

Arizona Department of Health Services Division of Behavioral Health Services



Ninth Annual Action Plan Report Title XIX Children's System of Care Accomplishments July 1, 2008 through June 30, 2009 (Fiscal Year 2009)

November 1, 2009

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Background

During Fiscal Year 2009 (FY09), the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) continued to foster and maintain a Title XIX children's behavioral health system of care that delivers services according to the Arizona 12 Principles. The behavioral health system contemplated by the JK Settlement Agreement emphasizes "partnering with families and children, interagency collaboration, and individualized services aimed at achieving meaningful outcomes for families and children." (Settlement Agreement ¶1) Since initiation of the Settlement Agreement in 2001, ADHS/DBHS has aggressively engaged in activities, in collaboration with its Tribal and Regional Behavioral Health Authorities (T/RBHAs), providers, family members, other state agencies, and other stakeholders to improve front-line practice, enhance the capacity of needed services, promote collaboration, and develop a quality management and improvement system focused on sound practice.

In efforts to be concise, the ADHS/DBHS accomplishments highlighted in this document may only be reflected in one section, although there may be relevance to other sections as well. This summary is not meant to describe all accomplishments of ADHS/DBHS for FY09; it is, however, meant to address expectations of the Settlement Agreement by describing strategies undertaken and progress made during the previous fiscal year. Therefore, the organization of this report references specific paragraphs from the Settlement Agreement. Historical documentation of actions and accomplishments by ADHS/DBHS can be found in the Annual Action Plan Reports Year One through Eight. For the detailed action plan for FY'10, please refer to the [FY 2010 Title XIX Children's System of Care Network Development Plan](#).

The Principles

Defendants' Obligations:

¶14 *Defendants agree to foster the development of a Title XIX behavioral health system that delivers services according to the Principles set forth in Section V below (hereinafter "the Principles").*

¶15 *Defendants will move as quickly as is practicable to develop a Title XIX behavioral health system that delivers services according to the Principles. Once developed, Defendants will maintain the system in accordance with the Principles for the term of this Agreement.*

¶16 *As quickly as practicable, Defendants will conform all contracts, decisions, practice guidelines and policies related to the delivery of Title XIX behavioral health services to be consistent with and designed to achieve the Principles for class members.*

ADHS/DBHS, through contracts, policies, and practice guidelines has developed a children's system of care consistent with and designed to achieve the 12 Principles. The Arizona Vision and 12 Principles, as captured in the Settlement Agreement, have been fully imbedded into Arizona's public behavioral health system; it is the philosophy with which ADHS/DBHS does business and the philosophy ADHS/DBHS contractors are held to.

One of the most exciting accomplishments during FY09 was the development and public launching of the [Arizona Children's System of Care Theory of Change Logic Model](#) (click here for [audio version](#)). This Logic Model was developed in collaboration with Mario Hernandez Ph.D., Professor and Chair of the Department of Child and Family Studies at the Louis de la Parte Florida Mental Health Institute, within the College of Behavioral and Community Sciences at the University of South Florida. Dr. Hernandez has worked many communities around the country to develop Theory of Change Logic Models focused on

children's systems of care. Arizona's Logic Model effectively captures all aspects of the children's system of care in a one-page visual that identifies the population being served, the desired goals and outcomes to be achieved, and the strategies to achieve them.

An update of additional accomplishments pertaining to each of the 12 Principles follows.

¶120 Collaboration with the child and family (Principle 1)

- As of June 30, 2009, 90.89% of TXIX/TXXI T/RBHA Enrolled Children had a functioning Child and Family Team (CFT).¹
- ADHS/DBHS continues to require training on and adherence to the [Clinical Practice Protocol Child and Family Team Practice](#), which details provider level expectations regarding collaboration with the child and family.
- Arizona was one of six states awarded the 2009 Family Driven Care Policy Academy conducted by the National Federation for Families. Arizona's delegation is still at work and consists of sixteen representatives, including thirteen family members. The Arizona delegation decided upon a 4-pronged approach to its family-driven care policy initiative:
 - Finalize and implement the [Practice Protocol Family and Youth Involvement in the Children's Behavioral Health System](#), which includes training for executive leadership for state, T/RBHAs and providers (complete);
 - Submit contract language derived from the [Practice Protocol Family and Youth Involvement in the Children's Behavioral Health System](#) to ADHS/DBHS Contracts Department for inclusion in the FY10 T/RBHA contract amendments (complete);
 - Develop an ADHS/DBHS Policy and Procedures Manual section better clarifying T/RBHA expectations based on the [Practice Protocol Family and Youth Involvement in the Children's Behavioral Health System](#) (in process); and
 - Develop an ADHS/DBHS Provider Manual section better clarifying direct provider-level expectations based on the [Practice Protocol Family and Youth Involvement in the Children's Behavioral Health System](#) (in process.)
- The Wraparound Fidelity Assessment System (WFAS) was utilized as the Practice Review Instrument to assess the quality of CFT practice for children with complex needs. Two Arizona-based family-run organizations, Family Involvement Center (FIC) and Mentally Ill Kids in Distress (MIKID), were contracted with to administer the Wraparound Fidelity Index (WFI) interviews as part of the WFAS.
- The Statewide Family Committee, an established committee that has been incorporated into the ADHS/DBHS Quality Management (QM) Plan, remained active in FY09. The Statewide Family Committee includes family members from each Geographic Service Area; they evaluate ADHS/DBHS QM data and offer recommendations to aid in system improvement efforts.
- ADHS/DBHS continues to support family representation on numerous other valuable committees, including but not limited to:
 - The Statewide Meet Me Where I Am (MMWIA) Steering Committee,
 - The Practice Review Steering Committee,
 - The Policy Committee, and
 - The Arizona Children's Executive Committee (ACEC).

