

# The Children's System of Care in Arizona

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## Learning Objectives

- Review some of the history behind our systems transformation
- Gain a better Understanding of the current Children's System of Care in Arizona
- Look at what all it means for Arizona's children and families



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## 1991-2008

**Looking Backward:  
Progress in Transforming our  
Children's System of Care**



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## Arizona's JK Settlement

- 1991 – J.K. vs. Eden, a class action law suit filed in Pima County seeking improved access to behavioral health care for children.
- 2001 – As a result of Gov. Jane Dee Hull's judgment that Arizona's behavioral health service system for children could not likely be successfully defended, the J.K. vs. Eden et al. settlement agreement was accepted.



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## The Arizona Vision

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



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## The 12 Arizona Principles

- Collaboration with Child and Family
- Functional Outcomes
- Collaboration with Others
- Accessible Service
- Best Practices
- Most Appropriate Setting
- Timeliness
- Services Tailored to the Child and Family
- Stability
- Respect for the Family's Unique Cultural Heritage
- Independence
- Connection to Natural Supports



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**Wraparound:  
Arizona Child and Family Teams**

- The National Alliance on Mental Illness (2007 Family Guide) cited wraparound as one of their recommended evidence-based practices.
- Championed by Karl Dennis (Kaleidoscope), refined by John VanDenBerg, Ph.D. (Alaska Youth Initiative)
- Characterized as family-centered, strength-based, highly individualized, culturally competent and collaborative across systems, promoting reliance on informal and natural supports in combination with formal services.



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**Progress in our Children's  
System Transformation**

- Spring 2001: 300 Kids pilots established
- January 2003: Gov. Napolitano announces commitment to spread CFT practice statewide
- May 2005: 7,969 functioning CFTs
- April 2008: 19,381 functioning CFTs
- Functional Outcome data consistently reports improved outcomes for children involved with a functioning CFT when compared to children without a functioning CFT



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**Other Notable Progress**

- September 2003— 3.6% of all enrolled children were placed in out of home settings (Level I, II, and III). There were fewer than 10 Therapeutic Foster Homes statewide.
- June 2005— 2.42% of children were placed out of home in congregate care settings. There were 333 children served in Therapeutic Foster Homes.
- April 2008— Only 1.56% of children were in Level I, II, or III out of home placements while 490 children received Home Care Training (TFC) services.
- Increasing awareness across the state that Support and Rehabilitation services, skillfully provided and of sufficient capacity, are crucial elements of a successful System of Care.



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## Continuing the Transformation

### Looking Forward The Second Generation of SOC



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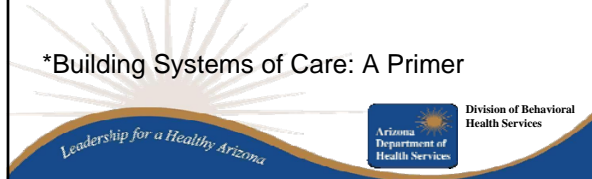
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## Systems of Care

- A comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families\*

\*Building Systems of Care: A Primer



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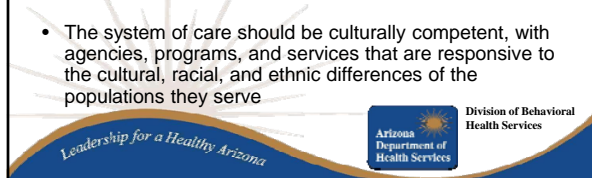
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## Core Values of SOC

- The system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided
- The system of care should be community based, with the locus of services as well as management and decision-making responsibility resting at the community level
- The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve



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## Guiding Principles of SOC

Services should be:

- Comprehensive, incorporating a broad array of services and supports,
- Individualized,
- Provided in the least restrictive, appropriate setting,
- Involve families and youth as full partners, and
- Emphasize early identification and intervention

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## Realizing the Vision

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## Meet Me Where I Am

- The Meet Me Where I Am (MMWIA) campaign of the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) rolled out at the beginning of FY2008 (July 2007).
- The ability to launch this exciting campaign was enhanced by the ability to obtain a significant increase in the capitation rate for children's services.
- MMWIA is designed to increase both the quantity and the quality of home-based support and rehabilitation services for children and youth enrolled in the public behavioral health system across Arizona.

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## MMWIA Goals

- Meet Me Where I Am (MMWIA) is a multi-year effort to expand the quantity and quality of support and rehabilitation services available to Child and Family Teams for the express purpose of helping children live successfully in their communities.
- The message from the beginning was not on increasing the utilization of support and rehabilitation services codes alone, but to provide **high-quality** services that achieve the desired outcomes for the child and family. In addition, the most challenging and complex children were to be targeted for services.

