I. Background
II. The Principles (Settlement Agreement ¶14-16 and ¶20-31)
III. Training (Settlement Agreement ¶17 and ¶32-39)
IV. Respite Care (Settlement Agreement ¶17 and ¶40)
V. Specialty Providers (Settlement Agreement ¶17 and ¶41)
VI. Expansion of TXIX Services (Settlement Agreement ¶17 and ¶42-45)
VII. Flex Funds (Settlement Agreement ¶17 and ¶46-47)
VIII. Medication Practices (Settlement Agreement ¶17 and ¶48)
IX. 300 Kids Project (Settlement Agreement ¶17 and ¶49-51)
X. Substance Abuse Services (Settlement Agreement ¶52)
XI. Annual Action Plan (Settlement Agreement ¶53-54)
XII. Quality Management and Improvement System (Settlement Agreement ¶17 and ¶55)
XIII. Stakeholder Participation (Settlement Agreement ¶73-74)
XIV. Conclusion
**Background**

During Fiscal Year 2010 (FY10), 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. Since initiation of the Settlement Agreement in 2001, ADHS/DBHS has aggressively engaged in activities developed in collaboration with its Tribal and Regional Behavioral Health Authorities (T/RBHA), providers, family members, sister state agencies, and 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 evidence-based practice.

This summary is not meant to describe all accomplishments of ADHS/DBHS for FY10. Historical documentation of actions and accomplishments by ADHS/DBHS can be found in the Annual Action Plan Reports Year One through Nine. For the detailed action plan for FY11, please refer to the ADHS/DBHS Children’s System of Care Plan.

**The Principles**

<table>
<thead>
<tr>
<th>Defendants’ Obligations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>¶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”).</td>
</tr>
<tr>
<td>¶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.</td>
</tr>
<tr>
<td>¶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.</td>
</tr>
</tbody>
</table>

ADHS/DBHS developed a children’s system of care consistent with and designed to achieve practice according to the 12 Principles. The Arizona Vision and 12 Principles, as described in the Settlement Agreement, are fully imbedded into Arizona’s children’s behavioral health system, as evidenced in ADHS/DBHS contracts, policies, and practice guidelines. Highlights of FY10 accomplishments for each Principle are set forth below.

**¶20 Collaboration with the child and family (Principle 1)**

- ADHS/DBHS implemented required elements in the Practice Protocol, *Child and Family Team Practice*, which describes provider expectations for collaboration with the child and family. These required elements are measured through the T/RBHAs and analyzed by ADHS/DBHS Quality Management (QM) for ongoing system performance improvement efforts.
- The *Youth Services Survey for Families (YSS-F)* results for the Participation in Treatment Planning Domain increased 2 percentage points from FY08 to FY09 for a positive response rate of 89%.
- The Arizona Family Driven Care Policy Academy delegation continued its work on a 4-pronged approach to the family-driven care policy initiative:
  - The Practice Protocol, *Family and Youth Involvement in the Children’s Behavioral Health System*, is finalized and posted online. Through the System Infrastructure Grant (SIG), ADHS/DBHS funded the Arizona family run organizations the Family Involvement Center (FIC) and Mentally Ill Kids in Distress (MIKID) to provide training...
to executive leadership for state, T/RBHA s and providers in FY10.
  o Expectations in the Practice Protocol, *Family and Youth Involvement in the Children’s Behavioral Health System*, are included in RBHA contracts.
  o The ADHS/DBHS Policy and Procedures Manual and Provider Manual sections delineating T/RBHA performance expectations based on the Practice Protocol, *Family & Youth Involvement in the Children’s Behavioral Health System*, are in the final stages of development and due to be implemented in FY11.
  • The Statewide Family Committee remained active in FY10. The Statewide Family Committee includes family members from each Geographic Service Area (GSA).
  • ADHS/DBHS collaborated with youth across Arizona to draft a youth-guided practice protocol on youth empowerment which is projected to be finalized and published on the ADHS/DBHS website in FY11.
  • ADHS/DBHS continues to support family representation on numerous committees, including but not limited to:
    o The Children’s Leadership Committee,
    o The Statewide Meet Me Where I Am (MMWIA) Steering Committee,
    o The Practice Review Steering Committee,
    o The Policy Committee, and
    o The Arizona Children’s Executive Committee (ACEC).