¹ [Children's Structural Elements Report, Fiscal Year 2009, Quarter 4](#)

¶21 Functional outcomes (Principle 2)

- Responding to feedback from stakeholders, ADHS/DBHS replaced the use of the Children's Functional Outcome Measures with National Outcome Measures (NOMs) for the purpose of analyzing outcomes in the children's behavioral health system. Measures include data collection on several NOMs domains which are outlined below; this data collection utilizes identified points of reference according to specific age bands and status indicators to determine the effect behavioral health service delivery is having on an enrolled child's outcomes² :
 - Employment
 - Education
 - Stability in Housing
 - Crime and Criminal Justice
 - Substance Abuse
 - Perception of Care as measured through the annual Child/Adolescent Consumer Survey
- Responding to feedback from Plaintiffs about the WFAS, ADHS/DBHS established a workgroup, led by the Medical Director for Children's Services. Content experts from Quality Management, Children's Network, and Clinical Operations conducted an in-depth review of the CFT Practice Review process, including the evaluation of measuring outcomes within this process.
- The [MMWIA Campaign Training Module Eight](#) evaluates outcomes associated with support and rehabilitation services.

¶22 Collaboration with others (Principle 3)

- In response to the Governor's Executive Order 2008-01, ADHS/DBHS worked in partnership with the Department of Economic Security, Division for Children Youth and Families (DES/DCYF), Arizona Department of Juvenile Corrections (ADJC), and the Governor's Office to complete a statewide substance abuse network inventory to determine the services available to children.
- ADHS/DBHS continues to hold strategic planning meetings on a monthly/bi-monthly basis with system partners that address improved cross-system collaboration:
 - DES/DCYF
 - ADJC
 - Administrative Office of the Courts (AOC)
 - Department of Economic Security, Division of Developmental Disabilities (DES/DDD)
- ADHS/DBHS continues to collaborate with DES/DCYF to train both Behavioral Health and Child Protective Services (CPS) staff on the [Clinical Practice Protocol The Unique Behavioral Health Service Needs of Children, Youth and Families Involved with CPS](#).
- ADHS/DBHS continues to monitor establishment (and revisions when indicated) of collaboration protocols between T/RBHAs and local agency stakeholders for DES/DCYF, AOC, ADJC, and DES/DDD.
- The ADHS/DBHS Medical Director for Children's Services provided training on the Children's System of Care to Dependency Judges, illustrating the significance of the Principles and CFT Practice.
- The ADHS/DBHS Medical Director for Children's Services, Interagency Services Manager and Children's Network Manager initiated a Joint Case Review process with DES/DCYF in order to evaluate system barriers and create solutions for children involved with CPS who receive

² Refer to the [ADHS/DBHS Quarterly Performance Improvement Report, Children's System of Care](#) for a more detailed review of the NOMs

behavioral health services.

- ADHS/DBHS continues to chair and staff the [Arizona Children's Executive Committee \(ACEC\)](#) to facilitate strong collaboration across agencies and to address system barriers that are identified. The Deputy Director or Assistant Director from ADHS/DBHS, AHCCCS, DES/DCYF, AOC, and ADJC is in attendance. The subcommittees of the ACEC are as follows:
 - Clinical– Reviews CFT Practice and makes recommendations on how to decrease out-of-state placements
 - Family Involvement– Developed and provided webinar training for parents to prepare them for participation in the special education system. Have also provided training to help parents and youth prevent and respond to bullying behavior
 - Training– Developing curriculum targeted at educating the behavioral health system about educational processes and the role of educators on CFTs.
 - Substance Abuse– Conducted the 1st Annual Adolescent Substance Abuse Conference September 2008.

¶23 Accessible services (Principle 4)

- ADHS/DBHS continues to focus on Access to Care Performance Measures as established by AHCCCS.³ Statewide performance for Appointment Availability (7 Day measure) and Follow-up after Discharge (7 and 30 Day measures) continue to meet or surpass the minimum performance standards.
- The FY08 Administrative Review of T/RBHAs, which is conducted during FY09, included a specific focus on evaluating if T/RBHAs have adequate network capacity for children.
- The MMWIA campaign⁴ created an increased availability and utilization of Support and Rehabilitation services.
- The Children's System of Care Network Development and Management area within ADHS/DBHS has worked with the T/RBHAs to significantly improve upon the level of detail gathered in the network analysis (to identify gaps) and provided through network development and reporting. This process is meant to ensure that necessary services are accessible.

¶24 Best practices (Principle 5)

- ADHS/DBHS has researched and published several best practices documents (also referred to as Clinical Guidance Documents or Practice Protocols) to assist behavioral health providers in Arizona's public behavioral health system. Practice Protocols newly developed during FY09 include the following:
 - [Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents](#) - illustrates best practice for child/adolescent substance use disorders and contains required elements.
 - [Psychiatric Best Practice for Children Birth to Five](#) - outlines best practice for medication prescribing for children age birth to five and contains required elements.
 - [Family and Youth Involvement in the Children's Behavioral Health System](#) - defines quality family involvement as a necessary and effective component to Arizona's behavioral health system.
- The Adolescent Substance Abuse Intensive Outpatient Programs and Residential Treatment Facilities (RTCs) were reviewed statewide by ADHS/DBHS with the *T/RBHA Adolescent Substance Abuse Treatment Program Review Tool*. This tool includes an assessment of the use of evidence-

³ Refer to the [ADHS/DBHS Quarterly Performance Improvement Report, Children's System of Care](#) for a comprehensive report of Access to Care Measures.

