

The AHCCCS Integrated System of Care (ISOC) is a spectrum of effective community-based services and supports for members and their families who live with, or who are at risk for, physical and/or behavioral health challenges. The ISOC is organized into a coordinated network, builds meaningful partnerships with families and members, and addresses their cultural and linguistic needs in order to help them to function better at home, in school, in the community, and throughout life.

The Contractor and Fee-For-Service (FFS) Programs shall administer and ensure delivery of services consistent with AHCCCS values, principles, and goals including but not limited to:

1. Timely access to care.
2. Culturally competent and linguistically appropriate care.
3. Identification of the need for and the provision of comprehensive care coordination for physical and behavioral health service delivery.
4. Integration of clinical and non-clinical health care related services.
5. Education and guidance to providers on service integration and care coordination.
6. Provision of disease/chronic care management including self-management support.
7. Provision of preventive and health promotion and wellness services.
8. Adherence with the Adult Behavioral Health Service Delivery System-Nine Guiding Principles, and the Arizona Vision and 12 Principles for Children Behavioral Health Service Delivery.
9. Promotion of evidence-based practices through innovation.
10. Expectation for continuous quality improvement.
11. Improvement of health outcomes.

12. Containment and/or reduction of health care costs without compromising quality.
13. Engagement of member and family members at all system levels.
14. Collaboration with the greater community.
15. Maintenance, rather than delegation of, key operational functions to ensure integrated service delivery.
16. Commitment to system transformation,
17. Implementation of health information technology to link services and facilitate improved communication between treating professionals, and between the health team, the member, and member caregivers, and
18. Integration of the delivery of physical and behavioral health care as an essential part of improving the overall health of members.

**A. ADULT SYSTEM OF CARE - NINE GUIDING PRINCIPLES**

The Adult System of Care (ASOC) is a continuum of coordinated community and facility-based services and supports for adults with, or at risk for, behavioral health or substance use challenges. The ASOC is organized into a comprehensive network to create opportunities that foster rehabilitation addressing impairment, managing related symptoms, and improving health outcomes by:

1. Building meaningful partnerships with members served.
2. Addressing the member's cultural and linguistic needs, and
3. Assisting the member in identifying and achieving personal and recovery goals.

The following principles were developed to promote recovery in the adult behavioral health system. System development efforts, programs, service provision, and stakeholder collaboration shall be guided by these Nine Guiding Principles:

**1. RESPECT**

Respect is the cornerstone. Meet the individual where they are without judgment, with great patience and compassion.

**2. INDIVIDUALS IN RECOVERY CHOOSE SERVICES AND ARE INCLUDED IN PROGRAM DECISIONS AND PROGRAM DEVELOPMENT EFFORTS**

An individual in recovery has choice and a voice. Their self-determination in driving services, program decisions, and program development is made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the “informed consumer” and the broadest possible palette from which choice is made. Individuals in recovery should be involved at every level of the system, from administration to service delivery.

**3. FOCUS ON INDIVIDUAL AS A WHOLE PERSON, WHILE INCLUDING AND/OR DEVELOPING NATURAL SUPPORTS**

An individual in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual’s social community.

**4. EMPOWER INDIVIDUALS TAKING STEPS TOWARDS INDEPENDENCE AND ALLOWING RISK TAKING WITHOUT FEAR OF FAILURE**

An individual in recovery finds independence through exploration, experimentation, evaluation, contemplation, and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.

**5. INTEGRATION, COLLABORATION, AND PARTICIPATION WITH THE COMMUNITY OF ONE’S CHOICE**

An individual in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscores one’s role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism are valued.

**6. PARTNERSHIP BETWEEN INDIVIDUALS, STAFF, AND FAMILY MEMBERS/NATURAL SUPPORTS FOR SHARED DECISION MAKING WITH A FOUNDATION OF TRUST**

An individual in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants, and lead to the creation of optimum protocols and outcomes.

