



# **2011 Annual Network Development and Management Plan**

(August 30, 2010)

**Submitted Pursuant to AHCCCS Contract:  
Provider Network Development and Management Plan  
Annual Report**

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## Table of Contents

<b>I. Introduction .....</b>	<b>1</b>
<b>II. Network Overview: ADHS/DBHS Statewide Behavioral Health System Summary .....</b>	<b>2</b>
A. Network Geographic Service Area Structure .....	2
B. Network Plan Analysis .....	2
1. Geo-Mapping .....	3
2. Appointment Availability .....	5
3. After Hours Services .....	6
4. Special Needs Categories .....	8
5. Development of Home and Community Based Services.....	13
6. Identification of Members with Chronic Medical Conditions.....	14
7. Community Involvement and Outside Entity Coordination.....	14
8. Coordination of Care with AHCCCS Contractors.....	19
9. Coordination between ADHS/DBHS Departments.....	20
10. Alternatives to Preventive Crisis Stabilization/Psychiatric Inpatient Utilization.....	20
11. Demographic Data Analysis .....	21
12. Network Inventory Analysis.....	21
13. Specialty Provider Data Analysis .....	23
14. Methodology for Determining Network Needs .....	23
<b>III. ADHS/DBHS Overall Summary of Needs and Network Plan for FY 2011 .....</b>	<b>25</b>
<b>IV. CONCLUSION AND GOALS .....</b>	<b>27</b>

## I. Introduction

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

Created in 1986, the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) serves as the single state authority to provide coordination, planning, administration, regulation and monitoring of all facets of the state public behavioral health system. ADHS/DBHS is responsible for administering Arizona's behavioral health programs, including services for adults diagnosed with a Serious Mental Illness (SMI), and General Mental Health/Substance Abuse (GMH/SA) services, as well as children and their families.

The State's Medicaid agency, the Arizona Health Care Cost Containment System (AHCCCS), contracts with ADHS/DBHS, which is the Prepaid Inpatient Health Plan (PIHP) that administers the Medicaid behavioral health benefits for Title XIX and Title XXI acute care children and adults. Additionally, the Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD) contracts with ADHS/DBHS to administer the behavioral health benefits for the AHCCCS Arizona Long Term Care System's (ALTCS) DDD eligible members.

ADHS/DBHS is also responsible for administering behavioral health services funded through two Substance Abuse and Mental Health Services Administration (SAMHSA) federal block grants: Substance Abuse Prevention and Treatment (SAPT) Performance Partnership and the Community Mental Health Services (CMHS) Performance Partnership. ADHS/DBHS administers other special or discretionary federal, state, and local grants, as well as specific intergovernmental service agreements (ISAs) (e.g. Maricopa County ISA, City of Phoenix ISA, Arizona Department of Corrections (ADOC) ISA, Arizona Department of Housing ISA, and the Rehabilitative Services Administration ISA.

The ADHS/DBHS has completed the FY 2010-2011 Annual Network Development and Management Plan. This plan will provide a comprehensive analysis of the availability and accessibility of behavioral health services in Arizona.

## II. Network Overview: ADHS/DBHS Statewide Behavioral Health System Summary

### A. Network Geographic Service Area Structure

As the State agency responsible for administering Arizona's behavioral health programs and services for children, adults and their families, the ADHS/DBHS contracts with four Regional Behavioral Health Authorities (RBHAs) in six Geographic Service Areas (GSA) and has three Tribal Regional Behavioral Health Authorities (T/RBHAs) intergovernmental agreements (IGA) throughout Arizona to administer integrated managed care delivery systems. The T/RBHAs include:

- Northern Arizona Regional Behavioral Health Authority (GSA1)
- Cenpatico Behavioral Health of Arizona (GSA 2 & 4)
- Community Partnership of Southern Arizona, Inc. (GSA 3 & 5)
- Magellan Health Services of Arizona (GSA 6)
- Gila River Tribal Regional Behavioral Health Authority
- Pascua Yaqui Tribal Regional Behavioral Health Authority
- White Mountain Apache Tribal Regional Health Authority

ADHS/DBHS also has an IGA with the Navajo Nation for the provision of case management services to enrolled Navajo Nation members and requires the Navajo Nation to perform limited administrative function and an IGA with the Colorado River Indian Tribe (CRIT) for the delivery of non-Medicaid behavioral health prevention services to registered Colorado River Indian Tribal members.



### B. Network Plan Analysis

For FY 2009-2010, the ADHS/DBHS compiled a Network Plan that included review and analysis of geo-mapping, appointment availability, after-hour services, special needs categories, development of home and community based services, identification of members with chronic medical conditions, coordination of care with AHCCCS contractors and between ADHS/DBHS departments, alternatives to preventive crisis stabilization/psychiatric inpatient utilization, and data analysis of demographics, specialty providers and the network inventory.

## 1. Geo-Mapping

ADHS/DBHS has the internal capacity to utilize geo-mapping technology to view the geographic location of various Provider Types within the state and regional areas in relation to enrolled adult members.

For FY 2009-2010, ADHS/DBHS analyzed data for geographic availability for the adult population in all six GSAs collected from Adult Outpatient Clinics who provided services to members age 18+ during the FY 2009.

### Methodology

Data utilized in this analysis for geographic availability are for Adult Outpatient Clinics who provided services to adult members age 18+ during the FY 2009. All adult members 18+ in FY2009 analyzed had a valid address which was located to the street address level. The member density captured members per square mile excluding densities of 0 to 1 members per square mile. Each chart, below, provides the population density of adult members using encounters within the Member Information System (CIS) and maps available outpatient clinics within a 15 mile buffer radius of population dense areas.

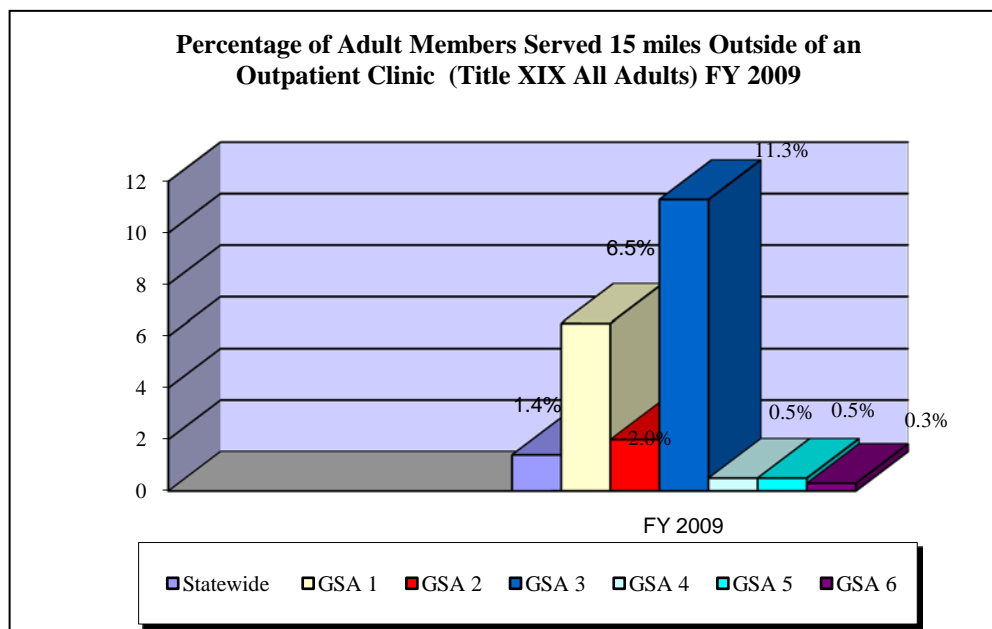
ADHS/DBHS focused its analysis on the smaller subset of recipients living farther away from the service location and for whom geographic access may be a barrier.

### Adult Outpatient Clinics

The 2010 Annual Network Development Plan, focused on the geographic location of Behavioral Health Outpatient Clinics to enrolled members at a statewide and regional level because in Rural and Urban areas because the Outpatient clinic can be a main stay location for members within neighborhoods, communities, towns, cities and local regional areas. Outpatient Clinics become a focal point for support, direction, communication and the delivery place of behavioral health services for adult members.

Of the 35 total Behavioral Health Provider Types, the Outpatient Clinic is a significant statewide provider in both the urban and rural areas. This Provider Type has the ability to provide and or distribute an array of 35 DBHS behavioral health services.

The Chart below provides a statewide and GSA FY2009 network baseline of the percentage of enrolled adult members that live outside of 15 miles from an Behavioral Health Outpatient Clinic. In addition, analysis and recommendations are identified addressing potential network gaps, insufficiencies and/or potential over- abundance of providers in certain network locations based on the statewide and GSA geo-mapping data.



