an independent Office of the Monitor. In 2004, an audit released by the Office of the Monitor reported that ADHS/DBHS was out of compliance with the requirements of *Arnold v. Sarn*. ADHS/DBHS developed a corrective action plan to bring closure to the lawsuit. In December 2004, the Maricopa County Superior Court agreed to the ADHS/DBHS' plan's completion date for the 23 year-old class action lawsuit. The plan is consistent with Arizona's overall system development goal of creating a recovery based system by increasing the involvement of consumers and their families, improving the assessment and service planning process, increasing access to services and strengthening the quality management process.

- ADHS/DBHS awarded \$360 million in three contracts for the provision of behavioral health services outside of Maricopa County (known as the Greater Arizona RFP). Community Partnership of Southern Arizona (CPSA) and Northern Arizona Regional Behavioral Health Authority (NARBHA) will remain as contractors for their respective geographic service areas. However, a new Regional Behavioral Health Authority (RBHA) was awarded the contract for Pinal and Gila Counties, replacing the Pinal Gila Behavioral Health Association (PGBHA) as well as Yuma and La Paz Counties, replacing The Excel Group. Centine, a national behavioral health care company, began providing public behavioral health services as of July 1, 2005, under the name of Cenpatico.

**New developments and issues that affect mental health service delivery in the State, including structural changes such as Medicaid waiver, managed care, State Children's Health Insurance Program (SCHIP) and other contracting arrangements**

- ADHS/DBHS continues to lead the effort to integrate the substance abuse and the mental health fields to treat individuals with co-occurring disorders effectively.
- ADHS/DBHS continues its collaborative relationships with other state agencies that provide publicly funded services to children and adults, which is especially evident in the children's reform effort.
- ADHS/DBHS continues to lead the effort in implementing peer support programs throughout the state, and is pursuing a federal grant to further expand these services.
- ADHS/DBHS has researched and published several Clinical Guidance Documents to assist behavioral health providers in Arizona's public behavioral health system. These documents are known as Clinical Practice Guidelines, Practice Improvement Protocols (PIPs), and Technical Assistance Documents (TADs).
- ADHS/DBHS implemented a comprehensive clinical assessment tool in FY 2004 to better evaluate persons seeking behavioral health services in the public system of care. A standardized tool was developed through a collaborative process with stakeholders and state agencies.
- Effective July 1, 2004, all masters level social workers, counselors, substance abuse counselors and marriage and family therapists are now required by law to be licensed. Prior to this, people could choose voluntary certifications through the Arizona Board of Behavioral Health Examiners.

**Legislative initiatives and changes**

The following legislation affecting behavioral health was passed in the Arizona Legislature in its FY 2005 Session and signed by the Governor:

**SB 1239: Auditor General Audit of Maricopa RBHA SMI Services:** This bill requires the Auditor General to conduct a special audit of ADHS/DBHS' delivery of behavioral health services to the seriously mentally ill population in Maricopa County.

**SB 1129: Behavioral Health Practitioners; Loan Repayment:** This bill establishes the

Behavioral Health Practitioners Loan Repayment Program to allow behavioral health practitioners to receive partial payment of educational loans in exchange for providing services to underserved areas. This program is part of the Health Resources and Services Administration's (HRSA) Bureau of Health Professions' overall strategy to improve access to underserved communities. The National Health Services Corps grants matching funds directly to States to operate their own loan repayment programs.

**SB 1036: Medical Malpractice; Procedural Reforms:** This bill waives a plaintiff's patient-physician privilege in cases involving a claim of medical malpractice, prescribes additional qualifications for expert witnesses in medical malpractice cases and allows a physician to apologize to a patient without the apology being admissible in the medical malpractice case.

**SB 1473: Precursor Chemicals; Dangerous Drugs; Bail:** This bill creates the crime of manufacturing methamphetamine under any circumstances that causes physical injury to a child and prescribes penalties. It reduces the amount of specific precursor chemicals that a person may purchase or sell, allows ADHS to accept and expend private grants for the purpose of methamphetamine education, allows a judicial officer to take into consideration if the arrested person violated specific statutes involving methamphetamine when determining bail.

**A brief description of regional/sub-State programs, community mental health centers, and resources of counties and cities, as applicable, to the provision of mental health services within the State**

The structure of the Arizona mental health service delivery system is divided into six (6) geographical regions, served by four (4) Regional Behavioral Health Authorities (RBHAs) and two (2) Tribal Regional Behavioral Health Authorities (TRBHAs). The system is designed to promote a service system that is responsible to and reflective of the unique needs of particular areas of the state and its population. The direct local administration of the system is accomplished by the T/RBHAs.

T/RBHAs are responsible for assessing the service needs in their region and developing a plan to meet the needs. The T/RBHA system has been integrated for a number of years, making one system responsible for coordinating alcohol, drug and mental health services for all populations. The T/RBHAs contract with a network of providers to deliver a full range of behavioral health services, including prevention programs for adults and children, a full continuum of services for adults with substance abuse and general mental health disorders, adults with a serious mental illness, and children with a serious emotional disturbance.

The T/RBHAs operate in a variety of ways:

- 1) Subcontracting with provider networks,
- 2) Providing services directly, or
- 3) Individual fee-for-service contracts.

ADHS/DBHS has the responsibility for direct oversight, both fiscally and programmatically, for the activities of each of the seven T/RBHAs. The T/RBHAs in turn are required to monitor their

provider networks. Monitoring for contract compliance, adherence to Medicaid regulations, fiscal accounting, program design, delivery, and effectiveness, occurs in a structured manner and on an annual basis. Client satisfaction surveys are produced every two years. Within ADHS/DBHS, there is a monitoring team assigned to each T/RBHA. Each year, the teams conduct a formal monitoring visit to each T/RBHA. Additional monitoring occurs throughout the year, based on the outcome of the yearly monitoring reviews.

Arizona has the second largest American Indian population in the United States. American Indian tribes comprise 5% of the state's population. To accommodate the behavioral health needs of this population, there are several service options for delivery of mental health services to American Indians, both on and off reservation. American Indians who live off reservation may access services through the RBHA system in the same manner as any other Arizona resident. For American Indians living on reservation, the tribe has the option of:

- Entering into an Intergovernmental Agreement (IGA) with ADHS/DBHS to deliver behavioral health services, with the tribe acting as its own TRBHA.
- Contracting with the local RBHA to provide services. Four tribes that have subcontracted with local RBHAs to provide services are the Hopi Tribe, White Mountain Apache Tribe, the Hualapai Tribe and the San Carlos Apache Tribe.
- Referring on-reservation tribal members to obtain behavioral health services either at Indian Health Service (IHS) facilities, or tribal members may present for services individually at off reservation RBHA providers within the RBHA geographic service area.
- Entering into a P.L. 93-638 contract or compact with IHS to provide behavioral health services on reservation. Nine tribes under the authority of P.L. 93-638 operate mental health programs to directly serve the IHS eligible patient population. These tribes include Colorado River, Gila River, Hopi, Hualapai, Navajo, Pascua Yaqui, San Carlos Apache, White Mountain Apache and the Tohono O'Odham Nation. IHS provides available mental health services to tribal members not served at these contracted programs. These tribes along with Cocopah, Quechan, Fort McDowell, Fort Mojave, Kaibab Paiute, Salt River, San Lucy District, Tonto Apache, Yavapai Prescott and Yavapai Apache operate outpatient alcohol and substance abuse programs within their communities. For tribes without 638 alcohol/drug abuse contracts, tribal members are served directly by IHS. Ak-Chin tribal members receive services through the Gila River Indian Community.

Allocations to tribes for "638 Compacts" are subject to the annual federal and congressional appropriations process. These amounts have remained much lower than requested by the tribes and IHS to address the needs of tribal communities. A 638 Compact, however, allows a tribe to be flexible in the utilization of its federal resources. The overall lack of federal and state resources are critical issues for tribes and impede their efforts to improve access to behavioral health services by individual tribal members and families.

### **Description of how the State mental health agency provides leadership in coordinating mental health services within the broader system**

ADHS/DBHS is an active partner with AHCCCS to develop more services for the general

populations. In FY 2001, AHCCCS made it possible for primary care physicians to prescribe psychotropic medications to people who have uncomplicated behavioral health disorders. A process has been developed between the RBHAs and the AHCCCS Health Plans to address appropriateness and coordination of care between the two systems when people are prescribed psychotropic medications through a primary care physician.

ADHS/DBHS has worked closely with the Arizona Department of Economic Security (DES) to improve the performance of the public behavioral health system as a full and active partner with the child welfare system. Local plans were developed and implemented in the six geographic services areas (GSAs) of Arizona to develop foster care placement preservation, personnel collocation, service development prioritization and cross-system training protocols. ADHS/DBHS and DES have also accelerated efforts to maximize federal funding opportunities to address treatment and support needs within the child welfare population. In FY 2004 ADHS/DBHS and the Regional Behavioral Health Authorities (RBHAs) implemented a universal, urgent (within 24 hours) behavioral health response for every child being removed from their family into protective foster care, as initiated by the Child Protective Services (CPS) investigator. ADHS/DBHS, DES and AHCCCS are jointly developing training curricula to support seamless service for children leaving foster care through the Adoption Subsidy Program.

ADHS/DBHS and the other child serving state agencies have also been working together to monitor out-of-state residential treatment center placements and how to transition these children back into their communities. Placement prevention strategies are also being reviewed.

ADHS/DBHS implemented the Correctional Officer/Offender Liaison (COOL) program in 1998 to better serve the substance abuse treatment and behavioral health service needs of high-risk offenders on parole. ADHS/DBHS and the Arizona Department of Corrections (ADC) have an Interagency Service Agreement (ISA) to ensure rapid access to treatment and increased coordination for clients transitioning from prison to the community.

ADHS/DBHS also staffs and is a member of the Arizona Council on Offenders with Mental Impairments (COMI). COMI is a multi-faceted group that offers a broad spectrum of criminal justice and human service knowledge; recommendations are developed for statewide public policy regarding individuals with mental impairments who are also involved in the criminal justice system.

In keeping with the concept of consumer involvement in all levels of the public behavioral health system, ADHS/DBHS also invited stakeholders, including members of the Arizona Behavioral Health Planning Council to participate in the development of its FY 2005 – 2009 Strategic Plan.

Finally, ADHS/DBHS is actively involved with community efforts to implement Healthy People 2010 with the general public. ADHS/DBHS also provides staffing and assistance to several coalitions and community groups that work to improve behavioral health services to the public.

## SECTION II

### IDENTIFICATION AND ANALYSIS OF THE SERVICE SYSTEM'S STRENGTHS, NEEDS AND PRIORITIES

#### Identification and Analysis of the Service System's Strengths, Needs and Priorities, by Population

##### **Priorities and Needs of the Adult System:**

- Increase Access to Services: Although significant strides have been made in the state to enhance the delivery of covered services, there continues to be a need to increase the domains of support and rehabilitation services for all populations. While covered behavioral health services have created a wider range of choices, some specific supports remain unavailable. A great strength of rural areas is the willingness of community service agencies (CSAs) to stretch services to accommodate needs. Current and potential CSAs have presented creative and innovative attempts to provide needed services.

However, prescribing clinicians have historically not favored relocating to the rural areas, which encompass a large portion of Arizona. Those prescribing clinicians who are recruited expect to be compensated at a higher salary level for traveling and providing services in rural areas. Travel becomes an issue in terms of compensation due to the inability to encounter for travel time. Possible solutions include increased utilization of videoconferencing (also known as telemedicine) and weekend clinics staffed by subcontracted prescribing clinicians. Additionally, national recruitment efforts with a specific target for bilingual capability are advertised in various medical journals as well as electronically utilizing job search engines on the Internet.

ADHS/DBHS goals and targets for this priority/need are addressed under Criterion 1.

- Increase Employment and Vocational Services: Under the array of covered services, supported employment can be Title XIX/XXI reimbursable. Assisting people with serious mental illness in securing employment remains a constant activity and measures have developed in the State Plan section of this grant. In addition, each RBHA develops a vocational plan in conjunction with DES/RSA.

ADHS/DBHS goals and targets for this priority/need are addressed under Criterion 1.

- Increase in Family Stabilization and Living Conditions: Regarding housing, ADHS/DBHS developed a strategic plan for housing in Maricopa County for individuals with SMI in FY 2004. The plan identifies a variety of initiatives used to expand both federal and state funded housing. ADHS/DBHS is working in partnership with the Maricopa Association of Governments (MAG), Arizona Coalition to End Homelessness (ACEH), ValueOptions (Maricopa County RBHA), and the State Planning to Address Homelessness (SPAH) workgroup. SPAH is comprised of several state agencies that have a role in housing; the Governor's Office organized the workgroup in order to increase their collaborative efforts.

ADHS/DBHS goals and targets for this priority/need are addressed under Criterion 4.

- Increase Evidence-Based Practices: The following EBPs are in use throughout the state: Supported Employment, Supported Housing, Atypical Medications, Family Psycho-Education, Co-Occurring Disorders, Recovery/Illness Management, and Motivational Interviewing. Assertive Community Treatment (ACT) teams are in Maricopa, Pinal and Coconino Counties, and the number of teams continues to expand. However, there continues to be a need in other areas of the state for ACT teams as well as expansion of other EBPs..

