

Show me the evidence: Services that support your journey

Featured Presenters

Anthony Carrillo is an Employment and Rehabilitation Manager with Mercy Care.

- Over 30 years of experience working in the behavioral health field in the area of Rehabilitation and Vocational Services
- Experience and expertise includes development and implementation of employment and rehabilitation programs
- His passion and focus is on improving the quality of life for individuals receiving services

Noemi Zaragoza is a Senior ACT Manager with Mercy Care.

- Over 19 years of experience in the behavioral health field
- Has had the privilege of working directly with members and their families in different roles and capacities
- Earned a Master's of Administration with a Health Sciences emphasis from Northern Arizona University

Featured Presenters (continued)

Andrew Wambach is a Housing Liaison with the Mercy Care Housing Department.

- Advocated for more specialized behavioral health care in services for people experiencing homelessness
- Has worked in housing and homeless services for the last 9 years
- Hopes to educate providers and community members about the importance of affordable and supportive housing programs

Camilla Parker is with the Office of Individual and Family Affairs.

- Over 20 years of personal-lived experience and managing and family delivered services in Maricopa County
- Advocates for member voice and member choice
- Hopes to educate the community on the importance of peer and family delivered services

Evidence-based practices

Lydia L'Esperance, Employment & Rehabilitation Administrator

What is an Evidence-Based Practices (EBP)

- Services that have consistently demonstrated their *effectiveness* in helping people with mental illness to achieve their desired goals.
- Effectiveness was established by various researchers in diverse areas who conducted rigorous studies and obtained similar outcomes.
- Involves integrating the best available evidence with clinical knowledge and expertise, while considering individual's unique needs and personal preferences. If used consistently, optimal outcomes are more likely to be achieved.
- Using EBP means abandoning outdated care delivery practices and choosing effective, scientifically validated methods to meet individual member needs.

Why use EBP?

Experience shows that the use of EBP produces better member outcomes.

EBP has been shown to be effective in the following ways:

- Lead to the highest quality care and member outcomes
- Intentional practice reduces variability by standardizing procedures based on evidence
- EBP directly impacts patient outcomes by ensuring that the care provided is based on the best available evidence, resulting in more effective interventions

How did we get here?

1981 – Class action lawsuit **Arnold v. Sarn** filed alleging that Arizona Department of Health Services (ADHS) and Maricopa County were not providing comprehensive community mental health system as required by statute

2014 – Agreement was reached to provide certain community services which included the increased capacity in EBP's and evaluate services to terminate the litigation

2016 – June 30, 2016, the litigation was terminated

Since 2016, AHCCCS has continued to support the implementation of the four services within Maricopa County:

- Supported Employment
- Permanent Supportive Housing
- Assertive Community Treatment (ACT)
- Peer and Family Services

More information can be found here:

<https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/arnoldvsarn.html>

Supported Employment

Anthony Carrillo, Employment & Rehabilitation Manager

Supported Employment

Supported Employment helps people with mental illness to find and keep competitive employment that is meaningful to the person.

Competitive employment:

- Jobs exist in the open labor market
- Pay minimum wage or above
- Integrated in the community



Why Supported Employment?



Individuals who maintain competitive jobs for a sustained period may experience the following:

Increase:

- Self-esteem
- Self-management of symptoms
- Community integration

Decrease:

- Symptoms of mental illness
- Use of intensive services
- Dependence upon public systems of care/ benefit programs

Supported Employment Core Principles



Supported Employment services in action

Christina M. Reese

“JUST ANOTHER MEMBER” –
who has received SSDI for a long time.





After high School,
I tried to work but
was unsuccessful...
Had about 14 jobs in one
year...

- Kept losing jobs:
 - Felt alone
 - Depression
 - Mood Swings
 - No support
 - Negative thoughts



Diagnosis:



- Bipolar
- Generalized Anxiety D/O

YOU CANNOT WORK!

=

“I cannot work”

I applied for Social Security Disability Insurance (SSDI)

- Went through several appeals
 - Finally received 2 years later
- Have received for over 20 years!

