



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

DIVISION OF DEVELOPMENTAL DISABILITIES

FAMILY SUPPORT ANNUAL REPORT

July 1, 2023 – June 30, 2024
(Arizona State Fiscal Year 2024)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Our Vision: A Thriving Arizona

Our Mission: To strengthen individuals, families and communities for a better quality of life.

Our Values:

- **Integrity:** We are honest, transparent, and accountable for our actions and their impacts.
- **People First:** We prioritize our staff and the people we serve to achieve the best and most equitable outcomes.
- **Respect:** We demonstrate compassion, treat all people with dignity and kindness and embrace diversity.

Our Goals:

- Create a client-facing site providing access to all services and programs to enhance program integrity and improve client experience;
- Reduce average time from application to eligibility decision by 50%;
- Curate a robust provider network for critical services and reduce provider deserts by 50%;
- Achieve a 98% retention of high-performing employees; and
- Annually reduce both queue size and past dues by 10%.

DIVISION OF DEVELOPMENTAL DISABILITIES

Mission:

The Division of Developmental Disabilities empowers individuals with developmental disabilities to lead self-directed, healthy, and meaningful lives.

I. Introduction

In 1993, Family Support legislation (currently Arizona Revised Statutes § 36-596.52) was passed which created and defined a family support program for Arizonans with developmental disabilities and their families, subject to funding appropriations. This legislation was developed in partnership with families, advocacy organizations, service providers, and the Arizona Department of Economic Security (DES) Division of Developmental Disabilities (DDD/Division), who all recognized the importance of family support in achieving the Division's mission. DDD integrates the tenets and philosophy of this legislation into all of its programs and activities through Home and Community Based Services (HCBS). This Annual Report highlights the initiatives and systems that have been successfully implemented and describes the ways DDD individuals and families are supported through DDD and its many partners.

Family support is defined as services, supports and other assistance offered to families with individuals who have a Developmental Disability (DD), and is designed to:

- Strengthen the family's role as a primary caregiver;
- Maintain family unity;
- Reunite families with individuals who are receiving residential services;
- Include respite care, assistive technology, appropriate personal assistance services, parent training and counseling, home modifications, and assistance with extraordinary expenses associated with the needs of a person with a DD; and
- Reduce the need for residential services.

II. Overview of the DDD

As of June 30, 2024, DDD was providing services and support to 56,454 Arizonans with developmental disabilities, which is an increase of over 8 percent from June 30, 2023 when DDD was providing services and support to 51,851 individuals. DDD tailors its services to meet the needs of individuals and their families while supported in integrated community settings.

DDD promotes the use of existing community resources and program flexibility, and coordinates services and resources through central administrative offices, district offices and local offices located throughout Arizona. There are five geographic DDD districts within the state. They include District Central, District East, District North, District South, and District West for individuals over the age of three. There is one statewide district for children ages birth to three years, who are eligible for the Arizona Early Intervention Program (AzEIP). While some services are delivered directly by the state, most services and support are delivered through a network of independent providers and Qualified Vendor agencies throughout Arizona.

Division Eligibility Criteria: To qualify for services and supports through the Division, a person must:

1. Voluntarily apply;

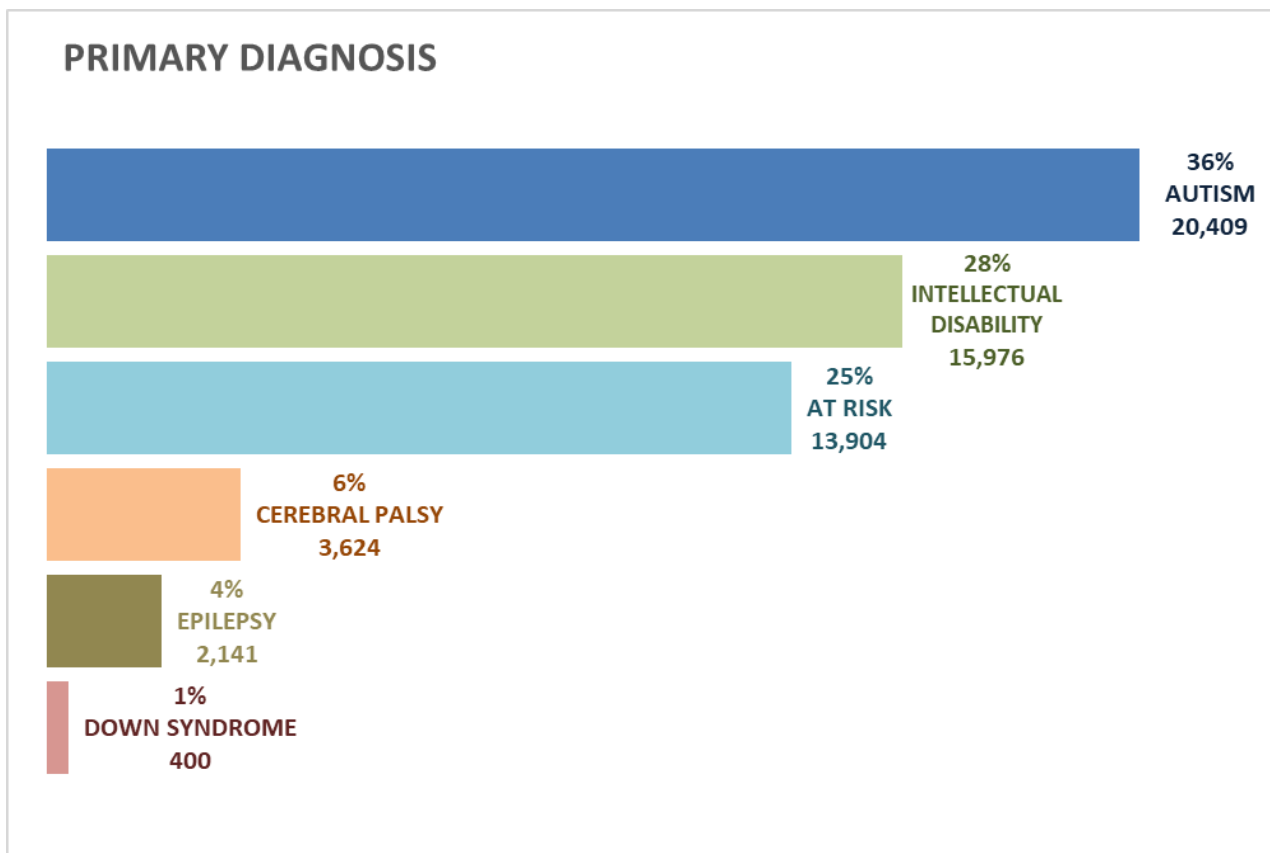
2. Be an Arizona resident and be lawfully present in the United States; and
3. Have at least one of five diagnoses, manifested before the age of 18 that is likely to continue indefinitely:
 - A. **Autism Spectrum Disorder** - A condition characterized by severe disorders in communication and behavior resulting in limited ability to communicate, understand, learn and participate in social relationships.
 - B. **Cerebral Palsy** - A permanently disabling condition resulting from damage to the developing brain that may occur before, after or during birth and that results in loss or impairment of control over voluntary muscles.
 - C. **Epilepsy** - A neurological condition characterized by abnormal electrical chemical discharge in the brain. This discharge is manifested in various forms of physical activities called seizures.
 - D. **Intellectual (Cognitive) Disability** - A condition that involves subaverage general intellectual functioning, that exists concurrently with deficits in adaptive behavior manifested before the age of 18.
 - E. **Down Syndrome** - A genetic disorder caused when abnormal cell division results in extra genetic material from chromosome 21, affecting a person's cognitive and physical abilities and causing developmental issues.
4. Have substantial functional limitations in three or more of the following life areas that are directly attributable to the qualifying diagnosis:
 - A. **Self-Care:** Need significant help with eating, hygiene, dressing, using the bathroom, etc.;
 - B. **Receptive and Expressive Language:** Communicating with others;
 - C. **Learning:** Acquiring and processing new information;
 - D. **Mobility:** The skill necessary to move safely and efficiently from one location to another within the person's home, neighborhood, and community;
 - E. **Self-Direction:** Managing personal finances, protecting self-interest or making independent decisions which may affect the individual's well-being;
 - F. **Capacity for Independent Living:** Needing supervision or assistance on a daily basis; and
 - G. **Economic Self-Sufficiency:** Being financially independent.

Children ages three to six may be eligible for services through DDD if they have one or more of the following developmental disabilities:

- Autism Spectrum Disorder;
- Cerebral Palsy;
- Intellectual (Cognitive) Disability;
- Epilepsy;
- Down Syndrome; or
- Be at-risk for developing one of the (above) disabilities.

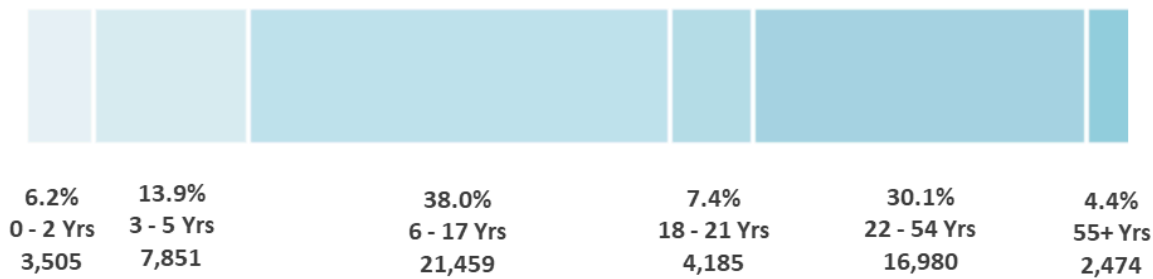
For early intervention services eligibility, children from birth to three years old must have a significant delay in one or more developmental areas or an established condition that could lead to a DD.

The following chart shows the breakdown of eligible individuals by primary disability as of June 30, 2024:



DDD supports people of all ages. The following chart shows the breakdown of eligible individuals by age as of June 30, 2024:

AGE DISTRIBUTION



DDD provides services through two primary funding sources:

- Medicaid; and
- State general funds.

DDD has three eligibility categories or populations:

1. DD-only;
2. Targeted Support Coordination (TSC); and
3. Arizona Long Term Care System (ALTCS) eligible individuals.

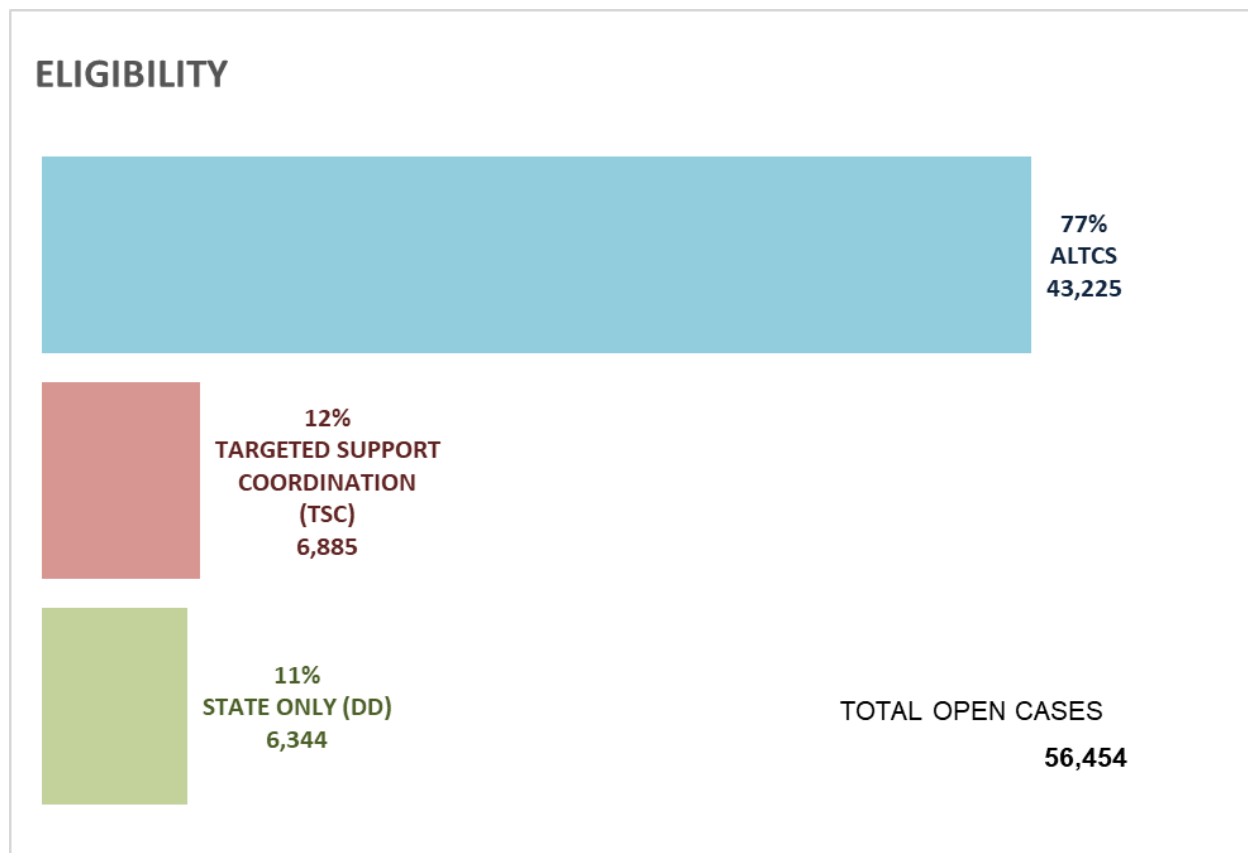
Individuals enrolled with DDD and do not meet the requirements for Medicaid/Arizona Health Care Cost Containment System (AHCCCS) funded healthcare services are DD-only. These individuals have an assigned Support Coordinator who will help connect them with community resources. Children under the age of three may receive state-funded services outlined through the federal Individuals with Disabilities Education Act (IDEA) Part C requirements.