**7. INDIVIDUALS IN RECOVERY DEFINE THEIR OWN SUCCESS**

An individual in recovery – by their own declaration – discovers success, in part, by quality-of-life outcomes, which may include an improved sense of well-being, advanced integration into the community, and greater self-determination. Individuals in recovery are the experts on themselves, defining their own goals and desired outcomes.

**8. STRENGTHS-BASED, FLEXIBLE, RESPONSIVE SERVICES REFLECTIVE OF AN INDIVIDUAL’S CULTURAL PREFERENCES**

An individual in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. An individual in recovery is the source of his/her own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.

**9. HOPE IS THE FOUNDATION FOR THE JOURNEY TOWARDS RECOVERY**

An individual in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. An individual in recovery is held as boundless in potential and possibility.

**B. CHILDREN’S SYSTEM OF CARE – VISION AND GUIDING PRINCIPLES**

Arizona’s Child and Family Team (CFT) practice model blends shared concepts of the 12 Arizona Principles with the 10 Principles of Wraparound: Family voice and choice, team-based, natural supports, collaboration, community based, culturally competent, individualized, strengths based, unconditional, and outcome based. In CFT Practice, it is the child’s and family’s complexity of needs that drive the development, integration, and individualization of service delivery. The level of complexity is determined individually for each child and family based on their needs and strengths.

One variable that is considered when determining complexity of needs for children is the involvement of other child-serving agencies, such as Juvenile Justice (Probation or Parole), Division of Developmental Disabilities (DDD), Department of Child Safety (DCS), and Education (Early Intervention or Special Education). The number of system partners involved and invited to participate in CFT practice by the child and family, contributes to the level of service coordination required, as well as consideration by team members of the individual mandates for each agency involved.

Service delivery shall incorporate the Arizona Model in all aspects of service delivery to children and families at all levels of need/acuity as well as children with complex needs or who are determined to have a Serious Emotional Disturbance (SED).

**ARIZONA 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.

## 12 PRINCIPLES

### 1. COLLABORATION WITH THE CHILD AND FAMILY

Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.

### 2. FUNCTIONAL OUTCOMES

Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.

### 3. COLLABORATION WITH OTHERS

When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented. Client centered teams plan and deliver services. Each child's team includes the child and parents and any foster parents, any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other individuals needed to develop an effective plan, including, as appropriate, the child's teacher, DCS and/or DDD caseworker, and the child's probation officer. The team:

- a. Develops a common assessment of the child's and family's strengths and needs,
- b. Develops an individualized service plan,
- c. Monitors implementation of the plan, and
- d. Makes adjustments in the plan if it is not succeeding.

### 4. ACCESSIBLE SERVICES

Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need. Plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided. Behavioral health services are adapted or created when they are needed but not available.

**5. BEST PRACTICES**

Competent individuals who are adequately trained and supervised provide behavioral health services. They are delivered in accordance with guidelines adopted by Arizona Department of Health Services (ADHS) that incorporate evidence-based “best practice.” Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class member’s lives, especially class members in foster care. Behavioral Health Services are continuously evaluated and modified if ineffective in achieving desired outcomes.

**6. MOST APPROPRIATE SETTING**

Children are provided behavioral health services in their home and community to the extent possible. Behavioral health services are provided in the most integrated setting appropriate to the child’s needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child’s need.

**7. TIMELINESS**

Children identified as needing behavioral health services are assessed and served promptly.

**8. SERVICES TAILORED TO THE CHILD AND FAMILY**

The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

## **9. STABILITY**

Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and criminal justice system. Behavioral health service plans anticipate and appropriately plan for transitions in children’s lives, including transitions to new schools and new placements, and transitions to adult services.

## **10. RESPECT FOR THE CHILD AND FAMILY’S UNIQUE CULTURAL HERITAGE**

Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family. Services are provided in Spanish to children and parents whose primary language is Spanish.

## **11. INDEPENDENCE**

Behavioral health services include support and training for parents in meeting their child’s behavioral health needs, and support and training for children in self- management. Behavioral health service plans identify parents’ and children’s need for training and support to participate as partners in assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

## **12. CONNECTION TO NATURAL SUPPORTS**

The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents’ own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.