*Didn't take long to learn that I could not live on SSDI alone!

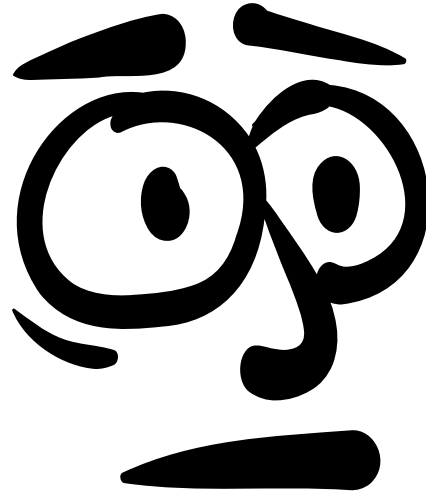
[This Photo](#)



WORK - While on SSDI

Afraid to work

Volunteered -
1 day per week



Return to Work

1 - 8hr shift per week
***SCARED** to work more!

*Anyone else feel that fear? It is real!

Social Security Administration

- Asked “How will working affect my SSDI benefits?”
 - Gave me a hard time
 - Would not volunteer any information
 - They don’t like to explain how to work and keep disability
 - They kept telling there are incentives for going back to work, but did not say what exactly
 - Always left there upset



Researched – Social Security Red Book

-ONLINE-

SAID:

- I was able to work and keep SSDI, told me the exact monthly amount I could make

AND

- I could keep AHCCCS Freedom to Work, Eligible if:
 - work P/T and on SSDI
 - Income too much for AHCCCS but cannot get insurance through work due to few hours worked



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Supported Employment:

- Job searching
- Resumes
- Interviewing skills
- Employment maintenance
- Can work with you and your employer (not required)

HELP

How supported
employment
helped me:

- Discussions in person and on phone
 - Helped me job search, work on resume, interview and stay employed!
- Helped keep me out of my head!
 - I would self sabotage
 - Fear of losing job
 - Quit or got myself fired somehow



How supported employment helped me, continued...

Held 2 jobs for over 6 years each as Peer Support Specialist

*Became employed as Behavioral Health Technician for past 12 years

- Currently employed for a year at current position, at 16 hours per/week
- Reasons for changing jobs:
 - At first fear/self sabotage
- NOW:
 - Work with college schedule
 - Advancement





Working full-time

- **SCARES ME TO DEATH!**

***What if I am unsuccessful?**

Unsuccessful 9-month trial work period:

- Inform Social Security
- Keep all benefits

***What if I am successful?**

Successful 9-month work trial period:

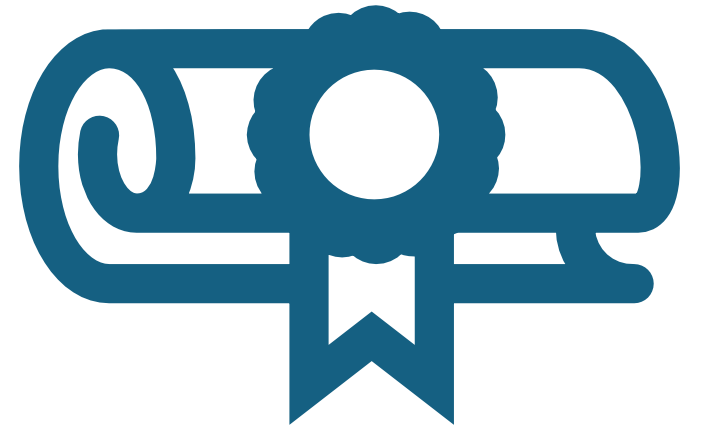
- SSDI stops
- Receive Medicare for 3 years

Next Steps for me:

- In Grad School!
- Masters Degree in Clinical Mental Health Counseling
- ½ way through program

After which I plan on being employed full-time!

***SCARED -**
to lose safety net of Disability!!!!



I must push through my FEAR...
YOU CAN TOO!