Individuals enrolled with DDD who meet the requirements to receive Medicaid funded healthcare services are eligible for either TSC, or the ALTCS. AHCCCS determines who is eligible for the TSC Program. The individual decides how often meetings will take place. The individual has a health plan called an AHCCCS Complete Care (ACC) Plan and has an assigned Support Coordinator who assists with connecting to community resources and with navigating the ACC Plan.

Individuals with developmental disabilities who are eligible for DDD may also be eligible for services through ALTCS. ALTCS provides physical health services, behavioral health

services, and Long Term Services and Supports (LTSS) to individuals with developmental disabilities who are at risk of institutionalization. AHCCCS staff determine ALTCS eligibility through a review of the person’s functional needs and financial eligibility. In Arizona, the Medicaid Program operates under a 1115 Research and Demonstration Waiver approved through the Centers for Medicare and Medicaid Services (CMS). It is intended to show that HCBS and a managed care approach are more cost-effective than placing individuals in institutions. Long-term care, behavioral health, and physical health services are bundled to improve care coordination and enhance service delivery under a single system managed by DDD.

The following chart shows the breakdown of eligible individuals by funding source as of June 30, 2024:



DDD provides most of its services through a statewide network of for-profit and not-for-profit agencies (Qualified Vendors), independent providers, and specialty contractors. Services are based on an individual's assessed needs, state and/or federal guidelines, and funding availability.

III. Services and Supports

What is the role of the Support Coordinator?

A Support Coordinator has many roles. The most important role is to listen to the goals, choices, and vision of the individual and, if they have one, their guardian, to develop a Person-Centered Service Plan (PCSP). Support Coordinators respect individuals’ interests, needs, culture, language, and belief system. Every individual enrolled with DDD has a Support Coordinator.

What does a Support Coordinator do?

- Talk about supports and services, and advocates on behalf of the individual.
- Develop the PCSP and update the plan with the planning team. The team includes the Support Coordinator, the DDD individual, and the guardian if the individual has one. It may also include family/representatives, service providers, friends, advocates, and people who are important in the individual's life.
- Coordinate care, including physical health, behavioral health, Children's Rehabilitative Services (CRS), and Long-Term Care Services, for eligible individuals.
- Provide information about community resources to meet the individual's needs.
- Identify and assist the individual with individualized goals to meet their needs, desires, strengths, and preferences (e.g., in the areas of recreation, transportation, friendships, family, and other relationships).
- Make sure the approved, funded services are in place and cost-effective.
- Confirm the individual, guardian, and planning team know who to call if they have questions.
- Be a part of meetings with other agencies, like schools or behavioral health service agencies, that support the individual.
- Provide support to solve problems.
- Make sure individuals know their rights and how to file a grievance.

The Support Coordinator conducts an assessment of the individual's needs to identify services and supports. Services are based on funding availability and may include:

- **Augmentative and Alternative Communication Devices*:** Devices that help a person communicate. Each device is tailored to an individual's specific needs. The DDD Health Plan provides the device and training for the device;
- **Attendant Care*:** Help with personal care, general supervision for an individual who cannot be safely left alone, and housekeeping. This service provides assistance for an individual to remain in their home and participate in community activities by attaining or maintaining personal cleanliness, activities of daily living, and safe and sanitary living conditions;
- **Behavioral Health:** Care and treatment for people with behavioral health needs. This includes crisis services, evaluation and diagnosis, counseling, behavioral health rehabilitation, behavioral health day programs, health promotion, residential behavioral health services, case management, Family and Peer Support, transportation, respite, medication, psychiatric medication adjustment, and monitoring or inpatient hospital services. These services are provided through the DDD Health Plans;
- **Day Treatment and Training*:** Training, supervision, therapeutic activities, and support to promote skill development in independent living, self-care, communication, and social relationships.;
- **Early and Periodic Screening, Diagnostic and Treatment:** Is a comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for AHCCCS individuals under the age of 21. These services are provided through the DDD Health Plans;

- **Employment Services*:** Individual Supported Employment, Employment Support Aide, Group Supported Employment, Transition to Employment, Career Preparation and Readiness, Center Based Employment, and employment-related transportation;
- **Home Modifications*:** Physical modifications by removing architectural barriers to the home setting that have a specific adaptive purpose to help the individual in performing activities of daily living. These modifications may also help the caregiver in completing activities of daily living for the individual. The modifications support the individual in living with more independence and thereby improving his or her quality of life;
- **Habilitation*:** Services are designed to assist Division individuals in acquiring, retaining and improving the self help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. The services include the provision of training in independent living skills or special developmental skills, orientation and mobility training, sensorimotor development, and behavioral management;
- **Health Plan Services*:** Physical Health services, Behavioral Health services, CRS and limited LTSS. CRS is a designation given by AHCCCS to certain individuals who have qualifying health conditions. Individuals with a CRS designation can receive the same AHCCCS covered services as non-CRS. Individuals enrolled in AHCCCS are able to receive care in the community, or in clinics called Multispecialty Interdisciplinary Clinics (MSIC). MSICs bring many specialty providers together in one location. The DDD Health Plan assists an individual with a CRS designation with closer care coordination and monitoring to make sure their special healthcare needs are met.

DDD-contracted Qualified Vendors and specialty contractors provide a range of LTSS, excluding nursing facilities, emergency alert system services, rehabilitative occupational therapy, physical therapy, individual speech-language pathology services, and augmentative and alternative communication devices, which are covered by the individual's DDD Health Plan.

DDD and DDD Health Plans provide occupational therapy and physical therapy services to individuals under 21. DDD Health Plans cover rehabilitative/restorative therapy services. For individuals 21 and older, DDD Health Plans exclusively cover these services, while DDD covers habilitative/developmental services for all ALTCS individuals of any age.

DDD and DDD Health Plans cover speech-language pathology services for individuals under 21. DDD Health Plans cover rehabilitative/restorative therapy services, whereas DDD covers habilitative/developmental services for those 21 and older;

- **Home Delivered Meals*:** Meals delivered to the individual's home for those who live in their own home and are in jeopardy of not consuming adequate nutritious food to maintain good health;

- **Homemaker***: Housekeeping assistance;
- **Home Health Aide***: Health maintenance, continued treatment or monitoring of a health condition and supportive care with activities of daily living;
- **Home Health Nurse***: Skilled nursing services that may include patient care, coordination facilitation, and education;
- **Hospice**: Provides palliative and support care for individuals who are terminally ill and their family members and/or caregivers for the physical, psychosocial, spiritual, and emotional needs as outlined in a specific patient plan of care;
- **Licensed Health Aide***: Provides limited skilled interventions, health maintenance, continued treatment or monitoring of a health condition, and supportive care for activities of daily living at the individual's place of residence or in the community;
- **Residential Service Options***: (see Section IV);
- **Therapies***: Occupational, Physical and Speech;
- **Transportation***: Provides or assists in obtaining various types of transportation for specific ALTCS covered services; and
- **Respite Care***: Short-term care to provide relief to the caregiver.

An asterisk () indicates services that are available for ALTCS individuals only.*

IV. Residential Service Options

DDD provides services in a variety of living arrangements. The vast majority are community based where most services are provided in the family or individual's home. Individuals supported by the Division are given an opportunity to choose a place to live with the support they need in their communities. Individuals may receive support to live in the family home or to live in their own home or apartment. Other individuals may live in a developmental home or reside in a group home. When an individual is assessed for residential services, the following options may be considered:

- **Supported Living**: This service was formerly known as Individually Designed Living Arrangement. This service supports an individual's choice to live in and access opportunities in their communities through services offered in Supported Living. Individuals choose their own home in the community and their roommates. Individuals assessed for Supported Living services receive a variety of interventions designed to maximize their independence including, but not limited to, habilitative therapies, skill development, behavior intervention, and sensorimotor development.
- **Vendor Supported Developmental Home (Child and Adult)**: This service supports an individual's choice to live in and access opportunities in their communities through services offered in a family-based home. Residents living in Vendor Supported Developmental Homes receive a variety of interventions designed to maximize their independence including, but not limited to: habilitative therapies, skill

development, behavior intervention, and sensorimotor development, and coordination of habilitation services. Residents are supported by paid caregivers, called Developmental Home Providers.

- **Group Home:** This service supports an individual's choice to live in and access opportunities in their communities through services offered in a group home. Individuals living in group homes receive a variety of interventions designed to maximize their independence including, but not limited to, habilitative therapies, skill development, behavior intervention, and sensorimotor development. Individuals are supported in a group home setting of their choice to receive services to the extent that they need them. Group Homes support the residents by increasing their independent living skills in managing their household, accessing their communities, and engaging in relationships with others. Residents in group homes make choices about how they spend their time and engage in their community, gain skills, and they receive support to make informed choices.
- **Nursing Supported Group Home:** This service is designed for individuals who require continuous nursing intervention and/or nursing oversight. This service supports the individual's choice to live in and access opportunities in their communities and supports residents to maintain optimal health. Residents living in Nursing Supported Group Homes receive a variety of interventions designed to maximize their independence including, but not limited to, habilitative therapies, skill development, behavior intervention, sensorimotor development, and nursing support.
- **Behavioral Supported Group Home:** This time-limited service, designed for individuals who need intensive behavioral supports, or who have had legally imposed restrictions placed upon them to protect themselves and the community at large. This service supports the individual's choice to live in and access opportunities in their communities. Residents living in enhanced behavioral group homes receive a variety of interventions designed to maximize their independence including, but not limited to, habilitative therapies, skill development, behavior intervention, sensorimotor development, and behavior support. This service supports the individual's transition into less restrictive services when clinically appropriate.