ADHS/DBHS goals and targets for this priority/need are addressed under Criterion 1.

### **Priorities and Needs of the Children's System:**

- Increase Evidence-Based Practices: The following EBPs are in use throughout the state: Therapeutic Foster Care, Multi-Systemic Treatment, Functional Family Therapy, Cognitive Behavioral Therapy, Solution-Focused Brief Therapy, Wraparound (Child and Family Teams), and Respite Care.

However, these services need to be expanded across the state. ADHS/DBHS goals and targets for this priority/need are addressed under Criterion 1.

- Increase Access to Services: As with the adult system, there is a need to recruit qualified professionals throughout the state to treat and prescribe medications to children and adolescents.

Also, residential treatment centers (RTCs) of all levels for children are needed across the state. Each RBHA has developed a plan to address this issue, and RTCs have been developed in some parts of the state. However, the plan is to retain children in more normalized homelike settings such as therapeutic foster care, in accordance with the children's system reform.

Finally, as with the adult system, there is a need to increase the number of support services for children and adolescents.

ADHS/DBHS goals and targets for this priority/need are addressed under Criteria 2 and 4.

### **Identification of the source of data, which was used to project critical service gaps and unmet needs**

- Annual Regional Behavioral Health Authority Provider Network Evaluation and Sufficiency Report, FY 2004
- Jason K. Settlement Agreement/Action Plan, FY 2005
- ADHS Annual Quality Management Report, FY 2004
- Annual T/RBHA Administrative Reviews
- ADHS/DBHS Strategic Plan for Housing for Maricopa County for Individuals with a

Serious Mental Illness, FY 2004

- ADHS/DBHS Strategic Plan, 2005 – 2009

### **Summary of Recent Significant Achievements that Reflect Progress Towards the Development of a Comprehensive, Community-Based Mental Health System of Care**

- Improving the Clinical Assessment Process: ADHS/DBHS streamlined and standardized the clinical assessment tool used to evaluate persons seeking behavioral health services in Arizona.
- Clinical Guidance Documents: Under the direction of the ADHS/DBHS Medical Director and Assistant Medical Director, the Division researched and published several Clinical Guidance Documents to assist behavioral health providers in Arizona's public behavioral health system.
- Children's Behavioral Health Reform: ADHS/DBHS continues to implement the Title XIX Children's Behavioral Health Action Plan.
- Expanding and Enhancing the Statewide Network of Providers: ADHS/DBHS continues to examine on a regular basis the current statewide network of providers, identify and address existing gaps in the network, as well as partner with other agencies and organizations to improve the quality and competency of providers.
- Expanding and Enhancing Peer and Family Support: ADHS/DBHS continues to expand peer and family support services across the state in keeping with the recovery model.

### **Description of the Comprehensive, Community-Based Public Mental Health System Envisioned for the Future**

The future behavioral health system is envisioned to be person/family-centered and recovery oriented, that is accessible in both urban and rural areas of the state. In order to accomplish this, ADHS/DBHS has undertaken a system of changes that increase efforts to support this type of service delivery model by:

- Increasing provider flexibility to better meet individual/family needs.
- Eliminating barriers to services.
- Recognizing and including support services provided by non-licensed individuals and agencies.
- Streamlined service codes;.
- Maximizing and increasing the services provided in the Title XIX/XXI waiver package.
- Supporting recovery methods for persons with a serious mental illness.

Arizona is transitioning its public behavioral health system of care, which is more recovery focused. In 2001, Arizona expanded the statewide network array of covered behavioral health services to include a range of non-traditional supports that assist and promote recovery. These support services, including Health Promotion, Peer and Family Support, Living Skills Training and Supported Employment, are billed through both Title XIX and non-Title XIX funds and augment clinical treatment by providing opportunities for client/family education in chronic disease management, specific skill building sessions, and assistance in employment readiness and obtaining and maintaining meaningful employment. ADHS/DBHS also offers a method for providers to deliver and bill for Supported Housing, although this service is not reimbursable

under the Medicaid program. During the past two years ADHS/DBHS has conducted extensive statewide training with the RBHA and provider clinician staff on the use of the new array of covered behavioral health services to design flexible, needs-driven service plans using a strengths-based paradigm of treatment.

ValueOptions (Maricopa County RBHA) and META Services (provider agency) have developed a comprehensive peer support program for Maricopa County. META developed a curriculum in 2002 and has trained over 500 Peer Support Specialists, who graduated from the 70-hour META training. The Department of Economic Security, Rehabilitation Services Administration (DES/RSA) funds the program with vocational training funds.

Over 300 graduates employed in the Maricopa County behavioral health delivery system are providing peer support services as recovery trainers, recovery coaches, crisis specialists, and peer advocates. As noted above, while peer support is widely available in Maricopa County, peer support services are not widely available throughout the rest of the state, but efforts are underway to expand these services.

The future also means better access to services. Although significant strides have been made in the state to enhance the delivery of covered services, there continues to be a need to increase the domains of support and rehabilitation for all populations. While covered behavioral health services have created a wider range of choices, some specific supports remain unavailable. A great strength of rural areas is the willingness of community service agencies (CSAs) to stretch services to accommodate needs. Current CSAs have presented creative and innovative attempts to provide needed services, and this is expected to continue in the future.

The use of telemedicine for treatment, education and training in rural and remote areas is promoted and continues to expand across the state. The use of telemedicine has greatly enhanced the RBHAs' and provider agencies' ability to provide services to individuals who would otherwise have to travel great distances to obtain them.

Finally, ADHS/DBHS remains committed to the continued implementation of the children's behavioral health system reform, which was the result of the *J.K v. Eden* settlement agreement. In meeting the requirements of the agreement, ADHS/DBHS anticipates that all Title XIX eligible children will ultimately be evaluated, treated, and supported with practice approaches consistent with the Arizona Vision, and in a system of care that supports and sustains it. ADHS/DBHS will implement the following strategies in FY 2005-2006:

- Create sustainable and trusting partnerships with families and other child-serving systems;
- Develop, train, and implement effective practice improvement protocols;
- Continue to train and coach system staff, partners, and families;
- Develop effective venues for barrier identification, resolutions and feedback;
- Improve the quality management system;
- Internalize the understanding of system reform.

## **SECTION III**

### **PERFORMANCE GOALS AND ACTION PLANS TO IMPROVE ARIZONA'S SERVICE SYSTEM**

#### **ADULT PLAN**

#### **CHILDREN'S PLAN**

## SECTION III PERFORMANCE GOALS & ACTION PLANS

### Adult Plan

#### **Criterion 1: Comprehensive Community Based Mental Health Service System**

- Provides for the establishment and implementation of an organized community-based system of care for individuals with mental illness.
- Describes available services and resources in a comprehensive system of care, including services for individuals with both mental illness and substance abuse. The description of the services to be provided with Federal, State, and other public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities shall include:
  - ✓ Health, mental health, and rehabilitation services;
  - ✓ Employment services;
  - ✓ Housing services;
  - ✓ Educational services;
  - ✓ Substance abuse services;
  - ✓ Medical and dental services;
  - ✓ Support services;
  - ✓ Services provided by local school systems under the Individuals with Disabilities Education Act;
  - ✓ Case management services;
  - ✓ Services for persons with co-occurring (substance abuse/mental health) disorders; and
  - ✓ Other activities leading to reduction of hospitalization.

### Narrative

#### **Structure**

The organizational structure for Arizona's system of care is divided into six geographical regions (GSAs), designed to promote a service system that is responsible to and reflective of the unique needs of a specific area of the state and its population. The direct local administration of the system is accomplished by nonprofit and for profit organizations known as Regional Behavioral Health Authorities (RBHAs). The RBHAs are awarded contracts based on responses to a Request for Proposal (RFP) by the State, and are three years in duration, with an option to extend two years. In addition, three Arizona Indian Tribes contract with the State for behavioral health services: Pascua-Yaqui Tribe, Gila River Indian Community and the Navajo Nation.

**Health, Mental Health and Rehabilitation Services:** ADHS/DBHS contracts with the T/RBHAs for a comprehensive array of covered substance abuse and mental health services for persons enrolled in the Title XIX program and for non-Title XIX eligible persons based on available funding. These are categorized into nine service domains:

#### **1. Treatment services**

- Counseling
- Consultations, Assessment and Specialized Testing

## **2. Rehabilitation Services**

- Skills Training and Development
- Psychosocial Rehabilitation Living Skills Training
- Cognitive Rehabilitation
- Health Promotion
- Psycho-educational Services (Pre-Job Training and Development)
- Supported Employment

## **3. Medical Services**

- Medication Services
- Laboratory, Radiology and Medical Imaging
- Medical Management
- Electro-Convulsive Therapy

## **4. Support Services**

- Case Management
- Personal Assistance
- Family Support
- Peer Support
- Therapeutic Foster Care
- Respite Care
- Housing Support
- Interpreter
- Flex Fund Services
- Transportation

## **5. Crisis Intervention Services**

- Mobile Teams
- Telephone
- Crisis Services

## **6. Inpatient Services**

- Hospital
- Sub-acute Care
- Residential Treatment Centers

## **7. Residential Services**

- Level II Behavioral Health Residential Care
- Level III Behavioral Health Residential Care
- Level IV-Rural Substance Abuse Transitional Centers
- Room and Board

## **8. Behavioral Health Day Programs**

- Supervised Day Programs
- Therapeutic Day Programs
- Medical Day Programs

## **9. Prevention Services**

- Early Intervention
- Training

- Public Information
- Parent/Family Education
- Community Mobilization
- Life Skills Development
- Mentorship
- Peer Leadership
- HIV Client Assistance Services

**Rehabilitation Services:** Rehabilitation services include the provision of education, coaching, training, demonstration and other services including securing and maintaining employment to remediate residual prevent anticipated functional deficits.

**Employment and Education Services:** ADHS/DBHS continues to partner with the Department of Economic Security, Vocational Rehabilitation Services Administration (DES/RSA) to provide adults with SMI vocational rehabilitation opportunities. For example, the Rehabilitation Service Agency “Fast Track” is a program designed to get individuals gainful employment without the complex testing process typical of traditional vocational rehabilitative programs. The Ticket To Work program is fully implemented in the state.

Peer support has been developed extensively by ValueOptions and META Services in Maricopa County. A comprehensive curriculum has been developed by META Services with over 500 Peer Support Specialists graduates during the past three years, reimbursed by DES/RSA with vocational training funds. Over 300 of these graduates are employed in the behavioral health system and provide Title XIX reimbursable peer support services as recovery trainers, recovery coaches, crisis specialists, and peer advocates. Peer support specialists are also available in other areas of the state.

**Housing Services:** In FY 2004, ADHS/DBHS developed a strategic plan for housing in Maricopa County for individuals with SMI. The plan describes in detail a variety of initiatives that will be used to expand both federal and State funded housing. ADHS/DBHS is working in partnership with the Maricopa Association of Governments (MAG), the State Planning to Address Homelessness (SPA) workgroup, Arizona Coalition to End Homelessness (ACEH) and ValueOptions, the Maricopa County RBHA. ADHS/DBHS provided \$2.8 million to the RBHAs for housing in FY 2005.

The Arizona Department of Housing (ADOH) received notice in January 2005 that it was awarded the Continuum of Care grant from the 2004 HUD SuperNOFA. ADOH requested funding for 19 projects, including rural counties of Arizona. Eighteen of the projects sponsored by ADOH consist of renewals, and more specifically, 9 of these projects are permanent supported housing for persons with SMI or co-occurring substance abuse disorders in rural Arizona.

**Substance Abuse Services:** The Center for Substance Abuse Treatment’s Block Grant provided over \$31.9 million in FY 2005 to fund drug and alcohol treatment as well as prevention services. These block grant dollars significantly aid in bolstering state appropriated funds for substance abuse treatment and prevention programs. The funds are allocated to the T/RBHAs who in turn

allocate the dollars to over 65 provider agencies. A small portion is also allocated to the State Laboratory and the ADHS Office of HIV/AIDS for testing costs and test materials thereby providing a pre-arranged method for substance abuse programs to serve their clients.

**Medical and Dental Services:** A full range of dental services are provided to Title XIX eligible adults with SMI who are 18 years of age to 21 years of age, under the Early, Periodic Screening, Diagnosis and Treatment (EPSDT) program. Dental services are provided on an emergency basis only for adults with SMI who are 21 years and older through the Title XIX program. However, only informal linkages exist for adults in need of non-emergency dental care. The RBHAs do not provide financial support for dental care.

**Support Services:** Support services are provided to facilitate the delivery of or enhance the benefits received from other behavioral health services. Support services are grouped into the following categories: Case management; personal care services; home care training; family services (family support); self-help/peer services (peer support); therapeutic foster care services; unskilled respite care; supported housing; sign language or oral interpretive services; non-medically necessary covered services (flex fund services), and transportation.

**Case Management Services:** Case management is a supportive service provided to enhance treatment goals and effectiveness. Activities may include: assistance in maintaining, monitoring and modifying covered services; face-to-face interactions for the purpose of maintaining or enhancing a person's functioning; coordination of care activities related to continuity between levels of care; outreach and follow-up of crisis contacts and missed appointments; and participation in staffings, case conferences or other meetings.