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## Design

- State-level Steering Committee
  - 25% family members
  - Multi-system participation including: CPS / DES, DHS, RBHAs
  - Utilize local service delivery expertise / consultants
- Local RBHA Design Teams
  - Design customized implementation tailored to local community needs

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## Expansion of Support/Rehab Services

- Provider network development initiative
  - Focused on building availability and utilization of targeted support/rehab services
  - Allocation of funding and contract incentives for reaching growth targets
  - Specialized RBHA design plans
  - Demonstration and Expansion Sites

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## Direct Support Services

Health Promotion	Family Support & Peer Support
Medication Training & Support	Extended Supported Employment
Personal Care	Pre-Job Training
Skills Training & Development	Supported Housing
Respite	Home Care Training (HCTC)

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## Children with Complex Needs: A Profile

- Multi-system involvement
- Living out of home, or
- At risk of disruption from current living situation
- Severe behavioral health challenges
- Significant behavioral disruption
- Caregivers impacted by behavioral health issues
- History of severe trauma
- Recurring crises

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## Children with Complex Needs (cont.)

- Exceptional difficulty with transitions
- Heightened sensitivity to loss
- Behaviors that could result in justice system involvement
- Safety risks
- Developmental disability or co-occurring medical issues
- Transitioning to adult system

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## CASII Background

- Objective, quantifiable criteria for determination of service intensity, continued stay, and outcomes for children and adolescents with serious emotional disturbances.
- Response to managed care protocols (no evidence-base, closed)
- Designed for clinicians with training and experience with children and adolescents



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## ADHS CASII Goals

- Provide guidance for assignment of case managers in a consistent manner on a statewide basis
- Provide data to Child and Family Teams to better inform practice and network capacity needs
- Clarify how Child and Family Team practice varies based upon complexity of need
- Provide better information on state-wide practice performance and facilitating more consistent comparison across T/RBHAs and providers



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## Service Expectations

- Completed by a trained and certified, behavioral health representative, in collaboration with: the child/adolescent and family, and other members of the Child and Family Team.
- Conducted in a manner that is strength-based, family friendly, culturally sensitive, and clinically sound and supervised.
- The CASII shall be completed as part of the initial 45 day assessment period, every six months thereafter, and anytime a CFT feels updated information would benefit service planning.



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- A final CASII shall be completed as part of the disenrollment process for the child/adolescent from behavioral health services.
- Completed CASII information shall be entered into the Client Information System, using the fields identified in Attachment A: Arizona's Child & Adolescent Service Intensity Instrument Scoring.
- The CASII recommends the level of intensity, the Child and Family Team identifies the services and supports to best meet the identified needs.




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- The CASII will not be used to determine eligibility for specific levels of care, types of services, or particular service models.
- Children/adolescents identified at CASII levels 4, 5, and 6 of intensity of needs, should have a designated case manager to coordinate services and activities of Child and Family Team practice.
  - Crisis and/or safety planning is also required for this level of intensity.




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### Overview of CASII Scoring Dimensions

- I. Risk of Harm
- II. Functional Status
- III. Co-occurring Conditions
- IV. Recovery Environment
  - Scale A: Environmental Stressors
  - Scale B: Environmental Supports
- V. Resiliency and/or Response to Treatment
- VI. Involvement in Services
  - Scale A: Child/adolescent Involvement
  - Scale B: Parental/familial Involvement




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## Children's Behavioral Health SOC

Arizona Vision

Family Participation at all Levels

Child and Family Team Practice

Coordination by Case Managers

Full Array of Behavioral Health Services

Practice Improvement Review Process

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## MMWIA Implementation

Identified  
(High Needs)  
Population

Vehicle  
(CFT with HN  
Case Manager)

Services /  
Resources  
(Generalists)

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## Child and Family Team

- A group of people that includes the child and his/her family, foster parents, a qualified behavioral health representative, and any individuals important in the child's life and who are identified and invited to participate by the child and family.
  - May change in size, scope and intensity of involvement based on the objectives established for the child, the individuals needed to develop and coordinate an effective service plan, and progress over time

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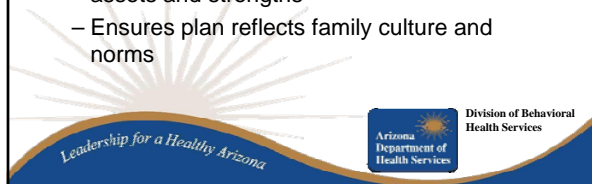
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## Child and Family Team

- Establishes a service planning team to design and oversee the plan of care
  - Family voice and preference in care decisions
  - Individualized plans unique to the family assets and strengths
  - Ensures plan reflects family culture and norms



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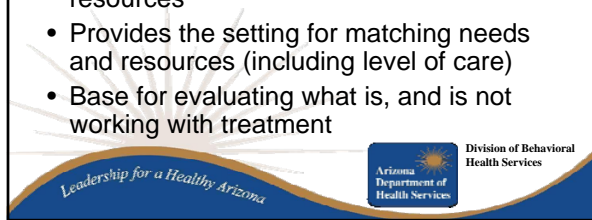
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## Child and Family Team