⁴ Please refer to [The Meet Me Where I Am Campaign Year One Report](#) November 2008 for more details

based practices. Findings from these reviews were distributed to the T/RBHAs, outlining the identified strengths and recommended areas for improvement.

- A new Committee comprised of ADHS/DBHS and T/RBHA Children's Medical Directors was formed in FY09 to evaluate children's system issues, including best practices.
- Within the MMWIA campaign there are several training modules that highlight best practice; these include Module 3: *Positive Behavior Support and Functional Behavioral Assessment* and Module 5: *Evidence-based Practice*.⁵

¶25 *Most appropriate setting (Principle 6)*

- ADHS/DBHS continued to maintain low rates of out-of-home placement. Statewide reports indicate 1.6% of the children enrolled with the T/RBHAs in June 2009 were using Level I, II, or III residential treatment services.
- ADHS/DBHS maintains [Provider Manual Section 3.22 Out of State Placements for Children and Young Adults](#), which details the general requirements and conditions to be met before a child is placed out-of-state.
- ADHS/DBHS maintains [Provider Manual Section 3.14 Securing Services and Prior Authorization](#), which details the prior authorization requirements for a Level I Facility.
- ADHS/DBHS monitors the number of children in Level I Inpatient and Residential Treatment Center (RTC) settings and the average length of stay in these settings.
- The services created by the FY08 and FY09 Capitation Rate increases for the MMWIA campaign have allowed families to receive services they need in the child's home or community.
- The Adolescent Treatment Unit at the Arizona State hospital closed. The census on this 16-bed unit had consistently averaged three to five inpatients over recent years, demonstrating improved success in keeping youth out of long-term inpatient settings.

¶26 *Timeliness (Principle 7)*

- ADHS/DBHS continued to focus on Access to Care Performance Measures in FY09⁶. Statewide performance for Appointment Availability (7 Day measure) and Follow-up after Discharge (7 and 30 Day measures) continue to meet or surpass the minimum performance standards.
- The FY09 Administrative Review monitored the T/RBHAs to ensure compliance with access to care requirements related to wait times for appointments and transportation.
- ADHS/DBHS created the Case Management initiative to ensure that children with complex needs receive services in a timely manner. The initiative works to provide children with complex needs with a case manager who has a small caseload size and who can devote the necessary time and attention to coordinating needed services. In FY09 there was additional rate increase of \$8,998,476.51 to further develop and expand case management.

¶27 *Services tailored to the child and family (Principle 8)*

- The Clinical Practice Protocol with required elements [Child and Family Team Practice](#) provides detailed guidance on how to individualize CFT practice based on the needs of the child and family
- Services tailored to the child and family are a key component of the MMWIA Campaign. The concepts outlined in the MMWIA campaign training modules that support this principle are⁷:

⁵ <http://www.mmwia.com/>

⁶ Refer to the [ADHS/DBHS Quarterly Performance Improvement Report, Children's System of Care](#) for a more detailed review of Access to Care Measures.

⁷ <http://www.mmwia.com/>

- Module 1: Overview of Support and Rehabilitation Services
- Module 5: Individualizing Support and Rehabilitation Services
- Module 7: Support Service Provision for Specialty Populations

¶128 Stability (Principle9)

- Arizona was one of seven states awarded the 2008 National Policy Academy on *Developing Systems of Care for Youth and Young Adults with Mental Health Needs Who Are Transitioning to Adulthood, and Their Families* conducted by Child, Adolescent, and Family Branch of the Federal Center for Mental Health Services (CMHS).
 - This policy academy was designed to assist states, federally recognized tribes and territories with the development and implementation of public policies that will further their transformation efforts for children and youth with mental health/behavioral health needs, and their families.
 - The eight member Arizona delegation included representatives from DES/DCYF, the Governors Office, family members and an adult provider agency that specialized in working with Native Americans.
- ADHS/DBHS has implemented the [Practice Protocol Transition to Adulthood](#) which targets transition needs for youth ages 16-24.
- ADHS/DBHS maintains [Provider Manual Section 3.17 Transition of Persons](#), which includes requirements for a child transitioning to adult behavioral health services.
- The MMWIA campaign was developed and utilized to help maintain a child's stability in their home environment or to aid a child in transitioning back to their home if in an out of home setting
- DBHS provided additional funds to develop supported housing programs for the serious mental illness (SMI) population and hands-on technical assistance to the T/RBHAs in order to ensure that the funds are spent in a way that increases affordable housing options for identified target populations. For FY09, many of the housing programs were specifically developed for the SMI 18 – 20 year old population.
- DBHS developed and utilized a monitoring tool that focuses on efforts to move individuals, including 18 – 20 year olds, out of residential treatment settings by providing them the needed services to develop skills and natural supports.
- In the capitation rate setting process for FY10, ADHS/DBHS increased the capitation rate to facilitate increases to case managers and support and rehabilitation services for the transition-age youth population (18-21 years old) in the adult system of care.

