Arizona Department of Health Services
Division of Behavioral Health Services

The
“Meet Me Where I Am”
Campaign

Year One Annual Report
November 2008
Meet Me Where I Am

Annual Report
Executive Summary

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) is at the forefront of a national movement to transform the State’s System of Care (SOC) for children, adolescents and young adults. This transformation was set into motion seven years ago and continues to evolve into a comprehensive and highly effective SOC supported by the Child and Family Team (CFT) practice. The system is rooted in the Arizona Vision and 12 Principles which ensure that family voice, individual choice, collaboration among state partners and respect for family culture remain at the core of all CFT decision-making. The desire to serve children and families in their homes and local communities, no matter what their unique needs may be, is fundamental to the Arizona Vision.

In spring 2007, ADHS/DBHS launched the “Meet Me Where I Am” (MMWIA) Campaign – a multi-year effort tasked with extensively increasing the quantity, while ensuring the quality, of direct support and rehabilitation service providers. The concept for MMWIA grew from concerns expressed by CFT members and the behavioral health community about the shortage of skilled staff available to provide high-quality, home-based direct support services. Through the significant expansion of the provider network, the MMWIA Campaign is successfully addressing the challenges faced by CFT’s in locating and/or arranging for needed direct support services.

From the onset of MMWIA, the message of the campaign has been clear: Provide appropriate and effective direct support services to children/youth with the most challenging and complex needs and their families in order to achieve the desired outcomes of that unique child and family. To accomplish this, a comprehensive training curriculum comprised of nine modules was developed, some of which are available via E-Learning. This curriculum was created by a local provider agency with recognized expertise in delivering individualized support and rehabilitation services across the State of Arizona.

The first year of the MMWIA Campaign has been extremely successful. The term “Meet Me Where I Am” and its philosophies have become embedded into the vernacular of the Arizona children’s SOC. Outcomes from the first year of MMWIA include a significant expansion of the workforce providing high-quality direct support services to children and their families as well as countless success stories. ADHS/DBHS is proud to see the MMWIA Campaign enter its second year. Given its tremendous success and proven outcomes, MMWIA continues to receive strong support from ADHS/DBHS, the Regional Behavioral Health Authorities (RBHA’s) and the statewide MMWIA Steering Committee. Even more importantly, MMWIA continues to receive the support of families and other child-serving agencies across Arizona.

I am growth.
I am strength.
I am pride.
I am courage.
I am loved.
I am grateful.
I am loving.
I am giving.
I am determined.
I am a friend.
I am a brother.
I am an artist.
I am a dream.
I am real.
I am alive.
I am me.
I am Doug.

–Written by Doug, age 17, whose life was significantly changed through the direct support services he received
The Arizona Vision, 12 Principles and Child and Family Team Practice

In 2001, Arizona began its journey to transform its children’s System of Care (SOC) with the goal of creating a system focused on strengths-based, family-friendly and outcome-focused care. The Arizona Vision and 12 Principles are at the heart of Arizona’s SOC. These tenets guide service provision and have formed the foundation for Child and Family Team (CFT) practice on a statewide basis.

The Arizona Vision states:

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

The Arizona 12 Principles, as listed below, provide the guidance necessary to achieve the Arizona Vision:

The Arizona 12 Principles

1. Collaboration with the child and family
2. Functional outcomes
3. Collaboration with others
4. Accessible services
5. Best practices
6. Most appropriate setting
7. Timeliness
8. Services tailored to the child and family
9. Stability
10. Respect for the child and family’s unique cultural heritage
11. Independence
12. Connection to natural supports

A fundamental component of a comprehensive SOC is the availability of “wraparound” services. The notion of “wraparound” services is nationally-recognized as best practice for children with behavioral health conditions and their families; Arizona’s version of the “wraparound” approach is the Child and Family Team (CFT) practice. The concept calls for a well-functioning team that practices according to the 12 Principles and is able to identify and arrange for the individualized services and supports needed for that child and family. It is the goal of the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) that all children
enrolled in the behavioral health system are served by a CFT that practices according to the 12 Principles.

The MMWIA Campaign: An innovative and Ambitious Endeavor

As CFT practice became more widely used across Arizona, teams began to request more home-based support services for children, adolescents, young adults and their families. However, as these requests increased, ADHS/DBHS realized that the current network of providers did not have the capacity to meet these requests and reliance on out-of-home residential settings was not the answer, nor was it consistent with the Arizona Vision and 12 Principles. Additionally, the agency recognized that in order to truly develop a comprehensive SOC built on best practices, the system would need to offer non-traditional supportive services (other than counseling and medication monitoring) that could best serve the child and family in their homes and community settings.

