Arizona Department of Health Services, Division of Behavioral Health Services
Adult System of Care Plan
State Fiscal Year 2011

A system of care was originally defined (Stroul & Friedman, 1986) as “a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network” and designed to meet the needs of the individual and his/her natural supports. More recently, the concept of a Recovery Oriented System of Care was examined. The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) emphasizes the importance of a system that includes a range of treatment services and supports, a guiding philosophy of values and principles, and a supporting infrastructure (Stroul, 2002). SAMHSA conveys that Recovery Oriented Systems of Care support “person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery”.

When developing the Arizona Department of Health, Division of Behavioral Health Services (ADHS/DBHS) Adult System of Care plan, the following items were taken into account:

- Adherence to ADHS/DBHS Vision and Mission
- Responsiveness to 9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems
- Feasibility in light of current resource limitations
- Data feeds that could inform plan development (T/RBHA network analysis and inventory reports; findings, recommendations of recent reviews/audits; findings, recommendations of outside evaluators/consultants)
- Responsiveness to various contract requirements and evidence based and promising practices of adult services, including national research and trends

ADHS/DBHS has partnered with community stakeholders, peers, and family members to develop the plan below, which outlines statewide priorities for Fiscal Year 2011. The activities in the statewide plan are designed to foster a collaborative effort between ADHS/DBHS, the T/RBHAs, and their communities. No single plan can be successful without this collaborative partnership and participation from multiple system levels.

ADHS/DBHS expects the T/RBHAs to partner with their communities, including peer and family participation, to develop a regional system of care plan that outlines priorities and activities related to the three initiatives included in the statewide plan. T/RBHAs should develop priorities that are consistent with the statewide initiatives and priorities, but that are also reflective of each community’s unique strengths and needs. While each plan should have some consistency with statewide initiatives and priorities, they should be unique and specific to their respective region.
### Initiative 1: Access to Preferred Practices

This initiative is designed to increase access to needed services in a timely and culturally responsive manner, especially promising and Evidence-Based Practices such as peer support, supported employment, integrated dual-diagnosis treatment, and supported housing in order to foster hope and assist individuals in establishing meaningful roles in life while preventing hospitalizations, incarcerations, illnesses, and suicides.

#### Priorities

1. **EMPLOYMENT:**
   Increase opportunities for individuals to engage in and make informed choices about employment.

   Activities designed to accomplish above priority:
   - Provide education related to Social Security Ticket to Work Program and AZ Freedom to Work to RBHA staff, provider staff, and individuals receiving services
   - Develop real work opportunities including temporary employment services and day labor
   - Increase number of Employment Networks through the Social Security Ticket to Work Program
   - Establish an Arizona Employment Network Association active in local Business Leadership Networks and/or Chambers of Commerce.

2. **PEER AND FAMILY SUPPORT:**
   Increase in the use of peer and family support services for all populations.

   Activities designed to accomplish above priority:
   - Promote business infrastructure efforts to assist in ongoing development and increased capacity of peer and family operated service providers
   - Implement Statewide Peer Support Employment Training Standards
   - Develop specialty peer support services for forensic and substance abuse populations

3. **SUICIDE RISK ASSESSMENT:**
   Outreach medical providers to encourage adoption of policies to assess for risk of suicide and to refer patients to appropriate behavioral health providers/programs.

   Activities designed to accomplish above priority:
- Develop on-line training for medical professionals in assessment, brief intervention, and referral
- Develop and distribute means restriction kits, family, and patient educational materials related to behavioral health.
- Develop and distribute a referral decision tree and low/no cost community options for behavioral health services for NTXIX patients.
- Develop and distribute a manual on assessment, screening, brief intervention, and referral

4. **SUBSTANCE ABUSE:**
Promote use of Evidence Based Practice in substance abuse treatment and co-occurring disorders.

Activities designed to accomplish above priority:
- Complete, provide training on, and implement new Substance Abuse Practice Protocol.
  - Including consistent use of ASAM and screening of all individuals entering the system for substance abuse disorders

5. **NETWORK SUFFICIENCY:**
Establish and maintain a sufficient number of qualified BHT’s, BHMP’s, BHP’s, and BHPP’s to effectively deliver services to members.