¶21 Functional outcomes (Principle 2)
  • ADHS/DBHS utilizes the National Outcome Measures (NOMs) as defined by the Substance Abuse Mental Health Administration (SAMSHA) for the purpose of analyzing outcomes in the children’s behavioral health system. Measures include data collection on the following NOMs domains:
    o Employment
    o Education
    o Stability in Housing
    o Crime and Criminal Justice
    o Substance Abuse
  • The *YSS-F* for the Outcomes Domain showed an increase of 8 percentage points from FY08 to FY09 for a positive response rate of 68%.
  • The System of Care Practice Review (SOCPR) includes the domain *Impact*, which evaluates the implementation of the 12 Principles at the practice level in order to produce positive outcomes for a child and family receiving services. This domain includes the following subdomains:
    • Improvement: services that have had a positive impact on the child and family have enabled the child and family to improve their situation; and
    • Appropriateness of services: services that have had a positive impact on the child and family have provided appropriate services that have met the needs of the child and family.
  • An ADHS/DBHS workgroup chaired by the ADHS/DBHS Bureau of Quality Management Operations (BQMO) established the ADHS/DBHS Outcomes Framework prioritizing the measurement and reporting of key recipient outcomes in the public behavioral health system.

¶22 Collaboration with others (Principle 3)
  • ADHS/DBHS continues to hold strategic planning meetings with system partners that address improved cross-system collaboration:
    o Department of Economic Security/Division of Children, Youth and Families (DES/DCYF)
    o Arizona Department of Juvenile Corrections (ADJC)
ADHS/DBHS continues to require training of Behavioral Health Staff who work with children involved with Child Protective Services (CPS) on the Clinical Practice Protocol, *The Unique Behavioral Health Service Needs of Children, Youth and Families Involved with CPS*.

- ADHS/DBHS continues to monitor the establishment of collaboration protocols (and revisions of protocols when indicated) between T/RBHAs and local agency stakeholders for DES/DCYF, AOC, ADJC, and DES/DDD.
- The ADHS/DBHS Medical Director for Children’s Services continues to provide training on the Children’s System of Care to Dependency Judges, illustrating the significance of the 12 Principles and Child and Family Team (CFT) Practice.
- ADHS/DBHS continues to chair and staff the Arizona Children’s Executive Committee (ACEC) to facilitate strong collaboration across agencies and to address identified system barriers. The Deputy Director or Assistant Director from ADHS/DBHS, the Arizona Health Care Cost Containment System (AHCCCS), DES/DCYF, AOC, and ADJC attend. The subcommittees of the ACEC are as follows:
  - Clinical/Substance Abuse—Focus on the development of a Statewide Inventory on Evidence Based Adolescent Substance Abuse Treatment Programs as well as issues pertaining to transition age youth.
  - Family Involvement—Provide training for parents on the following behavioral health related topics: the CFT process, bullying, and Individualized Education Programs (IEPs).
  - Training—Continued development of curriculum targeted at educating the behavioral health system about educational processes and the role of educators on CFTs.

### 23 Accessible services (Principle 4) and 26 Timeliness (Principle 7)

- ADHS/DBHS continues to focus on the Access to Care Performance Measures as established by AHCCCS. The Access to Care 23-day performance measure assesses ADHS/DBHS’ Contractor’s compliance with providing a routine service to newly enrolled behavioral health recipients within 23 days of their initial assessment. In FY10, Statewide performance increased above the Minimum Performance Standard (MPS) at 86%.
- The ADHS/DBHS Annual Network Plan includes an analysis of rural and urban geo-mapping data assessing network geographic locations of Behavioral Health Outpatient Clinics in relation to enrolled children’s location within a 15 mile buffer zone and assessment of distance/travel times.
- The YSS-F for the Access To Services Domain showed an increase of 3 percentage points from FY08 to FY09 for a positive response rate of 76%.
- The MMWIA campaign created increased availability and utilization of community based Support and Rehabilitation services.

