

**Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS)  
System of Care Plan FY2014**

**Goal 1: Promote a Recovery-oriented system of care that maximizes resiliency and independence for individuals and families.**

**Objective 1.1  
Healthcare integration: Improve the coordination of services across the medical and behavioral health system, demonstrating medical and behavioral integration through integration and collaboration.**

	Strategy	Task	Deliverable Date	Measurement
1.1.1	Explore and expand opportunities to integrate physical and behavioral health service provision within the system of care	1.1.1a Identify current efforts to integrate services, and targets for future expansion / development	2 <sup>nd</sup> Quarter	RBHA updates
1.1.2	Improve Care Coordination between physical and behavioral health service providers	1.1.2a Explore partnerships with AHCCCS health plans and community health centers to improve access to medical appointments, screening services, and consultations	2 <sup>nd</sup> Quarter	RBHA updates

**Objective 1.2  
Advance health and wellness initiatives within the behavioral health system**

	Strategy	Tasks	Deliverable Date	Measurement
1.2.1	Develop whole health resources within the behavioral health system	1.2.1a Identify potential partners with whom to develop whole health programs or collaborate with existing initiatives.	3 <sup>rd</sup> Quarter	List of potential partners
1.2.2	Promote integration of whole health goals at the level of service delivery.	1.2.2a Promote the development of whole health goals in the individualized service plan.	3 <sup>rd</sup> . Quarter	RBHA Updates

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1.2.3	Increase engagement of individuals with chronic medical conditions (i.e. obesity, diabetes, tobacco use) in health and wellness development.	Develop strategies for improving self-care / compliance behavior for BHRs, which focus on one or more chronic illnesses	2 <sup>nd</sup> Quarter	Develop strategic planning
		1.2.3a Identify and implement strategies to increase engagement / participation in healthy lifestyle activities (e.g. motivational interviewing).	2 <sup>nd</sup> Quarter	Tracking of referral / follow up data
1.2.4	Increase behavioral health staff knowledge of health-related topics including connections between physical and mental health.	1.2.4a Develop training on co-occurring physical and mental health conditions among behavioral health recipients (Including specialized training geared to peer and family support providers)	2 <sup>nd</sup> Quarter	Training curricula development
		1.2.4b. Provide access to training curricula to provider staff	3 <sup>rd</sup> Quarter	In-person or web-based accessible training
1.2.5	Increase acute care providers knowledge of health related topics including brief substance abuse screening	Provide training and support to medical providers in the use of SBIRT in medical settings such as primary care, dental settings, and emergency departments (may use At-Risk in the ED)	Quarterly in SOC update	Number of trainings provided

**Objective 1.3  
Establish ratios of case managers to members sufficient for both children with complex needs and adults with serious mental illness**

	Strategy	Task	Deliverable Date	Measurement
1.3.1	Identify standards for Adults with an SMI diagnosis for all levels of service intensity.	1.3.1a Review best practice methodology for determining each level of service intensity.	3 <sup>rd</sup> Quarter Update	RBHA Update
		1.3.1b Review and submit methodology (i.e. screening tool, protocols, etc.) for assessing and assigning appropriate level of service intensity.	3 <sup>rd</sup> Quarter Update	RBHA Update/Submit supporting documentation

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		1.3.1c Review and submit the composition of case management teams for each level of service intensity, including professional roles included in each team (i.e. BHMP, RN, CM, RS, etc.)	3rd Quarter Update	RBHA Update
		1.3.1d Provide inventories of the number of BHRs assigned to team each role (i.e. BHMP, RN, CM, RS, etc.)	4 <sup>th</sup> Quarter Update	RBHA Update
		1.3.1e Review and submit RBHA strategies for monitoring case manager capacity including performance relative to established targets.	4 <sup>th</sup> Quarter Update	RBHA Update
<b>1.3.2</b>	Explore establishing standards for Case Managers to provide case management functions for Adults with a GM/SA diagnosis	1.3.2a Review and submit methodology for determining appropriateness of case management functions for adults with GM/SA diagnosis.	3rd Quarter	RBHA Update/Submit supporting documentation
		1.3.2 Review and submit the number of BHRs who have been assigned Case Managers, including caseload ratios.	3rd Quarter and ongoing	RBHA Update
<b>1.3.3</b>	1.3.3 ID Methodology for HNCM service provision to children and families with complex needs.	1.3.3a Identify protocol/practices to monitor appropriate use of methodologies for screening / identification of high needs status for all children, including 0-5	2nd Quarter and ongoing	RBHA Update and Reporting
		1.3.3b Identify protocol/practices to monitor assignment to specialized (HN) case management caseloads for all children, including ages 0-5	2nd Quarter and ongoing	RBHA Update and Reporting
		1.3.3c Maintain FTE / caseload standards for High Needs Case managers for children	Bi-monthly	Case Management Inventories