- Touch point for family voice and preference regarding behavioral health needs
- Forum to explore options and identify resources
- Provides the setting for matching needs and resources (including level of care)
- Base for evaluating what is, and is not working with treatment



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## High Needs Case Management

- Fulfills service coordination feature of successful systems of care
- Development of a dedicated workforce for children/youth with the most complex needs
  - Continuity & coordination of services
  - Ongoing, supportive relationship with family & in-depth understanding of needs/assets
  - Responsible with CFT for assessing progress over time



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## High Needs Case Management

- Lower caseload ratios: about 1:15
- Skilled in acuity management, including alternatives to OOH placement
- Knowledge of Direct Support / community resources
- Access to clinical resources for consultation and service planning
- Act as a “broker” for formal and informal support resources

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## Support Provider Types

- Specialist Support Providers
  - Offer a program targeting specific age/gender groups or conditions
  - Usually offered at set times, days
- Generalist Support Providers
  - Design service package based on the request and goals of the CFT
  - Operate during non-traditional hours and in home, school, community locations

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## Support Provider Mix

- In order to support the goal of helping care for children in their homes and in the community:
  - A balance of Generalist and Specialist support providers is needed, with the majority as Generalists.
  - Generalist provider must be flexible and skilled at working in complex situations

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## High Needs Case Management



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## Role of Clinicians

- Direct supports are an adjunct, not an alternative to clinical services or clinicians.
- Clinicians working with generalist providers fulfill a different clinical role and function - key to assessing needs and advising treatment planning
- Functional assessment / Positive Behavioral Support are key ingredients



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## Positive Behavioral Support

- Person-centered approach which:
  - Ensures success by catching others being successful
  - Builds on capacities and strengths
  - Assumes all behavior serves a functional purpose, and is driven by an underlying positive need (e.g. positive attention, control, self protection)
  - Allows opportunities to make choices and learn from mistakes without criticism or disproportionate consequences



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## Functional Assessment

- Functional Assessment involves observations, interviews, and review of records in order to come up with a functional hypothesis about what is currently maintaining a behavior.




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## PBS Is NOT:

- Punitive consequences
- Behavior level systems
- Ultimatums
- Coercion
- Limiting opportunities to participate in the community because of past behavior




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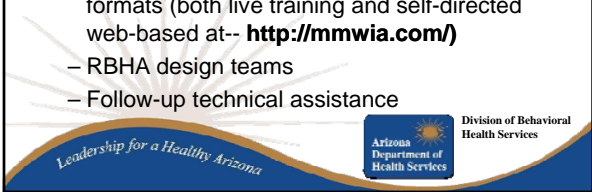
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## Supporting the Development

- Training, technical assistance and planning all factor into the support for the development of increased capacity of support and rehab services.
  - Additional training modules in a variety of formats (both live training and self-directed web-based at-- <http://mmwia.com/>)
  - RBHA design teams
  - Follow-up technical assistance




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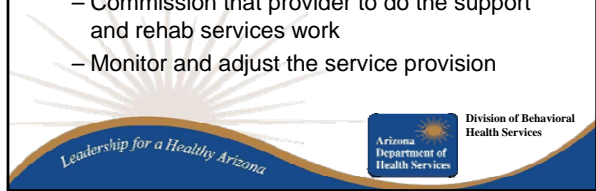
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## Training Resources for CFTs

- Meet Me Where I Am module 4 centers on helping CFT facilitators understand:
  - How to identify the need for support and rehab services
  - Select a support provider
  - Commission that provider to do the support and rehab services work
  - Monitor and adjust the service provision



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## MMWIA Training Modules

- Overview of support and rehab services
- Individualizing support provision
- Positive Behavior Support
- Measuring outcomes and adjusting support provision over time
- Supervision of support and rehab services
- Structural models for support provision
- Operating a support provider agency
- Providing support to specialized populations



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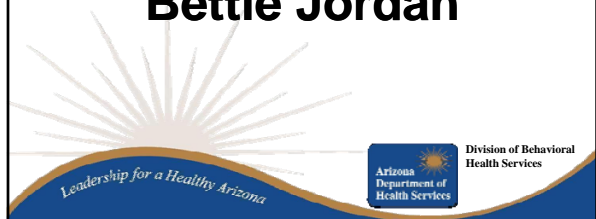
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## A Family's Story Bettie Jordan



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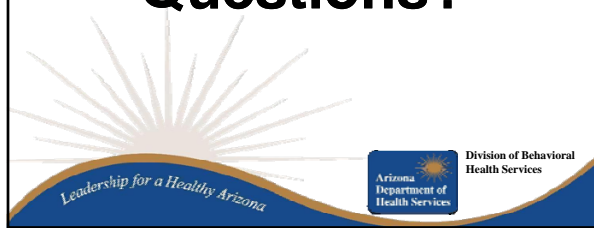
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**Questions?**



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