In early 2007, leadership at ADHS/DBHS pitched an innovative and ambitious plan to address the need for more in-home direct support services. Based on feedback from over 100 individuals from around the state, it became clear that CFT’s and families wanted service providers to be flexible and creative in meeting the individualized behavioral health needs of children and families. Staying true to the Arizona Vision and the 12 Principles, it was the consensus of the group that working with children in their homes and communities whenever possible was the optimal way to produce the desired outcomes of children and youth:

- Living safely with their families,
- Being successful in school,
- Avoiding delinquency, and
- Moving toward becoming stable, productive adults.

This exciting initiative was named the “Meet Me Where I Am” (MMWIA) Campaign. This title not only reinforced the literal goal of meeting children and families in their homes and communities (rather than in office settings), but also reflects the need to meet children and families where they are in their recovery journey. The MMWIA campaign was officially launched in July 2007 and it serves as a culminating representation of the ongoing and positive changes occurring in Arizona’s SOC.

Along with the development of the MMWIA campaign, the DBHS Practice Protocol “Support and Rehabilitation Services for Children, Adolescents and Young Adults” was created (http://www.azdhs.gov/bhs/guidance/supportrehab.pdf). Support and Rehabilitation Services are often an essential part of community-based practice and culturally competent care -focused on
helping children live successfully with their families and in the community. This protocol is designed to guide the development and use of Support and Rehabilitation Services in connection with CFT practice.

Rolling out the Campaign

In launching this exciting campaign, it was critical to address both the financial and philosophical components required for success. ADHS/DBHS acknowledged that agencies would incur development and start-up costs in building the capacity to deliver these needed services. To address this issue, ADHS/DBHS factored this into the capitation rate development for children’s services for FY2008. The MMWIA Campaign officially rolled out at the beginning of FY2008 with the new capitation rates. Attachment 1 outlines the FY2008 goals for staff expansion by region. In addition to the capitation rate increase, the fee-for-service rates for many of these targeted support and rehabilitation services were reviewed and adjusted to better account for the out-of-office nature of the services.

Specific covered services were identified for increased utilization. Baseline utilization measures were shared and incentives for increases were established for each Regional Behavioral Health Authority (RBHA) for the following covered services:

- Skills Training & Development
- Psychosocial Rehabilitation Living Skills Training
- Medication Training and Support
- Ongoing Support to Maintain Employment
- Psychoeducational Services (Pre-job training & Development)
- Personal Care Services
- Home Care Training Family (Family Support)
- Behavioral Health Prevention/Promotion Education
- Self-Help / Peer Services (Peer Support)
- Respite

Because of the ambitious nature of the Campaign and the importance of obtaining the support and commitment of stakeholders, ADHS/DBHS hosted a statewide Stakeholder Input Day on March 12, 2007. As mentioned previously, over 100 individuals from around the State, representing children’s service providers, state partner agencies, family members and Tribal and Regional Behavioral Health Authorities (T/RBHA's) joined staff from ADHS/DBHS for a full day of brainstorming. The diversity of participants provided rich input, much of which was incorporated in the final planning and development of the Campaign.

From the beginning, the cohesive message of the group focused not only on increasing the utilization of support and rehabilitation services, but also on ensuring high quality services that achieve the desired outcomes for the child and family. In addition, individuals with the most challenging and complex needs were to be targeted for services, including children who:

- Are involved in multiple state agency systems
- Have lost or are at risk of losing current placement
- Are living out of home
- Experience severe behavioral health symptoms or have caregivers with severe behavioral health issues
• Experience significant behavioral disruption
• Have experienced severe trauma
• Have recurring crisis situations
• Have significant difficulty with transitions or difficulty dealing with loss
• Display behaviors that could result in justice involvement or pose potential safety risks
• Have a developmental disability or co-occurring medical issues
• Are transitioning to the adult behavioral health system

Building Statewide Support and Setting Year One Goals

A Statewide Steering Committee was established comprised of ADHS/DBHS staff, T/RBHA representatives and family members. The committee, which continues to meet on a bimonthly basis, is co-chaired by a family member and reviews progress and addresses challenges.

In order to foster ongoing enthusiasm and a better understanding of the Campaign, subsequent to the statewide Stakeholder Input Day in March 2007, each RBHA hosted local kick-off events, inviting service providers, family members and other stakeholders from their regions to participate. Kickoff events were held in each of the six Geographic Service Areas (GSAs) in 2007 to officially launch the campaign. These events were designed to highlight the benefits of providing individualized, flexible support and rehabilitation services where and when the family needs them most. Family members shared personal success stories in the use of these services and the positive outcomes for their children. These events were upbeat, encouraging and enthusiastic and ignited the momentum of the Campaign.