### **ADHS/DBHS data Analysis shows that:**

- GSA-1 has 695 adult members located outside a 15 mile radius to an Outpatient Clinic. Further breakdown of this data reflects that 293 members of the 695 are located outside of a 25 mile radius. This is relatively a small number compared to the total enrolled and particularly for an enormous geographic service area. However, in order to address this gap during the 2009/2010 review period, NARBHA enhanced the number of Responsible Agency providers by adding three additional Responsible Agencies (RAs), with a presence in four counties. Also, NARBHA is in the process of recruiting Hualapai Behavioral Health Services, located in Peach Springs, into the provider network to provide more convenient access to culturally relevant services for members of the Hualapai Tribal members who currently live outside the 25 mile radius.
- GSA-2 geo-access data identifies that 54 adult members are located outside a 15 mile radius to an Outpatient Clinic. In order to address the gap, Cenpatico enhanced utilization of home-based treatment to ensure adequate access to services to behavioral health participants in outlying areas. In addition, clinicians will travel from Yuma to work with behavioral health participants in La Paz County where the largest number of the 54 adult members reside.
- GSA-3 geo-access data identifies that 339 adult members are located outside a 15 mile radius to an Outpatient Clinic. In order to address the gap, CPSA reports that for adults who reside outside of a 25-mile radius, travel to the closest outpatient site may take up to one hour. In these situations, SEABHS implements and provides in-home services, including assessment and intake, as needed. In addition, non-emergency transportation will also be provided for any medically necessary covered service for all adult members.
- GSA-4 geo-access data identifies that 25 adult members are located outside a 15 mile radius to an Outpatient Clinics. GSA 4 has a minimal number compared to the total enrolled members (0.5%) in GSA.
- GSA-5 geo-access data identifies that 91adult members are located outside a 15 mile radius to an Outpatient Clinics. GSA 5 has a minimal number compared to the total enrolled members (0.5%) in GSA5.
- GSA-6 geo-access data identifies that 155 adult members are located outside a 15 mile radius to an Outpatient Clinics. This is a minimal number compared to the total enrolled members (0.3%) in GSA6.

### **Recommendations:**

#### **GSA 2, 4**

- La Paz County and Salome area contain enrolled members residing well outside the 15 mile Outpatient Clinic locations. In the 2010-2011 plan, Cenpatico will focus on addressing the needs of the adult population either through growing the service providers or through continued travel to these areas for service delivery. Cenpatico has begun to address delivery of behavioral health services in the Strawberry and Pine areas surrounding Payson. In addition DBHS will monitor the provision of services through various data elements such as but not limited to Grievance and Appeals, Compliant/Issue Resolutions, Enrollment data member Satisfaction Surveys, etc.

#### **GSA 3, 5**

- The Clifton area and Greenlee County data reflects enrolled members residing well outside of 15 miles to an Outpatient clinic locations. CPSA will continue to address the identified gap in providing in-home services, growing providers in these GSAs. CPSA has actively begun to enhance delivery of behavioral health services in the Sells and surrounding areas in Pima County. In addition DBHS monitor the provision of services through various data elements such as but not limited to Grievance and Appeals, Compliant/Issue Resolutions, Enrollment data.

**GSA 6**

- Magellan has begun discussions to enhance delivery of behavioral health services in the Gila Bend and Tonopah areas in Pima County. In addition DBHS will monitor the provision of services through various data elements such as but not limited to Grievance and Appeals, Compliant/Issue Resolutions, Enrollment data member Satisfaction Surveys, etc.

**2. Appointment Availability**

ADHS/DBHS takes reviews timeliness of service data, the RBHAs’ acceptance of new members and proximity to services are all considered in determining accessibility and timeliness of services in order to determine if service delivery is timely and accessible.

**Children’s System**

For the FY 2010 network review period, each RBHA was required to provide performance data on access to care measures including routine, urgent and immediate appointments and on the Referral to Assessment and First Service within 23 days measures as outlined in the ADHS/DBHS Provider Manual, Section 3.2., Appointment Standards and Timeliness of Service.

RBHAs are required to complete network analysis, network sufficiency reviews on performance, and improvement activities as directed in the DBHS required performance measures.

This section presents individual RBHA performance data for routine appointment availability within 7 days of referral, routine appointments for ongoing services within 23 days of assessment, and Urgent/Emergent services available within 24 hours of referral for the child CPS population in FY2009.

NARBHA GSA 1	Cenpatico GSA 2	CPSA GSA 3	Cenpatico GSA 4	CPSA GSA 5	Magellan GSA 6	Statewide
<b>Routine Appointment for Initial Assessment within 7 Days of Referral</b>						
95%	97%	99%	99%	99%	91%	94%
<b>Members that Received Mental Health Service within 23 days of Assessment</b>						
98%	94%	99%	97%	97%	99%	98%
<b>Urgent/ Emergent Services Available within 24 hours of Referral</b>						
100%	99%	99%	100%	90%	80%	86%

**Adult System**

The adult system focused on the first service within 23 days standard. The following table provides a snapshot of Statewide and RBHA compliance for FY2009 through Quarter 1 FY2010 in providing a routine service to newly enrolled behavioral health recipients within 23 days of their initial assessment.

Adult Population - (FY2009 through Q1FY2010 Performance Average)

NARBHA GSA 1	Cenpatico GSA 2	CPSA GSA 3	Cenpatico GSA 4	CPSA GSA 5	Magellan GSA 6	Statewide
92.1%	94.7%	86.1%	95.8%	95.1%	92.3%	92.1%

**Analysis:**

- Magellan Health Services' data fluctuated over the fiscal year due to a change in CPS requirements regarding the removal of children from their homes; allowing for an influx of children which caused decreased capacity in the system. However, towards the end of the fiscal year the number of child removals normalized and led to adequate capacity and compliance with the 85% removal requirement.

**Recommendations:**

- The Department did not identify any GSA network sufficiency gaps, such as provider availability, access or lack of available full time equivalents (FTEs) in either the child or the adult systems.
- ADHS/DBHS will continue to monitor child and adult access to care data along with additional data sources that elicit member input such as Member Service Compliance Reports and Member Surveys.

**3. After Hours Services**

ADHS/DBHS recognizes that a sufficient network is contingent on the availability of services during non-traditional timeframes. During FY 2010, ADHS/DBHS emphasized the need for the RBHAs to focus on the number and type of providers available during non-traditional business hours – i.e. evenings and weekends. The RBHAs network sufficiency requirements, to ensure that covered services are available and accessible to its recipients, are identified in 42 CFR § 438.206(b) (3); 42 CFR § 438.206(b) (4) and (5); 42 CFR § 438.206(c) (1) (iv-vi). ADHS/DBHS monitors to ensure that RBHAs offer a broad range of covered behavioral health services in the evening, early morning and on weekends to ensure that individuals and families have choice and convenient access to needed services.

For the FY2010 Network Analysis, each RBHA was provided a standardized matrix table to report providers offering evening and weekend services:

Provider Name/County/Population	Provider Type	Number of Agencies	2009 Hours of Operation	2010 Hours of Operation	After-Hour Services
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Each RBHA was required to:

- Analyze any changes from the previous year utilizing the standardized matrix table for after hour's comparison from FY2009 and FY2010.
- Identify coverage gaps or any need to increase capacity in evening and weekend access to services for persons and families who are unavailable for appointments during normal business hours

Analysis of the data collected, verified that RBHA providers are regularly maintaining evening hours so that working families and individuals can receive assessments; see medical practitioners; participate in group, individual, and family counseling; and attend Intensive Out-patient groups, aftercare groups, education and information groups, peer support groups, and anger management groups.

## **Children's System**

In GSA 1, NARBHA providers regularly maintain evening hours so that working families and individuals can receive assessments; participate in Child & Family Teams; see medical practitioners; participate in group, individual and family counseling; and attend Intensive Outpatient, peer/family support, and education/information groups.

NARBHA's RAs provide evening hours at all clinics. After hour services have enhanced during the FY10 review period with the addition of two new RA providers during 2009, which has increased the availability of after-hour and weekend services. Mohave Mental Health Clinic, (Mohave County) also extended business hours on Monday through Thursday from 5:00 pm to 8:00 pm. All providers are very flexible in seeing and scheduling a member when it is convenient for the member.

In GSA 2 and GSA 4, Cenpatico, utilizes a standardized data collection process developed by ADHS/DBHS to identify the number and types of providers offering evening and weekend (after-hours) access to covered behavioral health services. In addition, Cenpatico reviewed all contracts to identify subcontracted providers who currently operate after hours. A list of these providers was compared to the previous year's list of after-hours providers from the FY 2009 Network Analysis to add new providers and remove providers no longer contracted in the Cenpatico Children's System.

In Comparison to 2009, the number of GSA 3 provider sites offering after-hours appointments to children in 2010 increased by 17 percent. In GSA 5, the number of provider sites offering after-hours appointments to children in 2010 increased by 14 percent

In GSA 1, according to the 2010 Facility Data Inventory, Magellan Health Services has 76 provider sites providing services. Of those providers, 35 offer after-hour weekday services, 43 offer weekend services, (24 hour facilities were not included in this data).

### **Recommendations GSA 2 & 4:**

DBHS shall continue to watch the expansion of evening hour services being provided for children and their families in GSA 2, 4. The child providers in GSAs 2 & 4 have remained stable in between FY2009 and FY2010 with respect to evening hour services for children and families, with a slight increase in expansion of after hour services in GSA 4.

## **Adult System**

GSA 1 providers maintain evening hours at all clinics so that working families and individuals can receive assessments; see medical practitioners; participate in group, individual, and family counseling; and attend Intensive Out-patient groups, aftercare groups, education and information groups, peer support groups, and anger management groups. After-hour services have remained stable the FY10 review period. Providers that extended their evening hours included Child Family and Support Services (Coconino & Yavapai), Mohave Mental Health Clinic (Mohave) and Southwest Behavioral Health (Yavapai).

In GSA 2 the adult providers have remained stable between FY2009 and FY2010 in offering evening hour services for individuals and families. Providers that extended their evening hours included Arizona Counseling & Treatment Services (Yuma), Community Bridges (Yuma), Horizon Human Services (Yuma), SMMHC (Yuma) and The Mentus Group (Independent Practitioner).

In GSA 4, the adult providers have remained stable between FY2009 and FY2010 with no reductions in available times offered during evening hour services for individuals and families.