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<b>Objective 1.4 Promote peer and family involvement</b>				
	<b>Strategy</b>	<b>Task</b>	<b>Deliverable Date</b>	<b>Measurement</b>
<b>1.4.1</b>	Implement ADHS/DBHS approved Peer Certification process in accordance with PM Section 9.2	1.4 1.a The T/RBHA will maintain a record of all certified Peer Support staff within their GSA and provide a roster including contact information to DBHS quarterly.	2 <sup>nd</sup> quarter and ongoing	Training curricula and training rosters; quarterly report to DBHS/OIFA
		1.4.1.b. Agencies wanting to provide Peer Support training will submit curriculum and exam to DBHS System of Care/OIFA at Peer_Training@AZDHS.gov to insure adequate inclusion of required elements outlined in P.M. 9.2.	2 <sup>nd</sup> quarter and ongoing	Training curricula and training rosters
		1.4.1.c Training agencies will provide the T/RBHA in their GSA with a roster of peers who successfully complete training. The training agency will also provide documentation to successful Peers for their personnel file	2 <sup>nd</sup> quarter and ongoing	Training curricula and training rosters; quarterly report to DBHS/OIFA
<b>1.4.2</b>	Increase the number of referrals made to Peer and Family Run Organizations	1.4.2.a Monitor mechanisms to promote the connection of Peers and Family Members to Peer and Family Run Organizations	2 <sup>nd</sup> quarter and ongoing	Completed RBHATracking Plan for tracking referrals Meeting minutes of monthly DBHS/RBHA OIFA leads meeting; ensure that this is regularly addressed via the agenda  Referral Tracking
		1.4.2.b Support T/RBHAs and providers in developing and maintaining a tracking process for referrals to Peer and Family Run Organization	2 <sup>nd</sup> quarter and ongoing	Completed RBHATracking Plan for tracking referrals

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				Referral Tracking-via quarterly report to DBHS/OIFA
		1.4.2.c Support the T/RBHAs and Peer and Family Run Organizations in the development of a mechanism for behavioral health recipients and families to self-refer for peer and family support services	2 <sup>nd</sup> quarter and ongoing	T/RBHA Plan for self-referral Referral Tracking
1.4.3	Identify and Increase Peer and Family Support Services provided for transition aged youth.	1.4.3.a Promote educational opportunities for transition aged youth and families on peer and family support services and resources	2 <sup>nd</sup> quarter and ongoing	DBHS weekly announcements; Recovery Works Newsletter; monthly DBHS/RBHA OIFA leads meeting
		1.4.3.b Encourage T/RBHAs, providers and peer and family run organizations to partner in the development of collaborative opportunities to educate on transition to adult services and resources	2 <sup>nd</sup> quarter and ongoing	Monthly DBHS/OIFA Leads meeting; monthly DBHS OIFA Advisory Committee meetings
1.4.4	Expand the use of best practices to improve outcomes for children, adults and families	1.4.4.a Provide technical assistance to T/RBHA's and providers to develop specific workforce development and coaching plans to promote the implementation of Trauma Informed Care	T/RBHA quarterly Updates	T/RBHA training and workforce development reporting
		1.4.4. b Encourage use and expansion of national and local best practices specific to peer and family support.	T/RBHA quarterly Updates	T/RBHA training and workforce development reporting AZ Peer & Family Coalition; DBHS/RBHA OIFA leads meeting; DBHS-We Have a Voice Committee (peer and family run organizations)
1.4.5	Increase the utilization of Peer and Family Support Specialist services	1.4.5.a Monitor utilization data related to the service codes H0038, H0038 HQ, H2016 and S5110	2 <sup>nd</sup> quarter and ongoing	Service utilization reporting
1.4.6	Improve collaborative efforts with Peer and Family Run Organizations	1.4.6. In conjunction with Family Run Organizations promote awareness regarding the need for connections to natural support systems and resources, i.e. faith based organizations,	2 <sup>nd</sup> quarter and ongoing	T/RBHA training and workforce development reporting; AZ Peer & Family Coalition; DBHS/RBHA OIFA leads meeting; DBHS -We