**Services for Persons with Co-Occurring Disorders:** ADHS/DBHS continues its efforts to integrate the substance abuse and the mental health fields to treat individuals with co-occurring disorders effectively. A Practice Improvement Protocol (PIP) for co-occurring psychiatric and substance abuse disorders was developed in 2002. The PIP was developed based on evidence and consensus based best practice models for treating co-occurring disorders. PIPs outline philosophical approaches and standards that promote specific practices and the efficient and effective delivery of behavioral health services.

**Activities to reduce hospitalization:** Arizona has implemented Assertive Community Teams (ACT) in three counties. The ACT Team concept originated in the Midwest to provide very intensive services to adults with SMI, with the goal to provide services and decrease the costs associated with care, such as inpatient stays. ACT Teams are in Maricopa, Pinal and Coconino Counties and teams continue to expand to meet the need.

There has been an expansion of provider agencies promoting recovery. Training is offered by the RBHAs and provider agencies on the recovery concept, including "Wellness Recovery Action Plan" (WRAP). This was developed by Mary Ellen Copeland, author of "The Depression Workbook", and "Living Without Depression and Manic Depression". WRAP is a self help method for individuals to identify simple things which one can do to manage emotional or physical symptoms to maintain one's well being. Consumers conduct this training in the behavioral health system.

In addition, the “Sourcebook for Families Coping with Mental Illness” was developed to assist individuals in navigating the publicly funded behavioral health system, asking the right questions, and seeking support. It is written to be user-friendly in providing information about mental illness, treatments and services.

**Other support services from public and private resources provided to assist individuals to function outside of institutions:**

A provider category called “Community Service Agencies” was implemented in October 2001 to provide a wide variety of services designed to assist adults with SMI to function outside of institutional settings. These agencies are able to provide services in the community setting used by the general population, and will provide more flexibility in delivering services. Community Service Agencies can contract to provide such services as:

- Peer support;
- Family support;
- Interpreter services;
- Transportation;
- Supportive housing;
- American Indian traditional healing;
- Personal assistance
- Living skills training;
- Supportive employment;
- Supervised day programs;
- In-home respite.

Effective April 2003, habilitation agencies provide Title XIX reimbursable living skills training and family support services. Habilitation providers are home and community based agencies certified through the Arizona Department of Economic Security, Division of Developmental Disabilities (DES/DDD) and registered with AHCCCS.

**Resources available:** The current fiscal basis for funding the system of services includes monies appropriated by the Arizona Legislature, as well as federal Title XIX and Title XXI dollars for behavioral health services to eligible populations. Title XIX and Title XXI provides funding for covered services to eligible persons and is passed through the state’s Medicaid agency, AHCCCS, to ADHS/DBHS in a capitated system. Arizona also receives federal substance abuse and mental health block grants to provide community treatment.

ADHS/DBHS is responsible for administering publicly funded mental health and substance abuse treatment services. Services are available to the following adult populations:

- Adults with a serious mental illness;
- Adults in need of treatment for a substance abuse disorder;
- Adults with co-occurring disorders (substance abuse and mental illness);
- Adults who do not have a serious mental illness, but are in need of treatment for a behavioral health disorder.

26,218 adults with a serious mental illness were provided services in FY 2005.

**Evidence-Based Practices (EBPs):** ADHS/DBHS implemented nine EBPs during FY 2005:

- Supported Employment
- Assertive Community Treatment
- Dialectical Behavior Therapy
- Peer Support
- Supported Education
- Supportive Housing
- Supported Vocational
- Medication Algorithm
- Telemedicine (videoconferencing)

**The following modifications were made in this Criterion:**

**Goal 2, Target 1:** The number of Evidence-Based Practices for FY 2007 were increased to 12 from the original estimate of 11 in the FY 2005-2007 Plan.

**Goal 3, Target 1:** The percentage of adults with SMI reporting positively about their services was increased to 82% from the original estimate of 70% in the FY 2005-2007 Plan.

**Goal 4, Target 1:** The percentage of adults with SMI re-admitted to the State Hospital within 30 days was modified to more accurately track the rate of re-admissions for 2006 and 2007, based on the FY 2005 data.

**Goal 5, Target 1:** The percentage of adults with SMI re-admitted to the State Hospital within 180 days was modified to more accurately track the rate of re-admissions for 2006 and 2007, based on the FY 2005 data.

The goals and targets for Criterion One follow this narrative.

**Criterion 1: Comprehensive Community Based Mental Health Service System**

**National Outcome Measure (NOM): Increase in Employment**

**Goal 1:** To provide vocational services to persons with serious mental illnesses (SMI) and receiving behavioral health services from ADHS/DBHS.

**Target 1:** To increase the percentage of adults with SMI who are employed-with or without supported employment by 1% each year.

**Population:** Adults with a Serious Mental Illness (SMI)

**Brief Name:** Vocational Services for Adults with SMI

**Indicator:** Percentage of adults with SMI who are employed

**Measure:** Numerator: # of adults with SMI who are employed during the fiscal year.  
Denominator: # of adults with SMI who receive services from ADHS/DBHS during the fiscal year.

**Source of Information:** Client Information System (CIS)

**Significance:** Ensuring access to and appropriate vocational services for persons with SMI is a primary goal of the Mental Health Block Grant and Arizona's Exit Stipulation of the *Arnold v. Sarn* class action lawsuit.

**Performance Indicator Table - Arizona Plan**

<b>Core Measure: Increase in Employment</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	10%	15%	15.4%	17%	18%
<b>Numerator</b>	3,053	5,365	4,030	N/A	N/A
<b>Denominator</b>	29,257	36,594	26,218	N/A	N/A

**Criterion 1: Comprehensive Community Based Mental Health Service System**

**National Outcome Measure (NOM): Evidence-Based Practices**

**Goal 2:** Develop, train, and implement effective Evidence-Based Practices (EBPs) for treatment of adults with serious mental illness.

**Target 1:** To increase the number of Evidence-Based Practices implemented in the state for adults with serious mental illness.

**Population:** Adults with SMI.

**Brief Name:** Adoption of Evidence-Based Practices

**Indicator:** Evidence-Based Practices

**Measure:** Number of Evidence-Based Practices Implemented (identified on page 50)

**Source of Information:** RBHA Reports on Implemented EBPs

**Significance:** Implementation of evidence-based practices is a priority of the Center for Mental Health Services and the President’s New Freedom Commission Report on Mental Health. To guide the effective and efficient implementation of EBPs, ADHS/DBHS will develop and monitor the use of Practice Improvement Protocols (PIPs). This together with clinical guidelines, staff training, and use of fidelity instruments will ensure that expected outcomes are achieved.

**Performance Indicator Table –Arizona Plan**

<b>Core Measure: Evidence-Based Practices</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	7	7	9	11	12
<b>Numerator</b>	N/A	N/A	N/A	N/A	N/A
<b>Denominator</b>	N/A	N/A	N/A	N/A	N/A

**Criterion 1: Comprehensive Community Based Mental Health Service System**

**National Outcome Measure (NOM): Client Perception of Care**

**Goal 3:** Administer Bi-annual Statewide Consumer Survey to measure adult client's perception of care.

**Target 1:** To increase the percentage of adult SMI survey respondents with positive perception about outcome.

**Population:** Adults with SMI who are receiving community based services

**Brief Name:** Statewide Consumer Survey

**Indicator:** Perception of Care

**Measure:** Percentage of adult SMI clients reporting positively about outcomes

**Source of**

**Information:** Statewide MHSIP Adult Survey

**Significance:** The administration of consumer surveys is an important way to solicit feedback from enrolled persons regarding the performance of the public behavioral health system.

**Performance Indicator Table – Arizona Plan**

<b>Core Measure: Client Perception of Care</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	65%	N/A	79%	N/A	82%
<b>Numerator</b>	N/A	N/A	N/A	N/A	N/A
<b>Denominator</b>	N/A	N/A	N/A	N/A	N/A

**Criterion 1: Comprehensive, Community Based Mental Health Service System**

**National Outcome Measure (NOM): Reduced Utilization of Psychiatric Inpatient Beds**

**Goal 4:** Maintain at the least possible rate the re-admission of adults with serious mental illness to the Arizona State Hospital

**Target 1:** Maintain the 2003 rate of re-admission within 30 days to the Arizona State Hospital over the three-year grant cycle.

**Population:** Adults with Serious Mental Illness

**Brief Name:** 30-Day Re-Admission Rate

**Indicator:** Percentage of adults with SMI re-admitted to the State Hospital within 30 days.

**Measure:** FY 2005: 2%                      FY 2006: 2%                      FY 2007: 2%

**Source of**

**Information:** Client Information System; Data Infrastructure Grant Tables

**Significance:** Arizona’s community-based system of care had placed individuals in the least restrictive environment within the community. However, individuals requiring long-term inpatient care are admitted to the State Hospital. Individuals discharged from the State Hospital have transitional plans that allow immediate linkage to community services within 7 days of discharge.

**Performance Indicator Table – Arizona Plan**

<b>Core Measure: Reduced Utilization of Psychiatric Inpatient Beds</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	2%	1%	1%	1%	1%
<b>Numerator</b>	2	1	1	N/A	N/A
<b>Denominator</b>	83	78	120	N/A	N/A

**Criterion 1: Comprehensive, Community Based Mental Health Service System**

**National Outcome Measure (NOM): Reduced Utilization of Psychiatric Inpatient Beds**

**Goal 5:** Reduce the 180-day re-admission rate to the Arizona State Hospital for adults with a serious mental illness.

**Target 1:** Reduce the 2003 rate of re-admission rate within 180 days to the Arizona State Hospital by 1% each year over the three-year grant cycle.

**Population:** Adults with Serious Mental Illness

**Brief Name:** 180-Day Re-Admission Rate

**Indicator:** Percentage of adults with SMI re-admitted to the State Hospital within 180 days.

**Measure:** FY 2005: 3%            FY 2006: 2%            FY 2007: 2%

**Source of**

**Information:** Client Information System; Data Infrastructure Grant Tables

**Significance:** Arizona's community-based system of care had placed individuals in the least restrictive environment within the community. However, individuals requiring long-term inpatient care are admitted to the State Hospital. Individuals discharged from the State Hospital have transitional plans that allow immediate linkage to community services within 7 days of discharge.

**Performance Indicator Table – Arizona Plan**

<b>Core Measure: Reduced Utilization of Psychiatric Inpatient Beds</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	13%	9%	3%	2%	2%
<b>Numerator</b>	11	7	4	N/A	N/A
<b>Denominator</b>	83	78	120	N/A	N/A

**Criterion 2: Mental Health System Data Epidemiology**

- The Plan provides an estimate of the incidence and prevalence in the State of serious mental illness among adults.
- The Plan has quantitative targets to be achieved in the implementation of the system of care.

**Narrative**

**State Definition of Adults with SMI**

Arizona’s definition for Adults with a Serious Mental Illness is as follows:

Persons with a serious mental illness are defined as those adult persons whose emotional or behavioral functioning is so impaired as to interfere with their capacity to remain in the community without supportive treatment. The mental impairment is severe and persistent and may result in a limitation of their functional capacities for primary activities of daily living, interpersonal relationships, homemaking, self-care, employment, or recreation. The mental impairment may limit their ability to seek or receive local, state or federal assistance such as housing, medical and dental care, rehabilitation services, income assistance and food stamps, or protective services. Although persons with primary diagnoses of mental retardation, head injuries or Alzheimer’s Disease have similar problems or limitations, they are not to be included in this definition.

Although the State definition of SMI falls within the criteria set forth in the federal definition, it differs from the federal definition because a number of diagnoses federally classified as SMI are served in Arizona’s Long Term Care System (ALTCS), rather than through ADHS/DBHS, and the State has a much stricter operational definition of functional impairment. The state definition of SMI is more consistent with the definition of Serious, Persistent Mental Illness (SPMI).

ADHS/DBHS developed the State’s prevalence rates for SMI during FY 2000 and penetration rates benchmarked through Arizona’s participation in the MHSIP 16 State Indicator Pilot Grant, particularly with the four recipients in the Western Region of the United States.

Arizona uses the federal prevalence estimate for Serious, Persistent Mental Illness (SPMI) of 2.6% to establish the state’s prevalence rate for SMI.

**Prevalence and Penetration Rates for FY 2005**

Arizona Population of Adults over the Age of 18	SMI Prevalence Rate of 2.6% applied to the general population of Arizona	Number of SMI Served in FY 2005	Penetration Rate
4,136,049	107,537	26,218	24.4%

26,218 adults with a serious mental illness were provided services in FY 2005. Based on this figure, the projected number of adults with serious mental illness to be served in FY 2006 is 26,742, based on a projected state population growth of 2% and a penetration rate of 25%.

The following table is the number of adults with SMI served in the RBHA system for FY 2005. The table provides a breakdown by geographic area, race and ethnicity.