In GSA 3 and GSA 5, CPSA also utilizes a standardized data collection process developed by DBHS to identify the number and types of providers offering evening and weekend (afterhours) access to covered behavioral health services. CPSA reviewed all contracts to identify subcontracted providers who currently operate afterhours. A list of

these providers was compared to the previous year's list of afterhours providers from the FY 2009 Network Analysis to add new providers and remove providers no longer contracted in the CPSA system.

In comparison to 2009, the number of GSA 3 providers offering after-hours appointments in 2010 increased by 16 percent. In GSA 5, the number of providers offering after-hours appointments in 2010 increased by 22 percent. The majority of services offered by these additional providers are Treatment Services and Support and Rehabilitation Services.

In GSA 6, Magellan's contracted providers regularly maintain evening hours so that working families and individuals can receive assessments; participate in Child & Family Teams (CFT); see medical practitioners; participate in group, individual and family counseling and attend Intensive Outpatient, peer/family support, and education/information groups. Magellan Health Services routinely surveys providers for hours of operation and services available. Data is geo-mapped against enrollment and complaint data is reviewed for network sufficiency issues.

Based on the 2010 Facility Data Inventory, Magellan has 326 provider sites providing services. Of those sites, 57 Outpatient Clinics offer after-hour weekday services, 48 offer weekend services, (24 hour facilities were not included in this data). Magellan has identified the West, Northwest and North Valley areas of Maricopa County for continued focus and efforts to increase evening and weekend hours.

#### **Recommendations:**

- Based on the provider data analyzed, comparison to FY09 afterhours availability, and the review of enrollment data, no network sufficiency issues or gaps were identified in the child or adult network systems.
- The DBHS Network Compliance Office will continue to monitor and require that each RBHA continue ongoing monitoring of the sufficiency of after-hour and weekend services while working with each RBHA individually on those areas that require enhancement of available services.

#### **4. Special Needs Categories**

ADHS/DBHS prioritizes the RBHA's ability to design networks, by GSA, that include provisions for special populations and the expansion of specialty providers. The RBHAs are required to recognize that appropriate and culturally-specific service delivery is fundamental to support the needs of those identified as belonging to a special population. During the FY10 network development review period, ADHS/DBHS continued to prioritize services available to address the unique needs of the following special populations:

- Homeless individuals and families;
- Members living in border communities;
- Members with developmental disabilities;
- Members experiencing sexual abuse trauma;
- Infant and early childhood mental health;
- Individuals involved with the criminal justice system;
- Treatment for individuals who act out sexually;
- Tribal Youth and Tribal Services
- Dialectical Behavioral Therapy (DBT); and
- Substance use/abuse

Examples of required activities include:

- Identification of specific areas of specialization for the child, persons determined to have Serious Mental Illness (SMI) and General Mental Health /Substance Abuse (GMH/SA) populations for the following areas:
  - Developmental disability;
  - Sex offender treatment;
  - Sex Abuse Trauma;
  - Dialectical Behavior Therapy (DBT); and

- Infant and Early Childhood Mental Health
- Continued ongoing efforts of the Specialty Provider Workgroup to pinpoint identifiable criteria to augment education and experience for each specialty area and to enhance statewide credentialing and privileging criteria.
  - For the development of the 2010 Inventory the workgroup reconvened to further develop the category of Substance Use Disorder Treatment. The 2010 Inventory established baseline data for this new Specialty Category.

#### **a. Infant and Early Childhood Mental Health -Birth to 5 Years**

All children who are referred to NARBHA in GSA 1, have completed a basic screening to determine the nature of their needs. If developmental delay is suspected, the child is referred to the Arizona Early Intervention Program (AzEIP). If assessments determine that the child requires services from both NARBHA and AzEIP, ongoing coordination of care is maintained through the CFT process.

The Best for Babies program, now available in several counties in the region, ensures that children under the age of five, including those with developmental delays, are receiving services from providers who have taken part in additional trainings in working with young children. NARBHA also has several infant and toddler specialists throughout the region whose primary focus is to ensure that appropriate services are provided to this very young age group.

#### **b. Developmental Disabilities**

NARBHA expanded its network to include providers that specialize in providing behavioral health treatment to dually enrolled members. NARBHA block purchases outpatient treatment services with CPES/Counseling and Consulting Services to provide functional behavior assessments, psycho-sexual assessments, counseling, and positive behavioral support. The staff with CPES/Counseling and Consulting Services are highly specialized in the area of developmental disabilities and work with the clinical teams to develop behavior intervention strategies tailored to the specific needs of each recipient.

NARBHA also recently entered into a fee-for-service contract with Southwest Autism Research and Resource Center (SARRC) to provide a variety of assessment and consulting services for members within the network who are diagnosed with autism.

In GSA 2.4, the Cenpatico Network Plan for FY2010 included the identification of a core group of individuals within both GSAs 2 & 4, with experience working with the DD population. The purpose was to create a community learning group composed of behavioral health case managers and practitioners that focused on developing more personnel within the DD system who have increased knowledge about the behavioral health system. Initially, the "DD/BH Community Learning Group (DD/BH CLG) began in GSA 2 and included staff from intake agencies in Yuma and Support Coordinators from DES/DDD. The group met and identified core gaps in knowledge at both the system level (e.g. policy/regulatory guidelines, cross system program planning, service delivery, education/IDEA) and the individual diagnostic indicators/behaviors associated with DD and DD/MI (developmental disabilities/mental illness).

As of February, 2010, DDD has elected to make the DD/BH Community Learning Group (DD/BH CLG ) meetings which, a mandatory training for its Support Coordination staff; DDD contracted provider staff have also begun to attend the trainings. During 2009/2010, the group updated 14 training modules on Essential Learning, focusing on a variety of topics to improve service delivery and clinical supports for the DD population.

Cenpatico is pursuing a contract with a DD provider to create a unique specialty behavioral health provider agency. The goal is to have case managers and clinicians with specialized knowledge and expertise in both DDD and RBHA policies, procedures, and service delivery.

In GSA 1, Magellan created a DD/SMI Nurse Practitioner position that consults with clinical teams and participates in staffing, hospital visits and facility visits. The Nurse Practitioner also assists in coordinating services between Magellan and the DDD system.

Magellan, along with the DD Specialty Providers, facilitates monthly meetings between the DES/DDD Medical Director), DES/DDD District 1 personnel and Representatives from the Provider Network Organizations (PNOs).

### **c. Homeless Persons**

NARBHA contracts with Catholic Charities, in GSA 1, to conduct outreach to homeless individuals and to implement the Program to Assist Transition from Homelessness (PATH) grant. In FY 2010, 158 new outreach contacts became enrolled bringing the total to 1236; additionally, 1016 homeless persons received outreach contact that did not result in an enrollment.

In GSA 2, Cenpatico and its network of providers are actively involved in coordination of services for persons who are homeless, through participation in the HUD Continuum of Care named the Yuma Coalition to End Homelessness. The Coalition meets quarterly to identify needs and plan coordinated services with housing and social service agencies.

Cenpatico contracted with the Housing Authority of the City of Yuma (HACY) to serve as the Subsidy Administrator for the Bridge Subsidy program that serves persons determined to have a serious mental illness (SMI), who are either currently living in residential treatment facilities or who are homeless. The Bridge Subsidy program provides Housing Choice vouchers to individuals for up to 4 years while they are awaiting placement in the permanent Section 8 Housing Voucher Program.

Funding was made available to acquire housing stock and Cenpatico decided to work with HACY to acquire and renovate two duplex properties, each with two stand-alone one bedroom houses to provide supportive housing for 4 individuals who are determined to have a SMI and are homeless or at risk of homelessness or exiting from the Arizona State Hospital (AzSH) or other residential treatment facilities. HACY is applying to HUD to assign 4 project based Section 8 Vouchers to these properties, thus guaranteeing housing subsidies for 25 years during the required period of housing affordability.

In GSA 4, Cenpatico and its network of providers are actively involved in coordination of services for persons who are homeless, through participation in the 3 HUD Continuum of Care groups that meet monthly in Casa Grande and Globe, and every other month in Payson. These groups meet to identify needs and plan coordinated approaches with housing and social service agencies dealing with homelessness in these communities.

Cenpatico continues to partner with Horizon Human Services to provide case management for Homeless Outreach and continues to participate in the Street Count of Homeless Individuals. This information is included in the Regional Plan and is used to justify and prioritize the area for receipt of HUD Homeless and Housing grants.

Cenpatico has also partnered with the Public Housing Authority in Casa Grande (Pinal County Housing and Community Development Department), which was selected to serve as the Subsidy Administrator for the newly funded Bridge Subsidy program serving individuals determined to have a SMI homeless, or in danger of becoming homeless, or exiting from residential treatment. The Bridge Subsidy Program provides Housing Choice Vouchers to individuals while they are awaiting placement in the permanent Section 8 Housing Voucher Program.

In GSAs 3 and 5, CPSA is an active member of the Arizona Coalition to End Homelessness (ACEH), collaborates in the Winter Shelter program, the Summer Sun program, Project Homeless Connect, the Pima County Plan to End Homelessness and participates in Tucson's annual conference on homelessness. CPSA is also a member of the Balance of State (Rural Arizona) Continuum of Care, which plans and develops housing for homeless individuals and families throughout Arizona's rural areas.

Magellan, GSA 6, established the Washington Direct Care Clinic as a specialty location to serve the chronically homeless population. This clinic, in conjunction with Magellan's Residential Department and the Day Resource Center (DRC), assists homeless recipients in locating safe, permanent housing through community resources. Additionally, Magellan has co-located case managers from the Washington DC at the Homeless Campus to make it a true 'one-stop shop' for recipients.

