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**JOINT LEGISLATIVE CHILDREN & FAMILIES  
REORGANIZATION STUDY COMMITTEE  
SYSTEM REFORM: INTERIM REPORT**

December 15, 1997

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## INTRODUCTION

The State of Arizona House of Representatives during its forty-third, 1997 Legislative session passed HB2537. This statute established the Joint Legislative Children and Families Reorganization Study Committee to review children and family services currently being administered by the Departments of Economic Security, Health Services, Juvenile Corrections, and Education, and the Juvenile Division of the Administrative Offices of the Arizona Supreme Court, and the Arizona Health Care Cost Containment System. The review will result in establishing a comprehensive public policy on services for Arizona's children and their families, and a blueprint for implementing system reform.

The purpose of this interim report is to lay the foundation for proceeding with a process that will result in developing public policy and a blueprint for system reform. The enclosed information delineates the work plan and goals, the structure and work requirements, and the process and tools for completing work requirements. An overview of Arizona's recurring themes concerning its service delivery system for children and families, a review of legislatively mandated and ad hoc committees, and program initiatives to streamline and integrate services is included. Also enclosed are lessons learned from other state reform efforts and characteristics of their reform process.

## JOINT LEGISLATIVE CHILDREN AND FAMILIES REORGANIZATION STUDY COMMITTEE: WORK PLAN

The following work plan assumes the appointment of an Advisory Council, and identifies steps for developing the blueprint.

- Step One      Joint Legislative Committee and Contractor review the recommended work plan, Advisory Council Membership, and process for working through reform design. *October 30, 1997*
- Step Two      Contractor and staff draft guiding principles for an integrated system, prepare agenda and working documents for the Joint Legislative Committee and Advisory Council. *November 14, 1997*
- Step Three     Joint Legislative Committee and Contractor review guiding principles, Advisory Council Agenda, and related working documents. Joint Legislative Committee receives written status report. *November 15, 1997*
- Step Four     Joint Legislative Committee, with Contractor and staff, convene the Advisory Council. The Advisory Council works through issues identified in working document and makes recommendations. *December 10, 1997*
- Step Five     Joint Legislative Committee receives initial recommendations of the Advisory Council. Joint Legislative Committee reviews/amends report that will be submitted December 15. *December 13, 1997*
- Step Six      Contractor, with staff, complete and submit a report of the Joint Legislative Children and Families Reorganization Committee's findings and recommendations to the Governor, the Speaker of the House of Representatives, the President of the Senate, the Secretary of State, and the Director of the Department of Library, Archives and Public Records. *December 15, 1997*
- Step Seven    Joint Legislative Committee, with Contractor and staff, convene Advisory Council to review amended documents and make recommendations. *January 10, 1998*
- Step Eight    Joint Legislative Committee receives recommendations from Contractor. *January 25, 1998*
- Step Nine     Joint Legislative Committee initiate subcommittees. Some or all subcommittees may be convened earlier, as indicated. *February 5, 1998*

- Step Ten Joint Legislative Committee reviews, at least monthly, the activities and recommendations of the Advisory Council. *February through remainder of project*
- Step Eleven Contractor testifies during the 1998 Legislative Session about the system reform plan and recommendation(s) for implementing the plan. *June 30, 1998*
- Step Twelve Joint Legislative Committee receives and amends draft written report from Contractor. The report contains recommendations and approaches for implementing system reform. *To Be Determined*
- Step Thirteen Contractor, with staff, submit written report containing recommendations and approaches for future implementation of system reform.  
*45 days of the end of the 1998 legislative session*

## **SECTION ONE: GOALS AND SUCCESS MEASURES**

### **GOALS**

Each sub-committee is responsible for:

- assisting with the design of the reform blueprint;
- studying, reviewing, amending, etc. appropriate 1998 regular session bills and providing input to the Joint Legislative Committee (JLC).

### **TIMELINE FOR ACHIEVING GOALS**

#### **Pre-1998 Regular Session**

- Assignment of work to six sub-committees (completed).
- Selection of sub-committee membership (near completion).
- Set schedule for all JLC, Advisory Council, and sub-committee meetings.
- Drafting of 1998 regular session bills related to:
  - (a) improved licensure
  - (b) improved family and community input and grievance process
  - (c) improve and expand the Integrated Case Management Project (ICMP).

#### **During 1998 Regular Session**

- Completion of the Reform Blueprint.
- Have select sub-committees study, review, amend, etc. related 1998 regular session bills and provide input to JLC.

#### **Interim (Summer, Fall, Winter 1998)**

- All sub-committees complete major work.
- Draft legislation for 1999 regular session.

#### **During 1999 Regular Session**

- Pass major legislation.
- Determine future path of Joint Legislative Reorganization Study Committee.

## SECTION TWO: GUIDING PRINCIPLES

The following guiding principles represent a compilation of principles from a number of reports about Arizona's children and families service delivery system. These principles also reflect the intent of HB 2537.

### *A successful system—*

- has a long-term preventive orientation, a clear mission, and continues to evolve and improve over time.
- is accessible, flexible, responsive, sees children in the context of their families, and is community-based. Families are full partners in the planning and delivery of services, and the services encourage self-sufficiency.
- promotes programs to partner with local communities and faith-based organizations enhancing relationships in support of children and families.
- expects programs to be culturally competent, integrating the distinctive characteristics of the ethnic and other special populations of the Southwest, including their values, beliefs, traditions, and any special governmental status.
- expects agencies and programs providing services to possess a singular philosophy that view programs as a continuum of services for children.
- promotes agencies and community and faith-based organizations to embrace an expanded commitment to partner in identifying and participating in the provision of services for Arizona's children and families.
- insures inter- and intra- program, worker, fiscal, and client accountability.
- expects its financial resources are used efficiently and effectively, and that funds follow the needs of children and families.
- is managed by individuals who insure staff are trained and supported to empower children and families.
- protects the rights of children and families, and promotes effective advocacy efforts.

### SECTION THREE: LESSONS LEARNED

Across the country, states continue to embark on system reform. A number of lessons about the reform process are evident. Our intent is to keep each of these lessons in mind as we pursue the best solutions for Arizona's children and families.

- Comprehensive system reform requires clarity of purpose, design, and expectations.
- A diverse group of stakeholders must be involved from the beginning of the reform initiative.
- Reform requires committed and stable leadership.
- Reform efforts must address the whole rather than focus on the parts.
- Successful reform is locally-driven and allows communities to customize programs to meet their particular needs and resources. This enables culturally inclusive and responsive solutions with personalized services and community-based partnerships.
- Original plans require repair, revision, reassessment and recommitment.
- All stakeholders acknowledge "we are learning as we go"—requiring flexibility and adaptability.
- Governance and the related systems and processes must support reform design.
- Successful reform requires an outcomes-based evaluation component.
- Reform takes time requiring interim benchmarks and celebration of successes to achieve long-term gains.
- Successful programs are flexible, responsive, see children in the context of their families, deal with families as parts of neighborhoods and communities, and have a long-term preventive orientation.
- Successful programs are managed by competent and committed individuals with staff who are trained and supported to provide high-quality, responsive services.

## **SECTION FOUR: DESIGNING THE BLUEPRINT**

### **COMMITTEE STRUCTURE AND WORK REQUIREMENTS**

One of the tasks identified in HB2537 is "to develop a long range implementation plan for a coordinated delivery system for children and family services." Further, the legislation enables the Joint Legislative Committee to assign "subcommittees" that would, in turn, provide the Joint Legislative Committee with recommendations regarding system reform.

In order to achieve the mandate of developing a long range plan or "blueprint" for change, the Joint Legislative Committee created an Advisory Council of a vast array of stakeholders including representatives from state and local government, providers, advocates, industry, community-based and faith-based organizations (see Organization Chart). The Advisory Council will have a chairman and two vice chairmen selected from the community. Their role will be to convene and facilitate the work of the Advisory Council. They also will work with the Joint Legislative Committee to ensure collaboration, coordination and the flow of open communication across the entire organization.

The Joint Legislative Committee approved six subcommittees: Service Delivery, Policy/Legal, Financial Management, Information Technology, Organization, and Quality Management to address the components of system reform. These subcommittees are chaired by members of the Joint Legislative Committee with vice chairs from the Advisory Council.

The entire project is supported by the Consultant and Legislative Council staff.

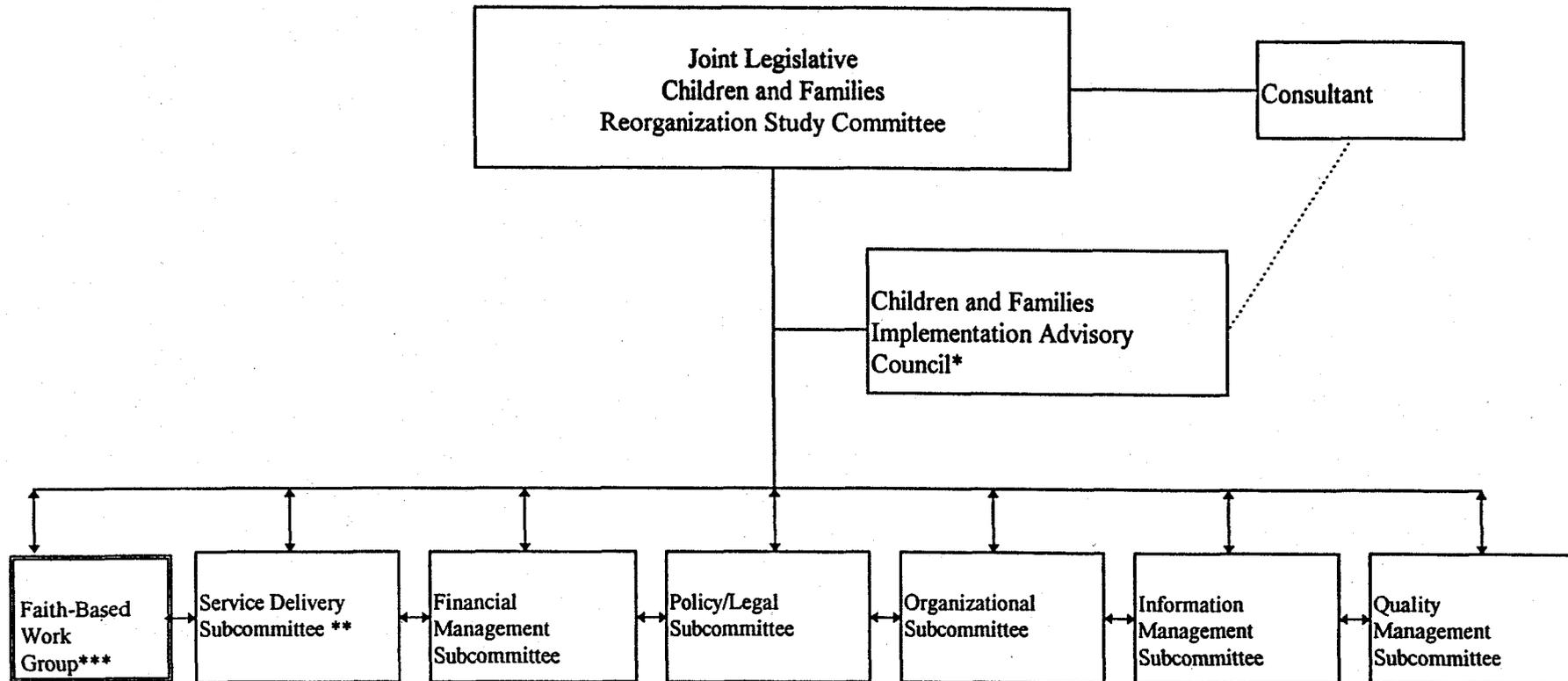
It is the Joint Legislative Committee's intent that the components of the blueprint will be discussed by the appropriate subcommittees. The results of subcommittee work will be routinely reviewed by the Advisory Council. The Council, having assured appropriate coordination of effort and input will submit its recommendations to the Joint Legislative Committee.

To facilitate the work of the Advisory Council and the subcommittees, a matrix was developed which identifies programs and processes related to Arizona's children and families delivery system, defines the scope of work for each subcommittee, and provides a methodology for moving toward best practice (see Management Tool for Designing a System Reform Blueprint). Together, the organization structure and the matrix are designed to insure collaboration and communication between subcommittees.

The Joint Legislative Committee will publish the completed blueprint following the end of the 1998 Legislative Session.

CHILDREN AND FAMILIES  
REORGANIZATION STUDY  
COMMITTEE

SUBCOMMITTEE STRUCTURE



\* Appointed by the Joint Legislative Committee. Membership reflects key stakeholders and experts.

\*\* Subcommittee chaired by a legislative representative and a vice-chair who is a member of the Advisory Council (Stakeholders).

\*\*\* Will collaborate with subcommittees to facilitate faith-based organization involvement.