### 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 children’s behavioral health system. Four Practice Protocols were designated in FY10 to have required elements and therefore must be monitored annually by ADHS/DBHS

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1 Please refer to [The MMWIA Statewide Practice Reviews Summary Report and Recommendations, September 2009](#) for more details.
Contractors:
- **Child and Family Team Practice** – describes the activities of the CFT in accordance with the 12 Principles.
- **Children’s Out of Home Services** – describes best practice guidelines in residential treatment centers, behavioral health group homes and Home Care Training to Home Care Client (HCTC) provider settings to ensure that children and adolescents receive treatment interventions that are consistent with the Arizona Vision and 12 Principles.
- **Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents** - illustrates best practice for child/adolescent substance use disorders.
- **Psychiatric Best Practice for Children Birth to Five** - outlines best practice for medication prescribing for children age birth to five.

- ADHS/DBHS Children’s Medical Director and T/RBHA Children’s Medical Directors continue to meet on a regular basis to evaluate/discuss best practices.

¶25 **Most appropriate setting (Principle 6)**
- In FY10, ADHS/DBHS expanded prior authorization to include Level II and III Group Homes and HCTC settings. These prior authorization processes seek to ensure that persons are treated in the most appropriate, least restrictive and most cost effective setting, with sufficient intensity of service provision and supervision to safely and adequately treat the person’s behavioral health condition.
- ADHS/DBHS maintains Provider Manual Section 3.22 *Out of State Placements for Children and Young Adults*, which details the requirements and conditions to be met before a child is placed out-of-state.
- ADHS/DBHS required RBHA submission of prior authorization requests and denials as quarterly deliverables to the BQMO Office of Medical Management.
- ADHS/DBHS required RBHA submission of length of stay and readmission rates for all higher levels of care (Level 1 to HCTC) as quarterly deliverables to the BQMO Office of Medical Management.

¶27 **Services tailored to the child and family (Principle 8)**
- The Practice Protocol, **Child and Family Team Practice**, contains required elements and provides detailed guidance on how to individualize service planning and delivery to the needs of the child and family.
- ADHS/DBHS implemented the Behavioral Health Service Plan and Provision performance measures to evaluate if services provided to the child and family are based on the identified needs of the child and family as reported in the child and family’s assessment and service plan.

¶28 **Stability (Principle 9)**
- ADHS/DBHS updated the Practice Protocol, **Transition to Adulthood**, which targets transition needs for youth age 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 and other situations that may require transition during the course of their care and treatment.
- In the capitation rate setting process for FY10, ADHS/DBHS increased the capitation rate to facilitate hiring of case managers and increasing support and rehabilitation services for the transition-age youth population (18-21 years old) receiving services through the adult public
behavioral health system.
- ADHS/DBHS BQMO stratified service utilization data and outcomes by age band to include transition age youth in its own age band in order to analyze service utilization and needs specific to this population.

¶29 Respect for the child and family's unique cultural heritage (Principle 10)
- The FY10 ADHS/DBHS Cultural Competency Plan outlines how ADHS/DBHS will meet the cultural needs of children and families. The goal of this plan is to create a behavioral health system that embraces diversity and achieves the best outcomes for all individuals receiving services.
- The Practice Protocol, Child and Family Team Practice, specifically details provider level expectations regarding the development of a Strengths, Needs and Culture Discovery for children receiving services from the public behavioral health system.
- ADHS/DBHS maintains Provider Manual Section 3.23 Cultural Competence which addresses delivery of culturally and linguistically appropriate behavioral health services.
- The YSS-F for the Cultural Sensitivity Domain has remained at 90% for FY08 and FY09.