**YOU CANNOT KEEP
RUNNING AWAY FROM
YOUR FEARS. AT SOME
POINT IN LIFE YOU WILL
HAVE TO BUILD UP THE
COURAGE TO FACE AND
OVERCOME THEM**

WWW.LIVELIFEHAPPY.COM

Want to Connect to Supported Employment (SE)?

Onsite SE
Provider

Supported Employment
Providers are on-site at
most RBHA Health Homes.

Or Select
preferred SE

Members may select the
on-site SE provider or their
preferred SE Provider in
the community:

- Beacon Group
- COPA Health/ Marc CR
- FOCUS Employment
- Lifewell
- VALLEYLIFE
- WEDCO

Connect with
Rehabilitation
Specialist (RS)

Connect with
Rehabilitation Specialists
to learn more about SE and
to connect with an
Employment Specialist.

Assertive community treatment

Noemi Zaragoza, Senior ACT Manager

What is ACT?

ACT is a member-centered, recovery-oriented mental health delivery model, utilizing an interdisciplinary team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness.



Who does ACT assist?

- Individuals with serious, persistent mental illness
- Individuals with severe functional impairments
- Those who have avoided or been unresponsive to traditional outpatient mental health care
- Individuals with co-existing situations
 - ✓ Homelessness
 - ✓ Substance Use
 - ✓ Involvement with judicial system

Tailored services

- ACT services are individually tailored and address the preferences and self-identified goals of each member
- Services and goals are tailored to meet the needs of the individual, not the team
- The approach with each member emphasizes relationship building and active involvement in assisting individuals with severe and persistent mental illness to successfully identify and make their desired improvements in functioning, to better manage symptoms, to achieve individual goals, and to maintain optimism

ACT Core services

The following are five core services provided by ACT teams that further distinguish it from traditional case management services:

1. Psychiatric services
2. Counseling/psychotherapy
3. Housing support
4. Rehabilitation and employment services
5. Substance use treatment

Typical ACT team



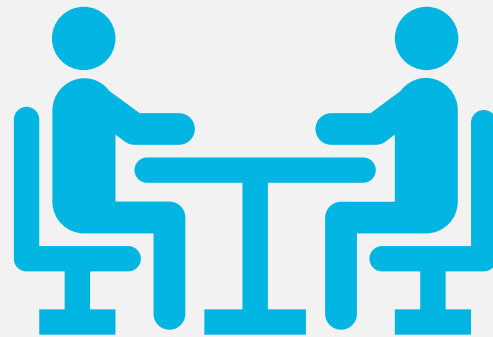
Is ACT Appropriate?

Explicit Admission Criteria

- Member's go through a screening to ensure ACT level of care is appropriate

ACT Is Voluntary

- Members do have the right to decline services based on member choice. Guardians can consent for ACT outpatient level of care as allowed by their guardianship rights.



ACT Referrals

Regular Outpatient Referrals are managed by the teams:

- Supportive → ACT
- ACT → ACT

Mercy Care Manages:

- Hospital Referrals/ED Referrals
- Solari (CPR) Referrals (New SMI/Pre-SMI)
- FACT Referrals (Forensic ACT)

ACT Teams

Maricopa County

- 23 Total ACT Teams
- 20 PCP Partnership Teams
- 3 Specialty Teams
 - 1 Medical ACT Team
 - 2 Forensic ACT Teams (PCP Partnership Teams)

Pinal County

- 1 ACT Team (PCP Partnership Team)