¶129 Respect for the child and family's unique cultural heritage (Principle 10)

- The FY09 ADHS/DBHS Cultural Competency Plan outlines how ADHS/DBHS will meet the cultural needs of the children and families. The goal of that plan is to create a behavioral health system that embraces diversity and achieves the best outcomes for all individuals receiving services.
- The Clinical [Practice Protocol Child and Family Team Practice](#), which specifically details provider level expectations regarding a *Strengths, Needs and Culture Discovery*, is an ADHS/DBHS requirement.
- ADHS/DBHS maintains [Provider Manual Section 3.23 Cultural Competence](#) which addresses delivery of culturally and linguistically appropriate behavioral health services.
- The FY08 Administrative Review of T/RBHAs, which is conducted during FY09, included a specific focus on the cultural competency of provider agencies and their staff.

¶130 Independence (Principle 11)

- Increasing support and rehabilitation services is a major focus of the MMWIA campaign, which provides families with services aimed at increasing independence, including:
 - Home Care Training Family Services (Family Support)
 - Self-Help/Peer Services (Peer Support)
 - Transportation
 - Skills Training and Development and Psychosocial Rehabilitation Living Skills Training
 - Cognitive Rehabilitation
 - Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)
 - Psychoeducational Services and Ongoing Support to Maintain Employment
- The goals associated with the transition age youth activities also have increased independence at their core.
- Several of the NOMS previously listed assist in measuring indicators of independence:
 - Employment
 - Education
 - Stability in Housing

¶131 Connection to natural supports (Principle 12)

- ADHS/DBHS developed a video on using Natural Supports through a contract with FIC. That video has been shared with T/RBHA and provider staff and was presented by a family member at a statewide CFT coaches meeting. The video continues to be shared in various venues, and additional copies are produced as needed.
- Natural supports is an area of focus of the MMWIA campaign⁸.

Training

¶17 (a) Develop and implement a statewide training program, as described in paragraphs 32-39...

ADHS/DBHS has developed and continues to implement a statewide comprehensive training program for ADHS/DBHS, T/RBHA and provider staff and other key stakeholder groups that facilitates and promotes the delivery of Title XIX children's behavioral health services in accordance with the Principles. In response to Settlement Agreement ¶133 and ¶134, the initial effort was primarily focused on implementing a pilot training program for the 300 Kids project and the application of "lessons learned" to the expansion of the training system statewide.

ADHS/DBHS continues to foster, support and monitor the training programs being implemented and provided by T/RBHAs who, since 2003, have been held primarily responsible for the statewide training program. This includes trainings as detailed in [Provider Manual Section 9.1 Training Requirements](#) as well as requirements detailed in the [Practice Protocol Child and Family Team Practice](#).

This past year ADHS/DBHS' role in the statewide comprehensive training program included:

- The FY08 Administrative Review of T/RBHAs, conducted during FY09, included a review of training provided by T/RBHAs.

⁸ <http://www.mmwia.com/>

- The ADHS/DBHS Office of Training and Support Services provided logistical support and consultation for the development and delivery of training and/or preparation of conferences.
- ADHS/DBHS sponsored a CFT Coaches Summit on a quarterly basis.
- ADHS/DBHS held and/or sponsored T/RBHA statewide trainings as detailed in **Table A**. Of note, trainings are reflected on a Federal Fiscal Year (October 1-September 30).

TABLE A: ADHS/DBHS Held and/or Sponsored T/RBHA Trainings

CENPATICO
<ol style="list-style-type: none"> 1. Adolescent Community Reinforcement Approach (A-CRA) 2. Infant Mental Health Training Series including Reflective Supervision in addition to training sessions 3. CFT and Children and Adolescent Service Intensity (CASII) Practice Protocols 4. Core Assessment Pilot (children age 5-17 yrs) 5. Birth to Five Assessment Pilot
COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA (CPSA)
<ol style="list-style-type: none"> 1. Core Assessment Pilot (children age 5-17 yrs) 2. Birth to Five Assessment Pilot 3. Core Assessment Pilot 4. CFT and CASII Practice Protocols 5. Birth to Five Assessment Pilot 6. Motivational Interviewing/Coaching 7. Behavioral Interventions Coaching 8. Family Systems Institute 9. Positive Behavior Support 10. Positive Behavior Support – Autism 11. Ansell Casey Life Skills Training Clinical Application/Transition Project 12. Early Childhood Mental Health Training
MAGELLAN
<ol style="list-style-type: none"> 1. Bullying Project 2. Teen Intervene 3. Adolescent Community Reinforcement Approach 4. Community Reinforcement and Family Training (CRAFT) 5. Seven Challenges 6. Transition to Independence Process Model (TIP) 7. Positive Behavioral Support 8. CFT and CASII Practice Protocols 9. Core Assessment Pilot 10. Birth to Five Assessment Pilot
NORTHERN ARIZONA REGIONAL BEHAVIORAL HEALTH AUTHORITY (NARBHA)
<ol style="list-style-type: none"> 1. Matrix for adolescents 2. Native American Substance Abuse 3. Positive Behavior Support 4. Core Assessment Pilot 5. CFT and CASII Practice Protocols
GILA RIVER
<ol style="list-style-type: none"> 1. Functional Behavior Support 2. Birth to Five Coaching and Consulting

