Arizona's System of Care for Children/Adolescents

Vision: In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child’s family’s cultural heritage.

Guiding Principles:
- Collaboration with the child and family
- Functional outcomes
- Most appropriate setting
- Family inputs
- Respect for the child and family’s unique cultural heritage
- Independence
- Contractual Interaction with Others
- Independence
- Connection to natural supports
- Best practices
- Stability
- Availability

Context ➔ Statewide Strategies ➔ Outcomes

Target Population
Children and Youth ages 0-21 eligible for Title 19 services:
- children with child welfare involvement
- substance abuse problems
- ages 0-5
- developmental disabilities
- juvenile justice involvement
- youth 18-21 years of age

Statewide Issues
Access
- A need for accessible services
- A need for timely services

Service Provision
- A need for best practices
- A need for most appropriate setting
- A need for services tailored to the child and family
- A need for the child and family’s unique cultural heritage
- A need for connection to natural supports

Collaboration
- A need for collaboration with the child and family
- A need for collaboration with others

Outcomes
- A need for functional outcomes
- A need for stability
- A need for independence

Goals
- Implement a statewide performance improvement process
- Enhance the ADHS Quality Management/Practice Improvement System
- Enhance services for youth ages 18-21
- Case manager for all children/youth with complex needs
- Align intake and assessment with the Child and Family Team practice
- Expand community-based support services and clinical specialty services
- Decrease use of congregate care
- Serve all “enrolled” children through Child and Family Team Practice
- Enhance the workforce through coaching, mentoring and supervision
- Involve youth and families in improving the behavioral health system

ADHS system’s Change Process
Includes Youth/Family Involvement

State System Level
- Meaningful youth and family involvement at all levels
- Effective quality management processes and reduced duplication
- Continuity between children’s and adult behavioral health systems
- All children with complex needs have a manager by 12/31/08
- Clear clinical direction through specific protocols and effective training, coaching and supervision
- Effective network planning and development

Population Level
- For children to achieve success in school
- For children to live with their families
- For children to avoid delinquency
- For children to become stable and productive adults
- For children to see a decrease in safety risks
- For children to experience increased stability

Practice Level
Direct Service Practices
- Intake process is engaging and assessment is team based

Organizational Practices
- Staff are skilled and supported in implementation of best practice approaches
- Support & rehabilitation services are quickly available when needed
- Statewide fidelity to Child and Family Team Practice (all enrolled children and families are served through CFT practice by 12/31/08)