**Number of Adults with SMI Served in FY 2005**

<b>RACE</b>	<b>WHITE</b>	<b>AFRICAN AMERICAN</b>	<b>AMERICAN INDIAN</b>	<b>ASIAN</b>	<b>PACIFIC ISLANDER</b>	<b>MULTI-RACIAL</b>
<b>RBHA</b>						
<b>Excel Group</b>	726	129	42	2	2	16
<b>ValueOptions</b>	13,085	1,805	146	364	8	5
<b>NARBHA</b>	2,990	30	88	11	2	34
<b>PGBHA</b>	587	27	12	3	2	26
<b>CPSAGSA 5</b>	4,772	303	71	56	7	17
<b>CPSAGSA 3</b>	778	17	10	2	3	1
<b>Gila River</b>	0	0	32	0	0	0
<b>Pascua Yaqui</b>	1	0	18	0	0	3
<b>Navajo Nation</b>	0	0	37	0	46	0
<b>TOTAL:</b>	<b>22,939</b>	<b>2,311</b>	<b>456</b>	<b>438</b>	<b>70</b>	<b>102</b>
<b>ETHNICITY</b>						
<b>RBHA</b>	<b>HISPANIC</b>					
<b>Excel Group</b>	262					
<b>ValueOptions</b>	517					
<b>NARBHA</b>	184					
<b>PGBHA</b>	108					
<b>CPSA -5</b>	686					
<b>CPSA -3</b>	196					
<b>Gila River</b>	1					
<b>Pascua Yaqui</b>	0					
<b>Navajo Nation</b>	0					
<b>TOTAL:</b>	<b>1,954</b>					

**The following modifications were made in this Criterion:**

**Goal 1, Target 1:** The target was modified to 1%, from an original estimate of 2% from the FY 2005-2007 Plan to reflect a more accurate count. The percentages for FY 2006 and FY 2007 were also modified to reflect the change.

**Criterion 2: Mental Health System Data Epidemiology**

**National Outcome Measure (NOM): Increased Access to Services**

**Goal 1:** To increase access to behavioral health services for persons diagnosed with serious mental illness.

**Target 1:** Increase the percentage of adults with SMI enrolled in the system by 1% each year.

**Population:** Adults with a Serious Mental Illness (SMI)

**Brief Name:** Access to Services

**Indicator:** Increased Access to Services

**Measure:** Enrolled adults with SMI in the behavioral health system  
Numerator: # of adults with SMI who received behavioral health care services during the fiscal year.  
Denominator: estimated total # of adults with SMI in the state general population.

**Source of Information:** Client Information System (CIS)

**Significance:** Ensuring access to and appropriate behavioral health services for persons with SMI is a primary goal of the Mental Health Services Block Grant, and is essential to providing comprehensive care.

**Performance Indicator Table – Arizona Plan**

<b>Core Measure: Increased access to services</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	24%	25%	24.4%	25%	26%
<b>Numerator</b>	25,404	26,165	26,218	N/A	N/A
<b>Denominator</b>	104,014	105,018	107,537	N/A	N/A

#### **Criterion 4: Targeted Services to Rural and Homeless Populations**

- Describes the State's outreach to and services for individuals who are homeless;
- Describes how community-based services will be provided to individuals in rural areas.

#### **Narrative**

Adults with SMI constitute a significant portion of the homeless population in Arizona. This population's history includes a repeated high incidence of homelessness and the highest degree of vulnerability of any homeless population group. Serious mental illness is in many cases a lifelong medical condition where many members of this group are unable to maintain employment to achieve self-sufficiency, and are in need of permanent supportive housing.

Adults with SMI are the most impoverished in the nation and the lack of decent, safe, affordable housing is one of the greatest barriers they face. Most adults with SMI live on federal Supplemental Security Income (SSI), a monthly federal benefit based on eligibility. A national study found that people with SSI benefits would need to pay (on average) 98% of their income to rent a modest one-bedroom unit at a fair market rate (O'Hara and Miller, 2000).

As a result, periodic or chronic homelessness is a fact of life for many people with SMI. Although they comprise about 1% of the U.S. population, people with SMI constitute nearly 25% of the single adult homeless population (Federal Task Force on Homelessness and Severe Mental Illness, 1992).

Residential stability in independent living situations is a key factor in reducing and/or eliminating homelessness for this population and in achieving long-term control over their mental illness. The Arizona Department of Housing (ADOH) was created in FY 2003. Previous to this, the Department of Commerce was responsible for housing. ADOH has staff dedicated to developing affordable housing programs for people with disabilities, and ADHS/DBHS participates in the statewide planning process for affordable housing.

**Outreach and Services for the Homeless Adult SMI Population:** ADHS/DBHS manages the Project for Assistance in Transition from Homelessness (PATH) grant, which is a federal grant from the Center for Mental Health Services. The grant is provided for the purpose of providing outreach services to persons with serious mental illness who are homeless and not enrolled in the RBHA system. ADHS/DBHS utilizes the PATH Formula Grant Funds to provide an array of services to persons who are homeless and have a serious mental illness, including those with co-occurring substance problems. The homeless outreach team provides services for individuals or families who are:

- Homeless or at imminent risk of becoming homeless
- Are suffering from serious mental illness; or
- Suffering from serious mental illness and have a substance abuse disorder.

The homeless team maintains contact with clients throughout the three counties: Maricopa, Pima and Mohave. The services provided by the PATH homeless outreach program are:

- Outreach activities and community education

- Field assessments and evaluations
- Intake assistance/emergent and non-emergent triages
- Transportation assistance
- Assistance in meeting basic skills
- Medication and assistance in filling prescriptions
- Move-in assistance
- Housing referrals, transitional and permanent placements
- Additional services, including outreach activities, hotel vouchers, food, clothing, and housing referrals for both transition and permanent placements.

Three RBHAs serving the areas of the State with the largest numbers of homeless individuals receive PATH funds. These are ValueOptions, CPSA and NARBHA.

In FY 2004, ADHS/DBHS developed a strategic plan for housing in Maricopa County for individuals with SMI. The plan includes a review of national and Arizona factors that have influenced the development of housing as a supportive service, and identifies current sources and types of housing available in Maricopa County, which have doubled in the past decade, through a combination of Housing and Urban Development (HUD) and State funded resources. The Plan also describes in detail a variety of initiatives that will be used to expand both federal and State funded housing. ADHS/DBHS is working in partnership with the Maricopa Association of Governments (MAG), the State Planning to Address Homelessness (SPAH) workgroup, Arizona Coalition to End Homelessness (ACEH) and ValueOptions, the Maricopa County RBHA. ADHS/DBHS provided \$2.8 million in funding in FY 2005.

The Arizona Department of Housing (ADOH) received notice in January 2005 that it was awarded the Continuum of Care grant from the 2004 HUD SuperNOFA. ADOH requested funding for 19 projects, including rural counties of Arizona. Eighteen of the projects sponsored by ADOH consisted of renewals, and more specifically, 9 of these projects are permanent supported housing for persons with SMI or co-occurring substance abuse disorders in rural Arizona.

Services were provided to 5,256 homeless individuals with SMI in FY 2005. It is estimated that 5,361 homeless adults with serious mental illness will be served in FY 2006.

**Rural Adult SMI Population:** As identified earlier in the State Plan, Arizona is divided into regional geographic service areas. Currently there are six areas based on the State's fifteen (15) county populations. Of the four RBHAs, ValueOptions and CPSA GSA 5 are located in the urban counties of Maricopa and Pima. Although there are rural communities located in these counties, the majority of the county populations reside in the cities of Phoenix and Tucson. The remaining RBHAs serve the rural counties. These RBHAs are: NARBHA, CPSA GSA 3, and Cenpatico. The rural RBHAs provide a full continuum of services to eligible populations.

**The following modifications were made in this Criterion:**

**Goal 1, Target 1:** This goal was modified to more accurately reflect the numbers of homeless adults with SMI served. ADHS/DBHS has been engaged in efforts to enhance the integrity of

the data information system. This has resulted in more reliable information being sent from the T/RBHAs to ADHS/DBHS. The number of homeless adults with SMI receiving services was increased for FY 2006 and FY 2007 based on FY 2005 actual numbers.

**Criterion 4: Targeted Services to Rural and Homeless Populations**

**National Outcome Measure (NOM): Increased Access to Services**

**Goal 1:** To provide behavioral health services to homeless individuals with a serious mental illness.

**Target 1:** Measure the number of homeless adults with SMI receiving behavioral health services and increase enrollment by 2% each year.

**Population:** Homeless Adults with SMI.

**Brief Name:** Increased Services to Homeless Adults with SMI

**Indicator:** Adults with SMI who are/were homeless and enrolled in the behavioral health system.

**Measure:** Number of adults with SMI who are homeless at time of enrollment.

**Source of Information:** Client Information System (CIS)

**Significance:** Ensuring access to and appropriate services for persons with serious mental illness who are homeless is a primary goal of the CMHS Mental Health Services Block Grant and the State of Arizona’s Exit Stipulation of the *Arnold v Sarn* Class Action Suit.

**Performance Indicator Table – Arizona Plan**

<b>Core Measure: Increased Access to Services</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator:</b>	N/A	1,342	5,256	5,361	5,468
<b>Numerator</b>	N/A	N/A	N/A	N/A	N/A
<b>Denominator</b>	N/A	N/A	N/A	N/A	N/A

**Criterion 4: Targeted Services to Rural and Homeless Populations**

**National Outcome Measure (NOM): Increase in Family Stabilization and Living Conditions**

**Goal 2:** Continue to expand State funded housing programs.

**Target 1:** Increase state funded housing units in Maricopa County by 60 units each year.

**Population:** Adults with SMI.

**Brief Name:** Expansion of State-funded Housing.

**Indicator:** Number of housing units

**Measure:** Number of units per fiscal year.

**Source of Information:** ADHS/DBHS Strategic Plan for Housing For Maricopa County for Individuals with a Serious Mental Illness.

**Significance:** Decent, safe and affordable housing is one of the most basic supports necessary for recovery and is a component of the full array of services and supports available to persons with SMI.

**Performance Indicator Table – Arizona Plan**

<b>Core Measure: Increase in Family Stabilization and Living Conditions</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	731	906	988	1,026	1,086
<b>Numerator</b>	N/A	N/A	N/A	N/A	N/A
<b>Denominator</b>	N/A	N/A	N/A	N.A	N/A

## **Criterion 5: Management Systems**

- Describes financial resources, staffing and training for mental health services providers necessary for the plan;
- Provides for training of providers of emergency health services regarding mental health; and
- Describes the manner in which the State intends to expend the grant under Section 1911 for the fiscal years involved.

### **Narrative**

**Financial Resources:** The current fiscal basis for funding Arizona's system of services includes, but is not limited to, monies appropriated each year by the Arizona Legislature, as well as Title XIX/XXI dollars for behavioral health services to eligible populations. Title XIX/XXI funding for covered services to eligible clients is passed through the State Medicaid agency, AHCCCS, to ADHS/DBHS in a capitated system. The State also receives federal substance abuse and mental health block grants.

In 1992, Arizona transitioned to a managed care behavioral health system from a fee-for-service model. Managed care refers not only to the oversight of the clinical treatment of the individual, but also the management of costs. Quality of care occurs when the individual is provided the most appropriate services, and the delivery of care is evaluated to ensure it is adequate and appropriate.

Over the past several years ADHS/DBHS implemented four large initiatives that provided increased funding and increased flexibility for the delivery of services to all populations. These initiatives were: Proposition 204 (increasing Title XIX eligibility to 100% of the FPL); Senate Bill 1280 (Joint Substance Abuse Treatment Fund); House Bill 2003 (infusion of one time funding for children and adults); and the Covered Services Project. These helped to increase funding through higher eligibility levels, additional state-appropriated funding and redesign of the types of services that can be provided.

**Staffing and Training for Mental Health Services Providers:** ADHS/DBHS employs over 145 clinical, professional and support staff to ensure the publicly funded behavioral health system operates according to State and Federal laws, rules and regulations. Training is provided regularly to staff to enhance their skills and knowledge. Training was conducted on such topics as ADHS/DBHS policies; corporate compliance; notice and complaint process; HIPAA; contract compliance; tribal cultural awareness, and data validation. The Division is divided into Bureaus, each with a specific function. These are: Clinical Services, Compliance, Consumer Rights, Quality Management & Evaluation, Financial Operations, and Information Technology Services.

ADHS/DBHS provides technical assistance and consultation to the Tribal and Regional Behavioral Health Authorities (T/RBHAs) on a periodic and regular basis. The RBHAs are ValueOptions, Community Partnership of Southern Arizona (CPSA), Northern Arizona Regional Behavioral Health Authority (NARBHA), and Cenpatico. The TRBHAs are the Gila River Indian Community and the Pascua Yaqui Tribe. The Navajo Nation was previously a TRBHA

but now is a case management provider. The State also provides technical assistance on a regular basis with other Native American tribes in the State.

Training was provided to RBHAs and providers in FY 2005 across the State on a variety of topics. These included:

- Group Crisis Intervention Training
- Clinical Guidance Documents (Technical Assistance Documents and Practice Improvement Protocols, such as Co-Occurring Psychiatric and Substance Disorders)
- Peer Support Development

**Training of Emergency Health Services Providers Regarding Mental Health:** ADHS/DBHS provides regular and periodic training through the RBHA system to local police, fire, and other emergency medical personnel to work with individuals with mental illnesses. Crisis intervention training, using the Memphis model, was provided to police officers in Phoenix, Mesa (Maricopa County) and Tucson (Pima County) in FY 2005. This training is conducted on a regular basis.

**Training and Sponsored Conferences:** ADHS/DBHS continues to sponsor conferences on a variety of behavioral health care issues.