3. Harris Mentorship Program 4. CFT and CASII Practice Protocols
NAVAJO
Case manager training
PASQUA YAQUI
1. CFT and CASII Practice Protocols 2. Core Assessment Pilot 3. Birth to Five Assessment Pilot 4. Unique Needs of Children/Youth Involved with Child Welfare
WHITE MOUNTAIN APACHE
CFT and CASII Practice Protocols
FIC/MIKID
1. MMWIA - Orientation for Parents to Direct Support Services 2. CFT Orientation/12 Principles – Assist Parents to Partner w/Team 3. Parent Skills Development – Telling your Family Story 4. Building Family Professional Partnerships 5. Needs Identification Training for Parents for Service Planning 6. Practice Protocol on Family Involvement, Family Roles & Partnerships
STATEWIDE
1. CASII Training 2. Standard Needs Review Process 3. Transition to Adulthood Protocol 4. Supporting a Successful Transition to Adulthood in the Behavioral Health System 5. System of Care Practice Review (SOCPR) Training

The annual amount that ADHS/DBHS allocated for training has surpassed the Settlement Agreement ¶134 obligation of \$2 million allocation for training over a three-year period. In addition to continuing to support a training unit within ADHS/DBHS, a total of \$1,435,459 was allocated for training related to children's behavioral health services just for FY09. **Table B** depicts training allocations by T/RBHA, funding sources and total amounts; of note, funding is reflected on a Federal Fiscal Year (October 1-September 30).

Table B: Funding Allocations for T/RBHA Training Related to Children's Behavioral Health Services⁹ (10/1/08 - 9/30/09)

T/RBHA	Fund Source			Total
	Child Adolescent State Infrastructure Grant (CA-SIG)	CMHS Block Grant (Coaching & Training)	Adolescent Substance Abuse Treatment Coordination Grant (SAC)	
NARBHA (GSA 1*)	25,500	160,000		185,500
Cenpatico (GSA 2)	4,480	80,000		84,480
CPSA (GSA 3)	17,340	-		17,340
Cenpatico	37,618	80,000	50,171	167,789

⁹ FY2009 Allocation Schedule, Rev 1, dated 11/20/09 & Internal Grant Tracking Spreadsheets

(GSA 4)				
Gila River	24,375	-		24,375
CPSA (GSA 5)	36,321	-	-	36,321
Magellan (GSA 6)	64,505	-	61,302	125,807
Pascua Yaqui	-	40,000		40,000
White Mountain Apache	-	45,230		45,230
Other**	221,260		27,200	248,460
Grand Total	431,399	405,230	138,673	975,302

*GSA is Geographic Service Area

**Other includes Family Involvement Center, ASU, & Native American Fatherhood

Respite Care

¶17(b) add respite to the list of covered services as described in paragraph 40...

The Settlement obligation to add respite care to the list of Title XIX covered behavioral health services was addressed by ADHS/DBHS in July 2000, when in-home respite services were added to the list of AHCCCS covered services for members enrolled in the ADHS/DBHS Title XIX behavioral health system. Coverage of respite services was further augmented in October 2001 by adding coverage of out-of-home respite and expanding the type of providers allowed to provide respite services. The FY09 Respite expenditures can be found in **Table C**.

**Table C: FY09 Respite Expenditures for Title XIX Children¹⁰
 (Title XIX Children/Youth under the age of 21)**

Quarter 1	Quarter 2	Quarter 3	Total Q1-Q3
\$ 2,069,796.97	\$ 2,071,438.82	\$ 2,042,203.61	\$ 6,183,439.40

Specialty Providers

¶17 (c) devise and implement a means of allowing T/RBHAs to contract with certified Masters level behavioral health professionals, as described in paragraph 41...

ADHS/DBHS, in collaboration with AHCCCS, successfully met this Settlement obligation prior to March 2001 by changing program requirements to allow certified and specially qualified Masters level professionals to register with AHCCCS and bill independently. These certified and specially qualified Masters level professionals included:

¹⁰ Due to encounter lag, Qtr 4 is not considered final yet

- Certified independent social workers
- Certified professional counselors and certified marriage and family therapists who specialized in areas such as:
 - Attachment and bonding disorders
 - Post traumatic stress disorders
 - Sexual abuse victims
 - Sexual offenders
 - Adoption and eating disorders

In 2002 AHCCCS and ADHS/DBHS, in an effort to further expand the means by which masters level practitioners could bill independently for services, began to allow all qualified independent Masters level certified practitioners to register with AHCCCS, not only those with documented specialties. The activities related to Masters level behavioral health professionals are discussed in detail in prior years' Annual Action Plans.

ADHS/DBHS tracked the number of providers available and appropriately privileged and/or credentialed to provide specialty services in the FY09 Network Inventory. The specialty areas included: developmental disabilities, treatment for children who act out sexually, sexual abuse trauma, Dialectical Behavioral Therapy (DBT), Substance Abuse and Infant and Early Childhood Mental Health. The T/RBHAs have incorporated further expansion of specialty providers in their FY10 Children's System of Care Network Development Plan.

Expansion of Title XIX Services

¶17 (d) *expand Title XIX services, as described in paragraphs 42-45...*

The Settlement obligations as outlined in ¶42 and ¶43 were completed by ADHS/DBHS in FY01. Eleven new or expanded services were added to the behavioral health covered services array (effective 10/03/2001):

1. Personal Care Services
2. Home Care Training Family Services (Family Support)
3. Self-Help/Peer Services (Peer Support)
4. Home Care Training to the Home Care Client
5. Unskilled Respite Care
6. Non-Medically Necessary covered Services (Flex funds)
7. Transportation
8. Skills Training and Development and Psychosocial Rehabilitation Living Skills Training
9. Cognitive Rehabilitation
10. Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)
11. Psychoeducational Services and Ongoing Support to Maintain Employment