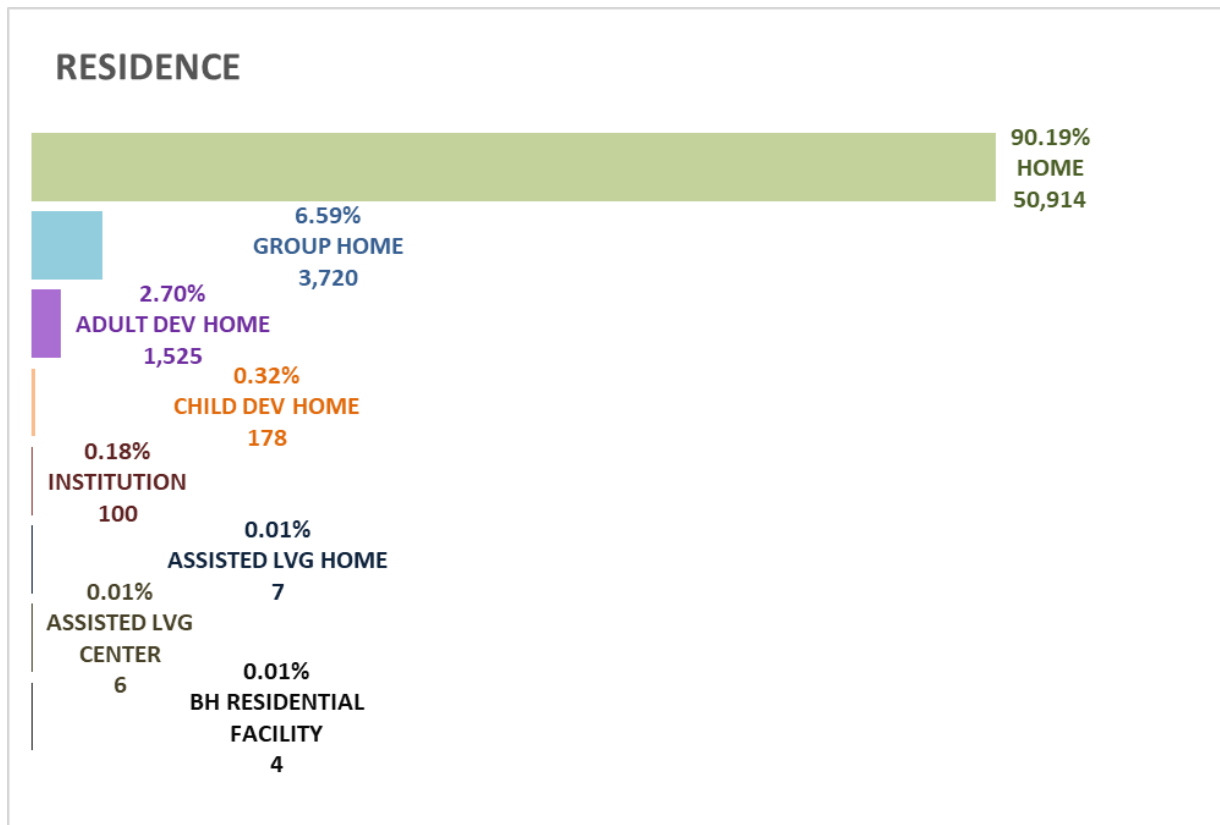
Should an individual need a more intensive residential service option, the following settings may be used:

- **Assisted Living Centers:** The facility provides resident rooms or residential units to 11 or more people. Assisted Living Centers may be licensed to provide one of three levels of care listed below, as defined by the Arizona Department of Health Services (DHS):
 - "Supervisory Care Services" means general supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis and assistance in the self-administration of prescribed medications.
 - "Direct Care Services" means programs and services, including personal care services provided to individuals who are incapable of recognizing danger,

summoning assistance, expressing need, or making basic care decisions.

- “Personal Care Services” means assistance with activities of daily living that can be performed by persons without professional skills or professional training. It also includes the coordination or provision of intermittent nursing services and the administration of medication and treatments by a licensed nurse.
- **Assisted Living Homes:** This service is similar to Assisted Living Centers. However, this type of assisted living provides rooms and services to ten or fewer residents.
- **Nursing Facility:** This is a Medicaid-certified facility. This facility offers skilled nursing care, residential care, and supervision to individuals who need nursing services on a 24-hour basis but who do not require hospital care under the daily direction of a physician. This service is delivered by the DDD Health Plans.
- **Intermediate Care Facilities (ICFs) for Individuals with Intellectual Disabilities:** This facility offers health, habilitative, and rehabilitative services to individuals who need them on a constant basis and who would benefit from active treatment services.

The following chart shows the breakdown of eligible individuals supported by the Division by the type of residence as of June 30, 2024:



V. Employment Services

In November 2017, Executive Order 2017-08 declared Arizona an Employment First State,

and DDD adopted the Employment First philosophy and policy which includes the approach that competitive, integrated employment should be the preferred outcome for working age youth and adults with disabilities. Employment First also supports the expectation and belief that with the right support, all people with disabilities can work.

Employment First

The Employment First Executive Order requires key state agencies to collaborate with Qualified Vendors of services using Employment First practices to create job opportunities in the community for Arizonans with disabilities. In furtherance of this directive, DDD and the DES Division of Employment and Rehabilitation Services, Rehabilitative Services Administration, Vocational Rehabilitation (VR) have continued their collaborative efforts to prepare individuals supported by the Division to obtain Competitive Integrated Employment.

Employment Services Team

DDD's Employment Services Team includes Employment Service Specialists and a manager who are Subject Matter Experts (SMEs) on the employment services offered by DDD. The Employment Service Specialists provide technical assistance to individuals interested in employment, their families, caregivers, Support Coordinators, Qualified Vendors, school districts, and community stakeholders. The Employment Services Team participates in local Communities of Practice on Transition, which are groups that meet to collaborate, develop, and coordinate transition services, professional development, and resources related to improving the transition experience for youth who have disabilities. Presentations on DDD Employment Services are made to the Special Education Units of school districts and community groups as requested. In Fiscal Year (FY) 2024, the Employment Team participated in 43 outreach events that interacted with 2,832 individuals.

DDD offers the following Employment Services:

- **Individual Supported Employment:** This service provides job coaching and/or job search services for eligible individuals supported by DDD. Job coaching is a time-limited service that provides regular contact with the employed individual and their employer. It is intended to help the individual develop specific on-the-job skills needed for successful employment. Job search includes helping to match the individual with a competitive-integrated job. Job search and job coaching may be provided by DDD when the service is not available through VR.
- **Employment Support Aide:** This service provides individuals with the one-to-one support needed to maintain their employment. The services provided will depend on the individual's needs. It is DDD's expectation that this service will be used primarily to provide on-the-job, follow-along support for individuals in competitive employment. These supports could include one or more of the following options:
 - Limited personal-care services;
 - Behavioral supports; and
 - Follow-along supports, such as job coaching.
- **Group-Supported Employment:** This service provides individuals with an on-site supervised work environment in a community-based setting. Individuals are offered the opportunity to work in a setting that allows for maximum interaction with other co-workers or the community and are paid by a Qualified Vendor or employer for

work performed in accordance with state and federal laws.

- **Center-Based Employment:** This service is provided in a Qualified Vendor owned or operated setting where individuals participate in paid work and work-related activities. The goal is to improve skills, abilities and behaviors of individuals and encourage them to achieve their vocational outcomes. The Qualified Vendor pays individuals based on productivity in accordance with state and federal laws.
- **Career Preparation and Readiness:** This service helps individuals make progressive moves into integrated employment from Center-Based Employment. Integrated employment includes both competitive employment in the community and group supported employment. Each individual participating in Career Preparation and Readiness has an Individualized Training Agreement tailored to their needs. Services include job readiness assessments, work incentive counseling, family and caregiver engagement and education, career exploration, and trial work experience.
- **Transition to Employment:** This service is curriculum-based and offers an individual customized instruction, training, and support to promote skill development for integrated employment in the community. The service may also assist an individual in finding unpaid work practice opportunities such as a volunteer job or job shadowing experiences.
- **Employment-Related Transportation Services:** This service provides individuals or assists them in finding transportation for work-related needs. All other forms of transportation must be considered prior to DDD authorizing this service which provides non-emergency ground transportation that can be used, with prior approval, to transport an individual:
 - From home; and
 - To/from an employment-related service.

Group Supported Employment, Individual Supported Employment, and Employment Support Aid are provided in the community and offer individuals job training and support needed to achieve or maintain successful employment.

There are 1,864 individuals* supported by DDD who are eligible for ALTCS between the ages of 16 and 65 in community-integrated employment as of June 30, 2024:

Group Supported Employment	1639
Individual Supported Employment	77
Employment Support Aid	148

*Individuals may be receiving more than one employment service.

Future Revisions to Employment Services

DDD, with the assistance of consultants, developed revisions to DDD Employment

Services to improve employment opportunities for individuals. This includes a proposed new service, *Pathways to Employment*, for individuals to explore their career interests and abilities, and to develop an employment plan. This service will focus on developing skills, abilities, and behaviors to help individuals realize their employment goals. Opportunities will be provided to explore interests and aptitudes for work and to experiment with different job types. In addition to the proposed new service, changes have been recommended for other employment services. These changes include removing the time restriction for Individual Supported Employment and ensuring all individuals entering Group Supported Employment make at least minimum wage. This will empower the individual to increase their independence and their work related skills.

Collaboration with Rehabilitation Services Administration (RSA)/ Vocational Rehabilitation (VR)

Collaborative meetings between DDD and VR take place throughout the state.

DDD and VR also work with the Arizona Department of Child Safety (DCS) to discuss best practices for coordinating services for DDD individuals in the foster care system.

The Division's Employment Services Unit partners with the Program Monitoring Unit to prepare and educate approximately 100 Qualified Vendors on the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Services (HCBS) Setting Rules, as well as conducts Quality Assurance Reviews. These units provide technical assistance on vendor capacity building and development that impacts settings' compliance and service provision.

From July 1, 2023 to June 30, 2024, the following number of individuals supported by DDD were referred, made eligible, and became competitively employed:

- Individuals referred to VR: 899;
- Individuals made eligible for VR services: 345;
- Individuals who obtained Competitive Integrated Employment: 97;
- Average Hours worked by individuals in Competitive Integrated Employment: 21 hours per week; and
- Average hourly wage of individuals in Competitive Integrated Employment: \$14.85 per hour.

VI. Provider Network Business Operations

Individuals and families have a variety of provider agencies to choose from. DDD provides HCBS through a statewide network of for-profit and not-for-profit agencies (Qualified Vendors). A small number of these services are provided through Independent Providers who have received training and have been certified prior to providing services. DDD offers vendor profiles on its website that present data that individuals and families can use to make choices about their services.

DDD contracts with agencies and providers through the Request for Qualified Vendor Application (RFQVA). In 2022, the Division began analyzing its contract requirements and the process by which agencies contract with the Division to provide services. The goal of this work was to improve the contract requirements to ensure high-quality service delivery and to make it easier for qualified agencies to contract with the Division. This process will be completed with a new contract taking effect on January 1, 2025.

Some requirements found in the new contract include:

- Key positions within the Qualified Vendor’s organization must have specific educational or experience requirements. This ensures the Qualified Vendor has the knowledge and skills to best support the individuals they serve and to effectively run their business.
- Revised and new employment services that focus on helping individuals who want to work to get the skills they need to remain employed.
- All Qualified Vendors must submit a Quality Management plan with their application that must be updated annually if they are awarded a contract. There are also enhanced monitoring requirements that must be included to reinforce and support the delivery of quality services.
- Expanded training requirements for Direct Support Professionals (DSP) to ensure they have the skills needed to support individuals.
- Specifications for the HCBS Settings Rule and Electronic Visit Verification for impacted services.

Home and Community Based Providers as of June 30, 2024	Number of Contracts
Agencies (Qualified Vendors)	987
Independent Providers	484

VII. Services for Infants and Toddlers and their Families

DES is the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA). DDD provides Service Coordination for some infants and toddlers enrolled in the Arizona Early Intervention Program (AzEIP). AzEIP serves children from birth to three years of age and who have a significant developmental delay or who have an established condition that likely results in the child having a developmental delay. When a child becomes AzEIP eligible, AzEIP automatically coordinates with DDD to make an eligibility determination for families that choose to share their personal identifiable information. Children who are eligible for AzEIP may also be eligible for services through DDD, the Arizona Schools for the Deaf and Blind, and/or ALTCS.

Using a Team-Based Early Intervention approach to services, AzEIP ensures that all eligible children’s families are provided with a Core Team of professionals (developmental special instructionist, physical therapists, occupational therapists, speech and language pathologists, social workers, and psychologists) and a service coordinator who use natural learning environment practices and coaching to support families. DDD’s Support Coordinators work closely with the Core Team to ensure a coordinated, comprehensive array of services to address the needs of the child and priorities of the family. These efforts are collectively employed to help caregivers or families assist their infants and toddlers grow and develop by engaging and participating in everyday routines and activities. The family and team develop an Individualized Family Service Plan for each eligible child based on the concerns, priorities, and resources of the family.