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		extended family members, self-help groups, etc.		Have a Voice Committee (peer and family run organizations)
1.4.7	Promote opportunities for collaboration between Peer and Family Run Organizations	1.4.7.a Identify opportunities for collaboration around integrated health care and health homes in partnership with Peer Member Organizations, Family-Run Organizations, and the Arizona Peer and Family Coalition.	2 <sup>nd</sup> quarter and ongoing	Reporting on collaboration via AZ Peer & Family Coalition and OIFA-We Have a Voice Committee
		1.4.7. b Collaborate with Peer and Family Run Organizations and Consumer Advisory Councils to develop a mechanism to inform service recipients on how to navigate the changing Adult Behavioral Health System.	2 <sup>nd</sup> quarter and ongoing	Reporting on collaboration via AZ Peer & Family Coalition and DBHS-We Have a Voice Committee
1.4.8	Increase the level of Peer, Family and community representation on DBHS, RBHA and provider committees, advisory councils, boards and work groups.	1.4.8.a T/RBHAs will maintain a listing of core committees as identified in the T/RBHA Annual QM Report, for peers, family member and community participation and representation	2 <sup>nd</sup> quarter and ongoing	Database of available committees  Database of committee representation
		1.4.8.b T/RBHAs will develop a mechanism to inform participants and community members opportunities to join committees, advisory councils, boards, and workgroups.	2 <sup>nd</sup> quarter and ongoing	Identified methodology to inform enrolled members
		1.4.8.c DBHS to implement a statewide Peer, Family and Community Member Quality Involvement Survey to measure the quality of member involvement on committees, advisory councils, boards and workgroups.	2 <sup>nd</sup> quarter and ongoing	Quality Improvement Survey
1.4.9	Adequately prepare peer & family members for meaningful involvement to act as partners in decision making within the behavioral health system.	1.4.9.a Implement training curriculum (orientation training for peers and family members) that is inclusive of identified DBHS approved core elements.	2 <sup>nd</sup> quarter and ongoing	Training Curriculum  Pre-Post Tests Training

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				Evaluation Forms  Documentation of completed orientation training for all current representatives
		1.4.9.b Promote activities which identify and develop peer and family advocacy and leadership opportunities	2 <sup>nd</sup> quarter and ongoing	DBHS Announcements Calendar;  AZ Peer & Family Coalition agendas  DBHS OIFA Advisory Council
		1.4.9.c DBHS to partner with peer and family run organizations to develop training specific to the Arizona 12 Principles Adult Recovery principles.		Documentation of completed orientation training for all current representatives  AZ Peer & Family Coalition  Training Curriculum
1.4.10	Collaborate with Educational Institutions to integrate the Resiliency/Recovery Philosophy in current and future programming.	1.4.10.a Market presentations to colleges and universities to increase awareness of Recovery, Stigma and Community Integration.	2 <sup>nd</sup> quarter and ongoing	DBHS Announcements Calendar
		1.4.11.b. Develop strategies to increase opportunities for internships within DBHS and community organizations.	2 <sup>nd</sup> quarter and ongoing	Internships / fellowships
1.4.11	Improve attitudes within the medical community (paramedics, ER staff, PCP's, nurses and pharmacists) about behavioral health in order to reduce stigma	1.4.11.a Market stigma reduction presentations to the medical community	2 <sup>nd</sup> quarter and ongoing	DBHS Announcements Calendar  AZ Stigma Reduction Committee
		1.4.11.b. Promote involvement of the medical and psychiatric community in AZ Dialogues throughout the state	2 <sup>nd</sup> quarter and ongoing	DBHS Announcements Calendar

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		1.4.11.c Encourage peer and family run organizations' to assist in developing collaborations with medical interns for their whole health and other programming	2 <sup>nd</sup> quarter and ongoing	DBHS Announcements Calendar  OIFA -We Have a Voice Committee
1.4.12	Identify strategies to continue to decrease stigma	1.4.12.a Promote community participation in Arizona Dialogues, Mental Health First Aid and other stigma reduction programming	2 <sup>nd</sup> quarter and ongoing	DBHS Announcements Calendar; DBHS/OIFA weekly email blast
		1.4.12.b Monitor ISPs for inclusion of natural and community supports/activities that foster community integration (i.e., gyms, parks and recreation programs, non-credit internet classes, YM/WCA, libraries, volunteer opportunities, etc.)	2 <sup>nd</sup> quarter and ongoing	Results of the DBHS Chart review documentation
1.4.13	Increase opportunities for family and youth involvement at all levels of the System of Care	1.4.13.a Continue to promote opportunities for representation within DBHS, T/RBHA and provider system committees, councils and boards in collaboration with RBHA OIFA	2 <sup>nd</sup> quarter and ongoing	Database of available committees Database of committee representation Monthly DBHS/RBHA OIFA leads meeting  AZ Peer & Family Coalition
		1.4.13.b Identify, recruit, train, place and mentor family and youth in partnership with RBHA OIFAs, OIFA Advisory Council, peer and family run organizations and Arizona Peer and Family Coalition (APFC), to actively participate on internal decision-making committees, councils and boards at all levels throughout the state	2 <sup>nd</sup> quarter and ongoing	Database of available committees  Database of committee representation
		1.4.13.c Implement multi-media marketing campaign to inform family members/youth and behavioral health professionals about opportunities for family/youth involvement	2 <sup>nd</sup> quarter and ongoing	Marketing Plan DBHS Announcements Calendar OIFA Weekly Email Blast OIFA Website