These kick-off events were also an opportunity to discuss Year One Goals including:

• The use of targeted demonstration sites within each region of the state to focus on the successful development and use of Support and Rehabilitation Services
• The development of Local Design Teams within each RBHA that collaborate with the Statewide Steering Committee. These teams were to consist of at least 25% parents/family/youth involved in the behavioral health system and be co-chaired by a family member. Design teams were responsible for identifying the demonstration sites and determining how to utilize funding to develop successful support and rehabilitation services. Each design team was also responsible for allocating Year One funding to demonstration sites with the following characteristics:
  o A strong commitment to provide Support and Rehabilitation Services to children and families with the most complex and challenging needs in an effort to help them live successfully in the community;
  o Prepared to operate with sufficient skill to help children with the most complex needs live in the community successfully;
  o Committed to operating as Generalist Support Providers, meaning they would configure their program operations to the needs of the
Utilization of a Positive Behavior Support approach to Support and Rehabilitation Service delivery.

Across the State, a total of 18 demonstration sites were identified and charged with implementing the service expectations of the MMWIA campaign. Each of the Local Design Teams was required to submit a plan to the Statewide Steering Committee for approval describing how they would implement the expectations of the campaign at the demonstration sites using providers that possessed the desired characteristics. Providers in the demonstration sites were requested to gather success stories to share with stakeholders. The Steering Committee felt it was important to demonstrate not only increased utilization data, but also how these services contributed to positive outcomes for children, youth and families.

The RBHA kick-off events were followed by two types of local community workshops; 1) Community CFT Workshops focused on effectively helping CFTs learn about and integrate direct support services and Positive Behavior Support techniques into their practice, and 2) Provider Development Workshops focused on helping administrators and supervisors at direct support agencies learn about effective ways to overcome challenges associated with providing the targeted services in a flexible and customized manner. Overall, these workshops provided current service providers, as well as agencies interested in developing support and rehabilitation service programs, with technical assistance on improving and/or developing these programs. Targeted technical assistance continues to be available for those agencies requesting additional support.

Curriculum Development

Child and Family Support Services (CFSS), a local agency with expertise and experience in delivering high quality direct support services in Arizona, was commissioned to develop a training curriculum supporting the many components of the MMWIA Campaign.

These modules have been designed as self-study guides that interested parties can use as resources. They can be used as references or as individual or group training sessions. They provide information ranging from broad philosophical approaches to very specific tips and suggestions for doing the work. The modules also provide activities that encourage participation with others (such as peers or supervisors) to aid in learning the concepts and understanding how to apply them. The curriculum, outlined on the next page and in Attachment 2, is comprised of nine modules that can be viewed online at www.MMWIA.com
Meet Me Where I Am Curriculum

Module 1: Overview of Support and Rehabilitation Services - Information about the intent behind support and rehabilitation services, their usefulness in keeping children in the community, the value to families, and congruence with the 12 Principles; Helps generate desire to create and use support services

Module 2: Support and Rehabilitation Services Provider Operations - A toolkit that helps agencies (or groups interested in becoming provider agencies) form, organize and implement Support and Rehabilitation Services programs

Module 3: Positive Behavior Supports - Overview of Positive Behavioral Support as an approach behind delivering any type of Support and Rehabilitation Services (also available in E-Learning)

Module 4: Coordinating Support and Rehabilitation Services through the CFT - Information on skills and knowledge required to successfully integrate Support and Rehabilitation Service provision with the CFT, both from the perspective of the CFT facilitator as well as the support services provider

Module 5: Individualizing Support and Rehabilitation Services - Information on skills and knowledge required to tailor support services to the unique and individualized needs of children and families

Module 6: Supervision of Support and Rehabilitation Services - Discovery of the unique challenges and differences associated with providing supervision of support services and the tools to help in this supervision (also available in E-Learning)

Module 7: Working with Specialized Support and Rehabilitation Services and Special Populations - Information on skills and knowledge helpful when providing support services for select special populations

Module 8: Measuring Outcomes and Adjusting Support and Rehabilitation Services Provision over Time - Information and tools for monitoring and improving the quality of support provision

Module 9: System and Program Models for Support and Rehabilitation Services Provision - Information and tools for providers in selecting and developing models of support service provision; Assists CFT facilitators in identifying the types of models that may be the most helpful for identified needs

The modules are equipped with:

- **Core content** – the key information for each module
- **Learner prompts** – located in the margin on the left hand side of the guides
- **Graphs and matrices** – designed to take information (i.e. billing codes) and put them in an easy to read and reference format
- **Reflection exercises** – practice opportunities for some of the concepts discussed in the modules
- **Scenarios** – designed to help share success stories as well as provide situations to think about and discuss with others
- **Tips** – designed to share suggestions related to key content
- **Challenges** – designed to help outline some of the challenges associated with Support and Rehabilitation Services
- **Appendices** – sections at the end of the modules where additional information can be found
The E-Learning modules (modules 3 and 6) include interactive options and video clips to enhance the learning experience for individuals interested in gaining an even deeper understanding of the covered material.

