ADHS/DBHS Stakeholder Forum
ASU Downtown Campus
March 12, 2007
8:30 AM-3:30 PM

MEET ME WHERE I AM:
A CAMPAIGN FOR IMPROVING CHILDREN'S SERVICES
AGENDA

8:30-9:00	Registration (coffee, tea and pastries provided)	
9:00-9:15	Welcome and Opening Remarks	Eddy Broadway

Increasing Support and Rehabilitation Services

9:15-9:45	Overview of campaign	Marie Hawkins
9:45-10:15	Sharing Stories of Success	Tim Penrod Rene Kuehne
10:15-10:30	Break	
10:30-11:30	Regional breakout sessions	All participants
11:30-12:00	Regional feedback & suggestions	Tim Penrod, Marie Hawkins

12:00-1:00 Lunch (provided on site)

Case Managers for Children with Complex Needs

1:00-1:30	Overview of goals	Ann Froio Brian Lensink
1:30-2:30	Regional breakout sessions	All participants
2:30-2:45	Break	
2:45-3:15	Regional feedback and suggestions	Marie Hawkins
3:15-3:30	Wrap-up & Next steps	Christy Dye, Mike Fronske

MEET ME WHERE I AM
The Next Phase of Children's System Transformation

Our system of care for children has undergone tremendous change over the past six years. All of our partners – family members, provider agencies, RBHA staff and other child-serving agencies – have worked diligently to bring us to this point in time where the next phase of transformation is possible. Moving forward, we envision of system of care for children comprised of three fundamental elements:

(1) **Case Management for Children.** Children with more complex behavioral health needs, including children involved with multiple state agencies, will have an assigned case manager with a caseload that is small enough to provide active support for each child and family to which they are assigned. As the case management workforce evolves over the next few months, the role of Clinical Liaison will be phased out in the children's system of care.

(2) **Child and Family Teams.** All children will be served through a Child and Family Team process that is individualized and suited to their level of need. The CFT, facilitators and clinical staff serving on the team will be empowered to develop a plan of care comprised of traditional services and a mix of supportive services (including natural supports) that meets the needs of the child and family.

(3) **Expanded Access to Support and Rehabilitative Services.** Behavioral health support and rehab services will be available for any Child and Family Team that identifies these services as meeting the needs of the child and family.

In support of the vision for children, the Arizona Department of Health Services (ADHS) has worked with a team of experts and consultants over the past six months to develop the Meet Me Where I Am Campaign, including consideration of feedback from the March 12th stakeholder event. Components of the Campaign and the expectations for RBHAs and subcontracted providers are as follows:

Structure

- State-level Steering Committee
- RBHA Design Teams with at least 25% family members/youth

RBHA FY2008 Contract Amendment

- Elements of the Meet Me Where I Am Campaign for children's behavioral health are built into expectations for service delivery, network sufficiency and network monitoring and financial requirements of the amendment.
- Contracts will include financial incentive process based on service utilization within a Child and Family Team process, rather than availability of support and rehab services within the network.

Service and Capitation Rates

- The ADHS will receive an increase in the TXIX/XXI children's capitation to support case manager availability and expanded delivery of support and rehab services beginning July 1, 2007.
- Enhanced rates for support and rehab services are currently in review at AHCCCS.

FY2008 Provider Network Sufficiency and Management Plan

Development plans for children's services for FY 2008 will contain specific goals for expansion of support and rehab service delivery in each of the following areas:

- Baselines for support and rehab agencies, Community Service Agencies (CSAs) and staff delivering support services.
- Targets for service development, addition of new agencies and expansion of services within existing agencies.
- Targets for increased service utilization to fully utilize existing capacity.
- A focus on expansion of generalist support and rehab providers vs. highly specialized support programs with limited hours and days of service.

Training and Technical Assistance

- DHS has contracted with Tim Penrod of Child and Family Support Services provide targeted training and follow-up coaching sessions.
- Tim will develop customized local plans in collaboration with the RBHA and local planning team including:
    - A Meet Me Where I Am Kickoff event in each GSA
    - Local community workshops centered on integrated support/rehab services successfully within CFTs and natural support systems with the goal of serving children within their own community
    - Local Provider Development workshops for existing, new and potential providers centered on a variety of creative program approaches for support/rehab service delivery.
    - Materials and toolkits addressing the unique challenges of operating a successful support/rehab agency or component of an agency
    - Follow-up technical assistance at the RBHA and provider/community level
    - Interactive training materials, available in a variety of formats, to assist with implementation of successful support/rehab services.

Case Management

- ADHS is finalizing criteria for a standardized, statewide definition of children with complex behavioral health needs and developing tools for the purposes of guidance in case manager assignment.
- Will include the phase-out the Clinical Liaison role in children's services.