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		1.4.13.d Identify and recruit youth/young adults as Arizona Dialogue facilitators and speakers' bureau presenters with the APFC, peer and family run organizations	2 <sup>nd</sup> quarter and ongoing	Recruiting campaign plan with the AZ Peer & Family Coalition; and DBHS We Have a Voice Committee
		1.4.13.e Promote youth peer support employment, volunteerism and other identified opportunities for youth throughout the state utilizing DBHS multi-media	2 <sup>nd</sup> quarter and ongoing	DBHS Announcements Calendar Recovery Works Newsletter DBHS OIFA Advisory Council Community Flyers
<b>1.4.14</b>	Promote education for youth and families on the availability of family and peer support services; and promote opportunities for collaboration between peer run and family run organizations	1.4.14.a Promote opportunities for family members and young adults to share their experiences to educate youth/families about family/peer support transition services	2 <sup>nd</sup> quarter and ongoing	DBHS Newsletter  Training records  Monthly Meeting minutes of DBHS/RBHA OIFA Leads; AZ Peer & Family Coalition
		1.4.14.b Support Arizona Peer and Family coalition(AZPFC), in conjunction with family and peer run organizations, in conducting ongoing trainings related to transition to adulthood/transition to adult services which will be jointly presented throughout the state after DBHS review and approval	2 <sup>nd</sup> quarter and ongoing	AZ Peer & Family Coalition: Training Curricula  Training records  Monthly Meeting minutes
		1.4.14.c Facilitate monthly meeting with statewide RBHA OIFAs and FROs/PROs where opportunities for collaboration can be identified and developed	2 <sup>nd</sup> quarter and ongoing	DBHS Newsletter  Training records  Monthly Meeting minutes
		1.4.14.d Provide education and awareness statewide for increased education/awareness on integrated health care and health homes in	2 <sup>nd</sup> quarter and ongoing	DBHS Newsletter  Training records

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		collaboration with FROs/PROs and APFC		Monthly Meeting minutes
1.4.15	Establish mechanisms to connect families to family run organizations	1.4.15.a T/RBHA and Family Run Organizations will develop and implement a referral mechanism to connect families with family run organizations upon their "first contact" with the behavioral health system	2 <sup>nd</sup> quarter and ongoing	RBHA referral monitoring Tool
		1.4.15.b Encourage collaboration among the ACEC, Arizona Behavioral Health Planning Council (ABHPC) and APFC to develop additional informational videos about peer-delivered family support and transition to adult process which would also be utilized in provider offices for family and youth education	Annual Report	RBHA referral monitoring Tool Development of video
1.4.16	Support RBHA and providers in developing and maintaining a tracking process for referrals to family run organizations	1.4.16.a Encourage RBHA OIFAs to partner with family run organizations in their GSAs to jointly collaborate with provider systems to develop a referral mechanism and tracking process to implement family "first contact" referral to FROs/PROs	2 <sup>nd</sup> quarter and ongoing	Referral and Tracking process / monitoring Monthly DBHS/RBHA OIFA Leads meetings
1.4.17	Promote the use of Trauma Informed Care (TIC)	1.4.17a A Based on results of community needs assessment develop a plan to revise current human services/human resources practices, policies, procedures and other tools to reflect the Trauma-Informed Care philosophy	4 <sup>th</sup> Quarter	Written Plan for TIC Promotion
		1.4.17b Through Recovery Works, TIC Communiqué, and Arizona Happenings, OIFA will educate and promote public awareness of Trauma Informed Care practices in both Children's and Adult systems.	4 <sup>th</sup> Quarter	DBHS update (OIFA)

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Objective 1.5 Develop sufficient availability of generalist direct support providers and specialty providers to deliver flexible, in-home, community based support and rehabilitation services				
	Strategy	Task	Deliverable Date	Measurement
1.5.1	Monitor the availability of generalist direct support providers and specialty providers to deliver flexible, in-home, community based support and rehabilitation services	1.5.1a Provide MMWIA Fidelity Monitoring using DBHS-approved fidelity tool/process	Annual / semi-annual	Monitoring reporting
		1.5.1 b Continued DBHS participation on local design teams to monitor the following: <ul style="list-style-type: none"> <li>• serving children with complex needs</li> <li>• capacity building in Functional Behavioral Analysis/Positive Behavioral Supports</li> <li>• fidelity to Meet Me Where I Am (MMWIA) protocol</li> <li>• capacity monitoring; and</li> <li>• increased use of family member feedback in site review process</li> </ul>	Per identified Scheduling, (at least 1x per quarter)	Meeting minutes
1.5.2	Manage referral / capacity for MMWIA services	1.5.2 a Identify methodology for assessing and prioritizing identified need for MMWIA services	2 <sup>nd</sup> Quarter	Monitoring Tools
		1.5.2 b Identify methodology for tracking demand/unmet need for MMWIA services	2 <sup>nd</sup> Quarter and ongoing	Tools / Protocols
		1.5.2 c Identify methodology for managing service utilization / length of stay for MMWIA to promote service capacity / availability.	2 <sup>nd</sup> Quarter and ongoing	Tools / Protocols
1.5.3	Monitor MMWIA service utilization	1.5.3a Review data runs to monitor service utilization to promote the delivery of a full continuum of community based, individualized support and rehabilitation services, available 24	2 <sup>nd</sup> Quarter and ongoing	Data reporting

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		hours a day 7 days a week		
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**Objective 1.6**  
Increase opportunities for individuals to engage in informed decision making regarding employment opportunities.