- The 17<sup>th</sup> Annual Mental Health Association of Arizona Seeds of Success Symposium was held in October 26 – 27, 2004 in Tucson, Arizona. The theme was “Improving Mental Health in a Diverse State”. The 18<sup>th</sup> Annual Symposium will be held November 1-2, 2005, in Phoenix, and this year’s theme is “Recovery & Resiliency: Challenges, Opportunities and Best Practices”.
- The Behavioral Health Higher Education Partnership Conference was held April 14, 2005 in Phoenix. The purpose of the conference was to bring the various colleges and universities together to collaboratively build a workforce that meets the needs of individuals, families and communities. Strategies include recruiting and preparing a workforce that represents the composition of local communities, promote the integration of Arizona Practice Models into higher education curricula, and to market human service programs.
- The 9<sup>th</sup> Annual Statewide Family Centered Practice Conference was held June 16-17, 2005 in Phoenix. This year’s theme was “Safe, Stable & Secure: Our Vision for Strengthening Arizona’s Families”.
- The Sixth Annual Summer Institute was held July 26-29, 2005 in Sedona, Arizona. The theme was “Life in the Community: Preventing and Treating Substance Use Through Evidence-Based Practices”.
- “Stigma Initiative Workshop” was held August 4 – 5, 2005, in Sedona, Arizona. The workshop’s goal was to allow participants to deepen their understanding and awareness of how stigma affects everyone in the mental health community and how to combat stigma on both a personal and group level.
- “Effectively Responding to Methamphetamine Abuse in Tribal Communities: A Frontline Perspective” was held August 11, 2005, in Window Rock, Arizona. The workshop identified effective interventions for methamphetamine abuse and was targeted to individuals in tribal communities who confront methamphetamine in their day-to-day work.

- The 37<sup>th</sup> Annual Southwestern School for Behavioral Health Studies conference was held August 22-25, 2005 in Tucson, Arizona. This year's theme was "Uniting Towards Excellence: Meeting the Challenge of Change".
- "Alternatives 2005, Leading the Transformation to Recovery" Conference will be held October 26 – 30, 2005, in Phoenix, Arizona. This year's event will provide a forum for mental health consumers and survivors from across the nation to meet, exchange information and ideas, and provide/receive technical assistance. Topics include peer support, consumer operated services, self-help, empowerment and recovery.

**State Budget for FY 2006 and 2007:**

The budget for State Fiscal Year 2006 and 2007, as well as the distribution of funds by RBHA for the adult SMI population for FY 2005 follows on pages 67-68.

**Arizona Department of Health Services  
Division of Behavioral Health Services  
Two Year Budget  
FY 2006-2007**

<b>Program</b>	<b>Federal Funds</b>	<b>State Funds</b>	<b>Title XIX</b>	<b>Title XXI</b>	<b>Other Funds</b>	<b>Total</b>
<b>Arizona State Hospital</b>		\$47,508,000			\$11,164,600	\$58,672,600
<b>Adult SMI, Non-Title XIX/XXI</b>	\$1,759,400	\$90,321,500			\$30,936,400	\$123,017,300
<b>Adult SMI, Title XIX</b>		\$112,471,422	\$229,361,076			\$341,832,498
<b>Adult SMI, Title XXI</b>				\$4,245,240		\$4,245,240
<b>Adult: Non-Title XIX/XXI SMI, General Mental Health</b>		\$1,403,300			\$4,931,600	\$6,334,900
<b>Adult: Non-SMI, General Mental Health, Title XIX</b>		\$52,499,502	\$107,060,934			\$159,560,436
<b>Adult: Non- SMI, General Mental Health, Title XXI</b>				\$1,823,760		\$1,823,760
<b>Children, Non- Title XIX/XXI</b>	\$9,908,700	\$6,444,600			\$1,500,000	\$17,853,300
<b>Children, Title XIX</b>		\$90,304,876	\$184,135,806			\$274,440,682
<b>Children, Title XXI</b>				\$9,363,600		\$9,363,600
<b>Administrative/Programmatic</b>	\$630,029	\$6,445,882	\$8,455,900	\$486,100	\$376,100	\$16,394,011
<b>TOTAL:</b>	<b>\$12,298,129</b>	<b>\$407,399,082</b>	<b>\$529,013,716</b>	<b>\$15,918,700</b>	<b>\$48,908,700</b>	<b>\$1,013,538,327</b>

Notes:

- (1) Title XIX non-SMI capitation funding combines Substance Abuse and General Mental Health Services. The amounts listed are the appropriated amounts per Chapter 286 of the 47<sup>th</sup> Legislature, 1st Regular Session (SB 1513).
- (2) Title XIX and XXI funding is capitated. The amounts shown include expansion populations. RBHA specific budgets are dependent upon per member per month values.

**FISCAL YEAR 2005 RBHA ALLOCATION, BLOCK GRANT FUNDS  
SMI ADULT POPULATION**

<b>RBHA</b>	<b>PERCENTAGE OF STATE POPULATION</b>	<b>TOTAL FUNDING</b>
<b>CPSA- GSA 5</b>	<b>17.16%</b>	<b>\$114,542</b>
<b>CPSA- GSA 3</b>	<b>3.83%</b>	<b>\$59,084</b>
<b>THE EXCEL GROUP</b>	<b>3.36%</b>	<b>\$18,917</b>
<b>VALUEOPTIONS</b>	<b>60.69%</b>	<b>\$617,395</b>
<b>NARBHA</b>	<b>10.24%</b>	<b>\$81,814</b>
<b>PGBHA</b>	<b>4.55%</b>	<b>\$49,985</b>
<b>TOTAL:</b>	<b>100%</b>	<b>\$940,736</b>

# **CHILDREN'S PLAN**

## Children's Plan

### **Criterion 1: Comprehensive Community Based Mental Health Service System**

- Provides for the establishment and implementation of an organized community-based system of care for individuals with mental illness.
- Describes available services and resources in a comprehensive system of care, including services for individuals with both mental illness and substance abuse. The description of the services to be provided with Federal, State, and other public and private resources to enable such individuals to function outside of inpatient or residential institutions to the maximum extent of their capabilities shall include:
  - ✓ Health, mental health, and rehabilitation services;
  - ✓ Employment services;
  - ✓ Housing services;
  - ✓ Educational services;
  - ✓ Substance abuse services;
  - ✓ Medical and dental services;
  - ✓ Support services;
  - ✓ Services provided by local school systems under the Individuals with Disabilities Education Act;
  - ✓ Case management services;
  - ✓ Services for persons with co-occurring (substance abuse/mental health) disorders; and
  - ✓ Other activities leading to reduction of hospitalization.

### **Narrative**

**Structure:** The organizational structure for Arizona's system of care is divided into six geographical regions (GSAs), designed to promote a service system that is responsible to and reflective of the unique needs of a specific area of the state and its population. The direct local administration of the system is accomplished by nonprofit and for profit organizations known as Regional Behavioral Health Authorities (RBHAs). The RBHAs are awarded contracts based on responses to a Request for Proposal (RFP) by the State, and are three years in duration, with an option to extend to five years. In addition, three Arizona Indian Tribes contract with the State for behavioral health services: Pascua Yaqui Tribe, Gila River Indian Community and the Navajo Nation.

**Health, Mental Health and Rehabilitation Services:** ADHS/DBHS contracts with the T/RBHAs for a comprehensive array of covered substance abuse and mental health services for persons enrolled in the Title XIX program and for non-Title XIX eligible persons based on available funding. These are categorized into nine service domains:

#### **1. Treatment services**

- Counseling
- Consultations, Assessment and Specialized Testing

## **2. Rehabilitation Service**

- Skills Training and Development
- Psychosocial Rehabilitation Living Skills Training
- Cognitive Rehabilitation
- Health Promotion
- Psycho-educational Services (Pre-Job Training and Development)
- Supported Employment

## **3. Medical Services**

- Medication Services
- Laboratory, Radiology and Medical Imaging
- Medical Management

## **4. Support Services**

- Case Management
- Personal Assistance
- Family Support
- Peer Support
- Therapeutic Foster Care
- Respite Care
- Housing Support
- Interpreter
- Flex Fund Services
- Transportation

## **5. Crisis Intervention Services**

- Mobile Teams
- Telephone
- Crisis Services

## **6. Inpatient Services**

- Hospital
- Sub-acute Care
- Residential Treatment Centers

## **7. Residential Services**

- Level II Behavioral Health Residential Care
- Level III Behavioral Health Residential Care
- Level IV-Rural Substance Abuse Transitional Centers
- Room and Board

## **8. Behavioral Health Day Programs**

- Supervised Day Programs
- Therapeutic Day Programs
- Medical Day Programs

## **9. Prevention Services**

- Early Intervention
- Training
- Public Information
- Parent/Family Education

- Community Mobilization
- Life Skills Development
- Mentorship
- Peer Leadership
- HIV Client Assistance Services

**Rehabilitation and Employment Services:** Rehabilitation services include the provision of education, coaching, training, demonstration and other services including securing and maintaining employment to remediate residual prevent anticipated functional deficits.

**Educational Services:** ADHS/DBHS and the Arizona Department of Education (ADE) have entered into an Interagency Service Agreement (ISA) to ensure interagency collaboration on behalf of the child and to carry out each agency’s mutual duties and responsibilities under state and federal law, rule and regulation. In order to assist children in achieving success in school, ADHS/DBHS and ADE encourage the RBHAs and LEAs to: 1) work collaboratively to develop a joint assessment and behavioral health service plan for each identified child; 2) provide behavioral health services in the child’s home and community in the most integrated setting appropriate to the child’s needs; 3) provide support and training for parents in meeting a child’s behavioral health needs; and 4) provide support and training for children in self-management. When a child is referred to a special education program that includes a possibility of residential placement, the LEA invites an ADHS/DBHS representative to be a member of the child’s Individual Education Plan (IEP) team.

**Substance Abuse Services:** To ensure the development of substance+ abuse services, ADHS/DBHS requires the RBHAs to develop an action plan for their geographic service area that includes a needs and resource assessment.

ADHS/DBHS, in collaboration with other child serving state agencies, the RBHAs, behavioral health providers and family members, created a workgroup to develop a framework for substance abuse services. This included the development of guidelines and recommendations for assessment and treatment planning for children with multiple issues. The result was the development of a Practice Improvement Protocol (PIP) in FY 2004 regarding substance abuse treatment in children. PIPs are developed to assist behavioral health providers in Arizona’s public behavioral health system.

The Arizona Legislature passed Arizona Senate Bill 1280, known as the Joint Substance Abuse Treatment Fund in FY 2001. The legislation established a special fund that is jointly administered by the Department of Economic Security (DES) and ADHS/DBHS. The Temporary Assistance to Needy Families (TANF) Block Grant also supports this program, which is targeted to child welfare and TANF recipients. The program provides for the development, oversight and evaluation of treatment programs for these populations. ADHS/DBHS, in partnership with DES, provides prompt and easy access to families with children who need substance abuse services through a program called “Arizona Families F.I.R.S.T” (Families In Recovery Succeeding Together). DES identifies the adult clients from TANF and Child Protective Services and ADHS/DBHS (through the RBHAs) provide the services.

**Medical and Dental Services:** The State of Arizona provides indigent and categorically eligible dental and primary health care for children through the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency. AHCCCS has several types of children's programs. Some of these programs are funded with federal dollars and others with state and county dollars. All AHCCCS programs for children include Early, Periodic Screening, Diagnosis and Treatment (EPSDT) services that provide comprehensive health care through primary prevention, early intervention, diagnosis and medically necessary treatment for eligible AHCCCS members under 21 years of age. In addition to making referrals to dentists, primary care physicians are encouraged to stress the importance of dental health and treatment and to remind the child's caregiver of the importance of dental health and treatment and the importance of an annual dental checkup for the child.

**Support Services:** Support services are provided to facilitate the delivery of or enhance the benefits received from other behavioral health services. Support services are grouped into the following categories: Case management; personal care services; home care training; family services (family support); self-help/peer services (peer support); therapeutic foster care services; unskilled respite care; supported housing; sign language or oral interpretive services; non-medically necessary covered services (flex fund services), and transportation.

**Services to be provided by local school systems under the Individuals with Disabilities Act:**

The local school district, also called the local education authority (LEA), is responsible for any educational service under an Individual Education Plan (IEP). The LEA uses a variety of assessment tools and strategies to gather relevant information about the child. Based on the evaluation results, the IEP team, which includes the family, decides which services the child needs in order to benefit from a free and appropriate public education. This may include developmental, corrective, or supportive services as required in assisting a child with a disability to benefit from special education. The IEP team then determines the least restrictive environment in which services can be provided to meet the educational needs of the child. If the IEP team determines that the child cannot be educated in the community either within the LEA or a contracted private school, then a residential special education placement is necessary.

**Case Management Services:** Case management is a supportive service provided to enhance treatment goals and effectiveness. Activities may include: assistance in maintaining, monitoring and modifying covered services; face-to-face interactions for the purpose of maintaining or enhancing a person's functioning; coordination of care activities related to continuity of care between levels of care; outreach and follow-up of crisis contacts and missed appointments; and participation in staffings, case conferences or other meetings.