POLICY/LEGAL SUB-COMMITTEE	MANAGEMENT SUB-COMMITTEE	TECHNICAL SUB-COMMITTEE	GOVERNANCE SUB-COMMITTEE	SUB-COMMITTEE
<p>Collaboratively with other agencies to reform</p> <p>Function(s) to be served</p> <p>Responsible for coordinating service implementation being served</p> <p>Risk Management</p> <ul style="list-style-type: none"> <li>Identify risk for service being served (this includes assess risk)</li> </ul> <p>Capable for case managers to "wrap" of services that meets child and family</p> <p>Identifying requirements &amp; when service provider engaged in and recommend ways to enhance and processes</p>	<p><b>Federal/State Policy Matching</b></p> <ul style="list-style-type: none"> <li>Identify existing federal and state policy and legal requirements</li> </ul> <p><b>Matching State Policies to Current Practice</b></p> <ul style="list-style-type: none"> <li>Determine the degree to which state policies are able to be implemented as stated</li> </ul> <p><b>Policy Implications</b></p> <ul style="list-style-type: none"> <li>Identify the policy implications re: implementing stages of best practices</li> </ul> <p><b>Policy &amp; Legal Requirements</b></p> <ul style="list-style-type: none"> <li>Define alternatives to remedy barriers to implementing system reform. Provide technical assistance in preparing written document concerning reform.</li> </ul> <p><b>Risk Management</b></p> <ul style="list-style-type: none"> <li>Develop ways to recognize &amp; manage risk</li> </ul> <p><b>Technical Assistance</b></p> <ul style="list-style-type: none"> <li>Provide technical support to sub-committees as legal issues arise</li> </ul>	<p><b>Funding With JLBC</b></p> <ul style="list-style-type: none"> <li>Define existing funding streams, respective dollar amounts, &amp; associated requirements</li> </ul> <p><b>Budget With JLBC:</b></p> <ul style="list-style-type: none"> <li>Identify financial requirements for implementing reform</li> <li>Identify costs/cost avoidance associated with reform</li> <li>Define methods to balance financial requirements during transition. It also includes identifying alternative funding sources &amp; measures to secure them.</li> </ul>	<p><b>Information Requirement</b></p> <ul style="list-style-type: none"> <li>Define the types of information needed (e.g. for case decision-making, outcome-based measures, and information required by regulation, etc.)</li> </ul> <p><b>Data Collection Format</b></p> <ul style="list-style-type: none"> <li>Define the format &amp; process for collecting information (e.g., when is information needed, who should collect it, how is it collected, etc.)</li> </ul> <p><b>Information &amp; Technology</b></p> <ul style="list-style-type: none"> <li>Inventory existing hardware and software</li> </ul> <p><b>Technology Requirements</b></p> <ul style="list-style-type: none"> <li>Define hardware and software requirements and associated costs (e.g., life of system, licensing fees, maintenance contracts)</li> </ul>	<p><b>Governance</b></p> <ul style="list-style-type: none"> <li>Define the governance for sustaining the implementation phase of the integrated service delivery system (e.g., role of Joint Legislative Committee, Advisory Council, six sub-committees, etc.)</li> <li>Define the governance for sustaining reform</li> </ul> <p><b>Human Resources</b></p> <ul style="list-style-type: none"> <li>Define resource &amp; position requirements for reform</li> </ul> <p><b>Staff Development</b></p> <ul style="list-style-type: none"> <li>Define training requirements &amp; methods</li> </ul> <p><b>Technical Assistance</b></p> <ul style="list-style-type: none"> <li>Providing technical support for reform initiatives</li> </ul> <p><b>Program Evaluation</b></p> <ul style="list-style-type: none"> <li>Evaluate progress in achieving best practice status on such variables as (1) community-based, (2) flexible, (3) family-centered, (4) quality of service, (5) accountability (i.e., inter- and intra-program, worker, client, fiscal)</li> </ul> <p><b>Process Evaluation</b></p> <ul style="list-style-type: none"> <li>Evaluate progress in achieving best practice status on such variables as (1) timeliness, (2) efficiency, (3) effectiveness, and (4) accountability (e.g., program, worker, client, fiscal)</li> </ul> <p>This sub-committee designs the quality management system and process to insure continuous improvement in customer satisfaction, outcome-based measures, and operating efficiency. System components include, but are not limited to:</p> <ul style="list-style-type: none"> <li>Customer satisfaction (define the clients served and the methods to measure client satisfaction)</li> <li>Cost/outcome efficiency (develop a formula to assess the cost to achieve a the outcome(s))</li> <li>Outcome-based measures (define measures that a child &amp; family have received the intended services &amp; benefits)</li> <li>Due process (define the mechanism and process for customers to express concerns and suggest system improvements and define the mechanism and process for assuring the system operates as intended)</li> <li>Appeals/grievance process (define the mechanism &amp; processes for customers to express concerns &amp; suggest opportunities for system improvement)</li> <li>Licensing &amp; accreditation requirements (recommend a systemic approach for licensure &amp; accreditation)</li> </ul>

BEST PRACTICES	ASSESS CURRENT STAGE OF IMPLEMENTING BEST PRACTICES	TARGETED STAGE IN ACHIEVING BEST PRACTICE STATUS	TASKS NECESSARY TO ACHIEVE NEXT STAGE OF BEST PRACTICE	TIME LINE FOR MOVING TO NEXT STAGE OF BEST PRACTICE
<p>Assess current programs based on used</p> <p>Identify quality of service (e.g., inter- and intra-program; ; fiscal)</p> <p>Identify faith-based groups assess current processes based</p> <p>e.g., provider, fiscal)</p>	<p>Identify nationally recognized in-state and out-of-state best practices for each program and process</p> <p>Custom design a best practice for each program and process</p>	<p>Determine the stage at which each program/process is currently practicing best practices</p> <p><b>Stages of Best Practices</b></p> <p>#1 = not currently doing anything to move towards best practice status</p> <p>#2 = initial stage of moving toward best practice status</p> <p>#3 = second stage of moving toward best practice status</p> <p>#4 = achieved best practice status</p>	<p>List the tasks (steps) necessary to implement the next stage of best practice (includes the identification of financial resources, technology, human resources, staff development, timelines, etc. as articulated in an action plan)</p>	<p>Establish time line for moving programs and processes to next stage of best practices</p>

**Program**  
 review children  
 family services  
 currently being  
 administered by DHS,  
 DHS, department of  
 Juvenile Correction,  
 the juvenile division of  
 the administrative  
 offices of the Arizona  
 Supreme Court,  
 AHCCCS, and ADE

- Processes**
- streamlining & coordinating licensing
  - central intake
  - establishing family notification guidelines to ensure ease of entry to & exit from programs
  - establish a family appeals process
  - streamlining & coordinating contracting

- for case managers to identify "of services that meet the child and family
- doing requirements & proach service provider engaged in serv and recommend ways to simpments and processes

**Technical Assistance**  
 ■ provide technical assistance to committees as legal

**UNDERSTANDING THE PROCESS**  
*In articulating Arizona's mission for serving its children and families, each component of reform will work through defining and moving toward best practices.*

- CURRACTICES**
- identify assess current programs based on how
    - (1) cost-based
    - (2) flex
    - (3) famtered
    - (4) focus quality of service
    - (5) accole (i.e., inter- and intra-program; worklient; fiscal)
    - (6) partg with faith-based groups
  - identify assess current processes based on how
    - (1) time
    - (2) effici
    - (3) effect
    - (4) accouable (i.e., provider, workaclient, fiscal)

- BEST PRACTICES**
- identify nationally recognized in-state and out-of-state best practices for each program and process
  - custom design a best practice for each program and process

**STAGES OF BEST PRACTICES**  
 ■ determine stage at which each program/process is currently practicing best practices

- Stages of Best Practices**
- #1 = not currently doing anything to move towards best practice status
  - #2 = initial stage of moving toward best practice status
  - #3 = second stage of moving toward best practice status
  - #4 = achieved best practice status

community-based family-centered accountability

## UNDERSTANDING THE CONTINUUM OF SERVICES FOR CHILDREN & FAMILIES

These questions are continually raised when discussing Arizona's delivery system for children and families:

1. What children and families are intended to be served?
2. How are these children and families to be served?
3. How are these services linked to constitute a continuum?

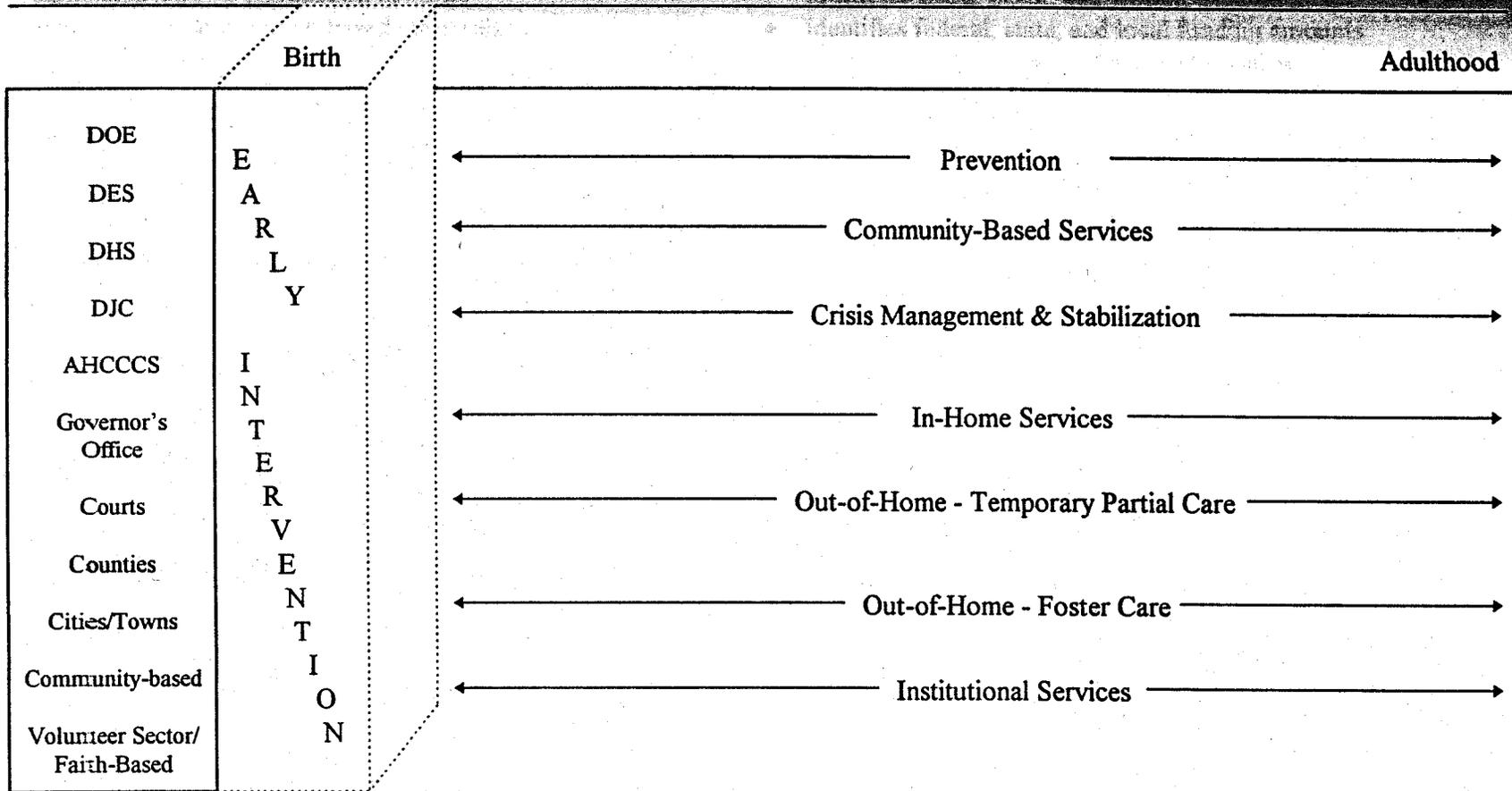
In answering these questions, there is a need to have a perspective about who are Arizona's children and families. It is this perspective of the "whole" that enables the evolution of a coherent system of parts collaborating as one. This global perspective is critical to designing system reform. It allows a vantage point to determine how system components impact each other and the whole. A conceptual framework follows to maintain this vantage point throughout system reform design.

The first tool provides a framework for viewing children from birth or before to adulthood. It categorizes existing programs by state, county, cities, community-based, and faith-based, and by level of service (e.g., early intervention and prevention through institutionalization). It also identifies the processes that are integral to operating these programs (see Understanding the Continuum of Services for Arizona's Children and Families).

The second tool illustrates how programs align within the continuum, and identifies where there may be duplication, gaps or overlap in services (see A Model of a Continuum of Children and Families Programs and Processes in Arizona's Delivery System).

The third tool provides a method for following a child or a particular group of children over time through the system. By profiling this child or group of children, including their characteristics, their needs, and the ensuing course of interventions, best practices can be applied to improve when and how similar children receive services (see A Pathway: A Diagnostic Tool for Charting a Child's Services).

