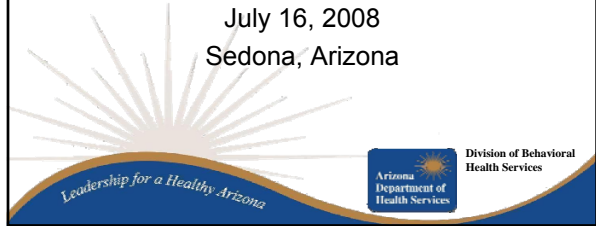


# System Transformation in Arizona – DBHS Speaks Out

Sedona Summer Institute  
July 16, 2008  
Sedona, Arizona



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## Introductions

- Laura Nelson, M.D., Acting Deputy Director
- Rodgers Wilson, M.D. CHQCM, Acting Chief Medical Officer
- Lisa Shumaker, Prevention Services Manager
- Norma Garcia-Torres, Diversity and Inclusion Administrator
- Laura Henry, Special Projects Coordinator
- Tom Kelly, Manager, Office of Individual and Family Affairs



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“Three wishes ...

in a transformed ...

System of Care”




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System Transformation

WHY NOW?

1. Federal emphasis and expectation
  - President's New Freedom Commission
  - CMS/SAMHSA
  - Surgeon General's Report
2. State Level Initiatives – Arizona Principles – Building a Recovery-Oriented System of Care
3. Expectations of consumers and people in recovery
4. Expanding research base showing improved effectiveness of treatments and natural supports




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Vision

- We envision a future when **everyone** with a mental illness **will recover**, a future when mental illnesses can be prevented or **cured**, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning and participating fully in the community.

Source: <http://www.mentalhealthcommission.gov/reports/FinalReport/FullReport.htm>




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## Becoming a Leader

“We are all potential change agents. As we discipline our talents, we deepen our perceptions of what is possible.... We become empowered and empowering to our context. Having experienced deep change within ourselves, we are able to bring deep change to the systems around us.”

- Robert E. Quinn, *Deep Change: Discovering the Leader Within* (1996)

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## Defining “Leadership”

*If your actions inspire others to dream more, learn more, do more, and become more, you are a leader.*

—John Quincy Adams

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## Promoting Recovery

Recovery refers to the process in which people are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. **Science has shown that having hope plays an integral role in an individual's recovery.**

Achieving the Promise: Transforming Mental Health Care in America, The President's New Freedom Commission Report on Mental Health

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## Promoting Resilience

Resilience means the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats or other stresses — and to go on with life with a sense of mastery, competence and hope.

Achieving the Promise: Transforming Mental Health Care in America, The President's New Freedom Commission Report on Mental Health



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## System Transformation

Laura Nelson, M.D.  
Acting Deputy Director  
Arizona Department of Health Services  
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## Vision

- Arizona's public behavioral health system is locally and nationally recognized as one of the best in the nation in its commitment to recovery and resiliency and its ability to achieve positive outcomes. Arizona's public behavioral health system is comprised of a team of caring and highly competent leaders.



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## Mission

- Provide clinical and administrative leadership for Arizona that promotes:
  - Behavioral health as a cornerstone of overall health and wellness;
  - Innovative, high-quality, culturally-competent, outcomes-based services;



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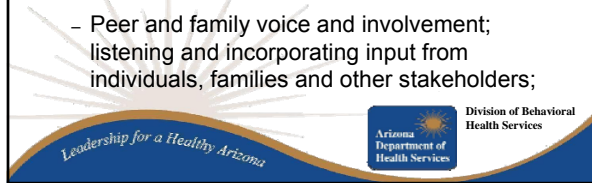
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## Mission (con't)

- Provide clinical and administrative leadership for Arizona that promotes:
  - Recovery and empowerment of behavioral health recipients;
  - Peer and family voice and involvement; listening and incorporating input from individuals, families and other stakeholders;



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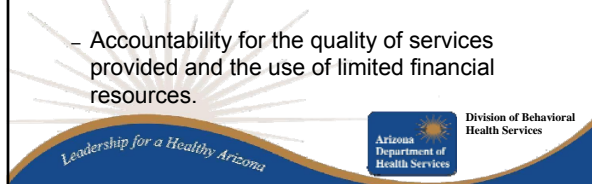
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## Mission (con't)

- Provide clinical and administrative leadership for Arizona that promotes:
  - Ongoing and effective clinical supervision; and
  - Accountability for the quality of services provided and the use of limited financial resources.