**Services for Persons with Co-Occurring Disorders:** ADHS/DBHS continues to lead the effort to integrate the substance abuse and the mental health fields to treat individuals with co-occurring disorders effectively. A Practice Improvement Protocol (PIP) for co-occurring psychiatric and substance abuse disorders was developed in 2002. The PIP was developed based on evidence and consensus based best practice models for treating co-occurring disorders. PIPs outline philosophical approaches and standards that promote specific practices and the efficient and effective delivery of behavioral health services.

**Activities leading to the reduction of hospitalization of SED children:** Children with SED are provided behavioral health services in their home and community to the extent possible. These services include support and training for parents in meeting their child's behavioral health needs, as well as support and training for the child and parents in self-management. A child's behavioral health service needs are continuously evaluated and modified. A child's behavioral health plan should address and anticipate crises, and include specific strategies and services that will be employed. When 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 police and the juvenile justice system. The ADHS/DBHS contracted RBHA provides crisis response with 24 hour clinical accessibility.

In addition, the "Sourcebook for Families Coping with Mental Illness" was developed to assist individuals in navigating the publicly funded behavioral health system, asking the right questions, and seeking support. It is written to be user-friendly in providing information about mental illness, treatments and services.

**Other support services from public and private resources provided to assist individuals to function outside of inpatient institutions:** ADHS/DBHS is an active partner with AHCCCS to develop more services for the general populations. In FY 2001, AHCCCS made it possible for primary care physicians to prescribe psychotropic medications to people who have uncomplicated behavioral health disorders. A process has been developed between the RBHAs and the AHCCCS contracted Health Plans to address appropriateness and coordination of care between the two systems when people are prescribed psychotropic medications through a primary care physician.

ADHS/DBHS has worked closely in recent years with the Arizona Department of Economic Security's Administration for Children, Youth & Families (DES/ACYF) to improve the performance of the public behavioral health system as a full and active partner with the child welfare system. Local action plans were developed and implemented throughout the state to develop foster care placement preservation, personnel co-location, service development prioritization and cross-system training protocols. ADHS/DBHS and DES/ACYF have accelerated efforts to maximize federal funding opportunities to address treatment and support needs within the child welfare population. In FY 2004 ADHS/DBHS and the RBHAs initiated a universal, urgent (within 24 hours) behavioral health response for every child being removed from family into protective foster care, as initiated by the CPS investigator. ADHS/DBHS, DES/ACYF and AHCCCS jointly developed a training curriculum to support seamless service for children leaving foster care through the Adoption Subsidy program.

ADHS/DBHS and the other child serving state agencies have also been working together to look at out-of-state residential treatment center placements and how to transition these children back into their communities. ADHS/DBHS developed a policy requiring notification of all placements to ensure that all efforts have been made to keep children in Arizona. Over the past year the number of children placed out of state was significantly reduced..

In addition, ADHS/DBHS is actively involved with the community efforts to implement Healthy People 2010 with the general public. ADHS/DBHS also provides staffing and assistance to several coalitions and community groups that work to improve behavioral health services to the public.

**Evidence-Based Practices (EBPs):** The following EBPs have been implemented in Arizona during FY 2005:

- Therapeutic Foster Care
- Multi-Systemic Treatment
- Functional Family Therapy
- Cognitive Behavioral Therapy
- Solution-Focused Brief Therapy
- Wraparound (Child and Family Teams).

The use of EBPs in the children's system of care is identified in Goal 3 of this Criterion.

**Number of SED Children Served:** ADHS/DBHS is responsible for administering publicly funded mental health and substance abuse treatment services. Services are available to children and their families in need of treatment for a behavioral health disorder, including children with serious emotional disturbances.

20,453 children with SED were served in Arizona's public behavioral health system in FY 2005.

**The following modifications were made in this Criterion:**

**Goal 2, Target 1:** The original estimates for FY 2006 and FY 2007 targets were modified to reflect Arizona's rapid progress in reducing the number of children in out of state placements. The goal is modified to maintain the number of children in out of state placements to no more than 20 children.

**Goal 4, Target 1:** This goal was modified to reflect a more accurate percentage rate for children being re-admitted to the State Hospital within 30 days of their discharge. Due to the small population that is being targeted, ADHS/DBHS believes that maintaining the percentage, rather than its original goal to reduce the number throughout the three-year grant cycle is realistic.

**Goal 5, Target 1:** This goal was modified to reflect a more accurate percentage rate for children being re-admitted to the State Hospital within 180 days of their discharge. Due to the small population that is being targeted, ADHS/DBHS believes that maintaining the percentage, rather than its original goal to reduce the number throughout the three-year grant cycle is realistic.

**Criterion 1: Comprehensive Community Based Mental Health Service System**

**National Outcome Measure (NOM): Increased School Attendance**

**Goal 1:** To increase school attendance for children with SED.

**Target 1:** To increase by 2% each year the number of children with SED who attend school.

**Population:** Children with a Serious Emotional Disturbance (SED)

**Brief Name:** Increased School Attendance for Children with SED

**Indicator:** School Attendance of Children with SED.

**Measure:** Number of children with SED who attend school. Baseline was established in FY 2004.

**Source of**

**Information:** Client Information System (CIS)

**Significance:** Children attending school is one of several CMHS Core Measures that States must collect; school attendance is a component of Arizona's children's reform.

**Performance Indicator Data – Arizona Plan**

<b>Core Measure: Increase in Employment or Return to School</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	N/A	10,919	11,142	11,365	11,592
<b>Numerator</b>	N/A	N/A	N/A	N/A	N/A
<b>Denominator</b>	N/A	N/A	N/A	N/A	N/A

**Criterion 1: Comprehensive Community Based Mental Health Service System**

**National Outcome Measure (NOM): Increase in Family Stabilization and Living Conditions**

**Goal 2:** To provide family-centered and coordinated services to children with SED.

**Target 1:** To maintain the number of children with SED placed in out-of-state treatment facilities at 20 children each fiscal year.

**Population:** Children with SED.

**Brief Name:** Out-of-State Placements

**Indicator:** Children with SED in out-of-state treatment facilities

**Measure:** Number of children with SED in out-of-state placements

**Source of Information:** RBHA quarterly reports.

**Significance:** Ensuring family-centered coordinated care is the primary goal of Arizona's children's reform and the J.K. Settlement Agreement.

**Performance Indicator Data –Arizona Plan**

<b>Core Measure: Increase in Family Stabilization and Living Conditions</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	54	51	20	20	20
<b>Numerator</b>	N/A	N/A	N/A	N/A	N/A
<b>Denominator</b>	N/A	N/A	N/A	N/A	N/A

**Criterion 1: Comprehensive Community Based Mental Health Service System**

**National Outcome Measure (NOM): Evidence-Based Practices**

**Goal 3:** Develop, train, and implement Evidence-Based Practices (EBPs) for treatment of children with serious emotional disturbances.

**Target 1:** To increase the number of EBPs in the state for children with behavioral health needs.

**Population:** Children with SED.

**Brief Name:** Adoption of Evidence-Based Practices

**Indicator:** Evidence-Based Practices for Children with Behavioral Health Needs

**Measure:** Number of Children’s EBPs implemented (identified on page 75)

**Source of Information:** RBHA report on Implemented EBPs

**Significance:** Implementation of evidence-based practices is a priority of the Center for Mental Health Services and the President’s New Freedom Commission Report on Mental Health. To guide the effective and efficient implementation of EBPs, the use of Practice Improvement Protocols, together with clinical guidelines, staff training, and use of fidelity instruments will ensure that expected outcomes are achieved.

**Performance Indicator Table – Arizona Plan**

<b>Core Measure: Evidence-Based Practices</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	N/A	3	6	7	9
<b>Numerator</b>	N/A	N/A	N/A	N/A	N/A
<b>Denominator</b>	N/A	N/A	N/A	N/A	N/A

**Criterion 1: Comprehensive, Community Based Mental Health Service System**

**National Outcome Measure (NOM): Reduced Utilization of Psychiatric Inpatient Beds**

**Goal 4:** Establish a baseline rate of 30-day re-admission for children with serious emotional disturbances to the State Hospital.

**Target 1:** Establish FY 2005 baseline for 30-day re-admission and maintain the rate over the three-year grant cycle.

**Population:** Children with Serious Emotional Disturbances

**Brief Name:** 30-Day Re-Admission Rate

**Indicator:** Percentage of children with SED re-admitted to the State Hospital within 30 days.

**Measure:** FY 2005: Baseline    FY 2006: FY 2005 %            FY 2007: FY 2005 %

**Source of**

**Information:** Client Information System; Data Infrastructure Grant Tables

**Significance:** The reporting of children re-admitted to the State Hospital within 30 days and 180 days is a national outcome measure (NOM) and required by CMHS.

**Performance Indicator Table – Arizona Plan**

<b>Core Measure: Reduced Utilization of Psychiatric Inpatient Beds</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/ Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	N/A	N/A	2%	2%	2%
<b>Numerator</b>	N/A	N/A	1	N/A	N/A
<b>Denominator</b>	N/A	N/A	34	N/A	N/A

**Criterion 1: Comprehensive, Community Based Mental Health Service System**

**National Outcome Measure (NOM): Reduced Utilization of Psychiatric Inpatient Beds**

**Goal 5:** Establish a baseline rate of 180-day re-admission for children with serious emotional disturbances to the State Hospital.

**Target 1:** Establish FY 2005 baseline for 180-day re-admission and reduce by 1% each year over the three-year grant cycle.

**Population:** Children with Serious Emotional Disturbances

**Brief Name:** 180-Day Re-Admission Rate

**Indicator:** Percentage of children with SED re-admitted to the State Hospital within 180 days.

**Measure:** FY 2005: Baseline = 11%    FY 2006: 10%    FY 2007: 9%

**Source of**

**Information:** Client Information System; Data Infrastructure Grant Tables

**Significance:** The reporting of children re-admitted to the State Hospital within 30 days and 180 days is a national outcome measure (NOM) and required by CMHS.

**Performance Indicator Table – Arizona Plan**

<b>Core Measure: Reduced Utilization of Psychiatric Inpatient Beds</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	N/A	N/A	11%	10%	9%
<b>Numerator</b>	N/A	N/A	4	N/A	N/A
<b>Denominator</b>	N/A	N/A	34	N/A	N/A

**Criterion 2: Mental Health System Data Epidemiology**

- The Plan provides an estimate of the incidence and prevalence in the State of serious mental illness among adults.
- The Plan has quantitative targets to be achieved in the implementation of the system of care.

**Narrative**

**State Definition for Children with SED: The State of Arizona uses the following definition for Children with a Serious Emotional Disturbance (SED): Children with a Serious Emotional Disturbance are persons:**

From birth up to age 18 who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the latest version of the Diagnostic and Statistical Manual of the American Psychiatric Association, that qualifies as an SED diagnosis. This definition has been revised effective January 2004, to include functional impairment as a criterion.

Although the State definition of SED falls within the criteria set forth in the federal definition, it differs from the federal definition because a number of diagnoses federally classified as SED are served in Arizona’s Long Term Care System (ALTCs), rather than through ADHS/DBHS, and the State has a much stricter operational definition of functional impairment.

20,453 children with SED were served in the DBHS system in FY 2005. The projected number of children with SED to be served in FY 2006 is 20,853, based on 2% population growth and a penetration rate of 20.6%.

**Prevalence and Penetration Rates for FY 2004**

Arizona Population of Children under the age of 18	SED Prevalence Rate of 7% applied to the general population of Arizona	Number of Children with SED served in FY 2005	Penetration Rate
1,417,800	99,246	20,453	20.6%

\*The prevalence rate of SED in the general population is assessed at 7%, which is the lower boundary of a level of functioning = 50, following the CMHS criteria for SED determination.

**Number of SED Children Served in FY 2005**

<b>RACE</b>	<b>WHITE</b>	<b>AFRICAN AMERICAN</b>	<b>AMERICAN INDIAN</b>	<b>ASIAN</b>	<b>PACIFIC ISLANDER</b>	<b>MULTI- RACIAL</b>
<b>RBHA</b>						
<b>Excel Group</b>	1,010	33	43	2	2	29
<b>ValueOptions</b>	4,484	775	75	23	6	0
<b>NARBHA</b>	3,072	58	225	4	1	68
<b>PGBHA</b>	1,842	102	79	2	8	55
<b>CPSA GSA 5</b>	5,618	423	181	15	15	104
<b>CPSA GSA 3</b>	1,458	40	16	1	0	23
<b>Gila River</b>	0	0	271	0	0	0
<b>Pascua Yaqui</b>	0	0	116	0	0	0
<b>Navajo Nation</b>	0	0	174	0	0	0
<b>TOTAL:</b>	<b>17,484</b>	<b>1,431</b>	<b>1,180</b>	<b>47</b>	<b>32</b>	<b>279</b>
<b>ETHNICITY</b>	<b>HISPANIC</b>					
<b>RBHA</b>						
<b>Excel Group</b>	675					
<b>ValueOptions</b>	304					
<b>NARBHA</b>	428					
<b>PGBHA</b>	670					
<b>CPSA GSA 5</b>	2,361					
<b>CPSA GSA 3</b>	788					
<b>Gila River</b>	3					
<b>Pascua Yaqui</b>	11					
<b>Navajo Nation</b>	1					
<b>TOTAL:</b>	<b>5,241</b>					

**Criterion 2: Mental Health System Data Epidemiology**

**National Outcome Measure: Increased Access to Services**

**Goal 1:** Increase the enrollment of children with a serious emotional disturbance (SED).

**Target 1:** To increase the percentage of children with SED enrolled in the behavioral health system by 2% each year.

**Population:** Children with a Serious Emotional Disturbance

**Brief Name:** Increased Children's Enrollment

**Indicator:** Percentage of children with SED enrolled in the system

**Measure:** Percentage of children with SED enrolled with ADHS/DBHS  
Numerator: # of enrolled children with SED  
Denominator: Estimated total # of children with SED in the state general population.