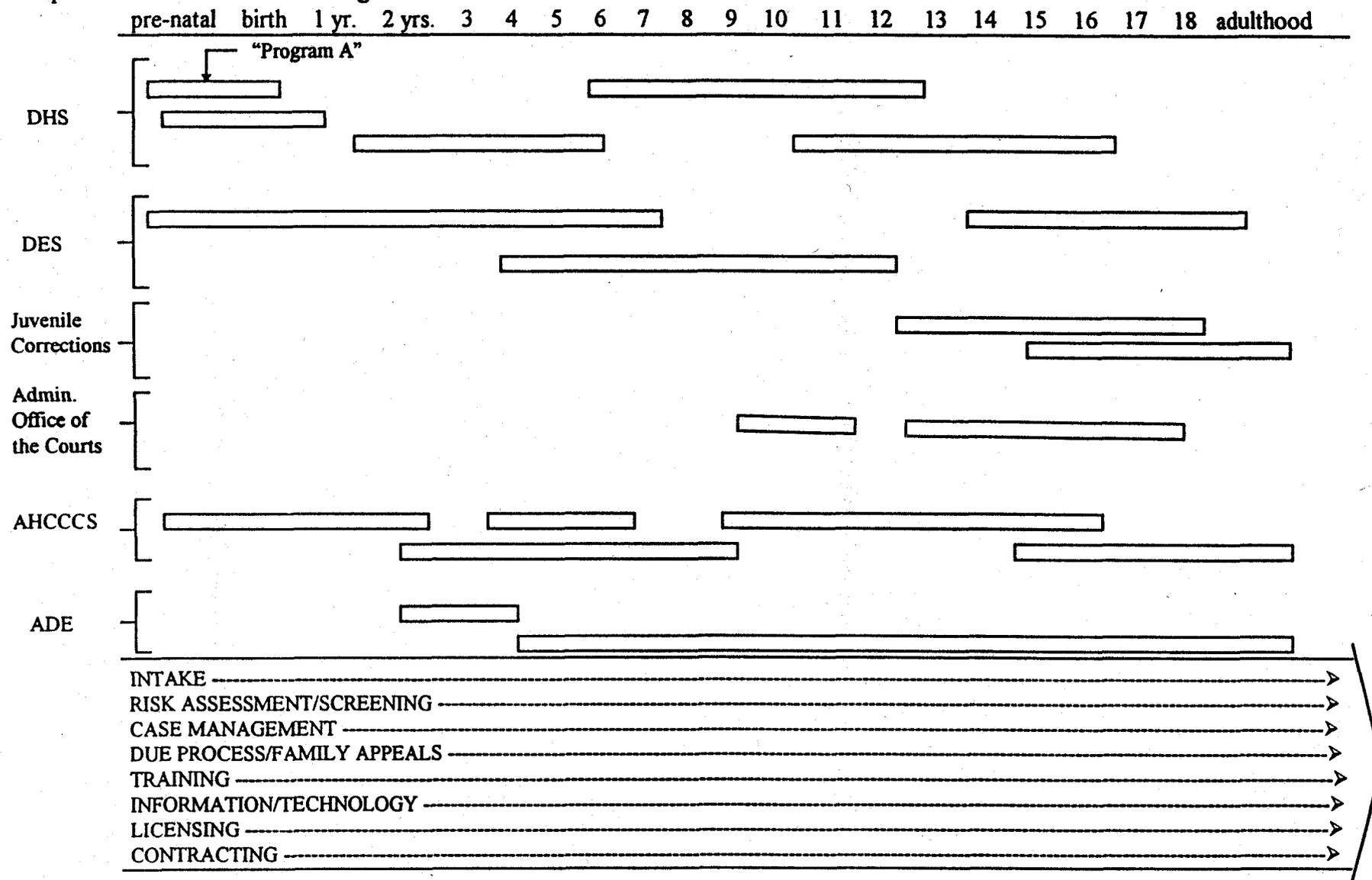
UNDERSTANDING THE SCOPE AND DELIVERY OF SERVICES FOR ARIZONA'S CHILDREN AND FAMILIES



- Intake
- Risk Assessment/Screening
- Case Management
- Due Process/Family Appeals
- Training
- Information/Technology
- Contracting
- Licensing

## IN ARIZONA'S DELIVERY SYSTEM

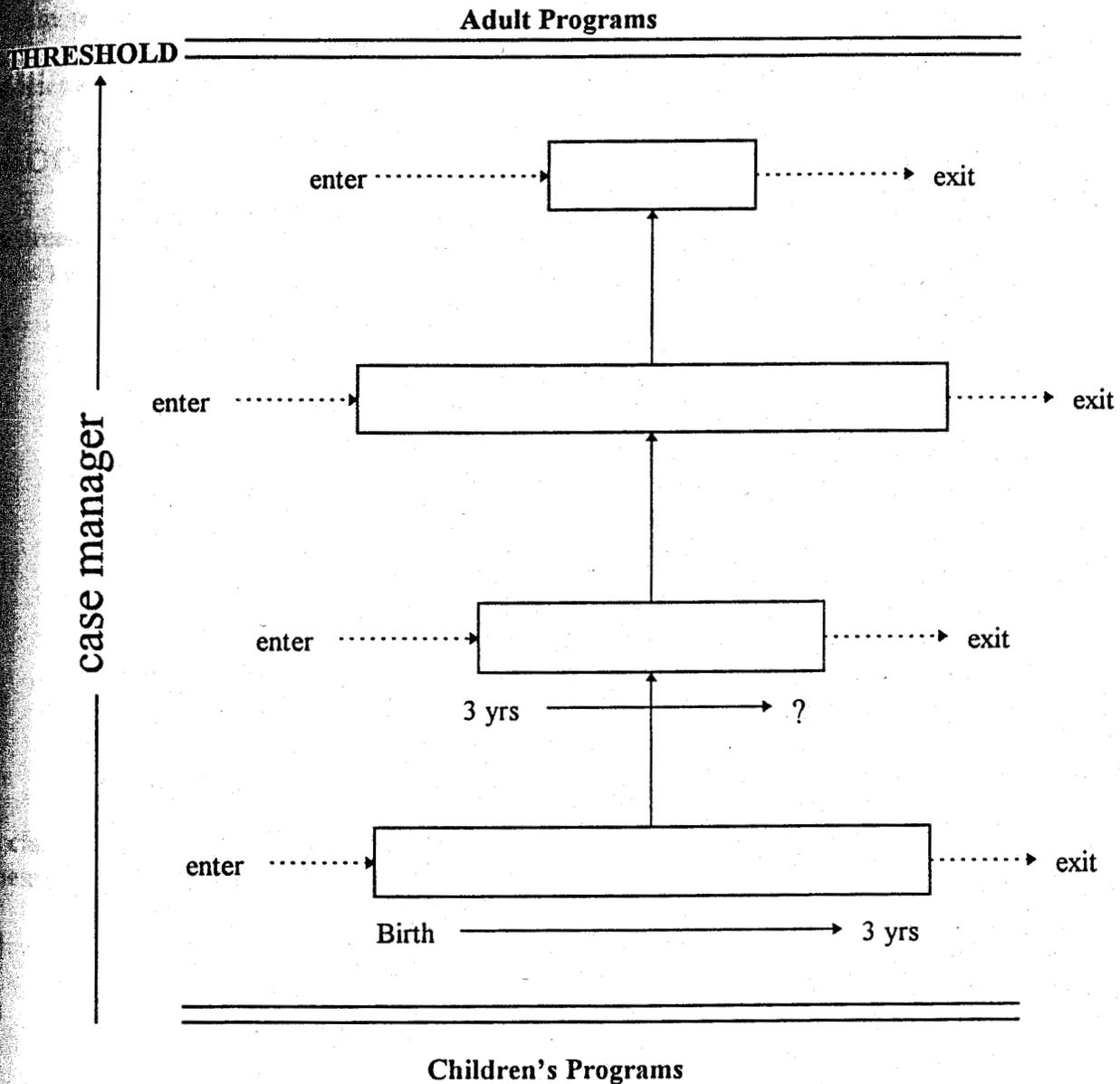
- eliminates/reduces duplication of effort
- promotes use of outcome-based measures
- identifies gaps in services
- ensures inter- and intra-program accountability
- promotes better decision making
- promotes fiscal, client, and worker accountability
- identifies federal, state, and local funding amounts
- promotes child and family centered services
- allows a child's services to be "costed out"



This is a graphic depiction and does not represent actual programs.

## A PATHWAY: A DIAGNOSTIC TOOL FOR CHARTING A CHILD'S SERVICES

- requires initial risk assessment of child
- monitors progress of child entering and exiting system
- provides a "costing out" of services rendered
- evaluates outcomes



## SECTION FIVE: ARIZONA - AN OVERVIEW

### REOCCURRING THEMES IN REPORTS RECOMMENDING CHANGES TO ARIZONA'S CHILDREN & FAMILIES DELIVERY SYSTEM

During the last 10 to 15 years, there have been repeated efforts by the private sector, community providers, policy makers, consumers, and media to recommend systemic reforms that would result in a more streamlined, cost-effective delivery system that focuses on meeting the needs of Arizona children and their families. A review of the subsequent reports features reoccurring themes. These themes are identified and profiled below.

#### REOCCURRING THEMES

**A streamlined, integrated children and families service delivery system would insure that the needs of this population are met.**

- 7 Current services require families with multiple problems to exit and re-enter multiple systems at multiple locations to get their problems addressed.
- 7 Current services are predominantly crisis-oriented. They address problems that have already occurred rather than focusing on early intervention and prevention. Crisis-oriented services are frequently costly and provided too late to be effective.
- 7 There needs to be an emphasis on early intervention and prevention in addition to crisis intervention and treatment.
- 7 Services to children and their families are delivered based on eligibility rather than need.
- 7 The lack of an organized, coordinated and efficient diagnostic assessment and intake process that bring both the necessary assessment information together with the essential service funding is a major barrier to obtaining appropriate services.
- 7 Differences in service needs between rural and urban areas must be considered.
- 7 Culturally sensitive and appropriate services must be provided in order to meet the needs of children and families.

**clear public policy identifying the populations to be served and the programs for serving them needs to occur.**

No clear public policy exists that promotes a streamlined, integrated system that is outcome-based.

Carefully coordinated and integrated services will need to be continually monitored so that any new programs or changes made are based on the needs of the community and align with the public policy calling for a streamlined system.

**Funding streams should follow the needs of children and families.**

- Current services target specific problems with fragmented services driven by funding sources rather than meeting the needs of the whole family.
- Decategorizing funding streams will require a structured planning, budgeting, and monitoring process be in place to ensure the funds are being directed to priority areas.
- The planning and budgeting process must be community-based and include a broad range of stakeholders.

**Technology should insure that agencies can communicate with one another in addition to collecting pertinent information for better decision making.**

- Current technology does not allow for tracking statewide client-level information.
- Technology should be used to reduce the redundancy in the data gathering process, although it will not likely reduce the redundancy in maintaining the information.
- Technology should be used to collect data that are then used to assist in decision making and establishing outcome-based measures.

**Public, private, and government partnering is essential in designing and implementing reform initiatives.**

- The current infrastructure supports the continuation of a fragmented system.
- Guidelines for planning and budgeting reform initiatives must be clear and consistent statewide and must recognize the need for technical assistance.
- Government and community-based organizations must be partners in developing priorities, identifying needs, allocating resources, defining outcomes, and evaluating results.

**Outcome-based measures are essential to defining the services and ensuring children and families receive the intended benefits.**

- Evaluate and pursue changes in existing statutes which serve as barriers for families remaining intact.
- Outcome-based measures are needed to define the services and benefits received by children and their families. Currently, agencies have no way of measuring whether the services provided were effective.

## **LEGISLATIVELY MANDATED AND AD HOC COMMITTEES**

**There are 25 legislatively mandated and ad hoc committees addressing either a program or process relative to Arizona's children and families. Of these, ten committees expire by the end of 1997, and 2 more expire by the end of 1998.**

**Any committee reports that are or become available will be provided to the subcommittees to facilitate their work.**

ARIZONA LEGISLATIVELY MANDATED & AD-HOC COMMITTEES

COMMITTEE	EXP. DATE	PURPOSE	MEETING REQ'MTS	REPORT DATE
JLC ON DES BLOCK GRANTS	none	To hold legislative hearings on the use of block grants.	Once a year	none
JLC ON CASE MANAGEMENT FOR THE DEVELOPMENTALLY DISABLED(DD)	12/31/977	To develop a comprehensive plan for implementing changes to method of providing case management services to DD children and adults.	none	12/1/97
CHILD SUPPORT ENFORCEMENT AND DOMESTIC RELATIONS REFORM COMMITTEE	12/31/2000	To coordinate the work of the 2 subcommittees without making substantive changes to the work, findings or recommendations of the subcommittees.	none	12/31/97
JLC ON CHILDREN AND FAMILY SERVICES	6/30/2000	To ensure that legislative recommendations concerning children and family services are implemented and effective; to review written constituent complaints; to review reports from DES on Child Protective services (CPS); to make recommendations on establishing a statewide intervention program for appropriate reports of abuse and neglect; and to promote greater public scrutiny of CPS actions and to increase due process.	No more than 10 times per year	1/1/99 2/1/2000
HOUSE SELECT COMM. ON CHILDREN, YOUTH & GANGS	none	To study and evaluate children, youth and gang issues.	none	none
COUNCIL ON CHILDREN'S BEHAVIORAL HEALTH	none	To develop recommendations on issues related to a comprehensive service delivery system for behavioral health services for children.	none	11/1/97 11/1/98 11/1/99
AD HOC COMCARE EMERGENCY COMMITTEE	12/3/97	To review all issues pertaining to ComCare's activities.	none	12/31/97
JOINT COMMITTEE ON COMMUNITY PROGRAM EVALUATION	6/30/98	To oversee the implementation of the pilot programs established in the Children and Family Services Act; to make recommendations on all proposals for and monitor implementation of adds or changes to the pilot programs; to monitor Auditor General's evaluations; to recommend various criteria for running the DHS Health Start Pilot.	none	none
JOINT SELECT COMMITTEE ON CORRECTIONS	12/31/2007	To review testimony for DOA regarding construction schedule of prison beds and actual and anticipated growth or decline in DOC's inmate population; to make recommendations regarding the need for more beds or new prisons; to review private prison facilities.	none	10/15/97
AZ COURT IMPROVEMENT PROJECT STUDY COMMITTEE	1/1/98	To monitor the implementation, operation and fiscal impact of the AZ court improvement pilot in Pima County and make recommendations regarding a mandate to a review of temporary custody hearings within 5 days of taking a child into custody.	none	11/15/97