Between July 1, 2023 and June 30, 2024, DDD provided support to 4,596 children who are

also AzEIP eligible.

VIII. Acute Care Health Plan Services

ALTCS is unique because it follows a managed-care model. This approach has proven to be cost-effective over many years in Arizona. It was the first program of its kind to bundle acute and long-term care services under a single program contractor. The ALTCS guiding principles include a person-centered approach. The supported individual and family are active participants in the planning and the evaluation of services provided.

DDD contracts with two health plans to provide physical and behavioral health services and Children's Rehabilitative Services (CRS) to eligible individuals. The health plans allow each individual who is enrolled a choice of a primary care provider. DDD's contracted health plans are:

- UnitedHealthcare Community Plan; and
- Mercy Care.

DDD also collaborates with the AHCCCS American Indian Health Program for children and adults who are tribal members. American Indian or Alaska Natives enrolled in DDD who are ALTCS eligible may select the DDD Tribal Health Program (THP), or choose the Mercy Care or the UnitedHealthcare Community Plan.

IX. Behavioral Health Services

DDD Health Plans deliver both physical and behavioral health services, including services for individuals with a Serious Emotional Disturbance, Serious Mental Illness (SMI) designation or those eligible for CRS.

Mercy Care and UnitedHealthcare Community Plan provide covered behavioral health services statewide to individuals eligible for ALTCS.

The following Behavioral Health Services are covered:

- Adult Behavioral Health Therapeutic Homes;
- Behavior Analysis Services;
- Behavior Management (personal care, family support/home care training, peer support);
- Behavioral Health Case Management Services (with limitations);
- Behavioral Health Residential Facility;
- Crisis Intervention Services;
- Emergency Behavioral Health Care;
- Emergency and Non-Emergency Transportation;
- Evaluation and Assessment;
- Individual, Group and Family Therapy, and Counseling;
- Inpatient Hospital Services;
- Intensive Outpatient and Behavioral Health Day Programs;
- Non-Hospital Inpatient Psychiatric Facilities;
- Laboratory and Radiology Services for Psychotropic Medication Regulation and Diagnosis;
- Opioid Agonist Treatment;
- Partial Care (supervised day program, therapeutic day program, and medical day program);
- Permanent Supportive Housing;

- Psychotropic Medication Adjustment and Monitoring;
- Rehabilitation Services (living skills training; health promotion; supported employment services);
- Respite Care (with limitations);
- Rural Substance Abuse Transitional Agency Services;
- Screening; and
- Therapeutic Foster Care.

DDD's behavioral health team includes:

- Behavioral Health Medical Director;
- Behavioral Health Administrator;
- Behavioral Health Managers;
- Three Licensed Behavior Analysts;
- Eight District Behavioral Health/Complex Care Specialists; and
- Six Program Review Committee (PRC) Chairs and Administrative Assistants.

DDD collaborates with each contracted health plan to resolve complaints, barriers related to behavioral health service delivery, and identification of interventions to address the complex needs of individuals who require these services. These efforts are accomplished through ongoing and established care collaboration that include:

- Multidisciplinary member staffings;
- Division and health plan care collaboration meetings;
- Weekly calls with health plans on mutual individuals;
- Monthly High Need/High-Cost Program member staffings; and
- Ongoing technical assistance efforts for individuals mutually served by DDD and the public behavioral health system.

PRC

PRC is a committee comprised of a Division employee (Chairperson), and a group of volunteers which include:

- Persons qualified in the use of behavior management techniques, such as a Psychologist, Psychiatrist, or a Board Certified Behavior Analyst;
- Parent/Guardian of an individual with a DD;
- Habilitation services professionals;
- Individuals with a DD; and
- A person with no ownership in a facility and who is not involved with directly providing services to individuals with developmental disabilities.

PRC reviews, makes recommendations, and approves the use of Behavior Plans that include:

- Techniques that require the use of force;
- Programs involving the use of response cost;
- Programs that may infringe upon the individual's rights;
- The use of behavior modifying medications; and
- Protective devices used to reduce the likelihood of injury from self-injurious behavior.

PRC ensures that individuals' rights are being protected and the interventions in the

Behavior Plan are the least restrictive and intrusive to best support the individual.

The District PRCs are overseen by the Division's Board Certified Behavior Analysts and are available for technical assistance and to address any concerns.

Behavior Support Manual (BSM) Updates

The Division completed updates to the BSM. The BSM provides the processes and procedures for the requirements under Arizona Administrative Code R6-6-901 (Article 9) and the PRC Behavior Plan Process. The BSM was updated to clarify current processes for behavior plan development, and review.

Information and Education Offered Through the DDD Provider Newsletter SHOUT

The Division's PRC contributed to a monthly section in the DDD Provider online newsletter (SHOUT) which included information on a variety of topics, including:

- PRC Resource Folder;
- Behavioral support techniques that are prohibited, techniques that require PRC approval, and those positive behavioral support techniques that do not require approval;
- Positive Behavior Support;
- Target Behavior and Function of Behavior;
- PRC Administration and Technical Assistance;
- Antecedent events and precursor behavior;
- Data Collection;
- Benefits of Volunteering with PRC;
- Medication Reviews and Consistency of Documentation in Behavior Plan Packets;
- PRC Contact Information and Available Resources;
- Requirements for Protective Device Protocol for Members who engage in Self-Injurious Behavior;
- Requirements for Rights Restriction Protocol;
- Emergency PRC Reviews;
- PRC Process Improvements; and
- Integration of a Functional Behavior Assessment into the Behavior Plan.

Information and Education Offered through the DDD Public Town Hall Meetings

The following behavioral health related topics were presented during the DDD Public Town Hall Meetings by the DDD Behavioral Health Administration, including:

- Serious Emotional Disturbance Determination Process Overview;
- Enhancing Knowledge of Behavioral Health Providers to Support Individuals with Intellectual and Developmental Disability (I/DD); and
- American Rescue Plan Act (ARPA) Dual Diagnoses.

X. Other Division Activities that Support Arizona's Families

Providing services and support to eligible individuals and families is very important to DDD. In addition to the services and supports listed above, the following are some other examples of how DDD serves eligible individuals and their families:

- DDD participates in the AHCCCS Justice System Reach-In Program which is

specific to individuals eligible for ALTCS who are incarcerated 20 days or longer and involved in a justice system. The DDD Justice Reach-In Program supports individuals who are involved in a justice system and DDD eligible regardless of enrollment status. As part of this program, DDD's Justice System Liaisons coordinate the efforts of DDD's community partners, including jails/prisons/detention facilities, courts, law enforcement, and community supervision agencies, with the individual's Person-Centered Planning Team. The combined efforts of the Division, AHCCCS, community partners, DDD Health Plans, Regional Behavioral Health Authorities, and the AHCCCS Complete Care (ACC) Plans provide integrated care coordination and re-entry assistance to the incarcerated population. Re-entry assistance includes ensuring the individual has an appointment with their primary care physician within seven days of release from detention and coordinated benefit reinstatement.

Support is also offered to those that may be incarcerated for less than 20 days. During the past year, the DDD Justice Reach-in Program supported on average 150 individuals per month. If DDD becomes aware of an individual who has been incarcerated, the Justice System Liaison is available to help. This assistance includes ensuring the detention facility is aware that the individual is supported by DDD and provides a list of the individual's most current prescribed medication(s). The Justice System Liaison also assists the Support Coordinators with resources they can share with the family, such as contact phone numbers for the detention centers, how to make phone calls with the individual, and how to ensure the individual has funds to purchase needed items while detained. The Justice System Liaison, in collaboration with other DDD staff, monitors the individual until they are released, legal involvement is resolved, and they are stable.

The DDD Justice System Liaison participates in several collaborative meetings including:

- Monthly touchpoints with the contracted DDD Health Plans;
 - Monthly Internal DDD Justice Meetings;
 - Quarterly AHCCCS Justice Transition Meetings;
 - Quarterly ACC Plans touchpoints;
 - Quarterly meetings with Regional Parole, Probation, and detention facilities staff; and
 - Presenting at the 2024 Convention: Balancing the Scales of Justice.
- There are children who are DDD eligible and served by the Department of Child Safety (DCS). The two systems collaborate to ensure children receive the services for which they qualify. DDD has a designated DCS Liaison focused on facilitating effective working relationships between DCS field staff and DDD's Support Coordination Units.

In further support of these relationships, the DCS Liaison participated in 104 events, including presenting DDD eligibility information to DCS staff and DCS policy information to Division staff. Presentations on DDD eligibility also were provided to DCS contractors such as licensing/adoption, parent aid, and family preservation agencies. In addition to the presentations, the DDD DCS Liaison supported individuals that had inquiries about the DCS and/or DDD systems of care and assisted these individuals in finding information, answers, and resolutions to their

questions. In an effort to build community relationships, the DCS Liaison also participates in councils such as Mercy Care's Foster Adopt Kinship Council. Work also focused on building better communication with DCS through the Likely to be Eligible and Shared Member Report workgroups. The Likely to be Eligible workgroup is a collaboration between DDD and DCS for children placed in DCS custody and who are not currently enrolled in DDD. The workgroup developed an assessment tool to identify if the child may be eligible for DDD. When a child needs a residential placement, the two agencies identify the most appropriate option that will not require the child to move when DDD enrollment occurs.

- The Home Modifications Unit received 387 requests for home modifications to assess the need for modifications to assist individuals in performing activities of daily living and/or assist the caregiver in completing activities of daily living for the individual. The modifications support the individual in living with more independence and thereby improve their quality of life.
 - There were 237 home modifications projects completed based on medical necessity because Durable Medical Equipment (DME) alone was unable to meet the individual's needs.
 - There were 150 assessments that resulted in closures for various reasons, such as:
 - Sixty-six assessments resulted in a referral to the individual's DDD Health Plan for DME to meet accessibility needs when completing activities of daily living.
 - Five assessments resulted in closure because the individual/responsible person requested technical assistance about how the home can be modified to make it accessible.
 - Three assessments resulted in closure because there were multiple individuals supported by DDD living in the same home with the same modification needs; therefore, the need was addressed by one project to meet the needs of all individuals who are ALTCS eligible and living in the same household.
 - Thirty assessments resulted in the individual's/responsible person's request for closure because the individual's responsible person chose to opt out of DDD recommended modifications, and sought alternative resources through the community or on their own.
 - One assessment resulted in closure because the individual was not ALTCS eligible. Individuals are required to be eligible for ALTCS to receive home modification services.
 - Forty-five assessments resulted in closures because the individuals did not demonstrate medical necessity for home modification services.
 - Individuals living in a residential setting licensed or certified by a regulatory agency of the state (e.g. a Group Home or an Adult or a Child Developmental Home) were not eligible for the home modification service. The agency is responsible for ensuring the home is accessible for the person the agency is serving.

The Division's Home Modification Unit served individuals by providing 1,131 types of modifications, detailed below:

Accessible entry to the home:

- One hundred fifty-nine modifications to provide access to the home such as ramps, platform lifts, adaptive stairs, and auto-door openers

Accessible toileting and bathing areas:

- Forty-three modified toilets;
- Fifty-six modified sinks/vanities; and
- Three hundred modified showers.

Accessible entry to bathing and sleeping areas:

- Two hundred thirty-four bathroom and bedroom door modifications

To promote increased independence within the home:

- Three hundred thirty-nine other types of modifications, such as grab bars, handrails to access stairwells, bathroom and bedroom flooring removed and replaced with suitable flooring for ease of mobility to access the bathroom and sleeping areas for individuals who use a mobility device (this does not include removal of carpet for hygiene purposes), turn landings, entry thresholds, single lever shower valves, single lever sink faucets, stair lift/climber to access the upper level of the home, remove architectural barriers to access the bathing and sleeping areas such as relocate/remove walls.

The Home Modification Unit also monitors the projects to address any concerns.

- **DDD Behavioral Health Initiatives**

The Division launched a webpage, [*Behavioral Health Initiatives for Individuals with I/DD*](#), to outline the Division's efforts to strengthen the behavioral health system for Arizonans with developmental disabilities.