¶30 Independence (Principle 11)
- ADHS/DBHS’ MMWIA campaign continues to promote the increase of support and rehabilitation services, 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
- Several of the NOMS previously listed assist in measuring indicators of independence:
  - Employment
  - Education
  - Stability in Housing

¶31 Connection to natural supports (Principle 12)
- Natural supports are an area of focus of the MMWIA campaign.
- The YSS-F for the Social Connectedness Domain showed an increase of 4 percentage points when comparing FY08 to FY09 with a positive response rate of 83%.
- One of the goals of CFT formation supported by ADHS/DBHS as noted in the Practice Protocol, Child and Family Team Practice, is to strengthen or help build a natural and community based social support network for the family.

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 12 Principles. In response to Settlement Agreement ¶33 and ¶34, 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 the 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.

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

- 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 FY10 statewide trainings as detailed in Table A. Of note, this table is not inclusive of all trainings held or sponsored by ADHS/DBHS for FY10.

<table>
<thead>
<tr>
<th>Month</th>
<th>Training Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2009</td>
<td>• Motivational Interviewing</td>
</tr>
<tr>
<td></td>
<td>• Infant and Toddler Mental Health Series: Infant and Toddler Mental Health Series:</td>
</tr>
<tr>
<td></td>
<td>Attachment</td>
</tr>
<tr>
<td></td>
<td>• Positive Behavior Support Training</td>
</tr>
<tr>
<td>August 2009</td>
<td>• Infant and Toddler Mental Health Series: Child Development</td>
</tr>
<tr>
<td>September 2009</td>
<td>• Child and Adolescent Service Intensity Instrument (CASII)</td>
</tr>
<tr>
<td></td>
<td>• Positive Behavior Support Training</td>
</tr>
<tr>
<td></td>
<td>• Motivational Interviewing</td>
</tr>
<tr>
<td></td>
<td>• Infant and Toddler Mental Health Series: Best for Babies</td>
</tr>
<tr>
<td></td>
<td>• Infant and Toddler Mental Health Series: Trauma in Clinical Practice</td>
</tr>
<tr>
<td></td>
<td>• SOCPR Train the Trainer</td>
</tr>
<tr>
<td>October 2009</td>
<td>• Crisis Intervention Team Training</td>
</tr>
<tr>
<td></td>
<td>• Motivational Interviewing</td>
</tr>
<tr>
<td>November 2009</td>
<td>• Motivational Interviewing</td>
</tr>
<tr>
<td>December 2009</td>
<td>• Crisis Intervention Team Training</td>
</tr>
<tr>
<td>January 2010</td>
<td>• Comprehensive Assessment &amp; Treatment for Substance Abuse Adolescents Statewide Protocol</td>
</tr>
<tr>
<td></td>
<td>• Train the Trainer</td>
</tr>
<tr>
<td></td>
<td>• Prevention Leadership Academy</td>
</tr>
<tr>
<td></td>
<td>• The Diagnostic Manual: Intellectual Disabilities (DM:ID)</td>
</tr>
<tr>
<td></td>
<td>• Matrix Model Training</td>
</tr>
<tr>
<td></td>
<td>• Motivational Interviewing</td>
</tr>
<tr>
<td>February 2010</td>
<td>• Crisis Intervention Team Training</td>
</tr>
<tr>
<td></td>
<td>• The Diagnostic Manual: Intellectual Disabilities (DM:ID), Part 2: Affective and Anxiety Disorders</td>
</tr>
<tr>
<td></td>
<td>• Transition Practices for Preparing &amp; Facilitating</td>
</tr>
<tr>
<td>Month</td>
<td>Main Topics</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>March 2010</td>
<td>• Experiences of Lesbian, Gay, Bisexual, Transgender (LGBT) Youth&lt;br&gt;• Autism: The Essentials&lt;br&gt;• Adolescent Community Reinforcement Approach (ACRA)&lt;br&gt;• Motivational Interviewing&lt;br&gt;• Child and Adolescent Depression</td>
</tr>
<tr>
<td>April 2010</td>
<td>• Secondary Transition Mentoring Project&lt;br&gt;• ACRA&lt;br&gt;• Psychopharmacological Treatment of Persons with Developmental Disabilities, Part 1&lt;br&gt;• Motivational Interviewing</td>
</tr>
<tr>
<td>May 2010</td>
<td>• Crisis Intervention Team Training&lt;br&gt;• ACRA&lt;br&gt;• Motivational Interviewing&lt;br&gt;• Psychopharmacological Treatment of Persons with Developmental Disabilities, Part 2&lt;br&gt;• Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC: 0-3R) Training&lt;br&gt;• Juvenile Dependency Judges Training</td>
</tr>
<tr>
<td>June 2010</td>
<td>• Positive Behavioral Supports/Functional Behavioral Assessment&lt;br&gt;• ACRA&lt;br&gt;• Motivational Interviewing&lt;br&gt;• Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC: 0-3R) Training&lt;br&gt;• SOCPR</td>
</tr>
</tbody>
</table>