COMMITTEE	EXP. DATE	PURPOSE	MEMBER REQUIREMENTS	REPORT DATE
STUDY COMMITTEE ON DENTAL CARE FOR AHCCCS	12/31/97	To compare the adequacy of dental care for children under the age of 21 with Medicaid EPSDT required treatment rates; to determine if number of Medicaid dental providers is sufficient and what barriers exist to providers participating in Medicaid; to compare Medicaid payment rates in AZ. to other states which have managed dental care; and adequacy of the oversight regulatory agencies.	none	12/15/97
JOINT LEGISLATIVE DD OVERSIGHT COMMITTEE	1/31/2001	To monitor the implementation of the electronic benefits transfer pilot program and the DDD's and DES' strategy to reduce paperwork and to expand the voucher system and other DD programs; to study the feasibility of redesigning the DD service system.	none	12/31/2000
DD TRANSFER TRANSITION COMMITTEE	12/31/97	To formulate a plan and schedule for the transfer of the power and duties of the DDD to DHS.	none	11/15/96
INFORMATION TECHNOLOGY AUTHORIZATION COMMITTEE	7/1/2006	To review established statewide information technology standards, the Statewide Information Technology Plan and the minimum qualifications established by the Director of the Government Information Technology Agency for each position in the agency; to approve or disapprove all projects in excess of \$1 million; to conduct periodic reviews and monitor project implementations and to temporarily suspend monies if project is at risk; to hear appeals regarding rejected proposals.	none	12/31 annually
COMMITTEE ON JUVENILE JUSTICE	12/31/97	To solicit requests for proposals from private entities to audit the performance and cost effectiveness of all agencies that provide services to juveniles diverted from or adjudicated delinquent or incorrigible by the court.	none	12/15/97
JLC ON JUVENILE MISDEMEANOR OFFENSES	12/31/97	To review processing of misdemeanor offenses in juvenile court and make recommendations.	none	12/31/97
STUDY COMMITTEE ON TRANSFER OF MEDICAL AND DENTAL PROGRAM	12/31/97	To determine the feasibility of transferring the comprehensive medical and dental program from DES to AHCCCS.	none	10/1/97
PERFORMANCE BASED INCENTIVES PILOT PROGRAM	12/31/98	To develop guidelines for a state employee performance based incentives program; to coordinate an evaluation of the pilot program; to review requests to pilot an incentive program and to make recommendations on the requests to pilot.	none	12/15/97 12/15/98
IMPLEMENTATION OVERSIGHT COMMITTEE ON PERINATAL SUBSTANCE ABUSE	12/31/97	To advise DHS on the implementation of the recommendations of the Advisory Council on Perinatal Substance Abuse.	none	none

COMMITTEE	EXP DATE	PURPOSE	MEETING REQ/MIS	REPORT DATE
PREMIUM SHARING DEMONSTRATION PROJECT OVERSIGHT COMMITTEE	12/31/97	To review capitation rates and premiums established by AHCCCS and to report on the overall success of the demonstration project and whether or not it should be continued.	none	11/15/97 11/15/98 1/1/99
PROTECTIVE SERVICES CASELOAD STANDARDS ADVISORY COMMITTEE	none	To facilitate the formation of recommendations regarding CPS worker caseload assignments and ways to train and retain CPS caseworkers.	none	11/15/97
HOUSE SELECT COMMITTEE ON RURAL HEALTH	none	To study and evaluate rural health needs in the north east portion of Arizona and on Native American reservations.	none	none
JLC FOR RURAL HEALTH CARE REFORM	12/31/2000	To develop a rural health care management plan for up to the year 2000 including a feasibility study of school-based clinics, monitoring the DHS implementation of the Robert Wood Johnson foundation program, monitoring of the Governor's Council on DD's transportation pilot project.	none	11/1/97 11/1/98 11/1/99
SCHOOL SAFETY PROGRAM OVERSIGHT COMMITTEE	7/1/2007	To provide a proactive approach to prevent juvenile referrals to the courts and detention in DOJC; to select sites eligible to receive funding based on school safety needs; to evaluate the program.	none	11/1/97 11/1/98 11/1/99
TASK FORCE ON TEENAGE PREGNANCY PREVENTION	12/31/97	To provide oversight of campaign to reduce teenage pregnancy by reviewing media messages to ensure messages are culturally sensitive and convey positive messages and encourage parental involvement.	none	none

## CURRENT ARIZONA COORDINATION INITIATIVES AND PILOT PROGRAMS

### AGENCY COORDINATION INITIATIVES

#### INTERAGENCY CASE MANAGEMENT PROJECT (ICMP)

**Participating Agencies:** The Arizona Department of Health Services (ADHS), Arizona Department of Economic Security (ADES), Arizona Department of Juvenile Corrections (ADJC), Arizona Supreme Court Administrative Office of the Courts (AOC) and COMCARE.

**Evaluation:** ICMP is being evaluated from April, 1997 through June, 2001 by a team of consultants under the direction of the ICMP Evaluation Subcommittee.

**Duration of Pilot:** Five years (1995-2000)

**Statutory Cite:** None. ICMP operates under an IGA, with oversight by the Children's Behavioral Health IGA Executive Committee.

**Purpose:** To reduce duplication of case management services for children and families currently served by multiple agencies.

**Description:** The Interagency Case Management Work Group (established by the 1993 Children's Behavioral Health Intergovernmental Agreement) is responsible for the development and continuing oversight of ICMP. ICMP currently has two locations: one in Maricopa County and one in Mohave County. A third location, in Pima County, is under development.

The Maricopa County ICMP unit has been in operation since December 1995. It employs a Supervisor, a Case Manager Specialist, a total of eight case managers (two Juvenile Probation Officers, two Child Protective Services Case Managers, two ComCare Children's Case Managers, one Juvenile Parole Officer, and one Developmental Disabilities Human Services Specialist) who are technically "borrowed" from each of the agencies participating in the IGA. In addition, four Case Aides and support staff are employed by BHS/ComCare for ICMP, but their employment expenses are shared by each of the agencies.

Each case manager must be able to assume each agency role. In other words, an ICMP case manager must act as a probation officer, CPS worker, mental health case manager, developmental disabilities worker and parole officer depending on the child's agency involvement. As of October, 1997, the Maricopa County ICMP unit was providing services for 114 children.

In late 1995, approximately 450 children in Maricopa County were referred by their case managers to be ICMP clients. To qualify for services through ICMP, children must be involved in 3 or more agencies and often have unmet needs. Children were randomly selected to receive ICMP services from among those referred to the unit.

The ICMP workgroup members represent each of the agencies. They come together to discuss issues relating to the implementation of ICMP. Currently, a single case manager may handle the case of a child who is in the juvenile court system, has been abused and therefore deals with CPS and also suffers from behavioral health issues. Therefore, this case manager has three times, and potentially up to four times, the workload of a case manager from a single agency because he or she must adhere to all of the requirements of each agency. The case manager in this example must still fill out all of the forms required by DJC and attend multiple court hearings, must complete all of the forms required by CPS and attend required CPS staffings and fill out forms for ComCare and attend those required staffings. The work group has identified areas where greater agency coordination is necessary in order for ICMP to fully function as it was intended, providing coordinated, effective and timely services to children and their families.

## 2. SINGLE PURCHASE OF CARE (SPOC)

Participating Agencies:	Arizona Department of Health Services (ADHS), Arizona Department of Economic Security (ADES), Arizona Department of Juvenile Corrections (ADJC), Arizona Supreme Court Administrative Office of the Courts (AOC), Arizona Department of Education (ADE),
Evaluation:	SPOC is being evaluated simultaneous with its implementation to determine the effectiveness of single coordinated purchase of care from both the agency and provider perspectives.
Duration of Pilot:	Five years (1995-2000)
Statutory Cite:	None. SPOC operates under an IGA, with oversight by the Children's Behavioral Health IGA Executive Committee.
Purpose:	To develop a single coordinated purchase of care system for children's services.

**Description:**

The Single Purchase of Care Work Group (established by the 1993 Children's Behavioral Health Intergovernmental Agreement) is responsible for the development and continuing oversight of SPOC.

SPOC allows service providers to negotiate a single contract with one fee-for-service price that all state agencies can access for services. SPOC is currently limited to licensed behavioral health services; however, it is expected that the SPOC process will eventually be used to contract for all behavioral health services that are purchased by multiple agencies, through a series of phased-in project goals. SPOC Phase II will add non-licensed behavioral health services to the list of services available.

The first SPOC-developed RFP was released in January, 1996. Local teams from the different agencies met to negotiate contract terms with the providers from March through May. Contracts with existing providers were in place by June 30, 1996, and contracts with new providers were completed by August 31, 1996.

Statewide, approximately 300 proposals were submitted for consideration and 280 contracts were awarded.

## **STATUTORY PILOT PROGRAMS**

### **HEALTH START PILOT PROGRAM**

**Agency:** Arizona Department of Health Services (ADHS), Office of Women's and Children's Health (OWCH)

**Evaluation:** An annual programmatic evaluation is conducted by the auditor general.

**Duration of Pilot:** Repealed effective July 1, 1998.

**Statutory Cite:** A.R.S. 36-697; Laws 1994, 9th S.S., Ch. 1, Sec. 8

**Purpose:** To assist pregnant women of any age in accessing prenatal care and encourage the promotion of preventive health services for themselves and their children.

**Description:** The Health Start Pilot Program began serving two communities in 1988 as Un Comienzo Sano/Health Start. The original purpose was to promote prenatal care among low-income women and their families at the neighborhood level using lay health workers who reflect the ethnic, cultural

and socioeconomic makeup of the neighborhoods they serve. In 1992 Health Start was established in an additional five sites, and two more sites were added in 1993.

Once a pregnant woman has been enrolled in the Health Start Program, the lay health worker will provide prenatal home visits to ensure that the client receives appropriate medical care from a physician and will educate the client about prenatal health issues. The number of prenatal visits is determined by how early in the pregnancy the mother was enrolled in the program and the need for services. Lay health worker visits continue, a minimum of once per month, for four years after the infant's birth. The lay health worker does not provide any direct health services, but does encourage members of the community to access appropriate health services and will assist clients in establishing a "medical home". Other services include, providing basic perinatal and child development education, providing necessary referrals (including referrals to early childhood education programs), promoting preventive health care, such as immunizations, assisting clients in accessing financial aid (applying for AHCCCS) and teaching coping and problem solving skills.

## 2. HEALTHY FAMILIES PILOT PROGRAM

- Agency: Arizona Department of Economic Security (ADES), Division of Children and Family Services.
- Evaluation: An annual programmatic evaluation is conducted by the auditor general.
- Duration of Pilot: Repealed effective July 1, 1998.
- Statutory Cite: A.R.S. 8-701; Laws 1994, 9th S.S., Ch. 1, Sec. 8
- Purpose: To reduce child abuse and neglect, promote child wellness, identify school readiness programs, strengthen family relations, promote family unity, reduce dependence on drugs and alcohol and encourage the development of a strong, supportive environment for at-risk families in order to promote healthy families. The program also strives to reduce welfare dependency among participating families by connecting families with appropriate services.
- Description: Contracts are awarded to service providers able to deliver services within specific geographic areas that are most in need of the Healthy Families program. Contractor eligibility criteria differ for urban and rural locations. For urban areas, DES identified zip code areas in need of services based on Child Protective Services (CPS) statistics and available services. The rural zip code areas are eligible if they have at least three hundred fifty live births

annually, at least seventy-five CPS reports involving children 0-5 years of age, a low rate of prenatal care and underutilization of health care services.

Participation in the program is initiated through a request by the potential client or through a referral from local hospitals, clinics or providers. Potential clients are given a thorough explanation of the program including any activities and information that may be received throughout the service period. Participants must sign a consent form if they choose to receive services. Families must then screen positive on two separate screening tools that identify families under stress and determine specific risk factors within the family unit. These tools are based on those used by the Hawaii Healthy Start model program and are: (1) a fifteen-item screening tool, the "Arizona Healthy Families Screen" and (2) the "Family Stress Checklist".

Contracted providers are trained professionals, Family Support Specialists (FSS), who work with families in their home environment. Home visits are made on a weekly basis progressing to bi-monthly, monthly and quarterly over a three to five year period. Healthy Families contractors are required to offer the following services at every site: (1) Crisis intervention; (2) emotional support to parents; (3) teaching and modeling of parenting, home management, nutrition, child development, preventive health education and life coping skills; (4) education on child development and early identification of learning disabilities, physical handicaps or behavioral health needs; (5) bonding and attachment activities; (6) aid in establishing a "medical home" for comprehensive preventive health care; (7) child immunization information and assistance; (8) information about school readiness programs; (9) information regarding the use of community resources, such as job training and employment services; (10) training and instruction in child care, behavioral management and physical and emotional development and (11) transportation by Healthy Families program staff.

### **FAMILY LITERACY PILOT PROGRAM**

- Agency: State Board of Education, Division of Adult Education
- Evaluation: An annual programmatic evaluation is conducted by the auditor general.
- Duration of Pilot: Repealed effective July 1, 1998.
- Statutory Cite: A.R.S. 15-191, 15-191.01; Laws 1994, 9th S.S., Ch. 1, Sec. 8
- Purpose: To increase the basic academic and literacy skills of parents and their preschool aged children in a shared educational setting.

escription:

Family Literacy projects are established at locations where there is a high incidence of economic and educational disadvantage as determined by the state board of education in collaboration with the Department of Economic Security and other state agencies. Eligible parents are instructed in adult basic education and general educational development. Preschoolers receive instruction in developmentally appropriate early childhood programs. Food services, child care and transportation are provided.

## SECTION SIX: GENERAL THEMES FROM OTHER STATES' REFORM EFFORTS

Arizona Legislative Council research analysts interviewed several states to obtain information regarding children's services reform efforts. The following highlights some key themes.

### KEY THEMES

**Most reforms are legislatively initiated.**

- ☐ In 1979, Rhode Island's legislature created the Department of Children, Youth and Families. The reform was designed to reduce fragmentation and duplication of services and increase accountability.
- ☐ In 1984, Delaware's legislature created the Department of Services for Children, Youth and Their Families to reduce fragmentation and duplication of services and increase accountability.
- ☐ Michigan's legislature created "Families First," a pilot project providing intensive services to families at risk of having a child removed from the home.
- ☐ In 1987, Iowa's legislature created a pilot funding decategorization program to allow flexible funding for children's services.
- ☐ Tennessee's legislature created a Department of Children's Services to provide timely, appropriate and cost-effective services for children.

**Bipartisan support for the reform initiative is critical to the longevity of the reform.**

- ☐ In Delaware, the Governor initially opposed the legislation, but both parties in the legislature supported the ultimately successful initiative.
- ☐ In Rhode Island, both parties and several advocacy groups supported the legislation.
- ☐ In Kansas, a new entity was created coordinating services for children and families, but after a political change in the legislature, the entity was eliminated.

**Most states use a Legislative Oversight Committee to ensure the implementation of the legislative intent.**

- ☐ Both Rhode Island and Delaware used a Legislative Oversight Committee to oversee the implementation of their reform efforts. In Rhode Island, the committee began as a joint legislative, executive and citizen advisory council, but eventually reorganized into a legislative entity.