**Source of Information:** Client Information System (CIS)

**Significance:** Increasing the penetration rate of children with SED served by the behavioral health system is a core measure of the Mental Health Block Grant.

**Performance Indicator Table – Arizona Plan**

<b>Core Measure: Increased Access to Services</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	N/A	20%	20.6%	24%	26%
<b>Numerator</b>	N/A	19,289	20,453	N/A	N/A
<b>Denominator</b>	N/A	97,760	99,246	N/A	N/A

### **Criterion 3: Children's Services**

- Provides for a system of integrated services appropriate for the multiple needs of children without expending the grant under Section 1911 for the fiscal year involved for any services under such system other than comprehensive community mental health services. Examples of integrated services include:
  - ✓ Social services
  - ✓ Educational services, including services provided under the Individuals with Disabilities Education Act (IDEA)
  - ✓ Juvenile justice services
  - ✓ Substance abuse services
  - ✓ Health and mental health services
- Establishes defined geographic areas for the provision of the services of such system.

### **Narrative**

In 1988, Arizona enacted landmark legislation mandating the development and delivery of a comprehensive continuum of coordinated behavioral health care for children. Previously these services had been provided by different agencies according to individual mandates addressing specific populations of children. This new legislation required that interdepartmental collaboration for a single system be established to address the behavioral health needs of all Arizona children. ADHS/DBHS was designated the lead agency for the development of this system.

However, despite first time access to federal Medicaid funding, the promise of the 1988 legislation had not been realized. In the 1990s a federal district court in Tucson, Arizona, certified a plaintiff class in an action that would become known as *J.K. v. Eden, et al.* Then Governor Jane Dee Hull ordered ADHS/DBHS and the state's Medicaid agency, the Arizona Health Care Cost Containment System (AHCCCS) to enter into negotiations with the Plaintiff's attorneys. In June 2001 the same federal district court accepted the resultant settlement agreement, ending a decade of adversarial process in favor of commitment to reform the system on behalf of "all persons under the age of twenty-one who are eligible for Title XIX behavioral health services in Arizona, and have been identified as needing behavioral health services".

The centerpiece of the J.K. Settlement Agreement is the Arizona Vision, which identifies meaningful behavioral health service outcomes for eligible children and their families. The Arizona Vision is built upon a set of 12 Principles, based on the Child and Adolescent Service System Program (CASSP) and the Center for Mental Health Services' core system of care values. ADHS/DBHS and AHCCCS are both obligated by and committed to these values. The Arizona Vision is also a contractual obligation established by ADHS/DBHS, the T/RBHAs, and their subcontracted providers.

### **Arizona Vision and Principles**

**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 and family's cultural heritage."*

**Principles:** The following principles were adopted: 1) *Collaboration with the Child and Family*; 2) *Functional Outcomes*; 3) *Collaboration with Others*; 4) *Accessible Services*; 5) *Best Practices*; 6) *Most Appropriate Settings*; 7) *Timeliness*; 8) *Services Tailored to the Child and Family*; 9) *Stability*; 10) *Respect for the Child and Family's Unique Cultural Heritage*; 11) *Independence*; and 12) *Connection to Natural Supports*.

**Social Services:** ADHS/DBHS has worked closely in recent years with the Arizona Department of Economic Security's Administration for Children, Youth & Families (DES/ACYF) to improve the performance of the public behavioral health system as a full and active partner with the child welfare system. Local action plans were developed and implemented throughout the state to develop foster care placement preservation, personnel co-location, service development prioritization and cross-system training protocols. ADHS/DBHS and DES/ACYF have accelerated efforts to maximize federal funding opportunities to address treatment and support needs within the child welfare population. In FY 2004 ADHS/DBHS and the RBHAs implemented a universal, urgent (within 24 hours) behavioral health response for every child being removed from family into protective foster care, as initiated by the CPS investigator. ADHS/DBHS, DES/ACYF and AHCCCS have jointly developed a training curriculum to support seamless service for children leaving foster care through the Adoption Subsidy program.

During FY 2003 Governor Napolitano sponsored an Advisory Commission on Child Protective Services. This Commission and its seven subcommittees have promulgated a series of recommendations currently under consideration by the Governor, that will portend an even greater level of partnership between ADHS/DBHS and DES/CPS in the months and years ahead.

**Educational Services:** ADHS/DBHS and the Arizona Department of Education (ADE) have entered into an Interagency Service Agreement (ISA) to ensure interagency collaboration on behalf of the child and to carry out each agency's mutual duties and responsibilities under state and federal law, rule and regulation. In order to assist children in achieving success in school, ADHS/DBHS and ADE encourage the RBHAs and LEAs to: 1) work collaboratively to develop a joint assessment and behavioral health service plan for each identified child; 2) provide behavioral health services in the child's home and community in the most integrated setting appropriate to the child's needs; 3) provide support and training for parents in meeting a child's behavioral health needs; and 4) provide support and training for children in self-management. When a child is referred to a special education program that includes a possibility of residential placement, the LEA invites an ADHS/DBHS representative to be a member of the child's IEP team.

**Services to be provided by local school systems under the Individuals with Disabilities Act:** The local school district, also called the local education authority (LEA) is responsible for any educational service under an Individual Education Plan (IEP). The LEA uses a variety of assessment tools and strategies to gather relevant information about the child. Based on the

evaluation results, the IEP team, which includes the family, decides which services the child needs in order to benefit from a free and appropriate public education. This may include developmental, corrective, or supportive services as required in assisting a child with a disability to benefit from special education. The IEP team then determines the least restrictive environment in which services can be provided to meet the educational needs of the child. If the IEP team determines that the child cannot be educated in the community either within the LEA or a contracted private school, then a residential special education placement is necessary.

**Juvenile Justice Services:** In collaboration with the Maricopa County Juvenile Court, DES/Child Protective Services (DES/CPS), Administrative Office of the Courts (AOC), Legal Defender's Office, Office of Court Appointed Council, and the Attorney General, ADHS/DBHS developed a set of special procedures to expedite referrals and coordinate appropriate behavioral health services for those involved in Model Court cases for Title XIX funded services.

ADHS/DBHS collaborates and continues to partner with the Arizona Department of Juvenile Corrections (ADJC) to monitor the process of referrals into behavioral health services for youth being discharged from correctional institutions and re-integrated into their communities. The referral process enables youth in the ADJC institutions to obtain appropriate entitlements and access to behavioral health care immediately upon discharge.

In collaboration with AOC and the Maricopa County Juvenile Probation Department, ADHS/DBHS developed a referral process for juveniles placed in detention at the Durango Court Center or the Southeast Juvenile Court Center. The process ensures that detained juveniles needing behavioral health care will have easy access to the behavioral health system.

Juvenile justice staff throughout Arizona participate in joint training with the RBHAs on wrap-around services and the Child and Family Team model.

**Substance Abuse Services:** To ensure the development of substance abuse services, ADHS/DBHS required the T/RBHAs to develop an action plan for their geographic service areas that includes a needs and resource assessment.

ADHS/DBHS, in collaboration with other child serving state agencies, the T/RBHAs, behavioral health providers and family members, created a workgroup to develop a framework for substance abuse services. This included the development of guidelines and recommendations for assessment and treatment planning for children with multiple issues. The result was the development of a Practice Improvement Protocol (PIP) in FY 2004 regarding substance abuse treatment in children. PIPs are developed to assist behavioral health providers in Arizona's public behavioral health system.

The Arizona Legislature passed Arizona Senate Bill 1280, known as the Joint Substance Abuse Treatment Fund in FY 2001. The legislation established a special fund that is jointly administered by the Department of Economic Security (DES) and ADHS/DBHS. The Temporary Assistance to Needy Families (TANF) Block Grant also supports this program, which is targeted to child welfare and TANF recipients. The program provides for the development, oversight and evaluation of treatment programs for these populations.

ADHS/DBHS, in partnership with DES, provides prompt and easy access to families with children who need substance abuse services through a program called “Arizona Families F.I.R.S.T” (Families In Recovery Succeeding Together). DES identifies the adult clients from TANF and Child Protective Services and ADHS/DBHS (through the RBHAs) provide the services.

**Health and Mental Health Services:** ADHS/DBHS contracts with the T/RBHAs for a comprehensive array of covered substance abuse and mental health services for persons enrolled in the Title XIX program and for non-Title XIX eligible persons based on available funding. These are categorized into nine service domains: 1) Treatment Services; 2) Rehabilitation Services; 3) Medical Services; 4) Support Services; 5) Crisis Intervention Services; 6) Inpatient Services; 7) Residential Services; 8) Behavioral Health Day Programs; and 9) Prevention Services. A comprehensive listing of services is identified in Criterion 1, pages 68-702.

### **Ongoing Initiatives:**

**J.K. Settlement Agreement:** As stated earlier, the U.S. District Court in Tucson, Arizona, accepted a settlement agreement in the case of *J.K. v. Eden, et.al.* that commits ADHS/DBHS and AHCCCS to a set of twelve principles to direct care and support for Title XIX eligible children and their families. The pilot known as the “300 Kids Project” and the CMHS grant site in Tucson known as “Project MATCH” were the initial pilot projects for what has now become a statewide effort to develop, demonstrate and disseminate a child and family team approach to assessment, service planning and delivery; and a broader Systems of Care approach to support effective practice.

ADHS/DBHS and its partner child serving agencies have consolidated several previously disjointed collaborative initiatives into the statewide implementation of the settlement agreement. Consequently, the Inter-Agency Case Management Project, Project MATCH and the Family Recovery Partnership are now integrated into the whole system reform. Setting an example for cross-system collaboration, Arizona’s newly elected Governor issued an Executive Order creating a Children’s Cabinet. In January 2003, Governor Napolitano ordered a statewide expansion of the “300 Kids” pilot. A high-profile event in March 2003 marked the official beginning of the statewide spread from the early pilot sites, and 150 participants from the behavioral health and related child-serving systems from all regions of Arizona convened to understand the lessons learned in the pilot phase, and to create local coalitions of community leaders to continue the development of similar systems of care in Arizona’s remaining regions.

Per the mandates of the settlement agreement, ADHS/DBHS and AHCCCS have developed an Annual Action Plan that delineates goals and objectives needed to actualize the Arizona Vision and Principles for children. The Annual Plan is in its fourth year.

**Clinical Guidance Documents:** Under the direction of the ADHS/DBHS Medical Director and Assistant Medical Director, the Division researched and published several Clinical Guidance Documents to assist behavioral health providers in Arizona’s public behavioral health system. These documents are known as Clinical Practice Guidelines, Practice Improvement Protocols (PIPs), and Technical Assistance Documents (TADs). Clinical Practice Guidelines are existing

national standards (e.g. APA). PIPs outline philosophical approaches and standards that promote specific practices and the efficient and effective delivery of behavioral health services. The following child specific PIPs have been developed:

- Attention Deficit Hyperactivity Disorder - 1995
- Autistic Spectrum Disorders - 1999
- Special Considerations for Assessment and Treatment of Behavioral Health Disorders in Individuals who Have Developmental Disabilities – 1999
- The Use of Psychotropic Medication in Children and Adolescents- 2003
- Transitioning to Adult Services – 2004
- The Child and Family Team – 2004
- Substance Abuse Treatment in Children – 2004
- Therapeutic Foster Care Services for Children – 2004
- Children and Adolescents Who Act Out Sexually – 2005
- Out of Home Care Services – 2005
- The Unique Behavioral Health Service Needs of Children Involved with CPS – 2005
- Pervasive Developmental Disorders and Developmental Disabilities - 2005

TADs provide guidance for implementing covered behavioral health services and other ADHS/DBHS recommended protocols. The following TADs related to children have been developed:

- Disorders of Attachment – 2003
- The Child and Family Team Process – 2004
- Providing Services to Children in Detention – 2005

**FY 2006-2007 Use of Block Grant funding for children with Serious Emotional Disturbance:** The Arizona Department of Health Services, Division of Behavioral Health Services assures that Block Grant funds for FY 2006 and 2007 will only be expended to provide comprehensive, community mental health services to children with SED.

**Geographic Areas of Services:** A comprehensive array of behavioral health services are provided statewide. The structure of the Arizona mental health service delivery system is divided into six (6) geographical regions, served by four (4) RBHAs and two (2) TRBHAs, and is designed to promote a service system that is responsible to and reflective of the unique needs of particular areas of the state and its population. The direct local administration of the system is accomplished by the T/RBHAs. In addition, the Navajo Nation is no longer considered a TRBHA but is now contracted to provide case management services. The Colorado Indian Tribe contracts with ADHS/DBHS to provide non-Title XIX/XXI (state only funded) services to their tribal members. The T/RBHAs are described below:

**CPSA:** The Community Partnership of Southern Arizona (CPSA) is responsible for Southern (Pima County) and Southeastern Arizona (Greenlee, Graham, Cochise, and Santa Cruz Counties). CPSA is comprised of six Comprehensive Service Networks; five in GSA 5 (Pima County), and one in GSA 3 (the four Southeastern Counties).