Core Assessment

- As part of an overall effort to streamline paperwork and simplify entry into the behavioral health system, the Assessment Workgroup is focused on changes to the Core Assessment.
- Anticipate finalizing a significantly reduced assessment model and process that fully supports the CFT process over the next 6-8 months.

Children's Practice Reviews

- ADHS has contracted with a national expert in children's wraparound for CFTs working with children with complex needs.
- The Wraparound Fidelity Assessment System (WFAS) pilot is underway. Launch of the complete model is expected July 1, 2007.

Curriculum
MEET ME WHERE I AM CAMPAIGN

Highlights

- Each module of the curriculum will be about 20-30 pages, representing about 30 – 60 minutes worth of time to complete in an online/computerized self-guided training, or about two hours of time to complete in a live training.
- Some of the modules will be available for more in-depth support as the initiative unfolds rather than all presented upfront.
- Some modules will be in a toolkit format that lends itself to self-study and reference after the training

Audience

- Those coordinating CFTs by knowing how to access and work with support and rehab services.
- Provider agencies providing (or desiring to provide) support and rehab services
- Families desiring to access support and rehab services

Curricula (9Modules)

⇒ Overview of Support Services, their Intent and Usefulness -- Geared for Family Members

⇒ Operating a Support and Rehab Provider Agency (structure, startup, traps, understanding codes, CSA vs clinic, documentation, etc.). Toolkit format.

⇒ Using Positive Behavioral Support to Provide Effective Support Services

⇒ Accessing, Coordinating and Monitoring Support Services Through the CFT

⇒ Individualizing the Provision of Support Services (assessing, planning, creative activities, based on culture, etc.)

⇒ Supervision of and Enhancement of Support Services -- Administrative and Clinical

⇒ Support Service Provision In Connection with Special Populations:
  i. (Transition from Out of Home (RTC, Detention, Hospital, Etc.)
  ii. sexual offenders, delinquency, substance abuse focused, etc.
  iii. Specialized Functional Behavioral Assessments

⇒ Measuring Outcomes and Adjusting Support Provision as a Support Provider (assuring quality service provision)

⇒ Program Models of Support Provision (varieties of best-practice structures for support provision)

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Curricula (9 Modules)

Module 1 - Overview of Support Services, their Intent and Usefulness - Geared for Family Members
Objective: Provide information about the intent behind support and rehabilitation services, their usefulness in keeping children in the community, the value to families, and congruence with the 12 principles. This module will help create an understanding of and a desire to develop and use support services.

Module 2 - Operating a Support and Rehabilitation Services Provider Agency (structure, startup, traps, understanding codes, CSA vs. clinic, documentation, etc.). This will be in tool kit format.
Objective: Provide a toolkit that helps agencies (or groups interested in becoming provider agencies) form, organize and implement support and rehabilitation services programs.

Module 3 - Using Positive Behavioral Support to Provide Effective Support Services
Objective: Provide an overview of Positive Behavioral support as an approach behind delivering any type of support and rehabilitation service.

Module 4 - Accessing, Coordinating and Monitoring Support Services through the CFT
Objective: Provide information on skills and knowledge required to successfully integrate support and rehabilitation service provision with CFT practice, both from the perspective of the CFT facilitator as well as the support services provider.

Module 5 - Individualizing the Provision of Support Services (assessing, planning, creative activities, based on culture, etc.)
Objective: Provide information on skills and knowledge required to tailor support services to the unique and individualized needs of children and families.

Module 6 - Supervision of and Enhancement of Support Services – Administrative and Clinical
Objective: Help participants discover the unique challenges and differences associated with providing supervision of support and rehabilitation services and equip them with tools to help in this supervision.

Module 7 - Support Service Provision in Connection with Special Populations including:
- **Transition from Out of Home (RTC, Detention, Hospital, etc)**
- **Sexual offenders, delinquency, substance abuse focused, etc.**
- **Specialized Functional Behavioral Assessments**

Objective: Provide information on skills and knowledge helpful when providing support and rehabilitation services for select special populations.

Module 8 - Measuring Outcomes and Adjusting Support Provision as a Support Provider (assuring quality service provision)
Objective: Provide information and tools for monitoring and improving the quality of support and rehabilitation services provision.

Module 9 - Program Models of Support Provision (varieties of best-practice structures for support provision)
Objective: Provide information and tools for providers in selecting and developing models for support service provision. Assist CFT facilitators in identifying the types of models that may be the most helpful for identified needs.