	Strategy	Task	Deliverable Date	Measurement
1.6.1	Increase education/training for Providers	1.6.1a Each RBHA will identify the subject matter expert for employment-related trainings.	2 <sup>nd</sup> Quarter	Name of Identified RBHA subject matter expert
		1.6.1b Increase the total number of Provider staff trained on Social Security Work Incentives (Ticket to Work Program, Freedom to Work Program, and Disability Benefits 101 {DB101}).	2 <sup>nd</sup> Quarter and ongoing	Increase total number of individuals trained on Social Security Work Incentives, including DB101 by 20% per quarter.
		1.6.1c Develop baseline of individuals trained on DUG Coding of Employment data.	2 <sup>nd</sup> Quarter	Establish baseline number
		1.6.1 d Increase the total number of Provider staff trained on Employment Codes within the Demographic User Guide (DUG)	3 <sup>rd</sup> Quarter	Increase total number of individuals trained on Employment Codes within the DUG 20% per quarter.
1.6.2	Increase the utilization of pre-vocational services	1.6.2 a Provide pre-vocational and job coaching services as indicated in the AHCCCS Covered Services Guide.	2 <sup>nd</sup> Quarter and ongoing	Reported within the Quarterly Psychosocial Rehab Progress Report (Section E. Utilization and Demographic Data)
		1.6.2.b Increase number of referrals made to RSA Vocational Rehabilitation.	2 <sup>nd</sup> Quarter and ongoing	Increase referrals to RSA by 10% per quarter.

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		1.6.2.c For members who successfully close from RSA services, provide Extended Supported Employment services (job coaching).	2 <sup>nd</sup> Quarter and ongoing	Reported within the Quarterly Psychosocial Rehab Progress Report (Section E. C. Ongoing Support)
1.6.3	Identify at least one fully dedicated vocational/rehab staff to be assigned to each direct care clinical team.	1.6.3 a Assign at least one employment/rehab staff member for each adult direct care clinical team whose duties are only to include employment-related activities (i.e. Rehab activities, both paid and unpaid, and meaningful community involvement activities. - Due to staff availability and/or regional location, the employment/rehab staff member may cover more than one clinical team).	3 <sup>rd</sup> Quarter	100% dedicated employment/rehab staff member for each adult direct care clinical team. RBHA must update on the progress toward this goal in each quarterly update submission.
1.6.4	Develop & Implement SAMHSA Supported Employment EBP	1.6.4. a T/RBHA to develop a plan for implementation of SAMHSA's Supported Employment evidence based practice.	2 <sup>nd</sup> Quarter	Approved plan for implementation
		1.6.4.b T/RBHA to develop a plan to monitor the Supported Employment Fidelity Tool on a quarterly basis.	2 <sup>nd</sup> Quarter	Approved plan for monitoring
		1.6.4.c T/RBHA to determine current baseline scores utilizing SAMHSA's Supported Employment Fidelity Tool, after which targets for incremental increases will be developed.	3 <sup>rd</sup> Quarter	Establish baseline number

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<b>Objective 1.7 Increase the number of youth who successfully transition to adulthood</b>				
	<b>Strategy</b>	<b>Task</b>	<b>Deliverable Date</b>	<b>Measurement</b>
1.7.1	Support development of peer and family support services provided to transition aged youth and their families	1.7.1a Promote education for youth, families, case managers and other BH staff on the availability and effectiveness of family and peer support services, especially during the transition process	2 <sup>nd</sup> Quarter and ongoing	RBHA updates
		1.7.1b Promote opportunities for family members, young adults and behavioral health staff to share their experiences to educate youth/families, stakeholders and the behavioral health community about family/peer transition services through various Community Stakeholder and Provider meetings as well as other appropriate venues	2 <sup>nd</sup> Quarter and ongoing	RBHA updates
1.7.2	Strengthen collaboration between the behavioral health system and the education system	1.7.2a Finalize the training curriculum developed by the Training Subcommittee of the ACEC (Understanding the Arizona Education System)	2 <sup>nd</sup> Quarter	Finalized Curriculum
		1.7.2b Collaborate with T/RBHAs to schedule trainings for behavioral health staff	2 <sup>nd</sup> Quarter	DBHS update
		1.7.2c Collaborate with Family Run Org.s to schedule trainings for family and youth	2 <sup>nd</sup> Quarter	Scheduled Training Dates
1.7.3	Support the activities of the Arizona Community of Practice on Transition (AzCoPT)	1.7.3a Participate as an active member of the AzCoPT	2 <sup>nd</sup> Quarter and ongoing	Meeting Minutes