**Changes in organizational structures do not necessarily lead to streamlined processes.**

- ☐ In Delaware, Connecticut and Rhode Island, problems occurred after the creation of the new department because the philosophical approach and system processes were not changed.

**State oversight and local control enable successful reform initiatives.**

Iowa's funding decategorization has allowed counties more flexibility in using state funds to serve children using broad outcome guidelines.

Oregon's "Benchmarks and Options" programs gave broad authority to the counties to develop local plans approved by the state.

**All agencies providing children and family services must have a singular philosophy that views programs as a continuum of services for children.**

Delaware's strategic plan, developed out of meetings with their consultants, addressed the need to have a unified department serving one children's population and having a shared vision for children and family services.

Oregon used cross-training of employees in various divisions to break down the philosophical barriers.

**All reforms include an increased emphasis on early intervention and prevention programs.**

Since the initial reform efforts, both Delaware and Rhode Island have acknowledged the importance of prevention activities.

Iowa and Oregon use their counties to develop local, community-based plans to increase prevention activities such as parenting classes and counseling.

**Evaluation and performance measurement are now components of all reform initiatives.**

Rhode Island and Delaware reforms, after more than 10 years, are now emphasizing evaluation—whereas Iowa's and Michigan's reforms have already been evaluated.

**Although no cost analyses were conducted, anecdotal evidence suggests major reorganizations and service enhancements led to an increase in costs.**

Neither Rhode Island nor Delaware conducted a cost analysis, yet both states believe their new structural arrangement cost more because lower level employees were transferred and support staff and management were added resulting in a net gain in employees.

Michigan's "Families First" program represented an increased cost because it was a new service, not a substitution or coordination of other programs.

Iowa's funding decategorization reduced costs by allowing counties flexible use of state funds.

**APPENDICES**

**APPENDIX A:**

162537

State of Arizona  
House of Representatives  
Forty-third Legislature  
First Regular Session  
1997

**FILED**

**Jane Dee Hull  
Secretary of State**

CHAPTER 189

**HOUSE BILL 2537**

AN ACT

ESTABLISHING A JOINT LEGISLATIVE CHILDREN AND FAMILIES REORGANIZATION STUDY COMMITTEE; MAKING AN APPROPRIATION.

Be it enacted by the Legislature of the State of Arizona:

Section 1. Joint legislative children and families reorganization study committee; membership; duties

A. The joint legislative children and families reorganization study committee is established consisting of the following members:

1. Five members of the house of representatives appointed by the speaker of the house of representatives, not more than three of whom represent the same political party. The speaker shall choose one member to cochair the committee.

2. Five members of the senate appointed by the president of the senate, not more than three of whom represent the same political party. The president shall choose one member to cochair the committee.

B. The committee shall:

1. Review children and family services currently being administered by the department of economic security, the department of health services, the department of juvenile corrections, the juvenile division of the administrative offices of the Arizona supreme court, the Arizona health care cost containment system and the department of education.

2. Make recommendations to develop a long range implementation plan for a coordinated delivery system for children and family services.

3. Evaluate the fiscal impacts of establishing a children and family services agency and propose recommendations that ensure cost containment.

4. Review and make recommendations concerning all proposals for additions or modifications to the long-range implementation plan, including:

(a) Monitoring the development and quality assurance of a children and family services agency.

(b) Streamlining and coordinating licensing.

(c) Coordinating and making cost-effective the delivery of services by the department of economic security, the department of health services, the department of juvenile corrections, the juvenile division of the administrative offices of the Arizona supreme court, the Arizona health care cost containment system and the department of education.

(d) Administering a children and family services agency that includes a streamlined intake process.

(e) Establishing family notification guidelines to ensure ease of entry to and exit from programs.

(f) Making recommendations to establish a family appeals process.

(g) Streamlining and coordinating contracting.

C. The committee may appoint subcommittees that include persons who are not members of the joint committee. The subcommittees shall meet as often as necessary and shall submit recommendations to the full committee.

D. The committee shall recommend to the speaker of the house of representatives and the president of the senate that the legislature hire a consultant to provide administrative and technical assistance to the committee.

E. The committee shall submit a report of its findings and recommendations to the governor, the speaker of the house of representatives, the president of the senate, the secretary of state and the director of the department of library, archives and public records on or before December 15, 1997.

Sec. 2. Appropriation: purpose

A. The sum of \$75,000 is appropriated from the state general fund in fiscal year 1997-1998 jointly to the house of representatives and the senate to hire a consultant to assist the joint legislative children and families reorganization study committee.

B. The appropriation made in subsection A of this section is exempt from the provisions of section 35-190, Arizona Revised Statutes, relating to lapsing of appropriations.

Sec. 3. Delayed repeal

Section 1 of this act is repealed from and after June 31, 1998.

APPROVED BY THE GOVERNOR APRIL 25, 1997  
FILED IN THE OFFICE OF THE SECRETARY OF STATE APRIL 28, 1997

## APPENDIX B: ADVISORY COUNCIL & SUBCOMMITTEE STRUCTURE AND WORK

### MISSION

The Children and Families Implementation Advisory Council advises the Joint Legislative Children and Families Reorganization Study Committee (JLC) on implementing an integrated service delivery system for children and families in Arizona.

### ASSUMPTIONS

- The JLC will appoint a Children and Families Implementation Advisory Council (Advisory Council) that will advise the JLC on how to implement an integrated service delivery system for children and families in Arizona. Advisory Council membership reflects stakeholders and experts who can address the multidimensional requirements of system reform. The Advisory Council is immediately activated to participate in blueprint design and public policy reform.
- The subcommittees reflect and address essential components in implementing an integrated system. To emphasize the importance of each topic, the subcommittees are separate and distinct. Opportunities to combine subcommittees likely will arise. Each subcommittee will be co-chaired by a member of the Joint Legislative Committee and a member of the Advisory Council. This facilitates communication, consensus-building, efficiency, and value. A sample of subcommittee issues and tasks follow.
- Often, “less is more.” The subcommittees will weigh the material benefit of each recommendation. For instance, does the value of the recommendation equal or exceed—and thereby justify—the cost?
- Information about a wide range of issues and tasks is available, and with appropriate updates can facilitate subcommittee work.
- The work of the subcommittees is a work in process, using “best practices” available and tailoring them to meet Arizona’s needs.

### SUBCOMMITTEES

#### Service Delivery Subcommittee

- *Eligibility Criteria*—Define the population to be served.
- *Case Management*—Define the system for coordinating service delivery for the population served by the integrated service delivery system.
- *Risk Identification*—Identify the level of risk for service utilization of those served. This includes identifying tools to assess risk.
- *Case Guides*—Develop guidelines for providing services.

*Service Components*—Identify and define the constellation of services required for the population served by an integrated delivery system (e.g., early intervention and prevention; in-home and out-of-home services, including crisis/temporary services and acute, etc.).

*Contracting*—Define the contracting requirements and processes for each service provider engaged in service delivery and recommend ways to simplify requirements and processes.

### Financial Management Subcommittee

*Funding*—Define existing mechanisms/sources of funds, respective dollar amounts, and access requirements.

*Budget*—Define financial requirements for establishing an integrated service delivery system. This includes defining methods to balance financial requirements during the transition. It also includes identifying alternative funding sources and methods to secure them.

### Information Management Subcommittee

*Information Requirements*—Define the type of information needed (e.g., for case decision making, outcome measurements, and information required by regulation, etc.).

*Data Collection Format*—Define the format and process for collecting information (e.g., when is information needed, who should collect it, how is it collected, etc.).

*Information and Technology*—Inventory existing hardware and software.

*Technology Requirements*—Define hardware and software requirements, and associated costs.

### Organization Subcommittee

*Governance*—Define the governance for the integrated service delivery system.

*Structure*—Define the system's organization structure.

*Human Resources*—Define resource and position requirements for implementing the integrated system.

*Training*—Define training requirements and methods.

### Policy/Legal Subcommittee

*Federal & State Policy Matching*—Identify existing federal and state policy and legal requirements.

*Policy & Legal Requirements*—Define alternatives to remedy barriers to implementing system reform. Provide technical assistance in preparing written documents concerning reform.

*Risk Management*—Develop ways to recognize and manage risk.

*Technical Assistance*—Provide technical support to subcommittees as legal issues arise.

## Management Subcommittee

The committee designs the quality management system and processes to insure continuous improvement in customer satisfaction, clinical outcomes, and operating efficiency. System components include, but are not

*Customer Satisfaction*—Define the customers served and the method(s) to measure customer satisfaction.

*Cost/Outcome Efficiency*—Develop a formula to assess the cost to achieve an outcome. This formula should be one of the outcome measures for the system.

*Outcome Measures*—Define measures that indicate a child and family have received the intended services and benefits.

*Compliance Standards*—Define the mechanism and process for assuring the system operates as intended.

*Appeals/Grievance Process*—Define the mechanism and processes for customers to express concerns and suggest opportunities for system improvement.

*Licensing & Accreditation Requirements*—Define existing sources and requirements for licensure and accreditations. Recommend a systematic approach for licensure and accreditation.

## JOINT LEGISLATIVE REORGANIZATION STUDY COMMITTEE MEMBERS

Representative Laura Knaperek, Co-Chairman

Senator David Petersen, Co-Chairman

Representative Tom Smith

Senator Sue Grace

Representative Freddy Hershberger

Senator Bundgaard

Representative Elise Salinger

Senator Mary Hartley

Representative Rebecca Rios

Senator Chris Cummiskey

## ORGANIZATIONS/GROUPS COMPRISING THE ADVISORY COUNCIL

Attorney General's Office

Attorney General's Office

Executive Departments

Department of Economic Security

Department of Health Services

Department of Juvenile Corrections

Department of Education

Department of Administration

AHCCCS

Administrative Office of the Courts

Juvenile Courts of the Arizona Supreme Court

Native Tribal Council

Biomedical Council

Counties

Arizona Association of Counties

County Supervisors Association

Cities and Towns

League of Arizona Cities and Towns

Advocacy Organizations

Arizona Alliance for the Mentally Ill

Arizona Center for Law and the Public Interest

Arizona Community Action Association

Arizona Community Foundation

Arizona Prenatal Care Coalition

Arizona Civil Liberties Union

ARC

Children's Action Alliance

Arizona Parents' Association for Children's Education or Parent

Teachers Association

Parents Anonymous

Tucson Community Foundation  
Valley of the Sun United Way  
Victims of Child Abuse Law (VOCAL)

Provider Organizations

Arizona Association of Behavioral Health Programs  
Arizona Association of Community Health Centers, Inc.  
Arizona Coalition for Human Services  
Arizona Council of Centers for Children and Adults  
Arizona Headstart Association  
Arizona Hospital and Healthcare Association  
Association of Supportive Child Care  
Consortium for Children with Chronic Illness  
Mental Health Association of Arizona

Professional Organizations

American Psychological Association  
Arizona Academy of Family Physicians  
Arizona Education Association  
Arizona Federation of Teachers  
Arizona Nurses Association  
Arizona Psychiatric Association  
Arizona School Board Association  
National Association of Social Work, Arizona Chapter  
Small & Rural Schools-Administrators

Other

Arizona Chamber of Commerce  
ASU, Dean of Social Work  
Community Development Corporation—Chicanos Por La Causa  
Community Skills Development - Urban League  
East Valley Partnership  
Economist  
Foster Family  
Greater Phoenix Leadership  
Northern Arizona University, Social Work Department  
Public Policy—The Morrison & Goldwater Institutes  
Technology  
Tucson Business Leadership  
University of Arizona, School of Medicine  
WESMARC

*Those organizations and commissions engaged in reform efforts are cordially invited to participate.*

**APPENDIX C:  
LEGISLATIVELY MANDATED & AD HOC COMMITTEES**

**JOINT LEGISLATIVE COMMITTEE ON DES BLOCK GRANTS**

**Purpose:** To hold legislative hearings on the use of block grants. The Committee is federally required to meet one time per year pursuant to Code of Federal Regulations.

**Membership:** Five members of the House (Aguirre; Hershberger (co-chair); Horton; Knaperek; Weiers)

Five members of the Senate (Huppenthal; Kennedy; Patterson (co-chair); Petersen; Soltero)

**Report Date:** None

**Expiration Date:** None

**Statutory Cite:** United States Public Law 103-252

**JOINT LEGISLATIVE COMMITTEE ON CASE MANAGEMENT FOR THE DEVELOPMENTALLY DISABLED**

**Purpose:** To develop a comprehensive plan for implementing changes to the existing method of providing case management services to developmentally disabled children and adults in this state. The plan shall: a) be designed to provide consumer choice for persons with developmental disabilities and their families; b) include provisions for intake and assessment, coordination of service plans, case monitoring and advocacy; c) contain clearly defined options for clients and their families that include service coordination by private providers or state employees; d) provide for continuous involvement of clients and their families in the assessment, planning, evaluation of services, quality assurance and monitoring components of the program; e) encourage contractual agreements with providers that support and implement a family-centered approach to the delivery of services to persons with developmental disabilities. The Committee shall also develop the training, qualifications and a clearly defined model for parents of developmentally disabled children to qualify as case managers; recommend support services that will benefit persons with developmental disabilities and their families, including advocacy training for family members; examine the issues of privatized case management, including training and certification or accreditation of case managers, and make recommendations regarding their effectiveness and efficiency; and take public

testimony on each of these statutory charges. The Committee shall submit its recommendations to the President of the Senate, the Speaker of the House of Representatives, the Chair of the Senate Family Services Committee, the Chair of the House Human Services Committee, the Director of DES, the Secretary of State, and the Director of the Department of Library, Archives and Public Records.