Dual Diagnosis Training for Behavioral Health Providers

The Division has collaborated with its subcontracted health plans, UnitedHealthcare Community Plan and Mercy Care, to utilize ARPA funding to enhance training available to behavioral health agency clinical staff. The training focuses on best practices for working with individuals who have both a DD and a behavioral health diagnosis. The goal of this initiative is to enhance provider competency, offer opportunities for professional development, improve individuals' outcomes, and bridge gaps in knowledge for the professionals who serve individuals with a DD and behavioral health diagnosis and their families.

As of August 1, 2023, the I/DD Course Library was added to the Relias training platform and is available to all AHCCCS registered behavioral health providers with access to Relias. The full course library includes more than 100 I/DD-related courses, including many that are Continuing Education Units (CEU) eligible.

Additionally, the Division is offering an incentive to behavioral health agencies when eligible staff complete specified training courses. Incentive funding will be available to agencies with at least 10 percent of their clinical staff completing the training plan titled “Intellectual & Developmental Disabilities Essential Knowledge for Behavioral Health Providers” between October 1, 2023 and September 30, 2024.

The training plan, Intellectual & Developmental Disabilities Essential Knowledge for Behavioral Health Providers, contains 12 computer-based courses and one course that is virtually led, “Introduction to the Arizona Division of Developmental Disabilities for Behavioral Health Providers”.

The DDD training plan computer based courses include:

- A Day in the Life: An I/DD Perspective;
- An Introduction to Autism Spectrum Disorders;
- Assessments in I/DD;
- Common Health Problems and Interventions for Persons with I/DD;
- Informed Decision Making;
- Integrated Care in I/DD;
- Intellectual Disabilities: Interventions, Supports and Outcomes;
- Providing Cognitive Behavioral Therapy to Persons with I/DD;
- Reducing Readmissions and Unnecessary Hospitalization;
- Rights of Individuals with I/DD;
- Trauma Informed Service Programs; and
- Understanding Intellectual Disability.

Upon completion of the 13 courses in the training plan, participants receive a DDD Champion Certificate.

As of June 30,2024:

- 87 Behavioral Health Provider Agencies have enrolled one or more staff members in the training plan;
- 3,507 Individuals have completed one or more of the courses in the training plan;
- 24,923 Courses in the training plan have been completed; and
- 1,821 Individuals have completed the virtual instructor-led course.

Behavioral Supported Group Home Network Expansion:

The Division released the specifications for a new service type in August 2023 called Enhanced Behavioral Group Homes. DDD is identifying Qualified Vendors to provide this service. A small number will be authorized to provide it at first. This will be adjusted as needed. The Division wrote the specifications to align with laws that created Behavioral Supported Group Homes. Providers may receive extra funding for start-up costs and for successfully serving individuals.

AHCCCS Systems Analysis:

AHCCCS contracted with the University of New Hampshire to review specialty

services in Arizona. They will review the ability to serve individuals with complex conditions such as polydipsia, substance use disorder, sexually maladaptive behavior, and others. These conditions often lead to out-of-state treatment due to the limited in-state options. Being out-of-state means being away from natural supports, daily routines, and familiar settings. This can impact complex behaviors and diagnoses. AHCCCS will evaluate individual needs, provider specialties and their capacity, and gaps between the two. The goal is to better support local treatment. A core group of stakeholders began this work in August 2023.

AHCCCS sponsored training opportunities through the University of New Hampshire and the National Center for Start Services. Successful completion of the training resulted in a certificate and provided Continuing Medical Education or CEU credits. Training topics included:

- Mental Health Aspects of I/DD Professional Development Series;
- Mobile Crisis Responder Professional Development Series;
- Training for 988 National Suicide Lifeline Counselors;
- Care Coordinators and Case Manager Professional Development Series;
- Direct Support Professionals (DSP) Professional Development Series;
- Medical Providers/Prescribers Training Professional Development Series;
- Mental Health Aspects of I/DD Professional Learning Community;
- Medical Director's Practice Group;
- START National Online Training Series on Mental Health and I/DD; and
- START National Training Institute.

DDD Health Plan Network Development of Behavioral Health Residential Facilities (BHRFs) for Individuals with I/DD

Mercy Care and UnitedHealthcare Community Plan are both actively involved in network development efforts to expand the number of BHRFs that are able to successfully serve individuals with developmental disabilities. This includes the potential establishment of facilities that will be specifically designed to meet the needs of individuals with I/DD. It also includes expanding the number of existing facilities able to accept individuals with I/DD.

Arizona's Participation in the National Association of State Directors of Developmental Disabilities Services (NASDDDS) Capacity Building Institute (CBI)

DES/DDD, along with six other state DD Programs, recently participated in a nine-month CBI organized by the NASDDDS. The CBI focused on various topics related to enhancing capacity for serving individuals with dual diagnoses of I/DD and behavioral health needs. Arizona's cohort included representatives from DDD, two behavioral health providers (an Applied Behavior Analysis (ABA) provider and a psychiatrist from a large outpatient behavioral health clinic), a DDD Behavior Supported Group Home Provider, and representatives from DDD's subcontracted health plans (UnitedHealthcare Community Plan and Mercy Care). The institute also involved a case study to identify system barriers and areas for improvement. This case study aimed to provide an overview of the lessons learned during the CBI, discuss effective components of cross-system collaboration, and concluded with a presentation highlighting the role of cross-system collaboration in their success.

Arizona's experience has revealed an increased risk of comorbid mental illnesses among individuals with I/DD. It has also emphasized the need for additional tools, assistance, information, and resources to accurately identify psychiatric diagnoses. An important aspect is the integration of comprehensive medical history and physical examinations with psychiatric assessments.

Recognizing the challenges in identifying and assessing trauma in individuals with I/DD, active involvement from the entire team, and a proactive approach to finding solutions are necessary. Factors such as psychiatric issues, sensory processing challenges, limited communication skills, physical health concerns, behavioral difficulties, and the impact of the pandemic need to be explored to provide effective support.

The impact of the environment on individuals with I/DD is acknowledged, highlighting the importance of a trauma-informed approach and the creation of restorative environments that are free from triggering elements. The presentation proposes implementing a Biographical Timeline and trauma training for staff working with individuals with I/DD. It also emphasizes addressing staff trauma resulting from serious behavioral incidents and integrating treatment within the home environment.

The successes resulting from cross-system collaboration and interdisciplinary team involvement are outlined, including collaboration between DDD, health plans, medical providers, transportation services, and others. Notable achievements include streamlining the process for seeking appropriate inpatient care, the availability of intensive in-home support, proactive engagement with the police department, and the role of ABA treatment in preventing crisis. Identified strengths include an integrated service delivery system, strong collaboration with health plans, stable funding, and a wide range of services available through Long-Term Services and Supports (LTSS) and acute care.

Evidence Based Practices within the role of the ABA component of the collaboration were also used. The use of practices that have replicated success with individuals with intense and severe problem behaviors has been integral with creating safer learning environments for individuals with I/DD and severe behaviors in our collaborations. These practices include the use of Practical Functional Assessments (PFA) and Skill Based Treatment (SBT) protocols. The PFA approach allows teams to analyze and reach functional relations between severe problem behavior and individual needs resulting in the implementation of treatment quickly. Following the use of a tested PFA the team focused on a SBT approach that has shown effective improvements and is comprehensive in nature. This approach allows for introduction of key functional communication replacement behaviors as well as working on skill building and tolerance.

The Division, along with community partners, were selected to present this information at two conferences. The Arizona Association of Behavior Analysis (Arizona ABA) Conference in Phoenix, Arizona and at the National Association of Dual Diagnosis 41st Annual Conference in Tempe, Arizona in October, 2024.

Program Review Committee (PRC) Process Improvements

PRC made updates to the Behavior Plan / Packet Requirements (DDD-1984) with

two additional required documents, the Safeguards in Licensed Residential Settings and Spending Plan forms. Updates were made to the DDD Standardized Behavior Plan Template, and included the integration of the Protective Device Protocol into the Behavior Plan template.

- The DDD Office of Licensing, Certification and Regulation (OLCR) is responsible for licensing Child and Adult Developmental Homes, and certifying Independent Providers and Qualified Vendors.

A developmental home is a family-based residential setting that can accommodate up to three individuals. Developmental home license applicants must complete background checks, take extensive training, participate in a home study and pass a home inspection. OLCR works in partnership with Qualified Vendors who assist prospective applicants in the application process. The Qualified Vendor provides ongoing support and monitoring of the homes once a license is issued. As of June 30, 2024, there were 1,348 developmental homes statewide. During FY 2024, OLCR issued 241 initial licenses and there are a total of 1,348 Adult and Child Developmental Homes.

All Individual Independent Providers and Qualified Vendors are required to obtain a Home and Community Based Services (HCBS) Certificate to contract with the Division and provide services to individuals. The HCBS certificate ensures that all direct care workers have met qualification standards and that all settings used for HCBS services have met safety standards. As of June 30, 2024, there were 462 certified individual independent providers and 716 certified Qualified Vendors. OLCR processed 539 renewal applications for Qualified Vendors. During FY 2024, OLCR issued 81 initial certifications to Qualified Vendors.

A critical component of both licensing and certification is the setting inspection. All settings must demonstrate compliance with rules pertaining to general cleanliness, storage of medications, storage of toxins, fire, electrical, swimming pool safety, and several other areas. Developmental homes are inspected annually. HCBS service sites are inspected every two years. During FY 2024, OLCR inspectors completed 2,130 inspections of developmental homes and HCBS service sites throughout the state.

- DDD and the Rehabilitation Services Administration/Vocational Rehabilitation (RSA/VR) continue to work collaboratively to streamline and facilitate services as required in the April 2020 DDD/VR Memorandum of Understanding.

The Employment Services Manager and the VR Statewide Developmental Disabilities Coordinator meet bimonthly to discuss best practices, program improvement ideas, and to strengthen collaboration between both agencies. Quarterly meetings are held with DDD Employment Service Specialists and VR Counselors to provide updates, increase knowledge of community resources, and discuss how to best support individuals who are DDD eligible. The Employment Service Specialists meet with local VR Counselors statewide on a monthly basis to provide follow up on individuals who have been referred to the program.

Along with DDD's Community Engagement Manager and Coordinator, Employment Services Specialists participate in outreach presentations to individuals, parents,

advocates, and community groups on DDD employment services. They also attend community events such as transition, job, and provider fairs, career expos, and other events to answer questions and to educate the public on employment services.

DDD collaborates with other state agencies and stakeholders, through participation in the Arizona Statewide Community of Practice on Transition, which meets monthly and has developed a Transition Guide for families. In addition, DDD has representation at other advocacy groups such as the CBI and the Employment First Action Committee as a way to further promote competitive employment for individuals.

- DDD's designated Tribal Liaison works with the other DES Tribal Liaisons to facilitate effective working relationships with Arizona's 22 federally recognized Tribal Nations. This includes visits to individual tribal nations, joint presentations, and facilitation of inquiries from both DDD and the tribes. During FY 2024, DDD participated in the following activities:
 - Three resource tables at outreach events;
 - Two in-person presentations to tribes;
 - Twenty-seven virtual presentations to tribes;
 - Four virtual meetings with tribes;
 - Two virtual Tribal Consultations; and
 - Forty-four responses and resolution to inquiries.

As of June 30, 2024, DDD supports 2,683 individuals who identify as American Indian/Alaska Native. The DDD Tribal Liaison tracks tribal affiliation so that data can be shared with the tribal governments and DDD for planning purposes.

DDD has an Intergovernmental Agreement with the Navajo Nation Division of Social Services to provide comprehensive case management for individuals who are DDD and ALTCS eligible and reside on the Navajo Nation. The comprehensive case management duties are the same as a DDD Support Coordinator. The contracted unit served an average of 136 individuals within the Navajo Nation per month during FY 2024.

- DDD has a Bachelor of Social Work (BSW) and Master of Social Work (MSW) Internship Program with various universities to provide opportunities for social work students to gain practical field experience working with individuals who are DDD eligible. This collaboration with universities/colleges is an approved field placement for course credit. It is also an opportunity to expose students to individuals with developmental disabilities in the community and to help recruit potential new employees for DDD. During the 2023-2024 school year, there were a total of four BSW students who worked as paid interns for DDD.
- DDD's Health Care Services continues to facilitate the AHCCCS High Need/High Cost Program. This is done through the ongoing identification of individuals who meet the criteria for the program. DDD's subcontracted health plans and behavioral health providers meet when appropriate to ensure the individual's needs are being met. DDD has convened an internal workgroup to refine the criteria and process for this program.