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		1.7.3b Support and encourage the development of local Communities of Practice on Transition in each GSA	2 <sup>nd</sup> Quarter and ongoing	Established Local CoPTs
1.7.4	Encourage the use of recognized best / promising practices for working with Transition Aged Youth (TAY) aged 16-21.	1.7.4a Promote the Transition to Independence Process (TIP) or TIP informed practice	2 <sup>nd</sup> Quarter and ongoing	DBHS Update
		1.7.4b Host quarterly statewide transition meetings focused on enhancing the 18-21 TAY initiatives.	2 <sup>nd</sup> Quarter and ongoing	Meeting Agenda and/or Minutes
		1.7.4c Monitor case management/transition facilitator ratios related to the 18-21 TAY initiatives	2 <sup>nd</sup> Quarter and ongoing	Case Management Inventories
		1.7.4d Develop a Plan/Policy to monitor provider adherence to Provider Manual 3.17.7-A, Transition from Child to Adult Services	2 <sup>nd</sup> Quarter and ongoing	Written Plan/Policy

**Objective 1.8  
Establish/ Maintain effective Crisis Services**

	Strategy	Task	Deliverable Date	Measurement
1.8.1	Identify methodology for providing 24/7 telephonic crisis response	1.8.1 Identify training / credentialing process for staff providing crisis services telephonically.	2 <sup>nd</sup> Quarter	Program plan / description
1.8.2	Identify methodology for 24/7 mobile crisis response	1.8.2 Identify training / credentialing process for staff providing face to face crisis services, including mobile crisis	2 <sup>nd</sup> Quarter	Program plan / description

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1.8.3	Identify methodology to provide crisis stabilization services to preserve placements of children in the care of DES/CPS	1.8.3 Identify methodology for provision of crisis stabilization services to children in foster care, residential and in-home placements	2 <sup>nd</sup> Quarter	Program plan / description
1.8.4	Promote community / stakeholder awareness to increase accessibility to crisis services	1.8.4 Identify methodology for increasing stakeholder and community awareness regarding crisis services	2 <sup>nd</sup> Quarter	Program plan / description

**Goal 2: Improve the quality of behavioral health interventions.**

**Objective 2.1  
Expand the use of best practices to improve outcomes**

	Strategy	Task	Deliverable Date	Measurement
2.1.1	Assess Child and Family Team (CFT) Practice to identify opportunities for improvement	2.1.1a Establish and monitor minimum standards of experience and training for case managers facilitating child and family teams	2 <sup>nd</sup> Quarter	DBHS update
		2.1.1b Based on the DBHS CFT Practice Protocol, review and revise CFT Practice to reflect established standards of experience and training for CFT facilitators and CFT coaches/supervisors	2 <sup>nd</sup> Quarter and ongoing	Completed Revision with ongoing monitoring
		2.1.1c Based on DBHS CFT Practice Protocol, DBHS will work with T/RBHAs to Identify expectations for CFT meeting frequency for participants at varying levels of need as part of provider guidance on CFT practice	2 <sup>nd</sup> Quarter and ongoing	RBHA updates
2.1.2	Continue practice review methodologies to evaluate practice according to System Of Care principles	2.1.2a Work with new contractor to continue SOCPR / BPR statewide	2 <sup>nd</sup> Quarter	Practice Reviews



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		2.1.2b Participate in agency feedback sessions and review/approve agency Practice Improvement Plans for System of Care Practice Reviews (SOCPR) and Brief Practice Reviews (BPR)	2 <sup>nd</sup> Quarter	Practice Review attendance records
		2.1.2c Develop a year-end summary report and recommendations from SOCPR and BPR	Annually	Summary Report
		2.1.2d Based on analysis of year-end reporting, develop and implement action plans for practice improvement	1 <sup>st</sup> Quarter following published report	Performance improvement action plans
2.1.3	Assess Adult Recovery Team (ART) practice to identify opportunities for improvement	2.1.3 Review the Quality Service Review (QSR) process and use results develop and implement action plans for practice improvement	2 <sup>nd</sup> Quarter	Performance improvement action plans

**Objective 2.2  
Improve Access to Care**

	Strategy	Task	Deliverable Date	Measurement
2.2.1	Identify methodology to assess and refer all CMDP enrolled youth within 72 hours of removal (Rapid Response)	2.2.1a Identify screening and assessment tools,	2 <sup>nd</sup> Quarter	Practice methodology