Membership: Three members of the House (Johnson; Knaperek (co-chair); Salinger)

Three members of the Senate (Petersen; G. Richardson (co-chair); Soltero)

One member of the Governor's Council on Development Disabilities, appointed by the Governor (Ms. Helen Baldino)

The Assistant Director of the Division of Developmental Disabilities in the Department of Economic Security (Mr. Roger Deshaies)

One member representing an organization of developmental disability providers contracting with the State, appointed by the Speaker of the House of Representatives (Mr. Randy Gray)

One parent of a child with developmental disabilities, appointed by the Governor (Ms. Becca Hornstein)

One parent of a developmentally disabled child with chronic illness, appointed by the President of the Senate (Ms. Barb Jones)

One member who is a parent of a child with developmental disabilities, appointed by the Speaker of the House of Representatives (Ms. Diane Mooneyham)

One parent of a child with developmental disabilities, appointed by the President of the Senate (Ms. Cat Parenti)

One member of a statewide developmental disabilities parent advocacy group, appointed by the Speaker of the House of Representatives (Mr. Richard Young)

Report Date: 12/1/1997

Expiration  
Date: 12/31/1997

Statutory Cite: Laws 1997, Chapter 159, Sec. 11

## **CHILD SUPPORT ENFORCEMENT AND DOMESTIC RELATIONS REFORM COMMITTEE**

**Purpose:** To coordinate the work of the two subcommittees, without making substantive changes to the work, findings or recommendations of the subcommittees. The Committee shall report to the Governor, the Chief Justice of the Supreme Court, and legislative leadership by January 30 annually.

**Membership:** Two members of the House (Hershberger (co-chair); Steffey (co-chair))

Two members of the Senate (Day (co-chair); Petersen (co-chair))

**Report Date:** 12/31/1997

**Expiration Date:** 12/31/2000

**Statutory Cite:** Laws 1994, Ch. 374, Sec. 24; Laws 1995, Ch. 44, Sec. 1; Laws 1997, Ch. 176, Sec. 2 and Ch. 250, Sec. 3

## **JOINT LEGISLATIVE COMMITTEE ON CHILDREN AND FAMILY SERVICES**

**Purpose:** To ensure that legislative recommendations concerning children and family services are implemented and effective; to meet within 30 days of the presentation by a member of the legislature of a written constituent complaint and a written request to review; to meet whenever committee members consider necessary, but not more than 10 times a year unless the President of the Senate and the Speaker of the House of Representatives agree to additional meetings. If the committee meets pursuant to a legislator's request to review, the legislator who made the request may be present when the committee reviews the case and is entitled to receive and review all information presented pertaining to the matter requested to be reviewed. In addition to the duties specified by A.R.S. 41-1291, the Committee shall review reports from DES on information provided by Child Protective Services workers throughout the state, pursuant to A.R.S. 8-546.03, and make recommendations by February 1, 2000 regarding the impact of establishing a statewide community based intervention program for appropriate reports of abuse and neglect. The Committee shall also review (1) the extent to which Child Protective Services records and hearings may be open to the public in order to promote greater public scrutiny of Division actions and to increase due process and (2) the open proceedings conducted pursuant to Laws 1997, Ch. 222, Section 81(B) and submit a report of these reviews to the President of the Senate, the Speaker of the House of Representative and the Governor by January 1, 1999.

Membership: Five members of the House (Anderson; Foster; Hershberger (co-chair); Knaperek; Rios)

Five members of the Senate (Cirillo; Kennedy; Petersen (co-chair); G. Richardson; Solomon)

Report Date: 01/01/1999, 02/01/2000

Expiration Date: 06/30/2000

Statutory Cite: A.R.S. 41-1291; Laws 1994, Ch. 325, Sec. 13; Laws 1995, Ch. 272, Sec. 1; Laws 1997, Ch. 222, Sec. 81 and Ch. 223, Sec. 5

### **HOUSE SELECT COMMITTEE ON CHILDREN, YOUTH AND GANGS**

Purpose: To study and evaluate children, youth and gang issues.

Membership: Three members of the House (Johnson; Kyle (chair); Loreda)

Report Date: None

Expiration Date: None

Statutory Cite: Ad Hoc; created by Speaker of the House of Representatives

### **COUNCIL ON CHILDREN'S BEHAVIORAL HEALTH**

Purpose: To develop recommendations on issues related to a comprehensive service delivery system for behavioral health services for children.

Membership: One member of the House (Hershberger)

One member of the Senate (Day)

Designee of the Director of the Department of Health Services (Ms. Rhonda Baldwin)

Director of the Governor's Division for Children (Ms. Terry Bays Smith)

One specialist in substance abuse in children, appointed by the Governor (Mr. Stephen Carter)

Designee of the Director of the Arizona Health Care Cost Containment System (Mr. Tom Cummins)

Two parents or guardians of children receiving behavioral health services, appointed by the Governor (Ms. Margaret S. Gilbertson)

Designee of the Director of the Arizona Department of Economic Security (Mr. James Hart)

Parent/guardian of a child or children receiving behavioral health services, appointed by the Speaker of the House of Representatives (Dr. Scott LeSueur)

Designee of the Superintendent of Public Instruction (Dr. Kathryn A. Lund)

The executive director, or director's designee, of one administrative entity outside of Pima or Maricopa County, appointed by the President of the Senate (Mr. Maurice Miller)

One social worker or counselor, appointed by the Speaker of the House of Representatives (Dr. Juan Paz, Jr.)

Designee of the Superintendent of Public Instruction (Mr. Robert Rhoton)

One representative of a private nonprofit organization of tribal governments in this state, appointed by the Governor (Ms. Polly Sharp)

One licensed psychiatrist, appointed by the President of the Senate (Dr. Richard Spiegel)

One registered nurse, appointed by the Governor (Ms. Michelle Tait)

Designee of the Director of the Arizona Department of Juvenile Corrections (Mr. Gary Tipton)

One attorney specializing in children/guardianships, appointed by the President of the Senate (Ms. Mary L. Verdier)

One licensed psychologist, appointed by the Speaker of the House of Representatives (Dr. Daniel J. Wynkoop)

The executive director, or the director's designee, of one administrative entity in Pima or Maricopa County, appointed by the Speaker of the House of Representatives (Michael R. Zent)

Date: 11/1/1997, 11/1/1998, 11/1/1999

Expiration

None

Statutory Cite: A.R.S. 36-3421; Laws 1988, Ch. 136; Laws 1992, Ch. 93, Sec. 1; Laws 1995, Ch. 178, Sec. 22

### **AD HOC COMCARE EMERGENCY COMMITTEE**

Purpose: The Committee is charged with reviewing all issues pertaining to ComCare's activities. The Committee shall provide recommendations to the Speaker of the House of Representatives, the President of the Senate and the Governor by December 31, 1997.

Membership: Four members of the House (Burns; Gerard (chair); Horton; Smith)

Report Date: 12/31/1997

Expiration

Date: 12/31/1997

Statutory Cite: None; created ad hoc by the Speaker of the House of Representatives

### **JOINT COMMITTEE ON COMMUNITY PROGRAM EVALUATION**

Purpose: To oversee the implementation of the pilot programs established in the Children and Family Services Act; to review and make recommendations on all proposals for additions or modifications to the pilot programs; to monitor the implementation of these additions or modifications; to monitor the Auditor General's annual programmatic evaluations and recommendations; to recommend criteria for (a) the Department of Health Services to use in determining which contractors the Department will hire to provide services for the Health Start Pilot Program, (b) the Department of Health Services to develop a screening method to determine the women who are most in need of services through the Health Start Pilot Program, (c) the type of services delivered according to the needs of the program participants in the Health Start Pilot Program.

Membership:

Six members of the House (Burns; Gerard (chair); Hershberger; Horton; Weason; Weiers)

Five members of the Senate (Bowers; Day; Grace; Kennedy; Soltero)

The Chair of the Senate Health, Welfare and Transportation Subcommittee of the Appropriations Committee (Vacant)

Report Date:

None

Expiration

06/30/1998

Statutory Cite:

Laws 1994, Ch. 1, Sec. 10, 9th Special Session; Laws 1995, Ch. 272, Sec. 2; Laws 1996, Ch. 247, Sec. 1

**JOINT SELECT COMMITTEE ON CORRECTIONS**

Purpose:

To receive testimony from the Department of Administration regarding the construction schedule of prison beds previously authorized by the Legislature, and regarding the actual and anticipated growth or decline in the Department of Correction's inmate population, and to make recommendations to the Legislature regarding the number and security level of new prison beds (including private facilities) required to confine the projected number of new inmates; to review and make recommendations to the Legislature regarding future prisons; and to review private incarceration facilities sites pursuant to A.R.S. 41-1609.02.

Membership:

Three members of the House (Armstead; Burns; Smith)

Three members of the Senate (Bowers; Kaites; Rios)

Director of the Department of Administration or the Director's designee, as an ex-officio member (Mr. Rudy Serino)

Director of the Department of Corrections, or the Director's designee, as an ex-officio member (Mr. Terry Stewart)

The Governor or the Governor's designee (Mr. Andy Thomas)

Report Date:

10/15/1997

ation

12/31/2007

Statutory Cite: A.R.S. 41-1610.03; Laws 1994, Ch. 195, Sec. 5; A.R.S. 41-1610.04; Laws 1997, Ch. 128, Sec. 5

**ARIZONA COURT IMPROVEMENT PROJECT STUDY COMMITTEE**

Purpose:

The Committee shall monitor the implementation, operation and fiscal impact of the Arizona court improvement project pilot program in Pima County. The Committee shall also conduct a detailed analysis of the operational and fiscal implications of, and make recommendations regarding the statewide implementation of a proposal to require a mandatory review of temporary custody hearings within five days after taking a child into temporary custody. The Committee shall report to the Governor, the President of the Senate, the Speaker of the House of Representatives and the Chief Justice of the Supreme Court.

Membership:

Three members of the House (Hershberger (co-chair); Steffey; Valadez)

Three members of the Senate (Cirillo; Grace (co-chair); Solomon)

Three members appointed by the Chief Justice of the Arizona Supreme Court (The Honorable Stephen Desens; The Honorable Maurice Portley; The Honorable Nanette Warner)

Report Date: 11/15/1997

Expiration

Date: 01/01/1998

Statutory Cite: Laws 1997, Chapter 222

**II. STUDY COMMITTEE ON DENTAL CARE FOR AHCCCS**

Purpose:

To examine the adequacy of dental care received by persons under the age of twenty-one years as compared with the early, periodic, screening diagnosis and treatment utilization rates required for Medicaid programs; any increase or decline in the percentage of members under the age of twenty-one years who received dental services; the sufficiency of the number of dental providers compared with the number of members; the willingness of dental providers to contract in a managed care environment with providers in AHCCCS and the identification of any barriers to the participation rates by the dental providers; an examination of

reimbursement rates paid by AHCCCS to dental providers or organizations compared with reimbursement rates in other states that have a managed care system for providing dental care; and the adequacy of the oversight of regulatory agencies.

Membership: Five members of the House (Foster; Gerard (co-chair); Horton; Kyle; Preble)

Five members of the Senate (Day (co-chair); Gnant; Grace; Kennedy; E. Richardson)

Start Date: 12/15/1997

Expiration Date: 12/31/1997

Statutory Cite: Laws 1997, Chapter 256, Sec. 25

#### **JOINT LEGISLATIVE DEVELOPMENTAL DISABILITIES OVERSIGHT COMMITTEE**

Purpose: The Committee shall monitor the implementation of the electronic benefits transfer pilot program and monitor the Division of Developmental Disabilities in the Department of Economic Security's strategy to reduce paperwork and to develop an aggressive marketing program for the expanded voucher system and other programs for the developmentally disabled. The Committee shall also study the feasibility of redesigning the Division of Developmental Disabilities' service delivery system. The Committee shall report to the Governor, the Speaker of the House of Representatives, the President of the Senate, the Secretary of State and the Director of the Department of Library, Archives and Public Records.

Membership: Three members of the House (Johnson; Knaperek (co-chair); Salinger)

Three members of the Senate (Gnant (co-chair); Henderson; Patterson)

The Director of the Division of Developmental Disabilities in the Department of Economic Security or the Director's designee (Mr. Roger Deshaies)

One representative of a provider of services for the developmentally disabled, appointed by the President of the Senate (Mr. Vince Scott)

One parent of an adult who is developmentally disabled, appointed by the President of the Senate (Ms. Sharon Shelley)

Parent of a child who is developmentally disabled and medically at-risk, appointed by the Speaker of the House of Representatives (Ms. Marta Urbina)

Representative of an advocacy organization, appointed by the Speaker of the House of Representatives (Ms. Karen Van Epps)

Report Date: 12/31/2000

Expiration Date: 1/31/2001

Statutory Cite: Laws 1997, Chapter 299, Sec. 6

### 13. **DEVELOPMENTAL DISABILITIES TRANSFER TRANSITION COMMITTEE**

Purpose: To formulate a plan and a schedule for the implementation of the transfer of the power and duties of the Division of Developmental Disabilities in the Department of Economic Security to the Department of Health Services and submit a final report of statutory and administrative recommendations to the Governor, the President of the Senate, the Speaker of the House of Representatives and the Director of the Joint Legislative Budget Committee.

Membership: One member of the House (Burns)

One member of the Senate (Bowers)

Director of the Governor's Office of Strategic Planning and Budgeting (Mr. Ted Ferris)

One member who is a representative of the provider community, appointed by the President of the Senate (Mr. David Cutty)

Director of the Division of Developmental Disabilities in the Department of Economic Security (Mr. Roger Deshaies)

Designee of the Chair of the Governor's Council on Developmental Disabilities (Ms. Gina Judy)

Designee of the Director of the Department of Health Services (Ms. Linda Palmer)

Designee of the Director of the Joint Legislative Budget Committee (Mr. Richard Stavneak)

One member who is a parent of a developmentally disabled adult or child, appointed by the Speaker of the House of Representatives (Ms. Rebekah Wells)

Report Date: 11/15/1996

Expiration Date: 12/31/1997

Authority Cite: Laws 1996, Ch. 191, Sec. 3

### INFORMATION TECHNOLOGY AUTHORIZATION COMMITTEE

Purpose: To review established statewide information technology standards, the Statewide Information Technology Plan and the minimum qualifications established by the Director of the Government Information Technology Agency for each position authorized for the Agency; to approve or disapprove all proposed information technology projects that exceed a total cost of \$1 million, pursuant to A.R.S. 41-4061(B)(3); to develop a report format that incorporates the life cycle analysis prescribed in A.R.S. 41-2553; to require expenditure and activity reports from a budget unit or the legislative or judicial branches of state government on implementing information technology projects approved by the Committee; to conduct periodic reviews on the progress of implementation; to monitor projects that the Committee considers to be major or critical; to temporarily suspend the expenditure of monies if the project is determined to be at risk of failing to achieve its intended results or does not comply with requirements; to hear and decide appeals made by budget units regarding the Agency's rejection of their proposed plans or projects.