- DDD contracts with Ability360 and DIRECT Center for Independence to provide curriculum development and training to assist individuals in learning self-determination and self-advocacy. Self-determination promotes learning decision-making skills to apply in everyday life. Project objectives include focusing on abilities, developing a self-determination community, member-controlled provider contracts, individual budgeting, and promoting programs that support the inclusion of individuals with disabilities. During FY 2024, 543 individuals enrolled in DDD participated in the self-advocacy and self-determination classes.
- DDD contracts with Raising Special Kids to provide peer family support services. Raising Special Kids provides advocacy opportunities through education, training, information, encouragement, and support to individuals, families, and caregivers. The service also offers participants opportunities to interact with professionals in fields such as education, healthcare, child protection, and law enforcement to increase awareness and understanding of developmental disabilities.
- DDD supports councils, committees, and family groups. Family groups are parent-driven and provide support and learning opportunities. There are specialized groups for Autism, Down Syndrome, and groups for families who speak Spanish as their primary language. These groups are located throughout the state. In addition, other groups include:
 - Developmental Disabilities Advisory Council (DDAC), a Governor-appointed council that advises the DDD Assistant Director on a wide variety of matters related to the Division. It is comprised of a cross-section of people in the community. The council reviews new policies and procedures that have major changes before the Division submits them for public comment.
 - Independent Oversight Committees (IOCs), groups of volunteers who provide support and review matters concerning the rights of people with developmental disabilities. These volunteers ensure the rights of individuals, review incident reports of possible abuse, neglect, or denial of an individual's rights, and make recommendations to the Division to ensure the protection of the rights of individuals who are eligible for DDD. The committees also review new policies and procedures that have major changes before the Division submits them for public comment.
 - The Division established a Governance Committee whose initial membership was based on members of the DDD Assistant Director's Focus Group. Members of this committee work with Division leadership to direct strategic planning, process improvement, and decision making. Additionally, the Governance Committee addresses issues identified by the Member Advocacy Council.
 - The DDD Self-Advocate Group meets and interacts with DDD leadership regarding strategic planning, process improvement, and decision-making for DDD's Long Term Care Services and Supports and physical and behavioral health delivery system. Self-advocates identify topics they want to learn more about and Division staff invite subject matter experts to present the information.

- Stakeholder Workgroups, DDD engages individuals, families, advocates and providers to join efforts to continuously improve the system.
- DDD's Workforce Development Manager collaborates with AHCCCS, Qualified Vendors, subcontracted health plans, and other stakeholders to ensure individuals receive services from a workforce that is qualified, competent, and sufficiently staffed in an interpersonally, clinically, culturally, and technically effective manner. DDD has implemented an operational infrastructure for workforce policy management that monitors and manages the Workforce Development Plan and other related activities.
- DDD's Policy Review Team (PRT) meets a minimum of once a month. The PRT is responsible for the annual policy review, policy approvals and clarifications. New policies or major policy revisions are shared with the DDAC, IOC, and Tribal Social Services staff prior to posting for public comment. New policies and major policy revisions are posted to the DDD website for public comment and review.

DDD provides policy updates through an opt-in list. Families, individuals and community stakeholders submit their contact information to the DDD Policy Unit to receive email updates when there are changes to policy.

- DDD continues to make improvements to its web pages on the DES website. Information is properly organized in an easy-to-follow format ensuring accessibility for all users. In late 2023, the DES integrated Google Translate into its website. This enhancement allows users to select from over 100 languages. Once a language is selected, the entire page is translated. This feature has increased access to information for individuals with Limited English Proficiency. Additionally, the Division created over a dozen Quick Reference Guides (QRG) over the last year. These had been posted online as Portable Document Format (PDF) documents. The Division has since made individual web pages for each QRG so users can utilize the Google Translate feature to read them in their preferred language.
- New Support Coordinators complete over 150 hours of initial classroom training upon hire that teaches them the philosophy of DDD, how to recognize and report maltreatment and abuse, the critical components of person-centered planning, care coordination and provides the foundation for further on-the-job training. The skills developed during the training are reflected in the interactions Support Coordinators have with individuals and families. New State-Operated Group Home staff complete over 90 hours of initial instructor-led training upon hire that teaches them the philosophy of DDD and person-centered approaches, how to recognize and report maltreatment and abuse, and the critical components of respectful, appropriate active treatment and care. The Division operates Intermediate Care Facilities (ICFs) and new staff within these ICF settings also receive the same training. In addition, these staff are regularly required to renew their training in Cardiopulmonary Resuscitation/First Aid, Prevention and Support, Article 9, and Prevention of Abuse and Neglect. DDD contracts with Relias Learning to provide online courses to all employees to increase their knowledge and awareness of cultural competency, person-centered philosophies, supporting individuals with complex healthcare needs, and dual diagnoses.

- DDD operates a step-down home. This State-Operated Group Home is designed to facilitate timely transition of individuals who are discharge-ready from inpatient facilities back into the community. The program consists of two short-term community-based beds and intensive on-site support services to assist in linking qualified individuals with appropriate long-term care services and supports. Critical to the process is the early involvement by specialists in developmental disabilities and behavioral health to create a person-centered community reintegration plan.
- The Division introduced the CARES Administration. CARES is Community, Advocacy, Resolution, Engagement, and Support. The CARES Administration is a unique team within the Division to support individuals, families, providers, stakeholders, and other Division functional areas. The team is comprised of Subject Matter Experts (SMEs) to provide education, guidance, and assistance on a variety of topics, including: Advocacy, Affordable Housing, Behavioral Health Advocacy, Benefits Coordination/State and Federal Benefit Programs, Communications, Community Engagement, Customer Service, Department of Child Safety/Foster Care Liaison, Justice Community Outreach, Justice Reach-in Care Coordination, Provider Relations, MSW/BSW Social Work Internship Program, Tribal Relations Liaison, and Volunteer Coordination.
- Within the CARES Administration, DDD's Office of Individual and Family Affairs (OIFA) provides support to the IOC within each of the five districts across the state. These committees are made up of local volunteers who provide independent oversight in matters related to the rights of individuals with developmental disabilities such as incidents of abuse, neglect, or exploitation. Committees usually meet once a month to:
 - Review incidents that may have involved neglect, abuse or denial of rights to individuals receiving services;
 - Review Behavior Plans that involve the use of behavior-modifying medications or aversive techniques;
 - Review proposed research involving individuals receiving services; and
 - Make recommendations to DDD about proposed changes needed to protect the rights of individuals receiving services.

The DDD OIFA also includes a Behavioral Health Advocacy Unit that supports:

- Adults who are DDD-eligible with co-occurring behavioral health, general mental health, substance use needs, and/or individuals with a SMI designation; and
- Children who are DDD-eligible with behavioral health and/or substance use needs and the families of these individuals.

Staff in this unit have "lived experience" receiving behavioral health services and/or navigating a public behavioral health system. This team is experienced in working with people including individuals with special healthcare needs, families, youth,

advocates, and key stakeholders. The advocates provide support and guidance to individuals and families with community resources and navigating the behavioral health systems of care. The advocates collaborate with the individual's planning team, DDD Health Plans, AHCCCS, and the OIFA Alliance to educate and support individuals, families, community organizations, DDD staff, and stakeholders on the services and supports available through DDD and the health plans.

The Behavioral Health Advocates engage in continuing education to stay current on changing system trends and best practices. During FY 2024, the advocates received 190 unique referrals; 67 of these referrals were individuals over the age of 18 and 123 of these referrals were individuals under the age of 18.

The advocates have conducted over 104 outreach events that include:

- Internal DES and DDD staff;
- Stakeholders;
- Health plans;
- Behavioral Health providers;
- Peer and Family Run Organizations;
- Advocacy groups;
- Justice System partners; and
- Psychiatric medical facilities.

The Behavioral Health Advocacy Unit also has:

- Provided input in both Division and AHCCCS policy updates and revisions;
 - Participated in multiple workgroups and committees regarding Peer and Family Support Services, Dual Diagnosis, Positive Behavior Support, and others;
 - Represented the Division as a board member to the AHCCCS Behavioral Health Planning Council;
 - Served on the Trauma-Informed Approach Collaborative Council for the Governor's Abuse and Neglect Taskforce; and
 - Presented at the Special Olympics Health and Athlete Leadership Conference and the Eric Gilbertson Advocacy Institute.
- DDD's Quality Management Unit has an Incident Management System for incident reporting. For Quality of Care (QOC) concerns, the Division utilizes the AHCCCS Quality Management (QM) Portal, which is a confidential system for completing QOC investigations. The purpose of the AHCCCS QM Portal is to assist in the promotion of health, safety, and welfare of individuals with developmental disabilities through active reporting, fact-finding, tracking and trending of incidents, and the implementation of both individual-specific and systemic-corrective actions and prevention strategies.
 - DDD's QM Program Monitoring Unit conducts onsite monitoring of group homes, center-based programs (Day and Employment), and Developmental Homes (Child and Adult) for compliance with contractual and programmatic standards. The auditors also complete monitoring reviews at the vendor level who provide HCBS and Developmental Home services each year for compliance with contractual and programmatic standards. The unit also completes audits of the Direct Care Worker

training programs across the state. The unit is responsible for assessing compliance with Medicare and Arizona Department of Health Services (DHS) requirements for ICFs within the state-operated or funded locations.

- Credentialing is the process of verifying the credentials of Qualified Vendors and Providers contracted with the Division to assess their background and legitimacy for providing services to individuals supported by the Division. Initial credentialing is conducted for all new vendors applying to provide services and re-credentialing occurs every three years thereafter. Initial and ongoing Credentialing considerations include verification of: licensure/certifications, liability insurance, registration with AHCCCS, grievances/complaints, QOC concerns, licensure and on-site inspection, program monitoring reports for residential settings and day programs, post-payment audits, and contract actions.
- The CARES Administration includes the Division's Customer Service Center (CSC). This unit is responsible for answering calls from the community and managing grievances and inquiries for individuals, families, and providers. In addition, the CSC Provider Relations Unit is responsible for providing initial and ongoing WellSky Human Services training and technical support to Qualified Vendors. This unit works to close grievances for individuals enrolled in DDD within ten days but no later than 90 days and provider grievances within 30 days of receipt. The CSC provides monthly, quarterly, semi-annual, and annual reports to DDD's management team. These reports include a myriad of information such as closure compliance and complaint trends.

During FY 2024, the CSC had the following metrics:

- **Monthly Average Calls:** 2,099
- **Total Grievances:** 1,573
 - Individuals enrolled in DDD: 979
 - Provider: 594
- **Average Resolution:** 20.5 days
 - Individuals enrolled in DDD: 19 days
 - Provider: 22 days
- The CARES Administration Provider Publications Manager audits all Qualified Vendor websites to verify the functionality of links, accuracy of approved services for individuals, the use of person-first language, the most up-to-date versions of all posted government forms and publications are available, and accuracy of legal references (for example: statements of 501(c)(3) Qualifying Charitable Organization or Qualifying Foster Care Charitable Organization status). Website deficiencies are tracked by the DDD Publications Manager and communicated to providers.

The DDD Provider Publications Manager also verifies the presence of AHCCCS-required information in a yearly audit of the Division's website and the websites of the DDD Health Plans, and ensures any deficiencies are corrected. Provider brochures are reviewed for reading level compliance, accuracy of legal references/citations, and the use of person-first language. Presentations containing

information about the provider are reviewed for accuracy of legal references/citations, the use of person-first language, and approved status to perform the services cited in the presentation.