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2.2.2	Identify a strategy to provide all CMDP youth with timely behavioral health comprehensive assessment by a qualified provider	2.2.2b Develop program description / flows	2 <sup>nd</sup> Quarter and ongoing	Program flows / Monthly reporting on timeliness of referral and assessment data
2.2.3	Promote timely engagement and appropriate services levels to CMDP enrolled youth and caregivers	2.2.3a In collaboration with CPS/CMDP establish protocols to allow sufficient timeframes for needs assessment / service planning for CMDP enrolled youth	2 <sup>nd</sup> Quarter and ongoing	Protocol Development
		2.2.3b Develop protocols for promoting timely engagement and implementation of BH services to CMDP youth and caregivers	2 <sup>nd</sup> Quarter	Protocol Development/ Monthly reporting on referral and service delivery data
		2.2.3c Monitor timely engagement and appropriate service intensity in behavioral health services	3 <sup>rd</sup> Quarter and ongoing	Monthly reporting on timeliness of services and service type / intensity
		2.2.3d In consultation with DES/CMDP, Identify screening process for HN determination/HNCM assignment for all CMDP enrolled children and caregivers (including 0-5 youth)	2 <sup>nd</sup> Quarter	Protocol Development
		2.2.3e Identify and implement initiatives / strategies to increase and maintain penetration rates commensurate with balance of state for CMDP population	2 <sup>nd</sup> Quarter and ongoing	Monthly reporting on penetration data
		2.2.3f Monitor penetration rates for CMDP population	2 <sup>nd</sup> Quarter and ongoing	Penetration Reporting
		2.2.3g Identify process for regular collaboration / problem solving with CPS/CMDP	2 <sup>nd</sup> Quarter and ongoing	Protocol Development / meeting minutes

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<b>Objective 2.3 Improve quality Services to Children age 0-5</b>				
	<b>Strategy</b>	<b>Task</b>	<b>Deliverable Date</b>	<b>Measurement</b>
2.3.1	Birth to 5: Promote best practices for the 0-5 population	2.3.1 Attend the Cradles to Crayons committee of the Juvenile dependency court	2 <sup>nd</sup> Quarter	Meeting attendance
2.3.2	Identify process to ensure appropriately trained staff to provide assessments to children age 0-5	2.3.2a Identify training and privileging process for 0-5 specialists	2 <sup>nd</sup> Quarter	Training protocols
		2.3.2b Encourage expansion of 0-5 specialist network by tracking network capacity (FTEs)	2 <sup>nd</sup> Quarter	Inventory / reporting

<b>Objective 2.4 Enhance Substance Abuse Services</b>				
	<b>Strategy</b>	<b>Task</b>	<b>Deliverable Date</b>	<b>Measurement</b>
2.4.1	Ensure accurate placement and appropriateness of continued stay in Substance Abuse Treatment Services by use of ASAM PPC-2R	2.4.1a Submit protocol to ensure ASAM is completed for all SUD clients	Quarterly update	Chart Review
		2.4.1b Submit a protocol for establishing a process to review completed ASAM PPC-2R to monitor that appropriate level of care is provided	Quarterly update	Submit protocol

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2.4.2	Increase utilization of Evidence Based Practices in Substance Abuse Treatment Services	2.4.2 a Track availability and implementation of S/A Evidence Based Practices by providers	Annual update	Reporting on implementation of EBPs (per provider).
2.4.3	Monitor outcomes of Substance Abuse Treatment Services	2.4.3b Develop protocol for monitoring and analyzing outcome data from S/A providers	2 <sup>nd</sup> Quarter	Submit protocol for data collection and analysis
		2.4.3c Identify and implement goals for improving Substance Abuse Treatment service provision based on analyses of outcome data	3 <sup>rd</sup> Quarter	Implementation monitoring

**Goal 3: Reduce negative health impact due to abuse of alcohol and other substances among enrolled behavioral health members and non-enrolled citizens of Arizona**

**Objective 3.1: Reduce the rate of poisoning related deaths from a baseline of 18.7 per 100,000 to 17 per 100,000 by 2016 as measured by Arizona Vital Statistics.**

	Strategy	Task/Objective	Deliverable Date	Measurement
3.1.1	Reduce the rate of youth self-reported 30 day use of alcohol from 28.1% in 2012 to 22% in 2016 as measured by the Arizona Youth Survey.	3.1.1.a Monitor subcontractor utilization of environmental strategies such as: <ul style="list-style-type: none"> <li>• Social host ordinances</li> <li>• Shoulder tapping</li> <li>• Party patrols (Scans and tracking activities for UAD party sites)</li> <li>• Covert underage buys</li> <li>• Unruly gathering ordinances</li> <li>• Restrictions on outdoor advertising</li> <li>• Alcohol cost increases</li> </ul>	End of Quarter 2 and end of Quarter 4	Written inventory of environmental strategies in use.
		3.1.1b Coordinate subcontractor provision of youth driven media campaigns to promote positive youth values and community pride	Annually	Samples of media distributed and links to media