The Magellan provider network addresses homeless youth and families through the CFT process. Provider agency staff assists in coordination of the supports and services available in order for families to become self sustaining.

#### **d. Tribal Youth and Tribal Services**

NARBHA in GSA 1 identified a need for services in the area of Tribal Youth. The areas of development include holding Native American Suicide Prevention and Awareness Coalition/MBRACE Life planning circle monthly meetings, holding the annual MBRACE Life Summit in September at the NAU Conference Center, coordinating and facilitating monthly meetings to improve coordination of crisis response services and the delivery of behavioral health services.

Cenpatico recently completed a Native American Cultural Competency Module that was rolled out to providers in GSAs 2 and 4, beginning May 1, 2010.

The Phoenix Indian Medical Center (PIMC) in coordination with Magellan's Tribal Services Manager continues to follow the SMI referral procedure that has been developed specifically for American Indian recipients. PIMC provides an office for the Magellan contracted evaluator to complete the SMI evaluation. If necessary, the Tribal Services Manager will assist recipients with the appeals process and maintains a data based on all PIMC referrals.

In GSA 6, a Native American Cultural Competency Curriculum was designed in collaboration with representatives from each Maricopa Indian Tribe, Urban Indian Health Providers, Indian Health Services, and community stakeholders. The purpose of the curriculum is to educate behavioral health providers on the cultural components of Native American culture, family, and community and its integral impact on recovery and resiliency. Magellan, through the Tribal Liaison, hosts Tribal Leaders Meetings that includes the Maricopa Indian Tribes, Urban Indian Health Providers, Indian Health Service (IHS), and Community Stakeholders.

#### **e. Those Living In Border Communities**

The 5 northern Arizona counties in GSA 1 border Native American Reservations. Ongoing efforts occur to build relationships with Tribal stakeholders in order to assess and improve existing services for urban and rural Tribal members. Identified behavioral health needs and enhancements include:

- Training and technical assistance related to effectively accessing behavioral health services including the AHCCCS system and 638 Provision;
- Improving cultural competency of providers serving Tribal members;
- Improving collaboration on crisis responsiveness between RAs and Tribal behavioral health services;
- Increasing the facilitation of the Applied Suicide Intervention Training (ASIST) for suicide prevention;
- Ensuring a seamless transition from NCI to Community Bridges at the Winslow and Holbrook Stabilization facilities by maximizing collaboration among Tribal behavioral health providers, RAs, NARBHA, NCI and Community Bridges (adult only);
- Expanding the network of fee-for-service Native American behavioral health service agencies (Native Americans for Community Action [NACA], Adventures).

Cenpatico has participated in the following events throughout the Southwestern Arizona area (GSA 2):

- Día Del Nino in San Luis, AZ. Outreach to parents and provided information on mental health services.
- El Die Del Nino event in San Luis, AZ- Outreach to parents and presented information on mental health services.

- Annual Melon Festival and Health Fair sponsored by Campesinos sin Fronteras-Farm workers attended the health fair. Staff handed out access to care and ADHS/DBHS Heat brochures, crisis card, and water bottles.
- Sunset Health Fair in San Luis-Cenpatico provided access to care information.
- PPEP Community Awareness Fair in San Luis, AZ- Sponsored by PPEP. Cenpatico provided access to care information.
- Community Service Fair in Somerton-Orange Grove School hosted a family night fair. Staff handed out access to care and crisis card.
- Somerton Community Awareness Fair- Tierra Del Sol School Migrant Program hosted this Community Awareness Fair.
- Fourteenth Annual Yuma County Adult Probation Crime Prevention Halloween Event- Cenpatico provided access to care information.
- Celebration of Hope Event, sponsored by Crossroads Mission- Cenpatico provided access to care information.
- World's AIDS Event at Arizona Western College, sponsored by the GLBT (gay community).

The Nogales outpatient site partners with the Mariposa Community Health Center (MCHC), a federally qualified health center, as part of MCHC's federally funded Center of Excellence Program for Women's Health. The program utilizes lay-worker promotoras who are members of the Hispanic local community, to provide outreach and education on health issues.

The GSA 3 Adult Network participates as a provider of behavioral health services and receives referrals from the MCHC Center of Excellence Program for Women's Health. The Adult Network also participates in quarterly meetings with physicians from MCHC to enhance and improve communication and coordination of care between the two agencies. In addition to the integration of traditional healing methods, a variety of outpatient and home-based behavioral health services also are available in these border communities.

#### **ADHS/DBHS Analysis shows that in:**

##### **GSA 1:**

- NARBHA has had an active network development review period to ensure the provision of services and outreach for special populations is occurring for the populations of Developmental Disabilities, Homeless and in border communities within GSA1.

##### **GSA 2 and GSA 4:**

- Cenpatico provided ongoing efforts during network development review period to ensure the provision of services and outreach for special populations is occurring for the populations of Developmental Disabilities, Homeless and in border communities within GSA2 & 4.

##### **GSA 3 and GSA 5:**

- CPSA and its network of providers were actively involved during the network development review period to ensure the provision of services and outreach for special populations is occurring for the populations of Developmental Disabilities, Homeless and in border communities within GSA 3 & 5.

##### **GSA 6:**

- Magellan continued to collaborate and a make partnering efforts during the network development review period to ensure the provision of services and outreach for special populations is occurring for the populations of Developmental Disabilities, Homeless and in border communities within GSA6.

## **Recommendations:**

### **GSA 1-6:**

The DBHS Network Compliance Office will continue to monitor all GSAs child and adult network sufficiency that special attention is given to developing and contracting with providers who offer specialized services targeted at the unique needs of special members.

### **GSA 1:**

- The DBHS Network Compliance Office will monitor NARBHA the network expansion for the identification of a minimum of one DD Specialist at each Responsible Agency.

### **GSA 5:**

- The DBHS Network Compliance Office will monitor CPSA activity in pursuing a contract with a provider that will utilize their existing expertise as a current DD provider to create a unique specialty behavioral health provider agency. If completed this will increase its capacity to meet the unique behavioral health needs of the DD population

### **GSA 6:**

- The DBHS Network Compliance Office will monitor Magellan's network development and progress of the DD/SMI Nurse Practitioner FTE position. The DBHS Network Compliance Office will also request updates from Magellan to address potential network expansion efforts for this position.

## **5. Development of Home and Community Based Services**

### **Children's System**

The ADHS/DBHS Children's System of Care Office initiated the development of a network system to provide services in the least restrictive environment and to establish opportunities for members to reside or return to their own homes within their communities using the following methods:

- Meet Me Where I Am Campaign – a multi-year effort tasked with increasing the quantity Generalist Support and Rehabilitation Services
- Case Management Expansion
- Substance Abuse Services Expansion

### **Adult System**

During the FY10 network review period, the DBHS Adult System of Care Office initiated the processes to develop a system of care as a comprehensive spectrum of behavioral health services which are organized into a coordinated network designed to meet the needs of the individual and his/her natural supports to create opportunities for members to reside or return to their own homes rather than reside in an institution or alternative residential setting. The key guide used to build recovery orientated adult network system was the development of the Guiding Principles for Recovery-Oriented Adult.

Key Principles that will promote the network System development are:

- Focus on the individual as a whole person developing natural supports having access to and involvement in the natural supports and social systems of an individual's community.
- Integration, collaboration, and participation with the community of one's choice. Such integration and participation underscores one's role as a vital part of the community.
- Partnership between individuals, staff, and family members/natural supports for shared decision making with a foundation of trust a person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants, and lead to the creation of optimum protocols and outcomes.

## **Recommendations:**

### **GSA 1-6:**

- The DBHS Network Compliance Office will continue to monitor and will initiate activities to assess and obtain GSA analysis and baseline information. This data will provide strategies for future network development and expansion.

## **6. Identification of Members with Chronic Medical Conditions**

ADHS/DBHS did not collect data in this area prior to July 2010. In order to identify and address the needs of members with chronic medical conditions, ADHS/DBHS will utilize the enrollment process which includes screening and evaluation to identify potential AHCCCS (Title XIX/XXI) eligibility. Medical issues are assessed in the initial and ongoing evaluations (psychosocial, psychiatric) and are included in the Individual Service Plan (ISP) when applicable in the medical record.

All members who are T/RBHA enrolled must have current demographic data in the ADHS/DBHS CIS. All members who remain enrolled for more than 45 days shall have demographic data updated within 45 days of enrollment.

The demographic data layout organizes the Diagnostic and Statistical Manual (DSM) psychiatric diagnosis into the five levels (axes) relating to a member's disorder and or disability. The identification of a member's chronic medical information, placement and treatment needs are communicated and or coordinated by the T/RBHA health plan designee and the AHCCCS Central Screening Unit for application processes and or with the enrolled members AHCCCS Health Plan.

All placement options are coordinated and communicated with AHCCCS Health Plan representatives as guidelines identified in the:

- ADHS/T/RBHA Contracts
- ADHS/Tribal IGA's
- ADHS/DBHS Provider Manual Section 3.1, Eligibility Screening for AHCCCS Health Insurance
- ADHS/DBHS Provider Manual Section 4.3, Coordination of Care with AHCCCS Health Plan, Primary Care providers and Medicare Providers

## **Recommendations:**

- The DBHS Network Compliance Office will monitor the integration of these data requirements and coordination of care efforts into the T/RBHA and provider clinical improvement process
- The DBHS Network Compliance Office will monitor and coordinate GSA record keeping mechanisms and processes to ensure member placement options are coordinated and communicated with the AHCCCS Health Plans.

