



**Arizona's Behavioral Health Continuum of Care
Stakeholder Workgroup
Summary Report**

April 1, 2022

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INTRODUCTION

AHCCCS convened the Behavioral Health Continuum of Care (CoC) Stakeholder Workgroup in May 2019 to identify opportunities for improvement across the delivery system for AHCCCS members and develop recommendations. AHCCCS solicited nominations from a range of councils, committees, and community organizations to identify participants. More than 90 stakeholders contributed time, perspectives, and expertise during six monthly meetings. Throughout 2020, AHCCCS continued to engage and obtain recommendations from participants.

Utilizing feedback acquired through these meetings, AHCCCS developed three population-based workgroups with stakeholder participation to tackle issues and themes that arose throughout the discussions. Workgroups topic areas included:

- Children,
- Adults with General Mental Health/Substance Use (GMHSU), including Arizona Long Term Care System (ALTCs) members, and
- Persons with a Serious Mental Illness (SMI) designation.

These workgroups helped identify many structural barriers which resulted in changes that have been implemented, planned, or that require additional investigation. Below is a summary of the work and results that were accomplished both during the workgroups and through various projects that cascaded from the workgroups. AHCCCS wishes to express sincere appreciation for the time, energy, and input from stakeholders that continues to drive this system transformation.

CHILDREN

Highlights

- Reduced provider training burden by standardizing seven different health plans' CFT training curricula into a singular curriculum
- Piloted an enhanced Child and Adolescent Mobile Crisis Team model in Maricopa County that will be evaluated for all mobile crisis services
- Implemented the Child and Adolescent Level of Care Utilization System (CALOCUS) tool to ensure youth with the most complex needs are receiving adequate levels of intensive case management and to monitor network need
- Formalized Behavioral Health Practice Tools as a requirement in policy in AHCCCS Medical Policy Manual (AMPM) in order to enhance monitoring (i.e., CFT supervision)

Summary

Since the adoption of CFTs, numerous changes to the children's system of care have occurred. An overall evaluation of the CFT program, in partnership with CoC workgroups, AHCCCS' MCOs and MCO Workforce Development Administrators resulted in ongoing workgroups that occurred throughout 2020 and 2021. In January of 2022, AHCCCS finalized the updated and revitalized the CFT curriculum content with the renewed perspective of a single, statewide, and virtual training approach, in order to maintain flexibility

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during the ongoing Public Health Emergency (PHE). This updated curriculum also includes a renewed focus on the competencies required to perform the nine CFT activities and to facilitate CFTs with fidelity. The curriculum is in alignment with the CFT Practice Protocol and Supervisory Tool, and compatibility with statewide network and provider specific enhancements as specified by AHCCCS Quality Management.

In collaboration with members from the original CoC workgroups, the WFD team addressed and incorporated into the updated CFT training how to ensure adequate natural supports, the need for CFTs to address Social Determinants of Health (SDOH), increasing the ability to align CFT interventions to the family's culture, heightening the commitment to CFTs to improve fidelity and outcomes, and improving family engagement and the use of strengths-based interventions. Moving forward, AHCCCS will monitor the implementation of this training and the downstream effects in service provision, treatment planning, and member experience. This will be accomplished through implementing requirements for oversight and supervision of new CFT facilitators, ensuring the use of the CFT Supervision forms, and allowing families and other stakeholders to be trained in CFT practice themselves, to hold providers accountable to performance according to the model. In order to accomplish this, a tiered experiential training program will be created which includes an expert level training program for CFT supervisors, trainers, and coaches, an advanced course in CFT, an optional orientation level program for families and children, and an optional training program to enable any community member to participate in the CFT process.

AHCCCS has also implemented initiatives to increase the capacity for the workforce serving children throughout Arizona. This includes the creation of a tiered reimbursement structure for children in Therapeutic Foster Care (TFC) and targeted efforts to identify and expand the network of providers with expertise in providing services to individuals with specialized health care needs, including those with Autism Spectrum Disorder, Intellectual/Developmental Disabilities, Sexually Maladaptive or Reactive behaviors, among others. AHCCCS has also developed a workgroup to pave the way for peer-to-peer support for youth, and created incentive payments to increase access to behavioral health services on school campuses or as the result of a referral from a school. AHCCCS is also participating in an affinity group with the Centers for Medicare and Medicaid Services targeted at improvement to streamline collection of data when children first enter into foster care while also working alongside the Arizona Department of Education to develop a streamlined universal referral system for ease of access to necessary services.