To further support the objectives of the MMWIA Campaign, CFSS was also contracted to provide consultation and technical assistance to the T/RBHA’s and their provider agencies. Current best practice around implementing new techniques support the need for ongoing coaching and technical assistance in order to achieve and sustain the desired change.

Outcomes from Year One

**Significant Increases in a Skilled Workforce Statewide:**
During its first year, MMWIA brought on 204 new Full Time Employees (FTEs) able to provide support and rehabilitation services across the six GSAs within the four RBHAs. The new staff was spread across 18 provider agencies in these GSAs, allowing these agencies to provide creative, flexible, individualized home-based services to the children and families they serve.

Statewide, approximately 195 individuals participated in the Provider Development Workshops held by CFSS and over 700 individuals attended the Community CFT Workshops. CFSS also provided technical assistance to a group of 18 Arizona supervisors specific to supervisory questions in Southeast Arizona. Furthermore, there have been nearly 2,100 hits on Web-based training modules.

**Increased Utilization**
While the first two quarters of FY2008 were spent planning, contracting with provider agencies, training, and hiring staff, the third and fourth quarters showed an impressive increase in utilization of the targeted direct support services. The number of units encountered in Q2FY2008 (Oct-Dec 2007) was 433,936; the number of units encountered in Q4FY2008 (April-June 2008) was 694,430 – This represents a 60% increase in utilization of these targeted services in less than a year. As continued referrals are made and capacity grows, this utilization is expected to continue to increase.

**Improved Outcomes for Children and Youth:**
Countless children, adolescents and their families across Arizona have benefited from the MMWIA Campaign. RBHA’s developed feedback forms to collect success stories (Attachments 3a and 3b showcase a couple of examples of these forms). The following success stories are just a few real-life examples of accomplishments Arizona has experienced through the MMWIA Campaign. These stories describe situations in which children return home from or avoid the
placement into an out-of-home setting due to direct support services provided.

**Quotes from family members:**

"We love the agency behavior coaches!"

"We feel like [our coaches] are part of our family."

"[Our coaches] have helped our child to improve behaviors; they really care about our child."

"[Our coach] is helping my child be successful at home, which I never thought I would see."

"I feel like I have my child back."

**Quote from a youth:**

“I feel much supported by the services I have now.”

**Success Stories**

**An 11-year-old youth** was referred to a Demonstration Site after spending a week in treatment. The youth presented with numerous behavioral issues and had been arrested. The youth acted out at home as well as at school. Direct support workers provided the mother with skills training to help her develop new, effective ways to provide structure, maintain boundaries and set limits. Services were provided at the family’s home in order to help the mother establish a new routine.

After several weeks, the mother established a sense of structure in the home. The mother has stopped reacting to the youth’s various negative behaviors. She visibly appears more confident and less stressed. The youth is more responsive to the mother’s cues and is less defiant. The youth helps at school and receives a monetary incentive as well as learns valuable social skills.

**A 15-year-old youth** with a long history of assaultive behavior and numerous out-of-home placements is now living at home. Child Protective Services (CPS) had placed the youth in a therapeutic group home with CPS funding. Agency staff worked with the family while the youth was in placement to help prepare for the youth’s transition back home. Upon the youth’s return, agency coaches worked with the family once a week and with the client alone once a week. Since returning home, there have been no incidents of aggressive or violent behaviors and explosive episodes have diminished. Furthermore, improved communication skills are preventing conflicts. The family is doing wonderfully!

**A 15-year-old youth** with a history of extensive substance abuse issues, running away and incarceration is now living at home. The family initially requested an out-of-home placement, but after discussing options for outpatient community-based treatment at a CFT meeting, the family agreed to try direct support services and outpatient substance abuse treatment.

The youth was released from incarceration back to the family home. The youth meets with a coach three times a week and attends a substance abuse group twice a week. Direct supports work with the family on improving communication skills for family members, linking the youth with community supports, and finding sober activities for them to participate in. The substance abuse group works with the youth on developing healthy coping skills, learning about triggers for drug use and consequences of drug use and how to maintain sobriety in the community. The youth is now employed, has not run away from home, is getting along better with the family, and has been clean and sober since returning home.
A youth who had been residing in a Level 2 therapeutic group home transitioned to live with grandparents. Several hours of direct support services were provided in the family home, community and school on a weekly basis. After several months of support services, the agency observed significant improvements in the youth’s relationships with caregivers, improved academic scores, safe interactions in the community, and increased efforts building positive relationships with peers and others in social settings.