**NARBHA:** Northern Arizona Regional Behavioral Health Authority's service area is comprised of the five Northern Arizona counties: Mohave, Yavapai, Coconino, Navajo and Apache.

Overall, NARBHA's GSA encompasses one half of Arizona, but only 10% of the State's population.

**ValueOptions:** ValueOptions serves Maricopa County.

**Cenpatico:** This is a new RBHA effective July 1, 2005, serving the Southwestern region (Yuma and La Paz Counties) and the Central region (Pinal and Gila Counties).

**Gila River Indian Community:** The TRBHA is located directly south of Phoenix and encompasses parts of Maricopa and Pinal Counties.

**Pascua Yaqui Tribe:** The TRBHA is located southwest of Tucson and is located in Pima County.

**The following modifications were made in this Criterion:**

**Goal 2, Target 1:** The goal was modified to reflect a more accurate percentage of families with positive perceptions of their care. The FY 2006 and FY 2007 percentage rates were increased.

**Criterion 3: Children’s Services**

**National Outcome Measure (NOM): Increase in Family Stabilization and Living Conditions**

**Goal 1:** To provide family-centered services to children with SED

**Target 1:** To increase by 5% each year the number of families of children with SED receiving respite care.

**Population:** Children with SED

**Brief Name:** Increased Utilization of Respite Services

**Indicator:** Number of children with SED in respite care.

**Measure:** Number of children receiving respite services

**Source of**

**Information:** Client Information System (CIS)

**Significance:** Ensuring family-centered coordinated care is the primary goal of the J.K. settlement agreement and the children’s system reform.

**Performance Indicator Table – Arizona Plan**

<b>Core Measure: Increase in Family Stabilization and Living Conditions</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Estimate</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	565	734	798	810	851
<b>Numerator</b>	N/A	N/A	N/A	N/A	N/A
<b>Denominator</b>	N/A	N/A	N/A	N/A	N/A

**Criterion 3: Children’s Services**

**National Outcome Measure: Client Perception of Care**

**Goal 2:** Administer Bi-annual Statewide Consumer Survey to measure families’ perception of care.

**Target 1:** To increase the percentage of family respondents with positive perception about outcomes.

**Population:** Targeted sample of enrolled children, including children with SED who are receiving community-based services

**Brief Name:** Statewide Consumer Survey

**Indicator:** Perception of Care

**Measure:** Percentage of family respondents reporting positively about outcomes

**Source of Information:** MHSIP Youth Services Survey for Families

**Significance:** The administration of consumer surveys is an important way to solicit feedback from enrolled persons regarding the performance of the public behavioral health system.

**Performance Indicator Table – Arizona Plan**

<b>Core Measure: Client Perception of Care</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	62%	N/A	65.9%	75%	80%
<b>Numerator</b>	N/A	N/A	N/A	N/A	N/A
<b>Denominator</b>	N/A	N/A	N/A	N/A	N/A

#### **Criterion 4: Targeted Services to Rural and Homeless Populations**

- Describes State's outreach to and services for individuals who are homeless
- Describes how community-based services will be provided to individuals in rural areas

#### **Narrative**

Runaway children and adolescents are those who have left home, at least overnight, without permission from their parents or guardians. Homeless children and adolescents are a diverse group facing many problems without homes to which they can return. This group has no shelter and is in need of services and shelter, where supervision can be provided. The latter group may be members of homeless families, or children who have run away from home for an extended period and/or have been locked out or abandoned by their parents. Often this group is comprised of adolescents that cannot remain with a homeless family due to the occupation restrictions imposed on the families by shelters. This definition coincides with the definition of homelessness outlined by the Stewart B. McKinney Homeless Assistance Act, as adopted by the state of Arizona, in order to identify this population. Estimates of the numbers of homeless and runaway youth vary widely due to the difficulty in locating this population.

**Outreach to and Services for Individuals who are Homeless:** ADHS/DBHS works collaboratively with the Arizona Department of Economic Security (DES) in providing funds for services to homeless and runaway youth. These services include shelter beds, day support, outreach services and independent living programs, which are small apartment complexes with staff available to teach living skills as well as provide guidance and counseling.

ADHS/DBHS provides behavioral health services through its RBHA system to eligible children with serious emotional disturbances residing in shelters throughout the state. These include homeless shelters and domestic violence shelters.

The number of homeless children is difficult to measure. Many families with children do not identify themselves as homeless for fear that their children could be removed from the parent's care.

**Rural Services to Children:** The rural RBHAs provide a full continuum of services to eligible children with serious emotional disturbances. As identified earlier in the State Plan, Arizona is divided into regional geographic service areas. Currently there are six areas based on the State's fifteen (15) county populations. Of the four RBHAs, ValueOptions and CPSA GSA 5 are located in the urban counties of Maricopa and Pima. Although there are rural communities located in these counties, the majority of the county populations reside in the cities of Phoenix and Tucson. The remaining RBHAs serve the rural counties. These RBHAs are: NARBHA, CPSA GSA 3, and Cenpatico, a new RBHA effective July 1, 2005.

**Criterion 4: Targeted Services to Rural and Homeless Populations**

**National Outcome Measure (NOM): Increased Access to Services**

**Goal 1:** Increase access to behavioral health services in rural areas for children with serious emotional disturbances.

**Target 1:** Measure the number of children with SED in rural areas receiving behavioral health services and increase enrollment by 2% each year.

**Population:** Children with SED who reside in rural areas

**Brief Name:** Increased Access in Rural Areas

**Indicator:** Children Receiving Services in Rural Areas

**Measure:** Number of enrolled children with SED in rural areas

**Source of**

**Information:** Client Information System (CIS)

**Significance:** Providing access to services to children in rural areas is a priority of the CMHS Block Grant and Arizona.

**Performance Indicator Table – Arizona Plan**

<b>Core Measure: Increased Access to Services</b>	<b>FY 2003 Actual</b>	<b>FY 2004 Actual</b>	<b>FY 2005 Actual</b>	<b>FY 2006 Projected/ Target</b>	<b>FY 2007 Target</b>
<b>Performance Indicator</b>	N/A	8,559	8,730	8,905	9,083
<b>Numerator</b>	N/A	N/A	N/A	N/A	N/A
<b>Denominator</b>	N/A	N/A	N/A	N/A	N/A

## **Criterion 5: Management Systems**

- Describes financial resources, staffing and training for mental health services providers necessary for the plan;
- Provides for training of providers of emergency health services regarding mental health; and
- Describes the manner in which the State intends to expend the grant under Section 1911

### **Narrative**

**Financial Resources:** The current fiscal basis for funding Arizona's system of services includes, but is not limited to, monies appropriated each year by the Arizona Legislature, as well as Title XIX/XXI dollars for behavioral health services to eligible populations. Title XIX/XXI funding for covered services to eligible clients is passed through the State Medicaid agency, AHCCCS, to ADHS in a capitated system. The State also receives federal substance abuse and mental health block grants.

In 1992, Arizona transitioned to a managed care behavioral health system from a fee-for-service model. Managed care refers not only to the oversight of the clinical treatment of the individual, but also the management of costs. Quality of care occurs when the individual is provided the most appropriate services, and the delivery of care is evaluated to ensure it is adequate and appropriate.

Over the past several years ADHS/DBHS implemented four large initiatives that provided increased funding and increased flexibility for the delivery of services to all populations. These initiatives, Proposition 204, Senate Bill 1280, House Bill 2003 and the Covered Services Project, increased funding through higher eligibility levels, additional state-appropriated funding and redesign of the types of services that can be provided.

**Staffing and Training for Mental Health Services Providers:** ADHS/DBHS employs over 145 clinical, professional and support staff to ensure the publicly funded behavioral health system operates according to State and Federal laws, rules and regulations. Training is provided regularly to staff to enhance their skills and knowledge. Training was conducted on such topics as ADHS/DBHS policies; corporate compliance; notice and complaint process; HIPAA; contract compliance; tribal cultural awareness, and data validation. The Division is divided into Bureaus, each with a specific function. These are: Clinical Services, Compliance, Consumer Rights, Quality Management & Evaluation, Financial Operations, and Information Technology Services.

ADHS/DBHS provides technical assistance and consultation to the T/RBHAs on a periodic and regular basis. The RBHAs are ValueOptions, CPSA, NARBHA, and Cenpatico, a new RBHA serving Southwestern and Central Arizona. The TRBHAs are the Gila River Indian Community and the Pascua Yaqui Tribe.

**Technical Assistance:** ADHS/DBHS provides technical assistance and consultation to the TRBHAs on a periodic and regular basis. The TRBHAs are Gila River Indian Community, and

the Pascua Yaqui Tribe. The State has also provides technical assistance on a regular basis to the Navajo Nation as well as the Salt River Indian Reservation and the San Carlos Apache Reservation.

Training was provided to RBHAs and providers in FY 2005 across the state on a variety of topics. This included:

- Group Crisis Intervention Training
- Clinical Guidance Documents (Technical Assistance Documents and Practice Improvement Protocols, such as the Child and Family Team)
- Peer Support Development

**Training of Emergency Health Services Providers Regarding Mental Health:** ADHS/DBHS provides regular and periodic training through the RBHA system to local police, fire, and other emergency medical personnel to work with individuals with mental illnesses. Crisis intervention training, using the Memphis model, was provided to police officers in Phoenix, Mesa (Maricopa County) and Tucson (Pima County) in FY 2005. This training is conducted on a regular basis.

**Training and Sponsored Conferences:** ADHS/DBHS continues to sponsor conferences on a variety of behavioral health care issues:

- The 17<sup>th</sup> Annual Mental Health Association of Arizona Seeds of Success Symposium was held in October 26 – 27, 2004 in Tucson, Arizona. The theme was “Improving Mental Health in a Diverse State”. The 18<sup>th</sup> Annual Symposium will be held November 1-2, 2005, in Phoenix, and this year’s theme is “Recovery & Resiliency: Challenges, Opportunities and Best Practices”.
- The Behavioral Health Higher Education Partnership Conference was held April 14, 2005 in Phoenix. The purpose of the conference was to bring the various colleges and universities together to collaboratively build a workforce that meets the needs of individuals, families and communities. Strategies include recruiting and preparing a workforce that represents the composition of local communities, promote the integration of Arizona Practice Models into higher education curricula, and to market human service programs.
- The 9<sup>th</sup> Annual Statewide Family Centered Practice Conference was held June 16-17, 2005 in Phoenix. This year’s theme was “Safe, Stable & Secure: Our Vision for Strengthening Arizona’s Families”.
- The Sixth Annual Summer Institute was held July 26-29, 2005 in Sedona, Arizona. The theme was “Life in the Community: Preventing and Treating Substance Use Through Evidence-Based Practices”.
- “Stigma Initiative Workshop” was held August 4 – 5, 2005, in Sedona, Arizona. The workshop’s goal was to allow participants to deepen their understanding and awareness of how stigma affects everyone in the mental health community and how to combat stigma on both a personal and group level.
- “Effectively Responding to Methamphetamine Abuse in Tribal Communities: A Frontline Perspective” was held August 11, 2005, in Window Rock, Arizona. The workshop identified effective interventions for methamphetamine abuse and was targeted to individuals in tribal communities who confront methamphetamine in their day-to-day work.

- The 37<sup>th</sup> Annual Southwestern School for Behavioral Health Studies conference was held August 22-25, 2005 in Tucson, Arizona. This year's theme was "Uniting Towards Excellence: Meeting the Challenge of Change".
- The Behavioral Health Higher Education Partnership Conference was held April 14, 2005 in Phoenix. The purpose of the conference was to bring the various colleges and universities together to collaboratively build a workforce that meets the needs of individuals, families and communities. Strategies include recruiting and preparing a workforce that represents the composition of local communities, promote the integration of Arizona Practice Models into higher education curricula, and to market human service programs.

**State Budget for FY 2006 and 2007:**

The budget for State Fiscal Year 2006-2007, as well as the distribution of funds by RBHA for the children's system for FY 2005 follows on pages 97-98.

**FISCAL YEAR 2005 RBHA ALLOCATION  
BLOCK GRANT FUNDS  
SED CHILD POPULATION**

<b>RBHA</b>	<b>PERCENTAGE OF POPULATION</b>	<b>TOTAL FUNDING</b>
<b>CPSA- GSA 5</b>	<b>15.64%</b>	<b>\$1,068,590</b>
<b>CPSA- GSA 3</b>	<b>4.30%</b>	<b>\$407,474</b>
<b>THE EXCEL GROUP</b>	<b>3.64%</b>	<b>\$347,380</b>
<b>VALUEOPTIONS</b>	<b>62.65%</b>	<b>\$3,571,544</b>
<b>NARBHA</b>	<b>9.30%</b>	<b>\$880,010</b>
<b>PGBHA</b>	<b>4.12%</b>	<b>\$322,341</b>
<b>GILA RIVER</b>	<b>.36%</b>	<b>\$41,015</b>
<b>TOTAL:</b>	<b>100%</b>	<b>\$6,638,353</b>