

Fiscal Year 2011 Adult System of Care Plan

MAGELLAN GSA-6	7-30-2010
Initiative 1: Access to Preferred Practices	
This initiative is designed to increase access to needed services in a timely and culturally responsive manner, especially promising and Evidence-Based Practices such as peer support, supported employment, integrated dual-diagnosis treatment, and supported housing in order to foster hope and assist individuals in establishing meaningful roles in life while preventing hospitalizations, incarcerations, illnesses, and suicides.	
Priorities	
1. EMPLOYMENT:	
Increase opportunities for individuals to engage in and make informed choices about employment.	
Activities designed to accomplish above priority:	
<ul style="list-style-type: none"> a. Create partnership(s) within the Hispanic community to assist with communicating the employment and rehabilitation options available. b. Strategize with residential program staff to identify technical assistance opportunities for the Employment Rehabilitation Services Department initiating employment and step downs in housing. c. Collaborate with providers to develop employment opportunities and offer additional education around specialized populations. d. Work with RBHA providers, community services, and public sector to develop transportation strategies for people engaged in employment activities. e. Participate in the development of the Arizona Employment Network Association. f. Promote Ticket to Work and Freedom to Work Programs to clinical staff, providers, and consumer run organizations to increase number of persons utilizing the program as well as increasing the number of employment networks. g. Employment Rehabilitation Services Department will collaborate with providers to offer support and technical assistance to improve employment outcomes. h. Develop new learning opportunities based on Psychiatric Rehabilitation domains and tasks for PNO Employment and Rehabilitation staff to improve employment and rehabilitation staff engagement and intervention competencies. i. Develop new learning opportunities with Magellan Learning Department regarding supported employment IPS (SAMHSA) model and work incentives. 	
2. PEER AND FAMILY SUPPORT:	
Increase and strengthen the use of peer and family support services for all populations.	
Activities designed to accomplish above priority:	
<ul style="list-style-type: none"> a. In collaboration with the PNOs, arrange quarterly All Mentor Meetings to ensure agenda topics are representing the needs of the 	

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<p>PNOs and their staff.</p> <ul style="list-style-type: none">b. Host monthly adult system of care community meetings to ensure community is fully informed on current systems information and provide opportunity for community input.c. Continue development of infrastructure/sustainability tools for peer and family run agencies including the development of outcome measures.d. Facilitate an informational meeting for agencies that employ peer staff and the peer staff themselves to educate them on the new requirements for peer certification.e. Collaborate with a family run organization to provide technical assistance to Transition Age Youth providers in engaging family in the Transition Age Youth initiatives.f. Work with providers to identify opportunities for incorporating peer and family services within their agencies.	
3. SUICIDE RISK ASSESSMENT:	
<p>Continue implementation of the Maricopa Programmatic Suicide Prevention System Project.</p>	
<p>Activities designed to accomplish above priority:</p>	
<ul style="list-style-type: none">a. Provide monthly ASIST trainings that are open to providers and community members.b. Provide quarterly Suicide Prevention trainings that are open to providers and community members.c. Maintain updates on the number of staff trained on the http://magellanofaz.com/suicide websited. Develop and implement Attempt Survivor Support Group.e. Develop and implement strategy to integrate and support family members of RBHA recipients into suicide prevention activities.	
4. SUBSTANCE ABUSE:	
<p>Continue to promote the use of Evidence Based Practices in substance abuse treatment and co-occurring disorders.</p>	
<p>Activities designed to accomplish above priority:</p>	
<ul style="list-style-type: none">a. Identify 5 RBHA staff to attend ASAM PPC-2R Training with Dr. Mee-Leeb. Develop ASAM training for ongoing education for providers and community members.c. Collaborate with a provider to develop and implement peer services for their substance abuse program.d. Meet with newly formed Women's Treatment Work Group to develop recommendations for gender specific substance abuse treatment practice.	
5. NETWORK SUFFICIENCY:	
<p>Establish and maintain a sufficient number of qualified BHT's, BHMP's, BHP's and BHPP's to effectively deliver services to members.</p>	

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<p>Activities designed to accomplish above priority:</p> <ul style="list-style-type: none"> a. Collaborate with the Division to determine minimum staffing expectations for BHT's, BHMP's, BHP's, and BHPP's after reviewing national resources and best practices. b. Continue to monitor network sufficiency on an ongoing basis in order to maintain access to covered services for entitled populations. 	
<p>Initiative 2: Recovery and System Transformation</p> <p>This Initiative is designed to ensure that individuals are treated with dignity and respect, that the 9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems are used to guide programmatic, systemic, and treatment decisions; and that system development, treatment, and prevention efforts are driven by the community, especially the individuals receiving services and their natural supports/family members. This initiative also emphasizes the importance of trauma-informed care. According to SAMHSA's National Center for Trauma Informed Care, "Knowledge about the prevalence and impact of trauma has grown to the point that it is now universally understood that almost all of those seeking services in the public health system have trauma histories." Trauma informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.</p>	
<p>Priorities</p>	
<p>1. ADULT RECOVERY PRINCIPLES:</p> <p>Utilize the Adult Recovery Principles to inform network enhancement and/or expansion.</p>	
<p>Activities designed to accomplish above priority:</p> <ul style="list-style-type: none"> a. Host a forum in collaboration with DBHS to bring family members and peers to the table to identify what services can be developed in accordance with the Adult Recovery Principles. b. Expand TIP informed Transition Age Youth services to DD population. c. Expand TAY program to 2 additional SMI clinics. d. Facilitate another Recovery Oriented Leadership training presented by Village consultant. e. Expand the provider base that participates in the recovery road map. f. Embed 9 guiding principles into new employee orientation training. g. Facilitate an AZ Dialogue. h. Participate in the Stigma Reduction Committee. i. Develop poster of 9 principles and disseminate to adult providers. j. Develop a business card size handout with the 9 principles for recipients. k. Explore a partnership with NAMI to identify various strategies to better link peer and family members with community based 	