AHCCCS is also in the process of implementing the Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS) to continue to ensure proper identification of children and adolescents with complex needs and appropriate levels of care. CALOCUS/CASII is designed to make service intensity determinations based on a System of Care framework that supports family-driven and youth-guided care and the availability of an extended array of home and community-based services with a common goal of avoiding out of home placement when possible. As of October 1, 2021, the CALOCUS became a required tool for all contracted providers who serve children. AHCCCS added Frequently Asked Questions (FAQ) to the AHCCCS website on the [Integrated System of Care web page](#). CALOCUS assessments are completed in an AHCCCS-hosted portal, and will be included in the Health Information

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Exchange (HIE) to assist in care coordination and consistency across all service providers. Providers are also working to integrate the CALOCUS tool directly into their electronic health records over the next year, to create a bidirectional data flow between providers and the HIE.

Healthcare reforms in recent years have emphasized the need for implementation of uniform and objective measurements for decision-making throughout the health care system including utilization management, medical necessity decisions, level of care placement decisions, continued stay criteria, and measurement of clinical progress. To that end, AHCCCS has begun working with the American Academy of Child and Adolescent Psychiatry (AACAP) to utilize the Early Childhood Service Intensity Instrument (ECSII) for use with children birth through five, which will include training on the use of the tool and fidelity monitoring. The focus of the Level of Care Utilization System (LOCUS) family of assessment instruments is to identify the needs of the member and the supportive services required, whether within a home or an out-of-home setting. The use of the full LOCUS family of assessment instruments (ECSII, CALOCUS, and LOCUS) will allow for a comprehensive view of service acuity needs and outcomes across the lifespan, while allowing for standardized approaches to evaluate associated metrics.

As an additional effort to engage stakeholder and community involvement, AHCCCS is working with the CMS-contracted Lewin Group regarding Arizona's efforts to support youth as they transition out of foster care. The Transition Age Youth (TAY) population is an area of focus for Arizona; the TAY will be included in the expanded housing services proposed in the Housing and Health Opportunities (H2O) waiver. Additional eligibility proposed under the Demonstration included expansion of the target population for the H2O waiver for TAY from the previous age range of 18 through 24 to age 18 through age 26. This will ensure the H2O waiver proposed services run concurrently with other Medicaid covered services for youth exiting foster care, and ensure prioritization of the homeless (or at risk of homeless) TAY population.

Finally, AHCCCS has awarded Mental Health Block Grant funding to Mercy Care to launch the Child and Adolescent Crisis Intervention Pilot. This program aims to decrease hospitalizations and out-of-home placements by providing in-home support during a crisis and coordinating ongoing support through outpatient community providers. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit, pilot providers implement components of an intensive community outreach program that establish in-home support services and provide a warm hand-off to an outpatient provider who can continue to provide wraparound services to the youth and their family. It also provides support to crisis providers and delivers intensive wraparound crisis intervention services to keep children and adolescents in their homes. The pilot runs from July 1, 2021 to September 30, 2022, and includes technical assistance and collaboration of all other MCOs in the development of the service model. By demonstrating the ability of this service model to function in a successful and sustainable manner inclusive of all other MCOs in the program development, AHCCCS is poised to quickly replicate the model statewide.

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General Mental Health and Substance Use (GMHSU)

Highlights

- Maintained four 24/7 Medication Assisted Treatment (MAT) access points and increased MAT providers from 35 to 68 Opioid Treatment Providers in five years
- Made Level of Care Utilization System (LOCUS) available to provider organizations to ensure adults with the most complex needs are receiving adequate levels of intensive case management and to monitor network need
- Created more than 46 “[Empowerment Tools](#)” (English and Spanish), one-page resources to help members and families navigate the behavioral health system
- In 2021, Sonoran Prevention Works (SPW) distributed 154,461 doses of naloxone through community-based distribution efforts.
- Launched the Opioid Use Disorder Treatment Locator: 20K unique page views and 49 providers listed to date

Summary

In consultation with the workgroups, AHCCCS has developed efforts to enhance the ability of primary care physicians (PCPs) and emergency departments (EDs) to bridge to medication assisted treatment (MAT) when clinically appropriate. AHCCCS met with all contracted health plans on these topics, who noted that they are all conducting assessments prior to release from a correctional facility to identify needs and develop a post release plan, and efforts are ramping up to track member progress and outcomes post release. In addition, all health plans have increased efforts to enhance the ability of PCPs and EDs to bridge to MAT including educational blasts, a 24/7 hotline to assist in MAT connections, and dedicated care management programs for outreach and coordination.