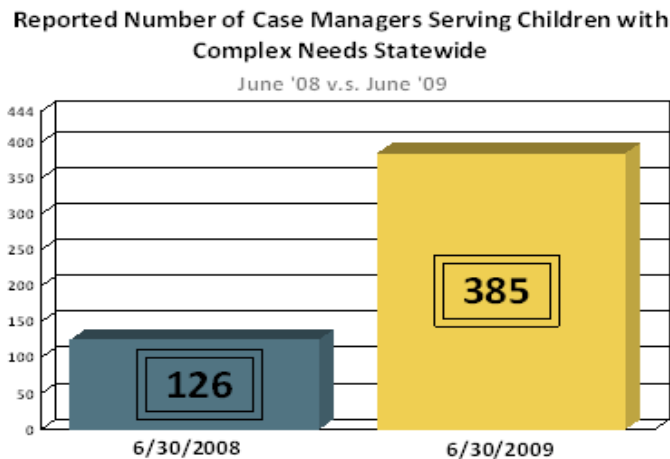
In compliance with the obligation set forth in ¶45, ADHS/DBHS continues to evaluate the need for additional Title XIX services and/or modifications to currently covered Title XIX services. If minor additions or modifications are needed, the information technology system and/or the Covered

Behavioral Health Services Guide are updated to reflect these changes¹¹. For more substantive changes, ADHS/DBHS solicits input from key stakeholders and, if appropriate, a white paper is prepared and submitted to AHCCCS for review and approval, prior to implementing the change.

Case Manager Expansion

For FY09, ADHS/DBHS allocated approximately 9 million dollars of additional funding to the T/RBHAs with a focus on increasing the number of case managers with caseloads of ≤ 15 designated to serve children with complex needs. Over the course of FY09, there was an increase of 259 case managers serving children with complex needs across the State, as demonstrated in **Figure A** below.

Figure A



Support and Rehabilitation Services

In 2007, ADHS/DBHS launched the MMWIA Campaign, a multi-year effort tasked with extensively increasing the quantity of support and rehabilitation services while maintaining the quality of services provided. Across the State, a total of 18 demonstration or expansion sites were identified and charged with implementing the service expectations of the MMWIA campaign (Refer to **Table D**). For FY09, approximately 17.7 million dollars was allocated for further expansion of support and rehabilitation services. While approximately 253 new Full Time Equivalent (FTE) positions were expected within the behavioral health system based on this campaign, the combined statewide total FTE count exceeded this goal and is now approximately 321 FTEs.

¹¹ A comprehensive list of changes to the Covered Behavioral Health Services Guide can be found at: www.azdhs.gov/bhs/covserv.htm

Table D: MMWIA Demonstration Sites

GSA	Providers
NARBHA GSA 1	Child and Family Support Services – Mohave Child and Family Support Services – Yavapai Arizona’s Children Association - Coconino
Cenpatico GSA 2	Arizona Counseling & Treatment Services Community Intervention Associates
CPSA GSA 3	Southeastern Arizona Behavioral Health Services
Cenpatico GSA 4	Arizona’s Children Association Horizon Superstition Mountain
CPSA GSA 5	Pantano Providence La Frontera
Magellan GSA 6	Arizona Youth and Family Services Child and Family Support Services Youth ETC Touchstone A New Leaf People of Color Network

Flex Funds

¶17(e) *Designate \$600,000 for use as flex funds, as described in paragraphs 46 and 47...*

T/RBHAs may access flex funds to purchase any of a variety of one-time or occasional goods and/or services needed for enrolled children and their families, when the goods and/or services cannot be purchased by any other funding source and are directly related to the enrolled child’s service plan. Flex fund services must be described in the child’s service plan, and must be related to one or more of the following outcomes: success in school, work or other occupation; living at the person’s own home or with family; development and maintenance of personally satisfying relationships; prevention of or reduction in adverse outcomes, including arrests, delinquency, victimization and exploitation; and/or becoming or remaining a stable and productive member of the community.

ADHS/DBHS’ allocation for the provision of flex fund services has exceeded the Settlement requirement (per ¶146) of \$600,000. Previous years’ Annual Action Plans detail the funds allocated for FY01-08. During FY09, ADHS/DBHS continued to support and promote the use of flex funds to pay for non-Title XIX supports and services needed by children and their families; a total of \$839,350 was allocated to T/RBHAs in FY09 as detailed in the **Table E**.

Table E: Allocation of Children's Flex Funds for SFY2009 by T/RBHA¹²

T/RBHA	SFY2009
Magellan	\$ 458,500
CPSA -5	\$ 177,500
CPSA -3	\$ 45,500
NARBHA	\$ 63,850
Cenpatico -2	\$ 33,500
Cenpatico -4	\$ 52,500
Gila River	\$ 8,000
Grand Total	\$ 839,350

Medication Practices

¶17(f) *develop practice guidelines for the monitoring of medications as described in paragraph 48...*

In FY09, ADHS/DBHS continued to conduct a number of activities related to medication practices including:

- Development of the Clinical Practice Protocol with required elements [Psychiatric Best Practice for Children Birth to Five](#). This protocol was developed by a workgroup composed of ADHS/DBHS and T/RBHA medical directors and outlines best practices for medication prescribing for children age birth to five..
- Continued maintenance of Provider Manual Sections [3.11 General and Informed Consent to Treatment](#) and [3.15 Psychotropic Medications: Prescribing and Monitoring](#).
- Quarterly meetings of the ADHS/DBHS Pharmacy and Therapeutics Committee, which monitors utilization practices and provides guidance to ADHS/DBHS and its stakeholders regarding formulary decisions and safe and effective prescription and monitoring of psychiatric medications.