Prior to support being added for school, the youth struggled with failing grades and behavioral challenges. Now the youth has learned positive outlets for frustration and currently has all A’s and B’s with no missing assignments. The agency continues to assist this youth in developing a positive self-image, presenting a positive attitude, and taking responsibility for achieving desired outcomes.

A 17-year-old youth began an intensive in-home program in Spring 2008 after being hospitalized for substance abuse issues. The youth also had multiple other behavioral health needs. In addition to individual and family therapy and case management services, this youth was provided with pre-job training and development skills to assist with applying, interviewing and securing a job.

After approximately one month, the youth was successfully working at a retail establishment two-to-three days per week. The youth also worked with the team to strengthen motivation and study skills to improve grades at school, and anticipates graduating in December 2008. The youth’s last report card showed noticeable improvement from the third to fourth quarters, with A’s and B’s replacing D’s and F’s.

The youth’s family previously communicated with one another through unhealthy means, including yelling, ignoring each other, withdrawing or threatening suicide. The youth and family were provided services to address anger management, coping mechanisms and communication skills to learn how to better express their feelings and identify their needs. Now the youth and family experience far fewer arguments- often no more than one to two arguments per week.

A youth was referred by the CFT for support in an attempt to avoid being placed in a residential treatment center or detention center. The youth had multiple previous contacts with the Sheriff’s Department and there were ongoing concerns with dangerousness to self and others. The agency partnered with the family for several months to offer support and rehabilitation services to this youth. The agency offered an extensive amount of support each week, focusing on personal care, life skills, social skills, and peer and family relationships. As a result, this youth had an opportunity to participate in family activities, social functions and community events which they were unable to do previously due to aggressive behaviors and safety concerns. This youth has identified several ways of self-soothing that have been successful and appropriate in response to feelings of anger. This youth has improved the ability to read social cues, use appropriate tone when speaking and recognize personal boundaries. This youth actively
participates in the support services offered by the agency and routinely expresses enjoyment with spending time with the providers.

A Success Story through the Eyes of a Parent Partner

“I am the Parent Partner working with a family and their Child and Family Team (CFT) for the past year. The Intensive Case Manager for this family contacted the family-run organization I work for and requested a Parent Partner to work with the parents on parenting skills and help identify and connect with community resources. There were a total of seven children in this family, all of which had been in CPS custody for almost a year by the time I met them. In addition to a Parent Partner, this family also had a bilingual Family Support Partner as well as a bilingual Division of Developmental Disabilities (DDD) support coordinator for two of their children.

At my initial visit with the parents, it was immediately clear they were very scared of being judged. They were shy, had very poor eye contact and stated that they just felt lost without their children. They had been given very little hope of regaining custody of their children. Their goals were very clear: to learn parenting skills, connect with community resources, and have their family reunited.

As a parent partner, I was now able to be part of their CFT. I soon realized the family’s needs were not being identified. Over the course of the next few months, I provided in-home parenting services to both parents, connected them to a family-run organization for workshops, assisted with translation services, attended court hearings with the family, and helped them to learn about the behavioral health and DDD systems in Arizona. Through their hard work and the workshops the attended, the parents began to understand what was expected of them and they were able to meet the criteria necessary to start the reunification process. Eventually, all seven of the children were gradually returned to their parents’ care. When the last child was finally returned home, the judge personally thanked the direct support providers for helping the family on their very difficult journey. The judge went on to say that he felt it may not have been possible if these supporters had not been there to help the parents learn new skills, learn about community resources, and most of all how to advocate for themselves as well as their children.

“I do this work because I know there is hope for families.”

Partnership Building with Family-Run Organizations

Another significant outcome of the MMWIA Campaign is the partnerships that have been further solidified with the two primary family-run organizations in Arizona, the Family Involvement Center (FIC) and Mentally Ill Kids in Distress (MIKID). These partnerships have been critical to the success of MMWIA and continue to propel Arizona forward in its mission to transform our children’s SOC.

The Family Involvement Center:

Through the efforts of the MMWIA Campaign, the Family Involvement Center (FIC) now receives an average of 1,000 phone calls per month from families/caregivers seeking help for their child or adolescent with behavioral health needs. FIC has assisted families in navigating through the behavioral health system and other child-serving systems. This agency ensures that families learn about direct support services and how these services can ultimately result in a
new sense of empowerment for both the parent and the child. FIC has reported seeing a
dramatic difference in those families who receive wraparound services and are able to keep
their child in their home environment.

Some of the families who have worked with FIC shared these thoughts about direct support
services; “It has made a huge difference in my family’s life.”

“I was at the end and I could not take much more. When my child got the behavioral coach,
things really got better.”