Membership: One member of the House (Voss)

One member of the Senate (Huppenthal)

Two members who are directors of state agencies, appointed by the Governor (Ms. Linda Blessing; Mr. Mark Killian)

Administrative Director of the Courts, or the Director's designee (Mr. David K. Byers)

Four members of the public who are knowledgeable in information technology, appointed by the Governor, pursuant to A.R.S. 38-211 (Mr. Albert Crawford; Mr. Steve Finn; Mr. John Jacobs; Mr. Michael Schoonmaker)

One member of a local government, appointed by the Governor, as an advisory member (Mr. Steven Jones)

The Director of the Government Information Technology Agency, who shall be Chairperson of the Committee but for all other purposes shall serve as an advisory member (Mr. John Kelly)

One member from private industry or state government, appointed by the Governor (Mr. Harvey Schrednick)

One member of the federal government, appointed by the Governor, as an advisory member (Vacant)

Report Date: December 31, annually 2

Expiration  
Date: 07/01/2006

Statutory Cite: A.R.S. 41-4061, Laws 1996, Ch. 342

#### 5 COMMITTEE ON JUVENILE JUSTICE

Purpose: To solicit requests for proposals from private entities to conduct an audit and to contract with one entity to conduct the audit. The entity that is selected to conduct that audit shall review the performance and cost effectiveness of all agencies that provide services to juveniles who are diverted from juvenile court or who are adjudicated delinquent or incorrigible, including the Governor's Office for Children, the Department of Juvenile Corrections, county detention facilities and community based alternative programs. The Supreme Court shall submit any proposed expenditures from the State Aid to Detention Fund to the Committee for review by the Committee prior to making the proposed expenditures. The Committee also may receive reports by counties or the Administrative Office of the Courts concerning the costs and implementation of Laws 1997, Ch. 220, and may gather and evaluate information, conduct hearings and make recommendations to the President of the Senate and the Speaker of the House of Representatives concerning appropriations or legislation necessary for such implementation.

Membership: Six members of the House (Gardner; Hart; Newman; Smith; Verkamp (co-chair); Weason)

Six members of the Senate (Bowers; Cummiskey; Kaites (co-chair); Patterson; Solomon; Springer)

Report Date: 12/15/1997

Expiration  
Date: 12/31/1997

Statutory Cite: Laws 1997, Chapter 231, Sec. 37

**16. JOINT LEGISLATIVE COMMITTEE ON JUVENILE MISDEMEANOR OFFENSES**

Purpose: To review the processing of misdemeanor offenses in juvenile court and make recommendations to the Governor, the Chief Justice of the Supreme Court, the President of the Senate, and the Speaker of the House of Representatives.

Membership: Two members of the House (Gardner; Newman)

Two members of the Senate (Kaites; Rios)

The Governor or the Governor's designee (Ms. Terry Bays Smith)

One administrative officer of the courts, appointed by the Chief Justice of the Supreme Court (Mr. Frank Carmen)

One police chief appointed by the Governor (Mr. David Dabrotka)

One juvenile court judge, appointed by the Chief Justice of the Supreme Court (The Honorable John Foreman)

A pediatrician certified by the American Academy of Pediatrics or a representative from the Board of Pediatrics, appointed by the Director of the Department of Health Services (Dr. Donna C. Hamburg)

One justice of the peace, appointed by the Chief Justice of the Supreme Court (The Honorable Robert Keubler)

County attorney appointed by the Chairman of the Arizona Prosecuting Attorneys' Advisory Council (Ms. Barbara LaWall)

One member who is a victim of juvenile crime, appointed by the Governor (Ms. Connie Richardson)

One municipal court judge, appointed by the Chief Justice of the Supreme Court  
(The Honorable Antonio Riojas)

One sheriff appointed by the Governor (Mr. Tom Sheahan)

One municipal prosecutor appointed by the Chair of the Arizona Prosecuting  
Attorneys' Advisory Council (Mr. Kerry Wangberg)

Two criminal defense attorneys, appointed by the Arizona Attorneys for Criminal  
Justice (Ms. Helene Abrams; Mr. Gabriel Valadez)

Report Date: 12/31/1997

Expiration  
Date: 12/31/1997

Statutory Cite: Laws 1997, Chapter 220, Sec. 106

#### **17. STUDY COMMITTEE ON TRANSFER OF MEDICAL AND DENTAL PROGRAM**

Purpose: To determine the feasibility of transferring the comprehensive medical and dental program from the Department of Economic Security to the Arizona Health Care Cost Containment System while maintaining or improving the current level and quality of services provided to eligible foster children. The Committee shall report its findings to the Speaker of the House of Representatives, the President of the Senate and the Governor by October 1, 1997.

Membership: Three members of the House (Horton: Kyle: Weiers (chair))

Three members of the Senate (Grace: Lopez: Wettaw (chair))

A representative appointed by the Director of the Department of Economic Security  
(Mr. James Hart)

One representative of foster care providers, appointed by the Governor (Vacant)

One representative appointed by the Director of the Arizona Health Care Cost Containment System (Vacant)

Report Date: 10/1/1997

Expiration

Date: 12/31/1997

Statutory Cite: Laws 1997, 1st Special Session, Chapter 1, Sec. 3

**18. PERFORMANCE BASED INCENTIVES PILOT PROGRAM OVERSIGHT COMMITTEE**

Purpose: To develop and adopt guidelines for a state employee performance based incentives program, which shall include agency goals that result in cost reduction, increased productivity and improved quality of the delivery of state services or products. The Committee shall identify incentives and available resources to provide incentives, such as vacancy savings achieved in each state agency and university, and coordinate with state agencies and universities to evaluate the success of the pilot program. The Committee shall review agency and university requests to pilot an incentive program or participate in an established performance based incentive pilot program, and make recommendations on such requests to the Director of the Department of Administration or the Executive Director of the Arizona Board of Regents.

Membership: Two members of the House (Armstead; Kyle (co-chair))

Two members of the Senate (Arzberger; Huppenthal (co-chair))

The Director of the Department of Administration or the Director's designee (Mr. William Bell)

The Executive Director of the Arizona Board of Regents or the Director's designee (Mr. Frank H. Besnette)

One public member with expertise in compensation analysis, appointed by the Speaker of the House of Representative (Mr. Gene Burger)

One public member with expertise in compensation analysis, appointed by the President of the Senate (Mr. Malcolm Craig)

The Executive Manager of the Governor's Office for Excellence in Government or the Manager's designee (Ms. Phyllis Knox)

The Executive Director of the Arizona Board of Regents or the Director's designee (Ms. Susan Malaga)

One representative from the Governor's Office of Affirmative Action (now the Governor's Office of Equal Opportunity), appointed by the Governor (Mr. Michael Moreno)

One agency director, appointed by the Governor (Ms. Rita Pearson)

Report Date: 12/15/1997, 12/15/1998

Expiration  
Date: 12/31/1998

Statutory Cite: Laws 1993, Ch. 114, Sec. 2 (E); Laws 1994, Ch. 39, Sec. 1; Laws 1995, Ch. 43, Secs. 1-3

#### 19. **IMPLEMENTATION OVERSIGHT COMMITTEE ON PERINATAL SUBSTANCE ABUSE**

Purpose: To advise the Department of Health Services on the implementation of the recommendations of the Advisory Council on Perinatal Substance Abuse pursuant to Laws 1995, Ch. 215.

Membership: Two members of the House (Gerard; Nichols)

Two members of the Senate (Freestone; Hartley)

One member of the general public who is a parent of an addicted infant, appointed by the Director of the Department of Health Services (Ms. Caroline F. Anton)

Director of the Department of Health Services or the Director's designee (Dr. Sundin Applegate)

The Director of the Department of Economic Security or the Director's designee (Ms. Anna Arnold)

One member, representing the Governor's Office for Children, appointed by the Governor (Ms. Terry Bays Smith)

One maternal and child health specialist involved with the treatment of Native Americans, appointed by the Director of the Department of Health Services (Ms. Georgia Butler)

One licensed physician who specializes in obstetrics or gynecology, appointed by the Director of the Department of Health Services (Dr. Patricia Graham)

One county prosecutor who has expertise in adult and juvenile substance abuse cases, appointed by the Arizona Prosecuting Attorneys' Advisory Council (Ms. Dyanne Greer)

The Director of Arizona Health Care Cost Containment System (AHCCCS) or the Director's designee (Ms. Bonnie Marsh)

The Director of the Department of Education or the Director's designee (Ms. Andrea Martincec)

One member who is a maternal and child health specialist with expertise in the area of drug-addicted infants, appointed by the Director of the Department of Health Services (Ms. Morissa Miller)

One judge of the Superior Court who has expertise in adult and juvenile substance abuse cases, appointed by the Chief Justice of the Supreme Court (The Honorable Thomas O'Toole)

One certified behavioral health professional who has expertise in the area of adult and juvenile substance abuse, appointed by the Director of the Department of Health Services (Ms. Brenda Smith)

Report Date: None

Expiration  
Date: 12/31/1997

Statutory Cite: Laws 1996, Ch. 52, Sec. 1

## **20. PREMIUM SHARING DEMONSTRATION PROJECT OVERSIGHT COMMITTEE**

**Purpose:** To review the capitation rates and premiums established by the Arizona Health Care Cost Containment System administration. The Committee shall submit a report on or before November 15, annually, to the Governor, the Speaker of the House of Representatives, the President of the Senate, the Secretary of State, the Director of the Department of Library, Archives and Public Records, and the Director of the Arizona Legislative Council. On or before January 1, 1999, the Committee shall submit a report to the Governor, the Speaker of the House of Representatives and the President of the Senate containing its findings regarding

the overall success of the demonstration project and recommending its continuation or discontinuation.

Membership: Three members of the House (Horton; Knaperek (co-chair); Weiers)

Three members of the Senate (Bundgaard (co-chair); Grace; Kennedy)

Report Date: 11/15/1997, 11/15/1998, 01/01/1999

Expiration Date: 09/30/2000

Statutory Cite: Laws 1997, Chapter 186, Sec. 5

## **PROTECTIVE SERVICES CASELOAD STANDARDS ADVISORY COMMITTEE**

Purpose: To facilitate the work of the legislative committee of the same name which is to be established June 30, 1998 and which shall make recommendations regarding minimum and maximum protective services worker caseload assignments, as well as suggestions on ways to improve caseworker retention and training.

Membership: Three members of the House (Brimhall; Hershberger (co-chair); Rios)

Three members of the Senate (Bundgaard; Petersen (co-chair); Soltero)

Report Date: 11/15/1997

Expiration Date: None

Statutory Cite: Ad hoc committee created by the President of the Senate and the Speaker of the House of Representatives in 1997 to facilitate the work of the committee to be established 6/30/98 by A.R.S. 8-802.01. as added by Laws 1997, Chapter 222, Sec. 55

## **2. HOUSE SELECT COMMITTEE ON RURAL HEALTH**

Purpose: To study and evaluate rural health needs specifically in the north eastern portion of Arizona on Native American Reservations.

Membership: Three members of the House (Flake; Horton; Preble (chair))

Report Date: None

Expiration  
Date: None

Statutory Cite: Ad Hoc; created by the Speaker of the House of Representatives on 01/23/97

### **23. JOINT LEGISLATIVE COMMITTEE FOR RURAL HEALTH CARE REFORM**

Purpose: To develop a rural health care management plan for up to the year 2000; to identify the feasibility of community clinics based in the public school system; to monitor progress of the Robert Wood Johnson foundation program administered by DHS; to provide the legislature with a schedule for the second phase of the program's implementation and to include the state's fiscal responsibility; to monitor the progress of the transportation pilot project funded through the Governor's Council on Developmental Disabilities and to make recommendations based on the pilot project's report, among other statutory duties.

Membership: Five members of the House (Brimhall; Gonzales; Hart; Horton; Preble (co-chair))  
Five members of the Senate (Arzberger; Conner; Day (co-chair); Patterson; E. Richardson)

Report Date: 11/1/1997, 11/1/1998, 11/1/1999

Expiration  
Date: 12/31/2000

Statutory Cite: Laws 1994, Chapter 348, HB 2391

### **24. SCHOOL SAFETY PROGRAM OVERSIGHT COMMITTEE**

Purpose: To provide a proactive approach to prevent juvenile referrals to the court system of the state and detention in the State Department of Juvenile Corrections, county jails and the State Department of Corrections by reviewing the plans submitted by applicants for participation in the school safety program; selecting sites that are eligible to receive funding based on school safety needs; evaluating the program and reporting annually to the President of the Senate, the Speaker of the House of Representatives, the Governor and the Joint Legislative Audit Committee.