In the fall of 2021, AHCCCS launched a web-based, opioid services locator to help Arizonans who are looking for services to treat Opioid Use Disorder and where to find Naloxone, the opioid overdose reversal medication. The web-based tool is a location-based search engine featuring real-time services, by health plan network, distance, and type of services offered. This includes information on certified opioid treatment programs, office-based treatment, residential services, and where to obtain Naloxone.

More globally, AHCCCS continues to work toward providing additional resources and clarification regarding available grant funding on the agency website. Specifically, based on workgroup recommendations, AHCCCS implemented specific guidance to providers to illustrate the flow of available funding for SUD and detoxification related services. In addition, during the fourth quarter of FFY 21, the Health Equity Committee commissioned a report from Burns & Associates/Health Management Associates. The contractor assessed the delivery of services to AHCCCS members with a substance use disorder across calendar years 2018, 2019, and 2020. The report defined the population across multiple demographics including gender, age, race, geographic region, and enrollment with AHCCCS MCOs. The study identified several areas in which service delivery could be improved or enhanced, including:

- Increasing community-based treatment utilization to drive down ED utilization,

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- Increasing outpatient service utilization to drive down costs associated with short term inpatient treatment,
- Fostering greater utilization of medication management services, including medication assisted treatment to areas outside of the two most populated metropolitan areas (Maricopa and Pima counties), and
- Increasing coordination of care following an acute event (e.g. inpatient hospital stay for SUD or short term residential treatment stay for SUD).

AHCCCS has already targeted many of these as key initiatives within the next year. One of the ways that this will be accomplished will be through the implementation of contract requirements for the ACC-RBHAs to increase service availability for MAT treatment across all of their GSAs, including increased training to primary care physicians on how to provide SUD treatment. AHCCCS is also participating in an affinity group with the Centers for Medicare and Medicaid Services targeted at increasing followup care for individuals treated in the emergency department within 7 and 30 days of discharge.

Lastly, AHCCCS continues to evaluate opportunities for the implementation of LOCUS (Level of Care Utilization System), a companion assessment tool to the aforementioned CALOCUS and ECSII tools in use within the Children's System of Care, specifically for adults 18 years of age and older. Many providers have already begun voluntarily utilizing this as a measure of service acuity needs for outpatient behavioral health and crisis services, though implementation of formal contract requirements remain pending. Moreover, AHCCCS is moving toward using this as a standardized measurement across services and programs in the Adult System of Care, including using the LOCUS for prioritization of individuals with high case management needs and understanding the service needs of individuals without permanent or secure housing.

SMI

Highlights

- Enhanced the behavioral health audit tool so health care plans can better audit provider compliance and increase focus on member outcomes.
- Offered evidence-based practice (EBP) training classes to members and families for Supportive Housing, Supported Employment, Assertive Community Treatment, and Peer and Family Run Organizations
- Created AMPM 570 to standardize provider case management expectations and caseload ratios across the state
- Conducted network adequacy research on current behavioral health provider network in order to determine provider network development needs (focusing on specialty providers serving members with a developmental disability, SMI, and with co-occurring illness)
- Participated in data exchange with jails/prisons and managed care partners to facilitate enhanced discharge planning and care coordination for Medicaid members prior to release from incarceration.

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AHCCCS currently contracts with the Western Interstate Commission for Higher Education (WICHE) and Mercer to monitor and evaluate the fidelity of providers of these services in line with SAMHSA standards for Evidence Based Practice (EBP). AHCCCS has engaged with both WICHE and Mercer to identify means by which to improve and expand upon available services that are included as a component of their annual evaluations to include specialty Assertive Community Treatment teams for the TAY and I/DD populations. Additional focus has been applied to evaluate opportunities to expand review activities to Northern and Southern Arizona, and to incorporate the new AHCCCS Housing Administrator, while anticipating technical assistance needs of the new awardees of the expanded AHCCCS ACC-RBHA contracts.

AHCCCS finalized revisions to the Behavioral Health Clinical Chart Audit tool during the first quarter of FFY 22 in partnership with MCOs and representatives from the provider community. The revised tool is structured to focus on member outcomes versus strictly administrative requirements. The tool captures the implementation of AHCCCS Vision and Guiding Principles for individuals who are receiving behavioral health services, regardless of where services are provided. This focus is also in alignment with the monitoring conducted through AHCCCS' contracts with Mercer and WICHE, to expand the monitoring of service availability and outcomes for individuals with an SMI designation across the state without duplicating efforts that could result in undue provider burden.