300 Kids Project

¶17(g) *initiate a 300 Kids Project as described in paragraphs 49-51...*

The 300 Kids Project began in the Spring of 2001 in Maricopa County and Northern Arizona. In January 2003, based on "lessons learned" from the 300 Kids Project, Statewide expansion of CFT practice was ordered by Governor Janet Napolitano. Since the 300 Kids Project, ADHS/DBHS and AHCCCS have continued to foster and maintain a children's Title XIX behavioral health system that is based on practice according to the Principles. For an in-depth review of the 300 Kids Project, please refer to Annual Action Plans 2001-2004.

¹² FY2009 Allocation Schedule, Rev 1, dated 11/20/09

Substance Abuse Services

(¶152) *Using information gained from the 300 Kids Project, the Training Program and the Quality Management and Improvement System, Defendants will develop a plan for the expansion of substance abuse treatment services as part of its first Annual Action Plan.*

A plan to expand substance abuse services, including specific regional action plans, was developed in October of 2001 and was included as part of ADHS/DBHS' first Annual Action Plan prepared in November of 2001. In FY09, ADHS/DBHS continued to focus on the needs of children with substance use disorders, including:

- The Clinical Practice Protocol with required elements [*Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents*](#) was finalized and requires the use of best practice approaches for addressing child/adolescent substance use disorders.
- The Adolescent Substance Abuse Intensive Outpatient Programs were reviewed statewide by ADHS/DBHS with the *T/RBHA Adolescent Substance Abuse Treatment Program Review Tool*, which includes an assessment for the use of evidence-based practices. Findings from these reviews were distributed to the T/RBHAs, outlining the identified strengths and recommended areas for improvement.
- Continued funding support was provided for child and adolescent substance abuse projects and training through the SAC and CA-SIG Grants.
- Capitation rate funding increases to support capacity enhancements for substance abuse services for children and adolescents was provided in FY09 and is summarized in **Table F**.

**Table F: FY09 Additional Funding of Substance Abuse Services
 For Children and Adolescents**

T/RBHA	Funding allocation
NARBHA (GSA 1)	\$127,255.41
Cenpatico (GSA 2)	\$46,216.42
CPSA (GSA 3)	\$44,253.33
Cenpatico (GSA 4)	\$73,614.71
CPSA (GSA 5)	\$234,973.40
Magellan (GSA 6)	\$471,131.44

Annual Action Plan

17(h) develop annual action plans, as described in paragraphs 53-54...

This document meets the requirements under ¶154, whereas the FY2010 Children's System of Care Plan meets the requirements under ¶153. Historical documentation of ADHS/DBHS actions can be found in Annual Action Plan Reports Year One through Eight.

Quality Management and Improvement System

¶17(i) change their quality management and improvement system, as described in paragraph 55...

As discussed in previous Annual Action Plans, in recent years ADHS/DBHS has made changes to its Quality Management system in order better assess system performance and adherence to the 12 Principles. Examples include:

- Evaluation of CFT quality and practice according to the Principles through children's system of care practice reviews;
- Evaluation of performance and outcome measures, including those mandated by AHCCCS;
- Implementation of structured and rigorous performance improvement projects; and
- Inclusion of new standards in the AHDS/DBHS annual T/RBHA compliance reviews.

Furthermore, T/RBHAs are required to follow ADHS/DBHS QM policies and procedures and must describe these practices in their annual QM/UM Plans that are submitted to ADHS/DBHS.

During FY09, ADHS/DBHS continued to demonstrate its commitment to continuous quality improvement by (a) moving the supervision and oversight of the QM program to the Chief Medical Officer to better integrate quality improvement efforts and activities with clinical functions and content experts, and (b) development of a quarterly, comprehensive analysis of the children's system that goes beyond what is required by AHCCCS¹³. Additional examples of FY09 activities aimed to further refine and improve upon the established ADHS/DBHS QM system include:

Practice Reviews

Beginning in June 2007, ADHS/DBHS implemented the WFAS as developed by Eric Bruns, Ph.D. at the University of Washington. The WFAS was used to evaluate if behavioral health services for complex needs children were being delivered with fidelity to CFT practice and in accordance with the 12 Principles.

Statewide performance on the WFAS during the FY09 fluctuated slightly between the minimum fidelity range to the satisfactory fidelity range. Performance scores at the end of FY09 were in the satisfactory fidelity range. ADHS/DBHS worked with the T/RBHAs to implement performance improvement plans for agencies that fell below the satisfactory fidelity range.

In October 2008, after testing the WFAS for over a year and upon getting feedback from providers, family members, and Plaintiffs, a DBHS/ADHS Internal Practice Review Workgroup was formed in order to evaluate the practice review process strengths and address recommendations for improvement. This workgroup continues to meet and is chaired by the Medical Director for Children's Services and includes members from Children's Network, QM and Clinical Operations. Initial recommendations made by this workgroup included modifying the composition of the Practice Review Steering Committee; finalizing the Arizona-developed low needs tool, hereafter referred to as "practice review process for children with standard needs"; and combining the moderate and high needs reviews into one process referred hereafter to as the "practice review process for children with complex needs."

The practice review process for children with standard needs was developed in partnership with the Practice Review Steering Committee. The tool consists of 15 questions administered by phone to the

¹³ Refer to the [ADHS/DBHS Quarterly Performance Improvement Report, Children's System of Care](#) for a more detailed review

child's primary caregiver and is meant to assess if the child and family are being served in accordance with the 12 Principles. A pilot of the low needs process was held in April 2009 with feedback and recommendations for improvement presented during the May 2009 Steering Committee Meeting. The standard needs tool was then finalized and is ready for implementation in FY 2010.