Membership: Two members of the House (Pickens; Smith (advisory co-chair))  
Two members of the Senate (Freestone (advisory co-chair); Lopez)  
The Governor or the Governor's designee (Ms. Terry Bays Smith)  
A juvenile probation officer, appointed by the Chief Justice of the Supreme Court (Ms. Hellen Carter)  
The Superintendent of Public Instruction or the Superintendent's designee (Ms. Brenda Henderson)  
A representative from the field of law-related education, appointed by the Governor (Ms. Marianne Jennings)  
One member who is a public school principal, appointed by the Superintendent of Public Instruction (Ms. Nancy Kloss)  
One member who is a law enforcement officer, appointed by the Speaker of the House of Representative (Mr. Stan Morrow)

Report Date: 11/1/1997, 11/1/1998, 11/1/1999

Expiration  
Date: 07/01/2007

Statutory Cite: A.R.S. 15-153, added by Laws 1997, Chapter 220, Sec. 78 (SB 1446)

## **25. TASK FORCE ON TEENAGE PREGNANCY PREVENTION**

Purpose: To continue to provide oversight of a statewide campaign to reduce teenage pregnancy by reviewing and recommending messages that are developed for use in the media campaign, and to ensure that the messages are culturally appropriate, convey positive messages and encourage parental involvement.

Membership: Three members of the Senate (Cunningham; Day (co-chair); Petersen)  
One health care provider, appointed by the President of the Senate (Ms. Lori Bryant)

Two members of different advocacy organizations, each holding different opinions on teenage pregnancy prevention, appointed by the President of the Senate (Ms. Patty Caldwell; Mr. Dave Everitt)

Two members of different advocacy organizations, each holding different opinions on teenage pregnancy prevention, appointed by the Speaker of the House of Representatives (Mr. Earl Sonny Hays; Ms. Tamara Woodbury)

One health care provider, appointed by the Speaker of the House of Representatives (Dr. Albert Schwartz)

Report Date: None

Expiration  
Date: 12/31/1997

Statutory Cite: Ad hoc; created by the President of the Senate and the Speaker of the House of Representatives, 2/17/97

## APPENDIX C DEFINITIONS

**JOINT LEGISLATIVE COMMITTEE ON THE REORGANIZATION OF ARIZONA'S  
CURRENT CHILDREN & FAMILIES DELIVERY SYSTEM:  
CATALOGUE OF TERMS**

TERMS	DEFINITIONS
Accountability	Monitoring, measuring, and evaluating the performance and progress of policies, plans, and programs by measuring their results or outcomes against agreed upon standards. <i>Program</i> —Program services are outcome based and include monitoring of those services and outcomes. Contractors will be responsive to the needs of customers and the funding agency's requirements. <i>Worker</i> —Worker will have a manageable workload, clear direction and expectations, and the ability to provide quality, timely, and accountable services with appropriate documentation and quality data. <i>Customer</i> —Recipient of service will participate fully in all aspects of case planning. They will help define their needs, set their goals, and commit to participating in the types of services needed. The plan is reviewed periodically with the family and the worker with changes made as appropriate.
Action Plan	A detailed description of the strategies used to implement a objective.
Baseline	Base level of previous or current performance that can be used to set improvement goals and provide a basis for assessing future progress.
Bench marking	The continuous process of collecting information on external standards, processes, and/or best practices. An organization can then compare itself to any national standards or superior performers to identify opportunities for improvement. Bench marking can be useful at various points in the strategic planning process. It can be used to determine potential strengths, weaknesses, opportunities and threats when conducting an Internal/External Assessment. Bench marking can also support performance measurement. Quantifiable data derived from the Bench marking process can be used to set realistic performance targets for the future.
Best Practices	Using the bodies of knowledge, skill, professional ethics, and research to guide the development and implementation of policies and services.
Budget Program	Functions and activities of a budget unit or within a budget unit that are preplanned to fulfill a distinct mission.
Budget Unit	Any department, commission, board, institution or other agency of the state organization receiving, expending, or disbursing state funds or incurring obligations against state funds.
Capital Outlays	Expenditures for the acquisition, construction, development, improvement, major maintenance, and/or preservation of buildings and property. Legislature funds these separate from the general appropriations bill.
Community-Based	Community-based organizations and agencies are located in the community in which they serve. Services provided occurs through collaboration and coordination between other local public and private agencies in the community. Community-based ensures the individual and unique needs of each community are met. Services are ideally developed with input from the parents.
Cost-Benefit Analysis	A management tool that involves calculating or estimating the known costs and potential benefits of a course of action under consideration.
Costing Out	Expenses associated with the support, management, and oversight of programs and processes pursuant to the agency.
Customers (Internal and External)	<i>Internal Customers</i> —Employees who carry out the functions needed by the external customers. <i>External Customers</i> —Children and families receiving services. Community-based providers who administer services at the direction of an agency.
Effectiveness	The degree to which a product, process, or service accomplishes what it is designed to do.
Efficiency Measures	A type of performance measure that reflects the cost of providing a good or service. Cost can be expressed in terms of dollars or time per unit of output (or outcome). Efficiency measures can also be expressed as a ratio of outputs to inputs.
External Variables	Factors not controlled through the policy or program that may have independent and significant effects on outcomes such as economic downturns, population shifts, technological advances, cultural differences or changes.

**JOINT LEGISLATIVE COMMITTEE ON THE REORGANIZATION OF ARIZONA'S  
CURRENT CHILDREN & FAMILIES DELIVERY SYSTEM:  
CATALOGUE OF TERMS (contd)**

TERMS	DEFINITIONS
Evaluation	The systematic review of the missions, goals, objectives, action plans, performance measures, and operations of an organization, program, or process.
Family-Centered	Family-centered programs are designed as partnerships between families and professionals. Programs support families in their care-giving roles by building on the strengths of individual members and the entire family. Service needs and goals are identified and prioritized with the family's participation.
Flexible	Ability to provide or to arrange for the provision of a full continuum of services and support for families and to adapt or change them, reflecting individual changes over time. Rules that restrict the ability of agencies to address family issues or prevent problems are eliminated or waived in order to adapt to families' needs.
FTE	Full-time equivalent positions.
Fund	An independent fiscal and accounting entity with a self-balancing set of accounts recording cash and/or other resources together with all related liabilities, obligations, reserves and equities, which are segregated for the purpose of carrying on specific activities in accordance with limitations, restrictions or regulations.
Funding Streams	Local, state, federal, and private dollars funding Arizona's children and families delivery system. These funding sources often come with strict guidelines (e.g., identifying the population to be served, types of service to be offered, etc.)
Gap Analysis	An assessment of the difference between the present state and the desire future state.
Inputs	A type of performance measure that identifies the amounts of resources needed to provide a particular product, service, or process. Inputs include labor hours, materials, and equipment. Inputs can also represent demand factors, such as target populations.
Internal/External Assessment	An analysis and evaluation of internal conditions and external factors that affect the organization.
Local Control	Vesting the responsibility and authority for achieving a goal with the smallest unit (e.g., community rather than state or county; work unit rather than department, divisional, or district management).
Mission	A short, comprehensive statement of purpose. The mission defines what an agency, program, or subprogram does (or should do) and for whom it is done.
Objective	Specific and measurable targets for accomplishing a goal. Objectives are SMART: specific, measurable, aggressive yet attainable, results-oriented, and time-bound.
Operational Plan	An annual work plan. In indicates what portion of a strategic plan will be addressed by a program during an operational period.
Organizational Culture	A set of shared assumptions, beliefs and practices about people and work that defines the nature of the work place and leads to common work habits and interaction patterns.
Organizational Identity	The unique capabilities and characteristics of an organization that distinguish that organization. Identity comprises an organization's vision, mission, philosophy, and goals as well as the special skills, abilities, and expertise of its people.
Outcome-Based Measures	A type of performance measure that addresses the actual results achieved and the impact or benefit of a program or process. Indicators are used to measure the impact of services on the general well-being of children and families as they relate to process and program outcomes. Outcomes, performance, and process indicators are tracked, and a system of indicators ensuring cause and effect relationships must be established to ensure predictable daily progress on desired core outcomes.

**JOINT LEGISLATIVE COMMITTEE ON THE REORGANIZATION OF ARIZONA'S  
CURRENT CHILDREN & FAMILIES DELIVERY SYSTEM:  
CATALOGUE OF TERMS (contd)**

TERMS	DEFINITIONS
Outputs	A type of performance measure that reflects the amount of goods and services produced by a program or process.
Performance Accountability	A means of judging policies and programs by measuring their progress toward achieving agreed-upon performance targets. Performance accountability systems are composed of three components—defining performance measures (including outcomes), measuring performance, and reporting results.
Performance Budgeting	A budget system that allocates resources to achieve measurable results (often linked to program budgeting).
Performance Measures	A management tool that measures work performed and results achieved.
Performance Targets	Quantifiable estimates of results expected for a given period of time.
Planning Assumptions	Expectations concerning future trends which could significantly impact performance (derived the Internal/External Assessment results) that are used when developing the strategic plan.
Principles	Core values and philosophies describing how an organization conducts itself in carrying out its mission.
Process	Involves the examination of key aspects of process management, including a customer -focus design, product and service delivery processes, support services, and supply management involving all work functions.
Process Budgeting	A budget system that focuses on processes and the cost effectiveness of such processes.
Process Description	A brief paragraph that provides general information about a process to augment the mission.
Process Evaluation	The systematic examination of a specific process to provide information on the full range of the processes' short and long-term effects. Process evaluation may includes consideration of workload measures, operating procedures, and staffing, its main focus in on measuring effectiveness (the degree to which a process is achieving its intended purpose and attaining its objectives) and whether it is having a positive or negative impact.
Process Measures	Process measures include, but are not limited to, timeliness, efficiency, and effectiveness. These measures are used when conducting an inventory of existing processes to determine the degree to which each is occurring when compared to best practices.
Program	A grouping of activities that results in the accomplishment of a clearly defined mission.
Program Authorization Review (PAR)	A formal evaluation of selected programs or subprograms in State government as specified in the budget reform legislation. The PAR becomes part of the annual budget process and will determine if a program is retained, eliminated, or modified.
Program Budgeting	A budget system that focuses on program missions, program achievements, and program cost effectiveness (often liked to performance budgeting).
Program Description	A brief paragraph that provides general information about a program to augment the mission.
Program Enhancement	An increase in the funding level of a specific program, in order to enhance the level of services being provided by that program.
Program Evaluation	The systematic examination of a specific program or activity to provide information on the full range of the program's short and long-term effects. While program evaluation may include consideration of workload measures, operating procedures, or staffing, its main focus in on measuring effectiveness (the degree to which a program is achieving its intended purpose and attaining its objectives) and whether it is having a positive or negative impact.

**JOINT LEGISLATIVE COMMITTEE ON THE REORGANIZATION OF ARIZONA'S  
CURRENT CHILDREN & FAMILIES DELIVERY SYSTEM:  
CATALOGUE OF TERMS (contd)**

TERMS	DEFINITIONS
Program List	The Master List of State Government Programs published by the OSPB. Budget reform legislation requires the OSPB to develop and prepare a list of separately identifiable programs performed or overseen by State government. The list includes all programs within each agency as well as programs that are administered jointly by two or more agencies. Required information for each program includes a description, mission statement, goals, performance measures, and financial and FTE information.
Program Measures	Program measures include, but are not limited to, community-based, flexible, family-centered, quality of service, and accountability (program, worker, and customer). These measures are used when conducting an inventory of existing programs to determine the degree to which each is occurring when compared to best practices.
Program Structure	Program structure is an orderly, logical arrangement of an organization's programs and subprograms.
Quality Measures	A type of performance measure that represents effectiveness in meeting the expectations of customers and stakeholders. Quality measures may reflect reliability, accuracy, courtesy, competence, responsiveness and completeness associated with a process or service.
Situation Inventory	An internal assessment of an organization's position, performance, problems, and potential. It identifies strengths and weaknesses and evaluates capacity to respond to issues, problems, and opportunities.
Stakeholders	Organizations, groups, or individuals that have a vested interest or expect certain levels of performance or compliance from the organization. Stakeholders do not necessarily use the products or receive the services of a program.
Strategic Issues	Those concerns of vital importance to the organization. Often they impact several or all of the programs in an agency. Identifying these few critical concerns can help an agency focus on high priority goals for the organization as a whole.
Strategic Management	The process of positioning an organization so it can prosper in the future. It constitutes the overall framework within which policy development, strategic/quality planning, programmatic operational planning and budgeting, capital outlay planning and budgeting, program implementation, program evaluation and accountability take place.
Strategic Plan	A practical action-oriented guide based upon an examination of internal and external factors which directs goal-setting and resource allocation to achieve meaningful results over time. Budget reform legislation requires that all budget units develop three year strategic plans for each program.
Strategic Planning	The process of developing a strategic plan. Because strategic planning is a team effort that builds consensus on a future direction for an agency, the process itself is more important than the resulting document.
Strategy	The method used to accomplish goals and objectives which support the agency's vision and mission. Strategies are identified in action plans.
Subprogram	Two or more integral components of a program that can be separately analyzed to gain a better understanding of the larger program.
SWOT Analysis	An abbreviation used to denote an analysis of an organization's Strengths, Weaknesses, Opportunities, and Threats. The SWOT analysis is part of the Internal/External Assessment an organization conducts or analyze and evaluate internal conditions (Strengths and Weaknesses) and external factors (Opportunities and Threats) that affect the organization.
Targets	Quantifiable estimates of results expected for a given period of time.
Timeliness	The degree to which production of goods or delivery of services is accomplished.

JOINT LEGISLATIVE COMMITTEE ON THE REORGANIZATION OF ARIZONA'S  
CURRENT CHILDREN & FAMILIES DELIVERY SYSTEM:  
CATALOGUE OF TERMS *(contd)*

TERMS	DEFINITIONS
Total Quality Management	TQM is an integrated management methodology that aligns the activities of all employees in an organization with the common focus of customer satisfaction through continuous improvement in the quality of all processes, goods, and services.
Tracking & Monitoring Systems	Systems that monitor and report progress on implementing goals and objectives.
Trend	A broad, historical direction in behavior, perceptions, and values.
Values	Core beliefs, principles, and philosophies describing how an organization conducts itself in carrying out its mission.
Variables	Controllable or uncontrollable factors that may affect policy, planning, or program outcomes.
Vision	A compelling conceptual image of the desired future. A vision focuses and ennobles an idea about a future state of being in such a way as to excite and compel an organization toward its attainment. It crystallizes what management wants the organization to be in the future.