## **7. Community Involvement and Outside Entity Coordination**

### **A. Children's System Involvement**

ADHS/DBHS placed a strong emphasis on developing and strengthening relationships with stakeholders, including family members, advocacy organizations, youth and members. A number of activities and initiatives occurred during FY2010 to better align the behavioral health system with its overarching goals of clinical excellence, choice, hope and recovery. During this development period ADHS/DBHS continued to focus on community involvement and coordination with internal and external organizations, as well as obtaining input from members, peers, families and stakeholders. This approach established an emphasis on internal collaboration and partnering with ADHS/DBHS. In addition to the numerous activities listed below, RBHA's also conducted various focus groups and surveys involving youth, families and stakeholders, to gain input and feedback that will be a part of planning for FY2011.

## 1. Family and Youth Involvement

- ADHS/DBHS continued collaboration with the Family Committee and the Policy Academy delegation to develop a Family and Youth Involvement plan in the Children's Behavioral Health System Practice Protocol. The Protocol has been completed and has been distributed and posted to the ADHS/DBHS website. The purpose of the protocol is to:
  - define quality family involvement as a necessary and effective component to Arizona's behavioral health system;
  - define roles that are uniquely intended for parents/caregivers of children receiving services; and for youth and young adults who receive or have received services;
  - describe the roles that family-run organizations play in optimizing family involvement;
  - set the expectation for culturally and linguistically responsive practice;
  - present a wide array of family involvement opportunities;
  - Prepare the behavioral health system to build and sustain the infrastructure and agency culture to support and involve family members at all levels of the system.
- ADHS/DBHS hosts the Statewide Support and Rehabilitation Steering Committee, maintaining 25% family member participation, to guide expansion of support and rehabilitation services.
- The Family Committee provides input into Quality Management data to aid in the development of information that will be useful to families, RBHAs, provider agencies and agency stakeholders. The Family Committee includes family members from each GSA, ADHS/DBHS and other external stakeholders.
- ADHS/DBHS contracted with FIC to provide funding in support of family involvement and advocacy.
- The FY2011 annual T/RBHA Network Analysis required the T/RBHAs to:
  - conduct an inventory of Family Support Partners employed in the T/RBHA network;
  - Describe how family members are involved at the T/RBHA, Network/Provider, Network Organization (PNO), or Service Provider level of the behavioral health system. This description included the following:
    - A list of formal positions and/or roles that parents or youth hold in advisory or policy making committees at the T/RBHA and provider level;
    - documentation of ways the T/RBHA and providers accommodate parents and youth so they can participate in advisory or policy making committees (e.g., holding meetings in more accessible locations and more accessible times; offering compensation for travel and child care costs, offering stipends to recognize the value of the contribution by the parent or youth.);
    - examples of activities, programs or policies that have been developed due to the influence of parents or youth;
    - examples of how the T/RBHA and providers have sought to better inform and empower parents and youth in their participation in CFT practice (brochures, training events, assignment of staff to support their participation).
  - describe contracting or collaborative involvement with Family- and Member-Run Organizations (with a specific focus on how their work applies to the Children's System of Care);
  - provide a description of how the input from youth and families affects or influences the status of the network.

### Member and Family Involvement in the Quality Management Process:

ADHS/DBHS continues to put a heavy emphasis on increasing the level of member and family involvement in every level of the system including Division activities.

- The Family Committee continues to play a vital role in providing feedback regarding Quality Management data. This committee makes recommendations to the ADHS/DBHS Quality Management Committee;
- The Family Committee has finalized a protocol addressing family opportunities for involvement and participation (e.g. Family Committee, employment opportunities, Family Support Partners, CFT Practice Reviewers, intake workers, etc.).

As in prior years, ADHS/DBHS and AHCCCS continue to engage stakeholders, including T/RBHAs, providers, other state agencies, community and family members, and Plaintiffs' counsel, in the planning, implementation, and evaluation of strategies and activities specifically undertaken to fulfill the obligations in the JK Settlement Agreement. As part of these ongoing efforts ADHS/DBHS continued this past year to:

- Send out draft copies of policies, protocols and other relevant program change documents to stakeholders for their review and input prior to implementation.
- Ensure inclusion of stakeholders on a wide variety of committees/workgroups established to review, monitor and improve various aspects of the children's behavioral health system.

## **2. FY2010 Committees Involving Stakeholders**

There are a number of committees and workgroups that provide families and stakeholders opportunities to be involved and influence the direction of the behavioral health system in Arizona.

### Arizona Children's Executive Committee (ACEC):

This advisory committee meets monthly and has representation across child-serving systems and from family members, with a focus on improving coordination and collaboration efforts and discussing and resolving system barriers. An April 2002 Memorandum of Understanding extends the partnership among the Arizona ADHS/DBHS, DES, AHCCCS, ADOE, DOJC, and the AOC, all of which have statutory responsibility to serve the multiple needs of children and families. The ACEC has four subcommittees: 1) Family Involvement Subcommittee, 2) Clinical Subcommittee, 3) Training Subcommittee, and 4) Substance Abuse Subcommittee.

### ADHS/RBHA Children's Leadership Meetings:

ADHS and T/RBHA representatives meet bi-monthly to discuss implementation of the Children's System of Care Plan strategies. Two independent family-run organizations, MIKID and Family Involvement Center, are members of this statewide leadership group.

### Behavioral Health Planning Council:

The planning council is an advisory body to ADHS/DBHS, charged with the responsibility for reviewing, monitoring, and evaluating the adequacy of behavioral health services in Arizona, as well as in the development and implementation of the State Comprehensive Mental Health Services (CMHS) Plan for Children and Adults. The Council also serves as an advocate for adults who live with serious mental illness, children who are seriously emotionally disturbed, and other individuals in need of various behavioral health services.

### Family Committee:

The committee includes family members from each of the GSAs, family members from the Tribal RBHAs, ADHS/DBHS, and other external members as needed. The committee reviews information regarding practice according to the 12 Principles and makes recommendations for practice improvement activities to the Children's Quality Management Committee. The Committee discusses the SOCPR and progress on the Children's System of Care Network Development Plans. Data reviewed by this committee includes chart reviews and family interview findings, member and family feedback, and outcome measures.

### Governor's Child Welfare – Juvenile Justice Systems Integration & Coordination Initiative:

The statewide workgroup is comprised of representatives from ADHS/DBHS, DES, AOC, the RBHAs, ADJC, AHCCCS, the Governor's Office, the Arizona Attorney General's Office, and family-run organizations. The

workgroup is charged with focusing on CPS/AOC/ADJC-involved youth. The purpose of the group is to reduce penetration of dually-involved youth into the juvenile and criminal justice systems.

#### Human Rights Committee:

The committee was established to protect the rights of individuals served by the behavioral health delivery system. The Human Rights Committees consist of volunteer members, family members, and professionals. One Committee serves per geographic service area and one serves for the State Hospital. Data reviewed by these committees include incident/accident reports, seclusions and restraints, Division policies and procedures, and quality management data such as the Independent Case Review and member survey. Public concerns are discussed, with recommendations for action being made to ADHS/DBHS and the contractors. Recommendations relevant to quality management activities are brought to the QM Committee by a representative from the Office of Human Rights.

#### Support and Rehabilitation Services Steering Committee:

The committee is comprised of ADHS, AZ Center for Law in the Public Interest, AG's Office, Native American Connections, FIC, Pascua Yaqui, Gila River, AHCCCS, RBHAs, AZDES/DCYF, CFTs, MIKID, and families. The purpose of the committee is to expand availability of support and rehabilitation services to CFTs.

#### Practice Review Statewide Steering Committee:

The committee is comprised of ADHS/DBHS, RBHA Clinical, Children's and Quality Management staff; family member participation (at least 25%); and other key Stakeholders. The purpose of the committee is to discuss statewide trends, RBHA-specific barriers to the Practice Review process, and how to address the trends and barriers.

#### Arizona Substance Abuse Partnership:

The partnership is comprised of members of the Governor's Office, Pima County Attorney General's Office, COPE Behavioral Health, Yavapai Probation Office, AHCCCS, US Drug Enforcement Administration, AZDOC, AZ Department of Public Safety, ADHS/DBHS, Phoenix Police Department, AZDES/DCYF, Colorado River Indian Tribe Coalition, the Arizona Attorney General's Office, Arizona Criminal Justice Commission, Inter Tribal Council, Navajo Nation Council, Pima County/Tucson Metropolitan Counter Narcotics Alliance, AZ Department of Education, Community Bridges Executive Director, Target Corporation Investigations Officer, Maricopa County Board of Supervisors, AZ State Board of Pharmacy, Compliance Officer and AZ Administrative Office of the Court, Governor's Office for Children, Youth and Families, and an ad hoc Task Force Advisory Member (PAXIS Institute). The purpose of the partnership is to coordinate state-level planning for substance abuse treatment, prevention, and enforcement in Arizona, and includes six subcommittees: State Epidemiological Workgroup, Methamphetamine Task Force, Underage Drinking Prevention, Workforce Development, and Co-Occurring Policy Advisory Team.