Another ongoing effort related to the original Continuum recommendations has been the development of a network analysis tool designed to assess several factors related to residential and home and community-based settings. This network analysis tool will provide a more holistic perspective on the availability of supports and services for all individuals served by AHCCCS, though is expected to be especially beneficial for members with an SMI designation with co-occurring disorders, or those who may also be enrolled with an Arizona Long Term Care Services (ALTC) plan or the Department of Economic Services (DES) Division of Developmental Disabilities (DDD). This project began in FFY 20 and enhancements have continued through FFY 21, with additional support planned to be leveraged from the ARPA funding that AHCCCS was awarded during 2021. While many of these aspects has historically been tracked through regular deliverables, this project will allow for the real time identification of numerous descriptive aspects for each setting, including but not limited to:

- Type of setting (e.g., therapeutic foster care, assisted living, skilled nursing facility, behavioral health residential setting, group home for developmental disabilities, subacute, or residential treatment),
- Existing network capacity by provider type,
- Current and total bed capacity,
- Any MCO with which the provider holds a contract, and
- Provider specializations (e.g., autism, significant behavioral needs, complex medical needs, substance use, etc.).

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AHCCCS used feedback obtained from the workgroup members to analyze the content of policies related to referrals, intake, assessment, service, and treatment planning. AHCCCS published a new provider case management policy (AMPM 570) effective October 1, 2021, with initial submissions of MCO's annual case management plans in December 2021. Through these case management plans, AHCCCS will work with MCOs to identify improvement opportunities around provider case management caseload ratios and methods by which to prioritize more intensive case management services to those with higher acuity of need.

In September 2020, the Arizona Supreme Court Committee on Mental Health and the Justice System provided a number of recommendations to improve the justice system for those with mental health care needs. One primary recommendation included developing strategies to engage and intervene prior to entry into the justice system. In response to the Committee's recommendations, AHCCCS has created a Court Ordered Evaluation/Court Ordered Treatment (COE/COT) committee that includes AHCCCS partnerships with MCO Justice Administrators, members from the Committee on Mental Health and the Justice System, OIFA representatives, and additional system stakeholders. Meeting one of its key goals, the committee created standardized Court Ordered Evaluation and Court Ordered Treatment training and will publish it in 2022 on the AHCCCS Youtube channel for the entire community to use. This training will also be added to the training suite for MCO and provider staff as a component of the required Workforce Development curriculum.

AHCCCS has also partnered with state and county governments to improve coordination within the justice system and create the most cost-effective and efficient ways to transition people leaving the criminal justice system. A significant number of individuals of all ages transitioning out of jail and prison into communities need services for behavioral and physical health conditions, many of whom are eligible for Medicaid. To facilitate the transition, AHCCCS has continued with regular engagement with the Arizona Department of Corrections Rehabilitation and Reentry (ADCRR), the Arizona Department of Juvenile Corrections (ADJC), and most Arizona counties covering the majority of the State's population in a data exchange process that allows AHCCCS to suspend eligibility upon incarceration, rather than terminate coverage. Additional efforts over the previous two years has facilitated the data exchange in a nearly real-time fashion, with ADCRR, ADJC, and county jails electronically sending discharge dates, which simplifies the process of transitioning directly into care. AHCCCS will continue expansion of county participation in this data exchange throughout the next year, and target streamlined payment opportunities through this technology as well.

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Other AHCCCS CoC INITIATIVES

Highlights

- Launched Community Cares, the Social Determinants of Health (SDOH) Closed Loop Referral System (CLRS) to help providers identify and fulfill social service needs of members
- Making significant updates to the Olmstead Plan to improve access to timely and appropriate community-based services for persons with disabilities
- Contracted a housing administrator to create a seamless statewide process to oversee housing services
- Submitted Housing and Health Opportunities project in 1115 Waiver renewal request
- Managed COVID-19 impacts, including expanding audio-only telehealth services, to ensure members maintained access to health care.

Summary

In addition to the work above, AHCCCS has several other efforts currently underway to help address the CoC concerns identified by the workgroups. First, AHCCCS has completed a comprehensive review of contract and policy language including but not limited to: family support, referral processes, assessment requirements, trauma-informed care, and first episode psychosis. AHCCCS provided the CoC stakeholder presentations on these topics to the applicable internal AHCCCS policy workgroups. Additionally, the AHCCCS policy regarding assessment requirements has been updated to align with the Arizona Administrative Code and became effective October 1, 2021. The policy also explicitly states the ability of providers to deliver services in the interim period following an assessment and prior to a formal service planning meeting.