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## Values

- Integrity
- Collaboration
- Responsibility
- Respect and empowerment
- Quality
- Accountability
- Credibility and competency




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## Priorities

- Communications
- Individual and Family Involvement
- Workforce Development
- Health Disparities
- Track Outcomes
- Paperwork Reduction




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## System Transformation

Rodgers M. Wilson, M.D.,CHCQM  
Acting Chief Medical Officer  
Arizona Department of Health Services  
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## Transformation of a Mental Health System

- A. Constant examination of the current mental health system
- B. Focus on the promotion of Recovery
- C. Application of new learning and skills
- D. Exploring Disparities
- E. Creating and Sustaining Collaborative Partnerships

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## Transformation from a Clinical Perspective: What's the future?

- 1. New Learning and Skill Development:

A. Promotion of training and supervision for direct care providers

i. What is the benefit?



*Understanding Your Diverse Needs*

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## Transformation from Clinical Perspective

- B. Evidence-Based Practices:

i. Clinical assessment and prescribing patterns in children and adolescents

ii. Linking outcome measures to clinical practice and residential care.

iii. E-prescribing by mental health providers



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## Transformation from a Collaborative Approach

Creating and sustaining collaborative partnerships:

- a. Department of Juvenile Corrections
- b. Primary Care Physicians using evidence practice interventions for mental health consumers
- c. VAMC and Returning Veterans
- d. Department of Child Welfare




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## Transformation

What does it look like?

1. Consumers have their choices of services and supports
2. More people with mental illnesses have employment and live independently in society
3. Fewer individuals with mental illness are in corrections and fewer individuals are homeless
4. Families stay together, less out of home placement.
5. Excellent mental health treatment with good clinical outcomes
6. Reduction in Stigma in the community at large




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## System Transformation

Lisa Shumaker  
Prevention Services Manager  
Arizona Department of Health Services  
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## ADHS prevention 2003

<p><u>Substance abuse</u></p> <ul style="list-style-type: none"> <li>• Risk/protective factors base</li> <li>• Planning in silos</li> <li>• 43% of programs are evaluated</li> <li>• Still discussing "What is prevention?"</li> <li>• Minimal contractual requirements</li> <li>• NREP list</li> <li>• APRC annual evaluation</li> </ul>	<p><u>Suicide</u></p> <ul style="list-style-type: none"> <li>• Little involvement in the AZ Suicide Prevention Coalition</li> <li>• Non evidence-based approaches</li> <li>• No targeting</li> <li>• Older adult programs are like treatment</li> </ul>
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## Contributions to transformation 2003-2008

- Epidemiology work group
- RBHA contracts reference 2005 Framework revision
- Arizona Substance Abuse Partnership
- Training in evidence based suicide prevention
- Required participation in AZ SPC and local coalitions
- Suicide Prevention Grant
- Older adult practice improvement protocol
- Required evaluation
- Extensive training in evaluation
- Close monitoring of fund utilization



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## ADHS prevention in 2008

<p><u>Substance Abuse</u></p> <ul style="list-style-type: none"> <li>• Statewide measurable goals are established</li> <li>• Statewide strategic plan</li> <li>• 94% of programs evaluate programs</li> <li>• Trends in reduced substance abuse</li> </ul>	<p><u>Suicide</u></p> <ul style="list-style-type: none"> <li>• Statewide efforts</li> <li>• Extensive collaboration with tribes</li> <li>• Evidence based approaches               <ul style="list-style-type: none"> <li>– ASIST/SafeTalk</li> <li>– TeenScreen</li> </ul> </li> </ul>
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## Transformations moving forward