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<b>Goal 3: Reduce negative health impact due to abuse of alcohol and other substances among enrolled behavioral health members and non-enrolled citizens of Arizona</b>				
		3.1.1c Coordinate subcontractor provision of adult targeted media campaigns to educate parents about the risks of underage drinking	Annually	Samples of media distributed and links to media
		3.1.1.d Provide training and technical assistance to coalitions and providers on: <ul style="list-style-type: none"> <li>• Environmental strategies</li> <li>• Restricting youth exposure to alcohol marketing</li> <li>• Raising the price of alcohol on underage drinking</li> <li>• Identifying prevention needs and gaps</li> <li>• Coalition recruitment</li> <li>• Maintaining fidelity and making adaptations to programming</li> </ul>	Quarterly in SOC update	Report on number of people trained, topic, and date of training

	Strategy	Task/Objective	Deliverable Date	Measurement
3.2.1	Reduce the rate of youth self-reported 30 day use of prescription drugs from 16.6% in 2012 to 14% by 2016.	3.2.1a Coordinate provision of school based, classroom education on prescription drugs using the Rx 360 curriculum	Quarterly in SOC update	Names of schools reached, number of youth reached.
		3.2.1b Create a tool kit for coalitions on prevention of prescription drug abuse which includes: <ul style="list-style-type: none"> <li>• Rx360 curriculum</li> <li>• how to encourage doctor use of the PDMP</li> <li>• Master handouts with instructions for proper disposal and storage of prescription drugs</li> <li>• How to host a drug take back event</li> </ul>	Annually	Provide progress update

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		<ul style="list-style-type: none"> <li>•How to partner with stores to provide short demos about proper lock use and storage at community events and trainings</li> </ul>		
		3.2.1c Implementation of the Partnership for Success Grant	Quarterly in SOC update	Brief summary of progress

**Objective 3.2: Reduce the percentage of youth who have used marijuana in the past thirty days from 14.4% in 2012 to 12.5% by 2016 as measured by the Arizona Youth Survey.**

	Strategy	Task/Objective	Deliverable Date	Measurement
3.2.1	Informational and educational campaigns	3.2.1a In collaboration with the SAPCA Media Committee, coordinate subcontractor provision of youth driven awareness and anti-marijuana campaigns	Quarterly in SOC update	Samples of media distributed and links to media with demographic break downs of number of people reached and names of events.
		3.2.1b Coordinate implementation of adult targeted media campaigns to educate adults about accurate facts and messages they can provide to youth	Quarterly in SOC update	Samples of media distributed and links to media
		3.2.1c Coordinate provision of school based, classroom education on marijuana prevention	Quarterly in SOC update	Names of schools reached, number of youth reached.

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**Goal 4: Reduce the Arizona age-adjusted suicide rate from 17.2 to 15.0 per 100,000 by 2018**

**Objective 4.1 : Increase comfort and ability of communities and families to identify potential risk and make referrals to BH treatment**

	Strategy	Task	Deliverable Date	Measurement
4.1.1	Collaboration	4.1.1 Collaborate with stakeholders in youth suicide prevention, including the Arizona Suicide Prevention Coalition, Injury Prevention Advisory Committee, and subcommittees of these groups.	Quarterly in SOC update	Attendance at monthly meetings

**Objective 4.2: Increase ability and comfort of BH providers to provide culturally competent services for service members, veterans, and their families**

	Strategy	Task	Deliverable Date	Measurement
4.2.1	Collaboration	4.2.1 Collaborate with the Arizona Coalition for Military Families to ensure utilization of the Military Veteran Resource Network by the Tribal/ Regional Behavioral Health Authorities and relevant providers	Quarterly in SOC update	Number of T/RBHAs as member organizations  Number of providers as member organizations
4.2.2	Training	4.2.2 Ongoing annual support of the Arizona Coalition for Military Families to provide continuing education to behavioral health providers, including events such as Military Immersion Training and annual statewide symposium	Quarterly in SOC update	Number of attendees  Number of respondent surveys

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**Objective 4.2: Increase ability and comfort of BH providers to provide culturally competent services for service members, veterans, and their families**

4.2.3	Peer Navigation	4.2.3 Collaborate with the Arizona Coalition for Military Families in providing navigation education regarding the Military Veteran Resource Network	Quarterly in SOC update	Number trained on the network
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**Objective 4.3: Improve T/RBHA and BH provider organizations to respond to and provide services after a suicide**

	Strategy	Task	Deliverable Date	Measurement
4.3.1	Policy improvement	4.3.1 Develop and implement policies for responding to and providing services after a suicide	Annual update	Submission of policy regarding provision of services after a suicide