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supports.	
2. PEER, FAMILY, & COMMUNITY PARTICIPATION:	
Ensure that peer and family representatives participate in and have meaningful and well defined roles in RBHA and provider committees and boards.	
Activities designed to accomplish above priority:	
<ul style="list-style-type: none"> a. Design learning opportunities regarding committee and/or board development and membership, fund development, and grant writing. Include purposeful ways to recruit recipients and family members for committee and/or board membership. b. Identify a peer(s) to participate on the statewide vocational IGA committee. c. Identify Magellan committees and boards that have peer, family and/or community representatives. 	
3. WORKFORCE DEVELOPMENT / HIGHER EDUCATION PARTNERSHIPS:	
Develop strategies to engage and prepare potential candidates for employment in the behavioral health system.	
Activities designed to accomplish above priority:	
<ul style="list-style-type: none"> a. Partner with a local community college to influence curriculum in order to promote that potential workforce is being taught effective preventative and therapeutic interventions and recovery philosophy. b. Facilitate communication between providers and community educational facilities to explore the opportunity for behavioral health internships in nursing, social work, counseling and early vocational preparation programs. c. Engage potential candidates for employment at higher education campuses by offering presentations on the Arizona Vision and Principles, effective service provision, Recovery Philosophy and peer and family involvement. 	
4. TRAUMA-INFORMED CARE:	
Ensure that services are sensitive to and understand trauma and the influence it may have on an individual's illness, treatment and outcomes.	
Activities designed to accomplish above priority:	
<ul style="list-style-type: none"> a. Host workshop for behavioral health professionals to increase knowledge about trauma informed care. b. Collaborate with DBHS to host guest speaker Elizabeth Hudson. c. Explore possible collaboration with the VA to develop a RBHA training for Trauma and Combat Veterans as well as Traumatic Brain Injury. d. Meet with newly formed Women's Treatment Work Group (RBHA providers and stakeholders) to develop recommendations for trauma informed care geared towards women. 	

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<p>Initiative 3: Health and Wellness Promotion</p>	
<p>This initiative is created in response to the 2006 National Association of State Mental Health Program Directors (NASMHPD) Morbidity and Mortality in People with Serious Mental Illness report which states that, “People with serious mental illness served by public mental health systems die, on average, 25 years earlier than the general population.” This research sheds light on the need for a major change within the field of mental health to ensure that individuals are treated as a whole person and that their health and wellness is a primary focus. This requires a shift from practice that focuses on illness and symptoms to practice that focuses on wellness and wholeness. Initiative efforts must include building a bridge between physical health care and mental health care.</p>	
<p>Priorities</p>	
<p>1. HEALTH EDUCATION & RESOURCES:</p>	
<p>Increase staff and individual understanding of health related topics and the connection between physical and behavioral health.</p>	
<p>Activities designed to accomplish above priority:</p>	
<ul style="list-style-type: none"> a. Develop and provide new learning courses that promote health and wellness. b. Update Passport To Care pamphlet and redistribute to providers. c. Expand Peer Whole Health training to consumer run organizations. d. Translate Whole Health Journal into Spanish. e. Identify opportunities for co-location of physical and behavioral health providers. f. Publicize and promote DBHS Quarterly Health Initiatives through provider communications and internal communications. 	
<p>2. HEALTH & WELLNESS SERVICE DELIVERY:</p>	
<p>Advance health and wellness services within the behavioral health system through expansion of Transformation Transfer Initiative grant activities.</p>	
<p>Activities designed to accomplish above priority:</p>	
<ul style="list-style-type: none"> a. Expand Transformation Transfer Initiative to consumer run agencies. b. Participate in Peer Summit to generate ideas, discuss lesson learned, and introduce trauma-informed care concept. c. Continue Transformation Transfer Initiative grant in collaboration with PNOs by conducting trainings one time per month through January on whole health topics for peer and family mentors. Sample training topics include as engagement and retention in whole health programs and smoking cessation. In addition, there will be another whole health training for peers. d. Participate in the development of a toolkit to share resources and ideas on effective whole health programs. e. Promote development of whole health goals in Individual Service Plan. 	
<p>3. HEALTH INTEGRATION & COORDINATION:</p>	
<p>Improve coordination of services across medical and behavioral health systems.</p>	

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Activities designed to accomplish above priority:

- a. Develop a Taskforce and Steering Committee to address whole health initiatives using Suicide Prevention and Intervention model.
- b. Collaborate with Federally Qualified Health Centers on identifying opportunities to integrate behavioral health and medical health on the same campus or within very close proximity to one another.
- c. Update the nursing note that the SMI clinics use to include a lifestyle assessment.

Outcomes:

The focus of all priorities and activities listed is to improve the following Quality of Life Outcomes over time:

- Abstinence from drug/alcohol use
- Increased/retained employment or return to/stay in school
- Decreased criminal justice involvement
- Increased stability in housing
- Increased social connectedness

Outcomes, indicators, and measures will be tracked through the Quality Management Recovery and Resiliency Focused Outcomes Framework.

T/RBHA representatives, community representatives, and DBHS staff will meet on a monthly basis to discuss activities, progress, and success related to each of the three initiatives. The monthly meetings will provide the opportunity for inter-agency collaboration and a solutions-focused approach to overcoming barriers and creating meaningful change. Inter-agency teamwork will ensure a transparent approach with open communication.