The Internal Practice Review Workgroup and the Practice Review Steering Committee met numerous times, carefully reviewing and discussing feedback on the WFAS; it was agreed that combining both quantitative and qualitative measures would provide the best assessment of Arizona's CFT practice. To support the efforts to modify Arizona's practice review process to incorporate more qualitative information, ADHS/DBHS consulted with multiple national and local experts in practice review and survey development. Ultimately, it was determined that the [System of Care Practice Review \(SOCPR\)](#) as developed by Mario Hernandez, Ph.D. through the University of South Florida, would be able to address Arizona's needs for a comprehensive practice review process for children with complex needs and be implemented beginning in FY10. A state contractor was hired to oversee the implementation of both standard and complex practice reviews for FY10.

Performance Measures

ADHS/DBHS performance measures are based on the requirements in the ADHS/DBHS contract with AHCCCS and are measured quarterly through a variety of data sources. For FY09, ADHS/DBHS monitored the following performance measures: Coordination of Care, Access to Care, Sufficiency of Assessments, and Appropriateness of Assessments. The Children's QM Committee continues to review trends in Performance Measure data and recommends practice improvement initiatives or referral to the ADHS/DBHS Compliance Committee for compliance action when indicated. For a complete review of ADHS/DBHS Performance Measure Data for FY09, please refer to the [ADHS/DBHS Quarterly Performance Improvement Report, Children's System of Care](#).

ADHS/DBHS implemented numerous other performance monitoring activities this past year which were designed to assess various aspects of the behavioral health delivery system. These include:

- Annual Administrative Review
- Children's Structural Elements Report
- Child & Family Team Performance Improvement Project
- Recipient Satisfaction Survey
- Quality of Care Concerns
- Follow-Up after Discharge
- Residential Treatment Center (RTC) Chart Reviews and Site Reviews
- Mortality Reviews
- Title XIX Children's Utilization Report
- Individual Case Review for Out-of-State Placement request

Monitoring Outcomes

ADHS/DBHS has replaced the use of the Children's Functional Outcome Measures¹⁴ with several proxy measures which are quantitative in nature for the purpose of analyzing outcomes in the children's behavioral health system. These measures include data collection on several National Outcome Measures (NOMs) domains including the following:

- Employment as measured through Client Information System (CIS) demographic submissions

¹⁴ FY09 Quality Management and Utilization Management Plan, 10/01/08 to 09/30/09: Attachment 7: Statewide Functional Outcome Measures for Children

- Education as measured through CIS demographic submissions
- Stability in Housing as measured through CIS demographic submissions
- Crime and Criminal Justice as measured through CIS demographic submissions
- Substance Abuse as measured through CIS demographic submissions
- Perception of Care as measured through the annual Child/Adolescent Consumer Survey

Utilization Management

The ADHS/DBHS Utilization Management (UM) activities that measure whether services are consistent with and designed to achieve the 12 Principles include the following:

- Prior Authorization, Concurrent Review, and Retrospective Review
- Monitoring of the number of children in Level I Inpatient and Residential Treatment Center (RTC) settings and the average length of stay
- Discharge Planning and Referral Management
- Psychotropic Medication Utilization and Monitoring
- Case Management Utilization
- Monitoring of Under-utilization and Over-utilization of specific services
- Fidelity to Practice Protocols
- Specific Program Area Expansion Expectations (MMWIA, Case Managers)

Stakeholder Participation

17(j) involve Plaintiffs' counsel and other stakeholders, as described in paragraph 73 and 74 below...

ADHS/DBHS and AHCCCS continue to engage stakeholders, including T/RBHAs, providers, other state agencies, community and family members, and the Plaintiffs counsel, in the planning, implementation and evaluation of strategies and activities specifically undertaken to fulfill the obligations in the JK Settlement Agreement, including:

- Distribution of draft copies of policies, protocols and other relevant program change documents to stakeholders for their review and input prior to implementation.
- Inclusion of stakeholders on committees/workgroups to review, monitor and improve various aspects of the children's behavioral health system.
- Invitations to Plaintiffs counsel to ADHS/DBHS meetings on major initiatives.

FY09 Committees involving stakeholders included, but are not limited to, the following:

- [Arizona Children's Executive Committee \(ACEC\)](#)
- Behavioral Health Planning Council
- The Statewide Family Committee
- Support and Rehabilitation Services (Meet Me Where I Am) Steering Committee
- Practice Review Statewide Steering Committee
- Children's Action Alliance Child Welfare Meeting
- First Things First Board
- Harris Institute Board Meeting
- Policy Committee
- Stigma Reduction Committee
- Office of Individual and Family Affairs Advisory Board

Conclusion

As evident in this Ninth Annual Action Plan Report, ADHS/DBHS has continued to demonstrate its strong commitment to serving the children and families of Arizona in accordance with the Arizona 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.

During Fiscal Year 2009 (FY09), ADHS/DBHS continued to further embed a Title XIX children's behavioral health system of care that delivers services according to the Arizona 12 Principles. Through partnering with families and children, interagency collaboration, and individualized services aimed at achieving meaningful outcomes, ADHS/DBHS has developed a children's system of care respected and admired nationally. This commitment will not waiver, and ADHS/DBHS' emphasis on continuous quality improvement will ensure that the system in place today will merely grow stronger in the years to come.