- Continued planning with ASAP
- 2008 Framework Revision
- Consistent needs assessment and strategic planning
- Required coalition based planning
- Maintain suicide prevention efforts
- Credentialing for prevention specialists
- Prevention evaluation database



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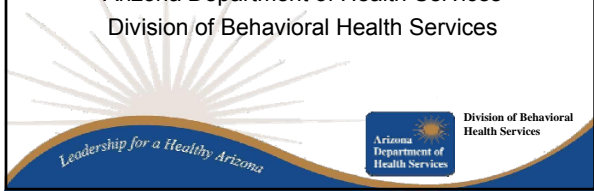
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## System Transformation

Norma Garcia-Torres, MPA  
Diversity and Inclusion Administrator  
Arizona Department of Health Services  
Division of Behavioral Health Services



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## Culturally and Linguistically Responsive Care

Why is it important?

- Essential approach to address the multiple strengths, needs and preferences of individual and family needs
- Changing demographics
- Increasing number of governmental and regulatory compliance policies – community based care, accessible, comprehensive, and coordinated, responsive to individual needs
- Essential component to the elimination of health disparities



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### What does it take?

Culturally and Linguistically Responsive Services – Reduction of Health Disparities

Monitoring and Oversight

Individual Development

Organizational Development

Individual, family, community involvement

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### DBHS Development of Organizational Structures that Support Change

- DBHS Cultural Competency Conference
- Network development and staff capacity
- Data and quality management development
- Policy development
- Contract requirements
- Training and education
- Web development, forms and vital documents
- Standards for ensuring quality of language access services
- Self Assessment for RBHAs, providers and staff

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### Do We Have To Do It?

**Laws**

- Title VI of the Civil Rights Act of 1964 & Title VI regulations (prohibiting discrimination based on national origin)
- Title IX of Education Amendments
- Executive Order 13166 issued in 2000
- Department of Human and Health Services, Office of Minority Health - Culturally and Linguistically Appropriate Services (CLAS Standards)
- Rehabilitation Act of 1973
- Americans with Disabilities Act
  - Auxiliary Aids for Communication

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## Focus for Next Year

- Addressing health disparities
- Expanded cultural competency training and education
- Organizational development
- Ensuring quality of interpretation and translation



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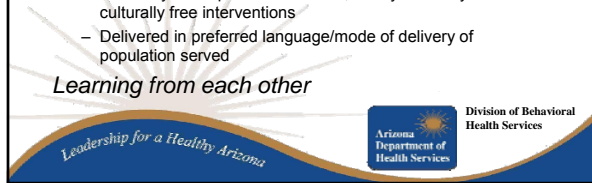
## How Do We Get There?

Systematically involve individuals & families, key stakeholders and communities to:

- Identify & understand the needs and help seeking behaviors of individuals and families

Designing and implementing services that are:

- Tailored or matched to the unique needs of individuals, children, families and communities served
- Driven by client-preferred choices, not by culturally blind or culturally free interventions
- Delivered in preferred language/mode of delivery of population served



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## System Transformation

Tom Kelly  
Office of Individual and Family Affairs  
Arizona Department of Health Services  
Division of Behavioral Health Services



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## Individual and Family Affairs

The President's New Freedom Commission Report recommends that the behavioral health systems must:

"Involve consumers and family members fully in orienting the system to recovery...local, state and federal authorities must encourage consumers and families to participate in planning and evaluating treatment and support services." (The New Freedom Commission on Mental Health, 2003)



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## Individual and Family Affairs

- NASMHPD recognizes that former/mental health consumers (*and family members*) have a unique contribution to make to the improvement of the quality of mental health services in many arenas of the service delivery system.
- The significance of their unique contributions stems from expertise they have gained as recipients of mental health services (*and family members*), in addition to whatever formal education and credentials they may have.