Functions and Skill Set of a Case Manager

Essential Activities of CFT Practice	Functions of a Case Manager	Skill Set to Implement Function	Clinical Liaison Roles/Duties/Function Matrix
General	• Empowering families with skills and knowledge so they can fully advocate successfully for themselves. • Serves as a role model for implementation of the Child and Family Team process, the 12 Arizona Principles, performance in a team approach and supporting family voice and choice.	• Has a working knowledge of all ADHS Practice Protocols. • Knowledge of primary child/adolescent psychiatric disorders as described in the ICD 9 and DSM IV. • Knowledge of child and adolescent pharmacology.	
Engagement of the Child and Family	• Engages with the child, family or other involved parties including phone and face to face interactions. • Collaborates with other stakeholders and service providers on behalf of the child and family. • Provides the family with information on grievance and appeal opportunities and assists in preparation of these processes if asked.	• Knowledge of and ability to utilize effective engagement and coordination techniques. • Ability to work comfortably in the family's home and community • Knowledge of the importance of hope and a positive attitude and the ability to maintain and encourage hope in others. • Propensity to promote self-determination, perseverance, and the right of people to make their own decision. • Familiarity with RBHA specific processes and P.M Section 5.1 Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible persons; and P.M. Section 5.2 Member Complaints.	• Effective Implementation of Treatment Plan - ID/Encourage Family Members
Strengths, Needs and Culture Discovery	• As part of the ongoing assessment process, participates in the continued identification of the child and family strengths and assures that the Strength, Needs and Culture Discovery is completed with input from and approval by the family. • Works with the child and family to assess and prioritize underlying needs.	• Ability to recognize a child and family's strengths, even in difficult times. • Ability to state strengths in functional terms. • Ability to create a written document that accurately captures the strengths, needs, and culture of the family. • Ability to understand the unique nature of a family's culture and its importance in CFT practice. • Knowledge of techniques and approaches to identify the child's or family's underlying, unmet needs and can differentiate needs from services. • Proficiency in helping the family prioritize the areas of need and to pace goal attainment to fit the child and families comfort level. • Ability to review the assessments and plans done by other agencies (IEP, IBP) and integrate important aspects of these multiple assessments and plans into the behavioral health service plan. •	

CFT Formation	• Actively supports the family in identifying and recruiting potential team members and in forming the Child and Family Team. • Serves as the team's primary point of contact for coordination and communication of behavioral health services and supports. • Organizes and facilitates team meetings unless the team selects another facilitator but is still responsible to assure that all aspects of Child and Family Team practice are completed. • Facilitates the involvement and communication with other agencies, such as Schools, DOE, CPS, DDD, ADJC, AOC, AzIEP, as well as behavioral and general medical and dental health care providers as needed. • Collects, organizes, and distributes to team members assessments and other information that is pertinent to the development of the crisis and service planning process.	• Knowledge of team membership possibilities and the ability to help families and other participants recognize potential team members. • Organizational abilities to maintain communication, coordination, and connections with all Child and Family Team participants. • Ability to provide leadership in the group process, providing ground rules that establish a safe environment for all team members, and holding participants to those ground rules. • Ability to implement and model techniques such as active listening, restating, reframing, empowering, and expressing empathy to facilitate team work in Child and Family Team meetings. • Knowledge of system partner's mandates, reports and other responsibilities. Ability to speak the "languages" of different systems involved. • Familiarity with P.M. Section 4.3 Coordination of Care with AHCCCS Health Plans and Primary Care Providers P.M. Section 4.4 Coordination of Care with Other Governmental Entities, and the Unique Needs of children in CPS Practice Protocol. • Has knowledge of system partners and the constraints and priorities of those partners.	• Effective Implementation of Treatment Plan - Develop CFT • Communication with member – how to ID and contact the Point of Contact • Serve as point of contact • Clinical Oversight - Consistent with Principles • Effective Implementation of Treatment Plan - BH Rep for CFT • CFT Facilitator • Communication with other systems • Continuity of Care - PCP for SMI • Communication with other systems • Clinical Oversight - Orient Providers