Max capacity 100 members per team

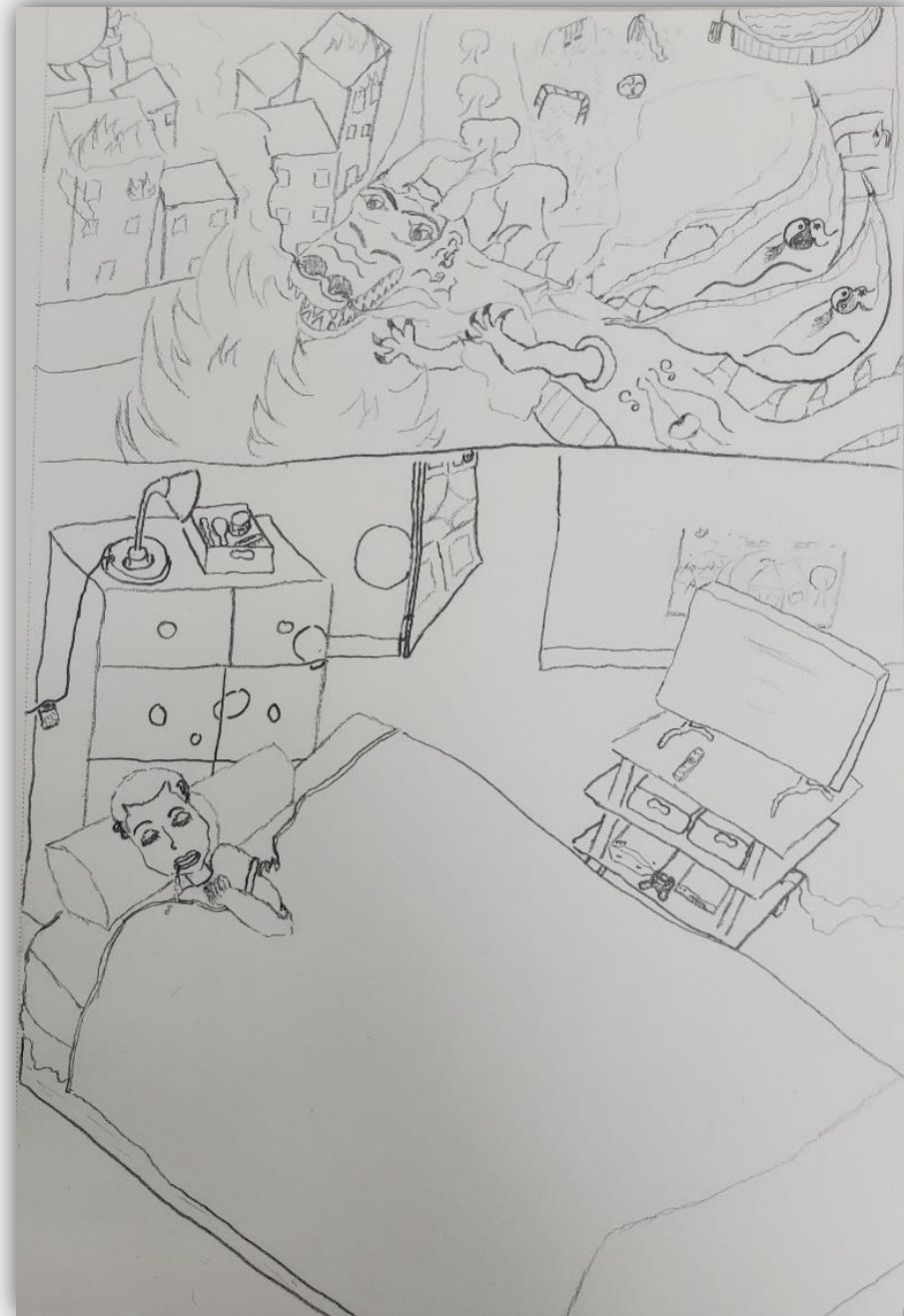
ACT In Action

Shariff's Story

Shariff is a:

- Dancer
- Poet
- Artist
- Content Creator

Currently engaged in Assertive Community Treatment services with Community Bridges Inc. (CBI), Avondale ACT Team



Permanent Supportive Housing

Andy Wambach, Housing Liaison

Housing First Philosophy

Housing First is a homeless assistance approach that prioritizes providing **permanent housing** to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that **people need basic necessities like food and a place to live** before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the understanding that **client choice** is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.