The annual amount that ADHS/DBHS allocated for training has surpassed the Settlement Agreement ¶34 obligation of a $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 $1,032,141 was specifically allocated for training related to children’s behavioral health services in FY10. 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
(10/1/09-9/30/10)

<table>
<thead>
<tr>
<th>T/RBHA (GSA)</th>
<th>Fund Source</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child &amp; Adolescent State Infrastructure Grant (CA-SIG)</td>
<td>CMHS Block Grant (Coaching &amp; Training)</td>
</tr>
<tr>
<td>NARBHA (GSA 1)</td>
<td>26,516</td>
<td>160,000</td>
</tr>
<tr>
<td>Cenpatico (GSA 2)</td>
<td>4,480</td>
<td>80,000</td>
</tr>
<tr>
<td>CPSA (GSA 3)</td>
<td>34,533</td>
<td>-</td>
</tr>
<tr>
<td>Cenpatico (GSA 4)</td>
<td>83,083</td>
<td>80,000</td>
</tr>
<tr>
<td>CPSA (GSA 5)</td>
<td>45,231</td>
<td>-</td>
</tr>
<tr>
<td>Magellan (GSA 6)</td>
<td>134,052</td>
<td>-</td>
</tr>
<tr>
<td>Gila River</td>
<td>24,185</td>
<td>-</td>
</tr>
<tr>
<td>Pascua Yaqui</td>
<td>5,047</td>
<td>40,000</td>
</tr>
<tr>
<td>White Mountain Apache</td>
<td>-</td>
<td>42,000</td>
</tr>
<tr>
<td>Other Contracts</td>
<td>264,375</td>
<td>-</td>
</tr>
<tr>
<td>Grand Total</td>
<td>621,501</td>
<td>402,000</td>
</tr>
</tbody>
</table>

Other Contracts include Family Involvement Center, University of South Florida, Linda Cannon (SOCPR), & Change Companies (ASAM).

Source Data: Internal Grant Tracking Spreadsheets dated 10.6.10

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 for out-of-home respite and expanding the type of providers allowed to provide respite services. The FY10 Respite expenditures can be found in Table C.

Table C: FY10 Respite Expenditures for Title XIX Children
(Title XIX Children/Youth under the age of 21)

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
<th>Total Q1-Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,781,985.99</td>
<td>$1,947,859.38</td>
<td>$2,210,550.67</td>
<td>$2,341,461.26</td>
<td>$9,281,857.30</td>
</tr>
</tbody>
</table>

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...

² Due to encounter lag, the respite expenditures for Quarter 4 are not considered finalized
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:

- 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 to provide specialty services in the FY10 Network Inventory capturing the following specialty areas: 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 FY11 Children’s System of Care Network Development Plans.

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 Home Care Client (HCTC)
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 changes. 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 FY10, ADHS/DBHS earmarked approximately five million dollars of additional funding to the RBHAs to increase the number of case managers with caseloads of ≤15 children with complex needs. Over the course of FY10, there was an increase of approximately 104 case managers serving children with complex needs across the State.

**Support and Rehabilitation Services**

In 2007, ADHS/DBHS launched the MMWIA Campaign, a multi-year effort tasked with extensively increasing the quantity and quality of support and rehabilitation services provided to children and families. 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). 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 359 FTEs, exceeding the target by 43%.