Behavioral Health Service Plan - Development	• Ensures the timely development of the service plan, including assessing, reassessing, monitoring, facilitating, linking, and advocating for needed services for children and families. • Ensures that the SNCD is utilized as the basis for the service plan and models a strengths based approach during the planning process. • Assists the child and family to articulate their immediate and long range goals. • Continues the assessment process over the course of behavioral health services. • Provide information about available services and identifies the most appropriate providers for services including the identification of specialty providers when needed. • Leads brainstorming processes to identify possible services and facilitates the identification, development and utilization of natural and community supports. • Ensures that all CFT members are allowed to provide input during the planning process, taking special care that family and youth voice is heard. • Provides assistance in finding necessary resources, in addition to covered services, to meet basic needs. • Facilitates consensus among team members and assists to resolving disputes when necessary.	• Knowledge of the behavioral health service planning process and timeframes. • General knowledge of services and supports available in a community, both from inside and outside of the agency for which the case manager works. • Ability to think creatively about issues so as to provide multiple possibilities to a family and team. • Has knowledge of and the ability to seek culturally sensitive services. • Demonstrates facilitation skills including the ability to establish an agenda, set and maintain a strengths based meeting environment, stay within timeframes, give all participants the opportunity to contribute, holding people accountable for their commitments and the ability to assist a team in developing a consensus.	• Communication with other systems • Effective Development of Treatment Plan • Effective Implementation of Treatment Plan - Advise CFT of all clinical • Effective Implementation of Treatment Plan - Advise CFT on natural supports, services, providers • Effective Implementation of Treatment Plan - Decision Making options
Behavioral Health Service Plan - Implementation	• Maintains sufficient contacts/communication with CFT members to assure that action steps identified in the plan are being initiated in a timely manner. • Participates in case conferences or other meeting with the child and family participating. • Links the child and family to appropriate providers, service agencies, and formal and informal resources. • Links the various agencies, systems and person's who may be involved in providing support to the child and family. • Maintains the child's comprehensive clinical record, including documentation of activities performed as part of the service delivery process (e.g., ongoing assessments, CFT Meetings, progress notes, provision of services, coordination of care, discharge planning). • Assist the family in becoming fully involved in the service planning process and empowering the family to be their own advocate. • Assures there is ongoing clinical input provided to the Child and	• Ability to arrange for the provision of services and supports including ensuring they are accessible and individualized to the child and family's needs, culture, and preferences • In advocating, has the responsiveness to fight stigma, to educate, and promote community integration. • Ability to monitor the delivery of services to ensure they are addressing services plan goals. • Knowledge of the importance of a clinical record and the requirements of documentation including the ability to clearly document information that reflect the case management functions. Familiarity with P.M. Section 4.2 Behavioral Health Medical Standards. • Comprehends the obligation to consult with a supervisor or clinical consultant when support is needed by the CFT or family beyond the case manager's capability.	• Clinical Oversight - Services are provided • Coordination of Care • Documentation - Comprehensive Clinical Record development and maintenance

	Family Team. • Actively participates in the implementation of the service plan through involvement with the family in the home and community to assist in helping them be successful. • Actively review the services being provided when a person is in an out-of-home placement to ensure that they are in line with the service plan and are provided according to the Arizona 12 Principles and the Out-of-Home Practice Protocol. • Maintain regular Child and Family Team meetings when a person is in out-of-home services and develop the plan needed for the child's quick return to their home and community.		
Immediate Crisis Stabilization Ongoing Crisis and Safety Planning	• Facilitates the development op the crisis and/or safely plan with the team, based on family/community strengths, and ensures that the family has a copy of the plan and knows how it is to be implemented. • Follow-up with the child and family on crisis situations and missed appointments. • After a crisis, assures that the CFT reviews the effectiveness of the crisis plan and makes adjustments as needed. • Assists in emergency or crisis situations.	• Understands how to develop a comprehensive crisis and safety plan that is based on the four-step model: Predict, Functional Assessment, Prevention, and Plan. • Has the skill to provide de-escalation and crisis intervention techniques.	
Tracking and Adapting	• Organizes regular CFT meetings, maintains contact with team members, monitor progress and, if necessary, adjust the service plan. • Evaluates the concordance between the child's and family's goals and the outcomes they perceive including satisfaction with services. • Regularly reviews and monitors the services and supports provided to the child and family. • Regularly reviews and monitors progress towards service plan objectives, including the service provider's attendance and participation in Child and Family Team meetings. • Identifies barriers to progress and brings those issues to the proper level to get them resolved. • Maintains the Child and Family Team process when a child is in an out or home placement to regularly monitor services and to work with the team to develop the plan and arrange the services needed for the child to return home quickly.	• Ability to ensure the adequacy and appropriateness of plans in meeting the needs of the child and family. Ability to make adjustments to plans based on changes, progress, new information, struggles, or other factors. • Ability to provide role modeling, mentoring, and other supportive interactions to support goal attainment. • Knowledge of T/RBHAs barrier resolution process.	• Modify Treatment Plan • Continuity of Care - Out of State

Transition	• Ensures the development and implementation of transition, "transition into adulthood", discharge and aftercare plans prior to discontinuation of behavioral health services or in anticipation of major life transitions. • Coordinates transfer's out-of-area, inter-RBHA, out-of-state or to an Arizona Long Term Care System (ALTCS) contractor, as applicable.	• Ability to anticipate and plan for changes in the child and family's life. • Ability to ensure the procedures and guidelines of ADHS Practice Protocol Transition to Adult Services. • Familiarity with RBHA specific processes for P.M. Section 3.17 Transition of Persons and Practice Protocol on Transitioning to Adult Services.	• Continuity of Care - Transition to ALTCS, Another T/RBHA, Child to Adult • Continuity of Care - Discharge Planning • Continuity of Care - Aftercare when BH Tx Discontinued