

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

Bob Klaehn, M.D.  
Medical Director, DES-DDD and DD-ALTCS

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

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 is # 1

Living Arrangement	Percentage
Community or family home	86%
State operated homes, skilled nursing facilities or the one state institution	14%

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

### 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 1<sup>st</sup>
- DDD contracts with the Arizona Division of Behavioral Health Services for mental health services

7

### Public Behavioral Health Services in Arizona

The chart shows the Arizona Division of Behavioral Health Services (ADBHS) at the top, which oversees four regional divisions: Maricopa County, Pima County, Central & Southern Arizona, and Northern Arizona. Each region is associated with a specific provider: Maricopa County (mercy maricopa), Pima County (COMMUNITY PARTNERSHIP of Southern Arizona), Central & Southern Arizona (enpatico), and Northern Arizona (NARBHA).

### Funding Flow

The flowchart illustrates the funding process. At the top is AHCCCS, which provides funding to DDD (DD-ALTCS). DDD (DD-ALTCS) then distributes funding to DBHS and Contracted Health Plans.

### Services Provided for DD-ALTCS

Regional Behavioral Health Authorities (RBHAs) provide the following services: Child and Family Team, Psychotherapy, Rehabilitation (including long skills training), Medication treatment/ Psychiatric Management, Support Services (Case management, Family support, Training, & Peer Support), Inpatient Psychiatric Hospitalization, Residential Treatment, Day Programs, and Crisis Services.

### Eligibility for DDD/ALTCS

Eligibility for DDD/ALTCS is determined by two main criteria:
 

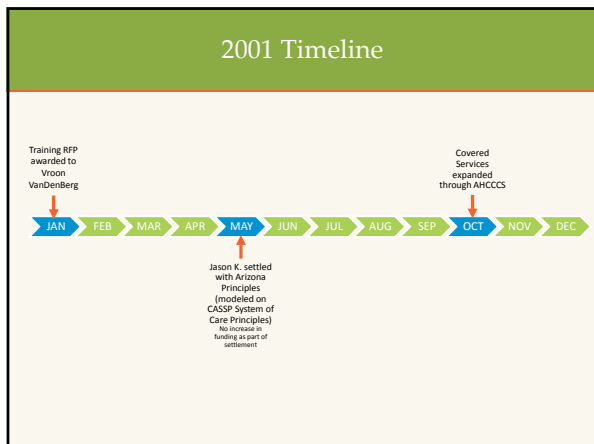
- HAS BEEN DX'D WITH:** Autism, Intellectual Disability, Epilepsy, Cerebral Palsy.
- DIAGNOSIS:** Prior to age 18, Will continue, Causes functional limitations.

 Meeting these criteria leads to Long Term Care Eligible.

### Reform Timeline

Key events in the reform timeline:
 

- 1991: Jason K. v. Griffith
- 1997: Independent evaluation by Ivor Groves, Ph.D. ordered
- 1997: ComCare declares bankruptcy and is taken over by the state
- 1999: Value Options awarded System Management contract



### 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-ignoration 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

23

### 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

24

### 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

25

### Quality Management Initiatives: Use Them to Target Prescribing Practices!

- Second step: Compare with list of members receiving Behavioral Health Services
- Third Step: Chart Review!
  - Are they considering other medication choices?
    - Use one antipsychotic instead of two
    - Use antipsychotic that causes less weight gain (Aripiprazole – Abilify or Ziprasidone – Geodon)
  - Use of alternative medications
    - Guanfacine or Long-acting Clonidine for sensory symptoms
    - Anti-seizure medications in persons with history of seizures

26

### 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?

27

### 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!

28

Thanks! Questions?

I can be contacted at: [rklaehn@azdes.gov](mailto:rklaehn@azdes.gov)

29