**Table D: MMWIA Demonstration Sites**

<table>
<thead>
<tr>
<th>RBHA/GSA</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>NARBHA/GSA 1</td>
<td>Child and Family Support Services (Mohave and Yavapai counties)</td>
</tr>
<tr>
<td></td>
<td>Arizona’s Children Association – Coconino</td>
</tr>
<tr>
<td>Cenpatico/GSA 2</td>
<td>Arizona Counseling &amp; Treatment Services</td>
</tr>
<tr>
<td></td>
<td>Community Intervention Associates</td>
</tr>
<tr>
<td>CPSA/GSA 3</td>
<td>Southeastern Arizona Behavioral Health Services</td>
</tr>
<tr>
<td>Cenpatico/GSA 4</td>
<td>Arizona’s Children Association</td>
</tr>
<tr>
<td></td>
<td>Horizon</td>
</tr>
<tr>
<td></td>
<td>Superstition Mountain</td>
</tr>
<tr>
<td>CPSA/GSA 5</td>
<td>Pantano</td>
</tr>
<tr>
<td></td>
<td>Providence</td>
</tr>
<tr>
<td></td>
<td>La Frontera</td>
</tr>
<tr>
<td>Magellan/GSA 6</td>
<td>Arizona Youth and Family Services</td>
</tr>
<tr>
<td></td>
<td>Child and Family Support Services</td>
</tr>
<tr>
<td></td>
<td>Youth ETC</td>
</tr>
<tr>
<td></td>
<td>Touchstone</td>
</tr>
<tr>
<td></td>
<td>A New Leaf</td>
</tr>
<tr>
<td></td>
<td>People of Color Network</td>
</tr>
</tbody>
</table>

**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

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3 A comprehensive list of changes to the Covered Behavioral Health Services Guide can be found at: [www.azdhs.gov/bhs/covserv.htm](http://www.azdhs.gov/bhs/covserv.htm)
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 in 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 (¶46) of $600,000. Previous years’ Annual Action Plans detail the funds allocated for FY01-09. During FY10, 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 $862,500 was allocated to T/RBHAs in FY10 as detailed in Table E.

### Table E: Children's Flex Funds Expenditures for SFY2010 by T/RBHA

<table>
<thead>
<tr>
<th>T/RBHA</th>
<th>SFY2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>NARBHA (GSA 1)</td>
<td>$87,000</td>
</tr>
<tr>
<td>Cenpatico (GSA 2)</td>
<td>$33,500</td>
</tr>
<tr>
<td>CPSA (GSA 3)</td>
<td>$45,500</td>
</tr>
<tr>
<td>Cenpatico (GSA 4)</td>
<td>$52,500</td>
</tr>
<tr>
<td>CPSA (GSA 5)</td>
<td>$177,500</td>
</tr>
<tr>
<td>Magellan (GSA 6)</td>
<td>$458,500</td>
</tr>
<tr>
<td>Gila River</td>
<td>$8,000</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>$862,500</strong></td>
</tr>
</tbody>
</table>

Source Data: FY2010 Pay Schedule, 7/1/09-6/30/10

### Medication Practices

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

In FY10, ADHS/DBHS continued to conduct a number of activities related to medication practices including:

- Implementation of the 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 monitors prescribing practices 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, safe and effective prescription practices, and monitoring of psychiatric medications.
- Quarterly RBHA submission of the standardized Pharmacy Utilization Report as a contract deliverable to the BQMO Office of Medical Management. Analysis of RBHA submitted pharmacy data is reviewed in the ADHS/DBHS Pharmacy and Therapeutics Committee.
**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 12 Principles. For an in-depth review of the 300 Kids Project, please refer to Annual Action Plans 2001-2004.