(National Association of State Mental Health Program Directors, 1989)



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## Core Elements for an Office of Consumer and Family Affairs

- Establishment, planning and hiring must be supported by and involve consumers/survivors
- Must be directed by a self-identified consumer/survivor
- Must be part of senior management team
- An adequate support system must be in place and ongoing
- Must serve as a systems change agent
- Does not relieve other senior management staff from interacting with consumers/survivors

(National Technical Assistance Center, 2000)



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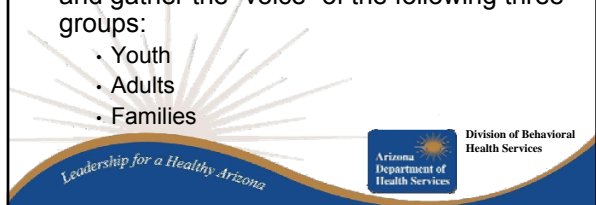
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## Individual and Family Affairs

- The Office includes the Individual and Family Affairs Manager and three Individual and Family Representatives
- The Office was developed to partner with and gather the “voice” of the following three groups:
  - Youth
  - Adults
  - Families



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## Individual and Family Affairs

- Provides training, technical assistance and related instructional materials to adults, youth and families on areas such as leadership and advocacy skills, program development, resource identification and coordination.
- The Manager serves as a key member on the ADHS/DBHS Executive Team and Senior Management Team.



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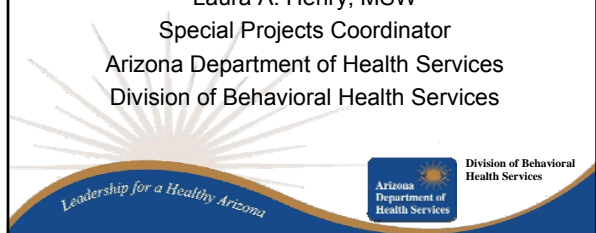
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## System Transformation

Laura A. Henry, MSW  
Special Projects Coordinator  
Arizona Department of Health Services  
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## Paperwork Reduction Initiative

- 2008 Report from the Paperwork Reduction Committee
- Committee included: RBHA, provider, community and DBHS representatives
- Overarching themes



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## Key Recommendations

- Leadership & Sustainability
- Notices & Appeals
- Incident/Accident/Death & Seclusion Restraint Reports
- Advance Directives
- Children's System
- Corrective Action Plans
- Oversight of Monitoring Efforts
- Requests for Network Inventory Changes
- Electronic Data Submission & Electronic Medical Records
- Customer Access



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## Where Are We Now?

- DBHS "Efficiency Committee"
- Shifting the mindset: Slow but steady
- CORE Assessment and intake
- Online deliverable submission
- Ongoing consideration of committee recommendations



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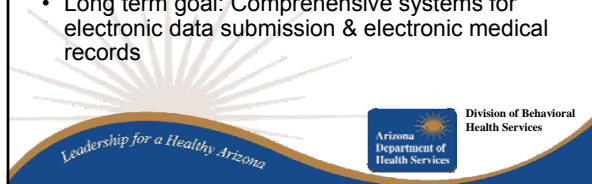
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## Where Are We Going?

- Develop a set of “efficiency standards”
- Ad-hoc committees to give careful consideration and evaluation to each of the recommendations
- Establish Efficiency Committees at each T/RBHA and on statewide level
- Long term goal: Comprehensive systems for electronic data submission & electronic medical records



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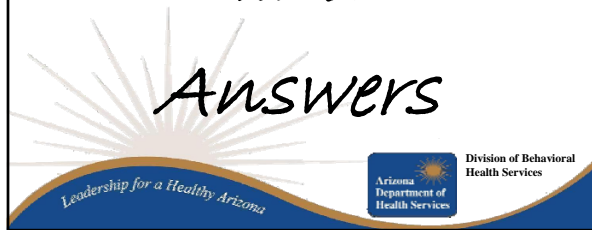
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## Questions and Answers



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## Thank You



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