#### Arizona Suicide Prevention Coalition:

The coalition consists of members from AARP, Arizona Department of Education, Arizona Department of Health Services, American Indian Prevention Coalition, Area Agency on Aging, Arizona Adolescent Health Coalition, Carl T. Hayden VA Medical Center, Catholic Social Services, Church of the Beatitudes, Communities in Schools, EMPACT-Suicide Prevention Center, Gila River Indian Community, Glendale Human Services Council, Indian Health Service, Intertribal Council of Arizona, Inc., Jewish Family and Children's Services, Mental Health Association of Arizona, MIKID, Pascua Yaqui Regional Behavioral Health, Phoenix Indian Medical Center, Phoenix Interfaith Counseling, Salt River Pima Maricopa Indian Community, Senior Horizons, Synder and Wenner, PC, Teen Lifeline, Valle del Sol, and the White Mountain Apache Tribe. The group's purpose is to reduce suicidal acts in Arizona and to coordinate statewide activities and sharing of information from all suicide prevention partners.

#### Children's Action Alliance Child Welfare Meeting:

The committee is attended by the Chief Medical Officer and Assistant Deputy Director. The committee discusses non-partisan research, education and advocacy dedicated to promoting the well-being of Arizona's children and families.

#### Deputy Director's Meeting:

The meeting is attended by the Deputy Directors from the state agencies, AHCCCS and the Governor's Office Child Welfare Advisor. The meeting addresses issues that are occurring within each department and to enhance collaboration.

#### First Things First Board:

The Health Workgroup addresses health issues of children age birth to 5. In November 2006, Arizona voters passed Proposition 203, also known as First Things First, a citizen's initiative that funds quality early childhood development and health at the local level. The proposition created a new state level board known as the Arizona Early Childhood Development and Health Board. The mission of First Things First is to increase the quality of and access to early childhood programs that will ensure a child entering school arrives healthy and ready to succeed. This mission will principally be achieved through regional grants tailored to the specific needs and characteristics of the communities the region serves, and with a focus on demonstrating how improved outcomes around the six goals will be attained given the challenges each GSA faces.

#### Harris Institute Board Meeting:

The Harris Institute focuses on infant mental health (birth to 5) by providing training, clinical and practical certification, as well as consultation. The board discusses current issues with infant mental health.

### **B. Adult System Involvement**

ADHS/DBHS reflected a stronger emphasis on developing and strengthening relationships with stakeholders, including family members, advocacy organizations, and members. A number of activities and initiatives occurred during FY2009 to better align the behavioral health system with its overarching goals of clinical excellence, choice, hope and recovery. During the statewide network development period, the ADHS/DBHS Bureau of Adult Network Operations identified areas for RBHA focus and emphasis on community involvement, feedback and coordination with internal and external organizations, as well as input from members, peers, families and stakeholders. Statewide and regional activities/initiatives impacting the Adult RBHA networks are available.

Examples of the statewide ADHS/DBHS internal/external partnerships, activities, program enhancements and strategic focus activities during the FY2009 network review period (Committees, Governor's Taskforce, BH Planning Council, legislative interactions, DOC, DDD, DES etc.) include the following:

- The Arizona Stigma Reduction Committee, coordinated by the DBHS Office of Individual & Family Affairs, conducted 14 Arizona Dialogues and 5 presentations related to stigma around the state.
- DBHS executive staff and OIFA jointly conducted 10 Let's Talk outreach forums to peers and family members throughout the state.
- OIFA and DBHS Communications developed informational web pages accessible through the DBHS website for: OIFA, Arizona Stigma Reduction Committee, and youth.
- In response to the Arnold vs. Sarn Stay of Litigation, OIFA coordinated peers and family members to form the Arizona Peer & Family Coalition, which has recommended peers and family members to participate on DBHS priority projects committees and other internal committees

- DBHS, with the Statewide Family Committee, gathered and evaluated baseline inventory data from RBHAs and providers on peer and family positions and committee participation.
- OIFA's statewide distribution elist grew by 36%. This elist is used to distribute information related to behavioral health community activities, conferences, community resources, national and state policies, etc. to peers, family members and behavioral health professionals on a weekly basis. An Advisory Council for OIFA was established to provide guidance to the Office; members are peers, family members and community members from around the state.
- OIFA led or participated in the development of:
  - Development of Family & Youth Involvement in the Children's System protocol, which was also placed in RBHA contracts, a new DBHS Policy, and new provider procedures.
  - Nine Adult Guiding Principles
  - State standards for peer support training
- Provided the development of the 5-Point Behavioral health Prevention/Intervention Plan for the Hualapai tribe with representatives from AHCCCS and NARBHA
- Provided a 638 Provision in-service and technical assistance with participation from six Tribes and the NARBHA leadership team.
- Assisted NARBHA representatives in collaboration and improvement efforts on crisis responsiveness between RAs and Tribal behavioral health services.
- The Office of Prevention participated in statewide youth focus groups;
- The Office of Interagency Affairs continued statewide coaching sessions with DES for Substance Abuse services;
- Established ADHS/DBHS-DES/RSA IGA statewide RBHA site visits to determine IGA compliance and provision of vocational services;
- Partnering efforts in statewide ADHS/DBHS-DES/RSA IGA meetings conducted with each RBHA;
- The manager of prevention services chaired the statewide Underage Drinking Prevention Committee until February, 2009. This committee published a report of statewide outcomes related to prevention of underage drinking and developed a new plan for prevention of underage drinking. The committee developed an EAB for ASAP on underage drinking prevention based on the strategic plan.
- The Member Advisory Committee was very active throughout FY 2010, participated in the development of the ADHS/DBHS Nine Guiding Adult Principles, with the assistance of the RBHAs:
  - Peer focus groups were conducted across the state
  - Input was also received from other key stakeholders.
  - The Principles provide an understanding of critical components needed for a recovery oriented adult system of care.
  - The Principles will guide decision making, policy development, and program operations.
- The Member Advisory Committee also continued outreach efforts in communities across the state. Activities included distributing invitations and flyers to the RBHAs, members and advocacy organizations, to encourage community member participation at Committee meetings.
- The Planning & Evaluation Committee conducted meetings through FY2010 on education of the needs of special populations, such as older adults and American Indians, as well as meeting with various stakeholders.

## **8. Coordination of Care with AHCCCS Contractors**

ADHS/DBHS places high priority and particular focus on GSA development and monitoring of a provider network to ensure coordination between internal departments, AHCCCS Health Plans and outside behavioral health organizations within each GSA.

For all T/RBHAs a new position was created and implemented in FY 2010 known as the T/RBHA Acute Health Plan and Provider Coordinator. As described in ADHS/DBHS Provider Manual 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers, T/RBHAs are required to designate an Acute Health Plan and Provider Coordinator who must gather, review and communicate clinical information requested by PCPs, Acute Care Plan BH Coordinators and other treating professionals or involved stakeholders.

The T/RBHA must have a designated and published phone number for the Acute Health Plan and Provider Coordinator or a clearly recognized prompt on an existing phone number that facilitates prompt access to the Acute Health Plan and Provider Coordinator and that must be staffed during business hours.

The T/RBHAs are required to track these communications and submit the disposition list to ADHS/DBHS on a monthly basis for analysis and review.

## **9. Coordination between ADHS/DBHS Departments**

ADHS/DBHS developed distinct Adult and Children's System of Care Planning and Development divisions; these divisions measure and monitor the network, and work closely with other ADHS/DBHS units, including Quality Management, Compliance, Policy, Clinical Operations and Customer Services.

The Network Operations Office works with the DBHS Interagency Services Office to conduct statewide monitoring and participation on communication and coordination efforts between RBHA/GSA behavioral health providers, AHCCCS Health Plan Primary Care Providers (PCPs) and Behavioral Health Coordinators to ensure the well-being of members receiving services from both systems within the networks.

ADHS/DBHS participates in quarterly meetings with statewide AHCCCS Acute Care Contractors to ensure that behavioral health care is coordinated for members enrolled with an acute care provider. The participation in this meeting involves but is not limited to the DBHS: Medical Directors Office, Individual & Family Affairs, Adult & Children's System of Care, Quality Management, Compliance, Interagency Services, Office of Human Rights and Office of Member Affairs. AHCCCS participation includes the Medical Directors Office, PCPs, Behavioral Health Coordinators and Behavioral Health Provider representatives.

The Network Operations Office, along with other DBHS units, maintains close communication and monitoring with RBHA/GSA's, allowing continual opportunities to solicit input and identify provider coordination of care issues. This includes, but is not limited to:

- Meetings with AHCCCS Health Plans serving in their assigned geographic areas to address referral processes, emergency services, discharge processes, coordination of care, medication management and transfer of care issues.
- Verbal and written communication with providers regarding changes in program policies, as well as subcontractor requirements; and
- Special meetings with providers to solicit their input on addressing operational issues, network gaps, and member care issues.

### **Recommendations:**

- The newly created DBHS Network Compliance Office will focus on enhancements to the DBHS re-organizational management structure and the internal and external processes to improve network sufficiency related to coordination of care efforts.
- The DBHS Network Compliance Office place high priority and monitoring focus on GSA development and enhancements of their provider networks to ensure coordination between internal departments, AHCCCS Health Plans and outside behavioral health organizations occur within each GSA.

## **10. Alternatives to Preventive Crisis Stabilization/Psychiatric Inpatient Utilization**

ADHS/DBHS places a high emphasis on network development and establishment of a continuum of care that includes crisis-preventions services and professional staff available to youth, families and adult members 24 hour/day, 7 days a week. It is the expectation that each GSA continues to develop this continuum of care to reduce unnecessary emergency room utilization. This is accomplished by developing service accessibility and delivery through various contractual and purchasing strategies. These strategies include block purchase contracts, funding pools, the availability of urgent care services and contract/reimbursement incentives.