**Substance Abuse Services**

**¶52 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 FY10, ADHS/DBHS continued to focus on the needs of children with substance use disorders, including:

- Implementation of the Practice Protocol with required elements, *Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents*, which monitors the use of best practice approaches for addressing child/adolescent substance use disorders.
- ADHS/DBHS developed FY11 contract language for statewide implementation of the American Society of Addiction Medicine Patient Placement Criteria (ASAM-PPC) to ensure that children, adolescents and young adults are being provided with the appropriate substance abuse treatment services.
- Continued funding support was provided for child and adolescent substance abuse treatment and training through the Substance Abuse Prevention and Treatment (SAPT) and Child and Adolescent State Infrastructure (CASIG) Grants. ADHS/DBHS specifically earmarked 2.3 million dollars of SAPT Block Grant in FY10 for adolescents with substance abuse issues.
- ADHS/DBHS tracked the number of Substance Abuse Providers privileged to provide specialty services in the FY10 Network Inventory.

**Annual Action Plan**

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

This document meets the requirements under ¶54, whereas the FY2011 Children’s System of Care Plan meets the requirements under ¶53. Historical documentation of ADHS/DBHS actions can be found in Annual Action Plan Reports Year One through Nine.
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, 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 12 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 ADHS/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 FY10, ADHS/DBHS continued to demonstrate its commitment to continuous quality improvement by (a) development of a rigid quality of care (QOC) process including new policy, (b) development of a new peer review committee and policy, and (c) continued implementation of a quarterly, comprehensive analysis of the children’s system that goes beyond what is required by AHCCCS. The Children’s QM Committee continues to review trends in quality management data and recommends practice improvement initiatives or referral to the ADHS/DBHS Compliance Committee for compliance action when indicated. Additional examples of FY10 activities include:

Practice Reviews

The System of Care Practice Review (SOCPR), developed by Mario Hernandez Ph.D. through the University of South Florida (USF), was implemented statewide in FY10 to assess fidelity to the Arizona 12 Principles for children with complex needs. ADHS/DBHS contracted with USF for training on the SOCPR, including a train the trainers session in September 2009. ADHS/DBHS also implemented a survey for children with less complex needs to determine if the child and family are being served in accordance with the 12 Principles. A state contractor, Linda Cannon and Associates, was hired to oversee the implementation of the statewide 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 FY10, ADHS/DBHS through its QM Committee monitored the following performance measures: Access to Care, Coordination of Care and Behavioral Health Service Plan. ADHS/DBHS surpassed the minimum performance standards statewide on Access to Care and Coordination of Care measures; ADHS/DBHS and its RBHAs showed statistically significant gains in performance over FY09 on these measures and trended for sustained or improved performance on these measures in FY10. For a complete review of ADHS/DBHS Performance Measure Data for FY10, please refer to the Children’s Annual Performance Improvement Report.

Monitoring Outcomes

ADHS/DBHS utilizes the National Outcome Measures (NOMs) domains of Employment, Education, Stable Housing, Criminal Activity, Abstinence from Alcohol and Abstinence from Other Drugs as proxy measurements for performance monitoring in order to assess for positive recipient treatment outcomes. For a complete review of ADHS/DBHS NOMs Data, please refer to the Children’s Annual
Performance Improvement Report.

In addition to the NOMs, ADHS/DBHS also utilizes the YSS-F, which includes domains on Outcomes and Improved Functioning.

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
- Monitoring the number of children placed out of state
- Discharge planning and referral management
- Psychotropic medication utilization and monitoring
- Monitoring of under-utilization and over-utilization of specific services
- Fidelity to Practice Protocols with Required Elements

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 of 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 attend ADHS/DBHS meetings for work on major initiatives.

FY10 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
- Human Rights Committee
- Support and Rehabilitation Services (Meet Me Where I Am) Steering Committee
- Statewide Practice Review Steering Committee
- Policy Committee
- Stigma Reduction Committee
- Office of Individual and Family Affairs Advisory Board
Conclusion

As evident in this Tenth 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.

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 during FY10. 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 that is widely regarded as a best practice model for other states to emulate. ADHS/DBHS remains steadfast in this commitment, and will continue to emphasize continuous quality improvement to ensure that the system in place today will grow increasingly stronger in the years to come.