In addition to policy and contract work, AHCCCS is in the process of awarding a contract for the establishment of a Bridge Facility in Maricopa county, which will shelter and provide appropriate supportive services to assist persons with an SMI designation to transition from homelessness to permanent supportive or other appropriate housing/and service settings based on each member's needs. Complementary to this effort, AHCCCS engaged in research on the cost of serving individuals with an SMI designation, facilitated by the Association for the Chronically Mentally Ill (ACMI), in conjunction with Arizona State University (ASU). Their culminating report, "[Housing is Health Care](#)" was completed in April 2021.

AHCCCS and MCO Workforce Development teams have also continued efforts to enact recommendations from Governor Ducey's Taskforce on the Prevention of Abuse and Neglect of Vulnerable Populations by refining staff and supervisory training requirements and curriculum. In addition, MCOs began disseminating stress reduction and burnout prevention resources to caregivers which are intended to help caregivers deal with job related stress by reducing burnout and stabilizing the high turnover rates that may contribute to the abuse and neglect of vulnerable individuals.

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Further efforts to implement recommendations from the CoC include the AHCCCS Whole Person Care Initiative, which was designed to build upon the integrated service delivery model and to further the agency's efforts to address the social risk factors that may contribute more to a person's wellbeing than their access to health care. Integrated, whole person health care is not only a cost-efficient approach to health care delivery, but also the best opportunity to improve members' health outcomes. AHCCCS demonstrates its ongoing commitment to this initiative by the specific efforts we have made during the PHE to address exacerbated social risk factors and by exploring options to expand whole person care, while bending the cost curve in accordance with AHCCCS' strategic plan. AHCCCS has addressed these complex issues through efforts to provide housing, employment, coordination with the criminal justice system, non-emergency transportation, and home/community-based services for members using Medicaid covered services.

Additionally, Arizona's Health Information Exchange (HIE) vendor Contexture and AHCCCS are collaborating to implement a single, statewide Closed-Loop Referral System. This will be a technology platform which will facilitate and encourage providers to screen for social risk factors, seamlessly refer individuals to highly matched community resources, and allows for tracking social service fulfillment. Having selected a technology vendor for the platform, NowPow, Contexture tested the new platform with "early adopters" of the technology in Summer 2021 and fully launched the platform, branded as CommunityCares, in Fall 2021.

Effective October 1, 2021, Arizona Behavioral Health Corporation (ABC) began to administer AHCCCS' Housing Program (AHP) which consists of the permanent supportive housing and housing support programs for individuals with mental health issues who are experiencing homelessness. ABC has over 20 years of experience working with individuals with an SMI designation who are experiencing homelessness, as well as other special populations. AHCCCS will maintain administration and oversight of the SMI Housing Trust Fund to create additional permanent supportive housing units for persons with an SMI designation. ABC will manage housing subsidies, establish a new referral process, manage waiting lists, determine fair market rent prices, perform inspections for housing quality standards, ensure legal compliance, verify member program eligibility, prevent evictions, and provide regular reports to AHCCCS. Tribal Regional Behavioral Health Authority (TRBHA) housing funds will continue to be administered by AHCCCS and managed by the TRBHAs.

Between February and July 2021, AHCCCS developed an Olmstead Planning workgroup to determine the areas of focus the new Arizona Olmstead Plan will contain and start the planning process, seeking input from members, family members, provider staff, and representatives from health plans and state agencies. Olmstead Planning workgroups have continued with both internal and external participants to draft the Olmstead Plan. The final draft will be reviewed by AHCCCS executive leadership in February 2022 to seek input and approval to move forward with the development of the plan.

Throughout the PHE, AHCCCS has maintained two guiding pillars to ensure AHCCCS members maintain access to the services they need and to ensure provider viability. This has included implementing the following key flexibilities:

- expanding the telehealth benefit to allow for a broader range of services to be provided electronically, expediting the provider enrollment process,

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- reimbursing parents for care offered to their minor children, and
- allowing spouses offering paid care to be paid beyond the standard 40 hours per week limit.

CONCLUSION

AHCCCS remains committed to providing quality integrated health care to the over two million members served by the Medicaid program. AHCCCS is very excited about the upcoming innovations for the Arizona Medicaid system, all of which were informed and shaped by community input. There is still work to be done to ensure care is provided in a holistic, equitable manner. As these programs are implemented, AHCCCS is committed to ongoing stakeholder involvement and will continue to create digestible education tools to keep the community abreast of any changes. The agency welcomes ongoing dialogue with the community on these topics, as well as any other system barriers or innovations that will result in improved health care outcomes in order to bend the cost curve.