For the FY 10, each GSA completed a network analysis and description of purchasing strategies to reduce necessary

emergency room/department utilization the following categories:

- Physician coverage/call availability after hours, on weekends, during absences, when on vacation or other leave status
- Same-day behavioral health prescriber appointments
- Nurse call-in centers/information lines/member services
- Urgent Care/Crisis facilities
- Expansion of support and rehabilitation services availability (related to the goal of reducing ED utilization)
- Expansion of available services in underserved areas

### **Analysis:**

- The DBHS Network Compliance Office identified some successful outcome to various methods utilized to reduce emergency room utilization include:
  - The newly created DBHS Network Compliance Office will focus on enhancements to the DBHS re-organizational management structure and the internal and external processes to improve network sufficiency related to coordination of care efforts.
  - Enhanced utilization of telemedicine services provided members and staff greater access to physicians when members experienced difficulties in GSA3
  - Adult and Child Crisis Response Teams comprising of multi-disciplinary staff and facilities for crisis services diverted enrolled members from emergency room involvement in GSA5
  - Enhancing same-day behavioral prescriber appointments in GSA 6. This effort had resulted in an increased monthly same-day prescriber set-aside of 96 appointments and an additional monthly set-aside of 235 appointments dedicated to Level I referrals for BHMP services.
  - The Level IV facilities in Gila and Yuma Counties have reduced usage of the ER for adults. Effort with law enforcement over the past year to further increase utilization of the Level IV facilities in Gila and Yuma Counties and encouraged police drop offs at these facilities.

### **Recommendations:**

- The DBHS Network Compliance Office will continue monitoring this focus on GSA development and enhancements of their provider networks to ensure coordination between internal departments, AHCCCS Health Plans and outside behavioral health organizations within each GSA.

## **11. Demographic Data Analysis**

ADHS/DBHS completed a 3 year review and analysis of demographic data in various categories. The review and analysis was applied to population characteristics, network sufficiency assessment, and potential areas of network development. Specific GSA areas have been identified for follow-up and assessment of potential network challenges or needs during the FY 2011 network development period. These challenges will address the demographic data categories of increased expansion of the Hispanic (GSA2 & 4), Native Hawaiian (GSA 6), Asian (GSA 6) and American Indian (GSA1, 2, 4 and 5) enrolled populations. In addition, each GSA network will analyze additional information on their networks' abilities and provider enhancements to deliver appropriate cultural behavioral health services to increase expansion of the enrolled population with deafness.

## **12. Network Inventory Analysis**

The Adult Network Inventory review and analysis of data categories identifies specific GSA areas that have been identified for follow-up and assessment of potential network challenges or needs during the FY 2011 network development period. These challenges will address the Network Inventory data categories of Outpatient Clinics in GSA1, HCTC Home Development in GSA: 1, 2, 4, and Workforce Development in GSA2. In addition, the 2010 Inventory reflected a new professional title category of Behavioral Health Medical Professional (BHMP). This title was developed to capture a baseline of FTE professionals (Psychiatrist, Nurse Practitioners or Physician Assistants) to ensure that enrolled members do not experience any delays in receiving prescriber services.

Chart 1 depicts the number of different locations available for the following provider types: including Community Service Agencies (CSA), Level I, Level II and Level III residential facilities and Outpatient Clinics (as reported in the RBHAs' Provider Listing in April 2010). The data is separated by GSA and covers Children, Adult GMH/SA, and SMI service locations. This data is utilized in the establishment of minimum network standards for each T/RBHA as well as assessing network sufficiency and capacity.

CHART 1:

Provider Type	Child	SMI	GMH/SA
	Locations	Locations	Locations
<b>Statewide</b>			
Community Service Agency - (A3)	29	43	51
Level I Facility (B1, B3, B5, B6, 02, 71)	42	46	47
Level II Behavioral Health Residential - Non IMD (74)	53	96	127
Level III Behavioral Health Residential - Non IMD (A2)	17	13	19
Outpatient Clinic (77)	228	198	326
<b>NARBHA – GSA 1</b>			
Community Service Agency - (A3)	3	11	11
Level I Facility (B1, B3, B5, B6, 02, 71)	16	14	14
Level II Behavioral Health Residential - Non IMD (74)	16	13	12
Level III Behavioral Health Residential - Non IMD (A2)	5	3	3
Outpatient Clinic (77)	68	69	69
<b>Cenpatico – GSA 2</b>			
Community Service Agency - (A3)	3	0	0
Level I Facility (B1, B3, B5, B6, 02, 71)	5	3	2
Level II Behavioral Health Residential - Non IMD (74)	1	1	1
Level III Behavioral Health Residential - Non IMD (A2)	0	0	0
Outpatient Clinic (77)	6	6	6
<b>CPSA – GSA 3</b>			
Community Service Agency - (A3)	10	7	7
Level I Facility (B1, B3, B5, B6, 02, 71)	1	1	1
Level II Behavioral Health Residential - Non IMD (74)	3	4	5
Level III Behavioral Health Residential - Non IMD (A2)	0	1	1
Outpatient Clinic (77)	12	9	9
<b>Cenpatico – GSA 4</b>			
Community Service Agency - (A3)	2	2	2
Level I Facility (B1, B3, B5, B6, 02, 71)	7	8	10
Level II Behavioral Health Residential - Non IMD (74)	4	4	6
Level III Behavioral Health Residential - Non IMD (A2)	0	1	1
Outpatient Clinic (77)	50	33	29
<b>CPSA – GSA 5</b>			
Community Service Agency - (A3)	8	6	6
Level I Facility (B1, B3, B5, B6, 02, 71)	2	9	9
Level II Behavioral Health Residential - Non IMD (74)	15	33	33
Level III Behavioral Health Residential - Non IMD (A2)	8	2	4
Outpatient Clinic (77)	35	50	46
<b>Magellan – GSA 6</b>			
Community Service Agency - (A3)	3	17	25
Level I Facility (B1, B3, B5, B6, 02, 71)	11	11	11
Level II Behavioral Health Residential - Non IMD (74)	14	41	74
Level III Behavioral Health Residential - Non IMD (A2)	4	6	10
Outpatient Clinic (77)	57	106	167

### **13. Specialty Provider Data Analysis**

The Adult Network Inventory review and analysis of 2009/2010 Specialty Provider category data identified specific GSA areas for follow-up and further assessment of potential network challenges or needs during the FY 2011 network development period. These challenges will address the categories of Developmental Disability (DD) clinicians in GSAs 1, 2, 3, 4 and 6, and Dialectical Behavior Therapy (DBT) clinicians statewide. In addition, the ADHS/DBHS Specialty Provider Workgroup will convene to further identify criteria for the DBT certification process.

### **14. Methodology for Determining Network Needs**

ADHS/DBHS has established an in-depth process to assess and monitor the current status of its network, project future needs, and readily identify any network gaps. This ensures that RBHA/GSA enrolled consumers have access, at least equal to, or better than, community norms. There is a summary section of Needs and Challenges for each GSA during the FY2011 network development period. ADHS/DBHS utilizes the Logic Model for Network Sufficiency, reviewing multiple data sources to identify patterns, trends and service demands specific to each GSA. The following are data sources analyzed for current network capacity and, collectively, to identify future GSA needs.

- Crosswalk comparison & analysis of GSA 2009 and 2010 Network Inventory data assessing Provider Types, Full & Part-Time Staff, Units, and Bed Capacity.
- Review and analysis of the ADHS/DBHS Office of Customer Service “Complaint” data for FY 2009 and input from staff actively involved in working with members and the provider community in terms of providing up-to date information about network issues.
- Analysis of GSA rural and urban Geo-Mapping data assessing network geographic locations of Behavioral Health Outpatient Clinics to enrolled consumers location within a 15 mile buffer zone and assessment of distance/travel times.
- Crosswalk comparison & analysis of RBHA 2009 and 2010 Provider Listing data assessing provider Loss and Gain comparisons
- Provider and Enrolled Member Information – Feedback obtained through a variety of mechanisms, including but not limited to: 1) Satisfaction Surveys, 2) Complaints, Grievance and Appeals, 3) members and providers participating in health plan committee meetings, and Community meetings with providers and/or members
- Utilization of eligibility, enrollment and penetration data in determining how changes in member populations affect the service network and funding allocations
- GSA analysis of complaint data specific to transportation and prescriber network sufficiency.
- GSA analysis of enrolled members to contracted specialty providers.
- Analysis of GSA demographic data to population characteristics and cultural considerations to network sufficiency and potential areas of network development.
- State Agency feedback including DES/CPS & DDD
- Analysis of GSA “Access to Care” performance of:
  - Assessment to First Service
  - Routine Access to Care
  - Urgent/Emergent Services
- Evaluation and assessment of GSA total number of privileged and credentialed FTE/Staff to enrolled consumers.

Following this review process discussions/meetings occur with each RBHA, during which data elements that were analyzed are discussed and possible network needs identified. Each RBHA develops an Annual Network Analysis Report and a System of Care Network Development Plan, which are distributed and posted for public comment. Subsequent discussions are held and modifications made to the reports/plans until a solid product is developed. The outcome of this analysis and planning process is a statement of network sufficiency for each GSA.

## **Monitoring and Strategies to Fill Network Gaps**

Based on analysis of its current and future network needs, ADHS/DBHS enhanced its monitoring processes. In FY2009, ADHS/DBHS reorganized its Network Operations Office. This reorganization culminated in the creation of two offices (Children's System of Care Planning and Development and Bureau of Adult Network Operations). These two offices worked together to produce a more efficient and effective management of its provider relations, monitoring practices, network development, and contracting activities to ensure requirements of the ADHS/AHCCCS Contract.

