The Arizona Division of Developmental Disabilities: An Active Partner in the Arizona System of Care

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Medical Director, DES‐DDD and DD‐ALTCS

Arizona is # 1

• 86% of persons with developmental disabilities who are enrolled with the Division of Developmental Disability are living in the community or in the family home.
• 14% live in state operated homes, skilled nursing facilities or the one state institution, Arizona Training Program in Coolidge.

Arizona Health Care Cost Containment System

• AHCCCS was founded in 1982. Prior to that time, health care for families with low income was a county responsibility in Arizona.
• Founded as a statewide managed care system based on capitated contracts with health plans.
• Has operated under a series of 1115 research and demonstration waivers since its beginning.

The DDD/AHCCCS/DBHS Connection

• Arizona’s Division of Developmental Disabilities is unique in the nation because we administer our own Medicaid carve-out Health Plan (Arizona Long Term Care System – Developmental Disabilities or DD‐ALTCS) for our members under contract with AHCCCS.
• DD‐ALTCS provides:
  • Acute Care Medical Services
  • Long Term Care Services (Community Based Services such as Habilitation, Respite Care and Attendant Care — all provided with the goal of keeping individuals in their family homes and other community based settings.
  • Behavioral Health Services

Bob Klaehn, M.D.

• Medical Director, AZ Division of Developmental Disabilities since 2001.
• APBN Board Certified in Adult and Child Psychiatry.
• District Medical Group since 1997.
• Faculty, MIHS Child Psychiatry Residency Program.
• Member of AACAP’s Committee on Systems of Care since 1995.
• Clinical Interests:
  • Autism and Intellectual Disability.
  • Wraparound/Child and Family Team Process/Parents as Partners in Care.
  • Treatment of Medically Ill Children with Psychiatric Disorders.
The DDD/AHCCCS/DBHS Connection

- DDD contracts with three health plans to provide acute medical services for its members:
  - United Health Care
  - Mercy Care Plan (affiliated with Aetna)
  - Care 1st
- DDD contracts with the Arizona Division of Behavioral Health Services for mental health services

Public Behavioral Health Services in Arizona

DDD contracts with the Arizona Division of Behavioral Health Services (ADBHS)

- MARICOPA COUNTY
- PIMA COUNTY
- CENTRAL & SOUTHERN ARIZONA
- NORTHERN ARIZONA

Funding Flow

AHCCCS -> DDD (DD-ALTCS) -> Contracted Health Plans

Services Provided for DD-ALTCS

Regional Behavioral Health Authorities (RBHAs)

- Child and Family Team
- Psychiatric
- Rehabilitation
- Medication Management
- Support Services
- Mental Health
- Inpatient Psychiatric
- Residential
- Day Programs
- Crisis Services

Eligibility for DDD/ALTCS

Long Term Care Eligible

R E F O R M  T I M E L I N E

Jason K.
Griffith

Independent evaluation by Ivor Groves, Ph.D. ordered

Value Options awarded System Management contract

ComCare declares bankruptcy and is taken over by the state

2001 Timeline

Implementation of the Arizona Principles

- Arizona DBHS chose the Child and Family Team (Wraparound) Process as their vehicle for implementation of the Arizona Principles
- Workforce shift from primarily clinicians and case managers to a diversified workforce now including Parent Support Partners and Direct Service workers (ongoing process)

Implementation Efforts

- “Meet me where I am” Campaign: designed to increase the delivery of targeted support and rehabilitative behavioral health services to children and adolescents in community settings
- Outcome measurement has begun: the Wraparound Fidelity Instrument has been adapted for use in Arizona
- September 2007: Arizona adopts the Child and Adolescent Service Intensity Instrument (CASII) to ensure that all those children needing intensive services receives them.

Child and Adolescent Service Intensity Instrument (CASII)

- Applies to children ages 6-18 years; developmental status determines cut-off
- Developed by the Academy of Child and Adolescent Psychiatry’s Committee on Systems of Care
- Non-diagnostically driven
- Prescribes a service intensity rather than a place for service
- Developed for use by both Child and Family Teams and for Managed Care

CASII: Evaluation Dimensions

I. Dangerousness
II. Functional Status
III. Co-occurring Conditions: Medical, Addictive, Developmental, and Psychiatric (Co-morbidity)
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

The Jason K. Reforms: Seven Years Later

Interview with Plaintiff’s Attorney

- Areas of improvement since the settlement: increased use of intensive case management and individualized supports plus increased family voice
- High level Behavioral Health administrators all believe that these reforms are the right thing to do
- Strong written guidance on Child and Family Teams from the state
The Jason K. Reforms: Seven Years Later

Interview with Plaintiff’s Attorney (2)

- Little improvement in the clinical area
- Strong clinical consultation to the Child and Family Team is infrequent
- Some Child and Family Teams are “just the old time clinical teams with the family invited.”
- Quality of case managers varies from agency to agency
- Frequent disconnect between case managers and CFT facilitators

The Jason K. Reforms: Seven Years Later

Interview with Plaintiff’s Attorney (3)

- No individualized supports in some parts of the state
- Frequent leadership changes disrupt progress
- Funding “silos” for adults and children make CFT support for adult family members difficult
- Ongoing problems serving children in the Child Welfare System

The Jason K. Reforms: Seven Years Later

Interview with ED of Family Involvement Center

Areas of Improvement:
- The importance of the family’s voice has been recognized across all systems and at all levels: “To change a system, parents must have many roles within the system, including as a provider of direct services.”
- FIC recently obtained an outpatient provider license and provides direct services to children and families
- All service agencies have hired Family Support Partners

Jason K: 13 Years Later

Reform Fatigue

- Fidelity to model diminishing:
  - Child and Family Team Process
  - CASII Use
  - Parent Partnership
  - More youth to Out-of-State RTCs
- New Hope: 2014 Keep our Children Home Summit
  - Re-invigoration of CFT Process
  - More accurate use of CASII
  - Develop in-state resources

Contract Revisions: Use Them to Improve Care!

- Mandate training for providers
  - DDD-focused training for all prescribers
  - Training overseen by the Infant and Toddler Mental Health Coalition of Arizona (ITMHCA) for providers serving children 0 – 3.
- Mandate use of AACAP Practice Parameters as clinical guidance documents:
  - Practice Parameter on Child and Adolescent Mental Health Care in Community Systems of Care
  - Practice Parameter for the Assessment and Treatment of Children and Adolescents With Autism Spectrum Disorder

Contract Management and Oversight: Use Them to Maintain Reforms!

- Oversight of contracts through Annual Operational and Financial Reviews:
  - Contracted Health Plans – in place for many years
  - DBHS -- first time this year!
- OFR will address to fidelity to model for DDD enrolled individuals of:
  - Child and Family Team practice
  - Use of the CASII
Quality Management Initiatives: Use Them to Target Prescribing Practices!

- Target: decreasing new cases of Type 2 Diabetes and weight gain (Metabolic Syndrome) from overuse of atypical antipsychotics

- First step: identify those individuals with new diagnosis of Type 2 Diabetes through our contracted Health Plans

Third Step: Chart Review!

- Are the appropriate psychotherapeutic and behavioral interventions in place?

- Are monitoring standards being met?
  - Are weights being measured?
  - Are fasting glucose levels being measured?
  - Are other needed blood tests being done?

Next Steps!

- Step Four: Specific Clinical Feedback to prescribers

- Step Five: Aggregate data and provide systemic feedback to Regional Behavioral Health Authorities

- Step Six: Corrective Action Plan!

Thanks! Questions?

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