- The Division provides outreach and education throughout the year. During monthly, virtual Town Hall events, an array of guest speakers shared information in support of individuals, families, and Qualified Vendor agencies. Topics included:
 - Serious Emotional Disturbance Determination Process Overview;
 - Family Involvement Center Overview;
 - Water Safety;
 - Turning 18: Legal Options;
 - Supported Decision Making;
 - Enhancing Knowledge of Behavioral Health Providers to Support Individuals with an Intellectual/Developmental Disability (I/DD);
 - Changes in Health Plan Coverage When a Member Turns 21;
 - Fraud, Waste, and Abuse;
 - DDD Dental and Oral Health Program;
 - Pharmacy Services;
 - Positive Behavior Support Training;
 - DDD Member Advocacy Council;
 - Social Security Benefits and Application Process;
 - Parents as Paid Caregivers Program;
 - What You Need to Know When Voting in Arizona;
 - Voteriders, Voter ID in Arizona;
 - Oral Health;
 - Living with Diabetes; and
 - Heat and Water Safety.

The CARES Administration has a team dedicated to community engagement activities including conferences, presentations, resource fairs, community events, stakeholder meetings, and school parent fairs/events. For FY 2024, this team participated in 501 outreach activities and interacted with 11,404 people in person and virtually.

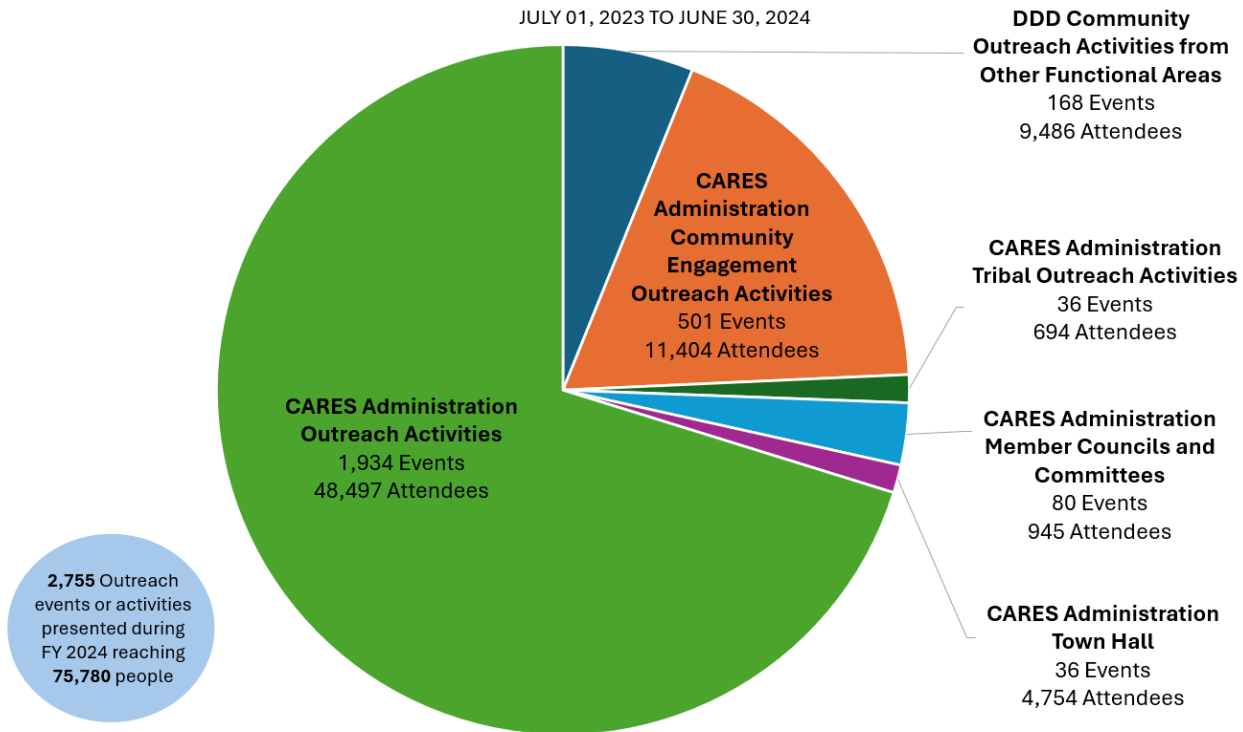
The CARES Administration has several other teams that participate in outreach and education activities. These include:

- Supporting DDD councils and committees;
- Collaborating with AHCCCS and other Managed Care Organizations OIFA offices in workgroups and initiatives;
- Attending stakeholder and community events;
- Participating in a variety of initiatives and workgroup activities; and
- Public and staff town halls.

In total, the DDD CARES Administration teams participated in over 2,086 outreach events, reaching more than 54,890 people. In addition, the CARES Administration participated in 584 DDD internal initiatives and work group events with 8,829 attendees.

CARES ADMINISTRATION OUTREACH EVENTS
Family Support Annual Report (FSAR)

JULY 01, 2023 TO JUNE 30, 2024



- The Division offers the Medallion Program for individuals enrolled in DDD for safety and protection during emergencies. The individual is given an identification bracelet or shoe tag that is engraved with the individual's DDD identification number and a 24-hour DDD toll free number. First Responders can call the toll free number during an emergency and DDD will give necessary information to help the individual. These identification bracelets or shoe tags are provided at no cost to the individual. In FY 2024, 284 Medallion requests were received and fulfilled by DDD CARES Administration.
- DES facilitates Informational Forums along with the following DES programmatic divisions, including: the Division of Aging and Adult Services, the Division of Employment and Rehabilitative Services, the Division of Benefits and Medical Eligibility, the Arizona Early Intervention Program (AzEIP), the Division of Child Support Services, the Division of Child Care, the Division of Community Assistance and Development, and the DDD. These forums are an opportunity for local community services leaders to join in on a conversation with DES leadership to strengthen the efforts of our shared mission to serve Arizonans in need. The DES Divisions share updated information about their programs and provide an opportunity for the public to ask questions. DDD stakeholders attend these events and the DDD CARES Administration Community Engagement Team provides updates on initiatives and answers questions.
- The Office of Administrative Review oversees all of DDD's functions involving appeals, claim disputes, administrative reviews, and hearings. It also reviews this data for trends and areas for improvement.
- DDD continues to participate in the National Core Indicators (NCI) Project, a

voluntary effort by state DD agencies to track their performance using a standardized set of individual and family/guardian surveys with nationally validated measures. The effort is coordinated by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute. NCI has developed more than 100 standard performance measures that the states use to assess the outcomes of services for individuals and families, including outcomes in the areas of employment, rights, service planning, community inclusion, choice, health, and safety. Results of these measurements can be compared from state to state and from year to year.

DDD tracks its performance and each year identifies areas of strength and need. The information is then shared throughout the DDD system. Utilizing the NCI data, DDD's existing committees, workgroups, and leadership team identify priority areas to develop and implement improvement strategies. Progress then can be evaluated on subsequent survey cycles. Specific surveys include the Adult In-Person Survey, which is conducted during a face-to-face virtual conversation with the individual and a third-party interviewer. There are three family-related surveys conducted by mail, one each for adults and children living in the family home, and a third for adults living outside the family home. The selection of individuals and their families to participate in the surveys are random.

NCI Survey results from 2019 to 2023 are not available for the State of Arizona.

To improve the quality and stability of the workforce of Direct Support Professionals (DSP) who assist individuals with intellectual and developmental disabilities, DDD participates in the NCI State of the Workforce Survey. More information on the NCI and State of the Workforce Survey, along with reports from previous years, can be found at the NCI website here: <https://idd.nationalcoreindicators.org/>

- The Contract Administration Unit, along with internal and external stakeholders evaluated the Qualified Vendor application process. The evaluation looked for opportunities to reduce the timeline from application submission to contract execution. This project evaluated the process steps and workflow. It was determined that certain activities required as part of the application process could occur earlier in the timeline and others could be streamlined. This information informed the development of the new Request for Qualified Vendor Application (RFQVA), also known as the Contract, which will be implemented in 2025.
- The Division implemented an after hours support team that is trained to receive and triage calls on weekends, holidays, and from 5 pm to 8 am, Monday through Friday. These staff help with urgent issues such as wildfires, public emergencies, serious incidents, or a sudden change that can harm or injure an individual.

XI. A Snapshot of FY 2024 Accomplishments

To support individuals and their families, DDD engages in continuous improvement opportunities and actively collaborates with its community partners and stakeholders. Some examples include:

- The Division has moved into Phase 2 of its Current 2 Future (C2F) and is working to embed a culture of compliance while moving forward to focus on innovative and forward-thinking strategies to address the identified priorities for individuals

interacting with the DDD system. Through conversations with individuals, families, providers, advocates, and DDD staff; the priority focus areas for DDD are (1) Improve Member Experience (2) Continuous Improvement, (3) Workforce Development, and (4) Strengthen Community Partnerships. Current projects will primarily impact at least one of these key areas.

Goal 1. *The Division must increase organizational capacity, infrastructure, and workforce development activities to ensure it can operate effectively and efficiently.*

Goal 2. *The Division must identify opportunities and implement strategies that improve each individual's ability to successfully fulfill their vision of the future.*

Goal 3. *The Division must identify and pursue continuous quality improvement opportunities.*

Goal 4. *The Division must strengthen its trust and engagement with community partnerships to support individuals with developmental disabilities.*

The second C2F phase includes the following priorities:

- Expanding the residential network to increase the number of Behavior-Supported Group Homes;
- Positive Behavior Supports Training for Families and Caregivers;
- Training for Behavioral Health Professionals Focused on Working with Individuals Dually Diagnosed with an I/DD and a Behavioral Health Diagnosis;
- National Committee for Quality Assurance Accreditation; and
- Implementation of the new RFQVA.

Continuous Improvement:

NCI is a voluntary effort by public intellectual and developmental disabilities agencies to measure and track their own performance, to compare results across states, and to establish national benchmarks. Begun in 1997 as a project for seven charter states, including Arizona, NCI has become the center of many state I/DD agencies' Quality Management System.

Through in-person and mail-in surveys, NCI measures crucial elements of person-centered planning, outcomes, and satisfaction in domains such as:

- Service coordination and access;
- Relationships and community inclusion;
- Rights, choices, and decision-making;
- Employment status and goals; and

- Health, welfare, and safety.

In addition to the performance measures and accreditation standards required by the state Medicaid agency, the Division is committed to enhancing the use of the NCI data to drive quality improvement opportunities throughout the system.

Person-centered planning is built on the values of inclusion and looks at what support a person needs to be involved and included in the community in which they live and of their choosing. It offers an alternative to the medical model of disability planning which is set up to assess need, allocate services, and make decisions for people. Person-centered planning is rooted in the social model and aims to empower people who have traditionally been disempowered. The Division offers support and services to help empower people with disabilities. DDD contracts with two agencies to offer free self-determination and self-advocacy skills development, training, and encouragement to people 16 and older who are enrolled in the Division. Another program the Division supports through a contract is Partners in Leadership. This free innovative leadership training program is designed to teach people with disabilities to be community leaders, and to affect system and policy change at the local, state, and national levels. The Division will continue to look for opportunities that enable people with disabilities a voice and a choice in living their lives to the fullest.

The Division uses information gathered from data metrics, surveys, stakeholders, and its own observations to identify quality improvement opportunities for individuals and individuals that may be eligible. The Division solicits input from the stakeholder community by inviting participation in workgroups, submitting policies and rules for public comment, and through the collaborative relationships we have with the provider community, advocacy organizations, and advisory councils. This feedback allows the Division to target areas for improvement that are of concern to the people that use the system.

One area the Division has dedicated time and resources to is the eligibility process. The Division intends to ensure that it is transparent and that people who apply understand what the Division's process is for reviewing documents that describe the person's diagnosis and substantial functional limitations. The Division also ensures the process of redetermining eligibility is coordinated effectively and efficiently and that assistance is provided to individuals and families who are already enrolled so they understand exactly what documentation is needed.

Workforce Development:

To be successful in pursuing important activities to enhance the experience of individuals supported by the Division and to continuously improve while strengthening our relationships with stakeholders, there are a number of important areas that must be addressed over the next several years. These areas include:

- DDD Workforce

In order for the Division to achieve the desired operational and strategic objectives, it must have a dedicated, professional staff that are committed to its mission. Staff must be given opportunities to broaden their depth and

breadth of knowledge related to the Division's operations including its requirements as an AHCCCS Program contractor.

- **Systems**

Creating and maintaining the appropriate infrastructure to manage and analyze the data on Division membership requires significant investment and will continue to be a challenge in the coming years. The Division will look to enhance its systems, such as QM and case management. In addition, the Division will be moving toward implementing Electronic Health Records and must find efficient ways to manage policies, contracts, and the vast information needed to run a successful social service and health care accredited agency.