The Bureau of Systems of Care actively participated in various monitoring activities.

Monitoring Processes include:

- Participation in monthly Arizona State Hospital discharge planning meetings
- Quarterly review and monitoring of GSA single case agreement utilization.
- Quarterly review and monitoring of GSA Complaint/Issue Resolution data to identify any potential network gaps.
- On-going statewide on-site T/RBHA/provider validation activities to assess network availability of services and program assessment;
- Monitoring GSA utilization of behavioral health services Covered Service Categories and Sub-Categories
- Ongoing review of service accessibility in each GSA, considering provider and member proximity, travel time, means of transportation and physical access for members with disabilities;
- Quarterly assessment of GSA network capacity and sufficiency of evening and/or weekend appointments;
- Annual assessment that covered behavioral health services are provided promptly within each GSA.
- Ongoing assessment of GSA network professional personnel to determine sufficiency for the provision of covered behavioral health services;
- Quarterly assessment of GSA performance on access to care and appointment availability requirements including emergency care on a 24 hours a day/7 days a week basis;
- Activities to ensure GSAs provide sufficient access for members and families who cannot easily get leave from their employment;
- Assessing the anticipated number of Title XIX and Title XXI members for each GSA
- Reviewing, analyzing and assessing the utilization of services, considering Title XIX and Title XXI member characteristics and health care needs;
- Assessing each GSA network for the number and types (in terms of training, experience and specialization) of providers required to provide the contracted services;
- Reviewing, monitoring and assessing providers who are not accepting new Title XIX and Title XXI members;
- Monitoring RBHA utilization of behavioral health services by Covered Service Category and Sub-category.

During the FY2011 network review period ADHS/DBHS will continue to place emphasis and focus on improvements/enhancements to internal processes to network development and monitoring practices. The DBHS Bureau of Compliance, Office of Contract Administration, has assumed the network development and analysis contract requirements. In addition, ADHS/DBHS established the Bureau of Systems of Care. This Bureau will oversee the Office of Adult System of Care & the Office of Children's System of Care.

### III. ADHS/DBHS Overall Summary of Needs and Network Plan for FY 2011

In FY11, ADHS/DBHS will focus on coordinating the monitoring of the children and adult systems and align the objectives of both systems, where possible.

#### Children's System

The goals and objectives outlined in the Title XIX Children's System of Care Network Development Plan identify network development and enhancement activities for the contract year based on the assessment of the status of the network current and projected network needs. The plan also represents activities that ADHS/DBHS will undertake to further meet JK Settlement Agreement obligations and system changes that keep the Children's System of Care current with ongoing improvements in overall behavioral health practice to meet national standards.

This plan includes input from various stakeholders, including T/RBHAs, providers, and families. ADHS/DBHS has met with T/RBHA leadership, associated local service providers and family member representatives in each GSA to review the details of the System of Care Development Plan and the expectations for the year. Each T/RBHA has developed and is implementing its own GSA specific work plan incorporating local service providers with relevant provider-specific objectives. ADHS/DBHS will monitor progress on the T/RBHA level plans throughout the coming year.

ADHS/DBHS is committed to the successful implementation of the goals and objectives described in this Plan and strongly believe that the direction outlined for the coming year is vital to the continued development of a sustainable high-quality children's behavioral health system. While unanticipated issues may arise, requiring adjustments or modifications to particular plan tasks or objectives, ADHS/DBHS is committed to completion of the Goals, objectives and tasks set forth within the Adult and Children's System of Care Network Development Plan.

The goals and tasks outlined in the FY2011 Children's System of Care Plan are as follows:

- Goal 1- Develop Youth and Family Roles within the Children's System of Care
  - Objective 1.1- Work to develop and maintain family roles and involvement in the System of Care
  - Objective 1.2- Work to develop and maintain youth involvement in the System of Care
- Goal 2- Develop and deliver resources for children with the most complex needs to increase stability, sustain residence in home and community, achieve success in school, avoid delinquency, and ensure progress toward a self-sufficiency in adulthood
  - Objective 2.1- Maintain fidelity to Meet Me Where I Am (MMWIA) principles (per ADHS/DBHS Practice Protocol Support and Rehabilitation Services for Children, Adolescents and Young Adults)
  - Objective 2.2- Maintain established levels of High-Complexity Case Managers and verify that they have the resources / skills to assist families and children with complex needs
  - Objective 2.3- Maximize opportunities for community-based alternatives to Out of Home (OOH) Placements
  - Objective 2.4- Verify that children birth to six with complex needs are properly identified and are being provided with the appropriate array of services and supports
  - Objective 2.5- Develop the necessary resources and structures for the identification and support of transition-age youth, to maximize success and independence
- Goal 3- Build the capacity of the System of Care and enhance the key competencies of the workforce in order to effectively serve children and families with behavioral health needs
  - Objective 3.1- Establish and maintain a sufficient cadre of qualified professionals to readily meet the needs of enrolled members at each of the T/RBHA's
  - Objective 3.2- Strengthen the skills of CFT Facilitators and Coaches within the System of Care

- Objective 3.3- Monitor Utilization of the Child and Adolescent Service Intensity Instrument (CASII)
- Goal 4- Enhance evidence-based substance use disorder prevention, screening, assessment and treatment within the System of Care to meet the needs of children and their families and to improve outcomes
  - Objective 4.1- Improve capacity of substance abuse prevention coalitions
  - Objective 4.2- Serve all children and adolescents according to the required elements in the ADHS/DBHS Practice Protocol, Comprehensive Assessment and Treatment of Substance Use Disorders in Children and Adolescents

## **Adult System**

The ADHS/DBHS vision is to establish a system of care network structure that will provide accessible, member-driven, individualized behavioral health services designed to assist individuals in moving through the 4stages of recovery: hope, empowerment, self-responsibility and a meaningful role in life; while increasing quality of life outcomes, such as obtaining competitive employment, reaching financial stability and independence, living independently or in supported housing, and increasing level of education.

ADHS/DBHS advanced a service model focused on choice, member/family involvement and a recovery-oriented system of care. Based on the State and GSA network level analysis, an extensive review of data sets, the adult system of care plan identifies the following statewide network development priorities:

- Initiative 1: Access to Preferred Practices
  - Employment- Increase opportunities for individuals to engage in and make informed choices about employment.
  - Peer and Family Support- Increase in the use of peer and family support services for all populations.
  - 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.
  - Substance Abuse- Promote use of Evidence Based Practice in substance abuse treatment and co-occurring disorders.
  - 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.
- Initiative 2: Recovery and System Transformation
  - Adult Recovery Principles- Embed the 9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems at every level of the behavioral health system.
  - Peer, Family & Community Participation- Ensure that peer and family representatives participate in and have meaningful and well defined roles on state, T/RBHA and provider committees and boards.
  - Workforce Development / Higher Education Partnerships- Develop strategies to engage and prepare potential candidates for employment in the behavioral health system.
  - 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.
- Initiative 3: Health and Wellness Promotion
  - Health Education & Resources- Increase staff and individual understanding of health related topics and the connection between physical and behavioral health.
  - Health & Wellness Service Delivery- Advance health and wellness services within the behavioral health system through expansion of Transformation Transfer Initiative Grant activities
  - 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.

## IV. CONCLUSION AND GOALS

The ADHS/DBHS Network Development and Management Plan demonstrate our capacity to service the current and expected enrollment growth in each GSA and demonstrate a stable network. The Plan is a living document designed to continually adapt to changing membership, situations, events, opportunities and concerns.

As the Child and Adult system of care plans identify focused areas of statewide network development and expansion these priorities also comprise a subset of targeted GSA network development and expansion efforts. Each year, the DBHS and GSA network development plans will be reviewed and revised as necessary. The highly focused areas for statewide network development, expansion and future systemic needs during in the 2011 network development period for the Adult and Child populations will be:

- Establish and enhance provider networks ability to meet the needs and increase access for Native American individuals to T/RBHA behavioral health services (Adult/Child)
- Review national resources and establish key, core competencies, rural and urban network bench marks, standardized family, peer and youth roles and minimum staffing expectations. (Adult/Child)
- Network Sufficiency and Enhancement by establishing and maintaining a sufficient number of qualified Behavioral Health Technicians (BHT's), Behavioral Health Medical Professionals(BHMP's), Behavioral Health Professionals (BHP's) and Behavioral Health Paraprofessionals (BHPP's) to effectively deliver services to members. (Adult/Child)
- Establish and enhance the provider networks ability to meet the needs of individuals with co-occurring issues. (Adults)
- Establish and enhance provider networks ability to meet the needs of individuals with substance abuse disorders (Adult/Child)
- Conduct statewide training and implement American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC-2R) (Child)
- Enhancing provider networks ability to have gender specific programs and ensuring compliance with all required standards for Treatment Services for Pregnant Women (Adults)
- Expanding peer and family support capacity statewide (Adult/Child)
- Increase the utilization of peer and family supports (Adult/Child)
- Develop and enhance Specialty Services (Adult/Child)

The reduction of Non-Title XIX funding in the FY 2010 and FY 2011 state budgets overshadows any analysis of this year's multiple data sets such as member enrollment, eligibility and penetration; member grievances, appeals and/or complaints; utilization of covered services; geographic location of programs and staffing/facility needs of Provider Network Inventories is. ADHS/DBHS will continue to increase efforts statewide to screen Non-Title XIX members for Title XIX eligibility using the Health-e-Arizona system as the mandatory and uniform tool.

In this environment of unprecedented fiscal uncertainty, ADHS/DBHS will consider likely funding levels when planning system changes for the upcoming 2011 fiscal year.