“I told my CFT that my husband and I couldn’t do it any more. [Our child] needs to be out of our
house. They came up with an idea to have someone come in our house and work with my
[child]. At first I didn’t like the idea of a stranger coming into my house but we decided to try it
but we really didn’t think it would work. We were wrong – it did work and for awhile we had
more than one person come in so my family got help too. I am so glad for this service. I wish
we had known about it sooner.”

“My child was out of our home and I didn’t want them back because I was scared. When they
gave us services in our home and helped us with [my child] coming home it was a big
difference. They stayed until [my child] was doing better and so were we. I wish we had this
service before, maybe my [child] wouldn’t have gone out of the home.”

Mentally Ill Kids in Distress:
Similar to FIC, MIKID has also experienced an overwhelmingly positive response from families
who have received direct support services. In particular, MIKID reports that the MMWIA funding
opened new doors for families living in the Northern and Southern parts of the state. Families
began to see how they could have a voice in the how supports were being delivered and how
they could become a part of the solution as “drivers” of the process. Direct support staff has
been able to support youth and their families in the community, where previously families were
isolated because it was too difficult to take kids into the community without support due to some
“big” behaviors. In some communities, this was the first time that formal direct supports were
introduced. Families in rural communities now had access to the kind of support that it takes to
assist the Child and Family team in keeping kids at home. This is especially important when
youth from rural Arizona are sent to out-of-home placements it is usually in a city very far from
home, which of course makes it difficult for families to stay connected and supported. Overall
MIKID believes that the MMWIA campaign has been exceptionally successful. It has truly
inspired hope for families who had reached a difficult point in their journeys. No family wants to
send their child away to get “help” but before MMWIA, that was often the only option available.

MMWIA Family Conference for Maricopa County
A MMWIA family conference was held on September 26, 2008 to discuss direct supports, how
to access them and the positive effects they can have. This conference was co-sponsored by
FIC and MIKID and included nearly 100 participants. This one-day event featured expert
speakers from the community and a panel consisting of family members involved with direct
supports. Attachment 4 is a write up about the conference from the Family Involvement Center,
which co-hosted the event with Mentally Ill Kids in Distress (MIKID).
Next Steps

Workforce Development:
Further adjustments to the capitation rates in FY2009 will allow approximately 50 additional FTEs to be hired across the State (See Attachment 1). These employees will supplement the growing number of behavioral health staff trained to provide the key support and rehabilitation services targeted by the MMWIA campaign. ADHS/DBHS is committed to continued growth of this vital workforce and supports its sustainability across the state.

Training and Technical Assistance:
CFSS will be transforming two more of the MMWIA modules (1: Overview of Support and Rehabilitation Services and 4: Coordinating Support and Rehabilitation Services through the CFT) into E-Learning modules. In addition, through the Child and Adolescent State Infrastructure Grant (CA-SIG), ADHS/DBHS will provide funding to the RBHAs for additional technical assistance. ADHS/DBHS staff will work with the RBHAs to target technical assistance in the areas most in need of support.

Statewide and Local Support:
The statewide MMWIA Steering Committee will continue to meet regularly in order to provide guidance and oversight for this statewide project. In addition, the Statewide Steering Committee supports the individual regions and their Local Design Teams by sharing information and opportunities between the GSAs. Lessons learned in one region may be helpful in other parts of the State. Success stories will continue to be gathered and shared with stakeholders. These stories provide ongoing evidence of the impact of the Campaign and demonstrate the improved outcomes experienced by children and families through creative, individualized interventions offered by direct support providers.
### MMWIA Generalist Support and Rehabilitation

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<tr>
<td>Horizon</td>
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<tr>
<td>Superstition Mtn.</td>
<td>8</td>
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<td><strong>Total</strong></td>
<td><strong>24</strong></td>
<td><strong>3</strong></td>
<td><strong>27</strong></td>
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<tr>
<td><strong>CPSA GSA 5</strong></td>
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<td></td>
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<tr>
<td>Pantano</td>
<td>18</td>
<td></td>
<td></td>
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<tr>
<td>Providence</td>
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<td></td>
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<td>La Frontera</td>
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<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>10</strong></td>
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<tr>
<td><strong>Magellan GSA 6</strong></td>
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<td>AYFS</td>
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<tr>
<td>CFSS</td>
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<td>Youth ETC</td>
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<td>Touchstone</td>
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<td></td>
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<tr>
<td>A New Leaf</td>
<td>10</td>
<td></td>
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</tr>
<tr>
<td>POCN</td>
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<td><strong>Total</strong></td>
<td><strong>75</strong></td>
<td><strong>20</strong></td>
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<td><strong>Grand Total</strong></td>
<td><strong>197</strong></td>
<td><strong>43</strong></td>
<td><strong>240</strong></td>
</tr>
</tbody>
</table>

*All numbers are approximate
### Meet Me Where I Am

**Available Training and Support Resources**

**Note:** These modules may be accessed at [www.mmwia.com](http://www.mmwia.com) to learn more about Support and Rehabilitation Services and their integration with Child and Family Team practice.