Activities designed to accomplish above priority:
- Conduct a review of national resources/best practices to determine minimum staffing expectations for Behavioral Health Paraprofessionals, Behavioral Health Technicians, Behavioral Health Professionals, and Behavioral Health Medical Professionals.
- Establish minimum staffing level expectations (Minimum Network Standards).
- Identify baseline data for services developed for special populations (including older adults, veterans, sex offenders, LGBTQ, etc.) to inform future development goals

**Initiative 2: Recovery and System Transformation**

This Initiative is designed to ensure that individuals are treated with dignity and respect, that the 9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems are used to guide programmatic, systemic, and treatment decisions; and that system development, treatment, and prevention efforts are driven by the community, especially the individuals receiving services and their natural supports/family members.

This initiative also emphasizes the importance of trauma-informed care. According to SAMHSA’s National Center for Trauma Informed Care, “Knowledge about the prevalence and impact of trauma has grown to the point that it is now universally understood that almost all of those seeking services in the public health system have trauma histories.” Trauma informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.
<table>
<thead>
<tr>
<th>Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. ADULT RECOVERY PRINCIPLES:</strong> Embed the 9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems at every level of the behavioral health system.</td>
</tr>
<tr>
<td><strong>Activities designed to accomplish above priority:</strong></td>
</tr>
<tr>
<td>- Use/develop new training curriculum designed to provide practice opportunities to utilize 9 Principles to guide clinical decisions and treatment team meetings</td>
</tr>
<tr>
<td>- Plan and facilitate AZ Dialogues (opportunities for diverse groups of people to come together to discuss the important issue of stigma that affects mental health/substance use services, treatment, policies, and programs; promoting a clearer understanding of others perspectives and experiences)</td>
</tr>
<tr>
<td>- Develop and implement promotional strategies</td>
</tr>
<tr>
<td>- Disseminate and promote use of Recovery Roadmap, LGBTQ Climate Assessment Survey, and other tools to help programs complete self assessments.</td>
</tr>
<tr>
<td>- Expand efforts of Statewide Stigma Reduction Committee to include substance abuse population, medical emergency rooms, and medical schools.</td>
</tr>
<tr>
<td><strong>2. PEER, FAMILY, &amp; COMMUNITY PARTICIPATION:</strong> Ensure that peer and family representatives participate in and have meaningful and well defined roles on state, T/RBHA and provider committees and boards.</td>
</tr>
<tr>
<td><strong>Activities designed to accomplish above priority:</strong></td>
</tr>
<tr>
<td>- Track names of representatives involved on committees and boards throughout the state.</td>
</tr>
<tr>
<td>- Provide training and technical assistance to representatives to ensure that their role is defined and their voices are heard.</td>
</tr>
<tr>
<td>- Promote the use of stipends when available.</td>
</tr>
<tr>
<td>- Use the ADHS/DBHS Coalition Functioning Scale for prevention coalitions and other groups when appropriate.</td>
</tr>
<tr>
<td><strong>3. WORKFORCE DEVELOPMENT / HIGHER EDUCATION PARTNERSHIPS:</strong> Develop strategies to engage and prepare potential candidates for employment in the behavioral health system.</td>
</tr>
<tr>
<td><strong>Activities designed to accomplish above priority:</strong></td>
</tr>
<tr>
<td>- Provide presentations about the AZ Vision and Principles, effective service provision, recovery philosophy, and peer and family involvement (including NAMI In Our Own Voice presentations).</td>
</tr>
</tbody>
</table>
- Partner with educational institutions to influence curriculum in order to promote that potential workforce is being taught effective preventative and therapeutic interventions and recovery philosophy.
- Create a mechanism or incentive to develop a career ladder for peer support specialists, case managers, and prevention professionals.
- Research and provide information about Health Care Reform Act and/or other loan repayment programs for individuals entering the field of behavioral health.

4. **TRAUMA-INFORMED CARE:**
   Ensure that services available throughout the state are sensitive to and understanding of trauma and the influence it may have on an individual’s illness, treatment, and outcomes.