- **Leveraging Data and Data Analytics**

The availability of reliable and valid information and the capacity to make that information actionable is critical to the decision-making process. Data-driven decision-making is the best way to ensure the Division's mission is realized. However, determining the most effective way to utilize data, and having the time and resources to effectively review or explore data can produce challenges. As a result, there is an increased value and emphasis being placed on leveraging the data that currently exists and ensuring it is available, reliable, and valid. In addition, the Division is committed to using quality data specific to people with developmental disabilities such as the NCI data to influence its business decisions and determine performance.

Strengthen Community Partnerships:

The Division values the relationship between a social service agency and the communities that it supports and recognizes that the best way to strengthen the program is to listen to the voice of the people we serve, including the provider community, advocacy organizations, Independent Oversight Committees (IOC), and advisory councils.

The Division is committed to continuing to meet regularly with these groups, so it can learn from them and design a system that fully meets the needs of people with developmental disabilities. Conversely, the Division is also committed to partnering with these organizations to support efforts they engage in that will fully meet the needs of the people enrolled with the Division.

As previously identified, the Division offers support and services to engage individuals and families. The Partners in Leadership training program is available to parents raising children with disabilities and offers the same training opportunities, to learn how to become community leaders and to affect systems and policy change at the local, state, and national level. Engaging parents of children with disabilities to drive system change will continue to be a strategy employed by the Division.

The Division will continue to identify and pursue opportunities to include our stakeholders in (1) the development of rules and policies, (2) the PRC, and (3)

internal committees where their knowledge and expertise can drive improvement.

- In response to requests the Division received from community stakeholders, the CARES Administration in collaboration with subject matter experts is developing a library of Quick Reference Guides (QRG). These guides are one or two page documents written in plain language that provide an overview of information on specific topics. The topics for the guides are based on requests from stakeholders. These QRG are posted to the DDD Members and Families Resources webpage. They are downloadable PDF documents that can easily be printed in English and in Spanish. Through the Google translation program, they also can be translated into a variety of languages from the website. There are a series of guides available including:

DDD Eligibility

- DDD Eligibility Application Process;
- DDD Eligibility for Children Birth to Three Years;
- DDD Eligibility for Children Ages Three to Six Years;
- DDD Eligibility for Ages Six to Adult;
- What is “DDD Eligibility Redetermination”; and
- AHCCCS Eligibility Redetermination.

Employment

- What is Employment First;
- How DDD and Vocational Rehabilitation (VR) Work Together; and
- DDD Employment Services.

General

- Support Coordination;
- Getting the Most from Your Pharmacy Benefits;
- Arizona’s Achieving a Better Life Experience Program;
- What to Do If You Have an Emergency;
- Naloxone to Treat Opioid Overdose;
- How to Apply for a Valley Metro Bus and Light Rail Pass;
- How to Apply for a Pass with ADA Paratransit, also known as Dial-A-Ride;
- How to Apply for an Arizona State ID;
- Services While Travelling Out of State;
- Decision Making for Adults;
- Parents as Paid Caregivers; and
- The Behavioral Health Service Journey.

The Division continues to develop new guides as requests are received.

- In the past year, 501 presentations and various types of events were provided to school districts, first responders, contracted providers, and community stakeholders, including health care providers and tribal entities. DDD interacted with 11,404 people during these events throughout the State of Arizona. Outreach efforts gave the public an overview of DDD and helped to make community members more

aware of available services and resources. In addition, education and information was shared regarding the support available through DDD's CARES Administration.

- DDD continues to use technology to increase communication with individuals and families. This allows DDD to send electronic newsletters to more than 50,000 individual and family email addresses monthly. These newsletters are in addition to the bi-annual newsletters that are mailed to all individuals. Copies of all newsletters are available in both English and Spanish and uploaded to the current Member Resources page on the DDD website enabling individuals who have not subscribed to read the information in digital format.
- DDD continues to use its Facebook page to communicate with individuals, families, and stakeholders. User growth continues to progress. DDD encourages individuals supported by the Division, families, and stakeholders to follow DDD on Facebook, its newsletters, and through communications with Support Coordinators.
- Through two Section 811 Project Rental Assistance (PRA) Program grants, the Division collaborates with the Arizona Department of Housing and AHCCCS to obtain and maintain affordable housing for individuals. The Section 811 PRA Program enables individuals with disabilities who are income and ALTCS eligible, to live in integrated affordable housing. The 811 PRA grants provide a subsidy for approximately 105 apartments throughout the state of Arizona. Apartments are leased as vacancies occur.

In partnership with the Housing Authority of Maricopa County (HAMC), and Gorman & Company, DDD was allotted 30 apartments at Coffelt-Lamoreaux Apartment Homes as part of affordable housing opportunities. These units continue to be a great opportunity and remain filled.

The CARES Administration DDD Affordable Housing Unit partners with the HAMC and the City of Tucson Housing Authority to refer individuals to housing voucher subsidies.

Between July 1, 2023 and June 30, 2024, 97 individuals were referred to DDD Affordable Housing and 15 individuals were able to move into the 811 PRA Units, Coffelt-Lamoreaux, and vouchers utilizing a housing subsidy. Two households who were homeless, were able to successfully obtain housing through the DDD Affordable Housing Program.

- DDD uses a heatmap to geographically locate where individuals who are enrolled in DDD and who identify as American Indian/Alaska Native live. During FY 2024, DDD participated in four Tribal Informational Forums with the tribes and tribal partners serving individuals who are tribal members and enrolled in DDD. The forums included information about the DDD Health Plan Mercy Care and the DDD Tribal Health Program (THP) serving individuals who are enrolled in DDD and explaining how the Behavioral Health Advocacy Unit and Raising Special Kids support individuals and families. In addition to the informational forums, DDD participated in two Tribal Consultation meetings with the tribes to discuss improving services for Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families benefits, healthcare through AHCCCS, cash assistance, and making more college programs available through VR for tribal members.

- The Employment Services Unit provides training and technical assistance in the latest developments and best practices in employment services to DDD's Support Coordination Units and Qualified Vendors. The Employment Service Specialists attend Support Coordination Unit meetings, Staff and Public Town Hall meetings to provide updates on employment services and answer questions. Employment Specialists also attend DDD planning meetings, Individual Education Plan and/or Individual Plan of Employment meetings to assist in creating a plan that best meets each individual's needs. There is a two day training for Support Coordinators about the seven DDD Employment Services and the role of Rehabilitation Services Administration/Vocational Rehabilitation (RSA/VR) in assisting individuals to obtain competitive employment in the community. Employment Service Specialists also work on special projects, participate in webinars, and take training to stay current with statutory changes and best practices related to employment.

Employment Service Specialists also work with Qualified Vendors to encourage them to expand the types of employment services they offer. Technical assistance is provided to Qualified Vendors on employment-related policies and procedures to ensure compliance with contractual requirements. Additionally, Employment Service Specialists make presentations at Network provider meetings to update Qualified Vendors on employment services.

- DDD's Eligibility Program determines initial eligibility for applicants and redetermines eligibility at specific age milestones for all individuals supported by the Division. The Eligibility Unit makes initial eligibility determinations in less than 60 days and eligibility determinations on referrals from ALTCS and Arizona Early Intervention Program (AzEIP) in less than 30 days.
- The CARES Administration has two Volunteer Coordinators who assist with recruitment, training compliance, engagement, and retention activities for the Program Review Committees (PRC), the IOC, and the Developmental Disabilities Advisory Council (DDAC). The Volunteer Coordinators assisted with the following activities during FY 2024:

Recruitment - the volunteer recruitment team has completed 22 outreach activities during conferences, resource fairs, and internal meetings. The recruitment efforts have resulted in 26 new PRC Volunteers and 13 new IOC Volunteers.

The Holiday Gifts from the Heart Program - DDD had the opportunity to make the holiday season brighter for DDD individuals and their families who would not otherwise have a holiday celebration. The Division connected 245 individuals to 60 sponsors. There was a grand total of 1,010 people that received holiday gift donations during this season.

The DES DDD Volunteer Appreciation Event - On April 24, 2024, the Division held its annual Volunteer Appreciation Event during National Volunteer Week to celebrate and thank the hundreds of volunteers who serve alongside the DDD team. The Division relies on volunteers to help guide policies and procedures through organizations like the Governor-appointed DDAC, the PRCs, and the IOCs. Additionally, volunteers who work with the DDD team in its offices play an important

role in supporting individuals with intellectual and developmental disabilities. The Hip Hop Homies, a local dance group whose members all have Down Syndrome and other disabilities, performed. Awards were presented to five individual volunteers and two organizations for outstanding dedication and commitment.

- **Bridging the Gap Conference**

The Division hosted its first Bridging the Gap Conference on May 9 and 10, 2024 in Tucson, Arizona. The target audience was physical health and behavioral health professionals who are part of the Mercy Care and/or UnitedHealthcare Community Plan network including physicians, physician assistants, nurses, counselors, case managers, peer & family support specialists, behavior coaches, and others who offer services to Division individuals.

- 260 individuals attended;
- 15 presentations, 12 of which were Continuing Education Units (CEU) eligible;
- 14 exhibitors participated in the conference; and
- Positive feedback received from attendees.

A second Bridging the Gap Conference will be held on September 5-7, 2024 in Phoenix, Arizona.

- **Positive Behavior Support Training**

In addition to the Dual Diagnosis Training for Behavioral Health Providers, the Division used ARPA funds to develop and provide *Positive Behavior Support (PBS) Training* for families/caregivers and Direct Support Professionals (DSP). The training offers new skills, tools, resources, new ways to respond to problem behaviors, and teaches caregivers how to improve the individual's environment. PBS Training is person-centered and can improve relationships between individuals and their caregivers.

In January 2024, the Division began train-the-trainer opportunities for Qualified Vendors to have their staff learn the curriculum and be certified to train DSP.

In March 2024, Raising Special Kids began providing the training to families/caregivers. The training is available in English and Spanish. Raising Special Kids also is hosting weekly technical assistance sessions for Qualified Vendors and families/caregivers who have completed the training.

The Division is compiling data from families/caregivers and DSP who have completed the course. Each attendee completes a pre and post assessment, as well as a survey. The pre and post assessments are used to measure their knowledge increase of PBS and the survey is used to capture feedback on the effectiveness of the training.

The Division is using ARPA funding to offer an incentive to Qualified Vendors for each staff that complete the training. As of June 30, 2024, there are 535 certified PBS trainers and more than 4,500 DSP and families/caregivers trained.

XII. Conclusion

The Division continues to focus on ways to improve individuals' experience through program quality, as well as continuous improvement. Some of the highlights this year include:

- Implementing an after hours support team that is trained to receive and triage calls outside of business hours for urgent needs.
- Enhancing the experience of individuals receiving behavioral health services. The Division implemented several strategies including:
 - The RELIAS training platform was expanded to include more than 100 additional training courses for clinical staff specific to supporting individuals with intellectual and developmental disabilities.
 - The Division developed a training plan offering an incentive to agencies when at least ten percent of their clinical staff completed the training.
 - The Behavioral Health Administration hosted its first Bridging the Gap Conference to provide additional training to clinical staff who are a part of the DDD Health Plans network of behavioral health providers.
- Positive Behavior Support Training was developed and provided to families/caregivers and DSP and offers new skills, tools, and resources while supporting individuals. The Division hosted train the trainer opportunities, certified trainers, and partnered with Raising Special Kids to provide the training in English and Spanish for families/caregivers.
- Developing a library of QRG. These one or two page documents are written in plain language and provide an overview of information on specific topics. The top ideas are based on requests from stakeholders. Each guide is available in a PDF and downloadable in English and Spanish from the DDD Members and Families Resources webpage.
- Implementing a new Request for Qualified Vendor Application (RFQVA) to improve contract requirements and to ensure high-quality service delivery. The new contracting process will be easier for Qualified Vendors. This contract takes effect on January 1, 2025.

The Division will continue to be a leader in developing strategies to enhance responsiveness to individual needs, implement quality measures and training, and maintain collaboration with individuals, families, providers, and stakeholders.