#### Self-Guided Modules:

<table>
<thead>
<tr>
<th>Module</th>
<th>Intended Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Overview of Support and Rehabilitation Services</td>
<td>Families, youth, facilitators, coaches, supervisors, front-line staff, and stakeholders</td>
</tr>
<tr>
<td>2 Operating a Support and Rehabilitation Service Program</td>
<td>Agency management and individuals interested in the design and support of support and rehabilitation practices</td>
</tr>
<tr>
<td>3 Positive Behavior Support Approach</td>
<td>Families, youth, facilitators, coaches, supervisors, front-line staff, and stakeholders</td>
</tr>
<tr>
<td>4 Connecting Support and Rehabilitation Services</td>
<td>Families, youth, facilitators, coaches, supervisors, front-line staff, and stakeholders</td>
</tr>
<tr>
<td>5 Individualizing Support and Rehabilitation Services</td>
<td>Families, youth, facilitators, coaches, supervisors, front-line staff, and stakeholders</td>
</tr>
<tr>
<td>6 Supervision of Support and Rehabilitation Services</td>
<td>Supervisors and managers of Support and Rehabilitation Programs</td>
</tr>
<tr>
<td>7 Support Service Provision for Specialty Populations</td>
<td>Families, youth, facilitators, coaches, supervisors, front-line staff, and stakeholders</td>
</tr>
<tr>
<td>8 Measuring Outcomes and Adjusting Support Provision Over Time</td>
<td>Families, youth, facilitators, coaches, supervisors, front-line staff, and stakeholders</td>
</tr>
<tr>
<td>9 System and Program Models for Support and Rehabilitation Service Provision</td>
<td>System and Program Developers</td>
</tr>
</tbody>
</table>

#### Online Modules:

<table>
<thead>
<tr>
<th>Module</th>
<th>Intended Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Overview of Support and Rehabilitation Services (pending)</td>
<td>Families, youth, facilitators, coaches, supervisors, front-line staff, and stakeholders</td>
</tr>
<tr>
<td>3 Positive Behavior Support Approach</td>
<td>Families, youth, facilitators, coaches, supervisors, front-line staff, and stakeholders</td>
</tr>
<tr>
<td>4 Connecting Support and Rehabilitation Services to CFT practice (pending)</td>
<td>Families, youth, facilitators, coaches, supervisors, front-line staff, and stakeholders</td>
</tr>
<tr>
<td>6 Supervision of Support and Rehabilitation Services (pending)</td>
<td>Supervisors and managers of Support and Rehabilitation Programs</td>
</tr>
</tbody>
</table>

#### Classroom Modules:

Some RBHAs are adapting all or part of the above modules into live classroom training and/or integrating parts of them into existing trainings. Check with your RBHA training department for specific information for your area.
## Cause for Celebration Form C 4C

### REASON FOR REFERRAL:
- Danger of disrupting
- Escalation of behaviors
- Transition to adult
- Repetitive crises
- Family substance use
- School disruptions
- Increased symptomology
- Functional Behavioral Assessment
- Possible out of home placement
- Supervised visits
- Other

### DIRECT SUPPORT SERVICES PROVIDED WITH HOURS/TIME EACH WEEK:
- H0025 Behavioral Health Prevention/Promotion Education
- H0034 Medication Training and Support
- H0038/HQ Self-Help/Peer Services
- H0043 Supported Housing
- H2014/HQ Skills Training and Development
- H2016 Comprehensive Community Support
- H2017 Psychosocial Rehabilitation Living Skills Training
- H2025/H2026 Ongoing Support to Maintain Employment
- H2027 Psycho-Educational Services (Pre-Job Training and Development)
- S5109 Home Care Training to Home Care Client
- S5110 Home Care Training Family Support
- S5150/S5151 Unskilled Respite
- T1019/T1020 Personal Care Services

### SUCCESS CATEGORY:
- Improved Health/Fitness
- Living At Home
- Improved Behaviors
- Avoided Delinquency
- Improved Life/Social Skills
- Becoming a Stable/Productive Adult
- Academic Success
- Employment Skills
- Success in Community
- Transition out of/Avoided- ASH
- Transition out of/Avoided- RTC
- Referral/Coordination
- Other

### SUCCESS NARRATIVE:
Youth/Family Feedback on Rehabilitation/Support Services
Feedback form

Client Name: ___________________________________________________________

DOB: ___________________________    CIS #: ___________________________

Date of Feedback ___________________________

Parent/Caregiver Name: ___________________________________________________

Who is providing feedback? Please circle: Youth Parent/Caregiver

If youth is providing feedback, staff has received verbal parental consent on: ___________________________ (date)

Questions:

1) Have you been told about specific rehabilitation and support services available to you and your child?
   (personal care services; family support; peer support; HCTC; respite; skills training; health promotion;
   medication training; pre-job training/development; ongoing support to maintain employment.)