Activities designed to accomplish above priority:
- Participate in Statewide Trauma Informed Care Planning Session (in partnership with NASMHPD and Elizabeth Hudson, Trauma Coordinator for the State of Wisconsin).
- Create Statewide Trauma Task Force to lead the development of Trauma Informed Care Plan.
- Complete development of and begin implementation steps of Statewide Trauma Informed Care Plan that focuses on changes of, and modifications to, current behavioral health practices, organizational environments, policies, procedures, fiscal mechanisms and workforce development efforts which are reflective of a shift from an illness/symptom based model to an injury/trauma based model.
- Use existing resources and mechanisms to advance objectives of Trauma Informed Care Plan (e.g. collaborate with Quarterly Health Initiative and other statewide workgroups/coalitions, such as the Adverse Childhood Experiences Consortium).

**Initiative 3: Health and Wellness Promotion**

This initiative is created in response to the 2006 National Association of State Mental Health Program Directors (NASMHPD) Morbidity and Mortality in People with Serious Mental Illness report which states that, “People with serious mental illness served by public mental health systems die, on average, 25 years earlier than the general population.” This research sheds light on the need for a major change within the field of mental health to ensure that individuals are treated as a whole person and that their health and wellness is a primary focus. This requires a shift from practice that focuses on illness and symptoms to practice that focuses on wellness and wholeness. Initiative efforts must include building a bridge between physical health care and mental health care.

**Priorities**

1. **HEALTH EDUCATION & RESOURCES:**
   Increase staff and individual understanding of health related topics and the connection between physical and behavioral health.
Activities designed to accomplish above priority:
- Sponsor Quarterly Health Initiatives (QHI)
- Host webinars
- Develop tools for individuals to utilize to track their health goals, guide their discussions with medical professionals, and promote continuity of care (e.g. annual health booklet, health and wellness journals, etc.).
- Partner with T/RBHAs to plan resource/health fairs (including fairs offered onsite at provider agencies)
- Partner with T/RBHAs to assist in the development of resource lists related to QHI topic made available at provider sites.

2. HEALTH & WELLNESS SERVICE DELIVERY:
Advance health and wellness services within the behavioral health system through expansion of Transformation Transfer Initiative Grant activities

Activities designed to accomplish above priority:
- Conduct consulting with peer and family mentor group facilitators (pertains only to providers participating in the grant)
- Facilitate peer summit to generate ideas, discuss lessons learned, and introduce trauma informed care concepts to health and wellness programs. (Summit attendees to include peers and staff who participated in the grant funded program)
- Inventory whole health and health integration programs throughout the state
- Develop a tool kit to share resources and ideas on effective whole health programs.
- Identify potential partners with whom to develop whole health programs or with whom to collaborate with existing initiatives.
- Promote the development of whole health goals in the Individual Service Plan as determined by the individual.
- Increase the testing of behavioral health recipients for HIV, while conducting monitoring for compliance with state and Federal standards of care pertaining to HIV testing.

3. HEALTH INTEGRATION & COORDINATION:
Improve the coordination of services across the medical and behavioral health systems, demonstrating medical and behavioral health integration through co-integration and collaboration.

Activities designed to accomplish above priority:
- Explore partnerships with AHCCCS health plans and community health centers to improve access to medical appointments, screening services, and consultations while considering potential for tracking screenings and follow-up activities.
- Partner with AHCCCS and behavioral health providers to develop a dedicated referral process (both from health plan providers to the T/RBHA and from the T/RBHA to health plan providers) for individuals with Traumatic Brain
Outcomes:

The focus of all priorities and activities listed is to improve the following Quality of Life Outcomes over time:

- Abstinence from drug/alcohol use
- Increased/retained employment or return to/stay in school
- Decreased criminal justice involvement
- Increased stability in housing
- Increased social connectedness

Outcomes, indicators, and measures will be tracked through the Quality Management Recovery and Resiliency Focused Outcomes Framework.

T/RBHA representatives, community representatives, and DBHS staff will meet on a monthly basis to discuss activities, progress, and success related to each of the three initiatives. The monthly meetings will provide the opportunity for inter-agency collaboration and a solutions-focused approach to overcoming barriers and creating meaningful change. Inter-agency teamwork will ensure a transparent approach with open communication.