Source: <https://endhomelessness.org/resource/housing-first/>

Five Principles of Housing First

- Immediate access to housing with little to no entry conditions
 - Assistance with finding housing as quickly as possible
 - NO “readiness” assessments
 - Member choice and self-determination
- Consumer Choice and Self Determination
 - Type of Housing and Services are based on members' preferences
- Recovery orientation
 - Range of services available to assist with personal goals
- Individualized, person-centered supports
 - Flexible, voluntary services
- Social and community integration
 - Live, work and play in a neighborhood of choice

What is Permanent Supportive Housing (PSH)?

Dimensions of PSH include:

- Choice
- Separation of housing and services
- Decent, safe and affordable
- Community integration and rights of tenancy
- Access to housing and privacy
- Flexible, voluntary, & recovery-focused services

Types of PSH Services



- Tenant orientation and tenant rights
- Case management/service coordination
- Goal development in collaboration with Behavioral Health Home
- Crisis intervention
- Peer mentoring
- Transportation skills
- Personal hygiene and self-care
- Housekeeping skills
- Stress management
- Budgeting
- Communication skills
- Meal preparation skills
- Accessing community resources

Evidence Based Practice

- Ends Homelessness quickly and effectively
- Improves individual Health and Treatment outcomes
- Saves Money
- High-Fidelity Housing First programs associated with reduction in High-risk substance use

Sources: <https://nlihc.org/sites/default/files/Housing-First-Research.pdf> & <https://www.norc.org/content/dam/norc-org/pdfs/Housing%20Report.pdf> & <https://www.huduser.gov/portal/periodicals/em/spring-summer-23/highlight2.html#title>

Accessing PSH Subsidies and Services

AHCCCS funded Housing Subsidies (Scattered Site and Community Living Program)

- Housing subsidies are managed by the AHCCCS Housing Program (AHP) which is overseen by Arizona Behavioral Corporation (ABC) Housing.
- Mercy Care members should reach out to their Behavioral Health Home or Housing Point of Contact at their Health Home for assistance applying for housing subsidy programs.

Permanent Supportive Housing (PSH) Services

- Members have choice in a PSH Service Provider. Behavioral Health Home team members will assist in making referrals to an agency of the member's choice.

PSH Services in action

- Lived in Phoenix for 46 years.
- Found herself experiencing homelessness and dangerous living situations
- Enrolling in Resilient Health's Permanent Supportive Housing services assisted with:
 - Obtaining safe housing
 - Adjusting to the transition of new residence
 - Contributed to maintaining sobriety
- Now is a strong advocate for housing and gives back to her community!

Peer and Family Support Services

Camilla Parker, Office of Individual and Family Affairs

Peer support services

- Delivered by individuals who have common life experiences with the people they are serving
- Provides compassionate listening and hope and helps in goal setting
- Arizona peer support considered to be viewed as a national best practice due to the prevalence and array of settings where you can find peer support (hospitals, clinics, community settings)

Peer support services

Research shows that peer support is effective in:

- Engaging people in mental health and addiction services
- Supporting individuals in playing active roles in their treatment
- Reducing crisis and emergency room services
- Increasing member's overall satisfaction in services

Family support services

- Partnering with the family to provide community-based resources and services that strengthen parenting practices and help to avoid crises
- Individualized utilizing informal and formal delivery models
- Research shows that family support is effective in:
 - Increasing parent confidence and competence
 - Creating a network of families to provide safety, support and stability
 - Enhancing health and development of children and adults within the family

History of the peer and family movement



The peer and family movement helped to establish a voice for individuals that were receiving services and established member choice in the types of services and support that were needed.

Values and community needs were established during this time and were formalized over many years.

Peer Services in action

Individual with lived experience :

- Supports provided
- Impact on day to day
- Recommendations for providers

Peer and family run organizations

- Formally called Consumer Operated Service Organizations
- Higher effectiveness helping the individuals they serve achieve recovery and promote a sense of belonging and community to the members served

Organizational Values:	Services Based On:
Belief in peer-based support	Empowerment
Partnering with professionals	Independence
Voluntary membership	Responsibility
Social equality	Choice
Flexibility	Respect and dignity
Informal	Social Action

Peer and family run organizations

Peer Run Organizations



Family Run Organizations



Q&A Opportunity

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Thank you