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

2) Have you used any of these services? ☐ YES ☐ NO

3) If you have, which ones?

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

4) Have they been helpful? ☐ YES ☐ NO

5) If yes, how have they been helpful? If no what could the CFT do to try something different?
   (examples of areas of improvement include: behavior at home, at school, with friend, avoiding involvement with
   the law, employment)

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

6) Are you willing to share your story with the GSA 3 Design Team? ☐ YES ☐ NO
   (If YES, FSP to assist with coordination)

   ___________________________________________________________
The Family Involvement Center (FIC) and MIKID (Mentally Ill Kids in Distress) hosted the Meet Me Where I Am Family Conference on Friday, September 26, 2008 at the Church of the Beatitudes in Phoenix. The conference provided a fun and relaxing way for the ninety-four participants to socialize and learn about direct supports.*

In the welcome presentation, Masters of Ceremonies Elaine Groppenbacher and Toni Issadore highlighted The Arizona Principle of Collaboration. Following the opening remarks, keynote speakers Michael Terkeltaub, Executive Director of TRIAD Training and Consulting Services, and Teri Hollaway, parent and Family Voice Coordinator from MIKID, continued with the theme of collaboration. Mike discussed the origin and history of direct supports in Arizona and the utilization of supports at a national level. Teri shared her personal journey with participants and explained how direct supports have impacted her life. In the afternoon, Matt Pierce, Clinical Director of CFSS, described the process in Maricopa County for accessing direct supports and integrating them into service planning with the Child and Family Team process.

A conference highlight was a panel (moderated by FIC employee and parent-caregiver Charlotte Price) of six family members and one youth from Maricopa County. Panelists shared their unique experiences receiving direct supports.

This event was planned and organized by family leaders in Maricopa County from FIC, MIKID, Southwest Network (SWN), and Child and Family Support Services (CFSS) with skillful graphic facilitation provided by Elaine Groppenbacher of Piurek &
Associates. (Special thanks to Piurek & Associates for graciously donating Elaine’s time.) During the conference, the graphic recording decoratively lined the walls of the conference room, and participants wrote heartfelt messages regarding their experiences of the day.

During the conference, the graphic recording decoratively lined the walls of the conference room, and participants wrote heartfelt messages regarding their experiences of the day.

Jesús and Teresa Moreno, parents

The Meet Me Where I Am Family Conference was an especially meaningful venue to meet behavioral public health system leadership and other families, share personal stories, and receive useful information about accessing and utilizing direct supports. The Family Involvement Center would like to thank everyone who contributed to the success of this day, including:

Java Johnnie’s of Bagdad, Arizona (which donated a portion of their fee) for providing espresso drinks and a continental breakfast

Sooner than Later Catering (a consumer-run behavioral health agency) for lunchtime sandwiches and dessert

The musical groups Acts of Love and Adam and 1 Accord for their uplifting and engaging musical performances. Individuals and local organizations that graciously donated prizes which were raffled off throughout out the day (total value over $1,100).

Participants’ Comments

“I liked the opportunity to hear other people’s stories and know I’m not alone and there is help out there.” —parent

“The families lead and did an excellent job; I learned more here than in most trainings I attend in Phoenix or across the state.” —professional

“I loved the illustration (graphic recording). It showed the time and work put into the conference.” —parent

“La información que aprendí hoy definitivamente me ayudó a cambiar mi forma de ver las cosas y saber que verdaderamente necesitamos ayuda y que podemos encontrarla. Nos estamos educando para seguir adelante como una familia unida, pero sobre todo, para ayudar a nuestro hijo de la mejor manera posible. Gracias.”

Translation: “The information I learned today definitely helped me change my way of seeing things; I know that we really need help and we can find it. We are becoming educated in order to keep going as a united family, but above all, to help our son in the best possible way. Thank you.” —parent

*Direct supports are home and community-based support services for children with behavioral health needs available to families in Child and Family Teams within the public Behavioral Health System.

Family Involvement Center
1430 E Indian School Road Suite 110, Phoenix, Arizona 85014
(602) 288-0155 (Parent Assistance Line) / (602) 412-4095 (Administrative Line)
www.familyinvolvementcenter.org